



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.: **BR 003534**

Building Address: 7115 Pindell School Rd
 City: FULTON State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0041 Parcel: 0320 Grid: 0009
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.014A

Property Owner's Name: Kathryn + Dana Foat
 Address: 7115 Pindell School Rd
 City: FULTON State: MD Zip Code: 20759
 Phone: 301-948-8493 Fax: _____
 Email: _____

Existing Use: SFA
 Proposed Use: _____
 Estimated Construction Cost: \$ 2,090
 Description of Work: Installing 250 gallon above ground propane tank and hook up to generator

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

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

Contractor Company: Thompson GAS
 Contact Person: J Randall Thompson
 Address: 6708 Old National PK
 City: BURNSVILLE State: MD Zip Code: 21713
 License No.: LC0003
 Phone: 301-437-1411 Fax: 301-302-8218
 Email: staster@thompsongas.com

Engineer/Architect Company: N/A
 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 st floor: _____	_____
Area of construction (sq. ft.): _____	2 nd floor: _____	_____
Use group: _____	Basement: _____	_____
Construction type: _____	<input type="checkbox"/> Finished Basement	_____
<input type="checkbox"/> Reinforced Concrete	<input 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: _____	_____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>	_____
<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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	_____
<input checked="" type="checkbox"/> Private	_____
SEWER DISPOSE	
<input type="checkbox"/> Public	_____
<input checked="" type="checkbox"/> Private	_____
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: _____	
Building Shell Permit Number: _____	

RECEIVED
OCT 11 2018
LICENSES & PERMITS
DIVISION

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HIS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: J Randall Thompson Print Name
 Email Address: staster@thompsongas.com Date: 10/10/18
 Title/Company: _____

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

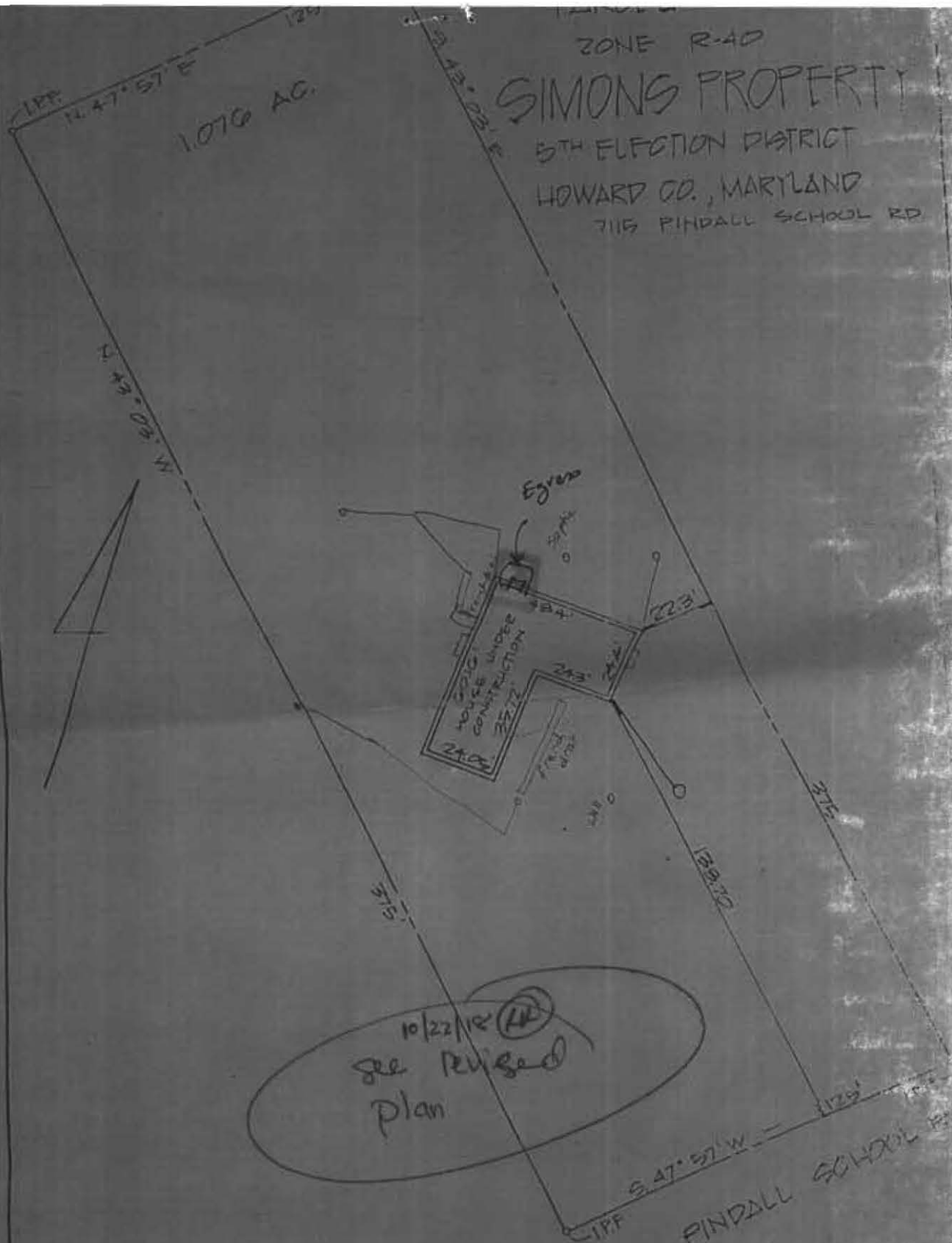
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/22/18</u>	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <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	\$ <u>110.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>003534</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: STA



ZONE R-40
SIMONS PROPERTY
 5TH ELECTION DISTRICT
 HOWARD CO., MARYLAND
 7115 PINDALL SCHOOL RD

10/22/12 (H)
 see Revised
 plan

SURVEYORS CERTIFICATE

I hereby certify that the position of existing improvements shown hereon has been carefully established by accepted land surveying practices and that unless shown there are no encroachments. This plan was prepared in accordance with the plat of subdivision and/or deed of record

JOYCE ENGINEERING CORPORATION

Professional Engineers • Land Planning
 Surveying & Construction Management
 5020 SUNNYSIDE AVE. BELTSVILLE, MD 20814

PLAT/DEED REFERENCE
 LIBER 444 FOLIO 379

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 10-16-18

To: S. Garrot
(Person's Name and Division)

From: Kean Marshall (443) 945-7352
(Your Name, Company Name and Telephone Number)

RECEIVED

Subject: Project name Foot

OCT 17 2018

Project site address 7115 Pindall School Road

PLAN REVIEW DIVISION

Permit # B18003534 SDP # _____

Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

* plat with tank location and measurements

Contact Person Information: (Required)

S Foster
Please Print Name

Telephone No: 443 .945-7352

E-Mail Address: SFoster@Thompsongas.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKA

PER SVD
CC: PHZ/DED
Health AKA 10/22/18

Name: Thompson Gas
Street Address: 6708 Old National Pike
City, State, Zip: Boonsboro Md
Date: 11-5-18

Amendment, Permit # B18003534

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend Permit # B18003534
7115 Pindall School Rd Highland Md 20877
move tank location closer and described in above
plot

And tank size is now a 325g tank

Enclosed:

1 Fee: 2500 ✓ MD # 25110820427
 Plot Plans
 Sets of Construction Drawings
Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,
CC: PTZ
Heather

Name: Steve Foster
Title: Area Manager
Phone: 443-945-2352
Email: SFoster@thompsongas.com

Cathy Anest x 3949
11/20/2018 - this revision is not approved. Contractor agreed to stick w/ original approved location - spoke to Cathy Anest to clarify situation - RR to

approved to install new size 325 gal tank
RR
11/20/18

DILP 2018 NOV 7 AM 10:17

* mail *

