

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B10001079	
Building Address <u>14341 MOSGROVE FARM CT</u> <u>GREENWOOD, MARYLAND 21738</u>			Property Owner's Name <u>ROBERT VELOT</u> Address <u>14341 MOSGROVE FARM CT.</u> City <u>GREENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>443-995-2087</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>MARYLAND POOLS, INC.</u> <u>9515 GEORGE LANE #121</u> <u>COLUMBIA, MD. 21046</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>MOSGROVE FARM</u> Section _____ Area _____ Lot <u>25</u> Tax Map <u>21</u> Parcel <u>12</u> Grid <u>12</u> Zoning _____ Map Coordinates _____ Lot Size <u>33243 s.f.</u>			Phone <u>410-995-6600</u> Fax <u>301-621-3331</u>		
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>25000</u>			Contractor Company <u>MARYLAND POOLS, INC.</u> Contact Person <u>BOB SPEED</u> Address <u>9515 GEORGE LANE #121</u> City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u> License No. <u>6694-5</u> Phone <u>410-995-6600</u> Fax <u>301-621-3331</u>		
Description of Work <u>INSTALLATION OF SWIMMING POOL</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Occupant or Tenant _____ Contact Name _____ 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: <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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

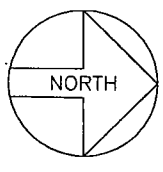
Applicant's Signature: [Signature]
 Print Name: ROBERT SPEED
 Date: April 29, 2010

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 Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>4-29-10</u>	<u>[Signature]</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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:Operations/Updated forms

SETBACKS:
 REAR PL. 10'
 SIDE PL. 10'
 HOUSE 10'
 SEPTIC N/A
 WELL 20'



**PRIVATE WELL
& PUBLIC SEWER**

**Maryland
POOLS**
 Inc.
 9515 GERWIG LANE | 11166 MAIN STREET
 SUITE 121 | SUITE 402
 COLDMANIA, MD 21046 | FAIRFAX, VA 22030
 410-995-6600 | 703-359-7192
 800-233-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: ON SITE
 SPA: NONE
 RAISED BEAM: 24" HIGH FACED W/CULTURED STONE (79 SQ.FT.)
 TILE: TO BE DETERMINED
 COPING: SUPPLIED BY OWNER, INSTALL BY MPI
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/INTELLIFLO VS-3050
 CLEANING SYS: PCC 2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: HP-900 (HEAT PUMP)
 LIGHTS: (2) LED WATTS: 300 VOLTS: 120
 LOVESEAT: (1) @ 6' (OUTSIDE W/STEP)
 AQUA BENCH: (2) @ 4' W/(2) UMBRELLA SOCKETS
 RAIL GOODS: NONE
 DECKING: BY OWNERS DECK CONTRACTOR
 FENCE: BY OWNERS FENCE CONTRACTOR
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: COLOR LENS KIT; (3) 24" S.D. UNITS;
 8.5 Ln.Ft., OF REINFORCED AREA;
 ELECTRIC: 310 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 23'-6" x 40'-6" - CUSTOM
 POOL AREA: 675 SPA: OTHER: 12
 TOTAL AREA: 687
 PERIMETER: 109 SPA:
 GALLONAGE: 27,844 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

MILES: 000
 MAP #
 9
 GRID
 E-8

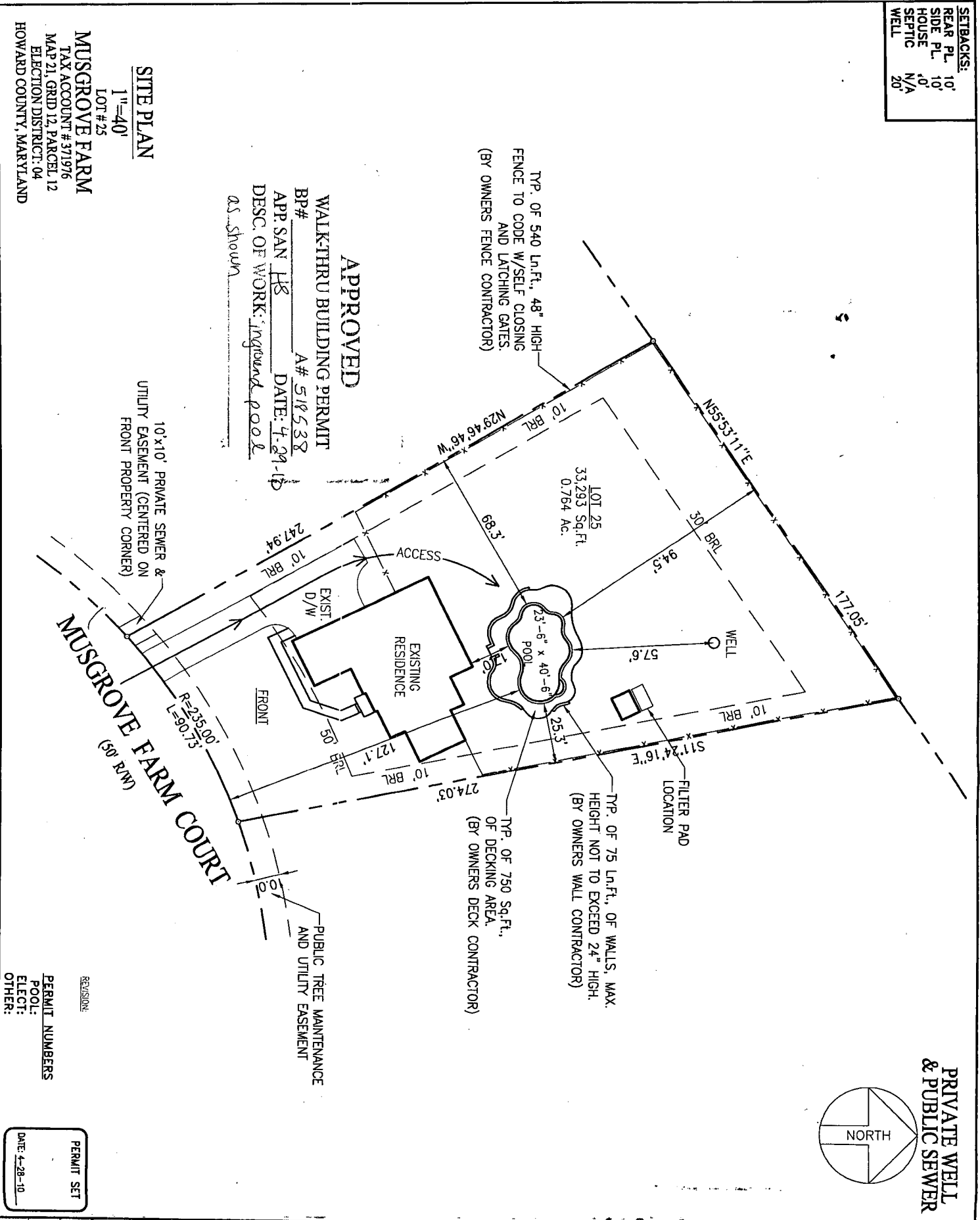
Robert & Glee Vernot
 14341 Musgrove Farm Court
 Glenwood, Maryland 21738
 Howard County

HOME PHONE: 443-995-2087
 OFFICE PHONE:
 CELL PHONE 1:
 CELL PHONE 2:

LOT: 25 SUBDIVISION NAME: MUSGROVE FARM DISTRICT: 04 PIN #: 371976

SITE PLAN

SCALE: 1"=40'
 BR: J.L.R. DATE: 4/28/10 JOB NUMBER: JC10-9992 SHEET #: 1.0



APPROVED

WALK-THRU BUILDING PERMIT
 BP# _____ A# 518538
 APP. SAN. HS. DATE: 4-29-10
 DESC. OF WORK: Inground pool
as shown

SITE PLAN

1"=40'
 LOT #25
MUSGROVE FARM
 TAX ACCOUNT # 371976
 MAP 21, GRID 12, PARCEL 12
 ELECTION DISTRICT: 04
 HOWARD COUNTY, MARYLAND

REVISION:
 PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 4-28-10

G0800108

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0800 1342

Building Address 1439 Masgrove Farm Ct
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision 1400
 Section _____ Area _____ Lot 25
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State MD Zip Code 21075
 Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Wauky w/missing R-

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State MD Zip Code _____
 License No. _____
 Phone _____ 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: <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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular	

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

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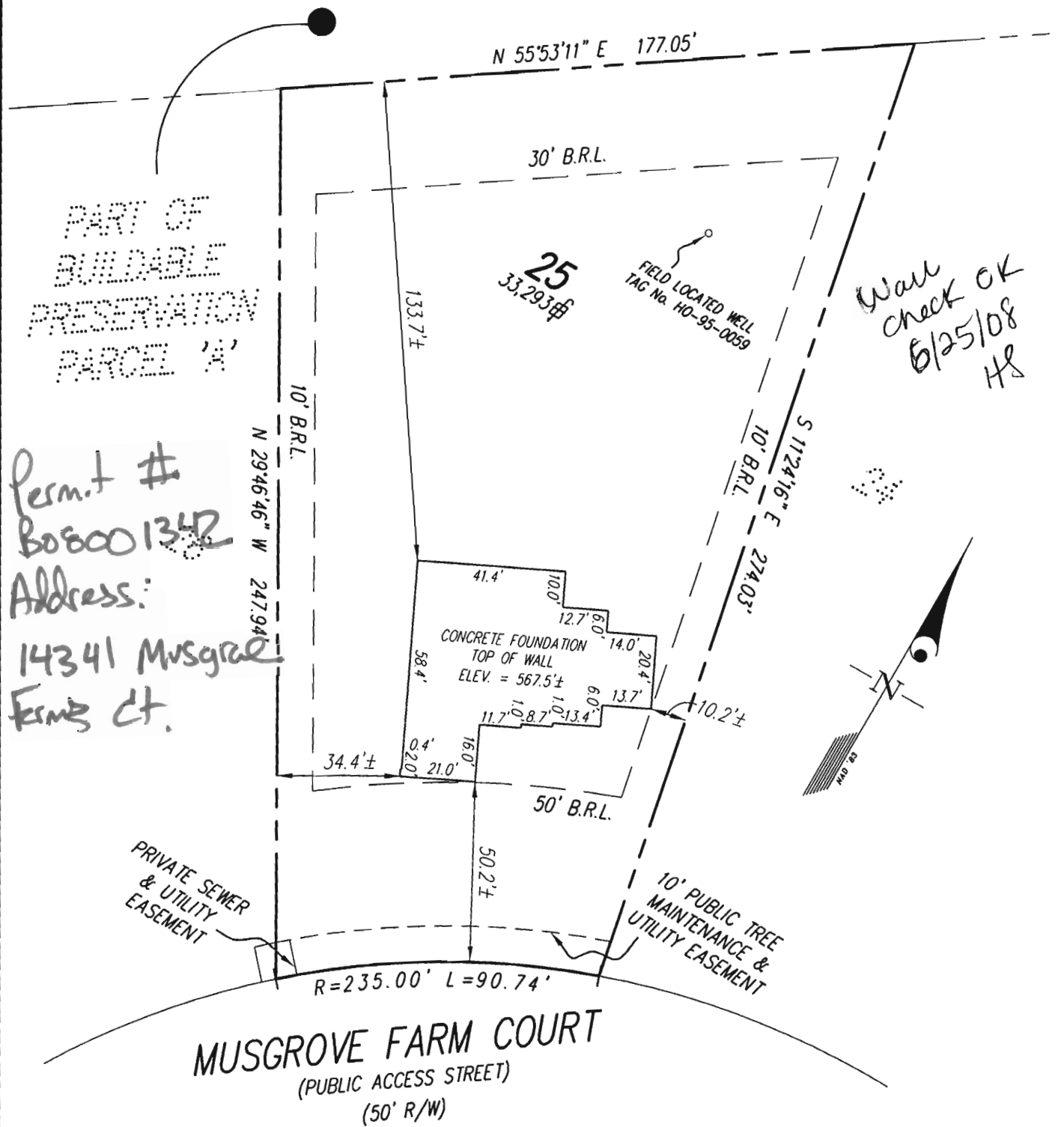
Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>5/23/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

THIS WALLCHECK WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHTS-OF-WAY, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED. THIS IS NOT A "LOCATION DRAWING" AND IS NOT TO BE USED FOR SETTLEMENT PURPOSES.



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER PLAT No. 19125 SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.25' FOOT.

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240044 0020 B, REVISED DECEMBER 4, 1986.

REFERENCE :	PLAT No. 19125
DATE OF LATEST FIELD WORK:	06-05-08
DRAWN BY :	SJM
CHECKED BY :	TSJ
SCALE :	1" = 40'
G.L.W. FILE No.	05-066

SURVEYOR'S CERTIFICATE

THIS IS TO CERTIFY TO:
 "RYAN HOMES",

THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE POSITION OF THE ABOVE REFERENCED BUILDING FOUNDATION HAS BEEN ESTABLISHED BY ACCEPTED FIELD PRACTICES.

[Signature] 6/25/08

For Gutschick, Little and Weber, P.A. :
 Thomas C. O'Connor, Jr., Professional Land Surveyor, No. 10954

THIS WALLCHECK IS VALID ONLY WITH AN ORIGINAL SIGNATURE AND EMBOSSED SEAL OF THE ABOVE SURVEYOR.

WALLCHECK (SPECIAL PURPOSE SURVEY)

"MUSGROVE FARM"

LOT 25

14341 MUSGROVE FARM COURT

HOWARD COUNTY, MARYLAND