DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B07001432

Building Address 2961 Wynfield Rd
West Friendship MD 21794-9521

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

Census Tract ______ Subdivision ______

Section — Area — Lot 2

Tax Map 15 Parcel 88 Grid 18

Zoning Map Coordinates Lot size [illegible] acres

Property Owner's Name Michael G. Ogden

Address same

City ______ State ______ Zip Code ______

Home Phone ______ Work Phone ______

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

Phone 410-489-2953 Fax

Existing Use N/C New

Proposed Use Pool Heater (propane)

Estimated Construction Cost $ 200

Description of Work Excavate install gas underground line run in line + 15' to Pool Heater

Contractor Company Thompson Gas & Electric

Contact Person Rick Stevens

Address [illegible] Old Natl Pike PO Box 139

City Boonsboro State MD Zip Code 21713

License No. GA504104

Phone 301 432-6611 Fax 301 432-7147

Occupant or Tenant same as above

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 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 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 [illegible]

Title/Company [illegible]

Date 4/16/07

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	6/6/2007	[illegible signature]
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 ______

PROPERTY ID#

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by: ______

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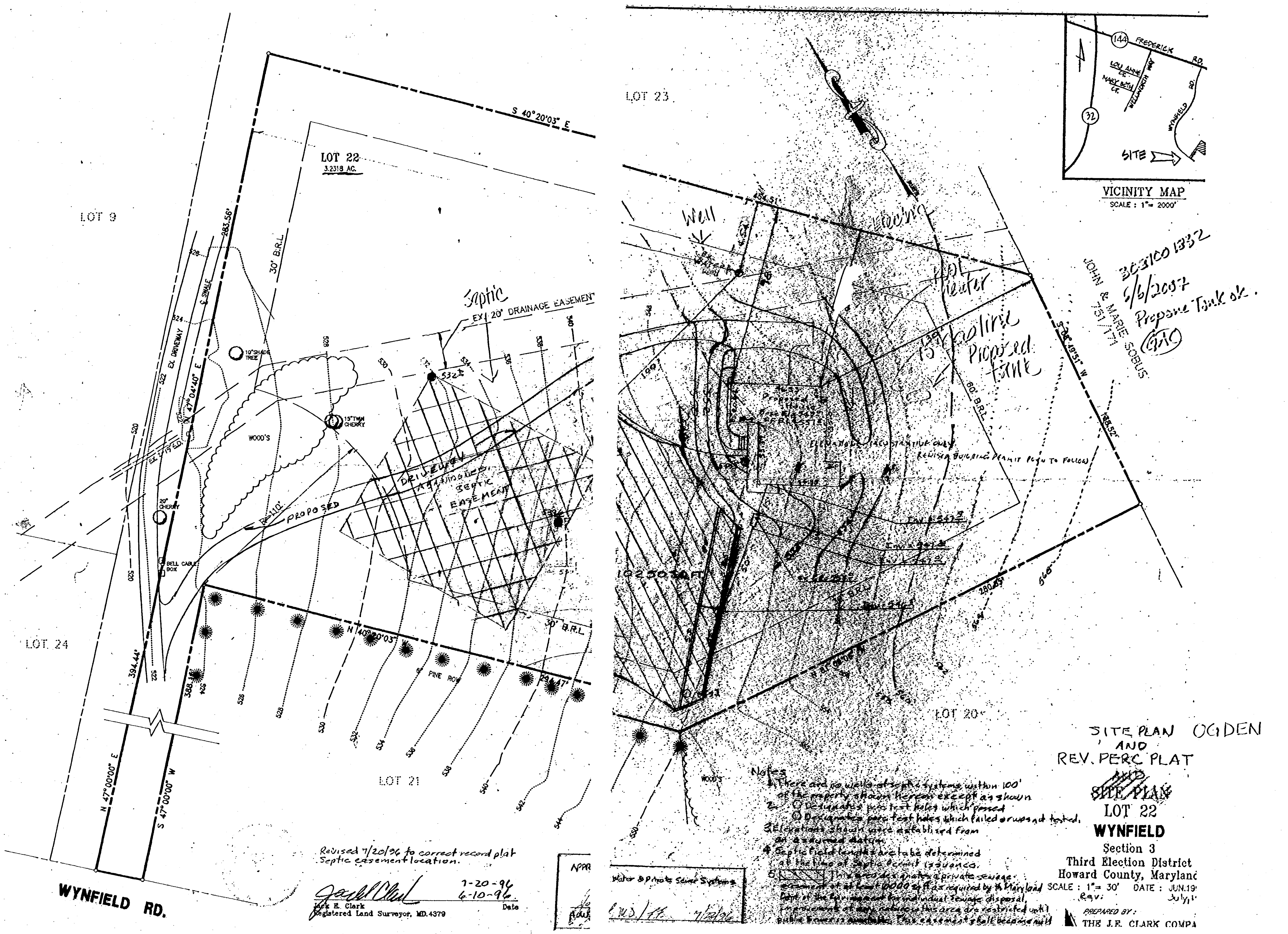

LOT 9
LOT 22
3.2318 AC.
LOT 24
LOT 21
LOT 23
LOT 20
S 40°20'03" E
N 40°20'03" W
EX. 20' DRAINAGE EASEMENT
30' B.R.L.
60' B.R.L.
Septic
EX. DRIVEWAY
SWALE
10" SHADE TREE
15" TWIN CHERRY
20" CHERRY
WOOD'S
BELL CABLE BOX
PROPOSED
PINE ROW
283.56'
394.44'
N 47°00'00" E
S 47°00'00" W
WYNFIELD RD.
Revised 7/20/96 to correct record plat Septic easement location.
7-20-96
6-10-96
Jack E. Clark
Registered Land Surveyor, MD.4379
Date
Well
Heater
Gasoline
Proposed tank
JOHN & MARIE SOBUS
751/171
BC3100 1332
5/6/2007
Propane Tank ok.
VICINITY MAP
SCALE : 1"= 2000'
144
FREDERICK RD.
LOU ANNE CT.
MARY BETH CT.
WELLWORTH WAY
32
WYNFIELD RD.
SITE
Notes
1. There are no wells or septic systems within 100' of the property shown hereon except as shown
2. Designates perc test holes which passed
Designates perc test holes which failed or were not tested.
3. Elevations shown were established from an assumed datum.
4. Septic field lengths are to be determined at the time of Septic Permit issuance.
5. This area designates a private sewage easement of at least 10,000 sq ft as required by the Maryland Dept. of the Environment for individual sewage disposal.
SITE PLAN OGDEN
AND
REV. PERC PLAT
AND
SITE PLAN
LOT 22
WYNFIELD
Section 3
Third Election District
Howard County, Maryland
SCALE : 1"= 30'
DATE : JUN.19
PREPARED BY :
THE J.E. CLARK COMPA

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B06004839

Building Address 2761 Wynfield Rd West Friendship Md 21794

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot size

Property Owner's Name Mike & Janine Ogden

Address 2761 Wynfield Rd

City W. Friendship State Md Zip Code 21794

Home Phone 410 4892752 Work Phone 410 3109684

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

Phone 4104892752 Fax

Existing Use SFD

Proposed Use _____

Estimated Construction Cost $ 2,000

Description of Work 2nd floor renovations remove vaulted ceiling to extend existing bedroom and add bathroom

Contractor Company Self

Contact Person Mike Ogden

Address see above

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant _____

Contact Name see above

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company R. A. D.

Contact Person Henry Williard

Address PO BOX 186

City Glenelg State Md Zip Code 21737

Phone 4894673 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 4
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:

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J. Ogden
Applicant's Signature

Janine Ogden
Print Name

_____
Title/Company

9-19-06
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	9/19/06	
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 _____

PROPERTY ID#	
Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by _____

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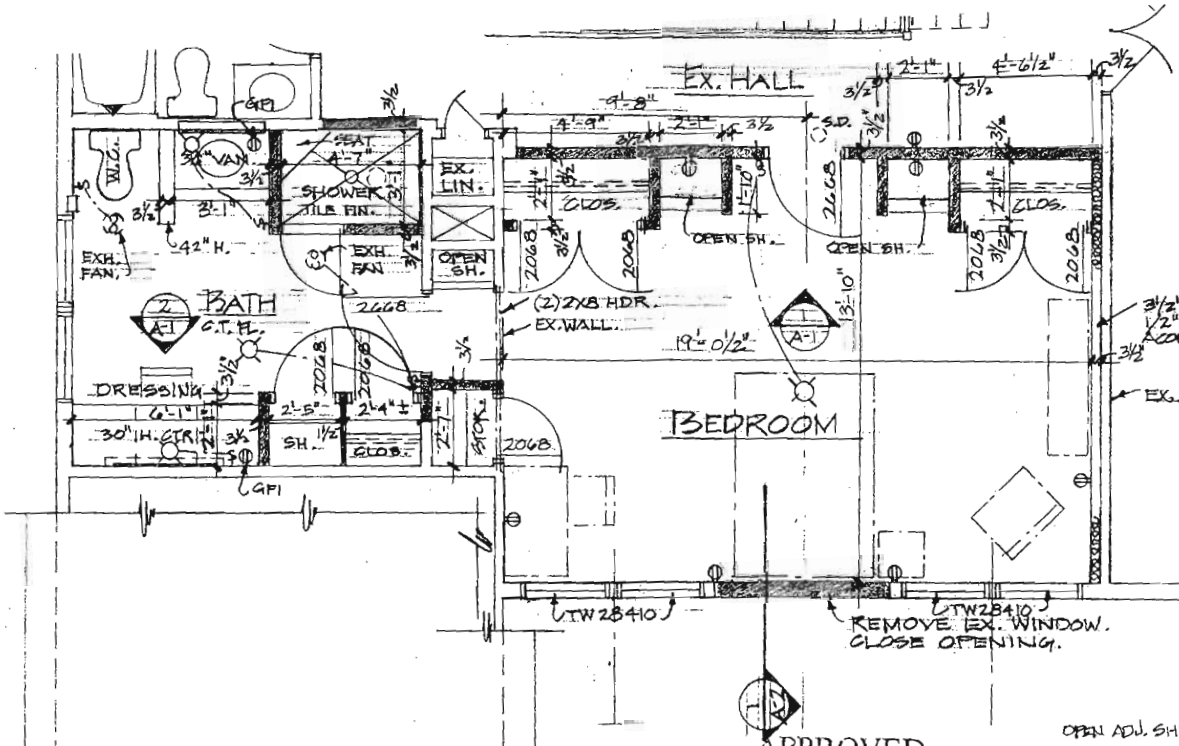

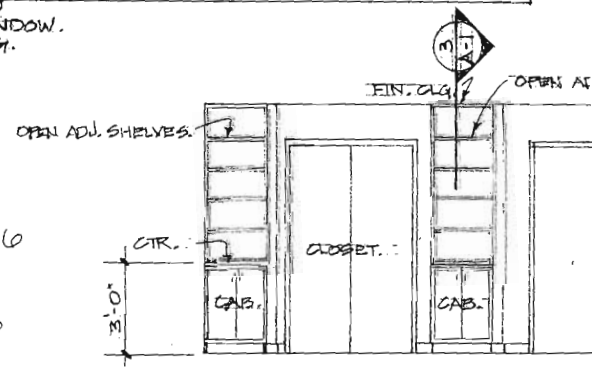

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06004839 A# 30412

APP. SAN SF DATE: 9/19/06

DESC. OF WORK:

renovate 2nd floor, remove vaulted ceiling to extend existing bedroom and bathroom.

PART SECOND FLOOR PLAN

1/4" = 1'-0"

- NEW WALLS.
- EXISTING WALLS.
- ⊖ – DUPLEX ELECTRIC WALL OUTLET.
- ☼ – LIGHT FIXTURE.
- ◌ – SMOKE DETECTOR. S.D.

INTERIOR ELEVATION

1/4" = 1'-0"

RENOVATIONS TO BEDROOMS AND MASTER BATH

For

MR. & MRS. MICHAEL OGDEN

2761 LANFIELD ROAD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00159542

Building Address 2761 Wynfield Rd West Friendship 21794

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

Census Tract _____ Subdivision West Friendship

Section _____ Area _____ Lot 22

Tax Map 15 Parcel 88 Grid 18

Zoning _____ Map Coordinates 10-E5 Lot size _____

Property Owner's Name Janine + Michael Ogden

Address 2761 Wynfield Rd

City West Friendship State Md Zip Code 21794

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD + Pool

Estimated Construction Cost $ 25,000

Description of Work Inground Pool 23'x 39' in rear yard. w/ 48" high Fence to code. Pool Filled by truck

Contractor Company Maryland Pools

Contact Person JoAnn Latham

Address 9515 Gerwig LA

City Columbia State Md Zip Code 21046

License No. 6699

Phone 410-995-6600 Fax _____

Occupant or Tenant Owner

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 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:	3	4
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 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.

J. Latham
Applicant's Signature

Agent
Title/Company

J. LATHAM
Print Name

5-11-06
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	5-11-06	Karen Nonnemacher
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 _____

PROPERTY ID#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by ____

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A30412

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	N/A
SEPTIC	20'
WELL	30'

PRIVATE WELL & SEPTIC

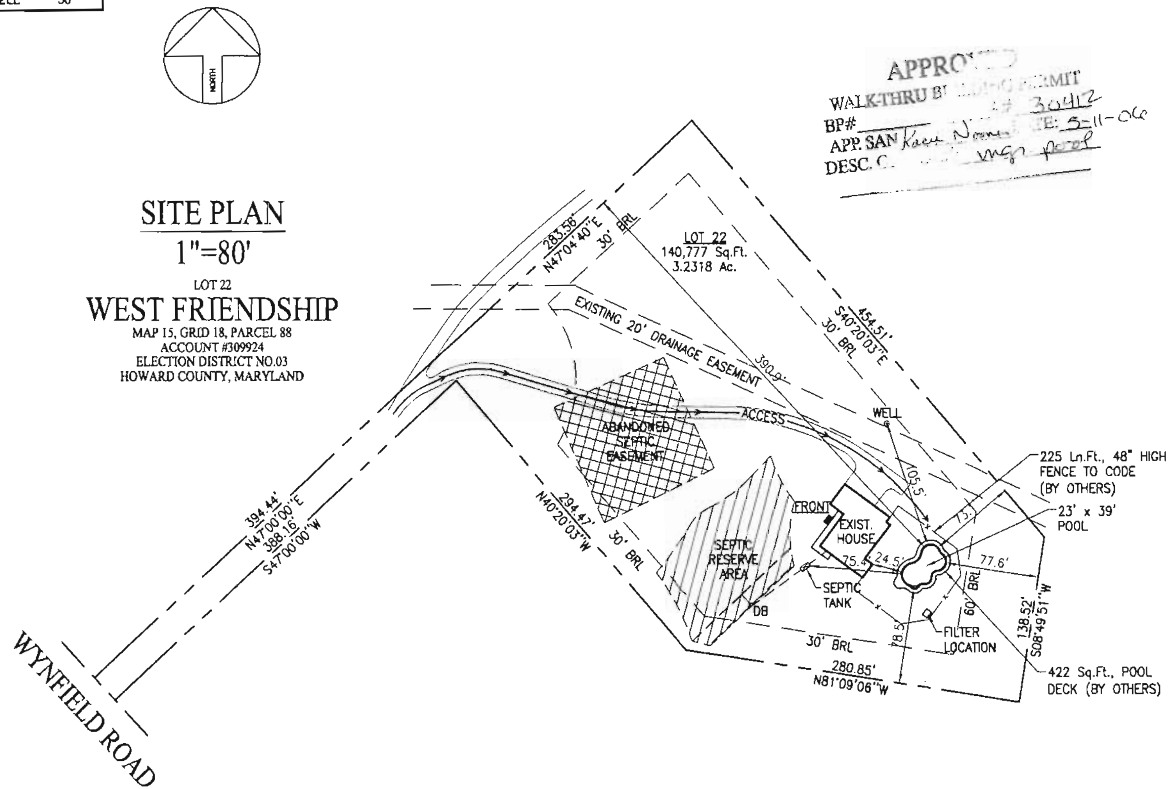
SITE PLAN

1"=80'

LOT 22

WEST FRIENDSHIP

MAP 15, GRID 18, PARCEL 88
ACCOUNT #309924
ELECTION DISTRICT NO.03
HOWARD COUNTY, MARYLAND



APPROVED
WALK-THRU BUILDING PERMIT
BP# 30412
APP. SAN Karen Nanne DATE: 5-11-06
DESC. ... inground pool

PERMIT NUMBERS
POOL:
ELECT:
OTHER:

PERMIT SET
DATE: 05-10-06

Maryland POOLS Inc.

9515 GERWIG LANE, SUITE 121, COLUMBIA, MD 21046, 410-995-6600 | 11166 MAIN STREET, SUITE 402, FAIRFAX, VA 22030, 703-359-7102
800-252-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING:	SOME HAUL
SPA:	NONE
RAISED BEAM:	NONE
TILE:	STB-808
COPING:	'SUIT SAVER' (WHITE)
PLASTER:	WHITE MARBELITE
FILTER SYS:	C&C 420 SF CART. W/2HP PUMP
CLEANING SYS:	PCC-2000
TREATMENT SYS:	NONE
CONTROL SYS:	NONE
HEATER:	NONE
LIGHTS:	(1) SAM WATTS: 500 VOLTS: 120
LOVESEAT:	(1) @ 6' - OUTSIDE
AQUA BENCH:	NONE
RAIL GOODS:	NONE
DECKING:	BY OTHERS
FENCE:	BY OWNER
POOL COVER:	NONE TYPE: N/A
CHEMICALS:	$50 CHEMICAL ALLOWANCE
OTHER ITEMS:	8' DIVING BOARD & STAND EQUIPOTENTIAL BONDING GRID
ELECTRIC:	200 FT.

POOL DATA

SIZE/SHAPE:	23' x 39' - ARUBAN (DIVING)		
POOL AREA:	700	SPA:	OTHER: 12
TOTAL AREA:	712		
PERIMETER:	113	SPA:	
GALLONAGE:	28,875	DEPTH:	3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
32/N TO 144 (BEFORE 77) R/T 1/2 MILE TO WYNFIELD RD., R/T TO SITE ON LEFT.

********LONG DRIVEWAY & L/T AT JUNCTION********

MAP # 10
GRID E-5

Janine & Michael Ogden
2761 Wynfield Road
West Friendship, Maryland 21794
Howard County

HOME PHONE: 410-489-2752
OFFICE PHONE: 410-310-9684
OTHER PHONE: 410-489-2753
CELL PHONE:

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
22	WEST FRIENDSHIP	03	309924

SITE PLAN				ZONE: ONE
SCALE: 1"=80'	BY: J.L.R.	DATE: 05/10/06	JOB NUMBER: MS06-8886	SHEET #: 1.0