

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:  
 610003-33

Building Address: 11311 TUDAH WAY  
MARZETTSPLE, MD 21104  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-08-47  
 Census Tract: \_\_\_\_\_ Subdivision: BEAMTOWN  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 2  
 Tax Map: 16 Parcel: 941259 Grid: 15  
 Zoning: \_\_\_\_\_ Map Coordinates: 4814 F4 Lot Size: 10,430 sq ft

Property Owner's Name: TRINITY QUALITY HOMES INC  
 Address: 3075 MARL AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21143  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein):  
 \_\_\_\_\_  
 Phone: 410-750-9102 Fax: 410-750-7003  
 Email: \_\_\_\_\_

Existing Use: VACANT LOT  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 266,000  
 Description of Work: 2 STORY FULL BSMT, 9R, 2FB, 11RB, 1P, GARAGE (4R)  
 Occupant or Tenant: N/A **NOTE:**

Contractor Company: TRINITY QUALITY HOMES INC  
 Contact Person: SHARON MESSING  
 Address: 3075 MARL AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21143  
 License No.: 697  
 Phone: 410-750-9002 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No  
 Contact Name: STORMWATER MANAGEMENT FOR  
 Address: THIS LOT HAS BEEN PREVIOUSLY DISCUSSED  
 City: WITH DEB JIM State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input checked="" type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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.

Applicant's Signature: SHARON MESSING  
 Email Address: SHARON.MESSING@TRINITYHOMES.COM  
 Title/Company: OPERATIONS, TRINITY QUALITY HOMES

Print Name: SHARON MESSING  
 Date: 12/10/10

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

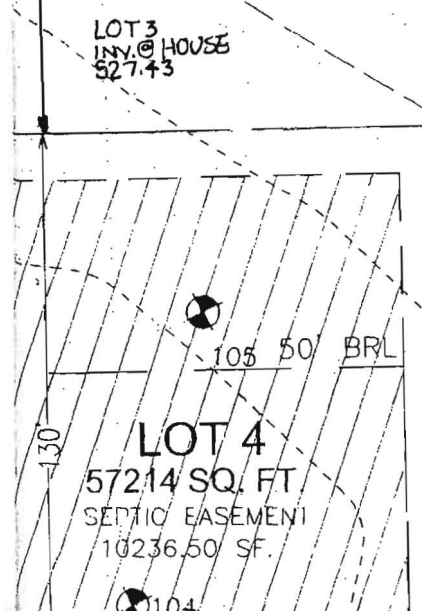
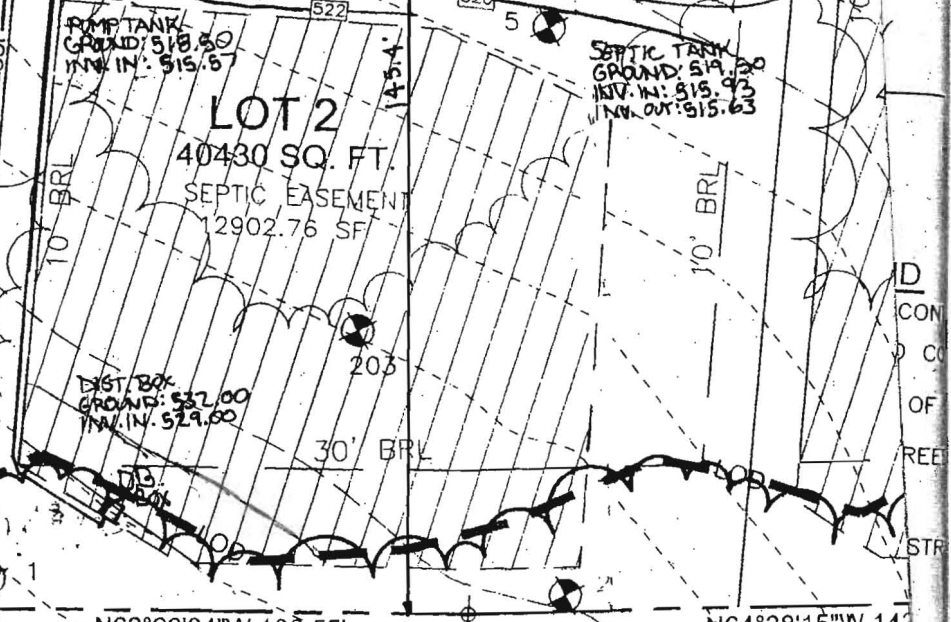
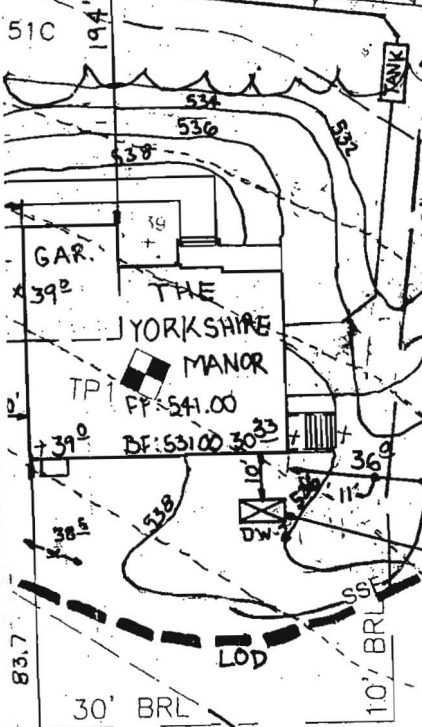
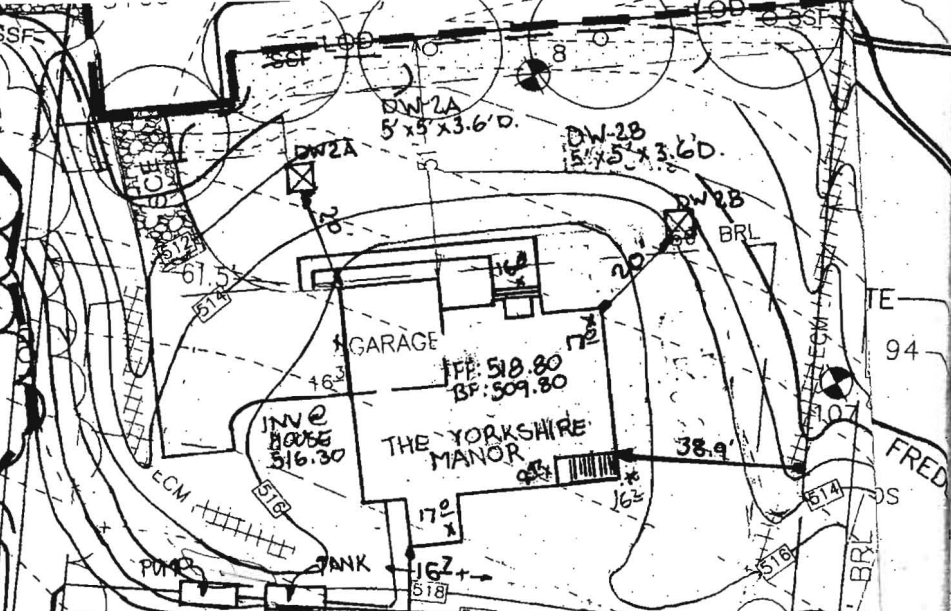
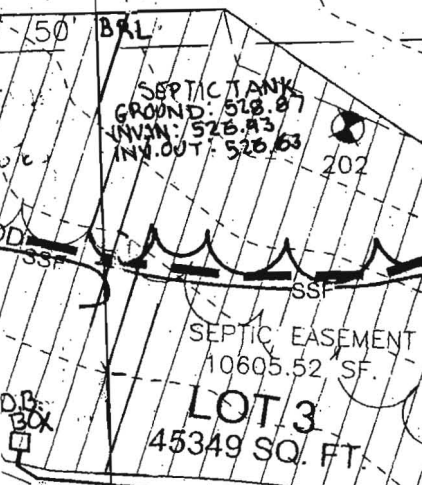
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7-20-11</u>	<u>D. Bernard</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

24' USE-IN-COMMON  
ACCESS EASEMENT  
OTS 3, THRU 6



THE EXISTING WELL SHOWN ON LOT 2  
TAG NO. N/A PUBLIC WATER AS BEEN FIELD  
LOCATED BY ROBERT H. VOGEL ENGINEERING,  
INC.  
BUILDING OF LOT 2 FLOOR AREAS:  
BASEMENT FLOOR AREA: 17 00  
FIRST FLOOR AREA: 18 00  
SECOND FLOOR AREA: 14 00  
NUMBER OF BEDROOMS: 4

DBernard 4-20-11  
Signature Date

Ontario H2O

Approved Sanitation System Plan  
Bedford County Health Department



*dedicated to excellence and service*

SALLY L. HODGE  
*Vice President of Operations*

3675 Park Ave., Suite 301  
Ellicott City, MD 21043

Office 410-313-8722  
Fax 410-313-8731  
sally@trinityhomes.com

Dear Avis Corbin,

4/14/11

Re: Building permit # B100<sup>3838</sup>~~3838~~  
Lot# 2 Brantwood Overlook  
11311 Judah Way  
Marriottsville 21104

This is a request to amend the above building permit changing the house type to a Yorkshire Manor, 2 story, full basement, 9 rooms, 2 full baths, 1 half bath, fireplace & garage (4 bedrooms) finished basement with full bath. Included are 2 sets of construction drawings, a site plan and a \$50 check. Please let me know if there are additional fees due and when this has your approval.

Thank you.

*Sally L. Hodge*

CC: DED  
Heath  
Zoning

**RECEIVED**

APR 14 2011

LICENSES & PERMITS  
DIVISION