

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09000644

Building Address 15030 N.W. Scottwood Ct
Woodbine, Md 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area 3.008 Lot 14
Tax Map 14 Parcel 290 Grid 3
Zoning R Map Coordinates _____ Lot size 3.008 AC

Property Owner's Name SHAWN COOKE
Address 15030 N.W. Scottwood Ct
City WOODBINE State Md Zip Code 21797
Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
PERMIT SERVICES INC. Brenda Hodgson
PO BOX 1565 21123
Phone 4103602228 Fax 4103608958

Existing Use Residential
Proposed Use Same
Estimated Construction Cost \$ 20,000.00
Description of Work
Construct an in ground pool
500 ft overall 30' x 20' w/ Fence
220 LF 48" W/ Gates + Patio

Contractor Company Nova Construction
Contact Person Marie Weeks
Address 8055 Forest Glen Dr.
City Pasadena. State MD Zip Code 21122
License No. _____
Phone 4432501153 Fax _____

Occupant or Tenant Shawn Cooke
Contact Name SAME
Address 15030 N.W. Scottwood Ct
City Woodbine State Md Zip Code 21797
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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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: <input checked="" type="checkbox"/>	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 THEREON; (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.

Brenda Hodgson
Applicant's Signature
Permit Services, Inc
Type/Company

Brenda Hodgson
Print Name
4/2/09
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: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ			Side St: _____ Add'l per. fee \$ _____	
Health <u>4/2/2009</u>		<u>R. Bush</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			TOTAL FEES \$ _____	
			Sub-total paid \$ _____	
			Balance due \$ _____	
			Check # _____	
			Validation # _____	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEO, DPZ Pink: Health Gold: SHA				

Shawn Cook

15030 Scottswood Ct

Woodbine Md 21797

500' Conc. Pool

220 LF

48" FENCE

w/2 Gates

APPROVED

WALK-THRU BUILDING PERMIT

AM

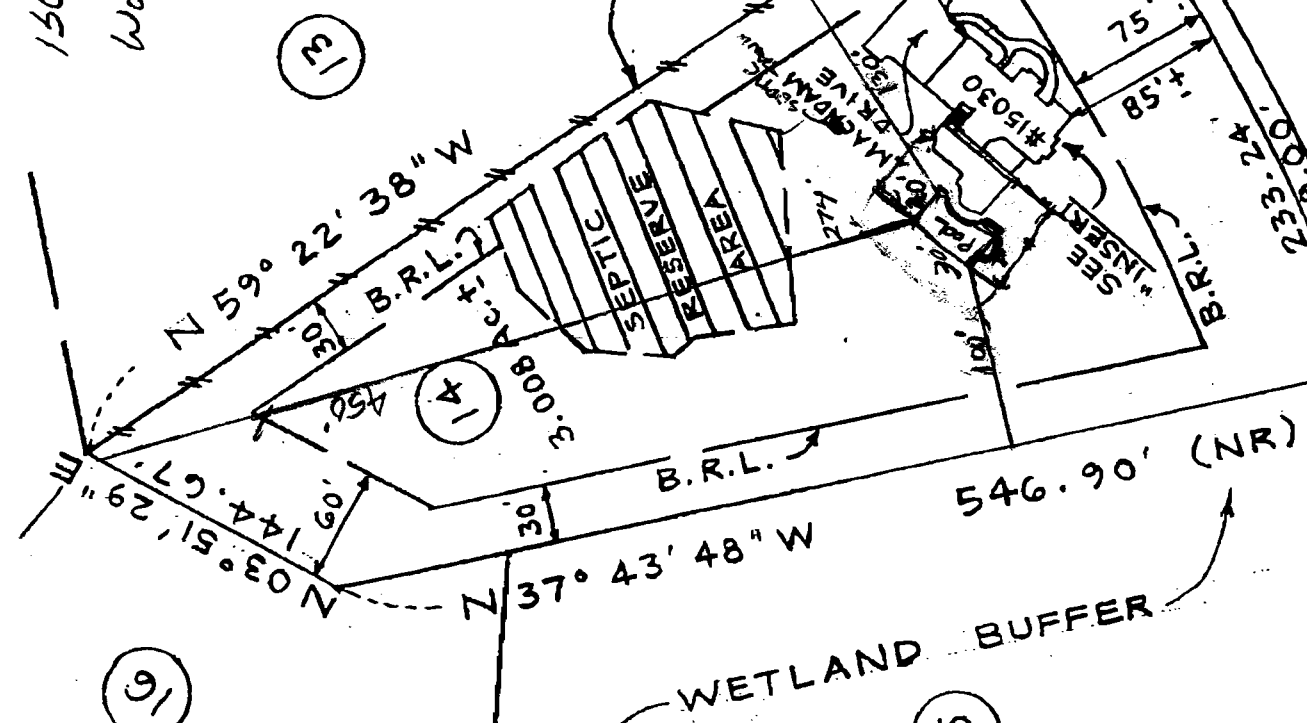
WOODBP# [blank] APP SAN R. Bush DATE: 4/2/2009

FENCE W/ 2 GATES 20' X 30' Pool

(In Ground)

615.55' Patio as shown

20' DRAINAGE & UTILITY ESM'T.



CONC. BSMT

T. S. WOOD (R/W) PAVING