



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.: BL8002582

Building Address: 1563 Old Annapolis Rd
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 0006
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: 0146 Grid: 0015
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: Inground pool/s
 Estimated Construction Cost: \$ 30,000
 Description of Work: Install inground

Occupant/Tenant Name: Tomas Krunkaitis
 Was tenant space previously occupied? Yes No
 Contact Name: Mike Shaffery
 Address: 8335 Pulaski Highway
 City: Rosedale State: MD Zip Code: 21237
 Phone: 410 686 2701 Fax: 410 686 2702
 Email: mike@elitepools.com

Property Owner's Name: Tomas Krunkaitis
 Address: 1563 Old Annapolis Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address (If other than stated herein)
 Applicant's Name: Amanda Borkowicz
 Address: 8335 Pulaski Highway
 City: Rosedale State: MD Zip Code: 21237
 Phone: 410 686 2701 Fax: 410 686 2702
 Email: Amanda@elitepools.com

Contractor Company: Elite Pools
 Contact Person: Mike Shaffery
 Address: 8335 Pulaski Highway
 City: Rosedale State: MD Zip Code: 21237
 License No.: 71753
 Phone: _____ Fax: _____
 Email: _____

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input 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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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.

Amanda Borkowicz
 Applicant's Signature
Amanda@elitepools.com
 Email Address
Elite Pools
 Title/Company

AMANDAH BORKOWICZ
 Print Name
5/9/18
 Date

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>7/2/18</u>	<u>[Signature]</u>

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	#



HERITAGE ELITE

8335 PULASKI HWY
BALTIMORE, MD 21237

KRUNKAITIS RESIDENCE


1563 OLD ANNAPOLIS ROAD
WOODBINE, MD 21797

SCALE: 3/32" = 1'-0"




DATE: 4-24-2018

Plant Legend
Symbol Qty Common Name


Groundcovers / Ornamental Grass
 15 Lilyturf 'Monroe White'

Herbaceous / Perennials

 7 Black Eyed Susan

 30 Silbarm Daylily

Shrubs / Deciduous

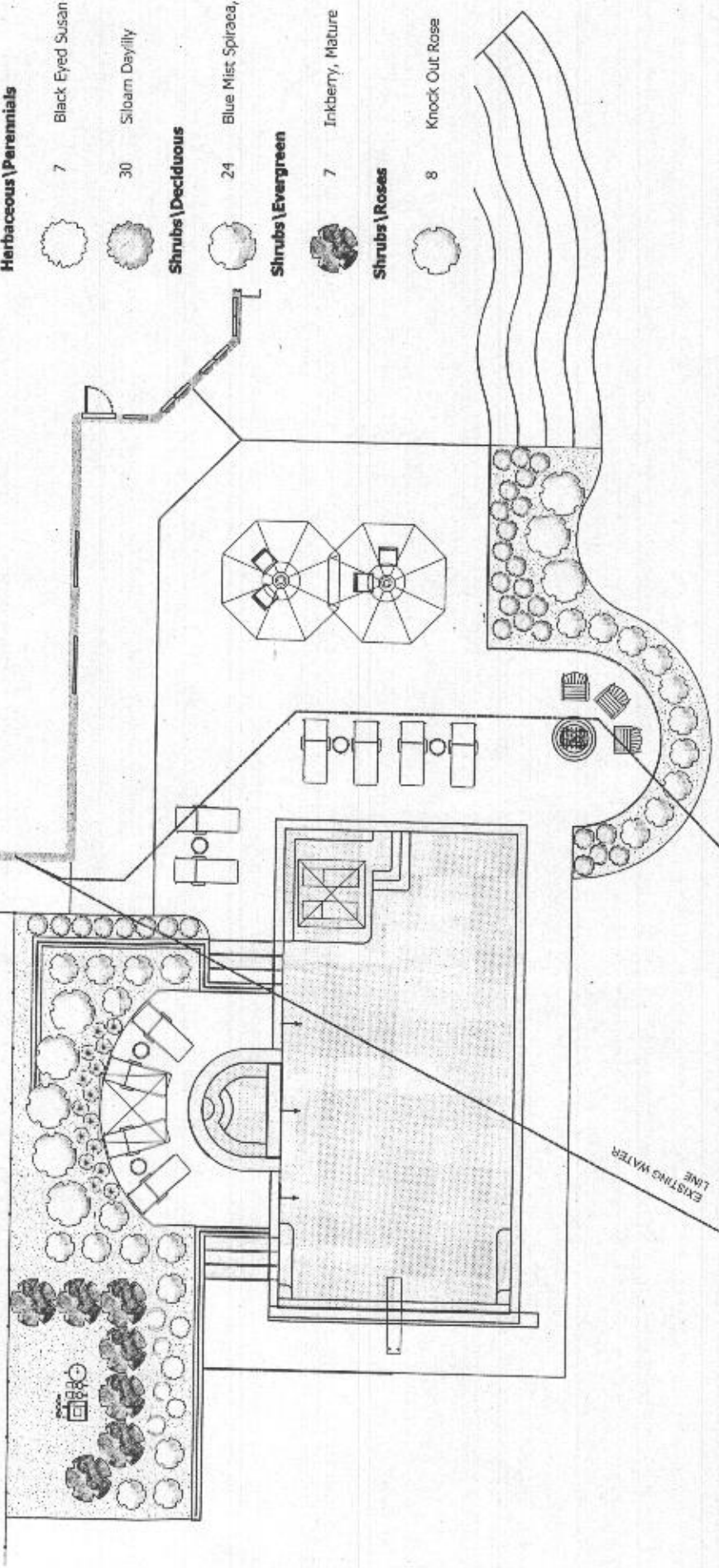
 24 Blue Mist Spiraea, Mature

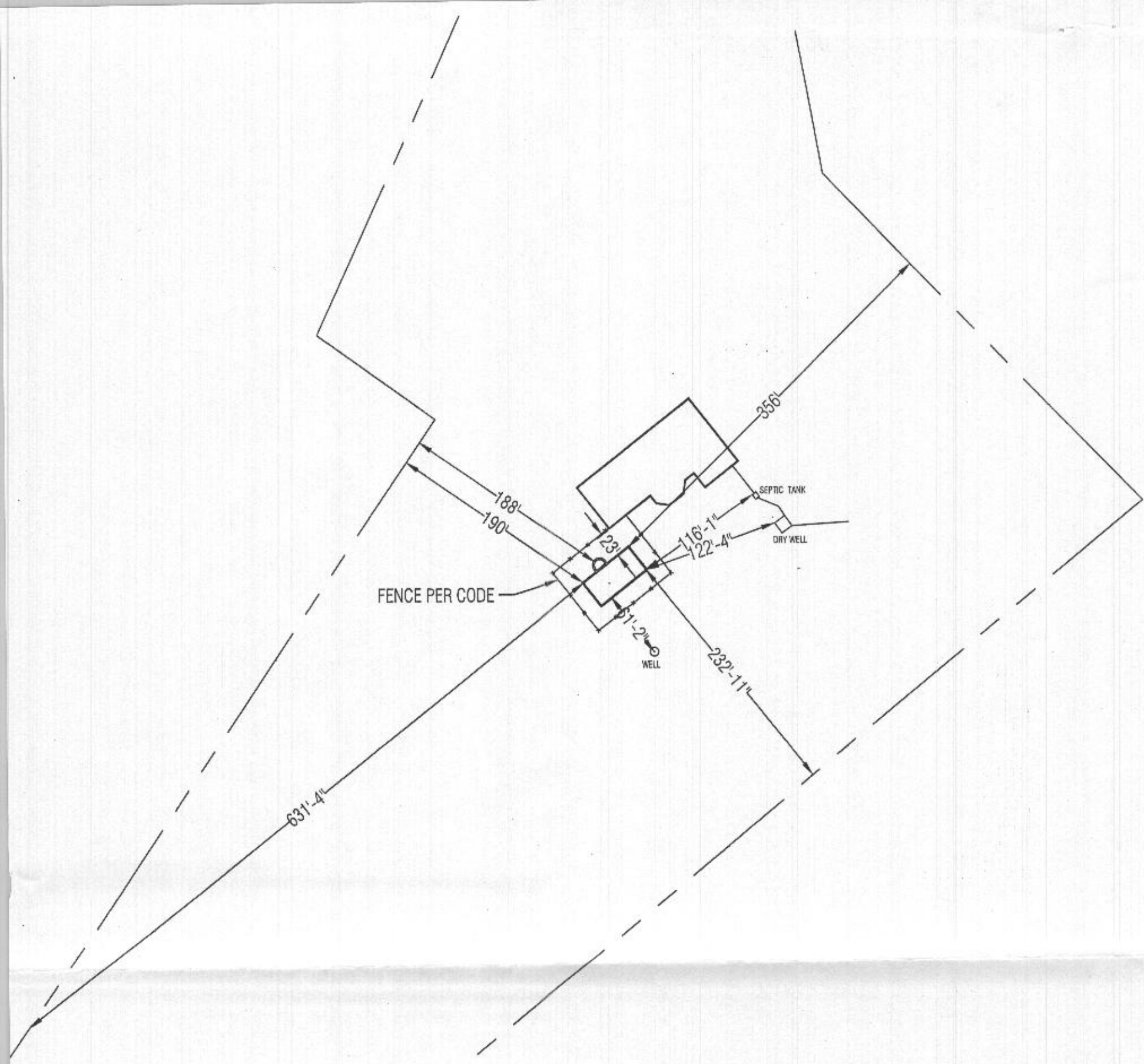
Shrubs / Evergreen

 7 Inkberry, Mature

Shrubs / Roses

 8 Knock Out Rose





APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN _____ DATE: _____
 DESC. OF WORK: _____

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 618002582 A# _____
 APP. SAN Robert Freeman DATE: 7/20/18
 DESC. OF WORK: In ground pool

KRUNKAITIS RESIDENCE
 1563 OLD ANNAPOLIS ROAD
 WOODBINE, MD 21797
 SCALE: 1"=100'
 DATE: 5-8-2018