



# 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.: \_\_\_\_\_

Building Address: 1766 Oakdale Drive  
 City: Cocksville State: MD Zip Code: 21723  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Manticello  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 16  
 Tax Map: 0008 Parcel: 0110 Grid: 0018  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.06ac

Property Owner's Name: Brian, Teresa Berkowicz  
 Address: 1766 Oakdale Dr  
 City: Cocksville State: MD Zip Code: 21723  
 Phone: 443-995-0425 Fax: 443-756-1010  
 Email: bhb429@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Steve Rowley  
 Address: 293 Southland Ct  
 City: Quaker State: MD Zip Code: 20754  
 Phone: 443-458-8544 Fax: 410-286-3358  
 Email: khkpermits05@yahoo.com

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ 38,000.00  
 Description of Work: Install approx 20x40' in ground granite swimming pool (800 sq ft)  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Johnson Pools  
 Contact Person: Zachary S. Castro  
 Address: P.O. Box 667  
 City: Columbia State: MD Zip Code: 21045  
 License No.: MHC 120855  
 Phone: 443-813-1288 Fax: \_\_\_\_\_  
 Email: zach@jps.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:	<u>Depth</u> <u>Width</u>
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"/> <b>Roadside Tree Project Permit</b>	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 type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input 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.

[Signature]  
 Applicant's Signature  
zach@jps.com  
 Email Address  
Sales/Design Johnson Pools  
 Title/Company

Zachary S. Castro  
 Print Name  
02/21/15  
 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>2/20/15</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

PARCEL 'E'

PERCOLATION CERTIFICATION PLAN

OAKLAND FARM LOTS 1-4

LOT 1  
PLAT NO. 9307

THE PURPOSE OF THIS PLAN IS TO MODIFY THE LIMITS OF EX. SRA TO ACCOMMODATE POOL INSTALL.

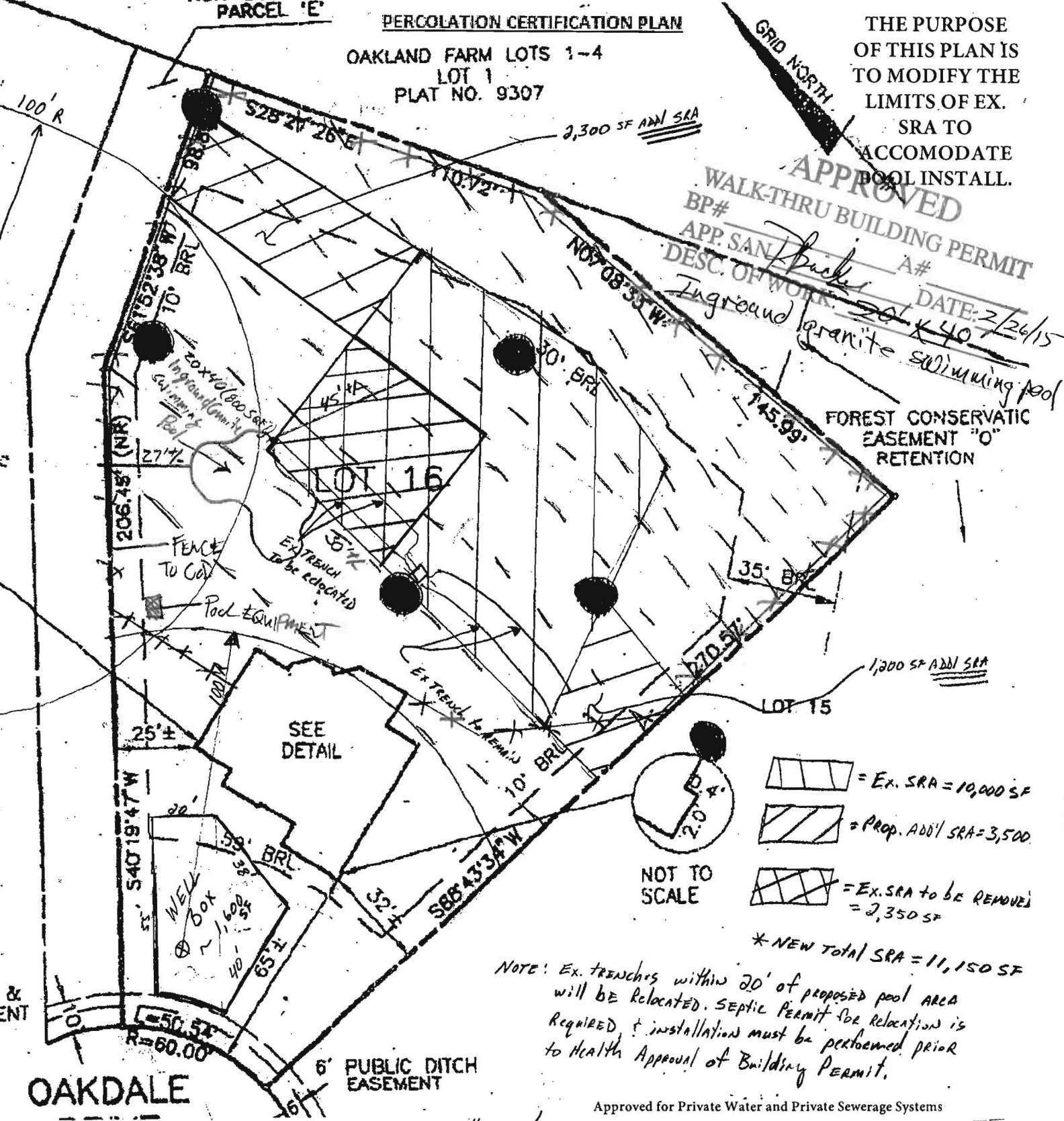
**APPROVED**

WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# \_\_\_\_\_  
APP. SAN. \_\_\_\_\_  
DESC. OF WORK \_\_\_\_\_

DATE: 2/26/15  
20' x 40'

Inground granite swimming pool

FOREST CONSERVATION EASEMENT "O" RETENTION

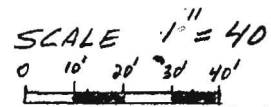


- 1,200 SF ADD'L SRA
- LOT 15
- 10,000 SF = Ex. SRA
- 3,500 SF = Prop. ADD'L SRA
- 2,350 SF = Ex. SRA to be REMOVED
- \* NEW TOTAL SRA = 11,150 SF

NOTE: Ex. trenches within 20' of proposed pool AREA will be Relocated. SEPTIC PERMIT for Relocation is Required & installation must be performed prior to Health Approval of Building Permit.

Approved for Private Water and Private Sewerage Systems

Health Officer, Howard County Health Dept. Date \_\_\_\_\_



OAKDALE

1766 Oakdale Drive  
RECORD PLAT NO. 14088

This area designates a private sewerage disposal area of at least 10,000 sq.ft. as required by the Maryland Department of Environment for individual sewerage disposal. Improvements of any nature in this area are restricted. This sewerage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewerage easement. Recordation of a revised sewerage easement shall not be necessary.

The lot shown herein complies with the minimum ownership width and lot area as required by the Maryland Department of Environment.  
All wells and septic systems located within 100' of the property boundaries and 200' down gradient of any wells and/or septic have been shown.  
Any Changes to a private sewerage easement shall require percolation certification plan.  
The topography of this plat is taken from the original perc. cert. plan (8/2001) and is verified to accurately represent the relative changes on subject property.