

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
800141702

Building Address 14515 MACCLINTON DR
GLENWOOD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040.02 Subdivision WOLFLEIGH
 Section 6 Area _____ Lot 13
 Tax Map 21 Parcel 164 Grid 4
 Zoning RR Map Coordinates 968 Lot size 2.22AC

Property Owner's Name SIGNE ALISHULLER
 Address 14515 MACCLINTON DR
 City GLENWOOD State MD Zip Code 21738
 Home Phone 410-303-4095 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use DECK
 Estimated Construction Cost \$ 4000
 Description of Work 22' X 16'6" TREX
DECK W/STAIRS

Contractor Company TRINITY QUALITY HOMES
 Contact Person SALLY HODGE
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 699
 Phone 410-313-5722 Fax 410-313-5731

Occupant or Tenant SIGNE ALISHULLER
 Contact Name _____
 Address 14515 MACCLINTON DR
 City GLENWOOD State MD Zip Code 21738
 Phone 410-303-4095 Fax _____

Engineer or Architect Company SAME
 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: <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"/> |
| Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |
| <input type="checkbox"/> State Certified Modular | |

| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| No. of Bedrooms: _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| 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>DECK</u> | |
| 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.

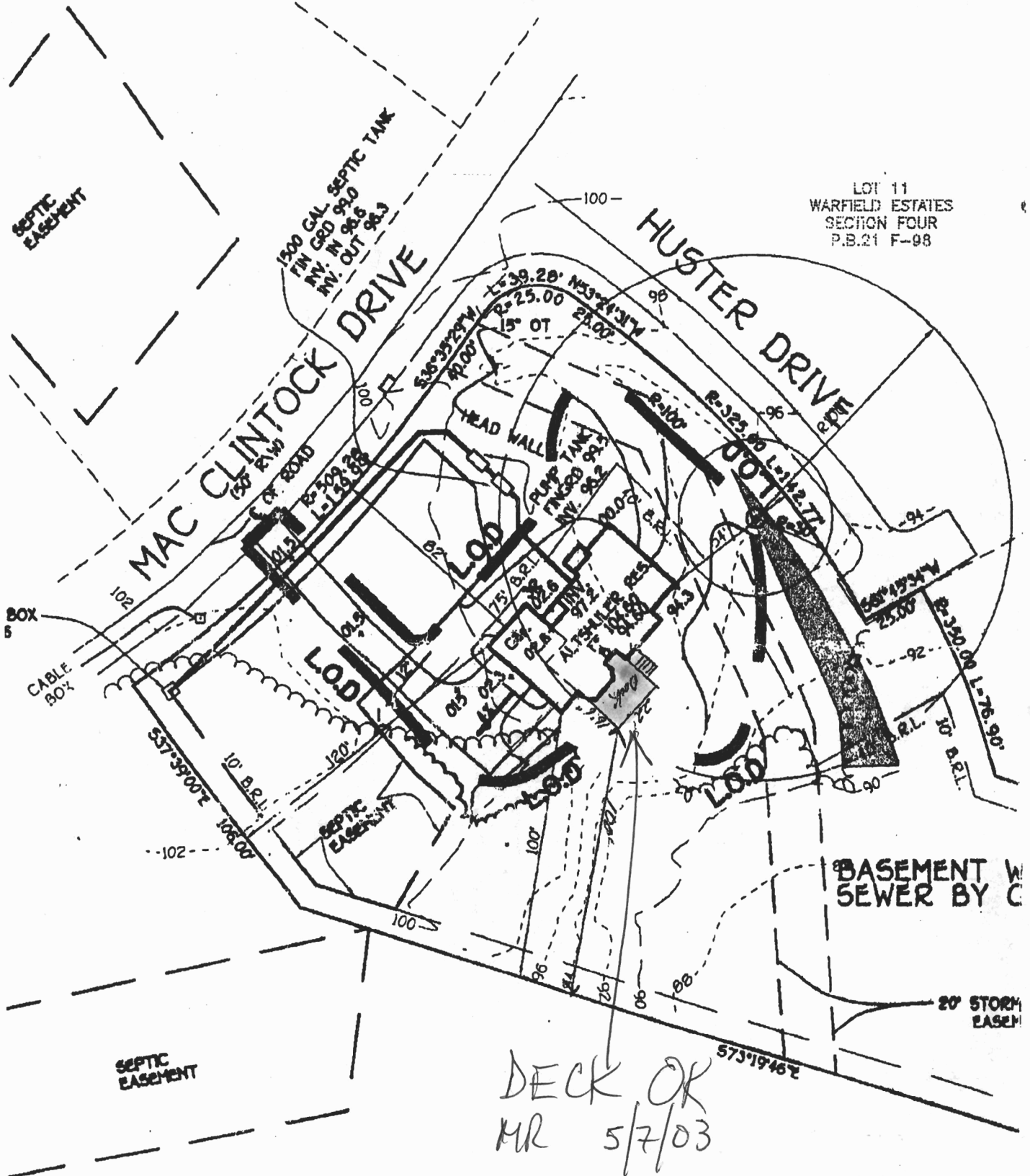
Sally L. Hodge
 Applicant's Signature
NP, Operations - Trinity
 Title/Company
MR 5/7/03

SALLY HODGE
 Print Name
5/7/03
 Date

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

LOT 23
WARFIELD ESTATES
SECTION FOUR
P.B.21 F-98

LOT 11
WARFIELD ESTATES
SECTION FOUR
P.B.21 F-98



DECK OK
MR 5/7/03

A# 516934

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-9001128

Building Address 14515 Mac Clintock Dr.
Glenwood, MD 21738

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Steve Altshuler

Address 14515 Mac Clintock Dr.

City Glenwood State MD Zip Code 21738

Home Phone 410-492-0141 Work Phone _____

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

Phone _____ Fax _____

Existing Use SF Dwelling

Proposed Use Service Mgr.

Estimated Construction Cost \$ 2K

Description of Work To replace 1-500 gal. gas
water heater and propane
15 ft. to new location

Contractor Company Suburban Propane

Contact Person James McKinney

Address 31 Deerwood Circle

City Rockville State MD Zip Code 20850

License No. 78260

Phone 301-873-7442 Fax 301-251-0608

Occupant or Tenant Steve Altshuler

Contact Name Steve

Address 14515 Mac Clintock Dr.

City Glenwood State MD Zip Code 21738

Phone 410-492-0141 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: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private _____ |
| 1st floor: _____ 2nd floor: _____ Basement: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. of Bedrooms _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> |
| Height: _____ | Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____ |
| 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 _____ | |

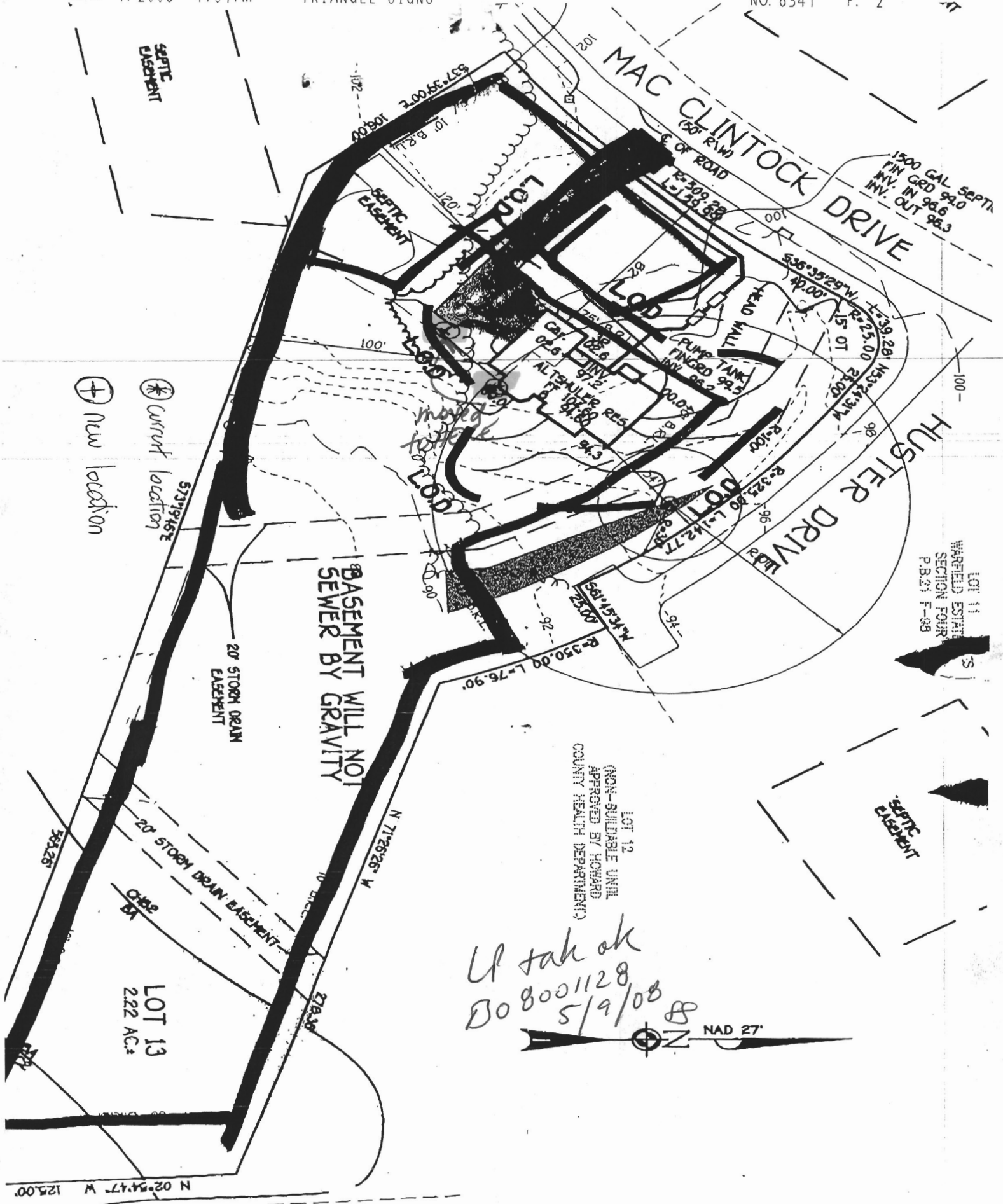
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James McKinney
Applicant's Signature
Service Mgr./Suburban Propane
Title/Company

James McKinney
Print Name
4-18-08
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 | <u>5/9/08</u> | <u>[Signature]</u> | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | | | 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 # _____ |
| 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 _____ | |
| T:\norms\PERMIT.FRM | | | SDP/Red-line approval date _____ | Accepted by _____ |
| | | | Yellow: DED, DPZ | Pink: Health |
| | | | | Gold: SHA |



1500 GAL SEPTIC
 FIN GRD 99.0
 INV. IN 98.6
 INV. OUT 98.3

LOT 11
 WAREHOUSED ESTATE
 SECTION FOUR
 P.B. 23 F-08

LOT 12
 NON-BUILDABLE UNIT
 APPROVED BY HOWARD
 COUNTY HEALTH DEPARTMENT

UP tak ok
 DO 8001128
 5/9/08

- GENE
1. SEPTIC
 2. TOP
 3. MAR
 4. THE
 5. THE
 6. TOT

⊕ New location

⊙ Current location

LOT 13
 2.22 AC.

BASEMENT WILL NOT
 SEWER BY GRAVITY

20' STORM DRAIN
 EASEMENT

20' STORM DRAIN EASEMENT

NAD 27

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

807 00 3901

Building Address 14515 MAC CLINTOCK DR.
GLENWOOD, MD. 21738

Property Owner's Name STUART KIMBERLY ALTSBULER

Address SAME

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

Census Tract _____ Subdivision WARFIELD ESTATES

City _____ State _____ Zip Code _____

Section _____ Area _____ Lot _____

Home Phone _____ Work Phone _____

Tax Map _____ Parcel _____ Grid _____

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

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY

Contractor Company OLDE MILL CONSTRUCTION

Proposed Use SINGLE FAMILY W/DECK + SCREEN PORCH

Contact Person RAY FARRAR

Estimated Construction Cost \$ 21,000⁰⁰

Description of Work CONTRACT 324 SQ FT DECK

Address 6106 CHALLEON CIRCLE

W/ STEPS TO GRADE AND CONSTRUCT

City MT. AIRY State MD Zip Code 21771

224

License No. MHIC 12565

324 SQ FT SCREEN PORCH ON EXIST.

Phone 443-604-3590 Fax _____

DECK

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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: _____ <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"/> |
| Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |
| <input type="checkbox"/> State Certified Modular | |

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 1st floor: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | 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"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____ |
| 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: _____ | |
| <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.

Ray Farrar
 Applicant's Signature
OWNER OLDE MILL CONSTRUCTION
 Title/Company

RAY FARRAR
 Print Name
9-19-07
 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 | <u>9/19/07</u> | <u>[Signature]</u> | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | | | 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 # _____ |
| 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 _____ | Accepted by _____ |
| T:\norma\PERMIT.FRM | | | SDP/Red-line approval date _____ | |
| | | | Yellow: DED, DPZ | |
| | | | Pink: Health | |
| | | | Gold: SHA | |

| | | |
|---|---|------------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21041 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER B00159219 |
| Building Address <u>14515 MeaClintock Dr</u> <u>Glenwood Md 21738</u> | Property Owner's Name <u>Steve + Kim Altshuler</u> Address <u>14515 MeaClintock Dr</u> | |
| Suite/Apt. #: _____ SDP/W/P/Petition #: _____ Census Tract _____ Subdivision <u>Warfield Estates</u> Section _____ Area _____ Lot <u>13</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>9B7</u> Lot size _____ | City <u>Glenwood</u> State <u>Md</u> Zip Code <u>21738</u> Home Phone <u>410-442-0141</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ | |
| Existing Use <u>SFD</u> Proposed Use <u>SFD Pool</u> Estimated Construction Cost \$ <u>25,000</u> Description of Work <u>Inground Pool 23x40'</u> <u>in rear yard w/48" high fence</u> <u>to code. Pool Filled by kids</u> <u>Truck</u> | Contractor Company <u>Maryland Pools Inc</u> Contact Person <u>Joanne Lathan</u> Address <u>9515 Gerwig Lane</u> City <u>Columbia</u> State <u>Md</u> Zip Code <u>21046</u> License No. <u>6694</u> Phone <u>410-995-6600</u> 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 - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|---|--|--|--|
| Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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 | Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>3-8'</u> Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> 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: _____ <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 Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |

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J. Lathan Applicant's Signature
J. Lathan Print Name
4-27-06 Date
 Title/Company _____

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 | <u>4/27/06</u> | <u>[Signature]</u> | Side St: _____ | Add'l per. fee \$ _____ |
| Health | | | 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 # _____ |
| | | | Historic District? | Validation # _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for NewTown Zone _____ | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ |
| Distribution of Copies: | White: Building Official | Green: LL, J, DPZ | Yellow: DED, DPZ | Pink: Health |
| | | | | Gold: SHA |

Rev. 11/4/04

LOT 11
WARFIELD ESTATES
SECTION FOUR
P.B.21 F-98

HUSTER DRIVE

CLINTOCK DRIVE

1500 GAL. SEPTIC TANK
INV. IN 96.0
INV. DUT 96.3

APPROVED

WALKTHRU BUILDING PERMIT

BP# BO-1003901A# 516924

APP. SAN SFD

DESC. OF WORK: 32 45

DATE: 9/19/67

LOT 12
(NON-BUILDABLE UNTIL
APPROVED BY HOWARD
COUNTY HEALTH DEPARTMENT)

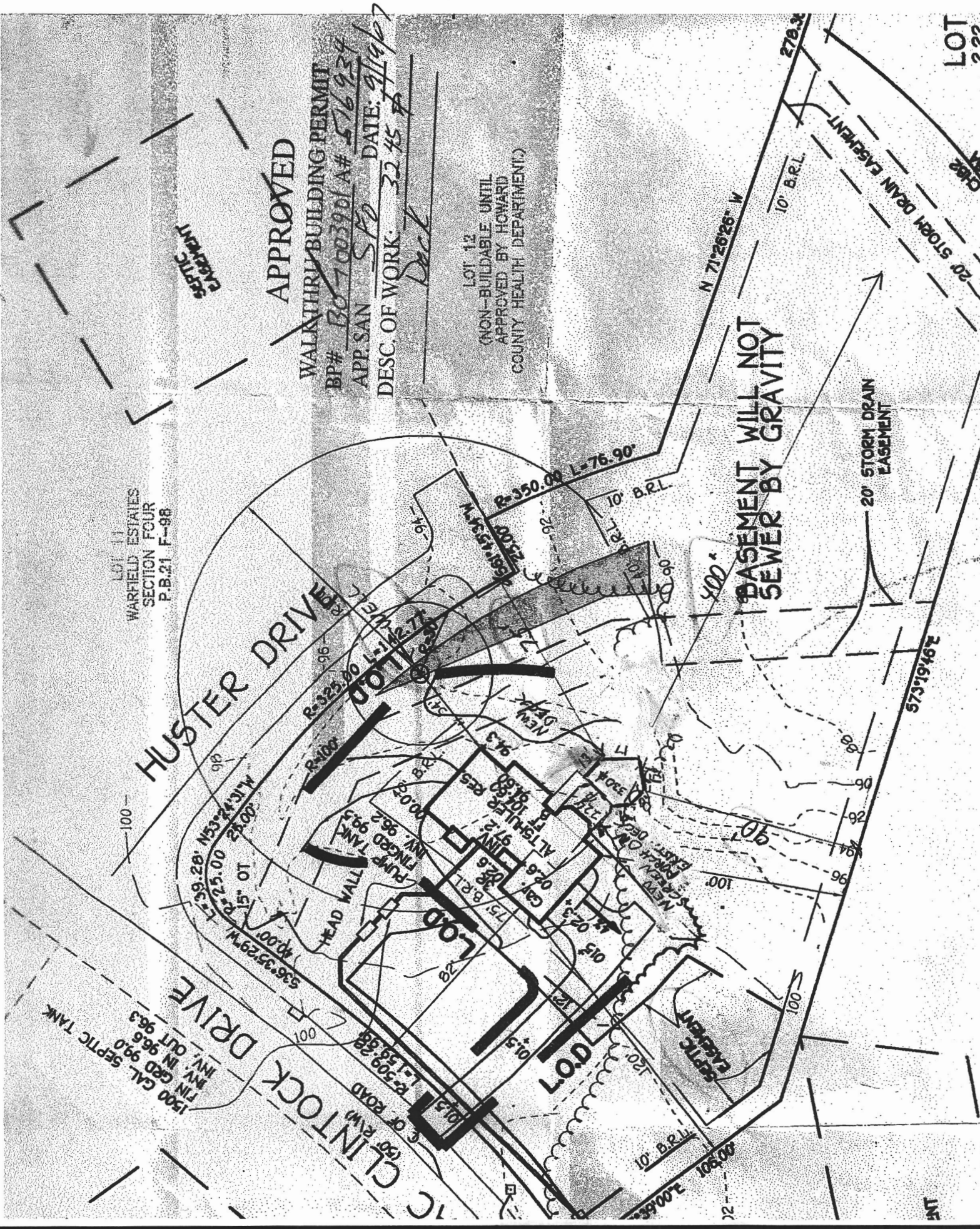
BASEMENT WILL NOT
SEWER BY GRAVITY

20' STORM DRAIN
EASEMENT

LOT
222

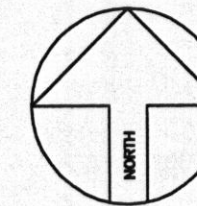
5731945125

ANT



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

PRIVATE WELL
& SEPTIC



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 - 1 HOUR (IN CONTRACT)
 SPA: NONE
 RAISED BEAM: 18" HIGH STONE FACED (36 S.F.)
 TILE: TBD
 COPING: 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: AC 125 HEAT PUMP
 LIGHTS: 2 WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6'-OUTSIDE
 AQUA BENCH: (2) @ 6'
 RAIL GOODS: NONE
 DECKING: 1321 Sq.Ft. DECK (BY HERITAGE)
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: NONE

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 23'-6" x 40'-0" - CUSTOM(NO DIVING)
 POOL AREA: 727 SPA: OTHER: 12
 TOTAL AREA: 739
 PERIMETER: 115 SPA:
 GALLONAGE: 27,275 DEPTH: 3'-0" TO 7'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 RT. 32 NORTH TO BURNTWOODS (3+ MILES) NORTH OF CLARKSVILLE, TURN LEFT AT LIGHT, FOLLOW TO THE RIGHT, TURN LEFT TO 1ST ROAD ON LEFT TO SITE AT 14515

| | |
|-------|----|
| MAP # | 9 |
| GRID | B7 |

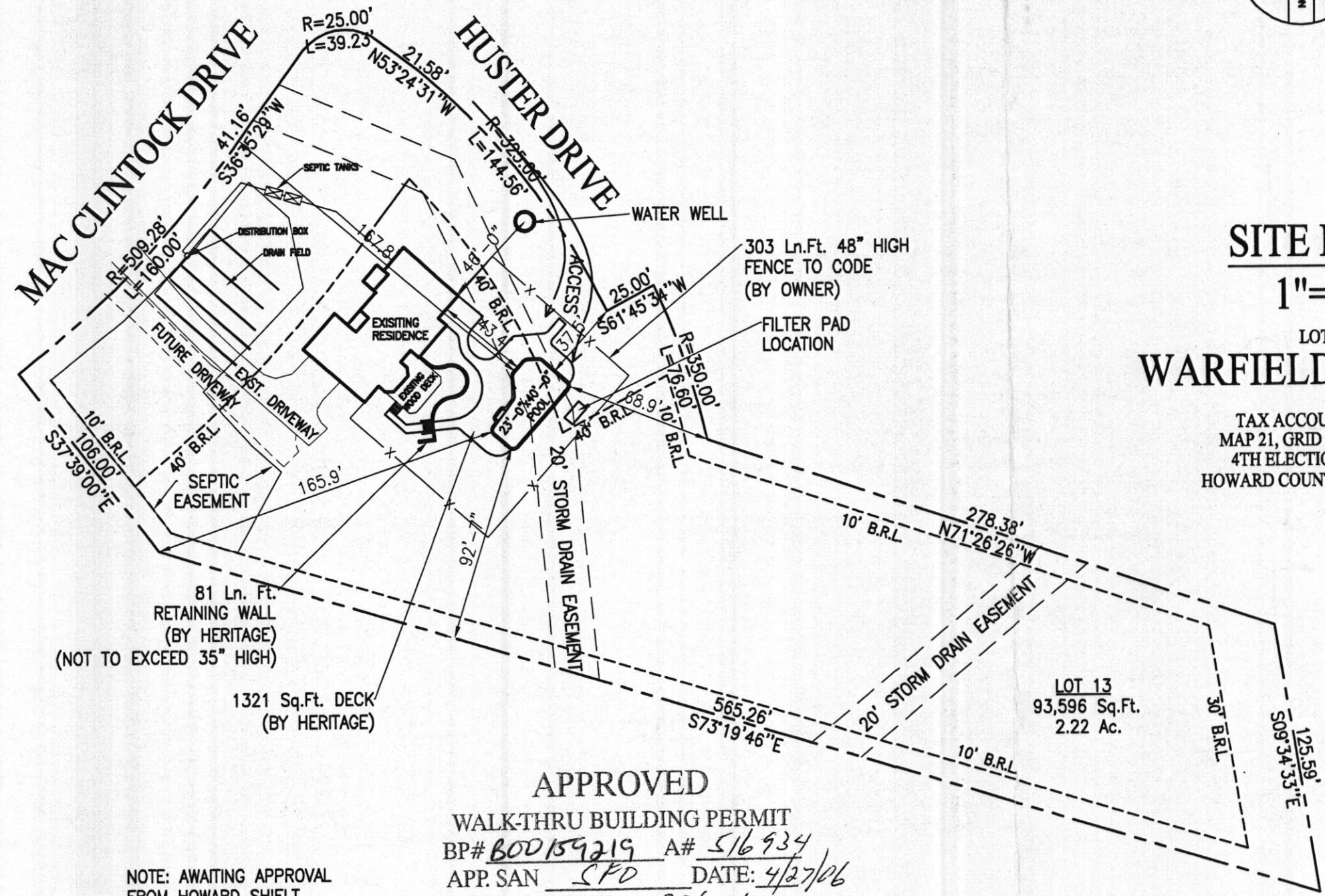
Steve & Kim Altshuler
 14515 McaClintock Drive
 Glenwood, Maryland, 21738
 Howard County

HOME PHONE: 410-442-0141
 CELL PHONE 1: 410-303-4095
 CELL PHONE 2:
 OFFICE PHONE:

| | | | |
|---------------|------------------------------------|----------------|------------------------------------|
| LOT: 13 | SUBDIVISION NAME: WARFIELD ESTATES | DISTRICT: 4TH | PIN #: 322169 |
| SITE PLAN | | | ZONE: 1 |
| SCALE: 1"=60' | BY: DB | DATE: 04/11/06 | JOB NUMBER: MS06-8851 SHEET #: 1.0 |

SITE PLAN
 1"=60'
 LOT 13
WARFIELD ESTATES

TAX ACCOUNT # 322169
 MAP 21, GRID 4, PARCEL 164
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B00159219 A# 516934
 APP. SAN SPD DATE: 4/27/06
 DESC. OF WORK: 23' x 40' Inground Pool

NOTE: AWAITING APPROVAL FROM HOWARD SHIELD REGARDING POOL BUILT IN STORM DRAIN EASEMENT

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 04-27-06