

DEPT. 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**

B09002008  
**PERMIT NUMBER**

Building Address 11541 E. Winchester Cr  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Kings Gift  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 34  
 Tax Map 16 Parcel 351 Grid 8  
 Zoning \_\_\_\_\_ Map Coordinates 10J3 Lot Size \_\_\_\_\_

Property Owner's Name Robert Riley  
 Address 11541 E. Winchester Lane  
 City Ellicott City State \_\_\_\_\_ Zip Code 21042  
 Home Phone 443-996-4400 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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

Existing Use SFD  
 Proposed Use SFD+Pool  
 Estimated Construction Cost \$ 25,000

Description of Work Inground pool 24x31' in rear yard w/ 48" high fence to code

Contractor Company Maryland Pools  
 Contact Person Joann Latham  
 Address 9515 Gerwig Lane  
 City Columbia State MD Zip Code 21046  
 License No. 6694  
 Phone 410-995-6600 Fax \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Depth _____ Width _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <sup>st</sup> floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <sup>nd</sup> floor: <u>3-8</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Reinforced Concrete _____	Natural Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Structural Steel _____	Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Masonry _____	Sprinkler system: N/A <input type="checkbox"/>	Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
Wood Frame _____	Full _____	No. of efficiency units: _____	NFFPA #13D _____
State Certified Modular _____	Partial _____	No. of 1 BR units: _____	NFFPA #13R _____
	Other Suppression _____	No. of 2 BR units: _____	Other: _____
	# of Heads _____	No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		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.

Applicant's Signature Joann Latham Print Name Joann Latham  
 Title/Company Agent Date 8-5-09

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	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health	<u>8/5/09</u>	<u>SD</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			IS Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
			Historic District?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone _____		
			SDP/Red-line approval date _____	Accepted by _____	

