


DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3406 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3880		HOWARD COUNTY PERMIT APPLICATION		808002346 PERMIT NUMBER
Building Address <u>2280 DAISY RD</u> <u>WOODBINE MD, 21797</u>		Property Owner's Name <u>ART & SUE LYDICK</u> Address <u>2280 DAISY RD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>301-640-7444</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>14</u> Parcel <u>176</u> Grid <u>1</u> Zoning _____ Map Coordinates _____ Lot Size _____		Applicant's Name & Mailing Address, (if other than st: <u>River Pools and Spas, Inc.</u> <u>1370 Tappahannock Blvd.</u> <u>PO Box 670</u> <u>Tappahannock, VA 22560</u> PI <u>804-443-2223</u>		
Existing Use <u>SINGLE FAMILY RESIDENTIAL</u> Proposed Use _____ Estimated Construction Cost \$ <u>25,000</u> Description of Work <u>INSTALL 16'x34'</u> <u>FIBERGLASS</u> <u>INGROUND SWIMMING POOL</u> Occupant or Tenant _____		Contractor Company <u>RIVER POOLS & SPAS</u> Contact Person <u>JENNIFER DONALD</u> Address <u>P.O. BOX 670</u> City <u>TAPPAHANNOCK</u> State <u>VA</u> Zip Code <u>22560</u> License No. <u>2705-096652A</u> Phone <u>804-443-2223</u> Fax <u>804-443-3730</u> Engineer or Architect Company _____		
Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____		
Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>POOL</u> Dimensions: <u>16x34</u> Footings: _____ Roof Height: _____ State Certified Modular Manufactured Home		Utilities Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> 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		<u>S. DONALD</u> Print Name		
<u>RIVER POOLS & SPAS</u> Title/Company		<u>7-14-08</u> Date		
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -				
AGENCY Land Development, DPZ _____ State Highways _____ Building Officials _____ Dev. Engineering, DPZ _____ Health _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		PROPERTY ID # _____ Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____		
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T: forms/buildingpermitapplication				

