

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21000114	01/15/2021
Description of Work		
SFD/ INSTALL (1) 1000 GAL UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12205	MAYAPPLE	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93534	39.34135
City	State	Zip Code	Primary
MARRIOTTVILLE	MD	21104	Yes

Approved
1/20/21
MB

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059555	66	0	0	0	0	RURAL
Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	23	603000	5				
Plan Area	State Tax Id	Subdivision Name					
		Walker Meadows					
Section	Area	Tax Map					
		10					
Grid	Zoning District	ADC Map					
10-1	RR-DEO	4694-A6					
SDP No.	Final Plan No.	WP File No.					
	ECP-15-078						
Record Plat No.	WS Contract No.	FDP No.					
24974-2497							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

RECEIVED

PERMIT NUMBER: B 20003735

DATE ACCEPTED:

OCT 20 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 12205 Mayapple Dr, City: Sykesville, State: MD, Zip Code: 21104, Subdivision/Village/Complex Name: Walker Meadows, SDP/WP/BA #: GP2125, Lot: 23, Tax Map, Parcel, Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: vacant lot, Proposed Use: SFD, Estimated Cost: \$ 230,000, Trade Work to Be Completed: Mechanical (HVACR), Electrical, Plumbing, None, New 2 story "Stratford Hall" ELV 'L' with 2 car garage, covered rear porch, 1st floor bedroom, and finished lower level (Rec room + Bath)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): NVR Inc - contact: J. Anastasia, Primary Residence: No, Owner's Street Address: 9720 Patuxent Woods Dr, City: Columbia, State: MD, Zip Code: 21046, Phone: 410-379-5950, Email: janastasia@nvrinc.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Deatur Building Services, Contact Name: Jim Kerwin, Street Address: PO Box 552, City: Woodbine, State: MD, Zip Code: 21797, Phone: 443-309-7792, Email: jim@deaturbuilding.com

CONTRACTOR INFORMATION REQUIRED

Business Name: NV Homes, Licensee's Name: NVR Inc., License #: 56, Street Address: 9720 Patuxent Woods Dr, City: Columbia, State: MD, Zip Code: 21046, Phone: 410-379-5950, Email: janastasia@nvrinc.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name, Name, Street Address, City, State, Zip Code, Phone, Email

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling, Utilities: Electric, Gas, Water Supply: Public, Private (Well), Sewage Disposal: Public, Private (Septic), Heating System: Electric, Natural Gas, Propane, Other, Roadside Tree Project: No, Sprinkler System: NFPA 13, 13R, 13D, None, Fire Alarm System: Yes, No, Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: Stratford Hall ELV 'L', 2 car garage, covered porch, 1st floor bed and finished lower level, # of Bedrooms (SF): 5, # of efficiency units (MF*):, # of 1 BR (MF*):, # of 2 BR (MF*):, # of 3 BR (MF*):, # Rooms: 10, # Full Baths: 6, # Half Baths: 1, # Fireplaces: 0, Garage/Carport Info: Attached Garage, Basement/Foundation Info: Slab on Grade, Post & Pier, Unfinished Basement, Finished Basement: Full or Partial, 1st Fl Width: 54, 1st Fl Depth: 54, 2nd Fl Width: 54, 2nd Fl Depth: 48, Bsmt Width: 54, Bsmt Depth: 54, Energy Method: Prescriptive, Performance, UA Alternative, ERI, Gross Area: 6793 sq ft, Occupiable Area: 6541 sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: Jim Kerwin, DATE SIGNED: 10/20/2020

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR, DPZ, DED, Health, SHA, CID, SUBMITTAL FEES: \$150.00, PAYMENT: CK# 383262, ACCEPTED BY: DROPBOX

Owner * (This section is required.)

Search Reset Clear

Name *

 Address Line 1

 Address Line 2

 Address Line 3

 Mail City Mail State Mail Zip Code

 Phone Primary
 Yes
 E-mail

 Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * Business Name

 License Type * First Name Middle Name Last Name
 DENNIS FEAGA
 Primary Address Line 1
 Yes 1560 A-D CATON CENTER DR
 Address Line 2

 City State ZIP Code

 Phone 1 Phone 2 Fax

 E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name
 MICHELLE CLANCY
 Relationship Full Name
 MICHELLE CLANCY
 Primary Organization Name
 Yes
 Street Address

 Address Line 2

 City State Zip Code
 21128
 Phone Cell Fax

 E-mail *

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	7/15/2021	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

Approved for LP tank
B2#000114 PR 1/20/21

STABILIZED
CONSTRUCTION
ENTRANCE

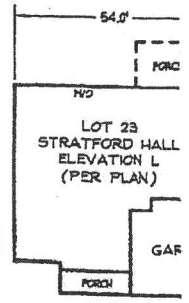
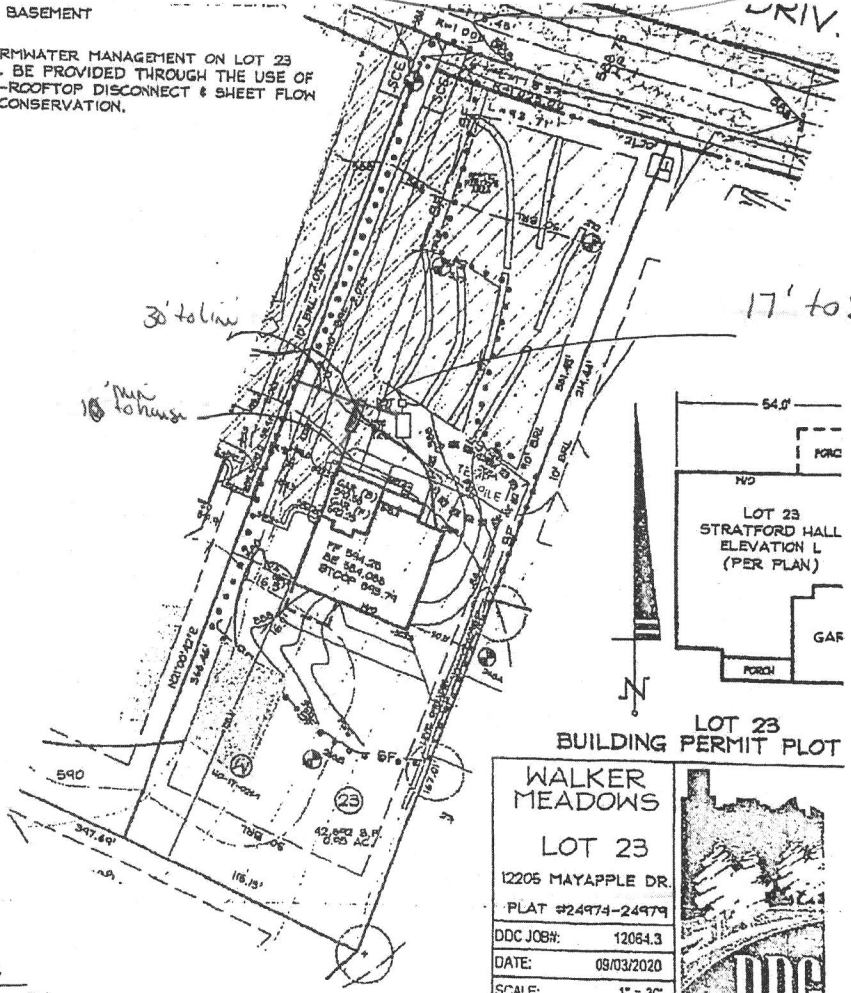
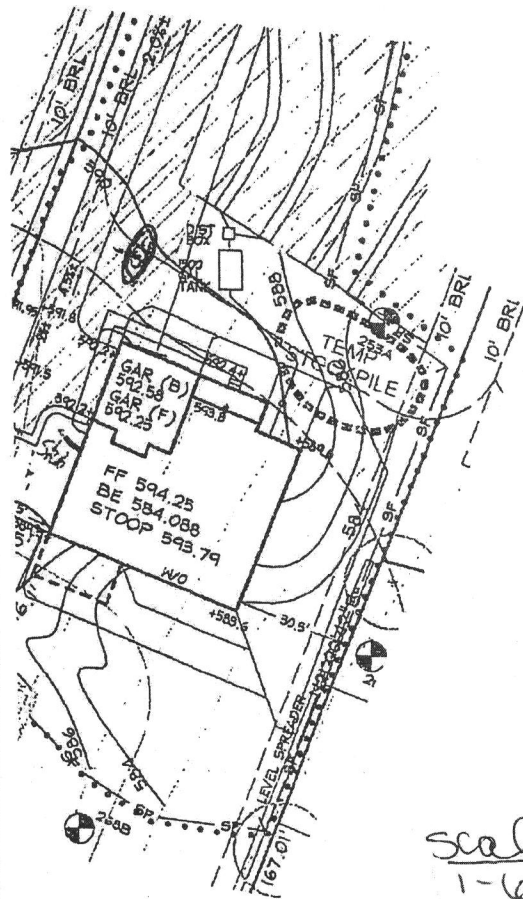
DRY WELL

TEMPORARY
STOCKPILE

WELL RELOCATION
AREA

THE BASEMENT

STORMWATER MANAGEMENT ON LOT 23
WILL BE PROVIDED THROUGH THE USE OF
NON-ROOFTOP DISCONNECT & SHEET FLOW
TO CONSERVATION.



LOT 23
BUILDING PERMIT PLOT

WALKER MEADOWS	
LOT 23	
12205 MAYAPPLE DR.	
PLAT #24974-24979	
DDC JOB#:	12084.3
DATE:	09/03/2020
SCALE:	1" = 30'
CHK. BY:	WRD
DRN. BY:	LUC/AJS



scale
1-60

1000 Gall water ground