

Building Address <u>3090 EMERALD Valley RD</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>#13789</u> Census Tract <u>603000</u> Subdivision <u>Hawksfield</u> Section <u>2</u> Area _____ Lot <u>2</u> Tax Map <u>16</u> Parcel <u>40</u> Grid <u>20</u> Zoning <u>RC</u> Map Coordinates _____ Lot size <u>34</u>	Property Owner's Name <u>Kelly + Bill BEAM</u> Address <u>3090 EMERALD Valley RD</u> City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410 531-9796</u> Work Phone <u>410 218-1295</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>RESIDENTIAL HOME</u> Proposed Use <u>IN-GROUND SWIMMING POOL</u> Estimated Construction Cost \$ _____ Description of Work <u>IN-GROUND 45'X25' POOL</u> <u>w/ 9' SPA - 3 LIGHTS, DE FILTER</u> <u>3'-8" Deep.</u>	Contractor Company <u>C.H.R. INC. DBB/CUSTOM HOME</u> Contact Person <u>MIKE BEAMAN</u> <u>POOL</u> Address <u>12142 MT. ALBERT RD</u> City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>18678</u> Phone <u>301-452-3160</u> Fax <u>410 988-8415</u>
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Occupant or Tenant <u>Kelly + Bill BEAM</u> Contact Name <u>Bill BEAM</u> Address <u>3090 EMERALD Valley</u> City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410 531-9796</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> 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: <u>SWIMMING POOL</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE	APPROVAL	DEPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development DPZ	10/15/06	[Signature]	[Initials]	Front: <u>75</u>   <u>155</u> Rear: <u>35</u>   <u>40</u> Side: <u>30</u> Side St: <u>N/A</u>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____
State Highways				All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Building Official				Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Dev. Engineering DPZ	10/15/06	[Signature]	[Initials]	Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Health				Lot Coverage for New Town Zone <u>N/A</u>	
Fire Protection				SDP/Rec-Lite approval date _____	Accepted by _____
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"/>					

CUSTOM HOME

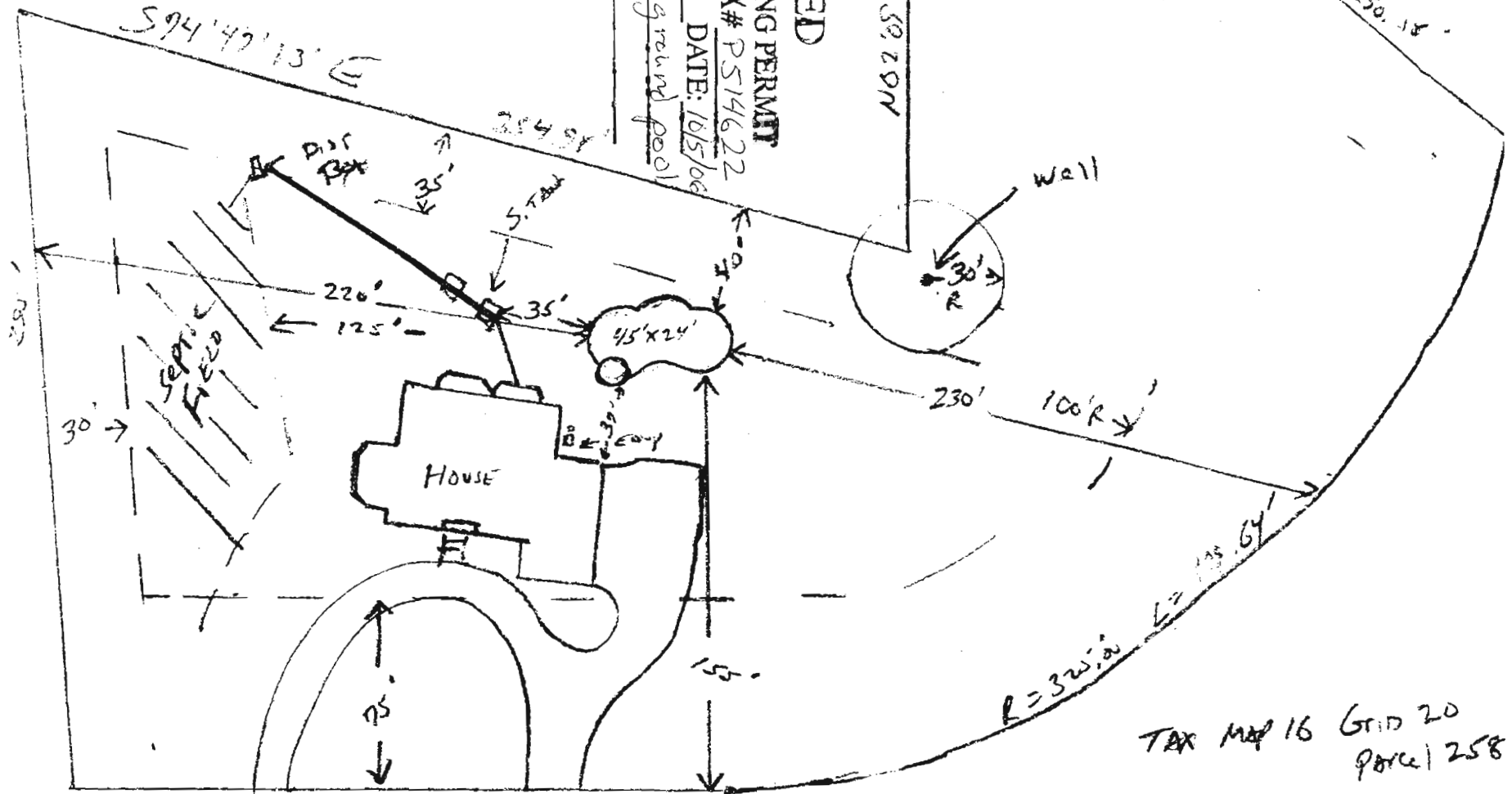
Beam Residence

3090 Emerald Valley RD

ELLIOTT CITY 21042

WALKTHRU BUILDING PERMIT  
 DP# 1306005653    A# PS14622  
 APP. SAN CA    DATE: 10/5/06  
 DESC. OF WORK: In ground pool  
 JS Shewin

APPROVED



TAX MAP 16 GRID 20  
PARCEL 258

SCALE  
1" = 60'

EMERALD VALLEY ROAD