

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

309001317

Building Address 3700 PARK OVERLOOK COURT
ELLCOTT CITY, MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
Address _____
City _____ State _____ Zip Code _____

Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____

Proposed Use DECK

Estimated Construction Cost \$ 2000

Description of Work REAR DECK
14' x 8'

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ 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: _____	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: <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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # 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 _____ 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: <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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

THE UNOSIGNED 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.

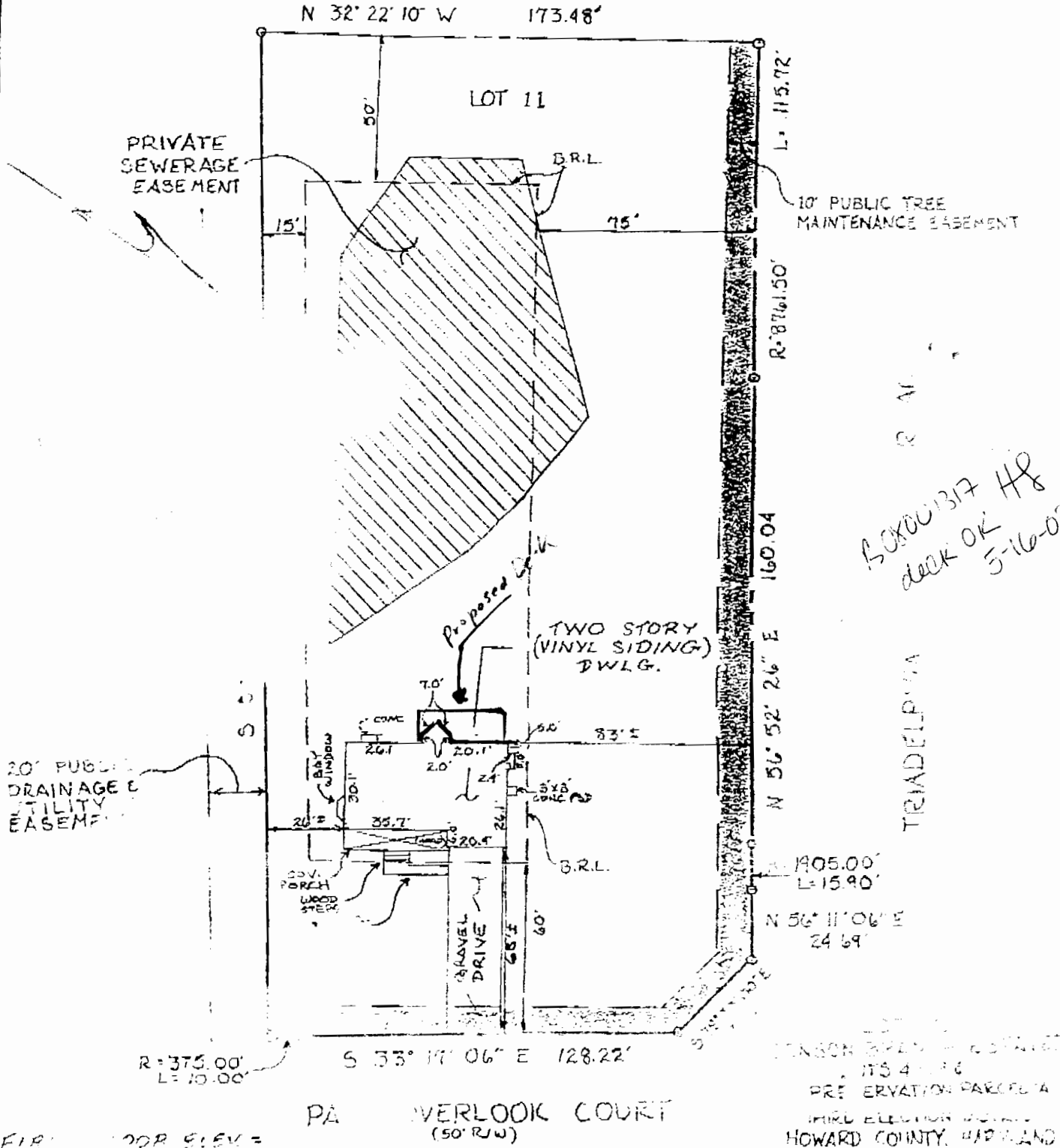
Applicant's Signature _____
 Title/Company _____
 Print Name _____
 Date 5/5/08

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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input 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 type="checkbox"/> Health	<u>5/16/08</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 -			Lot Coverage for NewTown Zone _____	
T: Worms PERMIT.FRM	White: Building Official	Green: LDD, DPZ	SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH A CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 242044 0021-B, EFFECTIVE DATE: DEC. 4, 1989.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF ± PLUS OR MINUS (±).



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07002494

Building Address 3700 PARK OVERLOOK CT
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JOSEPH HARRISON
Address 3700 PARK OVERLOOK CT
City ELLCOTT CITY State MD Zip Code 21042
Home Phone 410-531-6440 Work Phone 443-794-6407
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use 2FD
Proposed Use _____
Estimated Construction Cost \$ 11,000
Description of Work
34x18 Install above ground pool + level grading

Contractor Company VAN DOWN POOLS & SPA
Contact Person MARA
Address 107 MAW STREET
City REISTERSTOWN State MD Zip Code 21136
License No. HE12041
Phone 410-526-9900 Fax _____

Occupant or Tenant OWNER
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 <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" 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: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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	

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.

Joseph J Harrison
Applicant's Signature

Joseph J HARRISON
Print Name

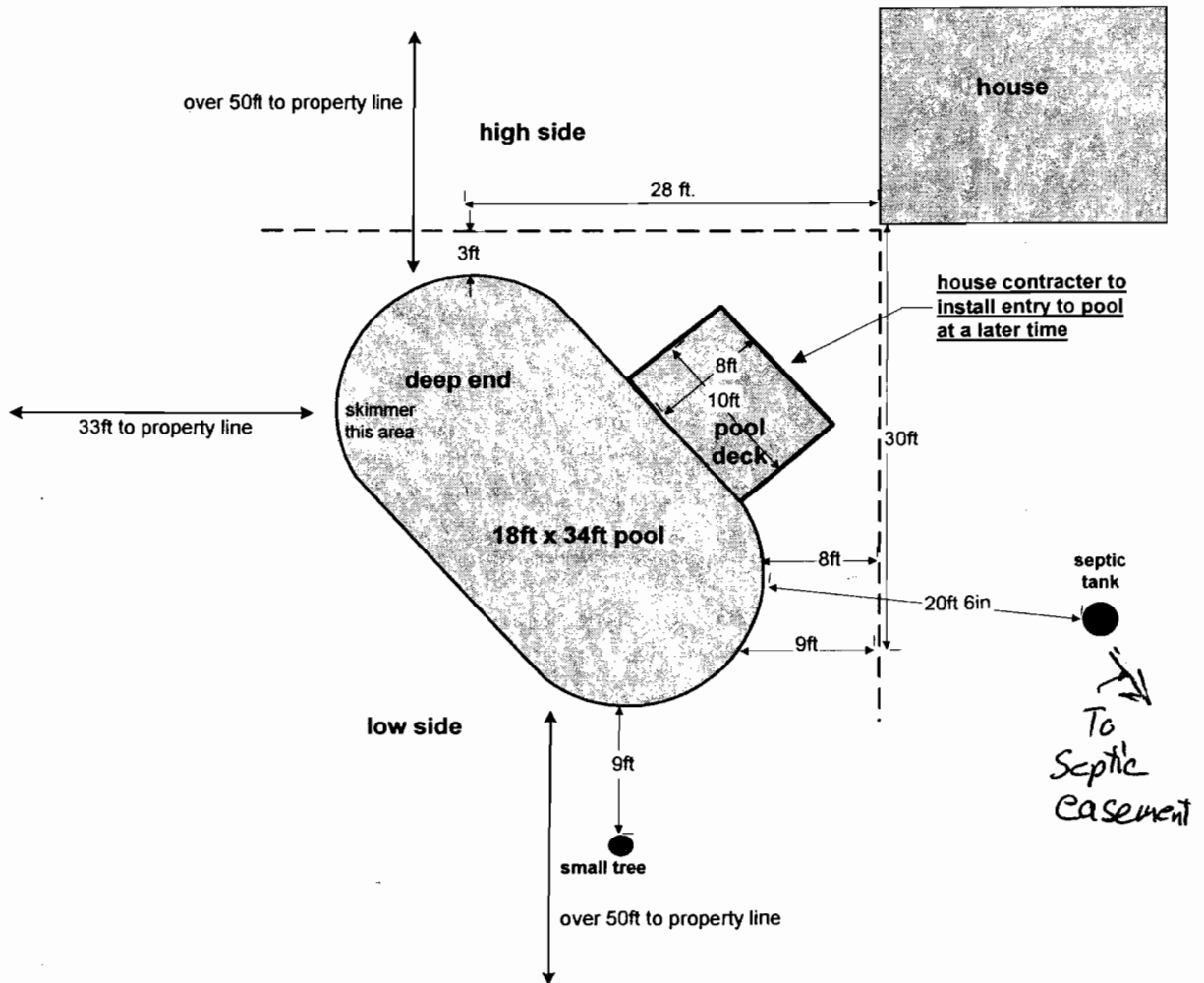
Title/Company

6-20-2007
Date

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 Official			
Dev. Engineering, DPZ			
Health	<u>4/20/07</u>	<u>R. Buehler</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 NewTown Zone _____	Check	# _____
SDP/Red-line approval date _____	Validation	# _____
Accepted by _____		



* Pressure Treated Wood

* Choice Dek- gray

- | | |
|--|-----------------------------------|
| Option (a 1) <u>\$2,325.00 pool deck</u> | (a 2) <u>\$2,950.00 pool deck</u> |
| Option (b 1) _____ | (b 2) _____ |
| Option (c 1) _____ | (c 2) _____ |

customers signature _____
 * Pressure Treated Wood Standard Rail

drawing # 1

Van Dorn Pools and Spas Shrewsbury, PA Reisterstown, MD Phone: (800) VAN-SWIM Kingsville, MD Millersville, Md.	6/13/2007	Designed for: Jane Sullivan & Joe Harrison--Mara 3700 Park Overlook Ct. Ellicott City, Md. 21042
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**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B10000878

Building Address 3700 PARK OVERLINK CT
ELLICOTT CITY 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 603000 Subdivision _____
 Section _____ Area _____ Lot 11
 Tax Map 22 Parcel _____ Grid 22-10
 Zoning R4D2 Map Coordinates _____ Lot Size 1.1

Property Owner's Name JOSEPH HARRISON
 Address 3700 PARK OVERLINK CT
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-531-6440 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work ENCLOSE EXISTING DECK WITH GLASS SLIDERS
IMPROVE WALL BRACING PER ENGINEER
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company JOHN SCHAEFER PE
 Contact Person _____
 Address 100 NORTH ROLLING ROAD
 City CATONSVILLE State MD Zip Code 21228
 Phone 410-744-1945 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"/> SFT Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ Public _____ Private _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	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"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Applicant's Signature Joseph Harrison

Print Name JOSEPH HARRISON

Email Address _____

Title/Company _____

Date 4-7-10

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

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Officials _____

Dev. Engineering, DPZ _____

Health 4-7-10 Heidi Salt

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit Required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID # _____

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

