

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B21000811 Opened Date 03/16/2021

Description of Work
SFD/INSTALL 500 UG ASME LP TANK W/40 FT GAS LINE AND CONNECT TO STUB OUT

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 18430 Street Name HIDDEN CREEK Street Type WAY

Unit Type --Select-- Unit # X Coordinate -77.15526 Y Coordinate 39.33138

City MOUNT AIRY State MD Zip Code 21771 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 925306 Parcel 57 Parcel Area 1.02 Land Value 80000 Improved Value 80000 Exemption Value 0 Plan Area RURAL

Legal Description
LOT 4 1.029 A [18430 HIDDEN CREEK WAY] WINDSOR FOREST KNOLLS

[check spelling](#)

Block 4 Lot 4 Census Tract 604001 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone

Plan Area State Tax Id 1404373197 Subdivision Name Windsor Forest Knolls

Section Area Tax Map 6

Gnd 6-16 Zoning District RC-DEO ADC Map 4690-F7

SDP No. Final Plan No. F-07-008 WP File No. Primary Yes

Record Plat No. 19395-1939 WS Contract No. FDP No.

Owner Occupied Year Built Historic District
 Yes No
 Historic District Registry No. Stat Area 4-04 Flood Plain
 Yes No

Building No

Approved 3/18/21


Owner * (This section is required.)

Search Reset Clear

Name RIDGE VIEW LLC

Address Line 1 PO BOX 228

Address Line 2

Address Line 3

Mail City CLARKSVILLE Mail State MD Mail Zip Code 21029

Phone 301-251-0606 Primary Yes

E-mail MSTAMOULIS@SUBURBANPROPANE.COM

Cell Number 2408551827 Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100078263	SUBURBAN PROPANE		
License Type *	First Name	Middle Name	Last Name
Propane Gs	BRENT		STUBBS
Primary	Address Line 1		
Yes	31 DERWOOD CIRCLE SUITE 12		
	Address Line 2		
	City	State	ZIP Code
	ROCKVILLE	MD	20850-0000
	Phone 1	Phone 2	Fax
	3012510606		3012510608
	E-mail		
	BSTUBBS@SUBURBANPROPANE.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MARIA		STAMOULIS
Relationship	Full Name		
Applicant	MARIA STAMOULIS		
Primary	Organization Name		
Yes	SUBURBAN PROPANE		
	Street Address		
	31 DERWOOD CIRCLE		
	Address Line 2		
	City	State	Zip Code
	ROCKVILLE	MD	20850
	Phone	Cell	Fax
	301-251-0606		
	E-mail *		
	MSTAMOULIS@SUBURBANPROPANE.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
1500	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	9/14/2021	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

Approved for LP tank
 B21000811
 KMA 3/18/21

HOWARD ST STANDS

1. A pre-construction meeting shall be held with the applicant and the contractor to discuss the proposed work and to review the plans and specifications. The contractor shall be responsible for the following:

- a. Prior to the start of construction, the contractor shall submit a letter to the applicant detailing the proposed work and the location of the work.
- b. Upon completion of the work, the contractor shall submit a letter to the applicant detailing the work completed and the location of the work.
- c. Prior to the start of construction, the contractor shall submit a letter to the applicant detailing the proposed work and the location of the work.
- d. Prior to the removal of the work, the contractor shall submit a letter to the applicant detailing the work completed and the location of the work.

2. All vegetation and structures to be removed shall be removed prior to the start of construction. The contractor shall be responsible for the removal of the vegetation and structures.

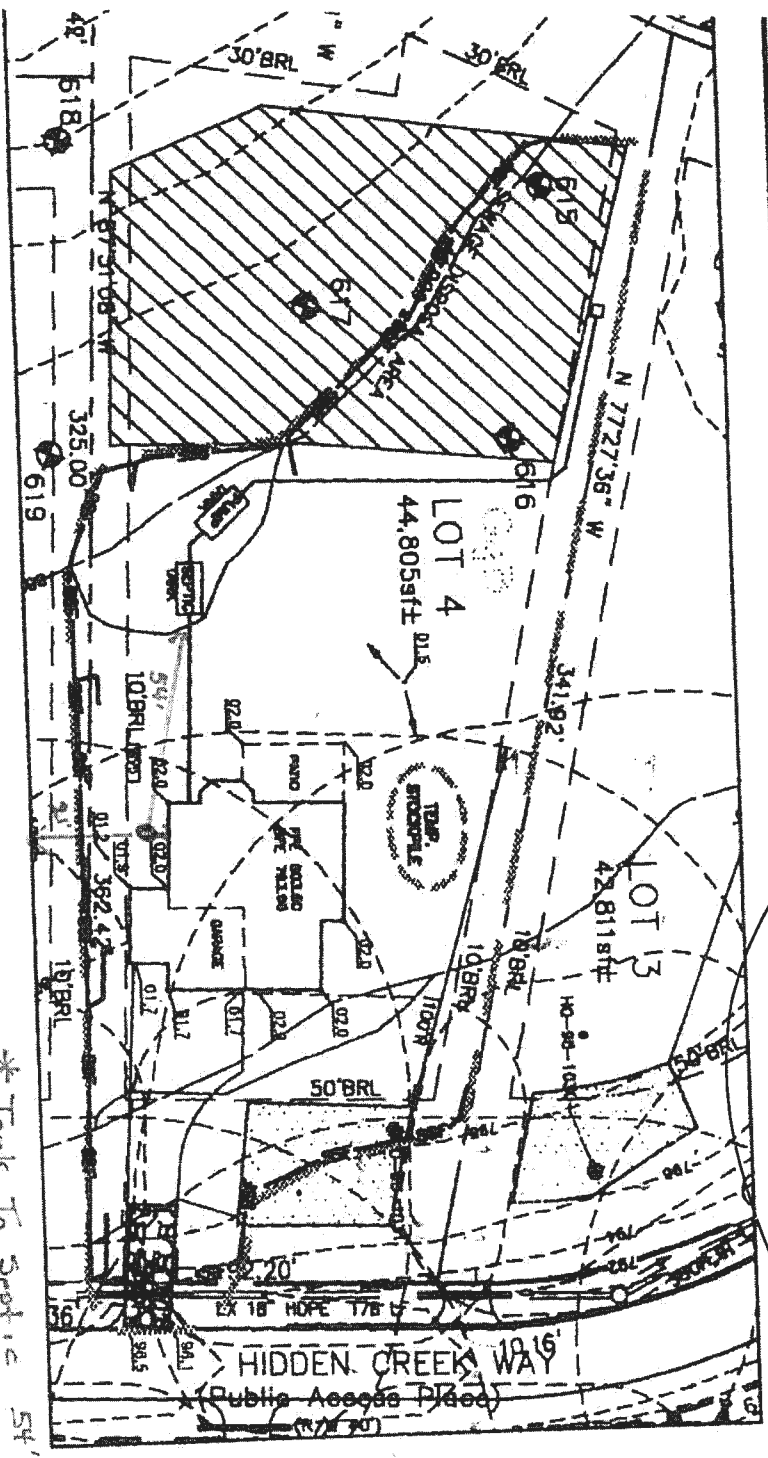
3. Following the start of construction, the contractor shall be required to submit a weekly report to the applicant detailing the progress of the work. The report shall include the following information: (a) the location of the work, (b) the amount of work completed, (c) the amount of material used, (d) the amount of time spent on the work, and (e) any other information that the contractor deems relevant.

4. All disturbed areas shall be restored to their original condition or better. The contractor shall be responsible for the restoration of the disturbed areas. The restoration shall include the following: (a) the removal of any debris or waste, (b) the re-planting of any vegetation that was removed, (c) the re-grading of any areas that were disturbed, and (d) the re-erosion control of any areas that were disturbed.

5. All equipment and materials shall be stored in a designated area. The contractor shall be responsible for the storage of the equipment and materials. The storage area shall be located in an area that is not visible from the street and that does not obstruct traffic.

6. Site Analysis:
 Total Area of Site:
 Area Disturbed:
 Area to be reseeded:
 Area to be vegetated:
 Total cost:
 Total fee:

OR - site visits/permits
 7. Any significant changes to the plans or specifications must be approved by the applicant prior to construction.



PLAN VIEW

1" = 40'



Represent Gallon Underground Tank

* Tank To Septic 54'
 ** Tank To House 12'
 *** Tank To closest Property Line 21'
 Tank to Well - 85'

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Keystone Custom Homes

FROM: Hank Oswald
Well & Septic Program

RE: 18430 Hidden Creek Court

DATE: 12/15/2020

I have reviewed the floor plans in support of Building Permit B20004256 for a new home at 18430 Hidden Creek Court and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4-foot-wide opening, without doors, into another room;
 - (iii) A half wall (4-foot maximum height) between the room and another room; or
 - (iv) The room is a first-floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing 4-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

PERMIT NUMBER: B 20004256

DATE ACCEPTED: R

RECEIVED

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS & PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 18430 Hidden Creek Way
City: Mount Airy
State: MD
Subdivision/Village/Complex Name: Windsor Forest Knolls
SDP/WP/BA #:
Lot: 4
Tax Map: 6, Grid 16
Parcel: 57
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant unimproved lot
Proposed Use: SFD
Estimated Cost: \$322,875.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

Residential New Single Family Dwelling (Detached)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Sonshine MD, LP
Primary Residence: Yes No
Owner's Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (717) 464-9060
Email: billb@keystonecustomhome.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Keystone Custom Homes
Contact Name: Gregg Reinsmith
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (717) 719-1362
Email: greinsmith@keystonecustomhome.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes
Licensee's Name:
License #: MHBR# 2937 (exp 12/01/2021)
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (717) 719-1362
Email: greinsmith@keystonecustomhome.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Paul B. Elser, P.E.
Name: Paul Elser
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (717) 719-1370
Email: pels@keystonecustomhome.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: Covington Traditional
of Bedrooms (SF): 4 # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: 17 # Full Baths: 2 # Half Baths: 1 # Fireplaces: 1
Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
1st Fl Width: 56 1st Fl Depth: 56 2nd Fl Width: 40 2nd Fl Depth: 50 Bsmt Width: 56 Bsmt Depth: 56
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 6,138 sq ft Occupiable Area: 6,094 sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE DATE SIGNED 10/25/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health 12/15/2020 SHA CID

SUBMITTAL FEES: 150- PAYMENT: 2084 ACCEPTED BY: Greg Boy