

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:
 B12002608

Building Address: 12545 Ardian Blvd
Sylusville

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 125,000

Description of Work: 900 sq Detached garage
300 sq Addition to existing attached
gar, 100 sq Interior alteration

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Alder Creek Constr.

Contact Person: Chuck Alder

Address: 4691 Morning Dove Dr

City: Hampstead State: MD Zip Code: 21074

License No.: 124231

Phone: 410-259-5297 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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

Email Address _____ Date _____

Title/Company _____

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		
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Walk thru B11000705

Building Address 12545 Indian Hill Dr.
Sykesville, Md 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 7
 Tax Map 0009 Parcel 0136 Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name William Davidson
 Address 12545 Indian Hill Dr.
 City Sykesville State Md Zip Code 21784
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 10,000
 Description of Work 18x14 deck w/ steps to ground
 Occupant or Tenant _____
 Contact Name William Davidson
 Address 12545 Indian Hill Dr.
 City Sykesville State Md Zip Code 21784
 Phone _____ Fax _____

Contractor Company Mid-Atlantic Decks & Fence
 Contact Person _____
 Address 800 Rt 3 South
 City Cambria State Md Zip Code 21054
 License No. 25165
 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 checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

Applicant's Signature Beverly Buderman

Print Name Beverly Buderman

Email Address _____
 Title/Company agent

Date 3/16/11

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 Officials			
Dev. Engineering, DPZ			
Health	<u>3-17-11</u>	<u>DBernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ _____	
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 _____	

B11000483 Davidson

Building Address: 12545 Indian Hill Dr
Sykesville 21784

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

Census Tract: _____ Subdivision: Indian Hill

Section: _____ Area: _____ Lot: 7

Tax Map: 9 Parcel: 136 Grid: 12

Zoning: _____ Map Coordinates: 5 D-10 Lot Size: _____

Existing Use: SFD

Proposed Use: SFD + Pool

Estimated Construction Cost: \$ 25,000

Description of Work: Inground concrete pool 23' x 39' in rear yard w/ 48" high Fence

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input 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 type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

Property Owner's Name: William + Billie Ann

Address: 12545 Indian Hill Dr

City: Sykesville State: _____ Zip Code: 21784

Home Phone: 410-259-9503 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Maryland Pools

Contact Person: Joanne Latham

Address: 9515 Gerwig Lane

City: Columbia State: _____ Zip Code: 21046

License No.: 6694

Phone: 410-995-6600 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Joanne Latham

Email Address: _____

Title/Company: Maryland Pools

Print Name: Joanne Latham

Date: 2-22-11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front:	Permit Fee	\$
Building Officials			Rear:	Tech Fee	\$
PSZA (Zoning)			Side:	Excise Tax	\$
PSZA (Engineering)			Side St.:	PSFS	\$
Health	<u>2-22-11</u>	<u>DBernard</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
Fire Protection			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Lot Coverage for New Town Zone:	Sub- Total Paid	\$
<input type="checkbox"/> ONE STOP SHOP			SDP/Red-line approval date:	Balance Due	\$

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:
B/2002608

Building Address: 12545 Indian Hill Dr.
Sykesville, Md. 21784

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: William and Billie Ann Davidson
 Address: 12545 Indian Hill Dr.
 City: Sykesville State: md Zip Code: 21784
 Home Phone: 410-259-9303 Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Residential Dwelling Single Family
 Proposed Use: Residential Dwelling Single Family
 Estimated Construction Cost: \$ 125,000
 Description of Work: Detached garage, 900 SF unfinished, vacant, make Sike build out 300 SF over garage, tax by room basement + 2nd floor 120 SF
 Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Alder Creek Construction LLC
 Contact Person: Chuck Alder
 Address: 4691 Mornings Dove Dr.
 City: Hampstead State: md Zip Code: 21074
 License No.: 124231
 Phone: 410-259-5297 Fax: _____
 Email: AldercreekLLC@aol.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Chuck Alder
 Applicant's Signature
AldercreekLLC@aol.com
 Email Address
President Alder Creek Construction LLC
 Title/Company

Chuck Alder
 Print Name
7/30/12
 Date

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		
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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



Office of the Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 9, 2012

TO: Alder Creek Construction, LLC
C/o Chuck Alder
Via-e-mail: AlderCreekLLC@aol.com

RE: **Building Permit # B12002608**
12545 Indian Hill
Sykesville, Maryland 21084

Mr. Alder,

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Floor Plans for the existing house and proposed addition must be submitted for review. The plans will be used to determine if the existing septic system can accommodate the proposed addition.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard

Dana Bernard, REHS/RS

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

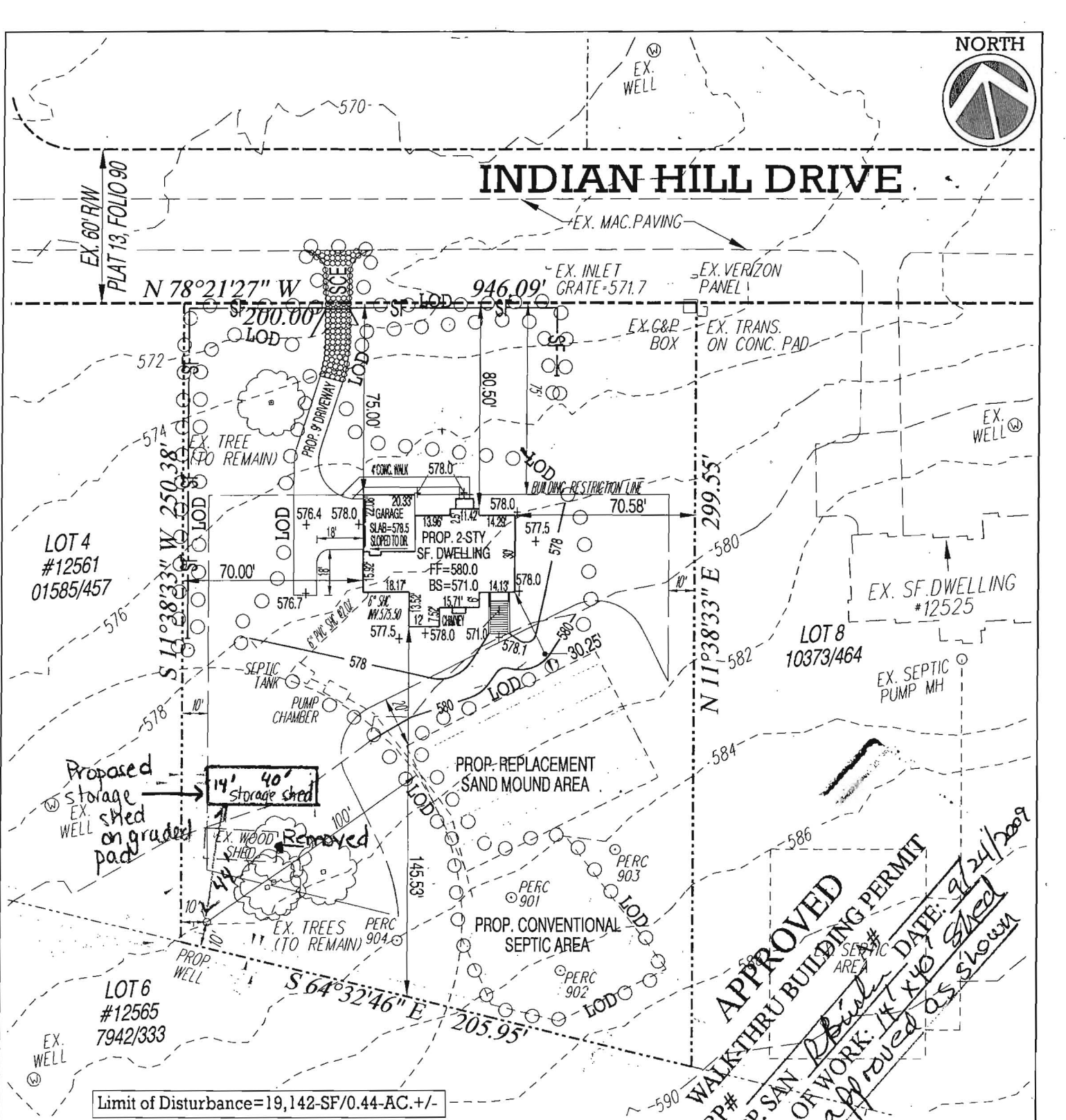
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file
Homeowners: William and Billie Davidson
12545 Indian Hill Drive
Sykesville, Maryland 21784

NORTH



INDIAN HILL DRIVE



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# [blank]
 APP. SAN [blank]
 DESC. OF WORK: 1K X 10 shed
 DATE: 9/24/2009
 Approved as shown

Subdivision: INDIAN HILL - SECTION 2
 Lot 7 - 12545 Indian Hill Drive
 Tax Account Number: 1403294900
 Deed: 10585/0452

Plat reference: Plat 13, folio 90
 Tax Map: 9, Parcel 136, Lot 7
 Existing use: Vacant
 Proposed Use: 1 Single-Family Dwelling

Owner:
 William and Billie Davidson
 4055 Wheatland Court
 Hampstead, Maryland 21074

Notes:
 Net Site Area: Lot 7 = 1.26 ac +/-
 Zoning: RR-DEO
 *First Floor and Basement Elevations Shown on Plan
 *Private Water and Sewer Systems shown on plan.
 * Topography from Howard County GIS supplemented with Field-Run Information.
 *Dwelling to be Wood Frame Construction on Poured Conc. Foundation

Date: September 22, 2009
 Election District 3-02
 Howard County, Maryland
 Scale: 1"=50'

PLOT PLAN FOR BUILDING PERMIT
INDIAN HILL- SECTION II - LOT 7
#12545 INDIAN HILL DRIVE

Builder:
 Bob Ward Trademark Homes, LLC
 2700 Philadelphia Road
 Edgewood, Maryland 21040

Letter of Amendment

Regarding building permit: B09002280

Site Address:

12545 Indian Hill Drive
Sykesville, MD 21784

To: Avis Corbin
Chief of Licensing and Permitting

I am writing this letter of amendment to my current building permit, as listed above. Upon excavating for our foundation, the excavating company identified a higher ground water level than previously expected. Consultation with my engineer, Sal Crupi of Matis Warfield Engineering Services and Geotechnical engineer, Frank Garcia of Hillis-Carnes Engineering have provided me with their professional opinion of raising the foundation of the proposed single family dwelling two feet out of the ground to reduce ground water issues. As well we will be adding 6-inch drainage pipe around the foundation of the house, which the geotechnical engineer in coordination will supervise this portion of the project with my builder, Bob Ward Trademark Homes. Attached is the newly revised plot record and stake out/ cut sheet. Thank you for your review of this change.

Billie A. Davidson

Billie A. Davidson-(owner)
4055 Wheatland Ct.
Hampstead, MD 21074
(410) 374-8360
(410) 259-9303

~~cc: Heather~~

RECEIVED

NOV 20 2009

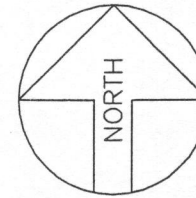
LICENSES & PERMITS
DIVISION

CK# 126

189760

SETBACKS:
 REAR PL. 10'
 SIDE PL. 10'
 HOUSE 0'
 SEPTIC 20'
 WELL 20'

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

EQUIPMENT LIST

DIRT/GRADING: HAUL - 1 HOUR (IN CONTRACT)
SPA: 50 Sq.Ft., W/6 JTS, LED LGHT & BLWR
RAISED BEAM: 18" HIGH FACED W/CULTURED STONE (60 SF)
TILE: TO BE DETERMINED
COPING: 12" PA FULL RANGE FLAGSTONE (CUT)
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/INTELLIFLO VS-3050
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: EASYTOUCH 8SC
HEATER: 400K BTU (PROPANE)
LIGHTS: (2) LED **WATTS:** 300 **VOLTS:** 120
LOVESEAT: (1) @ 10' & (1) @ 11' W/STEP (INSIDE)
AQUA BENCH: NONE
RAIL GOODS: NONE
DECKING: 1,110 Sq.Ft., PAVER
FENCE: BY OWNERS FENCE CONTRACTOR
POOL COVER: NONE **TYPE:** N/A
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: 2ND STEP TANNING LEDGE (60 Sq.Ft.)
 W/UMBRELLA SOCKET; EQUIPOTENTIAL BONDING GRID;
 18 Ln.Ft., OF STEP RISERS;
ELECTRIC: 200 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 23'-6" x 39'-3" - CUSTOM (NON-DIVING)
POOL AREA: 675 **SPA:** 50 **OTHER:**
TOTAL AREA: 725
PERIMETER: 112 **SPA:** 25
GALLONAGE: 22,722 **DEPTH:** 3'-0" TO 6'-0"

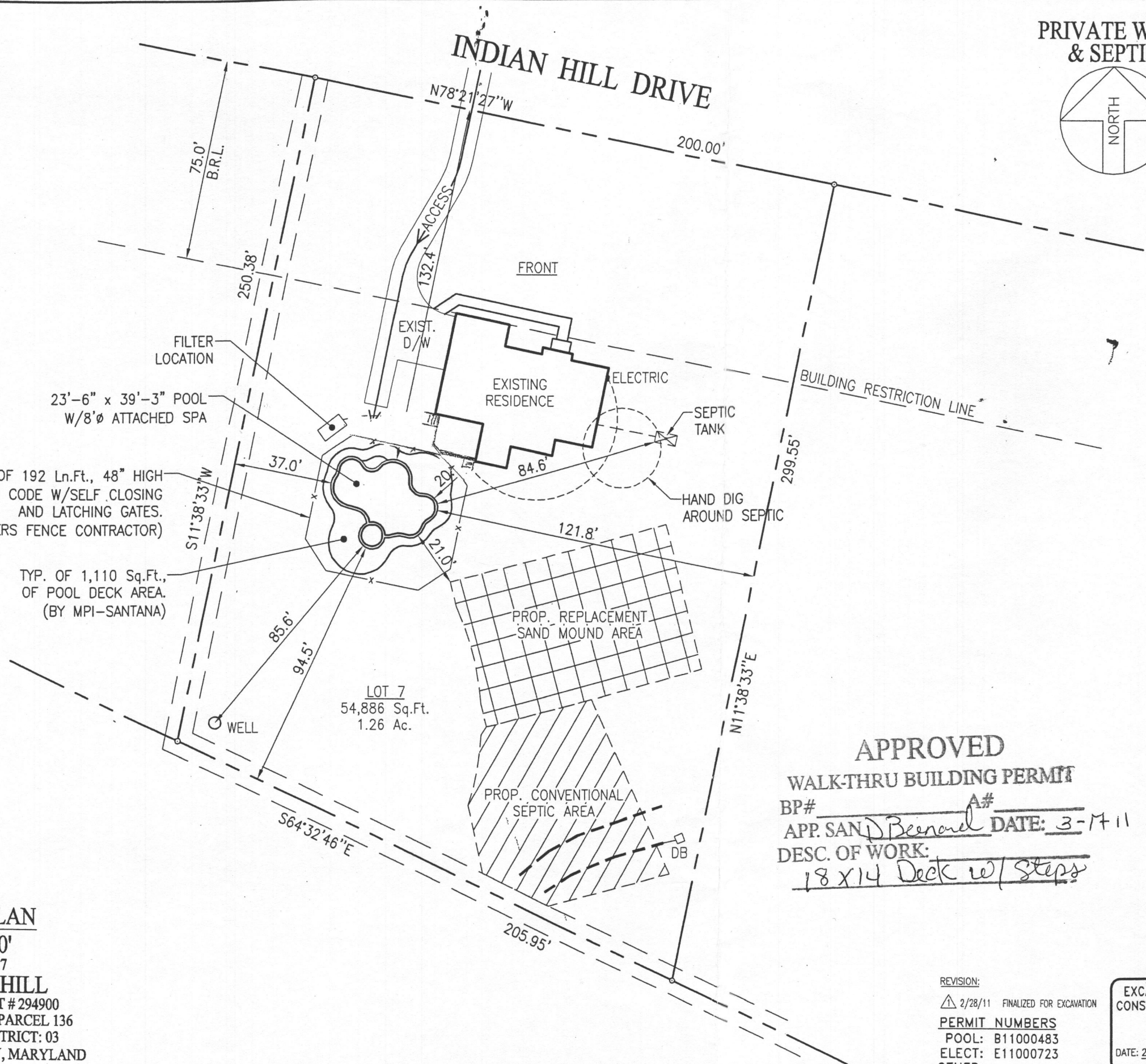
DIRECTIONS TO SITE

DIRECTIONS:	MILES: 000	MAP #
32 WEST TO R/T ONTO INDIAN HILL DR., SITE LOCATED ON R/T AT 12545.		5
		GRID
		D-10

William A. & Billie Ann Davidson
 12545 Indian Hill Drive
 Sykesville, Maryland 21784
 Howard County

HOME PHONE: 410-489-4596
 OFFICE PHONE: 410-259-9303 (Mrs.)
 CELL PHONE 1: 240-456-0195
 CELL PHONE 2:

LOT: 7	SUBDIVISION NAME: INDIAN HILL	DISTRICT: 03	PIN #: 294900
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 2/21/11	JOB NUMBER: JC11-10151
			SHEET #: 1.0



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAND Beard DATE: 3-17-11
 DESC. OF WORK:
18x14 Deck w/ steps

SITE PLAN

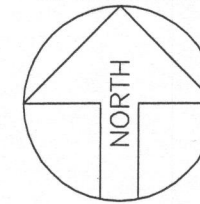
1"=40'
 LOT #7
INDIAN HILL
 TAX ACCOUNT # 294900
 MAP 9, GRID 12, PARCEL 136
 ELECTION DISTRICT: 03
 HOWARD COUNTY, MARYLAND

REVISION:
 2/28/11 FINALIZED FOR EXCAVATION
PERMIT NUMBERS
 POOL: B11000483
 ELECT: E11000723
 OTHER:

EXCAVATION CONSTRUCTION SET
 DATE: 2-28-11

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

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

EQUIPMENT LIST

DIRT/GRADING: HAUL - 1 HOUR (IN CONTRACT)
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PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/INTELLIFLO VS-3050
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: EASY 8
HEATER: 400K BTU (PROPANE)
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LOVESEAT: (1) @ 10 (INSIDE) & (1) @ 11' (OUTSIDE)
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POOL COVER: NONE TYPE: N/A
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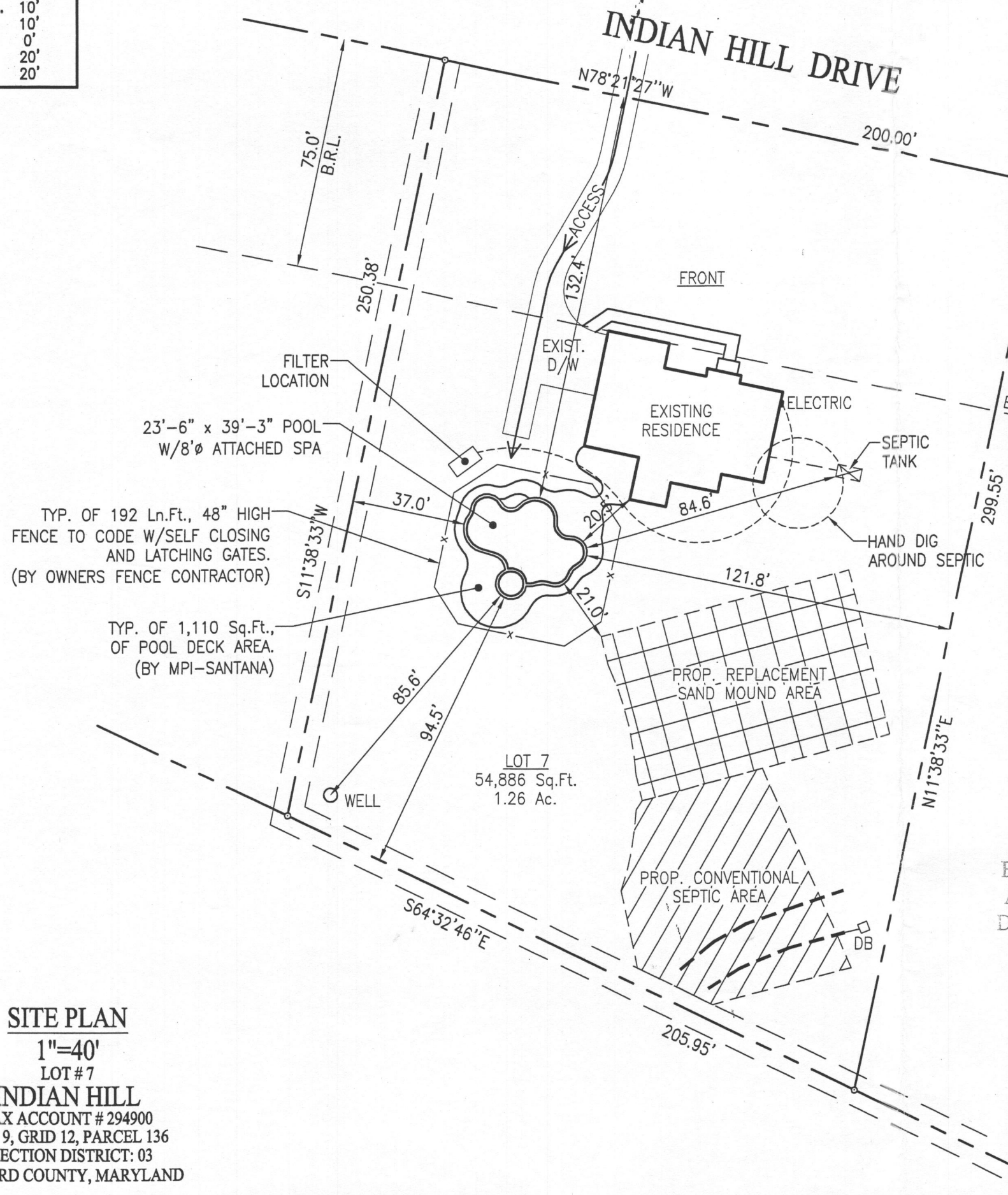
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SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 2/21/11	JOB NUMBER: JC11-10151
			SHEET #: 1.0



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *D. Bernard* DATE: 2-22-11
 DESC. OF WORK: *23x39' w/48' fence pool*

REVISION:

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 2-21-11

SITE PLAN

1"=40'
 LOT #7
 INDIAN HILL
 TAX ACCOUNT # 294900
 MAP 9, GRID 12, PARCEL 136
 ELECTION DISTRICT: 03
 HOWARD COUNTY, MARYLAND