

00800 197

Building Address <u>1828 IRISH LYLES LA</u> <u>WOODBINE 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>08-02</u> Census Tract _____ Subdivision <u>CHASE AT SIO</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>7</u> Parcel <u>133</u> Grid <u>17</u> Zoning <u>LC</u> Map Coordinates <u>3D12</u> Lot size <u>58,147</u>	Property Owner's Name <u>TRINITY QUALITY HOMES</u> Address <u>3675 PARK AVE. #301</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u> Home Phone _____ Work Phone <u>410-313-5722</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax <u>410-313-5731</u>
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Existing Use <u>VACANT LOT</u> Proposed Use <u>SEI</u> Estimated Construction Cost \$ <u>348,600</u> Description of Work <u>HIGHLAND MANOR -</u> <u>2 STORY FULL BRNT, GR,</u> <u>3FB, 1HB, FP SCARABE (4BR)</u>	Contractor Company <u>TRINITY QUALITY HOMES</u> Contact Person <u>SALLY HODGE</u> Address <u>3675 PARK AVE #301</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u> License No. <u>679</u> Phone <u>410-313-5722</u> Fax <u>410-313-5731</u>
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Occupant or Tenant <u>N/A</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally J. Hodge \_\_\_\_\_  
 Applicant's Signature SALLY HODGE  
V.P. OPERATIONS, TRINITY HOMES Print Name  
TRINITY 6/19/08  
 Title/Company Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>7/14/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>025326</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Pink: Health	
Gold: SHA			Gold: SHA	

Walk-Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09001298 PERMIT NUMBER	
Building Address <u>1828 Irish eyes Ln</u>			Property Owner's Name <u>Christine Chroniger</u> Address <u>1828 Irish Eyes Lane</u> City <u>Woodhome</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410-989-5251</u> Home <u>443-341-7510</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Applicant's Name & Mailing Address, (if other than stated herein): _____		
Census Tract _____ Subdivision _____			Phone _____ Fax _____		
Section _____ Area _____ Lot _____			Phone _____ Fax _____		
Tax Map _____ Parcel _____ Grid _____			Phone _____ Fax _____		
Zoning _____ Map Coordinates _____ Lot Size _____			Contractor Company _____		
Existing Use <u>Residence</u>			Contact Person _____		
Proposed Use <u>Same</u>			Address _____		
Estimated Construction Cost \$ <u>1,000.00</u>			City _____ State _____ Zip Code _____		
Description of Work <u>outdoor Deck</u>			License No. _____		
Occupant or Tenant _____			Phone _____ Fax _____		
Contact Name _____			Engineer or Architect Company _____		
Address _____			Contact Person _____		
City _____ State _____ Zip Code _____			Address _____		
Phone _____ Fax _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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Christine Chroniger  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

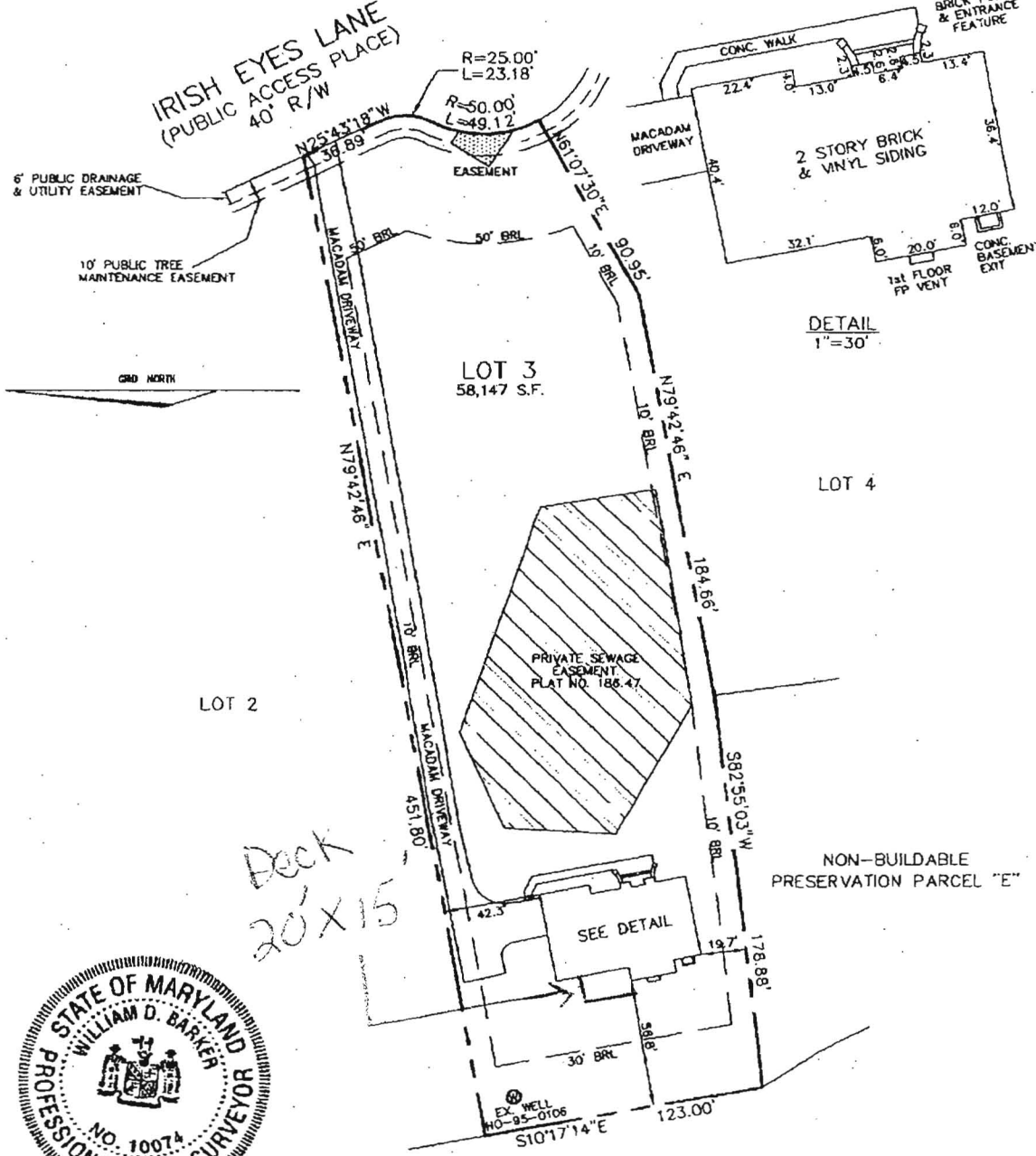
Christine Chroniger  
 Print Name  
6/3/09  
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development DPZ				Front _____	Filing fee \$
State Highways				Rear _____	Permit fee \$
Building Officials				Side _____	Excise tax \$
Dev. Engineering DPZ				Side St _____	Add'l per fee \$
Health	<u>6-4-09</u>	<u>DBernard</u>		All minimum setbacks met?	TOTAL FEES \$
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Is Sediment Control approval required prior to issuance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 T: forms/buildingpermitapplication REV 10/28/04

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar, AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.5' MORE OR LESS.



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*William D. Barker* 1-06-2009  
 WILLIAM D. BARKER, PROFESSIONAL LAND SURVEYOR #10074 DATE

1828 IRISH EYES LANE  
 B.P.# B08001803

**APPROVED**  
 WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN *DeBened* DATE: *6-4-09*  
 DESC. OF WORK: *20'X15' Deck*  
*Approved as Shown*

Deck Material

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Pressure Treated  
 2X10 Ledger  
 Joists  
 4X10 Beam  
 6X6 posts  
 2X6 Decking

SCALE 1"=60'	DATE 01/05/09	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	FINAL LOCATION DRAWING LOT 3 THE CHASE AT STONEY BROOK PLAT NO. 18647 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY A.M.S.	CHECKED BY W.D.B.		
PLAT NUMBER 18644-18649	JOB NUMBER 06-034.00		



VICINITY MAP  
SCALE: 1"=2000'

LEGEND	
202	EXISTING 2 FT CONTOUR
200	EXISTING 10 FT CONTOUR
LOD	LIMIT OF DISTURBANCE
SSF	SUPER SILT FENCE

PLAN  
SCALE: 1"=50'

GRADING AND SEDIMENT EROSION CONTROL PLAN  
THE CHASE AT STONEY BROOK  
PHASE III LOTS 3, 8, 14, & 16  
REF: S-01-21, P-05-001, F-05-170  
ZONED: RC-DEO  
TAX MAP: 7 BLOCK: 17 PARCEL 133  
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET TEL: 410.461.7666  
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

OWNER / DEVELOPER  
TRINITY QUALITY HOMES, INC.  
3675 PARK AVENUE, SUITE 301  
ELLICOTT CITY, MARYLAND 21043  
(410) 480-0023



DESIGN BY: RJ  
DRAWN BY: RJ  
CHECKED BY: RHV  
DATE: JANUARY 2007  
SCALE: 1"=50'  
W.O. NO.: 06-34.00

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS  
*Jim Meyer* 8/2/07  
U.S. NATURAL RESOURCES CONSERVATION SERVICE DATE  
THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT  
*John K. Kuntz* 8/2/07  
HOWARD SCD DATE

ENGINEER'S CERTIFICATE  
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.  
*Robert H. Vogel* 7/31/07  
ROBERT H. VOGEL, PE #16193 DATE

DEVELOPER'S CERTIFICATE  
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.  
*Michael P. Ffau* 7/31/07  
MICHAEL P. FFAU DATE