

Walk - thru

around 1:00

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE BLUDDY CITY, MD 21144 PERMITS (410) 315-2666 INSPECTIONS (410) 315-1811 AUTOMATED INFORMATION (410) 315-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B09002242	
Building Address <u>15734 UNION CHAPEL RD</u> <u>WOODBINE MD 21797</u>			Property Owner's Name <u>Jay & Lisa SANTOS</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>15734 UNION CHAPEL RD</u>		
Census Tract _____ Subdivision _____			City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u>		
Section _____ Area _____ Lot _____			Phone <u>410 489 9737</u> Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>SFD</u>			Contractor Company <u>PLEASURE POOLS</u>		
Proposed Use <u>SFD/POOL & SPA</u>			Contact Person <u>PAUL HORICHS</u>		
Estimated Construction Cost \$ <u>50,000.00</u>			Address <u>905 BERRYMANS LA</u>		
Description of Work <u>install inground concrete pool & spa 20' x 50'</u>			City <u>REISTERSTOWN</u> State <u>MD</u> Zip Code <u>21136</u>		
Occupant or Tenant _____			License No. <u>MHC 127B</u>		
Contact Name _____			Phone <u>410 833 0850</u> Fax <u>410 329 2075</u>		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
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 <input checked="" type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: _____	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 THERE TO; (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.

Paul Horichs
 Applicant's Signature
Edw. D. Hammersta, Inc.
 Title/Company

PAUL HORICHS
 Print Name
7/8/09
 Date

Paul
410 977 7633

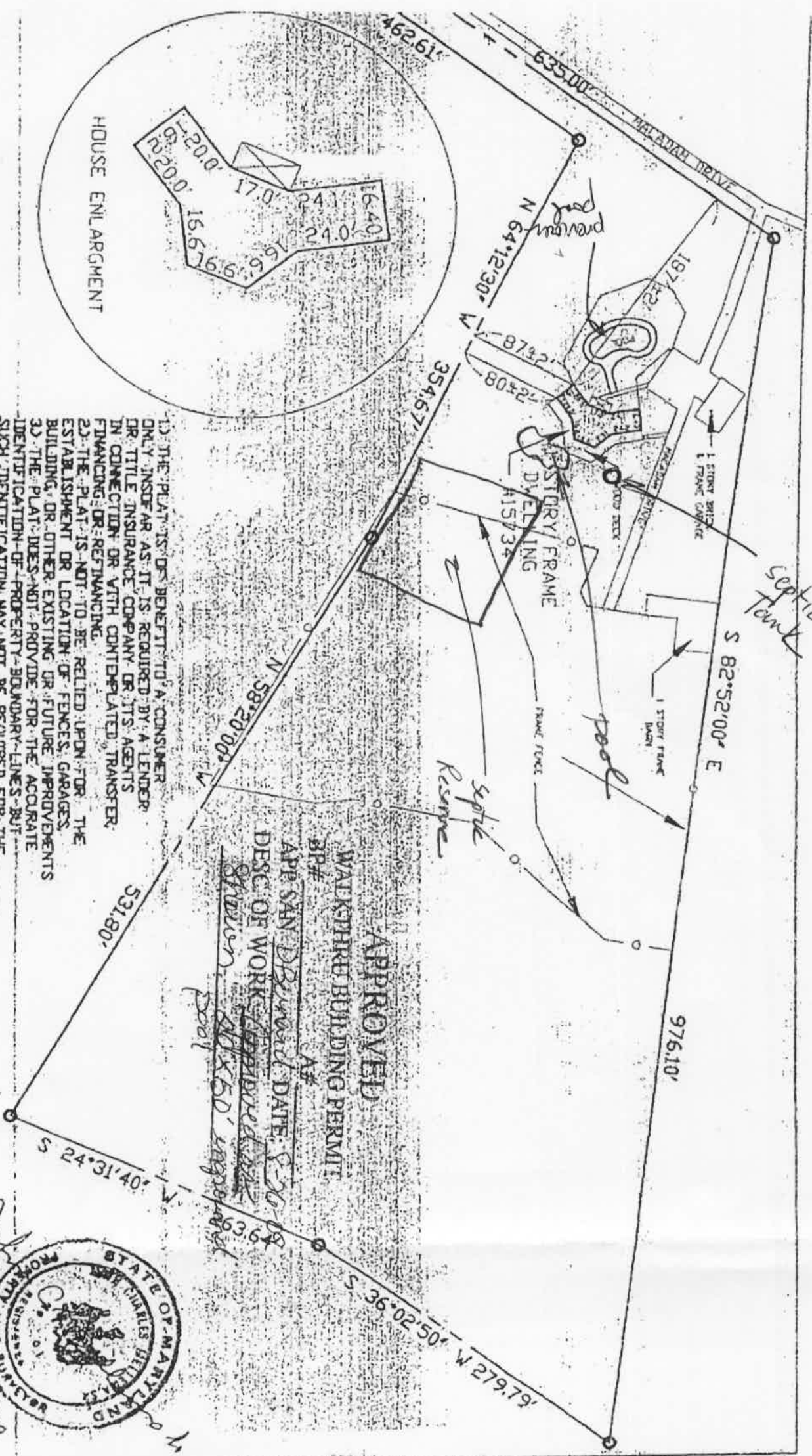
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

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>8-26-09</u>	<u>Diamond</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?			YES <input type="checkbox"/> NO <input type="checkbox"/> 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 _____	Accepted by _____
_____	_____	_____	Yellow: DED, DPZ	
_____	_____	_____	Pink: Health	
_____	_____	_____	Gold: SHA	

LOCATION DRAWING
 ADDRESS: 15734 UNION CHAPEL ROAD
 DWARD, CO., MD. SCALE: 1"=100'
 DATE: AUGUST 19, 1999 JOB NO. 99427

1) THE PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION OR WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 2) THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS
 3) 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.

PREPARED BY:
 JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS
 5409 EAST DR. BALTO., CO., MD.
 PH. 410-247-7489 FAX 410-247-2507



APPROVED
 WALKSHIRE BUILDING PERMIT
 BR# _____
 APP SAN DEVID DATE: 8-20-99
 DESC OF WORK: House Enlargement
Steven 40' x 50' approved
 pool

99-19-8