DEPARTMENT 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

PERMIT NUMBER B07004693

Building Address 17125 Spring Hollow Ct.
Mount Airy MD 21771

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract ______ Subdivision ______

Section ______ Area ______ Lot ______

Tax Map ______ Parcel ______ Grid ______

Zoning Map Coordinates Lot size

Property Owner's Name ______ LAU

Address 17125 Spring Hollow Ct.

City Mount Airy State MD Zip Code 21771

Home Phone ______ Work Phone ______

Applicant's Name & Mailing Address, (if other than stated hereon):
Scott Antkowiak

Phone ______ Fax ______

Existing Use SFD

Proposed Use SFD W/TANK

Estimated Construction Cost $ ______

Description of Work Install of ______

Contractor Company ______

Contact Person Scott Antkowiak

Address ______

City ______ State MD Zip Code ______

License No. ______

Phone ______ Fax ______

Occupant or Tenant ______

Contact Name — NA —

Address ______

City ______ State ______ Zip Code ______

Phone Fax

Engineer or Architect Company ______

Contact Person ______

Address — NA —

City ______ State ______ Zip Code ______

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
- ____ Reinforced Concrete
- ____ Structural Steel
- ____ Masonry
- ____ Wood Frame

____ State Certified Modular

Utilities

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

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

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

Utilities

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.

Applicant's Signature ______ *Print Name* Scott Antkowiak

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	12/10/07	[signature]
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: ______
Rear: ______
Side: ______
Side St.: ______
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 ______

PROPERTY ID#:

Filing fee	$
Permit fee	$ 100.00
Excise tax	$ 10.00
Add'l per. fee	$
TOTAL FEES	$ 110.00
Sub-total paid	$
Balance due	$
Check	# 723
Validation	#

Accepted by ______

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

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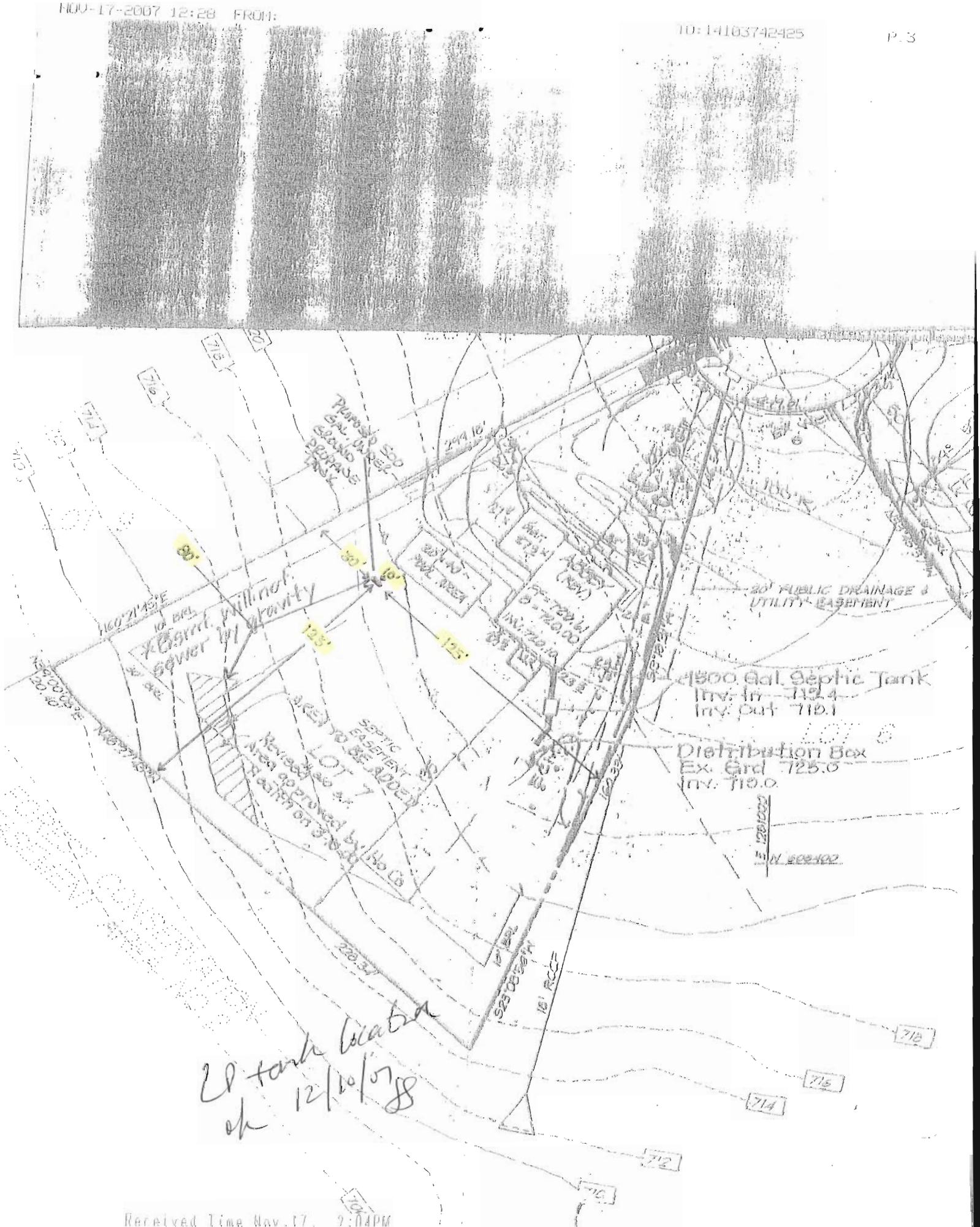
Rev. 11/4/04



2nd tank location
ok 12/10/07 SB

DEPARTMENT 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

PERMIT NUMBER B0022634

Building Address 13125 SPRING HOLLOW CT
MT AIRY 21771

Suite/Apt. #: _____ SDP/WP/Petition #: SP 00-39

Census Tract 6041 Subdivision SPRING HOLLOW

Section N/A Area 1/1A Lot 7

Tax Map 7 Parcel ~~528~~ 542 Grid 8

Zoning RCDED Map Coordinates 2 K 9 Lot size 41,560 sf

Property Owner's Name TRINITY BUILDERS

Address 7320 GRACE DR

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8722

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax 410-313-8731

Existing Use VACANT LOT

Proposed Use S.F.D.

Estimated Construction Cost $ 120,000

Description of Work CUSTOM ABBEY W/CHANGES
3 STORY, FULL BSMT, 4 FB, 1 HB, FP
GARAGE (5 BR) FINISHED BSMT W/BATH

Contractor Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

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

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 5

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

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X 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.

Sally L Hodge
Applicant's Signature

SALLY HODGE
Print Name

VP Operations
Title/Company

2/29/00
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	3/15/00	Mark E Rifkin
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 4571

Filing fee	$ 25
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 7103
Validation	# 42965

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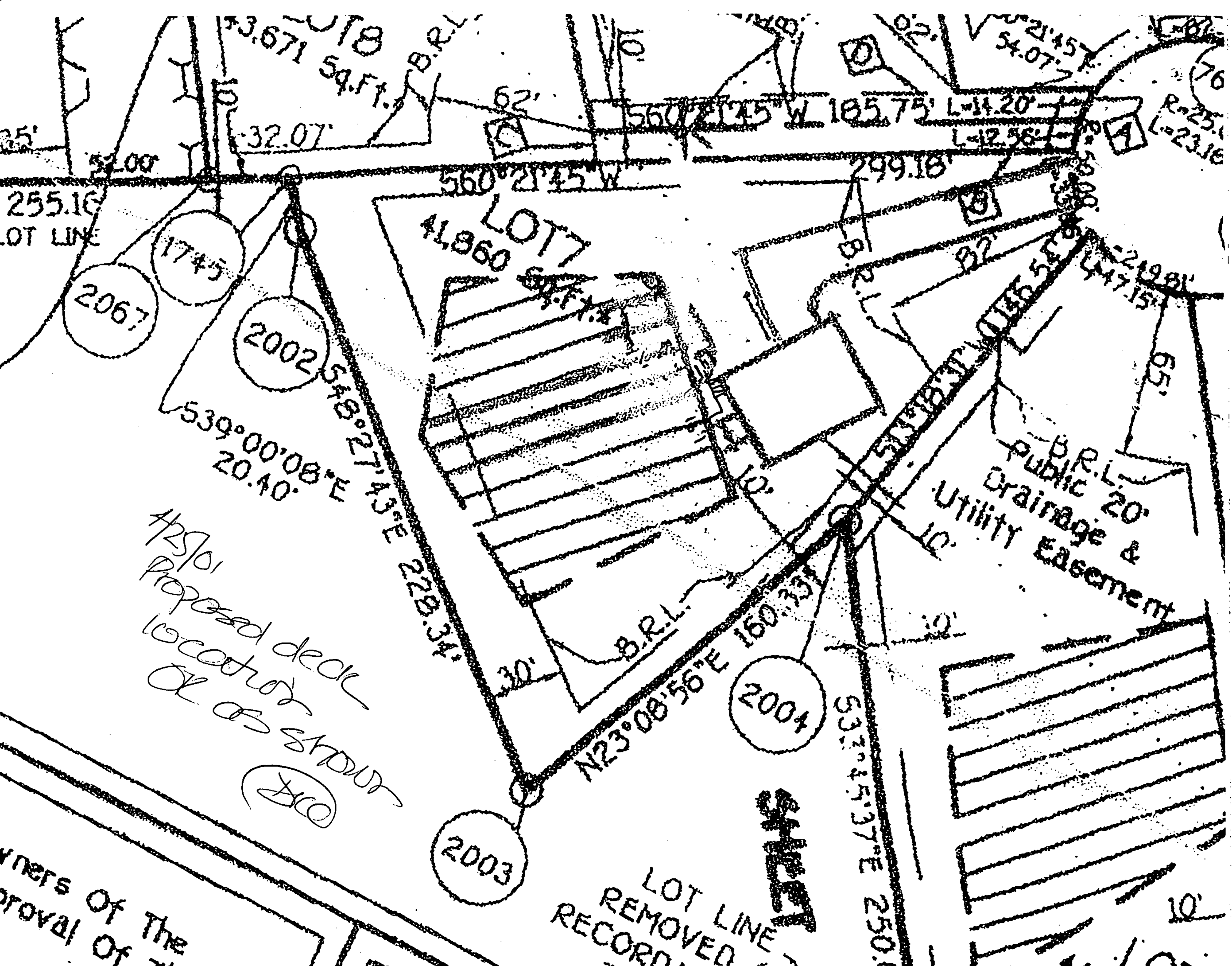
Rev. 10/15/98



LOT 8
3,671 Sq.Ft.
LOT 7
41,860 Sq.Ft.±
S60°21'45"W 185.75'
S60°21'45"W
299.18'
255.16'
LOT LINE
S48°27'43"E 228.34'
N23°08'56"E 160.33'
S33°45'37"E 250.0
S39°00'08"E
20.40'
B.R.L.
Public 20' Drainage & Utility Easement
LOT LINE
REMOVED
RECORD
SHEET
2002
2003
2004
1745
2067
4/25/01
Proposed deck
location
OK as shown
Owners Of The
Approval Of

DEPARTMENT 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

PERMIT NUMBER B00129804

Building Address 17125 Spring Hollow Ct.
Mt Airy MD 21771

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract ______ Subdivision ______

Section ______ Area ______ Lot 7

Tax Map 7 Parcel 144 Grid ______

Zoning ______ Map Coordinates ______ Lot size ______

Existing Use SFD

Proposed Use SFD with Deck

Estimated Construction Cost $ 1500.

Description of Work Deck with Stairs
6 X 10

Occupant or Tenant Same

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Property Owner's Name ______

Address 17125 Spring Hollow Ct.

City Mt Airy State MD Zip Code 21771

Home Phone ______ Work Phone ______

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone ______ Fax ______

Contractor Company Brentwood Builders

Contact Person Brent Johnson

Address 17116 Spring Hollow Ct

City Mt Airy State MD Zip Code 21771

License No. ______

Phone ______ Fax ______

Engineer or Architect Company ______

Contact Person ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
- ____ Reinforced Concrete
- ____ Structural Steel
- ____ Masonry
- ____ Wood Frame

____ State Certified Modular

Utilities

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

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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 ______
Dimensions: ______
Footings: ______
Roof: ______

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
- ____ Public
- x Private

Sewage Disposal:
- ____ Public
- x 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

Applicant's Signature [signature]

Print Name Brent Johnson

Owner / Brentwood Builders

Title/Company

4-25-01

Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	4/25/01	[signature]
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: ______
Rear: ______
Side: ______
Side St.: ______
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone ______
SDP/Red-line approval date ______

PROPERTY ID#: 45171
Filing fee $ ______
Permit fee $ 30
Excise tax $ ______
Add'l per. fee $ ______
TOTAL FEES $ ______
Sub-total paid $ ______
Balance due $ ______
Check # 3233
Validation # ______

Accepted by [initials]

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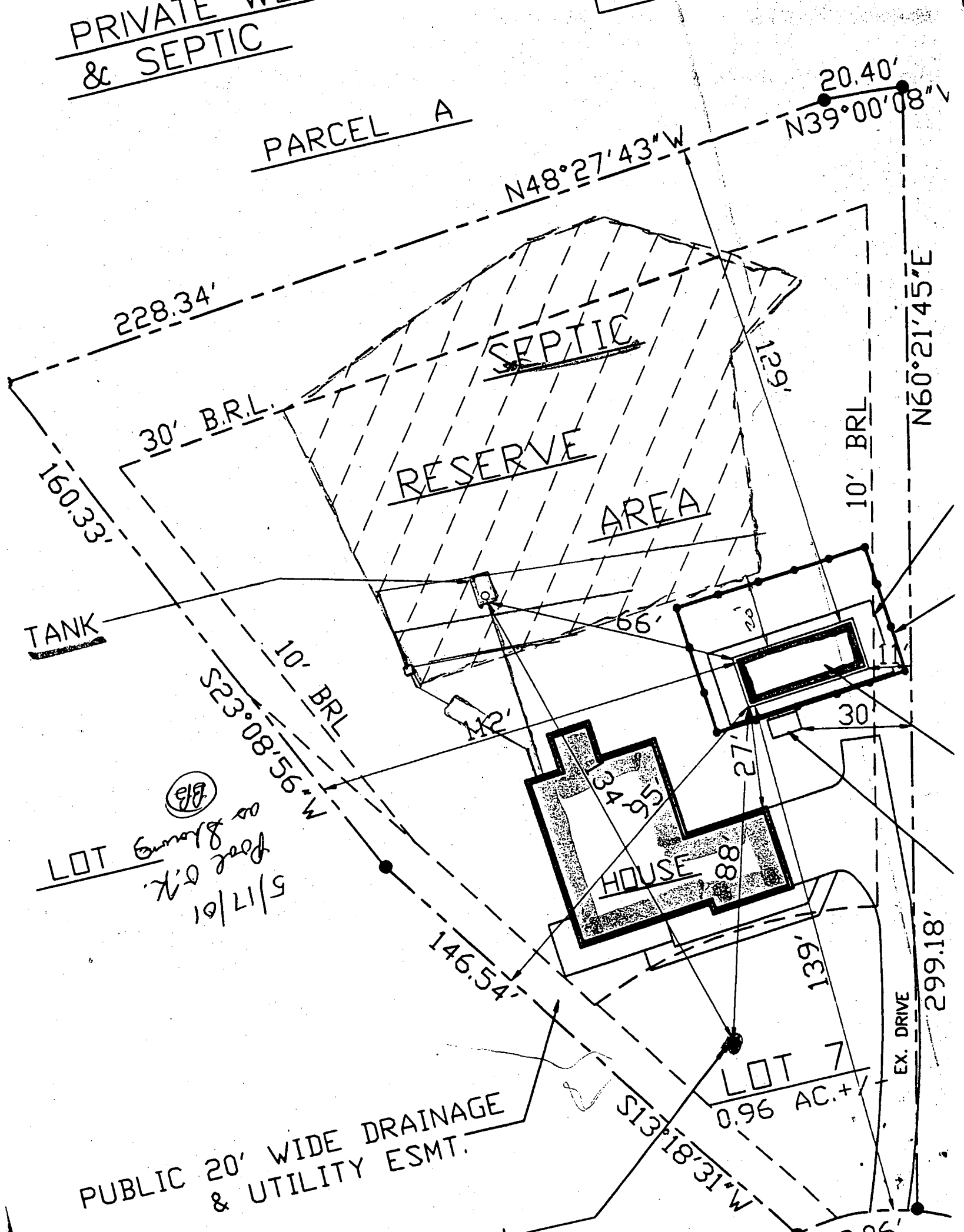
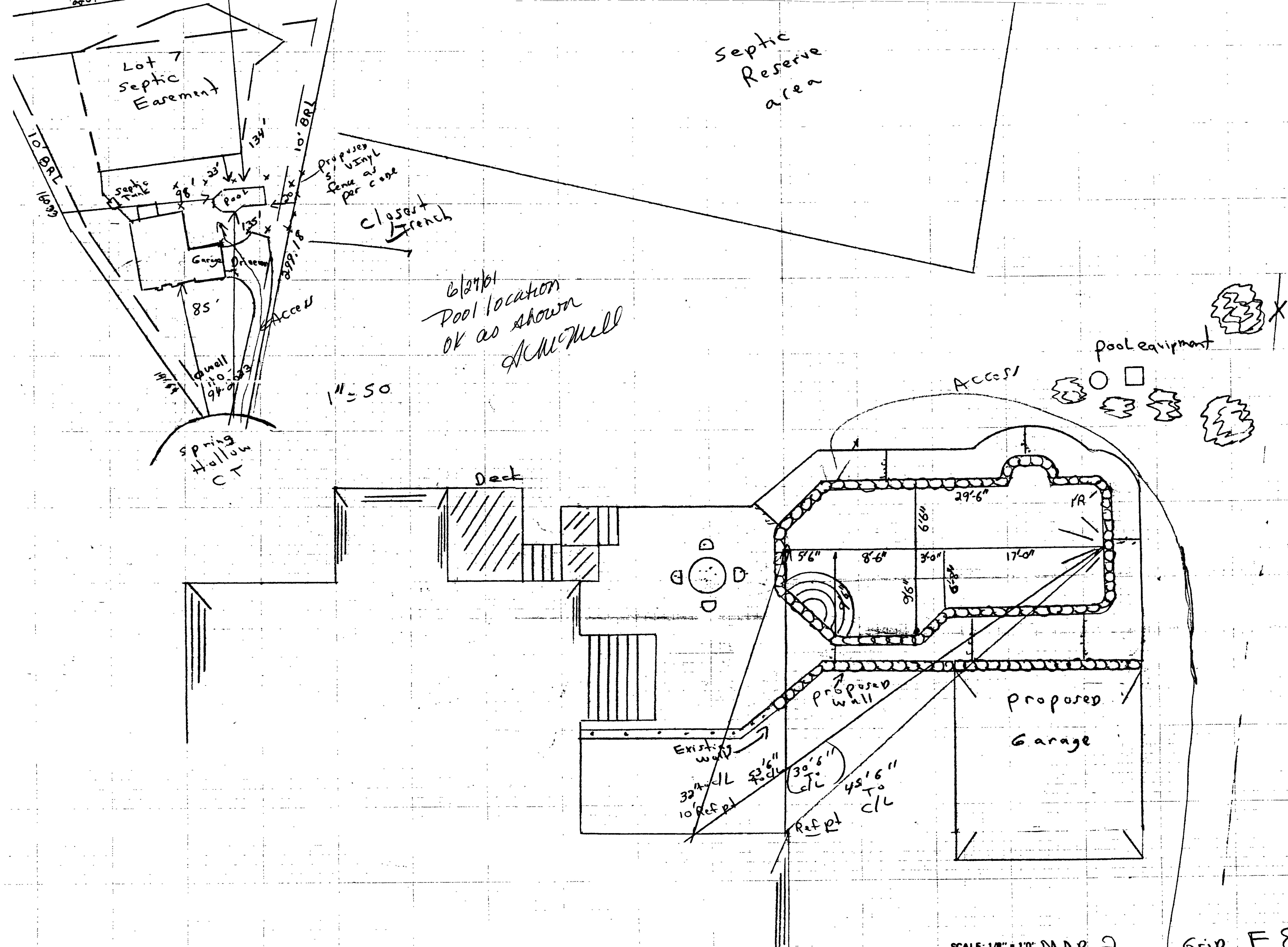
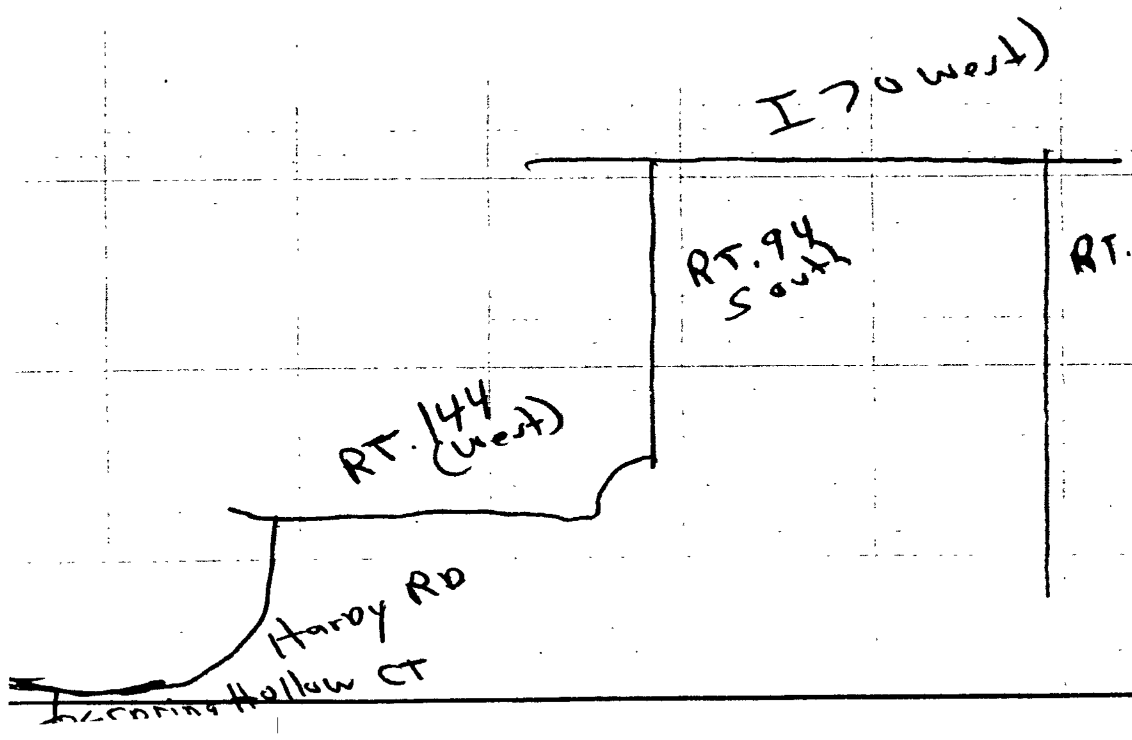

PRIVATE WELL & SEPTIC
PARCEL A
20.40'
N39°00'08"W
N48°27'43"W
228.34'
SEPTIC
RESERVE AREA
30' B.R.L.
160.33'
129'
10' BRL
N60°21'45"E
TANK
66'
10' BRL
S23°08'56"W
112'
30'
27'
34.95'
HOUSE 88
LOT 7
0.96 AC.+
146.54'
139'
299.18'
EX. DRIVE
PUBLIC 20' WIDE DRAINAGE & UTILITY ESMT.
S13°18'31"W



SCALE: 1/8" = 1'0" MAP 2 Grid F8

DIRECTIONS:	CONTRACT DATE: 6-18 2001
1) RT 32 N	
2) I 70 West	
3) RT 94 South	
4) Right on RT. 144 West	DWN. BY:
5) Left on Hardy RD	
6) Left on Spring Hollow CT	
7) House is at end of Cul De Sac	DATE:
	OK'D BY:
BUYER: TO DETERMINE APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION.	
BUYER: TO WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR SEVEN DAYS	DATE:



(D) RETURNS
(E) AUTO. CLEANER
(F) SPA RETURN
(G) SPA BOTTOM DRAIN
(H) AIR LINE

FENCE 4'

CITY WATER ☐
WELL WATER ☑
SEWER ☐
SEPTIC ☑

ANTHONY & SYLVAN
Where America Swims

NAME: Clay and Debbie Lau
SITE ADDRESS: 17125 Spring hollow ct Mt. Airy, MD
MAILING ADDRESS: Same
RES. PH. (410) 489 0281 OFF. PH. (443) 604-6
ACCT. NO. 01 030 MR. — MRS. —
MODEL:
POOL SHAPE Barcelona DEPTH 3 TO 6
WIDTH 16 LENGTH 34 PERIM. 96
POOL SQ. FT. 450 Ø STEPS 4 Classic SQ. F
COZY CORNER ____ SQ. FT. LOVE SEAT 4 x 2 = 8 SQ. F
SPA — SQ. FT. TOTAL WATER 458 SQ. F
CAPACITY (GAL.) ____ TURNOVER (HRS.) ____
COPING Flagstone TILE ____
INT. FINISH white plaster ROPE + FLOATS yes
FILTER 60 Ø DE PUMP 1 H.P.
SKIMMERS 2 RETURNS 2
BOTTOM DRAIN Dual LADDER No
LIGHT-POOL CDSam WATTS LIGHT-SPA — WATT
DIVING STAND — BOARD LENGTH —
VACUUM KIT yes CLEANING KIT yes
HEATER MODEL Heat pump BTU'S 113 000
SELF-CLEANER —
INJECTORS-SPA — LOVE SEAT — COZY CORNER —
AIR BLOWER —
SOLAR RECIRCULATING SYSTEM ____
TEMPORARY FENCE yes
EXT. 2ND STEP — FT.
WINTER COVER Safety mesh cover
Clear vision purifier Incl
In Line Chlorinator Incl

CABLE + UTILITY NO. ____

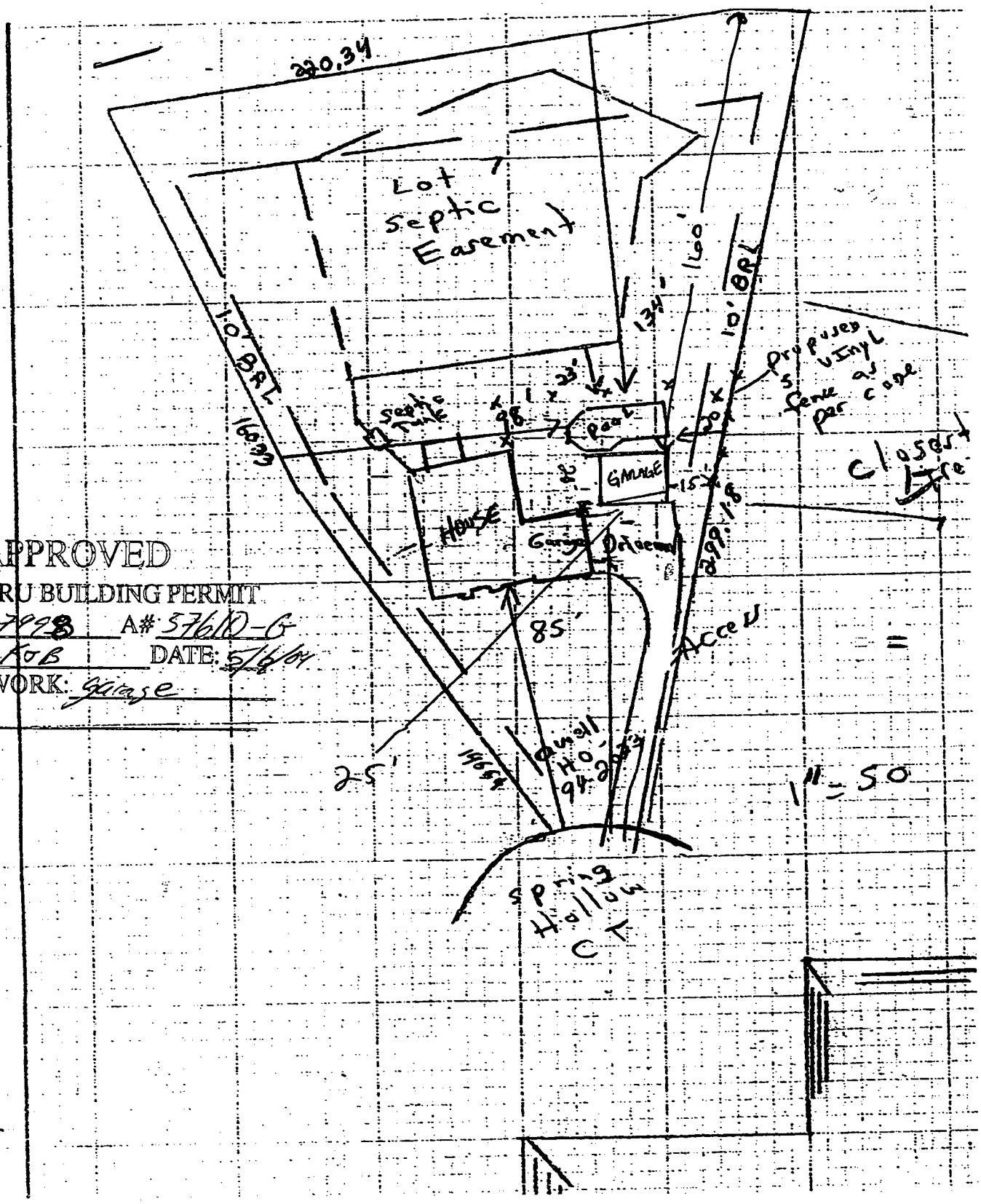
SITE CONDITIONS

GRADING: 1 HR Incl
DIRT HAUL Ø DIRT LEAVE ON 100 %
STUMPS: Ø
ELECTRIC BY: Anth Sylvan FENCE BY: Owner
DECK BY: Anth Sylvan WALL BY: —
GAS LINE BY: — VENTED BY: —

ADDITIONAL NOTES:
450 Ø Brushed Concrete Incl
60 Linear feet of Drains Incl
2 2 Water trucks Incl

CONST. OFF Laurel PH. NO 410 792
SALESMAN Parkinson MGR.
SALES OFFICE Ellicott City PH. NO. 410 461-2
PERMIT OFFICE: Ellicott City COUNTY: Howard
PHONE NO. ____

SPECIAL INSTRUCTIONS



APPROVED

WALK-THRU BUILDING PERMIT

BP# 00147988 A# 5761D-G

APP. SAN KOB DATE: 5/6/04

DESC. OF WORK: Garage