

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

309002240

Building Address 12060 Open Run Rd
Ellicott City 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Riverwood
 Section 29 Area 1.37 Lot 19
 Tax Map 29 Parcel 20 Grid 4
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Louis Bullack
 Address 12060 Open Run Rd
 City Ellicott City State _____ Zip Code 21042
 Phone 410 740 2058 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Karen Klayman
 Phone _____ Fax _____
410 507-7705

Existing Use SFD
 Proposed Use Pool
 Estimated Construction Cost \$ 30,000
 Description of Work 30' x 50' inground granite pool, depth 3 to 9', filled by truck fence by owner

Contractor Company Anthony & Sylvan Pools
 Contact Person Alan Walker
 Address 544B Ritchie Hwy
 City Severna Park State MD Zip Code 21146
 License No. 125678
 Phone 301 490 1919 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: <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: N/A <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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 <input type="checkbox"/> No. of Bedrooms _____ Height: _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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.

Karen Klayman
 Applicant's Signature

Karen Klayman
 Print Name

 Title/Company

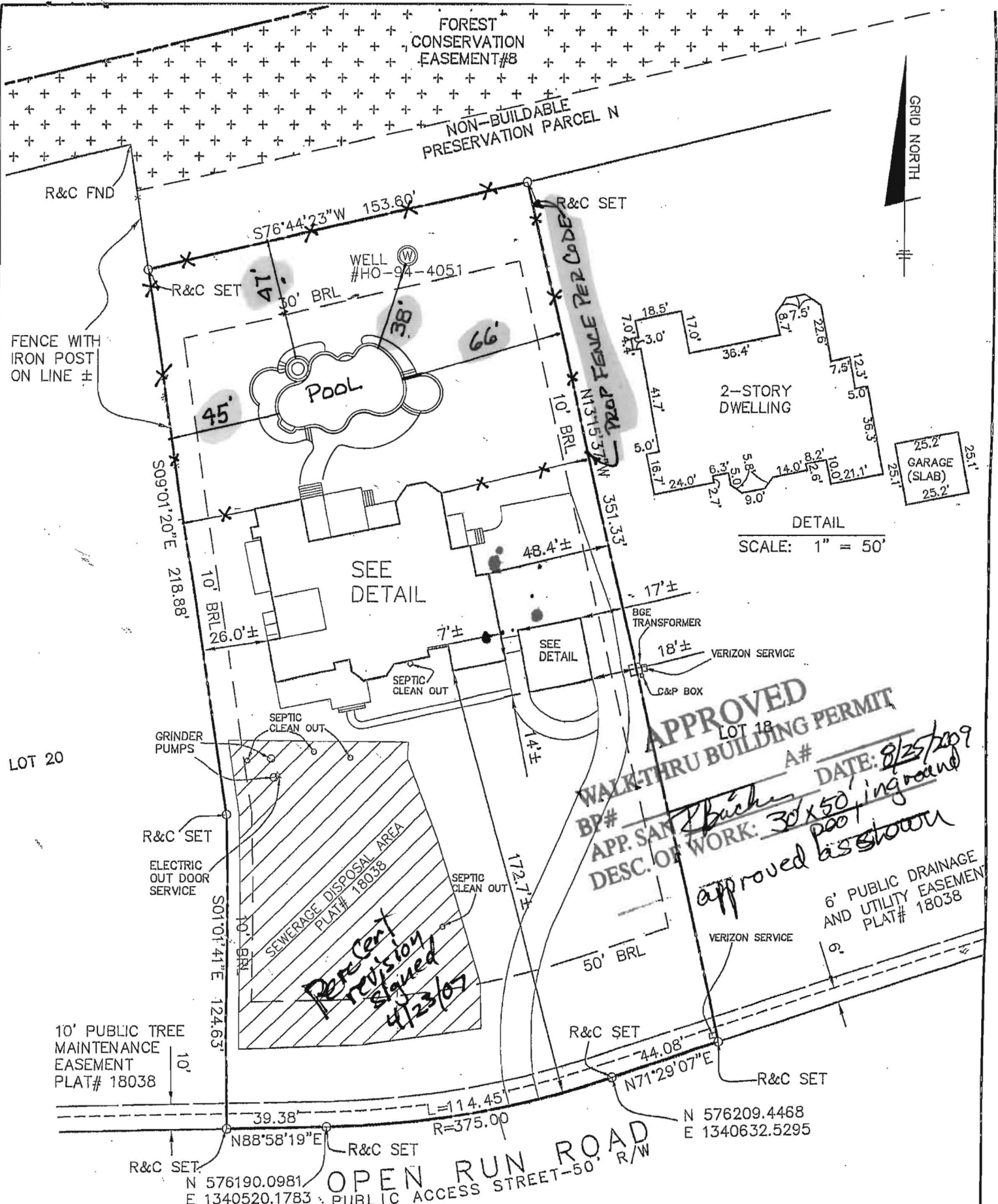
8/25/09
 Date

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>8/25/09</u>		<u>R. Buckner</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 # _____
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 -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T. Normal PERMIT FORM			Pink: Health	Gold: SHA



SURVEYOR'S CERTIFICATE

I WAS RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS MAP AND THE SURVEYING WORK REFLECTED IN IT, ALL IN COMPLIANCE WITH REGULATION 09.13.06.12 OF THE CODE OF MARYLAND REGULATIONS.

Notes:

- 1.) R&C=Rebar with yellow cap stamped "Prop. Cor.-BEI-351"
- 2.) Distances are plat distances, Grid North is the Maryland State plane projection of the North American Datum of 1983 as on Plat#18038.

Stephan Jalon 11/14/07

STEPHAN JALON
 PROFESSIONAL LAND SURVEYOR
 MARYLAND REG. No. 10726
 FEMA FIRM No. 240044 0027 B
 ZONE: C
 DATED: 12/4/86



BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
 ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 phone: 410-465-6105 • fax: 410-465-6644
 www.bei-civilengineering.com

BOUNDARY SURVEY
RIVERWOOD
PHASE 1
PLAT No. 18038
LOT No. 19

12060 OPEN RUN ROAD
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

FIELD OBS. BY PJ
 COMP. BY EWF
 DRAWN BY EWF
 SCALE: 1" = 50' DATE: 11/09/07

6000 9390

<small>DEPARTMENT 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</small>	<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>	<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.5em; margin:0;">P01001259</p>
Building Address <u>12060 Open Run Road</u> <u>ELLICOTT CITY MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>603000</u> Subdivision <u>RIVERWOOD</u> Section _____ Area _____ Lot <u>19</u> Tax Map <u>29</u> Parcel <u>20</u> Grid <u>4</u> Zoning _____ Map Coordinates _____ Lot size <u>59,999 s.f.</u>	Property Owner's Name <u>CAMBERLEY HOME</u> Address <u>6905 Rockledge Dr #800</u> City <u>BOTHLESDEN</u> State <u>MD</u> Zip Code <u>21017</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>410 Carol Jones</u> Phone <u>279-1624</u> Fax _____	
Existing Use <u>VACANT</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ _____ Description of Work <u>Nottingham / 2 story</u> <u>Finished part. elevator 4 BR</u> <u>6 BR 2 HB FD 4 car garage</u>	Contractor Company <u>CAMBERLEY HOMES</u> Contact Person <u>Pat O'Brien</u> Address <u>SAME AS ABOVE</u> City _____ State _____ Zip Code _____ License No. <u>57</u> Phone _____ Fax _____	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>BURR MACK ENGINEERS</u> Contact Person <u>Jean Capony</u> Address <u>8420 BALTIMORE NATIONAL PIKE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21045</u> Phone <u>410 465 6105</u> Fax <u>410 465 6294</u>	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
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	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	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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	Water Supply: <input type="checkbox"/> Public <input checked="" 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Carol Jones
 Applicant's Signature Carol Jones
Permit Reviewer Print Name
 Title/Company 4-07 Date

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

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>5/1/07</u>	<u>Carol Jones</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 # _____
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 NewTown Zone _____	Accepted by _____
T:\Norm\PERMIT.FRM			SDP/Red-line approval date _____	