



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: _____

Permit No.: B/401909

Building Address: 14544 Edgewoods Way
 City: Glen Elg State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewoods Fair
 Section: _____ Area: _____ Lot: 53
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.12 Ac

Existing Use: SFD
 Proposed Use: SFD w/ Tank
 Estimated Construction Cost: \$ 8000
 Description of Work: Install a 1000 gal underground 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 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: Sikesville State: MD Zip Code: 21784
 Phone: 4433401229 Fax: _____
 Email: Jeremy@appliedandapproved.com

Contractor Company: Tech Air
 Contact Person: John Grant
 Address: 8099 D Hillmark Ct
 City: Fredrick State: MD Zip Code: 21704
 License No.: 91274
 Phone: 4435454393 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:	
<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 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 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: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com Date: 6/4/14
 Title/Company: Permit JUN 04 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		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<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	\$ <u>122.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3704</u>



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: 10/18/13

Permit No.: B13003939

Building Address: 14544 Edgewoods Way
 City: Grovelg State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 53
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
 Proposed Use: Residential Home
 Estimated Construction Cost: \$ 600,000
 Description of Work: Menley Cooling, cascading
bedrm suites, Expanded Family Rm,
Family suite.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Toll MD V LP
 Address: 14540 Edgewoods Way
 City: Grovelg State: MD Zip Code: 21737
 Phone: 410 489 2275 Fax: _____
 Email: Mbrandenburg e Tollbrothersinc.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Nathan Brandenburg/Toll MD V LP
 Contact Person: _____
 Address: 14540 Edgewoods Way
 City: Grovelg State: MD Zip Code: 21737
 License No.: 3630
 Phone: 410 489 2275 Fax: _____
 Email: Mbrandenburg e Tollbrothersinc.com

Engineer/Architect Company: ESE
 Responsible Design Prof.: Mike Boyce
 Address: 7164 Columbus Gateway Dr. #230
 City: Columbia State: MD Zip Code: 21046
 Phone: 410 365 4175 Fax: _____
 Email: Mboyce e ESEEMg.com

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: <u>76'</u>	<u>96'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>76'</u>	<u>96'</u>
Use group: _____	Basement: <u>76'</u>	<u>96'</u>
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Wood Frame	Multi-family Dwelling	
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____	
	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: <u>G07000150</u>	
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: Mbrandenburg e Tollbrothersinc.com
 Print Name: Nathan Brandenburg
 Email Address: Toll Brothers Inc.
 Title/Company: _____
 Date: 10/9/13
 RECEIVED
 2013
 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
<input checked="" type="checkbox"/> 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>11-7-13</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? 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	\$ <u>100.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>09321834</u>

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

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARMS, PLAT No. 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM f 07-054 PLANS

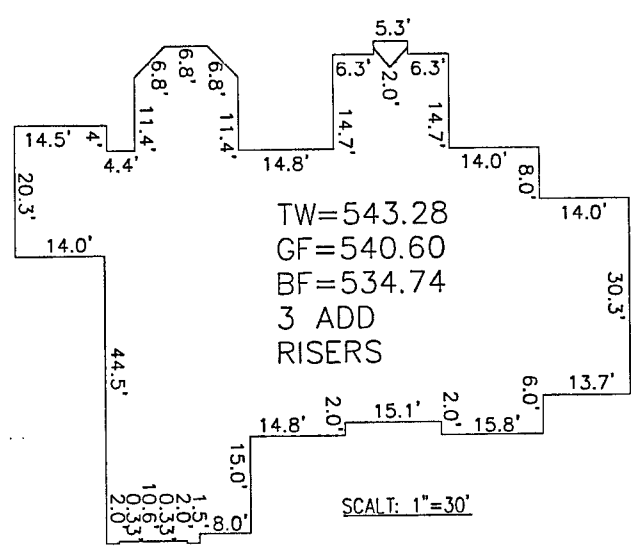
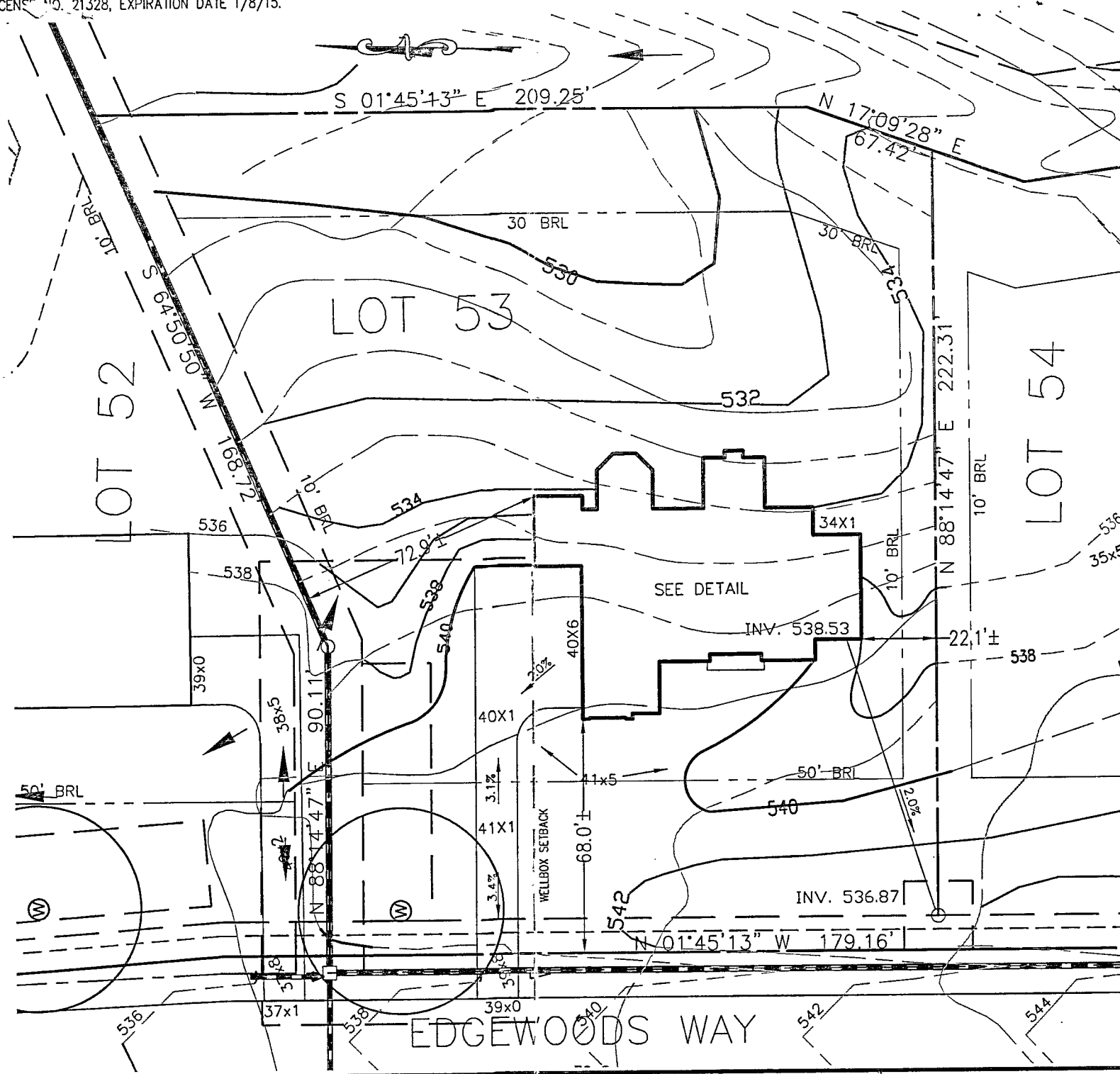
DRIVEWAY CULVERT IS NOT REQUIRED FOR THIS LOT

SWM FOR THIS LOT IS MANAGED PER PLAN F 07-054 E&S CONTROLS PER PLAN F 07-054

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO 95-1053 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BASEMENT DOES NOT GRAVITY SEWER.



Approved Septic System Plan
 Howard County Health Department
Dana Bevard 11-7-13
 Signature Date
 B 13003939
 Shared System

APPROVED:
 FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



ADDRESS: 14544 EDGEWOODS WAY
 GLENELG, MD 21737

TYPE: HENLEY (CAROLINA)-
 WALK OUT BASEMENT
 CONSERVATORY ELITE ADDITION
 ADD 1' TO HEIGHT OF BASEMENT
 BEDROOM SUITES ABOVE AN ELITE ADD
 NAPLES SUNROOM ADD
 GRAND FAMILY ROOM
 TOLL OPTION -FAMILY SUITE

OPTION No. 017
 OPTION No. 039
 OPTION No. 070
 OPTION No. 521
 OPTION No. 529
 OPTION No. 534
 OPTION No. 263008

PLOT PLAN
 LOT #53
EDGEWOOD FARM
 LIBER 10677, FOLIO 461
 PLAT No. 19268,
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 09/27/13 SCALE: 1"= 40' FILE: LOT_53 FP
 CHK'D: MJB JOB#: 1498 DRAWN: JLN