



HEALTH

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: 9/29/14

Permit No.: B14003551

Building Address: 14810 Meriweather Dr
 City: Glenelg State: MD Zip Code: 21046
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meriweather farm
 Section: 2 Area: - Lot: 45
 Tax Map: 21 Parcel: 2B Grid: 16
 Zoning: _____ Map Coordinates: _____ Lot Size: 43,459 sq ft

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work: install 1000 gallon in-ground propane tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 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 <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <u>Multi-family Dwelling</u> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular
Construction type:	No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____
<input type="checkbox"/> Roadside Tree Project Permit	Dimensions: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit # _____	Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Property Owner's Name: Toll MD VIII Limited Partnership
 Address: 7164 Columbia Gateway Dr
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: JEREMY CLANCY
 Address: PO Box 1253
 City: Eldersburg State: MD Zip Code: 21784
 Phone: 443-340-1229 Fax: _____
 Email: JEREMY@AppliedAndApproved.com

Contractor Company: Valley National Gas
 Contact Person: William Grenig
 Address: 7201 Montevideo Rd
 City: Jessup State: MD Zip Code: 20794
 License No.: 62793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Control
 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 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: _____	

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
 Title/Company: permits

Print Name: Jeremy Clancy
 Date: 9/26/14
RECEIVED
 SEP 29 2014
 LICENSES & PERMITS DIVISION

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>10/16/14</u>	<u>H. Oswald</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	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>3876</u>

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

14SET0953

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A FULLY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15

Plan approved
for B14003581 (Inground
propane tank)
10/16/14, H.O.

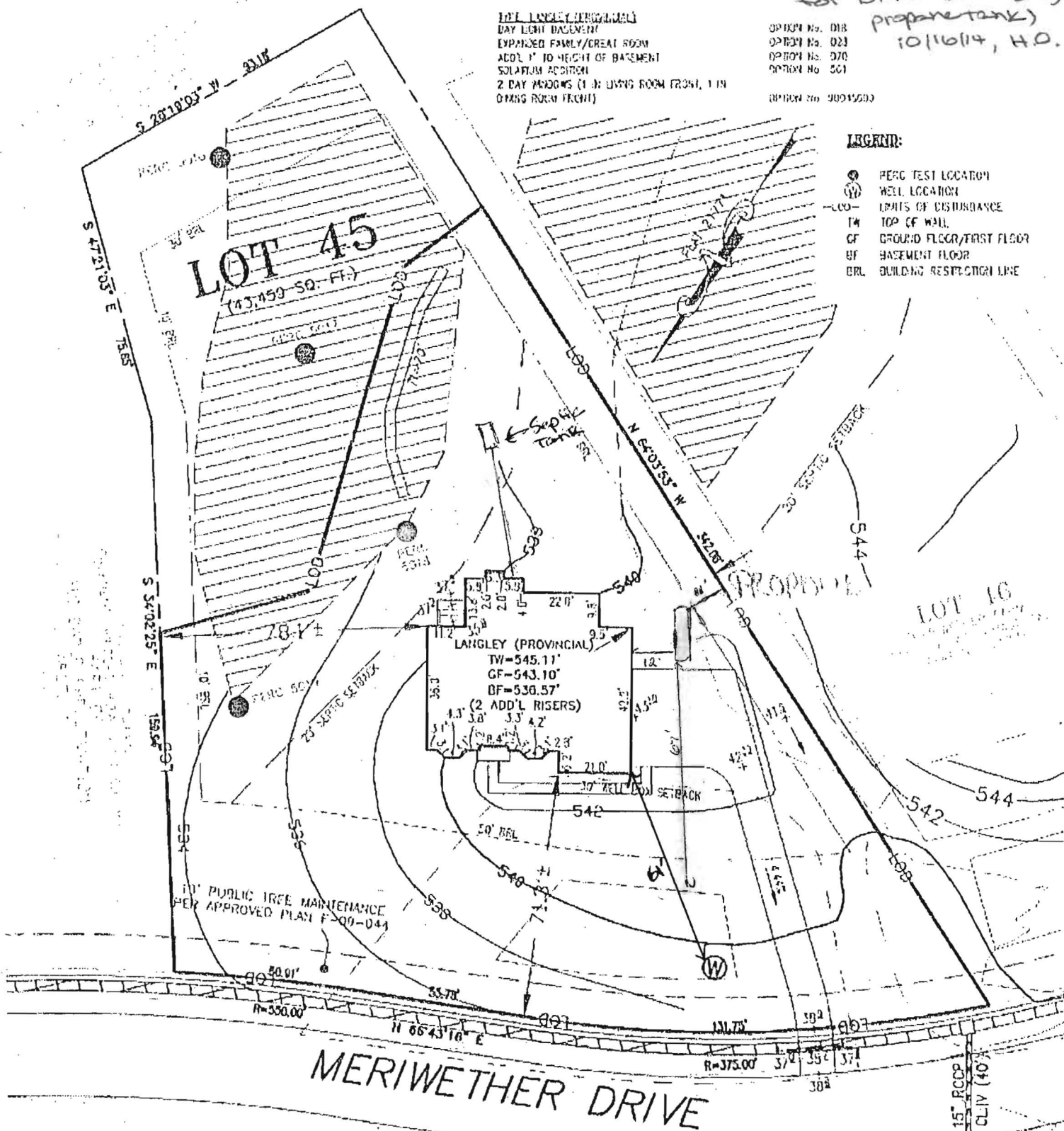
HOUSE OPTIONS:

- 1ST FLOOR REFINISH
- DAY LIGHT BASEMENT
- EXPANDED FAMILY/GREAT ROOM
- ADD. 1' TO HEIGHT OF BASEMENT
- SOLARUM addition
- 2 DAY PORCHS (1 IN LIVING ROOM FRONT, 1 IN DINING ROOM FRONT)

- OPTION No. 018
- OPTION No. 023
- OPTION No. 070
- OPTION No. 001
- OPTION No. 00015000

LEGEND:

- PERC TEST LOCATION
- WELL LOCATION
- - - LIMITS OF DISTURBANCE
- TM TOP OF WALL
- GF GROUND FLOOR/FIRST FLOOR
- BF BASEMENT FLOOR
- BRL BUILDING RESTRICTION LINE



PITC SYSTEM/DEST AVAILABLE TECHNOLOGY (DAT) NOTES:

- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REISED SOT PLAN MAY BE REQUIRED.
- THE MAXIMUM DEPTH OF THE DAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET COVER.
- THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
- THE DAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE DAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITH ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE DAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE DAT INSTALLATION AND THE TYPE OF DAT INSTALLED.
- ELECTRICAL WORK FOR THE DAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

SEWAGE DISPOSAL SYSTEM DATA (4 DDRM)

- INVERT AT FOUNDATION WALL: 535.0'
- 1. 600 GPD BFR SYSTEM W/ 750 GALLON PUMP CHAMBER
EX. GRADE OVER TANK: 537.5'
PROPOSED GRADE OVER TANK: 537.6'
INVERT IN: 534.2' INVERT OUT: 533.9'
- 2. DISTRIBUTION BOX
EXISTING GRADE OVER TANK: 537.3'
PROPOSED GRADE OVER TANK: 537.3'
INVERT IN: 533.6' INVERT OUT: 533.3'
- 3. TRENCH DESIGN (4 BFRM = 150 GPD/ODPM = 600 GPD)
SCU (S)U = 1.2 ADD. PUMP = 250 SF
USE 3' WIDE TRENCH WITH 40" GRAVEL BELOW PIPE
9" MIN. SPACING BETWEEN TRENCH EDGES
500 SF x 3' WIDTH = 166.67 LF x 0.42 = 70 LF MIN TRENCH
USE 1-70' LONG TRENCH = 70 LF

TRENCH DATA

- BOTTOM MAX. DEPTH (3')
- TRENCH 1 (H):
GROUND ABOVE = 538.7'
INV. IN = 533.7'
BOTTOM TRENCH = 529.7'

Scale 1"=40' 14810 Meriwether Dr

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION	DATE
DIRECTOR	DATE
PROFESSIONAL ENGINEER	DATE

PLOT PLAN FOR BAT INSTALLATION
LOT 45
MERIWETHER FARMS
UBER 13779, FOLIO 490
PLAT No. 21771
TAX No. 04-593086
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ADDRESS 14810 MERIWETHER DRIVE
GLENELG, MARYLAND

EC

DATE: 05/14
C/D: M.J.