

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09001179
Robert/Susan Held

Building Address 14506 Monticello Dr.
Cooksville, MD 21223
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Robert/Susan Held
Address Same
City _____ State _____ Zip Code _____
Phone 410-491-4968 Phone 410-744-3226
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work installation of above ground pool and deck

Contractor Company Van Dorn Pools + Spas
Contact Person Linda Simkins
Address 8268 Veterans Hwy.
City Millersville State MD Zip Code 21108
License No. _____
Phone 410-987-5552 Fax 410-987-5515

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
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement:
Finished Basement Unfinished Basement
 Crawl space Slab on Grade
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

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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.

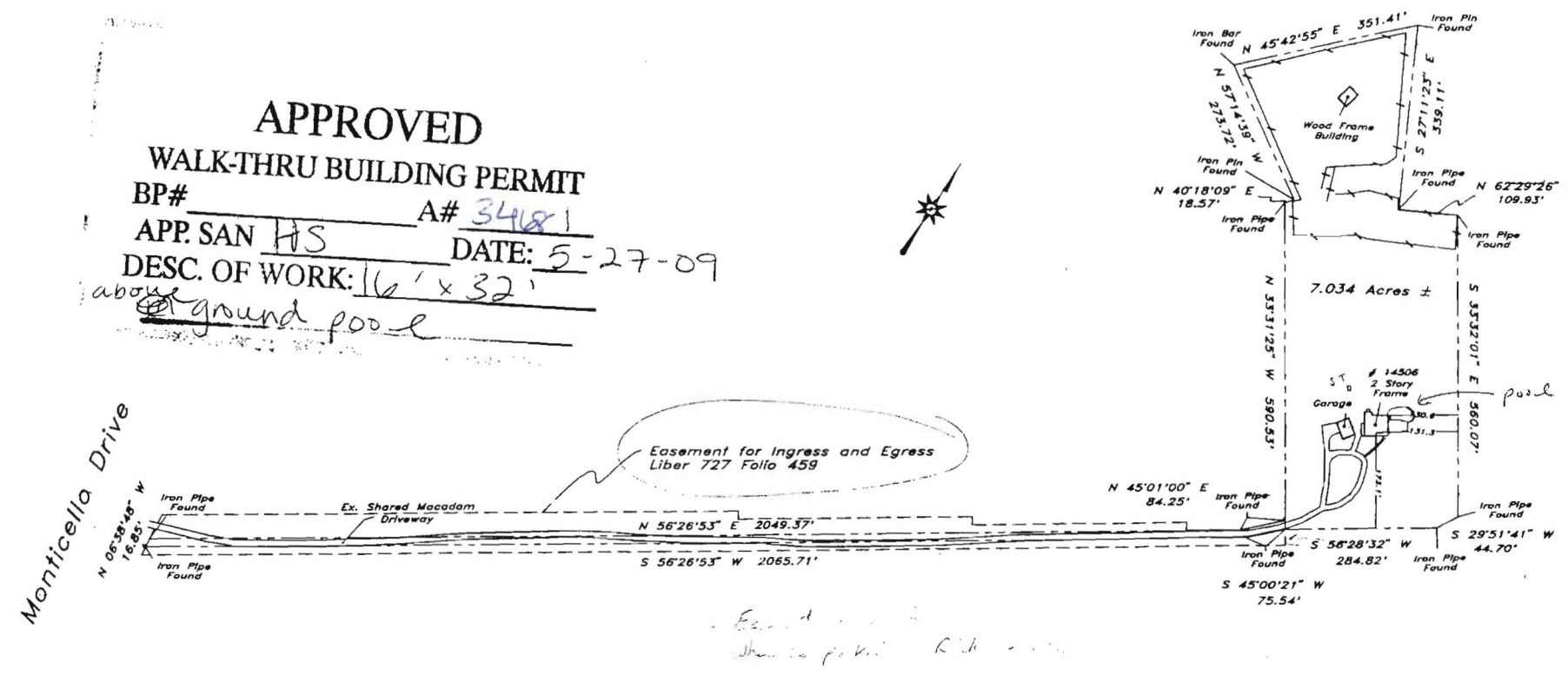
[Signature]
Applicant's Signature
Title/Company _____

SUSAN HELD
Print Name
5-27-09
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>5-27-09</u>	<u>[Signature]</u>	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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# 3481
 APP. SAN HS DATE: 5-27-09
 DESC. OF WORK: 16' x 32'
above ground pool



This is to certify that I have surveyed the property shown hereon,
 being known as # 14506 MONTICELLO DRIVE
 and recorded among the land records of Howard County
 Maryland in Liber 1328 ,folio 456
 for the purpose of locating or setting the corners thereof.

Subject property is shown in Zone C



PLAT OF SURVEY
 14506 MONTICELLO DRIVE
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771

Scale: 1" = 200
 Date: 20FEB04
 Field By: JCH