



Health

Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Permit No.: B1400 4160

Building Address: 14874 Meriwether Dr.
 City: Greenleaf State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 33
 Tax Map: 21 Parcel: 28 Grid: 10
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.18 AC
 Existing Use: SFD
 Proposed Use: SFD w/ Tank
 Estimated Construction Cost: \$ 8,000
 Description of Work: Install 1000 gal under ground propane tank
 Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Toll Mid Hill Limited
 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: Michelle Hegel
 Address: PO Box 1253
 City: Greenleaf State: MD Zip Code: 21737
 Phone: 410 360 7514 Fax: _____
 Email: michelle@appliedandapproved.com
 Contractor Company: Tech Air
 Contact Person: Jeff Kenny
 Address: 1500 A-D Caton Center Dr
 City: Baltimore State: MD Zip Code: 21227
 License No.: 068164 exp 10-25-15
 Phone: 410 545 4393 Fax: _____
 Email: _____
 Engineer/Architect Company: Contractor
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

| Commercial Building Characteristics | Residential Building Characteristics | |
|---|--|---------------------------------------|
| Height: _____ | <input checked="" 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 | |
| Construction type: _____ | <input type="checkbox"/> Slab on Grade | |
| <input type="checkbox"/> Reinforced Concrete | No. of Bedrooms: _____ | |
| <input type="checkbox"/> Structural Steel | Multi-family Dwelling | |
| <input type="checkbox"/> Masonry | No. of efficiency units: _____ | |
| <input type="checkbox"/> Wood Frame | No. of 1 BR units: _____ | |
| <input type="checkbox"/> State Certified Modular | No. of 2 BR units: _____ | |
| | No. of 3 BR units: _____ | |
| | Other Structure: _____ | |
| | Dimensions: _____ | |
| 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 checked="" type="checkbox"/> No | |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input 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 checked="" type="checkbox"/> No | |
| Grading Permit Number: _____ | |
| Building Shell Permit Number: _____ | |

I, 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 HIS 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: Michelle Hegel Print Name: Michelle Hegel
 Michelle Hegel
 Michelle@appliedandapproved.com 11/7/14
 mail Address: _____ Date: _____
 Permits
 title/Company: _____

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 | 12/1/14 | H. Oswalt |

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 | \$ 110 |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ 3878 |
| Check # | 3878 |

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

B.M.P. No. 1
 BIO-RETENTION
 PRIVATELY OWNED &
 MAINTAINED BY HOMEOWNER

TITLE: HAMPTON COUNTRY HOUSE
 WALK-OUT BASEMENT
 CONSERVATORY FLOOR ADDITION
 APPROX. 1' HEIGHT TO BASEMENT FOUNDATION WALLS
 BEDROOM SUITES ABOVE AND SUITE ADDITION
 NAPLES SUNROOM ADDITION
 DOUBLE WIDE DRIVEWAY PAVE

OPTION No. 017
 OPTION No. 032
 OPTION No. 070
 OPTION No. 027
 OPTION No. 028
 OPTION No. 051



plan approved as shown
 for B14004160 (underground
 propane tank). - H.C.
 12/1/14

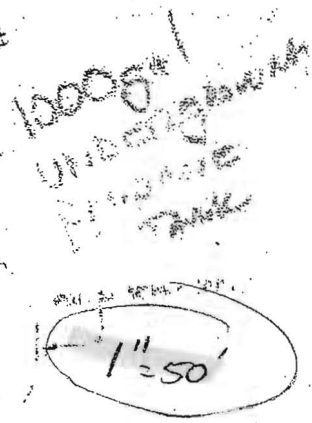
- LEGEND:**
- FERC TEST LOCATION
 - SOLE BORING
 - WELL LOCATION
 - LIMITS OF DISTURBANCE
 - SBT FENCE
 - SUPER GILE FENCE
 - TOP OF WALL
 - GARAGE FLOOR
 - BASEMENT FLOOR
 - BUILDING RESTRICTION LINE

BUILDABLE PRESERVATION
 PARCEL J
 PRIVATELY OWNED
 EASEMENT HOLDERS,
 HOWARD COUNTY, MARYLAND
 AND
 MERIWETHER FARM II HOMEOWNERS
 ASSOCIATION, INC.

VICIN

GENERAL NOTES:

1. THE SUBJECT PROPERTY IS ZONED TO R-10000 PLAN AND PER DEAN (10/1/10)
2. PLAT REFERENCE: PLAT 11, 21/58
3. THE EXISTING TOPOGRAPHY WHICH IS FIELD SURVEY WITH MAXIMUM IN THE DATED 6/21/12.
4. SEE ARCHITECTURAL PLANS FOR BUILDING TAKEOUT FOR CONSTRUCTION. IT IS RESPONSIBILITY TO PROVIDE ERF DRAINAGE PLANS.
5. THE CONTRACTOR OR DEVELOPER SHALL MAKE A BUREAU OF ENGINEERING & SURVEYING (BES) AT LEAST PER 15.1 V.
6. THE CONTRACTOR SHALL NOTIFY THE COUNTY ENGINEER (48) PRIOR TO THE START OF CONSTRUCTION.
7. TOTAL LIMIT OF DISTURBANCE 40,834.
8. STORMWATER MANAGEMENT PLAN PER PLAN F-09-044.
9. ANY DAMAGE TO EXISTING UTILITIES SHALL BE REPAIRED IMMEDIATELY IN THE CONFORMANCE WITH HOWARD COUNTY STANDARDS AND SPECIFICATIONS.
10. DEVIATIONS FROM THESE PLANS AND CONSENT OF THE CIVIL ENGINEER ARE UNACCEPTABLE.
11. THE DIMENSIONED DISTANCES SHOWN ON THIS PLAN ARE AS SHOWN.
12. THE LOTS SHOWN HEREON COMPLY WITH THE REQUIREMENTS OF THE MARYLAND DEPARTMENT OF TRANSPORTATION AND PUBLIC SAFETY (DTPS).
13. EXCEPT THOSE AREAS DESIGNATED AS OPEN SQUARE FEET AS REQUIRED BY ENVIRONMENT FOR INDIVIDUAL SERVICE THE AREA ARE RESTRICTED UNTIL THEY SHALL BECOME NULL AND VOID UPON THE COUNTY HEALTH OFFICER SHALL FOR ENCROACHMENTS ONTO THE PROPOSED SEWAGE TREATMENT PLANT.
14. EXISTING WELLS, SEPTIC SYSTEMS, OR OTHER UTILITIES AND THOSE WELLS OR PROPOSED SEPTIC SYSTEMS OR OTHER UTILITIES SHALL BE PROTECTED BY THE PROPOSED SEWAGE TREATMENT PLANT.
15. ANY CHANGES TO A PRIVATE SERVICE CONNECTION SHALL BE APPROVED BY THE HEALTH OFFICER.
16. BEFORE BUILDING PERMIT REVIEW FOR STRUCTURES AND/OR EXISTING SYSTEMS TO DETERMINE SUFFICIENT SYSTEM CAPACITY.
17. THE DEVELOPMENT OF THIS LOT SHALL BE IN ACCORDANCE WITH THE STORMWATER MANAGEMENT PLAN F-09-044.
18. A STANDARD SEGMENT CONTROL PLAN (SEE REFERENCE GRAPHIC PLAN DATUM).
19. THE EXISTING WELL(S) SHOWN ON THE 140 NUMBER HO-95-210 HAS BEEN PROFESSIONAL LAND SURVEYOR(S) A



SEWAGE DISPOSAL SYSTEM DATA (A BDRM)

- PROPOSED INVERT AT FOUNDATION WALL 483.5'
1. 160 GPD SYSTEM
 - EX. GRADE OVER TANK: 484.7'
 - PROPOSED GRADE OVER TANK: 484'
 - INVERT IN: 482.3' INVERT OUT: 482.0'
 2. DISTRIBUTION BOX
 - EXISTING GRADE OVER TANK: 485.0'
 - PROPOSED GRADE OVER TANK: 485.0'
 - INVERT IN: 481.0' INVERT OUT: 481.0'
 3. TRENCH DESIGN 24 INCH x 150 SFO/FORM = 600 GPD
 600 GPD x 0.8 APP. RATE = 480 SF
 15' x 15' WITH TRENCH WITH 12" GRAVEL BOTTOM PIPE

TRENCH DATA

- BOTTOM MAX DEPTH (7)'
- TRENCH 1 (T1)**
 GROUND ABOVE = 485.3'
 INV. IN = 481.3'
 BOTTOM INCH = 478.3'
- TRENCH 2 (T2)**
 GROUND ABOVE = 484.5'
 INV. IN = 480.5'
 BOTTOM INCH = 477.5'

NOTES:

1. ANY COMPONENTS MUST BE APPROVED BY THE MANUFACTURER PRIOR TO INSTALLATION & REVISOR SITE.
2. MANUFACTURER'S SPECIFICATION IS 5 FEET COVER.
3. 100 FEET FROM THE TANK BASED ON THE DISTANCE FROM THE TANK TO THE MANUFACTURER'S SPECIFICATION IS 5 FEET COVER.
4. OPERATED FOR THE LIFE OF THE SYSTEM.
5. MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. INSTALLING THE BAT SYSTEM SHALL REPORT TO THE