

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 AUTOMATED INFORMATION (410) 313-1810		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B10000721	
Building Address 13001 Wainwright Rd Highland MD 20777		Property Owner's Name Rick Brokaw			
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address 13001 Wainwright Rd			
Census Tract _____ Subdivision _____		City Highland State MD Zip Code 20777			
Section _____ Area _____ Lot _____		Phone 410 290 1000 Phone _____			
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon): United Propane 4981 Winchester Blvd Suite 4 Frederick MD 21703			
Zoning _____ Map Coordinates _____ Lot size _____		Phone 717 943 2103 Fax 240 699 085			
Existing Use Single Family Home		Contractor Company United Propane			
Proposed Use Propane for gas logs		Contact Person _____			
Estimated Construction Cost \$100		Address 4981 Winchester Blvd Suite 4			
Description of Work Install Underground propane tank 330 gallon tank for Single family home		City Frederick State MD Zip Code 21703			
Occupant or Tenant _____		License No. 60189			
Contact Name _____		Phone 717 943 2103 Fax 240 699 085			
Address _____		Engineer or Architect Company _____			
City _____ State _____ Zip Code _____		Contact Person _____			
Phone _____ Fax _____		Address _____			
		City _____ State _____ Zip Code _____			
		Phone _____ Fax _____			

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		_____ State Certified Modular _____ Manufactured Home	

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

Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	4-1-10	Nancy Saut
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____		

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies- White: Building Official Green: LDD, DPZ

T:\Forms\PERMIT.FRM

Accepted by \_\_\_\_\_

Yellow: DED, DPZ Pink: Health Gold: SHA

28 house  
100' well

100' R (REPLACEMENT WELL)  
100' R (EXISTING WELL)  
EXISTING PRIVATE SEPTIC EASEMENT  
PVC PUMP LINE TO BE DESIGNED BY OTHERS  
PROPOSED GRASS LEVEL SPREADER  
MKE

