

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

Date: 2/19/25 ONLINE SUBMITTAL PAPER SUBMITTAL

To: DILP
(Reviewer/Requestor's Name) _____ (Division) _____

From: MICHELLE CLANCY
(Your Name, Company Name) _____ (Phone Number) _____

Subject: Project name 548 WATERSVILLE TANK
Project site address 548 WATERSVILLE ROAD
Permit # B25000020 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 model plans to be placed on permanent file: Model Name/ # _____
- Other REVISE PERMIT TO CHANGE TANK LOCATION


Contact Person Information: (Required)

 Telephone No: 443-610-7514
Please Print Name E-Mail Address: michelle@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 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 FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by R. Reppert

White-Plan Review / Yellow-Applicant / Pink-Permit Division
T:\Operations\Updated forms\HoCoTransmittalForm05.2022

Revised tank location ok
Approved 2/24/25 

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks	Permit Number B25000020	Opened Date 01/02/2025
Description of Work SFD/ INSTALL ONE (1) 1000-GALLON UNDERGROUND PROPANE TANK/**2.19.25 AMENDMENT REQUEST TO CHANGE TANK LOCATION**		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 548	Street Name WATERSVILLE	Street Type RD
Unit Type --Select--	Unit #	X Coordinate -77.097
City MOUNT AIRY	State MD	Y Coordinate 39.35616
	Zip Code 21771	Primary Yes

Approved 2/24/25
AA

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 1037851	Parcel 18	Parcel Area 54952	Land Value 162600	Improved Value 162600	Exemption Value 0	Plan Area RURAL
Legal Description LOT 3, 1.262 A.[]548 WATERSVILLE RD[]HAY MEADOW OVERLOOK						

check spelling

Block 3	Lot 3	Census Tract 604001	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1404593628	Subdivision Name Hay Meadow Overlook					
Section	Area	Tax Map 2					
Grid 2-21	Zoning District RC-DEO	ADC Map 4691-E4					
SDP No.	Final Plan No. F-09-110	WP File No.					
Record Plat No. 21739-2174	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input checked="" type="radio"/> No	Year Built	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 4-01	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
JONEJ

Address Line 1
13090 OLD FREDERICK RD

Address Line 2

Address Line 3

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B25000020	01/02/2025

Description of Work

SFD//INSTALL ONE (1) 1000-GALLON UNDERGROUND PROPANE TANK

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
548	WATERSVILLE	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.097	39.35616
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved 1/7/25
JA

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1037851	18	54952	162600	162600	0	RURAL

Legal Description
LOT 3, 1.262 A. [548 WATERSVILLE RD] HAY MEADOW OVERLOOK

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404593628	Hay Meadow Overlook					
Section	Area	Tax Map					
		2					
Grid	Zoning District	ADC Map					
2-21	RC-DEO	4691-E4					
SDP No.	Final Plan No.	WP File No.					
	F-09-110						
Record Plat No.	WS Contract No.	FDP No.	Primary				
21739-2174			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
JONEJ

Address Line 1
13090 OLD FREDERICK RD

Address Line 2

Address Line 3

Mail City
SYKESVILLE
Mail State
MD
Mail Zip Code
21784
Phone
301-725-3232
Primary
Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * Business Name
68408 HJ POIST
License Type * First Name Middle Name Last Name
Propane Gs JEFF WISEMAN
Primary Address Line 1
Yes 360 MAIN ST
Address Line 2

City State ZIP Code
LAUREN MD 20707
Phone 1 Phone 2 Fax
3017253232
E-mail
JEFF@HJPOIST.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name
Applicant MICHELLE CLANCY
Relationship Full Name
Applicant MICHELLE CLANCY
Primary Organization Name
Yes APPLIED & APPROVED PERMITS LLC
Street Address
P.O. BOX 310
Address Line 2

City State Zip Code
PERRY HALL MD 21128
Phone Cell Fax
443-340-1229
E-mail *
MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned
800 0 0 No
Construction Type
329 - Structures Other Than Buildings (Retaining Walls/Tents)

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Capital Project Number Fee Exempt * Roadside Tree Project Permit * Roadside Tree Permit #
 Yes No (Text) Yes No Yes No (Text)
Existing Use * Number of Tanks Installed * Number of Tanks Removed *
SFD 1 (Number) 0 (Number)

