

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3630 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3880	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00160088
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Building Address <u>15009 Rolling Hills Dr.</u> <u>9120 Wood, 21738</u>	Property Owner's Name <u>Cary & Denise REZEPA</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>15009 Rolling Hills Dr</u>
Census Tract _____ Subdivision <u>CATTAIL Ridge</u>	City <u>Glennwood</u> State <u>MD</u> Zip Code <u>21738</u>
Section _____ Area _____ Lot <u>34</u>	Home Phone <u>489-6755</u> Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size <u>40,368</u>	Phone _____ Fax _____

Existing Use <u>SFD</u>	Contractor Company <u>Blue Haven Pools</u>
Proposed Use <u>SFD & Pool</u>	Contact Person _____
Estimated Construction Cost \$ <u>52,000</u>	Address <u>9124 Industry Dr.</u>
Description of Work <u>Inground pool</u> <u>20' x 40' - depth 3 1/2' - 8 1/2'</u>	City <u>Manassas</u> State <u>VA</u> Zip Code <u>20111</u>
	License No. <u>30083</u>
	Phone <u>888-257-0007</u> Fax _____

Occupant or Tenant <u>owner</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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: _____	
		State Certified Modular _____ Manufactured Home _____	

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.

<u>10-25-06</u> Applicant's Signature	<u>Doris A. Mianich</u> Print Name
_____	<u>6/2/06</u> Date
Title/Company	

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6-2-06</u>	<u>Race Norman</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

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

OK

ROLLING HILLS DRIVE
2525 MI

$R = 2525.00'$

$$L = 24.86$$

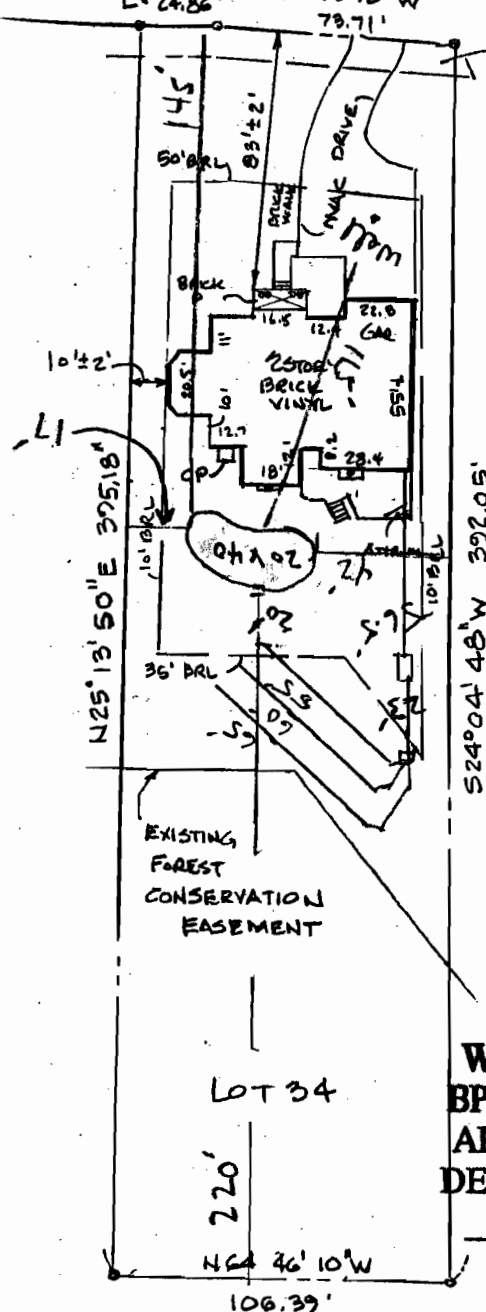
N 61° 43' 15" W

73.71

10' PUBLIC
TREE MAINTENANCE
EASEMENT

Reviewed
per digital
copy

KN



Drain field to pool = 20'
Well to pool = 115'

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 58993.66

APP. SAN *Kacie Thomas* DATE: 10-2-06

DESC. OF WORK: mgr. pool

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A.
FLOOD INSURANCE RATE MAP PANEL # 240044-0020B.

* 15009 ROLLING HILLS DRIVE


LOT 34, "CATTAIL RIDGE"

PLAT # 14157

HOWARD CO., MARYLAND

Flood Zone Note:

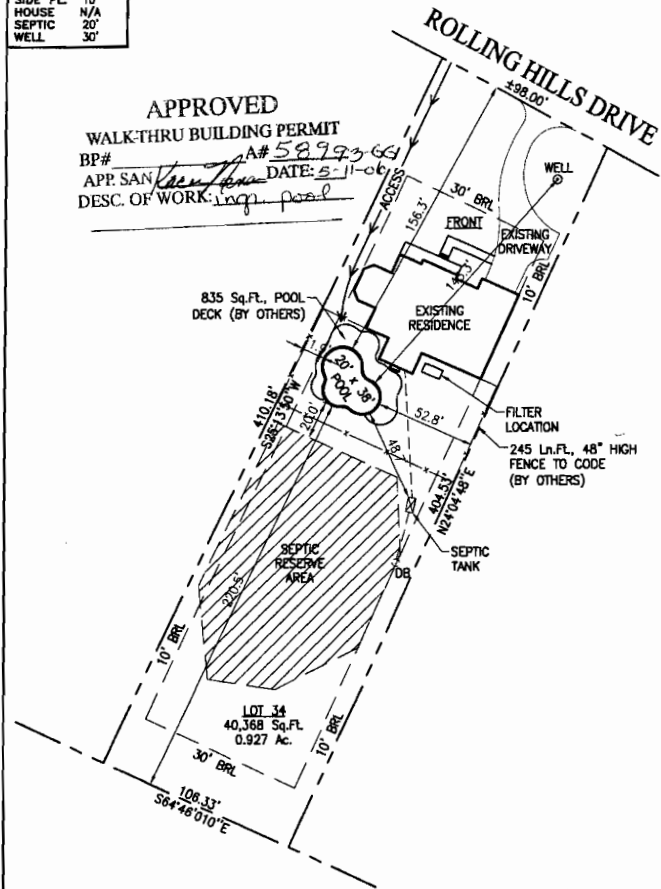
Flood zones shown are approximate
as scaled from F.E.M.A. Flood Insurance
Rate Map.

SCALE 1" = 60'	LOCATION CERTIFICATION	
DATE 1-12-06	WITZ & ASSOCIATES GENERAL SURVEYING CO. 1009 Frederick Road Baltimore, MD 21228 Phone 410-869-3536 Fax 410-869-3538	
JOB No. 06-30		

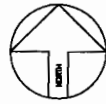
A58993-66

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	30'

APPROVED
WALK-THRU BUILDING PERMIT
BP# A# 58993-66
APP. SAN. DATE: 5-11-06
DESC. OF WORK: ingn pool



**PRIVATE WELL
& SEPTIC**



SITE PLAN
1"=50'
LOT 34 (FORMERLY LOT 2)
CATTAIL RIDGE
MAP 21, GRID 3, PARCEL 228
ACCOUNT #362640
ELECTION DISTRICT NO.04
HOWARD COUNTY, MARYLAND

PERMIT NUMBERS
POOL:
ELECT:
OTHER:

PERMIT SET
DATE: 05-09-06

Maryland POOLS INC.

9311 GREENWILANS 11166 MAIN STREET
NORTH 121 SOUTH 403
COLUMBIA, MD 21046 FAIRFAX, VA 22030
410-993-6600 703-319-7192
800-252-8700
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: TO BE DETERMINED
SPA: NONE
RAISED BEAM: NONE
TILE: TO BE DETERMINED
COPING: 12" ROUNDNOSE BRICK
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/2HP PUMP
CLEANING SYS: PCC-2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: 400K BTU (NATURAL GAS)
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: NONE
AQUA BEACH: (1) @ 8'
RAIL GOOD: NONE
DECORING: BY OTHERS
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$150 CHEMICAL ALLOWANCE
OTHER ITEMS: 8' DIVING BOARD & STAND

ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 20' x 38' - TRADEWIND (DIVING)
POOL AREA: 700 SPA: OTHER:
TOTAL AREA: 700
PERIMETER: 105 SPA:
GALLONAGE: 28,875 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
TAKE THE MD-32/WEST RAMP TO COLUMBIA TOWN CENTER
(US-29) - GO 0.2 MILES CONT. ON MD-32 - GO 4.8
MILES. L/T AT BURNWOODS RD. - GO 2.7 MILES. L/T AT
MD-97 - GO 0.5 MILES. R/T AT ROLLING HILLS DR. - GO
234 FT.

Gary Rezeppa
15009 Rolling Hills Drive
Glenwood, Maryland 21738
Howard County

HOME PHONE: 410-418-8351
CELL PHONE 1: 443-956-7889
CELL PHONE 2:
OFFICE PHONE:

LOT:	SUBDIVISION NAME:	DISTRICT:	PN #
34	CATTAIL RIDGE	04	362640

SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #
1"=50'	J.L.R.	05/09/06	EG06-8862	1.0

