

PERMIT NUMBER: B

20003981

Health

DATE ACCEPTED:

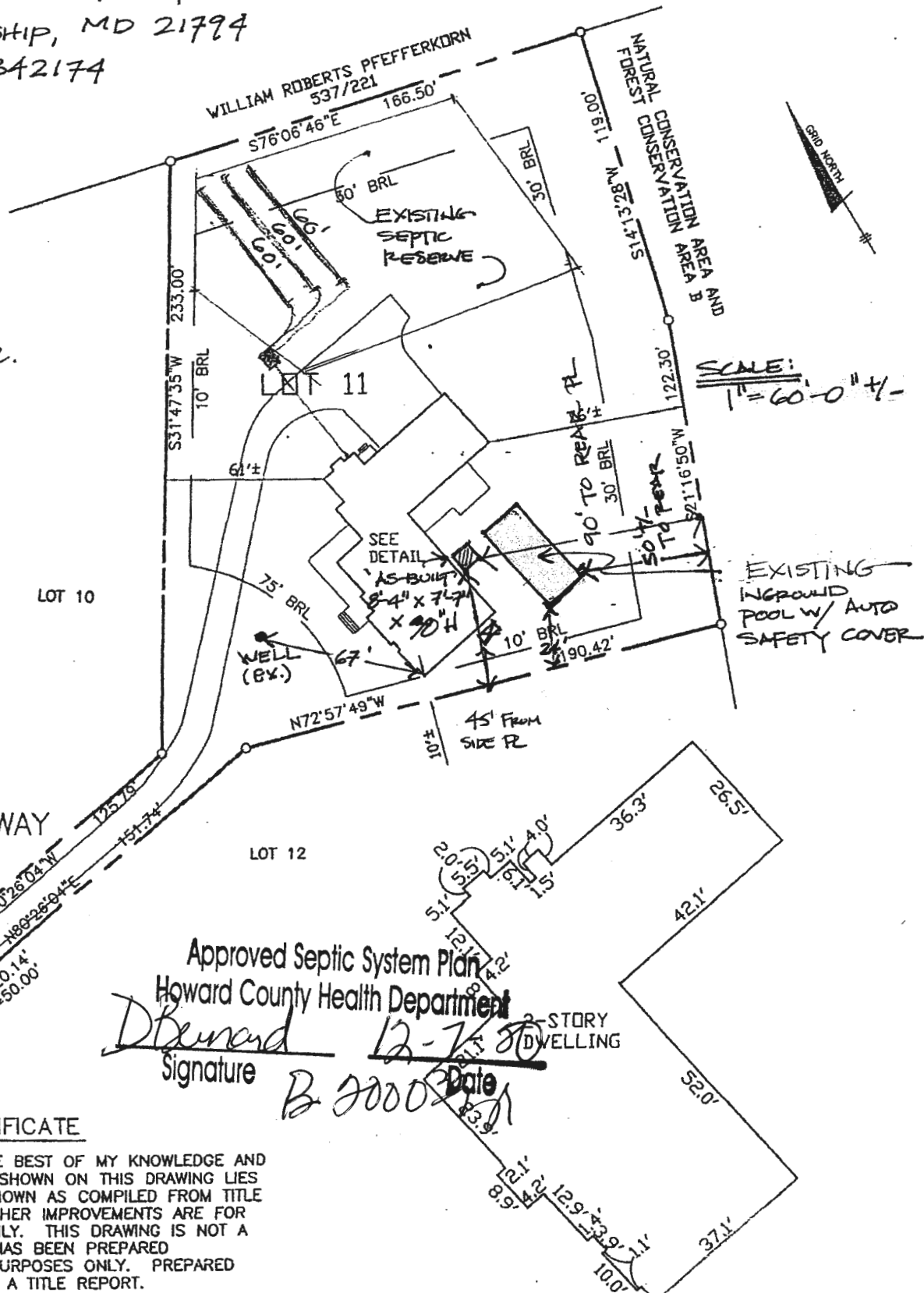
RESIDENTIAL BUILDING PERMIT APPLICATION					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS					
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043			PHONE: (410) 313-2455 OPTION #4		
www.howardcountymd.gov					
BUILDING SITE ADDRESS REQUIRED					
Street Address: 13627 FOX STREAM WAY				Unit:	
City: WEST FRIENDSHIP		State: MD		Zip Code: 21794	
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:		
DESCRIPTION OF WORK REQUIRED					
Existing Use: SFD		Proposed Use: SFD		Estimated Cost: \$	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
"AS-BUILT" FREE-STANDING HOT TUB, 8'4" X 7' X 7' X 30"H					
PROPERTY OWNER INFORMATION REQUIRED					
Owner(s) Name(s) (As it appears on tax records): JOSEPH & ALISON MATHIS				Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: SAME AS ABOVE					
City:		State:		Zip Code:	
Phone:			Email:		
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION					
Business Name:			Contact Name: JENNIFER L. HARRISON		
Street Address: 1170 MANSAIL DRIVE					
City: ANNAPOLIS		State: MD		Zip Code: 21403	
Phone: 410.570.6602		Email: JHARRISON@OUTLOOK.COM			
CONTRACTOR INFORMATION REQUIRED					
Business Name: N/A "AS-BUILT"					
Licensee's Name:			License #:		
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE					
Business Name: N/A			Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
BUILDING CHARACTERISTICS REQUIRED					
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)				Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:				Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None			Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT, COMPLETE ALL THAT APPLY)					
Model Name & Options:					
# of Bedrooms (SF):	# of efficiency units (ME*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI			Gross Area: sq ft Occupiable Area: sq ft		
AGREEMENT/ DISCALIMER REQUIRED					
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 ORIGINAL SIGNATURE				DATE SIGNED: 11.5.2020	
FOR OFFICE USE ONLY					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

AS-BUILT: HOT TUB PERMIT

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

13627 FOX STREAM WAY
 WEST FRIENDSHIP, MD 21794
 TAX ID 03-342174



SPA DATA:

- ATTACHED SPEC. SHEET

Approved Septic System Plan
 Howard County Health Department
Denard
 Signature
 12-7-80
 Date
 B 2000

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

Hightlife® Collection
GRANDEE®

13027 FOX STREAM WAY



Grandee shown with Alpine White shell



Grandee shown with Alpine White shell
 and Walnut cabinet

- Seating Capacity** 7 adults
- Dimensions** 8'4" x 7'7" x 38"/2.54m x 2.31m x .97m
- Water Capacity** 450 gallons/1,700 liters
- Weight** 940 lbs./425 kg dry; 5,920 lbs./2,685 kg filled*
- Jets - 43 (w/ Stainless Steel Trim)**
 - 2 Moto-Massage DX jets (2)
 - 2 SoothingStream jets
 - 3 JetStream jets
 - 2 Rotary Hydromassage jets
 - 2 Directional Hydromassage jets
 - 30 Directional Precision® jets
- Water Feature** BellaFontana® with 3 illuminated arcs of water
- Water Care System (Optional)** FreshWater® Salt System
- Jet Pump 1** Wavemaster 9000; One-speed, 2.5 HP Continuous Duty, 5.2 HP Breakdown Torque
- Jet Pump 2** Wavemaster® 9200; Two-speed, 2.5 HP Continuous Duty, 5.2 HP Breakdown Torque
- Circulation Pump** SilentFlo 5000 for quiet, continuous filtration
- Effective Filtration Area** 325 sq. ft., top loading Tri-X filters
100% no-bypass filtration
- Control System** IQ 2020® with wireless remote control 230v/50amp, 60Hz, Includes G.F.C.I. protected sub-panel
- Lighting System** Luminescence multi-color four-zone
- Heater** No-Fault®, 4000w/230v
- Energy Efficiency** Certified to the APSP 14 National Standard and the California Energy Commission (CEC) in accordance with California law
- Vinyl Cover** 3.5" to 2.5" tapered, 2 lb. density foam core, with hinge seal in Chocolate or Smoke
- Cover Lifter (Optional)** CoverCradle®, CoverCradle II, Lift 'n Glide® or UpRite®
- Entertainment System (Optional)** Wireless Sound System
- Hot Tub Cooling System (Optional)** CoolZone™

* Includes water and 7 adults weighing 175 lbs. each
 Export models available in 230v, 50Hz, 1500w Heater

CABINET AND SHELL COLOR OPTIONS

Cabinet Colors						
Shell Colors	Alpine White	Alpine White	Alpine White	Alpine White	Alpine White	Alpine White
	Ivory	Ice Gray	Ivory	Ice Gray	Ivory	Ice Gray
	Ice Gray	Tuscan Sun	Tuscan Sun		Tuscan Sun	Platinum
	Tuscan Sun	Platinum	Desert		Desert	
	Desert					

No special orders or shell substitutions available.