

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3888		HOWARD COUNTY PERMIT APPLICATION <i>Walk-Through</i>	PERMIT NUMBER <i>B10003107</i>
Building Address <i>13841 Russell Zapp Dr</i> <i>Clarksville, MD 21029</i>		Property Owner's Name <i>LES BARKER</i> Address <i>13841 Russell Zapp Dr</i> City <i>Clarksville</i> State <i>MD</i> Zip Code <i>21029</i> Home Phone <i>301-854-1080</i> Work Phone <i>202-473-1502</i> Applicant's Name & Mailing Address, (if other than stated herein):	
Suite/Apt. #: _____ SDP/WP/Petition #: _____			
Census Tract _____ Subdivision _____			
Section <i>1</i> Area _____ Lot <i>8</i>			
Tax Map _____ Parcel _____ Grid _____		Phone _____ Fax _____	
Zoning _____ Map Coordinates _____ Lot Size _____			
Existing Use _____ Proposed Use <i>Pool House</i> Estimated Construction Cost \$ <i>30,000.</i> Description of Work <i>CONSTRUCT A 18' X 27' POOL HOUSE FOR STORAGE AND ONE BATH ROOM</i>		Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____	
Occupant or Tenant _____		Engineer or Architect Company _____	
Contact Name <i>LES BARKER</i> Address <i>13841 Russell Zapp Dr</i> City <i>Clarksville</i> State <i>MD</i> Zip Code <i>21029</i> Phone <i>301-854-1080</i> Fax _____		Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <i>0</i> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <i>X - Pool house</i> Dimensions: <i>18 X 27</i> Footings: <i>Slab</i> Roof: <i>Shingle</i> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 <i>LES BARKER @ WORLD BANK . ORG</i> Email Address _____ Title/Company _____	Print Name <i>Les Barker</i> Date <i>9/29/10</i>
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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 Officials		
Dev. Engineering, DPZ		
Health	<i>9-29-10</i>	<i>DBernard</i>
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met?  
YES ☐ NO ☐

PROPERTY ID #

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

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

Is Entrance Permit Required?

YES ☐ NO ☐  
Historic District?  
YES ☐ NO ☐  
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\Operations\Updated forms

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: \_\_\_\_\_

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) \_\_\_\_\_

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? \_\_\_\_\_

In support of a building permit. Type of building addition: Pool house B16003019

\*System relocation for proposed addition for setback compliance \_\_\_\_\_

\*Verification of adequate system capacity per COMAR 26.04.02.02D (4) \_\_\_\_\_

To replace collapsed septic tank or upgrade tank capacity \_\_\_\_\_

To replace collapsed drywell \_\_\_\_\_

Septic Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Is public sewer available/nearby: \_\_\_\_\_

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: \_\_\_\_\_

# of Existing Bedrooms: \_\_\_\_\_

# of Bedrooms after completion of addition: 4

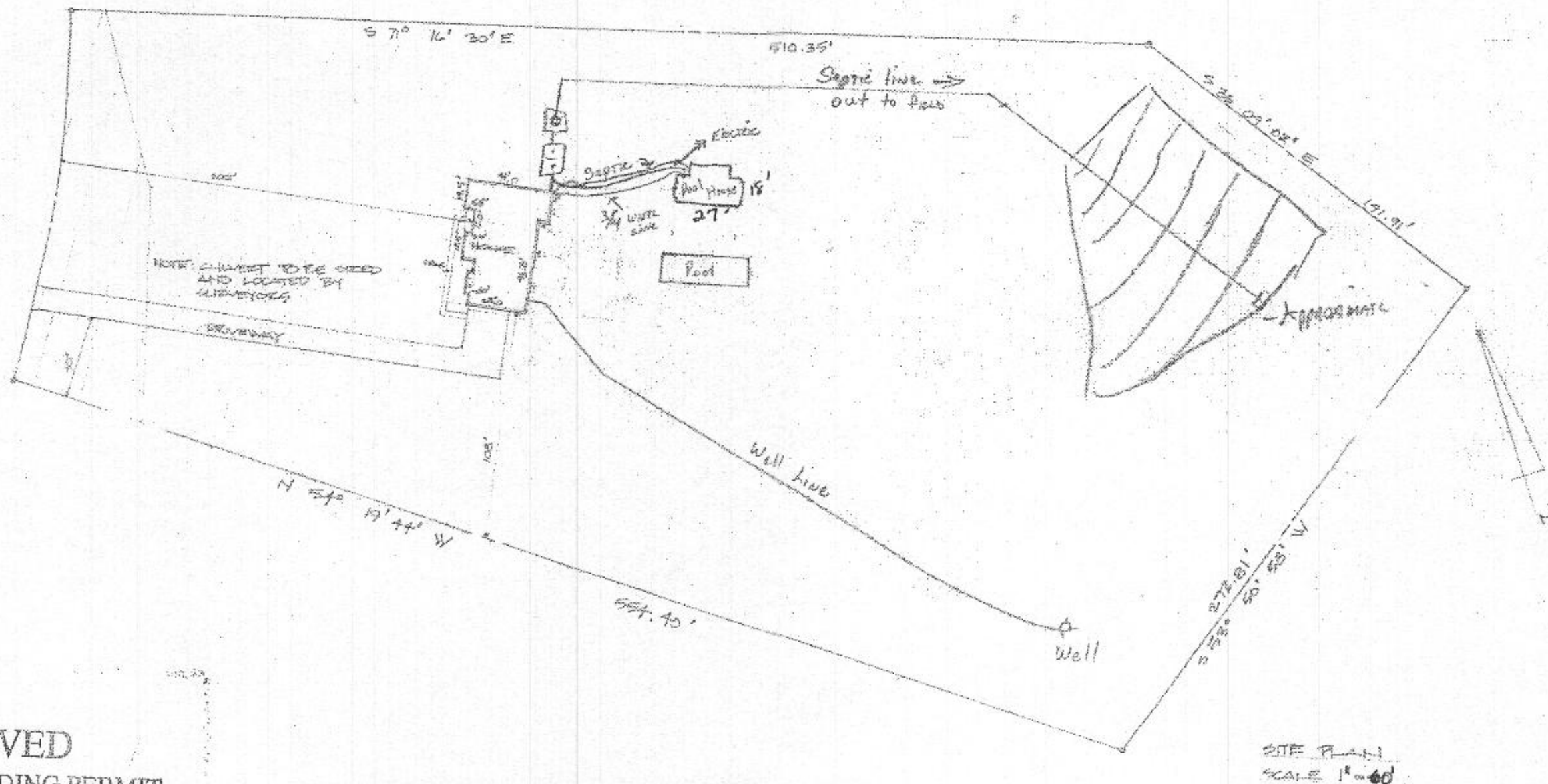
Has this request been discussed previously with a Sanitarian, who? \_\_\_\_\_

*If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.*

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned \_\_\_\_\_

FAX TO 410-313-2648



SITE PLAN  
SCALE 1"=40'

# APPROVED

## WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN DBernard DATE: 9-29-10

DESC. OF WORK: 18 x 27 Pool House w/no BR

Approved As Shown

Condition: Permit must be pulled

to tie in Bathroom in Pool House to Septic System.

HOUSE LOCATION - LOT 8		
HOWARD COUNTY, MARYLAND		
SCALE 1"=40'	DESIGNED BY	DRAWN BY
DATE	REVIEWED BY	REVISIONS
		APPROVED BY
		DATE