

DEPARTMENT 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		PERMIT NUMBER B06008812	
Building Address <u>10925 TOMPKINS WAY</u> <u>WOODSTOCK MD 21163</u>			Property Owner's Name <u>TRINITY QUALITY HOMES</u>		
Suite/Apt. #: _____ SDP/WPI/Petition #: _____			Address <u>3675 PARK AVE ELLICOTT CITY 21043</u>		
Census Tract <u>603000</u> Subdivision <u>Preserve at Waverly Glen</u> City _____ State _____ Zip Code _____					
Section _____ Area _____ Lot <u>5</u>			Home Phone _____ Work Phone _____		
Tax Map <u>31</u> Parcel <u>226</u> Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>RCODE</u> Map Coordinates <u>6B13</u> Lot size _____			Phone _____ Fax <u>410-313-8731</u>		
Existing Use <u>SFD UNDER CONSTRUCTION</u>			Contractor Company _____		
Proposed Use <u>DECK</u>			Contact Person _____		
Estimated Construction Cost \$ _____			Address _____		
Description of Work <u>18'x14' DECK W/STEPS</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>N/A</u>			License No. <u>699</u> Phone _____ Fax _____		
Contact Name _____			Engineer or Architect Company <u>SAME</u>		
Address _____			Contact Person _____		
City _____ State _____ Zip Code _____			Address _____		
Phone _____ Fax _____			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: <u>DECK</u> Dimensions: <u>18x14 W/STEPS</u> Footings: _____ Roof Height: _____	
		_____ State Certified Modular	
		_____ Manufactured Home	

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.

<u>Sally L. Hodge</u> Applicant's Signature <u>V.P. OPERATIONS - TRINITY</u> Title/Company	<u>SALLY HODGE</u> Print Name <u>12/13/06</u> Date
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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: _____	IPermit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>12/13/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA

S 08°58'13"E 754.76'

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06008812

A# 514619-E

APP. SAN SFO

DATE: 12/13/06

DECK OR WORK

14' x 18'

Deck

N 10°36'05"W 809.28'

223'

EXISTING SEPTIC EASEMENT

EXISTING SEPTIC EASEMENT

CLEAN WATER
EARTH DIKE

ABBEY
FR: 462.00
BF: 453.00

LOT 5
65,505 SF
1.27 AC

LOT 6
58,558 SF
1.34 AC

PRESERVE AT WAVERLY GLEN
LOT # 5
10925 TOMPKINS WAY
WOODSTOCK, MD 21163
50 scale

PUMP
30' BRL

464'

85.20'

460'

460'

460'

460'

460'

460'

460'

460'

460'

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/11/06

APPROVAL DATE: 11/28/06

PERMIT

P 524463

A 514619-E

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

S & K Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1220 FSK Hwy, Keymar 21757 PHONE NUMBER: 410-775-0562

SUBDIVISION: Preserve @ Waverly Woods LOT NUMBER: 5

ADDRESS: 10925 Tompkins Way PROPERTY OWNER: Trinity Quality Homes

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

**BUILDING PERMIT SIGNED
AND RETURNED**

12/13/06 - 006008812 - 18x14 Deck

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved septic plan.
NOTES:	

PLANS APPROVED: Sara Fegel DATE: 2/22/06

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**