

Walk-Three

Building Address 13917 Byron Dr Glen Elg

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

Census Tract _____ Subdivision Hopkins chase

Section _____ Area _____ Lot 5

Tax Map 21 Parcel 111 Grid 12

Zoning _____ Map Coordinates _____ Lot size 33,000

Property Owner's Name Tail and H Limited Part.
Address 19775 Belmont Executive Plaza
City Ashburn State VA Zip Code 20147
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):
Jeremy Clancy 7051 Macbeth Way
Phone (443) 340-1229 Fax Eldersburg md 21784

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 6,000
Description of Work Install 1000 gal in ground
fireproof Tank

Contractor Company Valley National Gas
Contact Person William Greening
Address 7201 Montender Rd
City Jessup State MD Zip Code 20794
License No. 67793
Phone 301 271 1100 Fax 301 271 1100

Occupant or Tenant _____

Contact Name _____

Address Homeowner _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone 910-799-7114

Engineer or Architect Company _____

Contact Person Contractor

Address _____

City _____ State _____ Zip Code _____

BUILDING DESCRIPTION - COMMERCIAL

| <u>Building Characteristics</u> | <u>Utilities</u> |
|---|---|
| Height: | Water Supply: _____ Public _____ Private _____ |
| No. of stories: | Sewage Disposal: _____ Public _____ 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular | Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | | Utilities |
|--|--|---|
| SF Dwelling <input checked="" type="checkbox"/> | SF Townhouse <input type="checkbox"/> | Water Supply: |
| <u>Depth</u> | <u>Width</u> | <input type="checkbox"/> Public |
| 1st floor: | | <input checked="" type="checkbox"/> Private |
| 2nd floor: | | Waste Disposal: |
| Basement: | | <input type="checkbox"/> Public |
| Finished Basement <input type="checkbox"/> | Unfinished Basement <input type="checkbox"/> | <input checked="" type="checkbox"/> Private |
| Crawl space <input type="checkbox"/> | Slab on Grade <input type="checkbox"/> | |
| No. of Bedrooms _____ | | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Height: _____ | | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Multi-family dwellings: | | Heating System: |
| No. of efficiency units: _____ | | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| No. of 1 BR units: _____ | | Natural Gas <input type="checkbox"/> |
| No. of 2 BR units: _____ | | Propane Gas <input type="checkbox"/> |
| No. of 3 BR units: _____ | | |
| Other Structure: _____ | | Sprinkler system: N/A <input type="checkbox"/> |
| Dimensions: _____ | | <input type="checkbox"/> NFPA #13D |
| Footings: _____ | | <input type="checkbox"/> NFPA #13R |
| Roof Height: _____ | | <input type="checkbox"/> Other: |
| <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 ON 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
Land Development, DPZ
State Highways
Building Official
Dev. Engineering, DPZ
Health 11-10-10 D. Bernard
Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-
T:Norma PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow, DED, DPZ

Pink Health

Gold: SHA

Accepted by _____

Rev. 11/4/04

| <u>DPZ SETBACK INFORMATION</u> | | <u>PROPERTY ID#:</u> |
|--|----------------|----------------------|
| Front: _____ | Filing fee | \$ _____ |
| Rear: _____ | Permit fee | \$ _____ |
| Side: _____ | Excise tax | \$ _____ |
| Side St.: _____ | Add'l per. fee | \$ _____ |
| All minimum setbacks met? | TOTAL FEES | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid | \$ _____ |
| Is Entrance Permit required? | Balance due | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check | # _____ |
| Historic District? | Validation | # _____ |

Historic District?

YES ☐ NO ☐

Lot Coverage for Newtown Zone

SDP/Red-line approval date

| | | | | | |
|---|--|-------------------------------------|--|----------------------------|--|
| 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 B10002532 | |
| Building Address 13917 Ryan Drive | | | Property Owner's Name TII MD ILLP | | |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | | | Address 7164 Columbia Gateway Drive | | |
| Census Tract _____ Subdivision Hopkins Choice | | | City Columbia State MD Zip Code 21046 | | |
| Section _____ Area _____ Lot 5 | | | Phone _____ Phone _____ | | |
| Tax Map _____ Parcel _____ Grid _____ | | | Applicant's Name & Mailing Address, (if other than stated hereon): | | |
| Zoning _____ Map Coordinates _____ Lot size _____ | | | Phone _____ Fax _____ | | |
| Existing Use Vacant Lot | | | Contractor Company _____ | | |
| Proposed Use Residential house | | | Contact Person _____ | | |
| Estimated Construction Cost \$ _____ | | | Address _____ | | |
| Description of Work _____ | | | City _____ State _____ Zip Code _____ | | |
| Occupant or Tenant _____ | | | License No. _____ | | |
| Contact Name _____ | | | Phone _____ Fax _____ | | |
| Address _____ | | | Engineer or Architect Company _____ | | |
| City _____ State _____ Zip Code _____ | | | Contact Person _____ | | |
| Phone _____ Fax _____ | | | Address _____ | | |
| | | | City _____ State _____ Zip Code _____ | | |
| | | | Phone _____ Fax _____ | | |

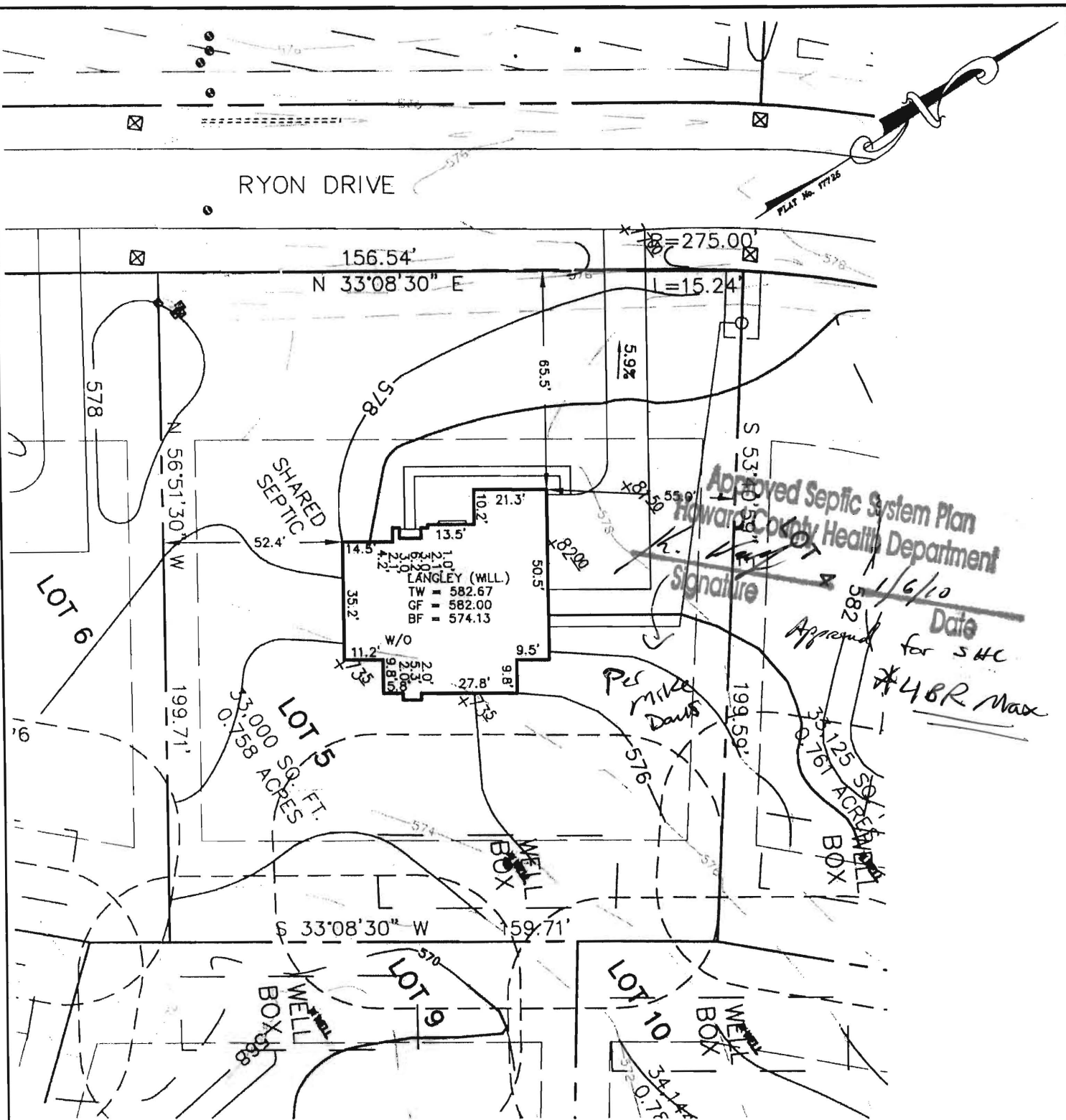
| | | | |
|--|---|---|---|
| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
| <u>Building Characteristics</u> | <u>Utilities</u> | <u>Building Characteristics</u> | <u>Utilities</u> |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width | Water Supply: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | Sewage Disposal: _____ Public _____ 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"/> | 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| State Certified Modular _____ | | Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____ | |

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| | |
|-----------------------------|------------------|
| Applicant's Signature _____ | Print Name _____ |
| Title/Company _____ | Date _____ |

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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- FOR OFFICE USE ONLY -

| | | | | |
|--|-------------|---------------------------|--|-------------------------|
| <u>AGENCY</u> | <u>DATE</u> | <u>SIGNATURE APPROVAL</u> | <u>DPZ SETBACK INFORMATION</u> | <u>PROPERTY ID#</u> |
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | 1/6/10 | [Signature] | All minimum setbacks met? | TOTAL FEES \$ _____ |
| 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 # _____ |
| 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- White: Building Official Green: LDD, DPZ | | | Lot Coverage for NewTown Zone _____ | Accepted by _____ |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | Gold: SHA |
| | | | Yellow: DED, DPZ Pink: Health | Rev. 11/4/04 |



Approved Septic System Plan
Howard County Health Department

Signature

Date

Approved for SHC
*48R Max

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4074) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17725. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 13917 RYON DRIVE
GLENELG, MD 21737

TYPE: LANGLEY (WILLIAMSBURG)-
3 CAR SIDE ENRY GARAGE
WALKOUT BASEMENT
SOLARIUM
ADD 1' HEIGHT TO BASEMENT WALLS
TRADITIONAL FP I.L.O. STD. FP
BRICK FRONT STOOP

OPTION No. 001
OPTION No. 017
OPTION No. 501
OPTION No. 070
OPTION No. 633
OPTION No. 663

PERMIT PLOT PLAN
LOT #05
HOPKINS CHOICE
LIBER 07504, FOLIO 0437
PLAT No. 17725
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

DATE: 06/01/10 SCALE: 1"=40' FILE: 2975_LOT_5 Langley
CHK'D: MJB JOB#: 2975 DRAWN: GVS

Jun 01, 2010 - 3:59 pm P:\Projects\2975 Hopkins Choice\Surfdep\Lot5\Lot 05\Lot 5 Langley Williamsburg.dwg DSEWART