

B11001760

Building Address: 13012 CEDARVIEW CT  
WEST FRIENDSHIP, MD 21794

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

Census Tract: \_\_\_\_\_ Subdivision: FOX CHASE EST.

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 7

Tax Map: 15 Parcel: 25 Grid: 23

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.195 AC

Existing Use: SFO

Proposed Use: SFO w/POOL

Estimated Construction Cost: \$ 30,000

Description of Work: INSTALL 24'x43' INGROUND CONC POOL  
IN REAR YARD, 3 1/2 TO 8 1/2' DEEP. POOL TO BE FENCED  
BY 4' HIGH FENCE TO CODE

Occupant or Tenant: OWNER

Was tenant space previously occupied?  Yes  No

Contact Name: JOHN KRAWCZYK - TEK DESIGN

Address: 1016 JOYCE DR.

City: CROWNSVILLE State: MD Zip Code: 21032

Phone: 443-744-2622 Fax: 866-927-5528

Email: JKWK@TEKDESIGNANDDRAFTING.COM

Property Owner's Name: JOSEPH + LISA ONOTO

Address: 13012 CEDARVIEW CT

City: W. FRIENDSHIP State: MD Zip Code: 21794

Home Phone: 410-489-7701 Work Phone: 443-670-5077

Applicant's Name & Mailing Address, (If other than stated herein):  
JOHN KRAWCZYK  
1016 JOYCE DR. CROWNSVILLE MD 21032

Phone: 443-744-2622 Fax: 866-927-5528

Email: JKWK@TEKDESIGNANDDRAFTING.COM

Contractor Company: GALLOWAY POOL INC

Contact Person: STEVEN 'TATE' GALLOWAY

Address: 11710 OLD FREDERICK RD

City: W. FRIENDSHIP State: MD Zip Code: 21104

License No.: \_\_\_\_\_

Phone: 410-442-5005 Fax: \_\_\_\_\_

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

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
<input checked="" 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 checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" 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:	<u>POOL IS 24' x 43'</u>
Other Structure:	
Dimensions:	<u>3 1/2 TO 8 1/2' DEEP</u>
Footings:	<u>600 SQ FT.</u>
Roof:	
<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 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.

John Krawczyk  
 Applicant's Signature

JKWK@TEKDESIGNANDDRAFTING.COM  
 Email Address

JOHN KRAWCZYK  
 Title/Company

JOHN KRAWCZYK  
 Print Name

6/19/2011  
 Date

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>William D. ...</u>
Fire Protection		

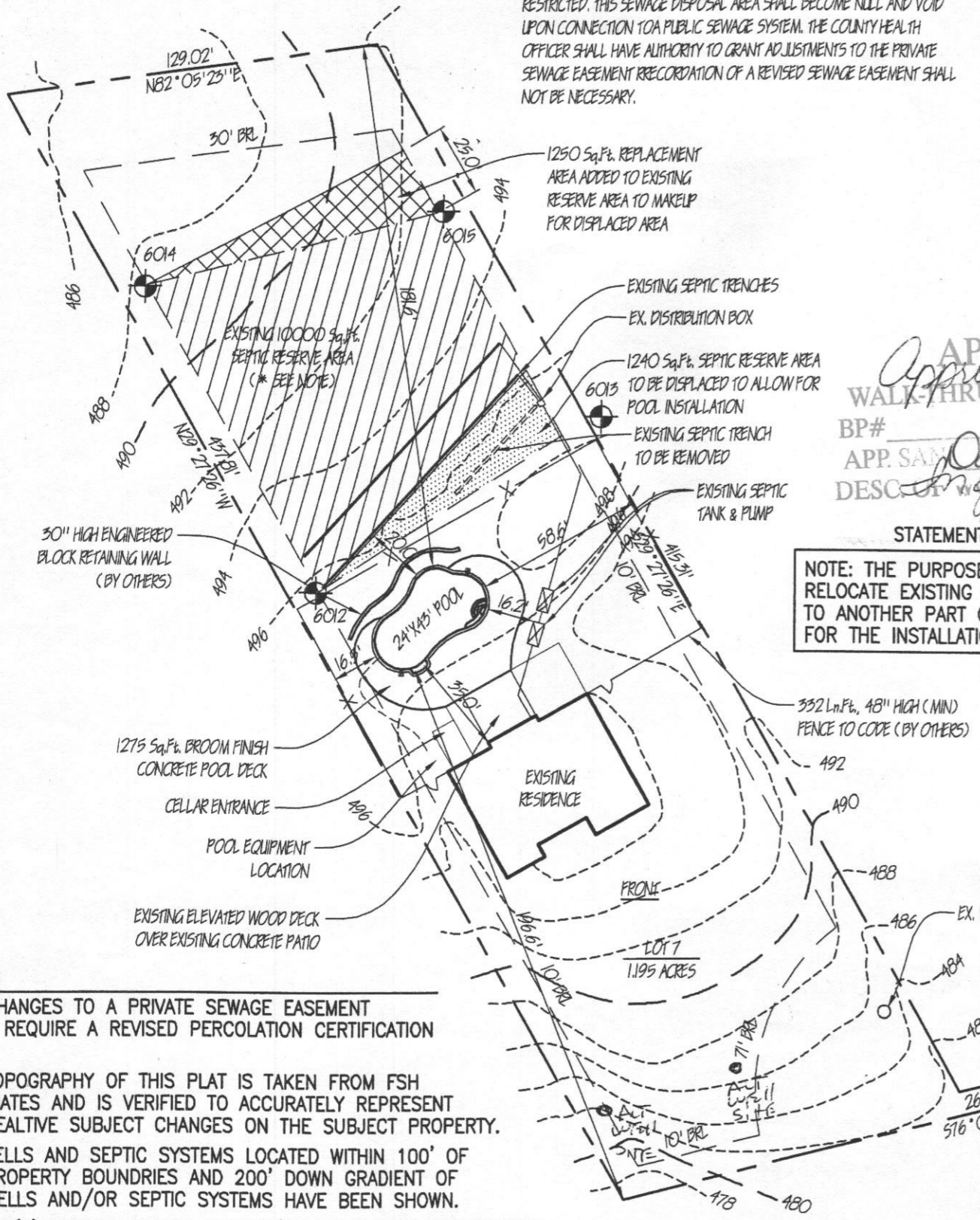
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 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	\$

**PERCOLATION CERTIFICATION PLAN**

\* NOTE:  
THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10000 SQ.FT. AS REQUIRED BY THE MD DEPT OF ENVIR. FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT RECORDED OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

**ACCESSORY STRUCTURE SETBACKS**  
 SIDE: 10'      SEPTIC: 20'  
 REAR: 10'      WELL: 20'



**APPROVED**  
 Approved BP# *WALK-THRU BUILDING PERMIT*  
 BP# *116511*  
 APP. SA *Cam Berlinghoff*  
 DESC *Inground Pool 24 X 43*  
 STATEMENT OF PURPOSE

NOTE: THE PURPOSE OF THIS PLAN IS RELOCATE EXISTING SEPTIC RESERVE AREA TO ANOTHER PART OF PROPERTY TO ALLOW FOR THE INSTALLATION OF A SWIMMING POOL

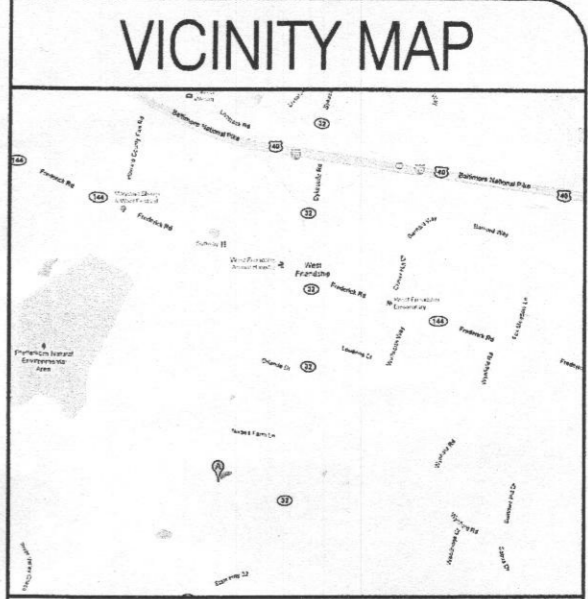
NOTE: TOPOGRAPHY SHOWN AT 2' INTERVALS. SOURCE OF TOPO IS FROM PLAT PREPARED BY FSH ASSOCIATES IN 2003.

**SITE PLAN**

1"=50'

- NOTES:
1. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
  2. THE TOPOGRAPHY OF THIS PLAT IS TAKEN FROM FSH ASSOCIATES AND IS VERIFIED TO ACCURATELY REPRESENT THE REALTIVE SUBJECT CHANGES ON THE SUBJECT PROPERTY.
  3. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDRIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
  4. THE LOT(S) SHOWN HEREON COMPLY/COMPLIES WITH THE MINIMUM MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.

5. 40' TRENCH TO BE ABANDONED TO ACCOMMODATE FUTURE COURSE CONSTRUCTION. THE 2 REMAINING 100' TRENCHES ARE ADAPTED FOR 4 BEDROOM ADEQUATE DRAINING.



**DIRECTIONS TO SITE**

I-70 WEST TO RT-32 SOUTH TOWARD COLUMBIA. GO APPROX 1 6/10 MILES TO A R/T ON VISTA VIEW DRIVE. GO TO END AND TURN LEFT ON CEDARVIEW COURT. SITE AT END. 13012 CEDARVIEW COURT.

**POOL DATA**

POOL DIMENSION	24'-0" x 43'-0"
POOL PERIMETER	117 Ln.Ft.
SURFACE AREA	800
GALLONAGE	34,000
DEPTHS	3'-6" TO 5'-0" TO 8'-6"
FILTER RATE	95 GPM
TURNOVER TIME	6 HOURS
POOL DECK AREA	1275 Sq.Ft.

**JOB NOTES**

PROPERTY OWNER: JOSEPH & LISA DINOTO  
 PROPERTY OWNER ADDRESS: 13012 CEDARVIEW COURT WEST FRIENDSHIP, MD 21794

HOME PHONE: 410-489-7701  
 OFFICE PHONE:  
 CELL PHONE: 443-690-5077 (MR)

LOT NUMBER: 7  
 SUBDIVISION NAME: FOX CHASE ESTATES  
 TAX MAP: 15  
 GRID & PARCEL: GRID 23, PARCEL 25  
 TAX ACCOUNT NUMBER: 339661

ELECTION DISTRICT: JRD  
 ZONING:  
 UTILITIES: PRIVATE WELL & PRIVATE SEPTIC

**SITE PLAN**

REVISIONS

5/16/2011  
 SEPTIC PLAN  
 6/1/2011  
 REVISED SEPTIC  
 RESERVE AREA

**Galloway Pool Service, Inc.**  
 11710 Old Frederick Road  
 Marriottsville, Maryland 21104  
 410-442-5005 (P)  
 866-000-0000 (F)  
 443-506-7043 (C)

**Dinoto Residence**  
 13012 Cedarview Court  
 West Friendship, Maryland 21794  
 Howard County

Date: 05/7/2011  
 Scale: 1"=50'  
 Drawn: JEK  
 Job: GPS2011-0111  
 Sheet 1

**OWNER SIGNED STATEMENT:**  
 I CERTIFY THAT THE INFORMATION SHOWN HERON IS BASED ON FIELD WORK, PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*[Signature]*  
 Approved for Peter Bselinger 6/15/11  
 HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. DATE: 6/15/11