

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000157368

Building Address 12308 Hydeaway Ct
Highland Md 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Hyde Property
Section _____ Area _____ Lot 8
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates 18-E-3 Lot size _____

Property Owner's Name Kirk + Regina James
Address 12308 Hydeaway Ct
City Highland State MD Zip Code 20777
Home Phone 410-301-8540 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SPD
Proposed Use SPD + Pool
Estimated Construction Cost \$ 25,000
Description of Work Inground Pool 20'x36' in
Backyard w/ 48" high Fence to
code. Pool Filled by Truck

Contractor Company Maryland Pools Inc
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 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:	
No. of stories:		<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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	
		<input type="checkbox"/> # of Heads	

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		<input type="checkbox"/> Public	
1st floor: _____		<input checked="" type="checkbox"/> Private	
2nd floor: <u>3-8'</u>		Sewage Disposal:	
Basement: _____		<input type="checkbox"/> Public	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		<input checked="" type="checkbox"/> Private	
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: _____		<input type="checkbox"/> NFPA #13D	
Other Structure: _____		<input type="checkbox"/> NFPA #13R	
Dimensions: _____		<input type="checkbox"/> Other:	
Foolings: _____			
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.

Applicant's Signature J. Latham
agent
Title/Company _____

Print Name J. Latham
Date 5-4-06

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			Site SI: _____	Adm. per. fee: \$ _____	
Health	<u>5/4/06</u>	<u>Karen Poman</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"/>	Subtotal paid: \$ _____	
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check: # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation: # _____	
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

Building Address 12308 HYDEWAY CT.
HIGHLAND, MD. 20770-7

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6051-02 Subdivision HYDE PROPERTY

Section N/A Area N/A Lot 8

Tax Map 40 Parcel 133 Grid 24

Zoning REXO Map Coordinates 18E3 Lot size 502254

Owner's Name MAREK WINDAK

Address 12500 FALLMO DR.

City SILVER SPRING State MD Zip Code 20904

Home Phone 301 830 1977 Work Phone 301 284 5363

Applicant's Name & Mailing Address, (if other than stated hereon):
HARMONY BUILDERS, INC.
4228 COLUMBIA RD
ELLICOTT CITY, MD. 21042

Phone 410 461 0833 Fax 410 461 3042

Existing Use SFH

Proposed Use SFH W/ FINISH RSMT

Estimated Construction Cost \$ 1,500.00

Description of Work FINISH RSMT full
22 X 30 W BATH
660A

Contractor Company HARMONY BUILDERS INC

Contact Person CHRIS BROWN

Address 4228 COLUMBIA ROAD

City ELLICOTT CITY State MD Zip Code 21042

License No. 50245

Phone 410 461 0833 Fax 410 461 3042

Occupant or Tenant 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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

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"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13 _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	State Certified Modular _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Manufactured Home _____
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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.

Jeffrey SCOTT GODSTREY
 Applicant's Signature Print Name

HARMONY BUILDERS, AGENT 10-7-98
 Title/Company Date

VALIDATION

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 35884

Filing Fee \$ 30

Permit Fee \$ 30

(.10 sq. ft. (.15 sq. ft.

Excise Tax \$ _____

(.40 sq. ft. (.80 sq. ft.

TOTAL FEES 30.00

Check # 1050

Validation # 17921

Accepted by: LD

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

25
377
3017
3419

B0011883

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12308 Hideaway Court
Highland, MD 20777

GRADING/SEDIMENT CONTROL YES NO **6P97-176**
SDP #

DESCRIPTION OF WORK AUTHORIZED **Amberly**
2 story, full bmt, 8R, 2FB,
1KB, 2 Car Garage, 4BR, FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
8	133			24		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Hideaway Manor	ARDED	40	5	6051.2

OWNER NAME AND ADDRESS
CORNERSTONE HOMES, INC
9691 NORFOLK AVENUE
LAUREL, MD 20723

PHONE NO.
(410)
792-2565

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	62'	28'	10'
2	42'	28'	10'
B	42'	28'	10'

OCCUPANT'S NAME AND ADDRESS
Same as owner

PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 8	1578		Asph
ROOMS 2 1/2	1120		Gable
BATHS 1			
FIREPLACES 1	1073		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
TSA Group, Inc.
8480 Baltimore National Pike
ELlicott City, MD 21043

PHONE NO.
(410)
465-6105

FOOTINGS	FOUNDATION	S. WALLS
16" X 8"	2" concrete	ind 1/2

CONTRACTOR'S NAME AND ADDRESS
Same as owner

PHONE NO.

UTILITIES			
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY
			Gas
			AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Brian D. Bay, P.E.
SIGNATURE

EXISTING USE	PROPOSED USE	
Vacant Lot	New S.F.D.	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
97,500		377.00

President
TITLE

5-21-98
DATE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY)

SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	Y	
SHA	Y	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	4/6/98	<i>FORNATSON</i>
FIRE PROTECTION		
STORM WATER MGMT	5/1	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 *ck 4068*

APPROVED _____ DATE _____

Distribution of Copies:
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Pink - Health Dept.
Gold - S.H.A.

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

70

B0015319

MS385

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12308 Hydeaway Ct
Highland, MD, 20777

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

8x24 Deck with one step
Down to 14x14 Deck,
stairs to grade,
walkway - 4x32 - to Hillside.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
8						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Hydeaway				

OWNER NAME AND ADDRESS
MARK WINDAK
12308 Hydeaway Ct
Highland, MD 20777

PHONE NO.
301-854-1541

OCCUPANT'S NAME AND ADDRESS
Same

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
Russell Deck Professionals
485 DORSET DR,
WILMINGTON, MD 21158

PHONE NO.
410-751-6065

UTILITIES				
WATER/WEL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
SFO

PROPOSED USE
DECK

EST. CONSTRUCTION COST
6500.00

LICENSE NUMBER
43872

PERMIT FEE
70

SIGNATURE
TITLE
DATE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 12/3/98	
FIRE PROTECTION		
STORM WATER MGM.		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED

DATE

LP-69-591

(R3577)

Distribution of Copies:
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Pink - Health Dept.
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A