

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B960P2515

Building Address 2112 Whitman Way
Marrriottsville MD 2104
 Suite/Apt #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 29
 Tax Map 15 Parcel _____ Grid 5
 Zoning _____ Map Coordinates _____ Lot size 1.10

Property Owner's Name Julia Dennis Brown
 Address 2112 Whitman Way
 City Marrriottsville State MD Zip Code 2104
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Karen Klayman
 Phone 410 5079905 Fax _____

Existing Use SFD
 Proposed Use inground pool
 Estimated Construction Cost \$ 30,000
 Description of Work 23x40' inground pool
3 to 8' depth, fence to side by
owner, filled by truck

Contractor Company Anthony & Sylvia
 Contact Person K. Klayman
 Address _____
 City Severna Park State MD Zip Code _____
 License No. _____ Phone _____ 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 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.

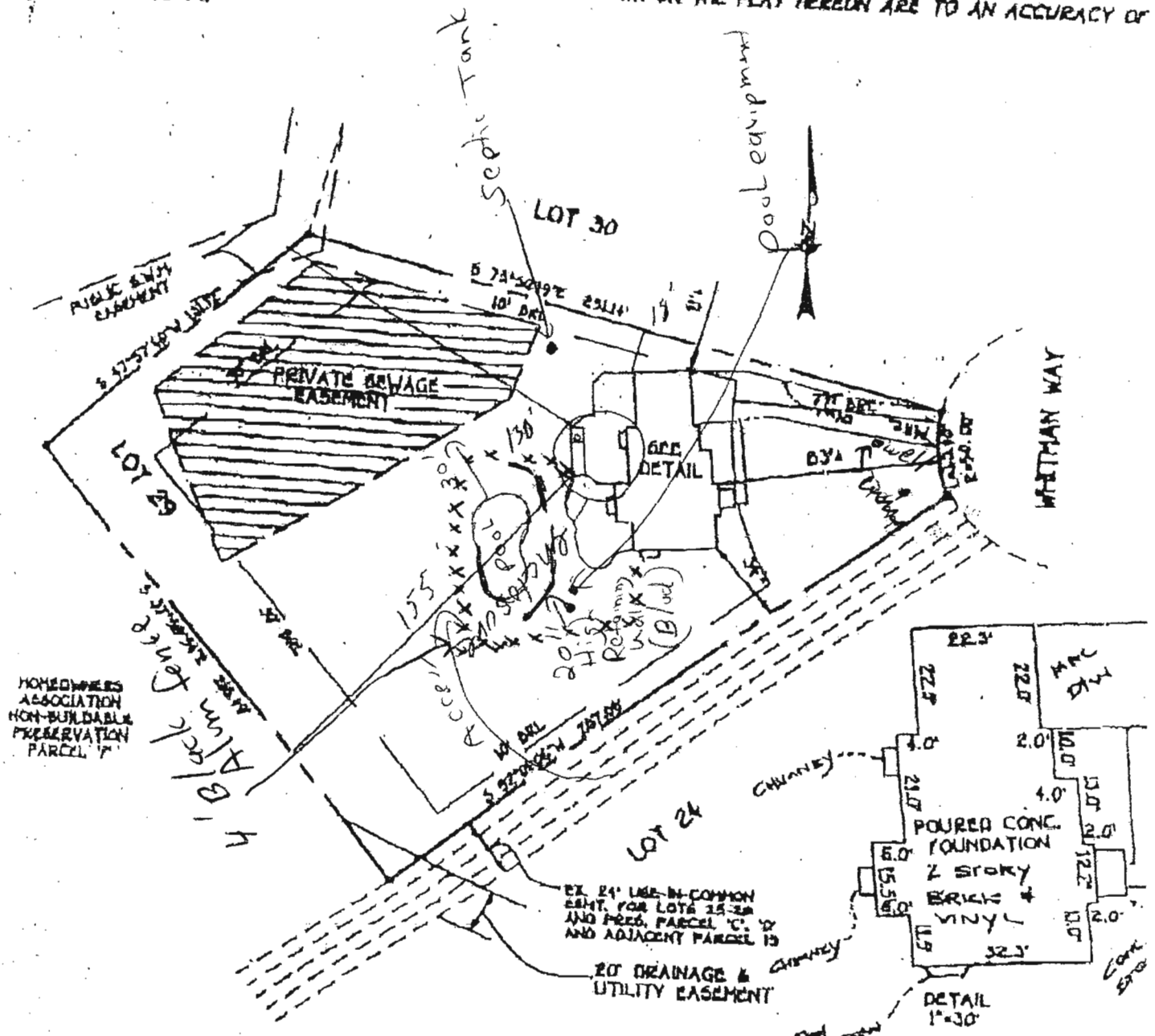
Karen Klayman
 Applicant's Signature
 Title/Company _____

Karen Klayman
 Print Name
8/2/06
 Date

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

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>8/2/06</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: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
T:\forms\PERMIT.FRM			SDP/Rad-lins approval date _____	Accepted by _____

IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING OF FUTURE IMPROVEMENTS
 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 810041 0015 0 EFFECTIVE DATE: DECEMBER 4, 1998
 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (4)



HOMEOWNERS ASSOCIATION NON-BUILDABLE PRESERVATION PARCEL 'F'

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06002515

A# 50500-76 U

APP. SAN SF

DATE: 8/2/06

DESC. OF WORK:

A.R.L.-BUILDING RESTRICTION LINE TOP OF FOUNDATION ELEV. 575.50

LOT 29 LYNDONAROOK PRESERVATION PARCELS A THRU 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND PLAT REC. 13073

301 402 0520 P. 02/02

DEC-18-2002 11:04

23' x 40' integral pool
Brown
60" scale

8/17/00 Co. 1pm

03-325350

8/19/00
10.00

PERMIT

P 514169

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A 50560-U

ISSUE DATE 8/3/2000

APPROVAL DATE 8/21/00

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157

PHONE 410-875-4197

SUBDIVISION Lyndonbrook

LOT NUMBER 29

ADDRESS 2112 Whitman Way

PROPERTY OWNER Jacobsen Homes LLC

PROPERTY OWNER'S ADDRESS 9409 Elizabeth Court

SEPTIC TANK CAPACITY 1250 GALLONS

Fulton, MD 20759

PUMP CHAMBER CAPACITY N/A GALLONS

Dennis Brown

(h) 410-442-4053

(w) 301-435-2348

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED
AND RETURNED**

8/2/00 - B06002515 23x40 inground pool

TRENCHES: Trenches to be 2 feet wide. Inlet 1.3 feet below original grade. Bottom maximum depth

2.6 feet below original grade. 3 feet of stone below distribution box.

LOCATION: Place distribution box 180 feet down the right lot line and 10 feet off this same

lot line. Run trenches on contour to left side of lot. Required layout: 45,55,65,75

PLANS APPROVED Mark E. Rifkin

BU SRU 4/4/00

DATE 3-3-95

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

RETAINED 1/9/02

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

B00133862

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

DECK - SCREENED PORCH

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A50560-U

Building Address 2112 Whitman Way
West Friendship, Md 21790

Suite/Apt. #: _____ SDP/WP/Petition #: SP00-124

Census Tract 630 Subdivision Lundembrook

Section N/A Area N/A Lot 29

Tax Map 15 Parcel 240 Grid 6

Zoning PR-D Map Coordinates N/D Lot size _____

Owner's Name Jacobsen News LLC

Address 9469 Elkhart Ct.

City Fulton State MD Zip Code 20759

Home Phone (301) 953-2083 Work Phone (410) 792-7172

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

Phone _____ Fax _____

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$300,000

Description of Work 4BR 3 1/2 Bath, 1 FP, 2 car garage
1 RT Full Bath New Single Fam Home

Contractor Company Jacobsen News LLC

Contact Person Carl K. Jacobsen (Kin)

Address 9469 Elkhart Ct.

City Fulton State MD Zip Code 20759

License No. _____

Phone (410) 792-7172 Fax (301) 953-2083

Occupant or Tenant Jacobsen News LLC

Contact Name Carl

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p>_____ NFPA #13 _____ Full _____ Partial _____ Other Suppression</p>	<p>Building Characteristics</p> <p>SF Dwelling: <input type="checkbox"/> SF Townhouse: <input type="checkbox"/></p> <p>1st floor: <u>70</u> <u>40</u></p> <p>2nd floor: <u>48</u> <u>41</u></p> <p>Basement: <u>418</u> <u>41</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms: <u>4</u></p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p>_____ State Certified Modular _____ Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p>_____ NFPA #13D _____ NFPA #13R _____ Other</p>

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 THEREIN, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Carl K. Jacobsen

Title/Company _____ Date 3/3/00

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

VALIDATION

<p>AGENCY</p> <p><input checked="" type="checkbox"/> Land Development DPZ</p> <p><input checked="" type="checkbox"/> State Highways</p> <p><input checked="" type="checkbox"/> Building Official</p> <p><input checked="" type="checkbox"/> Dev. Engineering DPZ</p> <p><input checked="" type="checkbox"/> Health</p> <p><input checked="" type="checkbox"/> Fire Protection</p> <p><input checked="" type="checkbox"/> Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/></p> <p>ONE STOP SHOP: <input type="checkbox"/></p>	<p>DATE</p> <p><u>3/13/00</u></p>	<p>SIGNATURE APPROVAL</p> <p><u>[Signature]</u></p>	<p>DPZ SETBACK INFORMATION</p> <p>Front: <u>7'7" min</u></p> <p>Rear: <u>30' min</u></p> <p>Side: <u>10' min</u></p> <p>Side St: <u>N/A</u></p> <p>All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Historic District? <u>0.31</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Lot Coverage for NewTown Zone _____</p> <p>SDP/Red-line approval date _____</p>	<p>PROPERTY ID#: <u>45235</u></p> <p>Filing Fee \$ <u>25</u></p> <p>Permit Fee \$ _____</p> <p>(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)</p> <p>Excise Tax \$ _____</p> <p>(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)</p> <p>TOTAL FEES</p> <p>Check # <u>660</u></p> <p>Validation # <u>12119</u></p> <p>Accepted by: <u>[Signature]</u></p>
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