



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.: _____

Building Address: 15339 Sweetbay St
City: Woodbine State: _____ Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Belle Haven Est
Section: _____ Area: _____ Lot: 4
Tax Map: 0014 Parcel: 0066 Grid: 0020
Zoning: _____ Map Coordinates: 4812C-4 Lot Size: _____

Existing Use: SFD
Proposed Use: SFD + Pool
Estimated Construction Cost: \$ 25,000
Description of Work: Inground concrete pool 22x39" in rear yard w/ 48" high fence to back
Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Property Owner's Name: DAVE & SAM Kowalczyk
Address: 15339 Sweetbay St
City: Woodbine State: _____ Zip Code: 21797
Phone: 408-578-4367
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Maryland Pools
Contact Person: Bob Brooks
Address: 9518 Gessing Lane
City: Columbia State: _____ Zip Code: 21046
License No.: 6694
Phone: 410-995-6600 Fax: _____
Email: _____

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

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 type="checkbox"/> Yes <input checked="" 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 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: _____
Email Address: _____
Title/Company: Maryland Pools

Print Name: Joann E. Lathan
Date: 5-13

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>Edith H. Scott</u>

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	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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



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: 01/29/13

Permit No.: B13000351

Building Address: 15339 Sweetbay St
City: Woodbine State: Md Zip Code: 20785
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision: Belle Haven Est.
Section: Area: 2 Lot: 4
Tax Map: 14 Parcel: 666 Grid: 20
Zoning: Map Coordinates: Lot Size: 40,072 P

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work:
Install 1000 gal in-ground propane tank

Occupant or Tenant:
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name:
Address: owner
City: State: Zip Code:
Phone: Fax:
Email:

Property Owner's Name: K. Hovarian Homes
Address: 1802 Brightseat Rd
City: Landover State: Md Zip Code: 20785
Phone: Fax:
Email:

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: JEREMY CLARNEY
Address: PO Box 1253
City: Edesburg State: Md Zip Code: 21784
Phone: 443-340-1229 Fax:
Email: JEREMY@AppliedAndApproved.com

Contractor Company: Valley National Gas
Contact Person: William Gurwicz
Address: 7201 Montevideo Rd
City: Jessup State: Md Zip Code: 20794
License No.: 47793
Phone: 410-799-1114 Fax:
Email:

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input 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:
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 checked="" type="checkbox"/> No
Gas: <input checked="" 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 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:
Email Address: JEREMY@AppliedAndApproved.com
Title/Company: permits

Print Name: Jeremy Clarny
Date: 1/29/13
JAN 29 2013
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		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 3250

Distribution of Copies: White: Building Officials

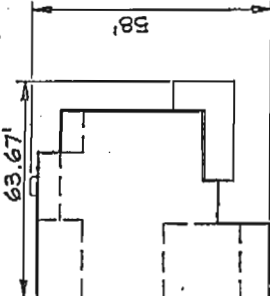
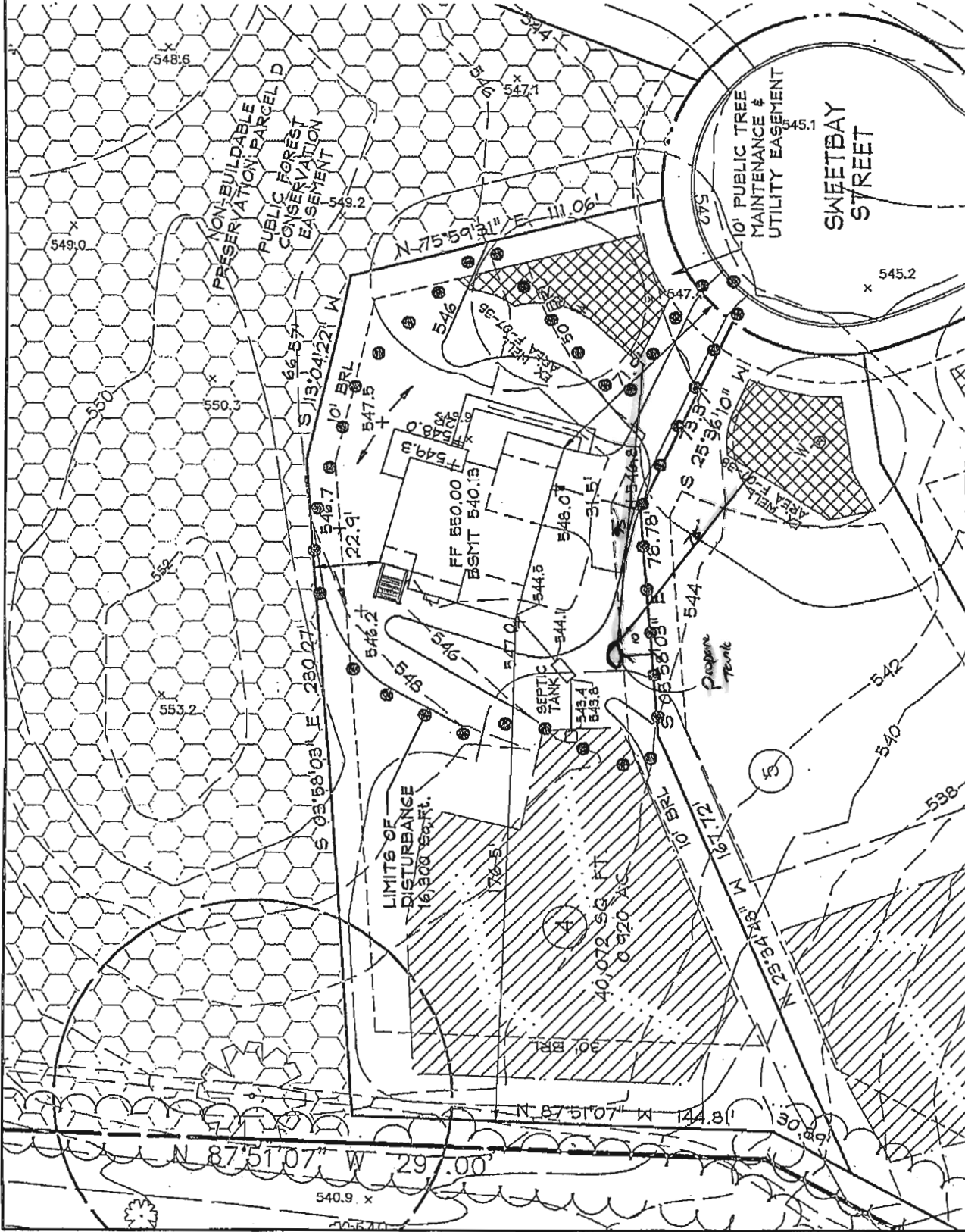
Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

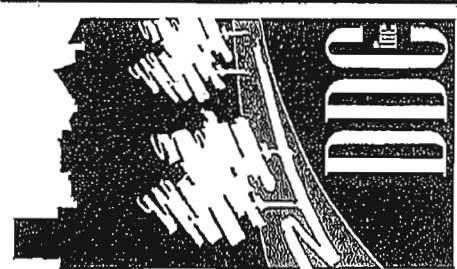
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ALASKA
COUNTRY ELEVATION
STONE FRONT
(REV)

- GENERAL NOTES**
1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0658) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
 2. BASE SQUARE FOOTAGE OF HOUSE IS 090 sq. ft.
 3. NUMBER OF BEDROOMS: 4
 4. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012
 5. EJECTOR PUMP REQUIRED TO SEWER BASEMENT

B13006351
rank of AS
2/11/13
1000000



Development Design Consultants
Planners
Surveyors
Engineers
Landscape Architects
192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (fax)
DDC@DDCinc.us
www.DDCinc.us

DDC JOB#	06116.5
DATE	11/08/12
SCALE	1" = 50'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	JLM

BELLE HAVEN ESTATES 3rd ELECTION DISTRICT HOWARD COUNTY, MD TAX MAP 14, PARCEL 66	LOT 4 15339 SWEETBAY STREET WOODBINE, MD 21797 PLOT PLAN ALASKA COUNTRY ELEVATION	OWNER/BUILDER: K. KOVNIANIAN HOMES 1802 Brightseat Road Landover, Maryland 20785 (301)653-6268
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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: _____

G12000304

Permit No.: B12003914

Building Address: 15339 Sweetbay St.
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Belle Haven Est.
 Section: _____ Area: _____ Lot: 4
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT LOT
 Proposed Use: NEW S.F.D.
 Estimated Construction Cost: \$ 250,000 2 story + BSMT
 Description of Work: ALASKA - W/ANACHED 3 CAR SIDE ENTRY GARAGE, EXTENDED FAM, RM, LIBRARY, AND REAR MORNING ROOM, FP, FIN. LOWER LEVEL BSMT, 4 BR
 Occupant or Tenant: FIN. LOWER LEVEL BSMT, 4 BR
 Was tenant space previously occupied? ☐ Yes ☒ No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: K. HOVNANIAN HOMES
 Address: 1802 BRIGHTSEAT RD.
 City: LANDOVER State: MD Zip Code: 20785
 Phone: 301-772-8900 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Vicky Meyer
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 410-296-6900 Fax: _____
 Email: MD.BIDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANIAN HOMES
 Contact Person: Chester or Vicky
 Address: 1802 BRIGHTSEAT RD.
 City: LANDOVER State: MD Zip Code: 20785
 License No.: 3149
 Phone: 301-772-8900 Fax: _____
 Email: _____

Engineer/Architect Company: DDC, INC
 Responsible Design Prof.: BRIAN COLLINS
 Address: 192 E. MAIN ST.
 City: WESTMINSTER State: MD Zip Code: 21157
 Phone: 410 386-0560 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:	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<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:	
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 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:
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: Victoria Meyer
MD BIDG PERMITS @ COMCAST.NET
 Email Address: _____
 Agent
 Title/Company: _____

Print Name: Victoria Meyer
 Date: 11/28/2012

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

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

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	\$ 150
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 00002677

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

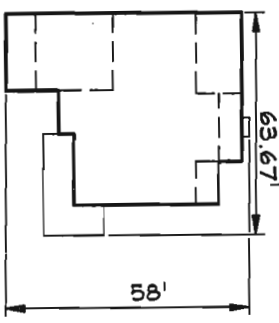
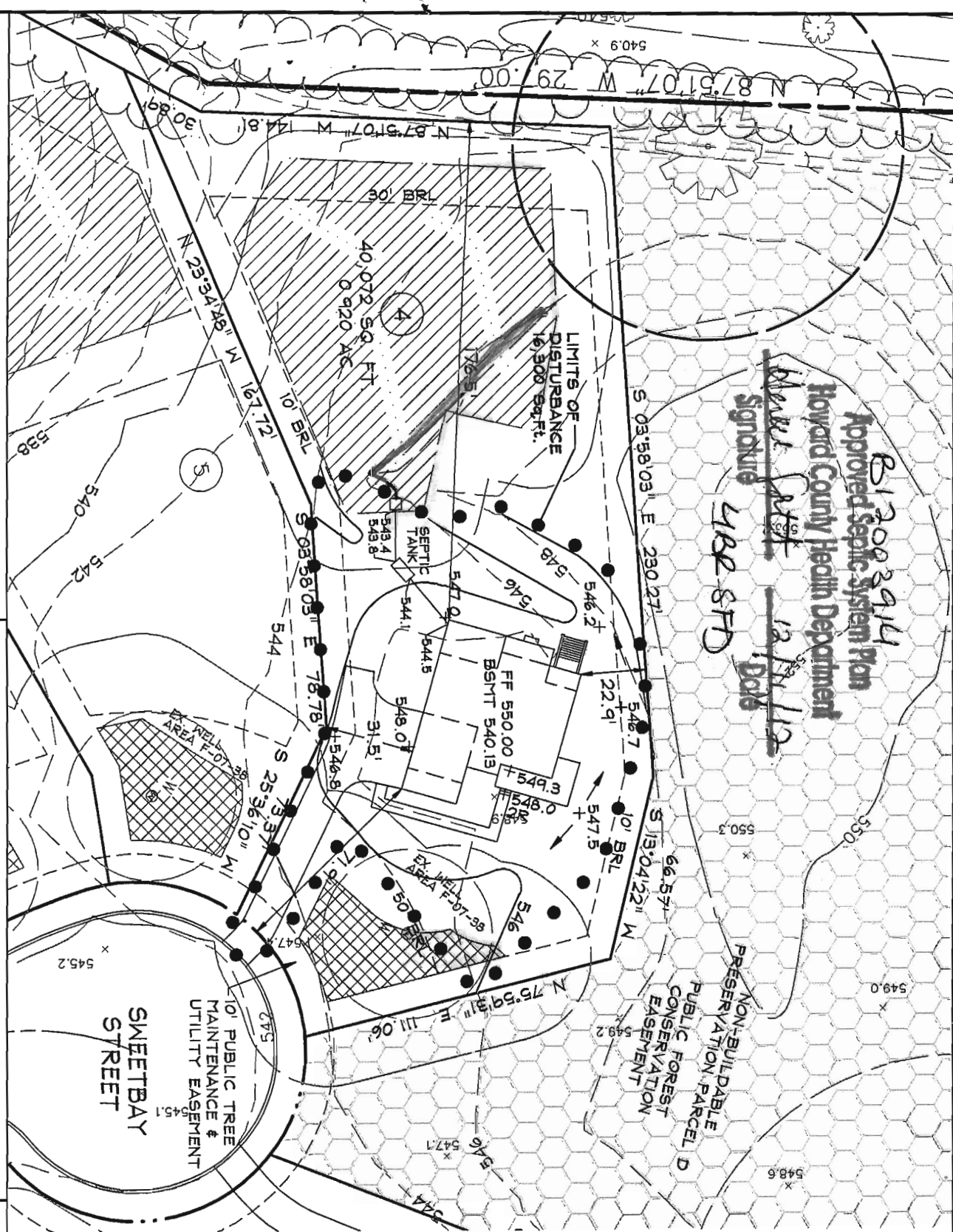
Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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B12003914
Approved Septic System Plan
Howard County Health Department
M. J. [Signature]
Signature Date 12/11/12
4182 STD



ALASKA
COUNTRY ELEVATION
STONE FRONT
(REV)

- GENERAL NOTES**
1. THE EXISTING WELL SHOWN ON THIS PLAN (40-05-0658) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
 2. BASE SQUARE FOOTAGE OF HOUSE: 3,040 sq.ft.
 3. NUMBER OF BEDROOMS: 4
 4. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMN DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/4/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012
 5. EJECTOR PUMP REQUIRED TO SEWER BASEMENT



Planners
Surveyors
Engineers
Landscape Architects

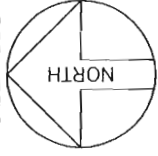
192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (fax)
DDC@DDCincus
www.DDCincus

DDC JOB#:	06116.5
DATE:	11/08/12
SCALE:	1" = 50'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	JLM

BELLE HAVEN ESTATES 3rd ELECTION DISTRICT TAX MAP 14, PARCEL 66	LOT 4 15339 SWEETBAY STREET WOODBINE, MD 21797 PLOT PLAN ALASKA COUNTRY ELEVATION	OWNER/BUILDER: K HOVNANIAN HOMES 1802 Brightseat Road Landover, Maryland 20785 (301)683-6268
------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

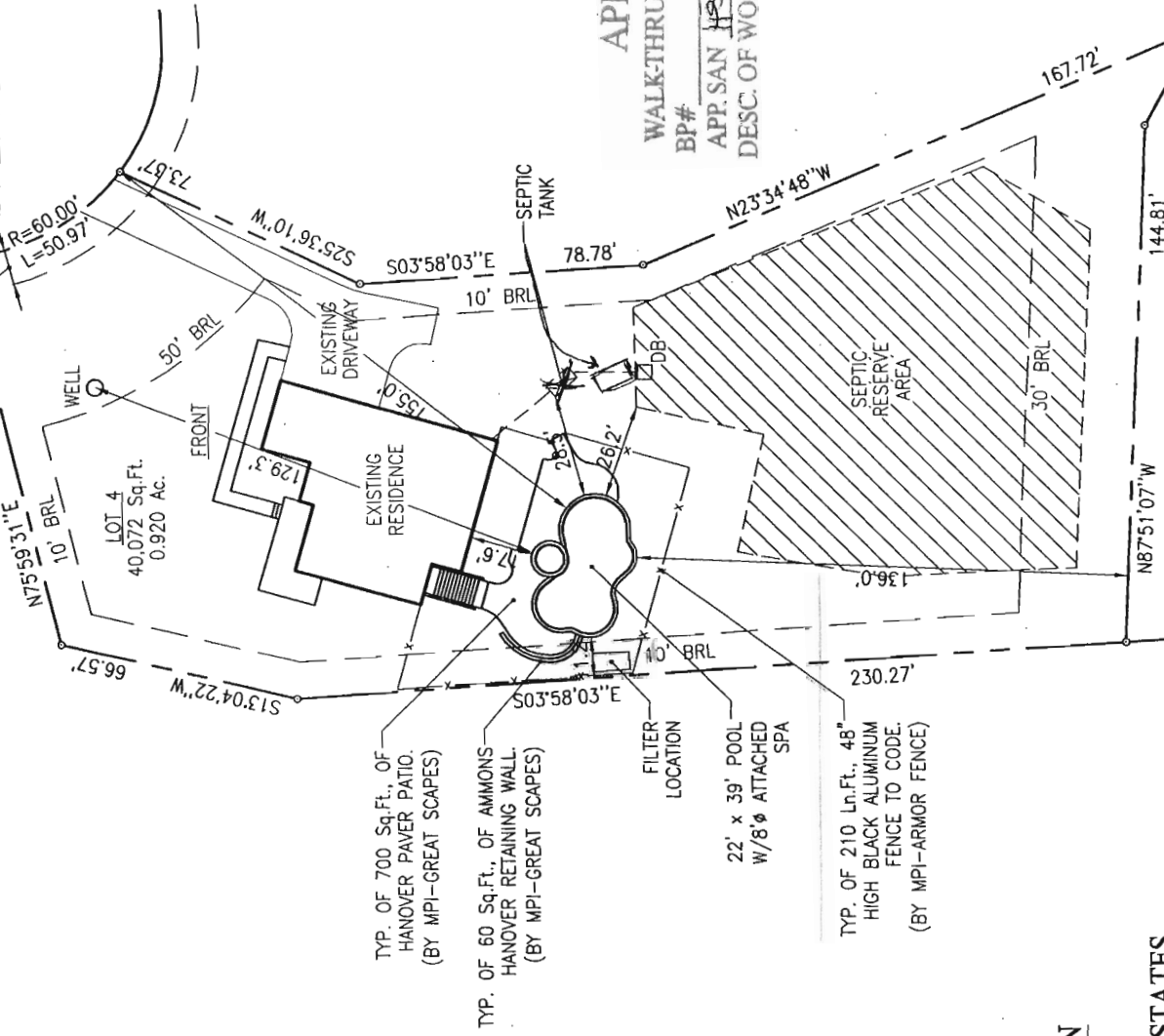
SETBACKS:
REAR PL 10'
SIDE PL 10'
HOUSE 0'
SEPTIC 10'/20'
WELL 20'

PRIVATE WELL
& SEPTIC



SWEETBAY STREET

10' PUBLIC TREE
MAINTENANCE &
UTILITY EASEMENT.



SITE PLAN

1"=40'
LOT # 4

BELLE HAVEN ESTATES
TAX ACCOUNT # 373677
MAP 0014, GRID 0020, PARCEL 0066
ELECTION DISTRICT: 04
HOWARD COUNTY, MARYLAND

REVISION:

PERMIT NUMBERS
POOL:
ELECT:
OTHER:

PERMIT SET

DATE: 5-16-13

Maryland
POOLS
Inc.

9515 GERWIG LANE
SUITE 121
COLUMBIA, MD 21046
410-995-6600
800-232-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL MOST - 1 HOUR (IN CONTRACT)
SPA: 50 SF W/6 JTS, 100W LGT & BLWR
RAISED BEAM: FACED W/CULT. STONE (71 Sq.Ft.)
TILE: NEWPORT BLUE
COPING: 12" PA FULL RANGE FLAGSTONE (CUT)
PLASTER: PEBBLESHEEN (BLUE GRANITE)
FILTER SYS: C&C 420 SF CART. W/VS-3050
CLEANING SYS: PCC-2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: 400K BTU (PROPANE)
LIGHTS: TWO
WATTS: 500
VOLTS: 120
LOVESEAT: (2) @ 6' (INSIDE)
AQUA BENCH: (2) @ 3'
RAIL GOODS: NONE
DECKING: 700 Sq.Ft., HANOVER PAVERS
FENCE: 210 Ln.Ft., BLACK ALUMINUM W/(2) 48" GATES
POOL COVER: NONE
TYPE: N/A
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: INITIAL WATER FILL (UP TO 5 LOADS); (2)
12" S.D. UNITS; EQUIPOTENTIAL BONDING GRID; 60 Sq.Ft.
AMMONS HANOVER WALLS; SPA RAISED 12" FACED W/CULT.
STONE (33 SF);
ELECTRIC: 200 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 22' x 39' - ARUBAN
POOL AREA: 650
SPA: 50
OTHER:
TOTAL AREA: 700
PERIMETER: 109
SPA: 25
GALLONAGE: 28,410
DEPTH: 3'-6" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
MILES: 0.00
MAP #
4812
GRID
C-4
RT 70 TO RT 97 S TO R/T ONTO UNION CHAPEL ROAD, L/T
ONTO BRIDAL WREATH COURT, R/T ONTO SWEETBAY STREET TO
CUL-DE-SAC AT END HOUSE ON LEFT CUL-DE-SAC.

Dave & Sara Kowalczyk
15339 Sweetbay Street
Woodbine, Maryland 21797
Howard County

HOME PHONE:
OFFICE PHONE:
CELL PHONE 1: 908-578-4367 (Sara)
CELL PHONE 2: 443-802-9557 (Dave)

LOT: 4
SUBDIVISION NAME: BELLE HAVEN ESTATES
DISTRICT: 04
PIN # 373677
ZONE: ONE
SITE PLAN
SCALE: 1"=40'
DATE: 05/14/13
JLR
JOB NUMBER: GS13-10570
SHEET #: 1.0