

Building Address: 2325 Meadow Trail Ln West Friendship

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

Census Tract: \_\_\_\_\_ Subdivision: Mickandree View

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

Tax Map: 14 Parcel: 54 Grid: 54

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 41,900'

Existing Use: SFD

Proposed Use: SFD w/ propane Tank

Estimated Construction Cost: \$ 8000

Description of Work:  
install 500 gallon in ground propane Tank

Occupant or Tenant: B12000361

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: owner

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

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

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

Property Owner's Name: Kenneth Suzanne Browne

Address: 1672 Bluestone St

City: W. Friendship State: md Zip Code: 21076

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

Applicant's Name & Mailing Address, (If other than stated herein):  
Jeremy Clancy PO Box 6253  
Eldersburg Md 21784

Phone: 443-360-1229 Fax: \_\_\_\_\_

Email: Jeremy @ Applied and approved.com

Contractor Company: Valley National Gas

Contact Person: William Gerwig

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
<input checked="" 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	Roadside Tree Project Permit #
<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: \_\_\_\_\_  
 Email Address: Jeremy @ Applied and approved.com  
 Title/Company: permits

Print Name: Jeremy Clancy  
 Date: 6/21/12

**RECEIVED**  
 JUN 21 2012  
 LICENSSES & PERMITS

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>7/6/12</u>	<u>Brian Baker</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

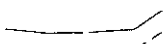


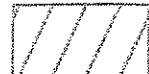
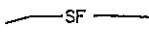


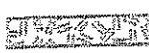
Lot Coverage for New Town Zone: \_\_\_\_\_

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	\$ 110
Balance Due	\$ 0

check 2928

**LEGEND**

-  EXISTING CONTOURS
-  1500 S.F. WELL BOX
-  FIELD LOCATED WELL
-  PRIVATE SEWAGE DISPOSAL AREA
-  SILT FENCE
-  LIMIT OF DISTURBANCE
-  STABILIZED CONSTRUCTION ENTRANCE
-  EROSION CONTROL MATTING

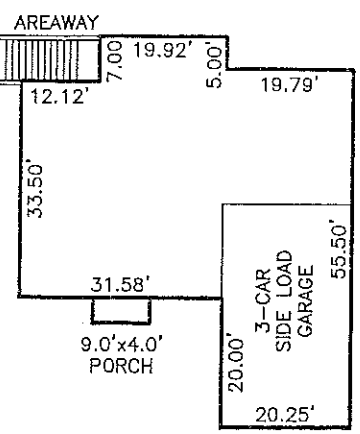
**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON 11-05-07 AS PLAT NUMBER 19522. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE 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 SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-10-060 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED UNDER THE P-1 MICROPOOL EXTENDED DETENTION FACILITY CONSTRUCTED UNDER F-07-087.
7. THE EXISTING WELL (TAG NO. HO-95-1130) SHOWN ON THIS PLAN WAS FIELD LOCATED BY BENCHMARK ENGINEERING, INC. IN AUGUST, 2007 AND IS ACCURATELY SHOWN.

**SEPTIC INFORMATION**

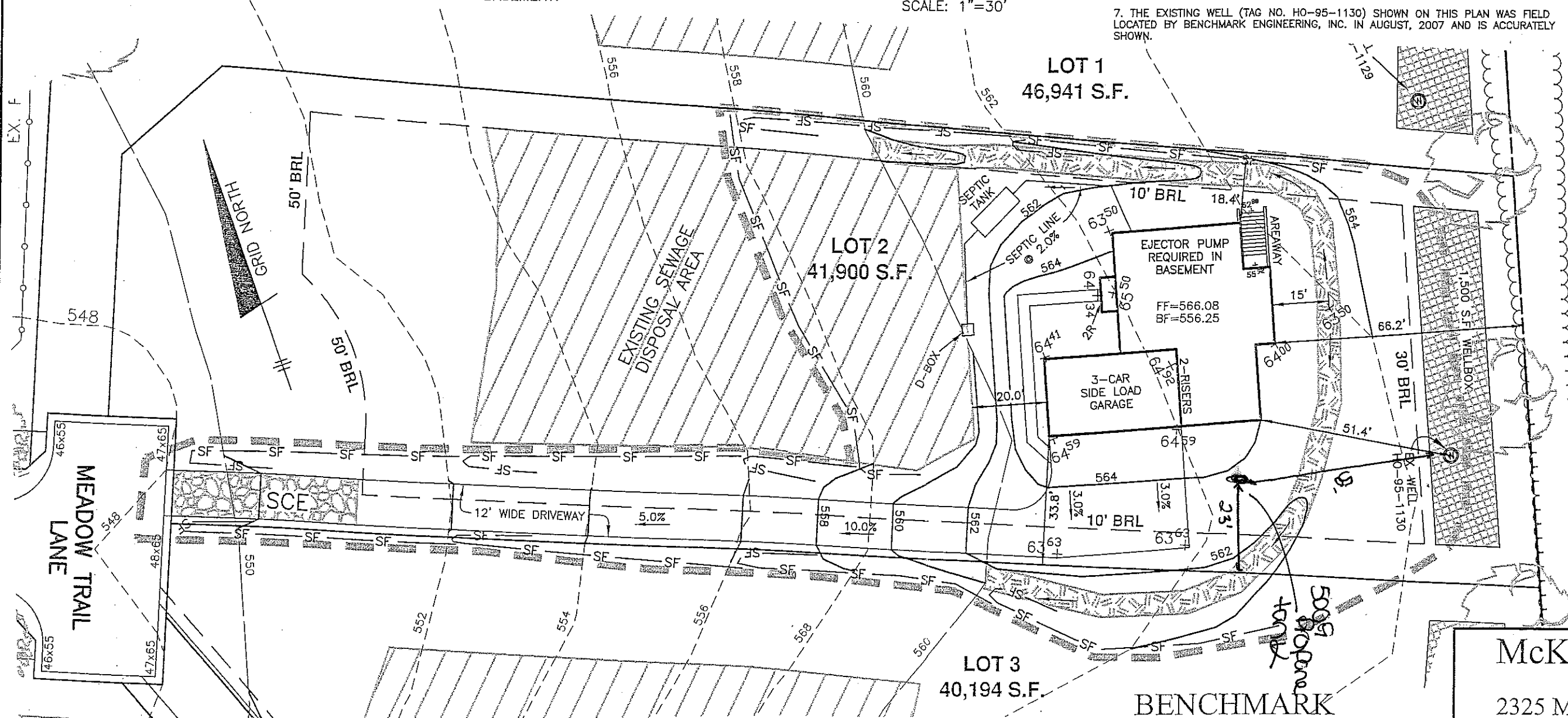
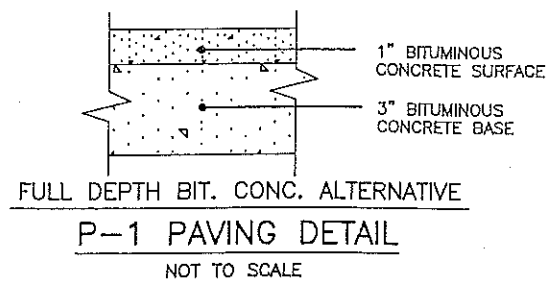
INV. AT HOUSE	557.8
GRD. AT INV. AT HOUSE	563.5
INV. IN TANK	557.0
INV. OUT TANK	556.7
TOP OF TANK	558.0
GROUND OVER TANK	561.0
INV. IN DIST. BOX	556.2
INV. OUT DIST. BOX	556.0
GROUND AT BOX	560.0

\*BASEMENT NOT SERVICED VIA GRAVITY FLOW. AN EJECTOR PUMP IS REQUIRED TO SERVICE BASEMENT.



**BROWNE RESIDENCE**

SCALE: 1"=30'



ENGINEER NEAL R. ENGELER TERRI L. L. 9877 P. 238 4 TH ZONED: RC-DEO

7/5/2012  
Propane Tank Location O.K.

BB

**PLAN VIEW**  
SCALE: 1" = 30'

**BENCHMARK ENGINEERING, INC.**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

**BUILDER:**  
VIKING CUSTOM HOMES  
815 WINDRIVER DRIVE  
SYKESVILLE, MARYLAND 21784

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ▲ ELLICOTT CITY, MARYLAND 21043  
(P) 410-465-6105 (F) 410-465-6644  
60 THOMAS JOHNSON DRIVE ▲ FREDERICK, MARYLAND 21702  
(P) 301-371-3505 (F) 301-371-3506  
WWW.BEI-CVILENGINEERING.COM

**McKENDREE VIEW**  
LOT 2  
2325 MEADOW TRAIL LANE

TAX MAP: 14    GRID: 12    PARCEL: 54  
ZONED: RC-DEO  
ELECTION DISTRICT NO. 4  
HOWARD COUNTY, MARYLAND

**BROWNE RESIDENCE**

DATE: JANUARY 24, 2012    BEI PROJECT NO. 2149  
SCALE: AS SHOWN    DRAWING 1 OF 1

Building Address: 2325 Meadow Trm 1 Lane  
West Friendship MD 21794

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

Census Tract: \_\_\_\_\_ Subdivision: McKendree View

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

Tax Map: 14 Parcel: 54 Grid: 12

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 41,124

Existing Use: Vacant lot

Proposed Use: SFD

Estimated Construction Cost: \$ 200,000

Description of Work: \_\_\_\_\_

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

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

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

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

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

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

Property Owner's Name: Ken + Susan Browne

Address: 1422 Blue Stone St

City: Hanover State: MD Zip Code: \_\_\_\_\_

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

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

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

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

Contractor Company: \_\_\_\_\_

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: \_\_\_\_\_

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Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
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	<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
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<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 type="checkbox"/> Private
2 <sup>nd</sup> floor: _____	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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: <u>4</u>	<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"/> <b>Roadside Tree Project Permit</b>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit #</b>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

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

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>2-28-12</u>	<u>Heidi Scott</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

