

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 13930 Kennard Dr
Glencolg
Suite/Apt. #: _____ SDR/WR/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Harold Chernoff
Address 13930 Kennard Dr
City Glencolg State MD Zip Code 21737
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
410 507 7705 Karen Klayman
Phone _____ Fax _____

Existing Use SFD
Proposed Use 18' X 40' inground pool
Estimated Construction Cost \$ 30,000
Description of Work 18' X 40' inground pool
3' to 6' depth, fence to code
by owner, filled by truck

JOHNSON POOLS & SPAS

408 Headquarter Drive
Millersville, Md. 21108
410-729-8800
M.H.I.C. 120855

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ State Certified Modular	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 _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/>
Height: _____	_____ NFPA #13D
Multi-family dwellings: _____	_____ NFPA #13R
No. of efficiency units: _____	_____ Other: _____
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.

Karen Klayman
Applicant's Signature

Karen Klayman
Print Name

Title/Company

3/22/06
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		
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
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 _____

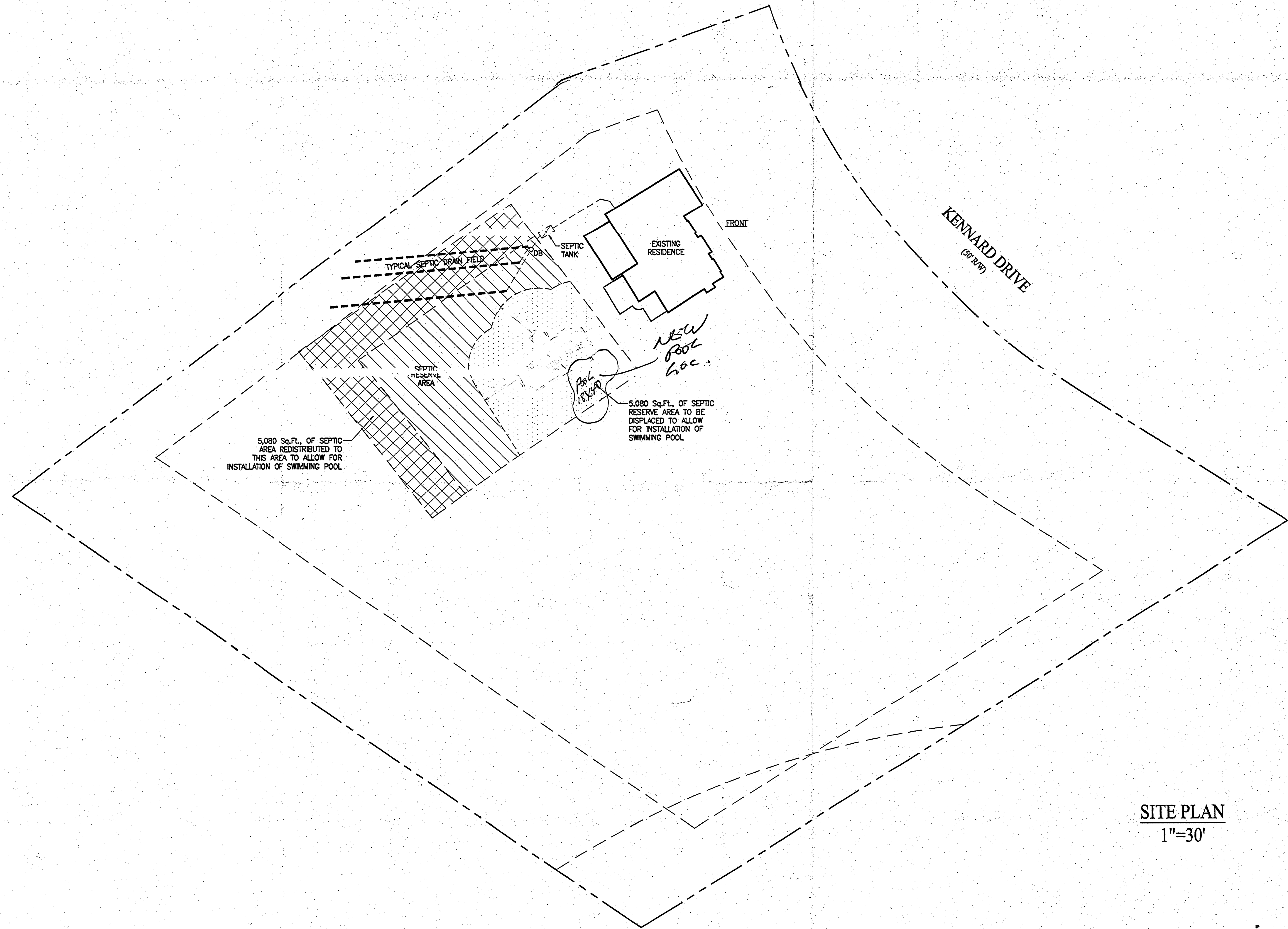
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

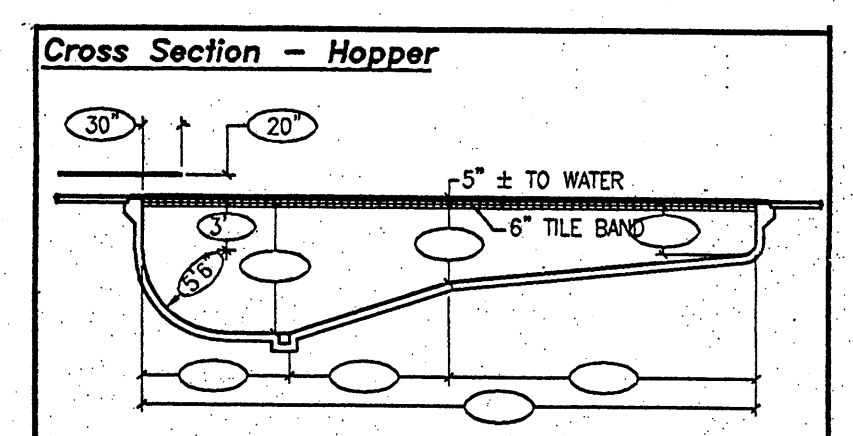
ONE STOP SHOP:

of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

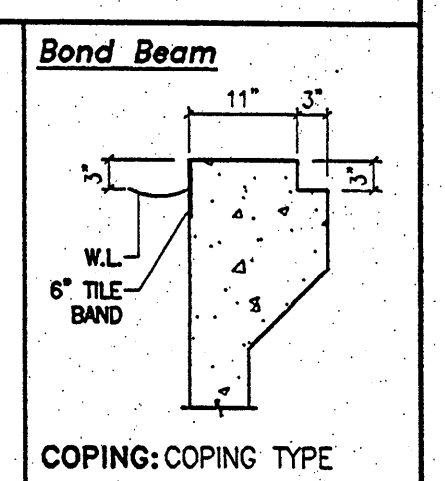
SETBACKS:
 REAR PL. 0'
 SIDE PL. 0'
 HOUSE 0'
 SEPTIC 0'
 WELL 0'



SITE PLAN
 1"=30'



POOL ELEVATION:



COPING: COPING TYPE

POOL DATA		
SIZE/SHAPE: 0 x 0 - POOL SHAPE		
POOL AREA: 000	SPA: 00	OTHER: 00
TOTAL AREA: 000		
PERIMETER: 000	SPA: 00	
GALLONAGE: 00,000	DEPTH: 3'-0" TO 8'-6"	

DIRECTIONS TO SITE	
MAP #	
GRID	

Chernoff, Harold
 13930 Kennard D
 Glenelg MD
 21737

Per Certification Plat

HOME PHONE: 000-000-0000
 OFFICE PHONE 1:
 OFFICE PHONE 2:
 24"x36"

Health Dept Signature

PERMIT NUMBERS		IN-PROGRESS NOT FOR CONSTRUCTION		REVISIONS:		JOB NUMBER:		SHEET #:	
POOL:		DATE:	00/00/00	00/00/00	XX00-0000	0.0			
ELECT:		BY:	XX	DATE:	00/00/00	XX00-0000	0.0		
OTHER:									

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