



# Building Permit Application

Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 13014 HIGHGROVE RD  
 City: HIGHLAND State: MD Zip Code: 20777  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 9  
 Tax Map: 40 Parcel: 115 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 20,000.00  
 Description of Work: CONSTRUCT INGROUND 1200SF CONCRETE POOL + SPA. 800SF PATIO PALERS AND FENCE TO CODE.  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: MARTIN + ELIZABETH COLLINS  
 Address: 13014 HIGHGROVE RD  
 City: HIGHLAND State: MD Zip Code: 20777  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: MARK SHAFFERY  
 Address: 8335 PULASKI HWY  
 City: BALT State: MD Zip Code: 21237  
 Phone: 410 808 2505 Fax: \_\_\_\_\_  
 Email: MARK@ELITEPOOLS.COM

Contractor Company: HERITAGE ELITE  
 Contact Person: MIKE SHAFFERY  
 Address: 8335 PULASKI HWY  
 City: BALT State: MD Zip Code: 21237  
 License No.: 71753  
 Phone: 410 494 7942 Fax: \_\_\_\_\_  
 Email: MIKE@ELITEPOOLS.COM

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Heating System</b>	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: Mark Shaffery  
 Email Address: MARK@ELITEPOOLS.COM  
 Title/Company: HERITAGE ELITE

Print Name: MARK SHAFFERY  
 Date: 4-5-2017

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

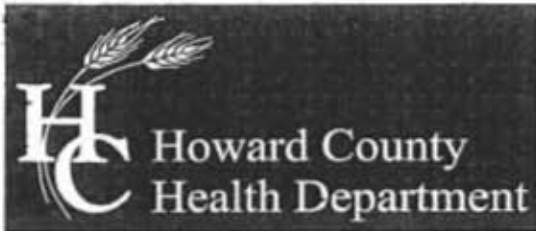
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/5/17</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

**Maura J. Rossman, M.D., Health Officer**

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April 5, 2017

Martin and Elizabeth Collins  
13014 Highgrove Road  
Highland, MD 20777

**RE: Waiver Approval**  
13014 Highgrove Road  
Highland, MD 20777

Dear Mr. and Mrs. Collins,

This letter is being issued in response to your waiver request received on April 5, 2017. This agency has **approved** the waiver to the required twenty (20) foot setback from a pool/spa to the on-site sewage disposal system area. The spa may be located no closer than ten (10) feet to the on-site sewage disposal system area. Any deviations from the proposed work indicated on the building permit site plan will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis  
Assistant Director  
Bureau of Environmental Health

To whom it may concern,  
or MIKE DAVIS.

WE REQUEST THE SPA SETBACK TO BE  
REDUCED TO 10' TO SRA FROM 20'. REPLACEMENT  
TRENCH AT LEAST 20' AWAY FROM SPA WATER.

RE: 13014 HIGHGROVE RD  
HIGHLAND MD ~~20777~~  
20777

Mark Shaffery

MARK

SHAFFERY

HERITAGE LANE

4-5-2017

4/5/17

Approved

Michael J Davis

PRIVATE ROAD  
(50' RIGHT OF WAY)

HIGHGROVE ROAD

R=395.00 L=118.21

APPROVED

WALKTHRU BUILDING PERMIT

APPLICANT: SAN Robert + Freeman DATE: 4/5/17

DESC OF WORK: Inground pool + spa  
1200 SF, 800 SF Patio with Fence

\* Approved with waiver  
Spa to SDA Setback  
SCALE

1" = 30'

\*\* = FENCE

▨ = PATIO  
PALERS

EXISTING WELL  
HO-95-2444

Lot 9  
41,057 Sq. Ft.

House

172'

502'

504'

PROPOSED PORCH

PROPOSED HOT TUB

Pool

5' MIN. TO BE MAINTAINED

93'

51A

51'

REPLACEMENT TRENCH 1A

REPLACEMENT TRENCH 2A

REPLACEMENT TRENCH 1B

REPLACEMENT TRENCH 2B

10,067 Sq. Ft.

N36°25'25"W

N70°52'32"W 122.11'

N45°35'23"E 270.28'

N55°04'59"W 251.26'

\* 502.93

\* 503.21

h/e