

TAX ID 04-331613

Building Address 643 LA Review Dr
Mt Airy Md 21771

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

Census Tract _____ Subdivision WELPichin shop

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John + Andrea Caffrey

Address 643 LA Review Dr

City Mt Airy State Md Zip Code 21771

Home Phone 301-831-5905 Work Phone 829-8315

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

Phone 410-995-6600 Fax _____

Existing Use SFD

Proposed Use SFD/Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground pool 18 x 40
in rear yard w/ 48" high fence per code

Contractor Company Maryland Pools Inc

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 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	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/>
	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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	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: <u>pool 3' - 8' Deep</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms: _____	
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: _____	
<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.

Joanne Latham
 Applicant's Signature
Agent
 Title/Company

Joanne Latham
 Print Name
 Date

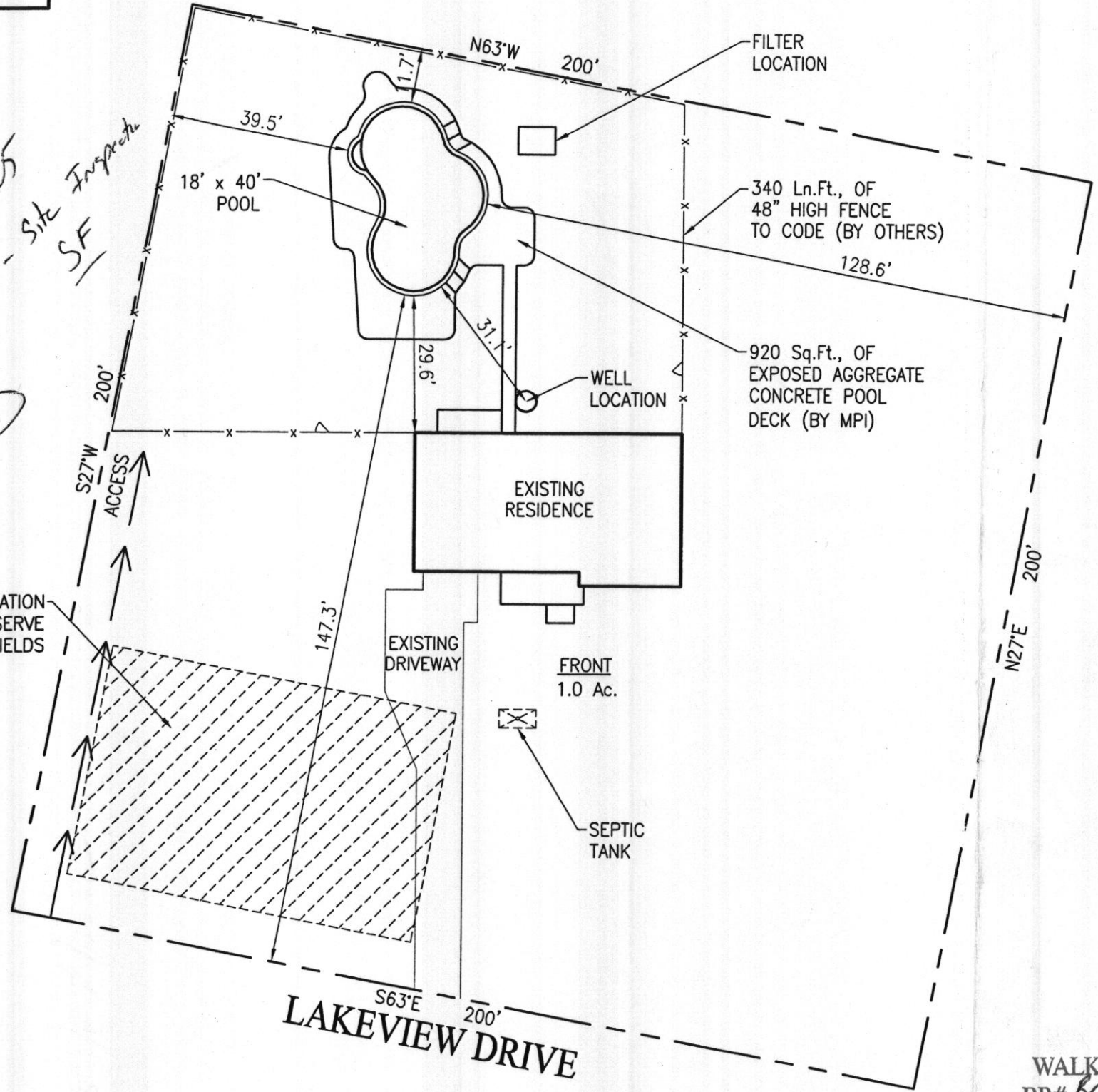
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/12/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

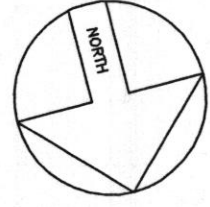
SETBACKS:

REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	30'

5/12/05
Pool ok - site impacts SF
KJB



PRIVATE WELL & PRIVATE SEPTIC



ZONE: ONE

SITE PLAN

1"=30'

NE PENN SHOP RD.

ACCOUNT # 331613
 MAP 1, GRID 21, PARCEL 29
 ELECTION DISTRICT NO. 04
 HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT
 BP# 600153719 A# N/A - site insp
 APP. SAN py (CN) DATE: 5/12/05
 DESC. OF WORK: inground pool

PERMIT SET
 DATE: 05-04-05

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 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 -
- SPA: NONE
- RAISED BEAM: 18" HIGH FACED W/STONE 51 Sq.Ft.
- TILE: SURF 240
- COPING: STD. 'SUIT SAVER' - WHITE
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
- CLEANING SYS: PCC-2000
- TREATMENT SYS: NONE
- CONTROL SYS: NONE
- HEATER: NONE
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) @ 6' - OUTSIDE
- AQUA BENCH: (1) @ 8'
- RAIL GOODS: NONE
- DECKING: 920 Sq.Ft., OF EXPOSED AGGREGATE
- FENCE: BY OWNER
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$100 CHEMICAL ALLOWANCE
- OTHER ITEMS: INITIAL WATER FILL

ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 18' x 40' - CUSTOM
 POOL AREA: 712 SPA: OTHER: 12
 TOTAL AREA: 722
 PERIMETER: 111 SPA:
 GALLONAGE: 00,000 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

RT. 70 MT. AIRY (EXIT 68) GO WEST ON RT. 27 APPROX. 1/4 MILE TO A LEFT TURN ON FREDERICK RD. (144) AFTER MAKING THIS LEFT (SHELL STATION AT CORNER) CONTINUE STRAIGHT DOWN BY PRIVATE RD. LAKEVIEW CT. 3 HOUSES ON THIS RD. SITE IS SECOND HOUSE ON RIGHT

MAP #
2
GRID
A-7

John & Andrea Caffrey
 643 Lakeview Drive
 Mt. Airy, Maryland 21771
 Howard County

HOME PHONE: 301-831-5905
 OFFICE PHONE 1: 301-829-8315 (MR.)
 CELLULAR PHONE 2: 301-514-4701 (MRS.)

SITE PLAN

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
	NE PENN SHOP RD.	04	331613
SCALE:	BY:	DATE:	JOB NUMBER:
1"=30'	D.L.C.	05/04/05	TT05-8368
			SHEET #:
			S-1

REVISIONS:

00/00/00
