

Building Address 6916 PINDELL SCHOOL RD.  
FULTON, MD. 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision PEMBROKE KNOL

Section 1 Area \_\_\_\_\_ Lot 4

Tax Map LIF Parcel 4/52 Grid \_\_\_\_\_

Zoning R Map Coordinates \_\_\_\_\_ Lot size 2.137 AC

Property Owner's Name ROSEANNE AND TOM CHILCOAT  
 Address 6916 PINDELL SCHOOL RD.  
 City FULTON State MD Zip Code 20759  
 Home Phone 410-5317043 Work Phone 410-5315700  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
C.C.M., INC. c/o AL ERDI  
P.O. BOX: 333, PHOENIX, MD, 21131  
 Phone 410-592 5153 Fax 410-592 3444

Existing Use DETACHED HOME  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 20,000

Description of Work INSTALL A 15'x36' INGROUND REINF. CONC. SWIMMING POOL W/ FENCE AROUND PER CODE (500')

Contractor Company SUNRISE PREMIERE  
 Contact Person DON SEYFFERTH  
 Address 1460 RITCHE HWY, SUITE 108  
 City ARNOLD State MD Zip Code 21012  
 License No. MHC# 45494 Phone 410-1-877 349 Fax 410-349 3668

Occupant or Tenant THE OWNERS  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company C.C.M., INC.  
 Contact Person AL ERDI, P.E.  
 Address P.O. BOX: 333  
 City PHOENIX State MD Zip Code 21131  
 Phone 410-592 5153 Fax 410-592 3444

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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 _____	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 type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
		Other Structure: <u>pool</u> Dimensions: <u>15x36'</u> Footings: _____ Roof: _____	
		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.

Applicant's Signature Mark Ruffalo Print Name AL ERDI  
 C.C.M., INC. Date 2/21/01

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	<u>4/2/01</u>	<u>Mark Ruffalo</u>	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Is Entrance Permit required?	Balance due \$ _____
			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"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____



**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

PO048336

Building Address 6916 PONDHILL School RD  
FULTON 20759 MD

Property Owner's Name Thomas + Rosanna Chilcote  
 Address 6916 PONDHILL School RD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City FULTON State MD Zip Code 20759

Census Tract 605102 Subdivision Embucke Knolls

Home Phone 410 5315700 Work Phone 443 8659541

Section 1 Area \_\_\_\_\_ Lot 4

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 41 Parcel 153 Grid 4

JAMES T. EDWARDS

Zoning CR20 Map Coordinates 15A12 Lot size \_\_\_\_\_

606 MAIN STREET

REISTERSTOWN MD 21136

Phone 410 633 5525 Fax 410 933 4602

Existing Use SI Home

Contractor Company COLUMBIA HOME CONTRACTORS

Proposed Use 20X14 FORM ADD

Contact Person TIM EDWARDS

Estimated Construction Cost \$ 22000

Address 606 MAIN ST.

Description of Work 20X14 FORM ADD

City REISTERSTOWN State MD Zip Code 21136

License No. 45320

Phone 443 610 9482 Fax 410 833 4602

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name SAME AS OWNER

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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 \_\_\_\_\_

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

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 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.

James T. Edwards  
 Applicant's Signature  
Production Manager  
 Title/Company

JAMES T. EDWARDS  
 Print Name  
5 20 04  
 Date

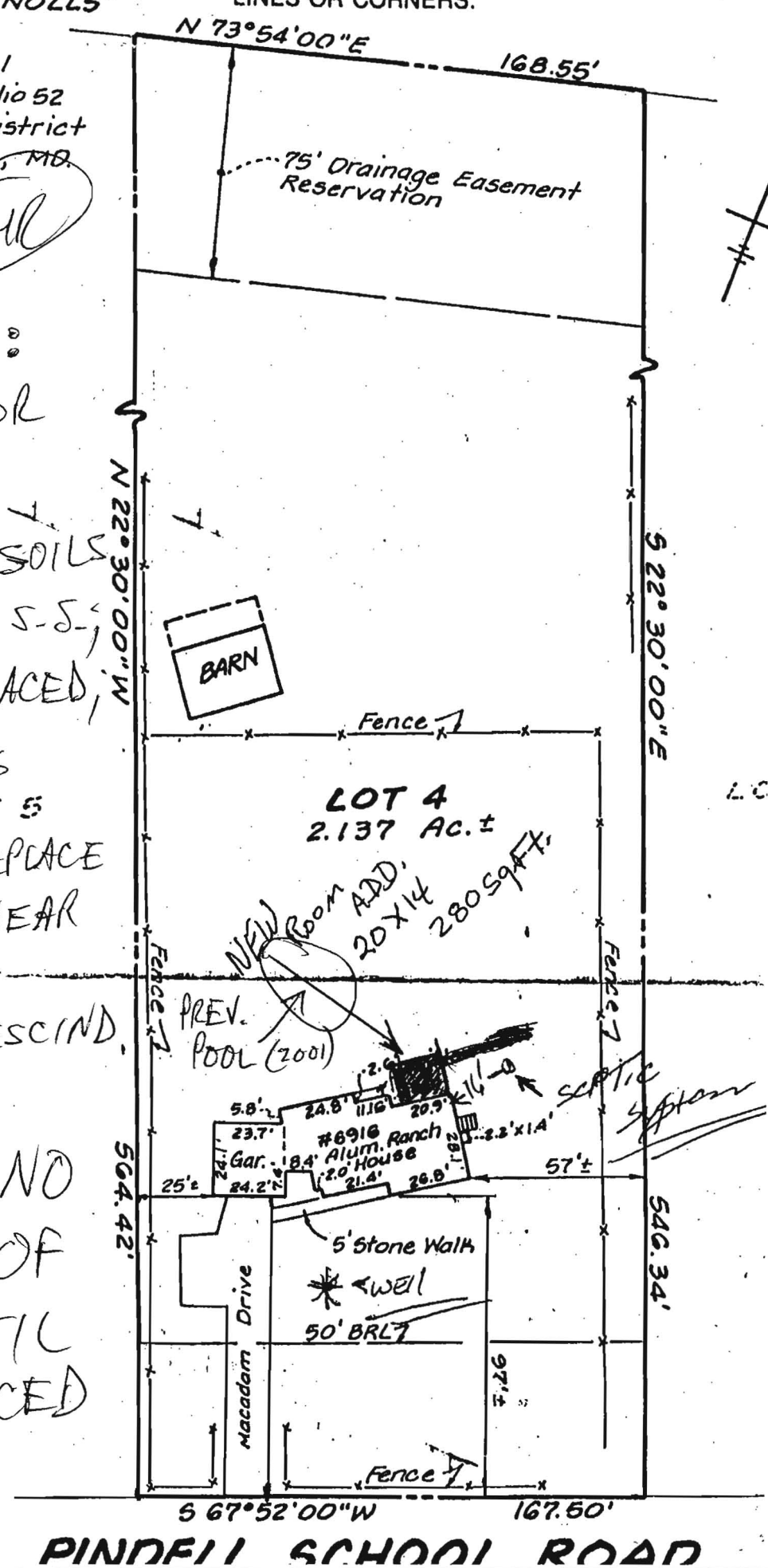
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

Property known as: **LOT 4**  
**"PEMBROKE KNOLLS"**  
Section 1  
Sheet 1 of 1  
Platbook 4 Folio 52  
5th Election District  
Howard County, MD.

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

5/20/04 *ML*  
ATTEMPTED  
WALK-THRU:  
PREV. PERC FOR  
POOL FOUND  
UNACCEPTABLE SOILS  
IN VIC. OF EX. S-S;  
SYS. NOT REPLACED;  
OWNER REJECTS  
CURRENT **LOT 5**  
REQUEST TO REPLACE  
S-S. IN AREA NEAR  
BARN, AND  
DECIDED TO RESCIND.  
BP APP

ABSOLUTELY NO  
BP APPROVALS OF  
ANY SORT UNTIL  
SYSTEM REPLACED



**PINELL SCHOOL ROAD**

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address <u>6916 Pindell School RD</u> <u>FULTON MD 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605102</u> Subdivision <u>Pembroke Knolls</u> Section <u>1</u> Area _____ Lot <u>4</u> Tax Map <u>411</u> Parcel <u>153</u> Grid <u>4</u> Zoning <u>RR50</u> Map Coordinates <u>151.2</u> Lot size _____	Property Owner's Name <u>Thomas Chilcote</u> Address <u>6916 Pindell School Rd</u> City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u> Home Phone <u>410 531-5700</u> Work Phone <u>443 965 9544</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>JAMES T EDWARDS</u> <u>606 MAIN STREET</u> <u>REISTERSTOWN MD 21136</u> Phone <u>443 610 9482</u> Fax <u>410 833 4602</u>
Existing Use <u>Single Family Home</u> Proposed Use <u>SAME</u> Estimated Construction Cost \$ <u>25000.00</u> Description of Work <u>20X14 2020 ADD. w/BALK</u> <u>OVER CRAWLSPACE</u>	Contractor Company <u>Columbia Home Contractors</u> Contact Person <u>TIM EDWARDS</u> Address <u>606 MAIN STREET</u> City <u>Reisterstown</u> State <u>MD</u> Zip Code <u>21136</u> License No. <u>45320</u> Phone <u>443 610 9482</u> Fax <u>410 833 4602</u>
Occupant or Tenant _____ Contact Name <u>SAMUEL DOWNER</u> Address _____ City _____ State _____ Zip Code _____ 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>	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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 _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> 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 THERE TO; (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 <u>James T. Edwards</u> Title/Company <u>Production Manager</u>	Print Name <u>JAMES T. EDWARDS</u> Date <u>5/26/04</u>
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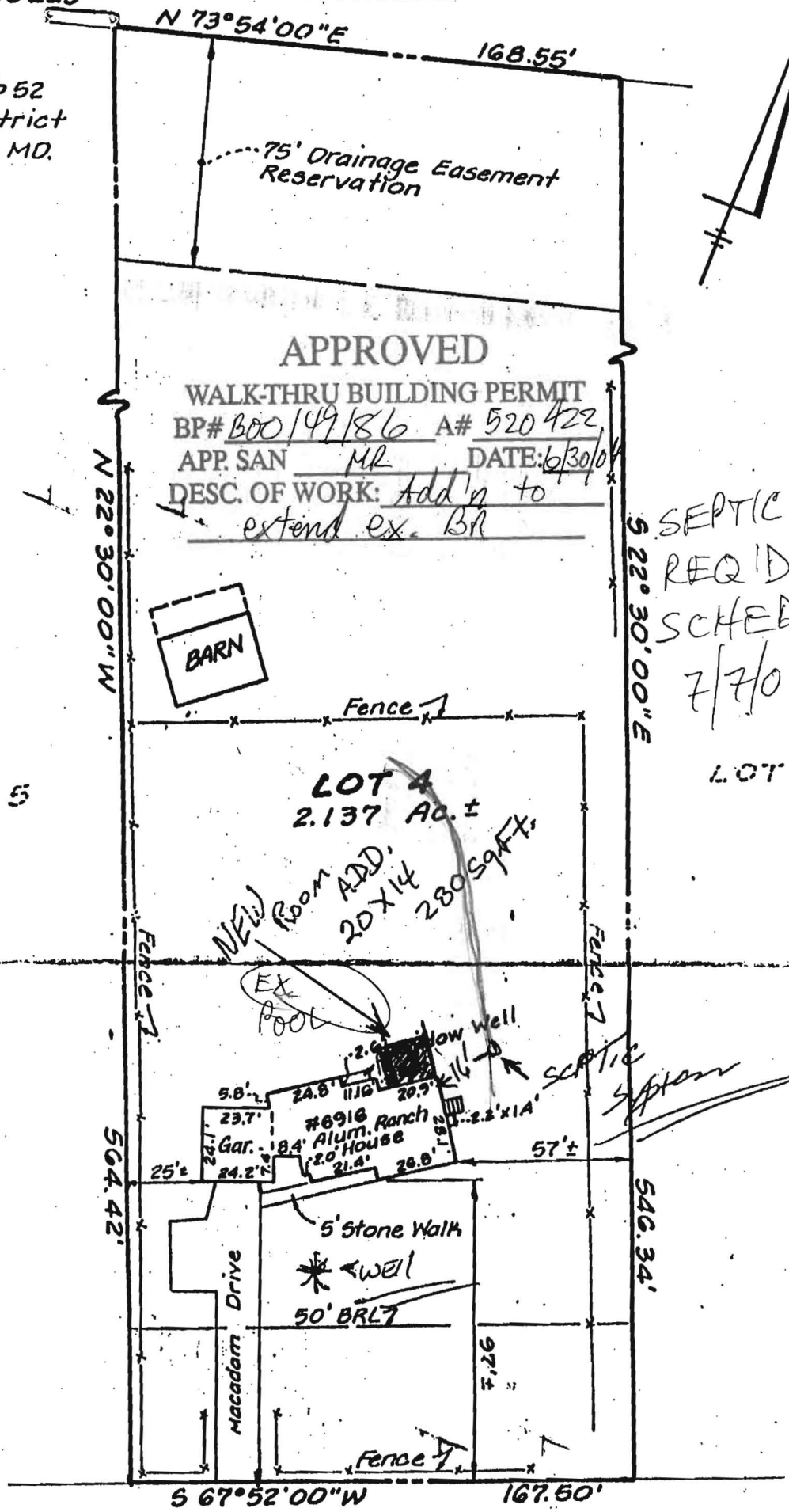
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	3948Y
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ	<u>6/30/04</u>	<u>Mark Ruffin</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>130.00</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>20353</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>7103</u>
			Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

Distribution of Copies: White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA

as: LOT 4  
 "BROKE KNOLLS"  
 Section 1  
 Sheet 1 of 1  
 Book 4 Folio 52  
 Election District  
 Ward County, MD.

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



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# B00149186 A# 520422  
 APP. SAN MR DATE: 6/30/04  
 DESC. OF WORK: Add'n to  
extend ex. BR


SEPTIC REPAIR  
 REQ'D  
 SCHEDULED FOR  
 7/7/04  
 MR  
 6/30/04

LOT 5

LOT :

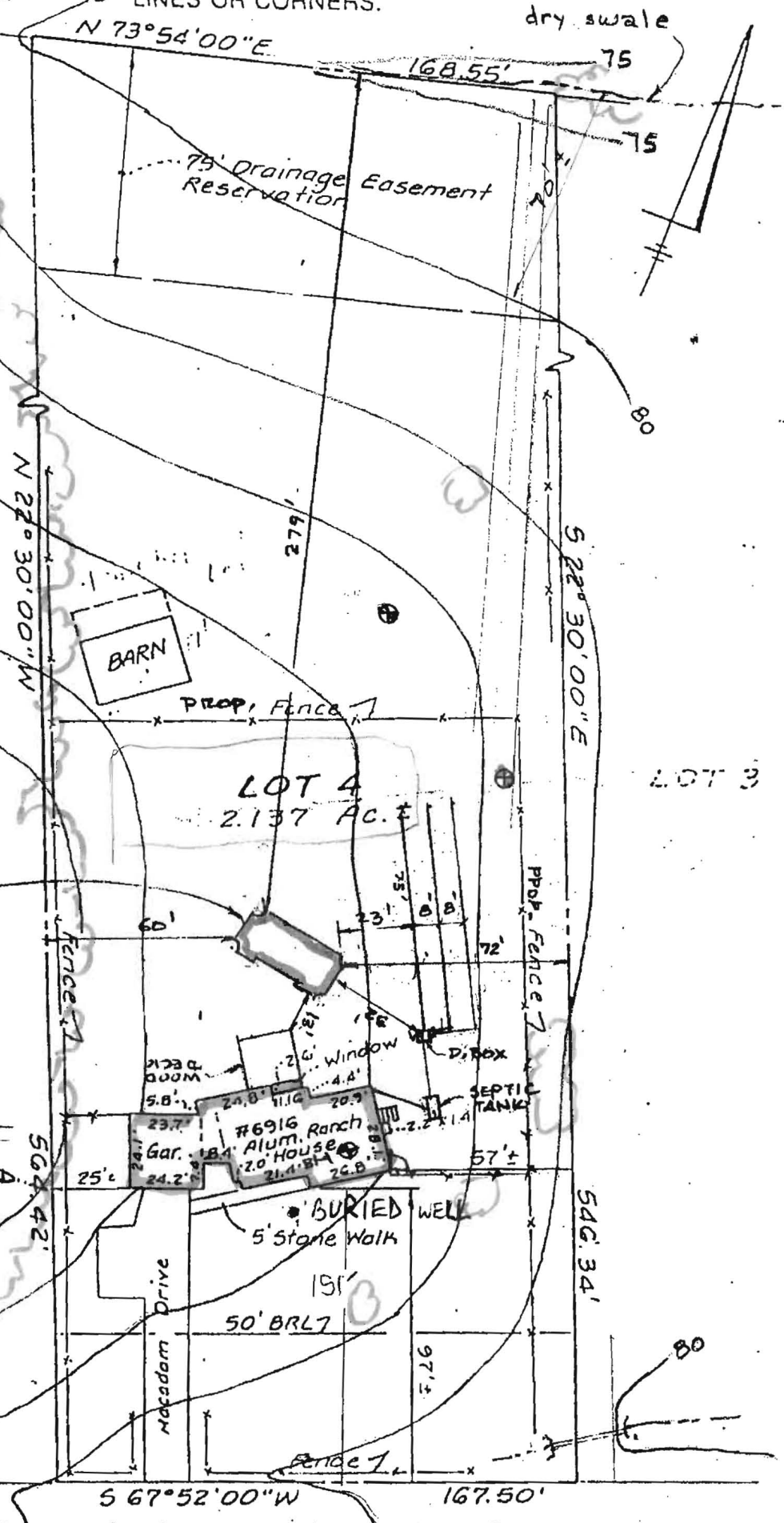
**PINDELL SCHOOL ROAD**

TION SURVEY PLAT  
 CT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE : 1" = 50' DATE :
to certify that I have surveyed property known as: <u># 6916</u> <u>Pindell School Road</u> purpose of locating the im- provements thereon, and the improvements indicated as shown.	 Walter Park	LAND DESIGN ENGINEER IN SUITE 210 10620 GUILFO JESSUP, MARYLAND 20794 880-0034 (BALT) 604-62 604-6735 (FAX)

Property known as: LOT 4  
"PEMBROKE KNOLLS"  
Section 1  
Sheet 1 of 1  
Platbook 4 Folio 52  
5th Election District  
Howard County, MD.

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



50

PROPOSED  
15' x 36' pool

ASSUMED  
B.M. (F. FIRST FLOOR)  
ELEVATION = 100.00  
TOPO MAP

ROSE ANNE & TOM CHILCOAT  
6916 PINDELL SCHOOL RD.  
FULTON, MD. 20759

PINDELL SCHOOL ROAD