

Record Detail \* (This section is required.)


<b>Permit Type</b> Building/Residential/Misc/Tanks	<b>Permit Number</b> B23000094	<b>Opened Date</b> 01/12/2023
<b>Description of Work</b> Install underground 500 gallon propane tank		

[check spelling](#)

Address \* (This section is required.)

Search    Reset    Clear    Get Parcel & Owner

<b>Street #</b> 5509	<b>Street Name</b> JACKS LANDING	<b>Street Type</b> WAY
<b>Unit Type</b> --Select--	<b>Unit #</b>	<b>X Coordinate</b> -76.97472
		<b>Y Coordinate</b> 39.21537
<b>City</b> CLARKSVILLE	<b>State</b> MD	<b>Zip Code</b> 21029
		<b>Primary</b> Yes

Approved 1/31/23  


Parcel \* (This section is required.)

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<b>GIS ID *</b> 11059829	<b>Parcel</b> 0414	<b>Parcel Area</b> 1.04	<b>Land Value</b> 240400	<b>Improved Value</b> 240400	<b>Exemption Value</b> 0	<b>Plan Area</b> RURAL
<b>Legal Description</b> LOT 8, 1.043 A.[ ]5509 JACKS LANDING WAY[ ]JACKS LANDING PH. 2						

[check spelling](#)

<b>Block</b> 3	<b>Lot</b> 8	<b>Census Tract</b> 605101	<b>Council Dist</b> 5	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
<b>Plan Area</b>	<b>State Tax Id</b> 1405601742	<b>Subdivision Name</b> Jack's Landing					
<b>Section</b>	<b>Area</b>	<b>Tax Map</b> 34					
<b>Grid</b> 34-3	<b>Zoning District</b> RR-DEO	<b>ADC Map</b> 4933-D6					
<b>SDP No.</b>	<b>Final Plan No.</b> F-08-101	<b>WP File No.</b>					
<b>Record Plat No.</b> 25062-2506	<b>WS Contract No.</b>	<b>FDP No.</b>	<b>Primary</b> Yes				
<b>Owner Occupied</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Year Built</b>	<b>Historic District</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b> 5-04A	<b>Flood Plain</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner \* (This section is required.)

Search    Reset    Clear

**Name \***  
HOWARD MARTY ANTHONY  
**Address Line 1**  
8045 HUNTERBROOKE LN

Address Line 2

Address Line 3

Mail City                      Mail State      Mail Zip Code  
 FULTON                      MD      20759  
 Phone                      Primary  
 443-998-0334                      Yes  
 E-mail                      Yes

Cell Number                      Fax Number

Professionals (This section is not required.)

License # \*                      Business Name  
 20100079809                      MID ATLANTIC COOPERATIVE SOLUTIONS DBA AERO ENERGY

License Type \*                      First Name                      Middle Name                      Last Name  
 Propane Gs                      31CHARD                      THOMAS                      JARCY  
 Primary  
 Yes                      Address Line 1  
                     230 LINCOLN WAY EAST  
                     Address Line 2

City                      State                      ZIP Code  
 NEW OXFORD                      PA                      17350-0000

Phone 1                      Phone 2                      Fax  
 2406744592

E-mail  
 RJARCY@AEROENERGY.COM

Applicant (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

Type \*                      First Name                      MI                      Last Name  
 Applicant                      steve                                           dannenfeldt

Relationship                      Full Name  
 Applicant                      steve dannenfeldt  
 Primary                      Organization Name  
 Yes                      Aero Energy  
                     Street Address  
                     230 lincoln way East  
                     Address Line 2

City                      State                      Zip Code  
 New Oxford                      PA                      17350

Phone                      Cell                      Fax  
 717-577-5923

E-mail \*  
 sdannenfeldt@aeroenergy.com

Addtl Info

Est Construction Cost \*      Housing Units \*      Number of Buildings \*      Public Owned  
 6500                      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 #  
 Yes  No            Yes  No       Yes  No

Existing Use \*      Number of Tanks Installed \*      Number of Tanks Removed \*  
 SFD                      1                      0

Water Supply      Sewage Disposal      Expiration Date      Relocate Existing Tank \*



PERMIT NUMBER: B

21003758

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

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: 5509 Jacks Landing Way
City: Clarksville
State: MD
Zip Code: 21029
Subdivision/Village/Complex Name: Jack's Landing
Parcel: 414
Grading Permit #: 621000210

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant Lot
Proposed Use: Single Family Detached
Estimated Cost: \$399,290.00
Trade Work to Be Completed: Mechanical (HVACR), Electrical, Plumbing, None

SED/ MODEL 'Kingsport, 2 STORY, Partial Basement, Basement, Side Load Garage, 4BR,

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Marty Howard
Primary Residence: Yes
Owner's Street Address: 8045 Hunter Brook Lane
City: Fulton
State: MD
Zip Code: 20759
Phone: (301) 343-1353
Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Caruso Homes On Your Lot III, LLC.
Contact Name: Monica Lanigan
Street Address: 2120 Baldwin Avenue, Suite 200
City: Crofton
State: MD
Zip Code: 21114
Phone: (667) 307-4272
Email: mlanigan@carusohomes.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Caruso Homes On Your Lot III, LLC
Licensee's Name: Monica Lanigan
License #: 8233
Street Address: 2120 Baldwin Avenue, Suite 200
City: Crofton
State: MD
Zip Code: 21114
Phone: (667) 307-4272
Email: criedy@carusohomes.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, SF Townhouse, SF Duplex, Mobile Home, Multi-Family Dwelling (MF\*)
Condo: Yes/No
Utilities: Electric, Gas, Water Supply: Public/Private (Well), Sewage Disposal: Public/Private (Septic)
Heating System: Electric, Natural Gas, Propane, Other; Roadside Tree Project: No/Yes; #
Sprinkler System: NFPA 13, NFPA 13R, NFPA 13D, None; Fire Alarm System: Yes/No/Voice Evac

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

Model Name & Options: kingsport
# of Bedrooms (SF): 4, # of efficiency units (MF\*): 0, # of 1 BR (MF\*): 0, # of 2 BR (MF\*): 0, # of 3 BR (MF\*): 0
# Rooms: 13, # Full Baths: 4, # Half Baths: 0, # Fireplaces: 1
Garage/Carport Info: Attached Garage, Detached Garage, Integral Garage, Carport, None
Basement/Foundation Info: Slab on Grade, Post & Pier, Unfinished Basement, Finished Basement: Full or Partial
1st Fl Width: 30, 1st Fl Depth: 32, 2nd Fl Width: 60, 2nd Fl Depth: 32, Bsmt Width: 60, Bsmt Depth: 32
Energy Method: Prescriptive, Performance, UA Alternative, ERI; Gross Area: 3,750 sq ft; Occupiable Area: 3,750 sq ft

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 (Signature) DATE SIGNED 9/30/2021

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: BR, DPZ, DED, Health, SHA, CID
SUBMITTAL FEES: 150 PAYMENT: 1000 ACCEPTED BY: Hank Oswald 9/30/21

redlined one 9/30/21

Record Detail \* (This section is required.)

<b>Permit Type</b> Building/Residential/Elec/New	<b>Permit Number</b> E22006068	<b>Opened Date</b> 11/07/2022
<b>Description of Work</b> New sfd - wire 200 amp service 410-781-6344 B21003758		

[check spelling](#)

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8045 HUNTERBROOKE LN

**Address Line 2**

**Address Line 3**

<b>Mail City</b> FULTON	<b>Mail State</b> MD	<b>Mail Zip Code</b> 20759
<b>Phone</b> 301-343-1353	<b>Primary</b> Yes	
<b>E-mail</b>		
<b>Cell Number</b>	<b>Fax Number</b>	

