

B12002053

Building Address: 1820 IRISH EYES LA WOODBINE 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-07-69  
 Census Tract: 604001 Subdivision: CHASE AT SIDNEY BROOK  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 7 Parcel: 133 Grid: 17  
 Zoning: RC-DEB Map Coordinates: 4698 Lot Size: 49,320

Property Owner's Name: TRINITY QUALITY HOMES  
 Address: 3675 PARK AVE #301 INC  
 City: ELlicott City State: MD Zip Code: 21043  
 Home Phone: \_\_\_\_\_ Work Phone: 410-313-8722  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Existing Use: VACANT LOT  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 282,500  
 Description of Work: 2 STORY, FULL BSMT, 9 R, 2 FB, 1 HB, FP & GARAGE (4 BR)  
 Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: 410-313-8731  
 Email: SALLY@TRINITYHOMES.COM  
 Contractor Company: TRINITY QUALITY HOMES INC  
 Contact Person: SALLY HODGE  
 Address: 3675 PARK AVE #301  
 City: ELlicott City State: MD Zip Code: 21043  
 License No.: 699  
 Phone: 410-313-8722 Fax: 410-313-8731  
 Email: SALLY@TRINITYHOMES.COM  
 Engineer/Architect Company: N/A  
 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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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 type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" 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:	<input checked="" 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Sally L. Hodge  
 Applicant's Signature  
SALLY@TRINITYHOMES.COM  
 Email Address  
VP, OPERATIONS - TRINITY  
 Title/Company

SALLY HODGE  
 Print Name  
6/14/12  
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>6-25-12</u>	<u>Dana Bernard</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK# 025121  
 INV# 281953



*dedicated to excellence and service*

RECEIVED

MAY 20 2013

LICENSES & PERMITS  
DIVISION

May 20, 2013

RE: Building Permit #B12002053  
Lot #1 Chase at Stoney Brook  
1820 Irish Eyes Ln.  
Lisbon, MD 21797

Attn: Plan Review.

Please approve the following changes to above permit. The house type changed to a Trenton. 2 stories, 9 rooms, 4 bedrooms, 3.5 baths, fire place, 2 car garage, full basement.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw  
Trinity Quality Homes  
410-531-5813

CC: DPZ  
DED  
Health

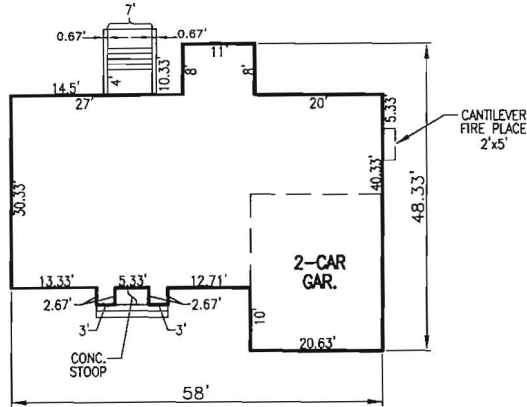
Revision  
OK  
PB  
5-30-13

THE EXISTING WELL SHOWN ON LOT 1 TAG NO. 95-0104 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 1 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1490  
 FIRST FLOOR AREA: 1340  
 SECOND FLOOR AREA: 1830  
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170

BUILDING PERMIT NO. \_\_\_\_\_

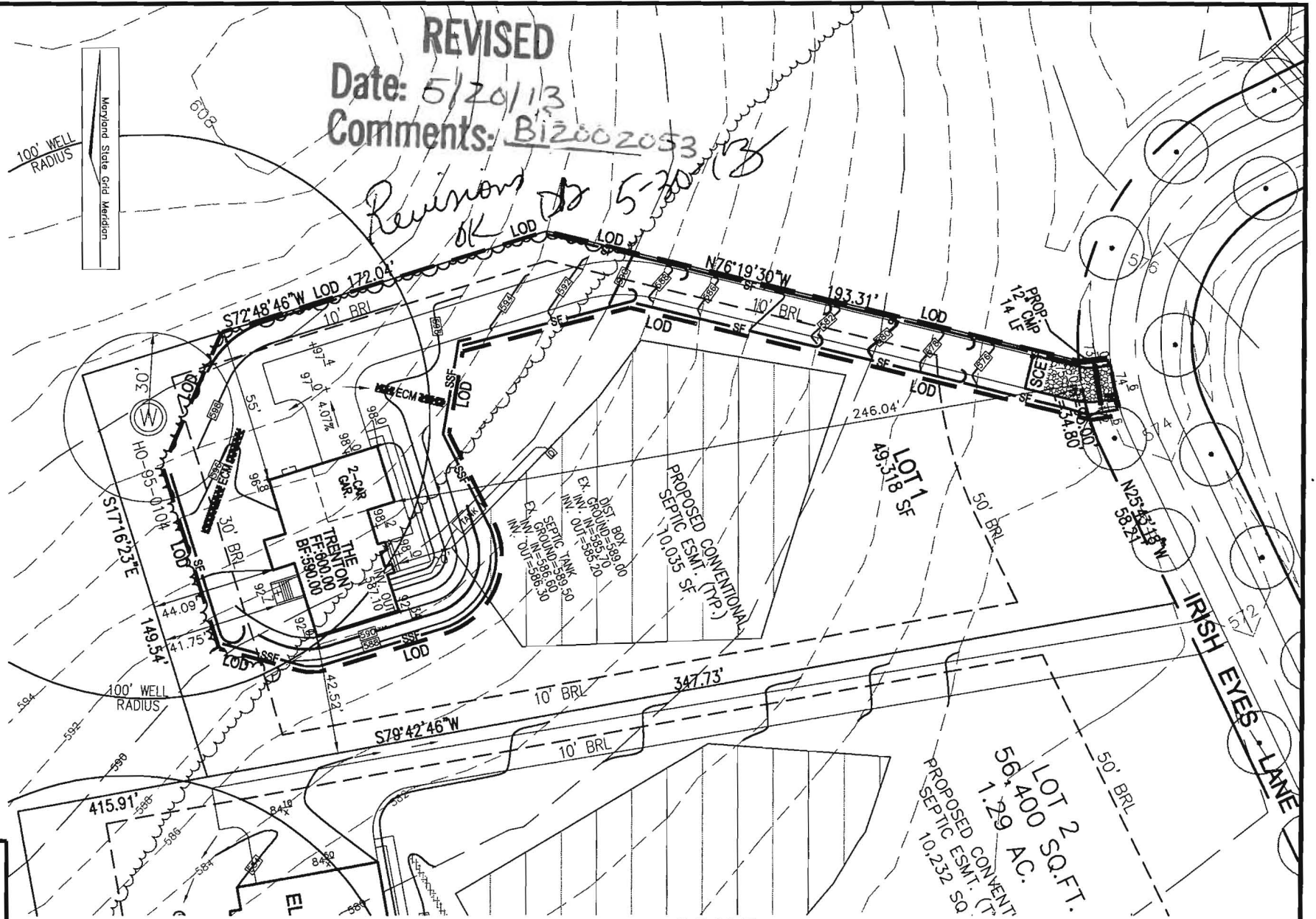


**THE TRENTON**  
 W/ CULT. STONE &  
 BRICK VENEER  
 SCALE: 1"=30'

SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: APRIL 2013  
 PROJECT #: 06-34  
 SHEET#: 1 OF 1

**PLOT PLAN  
 THE CHASE AT  
 STONEY BROOK**

**LOT 1**  
**REF: F-05-170**  
 TAX MAP 7 PARCEL 133  
 BLOCK 17  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND



**REVISED**  
 Date: 5/20/13  
 Comments: B12002053

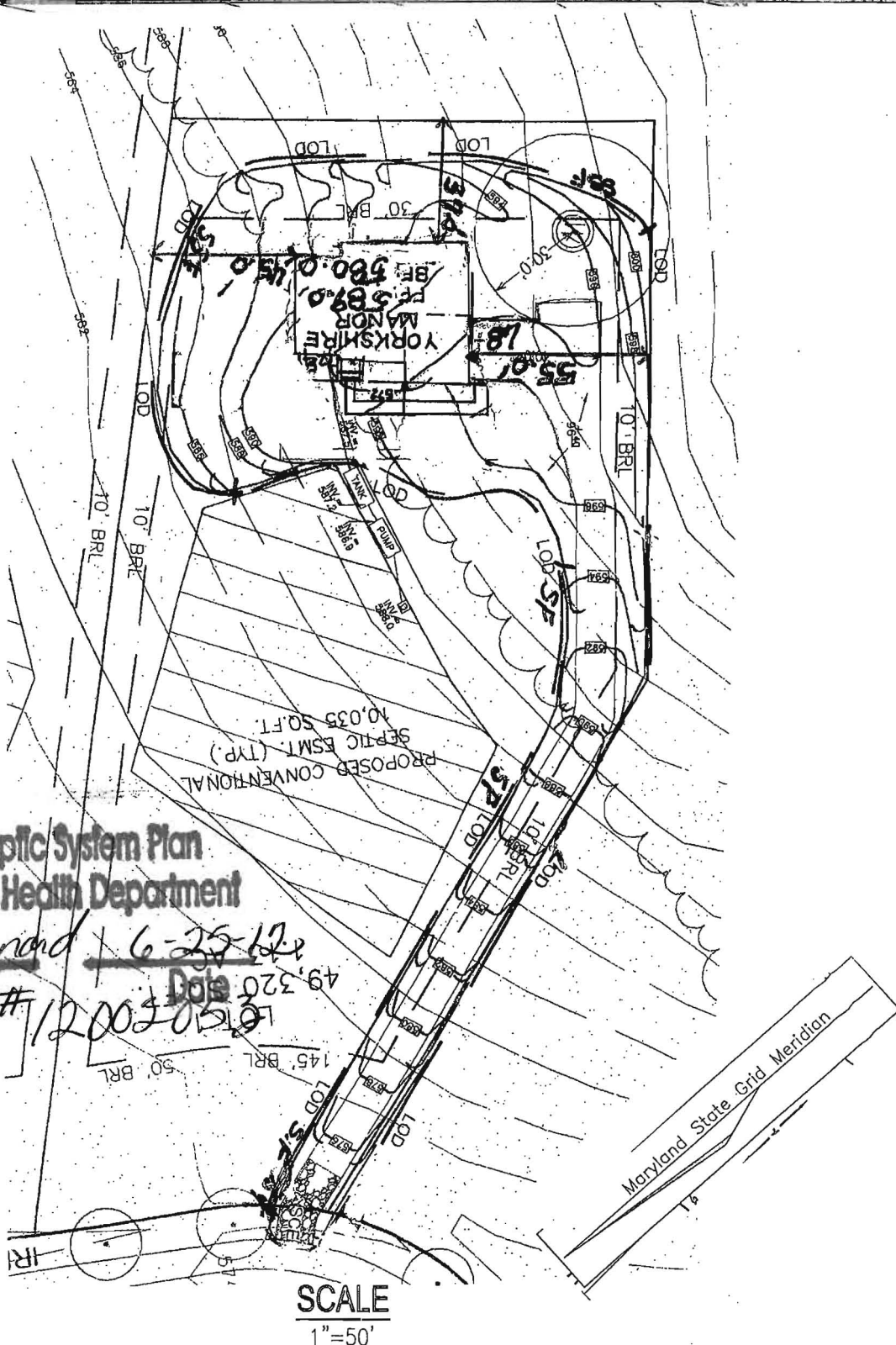
*Revisions OK LOD 5-20-13*

**SCALE**  
 1"=50'

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

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

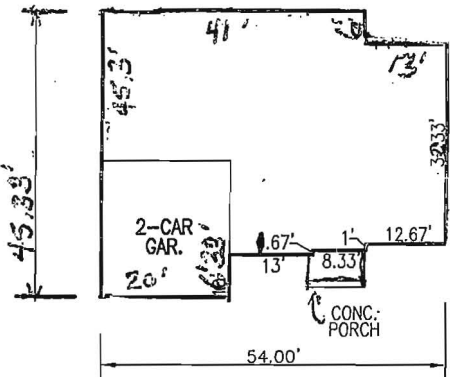
**ADDRESS**  
 1820 IRISH EYES LANE  
 WOODBINE, MD 21797  
 GP: 07-69



**Approved Septic System Plan**  
**Howard County Health Department**

*Rona Beard* 6-25-12  
 Signature Date  
 BP# 12002050

**SCALE**  
 1"=50'



**THE YORKSHIRE MANOR**

SCALE: 1"=30'

THE EXISTING WELL SHOWN ON LOT 1 TAG NO. 95-0104 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 1. FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1750  
 FIRST FLOOR AREA: 1810  
 SECOND FLOOR AREA: 1670  
 BEDROOMS: 4 "5230

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170

BUILDING PERMIT NO. \_\_\_\_\_

K:\Projects\16-34\eng\dwg\scop\LOT 1 SITE PLAN LOT 1.dwg, 5/21/2012 10:56:03 AM, Brother MFC-8480DN Printer.pcs

SCALE:	AS SHOWN
DRAWN BY:	JMR
CHECKED BY:	RHV
DATE:	MAY 2012
PROJECT #:	06-34
SHEET #:	1 OF 1

**PLOT PLAN**  
**THE CHASE AT**  
**STONEY BROOK**  
**LOT 1**  
**REF: F-05-170**  
 TAX MAP 7 PARCEL 133  
 BLOCK 17  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

<b>ADDRESS</b>	<b>OWNER</b>
<b>1820 IRISH EYES LN.</b>	TRINITY QUALITY HOMES INC.
WOODBINE, MD 21797	3675 PARK AVENUE, SUITE 301
GP: 07-69	ELLCOTT CITY, MARYLAND 21043
	(410) 480-0023

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

B10003995

Building Address 1820 IRIS HEYES LANE  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 6P-07-09  
Census Tract \_\_\_\_\_ Subdivision CHASE AT STONEY BROOK  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 7 Parcel 123 Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 4691 28 Lot Size 49,320

Property Owner's Name TRINITY REALTY INC  
Address 2075 PARK AVE # 201  
City ELLCOTT CITY State MD Zip Code 21043  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
Phone 410-770-9002 Fax 410-770-9003

Existing Use VACANT LOT  
Proposed Use SP2  
Estimated Construction Cost \$ 267,000  
Description of Work VIOLATION CORRECTURE  
Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company TRINITY REALTY INC  
Contact Person SHERYL MENSITAN  
Address 2075 PARK AVE # 201  
City ELLCOTT CITY State MD Zip Code 21043  
License No. 1079  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 <sup>st</sup> floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
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.

Applicant's Signature SHERYL MENSITAN  
Email Address SHERYL@TRINITYREALTYINC.COM

Print Name SHERYL MENSITAN

Title/Company OPERATIONS, TRINITY REALTY INC

Date 12/10/11

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*

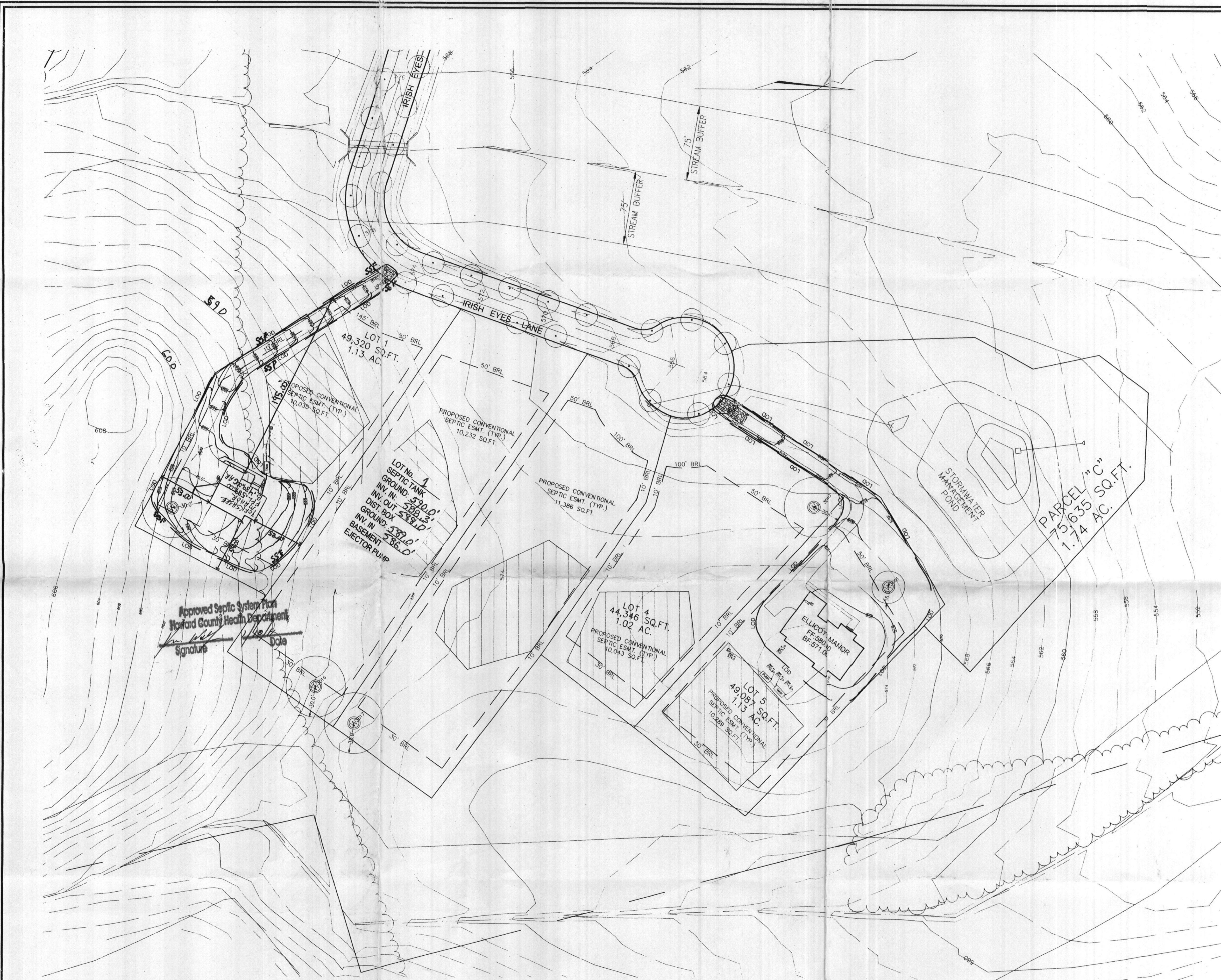
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>1/10/11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>70.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone	
SDP/Red-line approval date _____	Accepted by _____



VICINITY MAP  
SCALE: 1"=2000'

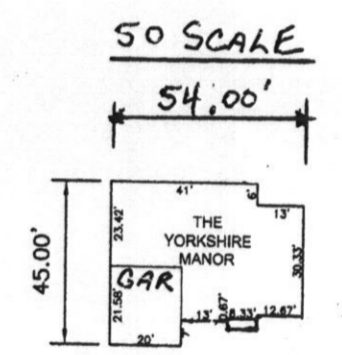
✓ THE EXISTING WELL SHOWN ON LOT 1 TAG NO. HO 95-0104 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 1 FLOOR AREAS:

BASEMENT FLOOR AREA: 1580  
 FIRST FLOOR AREA: 1605  
 SECOND FLOOR AREA: 1495

NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY 2 MICROPOOL EXTENDED DETENTION PONDS AND ONE BIORETENTION FACILITY APPROVED UNDER F-06-130. RAINGARDENS ARE REQUIRED FOR LOTS 20, 35 AND 41.

BUILDING PERMIT NO. \_\_\_\_\_



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

PLAN  
SCALE: 1"=50'

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS

*Jim Meyer* 5/17/07  
 USA-NATURAL RESOURCES CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT

*John R. Stanton* 5/17/07  
 HOWARD SCD DATE

ENGINEERS 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* 5/17/07  
 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 L. Pfauf* 05/02/07  
 MICHAEL L. PFAU DATE

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