

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000157348

Building Address 10928 Tompkins Way
Woodstock, MD 21163
Suite/Apt. #: 03-342638 SDP/WP/Petition #: _____
Census Tract 6030.00 Subdivision Waverly Glen
Section _____ Area _____ Lot A
Tax Map 10 Parcel 304 Grid 23
Zoning RC Map Coordinates _____ Lot size 12.7 Ac

Existing Use Residential
Proposed Use In-Ground Residential Swimming
Estimated Construction Cost \$ 60000.00 Pool

Description of Work In-ground 47'x25' pool with
8' Spa Raised 18", 8' Diving Board,

Heat Pump, Heat & Booster Pump,
Natural Gas Heater, Pool & Spa Lights

Occupant or Tenant MICHAEL L. PFAU

Contact Name MICHAEL L. PFAU

Address 10928 TOMPKINS WAY

City WOODSTOCK State MD Zip Code 21163

Phone 410-977-3032 Fax _____

Property Owner's Name Michael L. Pfau

Address 10928 Tompkins Way

City Woodstock State MD Zip Code 21163

Home Phone 410-977-3032 Work Phone 410-480-0023

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company CUSTOM HOME REMODELERS, INC.

Contact Person CUSTOM HOME POOLS of CHR, INC
JOSEPH BEAVAN MIKE BEAVAN

Address 12142 MOUNT ALBERT RD.

City Ellicott City State MD Zip Code 21042

License No. 18678

Phone 410-988-8005 Fax 410-988-8005

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame

☐ State Certified Modular

Utilities

Water Supply:

☐ Public
☐ Private

Sewage Disposal:

☐ Public
☐ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full
☐ Partial
☐ Other Suppression
of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐
Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Height: _____

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof Height: _____

☐ State Certified Modular

☐ Manufactured Home

Utilities

Water Supply:

☐ Public
☒ Private

Sewage Disposal:

☐ Public
☒ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D
☐ NFPA #13R
☐ Other: _____

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

Custom Home Remodelers, Inc.
Title/Company

JOSEPH BEAVAN

Print Name

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	12/8/05	Kacie
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\norm\PERMIT.FRM

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>30 FT</u>	Filing fee \$
Rear: <u>30 FT</u>	Permit fee \$
Side: <u>30 FT</u>	Excise tax \$
Side St.: <u>NA</u>	Add'l per. fee \$
All minimum setbacks met?	TOTAL FEES \$
YES ☐ NO ☐	Sub-total paid \$
Is Entrance Permit required?	Balance due \$
YES ☐ NO ☐	Check #
Historic District?	Validation #
YES ☐ NO ☐	
Lot Coverage for NewTown Zone	
SDP/Red-line approval date	Accepted by

APPROVED

WALK-THRU BUILDING PERMIT

Custom Home Pools Job Name: Pfau, Address: 10928 Tompkins Way 514619
301-452-3160 Woodstock, MD 21163 DATE: 12-8-05

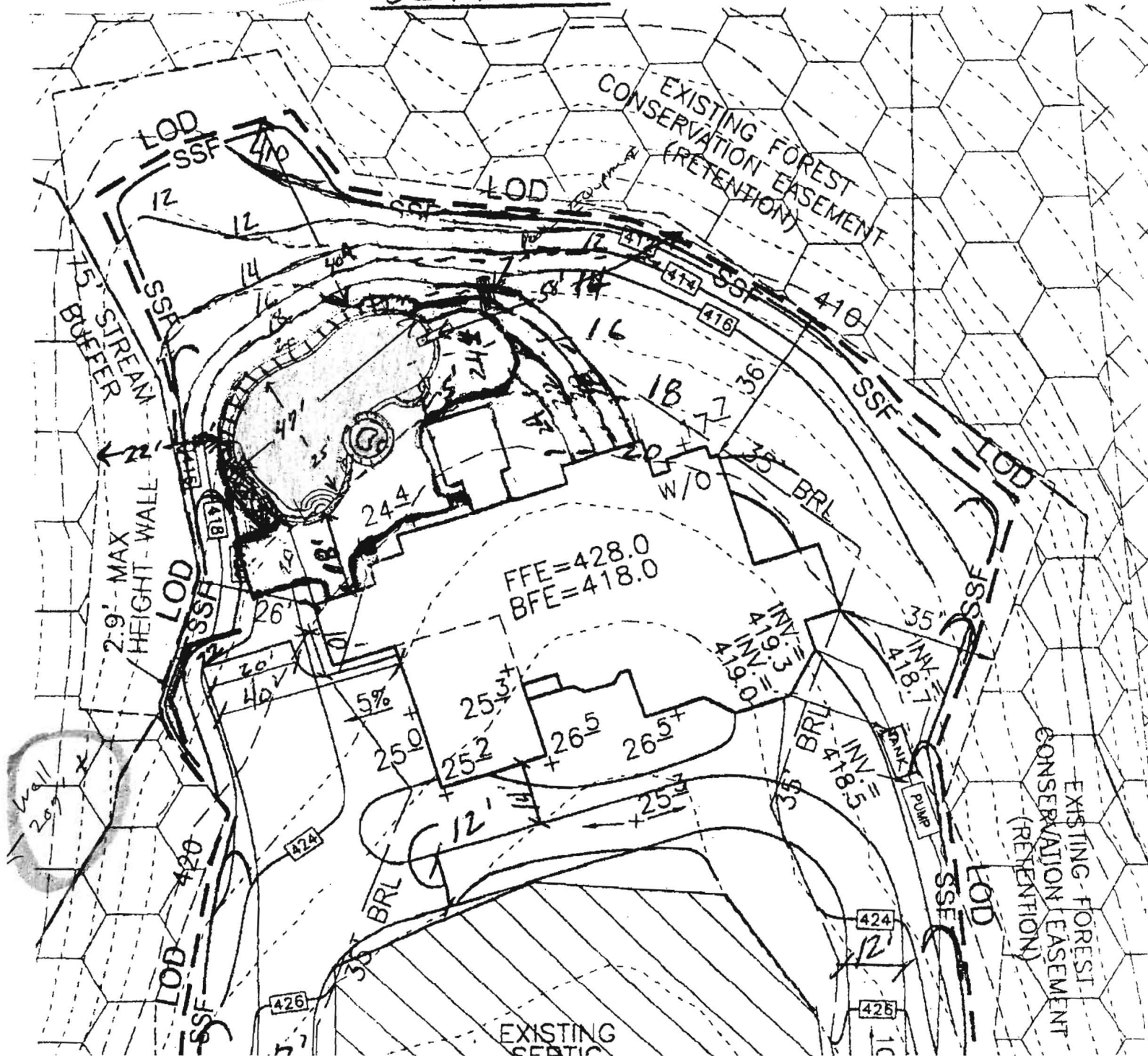
Electric : (2) Sam pool lights, (1) Sal spa Light,
(1) Heat Pump, (1) Nat gas Heater, Polaris wireless remote,
(3) 220v water pumps, (1) Booster pump (1) 220v 2 HP Blower,
(2 H.P.) at.

*ingr. pool
No well or
septic
issues*

Pool 47' x 25' with Vanishing Edge , 8' Spa Raised 18", 8' Dive board,
Cart & DE Filter, 2 heaters. Grey Plaster , Dark Basin,

*Well 270' + Septic 140' +
Front Front*

SCALE = 30' = 1"



G-9237

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-3403 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00154003

Building Address 10928 DUMPKINS WAY
WOODSTOCK 21163
Suite/Apt. # TAV RD 03-342638 SDP/WFP Petition #: GP-05-72
Census Tract 60300 Subdivision PALEBLUE CT
Section _____ Area _____ Lot _____
Tax Map 2110 Parcel 222 Grid 23
Zoning RSA Map Coordinates 6813 Lot size 12.72 AC

Property Owner's Name TRINITY QUALITY HOMES INC
Address 3625 PARK AVE #301
WANDERLY ALLEN
City ELICOTT CITY State MD Zip Code 21043
Home Phone _____ Work Phone 410-313-8722
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 615,000. 585,000

Contractor Company SOMM
Contact Person _____

Description of Work 3 STORY, FULL BSMT, 12R,
LFB, 2NB, 5FP, 1 GARAGE (6BR)
FINISHED BSMT W/ BATH + TP
DETACHED GARAGE
Occupant or Tenant N/A

Address _____
City _____ State _____ Zip Code _____
License No. 699
Phone _____ Fax _____

Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company SOMM
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIALBUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☒ Propane Gas ☐
Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>3</u> Height: _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
State Certified Modular _____ 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 THERE TO; (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.

Sally L. Hodge
Applicant's Signature
VP. OPERATIONS - TRINITY
Title/Company

SALLY HODGE
Print Name
5/26/05
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

65774

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Fire Department, DPZ		
Health	<u>6/20/05</u>	<u>Rachel Moore</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		
CONTINGENCY CONSTRUCTION START: ☐		
Blue: Planning, Design, Engineering, Surveying, etc.		
Green: LDD, DPZ		
Yellow: DEP, DPZ		
Pink: Health		
Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY FEE
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Historic District? YES ☐ NO ☐	Balance due \$ <u>3222</u>
Lot Coverage for New Town Zone _____	Check _____
SDP/rd-line approval date _____	Validation <u>5/26/05</u>
Accepted by: _____	

Rev. 11/4/04

BUILDING DESCRIPTION - RESIDENTIAL

Utilities

Water Supply:
 _____ Public
☒ Private
 Sewage Disposal:
 _____ Public
☒ Private
 Electric: Yes ☒ No ☐
 Gas: Yes ☒ No ☐
 Heating System:
 Electric ☐ Oil ☐
 Natural Gas ☐
 Propane Gas ☒
 Sprinkler system: N/A
 _____ NFPA #13D
 _____ NFPA #13R
 _____ Other:

Print Name _____

Title/Company

Date _____

FOR OFFICE USE ONLY

DPZ SETBACK INFORMATION

PROPERTY ID#

Front

Filing fee \$ 75

But

Permit fee \$

24

Excise tax 3

12

Excess fee	1	
Add'l per 100	3	

All minimum substances met?

TOTAL FEES \$

YES ☐ NO ☐

Subtotal paid	\$	
---------------	----	--

In Entrance Permit no.

Subtotal paid	\$	
Balance due	\$	

YES ☐ NO ☐

Check # 319

11/20/2012

Validation: 1-0201

YES ☐ NO ☐

DATE 7-10-19

Let's Go to New Town Zone

STP/Red line approval date

Accepted by _____

Year	DEB	DBZ	Blk
1990	1.0	1.0	1.0
1991	1.0	1.0	1.0
1992	1.0	1.0	1.0
1993	1.0	1.0	1.0
1994	1.0	1.0	1.0
1995	1.0	1.0	1.0
1996	1.0	1.0	1.0
1997	1.0	1.0	1.0
1998	1.0	1.0	1.0
1999	1.0	1.0	1.0
2000	1.0	1.0	1.0
2001	1.0	1.0	1.0
2002	1.0	1.0	1.0
2003	1.0	1.0	1.0
2004	1.0	1.0	1.0
2005	1.0	1.0	1.0
2006	1.0	1.0	1.0
2007	1.0	1.0	1.0
2008	1.0	1.0	1.0
2009	1.0	1.0	1.0
2010	1.0	1.0	1.0
2011	1.0	1.0	1.0
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2013	1.0	1.0	1.0
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2015	1.0	1.0	1.0
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2017	1.0	1.0	1.0
2018	1.0	1.0	1.0
2019	1.0	1.0	1.0
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2026	1.0	1.0	1.0
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2032	1.0	1.0	1.0
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2038	1.0	1.0	1.0
2039	1.0	1.0	1.0
2040	1.0	1.0	1.0
2041	1.0	1.0	1.0
2042	1.0	1.0	1.0
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2045	1.0	1.0	1.0
2046	1.0	1.0	1.0
2047	1.0	1.0	1.0
2048	1.0	1.0	1.0
2049	1.0	1.0	1.0
2050	1.0	1.0	1.0
2051	1.0	1.0	1.0
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2060	1.0	1.0	1.0
2061	1.0	1.0	1.0
2062	1.0	1.0	1.0
2063	1.0	1.0	1.0
2064	1.0	1.0	1.0
2065	1.0	1.0	1.0
2066	1.0	1.0	1.0
2067	1.0	1.0	1.0
2068	1.0	1.0	1.0
2069	1.0	1.0	1.0
2070	1.0	1.0	1.0
2071	1.0	1.0	1.0
2072	1.0	1.0	1.0
2073	1.0	1.0	1.0
2074	1.0	1.0	1.0
2075	1.0	1.0	1.0
2076	1.0	1.0	1.0
2077	1.0	1.0	1.0
2078	1.0	1.0	1.0
2079	1.0	1.0	1.0
2080	1.0	1.0	1.0
2081	1.0	1.0	1.0

Accepted by _____
Gold SIA

RECEIVED, OF THE

Page 13/13

REV. 11/90

Rev. 11/4/04

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B-00154005

Building Address **10928 TOMPKINS WAY
WOODSTOCK 21163**
Suite/Apt. # _____ SDPWP/Petition # **6P-05-72**
Census Tract **603000** Subdivision **PRESERVE AT HAVENLY GLEN**
Section **44** Area **102** Lot _____
Tax Map **10** Parcel **102** Grid **23**
Zoning **RSAB** Map Coordinates **6B13** Lot size **12.72AC**

Existing Use **VACANT LOT**
Proposed Use **DETACHED GARAGE**
Estimated Construction Cost \$ **28,000**
Description of Work **DETACHED GARAGE
33 x 41 3-CAR**

Occupant or Tenant **N/A**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name **TRINITY QUALITY HOMES**
Address **3675 PARK AVE #301**
City **ELLICOTT CITY** State **MD** Zip Code **21043**
Home Phone _____ Work Phone **410-313-8722**
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax **410-313-8731**

Contractor Company **SAME**
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. **699**
Phone _____ Fax _____

Engineer or Architect Company **SAME**
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: DETACHED GARAGE Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private ☒ Sewage Disposal: _____ Public _____ Private ☒ Electric Yes ☒ No ☐ Gas Yes ☐ No ☐ Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____

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 **Sally L Hodge**
Title/Company **VP OPERATIONS - TRINITY**

Print Name **SALLY HODGE**
Date **5/25/05**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highway		
Building Official		
Dir. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		

DEZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ 25.00
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Historic District? YES ☐ NO ☐	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check \$ 8222
SDP/Pre-line approval date _____	Validation \$ 729.03

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐