

RECEIVED

JUL 12 2021

PERMIT NUMBER: B 21002602

DATE ACCEPTED:

LICENSES & PERMITS DIVISION



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: 18419 Hidden Creek Way		Unit:
City: Mount Airy	State: MD	Zip Code: 21771
Subdivision/Village/Complex Name: Windsor Forest Knolls		SDP/WP/BA #:
Lot: 17	Tax Map: 6, Grid 16	Parcel: 57
Grading Permit #: SENT TO DPZ 7/13/21		

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant unimproved lot	Proposed Use: SFD	Estimated Cost: \$379,500.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Residential New Single Family Dwelling (Detached)		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Sonshine MD, LP	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (717) 464-9060	Email: billb@keystonecustomhome.com
Zip Code: 17601	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Keystone Custom Homes	Contact Name: Neil J. Bontempi
Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (717) 847-5426	Email: nbontempi@keystonecustomhome.com
Zip Code: 17601	

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes	
Licensee's Name:	License #: MHBR# 2937 (exp 12/01/2021)
Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (717) 847-5426	Email: nbontempi@keystonecustomhome.com
Zip Code: 17601	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: James F. Collins, P.E.	Name: James Collins
Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (352) 250-3146	Email: jcollins@keystonecustomhome.com
Zip Code: 17601	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options: Ethan Farmhouse				
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: 15	# Full Baths: 3	# Half Baths: 1	# Fireplaces: 1	
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial				
1st Fl Width: 50	1st Fl Depth: 60	2nd Fl Width: 50	2nd Fl Depth: 39	Bsmt Width: 50 Bsmt Depth: 60
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 5,782 sq ft Occupiable Area: 5,662 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.

Neil J. Bontempi
 APPLICANT'S ORIGINAL SIGNATURE

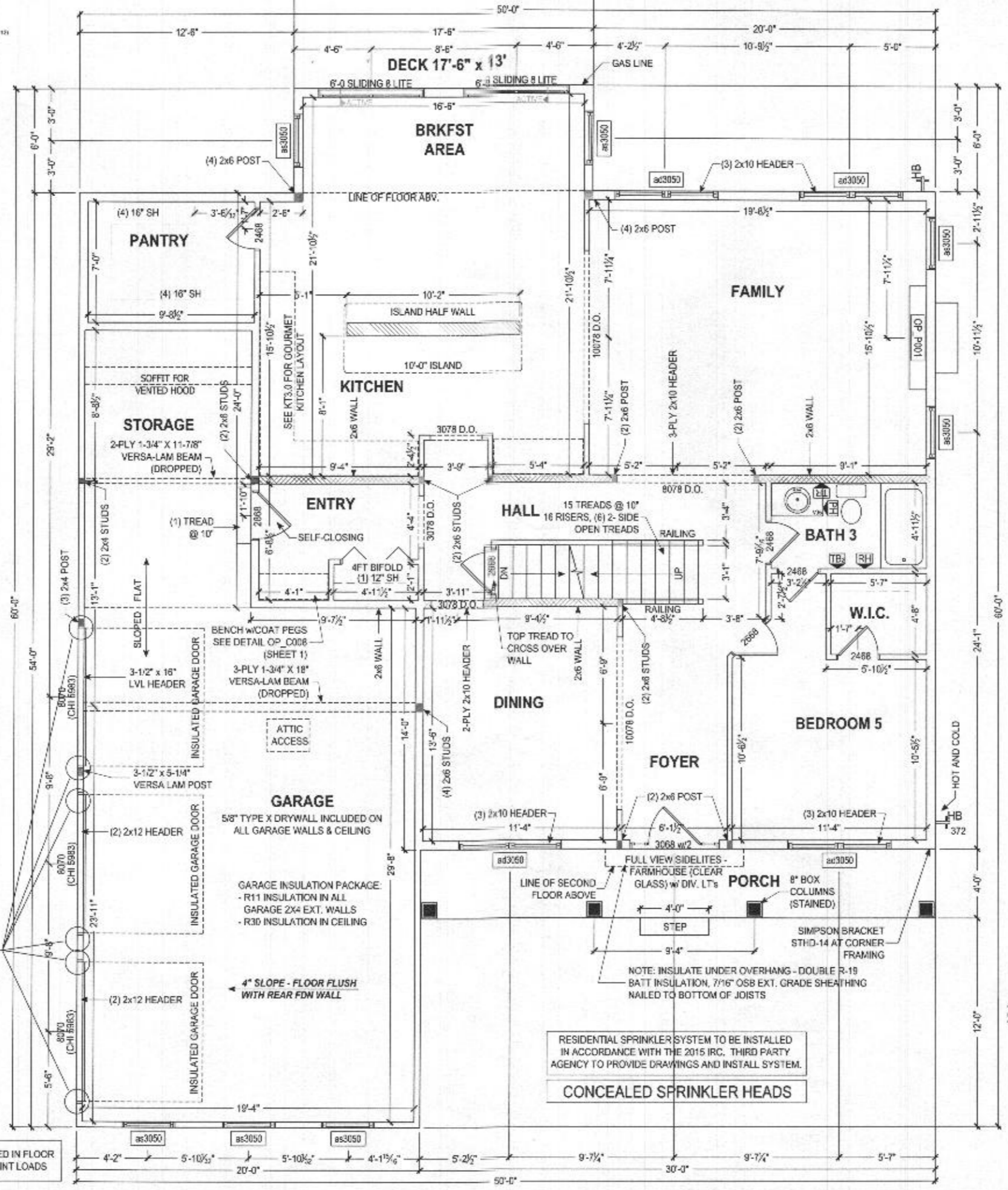
7/12/2021
 DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health H. Oswald 8.2.21	<input type="checkbox"/> SHA
SUBMITTAL FEES: \$150.00		PAYMENT: CK# 3232		ACCEPTED BY: MAIL

ALL EXTERIOR WALLS ARE 13% CONT. STRUCTURAL 2-BATTERY METHOD PER PER ST_113
 2x6 POSTER WALL, INTERIOR HALF WALL, TRIMMING POST



NOTE:
 -OLD WORLD INTERIOR TRIM PACKAGE
 -ALLOW 4" FOR ALL WINDOW/DOOR
 HEADER TRIM

R-11 BATT INSULATION
 BETWEEN ENTIRE
 1st & 2nd FLOOR

SQUASH BLOCKS REQUIRED IN FLOOR
 FRAMING UNDER ALL POINT LOADS

*ALL BATHROOMS TO
 HAVE TALL VANITIES*

RESIDENTIAL SPRINKLER SYSTEM TO BE INSTALLED
 IN ACCORDANCE WITH THE 2015 IRC. THIRD PARTY
 AGENCY TO PROVIDE DRAWINGS AND INSTALL SYSTEM.

CONCEALED SPRINKLER HEADS



Professional Certification: I hereby certify that these documents were
 prepared or approved by me, and that I am a duly licensed professional
 engineer under the laws of the State of Maryland, License No. 20356,
 Expiration Date: 12-12-2022

FIRST FLOOR PLAN
 SCALE: 1/4" = 1'-0"

The network of engineering firms and contractors...
 Keystone Custom Homes, Inc.
 227 GRANITE RUN DRIVE, SUITE 100
 LANCASTER, PENNSYLVANIA 17601
 PH: (717) 464-9060 • FAX: (717) 464-9046
 www.keystonecustomhomes.com

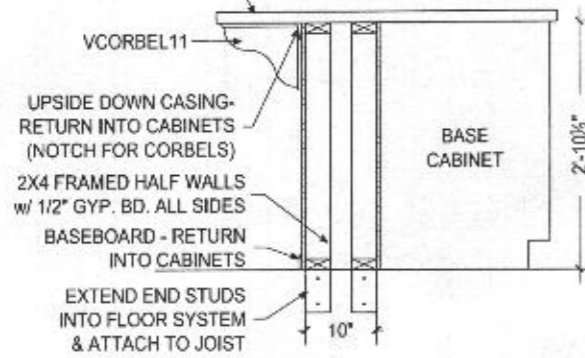
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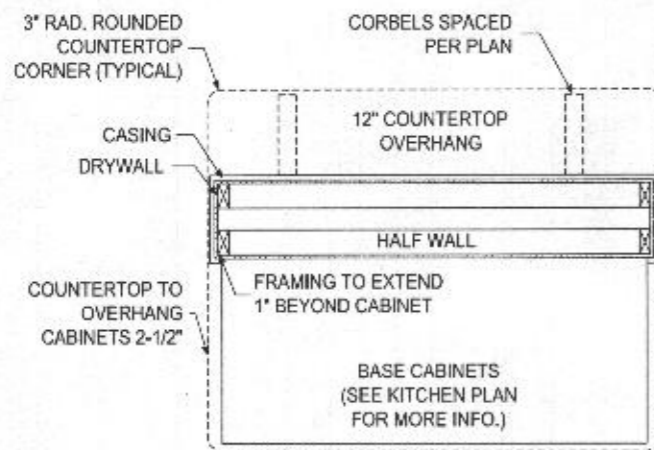
KEYSTONE CUSTOM HOMES, INC.

PROJECT: FIRST FLOOR PLAN
 DATE: JUN 15 2021
 SCALE: AS NOTED
 DRAWN BY: G. SWEIGERT
 CHECKED BY: PLO
 DATE: aet 80

SEE KEYCHOICES FOR COUNTERTOP SELECTION



ISLAND SECTION



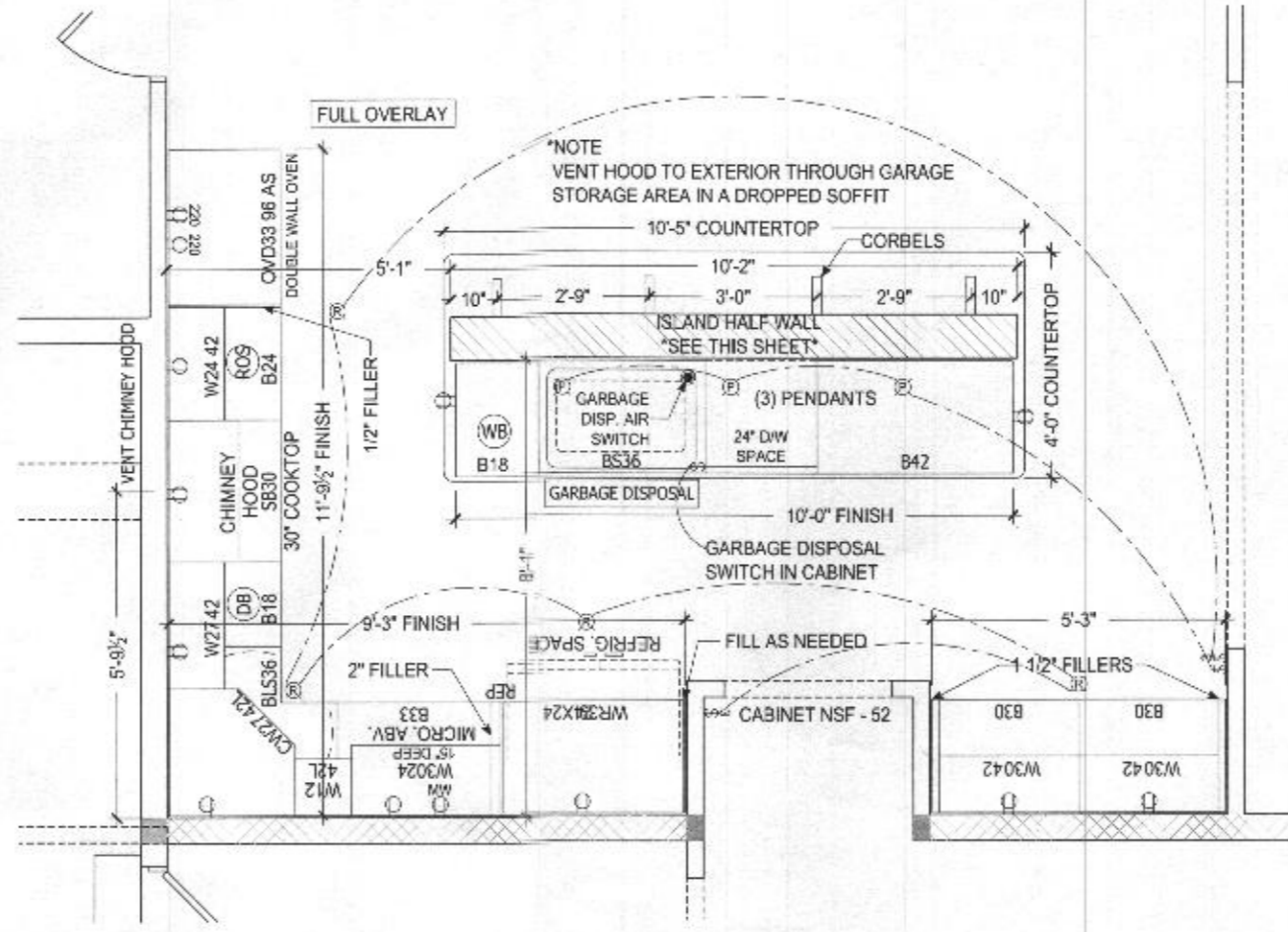
PLAN VIEW

KITCHEN ISLAND w/HALF WALL
SCALE: 3/4\"/>

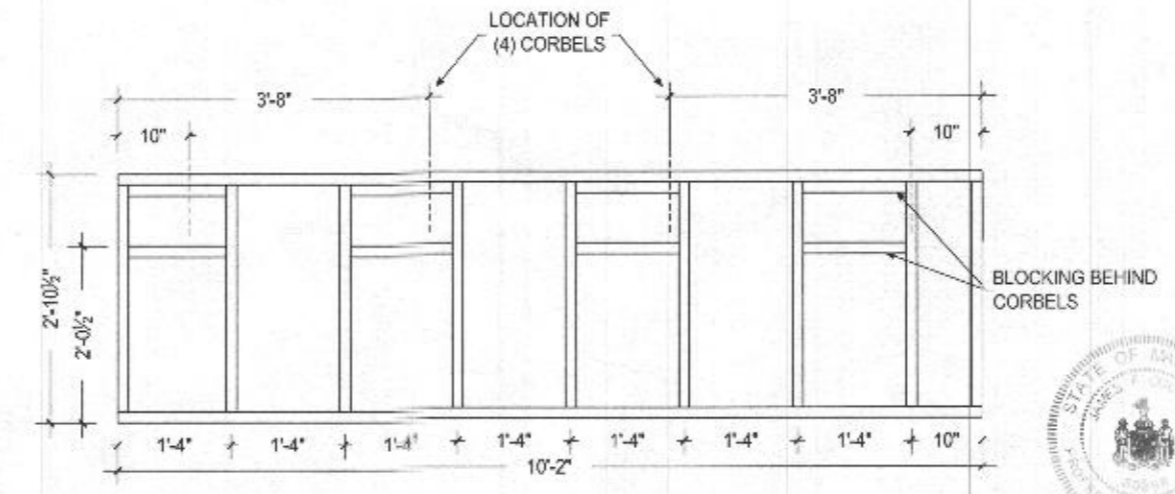
KITCHEN SYMBOL LEGEND:

ON THE CABINET LAYOUT, ITEMS SHOWN IN CIRCLES ARE INCLUDED IN THE PACKAGE. ITEMS SHOWN BELOW IN TRIANGLES ARE PRE-DESIGNED LOCATIONS IF THE CLIENT CHOOSES THE OPTION SEPARATELY. AVAILABILITY AND INCLUSIONS VARY PER PLAN/KITCHEN PACKAGE.

DB	Drawer Bank
GL	Glass Doors
SS	Slide Out Shelf
WB	Waste Basket
MW	Microwave (Alt. location w/ wall mount hood)
UC LIGHT	Under Cab. Light



GOURMET KITCHEN LAYOUT
SCALE: 1/2\"/>



ISLAND WALL FRAMING
SCALE: 3/4\"/>

GOURMET PKG INCL:

- Tahoe Maple Cabinet Style - May Upgrade Separately
- Small / Angled Crown Molding
- Door Trays
- ** Drawer Bank (Max. Drawer Bank Size = 24" Larger Base Cabinets Will be Split)
- ** Slaggered Kitchen Cabinets
- ** Garbage Disposal (1/2 hp)
- Installed Ice Maker Line
- ** Installed Recessed Light Package w/ White Trim Kits
- Level 30 Kitchen Sink
- Kitchen Faucet Upgrade
- Level 40 Gourmet & Garden Kitchen Package Appliance Upgrade (incl: Gas Cooktop, Single Electric Wall Oven, Built-In Microwaves in Oven Cabinet, Vented Range Hood, Dishwasher)
- ** Roll-Out Shelves
- ** Linen Range Base Cabinet for Under Cooktop
- ** Oven Cabinet for Wall Oven/Microwave
- ** 24" Deep Refrigerator Wall Cabinet. May Include Refrigerator End Panel(s) (REP)
- ** THESE INCLUSIONS VARY PER HOUSE DESIGN. PLEASE SEE PLAN FOR SPECIFIC INFORMATION REGARDING SIZE AND LOCATION.

GEN. KITCHEN NOTES:

- NON-VENTED HOOD: FRAMING DIMENSION FROM SUBFLOOR TO UNDERSIDE OF CABINET TO RANGE IS 5'-10" (30" 1/4" H. CABINETS) 6'-0" (42" 2/4" H. CABINETS)
- FRAMING DIMENSIONS UNLESS OTHERWISE NOTED
- ALL COUNTERTOP RECEPTACLES ARE GFI PROTECTED
- TYPICAL WINDOW CASING REQUIRED, DO NOT USE WIDER TRIM OPTION ON WINDOW



Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 103750, Expiration Date: 12-12-2022.

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LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com

KEYSTONE CUSTOM HOMES, INC.

DATE: JUN 15 2021
SCALE: AS NOTED
DRAWN BY: G. SWEIGERT
SHEET NO.: KT2.0
PAGE: a e t 80

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KEYSTONE CUSTOM HOMES, INC.

PROJECT NO.	FRONT ELEVATION
DATE	JUN 15 2021
SCALE	AS NOTED
DRAWN BY	S. SWIDGERT
CHECKED BY	EAS017 SHARP
DATE	07/07/2021
SCALE	AS NOTED
DRAWN BY	A10
CHECKED BY	aet80



Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 90094. Expiration Date: 12-15-2022

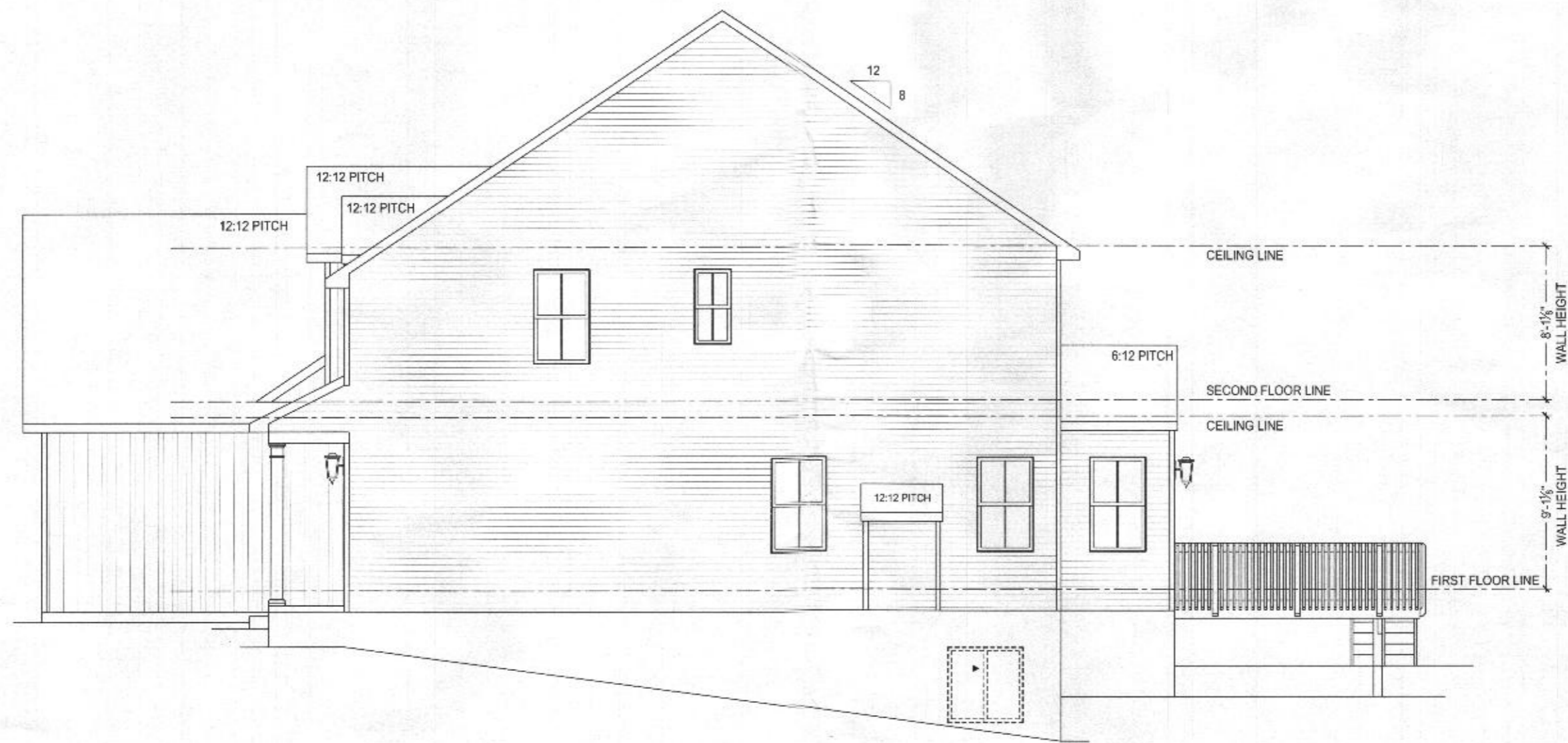


FRONT ELEVATION
SCALE: 1/4" = 1'-0"

18419 HIDDEN CREEK WAY

B2-1002602

HEALTH DEPT



LIVING SIDE ELEVATION
SCALE: 1/4" = 1'-0"



Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 98868, Expiration Date: 12-31-2022

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PH: (717) 464-9060 • FAX: (717) 464-9046
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KEYSTONE CUSTOM HOMES, INC.

PROJECT LIVING SIDE ELEVATION	DATE JUN 15 2021
SCALE AS NOTED	DRAWN BY S. SWEIGERT
CHECKED BY EAS/117	DATE 07/07/2021
APPROVED BY SILARP	SHEET NO. A1.1
	OF a e t 80

The architect accepts no responsibility for the accuracy of the information provided herein. The architect is not responsible for the accuracy of the information provided herein. The architect is not responsible for the accuracy of the information provided herein. The architect is not responsible for the accuracy of the information provided herein.



REAR ELEVATION
SCALE: 1/4" = 1'-0"



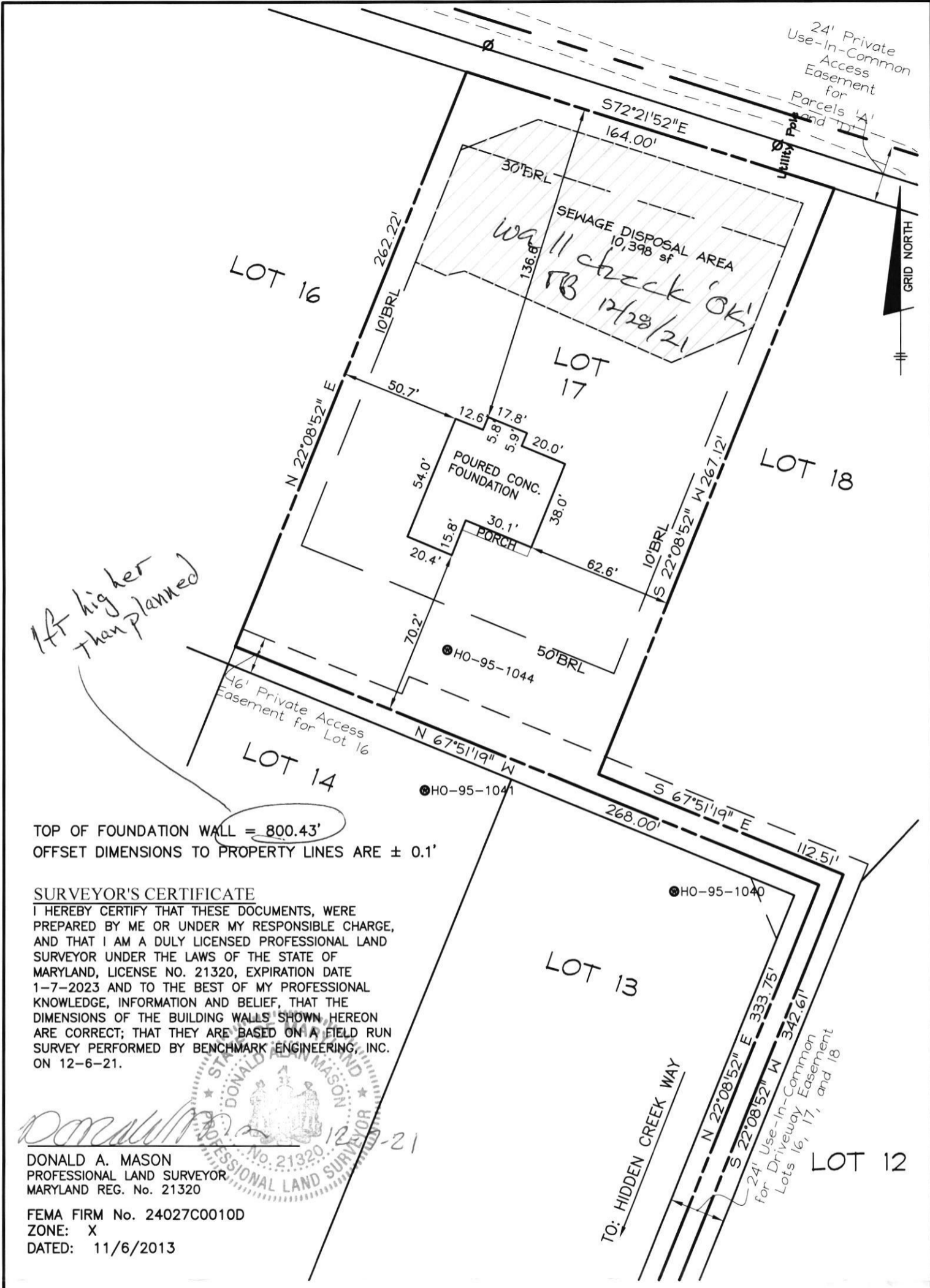
Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 12558, Expiration Date: 12-31-2022

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KEYSTONE CUSTOM HOMES, INC.

DESCRIPTION	REAR ELEVATION
DATE	JUN 15 2021
BY	G. S. FICKERT
SCALE	AS NOTED
PROJECT	E.A.017 SHARP
DATE	07/07/2021
SCALE	1/4" = 1'-0"
PROJECT	E.A.017 SHARP
DATE	07/07/2021



17' higher than planned

*Wall check OK
RB
12/28/21*

TOP OF FOUNDATION WALL = 800.43'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE
I HEREBY CERTIFY THAT THESE DOCUMENTS, WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21320, EXPIRATION DATE 1-7-2023 AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12-6-21.

Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR
MARYLAND REG. No. 21320

FEMA FIRM No. 24027C0010D
ZONE: X
DATED: 11/6/2013

**WALL CHECK
WINDSOR FOREST KNOLLS
PLAT No. 19396
LOT No. 17**

18419 HIDDEN CREEK WAY

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 315
ELLCOTT CITY, MARYLAND 21043
(P) 410-465-6105 ▲ (F) 410-465-6644
WWW.BEI-CMLENGINEERING.COM

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
FIELD OBS. BY ML
COMP. BY DAM
DRAWN BY DAM
SCALE: 1" = 50' DATE: 12-7-21

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

Date: 07/29/2021

To: Robert Bricker Ho Health Department
(Reviewer/Requestor's Name) (Division)

From: Neil J. Bontempi / Keystone Custom Homes (717) 847-5426
(Your Name, Company Name) (Phone Number)

Subject: Project name Windsor Forest Knolls, Lot 17
Project site address 18419 Hidden Creek Way
Permit # B21002602 SDP # F-07-008
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 KT2.0 / Rev. to remove disposal. (be specific).
 Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other _____

Contact Person Information: (Required)

Neil J. Bontempi Telephone No: (717) 847-5426
Please Print Name
nbontempi@keystonecustomhome.com
E-Mail Address:

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 _____

White-Plan Review / Yellow-Applicant / Pink-Permit Division
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

RECEIVED

JUL 30 2021

LICENSES & PERMITS
DIVISION

Edit Record By Single

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type: Building/Residential/Misc/Tanks
 Permit Number: B22000494
 Opened Date: 02/17/2022
 Description of Work: SFD/ INSTALL (1) 500 GALLON UNDERGROUND PROPANE TANK

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #: 18419 Street Name: HIDDEN CREEK Street Type: WAY
 Unit Type: Unit #: X Coordinate: -77.15483 Y Coordinate: 39.33333
 City: MOUNT AIRY State: MD Zip Code: 21771 Primary: Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
925318	57	1.09	105900	105900	0	RURAL

Legal Description: LOT 17 1.090 A [18419 HIDDEN CREEK WAY] WINDSOR FOREST KNOLLS

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	17	804001	5				

Plan Area: Windsor Forest Knolls
 State Tax Id: 1404373332
 Section: Area: Tax Map: 6
 Grid: Zoning District: ADC Map: 6-10 RC-DEO 4690-F7
 SDP No.: Final Plan No.: WP File No.:
 F-07-008
 Record Plat No.: WS Contract No.: FDP No.:
 19395-1939
 Owner Occupied: Yes No
 Historic District Registry No.: Stat Area: Flood Plain:
 4-04
 Building No:

Owner (This section is required.)

Search Reset Clear

Name: Erin Sharp
 Address Line 1: 227 GRANITE RUN DR SUITE 100
 Address Line 2:
 Address Line 3:
 Mail City: LANCASTER Mail State: PA Mail Zip Code: 17601
 Phone: 240-507-3150 Primary: Yes
 E-mail: lemcdonald1223@gmail.com
 Cell Number: Fax Number:

2/16/22 - permit on hold -
 1p tank proposed location
 on top of back (effluent)
 line - revised plan required

2/22/22 - sent email to applic
 requesting revision

2/23/22 - spoke to rep @ Aero
 Energy: Dave Fraiser @

301-606-8052 →
 uploaded revised plan
 to DILP w/ proper
 setbacks - (10)

2/23/22 - Approved
 (10)

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100079809	MID ATLANTIC COOPERATIVE SOLUTIONS DBA AERO ENERGY		
License Type *	First Name	Middle Name	Last Name
Propane Gs	3ICHARD	THOMAS	JARCY
Primary	Address Line 1		
Yes	230 LINCOLN WAY EAST		
	Address Line 2		
	City	State	ZIP Code
	NEW OXFORD	PA	17350
	Phone 1	Phone 2	Fax
	2406744592		
	E-mail		
	RJARCY@AEROENERGY.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	steve		dannenfeldt
Relationship	Full Name		
Applicant	steve dannenfeldt		
Primary	Organization Name		
Yes	Aero Energy		
	Street Address		
	230 lincoln way East		
	Address Line 2		
	City	State	Zip Code
	New Oxford	PA	17350
	Phone	Cell	Fax
	717-577-5923		
	E-mail *		
	sdannenfeldt@aeroenergy.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
6000	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	8/21/2022	0	

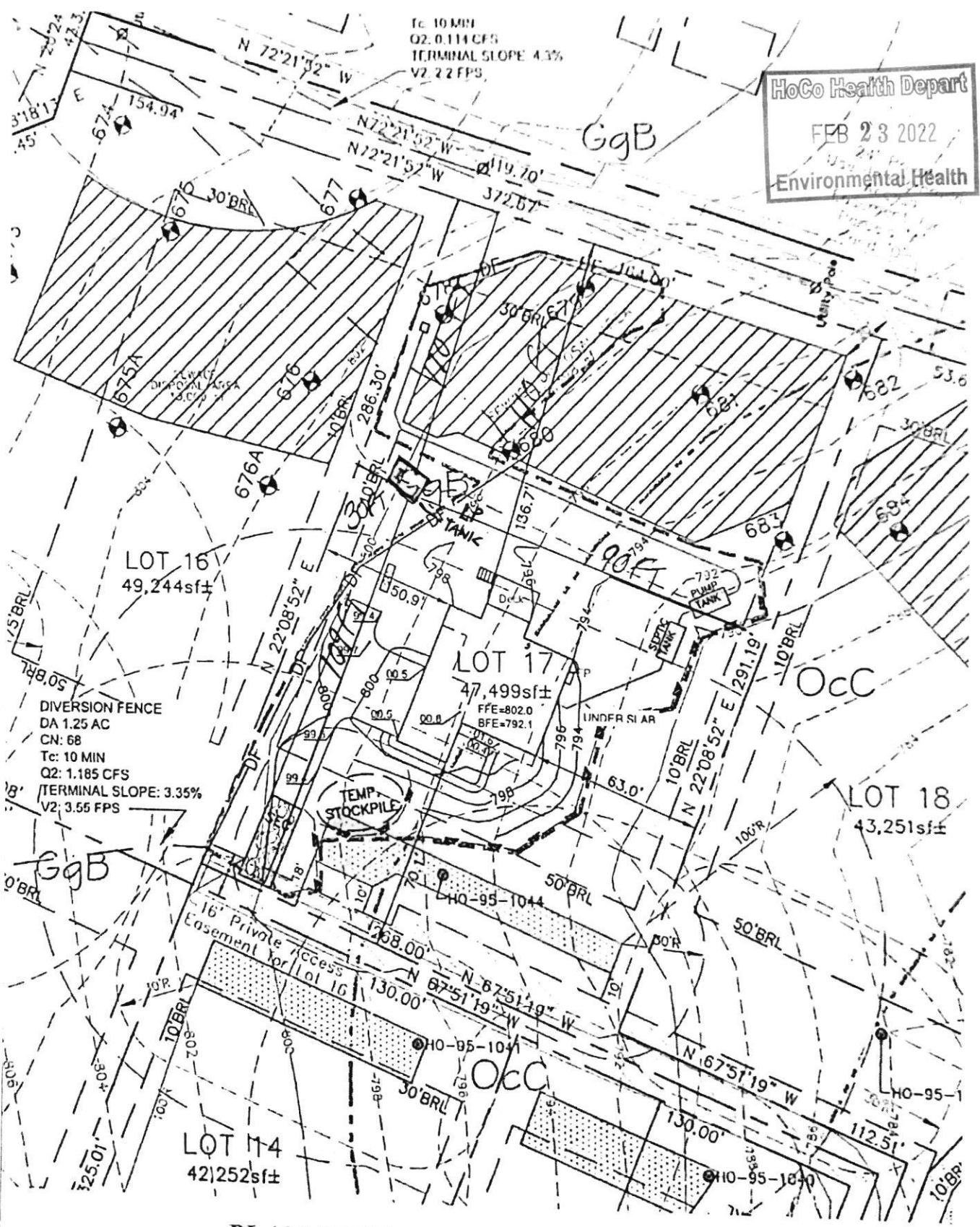
PAYMENT INFORMATION

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

Submit Cancel

HoCo Health Depart
 FEB 23 2022
 Environmental Health

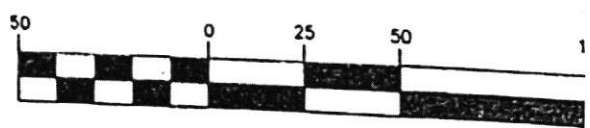
Tc: 10 MIN
 Q2: 0.114 CFS
 TERMINAL SLOPE 4.3%
 V2: 2.2 FPS



PLAN VIEW

1" = 50'

Approved for LP tank
 B22000494
 AA 2/23/22



(IN FEET)
 1 inch = 50 ft.