

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07003537

Building Address 3804 4 Championship Dr  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Lisa Anderson  
 Address 3804 Championship Dr  
 City Coleenwood State MD Zip Code 20737  
 Home Phone 443-752-4067 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SI Drivell  
 Proposed Use same  
 Estimated Construction Cost \$ 2  
 Description of Work Burying a propane tank and gas line

Contractor Company Suburban Services  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City Rockville State MD Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address 3804 Championship Dr  
 City Coleenwood State MD Zip Code \_\_\_\_\_  
 Phone 443-752-4067 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ILL:
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>9/7/2007</u>		<u>R. Buch</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0295027</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	Accepted by: <u>[Signature]</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

**SETBACKS:**

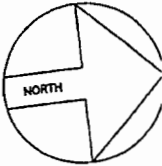
REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	20'

**Approved Septic System Plan**  
**Howard County Health Department**

*120-gal underground propane tank  
as shown by contractor*

*R. Bach*  
**Signature**

*9/7/2007*  
**Date** PRIVATE W/...  
PRIVATE SE...



ZONE ONE

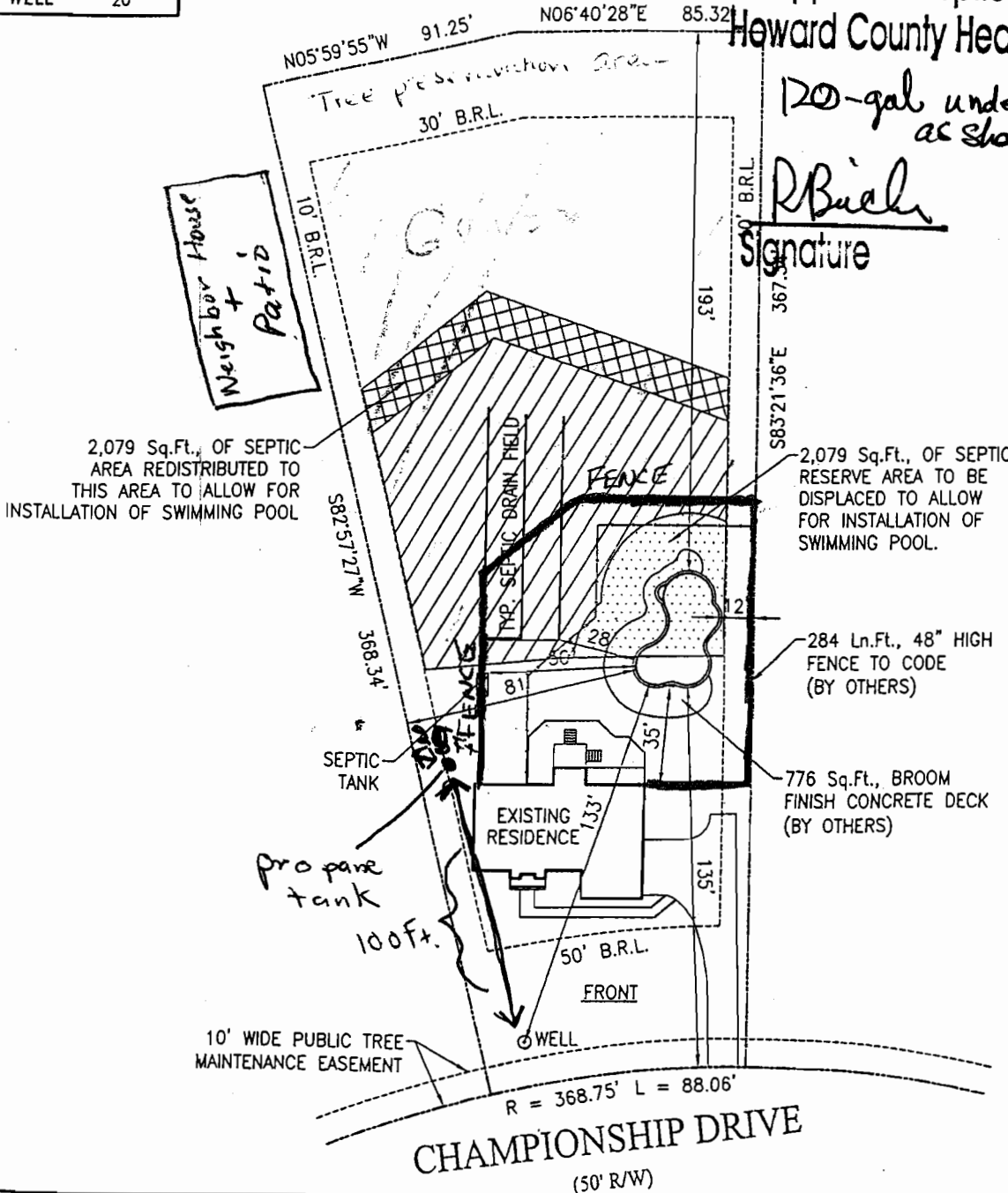
**SITE PLAN**

1" = 60'

LOT 2

**SYCAMORE VA**

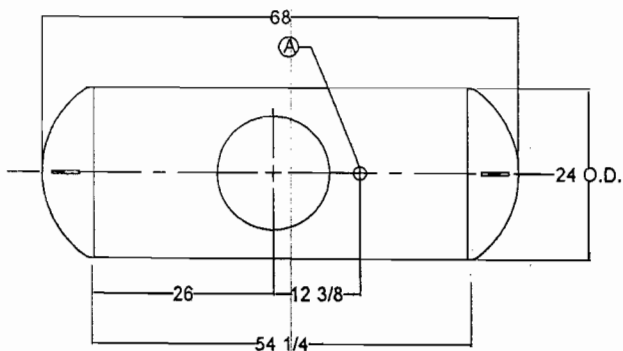
ZONED RCDEO  
ACCOUNT #36151  
MAP 21, GRID 10, PAR...  
ELECTION DISTRICT...  
HOWARD COUNTY, MAR...



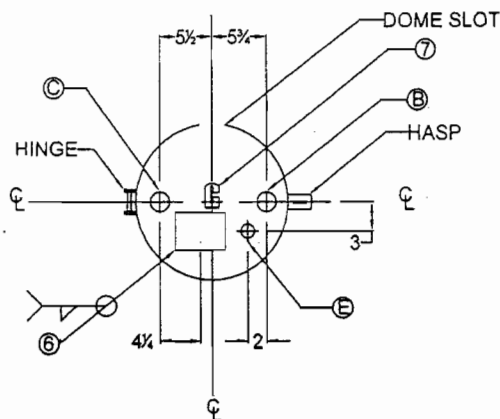
**REVISIONS:**

00/00/00

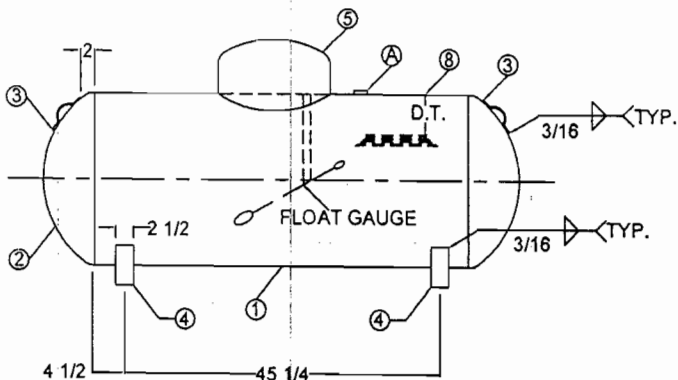
THIS VESSEL IS DESIGNED FOR THE STORAGE  
OF LIQUEFIED PETROLEUM GAS ONLY



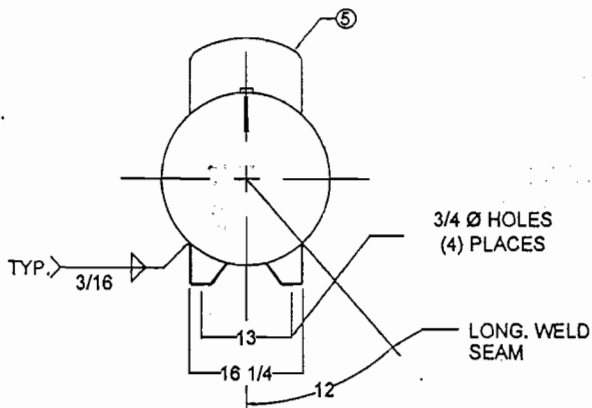
TOP VIEW (A-120C9)



FITTING LAYOUT



SIDE ELEVATION



END VIEW

NOTE: TANK MUST BE INSTALLED LEVEL, WITH ALL FOUR LEGS IN SAME PLANE TO ASSURE EVEN DISTRIBUTION OF LOAD AND OPTIMIZE ACCURACY OF GAUGE DEVICE.

MARK	QTY.	SIZE	TYPE	FITTINGS		SERVICE	MARK	QTY.	DESCRIPTION	DWG. NO.	REV.	BY:	DESCRIPTION	DATE:
				REGO	SHERWOOD									
A	1	3/4	XH FLG.	7583 GT	UVE433 AM	RELIEF VALVE	1	1	BHELL-0.140" X 54 1/4" X 74 13/16" - SA414G		14	Wd	NEW DATAPLATE AND CHECKLOK	9/1/001
B	1	1	XH FLG.	ROCHESTER B 8841-20 OR 8841-20A OR 8841-20B OR 8841-20C OR 8841-20D	UVE433 AM	FLOAT GAUGE	2	2	HEADS - 24" O.D. X 0.139" - ELLIPTICAL - SA414G		15	CDH	REMOVED EVACUATION TUBE AND CHECKLOK	2/28/02
C	1	1-1/4	XH FLG.	7579T	PVE823B	FILL VALVE	3	2	LIFTING LUGS	D-2	16	CDH	REVISED MDMT PRESSURE TO 250	8/13/02
E	1	3/4	XH FLG.	7556RS12.0	PVE2033CLDB	MULTI VALVE	4	4	TANK LEGS	D-2	17	CDH	CORRECTED SHELL LENGTH	11/12/03
							4(ALT.)	2	TANK LEGS (FREMONT PLANT ONLY)	D-3				
							5	1	DOME	D-4				
							6	1	DATA PLATE					
							7	1	REGULATOR BRACKET	D-10				
							8	1	DIP TUBE LENGTH = 7.1" FOR 80% @ 40° F					

NATL. BD. SERIAL No. \_\_\_\_\_

**CERTIFIED BY: AMERICAN WELDING & TANK**  
HARSCO CORPORATION GAS & FLUID CONTROL GROUP  
JESUP, GEORGIA-BLOOMFIELD, IOWA, SALT LAKE CITY, UTAH-FREMONT, OHIO

MAX. ALLOW. WORKING PRESS. [250] PSI AT [400] °F  
MDMT [-20] °F AT [250] PSI PLANT NO. \_\_\_\_\_  
CRN NO. L-4704.5C

SERIAL NO. [A] YEAR BUILT [20]  
LENGTH [68] IN. OUTSIDE DIA. [24] IN.  
HEAD THK. [.139] IN. SHELL THK. [.140] IN.  
ABOVE GROUND TYPE [BS-AP] SURFACE AREA [38] SQ. FT.  
LISTED CONTAINER ASSEMBLY FOR LP GAS 895A HEAD D.R. [2:1]  
WATER CAPACITY [120] GALS.

THIS CONTAINER SHALL NOT CONTAIN A PRODUCT HAVING A VAPOR PRESSURE IN EXCESS OF 215 PSIA AT 100°F.  
DIP TUBE LENGTH-80% FULL @ 40 DEG. F. D.T.= 7.1 IN.

DATA PLATE DETAIL

GENERAL NOTES:

- LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 500#. 257#
- TOTAL EMPTY WEIGHT IS 257#.
- ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED.
- COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
- NOTE DELETED
- EXTERIOR OF TANK TO BE GRIT BLASTED.
- PAINT PER SHOP ORDER.
- VACUUM PURGE TANK.
- DIMENSIONS ARE SUBJECT TO CHANGE WITH OUT NOTICE. (NON-PRESSURE RETAINING COMPONENTS ONLY)
- THREADS OF ALL FITTINGS TO BE COATED WITH COMPOUND SUITABLE FOR USE WITH LP GAS.
- FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45 ° OFF LONGITUDINAL CENTERLINE OF TANK.

GENERAL SPECIFICATIONS

WATER CAPACITY (GALLONS)	120
ALLOWABLE WORKING PRESSURE (PSIG)	250
JOINT EFFICIENCY:	ASME UW-51 LONG SEAM 100 % ASME UW-52 HEAD TO SHELL 100 %
HYDROSTATIC TEST PRESSURE (PSIG)	325
SURFACE AREA (SQ. FT.)	38
RELIEF VALVE SETTING (PSIG)	250
RELIEF DISCHARGE RATE - (CFM REQ'D.)	1056
CODE:	ASME SECTION VIII DIV. I
STANDARDS:	UNDERWRITERS LABORATORIES INC. MH-51 27 N.F.P.A. 58 LP GAS CODE
MATERIAL SPECS:	
COUPLINGS	SA-105
TANK FLANGES	SA-105
ADAPTOR	SA-105

120 W.G. ABOVEGROUND  
PROPANE TANK-TYPE BS-AP

**AMERICAN WELDING & TANK**  
HARSCO CORPORATION GAS & FLUID CONTROL GROUP

DATE: 01 / 03 / 00 DRAWN BY: RAC APPROVED BY: CDH REVISION: 17 DRAWING NO: A-120C9

# FILE INQUIRY FORM

10/28/03 - Discussed w/ MIDPools reps to locate system  
from as-built. Possible S.V. may need to  
occur due to lack of testing near rear of SDA.  
~~As-built~~ Signed bldg permit plan does not match  
Record Plat plan of SDA. Acquiring plan showing system  
loc., new proposed pool loc., area of SDA to be  
added + deleted (SAB)

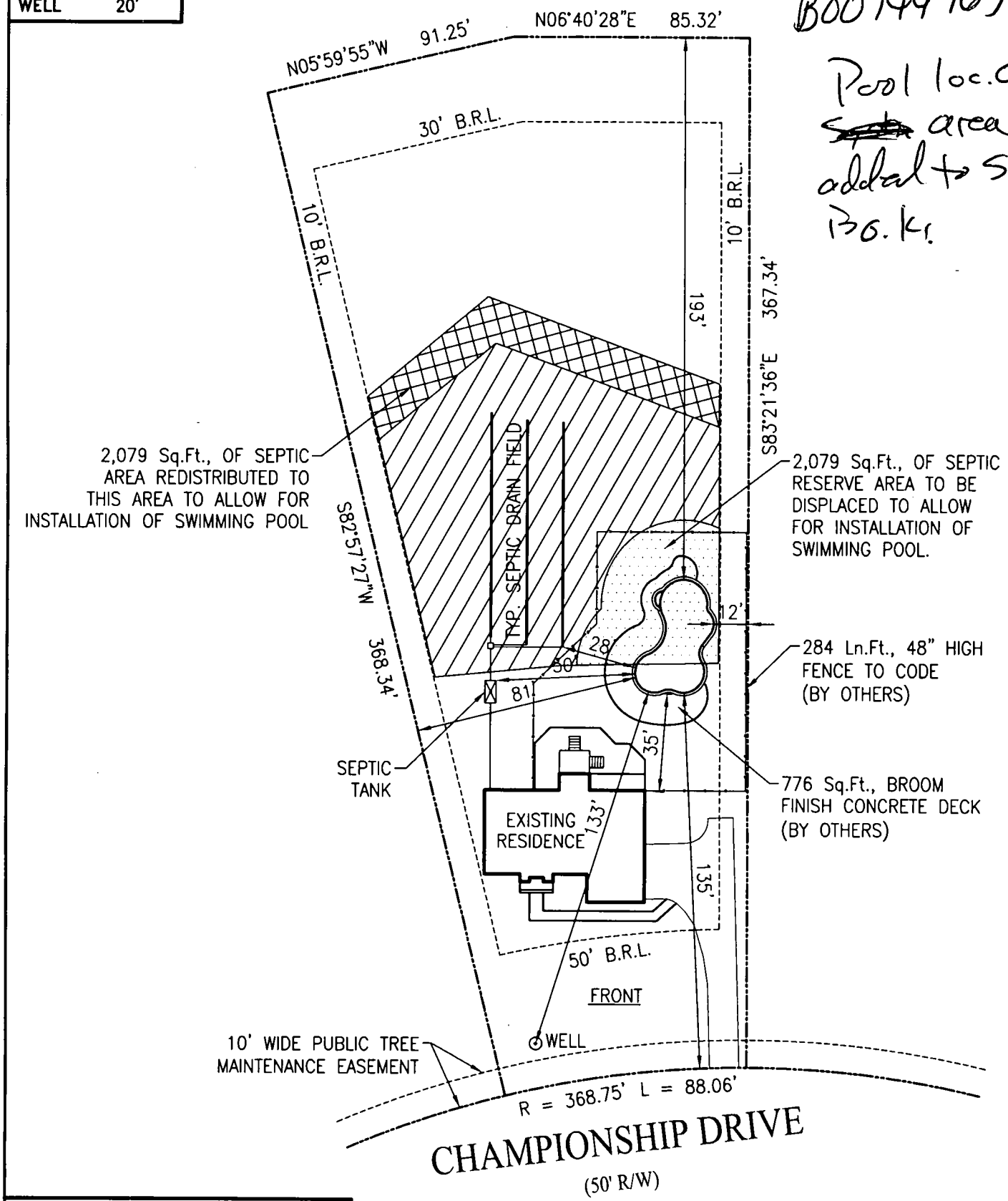


**SETBACKS:**

REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	20'

BOO 144969

Pool loc. O.K.  
~~Swim~~ area  
 added to SDA  
 B.G.K.



**REVISIONS:**

00/00/00

1" = 50'