Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B23002727	07/19/2023

Description of Work
SFD/ INSTALL 500 UG LP TANK W/75FT GAS LINE AND CONNECT TO STUB ALL GAS HOME

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
15427	RIVERCREST	CT

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.04962	39.25332

City	State	Zip Code	Primary
BROOKEVILLE	MD	20833	Yes

Approved 7/20/23

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
922619	84	1.57	210700	0	0	RURAL

Legal Description
LOT 3 1.157 A[ ]15427 RIVERCREST CT[ ]RIVERCREST RS LT 1 BUICE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
20	3	605601	5				

Plan Area	State Tax Id	Subdivision Name
	1404370589	Rivercrest

Section	Area	Tax Map
		21

Grid	Zoning District	ADC Map
21-20	RC-DEO	4812-C10

SDP No.	Final Plan No.	WP File No.
	F-04-057	

Record Plat No.	WS Contract No.	FDP No.	Primary
18208-1821			Yes

Owner Occupied	Year Built	Historic District
○ Yes ◉ No		○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-09	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
COLUMBIA BUILDERS
Address Line 1
PO BOX 999
Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
COLUMBIA	MD	21044

Phone	Primary
443-324-4725	Yes

E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

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

Applicant *(This section is not required.)*

Search | As Owner | As Lic. Prof | As Contact

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

Addtl Info

Est Construction Cost * 6700
Housing Units * 0
Number of Buildings * 0
Public Owned No
Construction Type 329 - Structures Other Than Buildings (Retaining Walls/Tents)

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * ○ Yes ◉ No
Capital Project Number
Fee Exempt * ○ Yes ◉ No
Roadside Tree Project Permit * ○ Yes ◉ No
Roadside Tree Permit #
Existing Use * SFD
Number of Tanks Installed * 1
Number of Tanks Removed * 0
Water Supply Private
Sewage Disposal Private
Expiration Date 1/16/2024
Relocate Existing Tank * 0

Related Records

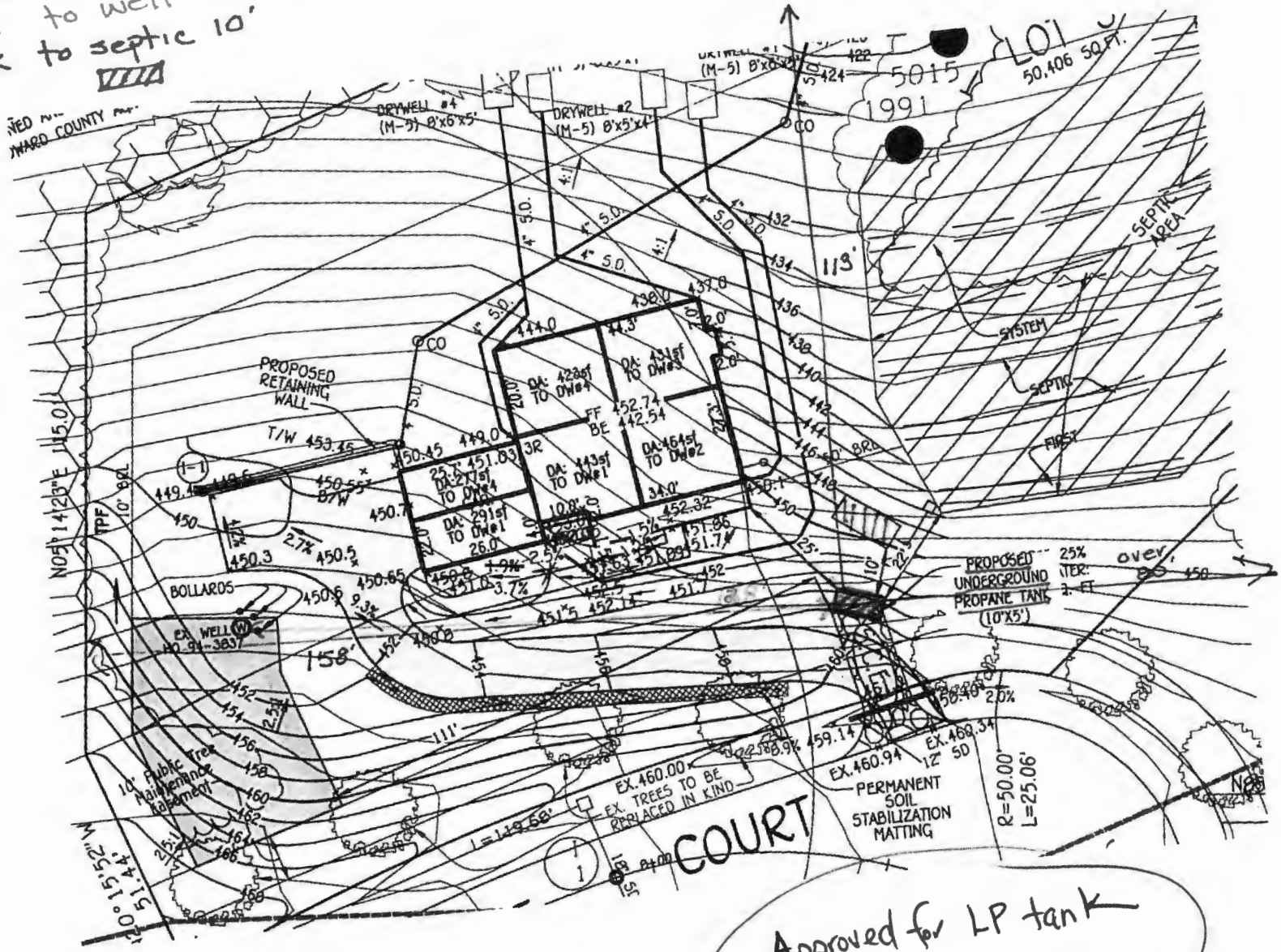
Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B23002727	Residential Tank Permit	Review In Process	15427	RIVERCREST	07/19/2023	SFD/ INSTALL 500 UG LP TANK W/75FT GAS LINE AND CONNECT TO STUB ALL GAS ...
B23002974	Residential	Ready	15427	RIVERCREST	07/19/2023	INSTALL

Submit | Cancel

- Underground 500 gallon propane tank
- Tank to house 5'
- Tank to well 128'
- Tank to septic 10'

- Tank to front property line - 27'
- Tank to rear property line - 113'
- Tank to left property line - over 80'



Approved for LP tank
B2300 2727
RA 7/20/23

I:\30000\30636\Engineering\Dwgs\30636-1 GP Lot 3 Grading Plan re-wall.dwg, 6/21/2023 2:14:52 PM, DWG To PDF.pc3,
1:20

PERMIT NUMBER: B 23000510 **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:			Unit:
City:		State: **MD**	Zip Code:
Subdivision/Village/Complex Name:			SDP/WP/BA #:
Lot:	Tax Map:	Parcel:	Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use:	Proposed Use:	Estimated Cost: $

Trade Work to Be Completed *(Separate Permits Required)*: ☒ Mechanical (HVACR) ☐ Electrical ☒ Plumbing ☐ None

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*:		Primary Residence: ☐ Yes ☐ No
Owner's Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name:	Contact Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

CONTRACTOR INFORMATION *REQUIRED*

Business Name:		
Licensee's Name:	**License #:**	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name:	Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☒ No

Utilities: ☒ Electric ☐ Gas Water Supply: ☐ Public ☒ Private (Well) Sewage Disposal: ☐ Public ☒ Private (Septic)

Heating System: ☐ Electric ☐ Natural Gas ☒ Propane ☐ Other: Roadside Tree Project: ☒ No ☐ Yes: #

Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☒ NFPA 13D ☐ None Fire Alarm System: ☐ Yes ☒ No ☐ 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: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None

Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☒ Finished Basement: ☐ Full or ☐ Partial

1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:

Energy Method: ☐ Prescriptive ☒ Performance ☐ UA Alternative ☐ ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER *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

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☐ PR	☐ DPZ	☐ DED	☐ Health 3/24/2023 RHC	☐ SHA	☐ CID
SUBMITTAL FEES: 50 -	PAYMENT: 1205			ACCEPTED BY:	

Approved B23000510
3/24/2023

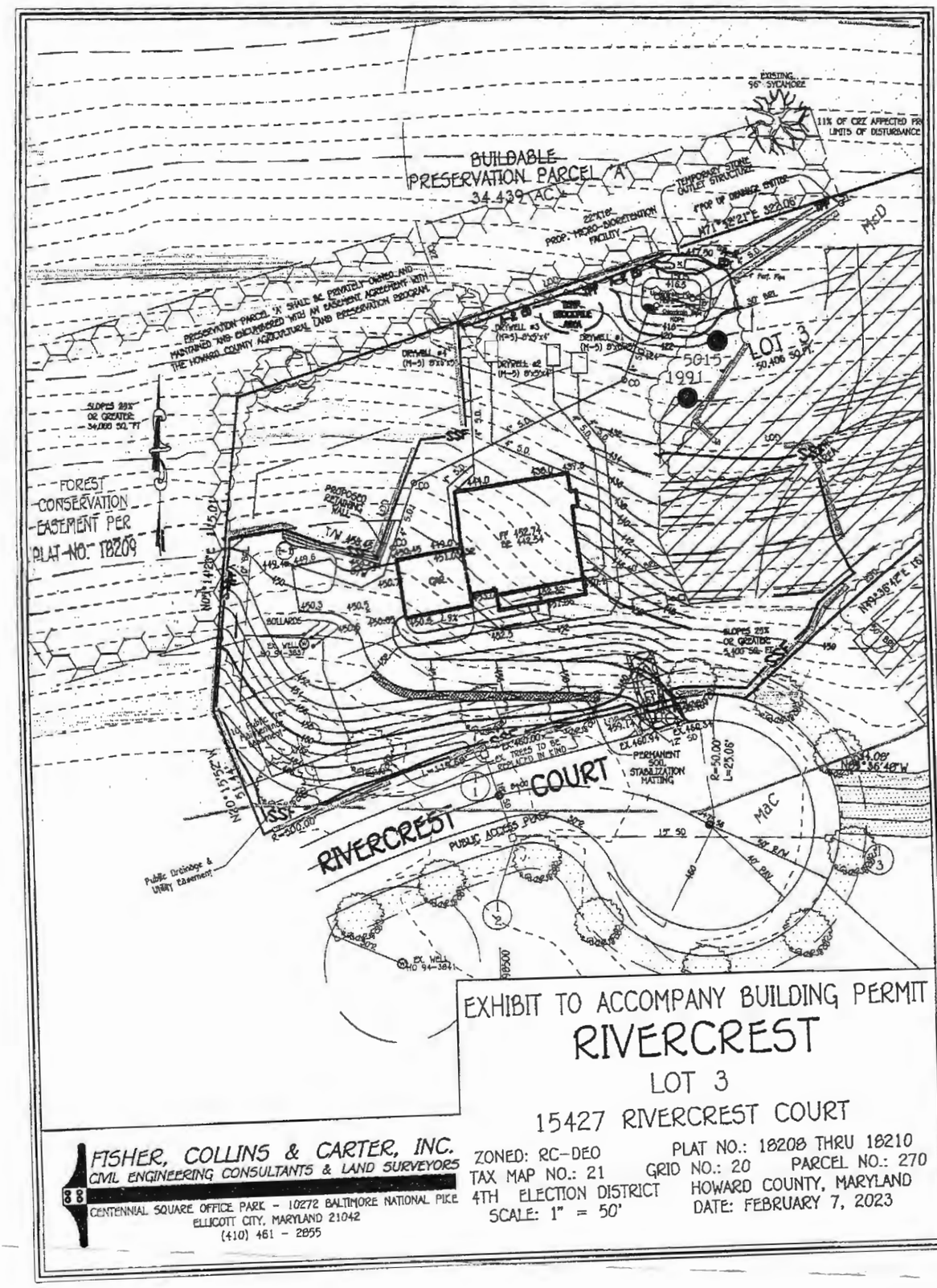


EXHIBIT TO ACCOMPANY BUILDING PERMIT

RIVERCREST

LOT 3

15427 RIVERCREST COURT

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

ZONED: RC-DEO
TAX MAP NO.: 21
4TH ELECTION DISTRICT
SCALE: 1" = 50'

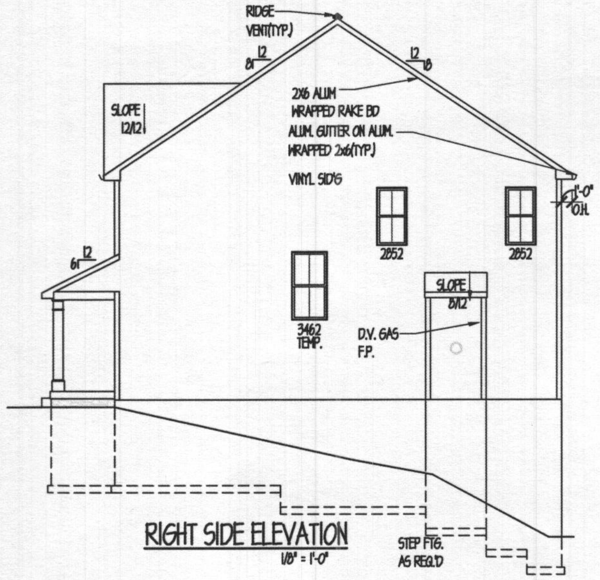
PLAT NO.: 18208 THRU 18210
GRID NO.: 20
PARCEL NO.: 270
HOWARD COUNTY, MARYLAND
DATE: FEBRUARY 7, 2023

Health Department

IS23000 510

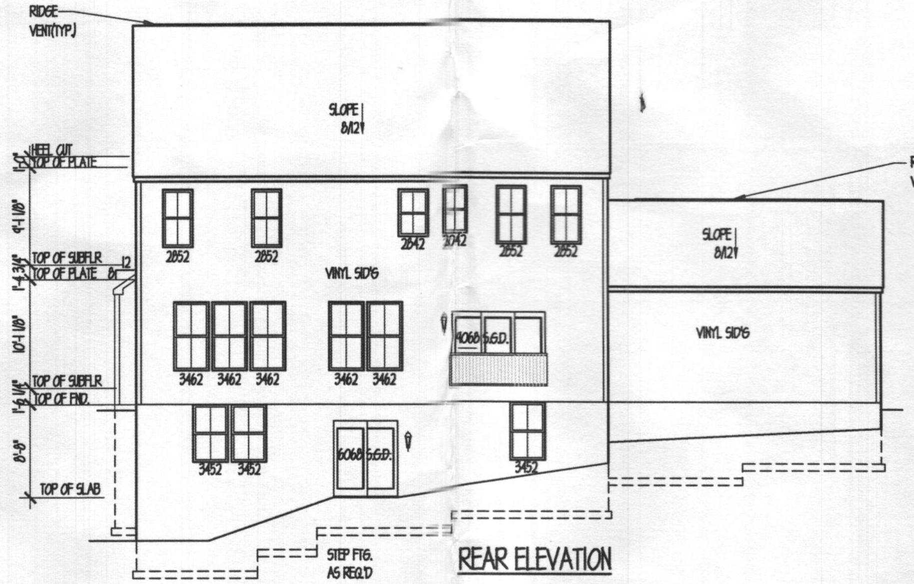
Approved [illegible]

3/24/2023

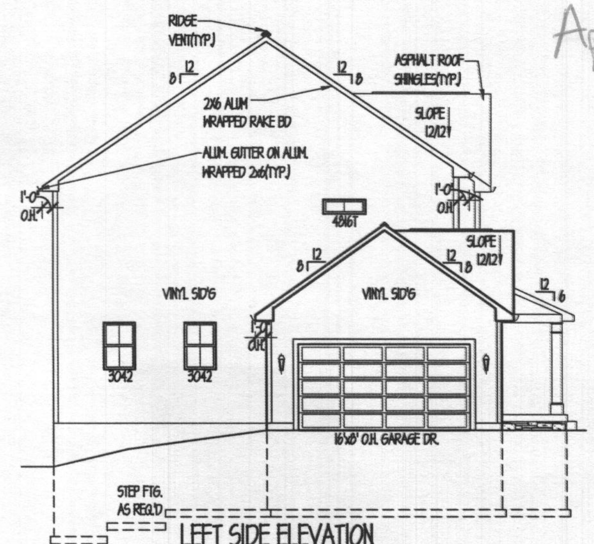


RIGHT SIDE ELEVATION

1/8" = 1'-0"



REAR ELEVATION



LEFT SIDE ELEVATION

1/8" = 1'-0"

FRONT ELEVATION

1/4" = 1'-0"

R.C. LOT #3

	GROSS SQ. FT.	FINISHED SQ. FT.	COMMENTS
GARAGE	510	-	
BASEMENT	1765	1035	
1st FLOOR	1765	1765	
2nd FLOOR	1750	1750	
TOTALS	5850	4550	

PROFESSIONAL CERTIFICATION:
I HEREBY DECLARE THAT THESE DOCUMENTS WERE PREPARED BY, OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.
LICENSE NO. : 40839 EXP. DATE 06/16/23

WNB

7731 STONEY RIDGE RD. MARRIOTTSVILLE, MD 21104
P.(410) 533 1678 www.bbiscool05@gmail.com

FINAL PERMIT SET

REVISIONS

date	remarks

drawn by	checked by
BB	

scale	date
NOTED	02-10-2023

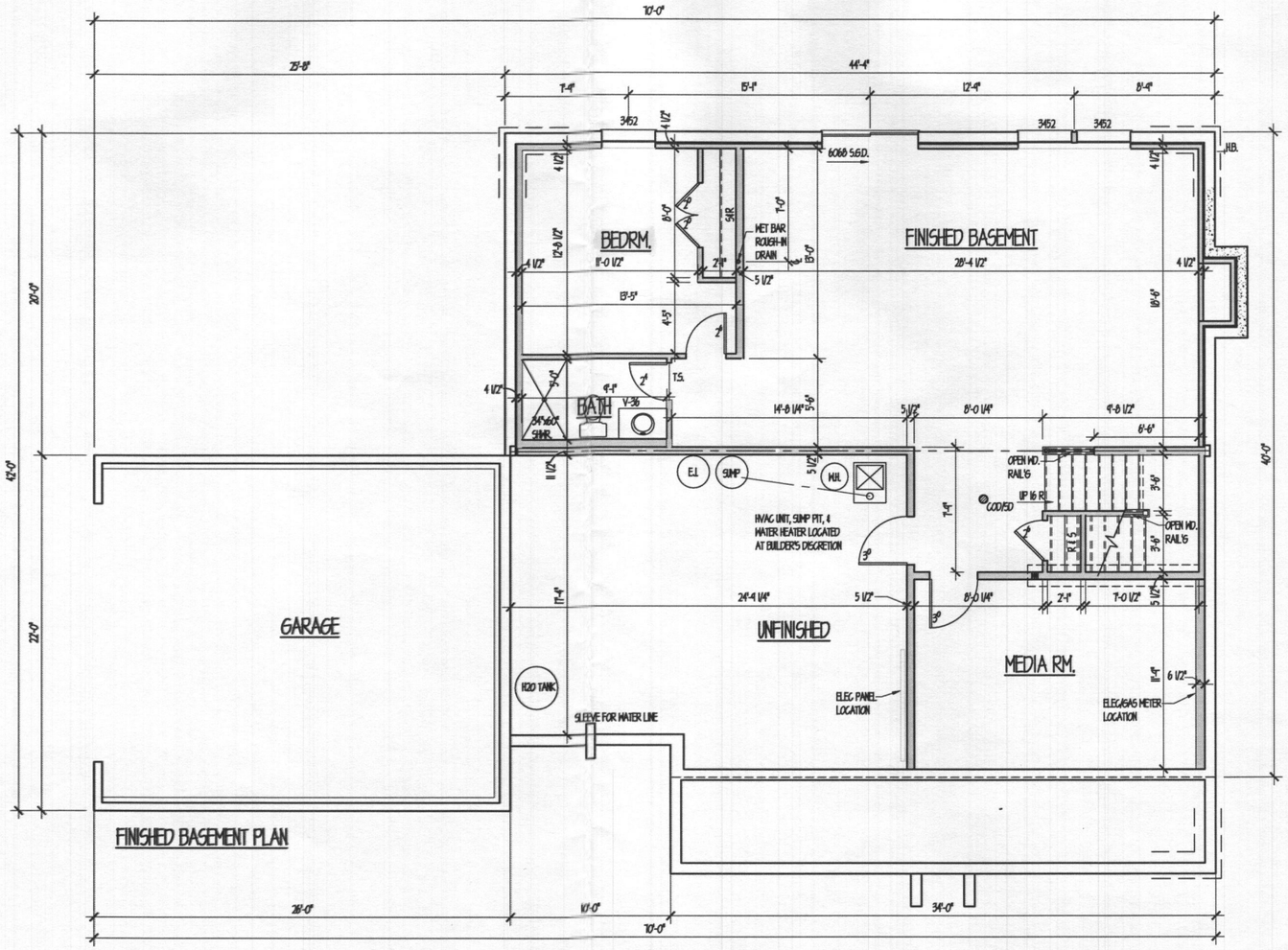
PROJECT TITLE

COLUMBIA BUILDER'S
R.C. LOT #3

CONTENT

ELEVATIONS

PROJECT NUMBER	DRAWING NUMBER
RC 3	A1.1



PROFESSIONAL CERTIFICATION.
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LICENSE NO. : 40834 EXP. DATE 06/16/23

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7731 STONEY RIDGE RD. MARRIOTTSVILLE, MD 21104
P.(410) 533 1678 www.bbacos2006@gmail.com

FINAL PERMIT SET

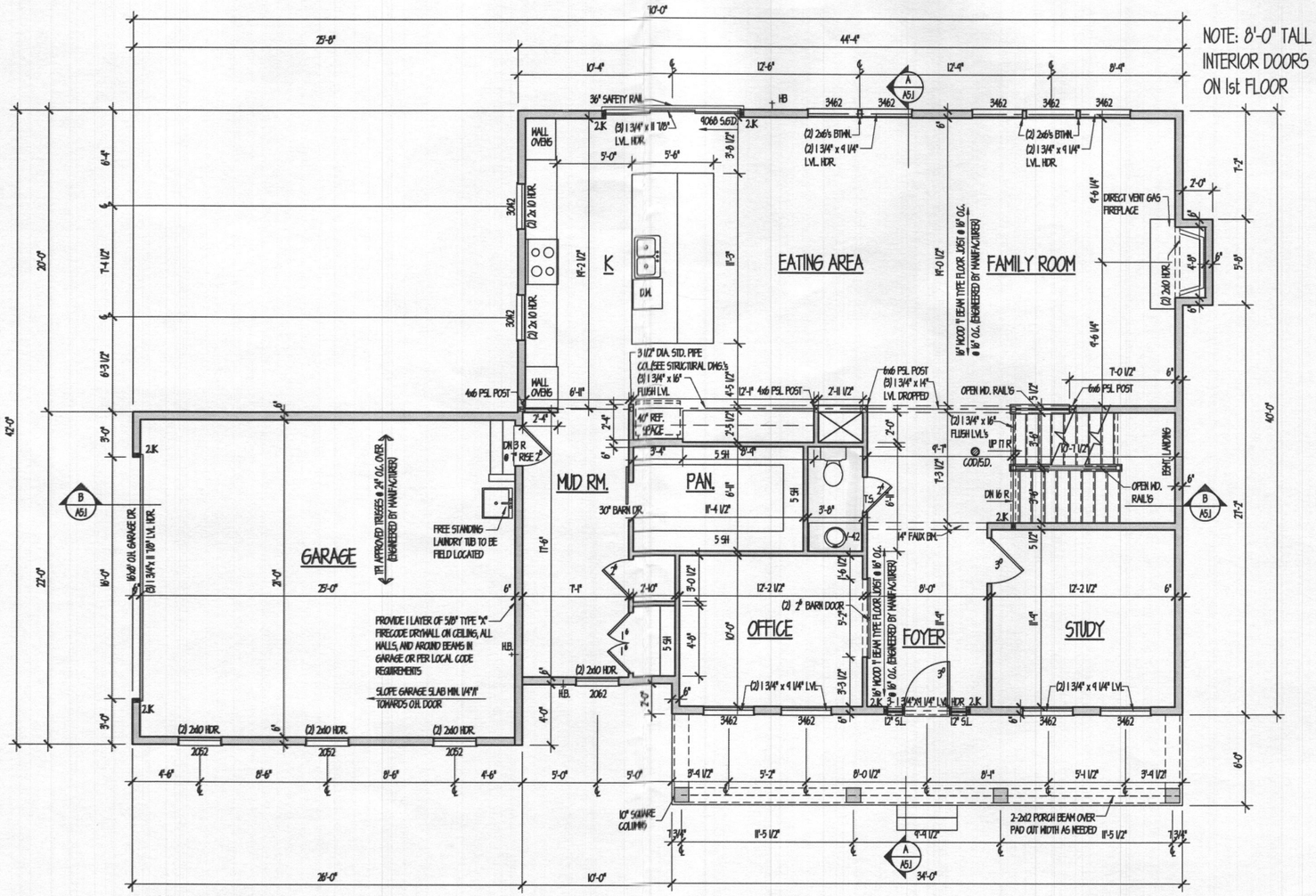
REVISIONS	
date	remarks

drawn by: BB	checked by:
scale: 1/4" = 1'-0"	date: 02-10-2023

PROJECT TITLE
COLUMBIA BUILDER'S
R.C. LOT #3

CONTENT
FINISHED BASEMENT
PLAN

PROJECT NUMBER	DRAWING NUMBER
RC 3	A2.2



FIRST FLOOR PLAN
1825 Sq. Ft.

PROFESSIONAL CERTIFICATION.
I HEREBY DECLARE THAT THESE DOCUMENTS WERE PREPARED BY, OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.
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FINAL PERMIT SET

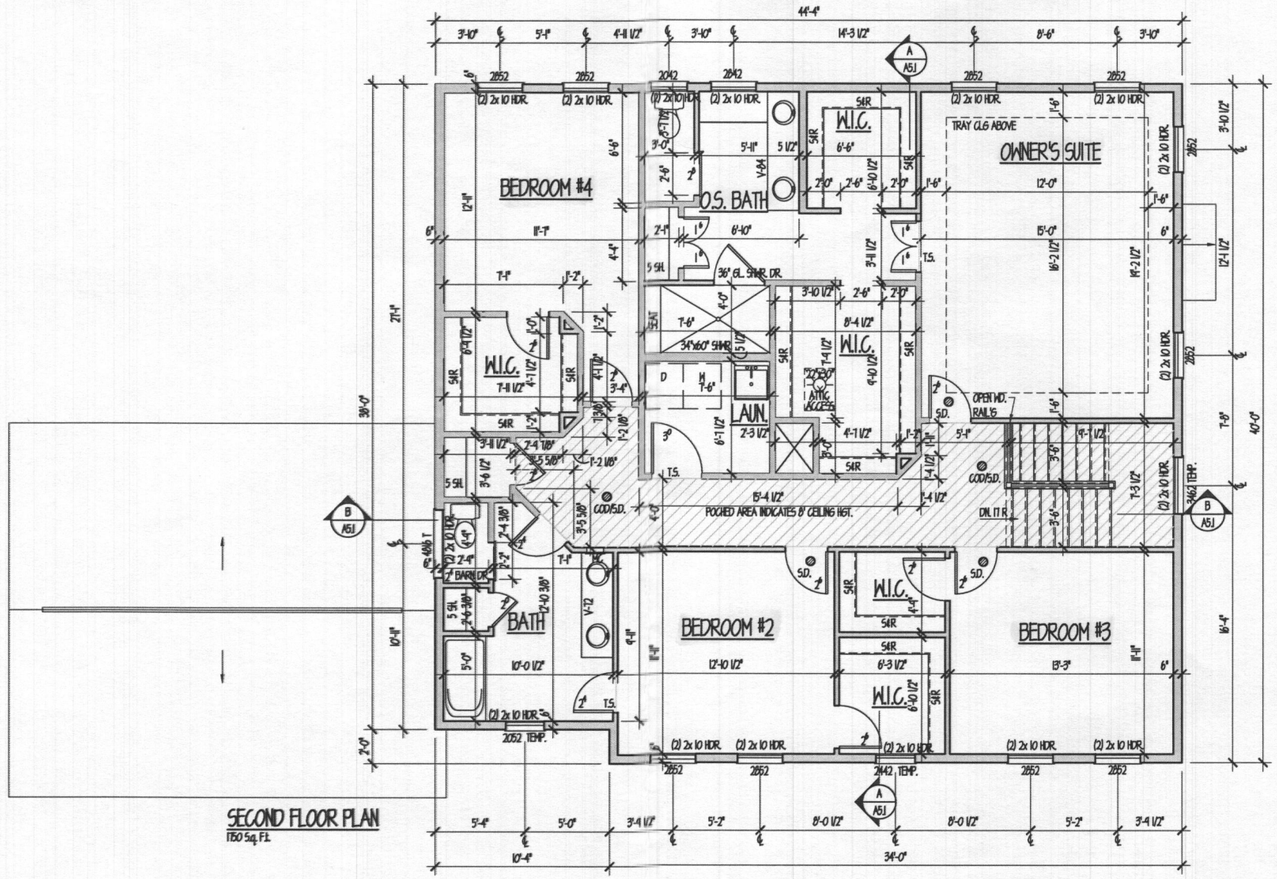
REVISIONS	
date	remarks

drawn by: BB	checked by:
scale: 1/4" = 1'-0"	date: 02-10-2023

PROJECT TITLE
COLUMBIA BUILDER'S
R.C. LOT #3

CONTENT
FIRST FLOOR PLAN

PROJECT NUMBER	DRAWING NUMBER
RC 3	A3.1



SECOND FLOOR PLAN
1150 Sq. F.t.

PROFESSIONAL CERTIFICATION.
I HEREBY DECLARE THAT THESE DOCUMENTS WERE PREPARED BY, OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.
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P.(410) 533 1678 www.bbbcon005@gmail.com

FINAL PERMIT SET

REVISIONS	
date	remarks

drawn by: BB	checked by:
scale: 1/4" = 1'-0"	date: 02-10-2023

PROJECT TITLE
COLUMBIA BUILDER'S
R.C. LOT #3

CONTENT
SECOND FLOOR PLAN

PROJECT NUMBER	DRAWING NUMBER
RC 3	A4.1