

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address 3332 DANMARK DR.  
Glenwood MD 21738

Property Owner's Name AMIR + CELIA DAHAN  
 Address 3332 DANMARK DR  
 City Glenwood State MD Zip Code 21738  
 Home Phone 301-996-3444 Work Phone 301-996-3444  
 Applicant's Name & Mailing Address, (if other than stated herein):

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing Use Residential Home  
 Proposed Use Residential Home  
 Estimated Construction Cost \$ 25,000 to 30K

Phone \_\_\_\_\_ Fax 410-489-5122  
301-996-3444

Description of Work Building A POOL  
IN BACK YARD  
22x47

Contractor Company \_\_\_\_\_  
 Contact Person AMIR DAHAN  
 Address 3332 DANMARK DR  
 City Glenwood State MD Zip Code 21738  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 410-489-5122

Occupant or Tenant Amir + Celia DAHAN

Engineer or Architect Company \_\_\_\_\_

Contact Name AMIR DAHAN

Contact Person \_\_\_\_\_

Address 3332 DANMARK DR

Address \_\_\_\_\_

City Glenwood State MD Zip Code 21738

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 301-996-3444 Fax 410-489-5122

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>plasma</i>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Applicant's Signature: [Signature]  
 Title/Company: OWNER

Print Name: AMIR DAHAN  
 Date: 4/5/2017

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 Officials		
Dev. Engineering, DPZ		
Health	<u>4/5/17</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"/>		

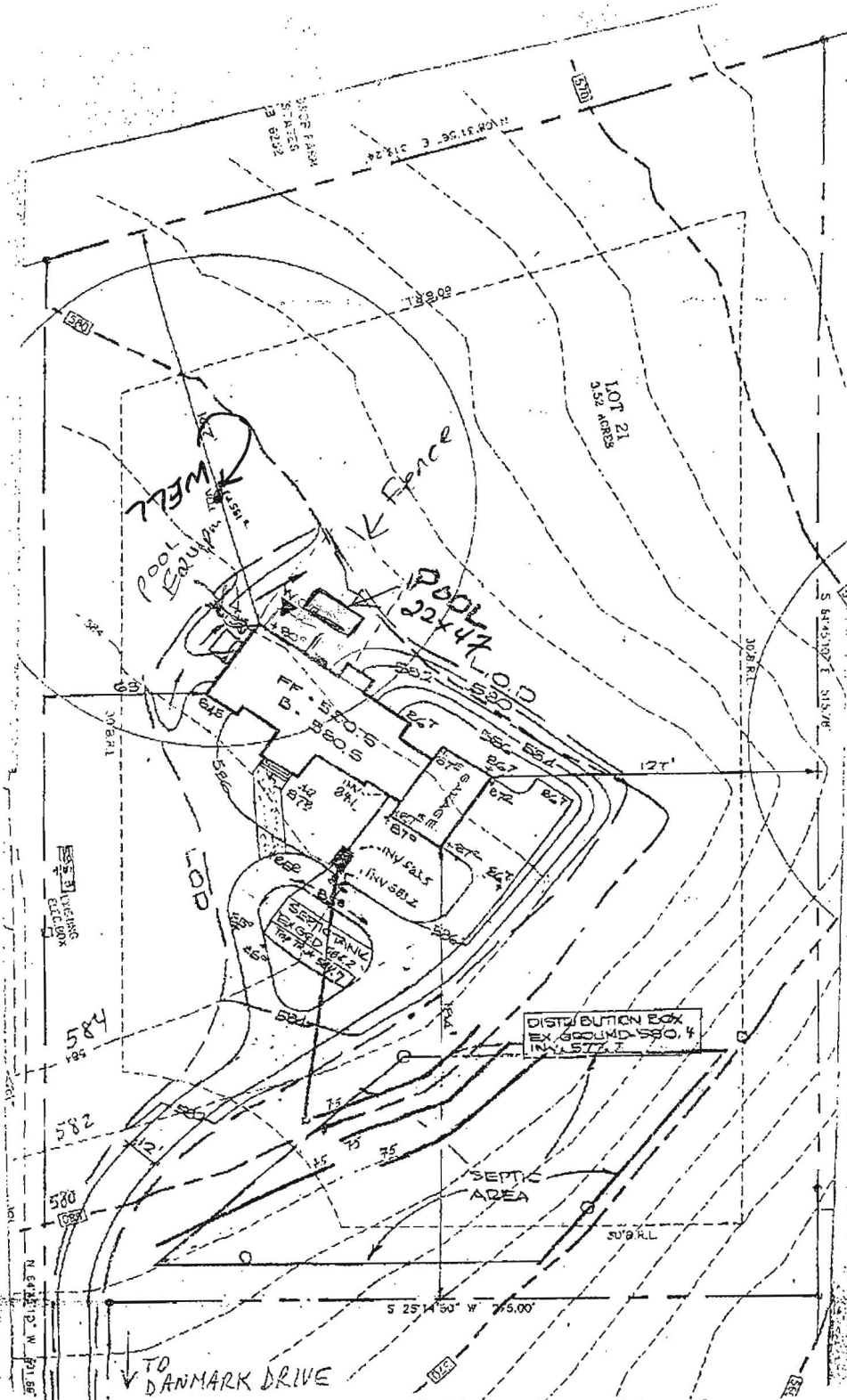
DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? 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 New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

APPROVED

WALK-THRU BUILDING PERMIT  
BP# A#

APP. SAN Robert Freeman DATE: 4/5/17  
DESC. OF WORK: Building a Pool  
22 x 47 Inground pool

1:50  
PLAN BY  
O'CONNELL  
& LAWRENCE



Approved Septic System Plan  
Howard County Health Department

*Mark R. Klein*  
Signature

11/1/00  
Date

Total linear feet of trench  
required 300 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below  
distribution pipe 2 feet