

Record Detail (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B24001087	03/29/2024
Description of Work		
SFD / Install 12'X41' inground concrete swimming pool, 3.5 to 6.5' deep, cartridge filters, filled by tanker truck, fenced to code with auto cover		

[check spelling](#)

Online BP for DB.
JB 4/2/24

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
10642	REYNOLDS	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-76.88338	39.26052
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
926124	148	97.74	22600	22600	0	RURAL
Legal Description						
PAR K 97.74 A NONBU[]PUDDING LANE[]CARROLL-ZIEGLER PROP RSB						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR K	602303	1				
Plan Area	State Tax Id	Subdivision Name					
	1403352110	Carroll-Ziegler Property					
Section	Area	Tax Map					
		23					
Grid	Zoning District	ADC Map					
23-18	RC-DEO	4814-J9					
SDP No.	Final Plan No.	WP File No.					
	ECP-14-046						
Record Plat No.	WS Contract No.	FDP No.		Primary			
19789				Yes			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	2-08B	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is required.)

Search Reset Clear

Name
Nitin Kumar

Address Line 1
10642 Reynolds Ct

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
Ellicott City	MD	21237
Phone	Primary	
917-402-8584	Yes	
E-mail		
dustin@elitepools.com		
Cell Number	Fax Number	

Professionals (This section is not required.)

License # 71753
License Type MHIC Co
Primary Yes

Business Name HERITAGE ELITE LLC
First Name MICHAEL
Middle Name
Last Name SHAFFERY

Address Line 1 8335 PULASKI HIGHTWAY
Address Line 2

City ROSEDALE
State MD
ZIP Code 21237

Phone 1 410-808-6988
Phone 2
Fax

E-mail Dustin@elitepools.com

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant
Relationship Applicant
Primary Yes

First Name Michael
MI
Last Name Shaffery

Full Name Michael Shaffery
Organization Name Heritage Elite, LLC
Street Address PO Box 18493
Address Line 2

City Rosedale
State MD
Zip Code 21237

Phone 443-220-3781
Cell 410-686-2701
Fax
E-mail shane@elitepools.com

Addtl Info

Est Construction Cost 40000
Housing Units 0
Number of Buildings 0
Public Owned No

Construction Type 434 - Additions, Alterations and Conversions - Residential

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

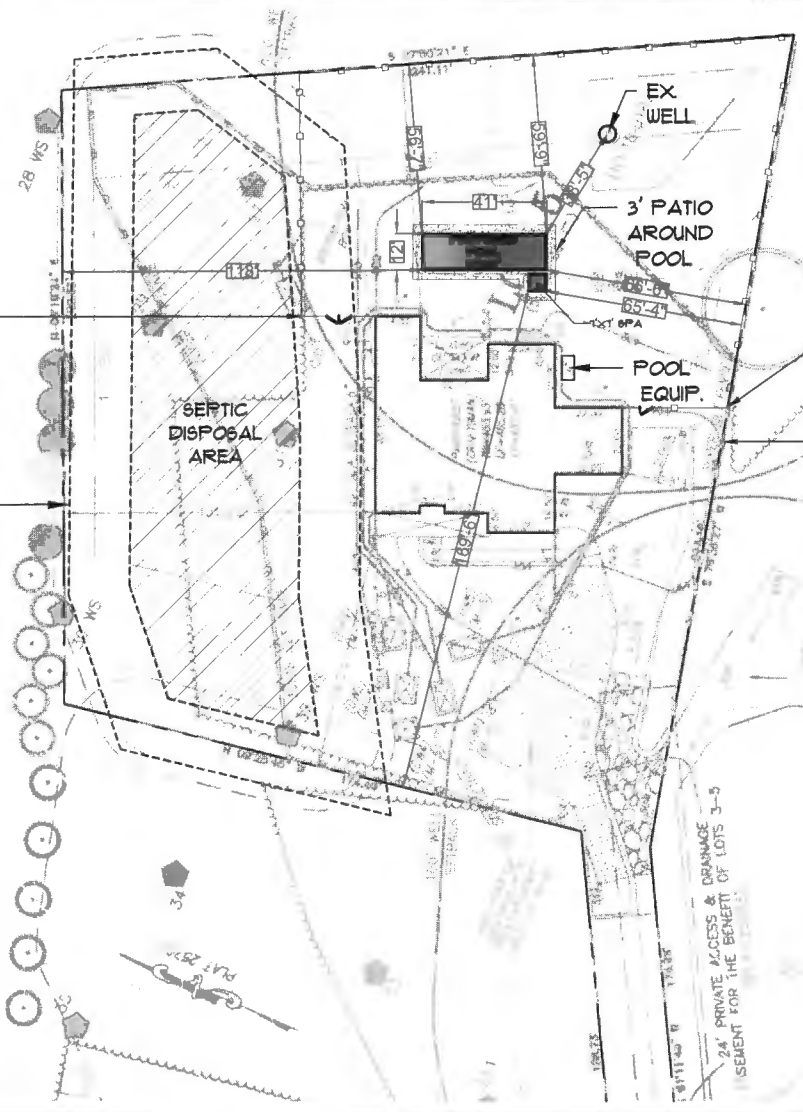
Capital Project-No Fee Yes No
Capital Project Number
Fee Exempt Yes No
Water Supply Private
Sewage Disposal Private

Existing Use SFD
Type of Pool or Spa In Ground Pool and Hot Tub
Pool Safety Device Automatic Pool Cover
Electrical Permit Number E24001694
Expiration Date 9/29/2024

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B24001087	Residential Pool or Spa Permit	Review In Process	10642	REYNOLDS	03/29/2024	SFD / Install 12'X41' inground concrete swimming pool, 3.5
E24001694	Residential Electrical Miscellaneous Permit	Ready for Issuance	10642	REYNOLDS	04/01/2024	Bonding & wiring of an inground swimming pool



4' MIN. HT. POOL FENCE
W/ DOUBLE GATES
W/ SELF-CLOSING
HINGES & MAGNA LATCH
LOCK MOUNTED 54"
ABOVE FINISHED GRADE

20' SETBACK TO SEPTIC AREA

4' MIN. HT. POOL FENCE
W/ SINGLE GATE
W/ SELF-CLOSING
HINGES & MAGNA LATCH
LOCK MOUNTED 54"
ABOVE FINISHED GRADE

PROPERTY
LINE

Approved Septic System Plan
Howard County Health Department
D. Bernard 4-3-24
Signature B24001087 Date

Elite Pools
400 EAST PRATT STREET, SUITE 800
BALTIMORE, MARYLAND 21202
410-454-7546 OFFICE
WWW.ELITEPOOLS.COM

KUMAR RESIDENCE
10642 REYNOLDS COURT
ELLCOTT CITY, MD 21042

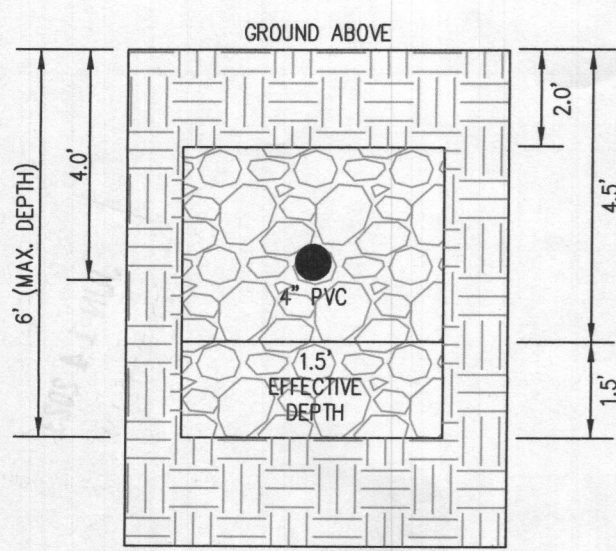
NO.	REVISIONS	DATE
-----	-----------	------

PERMIT PLAN
DATE: 03.23.2024
SCALE: 1" = 40'

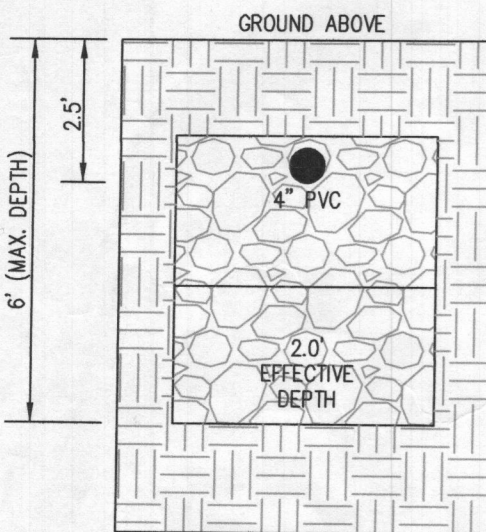
SHEET:
L3

INITIAL TRENCH DATA

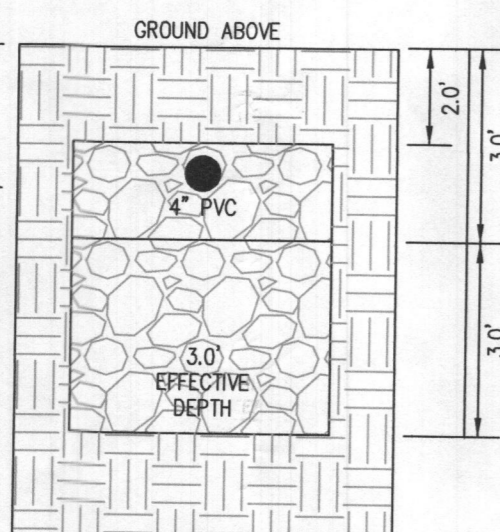
- BOTTOM MAX. DEPTH (6')
- TRENCH 1 (T1): 44.50 LF**
GROUND ABOVE = 456.10'
INV. IN = 452.10'
BOTTOM TRENCH = 450.10'
- TRENCH 2 (T2): 44.50 LF**
GROUND ABOVE = 454.40'
INV. IN = 450.40'
BOTTOM TRENCH = 448.40'
- TRENCH 3 (T3): 44.50 LF**
GROUND ABOVE = 453.50'
INV. IN = 449.50'
BOTTOM TRENCH = 447.50'
- TRENCH 4 (T4): 44.50 LF**
GROUND ABOVE = 453.50'
INV. IN = 449.50'
BOTTOM TRENCH = 447.50'



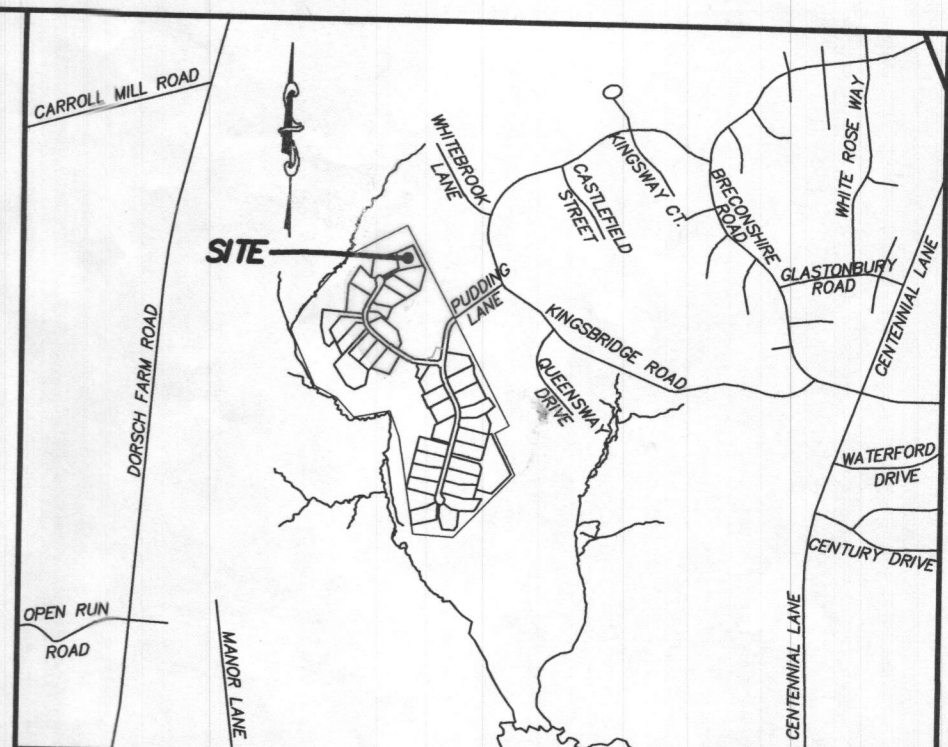
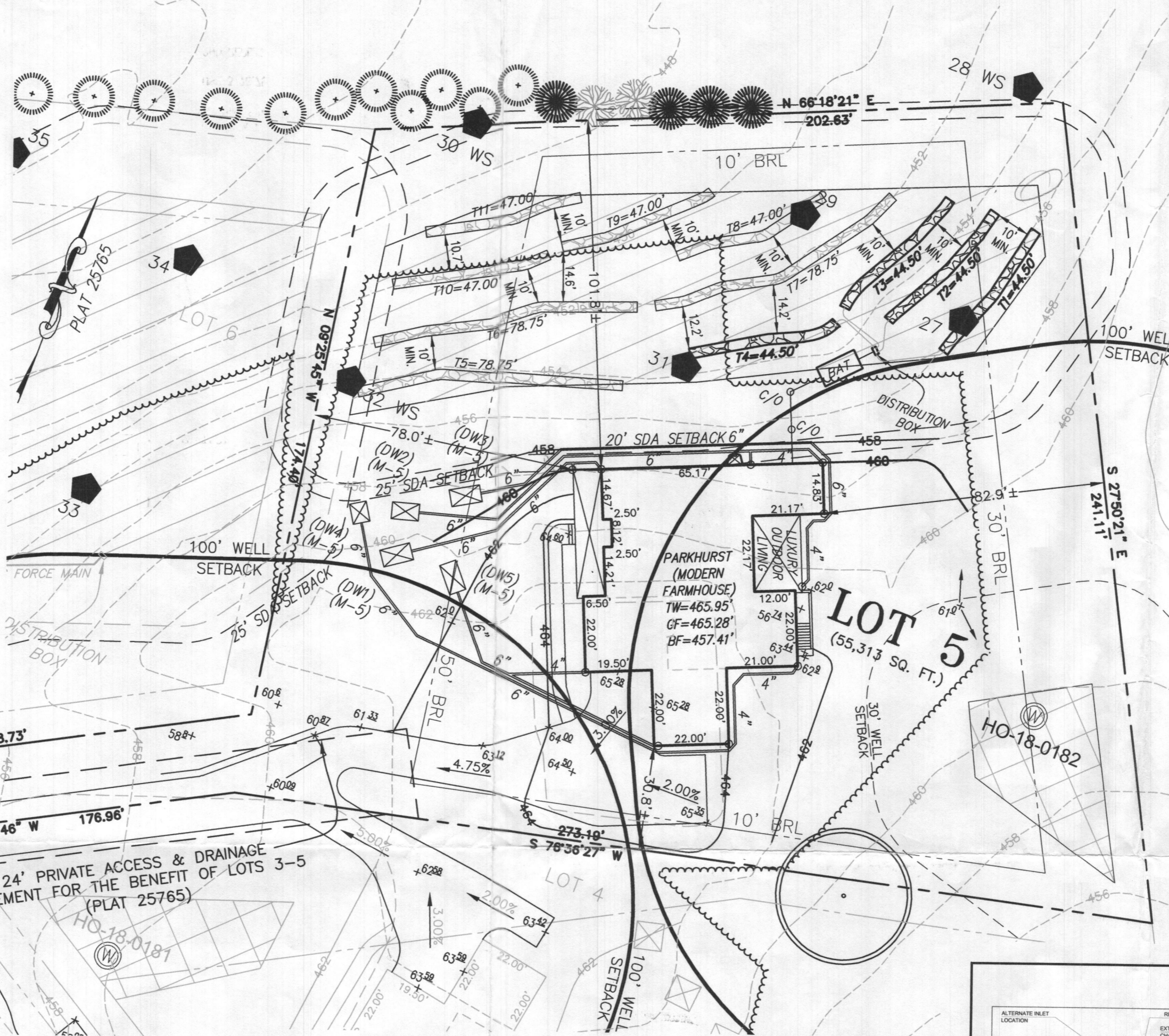
INITIAL SYSTEM
TRENCH DETAIL (T1) THRU (T4)
(NOT TO SCALE)



1ST REPLACEMENT SYSTEM
TRENCH DETAIL (T5) THRU (T7)
(NOT TO SCALE)



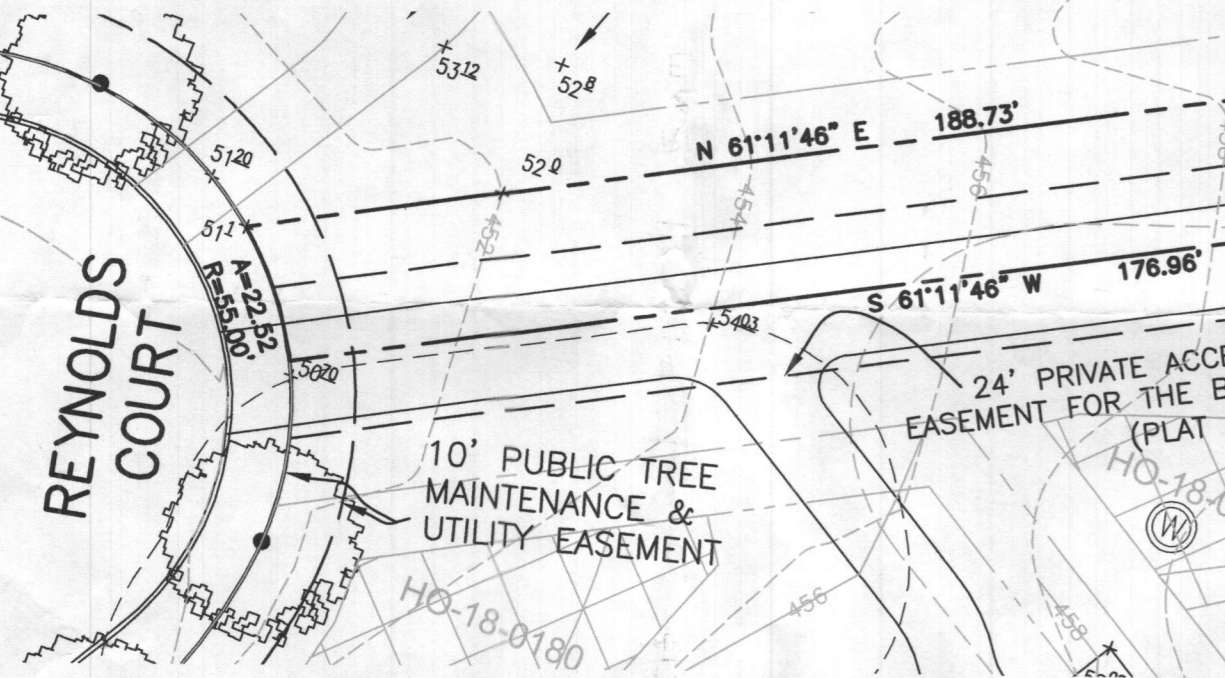
2ND REPLACEMENT SYSTEM
TRENCH DETAIL (T8) THRU (T11)
(NOT TO SCALE)



VICINITY MAP
1" = 1000'

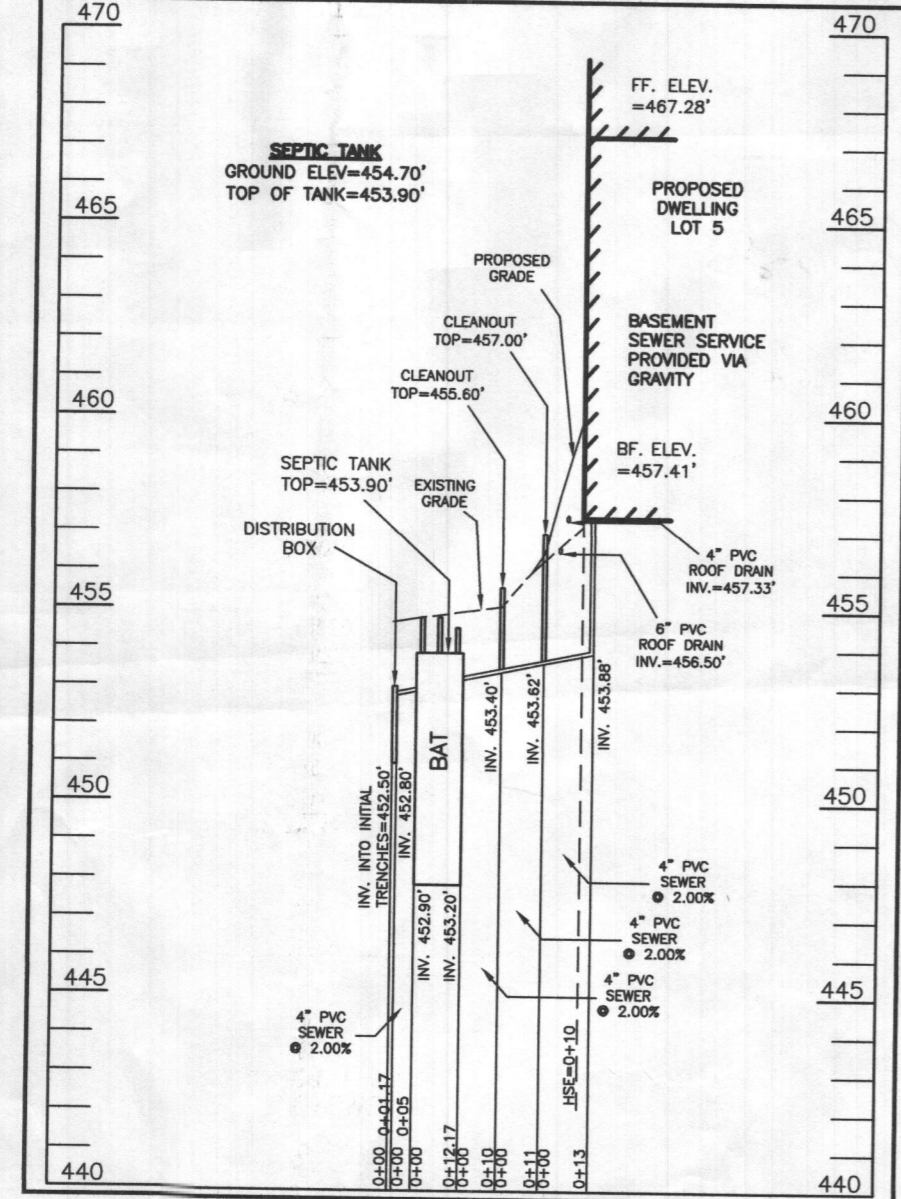
GENERAL NOTES:

- THESE AREAS DESIGNATE A PRIVATE SEWAGE AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE AREAS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE AREA. RECORDATION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.
- EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPERTY AND THOSE WELLS WITHIN 200' DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN.
- ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- BUILDING SETBACKS (B.R.L.'S) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.
- ANY CHANGES TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
- THE MAXIMUM EARTH COVER OVER THE TANK IS THREE (3) FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH, AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- THE EXISTING TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY GIS, 2' CONTOUR INTERVAL AND FIELD VERIFIED BY BENCHMARK ENGINEERING, INC., IN FEBRUARY 2014.



- LEGEND:**
- BRL BUILDING RESTRICTION LINE
 - WELL LOCATION
 - T.W. TOP OF WALL
 - G.F. GARAGE FLOOR
 - B.F. BASEMENT FLOOR
 - SCE STONE CONSTRUCTION ENTRANCE
 - DW DRYWELL
 - DW PASSED PERC LOCATION
 - DW FAILED PERC LOCATION
 - SEWAGE DISPOSAL AREA
 - WELL BOX AREA
 - PROPOSED TREE

- HOUSE OPTIONS:**
HOUSE TYPE: PARKHURST (MODERN FARMHOUSE)
- TWO CAR SIDE ENTRY GARAGE
 - FINISHED LOWER LEVEL
 - DAYLIGHT BASEMENT
 - BATHROOM IN FINISHED LOWER LEVEL
 - DAYLIGHT WINDOW/WELL
 - WET BAR FINISHED LOWER LEVEL
 - MEDIA ROOM FINISHED LOWER LEVEL
 - DOUBLE WIDE TAIL REAR OF DRIVEWAY
 - ADD'L TWO CAR FRONT ENTRY GARAGE
 - MULTI-GEN SUITE ADDITION
 - OPTIONAL DROP ZONE
 - ALTERNATE KITCHEN ISLAND
 - LUXURY OUTDOOR LIVING
 - MULTI-GEN SUITE ADDITION W/ FINISHED BSMT
 - FINISHED THIRD FLOOR WALK UP W/ HALF BATH



SEWAGE DISPOSAL SYSTEM DATA (6 BDRM)

- PROPOSED INVERT AT FOUNDATION WALL: 454.38'
- EX. GRADE OVER TANK: 454.70'
PROPOSED GRADE OVER TANK: 454.70'
INVERT IN: 453.20' INVERT OUT: 452.90'
 - DISTRIBUTION BOX
EXISTING GRADE OVER TANK: 454.70'
PROPOSED GRADE OVER TANK: 454.70'
INVERT IN: 452.80' INVERT OUT: 452.50'
 - INITIAL TRENCH DESIGN (6 BDRM x 150 GPD/BDRM = 900 GPD)
900 GPD ÷ 1.2 APP. RATE = 750 SF
USE 3" WIDE TRENCH WITH 24" GRAVEL BELOW PIPE
10' MIN. SPACING BETWEEN TRENCH EDGES
750 SF ÷ 3" WIDTH = 250 LF x 0.71 (SIDEWALL REDUCTION) = 177.50 LF MIN.
USE 4 44.50' LONG TRENCHES = 178.00 LF
 - 1ST REPLACEMENT TRENCH DESIGN (6 BDRM x 150 GPD/BDRM = 900 GPD)
900 GPD ÷ 0.8 APP. RATE = 1,125 SF
USE 3" WIDE TRENCH WITH 42" GRAVEL BELOW PIPE
10' MIN. SPACING BETWEEN TRENCH EDGES
1,125 SF ÷ 3" WIDTH = 375 LF x 0.63 (SIDEWALL REDUCTION) = 236.25 LF MIN.
USE 3 78.75' LONG TRENCHES = 236.25 LF
 - 2ND REPLACEMENT TRENCH DESIGN (6 BDRM x 150 GPD/BDRM = 900 GPD)
900 GPD ÷ 0.8 APP. RATE = 1,125 SF
USE 3" WIDE TRENCH WITH 42" GRAVEL BELOW PIPE
10' MIN. SPACING BETWEEN TRENCH EDGES
1,125 SF ÷ 3" WIDTH = 375 LF x 0.50 (SIDEWALL REDUCTION) = 187.50 LF MIN.
USE 4 47.00' LONG TRENCHES = 188.00 LF

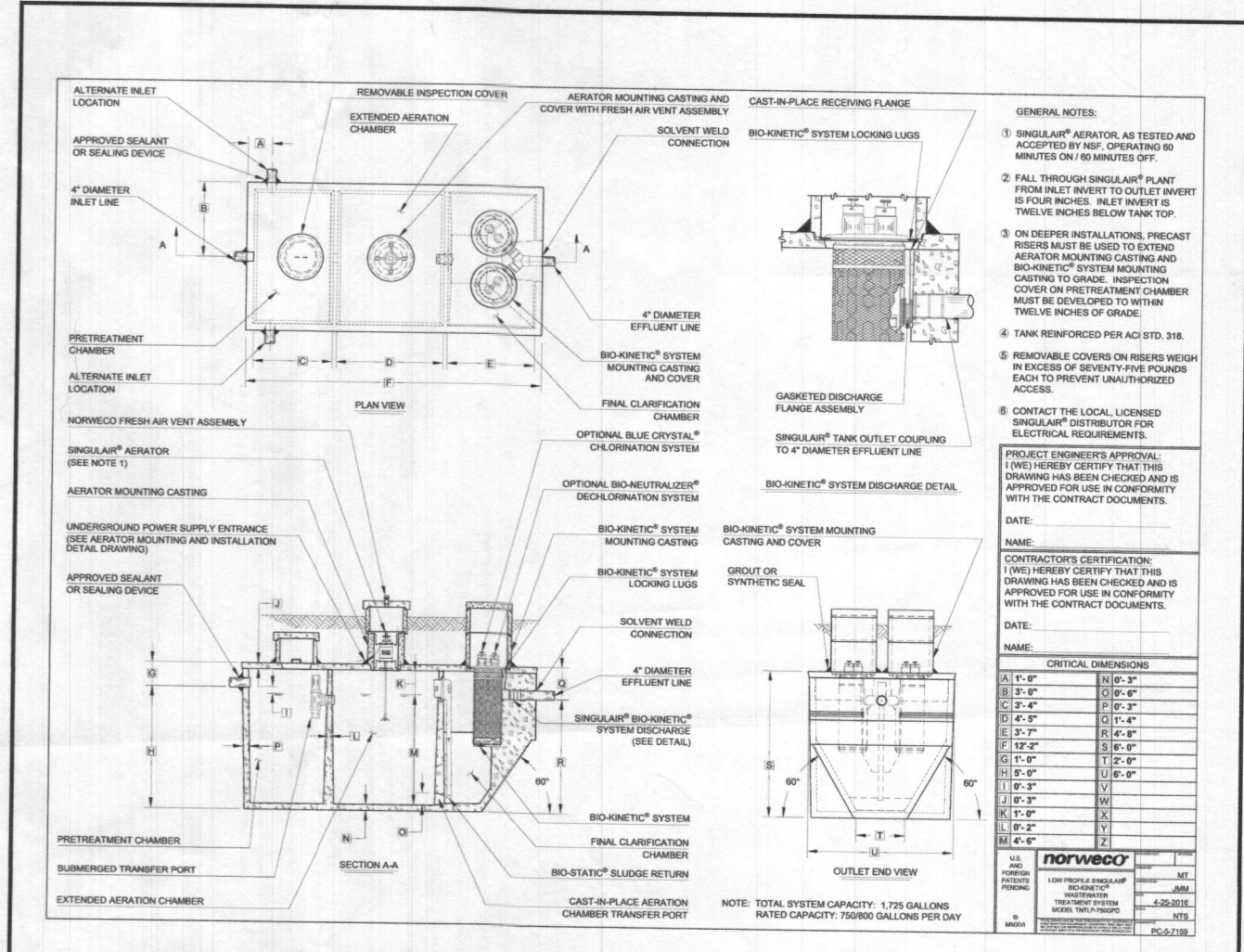
Approved System Plan
Howard County Health Department
Demand 6-30-23
Signature: [Signature]
Date: 6/30/23
B2300 2016
Professional Land Surveyor Seal: [Seal]

WELL LOCATION CERTIFICATION:

THE EXISTING WELL SHOWN FOR LOT 5 (TAG NO. HO-18-0182) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN HEREON.

SITE PLAN FOR BAT INSTALLATION
LOT 5
KINGS FOREST
LIBER 20039, FOLIO 212
PLAT NO. 25765
ELECTION DISTRICT NO. 2
HOWARD COUNTY, MARYLAND
ADDRESS: 10642 REYNOLDS COURT
ELLCOTT CITY, MARYLAND 21042

10642 Reynolds Court



ESE CONSULTANTS
ENGINEERING • PLANNING • SURVEYING • ENVIRONMENTAL

ESE Consultants, Inc.
6731 Columbia Gateway Drive • Suite 120 • Columbia, MD 21046
T: 410-872-9105

DATE: 06/01/2023 SCALE: 1" = 30' FILE: BAT LOT 5
CHK'D: M.J.B. JOB NO: 3502 DRAWN: R.C.K.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

EH-PLANS-23-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

10/23/2023

Single Entry Edit-View Record Form

Application Name

BZ3004134

Description

SFD/ CONSTRUCT12' x 22' deck w/ 4'x4' landing with x (6) steps to grade, TREX RAILS

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast

Address * (This section is required.)

New Search Delete Set Primary

106042 Reynolds Ct.
Elizabeth City, MD 21042

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Raymond

Middle Name

Last Name *

Bednar

Home Phone ((XXX)XXX-XXXX)

Organization Name *

Seneca Valley Homes

Mobile Phone ((XXX)XXX-XXXX)

(301) 461-8023

E-mail

RBFPD152@LIVE.COM

Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

Due Date

Received Date 10/23/2023	Received Date 10/25/2023
Dates to Complete 14 (Number)	Received by Food
Food Review Type --Select--	Equipment Specification Sheets Submitted
Equipment Specification Sheet	Received by Community Hygiene

Received by Well and Septic
10/23/2023

FACILITY INFORMATION

Name of Business (dba) *
NA (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Yes No

Does the project include Private Septic? If Yes, forward to WS Program.
 Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Facility Fax
0 (Text)

Days of Operation
0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source Private	Sewage Disposal Private
Design Wastewater Flow 0 (Number)	Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 (Number)	Total number of open space lots to be recorded 0 (Number)
Total number of bulk parcels to be recorded 0 (Number)	Total number of lots / parcels to be recorded 0 (Number)
New buildable lots created 0 (Number)	Date PLAT signed by Health Officer
PLAT Type --Select--	

DEVELOPMENT PLANS

Property Type Residential	Plan Version Initial
Signature Required <input type="radio"/> Yes <input checked="" type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copies 0 (Number)
Number of buildable lots created 0 (Number)	Number of non-buildable lots created 0 (Number)
Total Number of Lots 0 (Number)	Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type --Select--	

FOOD ESTABLISHMENT FACILITY

Priority Assessment	Licensed Type
---------------------	---------------

--Select-- --Select--
 License Category
 --Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation (Text) Operating Seasonally Only
 If Operating Seasonally, What is the start month? (Text) Are pets allowed in a outdoor seating area?
 (Text) Yes No
 Full Bar?
 Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category Total Seating Capacity
 --Select-- (Number)
 Number of Restrooms (Number) Interior Restaurant Seating Capacity
 (Number) (Number)
 Bar Seating Capacity (Number) Outdoor Seating Capacity
 (Text) (Text)
 Does the restaurant have outdoor seating
 Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards Description of Refrigeration Units
 Yes No
 Number of Walk-In Refrigerator Units (Number) Description of Walk-In Freezer Units (Text)
 Is there a bulk ice machine available Yes No Space Limitation
 Number of Hand Sinks Available (Number) Hood System (Text)
 Ventless Equipment (Text)

PLUMBING

Size and installation of the water heater? (Text) Is there a grease interceptor or grease trap?
 (Text) --Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? --Select-- Will there be a grease receptacle?
 --Select--

WAREWASHING DISHWASHING

Dishwashing Method
 --Select--

HACCP

Plan Review Response Letter Received Yes No Date HACCP Approved by the State
 Date HACCP Plan Submitted HACCP Plan Approved
 HACCP Plan Review Plan Review Letter Mailed
 HACCP Plan Revision Submitted HACCP Fee Type --Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring --Select-- Kitchen Cove Base --Select--
 Storage - Food Storage Flooring --Select-- Storage - Food Storage Cove --Select--
 Utensil Washing Area Flooring --Select-- Utensil Washing Area Cove --Select--

Dressing / Locker Room Flooring

--Select--

Toilet Area Flooring

--Select--

Walk-in Refrigerator Flooring

--Select--

Kitchen Walls

--Select--

Restroom Walls

--Select--

Are ceiling rafters exposed ?

Yes No

Dressing / Locker Room Cove

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Cove

--Select--

Utensil Washing Area Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have:

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

--Select--

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

AF INFORMATION

Plan Review Type

--Select--

Aquatic Facility Project Description

(Text)

County Building Permit Number

(Text)

Expected Completion of Construction

[]

Total Aquatic Facilities at Venue

(Number)

Sewer Service

--Select--

Water Service

--Select--

County Plumbing Permit Number

(Text)

County Electrical Permit Number

(Text)

AF DECKS

A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'.

--Select--

B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17)

--Select--

C. The slope of the deck is away from the pool or spa, towards points of disposal

--Select--

D. The deck has deck drains or other disposal points.

--Select--

E. An expansion joint between the coping and the deck is sealed with a water tight sealant.

--Select--

F. The deck's surface is slip resistant, nonskid & cleanable

--Select--

G. Accessible hose bibs on the deck at 150 foot intervals

H. Note: Additional requirements if deck surface is not concrete

--Select--
Comments

--Select--

AF EQUIPMENT ROOM

- A. The facility has an equipment room that houses the pool and/or spa circulation
--Select--
- C. A minimum ceiling height of 7'6"
--Select--
- E. A lockable entrance that allows complete access to the room
--Select--
- G. Ventilation sized at 2 cubic feet per minute per square foot of floor area
--Select--
- I. A water resistant data sheet (COMAR 10.17.01.23)
--Select--

- B. Weather tight construction and adequate area for safe access to equipment
--Select--
- D. A waterproof floor that drains to a floor drain
--Select--
- F. A minimum of 20 foot candles of artificial illumination
--Select--
- H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment
--Select--
- Comments

AF CIRCULATION SYS & COMP

- A. Presence and proper placement of both the influent and effluent pressure gauges
--Select--
- C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate
--Select--
- E. Presence of sight glass and manually operated air release valve
--Select--
- a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow
--Select--
- G. Head Loss Calculations
--Select--
- 2. Determination of a clean and dirty total dynamic head
--Select--
- I. Filter Capacity
--Select--
- 2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate
--Select--
- J. Ensure the pool is not interconnected with a spa or wading pool
--Select--
- L. Verify that the manufacturer and model number information are provided for items listed in "K"
--Select--
- N. Vacuum Systems
--Select--
- 2. For circulation systems with greater than 4 skimmers the vacuum system is separate
--Select--
- 4. Verify the vacuum line connection is prior to pump hair and lint strainer
--Select--
- P. Note: see regs for Carbon Dioxide feeders & Ozone Systems
--Select--

- B. A vacuum or compound gauge on the influent side of the pump
--Select--
- D. A thermometer on the return line to pool or spa when heated
--Select--
- F. Turnover rates (COMAR 10.17.01.25)
--Select--
- b. Flow through a circulation system is between the minimum turnover rate and the design
--Select--
- 1. Calculation of piping head loss using the Hazen- Williams formula
--Select--
- H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom
--Select--
- 1. Filter operates within the filter design rate
--Select--
- 3. Pump curves for pool pumps are provided
--Select--
- K. Verify that circulation systems components are NSF approved by ANSI
--Select--
- M. Verify that the chemical feeder can provide the minimum disinfectant residual
--Select--
- 1. System is available for cleaning the pool or spa floor
--Select--
- 3. Verify the vacuum line connection is prior to pump hair and lint strainer
--Select--
- O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded
--Select--
- Comments

AF DIVING AREA AND EQUIPMENT

- A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 & ANSI/NSPI-1 2003
--Select--
- Comments

AF SUCTION ENTRAPMENT

- A. Main drain line for pool is connected to a minimum two main drain outlets
--Select--
- C. Drain will be covered with a securely attached drain cover
--Select--
- E. Virginia Graeme Baker (VGB) Compliant
--Select--
- Comments

- B. A vacuum fitting is capped and a line valve is in the closed position when not in use
--Select--
- D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer
--Select--
- F. Equalizer covers are VGB Compliant
--Select--

AF ILLUMINATION

- A. Even illumination of water, deck and walkways
--Select--
- 1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck
--Select--

- B A combination of underwater lighting and deck lighting so that
--Select--
- 2. Overhead lighting yields 2 watts per sqft of required deck area
--Select--

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light
--Select-- v

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of: 1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or
--Select-- v --Select-- v
2. Dehumidifying the recirculated air from the enclosed area Comments
--Select-- v

AF PLUMBING WATER SPLY&DISPOSAL

C. Riser diagram for potable water and source of water supply D. Has at least one drinking fountain for every 5,000 square feet of water surface area
--Select-- v --Select-- v
E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand F. Backflow Protection
--Select-- v --Select-- v
1. Backflow protection is provided for a potable water supply and for wastewater A. Permitted with DILP for all applicable State (COMAR) & local plumbing requirements
--Select-- v --Select-- v
2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level B. Riser diagram for sewerage and method of disposal
--Select-- v --Select-- v
3. Backflow protection where the water enters the facility or nearby fill connections to the pool G. Backwash discharge
--Select-- v --Select-- v
1. Verify whether discharge is to sanitary or storm sewer 2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed
--Select-- v --Select-- v
Comments

AF BATHHOUSE FACILITY

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility 1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a p
--Select-- v --Select-- v
2. One water closet, lavatory and urinal shall be provided for the first 100 male users. 3. Two water closets and lavatories shall be provided for the first 100 female users
--Select-- v --Select-- v
4. A minimum of two shower heads is provided for each sex for the first 100 users 5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device
--Select-- v --Select-- v
6. Soap dispensers for liquid or dry powdered soap provided for each lavatory 7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-1
--Select-- v --Select-- v
8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users 9. Baby changing table provided (ANSI/NSPI-1 19.6.12)
--Select-- v --Select-- v
10. Adequate lighting and ventilation provided for each restroom facility 11. Floors have a slip resistant surface with adequate floor drains
--Select-- v --Select-- v
12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning Comments
--Select-- v

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc. B. Pool or Spa Gates, Doors Entrances and Exits
--Select-- v --Select-- v
C. Available ADA self operating handicap lifts , ramps and or transfer walls Comments
--Select-- v

AF BATHER LOAD

A. Number of people in 5ft or less for every 12 sq ft B. Number of people in 5ft or more for every 15 sq ft
(Text) (Text)
C. Number of people in diving area for every 300sq ft
(Text)

AF MISCELLANEOUS

Adequate Pool Chemistry Test Kit Adequate First Aid Equip and Signs
--Select-- v --Select-- v
Comments

AGENCY-SPECIFIC INFORMATION
Legacy ID Cross Reference

(Text)



Associated GIS Features *(This section is not required.)*

GIS **Delete**

Feature ID **Layer** **Service** **Primary**
0 record(s) found.

Submit **Cancel**

JUN 13 2023

PERMIT NUMBER: B23002096

DATE ACCEPTED:

LICENSES & PERMITS DIVISION

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: 10642 Reynolds Court
City: Ellicott City
State: MD
Zip Code: 21042
Subdivision/Village/Complex Name: Kingsley Woods
SDP/WP/BA #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant Lot
Proposed Use: SFD
Estimated Cost: \$300,000.00
Trade Work to Be Completed: Mechanical (HVACR) Electrical Plumbing None
New 2 story "Parkhurst" Modern Farmhouse etc. with 2 car side and 2 car attached garages, multi-gar suite, luxury covered deck, attic walkup space, and finished lower level (Ret Room, Bath room, media room, wet bar and finished area under multi-gar suite)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Toll Mid Atlantic Lp. Co. Inc. Contact: Summer Riley
Owner's Street Address: 250 Gibraltar Road
City: Horsham
State: PA
Zip Code: 19044
Phone: (410) 872-9105
Email: sriley1@tollbrothers.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Decatur Building Services
Contact Name: Jim Kerwin
Street Address: PO Box 552
City: Woodbine
State: MD
Zip Code: 21797
Phone: (410) 309-7792
Email: jim@decaturbuildingservices.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Toll Brothers
Contact Name: Summer Riley
Licensee's Name: Toll Mid Atlantic Lp. Co. Inc.
License #: 8220
Street Address: 6731 Columbia Gateway Drive, Suite 120
City: Columbia
State: MD
Zip Code: 21046
Phone: (410) 872-9105
Email: sriley1@tollbrothers.com

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
Utilities: Electric Gas
Heating System: Electric
Sprinkler System: NFPA 13D
Fire Alarm System: No

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

Model Name & Options: "Parkhurst" Modern Farmhouse, 2 car side + 2 car attached, covered deck, attic space, multi-garage
of Bedrooms (SF): 5
of Rooms: 12
Full Baths: 6
Half Baths: 2
Fireplaces: 1
Garage/Carport Info: Attached Garage
Basement/Foundation Info: Finished Basement: Partial
1st FI Width: 81
1st FI Depth: 72
2nd FI Width: 59
2nd FI Depth: 56
Bsmt Width: 59
Bsmt Depth: 72
Energy Method: Performance
Gross Area: 9162 sq ft
Occupiable Area: 8897 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: Jim Kerwin
DATE SIGNED: 6/12/2023

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID
SUBMITTAL FEES: \$150
PAYMENT: Toll # 80295769
ACCEPTED BY: [Signature]