

PERMIT NUMBER: B 21063687

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: 7231 Hill St		Unit:
City: Gaithersburg	State: MD	Zip Code: 21036
Subdivision/Village/Complex Name: Williams Creek		SDP/WP/BA #:
Lot: 42	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 "Ranchwest" traditional style w/ 2 car garage 1 car sub attached garage with open sub. kitchen, living area, dining room and finished basement (see plans & code book)		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Full name of owner	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 250 Gibraltar Rd.	
City: Gaithersburg	State: MD Zip Code: 20878
Phone: 301-272-9105	Email: [redacted]

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Danbury Building Services	Contact Name: Tim Keenan
Street Address: 11 Box 552	
City: Loudon	State: MD Zip Code: 21797
Phone: 410-260-7792	Email: [redacted]

CONTRACTOR INFORMATION REQUIRED

Business Name: [redacted]	Contact: Summer Piley
Licensee's Name: Full name of licensee	License #: 3220
Street Address: 5731 Williams Gateway Dr Ste 130	
City: Gaithersburg	State: MD Zip Code: 21040
Phone: 410-275-9115	Email: [redacted]

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: <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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input 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 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: Ranchwest traditional style w/ 2 car garage 1 car sub attached garage with open sub. kitchen, living area, dining room and finished basement (see plans & code book)					
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 12	# Full Baths: 5	# Half Baths: 2	# 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 type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 57	1st Fl Depth: 72	2nd Fl Width: 57	2nd Fl Depth: 72	Bsmt Width: 57	Bsmt Depth: 72
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 5732 sq ft	Occupiable Area: 4335 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: [Signature] DATE SIGNED: 9/27/2024

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 checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health R/E	<input type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID
SUBMITTAL FEES: \$150.00		PAYMENT: 01584321		ACCEPTED BY: [Signature]	

Record Detail * (This section is required.)

Permit Type Permit Number Opened Date

Description of Work

[check spelling](#)


Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # Street Name Street Type

Unit Type Unit # X Coordinate Y Coordinate

City State Zip Code Primary

Approved 7/13/22


Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * Parcel Parcel Area Land Value Improved Value Exemption Value Plan Area

Legal Description

[check spelling](#)

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

Plan Area State Tax Id Subdivision Name

Section Area Tax Map

Grid Zoning District ADC Map

SDP No. Final Plan No. WP File No.

Record Plat No. WS Contract No. FDP No. Primary

Owner Occupied Yes No Year Built Historic District Yes No

Historic District Registry No. Stat Area Flood Plain Yes No

Building No

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

E-mail

Cell Number Fax Number

Professionals *(This section is not required.)*

Search Reset Clear

License # *	Business Name		
68408	HJ POIST		
License Type *	First Name	Middle Name	Last Name
Propane Gs	JEFF		WISEMAN
Primary	Address Line 1		
Yes	360 MAIN ST		
	Address Line 2		
	City	State	ZIP Code
	LAUREN	MD	20707
	Phone 1	Phone 2	Fax
	3017253232		
	E-mail		
	JEFF@HJPOIST.COM		

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		

Adttl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
2500	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	Public	1/9/2023	0	

PAYMENT INFORMATION

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

Submit Cancel

ESE CONSULTANTS

ENGINEERING · PLANNING · SURVEYING · ENVIRONMENTAL

TRANSMITTAL

Attention:	Jeff Williams / Hank Oswald	Date:	12/01/22
Address:	8930 Standford Blvd - Columbia, MD 21045	Project Number:	4520
Phone Number:	410-313-2691	Project Name:	Willowshire

We are sending you: Attached Under Separate Cover


VIA: US Mail Courier/Delivery Overnight Carrier Interoffice Mail Pick-up
 Other

The following items: Prints/Plans Specifications Disk
 Other _____

No. of Copies	Date	No.	Description
n/a		n/a	Sewage Disposal System Specifications Worksheet
1	10/19/2022	1	Permit Plan Lot 42
3	10/19/2022	1	Shared Septic Profile for Lot 42
1		1	Tax Sheet from SDAT - Lot 42
1		2	Final Shared Septic Plan for Willowshire
1		5	Final Shared Septic Plan for Willowshire (Asbuilt)

These are Transmitted: For approval For your use As Requested
 For review and Comment Other _____

Remarks: Please find attached the submittal package for review and approval of the Shared Septic Plan for Lot 42 at Willowshire. House type changed from previous approved plan, septic didn't change at all. Any questions or comments please contact us as soon as possible. Thank you!

Signed:  _____

Ryan Ketner
ESE Consultants, Inc.

CC:

If enclosures are not as noted, please notify us.

ESE Consultants, Inc.
 7164 Columbia Gateway Drive · Suite 230 · Columbia, MD 21046
 (410) 872-9105