

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

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12002261

Building Address: 13791 Highland Rd,
Clarksville, MD 21029

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: 34 Parcel: 334 Grid: 3

Zoning: _____ Map Coordinates: _____ Lot Size: 5.86ac.

Existing Use: _____

Proposed Use: construct barn

Estimated Construction Cost: \$ 100K

Description of Work:
construct 36' x 36' hobby barn
for horses

Occupant or Tenant: NO

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Coral Rowe

Address: 13791 Highland Rd.

City: Clarksville State: MD Zip Code: 21029

Home Phone: 410-531-1441 Work Phone: 410-868-1359

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

Phone: _____ Fax: _____

Email: coral.rowe@verizon.net

Contractor Company: B & D Builders

Contact Person: Daniel Glick

Address: 14 N. RONKS Rd.

City: RONKS State: PA Zip Code: 17572

License No.: 6682

Phone: 717-687-0292 Fax: 717-687-3510

Email: banddbuilders.com
danielle

Engineer/Architect Company: SAME

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| BUILDING DESCRIPTION - COMMERCIAL - RESIDENTIAL | |
|---|---|
| Building Characteristics | Utilities |
| Height: _____ | <u>Water Supply</u> |
| No. of stories: <u>2</u> | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: <u>1296 sq. ft.</u> | <input checked="" type="checkbox"/> Private |
| Area of construction (sq. ft.): _____ | <u>Sewage Disposal</u> |
| Use group: _____ | <input type="checkbox"/> Public |
| | <input checked="" type="checkbox"/> Private (<u>no bathroom</u>) |
| | Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil <u>N/A</u> |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input checked="" type="checkbox"/> Wood Frame | <input checked="" type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| <u>Roadside Tree Project Permit #</u> | No. of Heads: _____ |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|--|---|
| Building Characteristics | Utilities |
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: _____ | <input type="checkbox"/> Private |
| 2 nd floor: _____ | <u>Sewage Disposal</u> |
| Basement: _____ | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input 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 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"/> Roadside Tree Project Permit |
| 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: Coral Rowe Print Name: Coral Rowe

Email Address: coral.rowe@verizon.net Date: 6-25-12

Title/Company: N/A

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>7-5-12</u> | <u>Michael Scott</u> |
| 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: _____ |

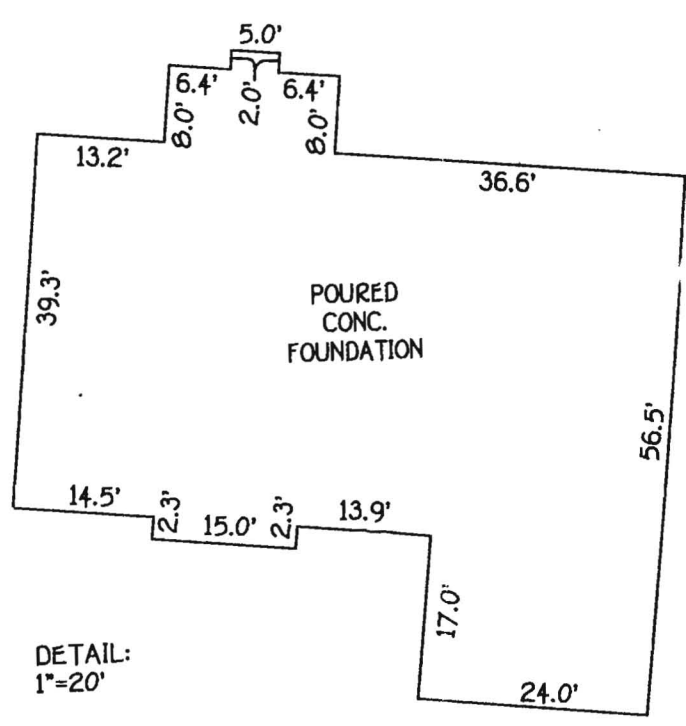
| | |
|----------------|--------------|
| Filing Fee | \$ <u>25</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |

CHECK 5875

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA
 T:\Operations\Updated Forms\New building app 11.10.2010.docx

MAP OF HOWARD COUNTY, MARYLAND, CONTAINING THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1" (4)
 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1" (4)
 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-73-1744) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

POB (PARCEL 334, 4TH PARCEL) / NOW SET AT 243.15' ON THE 14TH PERCH LINE BY DEED DATED MAY LIBER 154, FOLIO 207.



DETAIL:
1"=20'

7-5-12 HS
 B12002261
 Barn OK
 36'x36'
 Proposed barn

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/23/07
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=100'
 DATE: 10/25/07
 DRAWN BY: VLJ
 CHECKED BY: MLR
 PROJECT No.: 07035-6001



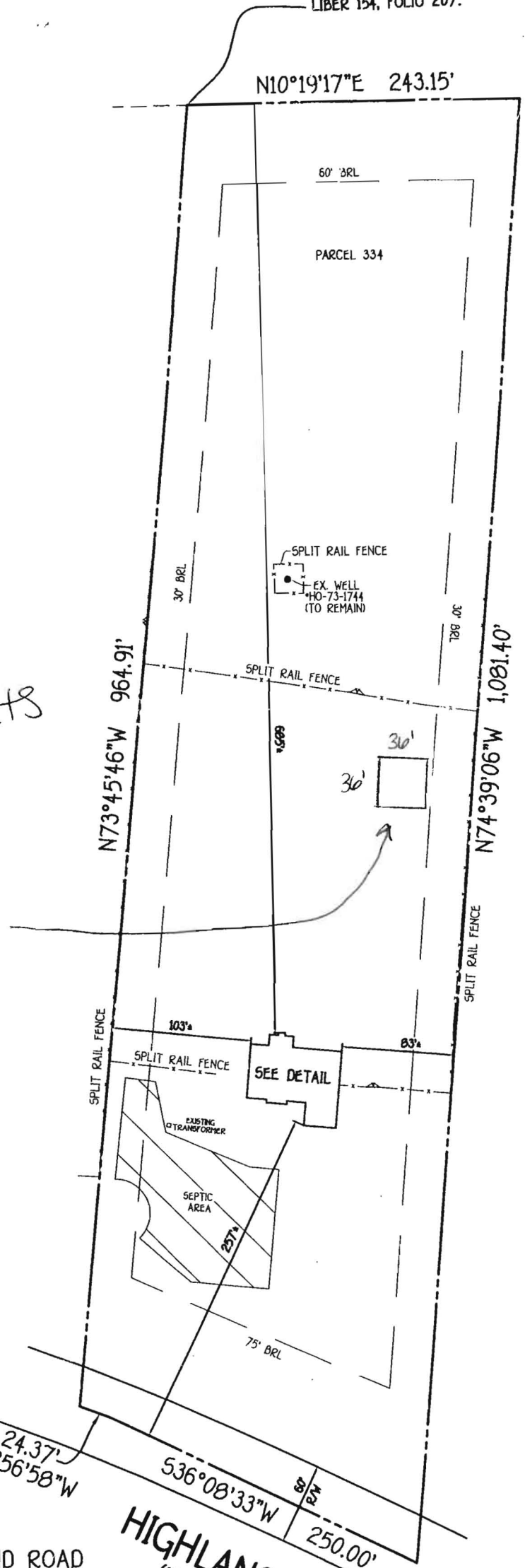
Mark J. Bobel 10/25/07
 PROFESSIONAL LAND SURVEYOR DATE
 REG. # 339

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

•13791 HIGHLAND ROAD
 PARCEL 334
 TAX MAP *34~ GRID *3
 HIGHLAND ROAD
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DEED REF.: LIBER 10605, FOLIO 215

HIGHLAND ROAD
 (MAJOR COLLECTOR)

B.R.L.= BUILDING RESTRICTION
 TOP OF FND. ELEV.:



(Week thru)
**HOWARD COUNTY
PERMIT APPLICATION**

B09002762
PERMIT NUMBER

Building Address 13791 HIGHLAND ROAD
CLARKSVILLE, MD 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot PAR 4

Tax Map 34 Parcel 334 Grid 3

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name GREGORY ROWE
Address 13791 HIGHLAND RD.
City CLARKSVILLE State MD Zip Code 21029
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SF
Proposed Use SF
Estimated Construction Cost \$ 36,000
Description of Work OPEN DECK 500sq
WITH STEPS

Contractor Company ADVANCED DECK DESIGN
Contact Person IRON COLISON
Address 5317 BROOKVILLE RD
City GAMMERSBURG State MD Zip Code 20882
License No. 94774
Phone 301-947-5772 Fax 301-947-5774

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"/> |
| 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 _____ |
| 1 st floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 nd floor: _____ | 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"/> | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| 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 _____ | |

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.

R.L. Colison
Applicant's Signature
ADVANCED DECK DESIGN
Title/Company

R.L. COLISON
Print Name
10/15/09
Date

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

| AGENCY | DATE | SIGNATURE APPROVAL |
|-----------------------|-----------------|---------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Officials | | |
| Dev. Engineering, DPZ | | |
| Health | <u>10-15-09</u> | <u>Dana Bennett</u> |
| 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 \$ _____ |
| 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 New Town Zone _____ | Check # _____ |
| SDP/Red-line approval date _____ | Validation # _____ |
| | Accepted by _____ |

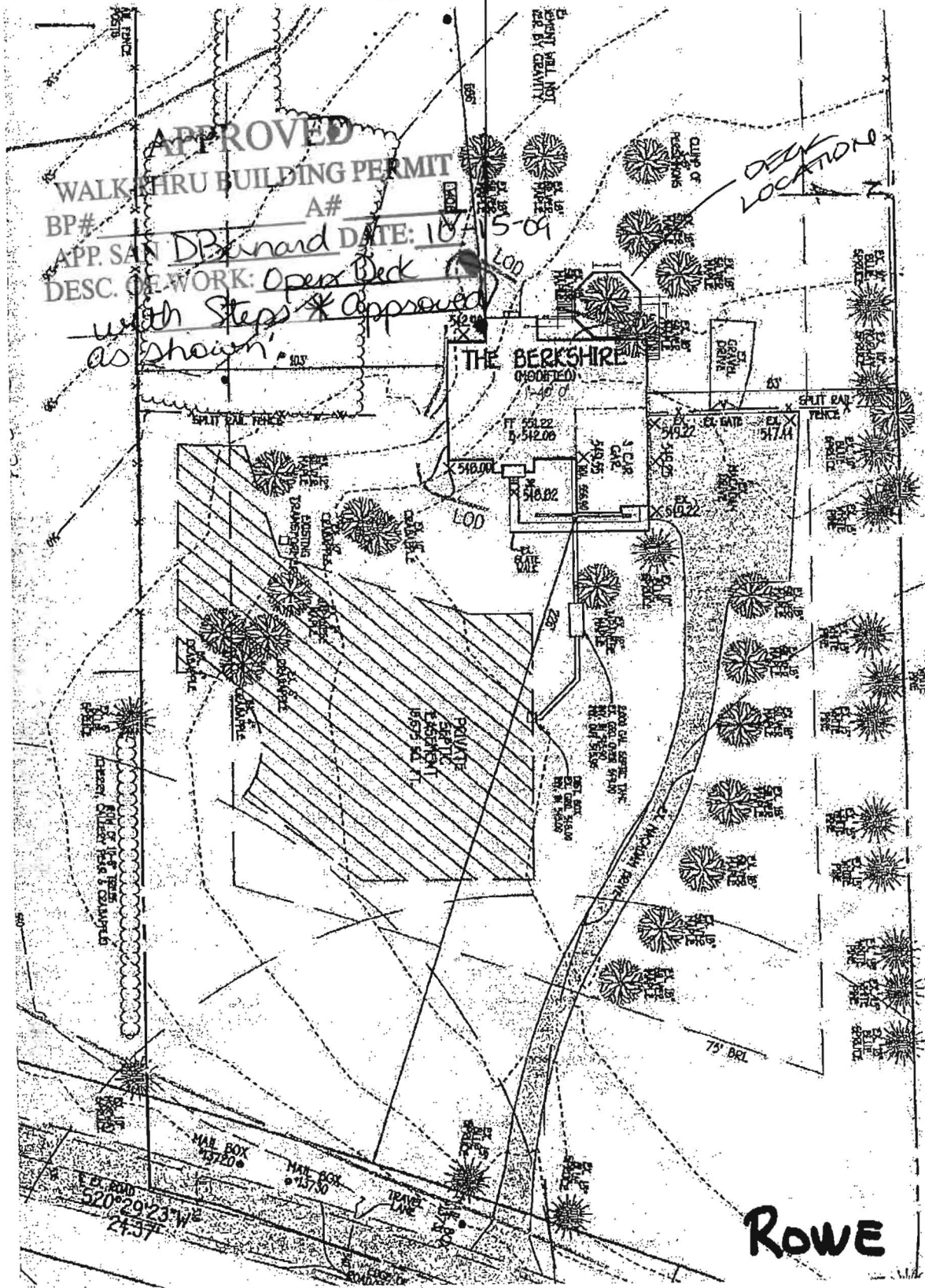
WELL IS 335' FROM HOUSE
(SEE ATTACHED DETAIL
PER HEALTH DEPT)

OCT-12-2009 MON 12:02 PM

TAY MAP 34
620 3

PARCEL 33A
LOT: PAR 4

P. 001



ROWE

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

308000866

Building Address 13791 Highland Rd
Clarksville 21029

Property Owner's Name Coral + Greg Rowe
 Address 13791 Highland Rd

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

Census Tract _____ Subdivision Clarksville

City Clarksville State MD Zip Code 21029

Section _____ Area _____ Lot _____

Home Phone 410-531-1441 Work Phone _____

Tax Map 34 Parcel 4 Grid 3

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

Zoning _____ Map Coordinates 13J-7 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company Maryland Pools

Proposed Use SFD + Pool

Contact Person Joanne Latham

Estimated Construction Cost \$ 25,000

Description of Work Inground pool 23'x42'
in rear yard 1/48" high
Fence

Address 9515 Gerwig Lane

City Columbia State MD Zip Code 21046

License No. 6694

Phone 410-995-6600 Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____ | Water Supply: _____ _____ Public _____ Private |
| 1st floor: _____ | Sewage Disposal: _____ _____ Public _____ Private |
| 2nd floor: <u>3' - 8'</u> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: |
| 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 | |

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
agent
 Title/Company

J. Latham
 Print Name
3-26-08
 Date

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

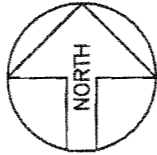
| AGENCY | DATE | SIGNATURE APPROVAL |
|--|---------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>4-2-08</u> | <u>W. Smith</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior 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? | TOTAL FEES \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Entrance Permit required? | Balance due \$ _____ |
| 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 _____ |

SETBACKS:

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

**PRIVATE WELL
& SEPTIC**



SITE PLAN

1"=100'

PARCEL 4
CLARKSVILLE
 TAX ACCOUNT # 373417
 MAP 34, GRID 3, PARCEL 334
 ELECTION DISTRICT NO.05
 HOWARD COUNTY, MARYLAND

NOTE:

- 1) ACCESS WALL OR FENCE TO BE -
- a. REMOVED BY: BUYER
- b. REPLACED BY: BUYER

**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-SWDM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: ON-SITE
 SPA: NONE
 RAISED BEAM: NONE
 TILE: ME-44 (SPECIAL ORDER)
 COPING: 9" ROUNDNOSE BRICK (RED FLASH)
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: 900K BTU (HEAT PUMP)
 LIGHTS: (2) LED WATTS: 300 VOLTS: 120
 LOVESEAT: (1) 9' (OUTSIDE)
 AQUA BENCH: NONE
 RAIL GOODS: NONE
 DECKING: 1,507 Sq.Ft., BROOM FINISH CONCRETE
 FENCE: BY MID-ATLANTIC
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$100 CHEMICAL ALLOWANCE
 OTHER ITEMS: 6' DIVING BOARD & STAND
 (10) PIERS & 25' DECK-O-DRAIN
 158 Sq.Ft., TECO BLOC WALLS
 38' OF DRAIN & (2) 30" HIGH COLUMNS
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 23'-6" x 42'-6" - CUSTOM (TYPE 1)
 POOL AREA: 777 SPA: OTHER:
 TOTAL AREA: 777
 PERIMETER: 119 SPA:
 GALLONAGE: 31,080 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 RT.32/WEST, EXIT RT.108/W. R/T TEN OAKS. L/T BRIGHTON
 DAM. R/T HIGHLAND - HOUSE ON LEFT.

MAP #
13
 GRID
J-7

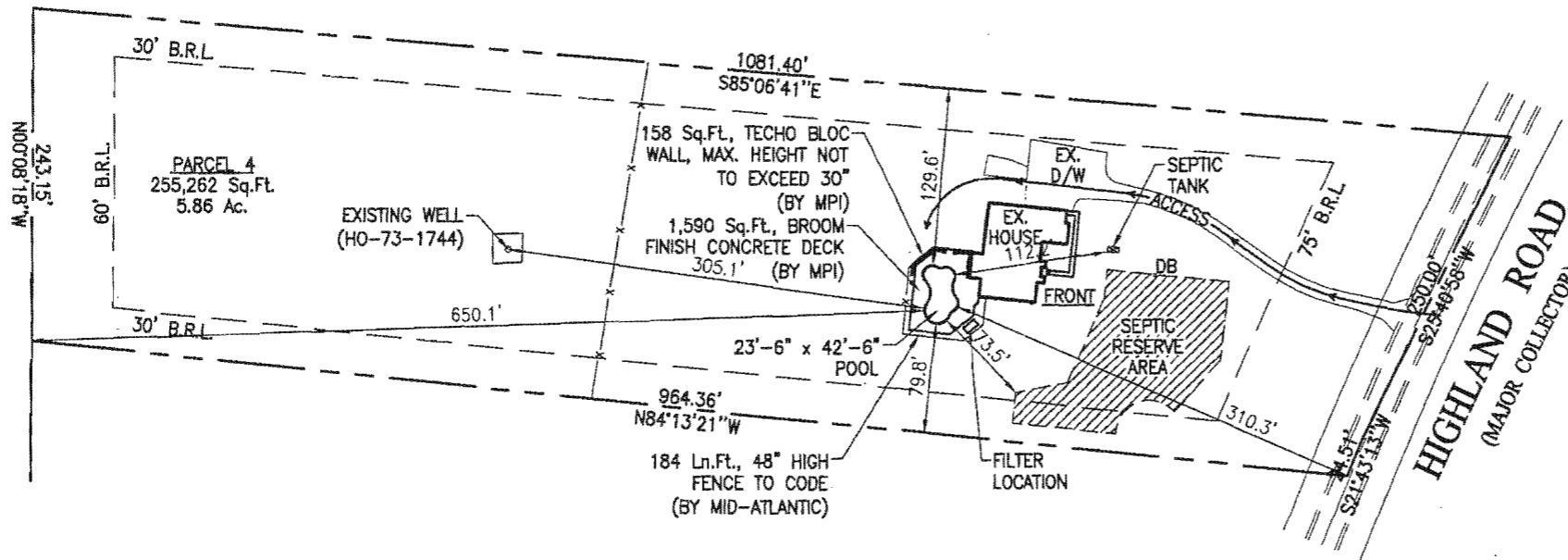
Coral & Greg Rowe
 13791 Highland Road
 Clarksville, Maryland 21029
 Howard County

HOME PHONE: 410-531-1441
 CELL PHONE 1: 410-868-0297 (His)
 CELL PHONE 2:
 E-MAIL ADDRESS: CORAL.ROWE@COMCAST.NET

PARCEL: 4 SUBDIVISION NAME: CLARKSVILLE DISTRICT: 05 PIN #: 373417

SITE PLAN

SCALE: 1"=100' BY: J.L.R. DATE: 3/25/08 JOB NUMBER: DT08-9546 SHEET #: 1.0



APPROVED

WALK-THRU BUILDING PERMIT
 BP# 308000866 A# 527249
 APP. SAN HS DATE: 4-2-08
 DESC. OF WORK: 23' x 42'
inground pool

REVISION:

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 03-25-08

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07003365

Building Address 13791 HIGHLAND RD
~~21029 CLARKSVILLE~~
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6D5101 Subdivision _____
Section _____ Area _____ Lot 4
Tax Map 34 Parcel 334 Grid 3
Zoning RD40 Map Coordinates 1337 Lot size 5.865 AC

Property Owner's Name Thomas Thomas
Address 3675 PARK AVE. #201
City ELICOTT CITY State MD Zip Code 21043
Home Phone _____ Work Phone 410-313-0722
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-313-8131

Existing Use VACANT LOT
Proposed Use 2FD
Estimated Construction Cost \$ 396,000
Description of Work BLEKSHIRE - 2 STORY
FULL BSMT, 2FB, 2HB, 9R,
EP GARAGE - FINISHED
BSMT W/FB

Contractor Company TRINITY QUALITY HOMES INC
Contact Person SALLY HODGE
Address 3675 PARK AVE #201
City ELICOTT CITY State MD Zip Code 21043
License No. 1791
Phone 410-313-8722 Fax 410-313-8731

Occupant or Tenant N/A
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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>2477</u> 2nd floor: <u>2364</u> Basement: <u>2437</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> 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.

Sally J. Hodge
Applicant's Signature
Trinity Quality Homes Inc
Title/Company

Thomas Thomas
Print Name
8/14/06
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# |
|---|--------------------------|--------------------|--|-----------------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>100.00</u> |
| <input checked="" type="checkbox"/> State Highways | | | Rear: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| <input checked="" type="checkbox"/> Health | <u>9/7/07</u> | <u>[Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| <input checked="" type="checkbox"/> Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Check # <u>13219</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |
| Distribution of Copies: _____ | White: Building Official | Green: LDD, DPZ | Yellow: DED, DPZ | Pink: Health |
| T:\forms\PERMIT.FRM | | | | Gold: SHA |