

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER **KN**
B00155759

Building Address 2610 Mullinix Mill Rd
Mount Airy MD 21771
Suite/Apt. #: _____ SDP/WP/Petition # _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 2
Tax Map 12 Parcel 72 Grid 16
Zoning _____ Map Coordinates _____ Lot size 3.03 ac

Property Owner's Name Jeffrey McCalister
Address 2610 Mullinix Mill Rd
City Mt Airy State MD Zip Code 21771
Home Phone _____ Work Phone _____

Existing Use SFD
Proposed Use 26 x 48 inground pool
Estimated Construction Cost \$ 30,000

Applicant's Name & Mailing Address, (if other than stated hereon):
Raren Klayman
Phone 410 507 7705 Fax _____
Contractor Company Anthony Selvan Parks
Contact Person _____

Description of Work inground granite pool, fence to code by owner, filled by truck, 3.5' to 9' depth

Address 10840 Guilford Rd
City Annapolis State MD Zip Code 20701
License No. 19347
Phone 301 390 1940 Fax _____

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
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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.

Karen Klayman
Applicant's Signature

Karen Klayman
Print Name
8/24/05 410 507 7705
Date

Title/Company _____
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID#
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>8/24/05</u>	<u>Raren Klayman</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"/>			
Distribution of Copies - White: Building Official	Green: LDD, DPZ	Yellow: JED, DPZ	Pink: Health
Gold: SHA			

FRONT 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 # _____
SNPP line approval date _____	Validation # _____
Accepted by _____	

McALISTER

L. 271

APPROVED
DATE: 12/19/2005
APPLICANT: [illegible]
DATE: 12/19/2005
BR#: [illegible]
DESC OF WORK: [illegible]

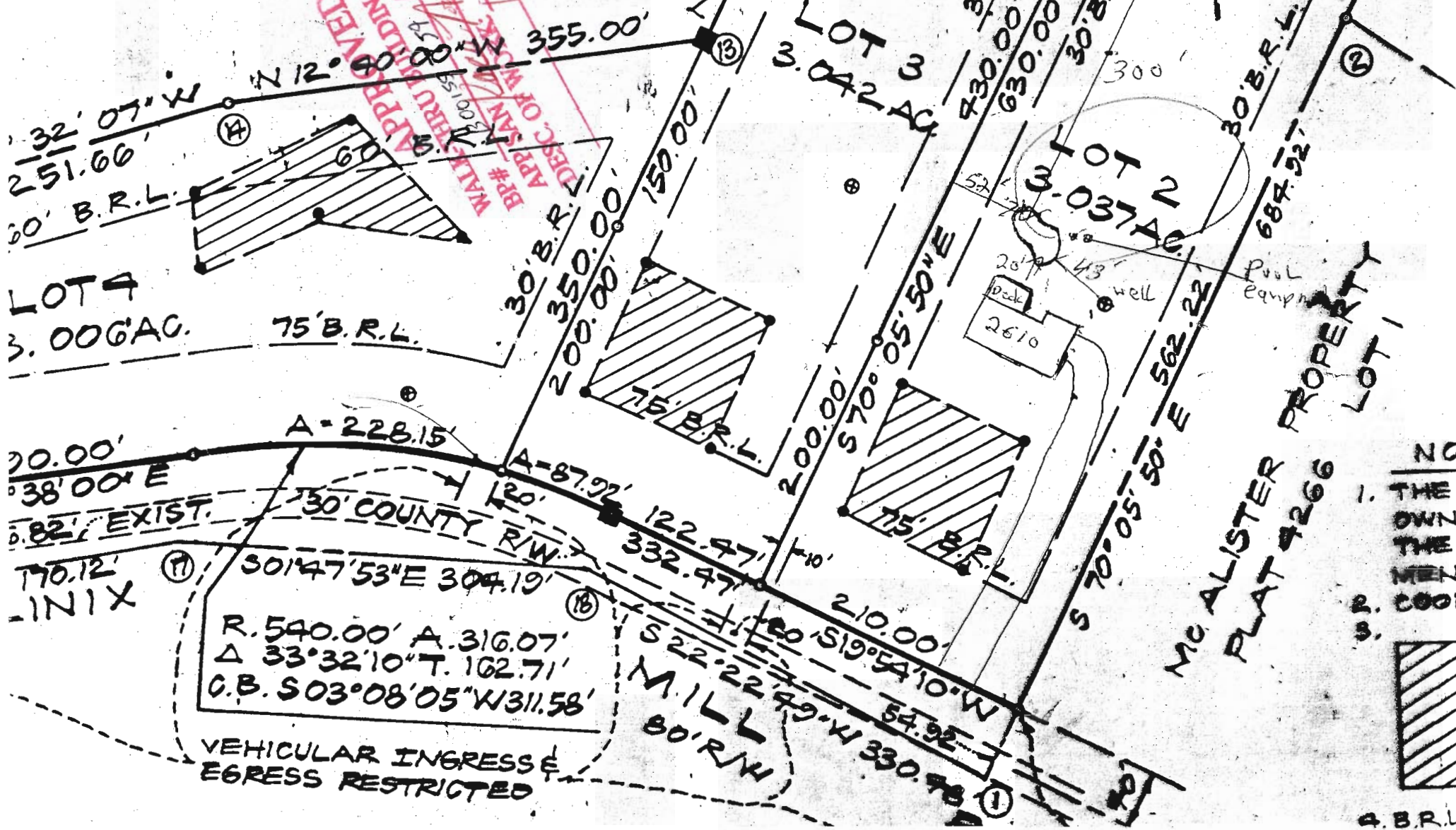
232.07' W
251.66'
60' B.R.L.

LOT 4
3.00GAC.
75' B.R.L.

20.00'
38'00" E
82' EXIST.
170.12'
-INIX

R. 540.00' A. 316.07'
Δ 33°32'10" T. 162.71'
C.B. S 03°08'05" W 311.58'

VEHICULAR INGRESS & EGRESS RESTRICTED



McALISTER PROPERTY
PLAT 4266
LOT 1

NO
THE
OWN
THE
MIL
COO



4 B.R.L.