

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:

311002958

Building Address: 13904 Ryan Dr. Glenage md 21737

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

Census Tract: _____ Subdivision: Hopkins Choice

Section: _____ Area: 2 Lot: 32

Tax Map: 21 Parcel: _____ Grid: 12

Zoning: _____ Map Coordinates: _____ Lot Size: 1.05 A

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ 8000

Description of Work: install a 1000 gal 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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

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
	<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
<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 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 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

Print Name

Email Address

Date

Title/Company

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

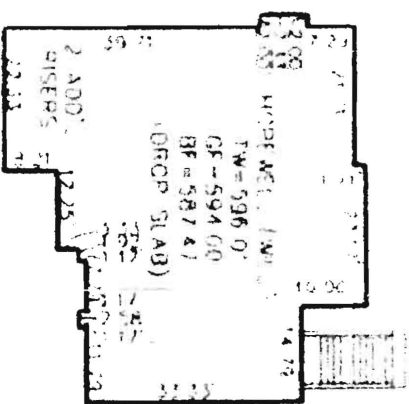
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	10-12-11	W. J. Smith
Fire Protection		

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

B 11002958
LP tank OK 178
10-12-11



1140

Yours Gal Tank

THE STATE DEPARTMENT
INDIVIDUALS BRANCH
NATURE OF THE APPLICANT'S
S AVAILABLE INFORMATION
COUNTY HEALTH DEPARTMENT
GRANT AGREEMENT
REQUIRE A REVERSE
RECORDATION OF A
NECESSARY

Building Address: 13904 Ryan Drive
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Hopkins Choice
Section: _____ Area: _____ Lot: 32
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Lot
Proposed Use: Single Family Dwelling
Estimated Construction Cost: \$ 400,000
Description of Work: _____

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: Michael Martin
Address: 14118 Patterson Farm Court
City: _____ State: _____ Zip Code: _____
Phone: 410 489-7407 Fax: 410-489-2676
Email: _____

Property Owner's Name: Tall MD LLP
Address: 14118 Patterson Farm Ct
City: Glenelg State: MD Zip Code: 21737
Home Phone: _____ Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____
Email: _____
Contractor Company: Tall Brothers Inc
Contact Person: Mike Martin
Address: 7104 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21046
License No. : _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: ESE
Responsible Design Prof.: Mike Boyce
Address: 7104 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21046
Phone: _____ Fax: _____
Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
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	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

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No. of 1 BR units: _____	<input 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	
<input type="checkbox"/> Manufactured Home	

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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
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Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

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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>150.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

GR-5

Toll Brothers

America's Luxury Home Builder™

\$50.00 CR#9124936
Scanned 9/6/11

Toll Brothers Inc -Glenelg Estates/Hopkins Choice
14118 Patterson Farm Court
Glenelg Maryland 21737

August 12, 2011

Ms. Avis L. Corbin-
Chief of Licenses and Permits Division
3430 Court House Drive
Ellicott City Maryland 21043

Re: Permit Revision
B11000233- Permit Number
13904 Ryon Drive
Hopkins Choice Lot #32

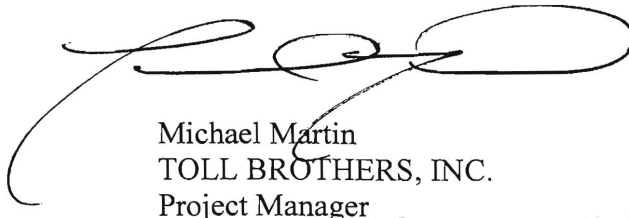
Dear Ms. Corbin

Thank you for taking the time to review the attached documentation. The reason for the letter is that the homeowner re-selected their house type. Included in the documentation are a revised blue prints, revised site plan, and an amendment check

Please accept my apologies for the trouble. Please contact me with any questions or concerns of any kind at 410-320-0223 or mmartin3@tollbrothersinc.com.

CC: zoning
DED
Heather

Sincerely,

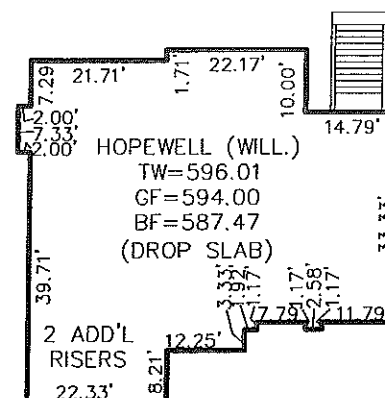
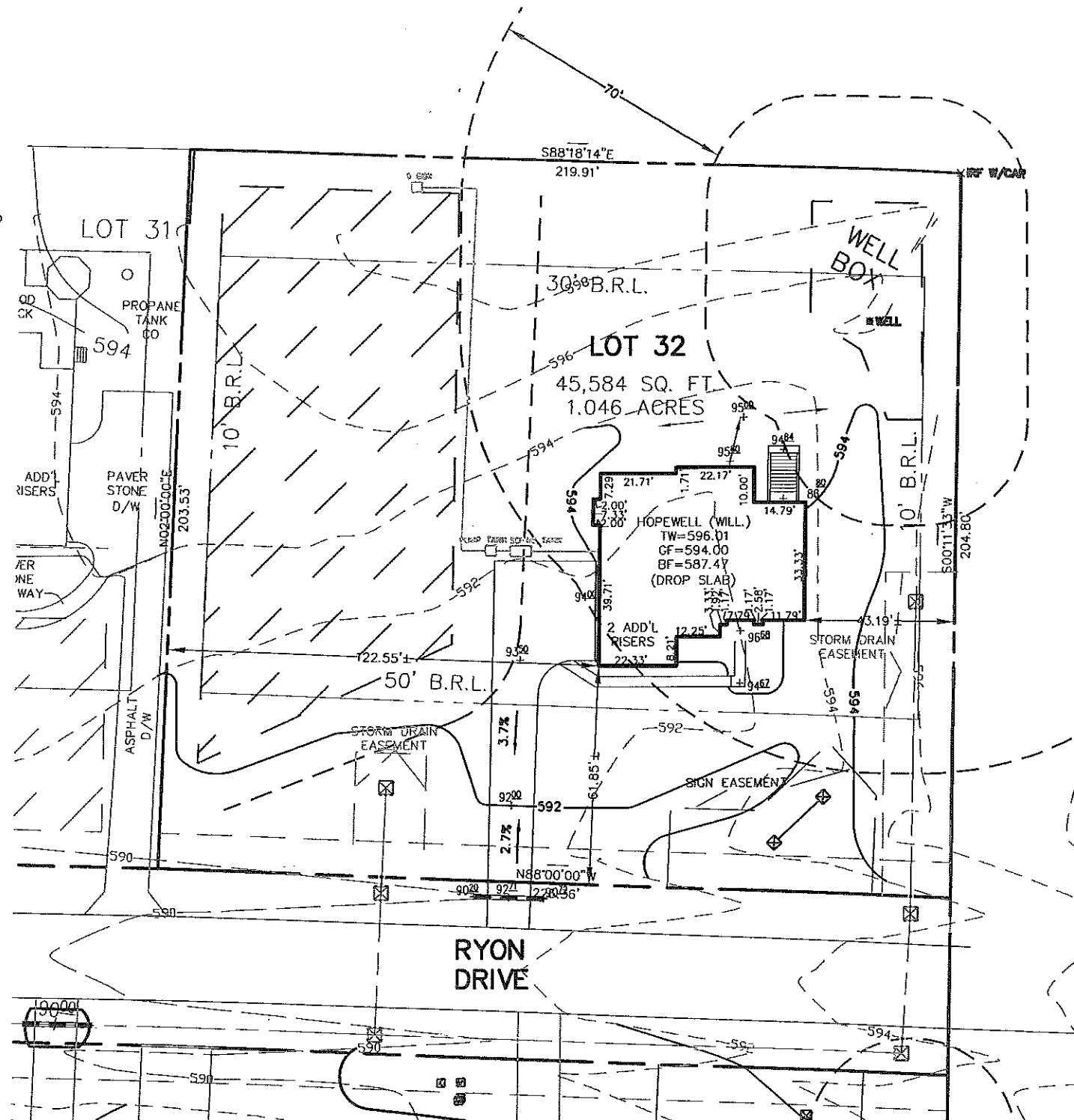


Michael Martin
TOLL BROTHERS, INC.
Project Manager

RECEIVED

SEP 6 2011

PLAT No. 17903



DETAIL 1"=30'

*Revision
OK
DB
9-12-11*

1. THE LOT SHOWN HEREON WAS RECORDED ON SEPTEMBER 23, 2005 AS PLAT NUMBER 17725. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.

2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.

4. SOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.

5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP 10-74 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

6. THE EXISTING WELL (TAG NO.HO-94-4071) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY ESE CONSULTANTS AND IS ACCURATELY SHOWN.

7. THE SWM FOR LOT 32 IS MANAGED BY SWM BMP POND #1 AS SHOWN ON SHEET 5 OF 22 OF THE 05-029 PLANS.

8. DRIVEWAY CULVERT- PER PLAN 05-029,

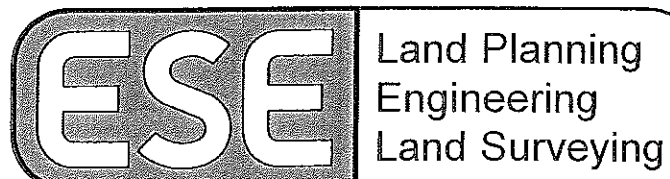
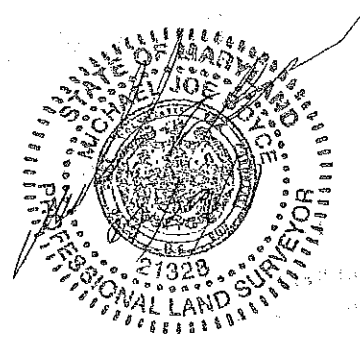
INV @ HSE	590.20
GROUND AT HSE	594.0
INV. IN @ TANK	589.8
INV OUT @ TANK	589.5
TOP OF TANK	590.5
GROUND OVER TANK	593.0

INV IN @ PUMP	589.3
PRESSURE TO D BOX	

INV IN @ D BOX	595.3
INVT OUT @ D BOX	595.0
GROUND @ D BOX	599.0

ADDRESS: 13904 RYON DRIVE
GLENELG, MD 21737

PERMIT PLOT PLAN
LOT #32
HOPKINS CHOICE
LIBER 07504, FOLIO 0437
PLAT No. 17903
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

TYPE: HOPEWELL (WILL.)-
DAY LIGHT BASEMENT
ADD 1' TO BASEMENT
MASONRY FP
EXPANDED BASEMENT
BRICK FRONT STOOP
EXPANDED FAMILY ROOM
SOLARIUM

OPTION No.	018
OPTION No.	070
OPTION No.	633
OPTION No.	046
OPTION No.	663
OPTION No.	023
OPTION No.	501

DATE: 04/22/11

CHK'D: MJB

SCALE: 1"=40'

JOB#: 2975

FILE: 2975_LOT_32 PP

DRAWN: MJB