

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
300157579

Building Address 3112 Argent Path
Ellicott City 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Brantwood
Section _____ Area _____ Lot 15
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates 11-A-6 Lot size _____

Property Owner's Name Paulus + Helga Overeen
Address 3112 Argent Path
City Ellicott City State Md Zip Code 21042
Home Phone 410-531-6149 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 25,000
Description of Work Inground Pool 22'x40'
in rear yard w/48" high
fence to code. Pool Filled by Truck

Contractor Company Maryland Pools
Contact Person Joann Latham
Address 9515 Gerwig Lane
City Columbia State Md Zip Code 21046
License No. 6694
Phone 410-995-6600 Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Dispose: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Dispose: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>3-8'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings:	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
1-5-05
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>1/5/06</u>	<u>J. Bell</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Building Address 3112 Argent Path
Columbia, MD 21042

Property Owner's Name H. Flowers
2500 Defense Hwy. Ste. 301

Suite/Apt. #: _____ SDP/WP/Petition #: 0729-07

Address Crofton State MD Zip Code 21114

Census Tract 6030 Subdivision Brantwood

City _____ State _____ Zip Code _____

Section 1 Area 11.0 Lot 15

Home Phone _____ Work Phone 410 515 4700

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parallel Path
Abingdon, MD 21009

Tax Map 1 Parcel 54 Grid 20

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parallel Path
Abingdon, MD 21009

Zoning PC050 Map Coordinates 11.6 Lot size **

Phone 410 515 1717 Fax 410 515 2213

Existing Use Vacant Lot

Contractor Company Homes

Proposed Use Construction

Contact Person Patricia A. Oria

Estimated Construction Cost \$ Proposed

Address _____

Description of Work Final Path

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
		Other Structure: _____	Dimensions: _____
		Footings: _____	Roof: _____
		Roof: <u>Asph/Flt</u>	State Certified Modular Manufactured 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 THERE TO, (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 Signature Patricia A. Oria Print Name Frank or Patricia A. Oria

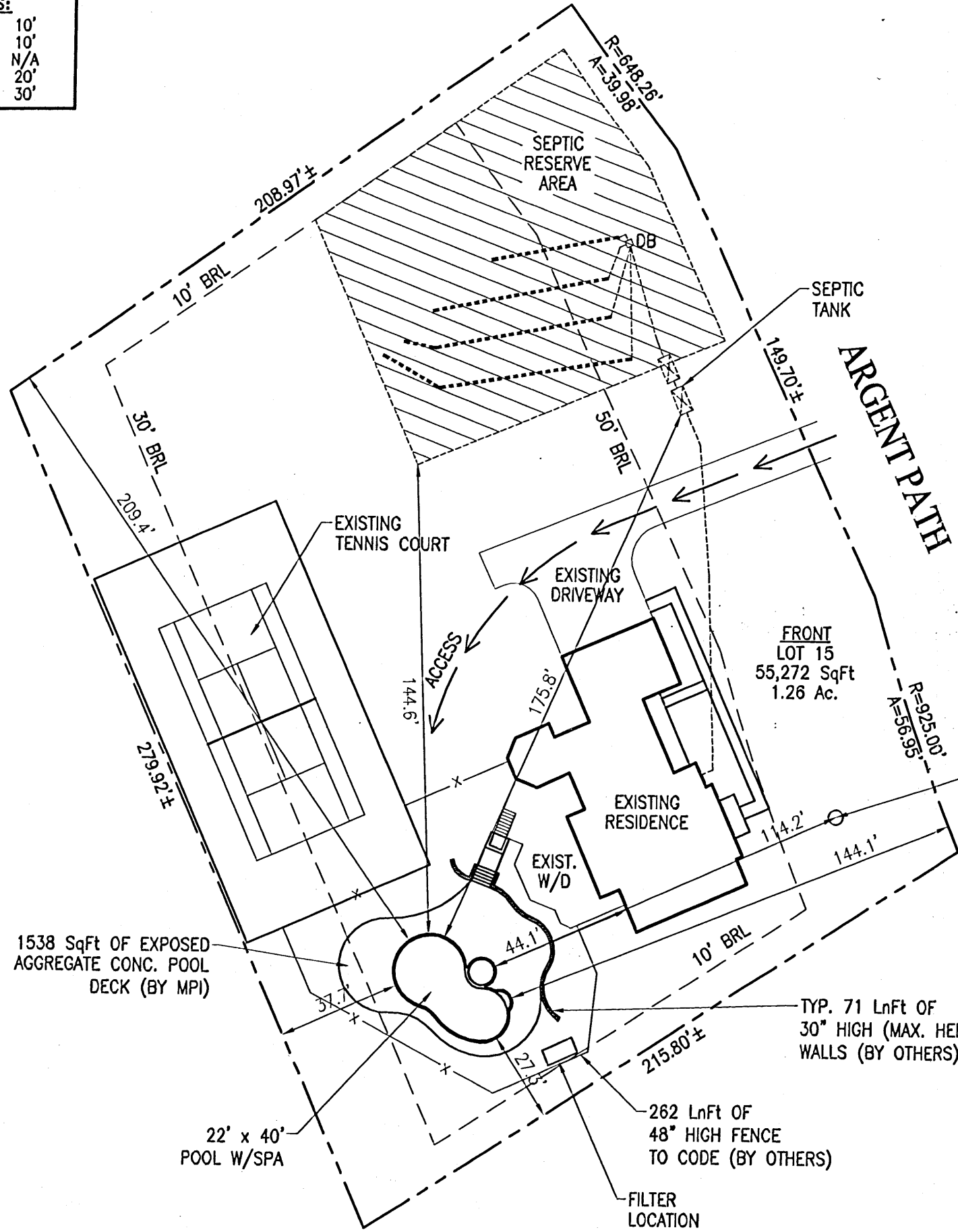
Title/Company Building Permit Services, Inc. Date 07-25-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

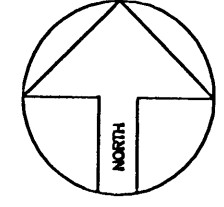
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	47330
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25-</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>8/8/00</u>	<u>Mark Ripken</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>654314</u>
			Accepted by <u>[Signature]</u>	Validation # <u>35100</u>

SETBACKS:

REAR PL. 10'
 SIDE PL. 10'
 HOUSE N/A
 SEPTIC 20'
 WELL 30'



PRIVATE WELL & SEPTIC



APPROVED ZONE ONE
 WALK-THRU BUILDING PERMIT
 BP# B00157579 A# 513199-R
 APP. SAN RJB DATE: 1/5/06
 DESC. OF WORK: 22x40 Pool

SITE PLAN

1" = 40'

LOT 15
BRANTWOOD
 TAX ACCOUNT # 332241
 MAP 16, GRID 22, PARCEL 437
 ELECTION DISTRICT NO. 03
 HOWARD COUNTY, MARYLAND

REVISION:

PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 01-03-06

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 121 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: LEAVE ON SITE
 SPA: 50 SqFt SPA W/6 JTS, 100W LGHT & 2 HP BLWR
 RAISED BEAM: NONE
 TILE: TBD
 COPING: 9" RD NOSE BRICK
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/3.0 HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: INTELLITOUCH i7+3
 HEATER: 400K BTU - NAT. GAS
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 6' - OUTSIDE
 AQUA BENCH: (1) @ 8'
 RAIL GOODS: NONE
 DECKING: 1500 SqFt OF EXPOSED AGGREGATE
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: (1) UMBRELLA SOCKET IN AQUABENCH, 35' OF GAS LINE, (5) 6' WIDE STEPS IN DECK
 ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 22' x 40' - CUSTOM (NON-DIVING)
 POOL AREA: 662 SPA: 50 OTHER: 12
 TOTAL AREA: 724
 PERIMETER: 108 SPA: 26
 GALLONAGE: 25,700 DEPTH: 3'-6" TO 7'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 32 WEST TO 29 NORTH - FOLLOW 29 NORTH TO RT. 70 WEST - FOLLOW 70 WEST TO EXIT 83 MARRIOTTVILLE ROAD - FOLLOW TO LEFT AT TOP OF RAMP - FOLLOW ACROSS RT. 144 - MARRIOTTVILLE ROAD BECOMES LANCELOT CROSS - FOLLOW 1/2 WAY AROUND CIRCLE TO ARGENT PATH - SITE ON RIGHT AT 3112

MAP #	11
GRID	A-6

Paulus C. & Helga Overeem
 3112 Argent Path
 Ellicott City, Maryland 21042
 Howard County

HOME PHONE: 410-531-6149
 CELL PHONE 1:
 CELL PHONE 2:
 OFFICE PHONE: 410-753-0715

LOT: 15	SUBDIVISION NAME: BRANTWOOD	DISTRICT: 03	PIN #: 332241
SITE PLAN			ZONE: ONE
SCALE: 1" = 40'	BY: DLC	DATE: 12/29/05	JOB NUMBER: JC05-8716 SHEET #: S-1