

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 <u>B00132860</u>
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Building Address <u>13207 Bayberry Court</u> <u>ROYDEN CT</u> <u>11042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>42512</u> /Subdivision _____ Section _____ Area _____ Lot <u>26</u> Tax Map <u>22</u> Parcel <u>150160</u> Grid <u>15</u> Zoning <u>RK-1A</u> Map Coordinates <u>9.210</u> Lot size <u>30036</u>	Property Owner's Name <u>Paul Scott</u> <u>SCOTT</u> Address <u>13207 Bayberry Court</u> City _____ State _____ Zip Code <u>21042</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>ELLICOTT CITY, MD 21043</u> Phone _____ Fax _____
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Existing Use _____ Proposed Use _____ Estimated Construction Cost <u>\$22,200</u> Description of Work <u>16'x32' in-ground pool with deck</u> <u>cut 7'x11 3-8 deep w/ base</u> Occupant or Tenant _____ Contact Name <u>Scott</u> Address <u>13207 Bayberry Court</u> City _____ State _____ Zip Code <u>21042</u> Phone <u>410 494 7746</u> Fax <u>410 494 7746</u>	Contractor Company <u>Ellie Scott Inc.</u> Contact Person <u>Ellie Scott</u> Address <u>1100 Tappan Street</u> City _____ State _____ Zip Code <u>21086</u> License No. <u>120766</u> Phone <u>410 494 7746</u> Fax <u>410 494 7746</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: ☐ Electric ☐ Oil ☐ ☐ Natural Gas ☐ ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression # of Heads _____	Building Characteristics SF Dwelling ☐ SF Townhouse ☐ Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ ☐ State Certified Modular ☐ Manufactured Home	Utilities Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: ☐ Electric ☐ Oil ☐ ☐ Natural Gas ☐ ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ☐ NFPA #13D ☐ NFPA #13R ☐ Other: _____

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 THEREON; (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 Paul Scott Print Name Paul Scott
 Title/Company _____ Date 10/16/01

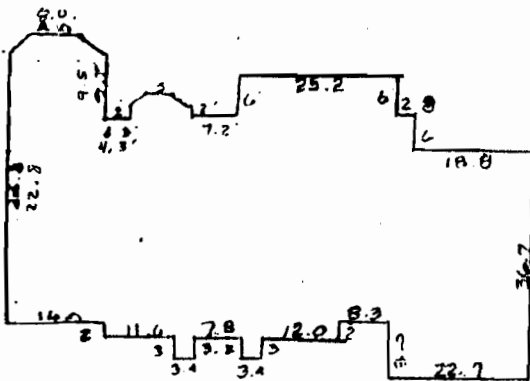
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY			DATE		SIGNATURE/INITIALS		APPROVAL	
X	Land Development/DPZ	10/16/01	[Signature]	[Initials]	[Signature]	[Initials]	[Signature]	[Initials]
X	State Highway							
X	Building Official							
X	Dev. Engineering/DPZ							
X	Health							
X	Fire Protection							
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐								
CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐								
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA								

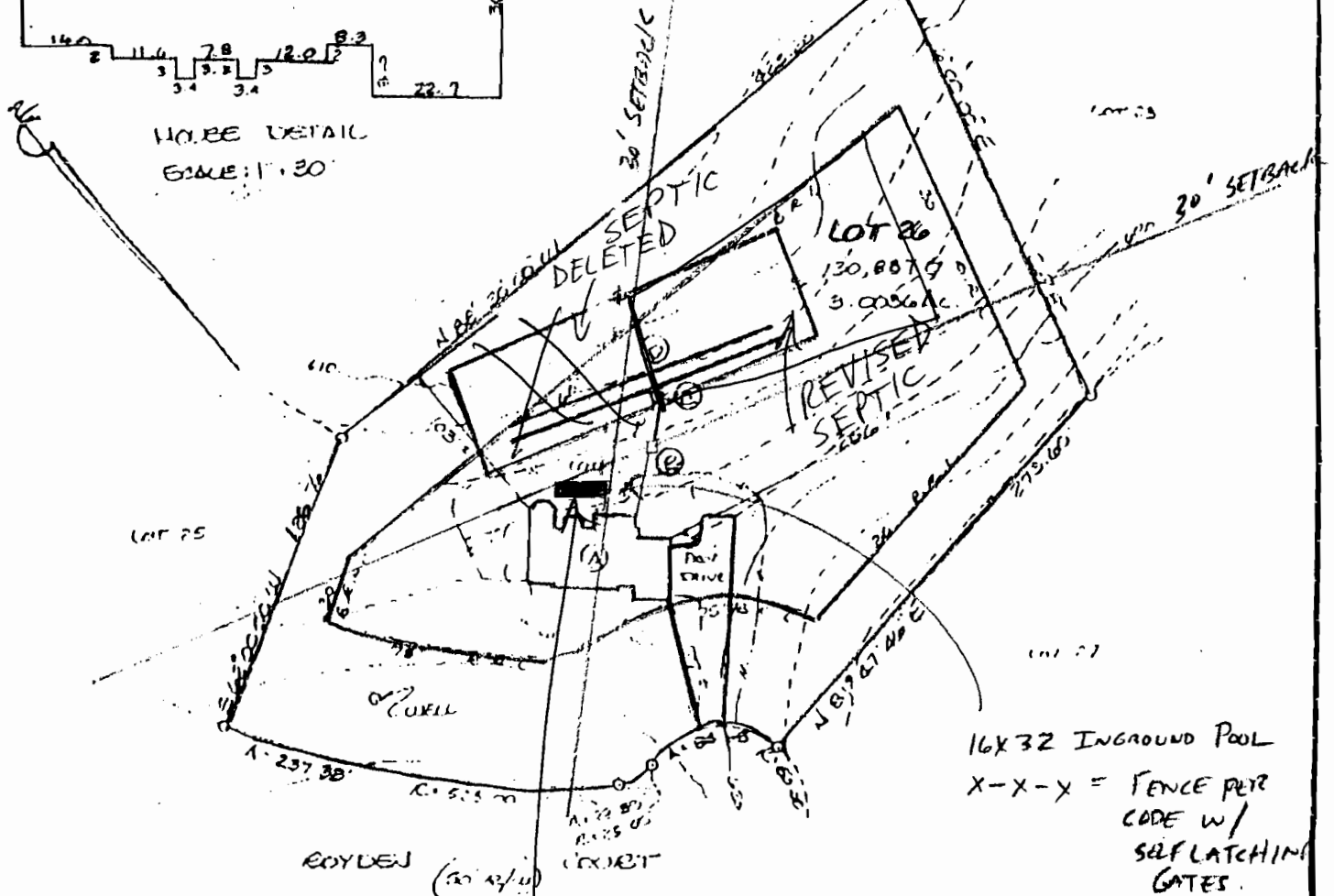
FOR OFFICE USE ONLY

DPZ SETBACK INFORMATION Front: _____ Side: _____ Rear: _____ Side Setback: _____ ☐ Minimum Setback met YES ☐ NO ☐ Entrance Permit Required: _____ YES ☐ NO ☐ Historic District: _____ YES ☐ NO ☐ Lot Coverage for New Town Zone: _____ SDP/Red-line approval date: _____	PROPERTY INFO Permit # <u>30001</u> Permit Fee \$ _____ Review Fee \$ _____ Add'l Fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>100000000</u> Validation # <u>10/16/01</u>
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Accepted by [Signature]



HOUSE DETAIL
SCALE: 1" = 30"



16X32 INGROUND POOL
X-X-X = FENCE PER
CODE W/
SELF LATCHING
GATES.

SETBACKS = LEFT - 130'
RIGHT - 220'
FRONT - 170'
BACK - 160'

(A) - FRONT 4 BED. HOUSE
F.F. ELEV. = 622.0
BSMT. ELEV. = 613.0
FIN. ELEV. = 610.0

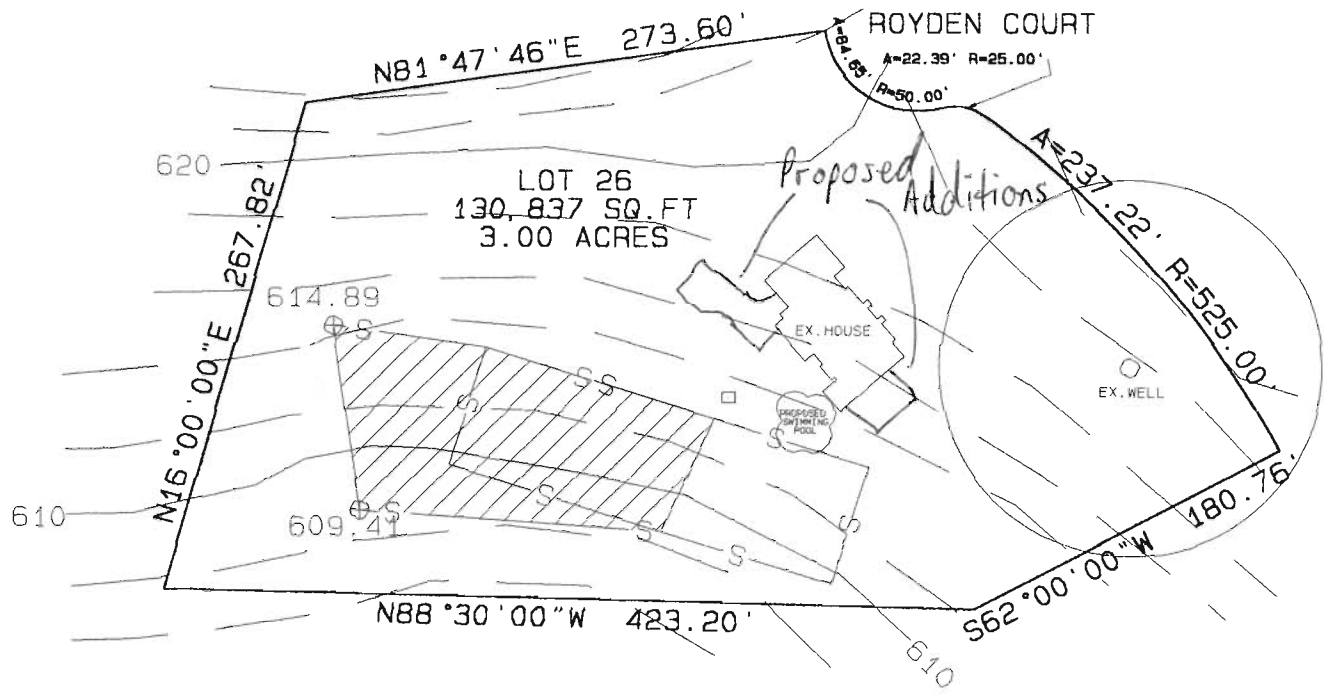
(B) - HOOP SEPTIC TANK
EX. ELEV. = 611.7
FIN. IN = 600.7
FIN. OUT = 600.4

(C) - PROP. DIST. BOX
EX. ELEV. = 612.8
FIN. ELEV. = 609.1

(D) - PROP. TRENCHES
FIN. ELEV. = 608.8
4' SIDE, 8' BOTTOM MAX
LENGTH TO BE DETERMINED AT
TIME OF PERMIT APPLICATION

POOL OK
MR 10/17/01

PLOT PLAN
LOT 26
RIDGEWOOD
SITUATED ON ROYDEN COURT
ELECTIONAL DISTRICT No 5
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' MAY 1998



OWNER: Earl Scott
13307 Royden Court
Ellicott City, Maryland 21042

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

⊕ = Field located percolation test hole.

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for the adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems.

 Date 9/6/01
County Health Officer MR

Note: The relocation of the septic area is to accommodate the location of the proposed swimming pool.



PERCOLATION TEST PLAT
LOT 26
RIDGEWOOD
13307 ROYDEN COURT
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' APRIL 2001

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE PLAT No. 8089	JOB NO.
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RAYMOND J. DAY
LAND SURVEYOR
65 DRIFTWOOD DRIVE
SWANTON, MARYLAND 21561
301-387-8573

PC 514904 + 514972 #225 TOTAL

Building Address 1307 Royden Court
Ellicott City, MD 21043

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

Census Tract 6051.0 Subdivision Ridgewood

Section Area Lot 26

Tax Map 22 Parcel 11E0 Grid 15

Zoning RR Map Coordinates Lot size

Property Owner's Name Earl and Kimberly Scott

Address 1307 Royden Court

City Ellicott City State MD Zip Code 21043

Home Phone (410) 531-0005 Work Phone

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use SFD

Proposed Use SFD w/ new office, guest room & garage

Estimated Construction Cost \$ 125,000.00

Description of Work Construct new 1-story wing to each end of existing home with new 2-car garage and finished basement & finished porch

Occupant or Tenant Earl and Kimberly Scott

Contact Name Earl Scott

Address 1307 Royden Court

City Ellicott City State MD Zip Code 21043

Phone (410) 531-0005 Fax

Contractor Company Barnard Bros. Const. Co., Inc.

Contact Person Garry M. Barnard

Address 1612 Brittle Branch Way

City Woodbine State MD Zip Code 21797

License No. 13-452560 MHIC # 17916

Phone (410) 449-7621 Fax (410) 449-7621

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: ☐ Public ☐ Private	SF Dwelling ☒ SF Townhouse ☐ 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 ☐ No ☐ Gas Yes ☐ No ☐	2nd floor:	Electric Yes ☐ No ☐ Gas Yes ☒ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Sprinkler system: N/A ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:
		Other Structure: Dimensions: Footings: Roof:	Other: N/A ☒ NFPA #13D NFPA #13R Other:
		☐ State Certified Modular ☐ Manufactured Home	

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Garry M. Barnard

Applicant's Signature

Barnard Bros. Const. Co., Inc. Pres.

Title/Company

Garry M. Barnard

Print Name

10/6/00

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 1/25/01 Mark Riffkin

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 15

Rear: 10

Side: 30

Side St.:

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit required?
YES ☐ NO ☐

Historic District?
YES ☐ NO ☐

Lot Coverage for NewTown Zone

SDP/Red-line approval date Accepted by

PROPERTY ID#: 36001

Filing fee \$ 25

Permit fee \$

Excise tax \$

Sub-total paid \$

Add'l permit fee \$

TOTAL FEES \$

Balance due \$

Check # 9325

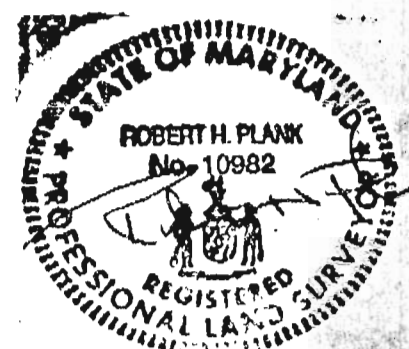
Validation # 24584



1/25/07
BR Add'n
OK
PS14904
PAID

For single-
trench (45'-90')
repair;
Ex house is 5 BR
propose to add 1 BR
elim. 1 BR

HOUSE LOCATION
LOT 26
RIDGEWOOD
13307 ROYDEN COURT
ELECTION DIST. CT # 5
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' DEC, 1998



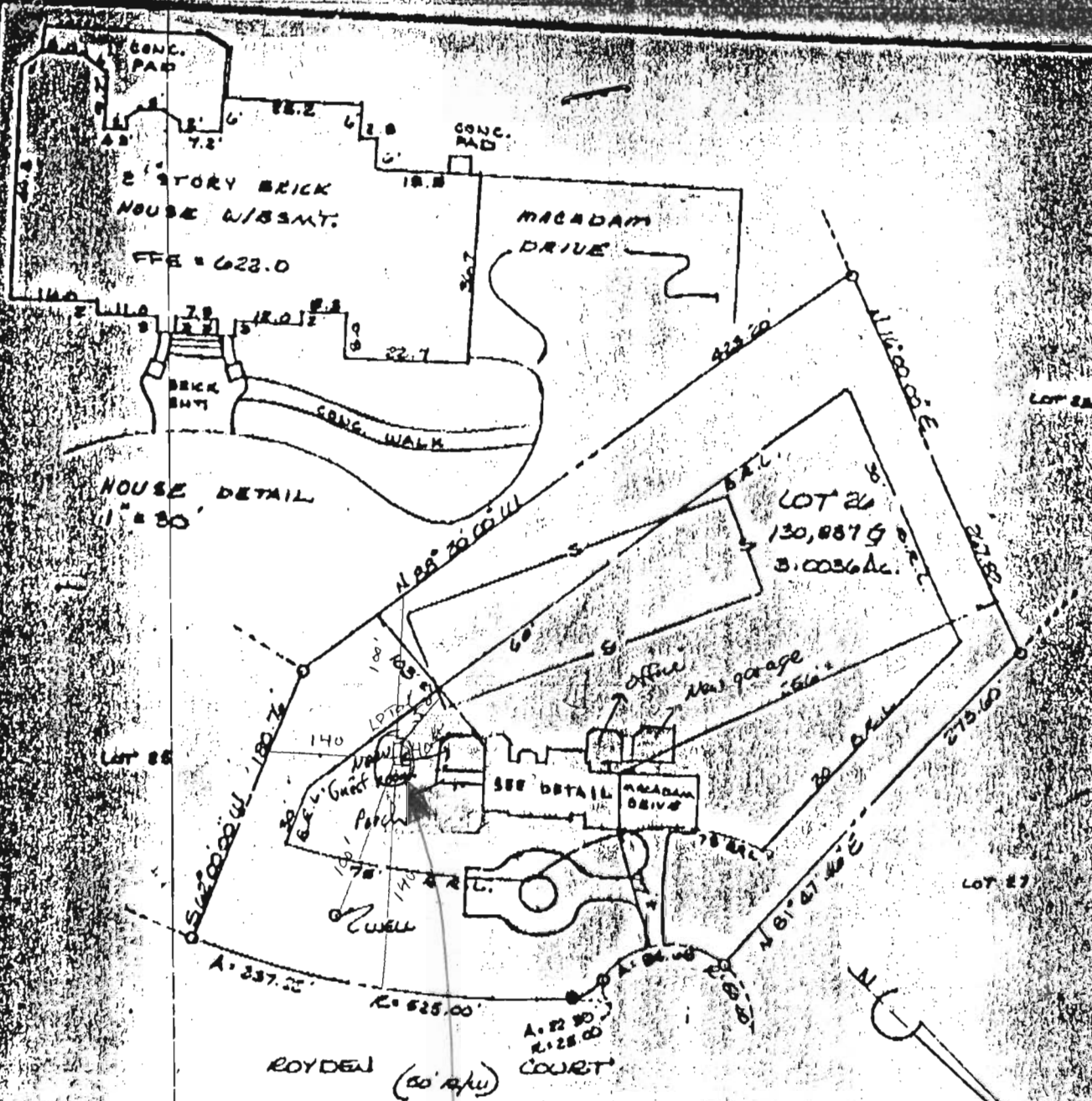
12-08-98

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT No. 8089	0851 2601

MANNAUX - HENNELLY, INC.
204 S. MAIN STREET
MOUNT AIRY, MARYLAND
301-829-2296

21771



INSTALL (1) 1000 Gallon ASME
UNDERGROUND LP TANK, PER
NFPA 58

PROPANE TANK

OK (MR)

HOUSE LOCATION
LOT 26
RIDGEWOOD

* 13307 ROYDEN COURT
ELECTION DISTRICT 1A-8
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' DEC. 1968



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
B00132624

Building Address 13307 Royden Ct
Ellicott City, MD 21043

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

Census Tract 605101 Subdivision Ridgewood Estates

Section _____ Area _____ Lot 26

Tax Map 22 Parcel 160 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use S.F.D

Proposed Use Same with Tank

Estimated Construction Cost \$ 22,000.00

Description of Work Install (1) 1000 Gallon ASME
UG LP Tank, per NFPA 58

Property Owner's Name Scott, Earl & Kim Seely

Address 13307 Royden Ct

City Ellicott City State MD Zip Code 21043

Home Phone 410-531-0005 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company Ames Gas

Contact Person Tom McLaughlin

Address 10097 Baltimore Natl Pike

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-463-0800 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ 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 ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐
Use group: _____	Gas Yes ☐ No ☐	Basement: _____	Gas Yes ☐ No ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
_____ State Certified Modular	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	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 ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		_____ State Certified Modular Manufactured Home	

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Applicant's Signature Thomas R. McLaughlin

Title/Company _____

Print Name Thomas R. McLaughlin

Date Oct 1, 2001

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	0003-6001
State Highways			Rear: _____	
Building Official	10/5/01	<u>Donna P. F.</u>	Side: _____	
Dev. Engineering, DPZ	10/17/01	<u>Mark Lipton</u>	Side St: _____	
Health			All minimum setbacks met? YES ☐ NO ☐	
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>CW</u>	

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HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00132624

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Ellicott City, MD 21043

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

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Section _____ Area _____ Lot 26

Tax Map 22 Parcel 160 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

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UG LP Tank, per NFPA 58

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Contact Person Tom McLaughlin

Address 10097 Baltimore Natl Pike

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-463-0800 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐
Use group: _____	Gas Yes ☐ No ☐	Basement: _____	Gas Yes ☐ No ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
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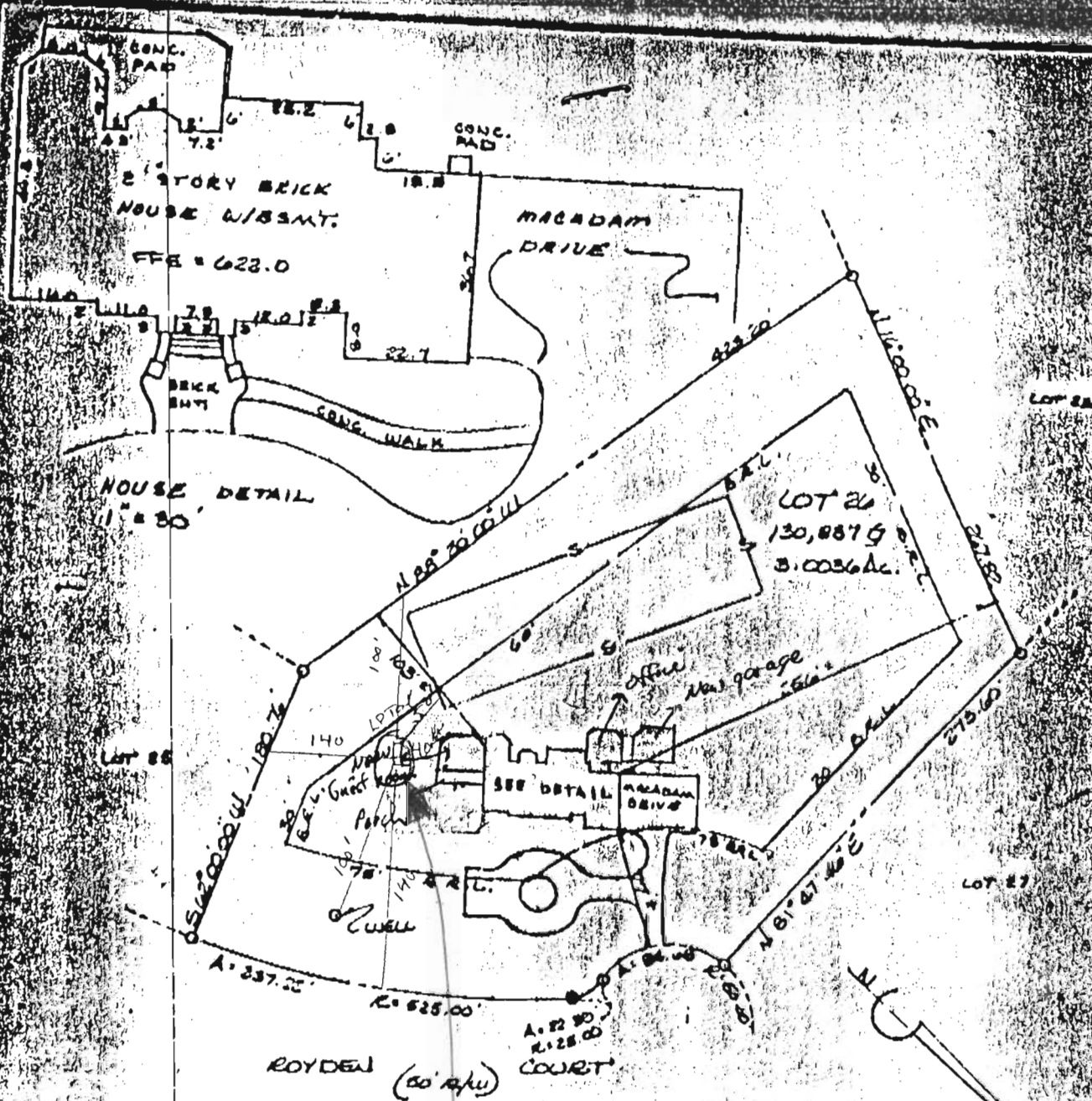
Date OCT 1, 2001

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	0003-6001
State Highways			Rear: _____	
Building Official	10/5/01	<u>Donna P. F.</u>	Side: _____	Filing fee \$ <u>(10)</u>
Dev. Engineering, DPZ	10/17/01	<u>Mark Lipton</u>	Side St: _____	Permit fee \$ _____
Health			All minimum setbacks met? YES ☐ NO ☐	Excise tax \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Add'l permit fee \$ _____
			Lot Coverage for NewTown Zone _____	TOTAL FEES \$ _____
			SDP/Red-line approval date _____	Balance due \$ _____
			Accepted by <u>CW</u>	Check # <u>337067</u>
				Validation # _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



INSTALL (1) 1000 Gallon ASME
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HOUSE LOCATION
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RIDGEWOOD

* 13307 ROYDEN COURT
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