

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B08001176

Building Address 3255 Eleanor's Garden Wy  
Woodbine MD 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Cattail Trace  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 37  
 Tax Map 37 Parcel 688 Grid 13  
 Zoning \_\_\_\_\_ Map Coordinates 866 Lot size \_\_\_\_\_

Property Owner's Name Tony + Catherine Chahine  
 Address 3255 Eleanor's Garden Wy  
 City Woodbine State MD Zip Code 21797  
 Home Phone 410-290-0437 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD + Pool  
 Estimated Construction Cost \$ 25,000  
 Description of Work Inground pool 22' x 41'  
in rear yard w/ 48" high  
Fence to code.

Contractor Company Maryland Pools  
 Contact Person Joanne Latham  
 Address 9515 Gerwig Lane  
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____

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: _____	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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 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.

J. Latham  
 Applicant's Signature  
Agent  
 Title/Company

J. Latham  
 Print Name  
4-24-08  
 Date

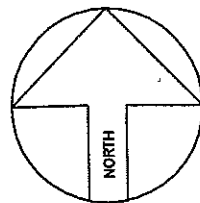
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

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	<u>4/24/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'

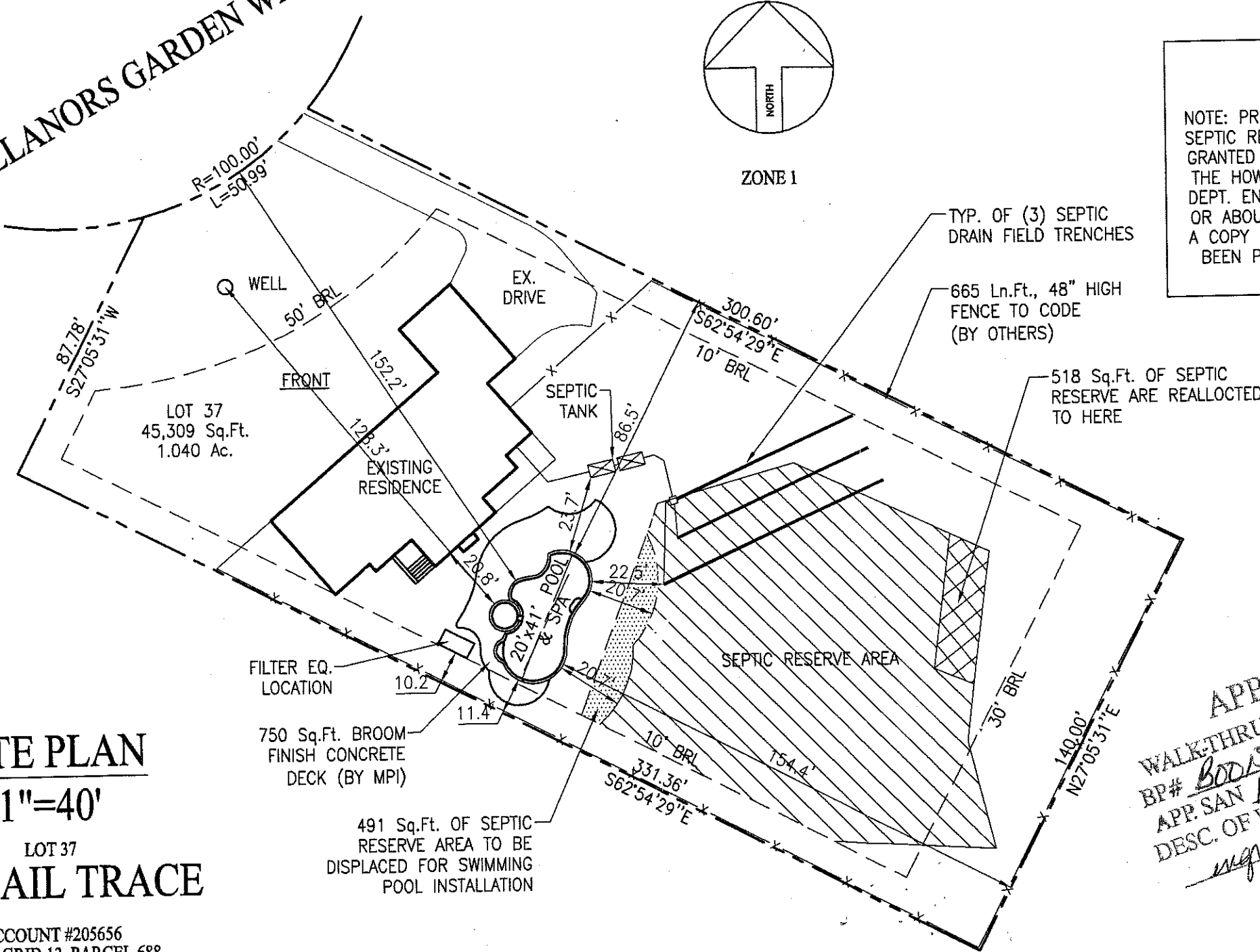
**PRIVATE WELL  
& SEPTIC**



ZONE 1

NOTE: PRE APPROVAL FOR SEPTIC REALLOCATION WAS GRANTED BY PERSONS AT THE HOWARD CO HEALTH DEPT. ENVIR. DIVISION ON OR ABOUT 9/24/05 AND A COPY OF APPROVAL HAS BEEN PLACED ON FILE

**ELLANORS GARDEN WAY**



**SITE PLAN**

1"=40'

**LOT 37  
CATTAIL TRACE**

ACCOUNT #205656  
MAP 37, GRID 13, PARCEL 688  
16TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

REVISIONS:  
10/12/05 - PREPARE FOR PERMIT

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# *BODIS 0999* A# *514958*  
APP. SAN *Rain* DATE: *10/13/05*  
DESC. OF WORK:  
*new pool*

**Maryland POOLS Inc.**

9515 GERWIG LANE SUITE 119 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: HAUL - 1 HOUR (IN CONTRACT)
- SPA: 50 SF W/6 JTS, 75W SAL LGHT, SKM & BLWR
- RAISED BEAM: NONE
- TILE: SURF 229
- COPING: 12" ROUNDNOSE BRICK - SUNSET RED
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/3 HP PUMP
- CLEANING SYS: PCC2000
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: INTELLITOUCH i9
- HEATER: 200K BTU (PROPANE) & AC 125 HEAT PUMP
- LIGHTS: 1 SAM WATTS: 300 VOLTS: 120
- LOVESEAT: (1) @ 6' OUTSIDE W/2 JET INLET FITNGS
- AQUA BENCH: (1) @ 8' & (1) 4'
- RAIL GOODS: NONE
- DECKING: 750 Sq.Ft. BROOM FIN. CONC
- FENCE: BY OWNER
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$100 CHEMICAL ALLOWANCE
- OTHER ITEMS: 8' DIVING BOARD & STAND  
INITIAL WATER FILL, 4 DOOR ALARMS  
60 Ln.Ft. GAS LINE  
50 Ln.Ft. BRICK DECK DIVIDERS
- ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 20' X 41' - CUSTOM  
POOL AREA: 634 SPA: 50 OTHER: 12  
TOTAL AREA: 696  
PERIMETER: 113 SPA: 25  
GALLONAGE: 27,000 DEPTH: 3'-0" TO 8'-6"

**DIRECTIONS TO SITE**

Rt 32 WEST TO A EXIT ONTO RT-108 WEST  
R/T @ LIGHT ON TEN OAKS TOL/T ON BRIGHTON DAM RD  
R/T ON RT-850 NEW HAMPSHIRE AVE TO R/T ON RT-97  
L/T ON JENNINGS CHAPEL ROAD  
FORK GO RIGHT ONTO DAISY RD  
GO 1 MILE TO R/T INTO CATTAIL TRACE DEVELOPMENT  
R/T ON ELEANORS GARDEN WAY TO CULDESAC  
HOUSE ON LEFT

**Tony & Catherine Chahine**  
3255 Eleanors Garden Way  
Woodbind, Maryland 21797  
Howard County

HOME PHONE: 410-290-0437  
OFFICE PHONE 1:  
OFFICE PHONE 2:

PERMIT SET  
DATE: 10-13-05

**PERMIT NUMBERS**

POOL:  
ELECT:  
OTHER:

SITE PLAN		ZONE: ONE	
LOT: 37	SUBDIVISION NAME: CATTAIL TRACE	DISTRICT: 16	PIN #: 205656
SCALE: 1"=40'	BY: JK	DATE: 10/13/05	JOB NUMBER: DW05-8375 SHEET #: S-1

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**SETBACKS:**

REAR PL. 10'  
SIDE PL. 10'  
HOUSE 0'  
SEPTIC 20'  
WELL 30'

# Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600  
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192  
800-252-SWIM  
WWW.MARYLANDPOOLS.COM

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GALLONAGE: 27,000 DEPTH: 3'-0" TO 8'-6"

### DIRECTIONS TO SITE

MAP #

GRID

Tony & Catherine Chahine  
Lot 37 - Cattail Trace

Howard County

HOME PHONE: 410-290-0437  
OFFICE PHONE 1:  
OFFICE PHONE 2:

PLAN VIEW

ZONE:  
ONE

REVISIONS:

00/00/00

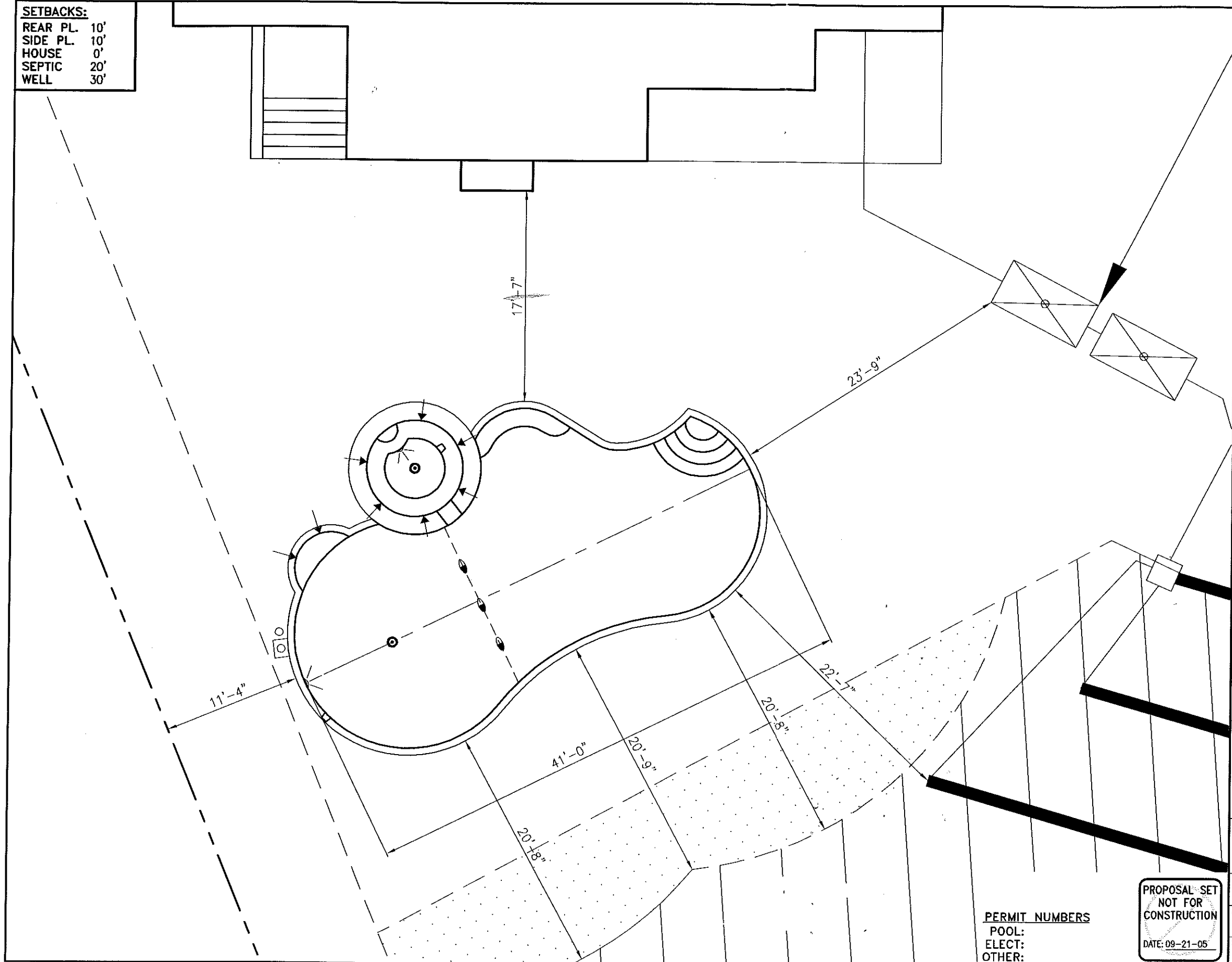
SCALE: 1/8"=1'-0" BY: JEK DATE: 08/10/05 JOB NUMBER: DW05-8375 SHEET #: P-1

**PERMIT NUMBERS**

POOL:  
ELECT:  
OTHER:

PROPOSAL SET  
NOT FOR  
CONSTRUCTION  
DATE: 09-21-05

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HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 3255 Eleanors Garden Way  
Woodbine md 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Cattail Trace  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 37  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Tony + Catherine + Chahine  
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Home Phone 410-290-0437 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD + Pool  
Estimated Construction Cost \$ 25,000  
Description of Work Inground concrete pool  
20' x 41' w/ 48" high Fence to code  
Pool Filled by Truck

Contractor Company Maryland Pools  
Contact Person JoAnn Latham  
Address 9515 Gerwig Lane  
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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>3-8'</u>	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"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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.

J. Latham  
Applicant's Signature  
agent  
Title/Company

J. Latham  
Print Name  
10-13-05  
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			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>10-13-05</u>	<u>Kacubobman</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

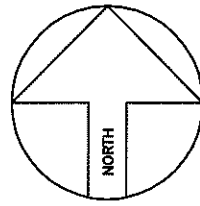
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\forms\PERMIT.FRM

<b>SETBACKS:</b>	
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'

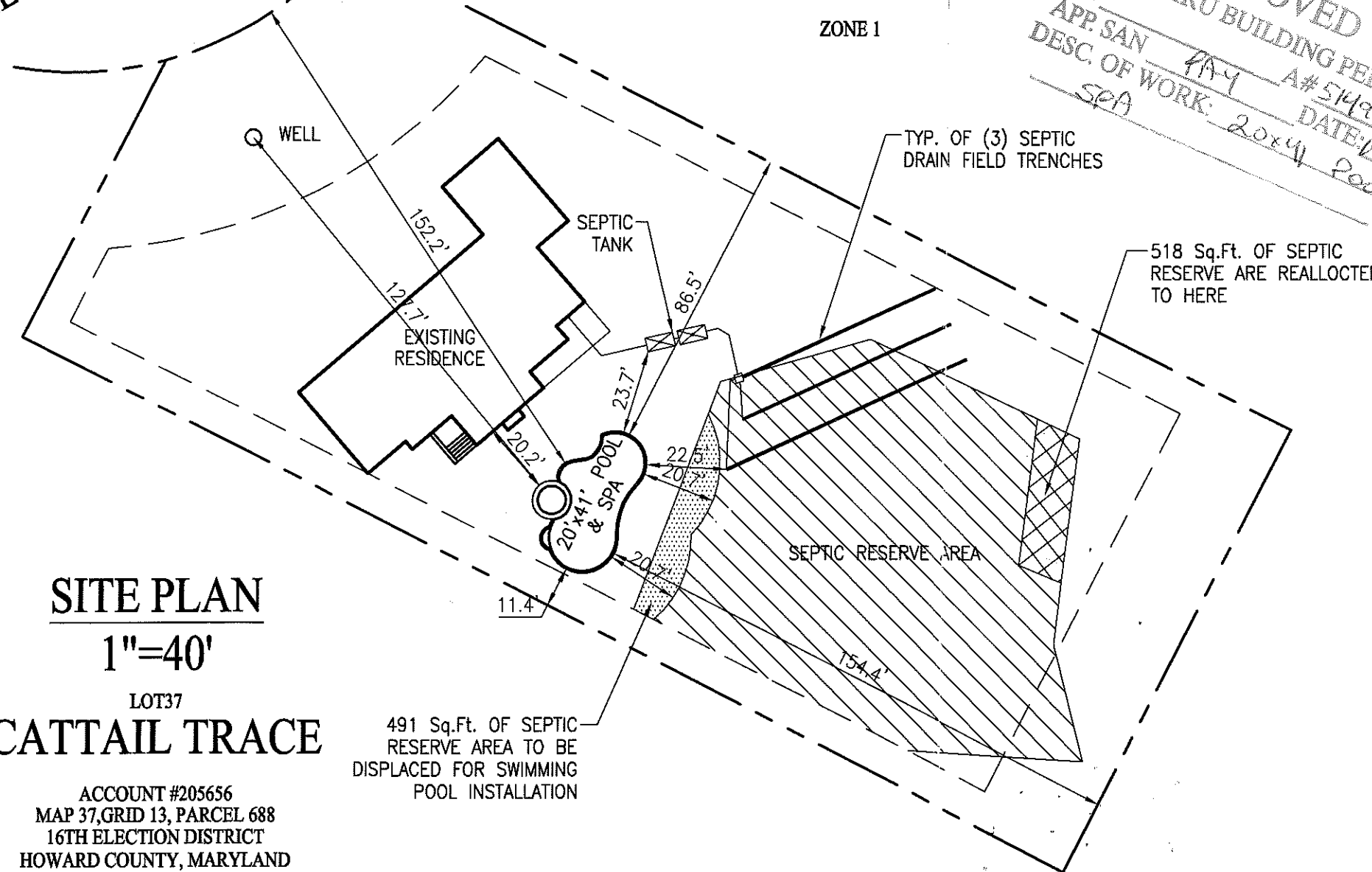
ELLANORS GARDEN WAY

**PRIVATE WELL  
& SEPTIC**



ZONE 1

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_  
APP. SAN FA-4 A# 514952-T  
DESC. OF WORK: 20x41 Pool DATE: 10/13/05  
SEA



**SITE PLAN**

1"=40'

LOT 37  
**CATTAIL TRACE**

ACCOUNT #205656  
MAP 37, GRID 13, PARCEL 688  
16TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

**Maryland POOLS** Inc.  
9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600  
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192  
800-252-SWIM  
WWW.MARYLANDPOOLS.COM

**POOL DATA**

SIZE/SHAPE: 20' X 41' - CUSTOM  
POOL AREA: 634 SPA: 50 OTHER: 12  
TOTAL AREA: 696  
PERIMETER: 113 SPA: 25  
GALLONAGE: 27,000 DEPTH: 3'-0" TO 8'-6"

**DIRECTIONS TO SITE**

MAP #

GRID

**Tony & Catherine Chahine**  
Lot 37 - Cattail Trace

**Howard County**

HOME PHONE: 410-290-0437  
OFFICE PHONE 1:  
OFFICE PHONE 2:

**SITE PLAN**

ZONE: ONE

LOT: ?	SUBDIVISION NAME: ?	DISTRICT: ?	PIN # ?
SCALE: XX	BY: XXX	DATE: 00/00/00	JOB NUMBER: XX00-0000
			SHEET #: S-1

REVISIONS:
00/00/00

**PERMIT NUMBERS**  
POOL:  
ELECT:  
OTHER:

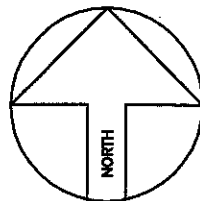


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**SETBACKS:**

REAR PL. 10'  
 SIDE PL. 10'  
 HOUSE 0'  
 SEPTIC 20'  
 WELL 30'

**PRIVATE WELL  
& SEPTIC**



ZONE 1

NOTE: PRE APPROVAL FOR SEPTIC REALLOCATION WAS GRANTED BY PERSONS AT THE HOWARD CO HEALTH DEPT. ENVIR. DIVISION ON OR ABOUT 9/24/05 AND A COPY OF APPROVAL HAS BEEN PLACED ON FILE

THIS PROJECT WAS ORIGINALLY PERMITTED UNDER BLDG. PERMIT NUMBER B00156499 AND ISSUED ON 10/13/2005

**Maryland POOLS Inc.**

9515 GERWIG LANE SUITE 119 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: HAUL - 1 HOUR (IN CONTRACT)  
 SPA: 50 SF W/6 JTS, 75W SAL LGHT, SKM & BLWR  
 RAISED BEAM: NONE  
 TILE: SURF 228  
 COPING: 12" ROUNDNOSE BRICK - SUNSET RED  
 PLASTER: WHITE MARBELITE  
 FILTER SYS: C&C 420 SF CART. W/3 HP PUMP  
 CLEANING SYS: PCC2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: INTELLITOUCH i9  
 HEATER: 200K BTU (PROPANE) & AC 125 HEAT PUMP  
 LIGHTS: 1 SAM WATTS: 300 VOLTS: 120  
 LOVESEAT: (1) @ 6' OUTSIDE W/2 JET INLET FTNGS  
 AQUA BENCH: (1) @ 8' & (1) 4'  
 RAIL GOODS: NONE  
 DECKING: 750 Sq.Ft. BROOM FIN. CONC  
 FENCE: BY OWNER  
 POOL COVER: NONE TYPE: N/A  
 CHEMICALS: \$100 CHEMICAL ALLOWANCE  
 OTHER ITEMS: 8' DIVING BOARD & STAND  
 INITIAL WATER FILL, 4 DOOR ALARMS  
 60 Ln.Ft. GAS LINE  
 50 Ln.Ft. BRICK DECK DIVIDERS  
 ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 22' X 41' - CUSTOM  
 POOL AREA: 654 SPA: OTHER: 12  
 TOTAL AREA: 666  
 PERIMETER: 117 SPA:  
 GALLONAGE: 27,000 DEPTH: 3'-0" TO 8'-6"

**DIRECTIONS TO SITE**

RT-32 WEST TO A EXIT ONTO RT-108 WEST  
 R/T @ LIGHT ON TEN OAKS TOL/T ON BRIGHTON DAM RD  
 R/T ON RT-850 NEW HAMPSHIRE AVE TO R/T ON RT-97  
 L/T ON JENNINGS CHAPEL ROAD  
 @ FORK GO RIGHT ONTO DAISY RD  
 GO 1 MILE TO R/T INTO CATTAIL TRACE DEVELOPMENT  
 R/T ON ELEANORS GARDEN WAY TO CULDESAC  
 HOUSE ON LEFT

MAP #  
**8**  
 GRID  
**G6**

**Tony & Catherine Chahine**  
 3255 Eleanors Garden Way  
 Woodbind, Maryland 21797  
 Howard County

HOME PHONE: 410-290-0437  
 OFFICE PHONE: 410-489-2355 (mr)  
 CELL PHONE 1: 410-262-0437 (mr)  
 CELL PHONE 2: 410-963-0437 (mrs)

SITE PLAN ZONE:  
**ONE**

LOT: 37	SUBDIVISION NAME: CATTAIL TRACE	DISTRICT: 16	PIN # 205656
SCALE: 1"=40'	BY: JK	DATE: 10/13/05	JOB NUMBER: DW05-9585
			SHEET #: S-1

EXCAVATION  
 CONSTRUCTION  
 SET  
 DATE: 04-23-08

PERMIT NUMBERS  
 POOL:  
 ELECT:  
 OTHER:

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# 514952-J  
 APP. SAN SFO DATE: 4/24/08  
 DESC. OF WORK: 22' x 41' Inground Pool

REVISIONS:  
 4/23/08 - REVISED POOL SHAPE

**SITE PLAN**

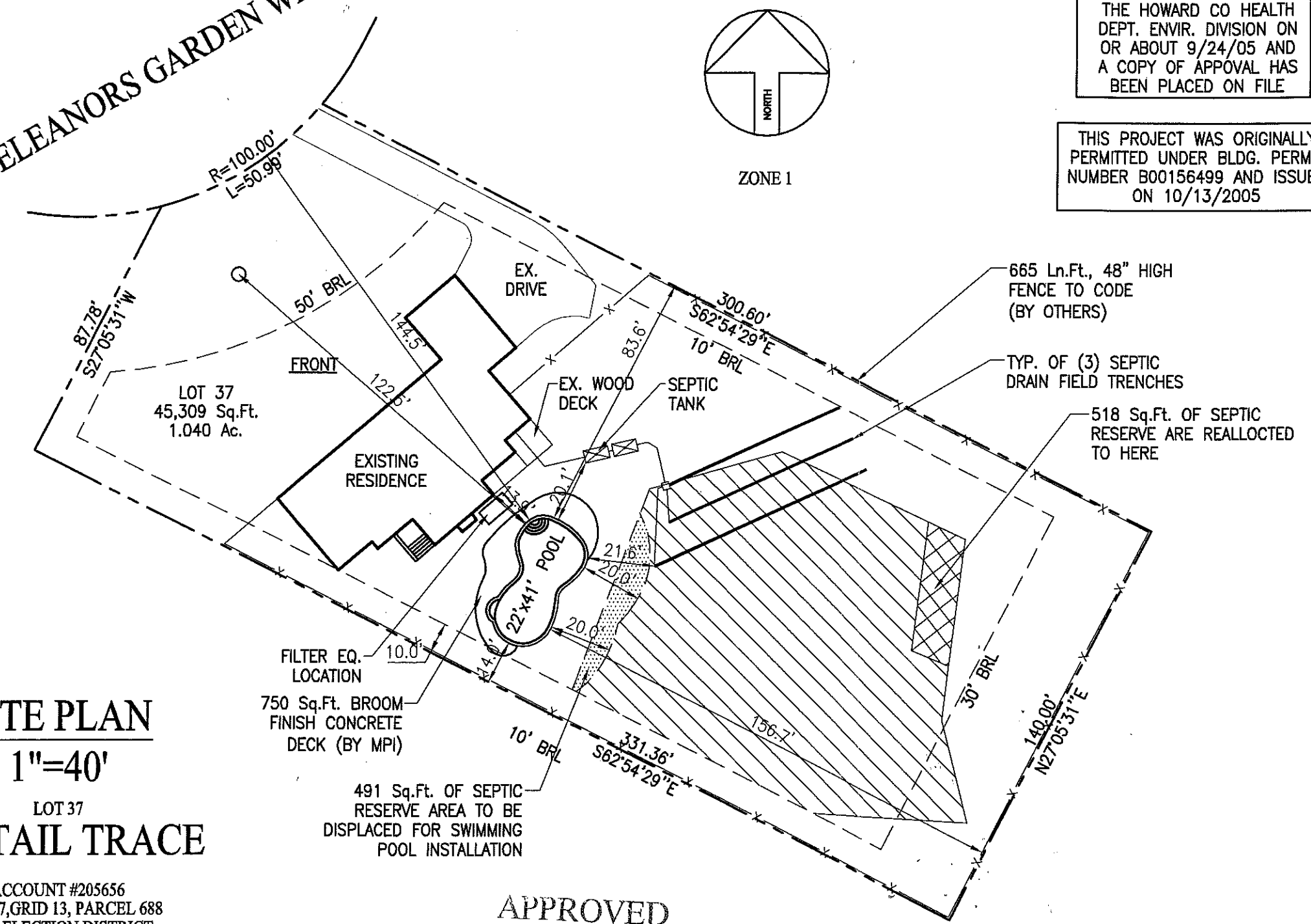
1"=40'

**CATTAIL TRACE**

ACCOUNT #205656  
 MAP 37, GRID 13, PARCEL 688  
 16TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

LOT 37

**ELEANORS GARDEN WAY**



LOT 37  
 45,309 Sq.Ft.  
 1.040 Ac.

FILTER EQ. LOCATION  
 750 Sq.Ft. BROOM FINISH CONCRETE DECK (BY MPI)

491 Sq.Ft. OF SEPTIC RESERVE AREA TO BE DISPLACED FOR SWIMMING POOL INSTALLATION

665 Ln.Ft., 48" HIGH FENCE TO CODE (BY OTHERS)

TYP. OF (3) SEPTIC DRAIN FIELD TRENCHES

518 Sq.Ft. OF SEPTIC RESERVE ARE REALLOCATED TO HERE

600008713

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
308 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1610  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

300152967

Building Address 3255 Elanore Garden Way  
Woodbury MD 21797  
TAX ID # 04368037  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 60402 Subdivision Waterford Farms  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 37  
Tax Map 20 Parcel 129 Grid 12-6  
Zoning R1DEF Map Coordinates 5611 Lot size \_\_\_\_\_

Property Owner's Name Toll MD2 LP  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone 410-489-6292  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot  
Proposed Use Residential Home  
Estimated Construction Cost \$ 325,000  
Description of Work Chamberlain w/  
2 story Addition and Finished Basement

Contractor Company Toll MD2 LP  
Contact Person Nathan Beidle  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. 678  
Phone 410-489-6292 Fax 410-489-6293

Occupant or Tenant Toll MD2 LP  
Contact Name Nathan Beidle  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410-489-6292 Fax 410-489-6293

Engineer or Architect Company FSH Associates  
Contact Person Zach  
Address 8318 Forrest St.  
City Elicott City State MD Zip Code 21043  
Phone 410-750-2251 Fax 410-750-7350

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width Height 1st floor: <u>67'</u> <u>39'</u> <u>10'</u> 2nd floor: <u>67'</u> <u>34'</u> <u>14'</u> Basement: <u>67'</u> <u>34'</u> <u>9'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>  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	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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>  Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Nathan A. Beidle  
Applicant's Signature  
  
\_\_\_\_\_  
Title/Company

Nathan A. Beidle  
Print Name  
4/4/05  
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		
Building Official		
Dev. Engineering DPZ	<u>4/4/05</u>	<u>Nathan A. Beidle</u>
Health		
Fire Protection		
Environment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? YES  NO   
IR Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 65135

Filing fee \$/100.00  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 1141457  
Validation # 89359

Accepted [Signature]

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

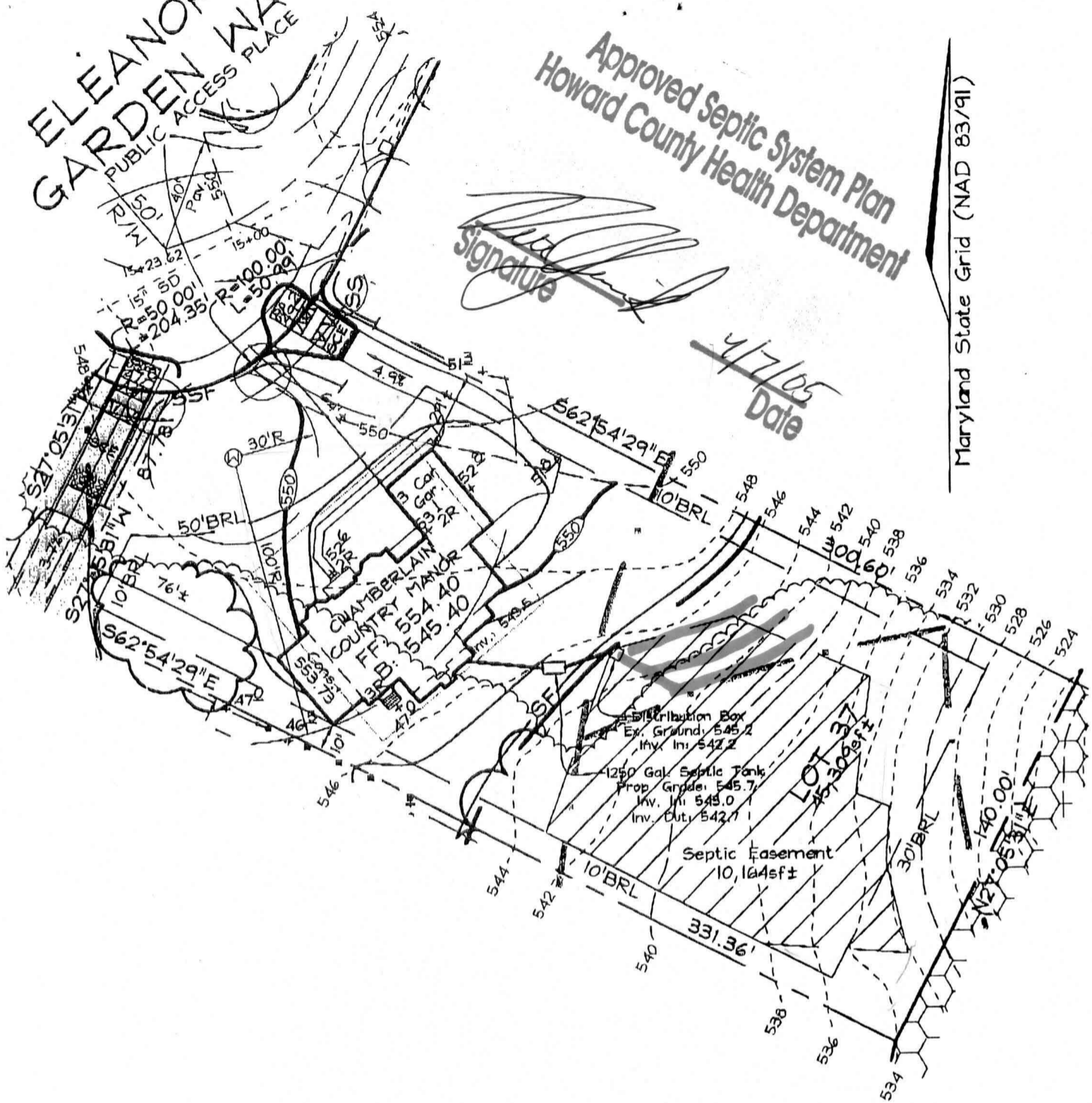
ELEANORS GARDEN WAY  
PUBLIC ACCESS PLACE

Approved Septic System Plan  
Howard County Health Department

Signature

4/7/05  
Date

Maryland State Grid (NAD 83/91)



**OWNER/DEVELOPER**

Toil MD II, LP  
7164 Columbia Gateway Drive  
Suite 230  
Columbia, Maryland 21046  
410.872.9185

**FSH Associates**

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: FSHAssociates@cs.com

- Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.  
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3573) has been field located by C. B. Miller professional surveyor and is accurately shown.  
3. Basement will sewer by gravity with reduced sweep.

DESIGN BY: PS  
DRAWN BY: MY  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: March 31, 2005  
W.O. No.: 3217  
SHEET No.: 1 OF 1

**LOT RESITE  
LOT 37  
CATTAIL TRACE**

TAX MAPS 13, 14, 20 & 21  
GRIDS 7, 12, 19 & 24  
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312  
HOWARD COUNTY, MARYLAND

GP-04-39