

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B08003130
Building Address <u>14945 Triadelphia RD</u> <u>Glenelg, MD 21737</u>		Property Owner's Name <u>Ken + Donna Hawkes</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>14945 Triadelphia RD</u>	
Census Tract _____ Subdivision _____		City <u>Glenelg</u> State <u>MD</u> Zip Code <u>21737</u>	
Section _____ Area <u>2</u> Lot _____		Phone <u>410-489-6297</u> Phone _____	
Tax Map <u>27</u> Parcel <u>103</u> Grid <u>5</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning _____ Map Coordinates <u>9-C-13</u> Lot size <u>5.00 acres</u>		Phone _____ Fax _____	
Existing Use <u>S/F</u>		Contractor Company <u>Browning Pool + Spa</u>	
Proposed Use _____		Contact Person <u>Kristy Bullington</u>	
Estimated Construction Cost \$ <u>40,000</u>		Address <u>23731 Ridge RD</u>	
Description of Work <u>installing ground pool</u> <u>18'x36' 3' to 6' Depth w/ fence</u> <u>to code</u>		City <u>Germanstown</u> State <u>MD</u> Zip Code <u>20876</u>	
Occupant or Tenant <u>Ken + Donna Hawkes</u>		License No. <u>MHC 1377</u> Phone <u>301-972-3800</u> Fax <u>301-972-9646</u>	
Contact Name <u>Kristy Bullington</u>		Engineer or Architect Company _____	
Address <u>23731 Ridge RD</u>		Contact Person _____	
City <u>Germanstown</u> State <u>MD</u> Zip Code <u>20876</u>		Address _____	
Phone <u>301-972-3900</u> Fax _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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.

<u>Kristy Bullington</u> Applicant's Signature	<u>Kristy Bullington</u> Print Name
<u>Browning Pool + Spa/Browning</u> Title/Company	<u>10-22-08</u> Date

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

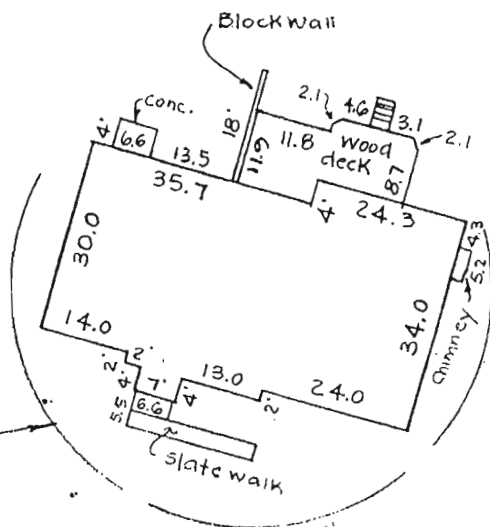
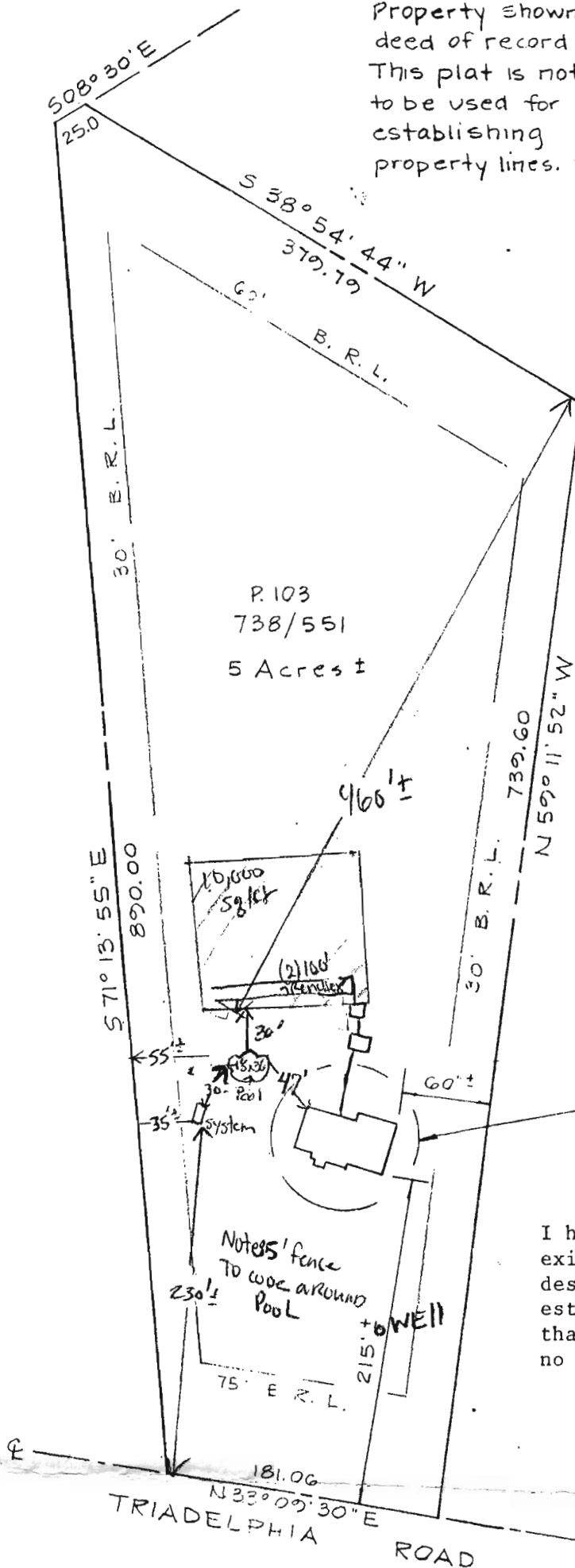
FOR OFFICE USE ONLY

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>10-22-08</u>	<u>Danny Bernard</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				
T:Forms\PERMIT.FRM				Rev. 11/4/04

Property shown is from deed of record (738/551). This plat is not intended to be used for establishing property lines.

WALF
BPM
APR 5
DESC

VED
ING PERMIT
A#
Dana Benard
DATE: 10-22-08
18x36 Pool



I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown there are no encroachments.



LINE 87
A-9-87
UPDATE
10-1-87

LOCATION SURVEY
14945 TRIADELPHIA ROAD
P. 103 Tax Map 27

5th Election District Howard County, Md.
Scale: 1" = 100' Date: 4-9, 1987
UPDATE 10-1-87

The RBA Group ENGINEERS · ARCHITECTS · PLANNERS

5485 HARPER'S FARM ROAD
SUITE 200
COLUMBIA, MARYLAND 21044

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