

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300159243

Building Address 3104 Fox Valley Dr.
West Friendship Md

Property Owner's Name Trent Kittleman

Address 3104 Fox Valley Drive

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

Census Tract 603007 Subdivision Glendy

City West Friendship State MD Zip Code 21794

Section _____ Area _____ Lot _____

Home Phone 410-531-3694 Work Phone 410-537-1001

Tax Map 15 Parcel 117 Grid 21

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

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company MARYLAND POOLS INC

Proposed Use SFD + Pool

Contact Person Joanne Latham

Estimated Construction Cost \$ 25,000

Address 9515 Gerwig Lane

Description of Work Inground Pool x
in rear yard w/ 48" high fence
to code. Pool Filled by Truck

City Columbia State MD Zip Code 21046
 License No. 6699
 Phone 410-995-6600 Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Add to
 Scan file

large plot
 needs to be
 scanned.

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	Building Characteristics		Utilities
Height: _____	No. of stories: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Townhouse Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Use group: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Unfinished Basement <input type="checkbox"/> Below Grade	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	_____ State Certified Modular	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Height: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	_____ NFPA #13D _____ NFPA #13R _____ Other:
		Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>	
		Sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	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 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.

Applicant's Signature J. Latham
 Title/Company agent

Print Name J. Latham
 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>4/27/06</u>	<u>[Signature]</u>
Fire Protection		

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 _____		
SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

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-SWDM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: LEAVE SOME; HAUL SOME
 SPA: NONE
 RAISED BEAM: 24" HIGH FACED W/STONE (50 Sq.Ft.)
 TILE: M-350
 COPING: 'SUIT SAVER' (WHITE)
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2HP 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) 4' - OUTSIDE
 AQUA BENCH: (2) 5'
 RAIL GOODS: NONE
 DECKING: 700 Sq.Ft., EXPOSED AGGREGATE
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: INITIAL WATER FILL (6 LOADS)
 4 HRS. SITE CUT
 (3) 12" SHEER DESCENT UNITS
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 23' x 41' - CORAL REEF (DIVING)
 POOL AREA: 700 SPA: OTHER: 8
 TOTAL AREA: 708
 PERIMETER: 113 SPA:
 GALLONAGE: 28,875 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 RTE.32/W, L/T ONTO RIVER VALLEY CHASE, L/T ONTO FOX VALLEY DRIVE, GO APPROX. 1 BLOCK TO LONG DRIVEWAY ON RIGHT.

MAP #
9
 GRID
K-6

****(SEE ADDRESS & NAME ON MAILBOX)****
Trent Kittleman
3104 Fox Valley Drive
West Friendship, Maryland 21794
Howard County

HOME PHONE: 410-531-3694
 CELL PHONE 1: 301-661-3344
 CELL PHONE 2:
 OFFICE PHONE: 410-537-1001

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
	WEST FRIENDSHIP	03	285472

SITE PLAN-B

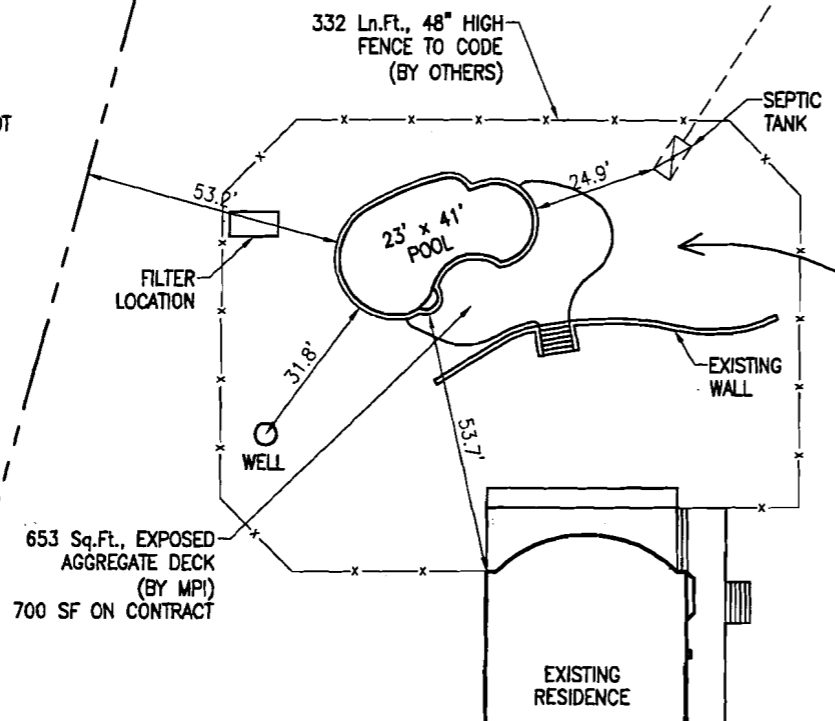
SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #:
1"=30'	J.L.R.	04/26/06	GS06-8816	1.1

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

KITTLEMAN PROPERTY
 4,977,166 Sq.Ft.
 114.26 Ac.

TYPICAL SEPTIC DRAIN FIELD

SUBDMDED LOTS NOT PART OF OWNER'S PROPERTY



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 56382-E
 APP. SAN SF DATE: 4/27/06
 DESC. OF WORK:
23' x 41' in ground pool

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 04-27-06

REGION _____

AREA _____

RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE
Call Mr. Kullman	
988 9810	

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE
L 7858	

RECORD OF INVESTIGATION

LOCATION _____ ZIP _____

OWNER OCCUPANT Robert Kullman ADDRESS 3805 W. Ivory Rd PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION MET AT BUILDING SITE WITH

Architect Bruno Reich to discuss addition to house

RECEIVED BY Called He was to sign DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 4/12/93 TIME 1:50 PM WEATHER FAIR

REPORT 4/12/93 After meeting with B. Reich

I disapproved the construction of the screen porch over the existing well which is only 2 ft. from the existing house. I looked at the septic system & it was not too close to the addition & did not appear to be overflowing. Before the addition could be approved, more information is needed about the capacity of ^{4/20/93} existing system. No records found as yet. B. Reich will discuss situation with owner & get back to me R/H

4/21/93 Met Kullman at Side Street Area
Street on Well Stake ready to
process Well Drilling Permit R/H

DATE SUBMITTED _____ SANITARIAN _____

PLACED US 5/20/93 2PM

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
30 COURT HOUSE DRIVE, ELLICOTT CITY, MD AND 21043

SERIAL NUMBER

47858

ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

W. IVORY RD.
ST FRIENDSHIP, MD 21794

ING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

ADDITION TO EX-DWELLING
2 STY., L.R. 3, M BLDG, IN BATH, POT

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS
ROBERT H. KITTLEMAN
3115 W. FRIENDSHIP RD.
COLUMBIA, MD. 21794

PHONE NO.
(410) 531-3694

OCCUPANT'S NAME AND ADDRESS
ROBERT H. KITTLEMAN

PHONE NO.
(410) 531-3694

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
BRUNO PEICH
19106 HYLA BROOK RD.
COLUMBIA, MD. 21044

PHONE NO.
(301) 596-4757

CONTRACTOR'S NAME AND ADDRESS
OWNER

PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			
FOOTINGS	FOUNDATION	S. WALLS	

EXISTING USE
DWELLING

PROPOSED USE
DWELLING

EST. CONSTRUCTION COST
\$93,000.

LICENSE NUMBER

PERMIT FEE

UTILITIES
WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC
OIL

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

ARCHITECT
TITLE

SIGNATURE
3/30/93
DATE

FOR OFFICE USE ONLY

FEET FROM R/W LINE TO FRONT BUILDING LINE _____

IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE _____

YD. REQUIRING SET
(CORNER LOT ONLY)

FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	5/20/93	Cyril Wells
FIRE PROTECTION		
STORM WATER MGM.		

CAUTION
A permit placard has been issued in accordance with the provisions of the law.
This permit must be applied for two weeks before the start of work.

AND AREA CODES WHEREVER REQUIRED.

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.