



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: 5/16/14

Permit No.: B14001646

Building Address: 14940 Victory Lane
City: Greenberg State: MD Zip Code: 21737
Suite/Apt. #: SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot: 6
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: SFD
Proposed Use: SFD w/ tank
Estimated Construction Cost: \$ 8000
Description of Work: Install 1000 gal
Propane tank

Occupant or Tenant: Owner
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name:
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 st floor:
	2 nd 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:
<input checked="" type="checkbox"/> 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

Property Owner's Name: TOLL MD VII Limited
Address: 7114 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: Jeremy Clancy
Address: PO Box 1253
City: Sikesville State: MD Zip Code: 21784
Phone: 4433401229 Fax:
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas
Contact Person: William Herung
Address: 7201 Monte Wedo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: 4107991114 Fax:
Email:

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

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
<input type="checkbox"/> 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
Jeremy@appliedandapproved.com
Email Address
Permits
Title/Company

Print Name
Date 5/16/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

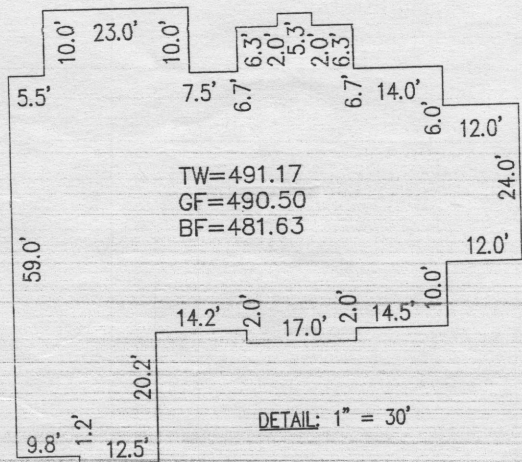
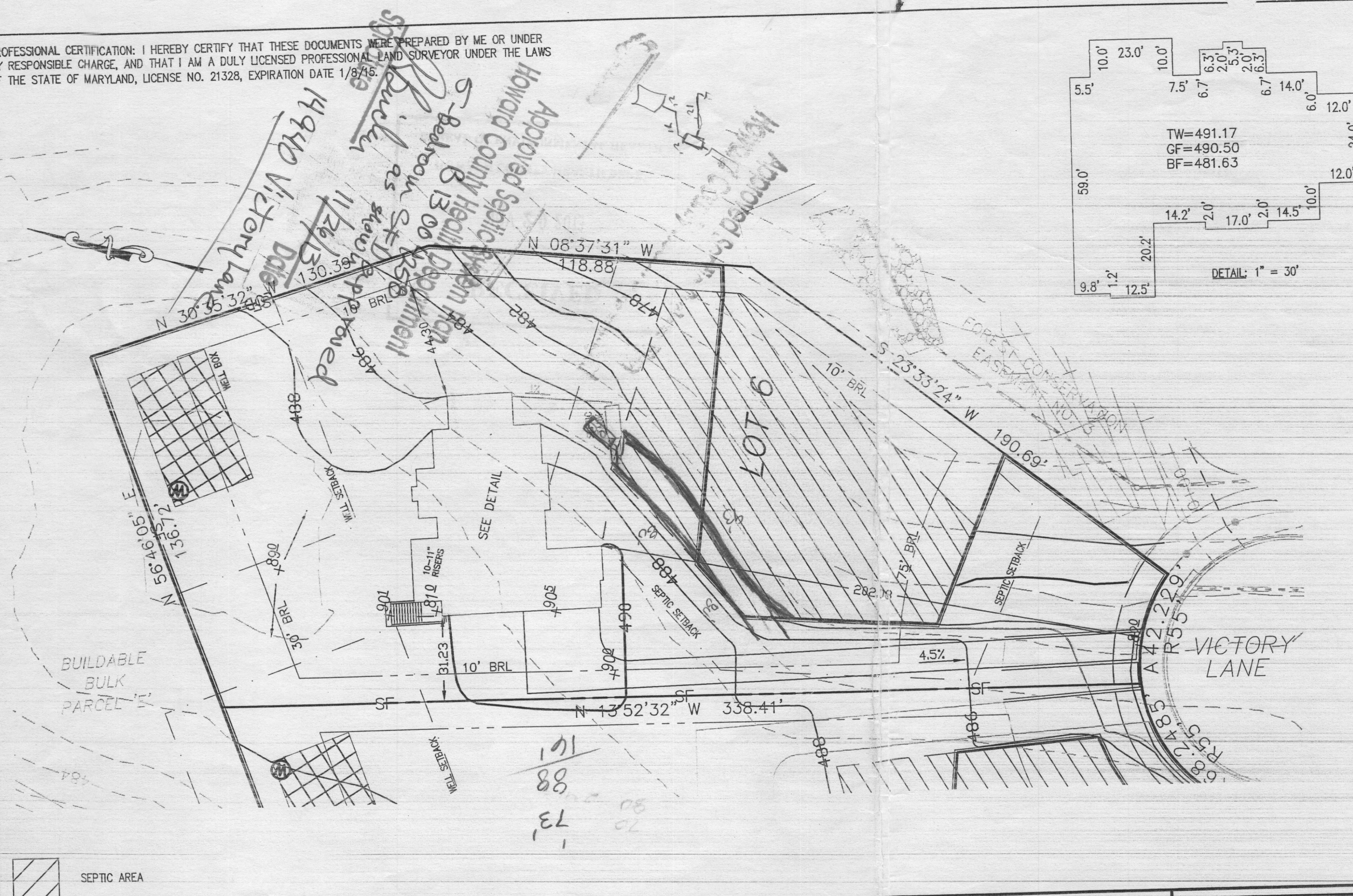
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	6/6/14	Hankoswaki

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 type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input 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	# 3656

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15.



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWER EASEMENT. ANY CHANGES TO A PRIVATE SEWER EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MERIWETHER FARM, PLAT No. 21751. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

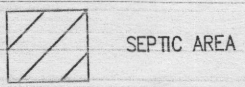
BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2084) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN F 08-199
E & S CONTROLS PER PLAN F 08-199
CULVERT FOR DRIVEWAY PER F-08-199

INV. @ HOUSE	481.5
GROUND @ INV. @ HOUSE	485.0
INV. IN TANK	481.1
INV. OUT TANK	480.8
TOP OF TANK	481.8
GROUND OVER TANK	483.0
INV. IN DIST. BOX	480.2
INV. OUT DIST. BOX	479.9
GROUND @ BOX	483.9

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT
COUNTY HEALTH OFFICER _____ DATE _____



BUILDABLE BULK PARCEL 'E'



- TYPE: HAMPTON (MANOR)-
DAYLIGHT BASEMENT
ALTERNATE LAUNDER LOCATION
ADD 1' TO HEIGHT OF BASEMENT
1ST FLOOR BEDROOM IN LIEU OF STUDY
SOLARIUM ADDITION
12' WIDE CONSERVATORY ELITE
10' CEILINGS IN BASEMENT
- OPTION No. 018
OPTION No. 022
OPTION No. 070
OPTION No. 075
OPTION No. 501
OPTION No. 263021
OPTION No. 90005004

ADDRESS: 14940 VICTORY LANE
GLENELG, MD 21737

PERMIT PLOT PLAN
LOT #6
MERIWETHER FARM
LIBER 11586, FOLIO 64
PLAT No. 21751
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 11/05/13 SCALE: 1"=40' FILE: LOT_6 PP
CHK'D: MJB JOB#: 3184 DRAWN: JLN



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: 8/4/14

Permit No.: B14002838

Building Address: 14940 Victory Ln		Property Owner's Name: Toli m Vill Limited	
City: Columbia	State: MD	Zip Code: 21737	Address: 7164 Columbia Gardens Dr
Suite/Apt. #	SDP/WP/BA #:		City: Columbia
Census Tract:	Subdivision: Merrimack Farm		State: MD
Section:	Area:	Lot: 6	Zip Code: 21056
Map: 21	Parcel: 28	Grid: 16	Phone:
Zoning:	Map Coordinates:	Lot Size: 1.1260	Fax:
Existing Use: SFD		Email:	
Proposed Use: SFD w/ propane tank		Applicant's Name & Mailing Address, (if other than stated herein)	
Estimated Construction Cost: \$ 9000		Applicant's Name: Jeremy Clarys	
Description of Work: install 1000 gallon underground propane tank		Address: po box 125	
Occupant or Tenant:		City: Edesburg	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		State: MD	
Contact Name:		Zip Code: 21784	
Address: 0000		Phone: 443-740-1819	
City:		Fax:	
State:		Email: Jeremy@AppliedAndApproved.com	
Zip Code:		Contractor Company: Valley National Gas	
Phone:		Contact Person: William Giering	
Fax:		Address: 7201 Montevideo Rd	
Email:		City: Jessup	
		State: MD	
		Zip Code: 20794	
		License No.: 607793	
		Phone: 410-799-1114	
		Fax:	
		Email:	
		Engineer/Architect Company:	
		Responsible Design Prof.:	
		Address: Contractor	
		City:	
		State:	
		Zip Code:	
		Phone:	
		Fax:	
		Email:	

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	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 type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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Applicant's Signature: [Signature] Print Name: Jeremy Clarys

Email Address: Jeremy@AppliedAndApproved.com Date: 8/4/14

Title/Company: Permits

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	8/26/14	H. Oswald

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

☐ CONTINGENCY CONSTRUCTION START

DP2 SETBACK INFORMATION
Front: 5
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input 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	# 3907

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

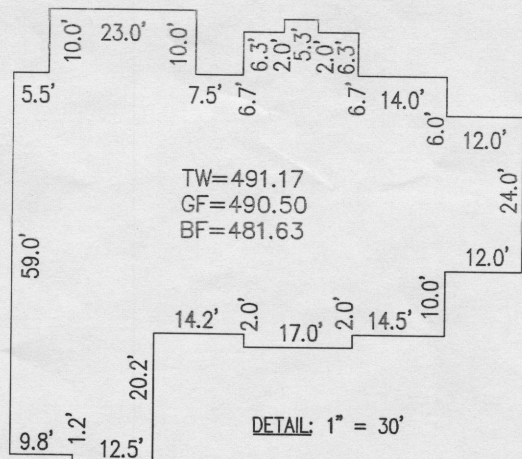
Gold: SHA

T:\Operations\Updated Forms\Building applm 8.2012.docx

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Approved Septic System Plan
Howard County Health Department
5-Bedroom SFD
Area way revised

REVISED
Date: 12/11/2013
Comments: B13004258



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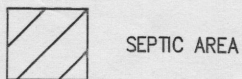
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SWM FOR THIS LOT IS MANAGED PER PLAN F 08-199

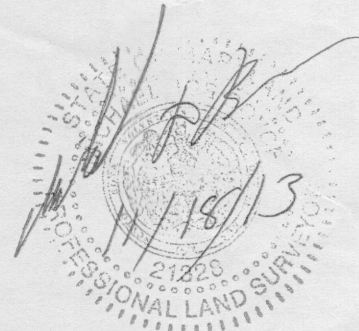
E & S CONTROLS PER PLAN F 08-199
CULVERT FOR DRIVEWAY PER F-08-199

INV. @ HOUSE	481.5
GROUND @ INV. @ HOUSE	485.0
INV. IN TANK	481.1
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TOP OF TANK	481.8
GROUND OVER TANK	483.0
INV. IN DIST. BOX	480.2
INV. OUT DIST. BOX	479.9
GROUND @ BOX	483.9



APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



- TYPE: HAMPTON (MANOR)-
DAYLIGHT BASEMENT
ALTERNATE LAUNDRER LOCATION
ADD 1' TO HEIGHT OF BASEMENT
1ST FLOOR BEDROOM IN LIEU OF STUDY
SOLARIUM ADDITION
12' WIDE CONSERVATORY ELITE
10' CEILINGS IN BASEMENT
- OPTION No. 018
OPTION No. 022
OPTION No. 070
OPTION No. 075
OPTION No. 501
OPTION No. 263021
OPTION No. 90005004

ADDRESS: 14940 VICTORY LANE
GLENELG, MD 21737

PERMIT PLOT PLAN
LOT #6
MERIWETHER FARM
LIBER 11586, FOLIO 64
PLAT No. 21751
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 11/05/13 SCALE: 1"=40' FILE: LOT_6 PP
CHK'D: MJB JOB#: 3184 DRAWN: JLN



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Building Address: 14940 Victory Lane
City: Glenelg State: MD Zip Code: 21737
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot: 6
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: Vacant Lot
Proposed Use: Single Family Dwelling
Estimated Construction Cost: \$ 350,000
Description of Work: Hampton Manor
w/ Solarium, Conservatory

Occupant or Tenant:
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Property Owner's Name: Toll MD VII LP
Address: 7164 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21046
Phone: 443-500-0606 Fax:
Email: Kmonath@tollbrothersinc.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Keith Monath
Address: 14881 Meriwether Dr
City: Glenelg State: MD Zip Code: 21737
Phone: 443-500-0606 Fax: 410-489-2676
Email: Kmonath@tollbrothersinc.com

Contractor Company: Toll Brothers Inc
Contact Person: Keith Monath
Address: 14881 Meriwether Dr
City: Glenelg State: MD Zip Code: 21737
License No.: 5050
Phone: 443-500-0606 Fax: 410-489-2676
Email: Kmonath@tollbrothersinc.com

Engineer/Architect Company:
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 st floor: 70'2" 80'
Area of construction (sq. ft.):	2 nd floor: 65'8" 68'
	Basement: 55'4" 80'
Use group:	<input type="checkbox"/> Finished Basement
	<input checked="" 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: 5
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
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<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:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<input type="checkbox"/> 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 type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: G12000002
Building Shell Permit Number:

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Applicant's Signature: Keith Monath
Email Address: Kmonath@tollbrothersinc.com
Title/Company: CM / Toll Brothers Inc.

Print Name: Keith Monath
Date: 11/14/13

RECEIVED

NOV 14 2013

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	11/16/13	R. B. Bickel
Is Sediment Control approval required for issuance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#09338386

Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp B.2012.docx

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

Date: 12/11/13
To: Permits
(Person's Name and Division)
From: Keith Monath Toll Brothers (443) 500-0606
(Your Name, Company Name and Telephone Number)
Subject: Project name Cattail Overlook
Project site address 14881 Meriwether Dr
Permit Number B13004258 SDP # _____
Other information pertinent to this project _____

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

- ☐ Letter of response to Howard County plan review code letter
☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
☐ Structural steel certification
☐ Energy conservation calculations
☐ Certification for _____ (be specific).
☐ Copies of _____ (be specific).
☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
☒ Other revised plot plan

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

Jason Mudd (301) 418-1923
(Person's name) (Telephone number)

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

*** PLAN REVIEW HAS
ALREADY APPROVED**

white: Plan Review Division
yellow: Applicant
pink: Permit Division

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CC: DPZ
DED
Heath

INV#343729

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