
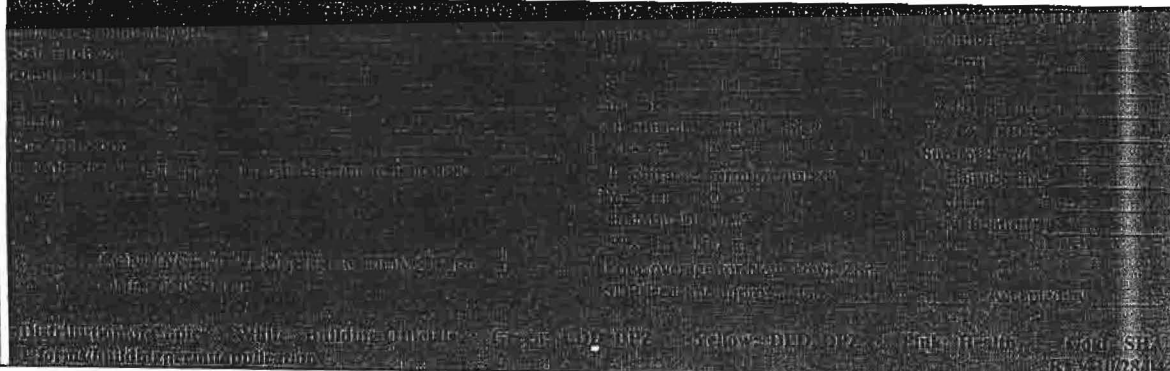


Walk-Through

| DEPT. OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800  |   | HOWARD COUNTY<br>PERMIT APPLICATION  | B09001623<br>PERMIT NUMBER   |
|--|---|--|--|
| Building Address <u>2811 SADDLEBRED CT</u><br><u>GLENWOOD, MD 21738</u>  |   | Property Owner's Name <u>ORLANDO DOCAL</u><br>Address <u>2811 SADDLEBRED CT.</u><br>City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u><br>Phone _____ Phone _____  |  |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____   |   | Applicant's Name & Mailing Address, (if other than stated herein): _____   |  |
| Census Tract _____ Subdivision _____   |   | Phone _____ Fax _____  |  |
| Section _____ Area _____ Lot <u>8</u>  |   | <u>301-854-5577</u> <u>301-854-9501</u>  |  |
| Tax Map <u>14</u> Parcel <u>229</u> Grid <u>17</u>   |   | Contractor Company <u>SELF</u>   |  |
| Zoning _____ Map Coordinates _____ Lot Size _____  |   | Contact Person _____   |  |
| Existing Use <u>SINGLE FAMILY</u>  |   | Address _____  |  |
| Proposed Use <u>SINGLE FAMILY</u>  |   | City _____ State _____ Zip Code _____  |  |
| Estimated Construction Cost \$ <u>20,000</u>   |   | License No. _____  |  |
| Description of Work <u>FAMILY ROOM</u><br><u>6'x18'</u><br><u>9'x17'</u><br><u>KITCHEN ADDITION</u>  |   | Phone _____ Fax _____  |  |
| Occupant or Tenant _____   |   | Engineer or Architect Company _____  |  |
| Contact Name _____   |   | Contact Person _____   |  |
| Address _____  |   | Address _____  |  |
| City _____ State _____ Zip Code _____  |   | City _____ State _____ Zip Code _____  |  |
| Phone _____ Fax _____  |   | Phone _____ Fax _____  |  |
| <b>BUILDING DESCRIPTION - COMMERCIAL</b>   |   | <b>BUILDING DESCRIPTION - RESIDENTIAL</b>  |  |
| <b>Building Characteristics</b><br>Height: _____<br>No. of stories: _____<br>Gross area, sq. ft. per floor: _____<br>Use group: _____<br>Construction type:<br>____ Reinforced Concrete<br>____ Structural Steel<br>____ Masonry<br>____ Wood Frame<br>____ State Certified Modular  | <b>Utilities</b><br>Water Supply:<br>____ Public<br>____ Private<br>Sewage Disposal:<br>____ Public<br>____ Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br>____ Full<br>____ Partial<br>____ Other Suppression<br>____ # of Heads | <b>Building Characteristics</b><br>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____<br>1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____<br>Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____<br>Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof Height: _____<br>____ State Certified Modular<br>____ Manufactured Home | <b>Utilities</b><br>Water Supply:<br>____ Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br>____ Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Heating System:<br>Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input checked="" type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br>____ NFPA #13D<br>____ NFPA #13R<br>____ 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. |   |  |  |
| <br>Applicant's Signature   |   | <u>ORLANDO F. DOCAL</u><br>Print Name  |  |
| _____<br>Title/Company   |   | <u>7-2-09</u><br>Date  |  |
| Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY<br>**PLEASE WRITE NEATLY AND LEGIBLY.**<br>- FOR OFFICE USE ONLY -   |   |  |  |
|    |   |  |  |

→ 7/2/09 DBarnard



# APPROVED

## WALK-THRU BUILDING PERMIT

BP#

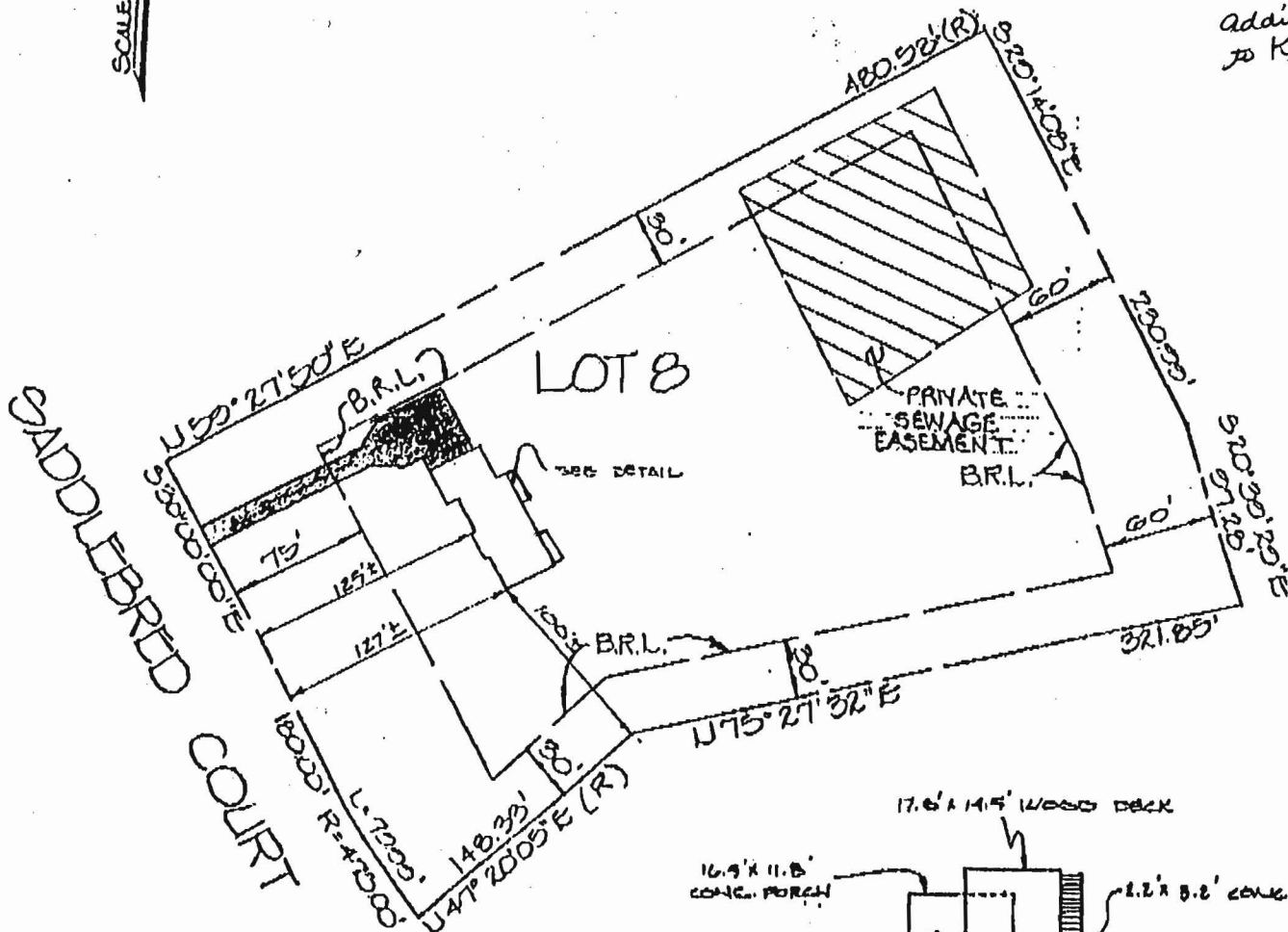
A#

APP. SAN D Bernard DATE: 7-2-09

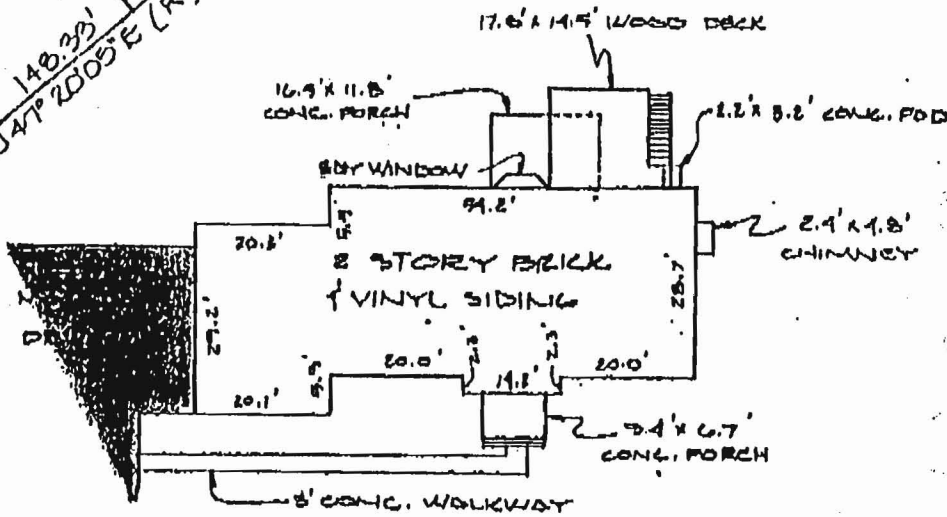
DESC. OF WORK: 6x18 extend family

\* Approved As Shown

9 x 17.  
addition  
to kitchen



B.R.L. ~ BUILDING RESTRICTION LINE  
NOTE: THIS PROPERTY IS NOT  
LOCATED WITHIN A 100  
YEAR FLOODPLAIN.



DETAIL

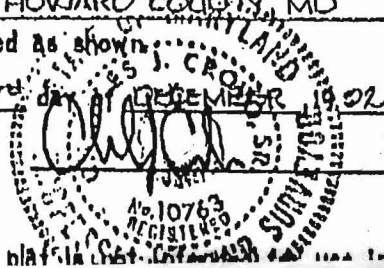
SCALE 1" = 50'



2811 SADDLEBRED COURT

This is to certify that I have surveyed the property known as: LOT 8 OF GLENWOOD SPRINGS SECTION 1  
AREA 1 RECORDED AS PLAT NO. 7680 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD  
for the purpose of locating the improvements thereon, and the improvements are located as shown:

Signed this 3rd day of DECEMBER 19 02



**FISHER, COLLINS & CARTER, INC.**

CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
871 BALTIMORE NATIONAL PK. SUITE 100  
BLOTT CITY, MARYLAND 21044  
(410) 241-0044

This plat is a true and correct copy of the original.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B06006212

Building Address 2811 Saddlebred Ct.  
  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name ORLANDO & DEBBIE DOCAL  
Address 2811 SADDLEBRED CT.  
City GLENWOOD State MD Zip Code 21738  
Home Phone 301 854 5577 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD / POOL  
Estimated Construction Cost \$ 45,000  
Description of Work inground concrete swimming pool.

Contractor Company Pressure Pools by Hammerla, Inc.  
Contact Person PAUL HORICHS  
Address 905 BERRYMAN'S LA.  
City REISTERSTOWN State MD Zip Code 21136  
License No. MHIC 1228  
Phone 410 833 0850 Fax 410 329 2075

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type: \_\_\_\_\_ Reinforced Concrete  
\_\_\_\_\_ Structural Steel  
\_\_\_\_\_ Masonry  
\_\_\_\_\_ Wood Frame  
\_\_\_\_\_ State Certified Modular

Water Supply: \_\_\_\_\_ Public  
\_\_\_\_\_ Private  
Sewage Disposal: \_\_\_\_\_ Public  
\_\_\_\_\_ Private  
Electric Yes ☐ No ☐  
Gas Yes ☐ No ☐  
Heating System: \_\_\_\_\_ Electric ☐ Oil ☐  
\_\_\_\_\_ Natural Gas ☐  
\_\_\_\_\_ Propane Gas ☐  
Sprinkler system: N/A ☐  
\_\_\_\_\_ Full  
\_\_\_\_\_ Partial  
\_\_\_\_\_ Other Suppression  
\_\_\_\_\_ # of Heads

SF Dwelling ☐ SF Townhouse ☐  
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement ☐ Unfinished Basement ☐  
Crawl space ☐ Slab on Grade ☐  
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: \_\_\_\_\_  
\_\_\_\_\_ State Certified Modular  
\_\_\_\_\_ Manufactured Home

Water Supply: \_\_\_\_\_ Public  
\_\_\_\_\_ Private  
Sewage Disposal: \_\_\_\_\_ Public  
\_\_\_\_\_ Private  
Electric Yes ☐ No ☐  
Gas Yes ☐ No ☐  
Heating System: \_\_\_\_\_ Electric ☐ Oil ☐  
\_\_\_\_\_ Natural Gas ☐  
\_\_\_\_\_ Propane Gas ☐  
Sprinkler system: N/A ☐  
\_\_\_\_\_ NFPA #13D  
\_\_\_\_\_ NFPA #13R  
\_\_\_\_\_ 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.

Paula Horichs  
Applicant's Signature  
EDW. D. HAMMERLA, INC  
Title/Company

PAUL HORICHS  
Print Name  
10/12/06  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY DATE SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY INFO

Land Development DPZ  
State Highways  
Building Official  
Dev. Engineering DPZ  
Health  
Fire Protection  
Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side Set: \_\_\_\_\_  
All minimum setbacks met?  
YES ☐ NO ☐  
Is Entrance Permit required?  
YES ☐ NO ☐  
Historic District?  
YES ☐ NO ☐  
Lot Coverage for New Town Zone  
SDP/Red-line approval date \_\_\_\_\_

Filing fee \$ \_\_\_\_\_  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Subtotal paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Validation # \_\_\_\_\_  
Accepted by: \_\_\_\_\_

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

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

Formal PERMIT FROM

Rev. 11/4/04

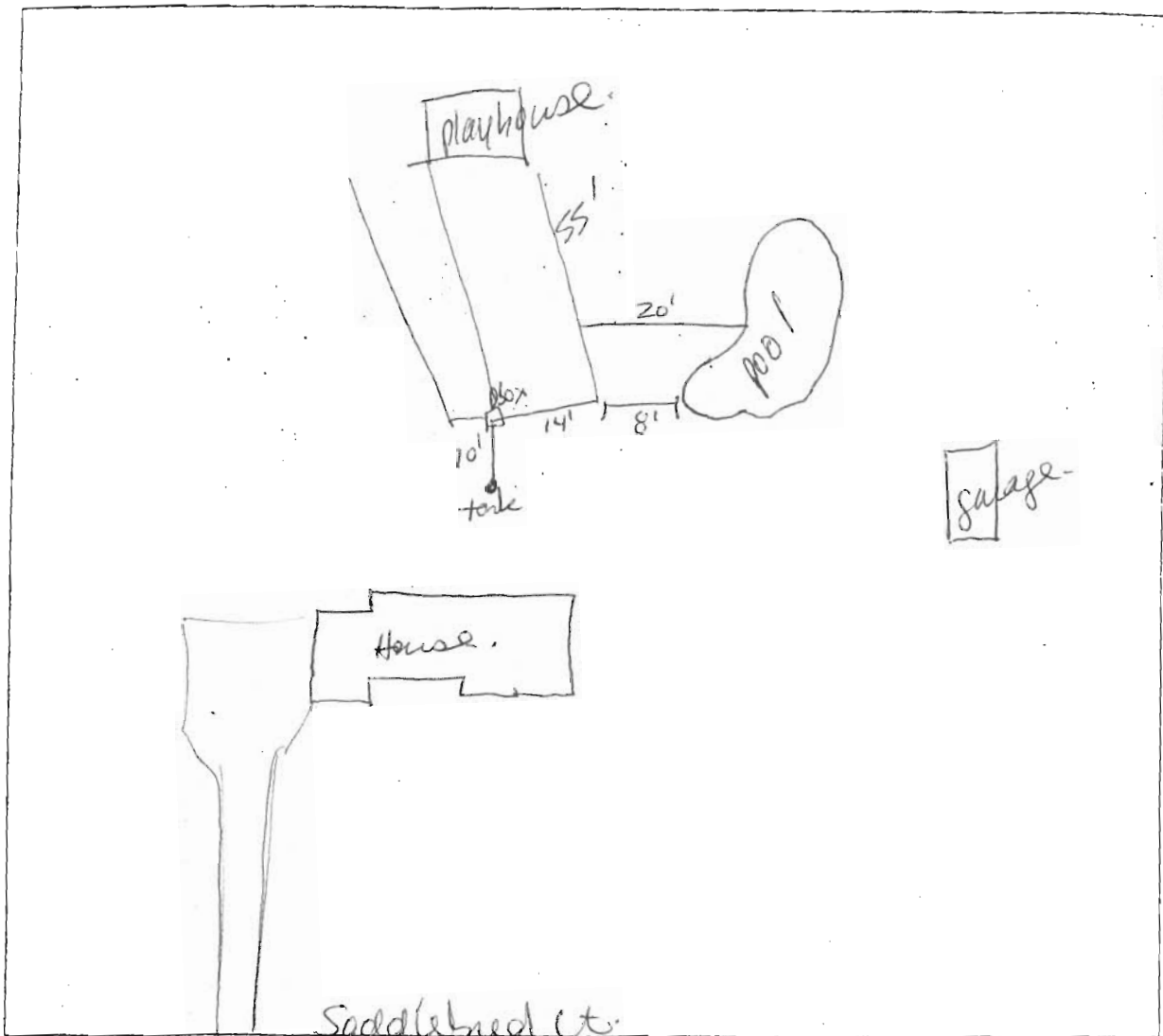




SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 2811 Saddlebred Ct CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: verify pool location to trenches

LOCATION DIAGRAM



COMMENTS: Need to adjust tp of pool to meet 20' setback

10/16/06

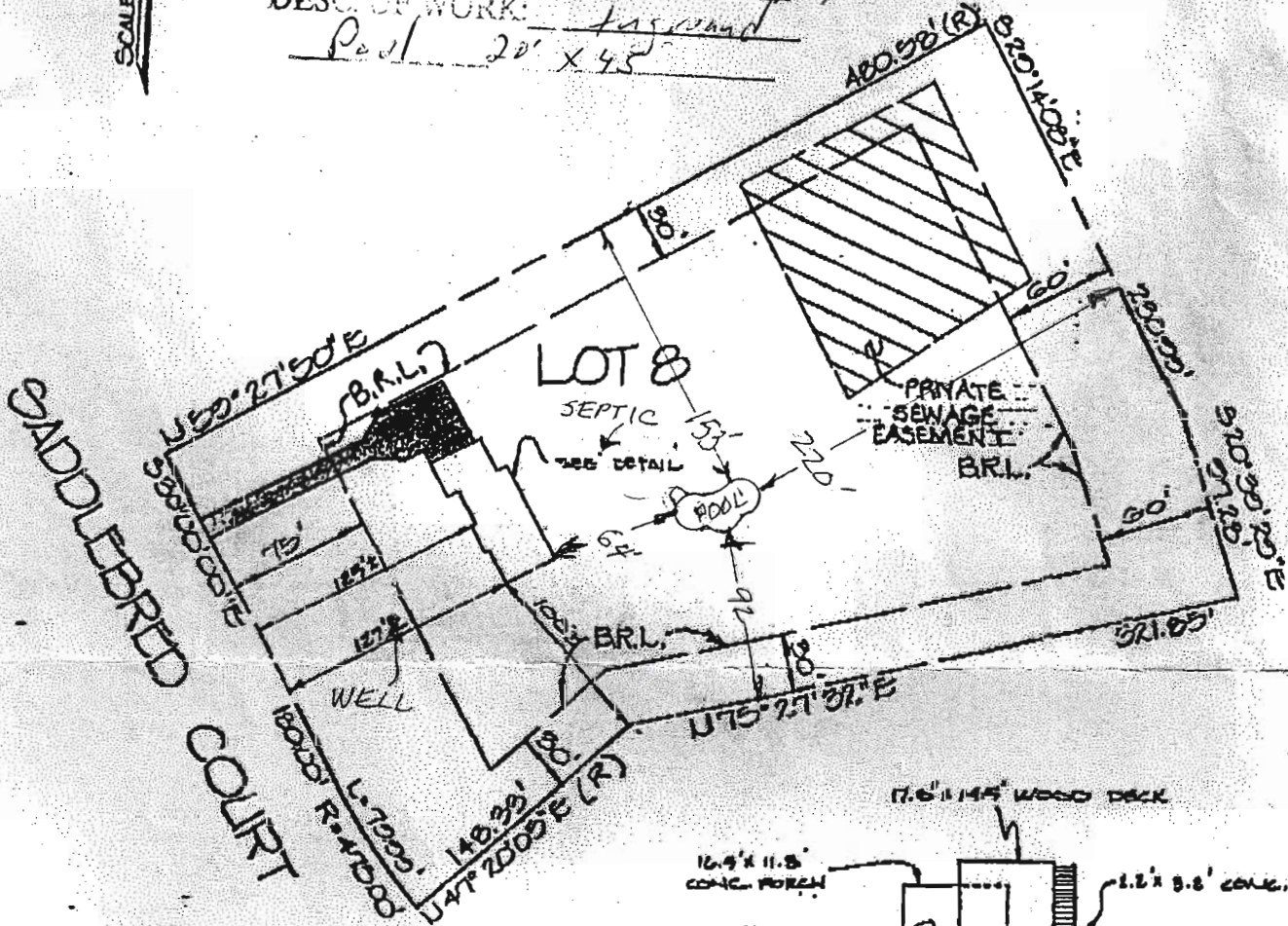
SF/AT/PB



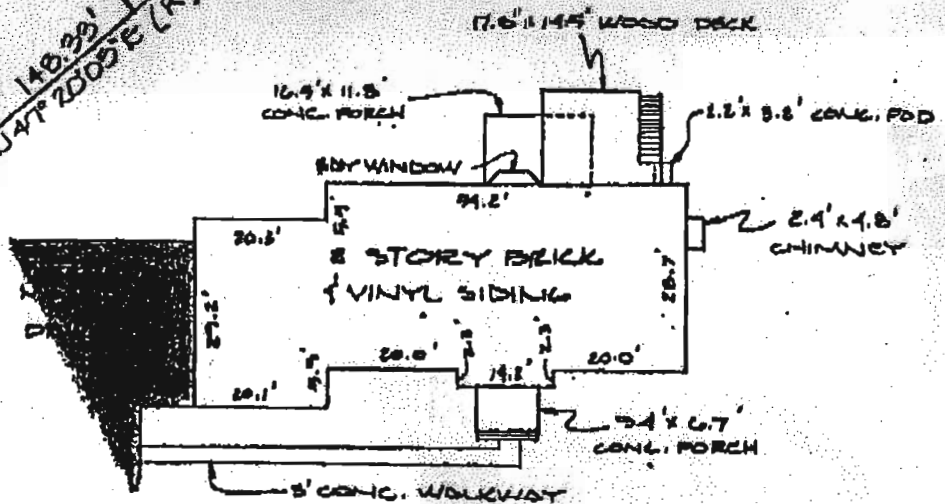
SCALE: 1"=100'

APPROVED

WALK-THRU BUILDING PERMIT  
BP# 1306006212 A# 38355  
APP# 5F0 DATE: 10/16/06  
DESC. OF WORK: Fogward  
Pool 20' x 45'



B.R.L. ~ BUILDING RESTRICTION LINE  
NOTE: THIS PROPERTY IS NOT  
LOCATED WITHIN A 100  
YEAR FLOODPLAIN.



DETAIL  
SCALE 1"=10'



2011 SADDLEBRED COURT

This is to certify that I have surveyed the property known as: LOT 8 OF GLENWOOD SPRINGS SECTION 1  
AREA RECORDED AS PLAT NO. 7680 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD