

15301 Sweetbay Street

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2453 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B D10026 89

Building Address 2802 Bernal Wheat Ct  
Luxemburg MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Bell Haven Estates  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name GRAYSON HOMES  
Address 9025 CHEVEROBT DR STE #K  
City ELLCOTT CITY State MD Zip Code 21142  
Phone 410-461-2900 Phone 410-461-5107  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use 500 gal UNDERGROUND PROPANE TANK  
Estimated Construction Cost \$ 2000.00  
Description of Work INSTALL 500 gal UNDERGROUND PROPANE TANK TO NEARBY COVERS

Contractor Company Valley NATURAL GAS LLC  
Contact Person TERRY JOHNSON  
Address 7201 MONTICELLO RD  
City ELLCOTT State MD Zip Code 21114  
License No. 104971  
Phone 410-779-1114 Fax 410-779-0838

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
No. of Bedrooms \_\_\_\_\_  
Height: \_\_\_\_\_  
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 Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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.

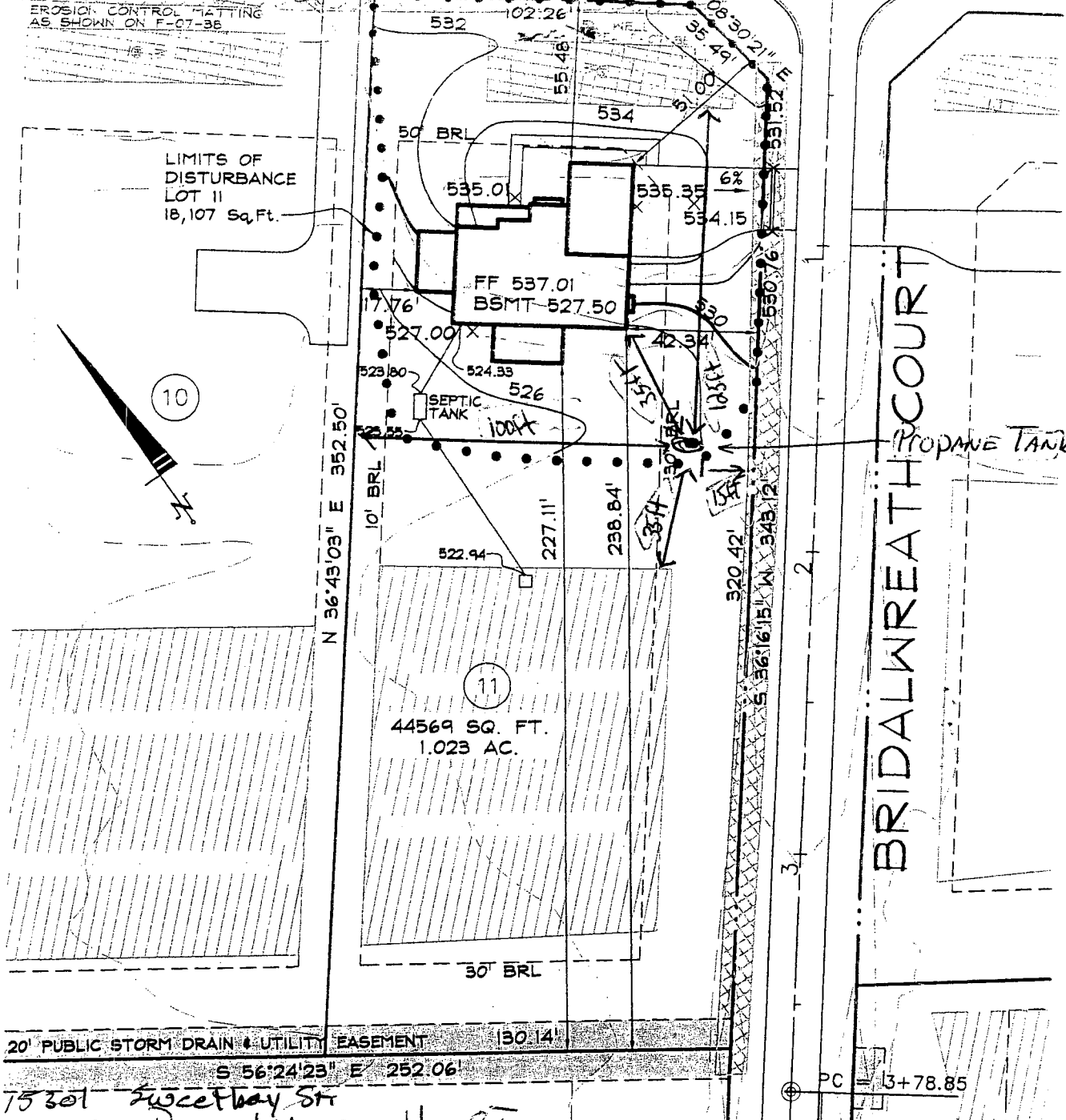
[Signature]  
Applicant's Signature  
Howard County Manager  
Title/Company

Terry Johnson  
Print Name  
10/12/09  
Date  
10/13/09

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>11-5-09</u>	<u>Dana Bernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				

EROSION CONTROL PLATTING AS SHOWN ON F-07-38



LIMITS OF DISTURBANCE LOT 11 18,107 Sq. Ft.

10

11

BRIDAL WREATH COURT  
PROpane TANK

20' PUBLIC STORM DRAIN & UTILITY EASEMENT 130.14'

S 56°24'23" E 252.06'

75301 Sweetbay St  
2802 BRIDAL WREATH CT  
WOODBINE MD 21797

OWNER

BUILDER

UNION CHAPEL ROAD, LLC  
9025 CHEVROLET DRIVE  
SUITE K  
ELLICOTT CITY, MD 21042  
(410)461-5900

GRAYSON HOMES  
9025 CHEVROLET DRIVE  
SUITE K  
ELLICOTT CITY, MD 21042  
(410)461-5900

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0591) HAS BEEN LOCATED BY DMW, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. SQUARE FOOTAGE OF HOUSE: 6,411 sq. ft.  
# OF BEDROOMS: 4

INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DWM DATED 6/25/07. EXISTING TOPO BASED ON A GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07.

9/29/09	ADDED WELL AREA PER HEALTH DEPT.	LJC
9/28/09	REVISED GENERAL NOTES/SQUARE FOOTAGE	LJC
8/26/09	REVISED BASEMENT ELEVATION	LJC

BELLE HAVEN ESTATES  
LOT 11  
PLOT PLAN  
TENNYSON  
ELEVATION G

9.29.09

**DeMario**  
DESIGN CONSULTANTS  
ENGINEERS, PLANNERS, SURVEYORS, LANDSCAPE ARCHITECTS

192 East Main Street  
Westminster, MD 21157  
http://www.demariodesign.us  
Phone: (410) 386-0560  
Fax: (410) 386-0564

28012 FINANCIAL A111-61 \*15301 Sweetbay St. 1301001983

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 1301001983	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B030016B1
Building Address <u>15354 WOODLINE RD</u> <u>Woodline, MD 21754</u> Suite/Apt. #: _____ SDP/W/P/Petition #: <u>17962</u> Census Tract <u>604002</u> Subdivision <u>Belle Haven Est</u> Section _____ Area _____ Lot <u>11</u> Tax Map <u>14</u> Parcel <u>66</u> Grid <u>20</u> Zoning <u>RC</u> Map Coordinates _____ Lot size <u>98.0314</u>	Property Owner's Name <u>UNION CHAPEL ROAD LLC</u> Address <u>7025 CHURCH RD STE K</u> <u>L HITCH CITY, MD 21042</u> City _____ State _____ Zip Code _____ Home Phone <u>410 461 5901</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Vicky Meyer</u> Phone <u>410 296-6400</u> Fax _____	
Existing Use <u>VACANT</u> Proposed Use <u>NEW SINGLE FAM. DWELLING</u> Estimated Construction Cost \$ <u>215101</u> Description of Work <u>TO BE REBUILT A</u> <u>NEW SINGLE FAM DWELLING</u> <u>REPLACEMENT OF 3 CAR SIDE ENTRY GARAGE</u> <u>REPLACEMENT OF 11 CAR GARAGE WITH PORCH</u> Occupant or Tenant <u>SOLOMANI EXCIS</u> Contact Name <u>SOLOMANI EXCIS</u> Address <u>117</u> City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>BELLE HAVEN EST. LLC</u> Contact Person <u>Vicky Meyer (see above)</u> Address <u>7025 CHURCH RD STE K</u> <u>L HITCH CITY MD 21042</u> City _____ State _____ Zip Code _____ License No. <u>CB37</u> Phone <u>410-461-5901</u> Fax _____ Engineer or Architect Company <u>DMW</u> Contact Person <u>Scott Griswold</u> Address <u>Karen Darby</u> City _____ State _____ Zip Code _____ Phone <u>410 296-3333</u> Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Applicant's Signature <u>[Signature]</u> Title/Company _____	Print Name <u>Vicky Meyer</u> Date <u>10/1/09</u>
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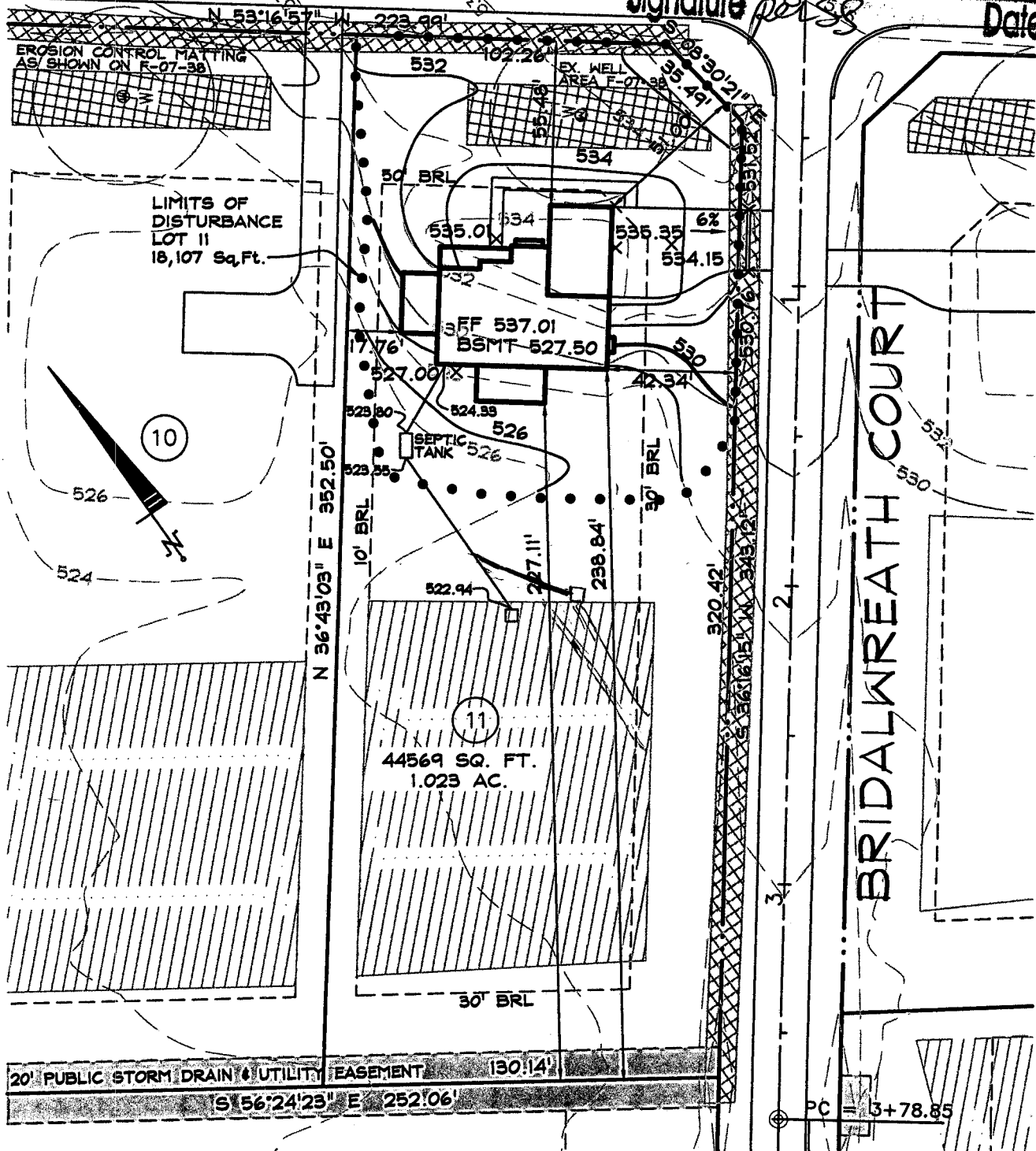
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YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>17774</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
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T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	

Approved Septic System Plan  
Howard County Health Department

SWEETBAY STREET

*Bedroom SF approved as shown  
variance granted  
R. Buehler  
2011 to well box  
3/10/2/2009*

Signature *per ss* Date



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(410)461-5900

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BELLE HAVEN ESTATES  
LOT 11  
PLOT PLAN  
TENNYSON  
ELEVATION G  
3rd ELECTION DISTRICT HOWARD COUNTY, MD



192 East Main Street  
Westminster, MD 21157  
<http://www.demariodesign.us>  
Phone: (410) 386-0560  
Fax: (410) 386-0564

DATE: 7/14/09	CHK'D. BY: JLM	DRAWN. BY: LJC
SCALE: 1" = 50'		DDC JOB#: 06116.1