

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

309000699

Building Address 3590 Conchita Drive
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Kingston
Section _____ Area _____ Lot # 3
Tax Map 22 Parcel 190 Grid 10
Zoning _____ Map Coordinates _____ Lot size 43,124

Property Owner's Name WILLIAM CONWAY
Address 3590 CONCHITA DR
City ELLCOTT CITY State MD Zip Code 21042
Phone 442-535-9919 Phone 410-984-9644
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Residential
Proposed Use _____
Estimated Construction Cost \$ 14,000.00
Description of Work SEIN ROOM
15' x 17'
8' 11' x 7'

Contractor Company WILLIAM CONWAY
Contact Person WILLIAM CONWAY
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant WILLIAM CONWAY
Contact Name WILLIAM CONWAY
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 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.

M. Brown
Applicant's Signature
Title/Company _____

Melvin Brown
Print Name
Date 4/8/09

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4-8-09</u>	<u>Dana Bernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

807003922

Building Address 3590 CONCHITA DRIVE
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision KINGSTON
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name William Conway
 Address 3590 CONCHITA DRIVE
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 443-535-9919 Work Phone 410-984-7644
 Applicant's Name & Mailing Address, (if other than stated hereon):
Rich Hilbert
P.O. Box 8597 Elkridge MD 21075
 Phone 410-869-2946 Fax 410-869-7948

Existing Use _____
 Proposed Use NEW INGROUND SWIMMING POOL
 Estimated Construction Cost \$ 39,000.
 Description of Work INSTALL 700 SQ FT
INGROUND CONCRETE POOL CATERING
FILTER FILL BY TANKER TRUCK

Contractor Company ELITE POOLS
 Contact Person RICH HILBERT
 Address PO BOX 8597
 City ELKRIDGE State MD Zip Code 21075
 License No. 71753
 Phone 443-506-6021 Fax 410-869-7948

Occupant or Tenant WILLIAM CONWAY
 Contact Name Rich Hilbert
 Address PO BOX 8597
 City ELKRIDGE State MD Zip Code 21075
 Phone 443-506-6021 Fax 410-869-7948

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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 _____ Manufactured Home	

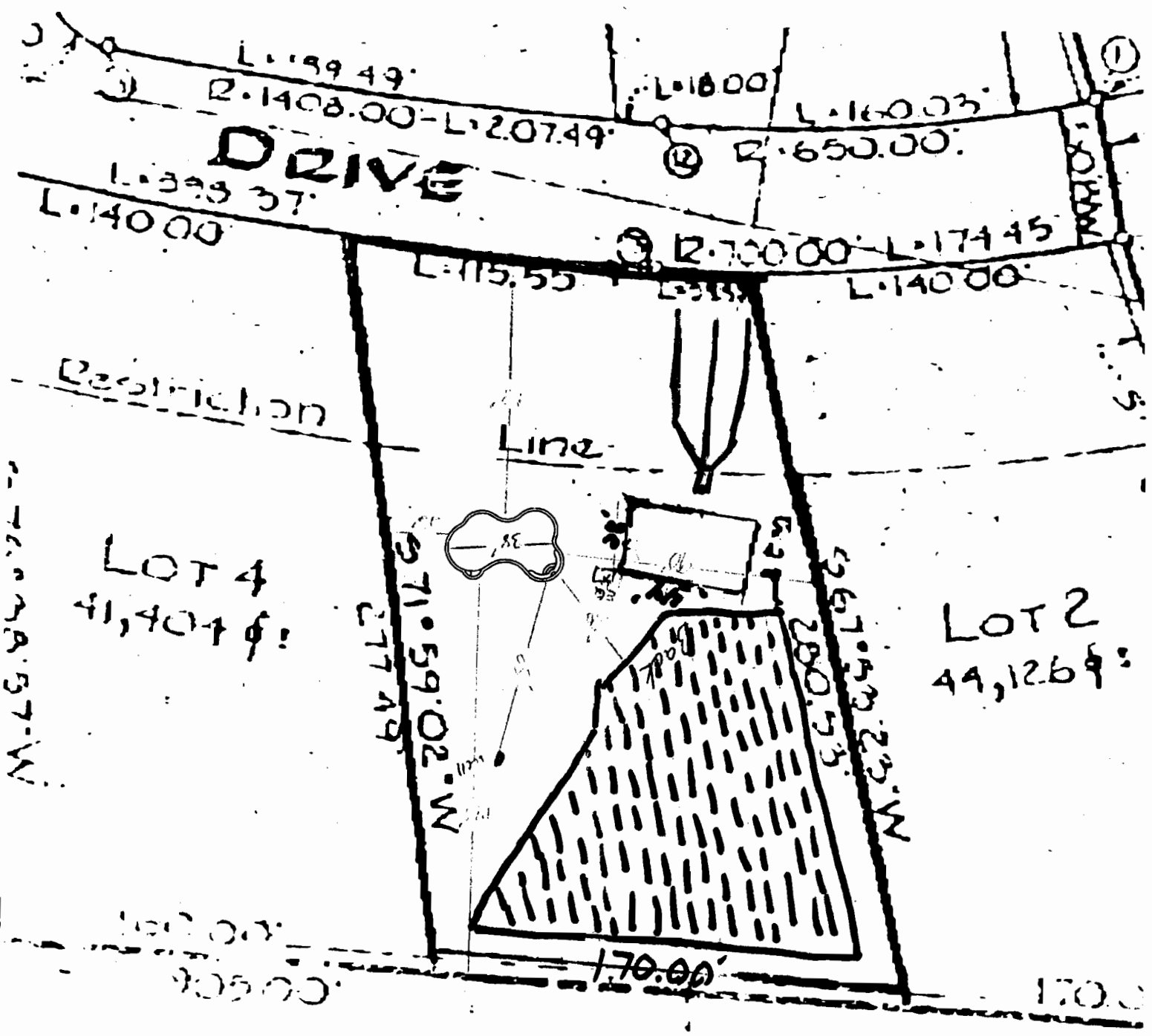
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

[Signature]
 Applicant's Signature
RESIDENT
 Title/Company

Rich Hilbert
 Print Name
9/19/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development DPZ			Front: _____	Filing fee \$ _____	
State Highway			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>9/20/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Let Coverage for New Town Zone	Check \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SOP/Red-line approval date _____	Validation \$ _____	
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LOD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
Telephone: PERMIT.FRM					



APPROVED

WALK-THRU BUILDING PERMIT

BP# 807003922 A# P520861

APP. SAN SFD DATE: 2/20/07

DESC. OF WORK: Pool / Inground

1" = 56'
 700 sq ft pool
 concrete filter
 fill by truck
 within canopy
 3570 (height) note
 attach city and state