

11/11/02 to 11/11/02 JAB

Building Address 3662 Broadleaf Ct.  
Glenwood, MD, 21738

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

Census Tract 60452 Subdivision 11111

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11

Tax Map 1 Parcel 4 Grid 11

Zoning R111 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name FRANK G. TWARDZIK

Address 14230 Forsythie Rd.

City Sykesville State MD Zip Code 21784

Home Phone 3018544753 Work Phone \_\_\_\_\_

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

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

Existing Use Single Family Dwelling

Proposed Use Underground Propane tank

Estimated Construction Cost \$ 3,000.00

Description of Work Buy a 1,000 gallon U.G. Propane tank to NFPA # 58 specifications

Contractor Company Suburban Propane

Contact Person Mike DeVincent

Address 31 Derwood Circle P.O. Box 1766

City Rockville State MD Zip Code 20850

License No. \_\_\_\_\_

Phone 3012510606 Fax 3012510608

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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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: _____	_____ State Certified Modular _____ Manufactured Home
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

Michael A. DeVincent  
 Applicant's Signature

Michael A. DeVincent  
 Print Name

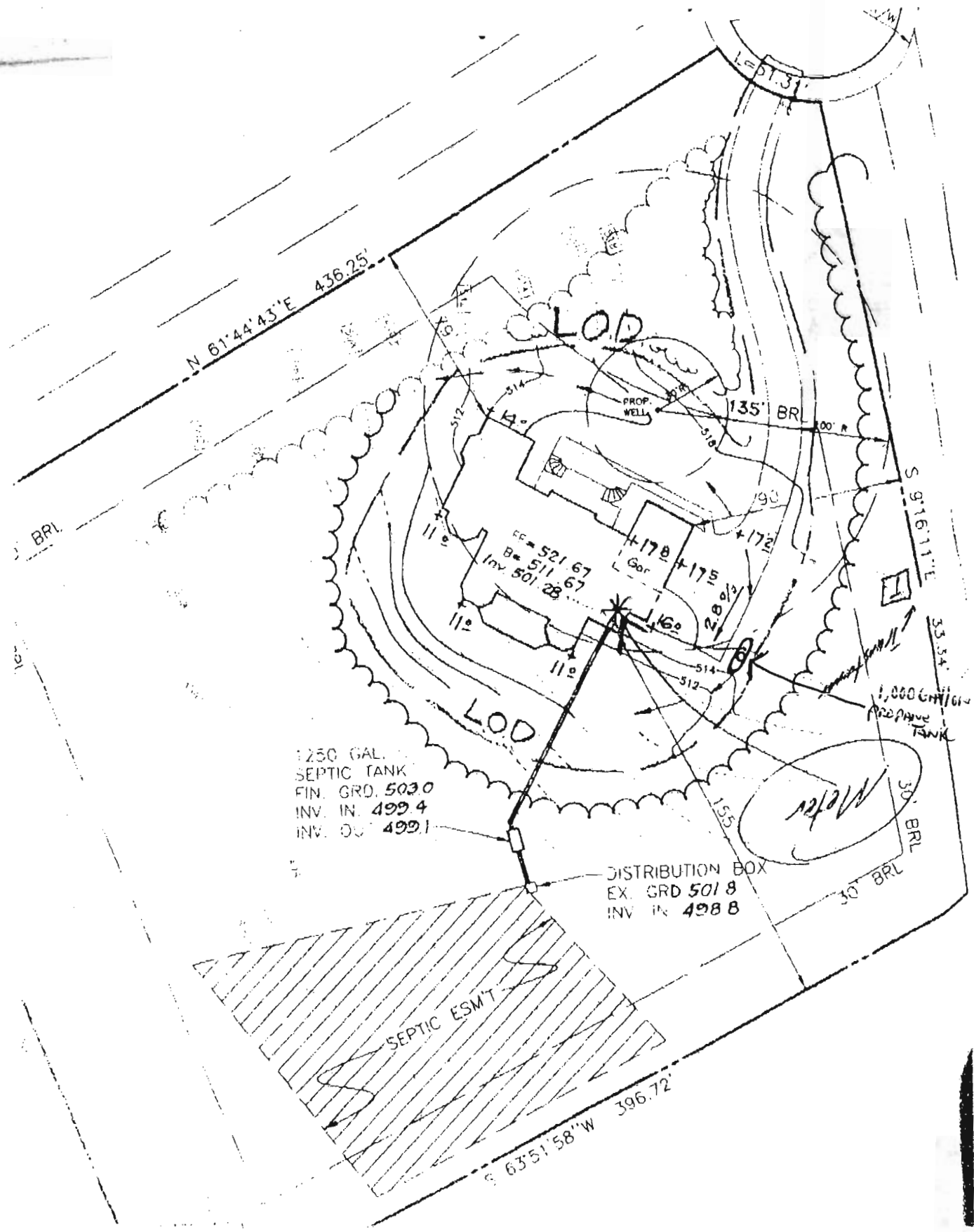
Energy Representative  
 Title/Company

7/30/02  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#: <u>51705</u>
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>8/1/02</u>	<u>J. Gray</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
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>2250164</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>544-446</u>

Accepted by [Signature]



Building Address 3662 Broadleaf Ct  
Glenwood 21738

Property Owner's Name Trinity Quality Homes  
 Address 7320 Grace Dr  
 City Columbia State MD Zip Code 21044

Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Home Phone \_\_\_\_\_ Work Phone 410-313-8722  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Census Tract 0010.02 Subdivision CATONVILLE COMPANY  
 Section N/A Area N/A Lot 11  
 Tax Map 21 Parcel 6 Grid A 15

Zoning RND Map Coordinates 9A10 Lot size 3,475 sq  
 Phone \_\_\_\_\_ Fax 410-313-8731

Existing Use VNCA 61  
 Proposed Use SFD  
 Estimated Construction Cost \$ 500,000

Contractor Company SAME  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_

Description of Work 2 STORY, FULL B.S.M.T.,  
12R 5BR, SFB, 1HA, 4FPJ  
GARAGE - 2ND FLOOR PICK  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 699 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A  
 Engineer or Architect Company SAME  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <input type="checkbox"/> Width <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature Sally L. Hodge Print Name Sally L. Hodge  
 Title/Company VP Operations - Trinity Quality Homes Date 7/30/01

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	51705
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering, DPZ			Side St: _____	
Health	<u>8/28/01</u>	<u>Mark R. Pflin</u>	All minimum setbacks met?	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control approval required prior to issuance?			Is Entrance Permit required?	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	
			Accepted by _____	

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

Forms PERMIT FRM Rev. 5/17/00