

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B07004629

Building Address 6444 PRESTWICK DR
CLARKSVILLE, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision WINDY KNOLLS
 Section _____ Area _____ Lot _____
 Tax Map 34 Parcel 84 Grid 18
 Zoning _____ Map Coordinates _____ Lot size 40,212 sq

Property Owner's Name KIETH + DONNA MANN
 Address 6444 PRESTWICK DR
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-854-1536 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
JOHN KRAWCZAK | JOANN LATHAM
 Phone 410-995-6600 Fax 301-621-3331

Existing Use SFD
 Proposed Use SFD+Pool
 Estimated Construction Cost \$ 25,000
 Description of Work Inground pool 25'x40'
in rear yard w/48" high fence

Contractor Company MARYLAND POOLS
 Contact Person JOANN LATHAM
 Address 9515 GERWIG LA
 City Columbia State _____ Zip Code 21046
 License No. 6694
 Phone 410-995-6600 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>3' - 6 1/2"</u>	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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>23'x42' @ 937sq</u>	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

J. Latham
 Applicant's Signature
 Title/Company _____

J. Latham
 Print Name
 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	<u>1/15/07</u>	<u>[Signature]</u>
Health		
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 # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 Accepted by _____

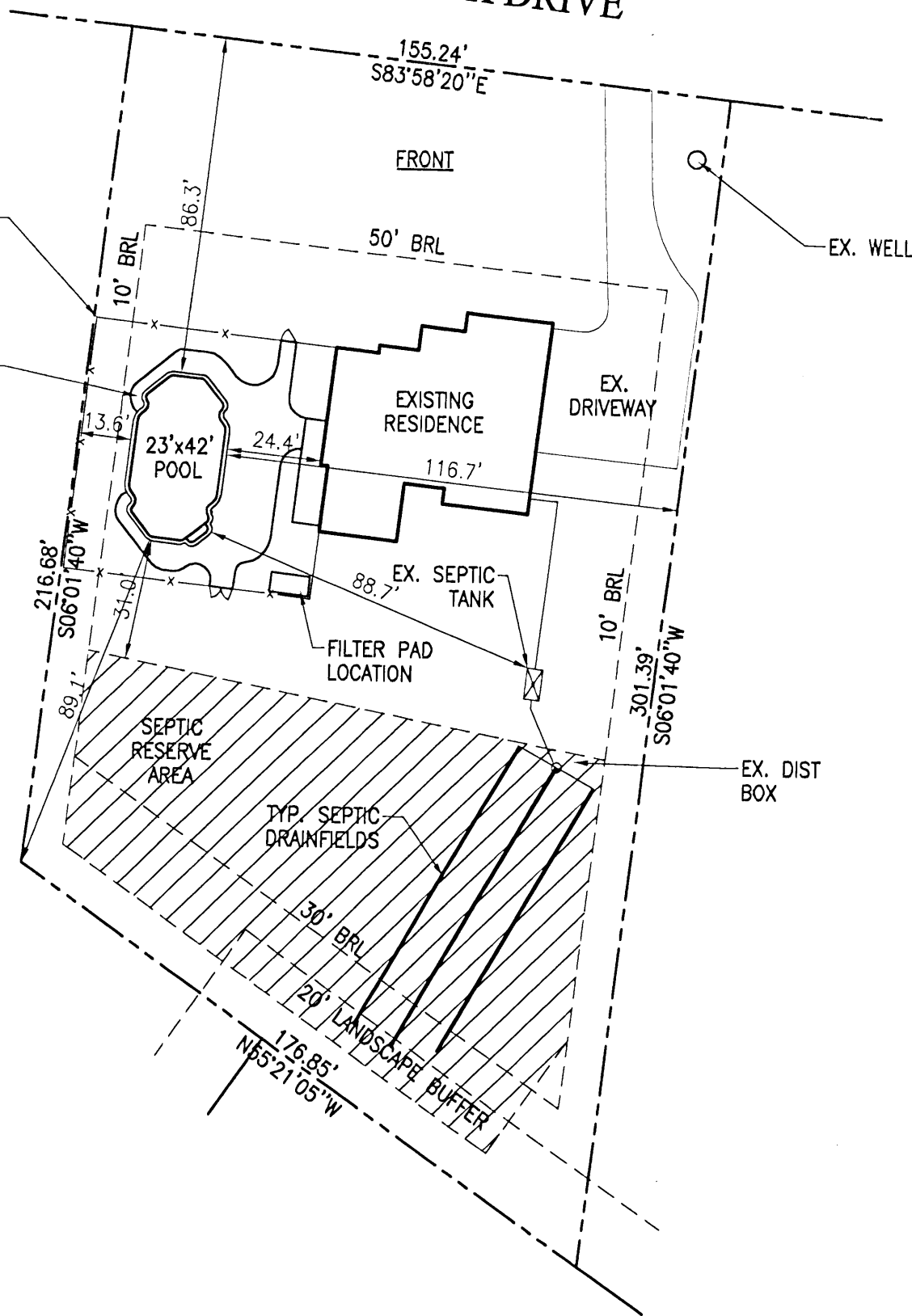
SETBACKS:

REAR PL. 10'
 SIDE PL. 10'
 HOUSE 0'
 SEPTIC 20'
 WELL 20'

PRESTWICK DRIVE

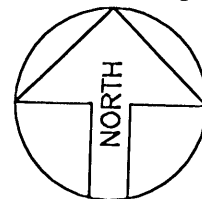
210 Ln.Ft., 48" HIGH
 FENCE & GATES TO CODE
 (BY OWNERS FENCE
 CONTRACTOR)

000 Sq.Ft. BROOM
 FINISH CONCRETE
 POOL DECKING
 (BY OWNERS DECK
 CONTRACTOR)



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# Bo 7004629 A# 500364
 APP. SAN SPD DATE: 11/15/07
 DESC. OF WORK: pool

PRIVATE WELL
 & SEPTIC



SITE PLAN

1"=40'
 LOT 17
WINDY KNOLLS
 TAX ACCOUNT # 423627
 MAP 34, GRID 18, PARCEL 84
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

REVISION:

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET

DATE: 11-14-07

Maryland POOLS Inc.

9515 GERWIG LANE | 11166 MAIN STREET
 SUITE 121 | SUITE 402
 COLUMBIA, MD 21046 | FAIRFAX, VA 22030
 410-995-6600 | 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: SOME HAUL
 SPA: NONE
 RAISED BEAM: NONE
 TILE: C-30
 COPING: 12" PA FULL RANGE FLAGSTONE - BRO
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
 CLEANING SYS: PCC 2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: AC-150 HEAT PUMP
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' OUTSIDE
 AQUA BENCH: (1) @ 8'
 RAIL GOODS: NONE
 DECKING: BY OWNERS DECK CONTR.
 FENCE: BY OWNERS FENCE CONTR.
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID
 COLORED LENSES FOR LIGHTS
 8' DMING BOARD & STAND
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 23' x 42' - CUSTOM (TYPE III)
 POOL AREA: 825 SPA: OTHER: 12
 TOTAL AREA: 837
 PERIMETER: 122 SPA:
 GALLONAGE: 34,100 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

RT-32 WEST TO RT-108 (CLARKSVILLE). L/T OFF RAMP. GO 3
 MI./- TO A R/T ON PRESTWICK DR. SITE ON LEFT

MAP #

14

GRID

A11

Kieth & Donna Mann
 6444 Prestwick Drive
 Clarksville, Maryland 21029
 Howard County

HOME PHONE: 301-854-1536
 CELL PHONE 1:
 CELL PHONE 2:
 OFFICE PHONE:

LOT: 17	SUBDIVISION NAME: WINDY KNOLLS	DISTRICT: 5	PIN # 423627
SITE PLAN			ZONE: ONE
SCALE: 1"=40'	BY: JEK	DATE: 11/14/07	JOB NUMBER: MS07-9456
			SHEET #: 1.0

Building Address 6444 Pirstwick Dr.
Clarksville, Md 21029

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

Census Tract 051.07 Subdivision Winchey Knolls

Section _____ Area _____ Lot 17

Tax Map 24 Parcel 84 Grid 18

Zoning RR DEO Map Coordinates _____ Lot size 40,212

Property Owner's Name Segrist-Scott

Address 6444 Pirstwick Dr.

City Clarksville State MD Zip Code 21029

Home Phone 410-591-9636 Work Phone 410-864-9223

Applicant's Name & Mailing Address, (if other than stated hereon):
BPs Inc. Pat. CRLA
7806 Deboy Ave
Baltimore, MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use SFD

Proposed Use Same w/ addition

Estimated Construction Cost \$ 18,000

Description of Work Port Addition rear of SFD.
1st fl. of port. Family Rm, Sun Rm, Covered Porch, FP
Irregular shape. 97' x 37' + Remodel Kitchen

Contractor Company Cherter Contracting

Contact Person Steve Kincaid

Address 3030 Bethany Lane # 8

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-480-3213 Fax 410-480-3215

Occupant or Tenant ON A FOUNDATION

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	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: _____	

MD 7/15/02

