

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

BO9000593

Building Address 7111 Crabby Court  
CLARKVILLE MD 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Ashleigh Knolls  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 124  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1 Acre

Property Owner's Name Chris Hoyson  
Address 7111 Crabby Ct.  
City Clarksville State MD Zip Code 21029  
Phone \_\_\_\_\_ Phone 301-854-1328  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-337-2338

Existing Use Residential  
Proposed Use Residential  
Estimated Construction Cost \$ 240,000  
Description of Work Porch addition 22x17  
and 2' Extension of Office

Contractor Company Homeowner  
Contact Person Chris Hoyson  
Address 7111 Crabby Ct  
City Clarksville State MD Zip Code 21029  
License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Chris Hoyson  
Contact Name Chris Hoyson  
Address 7111 Crabby Ct  
City Clarksville State MD Zip Code 21029  
Phone 301-854-1328 Fax \_\_\_\_\_

Engineer or Architect Company CAS Architectural & Design  
Contact Person MIKE Ashbacher AIA  
Address 14733 JAWILL Dr.  
City Rockville State MD Zip Code 20853  
Phone 252-1887 Fax 301-631-0202

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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl 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: <u>Screened Porch</u>	
Dimensions: <u>12x22</u>	
Footings: <u>20" x 10"</u>	
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

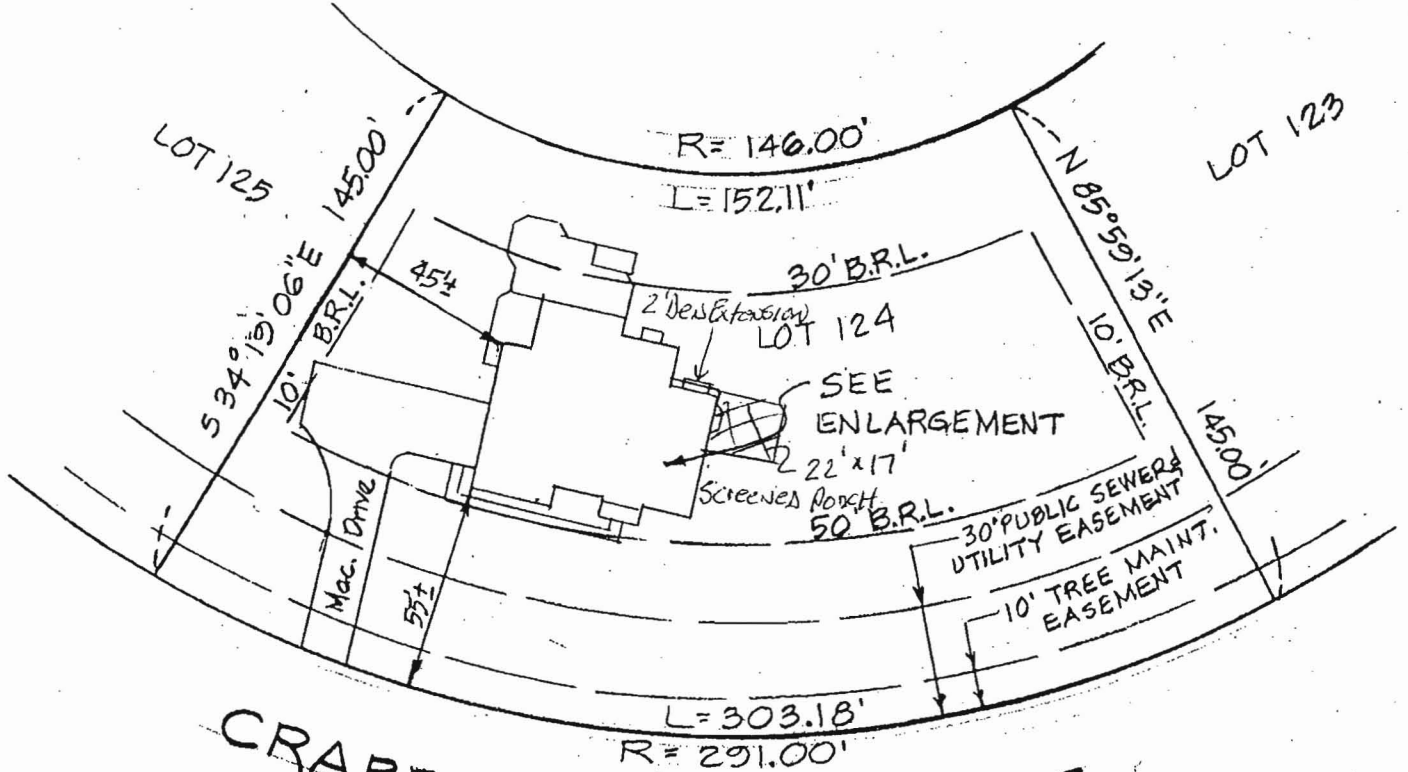
Chris Hoyson  
Applicant's Signature

Chris Hoyson  
Print Name  
4/1/09  
Date

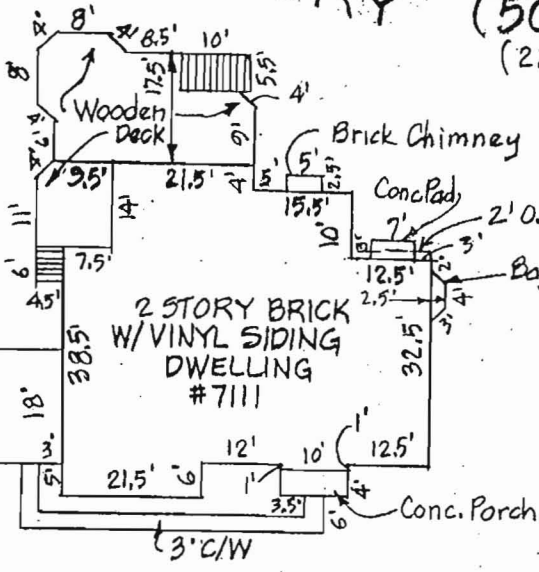
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

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>4/1/2009</u>	<u>Abucker</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	Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

ASHLEIGH KNOLLS  
 PHASE 2  
 PLAT NO. 1154.5  
 RESERVATION PARCEL 'B'



CRABBURY (50' R/W) COURT  
 (22' ER/ER)



**ENLARGEMENT**

SCALE: 1" = 30'

APPROVED  
 WALKTHRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APPR SAN R. Becker DATE: 4/1/09  
 22' x 17'  
 Screened Porch  
 w/ 2' Den Extension  
 as shown

THE LOT SHOWN HEREON IS IN FLOOD  
 ZONE C PER F.E.M.A. FLOOD INSURANCE  
 RATE MAP PANEL # 240044 0038B

The plat is of benefit to a consumer only insofar as it is



**HOWARD COUNTY  
 PERMIT APPLICATION**

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**BUR000554**

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CLARKSVILLE MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name CHRIS HOYSEN  
 Address 7111 CRABBRURY COURT  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone 443-506-6021 Work Phone 410-568-7846  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use Swimming Pool  
 Estimated Construction Cost \$ 20,000.00  
 Description of Work INSTALL 22x42 CONCRETE  
INGROUND POOL CARTRIDGE FILTER  
FILL BY TRUCK 3'-8" Deep

Contractor Company ELITE POOLS  
 Contact Person RICH ALBERT  
 Address PO Box 8597  
 City ELICORIDGE State MD Zip Code 21075  
 License No. 120706  
 Phone 442-506-6021 Fax 410-568-7848

Occupant or Tenant SAME  
 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**

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Building Characteristics	Utilities
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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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
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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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	Dimensions: _____
Multi-family dwellings: _____	Footings: _____
No. of efficiency units: _____	Roof Height: _____
No. of 1 BR units: _____	State Certified Modular _____
No. of 2 BR units: _____	Manufactured Home _____
No. of 3 BR units: _____	

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[Signature]  
 Applicant's Signature  
Elite Pools  
 Title/Company

RICH ALBERT  
 Print Name  
3/25/09  
 Date

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

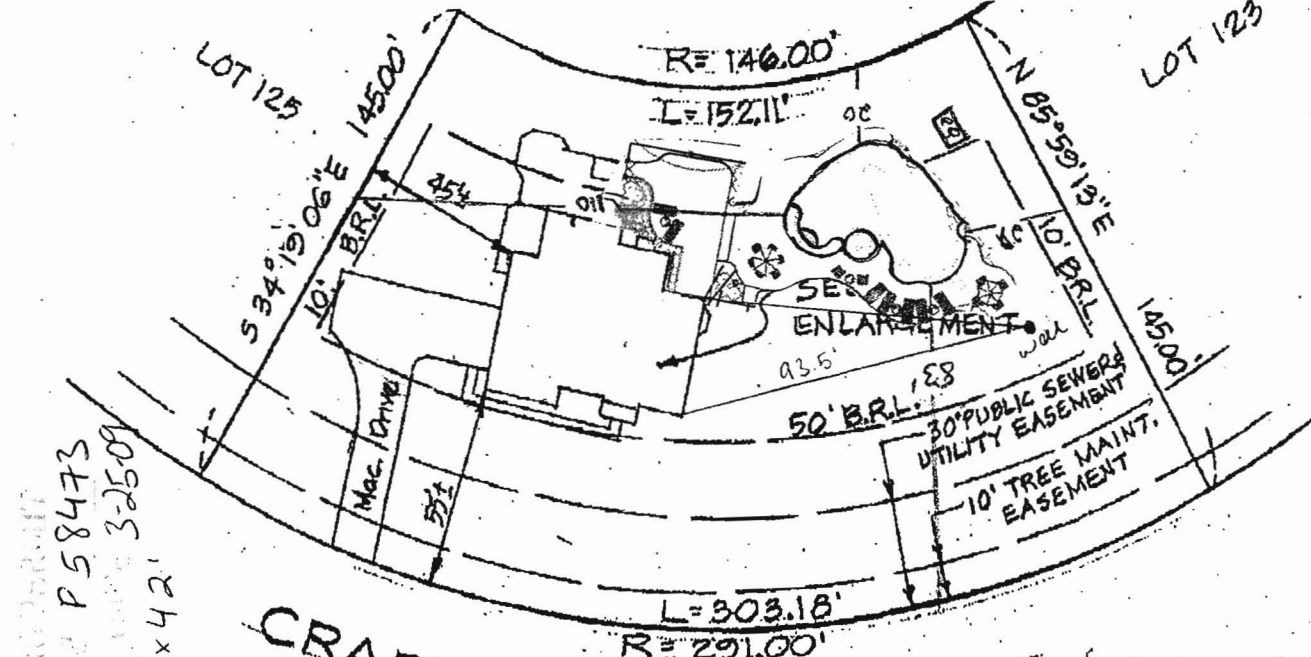
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State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>3/25/09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> 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 \$ _____
			Lot Coverage for NewTown Zone YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

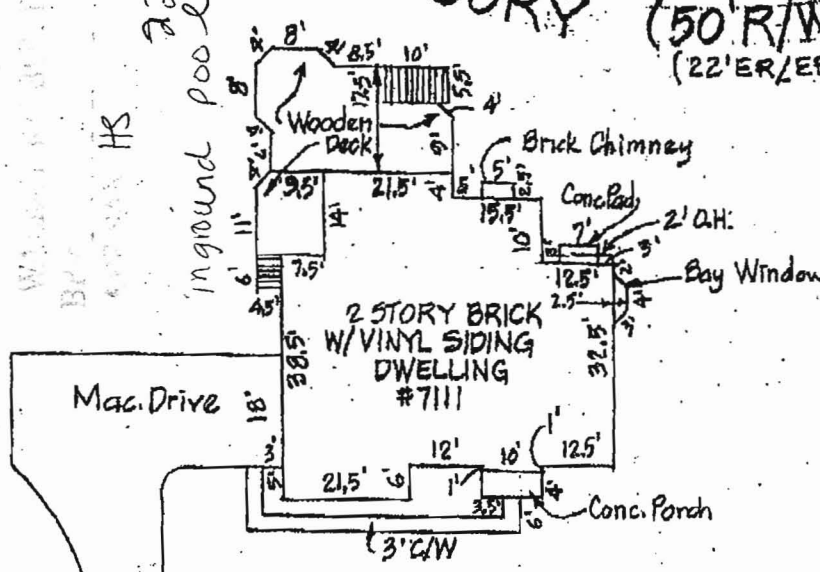
Hayson / H.D.C.

P 58473  
3-25-09

HS  
32' x 42'  
inground pool



## CRABBURY (50' R/W) COURT (22' ER/ER)



### ENLARGEMENT SCALE: 1" = 30'

900 SQ FT POOL  
FIN BY TANKER  
35 SQ FT SPA  
SEI BACKS  
F 83'  
R 20'  
L 110'  
Right 27'

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044 0038 B

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.



LOCATION DRAWING OF  
#711 CRABBURY COURT LOT 124, "PLAT OF RESUBDIVISION", PHASE FOUR, ASHLEIGH KNOLLS, LOT 84 THROUGH 98 (RESUBDIVISION OF

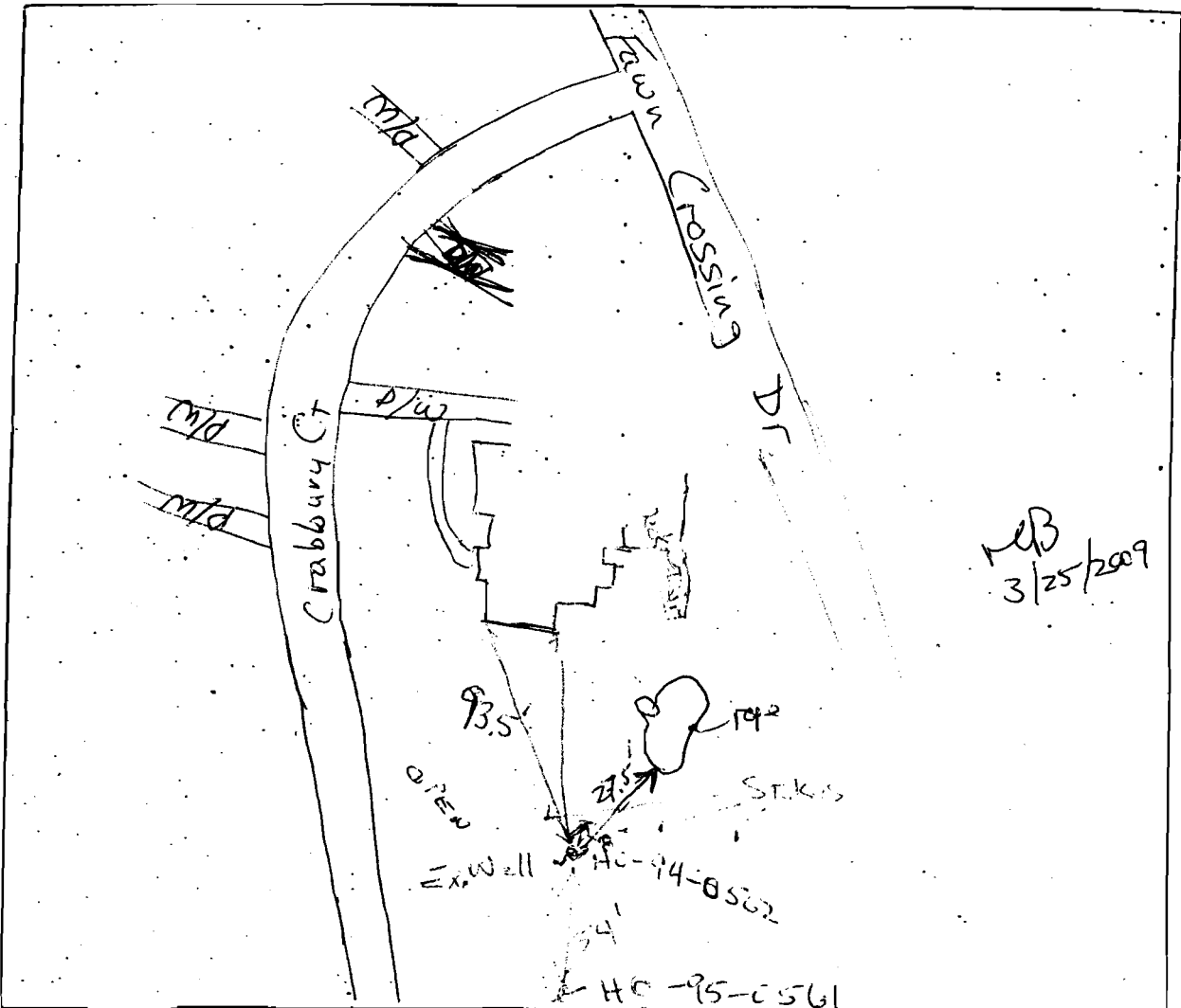
**H** HICKS ENGINEERING CO., INC.  
ENGINEERS, SURVEYORS & PLANNERS  
200 EAST JOPPA ROAD - SUITE 402

NON-BUILDABLE BULK PARCEL G, PHASE TWO) LOTS 99 THROUGH 128 (RESUBDIVISION OF NON-BUILDABLE BULK PARCEL H, PHASE TWO) PLAT NO. 11841, DEED REF. 4095/97

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 7111 Gabbury Ct. CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: Ashley Knolls LOT: \_\_\_\_\_ WELL TAG #: HC-94-0562  
PROPOSAL: locate well in relation to house. COUNTY #: Howard

LOCATION DIAGRAM



COMMENTS: Distance from well to line formed by  
stakes is 8 feet. Distance to outline of  
pool (formed by rope) is 27.5 feet.