

Building Address 15249 Backs Run Dr Woodbury, MD 21797  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 6040 Subdivision Woods Run  
 Section N/A Area N/A Lot 7  
 Tax Map 14 Parcel 68 Grid 15  
 Zoning RC-150 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Rita Hayes  
 Address 1501 S Edgewood St  
 City Rollingwood State MD Zip Code 21227  
 Home Phone 410-459-5276 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Housing  
 Proposed Use Underground Propane Tank  
 Estimated Construction Cost \$ 2700.00

Description of Work Installation @ SFDW  
1000 gallon underground tank in accordance with NFPA 58 code

Contractor Company Suburban Propane  
 Contact Person Larsa Tort  
 Address 31 Deerpark Circle  
 City Rockville State MD Zip Code 20850  
 License No. \_\_\_\_\_ Phone 301-751-8666 Fax \_\_\_\_\_

Occupant or Tenant Same As Owner  
 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 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 Larsa Tort Print Name Larsa Tort  
Dated 4-16-01

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	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	49613
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>1500.00</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>2063623</u> Validation # _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ	<u>4/23/01</u>	<u>Mark Rife</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	Accepted by _____
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"/>				

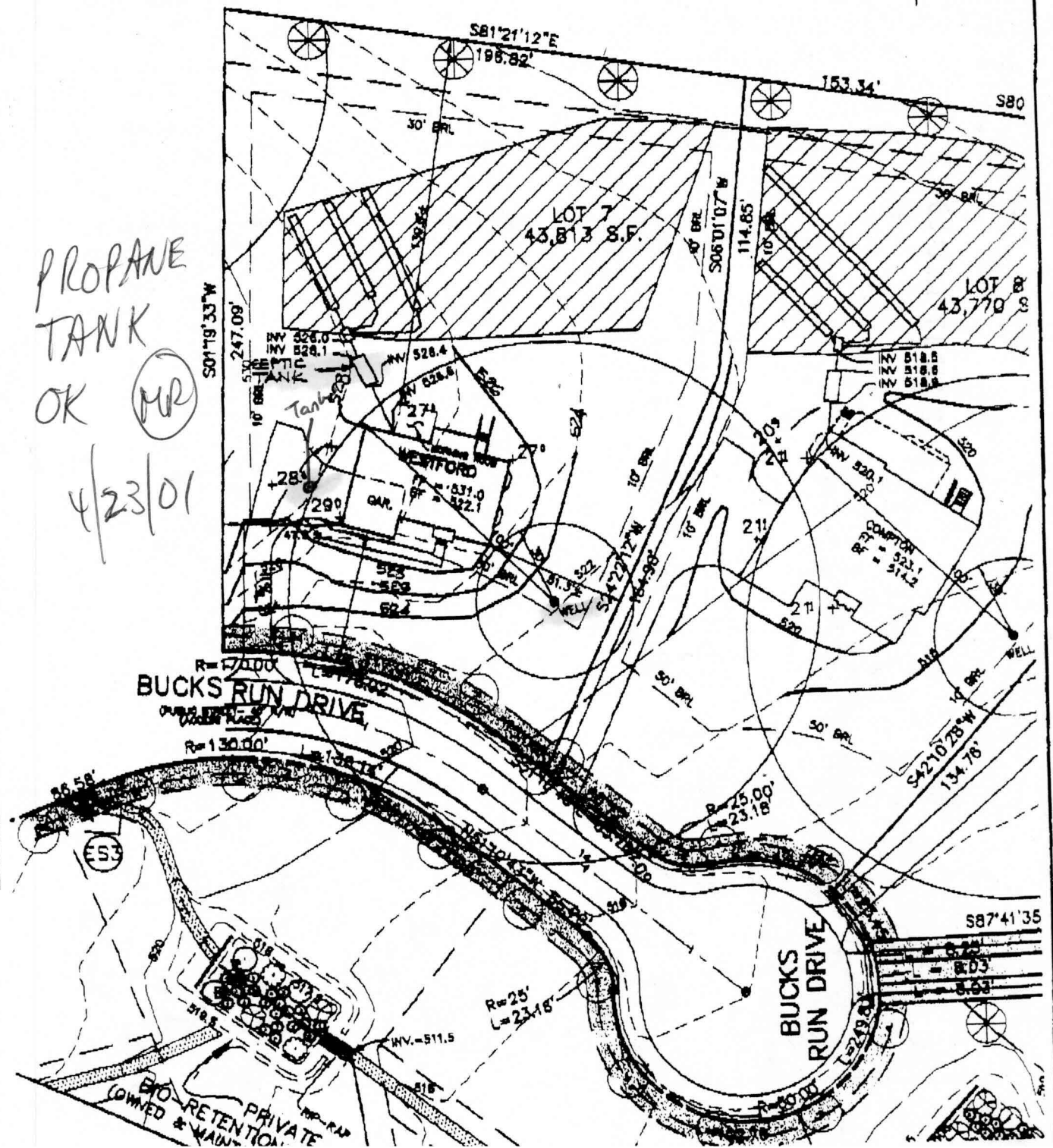
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Propane Tank

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PROPANE  
TANK  
OK (MP)  
4/23/01





# Approved Septic System Plan Howard County Health Department

Total linear feet of trench  
required 240 feet

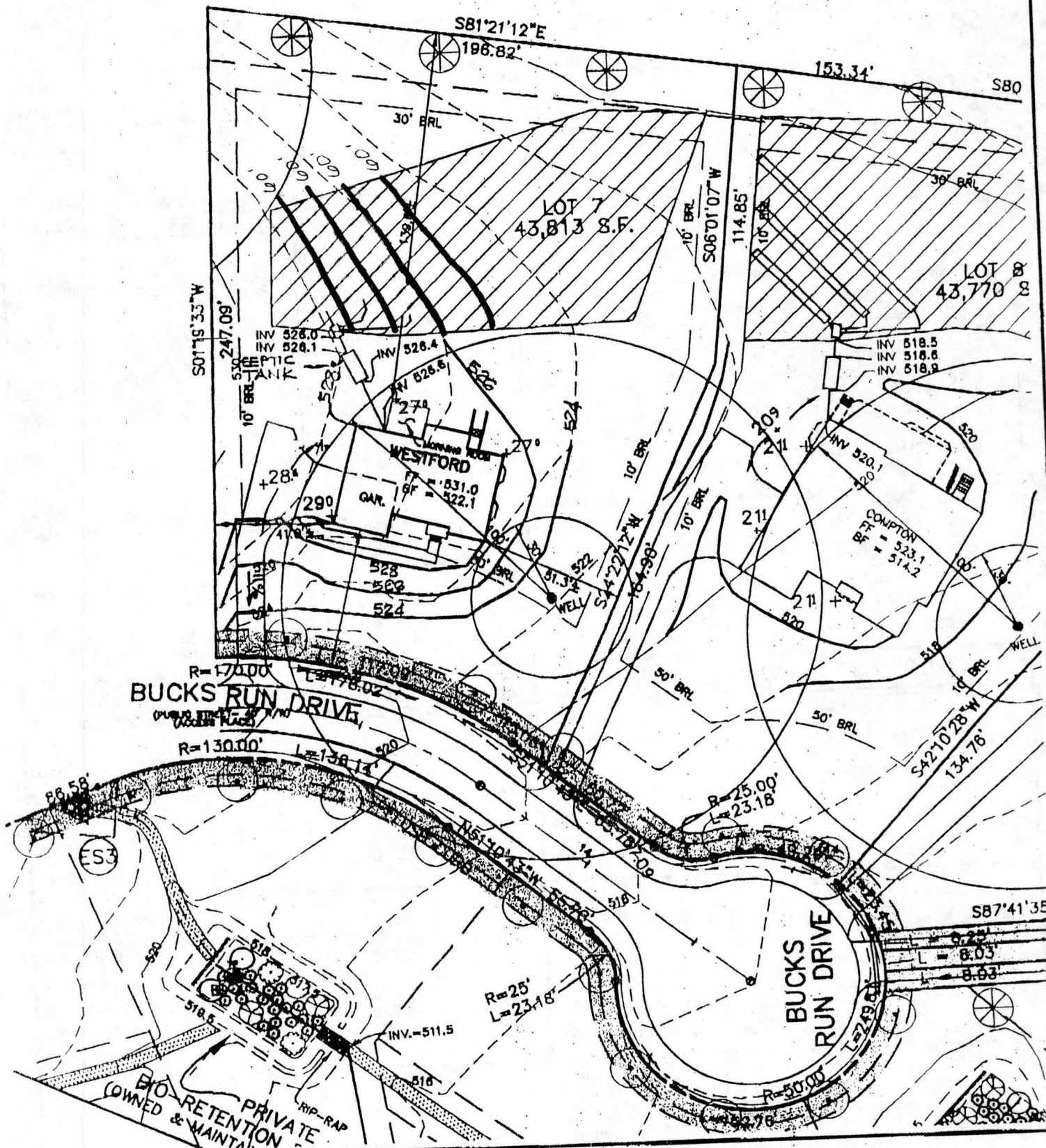
Width of trench(es) 3.0 feet

Depth of trench(es) 3.5 feet

Depth of stone required below  
distribution pipe 1.5 feet



Amy McMill 2/26/01  
Signature Date



FIRST FLOOR ELEVATION = 531.0  
FOYER ELEVATION = NA  
BASEMENT ELEVATION = 522.1  
SPOT ELEVATION AT GARAGE = 529.0

SLOPE OF DRIVEWAY = NA  
NUMBER OF RISERS IN GAR. = NA  
NUMBER OF RISERS ON LEAD WALK = NA



WELLINGTON WEST SECTION 2  
LOT 7  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 2/5/01