



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.: B14002245

Building Address: 1227 SE Wild Rose Ct
City: Marietta State: MD Zip Code: 21104
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Meadowood
Section: _____ Area: _____ Lot: 44
Tax Map: 10 Parcel: 312 Grid: 7
Zoning: _____ Map Coordinates: _____ Lot Size: 5 AC

Existing Use: SFD
Proposed Use: SFD w/ Tank
Estimated Construction Cost: \$ 5000
Description of Work: Install 500gal above ground propane tank

Occupant or Tenant: Owner
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input 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 type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<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: _____
➤ 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

Property Owner's Name: Wayne Caples
Address: 1227 SE Wild Rose Ct
City: Marietta State: MD Zip Code: 21104
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: Michelle Kegel
Address: PO Box 1253
City: Stokesville State: MD Zip Code: 21784
Phone: 410 361 0251 Fax: _____
Email: Michelle@appliedandapproved.com

Contractor Company: Ten's Oil
Contact Person: Cherna Draine
Address: 1118 N Main St.
City: Stamper State: MD Zip Code: 21074
License No.: 4108
Phone: 410 239 9575 Fax: _____
Email: _____

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

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
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: Michelle Kegel
Print Name: Michelle Kegel
Email Address: Michelle@appliedandapproved.com
Date: 6/25/14
Title/Company: Permit

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		

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" 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	\$
Check #	<u>3754</u>

Distribution of Copies: White: Building Officials

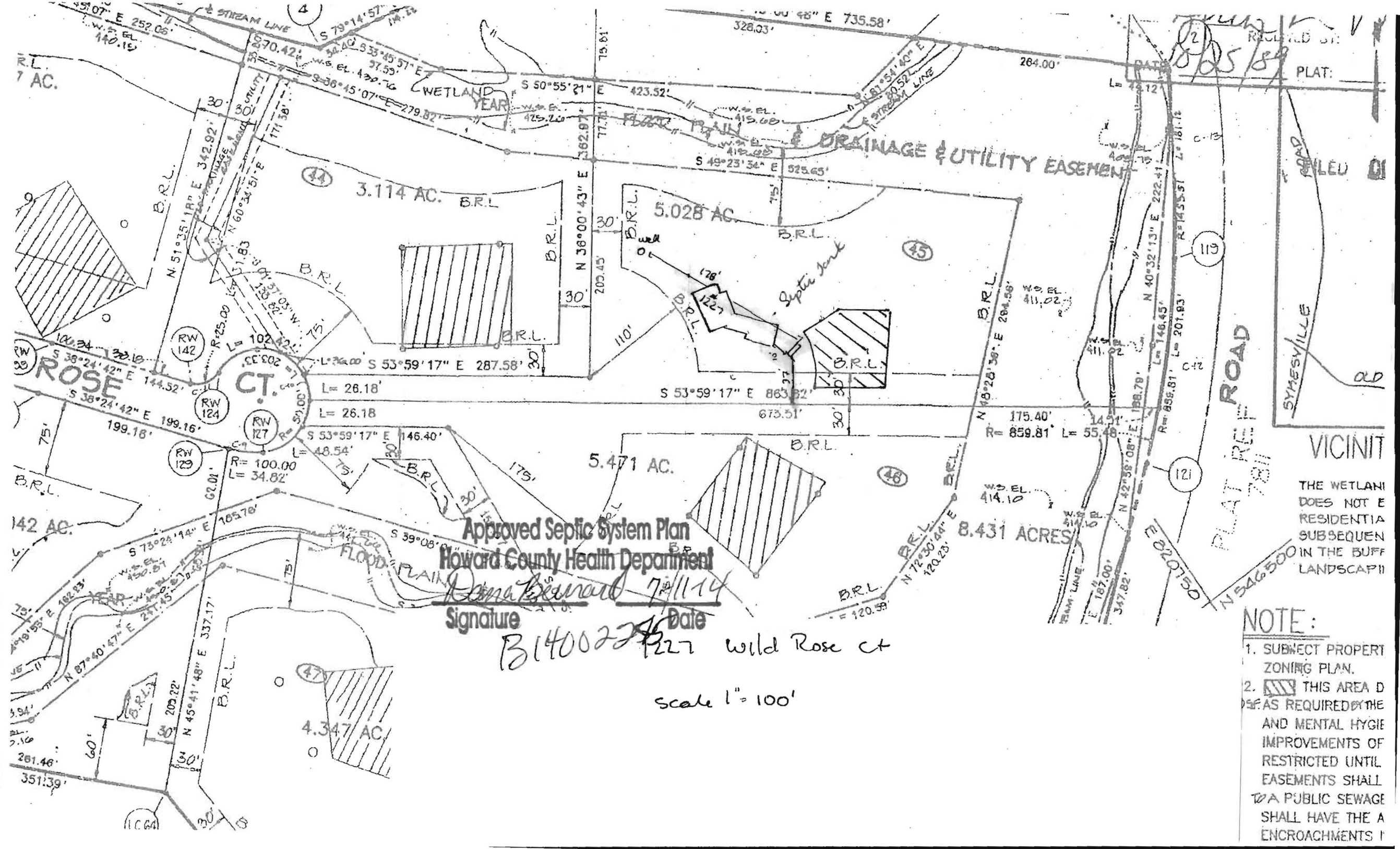
Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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Bureau of Environmental Health

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

July 11, 2014

APPLIED & APPROVED PERMITS
P.O. BOX 1253
SYKESVILLE, MD 21784
MICHELLE KEGEL

Sent via email to: MICHELLE@APPLIEDANDAPPROVED.COM

RE: B14002245
1227 Wild Rose Court
Marriottsville, MD 21104

MICHELLE KEGEL:

This letter is in response to building permit B14002245. The application describes the installation of a 500 gallon above ground propane tank. The plan shows the tank located 47 feet from the property line and 5 feet from of the septic disposal area. The setback requirement for a septic tank to a propane tank is 5 feet. Please revise your plan to show that the propane tank meets the required setback to the existing septic tank and the trench locations.

A copy of the sewage disposal permit for this property has been attached to assist you with the revised drawing. Building permit approval is being withheld until a revised plan showing required setbacks is forwarded to the Health Department. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program