

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 340 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

**807004923
 PERMIT NUMBER**

Building Address 6721 Montell Court
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 7
 Tax Map 37 Parcel 243 Grid 20
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Spacy brother
 Address 6721 Montell Ct
 City Highland State MD Zip Code 20777
 Phone 301 854 9532 Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use _____
 Estimated Construction Cost \$ 35,000
 Description of Work Inground Pool
 Occupant or Tenant _____
 Contact Name John Eberl
 Address ~~6721 Montell~~
 City Severna Park State MD Zip Code 20777
 Phone 413 309 5623 Fax _____

Contractor Company Sunrise Premier Pool
 Contact Person John Eberl
 Address 1460 Ritchie Hwy Suite 108
 City Annapolis State MD Zip Code 21012
 License No. 45494
 Phone 877 349 7665 Fax 410 349 3669
 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 |
| No. of stories: _____ | <input checked="" type="checkbox"/> Private |
| Gross area, sq. ft. per floor: _____ | Sewage Disposal: <input type="checkbox"/> Public |
| Use group: _____ | <input checked="" type="checkbox"/> Private |
| Construction type: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Reinforced Concrete | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Structural Steel | Heating System: _____ |
| <input type="checkbox"/> Masonry | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| <input type="checkbox"/> Wood Frame | Natural Gas <input type="checkbox"/> |
| <input type="checkbox"/> State Certified Modular | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: <input type="checkbox"/> 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 |
| Depth _____ Width _____ | <input checked="" type="checkbox"/> Private |
| 1 st floor: _____ | Sewage Disposal: <input type="checkbox"/> Public |
| 2 nd floor: _____ | <input checked="" type="checkbox"/> Private |
| Basement: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: _____ |
| No. of Bedrooms _____ | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| Multi-family dwellings: _____ | Natural Gas <input type="checkbox"/> |
| No. of efficiency units: _____ | Propane Gas <input type="checkbox"/> |
| No. of 1 BR units: _____ | Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> |
| No. of 2 BR units: _____ | <input type="checkbox"/> NFPA #13D |
| No. of 3 BR units: _____ | <input type="checkbox"/> NFPA #13R |
| Other Structure: _____ | <input type="checkbox"/> Other |
| 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.

John Eberl
 Applicant's Signature

 Title/Company

John Eberl
 Print Name
12/19/07
 Date

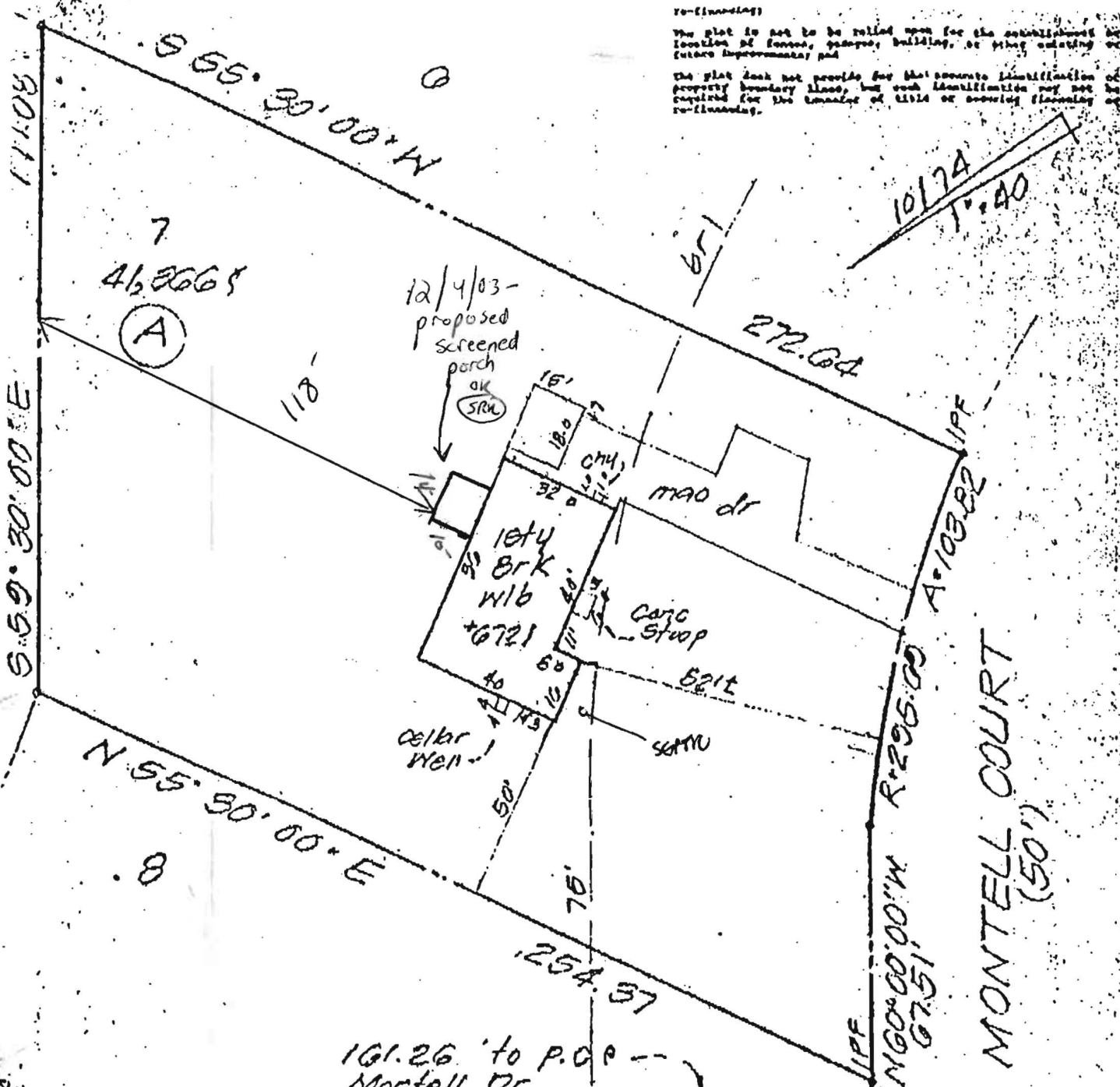
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY
 - FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL | DP SETBACK INFORMATION | PROPERTY ID |
|-----------------------------------------------------------|------|--------------------|----------------------------------------------------------|---------------|
| Land Development DPZ | | | Front | Plan # |
| State Highway | | | Rear | Plan # |
| Building Official | | | Side | Plan # |
| Day Engineering DPZ | | | Side R | Plan # |
| Health | | | Alluminum Scaffolding | TOTAL FEES |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Submittal Fee |
| Is Equipment Control approval required prior to issuance? | | | Is Entrance Permit required? | Permit Fee |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Cost |
| | | | Health Disposal | Validation |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONTINGENCY CONSTRUCTION START | | | Log Coverage for Men Town Sign | |
| ONE STOP SHOP | | | SDP Building Approval | Assessed by |
| Distribution of Copies: White: Building Official | | | | |
| Green: LDD/DEZ | | | | |
| Yellow: DEZ/DEZ | | | | |
| Pink: Health | | | | |
| Gold: SHA | | | | |
| Forms/Building/Permit Application | | | | |

re-financing)

The plot is not to be relied upon for the establishment of location of fence, garage, building, or other existing or future improvements, and

The plot does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



located in a HUD designated Flood Hazard Zone as per F.E.M.A. Community Panel No. 24004400328
 are not to be relied upon for construction of improvements. F.B. 2575 111

I hereby certify that I have surveyed property shown hereon for the purpose of showing the improvements only, and the locations are located as shown. Exact property corners have not been established or otherwise noted. We assume no liability or responsibility for any rights-of-way or easements recorded or unrecorded not shown on the record plat.



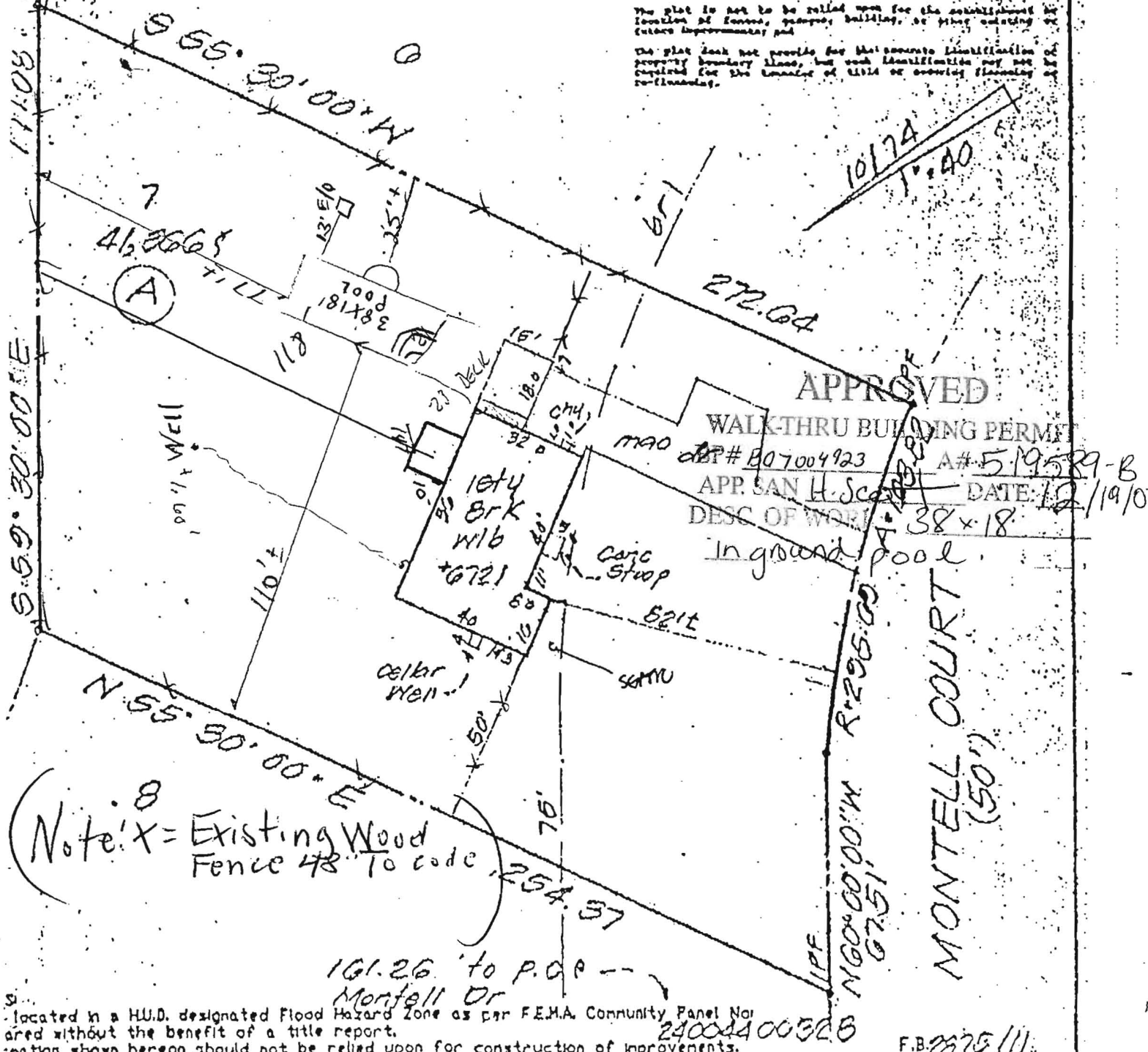
LOT IMPROVEMENT SURVEY
 6721 Montell Court
 Lot 7 Block A
 GREEN HILL MANOR
 Clarksville Election District
 Howard County, Maryland

Marwan Faris Mustafa
 MARWAN FARIS MUSTAFA
 Prof. Land Surveyor, Md. 20007
 Date 11/15/06

ELLIOTT & ASSOCIATES, INC.
 9 Adelphi Road
 Annapolis, Maryland 20783
 Phone 301-422-6080
 Fax 410-227-6080
 1-800-244-6681

| | | |
|------------------|-----------------------------|----------------------------|
| Drafts Chk: 5 | Plot Book / Page 10 / 74 | Case No. 53008 M/Marion |
| Job No. N4533 | Liber / Folio 1 / - | File Number 3182055 |

The plot is not to be relied upon for the establishment of location of fences, pavements, buildings, or other existing or future improvements; and
 The plot does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or recording of financing or refinancing.



Note: X = Existing Wood Fence 4\"/>

located in a HUD designated Flood Hazard Zone as per FEMA Community Panel No. 24000400328
 information shown hereon should not be relied upon for construction of improvements. F.B. 2575/11

I hereby certify that I have surveyed property shown hereon for the purpose of locating the improvements only, and the monuments are located as shown. Exact property corners have not been established, it, unless otherwise noted. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded not appearing on the record.

Marwan Faris Mustafa
 1415-06
 Date

WAN FARIS MUSTAFA
 Prof. Land Surveyor, Md. #20007



LOT IMPROVEMENT SURVEY
 6721 Montell Court
 Lot 7 Block A
 GREEN HILL MANOR
 Clarksville Election District
 Howard County, Maryland

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------------|
| JHT, ELLIOTT & ASSOCIATES, INC. 9 Adelphi Road Adelphi, Maryland 20783 301-422-8080 422-8080 1-800-214-6681 | Drafts 6 | Plot Book / Page 10 / 74 | Case No. 53008 NPMarian |
| | Job No. N4633 | Liber / Folio 1 = - | File Number 2H82065 |

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08001352

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Address _____ Suite/Apt. #: _____ SDPWP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____ | Property Owner's Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work _____ _____ _____ | Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ 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 | Building Characteristics | Utilities |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 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 <input type="checkbox"/> # of Heads | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Water Supply: _____ <input type="checkbox"/> Public <input checked="" 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: |

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. **

| AGENCY | DATE | SIGNATURE | APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|----------------------------------------------------------|----------------|--------------------|----------|----------------------------------------------------------|-----------------------------|
| Land Development, DPZ | | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | | Rear: _____ | Permit fee \$ <u>100</u> |
| Building Official | | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | | Side St.: _____ | Add'l per. fee \$ <u>10</u> |
| Health | <u>5/16/08</u> | <u>[Signature]</u> | | All minimum setbacks met? | TOTAL FEES \$ <u>110</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 # _____ |
| 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 _____ | Accepted by _____ |
| Green: LDD, DPZ | | | | SDP/Red-line approval date _____ | |
| Yellow: DED, DPZ | | | | | |
| Pink: Health | | | | | |
| Gold: SHA | | | | | |

