

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00117544

Building Address 17531 Country View Way Property Owner's Name Scott & Beth Delise
Mt. Airy MD 21771 Address 17531 Country View
 Suite/Apt. #: n/a SDP/WP/Petition #: _____ City Mt. Airy State MD Zip Code 21771
 Census Tract 6440 Subdivision Country View Home Phone 301 831 5996 Work Phone 301 854 4641
 Section N/A Area N/A Lot 7 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 2 Parcel 124 Grid 19

Zoning RC15 Map Coordinates _____ Lot size 5,52ac Phone _____ Fax _____
 Existing Use Storage - basement - SFD Contractor Company n/a (Homeowner)
 Proposed Use rec room Contact Person Beth
 Estimated Construction Cost \$ 3,500.00 Address see above
 Description of Work Drywall carpet City _____ State _____ Zip Code _____
new bath (finish basement) License No. _____ Phone _____ Fax _____
rec room

Occupant or Tenant Scott & Beth Delise Engineer or Architect Company n/a
 Contact Name Beth Contact Person _____
 Address 17531 Country View Address _____
 City Mt. Airy State MD Zip Code 21771 City _____ State _____ Zip Code _____
 Phone 301 831 5996 Fax 301 829 1680 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>1800 sq. ft.</u> 2nd floor: <u>1400 sq. ft.</u> Basement: <u>1800 sq. ft.</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Other Structure: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____	Dimensions: _____	NFPA #13D _____
	Partial _____	Footings: _____	NFPA #13R _____
	Other Suppression _____	Roof: _____	Other: _____
	# of Heads _____	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 THEREON; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kath M. Delise Print Name Beth M. Delise
 Homeowner Date 4-26-99
 Title/Company _____

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: _____	29652
State Highways			Rear: _____	Filing fee \$ <u>0</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>5/14/99</u>	<u>Mark E. Pyle</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 \$ <u>0</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rd-line approval date _____	Check # <u>170</u>
			Accepted by _____	Validation # _____

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

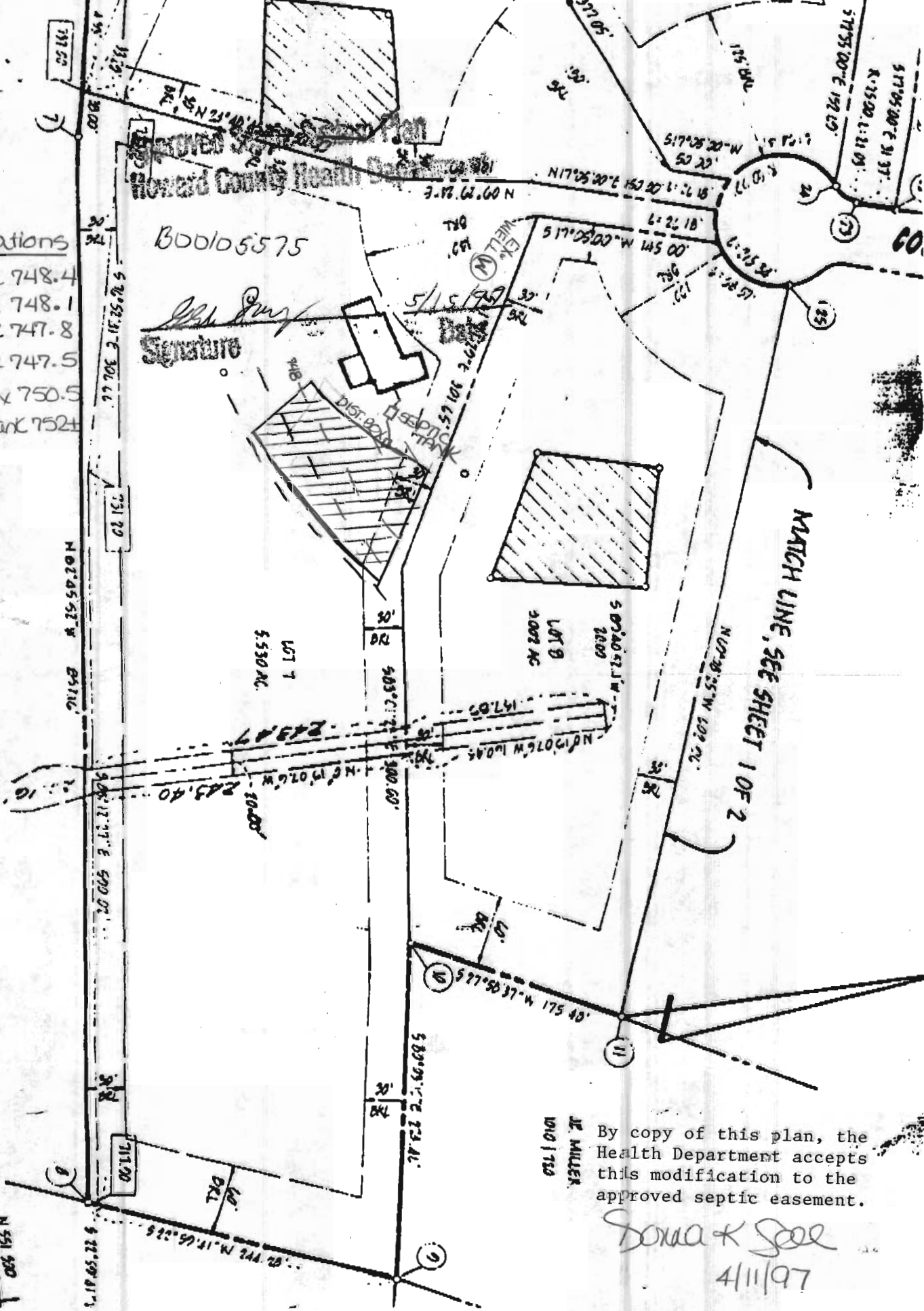
NO
 EXT.
 ALTER-
 ATIONS
 (MR)
 OR
 TO SIGN
 5/14/99

Septic Elevations

- Inv. out of hsc 748.4
- Inv. into tank 748.1
- Inv. out tank 747.8
- Inv. into box 747.5
- Ex. elev. at box 750.5
- Ex. elev. at tank 752+

B00105575

[Handwritten Signature]
Signature



By copy of this plan, the Health Department accepts this modification to the approved septic easement.

JR MILLER
DIO 1750

[Handwritten Signature]
4/11/97

Building Address 17531 COUNTRY VIEW WAY UNIT 1124 11D 21271

Suite/Apt. #: _____ SDF/WP/Petition #: _____

Census Tract 6040 Subdivision _____

Section _____ Area _____ Lot 7

Tax Map 2 Parcel 121 Grid 19

Zoning R-1A Coordinates 767 Lot size _____

Property Owner's Name SCOTT DAVID DEGLISE

Address 17531 COUNTRY VIEW WAY UNIT 1124

City MT AIRY State MD Zip Code 21271

Home Phone 301-531-7926 Work Phone 301-554-1124

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use _____

Proposed Use above ground pool

Estimated Construction Cost \$ 40,000.00

Description of Work
INSTALL POOL - ABOVE GROUND
4' DEEP W/ FENCE

Contractor Company BROOKHAING POOLS

Contact Person CLUCK BROOKHAING

Address 23731 RIDGE RD

City CLARK HATTON State MD Zip Code 20824

License No. PHLC Phone 1467 Fax 301-540-9440

Occupant or Tenant 4' DEEP W/ FENCE

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 Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
State Certified Modular <input type="checkbox"/>	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Single-Family Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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"/>
Finish Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Dimensions: _____
No. of Bedrooms: _____	Footings: _____
Multi-family dwellings: _____	Roof: _____
No. of efficiency units: _____	State Certified Modular <input type="checkbox"/>
No. of 1 BR units: _____	Manufactured Home <input type="checkbox"/>
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	

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Applicant's Signature [Signature]

Title/Company _____

Print Name SCOTT D. DEGLISE

Date 4/19/01

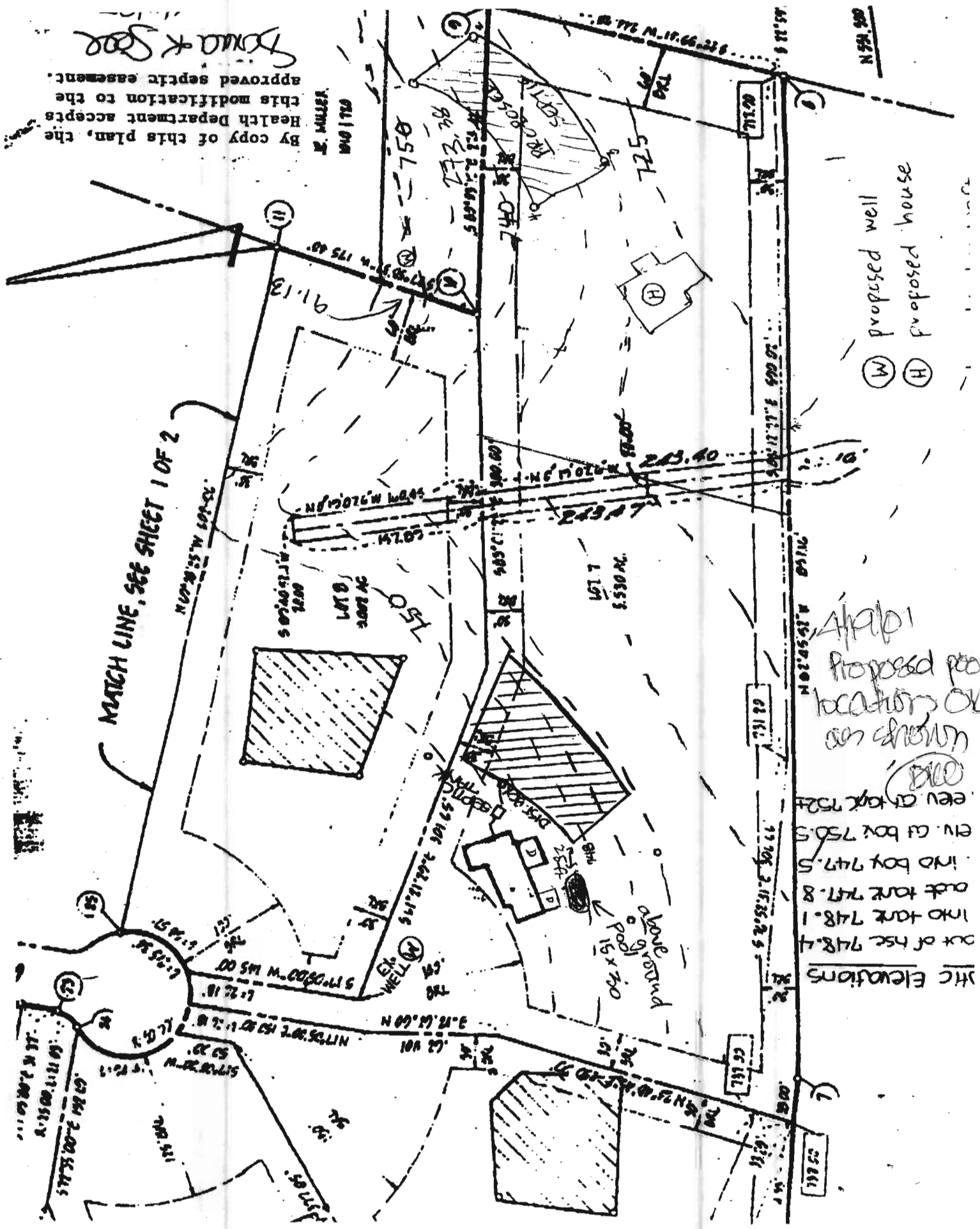
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SKETCH/REVISIONS	FEES/RETRIBUTION INFORMATION	PROPERTY ID#
Land Development			Front _____	29032
State Highways			Rear _____	Filing fee \$ _____
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering, DPZ			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Fire Protection			Entrance permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historical monument? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Rezone approval date _____	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Balance due \$ _____
Distribution of Copies: White: Building Official Green: LDC, DPZ Yellow: BDD, DPZ Pink: Health Gold: SHA				Check # _____
Forms: PERMIT.FRM				Validation # _____
				Accepted by _____

By copy of this plan, the Health Department accepts this modification to the approved septic easement.

Donna K. Spoor

M. MILLER
1910 1710



(W) proposed well
(H) proposed house

4/10/01
Proposed pool location OK as shown
Bill
W.C. Elevations
out of hsc 748.4
into tank 748.1
out tank 747.8
into box 747.5
E.V. of box 750.5
E.V. of top 752.4