

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BO7004698

Building Address 13418 GREEN HILL COURT
HIGHLAND MD
Suite/Apt. #: _____ SDP/M/P/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TIM AND KATE BROWN
Address 13418 GREEN HILL COURT
City HIGHLAND State MD Zip Code 20777
Home Phone 301-854-9140 Work Phone SAME
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone SAME Fax _____

Existing Use NONE
Proposed Use BUILD INGROUND SWIMMING POOL
Estimated Construction Cost \$ 45,000.00
Description of Work INSTALL 25' x 50'
INGROUND CONCRETE POOL AND
SPA CARTRIDGE FILTER FILL WITH
WATER TRUCK

Contractor Company ELITE POOLS
Contact Person RICH HILBERT
Address PO BOX 8597
City ELK RIDGE State MD Zip Code 21675
License No. 120706
Phone 443-506-6021 Fax 410-869-7948

Occupant or Tenant TIM BROWN
Contact Name TIM BROWN
Address 13418 GREEN HILL COURT
City HIGHLAND State MD Zip Code 20777
Phone 443-506-6021 Fax 410-869-7948

Engineer or Architect Company ELITE POOLS
Contact Person RICH HILBERT
Address PO BOX 8597
City ELK R State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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 <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

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

Print Name _____

Title/Company _____

Date _____

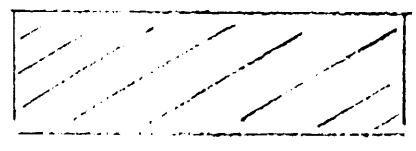
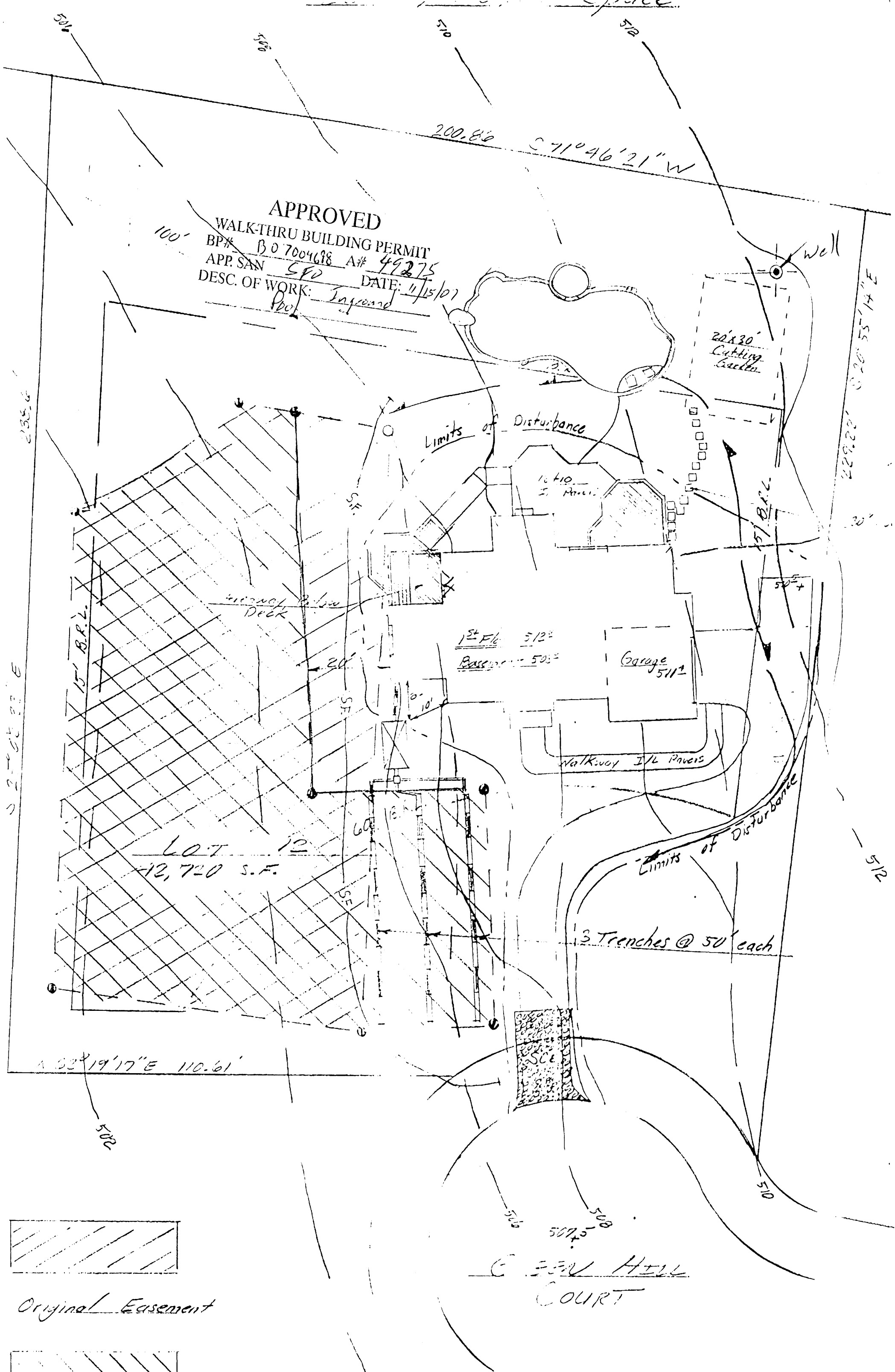
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

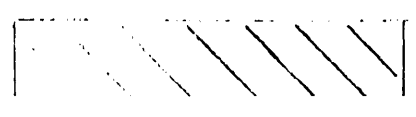
AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dir. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health			All 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 \$ _____
			Height (feet)?	Validation \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP Paid (see approval date) _____	Accepted by _____
			Yellow: DED, DPZ	Plat: Health
				Gold: SHA

Distribution of Copies: _____
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APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07004698 A# 49275
 APP. SAN SFD DATE: 4/15/07
 DESC. OF WORK: Ingress
 Pool



Original Easement



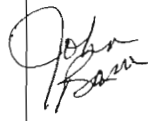
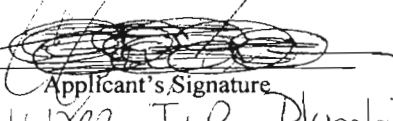

E-35N HILL COURT

Health Dept * Permit for Burying 500 underground Tank

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-2800		HOWARD COUNTY PERMIT APPLICATION		308001021 PERMIT NUMBER	
Building Address <u>13418 Green Hill Ct</u> <u>Highland, Md 20777</u>		Property Owner's Name <u>Timothy Brown</u> Address <u>13418 Green Hill Court</u> City <u>Highland</u> State <u>Md</u> Zip Code <u>20777</u>		Suite/Apt. #: _____ SDP/WP/Petition #: _____ Phone _____ Phone _____	
Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>Timothy Brown</u> <u>13418 Green Hill Court</u> <u>Highland, Md 20777</u> Phone _____ Fax _____		Contractor Company <u>J+R Plumbing + Heating</u> Contact Person <u>Chris Basciano</u> Address <u>46 Forestdale Avenue</u> City <u>Green Spring</u> State <u>Md</u> Zip Code <u>21061</u> License No. <u>#1365</u> <u>John Basciano - licensee</u> Phone <u>(410) 867-2069</u> or <u>(410) 987-1094</u> Fax <u>(410) 761-4202</u>	
Existing Use <u>Single Family Home</u> Proposed Use <u>Pool Heater</u> Estimated Construction Cost \$ <u>5,000.00</u>		Description of Work <u>Trench approx 200 ft. install gas line, connect to pool heater + bury 500 gallon propane tank</u>		Occupant or Tenant _____ Contact Name _____ Address <u>13418 Green Hill Ct</u> City <u>Highland</u> State <u>Md</u> Zip Code <u>20777</u> Phone _____ Fax _____	
Building Description - COMMERCIAL		Building Description - RESIDENTIAL		Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	

Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____		Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ 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 _____ 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		Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____	
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 Applicant's Signature _____ Print Name John Basciano
Chris, J+R Plumbing + Heating Title/Company _____ Date April 19, 2008

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 #
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 Health Dept. 4/24/08 John Basciano
21000
9874

