

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

PD00176899

Building Address 10600 Clarksville Pike
Ellicott City MD 21042
 Suite/Apt. # _____ SDP/WP/Petition # _____
 Census Tract 602303 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 29 Parcel 337 Grid 12
 Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name June and Allison Clark
 Address 10600 Clarksville, Pike
 City Ellicott City State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Rowan Landscape Co. Inc
8471 Reservoir Rd Fulton, MD 20759
 Phone 301 206 9150 Fax 301 206 3260

Existing Use Single family home/backyard
 Proposed Use Inground swimming pool
 Estimated Construction Cost 20,000.00
 Description of Work 800 sq. ft. Inground, free form
pool. 10' x 20' in length; Depth = 3' to 8'
Filled with water by truck.

Contractor Company Rowan Landscape Co Inc
 Contact Person Kari Rowan
 Address 8471 Reservoir Rd
 City Fulton State MD Zip Code 20759
 License No. CTR-03759
 Phone 301-206-9150 Fax 301-206-3260

Occupant or Tenant June and Allison Clark
 Contact Name Kari Rowan
 Address 10600 Clarksville Pike
 City Ellicott City State MD Zip Code 21042
 Phone 700-735-2258 Fax 410-995-1491

Engineer or Architect Company Rowan Landscape Co Inc.
 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Sewage Disposal: _____ Public _____ Private _____ Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company President
MA 6/13/02

Print Name Timothy N. Rowan
 Date 6/13/02

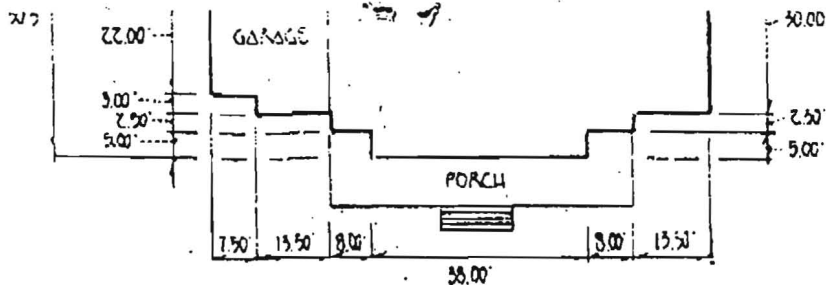
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DIST. SETBACK INFORMATION	PROPERLY FILED
Land Development DP7				

CLARK RESIDENCE

26 SQ. FT.)
 1ST ANNUAL
 (GLST 14,
 1000SQFT.)
 CT SITE BY
 RULCH AND



PROPOSED RESIDENCE 329 BROADWINGS

12 FT.)
 10 FT.)
 2 SQ. FT.)
 ET OR HIGHER
 CHORING

ITION FOR SOIL
 NOT COVERED.

Date 6/1/02	7671
Firm Mary Row	
Co.	
Phone #	
Fax #	
Post-it Fax No 7671	
To: Cary	
Co./Dept.	
Phone #	
Fax #	

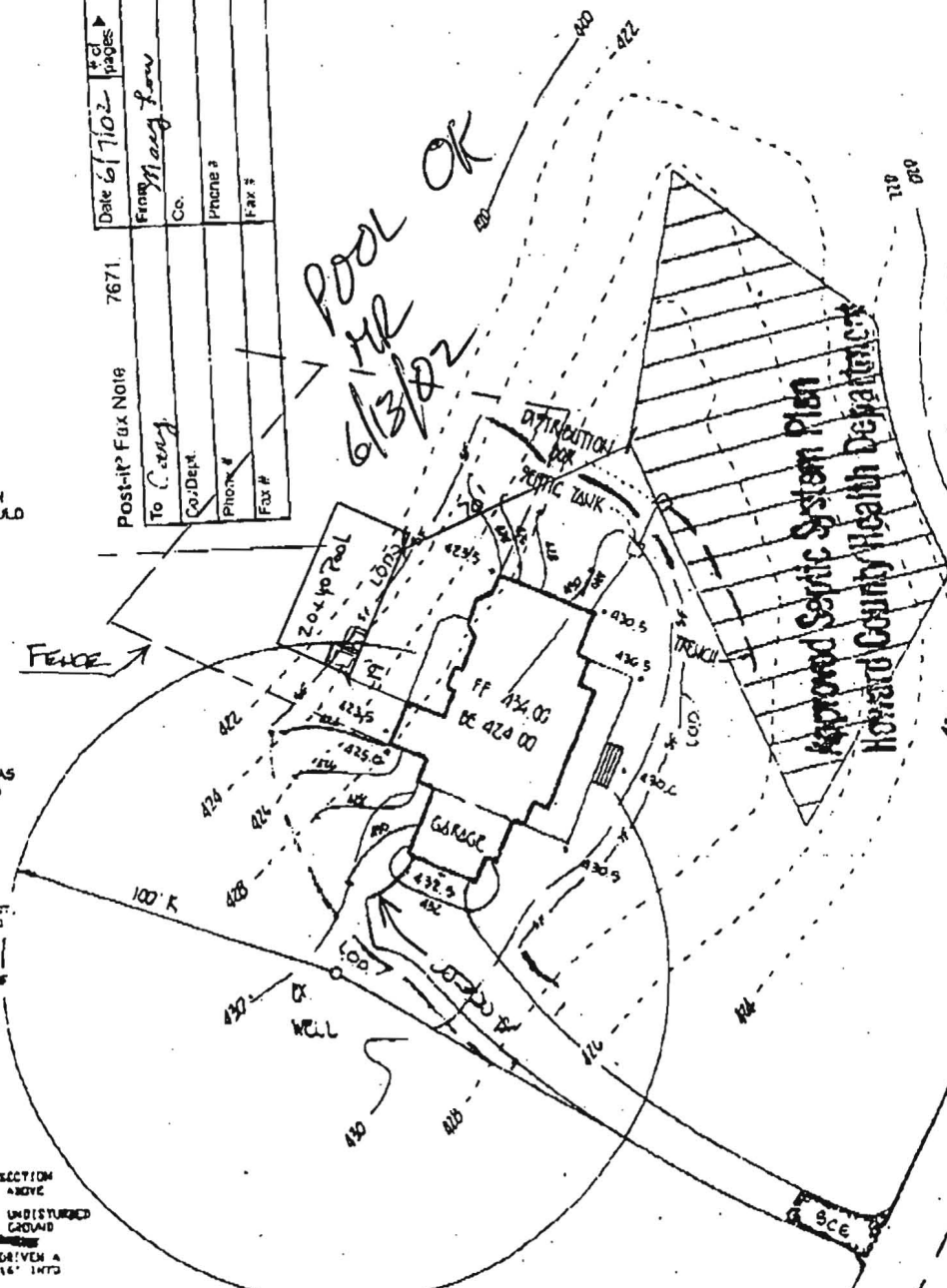
1ST 2.5
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50 FT.)
 10 FT.)
 USE
 BENG.

AT IS
 VACRE AS
 OR THIS

100' K
 100' K
 100' K

POST SECTION
 10' ABOVE
 UNDISTURBED
 GROUND
 POST DRIVEN A
 IN OF 16" INTO
 GROUND



EX. PRIVATE SEWERAGE
 DISPOSAL EASEMENT

7-24-02
 Date

[Signature]
 Signature

Scale 1"=50'0"