



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.: B12003585

Building Address: 14865 Meriwether Dr
 City: Coleely State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meriwether Farms
 Section: _____ Area: _____ Lot: _____
 Tax Map: 21 Parcel: 28 Grid: 19
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SED
 Proposed Use: SED w/ tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
Install 1000 gal in-ground propane tank

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

Property Owner's Name: JOHN MD Y III Limited Partnership
 Address: 7164 Columbia Gateway Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clary
 Address: PO Box 1257
 City: Edinstown State: MD Zip Code: 21784
 Phone: 410-310-1229 Fax: _____
 Email: Jeremy @ AppliedandApproved.com

Contractor Company: Valley Natural Gas
 Contact Person: William Greenly
 Address: 7201 Montevideo Rd
 City: Jessie State: MD Zip Code: 20794
 License No.: 67797
 Phone: 410-799-1114 Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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"/> Craw 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:	
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
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: Jeremy Clary Print Name: Jeremy Clary
 Email Address: Jeremy @ AppliedandApproved.com Date: 10/25/12
 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
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>Wain</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	\$ <u>110</u>
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3141</u>

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

B 2001465

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2071) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

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

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 SEWERAGE 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 MERIWETHER FARMS, PLAT No. 21769, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

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

E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

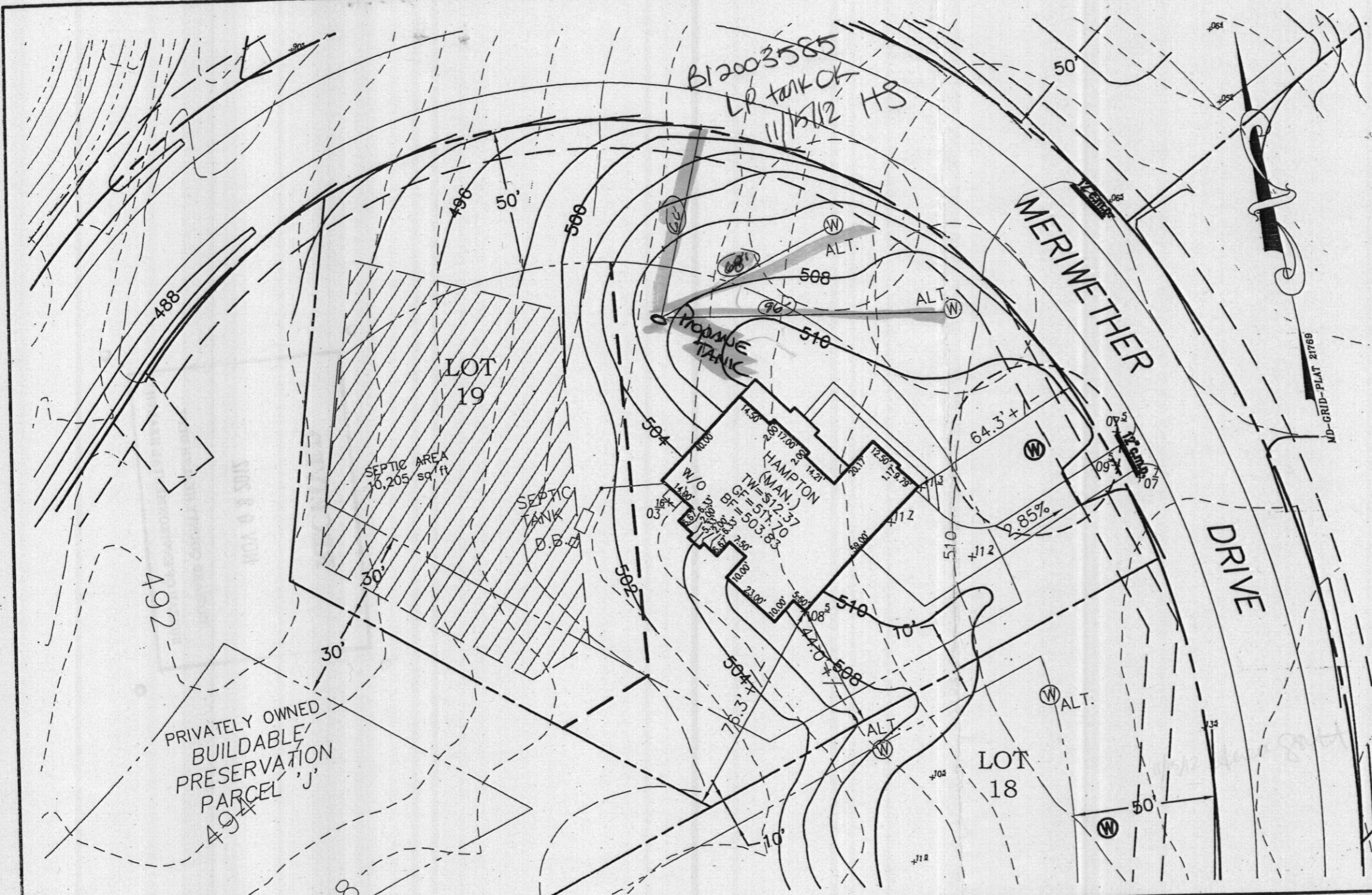
ADDRESS: 14865 MERIWETHER DRIVE
GLENELG, MD 21737

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



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

COUNTY HEALTH OFFICER _____ DATE _____



- TYPE: HAMPTON (MAN)-
DAY LIGHT BASEMENT
EXPANDED FAMILY ROOM
GUEST ELITE SUITE
ADD'L 1' TO HEIGHT OF BASEMENT
PLAYROOM
SOLARIUM ADDITION
STONE TO GRADE ON SIDES OF HOME

- OPTION No. 018
OPTION No. 023
OPTION No. 035
OPTION No. 070
OPTION No. 121
OPTION No. 501
OPTION No. 90039002

- INV. @ HOUSE
GROUND @ INV. @ HOUSE
INV. IN TANK
INV. OUT TANK
TOP OF TANK
GROUND OVER TANK
INV. IN DIST. BOX
INV. OUT DIST. BOX
GROUND @ BOX

- 501.83
503.10
498.10
497.80
498.80
501.70
497.70
497.40
501.40

PLOT PLAN
LOT #19
MERIWETHER FARMS
LIBER 12124, FOLIO 120
PLAT No. 21769, 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: 4/20/12
CHK'D: MJB

SCALE: 1"=40'
JOB#: 3184

FILE: LOT_19_PP
DRAWN: WST

G-12000002

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:

B12001465

MERIWETHER

Building Address: 14865 Meriwether Drive
Glenelg, MD 21737

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

Census Tract: _____ Subdivision: Cattail Overlook

Section: _____ Area: _____ Lot: 19

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Toll MD VIII Limited Partnership

Address: 7164 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21046

Home Phone: 410-489-7407 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Existing Use: Vacant lot

Proposed Use: Single Family Dwelling

Estimated Construction Cost: \$ 350,000

Description of Work: Hampton Manor w/ Daylight Basement, Expanded Family Room, Guest Elk Suite, Playroom, Sunroom

Occupant or Tenant: _____

Contractor Company: Toll Brothers Inc

Contact Person: Mike Martin

Address: 14116 Patterson Farm Ct

City: Glenelg State: MD Zip Code: 21737

License No.: 5050

Phone: 410-489-7407 Fax: 410-489-2676

Email: mmartin3@tollbrothersinc.com

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: ESE

Responsible Design Prof.: Mike Boyce

Address: 7164 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21046

Phone: 410-365-4175 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
<u>Roadside Tree Project Permit #</u>	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: <u>59'</u> <u>69'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>59'</u> <u>69'</u>	<u>Sewage Disposal</u>
Basement: <u>59'</u> <u>69'</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" 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: <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
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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: Mike Martin

Print Name: Mike Martin

Email Address: mmartin3@tollbrothersinc.com

Date: 5/4/10

Title/Company: Am / Toll

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

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>5-15-10</u>	<u>Heidi Galt</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 SL: _____

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	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK#09180993
 INV# 270836

B12001465

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

E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

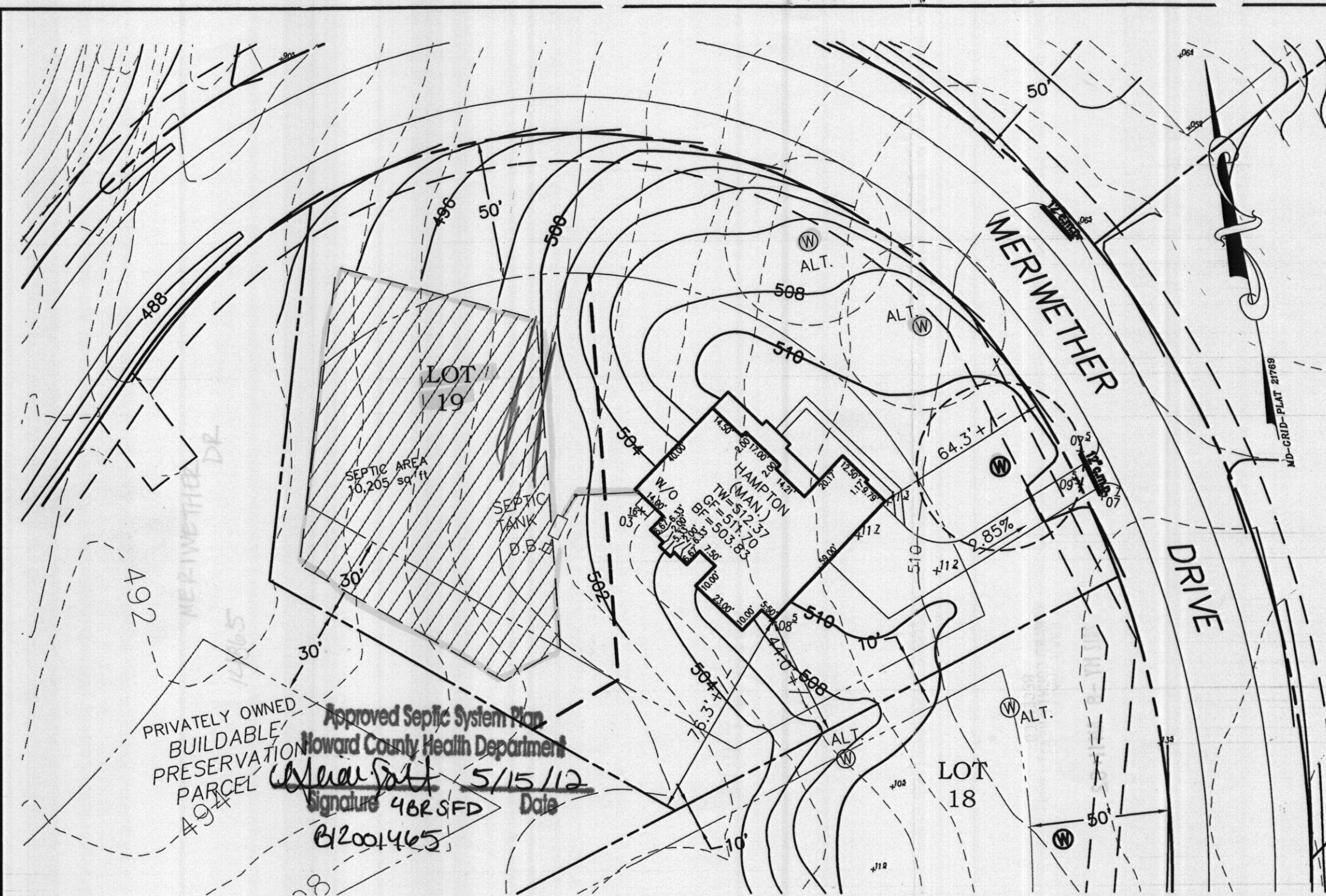
ADDRESS: 14865 MERIWETHER DRIVE
GLENELG, MD 21737

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



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

COUNTY HEALTH OFFICER _____ DATE _____



- TYPE: HAMPTON (MAN)-
- DAY LIGHT BASEMENT
- EXPANDED FAMILY ROOM
- GUEST ELITE SUITE
- ADD'L 1' TO HEIGHT OF BASEMENT
- PLAYROOM
- SOLARIUM ADDITION
- STONE TO GRADE ON SIDES OF HOME

OPTION No. 018	INV. @ HOUSE	501.83
OPTION No. 023	GROUND @ INV. @ HOUSE	503.10
OPTION No. 035	INV. IN TANK	498.10
OPTION No. 070	INV. OUT TANK	497.80
OPTION No. 121	TOP OF TANK	498.80
OPTION No. 501	GROUND OVER TANK	501.70
OPTION No. 90039002	INV. IN DIST. BOX	497.70
	INV. OUT DIST. BOX	497.40
	GROUND @ BOX	501.40

PLOT PLAN
LOT #19
MERIWETHER FARMS
LIBER 12124, FOLIO 120
PLAT No. 21769, ET SEQ.
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: 4/20/12 SCALE: 1"=40' FILE: LOT_19_PP
CHK'D: MJB JOB#: 3184 DRAWN: WST