

Building Address: <u>4935 Valley View Overlook</u> <u>Ellicott City, MD 21043</u>		Property Owner's Name: <u>William Stewart</u>	
Suite/Apt. #: _____ SDP/WP/BA #: _____		Address: <u>4935 Valley View Overlook</u>	
Census Tract: _____ Subdivision: <u>Howard County</u>		City: <u>Ellicott City</u> State: <u>MD</u> Zip Code: <u>21043</u>	
Section: _____ Area: _____ Lot: <u>33</u>		Home Phone: _____ Work Phone: _____	
Tax Map: <u>0029</u> Parcel: <u>0028</u> Grid: <u>0009</u>		Applicant's Name & Mailing Address, (If other than stated herein): _____	
Zoning: _____ Map Coordinates: <u>0029</u> Lot Size: _____		Phone: _____ Fax: _____	
Existing Use: _____		Email: _____	
Proposed Use: _____		Contractor Company: <u>Mature Construction Ser.</u>	
Estimated Construction Cost: \$ <u>\$10,000</u>		Contact Person: <u>Rick Matney</u>	
Description of Work: <u>Deck of Rear</u>		Address: <u>P.O. Box 1018</u>	
Occupant or Tenant: _____		City: <u>MD</u> State: <u>MD</u> Zip Code: <u>21771</u>	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		License No.: <u>89780</u>	
Contact Name: <u>Rick Matney</u>		Phone: <u>301-854-4812</u> Fax: <u>410-635-2964</u>	
Address: <u>P.O. Box 1018</u>		Email: <u>Rick@matneyconstruction.com</u>	
City: <u>MD</u> State: <u>MD</u> Zip Code: <u>21771</u>		Engineer/Architect Company: _____	
Phone: <u>301-854-4812</u> Fax: <u>410-635-2964</u>		Responsible Design Prof.: _____	
Email: <u>Rick@matneyconstruction.com</u>		Address: _____	
		City: _____ State: _____ Zip Code: _____	
		Phone: _____ Fax: _____	
		Email: _____	

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input checked="" type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): <u>422</u>	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> Manufactured Home	

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: Rick Matney Print Name: Rick Matney
Email Address: Rick@matneyconstruction.com Date: 6/21/12
Title/Company: President, Mature Construction

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/21-12</u>	<u>Heidi Scott</u>
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

1. THE LIFT SHOWY PICTURE WAS REPRODUCED IN 125 COPIES TO BE OFFERED TO THE BIDDERS FOR LOT DISPOSITION. LOT 125 WAS REPRODUCED.

- [illegible]

[illegible]

6511103

مجلسه اول در روز شنبه ۱۳۰۲

DESC. OF WORK deck as shown

Building Address: 4935 VALLEY VIEW OVERLOOK

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 33

Tax Map: 29 Parcel: 28 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 1.02 AC

Existing Use: SED

Proposed Use: SFD

Estimated Construction Cost: \$ 20,000.00

Description of Work: Construct 20x40 ft. ground concrete pad & fence to code.

Occupant or Tenant: Home owner

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: WILLIAM & MELISSA STEWART

Address: 4935 VALLEY VIEW OVERLOOK

City: ELlicott City State: MD Zip Code: 21047

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
MARK SHAFFERY

Phone: 410 808 2505 Fax: _____

Email: MARK@ELITEPOOLS.COM

Contractor Company: ELITE POOLS

Contact Person: MIKE SHAFFERY

Address: 1503 WINDWOOD RD

City: 2EL AVE State: MD Zip Code: 21045

License No.: MHC 71753

Phone: 410 663 7946 Fax: _____

Email: MIKE@ELITEPOOLS.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: _____	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms: _____	<input type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: Mark Shaffery

Email Address: MARK@ELITEPOOLS.COM

Elite Pools

Title/Company: _____

Print Name: MARK SHAFFERY

Date: MARCH 29 2012

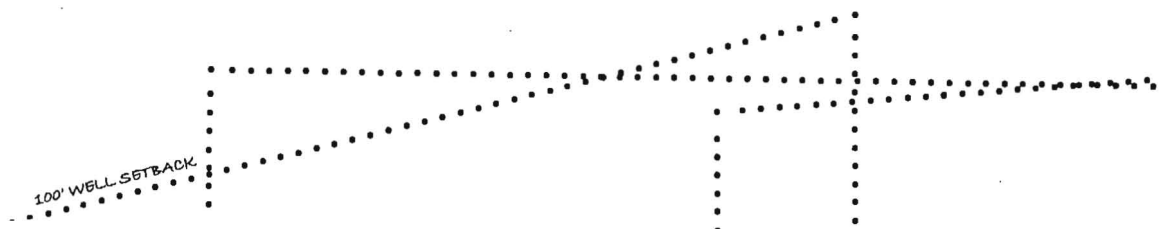
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/29/12	ufair
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

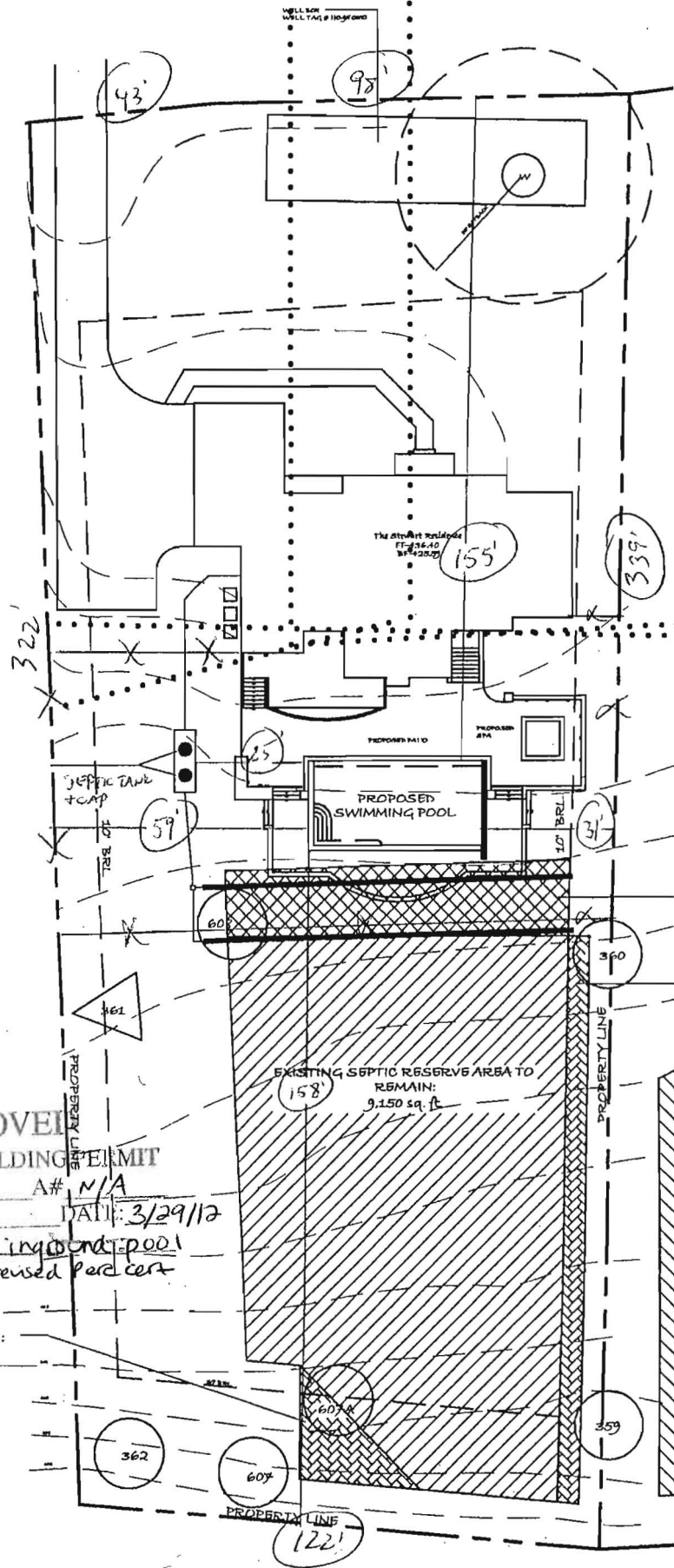


05-441641

4935 Valley View Overlook
 Ellicott City Maryland 21042
 Patient's choice

Lot 33 parcel 28 grid 0009
 map 29

SCALE 1"=30'
 XX = FENCE



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# N/A
 AP# SAN 148 DATE: 3/29/12
 DESC. OF WORK: in-ground pool
 as shown & see revised perc cert

POSSIBLE RELOCATION AREA:
 375 sq. ft.



CLEARWATER

REVISED PERC CERT

G-9534

B06000887

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

Building Address 4935 Valley View overlook
Ellicott City, MD 21042
Suite/Apt. #: 05-441641 SDP/NWP/Petition #: 417592
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 33
Tax Map 29 Parcel 28 Grid 9
Zoning RCDP Map Coordinates _____ Lot size 44736 ID

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 _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work _____

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. 7072
Phone _____ 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 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	

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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
✓ Land Development DPZ		
✓ State Highway		
✓ Building Official		
✓ Dev. Engineering DPZ		
✓ Health	<u>7/16/06</u>	<u>Rachna Datta</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>723434</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

Rev. 11/4/04