

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

*B06007124*

Building Address 14542 Monticello Dr

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 51

Tax Map 8 Parcel 1 Grid 17

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Jeremy Heath

Address \_\_\_\_\_

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

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

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use SFD

Proposed Use SFD W/TANK

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Install 1-10-0 gallon underground propane tank

Contractor Company TEK ON / WHEELER

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

Address \_\_\_\_\_

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

License No. GAS 418

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

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

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature

\_\_\_\_\_  
 Title/Company

[Print Name]  
 Print Name

11-10-06  
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>12/4/06</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

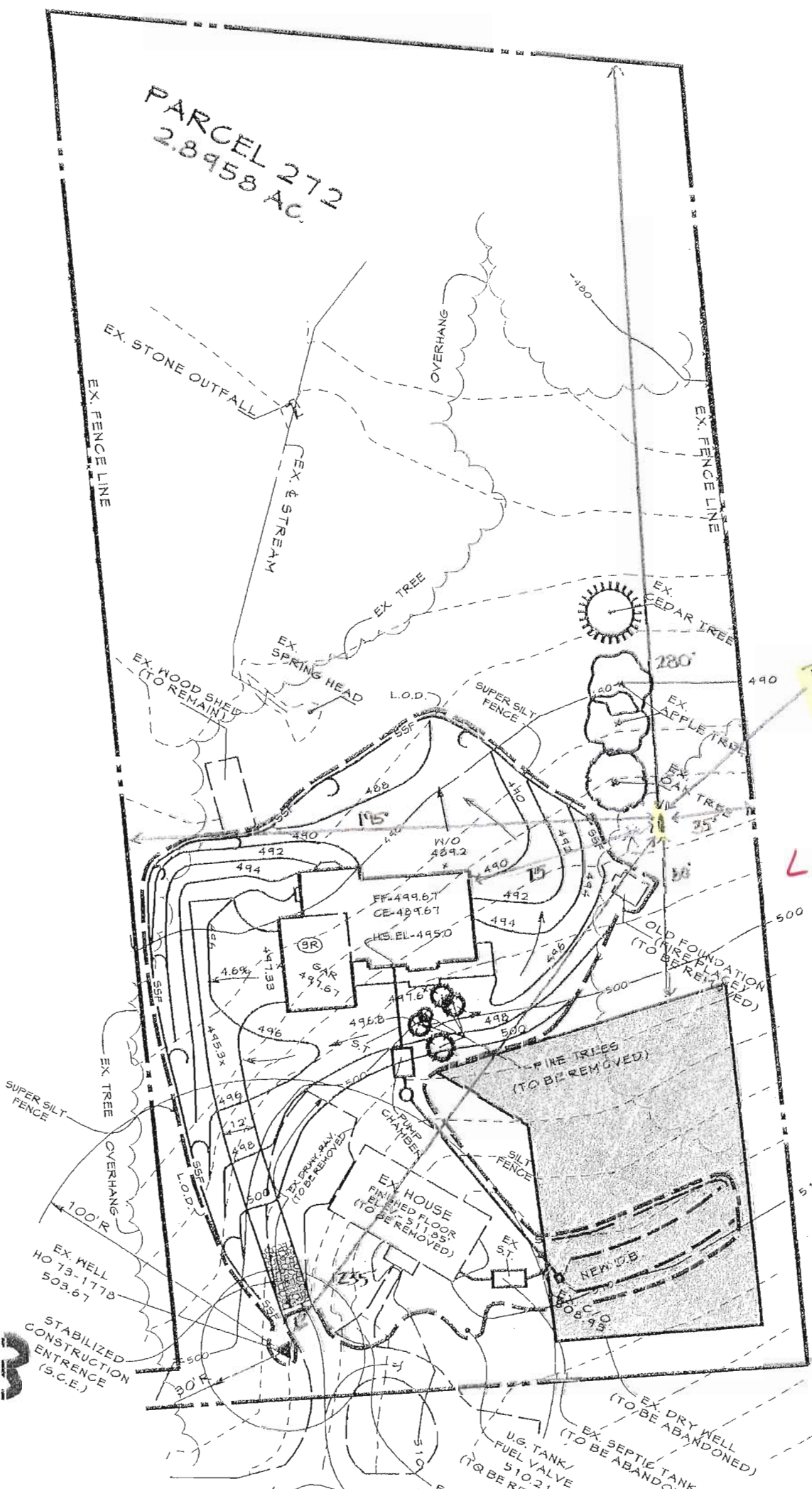
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side (3): _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>707</u>
SDP/Red-line approval date: _____	Validation # _____
	Accepted by <u>[Signature]</u>

...R FLOWING TO OR L...  
 ...UGH THE ENTRANCE, MAINT...  
 ...BILIZED CONSTRUCTION ENTRANC...  
 ...RDING TO THE DRAINAGE. WHEN THE SCE IS LOC...  
 ...5:1 SLOPES AND A MINIMUM OF 6" OF STC...  
 ...AGE TO CONVEY A PIPE WILL NOT BE NECESSARY. PI...  
 ...DING TO THE AMOUNT OF RUNOFF TO BE CONVEYED, A 6" MIN...  
 ...6. LOCATION - A STABILIZED CONSTRUCTION ENTRANCE SHALL BE LOCAT...  
 ...WHERE CONSTRUCTION TRAFFIC ENTERS OR LEAVES A CONSTRUCTION SIT...  
 ...THE SITE MUST TRAVEL OVER THE ENTIRE LENGTH OF THE STABILIZED CON...

PARCEL 272  
 2.8958 AC.



Proposed 1000 GPM  
 Underground Propane  
 Tank

LP tank location  
 OK. 12/4/06  
 SF  
 B06007124

SLOPE

0 - 10%	0 - 10:1
10 - 20%	10:1 - 5:1
20 - 33%	5:1 - 3:1
33 - 50%	3:1 - 2:1
50%+	2:1

HOUSE GRADING &  
 SEPTIC DESIGN LAYOUT  
 SCALE: 1"=50'

DATE 6/14/06  
 6/23/06

OWNER  
 JEREMY & ANGEL  
 14542 MONTICELLI  
 COOKSVILLE, MARYLA

REVISE SEPTIC AREA AT  
 ADDED NOT

APPLICATION  
 RMIT

DRIVE  
 COUNTY, MT

THIS VESSEL IS DESIGNED FOR THE STORAGE  
OF LIQUEFIED PETROLEUM GAS ONLY



NATL. BD. SERIAL No. \_\_\_\_\_

**CERTIFIED BY: AMERICAN WELDING & TANK**  
HARSCO CORPORATION GAS & FLUID CONTROL GROUP

JESUP, GEORGIA-BLOOMFIELD, IOWA, SALT LAKE CITY, UTAH-FREMONT, OHIO

MAX. ALLOW. WORKING PRESS. 250 PSI AT 400 °F  
MOMT -20 °F AT 250 PSI PLANT NO. \_\_\_\_\_

U  
SERIAL NO. Y YEAR BUILT 20  
LENGTH 192 IN. OUTSIDE DIA. 41 IN.  
HEAD THK. .202 IN. SHELL THK. .238 IN.  
UNDER GROUND TYPE AWT-UG SURFACE AREA 172 SQ. FT.  
LISTED CONTAINER ASSEMBLY FOR LP GAS 695A HEAD D.R. HEMI WATER CAPACITY 1000 GALS.

THIS CONTAINER SHALL NOT CONTAIN A PRODUCT HAVING A VAPOR PRESSURE IN EXCESS OF 215 PSI AT 100 °F.  
DIP TUBE LENGTH-89% FULL @ 50 DEG. F. D.T. = 8.0 IN.

DATA PLATE DETAIL

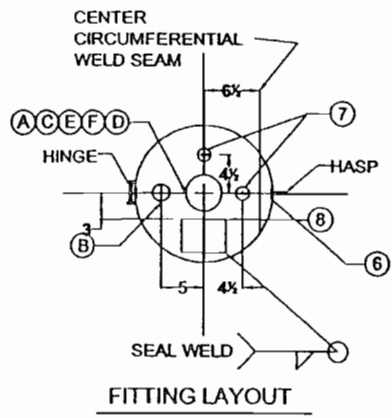
**GENERAL NOTES:**

- LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 2700#
- TOTAL EMPTY WEIGHT IS 1794#
- ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED.
- COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
- NOTE DELETED
- EXTERIOR OF TANK TO BE GRIT BLASTED.
- PAINT PER SHOP ORDER.
- VACUUM PURGE TANK.
- DIMENSIONS ARE SUBJECT TO CHANGE WITH OUT NOTICE. (NON-PRESSURE RETAINING COMPONENTS ONLY)
- THREADS OF ALL FITTINGS TO BE COATED WITH COMPOUND SUITABLE FOR USE WITH LP GAS.
- FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45° OFF LONGITUDINAL CENTERLINE OF TANK.
- DOUBLE LIFTING LUGS ON LONG RISER TANKS ONLY

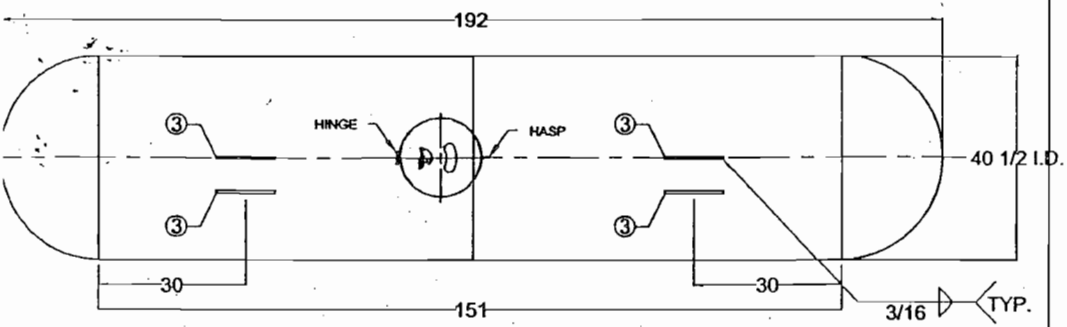
GENERAL SPECIFICATIONS	
WATER CAPACITY (GALLONS)	1000
ALLOWABLE WORKING PRESSURE (PSIG)	250
JOINT EFFICIENCY:	ASME UW-51 LONG SEAM 100 % ASME UW-52 HEAD TO SHELL 80 %
HYDROSTATIC TEST PRESSURE (PSIG)	325
SURFACE AREA (SQ. FT.)	172
RELIEF VALVE SETTING (PSIG)	250
RELIEF DISCHARGE RATE - (CFM REO'D.)	1096
CODE:	ASME SECTION VIII DIV. I
STANDARDS	UNDERWRITERS LABORATORIES INC. MH-5127 N.F.P.A. 58 LP GAS CODE
MATERIAL SPECS:	COUPLINGS SA-105 TANK FLANGES SA-105 ADAPTOR SA-105 PIPE - SA53B OR SA106B

1000 W.G. UNDERGROUND  
PROPANE TANK-TYPE-AWT-UG

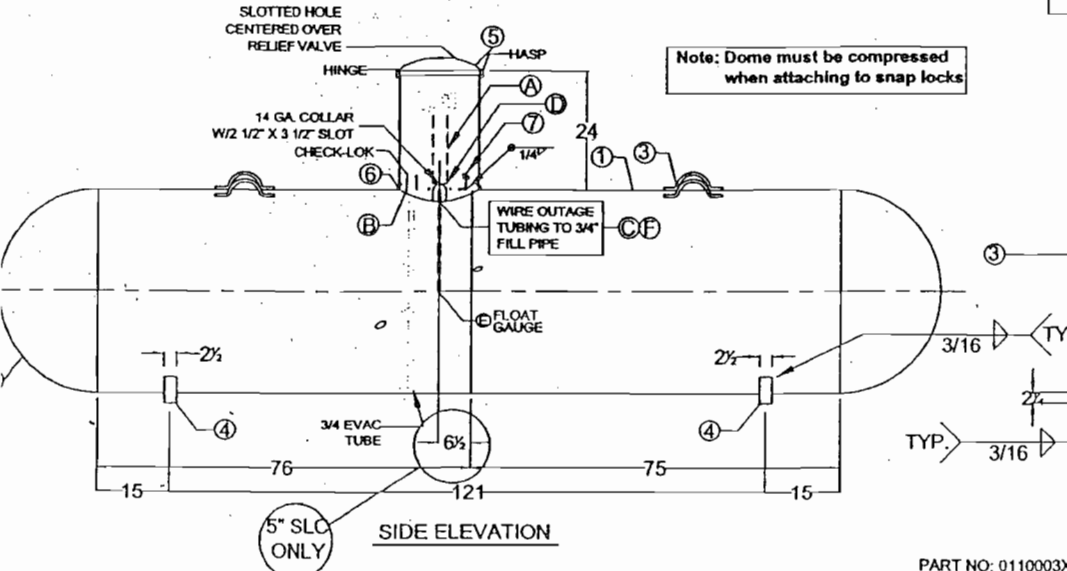
DATE: 01/03/00 DRAWN BY: RAC APPROVED BY: CDH REVISIONS: 28 DWG. NO.: R-1000MW



FITTING LAYOUT

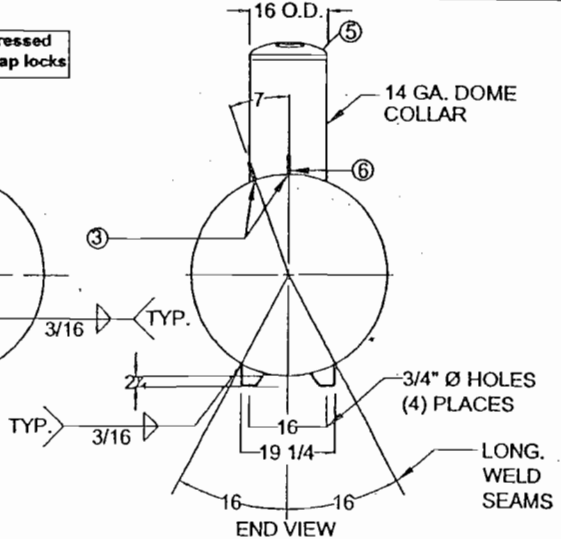


TOP VIEW (R - 1000MW)



SIDE ELEVATION

Note: Dome must be compressed when attaching to snap locks



END VIEW

PART NO: 0110003X  
0110004X

PK	QTY.	SIZE	TYPE	FITTINGS	SERVICE	MARK	QTY.	DESCRIPTION	DWG. NO.
				REGO SHERWOOD					
1	1	2 1/2	BORED, 80 PIPE I.D. X 18 1/2 LG	G8475RV	PV2095A		2	SHELL - 0.238" X 75 3/4" X 127 5/16" - SA455 / SA414G	
2	1	2 1/2	BORED, 80 PIPE T.O.E. X 8 1/2 LG. & DOME HT. - 1E	G8475RV	PV2095A		2	HEADS - 40 1/2" I.D. X 0.202" - HEMI; SA414C	
3	1	3/4	RH FLD. W/ EVAC TUBE	7590U	PVS138		4	LIFTING LUGS	D - 2
4	1	3/4	SCH. 40 PIPE (T.O.E.)				4	TANK LEGS, 1/4" X 2 1/2"	D - 2
5	1	2 1/2	XH SOCKET WELD FLG				1	DOME, 2 PIECE, HINGED	D - 5
6	1	1 1/4	4 - BOLT Style	DR: SHERWOOD 1261-284 UL 1261-205 ROCHESTER 82821-495 82781-484 BOULDER-TALCO 28319 28-286			2	SNAP-LOCK CLIPS	D-29&D-30
7	1	1/8	BRASS TUBE				2	ANODE ATTACHMENT (ROUND DISK W/ WIRE)	D - 7
							1	DATA PLATE, 1000 GAL., UG	

REV	BY:	DESCRIPTION	DATE:
15	CDH	CORRECTED OUTAGE TUBE LENGTH	7/24/00
16	wfo	CHANGED GROUND METHOD	4/12/01
17	CDH	CORRECTED QTY. OF ANODE ATTACH.	5/14/01
18	CDH	NEW NAMEPLATE & CHECK-LOK	10/19/01
19	CDH	REVISED LEGS & MOVED "B"	10/22/01
20	CDH	REVISED FILL PIPE LENGTHS	12/19/01
21	CDH	CORRECTED MARK "1" TO TWO SHELLS	4/15/02
22	CDH	REVISED MOMT PRESSURE TO 250 PSI	8/13/02
23	CDH	DELETED DOME LUGS, ADDED SNAP LOCKS	9/3/02
24	CDH	REPOSITIONED SNAP-LOCK DETAIL	10/16/02
25	CDH	ADDED NOTE FOR BLC IN SIDE ELEVATION	3/11/03
26	CDH	ADDED FLOAT GAUGE DESCRIPTIONS	5/9/03
27	CDH	CORRECTED SHELL LENGTH	11/12/03
28	wfo	ADDED SA414G SHELL OPTION	9/17/04

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 14542 Monticello Dr.  
Cooksville, MD 21723  
Suite/Apt. #: NA SDPWP/Petition #: ---  
Census Tract 604002 Subdivision ---  
Section --- Area --- Lot 5B  
Tax Map 8 Parcel 272 Grid 17  
Zoning RCDEO Map Coordinates 4D11 Lot size 2,8958ac

Property Owner's Name ~~Jennifer Maackemer~~  
~~James Overholser~~  
Address Jeremy/Angel Heath  
P.O. Box 1550  
City Westminster State MD Zip Code 21158  
Home Phone 410 840-0800 Work Phone ---  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410 840-0800 Fax (410) 840-9211

Existing Use SFD Deck  
Proposed Use SFD Deck  
Estimated Construction Cost \$ 15,000  
Description of Work Construct treated  
wood deck on rear of  
SFD under construction

Contractor Company G4C Group Ltd.  
Contact Person Stuart Knight  
Address 611 Nursery Rd.  
City Westminster State MD Zip Code 21157  
License No. 50599  
Phone 410 840 0800 Fax 410 840 9211

Occupant or Tenant N/A  
Contact Name Stu Knight  
Address 611 Nursery Rd  
City Westminster State MD Zip Code 21157  
Phone 410 840-0800 Fax 410 840-9211

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>---</u>	Water Supply: <u>---</u>
No. of stories: <u>---</u>	<input type="checkbox"/> Public
Gross area, sq. ft. per floor: <u>---</u>	<input checked="" type="checkbox"/> Private
Use group: <u>---</u>	Sewage Disposal: <u>---</u>
Construction type:	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System:
<input type="checkbox"/> State Certified Modular	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
	<input type="checkbox"/> # of Heads

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

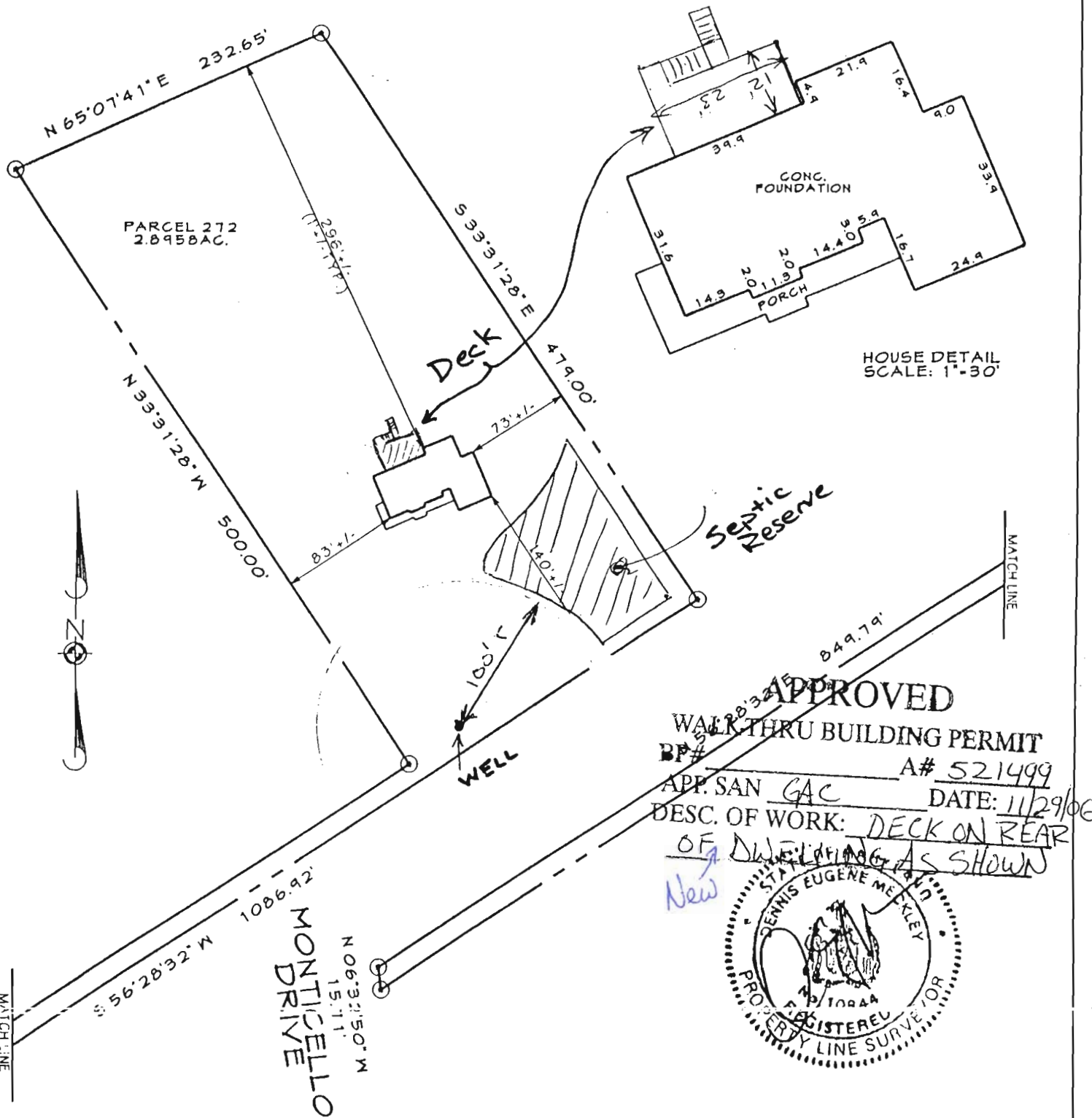
Stuart L. Knight  
Applicant's Signature  
Project Manager  
Title/Company

Stuart L. Knight  
Print Name  
11-29-06  
Date

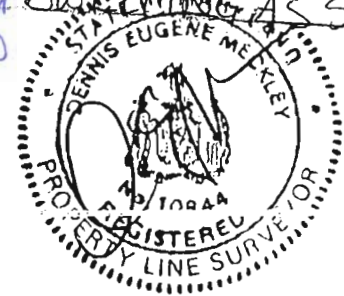
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/29/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>---</u>	Filing fee \$ <u>---</u>
Rear: <u>---</u>	Permit fee \$ <u>---</u>
Side: <u>---</u>	Excise tax \$ <u>---</u>
Side St.: <u>---</u>	Add'l per. fee \$ <u>---</u>
All minimum setbacks met?	TOTAL FEES \$ <u>---</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>---</u>
Is Entrance Permit required?	Balance due \$ <u>---</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>16516</u>
Historic District?	Validation # <u>---</u>
YES <input type="checkbox"/> NO <input type="checkbox"/> <u>G4C Group</u>	
Lot Coverage for NewTown Zone <u>---</u>	
SDP/Red-line approval date <u>---</u>	Accepted by <u>---</u>



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BF# \_\_\_\_\_ A# 521499  
 APP. SAN GAC DATE: 11/29/06  
 DESC. OF WORK: DECK ON REAR  
OF DWELLING AS SHOWN  
*New*



licensed Maryland Surveyor either personally prepared this Location Drawing, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors.

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is for the benefit of the consumer only in so far as it is required by a lender or title insurance company or its agent in connection with a contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, drivings, or other existing or future improvements.

*Dennis E. Meckley* Date 11/03/06  
 Dennis E. Meckley, Property Line Surveyor No. 108414

**FOUNDATION CERTIFICATION FOR**

**14542 MONTICELLO DRIVE**  
 4TH ELECTION DISTRICT, HOWARD COUNTY, MD.  
 DEED REF: 5930/300

	DRAWN BY: CDD
	DESIGN BY:
	REVIEW BY: DEM
	DATE: 9-14-06
	SCALE: 1"=100'
	JOB NO: 2005319
SHEET: 1 OF 1	

**FREDERICK OFFICE:**  
 8445 Progress Drive, Suite 80  
 Frederick, MD 21701-4879  
 (301) 662-1799  
 FAX (301) 662-8004

**WESTMINSTER OFFICE:**  
 439 East Main Street  
 Westminster, MD 21157-5539  
 (410) 848-1790  
 FAX (410) 848-1791

G-4673

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1001-59804

Building Address 14542 Monticello Drive  
Cockeville, MD 21723-9622  
Suite/Apt. #: 04-324714 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 604002 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5B  
Tax Map 8 Parcel 272 Grid 17  
Zoning RC-84R Map Coordinates 4D11 Lot size 2,8958 AC

Property Owner's Name Heath, Jeremy  
Address 14542 Monticello Drive  
City \_\_\_\_\_ State MD Zip Code 21723  
Home Phone 410-494-0597 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410-494-0542 Fax \_\_\_\_\_  
*Denise CSI*

Existing Use Single Family Dwelling  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 550,000.00  
Description of Work New Single Family Residence with 3  
bedrooms, Full Bath, Kitchen, Living Room, R.I., FBUT  
5 bedrooms 5 1/2 Bath

Contractor Company GVC Group, Ltd  
Contact Person Mark A. Kestel  
Address 611 Nursery Rd  
City Westminster State MD Zip Code 21157  
License No. \_\_\_\_\_  
Phone 410-840-0800 Fax 410-840-7211

Occupant or Tenant Jeremy and Heath  
Contact Name Mark Kestel  
Address 611 Nursery Rd. Co. Box 1550  
City Westminster State MD Zip Code 21157  
Phone 410 840-0800 Fax 410 840 9211

Engineer or Architect Company Steve Ryker + Assoc.  
Contact Person Steve Ryker  
Address 3000 Gunbar Road Suite # 600  
City Lakeland State MD Zip Code 21118  
Phone 410 517-1478 Fax 410 517-1232

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: <u>N/A</u> No. of 2 BR units: <u>N/A</u> No. of 3 BR units: <u>1/5</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Mark A. Kestel, Pres.  
Applicant's Signature  
GVC Group Ltd.  
Title/Company

MARK A. KESTEL  
Print Name  
Date

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

69627

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>155,000</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/17/06</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 \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>11576</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>11576</u>
				Accepted by _____