

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

006008186

Building Address 11505 Blue Flame Ct
Clarksville 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Flamewood
Section _____ Area _____ Lot 6
Tax Map 41 Parcel 415 Grid 15
Zoning _____ Map Coordinates 18K2 Lot size _____

Property Owner's Name David + Yvona Ward
Address 11505 Blue Flame Ct
City Clarksville State MD Zip Code 21029
Home Phone 410-531-4792 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use SPD + Pool
Estimated Construction Cost \$ 25,000
Description of Work Inground concrete
pool 27' x 46' in rear yard w/ 48"
high fence to code

Contractor Company Maryland Pools Inc
Contact Person Joanne Latham
Address 9515 Gerwig LA
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"/>
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 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 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 THEREIN; (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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>11/28/06</u>		<u>J. Latham</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 Newtown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health				
Gold: SHA				

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	N/
SEPTIC	20'
WELL	30'

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
SPA: 64 SqFT W/(8) JETS, BLOWER & BOOSTER
RAISED BEAM: NONE
TILE: STB - 808 (POOL) B1350 (DAM WALL)
COPING: PA FULL RANGE FLAGSTONE - CUT
PLASTER: PEBBLE TEC - WHITE PEARL
FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
CLEANING SYS: PCC-2000
TREATMENT SYS: MINERAL SPRING
CONTROL SYS: I-7-3
HEATER: 400K BTU - PROPANE
LIGHTS: TWO WATTS: 500 VOLTS: 120
LOVESEAT: (1) @ 4' - INSIDE
AQUA BENCH: (2) @ 8'
RAIL GOODS: NONE
DECKING: NONE
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: 8' DIVINGBOARD & STAND, EQUIPOTENTIAL BONDING GRID

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 27' x 46' - CUSTOM (DIVING)
POOL AREA: 950 **SPA:** 64 **OTHER:**
TOTAL AREA: 1,014
PERIMETER: 131 **SPA:** 31
GALLONAGE: 40,375 **DEPTH:** 3'-6" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 RT. 29 SOUTH TURN RIGHT ON JOHNS HOPKINS ROAD
 TURN RIGHT ON FLAME WOOD RIGHT ON BLUE FLAME COURT

MAP #
18
GRID
K-2

David & Yvona Ward
 11505 Blue Flame Court
 Clarksville, Maryland 21029
 Howard County

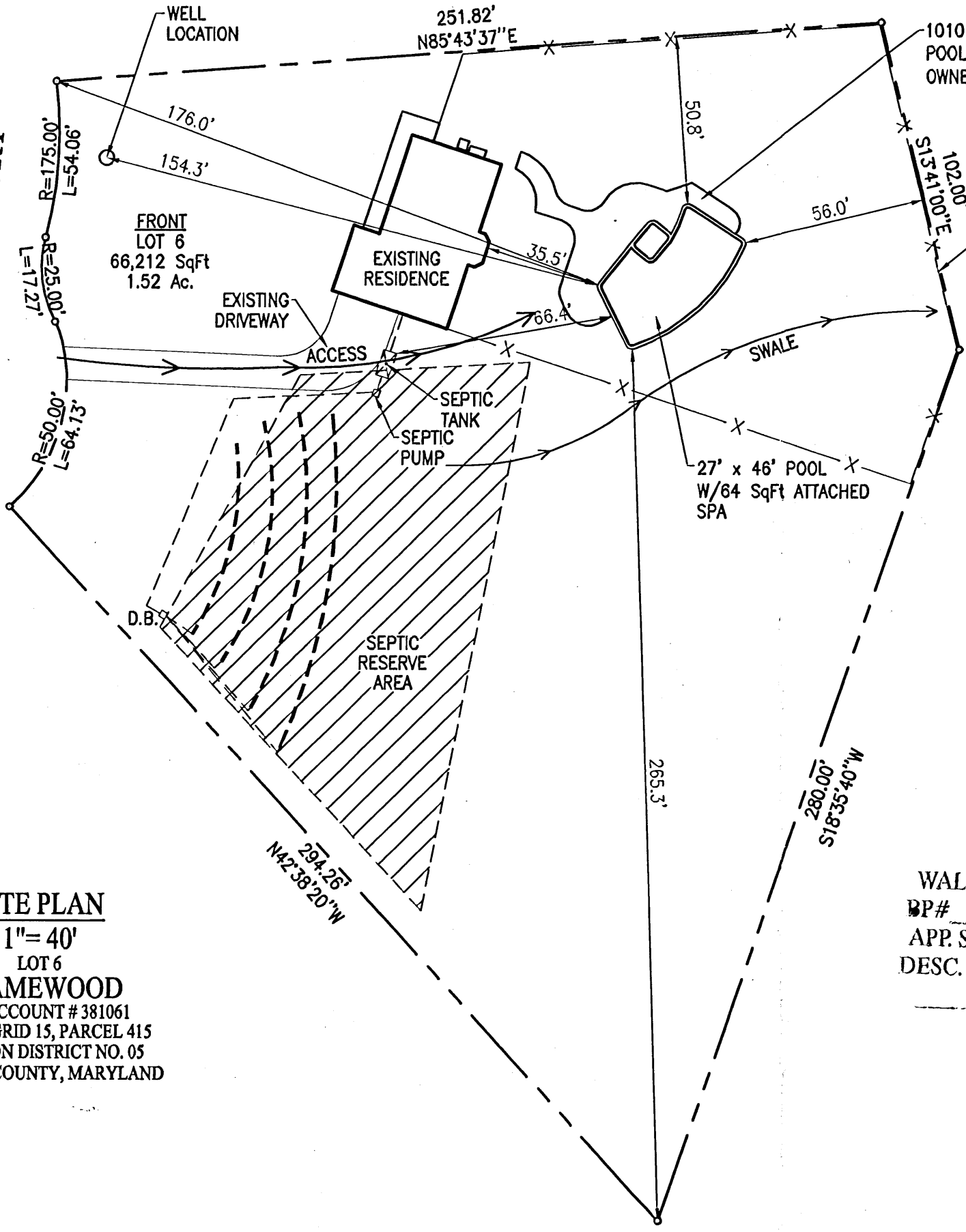
HOME PHONE: 301-725-8474
CELL PHONE 1:
OFFICE PHONE: 410-531-4792 (Mr.)
OFFICE PHONE: 301-594-2645 (Mrs.)

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
6	FLAMEWOOD	05	381061

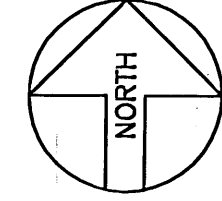
SITE PLAN ZONE: ONE

SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #:
1"= 40'	DLC	11/21/06	DAW06-9086	1.0

BLUE FLAME COURT



PRIVATE WELL & SEPTIC



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B06008186 A# 30976
 APP. SAN GAC DATE: 11/28/06
 DESC. OF WORK: Pool as shown

SITE PLAN

1"= 40'
 LOT 6
FLAMEWOOD
 TAX ACCOUNT # 381061
 MAP 41, GRID 15, PARCEL 415
 ELECTION DISTRICT NO. 05
 HOWARD COUNTY, MARYLAND

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 11-21-06

Building Address 11505 Blue Flame Ct.
Clarksville, Md. 21029

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

Census Tract _____ Subdivision Flamewood

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name David + Yovna Ward

Address 11505 Blue Flame Ct

City Clarksville State Md Zip Code 21029

Home Phone 301 725-8474 Work Phone 301 594 2675

Applicant's Name & Mailing Address, (if other than stated hereon):
Steven H. Cooley
5010 Shepard Ln.
Clarksville Md. 21029

Phone 301 854 3510 Fax 410 531 6574

Existing Use _____

Proposed Use Deck

Estimated Construction Cost \$ \$10,000.00

Description of Work 18' x 32" wood Deck
to w/ steps to grade, 8' above grade

Contractor Company Town Creek Landscaping

Contact Person Steven H. Cooley

Address 5010 Shepard Ln.

City Ellicott City State Md Zip Code 21042

License No. 44986

Phone 301 454 3510 Fax 410 531 6574

Occupant or Tenant Ward, David

Contact Name _____

Address 11505 Blue Flame Ct

City Clarksville State Md. Zip Code 21029

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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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Steven H. Cooley
 Applicant's Signature

Steven H. Cooley
 Print Name

Nov 1 2006
 Date

Title/Company _____

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>11/1/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

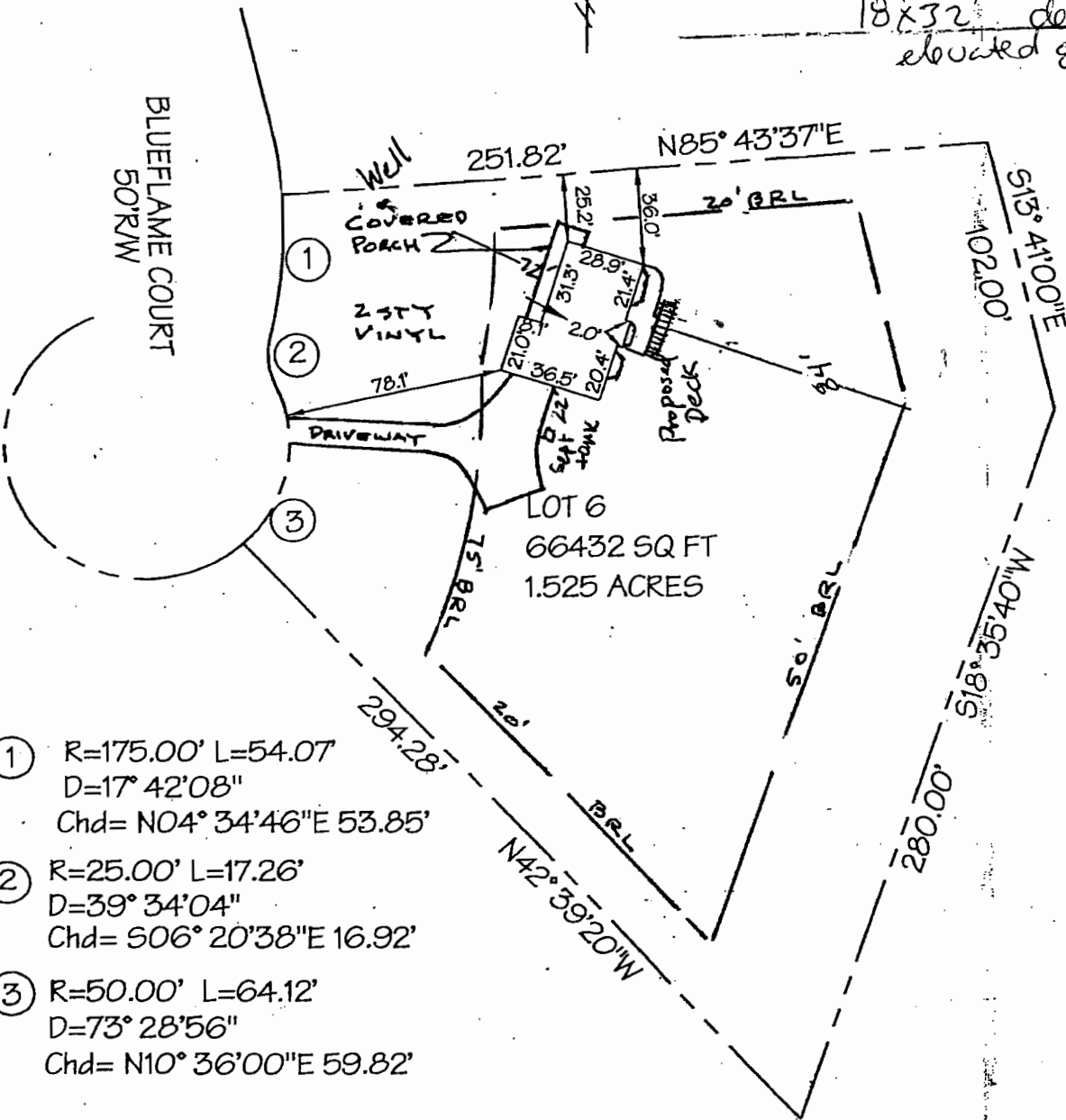
PROPERTY KNOWN AS:
 LOT 6
 FLAMEWOOD
 PLAT NO. 3822
 HOWARD COUNTY, MD

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

APPROVED

WALK-THRU BUILDING PERMIT
 BP# B06006945 A# 30976
 APP. SAN SP DATE: 11/1/06
 DESC. OF WORK:

18x32' deck w/ steps
elevated 8'



- ① R=175.00' L=54.07
 D=17°42'08"
 Chd= N04°34'46"E 53.85'
- ② R=25.00' L=17.26'
 D=39°34'04"
 Chd= S06°20'38"E 16.92'
- ③ R=50.00' L=64.12'
 D=73°28'56"
 Chd= N10°36'00"E 59.82'

LOCATION DRAWING

F.M. PLR 443.7
 TOP OF WALL = 442.5'

5/29/01

CERTIFICATION	SEAL	SCALE 1"=50'	DATE 9/08/2000
<p>This is to certify that I have surveyed the property known as: <u>LOT 6 FLAMEWOOD # 11505</u></p> <p>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.</p>		<p>LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.) (301) 596-3424 (Wash.) (410) 715-9540 (Fax)</p>	

12/27/00 Layout to follow (11am)
Jamesway Ct
12/29/00 Layout
1/3/01 All done
5/29/01 Septic Pump Test None

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514717
A 30976
ISSUE DATE 12/22/2000
APPROVAL DATE 5/29/01

Kenneth Mayne

INDEXED

IS PERMITTED TO INSTALL X ALTER

ADDRESS 11723 Legore Bridge Road, Keymar, MD 21757 PHONE 301-898-0955
SUBDIVISION Flamewood LOT NUMBER 6 ADDRESS 11505 Blue Flame Court
PROPERTY OWNER Ward PROPERTY OWNER'S ADDRESS 8468 Woodland Manor
SEPTIC TANK CAPACITY 1250 GALLONS Top Seam
PUMP CHAMBER CAPACITY 1250 GALLONS (Top Seamed Tanks)
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 30 feet wide. Inlet 30 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box pipe
LOCATION: Begin trenches 100 feet off the front lot line and 10 feet off the right lot line as seen when facing the lot from Blue Flame Court. Run trenches on contour toward the left lot line. 7/18/00 OK ALM

LAYOUT INSP. VERY IMPORTANT!
7'ETE (10' CTC) WELL RADIUS 75-100?

PLANS APPROVED Amy McMillan DATE 7/14/2000

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS **BUILDING PERMIT SIGNED AND RETURNED**
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

11/106- B06006945- 18x30 Deck

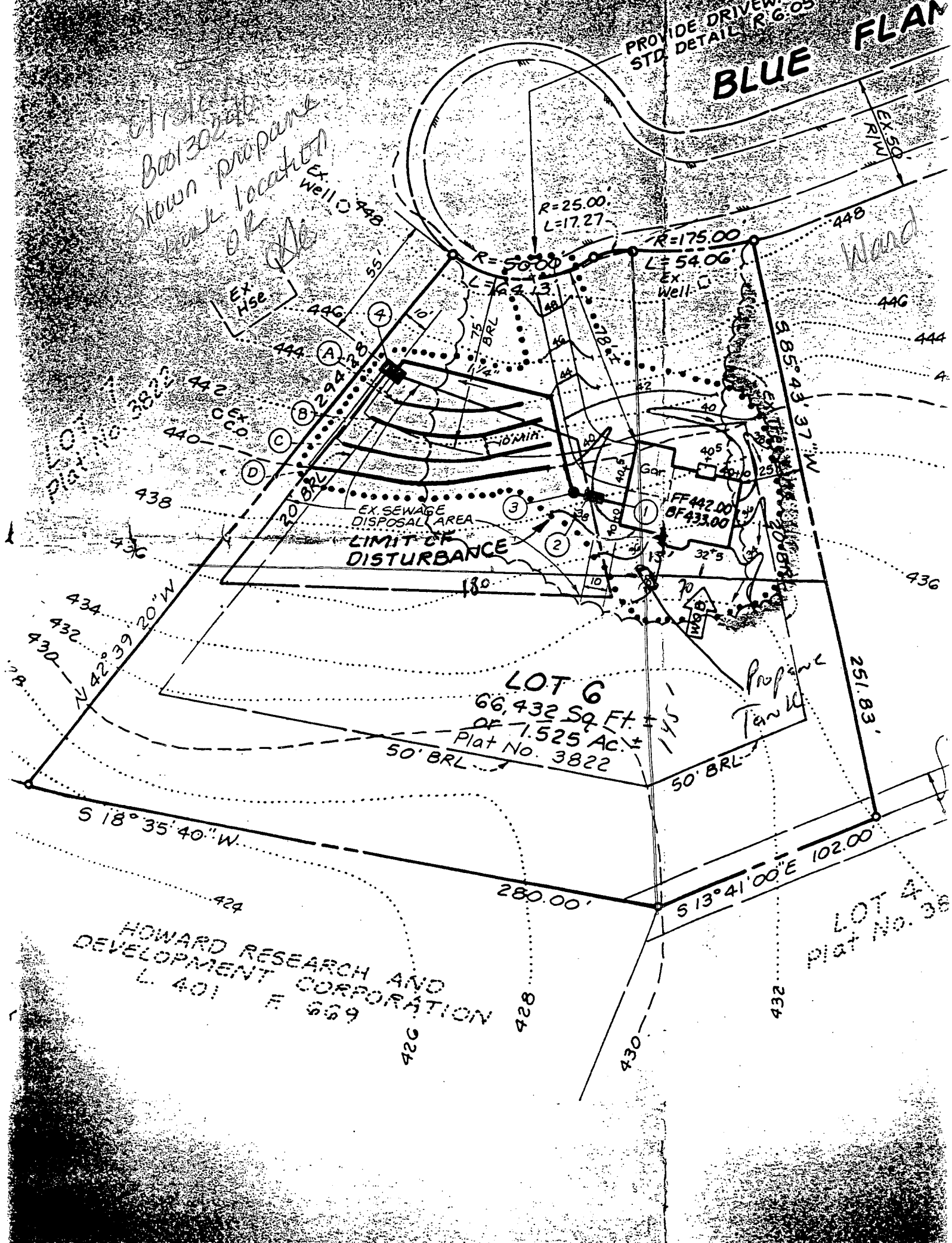
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

30976

PROVIDE DRIVEWAY
STD. DETAIL R 6.05

BLUE FLAN

Handwritten:
at 130 ft
Boat 30 ft
shown propane
tank located
OR



EX Hse

EX Well 448

R=25.00
L=17.27

R=175.00
L=54.06

R=50.00

(A)

(B)

(C)

(D)

(1)

(2)

(3)

EX. SEWAGE
DISPOSAL AREA
LIMIT OF
DISTURBANCE

Gar

FF 442.00
OF 433.00

W&E

LOT 6

66,432 Sq Ft ±

OF 1.525 Ac. ±

Plat No. 3822

Propane
Tank

S 18° 35' 40" W

280.00'

S 13° 41' 00" E 102.00'

HOWARD RESEARCH AND
DEVELOPMENT CORPORATION
L. 401 F. 669

LOT 4
Plat No. 38

426

428

430

434

251.83'

585.43' 37" W

442

440

438

436

434

432

430

428

426

424

422

420

418

416

414

412

410

408

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