

Building Address 860 West Watersville Rd
MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 0010 Subdivision Poplar Springs
 Section _____ Area _____ Lot _____
 Tax Map 2 Parcel 112 Grid 19
 Zoning RL Map Coordinates 256 Lot size _____

Property Owner's Name Danielle Vigue
 Address 860 W. Watersville Rd
 City MD State MD Zip Code 21771
 Home Phone 301 829 2395 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Browning Pool
23731 R. Ick Rd Frederick MD
20876
 Phone 301 972 3500 Fax 301 540 9646

Existing Use YARD - SFD
 Proposed Use Retaining Wall
 Estimated Construction Cost \$ 25,000

Description of Work Picnic Deck
Decorative Block
Retaining wall, 91 long ft max height
at 6.25 feet 4 inches.

Contractor Company Browning Pool
 Contact Person Chuck Browning
 Address 23731 R. Ick Rd
 City Frederick State MD Zip Code 20876
 License No. 1377
 Phone 301 972 3500 Fax 301 540 9646

Occupant or Tenant _____
 Contact Name Chuck Browning
 Address 23731 R. Ick Rd
 City Frederick State MD Zip Code 20876
 Phone 301 252 6865 Fax 301 540 9646

Engineer or Architect Company Ryan's Assoc.
 Contact Person Bill Ryan
 Address 2412 Wynfield Ct
 City Frederick State MD Zip Code 21702
 Phone 301 695-2542 Fax 301 168-5936

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height: <u>6.25</u>	No. of stories: _____	Gross area, sq. ft. per floor: _____	Use group: _____
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 Charles H. Browning III
 Title/Company _____
 Print Name Charles H. Browning III
 Date 3-30-01

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#
Land Development, DPZ			Front: _____	49706
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ <u>50</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>22518</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

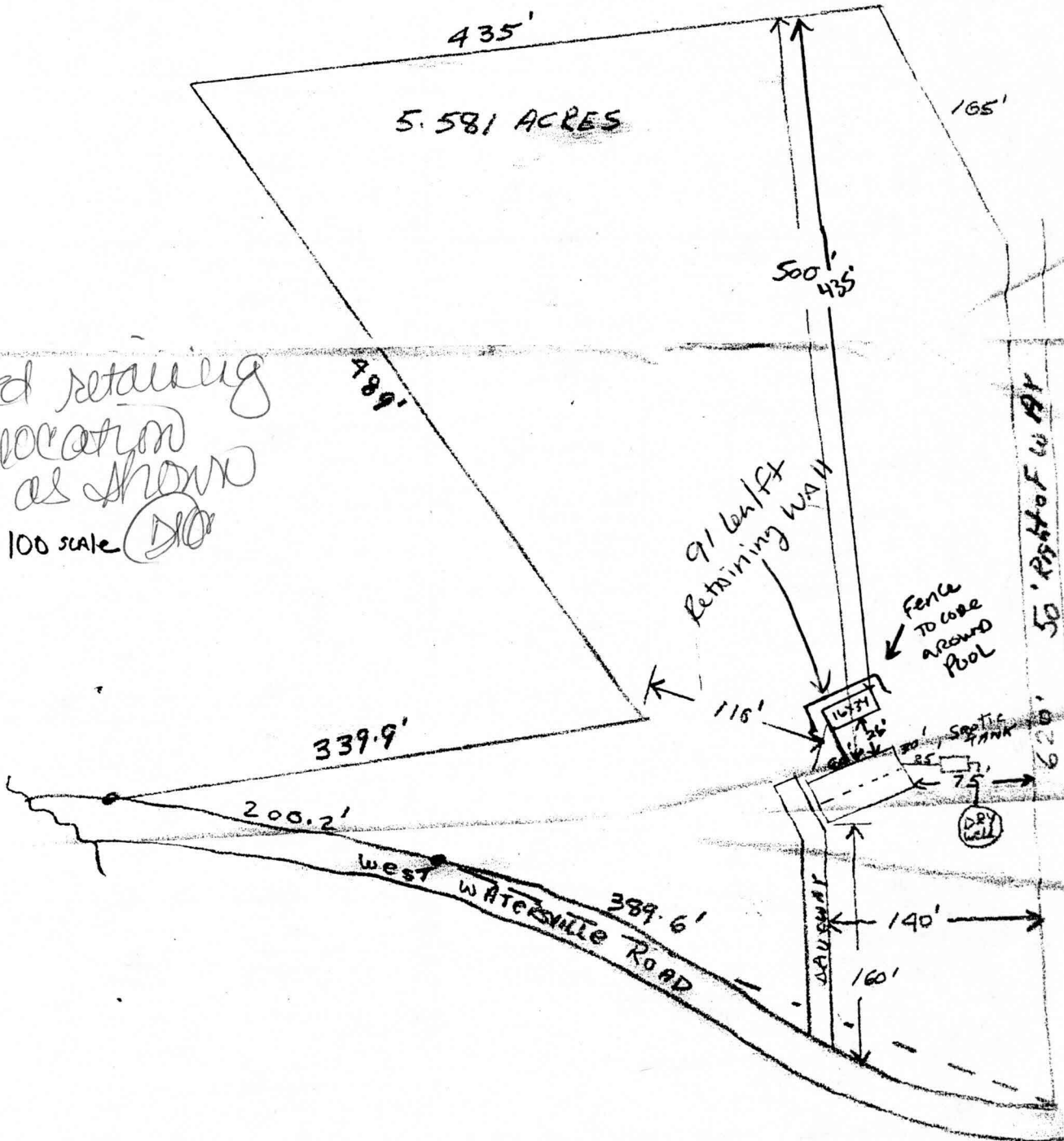
WEST WATERVILLE ROAD, HOWARD COUNTY

Daniel R. Virgine

12/29/21

3/20/21

Proposed retaining wall location
on as shown
1" = 100 scale (D)



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 1300128588

Building Address 860 W. Waterville Rd
Mt. Airy MD 21771

Suite/Apt. #: 6040 SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Dickey Springs Farms

Section 02 Area H2 Lot 19

Tax Map 2 Parcel 112 Grid 19

Zoning RC Map Coordinates _____ Lot size 5.581

Property Owner's Name Dan + Sue Vigue

Address 860 W. Waterville Rd

City Mt. Airy State MD Zip Code 21771

Home Phone 301 421-2397 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFO

Proposed Use SFO

Estimated Construction Cost \$ 60,000

Description of Work 16 x 34 Inground
Swimming Pool

Contractor Company Browning Contractors Co. Inc.

Contact Person Aaron Browning

Address 23731 Ridge Rd

City Georgetown State MD Zip Code 20706

License No. 1377

Phone 301 972 2660 Fax 301 540 9646

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

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

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Applicant's Signature _____
 Supervisor
 Title/Company _____

Print Name Aaron Browning
 Date 2/21/01

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	2/21/01	Joe Pate
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	2/21/01	Mark Riffle
Fire Protection		

DPZ SETBACK INFORMATION

Front:	75
Rear:	60
Side:	30
Side St.:	N/A
All minimum setbacks met?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for NewTown Zone	_____

PROPERTY ID#: 49706

Filing fee	\$ _____
Permit fee	\$ 125
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ 125
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	308
Validation #	36315

Is Sediment Control approval required prior to issuance?
 YES NO

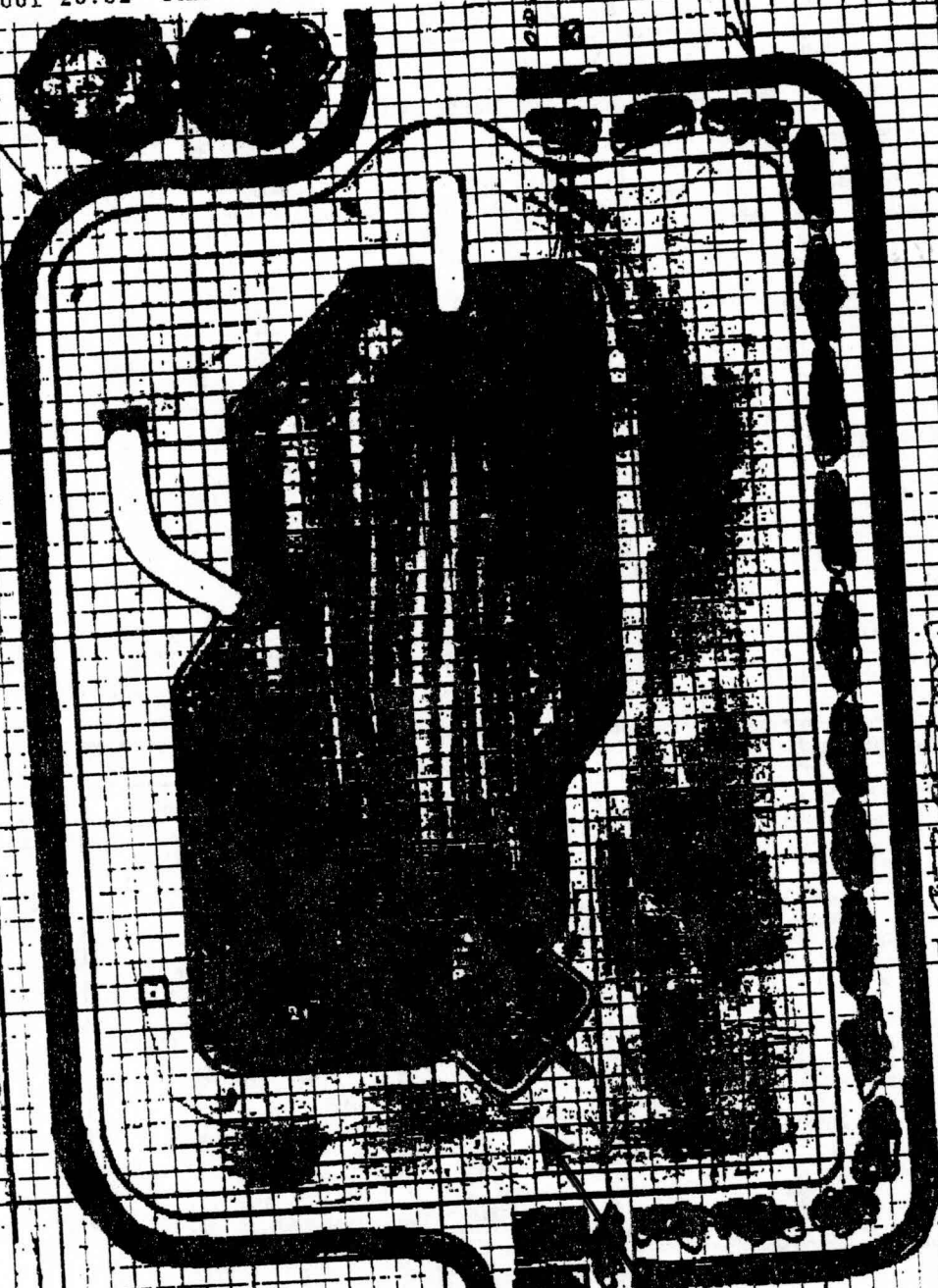
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by _____

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

Face Line



H.O. TO PROVIDE HEAT PUMPS

P L A N

P L O T

Black
1 foot
1 foot
1/8

mark

ONLY TEND

VALUES
SYSTEM
ELECTRIC

COL OF
HOUSE →