



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: 2250 MCKENDREE DR.
City: W/FRIENDSHIP State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: MCKENDREE SPRINGS
Lot: _____ Tax Map: 0014 Parcel: 0128

Property Owner's Name: ROBIN PAULATE SCERATI
Address: 2250 MCKENDREE
City: W/FRIENDSHIP State: MD Zip Code: 21794
Phone: 215-327-3104 Fax: _____
Email: _____

Existing Use: _____
Proposed Use: INGROUND POOL 20X45
Estimated Construction Cost: \$ 76,000
Description of Work: INGROUND POOL CONCRETE
W/ PERIMETER CONCRETE DECK
SURROUNDED BY POOL CODE
FENCE.

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: A&K CONST. INC.
Address: P.O. Box 279
City: LIBERTYTOWN State: MD Zip Code: 21762
Phone: 301-304-2220 Fax: 301-748-2079
Email: MIKE@LAURELPOOLS.COM

Contractor Company: A&K CONST.
Contact Person: MIKE
Address: P.O. Box 279
City: LIBERTYTOWN State: MD Zip Code: 21762
License No.: 79053 3/21 Exp.
Phone: 301-304-2220 Fax: 301-898-4120
Email: MIKE@LAURELPOOLS.COM

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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:
Area of construction (sq. ft.): <u>900</u>	2 nd floor:
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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 type="checkbox"/> Yes <input 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: MIKE
Email Address: MIKE@LAURELPOOLS.COM
Title/Company: PRES. A&K CONST INC.

Print Name: MICHAEL NAILL
Date: 8/29/19

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>9-5-19</u>	<u>Ben</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

20x45 Pool
 FRONT 55' TO HOUSE
 REAR 20'
 LEFT 435'
 RIGHT 430'

1/2" = 1' (vertical scale)

PARCEL 123
 I & LAURA PEITZ
 PARCEL B
 T. NO. 11551
 3102 F. 444
 WARD COUNTY
 CULTURAL LAND
 PRESERVATION EASEMENT
 94-02-PPCL
 ZONED: RC-DEC

PARCEL 48
 JOHN C. MOBBERLEY
 GRETCHEN B. MOBBERLEY
 L. 2210 F. 123
 HOWARD COUNTY
 AGRICULTURAL LAND
 PRESERVATION EASEMENT
 HO-90-15-E
 ZONED: RC-DEC

BUILDABLE PRESERVATION PARCEL 'A'
 PRIVATELY OWNED
 HOWARD COUNTY EASEMENT HOLDER
 HOMEOWNERS ASSOCIATION EASEMENT HOLDER
 10.80 AC.

PARCEL 128
 MCKENDREE SPRINGS
 LOT 1
 GREAT OAKS HOMES, INC.
 PLAT NO. 19526
 L. 11277 F. 615
 ZONED: RC-DEC

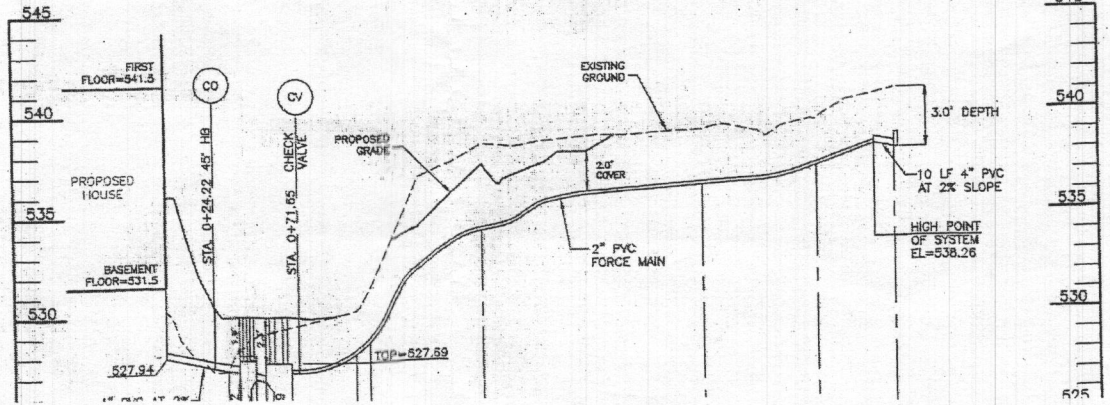
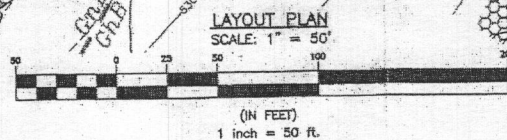
PARCEL 47
 SMITH LEAH L.
 L. 4023 F. 43
 ZONED: RC-DEC

PARCEL 128
 MCKENDREE SPRINGS
 LOT 1
 GREAT OAKS HOMES, INC.
 PLAT NO. 19526
 L. 11277 F. 615
 ZONED: RC-DEC

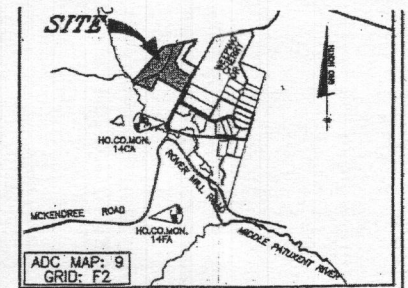
LOT 3
 MCKENDREE SPRINGS
 PLAT 22328-30
 ZONED RC-DEC

GROUND
 — FILTER MATERIAL
 . GEOTEXTILE FILTER CLOTH
 . PERFORATED PIPE INVERT
 EFFECTIVE AREA BEGINNING DEPTH
 — STONES OR GRAVEL
 MAXIMUM BOTTOM ELEVATION
 DETAIL

TRENCH INFORMATION			
TRENCH 1-1	74.4 LF	TRENCH 2-1	74.4 LF
TRENCH LENGTH	74.4 LF	TRENCH LENGTH	74.4 LF
GROUND ELEVATION	541.6	GROUND ELEVATION	540.5
INVERT ELEVATION	538.1	GROUND ELEVATION	537.5
MAX. BOTTOM ELEV.	534.6	INVERT ELEVATION	534.0
		MAX. BOTTOM ELEV.	534.0
TRENCH 1-2	74.4 LF	TRENCH 2-2	74.4 LF
TRENCH LENGTH	74.4 LF	TRENCH LENGTH	74.4 LF
GROUND ELEVATION	541.1	GROUND ELEVATION	540.1
INVERT ELEVATION	537.6	GROUND ELEVATION	537.1
MAX. BOTTOM ELEV.	534.1	INVERT ELEVATION	533.6
		MAX. BOTTOM ELEV.	533.6
TRENCH 1-3	74.4 LF	TRENCH 2-3	74.4 LF
TRENCH LENGTH	74.4 LF	TRENCH LENGTH	74.4 LF
GROUND ELEVATION	540.6	GROUND ELEVATION	539.8
INVERT ELEVATION	537.1	GROUND ELEVATION	536.8
MAX. BOTTOM ELEV.	533.6	INVERT ELEVATION	533.3
		MAX. BOTTOM ELEV.	533.3
TRENCH 3-1	65.1 LF	TRENCH 3-2	65.1 LF
TRENCH LENGTH	65.1 LF	TRENCH LENGTH	65.1 LF
GROUND ELEVATION	539.4	GROUND ELEVATION	539.2
INVERT ELEVATION	536.4	GROUND ELEVATION	536.2
MAX. BOTTOM ELEV.	531.4	INVERT ELEVATION	531.2
		MAX. BOTTOM ELEV.	531.2
TRENCH 3-3	65.1 LF	TRENCH 3-3	65.1 LF
TRENCH LENGTH	65.1 LF	TRENCH LENGTH	65.1 LF
GROUND ELEVATION	539.1	GROUND ELEVATION	539.1
INVERT ELEVATION	536.1	GROUND ELEVATION	536.1
MAX. BOTTOM ELEV.	531.1	INVERT ELEVATION	531.1
		MAX. BOTTOM ELEV.	531.1



- 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECREATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
4. ANY CHANGES TO THE PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE LOT BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
6. THE EXISTING WELL ON THIS LOT (TAG NO. HO-95-2032) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
7. EXACT LENGTH OF SEPTIC TRENCHES ARE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
8. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
9. SEDIMENT AND EROSION CONTROLS SHALL BE PER THIS PLAN AND COMPLY WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
10. DRIVEWAY CULVERT COMPUTATIONS WERE APPROVED UNDER F-09-108.
11. STORMWATER MANAGEMENT FOR THIS LOT WAS APPROVED UNDER F-09-108. IT CONSIST OF NON-ROOFTOP DISCONNECTION AND SHEETFLOW TO BUFFER CREDIT.
12. SEPTIC TANK TO BE 2,000 GALLON 2 COMPARTMENT AND PUMP TANK TO BE 2,000 ONE COMPARTMENT TANK.



- LEGEND
- EXISTING CONTOURS
 - SLOPES 25% OR GREATER
 - SLOPES 15% TO 24.9%
 - EXISTING TREELINE
 - LIMIT OF 100-YR FLOODPLAIN
 - EXISTING STREAM
 - LIMIT OF WETLANDS
 - NON-ROOFTOP DISCONNECTION AREA (FILTER STRIP)
 - DRAINAGE AREA
 - HO-95-2032 WELL
 - SEWAGE DISPOSAL AREA
 - FOREST CONSERVATION EASEMENT
 - PERC PASS
 - PERC FAIL

APPROVED
 WALKTHRU BUILDING PERMIT
 A#
 APP. SAN Burnel DATE: 9-5-19
 DESC. OF WORK: Pool with

PARCEL 51
 ABBOTT CHARLES
 ABBOTT MELINDA R T/E
 LOT 4
 L. 5212 F. 377
 ZONED: RC-DEC

Approved Septic System Plan
 Howard County Health Department
 1500 gal Septic Tank &
 2000 gal Pump Tank
 w/ 1/2 hp Pump
 Signature: [Signature] Date: 12/16/17

BENCHMARK
 ENGINEERING, INC.
 6480 BALTIMORE NATIONAL PIKE A SUITE 315 A ELIJAH CITY, MARYLAND 21043
 (P) 410-465-8105 (F) 410-465-8844
 WWW.BE-CIVILENGINEERING.COM

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 45572, Expiration Date 06-08-2018.

Professional Engineer
 No. 45572
 12/16/17