

LOT #40  
 GLENWOOD SPRINGS  
 SECTION ONE - AREA ONE

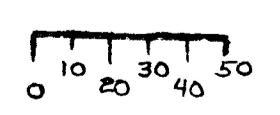
**NOTES:**

- ① 4" FOUNDATION DRAIN DISCHARGE  
 INV. @ HOUSE 603.5' ✓  
 INV. @ DISCHARGE 603.0' ✓ *ASMT*  
 (SEE FOUNDATION PLAN FOR INVERTS  
 AROUND THE HOUSE)
- ② INVERT ELEVATION @ FOUNDATION = 603.0' ✓
- ③ INVERT ELEVATION INTO SEPTIC TANK = 601.35' ✓ *INV OUT OF TANK 601*
- ④ INVERT ELEVATION INTO DIST. BOX = 600.7' ✓
- ⑤ INVERT ELEVATION OF DRAIN PIPE  
 IS 4' BELOW SURFACE GRADE (HIGHEST INV. = 600') ✓
- ⑥ LEACH FIELD CONSISTS OF 3  
 TRENCHES 2' WIDE BY 8' DEEP ✓  
 WITH 4' OF STONE BELOW PIPE ✓  
 TRENCHES TO BE 12' O.C. ✓
- ⑦ DRIVEWAY TO CONSIST OF 8"  
 C6 STONE OVER FABRIC FILTER.
- ⑧ ENTRANCE TO BE CONCRETE APRON  
 PER COUNTY REQUIREMENTS.
- ⑨ FOUNDATION AND HOUSE PLAN  
 TO BE PER NORTH AMERICAN  
 HOME'S DRWGS.
- ⑩ PERMIT TO INCLUDE CONCRETE  
 FOUNDATION AND SLAB FOR  
 FUTURE GARAGE AND BREEZEWAY.  
 THIS PERMIT EXCLUDES ACTUAL  
 GARAGE AND BREEZEWAY  
 (SEE DRAWING NO. 40-2  
 FOR CONSTRUCTION DETAILS)
- ⑪ EXISTING ELEVATIONS  
 AT SEPTIC TANK = 605.7' ✓  
 AT DISTRIBUTION BOX = 603.7' ✓  
 AT TRENCH = 603.6', 602.6', 601.8' ✓  
 WELL = 611.8' ✓

BLDG. PERMIT SIGNED  
 AND RETURNED 8-17-88  
*DP 70765*  
*Sal*

GLENWOOD SPRINGS DRIVE

SCALE 1" = 50'



DRAWING NO. 40-1  
 DRAWN BY: P. SHEA  
 DATE DRAWN: 8/8/88

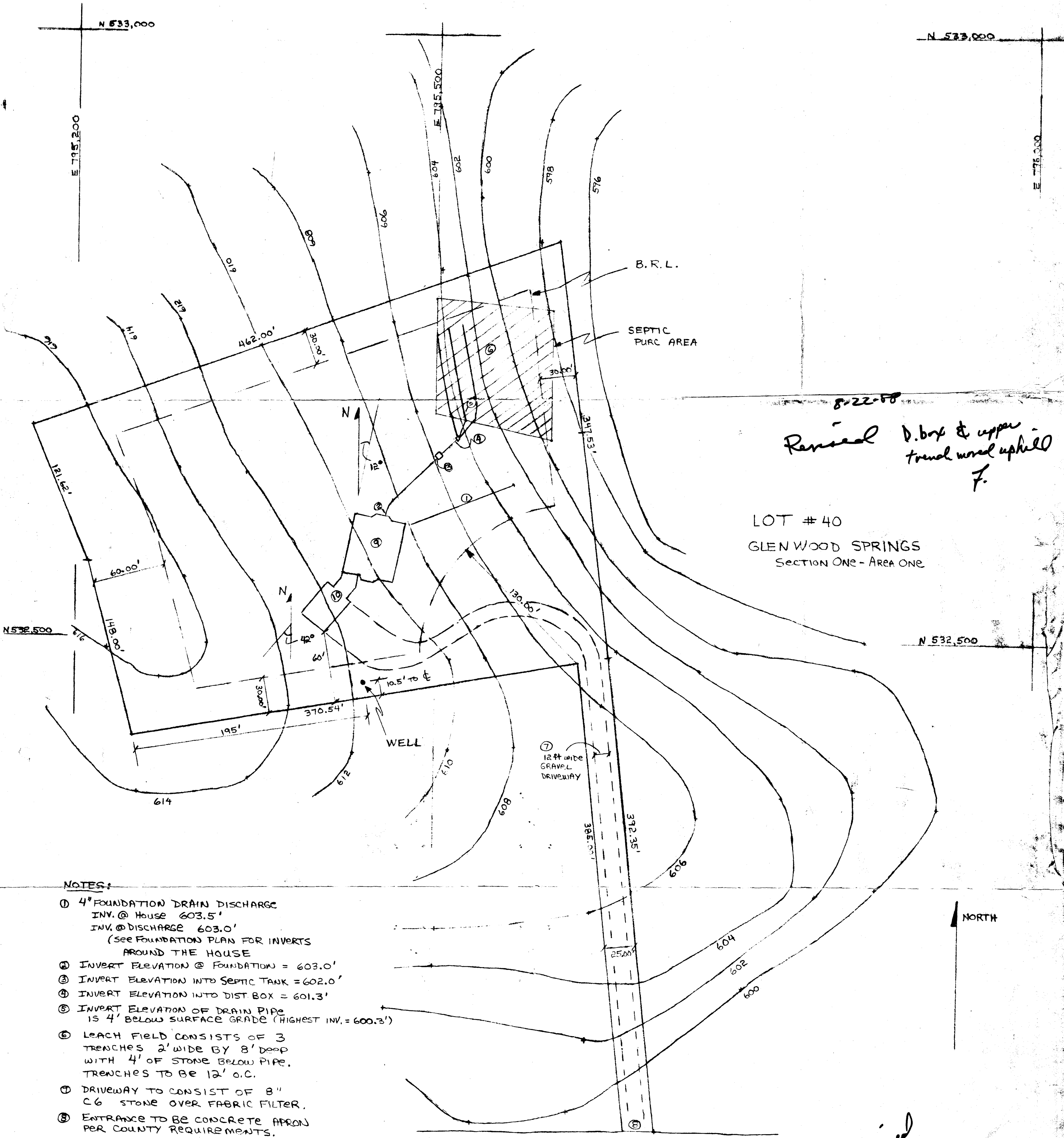
N 532,500

N 533,000

N 533,000

E 795,200

E 775,000



8-22-88  
 Revised D. box & upper trench moved uphill F.

LOT #40  
 GLENWOOD SPRINGS  
 SECTION ONE - AREA ONE

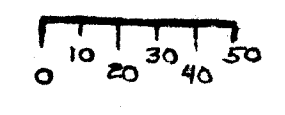
**NOTES:**

- ① 4" FOUNDATION DRAIN DISCHARGE  
 INV. @ HOUSE 603.5'  
 INV. @ DISCHARGE 603.0'  
 (SEE FOUNDATION PLAN FOR INVERTS AROUND THE HOUSE)
- ② INVERT ELEVATION @ FOUNDATION = 603.0'
- ③ INVERT ELEVATION INTO SEPTIC TANK = 602.0'
- ④ INVERT ELEVATION INTO DIST. BOX = 601.3'
- ⑤ INVERT ELEVATION OF DRAIN PIPE IS 4' BELOW SURFACE GRADE (HIGHEST INV. = 600.3')
- ⑥ LEACH FIELD CONSISTS OF 3 TRENCHES 2' WIDE BY 8' DEEP WITH 4' OF STONE BELOW PIPE. TRENCHES TO BE 12' O.C.
- ⑦ DRIVEWAY TO CONSIST OF 8" C6 STONE OVER FABRIC FILTER.
- ⑧ ENTRANCE TO BE CONCRETE APRON PER COUNTY REQUIREMENTS.
- ⑨ FOUNDATION AND HOUSE PLAN TO BE PER NORTH AMERICAN HOME'S DRUGS.
- ⑩ PERMIT TO INCLUDE CONCRETE FOUNDATION AND SLAB FOR FUTURE GARAGE AND BREEZEWAY. THIS PERMIT EXCLUDES ACTUAL GARAGE AND BREEZEWAY (SEE DRAWING NO. 40-2 FOR CONSTRUCTION DETAILS)
- ⑪ EXISTING ELEVATIONS  
 AT SEPTIC TANK = 605.7'  
 AT DISTRIBUTION BOX = 604.3'  
 AT TRENCH = 604.3', 603.6', 602.6'  
 WELL = 611.8'

NORTH

GLENWOOD SPRINGS DRIVE

SCALE 1" = 50'



DRAWING NO. 40-1  
 DRAWN BY: P. SHEA  
 DATE DRAWN: 8/8/88

498-9352

N 532,500

E 795,500

**HOWARD COUNTY  
PERMIT APPLICATION**

*B271001903*  
**PERMIT NUMBER**

Building Address 2318 Glenwood Springs Dr  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Howard County  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 40  
Tax Map 14 Parcel 229 Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size 3.224

Property Owner's Name Peter J. & Julia D. Murphy  
Address 2318 Glenwood Springs Dr  
City Demers State MD Zip Code 27132  
Home Phone \_\_\_\_\_ Work Phone 443-277-9306  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use single family home  
Proposed Use garage  
Estimated Construction Cost \$ 25,000  
Description of Work add 1 car garage to rear of property  
Occupant or Tenant \_\_\_\_\_  
Contact Name Peter J. & Julia D. Murphy  
Address 2318 Glenwood Springs Dr  
City Demers State MD Zip Code 27132  
Phone 443-277-9306 Fax \_\_\_\_\_

Contractor Company Hor. Construction  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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"/>
Use group: _____	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 <input type="checkbox"/> State Certified Modular	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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	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 <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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>garage</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 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 \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
Date 7/24/09

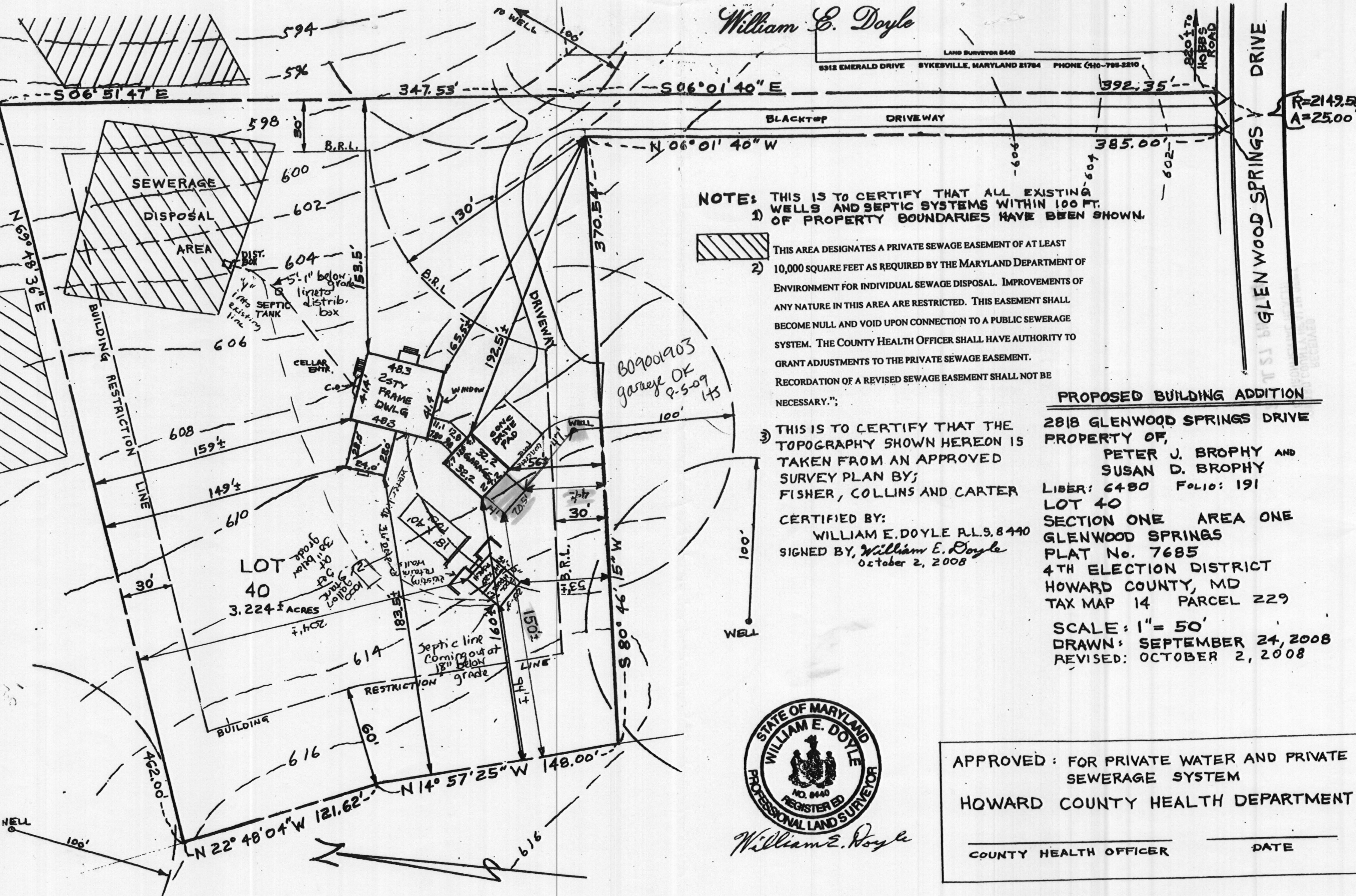
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	\$ _____	
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____	
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____	
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
<input checked="" type="checkbox"/> Health	<u>8-5-09</u>	<u>Heidi Ditt</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
<input type="checkbox"/> 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 # _____	
			Historic District?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____		
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____	

*179097*

William E. Doyle

LAND SURVEYOR 8440  
5312 EMERALD DRIVE BYKESVILLE, MARYLAND 21784 PHONE (410) 798-2210



NOTE: THIS IS TO CERTIFY THAT ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.



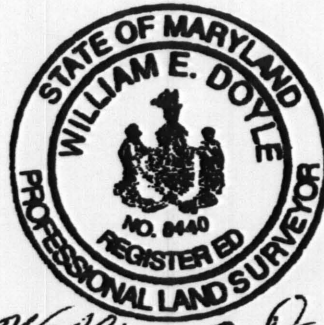
1) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY."

3) THIS IS TO CERTIFY THAT THE TOPOGRAPHY SHOWN HEREON IS TAKEN FROM AN APPROVED SURVEY PLAN BY; FISHER, COLLINS AND CARTER  
CERTIFIED BY:  
WILLIAM E. DOYLE P.L.S. 8440  
SIGNED BY, *William E. Doyle*  
October 2, 2008

**PROPOSED BUILDING ADDITION**

2818 GLENWOOD SPRINGS DRIVE  
PROPERTY OF,  
PETER J. BROPHY AND  
SUSAN D. BROPHY  
LIBER: 6480 FOLIO: 191  
LOT 40  
SECTION ONE AREA ONE  
GLENWOOD SPRINGS  
PLAT No. 7685  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MD  
TAX MAP 14 PARCEL 229

SCALE: 1" = 50'  
DRAWN: SEPTEMBER 24, 2008  
REVISED: OCTOBER 2, 2008



*William E. Doyle*

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
\_\_\_\_\_  
COUNTY HEALTH OFFICER  
\_\_\_\_\_  
DATE

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B09000933

Building Address 2918 Glenwood Spring Dr  
Glenwood MD 21728  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Susan Brophy  
Address 2918 Glenwood Spring Dr  
City Glenwood State MD Zip Code 21728  
Phone 301-854-6009 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ 2321.02  
Description of Work Installing 500 gal UG storage tank (propane) tank

Contractor Company United Propane  
Contact Person Michele E. Garrett Jr.  
Address 11987 Winchester Blvd  
City Frederick State MD Zip Code 21703  
License No. 21801475  
Phone 301-929-1929 Fax 301-699-0185

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<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 <input type="checkbox"/> 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 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 [Signature]  
Title/Company VP United Propane

Print Name Michele E. Garrett Jr.  
Date 5/6/09

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>5-11-09</u>	<u>Dana Bernard</u>	All minimum setbacks met?	TOTAL FEES \$ <u>111.00</u>
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 # <u>1111</u>
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			Lot Coverage for NewTown Zone <u>171.00</u>	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	Gold: SHA
Yellow: DED, DPZ				
Pink: Health				
T:forms\PERMIT.FRM				

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

309006229

Building Address: 2818 Glenwood Springs Dr  
Glenwood, MD 21738  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Glenwood Springs  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 40  
Tax Map 14 Parcel 229 Grid 17  
Zoning \_\_\_\_\_ Map Coordinates 9 C5 Lot size \_\_\_\_\_

Property Owner's Name Peter + Susan Brophy  
Address: 2818 Glenwood Springs Dr  
City Glenwood State \_\_\_\_\_ Zip Code 21738  
Home Phone 301-854-6429 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 18' x 40'  
in rear yard w/ 48" high fence  
to code

Contractor Company Maryland Pools  
Contact Person Joanne Lathan  
Address 9515 Gerwig Lane  
City Columbia State \_\_\_\_\_ Zip Code 21046  
License No. 6699 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**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: 3-8'  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
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

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 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 HERETO, (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. Lathan  
Title/Company agent

Print Name J. Lathan  
Date 2-18-09

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>2-18-09</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:			Lot Coverage for New Town Zone	
White: Building Official			SDP/Red-line approval date	Accepted by _____
Green: LOD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

**SETBACKS:**  
 REAR P.L. 10'  
 SIDE P.L. 30'  
 HOUSE 0'  
 SEPTIC 20'  
 WELL 20'

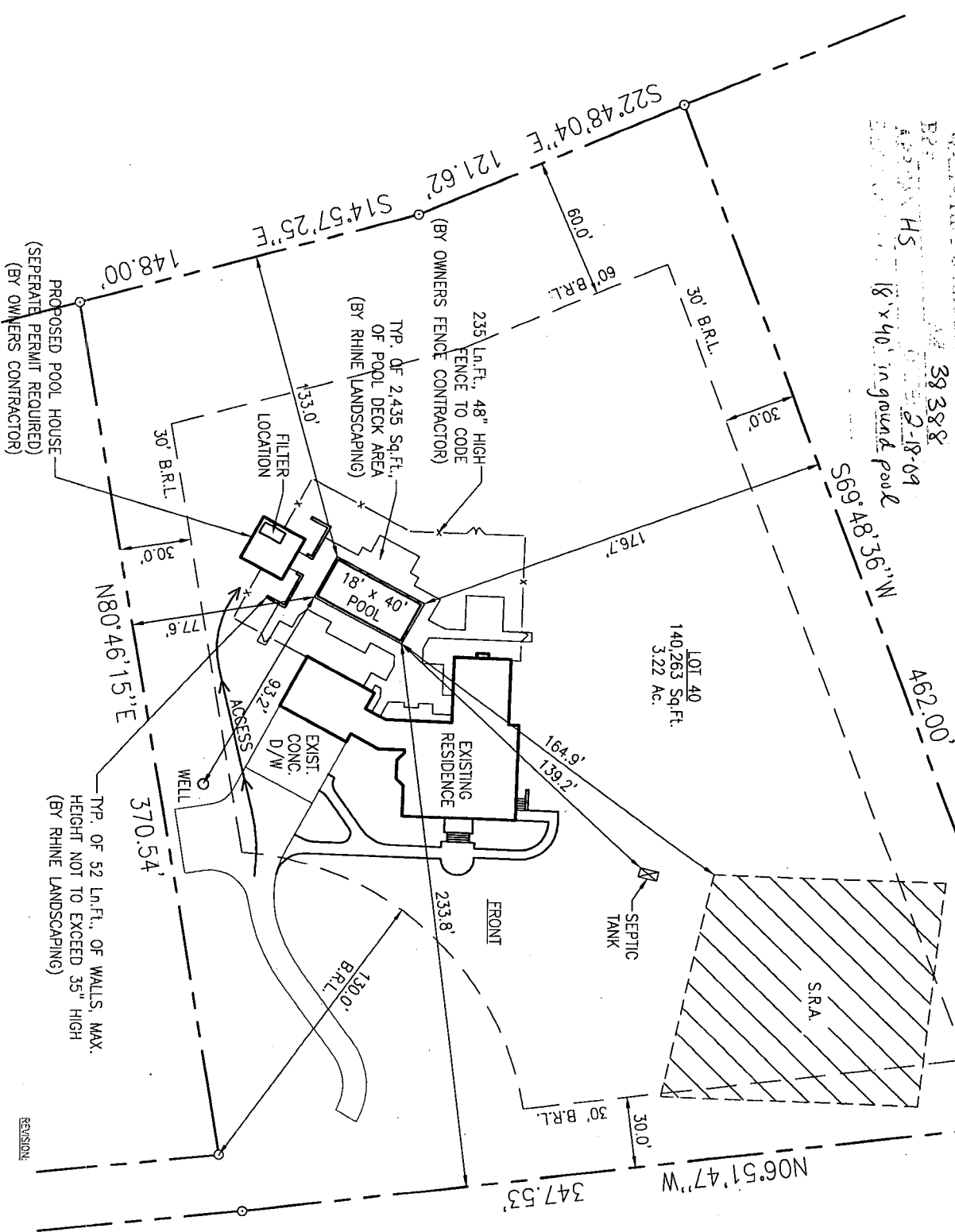
**APPROVED**

WATERMOUNT BUILDING PERMITS

39388

2-18-09

18' x 40' inground pool



LOT 40  
 140,263 Sq.Ft.  
 3.22 Ac.

347.53' N06°51'47\"W

TP. OF 52 L.F., OF WALLS, MAX. HEIGHT NOT TO EXCEED 35\" HIGH (BY RHINE LANDSCAPING)

PROPOSED POOL HOUSE (SEPARATE PERMIT REQUIRED) (BY OWNERS CONTRACTOR)

235 L.F., 48\" HIGH FENCE TO CODE (BY OWNERS FENCE CONTRACTOR)

TP. OF 2,435 Sq.Ft. OF POOL DECK AREA (BY RHINE LANDSCAPING)

148.00'

121.62'

176.7'

164.9'

139.2'

370.54'

130.0' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

60' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

30' B.R.L.

PERMIT NUMBERS  
 POOL:  
 ELECT:  
 OTHER:

REVISION:

PERMIT SET

DATE: 2-17-09

**Maryland POOLS** Inc.  
 9515 GERWIG LANE SUITE 121  
 FARM P.O. BOX 402  
 FARM P.O. BOX 402  
 FAIRFAX, VA 22030  
 410-995-8600 703-359-7192  
 800-252-5VIM  
 WWW.MARYLANDPOOLS.COM

**POOL STATISTICS**

SIZE/SHAPE: 18' x 40' - RECTANGLE (TYPE III)  
 POOL AREA: 720 SPA: OTHER:  
 TOTAL AREA: 720  
 PERIMETER: 116  
 SPA: DEPTH: 3'-6\" TO 8'-6\"  
 GALLONAGE: 30,600

**DIRECTIONS TO SITE**

DIRECTIONS: MILES: 0.00 MAP #  
 32 WEST TO BURNINGWOODS RD. (FOLLOW SIGNS AROUND CIRCLES)  
 FOLLOW BURNINGWOODS TO R/YT ONTO HOBBS RD. FOLLOW TO 1/1  
 ONTO GLENWOOD SPRINGS DR. SITE ON RIGHT.  
 C-5 GRD

Susan D. & Peter J. Brophy  
 2818 Glenwood Springs Drive  
 Glenwood, Maryland 21738  
 Howard County

HOME PHONE: 301-854-6429

OFFICE PHONE 1:  
 CELL PHONE 1:  
 CELL PHONE 2:

LOT: 140 SUBDIVISION NAME: DISTRICT: PIN #  
 GLENWOOD SPRINGS 04 346866

**SITE PLAN-B**

SCALE: 1\" = 50'  
 DATE: 2/17/09  
 JOB NUMBER: JC09-9788  
 SHEET #: 1.1

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B-9-00-534

Building Address 2818 Glenwood Springs Dr.  
Glenwood, MD 21738  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 40  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 3.224

Property Owner's Name Peter + Susan Brophy  
Address 2818 Glenwood Springs Dr.  
City Glenwood State MD Zip Code 21738  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
3-1-854-6429

Existing Use Single Family Dwelling  
Proposed Use same  
Estimated Construction Cost \$ 40,000  
Description of Work CONSTRUCTION OF 17'x20'  
POOL HOUSE W/ BATH + PATIO PORCH  
AND 14'x20' COVERED PATIO PORCH

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Homeowners - Peter + Susan Brophy  
Contact Name Susan Brophy  
Address 2818 Glenwood Springs Dr.  
City Glenwood State MD Zip Code 21738  
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"/>
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 Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>2</u>	Propane Gas <input type="checkbox"/>
Height: <u>9'</u>	Sprinkler system: N/A <input checked="" 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: <u>Pool House</u>	
Dimensions: <u>20'x31'x9'2"</u>	
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.

Susan D. Brophy  
Applicant's Signature

Susan D. Brophy  
Print Name

Title/Company

Date

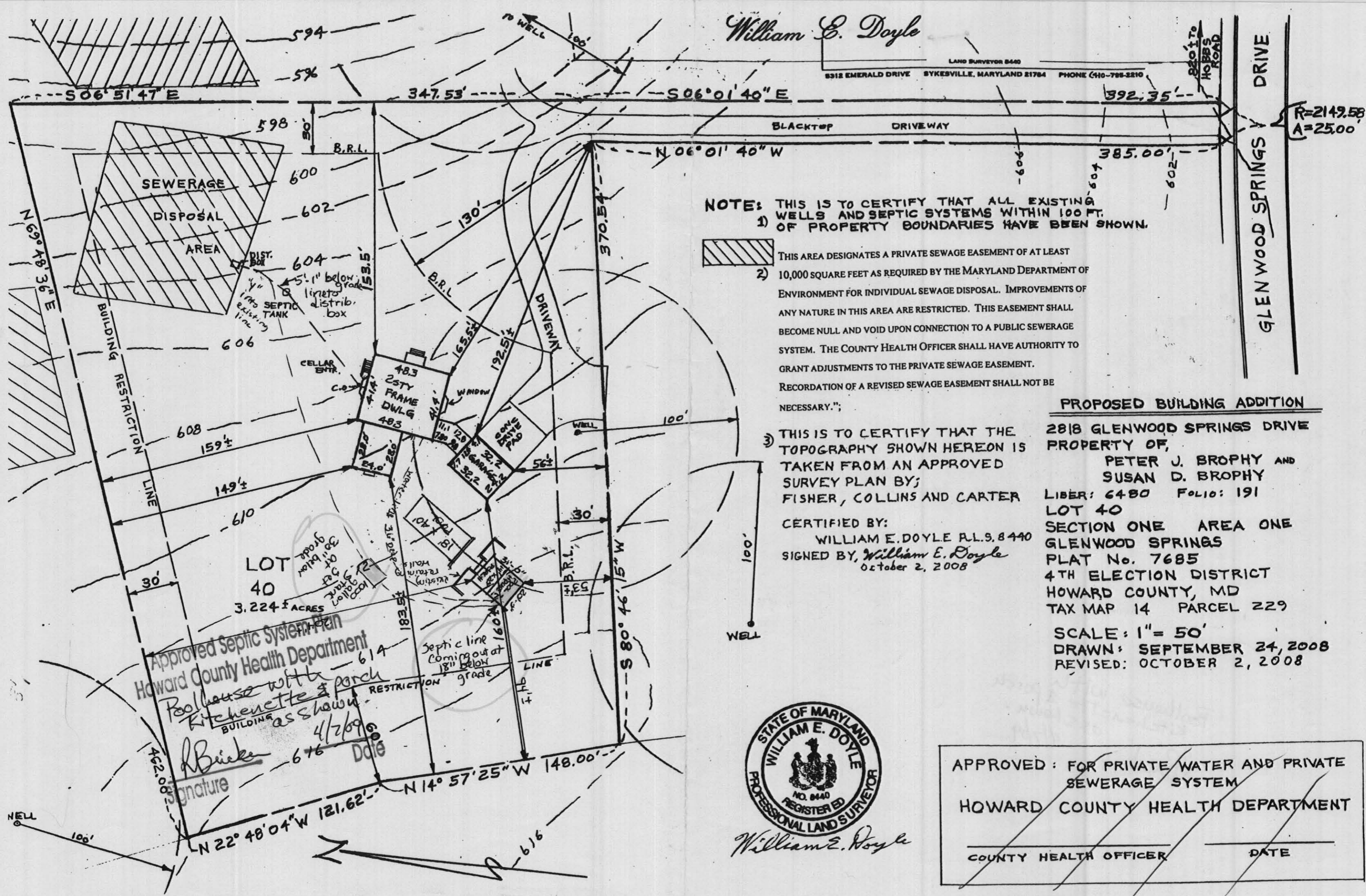
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>265.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>4/7/09</u>		<u>R. Buckner</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 # <u>2781</u>
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 -			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health				
Gold: SHA				

William E. Doyle

LAND SURVEYOR 8440  
8312 EMERALD DRIVE BYKESVILLE, MARYLAND 21784 PHONE (410) 788-2210



NOTE: THIS IS TO CERTIFY THAT ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.

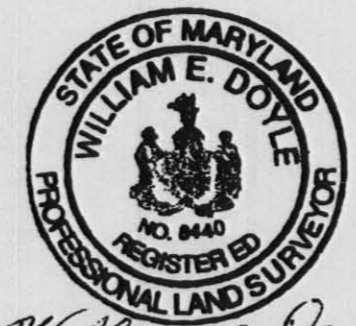
1) THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

2) THIS IS TO CERTIFY THAT THE TOPOGRAPHY SHOWN HEREON IS TAKEN FROM AN APPROVED SURVEY PLAN BY; FISHER, COLLINS AND CARTER  
CERTIFIED BY: WILLIAM E. DOYLE P.L.S. 8440  
SIGNED BY, William E. Doyle  
October 2, 2008

PROPOSED BUILDING ADDITION

2818 GLENWOOD SPRINGS DRIVE  
PROPERTY OF,  
PETER J. BROPHY AND  
SUSAN D. BROPHY  
LIBER: 6480 FOLIO: 191  
LOT 40  
SECTION ONE AREA ONE  
GLENWOOD SPRINGS  
PLAT No. 7685  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MD  
TAX MAP 14 PARCEL 229

SCALE: 1" = 50'  
DRAWN: SEPTEMBER 24, 2008  
REVISED: OCTOBER 2, 2008



William E. Doyle

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

Approved Septic System Plan  
Howard County Health Department  
Poolhouse with  
Kitchenette & porch  
BUILDING as shown  
4/2/09  
Date  
Signature  
676

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Bob-2925

Building Address 2818 Glenwood Springs Dr.  
Glenwood, MD 21738-4700  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 40  
Tax Map 14 Parcel 229 Grid 17  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 3.22 ac

Property Owner's Name Peter + Susan Murphy  
Address 2818 Glenwood Springs Drive  
City Glenwood State MD Zip Code 21738  
Phone 301-854-6427 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-552-5368

Existing Use Single family home  
Proposed Use Single family home  
Estimated Construction Cost \$ 155,000  
Description of Work 24'x28' Family Room  
addition w/brick fireplace

Contractor Company Duron to complete work  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Pete + Sue Murphy  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax 410-552-5368

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimension's: _____ 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.

Susan D. Murphy  
Applicant's Signature  
Title/Company \_\_\_\_\_

Susan D. Murphy  
Print Name  
9/30/08  
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: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>10-24-08</u>	<u>Dana Burard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	