



# Building Permit Application

Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcounty.md.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 2684 DAISY RD  
 City: WOODBINE State: MD Zip Code: 21794  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 0013 Parcel: 0110 Grid: 0012  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ 70,000  
 Description of Work: INGROUND POOL  
16x37

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

Property Owner's Name: VASQUEZ  
 Address: 3621 BLACK WALNUT LANE  
 City: GLENWOOD State: MD Zip Code: 21738  
 Phone: 614 679 1205 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: TOWN Creek POOLS LLC  
 Address: P.O. BOX 190  
 City: LISBOW State: MD Zip Code: 21765  
 Phone: 443-266-7198 Fax: 443-266-7095  
 Email: SCLANCY@TOWNCREEKLANDSCAPING.COM

Contractor Company: TOWN Creek POOLS LLC  
 Contact Person: STEVE CLANCY  
 Address: P.O. BOX 190  
 City: LISBOW State: MD Zip Code: 21765  
 License No.: 44986  
 Phone: 443-266-7198 Fax: 443-266-7095  
 Email: SCLANCY@TOWNCREEKLANDSCAPING.COM

Engineer/Architect Company: \_\_\_\_\_  
 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:  | 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                                       |       |
| <u>Construction type:</u>  | <input type="checkbox"/> Slab on Grade                                     |       |
| <input type="checkbox"/> Reinforced Concrete                     | No. of Bedrooms:   |       |
| <input type="checkbox"/> Structural Steel                        | <u>Multi-family Dwelling</u>   |       |
| <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"/> 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   |
|---|
| <u>Water Supply</u>   |
| <input type="checkbox"/> Public   |
| <input type="checkbox"/> Private  |
| <u>Sewage Disposal</u>  |
| <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>Heating System</u>   |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other:   |
| <u>Sprinkler System:</u>  |
| <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 \_\_\_\_\_ Print Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date \_\_\_\_\_  
 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      | \$ |
| Toch Fee        | \$ |
| Excise Tax      | \$ |
| PSFS            | \$ |
| Guaranty Fund   | \$ |
| Add'l per Fee   | \$ |
| Total Fees      | \$ |
| Sub- Total Paid | \$ |
| Balance Due     | \$ |
| Check           | #  |



# 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: \_\_\_\_\_

CB140233

Permit No.: B14000929

Building Address: 2684 Daisy Rd  
 City: Woodbine State: Md Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Kevin and Kathy Vasquez  
 Address: 3221 Black Walnut Ln  
 City: Chesapeake State: Md Zip Code: 21738  
 Phone: 410-328-0830 Fax: \_\_\_\_\_  
 Email: (none)

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Homeowner  
B & D Builders LLC  
 Address: 14 N Rankes Rd  
 City: Rankes State: Pc Zip Code: 17572  
 Phone: 717-687-0292  
 Email: danielasbanddbuilders.com

Existing Use: \_\_\_\_\_  
 Proposed Use: Barn and arena  
 Estimated Construction Cost: \$ 700,000  
 Description of Work: Construction of 8 stall barn, wash stall, feedroom, tack room, indoor arena, apartment above barn  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: Daniel Glick Home  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: owners  
 License No.: \_\_\_\_\_  
 Phone: 717-687-0292  
 Email: \_\_\_\_\_

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

| Commercial Building Characteristics                                 | Residential Building Characteristics  |
|---|---|
| Height: _____   | <input type="checkbox"/> Single-Family <input type="checkbox"/> SF Townhouse    |
| No. of stories: _____   | Depth: _____ Width: _____   |
| Gross area, sq. ft./floor: _____                                    | 1 <sup>st</sup> floor: <u>19</u>  |
| Area of construction (sq. ft.): _____                               | 2 <sup>nd</sup> floor: <u>864</u>   |
| Use group: _____  | Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished |
| Construction type: _____  | <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on grade      |
| <input type="checkbox"/> Reinforced Concrete                        | No. of Bedrooms: _____  |
| <input type="checkbox"/> Structural Steel                           | <u>Multi-family Dwelling</u>  |
| <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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                |
| Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |
| Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil    |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas                    |
| Other: _____   |
| Sprinkler System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |
| Artificial _____   |
| 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: Daniel Glick  
 Email Address: danielasbanddbuilders.com  
Katvasquez1@aol.com  
 Title/Company: Owner

Print Name: Daniel K Glick  
 Date: 3/31/14

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</u> | <u>[Signature]</u>    |

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

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: DPZ  
 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>25.00</u>  |
| Permit Fee     | \$               |
| Tech Fee       | \$               |
| Excise Tax     | \$               |
| PSFS           | \$               |
| Guaranty Fund  | \$               |
| Add'l per Fee  | \$ <u>100.00</u> |
| Total Fees     | \$               |
| Sub-Total Paid | \$               |
| Balance Due    | \$               |
| Check          | #                |

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



# 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: 03/05/2014

Permit No.: B14000589

Building Address: 2684 WALNUT ROAD  
 City: WOODBINE State: MD Zip Code: 21794  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 0013 Parcel: D110 Grid: 0012  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 20AC

Existing Use: VACANT LOT  
 Proposed Use: NEW SINGLE FAMILY DWELLING  
 Estimated Construction Cost: \$ 1,500,000  
 Description of Work: YES, 4 CAR GARAGE,  
4 BRS, 5 FULL BATHS, 2-1/2 BATHS

Occupant or Tenant: N/A  
 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 checked="" 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:  |
| Area of construction (sq. ft.):                                     | 2 <sup>nd</sup> floor:  |
| Use group:  | Basement:   |
|   | <input checked="" type="checkbox"/> Finished Basement <u>PARTIAL</u>                  |
|   | <input type="checkbox"/> Unfinished Basement  |
|   | <input type="checkbox"/> Crawl Space  |
| <u>Construction type:</u>   | <input type="checkbox"/> Slab on Grade  |
| <input type="checkbox"/> Reinforced Concrete                        | No. of Bedrooms: <u>4</u>   |
| <input type="checkbox"/> Structural Steel                           | <u>Multi-family Dwelling</u>  |
| <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"/> Roadside Tree Project Permit    | Footings:   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof:   |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit #  | <input type="checkbox"/> State Certified Modular                                      |
|   | <input type="checkbox"/> Manufactured Home  |

Property Owner's Name: KATHY + KEVIN VASQUEZ  
 Address: 3621 BLACK WALNUT LANE  
 City: OLENWOOD State: MD Zip Code: 21738  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: Kat Vasquez1@aol.com

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: CATONSVILLE HOMES, LLC  
 Address: 1175 STRATFIELD COURT  
 City: MARRIOTTSVILLE State: MD Zip Code: 21104  
 Phone: 410-442-2211 Fax: 410-442-2215  
 Email: publinter@catonsvillehomes.com

Contractor Company: CATONSVILLE HOMES, LLC  
 Contact Person: ROB SCRANTON  
 Address: 1175 STRATFIELD COURT  
 City: MARRIOTTSVILLE State: MD Zip Code: 21104  
 License No.: 13712820 / (990)  
 Phone: 410-442-2211 Fax: 410-442-2215  
 Email: rscranton@catonsvillehomes.com

Engineer/Architect Company: PLYMOUTH ROAD ARCHITECTS  
 Responsible Design Prof.: LISA WENRICH  
 Address: 640 PLYMOUTH ROAD  
 City: CATONSVILLE State: MD Zip Code: 21228  
 Phone: 410-788-0281 Fax: 410-788-1033  
 Email: lwarrich@plymouthroadarchitects.com

| Utilities  |  |
|--|--|
| <u>Water Supply</u>  |  |
| <input type="checkbox"/> Public  |  |
| <input checked="" type="checkbox"/> Private  |  |
| <u>Sewage Disposal</u>   |  |
| <input type="checkbox"/> Public  |  |
| <input checked="" type="checkbox"/> Private  |  |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No                        |  |
| <u>Heating System</u>  |  |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil                       |  |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas |  |
| <input type="checkbox"/> Other:  |  |
| <u>Sprinkler System:</u>   |  |
| <input checked="" 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: [Signature]  
 Email Address: rscranton@catonsvillehomes.com  
 Title/Company: MEMBER, CATONSVILLE HOMES, LLC

Print Name: ROBERT A. SCRANTON  
 Date: 3/5/14  
**RECEIVED**  
 MAR 05 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

### LICENSES & PERMITS DIVISION

| 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>5/14</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? <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     | \$ 100.00 |
| Permit Fee     | \$        |
| Tech Fee       | \$        |
| Excise Tax     | \$        |
| PSFS           | \$        |
| Guaranty Fund  | \$ 50.00  |
| Add'l per Fee  | \$        |
| Total Fees     | \$        |
| Sub-Total Paid | \$        |
| Balance Due    | \$        |
| Check          | # 20137   |

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



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

### MEMORANDUM

TO: VanMar Associates, Inc.  
Catonsville Homes, LLC

FROM: Jeff Williams  
Program Manager, Well & Septic Program

RE: 2684 Daisy Road  
BAT plan and BP plan, B14000589

DATE: March 17, 2014

---





After review of the BAT plan and building permit plan for the above referenced property, the following items must be revised:

- The initial and 1<sup>st</sup> repair drainfield trenches must be shown on the plan with details of invert elevation and bottom depth.
- The portion of the sewer line going under the driveway must be shown as sleeved.

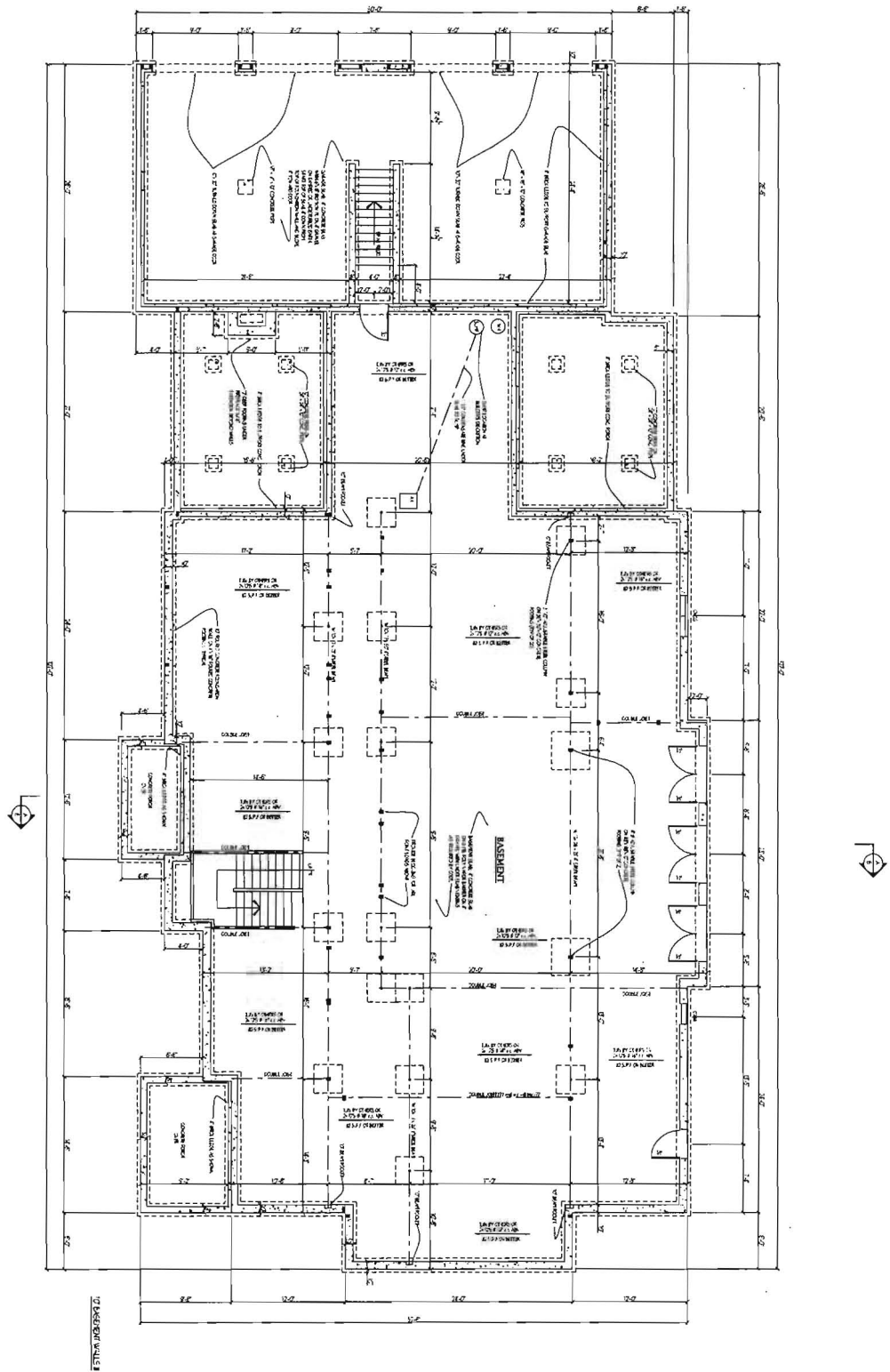
**Building Permit ID: B14000589**

 Menu
  Cancel
  Help

**Result Severity : Notice**



 1
 


| <u>Type</u> | <u>Object Name</u> | <u>Condition Name</u> | <u>Status</u> | <u>Severity</u> | <u>Applied Date</u> | <u>Effective Date</u> |
|-------------|--------------------|-----------------------|---------------|-----------------|---------------------|-----------------------|
| Building    | Record             | <u>GRADING P...</u>   | Applied       |                 | 03/05/2014          | 03/05/2014            |
| Building    | Record             | <u>STOP WORK</u>      | Condition Met |                 | 03/12/2014          | 03/12/2014            |
| Building    | Record             | <u>STOP WORK</u>      | Condition Met |                 | 03/13/2014          | 03/13/2014            |
| Building    | Address            | <u>STOP WORK</u>      | Applied       | Notice          | 03/12/2014          | 03/12/2014            |
| Building    | Address            | <u>STOP WORK</u>      | Applied       |                 | 03/12/2014          | 03/12/2014            |



BID AND PERMIT SET 2/26/14

3/26/2014 10:31 AM

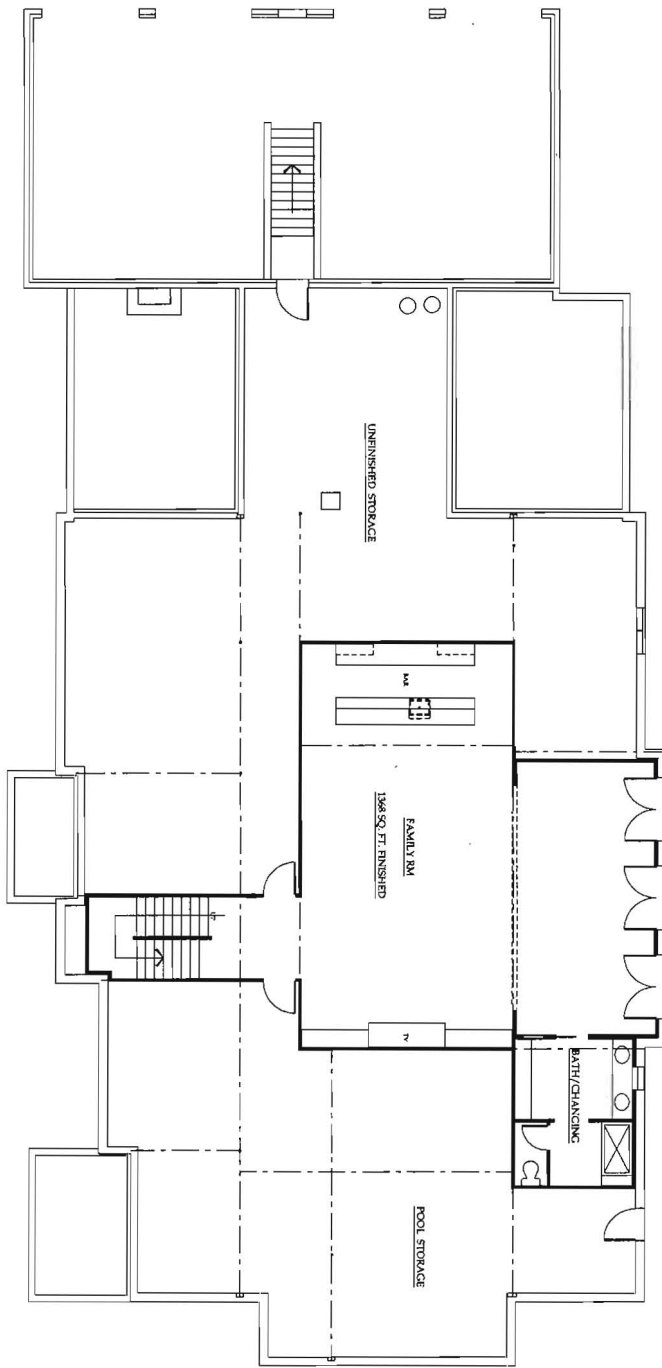
2a

Project No.: C13.18  
 Date: 12/13  
 Scale: 3/16"=1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN  
 Project: CATONSVILLE HOMES  
 VASQUEZ RESIDENCE

Notes:

**Plymouth Road Architects**  
 640 Plymouth Road Baltimore, MD 21229  
 Phone: 410-788-0281 arch@plymouth-road.com



BID AND PERMIT SET 2/26/14

12/26/2013 5:31 PM

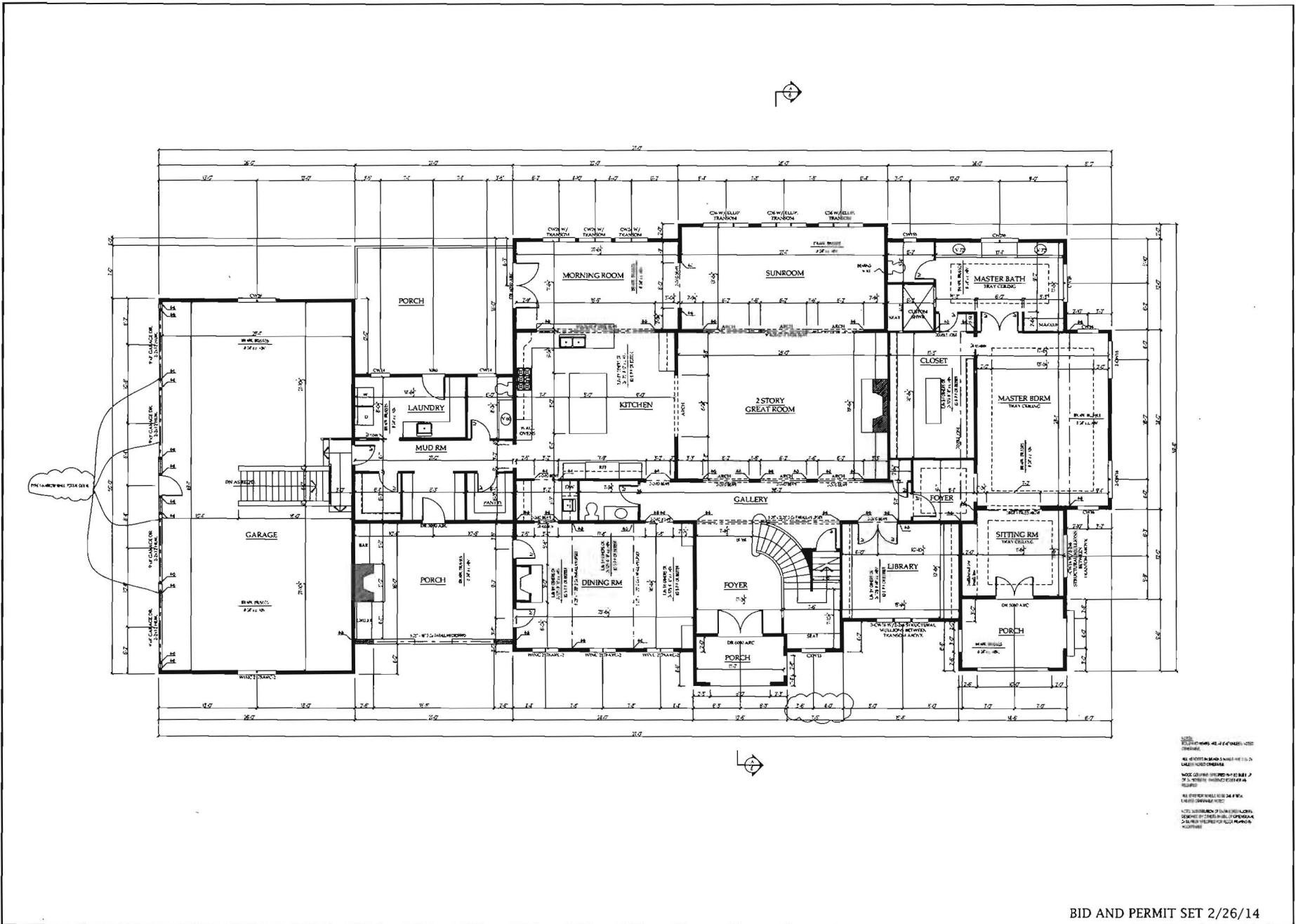
2b

Project No.: C13.18  
 Date: 12/13  
 Scale: 3/16"=1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN  
 Project: CATONSVILLE HOMES  
 VASQUEZ RESIDENCE

Notes:

**Plymouth Road Architects**  
 640 Plymouth Road Baltimore, MD 21229  
 Phone: 410-788-0281 arch@plymouth-road.com



1. ALL DIMENSIONS ARE IN FEET AND INCHES UNLESS OTHERWISE NOTED.  
 2. ALL FINISHES TO BE DETERMINED BY THE CLIENT.  
 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK AND THE NATIONAL ELECTRICAL CODE.  
 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND PLUMBING CODE BOOK AND THE NATIONAL FIRE PROTECTION ASSOCIATION'S FIRE AND MARINE LOSS PREVENTION CODE.  
 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING DEPARTMENT'S INTERNATIONAL BUILDING CODE AND THE INTERNATIONAL ENERGY CONSERVATION CODE.  
 6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND PLUMBING CODE BOOK AND THE NATIONAL FIRE PROTECTION ASSOCIATION'S FIRE AND MARINE LOSS PREVENTION CODE.

BID AND PERMIT SET 2/26/14

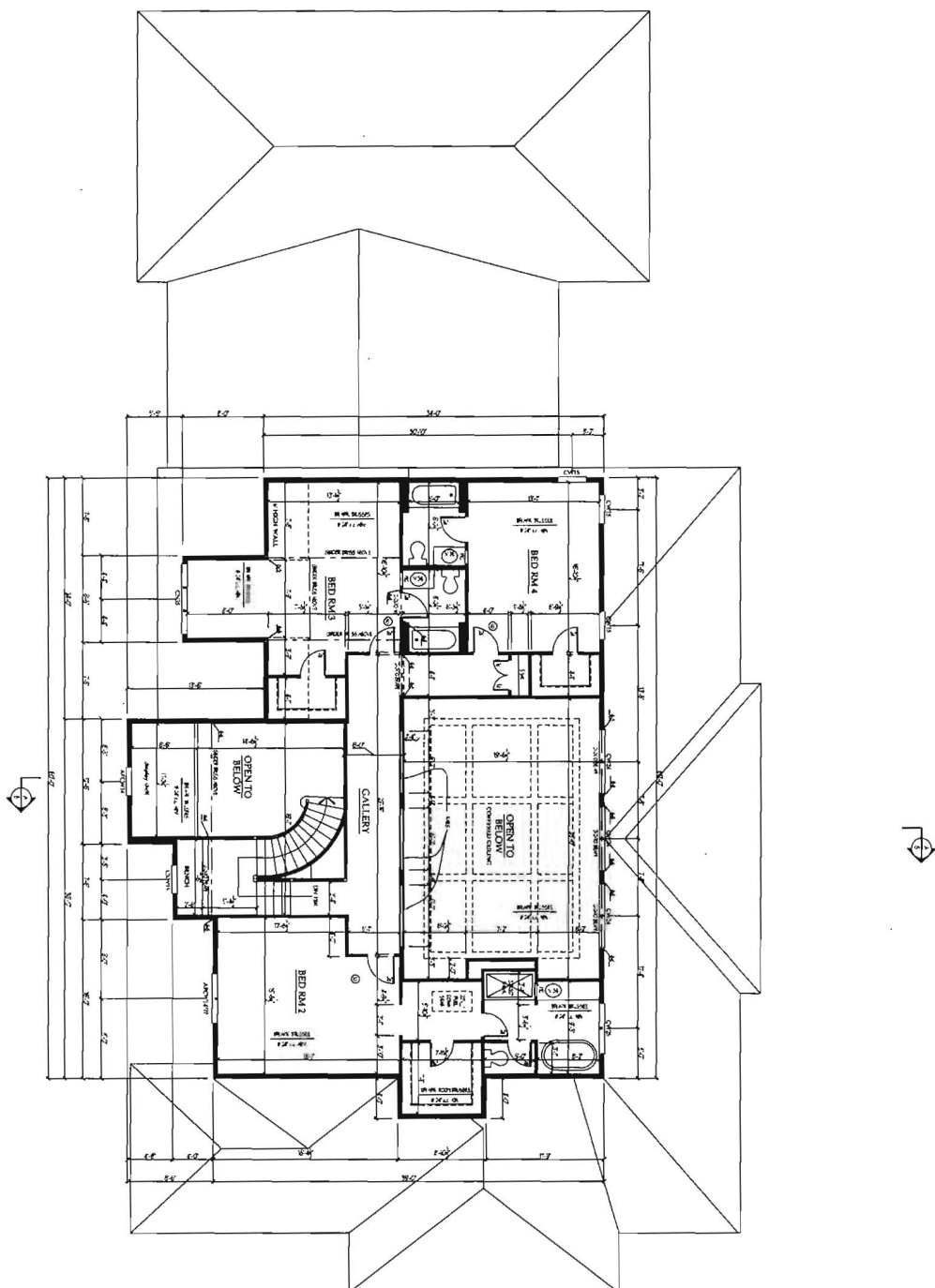
**Plymouth Road Architects**  
 640 Plymouth Road  
 Baltimore, MD 21229  
 Phone: 410-788-0281  
 arch@plymouth-road.com

Notes:

Drawing: **FIRST FLOOR PLAN**  
 Project: **CATONSVILLE HOMES**  
 VASQUEZ RESIDENCE

Project No.: C13.18  
 Date: 12/13  
 Scale: 3/16" = 1'-0"

3



BID AND PERMIT SET 2/26/14

3/26/2014 10:31 AM

1/26/2014

4

Project No.: C13.18  
 Date: 12/13  
 Scale: 3/16"=1'-0"

Drawing: SECOND FLOOR PLAN  
 Project: CATONSVILLE HOMES  
 VASQUEZ RESIDENCE

Notes:

**Plymouth Road Architects**  
 640 Plymouth Road Baltimore, MD 21229  
 Phone: 410-788-0281 arch@plymouth-road.com

## Williams, Jeffrey

---

**From:** Williams, Jeffrey  
**Sent:** Thursday, March 20, 2014 9:53 AM  
**To:** 'tmv@vanmar.com'  
**Cc:** 'Rob Scranton'; 'katvasquez1@aol.com'  
**Subject:** RE: 2684 Daisy Rd

I forgot to mention that I will need to see floorplans for the proposed house.

I also just saw the notice placed on the building permit by the inspections division regarding the caretaker apartment being constructed in the pole building. We do not have any septic area established for that building. This building will need a separate 10,000 square foot septic area established and a septic system designed and installed going to it. Alternatively, a waiver request could be submitted from the owner to allow the flow from the apartment to be run to the main system. Also, the well being drilled near the barn listed its use as agricultural on the permit. If this well is intended for potable use in the apartment, it will need to be developed as a potable domestic well. I will also need floorplans for the apartment.

The building permit will be placed on hold until these issues are addressed.

---

**From:** Williams, Jeffrey  
**Sent:** Monday, March 17, 2014 2:42 PM  
**To:** 'tmv@vanmar.com'  
**Cc:** 'Rob Scranton'  
**Subject:** 2684 Daisy Rd

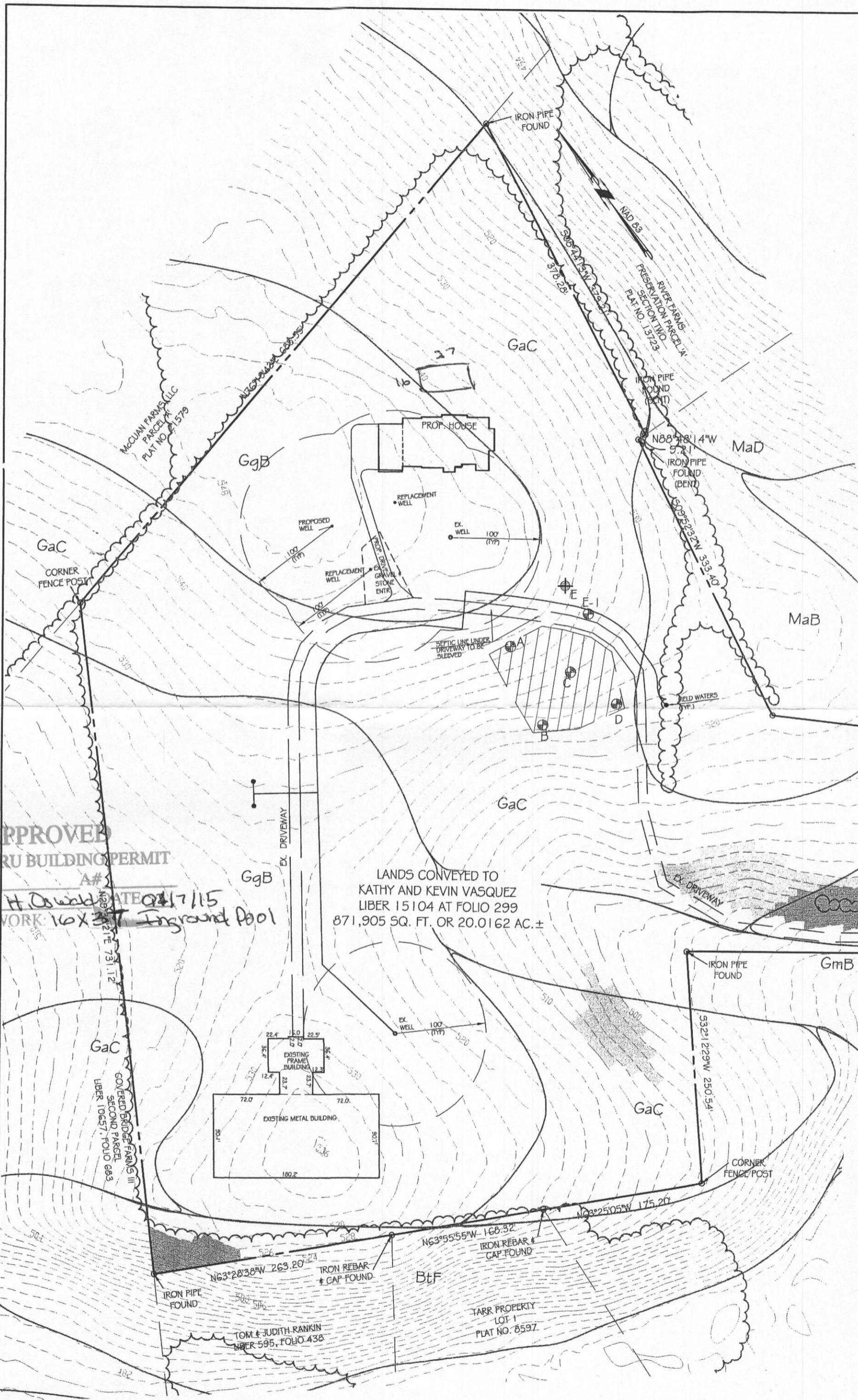
Please see the attached memo regarding the BAT plan for 2684 Daisy Rd. We've been adhering strictly to our BAT plan guidance, which specifies that the drainfield trench design must be shown on the plan (show the initial set of trenches and the first replacement set). The plan looks good in all other ways except please note on the plan that the line going under the driveway will be sleeved.

For the trenches, please show a chart or notation indicating the total trench length needed as well as notations for each trench inlet depth and bottom depth. Remember that all trenches must be equal length. This property has an application rate of 0.8, an effective sidewall depth of 5', and a max bottom depth of 7'. The inlet pipe must be at 4' or shallower. Using 2' of sidewall between 5 and 7', that will be a reduction credit of 62% for 3' wide trenches. See the attached septic specs sheet.

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

### CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.



**APPROVED WALKTHRU BUILDING PERMIT**

BP#                      A#                       
 APP. SAN H. Oswald DATE 04/17/15  
 DESC. OF WORK: 16X37 Inground Pool

LANDS CONVEYED TO  
 KATHY AND KEVIN VASQUEZ  
 LIBER 15104 AT FOLIO 299  
 871,905 SQ. FT. OR 20.0162 AC. ±

APPROVED:  
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT

**PROFESSIONAL CERTIFICATION**

I hereby certify that this document was 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. 21266, Expiration Date 09/09/15, in accordance with COMAR

100

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

Date: 12 - 22 - 14

To: Health Dept.  
(Person's Name and Division)

From: Brad Dockins (Suburban Propane (410) 833 1400  
(Your Name, Company Name and Telephone Number)

Subject: Project name Jasquez

Project site address West Daisy Rd

Permit # B14004388 SDP # \_\_\_\_\_

RECEIVED

Other information pertinent to this project \_\_\_\_\_

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 PLAT PLANS (be specific). New tank locations
- 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 \_\_\_\_\_

LICENSES & PERMITS  
DIVISION

**Contact Person Information: (Required)**

Brad Dockins  
Please Print Name

Telephone No: 410 833 1400

E-Mail Address: Rthieronius@suburban  
propane.com

**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.**

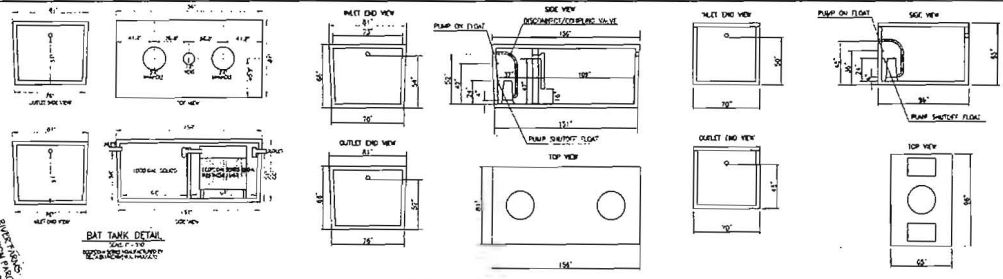
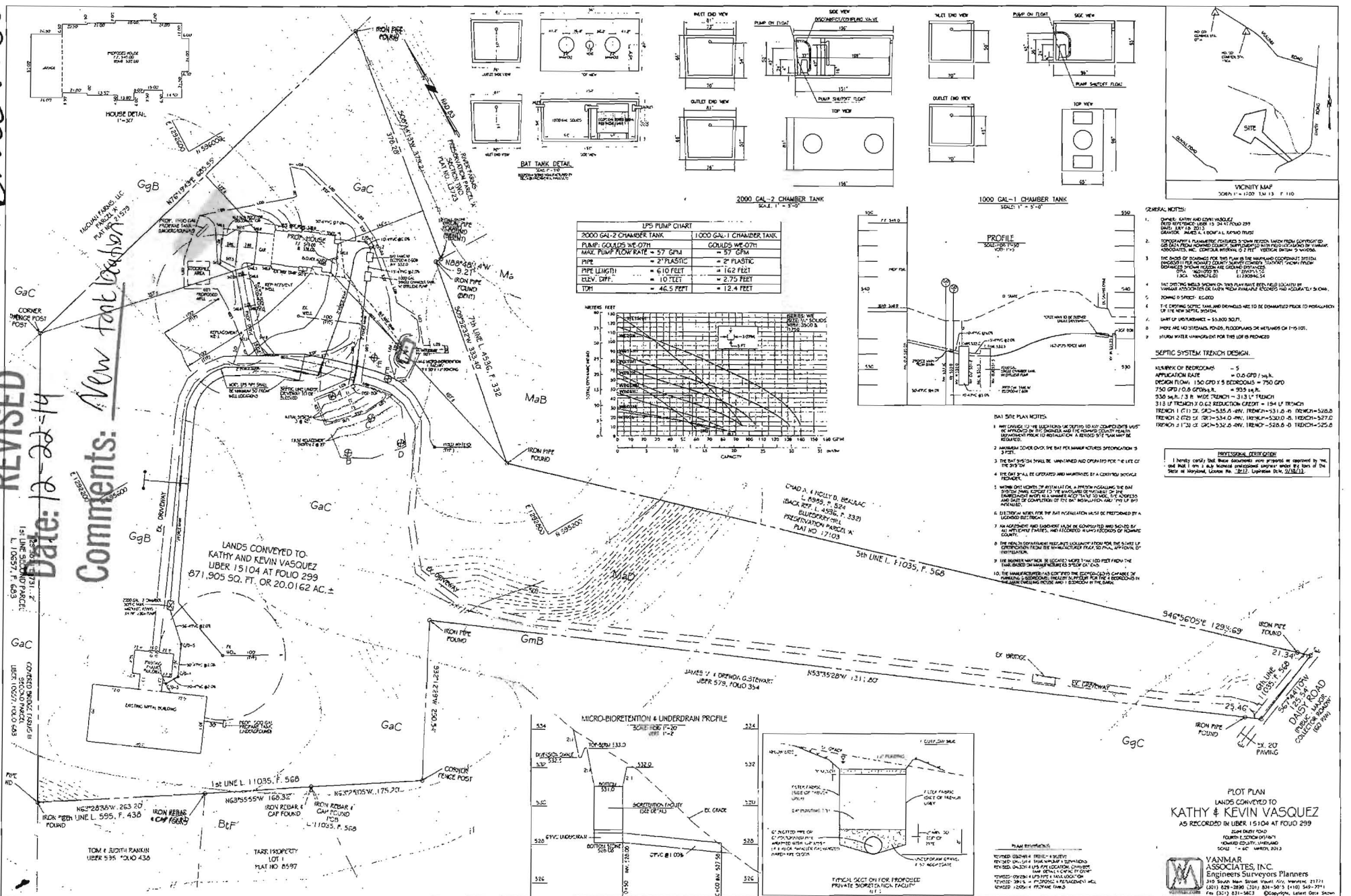
Received by mf

Revision #2

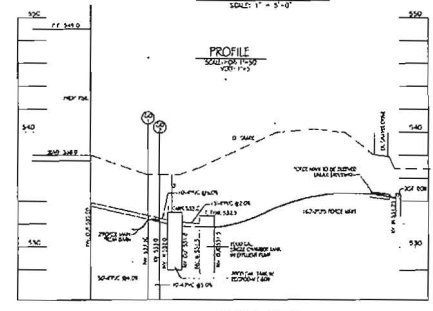
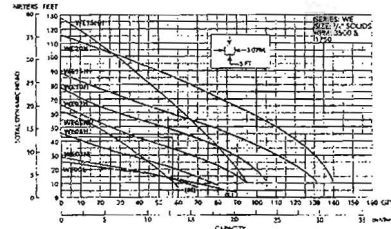
#B1400488

REVISED  
Date: 2-22-14

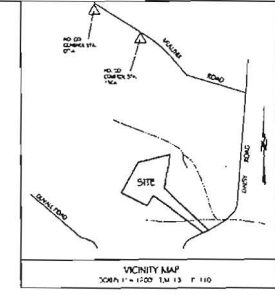
Comments: New tent location



| LPS PUMP CHART               |                              |
|------------------------------|------------------------------|
| 2000 GAL-2 CHAMBER TANK      | 1000 GAL-1 CHAMBER TANK      |
| PUMP LOADS WE-07H            | LOADS WE-07H                 |
| MAX. PUMP FLOW RATE = 57 GPM | MAX. PUMP FLOW RATE = 57 GPM |
| PIPE LENGTH = 2' PLASTIC     | PIPE LENGTH = 2' PLASTIC     |
| PIPE LENGTH = 10' FEET       | PIPE LENGTH = 162' FEET      |
| ELEV. DIFF. = 46.5 FEET      | ELEV. DIFF. = 12.4 FEET      |



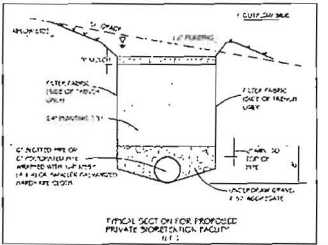
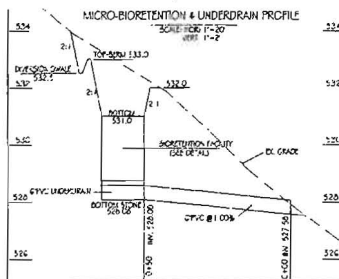
- GENERAL NOTES:**
- OWNER, KATHY AND KEVIN VASQUEZ, HAS REVIEWED THIS PLAN AND APPROVES THE SEPTIC SYSTEM DESIGN.
  - TOPOGRAPHY PLANNING: FINISHED 3-DIMENSIONAL SURFACE FROM CONTIGUOUS SURVEY DATA PROVIDED TO THE ENGINEER BY THE CLIENT. THE FINISHED SURFACE IS SHOWN WITH A 2' VERTICAL INTERVAL.
  - THE SEPTIC SYSTEM IS TO BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.
  - THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE SEPTIC SYSTEM DESIGN AND THE SEPTIC SYSTEM DESIGN SHALL BE CONFORMANT WITH THE SEPTIC SYSTEM DESIGN.



- SEPTIC SYSTEM TRENCH DESIGN:**
- NUMBER OF BEDROOMS = 5
  - APPLICATION RATE = 0.05 GPD / sq. ft.
  - DESIGN FLOW: 150 GPD x 5 BEDROOMS = 750 GPD
  - 750 GPD / 0.6 GPD/ft. = 1250 ft. TRENCH
  - 2300 sq. ft. x 0.18 in. = 414 in. TRENCH = 34.5 ft. TRENCH
  - 3.18 ft. TRENCH x 0.62 REDUCTION CREDIT = 1.97 ft. TRENCH
  - TRENCH 1 (T1) OF 24'-0" x 36"-0" DIA. TRENCH = 531.0 in. TRENCH = 44.25 ft. TRENCH
  - TRENCH 2 (T2) OF 24'-0" x 36"-0" DIA. TRENCH = 532.0 in. TRENCH = 44.33 ft. TRENCH
  - TRENCH 3 (T3) OF 24'-0" x 36"-0" DIA. TRENCH = 532.0 in. TRENCH = 44.33 ft. TRENCH

**PROFESSIONAL DESIGNER:**

I hereby certify that these drawings were prepared as shown by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 2212, License Plate No. 22122212.



**PLOT PLAN**  
LANDS CONVEYED TO  
**KATHY & KEVIN VASQUEZ**  
AS RECORDED IN LIBER 15104 AT FOLIO 299

SEAN DRAKE PLOTTING  
4000 E. CHESAPEAKE BLVD.  
FOWERS CROSSING, VIRGINIA 22111  
SCALE: 1" = 40' UNLESS NOTED

**YANMAR ASSOCIATES, INC.**  
Engineers/Surveyors/Planners  
210 South Main Street, Suite 200, Baltimore, MD 21201  
(410) 629-2890 (201) 834-5070 (410) 549-7711  
FAX (410) 549-7711

Name: Brad Dockins Suburban Propane  
Street Address: 13944 Old Hanover Rd  
City, State, Zip: Reisterstown Md 21136  
Date: 1-9-15

Amendment, Permit # B14004389

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

JAN 09 2015

LICENSES & PERMITS  
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B14004389 at  
2684 Daisy Rd Woodbine Md to

The home owner decided to go with an above ground 500  
gallon tank instead of a underground tank (PROPANE)

Enclosed:

Fee: \$50.00

Plot Plans

Sets of Construction Drawings

Other: TANK SPECS

INV# 387577

MO# 00131517 PNC BANK

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

Sincerely,



Name: Brad Dockins

Title: Project Estimator

Phone: 361 659 9728

Email: BDOCKINS@SuburbanPropane.com

Amendment Letter

REVISED

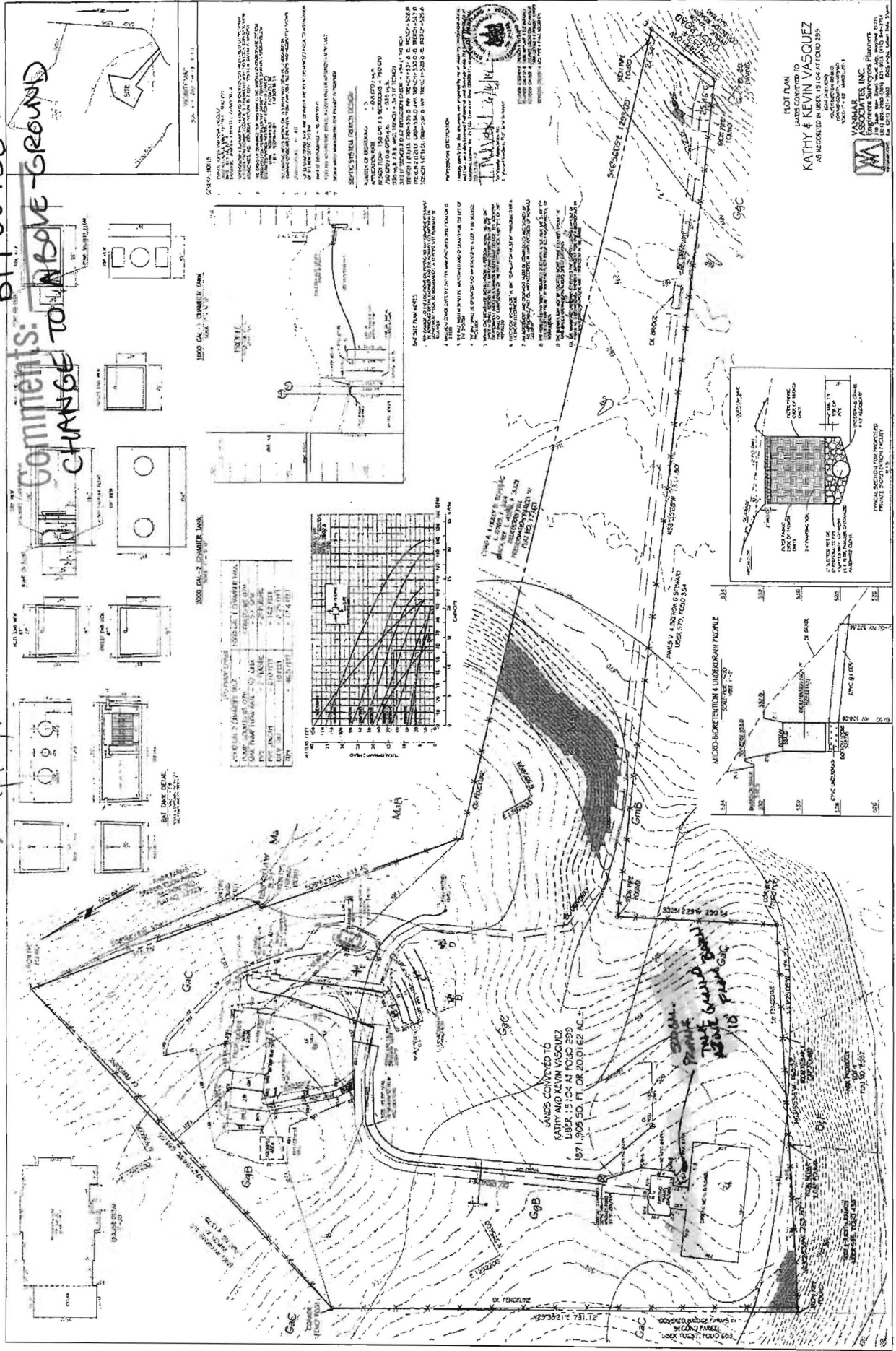
Date: 01/09/15

B14 004389

Approved  
Gep  
1/14/15

B 14004389

Comments: ~~TO ABOVE GROUND~~  
CHANGE TO ABOVE GROUND

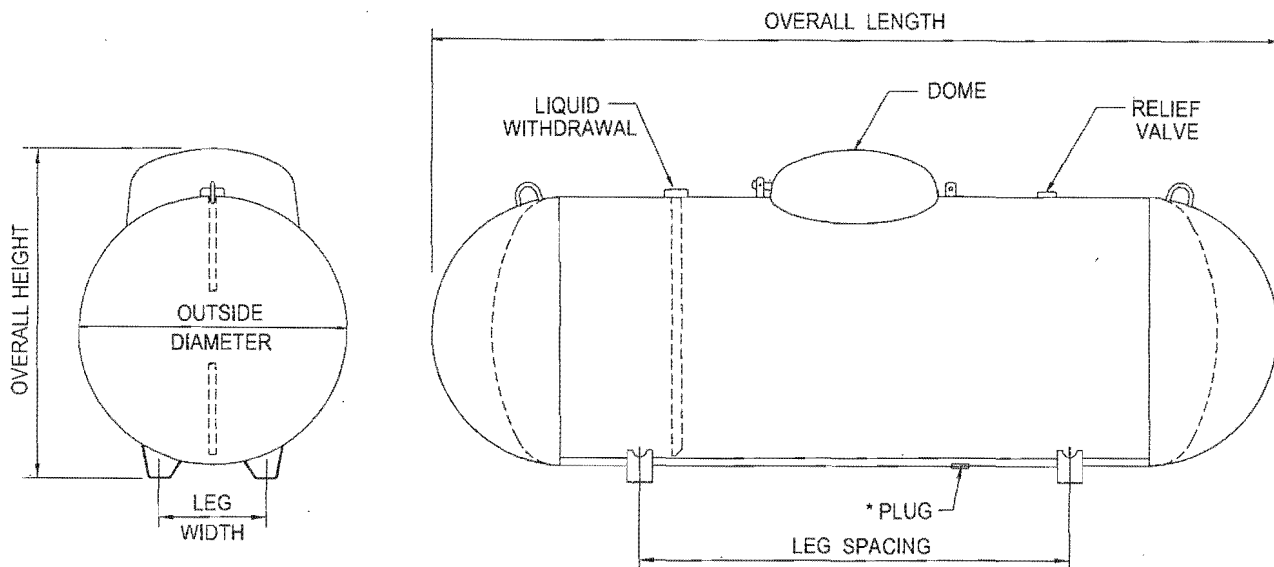


LOT 10  
LANDS CONVERTED TO  
KATHY & KEVIN VASQUEZ  
AS ACCORDING BY DEED 15104 AT FOLIO 289

VANMART ASSOCIATES, INC. Planners  
10000 N. 10th Ave., Suite 200, Phoenix, AZ 85021  
TEL: 602.998.8800 FAX: 602.998.8801  
WWW.VANMART.COM

\*NO CHANGE IN TANK LOCATION\*

# TRINITY CONTAINERS AG DOMESTIC TANKS



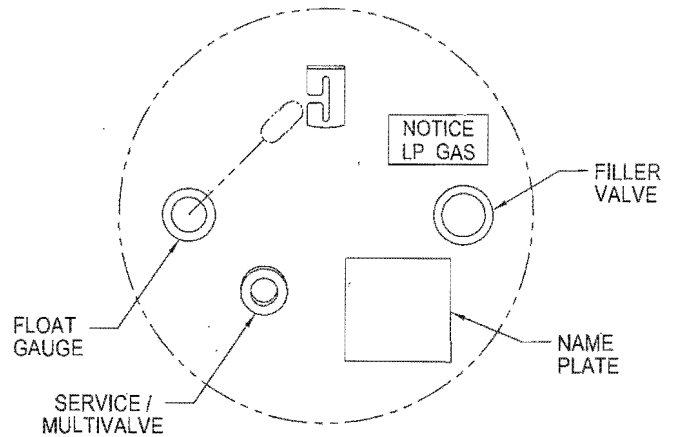
## General Specifications

Conforms to the latest edition and addenda of the ASME code for Pressure Vessels, Section VIII, Division 1. Complies with NFPA 58.

Rated at 250 psig from -20° F. to 125° F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with TGIC powder.

Liquid withdrawal opening located under the dome on the 120wg vessels ONLY.



## ABOVEGROUND VESSEL DIMENSIONAL INFORMATION

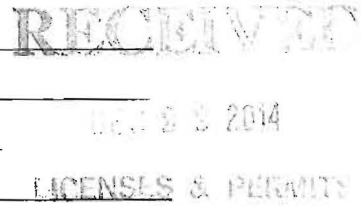
All vessels dimensions are approximate

| WATER CAPACITY        | OUTSIDE DIAMETER    | HEAD TYPE | OVERALL LENGTH               | OVERALL HEIGHT             | LEG WIDTH           | LEG SPACING              | WEIGHT                 | QUANTITY  |           |
|-----------------------|---------------------|-----------|------------------------------|----------------------------|---------------------|--------------------------|------------------------|-----------|-----------|
|                       |                     |           |                              |                            |                     |                          |                        | FULL LOAD | PER STACK |
| * 120 wg.<br>454.2 L  | 24"<br>609.6 mm     | Ellip     | 5' - 5 13/16"<br>1671.6 mm   | 2' - 8 1/4"<br>819.2 mm    | 10 1/8"<br>257.2 mm | 3' - 0"<br>914.4 mm      | 245 lbs.<br>111.1 kg.  | 96        | 12        |
| * 250 wg.<br>946.3 L  | 31.5"<br>800.1 mm   | Hemi      | 7' - 2 1/2"<br>2197.1 mm     | 3' - 3 3/4"<br>1009.7 mm   | 12 3/4"<br>323.9 mm | 3' - 6"<br>1066.8 mm     | 472 lbs.<br>214.1 kg.  | 63        | 9         |
| * 320 wg.<br>1211.2 L | 31.5"<br>800.1 mm   | Hemi      | 8' - 11 3/4"<br>2736.9 mm    | 3' - 3 3/4"<br>1009.7 mm   | 12 3/4"<br>323.9 mm | 4' - 0 1/4"<br>1225.6 mm | 588 lbs.<br>266.7 kg.  | 45        | 9         |
| 500 wg.<br>1892.5 L   | 37.42"<br>950.5 mm  | Hemi      | 9' - 10"<br>2997.2 mm        | 3' - 9 11/16"<br>1160.5 mm | 15"<br>381.0 mm     | 5' - 0"<br>1524.0 mm     | 871 lbs.<br>395.1 kg   | 30        | 6         |
| 1000 wg.<br>3785.0 L  | 40.96"<br>1040.4 mm | Hemi      | 15' - 10 13/16"<br>4846.6 mm | 4' - 1 3/8"<br>1254.1 mm   | 16 1/4"<br>412.8 mm | 9' - 0"<br>2743.2 mm     | 1729 lbs.<br>784.3 kg  | 15        | 5         |
| 1465 wg.<br>5545.0 L  | 46.77"<br>1188 mm   | Ellip     | 17' - 6 7/8"<br>5356.2 mm    | 4' - 4 3/4"<br>1339.9 mm   | 21"<br>533.4 mm     | 10' - 0"<br>3048 mm      | 2745 lbs.<br>1245 kg   | 12        | 4         |
| 2000 wg.<br>7570.0 L  | 46.77"<br>1188 mm   | Ellip     | 23' - 9"<br>7239 mm          | 4' - 7"<br>1709.7 mm       | 21"<br>533.4 mm     | 20' - 0"<br>6096 mm      | 3676 lbs.<br>1667.5 kg | 8         | 4         |

\* DRAIN PLUG NOT AVAILABLE

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

Date: 12/22/14  
To: Health Dept.  
(Person's Name and Division)  
From: Brad Dockins (Suburban Propane) (410) 833 1400  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Vasquez  
Project site address 2684 Daisy Rd  
Permit # B14004389 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_



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 Plot plans (be specific). New tank locations
- 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)**

Brad Dockins Telephone No: 410-833-1400  
Please Print Name  
E-Mail Address: R.Hieronimus@SuburbanPropane.com

**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]

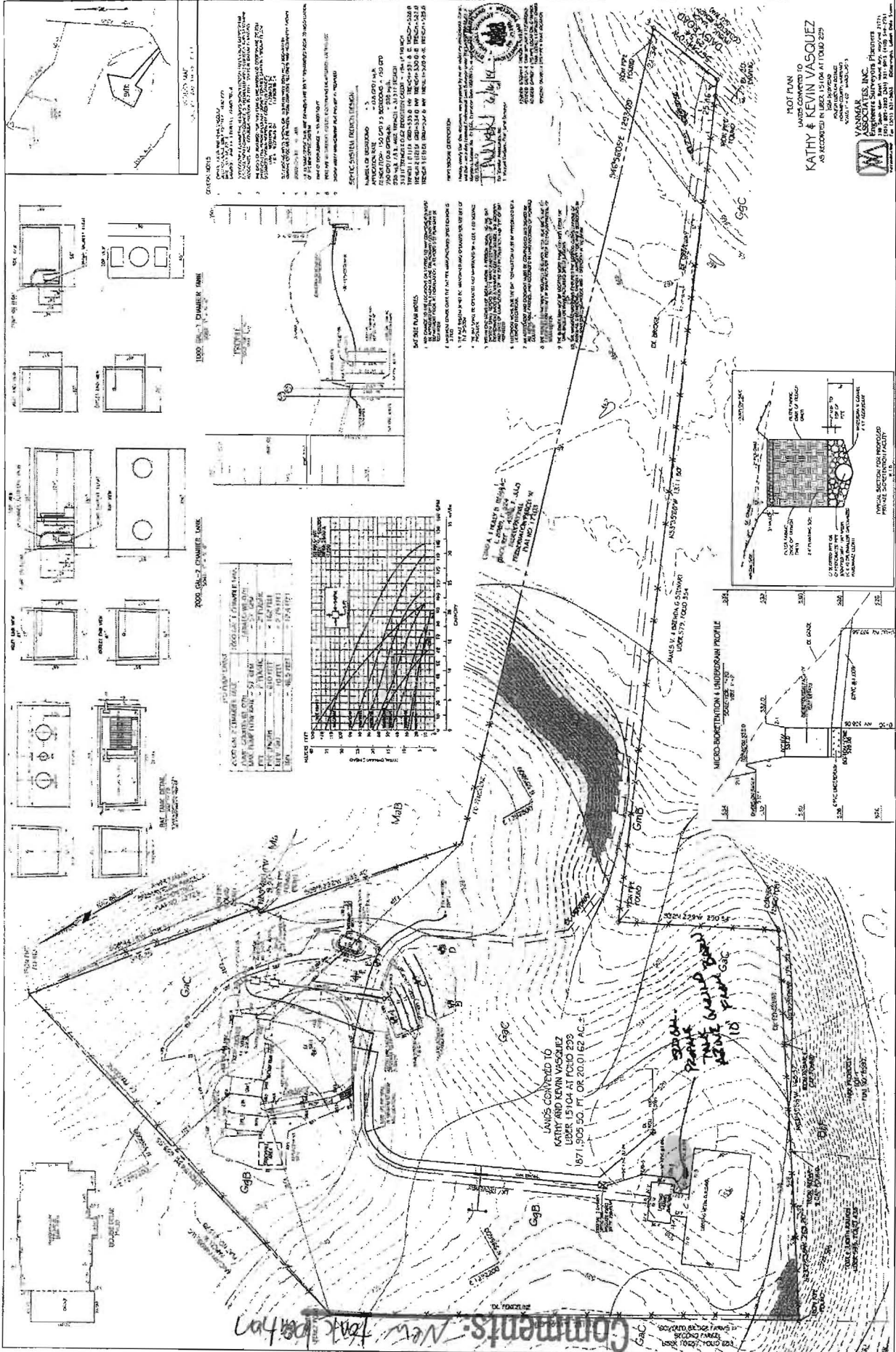
Revision #2

# B14004389

REVISED

Date: 12-22-14

Comments: New tank location



PROJECT NO. 14004389  
 KATHY & KEVIN VASQUEZ  
 AS REGISTERED PROFESSIONAL ENGINEERS  
 ENGINEERS SURVEYORS PLANNERS  
 1500 W. 10TH AVENUE, SUITE 1000  
 DENVER, COLORADO 80202  
 PHONE: (303) 733-1111  
 FAX: (303) 733-1112  
 WWW: WWW.K&KV.COM



DATE: 12-22-14  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]  
 PROJECT NO. 14004389  
 SHEET NO. 1 OF 1