

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3438 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>B09001038</b> <b>PERMIT NUMBER</b>
Building Address <u>17390 FREDERICK RD.</u> <u>MT. AIRY, MD 21771</u>		Property Owner's Name <u>EDNA BAKER</u> Address <u>17390 FREDERICK ROAD</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Phone _____ Phone <u>301-829-6478</u> Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040.01</u> Subdivision _____ Section <u>DISTRICT 4</u> Area _____ Lot <u>1</u> Tax Map <u>2</u> Parcel <u>226</u> Grid <u>19</u> Zoning <u>RES.</u> <u>N:23°15'50"E</u> Lot Size <u>4.65</u> <small>(map coordinates)</small>		Phone _____ Fax _____	
Existing Use <u>LAND</u> Proposed Use <u>POOL</u> Estimated Construction Cost \$ <u>18,000</u>		Contractor Company <u>CROWN POOLS</u> Contact Person _____ Address <u>5803 MORAVIA ROAD</u> City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21206</u> License No. <u>120727</u> Phone _____ Fax _____ <u>888-590-6460</u>	
Description of Work <u>ON GROUND POOL</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>EDNA BAKER</u> Contact Name <u>EDNA BAKER</u> Address <u>17390 FREDERICK ROAD</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> Phone _____ Fax _____ <u>301-829-6478</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ 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	<b>Utilities</b> 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: 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> 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 efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Pool</u> Dimensions: <u>15' x 30'</u> Footings: _____ Roof Height: <u>7'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> 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: 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"/> <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.

Edna L. Baker Applicant's Signature      EDNA L. Baker Print Name  
 \_\_\_\_\_ Title/Company      \_\_\_\_\_ Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***  
**- FOR OFFICE USE ONLY -**

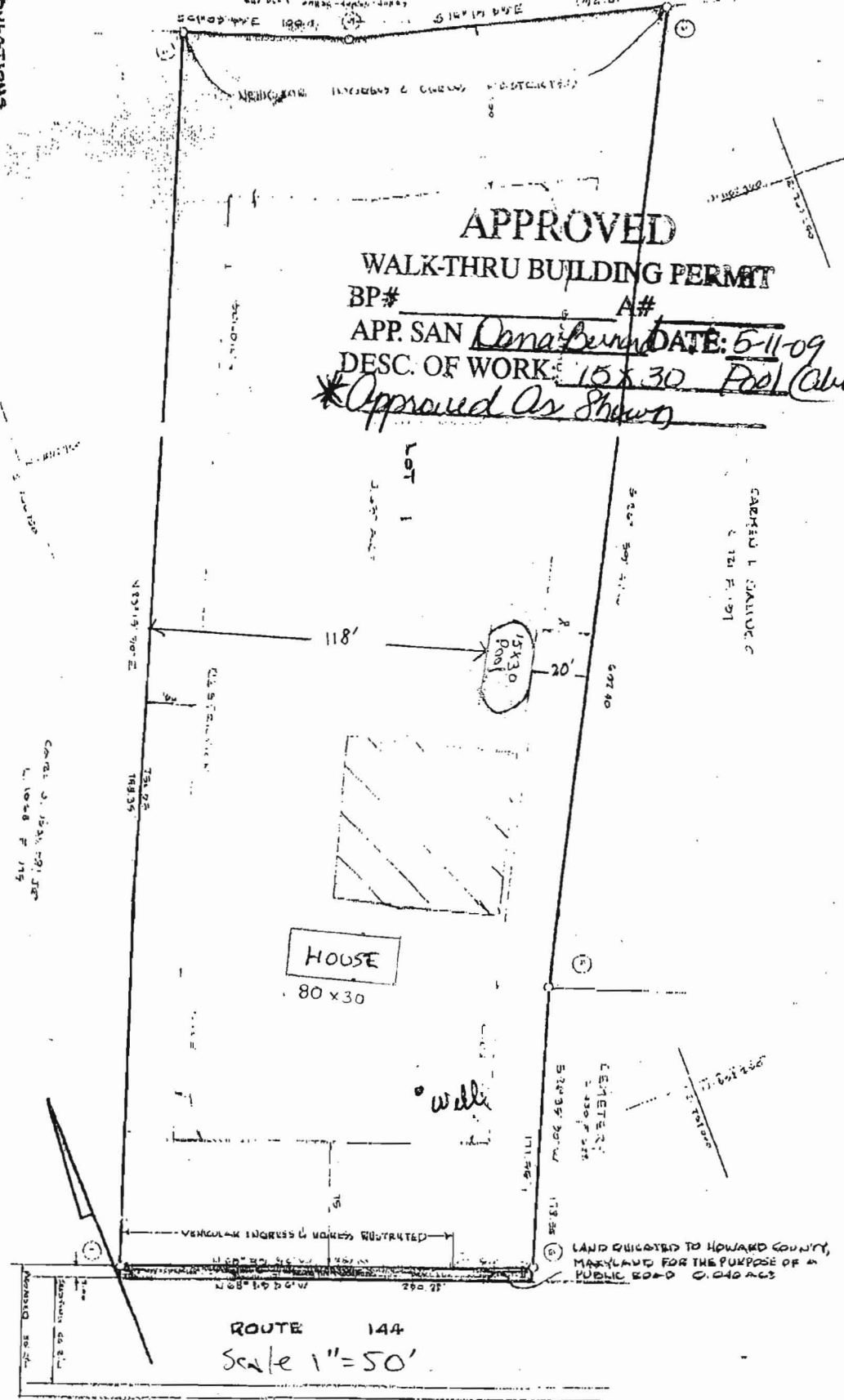
AGENCY	DATE	SIGNATURE	APPROVAL	3025 SPECIAL INFORMATION	PROPERTY ID
Local Development DEZ				Front	Filing fee \$
State Highway				Back	Permit fee \$
Building Official				Side	Exam fee \$
Dev/Engineering DEZ				Other	Other fee \$
Health				Minimum setbacks met?	TO MAX FEES \$
Fire Protection				YES NO	Sub total fee \$
Soil/Seismic Control approval required prior to issuance?				Is Erosion Control required?	Balance fee \$
YES NO				YES NO	Check fee \$
				Home District	Validation \$
				YES YES NO NO	
				Is coverage for New Home Loan	
				SDP/Red-line approval date	Accepted by
CONTINGENCY CONSTRUCTION STAMP ONE STOP SHOP					
Distribution of Copies: White: Building Official (Green: LDD, DEZ, Yellow: DEZ, DEZ, Final: Health, Gold: SSA (Green: Building Official Application)					

STATE OF MARYLAND  
 DEPARTMENT OF GENERAL SERVICES  
 LAND ACQUISITION

LAND CAMP NO. 2462

ROUTE I-10

ROUTE 144  
 Scale 1" = 50'



**APPROVED**  
**WALK-THRU BUILDING PERMIT**

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN Cona Bern DATE: 5-11-09  
 DESC. OF WORK: 15x30 Pool (Above Ground)  
 \*Approved As Shown

**NOTES:**

1. SUBJECT PROPERTY CORNER 2
2. CORNER 2
3. THE LOT BOUNDARY AS SHOWN
4. SHOWN ON THE PERMITS
5. THE PERMITS ARE SUBJECT TO THE
6. APPROVAL OF THE STATE DEPT. OF
7. GENERAL SERVICES
8. THE PERMITS ARE SUBJECT TO THE
9. APPROVAL OF THE STATE DEPT. OF
10. GENERAL SERVICES
11. THE PERMITS ARE SUBJECT TO THE
12. APPROVAL OF THE STATE DEPT. OF
13. GENERAL SERVICES
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16. GENERAL SERVICES
17. THE PERMITS ARE SUBJECT TO THE
18. APPROVAL OF THE STATE DEPT. OF
19. GENERAL SERVICES
20. THE PERMITS ARE SUBJECT TO THE
21. APPROVAL OF THE STATE DEPT. OF
22. GENERAL SERVICES

STATE DEPT. OF ASSESSED  
 HOWARD COI  
 DATE: 10/1/09  
 RECEIVED BY: [Signature]

**TRANSLATIONS**  
 1. THE AREA OF THE PERMIT IS 1,000 SQ. FT.  
 2. THE AREA OF THE PERMIT IS 1,000 SQ. FT.  
 3. THE AREA OF THE PERMIT IS 1,000 SQ. FT.  
 4. THE AREA OF THE PERMIT IS 1,000 SQ. FT.

**REQUIREMENTS CERTIFICATE**  
 I HEREBY CERTIFY THAT THE FINAL PLAN SHOWING HEREON IS CORRECT, THAT IT IS A TRUE AND FAITHFUL COPY OF THE ORIGINAL PLAN AS SUBMITTED TO THE OFFICE OF THE REGISTERED PROFESSIONAL ENGINEER, AND THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF MARYLAND.

**REGISTRATION FOR INDIVIDUALS**  
 I, THE UNDERSIGNED, AS OFFICER OF THE REGISTERED PROFESSIONAL ENGINEER, HEREBY ACCEPT THE RESPONSIBILITY OF THE REGISTRATION OF THE SUBJECT PROPERTY, AND I HEREBY CERTIFY THAT THE SUBJECT PROPERTY IS IN COMPLIANCE WITH THE REQUIREMENTS OF THE REGISTERED PROFESSIONAL ENGINEER, AND THAT I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF MARYLAND.

**NUSSERY LOT**  
 4th ELECTION DISTRICT  
 NOV 02/1

