

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

306008796

Building Address 2872 HUNT VALLEY 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 Omelia Susan/Wayne

Address 2872 HUNT VALLEY DR

City Glenwood State MD Zip Code 21738

Home Phone 410 489 7766 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use SFH w/decks + Pavilion

Estimated Construction Cost \$ 20,000

Description of Work Construct Deck 11x8, 11x7,
and pavilion 20x20, deck sizes include
stairs

Contractor Company Budding Branch Landscape

Contact Person Rob Boswell

Address 14900 TRIADOLPHIA RD

City Glenelg State MD Zip Code 21737

License No. _____

Phone 410 442 8208 Fax 410 489 0269

Occupant or Tenant OWNER →

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person NA

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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.

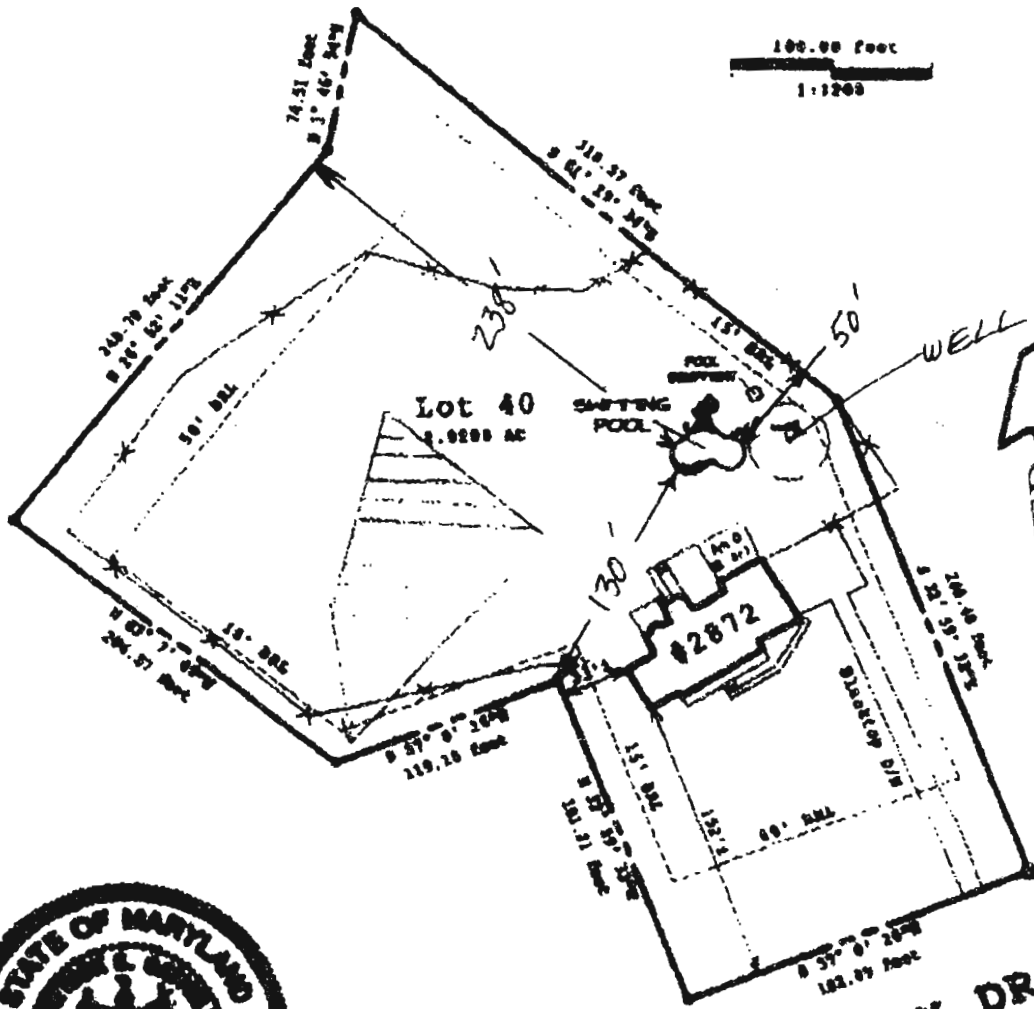
[Signature]
 Applicant's Signature
Pres Budding Branch
 Title/Company

Robert C Boswell Jr
 Print Name
12/13/06
 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		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/13/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 # _____
Accepted by _____	



APPROVED
 WALK-THRU BUILDING PERMIT
 A# A41072
 BP# _____ DATE: 11/27/06
 APP. SAN GAC
 DESC. OF WORK: Pool as shown



HUNT VALLEY DRIVE

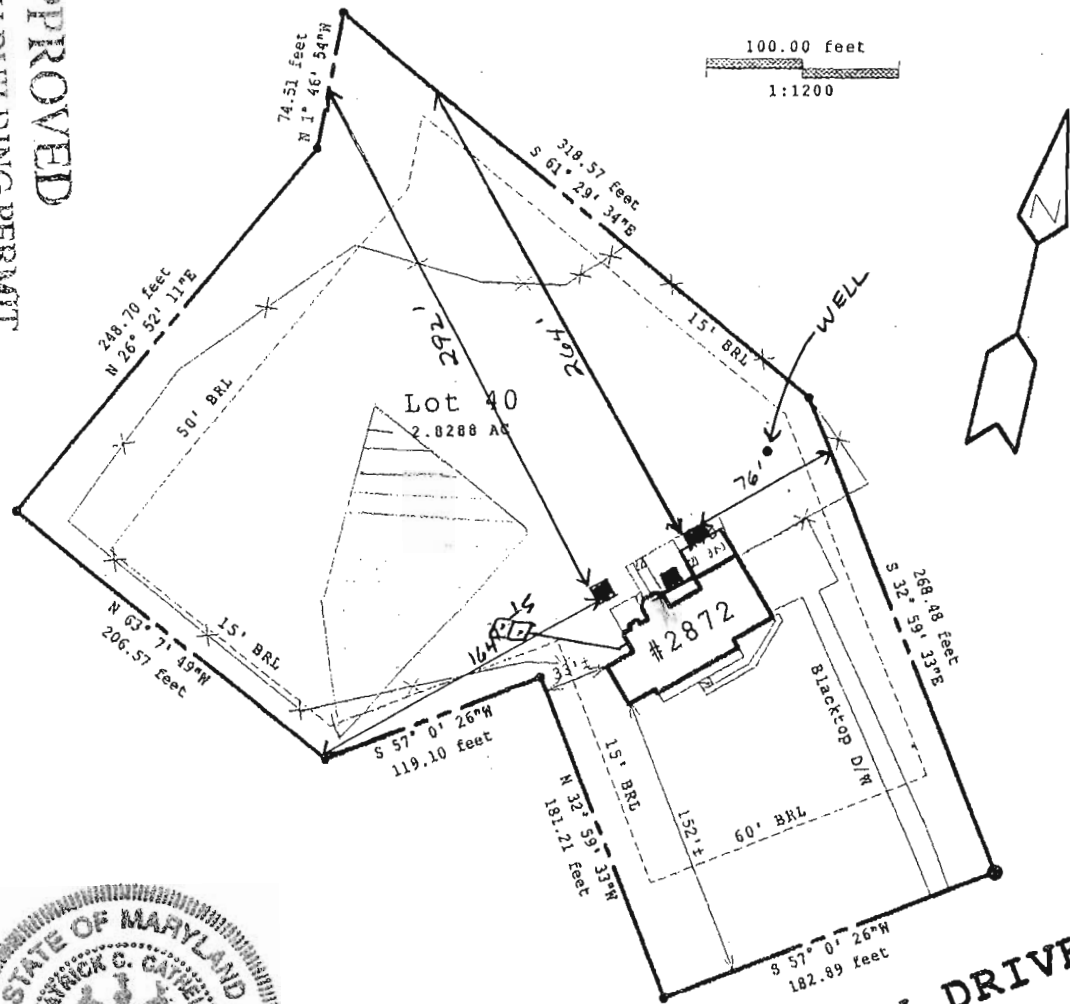
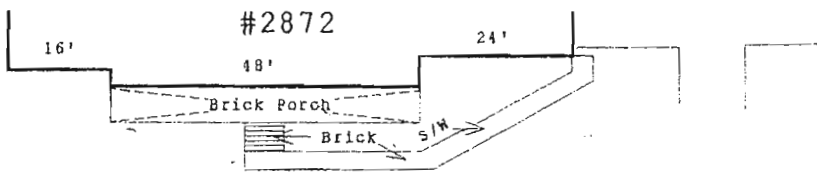
unless survey measurements are +/- 1'
 THIS PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED.
 This is of benefit to a consumer only insofar as it is required by a lender or a title insurance
 company or its agent in connection with contemplated transfer, financing or re-financing.
 It is not to be relied upon for the establishment or location of fences, garages, buildings, or
 other future improvements.
 This does not provide for the accurate identification of property boundary lines, but such
 lines may not be considered for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE
 CONDUCTED A LOCATION SURVEY
 OF THE IMPROVEMENTS AND THAT
 THEY ARE LOCATED AS SHOWN HEREON.
 Signature: *Patrick C. Cahill*
 Reg. No. 671

CLS And Associates P.O. Box 180 Lebanon, MD 21765 (410) 442-0117 Fax: (410) 442-0175	Date:	1/7/09	Project: 2872 HUNT VALLEY DRIVE Glenwood, Maryland 21738 Howard County Title Deed Liber: 2344, Folio: 384 Plat Ref: Lot No. 40, Plat Book No. 11094, Plat Of Correction WELLINGTON, Section One, Area One, Lots 40 & 41 Formerly P.O. Plat No. 8848
	Scale:	1"=100'	
	File:	LBT 123-07	

TO SCALE

APPROVED
 WALKTHRU BUILDING PERMIT
 BP# B06608716 A# 41072
 APP SAN GAC for AT DATE: 12/13/06
 DESC OF WORK: Deckband Pavilion
 AS SHOWN



HUNT VALLEY DRIVE

Note: Location survey measurements are +/- 1'
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED.
 This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
 This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.
 Signature: *Patrick Cahill*
 Reg. No. 571

CLS And Associates P.O. Box 190 Lisbon, MD 21765 Office: (410) 442-5117 Fax: (410) 442-5175	Date:	Project:
	1/7/98	2872 HUNT VALLEY DRIVE
	Scale:	Glenwood, Maryland 21738
	1"=100ft	Howard County
File:	Title Deed Liber: 2344, Folio: 384	Plat Ref: <u>Lot No. 40, Plat Book No. 11094, Plat Of Correction</u>
LST 123-97	Wellington, Section One, Area One, Lots 40 & 41	Formerly P/O Plat No. 8949

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

BO6008251

Building Address 2872 Hunt Valley 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 Wayne & Susan O'melia
 Address 2872 Hunt Valley Dr.
 City Glenwood State MD Zip Code 21738
 Home Phone 410 489 7766 Work Phone ?
 Applicant's Name & Mailing Address, (if other than stated hereon):
PAUL HORICHS. Pleasure Pools.
 Phone 410 833 0850 Fax 410 329 2075

Existing Use SFD
 Proposed Use SFD/pool
 Estimated Construction Cost \$ 40,000
 Description of Work install inground concrete swimming pool

Contractor Company Pleasure Pools by Ed. D. Hammerstein Jr
 Contact Person PAUL HORICHS
 Address 905 BERRYMAN'S LA.
 City REISTERSTOWN State MD Zip Code 21136
 License No. 1228
 Phone 833 0850 Fax 410 329 2075

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: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" 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 checked="" type="checkbox"/> Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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Paul Horichs
 Applicant's Signature
Pleasure Pools
 Title/Company

PAUL HORICHS
 Print Name
11/24/06
 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>11/27/06</u>		<u>Jahid A. G.</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 # _____
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:\norma\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

Tag ID-04-349660

PERMIT

SEWAGE DISPOSAL SYSTEM

P 47851

A 41072

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P.

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ed Hereth

COMPLIANCE

DATE 2-26-92

INDEXED

461-9933

Behk Construction Company, Inc.
531-2367

2/15/93

DATE SYSTEM APPROVED 8-21-92

INSPECTOR JEN

Dave Hopkins & Son

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 17550 Old Frederick road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Wellington Sec.1, Area 1 LOT 40 ROAD 2872 Hunt Valley Drive

PROPERTY OWNER Mr. and Mrs. Steve & Dotty Cook (OMELIA WAYNE)

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS 7-29-92 second 1250 G TANK TO BE INSTALLED IN SERIES.

NUMBER OF BEDROOMS 4

No pumps or alarms to be installed at this time. JEN/CW

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet from the front lot line as seen when facing the lot from Hunt Valley Drive and 150 feet from the point where the 139.10 feet long line and the 206.57 ft. long line intersect. Run the trenches toward the left side of the lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O.K. 1/31/92 RJD

BUILDING PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY Raymond Hodges DATE 11/02/91

COVER NO WORK UNTIL INSPECTED AND APPROVED 11/30/06-806008251-inground pool.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

12/92
8/21/92 12/92

41072