



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.: B09003202

Building Address: 13614 FOX STREAM WAY
City: WEST FRIENDSHIP State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: FOX MEADOW
Section: _____ Area: _____ Lot: 14
Tax Map: 0015 Parcel: 0167 Grid: 0019
Zoning: _____ Map Coordinates: _____ Lot Size: 4,713 #

Existing Use: RESIDENTIAL
Proposed Use: SAME
Estimated Construction Cost: \$ 60,000
Description of Work: 1) CONSTRUCT A 39'X19' INGRD SWIMMING POOL W/ AN 8'X8' SPA.
Occupant/Tenant Name: OWNER OCCUPIED
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: ESTEBAN & ELIZABETH DECASTR
Address: SAME
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: JENNIFER L HARRISON
Address: 1170 MMINSMIL DRNE
City: ANNAPOLIS State: MD Zip Code: 21403
Phone: 410.570.6602 Fax: N/A
Email: JL-HARRISON@OUTLOOK.COM

Contractor Company: WILSONSCAPES, LLC
Contact Person: RON WILSON
Address: 1168 OLD DAVIDSONVILLE RD
City: DAVIDSONVILLE State: MD Zip Code: 21035
License No.: MHC # 101710
Phone: 410.956.7750 Fax: 410.956.7750
Email: RON.C.WILSONSCAPES.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: _____
Area of construction (sq. ft.): _____	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 checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit #	No. of 2 BR units: _____
<u>N/A</u>	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input checked="" type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>N/A</u>
Grading Permit Number: _____	
Building Shell Permit Number: <u>N/A</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: JL HARRISON
Email Address: JL-HARRISON@OUTLOOK.COM
Title/Company: OWNERS' AGENT / WILSONSCAPES, LLC

Print Name: JENNIFER L. HARRISON
Date: 9.17.2019

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>9/20/19</u>	<u>M. Oswald</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	#



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

September 20, 2019

Mr. & Mrs. Esteban DeCastro
13614 Fox Stream Way
West Friendship, MD 21794

RE: Waiver Approval
13614 Fox Stream Way
West Friendship, MD 21794

Mr. and Mrs. DeCastro,

This letter is being issued in response to your waiver request dated September 18, 2019. Your request for a waiver of the Howard County Code twenty (20) foot setback for the proposed eight (8) by eight (8) foot inground spa to the septic reserve area. The waiver has been approved to allow the proposed structure to be located fifteen (15) feet from the area. Any deviations from the proposed work illustrated on the site plan submitted with the waiver request will be subject to further review by this department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over a faint, larger version of the same signature.

Michael J. Davis
Assistant Director
Bureau of Environmental Health

September 18, 2019

Howard County Health Department
8930 Stanford Boulevard
Columbia, MD 21045

Att: Mr. Michael Davis
Department Director of Environmental Health

Re: Request for Wavier to Set Back


Dear Mr. Davis,

I am writing on behalf of my clients Mr. & Mrs. Esteban DeCastro;
Tax Acct. # 03-342204
13614 Fox Stream Way
West Friendship, MD 21794

Requesting a waiver to reduce the 20' septic reserve setback to 15' for an 8' x 8' inground spa.
Proposing to construct an inground Gunite swimming pool/spa. The attached 8' x 8' spa is the only
portion of the proposed work that would encroach on the set back.

I can be reached with any questions at 410-570-6602 or via email at JL_Harrison@outlook.com.
Thank you for your consideration and assistance.

Kind regards,


Jennifer L. Harrison
Owners' Agent

Cc: Mr. & Mrs. Esteban DeCastro
13614 Fox Stream Way
West Friendship, MD 21794

Attachment:
Site Plan with pool/spa layout for review

9/20/19
Approved
m.j.d.

Title of Plat:
Fox Meadow
Lots 1 Through 12, 14 Through 17
H.O.A. Open Space Lots 13 & 18
Preservation Parcels A, B & C

Plat Number:
16865
Lot # 14
Deed:
Liber: 9035 Folio: 463

Legend: *Used

- *Asphalt= A
- *Concrete / Brick= C/B
- *Concrete Porch= CP
- *Enclosed Porch= EP
- Fence= X
- *Flagstone= FS
- Gravel= G
- *Wall= W
- *Wood Porch - Deck= WP / WD
- Inground Pool= BP
- Above Ground Pool= AP

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN H. Oswald DATE: 9/20/19
DESC. OF WORK: Construct 39'x19'
inground pool w/ 8'x8' spa.



Baseline Location Surveys
3296 Bullfrog Road
Taneytown, MD 21787

Phone : 1-443-519-6041
Fax: 1-410-756-4570
Email: bls@earthlink.net

Certified By: *William T. Matthews*

Date: 03/23/2018

Client #

BLS # 192

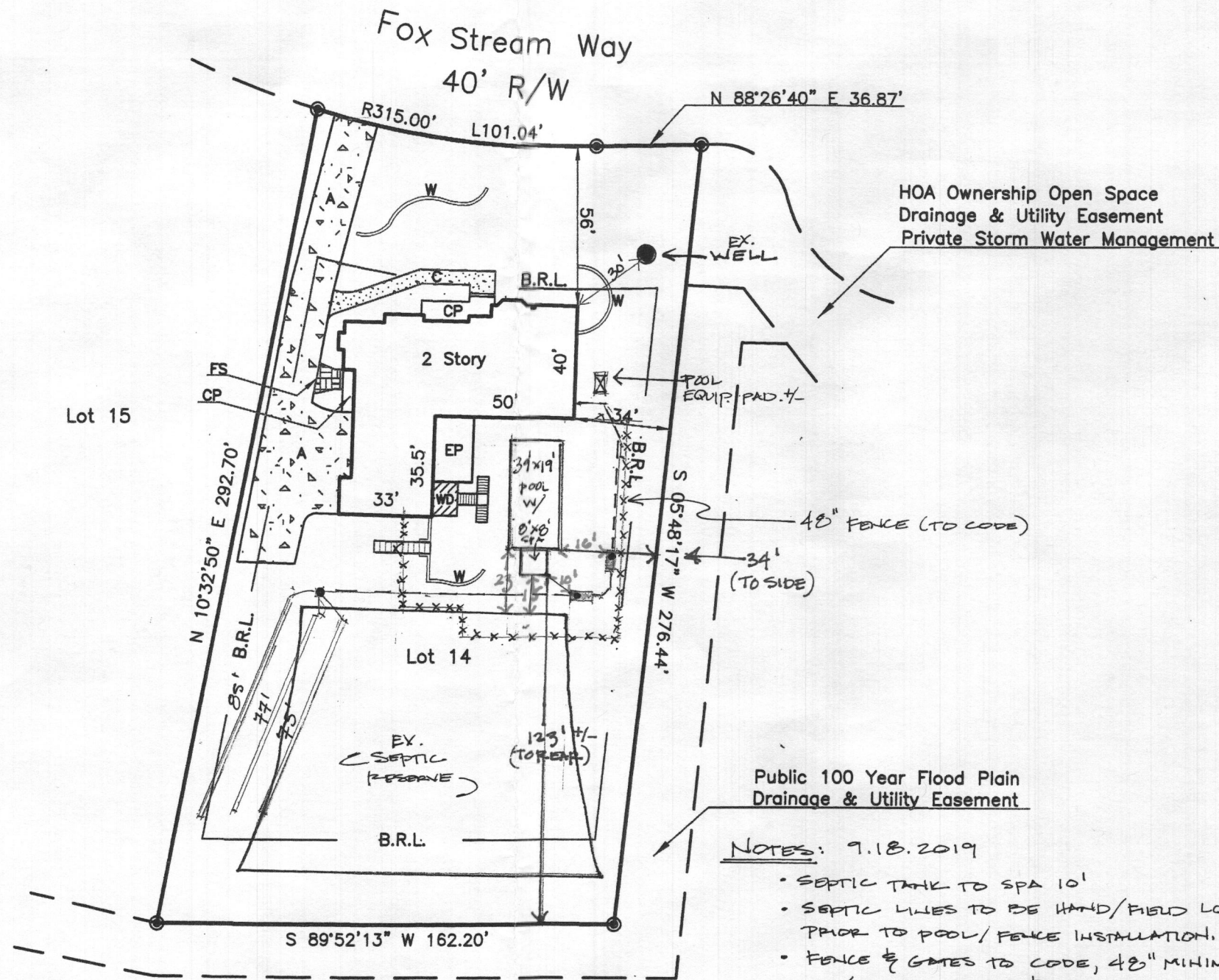
LEGAL DISCLAIMER

This Plat has been Requested by The Title Company and or Lender for the Transfer, Financing and Refinancing of said Property. The EXACT Location of any Improvements can only be DETERMINED by a Boundary Survey, This Plat cannot be used in Establishment of Property Lines or Property Corners. This Plat Certifies the Improvements have been Located by a Surveyor in the Field. The Purpose of the Plat is to Indicate Problems with the Improvements on said Property without Performing a Boundary Survey.

LOCATION SURVEY

Address:
13614 Fox Stream Way
Howard County, MD

POOL DATA: 9.18.19
POOL: 39'x19' = 741 sq ft
SPA: 8'x8' = 64 sq ft
TOTAL = 805 sq ft
MAX. POOL DEPTH: 7'



NOTES: 9.18.2019

- SEPTIC TANK TO SPA 10'
- SEPTIC LINES TO BE HAND/FIELD LOCATED PRIOR TO POOL/FENCE INSTALLATION.
- FENCE & GATES TO CODE, 48" MINIMUM HT. W/ SELF CLOSING & LATCHING GATES.

