

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B23004179 Opened Date 10/17/2023
 Description of Work SFD/ Install 500 gallon underground propane tank

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner
 Street # 13919 Street Name FORSYTHE Street Type RD
 Unit Type Unit # X Coordinate Y Coordinate
 --Select-- -76.99549 39.34172
 City SYKESVILLE State MD Zip Code 21784 Primary Yes

10/20/23 - sent larger scaled plan that shows well & septic on the plan and requested they (the applicant) use that plan to show the proposed lp tank location. (RA)

10/25/23 - new plan uploaded to DILP Accela

Parcel (This section is required.)

Search Reset Clear Get Address & Owner
 GIS ID Parcel Parcel Area Land Value Improved Value Exemption Value Plan Area
 831576 162 3.15 181100 186200 5100 RURAL
 Legal Description IMPSPAR I 3.15203 A[] 13919 FORSYTHE RD[] SYKESVILLE

check spelling

Block Lot Census Tract Council Dist Inspection Dist Supervisor Dist Map #
 Plan Area State Tax Id Subdivision Name
 Section Area Tax Map
 Grid Zoning District ADC Map
 9-1 RC-DEO 4693-A6
 SDP No. Final Plan No. WP File No.
 Record Plat No. WS Contract No. FDP No. Primary Yes
 Owner Occupied Year Built Historic District
 Yes No Yes No
 Historic District Registry No. Stat Area Flood Plain
 4-03 Yes No
 Building No

DAP Zone

Approved 10/25/23
 RA

Owner (This section is required.)

Search Reset Clear
 Name
 RIELY KEVIN P
 Address Line 1
 13919 FORSYTHE RD

Address Line 2

Address Line 3

Mail City SYKESVILLE
Phone 410-627-3491
E-mail
Mail State MD
Primary Yes
Mail Zip Code 21784

Cell Number Fax Number

Professionals (This section is not required.)

License # * 20100079809
License Type * Propane Gs
Primary No
Business Name MID ATLANTIC COOPERATIVE SOLUTIONS DBA AERO ENERGY
First Name 3ICHARD
Middle Name THOMAS
Last Name JARCY
Address Line 1 230 LINCOLN WAY EAST
Address Line 2
City NEW OXFORD
State PA
ZIP Code 17350-0000
Phone 1 2406744592
Phone 2 717-624-5809
E-mail RJARCY@AEROENERGY.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
Relationship --Select--
Primary Yes
First Name steve
MI
Last Name dannenfeldt
Full Name steve dannenfeldt
Organization Name Aero Energy
Street Address 230 lincoln way East
Address Line 2
City New Oxford
State PA
Zip Code 17350
Phone 717-577-5923
Cell
Fax
E-mail * sdannenfeldt@aeroenergy.com

Addtl Info

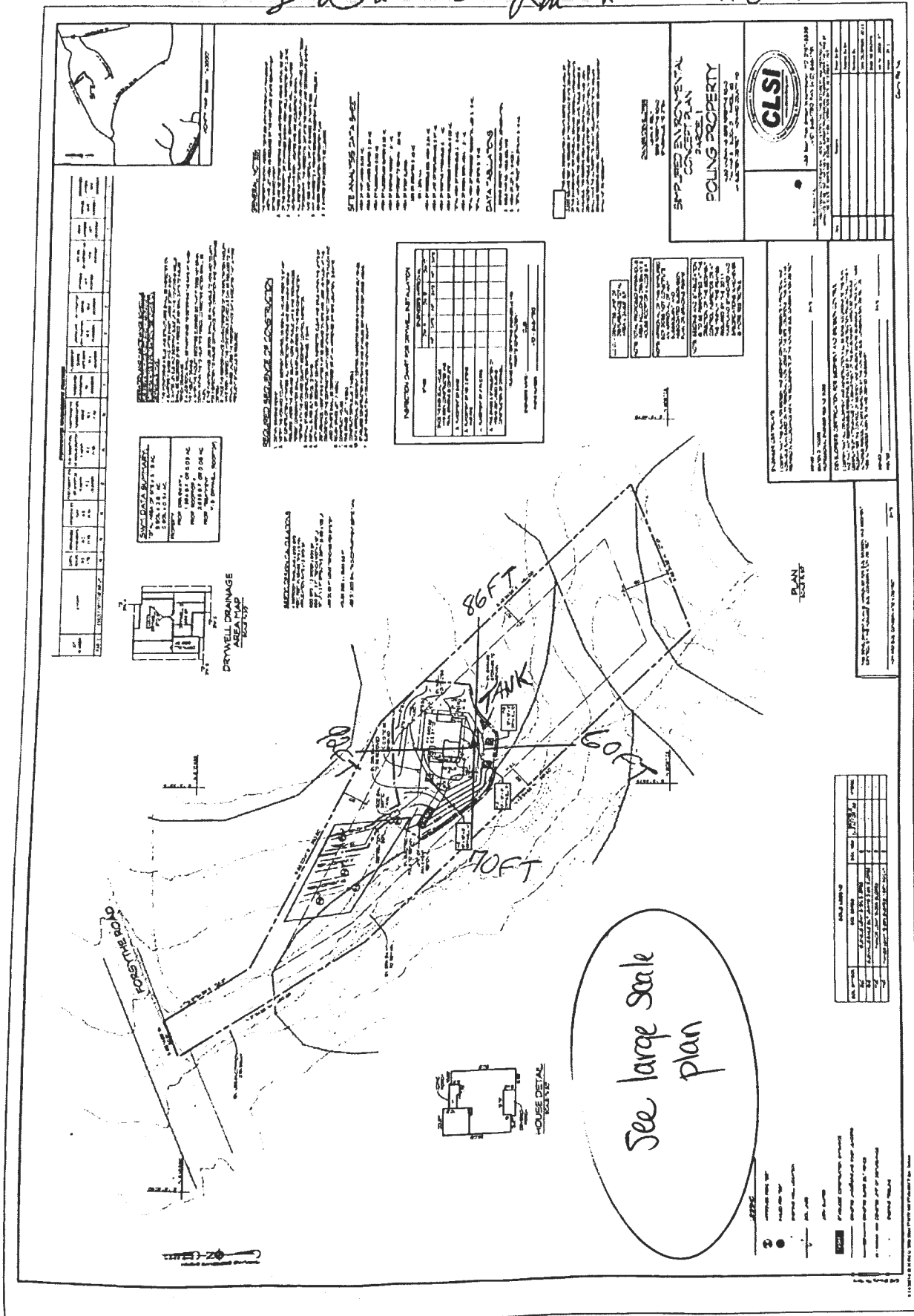
Est Construction Cost * 6500
Construction Type --Select--
Housing Units * 0
Number of Buildings * 0
Public Owned No

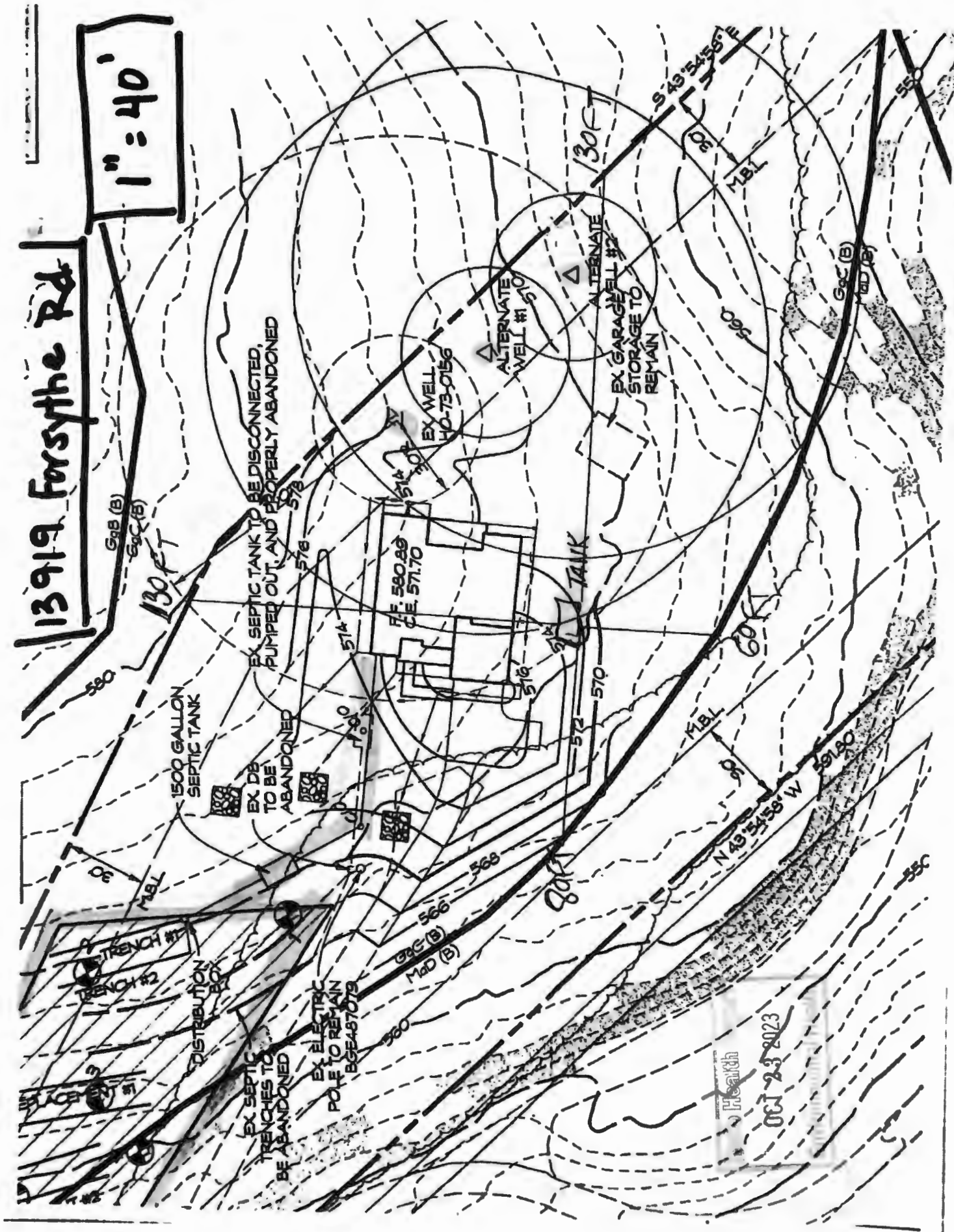
TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #
☐ Yes ☒ No
Existing Use * SFD
Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *
Number of Tanks Installed * 1
Number of Tanks Removed * 0

WDNOC Poling x Mark 2 x B x





RECEIVED

PERMIT NUMBER: B 23002487

DATE ACCEPTED:

JUN 30 2023



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: 13919 FORSYTHE ROAD			Unit:
City: SYKESVILLE	State: MD		Zip Code: 21784
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot: PAR1	Tax Map: 0009	Parcel: 0162	Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: VACANT	Proposed Use: NEW SFD	Estimated Cost: \$397,900.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

NEW 2 STY SFD; HOUSE TYPE - "COVERDALE" - ELEV. 3, FIN. BSMT W/ REC. BATH, WALK-OUT. 1ST FL - 2 CAR FL GARAGE, COV FNT PCH (18X8); COV REAR DECK (20X10); FIREPLACE, HOME OFFICE, MASTER BED W/ BATH, BED4 WITH BATH; 2ND FL - LOFT, BEDS 2 & 3, FULL BATH. TOTAL BEDS - 4, TOTAL BATHS - 4 FULL. HEIGHT - 23'-11 1/2"

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): POLING, MICHAEL D. & POLING, JANA S.		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 1050 HARBOR COURT		
City: ELDERSBURG	State: MD	Zip Code: 21784
Phone: (443) 223-5143	Email: jana_poling@hcpss.org	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: PERMIT SERVICES, INC.		Contact Name: SAMANTHA MULLINIX - AGENT
Street Address: 2011 FRALEY LANE		
City: PASADENA	State: MD	Zip Code: 21122
Phone: (443) 465-7832	Email: SMMULLINIX1231PSI@GMAIL.COM	

CONTRACTOR INFORMATION REQUIRED

Business Name: Caruso Homes		
Licensee's Name: CARUSO HOMES		License #: 8233
Street Address: 2120 BALDWIN AVE. SUITE 200		
City: CROFTON	State: MD	Zip Code: 21114
Phone: (301) 261-0277	Email: htompkins@carusohomes.com	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: KSE ENGINEERING		Name: ANDREW MOORE
Street Address: 1900 AM DRIVE, SUITE 201		
City: QUAKERTOWN	State: PA	Zip Code: 18951
Phone: (215) 804-4449	Email:	

BUILDING CHARACTERISTICS REQUIRED

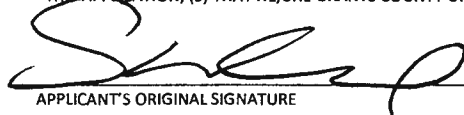
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: "COVERDALE" ELEV. 3, 2 STY SFD, SEE OPTIONS ABOVE.				
# of Bedrooms (SF): 4	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: 9	# Full Baths: 4	# Half Baths: 0	# Fireplaces: 1	
Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial				
1 st Fl Width: 50	1 st Fl Depth: 69	2 nd Fl Width: 50	2 nd Fl Depth: 40	Bsmt Width: 50
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input checked="" type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 6,499 sq ft	Occupiable Area: 4,503 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

6/29/2023
DATE SIGNED

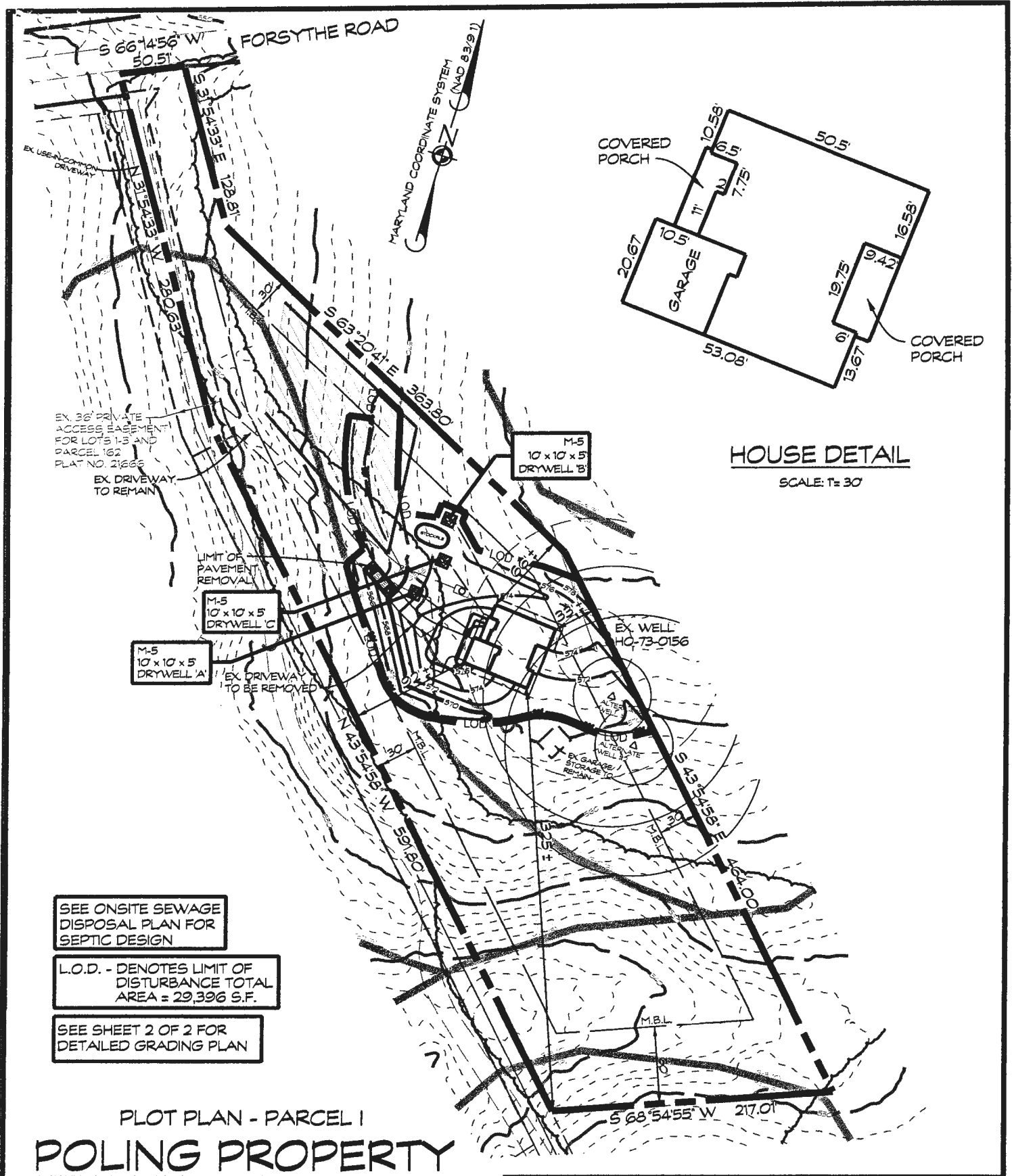
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Approved HRE 7/20/23</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$ 150 ⁰⁰	PAYMENT: CK# 6332	ACCEPTED BY: <i>MP</i>
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ALSO KNOWN AS 13919 FORSYTHE ROAD
TAX MAP: 9 • BLOCK: 01 • PARCEL: 162
4th ELECTION DISTRICT • HOWARD COUNTY, MD

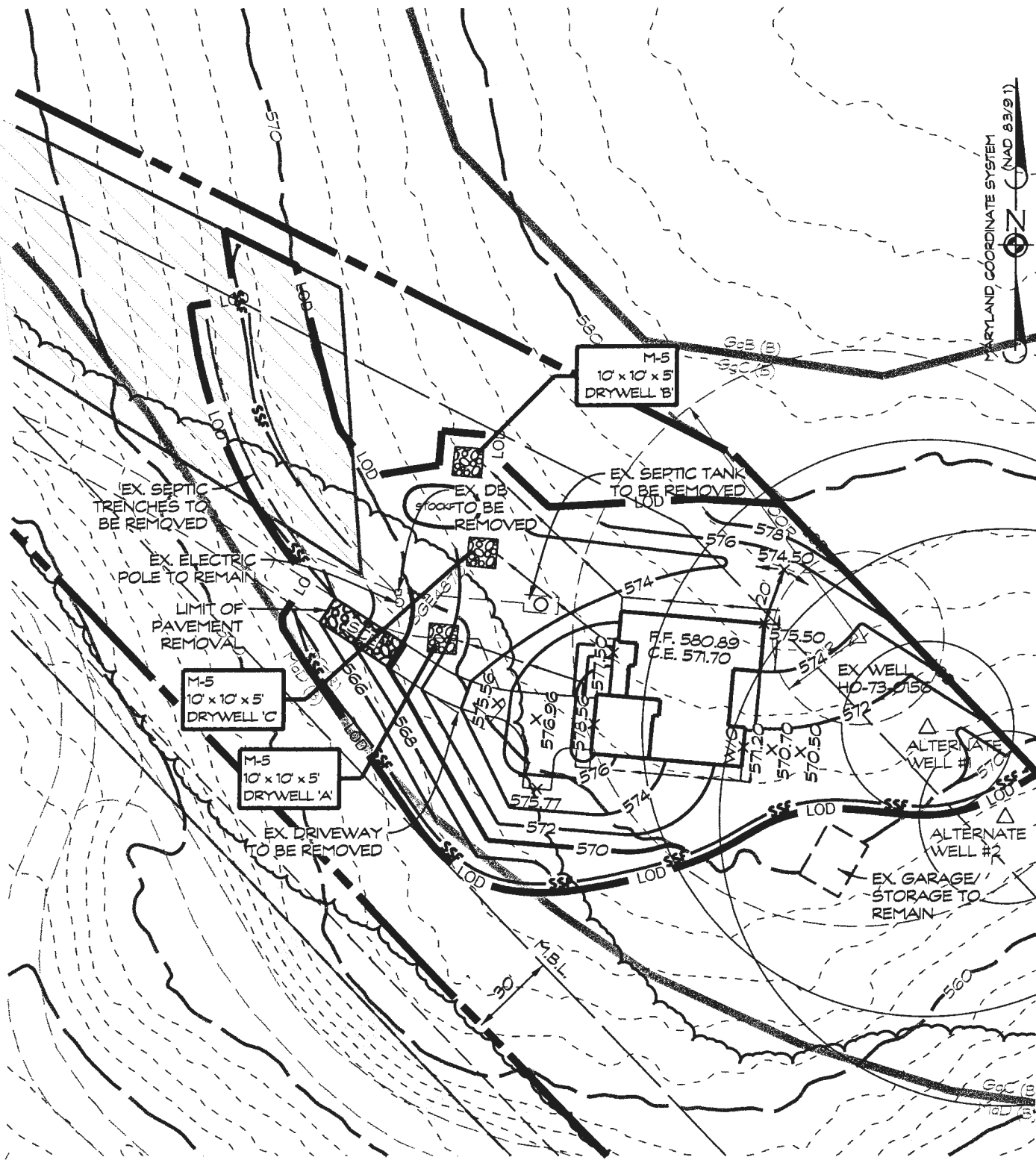
DATE	REVISIONS



439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

DRAWN BY:	BMM
DESIGN BY:	
REVIEW BY:	
DATE:	5/23/23
SCALE:	AS SHOWN
JOB NO:	2006137
SHEET:	1 OF 2

MARYLAND COORDINATE SYSTEM
(NAD 83/91)



PARCEL 1 POLING PROPERTY

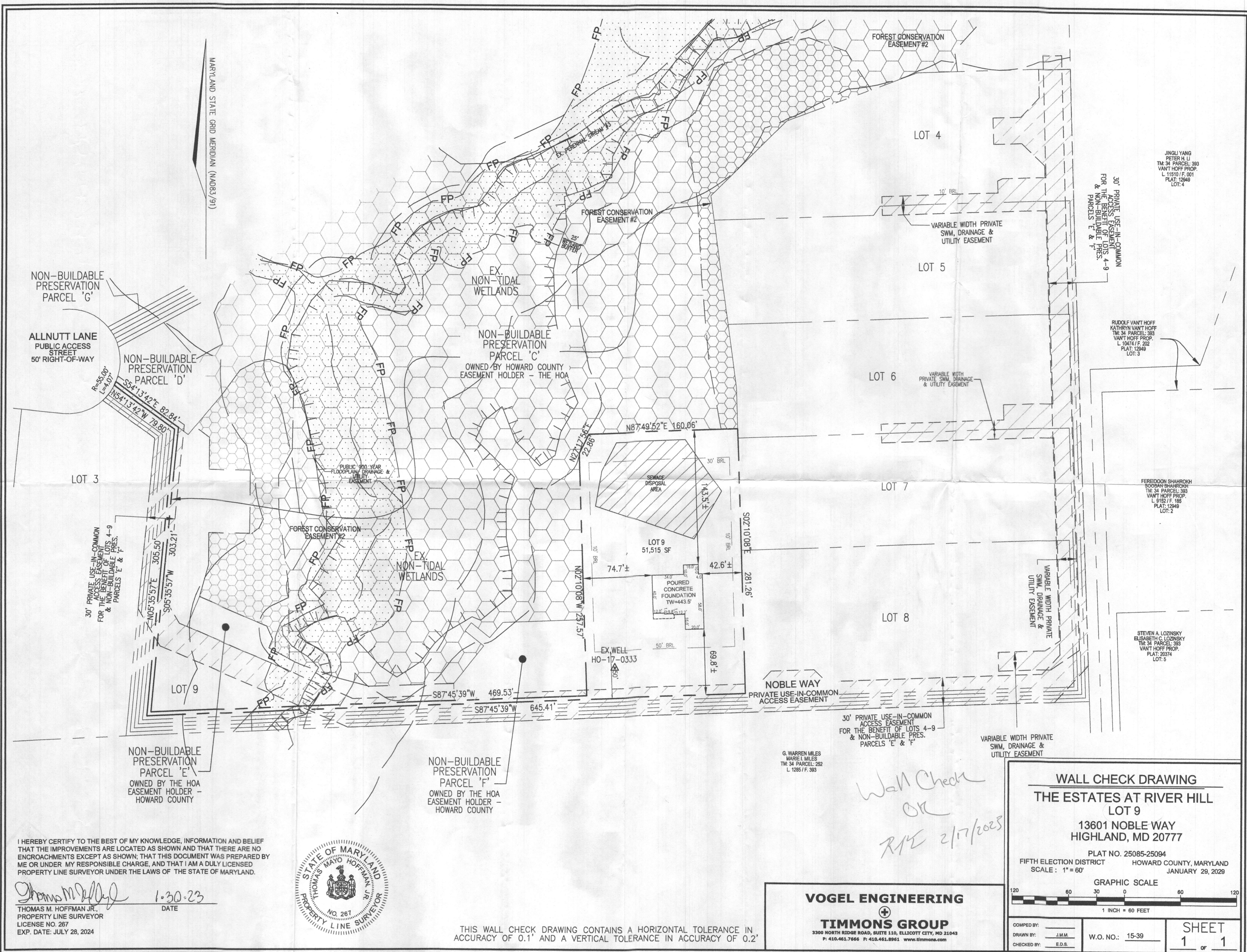
ALSO KNOWN AS 13919 FORSYTHE ROAD
TAX MAP: 9 * BLOCK: 01 * PARCEL: 162
4th ELECTION DISTRICT * HOWARD COUNTY, MD

DATE	REVISIONS



439 East Main Street Westminister, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

DRAWN BY:	BMM
DESIGN BY:	
REVIEW BY:	
DATE:	5/23/23
SCALE:	1" = 50'
JOB NO:	2006137
SHEET:	2 OF 2



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN; THAT THIS DOCUMENT WAS PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND.

THOMAS M. HOFFMAN JR.
PROPERTY LINE SURVEYOR
LICENSE NO. 267
EXP. DATE: JULY 28, 2024

1-30-23
DATE



THIS WALL CHECK DRAWING CONTAINS A HORIZONTAL TOLERANCE IN ACCURACY OF 0.1' AND A VERTICAL TOLERANCE IN ACCURACY OF 0.2'

VOGEL ENGINEERING
TIMMONS GROUP
3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY, MD 21043
P: 410.461.7666 F: 410.461.8961 www.timmons.com

WALL CHECK DRAWING
THE ESTATES AT RIVER HILL
LOT 9
13601 NOBLE WAY
HIGHLAND, MD 20777
PLAT NO. 25085-25094
FIFTH ELECTION DISTRICT
SCALE: 1" = 60'
HOWARD COUNTY, MARYLAND
JANUARY 29, 2029

GRAPHIC SCALE
120 60 30 0 60 120
1 INCH = 60 FEET

COMPILED BY:
DRAWN BY:
CHECKED BY:

W.O. NO.: 15-39
SHEET
1 of 1

