



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: 7-23-14

Permit No.: B14002570

Building Address: 13708 Springdale Dr.
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: 0034 Parcel: 0423 Grid: 0014
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Alex Thomas
 Address: 13708 Springdale Dr.
 City: Clarksville State: MD Zip Code: 21029
 Phone: 301 854 0192 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Suburban Propane/Grant Stubbs
 Address: 31 Derwood Cr.
 City: Rockville State: MD Zip Code: 20850
 Phone: 301 251 0606 Fax: 301 251 8931
 Email: BSTUBBS@SUBURBANPROPANE.COM

Existing Use: Single Family Dwelling
 Proposed Use: Fuel supply for generator
 Estimated Construction Cost: \$ 5,300
 Description of Work: Buying 500 gallon propane tank w/50' of gas line from tank to generator
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: _____
 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:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	No. of 1 BR units:	
<input type="checkbox"/> Structural Steel	No. of 2 BR units:	
<input type="checkbox"/> Masonry	No. of 3 BR units:	
<input type="checkbox"/> Wood Frame	Other Structure:	
<input type="checkbox"/> State Certified Modular	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project 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 type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" 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: [Signature] Print Name: Alex Thomas
 Email Address: BSTUBBS@SUBURBANPROPANE.COM Date: 7/23/14
 Title/Company: CSC Manager SUBURBAN PROPANE

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>8/12/14</u>	<u>[Signature]</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:	

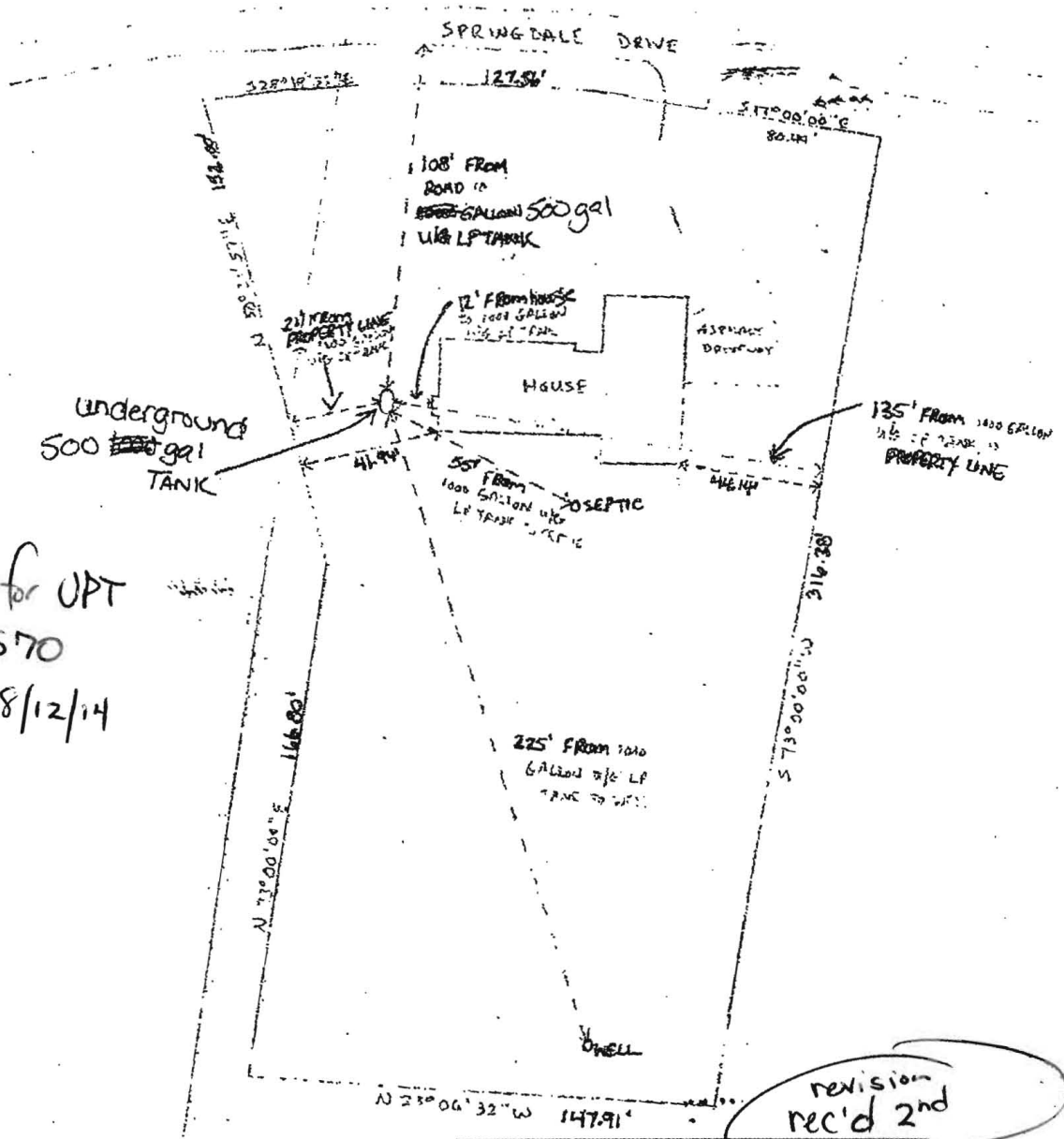
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110</u>
Sub- Total Paid	\$
Balance Due	\$
Check	#

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

M.O.# 17-054429643

SCALE 1" = 40'

13708 SPRINGDALE DRIVE



Approved for UPT
 B14002570
 RA 8/12/14

revision rec'd 2nd

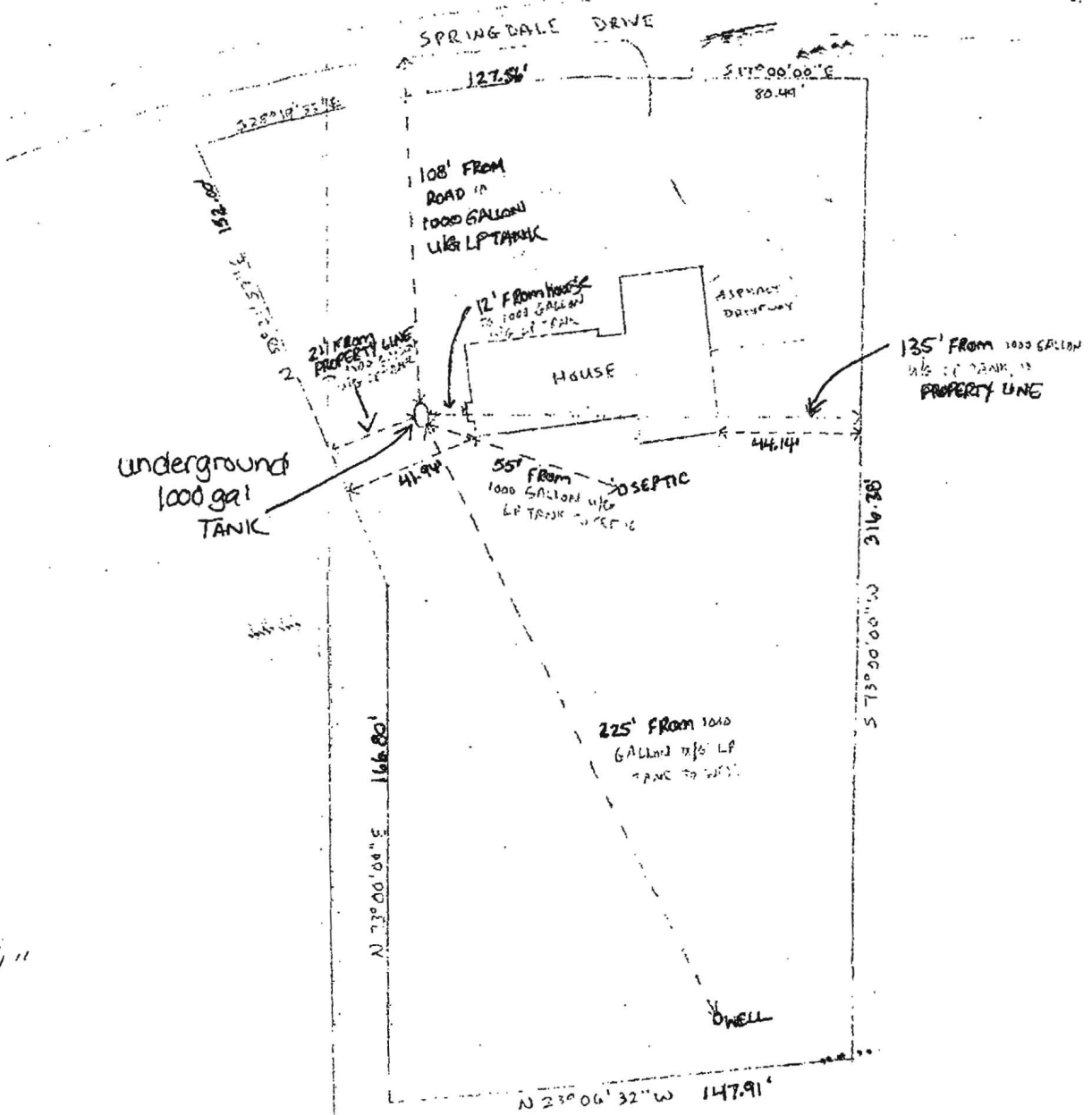
RECEIVED

AUG 12 2014

HOWARD COUNTY HEALTH DEPT.
 COMMUNITY HYGIENE PROGRAM

SCALE [1" = 40']

13708 SPRINGDALE DRIVE



revision rec'd 1st

RECEIVED

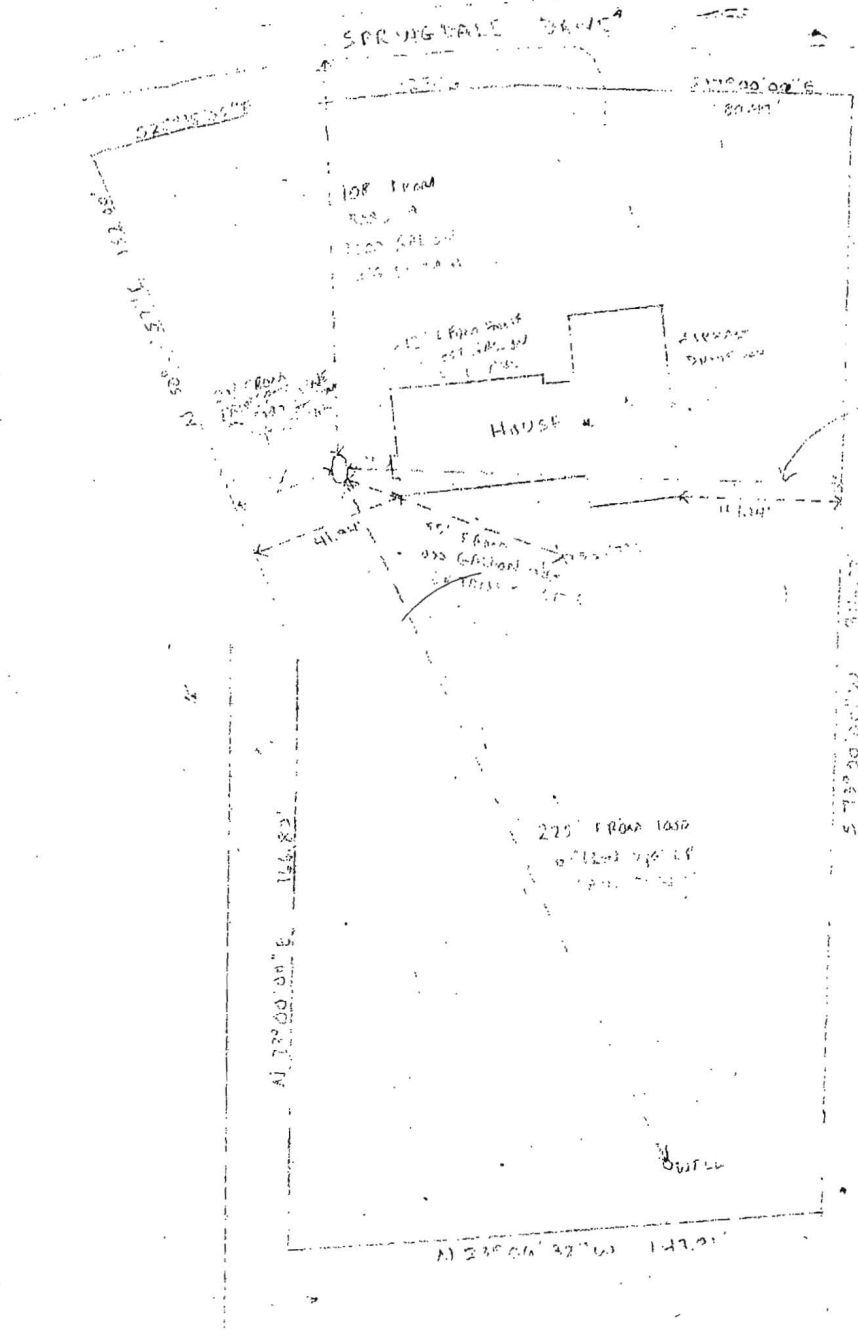
AUG 12 2014

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

SCALE 1" = 40'

13708 SPRINGDALE DRIVE

500 gal
underground
propane
tank



13708 SPRINGDALE DRIVE
PROPERTY