

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 13722 Barberrry Way
Sykesville 21784
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Westcliffe Manor City Sykesville State _____ Zip Code 21784
 Section _____ Area _____ Lot 17
 Tax Map 9 Parcel 304 Grid 7
 Zoning _____ Map Coordinates 49-H Hot size _____

Property Owner's Name Charles Dalton
 Address 13722 Barberrry Way
 Home Phone 410-442-2869 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 17'x30'
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. 6294
 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"/> | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| No. of Bedrooms _____ | |
| Height: _____ | |
| Multi-family dwellings: _____ | |
| No. of efficiency units: _____ | |
| No. of 1 BR units: _____ | |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: _____ | |
| Dimensions: _____ | |
| Footings: _____ | |
| Roof Height: _____ | |
| State Certified Modular _____ | |
| Manufactured Home _____ | |

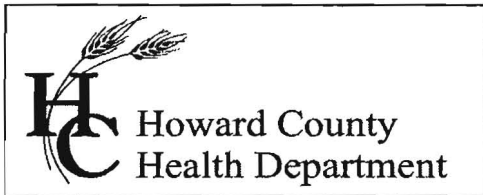
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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
12-21-06
 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>12/21/2006</u> | <u>[Signature]</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 | Lot Coverage for NewTown Zone _____ | |
| T:\norma\PERMIT.FRM | | | SDP/Red-line approval date _____ | Accepted by _____ |
| | | | Yellow: DED, DPZ | Pink: Health |
| | | | | Gold: SHA |



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 21, 2006

Mr. Charles W. Dalton
13722 Barberry Way
Sykesville, MD 21784

RE: **Variance Approval**
13722 Barberry Way
Sykesville, MD 21784

Dear Sir:

The Department of Health has received your variance request for the above referenced property. This agency will grant **approval** of the variance provided that the all aluminum structure is constructed no closer than sixteen (16) feet to the existing well head. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis'.

Michael J. Davis, R.S.
Director, Well and Septic Programs

cc: File

11-10-06

Howard County
Bureau of Environmental Health

Mr Gabe Creighton
Per our conversation, I am
requesting a Variance for the
construction of a maintenance free
all aluminium structure, located 16 FT
from the well head. Thank you for
your consideration.

C W Dalton

Charles W Dalton
13722 Barberrry way
Sykesville MD 21784
410 442-2869

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

NOV 14 2006

RECEIVED



SETBACKS:

REAR PL. 50'
 SIDE PL. 20'
 HOUSE 0'
 SEPTIC 20'
 WELL 20'

NOTE:

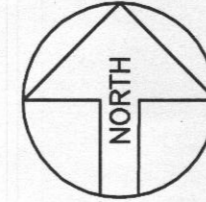
FILL IN DEEP-END OF EXISTING POOL
 W/DIRT & HAUL AWAY REMAINING

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 26606
 APP. SAN GAC DATE: 12/21/06
 DESC. OF WORK: pool as shown
must maintain 20' min to
well head

**PRIVATE WELL
& SEPTIC**



SITE PLAN

1"=40'
 LOT 17

WESTCLIFFE MANOR
 TAX ACCOUNT # 338944
 MAP 9, GRID 7, PARCEL 304
 ELECTION DISTRICT NO.04
 HOWARD COUNTY, MARYLAND

REVISION:

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 12-21-06

**Maryland
POOLS**

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
 SPA: NONE
 RAISED BEAM: NONE
 TILE: SURF-240
 COPING: PA FULL RANGE FLAGSTONE (CUT)
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: NONE
 CONTROL SYS: NONE
 HEATER: 250K BTU (PROPANE)
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' (INSIDE)
 AQUA BENCH: (2) @ 7'-6"
 RAIL GOODS: (2) 72" 3-BEND HANDRAILS
 DECKING: 479 Sq.Ft., BROOM FINISH CONCRETE
 FENCE: BY OWNERS FENCE CONTRACTOR
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: MD POOLS TO ARRANGE FOR WATER DELIVERY, CUSTOMER TO PAY DIRECT

ELECTRIC: CUSTOMER DIRECT W/TRI-STAR

POOL DATA

SIZE/SHAPE: 17' x 30' - RECTANGLE (NON-DIVING)
 POOL AREA: 512 SPA: OTHER:
 TOTAL AREA: 512
 PERIMETER: 94 SPA:
 GALLONAGE: 17,280 DEPTH: 3'-6" TO 6'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 RT.32/NORTH TO WEST FRIENDSHIP L/T ON FORSYTHE, L/T ON UNDERWOOD, R/T ON BARBERRY RIGHT SIDE.

MAP #
4
 GRID
9-H

Charles W. Dalton
 13722 Barberry Way
 Sykesville, Maryland 21784
 Howard County

HOME PHONE: 410-442-2869
 CELL PHONE 1:
 CELL PHONE 2:
 OFFICE PHONE:

LOT: 17 SUBDIVISION NAME: WESTCLIFFE MANOR DISTRICT: 04 PIN # 338944

SITE PLAN ZONE: ONE

SCALE: 1"=40' BY: J.L.R. DATE: 12/20/06 JOB NUMBER: DAW06-9094 SHEET #: 1.0

309 Ln.Ft., 48" HIGH
 FENCE TO CODE
 (BY OWNERS FENCE CONTRACTOR)

155.00'
 952'55"010"W

105.0'
 57.9'

22.3'

24.8'

660 Sq.Ft., BROOM
 FINISH CONCRETE DECK
 (BY MPI)

EXISTING
 SHED

22.0'

20' B.R.L.

296.57'
 S57'05"00"E

194.5'

75' B.R.L.

SEPTIC
 TANK

81.0'

20' B.R.L.

105.0'

105.0'

50' B.R.L.

220.77'
 N61'43"05"W

20' B.R.L.

EXISTING
 RESIDENCE

33.6'

EXISTING
 DRIVEWAY

FRONT

LOT 17
 40,162 Sq.Ft.
 0.922 Ac.

SEPTIC
 RESERVE
 AREA

75' B.R.L.

BARBERRY WAY

R=1000.00'
 L=165.36'

20' B.R.L.

20' B.R.L.