



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: 4-2-13

Permit No.: B13001172

Building Address: 14921 Meriwether Dr
 City: Gloversville State: MD Zip Code: 21030
 Suite/Apt. #: _____ SDP/WP/BA #: 21737
 Census Tract: _____ Subdivision: Meriwether Farm
 Section: _____ Area: _____ Lot: 27
 Tax Map: 21 Parcel: 28 Grid: 16
 Zoning: _____ Map Coordinates: _____ Lot Size: 5,410 A

Property Owner's Name: Toll MD, Inc. Limited
 Address: 7164 Columbia Gateway Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 6000
 Description of Work: Install 1000 gal inground propane tank
 Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: 2005x 1253
 City: Silver Spring State: MD Zip Code: 21154
 Phone: 410-334-0128
 Email: Jeremy@appliedandapproved.com

Contractor Company: Valley Natural Gas
 Contact Person: William Greaves
 Address: 7001 MonteVIDEO Rd
 City: PSSMD State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>0</u> 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 type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input 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: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com Date: 4/2/13
 Title/Company: Permits

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>4-10-13</u>	<u>Carla Benard</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>3366</u>

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

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2165) 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 SEWER 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. 21765, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SWM FOR THIS LOT IS MANAGED PER PLAN F-09-044 AND ROOFTOP DISCONNECTS FOR THE REAR HALF OF THE HOUSE.

E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

ADDRESS: 14890 MERIWETHER DRIVE
GLENELG, MD 21737

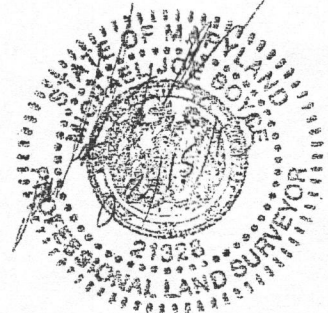
TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PROVIDED TO ESE BY FISHER, COLLINS & CARTER, INC.

INV. HOUSE	481.2
GROUND INV. HOUSE	483.1
INV. IN TANK	480.9
INV. OUT TANK	480.6
TOP OF TANK	481.6
GROUND OVER TANK	483.6
INV. IN DIST. BOX	480.3
INV. OUT-DIST. BOX	480.0
GROUND BOX	484.0
BASEMENT DOES NOT GRAVITY SEWER	

- TYPE: HAMPTON (MAN)-
DAYLIGHT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
CONSERVATORY ELITE
PLAYROOM
PALLADIAN KITCHEN
EXPANDED FAMILY ROOM

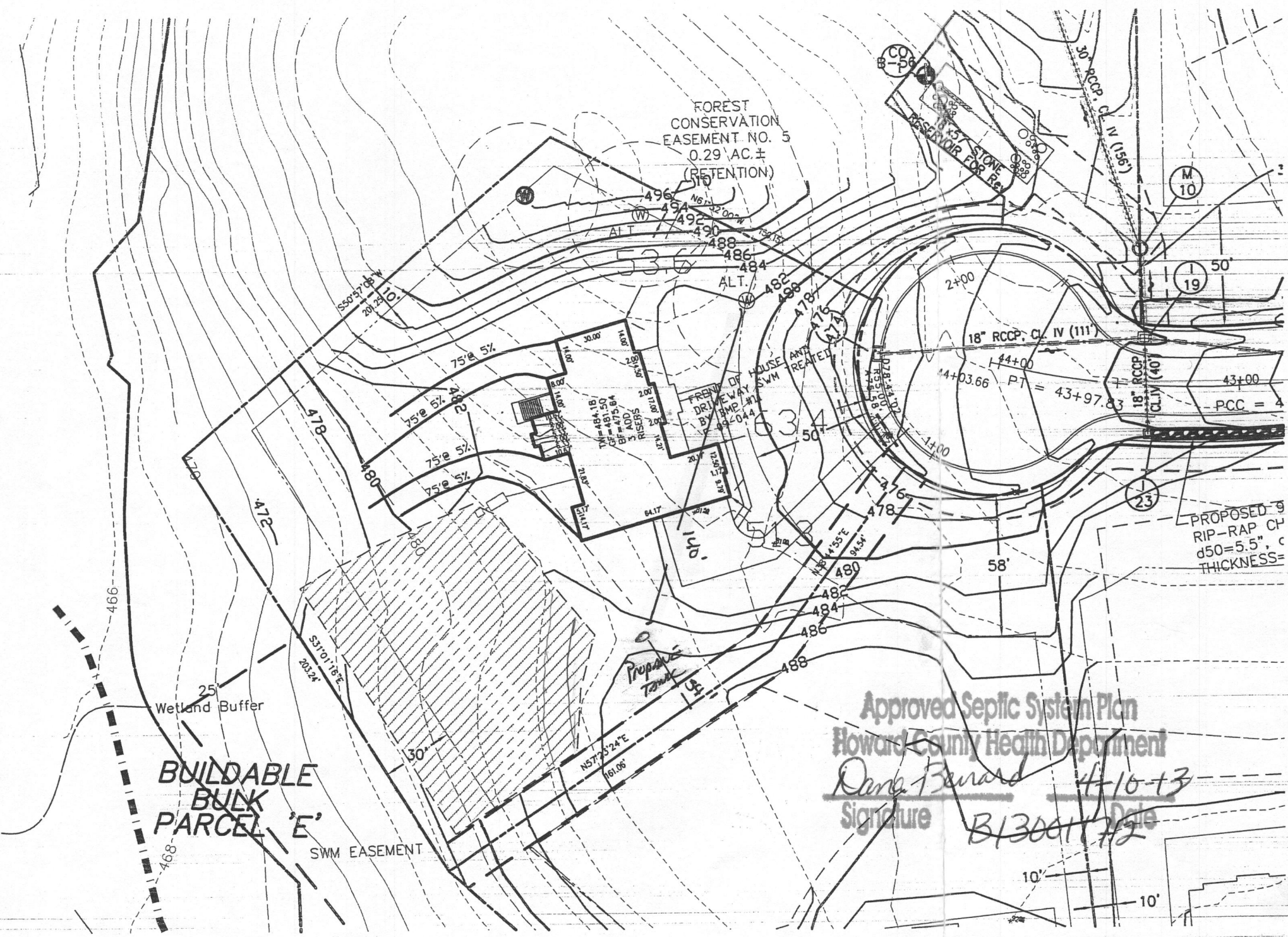
- OPTION No. 018
OPTION No. 070
OPTION No. 039
OPTION No. 121
OPTION No. 532
OPTION No. 023

ADDRESS
14921 MERIWETHER DRIVE
GLENELG MD



Approved Septic System Plan
Howard County Health Department

Dan Bernard 4-10-13
Signature Date
B/3001/12



APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING 65

CHIEF, DEVELOPMENT ENGINEERING DIVISION

DATE

DIRECTOR

DATE

PLOT PLAN
LOT #27
MERIWETHER FARMS
LIBER 12124, FOLIO 0120
PLAT No. 21765, ET SEQ.
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



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

DATE: 02/15/13 SCALE: 1"=50' FILE: LOT_27_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 1/08/15.



Correcting
Permit # required

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/3000585

Building Address: 14921 Meriwether Dr
City: Glenely State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 27
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: Hampton Manor
Expanded family room, playroom, Conservatory
elite, Bedroom above Conservatory
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 Brothers Inc
Address: 7164 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21046
Phone: 301-252-4412 Fax: 410-489-2676
Email: kmonath@tollbrothersinc.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Keith Monath
Address: 14116 Patterson Farm Ct
City: Glenely State: MD Zip Code: 21737
Phone: 301-252-4412 Fax: 410-489-2676
Email: kmonath@tollbrothersinc.com

Contractor Company: _____
Contact Person: _____
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>69'8"</u> <u>72'</u>
Area of construction (sq. ft.):	2 nd floor: <u>69'8"</u> <u>72'</u>
Use group:	Basement:
	<input checked="" 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: <u>4</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:
Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input 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:	<u>Monath</u> <u>for lot grading</u>

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Applicant's Signature: [Signature]
Email Address: kmonath@tollbrothersinc.com
Title/Company: CM/Toll Brother Inc

Print Name: Keith Monath
Date: 2/20/13

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>3-6-13</u>	<u>[Signature]</u>

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>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

ADDRESS: 14890 MERIWETHER DRIVE
GLENELG, MD 21737

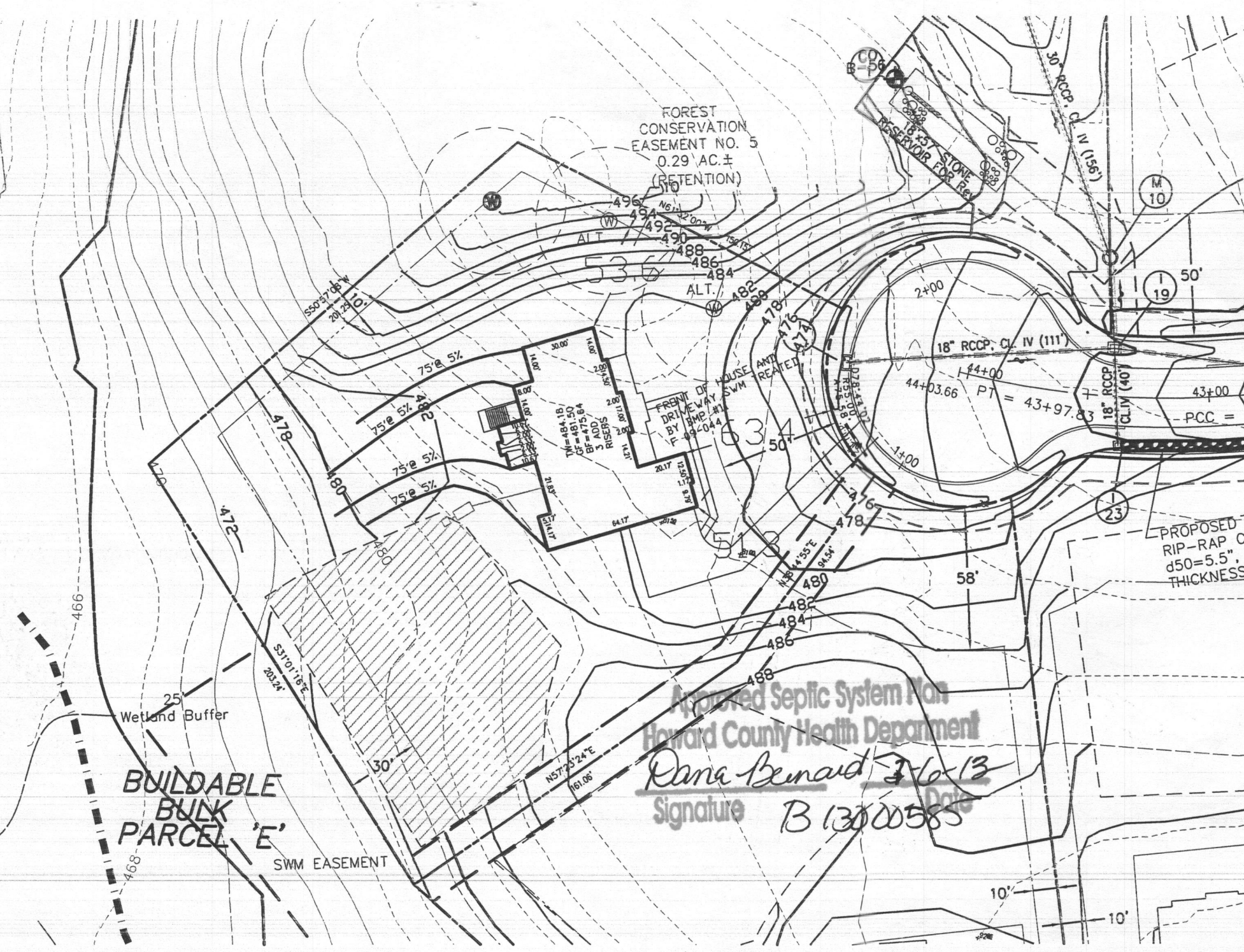
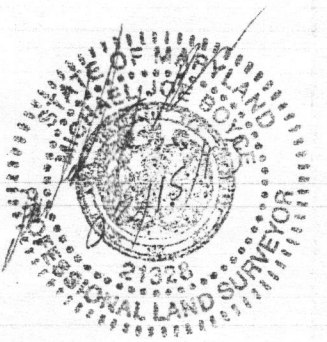
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GROUND @ INV. @ HOUSE	483.1
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TOP OF TANK	481.6
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INV. IN DIST. BOX	480.3
INV. OUT DIST. BOX	480.0
GROUND @ BOX	484.0
BASEMENT DOES NOT GRAVITY SEWER	

TYPE: HAMPTON (MAN)-
DAYLIGHT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
CONSERVATORY ELITE
PLAYROOM
PALLADIAN KITCHEN
EXPANDED FAMILY ROOM

- OPTION No. 018
- OPTION No. 070
- OPTION No. 039
- OPTION No. 121
- OPTION No. 532
- OPTION No. 023

ADDRESS
14921 MERIWETHER DRIVE
GLENELG MD



Approved Septic System Plan
Howard County Health Department
Rana Bernard 3-6-13
Signature B 13000585

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION _____ DATE _____
DIRECTOR _____ DATE _____

PLOT PLAN
LOT #27
MERIWETHER FARMS
LIBER 12124, FOLIO 0120
PLAT No. 21765, 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: 02/15/13 SCALE: 1"=50' FILE: LOT_27_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 1/08/15.

Feb 15, 2013 - 9:32 am P:\Projects\3184_Meriwether_Collat_Overlook_SurDept\Lot27\PP\Vol_27\hampton_man_PP.dwg mjb