



# 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. BI 3003085

Building Address: 14904 Meriwether Dr  
 City: Glenelg State: MD Zip Code: 21737  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 29  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Toll MD LLC LP  
 Address: 7164 Columbia Gateway Dr  
 City: Columbia State: MD Zip Code: 21046  
 Phone: 410-872-9141 Fax: 410-489-2676  
 Email: kmonath@tollbrothersinc.com

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Keith Monath  
 Address: 14881 Meriwether Dr  
 City: Glenelg State: MD Zip Code: 21737  
 Phone: 443-500-0606 Fax: 410-489-2676  
 Email: kmonath@tollbrothersinc.com

Existing Use: Vacant lot  
 Proposed Use: Single Family Dwelling  
 Estimated Construction Cost: \$ 350,000  
 Description of Work: Hampton Carolina w/ Naples Sunroom, Conservatory Elive, Additional car garage  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Toll Brothers Inc  
 Contact Person: Keith Monath  
 Address: 14881 Meriwether Dr  
 City: Glenelg State: MD Zip Code: 21737  
 License No.: 5050  
 Phone: 443-500-0606 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 <sup>st</sup> floor: <u>76'4"</u>	<u>94'</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>64'8"</u>	<u>82'</u>
Use group: _____	Basement: <u>55'8"</u>	<u>82'</u>
Construction type: _____	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>	
	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	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G1200002</u>	
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: Keith Monath  
 Email Address: kmonath@tollbrothersinc.com  
 Title/Company: CM / Toll Brothers Inc

Print Name: Keith Monath  
 Date: 8/9/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

FOR OFFICE USE ONLY

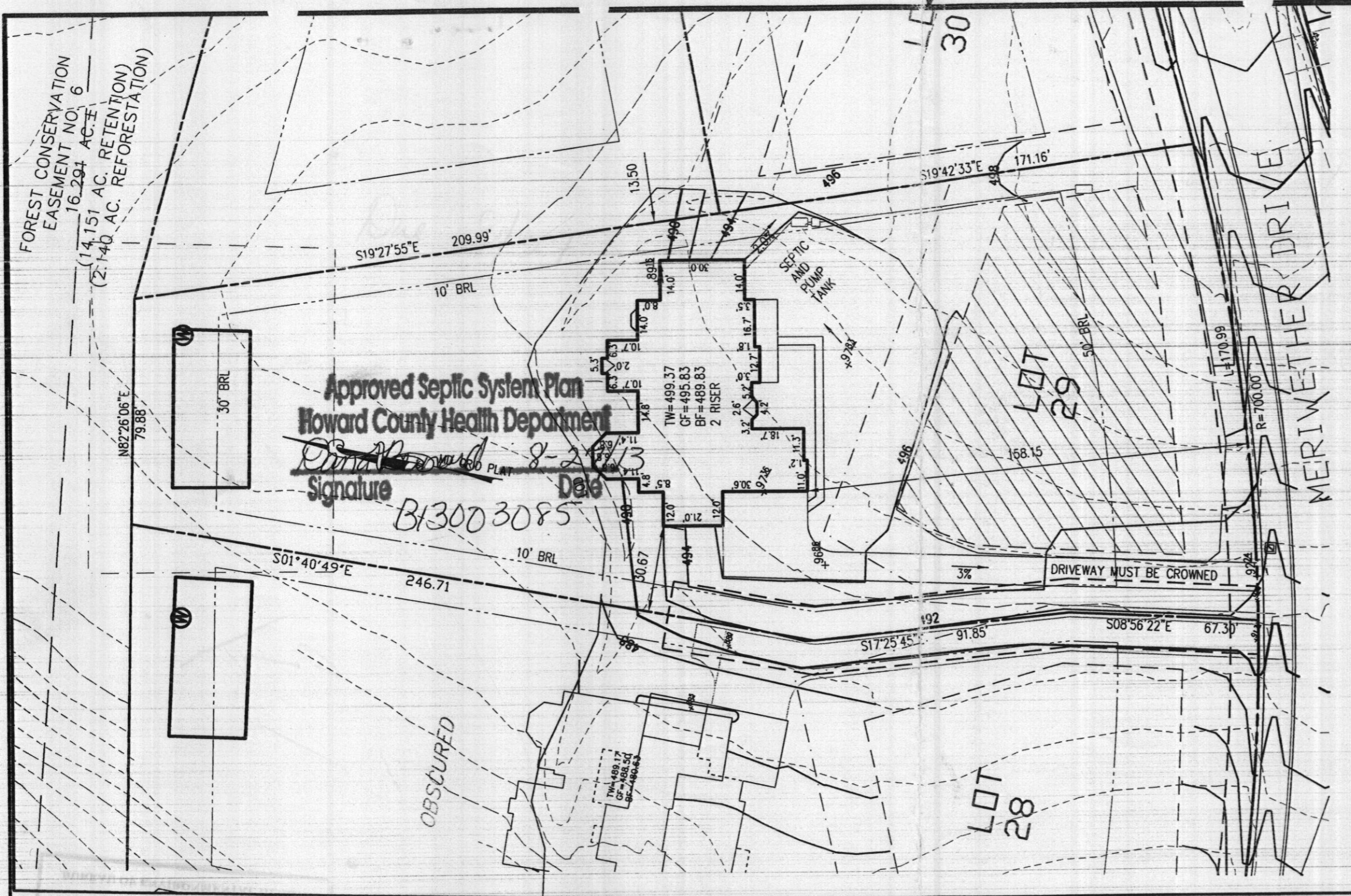
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>8/13/13 [Signature]</u>

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
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>69279505</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-95-2115 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. 21769, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SWM FOR THIS LOT IS MANAGED PER PLAN F-09-044

E & S CONTROLS PER PLAN F-09-044

CULVERT FOR DRIVEWAY PER F-09-044

ADDRESS: 14904 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	494.18
GROUND @ INV. @ HOUSE	496.18
INV. IN TANK	493.71
INV. OUT TANK	493.41
TOP OF TANK	494.41
GROUND OVER TANK	496.12
INV. IN PUMP	493.38
INV. OUT PUMP	493.08
INV. IN DIST. BOX	495.16
INV. OUT DIST. BOX	494.86
GROUND @ BOX	498.53

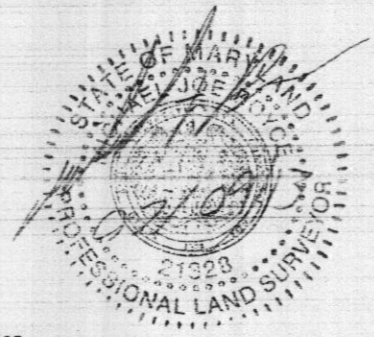
BASEMENT DOES NOT GRAVITY SEWER

THE INITIAL SEPTIC SYSTEM DISTRIBUTION TRENCHES MUST BE INSTALLED IN THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

IF THE ELEVATION OF THE HOUSE SEWER IS DIFFERENT THAN THAT SHOWN ON THIS PLAN AT TIME THAT THE SEWER HOUSE CONNECTION (SHC) IS COMPLETED, THE ATTENDING ENVIRONMENTAL SANITARIAN MAY REQUIRE INSTALLATION OF A PUMP AND PUMP CHAMBER TO DELIVER SEPTIC TANK EFFLUENT TO THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

- TYPE: HOPEWELL (PRO)-
- EXPANDED FAMILY ROOM/GREAT ROOM
  - CONSERVATORY ELITE ADDITION
  - ADD 1' TO HEIGHT OF BASEMENT
  - BEDROOM SUITES ABOVE AN ELITE ADDITION
  - NAPLES SUNROOM ADDITION
  - ADDITIONAL ONE CAR FRONT ENTRY GARAGE
  - BAY WINDOWS

- OPTION No. 023
- OPTION No. 039
- OPTION No. 070
- OPTION No. 521
- OPTION No. 529
- OPTION No. 506
- OPTION No. 156



PLOT PLAN  
LOT #29  
**MERIWETHER FARMS**  
LIBER 12124, FOLIO 120  
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: 07/09/13      SCALE: 1"=40'      FILE: LOT 29 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: JLN

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 1/27/15.



**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: 12/23/13  
 Permit No.: B13004607

Building Address: 14904 Meriwether Dr -  
 City: Green E dg State: MD Zip Code: 21737  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 029  
 Tax Map: 21 Parcel: 28 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 52752

Property Owner's Name: Toll MD VIII Limited  
 Address: 7114 Columbia Gateway Dr  
 City: Columbia State: MD Zip Code: 21046  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Jeremy Clancy  
 Address: 10 Box 1253  
 City: Greenview State: MD Zip Code: 21784  
 Phone: 410 330 1229 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/Tank  
 Estimated Construction Cost: \$ 8000  
 Description of Work: Install 1000 Gal underground propane tank  
 Occupant or Tenant: \_\_\_\_\_  
 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 Gervin  
 Address: 7201 Monte Neale Rd  
 City: Jessup State: MD Zip Code: 20794  
 License No.: 67793  
 Phone: 410 791 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:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<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	

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  
 Email Address: Jeremy@appliedandapproved.com  
 Title/Company: Permits

Print Name: Jeremy Clancy  
 Date: 12/23/13

**RECEIVED**  
 DEC 23 2013  
 LICENSES & PERMITS DIVISION

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>1/15/14</u>	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION

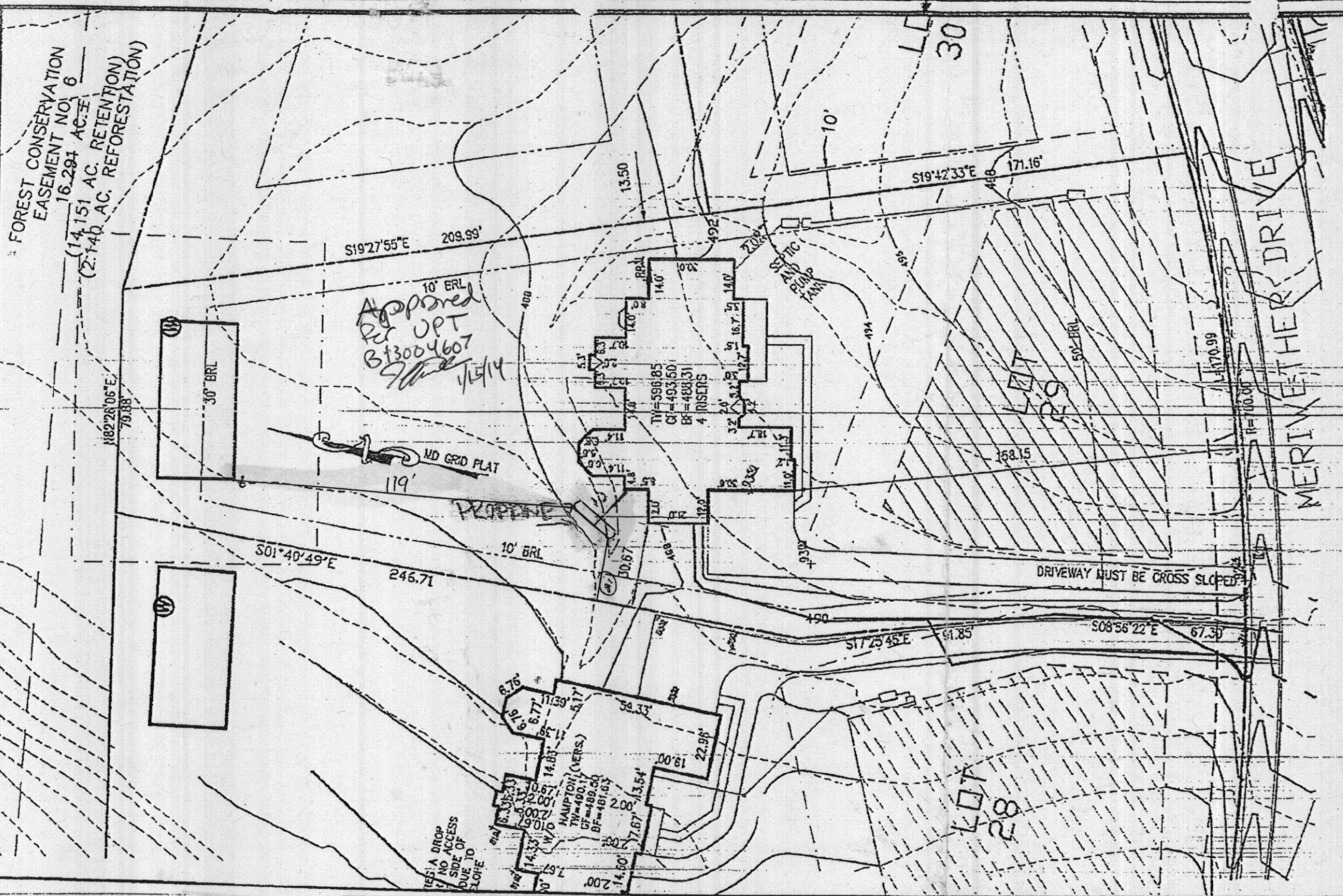
Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 3391

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-95-2115 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. 21769, ET SEQ. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SYM FOR THIS LOT IS MANAGED PER PLAN F-03-044

E & S CONTROLS PER PLAN F-03-044

CULVERT FOR DRIVEWAY PER F-03-044

ADDRESS: 149C4 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	491.8
GROUND @ INV. @ HOUSE	495.0
INV. IN TANK	491.3
INV. OUT TANK	491.0
TOP OF TANK	492.0
GROUND OVER TANK	494.5
INV. IN PUMP	491.0
INV. OUT PUMP	490.7
INV. IN DIST. BCX	495.2
INV. OUT DIST. BCX	494.9
GROUND @ BOX	498.5

BASEMENT DOES NOT GRABBY SEWER

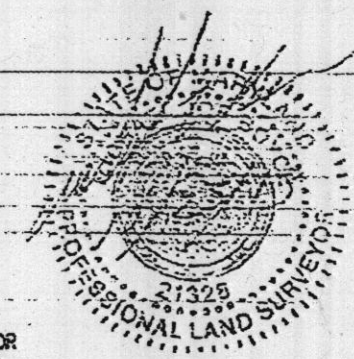
THE INITIAL SEPTIC SYSTEM DISTRIBUTION TRENCHES MUST BE INSTALLED IN THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

IF THE ELEVATION OF THE HOUSE SEWER IS DIFFERENT THAN THAT SHOWN ON THIS PLAN AT TIME THAT THE SEWER HOUSE CONNECTION (SHC) IS COMPLETED, THE ATTENDING ENVIRONMENTAL SANITARIAN MAY REQUIRE INSTALLATION OF A PUMP AND PUMP CHAMBER TO DELIVER SEPTIC TANK EFFLUENT TO THE UPPERMOST PORTION OF THE SEPTIC RESERVE AREA.

*Set back to house*

- TYPE: HAMPTON (CAR)-
- EXPANDED FAMILY ROOM/GREAT ROOM
- CONSERVATORY ELITE ADDITION
- ADD 1' TO HEIGHT OF BASEMENT
- BEDROOM SUITES ABOVE AN ELITE ADDITION
- NAPLES SUNROOM ADDITION
- ADDITIONAL ONE CAR FRONT ENTRY GARAGE
- DAY WINDOWS

- OPTION No. 023
- OPTION No. 039
- OPTION No. 070
- OPTION No. 521
- OPTION No. 529
- OPTION No. 525
- OPTION No. 156



PLOT PLAN  
LOT #29  
**MERIWETHER FARMS**  
LIBER T2T24, FOLIO T20  
PLAT No. 21765, ET SEQ.  
FOURTH ELECTION DISTRICT,  
HOWARD COUNTY, MARYLAND

**Land Planning**

**Engineering**

**Land Surveying**

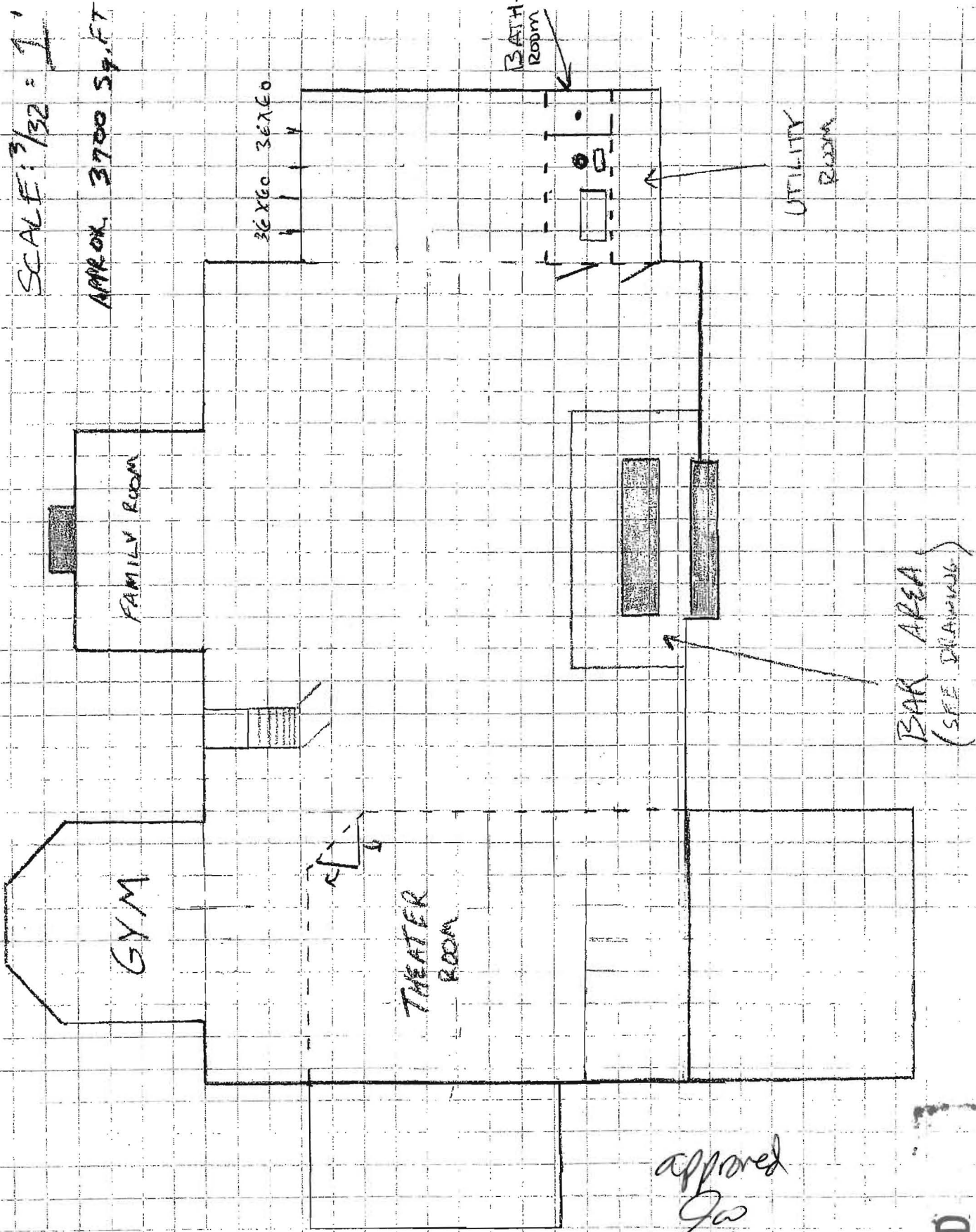
ESE Consultants, Inc.  
7164 Columbia Gateway Dr.  
Suite 203  
Columbia, MD 21046  
TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 10/23/13      SCALE: 1"=40'      FILE: LOT 29 PP  
CHK'D: MJB      JOB#: 3184      DRAWN: JLN

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 1/27/15.

SCALE: 3/32" = 1'

APPROX. 3700 SQ. FT.



REVISED

Date: 7-24-14

Comments: Bedroom removed

## Williams, Jeffrey

---

**From:** Williams, Jeffrey  
**Sent:** Friday, July 18, 2014 8:28 AM  
**To:** 'Bhatti, Nadeem'  
**Subject:** RE: B14002002, 14904 Meriwether Dr

I think that looks ok. You can contact the Permits Department or go on their website to see about the process for submitting this as a revised plan. Make sure you tell them to scan it into Acella and give them a copy to send to us. If you let me know when you give it to them, I can look online to see if they scanned it in. Once I see it, I can sign off on the permit application. Thanks  
Jeff

---

**From:** Bhatti, Nadeem [mailto:nadeem@patriotmtgcorp.com]  
**Sent:** Thursday, July 17, 2014 2:33 PM  
**To:** Williams, Jeffrey  
**Subject:** RE: B14002002, 14904 Meriwether Dr

Dear Mr. Williams ,

Attached is the revised plan for the basement, Please let me know if that will work thanks.

Sincerely ,

Nadeem Bhatti . 301 343 4195

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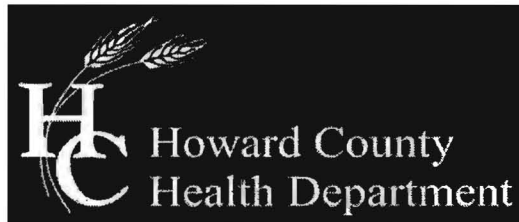
**From:** Williams, Jeffrey [mailto:jewilliams@howardcountymd.gov]  
**Sent:** Monday, July 07, 2014 9:52 AM  
**To:** Bhatti, Nadeem  
**Subject:** B14002002, 14904 Meriwether Dr

Attached is the Health response to B14002002. Thanks

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

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## 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](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

July 7, 2014

Nadeem Bhatti  
14904 Meriwether Drive  
Glenelg, MD 21737

**RE: B14002002**

Mr. Bhatti:

The Health Department has completed a review of the above referenced building permit for a finished basement. The basement floorplans indicate a bedroom addition. The existing septic system installed in May 2014 as part of the house construction was designed for a four bedroom house. In order for the Health Department to approve the building permit, the following items must be addressed:

- A revised floorplan must be submitted to the Health Department and DILP showing the finished basement as well as the first and second floors with a total of four bedrooms according to the bedroom definition in Howard County Code section 3.8, Onsite Sewage Disposal Systems. The definition is as follows:
  - (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned are of a dwelling unit or accessory structure that:
    - (i) Is 90 square feet or greater in size;
    - (ii) May be used as a private sleeping area; and
    - (iii) Has at least one window and one interior door.
  - (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
    - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
    - (ii) A minimum 4 foot-wide opening, without doors, into another room;
    - (iii) A half wall (4 foot maximum height) between the room and another room; or
    - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

**OR,**

- The existing septic system must be upgraded with drainfield absorption area large enough to accommodate the proposed number of bedrooms under the building permit. Floorplans for all floors of the existing home must be provided to the Health Department in order to assess the number of bedrooms. If this option is chosen, the septic system must be upgraded prior to building permit approval. A revised septic system design plan must be approved by the Health Department prior to septic permit issuance.

If you have any questions, please contact me at 410-313-1771 or [jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov).

A handwritten signature in black ink, appearing to read 'Jeff Williams', is written over a white background.

Jeff Williams  
Program Supervisor, Well & Septic Program

Cc: file



# 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: 6-12-14

Permit No.: B14002002

Building Address: 14904 MERIWETHER DR  
 City: GLENELG State: MD Zip Code: 21737  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 29  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: NADEEM BHATTI  
 Address: 14904 MERIWETHER DR  
 City: GLENELG State: MD Zip Code: 21737  
 Phone: 301-343-4195 Fax: \_\_\_\_\_  
 Email: NADEEM@PATRIOT MTG CORP. COM

Existing Use: RESIDENTIAL SFD  
 Proposed Use: SFD W/ FINISH BSMT  
 Estimated Construction Cost: \$ 40,000  
 Description of Work: FINISH BASEMENT  
GYM THEATER, FAM RM,  
BEDROOM, FB, BAR 3600 SF  
 Occupant or Tenant: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

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: <input checked="" type="checkbox"/>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <input checked="" type="checkbox"/>
Use group:	Basement: <input checked="" type="checkbox"/>
Construction type:	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:
Roadside Tree Project Permit #	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

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 type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: NADEEM BHATTI Print Name: NADEEM BHATTI  
 Email Address: NADEEM@PATRIOT MTG CORP. COM Date: 6/12/14  
 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	\$ <u>135</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4135</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA  
 T:\Operations\Updated Forms\Building applmp 8.2012.docx email to owner



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\*mail to owner

