

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B20004136	12/01/2020
Description of Work		
INSTALL U-G 1990 ASME PROPANE TANK W/50FT GAS LINE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13885	ROVER MILL	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.00101	39.29695
City	State	Zip Code	Primary
WEST FRIENDSHIP	MD	21794	Yes

Approved 12/21/20
[Signature]

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
901049	203	5.55	269100	596800	327700	RURAL
Legal Description						
IMPVLOT 11 5.552ACRES[]13885 ROVER MILL RD[]ROVER MILL ESTATE						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	11	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404320409						
Section	Area	Tax Map					
		14					
Grid	Zoning District	ADC Map					
14-18	RR-DEO	4812-K3					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	2002	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-06	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *		
ELDIN SAMMY		
Address Line 1		
13885 ROVER MILL RD		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
WEST FRIENDSHIP	MD	21794
Phone	Primary	
301-251-0606	Yes	
E-mail		
MSTAMOULIS@SUBURBANPROPANE.COM		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100078263	SUBURBAN PROPANE		
License Type *	First Name	Middle Name	Last Name
Propane Gs	BRENT		STUBBS
Primary	Address Line 1		
Yes	31 DERWOOD CIRCLE		
Address Line 2			
SUITE: 112			
City		State	ZIP Code
ROCKVILLE		MD	20850-0000
Phone 1	Phone 2	Fax	
3012510606		3012510608	
E-mail			
BSTUBBS@SUBURBANPROPANE.COM			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	Mi	Last Name
Applicant	MARIA		STAMOULIS
Relationship	Full Name		
-Select-	MARIA STAMOULIS		
Primary	Organization Name		
Yes	SUBURBAN PROPANE		
Street Address			
31 DERWOOD CIRCLE			
Address Line 2			
City		State	Zip Code
ROCKVILLE		MD	20850
Phone	Cell	Fax	
301-251-0606			
E-mail *			
MSTAMOULIS@SUBURBANPROPANE.COM			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
<input type="text" value="4500"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="No"/>
Construction Type			
<input type="text" value="--Select--"/>			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
<input type="text" value="--Select--"/>	<input type="text" value="1"/>	<input type="text" value="0"/>		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
<input type="text" value="Public"/>	<input type="text" value="Public"/>	<input type="text" value="6/19/2021"/>	<input type="text" value="0"/>	

PAYMENT INFORMATION


Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit

Cancel

PERMIT NUMBER: B 20004136

DATE ACCEPTED:

 RESIDENTIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov	
BUILDING SITE ADDRESS REQUIRED	
Street Address: 13885 ROVER MILL ROAD	Unit:
City: WEST FRIENDSHIP	State: MD
Subdivision/Village/Complex Name:	SDP/WP/BA #:
Lot:	Tax Map:
Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED	
Existing Use:	Proposed Use:
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None	
INSTALL U-G 1990 GALLON LP TANK W/ 50 FT GAS LINE CONNECT TO GENERATOR	
PROPERTY OWNER INFORMATION REQUIRED	
Owner(s) Name(s) (As it appears on tax records): SAMMY ELDON	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 13885 ROVER MILL ROAD	
City: WEST FRIENDSHIP	State: MD
Phone:	Zip Code: 21794
Email:	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION	
Business Name: SUBURBAN PROPANE	Contact Name: Nana Stannulis
Street Address: 31 DENWOOD CIRCLE	
City: ROCKVILLE	State: MD
Phone: 301-251-0606	Zip Code: 20850
Email: MSTANNULIS@SUBURBANPROPANE.COM	
CONTRACTOR INFORMATION REQUIRED	
Business Name: SUBURBAN PROPANE	
Licensee's Name: SUBURBAN PROPANE	License #: # 78263
Street Address: 31 DENWOOD CIRCLE	
City: ROCKVILLE MD	State:
Phone: 301-251-0606	Zip Code: 20850
Email: MSTANNULIS@SUBURBANPROPANE.COM	
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE	
Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	
BUILDING CHARACTERISTICS REQUIRED	
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)	
Model Name & Options:	
# of Bedrooms (SF):	# of efficiency units (MF*):
# of 1 BR (MF*):	# of 2 BR (MF*):
# of 3 BR (MF*):	
# Rooms:	# Full Baths:
# Half Baths:	# Fireplaces:
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None	
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial	
1 st Fl Width:	1 st Fl Depth:
2 nd Fl Width:	2 nd Fl Depth:
Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI	Gross Area: sq ft
Occupiable Area: sq ft	
AGREEMENT/DISCLAIMER REQUIRED	
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 ORIGINAL SIGNATURE	DATE SIGNED: 11-2-20
FOR OFFICE USE ONLY	
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY	
AGENCIES REQUIRED/APPROVALS:	
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ
<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:
ACCEPTED BY:	

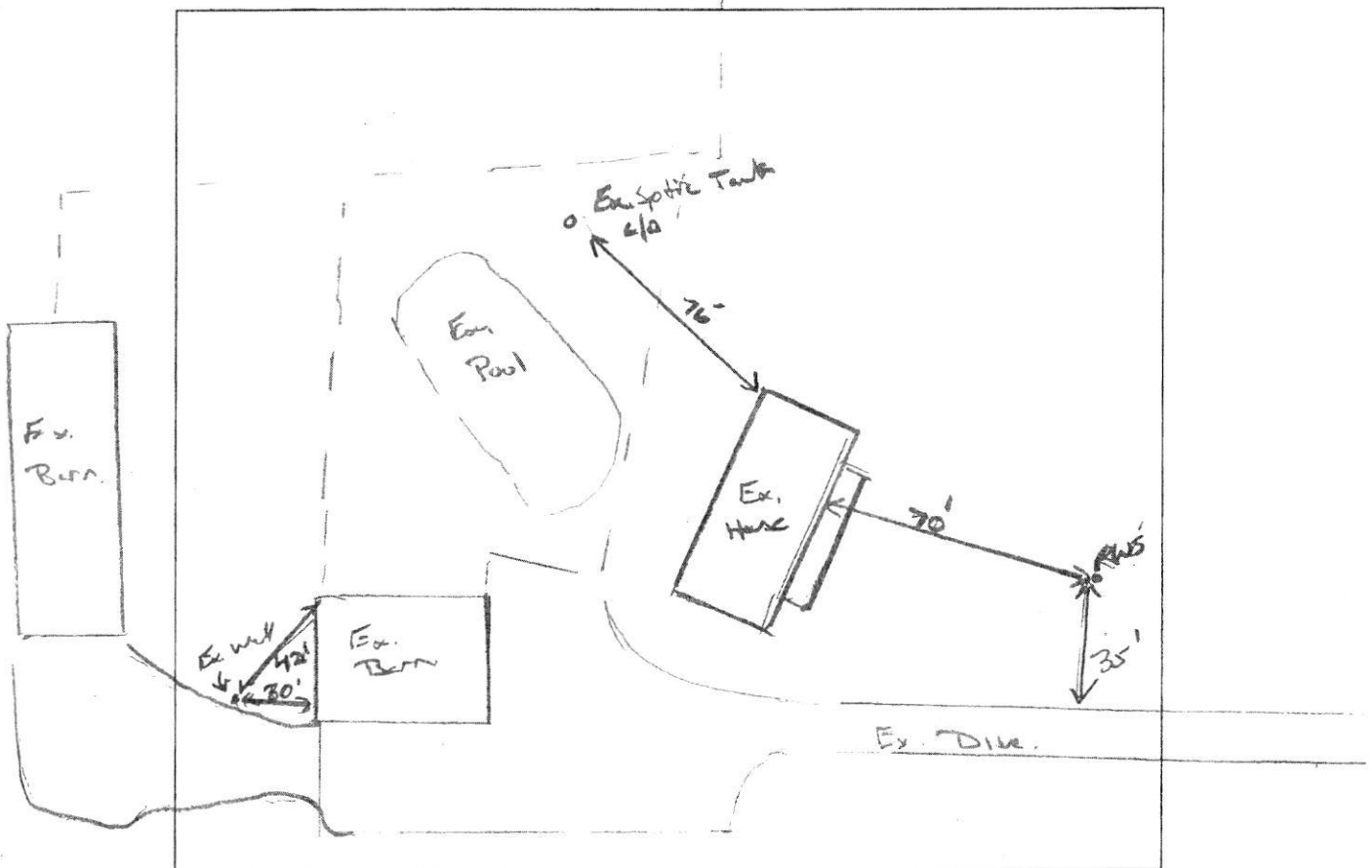
HOWARD COUNTY PERMIT APPLICATION DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 (PLEASE PRINT IN BLACK OR BLUE INK)						PLUMBING PERMIT # <small>(This number is to be completed by County Personnel)</small>															
PLUMBING & GAS (410) 313-2455 PERMITS (410) 313-1840 INSPECTIONS						Check box if Amendment <input type="checkbox"/> YES Original plumbing permit # _____															
BUILDING PERMIT # _____		WATER CONTRACT # _____		SEWER CONTRACT # _____		Check box if Homeowner's permit <input type="checkbox"/> YES <small>(Attach completed homeowners application)</small>															
BUILDING ADDRESS (HOUSE #, STREET, TOWN, ZIP CODE)				DESCRIPTION OF PROPOSED PLUMBING AND/OR GAS WORK:																	
13885 ROVER MILL ROAD WESTFRIENDSHIP MD 21794				INSTANT 1990 UG-LPTANK ASME w/ SOFT GAS LINE (U-G)																	
LOT # _____	SUITE # _____	COMMERCIAL _____	RESIDENTIAL _____	PLUMBER/ GAS FITTER/ UTILITY CONTRACTOR																	
TYPE OF STRUCTURE _____		SUBDIVISION _____		NEW _____	EXISTING _____	COMPANY NAME AND ADDRESS															
OWNER NAME AND ADDRESS				PHONE #																	
SAMMY LEDIN				Suburban Propane 301-251-0606																	
13885 ROVER MILL ROAD WESTFRIENDSHIP MD 21794				31 DENWOOD CIRCLE ROCKVILLE, MD 20850																	
TENANT'S NAME: _____																					
INSTALL	RI	TYPE OF FIXTURE	INDICATE # OF FIXTURES PER FLOOR							INSTALL	RI	TYPE OF FIXTURE	INDICATE # OF FIXTURES PER FLOOR								
			B	1	2	3	4	5	6	7				B	1	2	3	4	5	6	7
		BATHTUB											SILL COCK (HOSE BIBB)								
		SHOWER											SEWER EJECTOR								
		URINAL											SUMP PUMP								
		LAVATORY											MOP SINK								
		WATER CLOSET											FLOOR SINK								
		KITCHEN SINK											FLOOR DRAIN								
		2-COMPARTMENT SINK											CONDENSATE DRAIN								
		3-COMPARTMENT SINK											ROOF DRAIN								
		WASHING MACHINE CONN											DRINKING FOUNTAIN								
		DISHWASHER											WET BAR								
		LAUNDRY TRAY											ELEC BOILER								
		DISPOSAL											ELEC WATER HEATER								
		ICE MAKER											TRENCH DRAIN								
FIXTURE SUBTOTAL											FIXTURE SUBTOTAL										
GRAND TOTAL OF FIXTURES =														\$							
SANITARY SEWER - PIPE SIZE(S)			MATERIAL(S)			LENGTH			\$												
STORM SEWER (OR CLEAR WATER WASTE) PIPE SIZE(S)			MATERIAL(S)			LENGTH			\$												
WATER SUPPLY - PIPE SIZE(S)			MATERIAL(S)			LENGTH			\$												
CAP OFF WATER, SEWER OR GAS									\$												
OIL / GREASE INTERCEPTOR / SAND TRAP									\$												
BACKFLOW PREVENTER (LIST MAKE, MODEL AND FOR WHAT USE)									\$												
									\$												
									\$												
Circle one: GAS (NATURAL / 2PSI NATURAL / PROPANE / 2PSI PROPANE / OIL)																					
Write # of fixtures to the right of each gas fixture type listed in this section: RANGE _____ WATER HEATER _____ FURNACE _____ BOILER _____ FIREPLACE _____ DRYER _____ GRIDDLE _____ GRILL _____ MAKE UP AIR UNIT _____ UNIT HEATER _____ GENERATOR _____ STEAMER _____ FRYER _____ LOGS _____ ROOF TOP UNIT _____ OTHER _____										Check one: New Meter _____ Upgrade Meter _____ Neither _____		\$									
PIPE SIZE: _____			TOTAL BTU'S _____			CHECK BOX IF STANDARD LOW PRESSURE <input checked="" type="checkbox"/>															
I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT, AND THAT IN DOING THIS WORK, ALL PROVISIONS OF HOWARD COUNTY ORDINANCES AND THE STATE LAWS OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT AND WILL NOTIFY THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS TWENTY-FOUR (24) HOURS IN ADVANCE WHEN READY FOR THE INSPECTION CALLED FOR ELSEWHERE IN THIS APPLICATION AND THAT NO WORK WILL BE COVERED UP UNTIL SUCH INSPECTIONS HAVE BEEN COMPLIED WITH																					
PLUMBER/GAS FITTER/UTILITY CONTRACTOR ORIGINAL SIGNATURE <u>Suburban Propane #78263</u>						BUILDING OFFICIAL APPROVAL DATE _____															
PRINT NAME AND MARYLAND STATE PLUMBING LICENSE # _____						LICENSES AND PERMITS ISSUE DATE _____															
EMAIL ADDRESS _____						APPLICATION FEE \$ 50.00 <small>(non-refundable)</small>			10% Technology Fee + _____												
						TOTAL FEE DUE: \$ _____			CHECK # _____												
									ACCEPT DATE _____												

PLEASE MAKE CHECKS PAYABLE TO "DIRECTOR OF FINANCE OF HOWARD COUNTY"

SITE INSPECTION SHEET

OWNER: Susanna Coffey PHONE #: _____
ADDRESS: 13885 River Mill Rd. CONTRACTOR: Easterday
WELL TAG #: 40-18-0068
SUBDIVISION: _____ LOT: _____ COUNTY #: (13)
PROPOSAL: out of water.

LOCATION DIAGRAM



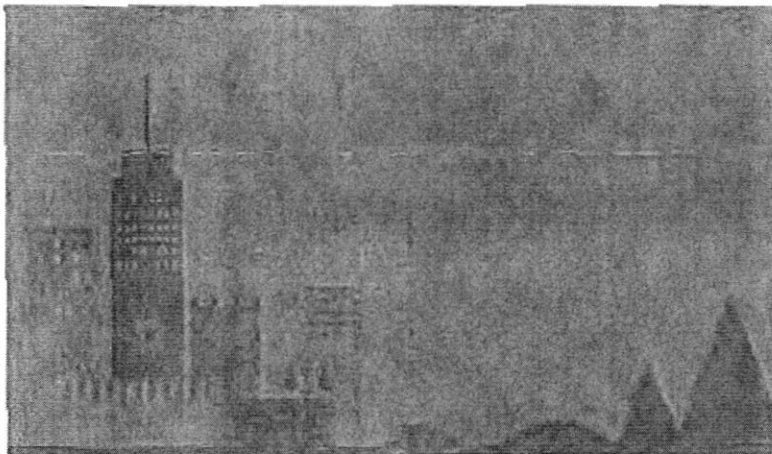
COMMENTS: mat w/ Driller onsite. photo of area in
Front yard. All cut backs mat.

DATE: 5/2/19 INSPECTOR: K. Nalf

Google Maps 13885 Rover Mill Rd



Imagery ©2019 Google, Map data ©2019 Google 50 ft



13885 Rover Mill Rd

West Friendship, MD 21794

Septic tank behind house
well over 100' from
proposed well.

Existing well to be
abandoned & sealed.

Proposed well approximately
35 TO THE RIGHT OF DRIVE
AND 70-75' from house

