

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

Building Address: 7004 MEANDERING STREAM WAY  
FULTON MD, 20759

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 44  
 Tax Map: 41 Parcel: \_\_\_\_\_ Grid: 41-9  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: 10'x10' CONCRETE SPA  
 Estimated Construction Cost: \$ 12,000  
 Description of Work: 10'x10' RAISED CONCRETE SPA

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: BARRY Diggins  
 Address: 7004 MEANDERING STREAM WAY  
 City: FULTON State: MD Zip Code: 20759  
 Home Phone: 443-904-0803 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
RAFFAELLO MANNARCELLI  
7396 BALTIMORE NATIONAL PIKE  
 Phone: 410-750-7740 Fax: 410-750-2009  
 Email: RMcblandscapes48@gmail.com

Contractor Company: CONCEPTUAL BUILDINGS  
 Contact Person: RAFFAELLO MANNARCELLI  
 Address: 9396 BALTIMORE NATIONAL PIKE  
 City: ELlicott State: MD Zip Code: 21042  
 License No.: 50636  
 Phone: 443-463-4268 Fax: 410-750-2009  
 Email: RMcblandscapes48@gmail.com

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                                                | Utilities                                                                 |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Height:                                                                 | <u>Water Supply</u>                                                       |
| No. of stories:                                                         | <input type="checkbox"/> Public                                           |
| Gross area, sq. ft./floor:                                              | <input type="checkbox"/> Private                                          |
|                                                                         | <u>Sewage Disposal</u>                                                    |
| Area of construction (sq. ft.):                                         | <input type="checkbox"/> Public                                           |
|                                                                         | <input type="checkbox"/> Private                                          |
| Use group:                                                              | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|                                                                         | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <u>Construction type:</u>                                               | <u>Heating System</u>                                                     |
| <input type="checkbox"/> Reinforced Concrete                            | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Structural Steel                               | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry                                        | <u>Sprinkler System:</u>                                                  |
| <input type="checkbox"/> Wood Frame                                     | <input type="checkbox"/> N/A                                              |
| <input type="checkbox"/> State Certified Modular                        | <input type="checkbox"/> Full                                             |
| <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> | <input type="checkbox"/> Partial                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Other Suppression                                |
| <u>Roadside Tree Project Permit #</u>                                   | No. of Heads:                                                             |

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics                                                   | Utilities                                                               |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u>                                                     |
| <u>Depth</u> <u>Width</u>                                                  | <input type="checkbox"/> Public                                         |
| 1 <sup>st</sup> floor:                                                     | <input type="checkbox"/> Private                                        |
| 2 <sup>nd</sup> floor:                                                     | <u>Sewage Disposal</u>                                                  |
| Basement:                                                                  | <input type="checkbox"/> Public                                         |
| <input type="checkbox"/> Finished Basement                                 | <input type="checkbox"/> Private                                        |
| <input type="checkbox"/> Unfinished Basement                               | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Crawl Space                                       | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| <input type="checkbox"/> Slab on Grade                                     | <u>Heating System</u>                                                   |
| No. of Bedrooms:                                                           | <input type="checkbox"/> Electric                                       |
| <u>Multi-family Dwelling</u>                                               | <input type="checkbox"/> Oil                                            |
| No. of efficiency units:                                                   | <input type="checkbox"/> Natural Gas                                    |
| No. of 1 BR units:                                                         | <input type="checkbox"/> Propane Gas                                    |
| No. of 2 BR units:                                                         |                                                                         |
| No. of 3 BR units:                                                         |                                                                         |
| Other Structure:                                                           |                                                                         |
| Dimensions:                                                                |                                                                         |
| Footings:                                                                  | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof:                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| <input type="checkbox"/> State Certified Modular                           | <u>Roadside Tree Project Permit #</u>                                   |
| <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 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.

Applicant's Signature: \_\_\_\_\_  
RMcblandscapes48@gmail.com  
 Email Address: \_\_\_\_\_  
PROSLAONT  
 Title/Company: \_\_\_\_\_

Print Name: RAFFAELLO MANNARCELLI  
 Date: 5-7-2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

-FOR OFFICE USE ONLY-

| AGENCY               | DATE          | SIGNATURE OF APPROVAL |
|----------------------|---------------|-----------------------|
| State Highways       |               |                       |
| Building Officials   |               |                       |
| PSZA ( Zoning )      |               |                       |
| PSZA ( Engineering ) |               |                       |
| Health               | <u>5-7-13</u> | <u>Dana Bernard</u>   |
| Fire Protection      |               |                       |

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

| DPZ SETBACK INFORMATION                                                               |
|---------------------------------------------------------------------------------------|
| Front:                                                                                |
| Rear:                                                                                 |
| Side:                                                                                 |
| Side St.:                                                                             |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Lot Coverage for New Town Zone:                                                       |
| SDP/Red-line approval date:                                                           |

|                 |    |
|-----------------|----|
| Filing Fee      | \$ |
| Permit Fee      | \$ |
| Tech Fee        | \$ |
| Excise Tax      | \$ |
| PSFS            | \$ |
| Guaranty Fund   | \$ |
| Add'l per Fee   | \$ |
| Total Fees      | \$ |
| Sub- Total Paid | \$ |
| Balance Due     | \$ |

WALK THRU

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
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Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

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

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 44

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Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Property Owner's Name: BARRY DIGGINS

Address: 7004 MEANDERING STREAM WAY

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Home Phone: 443-904-0803 Work Phone: \_\_\_\_\_

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Phone: 410-750-7740 Fax: 410-750-2009

Email: RMcblandscapes481@gmail.com

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Contact Person: RAFFAELLE MANNAROLI

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                                                | Utilities                                                                 |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Height:                                                                 | <u>Water Supply</u>                                                       |
| No. of stories:                                                         | <input type="checkbox"/> Public                                           |
| Gross area, sq. ft./floor:                                              | <input type="checkbox"/> Private                                          |
|                                                                         | <u>Sewage Disposal</u>                                                    |
| Area of construction (sq. ft.):                                         | <input type="checkbox"/> Public                                           |
|                                                                         | <input type="checkbox"/> Private                                          |
| Use group:                                                              | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|                                                                         | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <u>Construction type:</u>                                               | <u>Heating System</u>                                                     |
| <input type="checkbox"/> Reinforced Concrete                            | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Structural Steel                               | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry                                        | <u>Sprinkler System:</u>                                                  |
| <input type="checkbox"/> Wood Frame                                     | <input type="checkbox"/> N/A                                              |
| <input type="checkbox"/> State Certified Modular                        | <input type="checkbox"/> Full                                             |
| <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> | <input type="checkbox"/> Partial                                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Other Suppression                                |
| <u>Roadside Tree Project Permit #</u>                                   | No. of Heads:                                                             |

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics                                                   | Utilities                                                               |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u>                                                     |
| <u>Depth</u> <u>Width</u>                                                  | <input type="checkbox"/> Public                                         |
| 1 <sup>st</sup> floor:                                                     | <input type="checkbox"/> Private                                        |
| 2 <sup>nd</sup> floor:                                                     | <u>Sewage Disposal</u>                                                  |
| Basement:                                                                  | <input type="checkbox"/> Public                                         |
| <input type="checkbox"/> Finished Basement                                 | <input type="checkbox"/> Private                                        |
| <input type="checkbox"/> Unfinished Basement                               | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Crawl Space                                       | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| <input type="checkbox"/> Slab on Grade                                     | <u>Heating System</u>                                                   |
| No. of Bedrooms:                                                           | <input type="checkbox"/> Electric                                       |
| <u>Multi-family Dwelling</u>                                               | <input type="checkbox"/> Oil                                            |
| No. of efficiency units:                                                   | <input type="checkbox"/> Natural Gas                                    |
| No. of 1 BR units:                                                         | <input type="checkbox"/> Propane Gas                                    |
| No. of 2 BR units:                                                         |                                                                         |
| No. of 3 BR units:                                                         |                                                                         |
| Other Structure:                                                           |                                                                         |
| Dimensions:                                                                |                                                                         |
| Footings:                                                                  | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof:                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| <input type="checkbox"/> State Certified Modular                           | <u>Roadside Tree Project Permit #</u>                                   |
| <input type="checkbox"/> Manufactured Home                                 |                                                                         |

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Applicant's Signature: \_\_\_\_\_

Email Address: RMcblandscapes481@gmail.com

PROUDONT

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

Print Name: RAFFAELLE MANNAROLI

Date: 5-7-2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

| AGENCY               | DATE          | SIGNATURE OF APPROVAL |
|----------------------|---------------|-----------------------|
| State Highways       |               |                       |
| Building Officials   |               |                       |
| PSZA ( Zoning )      |               |                       |
| PSZA ( Engineering ) |               |                       |
| Health               | <u>5-7-13</u> | <u>Dana Bernard</u>   |
| Fire Protection      |               |                       |

Is Sediment Control approval required for 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 New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

|                 |    |
|-----------------|----|
| Filing Fee      | \$ |
| Permit Fee      | \$ |
| Tech Fee        | \$ |
| Excise Tax      | \$ |
| PSFS            | \$ |
| Guaranty Fund   | \$ |
| Add'l per Fee   | \$ |
| Total Fees      | \$ |
| Sub- Total Paid | \$ |
| Balance Due     | \$ |

# 7004 Meandering Stream Way

Scale: 1" = 30'

## MEANDERING STREAM WAY

R=419.94' L=15.24'

10' TREE MAINTENANCE EASEMENT  
510°59'24"W 115.84'

HO-94-3008

ALT

ALT

ALT

10' B.P.L.  
50' B.P.L.

10' B.P.L.

N72°23'47"W 284.03'

S77°27'13"E 253.87'

APPROVED  
WALK THRU BUILDING PERMIT

*Robert* DATE: 1/10/2013  
20' x 40' Inground Pool  
Approved in location shown

PROPOSED PAVILION  
APPROVED  
WALK THRU BUILDING PERMIT

BP# [blank] # [blank]  
DATE: 5-7-13  
Approved in Show

EXISTING TRENCHES TO REMAIN

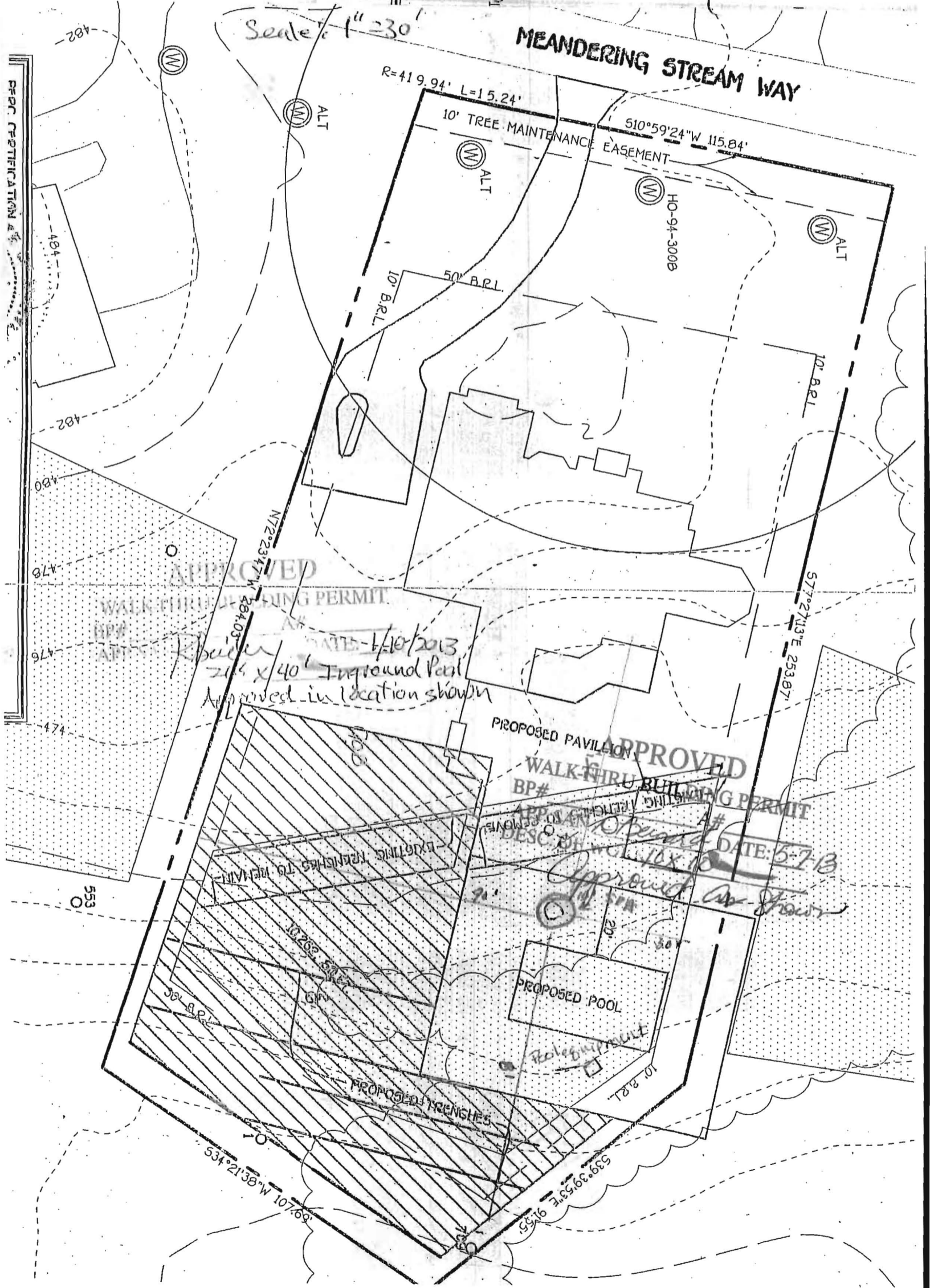
PROPOSED POOL

PROPOSED TRENCHES

53°21'38"W 107.69'

S39°39'53"E 91.35'

PROP. CERTIFICATION



|                                                                                                                                                                                                                          |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| DEPT. OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800                          |  | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PERMIT NUMBER</b> |  |
| Building Address<br><u>7004 MEANDERING STREAM WAY</u>                                                                                                                                                                    |  |                                                   | Property Owner's Name <u>BARRY ALGINS</u><br>Address <u>7004 MEANDERING STREAM WAY</u><br>City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u><br>Home Phone <u>443-463-4668</u> Work Phone _____<br>Applicant's Name & Mailing Address, (if other than stated herein): _____                                                                                                                                                                                                                                          |                      |  |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____<br>Census Tract _____ Subdivision _____<br>Section _____ Area _____ Lot _____<br>Tax Map _____ Parcel _____ Grid _____<br>Zoning _____ Map Coordinates _____ Lot Size _____ |  |                                                   | Phone _____ Fax _____<br>Contractor Company <u>CONCRETE BUILDERS AND LANDSCAPE</u><br>Contact Person <u>RAFFAELLE MANNAROLI</u><br>Address <u>9396 BAYTOWNE MANOR PK</u><br>City <u>ELLICOTT</u> State <u>MD</u> Zip Code <u>21042</u><br>License No. <u>50636</u><br>Phone <u>410-750-7740</u> Fax <u>410-750-2009</u><br>Engineer or Architect Company <u>BADDASTONE DESIGN</u><br>Contact Person <u>LOU BADASTONOV</u><br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone <u>410-808-0091</u> Fax _____ |                      |  |
| Existing Use _____<br>Proposed Use <u>DECK - PAVILION</u><br>Estimated Construction Cost \$ _____<br>Description of Work <u>CONCRETE NOW EXPOSED</u><br><u>DECK AND 20x20 PAVILION</u><br><u>DECK IS APP. 7600</u>       |  |                                                   | Occupant or Tenant <u>BARRY ALGINS</u><br>Contact Name <u>BARRY ALGINS</u><br>Address <u>7004 Meandering Stream Way</u><br>City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u><br>Phone <u>443-463-4668</u> Fax <u>410-750-2009</u>                                                                                                                                                                                                                                                                                   |                      |  |

| BUILDING DESCRIPTION - COMMERCIAL                                                                                                                     |                                                                                                                                                                         | BUILDING DESCRIPTION - RESIDENTIAL                                                                                                                                  |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Characteristics                                                                                                                              | Utilities                                                                                                                                                               | Building Characteristics                                                                                                                                            | Utilities                                                                                                                                                               |
| Height: _____                                                                                                                                         | Water Supply: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>                                                                                 | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____                                                               | Water Supply: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>                                                                                 |
| No. of stories: _____                                                                                                                                 | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>                                                                              | 1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____<br>Basement: _____                                                                                     | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>                                                                              |
| Gross area, sq. ft. per floor: _____                                                                                                                  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| Use group: _____                                                                                                                                      | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> | No. of Bedrooms _____                                                                                                                                               | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____                                            | Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                       | Sprinkler system: N/A <input type="checkbox"/><br>NFA #13D _____<br>NFA #13R _____<br>Other: _____                                                                      |
|                                                                                                                                                       |                                                                                                                                                                         | Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____<br>State Certified Modular _____<br>Manufactured Home _____                           |                                                                                                                                                                         |

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Applicant's Signature *[Signature]* Print Name RAFFAELLE MANNAROLI  
 Email Address rmchlandscapes40@gmail.com  
President Date 1-10-2013  
 Title/Company \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY: _____ DATE: _____ SIGNATURE APPROVAL: _____<br>Land Development, DPZ<br>State Highways<br>Building Officials<br>Dev. Engineering, DPZ<br>Health: <u>4/10/2013</u> <u>[Signature]</u><br>Fire Protection<br>Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | DPZ SETBACK INFORMATION<br>Front: _____<br>Rear: _____<br>Side: _____<br>Side St.: _____<br>All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Filing fee: \$ _____<br>Permit fee: \$ _____<br>Excise tax: \$ _____<br>Add'l per fee: \$ _____<br>TOTAL FEES \$ _____<br>Sub-total paid \$ _____<br>Balance due: \$ _____<br>Check # _____<br>Validation # _____<br>Accepted by: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:   
 Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: D&D Pink: Health Gold: SEA

# 7004 Meandering Stream Way

Scale: 1" = 30'

## MEANDERING STREAM WAY

SPDC CERTIFICATION &...

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50' B.R.L.  
10' B.R.L.

10' B.R.L.

S77°27'13"E 253.87'

APPROVED  
WALSH TRAIL BUILDING PERMIT  
BP# [blank] A# [blank]  
DESC. [blank]

*Deck & Pavilion*  
1/10/2013  
Approved as shown

DECK 760P

PROPOSED PAVILLION

EXISTING TRENCHES TO REMOVE  
20'x20'

EXISTING TRENCHES TO REMAIN

PROPOSED POOL

PROPOSED TRENCHES

S34°21'38"W 107.69'

S39°39'53"E 91.55'

482  
484  
482  
480  
478  
476  
474  
553





# Building Permit Application

Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

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 City: FULTON State: MD Zip Code: 20759  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: REAR YARD  
 Proposed Use: REPLACING POOL IN GROUND POOL  
 Estimated Construction Cost: \$ 25,000  
 Description of Work: INSTALL CONCRETE POOL (26'x40') NO DIVING BOARD, 3'-8" DEPTH. FENCE EXISTING  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: BARRY DIGGINS  
 Address: 7004 Manducig Stream Way  
 City: FULTON State: MD Zip Code: 21042  
 Phone: 443-704-0803 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: RAFFAELE MANNARELLI  
 Address: 9396 BALTIMORE NATIONAL PIKE  
 City: GILICOTT State: MD Zip Code: 21042  
 Phone: 443-463-4260 Fax: 410-750-2009  
 Email: RMCBLANDSCAPES481@gmail.com

Contractor Company: CONCENTRAL BUILDING AND LANDSCAPE  
 Contact Person: RAFFAELE MANNARELLI  
 Address: 9396 BALTIMORE NATIONAL PIKE  
 City: GILICOTT State: MD Zip Code: 21042  
 License No.: 50636  
 Phone: 410-750-7740 Fax: 410-750-2009  
 Email: RMCBLANDSCAPES48@gmail.com

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

| Commercial Building Characteristics                              | Residential Building Characteristics                                       |       |
|------------------------------------------------------------------|----------------------------------------------------------------------------|-------|
| Height:                                                          | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |       |
| No. of stories:                                                  | Depth                                                                      | Width |
| Gross area, sq. ft./floor:                                       | 1 <sup>st</sup> floor:                                                     |       |
|                                                                  | 2 <sup>nd</sup> floor:                                                     |       |
| Area of construction (sq. ft.):                                  | Basement:                                                                  |       |
|                                                                  | <input type="checkbox"/> Finished Basement                                 |       |
| Use group:                                                       | <input type="checkbox"/> Unfinished Basement                               |       |
|                                                                  | <input type="checkbox"/> Crawl Space                                       |       |
| <b>Construction type:</b>                                        | <input type="checkbox"/> Slab on Grade                                     |       |
| <input type="checkbox"/> Reinforced Concrete                     | No. of Bedrooms:                                                           |       |
| <input type="checkbox"/> Structural Steel                        | <b>Multi-family Dwelling</b>                                               |       |
| <input type="checkbox"/> Masonry                                 | No. of efficiency units:                                                   |       |
| <input type="checkbox"/> Wood Frame                              | No. of 1 BR units:                                                         |       |
| <input type="checkbox"/> State Certified Modular                 | No. of 2 BR units:                                                         |       |
|                                                                  | No. of 3 BR units:                                                         |       |
|                                                                  | Other Structure:                                                           |       |
|                                                                  | Dimensions:                                                                |       |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings:                                                                  |       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No         | Roof:                                                                      |       |
| <b>Roadside Tree Project Permit #</b>                            | <input type="checkbox"/> State Certified Modular                           |       |
|                                                                  | <input type="checkbox"/> Manufactured Home                                 |       |

| Utilities                                                                 |  |
|---------------------------------------------------------------------------|--|
| <b>Water Supply</b>                                                       |  |
| <input type="checkbox"/> Public                                           |  |
| <input checked="" type="checkbox"/> Private                               |  |
| <b>Sewage Disposal</b>                                                    |  |
| <input type="checkbox"/> Public                                           |  |
| <input checked="" type="checkbox"/> Private                               |  |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| <b>Heating System</b>                                                     |  |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |  |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |  |
| <input type="checkbox"/> Other:                                           |  |
| <b>Sprinkler System:</b>                                                  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |
| Grading Permit Number:                                                    |  |
| Building Shell Permit Number:                                             |  |

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.

Applicant's Signature: [Signature]  
 Email Address: RMCBLANDSCAPES481@gmail.com  
 Title/Company: PROJECT MGR

Print Name: RAFFAELE MANNARELLI  
 Date: 12/13/2012

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

| AGENCY               | DATE           | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways       |                |                       |
| Building Officials   |                |                       |
| PSZA ( Zoning )      |                |                       |
| PSZA ( Engineering ) |                |                       |
| Health               | <u>1/10/13</u> | <u>[Signature]</u>    |

Is Sediment Control approval required for Issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

| DPZ SETBACK INFORMATION         |                                                          |
|---------------------------------|----------------------------------------------------------|
| Front:                          |                                                          |
| Rear:                           |                                                          |
| Side:                           |                                                          |
| Side St.:                       |                                                          |
| All minimum setbacks met?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |                                                          |
| SDP/Red-line approval date:     |                                                          |

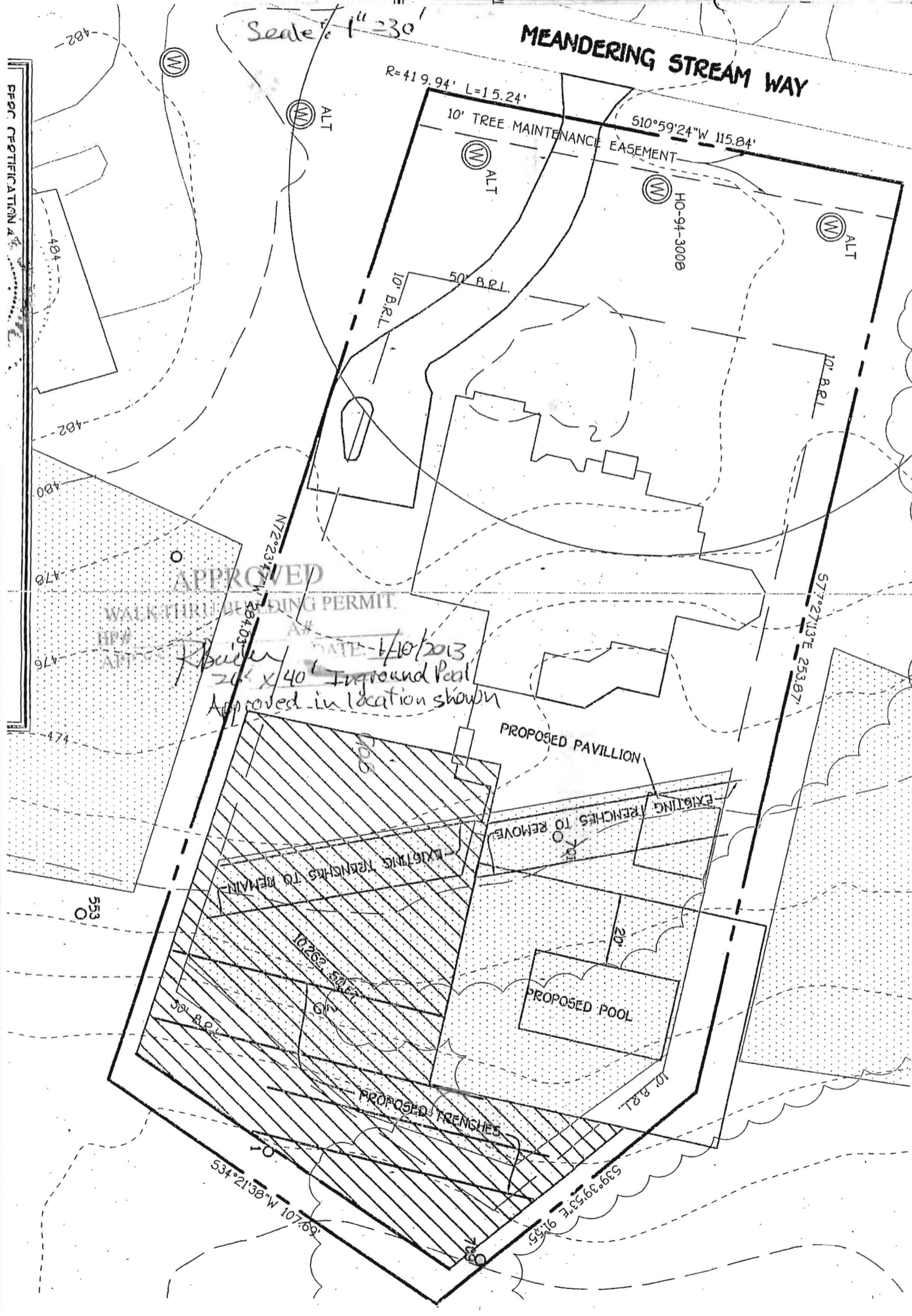
|                |    |
|----------------|----|
| Filing Fee     | \$ |
| Permit Fee     | \$ |
| Tech Fee       | \$ |
| Excise Tax     | \$ |
| PSFS           | \$ |
| Guaranty Fund  | \$ |
| Add'l per Fee  | \$ |
| Total Fees     | \$ |
| Sub-Total Paid | \$ |
| Balance Due    | \$ |
| Check          | #  |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

# 7004 Meandering Stream Way

Scale: 1" = 30'

## MEANDERING STREAM WAY



APPROVED  
WALK THRU BUILDING PERMIT

Builder DATE: 4/10/2013  
20' x 40' Inground Pool  
Approved in location shown

PROPOSED PAVILLION

EXISTING FRENCHES TO REMOVE

EXISTING FRENCHES TO REMAIN

PROPOSED POOL

PROPOSED FRENCHES

PROP. CERTIFICATION &...