

Plot #

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08003068

Building Address 11356 Homewood Rd  
Ellicott City, Md 21042

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

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 29 Parcel 291 Grid \_\_\_\_\_

Zoning RD Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Kevin McGovern

Address Same

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 28,000.00

Description of Work 18' x 30' pavilion  
attached to existing pool He

Contractor Company Town Creek Landscaping

Contact Person Steve Cooley

Address 5010 Sheppard Ln

City Ellicott City State Md Zip Code \_\_\_\_\_

License No. 449861

Phone 301 854 3510 Fax 410 531 6606

Occupant or Tenant Above

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company Same

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <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 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.

Steven H. Cooley  
Applicant's Signature

\_\_\_\_\_

Title/Company

Steven H. Cooley  
Print Name

10-9-08  
Date

APPROVED

WALK-THRU BUILDING PERMIT

A#

PREPARED BY: SAND D. BERNARD DATE: 10-09-08

DESC. OF WORK: Pavilion

GbB

KEVIN McGOVERN  
DENISE McGOVERN

L. 3664, F. 353

(PARCEL 1)

PARCEL 291

287,646 Sq. Ft.

6.60345 Ac

ZONE: RC-DEO

USE: SINGLE-FAMILY DETACHED

New  
18x30  
Pavillion

Ex  
POOL

Ex  
16x18  
POOL USE

% SLOPES  
78 S.F.

>25% SLOPES  
132 S.F.

>25% SLOPES  
1,430 S.F.

35' STEEP SLOPES  
SETBACK AS DEFINED  
BY IND. CO. REGULATIONS

FOREST AREA  
NOT PROTECTED

>25% SLOPES

KEVIN McGOVERN  
DENISE McGOVERN

L. 3664, F. 353

(PARCEL 2)

PARCEL 291

218,595 Sq. Ft.

5.01826 Ac

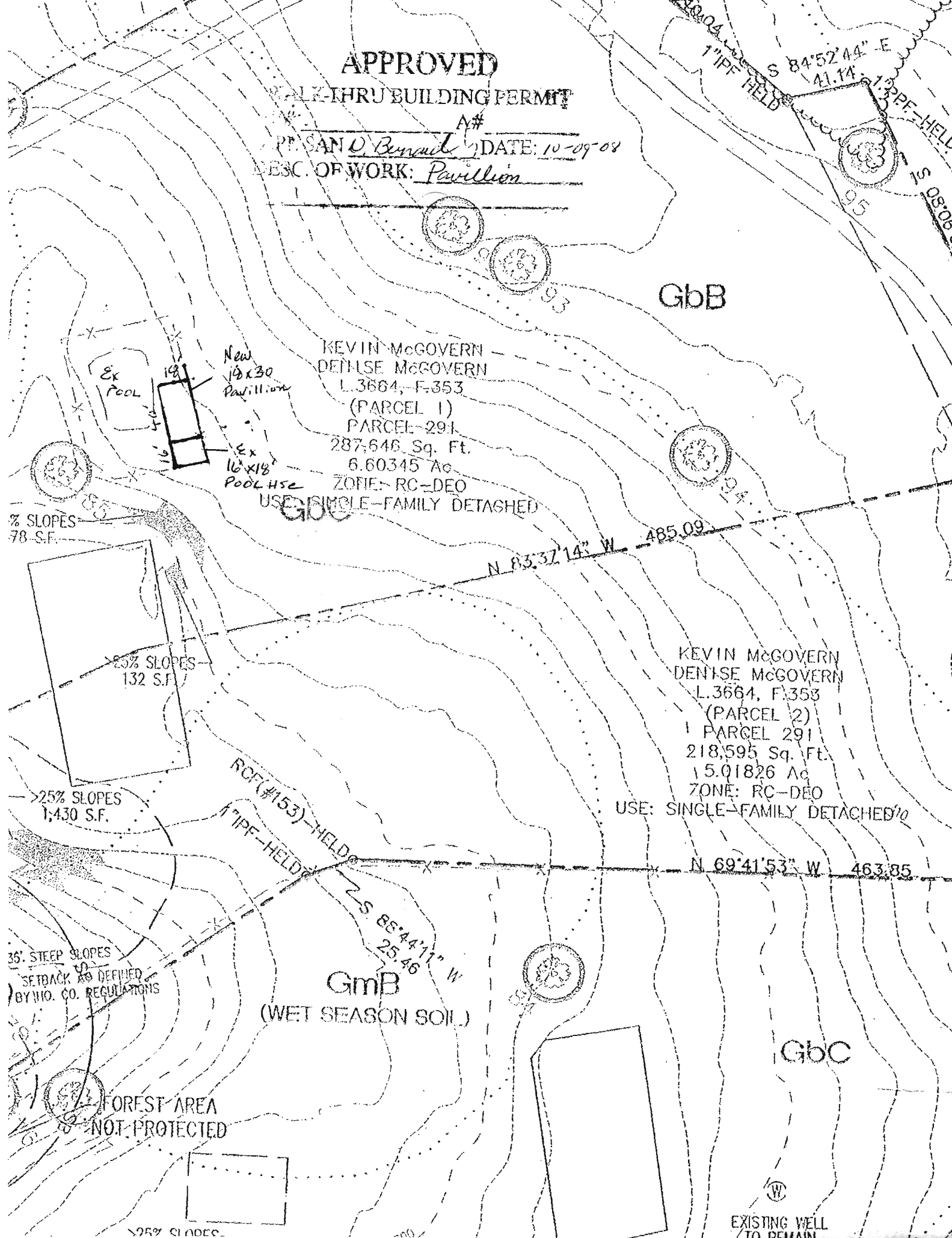
ZONE: RC-DEO

USE: SINGLE-FAMILY DETACHED

GmB  
(WET SEASON SOIL)

GbC

EXISTING WELL  
TO DEEPEN



**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

**B00116440**

Building Address 11356 Homewood Rd  
Ellicott City, MD 21042  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract 111.50 Subdivision 111.2  
Section 111.1 Area 111.2 Lot 111.2  
Tax Map 29 Parcel 291 Grid 1  
Zoning PC DED Map Coordinates 27 10 13 Lot size

Property Owner's Name DR. KEVIN MCGOVERN  
Address 11356 Homewood Rd  
City Ellicott City State MD Zip Code 21042  
Home Phone 410 964 1459 Work Phone 410 461 9500  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone Fax

Existing Use Single Family Dwelling  
Proposed Use Underground Propane TANK  
Estimated Construction Cost \$ 2,000  
Description of Work Bury a 500 Gallon  
Underground Propane TANK

Contractor Company SUBURBAN PROPANE  
Contact Person MIKE DELVINCENT  
Address 31 Derwood Circle P.O. Box 1766  
City Rockville State MD Zip Code 20850  
License No. \_\_\_\_\_  
Phone 301-251-0606 Fax

Occupant or Tenant DR. KEVIN MCGOVERN  
Contact Name \_\_\_\_\_  
Address 11356 Homewood Rd  
City Ellicott City State MD Zip Code 21042  
Phone 410 964 1459 Fax

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Fax

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: 2nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

Michael A. DeVincent  
Applicant's Signature  
RESIDENTIAL Energy Rep / Suburban Propane  
Title/Company

Michael A. DeVincent  
Print Name  
3-2-99  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>3/3/99</u>	<u>Conrad Kelly</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

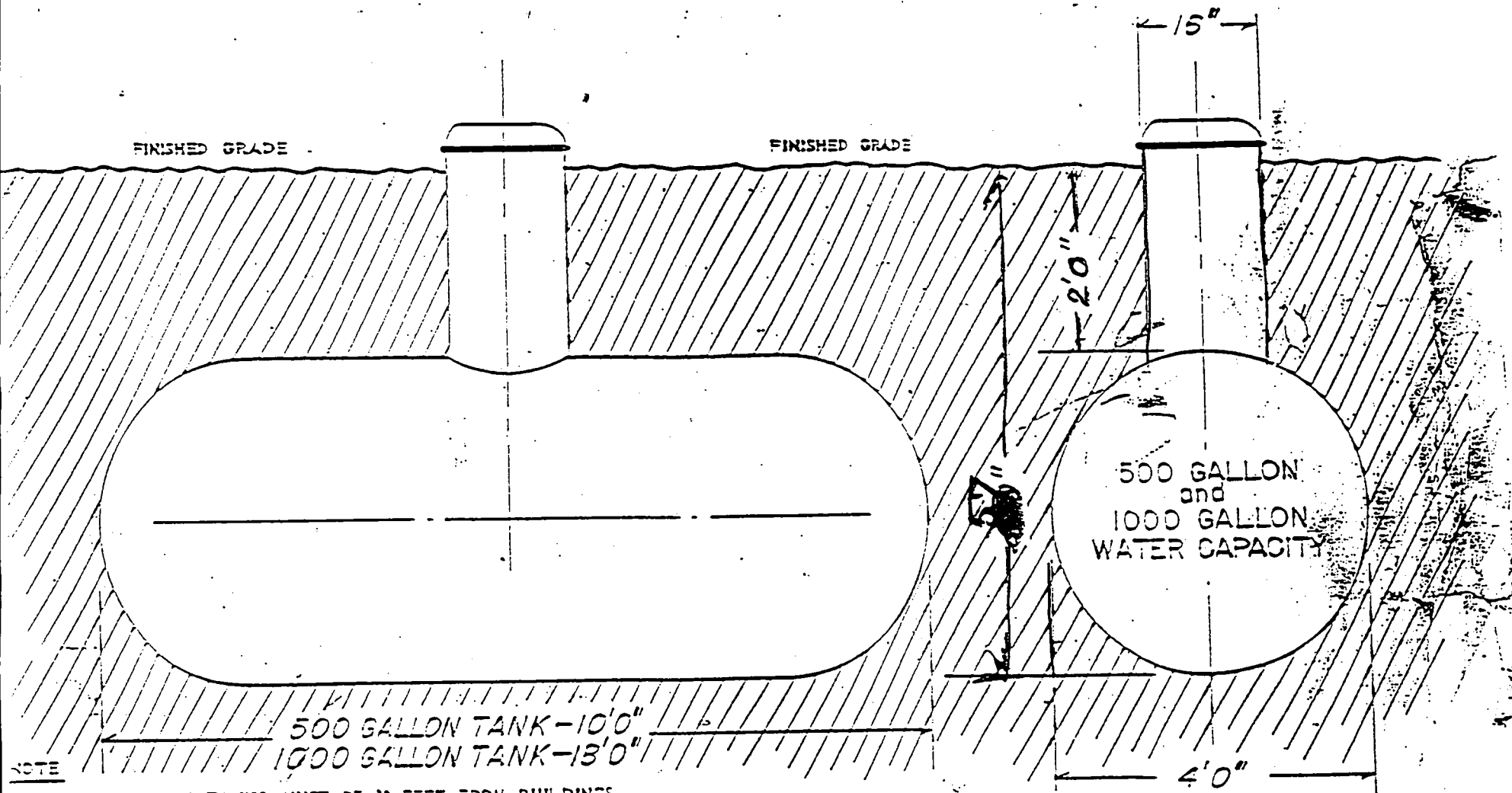
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
	<u>10123</u>
Filing fee	\$ <u>100.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

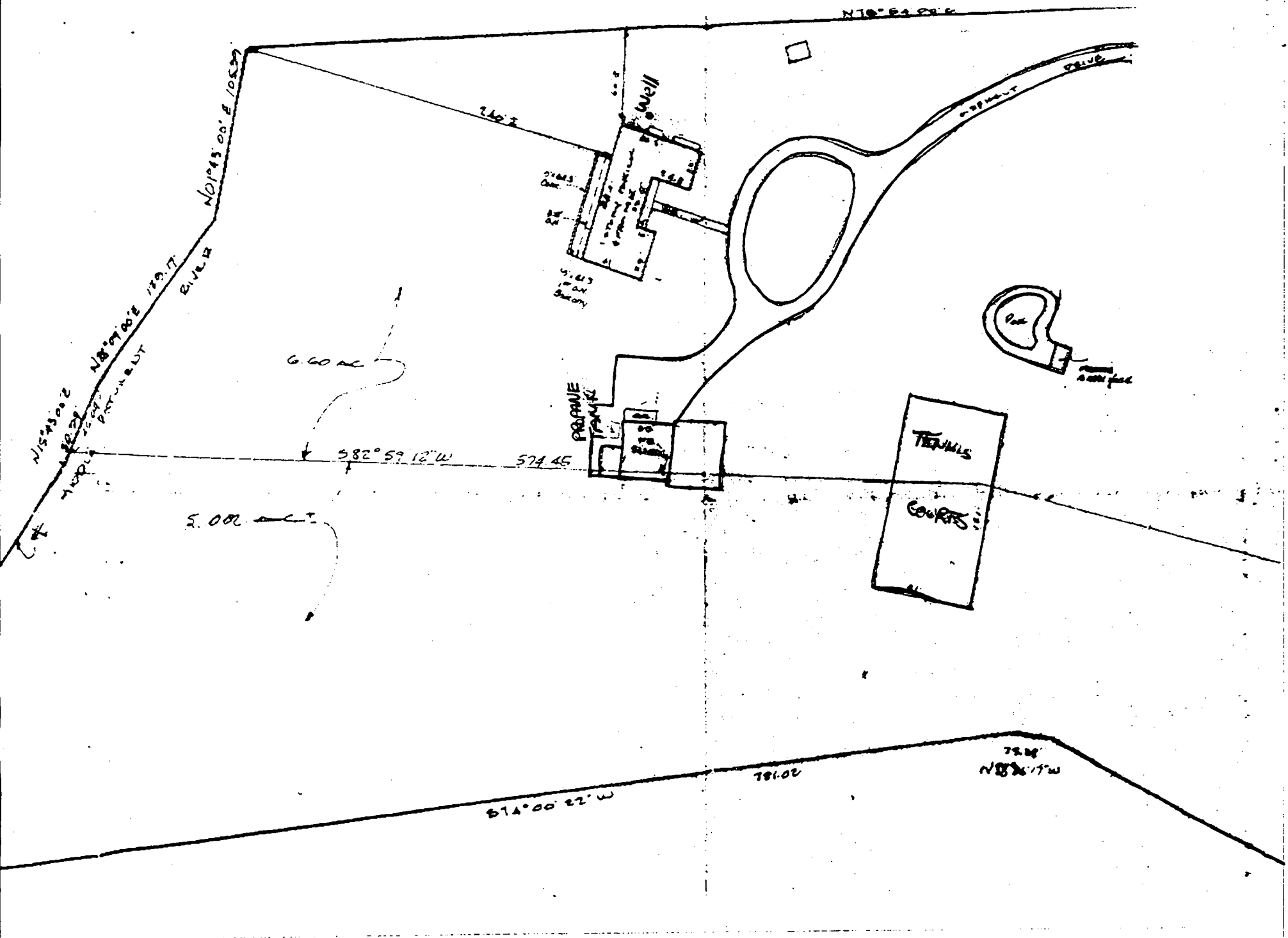
# UNDERGROUND TANK SIZES

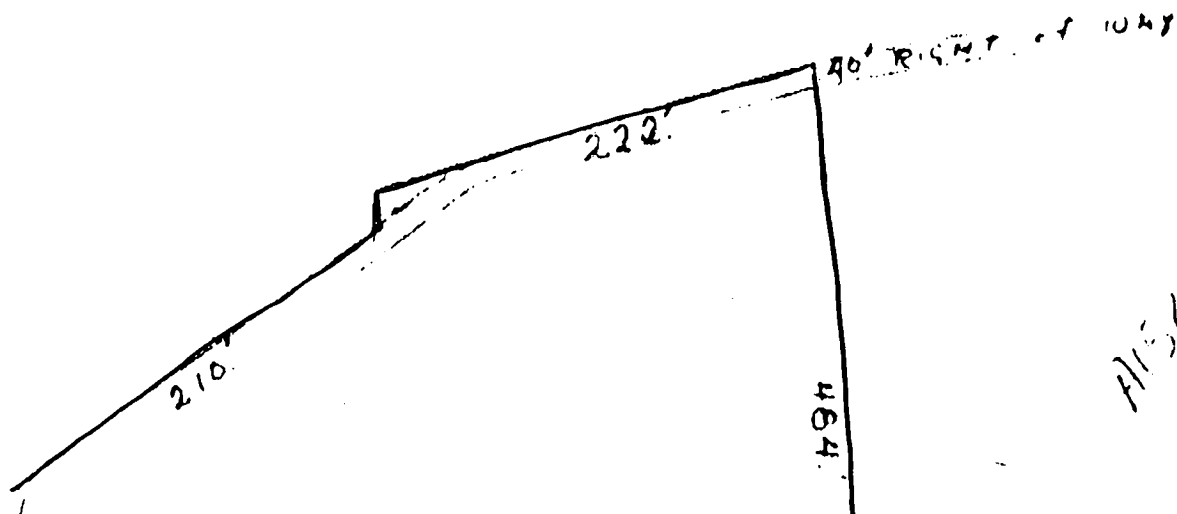


500 GALLON TANK - 10'0"  
 1000 GALLON TANK - 13'0"

**NOTE**

- 1) 500 GALLON TANKS MUST BE 10 FEET FROM BUILDINGS OR PROPERTY LINE.
- 2) 1000 GALLON TANKS MUST BE 25 FEET FROM BUILDINGS OR PROPERTY LINE.
- 3) SLOPE OR RETAIN SIDES OF EXCAVATION AS REQUIRED.
- 4) DEPOSIT DIRT FROM EXCAVATION ON ONE SIDE OF HOLE.
- 5) TANK SHOULD BE LEVEL AND FILLER CONNECTION VERTICAL.
- 6) TANK PROTECTIVE COATING MUST NOT BE DAMAGED BY BACK FILL.
- 7) APPROX. WEIGHT OF TANKS EMPTY  
 500 GAL. TANK - 1000 lbs. 1000 GAL. TANK - 2500 lbs.

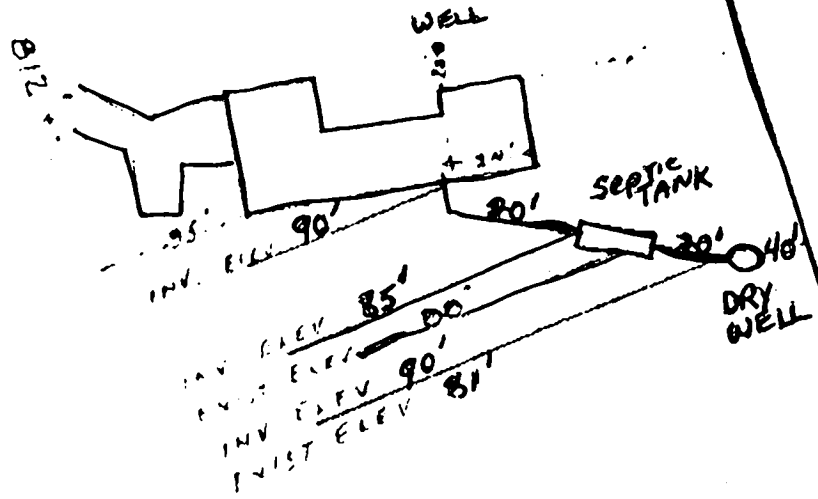




A15228

See Book 16440  
to add a propane tank

A15228  
Homewood Rd



As per...

1<sup>st</sup> FLOOR 100' ASSUMED  
BASEMENT FLOOR 91'  
Location of SANITARY DISPOSAL SYSTEM  
Prepared by GYC (6-3-90)

OWNER:  
GARNETT Y. CLARKE, JR. et al.  
6.600 A. 3<sup>rd</sup> DIST HO. Co.