



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 11275 INDEPENDENCE WAY
 City: ELICOTT CITY State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: HOMERWOOD CROSSING
 Section: _____ Area: _____ Lot: 59
 Tax Map: 29 Parcel: 28 Grid: 9
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.12 AC

Existing Use: SFD
 Proposed Use: SPD
 Estimated Construction Cost: \$ 20,000.00
 Description of Work: CONSTRUCT INGROUND 550 SF CONCRETE SWIMMING POOL w/ FENCE TO CODE
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: LINDA MURPHY
 Address: 11275 INDEPENDENCE WAY
 City: ELICOTT CITY State: MD Zip Code: 21092
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: MARK SHAFFERY
 Address: 300 E. LAMAR ST
 City: BAWT State: MD Zip Code: 21202
 Phone: 410 808 2506 Fax: _____
 Email: _____

Contractor Company: ELITE POOLS
 Contact Person: MARK SHAFFERY
 Address: 300 E. LAMAR ST # 310
 City: BAWT State: MD Zip Code: 21202
 License No.: 71753
 Phone: 410 808 2506 Fax: _____
 Email: MARK@ELITEPOOLS.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: Mark Shaffery
 Email Address: mark@elitepools.com
 Title/Company: Owner/Elite Pools

Print Name: MARK SHAFFERY
 Date: 9-11-2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9-11-2013</u>	<u>BD Bernard</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



Howard County
Bureau of Environmental Health
7180 Columbia Gateway Drive
Columbia, Maryland 21046

9/11/13
N. J. Davis
Approved

September 4, 2013

To whom it may concern,

Please consider this letter requesting that the 20' setback for a swimming pool to the septic system and/or reserve area be reduced to 14' at:

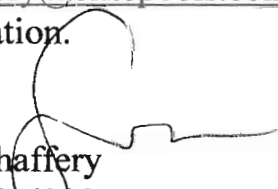
11275 Independence Way
Ellicott City in HOMEWOOD CROSSING, LOT 59

I have attached the septic as-built and shown the approximate location of the swimming pool as it relates to the current installed system.

If granted, we would certainly bring a scaled detailed drawing reflecting the exact location and setback approved.

Thank you in advance for your consideration.

Please feel free to contact me at 410-808-6988 or via email at mshaffery@elitepools.com if you have any questions or need additional information.


Mike Shaffery
410-808-6988

HOMEOWNER SIGNATURE: Linda Murphy 9/4/2013

Linda Murphy

LAYOUT 11/5/2008 INSP 4 _____
 INSP 2 11/6/08 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/15/08
 APPROVAL DATE: 11/7/08

PERMIT
Pat Trac
 TAX ID # 05-443229

P 529600
 A 515042

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd PHONE NUMBER: 410-795-5670

SUBDIVISION: Homewood Crossing LOT NUMBER: 59

ADDRESS: 11275 Independence Way PROPERTY OWNER: Toll MD III LP

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

Inlet 5', Bottom 9.5'

SQUARE FEET PER BEDROOM: _____

48'48", 50' + 50' = 196'

LINEAR FEET OF TRENCH REQUIRED: 25 196'

TRENCHES:	Trench to be 2.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 7.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Angle Tank towards top center of SRA. Place Distribution Box at top center of SRA. Install 4x54' trenches on contour. Ok to pull out of easement towards Lot 89 or as directed by Sanitarian at time of layout
NOTES:	Keep Septic Tank 20' from Dwelling. Future repair systems must maintain a shallow trench due to last perc rates near surface.

PLANS APPROVED: Kevin Wolf DATE: 9/11/08

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**