

Permits: 410-313-2435  
 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:

B 12001292

*Health*

Building Address: 11307 Judah Way  
Marriottsville, MD 21104

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

Census Tract: 602100 Subdivision: Brantwood Overlook

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 1

Tax Map: 16 Parcel: 94 and 259 Grid: 14

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 44, 272

Existing Use: vacant lot

Proposed Use: SFH

Estimated Construction Cost: \$ 226,308.57

Description of Work: 3 story, 9 rooms, 4 bed rooms, 3 baths, fire place, 2 car garage

Occupant or Tenant: n/a

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Property Owner's Name: Trinity Quality Homes, Inc.

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

Home Phone: \_\_\_\_\_ Work Phone: 410-531-5813

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contractor Company: Trinity Quality Homes, Inc.

Contact Person: Sherry Mewshaw

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

License No.: 699

Phone: 410-531-5813 Fax: 410-531-8534

Email: Sherry@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"/> <b>Roadside Tree Project Permit</b> | <input type="checkbox"/> Partial  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Other Suppression                                |
| <b>Roadside Tree Project Permit #</b>                                   | 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"/> 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 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"/> <b>Roadside Tree Project Permit</b>       |
| Roof:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |
| <input type="checkbox"/> State Certified Modular                                      | <b>Roadside Tree Project Permit #</b>   |
| <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.

Sherry Mewshaw  
 Applicant's Signature

Sherry@trinityhomes.com  
 Email Address

Operations, Trinity Quality Homes, Inc.  
 Title/Company

Print Name \_\_\_\_\_  
4/20/12  
 Date

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>5-7-12</u> | <u>Dana Bernard</u>   |
| Fire Protection      |               |                       |

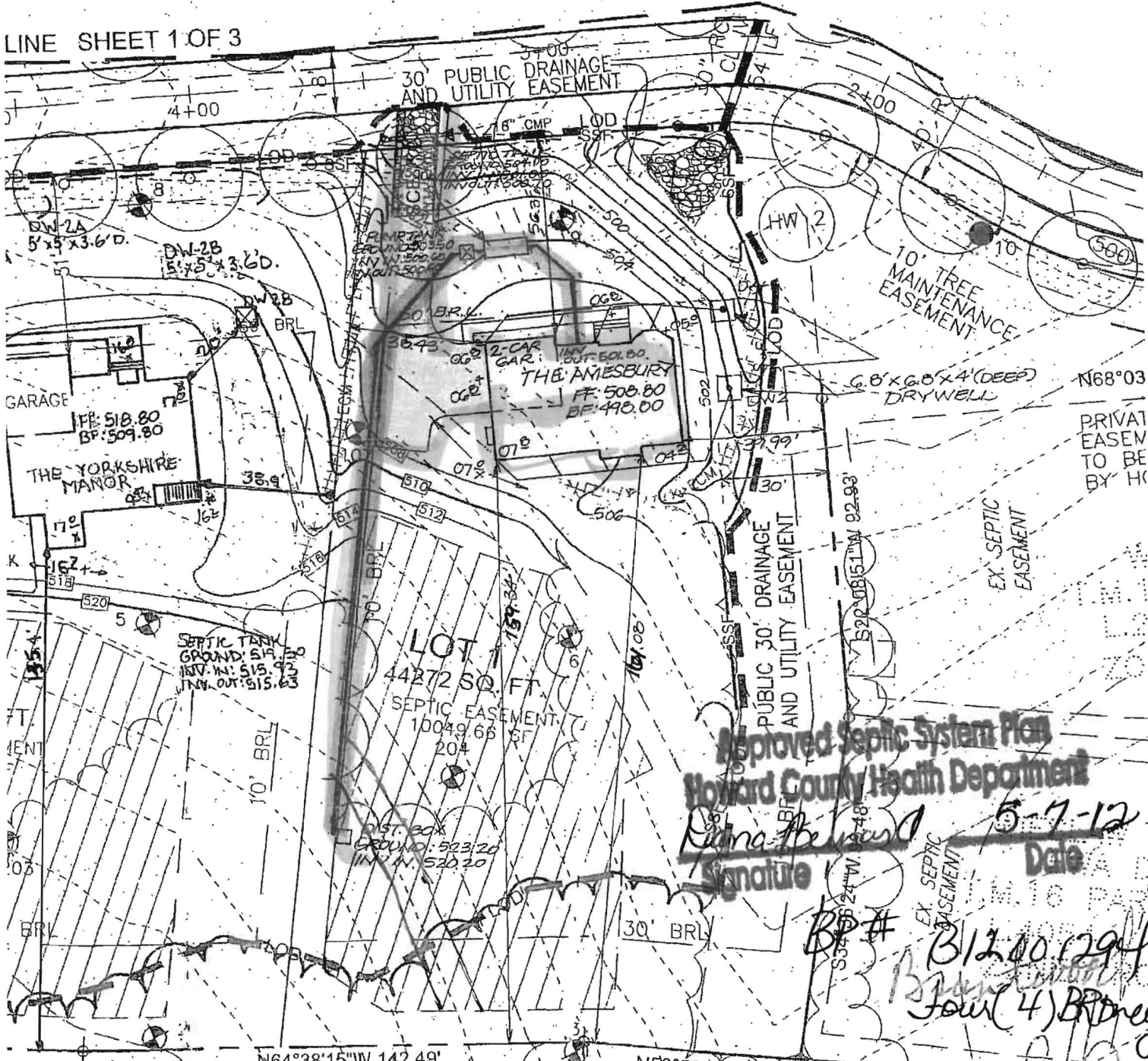
| DPZ SETBACK INFORMATION   |
|---|
| Front:  |
| Rear:   |
| Side:   |
| Side St.:   |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> 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     | \$ |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

(Scale 1-40) 11307 Judah Way

LINE SHEET 1 OF 3



Approved Septic System Plan  
Howard County Health Department

Signature: *Diana Howard* Date: 5-7-12

BP# B12001294  
Four (4) Bedrooms

THE EXISTING WELL SHOWN ON LOT 1 TAG NO. N/A ~~Public Water~~ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.  
BUILDING OF LOT 1 FLOOR AREAS:  
BASEMENT FLOOR AREA: 1300  
FIRST FLOOR AREA: 1320  
SECOND FLOOR AREA: 1530  
NUMBER OF BEDROOMS: 4

Enviro



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11307 Judah Way  
City: MARROTTSVILLE State: MD Zip Code: 21104  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 1  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 39,334

Existing Use: VACANT LAND  
Proposed Use: RETAINING EARTH  
Estimated Construction Cost: \$ 6500.00  
Description of Work: INSTALL NEW RETAINING WALL  
SOLF X (3/4 TO 1'H)

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: SIVA MAHESLI  
Address: 11307 JUDAH WAY  
City: MARROTTSVILLE State: MD Zip Code: 21104  
Phone: 443-851-4376 Fax: \_\_\_\_\_  
Email: MAHESH.GIM@GMAIL.COM

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: LIFE TIME IMPROVEMENTS II  
Contact Person: MARK YOUNG  
Address: P.O. BOX 1034  
City: GAMBELLS State: MD Zip Code: 21054  
License No.: 47153  
Phone: (800) 760-3373 Fax: 1-866-908-7716  
Email: LIFETIMEPAVERS@GMAIL.COM

Engineer/Architect Company: JOHN L. SCHNEIDER  
Responsible Design Prof.: \_\_\_\_\_  
Address: 100 N. ROLLING RD  
City: CATONSVILLE State: MD Zip Code: 21228  
Phone: (410) 382-8238 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

| Commercial Building Characteristics                                     | Residential Building Characteristics  |              |
|---|---|--------------|
| Height:   | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |              |
| No. of stories:   | <b>Depth</b>  | <b>Width</b> |
| Gross area, sq. ft./floor:  | 1 <sup>st</sup> floor:  |              |
|   | 2 <sup>nd</sup> floor:  |              |
| Area of construction (sq. ft.):   | Basement:   |              |
|   | <input type="checkbox"/> Finished Basement  |              |
| Use group:  | <input type="checkbox"/> Unfinished Basement  |              |
|   | <input type="checkbox"/> Crawl Space  |              |
| <b>Construction type:</b>   | <input type="checkbox"/> Slab on Grade  |              |
| <input type="checkbox"/> Reinforced Concrete                            | No. of Bedrooms:  |              |
| <input type="checkbox"/> Structural Steel                               | <b>Multi-family Dwelling</b>  |              |
| <input type="checkbox"/> Masonry  | No. of efficiency units:  |              |
| <input type="checkbox"/> Wood Frame                                     | No. of 1 BR units:  |              |
| <input type="checkbox"/> State Certified Modular                        | No. of 2 BR units:  |              |
|   | No. of 3 BR units:  |              |
|   | Other Structure:  |              |
|   | Dimensions:   |              |
| <input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b> | Footings:   |              |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Roof:   |              |
| <b>Roadside Tree Project Permit #</b>                                   | <input type="checkbox"/> State Certified Modular                                      |              |
|   | <input type="checkbox"/> Manufactured Home  |              |

| Utilities   |
|---|
| <b>Water Supply</b>   |
| <input checked="" type="checkbox"/> Public                                |
| <input type="checkbox"/> Private  |
| <b>Sewage Disposal</b>  |
| <input type="checkbox"/> Public   |
| <input checked="" type="checkbox"/> Private                               |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <b>Heating System</b>   |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other:   |
| <b>Sprinkler System:</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| <b>Grading Permit Number:</b>   |
| <b>Building Shell Permit Number:</b>                                      |

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: [Signature]  
Email Address: LIFETIMEPAVERS@GMAIL.COM  
President / LIFE TIME IMPROVEMENTS  
Title/Company

Print Name: MARK D. YOUNG  
Date: 5/23/13

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>5-30-13</u> | <u>Dana Burd</u>      |

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

| 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           | \$ <u>55</u> |
| Guaranty Fund  | \$           |
| Add'l per Fee  | \$           |
| Total Fees     | \$           |
| Sub-Total Paid | \$           |
| Balance Due    | \$           |
| Check          | #            |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Scale  
(1-50)

APPROVED

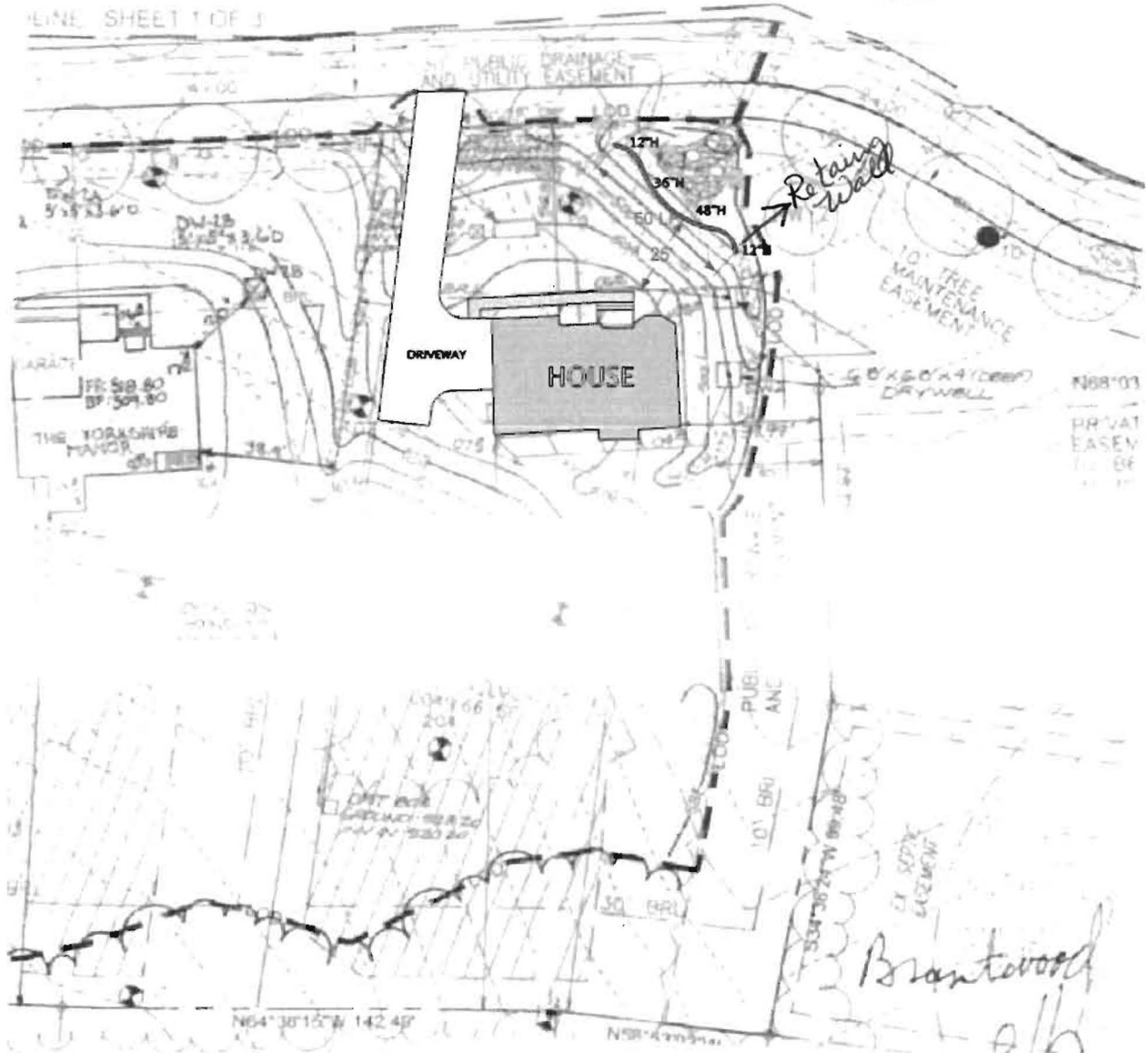
WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN. *Reena Ramani* DATE: *5-30-13* **Property Plat View**

DESC. OF WORK: *New Retaining Wall*

*Approved As Shown  
on Public H<sub>2</sub>O*



THE EXISTING WELL SHOWN ON LOT 1  
TAG NO. N/A PUBLIC WATER HAS BEEN FIELD

*Brantwood  
1/1/13*



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B13002922

Building Address: 11307 TUDAH WAY  
 City: MARRIOTTSVILLE State: MD Zip Code: 21104  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Sivanaaga Mahesh NelaKudily  
 Address: 11307 Tudah way  
 City: Mariottsville State: MD Zip Code: 21104  
 Phone: 443 851 4376 Fax: \_\_\_\_\_  
 Email: mahesh.aim@gmail.com

Existing Use: Residential Porpose  
 Proposed Use: Residential Extension  
 Estimated Construction Cost: \$ 16,000  
 Description of Work: Adding a room to the breakfast area. 1.FX12

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Sivanaaga Mahesh NelaKudily  
 Contact Person: \_\_\_\_\_  
 Address: 11307 Tudah way  
 City: Mariottsville State: MD Zip Code: 21104  
 License No.: \_\_\_\_\_  
 Phone: 443 851 4376 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

| Commercial Building Characteristics                      | Residential Building Characteristics                                       |              |
|--|--|--------------|
| Height: _____  | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |              |
| No. of stories: _____                                    | <u>Depth</u>   | <u>Width</u> |
| Gross area, sq. ft./floor: _____                         | 1 <sup>st</sup> floor: _____   | _____        |
| Area of construction (sq. ft.): _____                    | 2 <sup>nd</sup> floor: _____   | _____        |
| Use group: _____   | Basement: _____  | _____        |
| Construction type: _____                                 | <input type="checkbox"/> Finished Basement                                 | _____        |
| <input type="checkbox"/> Reinforced Concrete             | <input type="checkbox"/> Unfinished Basement                               | _____        |
| <input type="checkbox"/> Structural Steel                | <input type="checkbox"/> Crawl Space                                       | _____        |
| <input type="checkbox"/> Masonry                         | <input type="checkbox"/> Slab on Grade                                     | _____        |
| <input type="checkbox"/> Wood Frame                      | No. of Bedrooms: _____   | _____        |
| <input type="checkbox"/> State Certified Modular         | <u>Multi-family Dwelling</u>   | _____        |
| <input type="checkbox"/> Roadside Tree Project Permit    | No. of efficiency units: _____   | _____        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | No. of 1 BR units: _____   | _____        |
| Roadside Tree Project Permit # _____                     | 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                                 | _____        |

| Utilities   |       |
|---|-------|
| <u>Water Supply</u>   |       |
| <input checked="" type="checkbox"/> Public                                | _____ |
| <input type="checkbox"/> Private  | _____ |
| <u>Sewage Disposal</u>  |       |
| <input checked="" type="checkbox"/> Public                                | _____ |
| <input type="checkbox"/> Private  | _____ |
| 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"/> Electric <input type="checkbox"/> Oil            | _____ |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | _____ |
| <input type="checkbox"/> Other: _____                                     | _____ |
| <u>Sprinkler System:</u>  |       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  | _____ |
| Grading Permit Number: _____  |       |
| Building Shell Permit Number: _____                                       |       |

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.

N. Siva Naga Mahesh  
 Applicant's Signature  
mahesh.aim@gmail.com  
 Email Address

N. Siva Naga Mahesh  
 Print Name  
08/01/2013  
 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 | <u>8/1/13</u> | <u>[Signature]</u>    |
| PSZA (Zoning)      |               |                       |
| PSZA (Engineering) |               |                       |
| Health             | <u>8/2/13</u> | <u>[Signature]</u>    |

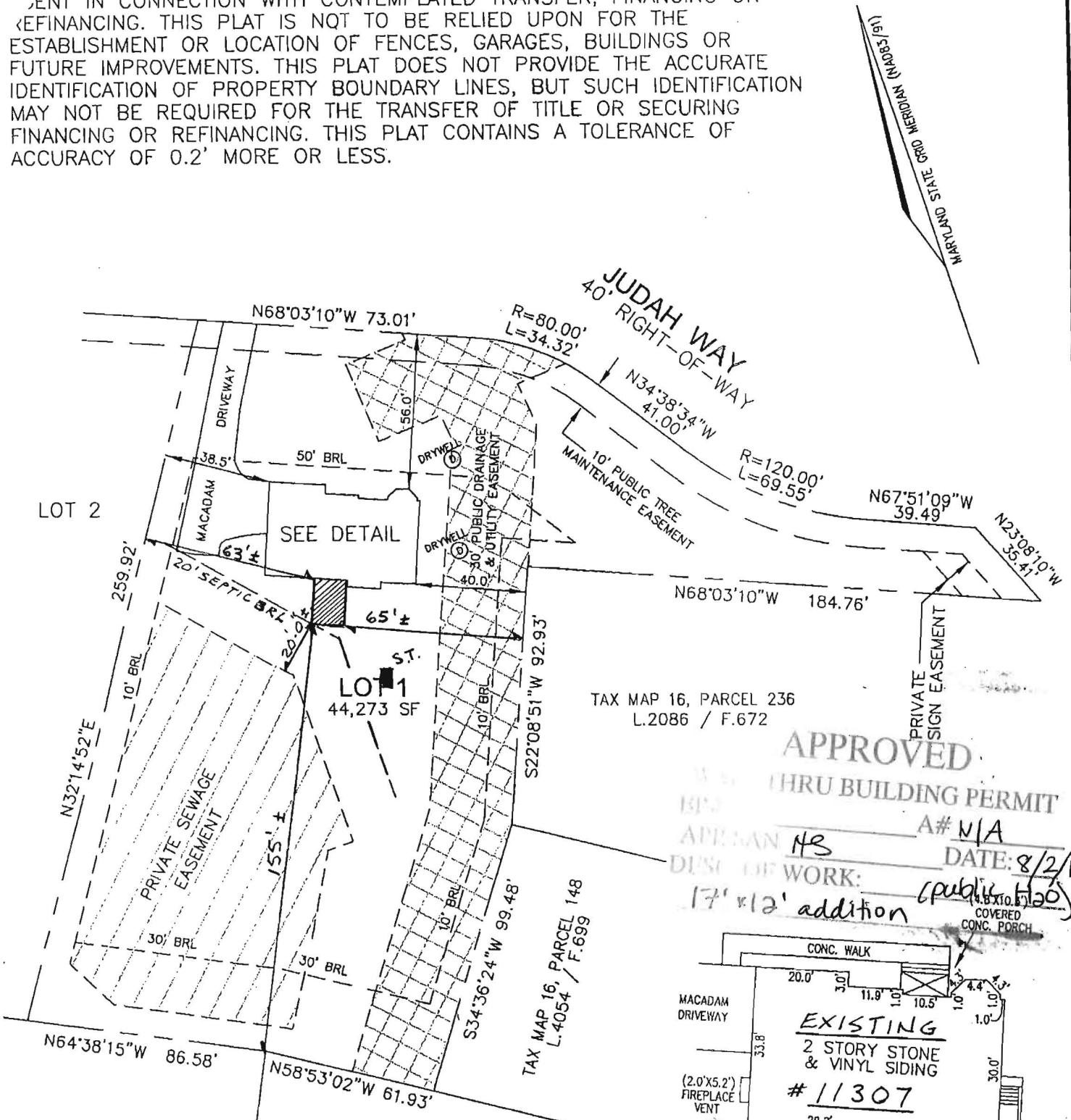
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

| 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:     | _____  |

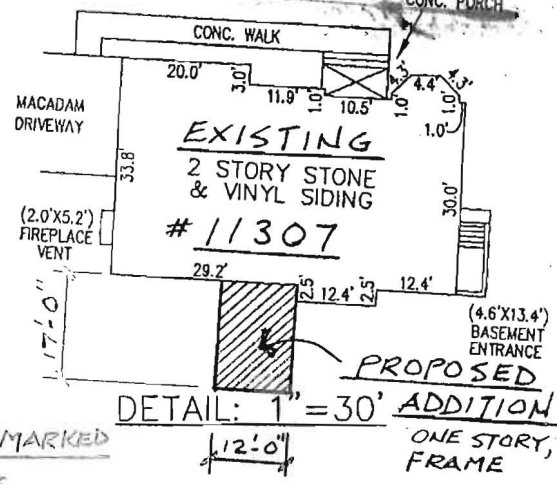
|                 |                  |
|-----------------|------------------|
| Filing Fee      | \$ <u>25.00</u>  |
| Permit Fee      | \$ <u>34.42</u>  |
| Tech Fee        | \$ _____         |
| Excise Tax      | \$ <u>214.74</u> |
| PSFS            | \$ <u>235.00</u> |
| Guaranty Fund   | \$ _____         |
| Add'l per Fee   | \$ _____         |
| Total Fees      | \$ _____         |
| Sub- Total Paid | \$ _____         |
| Balance Due     | \$ _____         |
| Check #         | <u>1039</u>      |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.



**APPROVED**  
 THRU BUILDING PERMIT  
 APPLICANT: HS  
 DATE: 8/2/13  
 DISC OF WORK: 17' x 12' addition (public 1120)  
 A# N/A



TAX MAP 16, PARCEL 81  
 L.653 / F.146

TAX MAP 16, PARCEL 82  
 L.549 / F.196

TAX MAP 16, PARCEL 148  
 L.4054 / F.699



**SITE PLAN** SCALE AS MARKED  
**PROPOSED ADDITION TO THE**  
**NELAKUDITY RESIDENCE**

11307 JUDAH WAY, ELLICOTT CITY, MD  
 HOWARD COUNTY, MD  
 B.P.# B12001292  
 11307 JUDAH WAY

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Thomas M. Hoffman Jr.*  
 THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE 1.02.13

PROFESSIONAL CERTIFICATION; I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 267, EXPIRATION DATE JULY 28, 2014.

|                            |                        |  |  |
|----------------------------|------------------------|--|--|
| SCALE<br>1" = 50'          | DATE<br>01/02/13       | BASED ON A LOCATION PLAN BY<br>ROBERT H. VOGEL ENGINEERING, INC.<br>ENGINEERS - SURVEYORS - PLANNERS<br>8407 MAIN STREET<br>ELLICOTT CITY, MARYLAND 21043<br>TEL: 410-461-7666 FAX: 410-461-8961 | FINAL LOCATION DRAWING   |
| DRAWN BY<br>B.D.A.         | CHECKED BY<br>T.M.H.   |  | LOT 1<br>BRANTWOOD OVERLOOK  |
| PLAT NUMBER<br>21199-21202 | JOB NUMBER<br>05-65.00 |  | PLAT No. 21200<br>THIRD ELECTION DISTRICT<br>HOWARD COUNTY, MARYLAND |



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: B13004336

Building Address: 11307 Judah Way  
 City: Marriottsville State: MD Zip Code: 21104  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Sivanaqa Mahesh Nelakudity  
 Address: 11307 Judah Way  
 City: Marriottsville State: MD Zip Code: 21104  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: mahesh.aim@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ deck  
 Estimated Construction Cost: \$ 4900.00  
 Description of Work: Construct 24x17 Deck  
NO Steps  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Home owner  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

| Commercial Building Characteristics                      | Residential Building Characteristics  |       |
|--|---|-------|
| Height:  | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |       |
| No. of stories:  | Depth   | Width |
| Gross area, sq. ft./floor:                               | 1 <sup>st</sup> floor:  |       |
|  | 2 <sup>nd</sup> floor:  |       |
| Area of construction (sq. ft.):                          | Basement:   |       |
|  | <input type="checkbox"/> Finished Basement  |       |
| Use group:   | <input type="checkbox"/> Unfinished Basement  |       |
|  | <input type="checkbox"/> Crawl Space  |       |
|  | <input type="checkbox"/> Slab on Grade  |       |
| <b>Construction type:</b>                                | No. of Bedrooms:  |       |
| <input type="checkbox"/> Reinforced Concrete             | <b>Multi-family Dwelling</b>  |       |
| <input type="checkbox"/> Structural Steel                | No. of efficiency units:  |       |
| <input type="checkbox"/> Masonry                         | No. of 1 BR units:  |       |
| <input type="checkbox"/> Wood Frame                      | No. of 2 BR units:  |       |
| <input type="checkbox"/> State Certified Modular         | No. of 3 BR units:  |       |
|  | Other Structure:  |       |
|  | Dimensions:   |       |
| <b>Roadside Tree Project Permit</b>                      | Footings:   |       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof:   |       |
| <b>Roadside Tree Project Permit #</b>                    | <input type="checkbox"/> State Certified Modular                                      |       |
|  | <input type="checkbox"/> Manufactured Home  |       |

| Utilities   |  |
|---|--|
| <b>Water Supply</b>   |  |
| <input type="checkbox"/> Public   |  |
| <input checked="" type="checkbox"/> Private                               |  |
| <b>Sewage Disposal</b>  |  |
| <input type="checkbox"/> Public   |  |
| <input checked="" type="checkbox"/> Private                               |  |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| <b>Heating System</b>   |  |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |  |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |  |
| <input type="checkbox"/> Other:   |  |
| <b>Sprinkler System:</b>  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |
| <b>Grading Permit Number:</b>   |  |
| <b>Building Shell Permit Number:</b>                                      |  |

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.

N. Sivanaqa Mahesh  
 Applicant's Signature  
mahesh.aim@gmail.com  
 Email Address  
 \_\_\_\_\_  
 Title/Company

Sivanaqa Mahesh Nelakudity  
 Print Name  
11/20/2013  
 Date

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>11/20/13</u> | <u>[Signature]</u>    |

Is Sediment Control of approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

**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: \_\_\_\_\_

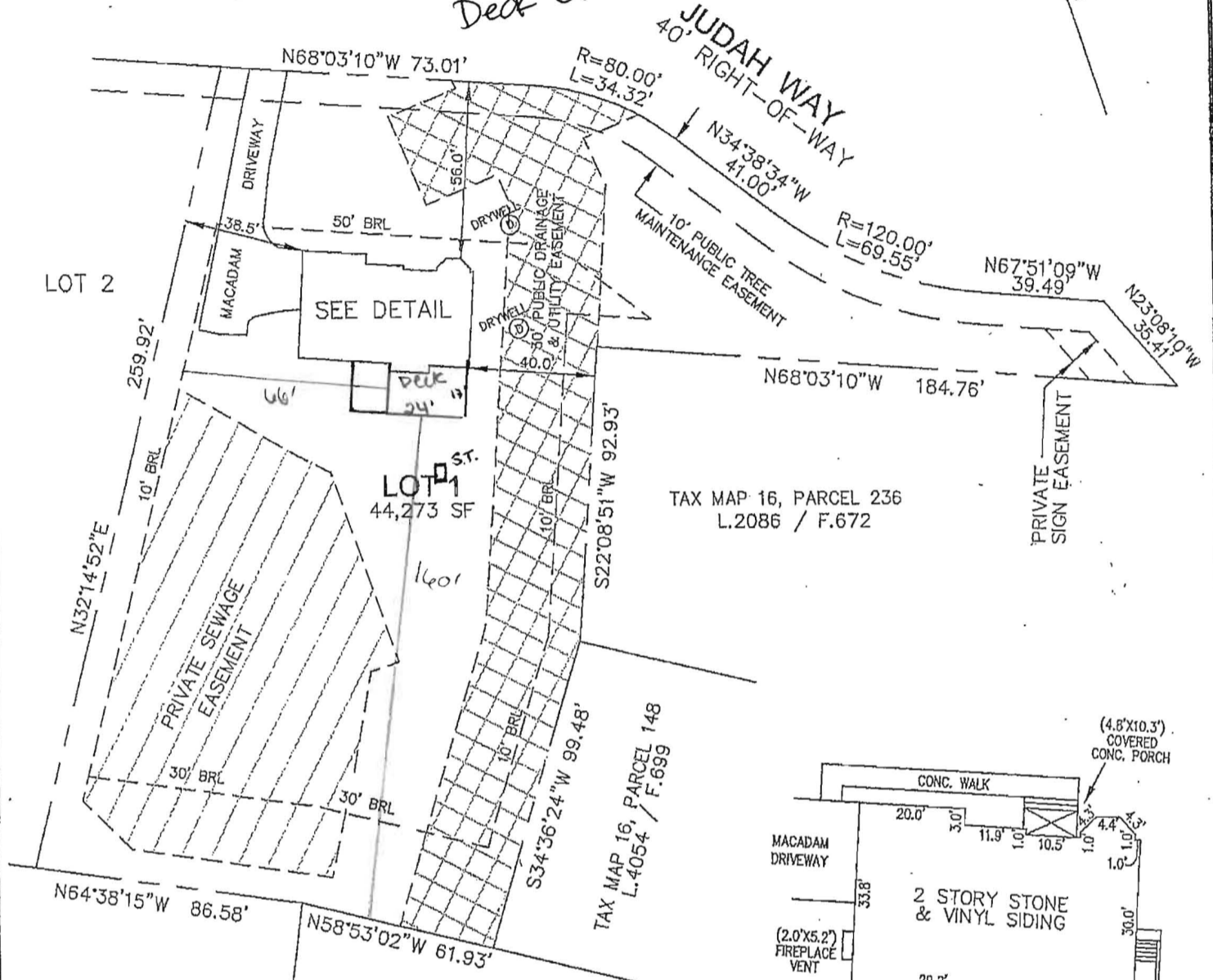
|                |                |
|----------------|----------------|
| Filing Fee     | \$             |
| Permit Fee     | \$             |
| Tech Fee       | \$             |
| Excise Tax     | \$             |
| PSFS           | \$             |
| Guaranty Fund  | \$             |
| Add'l per Fee  | \$             |
| Total Fees     | \$             |
| Sub-Total Paid | \$             |
| Balance Due    | \$ <u>1044</u> |
| Check #        |                |

Distribution of Copies: White: Building Officials Green: PSZA Zoning Yellow: PSZA Engineering Pink: Health Gold: SHA

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

\*Public Ho

B13004336  
Deck OK 12/6/13 HR

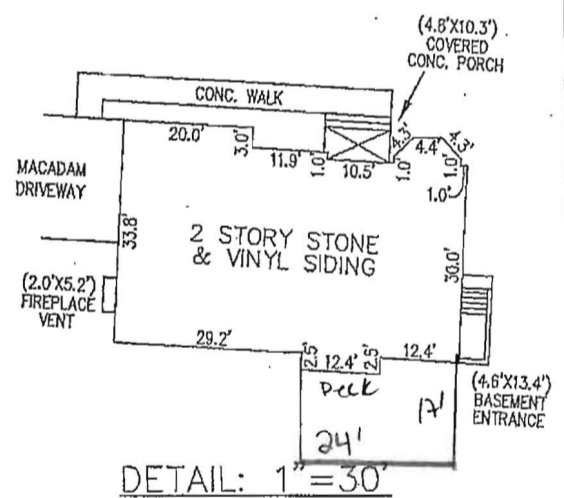


TAX MAP 16, PARCEL 236  
L.2086 / F.672

TAX MAP 16, PARCEL 148  
L.4054 / F.699

TAX MAP 16, PARCEL 81  
L.653 / F.146

TAX MAP 16, PARCEL 82  
L.549 / F.196



DETAIL: 1"=30'

B.P.# B12001292  
11307 JUDAH WAY



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Thomas M. Hoffman Jr.*  
THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE 1-02-13

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 267, EXPIRATION DATE JULY 28, 2014.

|                            |                        |  |  |
|----------------------------|------------------------|--|--|
| SCALE<br>1" = 50'          | DATE<br>01/02/13       | <b>ROBERT H. VOGEL ENGINEERING, INC.</b><br>ENGINEERS - SURVEYORS - PLANNERS<br>8407 MAIN STREET<br>ELLICOTT CITY, MARYLAND 21043<br>TEL: 410-461-7666 FAX: 410-461-8961 | FINAL LOCATION DRAWING                             |
| DRAWN BY<br>B.D.A.         | CHECKED BY<br>T.M.H.   |  | LOT 1<br>BRANTWOOD OVERLOOK                        |
| PLAT NUMBER<br>21199-21202 | JOB NUMBER<br>05-65.00 |  | PLAT No. 21200                                     |
|                            |                        |  | THIRD ELECTION DISTRICT<br>HOWARD COUNTY, MARYLAND |

Building Address: 11307 JUDAH WAY  
MARADITHSVILLE, MD 21114

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: 6P-08-47

Census Tract: \_\_\_\_\_ Subdivision: GRANTWOOD OVERLOOK

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 1

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

Zoning: \_\_\_\_\_ Map Coordinates: 4814 FY Lot Size: 41,227

Property Owner's Name: TRINITY QUALITY HOMES INC

Address: 3675 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: \_\_\_\_\_

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORKSHIRE MANOR  
2 STORY, FULL BSMT, 9R, 2FB, 1HB, FP  
+ GARAGE (4 BR)

Occupant or Tenant: N/A NOTE:

Was tenant space previously occupied?  Yes  No

Contact Name: STORMWATER MANAGEMENT

Address: FOR THIS LOT HAS BEEN PREVIOUSLY  
DISCUSSED WITH State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contractor Company: TRINITY QUALITY HOMES

Contact Person: SHERY MEWSHAW

Address: 3675 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>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>  |
| <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 type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space  | Gas: <input 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.

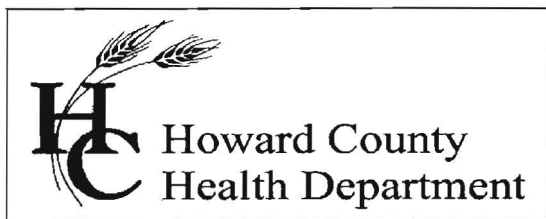
Applicant's Signature: SHERY MEWSHAW Print Name: SHERY MEWSHAW

Email Address: SHERY@TRINITYHOMES.COM Date: 12/10/10

Title/Company: OPERATIONS, TRINITY QUALITY HOMES

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

| AGENCY   | DATE | SIGNATURE OF APPROVAL | DPZ SETBACK INFORMATION   | Filing Fee      | \$ |
|--|------|-----------------------|---|-----------------|----|
| State Highways   |      |                       | Front:  | Permit Fee      | \$ |
| Building Officials   |      |                       | Rear:   | Tech Fee        | \$ |
| PSZA ( Zoning )  |      |                       | Side:   | Excise Tax      | \$ |
| PSZA ( Engineering )   |      |                       | Side St.:   | PSFS            | \$ |
| Health   |      | <u>[Signature]</u>    | All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    | Guaranty Fund   | \$ |
| Fire Protection  |      |                       | Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Add'l per Fee   | \$ |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                       | Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           | Total Fees      | \$ |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START  |      |                       | Lot Coverage for New Town Zone:   | Sub- Total Paid | \$ |
| <input type="checkbox"/> ONE STOP SHOP   |      |                       | SDP/Red-line approval date:   | Balance Due     | \$ |



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

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February 21, 2013

Trinity Quality Homes  
3675 Park Avenue, Suite 301  
Ellicott City, MD 21042

RE: Brantwood Overlook, Lot1  
11307 Judah Way  
Marriottsville, MD 21114  
Building Permit #: B12001292  
**PUBLIC WATER**

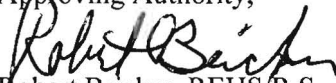
Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 2/3/2013.**

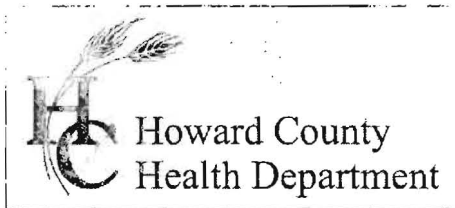
The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority,

  
Robert Bricker, REHS/R.S.  
Environmental Health Specialist  
Well & Septic Program

RB  
cc: Building Inspector's Office  
File



7178 Columbia Gateway Drive, Columbia MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 2, 2012

TO: Trinity Quality Homes, Inc.  
C/o Sherry Mewshaw  
Via-e-mail: SHERRY@TRINITYHOMES.COM  
3675 Park Avenue #301  
Ellicott City, Maryland 21043

RE: **Building Permit # B12001292**  
**11307 Judah Way**  
**Marriottsville, Maryland 21104**  
**Building Site Plan**

Ms. Mewshaw,

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Drive way must be defined to insure the septic lines, distribution box, and septic tank are well within the required setbacks.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



7178 Columbia Gateway Drive, Columbia MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 3, 2011

RE: **Building Site Plans for Brantwood Overlook**

**Building Permits -B10003828, B10003833, B10003835, B10003830,**

TO: Trinity Quality Homes Inc.

C/o Sherry Mewshaw

3675 Park Avenue #301

Ellicott City, Maryland 21043

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plans for Lots # 1, 2, 3, and 6, showing the following:

- ✚ Because of the revision required, please submit separate building plans for each lot submitted.
- ✚ Elevations for the septic system inverts. (i.e. Invert at the house, grade elevations at the house, inverts in and out of septic tank and invert into distribution box must be shown on each individual plan.
- ✚ Square footage of house must be noted on each plan.
- ✚ Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.

Your building permits will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Bureau of Environmental Health

Well and Septic Program

Development and Coordination

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file