

**B11000945**

Building Address: 14617 CORNS COURT  
Ellicott City MD 21737

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

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

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

Property Owner's Name: Kyle Brickley

Address: 14617 CORNS COURT

City: Ellicott City State: MD Zip Code: 21737

Home Phone: 410-489-506 Work Phone: \_\_\_\_\_

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

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

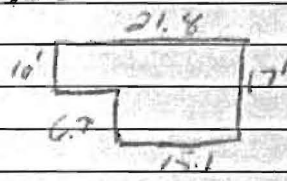
Email: KC.BRICKLEY@YAHOO.COM

Existing Use: Single

Proposed Use: Deck

Estimated Construction Cost: \$ 3,000.00

Description of Work: DECK



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: \_\_\_\_\_

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 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 checked="" 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 checked="" 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.

Kyle Brickley  
 Applicant's Signature

KC.BRICKLEY@YAHOO.COM  
 Email Address

\_\_\_\_\_  
 Title/Company

Kyle Brickley  
 Print Name

4/10/11  
 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>4/12</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	\$ <u>55.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$




THIS WALLCHECK WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT-OF-WAYS, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THIS IS NOT A "LOCATION DRAWING" AND IS NOT TO BE USED FOR SETTLEMENT PURPOSES.

NON-BUILDABLE PRESERVATION PARCEL A  
PRIVATELY OWNED  
HOWARD COUNTY EASEMENT HOLDER  
HOMEOWNERS ASSOCIATION EASEMENT HOLDER



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

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0771) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

-  = SEPTIC FIELD
-  = WELL
-  = ESMT

*Revised  
Site Plan  
Rec'd on  
4/20/11  
-MJ*

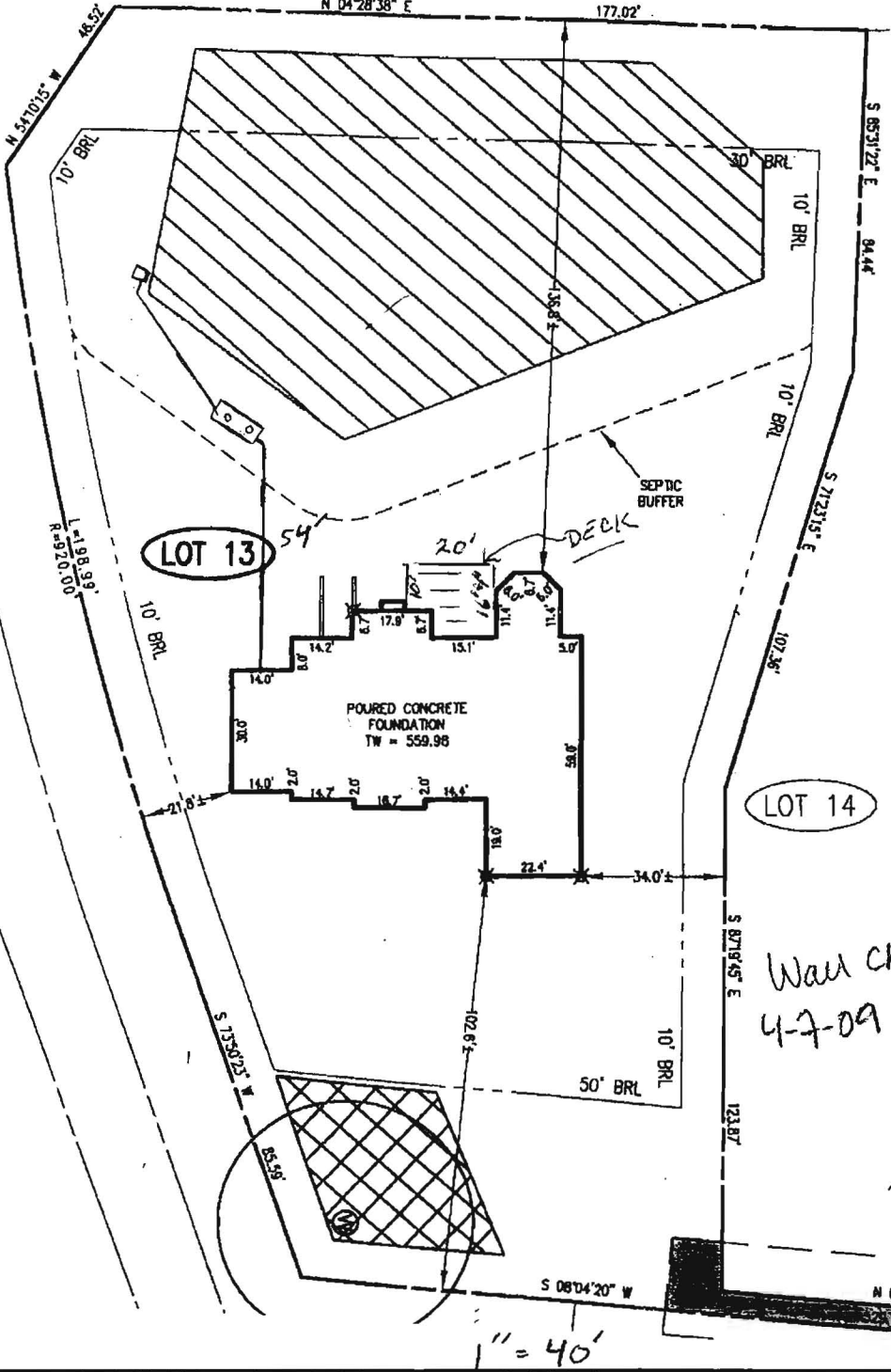
*Approved  
as shown  
CORY'S COURT  
7/20/2011  
-MJ*

*Wall check OK  
4-7-09 HS*

WELL No. HO-95-0770  
ADDRESS: 14617 CORYS COURT  
GLENELG, MD 21737

*B11000945*

*1" = 40'*



**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE PURPOSES OF THIS DRAWING WAS PREPARED

WALLCHECK  
LOT #13  
**EDGEWOOD FARM**  
LIBER 4174, FOLIO 0436  
PLAT No. 19266, et seq  
COURTYN ELECTION DISTRICT

Lot 13/Well Check/Use 1.5-AC/04/18/07/CE

0079000150

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3900

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B-800 3226**

Building Address 145170

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

Census Tract \_\_\_\_\_ Subdivision Edgewood Farm

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name TRU... ..

Address 710...

City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_

Phone 410 489 2278 Phone \_\_\_\_\_

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

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

Existing Use ...

Proposed Use ...

Estimated Construction Cost \$ ...

Description of Work ...

Contractor Company THE B... ..

Contact Person Tom Vyskocil *Dan Stebbins*

Address 14540 Edgewoods Way

City \_\_\_\_\_ State MD Zip Code 21037

License No. \_\_\_\_\_

Phone 410 489 2278 Fax 410 489 2278

Occupant or Tenant ...

Contact Name Tom Vyskocil

Address ...

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

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

Engineer or Architect Company E... ..

Contact Person Greg...

Address ...

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

Phone \_\_\_\_\_ Fax 410 722 4141

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

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

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Applicant's Signature Tom Vyskocil

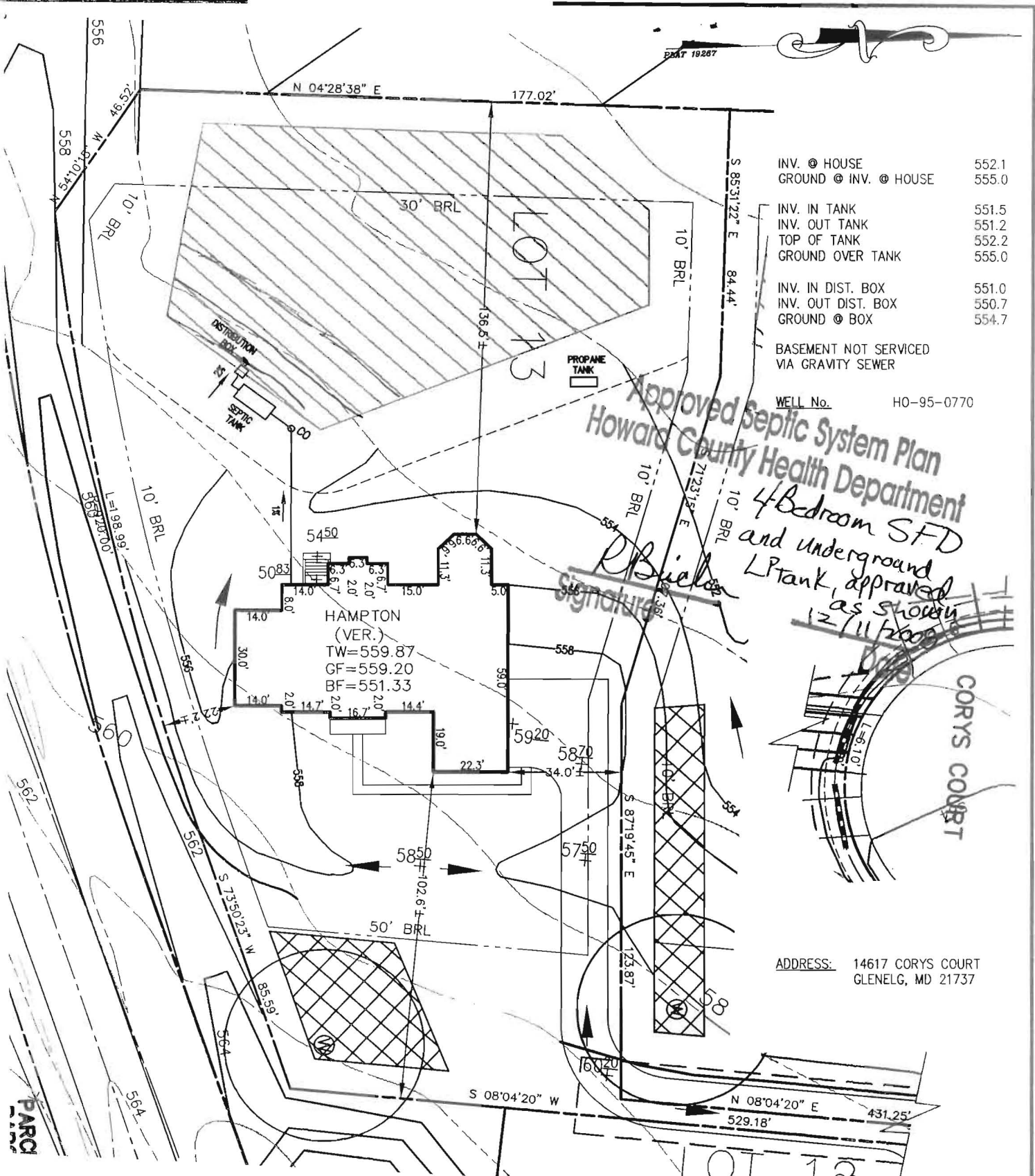
Title/Company \_\_\_\_\_

Print Name Tom Vyskocil

Date 12/11/2008

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>12/11/2008</u>		<u>R. Bush</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	



INV. @ HOUSE	552.1
GROUND @ INV. @ HOUSE	555.0
INV. IN TANK	551.5
INV. OUT TANK	551.2
TOP OF TANK	552.2
GROUND OVER TANK	555.0
INV. IN DIST. BOX	551.0
INV. OUT DIST. BOX	550.7
GROUND @ BOX	554.7

WELL No. HO-95-0770

*Approved Septic System Plan  
Howard County Health Department  
4 Bedroom SFD  
and underground  
LP tank, approved  
as shown  
12/11/2008*

*R. B. Bickel  
Signature*

ADDRESS: 14617 CORYS COURT  
GLENELG, MD 21737

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

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0770) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

- TYPE: HAMPTON (VERSAILLES)
- DAYLIGHT BASEMENT
- ADD'L 1' TO HEIGHT OF BASEMENT
- CONSERVATORY ELITE ADDITION
- NAPLES SUNROOM
- SUMP PUMP IN BASEMENT
- STONE FRONT STOOP

- OPTION No. 018
- OPTION No. 070
- OPTION No. 039
- OPTION No. 529
- OPTION No. 359
- OPTION No. 90013003

PLOT PLAN  
LOT #13  
**EDGEWOOD FARM**  
LIBER 4174, FOLIO 0436  
PLAT No. 19266, et seq  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

*12/11/08*

**ESE** 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: 12/11/08      SCALE: 1"=40'      FILE: LOT 13  
CHK'D: MJB      JOB#: 1498      DRAWN: GVS



November 26, 2008

Ms. Sara Sappington  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia MD 21046

**Re: Edgewood Farms, Lot 13  
Variance Request from Well Setback**

Dear Ms. Sappington

On behalf of my client, Toll Brothers Inc., I would like to request a variance for Lot 13 at Edgewood Farms. The variance requested is to reduce the setback for an underground LP tank as stated in the Howard County Code Section 3.808 Required Setback Distances. The Code states a minimum 100' setback for an underground LP tank from the Well. We are requesting that the LP tank on Lot 13 be located 30' from the Well Box on Lot 14, actually 120' down gradient from the existing well. This location will allow for service of the LP tank from the driveway on Lot 13 and not from Roxbury Road, where the truck would block traffic during deliveries. I have attached a copy of the Plot Plans for Lot 13 and 14 for your reference.

Thank you in advance for your consideration in this matter. Should you have any questions or concerns please feel free to call me at 410-365-4175.

Sincerely,

**ESE Consultants, INC.**

Michael Boyce, Professional Land Surveyor  
Assistant Regional Director of Survey

*12/10/08*  
*- eng to talk w/ homeowner about new locations*  
*- suggest contacting propane haulers to determine length of line to make a better judgement for location of tank sk*

ESE Consultants, Inc.

7164 Columbia Gateway Drive, Suite 230 · Columbia, MD 21046

p: 410.381.3095 · f: 410.872.4870



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

December 10, 2008

Michael Boyce  
ESE Consultants, Inc.  
7164 Columbia Gateway Drive, suite 230  
Columbia, MD 21046

RE: **Variance denial**  
Edgewood Farm lot 13  
14617 Cory's Court  
Glenelg, MD

Dear Mr. Boyce:

The Health Department received your letter dated November 26, 2008 requesting to locate an underground propane tank less than one hundred feet from the existing well. The *Howard County Code; Title 3, Subtitle 8, Section 3.808 (m)* requires a one hundred foot setback. The propane tank is located thirty (30) feet from the designated well box on lot 14. Due to site constraints on neighboring lots, the well box on lot 14 may not be adjusted to increase separation for potential replacement well sites with the propane tank. Additionally, it appears that a reasonable effort has not been made to maximize the separation. Based on site conditions and the fact that a reasonable effort has not been made to maximize the separation your request has been denied.

If you wish to appeal this decision you must file a written appeal within fifteen days to the executive secretary of the Board of Health in accordance with the provisions of the *Howard County Code; Title 12, Subtitle 1, Section 12.110 (f)*.

Respectfully,

Michael J. Davis, R.S.  
Assistant Director  
Bureau of Environmental Health

c: File