

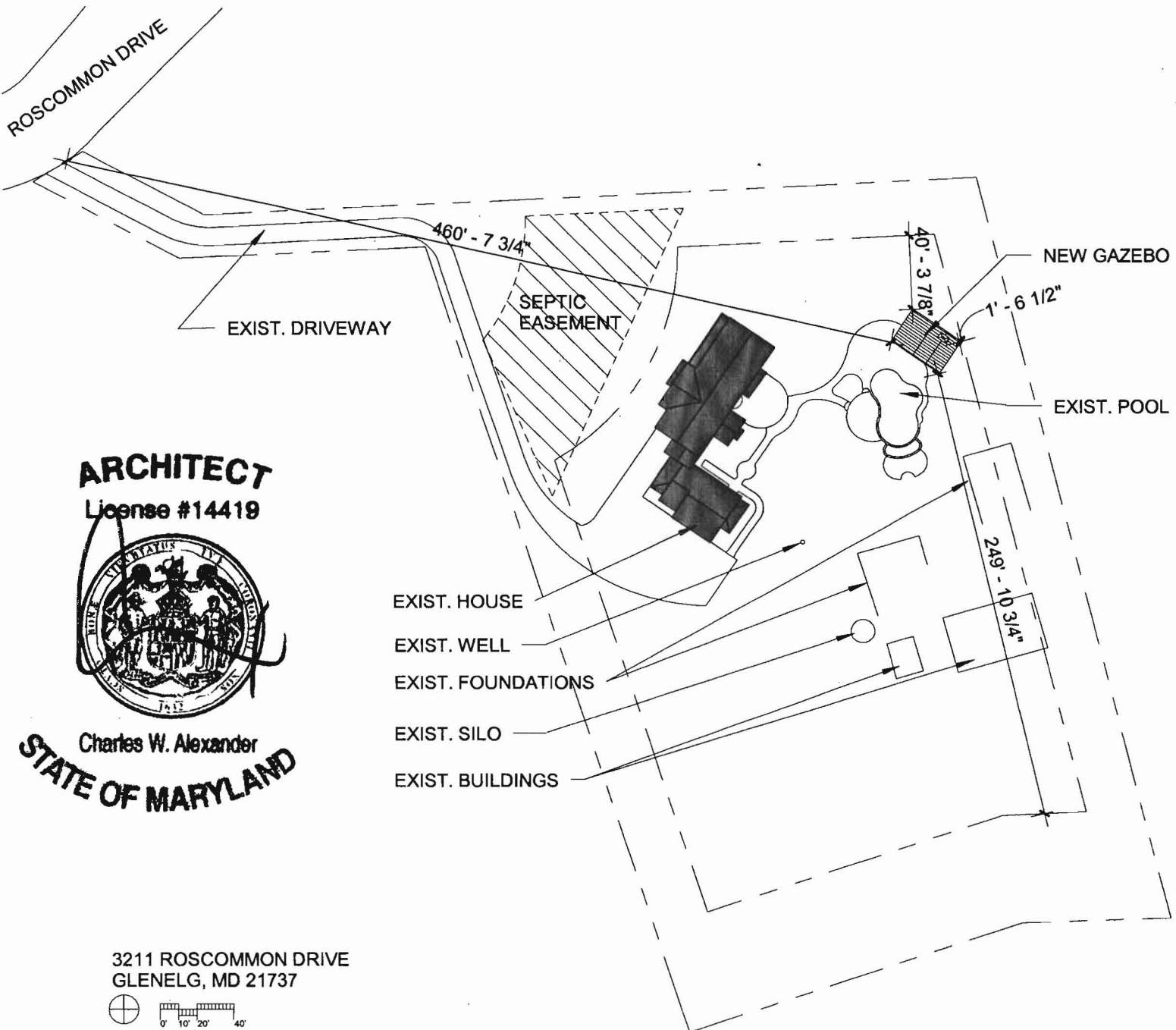
DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B0000998 PERMIT NUMBER	
Building Address <u>3211 Roscommon DR</u> <u>Gleweig Md 21737</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____ Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>POOL GAZEBO</u> Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Property Owner's Name <u>ROBERT L. GLADEN JR</u> Address <u>3211 Roscommon Drive</u> City <u>Gleweig</u> State <u>md</u> Zip Code <u>21737</u> Home Phone <u>410-412-7617</u> Work Phone <u>410-320-1598</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax <u>410-561-1611</u> Contractor Company _____ Contact Person <u>MIKE GREER</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax <u>410-984-8738</u> Engineer or Architect Company <u>Alexander Design Studio</u> Contact Person _____ Address <u>8212 MMW ST</u> City <u>ELLICOTT CITY</u> State <u>md</u> Zip Code <u>21043</u> Phone <u>410-465-8207</u> 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: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # 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 GAZEBO</u> Dimensions: <u>20' x 30'</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: <u>N/A</u>			

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>[Signature]</u> Title/Company <u>OWNER</u>	Print Name <u>ROBERT L. GLADEN JR</u> Date <u>5/11/09</u>
--	--

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 Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health	<u>5/11/09</u>	<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by _____



ARCHITECT

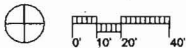
License #14419



Charles W. Alexander

STATE OF MARYLAND

3211 ROSCOMMON DRIVE
GLENELG, MD 21737



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 40598

APP. SAN SS DATE: 5/11/09

DESC. OF WORK: 20 x 30' pool house gazebo

Gladden Residence

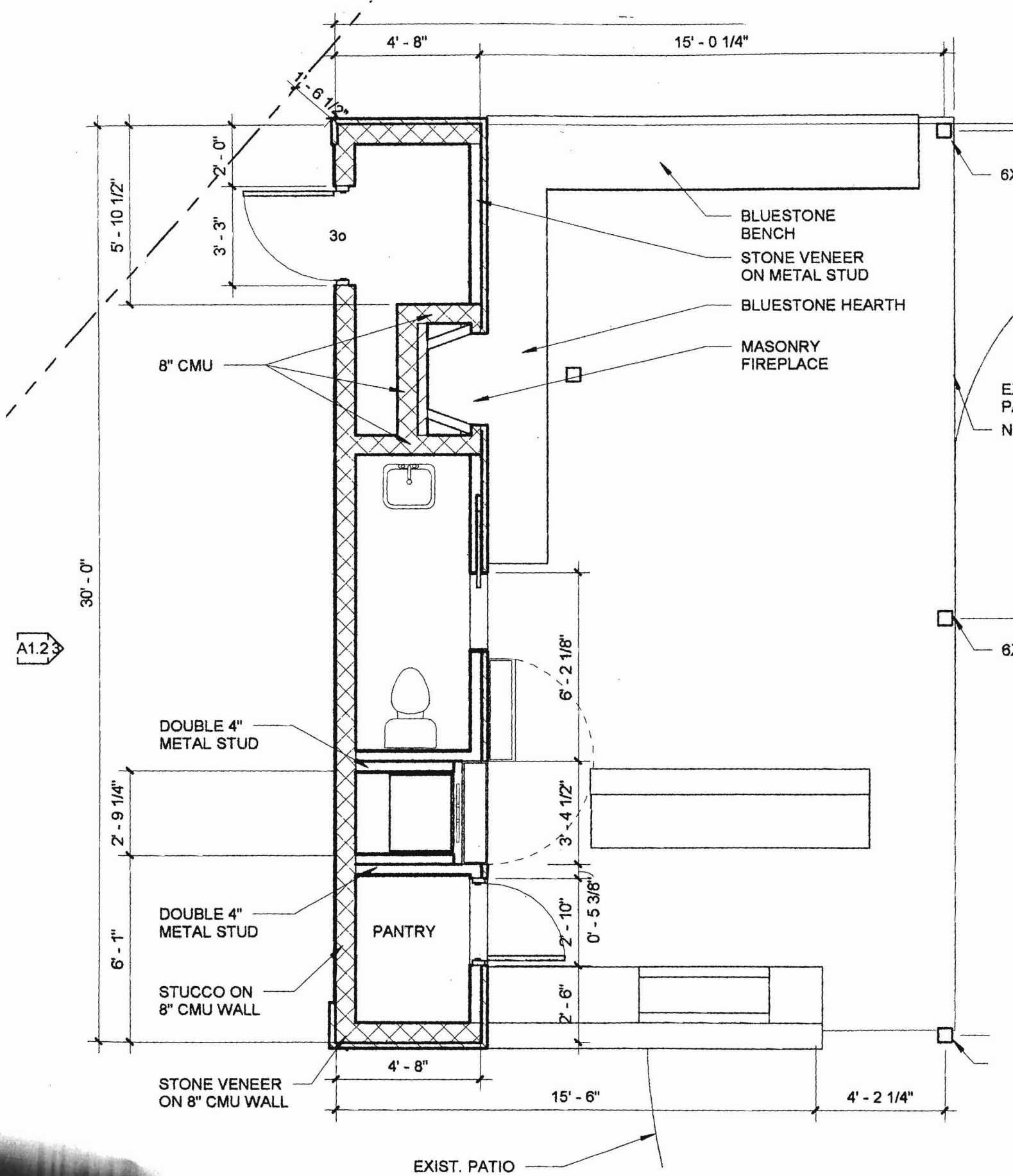
PLOT PLAN

1" = 80'-0"

MAY 7, 2009

Alexander Design Studio

8212 Main Street, Ellicott City, Maryland 21043 | 410.465.8207



A1.2.3

A1.2

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B08002497</u>
--	---	--

Building Address <u>3211 Rosemead Dr</u> <u>Glenary, MD 21757</u>	Property Owner's Name <u>Rupert & Karen Hadden</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>3211 Rosemead Dr</u>
Census Tract _____ Subdivision _____	City <u>Glenary</u> State <u>MD</u> Zip Code <u>21757</u>
Section _____ Area _____ Lot _____	Home Phone <u>410 492-7177</u> Work Phone <u>410 491-5711</u>
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>3211 Rosemead Dr</u> <u>Glenary MD 21757</u>
Zoning _____ Map Coordinates _____ Lot size _____	Phone <u>410 339-6415</u> Fax <u>410 491-3323</u>
Existing Use <u>Garage</u>	Contractor Company <u>Custom Pools by Michael</u>
Proposed Use <u>Pool</u>	Contact Person <u>Mary Schmidt</u>
Estimated Construction Cost \$ <u>75,000</u>	Address <u>3211 Rosemead Dr</u>
Description of Work <u>Pool</u>	City <u>Glenary</u> State <u>MD</u> Zip Code <u>21757</u>
Occupant or Tenant _____	License No. <u>33624</u>
Contact Name _____	Phone <u>410 339-6415</u> Fax <u>410 491-3323</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

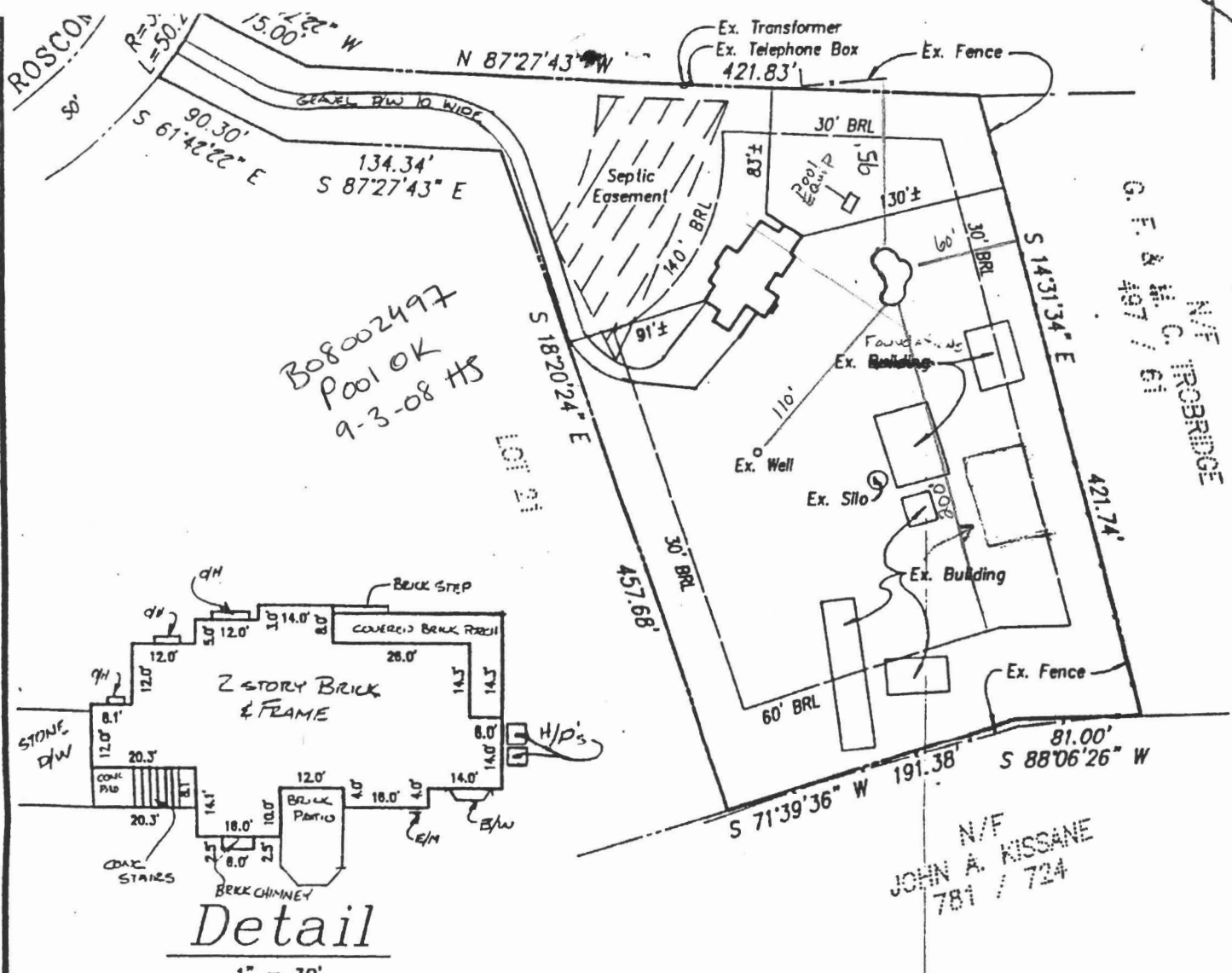
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 THEREON; (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>[Signature]</u> Applicant's Signature	<u>[Signature]</u> Print Name
<u>[Title/Company]</u> Title/Company	<u>[Date]</u> Date

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>9-3-08</u>	<u>[Signature]</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 # <u>100-2</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____



LEGEND

- | | | | |
|------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVERHANG |
| B/W | = BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC | = CONCRETE | E/M | ELECTRIC METER |

ADDRESS No.: 3211 Roscommon Drive

TOP OF WALL ELEV. = 586.39

FIRST FLOOR ELEV. = n/a

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE PURPOSES ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROPERTY LINES.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0015-B

LOT 22
 ROSCOMMON ESTATES

PLAT No. 8260
 ELECTION DISTRICT No. 3
 HOWARD COUNTY, MARYLAND

LOCATION SURVEY

FOUNDATION	DATE: 4/14/94
FINAL	DATE: 7/20/94

[Handwritten signature and date 7/20/94]

MILDENBERG,
MOCHI & ASSOCIATES, INC.
 ENGINEERS • SURVEYORS • PLANNERS

36738

28
26

Health -

HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00158150
Building Address <u>3211 Roscommon Drive</u> <u>Cleaveland MD 21737</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>603000</u> Subdivision <u>Roscommon Est</u> Section _____ Area _____ Lot _____ Tax Map <u>15</u> Parcel <u>549</u> Grid <u>19</u> Zoning <u>RR</u> Map Coordinates <u>966</u> Lot size _____		Property Owner's Name <u>ROBERT L. GLADDEN JR</u> Address <u>3211 Roscommon Drive</u> City <u>Cleaveland</u> State <u>MD</u> Zip Code <u>21737</u> Home Phone <u>410-442-7697</u> Work Phone <u>410-320-4597</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>Home - Living Space SFD</u> Proposed Use <u>Home - " " Sawmill Add</u> Estimated Construction Cost \$ <u>150,000</u> Description of Work <u>2 story Add 3 car garage w/ bathroom, library, study/Exercise Rm, game room + wet bar</u>		Contractor Company <u>TBD</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Occupant or Tenant <u>OWNER</u> Contact Name <u>R.L. GLADDEN JR</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company <u>Plymouth Road Arch.</u> Contact Person <u>LISA</u> Address <u>6410 Plymouth Rd</u> City <u>Cotterville</u> State <u>MD</u> Zip Code <u>21224</u> Phone <u>410-788-0281</u> Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>2</u> Gross area, sq. ft. per floor: <u>28136</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities 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 checked="" 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	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd 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 _____ Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input 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.

Robert L. Gladden Jr
 Applicant's Signature

ROBERT L. GLADDEN JR
 Print Name

Title/Company

Date

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 Official		
Dev. Engineering DPZ		
Health	<u>2-23-06</u>	<u>[Signature]</u>
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>25</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for New Town Zone		
SDP/Red-line approval date		

Distribution of Copies -
 T: Home/PERMIT.FRM

White: Building Official

Green: LDD, DPZ

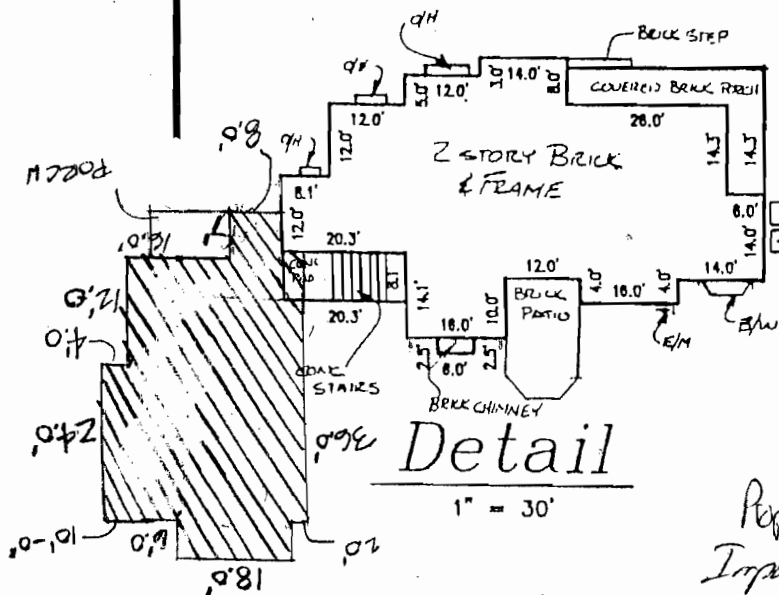
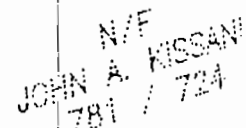
Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by [Signature]

Rev. 11/4/04



Detail

 $1^m = 30'$

2-23-06

Proposed add. has no
Impact on well/septic

K5B

LEGEND

NO-New Bedroom

F/D = FIREPLACE
~~B/W~~ = BAY WINDOW
~~D/W~~ = DRIVEWAY
 CONC = CONCRETE

O/H	OVERHANG
H/P	HEAT PUMP
G/M	GAS METER
E/M	ELECTRIC M

ADDRESS No.: 3211 Roscommon Drive

TOP OF WALL ELEV. = 586.39

FIRST FLOOR E

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LC

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY C
ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABL
INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE
ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROP

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044-0015-B

100' SCALE
LOT 22
ROSCOMMON ESTATES

PLAT No. 8260
ELECTION DISTRICT No. 3
HOWARD COUNTY, MARYLAND

LOCATION SURVEY

FOUNDATION	DATE: 4/14/94
FINAL	DATE: 7/20/94
DRAWN BY:	SCALE:

7/20/94



**MILDENBERG,
MOCHI & ASSOCIATES**
ENGINEERS • SURVEYORS •