

PERMIT NUMBER: B 20002470

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED			
Street Address: 13005 RED MAPLE WAY		Unit:	
City: CLARKSVILLE		State: MD	Zip Code: 21029
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:

DESCRIPTION OF WORK REQUIRED		
Existing Use: SINGLE FAMILY DWELLING	Proposed Use: SINGLE FAMILY DWELLING	Estimated Cost: \$25,000.00
Additional Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
STALL INGROUND POOL 31'2"x 50' WITH SPA		

PROPERTY OWNER INFORMATION REQUIRED	
Owner(s) Name(s) (As it appears on tax records): DANIEL & ANGELENA LIENERT	
Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: 13005 RED MAPLE WAY	
City: CLARKSBURG	State: MD Zip Code: 21029
Phone: (443) 752-1533	Email: ANGELLIENERT@GMAIL.COM

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION	
Business Name: ALL ABOUT PERMITS LLC	
Contact Name: BARBARA SCHAEFFER	
Street Address: 7905 SOLLEY ROAD	
City: GLEN BURNIE	State: MD Zip Code: 21060
Phone: (410) 733-0433	Email: ALLABOUTPERMITS@HOTMAIL.COM

CONTRACTOR INFORMATION REQUIRED	
Business Name: WOODFIELD LANDSCAPING, INC.	
License #: 121071	
Licensee's Name: PETER WOODFIELD	
Street Address: 1902 BLAKEWOOD CT	
City: FALLSTON	State: MD Zip Code: 21047
Phone: (410) 808-4815	Email: PETER@WOODFIELDOUTDOORS.COM

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE	
Business Name:	
Name:	
Street Address:	
City:	State: Zip Code:
Phone:	Email:

BUILDING CHARACTERISTICS REQUIRED	
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	
Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	
Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	
Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)					
Model Name & Options:					
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:	sq ft	Occupiable Area:	sq ft

AGREEMENT/ DISCALIMER REQUIRED	
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 ORIGINAL SIGNATURE	DATE SIGNED

FOR OFFICE USE ONLY		CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY	
AGENCIES REQUIRED/APPROVALS:			
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 8/13/20
SUBMITTAL FEES:		PAYMENT:	ACCEPTED BY:

Oswald, Hank

From: Williams, Jeffrey
Sent: Tuesday, August 11, 2020 1:31 PM
To: Oswald, Hank
Subject: RE: B20002470_13005 Maple Way

Yes, I think we accept it as that. We have the percs and location and Amy approved the revision back then.

From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Tuesday, August 11, 2020 10:41 AM
To: Williams, Jeffrey <jewilliams@howardcountymd.gov>
Subject: B20002470_13005 Maple Way

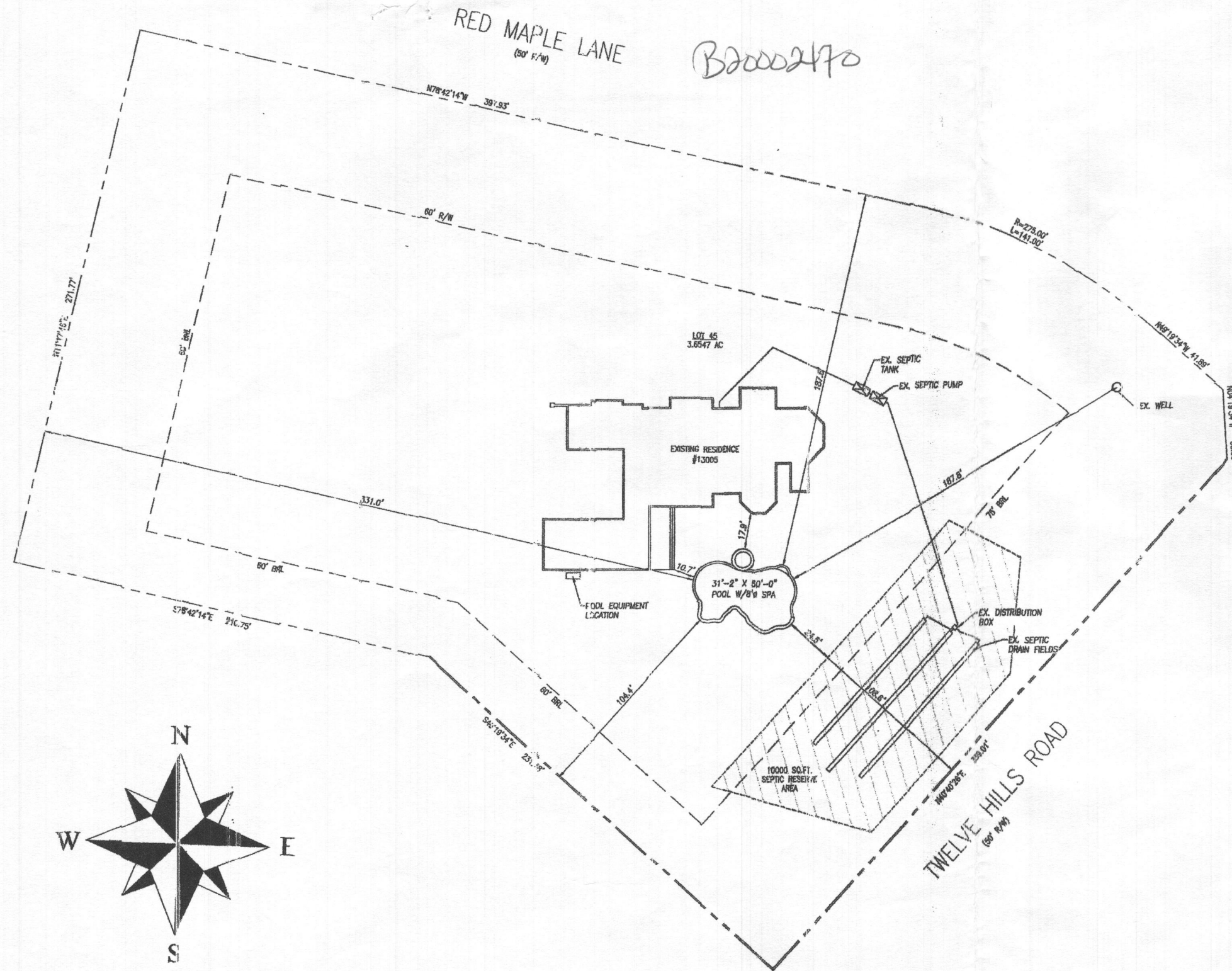
Hi Jeff:

I received a BP for a swimming pool. Would you go by the SDA on page #4?

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
(410) 313 - 1786
hoswald@howardcountymd.gov



EQUIPMENT LIST

POOL/SPA:
COVERING:
WATERLINE TIE:
OPTIONAL TILE:
INTERIOR FINISH:
DEEP END SWIM KUT:
UNDERWATER BENCH:
BENCH & TIE:
RAISED DECK/SPAS:
OTHER:

POOL FITTINGS

LIGHTS/POOL:
LIGHTS/SPA:
MAIN DRAIN/POOL:
MAIN DRAIN/SPA:
SPARKER/POOL:
SPARKER/SPA:
RETURN/POOL:
RETURN/SPA:
VACUUM FITTING:
HEADS/JETS:
WATER FEATURES:
OTHER:

POOL EQUIPMENT

DIVING BOARD & STAND:
MATERIAL:
RAIL, GOGGLE:
OTHER:

FILTER EQUIPMENT

FILTER:
PUMP:
CLEANING SYSTEM:
TREATMENT SYSTEM:
CONTROL SYSTEM:
HEATER:
SPA AIR BLOWER:
OTHER:

APPLIANCES

DECKING:
FENCE:
RETAINING WALLS:
ELECTRIC:

POOL/SPA DATA

DIMENSIONS: 31'-2" X 50'-0" FREEFORM
PERIMETER: 150 L.F.
SURFACE AREA: 1200 Sq.Ft.
GALLONAGE: 49,500 Gallons
DEPTHS: 3'-6" TO 11'-0"
FILTER RATE: 103 GPM
TURNOVER TIME: 8 HOURS
POOL DECK AREA: TBD

SWIMMING POOL PROFILE

NOTE: REFER TO DETAILS ON SHEET SP2

JOB NOTES

PROPERTY OWNER: DANIEL M. & ANGELENA G. LIENART
PROPERTY OWNER ADDRESS: 13005 RED MAPLE WAY
CLARKSVILLE, MD 21029-1153

HOME PHONE:
OFFICE PHONE:
CELL PHONE:

LOT NUMBER: 45
SUBDIVISION NAME: TWELVE HILLS - SECTION 3
TAX MAP: TAX MAP 28
GRID & PARCEL: GRID 10 PARCEL 381 NEIGHBORHOOD 5030301.14
TAX ACCOUNT NUMBER: 410483

ELECTION DISTRICT: 5
ZONING:
UTILITIES: PRIVATE WELL & SEPTIC

1	SHOW SEPTIC COMPONENTS	7/23/20
2	SHOW FILTER EQUIPMENT LOCATION	7/27/20
No.	Revision/Issue	Date

Form Name and Address

WOODFIELD
LANDSCAPE ARCHITECTS

Project Name and Address

LIENART RESIDENCE
13005 RED MAPLE WAY
CLARKSVILLE, MD 21029
5TH ELEC. DIST, HOWARD CO.

Project	Sheet
Date	7/23/2020
Scale	AS DRAWN

SP1