



# 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.: B13002341

Building Address: 14917 Meriwether Dr  
City: Glennely State: MD Zip Code: 21737  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 26  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant lot  
Proposed Use: Single Family Dwelling  
Estimated Construction Cost: \$ 350,000  
Description of Work: Langley Carolina  
w/ Solarium

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 <sup>st</sup> floor: <u>60'</u>	<u>59'8"</u>
	2 <sup>nd</sup> floor: <u>60'</u>	<u>59'8"</u>
Area of construction (sq. ft.):	Basement: <u>47'2"</u>	<u>59'8"</u>
Use group:	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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	

Property Owner's Name: Toll MD VII LP  
Address: 7164 Columbia Gateway Dr  
City: Columbia State: MD Zip Code: 21046  
Phone: 443-500-0606 Fax: 410-489-2676  
Email: Kmonath@tollbrothersinc.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: Keith Monath  
Address: 14881 Meriwether Dr  
City: Glennely State: MD Zip Code: 21737  
Phone: 443-500-0606 Fax: 410-489-2676  
Email: Kmonath@tollbrothersinc.com

Contractor Company: Toll Brothers Inc  
Contact Person: Keith Monath  
Address: 14881 Meriwether Dr  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: 5050  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	<u>G1200002</u>
<b>Building Shell Permit Number:</b>	

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.

Keith Monath  
Applicant's Signature  
Kmonath@tollbrothersinc.com  
Email Address  
CM / Toll Brothers Inc  
Title/Company

Keith Monath  
Print Name  
6/13/13  
Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

FOR OFFICE USE ONLY

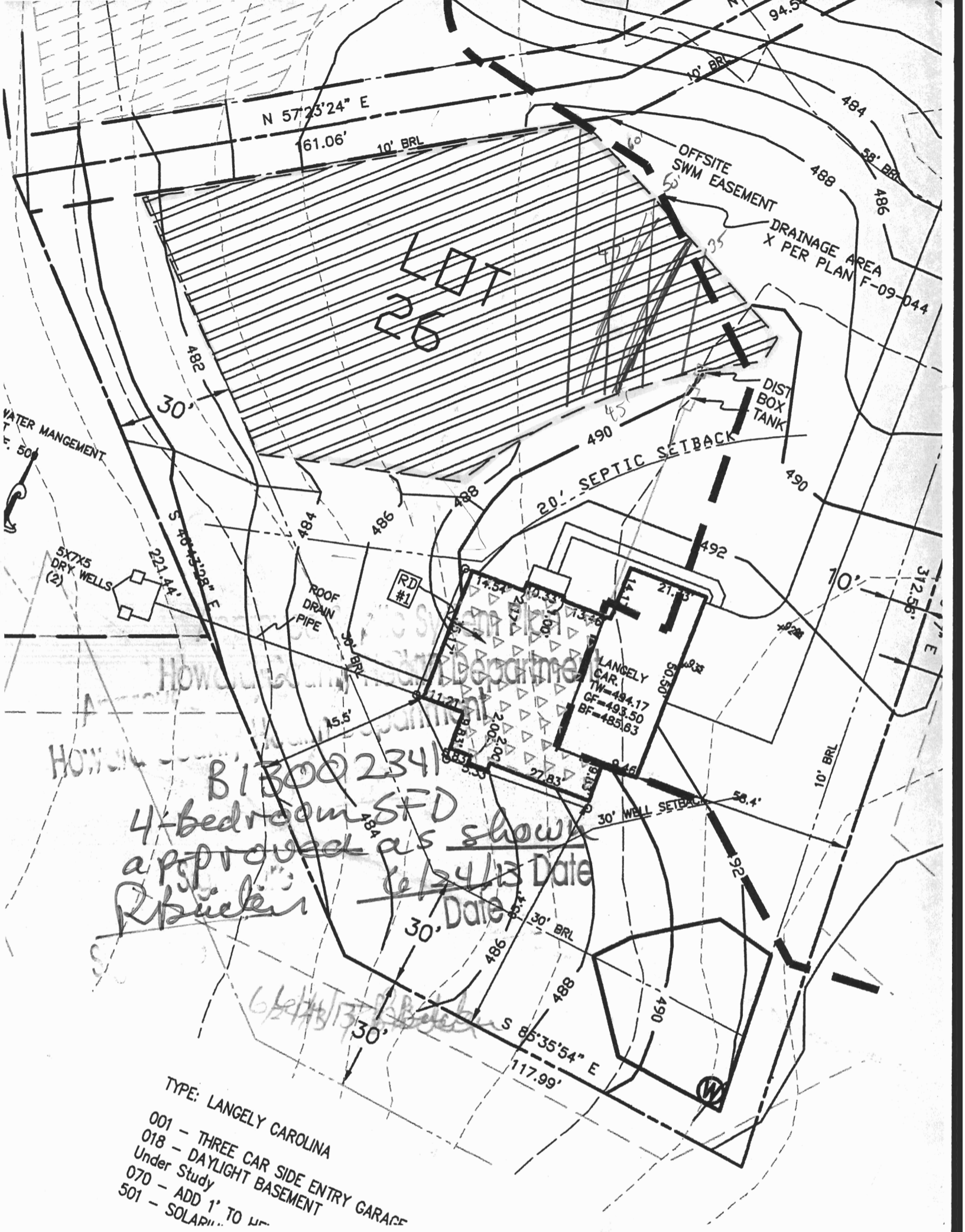
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>6/24/13</u>	<u>R. Buckner</u>

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:

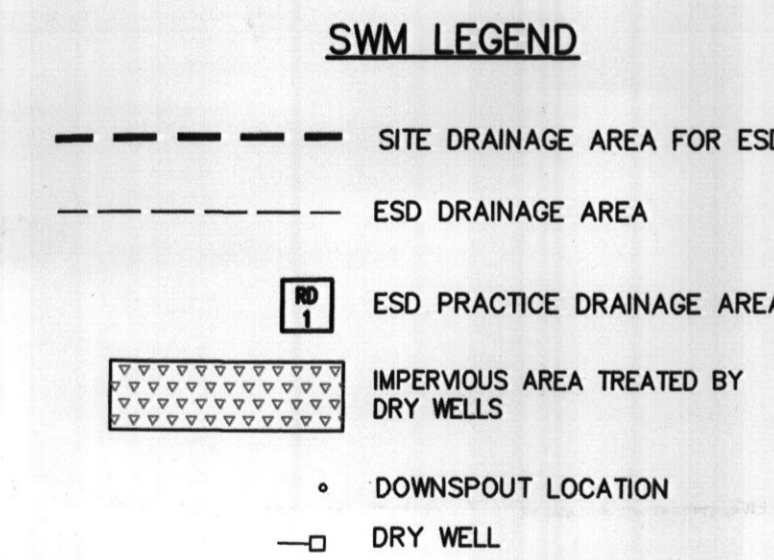
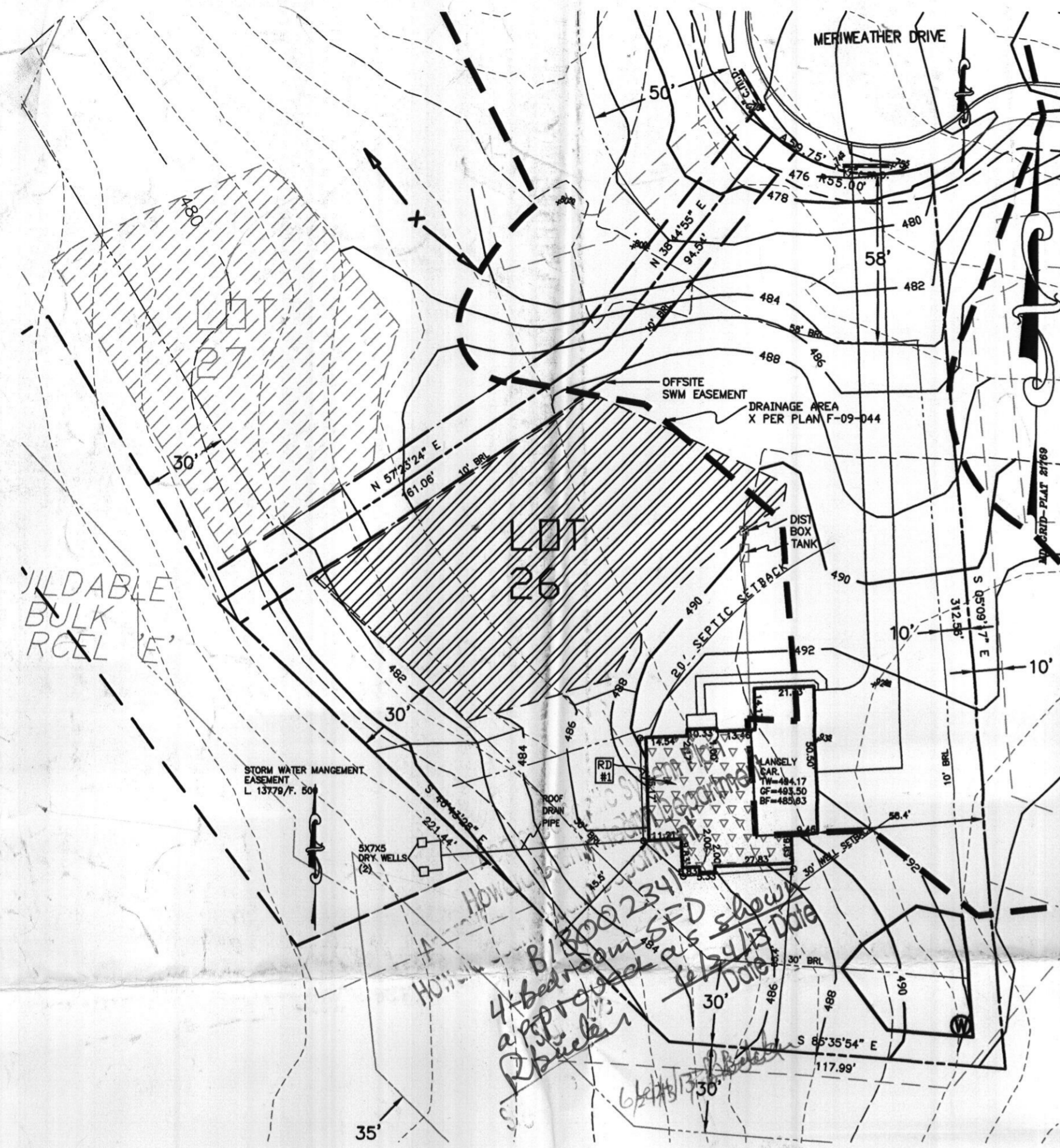
Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>09284065</u>

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



B13002341  
 4-bedroom SFD  
 approved as shown  
 6/24/13 Date  
 R. Buckler  
 6/24/13 Date

- TYPE: LANGELY CAROLINA
- 001 - THREE CAR SIDE ENTRY GARAGE
  - 018 - DAYLIGHT BASEMENT
  - Under Study
  - 070 - ADD 1' TO HP
  - 501 - SOLARIUM



TYPE: LANGELY CAROLINA

001 - THREE CAR SIDE ENTRY GARAGE	
018 - DAYLIGHT BASEMENT	
Under Study	
070 - ADD 1' TO HEIGHT OF BASEMENT FOUNDATION WALL	
501 - SOLARIUM ADDITION	

INV. ○ HOUSE	489.2
GROUND ○ INV. ○ HOUSE	492.0
INV. IN TANK	487.9
INV. OUT TANK	487.6
TOP OF TANK	488.6
GROUND OVER TANK	490.0
INV. IN DIST. BOX	487.3
INV. OUT DIST. BOX	487.0
GROUND ○ BOX	490.0

BASEMENT DOES NOT GRAVITY SEWER

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

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



PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/08/15.

HEALTH DEPARTMENT NOTE

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.

GENERAL NOTES

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MERIWETHER FARMS, PLAT No. 21765, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SWM FOR THIS LOT IS MANAGED PER PLAN F-09-044 DA#1

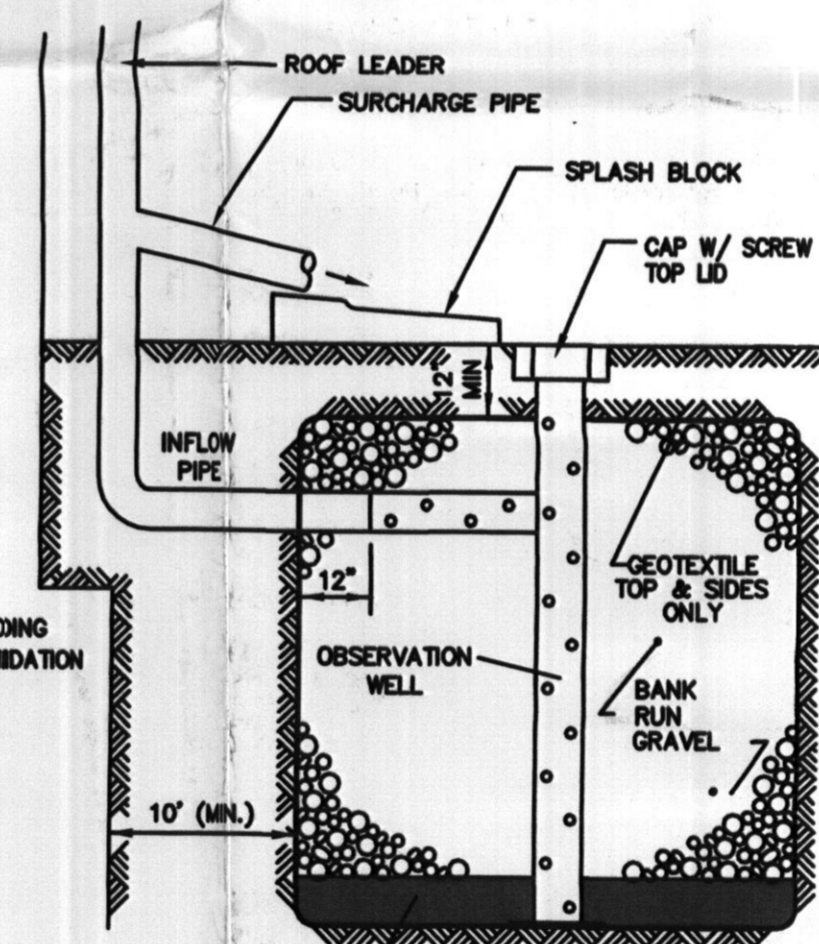
E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PROVIDED TO ESE BY FISHER, COLLINS & CARTER, INC.

ADDRESS: 14917 MERIWETHER DRIVE, GLENELG, MD 21737

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-99-2164 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.-PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.



LENGTH, L = 5'  
WIDTH, W = 7'  
SURFACE AREA A = 35 SF  
DEPTH D = 5'  
**DRYWELL DETAIL**  
NOT TO SCALE

DRAINAGE AREA #1  
PURPOSE- TO TREAT DRIVEWAY RUNOFF AND ROOF TOP RUNOFF FROM GARAGE  
ALL RUNOFF HANDLED PER DRAINAGE AREA X PER PLAN (F-09-044)

DRAINAGE AREA #2  
PURPOSE- TO TREAT ROOFTOP RUNOFF NOT TREATED IN DRAINAGE AREA # 1.  
METHOD- 2 DRY WELLS LOCATED IN A SWM EASEMENT WITH ROOF DRAINS PIPED TO THEM.

DRAINAGE AREA- 1720 sq ft  
SOIL TYPE-B  
IMPERVIOUS AREA- 1720 sq ft  
MINIMUM REQUIRED STORAGE= 136 sq ft

DRYWELLS (2)  
DRYWELL #1- 5X7X5x0.4 void ratio =70 cu ft  
DRYWELL # 2- 5X7X5x0.4 void ratio =70 cu ft

TOTAL STORAGE PROVIDED 140 cu ft.

ESD SIZING  
P= 1 INCH PERCENT IMPERVIOUS=100%  
R=0.05+0.009(100)=0.95  
Q=1.0x 0.05+0.009(100)=0.95  
ESDv=(P<sub>e</sub>Rv)/A  
ESDv= 1x.95x1720 / 12 = 136 cu ft

### OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED STORMWATER INFILTRATION TRENCHES (I-1), DRY WELLS (M-5)

- THE OWNER SHALL INSPECT THE MONITORING WELLS AND STRUCTURES ON A QUARTERLY BASIS AND AFTER EVERY HEAVY STORM EVENT.
- THE OWNER SHALL RECORD THE WATER LEVELS AND SEDIMENT BUILD UP IN THE MONITORING WELLS OVER A PERIOD OF SEVERAL DAYS TO INSURE TRENCH DRAINAGE.
- THE OWNER SHALL MAINTAIN A LOG BOOK TO DETERMINE THE RATE AT WHICH THE FACILITY DRAINS.
- WHEN THE FACILITY BECOMES CLOGGED SO THAT IT DOES NOT DRAIN DOWN WITHIN A SEVENTY TWO (72) HOUR TIME PERIOD, CORRECTIVE ACTION SHALL BE TAKEN.
- THE MAINTENANCE LOG BOOK SHALL BE AVAILABLE TO HOWARD COUNTY FOR INSPECTION TO INSURE COMPLIANCE WITH OPERATION AND MAINTENANCE CRITERIA.
- ONCE THE PERFORMANCE CHARACTERISTICS OF THE INFILTRATION FACILITY HAVE BEEN VERIFIED, THE MONITORING SCHEDULE CAN BE REDUCED TO AN ANNUAL BASIS UNLESS THE PERFORMANCE DATA INDICATES THAT A MORE FREQUENT SCHEDULE IS REQUIRED.

### OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED DISCONNECTION OF ROOFTOP RUNOFF (N-1), DISCONNECTION OF NON-ROOFTOP RUNOFF (N-2)

- MAINTENANCE OF AREAS RECEIVING DISCONNECTED RUNOFF IS GENERALLY NO DIFFERENT THAN THAT REQUIRED FOR OTHER LAWN OR LANDSCAPED AREAS. THE OWNER SHALL ENSURE THE AREAS RECEIVING RUNOFF ARE PROTECTED FROM FUTURE COMPACTION OR DEVELOPMENT OF IMPERVIOUS AREA. IN COMMERCIAL AREAS, FOOT TRAFFIC SHOULD BE DISCOURAGED AS WELL.

### MATERIAL SPECIFICATIONS FOR DRY WELLS

MATERIAL	SPECIFICATIONS / TEST METHOD	SIZE	NOTES
SAND	CLEAN AASHTO-M-6 OR ASTM-C-33 CONCRETE SAND	0.02" TO 0.04"	SAND SUBSTITUTIONS SUCH AS DIABASE AND GRAYSTONE #10 ARE NOT ACCEPTABLE. NO CALCIUM CARBONATED OR DOLOMITIC SAND SUBSTITUTIONS ARE ACCEPTABLE. NO "ROCK DUST" CAN BE USED FOR SAND.
GRAVEL	ASTM-D-448 AASHTO-M-43	NO 4, 5 OR 6	CLEANED WASHED BANK RUN GRAVEL
PVC INFLOW PIPE	M 278 OR F 758, TYPE PS 28	4"-6" RIGID SCHEDULE 40 OR SDR 35	PERFORATED SECTION WITHIN DRY WELL TO BE 3/8 INCH DIAMETER ROWS 6" O/C MINIMUM 4-HOLES / ROW
OBSERVATION WELL / CLEANOUT	M 278 OR F 758, TYPE PS 28	8" RIGID SCHEDULE 40 OR SDR 35	PERFORATIONS TO BE 3/8 INCH DIAMETER ROWS 6" O/C MINIMUM 4-HOLES / ROW
GEOTEXTILE FABRIC (IF REQUIRED)	ASTM-D-4833 (PUNCTURE STRENGTH - 125 lb.) ASTM-D-4632 (TENSILE STRENGTH - 300 lb.)	0.08" THICK EQUIVALENT OPENING SIZE OF #80 SIEVE	MUST MAINTAIN 125 GPM PER SQ. FT. FLOW RATE.
TOPSOIL	SAND 35-60% SILT 30-55% CLAY 0%	N/A	THE SOIL SHALL BE A UNIFORM MIX, FREE OF STONES, STUMPS ROOTS OR OTHER SIMILAR OBJECTS LARGER THAN 1"

INSTALLATION NOTES:

- MINIMIZE COMPACTION OF DRY WELL BOTTOM AND SIDEWALLS.
- COLLECTION PIPES FROM DOWNSPOUTS SHALL BE INSTALLED AT MINIMUM SLOPE OF 1
- THE BOTTOM OF THE DRY WELL EXCAVATION SHOULD BE LEVEL AND SCARIFIED PRIOR TO BACKFILLING
- REGULAR INSPECTIONS SHALL BE MADE DURING CONSTRUCTION AS FOLLOWS:  
DURING EXCAVATION TO SUBGRADE  
DURING PLACEMENT OF BACKFILL AND APPURTENANT PIPING, INCLUDING DOWNSPOUT CONVEYANCE  
UPON COMPLETION OF FINAL GRADING AND STABILIZATION.

MAINTENANCE:

DRYWELLS, INCLUDING PIPES, GUTTERS, DOWNSPOUTS AND MEDIA (VIA OBSERVATION WELL) SHALL BE INSPECTED BY THE HOMEOWNER AND CLEANED AS NEEDED AND ANNUALLY, AS A MINIMUM.

IF WATER PONDING FOR MORE THAN 72 HOURS OR MORE THAN 6" OF SEDIMENT HAS ACCUMULATED, THE GRAVEL MEDIA SHALL BE EXCAVATED AND REPLACED.

ROOF GUTTERS SHOULD BE CLEANED AT LEAST ONCE ANNUALLY TO KEEP DEBRIS FROM ENTERING THE DRY WELL.

THE DRY WELL OBSERVATION PIPE SHOULD BE CLEANED OF DEBRIS AT LEAST ONCE ANNUALLY.

PLOT PLAN & SWM PLAN  
LOT #26  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 0120  
PLAT No. 21765, ET SEQ.  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

**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: 5/30/13 SCALE: 1"=40' FILE: LOT\_26\_PP  
CHK'D: MJB JOB#: 3184 DRAWN: RWA



**Building Permit Application**  
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 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: **26**  
 Tax Map: **21** Parcel: **28** Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: **52,069 sq ft**

Existing Use: **SFD**  
 Proposed Use: **SFD w/ Propane tank**  
 Estimated Construction Cost: \$ **8000**  
 Description of Work: **install 1000 Gas Underground propane tank**

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

Property Owner's Name: **Tollmrs VIII Limited**  
 Address: **7164 Columbia Gateway Bl.**  
 City: **Columbia** State: **MD** Zip Code: **21046**  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address (If other than stated herein)  
 Applicant's Name: **Jeremy Clancy**  
 Address: **PO Box 1253**  
 City: **Sylkesville** State: **MD** Zip Code: **21784**  
 Phone: **410 340 1229** Fax: \_\_\_\_\_  
 Email: **Jeremy@appliedandapproved.com**

Contractor Company: **Valley National Gas**  
 Contact Person: \_\_\_\_\_  
 Address: **7201 Montevideo Rd**  
 City: **Jessup** State: **MD** Zip Code: **20794**  
 License No.: **67793**  
 Phone: **410 799 1114** Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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<input checked="" type="checkbox"/> Private	
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<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
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<b>Building Shell Permit Number:</b>	

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Applicant's Signature: *Jeremy Clancy*  
 Print Name: **Jeremy Clancy**  
 Email Address: **Jeremy@appliedandapproved.com**  
 Date: **12/5/13**  
 Title/Company: **Permits**

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

AGENCY	DATE	SIGNATURE OF APPROVAL
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Building Officials		
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Health	<b>12/17/13</b>	<b>R. Buckey</b>

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Permit Fee	\$
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Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <b>3343</b>
Check #	<b>3343</b>

