

Building Address 15839 Bellis Drive  
Woodbine, MD 21797

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

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

Section 1 Area \_\_\_\_\_ Lot 3

Tax Map 7 Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning RC-60 Map Coordinates 3-A12 Lot size 7.30

Property Owner's Name David Eber

Address 15839 Bellis Dr

City Woodbine State MD Zip Code 21797

Home Phone 410-489-5555 Work Phone 410-764-3959

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

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

Existing Use \_\_\_\_\_

Proposed Use car & storage

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Detached garage w/ attic storage

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Occupant or Tenant N/A

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   | Building Characteristics  | Utilities  |
|--|---|---|--|
| Height: _____  | Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____   | Water Supply:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   | 1st floor: _____<br>2nd floor: _____<br>Basement: _____   | Sewage Disposal:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms: _____<br>Height: _____                    | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>   | Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____   | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>          |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><br><input type="checkbox"/> State Certified Modular | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads _____ | Other Structure: <u>Garage</u><br>Dimensions: <u>40x40</u><br>Footings: <u>concrete 3'-6"x2'</u><br>Roof Height: <u>2'-6"</u><br><br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other: _____ |

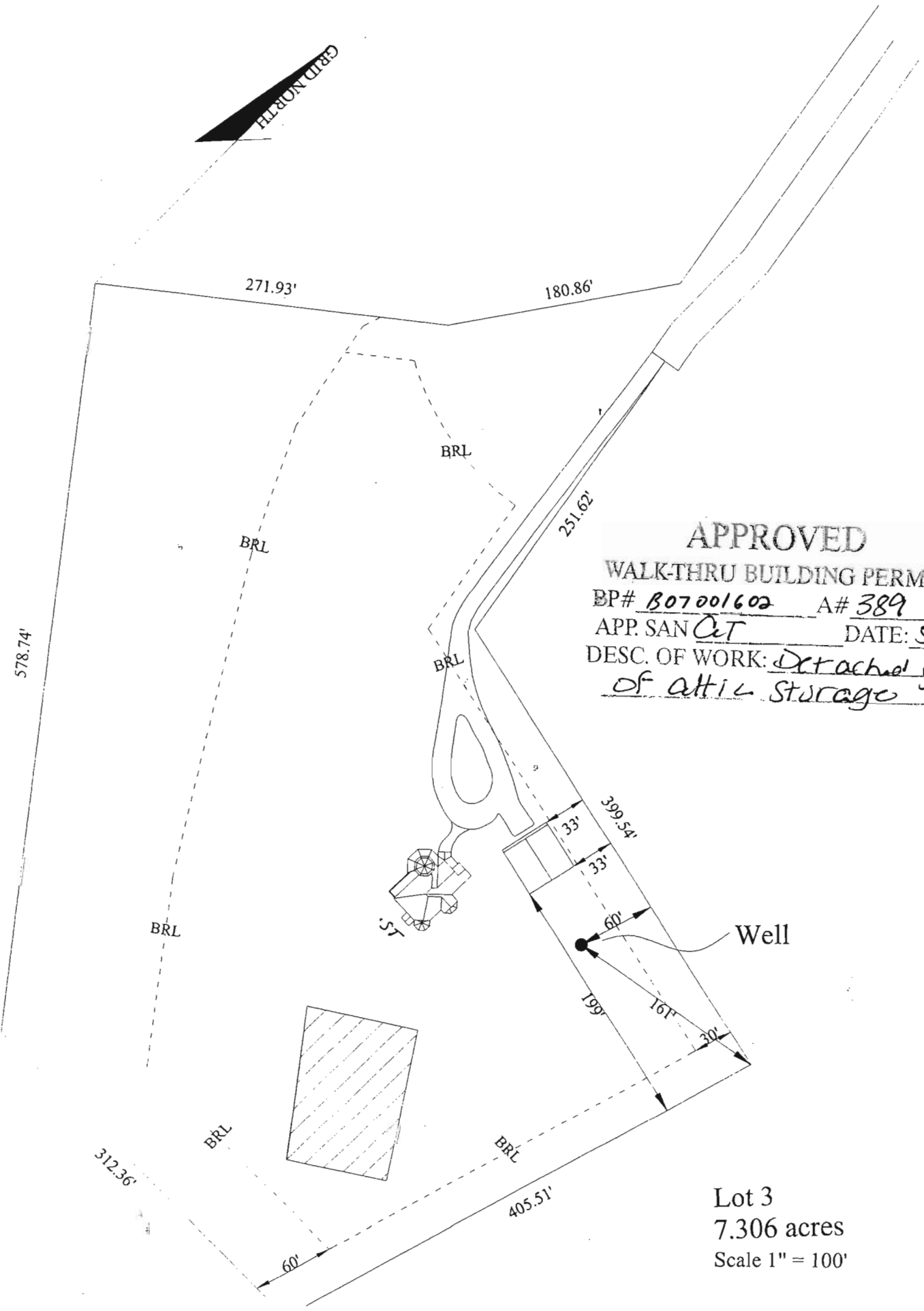
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

David Eber                      David Eber  
 Applicant's Signature                      Print Name

\_\_\_\_\_                      5/03/07  
 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 | DPZ SETBACK INFORMATION                                  | PROPERTY ID#:           |
|--|---------------|--------------------|--|-------------------------|
| Land Development DPZ   |               |                    | Front: _____   | Filing fee \$ _____     |
| State Highways   |               |                    | Rear: _____  | Permit fee \$ _____     |
| Building Official  |               |                    | Side: _____  | Excise tax \$ _____     |
| Dev. Engineering DPZ   |               |                    | Side St: _____   | Add'l per. fee \$ _____ |
| Health   | <u>5/3/07</u> | <u>Cathy Trapp</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"/> |                         |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                   |               |                    | Lot Coverage for New Town Zone _____                     |                         |
| ONE STOP SHOP: <input type="checkbox"/>                                    |               |                    | SDP/Red-line approval date _____                         | Accepted by _____       |
| Distribution of Copies-      White: Building Official      Green: LDD, DPZ |               |                    | Yellow: DED, DPZ      Pink: Health      Gold: SHA        |                         |



**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# B07001602 A# 389 85  
APP. SAN CeT DATE: 5/8/07  
DESC. OF WORK: Detached garage  
of attic storage

Lot 3  
7.306 acres  
Scale 1" = 100'

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

307001602

Building Address 15839 Bellis Drive  
Woodbine, MD 21297

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

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

Section 1 Area \_\_\_\_\_ Lot 3

Tax Map 7 Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning RC 060 Map Coordinates 3 A12 Lot size 7.30

Property Owner's Name David Eber

Address 15839 Bellis Dr

City Woodbine State MD Zip Code 21297

Home Phone 410-489-5525 Work Phone 410-764-3157

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

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

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Detached garage w/  
att. storage 11' x 11'

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Occupant or Tenant N/A

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

David Eber  
 Applicant's Signature

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

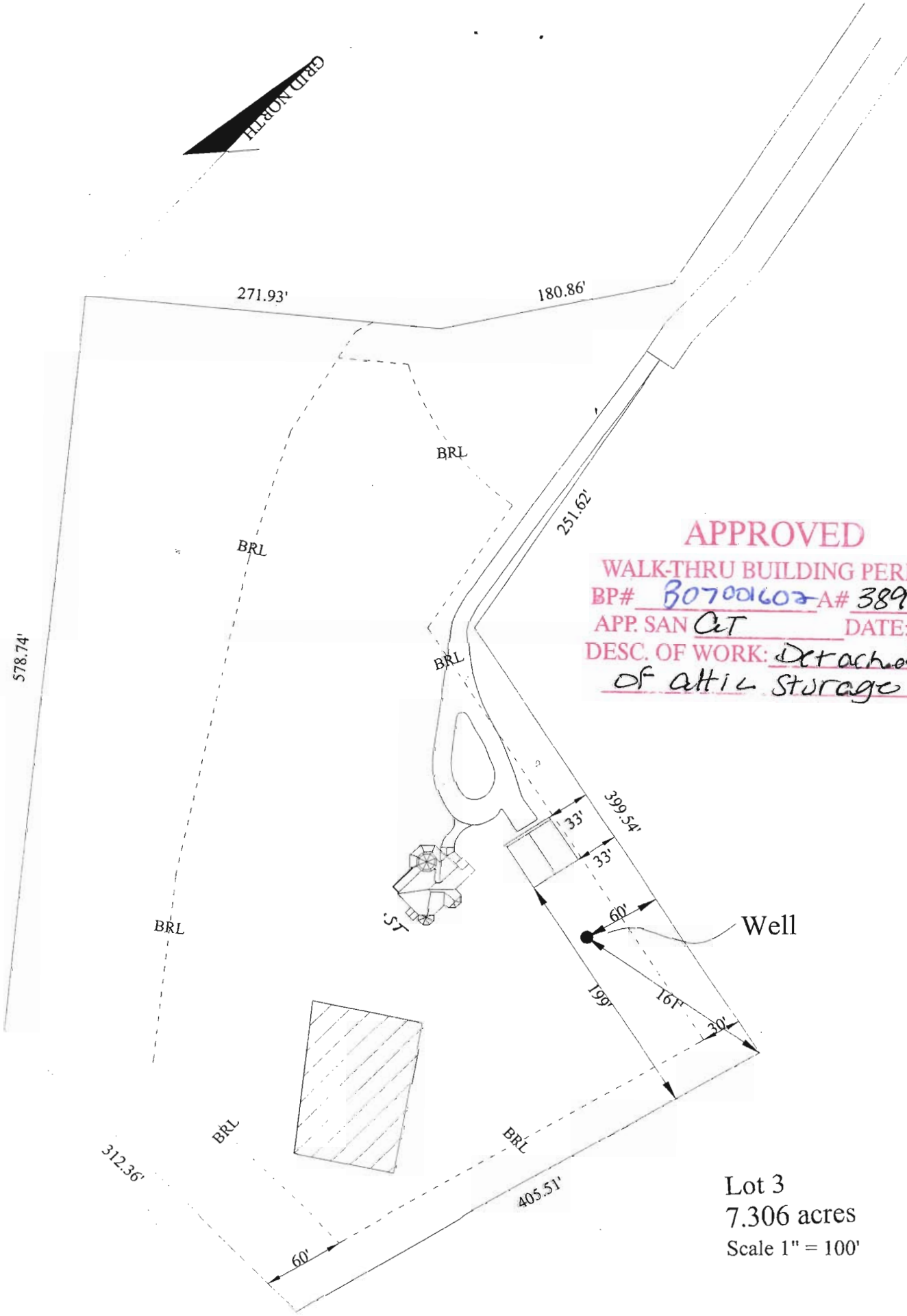
David Eber  
 Print Name

5/10/07  
 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 INFO           |
|--|----------------|--------------------|--|-------------------------|
| Land Development, DPZ  |                |                    | Front: _____   | Filing fee \$ _____     |
| State Highways   |                |                    | Rear: _____  | Permit fee \$ _____     |
| Building Official  |                |                    | Side: _____  | Excise tax \$ _____     |
| Dev. Engineering, DPZ  |                |                    | Side St: _____   | Add'l per. fee \$ _____ |
| Health   | <u>5/18/07</u> | <u>AT</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: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA |                |                    | Lot Coverage for NewTown Zone _____                      |                         |
| T:\forms\PERMIT.FRM  |                |                    | SDP/Red-line approval date _____                         | Accepted by: _____      |



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 307001602 A# 389 85  
 APP. SAN Ct DATE: 5/8/07  
 DESC. OF WORK: Detached garage  
of attic storage

Lot 3  
 7.306 acres  
 Scale 1" = 100'

call unit 3K1

|   |   |
|---|---|
| Building Address <u>15839 Belliard</u><br><u>Lot 3 Bellus Drive Woodlawn MD - 21797</u> | Property Owner's Name <u>David &amp; Debra Eber</u><br>Address <u>6008 Cedar Wood Drive</u>   |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____  | City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>  |
| Census Tract <u>604001</u> Subdivision <u>Cattail Woods</u>                             | Home Phone <u>410 997-5906</u> Work Phone <u>410 336-1488</u><br>Applicant's Name & Mailing Address, (if other than stated hereon): |
| Section <u>1</u> Area _____ Lot <u>3</u>  | Phone _____ Fax _____   |
| Tax Map <u>7</u> Parcel <u>519</u> Grid <u>24</u>                                       | Contractor Company <u>A-Frames (Int'l) Inc</u>  |
| Zoning <u>RC</u> Map Coordinates <u>3F12</u> Lot size _____                             | Contact Person <u>Nick Magraie</u>  |

|   |   |
|---|---|
| Existing Use <u>LOT VACANT</u><br>Proposed Use <u>SP Dwelling</u><br>Estimated Construction Cost \$ <u>415,500.00</u><br>Description of Work <u>Custom SF Home</u><br><u>4 story frame house</u><br><u>Full basement 3 bedrooms 2 1/2 bath</u><br><u>Rough in basement, porch</u> | Address <u>1680 Pine Knob Rd</u><br>City <u>Subsville</u> State <u>MD</u> Zip Code <u>21784</u><br>License No. <u>MHE 2692</u><br>Phone <u>410 795 7670</u> Fax <u>410 795 7670</u> |
|---|---|

|  |  |
|--|--|
| Occupant or Tenant <u>Owner</u><br>Contact Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____ | Engineer or Architect Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____ |
|--|--|

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>  |   | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>  |   |
|---|---|--|---|
| <b>Building Characteristics</b><br>Height: _____<br>No. of stories: _____<br>Gross area, sq. ft. per floor: _____<br>Use group: _____<br>Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br># of Heads _____ | <b>Building Characteristics</b><br>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth Width<br>1st floor: <u>51'-7"</u> <u>52'-2"</u><br>2nd floor: <u>51'-7"</u> <u>52'-2"</u><br>Basement: <u>51'-7"</u> <u>52'-2"</u><br>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms <u>3</u><br>Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input checked="" type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br>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.

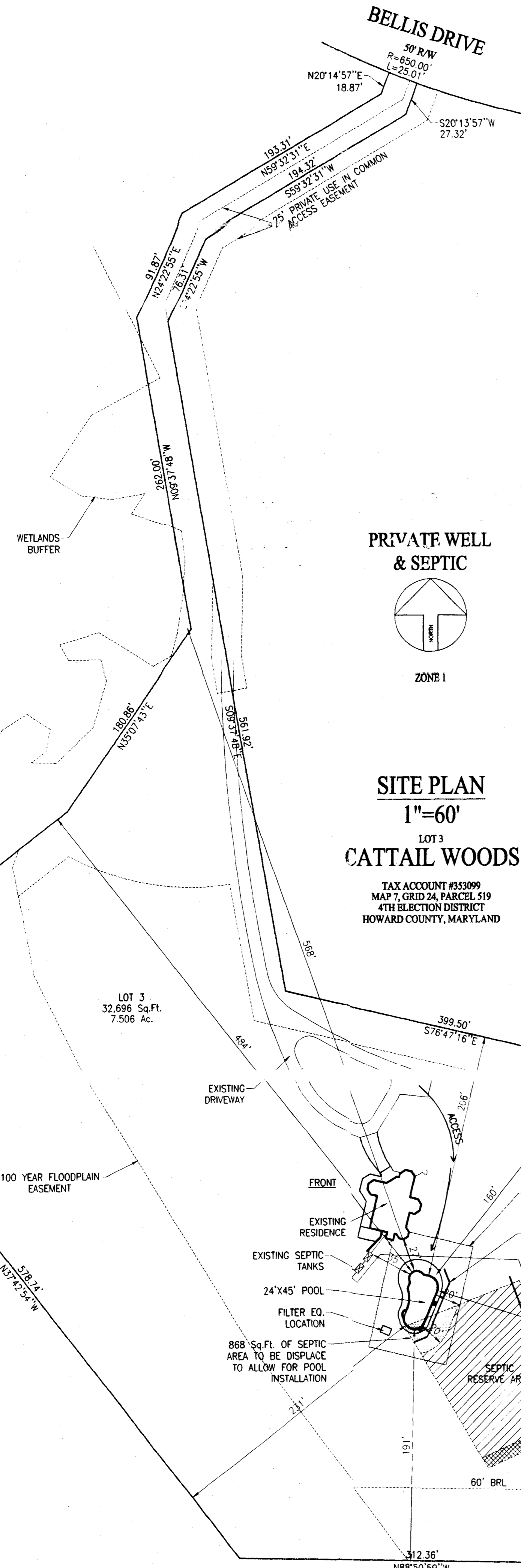
|   |   |
|---|---|
| Applicant's Signature: <u>Nick E. Magraie</u><br>Title/Company: <u>A-Frames (Int'l) Inc</u> | Print Name: <u>Nicklas E. Magraie</u><br>Date: <u>5-17-02</u> |
|---|---|

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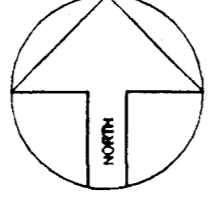
| AGENCY   | DATE           | SIGNATURE APPROVAL   | DPZ SETBACK INFORMATION  | PROPERTY ID#: <u>54779</u> |
|--|----------------|----------------------|--|----------------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ  |                |                      | Front: _____   | Filing fee \$ <u>100</u>   |
| <input checked="" type="checkbox"/> State Highways   |                |                      | Rear: _____  | Permit fee \$ _____        |
| <input checked="" type="checkbox"/> Building Official  |                |                      | Side: _____  | Excise tax \$ _____        |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ  |                |                      | Side St: _____   | Add'l per. fee \$ _____    |
| <input checked="" type="checkbox"/> Health   | <u>6/29/02</u> | <u>Mark R. Klein</u> | All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____        |
| <input checked="" type="checkbox"/> Fire Protection  |                |                      | Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____    |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                      | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____       |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |                |                      | Lot Coverage for NewTown Zone _____  | Check # <u>4594</u>        |
| ONE STOP SHOP: <input type="checkbox"/>  |                |                      | SDP/Red-line approval date _____   | Validation # <u>48671</u>  |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA             |                |                      | Accepted by: <u>[Signature]</u>  |                            |

SETBACKS:  
 REAR PL. 5'  
 SIDE PL. 5'  
 HOUSE 5'  
 SEPTIC 5'  
 WELL 5'

**BELLIS DRIVE**  
 50' R/W  
 R=650.00'  
 L=25.01'

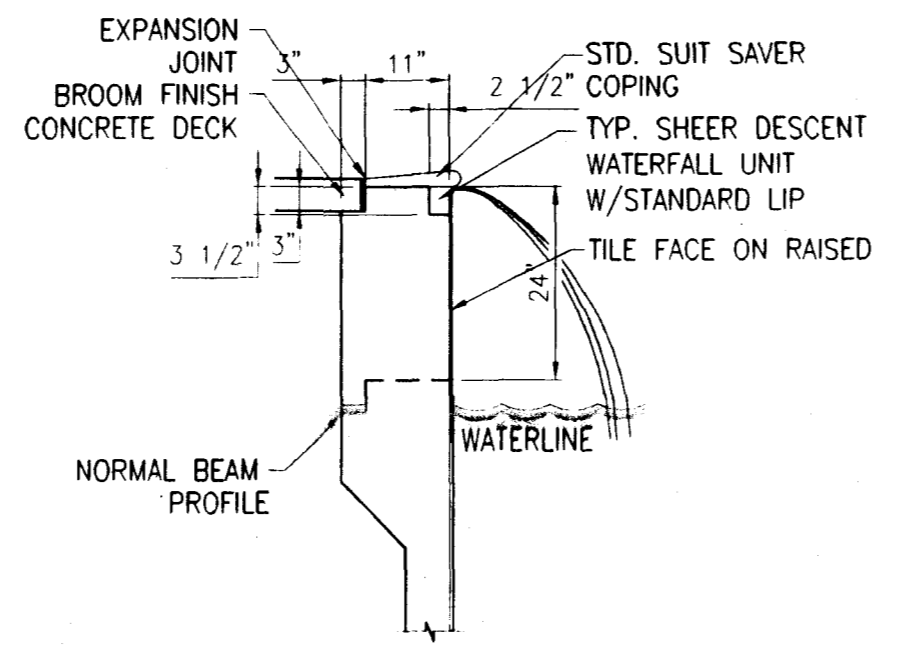


**PRIVATE WELL & SEPTIC**

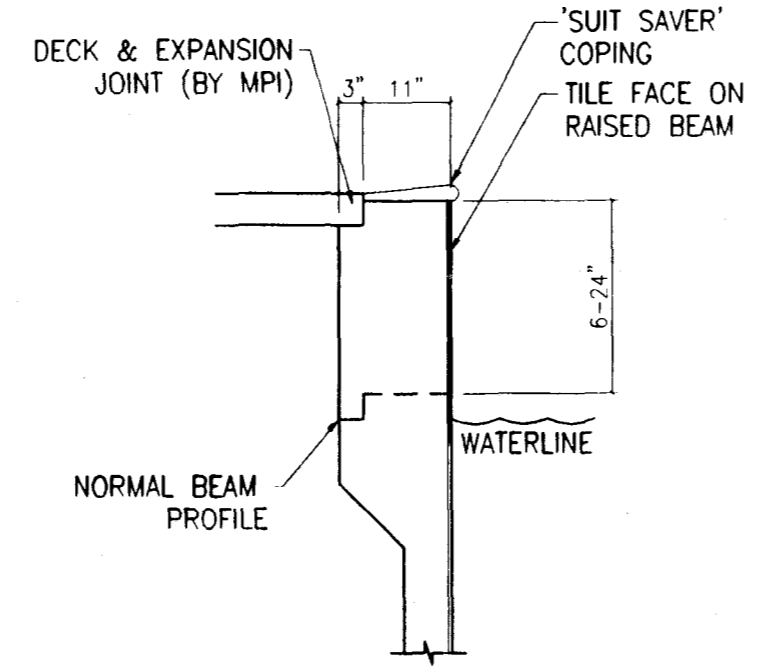


**SITE PLAN**  
 1"=60'  
 LOT 3  
**CATTAIL WOODS**

TAX ACCOUNT #353099  
 MAP 7, GRID 24, PARCEL 519  
 4TH BLECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

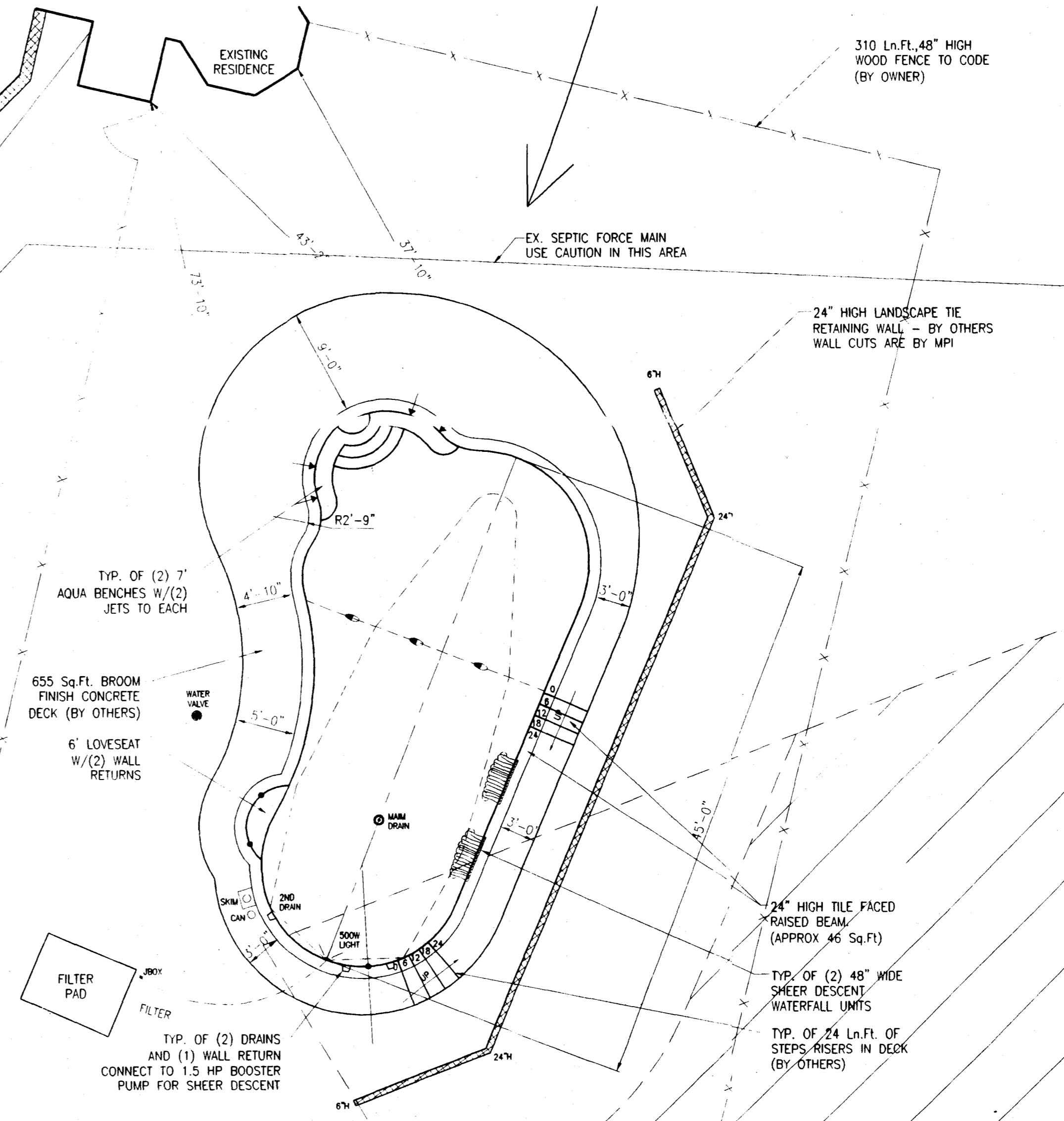


**RAISED BEAM DETAIL @ SHEER DESCENT**  
 1"=1'-0"



**RAISED BEAM DETAIL**  
 1/2"=1'-0"

**EXCAVATION LAYOUT**  
 1/8"=1'-0"



**PLANVIEW LAYOUT**  
 1/8"=1'-0"

**Maryland POOLS Inc.**  
 951 GERWIG LANE SUITE 119 COL MBIA, MD 21046  
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030  
 703-359-7192  
 800-252-SWIM  
 WWW.MARYLANDPOOLS.COM

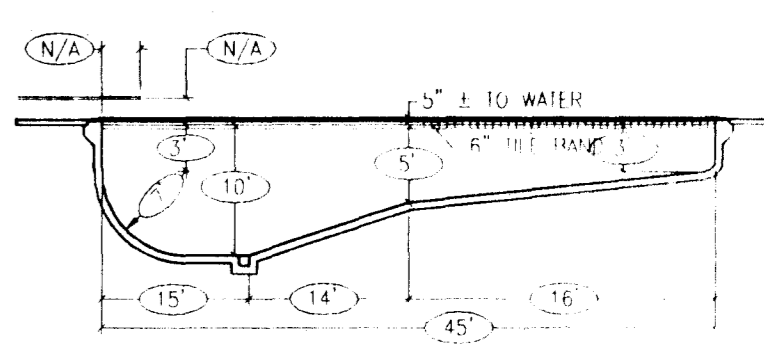
**GENERAL NOTES**

- 1) POOL AREA TO BE FENCED BY OWNER. GATES TO BE SELF CLOSING & LATCHING PER COUNTY CODES.
- 2) STEPS TO HAVE 12" +/- TREADS & 8.25" RISERS. TOP TREAD TO 18".
- 3) DO NOT TURN POOL LIGHTS ON WHEN POOL IS EMPTY.
- 4) DO NOT USE BLACK RUBBER HOSE WHEN FILLING POOL. IT WILL MARK PLASTER & COPING.
- 5) WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS WHEN TEMP. EXCEEDS 70 DEGREES

**EQUIPMENT LIST**

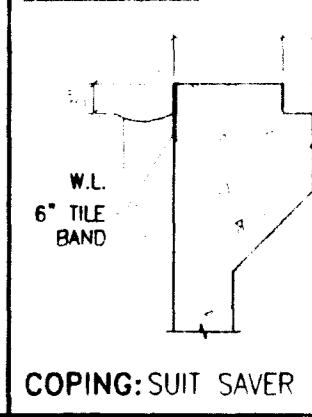
- DIRT/GRADING: ON SITE  
 SPA: NONE  
 RAISED BEAM: 24" HIGH TILE FACED (46 Sq. Ft.)  
 TILE: TBD  
 COPING: STD. 'SUITS SAVER'  
 PLASTER: WHITE MARBELITE  
 FILTER SYS: C&C 420 SF CART W/2 HP PUMP  
 CLEANING SYS: PCC 2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: NONE  
 HEATER: AC-125 HEAT PUMP  
 LIGHTS: ONE WATTS: 500 VOLTS: 120  
 LOVESEAT: (1) @ 6' OUTSIDE  
 AQUA BENCH: (2) @ 7' W/4 JETS  
 RAIL GOODS: NONE  
 DECKING: NONE  
 FENCE: BY OWNER  
 POOL COVER: NONE TYPE: N/A  
 CHEMICALS: \$50 CHEMICAL ALLOWANCE  
 OTHER ITEMS: (2) 48" SHEER DESCENT WATERFALLS W/1.5HP PUMP & SHELL FITTINGS  
 (2) RETURNS IN LOVESEAT  
 COLORED LENS KIT  
 ELECTRIC: 0 FT.

**Cross Section - Hopper**



**POOL ELEVATION:**

**Bond Beam**



**POOL DATA**

|                                    |                        |
|------------------------------------|------------------------|
| SIZE/SHAPE: 24' x 45' - POOL SHAPE | SPA: OTHER: 17         |
| POOL AREA: 825                     | TOTAL AREA: 837        |
| PERIMETER: 120                     | SPA: 3'-0" TO 10'-0"   |
| GALLONAGE: 36,000                  | DEPTH: 3'-0" TO 10'-0" |

**DIRECTIONS TO SITE**

RT-32 TO RT-70 WEST TO RT-94 SOUTH.  
 GO THRU ROUNDABOUT AT RT-144 AND CONTINUE AROUND TO HEAD EAST ON RT-144 GO APPROX 1/2 MILE TO R/T ON BERRY RD GO APPROX 1/2 MILE TO R/T ON BELLIS DRIVE GO TO SITE ON LEFT

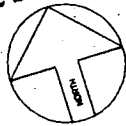
**David & Donna Eber**  
 15839 Bellis Drive  
 Woodbine, Maryland 21797  
 Howard County

HOME PHONE: 410-489-5555  
 OFFICE PHONE 1: 408-764-3959  
 OFFICE PHONE 2:

|            |                                   |             |
|------------|-----------------------------------|-------------|
| REVISIONS: | 5/26/04 - FINALIZE FOR EXCAVATION | ONE         |
| SCALE:     | DATE:                             | JOB NUMBER: |
| AS DRAWN   | JEK                               | 4/30/04     |
|            |                                   | MS04-7877   |
|            |                                   | SHEET 1     |
|            |                                   | 1.0         |

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 000148502 A# 38985  
 APP SAN JCB DATE: 5/27/04  
 DESC. OF WORK: 16 Swimming Pool

PRIVATE  
& SEPTIC



ZONE 1

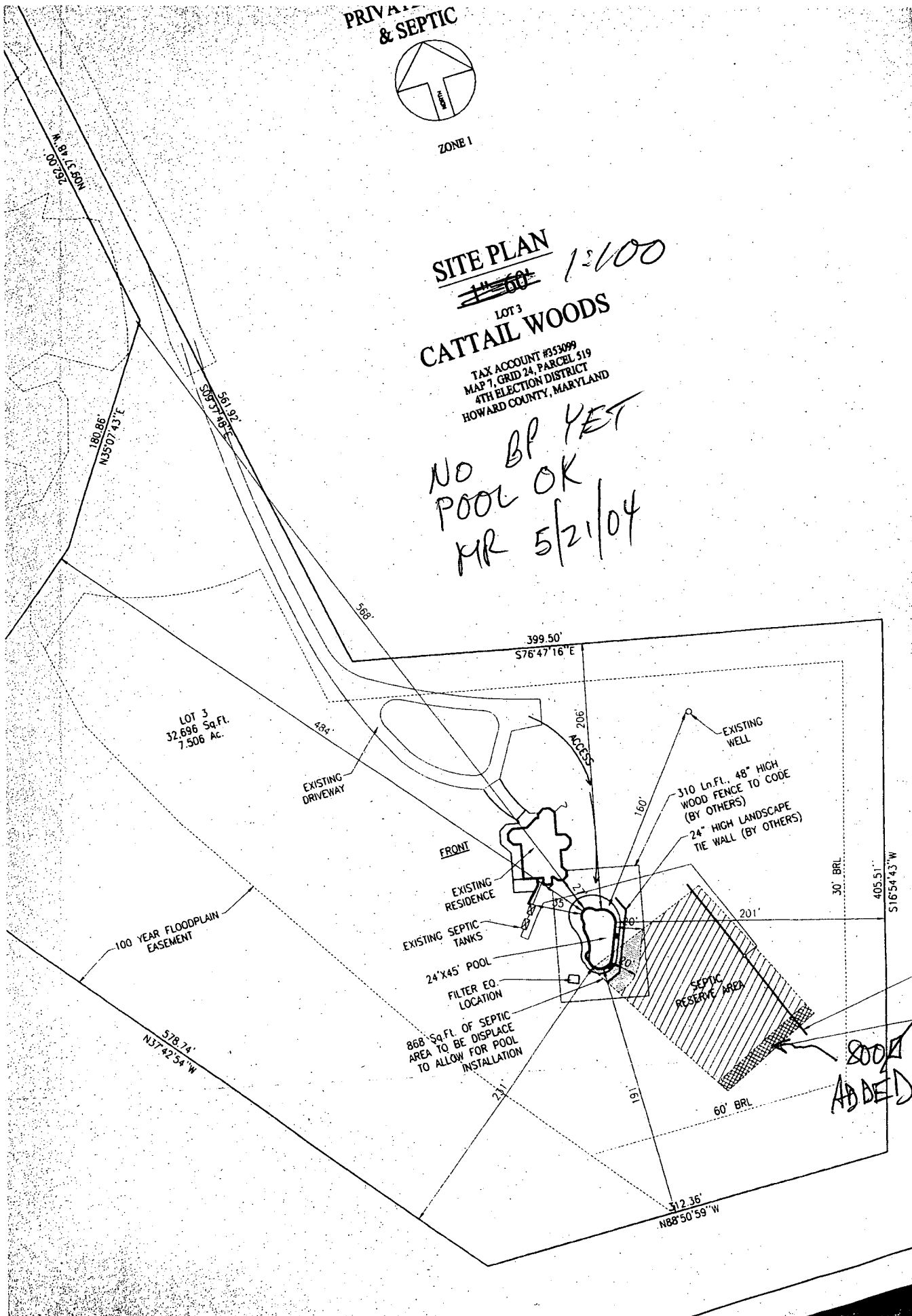
SITE PLAN

1:2100

LOT 3  
CATTAIL WOODS

TAX ACCOUNT #353099  
MAP 7, GRID 24, PARCEL 519  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

NO BP YET  
POOL OK  
MR 5/21/04



LOT 3  
32,698 Sq. Ft.  
7.506 Ac.

100 YEAR FLOODPLAIN  
EASEMENT

EXISTING  
DRIVEWAY

FRONT

EXISTING  
RESIDENCE

EXISTING  
SEPTIC  
TANKS

24'x45' POOL

FILTER EQ.  
LOCATION

868 Sq. Ft. OF SEPTIC  
AREA TO BE DISPLACE  
TO ALLOW FOR POOL  
INSTALLATION

EXISTING  
WELL

310 Ln. Ft. 48" HIGH  
WOOD FENCE TO CODE  
(BY OTHERS)

24" HIGH LANDSCAPE  
TIE WALL (BY OTHERS)

SEPTIC  
RESERVE AREA

SOON  
ADDED

N89°31'30" W  
182.00'

N35°07'43" E  
180.86'

S09°37'48" E  
561.92'

508'

399.50'  
S76°47'16" E

484'

30'  
ACCESS

160'

30' BRL

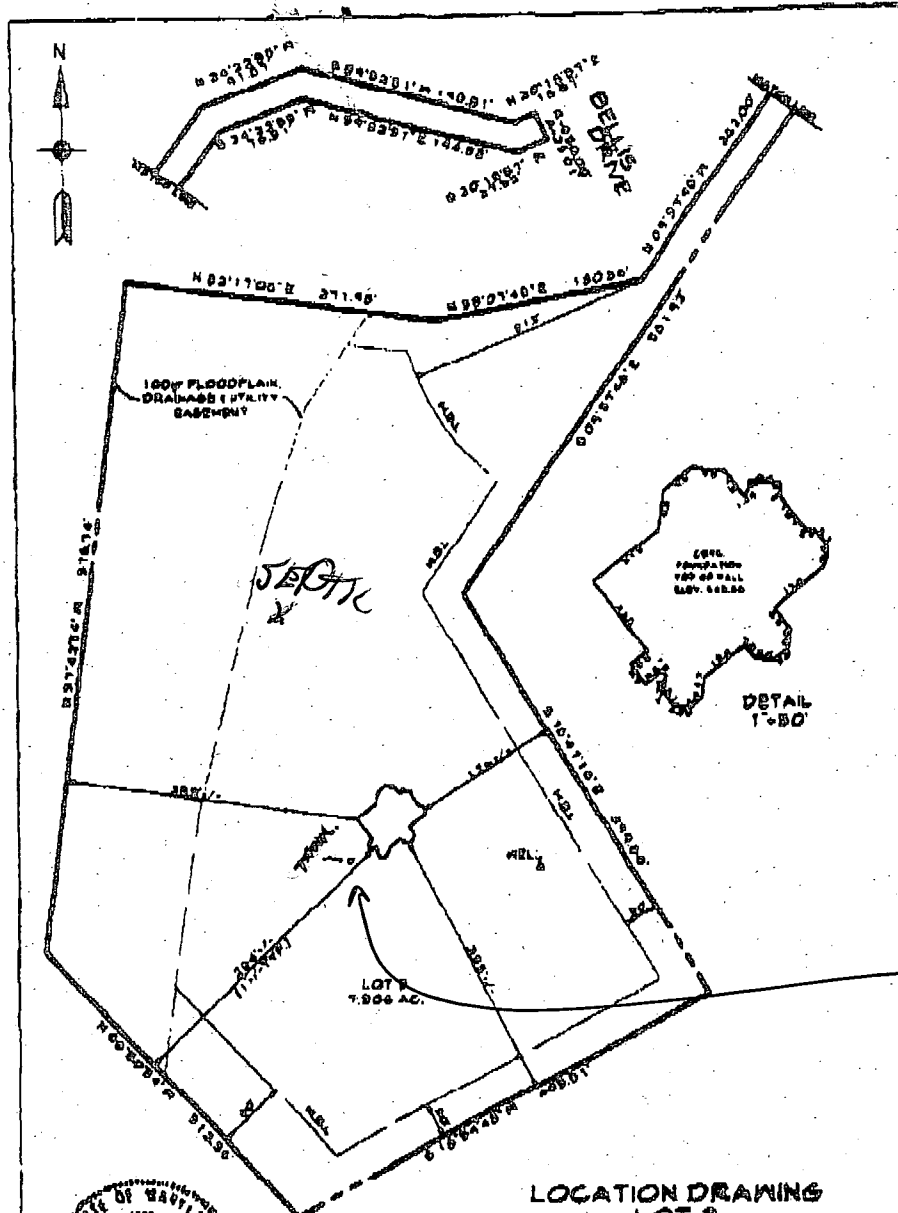
405.51'  
S16°54'43" W

S78°74'  
N37°42'34" W  
578.74'

60' BRL

S12°36'  
N88°50'59" W  
512.36'

D38980



300138756

10/4/02 -  
Propane  
tank location  
OK SRK



LOCATION DRAWING  
 LOT 5  
 SECTION ONE  
**CATTAIL WOODS**  
 4TH ELECTION DISTRICT HOWARD COUNTY, MD.  
 PLATBOOK 10277

I hereby certify that I have surveyed the property shown herein for the sole purpose of locating the improvement. This plan is a plat for the convenience of the owner and is not to be construed as a warranty or a guarantee of any kind. It is not to be relied upon for the determination of boundary, easement or right-of-way lines for any reason, such as the location of improved drainage, buildings or other structures or future improvements.

*[Signature]*  
 Date: 9/10/02  
 Property Location: No. 10277

**CLSI**  
 CLSI Engineering Services, Inc.  
 11111 Rte. 202, Suite 100, Columbia, MD 21046  
 (410) 276-8800 FAX (410) 276-8800

|             |         |
|-------------|---------|
| Map No.     | CBB     |
| Scale       | 1"=100' |
| Sheet No.   | 9-89-83 |
| Project No. | 9902141 |
| Date        | 9/10/02 |