

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2465 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B30022004

Building Address 14713 Susan Marie Way

Suite/Apt. #: SDP/WP/Petition #: Census Tract Subdivision Section Area Lot 13 Tax Map Parcel Grid 1 Zoning Map Coordinates Lot size 1.31

Existing Use Proposed Use Estimated Construction Cost \$ Description of Work 24'x16' Screen Room on existing deck

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

Property Owner's Name Address City State Zip Code Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated hereon): Phone Fax

Contractor Company Contact Person Address City State Zip Code 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 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 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.

Applicant's Signature Title/Company

Print Name 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 12/7/2009 R. Bunker 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 Excise tax Sub-total paid Add'l permit fee TOTAL FEES Balance due Check Validation Accepted by

GENERAL NOTES:

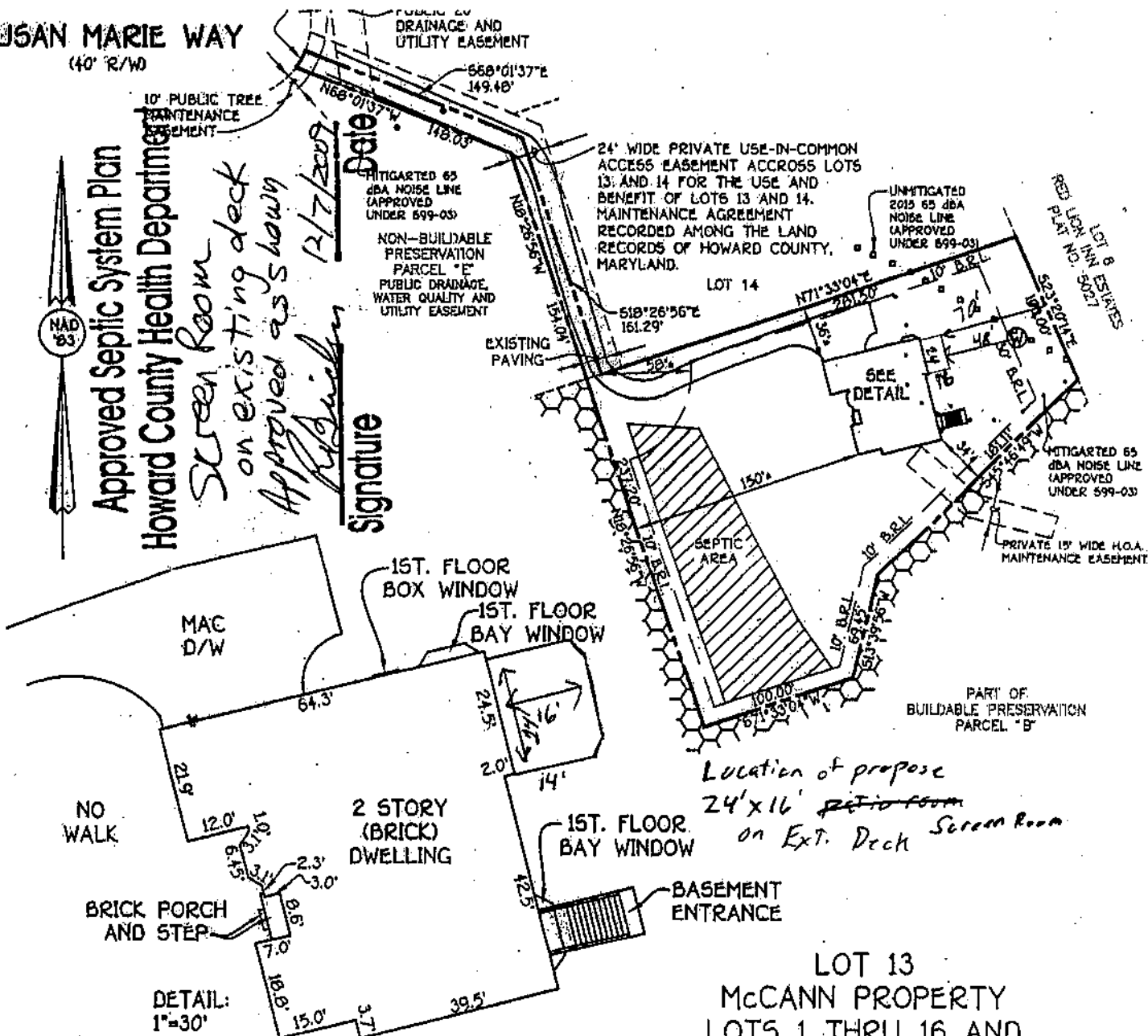
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440000 B EFFECTIVE DEC. 4, 1985.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5)  DENOTES FOREST CONSERVATION EASEMENT NO. 5.

SUSAN MARIE WAY
(40' R/W)

Approved Septic System Plan
Howard County Health Department

Screen Room
on existing deck
Approved as shown
12/7/2003
Signature

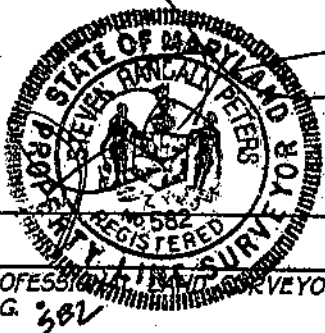
Signature



B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 639.67'

LOT 13
McCANN PROPERTY
LOTS 1 THRU 16 AND
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15474

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10222 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 481-2055



PROFESSIONAL SURVEYOR
REG. 552
DATE 10/10/03

HOUSE LOCATION
DRAWING

FOUNDATION LOCATION: 8/25/03
FINAL LOCATION: 10/08/03
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 10/10/03
DRAWN BY: A.K.O.
CHECKED BY: S.R.P.
PROJECT No.: 61769

Drawing Name: _____

FCC •

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

07002876

Building Address 14713 SUSAN MARIE WAY
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision McCann Prop
Section _____ Area _____ Lot 13
Tax Map 8 Parcel 78 Grid 16
Zoning _____ Map Coordinates _____ Lot size 1.30 AC

Property Owner's Name SEOK + YEON KOH
Address 14713 SUSAN MARIE WAY
City WOODBINE State MD Zip Code 21797
Home Phone 410-258-5009 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD + Pool
Estimated Construction Cost \$ 23,006
Description of Work Improve pool 25' x 42' in rear yard w/ 48" high Fence to code - filled by Trench

Contractor Company Maryland Pool
Contact Person Joanne Lathan
Address 9515 Gerwig LA
City Columbia State _____ Zip Code 21046
License No. 6699
Phone 410-995-6600

Occupant or Tenant OWNER
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
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 Characteristics
SF Dwelling ☐ SF Townhouse ☐
Depth _____ Width _____
1st floor: _____
2nd floor: 25' x 42' @
Basement: 3' to 8 1/2' / 825 sq
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 THEREOF; (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 J. Lathan
Title/Company agent

Print Name J. Lathan
Date 7/12/07

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 7/12/07 [Signature]
Fire Protection _____
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____ Filing fee \$ _____
Rear: _____ Permit fee \$ _____
Side: _____ Excise tax \$ _____
Side St: _____ Add'l per. fee \$ _____
All minimum setbacks met? TOTAL FEES \$ _____
YES ☐ NO ☐ Sub-total paid \$ _____
Is Entrance Permit required? Balance due \$ _____
YES ☐ NO ☐ Check \$ _____
Historic District? Validation \$ _____
YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____ Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\norm\PERMIT.FRM

SETBACKS:

REAR PL. 10'
SIDE PL. 10'
HOUSE 0'
SEPTIC 20'
WELL 20'

SUSAN MARIE WAY

(40' R/W)

10' PUBLIC TREE
MAINTENANCE EASEMENT

PUBLIC 20' DRAINAGE
& UTILITY EASEMENT

APPROVED

WALK-THRU BUILDING PERMIT

BP# **607002816** A# **59898-M**

APP. SAN **SE** DATE: **7/14/07**

DESC. OF WORK:

25' x 42' in-ground pool.

24' WIDE PRIVATE USE-IN-COMMON
ACCESS EASEMENT ACROSS LOTS
13 & 14 FOR THE USE & BENEFIT
OF LOTS 13 & 14. MAINTENANCE
AGGREGMENT RECORDED AMONG THE
LAND RECORDS OF HOWARD COUNTY
MARYLAND.

1,190 Sq.Ft., EXPOSED
AGGREGATE DECK
(BY MPI)

PRIVATE WELL
& SEPTIC



335 Ln.Ft., 48" HIGH
FENCE TO CODE
(BY OWNERS FENCE CONTRACTOR)

TYP. OF 100 Ln.Ft., OF
WALLS, MAX. HEIGHT NOT
TO EXCEED 24" HIGH
(BY OWNERS WALL CONTRACTOR)

FOREST CONSERVATION
EASEMENT NO.5

SITE PLAN

1"=60'

LOT 13

MCCAIN PROPERTY

TAX ACCOUNT #366964

MAP 8, GRID 16, PARCEL 78

ELECTION DISTRICT NO.04

HOWARD COUNTY, MARYLAND

SEPTIC AREA

EXISTING
RESIDENCE

PRIVATE 15' WIDE H.O.A.
MAINTENANCE EASEMENT

FOREST CONSERVATION
EASEMENT NO.5

REVISION:

PERMIT NUMBERS

POOL:
ELECT:
OTHER:

PERMIT SET

DATE: 07-12-07

**Maryland
POOLS**
Inc.

9515 GERWIG LANE
SUITE 121
COLUMBIA, MD 21046
410-995-6600

11166 MAIN STREET
SUITE 402
FAIRFAX, VA 22030
703-359-7192

800-252-8700

WWW.MARYLANDPOOLS.COM

POOL DATA

SIZE/SHAPE: 25' x 42' - CUSTOM (DIVING)
POOL AREA: 825 SPA: OTHER:
TOTAL AREA: 825
PERIMETER: 118 SPA:
GALLONAGE: 34,030 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
32/NORTH TO I-70/W, GO LEFT WEST TO 97 R/T/NORTH TO
OLD FREDERICK RD. 1/7 3/4 MILE TO SUSAN MARIE WAY, 1/7
TO SITE AT END OF COURT.

MAP #

4

GRID

C-11

Mr. & Mrs. Sam Koh
14713 Susan Marie Way
Woodbine, Maryland 21797
Howard County

HOME PHONE:
CELL PHONE 1: 410-258-5000
CELL PHONE 2:
OFFICE PHONE:

LOT: 13 SUBDIVISION NAME: MCCAIN PROPERTY DISTRICT: 04 PIN # 366964

SITE PLAN

SCALE: 1"=60' BY: J.L.R. DATE: 7/11/07 JOB NUMBER: MS07-9309 SHEET #: 1.0

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1900148305

Building Address 16713 Sugar Maple Way
Woodbine MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 620401 Subdivision McCamden Farm
Section _____ Area _____ Lot 13
Tax Map 8 Parcel R Grid 16
Zoning RCDEU Map Coordinates 4B10 Lot size _____

Property Owner's Name Seal Doh
Address 12713 Sugar Maple Way
City Woodbine State MD Zip Code 21797
Home Phone 410-327-0289 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SF Home
Proposed Use Deck w/Steps
Estimated Construction Cost \$6,000
Description of Work 16x44" I-Res. Lumber
SHAPED DECK w/Steps

Contractor Company Green
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Michael
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 Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Applicant's Signature

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

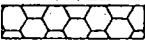
SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#

58169

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
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- 5)  DENOTES FOREST CONSERVATION EASEMENT NO. 5.

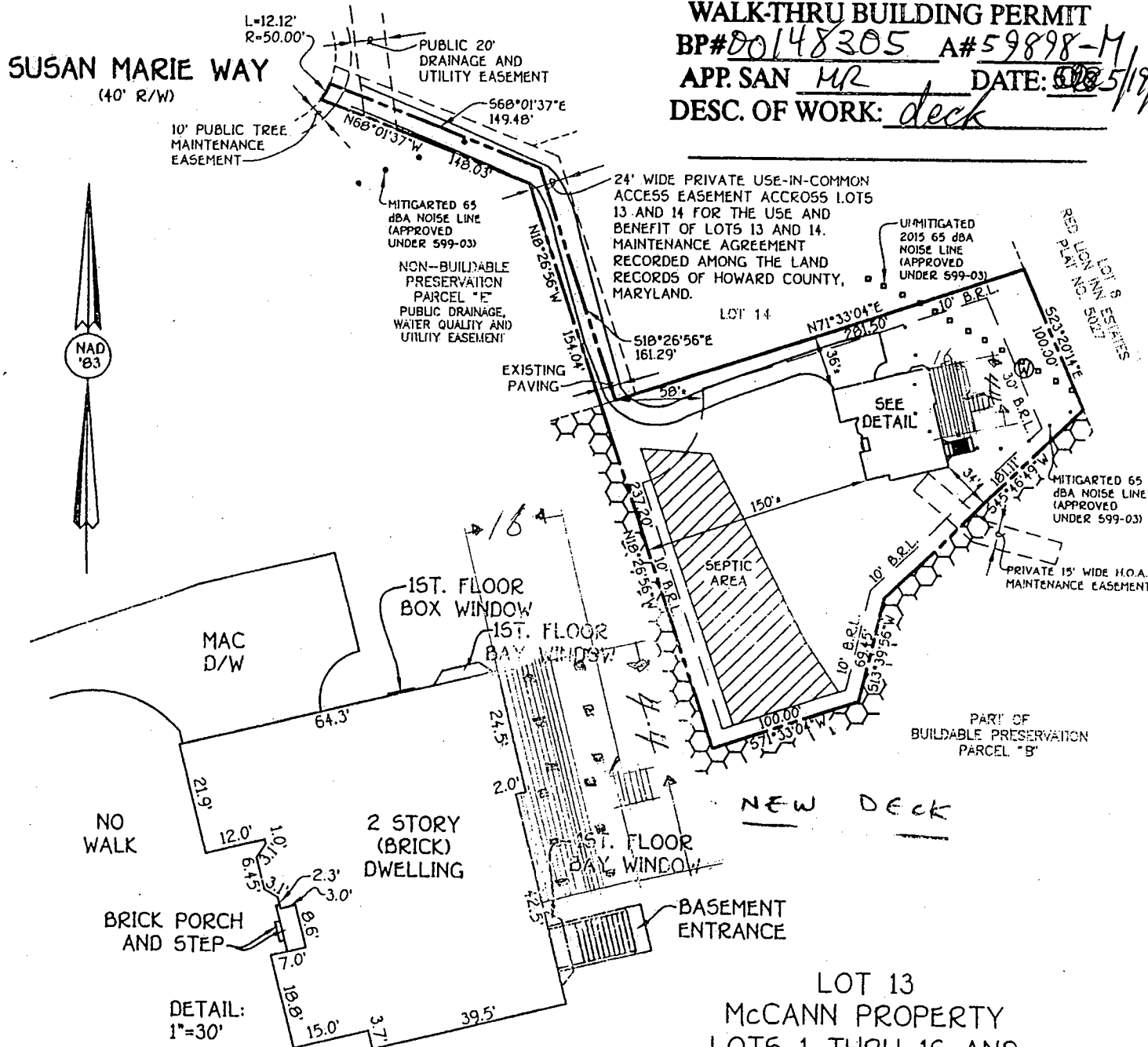
APPROVED

WALK-THRU BUILDING PERMIT

BP# 00148305 A# 59898-M

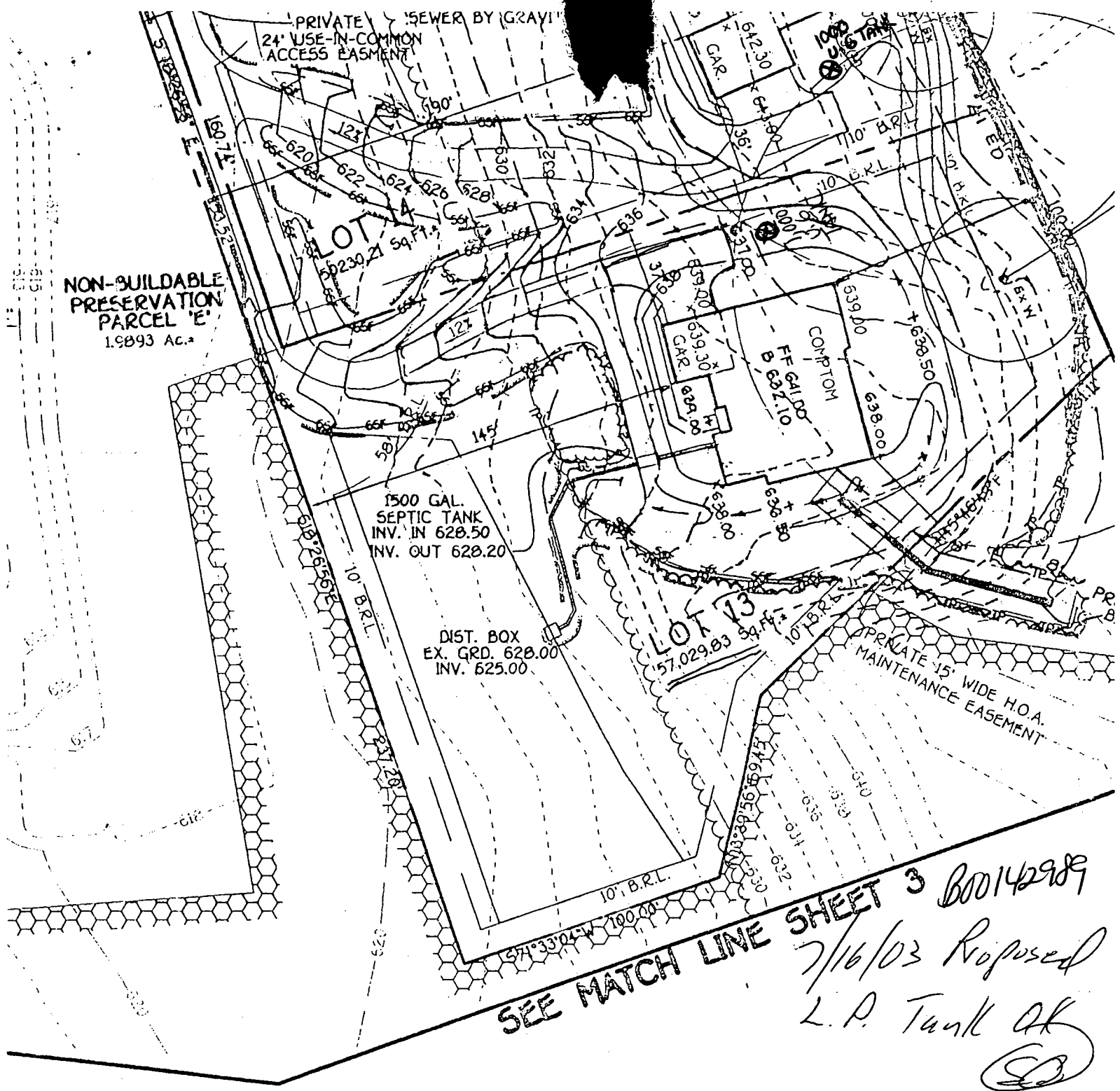
APP. SAN MR DATE: 05/19/04

DESC. OF WORK: deck



LOT 13
McCANN PROPERTY
LOTS 1 THRU 16 AND
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15474

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 639.67'



Reviewed for HOWARD SCD and meets Technical Requirements.

Tom Meyer
Natural Resources
Conservation Service

10/8/02
Date

Development plan is approved for soil erosion and sediment control by
HOWARD SOIL CONSERVATION DISTRICT.

Tom R. Robertson
HOWARD SCD

10/8/02
Date

OWNER

PROJECT