

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

308000792

Building Address 14150 Twisting Ln
Dayton MD 21036

Property Owner's Name William Lewis

Suite/Apt. #: _____ SDP/WP/Petition #: 2

Address 14150 Twisting Ln

Census Tract _____ Subdivision Twist + Turn Estate

City Dayton State MD Zip Code 21036

Section _____ Area _____ Lot 6

Home Phone 4105350410 Work Phone _____

Tax Map 27 Parcel 24 Grid 24

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

Zoning _____ Map Coordinates _____ Lot size 1.09

Karen Klayman 410 5077705
Phone _____ Fax _____

Existing Use SFD

Contractor Company _____

Proposed Use Inground pools

Contact Person Alan Walker

Estimated Construction Cost \$ 35,000

Anthony & Sylvan Pools

Description of Work 10'x10' covered inground pool, 3' depth, filled by truck, fence by owner

Address 556-E Ritchie Hwy

Severna Park, MD 21146

City _____ State MHIC Zip Code 125630

License No. 125678 Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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.

Karen Klayman
Applicant's Signature

Karen Klayman
Print Name

Title/Company

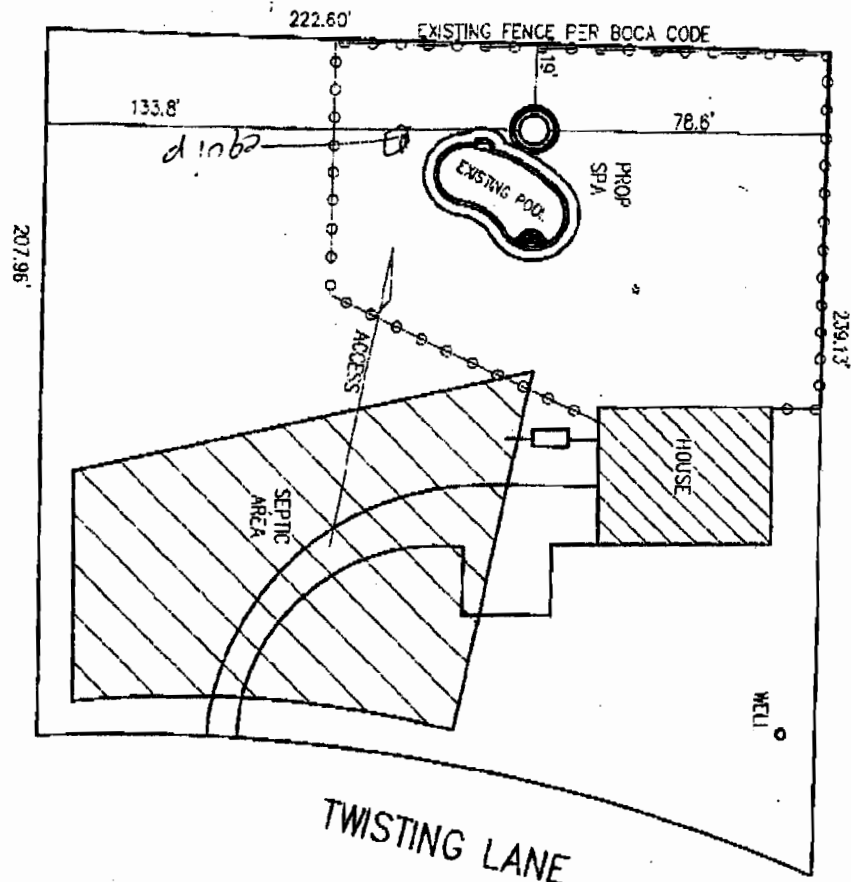
3/26/08
Date

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 Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>3/26/2008</u>		<u>R. Buck</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: _____	Write: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
_____			SDP/Red-line approval date _____	Accepted by _____
_____			Yellow: DED, DPZ	
_____			Pink: Health	
_____			Gold: SHA	

SCALE: 1"=50'



SITE PLAN

COUNTY REGULATIONS MAY REQUIRE SEPARATE AND DISTINCT DOOR ALARMS ON ANY DOOR OPENING INTO THE POOL AREA

APPROVED
 WALESTIRU BUILDING PERMIT
 BP# B08 000792 A#
 APP SA# R. Busch DATE: 3/26/2008
 DESC: 10' x 10' inground spa
approved as shown

CF