

Building Address: 2848 Kings Gift Dr
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/VP/BA #: _____

Census Tract: _____ Subdivision: Kings Gift

Section: _____ Area: _____ Lot: 52

Tax Map: 0016 Parcel: 0369 Grid: 0014

Zoning: _____ Map Coordinates: 4814 D-4 Lot Size: _____

Existing Use: SFD

Proposed Use: SFD + Pool

Estimated Construction Cost: \$ 25,000

Description of Work: Inground concrete pool 19' x 39' in rear yard w/ attached spa

Occupant or Tenant: w/ attached spa

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Project Name: David + Samantha Peed

Address: 2848 Kings Gift Dr

City: Ellicott City State: _____ Zip Code: 21042

Home Phone: 743-535-0960 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Manland Pools

Contact Person: Jordan Catham

Address: 1515 Gerwing Lane

City: Columbia State: _____ Zip Code: 21046

License No.: 6694

Phone: 410-995-6600 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: Jordan Catham

Email Address: Manland Pools Inc

Title/Company: _____

Print Name: J. CATHAM

Date: 5-31-12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/31/12</u>	<u>Michael Smith</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Walk - Kelly Blouck

Building Address: 2848 KINGS GIFT DR.
ELICOTT CITY MD 21042

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

Census Tract: 6030.00 Subdivision: Kings Gift

Section: _____ Area: _____ Lot: 52

Tax Map: 16 Parcel: 369 Grid: 14

Zoning: RC Map Coordinates: _____ Lot Size: 4,36 AC

Property Owner's Name: DAVID PRED

Address: 2848 KINGS GIFT DR.

City: ELICOTT CITY State: MD Zip Code: 21042

Home Phone: 443-535-0962 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
NATIVE SONS INC
DILLON HEIGHTS RD - CATONSVILLE MD
21228

Phone: 443-535-0962 Fax: _____

Email: 410-788-51

Existing Use: DECK

Proposed Use: SCREEN PORCH

Estimated Construction Cost: \$ _____

Description of Work: SCREEN PORCH ON TOP OF
EXISTING DECK

Contractor Company: NATIVE SONS INC.

Contact Person: BOB HOFFMAN

Address: DILLON HEIGHTS RD

City: CATONSVILLE State: MD Zip Code: 21228

License No.: _____

Phone: 443-250-0702 Fax: _____

Email: _____

Occupant or Tenant: OWNER

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: N/A

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input checked="" type="checkbox"/> Public
1 st floor: <u>32'8"</u> <u>71'</u>	<input type="checkbox"/> Private
2 nd floor: <u>32'8"</u> <u>48'4"</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
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	

HE 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 HIS 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.

Applicant's Signature _____

mail Address _____

le/Company _____

Print Name _____

Date _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

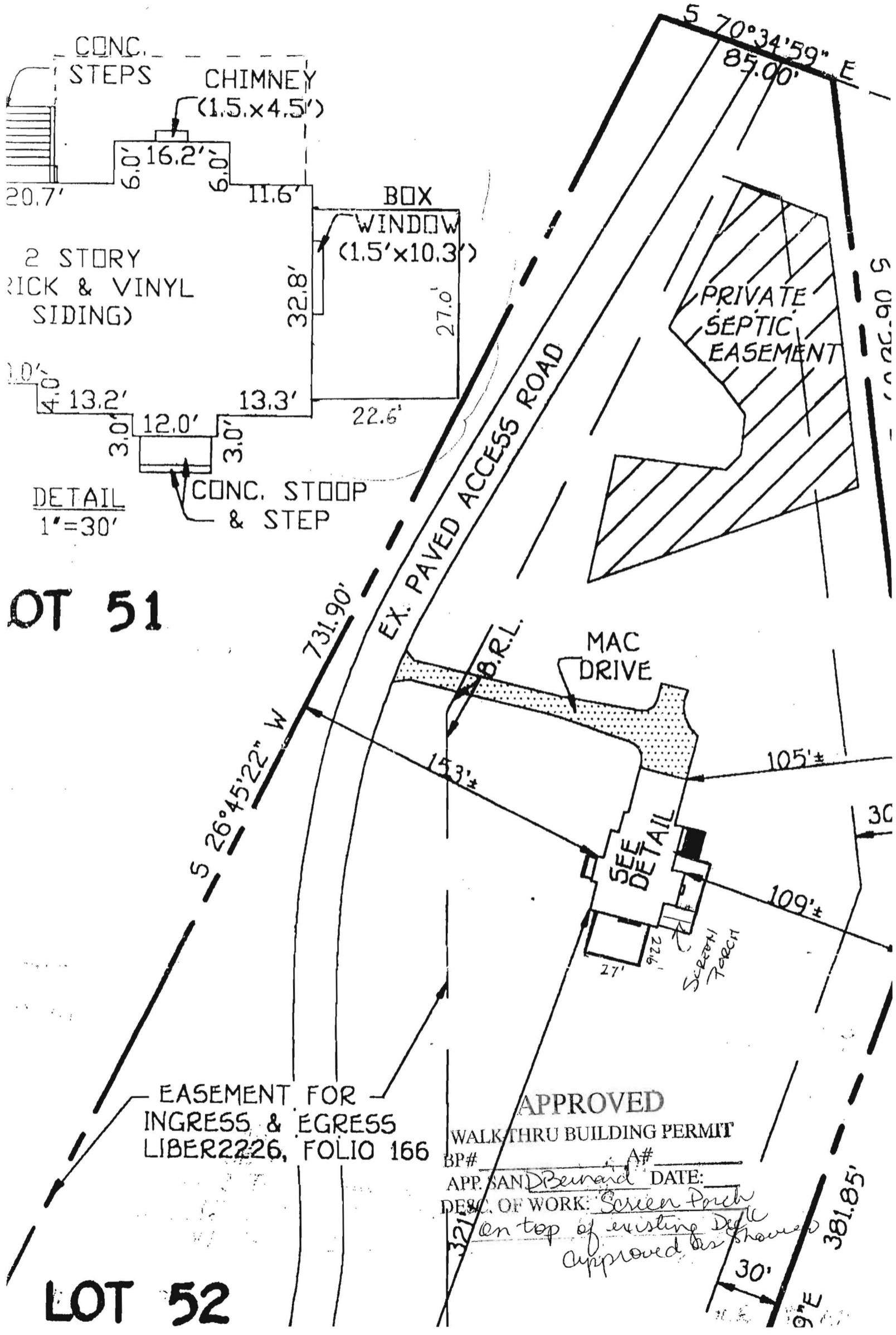
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
ZA (Zoning)	<u>11/18</u>	<u>DAVID PRED</u>
ZA (Engineering)	<u>11/18</u>	<u>DAVID PRED</u>
Health	<u>11/18</u>	<u>DAVID PRED</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front: <u>75 FT</u>
Rear: <u>60 FT</u>
Side: <u>30 FT</u>
Side St.: <u>N/A</u>
All minimum setbacks met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

IT IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE
HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 986

FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HER
(±).



Building Address 2848 KINGS GIFT DR
ELLICOTT CITY, MD 21042

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

Census Tract 603000 Subdivision Kings Gift

Section _____ Area _____ Lot 52

Tax Map 14 Parcel 369 Grid 11

Zoning RC Map Coordinates _____ Lot size 4.364

Property Owner's Name DAVID PEED

Address 2848 KINGS GIFT DR

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 443-520-0122 Work Phone 410-981-7204

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use ADDITION

Estimated Construction Cost \$ 175,000.00

Description of Work ADDITION FAMILY ROOM
W/ STUDY AND BATHROOM

Contractor Company HOFFMAN/CONCRETE

Contact Person BOB HOFFMAN

Address 2822 GRANITE RD

City LOUSTOWN State MD Zip Code 21163

License No. 70866

Phone 443-250-0702 Fax 443-283-7028

Occupant or Tenant DAVID PEED

Contact Name BOB HOFFMAN

Address 2822 GRANITE RD

City LOUSTOWN State MD Zip Code 21163

Phone 443-250-0702 Fax 443-283-2028

Engineer or Architect Company HOFFMAN DESIGN

Contact Person BOB HOFFMAN

Address SARVIL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>607</u>
1st floor: <u>27</u> <u>22.5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>NA</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>27</u> <u>22.5</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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.

Bob Hoffman
 Applicant's Signature

 Title/Company

Bob Hoffman
 Print Name

6-28-07
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>6/28/07</u>	<u>[Signature]</u>	
<input type="checkbox"/> State Highways			
<input type="checkbox"/> Building Official			
<input type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>7/25/07</u>	<u>[Signature]</u>	
<input type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: 75

Rear: 60

Side: 30

Side St: 0/14

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone N/A

SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY ID#:

Filing fee \$ 25.00

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

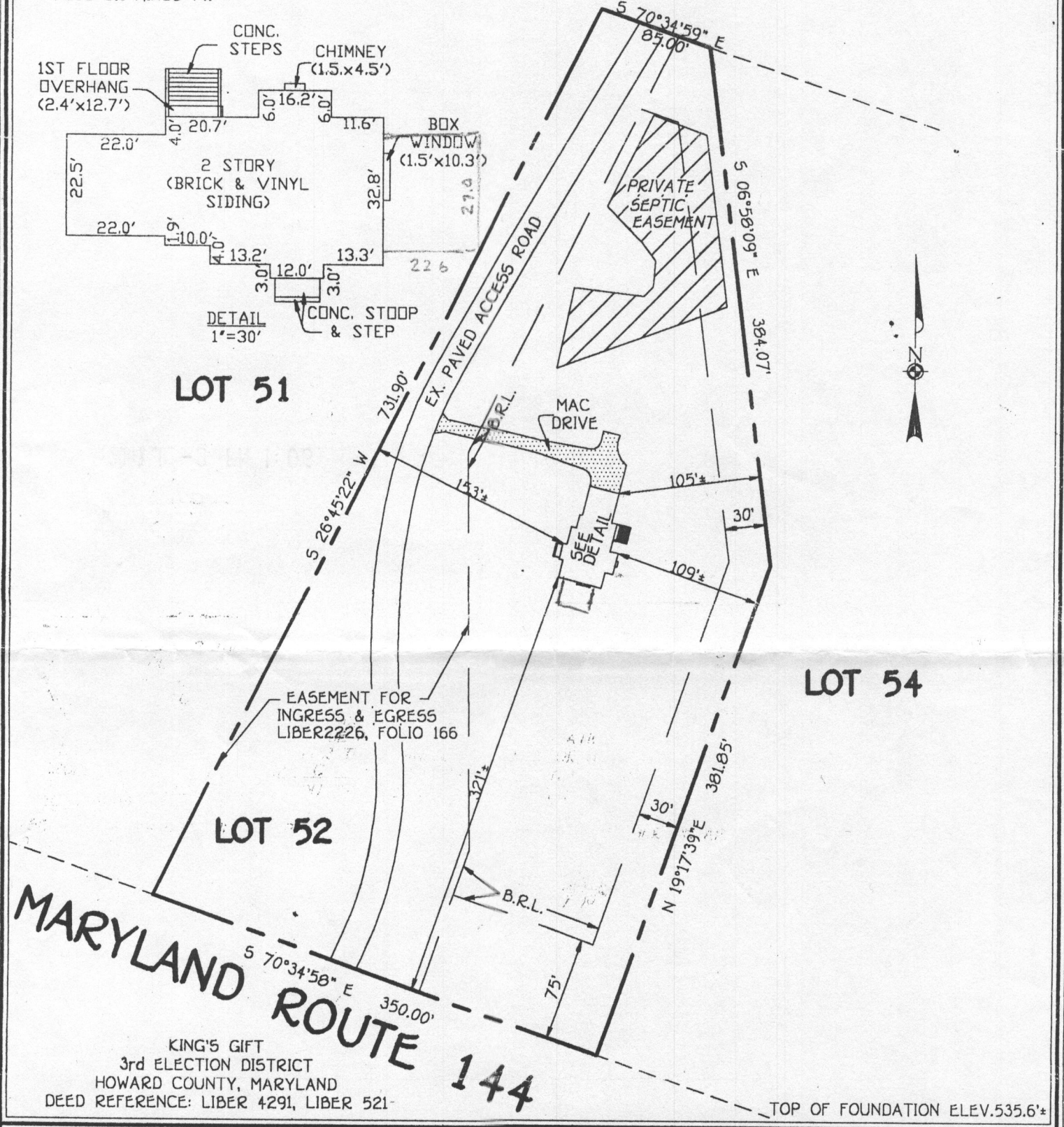
Balance due \$ _____

Check # 7225

Validation # _____

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0016 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).



MARYLAND ROUTE 144
 KING'S GIFT
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 DEED REFERENCE: LIBER 4291, LIBER 521

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

STATE OF MARYLAND
 CHARLES J. CROVO, SR.
 No. 10763
 REGISTERED
 PROFESSIONAL LAND SURVEYOR

[Signature]
 PROFESSIONAL LAND SURVEYOR
 REG. #10763

12/1/99
 DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 7/1/99
 FINAL LOCATION: 12/7/99
 BOUNDARY SURVEY: _____

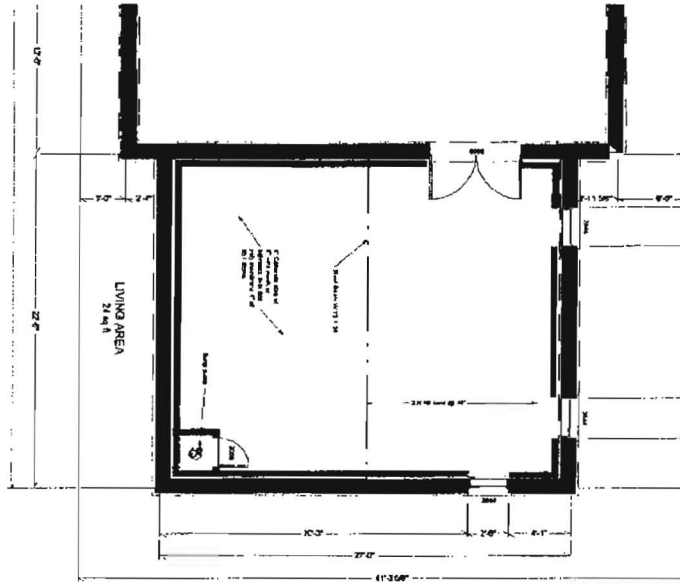
SCALE: 1"=100'
 DATE: 12/8/99
 DRAWN BY: I.P.F.
 CHECKED BY: C.C.
 PROJECT No.: 61364

- need tank added
 replacement
 500 gallon
 pissy lock

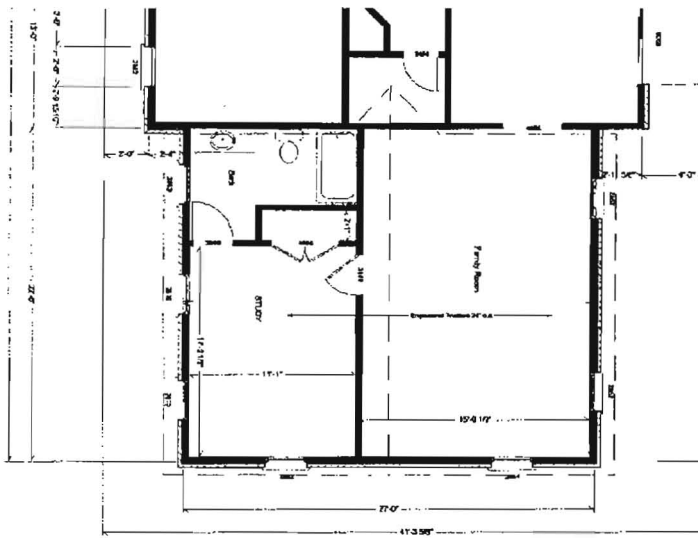
- perc cert found in
 sub file.

- need floor plans ok
 7/17/02 SF

Basement



First Floor



$33 \times 48 = 1584$
 1584

$= 3115$

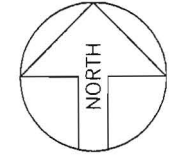
607
607

Peed Addition
Floor Plans

Hoffman Design-Build

SETBACKS:	
REAR PL.	10'
SIDE PL.	30'
HOUSE	0'
SEPTIC	2C
WELL	N/A

PUBLIC WATER
& PRIVATE 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: MOSTLY HAUL - 1 HOUR (IN CONTRACT)
SPA: 50 SF W/6 JTS, LED LGHT & BLWR
RAISED BEAM: 18" HIGH FACED W/CULT. STONE (49 SF)
TILE: SURF 228
COPING: 9" RN BRICK (STERLING GREY)
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/Vs-3050
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: 200K BTU (HEAT PUMP)
LIGHTS: (2) LED WATTS: 300 VOLTS: 120
LOVESEAT: (1) @ 6' (OUTSIDE)
AQUA BENCH: (2) @ 6' W/UMBRELLA HOLDERS
RAIL GOODS: NONE
DECKING: BY OWNERS DECK CONTRACTOR
FENCE: EXISTING 72" HIGH WOOD PRIVACY FENCE
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: (3) DOOR ALARMS; INITIAL WATER FILL; (2) UMBRELLA HOLDERS; SHADE UMBRELLA (KHAKI); EQUIPOTENTIAL BONDING GRID;
ELECTRIC: 200 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 19' x 39' - CUSTOM
POOL AREA: 610 **SPA:** 50 **OTHER:** 12
TOTAL AREA: 672
PERIMETER: 108 **SPA:** 25
GALLONAGE: 20,610 **DEPTH:** 3'-0" TO 6'-0"

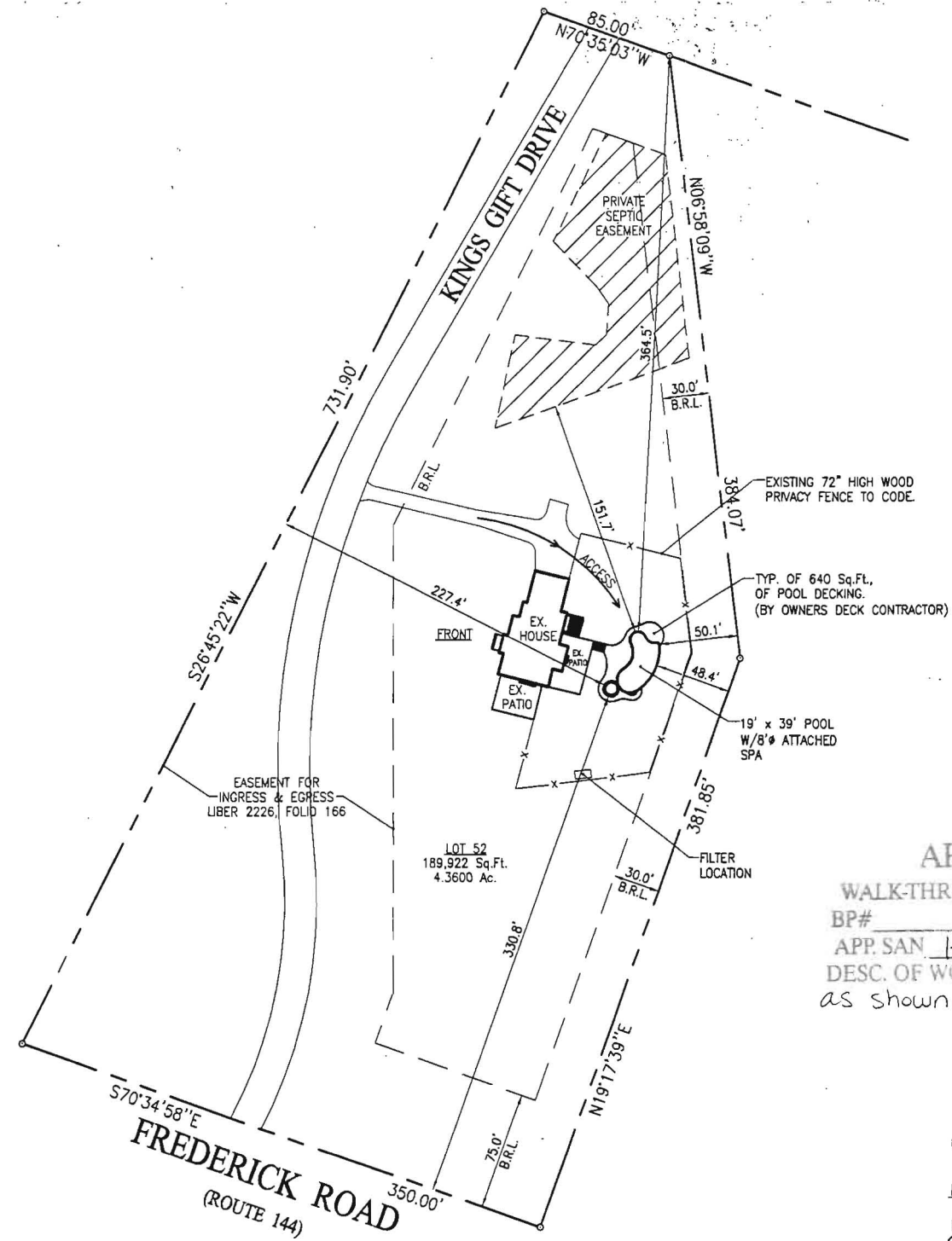
DIRECTIONS TO SITE

DIRECTIONS:	MILES: 000	MAP #
32 NDRTH TO R/T ONTO FREDERICK RD.(RT.144). GO PAST TRIDELPHIA RD., ON RIGHT TO NEXT L/T ONTO KINGS GIFT DR., (KINGS GIFT SUBDIVISION). 1ST HOUSE ON RIGHT.		4814
		GRID
		D-4

David L. & Samantha H. Peed
2848 King's Gift Drive
Ellicott City, Maryland 21042
Howard County

HOME PHONE: 443-535-0962
OFFICE PHONE:
CELL PHONE 1: 443-421-2078 (Mr.)
CELL PHONE 2: 410-404-0554 (Mrs.)

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
52	KING'S GIFT	03	283690
SITE PLAN			ZONE:
			ONE
SCALE:	BY:	DATE:	JOB NUMBER:
1"=80'	J.L.R.	5/24/12	TT12-10388
			SHEET #:
			1.0



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# 59282
 APP. SAN HS DATE: 5-31-12
 DESC. OF WORK: inground pool
as shown - public H2O

REVISION:
 PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 5-24-12

SITE PLAN
 1"=80'
 LOT # 52
KING'S GIFT
 TAX ACCOUNT # 283690
 MAP 0016, GRID 0014, PARCEL 0369
 ELECTION DISTRICT: 03
 HOWARD COUNTY, MARYLAND