

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

306068377

Building Address 12296 Hyde Away Ct  
Highland 20777  
 Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5  
 Tax Map 40 Parcel 133 Grid 24  
 Zoning \_\_\_\_\_ Map Coordinates E-318 Lot size \_\_\_\_\_

Property Owner's Name Jeff + Christina Dance  
 Address 12296 Hyde Away Ct  
 City Highland State \_\_\_\_\_ Zip Code 20777  
 Home Phone 301-854-9419 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD or Pool  
 Estimated Construction Cost \$ 25,000  
 Description of Work Inground pool 23'x43'  
in rear yard w/48" high  
Fence to code

Contractor Company Maryland Pools  
 Contact Person Joann Latham  
 Address 9515 Gerwig LA  
 City Columbia State \_\_\_\_\_ 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"/> 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ Height: _____ 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"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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 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 ON 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. \*\*

AGENCY	DATE	SIGNATURE/ APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	
State Notaries			Rear _____	
Building Official			Side _____	
Dev. Engineering DPZ			Side of _____	
Health	<u>1/29/06</u>	<u>SHA</u>	All setbacks satisfied? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approved and installed prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	
Distribution of Copies: _____	White: Building Official	Green: LOD, DPZ	Yellow: BED, DPZ	Pink: Health
Yellow: PERMITS/PAL				Accepted by _____

ALL LICENSES AND PERMITS  
HOUSE CODE  
CITY, MD 21046  
APPLICATOR: (410) 313-1010  
CONTRACTOR: (410) 313-3000

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

306008377

12296 Hyde Away Ct  
And 20777

Property Owner's Name JEFF + Christina Dance  
Address 12296 Hyde Away Ct

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

City Highland State \_\_\_\_\_ Zip Code 20777

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

Home Phone 301-854-9419 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Tax Map 40 Parcel 133 Grid 24

Zoning \_\_\_\_\_ Map Coordinates E318 Lot size \_\_\_\_\_

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

Existing Use SFD

Contractor Company Maryland Pools

Proposed Use SFD + Pool

Contact Person JOANN LATHAM

Estimated Construction Cost \$ 25,000

Address 9515 Gerwig LA

Description of Work Inground pool 23'x43'

City Columbia State \_\_\_\_\_ Zip Code 21046

In rear yard w/48" high

License No. 6694

Fence to code

Phone 410-945-6600 Fax \_\_\_\_\_

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

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

Contact Name \_\_\_\_\_

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	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor: <u>3-8'</u>		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
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.

J. Latham  
Applicant's Signature  
Agent  
Title/Company

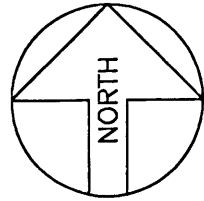
J. Latham  
Print Name  
Date \_\_\_\_\_

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

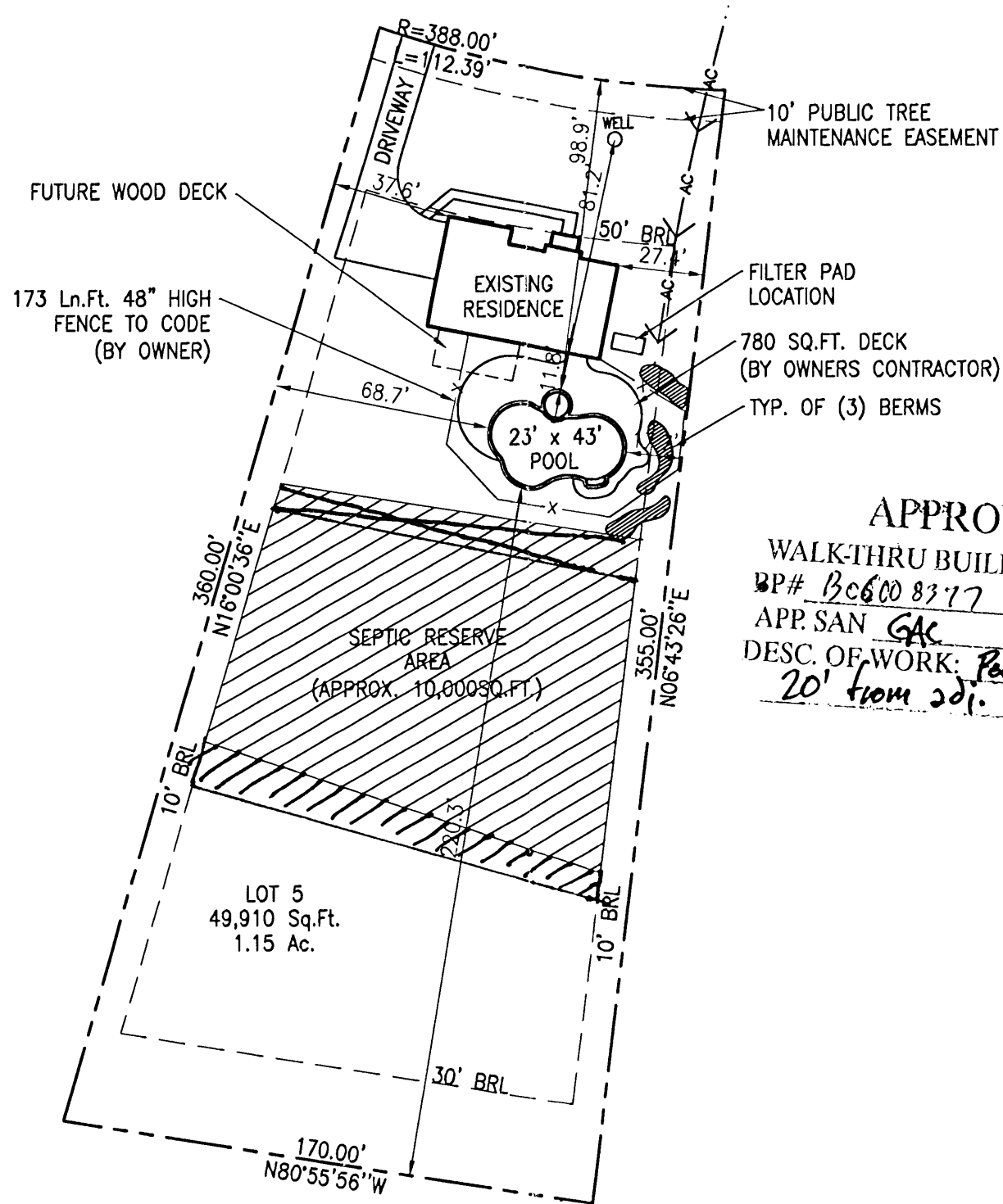
AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front _____	Filing fee \$ _____
Staff Notations			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health <u>11/29/06</u>		<u>Shilds</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 New/Town Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
_____	_____	_____	_____	Gold: SHA

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

PRIVATE WELL  
& SEPTIC



# HYDEAWAY COURT



**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# Bc6008377 A# P52559c  
APP. SAN GAC DATE: 11/29/06  
DESC. OF WORK: Pool as shown  
20' from adj. SDA

**SITE PLAN**  
1" = 50'  
LOT 5  
HYDE PROPERTY  
ACCOUNT # 425913  
MAP 40, GRID 24, PARCEL 133  
ELECTION DISTRICT NO. 5  
HOWARD COUNTY, MARYLAND

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

PERMIT SET  
DATE: 11-10-06

**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:	HAUL - 1 HOUR (IN CONTRACT)
SPA:	50 S.F. W/ 8 JETS, 100W LIGHT & 2 HP BLOWER
RAISED BEAM:	18" HIGH FACED W/ TILE (APPROX. 12 S.F.)
TILE:	TBD
COPING:	PA FULL RANGE FLAGSTONE-CUT
PLASTER:	WHITE PEARL
FILTER SYS:	C&C 420 SF CART. W/3 HP PUMP
CLEANING SYS:	PCC 2000
TREATMENT SYS:	MINERAL SPRINGS
CONTROL SYS:	EASYSOFT 8 POOL/SPA
HEATER:	400K BTU
LIGHTS:	2 WATTS: 500 VOLTS: 120
LOVESEAT:	(1) @ 6'-OUTSIDE W/ STEP
AQUA BENCH:	(1) @ 6'
RAIL GOODS:	NONE
DECKING:	BY OWNER
FENCE:	BY OWNER
POOL COVER:	NONE TYPE: N/A
CHEMICALS:	\$50 CHEMICAL ALLOWANCE
OTHER ITEMS:	EQUIPOTENTIAL BONDING GRID 3 UMBRELLA SOCKETS 4' SHEER DESCENT W/ PUMP, FILTER & DRAINS
ELECTRIC:	200 FT.

POOL DATA	
SIZE/SHAPE:	23' x 43' - CUSTOM
POOL AREA:	813 SPA: 50 OTHER: 12
TOTAL AREA:	875
PERIMETER:	118 SPA: 25
GALLONAGE:	34,552 DEPTH: 3'-6" TO 8'-6"

DIRECTIONS TO SITE	
DIRECTIONS:	32 WEST TO 29 SOUTH TO 216 WEST, FOLLOW TO LEFT ONTO BROWN BRIDGE RD., LEFT AT PETRILLO DR.-FOLLOW TO LEFT ONTO HYDEAWAY CT.-SITE ON RIGHT AT 12298
MAP #	E-3
GRID	18

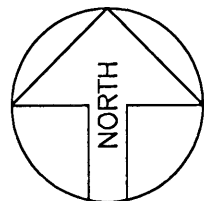
Jeff & Christina Dance  
12296 Hyde Away CT.  
Highland, Maryland 20777  
Howard County

HOME PHONE:	301-854-9419								
CELL PHONE 1:	202-231-3246 (JEFF)								
CELL PHONE 2:	301-742-1202 (Christina)								
OFFICE PHONE:									
LOT:	5	SUBDIVISION NAME:	HYDE PROPERTY	DISTRICT:	5	PIN #	425913		
SITE PLAN							ZONE:	1	
SCALE:	1" = 50'	BY:	DB	DATE:	11/3/06	JOB NUMBER:	JC06-9079	SHEET #:	1.0

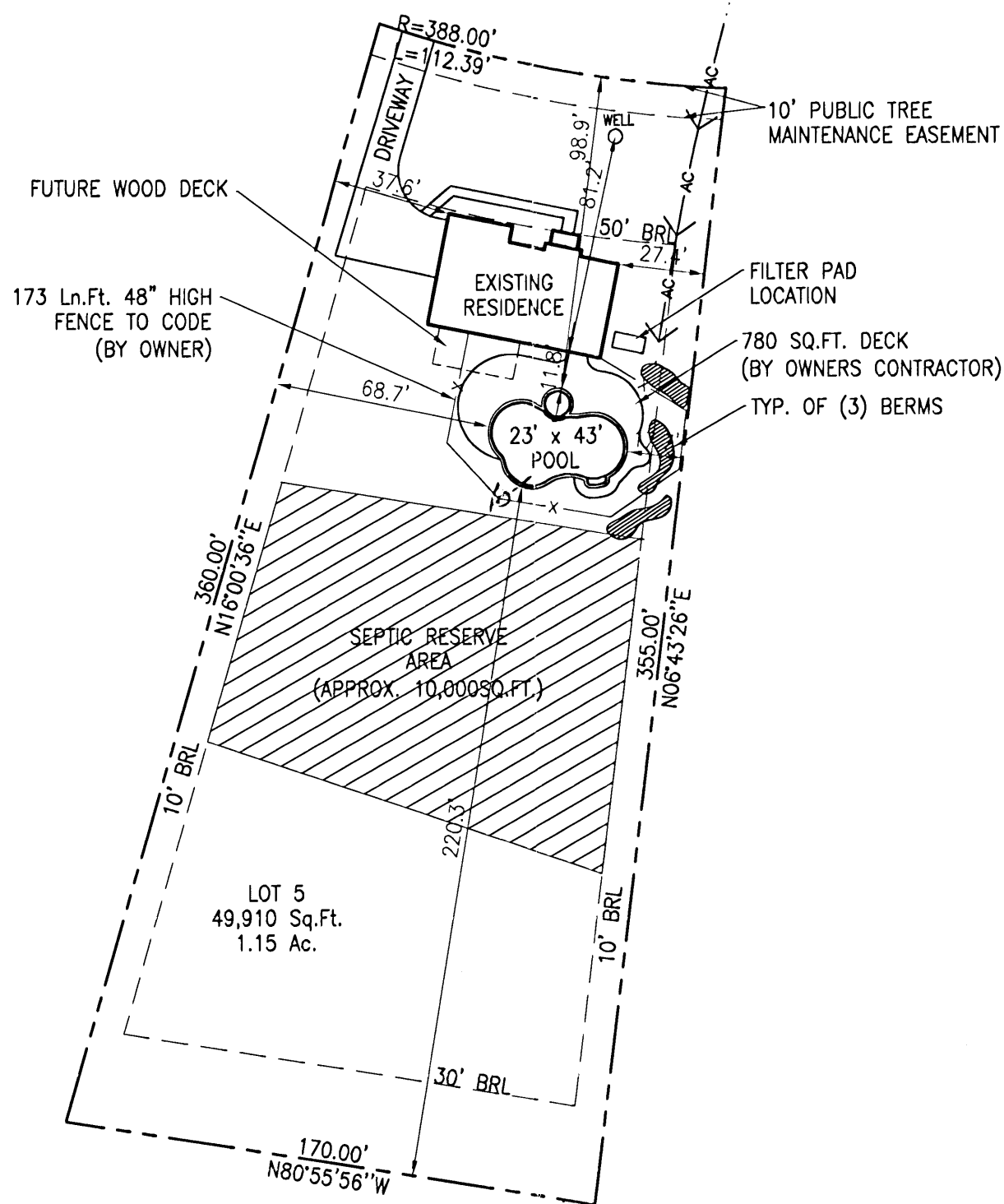
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**SETBACKS:**  
 REAR PL. 10'  
 SIDE PL. 10'  
 HOUSE 0'  
 SEPTIC 20'  
 WELL 30'

PRIVATE WELL  
& SEPTIC

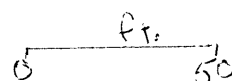


HYDEAWAY COURT



**SITE PLAN**  
 1" = 50'  
 LOT 5  
 HYDE PROPERTY

ACCOUNT # 425913  
 MAP 40, GRID 24, PARCEL 133  
 ELECTION DISTRICT NO. 5  
 HOWARD COUNTY, MARYLAND



**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: HAUL - 1 HOUR (IN CONTRACT)  
 SPA: 50 S.F. W/ 8 JETS, 100W LIGHT & 2 HP BLOWER  
 RAISED BEAM: 18" HIGH FACED W/ TILE (APPROX. 12 S.F.)  
 TILE: TBD  
 COPING: PA FULL RANGE FLAGSTONE-CUT  
 PLASTER: WHITE PEARL  
 FILTER SYS: C&C 420 SF CART. W/3 HP PUMP  
 CLEANING SYS: PCC 2000  
 TREATMENT SYS: MINERAL SPRINGS  
 CONTROL SYS: EASYTOUCH 8 POOL/SPA  
 HEATER: 400K BTU  
 LIGHTS: 2 WATTS: 500 VOLTS: 120  
 LOVESEAT: (1) @ 6'-OUTSIDE W/ STEP  
 AQUA BENCH: (1) @ 6'  
 RAIL GOODS: NONE  
 DECKING: BY OWNER  
 FENCE: BY OWNER  
 POOL COVER: NONE TYPE: N/A  
 CHEMICALS: \$50 CHEMICAL ALLOWANCE  
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID  
 3 UMBRELLA SOCKETS  
 4' SHEER DESCENT W/ PUMP, FILTER & DRAINS

ELECTRIC: 200 FT.

**POOL DATA**

SIZE/SHAPE: 23' x 43' - CUSTOM  
 POOL AREA: 813 SPA: 50 OTHER: 12  
 TOTAL AREA: 875  
 PERIMETER: 118 SPA: 25  
 GALLONAGE: 34,552 DEPTH: 3'-6" TO 8'-6"

**DIRECTIONS TO SITE**

DIRECTIONS:  
 32 WEST TO 29 SOUTH TO 218 WEST, FOLLOW TO LEFT ONTO BROWN BRIDGE RD., LEFT AT PETRILLO DR.-FOLLOW TO LEFT ONTO HYDEAWAY CT.-SITE ON RIGHT AT 12296

MAP #	E-3
GRID	18

Jeff & Christina Dance  
 12296 Hyde Away CT.  
 Highland, Maryland 20777  
 Howard County

HOME PHONE: 301-854-9419  
 CELL PHONE 1: 202-231-3246 (JEFF)  
 CELL PHONE 2: 301-742-1202 (Christina)  
 OFFICE PHONE:

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
5	HYDE PROPERTY	5	425913
SITE PLAN			ZONE:
			1
SCALE:	BY:	DATE:	JOB NUMBER:
1" = 50'	DB	11/3/06	JC06-9079
SHEET #:			1.0

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

PERMIT SET  
 DATE: 11-10-06

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HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

306008810

Building Address 12296 Hydeaway Court  
Highland MD 20777

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

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

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

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Jeff Dance

Address 12296 Hydeaway Court

City Highland State MD Zip Code 20777

Home Phone 3/854-9419 Work Phone \_\_\_\_\_

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

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

Existing Use open

Proposed Use Deck & porch

Estimated Construction Cost \$ 40,000.00

Description of Work 2.3x14 porch  
5x14 deck w/steps to grade

Contractor Company Advanced Deck Design

Contact Person Steve

Address 5317 Brookville Road

City Laytonsville State MD Zip Code 20882

License No. 21770

Phone 3/947-5772 Fax 3/947-5774

Occupant or Tenant Jeff Dance

Contact Name Steve/Advanced Deck Design

Address 5317 Brookville Rd

City Laytonsville State MD Zip Code 20882

Phone 3/947-5772 Fax 3/947-5774

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"/> State Certified Modular <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 _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input 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"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	

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.

Colleen Swisher  
Applicant's Signature

Colleen Swisher  
Print Name

\_\_\_\_\_ Title/Company

12/13/06 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>12/13/06</u>	<u>Swisher</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	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\Forms\PERMIT.FRM				Gold: SHA

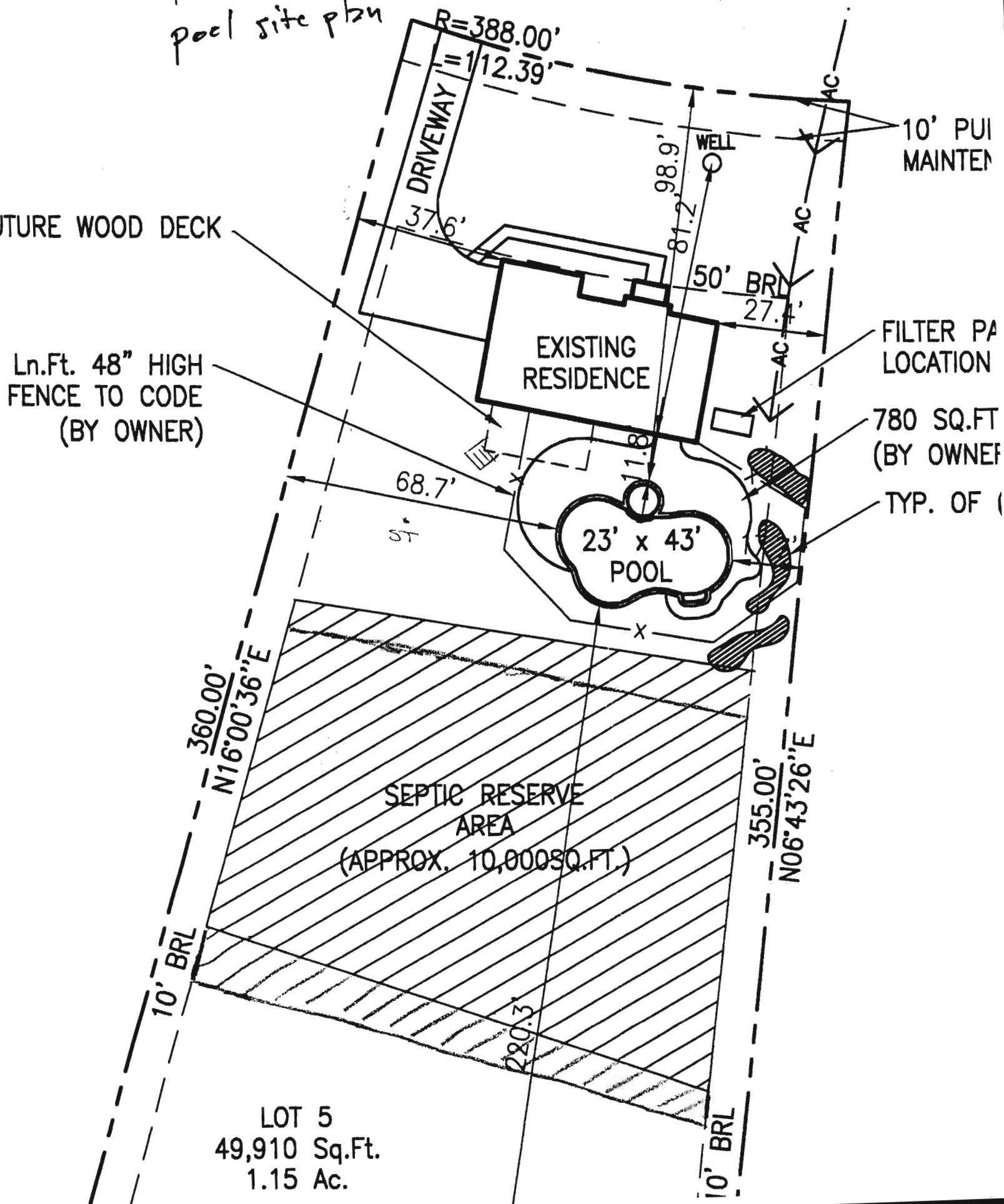
11/29/06  
Pool BP approved

APPROVED

WALK-THRU BUILDING PERMIT  
BP# B06008810 A# 49989-E  
APP SAN AT/SE DATE: 12/13/06  
DESC OF WORK: 23x14 porch  
5x14 deck w/ steps to grade

# HYDEAWAY COURT

1" = 30'  
pool site plan



ATURE WOOD DECK

Ln.Ft. 48" HIGH FENCE TO CODE (BY OWNER)

FILTER PA LOCATION

780 SQ.FT (BY OWNER)

TYP. OF (

LOT 5  
49,910 Sq.Ft.  
1.15 Ac.