

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B 1100 3674

Building Address: 14203 Dalhart Road
Ellicott City MD 21737

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: The Warfield

Section: _____ Area: 1ac Lot: 160

Tax Map: 452392 Parcel: 114 Grid: 5

Zoning: _____ Map Coordinates: _____ Lot Size: 1ac

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 8,000

Description of Work: INSTALL 1000G INGROUND PROPANE TANK

Occupant or Tenant: SAME AS OWNER

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Ten Oaks Property

Address: PO Box 30

City: Ellicott City State: MD Zip Code: 21737

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy
PO Box 1253 Sykesville MD 21784

Phone: 4433401229 Fax: _____

Email: Jeremy@appliedandapproved.com

Contractor Company: Valley Natural Grades

Contact Person: Bob Kilby

Address: 7201 Montevideo Rd.

City: Jessup State: MD Zip Code: 20794

License No.: 67793

Phone: 4107991114 Fax: _____

Email: rkilby@mathesongas.com

Engineer/Architect Company: SAME AS CONTRACTOR

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 type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
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	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: _____

Email Address: _____

Title/Company: Permit Service

Print Name: Jeremy Clancy

Date: 12/14/11

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>1/25/12</u>	<u>[Signature]</u>
Fire Protection		

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	\$ <u>110.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CH# 2682

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
 T:\Operations\Updated Forms\New building app 11.10.2010.docx

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1/20/2012
To: MIKE DAVIS (Health Dept)
(Person's Name and Division)
From: Bob Kilby (410) 799-1114
(Your Name, Company Name and Telephone Number)
Subject: Project name Dalhart Rd Propane Tank
Project site address 14203 Dalhart Rd
Permit Number B11003674 SDP # _____
Other information pertinent to this project _____

RECEIVED
JAN 20 2012
PLAN REVIEW DIVISION

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to Howard County plan review code letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Structural steel certification
 - Energy conservation calculations
 - Certification for _____ (be specific).
 - Copies of _____ (be specific).
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other Variance Request Letter for Health Dept.

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

white: Plan Review Division
yellow: Applicant
pink: Permit Division

01/12/12

Mr. Mike Davis or Approving authority
Howard County Health Department
Permit # B11003674

Mr. Davis,

We are requesting a variance for 14203 Dalhart Rd. The lp gas tank will be placed in the only location that meets all requirements except the 100 foot from a well head. The lp gas tank will be over 50 feet from the well head.

Your careful consideration of this matter would be greatly appreciated.

Thank you,

Bob Kilby
410-799-1114
Propane Manager
Valley National Gases, Inc.
7201 Montevideo Rd
Jessup, Md. 20794

RECEIVED

JAN 20 2012

LICENSES & PERMITS
DIVISION

Building Address: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):

 Phone: _____ Fax: _____
 Email: Jim@DecaturBuildingService.com

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: _____

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
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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>
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<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
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<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
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No. of 1 BR units:	<input type="checkbox"/> Propane Gas
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Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
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Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date _____

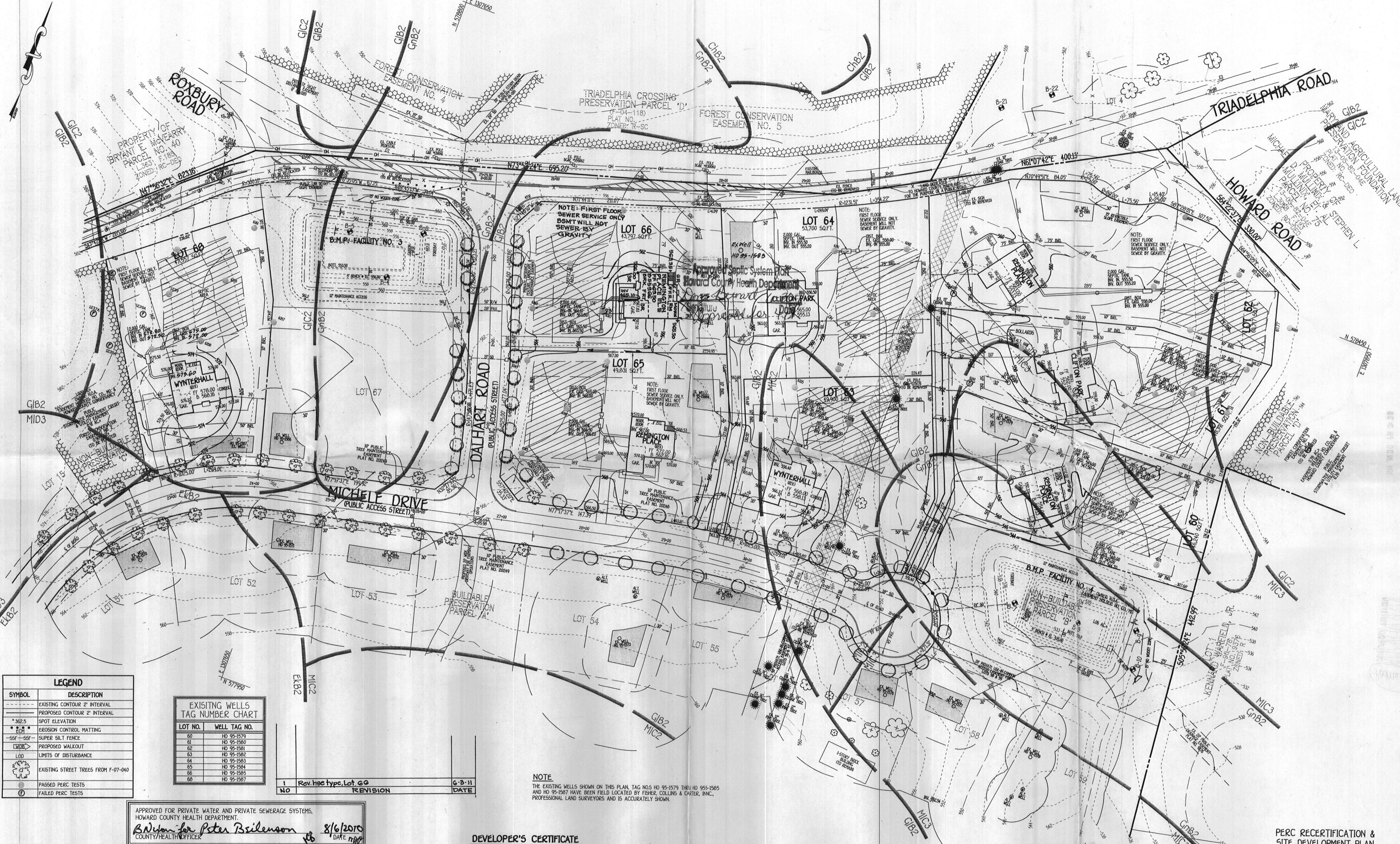
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>6-30-11 D Bernard</u>
Fire Protection		

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	\$



LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
- - -	PROPOSED CONTOUR 2' INTERVAL
•	SPOT ELEVATION
---	EROSION CONTROL MATTING
---	SUPER SILT FENCE
---	PROPOSED WALKOUT
---	LIMITS OF DISTURBANCE
○	EXISTING STREET TREES FROM F-07-040
○	PASSED PERC TESTS
○	FAILED PERC TESTS

EXISTING WELLS TAG NUMBER CHART

LOT NO.	WELL TAG NO.
60	HO 95-1579
61	HO 95-1580
62	HO 95-1581
63	HO 95-1582
64	HO 95-1583
65	HO 95-1584
66	HO 95-1585
68	HO 95-1587

NO	REV. DESCR.	DATE
1	Rev. hsc type Lot 60	6-30-11

NOTE
 THE EXISTING WELLS SHOWN ON THIS PLAN, TAG NOS HO 95-1579 THRU HO 95-1585 AND HO 95-1587 HAVE BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
 HOWARD COUNTY HEALTH DEPARTMENT.
B. Wilson for Peter Brilenson 8/6/2010
 COUNTY HEALTH OFFICER DATE

DEVELOPER'S CERTIFICATE
 I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
Ryan Johnson 6/30/10
 SIGNATURE OF DEVELOPER RYAN JOHNSON DATE

ENGINEER'S CERTIFICATE
 I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Earl D. Collins 6-30-10
 SIGNATURE OF ENGINEER EARL D. COLLINS DATE

PROFESSIONAL CERTIFICATION
 I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 9753, EXPIRATION DATE: 2/28/12.
Earl D. Collins 6-30-10
 SIGNATURE OF PROFESSIONAL ENGINEER EARL D. COLLINS DATE



BUILDER/DEVELOPER
 NY HOMES
 6085 MARSHALLE DRIVE
 SUITE 430
 ELKBRIDGE, MARYLAND 21075
 410-796-5956

PERC RECERTIFICATION &
 SITE DEVELOPMENT PLAN
THE WARFIELDS II
 LOTS 54 THRU 56, 58 THRU 66 & 68
 SECTION TWO
 ZONED: RC-DEO
 TAX MAP NO: 21 GRID NO: 23 PARCEL NO: 55
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: MAY, 2010
 SHEET 2 OF 5

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELKLOFT CITY, MARYLAND 21042
 410-401-2095

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
 APPROVED:
John R. Robertson 7/6/10
 HOWARD SOIL CONSERVATION DISTRICT DATE