

Building Address: 7025 Meandering Stream  
Fulton 20759

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 30

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD

Proposed Use: Inground pool

Estimated Construction Cost: \$ 30,000.00

Description of Work: 42' X 24' inground concrete pool depth 3' to 6', fence to code, filled by truck

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: 7025 Meandering Stream  
J Cardea

Address: \_\_\_\_\_

City: Fulton State: MD Zip Code: 20759

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein):  
Karen Klavman  
293 Southland of Dunkirk 20754

Phone: 410 507 7705 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Johnson Pools

Contact Person: Karen Klavman

Address: PO Box 667

City: Columbia Zip Code: 21045

License no.: 171255

Phone: 410 951 3630 ax: \_\_\_\_\_

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>
Depth _____ Width _____	<input checked="" type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> 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	Roadside Tree Project Permit #
<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.

Karen Klavman  
 Applicant's Signature

\_\_\_\_\_   
 Email Address

Agent  
 Title/Company

Karen Klavman  
 Print Name

11/10/2011  
 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		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-10-11</u>	<u>[Signature]</u>
Fire Protection		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

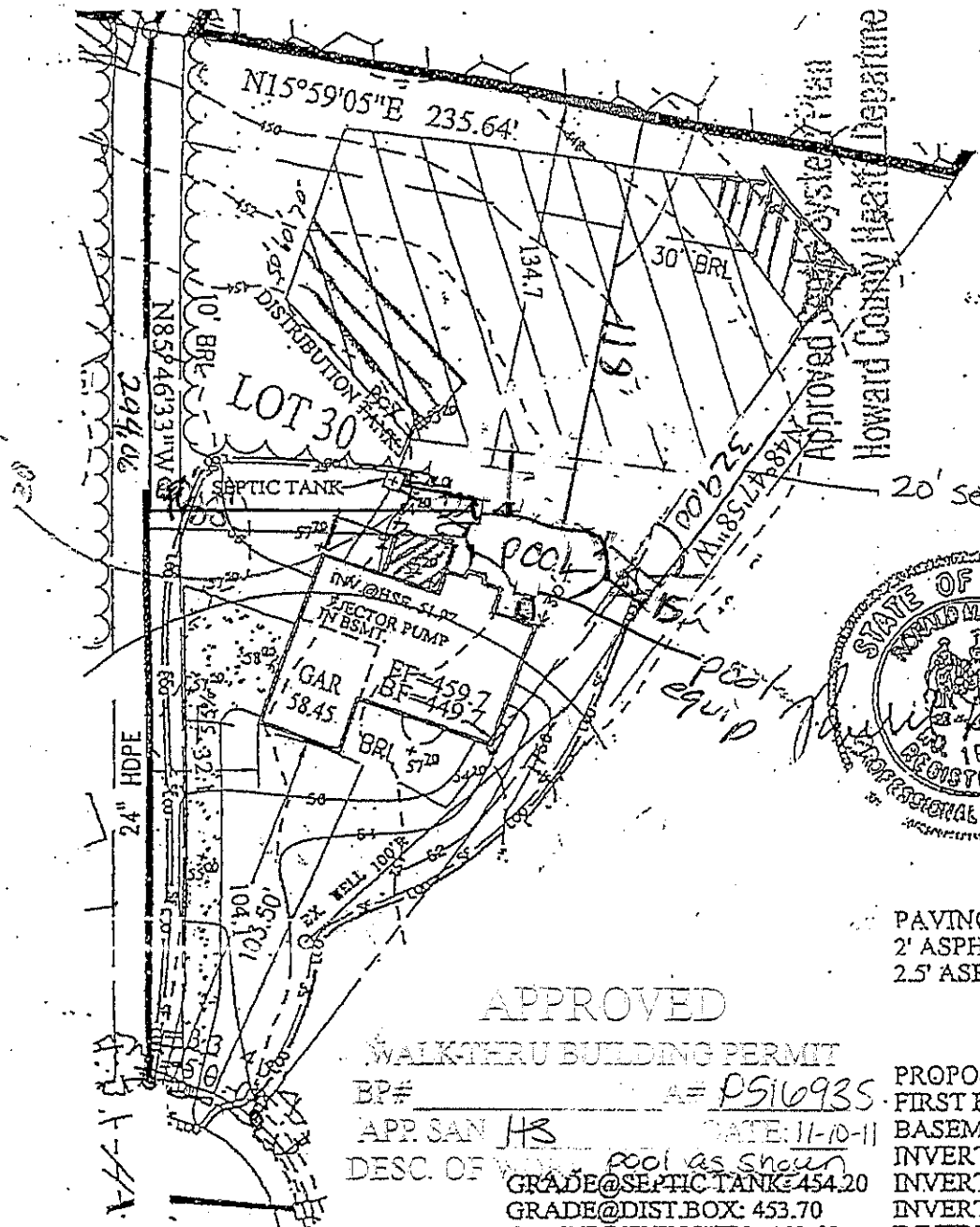
Is Entrance Permit Required?  Yes  No

Historic District?  Yes  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	\$



Approved by Health Department  
 Howard County Health Department  
 Signature: *Alexander J. Hines*  
 Date: 2/10/03



**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A= PS16935  
 APP. SAN HS DATE: 11-10-11  
 DESC. OF pool as shown  
 GRADE@SEPTIC TANK: 454.20  
 GRADE@DIST. BOX: 453.70  
 GRADE@TRENCHES: 453.65  
 ELEVATION OF WELL@GRADE

PAVING SPECIFICATION:  
 2' ASPHALT #CR-6 OR  
 2.5' ASPHALT 1.5' OVERLAY.

PROPOSED:  
 FIRST FLOOR: 459.70  
 BASEMENT: 449.70  
 INVERT OUT OF HOUSE: 451.97  
 INVERT INTO SEPTIC TANK: 451.50  
 INVERT INTO DIST. BOX: 450.70  
 INVERT INTO TRENCHES: 450.70  
 TOP OF ST = 452.50'

HOUSE MODEL BUCKINGHAM	LOT 30, PINDELL WOODS LOTS 1 THRU 47 AND PRESERVATION PARCELS A THRU F	<b>PLOT PLAN SINGLE FAMILY DWELLING</b>  7025 MEANDERING STREAM WAY LOT 30 PINDELL WOODS HOWARD COUNTY, MARYLAND
DATE: NOVEMBER 26, 2001	OWNER/BUILDER: DALE THOMPSON BUILDERS	
SCALE: 1"=50'	6300 WOODSIDE COURT COLUMBIA, MD 21045 (410) 995-6736	
PLAT REFERENCES		
LIBER/FOLIO:		
PLAT BOOK:		
PLAT NO. FOLIO:		

Computer number: P:\PROJECT\2001FILE\PYZZI\DRAWINGS\LOT30.DWG

Note:  
 7/8/03 JR  
 O.K. to add to SDA in

Total linear feet of trench  
 required 180 feet  
  
 Width of trench (ft) 2 feet

Dewberry & Davis LLC  
 A Dewberry Company  
 804 West Diamond Avenue, Suite 200  
 Calhersburg, MD 20878-1414  
 (301) 948-8300 Fax: (301) 258-7607  
 (301) 731-5551 Fax: