



Health

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:

Permit No.: B19001470

Building Address: 5528 Jacks Landing Way
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # SDP/WP/BA #:
Subdivision:
Lot: Tax Map: Parcel:

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 5000

Description of Work: Install 1000 gallon underground propane tank and gasline to house

Occupant/Tenant Name:
Was tenant space previously occupied?
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Property Owner's Name: Ashoka Vahini Patibandla
Address: 11737 State Route 108
City: Clarksville State: MD Zip Code: 21029
Phone: 410-471-0864 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Ken Strickhouser
Address: 230 Lincoln Way East
City: New Oxford State: PA Zip Code: 17350
Phone: 717-577-5787 Fax:
Email: kstrickhouser@aeroenergy.com

Contractor Company: Aero Energy
Contact Person: Rich Jarcy
Address: 230 Lincoln Way East
City: New Oxford State: PA Zip Code: 17350
License No.: 79809
Phone: 800-998-4311 Fax:
Email: rjarcy@aeroenergy.com

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

Table with columns: Commercial Building Characteristics, Residential Building Characteristics. Includes rows for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, etc.

Table with columns: Utilities, Water Supply, Sewage Disposal, Heating System, Sprinkler System, Grading Permit Number, Building Shell Permit Number. Includes rows for Electric, Gas, Public/Private, etc.

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: Ken Strickhouser
Email Address: kstrickhouser@aeroenergy.com
Title/Company: Aero Energy Sales

Print Name: Ken Strickhouser
Date: 5-7-19

RECEIVED

MAY 08 2019

LICENSES & PERMITS DIVISION

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

Table with columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Rows include State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), Health.

Table: DPZ SETBACK INFORMATION. Rows include Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone: SDP/Red-line approval date:

Table: Fee Schedule. Rows include Filing Fee, Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, Check #.

Is Sediment Control approval required for issuance?
CONTINGENCY CONSTRUCTION START

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Tuesday, May 21, 2019 2:33 PM
To: 'rjarcy@aeroenergy.com'
Cc: 'kstrickhouser@aeroenergy.com'
Subject: B19001470 5528 Jacks Landing Way

I have reviewed the building permit B19001470 for a propane tank at 5528 Jacks Landing way and have the following comments for revision:

1. The proposed tank location is 43' away from the alternate well location. The minimum setback from a well to a propane tank is 100', with a general waiver allowed down to 50' if the separation is maximized and 100' is not possible.
2. The plot plan is not sized to a standard engineer scale between 1:30 and 1:100.

Please revise the plot plan and resubmit to the permits office. You may contact me when that has been submitted to expedite my review. Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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