



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: 5-5-15

Permit No.: B15001711

Building Address: 14917 Victory Lane
 City: Glenn State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Morchester Elm
 Section: _____ Area: _____ Lot: 3
 Tax Map: _____ Parcel: 28 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant
 Proposed Use: SFD Hampton new home
 Estimated Construction Cost: \$ 22000
 Description of Work: Hampton 4 bedroom
3 car garage 4 BR 1 HR
sunroom

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 Limited Partnership
 Address: 7167 Columbia Gateway, # 11230
 City: Columbia State: MD Zip Code: 21046
 Phone: 410 431 7165 Fax: _____
 Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Steve Landell
 Address: 8835 Secret Garden Place
 City: Springfield State: VA Zip Code: 22153
 Phone: 703 443 7621 Fax: _____
 Email: peickpermits@gmail.com

Contractor Company: Toll MD VII Limited Partnership
 Contact Person: Mike
 Address: 7167 Columbia Gateway, # 11230
 City: Columbia State: MD Zip Code: 21046
 License No.: 5050
 Phone: _____ Fax: _____
 Email: _____

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: <u>764 - 68'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>69-8' 68'</u>
Use group: _____	Basement: <input type="checkbox"/> Finished Basement
Construction type:	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: _____
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	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 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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input 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 type="checkbox"/> No	
Grading Permit Number:	<u>G12000002</u>
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: peickpermits@gmail.com
 Title/Company: Summit Management

Print Name: Steve Landell
 Date: 5/4/15

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	<u>6/16/15</u>	<u>H. Oswald</u>

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	\$	<u>100</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	<u>50</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>0167226</u>



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 Howard County Maryland
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 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 5/5/15

Permit No.: B15001711

Building Address: 14917 Victory Lane
 City: Greenbelt State: Md Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Merivethen Com
 Section: _____ Area: _____ Lot: 3
 Tax Map: _____ Parcel: 28 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant
 Proposed Use: SFD Hampton new home
 Estimated Construction Cost: \$ 209,000
 Description of Work: Hampton 4 bedroom
3 car garage 4 BR 1 HB
Sunroom

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 Limited Partnership
 Address: 7164 Columbia Gateway, # 210
 City: Columbia State: Md Zip Code: 21046
 Phone: (410) 481-7408 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Steve Landolt
 Address: 8838 Sweet Gum Place
 City: Springdale State: Va Zip Code: 22153
 Phone: 703-453-7621 Fax: _____
 Email: peakpermits@gmail.com

Contractor Company: Toll MD VII Limited Partnership
 Contact Person: Mike
 Address: 7164 Columbia Gateway # 210
 City: Columbia State: Md Zip Code: 21046
 License No.: 5050
 Phone: _____ Fax: _____
 Email: _____

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: <u>76'-4" x</u>	<u>68'</u>
Area of construction (sq. ft.):	2 nd floor: <u>69'-8" x</u>	<u>68'</u>
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>CR200002</u>
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] Print Name: Steve Landolt
 Email Address: peakpermits@gmail.com Date: 5/4/15
 Title/Company: Summit Management

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		

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	\$	<u>100</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	<u>50</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>01169026</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



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: 8-19-15

Permit No.: B15003579

Building Address: 14917 Victoria Ln
City: Columbia State: MD Zip Code: 21117
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: MERIDALE FARM
Section: _____ Area: _____ Lot: 3
Tax Map: 21 Parcel: 28 Grid: 16
Zoning: _____ Map Coordinates: _____ Lot Size: 1.755 acres

Existing Use: SHD
Proposed Use: SHD w/ popcorn tank
Estimated Construction Cost: \$ 8000
Description of Work: install 1000 gallon underground popcorn tank

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

Property Owner's Name: Tull and Vill Limited Partnership
Address: 7101 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: Jerome Conroy
Address: P.O. Box 1253
City: Edwardsburg State: MD Zip Code: 21849
Phone: 410-340-1229 Fax: _____
Email: Jerome@AppliedandApproved.com

Contractor Company: TECH AIR
Contact Person: Jeff Kennen
Address: 1560 A-D Color Center Dr
City: Baltimore State: MD Zip Code: 21227
License No.: 688164
Phone: 410-545-4393 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 checked="" 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:
	<input type="checkbox"/> Finished Basement
	<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

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 type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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Applicant's Signature: Jerome Conroy
Email Address: Jerome@AppliedandApproved.com
Title/Company: _____

Print Name: Jerome Conroy
Date: 8/19/15

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	<u>8/31/15</u>	<u>[Signature]</u>

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: _____

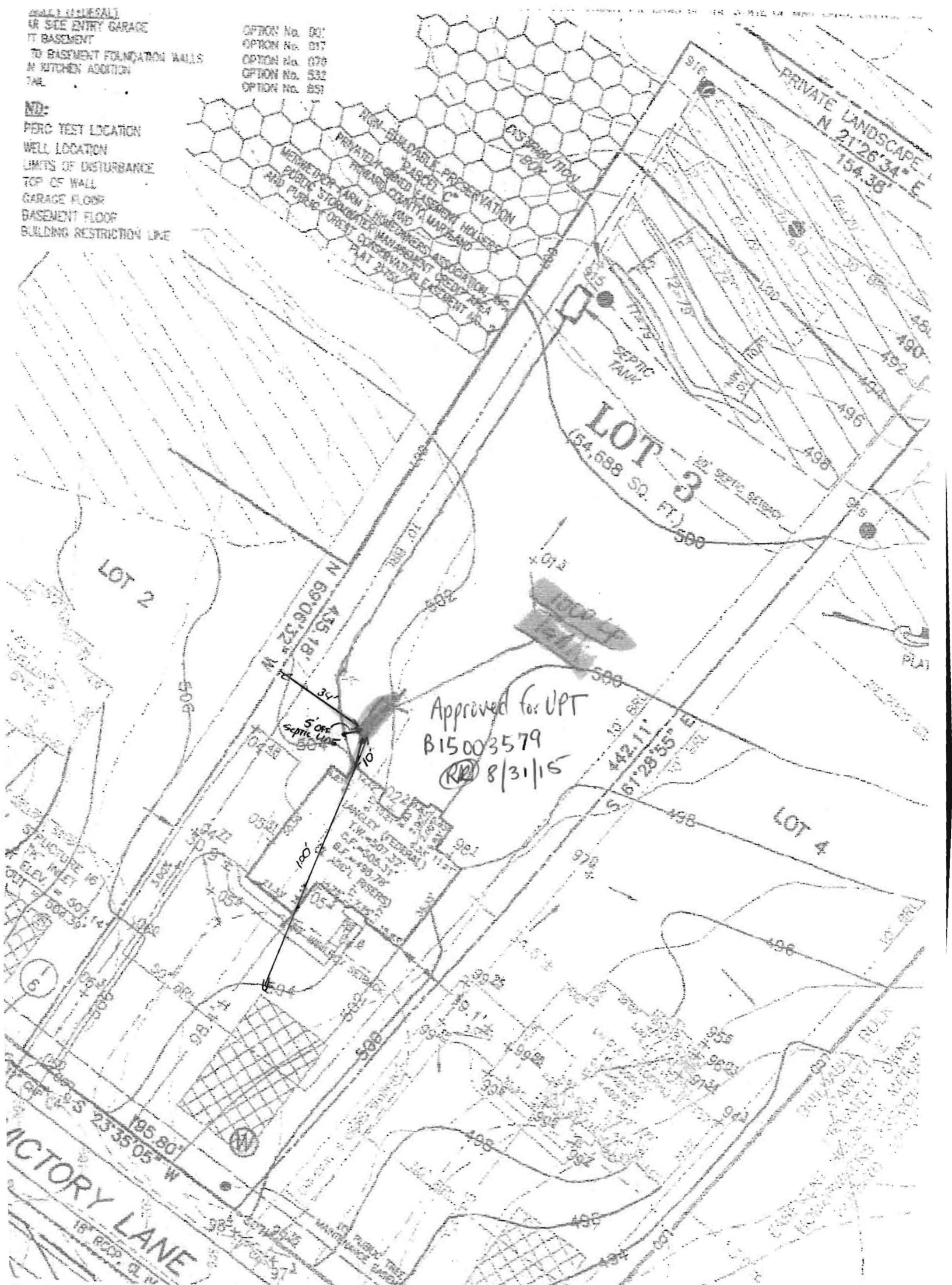
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>110</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4151</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

GARAGE (RESIDENTIAL)
 OR SIDE ENTRY GARAGE
 TO BASEMENT
 TO BASEMENT FOUNDATION WALLS
 IN KITCHEN ADDITION
 748

OPTION No. 001
 OPTION No. 017
 OPTION No. 078
 OPTION No. 532
 OPTION No. 651

ND:
 PERC TEST LOCATION
 WELL LOCATION
 LIMITS OF DISTURBANCE
 TOP OF WALL
 GARAGE FLOOR
 BASEMENT FLOOR
 BUILDING RESTRICTION LINE



ITEM/BEST AVAILABLE TECHNOLOGY (BAT) NOTES:

- 1. TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN IS REQUIRED.
- 2. THE DEPTH OF THE BAT FOR THE MANUFACTURER'S SPECIFICATION IS 3 FEET COVER. MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
- 3. ITEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- 4. SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.

SEWAGE DISPOSAL SYSTEM DATA (5 BORM)

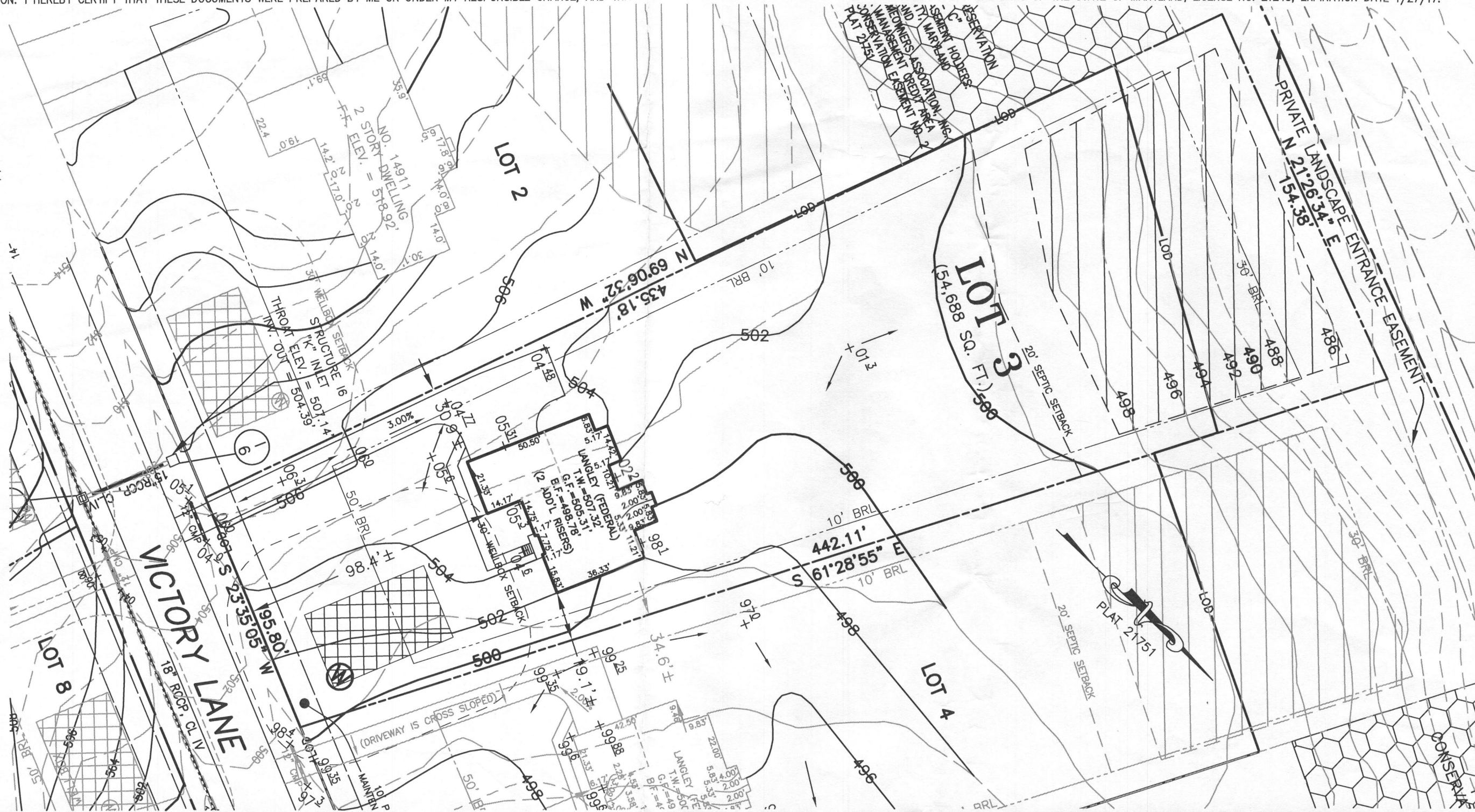
- 1. NORWECO SINGULAR INTLP-500 (3 CHAMBER SYSTEM)
 PROPOSED INVERT AT FOUNDATION WALL: 492.6'
 EX. GRADE OVER TANK: 499.2'
 PROPOSED GRADE OVER TANK: 499.0'
 INVERT IN: 495.5' INVERT OUT: 495.2'
- 2. DISTRIBUTION BOX:
 EXISTING GRADE OVER BOX: 496.1'
 PROPOSED GRADE OVER BOX: 498.1'
 INVERT IN: 495.0' INVERT OUT: 494.7'

Addie
 14917 U
 Glepely
 Lot 3

14917 Victory Lane Scale 1"=40'

LEGEND:

- (W) WELL LOCATION
- LOD- LIMITS OF DISTURBANCE
- TW TOP OF WALL
- GF GARAGE FLOOR
- BF BASEMENT FLOOR
- BRL BUILDING RESTRICTION LINE



6/22/15
 Plan approved
 as shown
 for B15001711
 (SFO 4 BR's)
 H.O.



TYPE: LANGLEY (FEDERAL)
 THREE CAR SIDE ENTRY GARAGE
 WALK-OUT BASEMENT
 ADD'L 1' TO BASEMENT FOUNDATION WALLS
 PALLADIAN KITCHEN ADDITION
 DOUBLE TAIL

OPTION No. 001
 OPTION No. 017
 OPTION No. 070
 OPTION No. 532
 OPTION No. 851

WELL TAG NUMBER: HO-95-2081

ADDRESS: 14917 VICTORY LANE
 GLENELG, MD 21737

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

PLOT PLAN
 LOT 3
MERIWETHER FARMS

LIBER 13779, FOLIO 473
 PLAT NO. 21751
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND



ESE Consultants, Inc.
 7164 Columbia Gateway Dr.
 Suite 230
 Columbia, MD 21046
 Tel: 410-872-9105
 Fax: 410-872-4870

DATE: 06/03/2015
 CHK'D: G.V.S.

SCALE: 1"=40'
 JOB NO: 3184

FILE: PP LOT 3
 DRAWN: R.C.K