



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: 15213 Sweetbay St.
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Belle Haven Estate
Section: _____ Area: _____ Lot: 45
Tax Map: 0014 Parcel: 0066 Grid: 0020
Zoning: _____ Map Coordinates: _____ Lot Size: 41,996 sq ft

Existing Use: Single family dwelling
Proposed Use: addition of swimming pool
Estimated Construction Cost: \$ 60,000.00
Description of Work: Swimming Pool installation
in-ground

Occupant/Tenant Name: Josh Sullivan / Randee Wilding
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Josh Sullivan
Address: 15213 Sweetbay St.
City: Woodbine State: MD Zip Code: 21797
Phone: 443-280-4040 Fax: _____
Email: josh@joshsullivan.com

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 checked="" 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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Josh Sullivan / Randee Wilding
Address: 15213 Sweetbay St
City: Woodbine State: MD Zip Code: 21797
Phone: 443-280-4040 Fax: _____
Email: josh@joshsullivan.com
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Atlantic Pools Inc., David Edmonds
Address: 15675 Union Chapel Rd
City: Woodbine State: MD Zip Code: 21797
Phone: 443-812-0168 Fax: _____
Email: dedmonds@atlanticpools.net

Contractor Company: Atlantic Pools, Inc
Contact Person: David Edmonds
Address: Po. Box 148
City: Mt. Airy State: MD Zip Code: 21771
License No.: 120130
Phone: 301-829-4004 Fax: 301-829-4770
Email: _____

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

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Heating System
<input checked="" 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 checked="" 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: David Edmonds
Email Address: dedmonds@atlanticpools.net
Title/Company: President / Atlantic Pools, Inc.
Print Name: DAVID EDMONDS
Date: 12/6/17

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

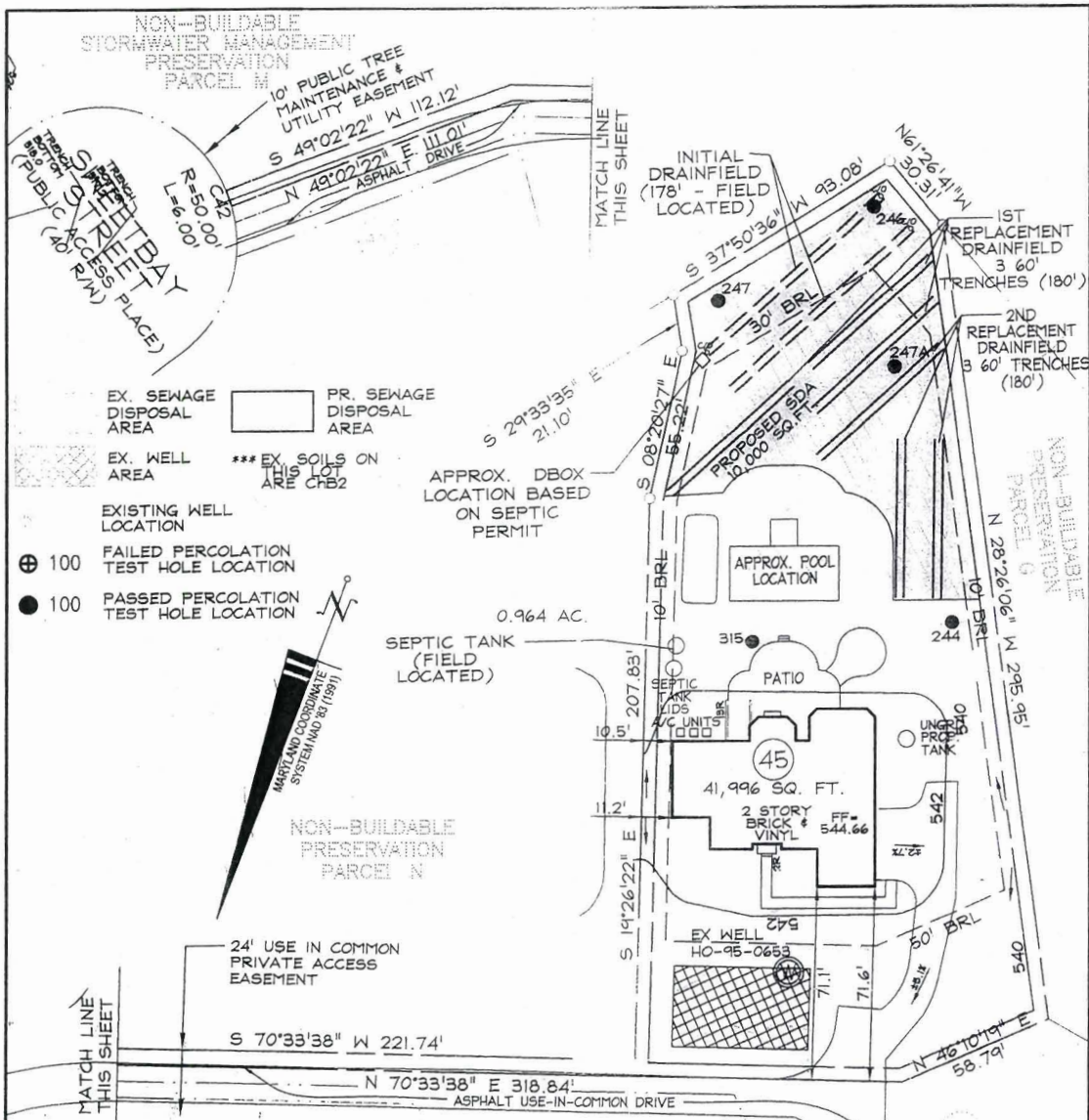
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/7/17</u>	<u>[Signature]</u>
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	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



GENERAL NOTES

1. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
2. THE TOPOGRAPHY OF THIS PLAT IS BASED ON GRADING PERFORMED IN ACCORDANCE WITH A GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATES 7/9/07.
3. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
4. THE PURPOSE OF THIS PLAN IS TO REVISE THE SEWAGE DISPOSAL AREA TO ACCOMMODATE A FUTURE POOL.
5. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
6. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ.FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. DATE

REVISED PERC CERTIFICATION PLAN
#15213 SWEETBAY STREET
LOT 45

BELLE HAVEN ESTATES

PLAT No. 19953

ELECTION DIST. No. 4 HOWARD COUNTY, MD

DDC JOB#: 06116.13

DATE: 9/22/17

SCALE: 1"=50'

DRN. BY: LJC

CHK. BY: BKC

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN *Robert Freeman* DATE: 12/7/17
DESC. OF WORK: *Inground pool s/f 800*

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 27020. Expiration Date: 01/25/18.



Planners
Surveyors
Engineers
Landscape Architects

192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (Fax)
DDC@DDCinc.v
www.DDCinc.v