



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: 11/20/14

Permit No.: B14004282

Building Address: 15355 Sweetbay Street
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 35
Tax Map: 14 Parcel: 606 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 1.159A
Existing Use: SEB
Proposed Use: SEB with tank
Estimated Construction Cost: \$ 8,000
Description of Work: 1000 gal underground propane tank
Occupant or Tenant: owner
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: K. Hornum Home
Address: 1502 Birch Street Rd
City: Landover State: MD Zip Code: 20785
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)

Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Silver Spring State: MD Zip Code: 20781
Phone: 4103341004 Fax: _____
Email: jeremy@approvedandapproved.com

Contractor Company: Valley National Gas
Contact Person: William Herms
Address: 7947 Innis Road
City: Landover State: MD Zip Code: 20794
License No.: 107793
Phone: 4107191114 Fax: _____
Email: _____

Engineer/Architect Company: Contractor
Responsible Design Prof.: _____
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
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<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
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<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: Jeremy Clancy
Email Address: jeremy@approvedandapproved.com
Title/Company: _____

Print Name: Jeremy Clancy
Date: 11/20/14

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	12/15/14	H. Oswald

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 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	\$ 100.00
Tech Fee	\$ 15.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 4193

ribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Oswald, Hank

From: Oswald, Hank
Sent: Monday, December 08, 2014 1:08 PM
To: 'JEREMY@APPLIEDANDAPPROVED.COM'
Subject: B14004282_15255 Sweetbay Street
Attachments: 15255 Sweetbay Street_As Built.pdf

Jeremy:

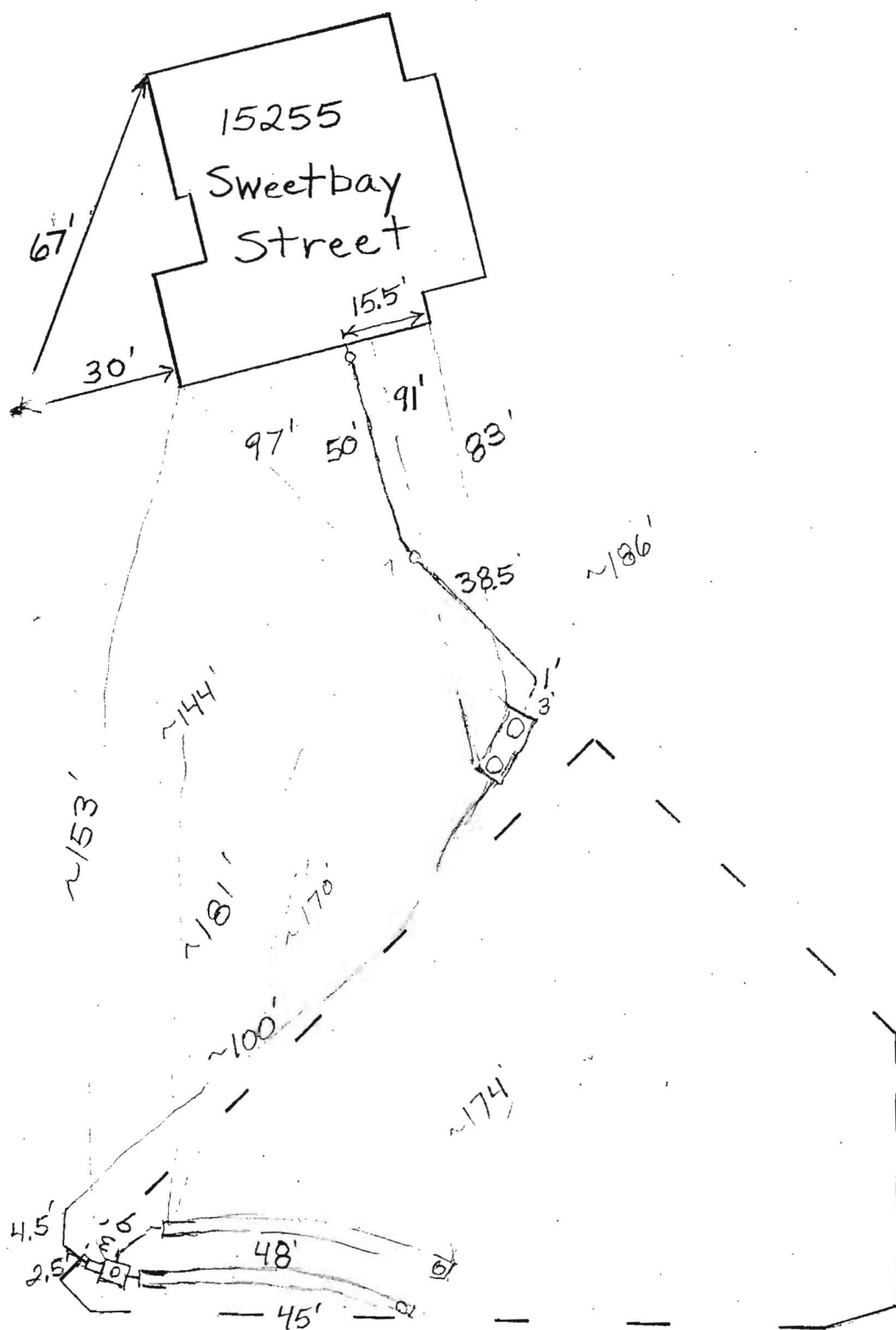
The site plan shows the proposed underground propane tank over the septic line. Please see attached as built drawing for details. Please revise the plan to show the propane tank at least 5 feet away from the septic line (not in the direction of the well box).

Please contact me with any questions.

Regards,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12/10/14

To: Hand Oswald
(Person's Name and Division)

From: Jeremy Clancy 443,340,1229
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 15255 Sweetbay Street
Permit # B4004282 SDP # _____
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Letter Summarizing Changes ** Tank location moved per comments to stay 5' off septic line*
- ☐ Energy conservation calculations
- ☒ Copies of revised Plans (be specific).
☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Contact Person Information: (Required)

Jeremy Clancy
Please Print Name

Telephone No: (443)340-1229

E-Mail Address: Jeremy.Clancy@appliedandapproved.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

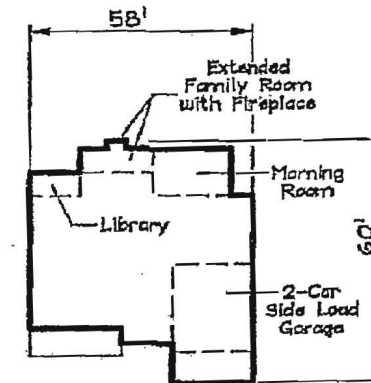
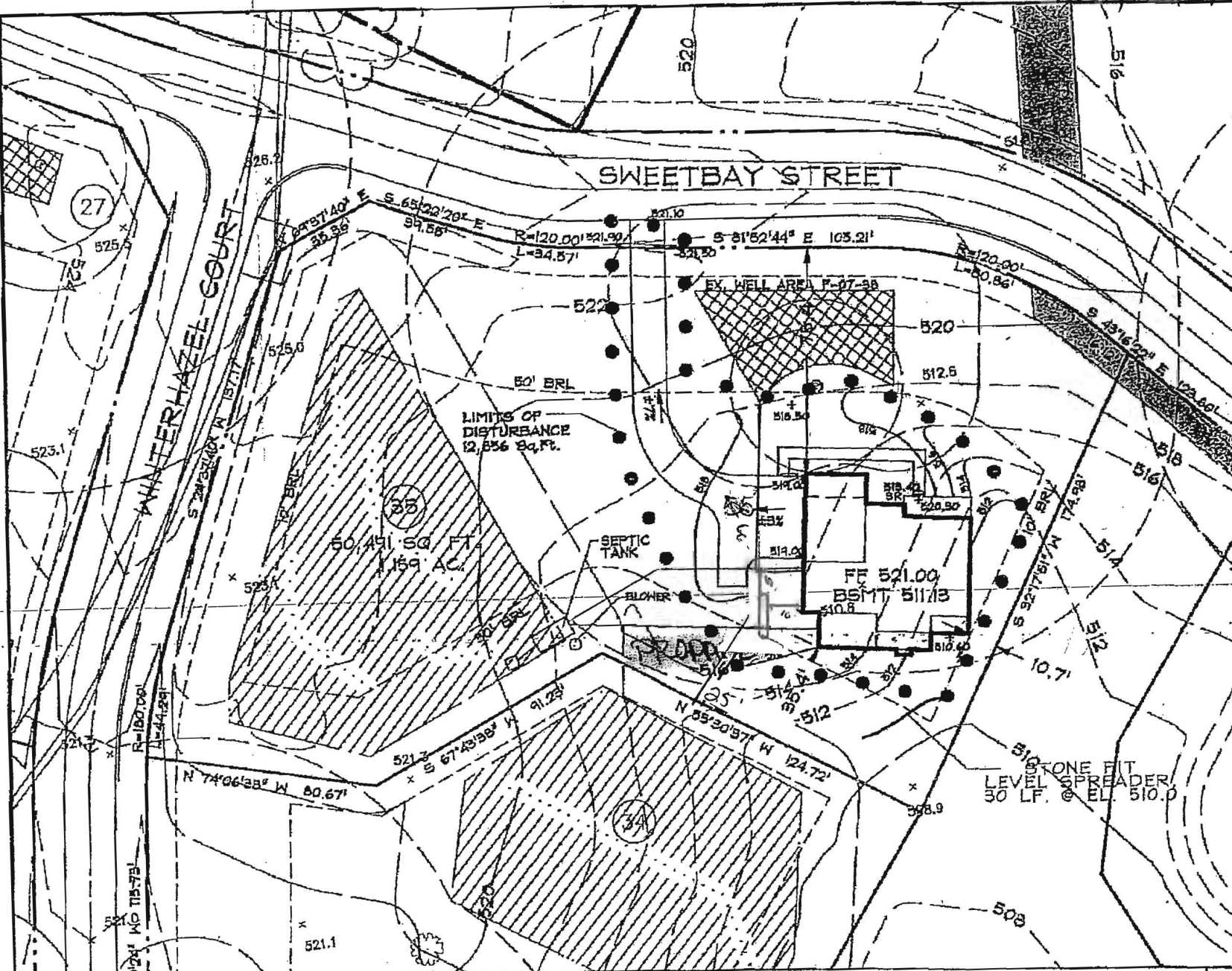
Received by AKH

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\forms\transmit.frm - Rev. 04/2014

PER HEALTH

CC: DPZ
DED
HLTH.

Site plan approved as shown
for B14004282 (underground propane tank)
H.O. 12/15/14



COLORADO
COUNTRY ELEVATION
BRICK FRONT
WALKOUT

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0643) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 3,593 sq. ft. NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012.
4. A DRIVENWAY CULVERT IS SHOWN PER THE APPROVED ROAD DRAWINGS F-07-38.

REVISED

Date: 12/10/14

Comments: B14004282
CHANGE TANK LOCATION



Flowers
Surveys
Engineers
Landscape Architects

192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0561 (Fax)
DDC@DDCinc.net
www.DDCinc.net

DDC JOB#: 06116.5

DATE: 6/11/14

SCALE: 1" = 50'

DES. BY: BKC

DRN. BY: BKC

CHK. BY: BKC

OWNER/BUILDER:

K. HOVNANIAN HOMES
1802 Brightseat Road
Landover, Maryland 20785
(301)683-6268

BELLE HAVEN ESTATES

3rd ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP 14, PARCEL 66

LOT 35
15255 SWEETBAY STREET
WOODBINE, MD 21797
PLOT PLAN
KHOV ELEVATION