PERMIT NUMBER: B 2100292 DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION

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: 1608 FLORENCE RD | Unit:
City: MT AIRY | State: MD | Zip Code: 21771
Subdivision/Village/Complex Name: PATRICK FAMILY LIMITED PARTNERSHIP II | SDP/WP/BA #: GP-21-120
Lot: 3 | Tax Map: 6 | Parcel: 65 | Grading Permit #: 2100062

DESCRIPTION OF WORK *REQUIRED*

Existing Use: RESIDENTIAL | Proposed Use: RESIDENTIAL SFD | Estimated Cost: $105,000.00
Trade Work to Be Completed *(Separate Permits Required)*: ■ Mechanical (HVACR) ■ Electrical ■ Plumbing ☐ None

CONSTRUCT NEW 65'X49' (IRREG) 2 STORY DETACHED SFD WITH UNFINISHED BASEMENT AND AREAWAY, 43'X32' (IRREG) 3-CAR GARAGE, 28'X8' COVERED PORCH W/ STAIRS TO GRADE,

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*: PATRICK FAMILY LIMITED PARTNERSHIP II | Primary Residence: ■ Yes ☐ No
Owner's Street Address: 1960 DAISY RD
City: WOODBINE | State: MD | Zip Code: 21797
Phone: | Email:

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: SCHWALLENBERG'S PERMIT SERVICES INC | Contact Name: JAMES SCHWALLENBERG
Street Address: 1601 BISHOP RD
City: EDGEWATER | State: MD | Zip Code: 21037
Phone: (410) 980-9868 | Email: DIANE.JAMESPERMITS@GMAIL.COM

CONTRACTOR INFORMATION *REQUIRED*

Business Name: CAIRN CUSTOM HOMES
Licensee's Name: STEVE APPLER | License #: 7518
Street Address: 1548 GORMAN RD
City: LAUREL | State: MD | Zip Code: 20723
Phone: (301) 490-5317 | Email: INFO@CAIRNCUSTOMHOMES.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 ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) | Condo: ☐ Yes ■ No
Utilities: ■ Electric ☐ Gas | Water Supply: ☐ Public ■ Private (Well) | Sewage Disposal: ☐ Public ■ Private (Septic)
Heating System: ■ Electric ☐ Natural Gas ☐ Propane ☐ Other: | Roadside Tree Project: ■ No ☐ Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ None | Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac

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

Model Name & Options:
# of Bedrooms (SF): 5 | # of efficiency units (MF*): | # of 1 BR (MF*): | # of 2 BR (MF*): | # of 3 BR (MF*):
Rooms: 15 | # Full Baths: 4 | # Half Baths: 0 | # Fireplaces: 1
Garage/Carport Info: ■ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ■ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial
1st Fl Width: 65 | 1st Fl Depth: 49 | 2nd Fl Width: 52 | 2nd Fl Depth: 49 | Bsmt Width: 51 | Bsmt Depth: 33
Energy Method: ■ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI | Gross Area: 4,798 sq ft | Occupiable Area: 3,472 sq ft

AGREEMENT/ DISCLAIMER *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.

James Schwallenberg — APPLICANT'S ORIGINAL SIGNATURE
8/9/21 — DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☑ PR | ☑ DPZ | ☑ DED | ☐ Health 8-16-21 | ☐ SHA | ☐ CID

SUBMITTAL FEES: $150 | PAYMENT: On Line | ACCEPTED BY:

Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22000814	03/11/2022

Description of Work

SFD// INSTALL 500GAL UNDERGROUND PROPANE TANK

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1608	FLORENCE	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.14639	39.32721

City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved 3/14/22

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059961	0065	0	0	0	0	RURAL

Legal Description

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
17	3	604001	5				

Plan Area	State Tax Id	Subdivision Name
		Patrick Family Limited Partners

Section	Area	Tax Map
		6

Grid	Zoning District	ADC Map
6-17	RC-DEO	4690-G8

SDP No.	Final Plan No.	WP File No.	Primary
	ECP-18-008		Yes

Record Plat No.	WS Contract No.	FDP No.
25140		

Owner Occupied	Year Built	Historic District
○ Yes ○ No		○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-04	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *

CHERYL WIZZARD

Address Line 1

10500 GRAND CENTRAL AVE #214

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
OWINGS MILLS	MD	21117

Phone	Primary
410-239-3900	Yes

E-mail

Cell Number	Fax Number

Professionals *(This section is not required.)*

Search Reset Clear

License # * 20100103851
Business Name: UNDERWOOD ENERGY & MECHANICAL LLC
License Type * Propane Gs
First Name: SEAN
Middle Name: MICHAEL
Last Name: UNDERWOOD
Primary: Yes
Address Line 1: 8216 WASHINGTON ST
Address Line 2:
City: LAUREL
State: MD
ZIP Code: 20724-9582
Phone 1: 4434149582
Phone 2:
Fax:
E-mail: SUNDERWOODLP@GMAIL.COM

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type * Applicant
First Name: MICHELLE
MI:
Last Name: CLANCY
Relationship: Applicant
Full Name: MICHELLE CLANCY
Primary: Yes
Organization Name: APPLIED & APPROVED PERMITS LLC
Street Address: P.O. BOX 310
Address Line 2:
City: PERRY HALL
State: MD
Zip Code: 21128
Phone: 443-340-1229
Cell:
Fax:
E-mail *: MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

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

TANK INFORMATION

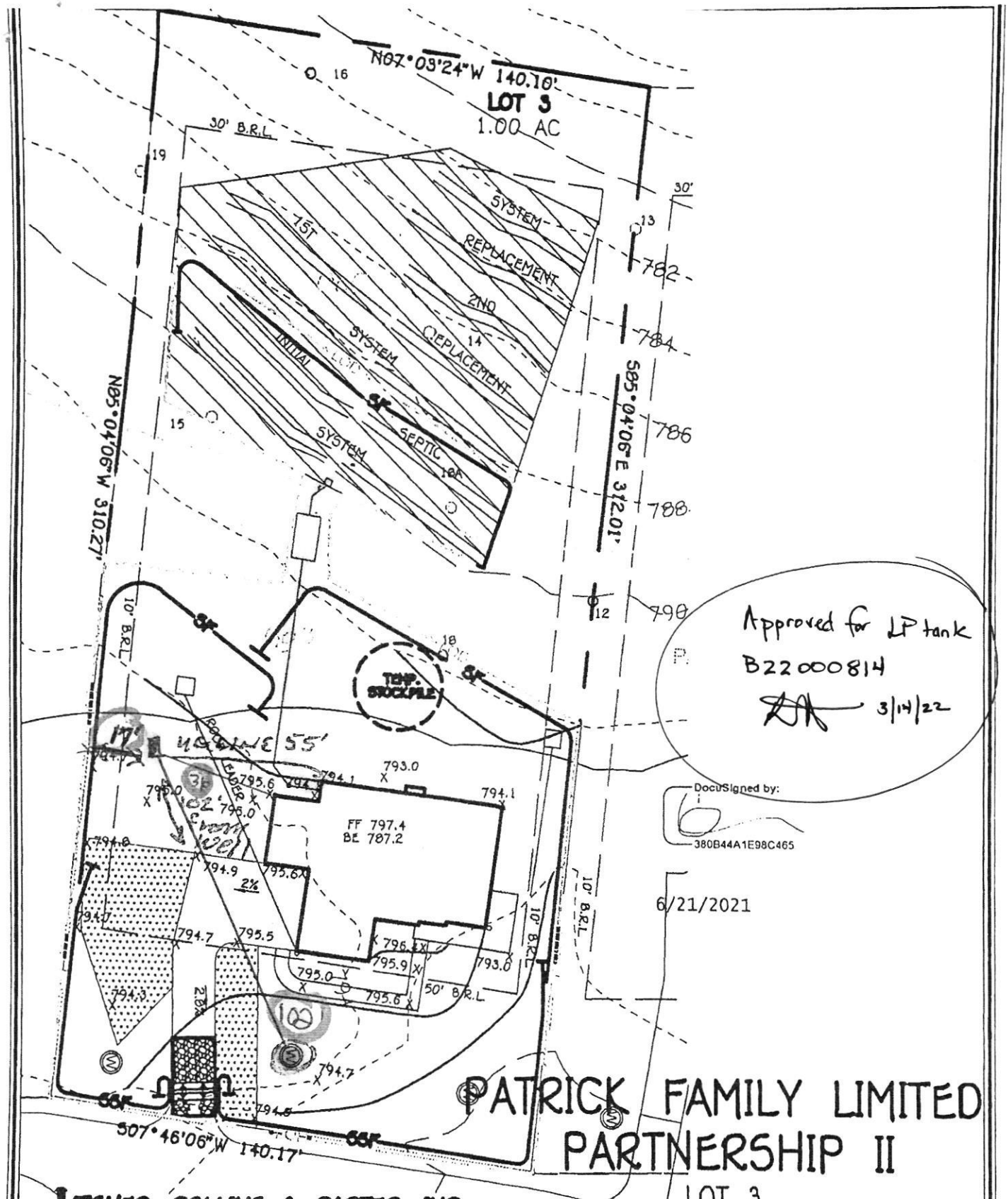
RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * ○ Yes ◉ No
Capital Project Number:
Fee Exempt * ○ Yes ◉ No
Roadside Tree Project Permit * ○ Yes ◉ No
Roadside Tree Permit #:
Existing Use: SFD
Number of Tanks Installed * 1
Number of Tanks Removed * 0
Water Supply: Private
Sewage Disposal: Private
Expiration Date: 9/10/2022
Relocate Existing Tank * 0

PAYMENT INFORMATION

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

Submit Cancel



PATRICK FAMILY LIMITED PARTNERSHIP II

LOT 3

ZONED: RC-DEO

TAX MAP NO.: 6 GRID NO.: 17 PARCEL NO.: 65

4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 40' DATE: OCTOBER 23, 2020

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855