



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 7-14-14

Permit No.: B14002473

Building Address: 3730 IVORY RD.
 City: GLENELG State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD UNDER CONST.
 Proposed Use: SFD W/TANK
 Estimated Construction Cost: \$ 7,000
 Description of Work: INSTALL 2-1400 GALLON UNDERGROUND PROpane TANKS 1AW NEPA SB AND HOWARD COUNTY REQUIREMENTS
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ROBERT SPAY
 Address: 592 ELLISON CT.
 City: FREDERICK State: MD Zip Code: 21703
 Phone: 740 529 4236 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: RICHARD SIMMONS/AMERICAS
 Address: 8101 DORSEY RUN RD
 City: JESSUP State: MD Zip Code: 20794
 Phone: 443 866 5611 Fax: 410 799 3261
 Email: RICHARD.SIMMONS@AMERICAS.COM

Contractor Company: AMERICAS PROpane
 Contact Person: JAMES PATTERSON
 Address: 8101 DORSEY RUN RD
 City: JESSUP State: MD Zip Code: 20794
 License No.: 68395
 Phone: 443 866 5611 Fax: 410 799 3261
 Email: RICHARD.SIMMONS@AMERICAS.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 Signature: [Signature]
 Richard.Simmons@Americas.com
 Email Address
 Title/Company

Print Name: RICHARD SIMMONS
 Date: 7/14/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/25/14</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>230.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Building Permit Application
 Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 9-20-13
 Permit No.: B3003507

Building Address: 3730 IVORY ROAD
 City: Blowing Rock State: MO Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: P572 Subdivision: Blowing Rock
 Section: _____ Area: _____ Lot: 4
 Tax Map: 22 Parcel: _____ Grid: 22-7
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 3.24 ACRES

Property Owner's Name: ROBERT SPAAY
 Address: 592 EDINBORO COURT
 City: FREDERICK State: MD Zip Code: 21703
 Phone: 301-695-5883 Fax: _____
 Email: BLAY@CLASSICMO.NET
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Empty
 Proposed Use: NEW SINGLE FAMILY HOME
 Estimated Construction Cost: \$ 425,000
 Description of Work: CONSTRUCTION OF NEW SF RESIDENCE

Contractor Company: CLASSIC HOMES
 Contact Person: BRYAN KAY
 Address: 50 W EDWARDS DRIVE
 City: ROCKVILLE State: MD Zip Code: 20850
 License No.: BC3900
 Phone: 301-251-2101 Fax: 301-251-2101
 Email: BLAY@CLASSICMO.NET

Occupant or Tenant: ROBERT SPAAY
 Was tenant space previously occupied? Yes No
 Contact Name: BRYAN KAY of CLASSIC HOMES
 Address: 50 W EDWARDS DRIVE
 City: ROCKVILLE State: MD Zip Code: 20850
 Phone: 301-922-2373 Fax: _____
 Email: BLAY@CLASSICMO.NET

Engineer/Architect Company: BEWILA ASSOCIATES
 Responsible Design Prof.: DAVE MCKEE
 Address: 8933 STACY BLVD COURT
 City: GATHERSBURG State: MD Zip Code: 20877
 Phone: 301-948-0240
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: <u>64'6"</u> Width: <u>56'0"</u>
Gross area, sq. ft./floor: _____	1 st floor: <u>64'6"</u> 56'0"
Area of construction (sq. ft.): _____	2 nd floor: <u>62'6"</u> 56'0"
Use group: _____	Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
* Grading Permit Number: <u>61300307</u>	
Building Shell Permit Number: _____	

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Applicant's Signature: [Signature] Print Name: BRYAN KAY
 Email Address: BLAY@CLASSICMO.NET Date: 9/20/13
 Title/Company: PROJECT MANAGER - CLASSIC HOMES

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

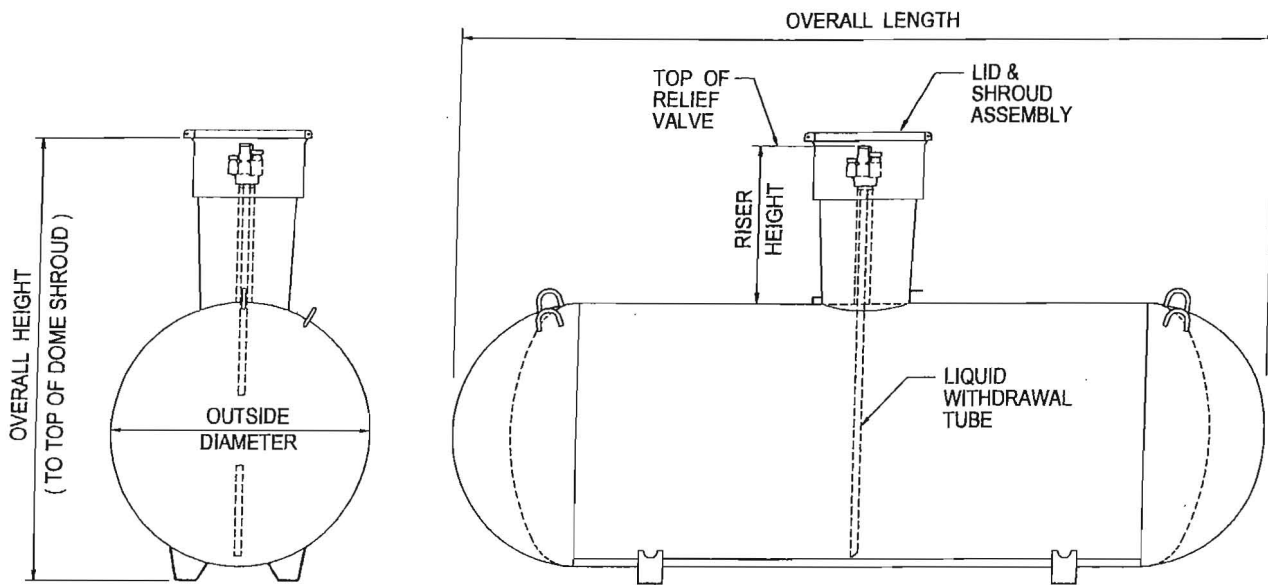
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/21/13</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>100</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ <u>866</u>
Check #	<u>866</u>

TRINITY CONTAINERS, LLC UNDERGROUND TANKS



General Specifications

Conforms to the last edition and addenda of the ASME, Section VIII, Division 1. Complies with NFPA 58.

Container pressure rated at 250 psig from -20° F. to 125° F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel finish: Coated with TGIC red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with all federal, state, or local regulations. Including proper purging for first fill per NGPA 133-89 (a)

UNDERGROUND VESSEL DIMENSIONAL INFORMATION

All vessels dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT (APPROX.)	QUANTITY IN FULL LOAD
				14" Riser Height	28"		
120 wg. 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1673.2 mm	3' - 4 5/8" 1031.9 mm	4' - 6 3/4" 1390.7 mm	260 lbs. 117.9 kg.	63
250 wg. 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 0 5/8" 1235.1 mm	5' - 2 1/16" 1576.4 mm	490 lbs. 222.3 kg.	35
320 wg. 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 0 5/8" 1235.1 mm	5' - 2 1/16" 1576.4 mm	610 lbs. 276.7 kg.	28
500 wg. 1892.5 L	37.42" 950.5 mm	Hemi	9' - 10" 2997.2 mm	4' - 6 1/2" 1384.3 mm	5' - 8 1/8" 1730.4 mm	920 lbs. 417.3 kg	25
1000 wg. 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4848.2 mm	4' - 9 1/2" 1460.5 mm	6' - 0" 1730.4mm	1760 lbs. 798.3 kg	15
1465 wg. 5545.0 L	46.77" 1188 mm	Ellip	17' - 6 7/8" 5356.2 mm	5' - 3 7/8" 1722.4 mm	6' - 5" 1955.3 mm	2830 lbs. 1283.7 kg	8
2000 wg.	46.77"	Ellip	23' - 9"	5' - 3 7/8"	6' - 5"	3520 lbs. 1596.6 kg	6



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Permit No.: B3003567

Building Address: 3730 IVORY ROAD
 City: Bladensburg State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: P572 Subdivision: Blowin Pop
 Section: _____ Area: _____ Lot: 4
 Tax Map: 22 Parcel: _____ Grid: 22-7
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 3,241

Property Owner's Name: ROBERT SPAAY
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 City: FREDERICK State: MD Zip Code: 21703
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 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
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Existing Use: Empty
 Proposed Use: NEW SINGLE FAMILY HOME
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 City: ROCKVILLE State: MD Zip Code: 20850
 License No.: BC 3900
 Phone: 301-251-7001 Fax: 301-251-7323
 Email: BKAY@CLASSICMD.NET

Occupant or Tenant: ROBERT SPAAY
 Was tenant space previously occupied? Yes No
 Contact Name: BRYAN KAY c/o CLASSIC HOMES
 Address: 50 W. EDMUNSON DRIVE
 City: ROCKVILLE State: MD Zip Code: 20850
 Phone: 301-922-2373 Fax: _____
 Email: BKAY@CLASSICMD.NET

Engineer/Architect Company: PERKINS ASSOCIATES
 Responsible Design Prof.: DAVE MCLEE
 Address: 8933 SHADY BLVD COURT
 City: CATHYMANOR MD State: MD Zip Code: 20877
 Phone: 301-948-0249 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth <u>6'4"</u> Width <u>5'0"</u>
Gross area, sq. ft./floor:	1 st floor: <u>646</u> 5'0"
	2 nd floor: <u>626</u> 5'0"
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>61300307</u>	
Building Shell Permit Number:	

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 Signature: BKAY@CLASSICMD.NET Print Name: BRYAN KAY
 Email Address: BKAY@CLASSICMD.NET Date: 9/20/13
 Title/Company: PROJECT MANAGER - CLASSIC HOMES

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/21/13</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>566</u>
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA