

G12000002

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

*B12003044*

Building Address: 14850 Maciweather Dr  
Glenn, MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 38

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant lot

Proposed Use: Single Family Dwelling

Estimated Construction Cost: \$ 350,000

Description of Work: Hopewell Provincial  
Expanded Family Room

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 VII LP

Address: 7164 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21046

Home Phone: 410-489-7407 Work Phone: 301-252-4412

Applicant's Name & Mailing Address, (if other than stated herein):  
Keith Monath  
14116 Patterson Farm Ct

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: Kmonath@tollbrothersinc.com

Contractor Company: Toll Brothers Inc.

Contact Person: Keith Monath

Address: 14116 Patterson Farm Ct

City: Glenn State: MD Zip Code: 21737

License No.: 5050

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>54'</u> <u>58'8"</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>54'</u> <u>58'8"</u>	<u>Sewage Disposal</u>
Basement: <u>54'</u> <u>58'8"</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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.

Keith Monath  
 Applicant's Signature  
 Print Name

Kmonath@tollbrothersinc.com  
 Email Address

9/10/12  
 Date

C.M. Toll Brothers Inc.  
 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		
Fire Protection		
Do you need control approval required for issuance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINUING CONSTRUCTION START		
ON SITE SHOP		

*11/20/2012 [Signature]*

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

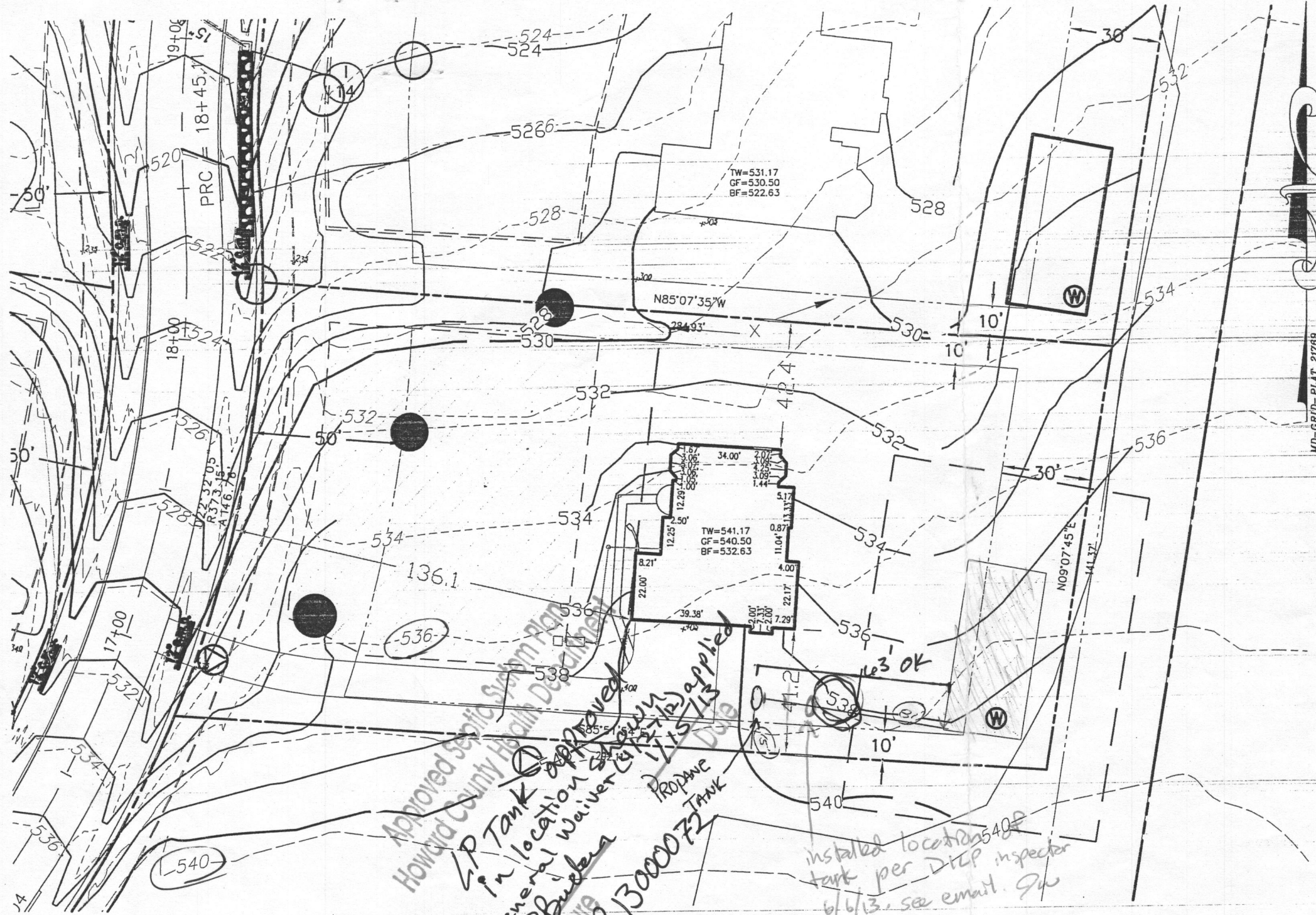
Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>100</u>
Permit Fee	\$ <u>50</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check



THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2115 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 SEWER 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: 14850 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	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.3
INV. OUT DIST. BOX	533.0
GROUND @ BOX	537.0

BASEMENT DOES NOT GRAVITY SEWER

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

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

- TYPE: HOPEWELL (PRO)-
- EXPANDED BASEMENT
- EXPANDED FAMILY ROOM/GREAT ROOM
- PALLADIAN KITCHEN
- ADD'L 1' TO HEIGHT OF BASEMENT
- GREENHOUSE WITH PATIO DOOR

- OPTION No. 046
- OPTION No. 023
- OPTION No. 532
- OPTION No. 070
- OPTION No. 533



PLOT PLAN  
LOT #38  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 120  
PLAT No. 21769, ET SEQ.  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

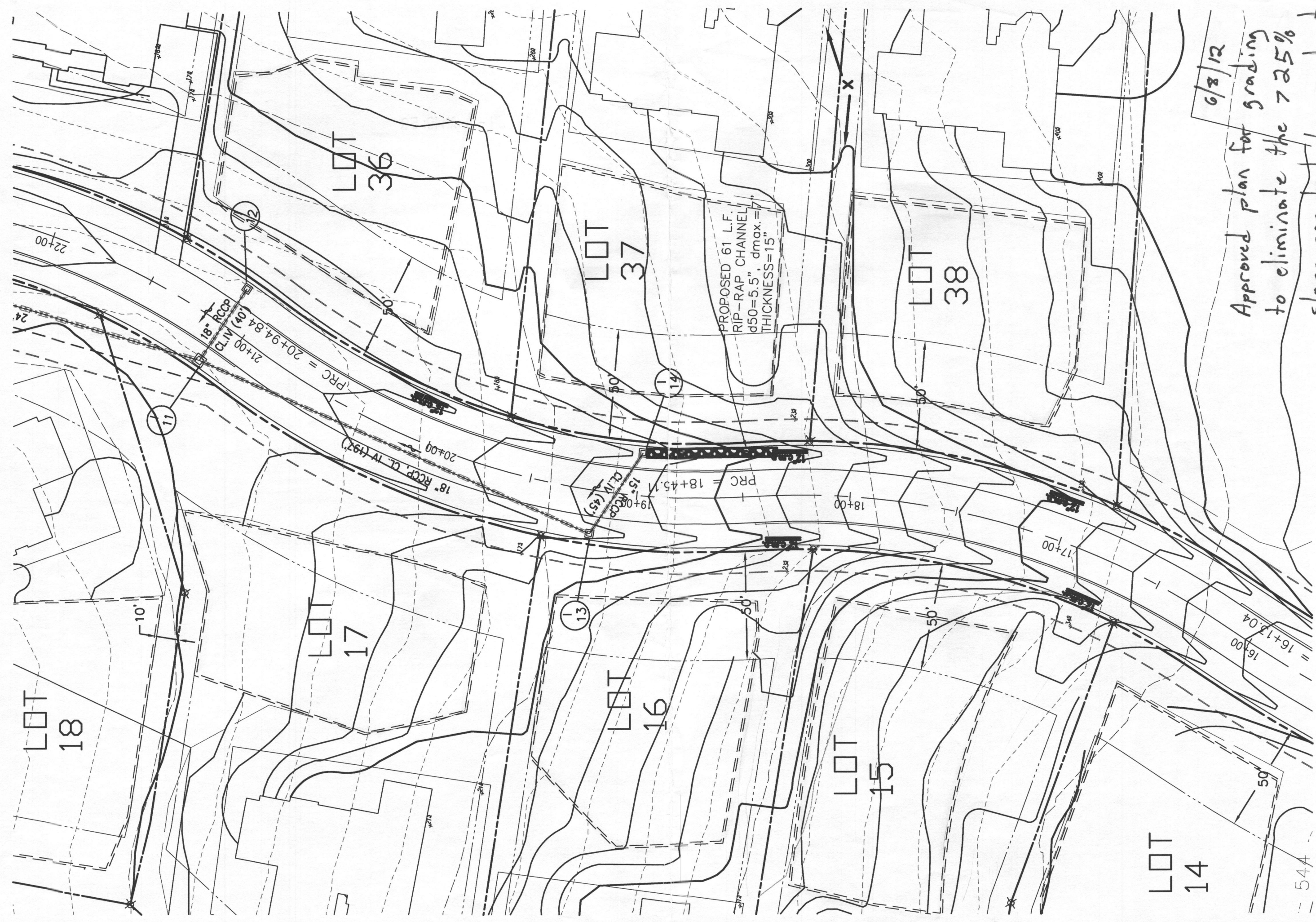
**Land Planning  
Engineering  
Land Surveying**

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

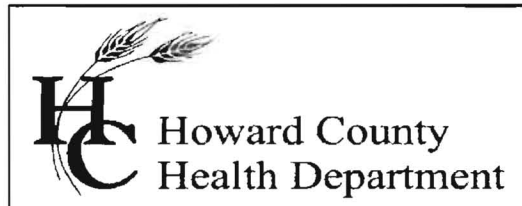
DATE: 07/27/12      SCALE: 1"=40'      FILE: LOT 38 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: MJB

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. 21245, EXPIRATION DATE 1/27/13.

Murphy Farms  
1-3-90



6/8/12  
Approved plan for grading  
to eliminate the 7.25%  
slope created by roadcut.  
M. Davis



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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June 11, 2013

TO: Jeremy Clancy, Applicant  
[Jeremy@appliedandapproved.com](mailto:Jeremy@appliedandapproved.com)

FROM: Robert C. Bricker, REHS/R.S.  
Bureau of Environmental Health  
Well and Septic Program

RE: B13000072, underground LP tank at 14850 Meriwether Drive, Glenelg, MD  
21737

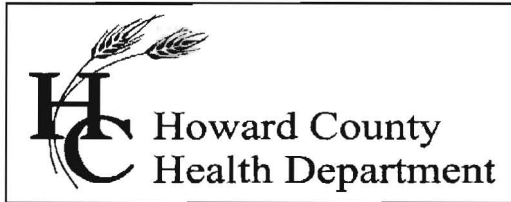
The underground 1000-gallon LP tank has been installed in a location not approved by the Health Department. A Revised Plot Plan must be submitted that accurately shows the location of the LP tank, AND shows the orientation of the long axis of the tank as it was installed.

Please be advised that the Health Department will not issue an Interim Certificate of Potability, thereby withholding Use and Occupancy, until such time that this issue is resolved.

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Permit Plan to Howard County Department of Inspections, Licenses and Permits (DILP).** The plan must be posted in DILP's permitting software for the Health Department to approve the application.

Should you have any questions concerning this matter, you may contact me by calling 410-313-2691.

Copy: Tom Huskins, Howard County DILP  
Jeffery Williams, Supervisor, Well and Septic Program  
file



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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June 12, 2013

TO: Jeremy Clancy, Applicant  
[Jeremy@appliedandapproved.com](mailto:Jeremy@appliedandapproved.com)

FROM: Robert C. Bricker, REHS/R.S.  
Bureau of Environmental Health  
Well and Septic Program

RE: B13000072, revised Plot Plan for underground LP tank at 14850 Meriwether Drive, Glenelg, MD 21737

The Revised Plot Plan and statement submitted with the plan on June 12 do not accurately represent the location of the LP tank. Another revision will have to be submitted. The Plot Plan must accurately represent the location of the LP tank, AND the orientation of the long axis of the tank as it was installed.

The access port for the tank is 70 feet from the well, and 16 feet from the residence foundation wall. The tank is 16 feet long, so your Plot Plan also must accurately represent the full length of the tank end-to-end.

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Permit Plan to Howard County Department of Inspections, Licenses and Permits (DILP).** The plan must be posted in DILP's permitting software for the Health Department to approve the application.

Should you have any questions concerning this matter, you may contact me by calling 410-313-2691.

Copy: Tom Huskins, Howard County DILP  
Jeffery Williams, Supervisor, Well and Septic Program  
file

Name: J. Clancy  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date: \_\_\_\_\_

Amendment, Permit # B13000072

Ms. Debbie Whalen  
Division of Plan Review  
Department of Inspections, Licenses and Permits  
Howard County Government  
3430 Court House Dr  
Ellicott City, MD 21043

RECEIVED  
JUN 11 2014  
LICENSES & PERMITS  
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B13000072 at \_\_\_\_\_ to \_\_\_\_\_

Distance shown on site plan between well box and prop. propane tank was incorrect, showed 81' but should be 68'.

Enclosed:

Fee: \$2500  
 Plot Plans \$2500  
 Sets of Construction Drawings  
 Other: \_\_\_\_\_

Check # 3494  
invoice # 321314

If there is anything we can do to assist you, please let me know.

Sincerely, CC: DPZ  
DED  
Heathen

Name: Jeremy Clancy  
Title: Permits  
Phone: 443-340-1229  
Email: JEREMY@AppliedAndApproved.com



# 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: 12/21/12

Permit No.: B13000072

Building Address: 14850 Merweather Dr  
 City: Greenbelt State: MD Zip Code: 21737  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: MERWEATHER FARM  
 Section: \_\_\_\_\_ Area: 2 Lot: 38  
 Tax Map: 21 Parcel: 28 Grid: 16  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40,494

Existing Use: SFD  
 Proposed Use: SFD w/ Propane Tank  
 Estimated Construction Cost: \$ 8000  
 Description of Work: Install 1000 gal 10-gallon propane tank

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: Owner  
 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:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
Area of construction (sq. ft.):	2 <sup>nd</sup> floor:	
Use group:	Basement:	
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms:	
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Multi-family Dwelling	
	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:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Toll MD VET Limited  
 Applicant's Name: Jeremy Clancy  
 Address: 7164 Columbia Gateway Dr Ste 230  
 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: Eldersburg State: MD Zip Code: 21784  
 Phone: 443-340-1227 Fax: \_\_\_\_\_  
 Email: JEREMY@AppliedAndApproved.com

Contractor Company: Valley Natural Gas  
 Contact Person: William Greenig  
 Address: 7201 Montevideo Rd  
 City: Yessie State: MD Zip Code: 20794  
 License No.: 67793  
 Phone: 410-799-1114 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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: Jeremy Clancy  
 Print Name: Jeremy Clancy  
 Email Address: Jeremy@AppliedAndApproved.com  
 Title/Company: Permits

Date: 12/21/12  
**RECEIVED**  
 DEC 21 2012  
 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>1/15/13</u>	<u>R. Buckner</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 #	

110

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

Date: 6/14/13  
To: Robert Bricker Health Department  
(Person's Name and Division)  
From: Jeremy Clancy (443) 340 1229  
(Your Name, Company Name and Telephone Number)  
Subject: Project name \_\_\_\_\_  
Project site address 14850 Meriwether Dr.  
Permit Number 613000072 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

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

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for \_\_\_\_\_ (be specific).
- Copies of \_\_\_\_\_ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other Health department revision per comments

**RECEIVED**  
JUN 14 2013  
LICENSES & PERMITS  
DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

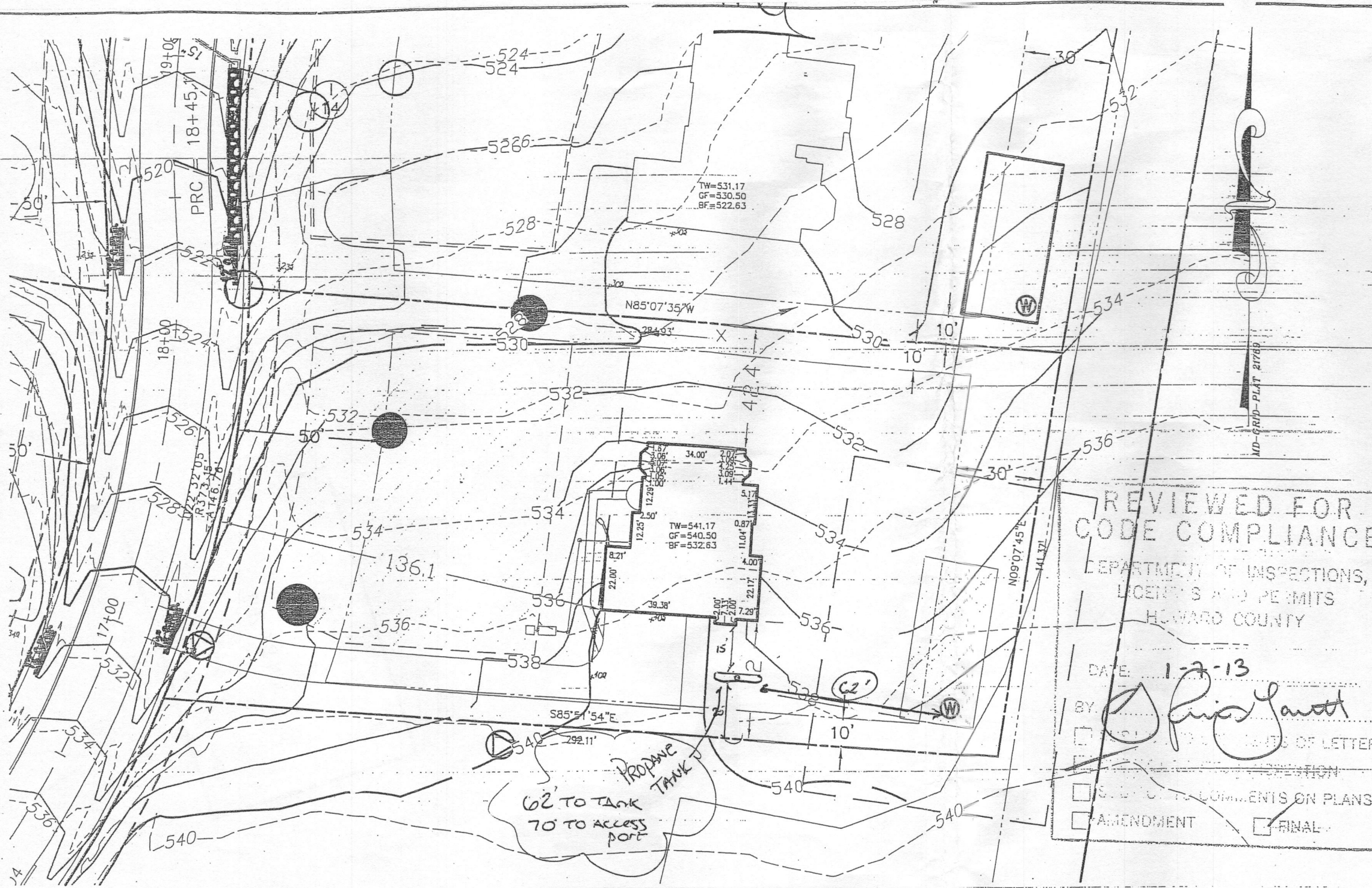
If so, please list that person's name and telephone number below:

Jeremy Clancy (443) 340 1229  
(Person's name) (Telephone number)

**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 Ch

white: Plan Review Division  
yellow: Applicant  
pink: Permit Division



THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2115 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC., PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

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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: 14850 MERIWETHER DRIVE  
GLENELG, MD, 21737

REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 1-7-13  
BY: *[Signature]*  
 COMMENTS ON PLANS  
 AMENDMENT  
 FINAL

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

INV. @ HOUSE	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.3
INV. OUT DIST. BOX	533.0
GROUND @ BOX	537.0

BASEMENT DOES NOT GRAVITY SEWER

APPLICANT'S COPY

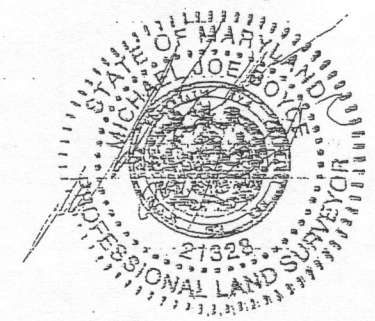
B13000072

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

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

TYPE: HOPEWELL (PRO)-  
EXPANDED BASEMENT  
EXPANDED FAMILY ROOM/GREAT ROOM  
PALLADIAN KITCHEN  
ADD'L 1' TO HEIGHT OF BASEMENT  
GREENHOUSE WITH PATIO DOOR

OPTION No. 046  
OPTION No. 023  
OPTION No. 532  
OPTION No. 070  
OPTION No. 533



PLOT PLAN  
LOT #38  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 120  
PLAT No. 21769, ET SEQ.  
FOURTH ELECTION DISTRICT,  
HOWARD COUNTY, MARYLAND

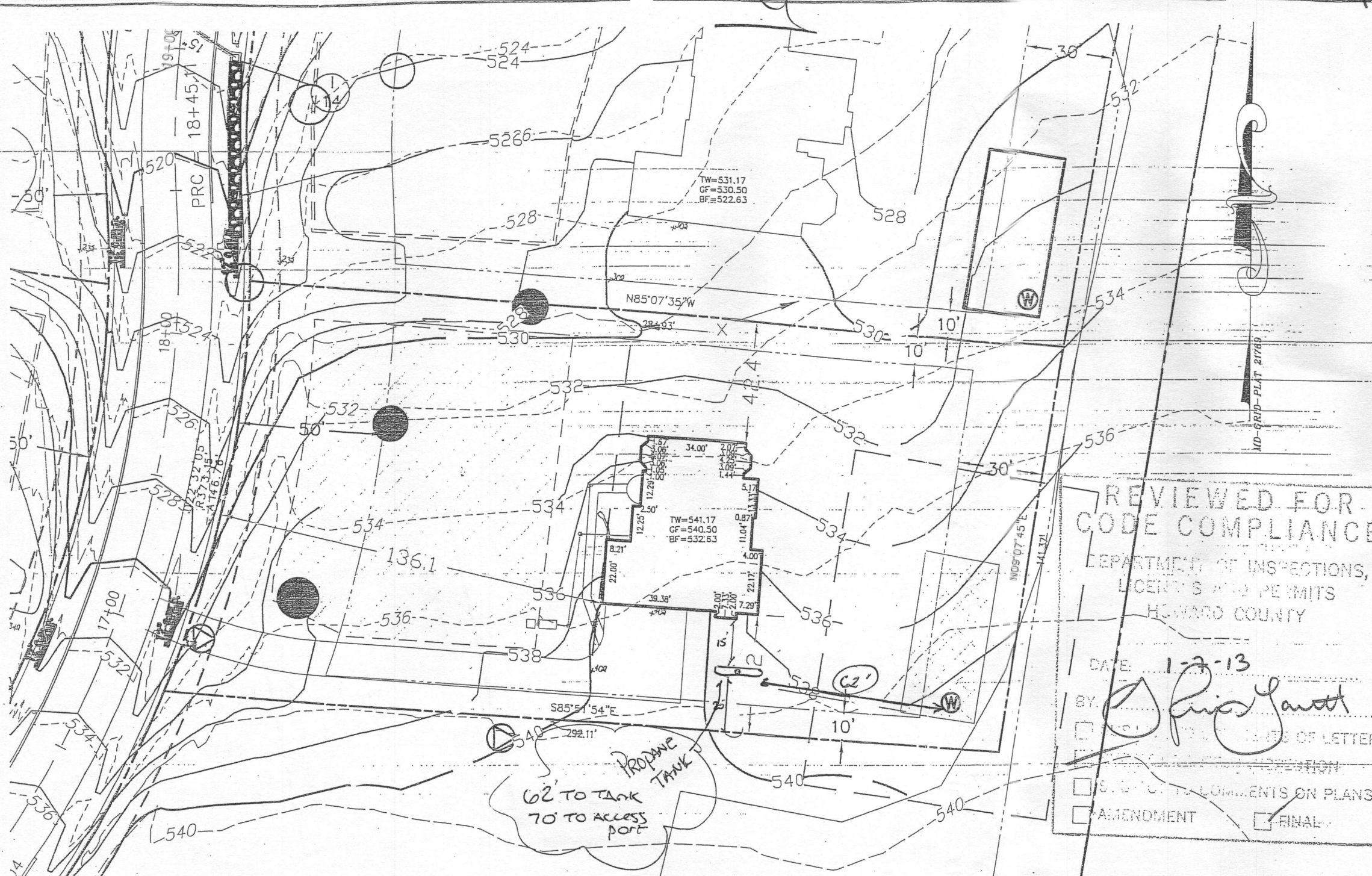
**ESE** Land Planning  
Engineering  
Land Surveying

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

DATE: 07/27/12 SCALE: 1"=40' FILE: LOT 38 PP  
CHK'D: MJB JOB#: 3184 DRAWN: MJB

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. 21245, EXPIRATION DATE 1/27/13.

Health Dep. Copy



THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2115 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

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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: 14850 MERIWETHER DRIVE  
GLENELG, MD, 21737

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REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 1-7-13  
BY: *[Signature]*  
 FOR INFORMATION ONLY  
 FOR APPROVAL  
 FOR COMMENTS ON PLANS  
 AMENDMENT  
 FINAL

INV. @ HOUSE	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.3
INV. OUT DIST. BOX	533.0
GROUND @ BOX	537.0

REVISED

Comments:

BASEMENT DOES NOT GRAVITY SEWER

APPLICANT'S COPY

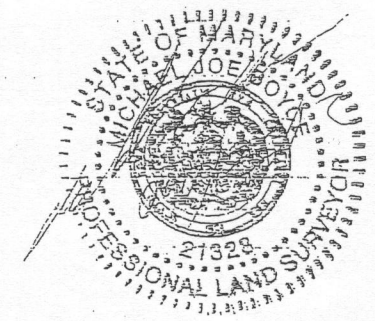
B13000072

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

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

TYPE: HOPEWELL (PRO)-  
EXPANDED BASEMENT  
EXPANDED FAMILY ROOM/GREAT ROOM  
PALLADIAN KITCHEN  
ADD'L 1' TO HEIGHT OF BASEMENT  
GREENHOUSE WITH PATIO DOOR

OPTION No. 046  
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OPTION No. 532  
OPTION No. 070  
OPTION No. 533



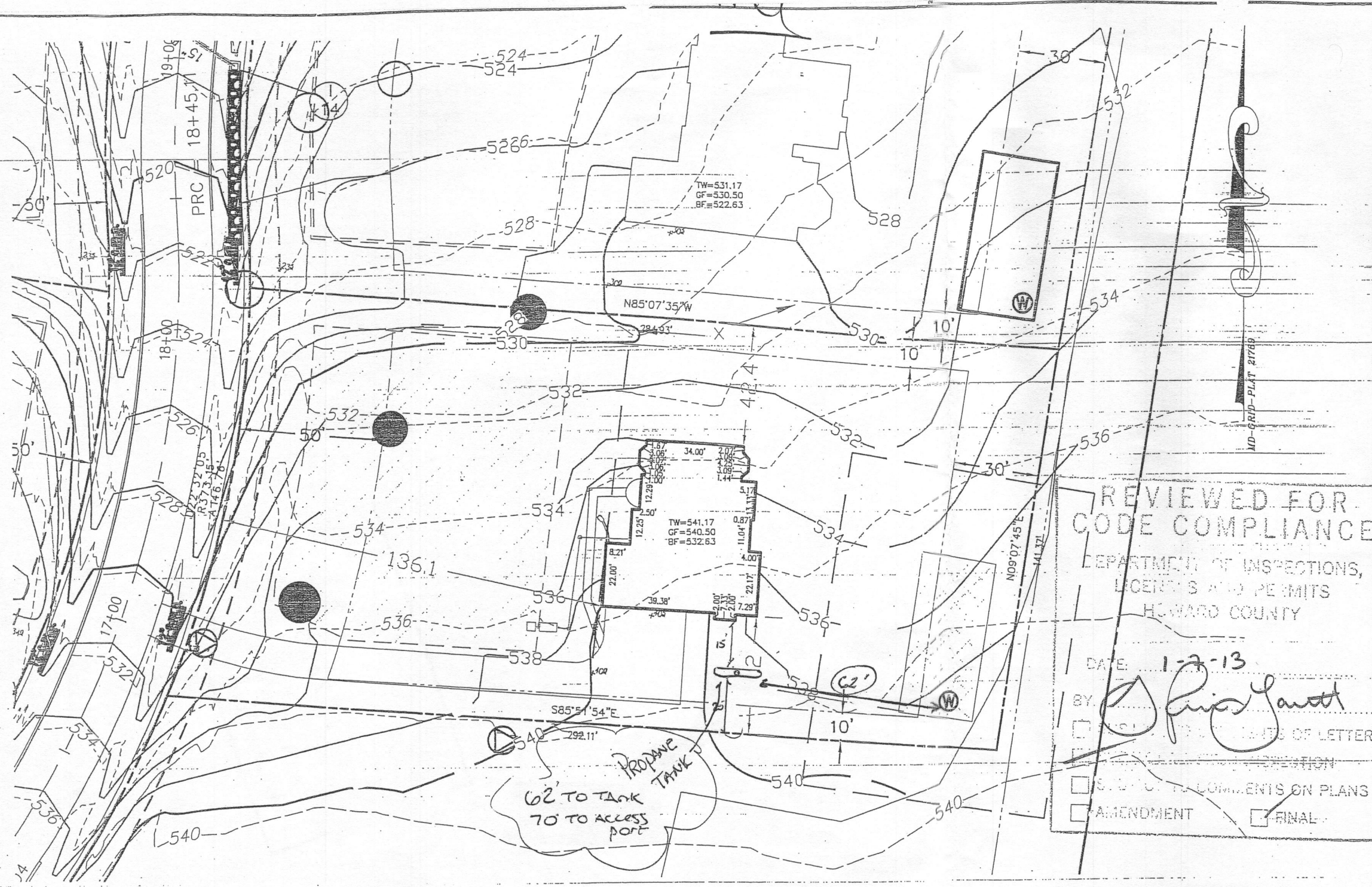
PLOT PLAN  
LOT #38  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 120  
PLAT No. 21769, ET SEQ.  
FOURTH ELECTION DISTRICT,  
HOWARD COUNTY, MARYLAND

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Columbia, MD 21046  
TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 07/27/12 SCALE: 1"=40' FILE: LOT 38 PP  
CHK'D: MJB JOB#: 3184 DRAWN: MJB

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E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

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GLENELG, MD, 21737

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REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 1-7-13

BY: *[Signature]*

COMMENTS ON LETTER  
 COMMENTS ON PLANS  
 AMENDMENT  
 FINAL

INV. @ HOUSE	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.8
INV. OUT DIST. BOX	533.0
GROUND @ BOX	537.0

BASEMENT DOES NOT GRAVITY SEWER

APPLICANT'S COPY

B13000072

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

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

- TYPE: HOPEWELL (PRO)-
- EXPANDED BASEMENT
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- GREENHOUSE WITH PATIO DOOR

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- OPTION No. 532
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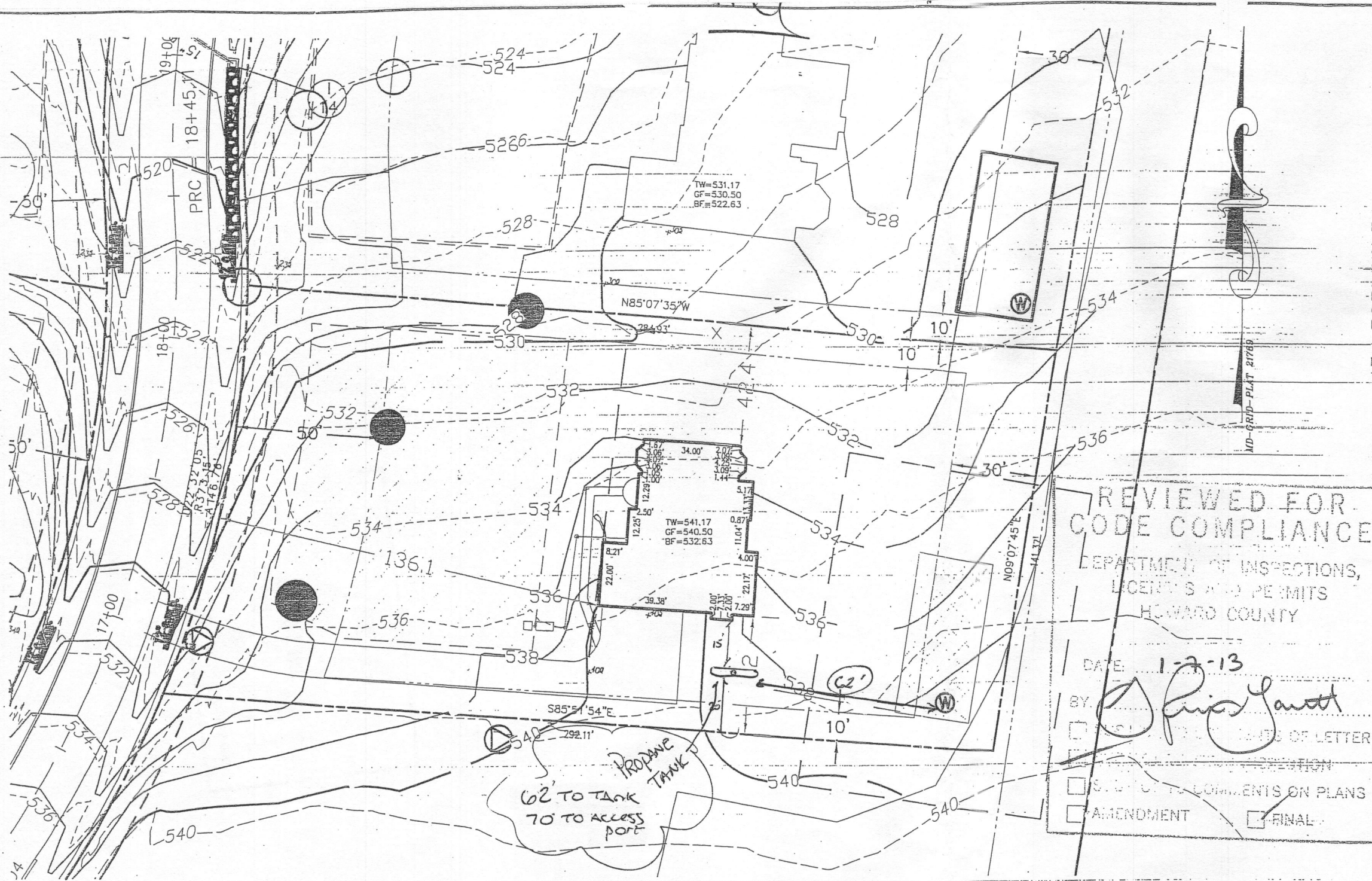
PLOT PLAN  
LOT #38  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 120  
PLAT No. 21769, ET SEQ.  
FOURTH ELECTION DISTRICT.  
HOWARD COUNTY, MARYLAND

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TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 07/27/12      SCALE: 1"=40'      FILE: LOT 38 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: MJB

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REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 1-2-13  
BY: *Chris Jant*  
 COMMENTS ON PLANS  
 AMENDMENT  
 FINAL

INV. @ HOUSE	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.3
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BASEMENT DOES NOT GRAVITY SEWER

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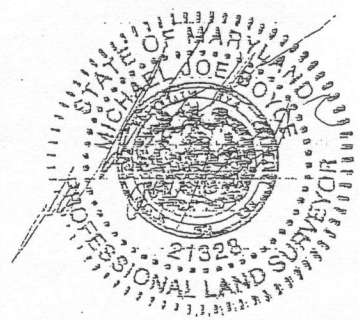
B13000072

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

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

- TYPE: HOPEWELL (PRO)-
- EXPANDED BASEMENT
  - EXPANDED FAMILY ROOM/GREAT ROOM
  - PALLADIAN KITCHEN
  - ADD'L 1' TO HEIGHT OF BASEMENT
  - GREENHOUSE WITH PATIO DOOR

- OPTION No. 046
- OPTION No. 023
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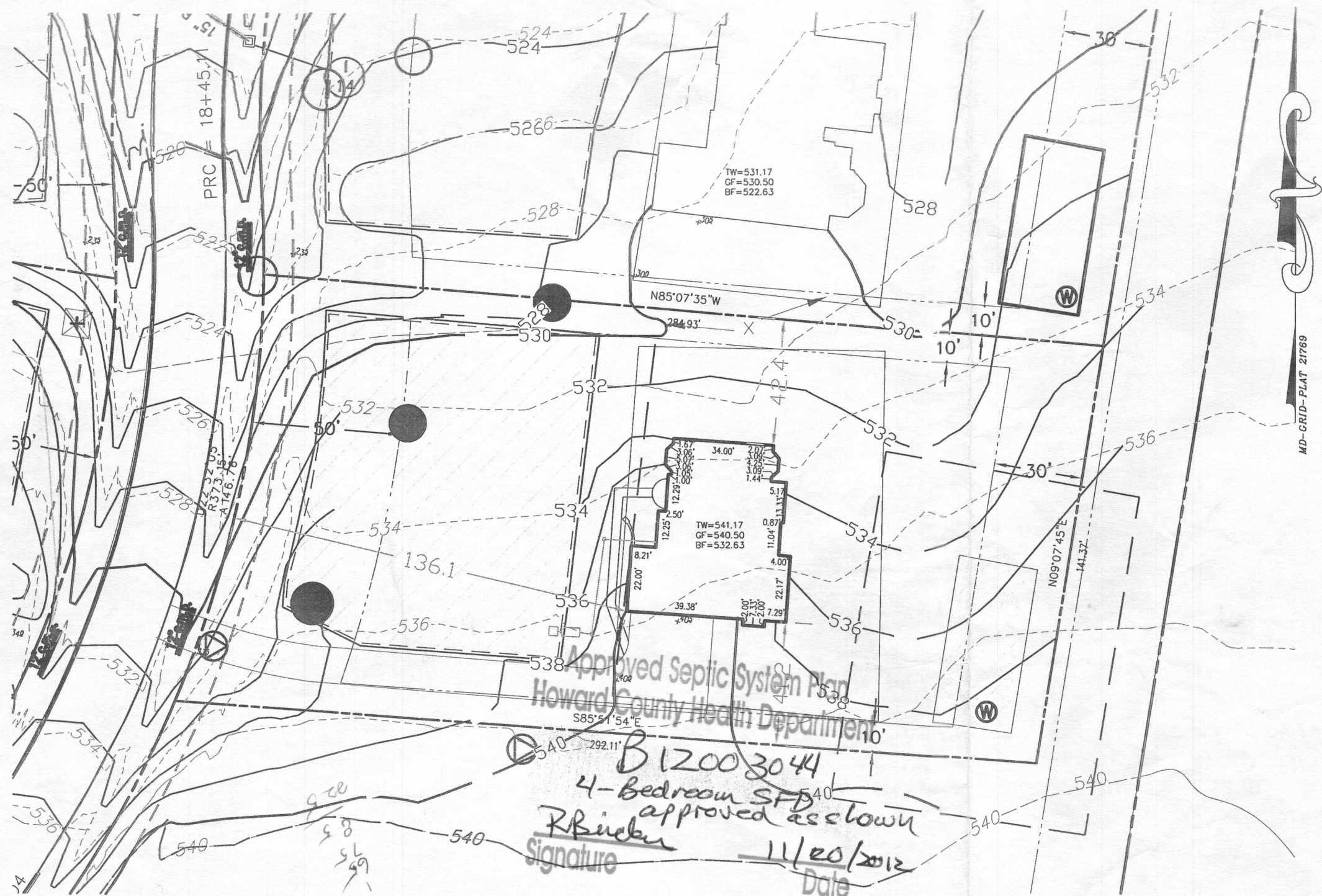
PLOT PLAN  
LOT #38  
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FOURTH ELECTION DISTRICT,  
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TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 07/27/12      SCALE: 1"=40'      FILE: LOT 38 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: MJB

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E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

ADDRESS: 14850 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	535.4
GROUND @ INV. @ HOUSE	537.0
INV. IN TANK	534.3
INV. OUT TANK	534.0
TOP OF TANK	435.0
GROUND OVER TANK	537.0
INV. IN DIST. BOX	533.3
INV. OUT DIST. BOX	533.0
GROUND @ BOX	537.0

BASEMENT DOES NOT GRAVITY SEWER

THE INITIAL SEPTIC SYSTEM DISTRIBUTION TRENCHES MUST BE INSTALLED IN THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

IF THE ELEVATION OF THE HOUSE SEWER IS DIFFERENT THAN THAT SHOWN ON THIS PLAN AT TIME THAT THE SEWER HOUSE CONNECTION (SHC) IS COMPLETED, THE ATTENDING ENVIRONMENTAL SANITARIAN MAY REQUIRE INSTALLATION OF A PUMP AND PUMP CHAMBER TO DELIVER SEPTIC TANK EFFLUENT TO THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

- TYPE: HOPEWELL (PRO)-
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  - EXPANDED FAMILY ROOM/GREAT ROOM
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  - ADD'L 1' TO HEIGHT OF BASEMENT
  - GREENHOUSE WITH PATIO DOOR
- OPTION No. 046
  - OPTION No. 023
  - OPTION No. 532
  - OPTION No. 070
  - OPTION No. 533



Approved Septic System Plan  
Howard County Health Department  
B12003044  
4-Bedroom SFD  
approved as shown  
R. Boyce  
Signature  
11/20/2012  
Date

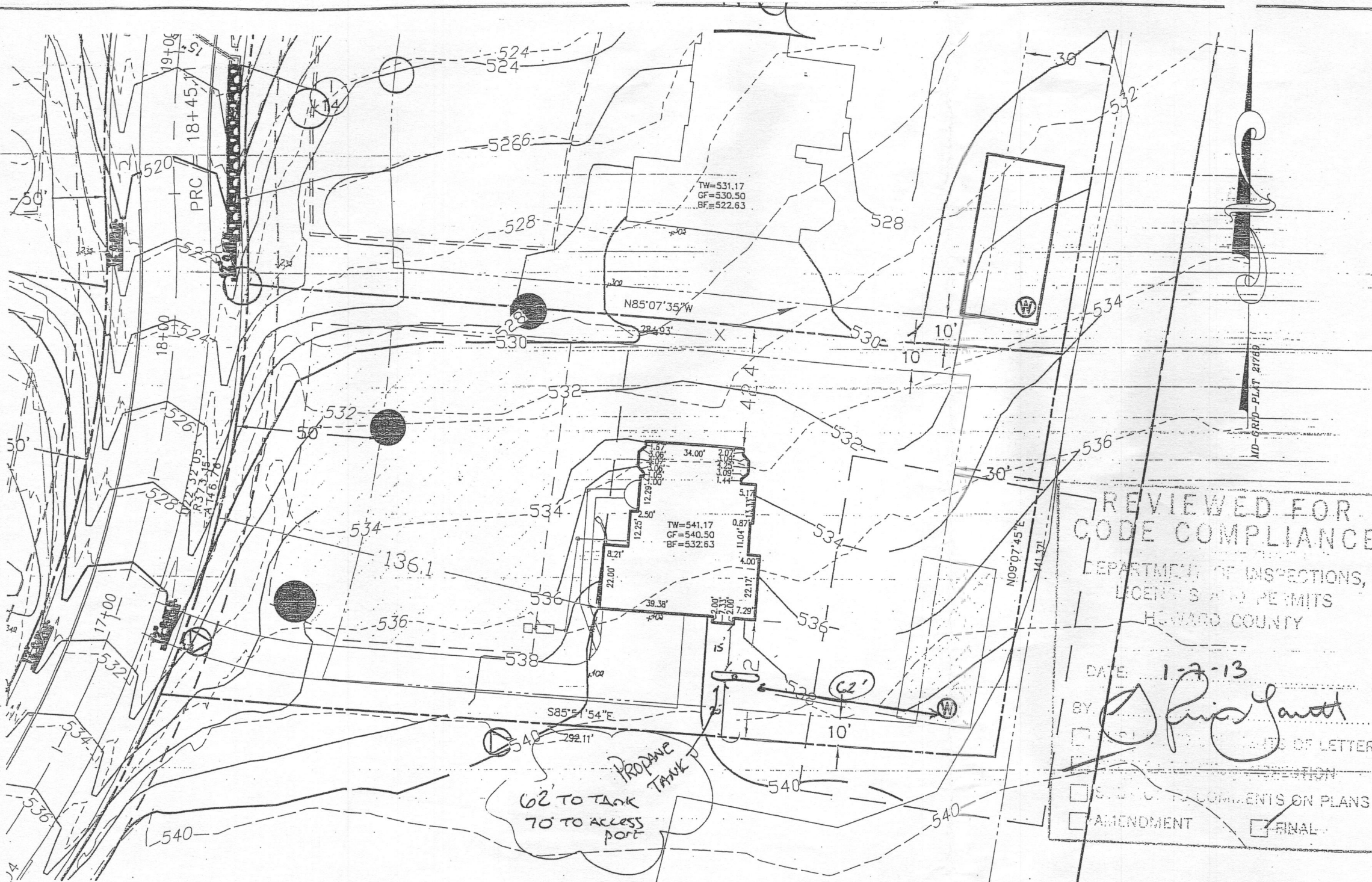
PLOT PLAN  
LOT #38  
**MERIWETHER FARMS**  
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FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

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TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 11/02/12      SCALE: 1"=40'      FILE: LOT 38 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: MJB

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REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 1-7-13  
BY: *[Signature]*  
 COPY OF LETTER  
 COMMENTS ON PLANS  
 AMENDMENT  
 FINAL

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- INV. OUT DIST. BOX 533.0
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REVISED  
Date:  
Comments:

BASEMENT DOES NOT GRAVITY SEWER

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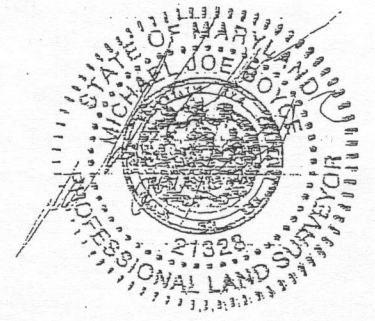
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LOT #38  
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