

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BC7001451

Building Address 12816 FORT CAROL CIRCLE  
SYLVERSBURG MD 21791-2288

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 37

Tax Map 9 Parcel 333 Grid 10

Zoning \_\_\_\_\_ Map Coordinates 5-69 Lot size 3.60 AC

Property Owner's Name Paul A. Grooms

Address 12816 FORT CAROL CT

City Sylversburg State MD Zip Code 21791

Home Phone 410 489 0825 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use SEED

Proposed Use TANA

Estimated Construction Cost \$ 1000000

Description of Work INSTALL (1) LOW VOLT  
TRANSFORMER AND AS PER PERMITS  
FOR BACK MOUNTED TRANSFORMER

Contractor Company Michael William Thomas Repco

Contact Person Robert J. Miller Sr.

Address 2313 Cherry Rd

City Baltimore State MD Zip Code 21222

License No. 73001

Phone 410 692 5411 Fax 410 397 7937

Occupant or Tenant Owner

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Foofings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

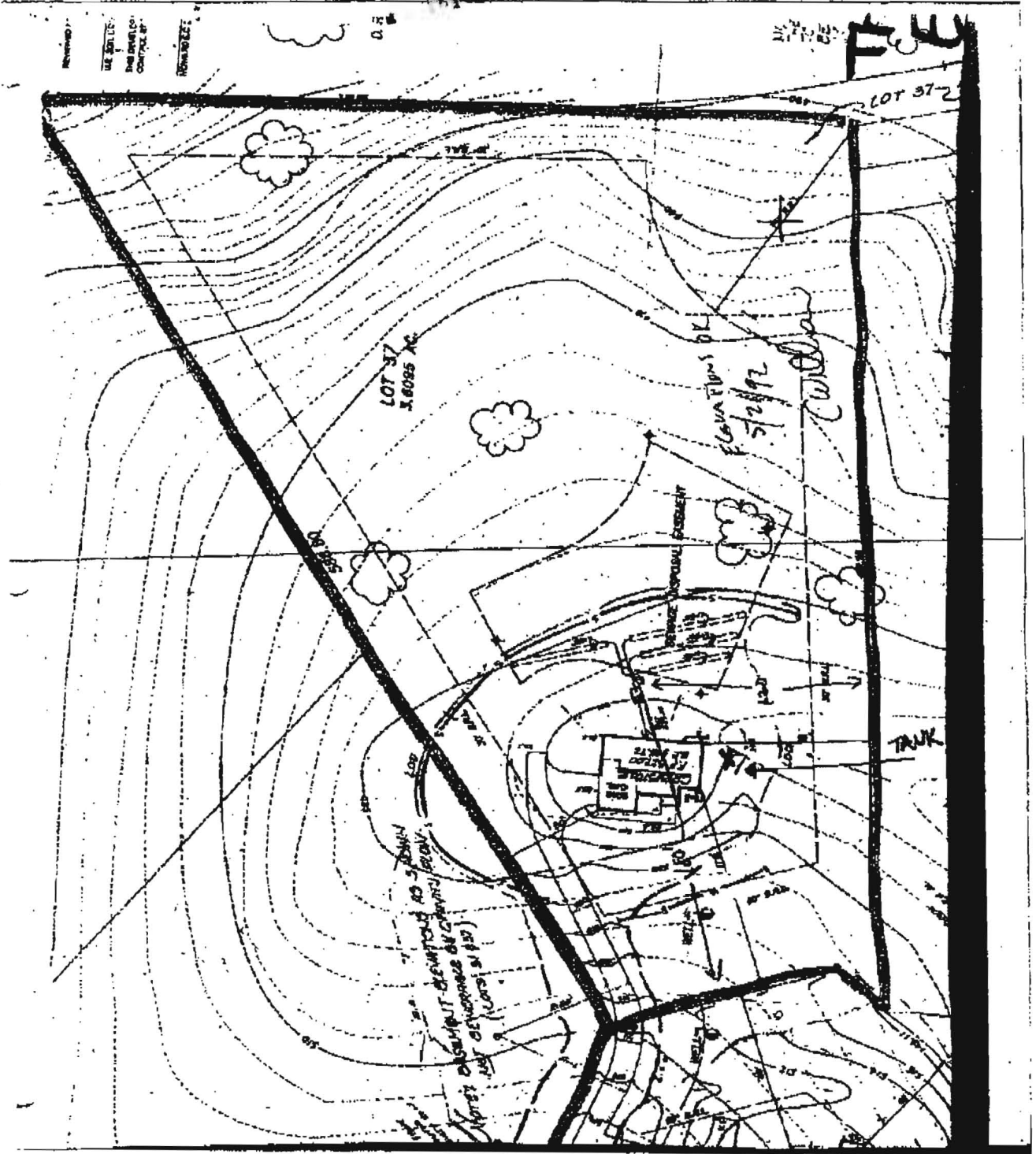
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Robert J. Miller Sr.  
Applicant's Signature  
Title/Company \_\_\_\_\_

Robert J. Miller Sr.  
Print Name  
4/15/07  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>1000</u>
Health	<u>5/17/07</u>	<u>Robert J. Miller Sr.</u>	All minimum setbacks met?	TOTAL FEES \$ <u>11000</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

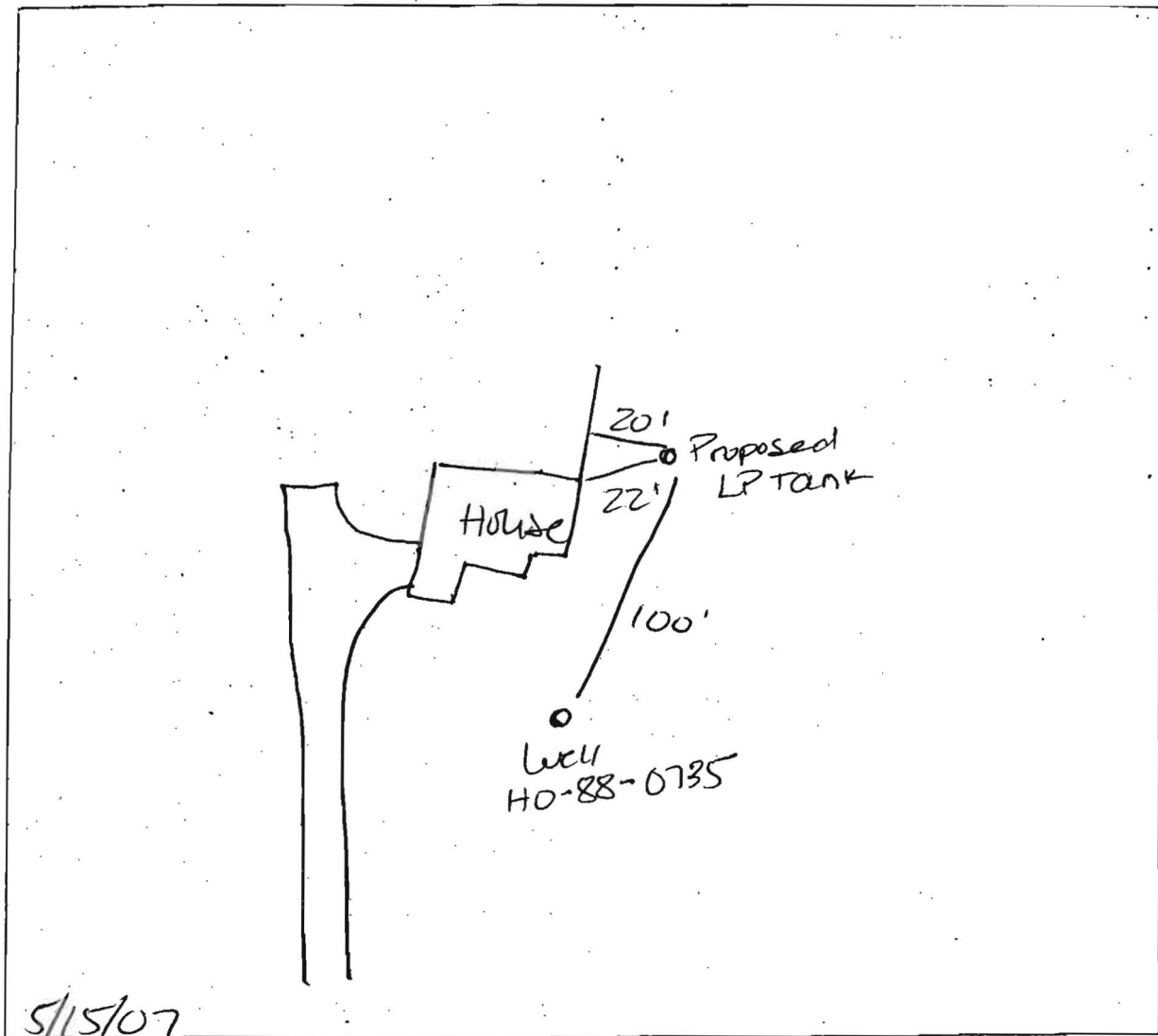


B07001451

SITE INSPECTION SHEET

OWNER: Paul + Beth German PHONE #: \_\_\_\_\_  
ADDRESS: 12816 Forest Creek Ct. CONTRACTOR: \_\_\_\_\_  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: 1000 g ~~well~~ underground propane tank

LOCATION DIAGRAM



COMMENTS: Septic >5' from proposed LP TANK  
and  $\geq 100'$  from existing well (OT)