

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

D09003015

Building Address 14525 EDGEWOODS WAY
Glenview MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Wheat Transphire

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name T.H. Pothas LLC

Address 14650 Roxbury Rd

City Glenview State MD Zip Code 21737

Phone 410-459-3275 Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFO

Proposed Use 1000 GALLON UNDERGROUND PROPANE TANK

Estimated Construction Cost \$ 4000

Description of Work INSTALL 1000 gal UNDERGROUND PROPANE TANK TO NFPA 58 CODES

Contractor Company Valley Natural Gas LLC

Contact Person William Grewis

Address 7201 MONTVIDEO RD

City ESSUP State MD Zip Code 2774

License No. 67793

Phone 410-719-1114 Fax 410-719-0838

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

William Grewis
 Applicant's Signature
Propane Installer
 Title/Company

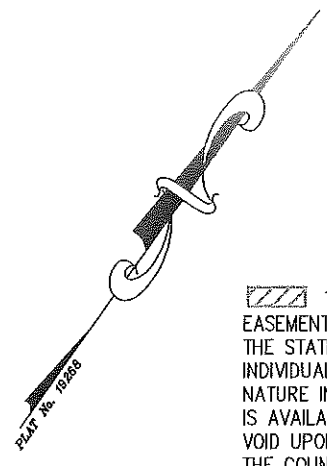
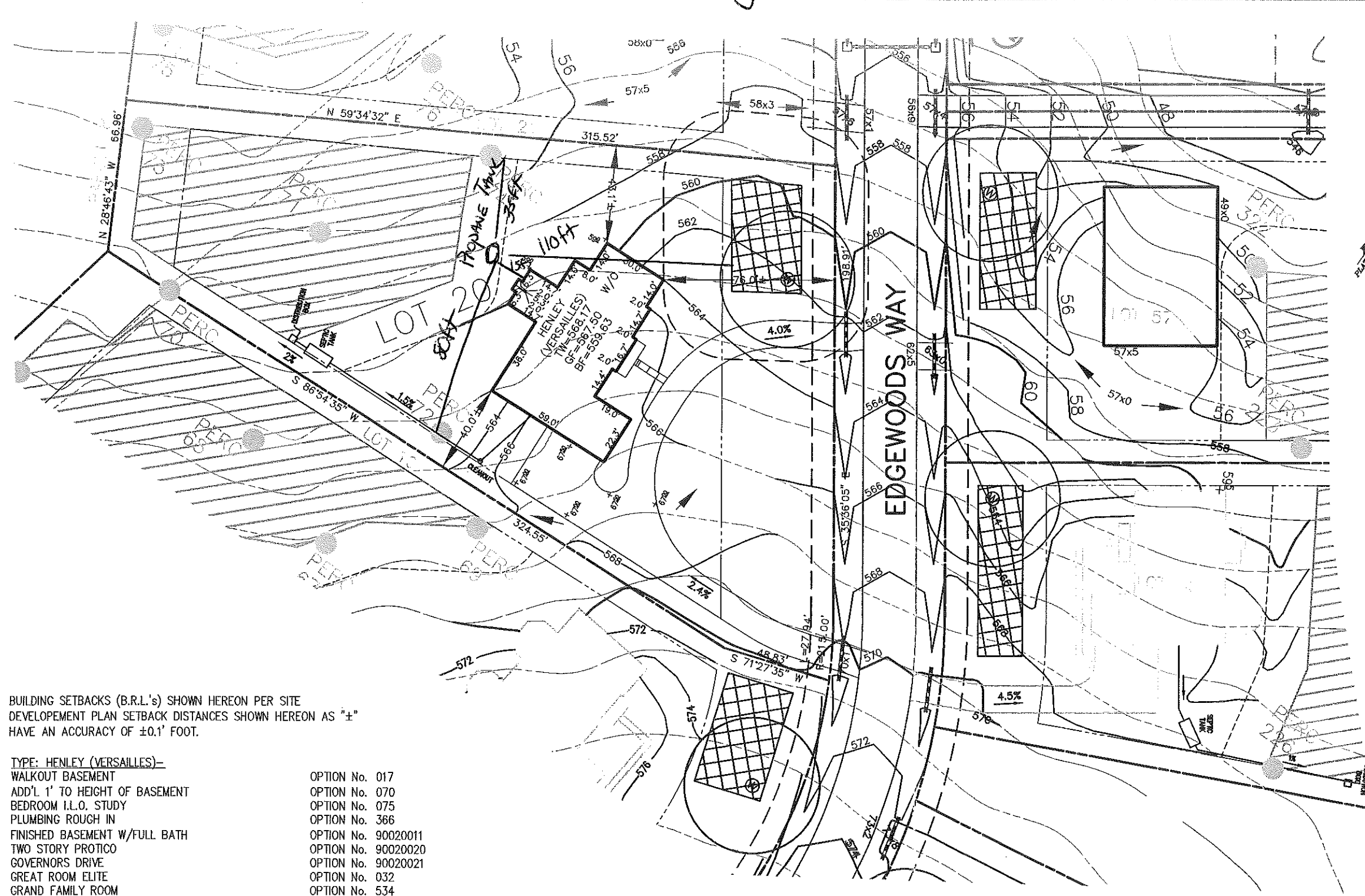
William Grewis
 Print Name
11/4/09
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health <u>4/23/2009 Brian Baker</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>1</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

TR1 MILL RD

Copy for the Health Dept



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19266. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

INV. @ HOUSE	557.6
GROUND @ INV. @ HOUSE	566.0
INV. IN TANK	555.8
INV. OUT TANK	555.5
TOP OF TANK	556.5
GROUND OVER TANK	559.5
INV. IN DIST. BOX	555.4
INV. OUT DIST. BOX	555.1
GROUND @ BOX	559.1

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0777) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

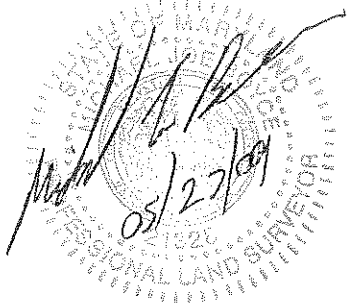
WELL No. HO-95-0777

ADDRESS: 14525 EDGEWOODS WAY
GLENELG, MD 21737

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

- TYPE: HENLEY (VERSAILLES)-
WALKOUT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
BEDROOM I.L.O. STUDY
PLUMBING ROUGH IN
FINISHED BASEMENT W/FULL BATH
TWO STORY PROTICO
GOVERNORS DRIVE
GREAT ROOM ELITE
GRAND FAMILY ROOM

- OPTION No. 017
OPTION No. 070
OPTION No. 075
OPTION No. 366
OPTION No. 90020011
OPTION No. 90020020
OPTION No. 90020021
OPTION No. 032
OPTION No. 534



Approved Septic System Plan
Howard County Health Department
Brian Baber 11/23/2009
Signature Date

PLOT PLAN
LOT #20
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19266, et seq
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

**Land Planning
Engineering
Land Surveying**

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 5/26/09 SCALE: 1" = 50' FILE: LOT_20 Henley Vers rev1
CHK'D: MJB JOB#: 1498 DRAWN: GVS

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BO900/423

Building Address 14525 Edgewood Way
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision Edgewood Forest
Section _____ Area _____ Lot 20
Tax Map 21 Parcel 90 Grid 22
Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name Toll Mgt. Co. of Md.
Address 7164 Columbia Gateway Dr. 210
City _____ State MD Zip Code _____
Phone _____ Phone 410 232 6346
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 481 2275 Fax 410 481 2278

Existing Use Vacant lot
Proposed Use 4 bed home
Estimated Construction Cost \$ 250,000
Description of Work 4 bed home - 2.5 baths

Contractor Company T.H. Middlebrook & Co.
Contact Person Fabian Muelle
Address 14540 Edgewood Way
City Ellicott City State MD Zip Code 21117
License No. _____
Phone 410 481 2275 Fax 410 481 2278

Occupant or Tenant Toll Mgt. Co. of Md.
Contact Name Fabian Muelle
Address 14540 Edgewood Way
City Ellicott City State MD Zip Code 21117
Phone 410 481 2275 Fax 410 481 2278

Engineer or Architect Company FSI
Contact Person Mike Joyce
Address 7164 Columbia Gateway Dr. 210
City Ellicott City State MD Zip Code 21117
Phone 410 377 7000 Fax 410 377 4970

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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: 4900 S.F. per F.M. 4:30 PM 6/23/09
Dimensions: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
NFA #13D
NFA #13R
Other: _____

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Title/Company _____

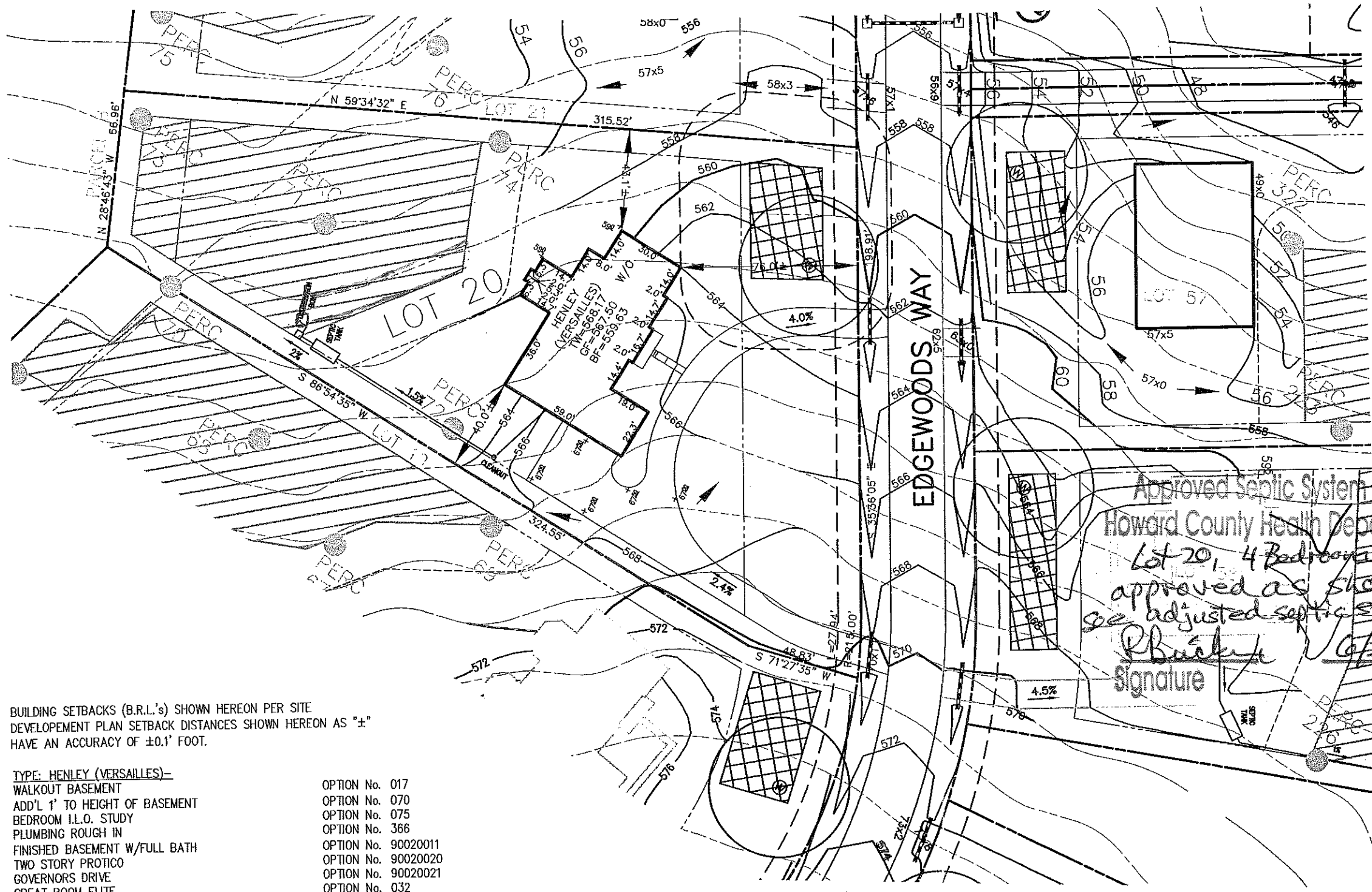
Print Name Fabian Muelle
Date 6/23/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

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Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6/23/09</u>	<u>RBuckner</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0-110</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by _____
T:\formal\PERMIT.FRM			SDP/Red-line approval date _____	



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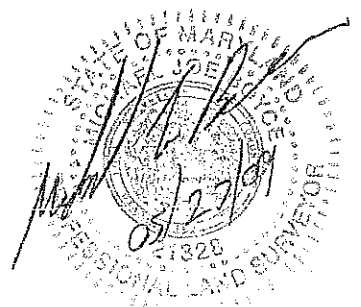
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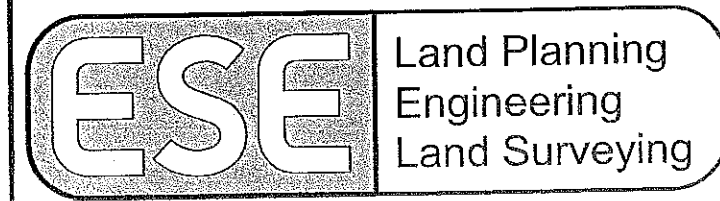
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 - ADD'L 1' TO HEIGHT OF BASEMENT
 - BEDROOM I.L.O. STUDY
 - PLUMBING ROUGH IN
 - FINISHED BASEMENT W/FULL BATH
 - TWO STORY PROTICO
 - GOVERNORS DRIVE
 - GREAT ROOM ELITE
 - GRAND FAMILY ROOM
- OPTION No. 017
 - OPTION No. 070
 - OPTION No. 075
 - OPTION No. 368
 - OPTION No. 90020011
 - OPTION No. 90020020
 - OPTION No. 90020021
 - OPTION No. 032
 - OPTION No. 534



PLOT PLAN
LOT #20
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19266, et seq
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 5/26/09 SCALE: 1" = 50' FILE: LOT_20 Henley Vers rev1
CHK'D: MJB JOB#: 1496 DRAWN: GVS

May 26, 2009 - 8:26 pm P:\projects\1496 Edgewood Farm\Surv Dept\Lot 20\Plot.plan\Lot 20 Henley Vers rev1.dwg GSTEWARD