

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

808000346

Building Address 3100 EMERALD VALLEY RD
ELICOTT CITY MD

Property Owner's Name ROBERT & MILYNDY STAPER
Address 3100 EMERALD VALLEY RD

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

Census Tract _____ Subdivision HAWKFIELD ESTD

City ELICOTT State MD Zip Code 21042

Section _____ Area _____ Lot 1

Home Phone 410 531-3885 Work Phone _____

Tax Map 16 Parcel 40 Grid 20

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

Zoning _____ Map Coordinates _____ Lot size 3 AC

CUSTOM HOME POOLS INC
Phone 410 489-9890 Fax _____

Existing Use _____

Contractor Company CUSTOM HOME POOLS INC.

Proposed Use _____

Contact Person MIKA BEAVER

Estimated Construction Cost \$ 30K

Address 3020 SOBOW DR

Description of Work IN Ground SPA
WITH WATERFALL, 3' Deep
LIGHT.

City WEST FRANKSHY State MD Zip Code 21154

License No. 124874
Phone _____ Fax _____

Occupant or Tenant ROBERT & MILYNDY STAPER

Engineer or Architect Company BOTANIKAL DESIGN INC

Contact Name MIKA BEAVER

Contact Person Brian

Address 3100 EMERALD VALLEY RD

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

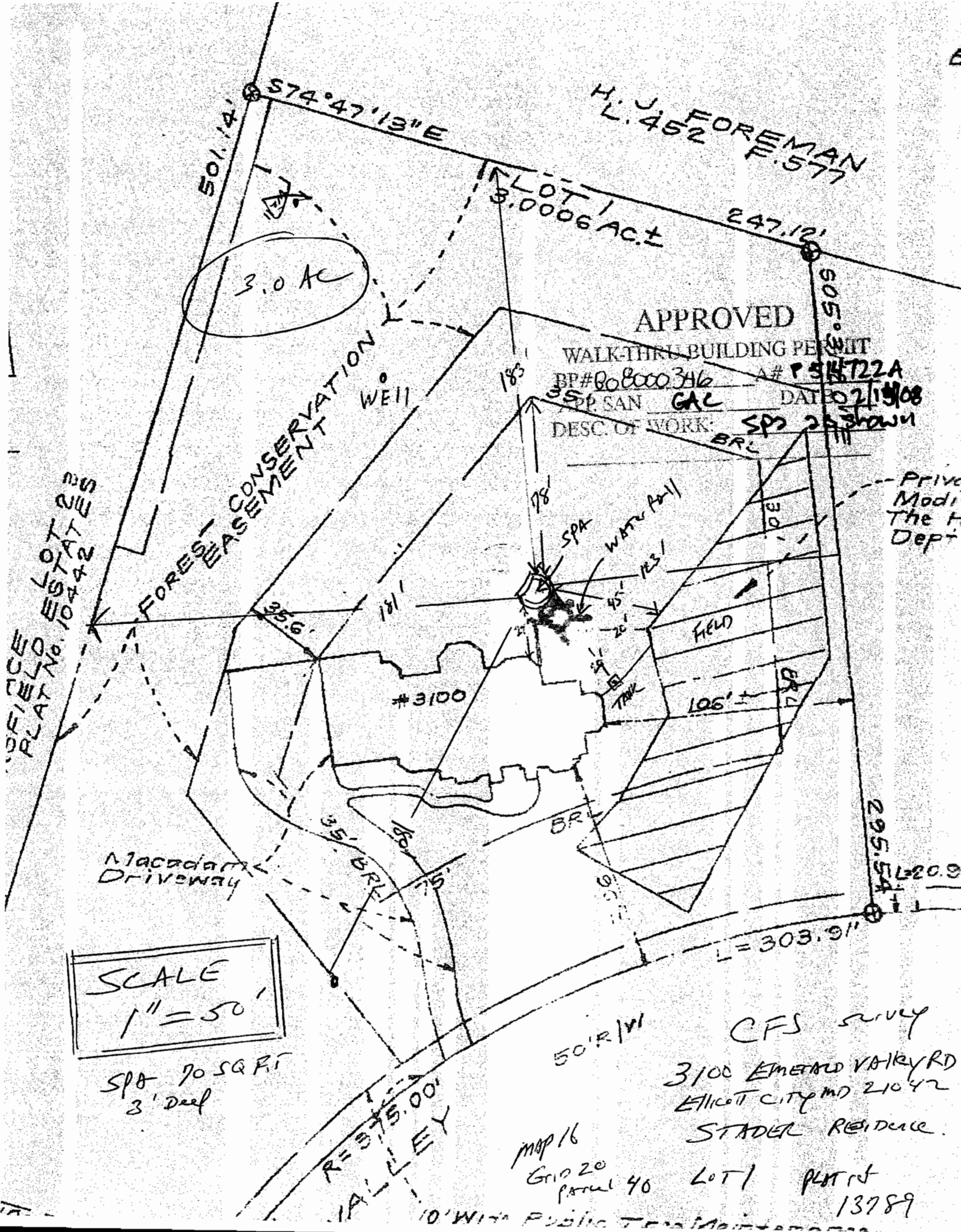
[Signature]
Applicant's Signature
Title/Company _____

MIKA BEAVER
Print Name
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>2/14/08</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		

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 NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	



OFFICE LOT 2E
PLAT No. 10242

FOREWEASEMENT
CONSERVATION

APPROVED
WALK-THRU BUILDING PERMIT
BP#0080003A6 A# P51122A
SP2 SAN GAL DATE 02/19/08
DESC. OF WORK: SP2 25 shown

PRIVE
Mod:
The H
Dept

Macadam Driveway

SCALE
1" = 50'

SPA 70 SQ FT
3' Deep

50' R/W

CFS survey
3100 EMERALD VALLEY RD
ELICOTT CITY MD 21042
STADER RESIDENCE

MAP 16
GRID 20
PARCEL 40 LOT 1 PLAT #
13789
10' WIDE PUBLIC TRAIL