



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 5-20-13
70
Permit No.: B130019

Building Address: 14570 Edgewoods Way
City: Grodcg State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edgewood Farm
Section: _____ Area: _____ Lot: 47
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 477

Existing Use: Vacant lot
Proposed Use: Residential Home
Estimated Construction Cost: \$ 550,000
Description of Work: _____

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>76'</u> <u>82'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>76'</u> <u>82'</u>
Use group: _____	Basement: <u>76'</u> <u>82'</u>
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>4</u>
<input checked="" type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	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

Property Owner's Name: Toll MD III LP
Address: 14540 Edgewoods Way
City: Grodcg State: MD Zip Code: 21737
Phone: 410-489-2275 Fax: _____
Email: Nbrandenburg@Tollbrothersinc.com
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Toll MD III LP
Contact Person: William Brandenburg
Address: 14540 Edgewoods Way
City: Grodcg State: MD Zip Code: 21737
License No.: 3630
Phone: 410-489-2275 Fax: _____
Email: Nbrandenburg@Tollbrothersinc.com

Engineer/Architect Company: ESE
Responsible Design Prof.: Mike Boyce
Address: 7164 Columbia Gateway Dr. #230
City: Columbia State: MD Zip Code: 21046
Phone: 410-365-4175 Fax: _____
Email: Mboyce@Eseeng.com

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G07000150</u>	
Building Shell Permit Number: _____	

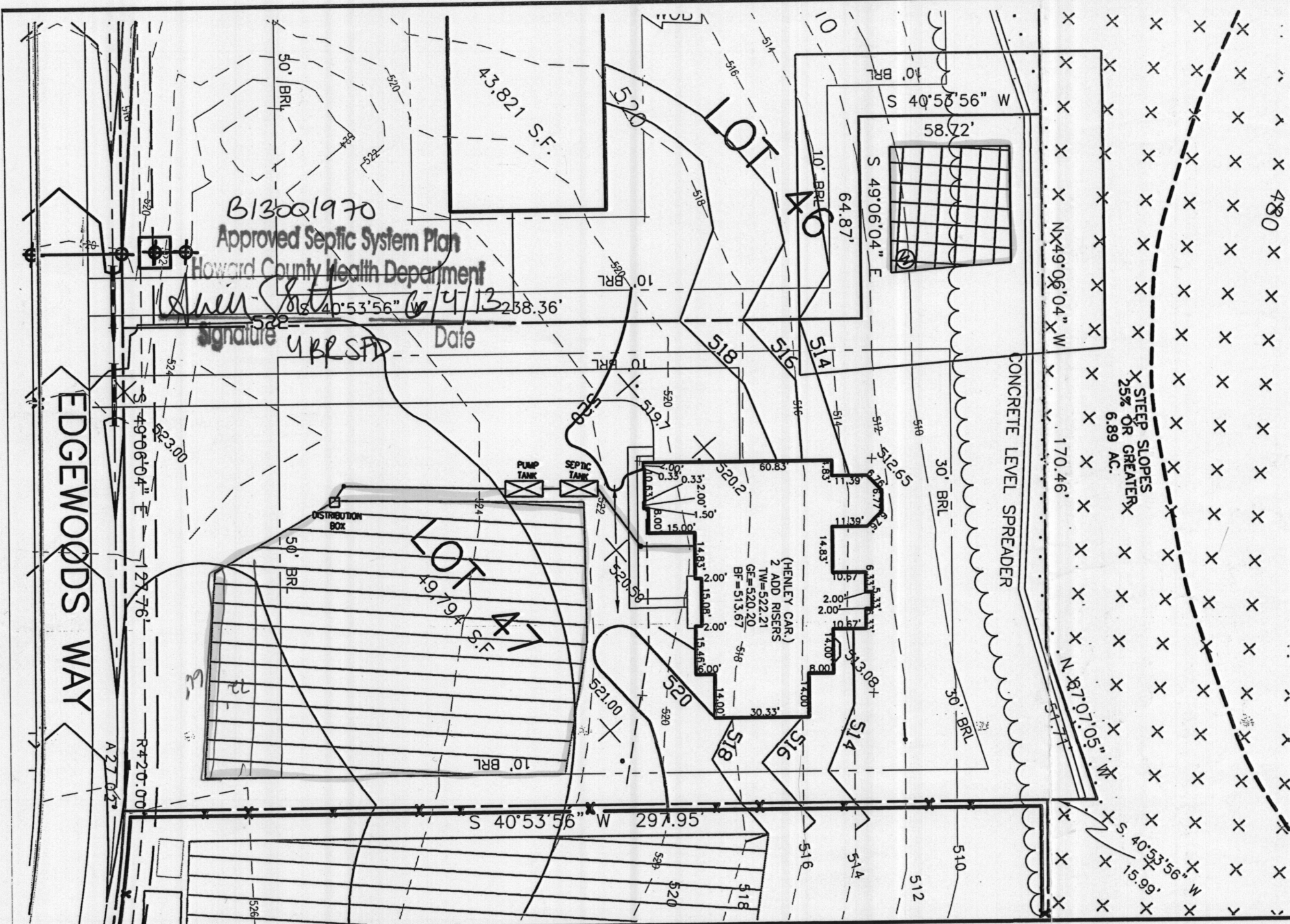
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: N Brandenburg Print Name: William Brandenburg
Email Address: Nbrandenburg@Tollbrothersinc.com Date: 5/20/13
Title/Company: Toll Brothers

RECEIVED
MAY 20 2013
LICENSES & PERMITS DIVISION

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front: _____	Permit Fee	\$
Building Officials			Rear: _____	Tech Fee	\$
PSZA (Zoning)			Side: _____	Excise Tax	\$
PSZA (Engineering)			Side St.: _____	PSFS	\$
Health	<u>6/9/13</u>	<u>(Signature)</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$ <u>50</u>
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone: _____	Sub-Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	# <u>09274685</u>



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 SEWAGE 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. 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

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-95-1050) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

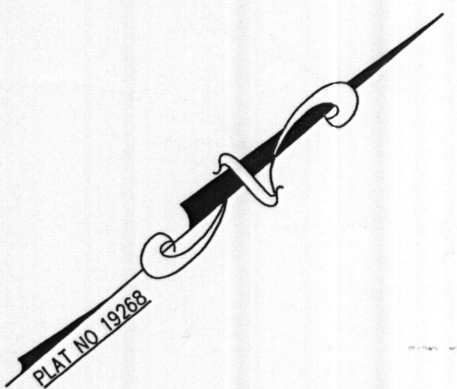
SWM FOR THIS LOT IS MANAGED PER PLAN f 06-108
E & S CONTROLS PER PLAN f 06-108

CULVERT FOR DRIVEWAY EXISTS.

INV. @ HOUSE	519.20
GROUND @ INV. @ HOUSE	520.00
INV. IN TANK	518.80
INV. OUT TANK	518.50
TOP OF TANK	519.50
INV IN PUMP TANK	518.20
TOP PUMP TANK	520.50
GROUND OVER PUMP TANK	523.25
GROUND OVER TANK	522.50
INV. IN DIST. BOX	520.70
INV. OUT DIST. BOX	520.40
GROUND @ BOX	524.40

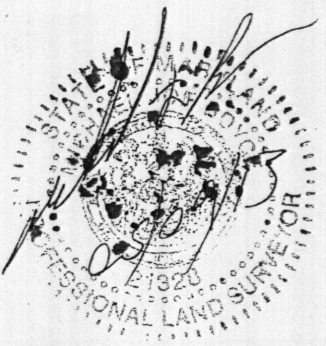
SITE REQUIRES PUMP TANK TO SEPTIC RESERVE AREA BASEMENT NOT SERVICED VIA GRAVITY SEWER

ADDRESS: 14570 EDGEWOODS WAY
GLENELG, MD 21737



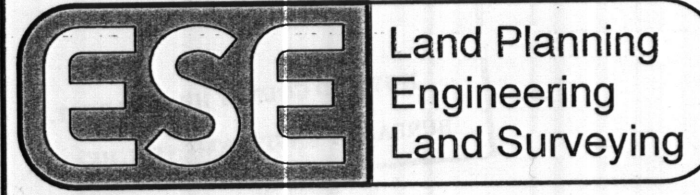
APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



- TYPE: HENLEY (CAR.)-
- 023 - EXPANDED FAMILY ROOM
 - 039 - CONSERVATORY ELITE ADDITION
 - 070 - ADD 1' TO HEIGHT OF BASEMENT FOUNDATION WALLS
 - 521 - BEDROOM SUITES ABOVE AN ELITE ADDITION
 - 529 - NAPLES SUNROOM ADDITION
 - 156 - BAY WINDOWS

PERMIT PLOT PLAN
LOT #47
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19268
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: 5/8/13 SCALE: 1"=40' FILE: PP LOT-47 HENLEY CO
CHK'D: MJB JOB#: 1498 DRAWN: RWA



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B13002687

Building Address: 14570 Edgewoods Way
 City: Glenens State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 47
 Tax Map: 21 Parcel: 90 Grid: 22
 Zoning: _____ Map Coordinates: _____ Lot Size: 19,794 sq ft

Property Owner's Name: Toll Mfg & Limited
 Address: 1164 Columbia Gateway Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 8,000
 Description of Work: Install 1000 Gal Inground Propane Tank

Applicant's Name & Mailing Address (Other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Stokesville State: MD Zip Code: 21784
 Phone: 410 310 1009 Fax: _____
 Email: Jeremy@appliedandapproved.com

Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Gerwig
 Address: 7201 Route 1800 Rd
 City: Pessup State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410 799 1174 Fax: _____
 Email: _____

Engineer/Architect Company: Contractor
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com Date: 7/10/13
 Title/Company: Permit's

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>8/1/13</u>	<u>David Salt</u>

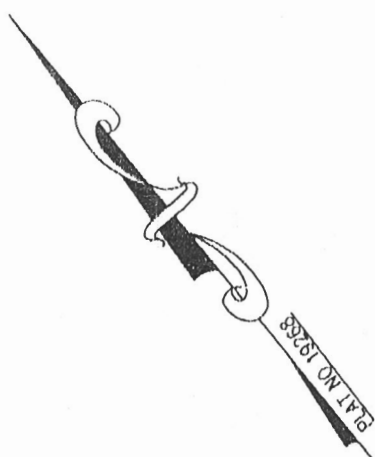
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3555</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

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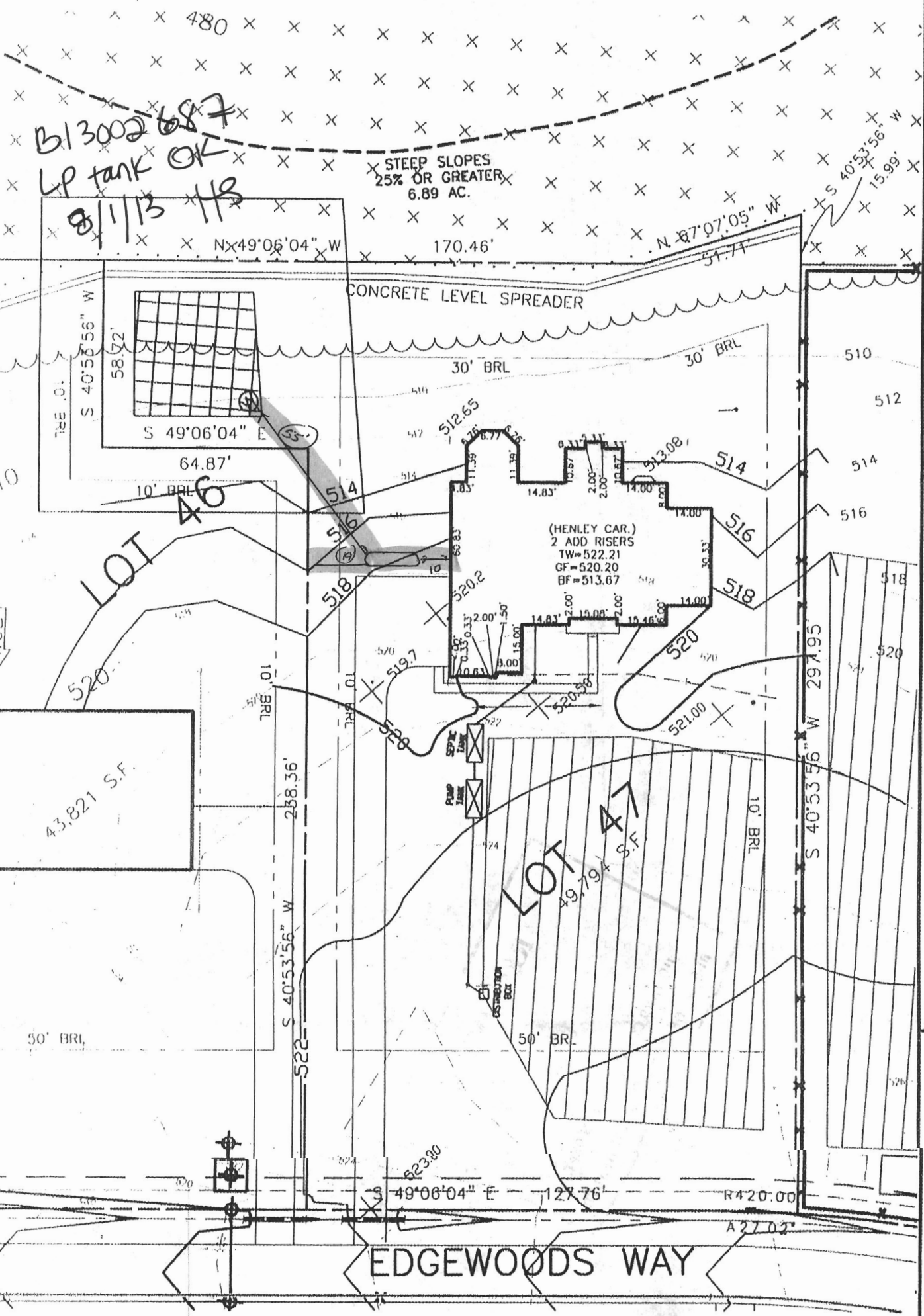


14570 Edgewoods Way



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

COUNTY HEALTH OFFICER _____ DATE _____



B13002687
LP tank OK
8/1/13 H

STEEP SLOPES
25% OR GREATER
6.89 AC.

LOT 46

LOT 47

EDGEWOODS WAY

PERMIT PLOT PLAN

LOT #47

- TYPE: HENLEY (CAR.)
- 023 - EXPANDED FAMILY ROOM
 - 039 - CONSERVATORY ELITE ADDITION
 - 070 - ADD 1' TO HEIGHT OF BASEMENT FOUNDATION WALLS
 - 521 - BEDROOM SUITES ABOVE AN ELITE ADDITION

Land P