

G-7-00-122

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3630 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B 07001420

Building Address 874 DRIVER RD,
MARRIOTTVILLE, MD 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision MARRIOTTVILLE
OVERLOOK
Section _____ Area _____ Lot 5
Tax Map 40 Parcel 36 Grid 3
Zoning _____ Map Coordinates _____ Lot size 3 ACRES

Property Owner's Name SELFRIDGE BUILDERS
Address 4781 TEN OAKS RD.
City DAYTON State MD Zip Code 21036
Home Phone 410.992.8631 Work Phone 410.531.8930
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use CUSTOM SFD
Estimated Construction Cost \$ 500,000.00
Description of Work 4BED, 3 1/2 BA, 1FP,
FR. PORCH, 2 CAR GARAGE

Contractor Company SELFRIDGE BUILDERS
Contact Person SUE CONKLIN
Address 4781 TEN OAKS RD.
City DAYTON State MD Zip Code 21036
License No. 329
Phone 410.531.8930 Fax 410.531.8939

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

Engineer or Architect Company X21 410-365-2283
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>35'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>35'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>35'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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 _____	

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.

Sue Conklin
Applicant's Signature
PROTECT MANAGER
Title/Company

SUE CONKLIN
Print Name
4-24-07
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/31/2007</u>	<u>R. B. ...</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>...</u>
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 # <u>32909</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by 9

Walk Thru

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B1100921

Building Address 874 Driver Road
Mariottsville, MD 2104

Property Owner's Name Gary + Pamela Worburton
Address 874 Driver Road

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

City Mariottsville State MD Zip Code 21104

Census Tract _____ Subdivision _____

Home Phone 410-465-0763 Work Phone _____

Section _____ Area _____ Lot _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map _____ Parcel _____ Grid _____

1111 S. Pleasant Valley Rd
Westminster, MD 21158
Phone 410-876-3535 Fax 410-848-1490

Zoning _____ Map Coordinates _____ Lot size _____

Contractor Company Callagher Pools + Spas

Existing Use _____

Contact Person Dan Davis

Proposed Use Inground Swimming Pool

Estimated Construction Cost \$ 43,000.00

Description of Work Install vinyl liner
inground swimming pool

Address 1111 S. Pleasant Valley Rd.

Occupant or Tenant _____

City Westminster State MD Zip Code 21158

Contact Name _____

License No. MD 10330

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

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
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

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

Print Name

Title/Company

Date

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

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____

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 4-6-11 Obernard

All minimum setbacks met? _____

Fire Protection _____

YES NO

Is Sediment Control approval required prior to issuance?

TOTAL FEES \$ _____

YES NO

Sub-total paid \$ _____

CONTINGENCY CONSTRUCTION START:

Balance due \$ _____

ONE STOP SHOP:

Check # _____

Validation # _____

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

APPROVED

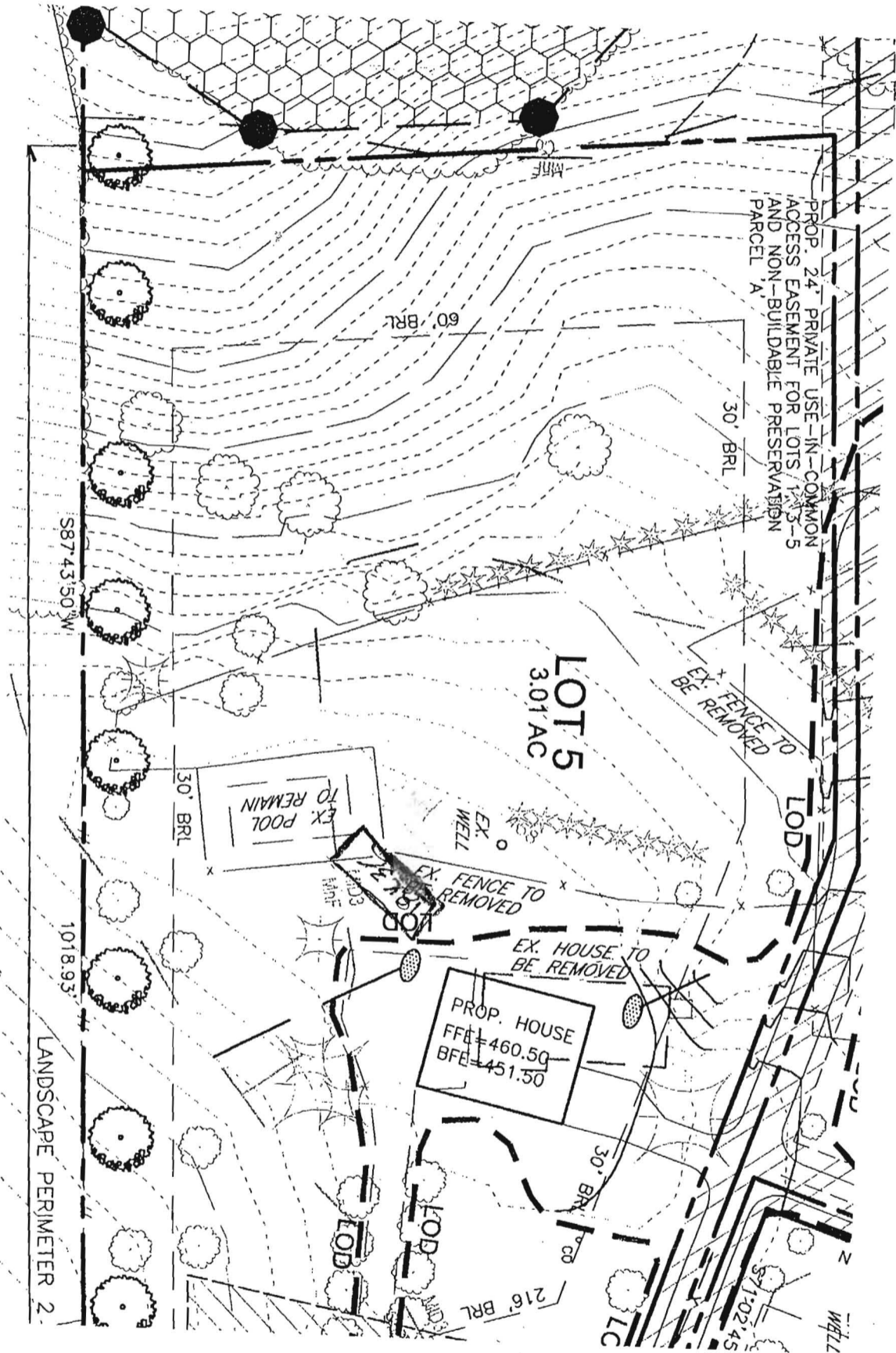
WALK-THRU BUILDING PERMIT

BP#

A#

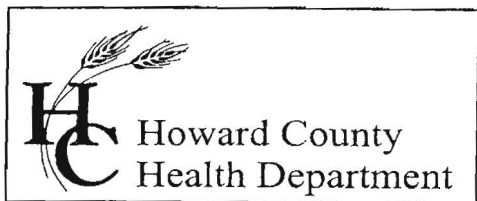
APP. SAN DBernard DATE: 4-6-11

DESC. OF WORK. 18 X 36 Pool with steps



18x36 Vinyl liner

(1-50)



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 1, 2005

Lt. Joseph Sanchez
Howard County Fire & Rescue
6751 Columbia Gateway Drive
Columbia, Maryland 21046

RE: Training Open Burn Permit
SITE: Taylor Family LTD PTSHP
874 Driver Road.
Marriottsville, Maryland 21104
Nighttime #: (410) 313-2929

Dear Lt. Sanchez:

Maryland Regulations for the control of air pollution allows permits to be issued for fires set in the course of a training exercise or accepted forestry practices (COMAR 26.11.07). Therefore, permission is granted for controlled open burning at the above referenced property.

Part of the permit application process requires that the application be filed with the Building Permits Office ((410) 313-2455) and corresponding fee (if required), be paid at the Cashiers Office, both located in the George Howard Building.

This permit is subject to the following conditions and requirements:

1. This permit is designed to provide specific training and raze the existing building on the property.
2. The site is to be sufficiently staffed to ensure that surrounding residences are not adversely affected throughout the burning exercise.
3. When burning activities are completed, the remaining debris is to be fully extinguished with water and/or dirt.
4. A water supply (i.e., tanker truck) is to be on-site and operational throughout the controlled burn.
5. Burning is to occur between the hours of 7:00 a.m. and 7:00 p.m.

- 6 No burning is to occur when wind speeds are expected to exceed 12 m.p.h.
- 7 Burning is contingent upon successful and proper removal (to the extent possible), any perceived hazardous material PRIOR TO any burning related activities. (Note: Demolition Permit B00154365 was applied for and approval granted by Inspections Licenses and Permits on June 14, 2005).
- 8 This permit will be in effect beginning Friday August 5, 2005 and will expire at the end of the burning day on Monday August 15, 2005. Any revision to this date will require the issuance of a new permit.

Contact Howard County Central Communications at (410) 313-2929 prior to initiating any burning activities.

Sincerely,



Bert Nixon, Assistant Director
Bureau of Environmental Health

BN/bn

cc: Central Communications
Fire & Rescue
Battalion Chief, Station 8 (Bethany)
✓ Well & Septic File