



Building Address: 1815 Marriottsville Rd
 City: Mariottsville State: MD Zip Code: 21104
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Myers Prop
 Section: _____ Area: _____ Lot: 1
 Tax Map: 10 Parcel: 32 Grid: 22
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.56 (A)

Property Owner's Name: Randi Eisenberg
 Address: 1815 Marriottsville Rd
 City: Mariottsville State: MD Zip Code: 21104
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: Po Box 310
 City: Perry Hall State: MD Zip Code: 21288
 Phone: 443-340-1229 Fax: _____
 Email: Jeremy@AppliedandApproved.com

Existing Use: SFD
 Proposed Use: SFD w/ propane TANK
 Estimated Construction Cost: \$ 8,000.

Contractor Company: TEXAS OIL
 Contact Person: C. Newin Haines
 Address: 1618 N. Main St
 City: Hampstead State: MD Zip Code: 21074
 License No.: 468
 Phone: 410-239-9575 Fax: _____
 Email: _____

Description of Work:
Install 1000 gal underground propane tank

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

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 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	

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: [Signature]
 Print Name: Jeremy Clancy
 Email Address: Jeremy@AppliedandApproved.com
 Title/Company: permits

Date: 4/22/16

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>4/22/16</u>	<u>[Signature]</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? <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>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>5178</u>

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

Date: 4/18/16

To: Sydonia Garrett
(Person's Name and Division)

From: Jeremy Clancy (443) 340-1229
(Your Name, Company Name and Telephone Number)

Subject: Project name Eisenberg Tank
Project site address 1815 Marriottsville Rd
Permit # B16001460 SDP # _____
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 _____ (be specific).
- _____ 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)

Jeremy Clancy
Please Print Name

Telephone No: 443-340-1229

E-Mail Address: Jeremy@AppliedandApproved.com

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 R. Hurman

DILP 2016 APR 19 PM2:16

1"=40' 1815 MARIOTTVILLE ROAD



SHEET 3 of 3

Revised and Resubmitted
(See Revised Plan 4/17/16)
Comments B1b-1460

WSP

291.50'

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 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

CODE STAMP: "U" U.L. LISTED

DESIGN CONDITION	P.S.I.C. INT.	250 PSI
	DESIGN TEMP.	123° F MAX.
	M.D.M.T.	-20° F @ 250 PSI
	X-RAY	WRT3
	TEST P.S.I.G.	325 PSI
INSP	CUSTOMER	
	OTHER:	AA

VESSEL MATERIAL	HEADS	SA-414C OR SA-285C
	SHELL	SA-414C
	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
	CONTENTS: FOR USE WITH LIQ. PETROLEUM GAS
VESSEL DATA	APPROX. WEIGHT:
	1000 GAL CAP. 1800#

NO.	DESCRIPTION	ITEM NO
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ALL VALVES U.L. APPROVED		
1	HEMISPHERICAL HEAD (2)	04-041
2	LIFT LUG (4)	06-001
3	LEG (2) "OPTIONAL"	06-043
4	DOME COVER ASS'Y 12"	02-037
5	DOME 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 LIQ WITHDRAL	03-020
8	NAME PLATE CIRCUMFERENTIALLY WELDED TO THE SHELL	----
9	ANODE ATTACHMENT 3/8" X 1 STUD 2- 3/8-16 NUTS	03-016 03-017
10	DOME BRACKET (2)	06-006

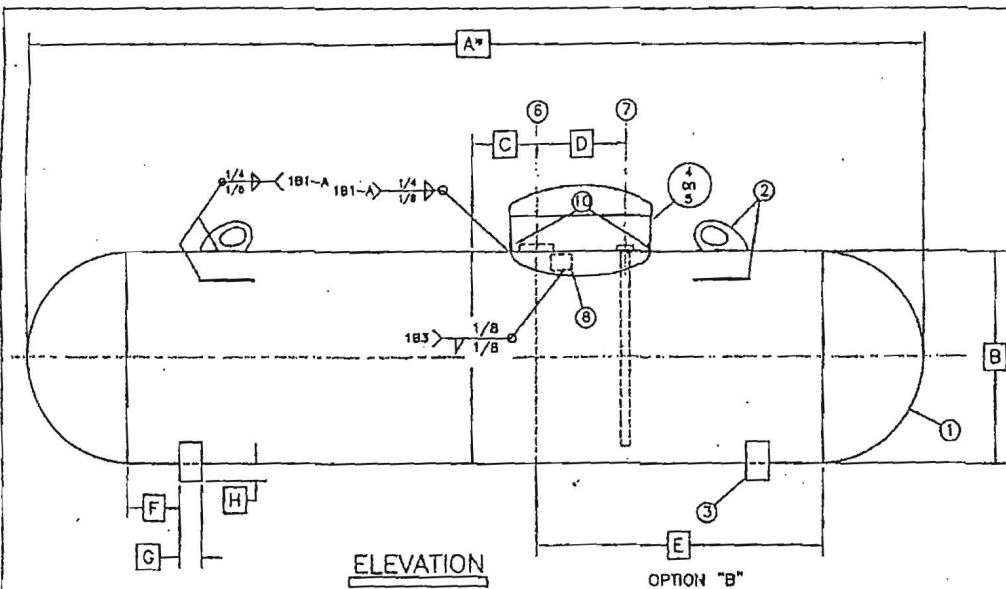
TOL.	OVERALL DIM.	± 1/4"
	NOZ., PROJ. AND LOCATION	± 1/8"
	SUPT. AND LUG LOCATION	± 1/4"

DRAWN BY: K. DALE

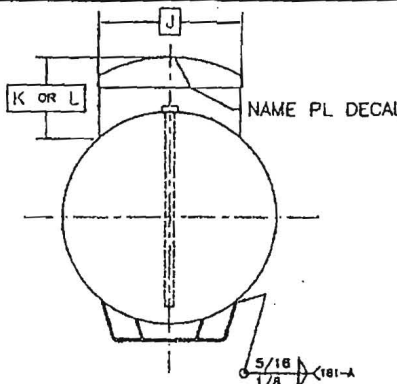
QUALITY STEEL CORP
2914 U.S. HWY 61 / P.O. BOX 249
CLEVELAND, MS 38732-0249

1000 GAL. UNDERGROUND L.P. GAS TANK

DATE:	SCALE:	DWG. NO.:
03-08-05	HTS	1000 UG



ELEVATION



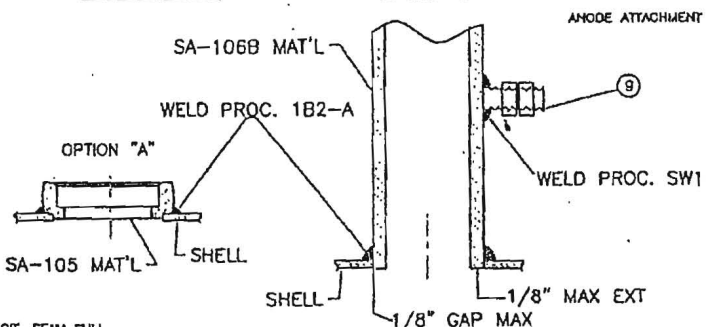
END VIEW

PART. NO.	UQ-7
CAP. GAL.	1000
A	15"-10"
B	41" OD
C	8.5"
D	8.5"
E	89"
F	3"
G	3"
H	2"
J	16"
K	26"
L	12"
HEAD THK	.201"
SHELL THK	.238"
SURFACE AREA SQ. FT.	172.0

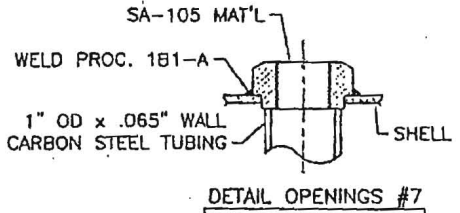
NOTES:

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

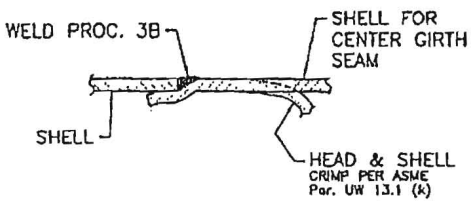
*DIMEN. "A" CAN BE +4" AND -0". ALL OTHERS ±1/2"



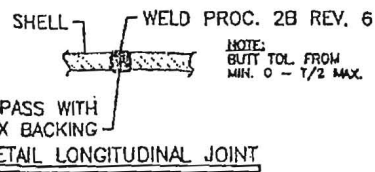
DETAIL OPENINGS #6



DETAIL OPENINGS #7



DETAIL HEAD & SHELL JOINTS



DETAIL LONGITUDINAL JOINT



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

3430 Courthouse Drive

Ellicott City, Maryland 21043

410-313-2350

Voice/Relay

Valdis Lazdins, Director

FAX 410-313-3467

April 20, 2016

Mr. Jeremy Clancy
Applied & Approved Permits
PO Box 310
Perry Hall, MD 21128

RE: Building Permit #B16001460
1815 Marriottsville Rd.

Dear Mr. Clancy:

This is in reference to your building permit received in this office on April 18, 2016. Before your permit can be reviewed please submit a revised plot plan showing the location of the proposed propane tank. Please submit your revised plot plan to: The Department of Planning & Zoning, Division of Public Service & Zoning Administration, 3430 Court House Dr., Ellicott City, MD 21043, Attn: Diana Rose. Should you have questions, please feel free to contact me at either dmrose@howardcountymd.gov or (410) 313-3372.

Very truly yours,

Diana Rose
Division of Public Service
And Zoning Administration
Department of Planning & Zoning

SHEET 2 of 3
 SCALE: 1" = 10'
 DATE: 11-17-11
 FCC # 12027
 LOT # 1 ~ MYERS

