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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 000137935
Building Address <u>14725 Foxbury Rd</u> <u>Glencol, MD 21737</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____		
Census Tract <u>604002</u> Subdivision _____		
Section _____ Area _____ Lot _____		
Tax Map <u>21</u> Parcel <u>61</u> Grid <u>22</u>		
Zoning <u>RC</u> Map Coordinates <u>9029 AH</u> Lot size _____		
Existing Use <u>Single family home</u> Proposed Use <u>Same</u> Estimated Construction Cost \$ <u>2100</u> Description of Work <u>Installation of</u> <u>330 gallon underground propane tank</u>		
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Property Owner's Name <u>Crosen Homes</u> Address <u>3825 Shady Lane</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>301 829 2828</u> Work Phone <u>410 442 8862</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>410-876-0589</u>		
Contractor Company <u>United Propane Inc.</u> Contact Person <u>Alvise Garrett</u> Address <u>104 W. Ridgeville Blvd</u> City <u>M. Arly</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>0145</u> Phone <u>301 829 2828</u> Fax <u>301 829 5394</u>		
Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

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

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 THERE TO; (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.

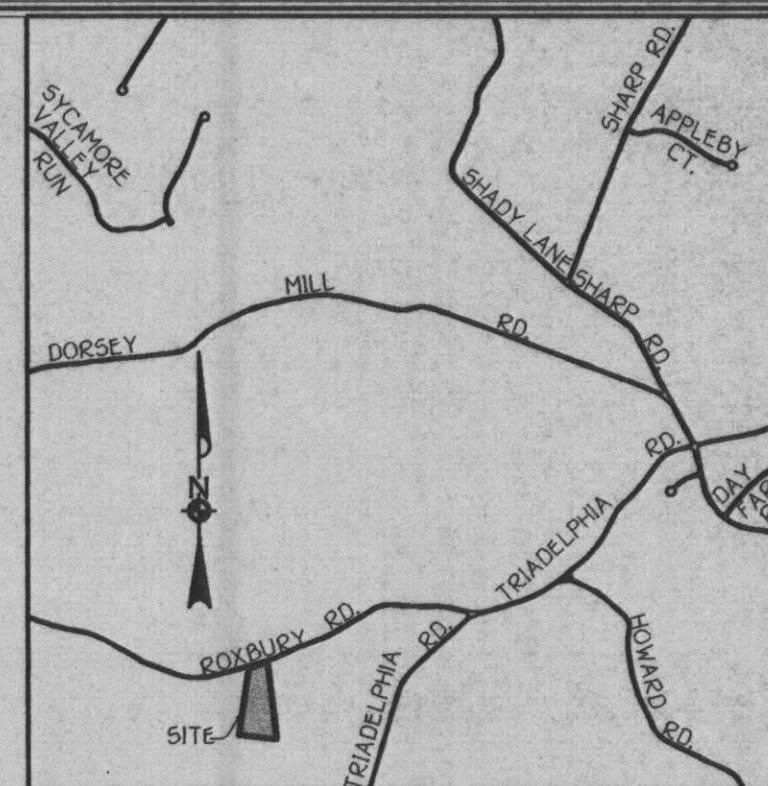
Applicant's Signature Alvise E Garrett Jr. Print Name Alvise E Garrett Jr.
Master Gas Titer Date 8/9/02
 Title/Company _____

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

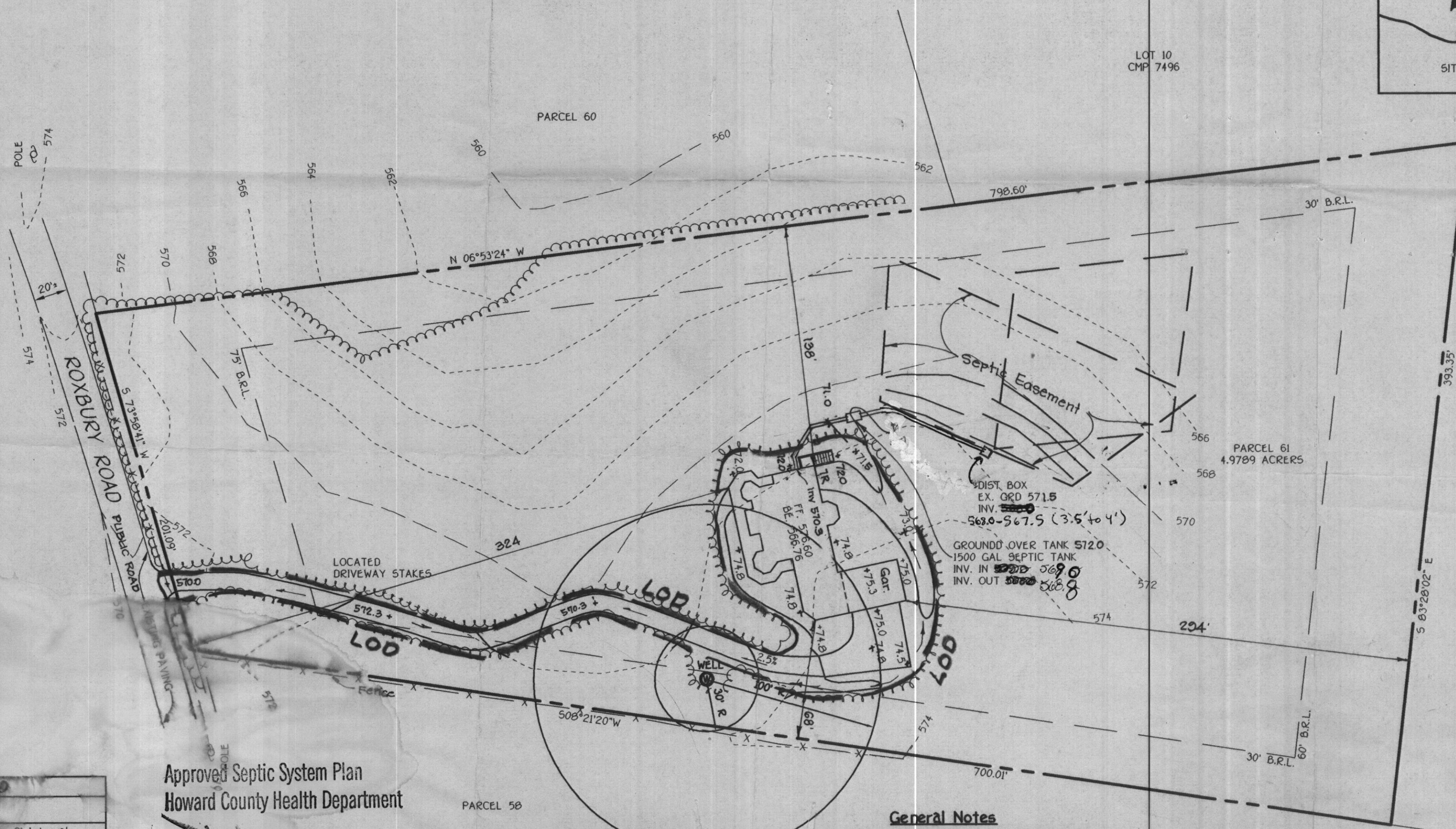
AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health <u>8-13-02 Raci Norman</u> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>53035</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>31229</u> Validation # <u>9842</u> Accepted by <u>R</u>
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Distribution of Copies- White: Building Official Green: LDD, D Z Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 5/17/00



VICINITY MAP
SCALE: 1"=2000'



LEGEND	
Symbol	Description
	Existing Contour 2' Interval
	Proposed Contour 2' Interval
+ 624	Spot Elevation
	Existing Tree Line
LOD	Limits of Disturbance

NOTE: THE PROPERTY LINES SHOWN HEREON ARE APPROXIMATE,
AND SHOULD NOT BE USED IN ANY WAY TO DETERMINE THE
ACTUAL PROPERTY LOCATION.

THE OUTLINE SHOWN IS BASED ON INFORMATION OBTAINED FROM A PERC PLAT PREPARED FEBRUARY, 2001 BY JOHN C. MELLEMA. NO SURVEY OR TITLE DATA WAS MADE AVAILABLE; NO EVIDENCE OF PROPERTY LINES WAS RECOVERED IN THE FIELD; IT IS RECOMMENDED THAT A BOUNDARY SURVEY BE PERFORMED BEFORE THE COMMENCEMENT OF ANY CONSTRUCTION.

Approved Septic System Plan
Howard County Health Department

Signature Steven Kneag Date 1/17/2002

Basement service by gravity
is NOT proposed!

Total length of trench 225 feet
Width of trench 2 ft
Depth of trench 7½ feet
Length of stone required below
distribution pipe 4 feet

General Notes

1. Subject Property Zoned: RC-DEO
2. Total Area Of Property: 4.9789 Acres
3. Septic Easement Subject To Howard County Health Dept. Review
4. Length Of Trench To Be Determined At Time Of Septic Permit Issuance.
5. Contractor / Builder To Verify Elevation In The Field Before Beginning Any Construction.
6. Field Run Topographic Survey Done By Fisher Collins & Carter Inc. On Nov. 19, 2001.
7. No Wetlands Currently Exist On The Property.
8. Total Limits Of Disturbance 21,075 Sq.Ft.

REVISÉ

REVISID
Date: 12-79-01
14725 Roxbury Rd
Comments: B00133529
revised Septic tank + line

SITE DEVELOPMENT PLAN
PARCEL 61
14725 ROXBURY ROAD

TAX MAP 21 GRID 22 PARCEL 61
HOWARD COUNTY, MARYLAND
DEED REFERENCE: LIBER 908 AT FOLIO 642

SCALE: 1" = 50' DATE: DECEMBER, 2001

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042

FOR CROSEN HOMES
3825 SHADY LANE
GLENWOOD MD 21783
410-442-8262

REV. SEPTIC TANK & SHC AS REQUESTED 12-18-01