



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: 1-20-15

Permit No.: B15000197

Building Address: 14553 Edgewood Park Lane
 City: Columbia State: MD Zip Code: 21037
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Park
 Section: _____ Area: _____ Lot: 37
 Tax Map: 21 Parcel: 90 Grid: 22
 Zoning: _____ Map Coordinates: _____ Lot Size: 40,428

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 5000
 Description of Work:
Install 11000 gallon propane tank
propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: OWNER
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Ted and V Limited Partnership
 Address: 71041 Columbia Gateway Dr
 City: Columbia State: MD Zip Code: 21016
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jerome Clancy
 Address: Po Box 452
 City: Edgewater State: MD Zip Code: 21037
 Phone: 410-515-4393 Fax: _____
 Email: jerome@appliedinspections.com

Contractor Company: TECU Air
 Contact Person: Scott Gordon
 Address: 1560 A.C. Collins Center Dr
 City: Beltsville State: MD Zip Code: 20757
 License No.: CB1601
 Phone: 410-515-4393 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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: _____	

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: jerome@appliedinspections.com
 Title/Company: Permit

Print Name: Jerome Clancy
 Date: 1/20/15

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>2/6/15</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	\$ <u>110</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4106</u>

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

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

Date: 2/3/15
To: Hank Oswald / Health
(Person's Name and Division)
From: Jeremy Clancy (443) 340-1229
(Your Name, Company Name and Telephone Number)
Subject: Project name Edgewoods way propane tank
Project site address 14553 Edgewoods way
Permit # B15000197 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes Revise tank location per comments
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Jeremy Clancy
Please Print Name Telephone No: 443-340-1229
E-Mail Address: Jeremy@AppliedandApproved.com

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 AKH

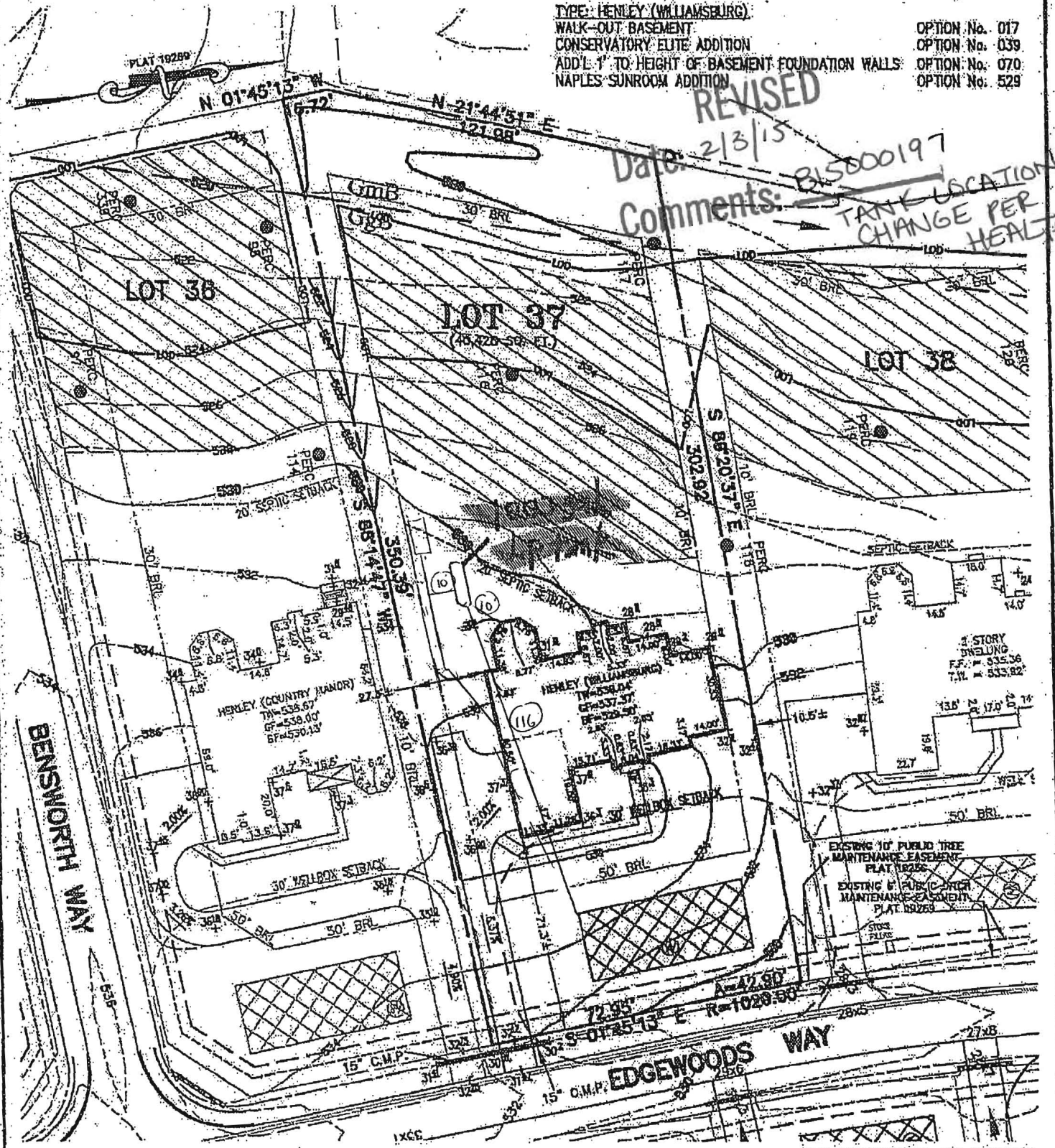
PER HEALTH

AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21245, EXPIRATION DATE 1/27/15.

TYPE: HENLEY (WILLIAMSBURG)
 WALK-OUT BASEMENT
 CONSERVATORY ELITE ADDITION
 ADD'L 1' TO HEIGHT OF BASEMENT FOUNDATION WALLS
 NAPLES SUNROOM ADDITION

OPTION No. 017
 OPTION No. 039
 OPTION No. 070
 OPTION No. 529

REVISED
 Date: 2/3/15
 Comments: B15000197
 TANK LOCATION CHANGE PER HEALTH



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

WELL TAG NUMBER: HO-95-0554

ADDRESS: 14553 EDGEWOODS WAY
 GLENELG, MD 21757

LEGEND:

- PERC. TEST LOCATION
 - ⊙ WELL LOCATION
 - LOD- LIMITS OF DISTURBANCE
 - - - SOIL TYPE LINE
 - GgB GLENELG LOAM, 3 TO 8 PERCENT SLOPES
 - GmB GLENVILLE SILT LOAM, 8 TO 15 PERCENT SLOPES
 - TW TOP OF WALL
 - GF GARAGE FLOOR
 - BF BASEMENT FLOOR
 - BRL BUILDING RESTRICTION LINE
- 2/6/15 3.c. plan approved for B15000197 (underground propane tank) - 4.0'*

PLOT PLAN
 LOT 37
EDGEWOOD FARM
 LIBER 10677, FOLIO 461
 PLAT NO. 19269
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 4101 Ritchie Marlboro Rd.
 Upper Marlboro, MD 20772
 Tel: 301-627-8504
 Fax: 301-627-7985

DATE: 08/26/14
 CHK'D: G.V.S.

SCALE: 1"=50'
 JOB NO: 1498

FILE: PP LOT 37
 DRAWN: R.C.K.

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, January 28, 2015 10:33 AM
To: JEREMY@APPLIEDANDAPPROVED.COM
Subject: B15000197
Attachments: Edgewood Farm Lot 37.pdf

Jeremy:

The proposed In-ground Tank location intersects the septic line on the approved BAT plan. The tank will need to be relocated at least 5 feet away from septic line. (See attached BAT plan.) Please revise the plan and show septic components.

In the future, please acquire the septic information ahead of time (i.e. As Built Drawing or approved BAT Plan) through our PIA Request process to assist you with the site plan drawings. This will help ensure the well and septic setback requirements are readily being met.

Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786

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