

Building Address 2152 GRANT FARM CT.  
MARRIOTSVILLE, MARYLAND, 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 14583

Census Tract 603000 Subdivision The Estates @ sand hill

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 27

Tax Map 16 Parcel 3 Grid 2

Zoning RE Map Coordinates \_\_\_\_\_ Lot size 1.1

Property Owner's Name RON & CINDY GULA

Address 2152 GRANT FARM CT.

City MARRIOTSVILLE State MD Zip Code 21104

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use WOOD DECK

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work RE-INFORCE MAIN BEAMS TO A 12'-0" CENTER TO CENTER LOAD.

Contractor Company AMTOROSKY CO INC.

Contact Person MICHAEL TOROSKY

Address 4216 WINDING WAY

City WESTMINSTER State MD Zip Code 21157

License No. 96487 Phone 416-375-4001 Fax 410-875-2118

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>1900</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>2300</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>2100</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	
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: <u>Indoor Pool</u>	
Dimensions: <u>41' x 50'</u>	
Footings: <u>20'</u>	
Roof Height: <u>21'</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.

Anthony M. Torosky  
 Applicant's Signature  
PRESIDENT / AMTOROSKY CO INC  
 Title/Company

ANTHONY M. TOROSKY  
 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
Land Development, DPZ	10/8/08	<u>[Signature]</u>	
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	10/8/08	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ  
 T:\forms\PERMIT.FRM

DPZ SETBACK INFORMATION		PROPERTY ID#:	
Front: <u>15</u>	<u>N/A</u>	Filing fee	\$ _____
Rear: <u>30</u>	<u>129</u>	Permit fee	\$ _____
Side: <u>10</u>	<u>N/A</u>	Excise tax	\$ _____
Side St.: _____		Add'l per. fee	\$ _____
All minimum setbacks met?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid	\$ _____
Historic District?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due	\$ _____
Lot Coverage for New Town Zone _____		Check	# _____
SDP/Red-line approval date _____		Validation	# _____
Accepted by _____			

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

307002141

Building Address 2152 Grant Farm Ct  
Marriottsville 21104  
Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision The Estates @ Sand Hill  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 27  
Tax Map 16 Parcel 3 Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 04-1 Lot size \_\_\_\_\_

Property Owner's Name Ronald + Cyndi Gula  
Address 2152 Grant Farm Ct  
City Marriottsville State \_\_\_\_\_ Zip Code 21104  
Home Phone 410-442-1577 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 concrete  
pool 18' x 36' in rear yard  
w/48" high Fence to code

Contractor Company Maryland Pools  
Contact Person Joanne Latham  
Address 9515 Gerwig Lane  
City Columbia State MD Zip Code 21046  
License No. 6694  
Phone 410-995-6600 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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: <u>3-5'</u> 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: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature J. Latham  
Title/Company agent

Print Name J. Latham  
Date 5-24-07

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	<u>5/29/2007</u>	<u>R. Buich</u>	
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO   
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

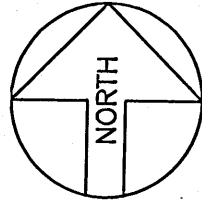
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\Name\PERMIT.FRM

**SETBACKS:**

REAR PL. 10'  
 SIDE PL. 10'  
 HOUSE 0'  
 SEPTIC 20'  
 WELL N/A

PUBLIC WATER  
& PRIVATE SEPTIC



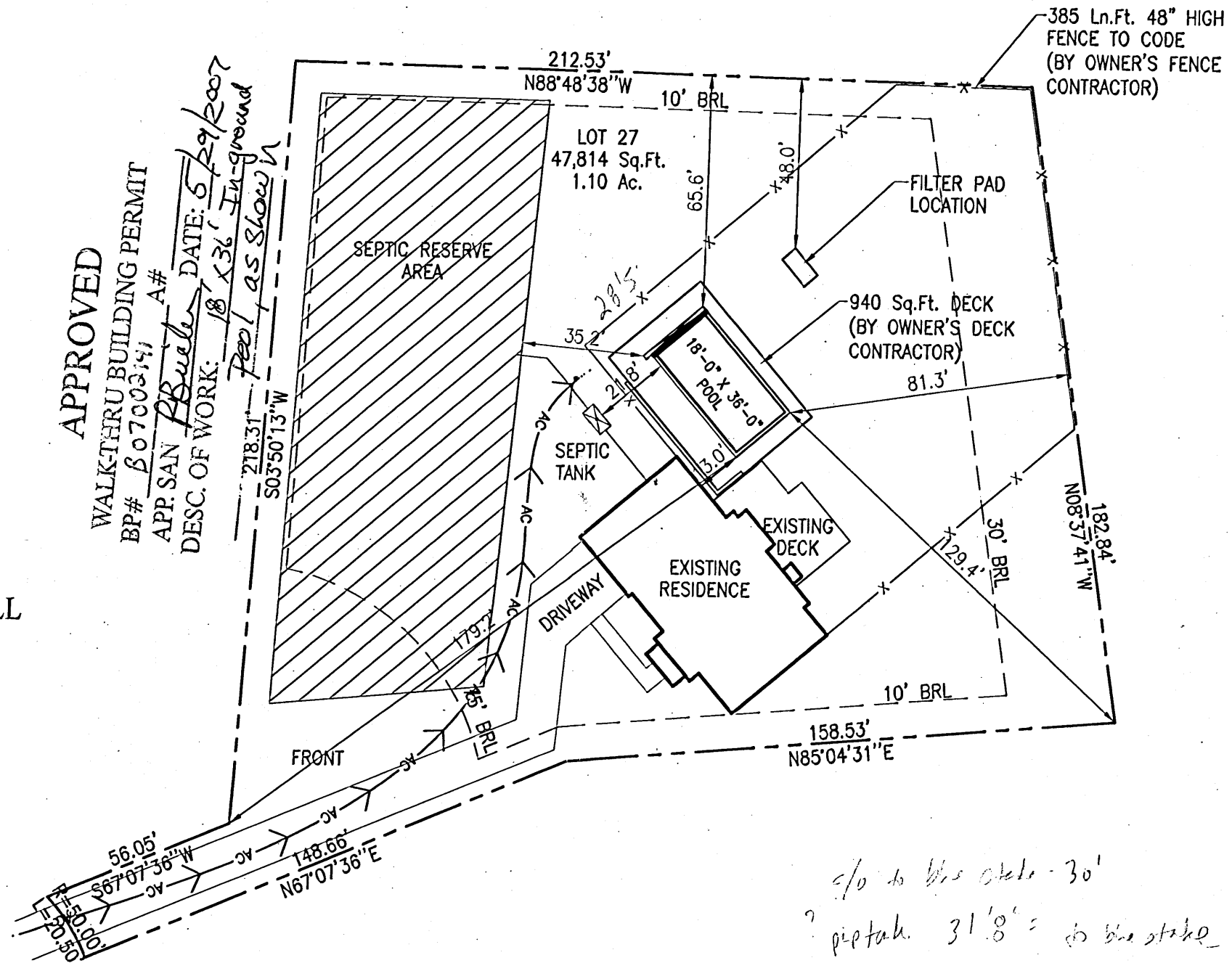
**SITE PLAN**

1" = 40'

LOT 27  
**THE ESTATES @ SAND HILL**  
 TAX ACCOUNT # 334635  
 MAP 16, GRID 2, PARCEL 3  
 ELECTION DISTRICT NO. 3  
 HOWARD COUNTY, MARYLAND

GRANT FARM COURT

**APPROVED**  
 WALKTHRU BUILDING PERMIT  
 BP# B07003141 A#  
 APP. SAN *BBuel* DATE: 5/29/2007  
 DESC. OF WORK: 18' x 36' In-ground Pool, as shown



**Maryland POOLS Inc.**

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

**EQUIPMENT LIST**

DIRT/GRADING: HAUL SOME - 1 HOUR (IN CONTRACT)  
 SPA: NONE  
 RAISED BEAM: NONE  
 TILE: TBD  
 COPING: 14" STD. 'SUIT SAVER'  
 PLASTER: WHITE MARBELITE  
 FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP  
 CLEANING SYS: PCC 2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: NONE  
 HEATER: NONE  
 LIGHTS: ONE WATTS: 500 VOLTS: 120  
 LOVESEAT: (1) @ 6'-INSIDE  
 AQUA BENCH: (2) @ 6'  
 RAIL GOODS: NONE  
 DECKING: NONE  
 FENCE: BY OWNER  
 POOL COVER: AUTO RHD TYPE: W/ ALUMINUM LID  
 CHEMICALS: \$50 CHEMICAL ALLOWANCE  
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID  
 EXTRA SET OF STEPS W/ 6' AQUA BENCH

ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 18' x 36' - CUSTOM  
 POOL AREA: 648 SPA: OTHER:  
 TOTAL AREA: 648  
 PERIMETER: 108 SPA:  
 GALLONAGE: 20,250 DEPTH: 3'-6" TO 5'-6"

**DIRECTIONS TO SITE**

DIRECTIONS:  
 TAKE 70-WEST TO EXIT 83 ONTO MARRIOTTVILLE RD., LEFT ON OLD FREDERICK RD. (MD-99), LEFT ON SAND HILL RD., LEFT ON SAND HILL MANOR DR., LEFT ON GRANT FARM CT. - TO 2152 ON THE RIGHT.

MAP #	10
GRID	H-1

Ronald & Cyndi Gula  
 2152 Grant Farm Court  
 Marriottsville, MD 21104  
 Howard County

HOME PHONE: 410-442-1577  
 CELL PHONE 1: 443-745-1636  
 CELL PHONE 2:  
 OFFICE PHONE: 410-872-0555 ext. 204

LOT: 27	SUBDIVISION NAME: THE ESTATES @ SAND HILL	DISTRICT: 3	PIN #: 334635
SITE PLAN			ZONE: 1
SCALE: 1" = 40'	BY: DB	DATE: 5/3/07	JOB NUMBER: JAY07-9229 SHEET #: 1.0

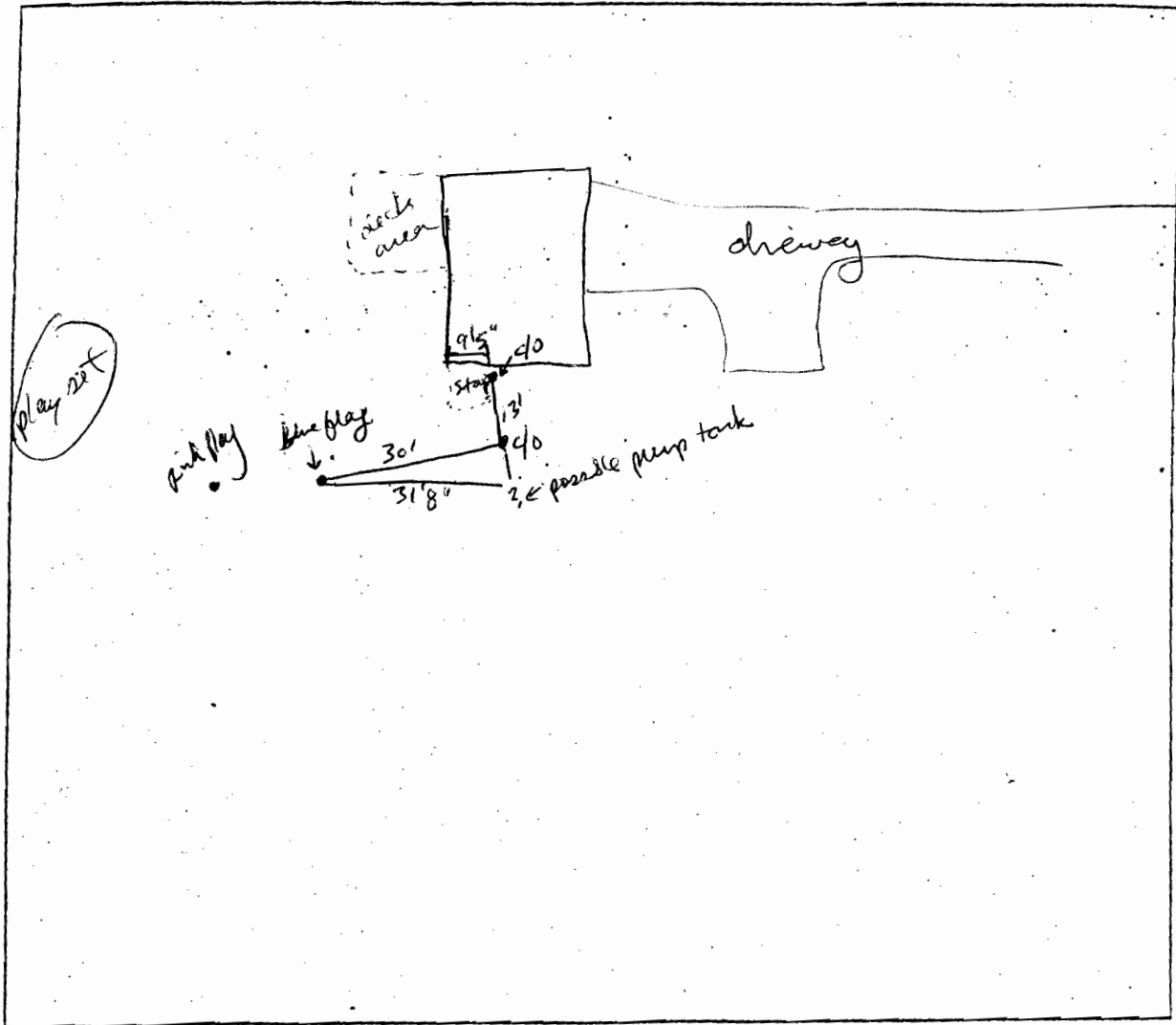
**PERMIT NUMBERS**  
 POOL:  
 ELECT:  
 OTHER:

**PERMIT SET**  
 DATE: 05-23-07

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 32152 Grant Farm Ct CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: proposed pool location >20' from septic tanks.

SF 5/24/07

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**307004659**

Building Address 2152 Great Farm Ct  
Marysville, MD 21104

Property Owner's Name Cynthia & Ron Gula  
Address 2152 Great Farm Ct

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City Marysville State MD Zip Code 21104

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Home Phone 410-442-1577 Work Phone 410-872-0555  
Applicant's Name & Mailing Address, (if other than stated hereon):

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use Single Family Home

Contractor Company ~~Chester Solar Structures~~

Proposed Use \_\_\_\_\_

Contact Person ~~\_\_\_\_\_~~

Estimated Construction Cost \$ 130,000

Address ~~\_\_\_\_\_~~

Description of Work 50' x 41' Solar Structure  
over pool in ground swimming pool  
and attached to house

City ~~\_\_\_\_\_~~ State NC Zip Code 28704

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company RAMMS

Contact Name \_\_\_\_\_

Contact Person R. S. Monsour P.E.

Address \_\_\_\_\_

Address 2100 W. 76 St Suite # 311

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City Hialeah State FL Zip Code 33116

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone 305-822-3141 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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 Characteristics

#### Utilities

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

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.

Cynthia Gula  
Applicant's Signature  
Owner  
Title/Company

Cynthia Y. Gula  
Print Name  
11/19/2007  
Date

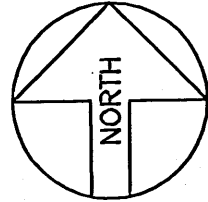
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/13/2007</u>	<u>R. Bush</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 # <u>27492</u>
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	Lot Coverage for NewTown Zone _____	8DP/Red-line approval date _____
T:\forms\PERMIT.FRM			Yellow: DED, DPZ	Pink: Health
				Gold: SHA
				Accepted by <u>_____</u>

**SETBACKS:**

REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	N/A

**PUBLIC WATER  
& PRIVATE SEPTIC**

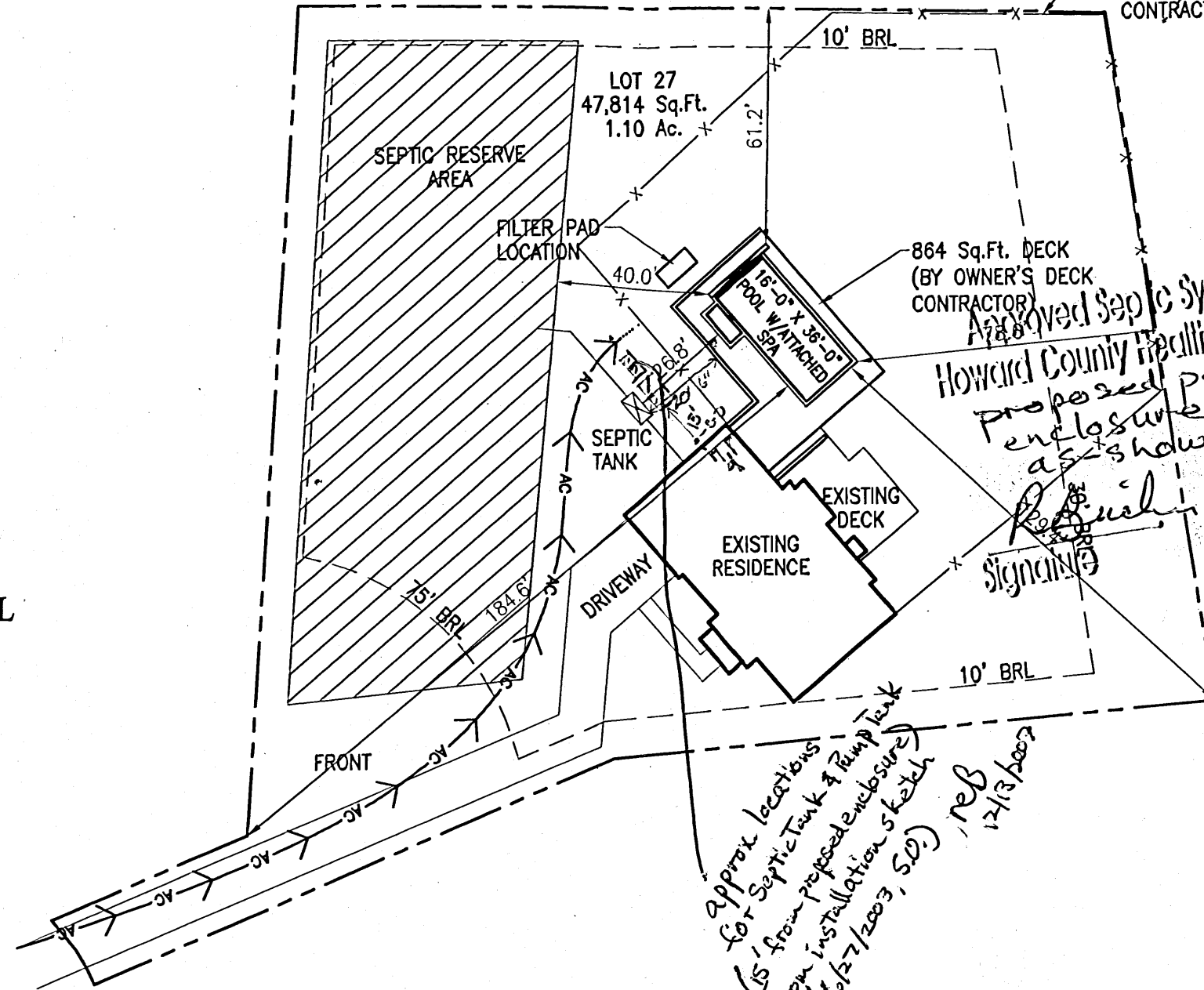


**SITE PLAN**

1" = 40'  
LOT 27

**THE ESTATES @ SAND HILL**  
TAX ACCOUNT # 334635  
MAP 16, GRID 2, PARCEL 3  
ELECTION DISTRICT NO. 3  
HOWARD COUNTY, MARYLAND

**GRANT FARM COURT**



415 Ln.Ft / 48" HIGH  
FENCE TO CODE  
(BY OWNER'S FENCE  
CONTRACTOR)

*No fence  
due to enclosure*

*Approved Septic System Plan  
Howard County Health Department  
proposed pool  
enclosure & deck  
as shown  
12/13/07  
D.G.*

*Approx locations  
for Septic Tank & Pump Tank  
from proposed enclosure  
(6/27/2007, S.O.)  
12/13/07  
reB*

**Maryland  
POOLS** Inc.

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

**EQUIPMENT LIST**

- DIRT/GRADING: HAUL SOME - 1 HOUR (IN CONTRACT)
- SPA: 40 S.F. W/8 JETS, 100W LIGHT & BLOWER
- RAISED BEAM: NONE
- TILE: SURF-240
- COPING: 14" A/C FLAT-WHITE
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
- CLEANING SYS: PCC 2000
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: NONE
- HEATER: 400K BTU (NATURAL GAS)
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) @ 6'-INSIDE
- AQUA BENCH: (3) @ 6'
- RAIL GOODS: NONE
- DECKING: NONE
- FENCE: BY OWNER
- POOL COVER: AUTO LHD TYPE: W/ ALUMINUM LID
- CHEMICALS: \$50 CHEMICAL ALLOWANCE
- OTHER ITEMS: EQUIPOTENTIAL BONDING GRID
- EXTRA SET OF STEPS

ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 16' x 36' - CUSTOM  
POOL AREA: 576 SPA: 40 OTHER:  
TOTAL AREA: 616  
PERIMETER: 104 SPA: 28  
GALLONAGE: 20,250 DEPTH: 3'-6" TO 5'-6"

**DIRECTIONS TO SITE**

**DIRECTIONS:**  
TAKE 70-WEST TO EXIT 83 ONTO MARRIOTTVILLE RD., LEFT ON OLD FREDERICK RD. (MD-99), LEFT ON SAND HILL RD., LEFT ON SAND HILL MANOR DR., LEFT ON GRANT FARM CT. - TO 2152 ON THE RIGHT.

MAP #  
**10**  
GRID  
**H-1**

**Ronald & Cyndi Gula**  
2152 Grant Farm Court  
Marriottsville, MD 21104  
Howard County

HOME PHONE: 410-442-1577  
CELL PHONE 1: 443-745-1636  
CELL PHONE 2:  
OFFICE PHONE: 410-872-0555 ext. 204

LOT: <b>27</b>	SUBDIVISION NAME: <b>THE ESTATES @ SAND HILL</b>	DISTRICT: <b>3</b>	PIN # <b>334635</b>
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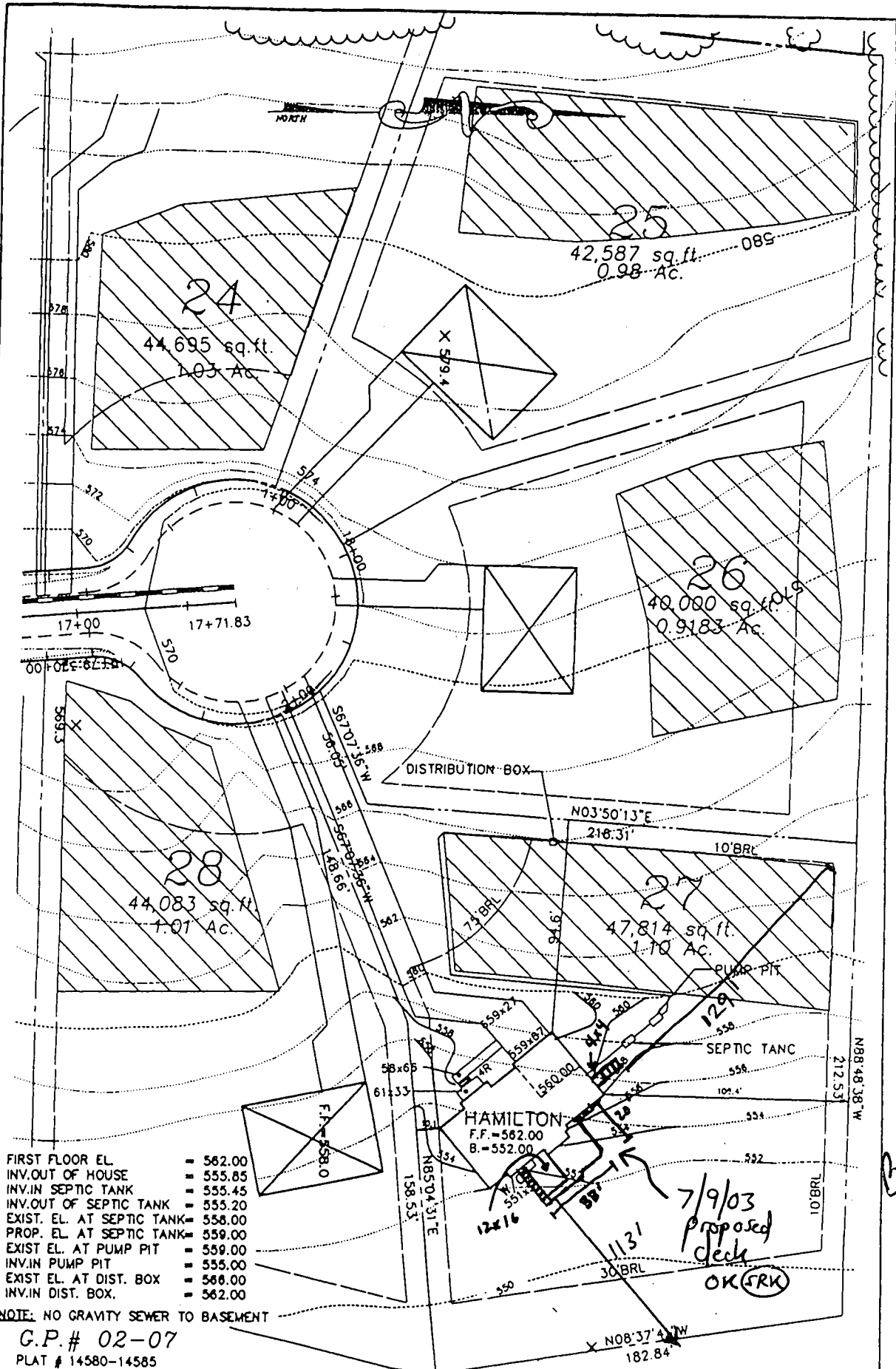
**SITE PLAN**  
ZONE: **1**

SCALE: <b>1" = 40'</b>	BY: <b>DB</b>	DATE: <b>5/3/07</b>	JOB NUMBER: <b>JAY07-9229</b>	SHEET #: <b>1.0</b>
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**PERMIT NUMBERS**  
POOL: B07002141  
ELECT: E07002288  
OTHER:

**ES**  
Digitally signed by ES  
DN: CN = ES, C = US  
Date: 2007.07.31 16:04:57 -04'00'

**FINAL  
CONSTRUCTION  
SET**  
DATE: 07-31-07



- FIRST FLOOR EL. = 562.00
- INV. OUT OF HOUSE = 555.85
- INV. IN SEPTIC TANK = 555.45
- INV. OUT OF SEPTIC TANK = 555.20
- EXIST. EL. AT SEPTIC TANK = 558.00
- PROP. EL. AT SEPTIC TANK = 559.00
- EXIST. EL. AT PUMP PIT = 559.00
- INV. IN PUMP PIT = 555.00
- EXIST. EL. AT DIST. BOX = 566.00
- INV. IN DIST. BOX = 562.00

NOTE: NO GRAVITY SEWER TO BASEMENT

G.P. # 02-07  
 PLAT # 14580-14585

BOON 142 924

<b>THE ESTATES AT SAND HILL</b>		
PLOT PLAN LOT # 27 2152 GRANT FARM COURT		
ELECTION DISTRICT: 3	TAX MAP: 16	HOWARD COUNTY, MARYLAND
DRAWN BY: M.M.P.	SCALE: 1"=50'	DATE: OCTOBER 16, 2002

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