



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.: B13002076

PROBLEM ADDRESS

Building Address: 15035 Double Bridges Ct.
City: Glenwood State: MD Zip Code: 21738
Suite/Apt. #: _____ SDP/WP/BA #: GP-12-21
Census Tract: _____ Subdivision: Meriwether Farms
Section: 1 Area: - Lot: 9
Tax Map: 21 Parcel: 24 Grid: 21
Zoning: _____ Map Coordinates: _____ Lot Size: 1,077ac

Existing Use: Vacant Lot
Proposed Use: SFD
Estimated Construction Cost: \$ 250,000
Description of Work: Const SFD - "Galway" - 2 story w/bsmt

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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Stewart Kret Homes
Address: 1090 Samuel Morse Dr.
City: Columbia State: MD Zip Code: 21044
Phone: 410-423-5163 Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: BPS, Inc. - Pat Orla
Address: 222 D Cracker Dr.
City: Bel Air State: MD Zip Code: 21014
Phone: 410-879-7848 Fax: _____
Email: pora@comcast.net

Contractor Company: Owner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: MHBR#
Phone: _____ Fax: _____
Email: _____

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

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<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
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input checked="" 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 UNTIL HE/SHE OBTAINS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Pat Orla
Applicant's Signature
pora@comcast.net
Email Address
Agent for Stewart Kret
Title/Company

BPS, Inc. - Pat Orla
Print Name
5/24/13
Date

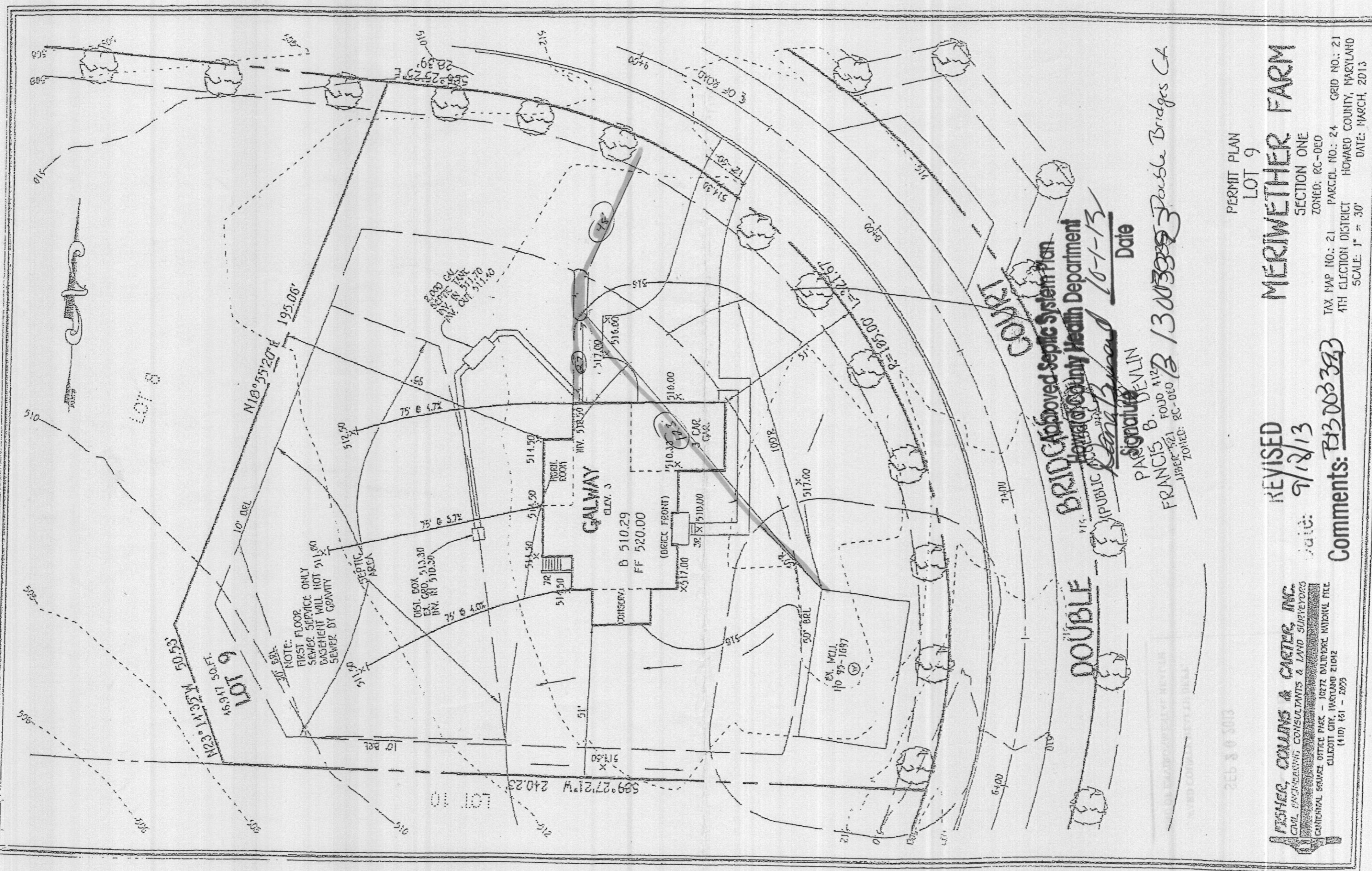
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)	<u>7-3-13</u>	<u>[Signature]</u>
Health		

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

OPZ 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>178</u>



NOTE:
FIRST FLOOR
SEWER SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

BRIDGECAPPROVED SEPTIC SYSTEM PLAN
 PUBLIC HEALTH DEPARTMENT
 HOWARD COUNTY

DOUBLE

CORNEL

Signature: *Francis B. Devlin* Date: 10-1-13

FRANCIS B. DEVLIN
 FOUNDED 1921 FOUNDED 1927
 ZONED: RC-050 ZONED: RC-050
 1300333333 Double Bridges CA

255 8 0 5013

FISHER, COLLINS & CAETEC, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SERVICE OFFICE P.O. BOX 10272 BALTIMORE NATIONAL FIRE
 COLLETT CITY, MARYLAND 21042
 (410) 461-2025

REVISED
 Date: 9/18/13

Comments: 1300333333

PERMIT PLAN
 LOT 9
MERIWETHER FARM
 SECTION ONE
 ZONED: RC-050
 TAX MAP NO.: 21 PARCEL NO.: 24 GRID NO.: 21
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: MARCH, 2013



Building Permit Application

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

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 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 9
 Tax Map: 21 Parcel: 24 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 1Ac

Property Owner's Name: Sklorus @ Maribeth Farm
 Address: 4518 Printers Ct
 City: White Plains State: MD Zip Code: 20885
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/tank
 Estimated Construction Cost: \$ 8000
 Description of Work: install 1000 gal underground propane tank

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1259
 City: White Plains State: MD Zip Code: 21784
 Phone: 410 313 2459 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 Montenedo Rd
 City: Jessup State: MD Zip Code: 20794
 License No.: 62793
 Phone: 410 799 1114 Fax: _____
 Email: Jeremy @ appliedandapproved.com

Engineer/Architect Company: Contracta
 Responsible Design Prof.: _____
 Address: _____
 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:	
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
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Utilities	
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<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<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: 9/5/13
 Title/Company: Permits

9/5/13 RECEIVED
 SEP 05 2013

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

LIC. FEES & PERMITS
 DIVISION

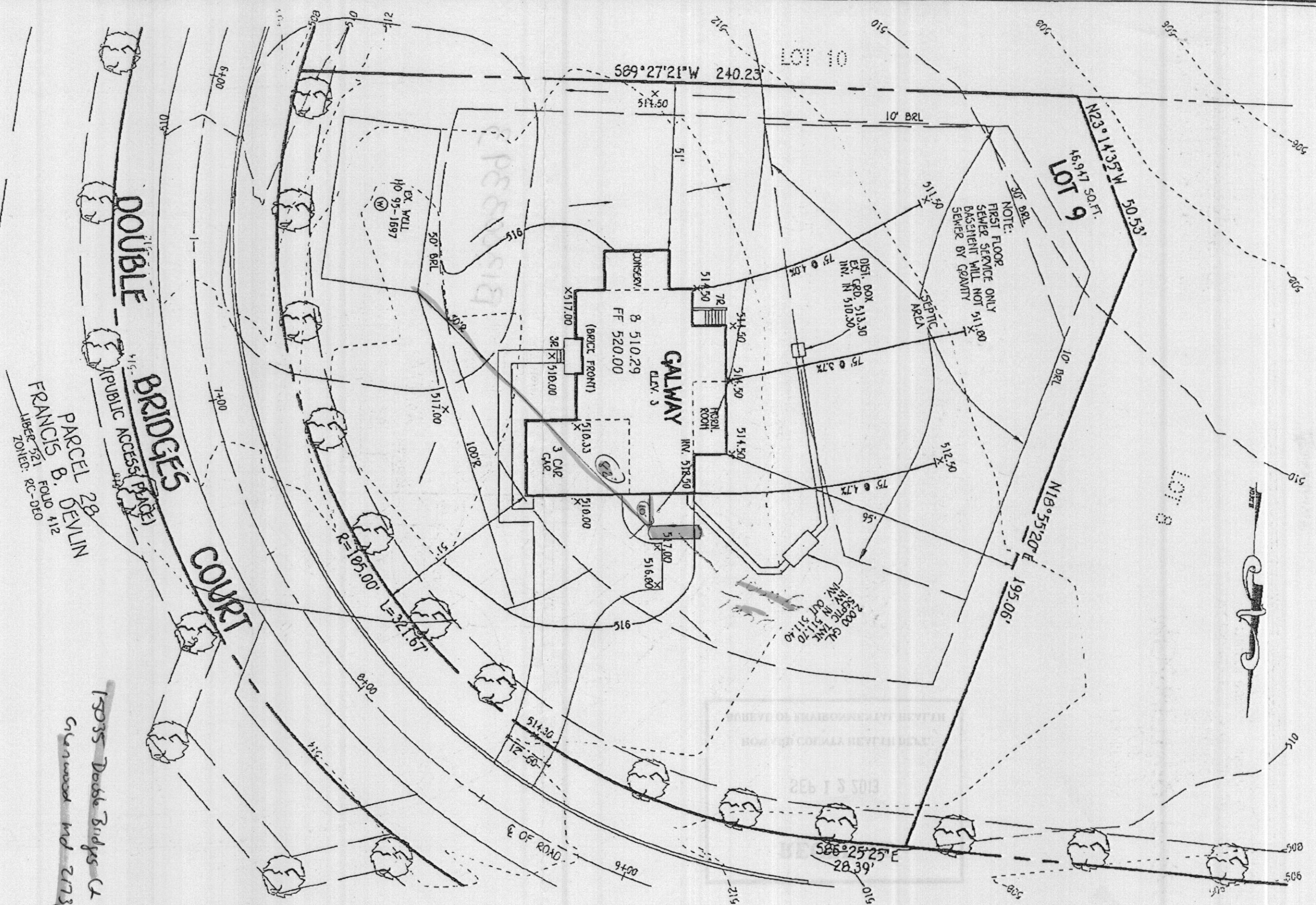
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>10/13 D Bernard</u>

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
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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	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	#

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



MERIWETHER FARM
 PERMIT PLAN
 LOT 9
 SECTION ONE
 ZONED: RC-DEO
 PARCEL NO.: 24
 GRID NO.: 21
 TAX MAP NO.: 21
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DATE: MARCH, 2013

PARCEL 28
 DENLIN
 FRANCIS
 FOLD 412
 LIBREC 521
 ZONED: RC-DEO

15035 Double Bridges C
 Glenwood Md 21731

DOUBLE BRIDGES COURT
 PUBLIC ACCESS (PAVE)

NOTE:
 FIRST FLOOR
 SEWER SERVICE ONLY
 BASEMENT WILL NOT
 SEWER BY GRAVITY

2000 GALLONS
 SEPTIC TANK
 IN 511.70

EX. WELL
 HO 95-1897

GALWAY
 ELEV. 3
 8 510.29
 FF 520.00
 (BRICE FRONT)

3 CAR GAR.

051' BOX
 EX. GPO. 513.30
 INV. IN 510.30

LOT 9
 46.947 50. FT.
 N23°14'35"W 50.53'

LOT 10

LOT 8

195.06'

586°25'25"E
 28.39'

E OF ROAD



Name: Jeremy Clancy
Street Address: PO Box 1253
City, State, Zip: Eldersburg md 21784
Date: 9/13

Amendment, Permit # B13003393

RECEIVED

SEP 18 2013

LICENSES & PERMITS
DIVISION

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend Permit # B13003393 at
15035 Double Bridges Ct ~~Steady~~ md 21738 to
Glennwood

Change TANK location

Enclosed:

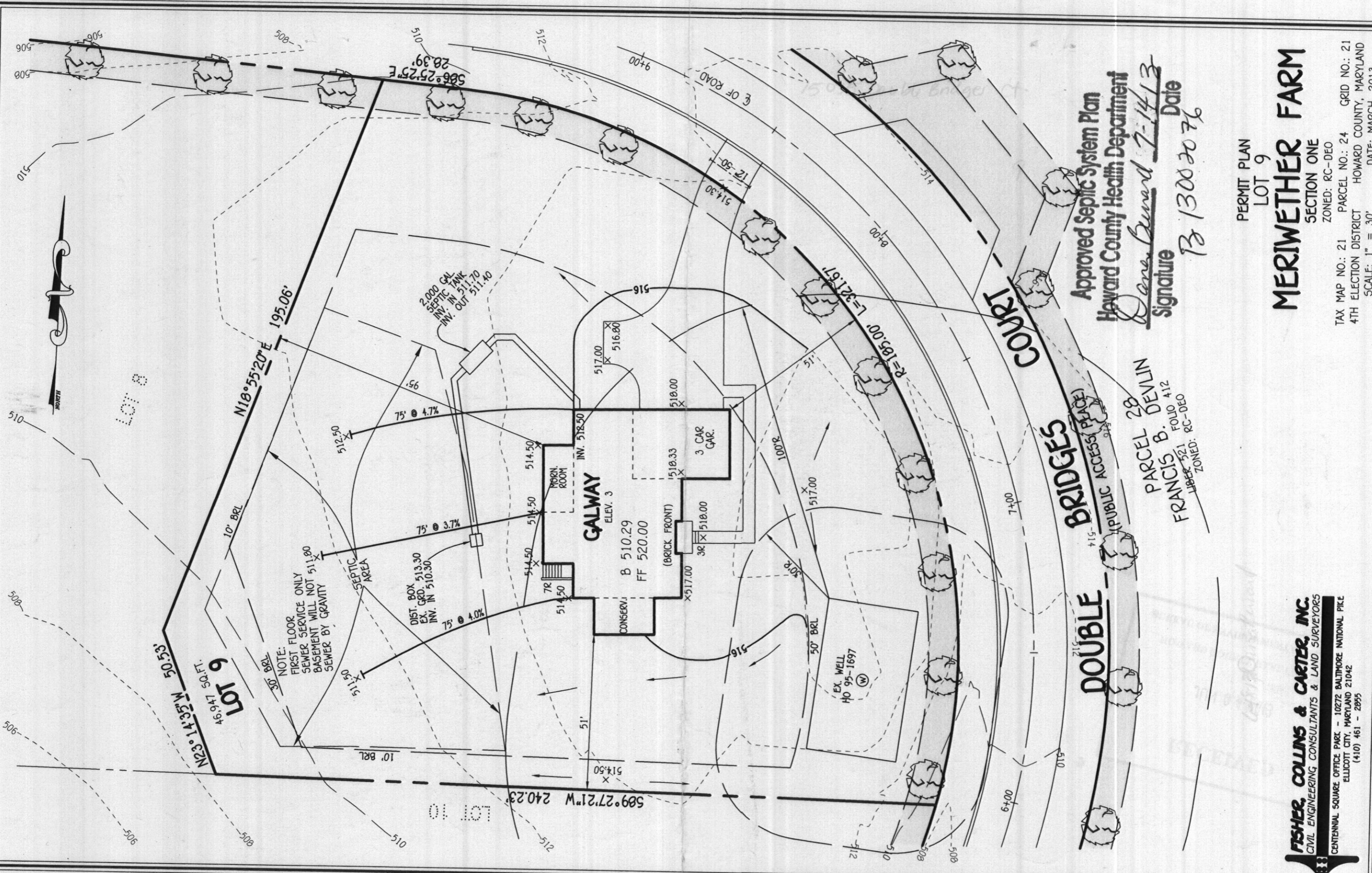
- Fee: 25.00
- Plot Plans
- Sets of Construction Drawings
- Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,

CC: DPZ
DED
Heather

Name: Jeremy Clancy
Title: Permits
Phone: 443-340-1229
Email: Jeremy @ Applied And Approved . com



NOTE:
FIRST FLOOR
SEWER SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

Approved Septic System Plan
Howard County Health Department
Dana Beard 7-14-13
Signature Date
B 13002076

PARCEL 28
FRANCIS B. DEVLIN
LIBREC 521 FOLIO 010412
ZONED: RC-DEO

PERMIT PLAN
LOT 9
SECTION ONE
MERIWETHER FARM
ZONED: RC-DEO
TAX MAP NO.: 21
4TH ELECTION DISTRICT
SCALE: 1" = 30'
PARCEL NO.: 24
HOWARD COUNTY, MARYLAND
GRID NO.: 21
DATE: MARCH, 2013

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955



Office of the Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

DATE: June 18, 2013

TO: Pat Orla-BPS. INC.
C/O Pat Orla
Via-e-mail: porla@comcast.net

RE: **Building Permit # B13002076**
15035 Double Bridges Court
Glenwood, Maryland 21738

To whom it may concern:

Further review is contingent upon submission of a revised building plan showing the following:

- As of January 1, 2013, all new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file