



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 3950 WHITE ROSE WAY
City: ELICOTT CITY State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: BURLEIGH MANOR
Section: _____ Area: _____ Lot: 3
Tax Map: 0024 Parcel: 1162 Grid: 0013
Zoning: _____ Map Coordinates: _____ Lot Size: 10.47 AC

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 80,000.00
Description of Work: TO INSTALL 112 GROUND MOUNTED PV SOLAR PANELS.
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: LAWRENCE CHESKIN
Address: 3950 WHITE ROSE WAY
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 443-864-0807 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: KEITH ROYCROFT
Address: 5681 MAIN ST.
City: ELK RIDGE State: MD Zip Code: 21075
Phone: 410-579-2009 Fax: _____
Email: _____

Contractor Company: SOLAR ENERGY WORLD
Contact Person: GEOFF MICKIN
Address: 5681 MAIN ST.
City: ELK RIDGE State: MD Zip Code: 21075
License No.: MHIC 127353
Phone: 410-579-2009 Fax: _____
Email: _____

Engineer/Architect Company: SOLAR ENERGY WORLD
Responsible Design Prof.: MICHAEL AJOMALE
Address: 5681 MAIN ST.
City: ELK RIDGE State: MD Zip Code: 21075
Phone: 410-579-2009 Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
<u>Construction type:</u>	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	<u>Multi-family Dwelling</u>
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
☒ Roadside Tree Project Permit	Footings:
☐ Yes ☒ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities
<u>Water Supply</u>
☒ Public
☐ Private
<u>Sewage Disposal</u>
☐ Public
☒ Private
Electric: ☐ Yes ☐ No
Gas: ☐ Yes ☐ No
<u>Heating System</u>
☐ Electric ☐ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other:
<u>Sprinkler System:</u>
☐ Yes ☐ No
Grading Permit Number:
Building Shell Permit Number:

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: [Signature]
Email Address: KROYCROFT @ SOLAREWORLD.COM
Title/Company: SOLAR ENERGY WORLD

Print Name: KEITH ROYCROFT
Date: 4-1-2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	6/6/13	JW

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

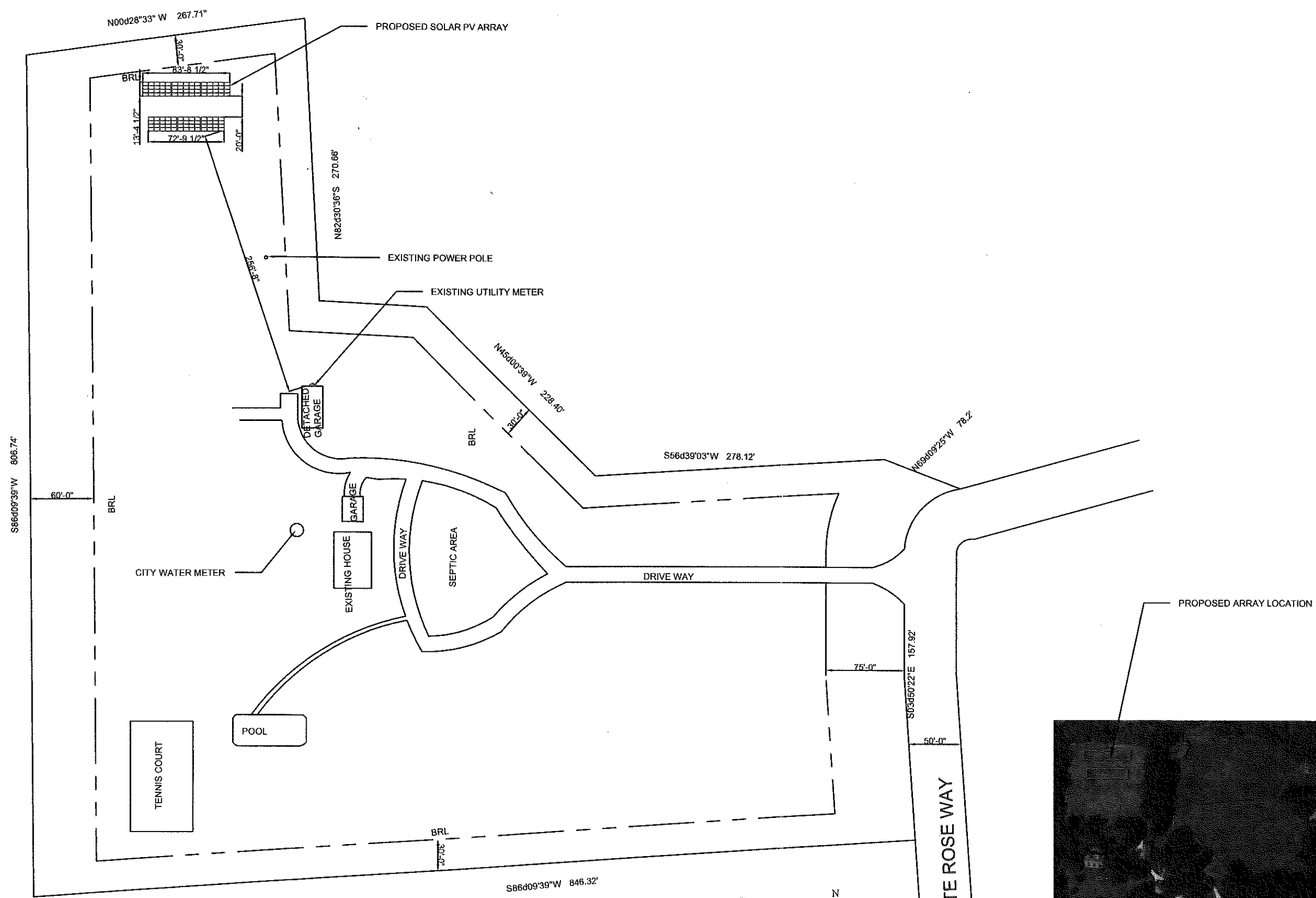
Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



NOTES:

1. THIS DRAWING IS TO PROVIDE REFERENCE FOR THE INSTALLATION OF GROUND MOUNT PHOTOVOLTAIC ARRAYS.
2. THE SYSTEM SHALL INCLUDE 112 LG 260W MODULES [DIMENSIONS: 64.57 (L) x 39.37 (W) x 1.38 (D)] AND WEIGHING 39.0 LBS (PANEL DEAD LOAD = 2.21 PSF).

**SITE PLAN
HOWARD COUNTY PLAT #5242**



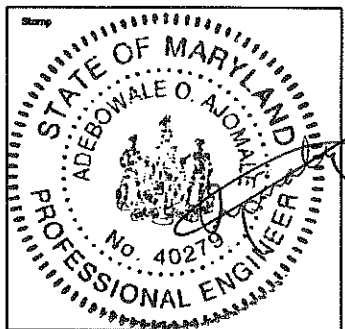
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 40279, EXPIRATION DATE: MAY 13, 2013.



General Notes


SolarEnergyWorld
Tomorrow's Energy Today

Solar Energy World LLC.
5681 Main Street
Elkridge, MD 21075
(888) 497-3233

Stamp	
	
Project Name and Address	
Cheskin Residence (SR) 3950 White Rose Way Ellicott City, MD 21042 29.12 kW	
Drawn by	Sheet
MDM	01
Date	
16-Jan-13	
Scale	
1" = 100'	

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-3-13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: David C. Fogle WELL DRILLER'S LICENSE NUMBER: 007

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Larry Cheskin

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Ellicott City

TAX MAP 0024 BLOCK 0013 PARCEL 1162

SUBDIVISION: Burleigh Manor

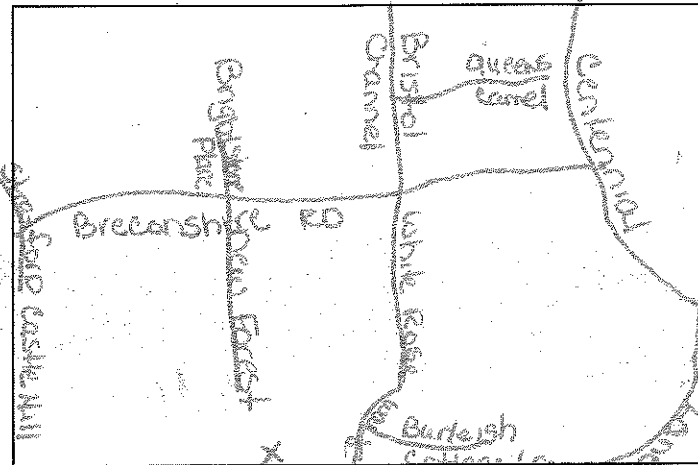
SECTION: _____ LOT: 3

STREET ADDRESS: 3950 White Rose Way

LATITUDE 39.154521

LONGITUDE 76.520436

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0'	38'
VOLUME OF MATERIAL USED		
25 yards Concrete		

* TYPE OF WELL BEING ABANDONED:

_____☐ DRILLED _____☐ JETTED
_____☐ BORED _____☒ HAND DUG
_____☐ OTHER (specify) _____

* USE CODE: DOMESTIC ☒

_____☐ IRRIGATION _____☐ MUNICIPAL/PUBLIC
_____☐ TEST/OBSERVATION _____☐ INDUSTRIAL
_____☐ _____☐ GEOTHERMAL

* TYPE OF CASING:

_____☐ STEEL _____☐ PLASTIC
N/A ☐ CONCRETE N/A ☐ OTHER (specify) _____

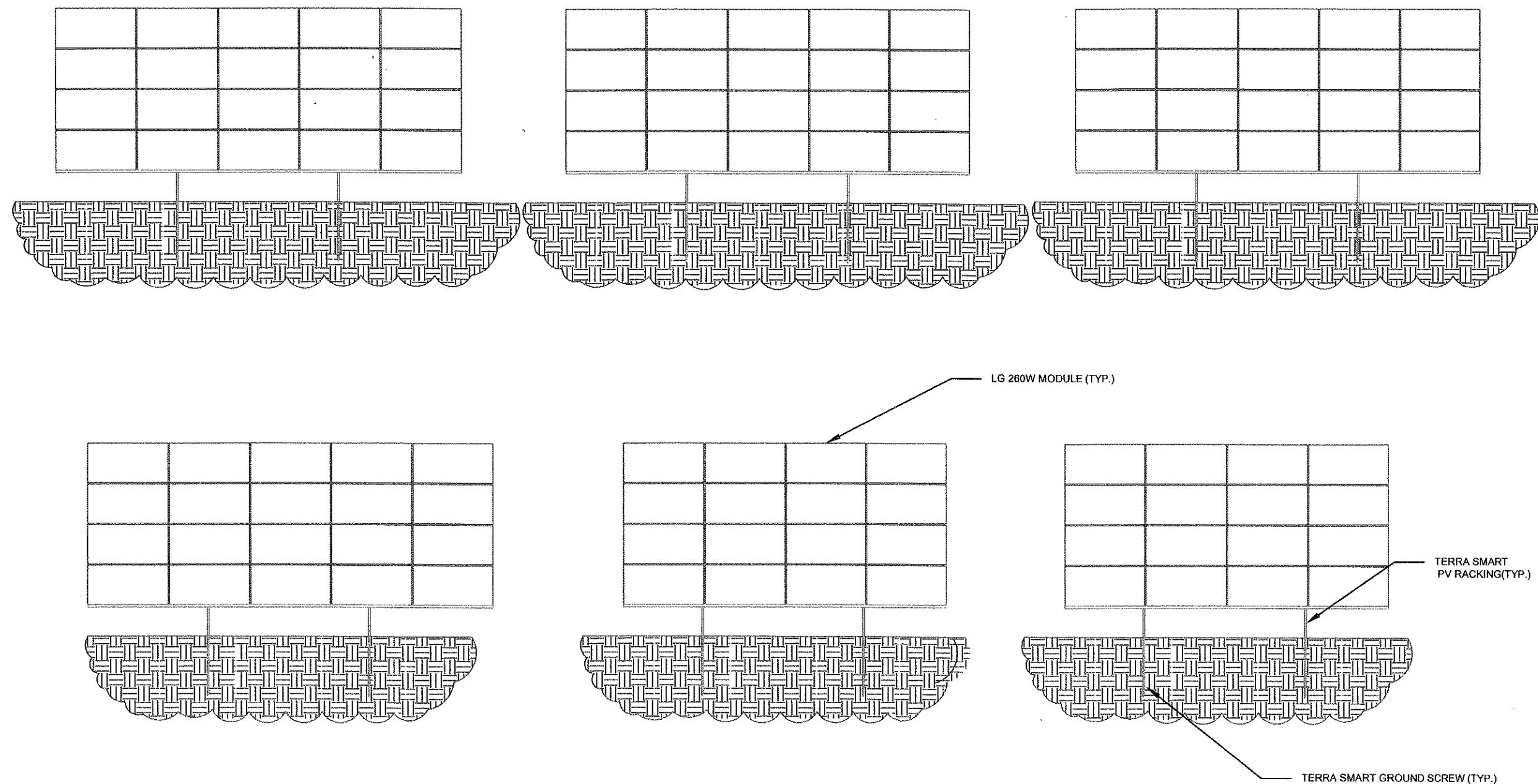
SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 38 FEET DEEP

WAS ANY CASING REMOVED? _____ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? _____ YES ☒ NO



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3. PROPOSED ARRAYS SHALL COVER 1617 FT² OF PROPERTY.

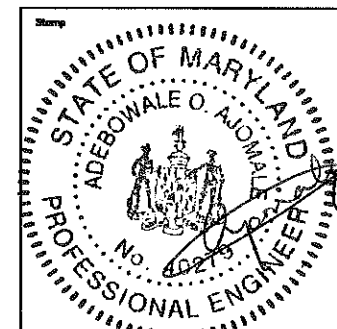
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29.12 kW

Drawn by
MDM

Date: 16-Jan-13

Scada
1/8" = 1'-0"

25	25
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02

