

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address <u>15600 Bushy Park Rd</u> <u>Woodbine 21797</u>	Property Owner's Name <u>Jerry + Lisa Hansberg</u> Address <u>15600 Bushy Park Rd</u>
Suite/Apt. #: _____ SDP/WFP/Petition #: _____	City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>
Census Tract _____ Subdivision <u>Cattail Run</u>	Home Phone <u>410-442-7716</u> Work Phone _____
Section _____ Area _____ Lot <u>3</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Tax Map _____ Parcel _____ Grid _____	Phone _____ Fax _____
Zoning _____ Map Coordinates <u>13H1</u> Lot size _____	
Existing Use <u>SPD</u>	Contractor Company <u>Maryland Pools</u>
Proposed Use <u>SPD + Pool</u>	Contact Person <u>Joann Lathan</u>
Estimated Construction Cost \$ <u>25,000</u>	Address <u>9515 Genwing Lane</u>
Description of Work <u>Inground Pool 23'x39'</u> <u>in rear yard w/48" high Fence</u> <u>to code. Pool Filled by Truck</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>
Occupant or Tenant <u>owner</u>	License No. <u>6699</u> Phone <u>410-975-6600</u> Fax _____
Contact Name _____	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: <u>3-8'</u> Basement: _____	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"/>	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: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		State Certified Modular _____ 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 THERE TO; (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.

J. Lathan
Applicant's Signature
Title/Company agent

J. Lathan
Print Name
Date _____

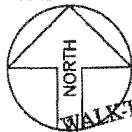
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>11/18/06</u>	<u>Anna Groll</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 Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\home\PERMIT.FRM				Gold: SHA

SETBACKS:

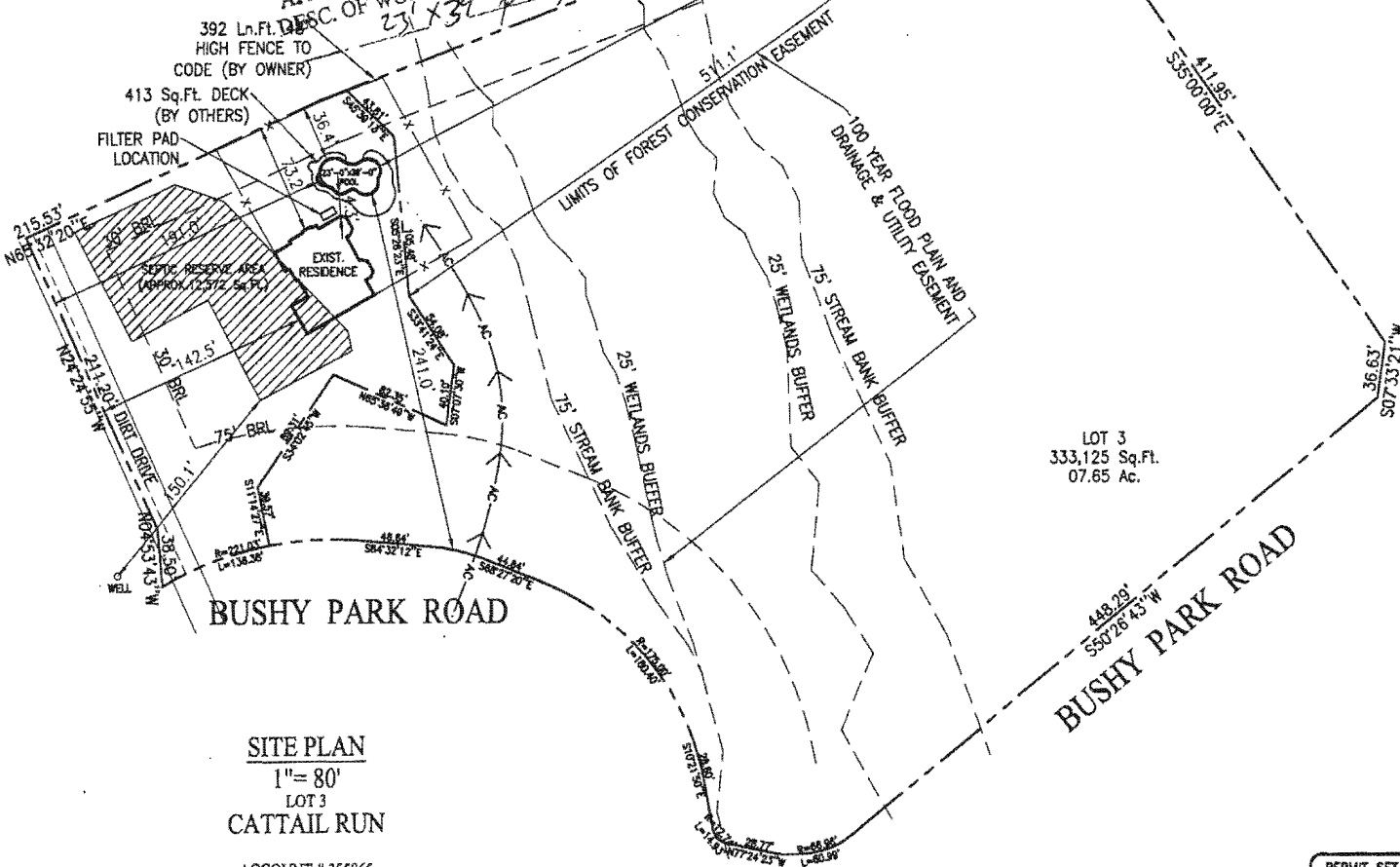
REAR PL. 10'
SIDE PL. 10'
HOUSE 0'
SEPTIC 20'
WELL 30'

PRIVATE WELL
& SEPTIC



APPROVED
WALK-THRU BUILDING PERMIT
A# *P# 515966*
DATE: *11/8/06*

BP# *58*
APP. SAN *88*
DESC. OF WORK: *23' x 39' pool removal*



SITE PLAN

1" = 80'

LOT 3

CATTAIL RUN

ACCOUNT # 355865
MAP 14, GRID 1, PARCEL 208
ELECTION DISTRICT NO. 4
HOWARD COUNTY

PERMIT NUMBERS

POOL:
ELECT:
OTHER:

PERMIT SET

DATE: 11-01-06

Maryland POOLS

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: ON SITE
SPA: NONE
RAISED BEAM: NONE
TILE: TBD
COPING: STD. 'SUIT SAVER'
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: AC-125 HEAT PUMP
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: (1) 6'-OUTSIDE
AQUA BENCH: (2) 5' W/ (4) JETS
RAIL GOODS: NONE
DECKING: NONE
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: EQUIPOTENTIAL BONDING GRID
COLOR LENSE KIT
8' DIVING BOARD
ELECTRIC: NONE

POOL DATA

SIZE/SHAPE: 23' x 39' - CUSTOM
POOL AREA: 712 SPA: OTHER: 12
TOTAL AREA: 724
PERIMETER: 113 SPA:
GALLONAGE: 29,865 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
RT. 32 NORTH TO I-70 WEST TO EXIT, RT. 87 SOUTH TO RT. 144 TURN RIGHT TO 1ST ROAD ON LEFT BUSHY PARK, TURN LEFT CROSS CARRIS MILL TO 1ST DRIVE WAY ON RIGHT, TURN RIGHT TO 1ST HOUSE ON RIGHT.

MAP #

13

GRID

H-1

Jerry & Lisa Honsberger
8214 Elko Drive
Ellicott City, Maryland 21043
Howard County

HOME PHONE: 410-442-7716

CELL PHONE 1:

CELL PHONE 2:

OFFICE PHONE:

LOT: 3	SUBDIVISION NAME: CATTAIL RUN	DISTRICT: 4	PIN # 355865
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SITE PLAN

SCALE: 1" = 80'	BY: DB	DATE: 8/28/06	JOB NUMBER: MS06-8996	SHEET #: 1.0
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HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 8214 Elk Dr.
Ellicott City 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Cattail Run
Section _____ Area _____ Lot 3
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates 13-H Lot size _____

Property Owner's Name Terry + Lisa Honsberger
Address 8214 Elk Dr Park Rd
Woodbine
City Ellicott City State MD Zip Code 21043
Home Phone 410-442-7716 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD + Pool
Estimated Construction Cost \$ 25,000
Description of Work Inground Pool 23'x39'
in rear yard w/48" high fence
to code. Pool Filled by Truck

Contractor Company Maryland Pools
Contact Person Joann Latham
Address 9515 Gerwig LA
City Columbia State _____ Zip Code 21046
License No. 6694
Phone 410-995-6600 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 ☐
Depth _____ Width _____
1st floor: _____
2nd floor: 3-8'
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 THERE TO; (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.

J. Latham
Applicant's Signature
Title/Company agent

J. Latham
Print Name
Date 11-2-06

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health			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 Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T: Normal PERMIT.FRM				Gold: SHA

Building Address 15600 Bushy Park Rd
Woodbine MD 21794

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work Casual 12'x12'x4' Bullnose
5'x6' Green Room, 14'x20'x10' K & B
Triangular deck steps to grade. Removal SFD

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Jerry & Lisa Hunsberger

Address 15600 Bushy Park Rd

City Woodbine State MD Zip Code 21794

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
David J. Limbardo
6822 Bushy Park Rd
Woodbine, MD 21794

Phone 410-259-1460 Fax 410-259-1461

Contractor Company Limbarco Inc.

Contact Person David Limbardo

Address 6822 Bushy Park Rd

City Woodbine State MD Zip Code 21794

License No. _____

Phone 410-259-1460 Fax 410-259-1461

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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 _____

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: _____

☐ 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:

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Applicant's Signature
David J. Limbardo

Print Name
David J. Limbardo

Title/Company

Date
6/4/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
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AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#:

Land Development, DPZ

Front: _____

Filing fee \$ 21

State Highways

Rear: _____

Permit fee \$ _____

Building Official

Side: _____

Excise tax \$ _____

Dev. Engineering, DPZ

6/4/03

[Signature]

Side St.: _____

Add'l per. fee \$ _____

Health

All minimum setbacks met? YES ☐ NO ☐

TOTAL FEES \$ 15

Fire Protection

Is Entrance Permit required? YES ☐ NO ☐

Sub-total paid \$ _____

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

Is Historic District? YES ☐ NO ☐

Balance due \$ _____

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Lot Coverage for New Town Zone _____

Check # 92869

SDP/Red-line approval date _____

Accepted by _____

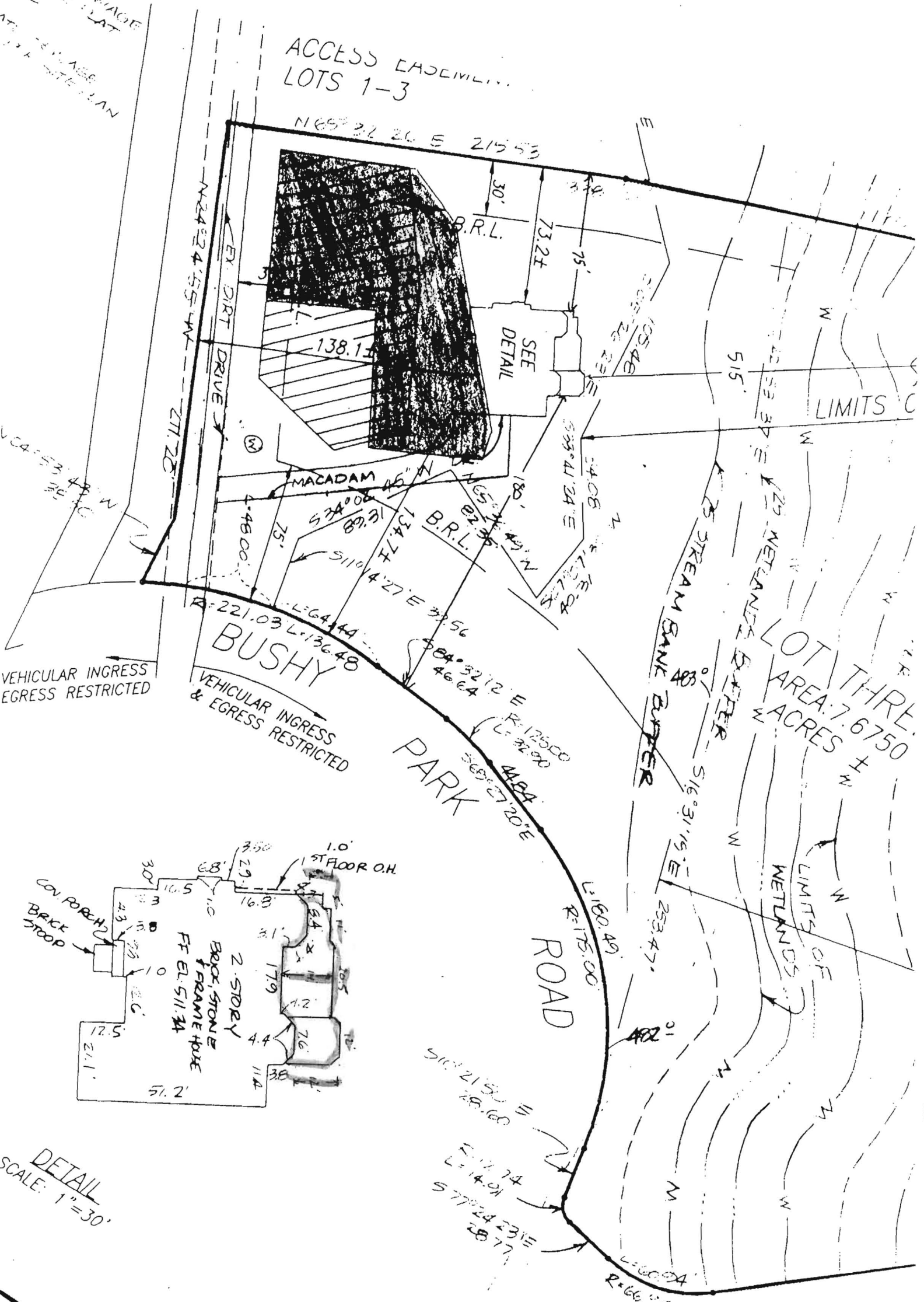
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT FRM

Rev 5/17/00

SEE PLAN
 SEE PLAN
 SEE PLAN

ACCESS EASEMENT
 LOTS 1-3



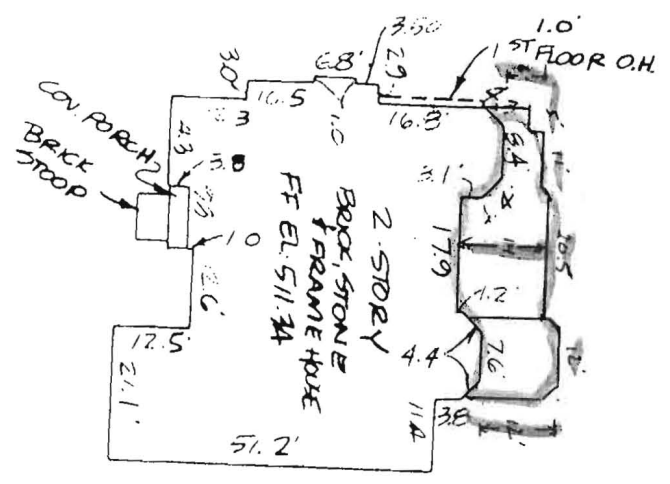
LOT THREE
 AREA: 7.6750
 ACRES

VEHICULAR INGRESS
 EGRESS RESTRICTED

VEHICULAR INGRESS
 & EGRESS RESTRICTED

PARK ROAD

BUSH



DETAIL
 SCALE: 1"=30'