



# Health

Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

Permit No.: B14004080

Building Address: 14939 Victory Lane  
City: Glenside State: MD Zip Code: 21737  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Monkweather  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 5  
Tax Map: 21 Parcel: 28 Grid: 16  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 49,130 A

Property Owner's Name: Toll MD Rill Limited  
Address: 7164 Columbia Gateway Dr.  
City: Columbia State: MD Zip Code: 21046  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)

Applicant's Name: Michelle Hegel  
Address: PO Box 1253  
City: Sikesville State: MD Zip Code: 21784  
Phone: 443 610 7514 Fax: \_\_\_\_\_  
Email: Michelle@appliedandapproved.com

Contractor Company: Tech Air  
Contact Person: Jeff Kenny  
Address: 1560 A-D Caton Center Dr  
City: Baltimore State: MD Zip Code: 21227  
License No.: 68164 Exp: 10-25-15  
Phone: 443 645 4393 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: Contractor

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Michelle@appliedandapproved.com 11/7/14

Email Address

Date

Title/Company

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	12/1/14	H. Oswald

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St:
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	# 4059

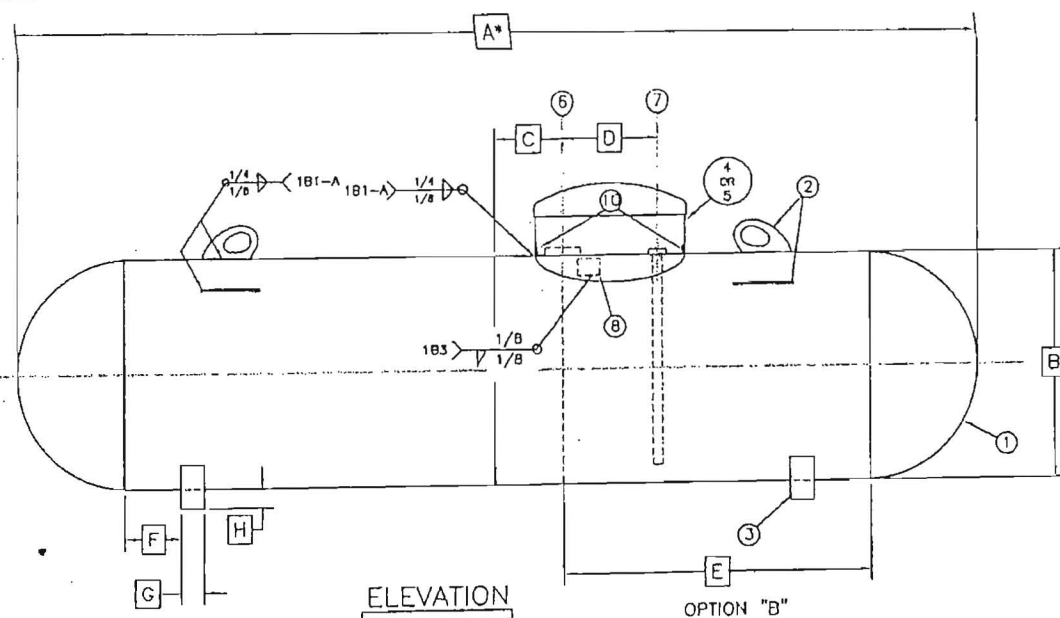
Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

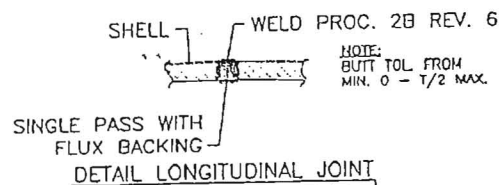
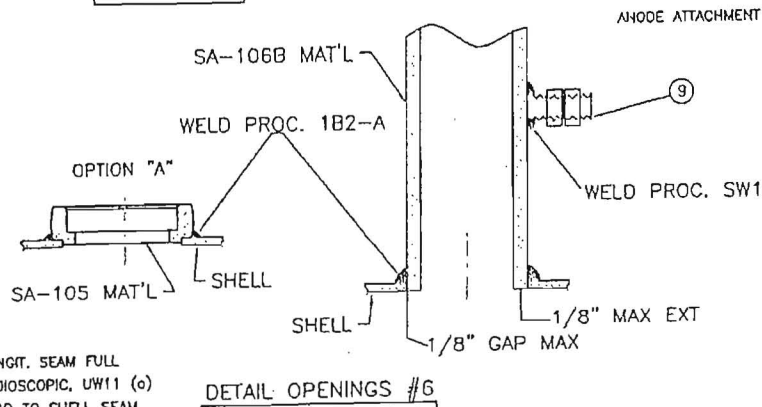


PART. NO.	UQ-7
CAP. GAL	1000
A	15'-10"
B	41" OD
C	8.5"
D	8.5"
E	69"
F	3"
G	3"
H	2"
J	16"
K	26"
L	12"
HEAD THK	.201"
SHELL THK	.238"
SURFACE AREA SQ. FT.	172.0

**NOTES:**

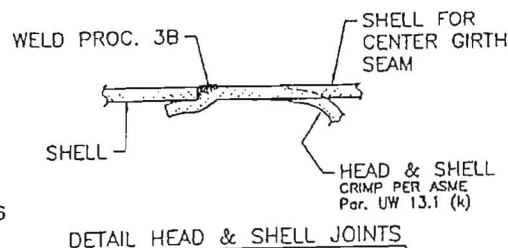
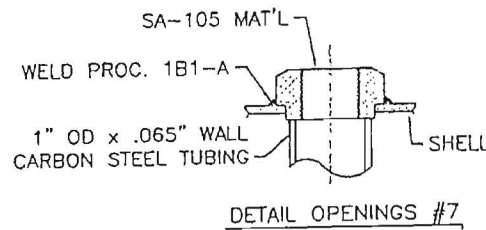
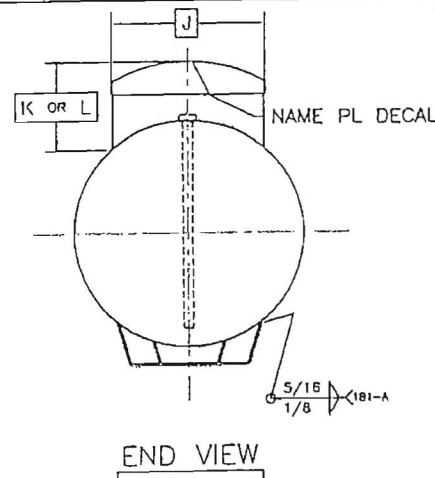
1. LONGIT. SEAM FULL RADIOSOPIC, UW11 (o) HEAD TO SHELL SEAM SPOT RT, UW11(o)(5)(6)
2. ALL JOGGLED JOINTS OF LONGITUDINAL WELD SEAM SHALL BE MAGNETIC PARTICLE TESTED INSIDE AND OUT.
3. ALL FILLET WELDS TO HAVE THROAT THKNS OF .224" AND LEG THKNS OF .318"

\*DIMEN. "A" CAN BE +4" AND -0".  
ALL OTHERS ±1/2"



THIS IS TO CERTIFY THAT THIS VESSEL IS CONSTRUCTED, TESTED, INSPECTED AND MARKED TO INDICATE COMPLIANCE WITH THE MOST CURRENT EDITIONS AND ADDENDA OF THE ASME BOILER AND PRESSURE VESSEL CODE, SECT. VIII, DIV. 1 QUALITY STEEL CORPORATION

BY: \_\_\_\_\_  
QUALITY CONTROL MANAGER



**VESSEL SPECIFICATION**

DESIGN CODE	ASME SECT. VIII, DIV. 1 MOST CURRENT EDITION AND ADDENDUM
DESIGN CONDITION	CODE STAMP: "U" U.L. LISTED
INSPECTION	CUSTOMER OTHER: NA
VESSEL MATERIAL	HEADS SA-414C OR SA-285C SHELL SA-414G PIPE CARBON STEEL FLGS & CPLGS SA-105 SCH 80 PIPE SA-106B LIFT LUGS SA-285C LEGS ASTM A-36 NAME PL SA-240 STAINLESS STEEL HINGE & HASP ASTM A-569
SURF FIN.	EPOXY PRIMER AND A URETHANE TOP COAT WITH RUST INHIBITORS
VESSEL DATA	CONTENTS: FOR USE WITH LIQ. PETROLEUM GAS APPROX. WEIGHT: 1000 GAL CAP. 1800#
NO.	DESCRIPTION ITEM NO
1	HEMISPHERICAL HEAD (2) 04-041
2	LIFT LUG (4) 06-001
3	LEG (2) "OPTIONAL" 06-043
4	DOVE COVER ASS'Y 12" 02-037
5	DOVE COVER ASS'Y 26" 02-337
6-A	2 1/2" FLANGE FOR 5 1/2" OR 18" SCH 80 PIPE & 2" MULTIVALVE WITH 3/4" SAFETY RELIEF VALVE 03-023
6-B	2" X 6 1/4" SCH 80 PIPE OR 2" X 16 5/8" SCH 80 PIPE FOR 2" MULTIVALVE WITH 3/4" SAFETY RELIEF VALVE 03-013 03-014
7	3/4" 3000# ST FLG WELDED TO 1" OD PIPE FOR LQ WITHDRM 03-020
8	NAME PLATE, CIRCUMFERENTIALLY WELDED TO THE SHELL
9	ANODE ATTACHMENT 3/8 X 1 STUD 03-016 03-017
10	DOVE BRACKET (2) 06-006
TOL	OVERALL DIM. ± 1/4" NOZ. PROJ. AND LOCATION ± 1/8" SUPT. AND LUG LOCATION ± 1/4"
DRAWN BY:	K. DALE
DATE:	03-08-05
SCALE	NTS
DWG. NO.	1000 UC

**QUALITY STEEL CORP**  
2914 U.S. HWY 61 / P.O. BOX 249  
CLEVELAND, MS 38732-0249

1000 GAL. UNDERGROUND  
L.P. GAS TANK

40

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date:

11/20/14

To:

Plan Review -  
(Person's Name and Division)

RECEIVED

From:

Jeremy Clancy  
(Your Name, Company Name and Telephone Number)

443,610 7514

NOV 21 2014

Subject:

Project name

Project site address

14939 Victory Lane Glenelg MD

Permit # 1314004080

SDP #

PLAN REVIEW DIVISION

Other information pertinent to this project

✓ Please check the attachments below that you are submitting with this transmittal:

Letter of response to address plan review comment letter

Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.

Letter Summarizing Changes

Energy conservation calculations

✓ Copies of AIA Review (be specific).

\* Tank location Change

Health Department Request

DPZ/ DED Request

✓ Applicant's Request

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #

Other

**Contact Person Information: (Required)**

Please Print Name

Telephone No:

E-Mail Address:

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by

AKH

PERMIT NOT ISSUED YET  
CC: Health  
DPZ  
DED

Approved as shown  
for B14004080 (underground  
propane tank) - U.O. 12/1/14

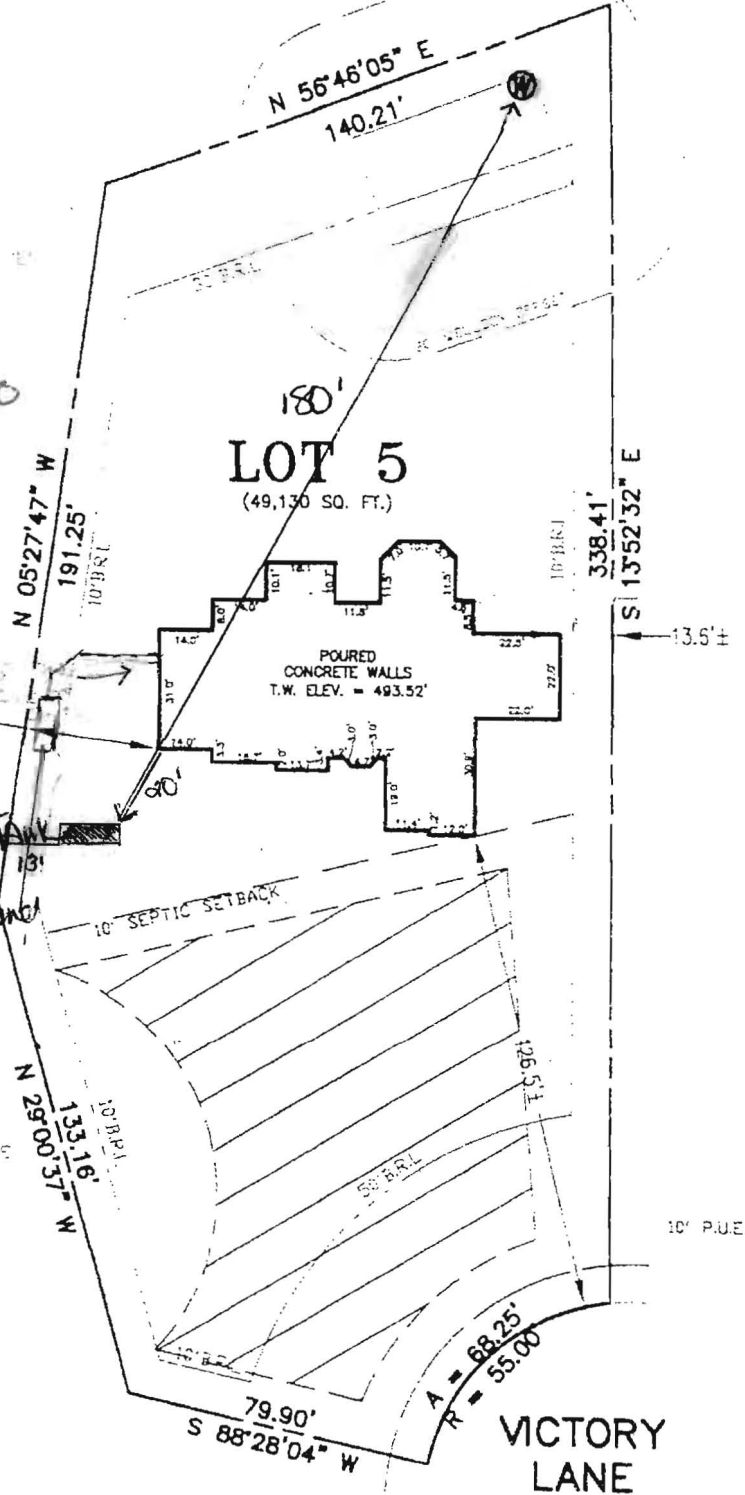
LEGEND:

BRL BUILDING RESTRICTION LINE  
T.W. TOP OF WALL  
ELEV. ELEVATION  
P.U.E. PUBLIC UTILITY EASEMENT

REVISED  
Date: 11/20/14  
Comments: B14004080  
CHANGE TANK  
LOCATION

New Location  
Propane Tank  
100% underground

Scale  
1" = 50'



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN  
SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 14939 VICTORY LANE  
GLENELG, MD 21737