

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B09001778

Building Address 14565 Mustang Path  
Glenwood MD 21738  
 Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Glenwood Estates  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name David A. Bardel  
 Address 14565 Mustang Path  
 City Glenwood State MD Zip Code 21738  
 Phone 410-608-6271 Phone 410-442-1893  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential  
 Proposed Use Residential AG Swimming Pool  
 Estimated Construction Cost \$ 12,500.00  
 Description of Work Install and setup of 18x38ft above ground swimming pool.

Contractor Company Van Dam Pools, Inc.  
 Contact Person MACA  
 Address 107 Main Street  
 City Reisterstown State MD Zip Code 21136  
 License No. \_\_\_\_\_  
 Phone 410-526-9990 Fax 410-526-9304

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   
 1st floor: Depth Width  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Craw space  Slab on Grade   
 No. of Bedrooms 4  
 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.

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title/Company \_\_\_\_\_ Date \_\_\_\_\_

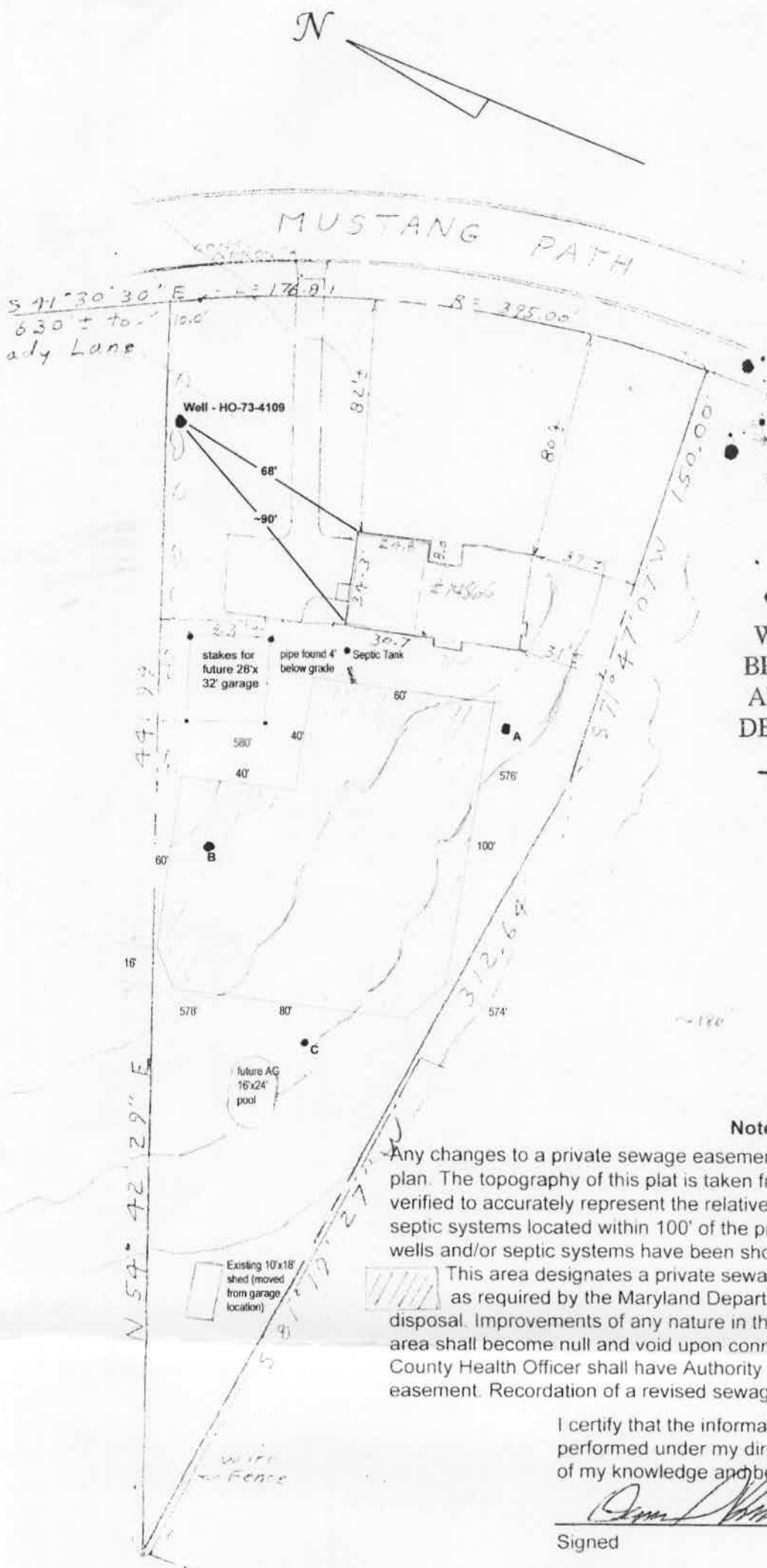
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

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>7/11/09</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 NewTown Zone	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies - White: Building Official			Green: LDD, DPZ	Yellow: DED, DPZ
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				Gold: SHA

Prepared by: David A. Bandel (Owner)  
 14565 Mustang Path  
 Glenwood, MD 21738  
 (410) 442-1893

Location Survey  
 14565 Mustang Path  
 Glenwood Estates subdivision

Liber 1090, Folio 365  
 Lot 36 Section 1 Plat 3496  
 Election District 4  
 Howard County, MD



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN HS \_\_\_\_\_ DATE: 7-16-09  
 DESC. OF WORK: 16' x 24' above ground pool

**Notes**

Any changes to a private sewage easement shall require a revised percolation certificate plan. The topography of this plat is taken from the Howard County GIS System and is verified to accurately represent the relative changes on the subject property. All wells & septic systems located within 100' of the property lines and 200' down gradient of any wells and/or septic systems have been shown.

This area designates a private sewage disposal area of at least 10,000 square feet as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage 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 sewage easement. Recordation of a revised sewage easement shall not be necessary.

I certify that the information shown hereon is based on field work performed under my direct supervision and is correct to the best of my knowledge and belief.

Signed: David A. Bandel Date: 8 July 2009

A.L.F. 50 ft. - 1 inch  
 e No. 47-1582

"Approved for Private Water and Private Sewer Systems"

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