



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: 7/24/13
Permit No.: B13002873

Building Address: 8504 Reserve Road
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: _____ SDF/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 2
Tax Map: 45 Parcel: 26 Grid: 12
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single family dwelling
Proposed Use: Fuel supply for generator
Estimated Construction Cost: \$ 3,000
Description of Work: burying 500 gallon propane tank with 25' of gas line from tank to generator
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Robert Hoffman
Address: 8504 Reserve Rd
City: Fulton State: MD Zip Code: 20759
Phone: 301 604 5653 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Suburban Propane
Contact Person: Brent Stubbs
Address: 31 Derwood Cr.
City: Buckville State: MD Zip Code: 20850
License No.: 78263
Phone: 301 251 0100 Fax: 301 251 8931
Email: _____

Engineer/Architect Company: _____
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	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input type="checkbox"/> Roadside Trailer Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
<input type="checkbox"/> Roadside Trailer Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
<u>Sewage Disposal</u>
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input 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 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Brent C. Stubbs
Email Address: bstubbs@suburbanpropane.com
Title/Company: CSC Manager/Suburban Propane
Print Name: Brent C. Stubbs
Date: 7/19/2013

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 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	\$
Check	\$

110
money order
Gold: SHA

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

Date: 10-15-13
To: HEALTH DEPARTMENT
(Person's Name and Division)
From: SUBURBAN ROANIE DAVE MORGAN (301) 418-2612
(Your Name, Company Name and Telephone Number)
Subject: Project name ROBERT & KATHLEEN HOFFMAN
Project site address 8504 RESERVOIR RD
Permit Number B13002873 SDP # _____
Other information pertinent to this project _____

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

- ____ Letter of response to Howard County plan review code letter
____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
____ Structural steel certification
____ Energy conservation calculations
____ Certification for _____ (be specific).
____ Copies of _____ (be specific).
____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
✓ Other COPIES OF SEALED DRAWING (PLOTS)

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

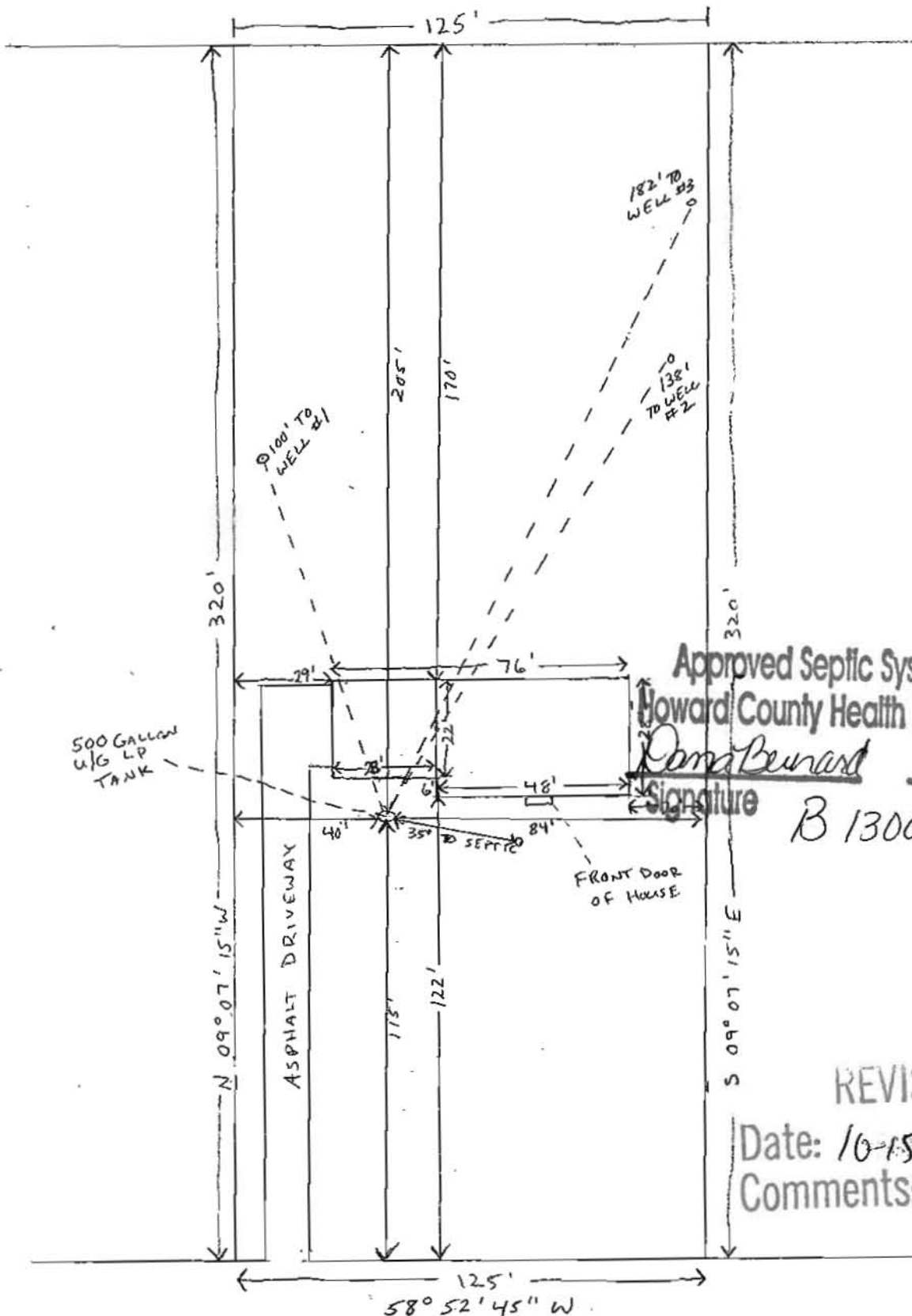
DAVE MORGAN (Person's name) (301-) 418-2612 (Telephone number)

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 CH

white: Plan Review Division
yellow: Applicant
pink: Permit Division

Scale 1"=40'



Approved Septic System Plan
Howard County Health Department

Dana Beard 10-21-13
Signature Date
B 13002873

REVISED

Date: 10-15-13

Comments: per Health

Scanned 8/27/13

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

Date: 8/26/13
To: DANA BERNARD
(Person's Name and Division)
From: DAVID MORGAN SUBURBAN HOMES (301) 418-2612
(Your Name, Company Name and Telephone Number)
Subject: Project name ROBERT & KATHLEEN STOFFMAN
Project site address 8504 RESERVOIR RD FULTON MD 20759
Permit Number B13002873 SDP # _____
Other information pertinent to this project _____

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___ ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
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___ Energy conservation calculations
___ Certification for _____ (be specific).
___ Copies of _____ (be specific).
___ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
___ Other _____

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If so, please list that person's name and telephone number below:

DAVE MORGAN
(Person's name)

(301) 418-2612
(Telephone number)

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Received by

AKA

8/27/13

PER HEALTH DEPT

t:\Updated forms\transmit.frm - Rev. 5/08

Bldg
DPZ
DED
Health

white: Plan Review Division
yellow: Applicant
pink: Permit Division



Office of the Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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., Acting Health Officer

DATE: August 13, 2013

TO: Robert Hoffman
Via- Regular mail

RE: Building Permit # B13002873
8504 Reservoir Road
Fulton, Maryland 20759

Mr. Hoffman,

Further review is contingent upon submission of a revised building plan showing the following:

- Well must be 100 feet away from proposed propane tank.
- Plan must be to scale.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS

Environmental Specialist II

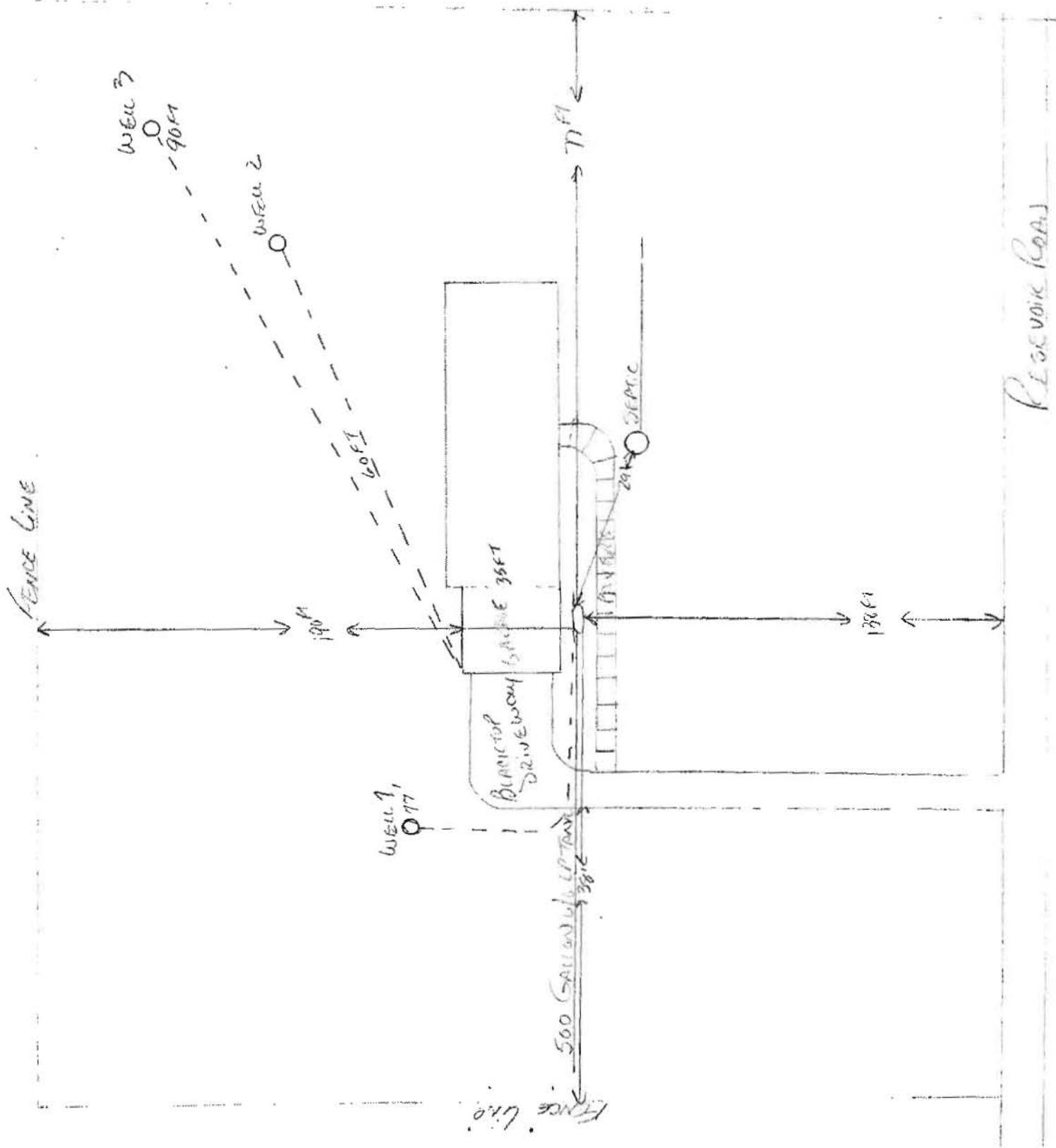
Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



8-13-13 Letter Sent Plan not to scale. Well must be 100' away from proposed propane tank.

9-5-13 Called and left a message. Plan submitted NTS
(Tank appross to be located over ^{existing} trench.
Left mess. for Brent Stubbs

7-10-13 Plan NTS Spoke w/ Secretary to confirm once again

-12-13 Spoke with Brent Stubbs and he was very nice.
He said that I was the only one that does not approve his permits. The first plan I received was hand drawn and it was not to scale the second drawing was also not to scale. I told mr. Stubbs that the drawing had to be to scale to approve.

RESULTS OF REVIEW FOR FILE

FILE NOTES