

Permits: 410-313-2455  
 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:

B10003032

Building Address: 14891 Michele Drive  
Greenbelt MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: The Warfield

Section: 2 Area: \_\_\_\_\_ Lot: 18

Tax Map: 27 Parcel: 114 Grid: 5

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.13

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 6,000

Description of Work: Install a 500 Gal in ground Propane tank

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: OWNER

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

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

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

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

Property Owner's Name: NVR Inc

Address: 6085 Marshalee Dr

City: Elkridge State: MD Zip Code: 21075

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

Applicant's Name & Mailing Address, (if other than stated herein):  
Jeremy Claryn 7051 Macbeth Way  
Eldersburg MD 21781

Phone: 410-340-1229 Fax: \_\_\_\_\_

Email: AppliedAndApproved@yahoo.com

Contractor Company: Valley National Cranes

Contact Person: William Creswell

Address: 7201 Montevideo Rd

City: Jessup State: MD Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: \_\_\_\_\_

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

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: Contractor

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 checked="" type="checkbox"/> Private                               |
| Area of construction (sq. ft.):                                     | <u>Sewage Disposal</u>  |
| Use group:  | <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             |
| <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 checked="" type="checkbox"/> No | <input type="checkbox"/> Other Suppression                                |
| <u>Roadside Tree Project Permit #</u>                               | No. of Heads:   |

| BUILDING DESCRIPTION - RESIDENTIAL   |   |
|--|---|
| Building Characteristics   | Utilities   |
| <input 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 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:   | <input type="checkbox"/> Electric                                   |
| <u>Multi-family Dwelling</u>   | <input type="checkbox"/> Oil  |
| No. of efficiency units:   | <input 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.

Applicant's Signature: [Signature]

Print Name: Jeremy Claryn

Email Address: AppliedAndApproved@yahoo.com

Title/Company: permits

Print Name: Jeremy Claryn

Date: 11/18/10

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>11/20/10</u> | <u>[Signature]</u>    |
| 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      | \$      |
| Permit Fee      | \$ 100. |
| Tech Fee        | \$ 10.  |
| Excise Tax      | \$      |
| PSFS            | \$      |
| Guaranty Fund   | \$      |
| Add'l per Fee   | \$      |
| Total Fees      | \$      |
| Sub- Total Paid | \$      |
| Balance Due     | \$      |

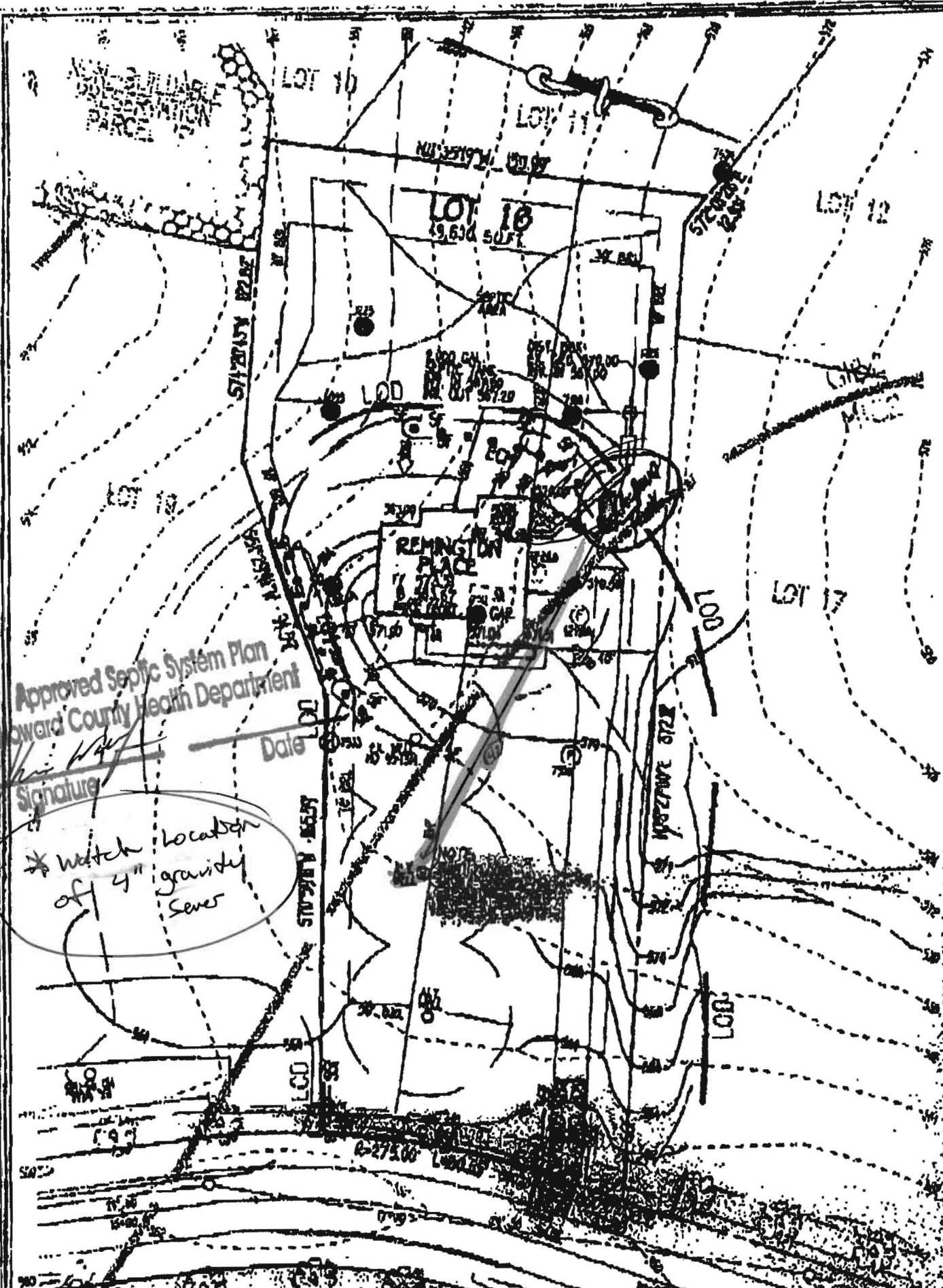
OK 2180

Approved Septic System Plan  
Howard County Health Department

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Watch location  
of 4" gravity  
sewer



14891 Michele Dr.  
Permit # B10002031  
Lot 2016  
MICHELE DRIVE  
(PUBLIC ACCESS STREET)

PERMIT PLAN  
THE WARFIELDS II  
LOT 20  
SECTION TWO

FISHER COLLINS & GARTNER, INC.  
CIVIL ENGINEERS & ARCHITECTS  
CENTRAL SQUARE OFFICE PARK - 12712 BUCKINGHAM NATIONAL Pkwy  
SALISBURY CITY, MARYLAND 21781  
(410) 481-3000

TAX MAP NO. 21, C&G NO. 23, PARCEL NO. 25  
4TH ELECTION DISTRICT - HOWARD COUNTY, MARYLAND  
SCALE 1" = 20'  
DATE: JULY 2002

11/1/02

to [Signature]

[Signature]

*B10002631*

Building Address 14891 Michalee Lane  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Warfield II  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 018  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

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

Existing Use Vacant Lot  
 Proposed Use New SEIS  
 Estimated Construction Cost \$ 250,000  
 Description of Work \_\_\_\_\_

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

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

| Building Characteristics   | Utilities   |
|--|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____<br>1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____<br>Basement: _____     | Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____ | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home              | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
|  | Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other:     |

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 REFERRED 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 \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

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>9-7-10</u> | <u>Walter Scott</u> |          |
| Fire Protection       |               |                     |          |

**DPZ SETBACK INFORMATION**  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO

**PROPERTY ID #**  
 Filing fee \$ \_\_\_\_\_  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per fee \$ \_\_\_\_\_  
**TOTAL FEES \$** \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

Is Entrance Permit Required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

Balance due \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Validation # \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by \_\_\_\_\_