

40300027

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08000308

Building Address 1832 IRISH LYLES LA
WOODBINE 21797

Property Owner's Name TRINITY QUALITY HOMES

Suite/Apt. #: _____ SDP/WP/Petition #: W-07-09

Address 3675 PARK AVE. #301

Census Tract 604001 Subdivision CHASE AT STANLEY BROOK

City ELLCOTT CITY State MD Zip Code 21043

Section _____ Area _____ Lot 4

Home Phone _____ Work Phone 410-313-5722

Tax Map 7 Parcel _____ Grid 7-16

Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-313-5731

Zoning RC PEO Map Coordinates 3D12 Lot size _____

Existing Use VACANT LOT

Contractor Company ~~SEITE~~

Proposed Use SEU

Contact Person TRINITY QUALITY HOMES
SALLY HODGE

Estimated Construction Cost \$ 348,600

Address 3675 PARK AVE #301

Description of Work HIGHLAND MANOR -
25 DRY FULL BSMT, 9F, 3FB, 1HB
2 FP CARAGE (4 BR) FINISHED
BSMT w/ 1/2 BATH

City ELLCOTT CITY State MD Zip Code 21043
License No. 645
Phone 410-313-5722 Fax 410-313-5731

Occupant or Tenant N/A

Engineer or Architect Company N/A

Contact Name _____

Contact Person ~~SEITE~~

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

Sally L. Hodge

SALLY HODGE

Applicant's Signature
TRINITY QUALITY HOMES

Print Name
2/8/08

Title/Company
Date

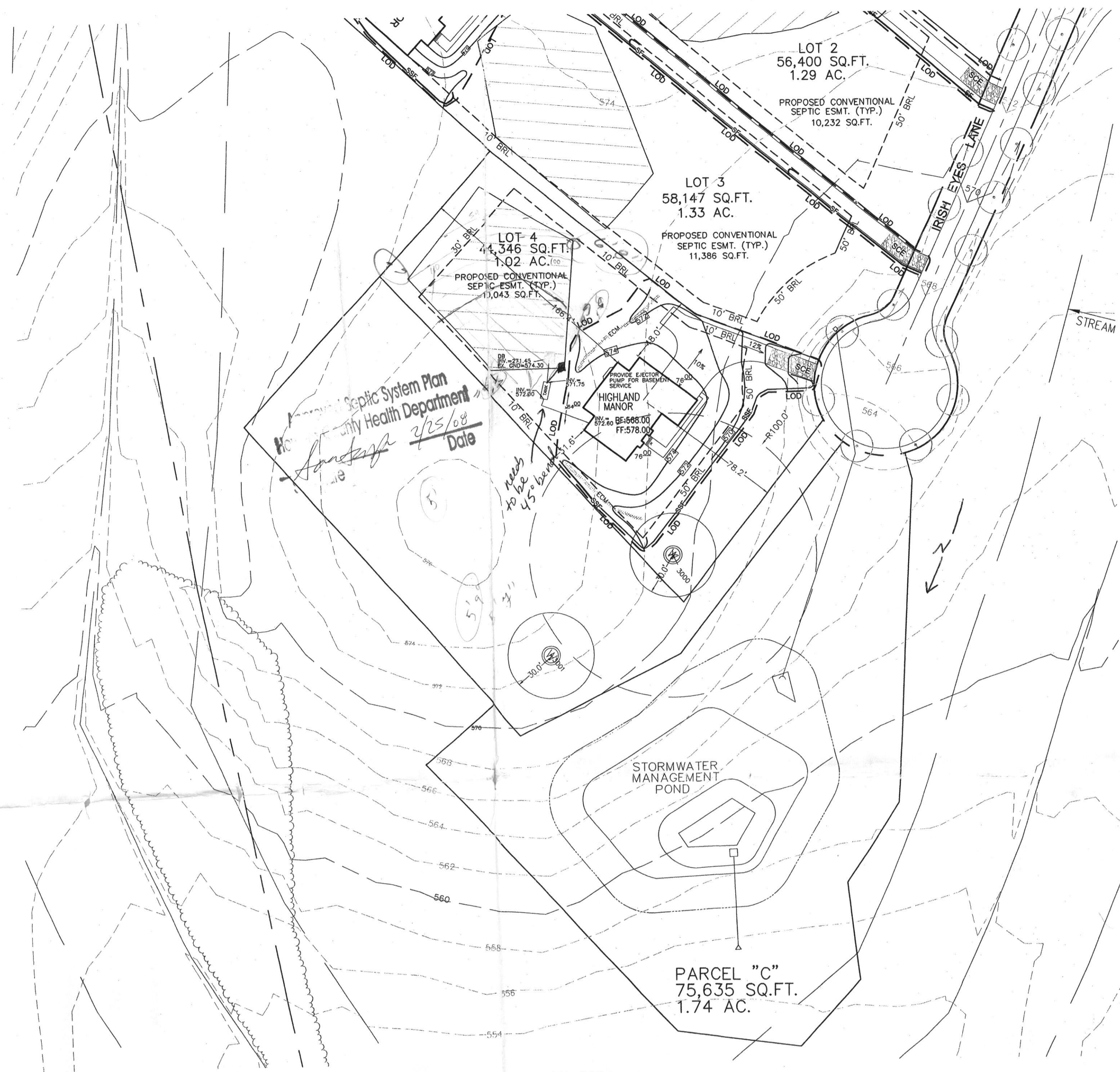
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

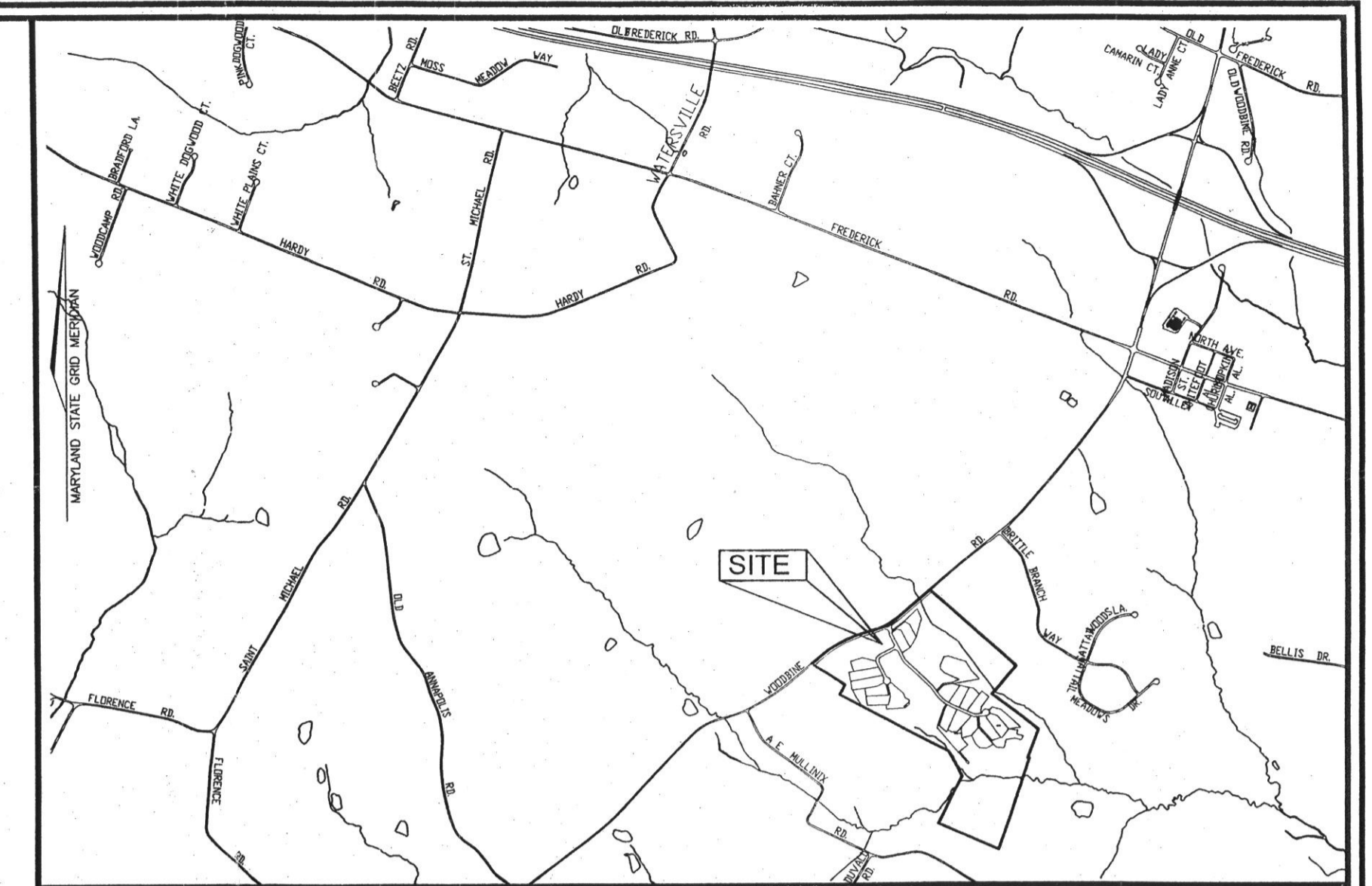
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>2/25/08</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</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 # <u>12640</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM



PLAN
SCALE: 1"=50'



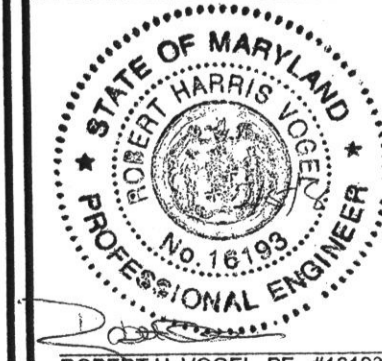
VICINITY MAP
SCALE: 1"=2000'

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

WELL ON LOT 4 (TAG# HO-95-0107) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 4 --FLOOR AREAS:
 BASEMENT FLOOR AREA: 2,200 SF. (UNFINISHED)
 FIRST FLOOR AREA: 2310 SF.
 SECOND FLOOR AREA: 2235 SF.

NOTE:
FOR GRADING PERMIT REFERENCE: GP-07-94

BUILDING PERMIT PLAN BUILDING PERMIT: 1832 IRISH EYES LANE THE CHASE AT STONEY BROOK LOT 4 SINGLE FAMILY DETACHED UNITS 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	
DESIGN BY: RJ DRAWN BY: RJ CHECKED BY: RHW DATE: 02-04-2008 SCALE: 1"=50' W.O. NO.: 06-34.00	 ROBERT H. VOGEL, PE #16193
OWNER / DEVELOPER TRINITY QUALITY HOMES, INC. 3675 PARK AVENUE, SUITE 301 ELLICOTT CITY, MARYLAND 21043 (410) 480-0023	
1 SHEET OF 1	