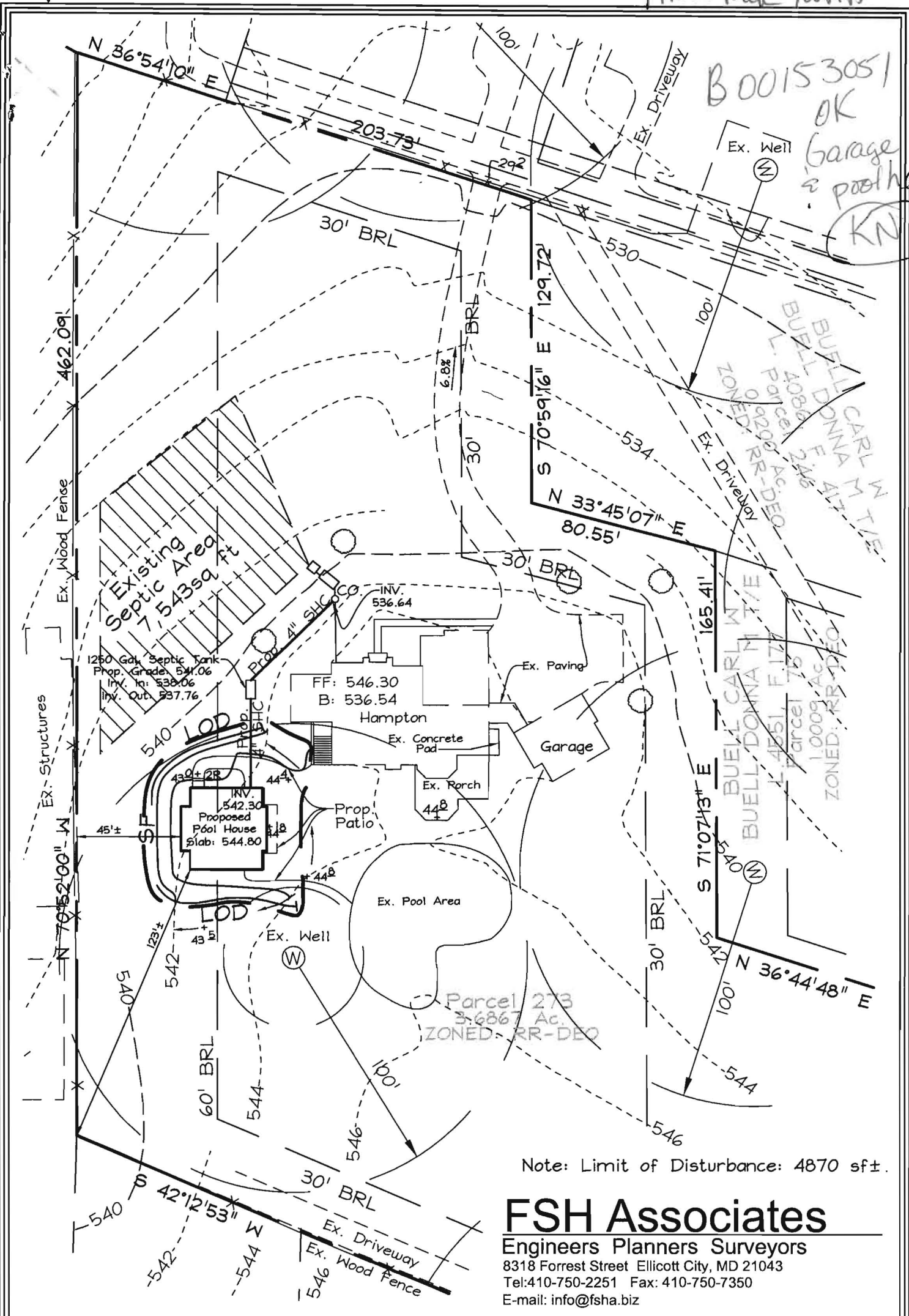


PHEDERICK ROAD

B00153051  
OK  
Garage  
& poolhouse  
KN



Note: Limit of Disturbance: 4870 sf±.

# FSH Associates

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: info@fsha.biz

DESIGN BY: PS  
 DRAWN BY: HK  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: March 23, 2005  
 W.O. No.: 3158  
 SHEET No.: 1 OF 1

## PLOT PLAN POOLHOUSE ADDITION CAREY RESIDENCE

TAX MAP 16 GRID 14  
3RD ELECTION DISTRICT

PARCEL 273  
HOWARD COUNTY, MARYLAND



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0148979

Building Address 11793 Frederick Rd.  
Elicott City, MD 21042

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

Census Tract 60300 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 14 Parcel 213 Grid 14

Zoning FR-X Map Coordinates 10117 Lot size 3.67

Property Owner's Name David & Theresa Carey

Address 11793 Frederick Rd

City Elicott City State MD Zip Code 21042

Home Phone 410-675-6634 Work Phone 410-527-1159

Applicant's Name & Mailing Address, (if other than stated hereon):  
David & Theresa Carey  
1200 S. Bouldin Street  
Baltimore, MD 21224

Phone 410-675-6634 Fax \_\_\_\_\_

Existing Use Single Family Dwelling

Proposed Use Same, w/ pool

Estimated Construction Cost \$ 22,600.00

Description of Work Reinforced concrete inground  
pool with DE filter, pool-filled by  
water truck

Contractor Company Anthony Sullivan Pools Inc.

Contact Person Jane Kestler Agent for contractor

Address 10840 Guilford Rd, Suite 407

City Annapolis State MD Zip Code 20701

License No. 17347

Phone 301-490-1930 Fax 410-792-2818

Occupant or Tenant Same as owner

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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <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 _____
State Certified Modular <input type="checkbox"/>	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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>inground pool</u>	
Dimensions: <u>21' x 40'</u>	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Jane Kestler  
Applicant's Signature  
Agent for contractor  
Title/Company

JANE KESTLER  
Print Name  
Date \_\_\_\_\_

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

AGENCY \_\_\_\_\_ DATE 6/7/04 SIGNATURE APPROVAL \_\_\_\_\_ DPZ SETBACK INFORMATION \_\_\_\_\_ PROPERTY ID#: 59591

3-11-04

P.P. 3/11/04

MEK

TO MS. AVIS CORBIN  
3430 COURTHOUSE DR  
ELICOTT CITY MD

RECEIVED

MAR 11 2004

LICENSES & PERMITS  
DIVISION

EX 17502

CR 42411

50.00

RE **B00144186-A**  
11793 FREDRICK ROAD  
ELICOTT CITY MD  
21042

WE ARE REQUESTING TO AMMEND THE ABOVE  
PERMIT TO ADD AN <sup>AT</sup> DETACHED GARAGE w/ BREEZEWAY.  
WE WOULD LIKE FOR THIS TO BE A "SHELL" ONLY.  
NO ELECTRIC, HEAT, PLUMBING, INTERIOR FINISHING  
WILL BE DONE ON THIS PERMIT.  
THE SIZE OF THE GARAGE WILL BE 26'-4" X 32'-11 3/4"

THANK YOU  
RICK MINOR

cc. DP2 - 3/11/04  
Health Dept

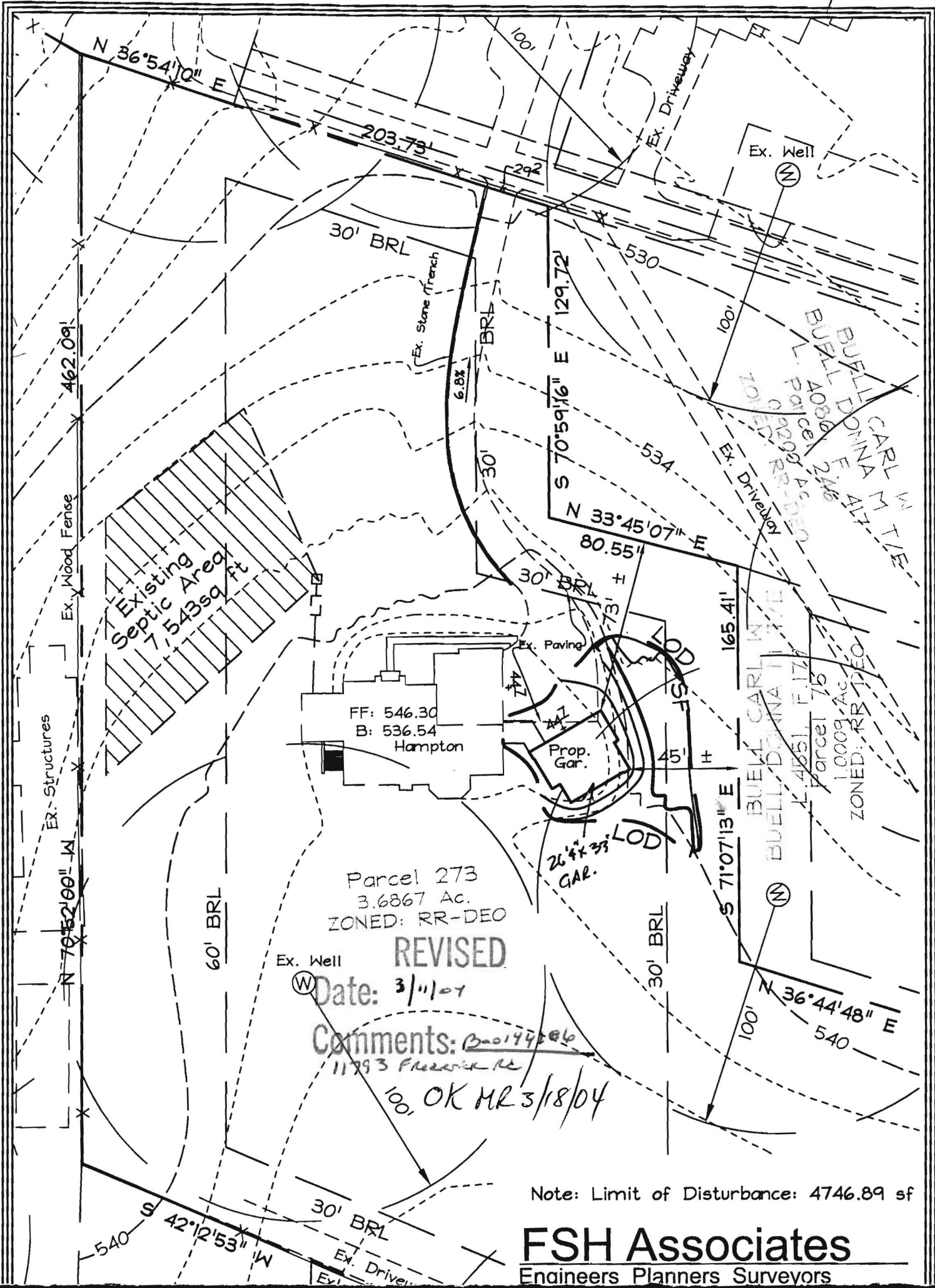
OK MR  
Ho Co Health  
3/18/04



GREENFIELD  
HOMES INC.

6656 Luster Drive • Highland, Maryland 20777 • (410) 781-6782 • Fax (443) 535-0551

THE BUILDERS OF DREAMS



Parcel 273  
3.6867 Ac.  
ZONED: RR-DEO

REVISED

Date: 3/11/07

Comments: 2001742006

11793 Frederick Rd  
100, OK MR 3/18/04

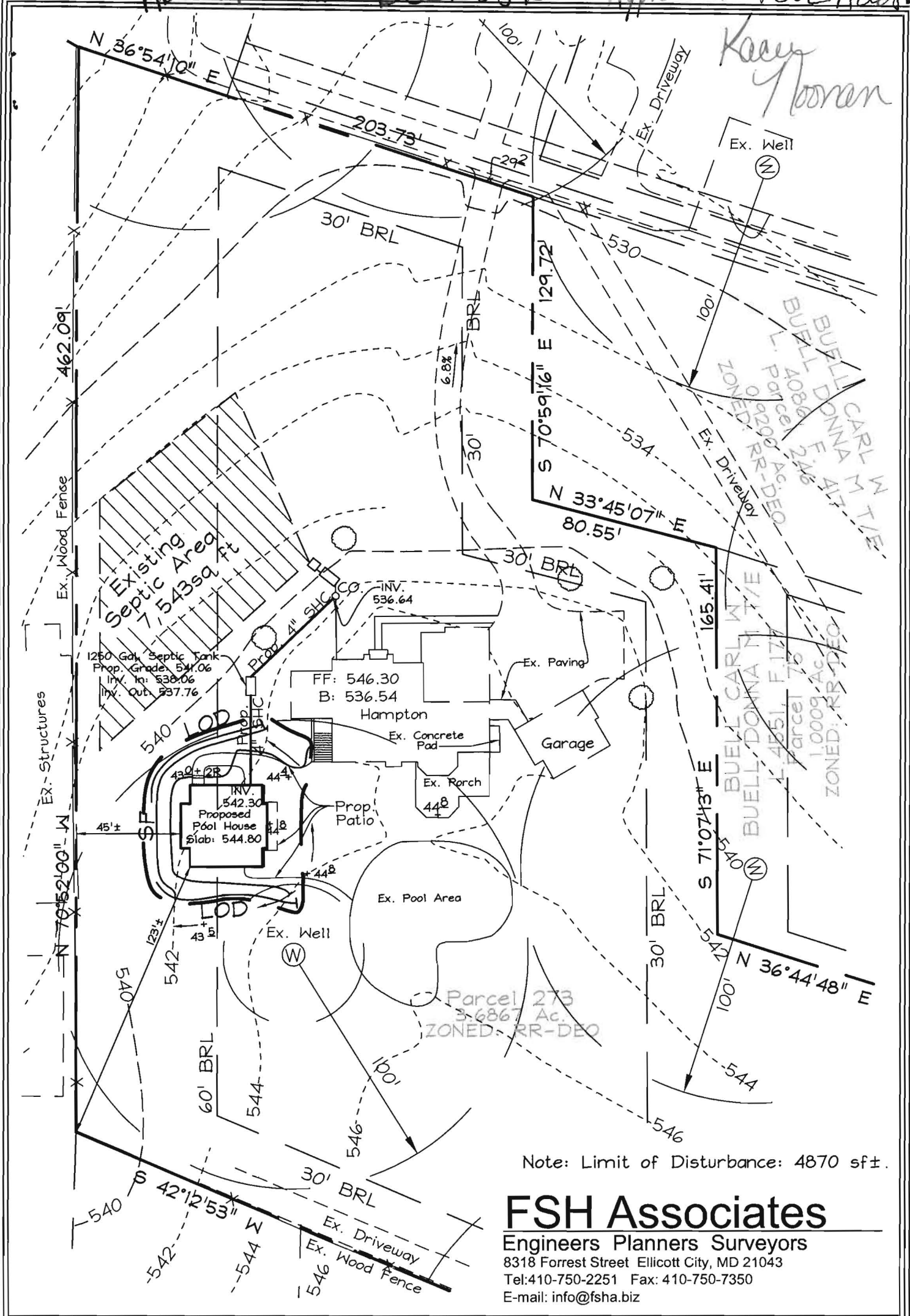
Note: Limit of Disturbance: 4746.89 sf

**FSH Associates**  
Engineers Planners Surveyors





Karey  
Noonan



Note: Limit of Disturbance: 4870 sf±.

**FSH Associates**  
 Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD 21043  
 Tel: 410-750-2251 Fax: 410-750-7350  
 E-mail: info@fsha.biz

DESIGN BY: PS  
 DRAWN BY: HK  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: March 23, 2005  
 W.O. No.: 3158  
 SHEET No.: 1 OF 1

**PLOT PLAN  
 POOLHOUSE ADDITION  
 CAREY RESIDENCE**

TAX MAP 16 GRID 14  
 3RD ELECTION DISTRICT  
 PARCEL 273  
 HOWARD COUNTY, MARYLAND

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B0044186 MER

Building Address 11793 FREDRICK RD  
ELLICOTT CITY MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60300 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 16 Parcel 273 Grid 14  
 Zoning RD30 Map Coordinates 10H4 Lot size 3.67

Property Owner's Name GREENFIELD HOMES INC  
 Address 6056 LUSTER DR  
 City HIGHLAND State MD Zip Code 20777  
 Home Phone \_\_\_\_\_ Work Phone 410-781-6782  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
 Proposed Use NEW SFD  
 Estimated Construction Cost \$ 500,000  
 Description of Work 4 BR, 4 FULL BATH, 3 CAR GAR.  
2 FF. W/FRONT PORCH, W/FRONT W/DRIVE  
NEW CUSTOM SWIMMING POOL, SPA

Contractor Company GREENFIELD HOMES INC  
 Contact Person ROCK MILLER  
 Address 6056 LUSTER DR  
 City HIGHLAND State MD Zip Code 20777  
 License No. 11E00361  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name NONE  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MARK ANDY  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410-750-2262 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	_____

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.

Wayne Greenfield  
 Applicant's Signature  
Wayne Greenfield Homes  
 Title/Company

WAYNE GREENFIELD  
 Print Name  
8/24/03  
 Date

OK MR 10/10/03

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