

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M1100082e1</u> BUILDING PERMIT #
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BUILDING ADDRESS: <u>8517 Old Frederick rd</u> SUBDIVISION: <u>Ellicott City MD 21042</u> CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: <u>Ely, Sam & Amy</u> ADDRESS: <u>8517 Old Frederick rd</u> CITY: <u>Ellicott City</u> STATE: <u>MD</u> ZIP CODE: <u>21042</u> HOME PHONE: <u>757-652-2652</u> WORK PHONE: _____
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<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>1</u> ZONES	COMPANY NAME: <u>Supreme Air</u> LICENSEE NAME: <u>Alexandros Kouzianos</u> ADDRESS: <u>6203 Collinsway rd</u> CITY: <u>Baltimore</u> STATE: <u>MD</u> ZIP CODE: <u>21228</u> PHONE: <u>410-788-1114</u> HVACR LICENSE NO: <u>47207</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	

New <input type="checkbox"/> Heating and Air Conditioning <input checked="" type="checkbox"/> Geo Thermal System Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	<div style="font-size: 2em; font-family: cursive;"> 9/19/11 Approved BB </div>	<input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning
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****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones	Rooms
Permit Fee = # of Zones x \$40 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee <u>\$50.00</u> Total Fees Due = _____	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

8-22-11
 SIGNATURE OF LICENSEE DATE

Alex Kouzianos
 PRINT NAME OF LICENSEE
Alex@SupremeAirLLC.com
 Email Address

Validation

Check Number: 3234

Cash: _____

Receipt Number: 250957

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

Well + Septic

6-0005360

BP

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLEOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00110845
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Building Address <u>8517 Old Frederick Rd</u> <u>Ellicott City MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>03054</u> Census Tract <u>002100</u> Subdivision <u>Kelover Property</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>18</u> Parcel <u>371</u> Grid _____ Zoning <u>R 20</u> Map Coordinates _____ Lot size <u>3.8A</u>	Property Owner's Name <u>Carrigan Home Inc</u> Address <u>9812 Carlines Ct</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone _____ Work Phone <u>410-465-7755</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>same</u> Phone _____ Fax <u>410-465-5608</u>
Existing Use <u>Empty lot</u> Proposed Use <u>New home</u> Estimated Construction Cost <u>\$200,000</u> Description of Work <u>To build new single family home - 1 1/2 place 4 Br. 2 1/2 Bath integral garage through in</u>	Contractor Company <u>Same as Above</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. <u>558</u> Phone _____ Fax _____
Occupant or Tenant <u>same</u> 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: <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	Utilities 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input 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 <u>4</u> 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	Utilities 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Open Kelly</u> Applicant's Signature <u>Res - Carrigan Home Inc.</u> Title/Company	<u>Open Kelly</u> Print Name <u>3-26-03</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 *** PLEASE WRITE NEATLY AND LEGIBLY. ***

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>33468</u>
Land Development DPZ			Front: _____	Filing fee \$ <u>100</u>
Fire Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/3/03</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 # <u>3112</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>72056</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

FA

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3900 COUNTY HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2485 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144065

Building Address 8517 Old Frederick Road
Ellicott City Md 21042

Property Owner's Name CARRIGAN HOMES
Address 7812 Carthage Ct

Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 602102 Subdivision _____

City Ellicott City State MD Zip Code 21042
Home Phone _____ Work Phone (410) 971-8927
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 3
Tax Map 18 Parcel #9371 Grid 7

Phone _____ Fax _____

Zoning R20 Map Coordinates 1253 Lot size _____

Existing Use _____
Proposed Use 1000 GALLEY VG LP TANK
Estimated Construction Cost \$ 3000

Contractor Company UNITED POLYPALE
Contact Person RICH JAROS

Description of Work INSTALL 1000 GALLEY VG LP TANK AND RUN GAS LINE TO STAB OUT AT HOUSE

Address 104 W. RIDGEVIEW BLVD
City Nr. Nip State MD Zip Code 21771
License No. G 875
Phone (301) 827-2928 Fax (301) 827-5374

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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

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

Utilities

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

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.

Alvin E. Smith
Applicant's Signature

Alvin E. Smith
Print Name
9.12.03
Date

Title/Company

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

AGENCY Land Development, DFZ DATE _____ SIGNATURE APPROVAL _____ DFZ SETBACK INFORMATION _____ PROPERTY ID# 14530
Filing fee \$ _____

1:40 SCALE 800144065
FROM SDP 03-054
FA 9/15/03

KEFAUER LOT 173 ZONED: MID3

RAINAGE AND UTILITY EASEMENT PLAT NO. 9862

75' STREAM BUFFER

EDGE WETLANDS

25' BUFFER

MID3

LOT 3
3.8773 AC.

MIC2

MID3

160.47' P-2 TYPE 'A' LANDSCAPE BUFFER

E 855300
N 535350

EXISTING DENSE WOODS

EXISTING DENSE WOODS

LEVEL SPREADER
CREST EL. 408.50
(SEE DETAIL, THIS SHEET)

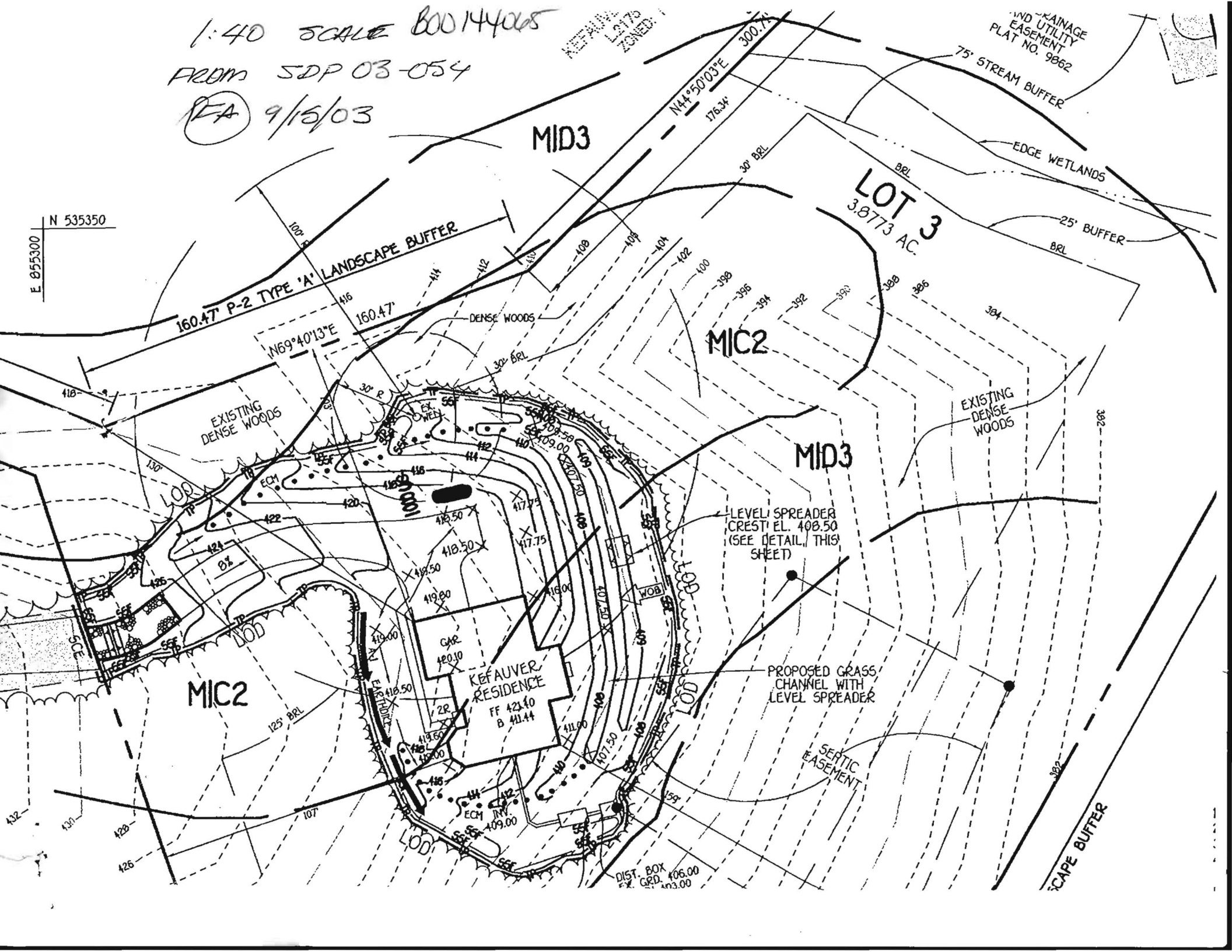
PROPOSED GRASS
CHANNEL WITH
LEVEL SPREADER

SEPTIC
EASEMENT

MIC2

KEFAUER
RESIDENCE
FF 421.40
B 411.44

DIST. BOX
EX. GRD. 406.00
403.00





205 NAJILES ROAD, PO BOX 243
MILLERSVILLE, MD 21108-0243

(410) 987-9000
(800) 852-1013
DIAL - PROPANE
TELEFAX (410) 987-5906

DO NOT DISCARD

September 16, 2003

Re: Permit B00144065

Both United Propane, who will be supplying the LP tank, and Carrigan Homes, who will be doing the excavation work, are aware that the tank must be at least 30' from any wells.

If you have any questions please do not hesitate to contact me at the office, (301) 829-2828.

Sincerely,

A handwritten signature in black ink, appearing to read "Rich Jarcy".

Rich Jarcy

