



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: 3109 OLD OAK DRIVE
City: ELLIOTT State: MD Zip Code: 21082
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: 3.65 AC Lot: 21
Tax Map: 016 Parcel: 0080 Grid: 0020
Zoning: _____ Map Coordinates: _____ Lot Size: 3.65 AC

Existing Use: HOME
Proposed Use: FN-GROUND SWIMMING POOL + HOT TUB
Estimated Construction Cost: \$ 100K
Description of Work: 42' X 18' POOL, AUTO COVER
7' X 7' SPA - FOLLOWING TUB & WATER

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

Property Owner's Name: JASON DANDRIDGE
Address: 3109 OLD OAK DRIVE
City: ELLIOTT State: MD Zip Code: 21082
Phone: 804-387-1779 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: CUSTOM HOME POOLS INC
Address: 3020 SUBURB
City: _____ State: MD Zip Code: 21794
Phone: 410-489-5890 Fax: _____
Email: CUSTOMHOMEPOLS@GMAIL.COM

Contractor Company: CUSTOM HOME POOLS INC
Contact Person: MIKE BEAVAN
Address: 3020 SUBURB DRIVE
City: WEST FARM State: MD Zip Code: 21794
License No.: 124874
Phone: _____ 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 type="checkbox"/> No |
| Heating System |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| 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: CUSTOMHOMEPOLS@GMAIL.COM
Title/Company: CUSTOM HOME POOLS INC

Print Name: MIKE BEAVAN
Date: 10-26-17

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 | 12/24/17 | [Signature] |

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ 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

LOT 2-1

SCALE 60' = 1"

APPROVED

WALKTHRU BUILDING PERMIT

3RD

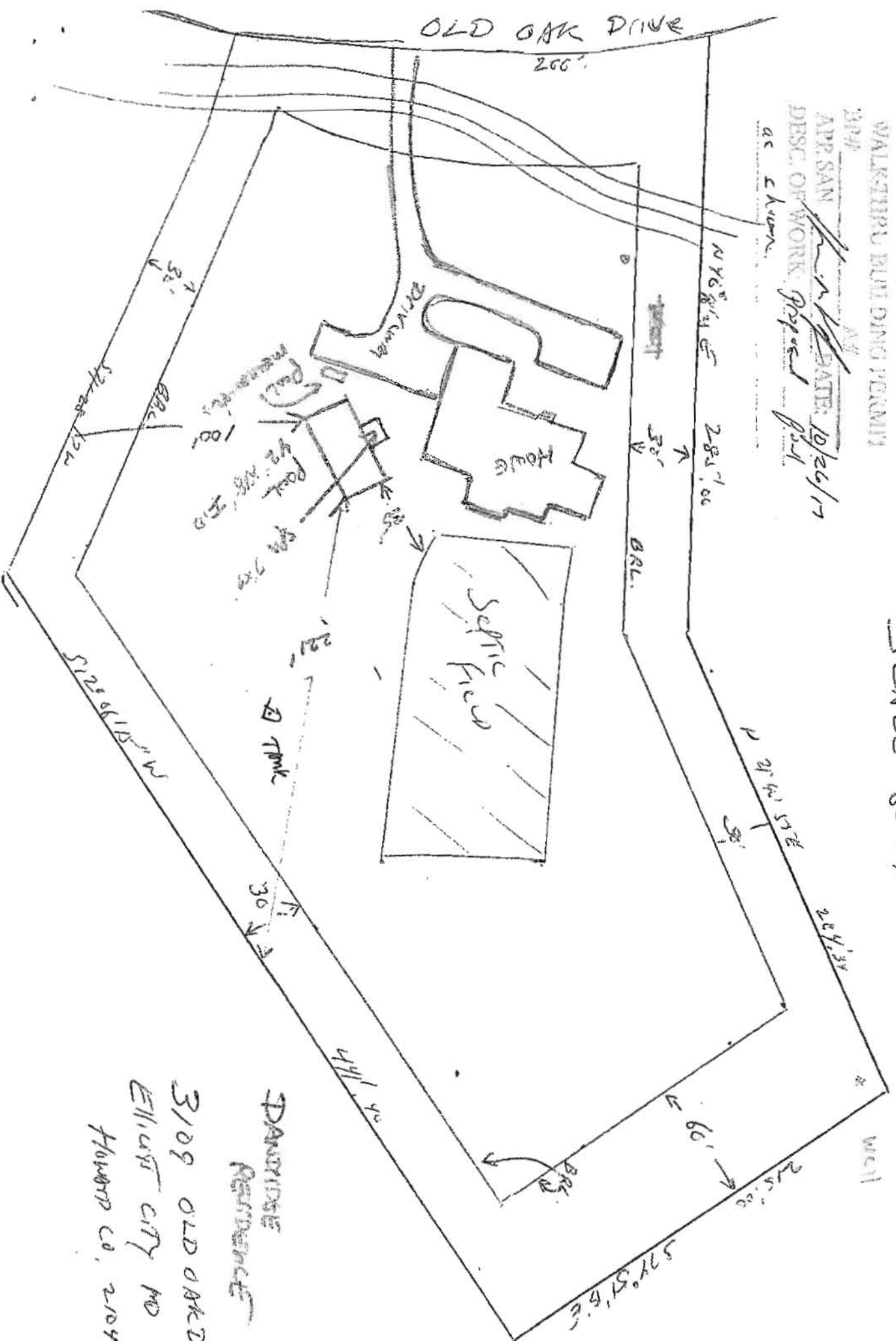
APP. SAN

DESC. OF WORK

as shown

DATE: 10/26/17

Proposed 854



DRAINAGE
AREA

3109 OLD OAK DR
ELLING CITY MO
HOWARD CO. 21042