

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00155558

Building Address 12305 Fox Meadow LA  
West Friendship 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Fox Creek  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Dr Abraham + Sheela  
Address 12305 Fox Meadow LA Matthew  
City West Friendship State MD Zip Code 21794  
Home Phone 410-489-6516 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 14' x 38'  
in rear yard w/48" High Fence to  
code. Pool Filled by Truck

Contractor Company Maryland Pools  
Contact Person Joanne Latham  
Address 9515 Gerwig LA  
City Columbia State MD Zip Code 21046  
License No. 6694  
Phone 410-995-6600 Fax \_\_\_\_\_

Occupant or Tenant owner  
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>3-8'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input 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: _____	
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 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.

Joanne Latham  
Applicant's Signature  
Title/Company agent

Joanne Latham  
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		
Health	<u>8/18/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

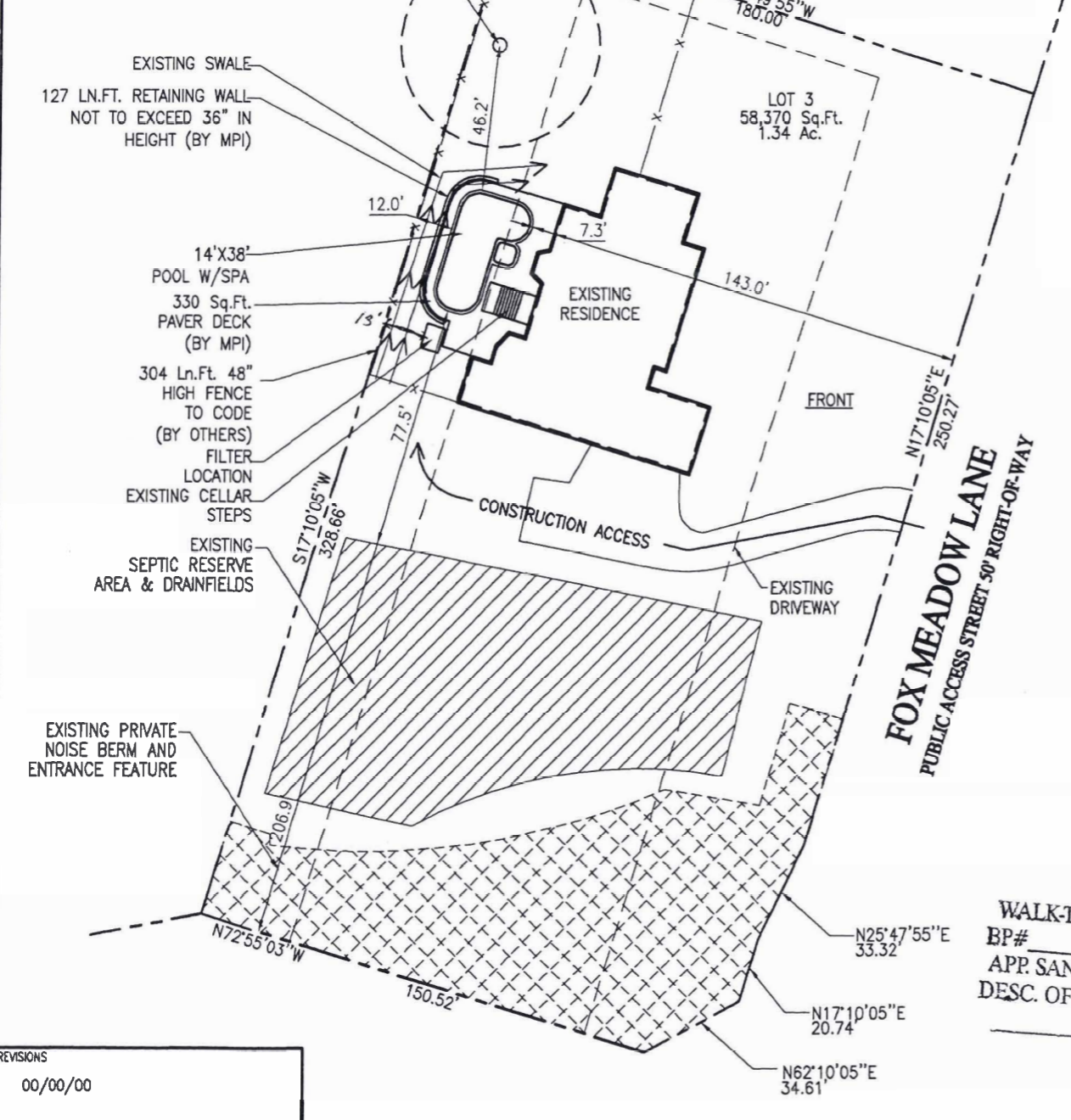
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

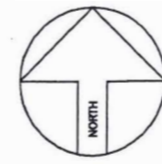
Distribution of Copies: White: Building Official Green: LDD, DPZ

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_  
Yellow: DED, DPZ Pink: Health Gold: SHA

**SETBACKS:**  
 REAR PL. 10'  
 SIDE PL. 10'  
 HOUSE 0'  
 SEPTIC 20'  
 WELL 30'



**PRIVATE WELL & SEPTIC**



ZONE 1

**SITE PLAN**

1"=40'

**LOT 3  
FOX CREEK**

ACCOUNT # 339289  
 MAP 15, GRID 12, PARCEL 183  
 ELECTION DISTRICT NO. 03  
 HOWARD COUNTY, MARYLAND

**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# 511517-T  
 APP. SAN KTB DATE: 8/18/05  
 DESC. OF WORK: 14x38 Pool

**PERMIT NUMBERS**  
 POOL:  
 ELECT:  
 OTHER:

PERMIT SET  
 DATE: 08-17-05

REVISIONS  
 00/00/00

**Maryland POOLS Inc.**

9515 GERWIG LANE SUITE 119 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: 40 SQ.FT. W/6 JTS, BLWR, 100W LGHT  
 RAISED BEAM: 29 SQ.FT. W/TILE FACE  
 TILE: TBD  
 COPING: PA FULL RANGE FLAGSTONE - CUT  
 PLASTER: WHITE MARBELITE  
 FILTER SYS: C&C 420 SF CART. W/3 HP PUMP  
 CLEANING SYS: PCC 2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: INTELLITOUCH i7+3  
 HEATER: NATURAL GAS @ 400K BTU  
 LIGHTS: ONE WATTS: 500 VOLTS: 120  
 LOVESEAT: (1) @ 6' - OUTSIDE  
 AQUA BENCH: (2) @ 6'  
 RAIL GOODS: NONE  
 DECKING: 500 SQ.FT. DECK PAVERS  
 FENCE: BY OWNER  
 POOL COVER: NONE TYPE: N/A  
 CHEMICALS: \$50 CHEMICAL ALLOWANCE  
 OTHER ITEMS: INITIAL WATER FILL UP TO 5 LOADS,  
 (1) 24" SHEER DESCENT WATER FALL,  
 1ST WINTERIZATION  
 ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 14' X 38' - CUSTOM  
 POOL AREA: 600 SPA: 40 OTHER:  
 TOTAL AREA: 640  
 PERIMETER: 112' SPA: 25'  
 GALLONAGE: 26,750 DEPTH: 3'-6" TO 8'-0"

**DIRECTIONS TO SITE**

RT.32 WEST. R/T ONTO OLD FREDERICK RD (RT.144). L/T ONTO FOX MEADOW LANE. MAP # 10 GRID E-3  
 \*\*\*\*1ST HOUSE ON LEFT\*\*\*\*

Dr. Abraham & Sheeba Mathew  
 12305 Fox Meadow Lane  
 West Friendship, Maryland 21794  
 Howard County

MRS. HOME PHONE: 410-489-6516  
 OFFICE PHONE: 410-442-2122  
 MRS. CELL PHONE: 410-419-0693  
 MR. CELL PHONE: 443-629-3557

**SITE PLAN**

LOT: 3	SUBDIVISION NAME: FOX CREEK	DISTRICT: 03	PIN #: 339289
SCALE: 1"=40'	BY: CNL	DATE: 07/26/05	JOB NUMBER: JS05-8492
			SHEET #: S-1