

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

308006453

Building Address 13628 Gilbride Lane
Clarksville 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Hedgerow
Section _____ Area _____ Lot 2
Tax Map 28 Parcel 30 Grid 20
Zoning _____ Map Coordinates 13J-5 of size _____

Property Owner's Name Donna + Lowell Pidel
Address 13628 Gilbride Lane
City Clarksville State MD Zip Code 21029
Home Phone 410-531-7747 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 16'x37'
in rear yard w/48" high fence
to code

Contractor Company Maryland Pools
Contact Person Joanne Lathan
Address 9515 Gerwig Lane
City Columbia State MD 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: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | 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 _____ 1st floor: _____ 2nd floor: <u>3-8'</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ State Certified Modular _____ Manufactured Home _____ | Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |

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 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
2-27-08
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>2/27/08</u> | <u>R. Rich</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 _____ | |

Is Sediment Control approval required prior to issuance?
YES NO

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-SWIM

WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: LEAVE SOME
 SPA: NONE
 RAISED BEAM: 18" HIGH FACED W/CULTURED STONE (26 Sq.Ft.)
 TILE: NEP-1
 COPING: 9" ROUNDNOSE BRICK (PUEBLO)
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/INTELLIFLOW 4x160 VARIABLE FLOW
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: EASY TOUCH 8PSC-IC40
 HEATER: HP700 (HEAT PUMP)
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' (OUTSIDE)
 AQUA BENCH: (2) @ 4'
 RAIL GOODS: NONE
 DECKING: 600 Sq.Ft., EXPOSED AGGREGATE
 FENCE: 160 Ln.Ft., 48" HIGH BLACK ALUMINUM
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: INITIAL WATER FILL (3 LOADS)
 (2) 12" SHEER DESCENT UNITS
 100 Sq.Ft., FILTER FOR SHEER DESCENTS

ELECTRIC: 20FT.

POOL DATA

SIZE/SHAPE: 16' x 37' - TRADEWIND (TYPE 1)
 POOL AREA: 512 SPA: OTHER: 12
 TOTAL AREA: 524
 PERIMETER: 99 SPA:
 GALLONAGE: 20,480 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

DIRECTIONS: RT.32/W TO RT.108/W TO R/T ON TEN OAKS ROAD TO L/T ON TRIDELPHIA TO R/T ON GILBRIDE. HOUSE ON RIGHT SIDE.

MAP #

13

GRID

J-5

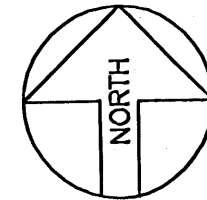
*****ACCESS OFF END OF RIGHT SIDE DRIVEWAY*****

Donna B. & Lowell N Pidel
 13628 Gilbride Lane
 Clarksville, Maryland 21029
 Howard County

HOME PHONE: 410-531-7747
 CELL PHONE 1: 410-977-5380 (Mrs.)
 CELL PHONE 2: 410-977-9678 (Mr.)
 OFFICE PHONE:

| | | | |
|------------------|-------------------------------|------------------|--------------------------|
| LOT: 2 | SUBDIVISION NAME: HEDGEROW | DISTRICT: 05 | PIN # 411610 |
| SITE PLAN | | | ZONE: ONE |
| SCALE: 1"=60' | BY: J.L.R. | DATE: 2/26/08 | JOB NUMBER: GS08-9518 |
| | | | SHEET #: 1.0 |

PRIVATE WELL & SEPTIC

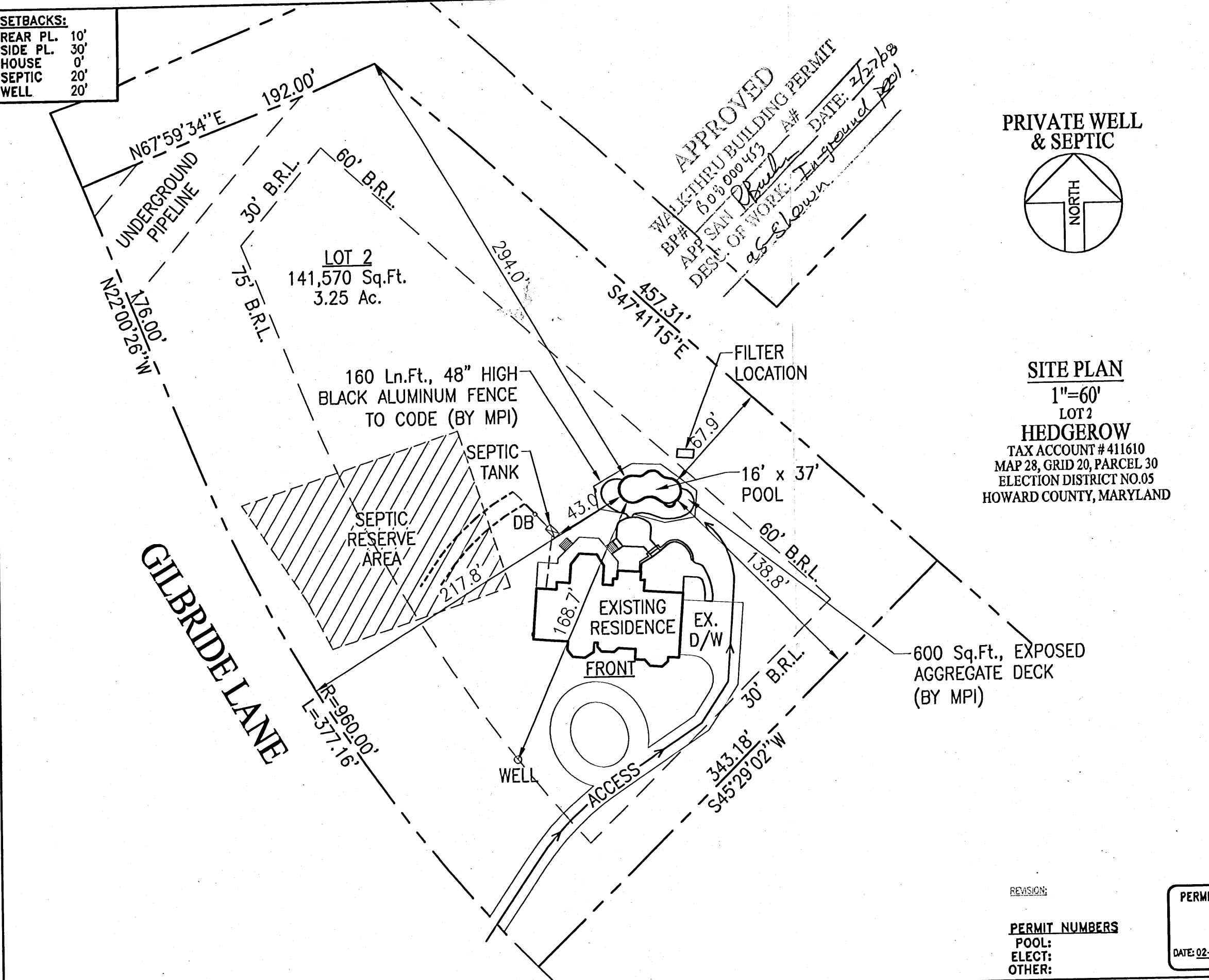


SITE PLAN

1"=60'
 LOT 2
 HEDGEROW
 TAX ACCOUNT #411610
 MAP 28, GRID 20, PARCEL 30
 ELECTION DISTRICT NO.05
 HOWARD COUNTY, MARYLAND

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 808000453
 APP. SAN. P. B. #
 DES. OF WORK: In-ground pool
 AS SHOWN
 DATE: 2/27/08

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



REVISION:

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET

DATE: 02-27-08

GILBRIDE LANE

LOT 2
 141,570 Sq.Ft.
 3.25 Ac.

160 Ln.Ft., 48" HIGH
 BLACK ALUMINUM FENCE
 TO CODE (BY MPI)

FILTER LOCATION

16' x 37'
 POOL

EXISTING
 RESIDENCE

EX.
 D/W

FRONT

600 Sq.Ft., EXPOSED
 AGGREGATE DECK
 (BY MPI)

WELL

ACCESS