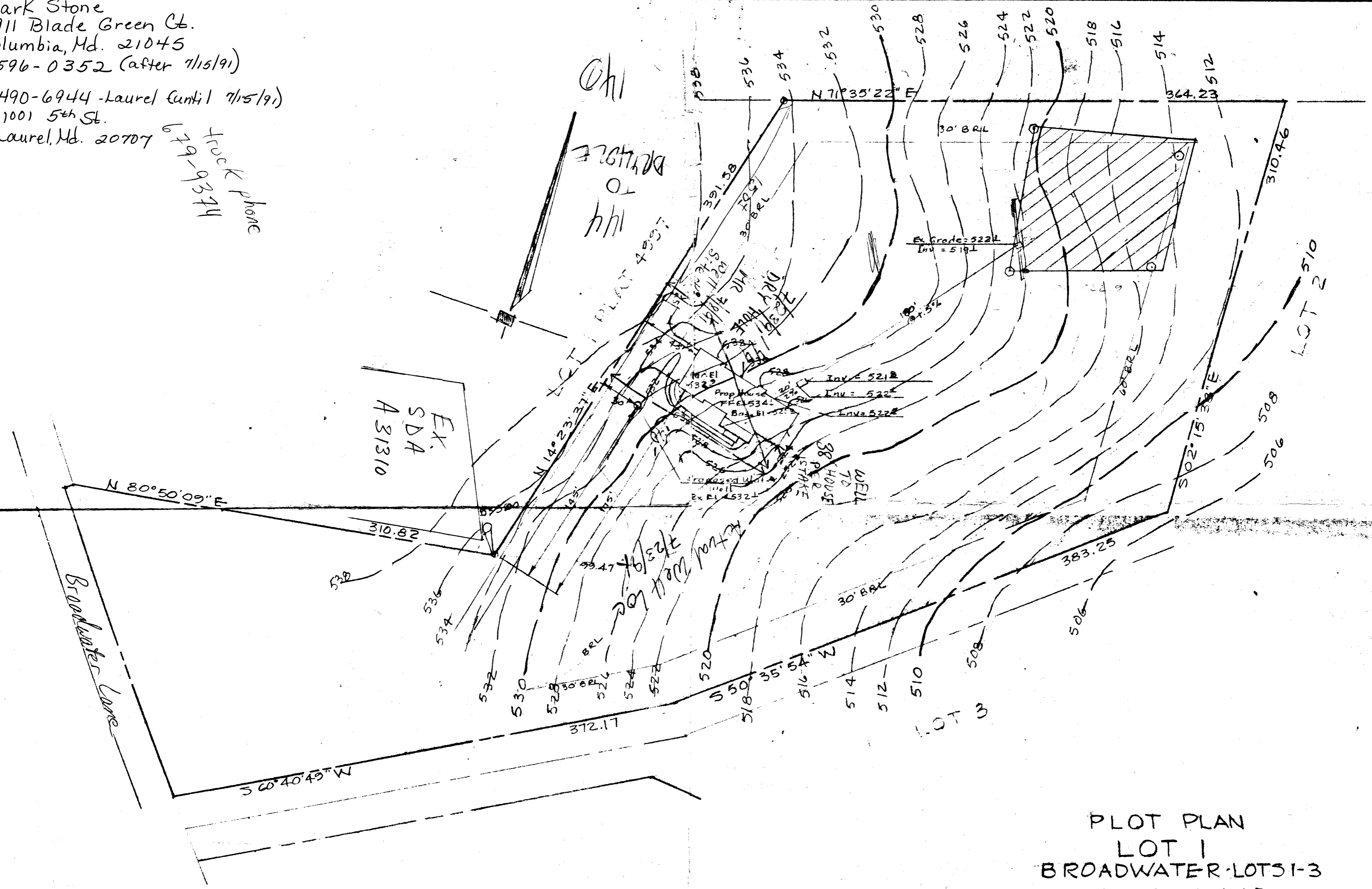


Mark Stone  
 8911 Blade Green Ct.  
 Columbia, Md. 21045  
 596-0352 (after 7/15/91)

490-6944 - Laurel (until 7/15/91)  
 1001 5th St.  
 Laurel, Md. 20707

truck phone  
 979-9374



PLOT PLAN  
 LOT 1  
 BROADWATER LOTS 1-3  
 CLARKSVILLE  
 Howard County, Md.  
 Scale: 1" = 50'  
 June 1991

Surveyors Certificate

I hereby certify that the measurements and elevations shown are actual and correct for this site. The topography shown was established by a field survey using an assumed datum approximating Howard County datum.

*Mark Stone*  
 6-25-91  
 Registered Land Surveyor - Md 4379

PREPARED BY  
**THE J.E. CLARK COMPANY**  
 LAND SURVEYING AND ENGINEERING  
 P.O. BOX 147 LAUREL, MARYLAND 20725  
 (301) 725 3442

010602-2

Building Address 5409 Broadwater La  
Clarksville Md 21029-0118

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

Census Tract 11510 Subdivision Broadwater

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 28 Parcel 109 Grid 22

Zoning RA Map Coordinates 14P4 Lot size \_\_\_\_\_

Property Owner's Name CLIFF TUREN

Address 5409 Broadwater La

City Clarksville State MD Zip Code 21029-0118

Home Phone 410 188 2031 Work Phone 410 328 2280

Applicant's Name & Mailing Address, (if other than stated hereon):  
Pressure Pools Inc

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SF Home

Proposed Use Swimming pool

Estimated Construction Cost \$ 35,000

Description of Work install inground concrete  
swimming pool 20x40 DE filter 3-86"  
fill by tank truck

Contractor Company EDW. D. HAMMERSIA INC

Contact Person PAUL HORICHS

Address 905 300ymann La

City Powdertown State MD Zip Code 21136

License No. 1228

Phone 410 333 0850 Fax 410 329 2075

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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>	Basement: _____	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"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	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 Other: _____
<input type="checkbox"/> State Certified Modular		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERE TO; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Paul N. Horichs  
 Applicant's Signature

Edw. D. Hammersia Inc.  
 Title/Company

PAUL N. HORICHS  
 Print Name

1/27/02  
 Date

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#
Land Development, DPZ			Front: _____	2441
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>1/27/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>350</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>1/27/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>350</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>3079</u>
				Validation # <u>16382</u>
				Accepted by <u>[Signature]</u>

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

