

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

300158639

MD 3/16/06

Building Address 2113 Grant Farm Court  
Marriottsville, MD 21104  
 Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition # PLAT # 14582  
 Census Tract 03000 Subdivision THE ESTATES @ SAND HILL  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15  
 Tax Map 10 Parcel 3 Grid 2  
RR-D100  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1.14 ACRES

Property Owner's Name Kevin Jones  
 Address 2113 Grant Farm Court  
 City Marriottsville State MD Zip Code 21104  
 Home Phone 410-442-7445 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work In-Ground Residential  
Swimming Pool - No Board - Natural Gas  
Heater, 40' X 20' - Fence Per Code

Contractor Company Custom Home Remodelers Inc.  
 Contact Person Joseph Beavan/Mike Beavan  
 Address 12142 Mount Albert Road  
 City Ellicott City State MD Zip Code 21042  
 License No. 18678  
 Phone 410-988-8005 Fax 410-988-8005

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: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 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.

Joseph Beavan  
 Applicant's Signature  
President/Custom Home Remodelers, Inc.  
 Title/Company

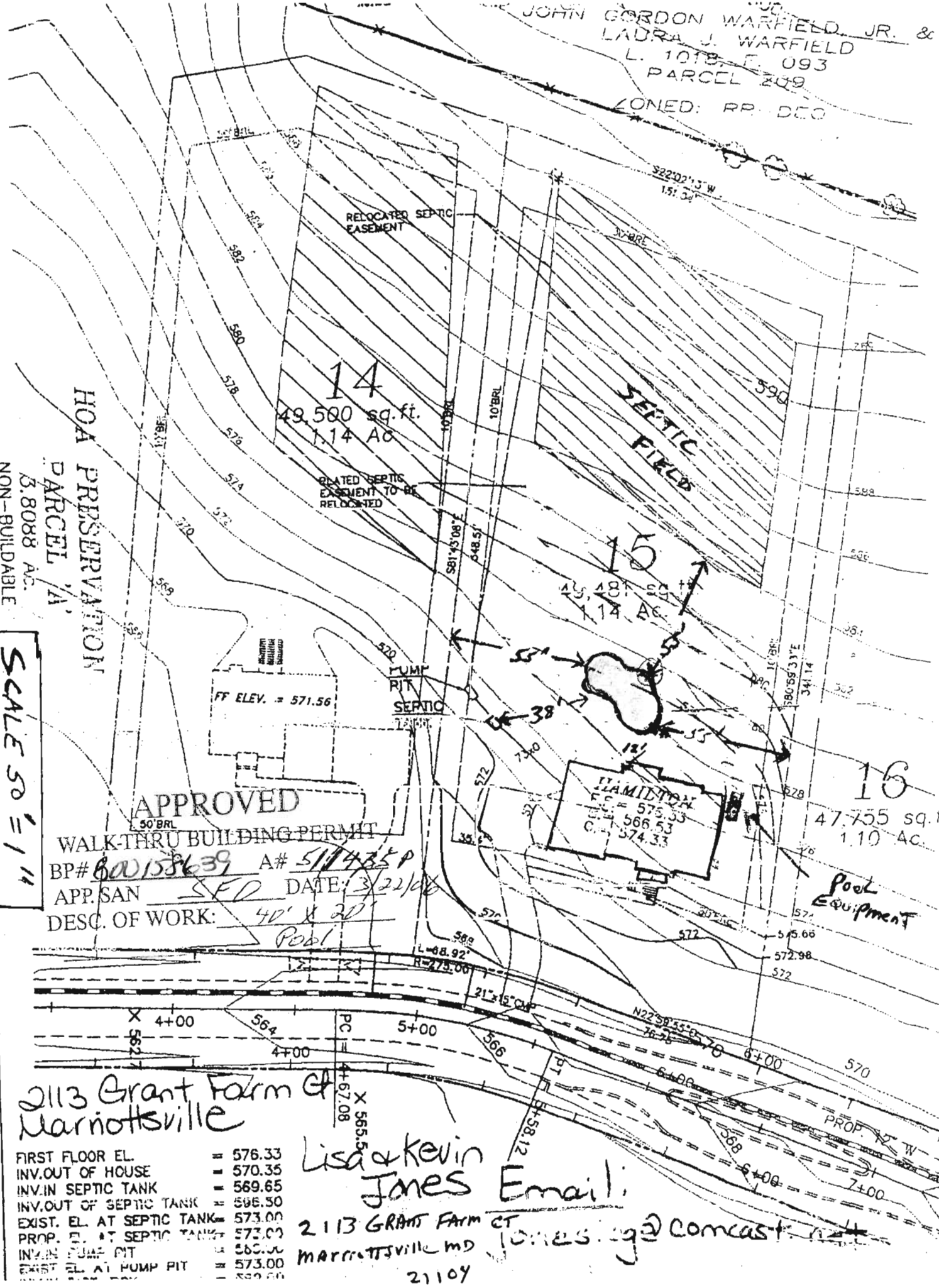
Joseph Beavan  
 Print Name  
 Date \_\_\_\_\_

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	<del>3/16/06</del>	<u>MTC</u>	Front: <u>30'</u>	Filing fee \$ _____
State Highways			Rear: <u>30'</u>	Permit fee \$ _____
Building Official			Side: <u>10'</u>	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3/22/06</u>	<u>[Signature]</u>	Side St.: <u>N/A</u>	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input checked="" 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 checked="" type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone <u>N/A</u>	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

JOHN GORDON WARFIELD, JR. &  
 LAURA J. WARFIELD  
 L. 1018, E. 093  
 PARCEL 209  
 ZONED: RR DCO

Pool 40' x 20' - 2 LIGHTS - NO BODRP, GAS HR - 3 MTRS.  
 HOA PRESERVATION PARCEL 1/A  
 3.8088 AC.  
 NON-BUILDABLE  
 SCALE 50' = 1" IN  
 CUSTOM HOME POOLS - CHR. INC



FIRST FLOOR EL.	=	576.33
INV. OUT OF HOUSE	=	570.35
INV. IN SEPTIC TANK	=	569.65
INV. OUT OF SEPTIC TANK	=	596.50
EXIST. EL. AT SEPTIC TANK	=	573.00
PROP. EL. AT SEPTIC TANK	=	573.00
EXIST. EL. AT PUMP PIT	=	565.00
EXIST. EL. AT PUMP PIT	=	573.00

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

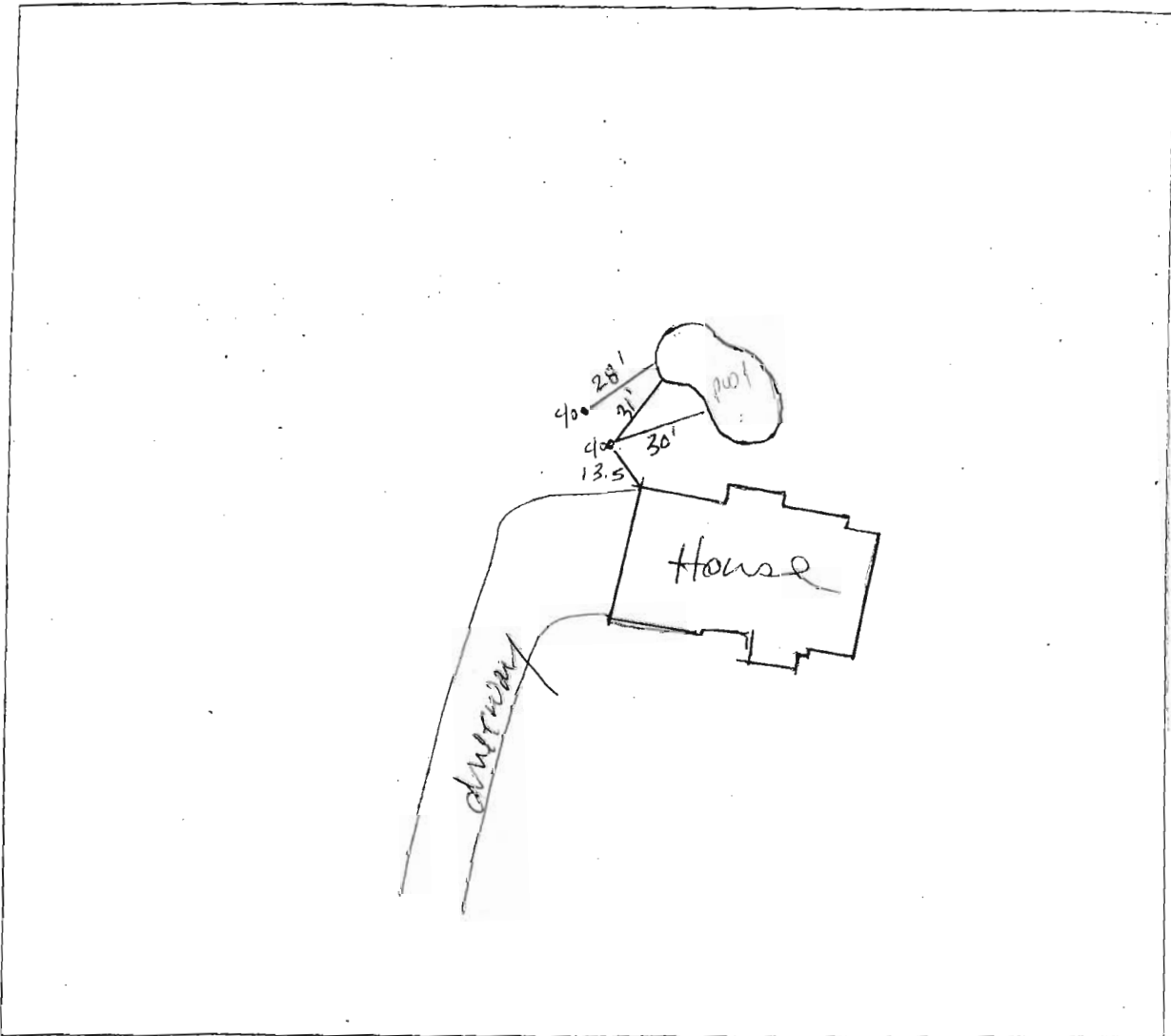
ADDRESS: 2113 Grant Farm Ct CONTRACTOR: \_\_\_\_\_

\_\_\_\_\_ WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Verify septic tank location in relation to pool

LOCATION DIAGRAM



COMMENTS: Septic tank located adequately away from pool location  
septic layout accurate to field notes. Pool location  
ok.

(SF)

2/21/20