

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

60 7003599

Building Address 10825 Vista Rd
Columbia 21044

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 79

Tax Map 41 Parcel 304 Grid 5

Zoning _____ Map Coordinates 15C-12 Lot size _____

Existing Use SFD

Proposed Use SFD + Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground concrete

pool 19' x 35' in rear yard

w/48" high fence to code

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Karen + Ron Luman

Address 10825 Vista Rd

City Columbia State _____ Zip Code 21044

Home Phone 410-531-3540 Work Phone _____

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

Phone _____ Fax _____

Contractor Company Maryland Pools

Contact Person Joanne Latham

Address 9515 Gerwig LA

City Columbia State _____ Zip Code 21046

License No. 6699

Phone 410-995-6600

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

_____ Reinforced Concrete

_____ Structural Steel

_____ Masonry

_____ Wood Frame

_____ State Certified Modular

Utilities

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 DESCRIPTION - RESIDENTIAL

Building Characteristics

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

Utilities

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 THEREON; (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. Lathan

Applicant's Signature

agent

Title/Company

J. Lathan

Print Name

8-30-07

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ _____

Health 8/30/2007 J. Lathan

Fire Protection _____

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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 NewTown Zone _____

SDP/Red-line approval date _____

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

PROPERTY ID#

Distribution of Copies:

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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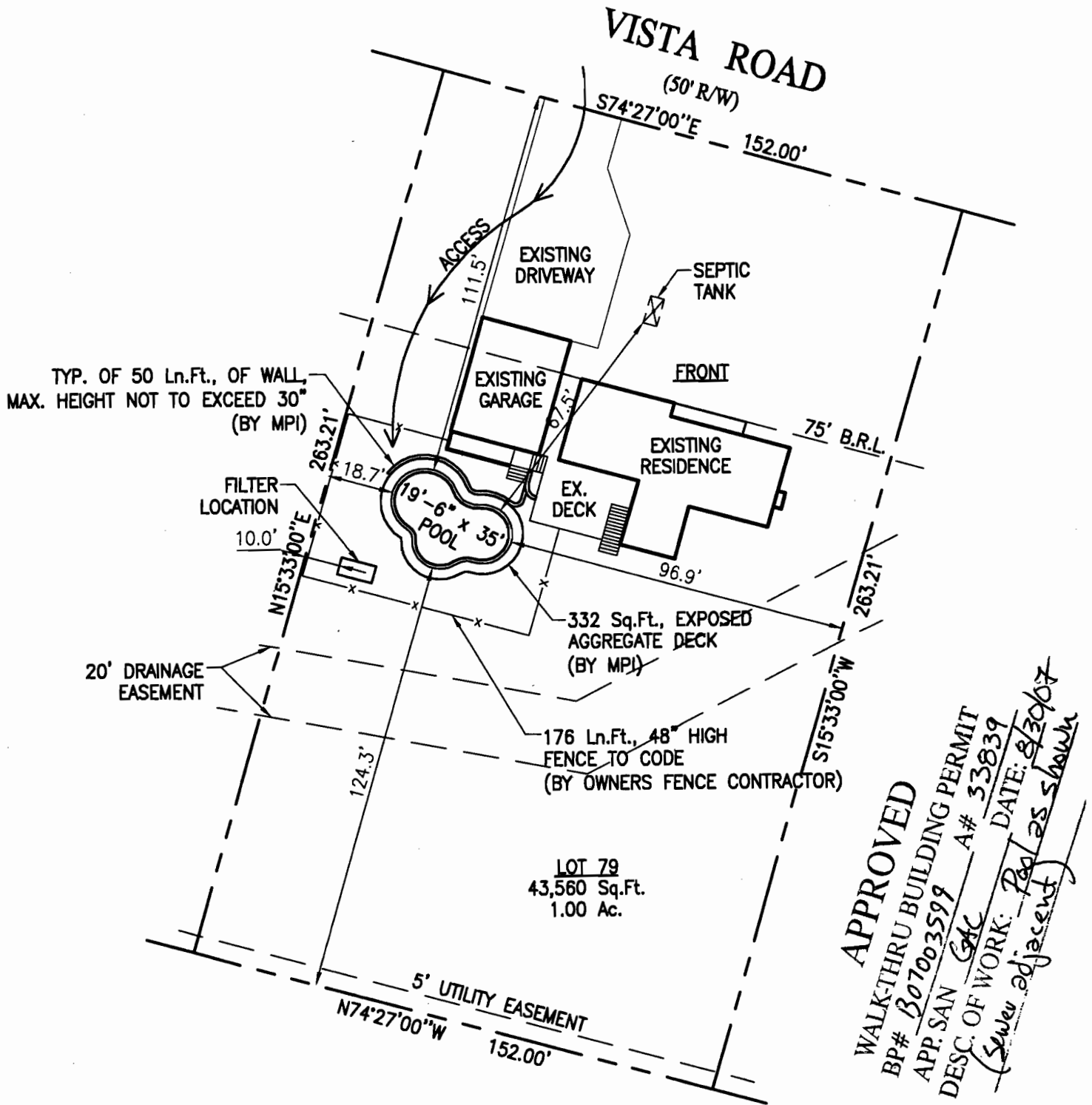
Rev. 11/4/04

SETBACKS:

REAR PL. 10'
SIDE PL. 10'
HOUSE N/A
SEPTIC 20'
WELL N/A

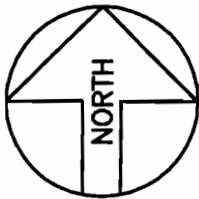
SEPTIC NOTE:

SEPTIC RESERVE AREA LOCATED
IN FRONT-YARD



APPROVED
WALK-THRU BUILDING PERMIT
BP# 307003599
APP. SAN A# 33839
DESC. OF WORK: *Pool as shown*
DATE: *8/30/07*
(Sewer adjacent)

**PUBLIC WATER
& PRIVATE SEPTIC**



SITE PLAN

1"=40'

LOT 79

10825 VISTA ROAD

TAX ACCOUNT #363799

MAP 41, GRID 5, PARCEL 304

ELECTION DISTRICT NO.05

HOWARD COUNTY, MARYLAND

REVISION:

PERMIT NUMBERS

POOL:

ELECT:

OTHER:

PERMIT SET

DATE: 08-30-07

**Maryland
POOLS**

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

POOL DATA

SIZE/SHAPE: 19'-6" x 35' - TRADEWINDS (NON-DMN)

POOL AREA: 550

SPA: OTHER:

TOTAL AREA: 550

PERIMETER: 95

SPA:

GALLONAGE: 17,875

DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS:

TAKE RT.295 TO PAST RT.32 TO R/T ON RIVERS EDGE, R/T
ONTO, L/T ONTO VISTA ROAD, PROCEED APPROX., 1/2 MILE
TO HOUSE ON LEFT, ACCESS OFF OF DRIVEWAY.

MAP #

15

GRID

C-12

**Karen & Ron Luman
10825 Vista Road
Columbia, Maryland 21044
Howard County**

HOME PHONE: 410-531-3540

CELL PHONE 1: 443-472-5074 (Karen)

CELL PHONE 2: 443-562-7442 (Ron)

OFFICE PHONE: 443-778-5239 (Ron)

LOT: 79	SUBDIVISION NAME: 10825 VISTA ROAD	DISTRICT: 05	PIN # 363799
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: J.L.R.	DATE: 8/30/07	JOB NUMBER: GS07-9381
			SHEET #: 1.0

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B06003651	
Building Address <u>10825 Vista RD</u> <u>Columbia, MD 21044</u>			Property Owner's Name <u>Karen Luman</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>10825 Vista RD</u>		
Census Tract <u>6051</u> Subdivision <u>Holiday Hills</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>		
Section <u>6</u> Area <u>NA</u> Lot <u>19</u>			Home Phone <u>410-531-3540</u> Work Phone <u>443-778-5239</u>		
Tax Map _____ Parcel <u>304</u> Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>R20</u> Map Coordinates _____ Lot size <u>0.9A</u>			Phone _____ Fax _____		
Existing Use <u>Single Family</u>			Contractor Company _____		
Proposed Use <u>Single Family</u>			Contact Person _____		
Estimated Construction Cost \$ <u>3,000.00</u>			Address _____		
Description of Work <u>ADD 12' X 20' deck</u> <u>to existing 8' X 26' Deck. Remove</u> <u>decking on existing deck.</u> <u>No electric</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>Ronald + Karen Luman</u>			License No. _____		
Contact Name <u>Karen Luman</u>			Phone _____ Fax _____		
Address <u>10825 Vista RD</u>			Engineer or Architect Company _____		
City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>			Contact Person _____		
Phone <u>410-531-3540</u> Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			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: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: <u>24'</u> <u>30'</u>	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: <u>26'</u> <u>36'</u>	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>24'</u> <u>36'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	No. of 1 BR units: _____	NFPA #13D _____
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	NFPA #13R _____
	Other Suppression _____	No. of 3 BR units: _____	Other: _____
	# of Heads _____	Other Structure: <u>Garage</u>	
		Dimensions: <u>26' X 30'</u>	
		Footings: _____	
		Roof Height: <u>9'</u>	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 _____

Print Name _____

Title/Company _____

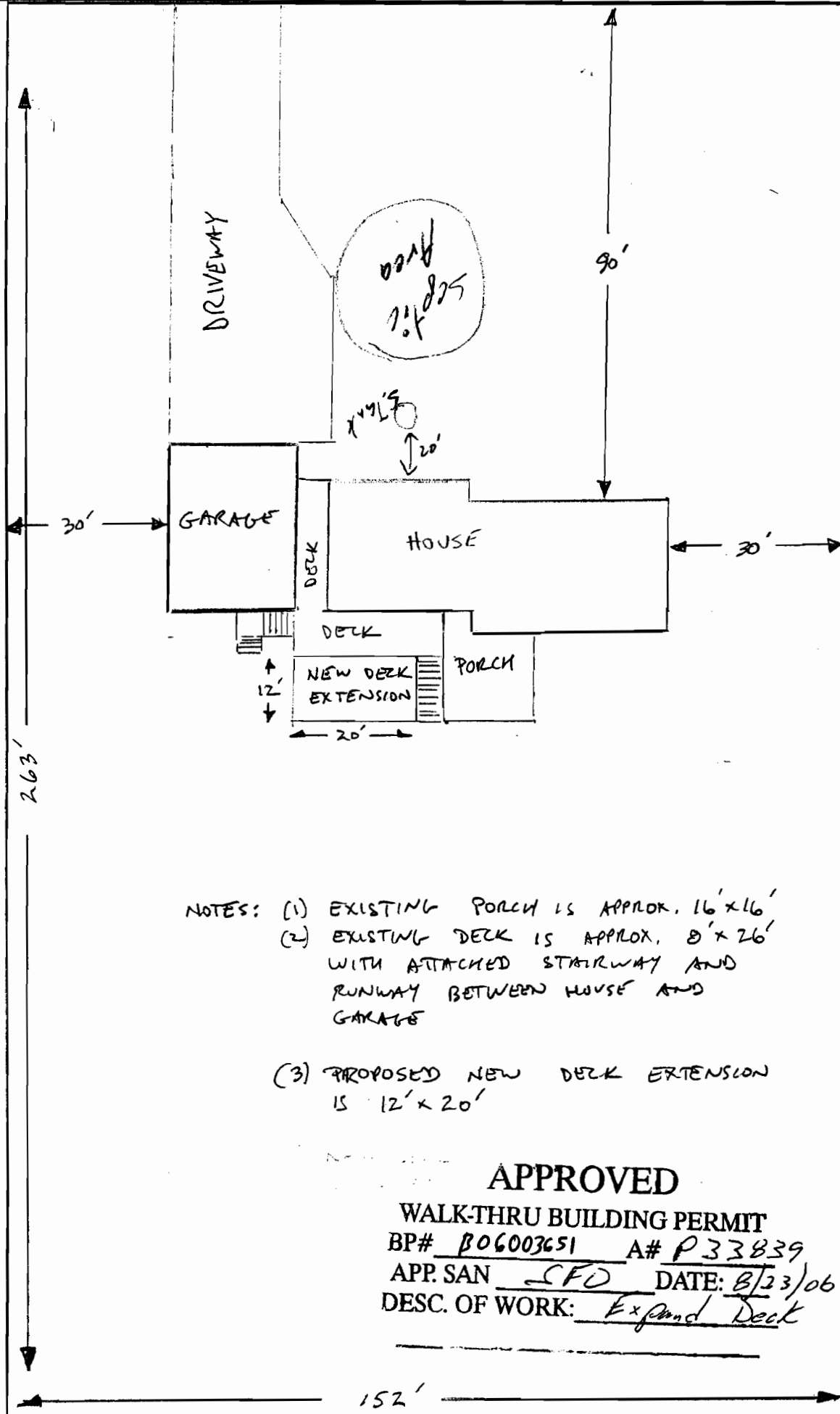
Date _____

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>8/23/06</u>	<u>[Signature]</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 Yellow: DEP, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\Form\PERMIT.FRM			SDP/Red-line approval date _____	

Rev. 11/4/04



NOTES: (1) EXISTING PORCH IS APPROX. 16' x 16'
 (2) EXISTING DECK IS APPROX. 8' x 26'
 WITH ATTACHED STAIRWAY AND
 RUNWAY BETWEEN HOUSE AND
 GARAGE

(3) PROPOSED NEW DECK EXTENSION
 IS 12' x 20'

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06003651 A# P33839

APP. SAN SFO DATE: 8/23/06

DESC. OF WORK: Expand Deck

WSME
08/23/06

WATER - SEWER BILLING SYSTEM
METER INFORMATION

PAGE 1 OF 2
2:28 PM

ACCOUNT# 41314150 CYCLE# 3 BILL STATUS B BILL
PROPERTY LOC 010825 - VISTA RD BLDG# LOT 79
 COLUMBIA 210440000 SUBDIVISION
 BOTTOM CHANGE DATE ADC MAP NUMBER 15-C12
ORIGINAL INSTALL DATE 03/01/1994 TYPE SERVICE 2 = WATER
 READING CHANGE DATE 00/00/0000 NUMBER OF DIALS 1
ACTUAL METER NUMBER 8036789 TYPE METER M=MASTER S=SUBMETER
ERT ID (RADIO ONLY) 20804665 PERMANENT CODE I * RADIO *
METER SIZE A = 5/8" TAP SIZE =
METER MANUFACTURER B = BADGER METER SIZE APPLIED FOR =

WATER APPLICATION #	1-94-1108	SEWER APPLICATION #	
WATER APPLICATION DATE	02/28/1994	SEWER APPLICATION DATE	00/00/0000
APPLICATION FEE PAID \$	NONE	APPLICATION FEE PAID \$	NONE
WATER CONNECT DATE	00/00/0000	SEWER CONNECT DATE	00/00/0000
ADO #		WALKING PATTERN #	8745
WHC		SHC	

F3=MENU F4=CONSUMPTION HISTORY F5=FINANCIAL INQ F6=BILL INQ
F7=MOVE BETWEEN FIRST AND SECOND PAGE F9=METER INFO F10=EXIT F11=NOTES

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

89

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B00113399

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

10825 Vista Rd.
Columbia, MD 21044

37090

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED:

Construct 26' x 30' Garage on
footed concrete slab

LOT NO.	PARCEL NO.	SEC.	AREA.	BLOCK NO.	LIBER	FOLIO
79						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Holiday Hills				

OWNER NAME AND ADDRESS

Luman, Karen

PHONE NO.

410-531-3540

~~5420 HILLCREST DR. ELLICOTT CITY, MD 21044~~

778-5239

~~HANOVER MD 21096~~

Same

OCCUPANT'S NAME AND ADDRESS

NA

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

Building Permit Services, Inc.; Agent

2502 Parallel Path

Abingdon, MD 21009

PHONE NO.

410-515-1717

CONTRACTOR'S NAME AND ADDRESS

Premier Window & Building 410-653-1711

9515 Reisterstown Rd.

Dwight Mills, MD. 21117

PHONE NO.

EXISTING USE

SFD

PROPOSED USE

SFD w/Garage

EST. CONSTRUCTION COST

19,000.00

LICENSE NUMBER

20964

PERMIT FEE

30 78

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

N/A

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued
and displayed on the job is a violation of the law.Use and occupancy permit must be applied for two weeks
before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

5-186

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS.			
ROOMS.			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES	WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

BPS, Inc.

Agent

SIGNATURE

8-5-98

TITLE

DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.		
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

Distribution of Copies:

White - Building Official
Green - Planning & Zoning

Yellow - Engineering

Pink - Health Dept.
Gold - S.H.A.

SCALE: 1" = 25'

