



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B13002836

Building Address: 15422 Rivercrest Court.
City: Broomfield State: MD Zip Code: 20833
Suite/Apt. # — SDP/WP/BA #: GP. 13-82
Census Tract: 6040.02 Subdivision: Rivercrest
Section: — Area: — Lot: 8
Tax Map: 21 Parcel: 84 Grid: 20
Zoning: RC Map Coordinates: Map 8 J-12 Lot Size: 53,319 sq ft

Existing Use: VACANT Lot
Proposed Use: New Single Family Home
Estimated Construction Cost: \$ 200,000.-
Description of Work: Construct New Single Family Home
with 5 Bedrooms, 3 1/2 Baths, Finished Basement,
Fireplace, Deck w/ Steps AND 2 Car Garage.
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Columbia Builders, Inc.
Address: P.O. Box 999
City: Columbia State: MD Zip Code: 21044
Phone: 410-730-3939 Fax: 410-992-3020
Email: RTash @ ColumbiaBuildersInc.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Ron Tash Agent.
Address: SAME
City: Columbia State: MD Zip Code: 21044
Phone: 410-730-3939 Fax: 410-992-3020
Email: RTash @ ColumbiaBuildersInc.com

Contractor Company: Columbia Builders, Inc.
Contact Person: Ron Tash
Address: SAME
City: Columbia State: MD Zip Code: 21044
License No.: 254
Phone: 410-730-3939 Fax: 410-992-3020
Email: RTash @ ColumbiaBuildersInc.com

Engineer/Architect Company: D.W. Taylor Assoc.
Responsible Design Prof.: Don Taylor
Address: 5024 Dorsey Hall Drive
City: Ellicott City State: MD Zip Code: 21042
Phone: 410-964-1181 Fax: 410-997-2924
Email: info @ DWTaylor.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth Width
Gross area, sq. ft./floor: _____	1 st floor: <u>44'</u> x <u>42'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>38'</u> x <u>42'</u>
Use group: _____	Basement: <u>44'</u> x <u>42'</u>
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	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

> Roadside Tree Project Permit
☐ Yes ☒ No
Roadside Tree Project Permit # N/A.

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas Backup	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>613 000236</u>	
Building Shell Permit Number: _____	

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

RTash @ ColumbiaBuildersInc.com
Email Address

Print Name

Date

Ron Tash
19 July 2013

9/27/13 Helen Scott



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City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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Address: P.O. Box 999
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Phone: 410-730-3939 Fax: 410-992-3020
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<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
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	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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <u>Backup</u>	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>613 000236</u>	
Building Shell Permit Number: _____	

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Applicant's Signature: RTash @ ColumbiaBuildersInc.com
Email Address: RTash @ ColumbiaBuildersInc.com

Print Name: Ron Tash
Date: 19 July 2013



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Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 2-10-14

Permit No.: B14000384

Building Address: 15422 RIVERCREST CT.
City: BROOKVILLE State: MD Zip Code: 20837
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 8
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD UNDER CONSTRUCTION
Proposed Use: SFD WITH TANK
Estimated Construction Cost: \$ 3,000
Description of Work: INSTALL A 500 GALLON UNDERGROUND PROPANE TANK IAW NFPA 58 & HOWARD COUNTY REQUIREMENTS
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: PATRIK TORRITO
Address: 9542 ANGELINA CT.
City: COLUMBIA State: MD Zip Code: 21045
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: RICHARD SIMMONS - AMERIGAS
Address: 10097 BALT. NAT'L PIKE
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 443 866 5611 Fax: 410 465 0803
Email: RICHARD.SIMMONS@AMERIGAS.COM

Contractor Company: AMERIGAS PROPANE
Contact Person: RICHARD SIMMONS
Address: 10097 BALT. NAT'L PIKE
City: ELICOTT CITY State: MD Zip Code: 21042
License No.: 79965
Phone: 443 866 5611 Fax: 410 465 0803
Email: RICHARD.SIMMONS@AMERIGAS.COM

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
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Use group: _____	<input type="checkbox"/> Finished Basement	
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	<input type="checkbox"/> Crawl Space	
Construction type: _____	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
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Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
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Applicant's Signature: RICHARD SIMMONS
Email Address: RICHARD.SIMMONS@AMERIGAS.COM

Print Name: RICHARD SIMMONS
Date: 2/10/14

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>2/25/14</u>	<u>R. P. A.</u>

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

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	\$
Check	# <u>1153</u>

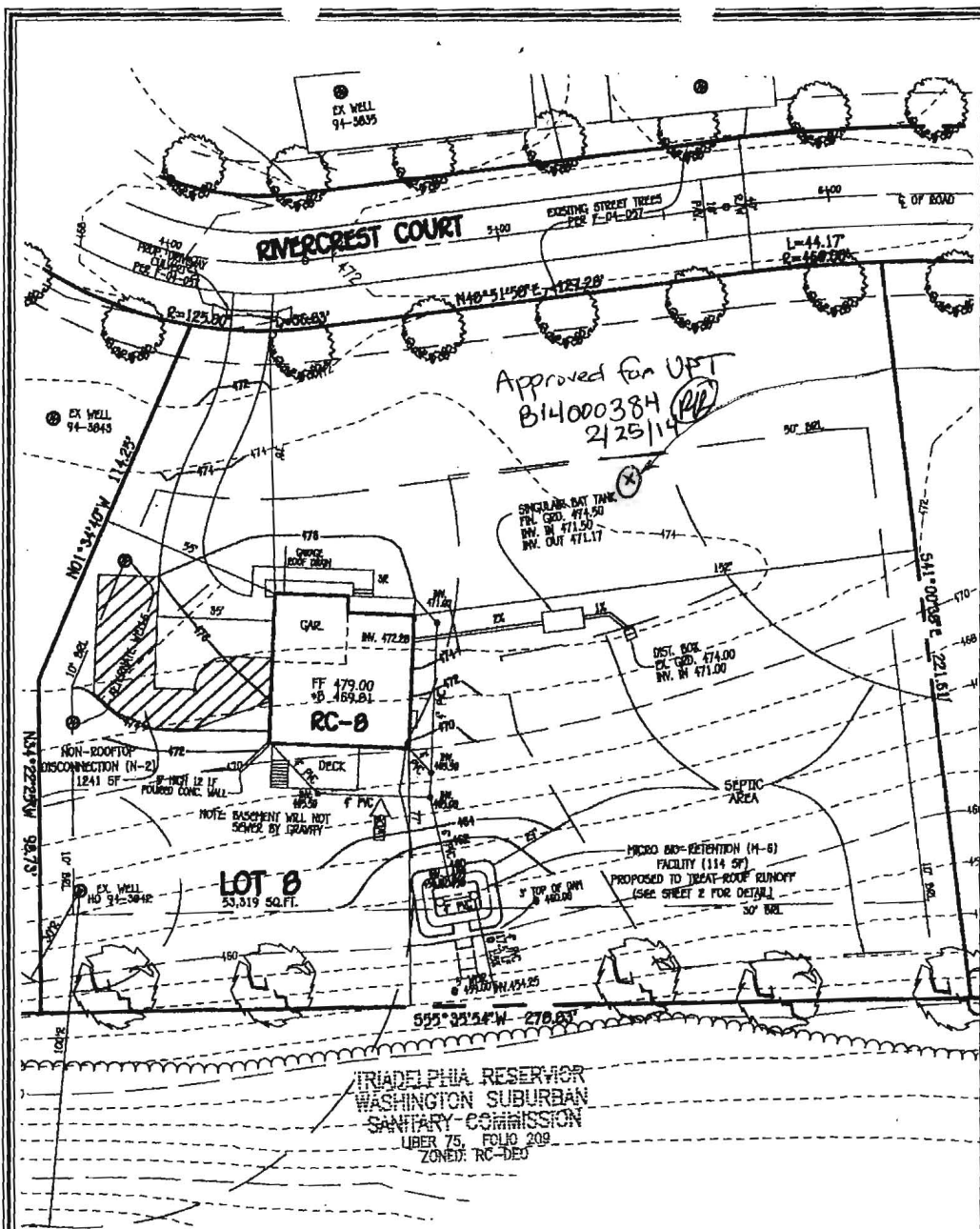
Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



PROPOSED LOCATION
OF A 500 GALLON
UNDERGROUND PROPANE
TANK. TO BE AT
LEAST 100' FROM
ANY WELL, 50'
FROM A BUILDING &
50' FROM ANY
PROPERTY LINE

WITH THE EXCEPTION OF THIS HOMESITE, HOUSE TYPES ON OTHER HOMESITES
ARE SUBJECT TO CHANGE WITHOUT NOTICE. ALL DIMENSIONS ARE APPROXIMATE.

WITNESS *[Signature]* DATE 8-30-13
BUYER/OWNER
WITNESS *[Signature]* DATE 8-30-13
BUYER/OWNER
SELLER *[Signature]* DATE 9/4/13
COLUMBIA BUILDERS, INC.

*NOTE:

- 1) GRAVITY SEWER SERVICE TO FIRST FLOOR ONLY. BASEMENT SERVICE TO BE PROVIDED BY PRIVATE ON-SITE PUMP.
- 2) SINGULAR BAT TANK TO BE INSTALLED.

PERMIT PLAN RIVERCREST LOT 8

ZONED: RC-DEO PLAT NO.: 18208 THRU 18210
TAX MAP NO.: 21 GRID NO.: 20 PARCEL NO.: 84
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: AUGUST, 2013

SHEET 1 OF 1

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 481 - 2899