

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B12002272

Building Address: 14831 Roxbury RD
blended MD 21737

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 2

Tax Map: _____ Parcel: A Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: w/ tank

Estimated Construction Cost: \$1,500

Description of Work: Install 1-500 gallon underground
propane tank

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Citation Homes

Address: 14831 Roxbury RD

City: blended State: MD Zip Code: 21737

Home Phone: 410-772-5604 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
United propane
4987 Winchester Blvd Frederick MD 21703

Phone: 443-871-5190 Fax: _____

Email: Rhoads@unitedpropane.com

Contractor Company: United propane

Contact Person: Rhoads

Address: 4987 Winchester Blvd

City: Frederick State: MD Zip Code: 21703

License No.: 60189

Phone: 443-871-5190 Fax: _____

Email: Rhoads@unitedpropane.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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: [Signature]

Print Name: ALVINO BARRIOTT

Email Address: UP

Date: 6/25/12

Title/Company: _____

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>7/1/12 R. Bricker</u>
Fire Protection		

Is Sediment Control approval required for Issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

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	\$ <u>0</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110</u>
Sub- Total Paid	\$
Balance Due	\$

Check 1211

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE PROPERTY DELINEATED HEREON IS IN ACCORDANCE WITH THE PLAT OF SUBDIVISION AND/OR DEED OF RECORD, THAT THE IMPROVEMENTS WERE LOCATED BY ACCEPTED FIELD PRACTICES PER COMAR 09-13-06 AND INCLUDE PERMANENT VISIBLE STRUCTURES AND ENCROACHMENTS, IF ANY. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THIS DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. QUESTIONS PERTAINING TO RELATIONSHIPS OF THE PROPERTY CORNERS OR LINE TO REAL OBJECTS MUST BE ADDRESSED BY A BOUNDARY SURVEY. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY LENDER OR TITLE INSURANCE OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING, AND VALID ONLY

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Inspections: 410-313-1810
Automated Line: 410-313-3800

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Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B10003895

Building Address: 14821 RUXBURY ROAD
FLensburg, MD 21737

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: FRONTIER

Section: _____ Area: _____ Lot: 2

Tax Map: 21 Parcel: 58 Grid: 22

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT LOT

Proposed Use: 3 BR FAMILY HOME

Estimated Construction Cost: \$ 250,000

Description of Work: ADD 4 BEDROOMS 3 1/2
BATHS

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

Property Owner's Name: CATOCTIN HOMES, INC.

Address: P.O. Box 512

City: ELICOTT CITY State: MD Zip Code: 21041

Home Phone: _____ Work Phone: 410 772 5804

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: 410 772 5804 Fax: 410 772 5805

Email: _____

Contractor Company: CATOCTIN HOMES, INC.

Contact Person: PHILLIP PARADIS

Address: P.O. Box 512

City: ELICOTT CITY State: MD Zip Code: 21041

License No.: 579

Phone: 410 772 5804 Fax: 410 772 5805

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
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No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
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Applicant's Signature

Print Name

Email Address

Date

Title/Company

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		
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

DPZ SETBACK INFORMATION

Front:

Rear:

Side:

Side St.:

All minimum setbacks met? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

ROXBURY ROAD

STABILIZED CONSTRUCTION

ENTRANCE

L=437.7657'

R=865.0'

L=115.13'

THE EXISTING WELL
#H0942313 SHOWN
ON THIS PLAN HAS
BEEN LOCATED BY

PROFESSIONAL LAND
SURVEYOR AND IS
ACCORDINGLY SHOWN

NAD 83
N
MD. ST. GRID NORTH

24' PRIVATE USE-IN-COMMON EASEMENT
FOR LOTS 1 & 2 RECORDED IN THE LAND
RECORDS OF HOWARD COUNTY

Approved
Howard County Health Department
Signature
Date

OWNER/BUILDER

CATOCTIN HOMES

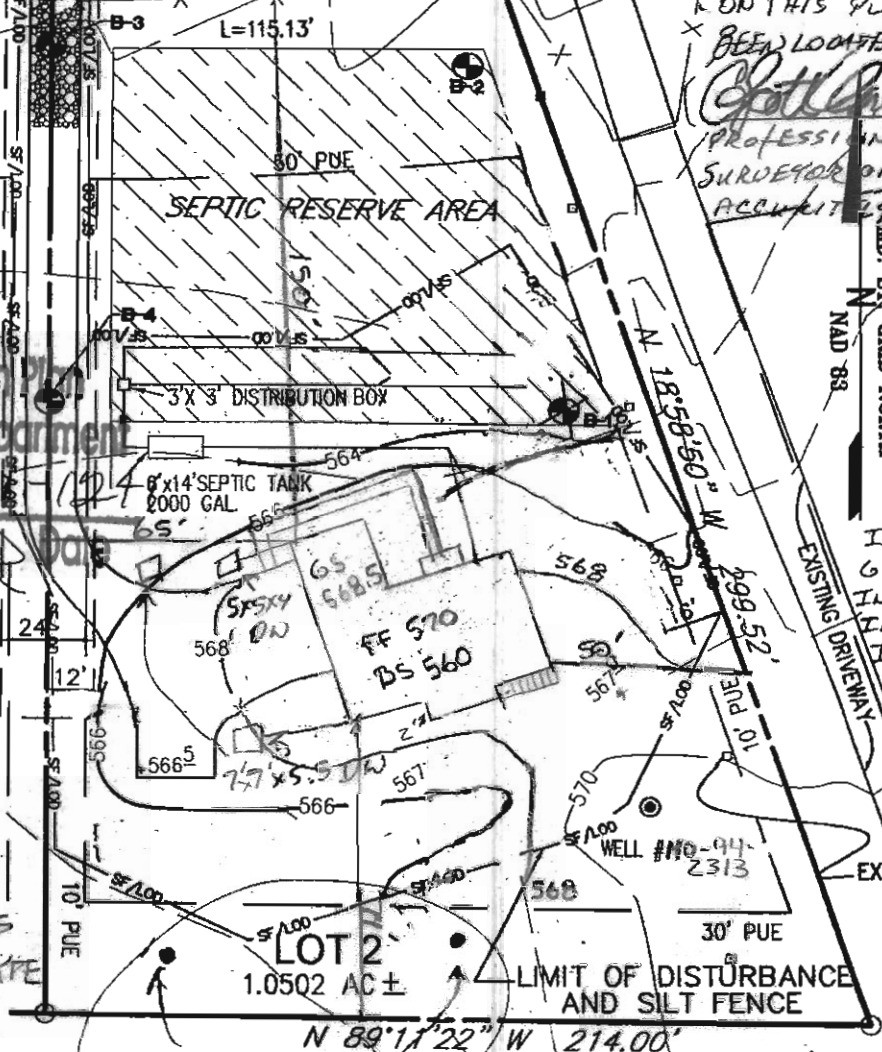
PO BOX 512

ELICOTT CITY MD

LOT 2 FROSTY PINES

1 1/2 STORY HOUSE TYPE

SCALE 1"=50'



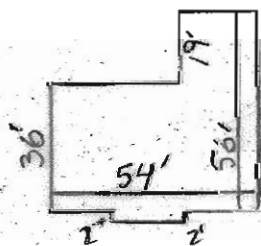
INV HOUSE 564
GRADE HOUSE 567
INV TANK 562
INV OUT TANK 562
INV DIS BOX 561.5
GR DIS BOX 564

EXISTING FENCE
POST (TYP.)

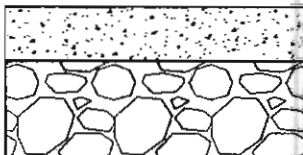
REPLACEMENT
WELLS

not approved well
sites on ~~any~~ perc cert.
9w 7/14/12

NOTE: TOPOGRAPHY FROM FIELD SURVEY BY
THE RBA GROUP 2006.



BUILDING DIMENSIONS
(NO SCALE)



BITUMINOUS CONCRETE
CRUSHER RUN

DRIVEWAY PAVING SECTION
(NO SCALE)