

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1-14-14  
 To: PLAN REVIEW  
 (Person's Name and Division)  
 From: CHRIS BRACKINS ( )  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name SHED (PREFAB) (12x24)  
 Project site address 440 WOODBINE RD WOODBINE MD 21777  
 Permit Number B13004108 SDP # \_\_\_\_\_  
 Other information pertinent to this project RELOCATED SHED LOCATION TO MEET SETBACK AS PER ANNOTATION (2-NW)

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to Howard County plan review code letter
  - Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
  - Structural steel certification \* Revised plot plan per DPZ \*
  - Energy conservation calculations
  - Certification for \_\_\_\_\_ (be specific).
  - Copies of \_\_\_\_\_ (be specific).
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?  
 If so, please list that person's name and telephone number below:

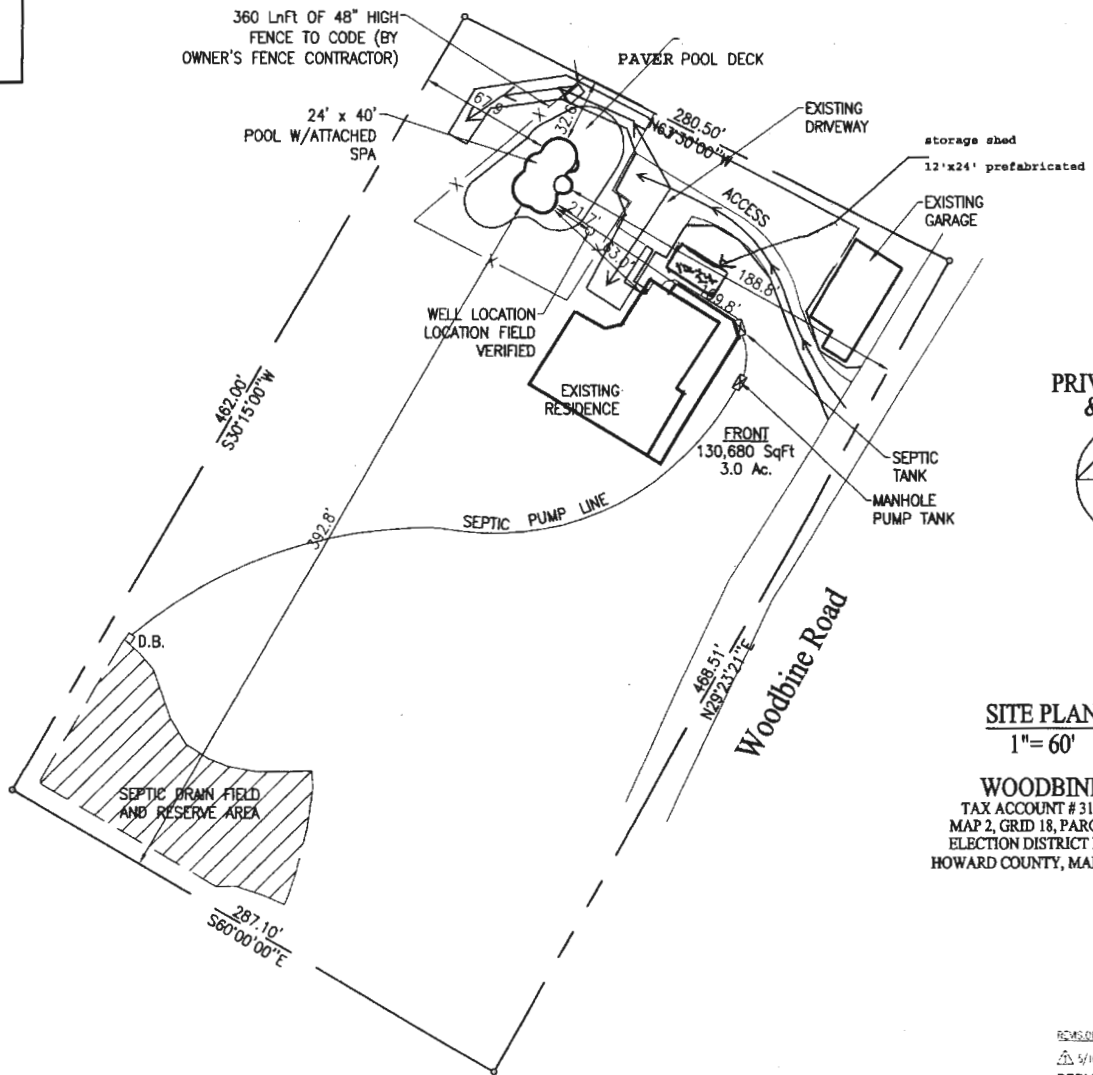
\_\_\_\_\_  
 (Person's name) ( )  
 \_\_\_\_\_  
 (Telephone number)

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by L. Hurman

white: Plan Review Division  
 yellow: Applicant  
 pink: Permit Division

<b>SETBACKS:</b>	
REAR PL	10'
SIDE PL	30'
HOUSE	N/A
SEPTIC	15'
WELL	10'



REVISED  
Date: 1/14/14  
Comments: B1300408



**SITE PLAN**  
1"=60'

**WOODBINE**  
TAX ACCOUNT # 312228  
MAP 2, GRID 18, PARCEL 33  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND

PERMIT SET  
new shed  
DATE: 10/31/13

REVISION:  
5/16/07 REVISED SEPTIC PLAN  
**PERMIT NUMBERS**  
ELECT:  
OTHER:

<b>EQUIPMENT LIST</b>			
<b>Modular Shed Data</b>			
Size: 12 x 24 288 sf Prefabricated Meyers Mini Barn			
<b>POOL DATA</b>			
SIZE/SHAPE: 24' x 40' - CUSTOM (DMNG) POOL AREA: 715 SPA: 50 OTHER: 12 TOTAL AREA: 777 PERIMETER: 114 SPA: 25 GALLONAGE: 30,280 DEPTH: 3'-0" TO 8'-6"			
<b>DIRECTIONS TO SITE</b>			
DIRECTIONS: 70 WEST TO EXIT #73/MD-24 TOWARD WOODBINE RD 1.4 MILES TO HOUSE ON THE LEFT			MAP # 3 GRID G-6
Chris Brackins 440 Woodbine Road Woodbine, Maryland 21797 Howard County			
HOME PHONE: 410-489-9684 CELL PHONE 1: 443-864-6650 CELL PHONE 2: OFFICE PHONE:			
LOT: N/A	SUBDIVISION NAME: WOODBINE	DISTRICT: 04	PIN # 312228
<b>SITE PLAN</b>			ZONE: ONE
SCALE: 1"= 60'	BY: C.L.B.	DATE: 10/31/13	JOB NUMBER: 001 SHEET # 1.0



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 440 Woodbine Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 2 Parcel: 33 Grid: 18  
 Zoning: residential Map Coordinates: 2 grid 18 Lot Size: 3 acres

Property Owner's Name: Chris Brackins  
 Address: 440 Woodbine Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 443-864-6650 Fax: 410-489-9684  
 Email: brackins21797@yahoo.com

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: new structure  
 Proposed Use: Storage Shed  
 Estimated Construction Cost: \$ 3,250.00  
 Description of Work: purchased prefabricated shed from Meyers Mini barn 12'x24' storage shed delivered and placed on driveway the shed is used to store motorcycles  
 Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure: <u>Storage Shed</u>	
	Dimensions: <u>12' x 24'</u>	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>none</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: <u>Shingle</u>	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 \_\_\_\_\_  
brackins21797@yahoo.com  
 Email Address \_\_\_\_\_  
owner / resident  
 Title/Company \_\_\_\_\_

Christopher L Brackins  
 Print Name \_\_\_\_\_  
Nov 2, 2013  
 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	<u>11/02/13</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

**SETBACKS:**

SEPTIC WELL 15'  
WELL 10'

360 Lb Ft OF 48" HIGH FENCE TO CODE (BY OWNER'S FENCE CONTRACTOR)

24' x 40' POOL W/ ATTACHED SPA

PAVER POOL DECK

EXISTING DRIVEWAY

new storage shed  
12'x24' prefabricated

EXISTING GARAGE

WELL LOCATION  
LOCATION FIELD  
VERIFIED

EXISTING RESIDENCE

FRONT  
130,660 SqFt  
3.0 Ac.

SEPTIC TANK

MANHOLE  
PUMP TANK

SEPTIC PUMP LINE

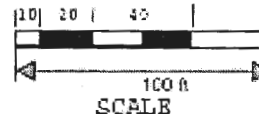
PRIVATE WELL & SEPTIC



**SITE PLAN**

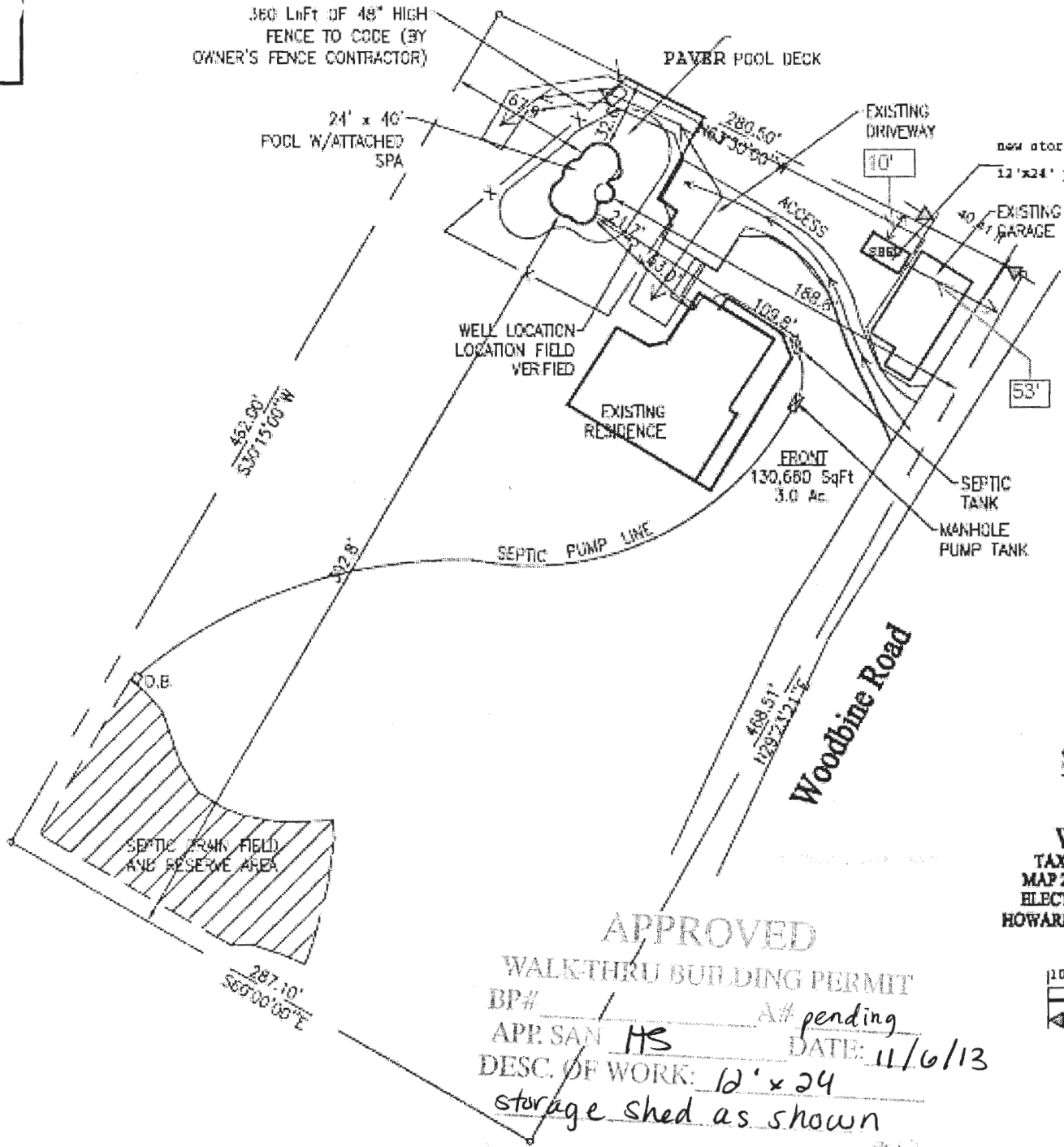
**WOODBINE**

TAX ACCOUNT # 312228  
MAP 2, GRID 18, PARCEL 33  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND



REVISION  
SHOW REVISIONS  
PERMIT NUMBERS  
ELECT:  
OTHER:

PERMIT SET  
new shed  
DATE: 10/22/13



APPROVED

WALKTHRU BUILDING PERMIT

BP# \_\_\_\_\_ A# pending  
APP. SAN HS DATE: 11/6/13  
DESC. OF WORK: 12' x 24  
storage shed as shown

SEPTIC TANK FIELD  
AND RESERVE AREA

D.O.B.

287.10'  
S69°00'00"E

432.00'  
S30°15'00"W

32.8'

SEPTIC PUMP LINE

468.51'  
N79°24'21"E

Woodbine Road

new storage shed

12'x24' prefabricated

EXISTING GARAGE

EXISTING DRIVEWAY

PAVER POOL DECK

24' x 40'  
POOL W/ ATTACHED SPA

360 Lb Ft OF 48" HIGH FENCE TO CODE (BY OWNER'S FENCE CONTRACTOR)

WELL LOCATION  
LOCATION FIELD  
VERIFIED

EXISTING RESIDENCE

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MANHOLE  
PUMP TANK

SEPTIC PUMP LINE

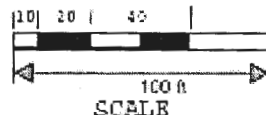
PRIVATE WELL & SEPTIC



**SITE PLAN**

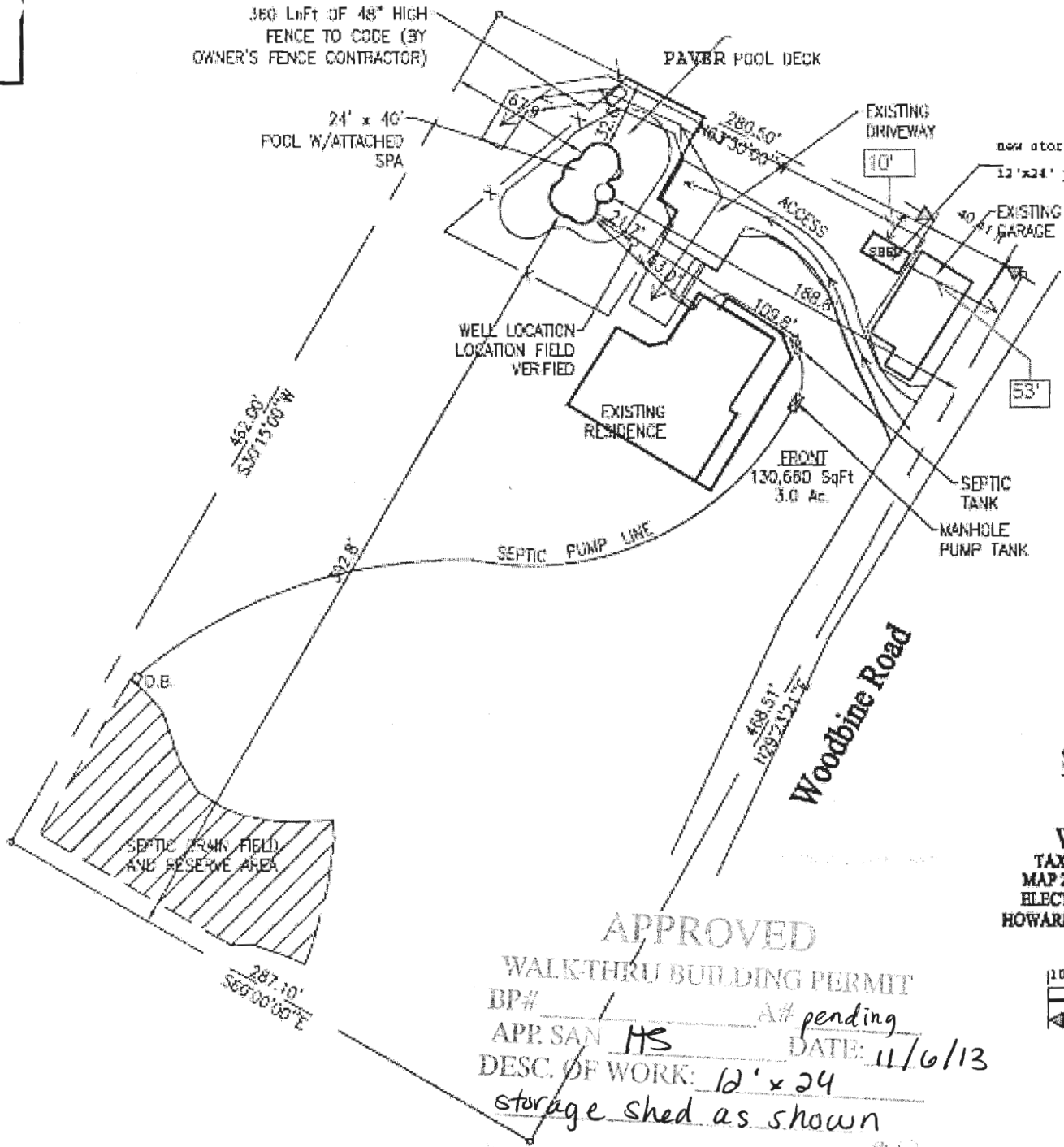
**WOODBINE**

TAX ACCOUNT # 312228  
MAP 2, GRID 18, PARCEL 33  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND



REVISION  
SHOW REVISIONS  
PERMIT NUMBERS  
ELECT:  
OTHER:

PERMIT SET  
new shed  
DATE: 10/22/13



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WALKTHRU BUILDING PERMIT

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APP. SAN HS DATE: 11/6/13  
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WELL LOCATION  
LOCATION FIELD  
VERIFIED

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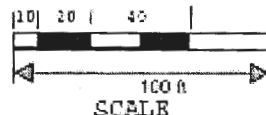
PRIVATE WELL & SEPTIC



**SITE PLAN**

**WOODBINE**

TAX ACCOUNT # 312228  
MAP 2, GRID 18, PARCEL 33  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND



REVISION  
SHOW REVISIONS  
PERMIT NUMBERS  
ELECT:  
OTHER:

PERMIT SET  
new shed  
DATE: 10/22/13



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 11-9-12

Permit No.: B12003754

Building Address: 440 Woodbine Rd  
 City: Woodbine State: MD Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Chris Brackins  
 Address: 440 Woodbine Rd  
 City: Woodbine State: MD Zip Code: 21997  
 Phone: 443 864 6550 Fax: N/A  
 Email: \_\_\_\_\_

Existing Use: SEW SFD  
 Proposed Use: Garage  
 Estimated Construction Cost: \$ 15,000  
 Description of Work: Build 2 car Garage over existing slab 21'x27' detached

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Dan in Damons  
 Address: 12329 Shrewsbury Forest Drive  
 City: MT Airy State: MD Zip Code: 21771  
 Phone: 240-626-6145 Fax: N/A  
 Email: DAMONS CONSTRUCTION & COMCAST.NET

Occupant or Tenant: Chris & Penny Brackins  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Dan in Damons  
 Address: 12329 Shrewsbury Forest Drive  
 City: MT Airy State: MD Zip Code: 21771  
 Phone: 240-626-6145 Fax: N/A  
 Email: DAMONS CONSTRUCTION & COMCAST.NET

Contractor Company: DAMONS CONSTRUCTION COMPANY  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: MHC 123487  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>21'0</u>	<u>27'0</u>
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: Dan in Damons Print Name: Dan in Damons  
 Address: DAMONS CONSTRUCTION & COMCAST.NET Date: 11-9-12  
 Title/Company: DAMONS CONSTRUCTION

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>11/25/12</u>	<u>R Buck</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>27487</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

**SETBACKS:**  
 REAR PL. 10'  
 SIDE PL. 30'  
 HOUSE N/A  
 SEPTIC 15'  
 WELL 10'

350 LxFT OF 48" HIGH  
 FENCE TO CODE (BY  
 OWNER'S FENCE CONTRACTOR)

24' x 40'  
 POOL W/ ATTACHED  
 SPA

FILTER  
 LOCATION

2480 SqFT OF CONC.  
 POOL DECK (BY OWNER'S  
 DECK CONTRACTOR)

new storage/ garage

EXISTING  
 DRIVEWAY

EXISTING  
 GARAGE

WELL LOCATION  
 LOCATION FIELD  
 VERIFIED

EXISTING  
 RESIDENCE

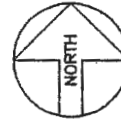
FRONT  
 130,680 SqFt  
 3.0 Ac.

SEPTIC  
 TANK  
 MANHOLE  
 PUMP TANK

SEPTIC PUMP LINE

existing  
 residence

PRIVATE WELL  
 & SEPTIC



SEPTIC DRAIN FIELD  
 AND RESERVE AREA

Woodbine Road

SITE PLAN

WOODBINE

TAX ACCOUNT # 312228  
 MAP 2, GRID 18, PARCEL 33  
 ELECTION DISTRICT NO. 04  
 HOWARD COUNTY, MARYLAND

*Approved Septic System Plan  
 Howard County Health Department  
 21 X 27' Detached garage  
 812003754  
 Brackins  
 signature approved 11/29/12  
 as shown Date*

REVISION:  
 5/16/07 REVISED SEPTIC PLAN  
 PERMIT NUMBERS  
 POOL:  
 ELECT:  
 OTHER:

PERMIT SET  
 DATE: 05-17-07

N  
 F

9515 CB  
 302  
 COLUMBIA  
 4101

EC

DIRT/GRADING: U  
 SPA: S  
 RAISED BEAM: N  
 TILE: C  
 COPING: S  
 PLASTER: W  
 FILTER SYS: C  
 CLEANING SYS: P  
 TREATMENT SYS: M  
 CONTROL SYS: N  
 HEATER: A  
 LIGHTS: T  
 LOVESEAT: (1)  
 AQUA BENCH: (1)  
 RAIL GOODS: N  
 DECKING: N  
 FENCE: B  
 POOL COVER: N  
 CHEMICALS: S  
 OTHER ITEMS: EQ  
 BOARD & STAND:  
 UNITS W/FILTER, I

ELECTRIC: 20A

F

SIZE/SHAPE: 24'  
 POOL AREA: 711  
 TOTAL AREA: 777  
 PERIMETER: 114  
 GALLONAGE: 30,280 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS: 70 WEST TO EXIT #73/NO.-94 TOWARD WOODBINE GO 1.4 MILES TO HOUSE ON THE LEFT	MAP #
	3
	GRID
	G-6

Chris Brackins  
 440 Woodbine Road  
 Woodbine, Maryland 21797  
 Howard County

HOME PHONE: 410-489-9684  
 CELL PHONE 1: 443-864-6650  
 CELL PHONE 2:  
 OFFICE PHONE:

LOT: N/A	SUBDIVISION NAME: WOODBINE	DISTRICT: 04	PN # 312228
SITE PLAN			ZONE: ONE
SCALE: 1" = 60'	BY: DLC	DATE: 04/09/07	JOB NUMBER: JS07-9185 SHEET # 1.0







HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

BO 7002203

Building Address 440 Woodbine Rd  
Woodbine 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Woodbine

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 2 Parcel 33 Grid 18

Zoning \_\_\_\_\_ Map Coordinates 36-6 Lot size \_\_\_\_\_

Property Owner's Name Chris Brackins

Address 440 Woodbine Rd

City Woodbine State MD Zip Code 21797

Home Phone 410-489-9684 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 24'x40' in rear yard w/ 48' high fence to code

Contractor Company Maryland Pools

Contact Person Joann Latham

Address 9515 Gerwig LA

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: _____ 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"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>3-8'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ 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 _____	
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  
4-17-07  
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>6/4/2007</u>	<u>R. Bricker</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 _____	SDP/Red-line approval date _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	Accepted by _____	



<b>SETBACKS:</b>
REAR PL. 10'
SIDE PL. 30'
HOUSE N/A
SEPTIC 15'
WELL 10'

# 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:** LEAVE  
**SPA:** 50 SqFt W/(6) JETS,(1) LIGHT,(1) SKIM & BLWR  
**RAISED BEAM:** 24" HIGH RAISED BEAM FACED W/STONE (APPROX. 50 SqFt)  
**TILE:** C-30  
**COPING:** 9" R/N BRICK - PUEBLO  
**PLASTER:** WHITE MARBELITE  
**FILTER SYS:** C&C 420 SF CART. W/2 HP PUMP  
**CLEANING SYS:** PCC-2000  
**TREATMENT SYS:** MINERAL SPRINGS  
**CONTROL SYS:** NONE  
**HEATER:** AC-125 HEATPUMP  
**LIGHTS:** TWO WATTS: 500 VOLTS: 120  
**LOVESEAT:** (1) @ 6' - OUTSIDE  
**AQUA BENCH:** (1) @ 8'  
**RAIL GOODS:** NONE  
**DECKING:** NONE  
**FENCE:** BY OWNER  
**POOL COVER:** NONE TYPE: N/A  
**CHEMICALS:** \$50 CHEMICAL ALLOWANCE  
**OTHER ITEMS:** EQUIPOTENTIAL BONDING GRID, 8' DIVING BOARD & STAND, (3) 24" SHEER DECENT WATERFALL UNITS W/FILTER, PUMP & PLUMBING  
**ELECTRIC:** 200 FT.

## POOL DATA

**SIZE/SHAPE:** 24' x 40' - CUSTOM (DIVING)  
**POOL AREA:** 715 **SPA:** 50 **OTHER:** 12  
**TOTAL AREA:** 777  
**PERIMETER:** 114 **SPA:** 25  
**GALLONAGE:** 30,280 **DEPTH:** 3'-0" TO 8'-6"

## DIRECTIONS TO SITE

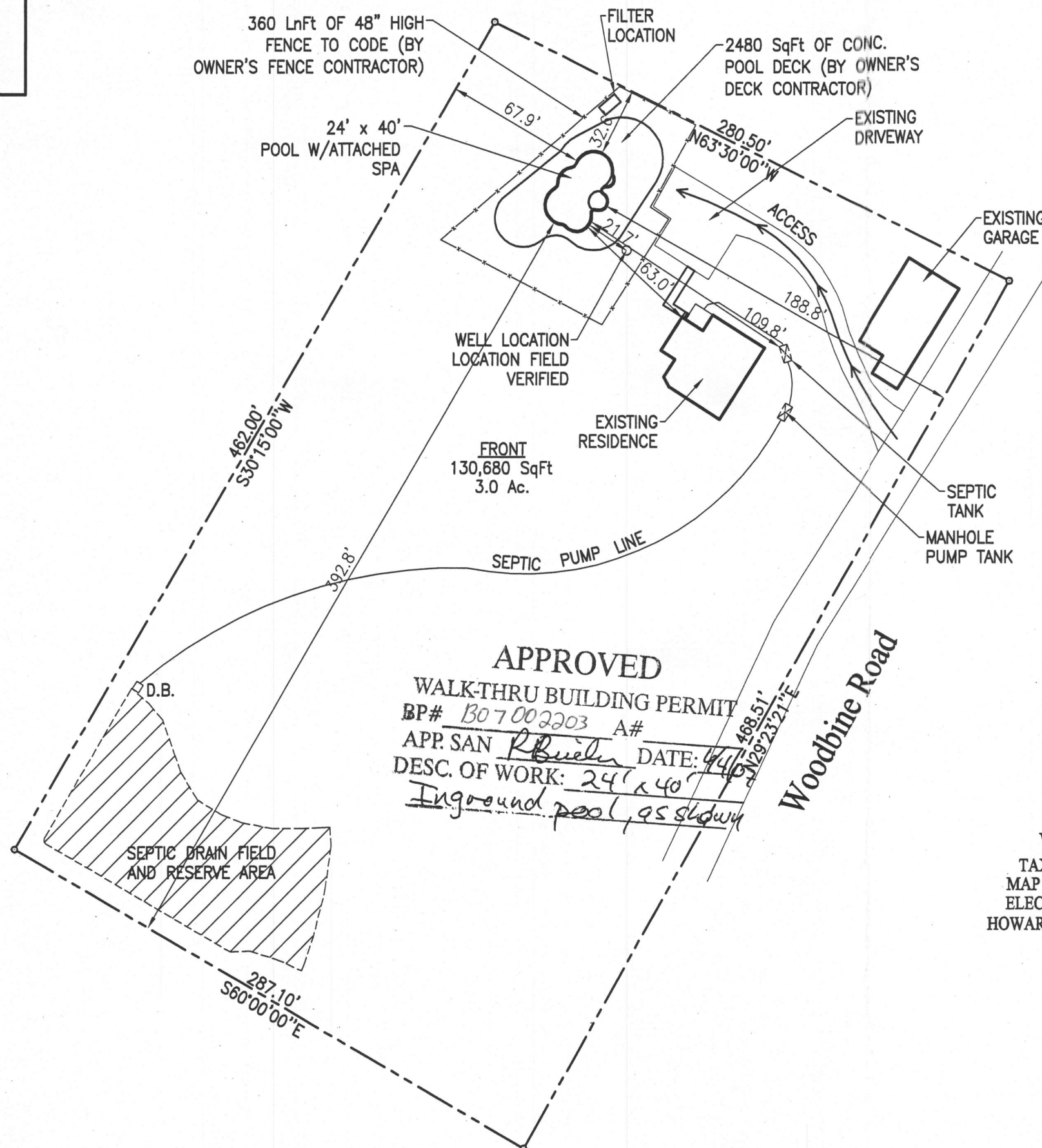
**DIRECTIONS:**  
 70 WEST TO EXIT #73/MD.-94 TOWARD WOODBINE GO 1.4 MILES TO HOUSE ON THE LEFT

MAP #
3
GRID
G-6

**Chris Brackins**  
 440 Woodbine Road  
 Woodbine, Maryland 21797  
 Howard County

**HOME PHONE:** 410-489-9684  
**CELL PHONE 1:** 443-864-6650  
**CELL PHONE 2:**  
**OFFICE PHONE:**

LOT: N/A	SUBDIVISION NAME: WOODBINE	DISTRICT: 04	PIN #: 312228
SITE PLAN			ZONE: ONE
SCALE: 1" = 60'	BY: DLC	DATE: 04/09/07	JOB NUMBER: JS07-9185 SHEET #: 1.0



**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# 1307002203 A#  
 APP. SAN R. Butler DATE: 4/4/07  
 DESC. OF WORK: 24' x 40'  
 Inground pool, as shown

**SITE PLAN**  
 1" = 60'

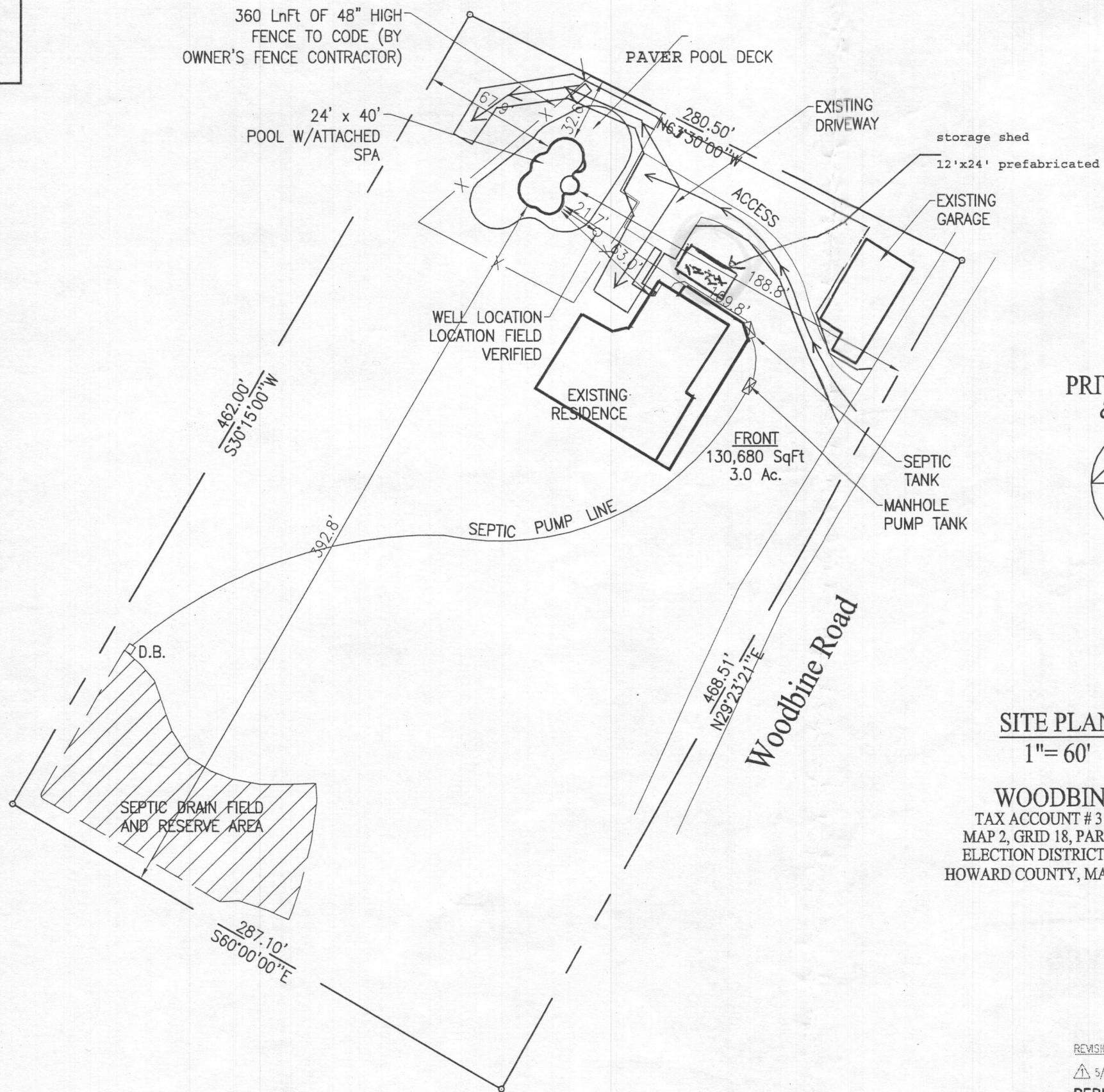
**WOODBINE**  
 TAX ACCOUNT # 312228  
 MAP 2, GRID 18, PARCEL 33  
 ELECTION DISTRICT NO. 04  
 HOWARD COUNTY, MARYLAND

**REVISION:**  
 5/16/07 REVISED SEPTIC PLAN  
**PERMIT NUMBERS**  
**POOL:**  
**ELECT:**  
**OTHER:**

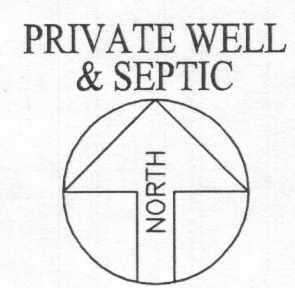
**PERMIT SET**  
 DATE: 05-16-07

**SETBACKS:**

REAR PL.	10'
SIDE PL.	30'
HOUSE	N/A
SEPTIC	15'
WELL	10'



REVISED  
Date: 1/14/14  
Comments: B13004108



**SITE PLAN**  
1" = 60'

**WOODBINE**  
TAX ACCOUNT # 312228  
MAP 2, GRID 18, PARCEL 33  
ELECTION DISTRICT NO. 04  
HOWARD COUNTY, MARYLAND

REVISION:  
5/16/07 REVISED SEPTIC PLAN  
**PERMIT NUMBERS**  
ELECT:  
OTHER:

**PERMIT SET**  
new shed  
DATE: 10/31/13

**EQUIPMENT LIST**

**Modular Shed Data**

Size: 12 x 24  
288 sf  
Prefabricated  
Meyers Mini Barn

**POOL DATA**

SIZE/SHAPE: 24' x 40' - CUSTOM (DIVING)  
POOL AREA: 715 SPA: 50 OTHER: 12  
TOTAL AREA: 777  
PERIMETER: 114 SPA: 25  
GALLONAGE: 30,280 DEPTH: 3'-0" TO 8'-6"

**DIRECTIONS TO SITE**

DIRECTIONS:  
70 WEST TO EXIT #73/MD.-94 TOWARD WOODBINE GO 1.4 MILES TO HOUSE ON THE LEFT

MAP #
3
GRID
G-6

Chris Brackins  
440 Woodbine Road  
Woodbine, Maryland 21797  
Howard County

HOME PHONE: 410-489-9684  
CELL PHONE 1: 443-864-6650  
CELL PHONE 2:  
OFFICE PHONE:

LOT: N/A	SUBDIVISION NAME: WOODBINE	DISTRICT: 04	PIN # 312228
SITE PLAN			ZONE: ONE
SCALE: 1" = 60'	BY: CLB	DATE: 10/31/13	JOB NUMBER: 001
			SHEET #: 1.0