

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B22000395	02/10/2022

Description of Work
SFD/ CONSTRUCT 20' X 46' INGROUND CONCRETE POOL (3'-7" DEPTH), FENCE AND GATES TO CODE

[check spelling](#)

"Hill Property" sub. file
Zimmerman (Og. Lot 7)
Reviewed records. OK to approve.

gls 2/16/22

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12404	HILL CREST	--Select--	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94616	39.14916
City	State	Zip Code	Primary
FULTON	MD	20759	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
842150	59	3.03	270200	1124200	854000	RURAL

Legal Description
IMPSLOT 6 3.0398 A[]12404 HILL CREST[]ZIMMERMAN PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	6	605102	5				
Plan Area	State Tax Id	Subdivision Name					
	1405387213						
Section	Area	Tax Map					
		45					
Grid	Zoning District	ADC Map					
45-6	RR-DEO	5051-J7					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
8278			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2018	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

GIFT DANA RUSSELL

Address Line 1

12404 HILL CREST

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
FULTON	MD	20759

Phone **Primary** Yes No
E-mail
Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * **Business Name**
License Type * **First Name** **Middle Name** **Last Name**
Primary Yes No
Address Line 1
Address Line 2
City **State** **ZIP Code**
Phone 1 **Phone 2** **Fax**
E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * **First Name** **MI** **Last Name**
Relationship **Full Name**
Primary Yes No
Organization Name
Street Address
Address Line 2
City **State** **Zip Code**
Phone **Cell** **Fax**
E-mail *

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned** Yes No
Construction Type

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee * Yes No **Capital Project Number** **Fee Exempt *** Yes No **Water Supply *** Private Private **Sewage Disposal *** Private Private
Existing Use **Type of Pool or Spa *** Above Ground In Ground **Electrical Permit Number** **Expiration Date**

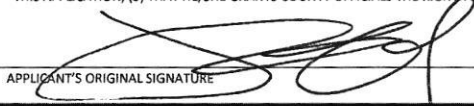
PAYMENT INFORMATION

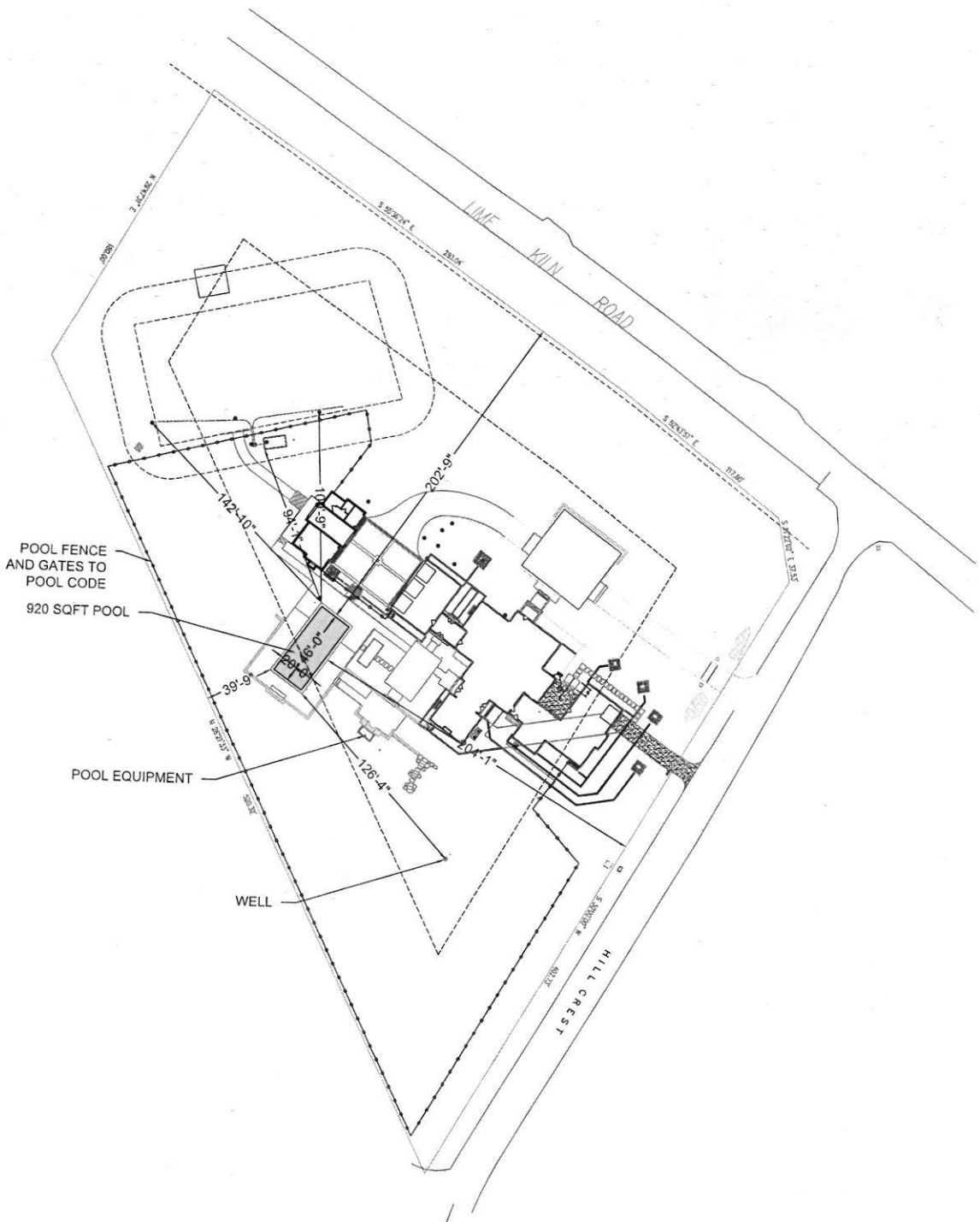
Check 1 **Payee 1** **SAP Doc No** **SAP Entered**

Submit Cancel

PERMIT NUMBER: B

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 <i>REQUIRED</i>					
Street Address: 12404 HILL CREST					Unit:
City: FULTON			State: MD		Zip Code: 20759
Subdivision/Village/Complex Name: ZIMMERMAN PROPERTY				SDP/WP/BA #:	
Lot: 6	Tax Map: 45	Parcel: 59	Grading Permit #:		
DESCRIPTION OF WORK <i>REQUIRED</i>					
Existing Use: RESIDENTIAL		Proposed Use: RESIDENTIAL		Estimated Cost: \$ 30,000.00	
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
CONSTRUCT 20'X46' INGROUND CONCRETE POOL (3'-7" DEPTH), FENCE AND GATES TO CODE					
PROPERTY OWNER INFORMATION <i>REQUIRED</i>					
Owner(s) Name(s) (<i>As it appears on tax records</i>): DANA GIFT					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12404 HILL CREST					
City: FULTON			State: MD		Zip Code: 20759
Phone: (410) 980-9868			Email: DIANE.JAMESPERMITS@GMAIL.COM		
APPLICANT NAME <i>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</i>					
Business Name: SCHWALLENBERG'S PERMIT SVCS INC			Contact Name: JAMES SCHWALLENBERG		
Street Address: 1601 BISHOP RD					
City: EDGEWATER			State: MD		Zip Code: 21037
Phone: (410) 980-9868			Email: DIANE.JAMESPERMITS@GMAIL.COM		
CONTRACTOR INFORMATION <i>REQUIRED</i>					
Business Name: SUNSET POOL CONTRACTORS					
Licensee's Name: ALAN ENG			License #: 65155		
Street Address: 6404 HEATHCLIFF LN					
City: TRACYS LANDING			State: MD		Zip Code: 20779
Phone: (240) 601-6037			Email: KBURCH@SUNSETGROUPMD.COM		
ARCHITECT/ENGINEER INFORMATION <i>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</i>					
Business Name:			Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
BUILDING CHARACTERISTICS <i>REQUIRED</i>					
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 checked="" type="checkbox"/> No
Utilities: <input checked="" 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 checked="" 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 checked="" 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 (<i>PLEASE SELECT/COMPLETE ALL THAT APPLY</i>)					
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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input 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 checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 920 sq ft		Occupiable Area: 0 sq ft	
AGREEMENT/ DISCALIMER <i>REQUIRED</i>					
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				2/1/22 DATE SIGNED	
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	



SUNSET POOL CONTRACTORS
 PO BOX 4760
 CROFTON, MD 21114
 MHIC NO 65155

GIFT RESIDENCE
 12404 HILL CREST
 FULTON, MD 20759

SCALE 1"=60'0"

