

PERMIT NUMBER: B 23001699

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: 14305 Rockway Mound Dr		Unit:
City: Ellicott City	State: MD	Zip Code: 21738
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Tank Relocation	Proposed Use: Tank Relocation	Estimated Cost: \$ 1000.00
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		
relocate existing 11000 gal underground tank due to relocation and additional being built by customer (MS 2115)		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): John Kelling	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14305 Rockway Mound Dr	
City: Ellicott City	State: MD
Phone: 301-529-5744	Email:
	Zip Code: 21738

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: R. Thompson Gas LLC	Contact Name: Ryan Davis
Street Address: 705 E Gallop Rd Ste 107	
City: Curtis Bay	State: MD
Phone: 410-981-1598	Email: rdavis@thompsonsgas.com
	Zip Code: 21226

CONTRACTOR INFORMATION REQUIRED

Business Name: Thompson Gas LLC	License #: 60003
Licensee's Name: J. Powell	
Street Address: 6708 Old National Pike	
City: Bransboro	State: MD
Phone: 301-432-6611	Email: rdavis@thompsonsgas.com
	Zip Code: 21713

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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 type="checkbox"/> No
Utilities: <input 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 type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input 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 FI Width:	1st FI Depth:	2nd FI Width:	2nd FI Depth:	Bsmt Width: Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft	

AGREEMENT/ DISCALIMER REQUIRED

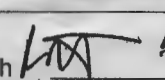

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: 

DATE SIGNED: 5/22/23

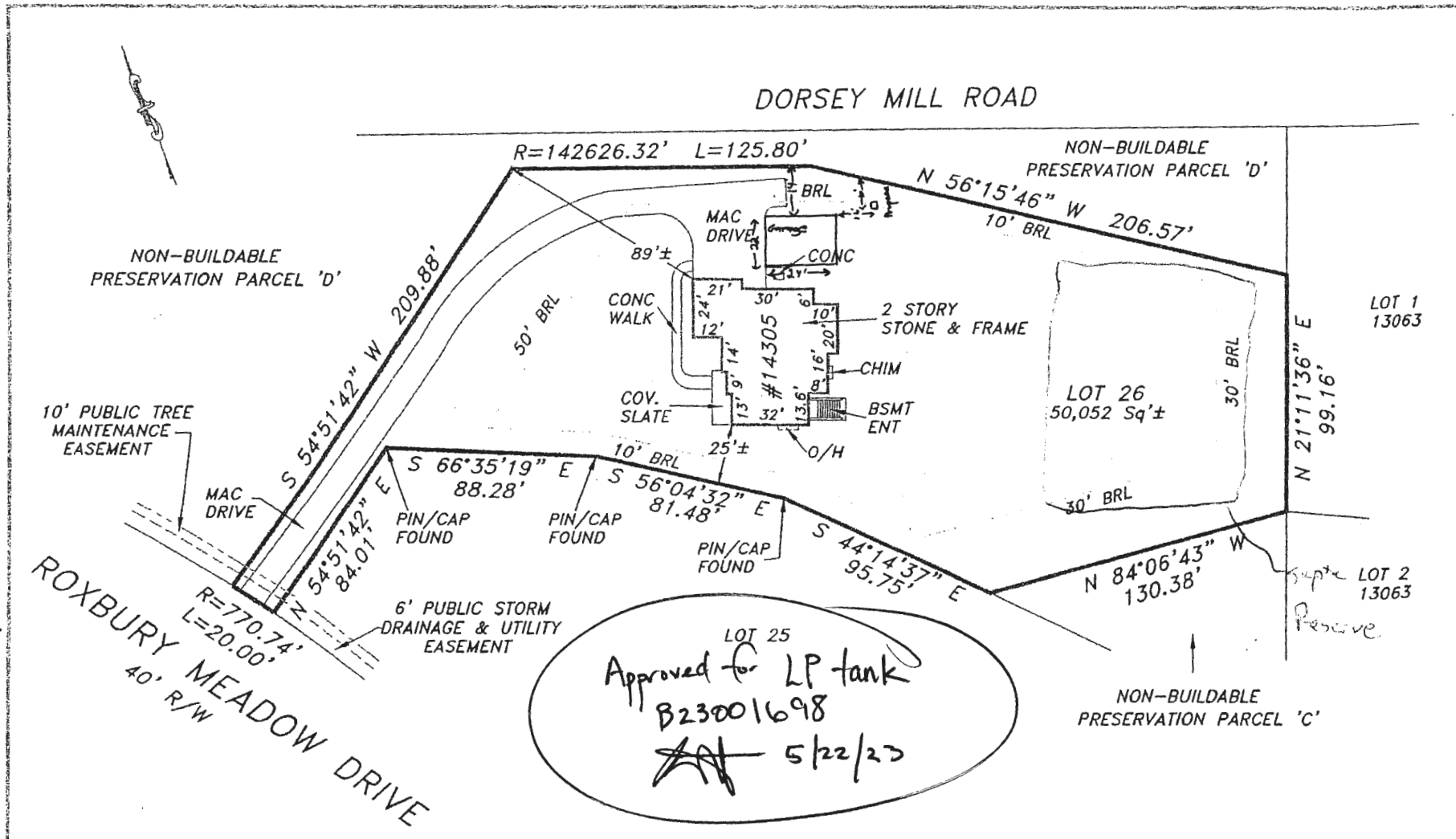
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health  5/22/23	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: \$110.00	PAYMENT: Paid Online	ACCEPTED BY: 		

Health

New Location



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
 LOT 26 as shown on the plat entitled "CLARK'S MEADOW"
 recorded among the land records of Howard County, Maryland in Plat Number 18484

PREPARED FOR:

SAGE TITLE GROUP
THE WISE CHOICE

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.

James Carl Hudgins
Property Line Surveyor #96
Expiration Date: 3/11/18

LOCATION DRAWING
 14305 ROXBURY MEADOW DRIVE
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale:	1" = 60'
Date:	5/31/2016
Field By:	SCK/RIK
Drawn By:	SCK
File No.:	174942WESS
Page No.:	1 of 2

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B23001698	05/16/2023

Description of Work
SFD/ RELOCATE (1) 1000 GAL EXISTING TANK DUE TO NEW ADDITION TO DWELLING. AS BUILT.

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14305	ROXBURY MEADOW	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.01262	39.26194
City	State	Zip Code	Primary
GLENWOOD	MD	21738	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
922772	227	1.14	231400	846100	614700	RURAL

Legal Description
IMPSLOT 26 1.149 A[]14305 ROXBURY MEADOW DR[]CLARKS MEADOW RSB LOT 4

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
17	26	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404371089	Clarks Meadow					
Section	Area	Tax Map					
		21					
Grid	Zoning District	ADC Map					
21-17	RC-DEO	4812-H9					
SDP No.	Final Plan No.	WP File No.					
	F-06-029						
Record Plat No.	WS Contract No.	FDP No.	Primary				
18482-1848			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2014	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
JONATHAN KEATING
Address Line 1
14305 ROXBURY MEADOW DR

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code

GLENWOOD MD 21738

Phone Primary

301-529-5144 Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # * Business Name

60003 THOMPSON GAS

License Type * First Name Middle Name Last Name

Propane Gs J. RANDALL THOMPSON

Primary Address Line 1

Yes 6708 OLD NATIONAL PIKE

Address Line 2

City State ZIP Code

BOONSBORO MD 21713

Phone 1 Phone 2 Fax

301-432-6611 301-432-7147

E-mail
RDAVIS@THOMPSONGAS.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name

Applicant RYAN DAVIS

Relationship Full Name

Applicant RYAN DAVIS

Primary Organization Name

Yes THOMPSON GAS LLC

Street Address
705 E ORDANCE RD STE 107

Address Line 2

City State Zip Code

CURTIS BAY MD 21226

Phone Cell Fax

443-981-1598

E-mail *
RDAVIS@THOMPSONGAS.COM

Addtl Info

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

1600 0 0 No

Construction Type

329 - Structures Other Than Buildings (Retaining Walls/Tents)

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #

Yes No Yes No Yes No

Existing Use * Number of Tanks Installed * Number of Tanks Removed *

SFD 0 0

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *