

*approved
5br
9a
8/21/25*

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/New/SFD	B25002517	06/25/2025
Description of Work		
SFD/ MODEL "TORRINGTON", 2 STORY, Full Basement, Basement = Partially Finished, 12R, 6FB, 1HB, 0FP, 1 & 2 Car Garage, 5BR, Rear Porch, ENERGY METHOD = Performance Method, null.		

Shared (Lot 5)

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1731	BRICKELL	WAY
Unit Type	Unit #	X Coordinate
--Select--		
City	State	Zip Code
MARRIOTTSVILLE	MD	21104
	Primary	
	Yes	

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

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

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
1	5	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.		Primary			
26102-2610				Yes			
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							

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 Matt
 Middle Name
 Last Name Bertoni

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 JAMES
 MI J
 Last Name KERWIN

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

City WOODBINE
 State Maryland
 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 Licensed Professional
 Primary Yes

First Name Matt
 MI
 Last Name Bertoni

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

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 **Condominium** (Text) Yes No **Existing Use**
 Yes No **Foundation *** Full Basement Yes No **Vacant Lot**
No of Stories * 2 (Text) **Basement** Partially Finished Yes No **Model *** SFD/ MODEL "TORRINGTON"/
Bedrooms * 5 (Number) **Porch Deck** Rear Porch Yes No **No of Fireplaces *** 0 (Number) **Type of Fireplace** --Select-- Yes No **Full Baths *** 6 (Number) **Half Baths *** 1 (Number) **Oth** 18
W&S Fees Paid Yes No **Water Supply *** Private Yes No **Sewage Disposal *** Private Yes No **Utilities *** Gas & Electric Yes No **Heating System *** Electric & Propane Gas Yes No **Sprinkler S** NFPA #13E
1st Floor Width 84 FT (Number) **1st Floor Depth** 70 FT (Number) **2nd Floor Width** 54 FT (Number) **2nd Floor Depth** 65 FT (Number) **Basement Width** 70 FT (Number) **Basement Depth** 65 FT (Number) **Height** FT
Building Construction Type Conventional Yes No **Footings** (Text) **Foundation Measurement** (Text) **Walls**
Location Survey Approval Date **Road Frontage** County **Expiration Date** **Additional Description Info**
U&O Issued On **U & O Comments**

[check spelling](#)

[check spelling](#)

GRADING INFORMATION

Grading Permit No * G (Text) **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

Green Roofs A1 Yes No **Permeable Pavements A2** Yes No **Reinforced Turf A3** Yes No
Disconnection of Rooftop Runoff N1 (Number) **Disconnection of Non Rooftop Runoff N2** Yes No **Sheetflow to Conservation Areas N3** Yes No
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) **Swailes M8** (Number) **Enhanced Filters M9** (Number)

Submit **Cancel**

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B25005271	11/24/2025
Description of Work		
SFD// INSTALL (1) 1000GAL UNDERGROUND PROPANE TANK		

12/1/25
11/5/25

12/1/25 - si-installed prior to permit release setbacks ok though (K)

[check spelling](#)

12/2/25 - email "to all" to inform parties that installation was completed prior to permit release. (K)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1731	BRICKELL	WAY
Unit Type	Unit #	X Coordinate
--Select--		
City	State	Zip Code
MARRIOTTSVILLE	MD	21104
Primary		
Yes		

Approved 12/2/25
[Signature]

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11062894	274	0	0	0	0	RURAL
Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
1	5	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.		Primary			
26850-2685				Yes			
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							

Owner * (This section is required.)

Search Reset Clear

Name *

NVR IN

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
E-mail

Cell Number **Fax Number**

Professionals (This section is not required.)

License # *
 20100096881
License Type *
 Propane Gs
Primary
 Yes
Business Name
 THOMPSONGAS, LLC
First Name **Middle Name** **Last Name**
 THOMAS BRADLEY ROHRER
Address Line 1
 6708 OLD NATIONAL PIKE
Address Line 2

City **State** **ZIP Code**
 BOONSBORO MD 21713
Phone 1 **Phone 2** **Fax**
 301-432-6611
E-mail
 BROHRER@THOMPSONGAS.COM

Applicant (This section is not required.)

Search
 As Owner
 As Lic. Prof
 As Contact

Type *
 Applicant
Relationship
 Applicant
Primary
 Yes
First Name **MI** **Last Name**
 MICHELLE CLANCY
Full Name
 MICHELLE CLANCY
Organization Name
 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**
 750 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) 0