



# 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.: B13004340

Building Address: 15936 Meadow Walk Rd.  
 City: Woodbridge State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: 6 Lot: 24  
 Tax Map: 13 Parcel: 228 Grid: 18  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 4.75 AC

Existing Use: SFD  
 Proposed Use: SFD w/ Tank  
 Estimated Construction Cost: \$ 6000  
 Description of Work: Install 500 gal underground 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: Jeremy & Holly Kaufman  
 Address: 15936 Meadow Walk Rd  
 City: Woodbridge State: MD Zip Code: 21797  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Jeremy Clancy  
 Address: 1125116  
 City: 1125116 State: MD Zip Code: 21785  
 Phone: 4103301229 Fax: \_\_\_\_\_  
 Email: jeremy@appliedandopportunity.com

Contractor Company: Valley National Gas  
 Contact Person: William Grewis  
 Address: 7201 Monte Needy Rd  
 City: Pessey State: MD Zip Code: 20794  
 License No.: 67793  
 Phone: 4107991114 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Calder  
 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:	<b>Depth</b>	<b>Width</b>
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 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 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	
<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: Jeremy Clancy Print Name: Jeremy Clancy  
 Email Address: jeremy@appliedandopportunity.com Date: 11/21/13  
 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		

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>3310</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: \_\_\_\_\_

Permit No.: B13004340

Building Address: 15936 Meadow Walk Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: 6 Lot: 24  
 Tax Map: 13 Parcel: 228 Grid: 18  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 4.75 AC

Property Owner's Name: Bessy & Holly Kaye  
 Address: 15936 Meadow Walk Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ Tank  
 Estimated Construction Cost: \$ 6000  
 Description of Work: Install 500 gal underground propane tank

Applicant's Name & Mailing Address (if other than stated herein)  
 Applicant's Name: Jeremy Clancy  
 Address: PO Box 1253  
 City: Wheaton State: MD Zip Code: 21784  
 Phone: 410 340 1259 Fax: \_\_\_\_\_  
 Email: Jeremy@appliedandapproved.com

Occupant or Tenant: Owner  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Valley National Gas  
 Contact Person: William Gerwig  
 Address: 7001 Market St  
 City: Jessup State: MD Zip Code: 20794  
 License No.: 62793  
 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 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:	
	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	
	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<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:	
Roadside Tree Project Permit #:	<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:	

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: 11/21/13  
 Title/Company: Owner

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 FOR OFFICE USE ONLY

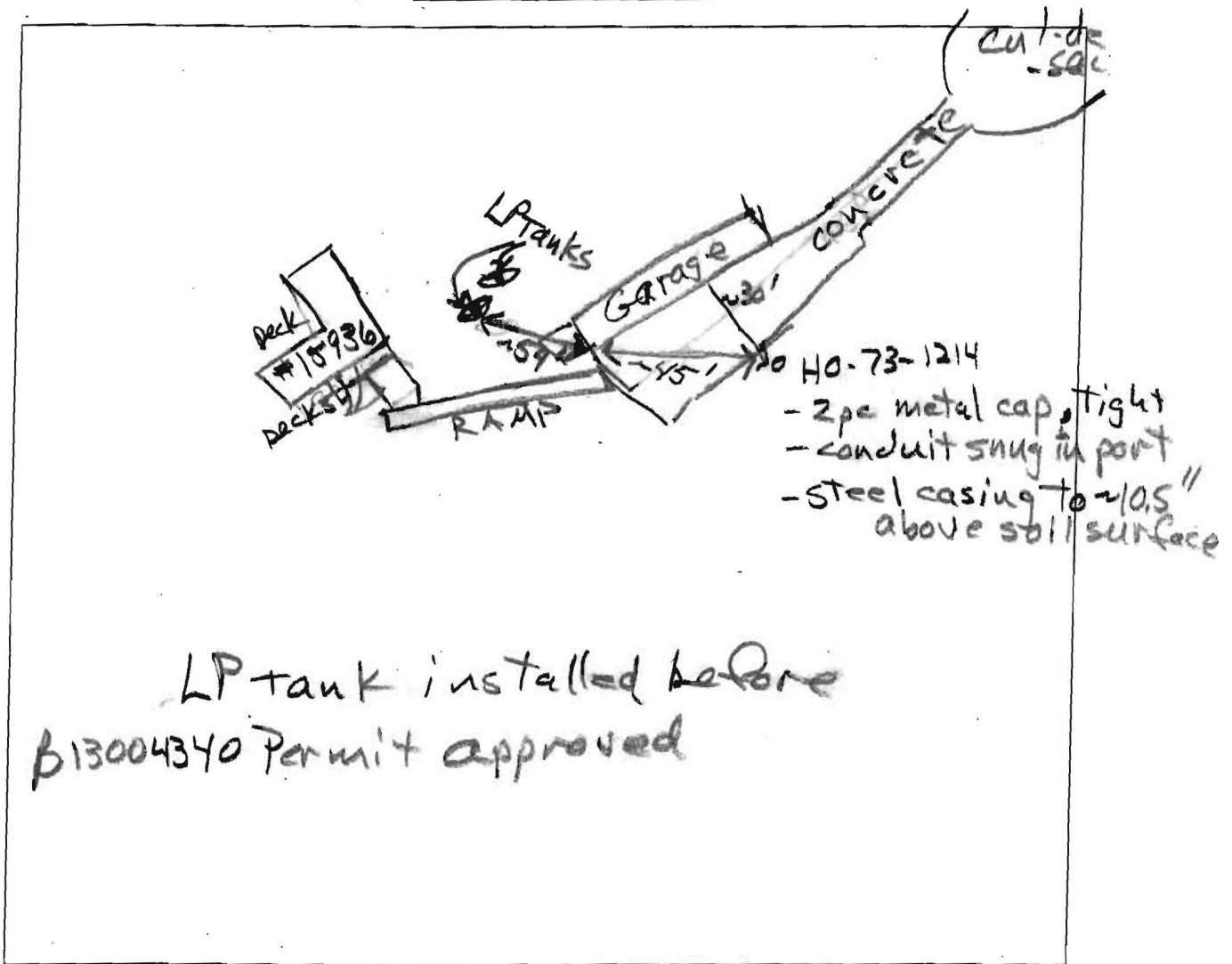
AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front:	Permit Fee	\$
Building Officials			Rear:	Tech Fee	\$
PSZA (Zoning)			Side:	Excise Tax	\$
PSZA (Engineering)			Side St.:	PSFS	\$
Health			All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone:	Sub-Total Paid	\$
			SDP/Red-line approval date:	Balance Due	\$
				Check	# 3310

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

SITE INSPECTION SHEET

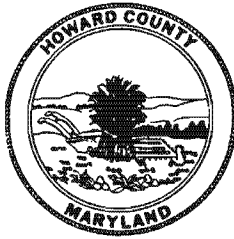
OWNER: Jeff & Holly Kaufman PHONE #: \_\_\_\_\_  
ADDRESS: 15936 Meadow Walk Rd. CONTRACTOR: \_\_\_\_\_  
Woodbine 21797 WELL TAG #: HO-73-1214  
SUBDIVISION: \_\_\_\_\_ LOT: 24 COUNTY #: Howard  
PROPOSAL: Install LP tank

LOCATION DIAGRAM



COMMENTS: Knocked at door, but no answer  
LP Tank already installed. 2 LP tanks present  
location down hill of well and 90' to 99' from well  
Septic system not seen, not observed.

DATE: 12/6/2013 INSPECTOR: R. Bickel



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

September 23, 1996

Mr. and Mrs. David Herring  
15936 Meadow Walk  
Woodbine, Maryland 21797

RE: Building Permit Application  
Serial Number: B00102103  
15936 Meadow Walk  
Daisy Hill Estates - Lot 24

Dear Mr. and Mrs. Herring:

This office has received the detailed site plan requested on September 18, 1996. Review of this document indicates that one of the proposed decks is less than 10 feet from the existing septic tank and drywell. Additionally, the placement of the septic cleanout would indicate a different tank orientation than shown.

In order to recommend this building permit application for approval, we request that a separation of 10 feet be maintained between the septic tank and any structure. The minimum separation distance from a structure to the septic easement/drywell and drainfield is 20 feet.

Please submit to this office a revised site plan addressing the above concerns for approval.

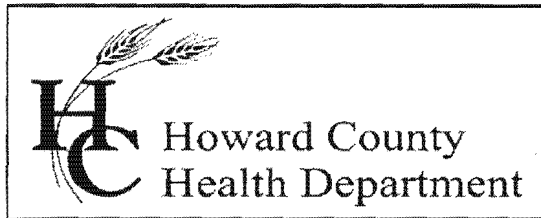
If you have any questions regarding this matter, please contact me at the address below or the by calling 313-2640.

Very truly yours,

Glen Savage, Sanitarian  
Water and Sewerage Program

GS:jr

cc: Trans Price Architects, Inc.  
File /



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
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

December 6, 2013

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

From: Robert Bricker, REHS/R.S.  
Environmental Sanitarian II  
Well and Septic Program

RE: 15936 Meadow Walk Road, B13004340, Health Department comment

The Building Permit Application for installation of a 500-gallon underground propane tank at 15936 Meadow Walk Road cannot be approved at this time. A revision of the Plot Plan is required.

The Plot Plan must accurately depict existing conditions on the subject property that includes:

- a. the locations of all septic system components
- b. location of the approved sewage disposal area (SDA), if applicable
- c. location of the well

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Plot Plan to Howard County Department of Inspections, Licenses and Permits (DILP). The plan must be posted in DILPs 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.

RB  
Copy: file

September 27, 1996

Travis Price Architects  
7050 Carroll Ave  
Takoma Park, MD 20912

Howard County  
Permit Application  
Department of Inspections, Licenses & Permit  
3430 Court House Drive  
Ellicott City, Maryland 21043

RE: Building Permit Revision  
Serial #B00102103  
15936 Meadow Walk  
Daisy Hill Estates- lot 24

**Application Revision:**

\* To delete the proposed "Trash Storage Area" from the front of the existing house as shown on Sheet S & S1 in order to meet the recommendation as noted from the Howard County Health Department (see attached sheet). The existing front deck is to remain as is with no changes.



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

September 18, 1996

Mr. and Mrs. David Herring  
15936 Meadow Walk  
Woodbine, Maryland 21797

RE: Building Permit Application  
Serial Number: B00102103  
15936 Meadow Walk  
Daisy Hill Estates - Lot 24

Dear Mr. and Mrs. Herring:

This office has received the above referenced building permit application, but, cannot recommend approval at this time. Review of the building permit application cannot be completed until a site plan with septic system detail has been submitted to this office.

A site inspection was conducted September 16, 1996, but we were unable to locate the existing septic system.

To continue review of your building permit application, please submit a revised site plan showing the exact location of the existing septic system.

If you have any questions regarding this matter, please contact me at the address below or the by calling 313-2640.

Very truly yours,

Glen Savage, Sanitarian  
Water and Sewerage Program

GS:jr

cc: Trans Price Architects, Inc.  
File

50582B

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

## PERMIT NUMBER

B00014459

Building Address 15930 MEADOW WALK  
WOODBINE MD 21797

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

Census Tract 6040 Subdivision DAISY HILL ESTATES

Section N/A Area N/A Lot 24

Tax Map 13 Parcel 226 Grid 24

Zoning RE-DEP Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Owner's Name DAVID HERRING

Address 15930 MEADOW WALK DR

City WOODBINE State M Zip Code 21797

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
GREENFIELD HOMES  
6656 LUSTER DR, HIGHLAND MD  
365-3702

Phone 410-781-6782 Fax 410-442-0213

Existing Use SFD

Proposed Use DETACHED GARAGE

Estimated Construction Cost \$ 25,000

Description of Work 2 CAR DETACHED GARAGE  
W/ DECORATIVE LANDSCAPE WALL

Contractor Company GREENFIELD HOMES

Contact Person RICK MINOR

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20777

License No. \_\_\_\_\_

Phone 410-781-6782-365-3702 Fax 410-442-0213

Occupant or Tenant DAVID HERRING

Contact Name RICK MINOR - GREENFIELD HOMES

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20777

Phone 365-3702 Fax 410-442-0213

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>13'5"</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>32'</u> <u>36'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	

SIGNED 11/10/98

ONE STOP SHOP

CONSTRUCTION CONSULTATION SERVICE

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
1998 DEC -8 AM 8:31



drive water away from the well, which is at the highest point of the parking area (see drawing #4 and 5). The drop in grade from the well to the garage entrance is approximately 2'-0". In addition, we will surround the well with large boulders to protect it from damage by cars driving over it (drawing #4).

We feel that moving the garage down the slope or away from the house would substantially hurt the project from a budgetary and aesthetic point of view, but with sloping the grade away from the well and providing the protective boulders we have added back the lost safety margin of the setback. We ask that you accept our proposal of allowing the garage to be built within the standard 30'-0" setback as shown on the drawings.

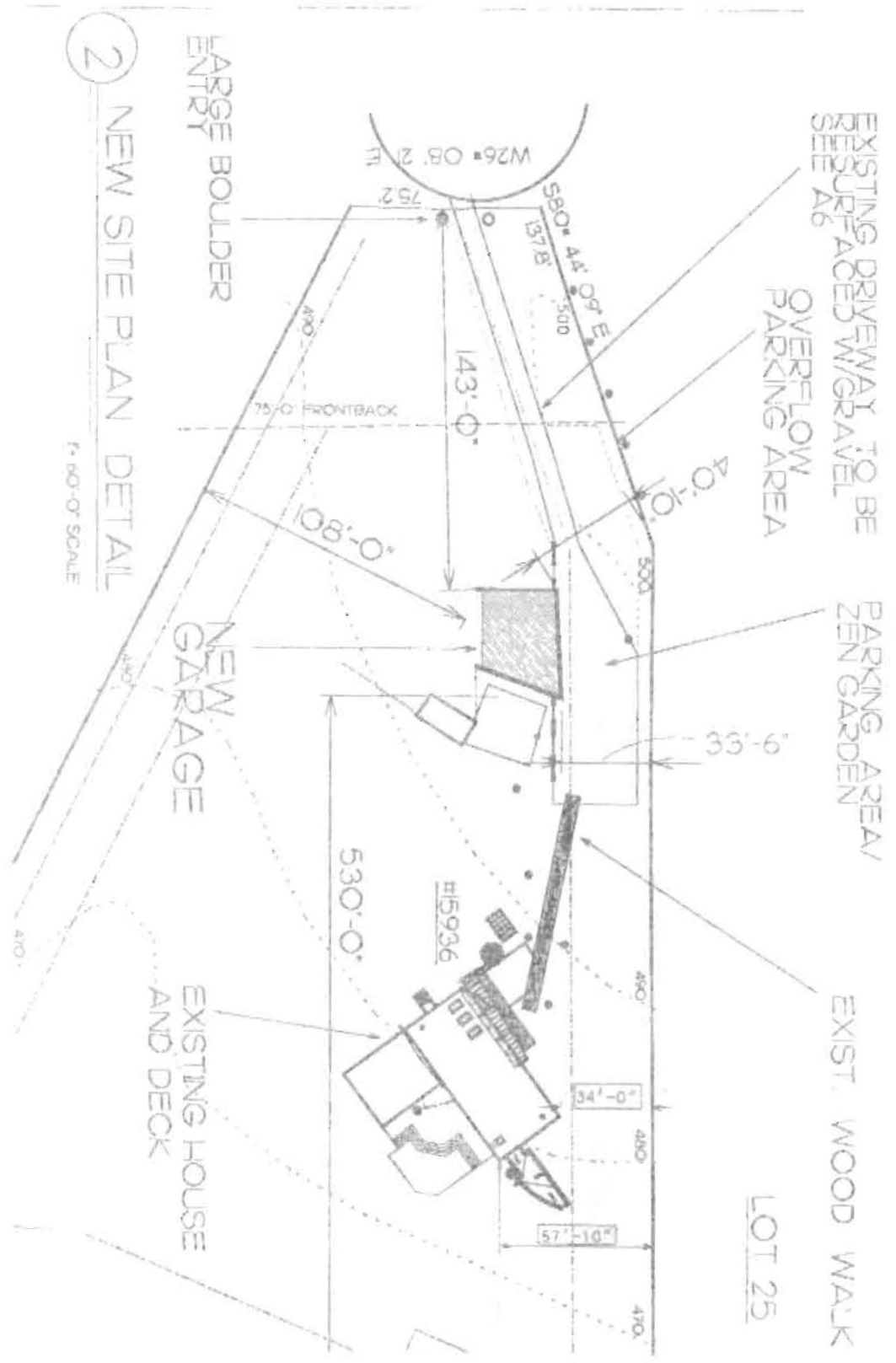
Thank you for your consideration and please call us with any questions

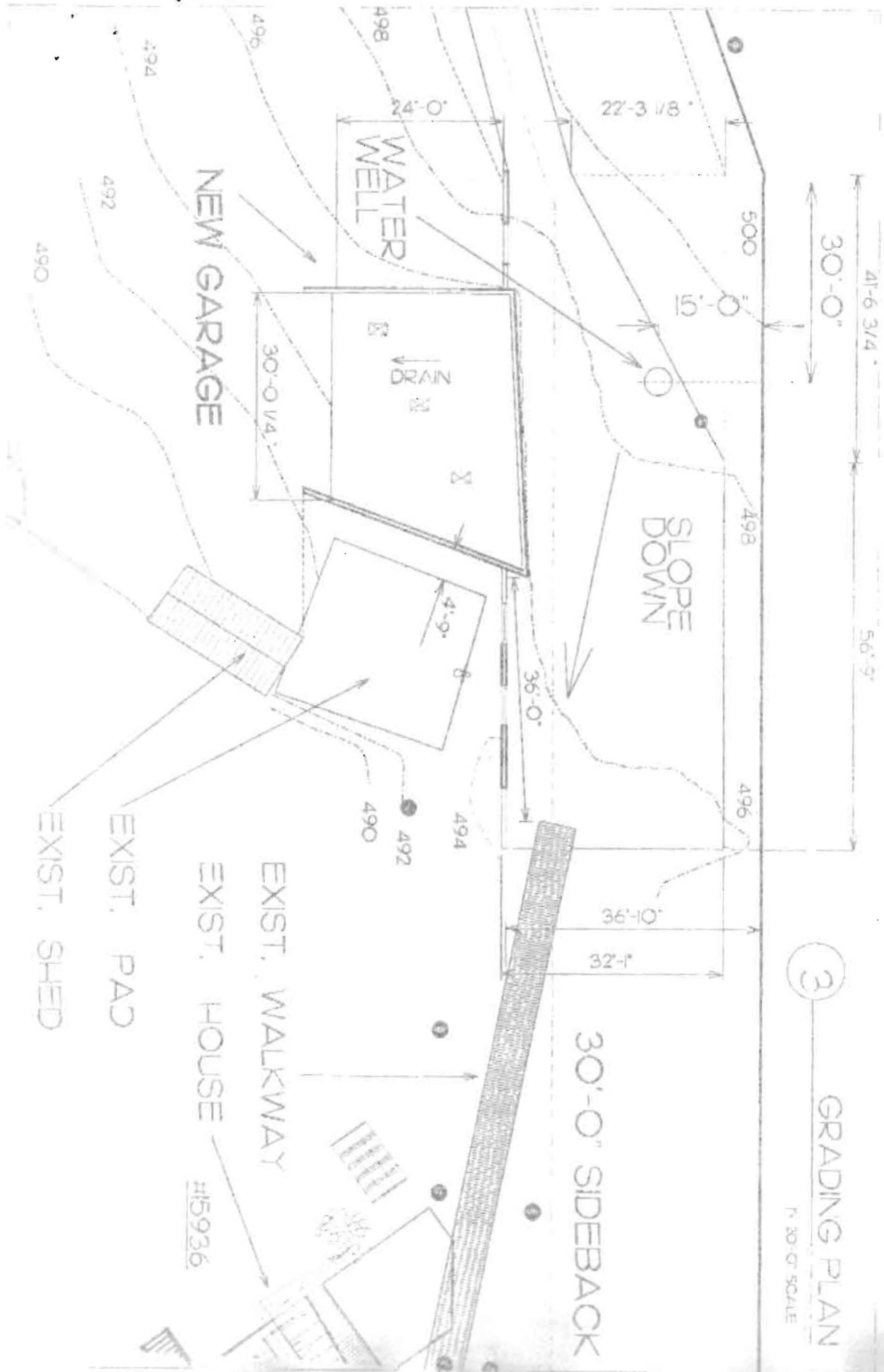
Sincerely,



Rich Markus







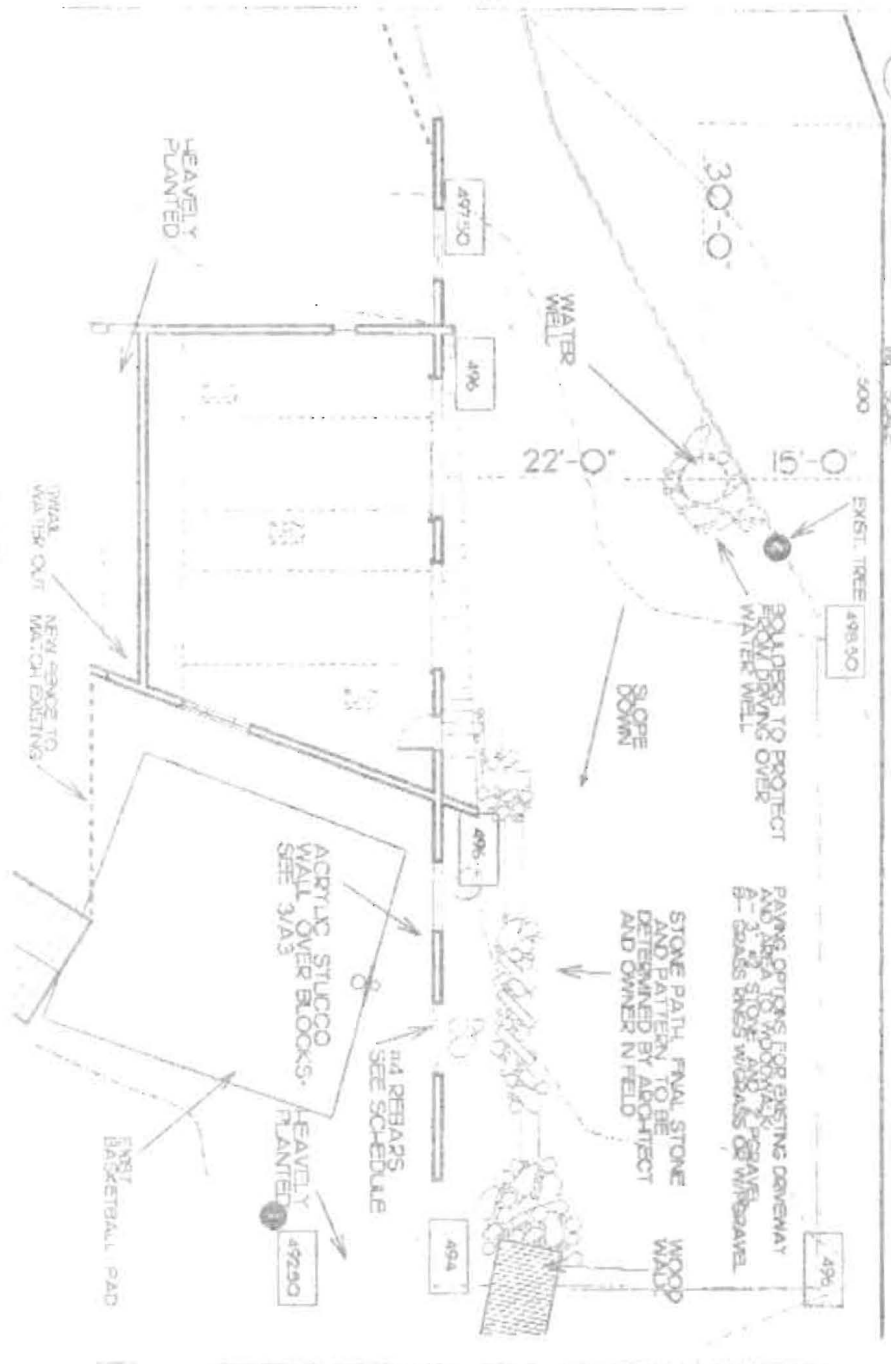
3

GRADING PLAN

1" = 30'-0" SCALE

4

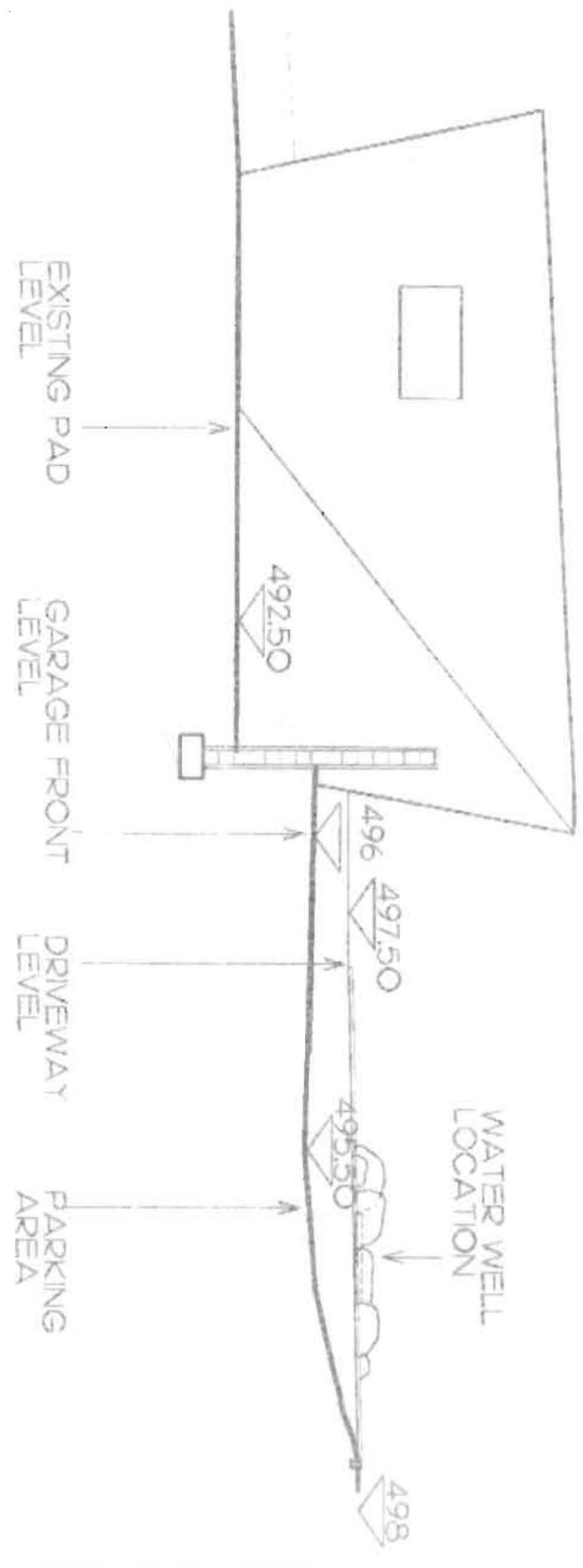
# GARAGE PLAN



5

EAST ELEVATION

1/8" SCALE



MAIL TO (102)

A50582 B

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B300115356**

Building Address 15936 Meadow Walk  
Woodbine, MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6000 Subdivision Dunes at Woodbine  
Section 3 Area \_\_\_\_\_ Lot 24  
Tax Map 13 Parcel 220 Grid 24  
Zoning R-DEO Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name David + Teresa Herring  
Address 15936 Meadow Walk  
City Woodbine State MD Zip Code 21797  
Home Phone 301 854-5474 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
Proposed Use Propane Tank  
Estimated Construction Cost \$ 1900.00  
Description of Work Bury a 500 Gallon U.G  
TANK

Contractor Company Suburban Propane  
Contact Person Mike DeVincent  
Address 31 Derwood Circle  
City Rockville State MD Zip Code 20850  
License No. \_\_\_\_\_  
Phone 301 251 0606 Fax 301 251 0608

Occupant or Tenant David + Teresa Herring  
Contact Name 15936 Meadow Walk  
Address Woodbine - David Herring  
City Woodbine State MD Zip Code 21797  
Phone 301 854 5474 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <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.

Michael A. DeVincent  
Applicant's Signature  
Residential Energy Rep  
Title/Company

Michael A. DeVincent  
Print Name  
12/8/98  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#: <u>13902</u>
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health	<u>12/8/98</u>	<u>A. McMillon</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	



