

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 B08000112	
Building Address 2930 Summer Hill Dr West Friendship MD 21042			Property Owner's Name Mark Case		
Suite/Apt. #: _____ SDP/MWP/Petition #: _____			Address 2930 Summer Hill Dr		
Census Tract _____ Subdivision _____			City W. Friendship State MD Zip Code 21042		
Section _____ Area _____ Lot _____			Home Phone 410 567 0614 Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): Karen Klayman		
Zoning _____ Map Coordinates _____ Lot size _____			Phone 410 567 7705 Fax _____		
Existing Use _____			Co _____		
Proposed Use _____			Co ANTHONY & SYLVAN POOLS		
Estimated Construction Cost \$ 30,000			556-E Ritchie Highway		
Description of Work 30' X 50' inground gunite pool, fence by owner, filled by truck, depth 3' to 9'			Ad Severna Park, Md. 21146		
Occupant or Tenant _____			410-544-6084		
Contact Name _____			M.H.I.C. 19347		
Address _____			125678		
City _____ State _____ Zip Code _____			Engineer or Architect Company _____		
Phone _____ Fax _____			Contact Person _____		
Address _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics			Utilities		
Height: _____			Water Supply: _____		
No. of stories: _____			Public _____ Private _____		
Gross area, sq. ft. per floor: _____			Sewage Disposal: _____		
Use group: _____			Public _____ Private _____		
Construction type: _____			Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reinforced Concrete _____			Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		
Structural Steel _____			Heating System: _____		
Masonry _____			Electric <input type="checkbox"/> Oil <input type="checkbox"/>		
Wood Frame _____			Natural Gas <input type="checkbox"/>		
State Certified Modular _____			Propane Gas <input type="checkbox"/>		
Sprinkler system: N/A <input type="checkbox"/>			Full _____		
Partial _____			Other Suppression _____		
# of Heads _____			SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>			Depth _____ Width _____		
1st floor: _____			2nd floor: _____		
Basement: _____			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 _____			No. of efficiency units: _____		
Height: _____			No. of 1 BR units: _____		
Multi-family dwellings: _____			No. of 2 BR units: _____		
No. of efficiency units: _____			No. of 3 BR units: _____		
Other Structure: _____			Dimensions: _____		
Footings: _____			Roof Height: _____		
State Certified Modular _____			Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		
Manufactured Home _____			Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		
Heating System: _____			Electric <input type="checkbox"/> Oil <input type="checkbox"/>		
Natural Gas <input type="checkbox"/>			Propane Gas <input type="checkbox"/>		
Sprinkler system: N/A <input type="checkbox"/>			N/A <input type="checkbox"/>		
Full _____			NFPA #13D _____		
Partial _____			NFPA #13R _____		
Other Suppression _____			Other: _____		
# of Heads _____			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.		
Karen Klayman			Karen Klayman		
Applicant's Signature			Print Name		
Title/Company			Date		
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY			FOR OFFICE USE ONLY		
** PLEASE WRITE NEATLY AND LEGIBLY. **			AGENCY DATE SIGNATURE APPROVAL		
Land Development, DPZ			DPZ SETBACK INFORMATION		
State Highways			PROPERTY ID#		
Building Official			Front: _____		
Dev. Engineering, DPZ			Rear: _____		
Health 11/14/08			Side: _____		
Fire Protection			Side St.: _____		
Is Sediment Control approval required prior to issuance?			All minimum setbacks met?		
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit required?		
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Filing fee \$ _____		
T:\normal\PERMIT.FRM			Permit fee \$ _____		
			Excise tax \$ _____		
			Add'l per. fee \$ _____		
			TOTAL FEES \$ _____		
			Sub-total paid \$ _____		
			Balance due \$ _____		
			Check # _____		
			Validation # _____		
			Accepted by _____		
			Rev. 11/4/04		



APPROVED

WALK-THRU BUILDING PERMIT

BP# B08000112 A# A56973A

APP. SAN GAC DATE: 11/14/08

DESC. OF WORK: pool inground

11/14/08