

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

Building Address 15913 Willis Way
Woodbine 21797

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

Census Tract _____ Subdivision Waterford Farms

Section _____ Area _____ Lot 28

Tax Map 20 Parcel 139 Grid 12

Zoning _____ Map Coordinates 8 F-L Lot size _____

Property Owner's Name Bennie + Martha Prats

Address 15913 Willis Way

City Woodbine State MD Zip Code 21797

Phone 410-489-4205 Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use SFD + Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground Pool 12x37
in rear yard w/ 48" high fence
to code

Contractor Company Maryland Pool Inc

Contact Person Joanne Latham

Address 9515 Gerwig Lane

City Columbia State MD Zip Code 21046

License No. 6694

Phone 410-975-6600 Fax _____

Occupant or Tenant _____

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 ☐

1st floor: _____

2nd floor: 3-6

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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

J. Latham
Applicant's Signature

J. Latham
Print Name

Agent
Title/Company

10-22-08
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	<u>10-22-08</u>	<u>Dana Bernard</u>
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 _____

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____

Rev. 11/4/04

Distribution of Copies-
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

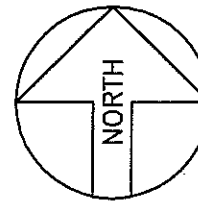
Yellow: DED, DPZ

Pink: Health

Gold: SHA

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

PRIVATE WELL
& SEPTIC



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-SWIM
WWW.MARYLANDPOOLS.COM

APPROVED

WALKTHRU BUILDING PERMIT
A#
APPROVED BY: Dana Bernard DATE: 10-22-08
TYPE OF WORK: 21' x 37' Pool
In Ground

POOL STATISTICS

SIZE/SHAPE: 21'-6" x 37' - TRADEWINDS (NON-DIVING)
POOL AREA: 650 SPA: OTHER: 12
TOTAL AREA: 662
PERIMETER: 105 SPA:
GALLONAGE: 21,125 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS: MILES: 0.00 MAP # 8
32-W TO L/T ON BURTWOOD CROSSING, FOLLOW TO RT.97-R/T
-L/T ON UNION CHAPEL STOP L/T ON DAISY - GO 1 MILE
TO L/T INTO CATTAIL TRACE. GO RIGHT & FOLLOW TO L/T ON
WILLIS WAY, HOUSE ON LEFT CUL-DE-SAC.
NOTE: NEW NEIGHBORHOOD-MAY NOT BE ON MAP OR GPS.
GRID F-6

Martha & Bennie Prats
15913 Willis Way
Woodbine, Maryland 21797
Howard County

HOME PHONE: 410-489-4205
OFFICE PHONE:
CELL PHONE:
OTHER PHONE: 240-543-4335

LOT: 28	SUBDIVISION NAME: WATERFORD FARMS	DISTRICT: 04	PIN # 367944
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 00/00/00	JOB NUMBER: DW08-9740
			SHEET #: 1.0

REVISION:

PERMIT NUMBERS

POOL:
ELECT:
OTHER:

PERMIT SET
DATE: 10-21-08

NOTE:
WALLS OVER 35" HIGH REQUIRE
SEPERATE PERMIT BY OWNERS
CONTRACTOR

TYP. OF 105 Ln.Ft., OF WALLS
(BY OWNERS WALL CONTRACTOR)

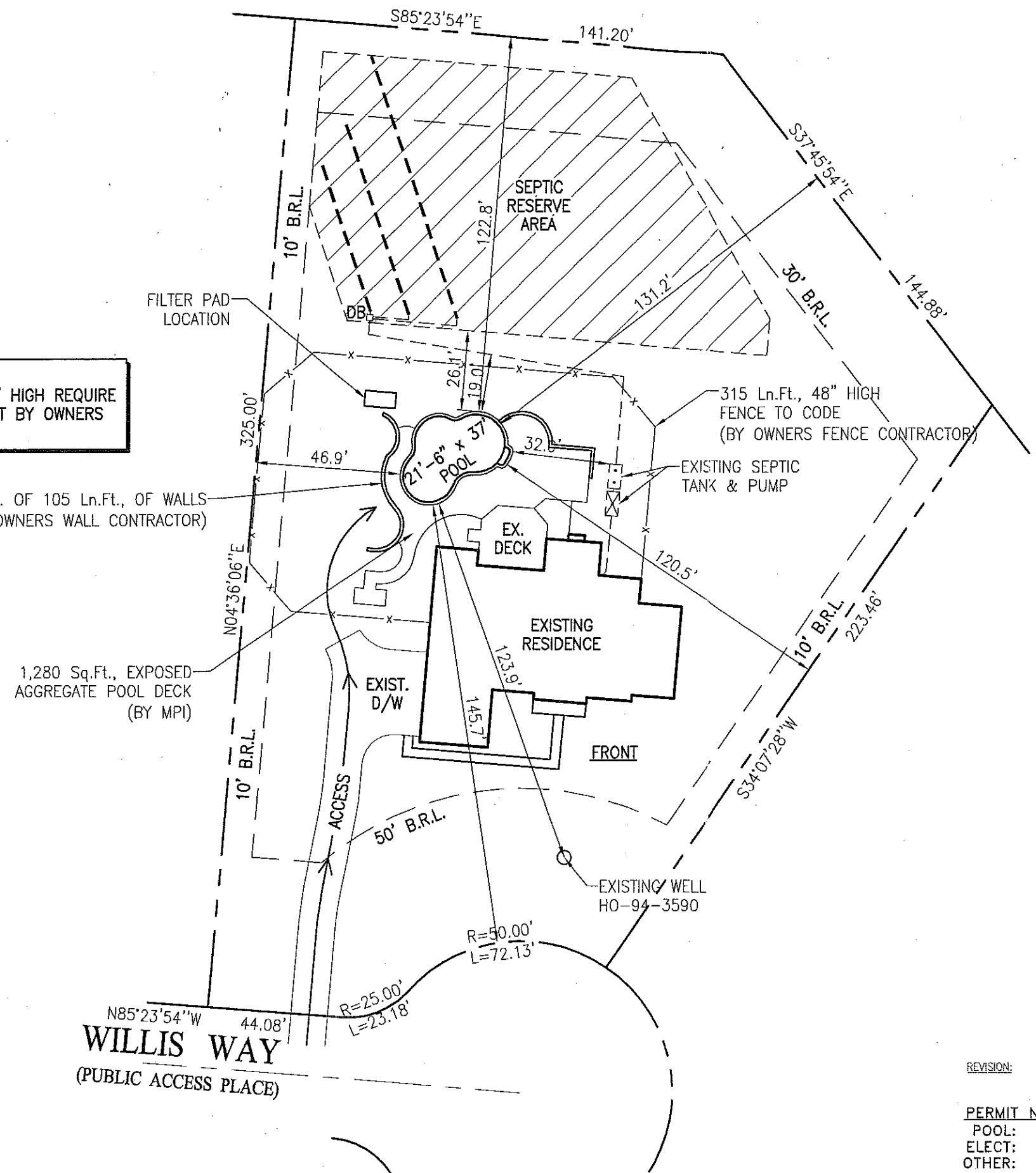
1,280 Sq.Ft., EXPOSED
AGGREGATE POOL DECK
(BY MPI)

SITE PLAN

1"=40'
LOT # 28

WATERFORD FARMS
TAX ACCOUNT # 367944
MAP 20, GRID 12, PARCEL 139
ELECTION DISTRICT: 04
HOWARD COUNTY, MARYLAND

WILLIS WAY
(PUBLIC ACCESS PLACE)



6000087.5

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B 00 152395 KJB																
Building Address <u>15913 Willis Way</u> <u>Woodbine MD 21797</u> Suite/Apt. #: <u>TAXID # 04-307944</u> SDP/WP/Petition #:		Property Owner's Name <u>Tell MD II LP</u> Address <u>7164 Columbia Gateway Dr #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> Home Phone _____ Work Phone <u>410-489-6292</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____																	
Census Tract <u>604002</u> Subdivision <u>Waterford Farms</u> Section _____ Area _____ Lot <u>28</u> Tax Map <u>20</u> Parcel <u>139</u> Grid <u>6</u> Zoning <u>RCD1-2</u> Map Coordinates <u>807</u> Lot size _____		Contractor Company <u>Tell MD II LP</u> Contact Person <u>Nathan Beidle</u> Address <u>7164 Columbia Gateway Dr #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> License No. <u>678</u> Phone <u>410-489-6292</u> Fax <u>410-489-6293</u>																	
Existing Use <u>Vacant Lot</u> Proposed Use <u>Residential Home</u> Estimated Construction Cost \$ <u>325,000</u> Description of Work <u>Home with 2 story addition and swimming pool</u>		Engineer or Architect Company <u>FSH Associates</u> Contact Person <u>Zach</u> Address <u>8318 Forest St</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410-750-2251</u> Fax <u>410-750-7350</u>																	
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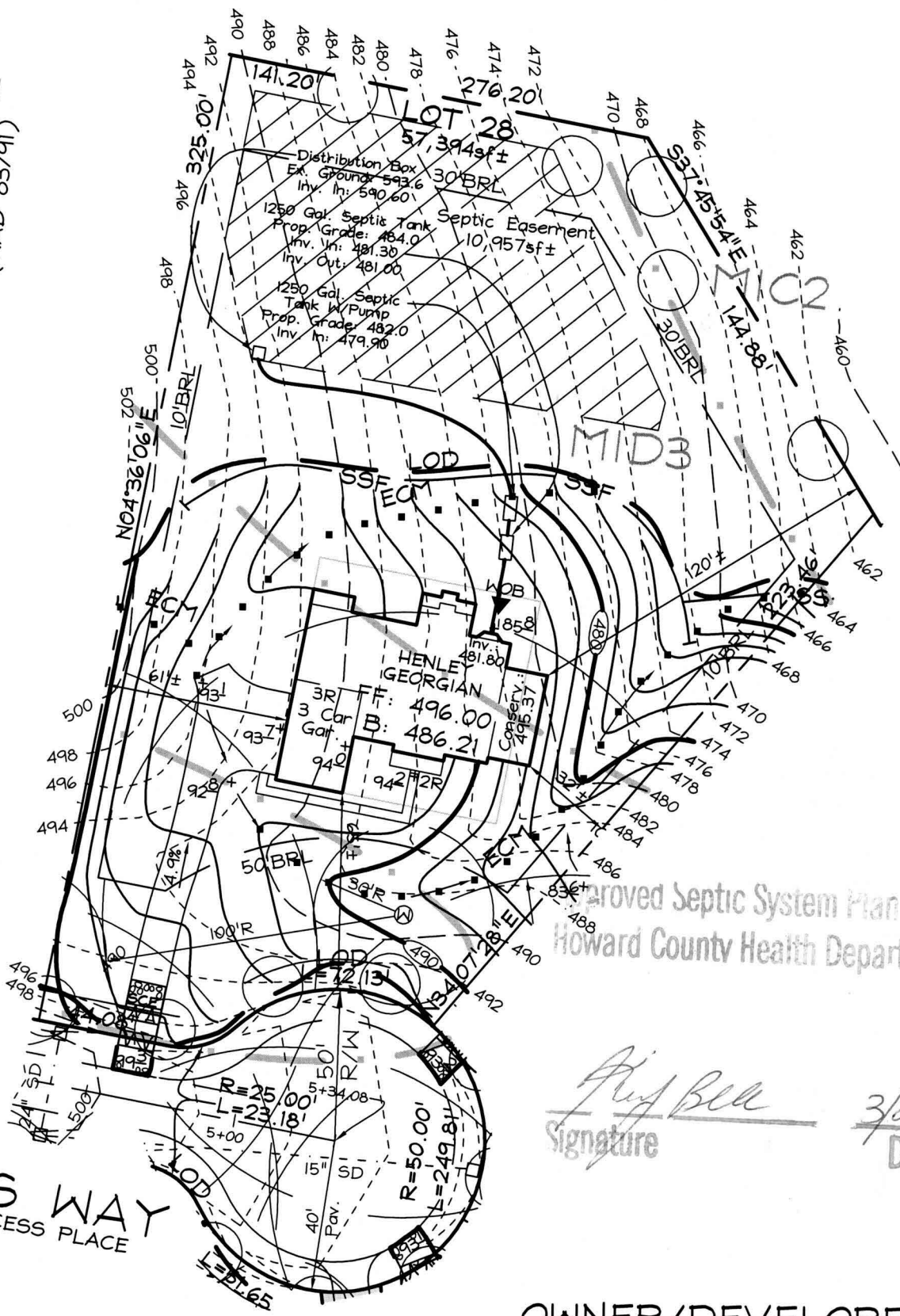
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Applicant's Signature Nathan Beidle Print Name Nathan Beidle
Title/Company _____ Date 2/29/05

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: _____	64770
State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>3/21/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>08353546</u>
				Validation # <u>958-4</u>

Maryland State Grid (NAD 83/91)



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
3/21/05
Date

OWNER/DEVELOPER
Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3590) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: AY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Feb. 23, 2004
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE
LOT 28
CATTAIL TRACE

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND