

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07000367

Building Address 3231 HUNTERS WORTH WAY
GLEADOW MD 21738

Property Owner's Name RICHARD + AMY PIPPER
Address 3231 HUNTERS WORTH WAY

Suite/Apt. #: _____ SDP/WP/Petition #: #15289

Census Tract _____ Subdivision THE WOODS OF WELLSBORO City GLEADOW State MD Zip Code 21738

Section _____ Area _____ Lot 18

Home Phone 410 489-0002 Work Phone 410 330-0111

Tax Map 14 Parcel 264 Grid 19

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

Zoning _____ Map Coordinates _____ Lot size 1.14A

Phone _____ Fax _____

Existing Use _____

Contractor Company C.M.R. INC.

Proposed Use _____

Contact Person MIKE BEVAN

Estimated Construction Cost \$ 40,000

Description of Work IN GROUND SWIMMING POOL

Address 12142 MT. ALBERT RD

POOL, DIVING BOOM 3'-8.5' DEEP

City ELLICOTT State MD Zip Code 21042

POOL + FENCE TO CODE

License No. 18695

Phone 410-588-8000 Fax 410-588-8005

Occupant or Tenant RICHARD + AMY PIPPER

Engineer or Architect Company _____

Contact Name MIKE BEVAN

Contact Person MIKE BEVAN

Address 12142 MT ALBERT RD

Address _____

City ELLICOTT CITY State MD Zip Code 21042

City _____ State _____ Zip Code _____

Phone 410 489 9850 Fax 410 489 5850

Phone 301 402-2160 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 checked="" 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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature

Mike Bevan
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
Land Development, DPZ	1/31/07	[Signature]
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	1/31/07	R. Bucher
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50</u>	Filing fee \$ _____
Rear: <u>30</u> <u>219</u>	Permit fee \$ _____
Side: <u>10</u> <u>24 & 82</u>	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Lot Coverage for New Town Zone <u>N/A</u>	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

