

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Walk thru

Building Address 7122 Moorland Dr.
Clarksville, md 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Ashleigh Knolls 2
 Section _____ Area _____ Lot 20
 Tax Map 41 Parcel 475 Grid 7
 Zoning _____ Map Coordinates _____ Lot size 41,769

Property Owner's Name Timothy Lewis
 Address 7122 Moorland Dr. Clarksville, md 21029
 City Clarksville State md Zip Code 21029
 Home Phone 301-854-9531 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Larry Hyland - 1718 Waxilore Rd
Annapolis, md. 21401
 Phone 443-495-9726 Fax 410-849-2787

Existing Use Lawn area
 Proposed Use Inground pool + Spa
 Estimated Construction Cost \$ 50,000.00
 Description of Work 23 X 41 Inground pool
w/8' dia Spa - 450' of Fence
+ gates To Code.

Contractor Company Sunset Pool Contractors LLC
 Contact Person Alan Eng
 Address 6404 Heathcliff Ln.
 City Tracy's Landing State md Zip Code 20779
 License No. 65155
 Phone 410-741-5092 Fax _____

Occupant or Tenant Occupant
 Contact Name Timothy Lewis
 Address 7122 Moorland Dr.
 City Clarksville State md Zip Code 21029
 Phone 301-837-5399 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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: _____	
<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.

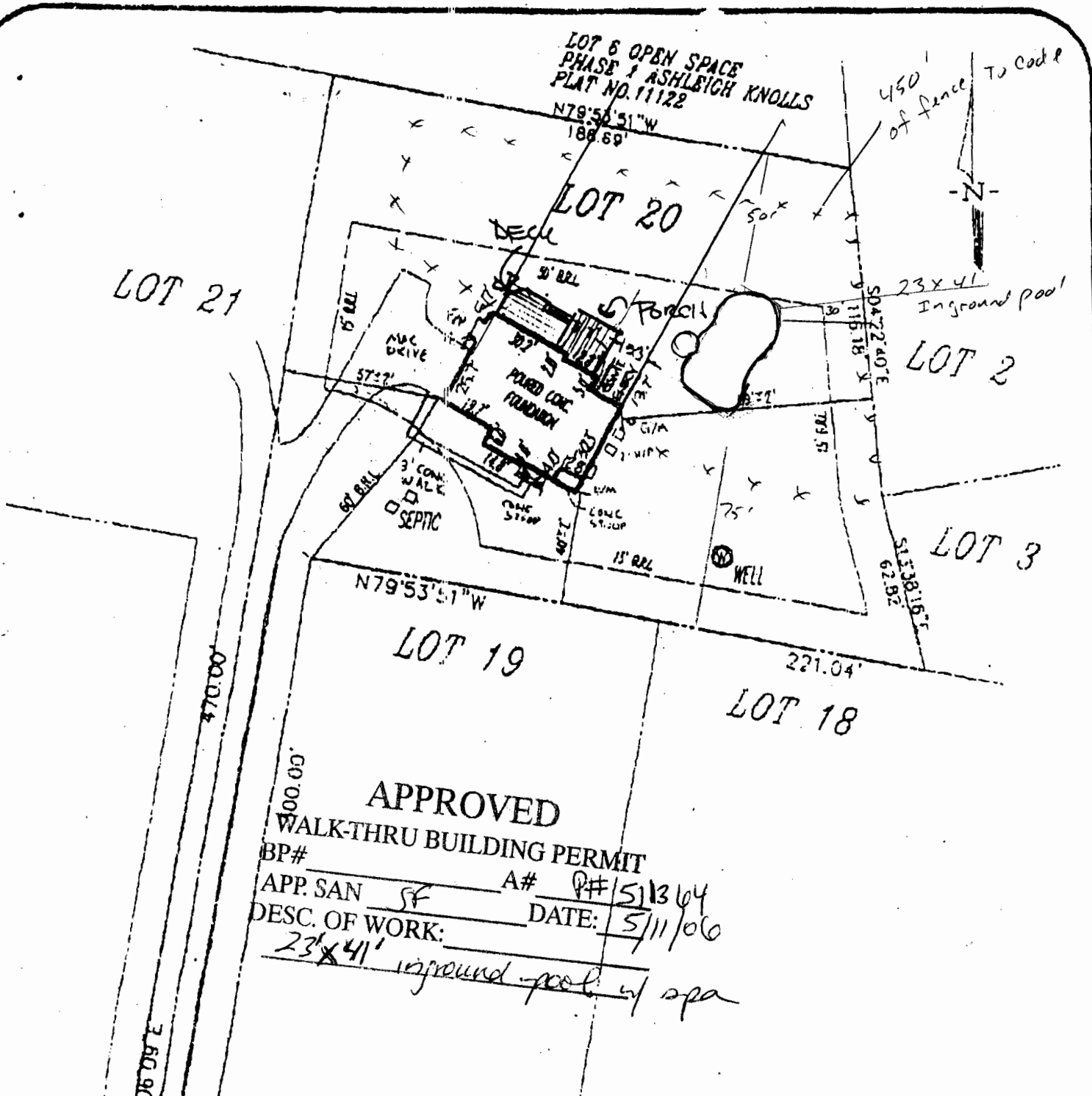
Larry Hyland
 Applicant's Signature
Salesman
 Title/Company

Larry Hyland
 Print Name
5/10/06
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/10/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input 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 \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# 9#511364
APP. SAN SF DATE: 5/11/06
DESC. OF WORK: 23'x41' inground pool w/ spa

LEGEND

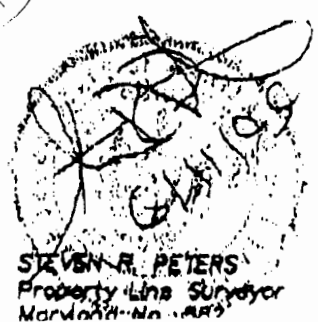
- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 7122 MOORLAND DRIVE
TOP OF WALL ELEV = 303.68 FIRST FLOOR ELEV. =
NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
TRANSFER, FINANCING OR REFINANCING.
THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
OTHER EXISTING OR FUTURE IMPROVEMENTS.
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
OF TITLE OR SECURING FINANCING OR REFINANCING.
FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044 0039 B
FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED
SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

ASHLEIGH KNOLLS
PHASE TWO
PLAT No. 11538
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: <u>SRP 3/10/99</u>
FINAL	DATE: <u>SRP 6/11/99</u>
DRAWN BY: <u>GEM</u>	SCALE: <u>1"=50'</u>
PROJECT No.: <u>0151720</u>	



R.M. MOCHI GROUP, P.C.

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Jameville, MD 21754-0706

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(301) 865-5111