

B11002058

Building Address: 17290 Old Frederick Road
Mount Airy, MD 21771

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

Census Tract: _____ Subdivision: Sellers

Section: _____ Area: _____ Lot: 3

Tax Map: 0002 Parcel: 0012 Grid: 0020

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residence

Proposed Use: Pool Construction

Estimated Construction Cost: \$ 55,000.00

Description of Work: Construct Vinyl Liner
pool I/G 20' x 40'

Occupant or Tenant: Poston Tracy / Robin Wright

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Tracy Poston / Robin Wright

Address: 17290 Old Frederick Road

City: Mount Airy State: MD Zip Code: 21771

Home Phone: 443-812-1488 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Cozy Pools Spas + Heathville
1001 Twin Arch Road, Mt Airy, MD 21771

Phone: 301-829-4008 Fax: 301-829-1755

Email: Cozy pools@gmail.com

Contractor Company: Cozy Pools Spas + Heathville

Contact Person: Leslie Herbert

Address: 1001 Twin Arch Road

City: Mt Airy State: MD Zip Code: 21771

License No.: 129282

Phone: 301-829-4008 Fax: 301-829-1755

Email: Cozy pools@gmail.com

Engineer/Architect Company: Cozy Pools Spas + Heathville

Responsible Design Prof.: Kerth Herbert

Address: 1001 Twin Arch Road

City: Mt Airy State: MD Zip Code: 21771

Phone: 301-829-4008 Fax: 301-829-1755

Email: Cozypools@gmail.com

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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 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.

Leslie Herbert
 Applicant's Signature
Cozy Pools@gmail.com
 Email Address
President
 Title/Company

Leslie Herbert
 Print Name
7/7/11
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/7/11</u>	<u>R. Buda</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

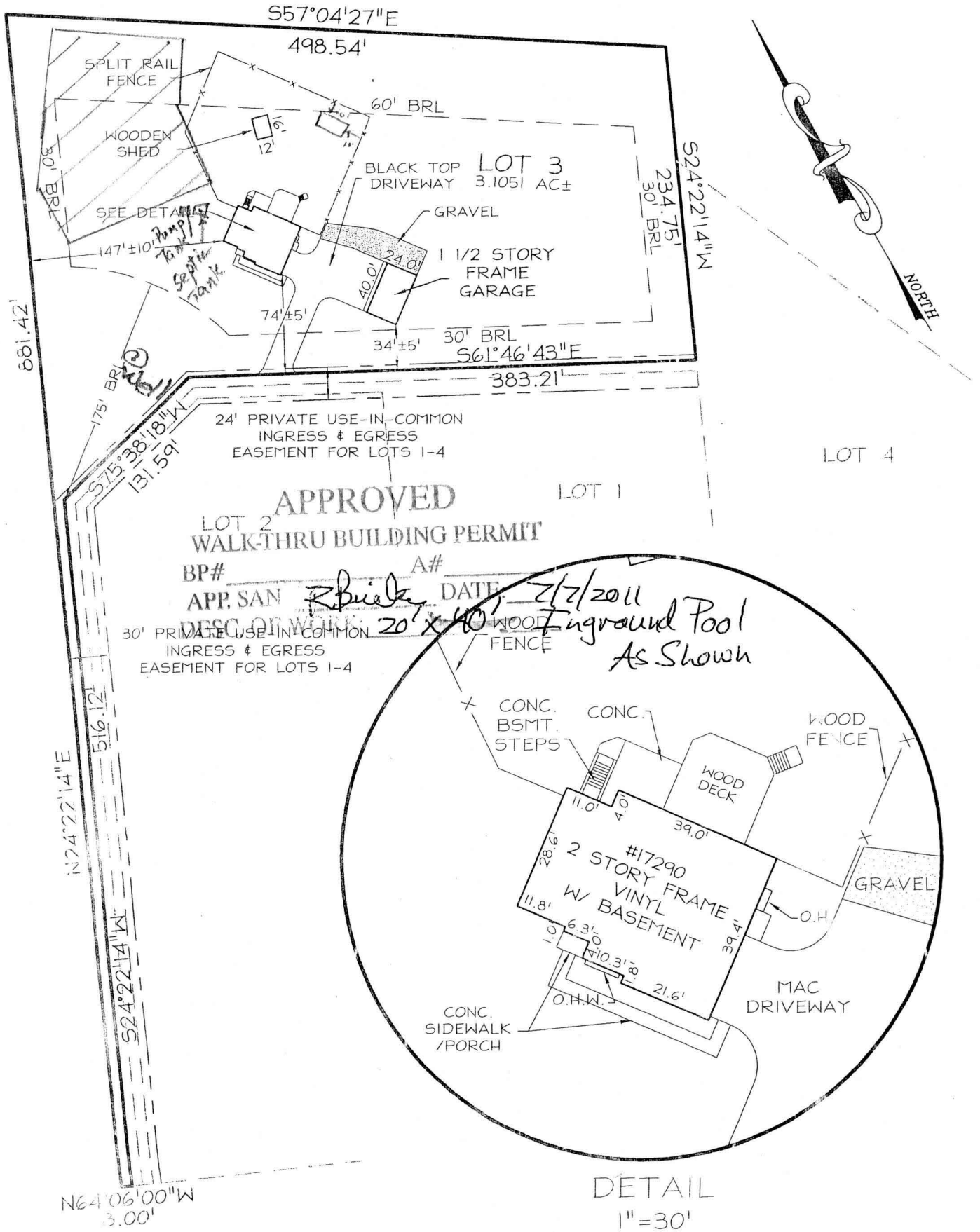
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

PROPERTY KNOWN AS:
 17290 OLD FREDERICK ROAD
 LOT 3, SOLLERS SUBDIVISION
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT NO. 14313
 DEED: 5638/62

THIS PLAT CAN NOT BE USED TO ESTABLISH
 PROPERTY LINES OR CORNERS.



LOCATION DRAWING

CERTIFICATION

SEAL

SCALE: 1"=100'

DATE: 8/2010

This is to certify that I have surveyed the property known as:
17290 OLD FREDERICK ROAD
 The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



LDE Inc.
 Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106
 Columbia, Maryland - 21045
 (410)715-1070 - (410)715-9540 Fax

DRAWING: MDL

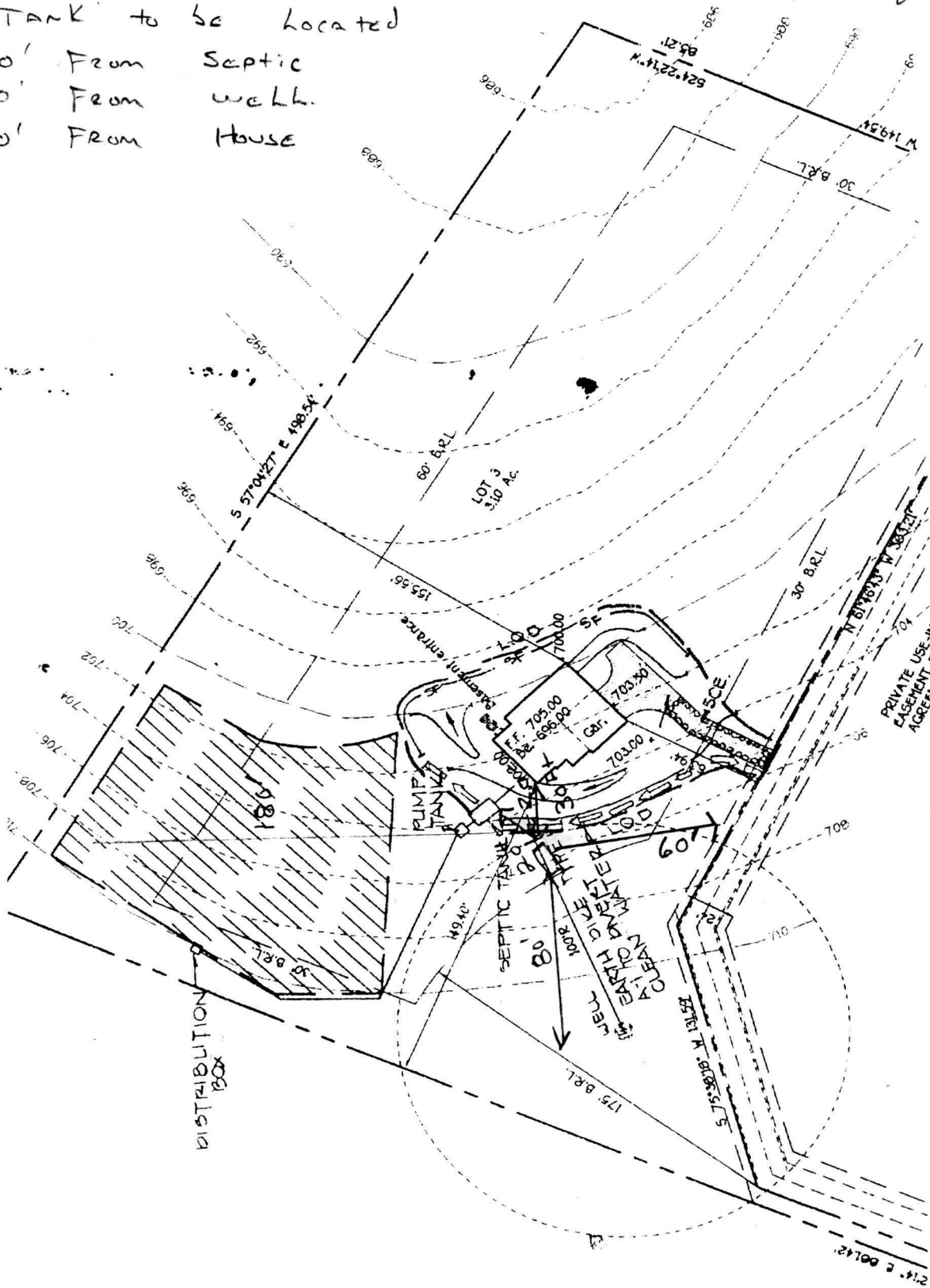
INV. #29277

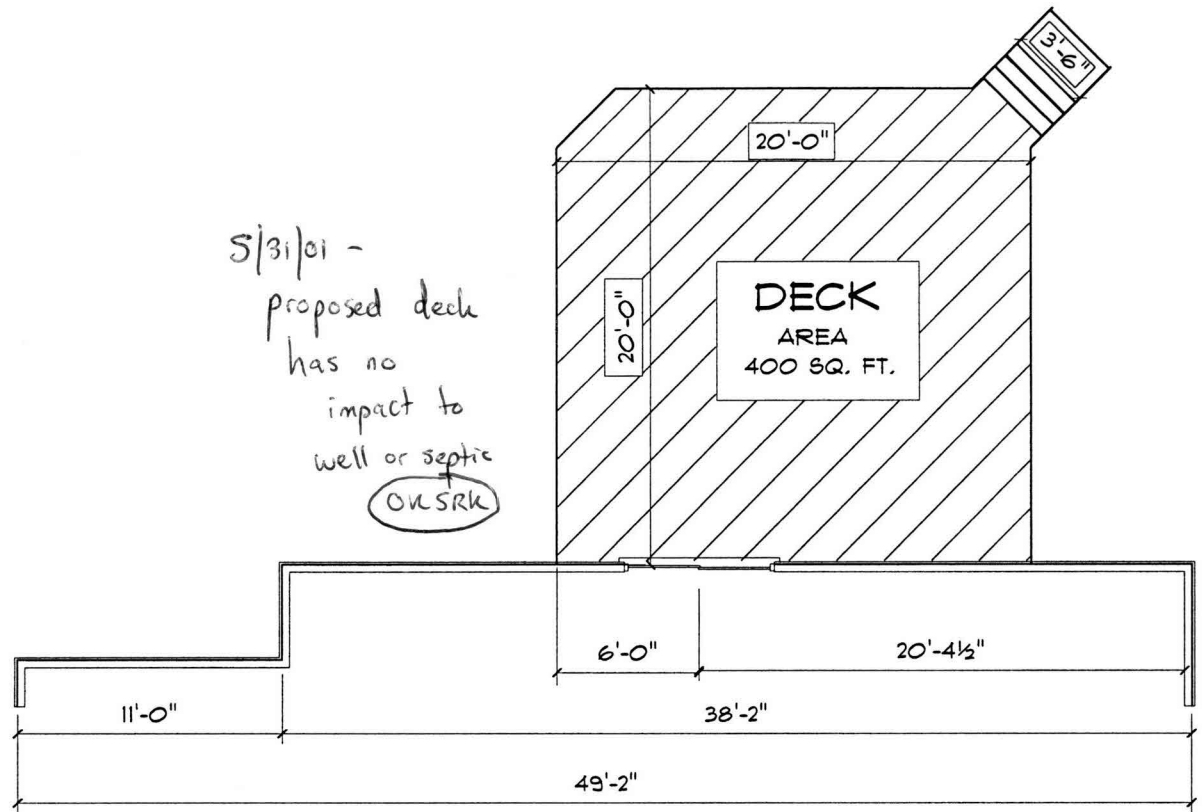
Install (1) 1000 Gallon ASME
 UNDER GROUND LP TANK,
 NFPA 58 per

6/20/01
 Shown propane
 tank location OK
 B00130757

Al

LP TANK to be located
 20' From Septic
 50' From well.
 20' From House





DECK PLAN - LOT 3 WHISPERING PINES

Scale: 1/8" = 1'

MATERIALS:

SUPPORT POSTS: 6" X 6"
 SUPPORT BEAMS: 2-2X12"
 DECK JOIST: 2X10"
 DECKING: 2X6"

RAIL POSTS: 4" X 4"
 RAILINGS: 2" X 4"
 SPINDLES: 2" X 2"

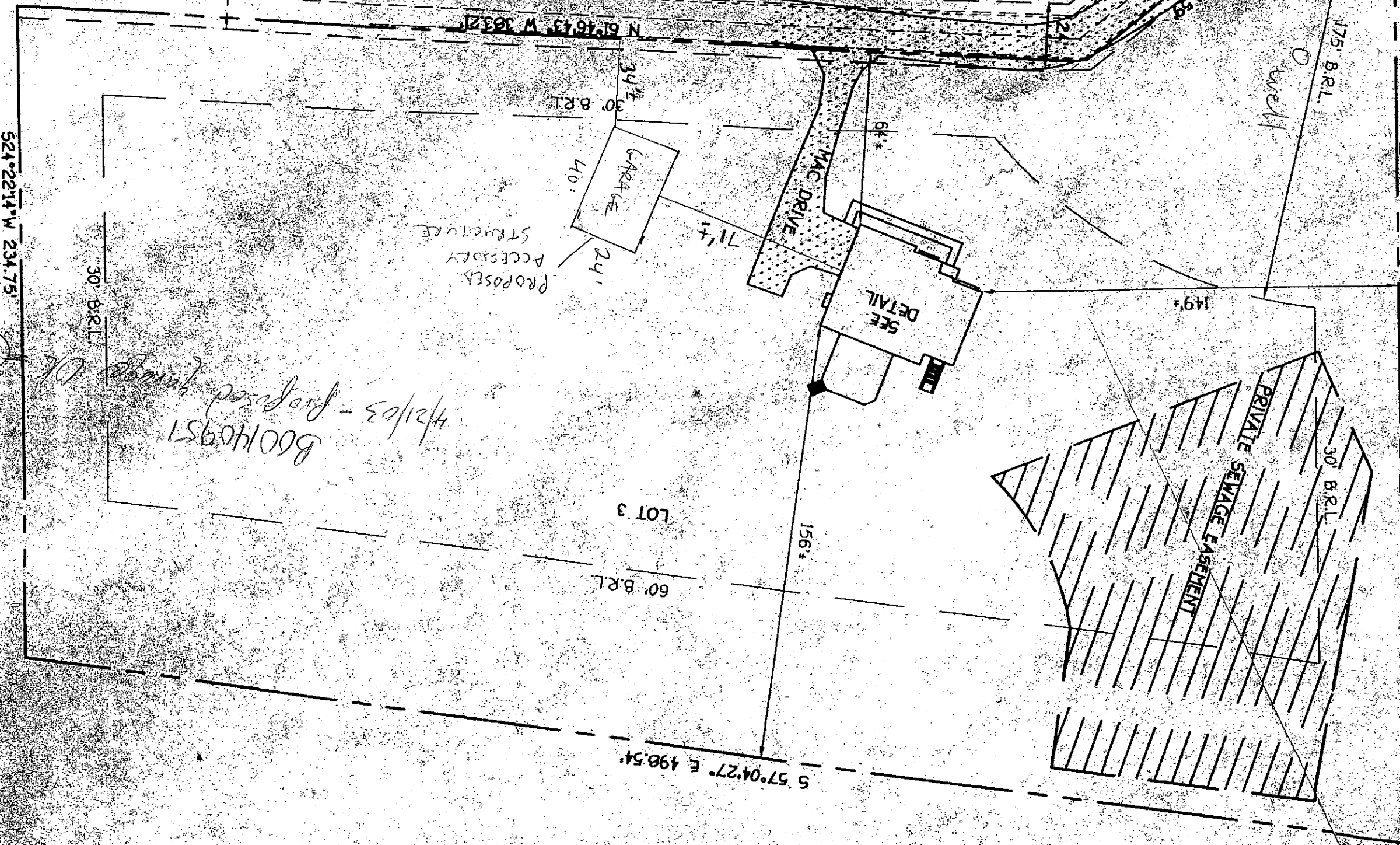
FOUNDATION LOCATIONS
BY SURVEY

HOUSE LOCATION DRAWING

LOT 3
SOLLERS SUBDIVISION
LOTS 1-4
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. M313

FOUNDATION LINE

PRIVATE USE-IN-COMMON INGRESS & EGRESS
EASEMENT FOR LOTS 1 THRU 4; MAINTENANCE
AGREEMENT RECORDED IN LAND RECORDS OF
HOWARD COUNTY.



95

4/21/03 - Proposed Garage OK
B00140951

1) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND ENCUMBRANCES
2) THE OFFSETS FROM BUILDING LINE TO PROPERTY CORNERS ARE SHOWN AS A RESULT OF THE ESTABLISHED PLAT IS IN CONFORMANCE WITH THE
IDENTIFICATION MAP OF HOWARD COUNTY, MARYLAND, DATE DEC. 4, 1986
3) SUBJECT MAP OF HOWARD COUNTY, MARYLAND, DATE DEC. 4, 1986
4) THE OFFSETS FROM BUILDING LINE TO PROPERTY CORNERS ARE SHOWN AS A RESULT OF THE ESTABLISHED PLAT IS IN CONFORMANCE WITH THE IDENTIFICATION MAP OF HOWARD COUNTY, MARYLAND, DATE DEC. 4, 1986

Building Address 17290 Old Frederick Road
Woodlawn MD 21791

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

Census Tract 6040 Subdivision Sollers Subd

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid 20

Zoning _____ Map Coordinates 277 Lot size _____

Property Owner's Name Altieri Enterprises, Inc.

Address 10212 Hillman Mill Pike

City Columbia State MD Zip Code 21045

Home Phone _____ Work Phone _____

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

Phone 410-441-4550 Fax 410-441-5801

Existing Use Vacant Lot

Proposed Use New Single Family Dwelling

Estimated Construction Cost \$ 150,000

Description of Work Complete 1/2" 2 story full
lot + 11.6' x 11.6' + Comp. (4BR)
apt. 1P

Contractor Company Altieri Enterprises, Inc.

Contact Person _____

Address 901 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

License No. MH4884

Phone 410-441-4550 Fax 410-441-5801

Occupant or Tenant Altieri Enterprises, Inc.

Contact Name Daren B. Altieri

Address 10212 Hillman Mill Pike

City Columbia State MD Zip Code 21045

Phone 410-441-4550 Fax 410-441-5801

Engineer or Architect Company Frederick City, Inc.

Contact Person _____

Address 10212 Hillman Mill Pike

City Frederick City State MD Zip Code 21045

Phone 410-441-4550 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

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Applicant's Signature _____
 Title/Company _____

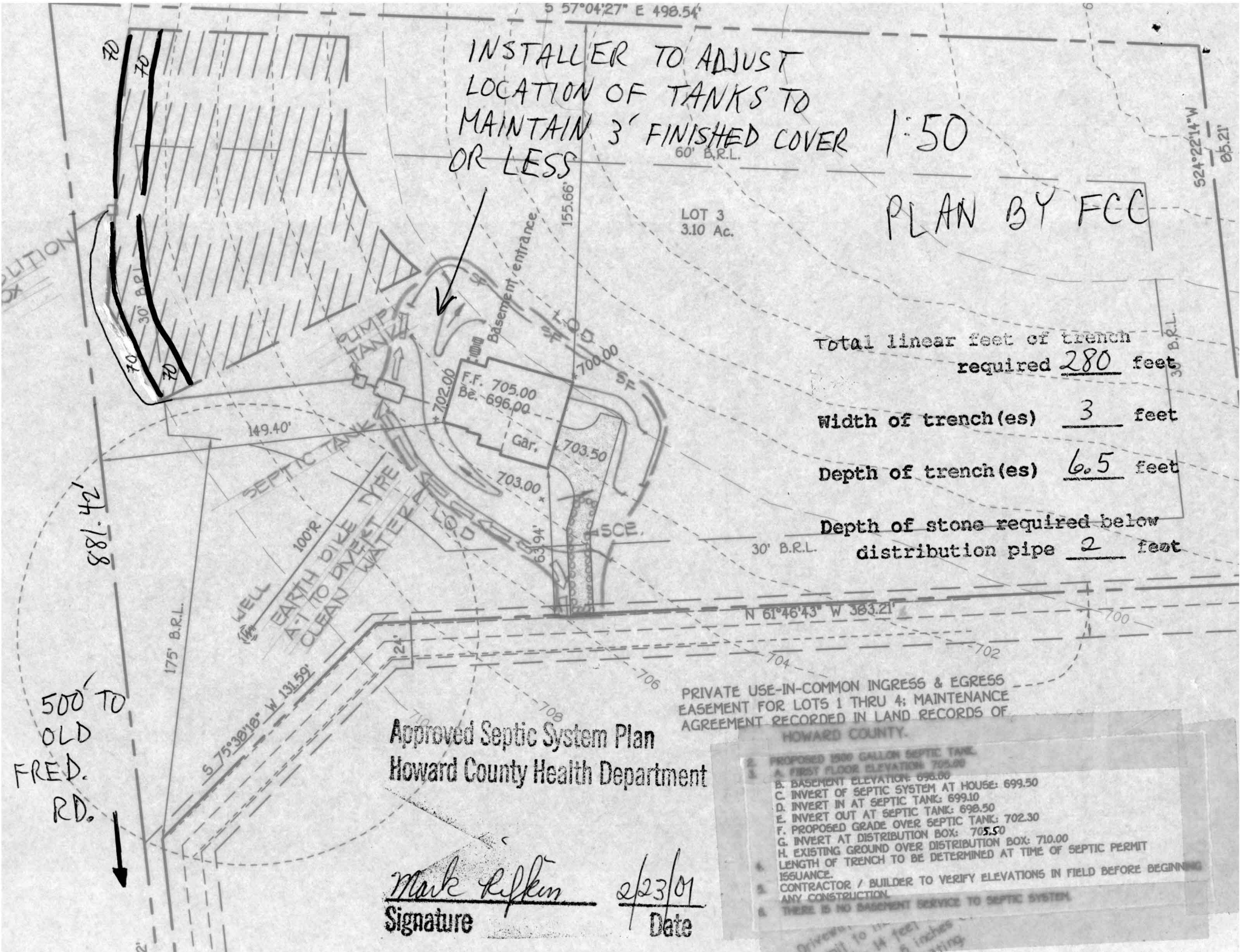
Print Name Daren B. Altieri
 Date _____

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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	471026
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>2/23/07</u>	<u>Mark K. [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>20044</u>
			Accepted by _____	Validation # <u>20057</u>

Rec'd
 2/14/07



INSTALLER TO ADJUST
 LOCATION OF TANKS TO
 MAINTAIN 3' FINISHED COVER
 OR LESS

1:50
 PLAN BY FCC

Total linear feet of trench
 required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 6.5 feet

Depth of stone required below
 distribution pipe 2 feet

500' TO
 OLD
 FRED.
 RD.

Approved Septic System Plan
 Howard County Health Department

Mark Rifkin 2/23/01
 Signature Date

PRIVATE USE-IN-COMMON INGRESS & EGRESS
 EASEMENT FOR LOTS 1 THRU 4; MAINTENANCE
 AGREEMENT RECORDED IN LAND RECORDS OF
 HOWARD COUNTY.

2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 705.00
- B. BASEMENT ELEVATION: 696.00
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 699.10
- D. INVERT IN AT SEPTIC TANK: 699.10
- E. INVERT OUT AT SEPTIC TANK: 698.50
- F. PROPOSED GRADE OVER SEPTIC TANK: 702.30
- G. INVERT AT DISTRIBUTION BOX: 705.50
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 710.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.