

14836

1300/40269

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-9810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> 300147187
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Building Address <u>15330 Leandina Ct</u> <u>Glenwood, MD 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>60402</u> Subdivision <u>Vineyards at Cattail Creek</u> Section _____ Area _____ Lot <u>17</u> Tax Map <u>21</u> Parcel <u>225</u> Grid <u>8</u> Zoning <u>RCV20</u> Map Coordinates <u>858</u> Lot size <u>1.37</u>	Property Owner's Name <u>Better Homes &amp; Gardens Realty</u> Address <u>P.O. Box 389</u> City <u>Mt Airy</u> State <u>NC</u> Zip Code <u>27711</u> Home Phone <u>301 829 8097</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>B# 0014 0269</u> Phone _____ Fax _____
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Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Underground Propane Tank</u> Estimated Construction Cost \$ <u>4500.00</u> Description of Work <u>Install @ SFD 11450</u> <u>gallon underground propane tank</u> <u>in accordance with NFPA 58</u>	Contractor Company <u>Suburban Propane</u> Contact Person <u>Lisa Tonti</u> Address <u>31 Deewood Circle</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u> License No. _____ Phone <u>301 251 0606</u> Fax _____
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Occupant or Tenant <u>Same As Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

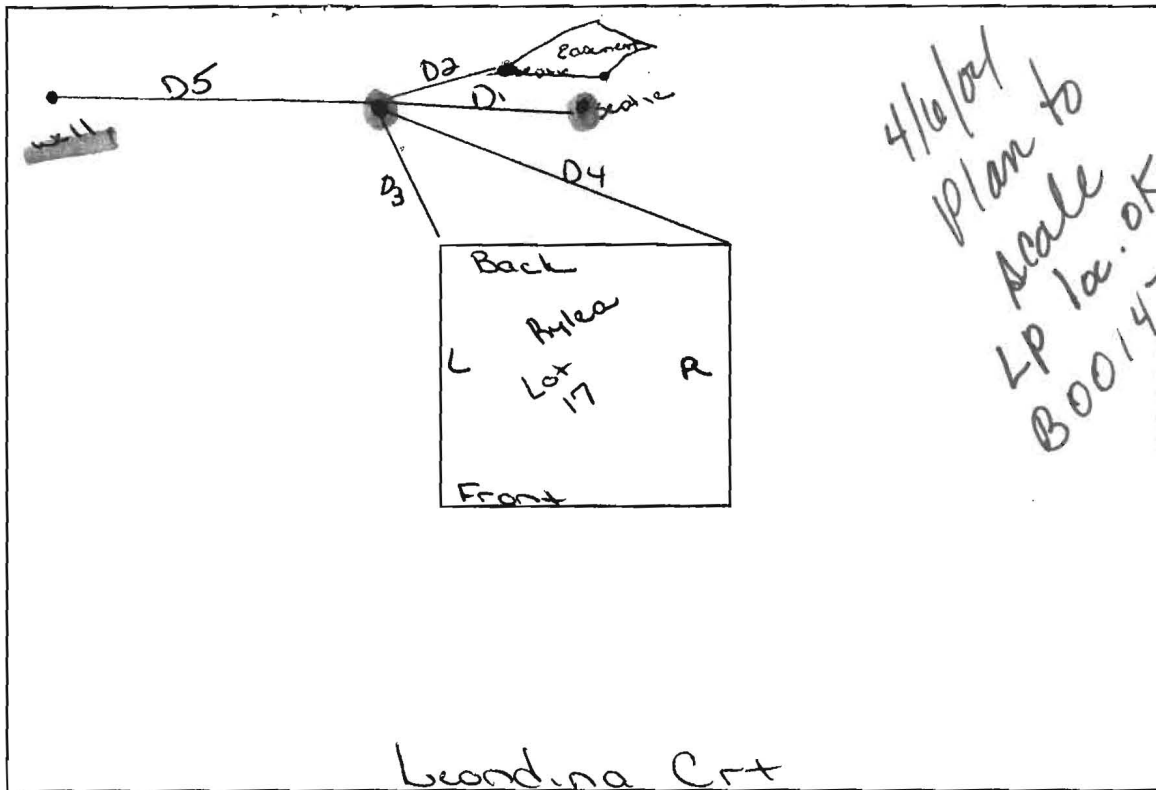
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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

[Signature]  
 Applicant's Signature  
Account Rep.  
 Title/Company

Lisa Tonti  
 Print Name  
4-2-04  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	57416
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>110</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>4-6-04</u>	<u>Rae Noonan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>03519829</u>
				Validation # <u>44924</u>
				Accepted by <u>[Signature]</u>



CUSTOMER NAME: Rylea Homes - Lot 17

ADDRESS: 15330 Leonida Crt / Glenwood, mo 67138

SCALE: 1" = 50ft

D1 - TANK TO SEPTIC 50

D2 - TANK TO SEPTIC EASEMENT 30

D3 - TANK TO HOUSE- RIGHT 50

D4 - TANK TO HOUSE - LEFT 90

D5 - TANK TO WELL 90

TANK SIZE 1450 UG

TANK DIMENSIONS 18ft x 4ft

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER** 51K  
300140269

Building Address 15330 LEONOWA DRIVE  
CHENOWETH MD. 21535  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: F10-108  
 Census Tract 104002 Subdivision Vineyards @ Mill Creek  
 Section N/A Area N/A Lot 17  
 Tax Map 21 Parcel 225 Grid 8  
 Zoning R1D1 Map Coordinates 938 Lot size 59,849

Property Owner's Name James P. Road Jr.  
 Address 3331 Heavenly Cause Ct.  
 City Mt. Airy State MD Zip Code 21771  
 Home Phone (301) 929-2993 Work Phone (301) 929-2094  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 500,000  
 Description of Work New Single Family 6 Bedroom  
3 story w/ finished basement & attic  
3 fireplaces, 5 1/2 baths w/wrap porch

Contractor Company Rylea Homes Inc  
 Contact Person James P. Road Jr.  
 Address 3158 Caywood Ct.  
 City Mt. Airy State MD Zip Code 21771  
 License No. \_\_\_\_\_  
 Phone 301 929 1074 Fax 301 929 9227

Occupant or Tenant w/3 car gar.  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company D.W. Taylor  
 Contact Person Mike  
 Address SI  
 City Ellicott City State MD Zip Code \_\_\_\_\_  
 Phone 410 964 1191 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>6 per builder</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature James P. Road Jr.  
 Title/Company Permittee / Rylea Homes Inc.

Print Name James P. Road Jr.  
 Date 2/10/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	52416
State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>5/9/03</u>	<u>Mike R. Klein</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>7741</u>
				Validation # <u>13397</u>
				Accepted by <u>[Signature]</u>