

Mason

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
2430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)933-2435
INSPECTIONS (410)933-1050

HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION

HVACR PERMIT #
M1000127
BUILDING PERMIT #
B10001776

BUILDING ADDRESS:
18601 PENN SHOP RD.

SUBDIVISION: _____
CENSUS TRACT: _____
LOT: _____
BLOCK: _____

SECTION: _____
TAX MAP: _____
ZONE: _____

AREA: _____
PARCEL: _____

PROPERTY ID: _____
MAP COORDINATES: _____

TYPE OF IMPROVEMENT: _____
USE: _____

OWNERS NAME: *EDWIN REINHARDT*

ADDRESS:
18601 PENN SHOP RD.

CITY: *MT. AIRY*

STATE: *MD* **ZIP CODE:** *21771*

HOME PHONE: _____
WORK PHONE:
301-831-0711

<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u>	ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____	ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____	UNITS

COMPANY NAME: *TOTAL COMFORT HTG & A/C, Inc.*

LICENSEE NAME: *JAMES E. AARON*

ADDRESS: *P.O. Box 643*

CITY: *SMITHSBURG*

STATE: *MD* **ZIP CODE:** *21783*

PHONE: *301-824-3700* **HVACR LICENSE NO:**
5833-01

New

Heating and Air Conditioning Heating System Only Other Work (Describe): _____

Replacement

Heating
 Air Conditioning
 Heating and Air Conditioning

Additions and Alterations

Heating
 Air Conditioning
 Heating and Air Conditioning

*1/4/2010
Approved
BB*

Zones

Permit Fee = # of Zones x \$40 = 80.00

Technology Fee (10% of Permit Fee) = 8.00

Plus Application Fee \$50

Total Fees Due = \$ 138.00

Units

Permit Fee = # of Units x \$80 = _____

Technology Fee (10% of Permit Fee) = _____

Plus Application Fee \$50

Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S) INSURED TO CONTRACT WORK, AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY AND THE STATE OF MARYLAND.

James E. Aaron
SIGNATURE OF LICENSED CONTRACTOR *12/16/10*
DATE

JAMES E. AARON
PRINT NAME

Validation

Check Number: 3153

Receipt Number: 227565

2600 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERM NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL 531053 please type HD-95-1783
 fill in this form completely

OWNER INFORMATION 11047
 Date Received (APA) 8 MM DD YY 13
 15 Last Name First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
 B 3
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 73 M 6 77 78

DRILLER INFORMATION
 Driller's Name 76 License No. 81
 Firm Name
 Address
 Signature Date

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD
 ENTER FT OR MI. 38 39
 TAX MAP: BLK: PARCEL:

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME STATE SIGNATURE INVERT S
 DATE ISSUED
 43 MM DD YY 48 GO SIGNATURE EXP. DATE
 NORTH GRID 50 551 000 EAST GRID 57 703 000

APPROXIMATE DEPTH OF WELL 300 FEET
 APPROXIMATE DIAMETER OF WELL INCH

RECEIVED
 JUL - 2 2009
 L FRANKLIN EAST ROAD INC.
 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 788 3
 N 508 1

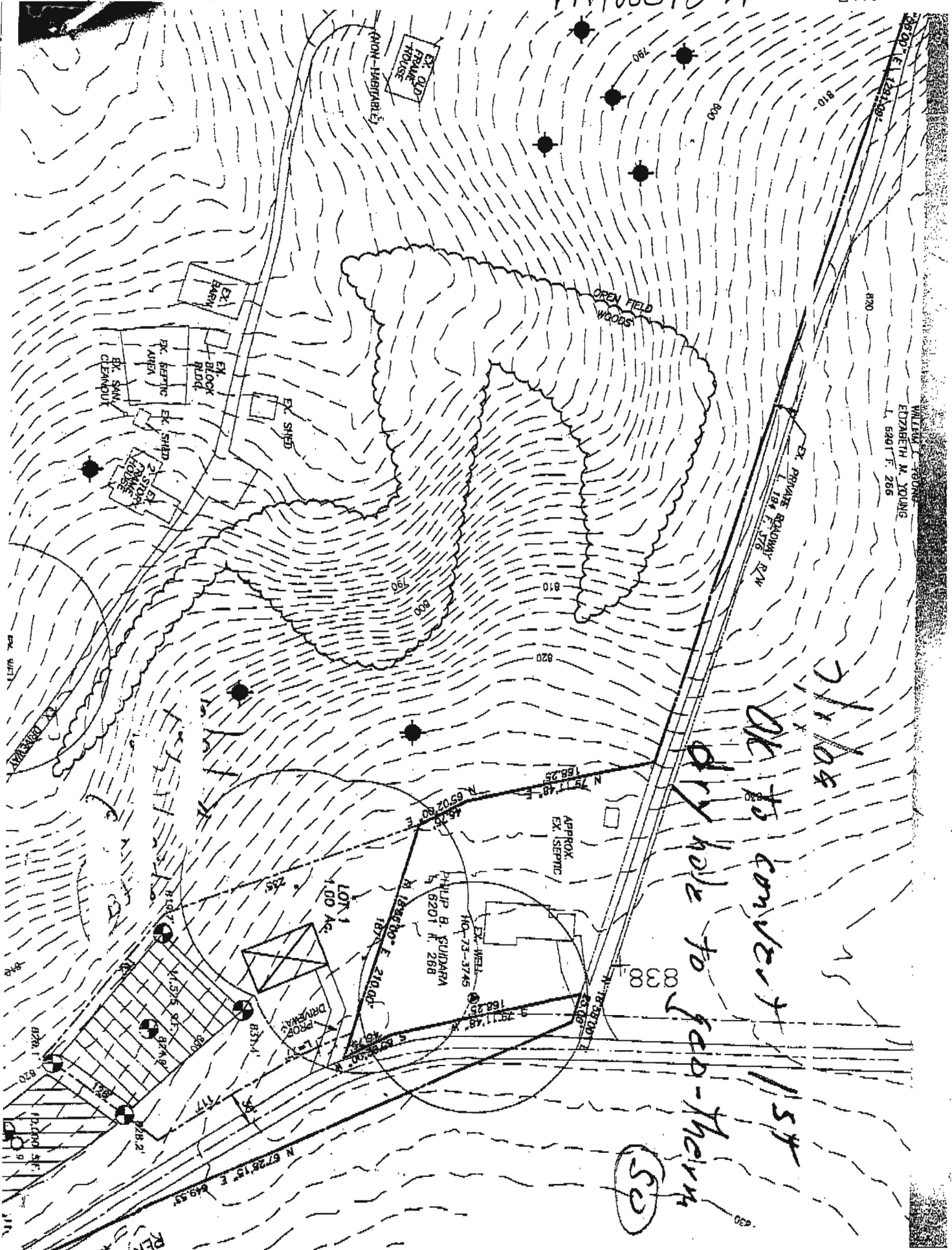
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic-Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER G
 PERMIT No. HD-95-1783
 70 71 72 73 74 75 76 77 78

SPECIAL CONDITIONS
 NOTE - APPLYING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED

m10001271



WILLIAM J. YOUNG
 EDZABETH M. YOUNG
 L. 6201 R. 268

OK to convert 1154
 dry hole to feed-thru

(50)

Building Address 15011 ...
 Suite/Apt. #: ... SDP/WP/Petition #: ...
 Census Tract ... Subdivision ...
 Section ... Area ... Lot 1
 Tax Map 60 Parcel 124 Grid 3
 Zoning ... Map Coordinates ... Lot Size ...

Property Owner's Name ...
 Address ...
 City ... State MD Zip Code 21771
 Home Phone ... Work Phone ...
 Applicant's Name & Mailing Address, (if other than stated herein):
...
2945 Longmead Dr. P.
...
 Phone ... Fax ...

Existing Use ...
 Proposed Use ...
 Estimated Construction Cost \$...
 Description of Work ...
 Occupant or Tenant ...
 Contact Name ...
 Address ...
 City ... State MD Zip Code 21771
 Phone ... Fax ...

Contractor Company ...
 Contact Person ...
 Address ...
 City ... State MD Zip Code ...
 License No. ...
 Phone ... Fax ...
 Engineer or Architect Company ...
 Contact Person ...
 Address ...
 City ... State MD Zip Code 21771
 Phone ... Fax ...

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

Bill Hunter
 Applicant's Signature
...
 Email Address
...
 Title/Company

Bill Hunter
 Print Name
...
 Date

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

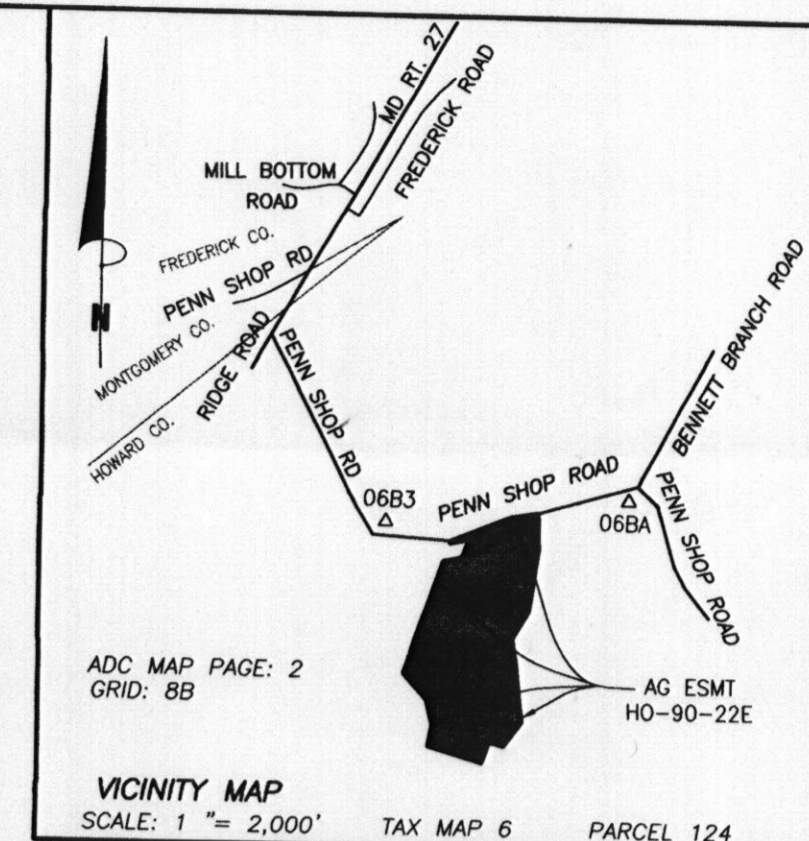
AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	8/5/10	[Signature]	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ _____	
Rear: _____	Permit fee \$ _____	
Side: _____	Excise tax \$ _____	
Side St.: _____	Add'l per fee \$ _____	
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check # <u>1212</u>	
	Validation # _____	
	Accepted by <u>[Signature]</u>	

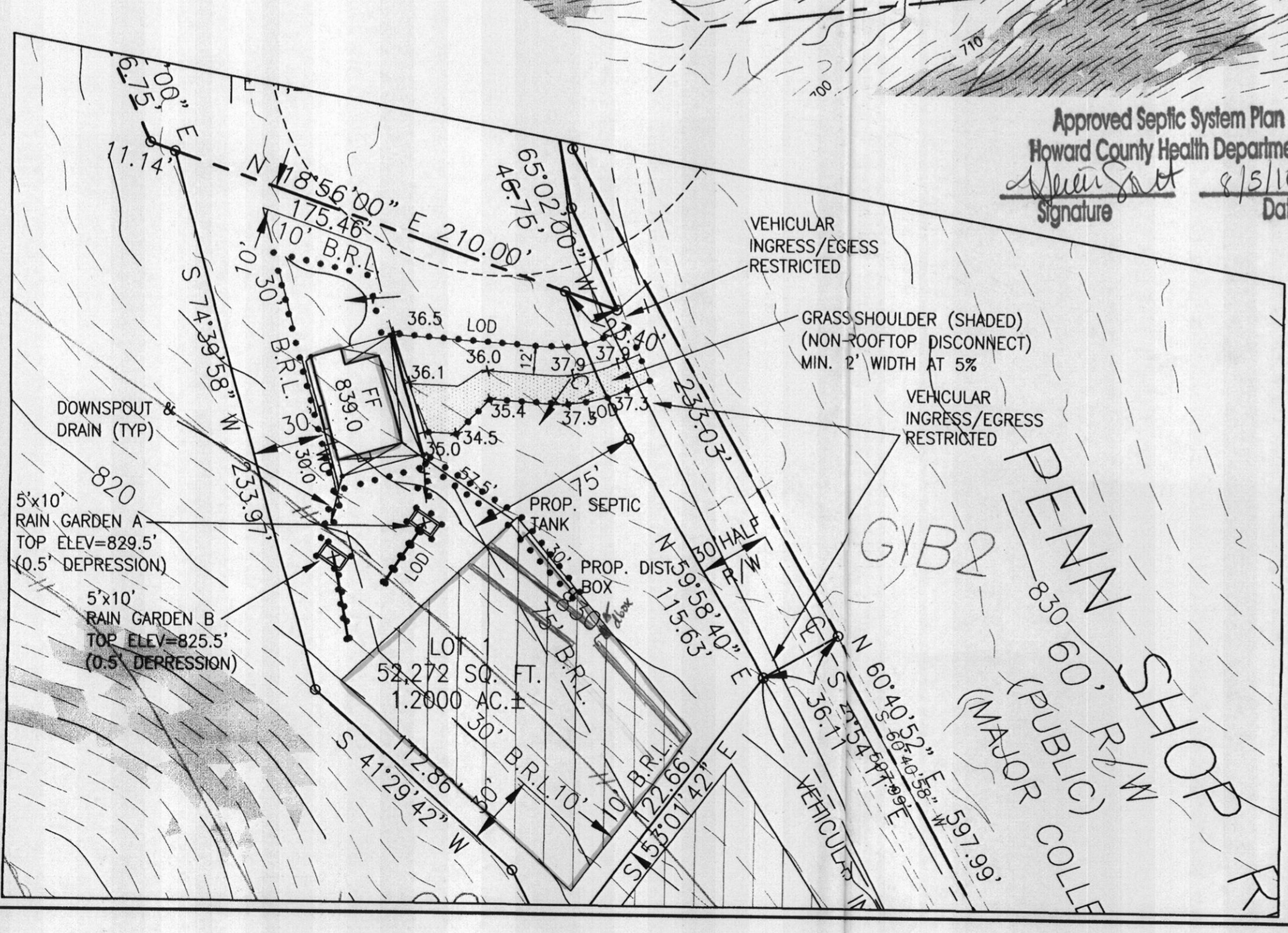
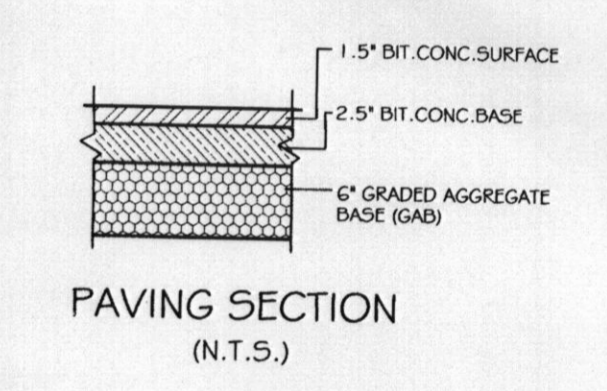
CURVE DATA						
CURVE	RADIUS	ARC LENGTH	DELTA ANGLE	TANGENT	CHORD BEARING	CHORD LENGTH
C1	330.00'	67.71'	11°45'20"	33.97'	S 65°51'20" W	67.59'



- NOTES:**
- The basis of bearings for this drawing is the Maryland Coordinate System, NAD83/91, as projected by Howard County Survey Control Stations 06B3 (N611,265.380 E 1,264,511.079 Elev855.84) & 06B4 (N611,660.109 E 1,267,349.352 Elev816.40) sFT.
 - Contours shown hereon taken from Howard County GIS Data, supplemented with field-run topo by VanMar Assoc., Inc. in 9/09 (sewage disposal areas, etc.). Vertical datum is NAVD88. Contour interval is 2'.
 - Actual length and number of trenches for sewerage to be determined at time of septic system permit issuance.
 - Proposed house is 3 bedrooms.
 - Disturbed area (LOD): 7,466 Sq. Ft. (Shown thus: ●●●●●●●●)
 - The existing well shown hereon (H095-1687) has been field located by VanMar Assoc., Inc. and accurately shown.

SEPTIC ELEVATIONS

PROPOSED HOUSE:	F.F. ELEV. = 839.0
	BSMT. ELEV. = 829.2
	INV. OUT. = 828.0
PROPOSED SEPTIC TANK:	EX. GRD. ELEV. = 831.5
	PROP. GRD. ELEV. = 831.5
	INV. IN. = 827.4
	INV. OUT. = 827.1
PROPOSED DISTRIBUTION BOX:	EX. GRD. ELEV. = 830.2
	INV. IN. = 826.8
	INV. OUT. = 826.6



copy this portion

DATE	REVISIONS
7/27/10	PER HD COMMENTS
8/2/10	MOVED RAIN GARDEN A PER HD COMMENTS



**PLOT PLAN
LOT 1
REINHARDT PROPERTY**

SITUATED ON PENN SHOP ROAD
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' JULY 2010

VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-8015 (410) 549-2751
Fax (301) 831-5603 ©Copyright, Latest Date Shown

OWNERS:
HARRY W. REINHARDT
CHRISTINE REINHARDT
18571 PENN SHOP ROAD
MT. AIRY, MD. 21771
240-674-2955

DEVELOPER:
HAUPTMAN BUILDERS
302 WATERSVILLE ROAD
MT. AIRY, MD. 21771
301-831-0711