DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00157348

Building Address 10928 Tompkins Way
Woodstock, MD 21163
03-342638
Suite/Apt. #: _____ 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

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

Existing Use Residential

Proposed Use In-Ground Residential Swimming Pool

Estimated Construction Cost $ 60,000.00

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

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

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

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.

Joseph Beavan
Applicant's Signature

JOSEPH BEAVAN
Print Name

Custom Home Remodelers, Inc.
Title/Company

11/30/05
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	12/6/05	Kacie Fisher
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 30 FT
Rear: 35 FT
Side: 35 FT
Side St.: NA
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

PROPERTY ID#:

Accepted by ____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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Rev. 11/4/04

Custom Home Remodelers, Inc.
CUSTOM HOME POOLS of CHR, INC.
MHIC 18678 410-988-8005

APPROVED
WALK-THRU BUILDING PERMIT
BP# 514619
APP. SAN
DESC. OF WORK:
DATE: 12-8-05

Custom Home Pools Job Name: Pfau, Address: ~~10928 Tompkins Way~~
301-452-3160 ~~Woodstock, MD 21163~~

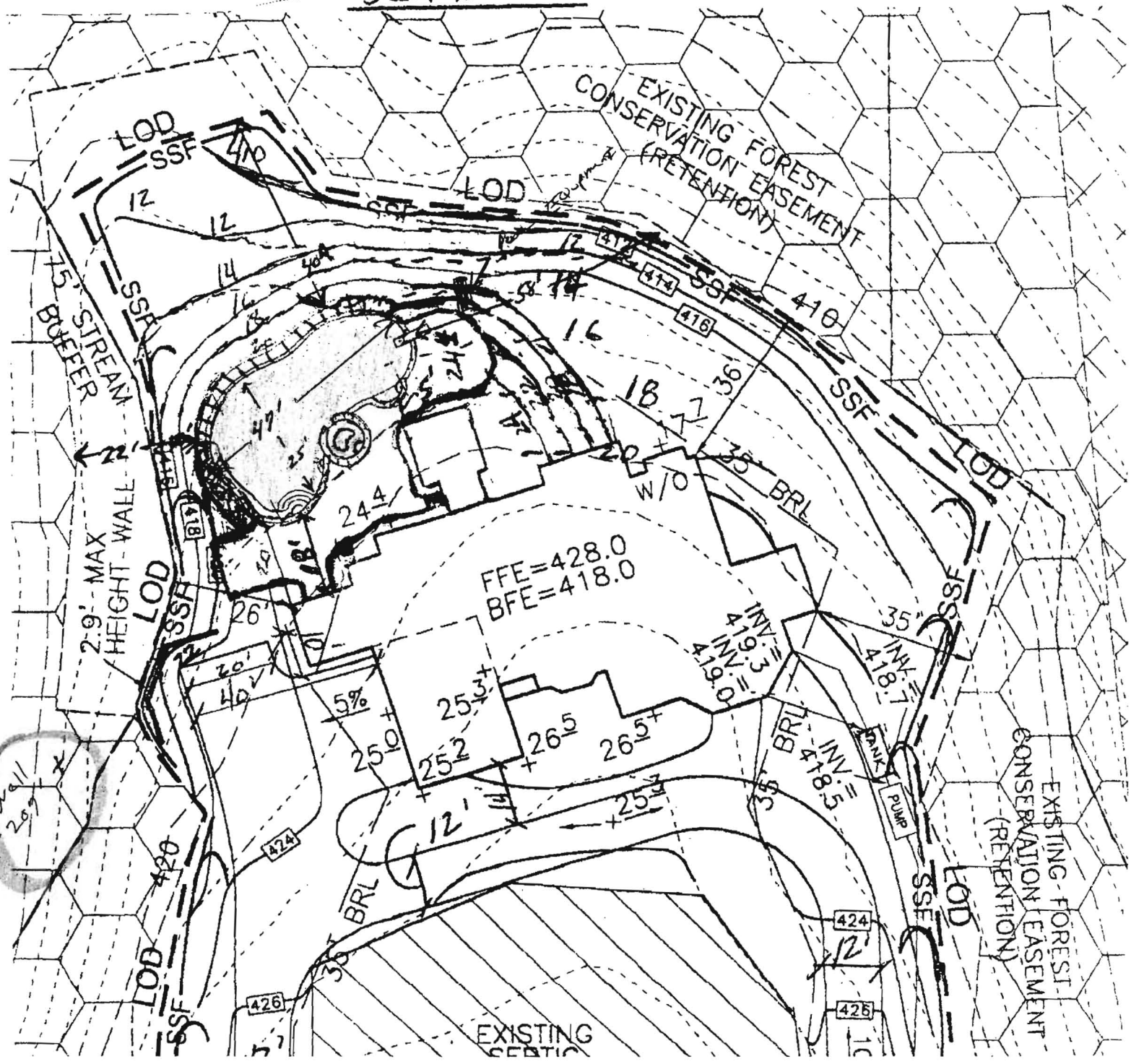
Electric : (2) Sam pool lights, (1) Sal spa Light,
(1) Heat Pump, (1) Nat gas Heater, Polaris wireless remote,
(3) 220v water pumps, (1) Booster pump (1) 220v 2 HP Blower,
(2 H.P) ea.

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

mgr. pool
No well or Septic issues

Well 270'+ Septic 140'+
Front Front

SCALE= 30' = 1"



G-9237

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00154003

Building Address 10928 TOMPKINS WAY
WOODSTOCK 21163
TAX ID 03-342638
Suite/Apt. #: ______ SDP/WP/Petition #: SP-05-72
Census Tract 60300 Subdivision PRESERVE AT
Section ______ Area ______ Lot ______
Tax Map ~~3~~10 Parcel ~~2~~ 102 Grid ~~23~~
Zoning RSA-8 Map Coordinates 6813 Lot size 12.72 AC

Property Owner's Name TRINITY QUALITY HOMES INC
Address 3675 PARK AVE #301
WAVERLY GLEN
City ELLICOTT CITY State MD Zip Code 21043
Home Phone ______ Work Phone 410-313-872_
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
Description of Work 3 STORY, FULL BSMT, 12R, 6FB, 2HB, 5FP, + GARAGE (6BR)
FINISHED BSMT W/BATH + FP
~~DETACHED GARAGE~~

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

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

Engineer or Architect Company SAME
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 5
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
X Private
Sewage Disposal:
___ Public
X 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.

Sally L. Hodges
Applicant's Signature

SALLY HODGE
Print Name

VP, OPERATIONS - TRINITY
Title/Company

5/26/05
Date

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

65774

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AGENCY	DATE	SIGNATURE APPROVAL
✓ Land Development, DPZ		
✓ State Highways		
✓ Building Official		
✓ Dev. Engineering, DPZ		
Health	6/20/05	[signature]
Fire Protection		

Is Sediment Control approval required prior to 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 ______

PROPERTY ID#

Filing fee	$ 100.00
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 8222
Validation	# 7259

Accepted By ______

White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 11/4/04

G9287

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00154230

Building Address 10928 TOMKINS WAY
WOODSTOCK 21163
Suite/Apt. #: _____ SDP/WP/Petition #: GP-05-73
Census Tract 6030.00 Subdivision PELICAN RE
Section _____ Area _____ Lot Parcel A
Tax Map 10 Parcel 102 Grid 21B3
Zoning RC-DEO Map Coordinates 6B3 Lot size 12.72 ac

Property Owner's Name TRINITY QUALITY HOMES INC
Address 3615 PARK AVE #301
City ELLICOTT CITY State MD Zip Code 21043
Home Phone _____ Work Phone 410-313-8570
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-313-8731

Existing Use VACANT LOT
Proposed Use BARN
Estimated Construction Cost $ 14,000
Description of Work BARN 40'x28'4"
W/2 STALLS & STORAGE - 1512 SQ FT
W/MISC STORAGE

Contractor Company SAME
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. 655
Phone _____ Fax _____

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

Engineer or Architect Company SAME
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
X Private
Sewage Disposal:
____ Public
X 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.

Sally L Hodge
Applicant's Signature

SALLY HODGE
Print Name

VP OPERATIONS - TRINITY
Title/Company

6/6/05
Date

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

65774

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/20/05	Karen Mowry
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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	$ 25
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 3219
Validation	# 92025

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00154005

Building Address: 10928 TOMPKINS WAY WOODSTOCK 21163
Suite/Apt. #: ______ SDP/WP/Petition #: GP-05-72
Census Tract: 603000 Subdivision: PRESERVE AT WAVERLY GLEN
Section: ~~4~~ Area: ~~402~~ Lot: ______
Tax Map: 10 Parcel: 102 Grid: 23
Zoning: RSA8 Map Coordinates: 6B13 Lot size: 12.72 AC

Property Owner's Name: TRINITY QUALITY HOMES INC
Address: 3675 PARK AVE #301
City: ELLICOTT CITY State: MD Zip Code: 21043
Home Phone: ______ Work Phone: 410-313-872[illegible]
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone: ______ Fax: 410-313-5731

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

Contractor Company: SAME
Contact Person: ______
Address: ______
City ______ State ______ Zip Code ______
License No. 695
Phone ______ Fax ______

Occupant or Tenant: N/A
Contact Name: ______
Address: ______
City ______ State ______ Zip Code ______
Phone ______ Fax ______

Engineer or Architect Company: SAME
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: DETACHED
Dimensions: GARAGE
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.

Sally L Hodge
Applicant's Signature

SALLY HODGE
Print Name

VP OPERATIONS - TRINITY
Title/Company

5/25/05
Date

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

65774

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/20/05	Karie Topnes
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone ______
SDP/Red-line approval date ______

PROPERTY ID#:

Filing fee	$ 25.00
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 5222
Validation	# 72403

Accepted by ______

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: OED, DPZ Pink: Health Gold: SHA