

PERMIT NUMBER: B 20002827

DATE ACCEPTED:

## RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
www.howardcountymd.gov



**BUILDING SITE ADDRESS REQUIRED**

Street Address: <b>12490 Indian Hill Dr.</b>		Unit:
City: <b>Sykesville</b>	State: <b>MD</b>	Zip Code: <b>21784</b>
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel: <b>03-284964</b> Grading Permit #: <b>N/A</b>

**DESCRIPTION OF WORK REQUIRED**

Existing Use: <b>lawn</b>	Proposed Use: <b>non-permanent soft sided pool</b>	Estimated Cost: <b>\$0.00</b>
Trade Work to Be Completed ( <i>Separate Permits Required</i> ): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None		
<b>Electrical will use existing service. Soft sided non-permanent pool will be st up by owner.</b>		

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>Youse, John W L/T, Youse, Dorothy R L/T</b>		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>12490 Indian Hill Dr.</b>		
City: <b>Sykesville</b>	State: <b>MD</b>	Zip Code: <b>21784</b>
Phone: <b>(443) 253-6574</b>	Email: <b>grp@k9sportsfitness.com</b>	

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: <b>N/A</b>	Contact Name: <b>Greg Paul</b>
Street Address: <b>12490 Indian Hill Dr.</b>	
City: <b>Sykesville</b>	State: <b>MD</b> Zip Code: <b>21784</b>
Phone: <b>(443) 253-6574</b>	Email: <b>grp@k9sportsfitness.com</b>

**CONTRACTOR INFORMATION REQUIRED**

Business Name: <b>Owner will set up soft sided pool</b>	
Licensee's Name:	License #:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

**ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE**

Business Name:	Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

**BUILDING CHARACTERISTICS REQUIRED**

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well) Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other: <b>oil</b>	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 <sup>st</sup> FI Width:	1 <sup>st</sup> FI Depth:	2 <sup>nd</sup> FI Width:	2 <sup>nd</sup> FI Depth:	Basmt Width: Basmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft	

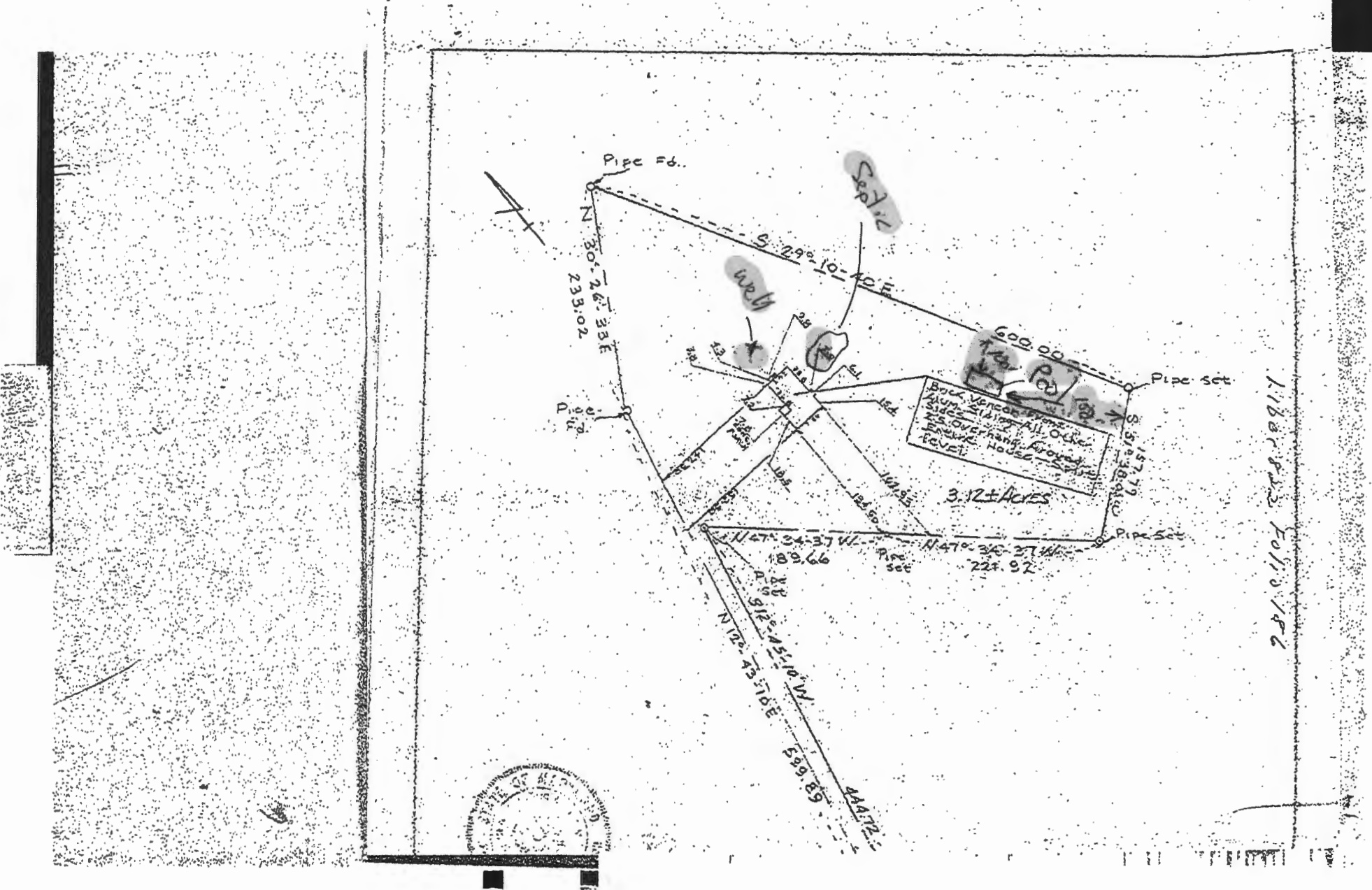
**AGREEMENT/ DISCALIMER REQUIRED**

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.


8 19 2020  
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

**FOR OFFICE USE ONLY** CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>9.10.20</b> <b>H. Usual</b> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:		



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

HOWARD COUNTY MARYLAND

**WATER SHALL NOT BE PLACED INTO THE POOL UNTIL A FINAL BUILDING INSPECTION IS APPROVED**

**THE FINAL INSPECTION WILL NOT BE APPROVED UNTIL ALL REQUIRED SWIMMING POOL SAFETY DEVICES ARE INSTALLED AND FULLY OPERATIONAL**

All Swimming Pools are required to have an Electrical Permit by a Licensed Electrician

Gas Fired Pool Heaters

NO  YES - Plumbing Permit required by a Licensed Plumber / Gas Fitter


DECLARATION OF INTENT TO INSTALL SWIMMING POOL SAFETY DEVICES

Date 8/17/2020 Building Permit # \_\_\_\_\_ Address 12490 Indian Hill Dr., Sykesville, MD 21784

The undersigned, being the owner(s) of the above referenced property, hereby accept(s) the responsibility for the installation of an approved fence and safety devices required by Section 3109 of the 2018 Edition of the International Building Code. **I (We) agree that the approved minimum 48" high fence and approved safety devices shall be installed prior to the placement of any water in the pool** and that fences shall comply with the setback requirements of the Department of Planning and Zoning.

  
\_\_\_\_\_  
Owner(s)

12490 Indian Hill Dr. Sykesville, MD 21784  
Address

  
\_\_\_\_\_  
Witness

12565 Indian Hill Dr Sykesville MD  
21784  
Address

Please call the Plan Review Division (Department of Inspections, Licenses and Permits) at 410-313-2436 for information regarding the fence design or safety devices. For information regarding fence setback requirements, please call the Zoning Administration (Department of Planning and Zoning) at 410-313-2393. Copy of Section 3109 of The International Building Code is on reverse side for your information.