



# 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.: 015001174

Building Address: 12843 Amberwoods Way  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Amberwoods  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 8  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Property Owner's Name: Thomas Krzys  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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
<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	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

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>5/1/15</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

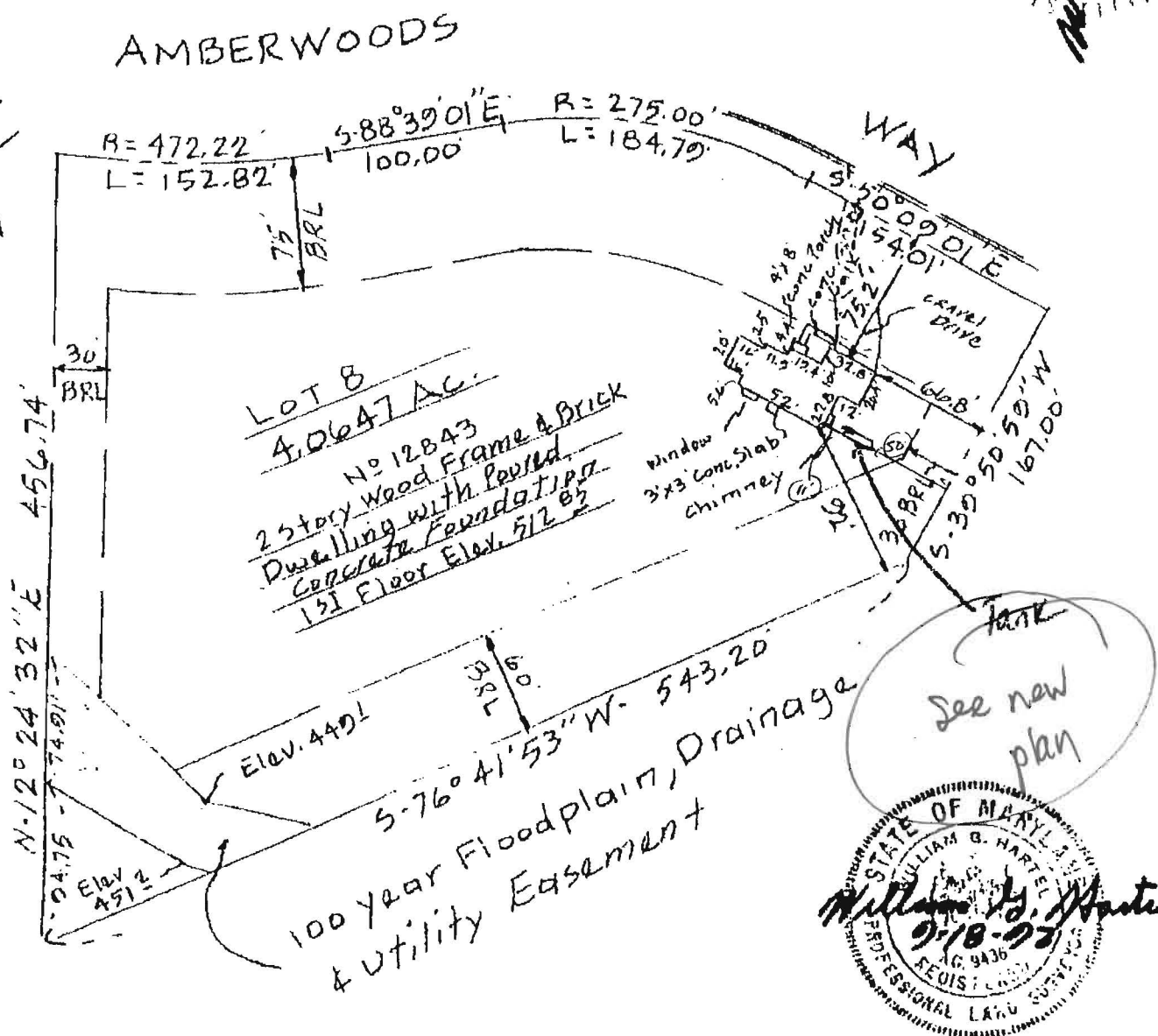
**DPZ SETBACK INFORMATION**

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

9-18-92  
 William G. Hartel



See new plan



Plat Reference: Amberwoods - Plat of Correction  
 Section One - Lots 1 through 42, recorded  
 in Platbook 9701

TITLE <b>LOCATION SURVEY</b>				
PROJECT <b>LOT 8 - AMBERWOODS - SECTION 1</b>				
LOCATION <b>3RD</b> ELECTION DISTRICT, <b>HOWARD</b> CO., MD.				
FIELD BOOK <b>120</b>	PAGE NO. <b>80</b>	DRAWN BY: <b>BH</b>	CHECKED BY <b>WGH</b>	DATE <b>9-18-92</b>
SCALE <b>1" = 100'</b>			JOB NO.: <b>01028</b>	

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.  
 Signature: *William G. Hartel*  
 REG. NO. **9436** DATE **9-18-92**

**Boender Associates**  
 ENGINEERS, PLANNERS, SURVEYORS  
 3230 BETHANY LANE  
 ELLICOTT CITY, MD. 21043

THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES

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

Date: 4/27/15  
To: Ryan Rappert  
(Person's Name and Division)  
From: Jeremy Clancy 443 340 1229  
(Your Name, Company Name and Telephone Number)  
Subject: Project name \_\_\_\_\_  
Project site address 12843 Amberwoods Way  
Permit # B15001074 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

**RECEIVED**  
APR 27 2015  
LICENSES & PERMITS  
DIVISION

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
- Energy conservation calculations
- Copies of Site Plan showing well & septic (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: \_\_\_\_\_

**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 [Signature]





# 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.: B15001074

Building Address: 12843 Amberwoods Way  
 City: Sykesville State: MD Zip Code: 21784  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Amberwoods  
 Section: 1 Area: \_\_\_\_\_ Lot: 8  
 Tax Map: 9 Parcel: 333 Grid: 10  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 4.06(A)

Property Owner's Name: Thomas Kezys  
 Address: 12843 Amberwoods Way  
 City: Sykesville State: MD Zip Code: 21784  
 Phone: 410-795-8174 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SPD  
 Proposed Use: SPD w/ Propane Tank  
 Estimated Construction Cost: \$ 6000  
 Description of Work: \_\_\_\_\_

Applicant's Name & Mailing Address (If other than stated herein)  
 Applicant's Name: Jeremy Clancy  
 Address: Po Box 1257  
 City: Edwards State: MD Zip Code: 21784  
 Phone: 443-340-1229 Fax: \_\_\_\_\_  
 Email: Jeremy@AppliedandApproved.com

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No

Contractor Company: H.S. Post Ges  
 Contact Person: Michael Underwood  
 Address: 360 Main St  
 City: Laners State: MD Zip Code: 20707  
 License No.: 60029  
 Phone: (301) 725-3232 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Address: Clancy  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: Contractor  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
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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 <sup>st</sup> floor:	
Area of construction (sq. ft.):	2 <sup>nd</sup> floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
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<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>	
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<input type="checkbox"/> State Certified Modular	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:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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 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: Permit

Print Name: Jeremy Clancy  
 Date: 3/70/15

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>5/14/15</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
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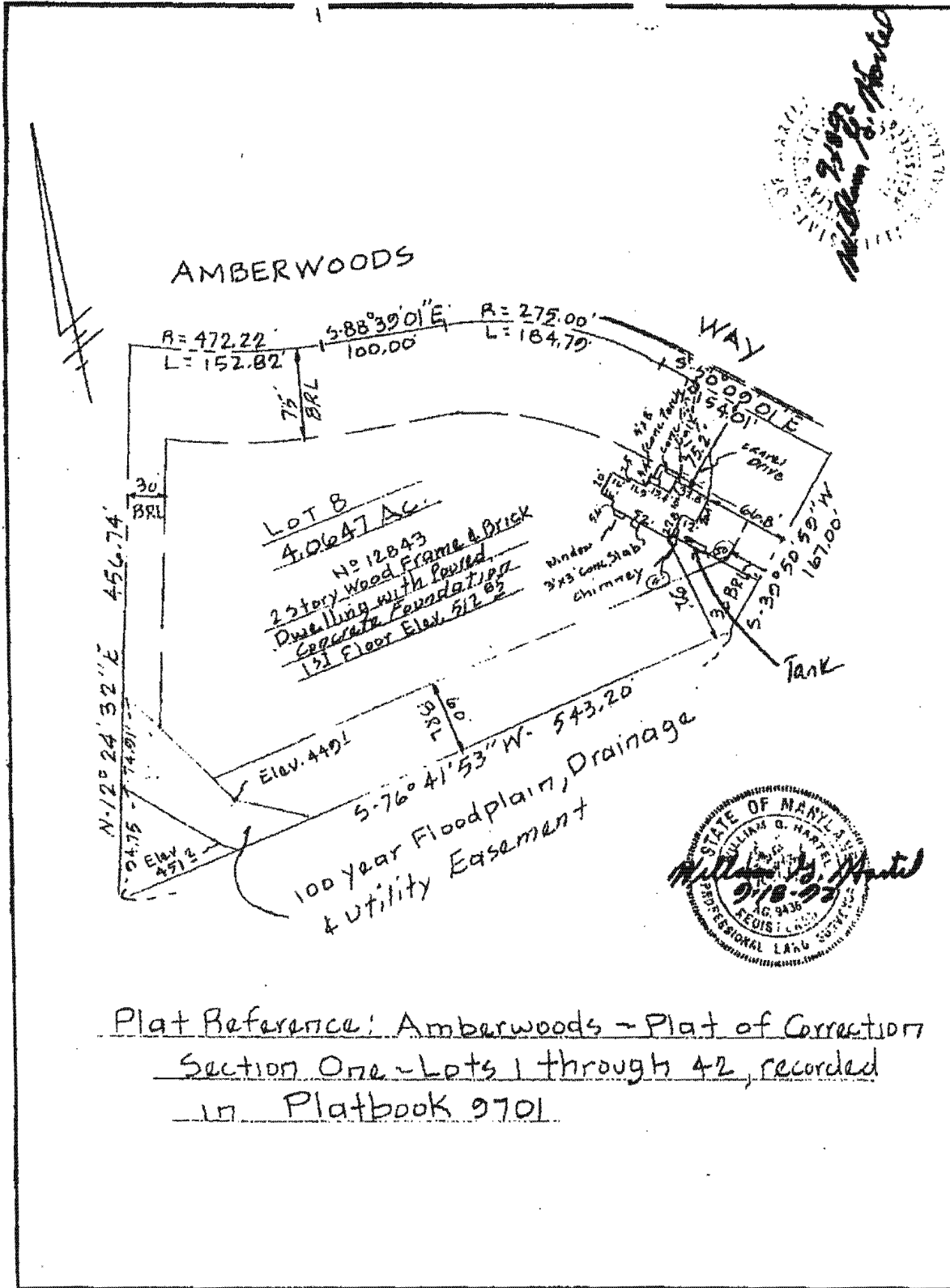
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	<u>110<sup>00</sup></u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>4133</u>

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

2015 MAR 30 PM 1 11

D/LP

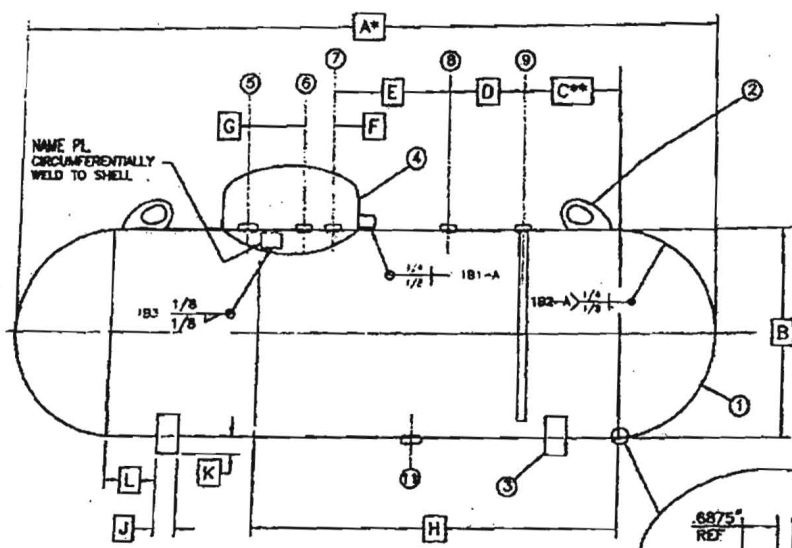


Plat Reference: Amberwoods - Plat of Correction  
 Section One - Lots 1 through 42, recorded  
 in Platbook 9701

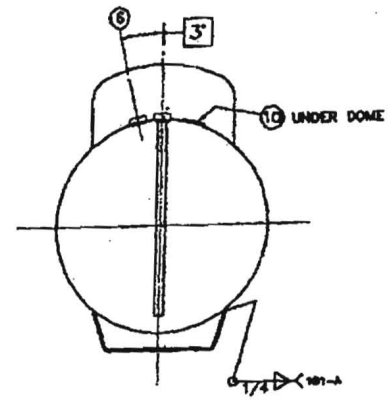
TITLE <b>LOCATION SURVEY</b>					THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON. <i>William G. Harpel</i> SIGNATURE
PROJECT <b>LOT 8 - AMBERWOODS - SECTION 1</b>					
LOCATION <b>3RD</b> ELECTION DISTRICT, <b>HOWARD</b> CO., MD.					REG. NO. <b>9436</b> DATE <b>2-18-92</b>
FIELD BOOK <b>120</b>	PAGE NO. <b>80</b>	DRAWN BY: <b>BH</b>	CHECKED BY: <b>WGH</b>	DATE: <b>2-18-92</b>	<b>Boender Associates</b> 3230 BETHANY LANE ELLICOTT CITY, MD. 21043
SCALE <b>1" = 100'</b>			JOB NO.: <b>01028</b>		
THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY INTERESTS.					

THIS IS TO CERTIFY THAT THE VESSEL HAS BEEN TESTED, INSPECTED AND MARKED TO INDICATE COMPLIANCE WITH THE MOST CURRENT EDITIONS AND ADDENDA OF THE ASME BOILER AND PRESSURE CODE, SECT. VIII, DIV. 1 QUALITY STEEL CORPORATION

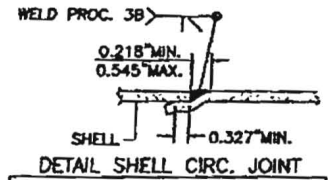
BY: \_\_\_\_\_  
QUALITY CONTROL MANAGER



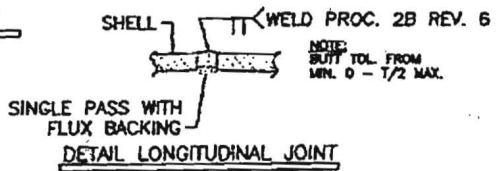
ELEVATION



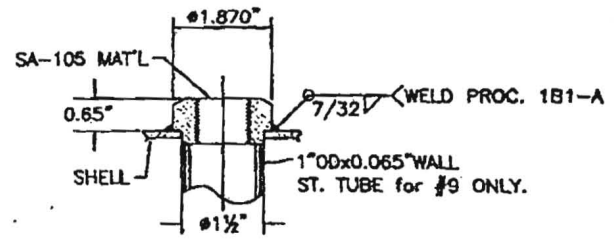
END VIEW



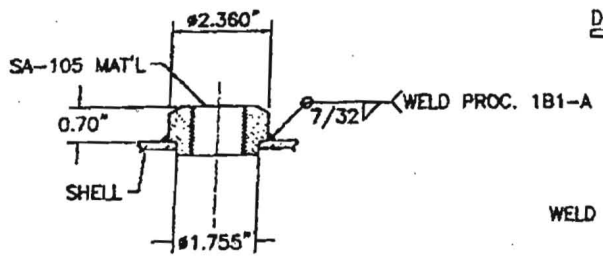
DETAIL SHELL CIRC. JOINT



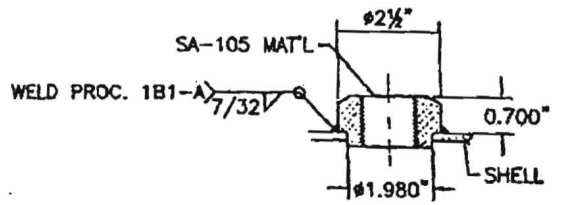
DETAIL LONGITUDINAL JOINT



DETAIL OPENINGS #6, #8A & #9



DETAIL OPENINGS #7 & #8B



DETAIL OPENINGS #5 & #11

PART. NO.	AQ-5A	AQ-5
CAP. GAL.	475	500
A	9'-5"	10'-0"
B	37" OD	37" OD
C	9"	12"
D	15.5"	15.5"
E	9"	9"
F	3.75"	3.75"
G	8.75"	8.75"
H	46.5"	46.5"
J	3"	3"
K	2"	2"
L	7"	10"
HEAD THK	.184"	.184"
SHELL THK	.218"	.218"
SURFACE AREA SQ. FT.	95.0	100.0

\*DIMEN. "A" CAN BE +4" AND -0". ALL OTHERS ±1/2"

\*\* DIMEN. "C" WILL VARY SO THAT HOUSING WILL BE LOCATED IN THE CENTER OF VESSEL

DESIGN CODE	ASME SECT. VIII, DIV. 1 2004 EDITION AND 2003 ADDENDUM	
DESIGN CONDITION	STAMP: "U"	U.L. LISTED
P.S.I.G. INT.	200 PS	
DESIGN TEMP.	122° F MAX.	
M.O.M.T.	-207 @ 200 PS	
X-RAY	RT-2	
TEST P.S.I.G.	320 PS	
INSUR.	CUSTOMER	OTHER AM
VESSEL MATERIAL	HEADS	SA-4140 OR SA-285C
	SHELL	SA-4140
	PIPE	CARBON STEEL
	FLDS	SA-105
	LIFT LUGS	SA-105
	REC. BRKT.	SA-36
	LEGS	SA-36
	NAME PL.	SA-240 STAINLESS STEEL
FINISH	ASME A-569	
SURF. FIN.	EPOXY PRIMER AND A LUBRICANT TOP COAT WITH RUST INHIBITORS	
	CONTENTS: FOR USE WITH LIQ. PETROLEUM GAS	
VESSEL DATA	APPROX. CAP.	475 GAL.
	WIDTH	37" DIA.
	HEIGHT	32" DIA.
NOTES:		
1. LONGIT. SEAM FULL RADIOGRAPHY, LW-11(e) HEAD TO SHELL SEAM SPOT RT, LW-11(a)(5)(b)		
2. VESSEL TO BE USED FOR NON CORROSIVE SERVICE ONLY.		
NO.	DESCRIPTION	ITEM NO.
ALL VALVES S.L. APPROVED		
1	HEMISPHERICAL HEAD	
2	LIFT LUG	06-001
3	SUPPORT	
4	DOMES COVER ASSY	02-137
5	1 1/4" 3000# ST. PLG FOR FILLER VALVE	03-022
6	3/4" 3000# STEEL PLG FOR MULTIVALVE	03-020
7	1" 3000# STEEL PLG FOR LIQ. LEVEL GAUGE	03-021
8A	3/4" 3000# ST. PLG FOR SAFETY RELIEF VALVE, 200 250 & 320 GAL.	03-020
8B	1" 3000# ST. PLG FOR SAFETY RELIEF VALVE, 475 & 500 GAL.	03-021
9	3/4" 3000# ST. PLG WELDED TO 1" DR FOR LIQ. LEVEL	03-020
10	BROK FOR REGULATOR MNT	06-004
11	1 1/4" 3000# STEEL PLG W/ ST. PLUG (OPT)	03-022
TOL.	OVERALL DIM. ± 1/4"	
	HOZ. PROJ. AND LOCATION ± 1/8"	
	SUPT. AND LUG LOCATION ± 1/4"	
DRAWN BY: K. DALL 100-100-1		
QUALITY STEEL CORP		
2916 U.S. HWY 81 / P.O. BOX 348 CLEVELAND, MS 38732-0348		
DRAWING TITLE 475 & 500 GAL.		
DATE	SCALE	DRW. NO.
27-Nov-08	NPL	475-000 A8