

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000157685

Building Address 13149 BENSON ESTATES
E.C., MD 21042

Property Owner's Name NORMAN + LYNETTE WINDO

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Address 13149 BENSON ESTATES CT

Census Tract _____ Subdivision BENSON BRANCH EST

City ELLCOTT CITY State MD Zip Code 21042

Section _____ Area 1 Lot 6

Home Phone 410-531-0990 Work Phone 301-370-1892

Tax Map 22 Parcel 558 Grid 10

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

JOHN KRAWCZYK
Phone 410-995-6000 Fax 301-621-3331

Zoning _____ Map Coordinates _____ Lot size 43,257 SF.

Existing Use SFD

Contractor Company MARYLAND POOLS INC

Proposed Use SFD w/POOL

Contact Person JOHN KRAWCZYK

Estimated Construction Cost \$25,000

Description of Work INSTALL 19'-9" x 34'-6"; 512 SQ. FT. IN-GROUND POOL IN REAR YARD. POOL TO BE FILTERED BY A CARTRIDGE FILTER SYSTEM. POOL TO BE ENCLOSED BY A 48" HIGH FENCE TO CODE. POOL TO BE FILLED BY TRUCK.

Address 9515 GERWIG LA SUITE 121

City COLUMBIA State MD Zip Code 21046

License No. 6694
Phone 410-995-6000 Fax 301-621-3331

Occupant or Tenant OWNER

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

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"/> 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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 checked="" 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>19'x9" x 34'-6"</u>	
Dimensions: <u>307' deep</u>	
Footings: _____	
Roof Height: <u>512 φ</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

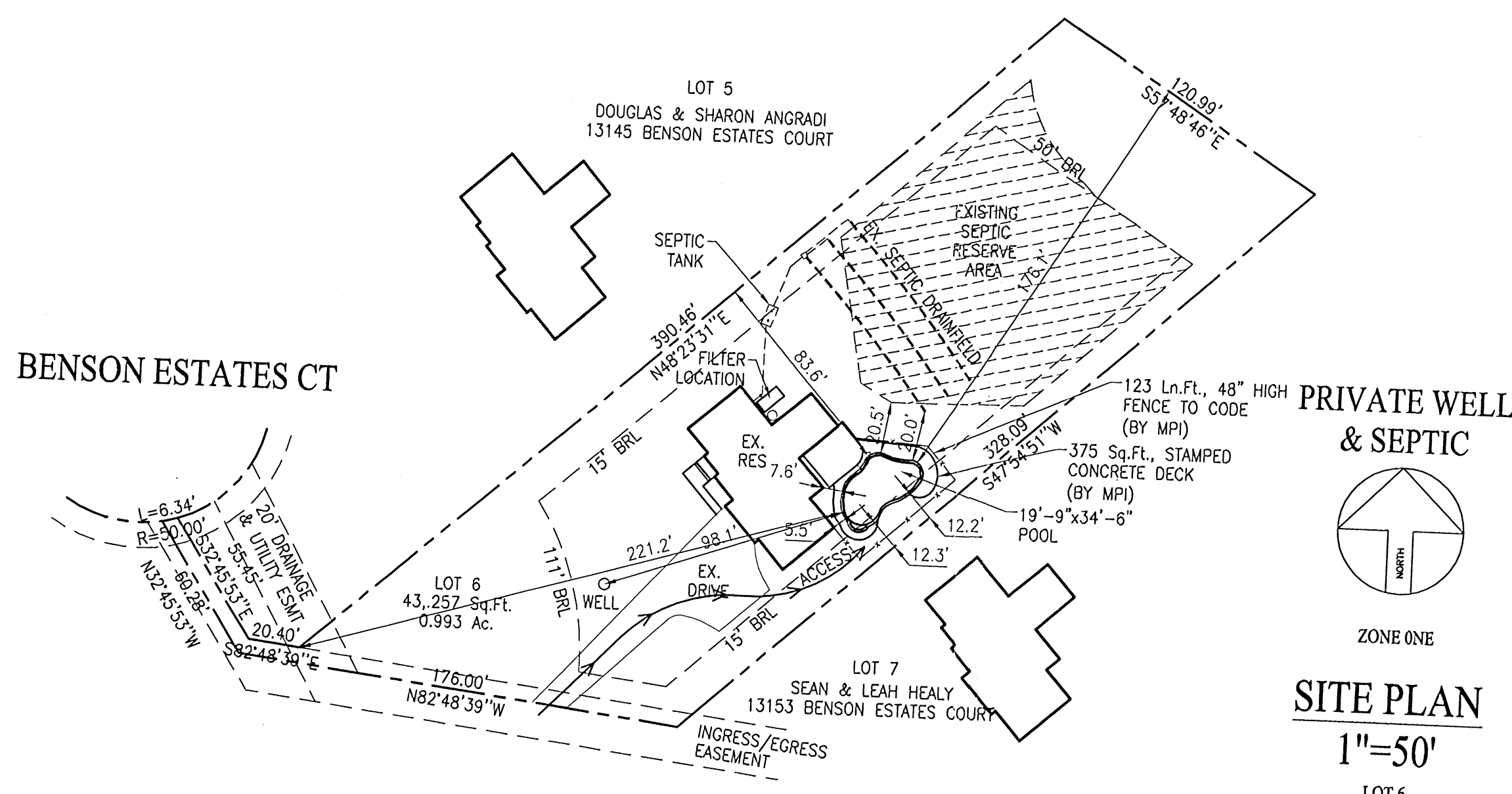
[Signature]
Applicant's Signature
JOHN KRAWCZYK
Title/Company

John Krawczyk
Print Name
1/11/05
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>1/11/06</u>	<u>[Signature]</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	Lot Coverage for NewTown Zone: _____	Accepted by _____
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

SETBACKS:	
REAR PL.	10'
SIDE PL.	15'
HOUSE	N/A
SEPTIC	20'
WELL	20'



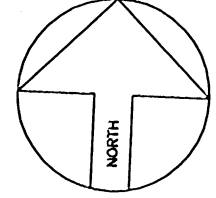
BENSON ESTATES CT

LOT 5
DOUGLAS & SHARON ANGRADI
13145 BENSON ESTATES COURT

LOT 6
43,257 Sq.Ft.
0.993 Ac.

LOT 7
SEAN & LEAH HEALY
13153 BENSON ESTATES COURT

PRIVATE WELL
& SEPTIC



ZONE ONE

SITE PLAN

1"=50'

LOT 6
BENSON BRANCH

ACCOUNT #319636
MAP 22, GRID 10, PARCEL 558
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

APPROVED
WALK-THRU BUILDING PERMIT
BP# B00157685 A# 50387
APP. SAN KACU Nere DATE: 1/11/06
DESC. OF WORK: pool

REVISIONS:
00/00/00

PERMIT NUMBERS
POOL:
ELECT:
OTHER:

PERMIT SET
DATE: 01-09-06

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 - DEEP END RAMP
SPA: NONE
RAISED BEAM: NONE
TILE: NEP-1 (1ST); ST8-808 (2ND)
COPING: PA FULL RANGE FLAGSTONE (CUT)
PLASTER: DARK GRAY 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-110 (HEAT PUMP)
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: (1) @ 6'-OUTSIDE; (1) @ 4'-INSIDE
AQUA BENCH: (1) @ 4' W/UMBRELLA HOLDER SOCKET
RAIL GOODS: NONE
DECKING: 375 Sq.Ft., STAMPED CONCRETE
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: INITIAL WATER FILL
WATERFALL PREP W/PUMP
ADDITIONAL PLUMBING FOR LOCATION OF FILTER T.B.D.
ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 19'-9" x 34'-6"-CUSTOM (NON-DIVING)
POOL AREA: 500 SPA: OTHER: 12
TOTAL AREA: 512
PERIMETER: 93 SPA:
GALLONAGE: 19,375 DEPTH: 3'-6" TO 7'-0"

DIRECTIONS TO SITE

RT-32 WEST TO RT-29 NORTH TO-RT-108 WEST
R/T ON HOMWOOD RD-THRU CIRCLE @ FOLLEY QUARTER RD
STAY STRAIGHT THRU CIRCLE TO R/T ON TRIADELPHIA RD
(BRIDGE OVER RT-32 IS TOO FAR)
R/T ON BENSON ESTATES CT
GO TO END AND ONTO ACCESS LANE TO #13149
ON LEFT-USE GRASS ADJACENT TO DRIVEWAY
STAY OFF DRIVEWAY

MAP #
10
GRID
A9

Norman & Lynette Winde
13149 Benson Estates Court
Ellicott City, Maryland 21042
Howard County

HOME PHONE: 410-531-0990
CELLULAR PHONE: 301-370-1892 (Mr.)
FAX PHONE: 240-864-0014

SITE PLAN

LOT:	SUBDIVISION NAME:	DISTRICT:	ZONE:
6	BENSON BRANCH	3	ONE
SCALE:	BY:	DATE:	PIN #
1"=50'	J.L.R.	01/09/06	319636
		JOB NUMBER:	SHEET #:
		JK05-8607	S-1

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3/6/98
200

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59280

A 50387

DISTRICT 3rd

DATE 12-24-97
~~11-10-97~~

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

319636
INDEXED

DATE SYSTEM APPROVED 3/6/98

INSPECTOR DKS

Arnold Backhoe and Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 15 Woodbine, Maryland 21797 PHONE (301) 774-3869

SUBDIVISION Benson Branch Estates LOT 6 ROAD 13149 Benson Estates Court

PROPERTY OWNER NORMAN WINDE Trinity Custom Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 176.00' and 328.09' lot lines, place distribution box 160 feet up the 328.09' lot line and 110 feet off that same lot line. Run trenches on contour toward the 328.09' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/31/97 DKS

PLANS APPROVED BY Amy McMillen REVISED _____ DATE 11/18/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

~~NO DRY WELL~~
~~NO ABSORPTION~~ 800123064

Sun Room, Siding + crawl space
3/23/2000

12/1/2002 GARAGE 800139671

**BUILDING PERMIT SIGNED
AND RETURNED**

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

1/11/00 B00157685 - pool

A 50387