

Building Address: 11319 JUDAH W/A /  
MARIOTTVILLE, MD 21047

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-08-47

Census Tract: \_\_\_\_\_ Subdivision: BEANTOWN OVERLOOK

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4

Tax Map: 116 Parcel: 94+259 Grid: 15

Zoning: \_\_\_\_\_ Map Coordinates: 1814 E4 Lot Size: 57,219

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORKMERE MANOR  
2 STORY, FULL BUNT, 9R 2 FEB, 111B,  
1P GARAGE (1/2,2)

Occupant or Tenant: N/A

Was tenant space previously occupied?  Yes  No

Contact Name: NOTES STORMWATER MANAGEMENT

Address: FOR THIS LOT HAS BEEN PREVIOUSLY

City: 1814 E4 State: MD Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: JIM WITMER

Email: \_\_\_\_\_

Property Owner's Name: TRINITY QUALITY HOMES LLC

Address: 3075 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: 410-750-9002 Fax: 410-750-9003

Email: \_\_\_\_\_

Contractor Company: TRINITY QUALITY HOMES

Contact Person: SHERRY MEWSHAW

Address: 3075 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 699

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>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>
<u>Depth</u>	<u>Width</u>	<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"/> Craw 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
		<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>		<input checked="" type="checkbox"/> Natural Gas
No. of efficiency units:		<input type="checkbox"/> Propane Gas
No. of 1 BR units:		
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 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

Print Name

Email Address

Date

Title/Company

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>1-12-11</u>	<u>Mark Soff</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  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	\$





*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

\$50.00 CK # 22991

Dear Avis Corbin,

12/15/11

RE: Building permit #B10003905

Lot# 4 Brantwood Overlook

11319 Judah Way

Marriottsville 21104

Please revise this house type to a Yorkshire Manor, 2 story, full basement, 9 rooms, 4 full baths, fireplace and garage (4 bedrooms). Enclosed is a grading plan, 2 sets of construction drawings and a \$50 check. Please let me know when this has your approval.

Thank you.

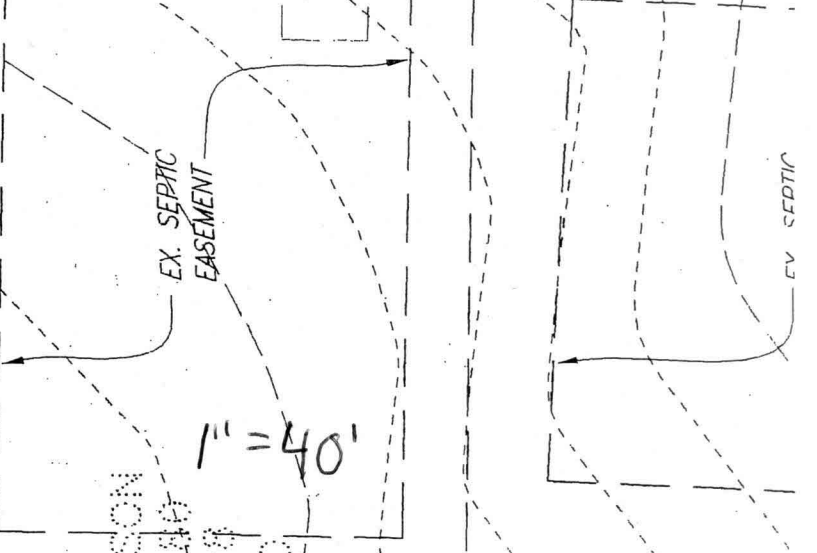
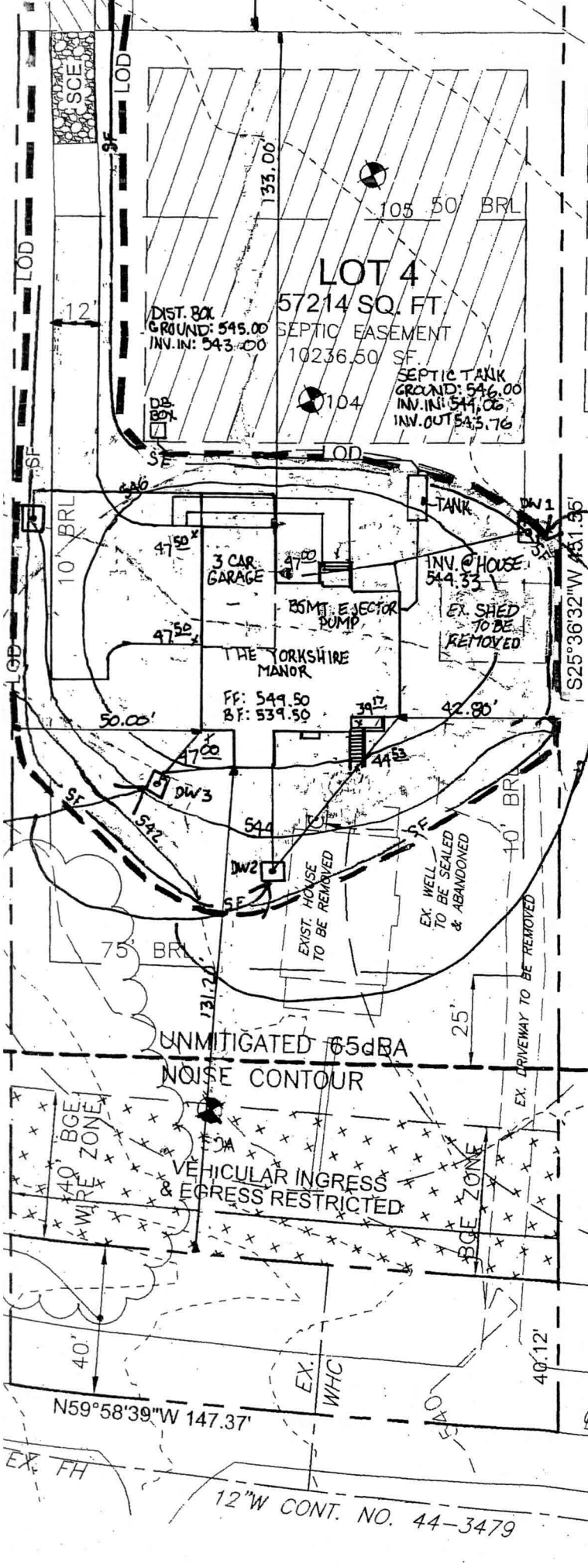
*Sally L. Hodge*

cc: Heather  
zoning  
DED

**RECEIVED**

DEC 15 2011

LICENSES & PERMITS  
DIVISION



THE EXISTING WELL SHOWN ON LOT 4 TAG NO. ~~NO WELL PUBLIC WATER~~ BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING INC.

BUILDING OF LOT 4 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1800  
 FIRST FLOOR AREA: 1900  
 SECOND FLOOR AREA: 1700  
 NUMBER OF BEDROOMS: 4

\* Revision OK  
 Approved Septic System Plan  
 Howard County Health Department  
*Nevee Sutt* 12-19-11  
 Signature Date

\* This plan supercedes plan from 1-21-11

N59°58'39"W 147.37'  
 EX. FH  
 12" W CONT. NO. 44-3479

EX. ROAD  
 EX. WHC 40' 1/2 R/W  
 EX. WHC  
 EX. WHC