

Permit Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B23001291	04/17/2023
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 #	Street Name	Street Type	
1880	DAVIS BRANCH	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.86865	39.31731
City	State	Zip Code	Primary
WOODSTOCK	MD	21163	Yes

4/20/23 - proposed location for lp tank is on a different lot. → requested new site plan. (RL)

4/20/23 - spoke to Dave Frazier w/ AeroEnergy @

301-606-6052

he said he'd revise the plan and resubmit. (RA)

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11061392	0225	0	0	0	0	RURAL
Legal Description						

4/26/23 - spoke to Ben w/ Keystone Custom Homes, gave him the details and said we needed a revised plan showing at least a 50' setback to the well. (RL)

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #
19	32	603000	5	6		
Plan Area	State Tax Id	Subdivision Name				
		Myrtue Property				
Section	Area	Tax Map				
		11				
Grid	Zoning District	ADC Map				
11-19	RC-DEO	4695-A10				
SDP No.	Final Plan No.	WP File No.				
	F-06-104					
Record Plat No.	WS Contract No.	FDP No.				
25865						
Owner Occupied	Year Built	Historic District				
<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Historic District Registry No.	Stat Area	Flood Plain				
	3-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No						

Ben - Keystone

717-870-0460

5/19/23 - Dave Frazier w/ AeroEnergy sent in a revised plan but the location which was proposed is on a different property

Owner * (This section is required.)

Search Reset Clear

Name *
Keystone Homes
Address Line 1
227 GRANITE RUN DR

5/22/23 - final plan received - Approved 5/22/23 (RL)

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
LANCASTER	PA	17601
Phone	Primary	
717-696-1883	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

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		
No	230 LINCOLN WAY EAST		
	Address Line 2		
	City	State	ZIP Code
	NEW OXFORD	PA	17350-0000
	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		
--Select--	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		

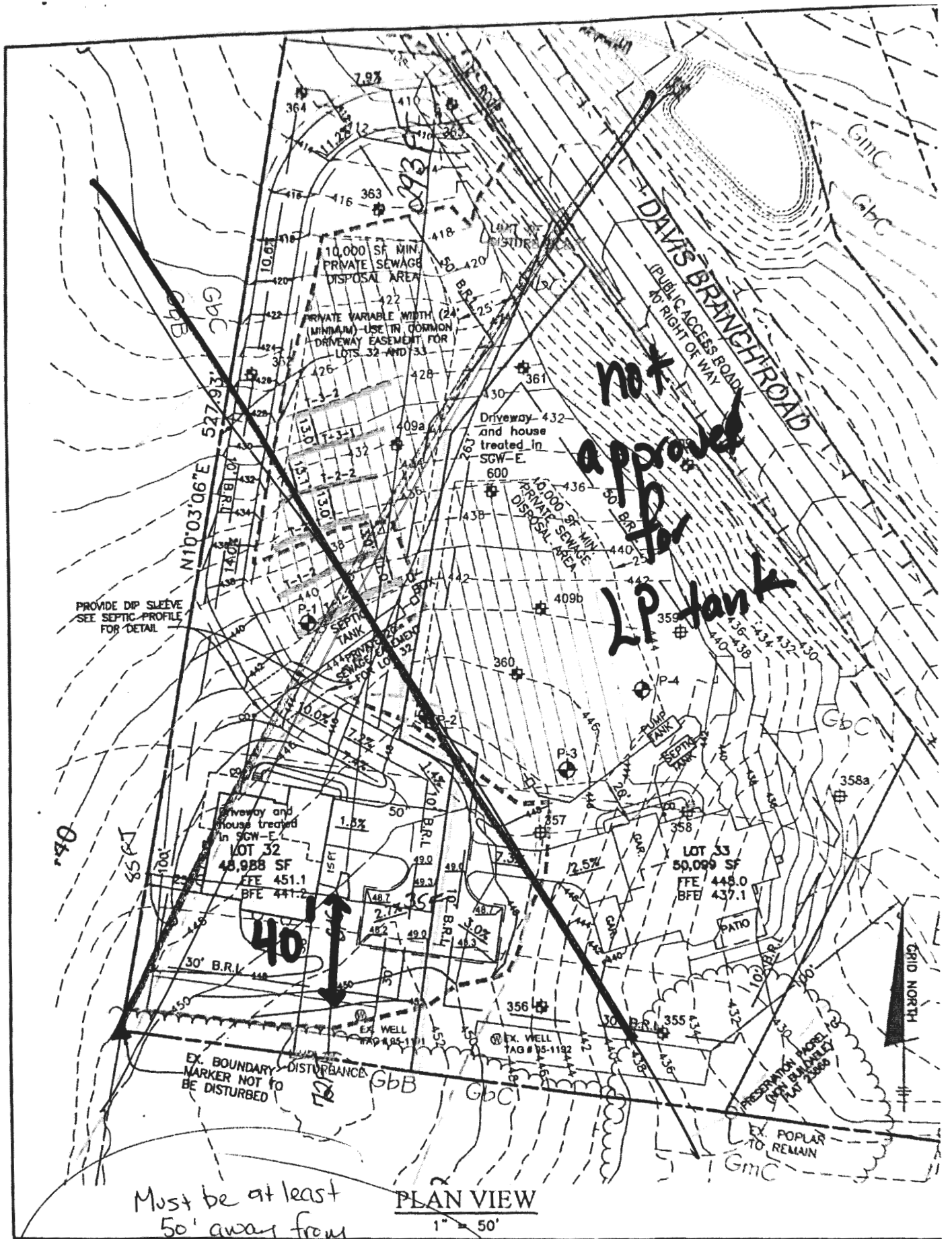
Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
6600	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 *	



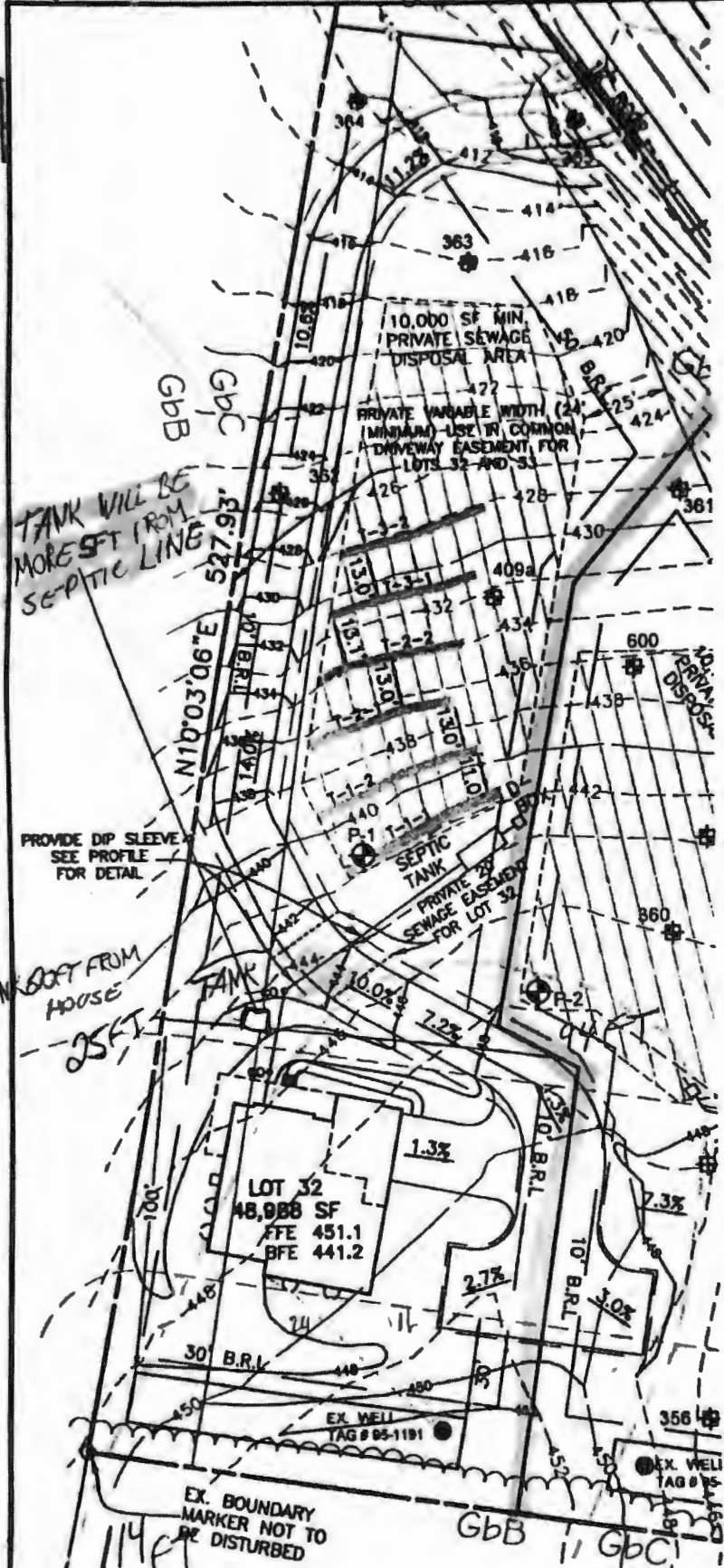
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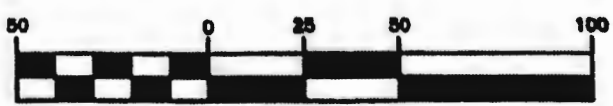
Approved for LP tank
 B23001291
[Signature] 5/22/23

Approved Septic Sys
 Howard County Health
 2000-gal Septi.
 to Gravity D
 for 6-bed r
[Signature]
 Signature

OWNER
 KEYSTONE C
 227 GR
 S
 LANCASTER
 717



PLAN VIEW
 1" = 50'



(IN FEET)
 1 Inch = 50 ft.

PERMIT NUMBER: B 22003453

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: 1880 Davis Branch Road		Unit:
City: Woodstock	State: MD	Zip Code: 21163
Subdivision/Village/Complex Name: Myrtue Property		SDP/WP/BA #:
Lot: 32	Tax Map: 10, Grid 24	Parcel: 225
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant improved lot	Proposed Use: SFD	Estimated Cost: \$535,275.00
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		

Construct a SFD w/ attached Garages.

PROPERTY OWNER INFORMATION REQUIRED

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

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	Zip Code: 17601
Phone: (717) 847-5426	Email: nbontempi@keystonecustomhome.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes		License #: MHBR# 2937 (exp 12/01/2023)
Licensee's Name:		
Street Address: 227 Granite Run Drive, Suite 100		
City: Lancaster	State: PA	Zip Code: 17601
Phone: (717) 847-5426	Email: nbontempi@keystonecustomhome.com	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
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: Devonshire Vintage					
# of Bedrooms (SF): 6	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 20	# Full Baths: 5	# 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					
1 st Fl Width: 56	1 st Fl Depth: 56	2 nd Fl Width: 50	2 nd Fl Depth: 49	Bsmt Width: 56	Bsmt Depth: 56
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 8,127 sq ft		Occupiable Area: 7,696 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

9/2/22
DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B22003587	09/20/2022
Description of Work		
SFD/ INSTALL 20' X 40' INGROUND CONCRETE SWIMMING POOL, DEPTH 3'-8", WITH AUTOCOVER IN LIEU OF FENCE & INSTALL WOOD BURNING FIRE PIT 5' DIA		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
3100	LONGFIELD	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.02994
		Y Coordinate
		39.28624
City	State	Zip Code
GLENWOOD	MD	21738
	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
900821	239	2.74	262400	872300	609900	RURAL
Legal Description						
IMPSLOT 1 2.7465 A[]3100 LONGFIELD RD[]WELLINGTON SEC 1 AREA 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	1	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404349229	WELLINGTON					
Section	Area	Tax Map					
		14					
Grid	Zoning District	ADC Map					
14-22	RC-DEO	4812-F5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
8945			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2015	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-08	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is required.)

Search Reset Clear

Name
MILLER IAIN

Address Line 1
3100 LONGFIELD RD

Address Line 2

Address Line 3

Mail City
GLENWOOD

Mail State
MD

Mail Zip Code
21738

Phone
443-538-7300

E-mail

Primary
Yes

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 08010101710	Business Name WILSONSCAPES LLC		
License Type * MHIC Ind	First Name RONALD	Middle Name	Last Name WILSON
Primary Yes	Address Line 1 1168 OLD DAVIDSONVILLE ROAD		
	Address Line 2		
	City DAVIDSONVILLE	State MD	ZIP Code 21035-0000
	Phone 1 4109567750	Phone 2	Fax 4109567758
	E-mail RON@WILSONSCAPES.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant	First Name RONALD	MI	Last Name WILSON
Relationship Applicant	Full Name		
Primary Yes	Organization Name WILSONSCAPES LLC		
	Street Address 1168 OLD DAVIDSONVILLE ROAD		
	Address Line 2		
	City DAVIDSONVILLE	State MD	Zip Code 21035-0000
	Phone 4109567750	Cell	Fax 4109567758
	E-mail RON@WILSONSCAPES.COM		

Addtl Info

Est Construction Cost * 30000	Housing Units 0	Number of Buildings 0	Public Owned No
Construction Type 329 - Structures Other Than Buildings (Retaining Walls/Tents)			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number	Fee Exempt <input type="radio"/> Yes <input checked="" type="radio"/> No	Water Supply * Private	Sewage Disposal Private	Expiration Date 3/27/2023
Existing Use SFD	Type of Pool or Spa In Ground Pool	Pool Safety Device Automatic Pool Cover	Electrical Permit Number e22005240		

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered
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Submit Cancel

