



Building Permit Application RECEIVED

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

Date Received: **DEC 12 2013**

LICENSES & PERMITS DIVISION

B13004509

Building Address: **2925 Florence Rd**
 City: **Woodbine** State: **MD** Zip Code: **21797**
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: **4**
 Tax Map: **7** Parcel: **117** Grid: **20**
 Zoning: _____ Map Coordinates: _____ Lot Size: **4,79 AC**

Existing Use: **SED**
 Proposed Use: **SED w/ Tank**
 Estimated Construction Cost: \$ **6,000**
 Description of Work: **430 Above**
Install septic tank ground
propose tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: **owner**
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: **Tim Zhangshi**
 Address: **2925 Florence Rd**
 City: _____ State: _____ Zip Code: **21797**
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, if other than stated herein
 Applicant's Name: **Jeremy Clancy**
 Address: **PO Box 1253**
 City: **SUCESSVILLE** State: **MD** Zip Code: **21784**
 Phone: **433401229** Fax: _____
 Email: **Jeremy@appliedandapproved.com**

Contractor Company: **Valley Natural Gas**
 Contact Person: **William Fleming**
 Address: **7201 Montkredo Rd**
 City: **Jessup** State: **MD** Zip Code: **20794**
 License No.: **67793**
 Phone: **410 7991114** Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: **Contractor**
 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"/> Craw Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: _____	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____	
<input type="checkbox"/> Masonry	No. of 1 BR units: _____	
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Protect 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	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: _____
 Email Address: **Jeremy@appliedandapproved.com**
Permits
 Title/Company: _____

Print Name: **Jeremy Clancy**
 Date: **12/12/13**

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		Nancy R Becker

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	\$ 110
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 3362

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12/19/13
 To: Sybil Garrett
 (Person's Name and Division)
 From: Jeremy Clancy (443) 340-1229
 (Your Name, Company Name and Telephone Number)
 Subject: Project name 2925 Florence Rd
 Project site address 2925 Florence Rd
 Permit Number B13004509 SDP # _____
 Other information pertinent to this project _____

RECEIVED
 DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
 DIVISION

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other new plat per comments w/ new tank location

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

Jeremy Clancy (443) 340-1229
 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by cha

First revision

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division