

Building Address: 10085 Century Dr. Ellicott City Md. 21042

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: 7002

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: 27 Parcel: 1018 Grid: 19

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.7ac

Existing Use: SFD

Proposed Use: In ground pool

Estimated Construction Cost: \$ 30,000

Description of Work: 4.5' x 18' in ground concrete pool, depth 3.6 to 5.6, fence to code

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Gerald Odumoff

Address: 10085 Century Dr.

City: Ellicott City State: Md. Zip Code: 21042

Home Phone: 410-461-0984 Work Phone: 443-844-0886

Applicant's Name & Mailing Address, (if other than stated herein):  
Karen Rowley  
293 Southland Ct Dunkirk Md 21048

Phone: 410-5077705 Fax: \_\_\_\_\_

Email: khkpermits05@yahoo.com

Contractor Company: Paradise Pools

Contact Person: Robert Brucksch

Address: 10620 Rys Hill Rd

City: Laurel State: \_\_\_\_\_ Zip Code: 20794

License No.: 132934

Phone: 410-712-1900 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input checked="" type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufacture 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 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.

Karen Rowley  
 Applicant's Signature

Karen Rowley  
 Print Name

\_\_\_\_\_ Date 3/5/20

\_\_\_\_\_ Email Address

\_\_\_\_\_ Title/Company

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>3/13/20</u>	<u>H. Odumoff</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>275.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$