

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07002143

Building Address 13610 Fox Stream Way
West Friendship 21794

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

Census Tract _____ Subdivision Fox Meadow

Section _____ Area _____ Lot 15

Tax Map 15 Parcel 167 Grid 19

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Brian + Lisa Carter

Address 13610 Fox Stream Way

City West Friendship State _____ Zip Code 21794

Home Phone 410-489-7652 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SPD + Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground concrete pool 22x42 in rear yard w/48 high fence to code

Contractor Company Maryland Pools

Contact Person Joanne Latham

Address 9515 Berwig Lane

City Columbia State MD 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	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>3-8</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
5-31-07
Date

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

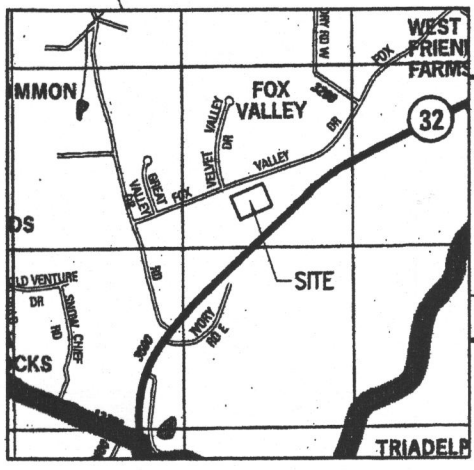
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/31/07</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 # _____
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	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

SETBACKS:
 REAR PL. 10'
 SIDE PL. 10'
 HOUSE N/A
 SEPTIC 20'
 WELL 20'

PLAN FOR POOL-SDA ADJUSTMENT
 A#: 513567-L

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



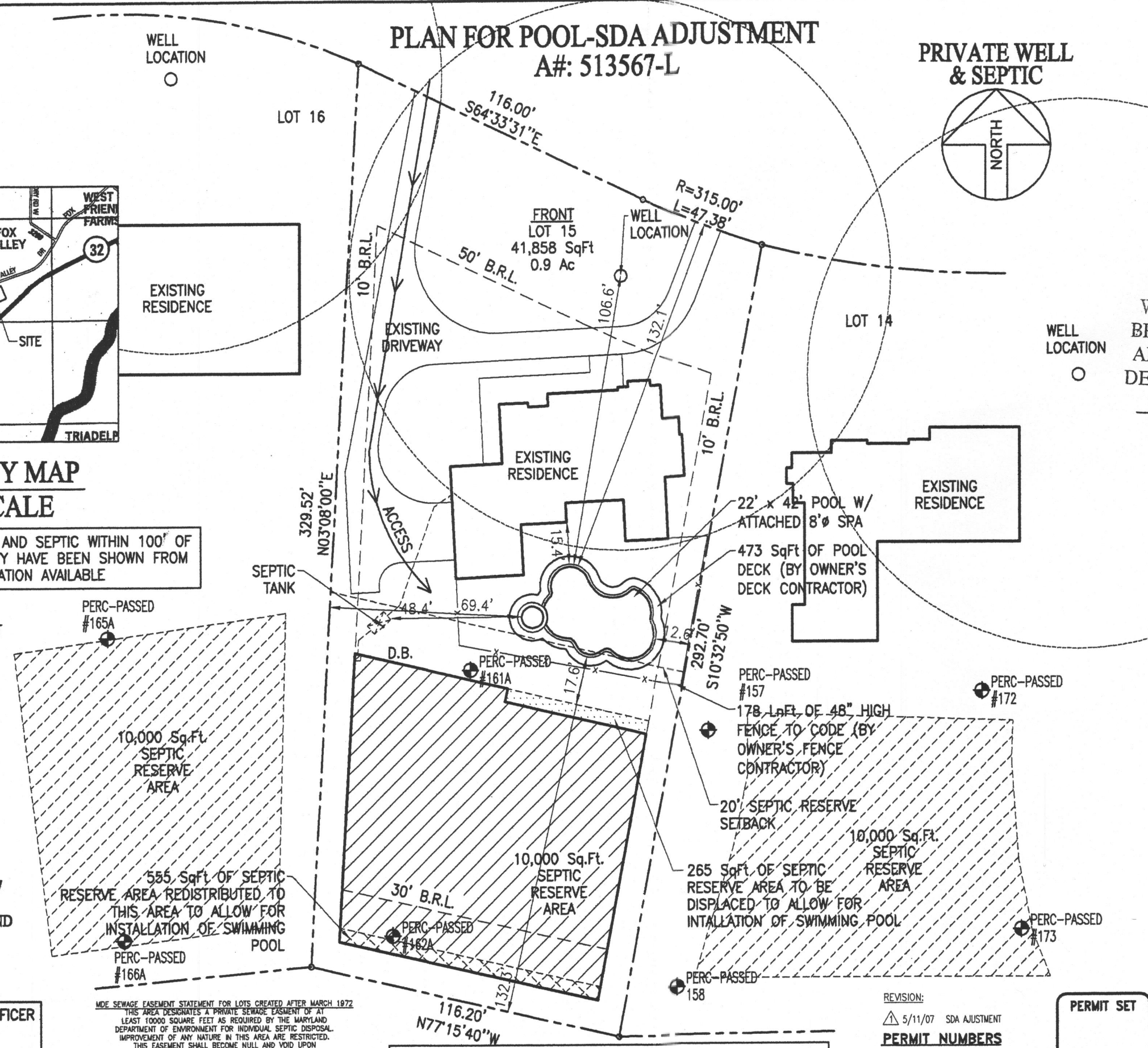
VICINITY MAP
 NO SCALE

NOTE: ALL WELLS AND SEPTIC WITHIN 100' OF SUBJECT PROPERTY HAVE BEEN SHOWN FROM THE BEST INFORMATION AVAILABLE

- EXISTING MDE SEWAGE EASEMENT
- SEPTIC AREA TO BE REMOVED
- SEPTIC AREA TO BE ADDED

SITE PLAN

1" = 40'
 LOT 15
FOX MEADOW
 TAX ACCOUNT # 342212
 MAP 15, GRID 19, PARCEL 167
 ELECTION DISTRICT NO. 03
 HOWARD COUNTY, MARYLAND



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07002143 A# 513567-L
 APP. SAN SFO DATE: 5/31/07
 DESC. OF WORK: Landscape Pool
22 x 42'

POOL DATA

SIZE/SHAPE: 22' x 42' - CUSTOM (DIVING)	SPA: 50 OTHER:
POOL AREA: 900	TOTAL AREA: 950
PERIMETER: 127	SPA: 25
GALLONAGE: 37,910	DEPTH: 3'-6" TO 8'-0"

DIRECTIONS TO SITE

DIRECTIONS: RT. 32 WEST TO LEFT TURN ONTO PFEFFERKORN ROAD TO A RIGHT ONTO FOX STREAM WAY TO SITE ON RIGHT	MAP # 9
	GRID J-7

Brian & Lisa Carter
 13610 Fox Stream Way
 West Friendship, Maryland 21794
 Howard County

HOME PHONE: 410-489-7652
 CELL PHONE 1: 443-768-9045 (Lisa)
 CELL PHONE 2:
 OFFICE PHONE:

LOT: 15	SUBDIVISION NAME: FOX MEADOW	DISTRICT: 03	PIN #: 342212
REVISED PERCOLATION CERTIFICATION PLAN			ZONE: ONE
SCALE: 1" = 40'	BY: DLC	DATE: 04/30/07	JOB NUMBER: TG07-9221
PERMIT SET			SHEET #: 1.0
DATE: 05-22-07			

HOWARD COUNTY HEALTH OFFICER
 APPROVED FOR PRIVATE WATER & SEWAGE

MDE SEWAGE EASEMENT STATEMENT FOR LOTS CREATED AFTER MARCH 1972
 THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEPTIC DISPOSAL. IMPROVEMENT OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

NOTE: ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRED A REVISED PERCOLATION CERTIFICATION PLAN

REVISION:
 Δ 5/11/07 SDA ADJUSTMENT
PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

LAYOUT 4/14/05 INSP 4 _____
INSP 2 4/14/05 INSP 5 _____
INSP 3 4/15/05 INSP 6 _____

ISSUE DATE: 4/12/2005
APPROVAL DATE: 4/15/2005

P 522085
A 513567-L

**PERMIT
INDEXED**

TAX ID# 03-342212
**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: P. O. Box 280, Lisbon 21765 PHONE NUMBER: 410442-1336

SUBDIVISION: Fox Meadow LOT NUMBER: 15

ADDRESS: 13610 Fox Stream Way PROPERTY OWNER: Northridge Development

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 101 130

**BUILDING PERMIT SIGNED
AND RETURNED**
6/1/07- 1307002143- in ground pool.

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation.
NOTES:	No basement gravity service.

PLANS APPROVED: Peter Yencsik KJB DATE: 12/2/2004

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

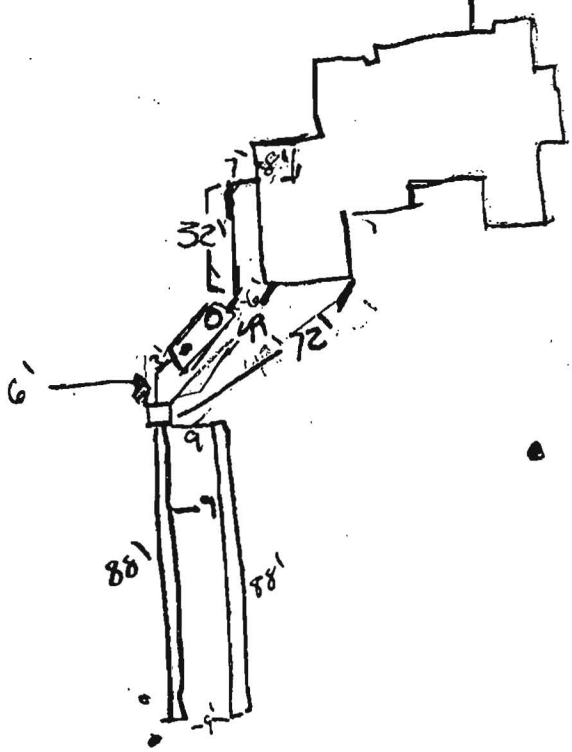
**BUILDING PERMIT SIGNED
AND RETURNED**

A513567-L

Fox Stream way

NOT TO SCALE

HO-94-3725



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	7.5
NUMBER OF TRENCHES		2
TOTAL LENGTH		176
ABSORPTION AREA		352 sq'
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		
DISTRIBUTION BOX PORT		2

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1
BAFFLES	3
BAFFLE FILTER	
MANHOLE LOC	front
6" PORT LOC	rear
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION

INSTALLATION ^{4/14/05} 130' required / 2 90' trenches to be installed upon K + K'S request - Area flat at upper most part of SDA. PAM 4/14/05 / 2 - 88' trenches, as per specs, only more length. Tank in late upon arrival will need called in. O.K. to cover trenches 4/14/05 (PAM). 4/15/05 - O.K. to cover all work. left note w/ permit to re-glue 6" P.V.C. - a little loose.

FINAL INSPECTOR P.A.Y

DATE OF APPROVAL 4/15/05