



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2755  
www.howardcountymd.gov

Stamp: J16 P 2019 JAN 16 PM 1:13  
Date Received: \_\_\_\_\_

Permit No.: B19000152

Handwritten: Health

Building Address: 13845 MILL CREEK COURT  
City: CLARKSVILLE State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: CRAWFORD SUB  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 19  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
Proposed Use: SFD W/PROPANE TANK  
Estimated Construction Cost: \$ 4,000  
Description of Work: \_\_\_\_\_  
INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse                                                                 |
| No. of stories:                                                     | <u>Depth</u> <u>Width</u>                                                                                                                             |
| Gross area, sq. ft./floor:                                          | 1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____                                                                                          |
| Area of construction (sq. ft.):                                     | Basement: _____<br><input type="checkbox"/> Finished Basement<br><input type="checkbox"/> Unfinished Basement<br><input type="checkbox"/> Crawl Space |
| Use group:                                                          | <input type="checkbox"/> Slab on Grade                                                                                                                |
| <u>Construction type:</u>                                           | No. of Bedrooms: _____                                                                                                                                |
| <input type="checkbox"/> Reinforced Concrete                        | <u>Multi-family Dwelling</u>                                                                                                                          |
| <input type="checkbox"/> Structural Steel                           | No. of efficiency units: _____                                                                                                                        |
| <input type="checkbox"/> Masonry                                    | No. of 1 BR units: _____                                                                                                                              |
| <input type="checkbox"/> Wood Frame                                 | No. of 2 BR units: _____                                                                                                                              |
| <input type="checkbox"/> State Certified Modular                    | No. of 3 BR units: _____                                                                                                                              |
|                                                                     | Other Structure: _____                                                                                                                                |
|                                                                     | Dimensions: _____                                                                                                                                     |
| <input checked="" type="checkbox"/> 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: ESC MILL CREEK INC  
Address: 1355 BEVERLY ROAD STE 240  
City: MCLEAN State: VA Zip Code: 22101  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: MICHELLE CLANCY  
Address: PO BOX 310  
City: PERRY HALL State: MD Zip Code: 21128  
Phone: 443-610-7514 Fax: \_\_\_\_\_  
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TECH AIR  
Contact Person: DENNIS FEAGA  
Address: 1560 A-D CATON CENTER DRIVE  
City: BALTIMORE State: MD Zip Code: 21227  
License No.: 81215  
Phone: 410-984-5681 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

| Utilities                                                                     |  |
|-------------------------------------------------------------------------------|--|
| Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| <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                                   |  |
| <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                      |  |
| <u>Grading Permit Number:</u>                                                 |  |
| <u>Building Shell Permit Number:</u>                                          |  |

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@APPLIEDANDAPPROVED.COM  
Email Address: \_\_\_\_\_  
PERMITS  
Title/Company: \_\_\_\_\_

Print Name: MICHELLE CLANCY  
Date: 1/15/19  
JAN 16 2019

LICENSES & PERMITS  
DIVISION

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               | 2/11/19 | [Signature]           |

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      | \$ 108    |
| Tech Fee        | \$ 18     |
| Excise Tax      | \$        |
| PSFS            | \$        |
| Guaranty Fund   | \$        |
| Add'l per Fee   | \$        |
| Total Fees      | \$ 110.00 |
| Sub- Total Paid | \$        |
| Balance Due     | \$        |
| Check           | # 6987    |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

THE EXISTING WELLS SHOWN ON THIS PLAN  
HAVE BEEN FIELD LOCATED BY GLW  
(PROFESSIONAL LAND SURVEYORS) AND IS  
ACCURATELY SHOWN ON THIS PLAN.

12" D/W CULVERT, 20 L.F.  
(per Ho.Co. Det. R-6.05)  
INV IN= 440.2±  
INV OUT= 439.3±

# MILL CREEK COURT (PUBLIC ACCESS STREET)

EX. SIP  
Per F-Plan

| DRYWELL (M-S) SIZE CHART |                |                |
|--------------------------|----------------|----------------|
| DRYWELL No.              | LENGTH x WIDTH | DEPTH OF STONE |
| 1                        | 8'x8'          | 5'             |
| 2                        | 6'x6'          | 5'             |
| 3                        | 7'x7'          | 5'             |
| 4                        | 7'x7'          | 5'             |
| 5                        | 5'x9.6'        | 5'             |

FOR CONSTRUCTION DETAILS OF  
DRYWELL(S) SEE F-17-016, SHEET 33.

LOT 18  
(vacant lot)

NON-BUILDABLE PRES.  
PARCEL D

Approved for UPT  
B19000152

LOT 19  
48,574 SF

2/1/19

PRIVATE SEWAGE DISPOSAL AREA

LOT 20  
(vacant lot)



GRAPHIC SCALE

NOTE: THE FRONT DOOR FOR LOT 19 FACES WEST.

## BUILDING PERMIT PLOT PLAN



DES.  
DRN.  
CHK.

PREPARED FOR :  
NVR INC.  
9720 PATUXENTS WOODS DRIVE  
COLUMBIA, MD 21045  
PH: 410-379-5956

CRAWFORD SUBDIVISION  
LOT 19 (13845 MILL CREEK CT.)  
Plot No. 24600-24607

|              |            |
|--------------|------------|
| G. L. W. No. | 17071      |
| ZONING       | RR-DEO     |
| TAX MAP/GRID | 34&39-19&6 |
| DATE         | OCT. 2018  |
| SCALE        | 1"=30'     |
| SHEET        | 1 OF 1     |

ENCLOSURE: PLANS AND PLOTS OF LOT 19 AND LOT 19 PLOT PLAN