



Accelerator
4 BR

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: 5-6-15

Permit No.: B15D01769

Building Address: 1836 FLORENCE RD
City: MT. AIRIE State: MD Zip Code: 21771
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: ROGERS TRUST
Section: _____ Area: _____ Lot: 18
Tax Map: 06 Parcel: 247 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 4672.5 sq. ft.

Existing Use: Farm
Proposed Use: Single Family Home
Estimated Construction Cost: \$ 300,000
Description of Work: NEW HOME CONSTRUCTION

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

Property Owner's Name: PETER & KAREN ENMERICH
Address: 11234 COURT HOUSE DRIVE
City: NEWMARKET State: MD Zip Code: 21774
Phone: 301-324-4301 Fax: _____
Email: ENMERICH.1815@AOL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: DANIEL
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: HOME OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: D
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: RONALD JARCHITECTURE
Responsible Design Prof.: RONALD JARCHITECTURE
Address: 11407 EAGLE HILL
City: MOUNTAIN VIEW State: MD Zip Code: 21104
Phone: 410-442-3667 Fax: _____
Email: RON@R.J.ARCHITECT.COM

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 st floor: 54'	89'
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: G15000154	
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: ENMERICH, PETER & KAREN
Email Address: OWNER
Title/Company: _____

Print Name: PETER ENMERICH
Date: 5-6-2015

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	11-13-15	Debra

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	\$ 111
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1239



Health

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.: B16001462

Building Address: 1836 Florence Road
City: Mt. Airy State: MD Zip Code: 21771
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision: 2369
Section: Area: Lot: 18
Tax Map: 0006 Parcel: 0247 Grid: 0023
Zoning: Map Coordinates: Lot Size:
Existing Use: new construction residence
Proposed Use: 500 UG propane tank
Estimated Construction Cost: \$ 3300.00
Description of Work: bury a 500 gallon underground propane tank off rear side of garage.
Occupant or Tenant: Peter Emmerich
Was tenant space previously occupied? Yes No
Contact Name: Peter Emmerich
Address: 1107 Collendale Ave.
City: Mt. Airy State: MD Zip Code: 21771
Phone: 301-524-4306 Fax:
Email:

Property Owner's Name: Peter Emmerich
Address: 1107 Collendale Ave.
City: Mt. Airy State: MD Zip Code: 21771
Phone: 301-524-4306 Fax:
Email:
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: AmeriGar
Address: 1573 Tilco Drive #2
City: Frederick State: MD Zip Code: 21704
Phone: 301-620-9046 Fax: 301-620-7923
Email: Glenn.King@AmeriGar.com
Contractor Company: AmeriGar
Contact Person: Glenn King
Address: 1573 Tilco Drive
City: Frederick State: MD Zip Code: 21704
License No: GAS 75273
Phone: 301-620-9046 Fax: 301-620-7923
Email: Glenn.King@amerigar.com
Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Commercial Building Characteristics Residential Building Characteristics
Height: No. of stories: Gross area, sq. ft./floor: Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular
No. of Bedrooms: Multi-family Dwelling 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

Utilities
Water Supply: Public Private
Sewage Disposal: Public Private
Electric: Gas: Heating System: Electric Oil Natural Gas Propane Gas
Sprinkler System: Yes No
Grading Permit Number:
Building Shell Permit Number:

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Applicant's Signature: Glenn King
Print Name: Glenn E. King
Date: 4/6/2016
Email Address: Glenn.King@AmeriGar.com
Title/Company: Account Manager AmeriGar

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY.

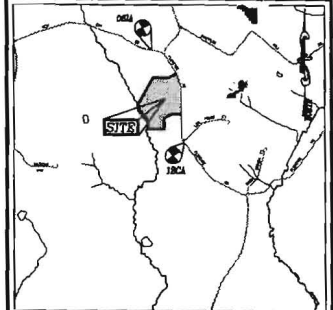
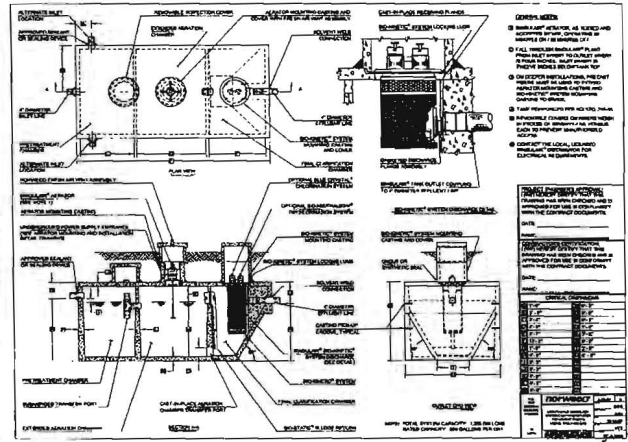
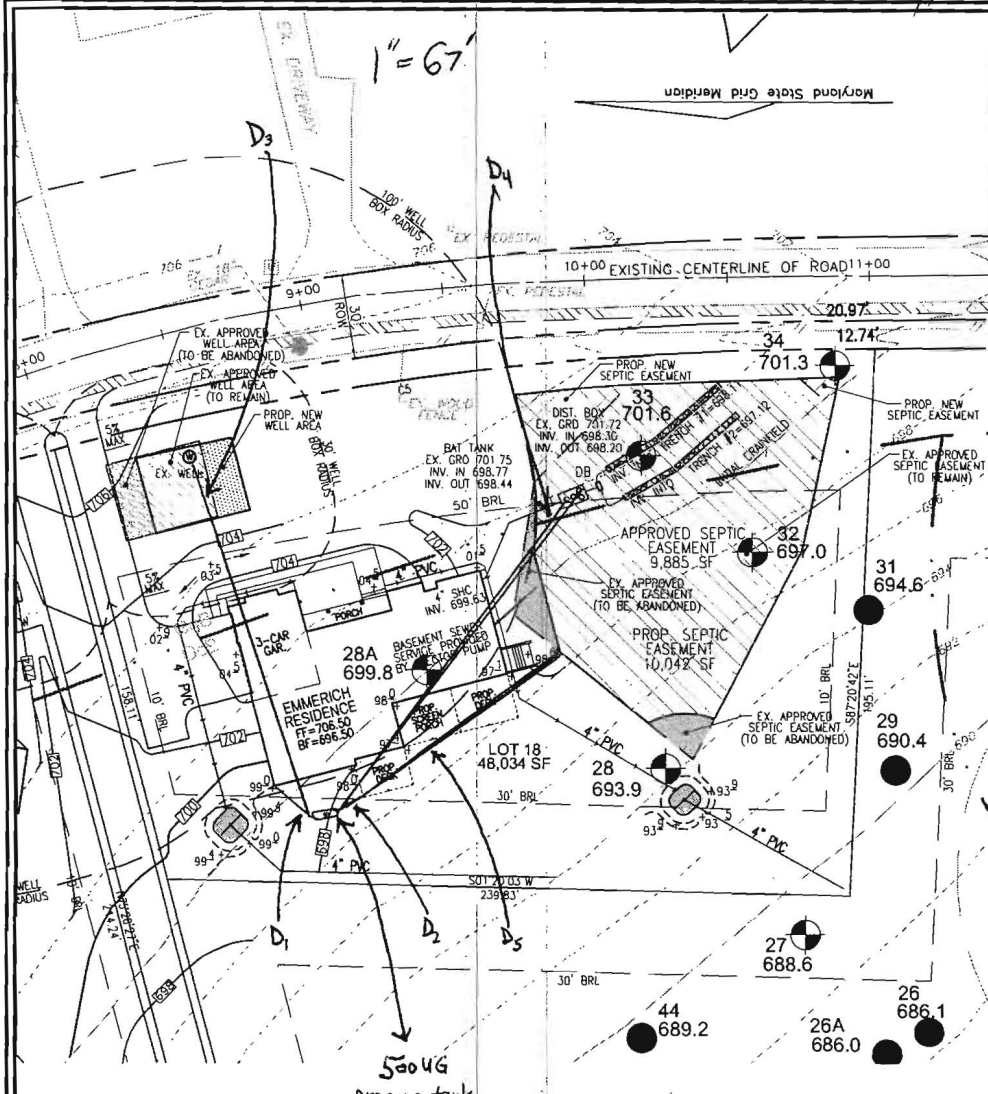
AGENCY DATE SIGNATURE OF APPROVAL
State Highways
Building Officials
PSZA (Zoning)
PSZA (Engineering)
Health 4/20/2016

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 \$ 110.00
Permit Fee \$
Tech Fee \$
Excise Tax \$
PSFS \$
Guaranty Fund \$
Add'l per Fee \$
Total Fees \$
Sub- Total Paid \$
Balance Due \$
Check # 1472

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

Peter Emmerich 1836 Florence Road Mt Airy, MD 21771 301-524-4306

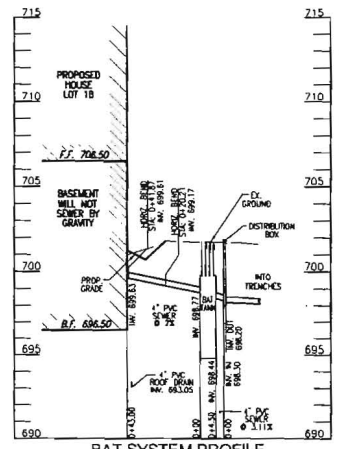


VICINITY MAP
SCALE: 1"=2000'

LEGEND

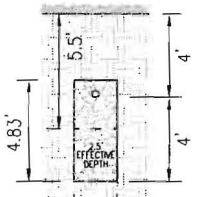
- EXISTING 2' CONTOUR
- EXISTING 10' CONTOUR
- RIGHT-OF-WAY
- BOUNDARY
- ADJACENT BOUNDARY
- PASSED PERC. TEST
- FAILED PERC. TEST
- EXISTING WELL (FIELD LOCATED)
- EXISTING APPROVED WELL BOX AREA (TO REMAIN)
- EXISTING APPROVED WELL BOX AREA (TO BE ABANDONED)
- PROPOSED NEW WELL BOX AREA
- EXISTING APPROVED SEPTIC EASEMENT (TO REMAIN)
- EXISTING APPROVED SEPTIC EASEMENT (TO BE ABANDONED)
- PROPOSED NEW SEPTIC EASEMENT

D₁ House = 16'
 D₂ House = 10'
 D₃ Well = 134'
 D₄ Septic Tank = 138'
 D₅ Septic Field = 95'



BAT SYSTEM PROFILE
SCALE: HORIZONTAL - 1"=50' VERTICAL - 1"=5'

- GENERAL NOTES:**
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 - THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
 - NO BLOWER IS REQUIRED. THE HOWECO WASTEWATER TREATMENT SYSTEM HAS AN AERATOR MOUNTED IN THE TANK. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
 - THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
 - WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
 - ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
 - AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
 - THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



TRENCH DETAIL
SCALE: 1"=4'

SYSTEM CALCULATIONS:
 3 BEDROOMS AT 450gpd / 1.2 ABSORPTION RATE = 375 SQ. FT.
 375 SQ. FT. / 2 (TRENCH WIDTH) x 50 (SIDEWALL REDUCTION) = 94 LINEAR FEET
 100 TOTAL LINEAR FEET OF TRENCH ARE PROVIDED WITH THE SYSTEM FOR LOT 18.

TRENCH INFO.

TRENCH	LENGTH	TRENCH	TRENCH	EXISTING GRADE
1	50'	698.11	694.11	702.11
2	50'	697.12	683.12	701.12

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

SITE PLAN FOR BAT INSTALLATION
KOGAN TRUST - LOT 18
 1836 FLORENCE ROAD
 MT. AIRY, MD 21771

TAX MAP: 06 BLOCK: 23
 4TH ELECTION DISTRICT

PARCEL: 247
 ZONED: RC-DEO
 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961



DESIGN BY: RHV
 DRAWN BY: JUR
 CHECKED BY: RHV
 DATE: APRIL 2015
 SCALE: 1"=30'
 W.D. NO.: 04-28

Approved BP B16001462 RAE