



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

Permit No.: B14004090

Building Address: 14881 Meniwether Dr
 City: Glenelg State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meniwether
 Section: _____ Area: _____ Lot: 20 Farm
 Tax Map: 21 Parcel: 28 Grid: 14
 Zoning: _____ Map Coordinates: _____ Lot Size: .924 AC

Property Owner's Name: Toll MD Mill 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: Jessup State: MD Zip Code: 21784
 Phone: 443 610 7514 Fax: _____
 Email: Michelle@appliedandapproved.com

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: _____

Contractor Company: Tech Air
 Contact Person: Jeff Kenny
 Address: 1560 A-D Caton Center Dr
 City: Baltimore State: MD Zip Code: 21227
 License No.: 08164 exp 10-25-15
 Phone: 443 545 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	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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:	
<u>Roadside Tree Project Permit #</u>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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 checked="" 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: Michelle Hegel Print Name: Michelle Hegel
 Email Address: Michelle@appliedandapproved.com Date: 11/7/14
 Title/Company: Permitto

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)		
Health	<u>12/4/14</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>4059</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.

*Propane
kiosk
tank*

*Plan approved for
B14004090 (underground
propane tank) - H.O.
12/14/14*

PRIVATELY OWNED
EASEMENT HOLDERS: H.O.A. & HO. CO., MD.
BUILDABLE
PRESERVATION
PARCEL 'J'

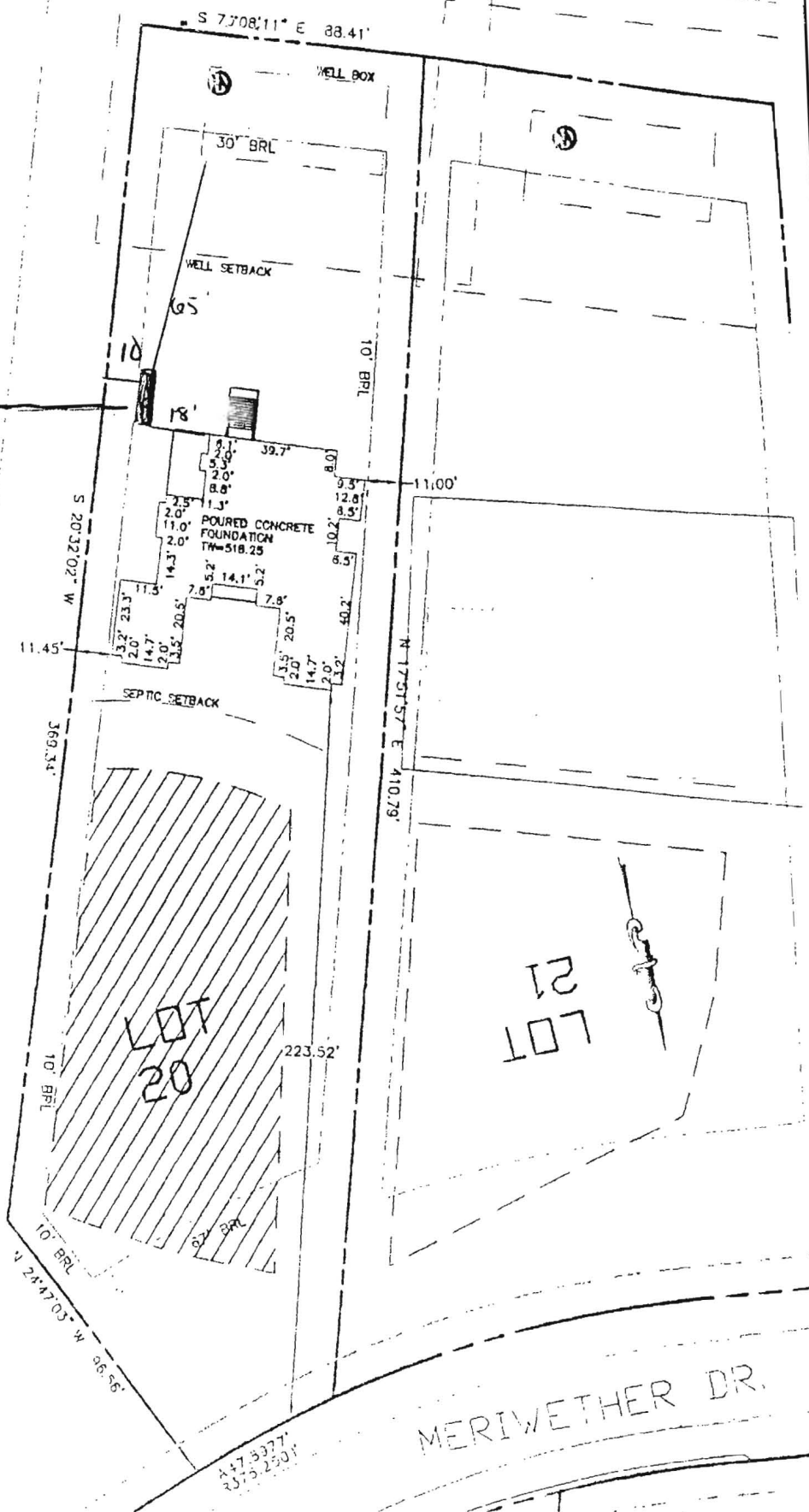
*Scale
1-50*

ADDRESS: 14881 MERIWETHER DRIVE,
GLENELG, MD 21737
WELL #: HO-95-2071



= SEPTIC AREA

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



SURVEYOR'S CERTIFICATE

THIS PLAN WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT SITE REPORT, OR SURVEY OF THE LOT TO VERIFY ALL EASEMENTS, RIGHT-OF-WAYS, COVENANTS, AND RESTRICTIONS. IT IS NOTED THAT THE WELL IS WITHIN 2' OF THE BOUNDARY. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER EASEMENTS OR RESTRICTIONS. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER EASEMENTS OR RESTRICTIONS.

WELL CHECK
LOT #20

MERIWETHER FARMS



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: 10-31-13

Permit No.: 13/3004093

Building Address: 14881 Meriwether Dr
 City: Glenely State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 20
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: TOLL MD INC LP
 Address: 7164 Columbia Gateway Dr
 City: Columbia State: MD Zip Code: 21046
 Phone: 410-489-7408 Fax: 410-489-2676
 Email: _____

Existing Use: Vacant Lot
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 350,000
 Description of Work: McCallan Carolina

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Keith Monath
 Address: 14881 Meriwether Dr
 City: Glenely State: MD Zip Code: 21737
 Phone: 443-500-0606 Fax: 410-489-2676
 Email: Kmonath@tollbrothersinc.com

Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: Keith Monath
 Address: 14881 Meriwether Dr
 City: Glenely State: MD Zip Code: 21737
 Phone: 443-500-0606 Fax: 410-489-2676
 Email: Kmonath@tollbrothersinc.com

Contractor Company: Toll Brothers Inc
 Contact Person: Keith Monath
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 5050
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 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: <u>73'</u>	<u>70'</u>
Area of construction (sq. ft.):	2 nd floor: <u>50'5"</u>	<u>60'6"</u>
Use group:	Basement: <u>49'5"</u>	<u>62'6"</u>
	<input type="checkbox"/> Finished Basement	
	<input checked="" 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: <u>5</u>	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input 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 type="checkbox"/> No	
Grading Permit Number: <u>G12000002</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: [Signature]
 Email Address: Kmonath@tollbrothersinc.com
 Title/Company: CM / Toll Brothers Inc

Print Name: Keith Monath
 Date: 10/31/13

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>11-2-13</u>	<u>Dana Bussard</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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>09324769</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: 5/16/14

Permit No.: B14001649

Health

Building Address: 14881 Meriwether Drive
 City: Glenside State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meriwether Farms
 Section: _____ Area: _____ Lot: 20
 Tax Map: _____ Parcel: _____ Grid: _____
 Planning: _____ Map Coordinates: _____ Lot Size: _____
 Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 1000 gal 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 MD VIII 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: Jeremy Clancy
 Address: PO Box 1253
 City: Sylkesville State: MD Zip Code: 21784
 Phone: 4133401229 Fax: _____
 Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas
 Contact Person: William Gierwig
 Address: 7201 Montevideo Rd
 City: Jessup State: MD Zip Code: 20794
 License No.: 67793
 Phone: 4107991114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 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:	
Use group:	<input type="checkbox"/> Finished Basement	
	<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:	

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Applicant's Signature: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com
 Title/Company: Permitto

Print Name: Jeremy Clancy
 Date: 5/16/14

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		

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>110</u>
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>3656</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: 5/16/14
Permit No.: B14001649

Building Address: 14881 Meriwether Drive
 City: Glen Elg State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meriwether Farms
 Section: _____ Area: _____ Lot: 20
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 100gal 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 MD Vill Limited
 Address: 7104 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: Valley National Gas
 Contact Person: William Avering
 Address: 7201 Montebedo Rd
 City: Essex State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410 7991114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 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:	<u>Depth</u>	<u>Width</u>
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	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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	
<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 checked="" 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: 5/16/14
 Title/Company: Permitto

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		

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>3656</u>

Oswald, Hank

B14001649

From: Oswald, Hank
Sent: Tuesday, August 05, 2014 10:58 AM
To: 'JEREMY@APPLIEDANDAPPROVED.COM'
Subject: FW: B14001649
Attachments: B14001649.pdf

14881 Meriwether Drive

Mr. Clancy:

Did you receive the attached letter regarding B14001649 (14881 Meriwether Drive)? All I need is the revised site plan to scale showing the components described in the letter. Please contact me with any questions.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045
410-313-1786
410-313-2648 (Fax)

From: Oswald, Hank
Sent: Monday, June 16, 2014 10:49 AM
To: 'JEREMY@APPLIEDANDAPPROVED.COM'
Subject: B14001649

Mr. Clancy:

Please see attached letter for comments regarding B14001649. Please contact me with any questions.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045
410-313-1786
410-313-2648 (Fax)



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

June 16, 2014

Jeremy Clancy
Applied & Approved Permits
P.O. Box 1253
Sykesville, MD 21784

Sent via email to: JEREMY@APPLIEDANDAPPROVED.COM

**RE: B14001649
14881 Meriwether Drive
Glenelg, MD 21737**

Mr. Clancy:

This letter is in response to building permit B14001649. The application describes the installation of a 1000 gallon propane tank. The plan shows the tank located 5 feet from the property line and 10 feet from of the septic easement. The setback requirement for a septic tank to a propane tank is 5 feet. Please revise your plan to show that the propane tank meets the required setback to the approved septic tank location.

Building permit approval is being withheld until a revised plan showing required setbacks is forwarded to the Health Department. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2071) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

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

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MERIWETHER FARMS, PLAT No. 21769, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SWM FOR THIS LOT IS MANAGED PER PLAN F-09-044

E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

ADDRESS: MERIWETHER DRIVE
GLENELG, MD 21737

TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PROVIDED TO ESE BY FISHER, COLLINS & CARTER, INC.

INV. @ HOUSE	505.2
GROUND @ INV. @ HOUSE	513.0
INV. IN TANK	505.7
INV. OUT TANK	505.4
TOP OF TANK	506.4
GROUND OVER TANK	509.4
INV. IN DIST. BOX	505.3
INV. OUT DIST. BOX	505.3
GROUND @ BOX	508.4

TYPE: HAMPTON ^{McCallan} (STAN)	
DAY LIGHT BASEMENT	OPTION No. 018
BAY WINDOWS	OPTION No. 156
ADD'L 1' TO HEIGHT OF BASEMENT	OPTION No. 070
7½" MAXIMUM RISE STAIRS ILO STANDARD	OPTION No. 90020193
STONE TO GRADE ON SIDES OF HOME	OPTION No. 90039002

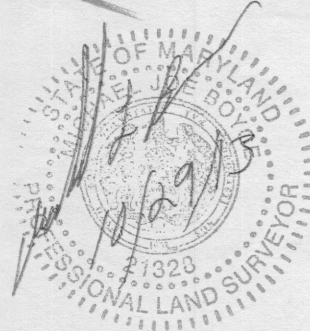
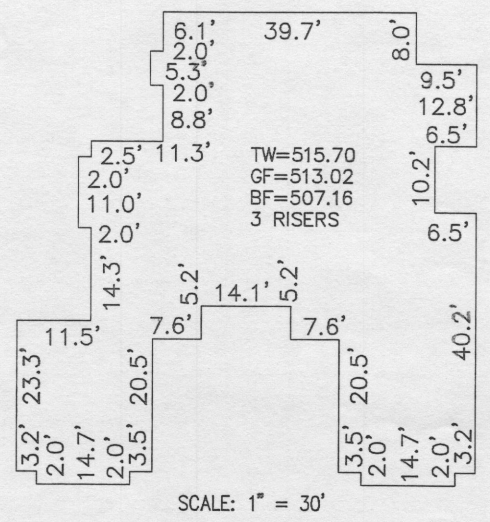
APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____

Approved Septic System Plan
Howard County Health Department

Dana Bernard 11-21-13
Signature Date

B13004093



SEPTIC AREA

PLOT PLAN
LOT #20
MERIWETHER FARMS
LIBER 12124, FOLIO 120
PLAT No. 21769, ET SEQ.
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: 10/28/13 SCALE: 1"=40' FILE: LOT_20_PP
CHK'D: MJB JOB#: 3184 DRAWN: JLN