

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

808000113

Building Address 11222 KINSALE COURT
ELICOTT CITY MD 21042
Suite/Apt #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision RIVERWOOD I
Section _____ Area _____ Lot 34
Tax Map 29 Parcel 20 Grid 4
Zoning _____ Map Coordinates _____ Lot size 1.13AC

Property Owner's Name J.P. Bishop
Address 11222 Kinsale Court
City Ellicott City State MD Zip Code 21042
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use RESIDENTIAL
Proposed Use Same
Estimated Construction Cost \$ 60,000
Description of Work Inground Swimming Pool
3-8' Deep - Fence to code
POOL SIZE: 41x23 with 9' spa

Contractor Company CUSTOM HOME POOLS INC.
Contact Person MIKE BEVAN
Address 3020 SOBUS DR.
City WEST RAINDSBURY State MD Zip Code 21794
License No. 124874
Phone _____ Fax _____

Occupant or Tenant J.P. Bishop
Contact Name MIKE BEVAN
Address 3020 SOBUS DR.
City WEST RAINDSBURY State MD Zip Code 21794
Phone 410 488-8890 Fax _____

Engineer or Architect Company BOTANICAL DESIGNERS
Contact Person CHRIS CRILL
Address 5011 B OLNEY RD
City OLNEY State MD Zip Code 20832
Phone 434 948 6625 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 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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <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"/> No. of Bedrooms _____ Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: <u>N/A</u> <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 Mike Bevan

Print Name MIKE BEVAN

Title/Company _____

Date _____

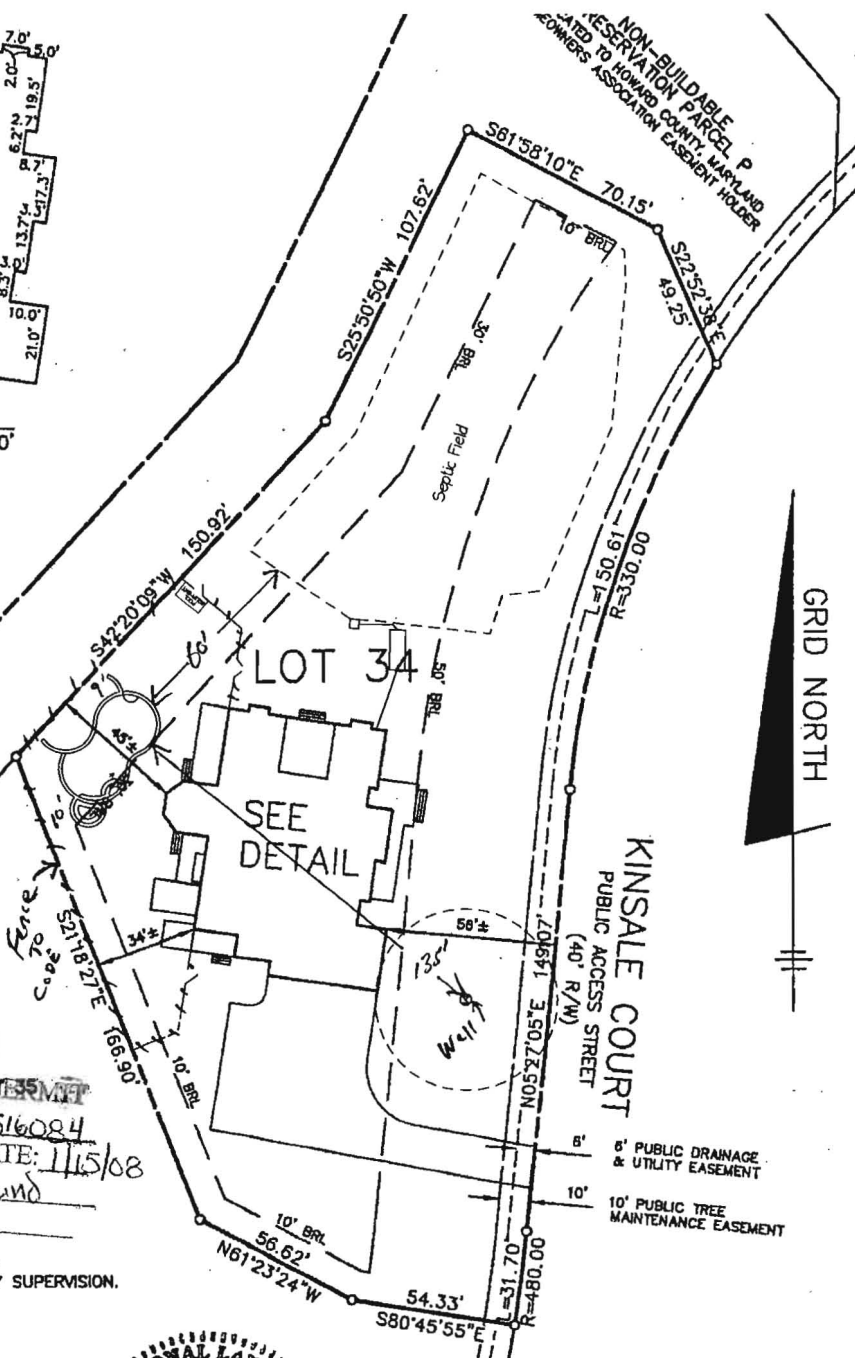
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

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 <u>11/15/08</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T: Norm PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____



DETAIL
SCALE: 1" = 40'

EDWARD H. MURPHY
MARGARET M. MURPHY
4756/489 4192/287
TAX MAP 29 PARCEL 303
11380 HOMEWOOD ROAD
14.72 AC +/-



GRID NORTH

APPROVED
WALK-THRU BUILDING EASEMENT
BP# B08090113 A# S16084
APP. SAN GAC DATE: 11/5/08
DESC. OF WORK: in-ground
Pool as shown

SURVEYOR'S CERTIFICATE
THIS DRAWING WAS MADE UNDER MY SUPERVISION.

11/14/07
STEPHAN JALON
PROFESSIONAL LAND SURVEYOR
MARYLAND REG. No. 10726
FEMA FIRM No. 240044 0027 B
ZONE: C
DATED: 12/4/86



BENCHMARK
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-6105 & fax: 410-465-6644
www.bei-civilengineering.com

LOCATION DRAWING
RIVERWOOD
PHASE 1
PLAT No. 18034
LOT No. 34

11222 KINSALE COURT
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 11/12/07

P:\1950 RIVERWOOD HSES\dwg\18588B34.dwg location: 11/13/2007 8:31:38 AM
ewf, 1:1

135' to well
60' to septic tank
Pool 41' x 23' 0.0 3-8' deep
Spa 9' x 1' no bars
135' to front
220' side 10' left
9' rear

60009340

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 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

B07001528

Building Address 11222 Rockledge Court
ELLCOTT CITY MD 21042

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

Census Tract 603000 Subdivision Riverwoods

Section _____ Area _____ Lot 34

Tax Map 29 Parcel 20 Grid 4

Zoning R2000 Map Coordinates _____ Lot size _____

Property Owner's Name Camberley Homes

Address 6905 Rockledge Dr. #800

City Bethesda State MD Zip Code 20817

Home Phone _____ Work Phone _____

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

Phone 279 1024 Fax _____

Existing Use VACANT

Proposed Use SFD

Estimated Construction Cost \$ 600,000

Description of Work Notttingham - 2 story
Rear Addition 1.5 inch beam
5 BR 6 FB 3UB 3 car garage

Contractor Company Camberley Homes

Contact Person Ron O'Brien

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

License No. 57

Phone 800 527 558 Fax 301 803 4803

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company BENCHMACK ENGINEERS

Contact Person John Carey

Address 2450 BALTIMORE NATIONAL PIKE

City ELLCOTT CITY State MD Zip Code 21043

Phone 410 465 6105 Fax 410 465 6644

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D <input type="checkbox"/> NFFPA #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: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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Carol V. ...
Applicant's Signature
Permit Runner
Title/Company

Carol V. ...
Print Name
4.30.07
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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>5/7/07</u>	<u>[Signature]</u>	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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>18613</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
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T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA