

Record Detail \* (This section is required.)

<b>Permit Type</b> Building/Residential/New/SFD	<b>Permit Number</b> B25002362	<b>Opened Date</b> 06/17/2025
<b>Description of Work</b> SFD/TORRINGTON*, 2 STORY, Full Basement, Basement = Partially Finished, 12R, 6FB, 1HB, 0FP, 2 Car Attached, 5BR, Front Porch, ENERGY METHOD = Performance Method, null.1 CAR SIDE ATTACHED GARAGE		

Approved  
SLR  
Jaw  
8/21/25

Shared (Lot 9)

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b> 1730	<b>Street Name</b> BRICKELL	<b>Street Type</b> WAY
<b>Unit Type</b> --Select--	<b>Unit #</b>	<b>X Coordinate</b>
<b>City</b> MARIOTTSVILLE	<b>State</b> MD	<b>Zip Code</b> 21104
	<b>Primary</b> Yes	

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b> 11061834	<b>Parcel</b> 0274	<b>Parcel Area</b> 0	<b>Land Value</b> 0	<b>Improved Value</b> 0	<b>Exemption Value</b> 0	<b>Plan Area</b> RURAL
<b>Legal Description</b>						

[check spelling](#)

<b>Block</b> 1	<b>Lot</b> A	<b>Census Tract</b> 603000	<b>Council Dist</b> 5	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b> Brickell Property					
<b>Section</b>	<b>Area</b>	<b>Tax Map</b> 10					
<b>Grid</b> 10-1	<b>Zoning District</b> RR-DEO	<b>ADC Map</b> 4694-A6					
<b>SDP No.</b>	<b>Final Plan No.</b> ECP-19-021	<b>WP File No.</b>					
<b>Record Plat No.</b> 26102-2610	<b>WS Contract No.</b>	<b>FDP No.</b>	<b>Primary</b> Yes				
<b>Owner Occupied</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Year Built</b>	<b>Historic District</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b> 3-01	<b>Flood Plain</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner (This section is not required.)

Search Reset Clear

**Name \***  
NVR, II

**Address Line 1**  
11700 PLAZA AMERICAN DRIVE, SUITE #500

**Address Line 2**

**Address Line 3**

**Mail City**  
RESTON

**Mail State**  
VA

**Mail Zip Code**  
20190

**Phone**  
703-956-4000

**Primary**  
Yes

**E-mail**

mbertoni@nvrinc.com

Cell Number

4103795956

Fax Number

Professionals (This section is not required.)

License # \* 56  
 License Type \* Home Bldr  
 Primary Yes

Business Name NVR, INC. T/A NV HOMES AND RYAN HOMES  
 First Name Middle Name Last Name  
 Matt Berton  
 Address Line 1  
 Address Line 2 11700 PLAZA AMERICA DRIVE, SUITE #500

City RESTON State VA ZIP Code 20190  
 Phone 1 7039564000 Phone 2 4103795956 Fax  
 E-mail mbertoni@nvrinc.com

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant  
 Relationship Applicant  
 Primary No

First Name MI Last Name  
 JAMES J KERWIN  
 Full Name  
 Organization Name  
 Street Address  
 Address Line 2  
 DECATUR BUILDING SERVICES  
 PO Box 552

City WOODBINE State md Zip Code 21797  
 Phone 4433097792 Cell 4433097792 Fax  
 E-mail jim@decaturbuildingservices.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact  
 Relationship Applicant  
 Primary Yes

First Name MI Last Name  
 Matt Berton  
 Full Name  
 Organization Name  
 Street Address  
 Address Line 2  
 NVR, INC. T/A NV HOMES  
 7080 Samuel Morse Drive

City Columbia State MD Zip Code 21046  
 Phone 4103795956 Cell 4103795956 Fax  
 E-mail mbertoni@nvrinc.com

Addtl Info

Est Construction Cost \* 230000  
 Housing Units \* 1  
 Number of Buildings \* 1  
 Public Owned No

Construction Type 101 - Single Family Houses Detached

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee \* Capital Project # Fee Exempt \* Roadside Tree Project Permit Roadside Tree Project Permit #

Yes  No  
**Guaranty Fund** \*  
 Yes  No

Yes  No  
**Condominium** (Text)

Yes  No  
**Existing Use** Vacant Lot

Yes  No  
**Model** \* SFD/"TORRINGTON"/

**No of Stories** \* 2 (Text)

Yes  No  
**Foundation** \* Full Basement

**Basement** Partially Finished

**No of Rooms** \* 12 (Text)

**Full Baths** \* 6 (Number)

**Half Baths** \* 1 (Number)

**Oth** (Number) 2 C

**Bedrooms** \* 5 (Number)

**Porch Deck** Front Porch

**No of Fireplaces** \* 0 (Number)

**Type of Fireplace** --Select--

**Energy Code** Performance Method

Yes  No  
**W&S Fees Paid**

Private  Private  
**Water Supply** \*

Private  Private  
**Sewage Disposal** \*

Gas & Electric  Gas & Electric  
**Utilities** \*

Electric & Propane Gas  Electric & Propane Gas  
**Heating System** \*

NFA #13C  NFA #13C  
**Sprinkler S**

**1st Floor Width** 84 FT (Number)

**1st Floor Depth** 65 FT (Number)

**2nd Floor Width** 54 FT (Number)

**2nd Floor Depth** 65 FT (Number)

**Basement Width** 54 FT (Number)

**Basement Depth** 62 FT (Number)

**Height** FT (Number)

**Building Construction Type** Conventional

**Footings**

**Foundation Measurement**

**Walls**

**Location Survey Approval Date**

**Road Frontage** County

**Expiration Date** 12/28/2025

**Additional Description Info** 1 CAR SIDE ATTACHED GARAGE

**U&O Issued On**

**U & O Comments**

[check spelling](#)

[check spelling](#)

**GRADING INFORMATION**

**Grading Permit No** \* G00000000 (Text)

Yes  No  
**Grading Certification Required**

Yes  No  
**Grading Certification Received in DILP On**

**Grading Certification**

**Grading Certification Comments**

**Seasonal Surety Comments**

[check spelling](#)

[check spelling](#)

**Seasonal Grading Surety Depositor** (Text)

**Driveway Apron Surety Depositor** (Text)

**Stormwater Surety Depositor**

**GREEN NEIGHBORHOOD INFORMATION**

**Check List Points Goal** (Text)

**Check List Points Achieved** (Text)

**Date of Certification**

**PRIVATE ON LOT SWM FACILITIES**

Yes  No  
**Green Roofs A1**

Yes  No  
**Permeable Pavements A2**

Yes  No  
**Reinforced Turf A3**

Yes  No  
**Disconnection of Non Rooftop Runoff N1** (Number)

Yes  No  
**Disconnection of Non Rooftop Runoff N2**

Yes  No  
**Sheetflow to Conservation Areas N3**

**Rainwater Harvesting M1** (Number)

**Submerged Gravel Wetlands M2** (Number)

**Landscape Infiltration M3** (Number)

**Infiltration Berms M4** (Number)

**Dry Wells M5** (Number)

**Micro Bioretention M6** (Number)

**Rain Gardens M7** (Number)

**Swales M8** (Number)

**Enhanced Filters M9** (Number)

Submit Cancel

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B25005272	11/24/2025
Description of Work		
SFD// INSTALL (1) 1000GAL UNDERGROUND PROPANE TANK		

*10/24/2025*

*12/1/25 - Si - contractor already installed this lp tank and the location (if the scale on the plan is accurate) is too close to a neighboring well box → well box not measurable in the field. (P)*

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1730	BRICKELL	WAY
Unit Type	Unit #	X Coordinate
--Select--		
City	State	Zip Code
MARRIOTTSVILLE	MD	21104

*12/2/25 - email "to All" requesting that they move the lp tank, check scale on the plan or submit a waiver. (P)*

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11062885	274	0	0	0	0	RURAL
Legal Description						

*submit a waiver. (P)*

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #
1	9	603000	5			
Plan Area	State Tax Id	Subdivision Name				
		Brickell Property				
Section	Area	Tax Map				
		10				
Grid	Zoning District	ADC Map				
10-1	RR-DEO	4694-A6				
SDP No.	Final Plan No.	WP File No.				
	ECP-19-021					
Record Plat No.	WS Contract No.	FDP No.				
26850-2685						
Owner Occupied	Year Built	Historic District				
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area	Flood Plain				
	3-01	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No						

*12/3/25 - revised plan rec'd from applicant - showing lp tank distance to neighbor's well box is @ 58' (P)*

*Approved 12/3/25 AA*

Owner \* (This section is required.)

Search Reset Clear

Name \*

NVR, II

Address Line 1

7080 SAMUEL MORSE DR #100

Address Line 2

Address Line 3

**Mail City**  
 COLUMBIA  
**Mail State**  
 MD  
**Mail Zip Code**  
 21046  
**Phone**  
 301-432-6611  
**Primary**  
 Yes

**Cell Number**                      **Fax Number**

**Professionals** (This section is not required.)

<b>License # *</b> 20100096881	<b>Business Name</b> THOMPSONGAS, LLC			
<b>License Type *</b> Propane Gs	<b>First Name</b> ▼ THOMAS	<b>Middle Name</b> BRADLEY	<b>Last Name</b> ROHRER	
<b>Primary</b> Yes	<b>Address Line 1</b> ▼ 6708 OLD NATIONAL PIKE			
	<b>Address Line 2</b> 			
	<b>City</b> BOONSBORO		<b>State</b> MD	<b>ZIP Code</b> 21713
	<b>Phone 1</b> 301-432-6611	<b>Phone 2</b> 	<b>Fax</b> 	
	<b>E-mail</b> BROHRER@THOMPSONGAS.COM			

**Applicant** (This section is not required.)

Search     As Owner     As Lic. Prof     As Contact

<b>Type *</b> Applicant	<b>First Name</b> ▼ MICHELLE	<b>MI</b>	<b>Last Name</b> CLANCY
<b>Relationship</b> Applicant	<b>Full Name</b> ▼ MICHELLE CLANCY		
<b>Primary</b> Yes	<b>Organization Name</b> ▼ APPLIED & APPROVED PERMITS LLC		
	<b>Street Address</b> P.O. BOX 310		
	<b>Address Line 2</b> 		
	<b>City</b> PERRY HALL		<b>State</b> MD
	<b>Phone</b> 443-340-1229	<b>Cell</b> 	<b>Zip Code</b> ▼ 21128
	<b>E-mail *</b> MICHELLE@APPLIEDANDAPPROVED.COM	<b>Fax</b> 	

**Addtl Info**

<b>Est Construction Cost *</b> 750	<b>Housing Units *</b> 0	<b>Number of Buildings *</b> 0	<b>Public Owned</b> No
<b>Construction Type</b> 329 - Structures Other Than Buildings (Retaining Walls/Tents)			

**TANK INFORMATION**

**RESIDENTIAL TANK INFORMATION**

<b>Capital Project-No Fee *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Capital Project Number</b> <input type="text"/> (Text)	<b>Fee Exempt *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Roadside Tree Project Permit *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Roadside Tree Permit #</b> <input type="text"/> (Text)
<b>Existing Use *</b> SFD	<b>Number of Tanks Installed *</b> ▼ 1	<b>Number of Tanks Removed *</b> (Number) 0		