

**Building Permit Application**  
Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

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

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

Building Address: 1045 Fairlane Rd  
 City: Woodbridge State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Fairlane Town #2  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 20  
 Tax Map: 0008 Parcel: 04600169 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Mark & Caroline Horwath  
 Address: 1045 Fairlane Rd  
 City: Woodbridge State: MD Zip Code: 21797  
 Phone: 301-641-1214 Fax: \_\_\_\_\_  
 Email: Caroline@horwath.com

Existing Use: \_\_\_\_\_  
 Proposed Use: Install Inground Pool  
 Estimated Construction Cost: \$ 20,000  
 Description of Work: Inground Pool  
 Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: NOVA Builders Inc  
 Contact Person: Mark Weeks  
 Address: 7462 Fair Road Ave #100 Clomms 21097  
 City: Clomms State: MD Zip Code: 21097  
 License No.: 45377  
 Phone: 410-766-1110 Fax: 410-766-1497  
 Email: NOVA@comcast.net

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:	<b>Depth</b> <b>Width</b>	
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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<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 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: [Signature] Print Name: MARK WEEKS  
 Email Address: NOVA9@COMCAST.NET Date: 8/19/19  
 Title/Company: V.P. NOVA BUILDERS INC.

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		

Is Sediment Control approval required?  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
it 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: SMA

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
HOWARD COUNTY MARYLAND

**WATER SHALL NOT BE PLACED INTO THE POOL UNTIL A FINAL BUILDING  
INSPECTION IS APPROVED**

THE FINAL INSPECTION WILL NOT BE APPROVED UNTIL ALL REQUIRED SWIMMING  
POOL SAFETY DEVICES ARE INSTALLED AND FULLY OPERATIONAL

All Swimming Pools are required to have an Electrical Permit by a Licensed Electrician

Gas Fired Pool Heaters

NO  YES - Plumbing Permit required by a Licensed Plumber / Gas Fitter

DECLARATION OF INTENT TO INSTALL SWIMMING POOL SAFETY DEVICES

Date \_\_\_\_\_ Building Permit # \_\_\_\_\_ Address \_\_\_\_\_

The undersigned, being the owner(s) of the above referenced property, hereby accept(s) the responsibility for the installation of an approved fence and safety devices required by Section 3109 of the 2015 Edition of the International Building Code. **I (We) agree that the approved minimum 48" high fence and approved safety devices shall be installed prior to the placement of any water in the pool** and that fences shall comply with the setback requirements of the Department of Planning and Zoning.

                    Curtis                      
Owner(s)

                    1045 Fritchfield Woodbine 21797                      
Address

                    ds                      
Witness

                    7462 Railroad Ave #100 Hermans 21077                      
Address

Please call the Plan Review Division (Department of Inspections, Licenses and Permits) at 410-313-2436 for information regarding the fence design or safety devices. For information regarding fence setback requirements, please call the Zoning Administration (Department of Planning and Zoning) at 410-313-2393. Copy of Section 3109 of The International Building Code is on reverse side for your information.

T:\PlanReview\dMock\DLM\2015 pool aff.doc

Rev.4/2015

Copies -

white: file

yellow: Inspector

pink: applicant

495 S.F.	673 S.F.
GAR. 730 S.F.	750 S.F.
107 S.F.	

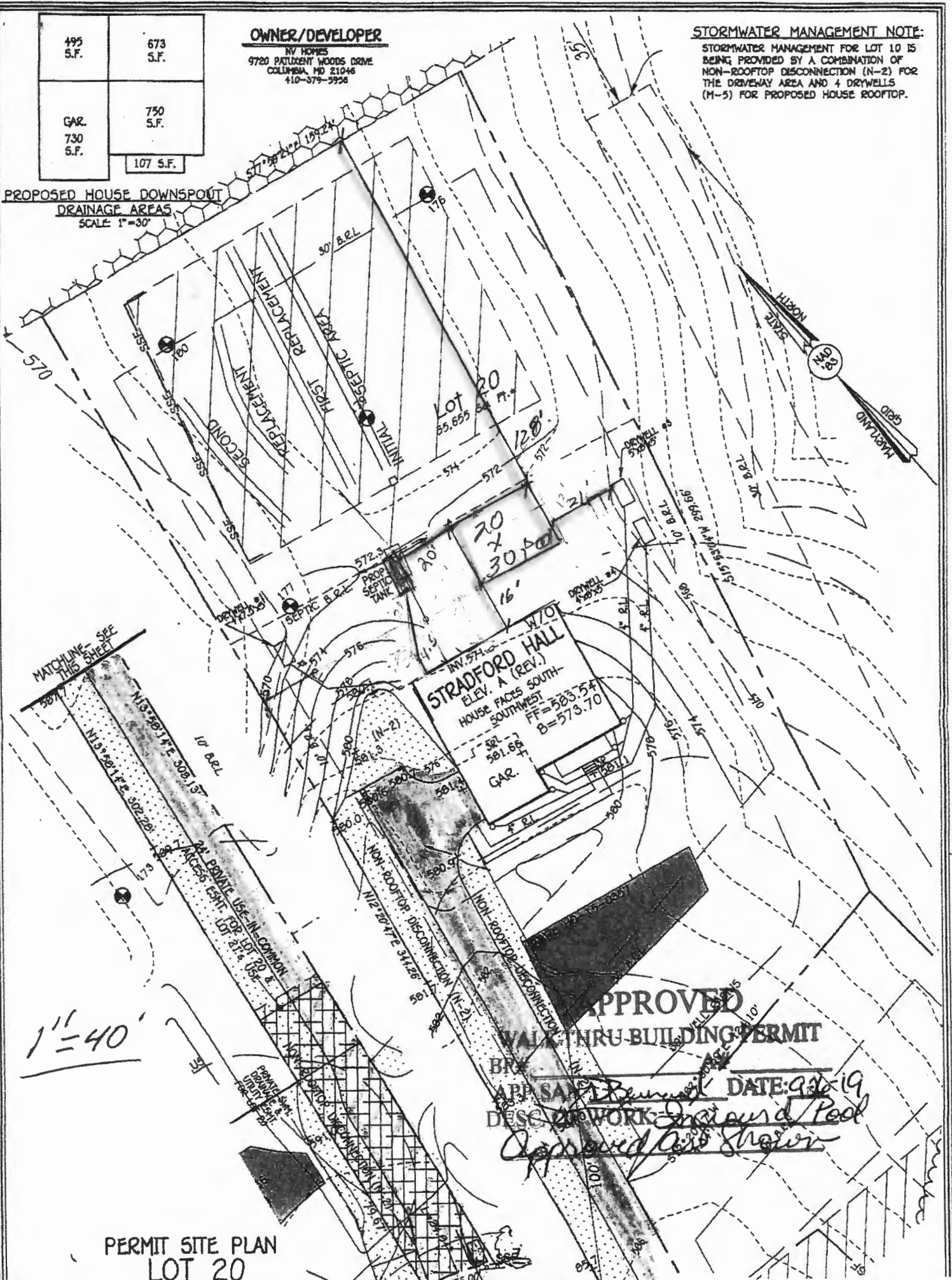
**OWNER/DEVELOPER**

NY HOMES  
9720 PATUXENT WOODS DRIVE  
COLUMBIA, MD 21046  
410-379-9956

**STORMWATER MANAGEMENT NOTE:**

STORMWATER MANAGEMENT FOR LOT 10 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND 4 DRYWELLS (M-5) FOR PROPOSED HOUSE ROOFTOP.

PROPOSED HOUSE DOWNSPOUT  
DRAINAGE AREAS  
SCALE: 1"=30'



PERMIT SITE PLAN  
LOT 20