

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B0903014

Building Address 14601 Cozy's CT  
Glenview MD 21737  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Rosemont ATTRACTION  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Tell Brothers LLC  
 Address 14650 Roxbury Rd  
 City Glenview State MD Zip Code 21737  
 Phone 410-489-2275 Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFE  
 Proposed Use INSTALL UNDERGROUND LP TANK  
 Estimated Construction Cost \$ 4,000  
 Description of Work INSTALL UNDERGROUND LP TANK TO SERVE 58 COUOS

Contractor Company Valley National Gas LLC  
 Contact Person William Gerwig  
 Address 7201 Montevideo Rd  
 City Lesup State MD Zip Code 20794  
 License No. 17763  
 Phone 410-799-1114 Fax 410-799-0838

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

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

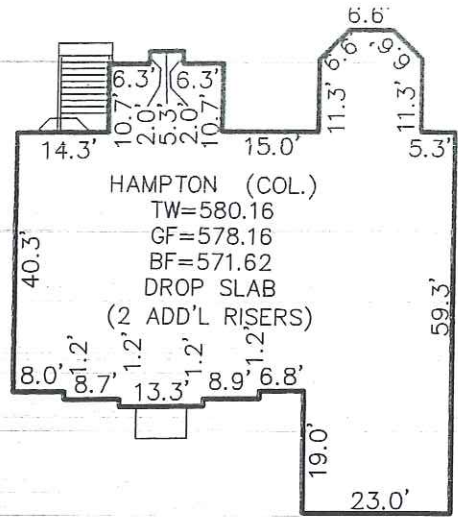
William Gerwig  
 Applicant's Signature  
William Gerwig  
 Title/Company

William Gerwig  
 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>11-10-09</u>		<u>D Bernard</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>20311</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 NewTown Zone _____	Accepted by <u>1</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

Copy for Health Dept

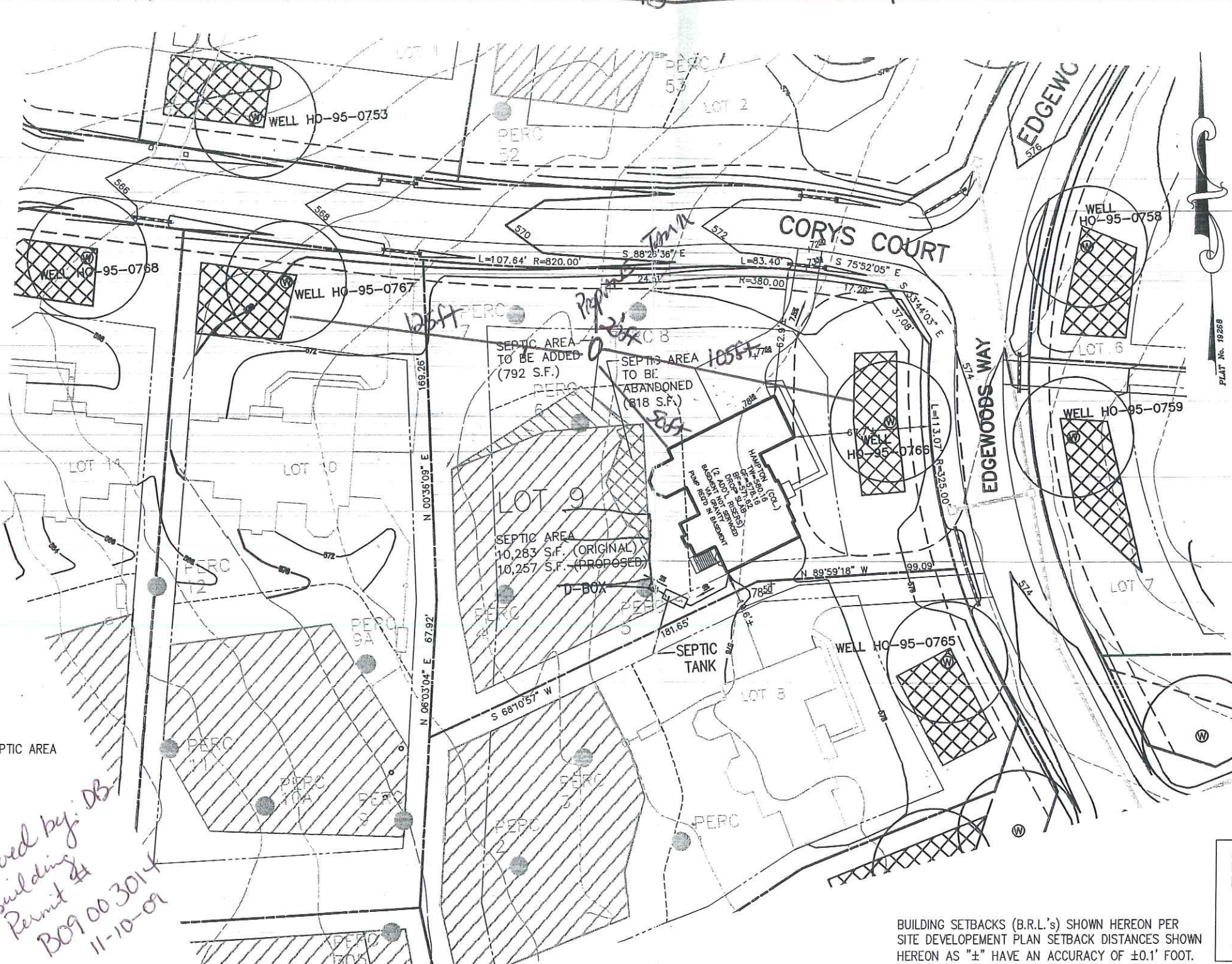


DETAIL: 1" = 30'

LEGEND:

- EXISTING WELL BOX
- EXISTING WELL
- EXISTING WELL
- EXISTING PASSED PERC.
- EXISTING SEPTIC AREA
- PROPOSED ABANDONED SEPTIC AREA
- PROPOSED SEPTIC AREA

*Approved by: DB  
Building Permit #  
BO9 00 3014  
11-10-09*



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 SEWAGE 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. 19267. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM AERIAL SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY WINGS AERIAL MAPPING CO., INC. FLOWN ON APRIL 6, 2004.

THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE SEPTIC EASEMENT IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR NEW CONSTRUCTION AT 14601 CORYS COURT, GLENELG, MARYLAND 21737.

INV. @ HOUSE	574.3
GROUND @ INV. @ HOUSE	578.0
INV. IN TANK	573.7
INV. OUT TANK	573.4
TOP OF TANK	574.4
GROUND OVER TANK	577.0
INV. IN DIST. BOX	573.3
INV. OUT DIST. BOX	573.0
GROUND @ BOX	576.9

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

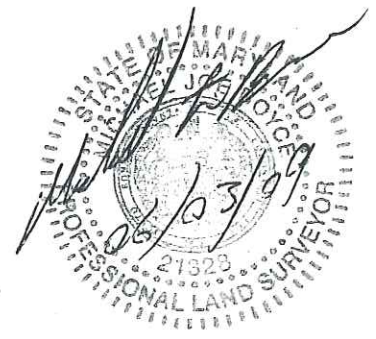
THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0766) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

WELL No. HO-95-0766  
ADDRESS: 14601 CORYS COURT  
GLENELG, MD 21737

APPROVED:  
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

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

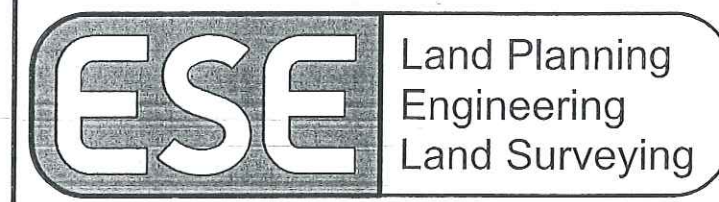


TYPE: HAMPTON (COLONIAL)-  
DAYLIGHT BASEMENT  
ADD'L 1' TO HEIGHT OF BASEMENT  
SUMP PUMP  
PLUMBING ROUGH IN  
DAYLIGHT WINDOW IN BASEMENT  
BRICK FRONT STOOP  
BRICK ON SIDES OF HOME  
NAPLES SUNROOM  
BAY WINDOW OFF REAR OF STUDY  
EXPANDED FAMILY ROOM

- OPTION No. 018
- OPTION No. 070
- OPTION No. 359
- OPTION No. 366
- OPTION No. 543
- OPTION No. 663
- OPTION No. 9009012
- OPTION No. 529
- OPTION No. 9009019
- OPTION No. 023

PERMIT PLOT PLAN & PERCOLATION CERTIFICATION PLAN

LOT #9  
**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: 5/27/09 SCALE: 1" = 60' FILE: LOT\_9 Hampton Col  
CHK'D: MJB JOB#: 1498 DRAWN: GVS

307000150 5/1/04 6/1/04 3A

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

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B09001442

Building Address 14505 Edgewood Way  
Glenelg, MD 21227  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 604002 Subdivision Edgewood Farm  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9  
Tax Map 21 Parcel 90 Grid 22  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Toll 108 Limited Partnership  
Address 7164 Columbia Gateway 5230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410 489 2275 Fax 410 489 2278

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work 1 up on colonial w/  
4 1/2 basis

Contractor Company Toll 108 LP  
Contact Person \_\_\_\_\_  
Address 14505 Edgewood Way  
City Glenelg State MD Zip Code 21227  
License No. \_\_\_\_\_  
Phone 489 2275 Fax 410 489 2278

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code 21227  
Phone \_\_\_\_\_ Fax 489 2278

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City Columbia State MD Zip Code 21046  
Phone 410 872 7112 Fax 410 872 4870

**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"/> 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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <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 checked="" 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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.

Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

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

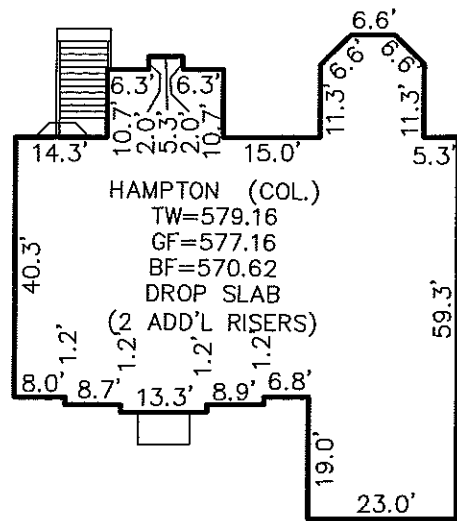
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>8/18/2009</u>	<u>R. Biche</u>
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 \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>79026</u>
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
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11/17/09 29



DETAIL: 1" = 30'

LEGEND:

- EXISTING WELL BOX (TO BE ABANDONED BY THIS PERCOLATION CERTIFICATION PLAN)
- PROPOSED ALTERNATE WELL LOCATION
- EXISTING WELL
- EXISTING PASSED PERC.
- EXISTING SEPTIC AREA

Approved Septic System Plan  
 Howard County Health Department

4-bedroom SFD  
 approved as shown  
 BO9001442

*Signature*

8/18/2009  
*Date*

TYPE: HAMPTON (COLONIAL)-  
 DAYLIGHT BASEMENT  
 ADD'L 1' TO HEIGHT OF BASEMENT  
 SUMP PUMP  
 PLUMBING ROUGH IN  
 DAYLIGHT WINDOW IN BASEMENT  
 BRICK FRONT STOOP  
 BRICK ON SIDES OF HOME  
 NAPLES SUNROOM  
 BAY WINDOW OFF REAR OF STUDY  
 EXPANDED FAMILY ROOM

- OPTION No. 018
- OPTION No. 070
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- OPTION No. 366
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- OPTION No. 9009019
- OPTION No. 023

PERMIT PLOT PLAN &  
 PERCOLATION CERTIFICATION PLAN

LOT #9  
 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: 07/29/09

SCALE: 1" = 60'

FILE: LOT\_9 Hampton Col\_REV4

CHK'D: MJB

JOB#: 1498

DRAWN: GVS



THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19267. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM AERIAL SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY WINGS AERIAL MAPPING CO., INC. FLOWN ON APRIL 6, 2004.

THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE WELL LOCATIONS IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR NEW CONSTRUCTION AT 14601 CORYS COURT, GLENELG, MARYLAND 21737.

INV. @ HOUSE	574.7
GROUND @ INV. @ HOUSE	577.2
INV. IN TANK	573.7
INV. OUT TANK	573.4
TOP OF TANK	574.4
GROUND OVER TANK	577.0
INV. IN DIST. BOX	573.3
INV. OUT DIST. BOX	573.0
GROUND @ BOX	576.9

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0766) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

WELL No. HO-95-0766  
 ADDRESS: 14601 CORYS COURT  
 GLENELG, MD 21737

APPROVED:  
 FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT  
*Signature*  
 COUNTY HEALTH OFFICER  
 DATE: 8/17/09

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

