

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B/2002614

Building Address: 6281 LINNETHORN LN.
CLARKEVILLE 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD + TANK

Estimated Construction Cost: \$ 3,400

Description of Work: INSTALL 500 GAL. UNDERGROUND
RODANE TANK IAW NEPA SB &
HOWARD COUNTY REQUIREMENTS

Occupant or Tenant: MICHAEL HYMES

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: MICHAEL HYMES

Address: 6281 LINNETHORN LN.

City: CLARKEVILLE State: MD Zip Code: 21029

Home Phone: 301 814 0618 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
HOWARD SIMMONS - AMERICAS
10097 BALT. NAT'L PIKE ELICOTT CITY 21042

Phone: 410 465 0800 Fax: 410 465 0803

Email: RICHARD.SIMMONS@AMERICAS.COM

Contractor Company: AMERICAS

Contact Person: RICHARD SIMMONS

Address: 10097 BALT. NAT'L PIKE

City: ELICOTT CITY State: MD Zip Code: 21042

License No.: 79965

Phone: 410 465 0800 Fax: 410 465 0803

Email: RICHARD.SIMMONS@AMERICAS.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	Width
1 st floor:	<input checked="" type="checkbox"/> Public
2 nd floor:	<input type="checkbox"/> Private
Basement:	<u>Sewage Disposal</u>
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Public
<input type="checkbox"/> Unfinished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Crawl Space	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms:	<u>Heating System</u>
	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> 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 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]

Email Address: RICHARD.SIMMONS@AMERICAS.COM

Title/Company: Comm. Acct. Mgr / AMERICAS

Print Name: RICHARD SIMMONS

Date: 7/30/12

RECEIVED
 JUL 30 2012
 LICENSES & PERMITS DIVISION

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>[Signature]</u>
Fire Protection		

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

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$ _____
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____



Office of the Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 9, 2012

TO: Ameri-gas
C/o Richard Simmons
Via-e-mail: RICHARD.SIMMONS@AMERIGAS.COM

RE: **Building Permit # B12002614**
6281 Linkythorn Lane
Clarksville, Maryland 21029

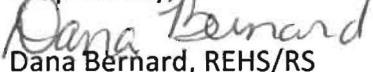
Mr. Simmons,

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Septic components must be shown on plan. Examples: Dry wells, Septic tank.....etc.
- Plan must be to scale.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,


Dana Bernard, REHS/RS

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

