

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:

B1100 2883

Building Address: 8503 Reservoir Road
Fulton, MD 20759

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: _____
 Address: 8503 Reservoir Rd.
 City: Fulton State: MD Zip Code: 20759
 Home Phone: 410 531 8930 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Suburban Propane
31 Derwood Ct Rockville, MD 20850
 Phone: 301-251-0000 Fax: 301-251-8931
 Email: bstubbbs@suburbanpropane.com

Existing Use: SFD

Proposed Use: SFD w PROPANE TANK

Estimated Construction Cost: \$ 2800.00

Description of Work: BURIAL OF 250 GALLON
TANK TRENCH GAS LINE TO PROVIDE
STUB OUT

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SUBURBAN PROPANE
 Contact Person: Brent Stubbs
 Address: 31 Derwood Circle Rockville,
MD State: MD Zip Code: 20850
 License No.: 78260
 Phone: 301-251-0000 Fax: 301-251-8931
 Email: bstubbbs@suburbanpropane.com

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"/> 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd 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.

Steven F. Case
 Applicant's Signature
scase@suburbanpropane.com
 Email Address
Account Rep./SUBURBAN PROPANE
 Title/Company

Steven F. Case
 Print Name
9/29/2011
 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>10/25/11</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	\$ <u>100.</u>
Tech Fee	\$ <u>10.</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Mod 1043 222 44928

610000394

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:
 B10003989

AM

Building Address: 8503 RESERVOIR RD
FULTON, MD 20759

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: 6051.02 Subdivision: Beaufort Park

Section: _____ Area: _____ Lot: 4

Tax Map: 45 Parcel: 26 Grid: 12

Zoning: RR Map Coordinates: _____ Lot Size: 92,927

Existing Use: VACANT LOT

Proposed Use: RESIDENCE

Estimated Construction Cost: \$ 800,000

Description of Work: CONSTRUCT RESIDENTIAL HOUSE

Occupant or Tenant: DAVID J. DUNBAR

Was tenant space previously occupied? Yes No

Contact Name: DAVID DUNBAR

Address: 6307 LEAFY SCREEN

City: COLUMBIA State: MD Zip Code: 21045

Phone: (WK) 443-479-2276 Fax: _____

Email: djdunbar@verizon.net

Property Owner's Name: DAVID J. DUNBAR

Address: 6307 LEAFY SCREEN

City: COLUMBIA State: MD Zip Code: 21045

Home Phone: 410-381-1038 Work Phone: 443-479-2276

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

Phone: _____ Fax: _____

Email: djdunbar@verizon.net

Contractor Company: TBY

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: DW TAYLOR ASSOC. INC

Responsible Design Prof.: DON TAYLOR

Address: 5024 DORSEY HALL DRIVE

City: ELLICOTT CITY State: MD Zip Code: 21042

Phone: 410-964-1181 Fax: _____

Email: dwtaylor@dwtaylor.com

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	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 st floor: <u>42'</u>	<u>88'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>42'</u>	<u>88'</u>	<u>Sewage Disposal</u>
Basement: <u>42'</u>	<u>64'</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement		<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement		Electric: <input checked="" 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 checked="" 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 - BACK UP
No. of 2 BR units:		
No. of 3 BR units:		
Other Structure:		
Dimensions:		
Footings:		
Roof:		
<input type="checkbox"/> State Certified Modular		
<input type="checkbox"/> Manufactured Home		

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David J. Dunbar
 Applicant's Signature

DAVID J. DUNBAR
 Print Name

djdunbar@verizon.net
 Email Address

29 OCT 2010
 Date

_____ Title/Company

RECEIVED
 DEC 21 2010

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

LICENSES & PERMITS
 DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>2-1-11</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> 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
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Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
 T:\Operations\Updated Forms\Building App. 6/2010

CK# 5207
 227337