

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 10439 Kingsbridge Rd
Ellicott City 21042
 Suite/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract _____ Subdivision Burleigh Manor
 Section _____ Area _____ Lot 670
 Tax Map 24 Parcel 766 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jeffrey + Kelley Addison
 Address 10439 Kingsbridge Rd
 City Ellicott City State _____ Zip Code 21042
 Home Phone 410-461-2074 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD + Pool
 Estimated Construction Cost \$ 25,000
 Description of Work Inground concrete pool 21x41' in rear yard w/48" high fence to code

Contractor Company Maryland Pools
 Contact Person Joann Latham
 Address 9515 Gerwig LA
 City Columbia State _____ Zip Code 21046
 License No. 6699
 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: _____ 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 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Dimensions: _____ NFPA #13D _____ NFPA #13R _____ Other: _____
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 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. Addison
 Applicant's Signature
 Title/Company agent

J. Latham
 Print Name
 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>2/7/07</u>	<u>Joann Latham</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 _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by _____

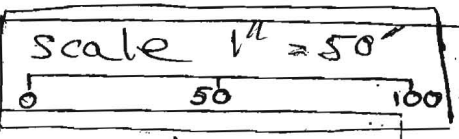
10439 Kingsbridge
Septic Components
and Well
Locations
OWNER: 2/1/07 ref

SITE INSPECTION SHEET

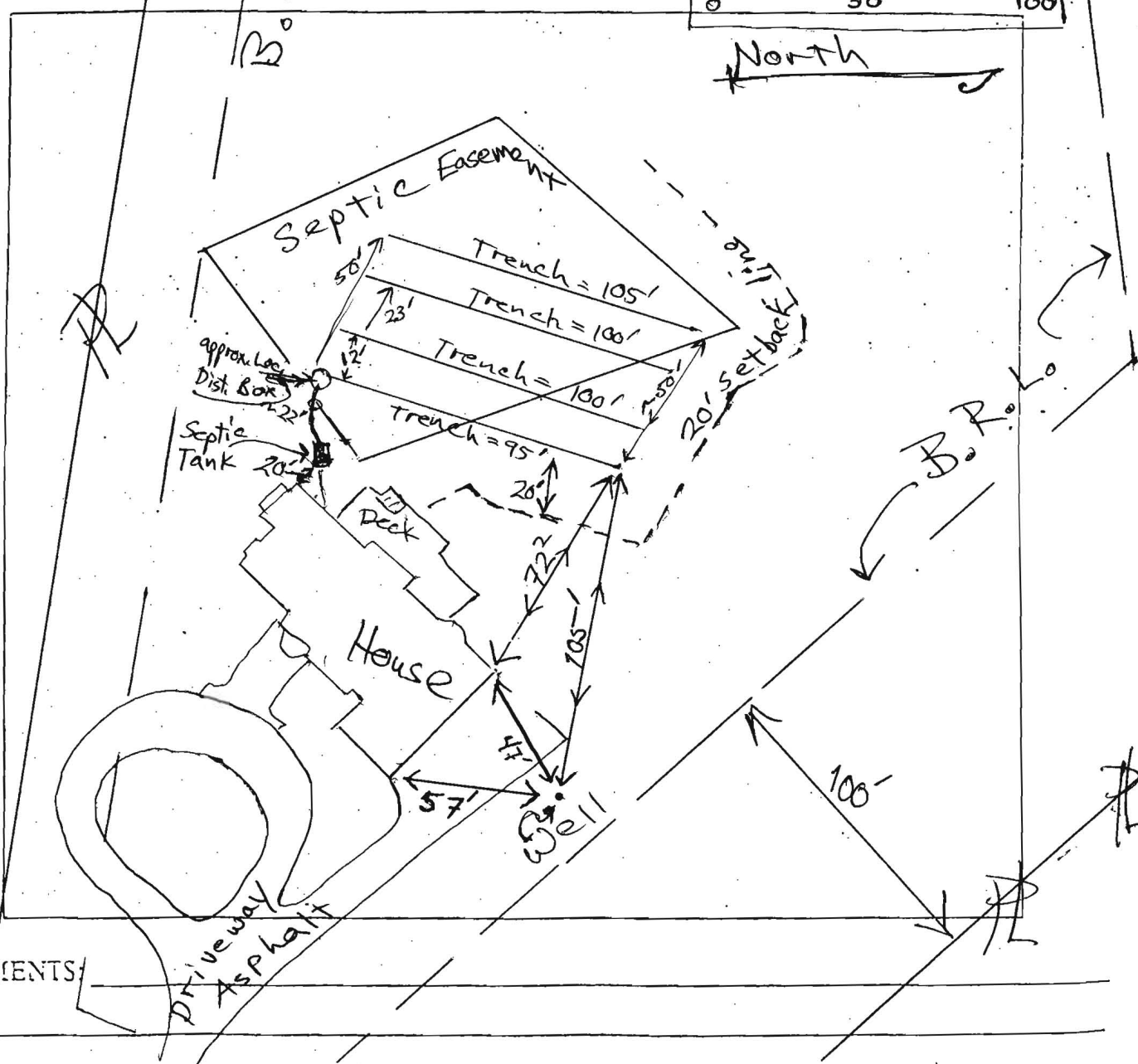
C.B.R.L. ↘

PHONE #: _____
ADDRESS: _____ CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



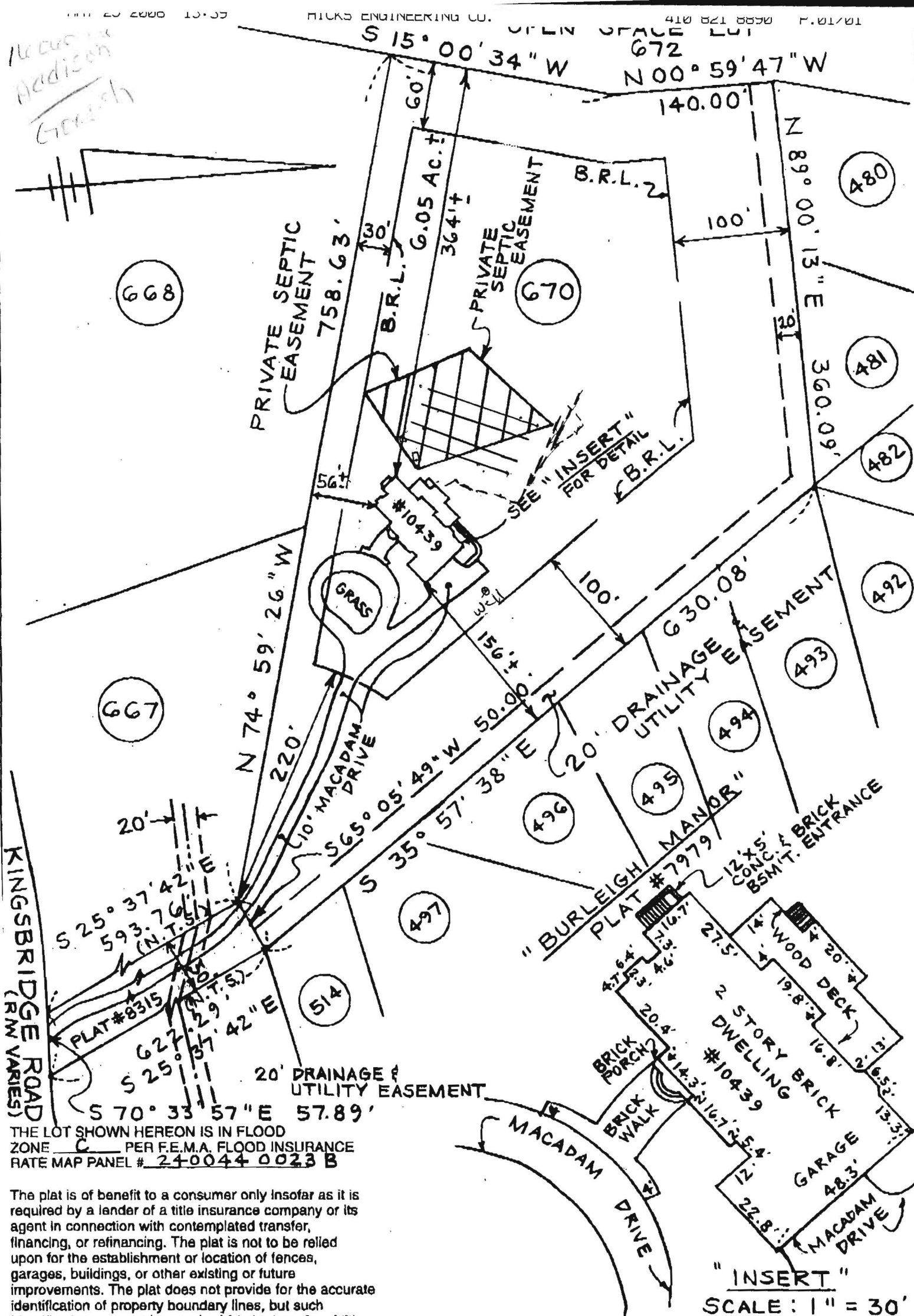
North →



COMMENTS:

10439 Kingsbridge Rd. (Jeffrey & Kelly Addison)

160000
 Addison
 G.00000



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044 0023 B

The plat is of benefit to a consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

DEED REF: 2524-504

H **HICKS ENGINEERING ASSOCIATES, INC.**
 ENGINEERS, SURVEYORS & PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND, 21286
 TELEPHONE: (410) 494-0001

LOCATION DRAWING OF #10439 KINGSBRIDGE ROAD LOT 670 "BURLEIGH MANOR" SECT. 2 LOTS 655 THRU 719A RESUBDIVISION OF PART OF PARCEL B-2 PLAT #8321 HOWARD COUNTY, MD.

DATE: 5/25/06 SCALE: 1"=100' FILE:

SETBACKS:

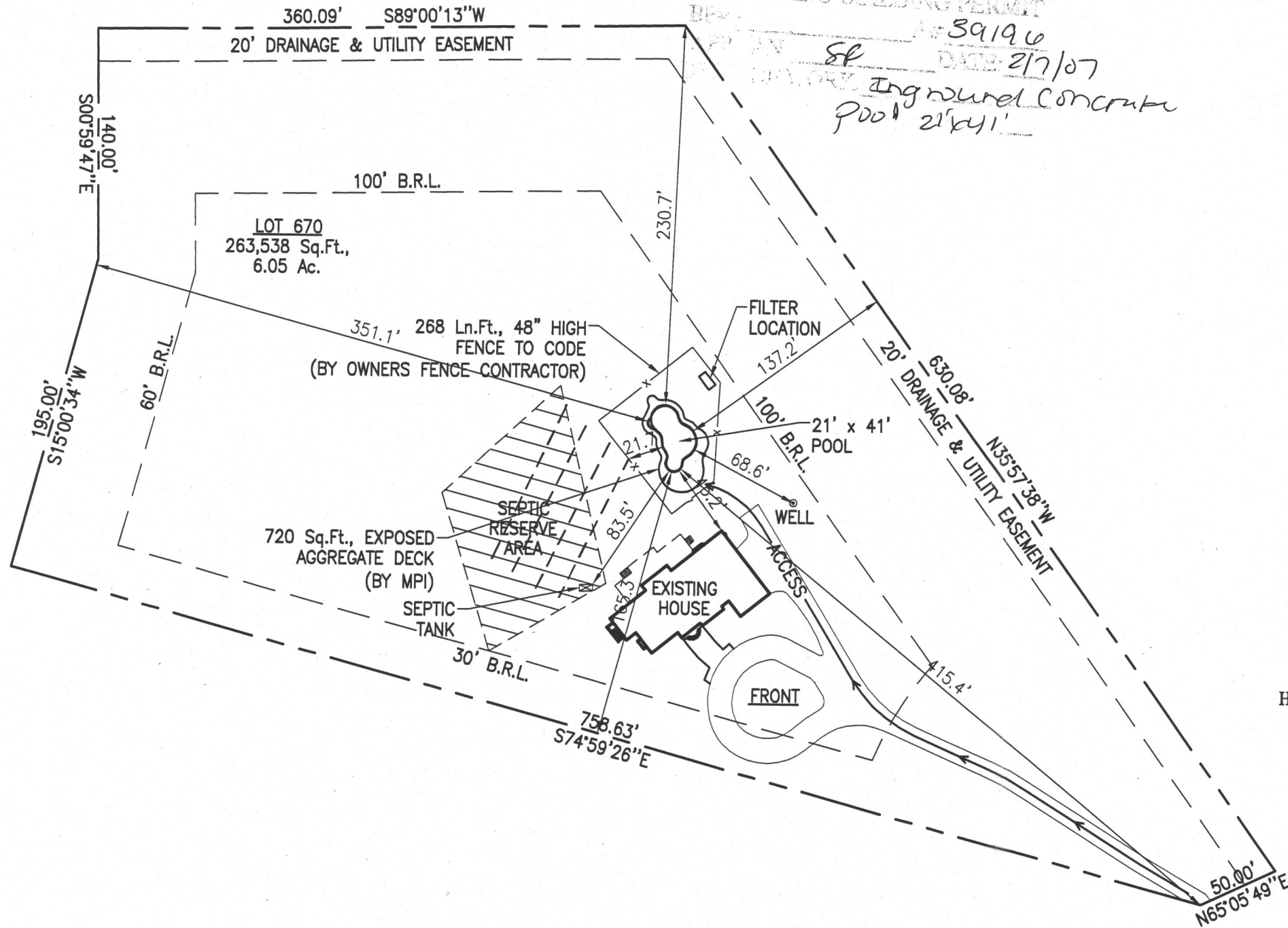
REAR PL. 10'
 SIDE PL. 10'
 HOUSE 0'
 SEPTIC 20'
 WELL 10'

NOTE:

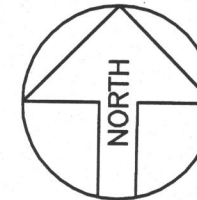
OWNER TO HAVE TREES CUT TO STUMP REMOVAL HEIGHT, EXCAVATOR TO DEAL DIRECT W/OWNER ON COST TO REMOVE (3) STUMPS. STUMPS TO BE LEFT ON SITE AT OWNER'S REQUEST.

APPROVED
 WASHINGTON BUILDING PERMIT
 DEPT. OF PERMITS & INSPECTION
 #39190
 DATE: 2/7/07

Ing round concrete pool 21'x41'



PRIVATE WELL & SEPTIC



SITE PLAN

1"=80'
 LOT 670

BURLEIGH MANOR
 TAX ACCOUNT #339560
 MAP 24, GRID 13, PARCEL 766
 ELECTION DISTRICT NO.02
 HOWARD COUNTY, MARYLAND

REVISION:
 2/6/07 MOVED POOL LOCATION
PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET

DATE: 02-08-07

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
 SPA: NONE
 RAISED BEAM: NONE
 TILE: RM-06
 COPING: 9" ROUNDNOSE BRICK (RED FLASHED)
 PLASTER: GRAY PLASTER
 FILTER SYS: C&C 420 SF CART. W/2HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: AC-125 (HEAT PUMP)
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' (OUTSIDE)
 AQUA BENCH: NONE
 RAIL GOODS: NONE
 DECKING: 720 Sq.Ft., EXPOSED AGGREGATE
 FENCE: BY OWNERS FENCE CONTRACTOR
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: 8' DIVING BOARD & STAND
 INITIAL WATER FILL
 2ND STEP TANNING LEDGE (35 Sq.Ft.)
 80 Ln.Ft., OF BRICK DECK DIVIDERS
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 21' x 41' - CUSTOM (DIVING)
 POOL AREA: 630 SPA: OTHER: 12
 TOTAL AREA: 642
 PERIMETER: 111 SPA:
 GALLONAGE: 25,988 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 RT.29/NORTH TO RT.108/WEST TO R/T ON CENTENIAL LANE TO L/T ONTO BRECKONSHIRE RD., TO R/T ON KINGSBRIDGE RD., SITE IS FIRST DRIVEWAY ON RIGHT #10439, TAKE DRIVEWAY TO POOL SITE, RIGHT SIDE OF HOUSE.

MAP #
 11
 GRID
 F-11

Jeffrey & Kelley Addison
 10439 Kingsbridge Road
 Ellicott City, Maryland 21042
 Howard County

HOME PHONE: 410-461-2074
 CELL PHONE 1: 410-294-8036 (Mr.)
 CELL PHONE 2:
 FAX PHONE: 410-461-2074

LOT: 670	SUBDIVISION NAME: BURLEIGH MANOR	DISTRICT: 02	PIN # 339560
SITE PLAN			ZONE: ONE
SCALE: 1"=80'	BY: J.L.R.	DATE: 1/26/07	JOB NUMBER: JK07-9115 SHEET #: 1.0