



# 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: 3/19/2019

Permit No.: B19000766

Building Address: 1710 WILLOW SPRINGS  
City: SYKEVILLE State: MD Zip Code: 21784  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: RES  
Proposed Use: RES  
Estimated Construction Cost: \$9,000  
Description of Work: INSTALL 1000 GALLON UNDERGROUND PROPANE TANK

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

Property Owner's Name: ROBERTS  
Address: 1710 WILLOW SPRINGS DR  
City: SYKEVILLE State: MD Zip Code: 21784  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: GREAT VALLEY PROPANE  
Contact Person: GEORGE AMOS  
Address: P.O. BOX 3731  
City: LOTHRIEVILLE State: MD Zip Code: 21683  
License No.: 160372  
Phone: 410 241 3024 Fax: \_\_\_\_\_  
Email: gva@propantank.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:                                          | 1st floor:                                                                            |
| Area of construction (sq. ft.):                                     | 2nd 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:                                                                           |
| 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                                                                 |
|---------------------------------------------------------------------------|
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| Water Supply                                                              |
| <input type="checkbox"/> Public                                           |
| <input checked="" type="checkbox"/> Private                               |
| Sewage Disposal                                                           |
| <input type="checkbox"/> Public                                           |
| <input checked="" type="checkbox"/> Private                               |
| 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:                                             |

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: \_\_\_\_\_  
Email Address: gva@propantank.com  
Title/Company: DIVISION MANAGER

Print Name: GEORGE AMOS  
Date: 3/19/2019

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             | 3/28/19 | R-TN                  |

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      | \$ <u>100</u>    |
| Tech Fee        | \$ <u>10</u>     |
| Excise Tax      | \$               |
| PSFS            | \$               |
| Guaranty Fund   | \$               |
| Add'l per Fee   | \$               |
| Total Fees      | \$ <u>110.00</u> |
| Sub- Total Paid | \$               |
| Balance Due     | \$               |
| Check           | #                |

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

Yellow: PSZA, Engineering

Pink: Health Gold: SHA

| REVISIONS |                       |                  |                           |
|-----------|-----------------------|------------------|---------------------------|
| DATE      | REVISION REQUESTED BY | REVISION MADE BY | REVISION                  |
| 0/1/00    | PLTE                  | SGL              | CHANGE HOUSE TYPE & DRIVE |
|           |                       |                  |                           |
|           |                       |                  |                           |
|           |                       |                  |                           |
|           |                       |                  |                           |
|           |                       |                  |                           |

## SEPTIC SYSTEM

INV. @ HOUSE 542.0 @ 1.

### SEPTIC TANK

EX. GRADE 542.0  
FIN. GRADE 543.6  
INV. IN 540.1  
INV. OUT 539.8

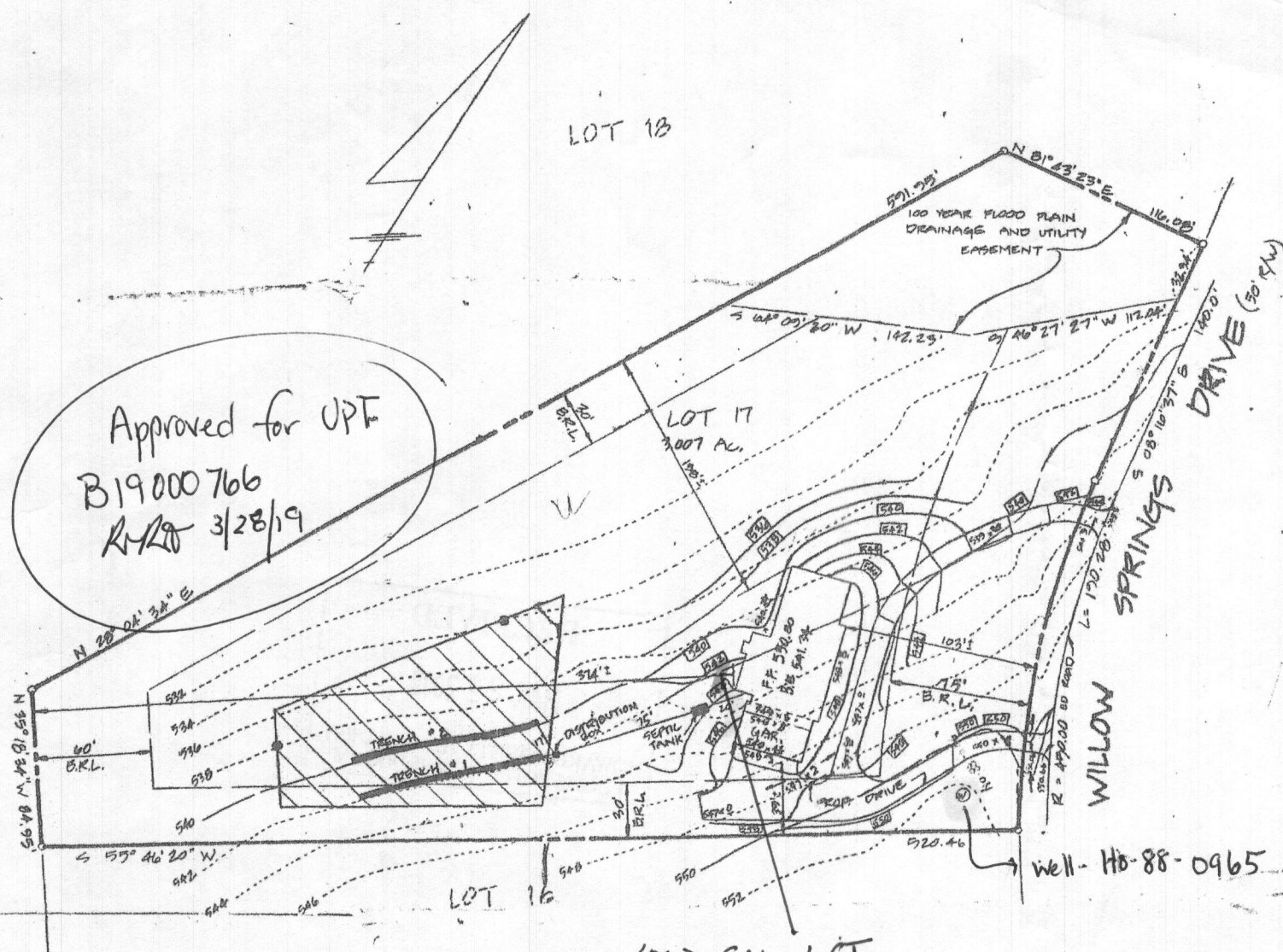
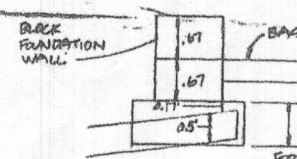
### DISTRIBUTION BOX

EX. GRADE 542.0  
FIN. GRADE 542.0  
INV. IN 539.05  
INV. OUT 539.05

### TRENCHES (LENGTH AND N BY HOWARD I. TRENCH

EX. GRADE 542.0  
FIN. GRADE 542.0  
INV. IN 539.0

NOTE: GRAVITY SEWER IS AVAILABLE BY THROUGH FOOTING



Approved for UPT  
B19000766  
RMR 3/28/19

1000 GAL. WGT.  
35' FROM HOUSE  
2 NEW LINES TO HOUSE  
CONNECT TO EXISTING LINE

SHANABERGER & LANE

8726 TOWN & COUNTRY BLVD.  
SUITE 100 & 107  
ELLICOTT CITY, MD 21043  
(301) 461-7563

OWNER:

PLTE HOME CORPORATION

2059 GAITHER ROAD  
GAITHERSBURG, MARYLAND 20877  
(301) 721-8707

WILLOW

1/9/9