

RECEIVED

PERMIT NUMBER: B 21002449

DATE ACCEPTED:

JUN 28 2021



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS & PERMITS DIVISION #4
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2955
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED
Street Address: 1819 Boka Valley Ct.
City: Woodbine, MD
State: MD
Zip Code: 21297
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot: 9
Tax Map: 0008
Parcel: 0043
Grading Permit #:

DESCRIPTION OF WORK REQUIRED
Existing Use:
Proposed Use:
Estimated Cost: \$ 60,000.00
Trade Work to Be Completed (Separate Permits Required):
[X] Mechanical (HVACR) [X] Electrical [ ] Plumbing [ ] None
DECA proposed inground 18x40 concrete pool.

PROPERTY OWNER INFORMATION REQUIRED
Owner(s) Name(s) (As it appears on tax records): Miller, JADE LOU K
Primary Residence: [X] Yes [ ] No
Owner's Street Address: 1819 Boka Valley Ct.
City: Woodbine
State: MD
Zip Code: 21797
Phone: 443-668-7449
Email: JADE.L.MILLER@GMAIL.COM

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION
Business Name: DICKMANScape, LLC
Contact Name: Dale Berklein
Street Address: 13 Second Ave. SW.
City: Glen Burnie
State: MD
Zip Code: 21061
Phone: 443-750-0036
Email: dale@dickmanscapeconstruction.net

CONTRACTOR INFORMATION REQUIRED
Business Name: DICKMANScape, LLC
Licensee's Name: DICKMANScape, LLC
License #: MHIC 142316
Street Address: 13 Second Ave. SW.
City: Glen Burnie
State: MD
Zip Code: 21061
Phone: 443-750-0036
Email: dale@dickmanscapeconstruction.net

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE
Business Name:
Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

BUILDING CHARACTERISTICS REQUIRED
Primary Structure: [X] SE Dwelling [ ] SF Townhouse [ ] SF Duplex [ ] Mobile Home [ ] Multi-Family Dwelling (MF\*)
Condo: [ ] Yes [ ] No
Utilities: [ ] Electric [ ] Gas
Water Supply: [ ] Public [X] Private (Well)
Sewage Disposal: [ ] Public [X] Private (Septic)
Heating System: [ ] Electric [ ] Natural Gas [ ] Propane [ ] Other:
Roadside Tree Project: [ ] No [ ] Yes: #
Sprinkler System: [ ] NFPA 13 [ ] NFPA 13R [ ] NFPA 13D [ ] None
Fire Alarm System: [ ] Yes [ ] No [ ] Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)
Model Name & Options:
# of Bedrooms (SF):
# of efficiency units (MF\*):
# of 1 BR (MF\*):
# of 2 BR (MF\*):
# of 3 BR (MF\*):
# Rooms:
# Full Baths:
# Half Baths:
# Fireplaces:
Garage/Carport Info: [ ] Attached Garage [ ] Detached Garage [ ] Integral Garage [ ] Carport [ ] None
Basement/Foundation Info: [ ] Slab on Grade [ ] Post & Pier [ ] Unfinished Basement [ ] Finished Basement: [ ] Full or [ ] Partial
1st Fl Width:
1st Fl Depth:
2nd Fl Width:
2nd Fl Depth:
Bsmt Width:
Bsmt Depth:
Energy Method: [ ] Prescriptive [ ] Performance [ ] UA Alternative [ ] 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: [Signature]
DATE SIGNED: 6/28/2021

FOR OFFICE USE ONLY
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
AGENCIES REQUIRED/APPROVALS:
[ ] PR [ ] DPZ [ ] CED [ ] Health 7/13/21 [ ] SHA [ ] CID
SUBMITTAL FEES: 275
PAYMENT: none
ACCEPTED BY: [Signature]

PERMIT NUMBER: B 21002449

DATE ACCEPTED:

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**RESIDENTIAL BUILDING PERMIT APPLICATION**

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455, EXTENSION #4  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

**BUILDING SITE ADDRESS REQUIRED**

Street Address: 1819 Boka Valley Ct. Unit: \_\_\_\_\_  
 City: Woodbine, MD State: MD Zip Code: 21297  
 Subdivision/Village/Complex Name: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Lot: 9 Tax Map: 0008 Parcel: 0143 Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK REQUIRED**

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Estimated Cost: \$ 60,000.00  
 Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVACR)  Electrical  Plumbing  None  
 DEPTH? PROPOSED INGRAVED 18x40 CRACKLE POOL.

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): MILLET, JACQUELINE Primary Residence:  Yes  No  
 Owner's Street Address: 1819 Boka Valley Ct.  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 443-288-7449 Email: jmillet@comcast.net

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: DREAMSCAPE LLC Contact Name: Dale Beckheim  
 Street Address: 13 SECOND AVE. SW.  
 City: Glen Burnie State: MD Zip Code: 21061  
 Phone: 443-750-0036 Email: dale@dreamscapeconstruction.net

**CONTRACTOR INFORMATION REQUIRED**

Business Name: DREAMSCAPE, LLC  
 Licensee's Name: DREAMSCAPE, LLC License #: MHIC 142316  
 Street Address: 13 SECOND AVE. SW.  
 City: Glen Burnie State: MD Zip Code: 21061  
 Phone: 443-750-0036 Email: dale@dreamscapeconstruction.net

**ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE**

Business Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUILDING CHARACTERISTICS REQUIRED**

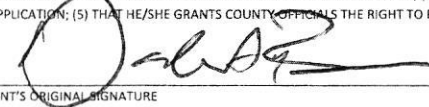
Primary Structure:  SF Dwelling  SF Townhouse  SF Duplex  Mobile Home  Multi-Family Dwelling (MF\*) Ccndo:  Yes  No  
 Utilities:  Electric  Gas Water Supply:  Public  Private (Well) Sewage Disposal:  Public  Private (Septic)  
 Heating System:  Electric  Natural Gas  Propane  Other: \_\_\_\_\_ Roadside Tree Project:  No  Yes: # \_\_\_\_\_  
 Sprinkler System:  NFPA 13  NFPA 13R  NFPA 13D  None Fire Alarm System:  Yes  No  Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options: \_\_\_\_\_  
 # of Bedrooms (SF): \_\_\_\_\_ # of efficiency units (MF\*): \_\_\_\_\_ # of 1 BR (MF\*): \_\_\_\_\_ # of 2 BR (MF\*): \_\_\_\_\_ # of 3 BR (MF\*): \_\_\_\_\_  
 # Rooms: \_\_\_\_\_ # Full Baths: \_\_\_\_\_ # Half Baths: \_\_\_\_\_ # Fireplaces: \_\_\_\_\_  
 Garage/Carport Info:  Attached Garage  Detached Garage  Integral Garage  Carport  None  
 Basement/Foundation Info:  Slab on Grade  Post & Pier  Unfinished Basement  Finished Basement:  Full or  Partial  
 1<sup>st</sup> Fl Width: \_\_\_\_\_ 1<sup>st</sup> Fl Depth: \_\_\_\_\_ 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: \_\_\_\_\_ Bsmt Depth: \_\_\_\_\_  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERI Gross Area: \_\_\_\_\_ sq ft Occupiable Area: \_\_\_\_\_ sq ft

**AGREEMENT/ DISCALIMER REQUIRED**

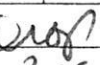
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: 6/28/2021

**FOR OFFICE USE ONLY** CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR  DPZ  OED  Health 7/13/21  SHA  CID

SUBMITTAL FEES: 275 PAYMENT: none ACCEPTED BY: 

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 6/28/2021 Building Permit # \_\_\_\_\_ Address 1819 Boka Valley Ct. Woodbine, MD 21297

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 AG105 of the 2006 Edition of the International Residential 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.

Owner(s)

Address

Witness

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 AG105 is on reverse side for your information.

T:\Operations\Updated forms\fence-dec.frm  
Rev. 02/2009

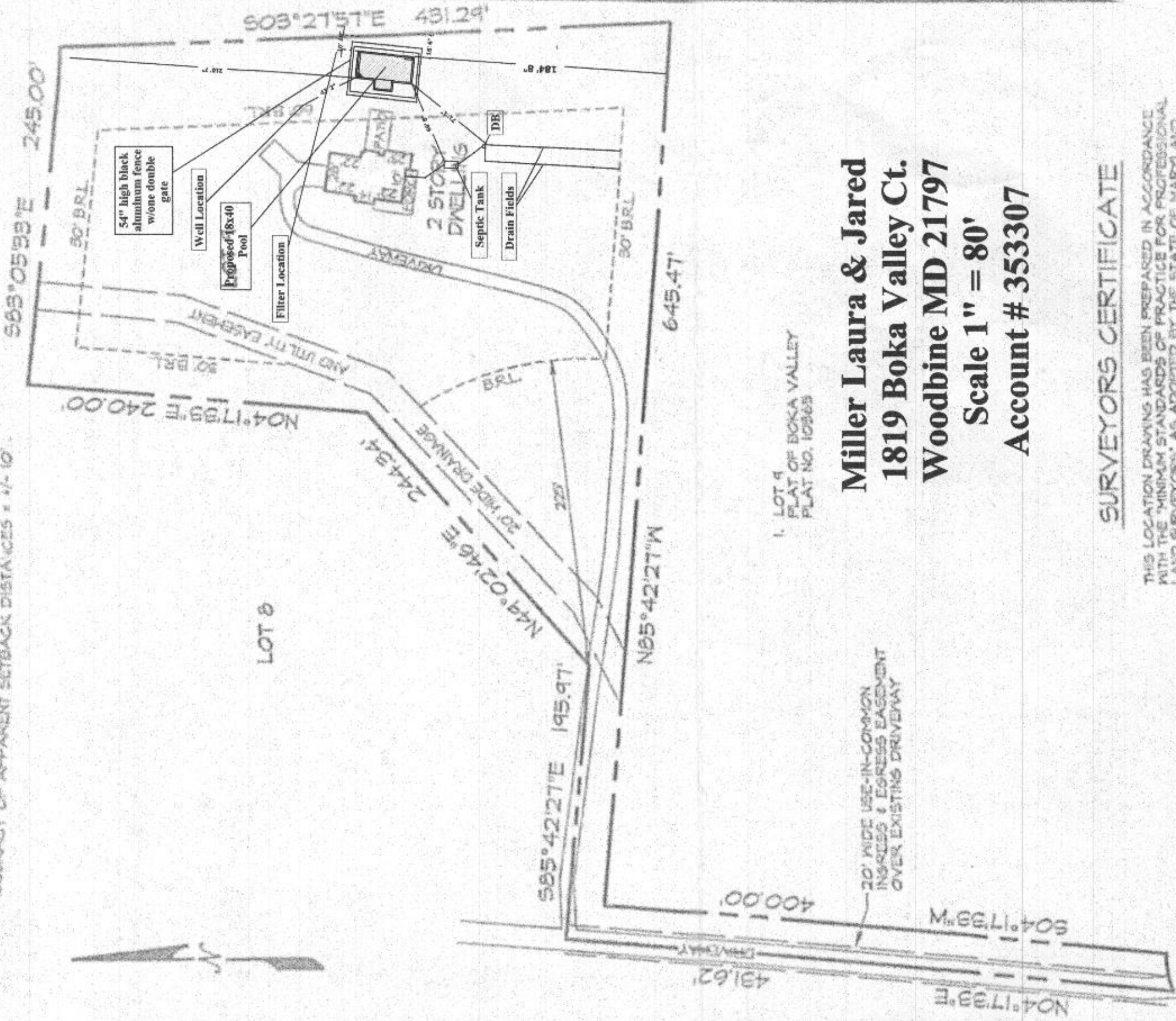
Copies -  
white: file

yellow: inspector

pink: applicant



1. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
2. 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.
3. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
4. THE PROPERTY SHOWN HEREON IS SUBJECT TO ANY EASEMENTS, RIGHTS OF WAY AND/OR COVENANTS OF RECORD.
5. LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES = 1/4" = 10'.



1. LOT 0  
 FLAT OF BOKA VALLEY  
 PLAT NO. 10363

**Miller Laura & Jared**  
**1819 Boka Valley Ct.**  
**Woodbine MD 21797**  
**Scale 1" = 80'**  
**Account # 353307**

**SURVEYORS CERTIFICATE**

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS AS ADOPTED BY THE STATE OF MARYLAND.

*Brian R. Dietz*  
 BRIAN R. DIETZ  
 PROFESSIONAL LAND SURVEYOR NO. 21080

ONLY PLATS WITH THE SURVEYORS ENGRAVED SEAL ARE BEING TIE AND CORRECT COPIES

**BOKA VALLEY COURT**

**LOCATION DRAWING**  
 of  
**1819 BOKA VALLEY COURT**  
 HOWARD COUNTY, MD

**BRIAN R. DIETZ**  
 PROFESSIONAL LAND SURVEYOR #21080  
 7867 OAKDALE AVENUE  
 BALTIMORE MD, 21287  
 Ph 410-688-1198  
 Fax 410-682-6021

10-7-08

DRAWN, ERD	FIELD, ERD	DATE, 10-07-08	JOB NO. 08262	SCALE 1" = 80'