

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

**B07004702**

Building Address 14409 MEADOW Mill Way  
Glenwood, MD 21738

Property Owner's Name James H Selfridge Builders  
Address 4781 Ted Oaks Rd

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 121183

City Dayton State MD Zip Code 21036

Census Tract 6041002 Subdivision Clarks Meadow

Home Phone \_\_\_\_\_ Work Phone 410-531-0000

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 21 Parcel 271 Grid 17

Zoning RC Map Coordinates 9:0-10 Lot size 40,087 sq ft

Phone \_\_\_\_\_ Fax 410-531-2937

Existing Use VACANT LOT

Contractor Company James H. Selfridge Builders Inc.

Proposed Use NEW Single Family Dwelling

Contact Person Tim Ragen

Estimated Construction Cost \$ 600,000

Address 4781 Ted Oaks Rd

Description of Work New Custom SFD, 2 story  
Full Bsmt 13R 5 FB 1HD, 3 car GAR,  
Partial Finished Bsmt, 4 BR

City Dayton State MD Zip Code 21036

License No. 729  
Phone 410-531-2930 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <u>39</u> Width <u>48</u> 1st floor: _____ 2nd floor: <u>39</u> <u>68</u> Basement: <u>39</u> <u>68</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

Tim Ragen  
Applicant's Signature  
Selfridge Builders  
Title/Company

Tim Ragen  
Print Name  
11/26/07  
Date

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		
Health	<u>12/12/07</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee <u>\$100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>33761</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B08001506

Building Address 14409 MEADOW MILL WAY  
GLENWOOD MD 21738  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision CLARKS MEADOW  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot #4  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name TIM & NANCY DAVIS  
 Address 20270 TURF VALLEY GOLF RD UNIT 788  
BOX #9  
 City ELLICOTT CITY State MD Zip Code 21042  
 Phone 240 565 4625 Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD / POOL  
 Estimated Construction Cost \$ 30,000.00  
 Description of Work Install inground concrete swimming pool (14'x28')

Contractor Company PLEASURE POOLS by EDW. D. HAMMERSLA, INC.  
 Contact Person PAUL HORICHS  
 Address 905 BERRYMANS LA  
 City REISTERSTOWN State MD Zip Code 21136  
 License No. 1228  
 Phone 410 833 0850 Fax 410 329 2075

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		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
No. of stories:		<input type="checkbox"/> Public		<input type="checkbox"/> Depth	<input type="checkbox"/> Width	<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input checked="" type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		No. of Bedrooms _____		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Height: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>		Multi-family dwellings:		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>		No. of efficiency units: _____		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 1 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
		<input type="checkbox"/> Full		No. of 2 BR units: _____		<input type="checkbox"/> NFPA #13D	
		<input type="checkbox"/> Partial		No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13R	
		<input type="checkbox"/> Other Suppression		Other Structure: _____		<input type="checkbox"/> Other:	
		<input type="checkbox"/> # of Heads		Dimensions: _____			
				Footings: _____			
				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 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 INTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Paul N Horichs  
 Applicant's Signature  
Pleasure Pools  
 Title/Company

PAUL N HORICHS  
 Print Name  
5/20/08  
 Date

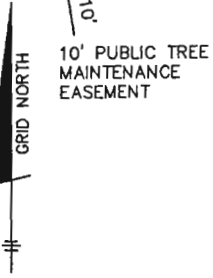
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

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 Set: _____	Add'l per. fee \$ _____
Health	<u>5/21/08</u>	<u>R. Bush</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:				Lot Coverage for New Town Zone _____	
White: Building Official				SDP/Re-line approval date _____	Accepted by _____
Green: LDD, DPZ					
Yellow: DED, DPZ					
Pink: Health					
Gold: SHA					

MEADOW MILL WAY  
PUBLIC ACCESS PLACE-40'R/W

N81°04'41"E.  
81.42

6' PUBLIC STORM DRAINAGE  
AND UTILITY EASEMENT



**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# 808001506  
APP. DATE: 5/21/08  
DESC. OF WORK: *Basement*  
*As shown*  
A# 141120  
NON-BUILDABLE  
PRESERVATION PARCEL E

EXISTING WELL  
HO-95-0175

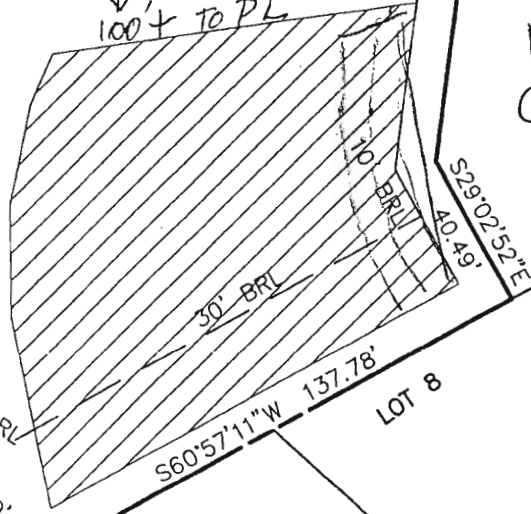
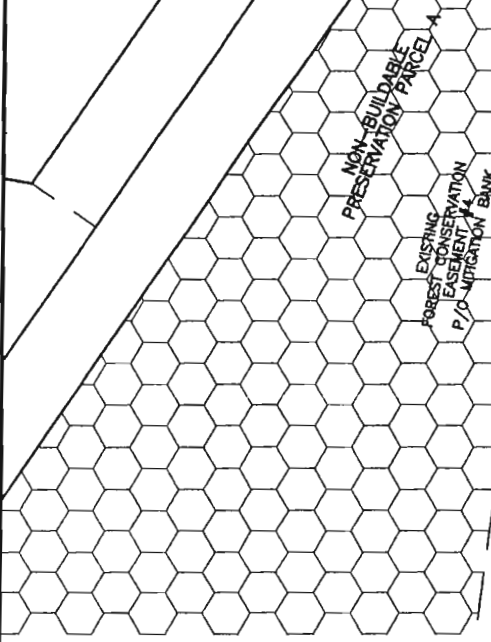
SEE DETAIL

LOT 4

LOT 5

Septic Tank  
clean-out

Wall Check  
OK 3-31-08  
HS

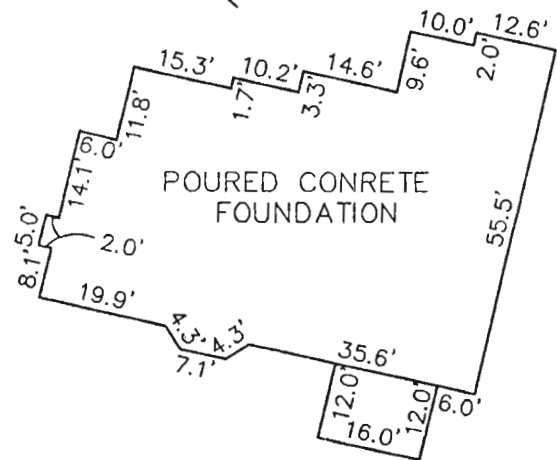


TOP OF FOUNDATION WALL ELEVATION = 545.5'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.2'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 02/15/08.

STATE OF MARYLAND  
ALD ALAN R...



FOUNDATION DETAIL