

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 15808 Old Frederick Rd
Woodbine 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Stout
 Section _____ Area _____ Lot 2
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 3 G-8 Lot size _____

Property Owner's Name Michael + Bonni Bost
 Address 15808 Old Frederick Rd
 City Woodbine State Md Zip Code 21797
 Home Phone 410-489-4930 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 24'x42' in
rear yard w/ 48' high Fence to
code. Pool Filled by Truck

Contractor Company Maryland Pools
 Contact Person Joann Lathan
 Address 9515 Gerwig LA
 City Columbia State _____ Zip Code 21046
 License No. 6694
 Phone 410-995-6600 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>3-8'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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: _____	
<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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

J. Lathan
 Applicant's Signature
agent
 Title/Company

J. Lathan
 Print Name
9-13-06
 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>9/13/06</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"/>		
Lot Coverage for NewTown Zone _____		

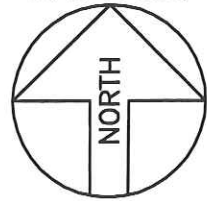
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\forms\PERMIT.FRM

SETBACKS:

REAR PL. 50'
 SIDE PL. 30'
 HOUSE N/A
 SEPTIC 20'
 WELL 30'

PRIVATE WELL
& SEPTIC

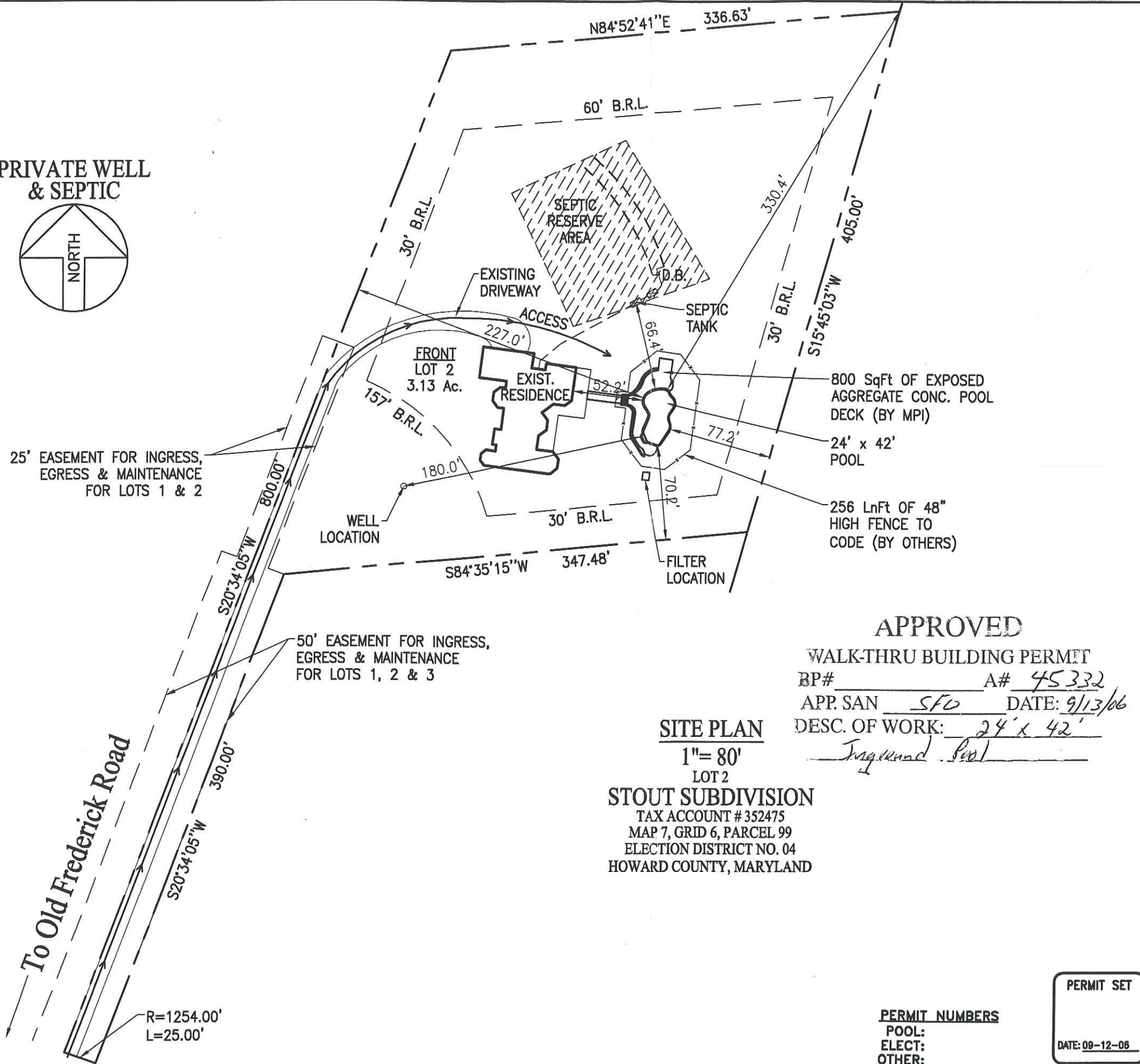


25' EASEMENT FOR INGRESS,
EGRESS & MAINTENANCE
FOR LOTS 1 & 2

50' EASEMENT FOR INGRESS,
EGRESS & MAINTENANCE
FOR LOTS 1, 2 & 3

To Old Frederick Road

R=1254.00'
L=25.00'



SITE PLAN

1" = 80'

LOT 2

STOUT SUBDIVISION

TAX ACCOUNT # 352475
 MAP 7, GRID 6, PARCEL 99
 ELECTION DISTRICT NO. 04
 HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 45332

APP. SAN SFO DATE: 9/13/06

DESC. OF WORK: 24' x 42'

Inground Pool

PERMIT NUMBERS

POOL:
ELECT:
OTHER:

PERMIT SET
DATE: 09-12-06

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: LEAVE ON SITE
 SPA: NONE
 RAISED BEAM: NONE
 TILE: SURF-240
 COPING: PA FULL RANGE FLAGSTONE - BROKEN
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
 CLEANING SYS: NONE
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: NONE
 LIGHTS: TWO WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' - OUTSIDE W/STEP
 AQUA BENCH: (1) @ 19'
 RAIL GOODS: NONE
 DECKING: 800 SqFt OF EXPOSED AGGREGATE CONC.
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID, 8' DIVING BOARD & STAND, 56 LnFt OF TRIM TILE AS DRAWN (USE CENTER WAVES AS ACCENT TILES) (2) UMBRELLA SOCKETS IN AQUABENCH
 ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 24' x 42' - CUSTOM (DIVING)
 POOL AREA: 700 SPA: OTHER: 12
 TOTAL AREA: 712
 PERIMETER: 116 SPA:
 GALLONAGE: 29,750 DEPTH: 3'-6" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 32 WEST TO 70 WEST TO EXIT 73 (94 NORTH) GO RIGHT ONTO 94 NORTH - FOLLOW TO CIRCLE GO RIGHT ONTO OLD FREDERICK ROAD - FOLLOW TO DRIVEWAY ON LEFT AT 15808 - MAILBOXES ON RIGHT SIDE OF ROAD

MAP #
3
GRID
G-8

Bonni C. & Michael Bost
 15808 Old Frederick Road
 Woodbine, Maryland 21797
 Howard County

HOME PHONE: 410-489-4930
 CELL PHONE 1: 410-713-0741 (Mrs.)
 CELL PHONE 2:
 OFFICE PHONE:

LOT: 2	SUBDIVISION NAME: STOUT SUBDIVISION	DISTRICT: 04	PIN # 352475
SITE PLAN			ZONE: ONE
SCALE: 1" = 80'	BY: DLC	DATE: 09/12/06	JOB NUMBER: JC06-9013
			SHEET #: 1.0

Building Address 15808 OLD FREDERICK RD
WOODBINE, MD 21797

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

Census Tract C040 Subdivision STOUT

Section _____ Area _____ Lot 2

Tax Map 7 Parcel 99 Grid W

Zoning R01D Map Coordinates 358 Lot size _____

Property Owner's Name MICHAEL BOST
 Address 14621 RED LION DR.
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-442-2335 Work Phone 410-865-9055
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SINGLE FAMILY HOME
 Estimated Construction Cost \$ 270,000

Description of Work CONSTRUCTION OF NEW
SINGLE FAMILY HOME - UNFINISHED BASEMENT
4 BRAM 4 1/2 BATH, 2 CAR GARAGE

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>80'</u> <u>65'</u> 2nd floor: <u>80'</u> <u>65'</u> Basement: <u>80'</u> <u>65'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: _____	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home	

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Michael Bost
 Applicant's Signature

MICHAEL BOST
 Print Name

2/16/01 2-12-01
 Date

Title/Company _____

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: _____ Rear: _____ Side: _____ Side St.: _____	<u>49117</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/16/01</u>	<u>Mark Riffin</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>12</u>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>3598</u>
				Validation # <u>34476</u>

SEPTIC SYSTEM DATA

INV. AT HOUSE 612.0

SEPTIC TANK #1

EX. GRADE 615.0
 FIN. GRADE 615.5
 INV. IN 611.6
 INV. OUT 611.3

SEPTIC TANK #2 (FUTURE PUMP PIT)

614.5
 614.5
 611.2
 610.9

DISTRIBUTION BOX

EX. GRADE 613.8
 FIN. GRADE 613.9
 INV. IN 610.8
 INV. OUT 610.6

TRENCHES

	#1
EX. GRADE	614.0
FIN. GRADE	614.0
INV. IN	610.5
BOTTOM LENGTH	609.5
	105'

	#2
EX. GRADE	612.3
FIN. GRADE	612.3
INV. IN	608.8
BOTTOM LENGTH	606.8
	105'

336.63'

LOT 2
 3.13169 AC. ±

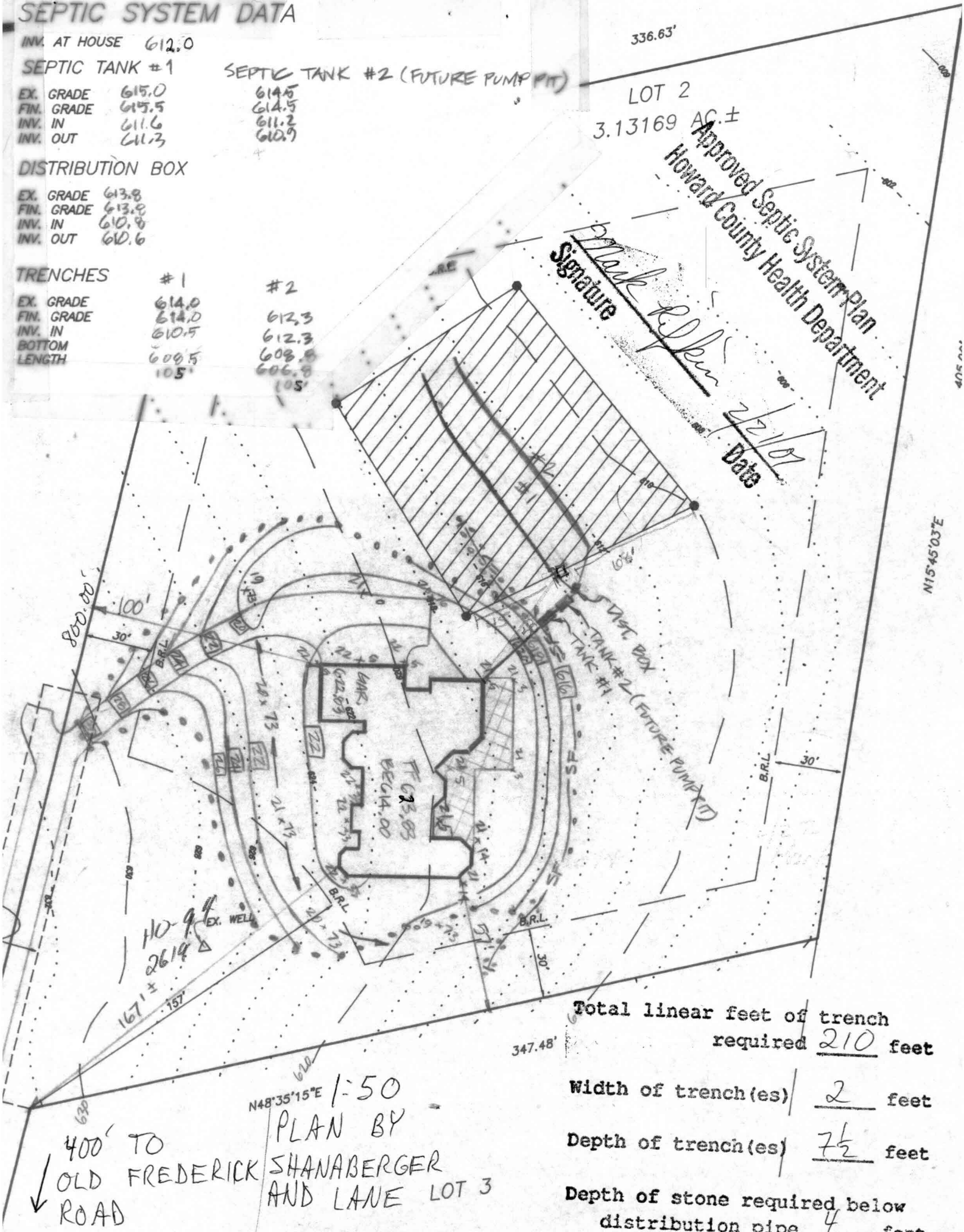
Approved Septic System Plan
 Howard County Health Department

Signature

Mark K. Klein

Date

2/21/07



Total linear feet of trench required 210 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 1/2 feet

Depth of stone required below distribution pipe 4 feet

N48°35'15"E 1:50
 PLAN BY
 SHANABERGER
 AND LANE LOT 3

400' TO
 OLD FREDERICK
 ROAD

N15°45'03"E

347.48'

800.00'

10-94
 2614
 EX. WELL