



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.: B19004163

Building Address: 2750 FLORENCE ROAD
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 1
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD W/PROPANE TANK
 Estimated Construction Cost: \$ 4,000
 Description of Work: INSTALL 500 GAL ABOVEGROUND PROPANE TANK

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

Property Owner's Name: SAM SAVAGE
 Address: 2750 FLORENCE ROAD
 City: WOODBINE State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: MICHELLE CLANCY
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: HJ POIST
 Contact Person: SEAN UNDERWOOD
 Address: 360 MAIN STREET
 City: LAUREL State: MD Zip Code: 20707
 License No.: 103851
 Phone: 301-725-3232 Fax: _____
 Email: _____

Engineer/Architect Company: CONTRACTOR
 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input 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	
Sewage Disposal	
<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: _____	

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 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: _____
 MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
 PERMITS
 Title/Company

Print Name: MICHELLE CLANCY
 Date: 12/19/09

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>12/19/09</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>7355</u>

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

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

Date: 12/11/19

To: Remito - Health **RECEIVED**
(Person's Name and Division)

From: Michelle Clercy 443 66107514 DEC 13 2019
(Your Name, Company Name and Telephone Number)

Subject: Project name _____ **PLAN REVIEW DIVISION**
 Project site address 2750 Florence Rd
 Permit # B19004163 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 Site Plan (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
 - Other Correct application to say 500 gal above ground tank

Contact Person Information: (Required) Change tank location
Michelle Clercy 44366107514
 Please Print Name Telephone No:
 E-Mail Address: michelle@appliedapproved.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 MP Revision Health [Signature] 12/23/19

#04-326628
 2750 FLORENCE ROAD
 WOODBINE, MD 21797
 FOURTH TAX DISTRICT
 WARD COUNTY, MARYLAND

N/F
 IDIOTS DELIGHT INC.
 DB 766, PAGE 696
 ACCT. 04-335198

N/F
 NEIL SMITH
 JOY SMITH
 DB 1127, PAGE 593
 ACCT. 04-342356

PAGE 385.

THE UNDERGROUND UTILITIES SHOWN ARE LOCATED BY SURVEYOR FIELD NOTES AND ARE NOT GUARANTEED BY THIS SURVEYOR. THE SURVEYOR IS NOT RESPONSIBLE FOR THE LOCATION OF UTILITIES NOT SHOWN ON THIS PLAN.

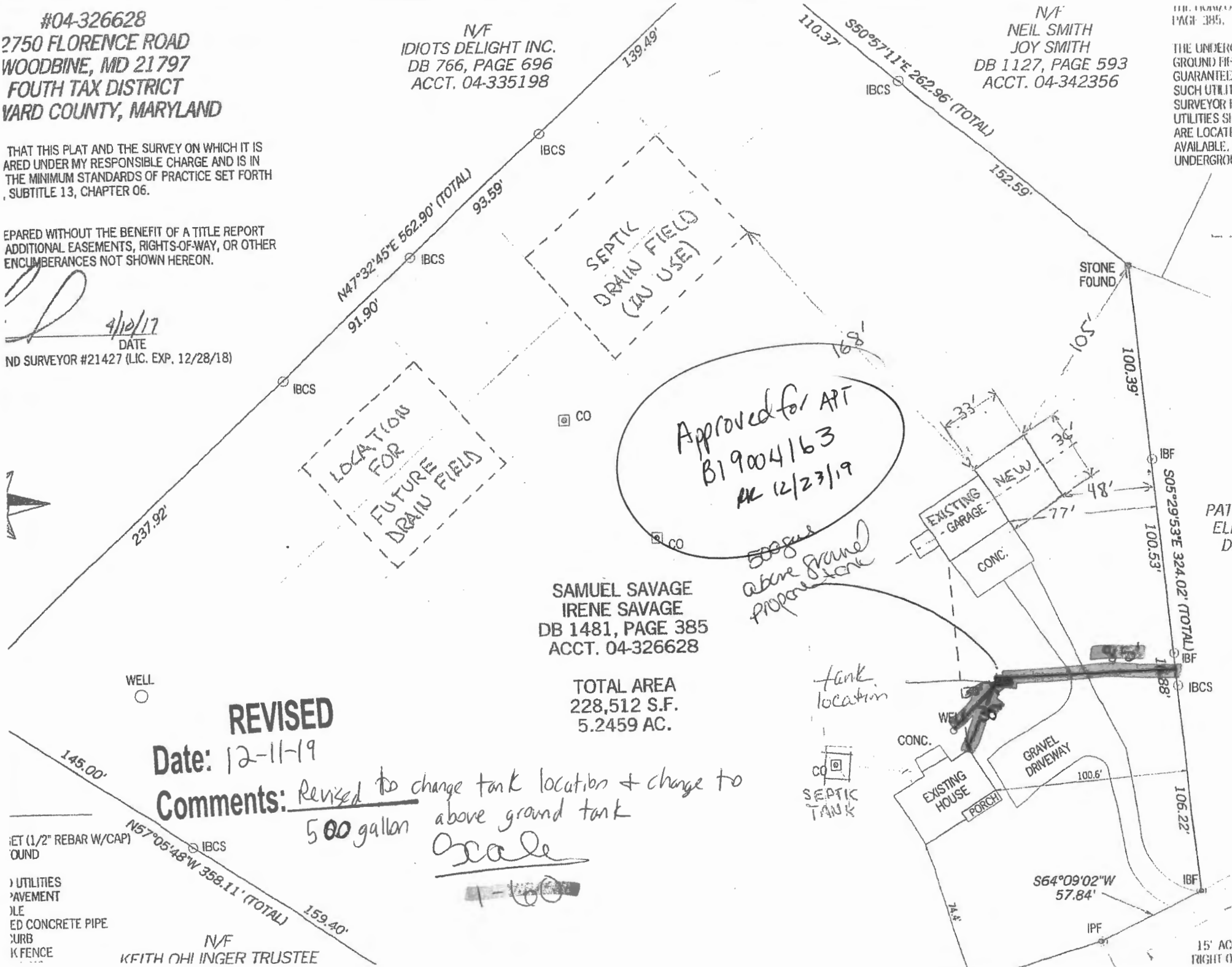
THIS PLAN AND THE SURVEY ON WHICH IT IS BASED ARE UNDER MY RESPONSIBLE CHARGE AND IS IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE SET FORTH IN SUBTITLE 13, CHAPTER 06.

PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT AND WITHOUT THE BENEFIT OF A SURVEY OF ADDITIONAL EASEMENTS, RIGHTS-OF-WAY, OR OTHER ENCUMBRANCES NOT SHOWN HEREON.

[Signature]

4/10/17
 DATE

ND SURVEYOR #21427 (LIC. EXP. 12/28/18)



SAMUEL SAVAGE
 IRENE SAVAGE
 DB 1481, PAGE 385
 ACCT. 04-326628

TOTAL AREA
 228,512 S.F.
 5.2459 AC.

REVISED
 Date: 12-11-19

Comments: Revised to change tank location + change to 500 gallon above ground proposed tank
 Scale 1" = 100'

1/2" REBAR W/CAP
 FOUND

UTILITIES
 PAVEMENT
 CONCRETE PIPE
 FENCE

N/F
 KEITH OHINGER TRUSTEE

PAT
 ELL
 DE

15' ACCT
 RIGHT OF

#04-326628
 2750 FLORENCE ROAD
 WOODBINE, MD 21797
 FOURTH TAX DISTRICT
 WARD COUNTY, MARYLAND

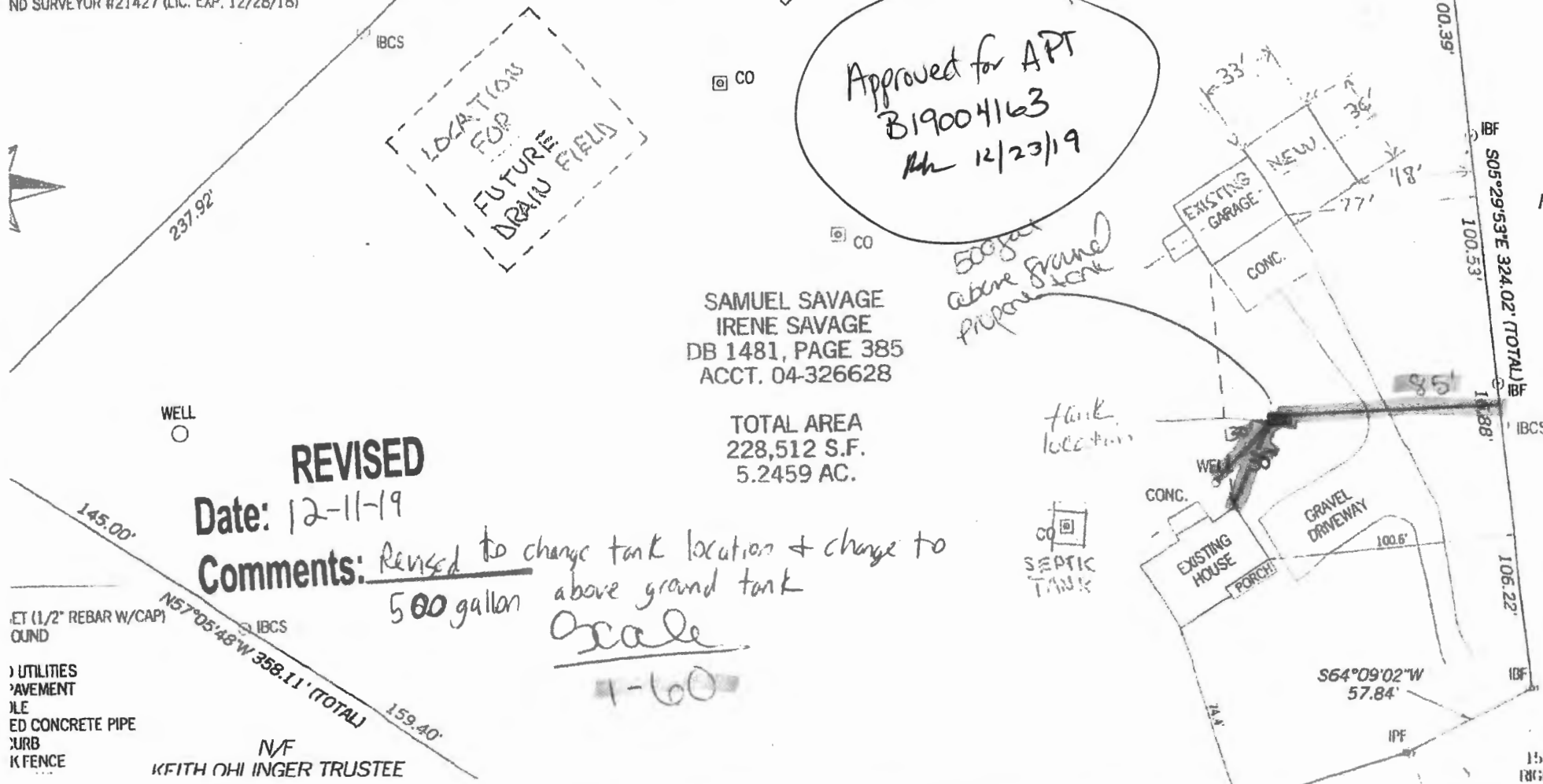
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THAT THIS PLAT AND THE SURVEY ON WHICH IT IS
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 Scale 1-60

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 URB
 K FENCE
 N/F
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THE UNBLENDED
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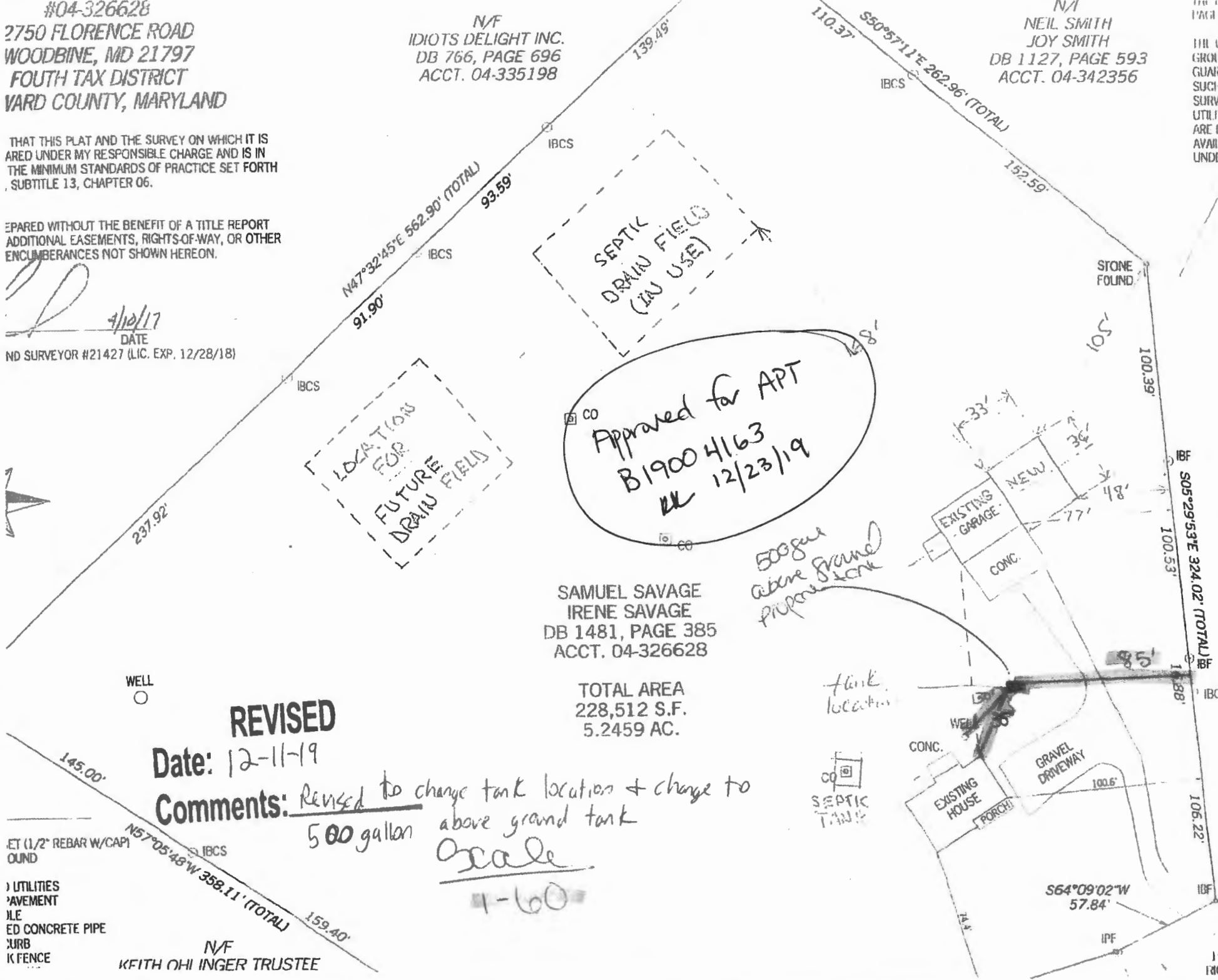
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 CURB
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N/F
 KEITH OHINGER TRUSTEE

PATI
 ELL
 DR.

15 ACCT
 (PLOT ON)