

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 14350 Dorsey Mill Rd
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Gleneig⁴
Section _____ Area _____ Lot _____
Tax Map 21 Parcel 44 Grid 17
Zoning _____ Map Coordinates _____ Lot size 1.48

Property Owner's Name Zelka Hudson
Address 14350 Dorsey Mill Rd
City Glenwood State MD Zip Code 21738
Home Phone 410-489-9954 Work Phone 443-854-2777
Applicant's Name & Mailing Address, (if other than stated hereon):
Karen Klayman
Phone 410-507-7705 Fax _____

Existing Use SFD
Proposed Use Inground pool
Estimated Construction Cost \$ 30,000
Description of Work 17x35' inground pool, fence
by owner, filled by truck, depth
3' to 6'

Contractor Company Sunrise Premium Pools
Contact Person _____
Address 1460 Ritchie Hwy
City Arnold State MD Zip Code 21012
License No. 454944
Phone 410-349-3852 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 | 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 Characteristics | Utilities |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____ |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____ | |

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.

Karen Klayman
Applicant's Signature
410-507-7705
Title/Company _____

Karen Klayman
Print Name
11/29/06
Date

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

- FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|-----------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>12/13/06</u> | <u>[Signature]</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | |
| ONE STOP SHOP: <input type="checkbox"/> | | |

| DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|-------------------------|
| Front: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Add'l per. fee \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for NewTown Zone _____ | Check # _____ |
| SDP/Red-line approval date _____ | Validation # _____ |

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

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PERMIT APPLICATION

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Contact Person _____
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City Arnold State MD Zip Code 21012
License No. 454944
Phone 410 349 3852 Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
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Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
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| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
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| Building Characteristics | Utilities |
|---|---|
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| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| No. of Bedrooms _____ | Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____ |
| 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 _____ | |

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Applicant's Signature Karen Klayman Print Name Karen Klayman
Date 11/29/06
Title/Company _____

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

| 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 # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Lot Coverage for New Town Zone _____ | Accepted by _____ |
| T:\Normal\PERMIT.FRM | | | SDP/Red-line approval date _____ | |

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0700 1931

Building Address 14350 Dorney Mill Rd
Glenwood, MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Richard Hurlson
 Address 14350 Dorney Mill Road
 City Glenwood State MD Zip Code 21738
 Home Phone 410-489-1959 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Pool Heater SPA
 Proposed Use Pool Heater
 Estimated Construction Cost \$ 2300
 Description of Work Repair of broken, then propane tank and gas line for pool heater.

Contractor Company Suburban Propane
 Contact Person James McKinney
 Address 31 Decwood Circle
 City Rockville State MD Zip Code 20850
 License No. 68242
 Phone 301-251-0066 Fax 301-251-0066

Occupant or Tenant R. Hurlson
 Contact Name James
 Address 14350 Dorney Mill Road
 City Glenwood State MD Zip Code 21738
 Phone 410-489-1959 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|---|
| Height: _____ | Water Supply: _____ Public _____ Private _____ |
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| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
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| 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 _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
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James McKinney
 Applicant's Signature
Suburban Propane
 Title/Company

James McKinney
 Print Name

 Date

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 \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ <u>100.00</u> |
| Building Official | | | Side: _____ | Excise tax \$ <u>10.00</u> |
| Dev. Engineering, DPZ | <u>7/25/07</u> | <u>[Signature]</u> | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | | | All minimum setbacks met? | TOTAL FEES \$ <u>110.00</u> |
| 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 # <u>2914007</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies - | | | Lot Coverage for NewTown Zone _____ | Accepted by <u>[Signature]</u> |
| White: Building Official | | | SDP/Red-line approval date _____ | |
| Green: LDD, DPZ | | | | |
| Yellow: DED, DPZ | | | | |
| Pink: Health | | | | |
| Gold: SHA | | | | |

Learn Code Book Owner

178.68'

40.0'

APPROVED

WALKTHRU BUILDING PERMIT

BP# 518953

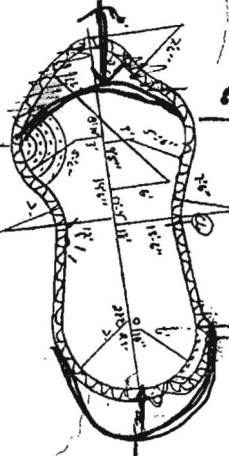
APPR SAN CAC DATE: 12/13/02

DESC OF WORK: Pool

highly detailed

Must maintain 26' siphic trenches 55' ingranypool

New Trenches + Drywell Installed 4/20/01



205.66'

40'

145'

78'

Existing Garage 28x46

Dry Well

Old Sph

-10'

New Addition 256"x40

Porch

Slab Porch

Relocate New Septic Tank 10'

Existing House 26x40

Porch

138" well

13