

KH+K 4072

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

B700158041

Building Address 11775 Loring Ct  
Clarksburg MD 20629  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 112458  
Census Tract 605102 Subdivision Eastview  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14  
Tax Map 41 Parcel 103 Grid \_\_\_\_\_  
Zoning R2XP Map Coordinates 1R41 Lot size 1.23ac

Property Owner's Name Frederick, Donna & Ricky  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use Improve pool  
Estimated Construction Cost \$ 30,000  
Description of Work 24x42 in ground pool,  
filled by back, depth 3' to 8'  
to be replaced by owner

Contractor Company \_\_\_\_\_  
Contact Person JOHNSON POOLS  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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.

Nancy K. Payne  
Applicant's Signature

Karen Kiloyman  
Print Name

\_\_\_\_\_  
Title/Company

\_\_\_\_\_  
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	<u>2/28/06</u>	<u>[Signature]</u>	Front: <u>50</u>	Filing fee \$ _____
State Highways			Rear: <u>20</u>	Permit fee \$ _____
Building Official			Side: <u>10</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: <u>N/A</u>	Add'l per. fee \$ _____
Health			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 New Town Zone <u>N/A</u>	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

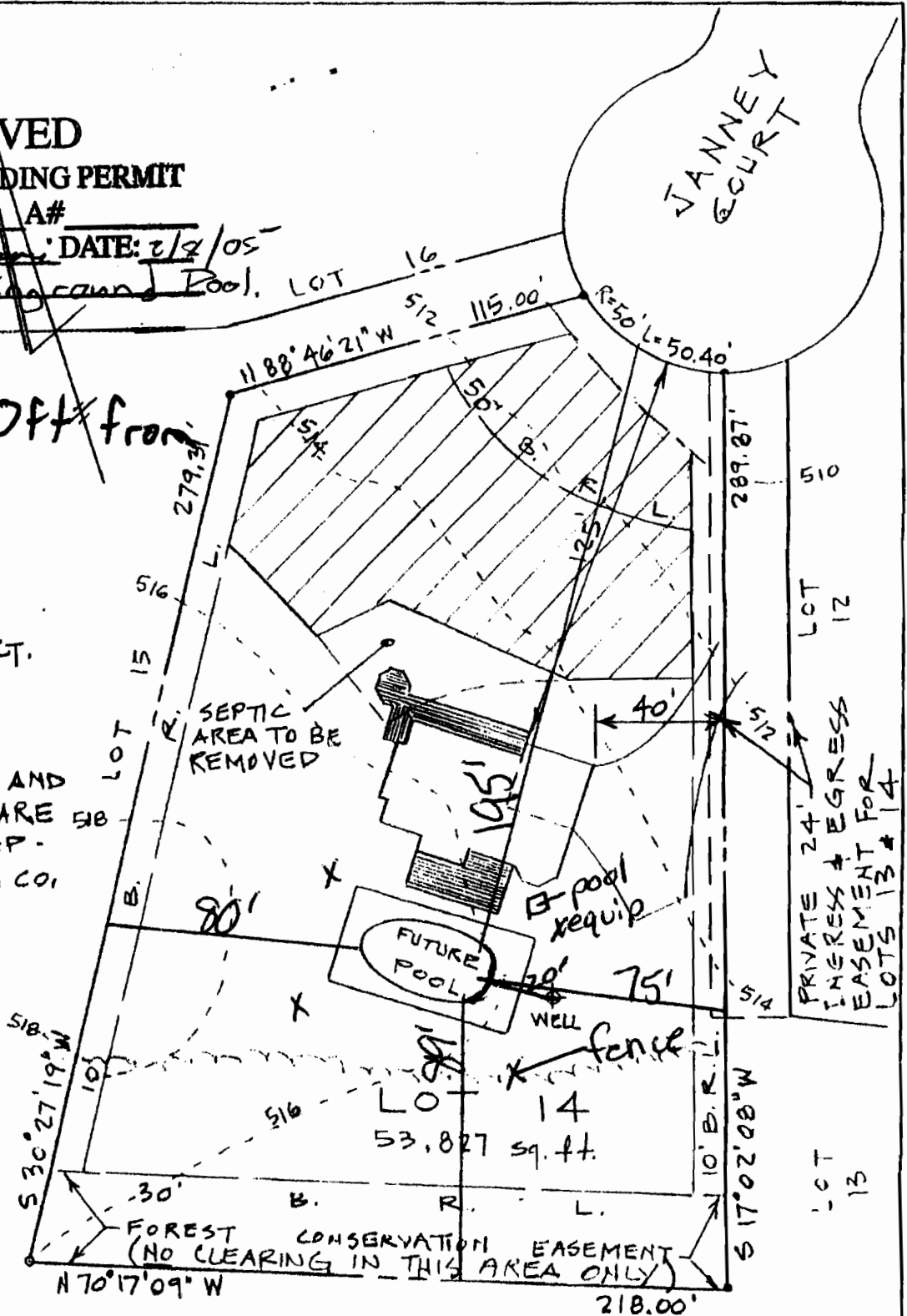
APP. SAN N. D. DATE: 2/2/05

DESC. OF WORK: Indoor Pool

Note:  
Must be 20ft from  
ex. well.

PROPERTY  
ADDRESS:  
11723 JANNEY CT.

NOTE:  
SEPTIC AREA  
ADJUSTMENT AND  
HOUSE SITING ARE  
SUBJECT TO AP-  
PROVAL BY HO. CO,  
HEALTH DEPT.



SEPTIC DATA  
 HOUSE F.F.  
 " BSMT.  
 " SEWER INV.  
 SEPTIC INV. IN  
 TANK " OUT  
 " FIN. GR.  
 DISTRI. INV. IN

# PRELIMINARY PLAN

- FOR REVIEW AND APPROVAL -

ENGINEER

Dear Ms. Corbin,

CK 4097  
# 805  
CR 109101

3/8/06

The pool equipment location has changed as indicated on the attached site plan.

# B0015 8041.

Please call if you have any questions

Karen Grayman

\* Hold for approval

~~cc DPZ~~  
Health Dept

<b>REVIEWED FOR CODE COMPLIANCE</b>	
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS HOWARD COUNTY	
DATE:	3/14/06
BY:	D. Seely
<input type="checkbox"/>	SUBJECT TO COMMENTS OF LETTER
<input type="checkbox"/>	SUBJECT TO FIELD INSPECTION
<input type="checkbox"/>	SUBJECT TO COMMENTS ON PLANS
<input checked="" type="checkbox"/>	AMENDMENT
<input type="checkbox"/>	FINAL

Change location of pool equipment

3/06  
Approval  
M. Davis

