

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

Date: 4/3/2020

To: Eyen Rappaport
(Person's Name and Division)

From: Michelle Clancy (443) 610 7514
(Your Name, Company Name and Telephone Number)

Subject: Project name 13519 Allnut Tank
Project site address 13519 Allnut Lane
Permit # B20000549 SDP # _____
Other information pertinent to this project _____

RECEIVED
APR 03 2020
LICENSES & PERMITS
DIVISION

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 Site Plan (be specific). Sensed tank location
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Michelle Clancy
Please Print Name

Telephone No: 443 610 7514
E-Mail Address: Michelle@appliedandapproved.com

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. 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.

CC: Health K-ITT 5/1/20
DPZ

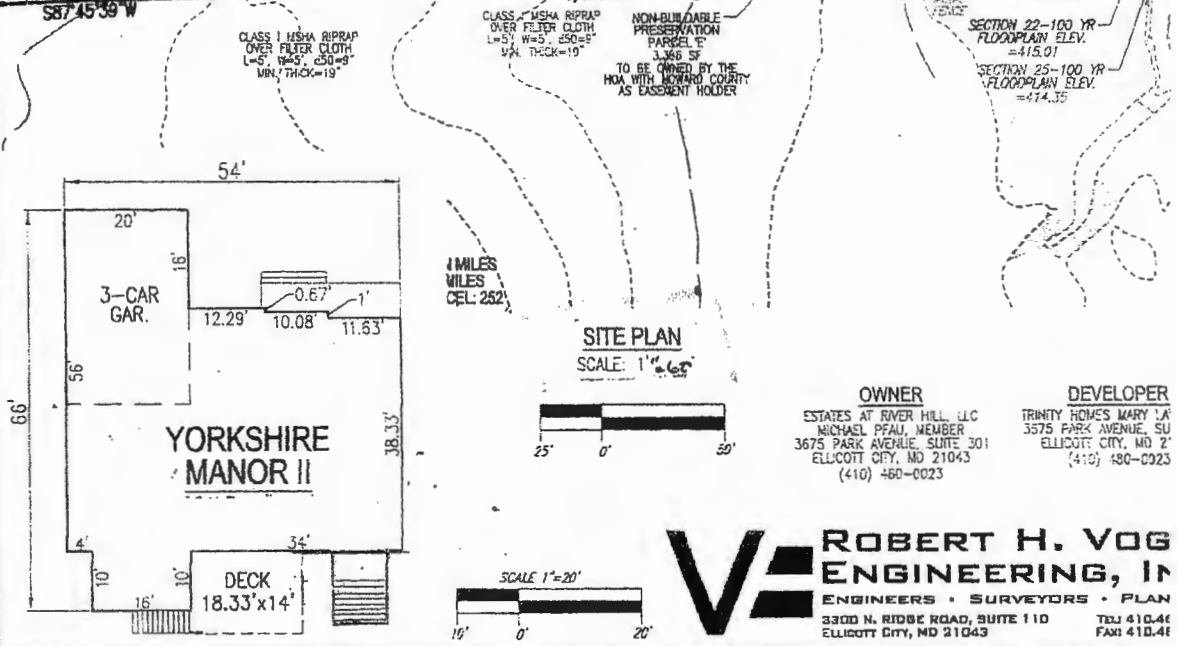
Received by _____

REVISED

Date: 4/8/20
Comments: B2 549



location
LP tank
ok.
Approved
for
B20000549
JK



SCALE AS SHOWN
DRAWN BY JMR
CHECKED BY RHV
DATE APRIL 12, 2019
W. O. 15-39
SHEET# 1 OF 3

5TH ELECTION DISTRICT
TAX MAP: 34 PARCEL: 389
DPZ REF'S: EDP-18-084, WP-17-034

PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 3
13519 ALLNUTT LANE
HIGHLAND, MD 20777

OWNER
ESTATES AT RIVER HILL, LLC
MICHAEL PFALL, MEMBER
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MD 21043
(410) 460-0023

DEVELOPER
TRINITY HOMES MARY LA
3575 PARK AVENUE, SU
ELLCOTT CITY, MD 2
(410) 480-0025

ROBERT H. VOG
ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
3300 N. RIDGE ROAD, SUITE 110
ELLCOTT CITY, MD 21043
TEL: 410.46
FAX: 410.46

ROBERT H. VOG
B
UNION COUNTY 1



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 2/18/2020

Permit No.: B 20 000 549

Building Address: 13519 Allnutt Lane Highland Md 20777
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 3
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD W/PROPANE TANK
 Estimated Construction Cost: \$ 4,000
 Description of Work:
INSTALL 1000 GAL UNDER GROUND
PROPANE TANK
 Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ESTATES AT RIVER HILL LLC
 Address: 3675 PARK AVE #301
 City: ELLICOTT CITY State: MD Zip Code: 21043
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: MICHELLE CLANCY
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: HJ POIST
 Contact Person: SEAN UNDERWOOD
 Address: 360 MAIN STREET
 City: LAUREL State: MD Zip Code: 20707
 License No.: 103851
 Phone: 301-725-3232 Fax: _____
 Email: _____

Engineer/Architect Company: CONTRACTOR
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

Michelle Clancy
 Applicant's Signature
MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
PERMITS
 Title/Company

MICHELLE CLANCY
 Print Name
2/16/2020
 Date
RECEIVED
FEB 18 2020
 LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
FOR OFFICE USE ONLY

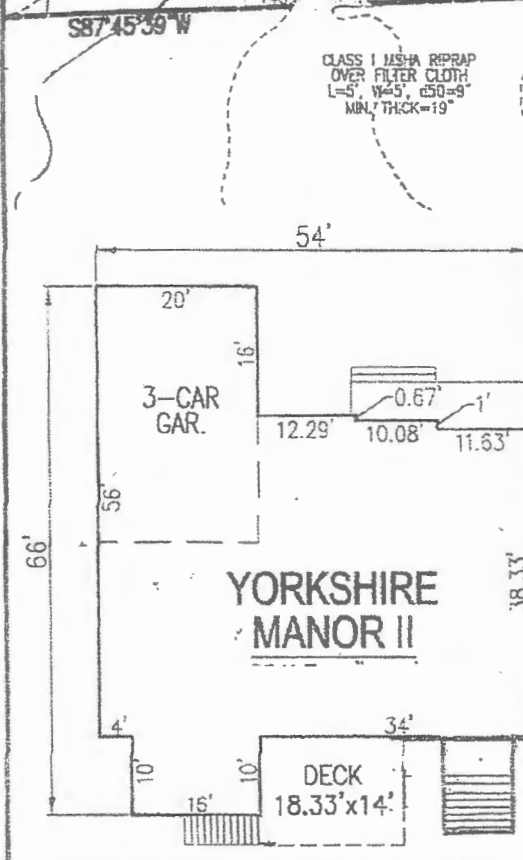
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/5/20</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	
Permit Fee	\$	<u>100</u>
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>7387</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

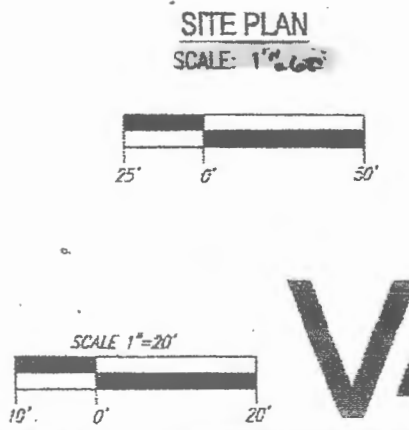


CLASS I MSHA RIPRAP OVER FILTER CLOTH
L=5' W=5' Ø50=9"
MIN. THICK=19"

NON-BUILDABLE PRESERVATION PARCEL 'E'
3,386 SF
TO BE OWNED BY THE HOA WITH HOWARD COUNTY AS EASEMENT HOLDER

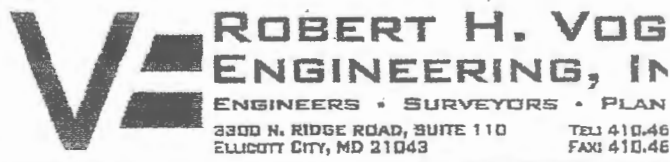
See revised plan from 5/5/20

SECTION 22-100 YR FLOODPLAIN ELEV. =415.01
SECTION 25-100 YR FLOODPLAIN ELEV. =414.35



OWNER
ESTATES AT RIVER HILL, LLC
MICHAEL PFALZ, MEMBER
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MD 21043
(410) 480-0023

DEVELOPER
TRINITY HOMES MARY LAY
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MD 21
(410) 480-0023



PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 3
13519 ALLNUTT LANE
HIGHLAND, MD 20777

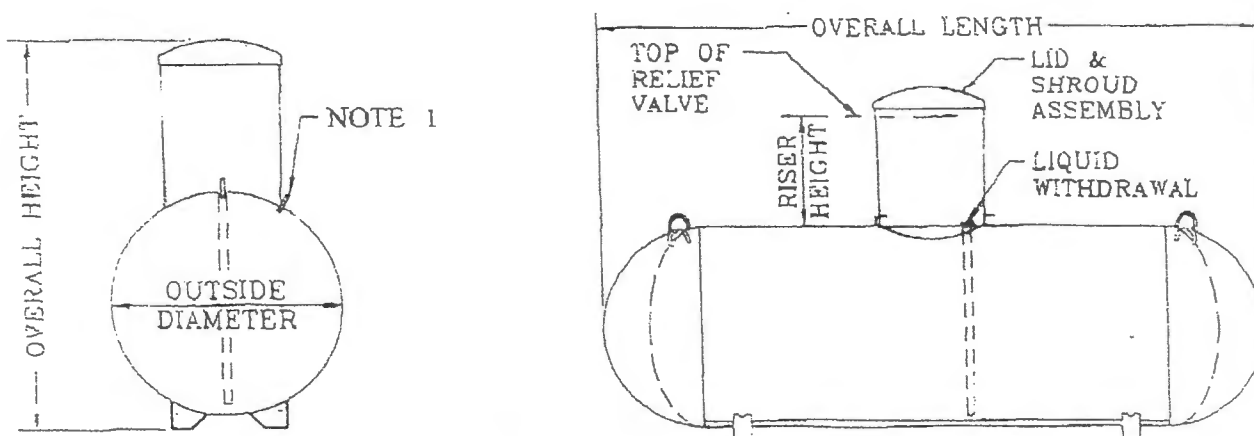
SCALE AS SHOWN
DRAWN BY JMR
CHECKED BY RHV
DATE APRIL 12, 2019
W. O. # 15-39
SHEET# 1 OF 3

5TH ELECTION DISTRICT
TAX MAP: 34 PARCEL: 389
DPZ REF'S: ECP-18-064, WP-17-034, WP-17-128, SP-17-007, F-18-064

ROBERT C
B. PERMIT # 19002369
ZONED: HOWARD COUNTY, I

TRINITY INDUSTRIES, INC.

Underground Vessel



General Specifications

Conforms to the latest edition and addenda of the ASME, Section VIII, div.1 code for Pressure Vessels. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				Riser Height 14"	Riser Height 28"		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.6 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
250 wg 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	472 lbs. 214.1 kg	42
320 wg 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	588 lbs. 266.7 kg	35
500 wg 1892.5 L	37.42" 950.5 mm	Hemi	9' - 10" 2997.2 mm	4' - 11 3/8" 1506.6 mm	5' - 9 7/8" 1773.2 mm	921 lbs. 417.8 kg	25
1000 wg 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4846.6 mm	5' - 2 7/8" 1597.0 mm	6' - 1 3/8" 1863.7 mm	1731 lbs. 785.2 kg	15
2000 wg 3785.6 L	46.614" 1183.9 mm	Ellip	23' - 9 3/8" 7248.5 mm	5' - 8 13/16" 1747.8 mm	6' - 7 5/16" 2014.5 mm	3685 lbs. 1671.4 kg	8



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 7/23/19

Permit No.: B19002369

Building Address: 13519 Allmonth Lane
City: HIGHLAND State: MD Zip Code: 20777
Suite/Apt. #: _____ SDP/WP/BA #: GP-19-081
Subdivision: ESTATES at River Hill
Lot: 3 Tax Map: 34 Parcel: 389

Property Owner's Name: ESTATES at River Hill, LLC
Address: 3675 Park Ave
City: GC State: MD Zip Code: 21043
Phone: 443.324-9806 x: 410.480.0013
Email: JKeane@TrinityHomes.com

Existing Use: VACANT LOT
Proposed Use: Building New Single Family
Estimated Construction Cost: \$ 300,000.00
Description of Work: 3 Car Garage, DR., LR, Kitchen, Fam Rm, Library (BR 5) Breakfast, SUN Room, Laundry, 5 Bedrooms, 3 1/2 Bath, SITTING ROOM, 14x18' Deck. (YORKSHIRE II)
Occupant/Tenant Name: N/A
Was tenant space previously occupied? Yes No
Contact Name: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: TRINITY HOMES MARYLAND LLC
Contact Person: Jim Keane
Address: 3675 Park Ave
City: GC State: MD Zip Code: 21043
License No.: 7646
Phone: 443.324-9806 x: 410.480.0013
Email: JKeane@TrinityHomes.com

Engineer/Architect Company: N/A
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>66'0" x 54'0"</u>
Area of construction (sq. ft.):	2 nd floor: <u>66'52" x 54'</u>
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: <u>Fireplace</u>	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Grading Permit Number:	<u>619000135</u>
Building Shell Permit Number:	

RECEIVED
JUL 23 2019
LICENSES & PERMITS
DIVISION

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 Signature: JKeane
Email Address: JKeane@TrinityHomes.com
Developer: _____
Title/Company: _____

Print Name: Jim Keane
Date: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/7/19</u>	<u>R. Bright</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>000262</u>

B19002369



The Yorkshire Manor II - 3 Car

Estates at River Hill LOT 3

THE ESTATES AT RIVER HILL INTERIOR TRIM PACKAGE
DOORS: 1ST, 2ND, & BASEMENT FLOORS - FREHING MASONITE, RAISED CAMDEN
DOOR HARDWARE: SATIN NICKEL, STOPS, KNOBS, HINGES, AND HANDLES
DOOR TRIM: 1ST, 2ND, & BASEMENT FLOORS - 3/4" BEADED EDGE CABING, FINGER JOINT
BASE: 1ST, 2ND, & BASEMENT FLOORS - 3/4" UH-163E
CHAIR RAIL: TWO PIECES UH-302 W/ 4/4" BEADED BOTTOM BACKER IN DINING ROOM
CROWN MOULDING: THREE PIECE 4 5/8" CROWN W/ BEADED BOTTOM BACKER W/ #83 TRIM IN LIVING ROOM, DINING ROOM, FOYER, SECOND FLOOR HALL, AND LIBRARY/BEDROOM #5
 COFFERED CEILING: TWO PIECE 4 5/8" CROWN W/ BOTTOM BACKER

NOTE: CARPENTER
 ALLOW 4" FOR 3/4" CASING ON 1ST FLOOR, 2ND FLOOR, & FINISHED BASEMENT

FAMILY ROOM FIREPLACE, HEATILATOR FIREPLACES PROPANE GAS FIRE ENGINEERED DIRECT VENT FIREPLACE
 F.P. ROUGH OPENING, HEATILATOR FIREPLACE

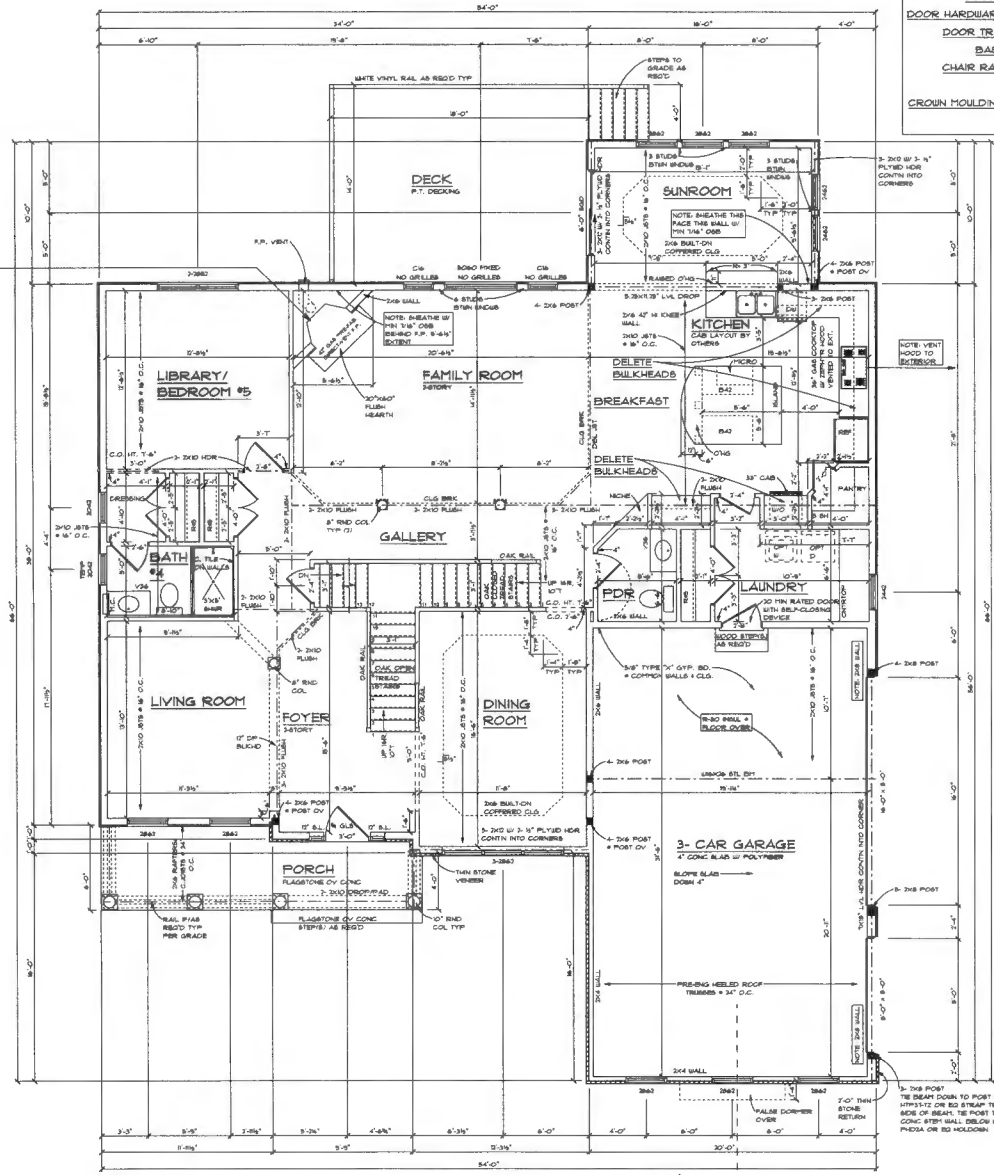
CONTACT INFO:
 FIREIDE HEARTH & HOME
 SONNIE GETER (703) 367-8218
 CALL TO:
 1) SET/INSTALL F.P.
 2) SET MANTEL & SURROUND & START UP F.P.

NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:

STRAIGHT:
 RISE: HEIGHT 7.75" MAX
 TREAD: DEPTH 12" MIN
 NOSING: .75" MIN 1.25" MAX
 (NOTE: NOSING MAY BE OMITTED)
 TREAD DEPTH OF 11" OR GREATER

NOTE: 9' CEILINGS U.O.N. 2X6 EXTERIOR WALLS U.O.N.

NOTE: ELECTRICIAN:
 HARDWARE BOX INSIDE FIREPLACE



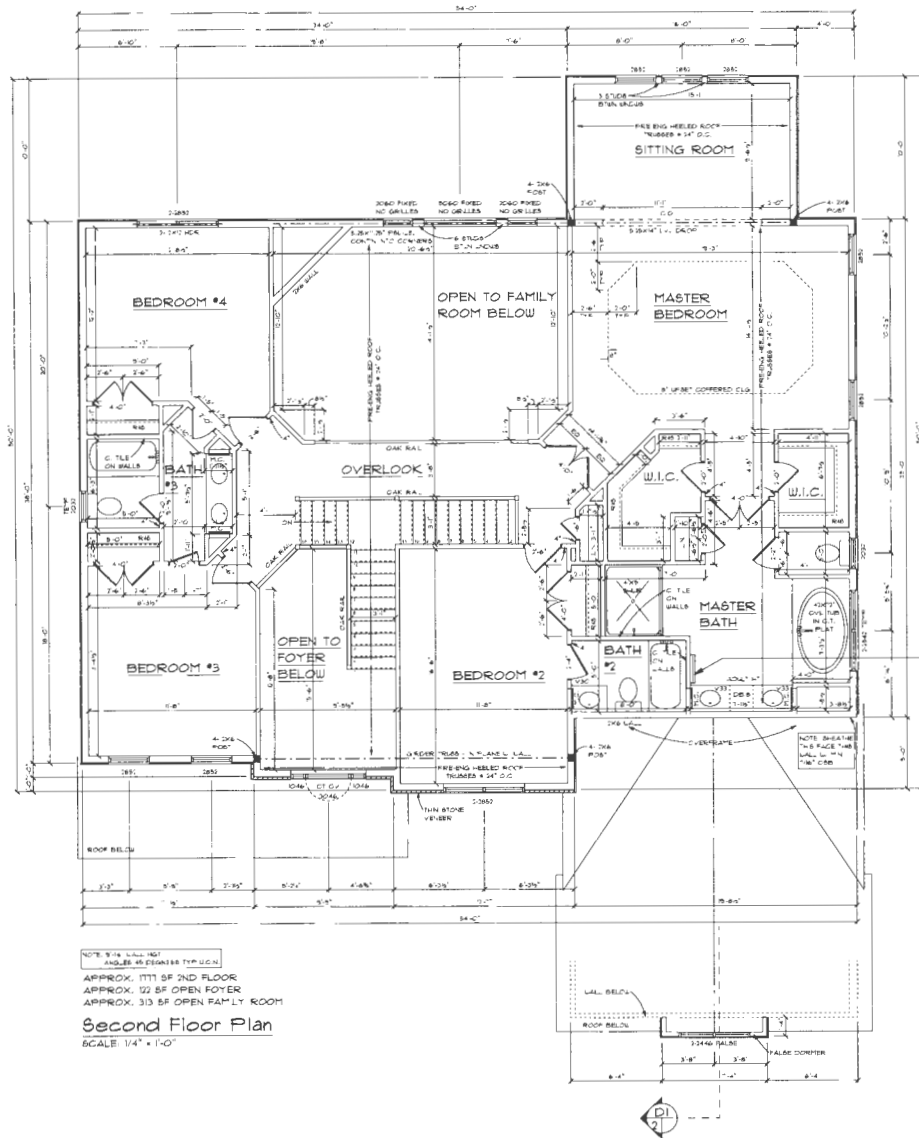
NOTE: 5/8" WALL NUT ANGLES AS DISCREET TYP U.O.N.
 APPROX. 2000 SF 1ST FLOOR
First Floor Plan
 SCALE: 1/4" = 1'-0"

2015 CODE

PROJNO: 19002369
 DATE: 06-17-2019
 SHEET NO.: A-5
 © 2019

LIEALTM

The Yorkshire Manor II - 3 Car



NOTE: 9' 10" HALLS AND ANGLES AS PER ANSI TYP. U.S.G.N.
 APPROX. 1771 SF 2ND FLOOR
 APPROX. 122 SF OPEN FOYER
 APPROX. 313 SF OPEN FAMILY ROOM
Second Floor Plan
 SCALE: 1/4" = 1'-0"

NOTE: ELECTRIC
 ADD 220V BASE HEAT, 1' LONG W/ WALL THERMOSTAT IN MASTER BATHROOM OVER GARAGE

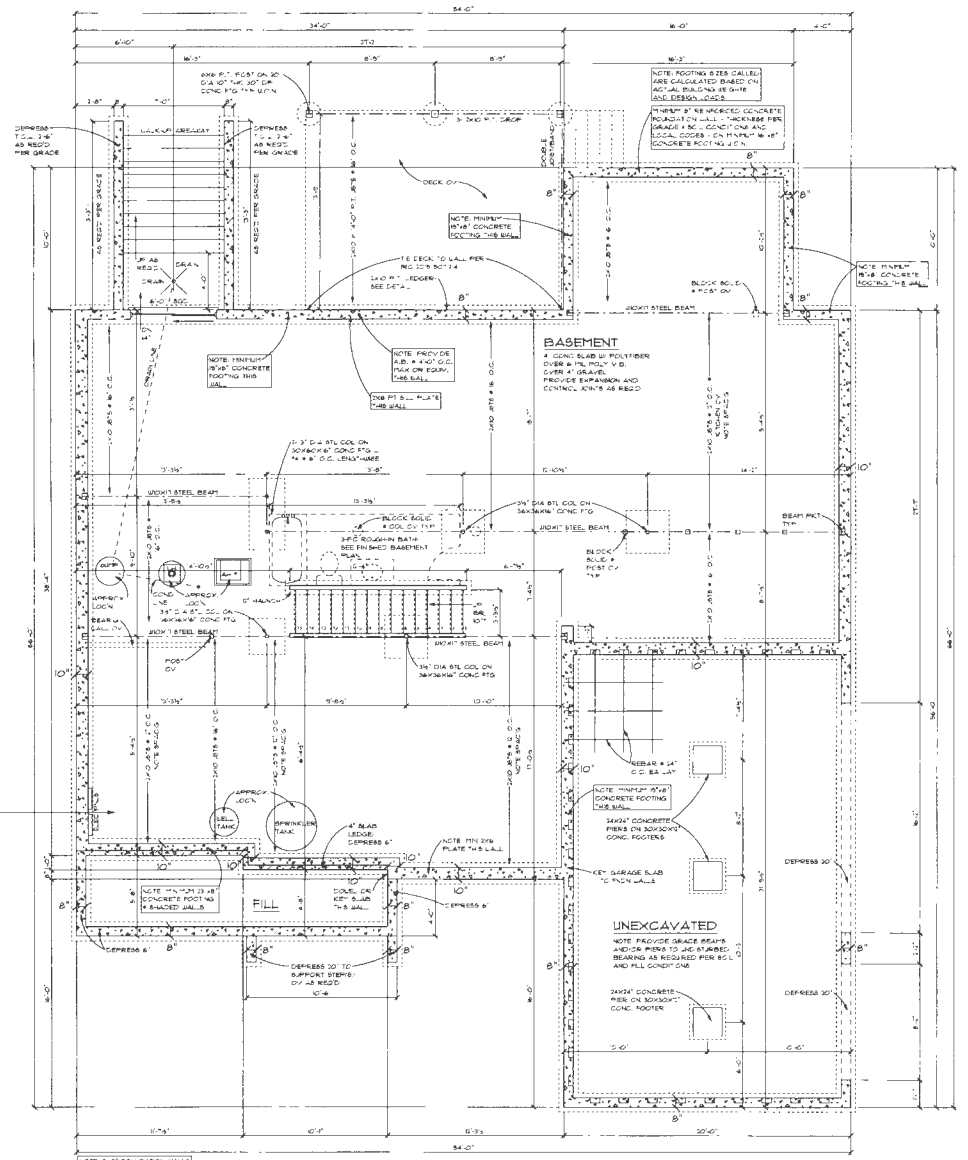
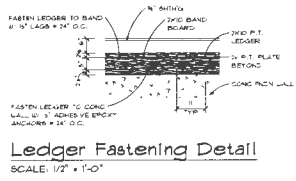
ADULT HEIGHT MASTER BATH VANITIES
 NOTE: CARPENTER: RAISE HCG 4"

NOTE: 9' CEILINGS
 2X6 EXTERIOR WALLS

2015 CODE

DATE: 07-17-2019
 SHEET NO: A-6
 © 2019

The Yorkshire Manor II - 3 Car



Foundation Plan
 SCALE: 1/4" = 1'-0"

HVAC
 C.F.A. = 4,412

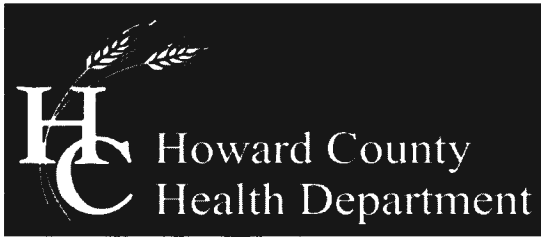
NOTE: PLUMBER
PASSIVE RADON SYSTEM
 3" PVC PIPE VENTED THROUGH ROOF (LOCATION PER PLUMBER)

HVAC: EQUIPMENT - GOODMAN
 ZONE 1: 97% EFFICIENCY PROPANE GAS FURNACE WITH 14 SEER A/C UNIT 3/9 TON
 ZONE 2: 14 SEER HEAT PUMP 3/9 TON

NOTE: 8'-0" FOUNDATION WALLS

- NOTES**
1. 3000 PSI SCL BEARING CAPACITY ASSUMED.
 2. BEAMS, JOIST, HEADERS AND RAFTERS TO BE 8#5 FPI OR EQUAL, TYPICAL THROUGHOUT UNLESS OTHERWISE NOTED.
 3. VERIFY SIZE AND LOCATION OF DOORS AND WINDOWS FOR PLAN PER GRADE AND PULLS.

2015 CODE



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: **Tim Keane, Trinity Homes Maryland LLC**

FROM: **Robert Bricker, REHS/RS, L.E.H.S.**
Well & Septic Program

RE: **13519 Allnutt Lane, Potential Basement Bedroom**

DATE: August 7, 2019

I have reviewed the floor plans in support of Building Permit **B19002369** for a new home at **13519 Allnutt Lane** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing five(5)-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/New/SFD Permit Number B19002369 Opened Date 07/23/2019

Description of Work SFD/ MODEL THE YORKSHIRE MANOR II/

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 13519 Street Name ALLNUTT Street Type LN Unit Type Unit # X Coordinate Y Coordinate City HIGHLAND State MD Zip Code 20777 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 1014554 Parcel 389 Parcel Area 42.41 Land Value 1473800 Improved Value 2000500 Exemption Value 526700 Plan Area RURAL

Legal Description IMPSLOT 1 42.410 A[]13550 ALLNUTT LN[]GREENE PROPERTY

check spelling

Block 3 Lot 3 Census Tract 605101 Council Dist 5 Supervisor Dist Map # DAP Zone Primary Yes Plan Area State Tax Id 1405392284 Subdivision Name Section Area Tax Map 34 Grid 34-16 Zoning District RR-DEO ADC Map 4933-G9 SDP No. Final Plan No. ECP-16-064 WP File No. Record Plat No. 5208 WS Contract No. FDP No. Owner Occupied Year Built 1985 Historic District Yes No Historic District Registry No. Stat Area 5-04A Flood Plain Yes No Building No

Owner (This section is not required.)

Search Reset Clear

Name * ESTATES AT RIVER HILL Address Line 1 3675 PARK AVENUE SUITE 301 Address Line 2 Address Line 3 Mail City ELLICOTT CITY Mail State MD Mail Zip Code 21043 Phone 443-324-9806 Primary Yes E-mail TKEANE@TRINITYHOMES.COM

Cell Number	Fax Number
<input type="text"/>	<input type="text"/>

Professionals *(This section is not required.)*

Search Reset Clear

License # *	Business Name		
7646	TRINITY HOMES MARY LAND LLC		
License Type *	First Name	Middle Name	Last Name
Home Bldr	TIM		KEANE
Primary	Address Line 1		
Yes	3675 PARK AVENUE SUITE 301		
	Address Line 2		
	City	State	ZIP Code
	ELLCOTT CITY	MD	21043
	Phone 1	Phone 2	Fax
	410-480-0023	443-324-9806	
	E-mail		
	TKEANE@TRINITYHOMES.COM		

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	TIM		KEANE
Relationship	Full Name		
Applicant	TIM KEANE		
Primary	Organization Name		
No	TRINITY HOMES MARY LAND LLC		
	Street Address		
	3675 PARK AVENUE SUITE 301		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21043
	Phone	Cell	Fax
	410-480-0023	443-324-9806	
	E-mail *		
	TKEANE@TRINITYHOMES.COM		

Contact *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	TIM		KEANE
Relationship	Full Name		
Licensed Professiona	TIM KEANE		
Primary	Organization Name		
Yes	TRINITY HOMES MARY LAND LLC		
	Street Address		
	3675 PARK AVENUE SUITE 301		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21043
	Phone	Cell	Fax
	410-480-0023	443-324-9806	
	E-mail		
	TKEANE@TRINITYHOMES.COM		

Addl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
300000	1	1	No
Construction Type			
101 - Single Family Houses Detached			

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee * Yes No Capital Project # Fee Exempt * Yes No Roadside Tree Project Permit Yes No Roadside Tree Project Permit # Entrance Permit Req Yes No

Guaranty Fund * Yes No Condominium Yes No Existing Use Vacant Lot Model SFD/ MODEL THE YORKSHIRE MANOR II/

No of Stories 2 Foundation Full Basement Basement Unfinished No of Rooms 0 Full Baths 3 Half Baths 1 Other Structure 3 Car Attached

Bedrooms 5 Porch Deck No of Fireplaces 0 Type of Fireplace --Select-- Energy Code Subject to CB-78-2018 Subject to CB-78-2018

W&S Fees Paid * Yes No Water Supply * Private Sewage Disposal * Private Utilities * Electric Heating System * Electric & Propane Gas Sprinkler System * NFPA #13D

1st Floor Depth 66 FT 1st Floor Width 54 FT 2nd Floor Depth 52 FT 2nd Floor Width 54 FT Basement Depth FT Basement Width FT Height FT Total Sq Ft * 0 SQFT Occupiable Sq Ft * 0 SQFT

Building Construction Type --Select-- Footings Foundation Measurement Walls Roof

Location Survey Approval Date Road Frontage County Expiration Date 1/26/2020 Additional Description Info

U&O Issued On U & O Comments check spelling

GRADING INFORMATION

Grading Permit No G19000135 Grading Certification Required Yes No Grading Certification Received in DILP On Grading Certification Received in CID On

Grading Certification Comments check spelling Seasonal Surety Comments check spelling

Seasonal Grading Surety Depositor Driveway Apron Surety Depositor Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal Check List Points Achieved Date of Certification

PAYMENT INFORMATION

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

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1 Yes No Permeable Pavements A2 Yes No Reinforced Turf A3 Yes No

Disconnection of Rooftop Runoff N1 Disconnection of Non Rooftop Runoff N2 Yes No Sheetflow to Conservation Areas N3 Yes No

Rainwater Harvesting M1 Submerged Gravel Wetlands M2 Landscape Infiltration M3 Infiltration Berms M4

Dry Wells M5 Micro Bioretention M6 1 Rain Gardens M7 Swales M8 Enhanced Filters M9 PSWMM Certification Received in CID on

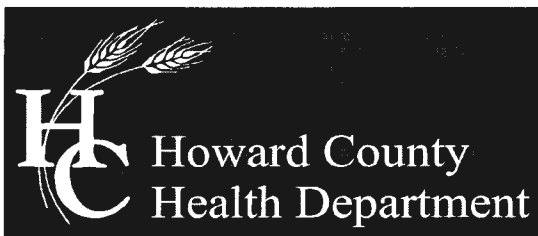
Related Records

« 1 2 »

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G19000135	Residential Grading Permit	Issued	13550	ALLNUTT	06/11/2019	ESTATES AT RIVER HILL LLC/ GRADING & SEDIMEI
B19002367	Residential New Single Family Dwelling Permit	Review In Process	13511	ALLNUTT	07/23/2019	SFD/ MODEL THE YORKSHIRE MANOR II/
B19002368	Residential New Single Family Dwelling Permit	Review In Process	13515	ALLNUTT	07/23/2019	SFD/ MODEL THE ABBEY/
B19002370	Residential New Single Family Dwelling Permit	Review In Process	13514	ALLNUTT	07/23/2019	SFD/ MODEL THE YORKSHIRE MANOR II/
B19002371	Residential New Single Family Dwelling Permit	Review In Process	13518	ALLNUTT	07/23/2019	SFD/ MODEL THE ABBEY/

« 1 2 »

Submit Cancel



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

November 17, 2021

Jonathon and Rosanne Calure
13519 Allnutt Lane
Highland, MD 20777

RE: Waiver Approval
13519 Allnutt Lane
Highland, MD 20777

Mr. and Mrs. Calure,

This letter is being issued in response to your waiver request dated August 3, 2021. The proposed pool location has been approved no closer than ten (10) feet from the existing on-site sewage disposal system area.

Any deviations from the proposed work illustrated on the plot plan submitted with building permit B22000388 will be subject to further review by this department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over a faint, larger version of the same signature.

Michael J. Davis

Director

Bureau of Environmental Health

August 3, 2021

To: Jeff Williams
Howard County Health Department
8930 Stanford Blvd
Columbia, MD 21045

approved
11/17/21

From: Jonathan and Rosanne Calure
13519 Allnutt Lane
Highland, MD 20777

RE: Estates at River Hill Lot 3,

Good afternoon Jeff,
Please find attached three (3) exhibits for a proposed swimming pool located at Estates at River Hill Lot 3, 13519 Allnutt Lane, Highland, MD

As the homeowners of 13519 Allnutt Lane, Highland, MD 20777 we are requesting the following:

- That the septic field which is currently 10,562 square feet be reduces 550 sf, leaving a balance of 10,012 square foot septic field.
- That the setback be reduced to 10' as you indicate in your previous email that sometimes that is allowed.

Once approval is granted, Vogel Engineering will revise the BAT plan and the Perc Certification Plan.

Respectfully,

Jonathan Calure

Jonathan Calure

08/04/2021

Date

R Calure

Rosanne Calure

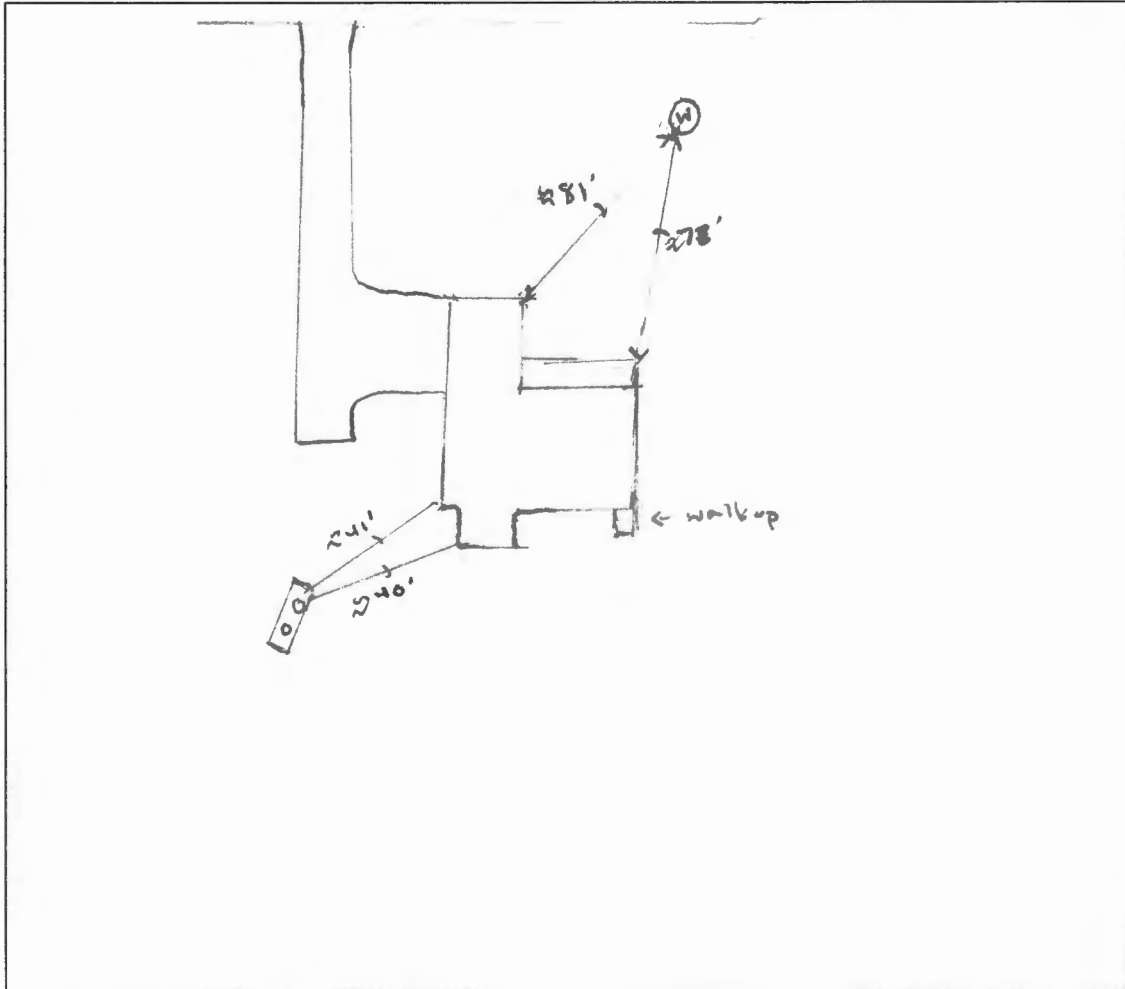
08/04/2021

Date

SITE INSPECTION SHEET

OWNER: Jonathon & Rosanne Calver PHONE #: _____
ADDRESS: 13519 Allnut Lane CONTRACTOR: _____
Highland, MD WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Install in-ground pool.

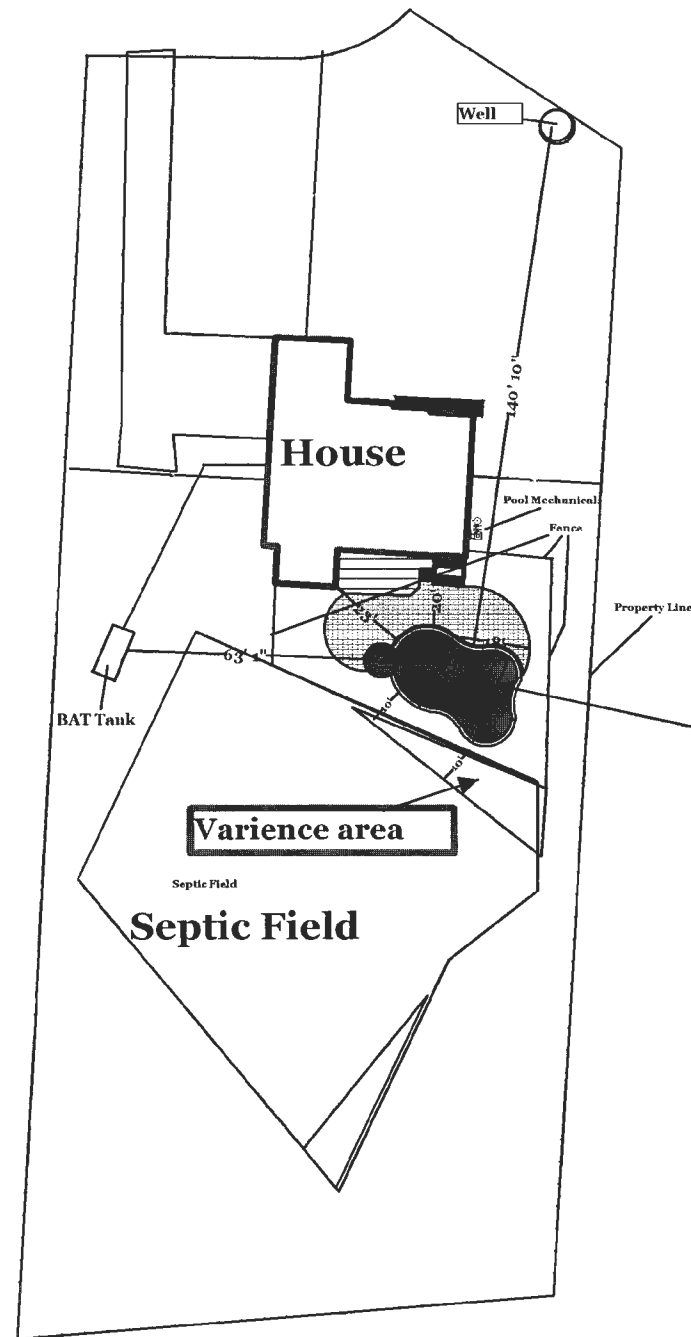
LOCATION DIAGRAM



COMMENTS: No issues observed w/ the well & septic system.
Distances are approximate but ok. (100' tape measure broke during
insp.)

DATE: 8/9/21 INSPECTOR: Hank Oswald

custom home
pools
quality pools & waterscapes



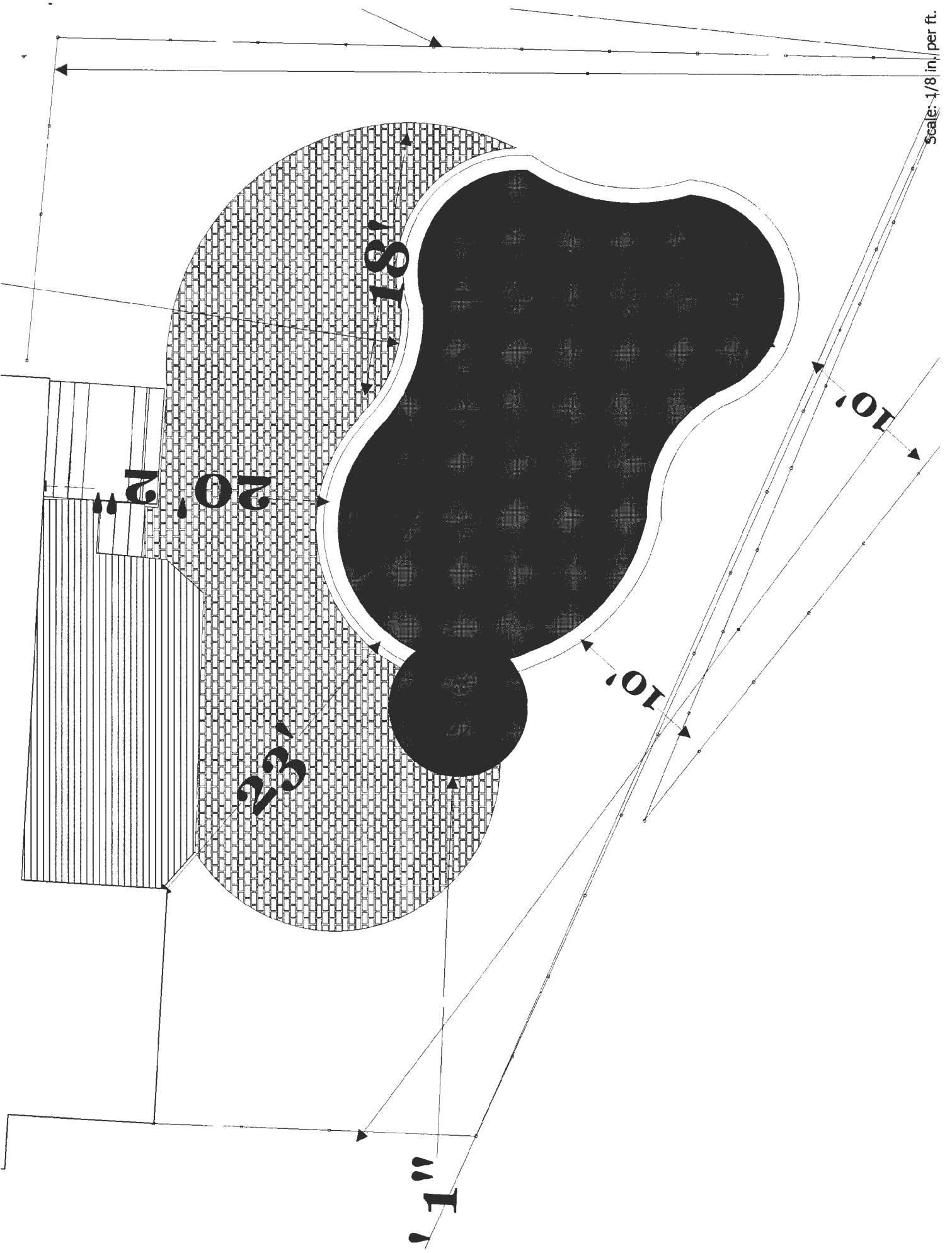
13519 Allnutt Lane

Pool

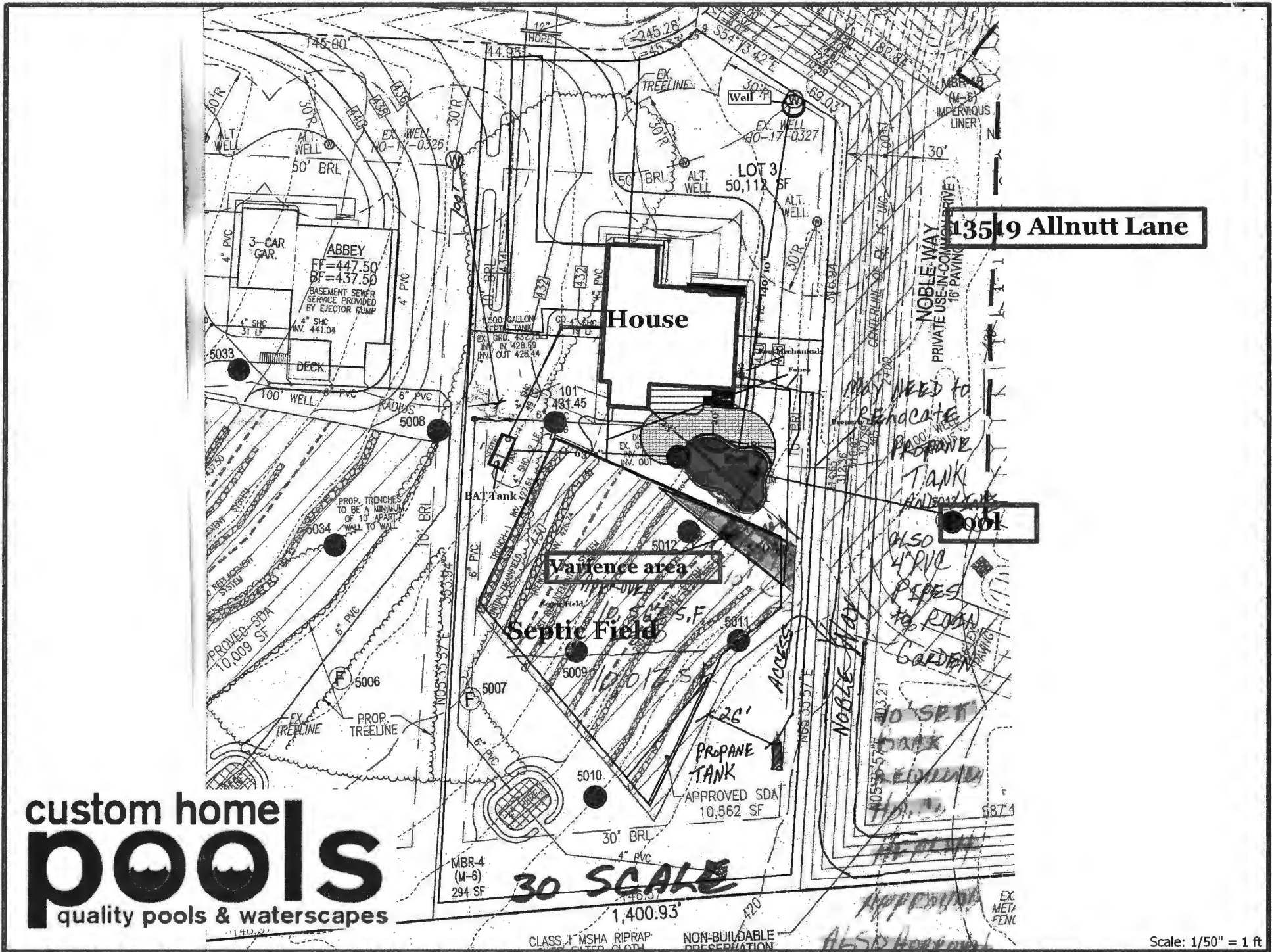
Variance area

Septic Field

Scale: 1/50" = 1 ft



Scale: 1/8 in. per ft.



13519 Allnutt Lane

custom home
pools
 quality pools & waterscapes

Scale: 1/50" = 1 ft

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B22000388	02/09/2022
Description of Work		
SFD/ INSTALL A 37' X 24' INGROUND CONCRETE SWIMMING POOL (410 SQ FT) WITH ATTACHED SPA & FENCE TO CODE; FILLED BY TRUCK, POOL DEPTH 3'6" X 8 FT.		

OK to approve.
2/8 2:16:22

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13519	ALLNUTT	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96083	39.19625
City	State	Zip Code	Primary
HIGHLAND	MD	20777	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
11059891	0389	0	0	0	0	RURAL
Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
16	3	605101	5				
Plan Area	State Tax Id	Subdivision Name					
		The Estates at River Hill					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-16	RR-DEO	4933-G9					
SDP No.	Final Plan No.	WP File No.	Primary				
	ECP-16-064		Yes				
Record Plat No.	WS Contract No.	FDP No.					
25085-2509							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	S-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *		
Jonathan Calure		
Address Line 1		
13519 Allnut Lane		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
Highland	MD	20777
Phone	Primary	
410-984-4200	Yes	
E-mail		
matt@absolutescapes.com		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010025223	GALLOWAY POOL SERVICES INC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	STEVEN		GALLOWAY
Primary	Address Line 1		
Yes	11710 OLD FREDERICK ROAD		
	Address Line 2		
	City	State	ZIP Code
	MARRIOTSVILLE	MD	21104-0000
	Phone 1	Phone 2	Fax
	4104425005		4104425005
	E-mail		
	INFO@GALLOWAYPOOLSERVICE.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	Mi	Last Name
Applicant	STEVEN		GALLOWAY
Relationship	Full Name		
Applicant	STEVEN GALLOWAY		
Primary	Organization Name		
Yes	GALLOWAY POOL SERVICES INC		
	Street Address		
	3240 Corporate Court		
	Address Line 2		
	Suite C		
	City	State	Zip Code
	Ellicott City	MD	21042
	Phone	Cell	Fax
	4104425005	4435067043	4106305083
	E-mail *		
	INFO@GALLOWAYPOOLSERVICE.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
100000	0	0	No
Construction Type			
329 - Structures Other Than Buildings (Retaining Walls/Tents)			

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool and Hot Tub	E22000614	8/13/2022	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

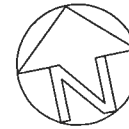
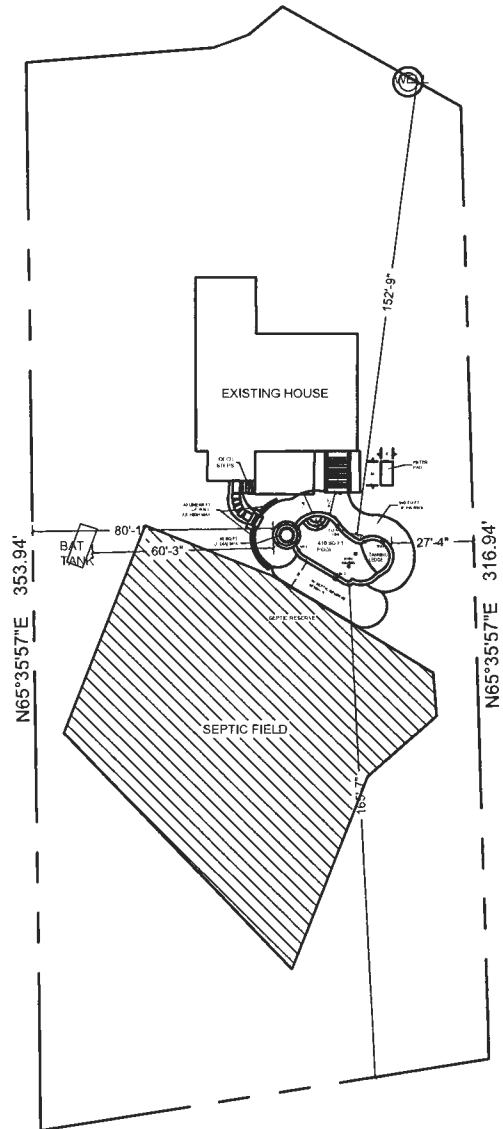
Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B22000388	Residential Pool or Spa Permit	Review In Process	13519	ALLNUTT	02/09/2022	SFD/ INSTALL A 37' X 24' INGROUND CONCRETE SI
E22000614	Residential Electrical Miscellaneous Permit	Ready for Issuance	13519	ALLNUTT	02/09/2022	Bonding & wiring of new in ground swimming pool

Page 1 of 1

Submit Cancel



PRIVATE WELL & SEPTIC

POOL DATA

Pool Dimensions:	13' x 30'
Perimeter:	114' LF
Surface Area:	410 SF
Depth:	3.6' - 8'-6"

JOB NOTES

Property Owner: Jonathan & Rosanne Calure
 Address: 13519 Allnutt Lane
 Highland, MD 20777

Cell Phone: **
 Email: **

Lot Number: 3
 Subdivision: 1002
 Tax Map: 34
 Grid & Parcel: Grid 23 Parcel 389
 Tax Account Number: 601931
 Election District: 05
 Zoning: *
 Utilites: *

No.	Revision/Issue	Date

Galloway
Pool Service

5940 Corporate Ct.
Suite C
Ellicott City, MD 21048

(P) 410-448-5005
(F) 410-650-5083

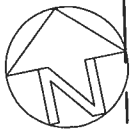
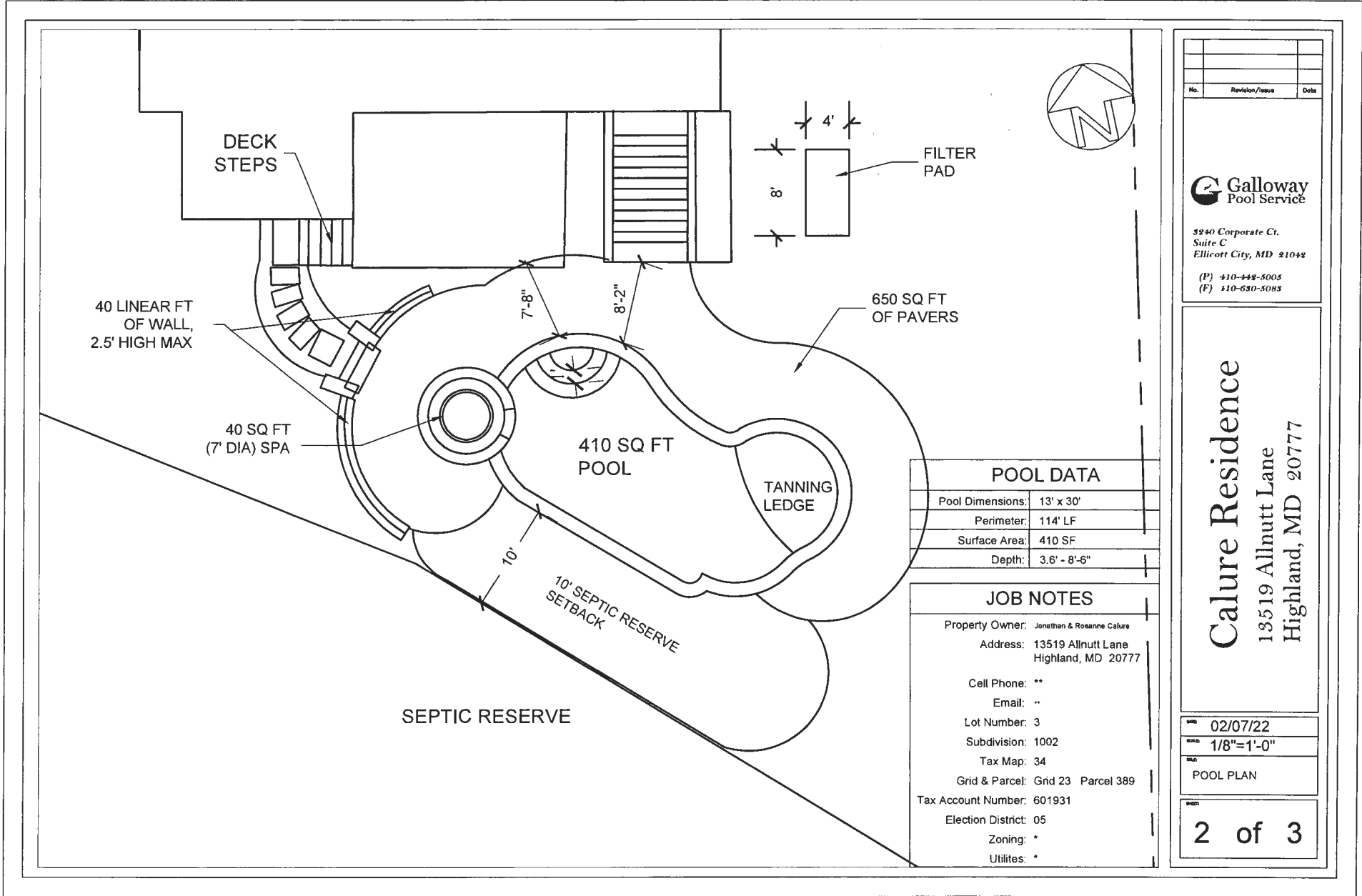
Calure Residence
13519 Allnutt Lane
Highland, MD 20777

DATE 02/07/22

SCALE N.T.S.

SITE PLAN

1 of 3



No.	Revision/Issue	Date

Galloway
Pool Service

3940 Corporate Ct.
Suite C
Ellicott City, MD 21042

(P) 410-442-5005
(F) 410-630-5083

Calure Residence
13519 Allnutt Lane
Highland, MD 20777

POOL DATA	
Pool Dimensions:	13' x 30'
Perimeter:	114' LF
Surface Area:	410 SF
Depth:	3.6' - 8'-6"

JOB NOTES	
Property Owner:	Jonathan & Rosanne Calure
Address:	13519 Allnutt Lane Highland, MD 20777
Cell Phone:	**
Email:	**
Lot Number:	3
Subdivision:	1002
Tax Map:	34
Grid & Parcel:	Grid 23 Parcel 389
Tax Account Number:	601931
Election District:	05
Zoning:	*
Utilities:	*

DATE	02/07/22
SCALE	1/8"=1'-0"
TITLE	POOL PLAN

2 of 3

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

Date: 4/3/2020

To: Eyen Rappaport
(Person's Name and Division)

From: Michelle Clancy (443) 610 7514
(Your Name, Company Name and Telephone Number)

Subject: Project name 13519 Allnut Tank

Project site address 13519 Allnut Lane

Permit # B20000549 SDP # _____

Other information pertinent to this project _____

RECEIVED

APR 03 2020

LICENSES & PERMITS DIVISION

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 Site Plan (be specific). Revised tank location
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Michelle Clancy
Please Print Name

Telephone No: 443 610 7514
E-Mail Address: Michelle@appliedandapproved.com

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. 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.

CC: Health SDA 4/30/20
DPZ

Received by _____

REVISED

Date: 4/30/20
Comments: B2000549



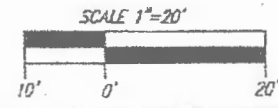
Approved for 1 plank
B2000549
4/30/20

SITE PLAN
SCALE: 1" = 60'

OWNER
ESTATES AT RIVER HILL, LLC
MICHAEL PFU, MEMBER
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MD 21043
(410) 480-0023

DEVELOPER
TRINDY HONES MARY LA
3575 PARK AVENUE, SU
ELLCOTT CITY, MD 2
(410) 430-0023

ROBERT H. VOG
ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLAN
3300 N. RIDGE ROAD, SUITE 110
ELLCOTT CITY, MD 21043
TEL: 410-461-1100
FAX: 410-461-1101



SCALE AS SHOWN
DRAWN BY JMR
CHECKED BY RHV
DATE APRIL 12, 2019
W. O. # 15-39
SHEET# 1 OF 3

5TH ELECTION DISTRICT
TAX MAP: 34 PARCEL: 389
DPZ REF'S: ECP-16-064, WP-17-034

PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 3
13519 ALLNUTT LANE
HIGHLAND, MD 20777

ROBERT H. VOG
19007200

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110, Ellicott City, MD 21043
P 410.461.7666 F 410.461.8961 www.timmons.com

April 30, 2020

Ms. Debbie Whalen,
Engineering Support Technician II
Plan Review Division
Howard County Department of
Inspections, Licenses & Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

Re: Fulton Manor Valley – Lot 8
12155 Fulton Estates Court
Permit #B19004060

Dear Ms. Whalen,

In accordance with Howard County Health Department's request, we are providing revised plot plans attached with this letter for the referenced project and permit. The plot plan has been revised to show the well location and the location of the underground propane tank.

Should you have any questions regarding this matter, please do not hesitate to contact this office.

Sincerely,
VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel, P.E.

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110, Ellicott City, MD 21043
P 410.461.7666 F 410.461.8961 www.timmons.com

April 30, 2020

Ms. Debbie Whalen,
Engineering Support Technician II
Plan Review Division
Howard County Department of
Inspections, Licenses & Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

Re: Fulton Manor Valley – Lot 8
12155 Fulton Estates Court
Permit #B19004060

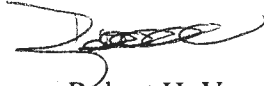
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Robert H. Vogel, P.E.