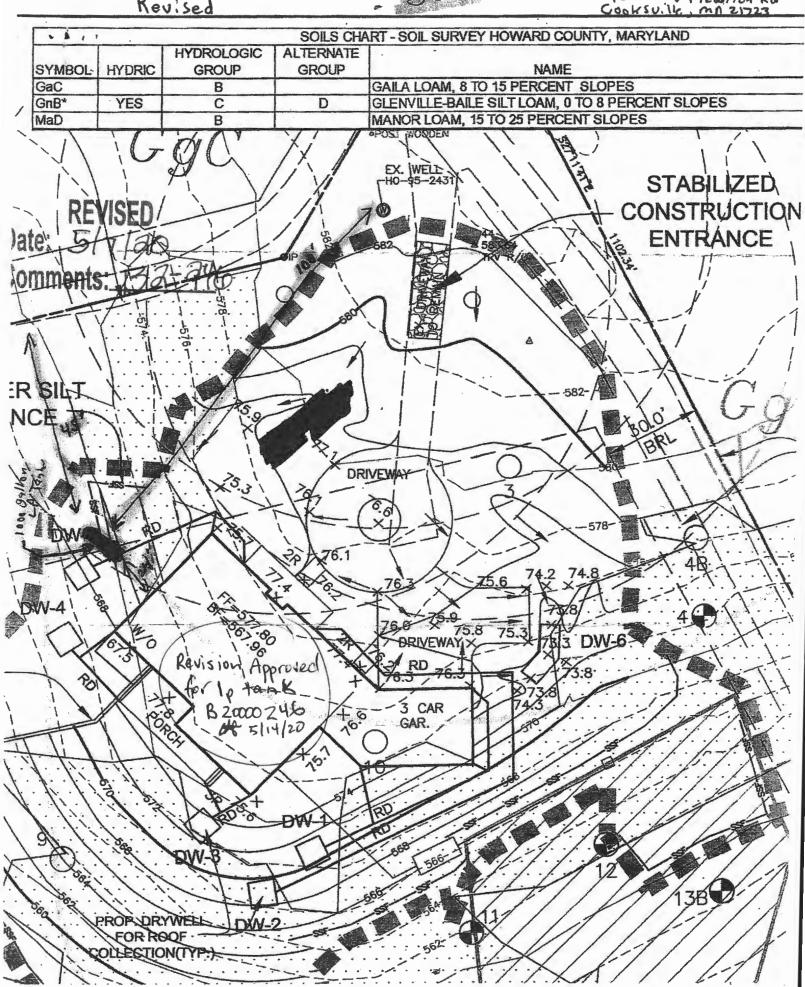
COMPLETE THIS FORM WHEN DROPPING OFF ANY ORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date:	8 15 120			
To:	(Person's Name and Divis	Plan Re	Wiew	
From:		to the street of	43) 826-0506	RECEIVED
Subjec	t: Project name T	sompson 695		
	Project site address	14285 010 free	brier Road	PLAN REVISION DIVISION
	Permit # 8	20000 246 SDI	*#	10 140N
	Other information pertin	nent to this project		, and the second
✓ Plea	se check the attachments below t	hat you are submitting with th	is transmittal:	
nation grow was	Letter of response to address pla	an review comment letter		
	Revised plans and/or revised de	tails: When submitting for a c	omplete re-review, dup	licate sets shall be submitted.
	Letter Summarizing Changes			•
	Energy conservation calculation	ns	need to reuis	e Tank lovation.
	Copies of Plat Plan	(be specific).		
	Health Departm	nent Request DP	Z/ DED Request	Applicant's Request
	Two sets of single family dwelli	ing model plans to be placed o	n permanent file: Model	l name and/or#
	Other Inspection for	iled	· · · · · · · · · · · · · · · · · · ·	
1	Contact Person Information	n; (Required)	,	
	Anthony Durso Please Print Name		Telephone No:	443-826-0506
	• •		E-Mail Address:	Adurso @ Thenpunter: 40.
PLEAS	SE ASSURE ALL DOCUMENT	IS AND/OR REVISIONS A	RE APPROPRIATELY	SIGNED AND SEALED IL
NECES INFOR OF INS ONCE SIGNA WILL INQUI AND IN PLEAS	SSARY, BY A LICENSED ARE REMATION MAY RESULT IN TO SPECTIONS, LICENSES AND THE BUILDING PERMIT IS A STORY AGENCIES, AND THE NOTIFY THE APPROPRIATE IN THE SHALL BE DIRECTED TO PLAN REVIEW INQUIRIES SEE ALLOW A MINIMUM OF FEE KYOU.	THE DELAY OF REVIEW B PERMITS WILL CONTACT APPROVED BY THE PLAN BUILDING PERMIT IS R E CONTACT PERSON FOR TO THE PERMIT DIVISION HALL BE DIRECTED TO	PLEASE BE ADVI Y THE PLANS EXAM YOU IF THERE IS A REVIEW DIVISION A EADY FOR ISSUANC OR PERMIT PICK U AT 410-313-2455. CO THE PLAN REVIEW	SED THAT INSUFFICIENT INER. THE DEPARTMENT PROBLEM. IN ADDITION ND ALL OTHER REQUIRED TO THE PERMIT DIVISION TO THE PERMIT STATUS ODE RELATED QUESTIONS DIVISION AT 410-313-2436

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014





Building Permit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive

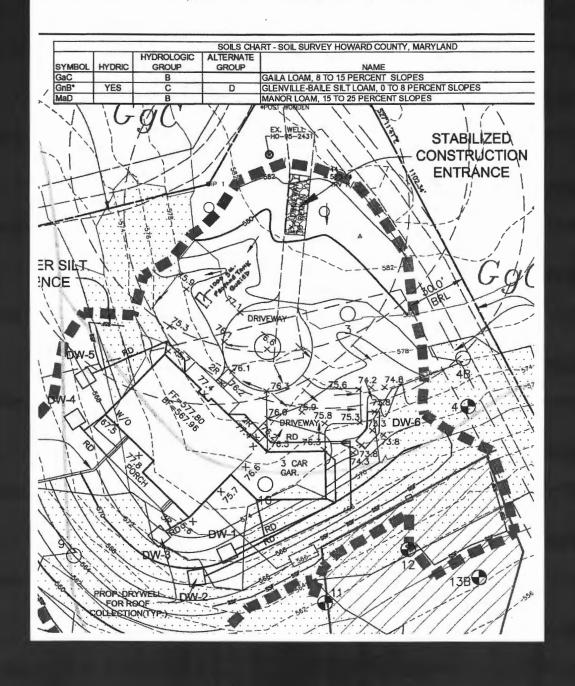
Permits: 410-313-2455

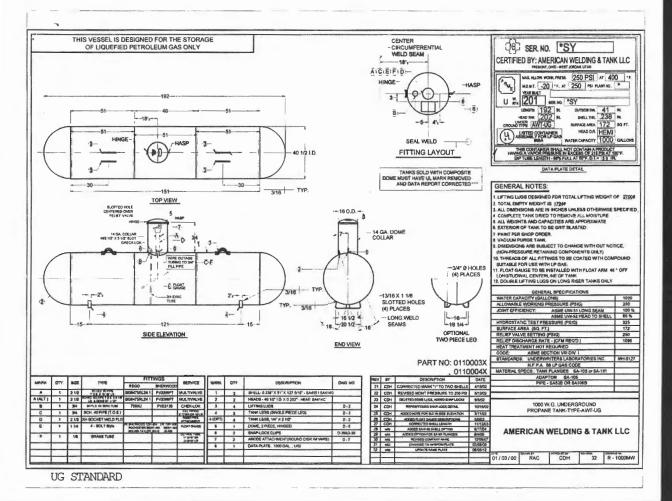
www.howardcountymd.gov

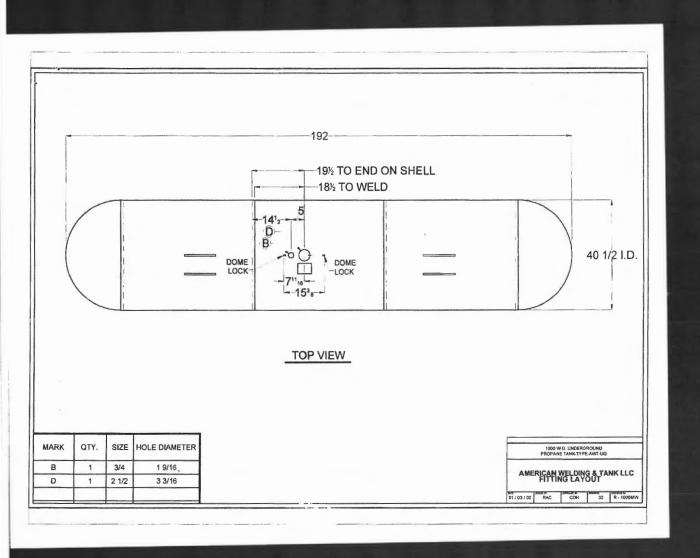
Date Received: 1/23/2020

Permit No.: B2000 0 Zello Uncatore Insurachure

Building Address: 14285 01		4170	Property Owner's Name:	E REAL GO	inger -
City: Cooksdille State:	MA Zip Code: 2	21723	Address:	ite:	7in Code:
Suite/Apt. #SDP/WP/BA #:			City: State: Zip Code: Phone: Fax:		
Subdivision:			Email:		
Lot:Tax Map:	Dancal.		Applicant's Norma 9 34-111 4	deare (16 makes	than stated bassis
			Applicant's Name & Mailing Ad Applicant's Name: Themes	on 695	than stated nerein)
Existing Use: SP Dwe	Mine		Address: 1600 sagrous	Point Rol.	
Proposed Use: SF Dw	Lilian		City: St	tate: <u>m0</u>	Zip Code: 21219
Estimated Construction Cost: \$ 5			Email: A dueso & Thomas	Sansac, La	•
				·	
Description of Work:	1000 Ballon A	Ander	Contractor Company: The Contact Person:		
ground LD Tank			Address: 1600 Correct		
			City: Re 14/more State:		
			License No. : 6 0903		
			Phone: 443- 955- 5494	Fax:	
0			Email: Adurso @ Thom		.en
Occupant/Tenant Name:					
Was tenant space previously occupied?	□Yes	□No	Engineer/Architect Company:		
Contact Name:			Responsible Design Prof.:		
Address:			Address:		
City:s			City:State:	7in	Code:
			1		
Phone:	-ax:		Phone:	Fax:	
Email:			Email:		
Commercial Building Characteristics	Residential Building Ch	aracteristics	Utilities	1	
Height:	SF Dwelling SF Tow			No	
No. of stories:	Depth	Width		No	
Gross area, sq. ft./floor:	1st floor:		Water Supply		
	2 nd floor:	-	☐ Public		
Area of construction (sq. ft.):	Basement:		Private		
Use group:	Unfinished Basement		Sewage Disposal		
	☐ Crawl Space		□ Public		
Construction type:	☐ Slab on Grade	Private			
☐ Reinforced Concrete	No. of Bedrooms:		Heating System		
Structural Steel	Multi-family Dw	elling	☐ Electric ☐ Oil		
☐ Masonry ☐ Wood Frame	No. of efficiency units: No. of 1 BR units:		☐ Natural Gas ☐ Propane	Gas	
☐ State Certified Modular	No. of 2 BR units:		Other:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	No. of 3 BR units:		Sprinkler System		
	Other Structure:		☐ Yes ☐ No		• .
× 6 44 5 5 110	Dimensions:				
➤ Roadside Tree Project Permit □Yes □No	Footings: Roof:		Grading Permit Number:		
Roadside Tree Project Permit #	State Certified Moduli	ar			
The state of the s	☐ Manufactured Home		Building Shell Perm	nit Number:	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY WE APPLICATION, IS THAT HEFSHE FRANT'S COUNTY OF APPLICATION, IS THAT HEFSHE FRANT'S COUNTY OF THE PROPERTY O	IICH ARE APPLICABLE THERETO; (4) DEFICIALS THE RIGHT TO ENTER ON	THAT HE/SHE WILL	PERFORM NO WORK ON THE ABOVE REFERE FOR THE PURPOSE OF INSPECTING THE WOR INC. Name 4 Dw/10 Inc. Name 1 1 2 1 2 0	RECE JAN 2	OT SPECIFICALLY DESCRIBED IN THIS POSTING NOTICES. IVED 3 2020
Title/Company	Chaste David !- t-	DIRECTOR OF C	INANCE OF HOWARD COUNTY	LICENSES &	
			INANCE OF HOWARD COUNTY ATLY & LEGIBLY** USE ONLY-	DIVISI	ON
AGENCY DATE	SIGNATURE OF APPROVAL	DPZ SETBAC	K INFORMATION	Filing Fee	\$ (6.)
Front:		t: Permit F		\$ 100	
Teat.		Rear: Side:		Tech Fee Excise Tax	\$ 10
Side St.:				PSFS	\$
PSZA (Zoning)	ing) All minim		m setbacks met? Yes No Guaranty Fund \$		
PSZA (Engineering)			ermit Required?		
Health Lot Coverage for New Town Zone: Sub- Total Paid					
Is Sediment Control approval required fo			e approval date:	Balance Due	5
☐ CONTINGENCY CONSTRUCTION STAR		Vaccondidates		Check	1 7545







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

Date:	05/05/2020	0,		
То:		08,11	Plan Re	eview
From:	(Reviewer/Requ Anthony Dur		(Division)	(443) 826-5494
Subject:	(Your Name, Co Project name Project site add Permit #	Thompson Gas lress 14285 Old B20000246		(Phone Number)
Letter Revise Letter Energy Copies	of response to accord plans and/or response to accord plans and plans and plans and plans are plans and plans are plans and plans are plans are plans and plans are plans	ddress plan review comme evised details: When submanges alculations partment Request all model plans to be placed.	itting with this transmittal: ent letter nitting for a complete re-rev Reulsed Plot (be specific). DPZ/ DED Request	Plan with tank locatron Distance. Applicant's Request
Anth Please PLEASE ASS NECESSARY, INFORMATIO OF INSPECT	Ony Durso Print Name URE ALL DOG BY A LICENS ON MAY RESU IONS, LICENS	SED ARCHITECT OR VLT IN THE DELAY OF ES AND PERMITS WIL	E-Mail Address: EVISIONS ARE APPROP. ENGINEER. PLEASE FREVIEW BY THE PLAN L CONTACT YOU IF THE	(443) 826-0506 adurso@thompsongas.com RIATELY SIGNED AND SEALED, IF BE ADVISED THAT INSUFFICIENT WAS EXAMINER. THE DEPARTMENT ERE IS A PROBLEM. IN ADDITION, VISION AND ALL OTHER REQUIRED
SIGNATORY	AGENCIES, A	ND THE BUILDING P.	ERMIT IS READY FOR	ISSUANCE, THE PERMIT DIVISION PICK UP. ALL PERMIT STATUS

Healtin: 15/26/20

INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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

RECEIVED

MAY 0 62020

White-Plan Review / Yellow-Applicant / Pink-Permit Division T:\Operations\Updated forms\HoCoTransmittalForm04.2020

FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

LICENSES & PERMITS
DIVISION

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

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Reviewer/Requestor's Name (Division) (410) 461-7666		Ms Debbie Whalen		Plan Re	view			
From: Vogel Engineering + Timmons Group (410) 461-7666 (Your Name, Company Name) (Phone Number) Subject: Project name Fulton Manor Valley - Lot 8 Project site address 12155 Fulton Estates Court Permit # B19004060 SDP # Other information pertinent to this project Revised plot plan showing propane tank location 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, duminate sets that be submitted. Letter Summarizing Changes Energy conservation calculations Copies of Revised Lot 8 Plot Plan (be specific). Health Department Request DPZ/ DED Request Applicant's Request Two sets of single-family model plans to be placed on permanent file: Model Name/# Other Contact Person Information: (Required) Matthew Ahearn Telephone No: E-Mail Address: matt.ahearn@timmons.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 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 APPROVEDBY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION MYLL NOTIFY THE APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT BY READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES SHALL BE DIRECTED TO THE PERMIT DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES SHA	10:							
(Your Name, Company Name)	_		,	(DIVISIOII)				
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Copies of Revised Lot 8 Plot Plan V					NAT 1 Zau			
Two sets of single-family model plans to be placed on permanent file: Model Name/#		2	lan		Dr. A. G.			
Two sets of single-family model plans to be placed on permanent file: Model Name/#	V	·		c).	er / H = 1 DIVISION			
Contact Person Information: (Required) Matthew Ahearn Please Print Name Telephone No: (410) 461-7666 E-Mail Address: matt.ahearn@timmons.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 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.		✓ Health Department Re	quest DPZ/	DED Reques	t Applicant's Request			
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