



Walk thru Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 1304 HAY MEADOW LN
 City: JEKESVILLE State: MD Zip Code: 21784-000
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: PAA B
 Tax Map: 0009 Parcel: 0335 Grid: 0011
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SPD
 Proposed Use: _____
 Estimated Construction Cost: \$ 9000
 Description of Work: BUILD DECK WITH STAIRS ON END OF DECK 1200 47.4x 38.6
 Occupant or Tenant: irregular
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: JERICHO LLC
 Address: 9300 DUNCAN HALL DRIVE SUITE 102
 City: ELLSWORTH CITY State: MD Zip Code: 21042
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: ONEIL CONTRACTING
 Contact Person: THOMAS ONEIL
 Address: 769 208TH ST
 City: PATAPSCO State: MD Zip Code: 21122
 License No.: 121052
 Phone: 443-336-7028 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>10'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): <u>1200 SF DECK 110" STAIRS</u>	2 nd floor: _____
Use group: _____	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Grading Permit Number:</u>	
<u>Building Shell Permit Number:</u>	

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: _____
 Email Address: _____
 Title/Company: ONEIL CONTRACTING

Print Name: ROBERT L ONEIL
 Date: 7-31-13

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

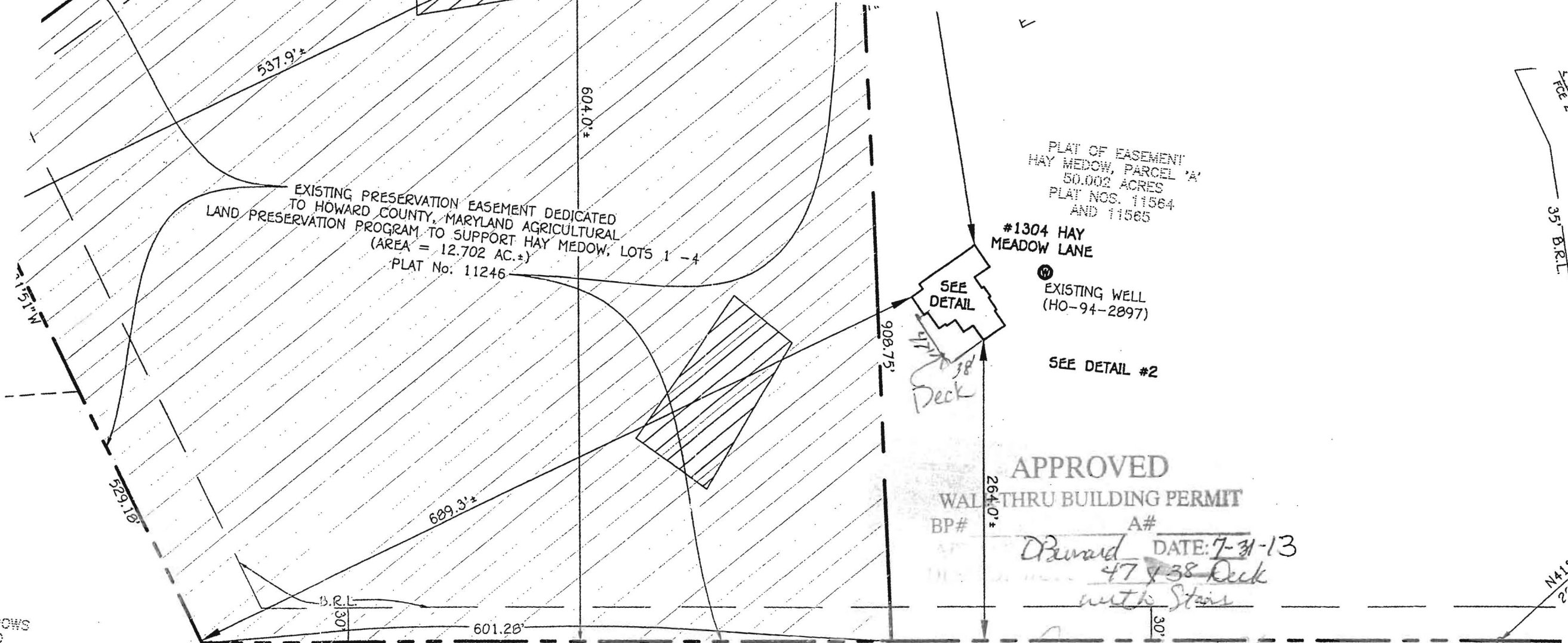
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7-31-13</u>	<u>Rana Bernard</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Check	#



ADOWS
WC
0288

LOT 14
COVENTRY MEADOWS
SECTION TWO
PLAT No. 10287

✱ Entire Plan was given to large to copy. Was able to view all lot lines.

LOT 15
COVENTRY MEADOWS
SECTION TWO
PLAT No. 10287

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10-14-14

To: Andrew Arnold
(Person's Name and Division)

From: Cumberland Co. Inc. Kelly Cumberland (301) 252-1123
(Your Name, Company Name and Telephone Number)

Subject: Project name Haymeadow Inv. Pool
Project site address 1304 Haymeadow Ln
Permit # B14003660 SDP # _____
Other information pertinent to this project _____

RECEIVED
OCT 13 2014
PLAN REVIEW DIVISION

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of site plan showing LP tank (be specific).
 Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Kelly Cumberland Telephone No: 301-252-1123
Please Print Name
E-Mail Address: Kecumberland@yahoo.co

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS ISSUED, THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS IT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS ECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. ING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.

COMMERCIAL REVISIONS #1

Project Name: 1304 Haymeadow Ln
Permit # B14-30600 Date: 10/14/14

Please date, initial, and advise project coordinator when last review is complete.

ASA/SLG _____
APH/JDH _____
DEC/MSS _____

revision # 1
cc: DPZ
DED
Health



Walk thru Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 1304 Hay Meadow Lane
City: Sylkesville State: _____ Zip Code: 21784
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Hay Meadow
Section: _____ Area: _____ Lot: B
Tax Map: 0009 Parcel: 0335 Grid: 0011
Zoning: _____ Map Coordinates: 469348 Lot Size: _____

Existing Use: SFO
Proposed Use: SFO + Pool
Estimated Construction Cost: \$ 25,000
Description of Work: Improve concrete pool 32' x 75' 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: Jericho LLC
Address: 1304 Hay Meadow LA
City: Sylkesville State: _____ Zip Code: 21784
Phone: 1410-982-8501 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Joanne Latham
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Maryland Pools
Contact Person: Bob Brooks
Address: 9515 Gerwig
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: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: J. Latham

Email Address: Maryland Pools

Date: 6-14

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	<u>6-12-14</u>	<u>[Signature]</u>

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	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Name: _____
Street Address: 1304 HAY MEADOW LN
City, State, Zip: SYKEVILLE MD 21784
Date: 12-4-13

Amendment, Permit # B13002905

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED
DEC 04 2013
LICENSES & PERMITS
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B13002905 at
1304 HAY MEADOW LN, SYKEVILLE, MD 21784 to
EXTEND DECK FROM 47.4 X 38.6 DECK/STAR
TO 47.4 X 42.6

Enclosed:

Fee: \$2500
 Plot Plans
 Sets of Construction Drawings
 Other: _____

INVOICE # 342875
CASH

If there is anything we can do to assist you, please let me know.

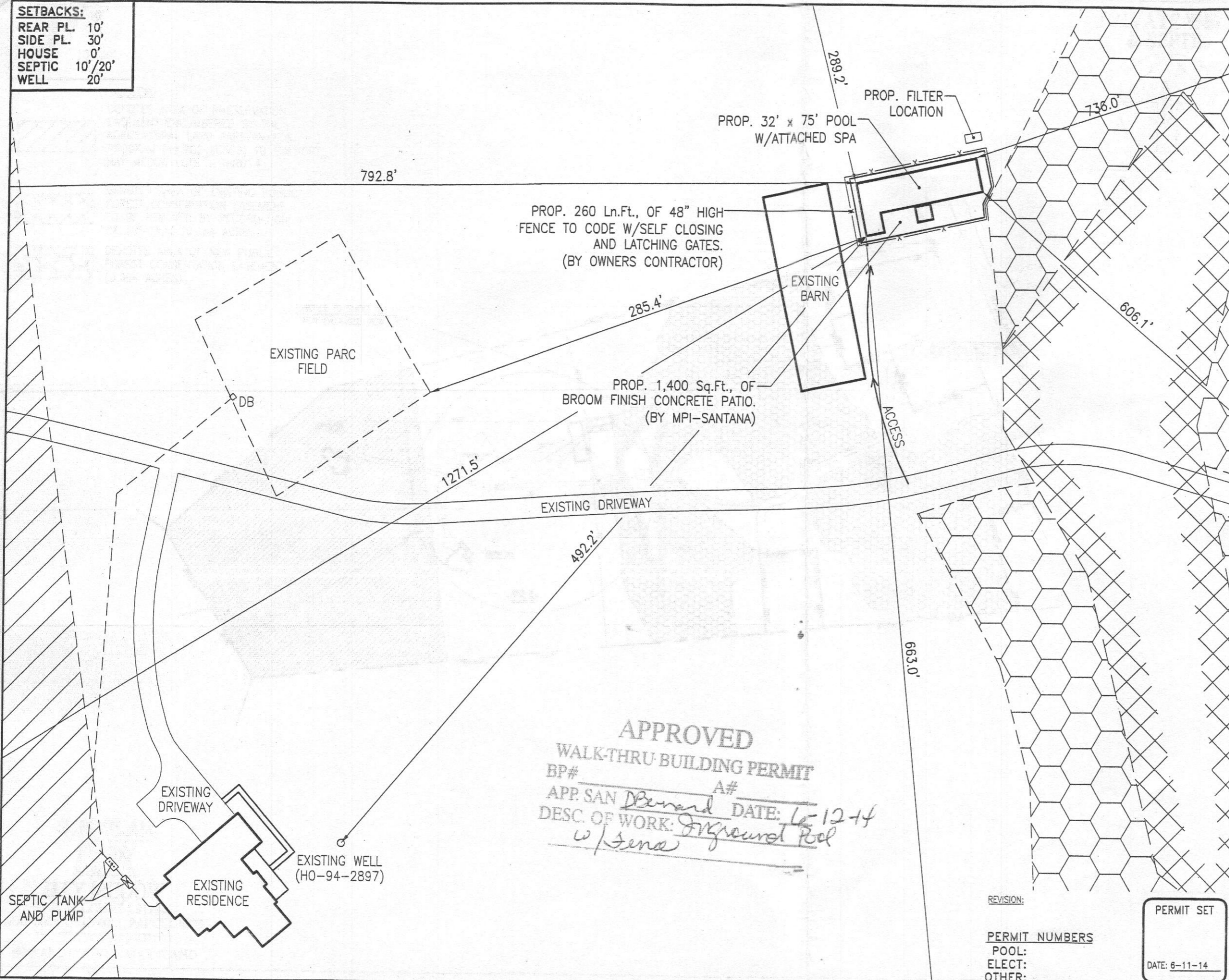
Sincerely,

CC: Health
DPZ
DED

Name: Robert O'Neil
Title: CONTRACTOR
Phone: 443-336-7028
Email: ONEILS759@VERIZON.NET

Amendment Letter

SETBACKS:
 REAR PL. 10'
 SIDE PL. 30'
 HOUSE 0'
 SEPTIC 10'/20'
 WELL 20'



Maryland POOLS Inc.

9515 GER WIG LANE
 SUITE 121
 COLUMBIA, MD 21046
 410-995-6600
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL (ON PROPERTY)
SPA: 80 Sq.Ft., W/9 JTS, 100W LGHT & BLW
RAISED BEAM: NONE
TILE: ME44
COPING: 9" R/N BRICK (STERLING GREY)
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/VS-3050
CLEANING SYS: PCC-2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: EASYTOUCH 8SPC
HEATER: 400K BTU (PROPANE)
LIGHTS: THREE **WATTS:** 300 **VOLTS:** 120
LOVESEAT: (1) @ 6' (INSIDE)
AQUA BENCH: NONE
RAIL GOODS: NONE
DECKING: 1,463 Sq.Ft., BROOM FINISH CONCRETE
FENCE: BY OWNERS CONTRACTOR
POOL COVER: NONE **TYPE:** N/A
CHEMICALS: \$150 CHEMICAL ALLOWANCE
OTHER ITEMS: 6' DIVING BOARD & STAND; LENS KIT; 2ND STEP TANNING LEDGE (110 SF); (8) 6"x6" TILE SPOTTERS (PER PLAN); EQUIPOTENTIAL BONDING GRID;
ELECTRIC: 277 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 32' x 75' - CUSTOM
POOL AREA: 1632 **SPA:** 80 **OTHER:**
TOTAL AREA: 1712
PERIMETER: 214 **SPA:** 36
GALLONAGE: 74,740 **DEPTH:** 3'-0" TO 9'-0"

DIRECTIONS TO SITE

DIRECTIONS: MILES: 000 **MAP #**
 RTE 70/W FROM RTE 695-EXIT #80 SYKESVILLE RD, RTE 32/N CROSS FREDERICK RD LEFT/ON HAY MEADOW (PRIVATE ROAD) BETWEEN 2 STONE PILLARS, FOLLOW PRIVATE ROAD ABOUT 1/4 MILE BACK TO BARN ON RIGHT. **4693**
GRID
H-8

Jericho, LLC
 1304 Hay Meadow Lane
 Sykesville, Maryland 21784
 Howard County

HOME PHONE: (410) 982-8501
 OFFICE PHONE:
 CELL PHONE 1:
 CELL PHONE 2:

PARCEL: B	SUBDIVISION NAME: HAY MEADOW	DISTRICT: 03	ACCT. NO.: 311872
SITE PLAN (ENLARGED VIEW)			ZONE: ONE
SCALE: 1"=60'	BY: JLR	DATE: 06/11/14	JOB NUMBER: DT14-10710 SHEET #: 1.1

APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *Benard* DATE: *6-12-14*
 DESC. OF WORK: *Inground Pool w/Spa*

REVISION:
 PERMIT SET
 DATE: 6-11-14



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 10-22-13

Permit No.: B/3003967

Building Address: 1304 Hay Meadow Ln
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 6D3000 Subdivision: Hay Meadow
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: DRS Construction LLC
 Address: 5300 Dorsey Hall Dr. Ste 102
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 443-367-0422 Fax: NA
 Email: aca

Existing Use: New Home under construction
 Proposed Use: Run gas log & cooktop
 Estimated Construction Cost: \$ \$1,000.00
 Description of Work: Install 250 gallon undergroud LP tank & run piping to house
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Same as above
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Cumberland Co. Inc
 Contact Person: Kelly Cumberland
 Address: 16391 A.E. Mullins Rd
 City: Woodbine State: MD Zip Code: 21797
 License No.: 61417
 Phone: 301-252-1123 Fax: 301-854-6883
 Email: Kecumberland@yahoo.com 6325

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Craw Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: Kelly Cumberland Print Name: Kelly Cumberland
 Email Address: Kecumberland@yahoo.com Date: 10-19-13
 Title/Company: Pres. Cumberland Co. Inc.

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>10/31/13</u>	<u>Debra Spill</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ <u>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1961</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 11/21/11

Permit No.: BH1003660

1304 Hwy Meadow Ln

Building Address: 1304 Hwy Meadow Ln
 City: _____ State: MD Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 500 sq ft
 Proposed Use: Installation of above ground tank & below ground piping for pool heater
 Estimated Construction Cost: \$ 1100
 Description of Work: Install above ground tank & below ground piping for pool heater

Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: John & Mary Smith
 Address: 1304 Hwy Meadow Ln
 City: _____ State: MD Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: John & Mary Smith
 Address: 1304 Hwy Meadow Ln
 City: _____ State: MD Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: ABC Contractors
 Contact Person: John Doe
 Address: 123 Main St
 City: _____ State: MD Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: _____ Print Name: _____
 Email Address: _____ Date: _____
 Title/Company: _____

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

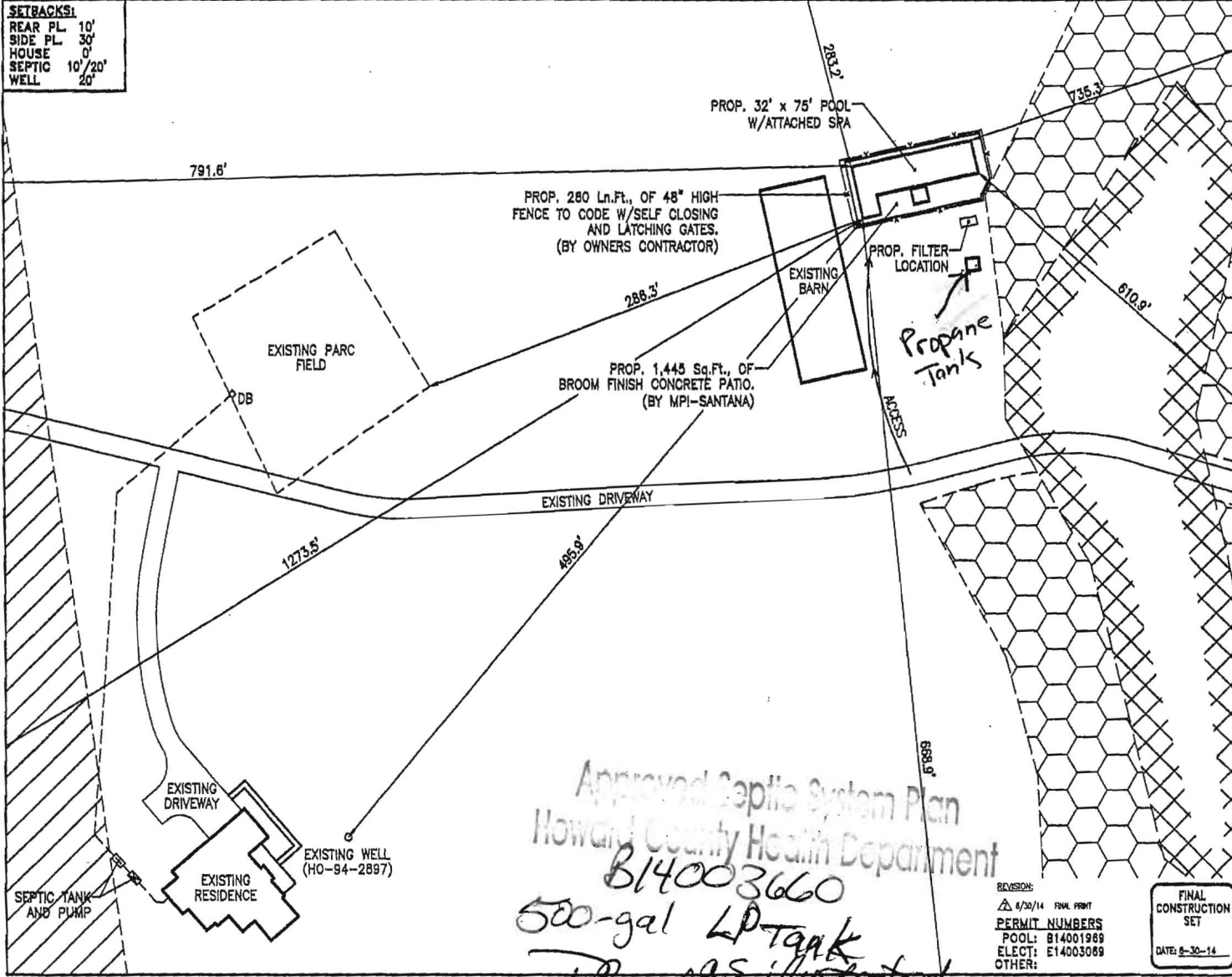
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/27/2011</u>	<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

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	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA Zoning Yellow: PSZA Engineering Pink: Health Gold: SHA

SETRACKS:
 REAR PL 10'
 SIDE PL 30'
 HOUSE 0'
 SEPTIC 10'/20'
 WELL 20'



Maryland POOLS Inc.

5515 ORR-WIG LANE
 SUITE 121
 COLUMBIA, MD 21046
 410-995-6669
 800-252-5704
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL (ON PROPERTY)
 SPA: 80 Sq.Ft., W/9 JTS, 100W LGHT & BLWR
 RAISED BEAM: NONE
 TILE: ME44
 COPING: 9" R/N BRICK (STERLING GREY)
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/V5-3050
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: EASYTOUCH B5PC
 HEATER: 400K BTU (PROPANE)
 LIGHTS: THREE WATTS 500 VOLTS: 120
 LOVESEAT: (1) @ 6' (INSIDE)
 AQUA BENCH: NONE
 RAIL GOODIE: NONE
 DECKING: 1,483 Sq.Ft., BROOM FINISH CONCRETE
 FENCE: BY OWNERS CONTRACTOR
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$150 CHEMICAL ALLOWANCE
 OTHER ITEMS: 6' DIVING BOARD & STAND; LENS KIT;
 2ND STEP TANNING LEDGE (110 SF); (8) 8"x8" TILE
 SPOTTERS (PER PLAN); EQUIPOTENTIAL BONDING GRID;
 ELECTRIC: 277 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 32' x 75' - CUSTOM
 POOL AREA: 1832 SPA: 80 OTHER:
 TOTAL AREA: 1712
 PERIMETER: 214 SPA: 36
 GALLONAGE: 74,740 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS: MILES: 0.00 MAP #
 RTE 70/W FROM RTE 695-EXIT #80 BYKESVILLE RD. RTE 32/N
 CROSS FREDERICK RD LEFT/ON HAY MEADOW (PRIVATE ROAD)
 BETWEEN 2 STONE PILLARS, FOLLOW PRIVATE ROAD ABOUT 1/4
 MILE BACK TO BARN ON RIGHT. 4693
 GRID
 H-8

Jericho, LLC
 1304 Hay Meadow Lane
 Sykesville, Maryland 21784
 Howard County

HOME PHONE: (410) 982-8501
 OFFICE PHONE:
 CELL PHONE 1:
 CELL PHONE 2:

PARCEL / SUBDIVISION NAME	DISTRICT	ACCT. NO.:
B HAY MEADOW	03	311872
SITE PLAN (ENLARGED VIEW)		ZONE:
		ONE

SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #:
1"=100'	JLR	06/11/14	DT14-10710	1.1

Approved Septic System Plan
 Howard County Health Department
 B14003660

500-gal LP tank
 as illustrated

Signature

10/22/2014
 Date

REVISION:
 6/20/14 FINAL PRINT
 PERMIT NUMBERS
 POOL: B14001989
 ELECT: E14003089
 OTHER:

FINAL CONSTRUCTION SET
 DATE: 6-30-14

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

Howard County Building Department of Inspections & Permits
 3430 Court
 Ellicott City

Permit Number:
B12003091

Building Address: **1304 Haymeadow Lane**
Sykesville MD 21784

Property Owner's Name: **DRJ Construction, LLC**
 Address: **5300 Dorsey Hall Drive, Suite 102**
Ellicott City, MD State: **MD** Zip Code: **21042**

Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: **Haymeadow**
 Section: _____ Area: _____ Lot: **PARA**

Phone: **443-367-0422** Work Phone: _____
 Contractor's Name & Mailing Address, (If other than stated herein): _____

Tax Map: **0009** Parcel: **0335** Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **VACANT LAND**
 Proposed Use: **Single Family Dwelling**
 Estimated Construction Cost: \$ **475,000**
 Description of Work: **2 story, 5 Bd,**

Contractor Company: **WADSWORTH BUILDERS**
TR Builders LLC
 Contact Person: **DAVE PICKETT / TRAE REUWER**
 Address: **5300 Dorsey Hall Drive**
Ellicott City, MD Zip Code: **21042**
 License No.: **TR 02000 MHR 6090**
 Phone: **443-367-0422** Fax: **443-367-0420**
 Email: **trreuer@tdaddd.com**

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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: 2	<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"/> <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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: 70' 72'	<input checked="" type="checkbox"/> Private
2 nd floor: 70' 72'	<u>Sewage Disposal</u>
Basement: 70' 72'	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" 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 checked="" 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	

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: **TRAE REUWER**
 Email Address: **TRAE@tdaddd.com**
 Title/Company: **OWNER**

Print Name: **TRAE REUWER**
 Date: **9-14-12**

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

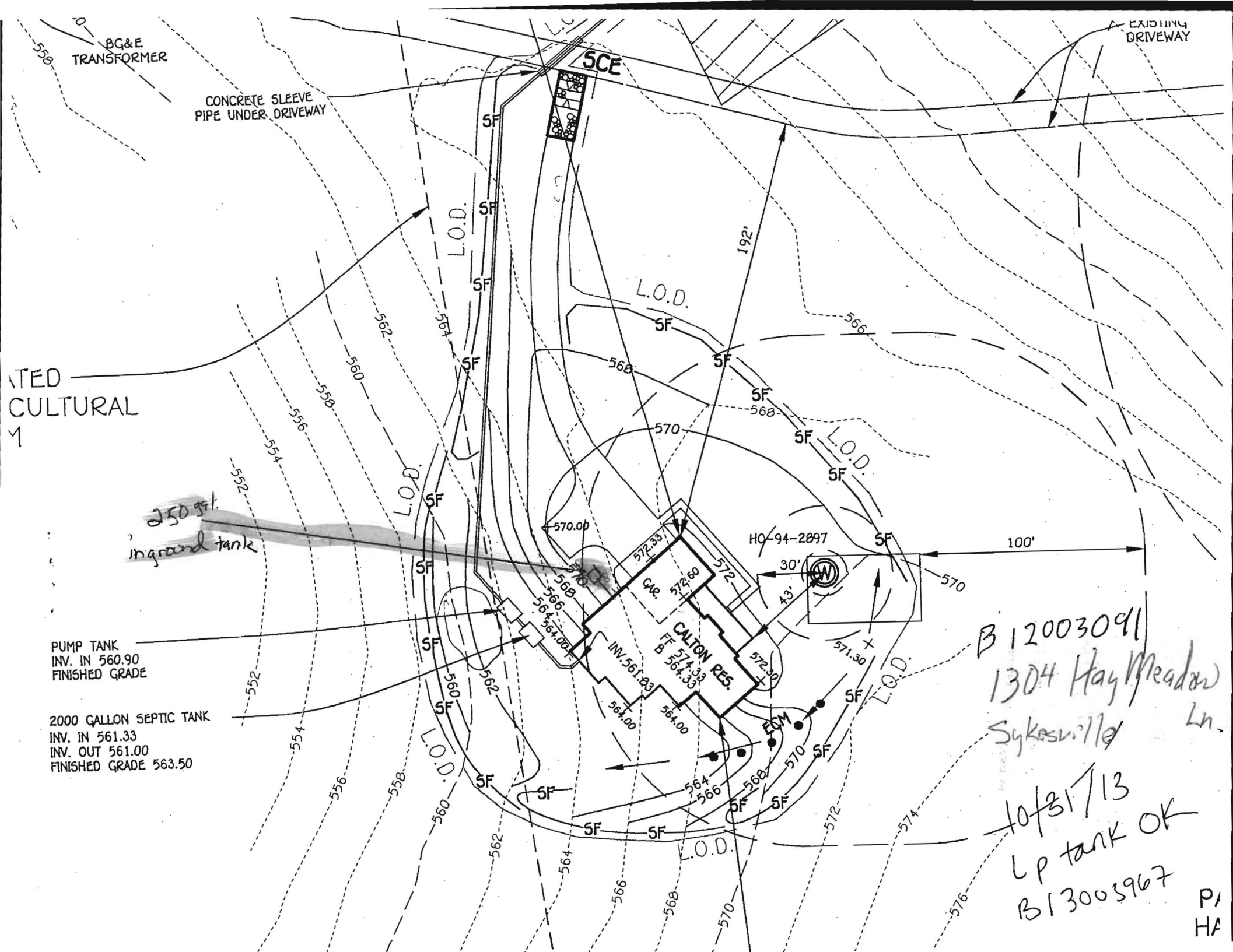
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	10-4-12	Maad Satt
<input checked="" type="checkbox"/> 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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

check # 1115



BG&E
TRANSFORMER

EXISTING
DRIVEWAY

CONCRETE SLEEVE
PIPE UNDER DRIVEWAY

SCE

ATED
CULTURAL
M

250 gal.
inground tank

PUMP TANK
INV. IN 560.90
FINISHED GRADE

2000 GALLON SEPTIC TANK
INV. IN 561.33
INV. OUT 561.00
FINISHED GRADE 563.50

B 12003091
1304 Hay Meadow
Sykesville Ln.

10/31/13
LP tank OK
B13003967

PI
HA

EXISTING PRESERVATION EASEMENT DEDICATED TO HOWARD COUNTY, MARYLAND AGRICULTURAL LAND PRESERVATION PROGRAM TO SUPPORT HAY MEADOW, LOTS 1 - 4 (AREA = 12.702 AC.±) PLAT No. 11246

PLAT OF EASEMENT HAY MEADOW, PARCEL 'A' 50.002 ACRES PLAT NOS. 11564 AND 11565

#1304 HAY MEADOW LANE

EXISTING WELL (HO-94-2897)

SEE DETAIL

SEE DETAIL #2

Approved Septic System Plan
Howard County Health Department
Dana Durand
Signature

12/18/13
B/13002905
Date

APPROVED
PERMITS BUILDING PERMIT

DATE: 7-31-13
7 x 58 Deck

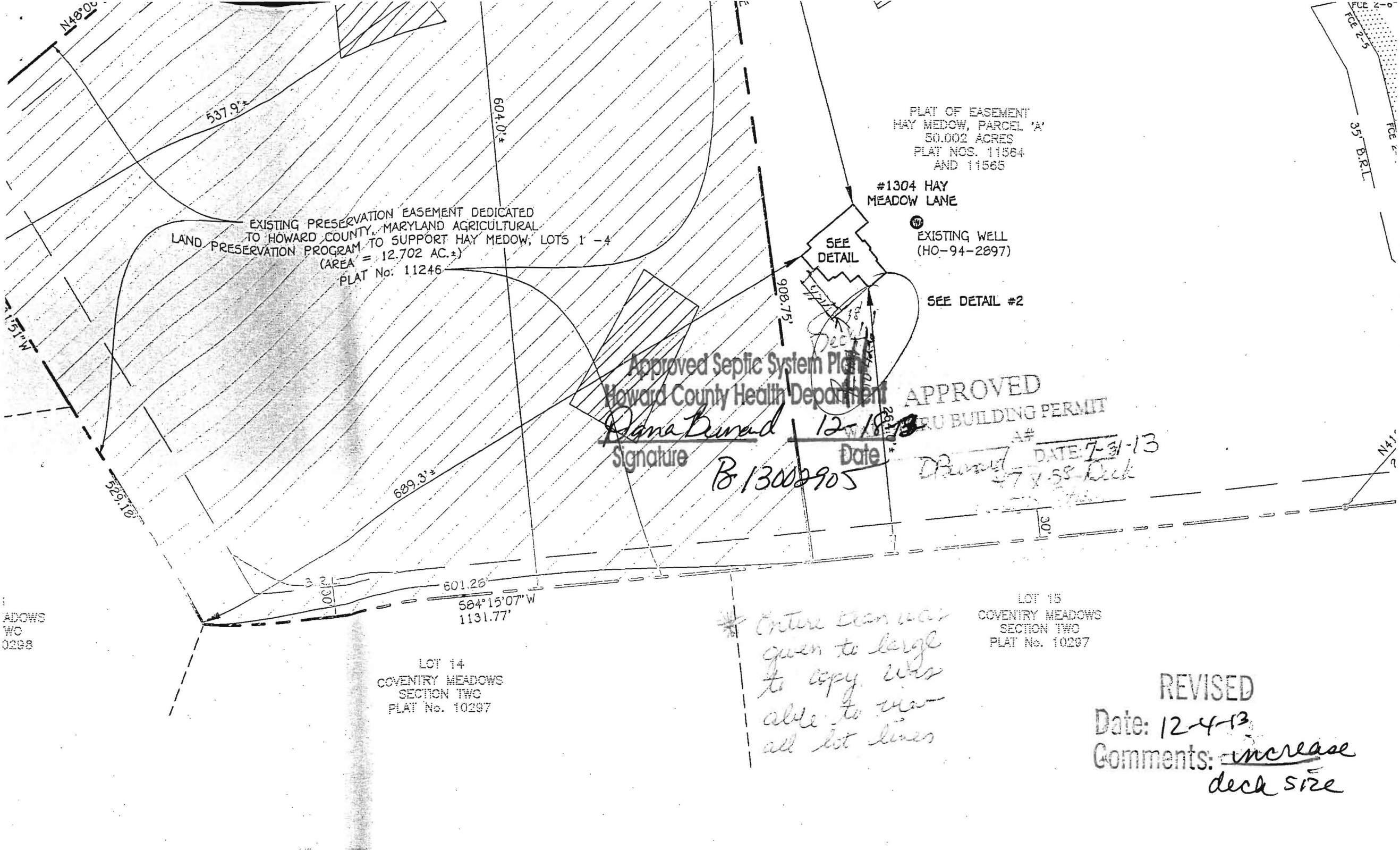
LOT 14
COVENTRY MEADOWS
SECTION TWO
PLAT No. 10287

LOT 15
COVENTRY MEADOWS
SECTION TWO
PLAT No. 10287

* Entire plan was given to large to copy. Was able to view all lot lines

REVISED
Date: 12-4-13
Comments: increase deck size

ADOWS
WC
0288



BG&E
TRANSFORMER

CONCRETE SLEEVE
PIPE UNDER DRIVEWAY

M1D3

HAY MEADOW

APPROVED

in Jan 11/2012

AGENT DEDICATED
LAND AGRICULTURAL
IN PROGRAM
(2 AC.±)
1246

6" PVC 47' LF @ 1.33%
INV. 553.00

Soil Boring
No. 558

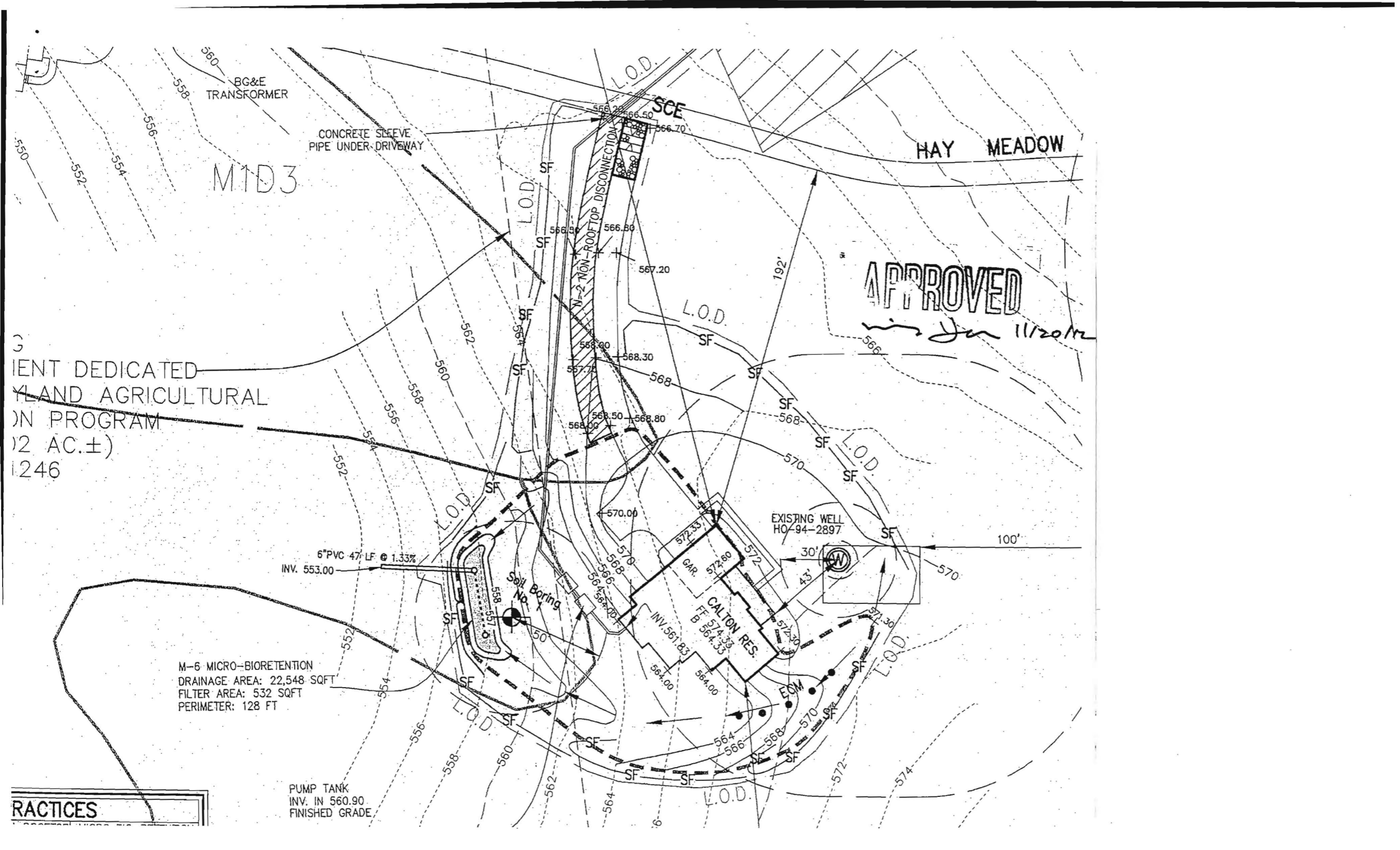
EXISTING WELL
HO-94-2897

CALTON RES.
FF 574.33
B 564.33

M-6 MICRO-BIORETENTION
DRAINAGE AREA: 22,548 SQFT
FILTER AREA: 532 SQFT
PERIMETER: 128 FT

PUMP TANK
INV. IN 560.90
FINISHED GRADE

PRACTICES



-Scanned AKH-



5300 Dorsey Hall Drive, Suite 102 Ellicott City, Maryland 21042
410.992.4600 443.367.0420 fax

March 23, 2012

Avis Corbin
Chief of Licenses and Permits
George Howard Building
3430 Court House Drive
Ellicott City, MD 21043

Re: Permit #B11003246
1304 Hay Meadow Lane

Dear Ms. Corbin,

I would like to amend the aforementioned building permit to reflect changes desired by the owners. The house plans and layouts all remain the same, the only change is the location of the house; it is now rotated so that the back of the house faces south. If you have any additional questions or comments please feel free to call me directly on my cell phone at 443-250-9896.

Thank you for your time.

Sincerely,

A handwritten signature in black ink that reads "Trae Reuwer".

Trae Reuwer

cc: zoning
DED
Heather

RECEIVED

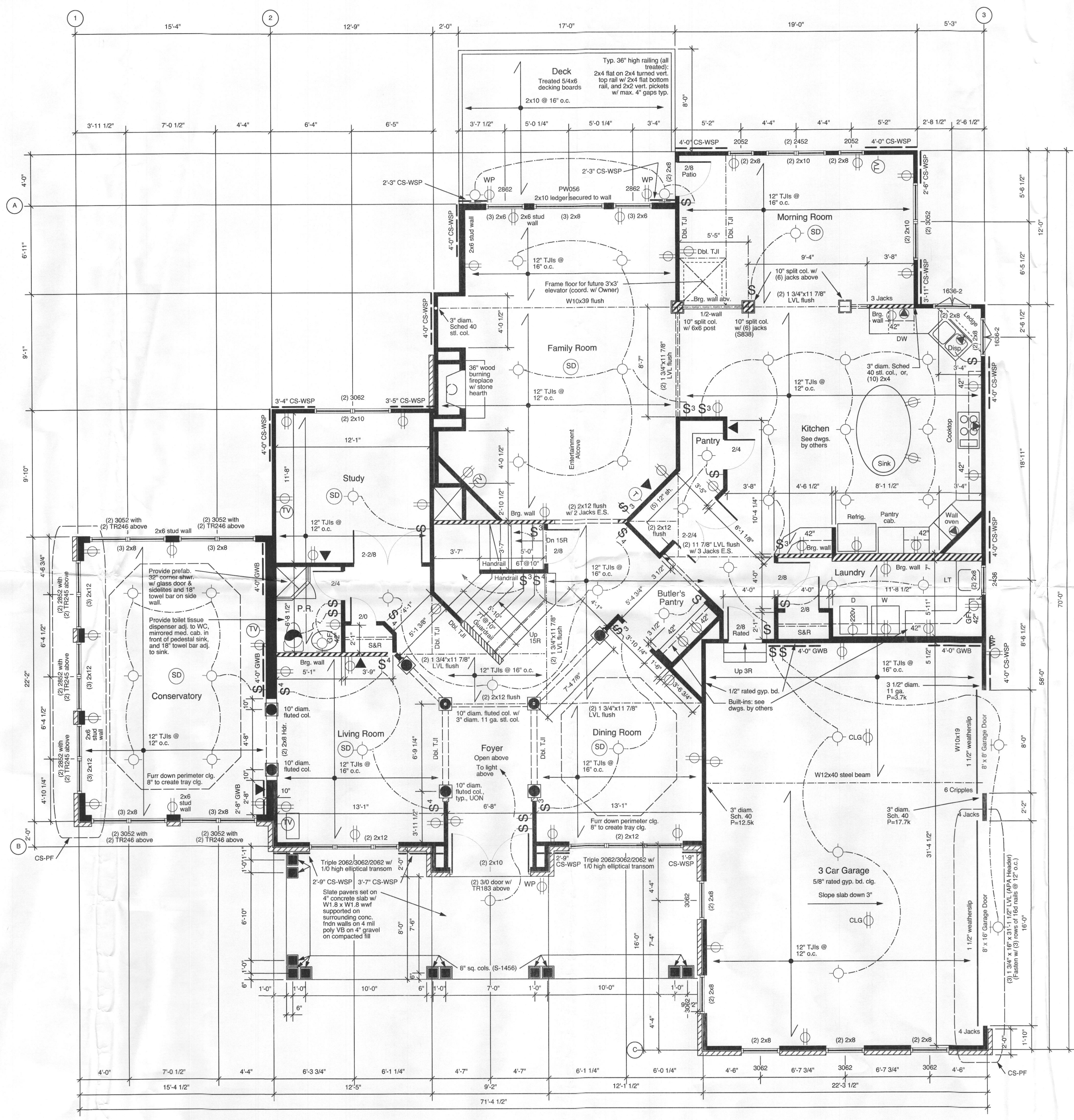
MAR 23 2012

LICENSES & PERMITS
DIVISION

CL# 115Z INV# 272'

Calton II Residence

1st Floor Plan
1/4" = 1'-0"

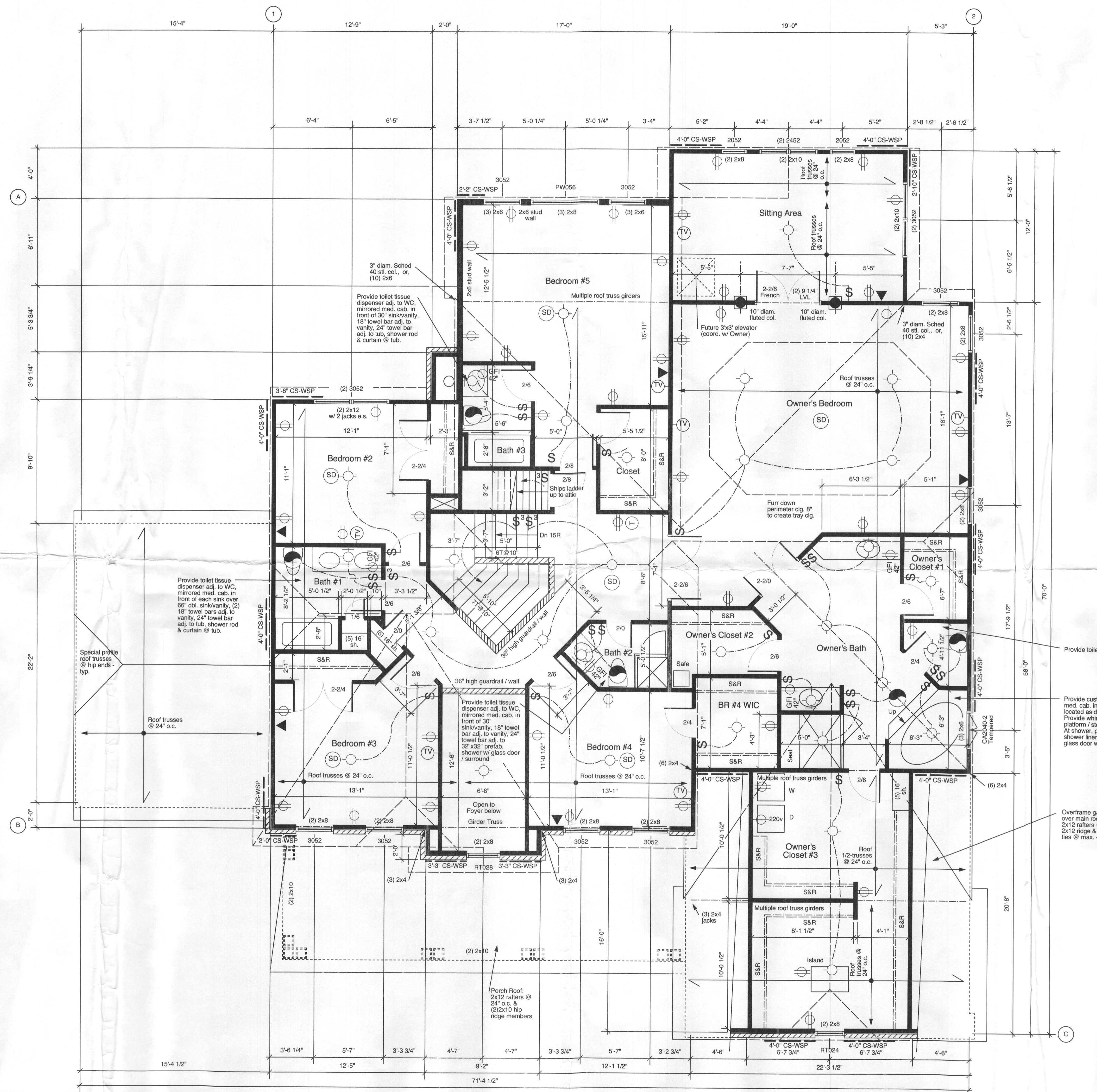


Shear Walls (2009 IRC):

Wall Line:	L required	L provided
1	2.8'	4.0'
2	16.0'	22.67'
3	16.0'	20.42'
A	14.5'	19.25'
B	14.5'	18.67'
C	5.3'	6.0'

Electrical Legend

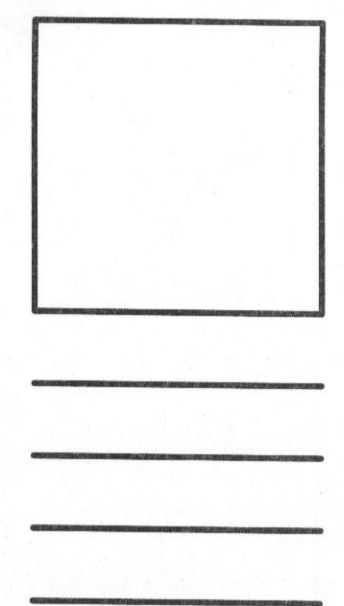
- Duplex receptacle
- Duplex receptacle / ceiling mounted
- Duplex receptacle / bottom half switched
- Duplex receptacle / waterproof cover & ground fault interrupt
- Duplex receptacle / ground fault interrupt
- Duplex receptacle / @ 42" AFF
- Duplex receptacle / ground fault interrupt @ 42" AFF
- 220 volt dryer receptacle
- Direct wire appliance connection
- Recessed or pendant mount ceiling incandescent light fixture
- Wall mounted type incandescent light fixture
- Single pole switch
- Three way switch
- Four way switch
- Smoke Detector
- Thermostat
- Telephone / data jack
- TV jack - coord. hgt. w/ Owner
- Exhaust fan



Shear Walls (2009 IRC):

Wall Line:	L required	L provided
1	8.4'	16.0'
2	8.4'	14.83'
A	7.5'	13.83'
B	7.5'	16.5'
C	3.05'	8.0'

2nd Floor Plan
1/4" = 1'-0"



Calton II Residence

Provide toilet tissue dispenser adj. to WC.

Provide custom sink/vanity units where shown, mirrored med. cab. in front of each lav., 18" & 24" towel bars located as directed by Owner.

Provide whirlpool tub (coord. w/ Owner) on ceramic tile platform / step on ext. plywd. (provide AP for tub).

At shower, provide ceramic tile base & seat on EPDM shower liner, ceramic tile walls on Durock, tempered glass door w/ sidelites (coord. all w/ Owner).

Overframe gable roof over main roof using 2x12 rafters @ 24" o.c., 2x12 ridge & 2x8 collar ties @ max. 48" o.c.