

B1100022

Building Address: 4308 BUCKSKIN WOOD DR.  
ELLCOTT CITY MD 21042

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD

Proposed Use: DECK

Estimated Construction Cost: \$ 11,000

Description of Work: 15' X 12' DECK WITH  
SHAPED DECK WITH STOPS  
TO GROUND.

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: PAUL CARODANO

Address: 4308 BUCKSKIN WOOD DR

City: ELLCOTT CITY State: MD Zip Code: 21042

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: CLASSIC DESIGN GROUP INC

Contact Person: LUIS SALDANHA

Address: 6433 WOODBINE RD

City: WOODBINE State: MD Zip Code: 21797

License No.: 83116

Phone: (410) 549 5050 Fax: (410) 549 5449

Email: LUIS.SALDANHA@HOTMAIL.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
<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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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 checked="" 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: LUIS SALDANHA Print Name: LUIS SALDANHA

Email Address: \_\_\_\_\_ Date: 4/14/11

Title/Company: \_\_\_\_\_

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	4/14/11	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> 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	\$



Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

Building Address: 4308 Buckskin Wood Dr  
Ellicott City 21042

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Buckskin Ridge

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 35

Tax Map: 22 Parcel: 77 Grid: 21

Zoning: \_\_\_\_\_ Map Coordinates: 9K-12 Lot Size: \_\_\_\_\_

Existing Use: SEF

Proposed Use: SEF + Pool

Estimated Construction Cost: \$ 25,000

Description of Work: Engraved concrete pool 28'x39' in rear yard w/48" high fence

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Paul + Doria Capodanno

Address: 4308 Buckskin Wood Dr

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 443622-3850 Work Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Maryland Pools

Contact Person: Joanne Latham

Address: 9515 Gerwig Lane

City: Columbia State: \_\_\_\_\_ Zip Code: 21046

License No.: 6694

Phone: 410-995-6600 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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
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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"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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 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"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: [Signature] Print Name: Joanne Latham

Email Address: \_\_\_\_\_ Date: 2-24-11

Title/Company: Maryland Pools

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>3/1/11</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> 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: \_\_\_\_\_

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

POOL LOCATION:  
APPROVED PER HEIDI  
OCTOBER 2010

9515 GERWIG LANE | 11166 MAIN STREET  
SUITE 121 | SUITE 402  
COLUMBIA, MD 21046 | FAIRFAX, VA 22030  
410-995-6600 | 703-359-7192  
800-252-SWIM  
WWW.MARYLANDPOOLS.COM

DIRT/GRADING: HAUL - 1 HOUR (IN CONTRACT)  
SPA: 50 SF W/6 JTS, LED LGHT & BLWR  
RAISED BEAM: 12" HIGH FACED W/CULTURED STONE (18 SF)  
TILE: C-30  
COPING: 12" PA FULL RANGE FLAGSTONE  
PLASTER: PEBBLETEC (TAHOE BLUE)  
FILTER SYS: C&C 420 SF CART. W/INTELLIFLO VS-3050  
CLEANING SYS: PCC 2000  
TREATMENT SYS: MINERAL SPRINGS  
CONTROL SYS: EASY 3 (POOL/SPA)  
HEATER: 400K BTU (NATURAL GAS)  
LIGHTS: (2) LED WATTS: 300 VOLTS: 120  
LOVESEAT: (1) @ 8'-6" W/STEP (OUTSIDE)  
AQUA BENCH: NONE  
RAIL GOODS: NONE  
DECKING: BY OWNERS DECK CONTRACTOR  
FENCE: BY OWNERS FENCE CONTRACTOR  
POOL COVER: NONE TYPE: N/A  
CHEMICALS: \$50 CHEMICAL ALLOWANCE  
OTHER ITEMS: SPA RAISED 18" FACED W/CULTURED STONE (BY OTHERS); (3) TOPVIEW 9"x9" NAT. TURTLES;  
2ND STEP TANNING LEDGE (45 SF); WATERFALL PREP W/PUMP;  
ELECTRIC: 900 FT. (TRI-STAR)

SIZE/SHAPE: 28' x 39' - CUSTOM  
POOL AREA: 700 SPA: 50 OTHER: 16  
TOTAL AREA: 766  
PERIMETER: 125 SPA: 25  
GALLONAGE: 28,785 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS:	MILES: 000	MAP #
32 WEST TO L/T ONTO LINDEN CHURCH RD., FOLLOW TO R/T ONTO TEN OAKS RD. FOLLOW TO R/T ONTO FOLLY QUARTER RD. ④ CIRCLE. FOLLOW TO R/T ONTO BUCKSKIN LAKE DR. FOLLOW TO R/T ONTO BUCKSKIN WOOD DR. FOLLOW TO SITE ON RIGHT.		9
		GRID
		K-12

HOME PHONE:  
OFFICE PHONE:  
CELL PHONE 1: 443-622-3850 (Doria)  
CELL PHONE 2:

LOT: 35	SUBDIVISION NAME: BUCKSKIN RIDGE	DISTRICT: 05	PIN # 437059
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: JLR	DATE: 2/23/11	JOB NUMBER: JC10-10114
			SHEET #: 1.0

WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# P527906  
APR SAN HS DATE: 2-2  
DESC. OF WORK: inground  
pool as showers

ELECTION DISTRICT: 05  
HOWARD COUNTY, MARYLAND

POOL:  
ELECT:  
OTHER:

DATE: 2-23-11

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

POOL LOCATION:  
APPROVED PER HEIDI  
OCTOBER 2010

## PRIVATE WELL & SEPTIC



# Maryland POOLS

9515 GERWIG LANE SUITE 121 COLUMBIA, MD 21046 410-995-6600	11166 MAIN STREET SUITE 402 FAIRFAX, VA 22036 703-359-7192
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800-252-SWIM  
WWW.MARYLANDPOOLS.COM

## EQUIPMENT LIST

**DIRT/GRADING:** HAUL - 1 HOUR (IN CONTRACT)  
**SPA:** 50 SF W/6 JTS, LED LGHT & BLWR  
**RAISED BEAM:** 12" HIGH FACED W/CULTURED STONE (18 SF)  
**TILE:** C-30  
**COPING:** 12" PA FULL RANGE FLAGSTONE  
**PLASTER:** PEBBLETEC (TAHOE BLUE)  
**FILTER SYS:** C&C 420 SF CART. W/INTELLIFLO VS-3050  
**CLEANING SYS:** PCC 2000  
**TREATMENT SYS:** MINERAL SPRINGS  
**CONTROL SYS:** EASY 3 (POOL/SPA)  
**HEATER:** 400K BTU (NATURAL GAS)  
**LIGHTS:** (2) LED **WATTS:** 300 **VOLTS:** 120  
**LOVESEAT:** (1) @ 8'-6" W/STEP (OUTSIDE)  
**AQUA BENCH:** NONE  
**RAIL GOODS:** NONE  
**DECKING:** BY OWNERS DECK CONTRACTOR  
**FENCE:** BY OWNERS FENCE CONTRACTOR  
**POOL COVER:** NONE **TYPE:** N/A  
**CHEMICALS:** \$50 CHEMICAL ALLOWANCE  
**OTHER ITEMS:** SPA RAISED 18" FACED W/CULTURED  
 STONE (BY OTHERS); (3) TOPVIEW 9"x9" NAT. TURTLES;  
 2ND STEP TANNING LEDGE (45 SF); WATERFALL PREP  
 W/PUMP;  
**ELECTRIC:** 200 FT. (TRI-STAR)

## POOL STATISTICS

SIZE/SHAPE: 28' x 39' - CUSTOM	
POOL AREA: 700	SPA: 50 OTHER: 16
TOTAL AREA: 766	
PERIMETER: 125	SPA: 25
GALLONAGE: 28,785	DEPTH: 3'-0" TO 8'-0"

### DIRECTIONS TO SITE

DIRECTIONS: MILES: 000  
32 WEST TO L/T ONTO LINDEN CHURCH RD., FOLLOW TO R/T  
ONTO TEN OAKS RD. FOLLOW TO R/T ONTO FOLLY QUARTER RD.  
@ CIRCLE. FOLLOW TO R/T ONTO BUCKSKIN LAKE DR. FOLLOW  
TO R/T ONTO BUCKSKIN WOOD DR. FOLLOW TO SITE ON RIGHT.

MAP #

9

GRID
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K-12

Paul L. & Doria Capodanno  
4308 Bucksin Wood Drive  
Ellicott City, Maryland 21042  
Howard County

HOME PHONE:  
OFFICE PHONE:  
CELL PHONE 1: 443-622-3850 (Doria)  
CELL PHONE 2:

LOT: 35	SUBDIVISION NAME: BUCKSKIN RIDGE	DISTRICT: 05	PIN # 437059
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ZONE.	
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ONE

SCALE: 1"=40'	BY: J.L.R.	DATE: 2/23/11	JOB NUMBER: JC10-10114	SHEET #: 1.0
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APPROVED

TYP. OF 215 Ln.Ft., 48" HIGH  
FENCE TO CODE W/SELF CLOSING  
AND LATCHING GATES.  
(BY OWNERS FENCE CONTRACTOR)

WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# P527900  
APP SAN HB DATE: 2-2  
DESC. OF WORK: inground  
pool as shown

BUCKSKIN WOOD DRIVE  
(PUBLIC ACCESS STREET)

E

R=285.00'  
L=188.95'

## SITE PLAN

$$1'' = 40'$$

LOT # 35

BUCKSKIN RIDGE

TAX ACCOUNT # 437059  
MAP 22, GRID 21, PARCEL 77  
ELECTION DISTRICT: 05  
HOWARD COUNTY, MARYLAND

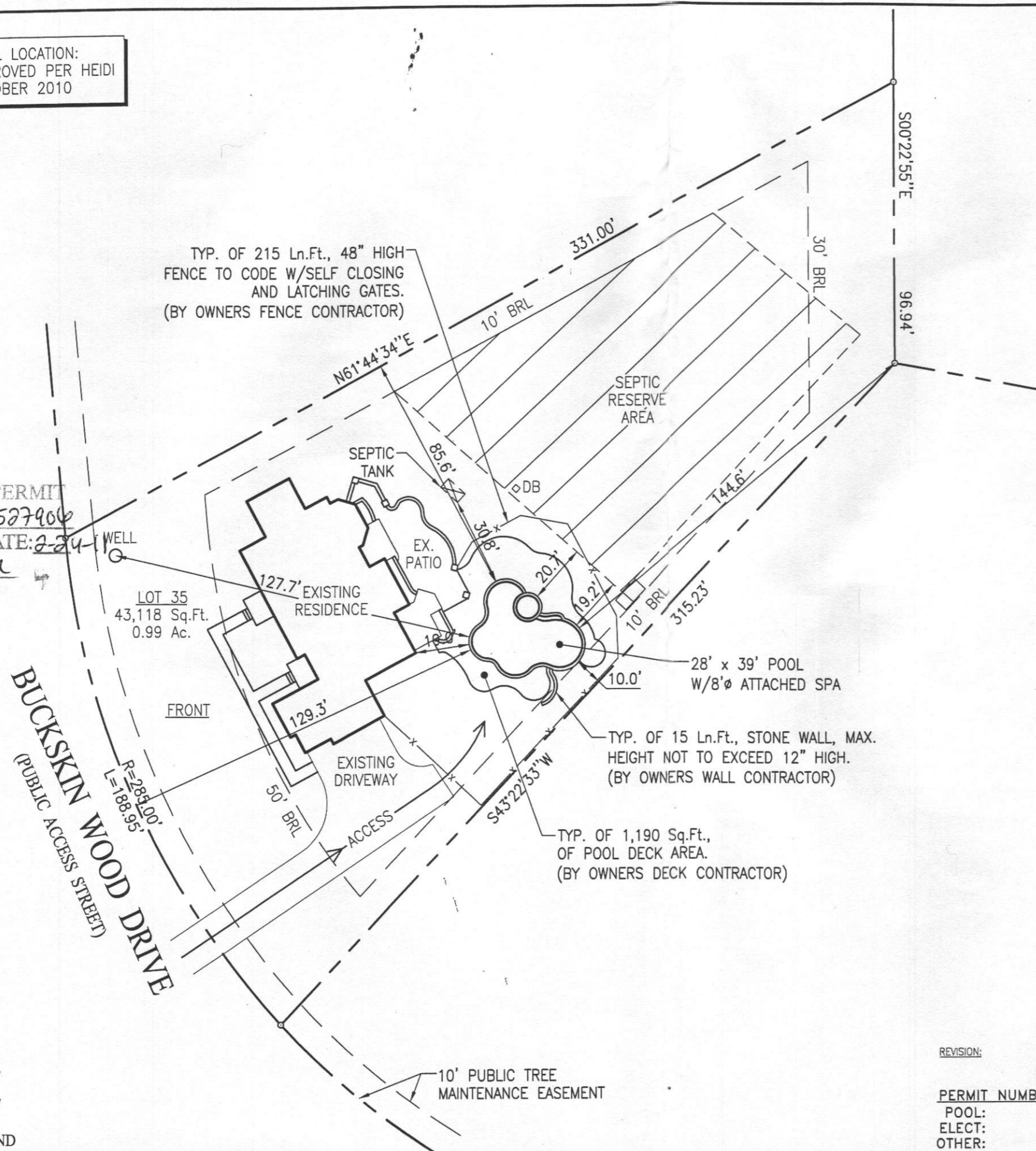
REVISION:

PERMIT NUMBERS

POOL:  
ELECT:  
OTHER:

PERMIT SET

DATE: 2-23-11



DEPT. 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	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b>
Building Address <u>4308 Buckstein Wood dr</u> <u>Ellicott City MD 21042</u>	Property Owner's Name <u>Paul + Doris Capodanno</u> Address <u>4308 Buckstein Wood dr</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>443-622-3850</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>35</u> Tax Map <u>22</u> Parcel <u>77</u> Grid <u>21</u> Zoning _____ Map Coordinates _____ Lot Size <u>43,118 sq ft</u>	Phone _____ Fax _____ Contractor Company <u>Manly and Sons</u> Contact Person <u>Bob Blacksch</u> Address <u>9515 Germantown ln #121</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> License No. _____ Phone <u>410-995-6600</u> Fax _____	
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>Interior swimming pool w/ fence + patio</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>Doris Capodanno</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL				
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <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         </td> <td style="width:50%; vertical-align: top;"> <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         </td> </tr> </table>	<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	<table border="0" style="width:100%;"> <tr> <td style="width:50%; 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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 [Signature] Print Name Don Cuckley  
 Email Address \_\_\_\_\_  
 Title/Company \_\_\_\_\_ Date 2-24-11

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**\*\*PLEASE WRITE NEATLY AND LEGIBLY\*\***

FOR OFFICE USE ONLY

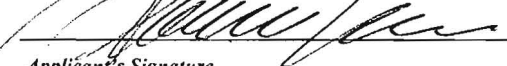
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____	
Health	<u>2-24-11</u>	<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?				Is Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
				Historic District?	Validation # _____	
				YES <input type="checkbox"/> NO <input type="checkbox"/>		
				Lot Coverage for New Town Zone		
				SDP/Red-line approval date	Accepted by _____	

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

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 308001573	
Building Address 4308 BUCKSKIN WOOD DR. DAYTON MD. 21042			Property Owner's Name PAUL CAPODANNO		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 4308 BUCKSKIN WOOD DR.		
Census Tract _____ Subdivision _____			City DAYTON State MD Zip Code 21042		
Section _____ Area _____ Lot _____			Phone (410) 274 4488 Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use SFD.			Contractor Company OUTDOOR CAPABILITY & DESIGN.		
Proposed Use S.F.D. DECK			Contact Person LUIS BALDERAMA.		
Estimated Construction Cost \$ 17,000.			Address 11292 SCAGSVILLE RD.		
Description of Work 15'x11' DECK WITH STEPS. 12'x7' DECK WITH STEPS STONE PATIO.			City LAUREL State MD Zip Code 20723		
Occupant or Tenant _____			License No. 83116.		
Contact Name _____			Phone (301) 6170808 Fax (301) 6170909.		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			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: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ 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"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> ____ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ ____ State Certified Modular ____ Manufactured Home	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" 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"/> ____ NFPA #13D ____ NFPA #13R ____ Other:

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 Applicant's Signature	Luis BALDERAMA Print Name
_____ Title/Company	_____ Date

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

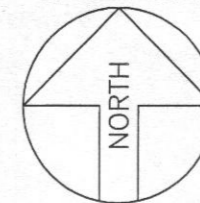
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State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health 5/29/08		R. B. Smith	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
Distribution of Copies- White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:Forms\PERMIT.FRM				Gold: SHA

# SETBACKS:

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

POOL LOCATION:  
APPROVED PER HEIDI  
OCTOBER 2010

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

## EQUIPMENT LIST

**DIRT/GRADING:** HAUL - 1 HOUR (IN CONTRACT)  
**SPA:** 50 SF W/6 JTS, LED LGHT & BLWR  
**RAISED BEAM:** 12" HIGH FACED W/CULTURED STONE (18 SF)  
**TILE:** C-30  
**COPING:** 12" PA FULL RANGE FLAGSTONE  
**PLASTER:** PEBBLETEC (TAHOE BLUE)  
**FILTER SYS:** C&C 420 SF CART. W/INTELLIFLO VS-3050  
**CLEANING SYS:** PCC 2000  
**TREATMENT SYS:** MINERAL SPRINGS  
**CONTROL SYS:** EASY 3 (POOL/SPA)  
**HEATER:** 400K BTU (NATURAL GAS)  
**LIGHTS:** (2) LED WATTS: 300 VOLTS: 120  
**LOVESEAT:** (1) @ 8'-6" W/STEP (OUTSIDE)  
**AQUA BENCH:** NONE  
**RAIL GOODS:** NONE  
**DECKING:** BY OWNERS DECK CONTRACTOR  
**FENCE:** BY OWNERS FENCE CONTRACTOR  
**POOL COVER:** NONE TYPE: N/A  
**CHEMICALS:** \$50 CHEMICAL ALLOWANCE  
**OTHER ITEMS:** SPA RAISED 18" FACED W/CULTURED STONE (BY OTHERS); (3) TOPVIEW 9"x9" NAT. TURTLES; 2ND STEP TANNING LEDGE (45 SF); WATERFALL PREP W/PUMP;  
**ELECTRIC:** 200 FT. (TRI-STAR)

## POOL STATISTICS

**SIZE/SHAPE:** 28' x 39' - CUSTOM  
**POOL AREA:** 700 **SPA:** 50 **OTHER:** 16  
**TOTAL AREA:** 766  
**PERIMETER:** 125 **SPA:** 25  
**GALLONAGE:** 28,785 **DEPTH:** 3'-0" TO 8'-0"

## DIRECTIONS TO SITE

**DIRECTIONS:** MILES: 0.00 MAP # 9  
32 WEST TO L/T ONTO LINDEN CHURCH RD., FOLLOW TO R/T ONTO TEN OAKS RD. FOLLOW TO R/T ONTO FOLLY QUARTER RD. @ CIRCLE. FOLLOW TO R/T ONTO BUCKSKIN LAKE DR. FOLLOW TO R/T ONTO BUCKSKIN WOOD DR. FOLLOW TO SITE ON RIGHT.

K-12

**Paul L. & Doria Capodanno**  
4308 Buckskin Wood Drive  
Ellicott City, Maryland 21042  
Howard County

**HOME PHONE:**  
**OFFICE PHONE:**  
**CELL PHONE 1:** 443-622-3850 (Doria)  
**CELL PHONE 2:**

LOT: 35	SUBDIVISION NAME: BUCKSKIN RIDGE	DISTRICT: 05	PIN #: 437059
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 2/23/11	JOB NUMBER: JC10-10114 SHEET #: 1.0

PERMIT SET

DATE: 2-23-11

REVISION:

PERMIT NUMBERS

POOL:  
ELECT:  
OTHER:

TYP. OF 215 Ln.Ft., 48" HIGH  
FENCE TO CODE W/SELF CLOSING  
AND LATCHING GATES.  
(BY OWNERS FENCE CONTRACTOR)

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# A# P527906  
APR SAN HS DATE: 2-24-11  
DESC. OF WORK: inground  
pool as shown

**BUCKSKIN WOOD DRIVE**  
(PUBLIC ACCESS STREET)

## SITE PLAN

1"=40'

LOT # 35

**BUCKSKIN RIDGE**

TAX ACCOUNT # 437059  
MAP 22, GRID 21, PARCEL 77  
ELECTION DISTRICT: 05  
HOWARD COUNTY, MARYLAND

LOT 35  
43,118 Sq.Ft.  
0.99 Ac.

FRONT

R=283.00'  
L=188.95'

50' BRL

EXISTING  
DRIVEWAY

ACCESS

10' PUBLIC TREE  
MAINTENANCE EASEMENT

SEPTIC  
TANK

EX.  
PATIO

127.7' EXISTING  
RESIDENCE

SEPTIC  
RESERVE  
AREA

DB

20.7'

19.2'

10.0'

28' x 39' POOL  
W/8'ø ATTACHED SPA

TYP. OF 15 Ln.Ft., STONE WALL, MAX.  
HEIGHT NOT TO EXCEED 12" HIGH.  
(BY OWNERS WALL CONTRACTOR)

TYP. OF 1,190 Sq.Ft.,  
OF POOL DECK AREA.  
(BY OWNERS DECK CONTRACTOR)

331.00'

10' BRL

30' BRL

S00°22'55"E

96.94'

85.6'

30.8'

10' BRL

315.23'

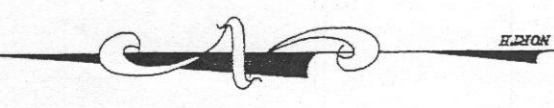
144.6'

S43°22'53"W

500°22'55"E 96.94'

LOT 35  
43,488 SQ. FT.

624  
626  
628  
630  
632  
634



SEPTIC AREA  
NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

WALK-THRU BUILDING PERMIT  
APPROVED  
BP# 808001573  
APP. SAN R. Biel  
DESC. OF WORK: 15'x11' Deck & Patio as shown  
DATE: 5/22/08



Septic Tank  
Castwell

1500 GAL SEPTIC TANK  
EX. GPD 641.80  
INV. IN 639.90

3 CAR GAR.  
3 CAR GAR.  
3 CAR GAR.  
3 CAR GAR.

NN (CUSTOM)  
FF 646.80  
B 636.61

CONSERV.

EXISTING HOUSE

3 CAR GAR.

NO DRIVEWAY CULVERT  
5' DIA. REQUIRED  
PER 105.51

DRIVE

SCALE: 1"=30'

EX. WELL  
HO 3195

639  
638

R=285.00'

L=188.96'

29+00

28+00

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

D07002394

Building Address 4308 Buckskin Wood Drive  
Ellicott City, MD 21042  
Suite/Apt. #: N.A. SDP/WP/Petition #: GP-07-30  
Census Tract 6051.01 Subdivision Buckskin Ridge  
Section N.A. Area N.A. Lot 35  
Tax Map 22 Parcel 77 Grid 21  
RR-DEO  
Zoning Map Coordinates 10 A-12 Lot size 43,118 sq. ft.

Existing Use Vacant Lot  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$200,000.00  
Description of Work 2 story "N-N" house  
5 FB, 1 HB, 5 BR, 10 Rm, 1 FP, 3 car gar.,  
Fin base. w/rec room and areaway

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

Property Owner's Name Columbia Builders, Inc.  
Address P.O. Box 999

City Columbia State MD Zip Code 21044  
Home Phone \_\_\_\_\_ Work Phone 410-730-3939  
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax 410-992-3020

Contractor Company Columbia Builders, Inc.  
Contact Person Dee Sparling

Address Same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 254  
Phone 410-730-3939 Fax 410-992-3020

Engineer or Architect Company Fisher, Carter & Collins

Contact Person Joey Edker

Address 10272 Baltimore Natl. Pike

City Ellicott City State MD Zip Code 21042

Phone 410-461-2885 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 3  
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
Pres./Owner Columbia Builders, Inc.  
Title/Company \_\_\_\_\_

B. James Greenfield

Print Name \_\_\_\_\_  
Date 6/15/07

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 7/17/07 J. SchipA. Gc  
☒ Fire Protection  
Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

DPZ SETBACK INFORMATION PROPERTY ID#  
Front: \_\_\_\_\_ Filing fee \$ 100.00  
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 # 3433  
Historic District? Validation # \_\_\_\_\_  
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ  
T:\Forms\PERMIT.FRM

Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_  
Yellow: DED, DPZ Pink: Health Gold: SHA

