

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Bo7 003798

Building Address 13040 Folly Quarter Rd
Ellicott City 21042
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision Buckskin Lake Overlook City Ellicott City State _____ Zip Code 21042
Section _____ Area _____ Lot 5
Tax Map 22 Parcel 567 Grid 16
Zoning _____ Map Coordinates 10A-11 Lot size _____

Property Owner's Name Charles Wasky + Dorinda Roessler
Address 13040 Folly Quarter Rd
Home Phone 410-531-6974 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 25'x40' w/48" high fence

Contractor Company Maryland Pools
Contact Person Joanne Latham
Address 9515 Gerwig Lane
City Columbia State _____ Zip Code 21046
License No. 6694
Phone 410-993-6600 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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>3'-8"</u> 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 _____ Height: _____ 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: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ 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"/> NFPA #13D _____ NFPA #13R _____ 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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
9-12-07
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

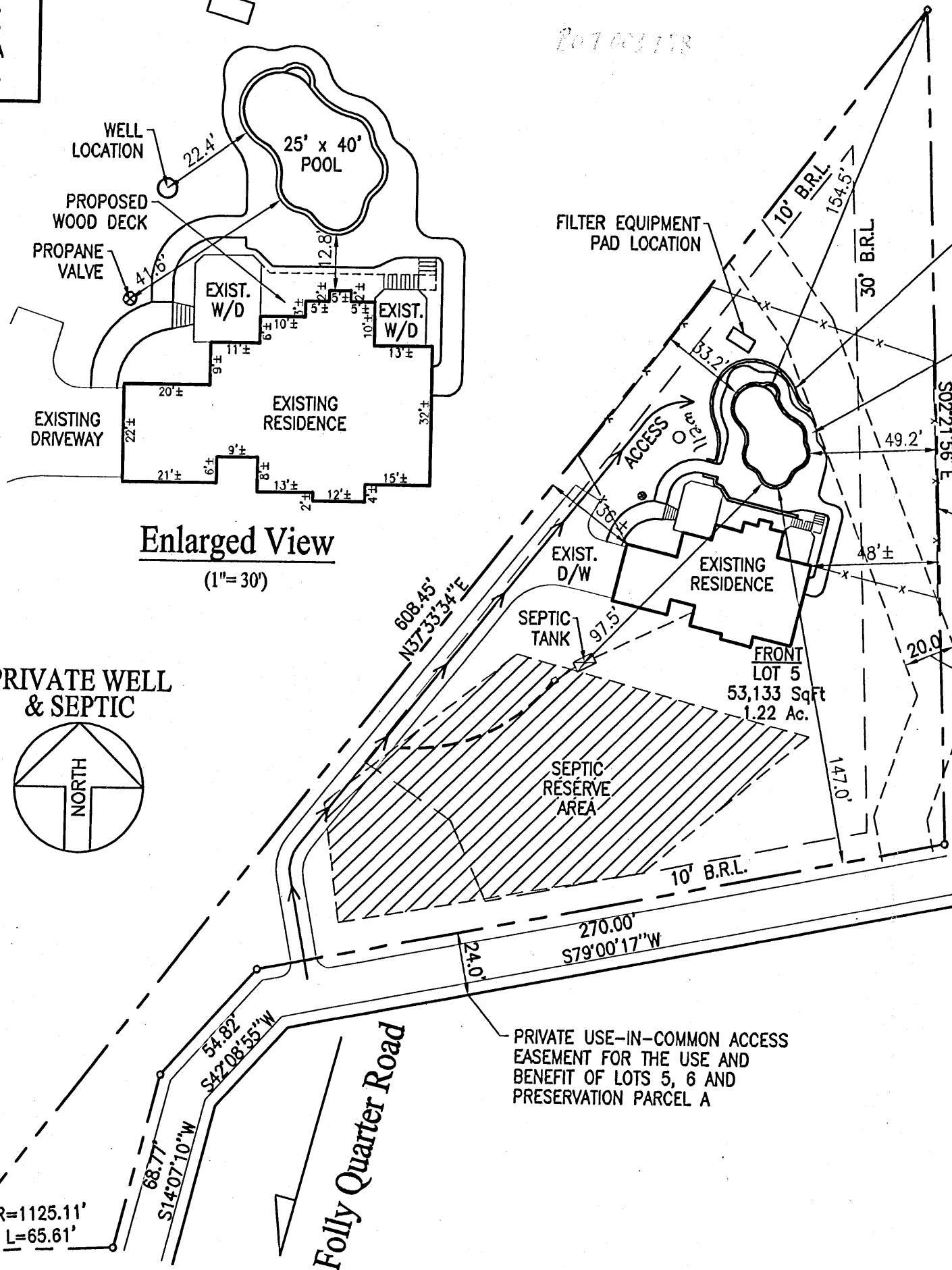
FOR OFFICE USE ONLY

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	<u>9/12/07</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Accepted by _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA		

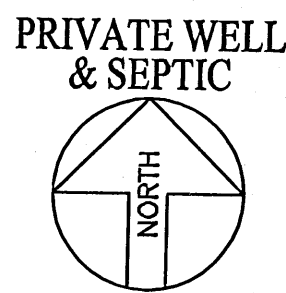
SETBACKS:

REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	10'
WELL	20'

207 003 178



Enlarged View
(1"= 30')



APPROVED
WALK-THRU BUILDING PERMIT
 BP# B07003798 A# 58533A
 APP. SAN SFO DATE: 9/12/07
 DESC. OF WORK: Inground Pool 25' x 40'

127 LnFt OF 36" MAX. HEIGHT WALL (BY OWNER'S WALL CONTRACTOR)

1220 SqFt OF BROOM FINISHED CONC. POOL DECK (BY MPI)

354 LnFt OF 48" HIGH FENCE TO CODE (BY OWNER'S FENCE CONTRACTOR)

PUBLIC SURFACE DRAINAGE EASEMENT

SITE PLAN

1"= 50'
 LOT 5
BUCKSKIN LAKE OVERLOOK
 TAX ACCOUNT # 325563
 MAP 22, GRID 16, PARCEL 567
 ELECTION DISTRICT NO. 03
 HOWARD COUNTY, MARYLAND

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 09-11-07

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: T.B.D.
 - COPING: 12" PA FULL RANGE FLAGSTONE - CUT
 - 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: NONE
 - LIGHTS: TWO (SAM) WATTS: 300 VOLTS: 120
 - LOVESEAT: (1) @ 6' - OUTSIDE W/STEP
 - AQUA BENCH: (2) @ 5' W/(2) UMBRELLA SOCKETS
 - RAIL GOODS: NONE
 - DECKING: 1220 SqFt OF BROOM FINISHED CONC.
 - FENCE: BY OWNER
 - POOL COVER: NONE TYPE: N/A
 - CHEMICALS: \$50 CHEMICAL ALLOWANCE
 - OTHER ITEMS: EQUIPOTENTIAL BONDING GRID, 8' DIVING BOARD & STAND
- ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 25' x 40' - CUSTOM (DIVING)
 POOL AREA: 700 SPA: OTHER: 12
 TOTAL AREA: 712
 PERIMETER: 109 SPA:
 GALLONAGE: 28,875 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 32 WEST TO LEFT ONTO TEN OAKS ROAD - FOLLOW TO CIRCLE - GO 3/4 AROUND CIRCLE TO FOLLY QUARTER ROAD - FOLLOW TO SITE ON LEFT

MAP #	10
GRID	A-11

Charles M. Wasky & Dorinda D. Roessler
 13040 Folly Quarter Road
 Ellicott City, Maryland 21042
 Howard County

HOME PHONE: 410-531-6974
 CELL PHONE 1: 443-829-5907
 CELL PHONE 2: 443-846-7516

LOT: 5	SUBDIVISION NAME: BUCKSKIN LAKE OVERLOOK	DISTRICT: 03	PIN #: 325563
SITE PLAN			ZONE: ONE
SCALE: 1"= 50'	BY: DLC	DATE: 09/10/07	JOB NUMBER: JC07-9394
			SHEET #: 1.0

Building Address: 13040 FOLLY QUARTER RD.
BALTIMORE CITY, MD. 21042

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

Census Tract: 6030 Subdivision: BULLSKIN LAKE OVERLOOK

Section: _____ Area: _____ Lot: 5

Tax Map: 22 Parcel: 73 Grid: 22

Zoning: RR-DEA Map Coordinates: 10B11 Lot size: 53,133 SF

Property Owner's Name: ROSEMARIE COSTA, INC.

Address: 13920 BALTIMORE BLVD.

City: LAWRENCE State: MD Zip Code: 20767

Home Phone: _____ Work Phone: 301-953-3110

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

Phone: 301-953-3110 Fax: 301-953-9592

3001
7373

Existing Use: VACANT LOT

Proposed Use: SINGLE FAMILY RESIDENCE

Estimated Construction Cost: \$ 209,000

Description of Work: CONSTRUCT 2 STORY SINGLE FAMILY HOME, WITH BASEMENT, 4 BATH, 1 1/2 BATH, 1 1/2 FOXEN, FIREPLACE, OPTIONAL FIN. BASEMENT

Occupant or Tenant: SAME

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contractor Company: _____

Contact Person: PAUC MAXFIELD

Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Engineer or Architect Company: SMIDER - CUBUE ASSOC

Contact Person: MR. CUBUE

Address: 3959 PENDER DR SUITE 300

City: FAIRFAX State: VA Zip Code: 22030

Phone: 703-218-8401 Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/>

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> 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 type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms: <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	

State Certified Modular Other Suppression # of Heads _____

State Certified Modular Manufactured Home

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Applicant's Signature: [Signature]

Title/Company: ROSEMARIE COSTA, INC.

Print Name: PAUC MAXFIELD

Date: 7-16-99

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>5/3/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

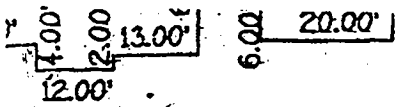
Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____ Accepted by _____

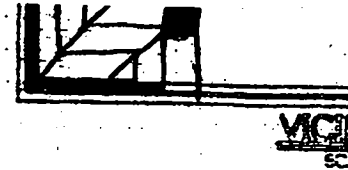
PROPERTY ID: 10687

Filing fee	\$ <u>2,500</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

Distribution of Copies: White: Building Official, Green: LDD/DPZ, Yellow: DED/DPZ, Pink: Health, Gold: SHA



PLAN
SCALE: 1"=30'



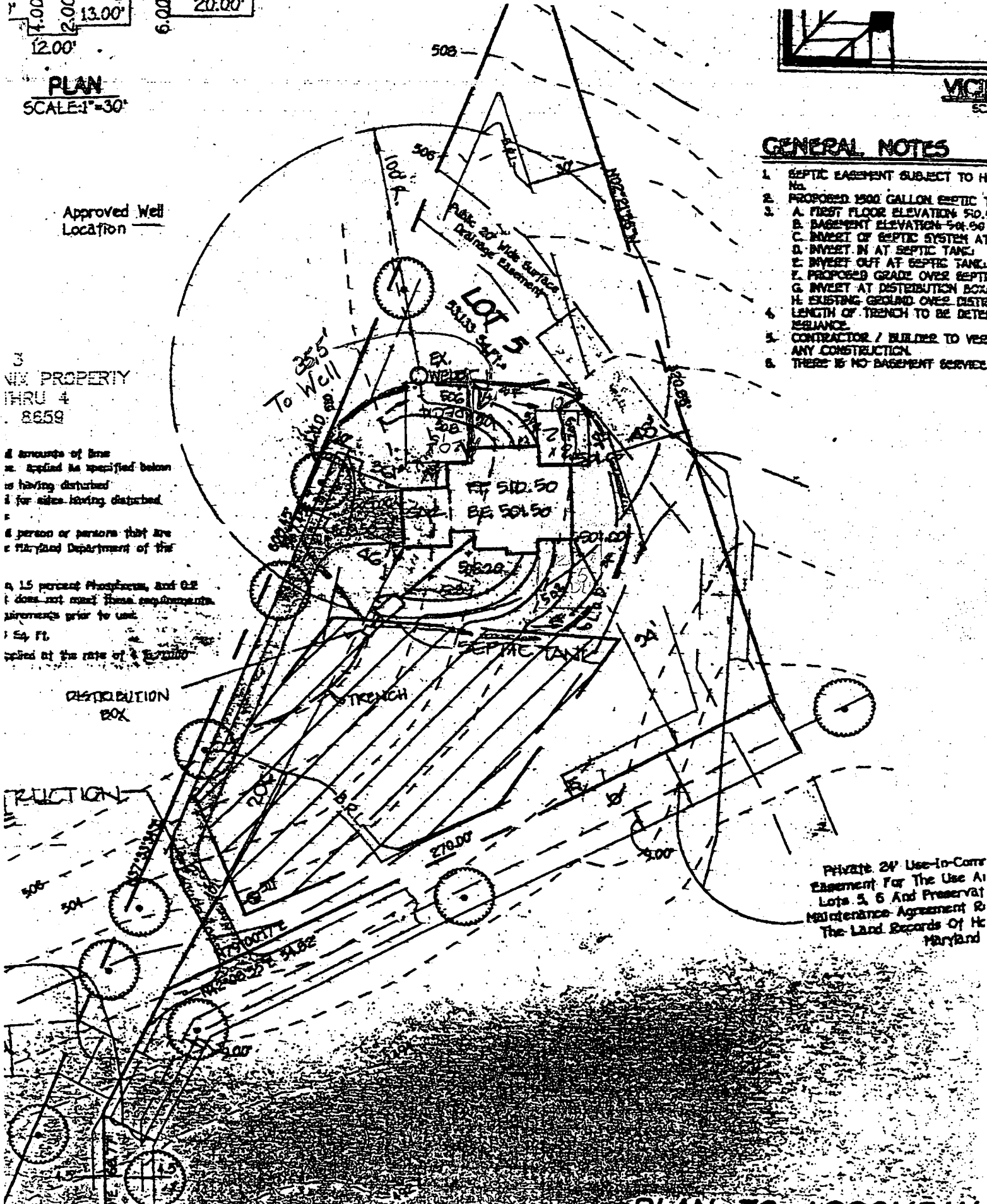
Approved Well Location

PROPERTY
THRU 4
8659

All amounts of time
as specified below
as having disturbed
for sites having disturbed
person or persons that are
Maryland Department of the
15 percent Provisions, and that
does not meet these requirements
prior to use
1 1/4 ft.
at the rate of 1/2 inch

DISTRIBUTION BOX

CONSTRUCTION



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO H No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION 50.4
B. BASEMENT ELEVATION 50.00
C. INVERT OF SEPTIC SYSTEM AT
D. INVERT IN AT SEPTIC TANK
E. INVERT OUT AT SEPTIC TANK
F. PROPOSED GRADE OVER SEPTIC
G. INVERT AT DISTRIBUTION BOX
H. EXISTING GROUND OVER DISTR
LENGTH OF TRENCH TO BE DETERMINE
CONTRACTOR / BUILDER TO VERIFY
ANY CONSTRUCTION
THERE IS NO BASEMENT SERVICE

Private 24' Use-In-Comm
Easement For The Use At
Lots 3, 6 And Preserval
Maintenance Agreement &
The Land Records Of Hc
Maryland

PLAN TO ACCOMPAN