

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B21003320 Opened Date 09/07/2021

Description of Work SFD/ INSTALL (1) 1000GAL UNDERGROUND PROPANE TANK

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 6009 Street Name BRICKER Street Type RD
Unit Type --Select-- Unit # X Coordinate -77,00093 Y Coordinate 39,22647
City DAYTON State MD Zip Code 21036 Primary Yes

Approved 9/22/21 [Signature]

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 11060758 Parcel Parcel Area 0 Land Value 0 Improved Value 0 Exemption Value 0 Plan Area RURAL

Legal Description

check spelling

Block 18 Lot 3 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone

Plan Area State Tax Id Subdivision Name Willowshire

Section Area Tax Map 27

Grid Zoning District ADC Map 27-18 RR-DEO 4932-K4

SDP No. Final Plan No. WP File No. Primary Yes

Record Plat No. 25500-2550 WS Contract No. FDP No.

Owner Occupied Year Built Historic District Yes No

Historic District Registry No. Stat Area Flood Plain 5-01 Yes No

Building No

Owner (This section is required.)

Search Reset Clear

Name TOLL MID ATLANTIC LP COMPANY INC

Address Line 1 250 GIBRALTAR RD

Address Line 2

Address Line 3

Mail City HORSHAM Mail State PA Mail Zip Code 19044

Phone 410-872-9105 Primary Yes

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100103851	THE H.J. POIST GAS COMPANY, INC		
License Type *	First Name	Middle Name	Last Name
Propane Gs	SEAN	MICHAEL	UNDERWOOD
Primary	Address Line 1		
Yes	360 MAIN STREET		
	Address Line 2		
	City	State	ZIP Code
	LAUREL	MD	20707-0000
	Phone 1	Phone 2	Fax
	4434149582		
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

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

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 *	
Public	Public	3/20/2023	0	

PAYMENT INFORMATION

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

Submit Cancel



PERMIT NUMBER: B 21001454

DATE ACCEPTED: 4/16/2021



### 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: 6009 Bricker Road		Unit:
City: Dayton	State: MD	Zip Code: 21036
Subdivision/Village/Complex Name: Willowshire (Willow Creek)		SDP/WP/BA #:
Lot: 3	Tax Map:	Parcel:
Grading Permit #:		

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant Lot	Proposed Use: SFD	Estimated Cost: \$ 300,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
New 2 story "Parkhurst" Modern Farmhouse w/ 2 car side load garage, luxury covered deck and finished lower level (Rec Room and Bathroom)		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Toll Mid Atlantic LPO Inc.	Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 250 Gibraltar Rd.	Contact: Summer Kiley
City: Harsham	State: PA
Phone: 410-872-9105	Zip Code: 19144
Email: skiley1@tollbrothers.com	

#### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Decadent Building Services	Contact Name: Jim Keenan
Street Address: PO Box 552	
City: Woodbine	State: MD
Phone: 410-309-7792	Zip Code: 21797
Email: jim@decadentbuildingservices.com	

#### CONTRACTOR INFORMATION REQUIRED

Business Name: Toll Brothers	Contact: Summer Kiley
Licensee's Name: Toll Mid Atlantic LPO Inc.	License #: 8220
Street Address: 7164 Columbia Gateway Dr, Ste 230	
City: Columbia	State: MD
Phone: 410-872-9105	Zip Code: 21046
Email: skiley1@tollbrothers.com	

#### ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

#### BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input 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 type="checkbox"/> Electric <input checked="" 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 type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options: "Parkhurst" modern farmhouse w/ 2 car garage, luxury covered deck 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: 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 type="checkbox"/> Partial				
1st Fl Width: 59	1st Fl Depth: 62	2nd Fl Width: 59	2nd Fl Depth: 56	Bsmt Width: 59
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 7596	sq ft	Occupiable Area: 7344
Bsmt Depth: 62				

#### 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 Keenan* DATE SIGNED: 4/16/2021

#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

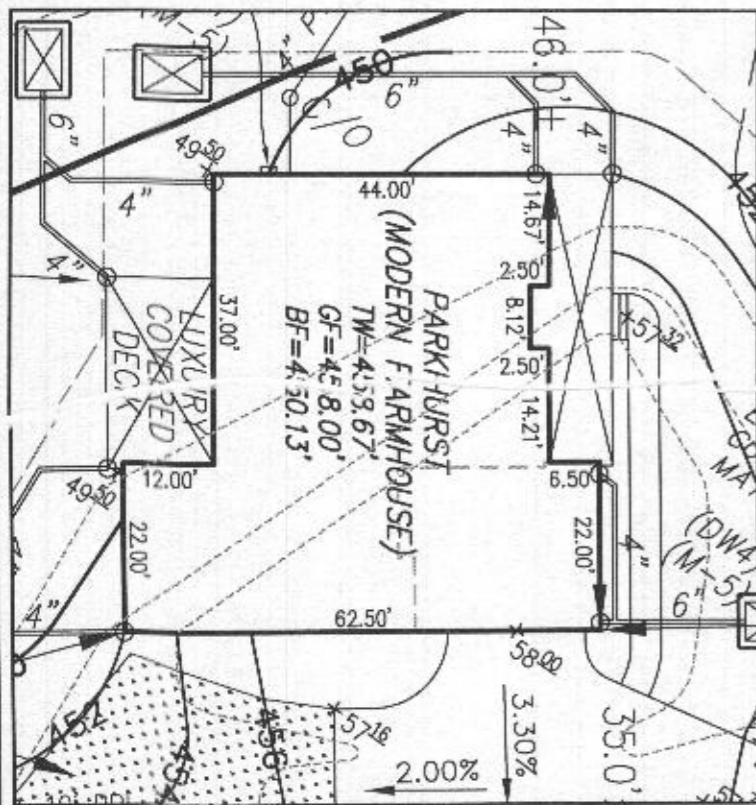
AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Becker</i>	<input type="checkbox"/> SHA
SUBMITTAL FEES: \$150		PAYMENT: (1st 2500)	ACCEPTED BY: <i>Prop By</i>	

PROFESSIONAL CERTIFICATION: 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. 21328, EXPIRATION DATE 1/8/23.

**LEGEND:**

- BRL BUILDING RESTRICTION LINE
- W WELL LOCATION
- T.W. TOP OF WALL
- G.F. GARAGE FLOOR
- B.F. BASEMENT FLOOR
- PASSED PERC LOCATION
- FAILED PERC LOCATION
- ▨ SEPTIC RESERVE AREA
- ▩ WELL BOX AREA
- PROPOSED TREE
- PROPOSED TREE
- PROPOSED TREE

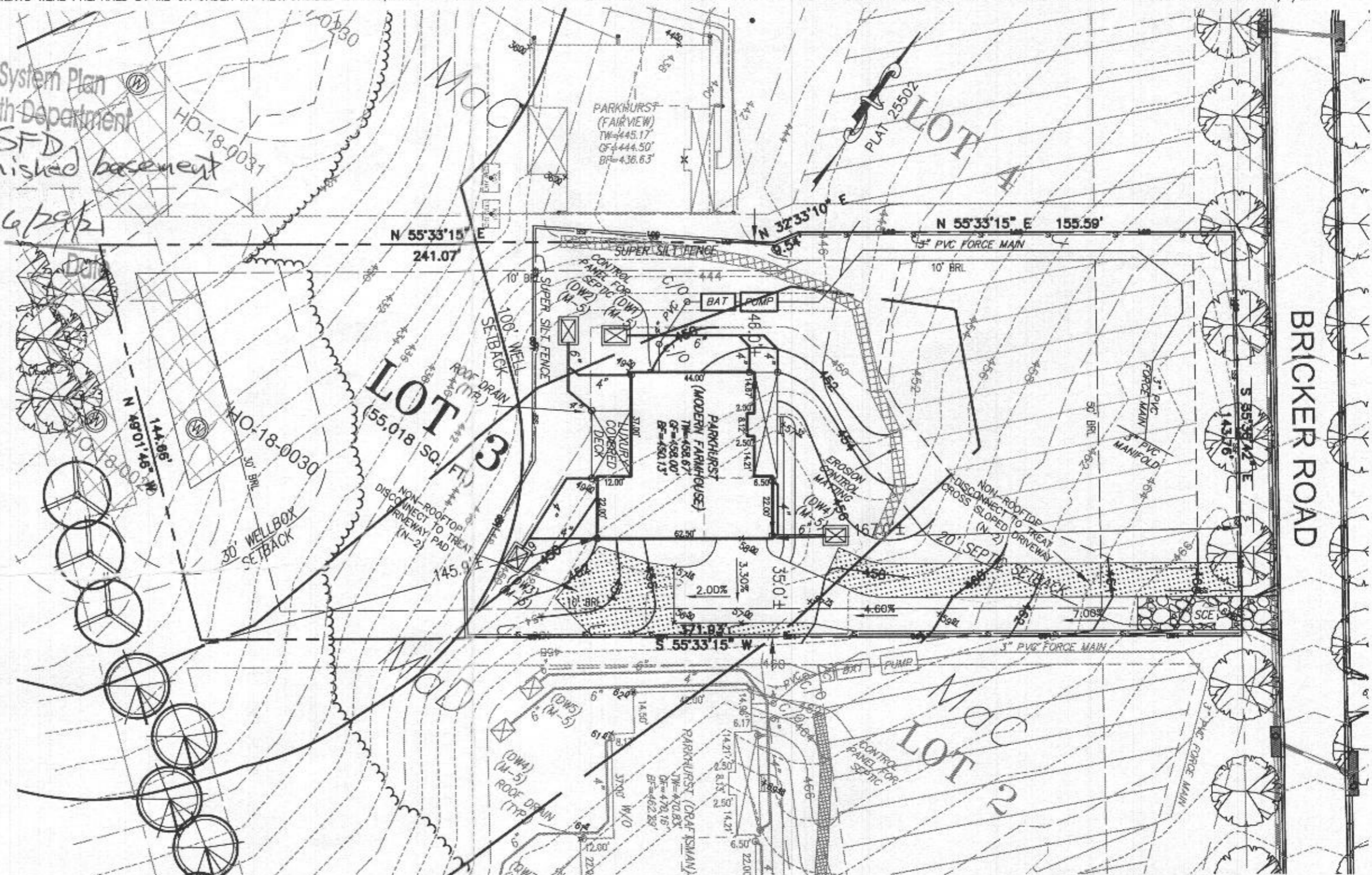
NOTE:  
TOTAL LIMITS OF DISTURBANCE (LOD) = 30,714 SQ. FT.



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN  
SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

Approved Septic System Plan  
Howard County Health Department  
5-bedroom SFD  
w/ partial-finished basement

*Bricker*  
Signature  
B21001454  
6009 Bricker Rd.



HOUSE TYPE: PARKHURST (MODERN FARMHOUSE)

TWO CAR SIDE ENTRY GARAGE	OPTION NO. 012
FINISHED LOWER LEVEL	OPTION NO. 013
WALK-OUT BASEMENT	OPTION NO. 017
ADDITIONAL SINGLE WINDOW	OPTION NO. 187
OPTIONAL BATH FOR FINISHED LOWER LEVEL	OPTION NO. 383
OPTIONAL DROP ZONE	OPTION NO. 263081
LUXURY COVERED DECK	OPTION NO. 263168
4 HOPPER WINDOWS INCLUDED IN BASEMENT	OPTION NO. 90003011
DOUBLE WIDE DRIVEWAY TAIL	OPTION NO. 90003012

WELL NUMBER: HO-18-0030  
ADDRESS: 6009 BRICKER ROAD DAYTON, MD 21036

PLOT PLAN  
LOT 3  
**WILLOWSHIRE**  
LIBER 18479, FOLIO 296  
PLAT NO. 25502  
5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

**ESE CONSULTANTS**  
ENGINEERING • PLANNING • SURVEYING • ENVIRONMENT

ESE Consultants, Inc.  
7164 Columbia Gateway Drive • Suite 230 • Columbia, MD 21046  
T: 410-872-9105

DATE: 04/06/2021    SCALE: 1" = 40'    FILE: PP LOT 3 - PARKHURST M.F.  
CHK'D: M.J.B.    JOB NO: 4520    DRAWN: R.C.K.