PERMIT NUMBER: B 20003617

DATE ACCEPTED:

RECEIVED OCT 08 2020

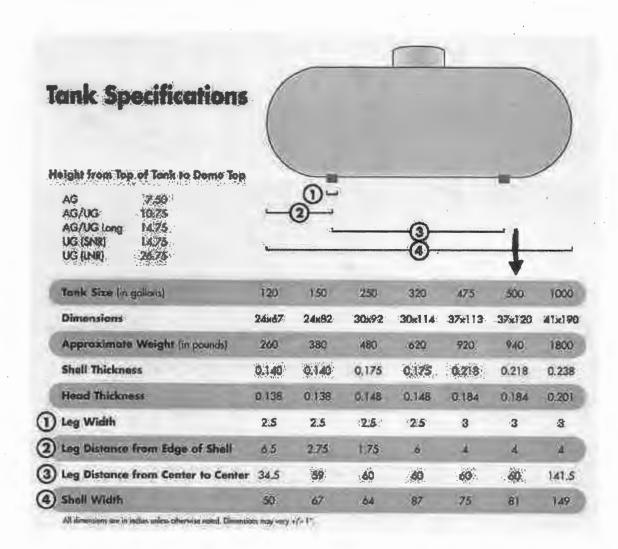


3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

| Street Address: 15457 Pivercrest ct | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------|------------------------------|------------|---------------------|--------------------------|-----------------------|-----------------|
| Street Address:15457 Rivercrest ct. | | | | Challes MD | | | | | |
| City: Brookville | | | | State: MD | | | Zip Code: 20833 | | |
| Subdivision/Village/Complex Name: Rivercrest | | | | SDP/WP/BA # | | | | | |
| Lot: 12 | Tax Map: 21 | Pa | rcel: | | Grading | Permit #: | | | |
| DESCRIPTION OF WOR | RK REQUIRED | | | | | | | | |
| Existing Use: new single fa | amily home | Proposed Us | e: LP gas | | | | Estimated (| Cost: \$ 3,500 | .00 |
| Trade Work to Be Completed | (Separate Permits Requ | <i>ired)</i> : □ M | echanical (HV | ACR) DE | lectrical | ☐ Plumbing | ■ None | | |
| Install new inground LP gas tank -500 gal/capcity | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PROPERTY OWNER IN | FORMATION R | EQUIRED | | | | | | | |
| Owner(s) Name(s) (As it appe | ears on tax records): Co | lumbia bu | ilders, inc. | | | | Primary Re | sidence: 🗆 🗅 | res ■ No |
| Owner's Street Address: P O | | | | | | | | | |
| City: Columbia, | | | | State: MD | | | Zip Code: 2 | 1044 | - Me |
| Phone: | | | Email: | | | | | | |
| | REQUIRED - INDIV | TOHAL WH | | ITS APPLICA | ATTON | | | | |
| <u></u> | | LDONL WII | o bieno iii | | | Ckeyron | | <u> </u> | |
| Business Name: Bluestream | | | | Contact Nam | e. Gary | SKOVIOII | • | | 4. |
| Street Address: 2298 Jim K | onier ra. | | | Charles MAD | | | 7:- C-d-: 0 | 14704 | |
| City: Eldersburg | | | F | State: MD | | | Zip Code: 2 | 1784 | |
| Phone: (410) 363-0072 | | | Email: Diues | streamserv | ices@c | comcast.net | • | | |
| CONTRACTOR INFORMATION REQUIRED | | | | | | | | | |
| Business Name: Bluestrea | | | | | | | | | |
| Licensee's Name: Gary Sko | | | | License #: | 5563 | 7.3 | | | |
| Street Address: 2298 Jim K | ohler rd | | | | | | | | |
| City: Eldersburg | | | | State: Md | | | Zip Code:2 | 21784 | |
| Phone: (410) 363-0072 | | | Email: blue: | streamserv | rices@c | comcast.net | | | |
| ARCHITECT/ENGINEE | R INFORMATION | INDIVID | UAL WHO S. | IGNED PLAI | VS, IF A | PPLICABLE | | 1 | |
| Business Name: | | | | Name: | | | | | |
| Street Address: | | | | | | • | | | |
| City: | | | | State: | | | Zip Code: | | |
| Phone: | | | Email: | | | | | | |
| BUILDING CHARACTE | RISTICS REQUI | RED | | | | | | | |
| Primary Structure: SF Dwe | lling 🗖 SF Townhouse | ☐ SF Dupl | ex 🗖 Mobile | Home □ Mu | lti-Family | Dwelling (MF*) | Co | ondo: 🗆 Yes | □ No |
| Utilities: ☐ Electric ☐ Gas Water Supply: ☐ Public ☐ Private | | | | (Well) Sewage Disposal: □ Pu | | | ublic ■ Private (Septic) | | |
| Heating System: ☐ Electric ☐ Natural Gas ■ Propane ☐ Other: | | | | Roadside Tree Project: | | | □ No □ Yes: # | | |
| Sprinkler System: NFPA 13 NFPA 13 NFPA 13D None Fire Alarm System: Yes No Voice Evac | | | | | | | | | |
| ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY) | | | | | | | | | |
| Model Name & Options: | | | | | | | | | |
| | # of efficiency units (MF | :*\• | # of 1 BR (N | ΛΕ*\· | # of 2 F | BR (MF*): | # | of 3 BR (MF*) | |
| # Rooms: | # Full Baths: | · · · | # 01 1 101(1 | # Half Baths | | N. (1-11). | # Firepla | | !• |
| | | ached Carao | e 🗖 Integr | | | rt 🗖 None | # Періа | | |
| Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial | | | | | | | | | |
| | | | | | | | | | |
| | FI Depth: | 2 nd Fl Width | | 2 nd Fl Depth | : | Bsmt Width | | Bsmt Dept | |
| Energy Method: Prescripti | | | ive 🗖 ERI | Gross Area: | | sq ft | Occupiable | e Area: | sq ft |
| AGREEMENT/ DISCAL | | | IC ALITHODIZED T | O MARKE TIME ADDI | UCATION: / | N THAT THE INCOMA | TION IS CORD | CT. (2) THAT HE / | THE WILL COMPLY |
| THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWAR | • | • | | | | • | | | |
| THIS APPLICATION; (5) THAT HE | SHE GRANTS COUNTY OFFICIA | LS THE RIGHT TO | O ENTER ONTO TH | IIS PROPERTY FOR | THE PURPO | SE OF INSPECTING TH | IE WORK PERM | ITTED AND POSTI | NG NOTICES. |
| | | | | | | | | | |
| 10/6/20 | | | | | | | | | |
| APPLICANT'S ORIGINAL SIGNATUI | RE | | | DA | TE SIGNED | | | | |
| FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY | | | | | | | | | |
| AGENCIES REQUIRED/APPRO | | | | | | | | | |
| / / / / / / / / / / / / / / / / / / / | | | | - | | 1 A | 1 | | |
| GPR | DPZ | 4216 |)FD | | Heal | 11/28 | 20 | SHA | ☐ CID |
| | | - 42 | | 1-1 = | | | | ~ | 1 |
| SUBMITTAL FEES: \$10.00 PAYMENT: \$004363 ACCEPTED BY: DOON | | | | | | | | | Space |

Quality Steel Corporation Domestic Tank Specifications



(Page 1 of 3)

