

Building Address: 14221 Day Farm Rd  
Glennelg md 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 38

Tax Map: 0021 Parcel: 0184 Grid: 0018

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.227 ac

Property Owner's Name: Grace NOGAN, Robert Paul Berthwick

Address: 14221 Day Farm Rd

City: Glennelg State: MD Zip Code: 21737

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Phone: 410-745-8089 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_ SFD

Proposed Use: ~~Residential~~ SFD

Estimated Construction Cost: \$ 2604.25

Description of Work: bury 500 yg propane tank and supply line to house (underground tank)

Occupant or Tenant: occupant

Contractor Company: Southern States

Contact Person: Nathan L. HAINES JR

Address: 5838 E Burkley Station Pike

City: Frederick State: MD Zip Code: 21704

License No.: 73732

Phone: 301-663-6168 Fax: 301-663-0274

Email: Nathan.Haines@SSC.org.com

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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 checked="" 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>
Depth	Width
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Public
2 <sup>nd</sup> floor:	<input type="checkbox"/> Private
Basement:	<u>Sewage Disposal</u>
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Public
<input type="checkbox"/> Unfinished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Craw Space	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms:	<u>Heating System</u>
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Electric
No. of efficiency units:	<input type="checkbox"/> Oil
No. of 1 BR units:	<input type="checkbox"/> Natural Gas
No. of 2 BR units:	<input type="checkbox"/> Propane Gas
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	Roadside Tree Project Permit #
<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 HERETO; (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.

Nathan L. Haines Jr  
 Applicant's Signature

Nathan L. HAINES JR  
 Print Name

nathan.haines@SSC.org.com  
 Email Address

propane manager  
 Title/Company

1/9/14  
 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>1/20/14</u>	<u>R. Buckner</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?  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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

110

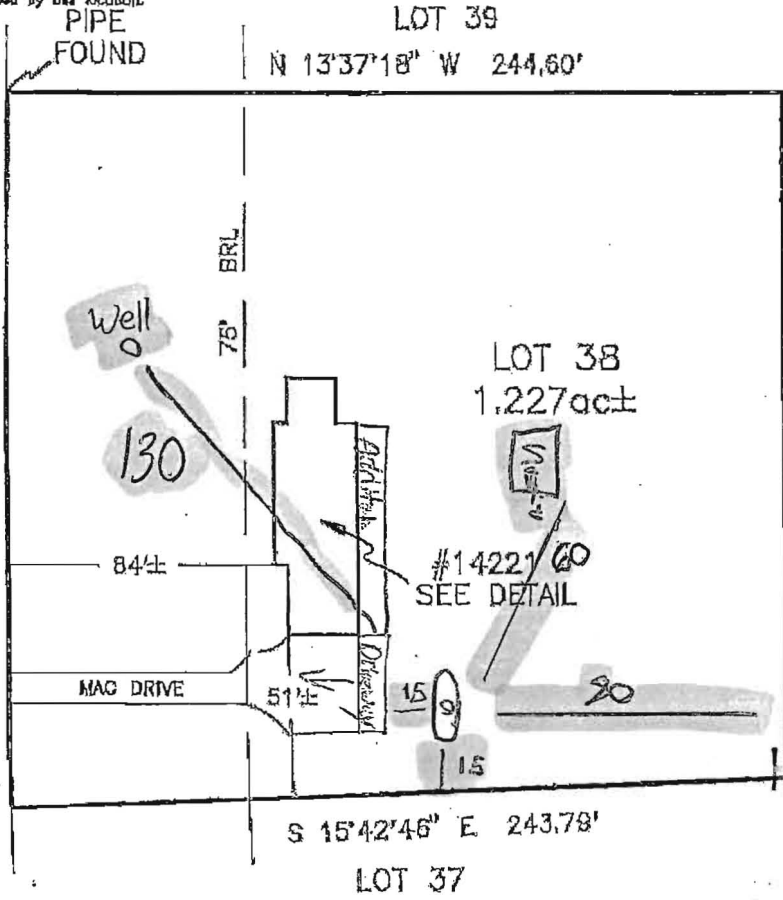
Check # 02217

NOTES:

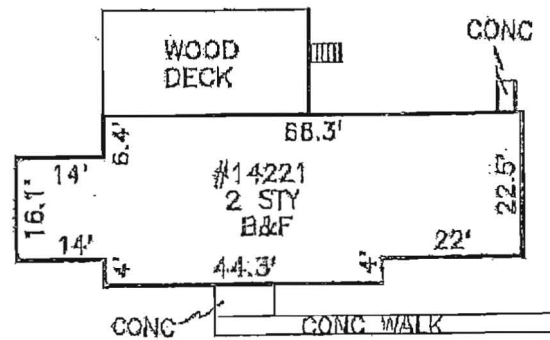
- 1) B.M.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building Line and/or Flood Zone Information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers NOT found, or guaranteed by this location.
- 5) Sabeck distance accuracy: 1/4"

DAY FARM ROAD  
50' R/W

A=53.74'  
R=1485.00'



NOTE: DETAIL NOT SHOWN TO SCALE.



Approved Septic System Plan  
Howard County Health Department

B14000105

500 ug propane tank approved as illustrated  
R. Buckner 1/28/2014  
Signature

Subject property is shown in Zone C on the FIRM Map of HOWARD COUNTY, Maryland on Community Panel 240044 0020 B. Effective DECEMBER 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as LOT 38 SECTION 1 AREA 2 "THE HERITAGE" and recorded among the land records of HOWARD County, Maryland in Plat 14680, folio for the purpose of locating the improvements thereon.

- \* This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- \* This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- \* This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



J. Carl Hudgins PLS #96

LOCATION DRAWING 14221 DAY FARM ROAD 5th ELECTION DISTRICT HOWARD COUNTY, MD.	
NTT Associates, Inc.	Scale: 1" = 60'
16205 Old Frederick Road Mt. Airy, Maryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315	Date: 9/27/01
	Field By: DBM
	Drawn By: DBM
	Drawing # 14149CAT

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

05-380693

ISSUE DATE: 3/23/79

APPROVAL DATE: 4/12/79

# PERMIT INDEXED

P 29624  
A 29624  
REPAIR

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: The Heritage LOT NUMBER: 38

ADDRESS: 14221 Day Farm Road PROPERTY OWNER: Paul Borthwick

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: \_\_\_\_\_ DATE: 3/23/79

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 29624