

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

307003982

Building Address 3118 BULLSLIE COURT
CLEMMOND MD 21738

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name CLAYTON HOLLBACH

Address 3118 BULLSLIE CT

City CLEMMOND State MD Zip Code 21738

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use RESIDENCE

Proposed Use ADDITION - EXPANDING KITCHEN

Estimated Construction Cost \$ 50K

Description of Work 13 X 23' ADDITION
ONE STORY ON CRAWLSPACE

Contractor Company DREAMMAKER BATH/KITCHEN
DON P. PISTORLO CO

Contact Person ROB SMITH

Address PO BOX 73
3810 TIKY OAKS RD

City CLEMMOND State MD Zip Code 21737

License No. 27487

Phone 410-489-5860 Fax 410-489-5862

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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 <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>13x23' ADDITION</u>	
Dimensions: <u>30' BFT - BLACK WALK</u>	
Footings: <u>11.5' AGL</u>	
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 OFFIC THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Clayton Hollbach
Applicant's Signature
CO-OWNER
Title/Company

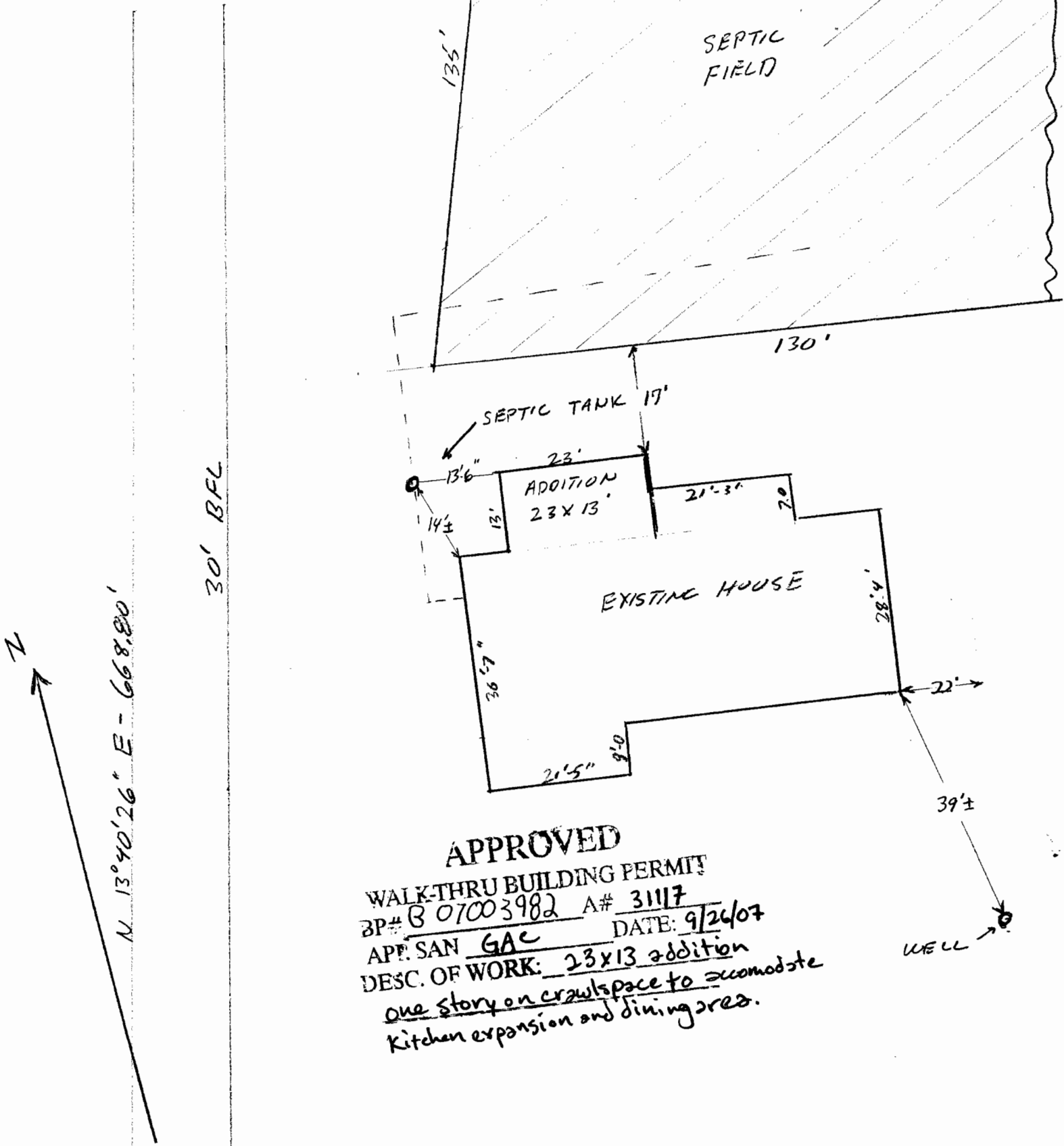
ROBERT N SMITH JR.
Print Name
9/24/07
Date

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	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>9/26/2007</u>		<u>Schiff A. Gf</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 \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

HOLLRAH RESIDENCE
3118 ELLERSLIE COURT
GLENMOUNT MD 21738

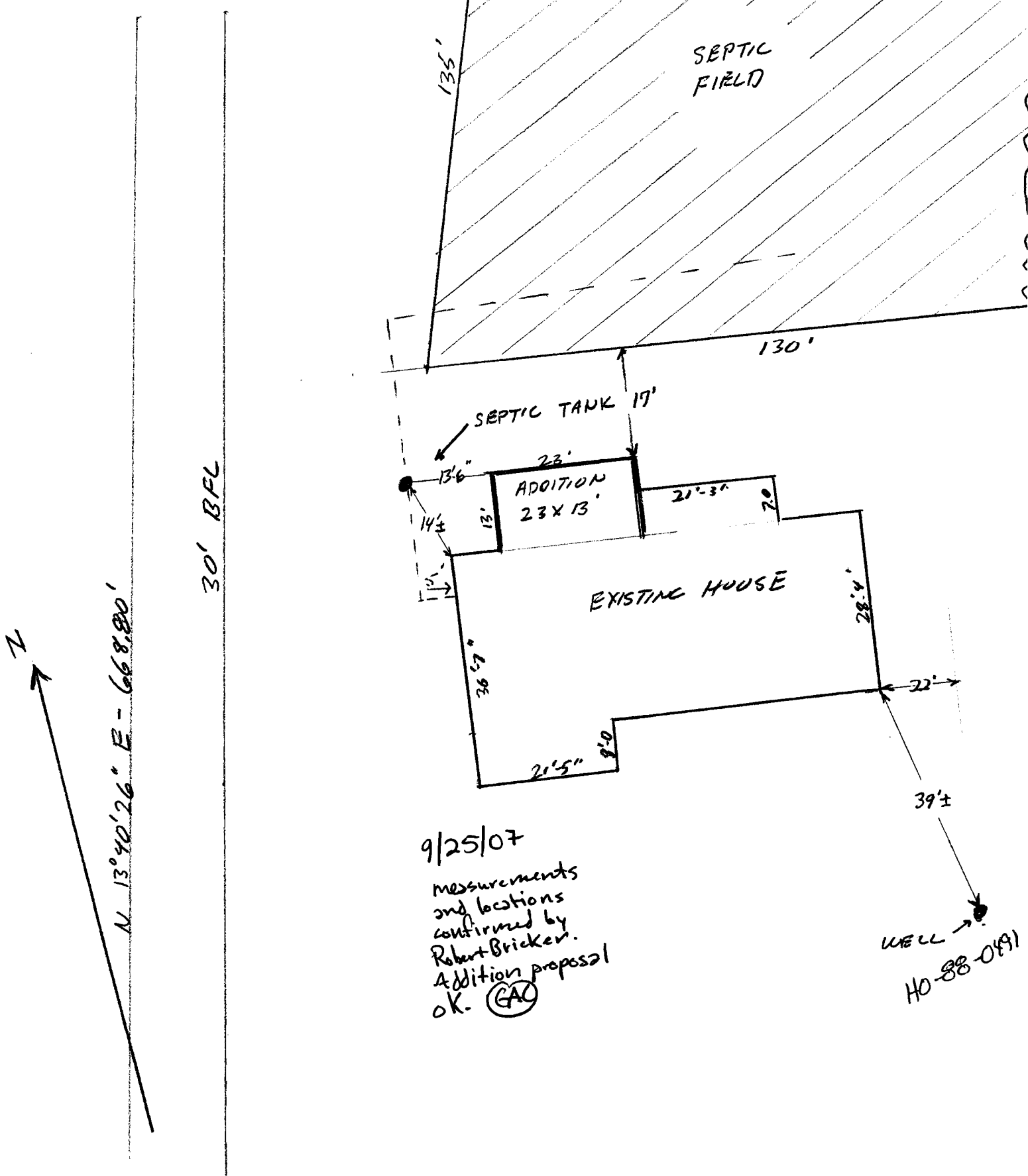


APPROVED
WALK-THRU BUILDING PERMIT
BP# B 07003982 A# 3117
APE: SAN GAC DATE: 9/26/07
DESC. OF WORK: 23x13 addition
one story on crawlspace to accommodate
kitchen expansion and dining area.

WELL →

SCALE 1"=20'

HOLLRAH RESIDENCE
3112 ELLERSLIE COURT
CLARKWOOD MD 21738



9/25/07
measurements
and locations
confirmed by
Robert Bricken.
Addition proposal
OK. (GAC)

SCALE 1"=20'

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00157893

Building Address 3118 Ellerslie Ct
Glenwood Md 21738

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

Census Tract _____ Subdivision Ellerslie Estates

Section _____ Area _____ Lot 4

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 9-D4 Lot size _____

Property Owner's Name Glenn + Teresa Hollrah

Address 3118 Ellerslie Ct

City Glenwood State Md Zip Code 21738

Home Phone 301-854-6441 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD/Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground Pool 122'x44" in rear yard w/ 48" high fence to code. Pool Filled by Truck.

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 _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>3-8</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane 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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 THERE TO; (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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
7-27-06
Date

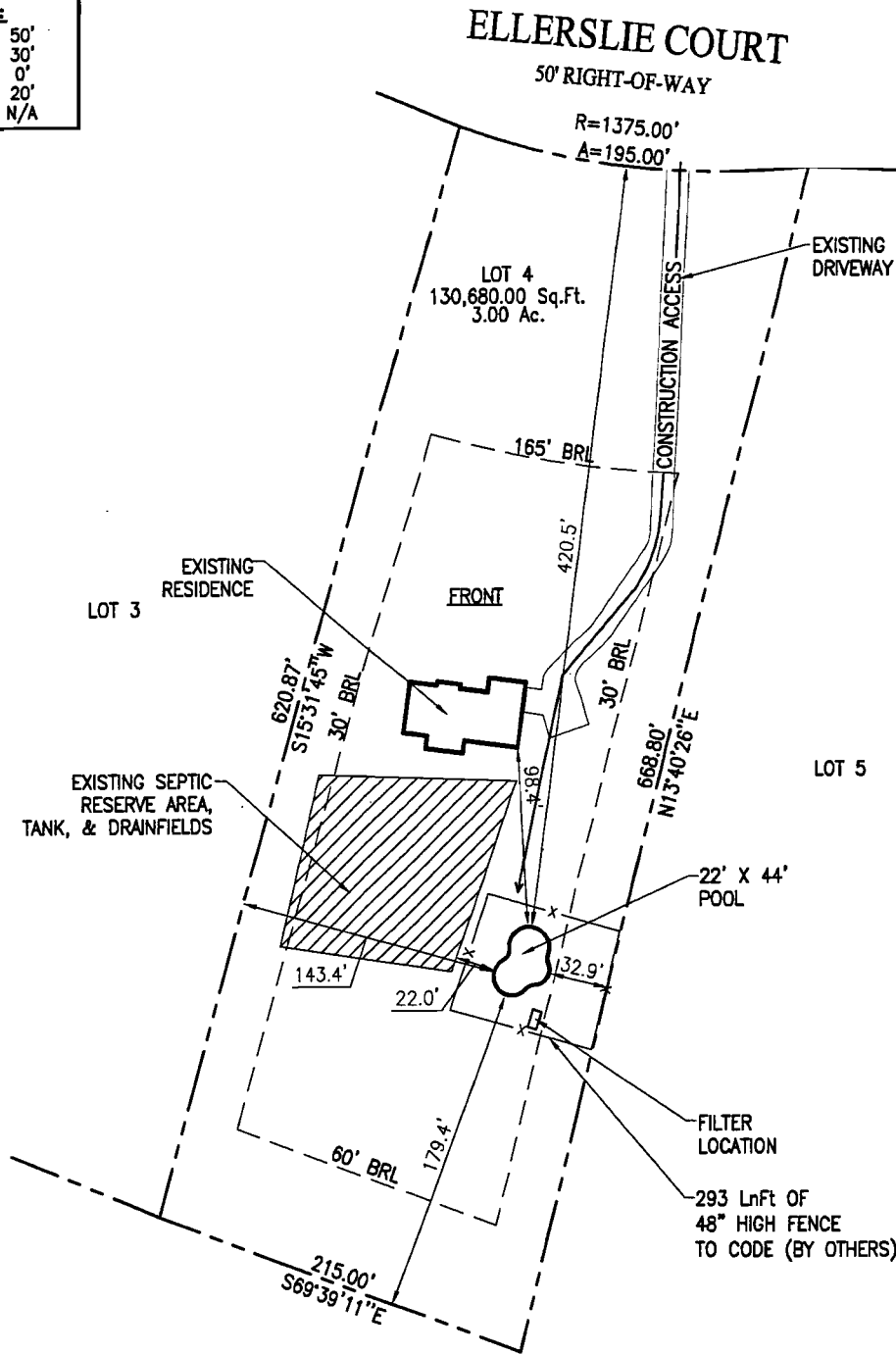
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7-26-06</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies:	White: Building Official	Green: LDD, DPZ
T:Voma/PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New/Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

SETBACKS:

REAR PL. 50'
 SIDE PL. 30'
 HOUSE 0'
 SEPTIC 20'
 WELL N/A



ELLERSLIE COURT

50' RIGHT-OF-WAY

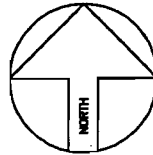
R=1375.00'

A=195.00'

LOT 4
 130,680.00 Sq.Ft.
 3.00 Ac.

EXISTING DRIVEWAY

PUBLIC WATER
 & PRIVATE SEPTIC



ZONE 1

APPROVED

WALK-THRU BUILDING PERMIT
 BP# 800157893 A# 31117

APP. SAN 1508 DATE: 1-26-06
 DESC. OF WORK: 22 x 44 Pool

SITE PLAN

1"=80'

LOT 4
ELLERSLIE ESTATES

ACCOUNT # 348761
 MAP 14, GRID 23, PARCEL 235
 ELECTION DISTRICT NO. 04
 HOWARD COUNTY, MARYLAND

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET

DATE: 01-26-06

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: HAUL - 1 HOUR (IN CONTRACT)
 SPA: NONE
 RAISED BEAM: NONE
 TILE: TBD
 COPING: STD. 'SUIT SAVER'
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
 CLEANING SYS: POLARIS 380 W/TIMER
 TREATMENT SYS: NONE
 CONTROL SYS: NONE
 HEATER: PROPANE @ 400K BTU
 LIGHTS: TWO WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 14' - INSIDE
 AQUA BENCH: NONE
 RAIL GOODS: NONE
 DECKING: NONE
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$100 CHEMICAL ALLOWANCE
 OTHER ITEMS: NONE

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 22' X 44' - BAHIA
 POOL AREA: 800 SPA: OTHER:
 TOTAL AREA: 800
 PERIMETER: 113' SPA:
 GALLONAGE: 34,500 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 RT. 32 WEST, L/T ONTO BURNWOOD RD. R/T ONTO HOBBS RD.
 L/T ONTO ELLERSLIE CT. MAP # 9
 GRID D-6
 *****SITE ON RIGHT*****

Glenn & Teresa Hollrah
 3118 Ellerslie Court
 Glenwood, Maryland 21738
 Howard County

HOME PHONE: 301-854-8441
 MR. CELL PHONE: 301-770-3330
 MRS. CELL PHONE: 301-802-1262
 OFFICE PHONE:

LOT: 4	SUBDIVISION NAME: ELLERSLIE ESTATES	DISTRICT: 04	PIN # 348761
SITE PLAN			ZONE: ONE
SCALE: 1"=80'	BY: CNL	DATE: 01/25/06	JOB NUMBER: TG06-8725
			SHEET #: S-1