

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21003316	09/03/2021
Description of Work		
SFD//INSTALL (1) 1000GAL UNDERGROUND PROPANE TANK		

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
15649	LINDEN GROVE	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.06858	39.32763
City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Approved 9/22/21
ATA

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059853	0005	0	0	0	0	RURAL

Legal Description

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
18	11	604001	5				
Plan Area	State Tax Id	Subdivision Name					
		Linden Grove					
Section	Area	Tax Map					
		7					
Grid	Zoning District	ADC Map					
7-18	RC-DEO	4691-J8					
SDP No.	Final Plan No.	WP File No.					
	ECP-17-019						
Record Plat No.	WS Contract No.	FDP No.			Primary		
25064-2507					Yes		
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is required.)

Search Reset Clear

Name *

TOLL MID ATLANTIC LP COMPANY INC

Address Line 1

1140 VIRGINIA AVE

Address Line 2

Address Line 3

Mail City

FORT WASHINGTON

Mail State

PA

Mail Zip Code

19034

Phone

301-725-3232

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100103851	THE H.J. POIST GAS COMPANY, INC		
License Type *	First Name	Middle Name	Last Name
Propane Gs	SEAN	MICHAEL	UNDERWOOD
Primary	Address Line 1		
No	380 MAIN STREET		
	Address Line 2		
	City	State	ZIP Code
	LAUREL	MD	20707-0000
	Phone 1	Phone 2	Fax
	4434149582		
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	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
3000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	3/20/2022	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

HOUSE OPTIONS:

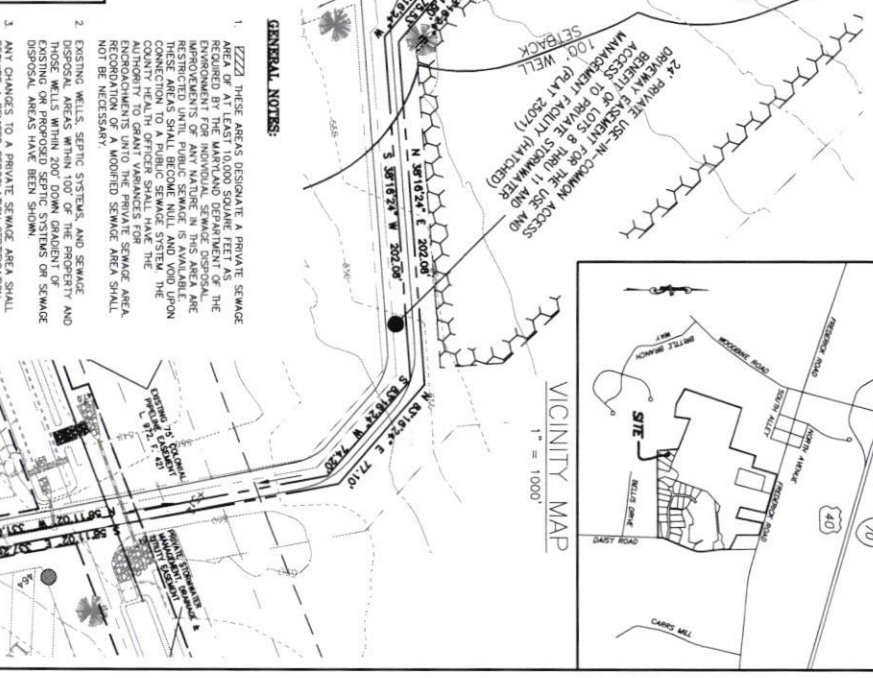
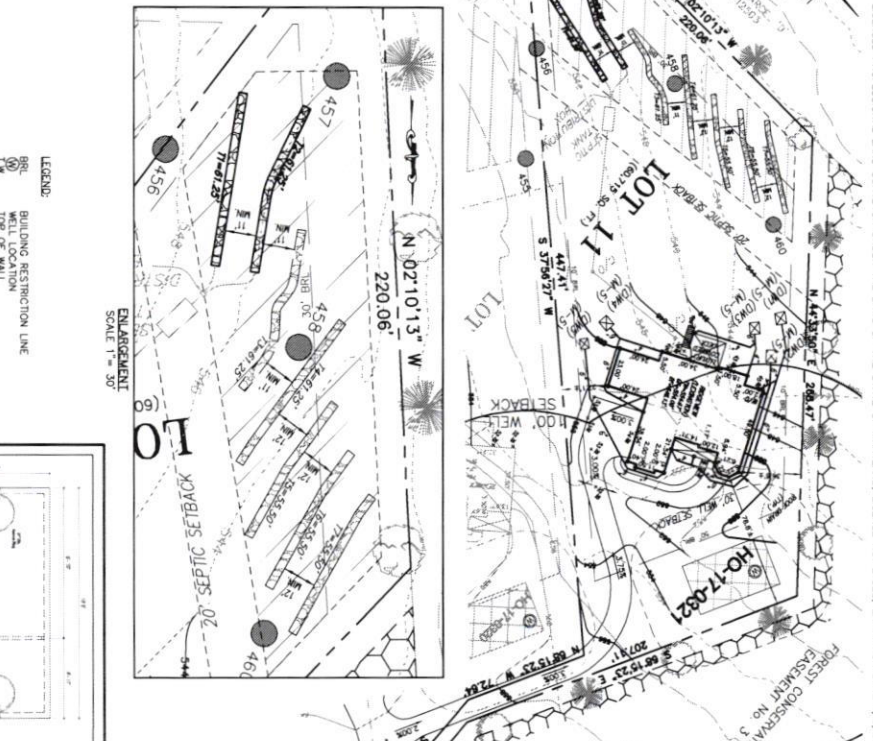
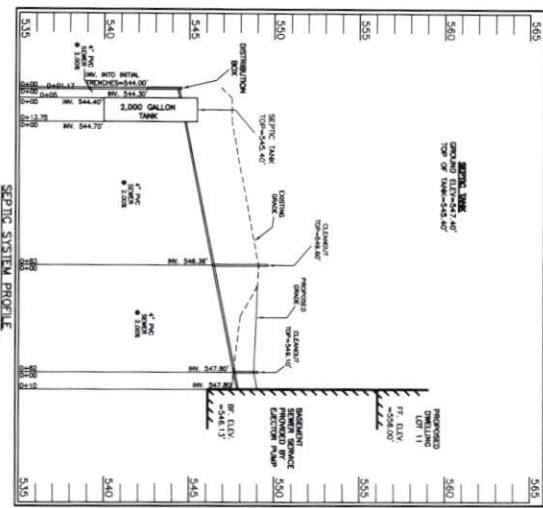
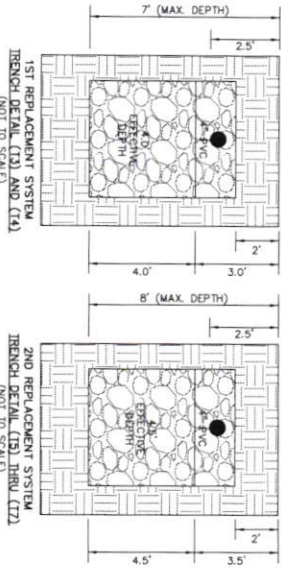
HOUSE TYPE: BUDGET (CONCRETE)
 THREE CAR SIDE ENTRY GARAGE
 FINISHED LOWER LEVEL
 WALK-OUT LOWER LEVEL
 400' TO FOUNDATION WALL HEIGHT
 GRASS MULTI-GRAIN TYPICAL SLATE
 WALK-OUT LOWER COVERED DECK
 WALK-OUT LOWER LEVEL
 WALK-OUT LOWER LEVEL
 WALK-OUT LOWER LEVEL
 CONSTRUCTION NOTE FOR WINDOW IN LOWER LEVEL

OPTION No. 001
 OPTION No. 013
 OPTION No. 070
 OPTION No. 200/25
 OPTION No. 251/69
 OPTION No. 307
 OPTION No. 8001/009
 OPTION No. 8001/009

NATURAL TRENCH DATA

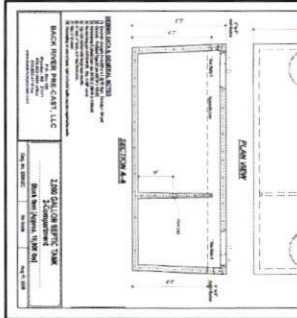
BOTTOM MAX. DEPTH (7)
 TRENCH 1 (T1), 81.23 LF
 GROUND ABOVE = 547.00'
 BOTTOM TRENCH = 540.00'

TRENCH 2 (T2), 81.23 LF
 GROUND ABOVE = 546.00'
 BOTTOM TRENCH = 539.00'



- SEWER DISPOSAL SYSTEM DATA (7 BEDRM)**
- EX. GRADE OVER TANK: 547.50'
 - PROPOSED GRADE OVER TANK: 547.50'
 - INVERT IN: 544.70' INVERT OUT: 544.40'
 - EXISTING GRADE OVER TANK: 546.90'
 - PROPOSED GRADE OVER TANK: 546.90'
 - INVERT IN: 544.30' INVERT OUT: 544.00'

- LOT 11 (7 BEDROOM CALCULATION)**
- INITIAL TRENCH DESIGN (7 BEDRM x 150 GPD/BEDRM = 1,050 GPD)
 USE 3" WIDE TRENCH WITH 42" GRAVEL BELOW PIPE
 875 SF x 3" WIDE TRENCH = 2625 LF (SIDEWALL REDUCTION) = 122.50 LF MIN.
 USE 2 61.25" LONG TRENCHES = 122.50 LF
 - 2ND REPLACEMENT TRENCH DESIGN (7 BEDRM x 150 GPD/BEDRM = 1,050 GPD)
 USE 3" WIDE TRENCH WITH 60" GRAVEL BELOW PIPE
 1312.50 SF x 3" WIDE TRENCH = 3937.50 LF (SIDEWALL REDUCTION) = 186.25 LF MIN.
 USE 2 61.25" LONG TRENCHES = 122.50 LF



WELL LOCATION CERTIFICATION:

THE EXISTING WELL SHOWN FOR LOT 10 (TAG NO. HO-17-0321) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN HEREON.



ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN

LOT 11
 LINDEN GROVE
 LIBER 1619, FOLIO 341
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND
 ADDRESS: 2509 WOODSHIRE, MARYLAND 21793

ESE CONSULTANTS

ENGINEERING • PLANNING • SURVEYING • ENVIRONMENTAL
 764 Columbia Gateway Drive • Suite 230 • Columbia, MD 21046
 T: 410-272-9505

DATE: 11/27/2000
 SCALE: 1" = 30'
 JOB NO.: 4681
 DRAWN: R.C.K.

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/23.

RECEIVED

PERMIT NUMBER: B 20004510

DATE ACCEPTED:

DEC 18 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 15649 Linden Grove Lane, City: Woodbine, State: MD, Zip Code: 21797, Subdivision/Village/Complex Name: Linden Grove, Lot: 11, Tax Map, Parcel, Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant lot, Proposed Use: SFD, Estimated Cost: \$ 300,000, Trade Work to Be Completed: Mechanical (HVACR), Electrical, Plumbing, None, New 2 story "Ridge View" Lexington elev with 3 car side load garage, walk out luxury covered deck, multi-generational suite, and finished lower level (Rec room)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Toll Mid Atlantic LP Co Inc, Primary Residence: No, Owner's Street Address: 250 Gibraltar Rd, City: Horsham, State: PA, Zip Code: 19044, Phone: 410-872-9105, Email: sriley1@tollbrothers.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Decorative Building Services, Contact Name: Jim Kerwin, Street Address: PO Box 552, City: Woodbine, State: MD, Zip Code: 21797, Phone: 3443-309-7792, Email: jim@decorativebuilding.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Toll Mid Atlantic LP Co, Inc, License #: 8220, Licensee's Name: Toll Mid Atlantic LP Co, Inc, Street Address: 7164 Columbia Gateway Dr Ste 230, City: Columbia, State: MD, Zip Code: 21046, Phone: 240-451-5950, Email: sriley1@tollbrothers.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name, Name, Street Address, City, State, Zip Code, Phone, Email

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling, Condo: No, Utilities: Electric, Gas, Water Supply: Private (Well), Sewage Disposal: Private (Septic), Heating System: Electric, Propane, Other, Roadside Tree Project: No, Sprinkler System: NFPA 13, Fire Alarm System: No, Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: "Ridgeview" Lexington elev, 3 car garage, covered deck, multi gen suite and finished lower level, # of Bedrooms (SF): 6, # of efficiency units (MF*):, # of 1 BR (MF*):, # of 2 BR (MF*):, # of 3 BR (MF*):, # Rooms, # Full Baths: 6, # Half Baths: 0, # Fireplaces: 1, Garage/Carport Info: Attached Garage, Basement/Foundation Info: Finished Basement: Full or Partial, 1st Fl Width: 88, 1st Fl Depth: 84, 2nd Fl Width: 64, 2nd Fl Depth: 59, Bsmt Width: 88, Bsmt Depth: 84, Energy Method: Performance, Gross Area, Occupiable Area

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: Jim Kerwin, DATE SIGNED: 12/16/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR, DPZ, DED, Health, SHA, CID, SUBMITTAL FEES: \$150.00, PAYMENT: CK# 0152 5918, ACCEPTED BY: DropBox

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Permit Type Permit Number Opened Date

Description of Work

[check spelling](#)

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # Street Name Street Type

Unit Type Unit # X Coordinate Y Coordinate

City State Zip Code Primary

Approved
4/9/21

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
910232	209	5	235800	433900	198100	RURAL

Legal Description

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	12	603000	5				

Plan Area State Tax Id Subdivision Name

Section Area Tax Map

Grid Zoning District ADC Map

SDP No. Final Plan No. WP File No.

Record Plat No. WS Contract No. FDP No. Primary

Owner Occupied Yes No Year Built Historic District Yes No

Historic District Registry No. Stat Area Flood Plain Yes No

Building No

Owner (This section is required.)

Search Reset Clear

Name

Address Line 1

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code

Phone Primary

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100103851	THE H.J. POIST GAS COMPANY, INC		
License Type *	First Name	Middle Name	Last Name
Propane Gs	SEAN	MICHAEL	UNDERWOOD
Primary	Address Line 1		
No	360 MAIN STREET		
	Address Line 2		
	City	State	ZIP Code
	LAUREL	MD	20707
	Phone 1	Phone 2	Fax
	4434149582		
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	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
3000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

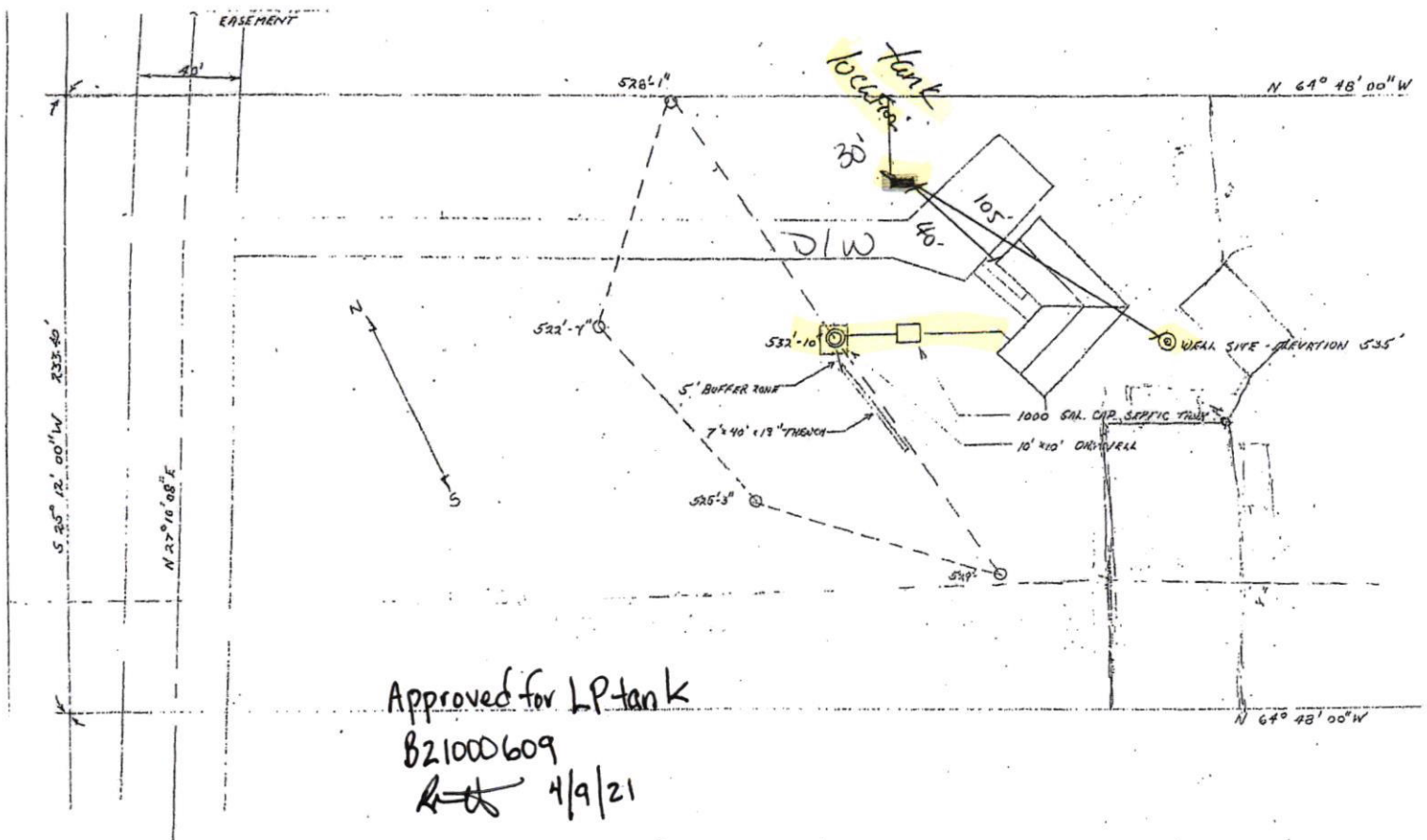
RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	9/4/2021	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel



Approved for LP tank
 B21000609
 R-H 4/9/21

Scale
 1" = 30'

SITE PLAN AND SEPTIC FIELD

LENGTH: 30.0'

FOR RESIDENCE OF
 MR. & MRS. BRUCE H. LANCASTER
 14146 ROVER HILL ROAD

First Floor Elevation 536 Basement Floor Elevation 528'
 Invert from House 532' Entrance to Septic Tank 531'
 Exit from Septic Tank 531' Entrance to Drywell 530'
 ORIGINAL AND FINISH ELEVATIONS IDENTICAL - SHOWING BY NOTES.

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 3/18/2021

To: Robert Buiker
(Person's Name and Division)

From: Jim Kerwin for Toll Brothers (443) 309-7792
(Your Name, Company Name and Telephone Number)

Subject: Project name Linden Grove Lot 11
Project site address 15649 Linden Grove Lane
Permit # B 20004510 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of revised Floor plans to match Plot Plan (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Jim Kerwin
Please Print Name

Telephone No: 443-309-7792
E-Mail Address: Jim@DecaturbuildingServices.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

RECEIVED

Received by DROPPY

MAR 19 2021