



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: 1/29/18
Permit No.: B18000300

Building Address: 18380 CHELSEA ANGLIS DRIVE
 City: MT. AIRY State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Cersus Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: NONE
 Proposed Use: POOL HOUSE
 Estimated Construction Cost: \$ 40,000
 Description of Work: 12x24 POOL PARTITION WITH KITRUSH BITUMEN IN USE FROM MARCH - NOVEMBER
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: JOHN NEWMAN
 Address: 18380 CHELSEA ANGLIS DRIVE
 City: MT. AIRY State: MD Zip Code: 21771
 Phone: 301-787-4989 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: CONTRACTOR
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: BIRMANINE POOLS & SPAS
 Contact Person: GARRETT KENNEL
 Address: 23731 RIDGE RD
 City: GERMANTOWN State: MD Zip Code: 20876
 License No.: 08010001377
 Phone: 301-573-6597 Fax: _____
 Email: GTKENNEL@YAHOO.COM

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

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

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
<u>POOL</u>	
Building Shell Permit Number: <u>B17602966</u>	

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: G.T. KENNEL @YAHOO.COM
 Email Address: _____
 Title/Company: _____

Print Name: GARRETT KENNEL
 Date: 1-29-18

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>2/14/18</u>	<u>R. Buecker</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	# <u>5307</u>

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

*ADDITIONAL PER D. SWINDER

PROJECT TEAM

MDT Architects
9507 Bellhaven Court
Frederick, MD 21701
443.340.2750

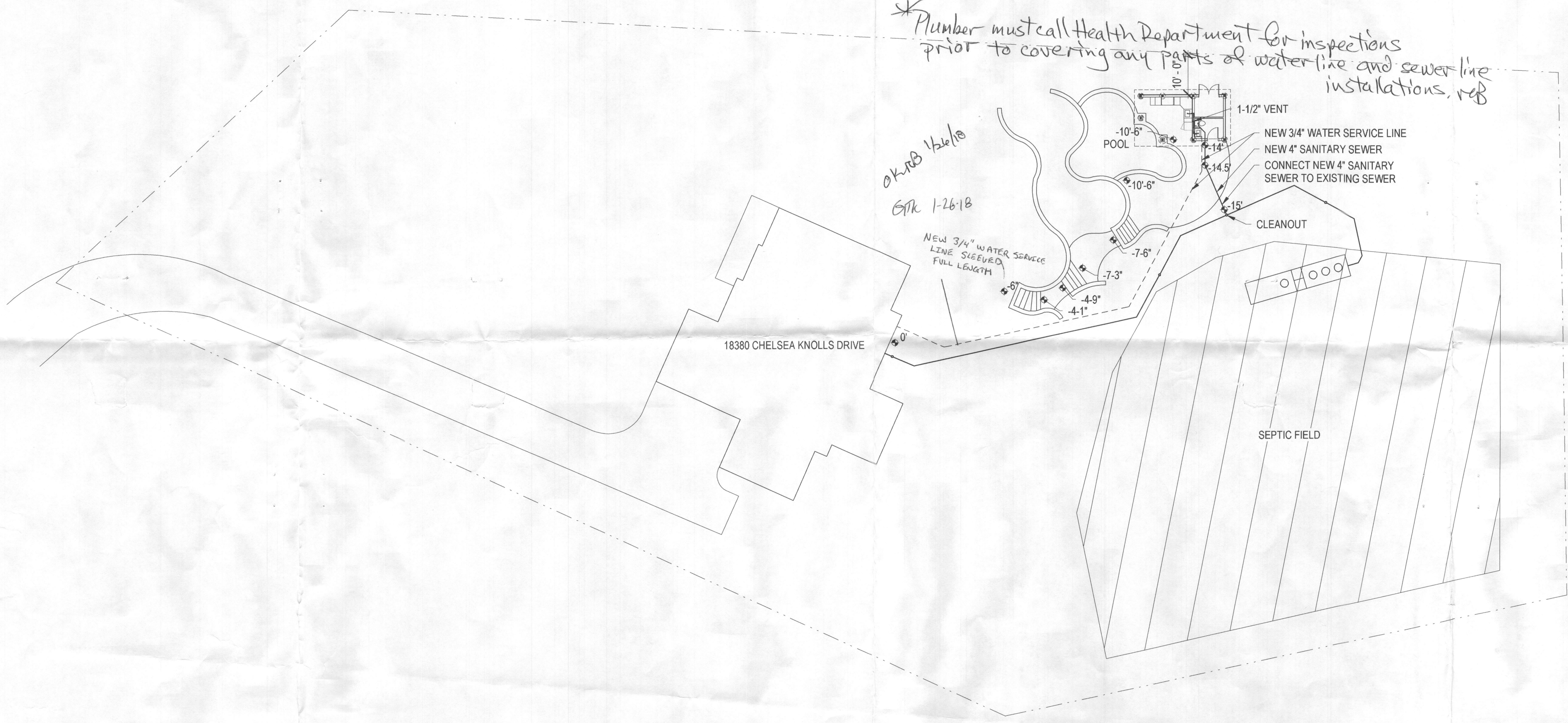
CLEAN CUT LAWN AND TREE SERVICE
MOUNT AIRY, MD
301.573.6587
www.cleancutmd.com

REVISIONS

REV. #	DESCRIPTION	DATE

Sheet A-2
18380 Chelsea Knolls Dr.
Approved Septic System Plan
Howard County Health Department
Poolside Pavilion with grill,
sink, and Powder Room
as illustrated
B. Buckler 1/26/18
Signature Date
as revision to B17002900

*Plumber must call Health Department for inspections prior to covering any parts of water line and sewer line installations, ref



B18000300
HEALTH DEPT

DRAWING INFORMATION	
ISSUE DATE:	01/21/18
SCALE:	1/16" = 1'-0"
JOB NO.:	21703.02
DRAWN BY:	MDT

CONSTRUCTION DOCUMENT

SITE PLAN

A-2

STAPLE EDGE

D:\MDT_Architects\Projects\Greg_Kennel\Newman_Pavilion\Newman_Pavilion.rvt

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STAPLE EDGE

1 SITE PLAN
1/16" = 1'-0"

G
F
E
D
C
B
A

1 2 3 4 5 6 7 8 9