

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

60470

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

581 Bate Rd
Mt. Airy, MD 21771

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

16' x 30' above ground swimming
pool on side of property
filled by truck

LOT NO. 66	PARCEL NO. 6	SEC.	AREA	BLOCK NO.	LIBER 1942	FOLIO 201
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS
Don & Doris Beaufort
581 Bate Rd
Mt. Airy, MD 21771

PHONE NO.
(410) 489-7275

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
		4'	
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

OCCUPANT'S NAME AND ADDRESS
SAME

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
OWNER

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
OWNER

PHONE NO.

FOOTINGS		FOUNDATION	S. WALES		
UTILITIES					
WATER/WEL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

EXISTING USE
SFD

PROPOSED USE
SFD / Pool

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed.

Donal Beaufort
SIGNATURE

Home owner
TITLE

06-27-95
DATE

EST. CONSTRUCTION COST
1000

LICENSE NUMBER

PERMIT FEE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY)

SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/18/95	Mark E. R. P. Kim
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

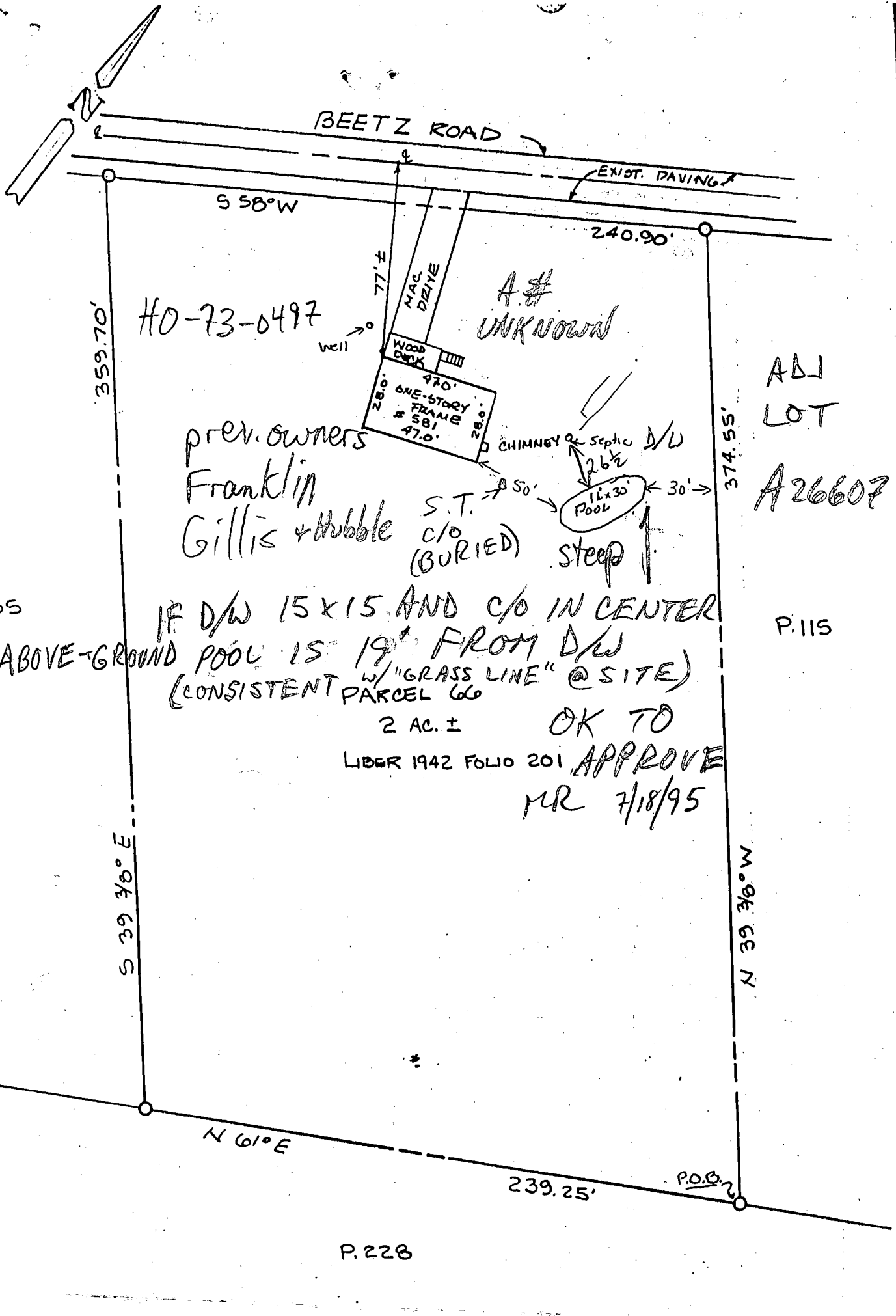
APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

M. 5-0775-B



HO-73-0497

A# UNKNOWN

prev. owners
Franklin
Gillis & Hubble

P. 65
IF D/W 15x15 AND C/O IN CENTER
ABOVE-GROUND POOL IS 19' FROM D/W
(CONSISTENT W/ "GRASS LINE" @ SITE)

2 AC. ± OK TO
LIBER 1942 FOLIO 201 APPROVE
MR 7/18/95

ADJ
LOT
A26607

P. 115

P. 228

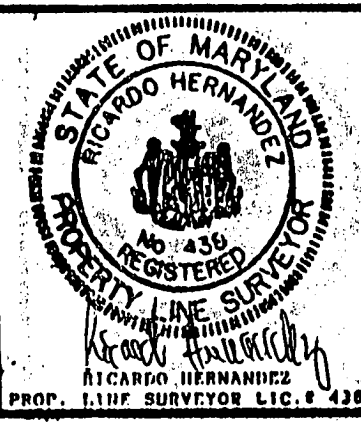
581 BEETZ ROAD
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SUBJECT PROPERTY IS SHOWN IN ZONE C
ON THE NATIONAL FLOOD INSURANCE PROGRAM.
FLOOD INSURANCE RATE MAP OF HOWARD
COUNTY, MARYLAND, PANEL # 20F45
COMMUNITY PANEL # 24004 0025
EFFECTIVE DATE: DEC 4, 1986

LOCATION SURVEY

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON, BEING THE SAME PROPERTY DESCRIBED IN A DEED FROM JAMES R. & PATRICIA A. FRANKLIN TO DWIEL G. & TARA L. GILLIAM (1/2 interest) & ARTHUR S. & AUNF. NOLAN (1/2 interest) AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 1942 FOLIO 201 FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



SCALE 1" = 50' FILE # 940151
DATE 1/22/94 JOB # RK94012

RH SURVEYS
LOCATION & PROPERTY SURVEYS
1303 TEN BROOK ROAD
ODENTON, MD 21113
551-3328

B 1	8903	<small>SEQUENCE NO. (DWR USE ONLY)</small>	STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	DWR PERMIT NUMBER HO-73-0497
<small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				FILL IN THIS FORM COMPLETELY

<small>DATE RECEIVED (DWR USE ONLY)</small> 11/12/73 3PM	<small>OWNER</small> HUBBLE <small>COL 15 LAST NAME</small> <small>STREET OR RFD</small> RT 3 <small>COL 3,6</small> <small>POST OFFICE</small> MT AIRY MD 21771 <small>COL 57</small>	<small>FIRST NAME</small> WILLIAM <small>COL. 34</small> <small>LAST NAME</small>
--	--	--

B 1	<small>CONTINUED</small>	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>DATE</small>	Sept 25	<small>LICENSE NUMBER</small> 273 <small>77 80</small>
<small>FIRST NAME</small>	RALPH	<small>DRILLER</small>
<small>LAST NAME</small>	MAYNE	<small>LAST NAME</small>
<small>SIGNATURE</small> <i>Ralph Mayne</i>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>COUNTY</small>	HOWARD <small>(DO NOT ABBREVIATE COUNTY NAME)</small> <small>21</small>
<small>SUBDIVISION</small>	<small>23</small>
<small>SECTION</small>	<small>44</small>
<small>NEAREST TOWN</small>	POPLAR SPRINGS <small>46 50</small>
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small>	2 <small>76 77 78</small>

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small>	5 <small>8 12</small>
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small>	500 <small>14 20</small>

B 4	DIRECTION FROM TOWN <small>(CIRCLE APPROPRIATE BOX)</small>
<small>1 2 3 (SEQ. NO.) 6</small>	
<input type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input checked="" type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input checked="" type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST	
<small>NEAR WHAT ROAD</small>	BEEZE ROAD <small>8 9</small>
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small>	<input checked="" type="checkbox"/> N NORTH <input type="checkbox"/> S SOUTH <input type="checkbox"/> E EAST <input type="checkbox"/> W WEST <small>32 32 32 32</small>
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small>	150 <small>34 37 38 39</small>

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY

P PRIVATE WATER COMPANY

T TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL **100** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) **JETTED** **DRIVEN**

AIR-ROTARY **AIR-PERCUSSION** **ROTARY (HYDRAULIC ROTARY)**

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

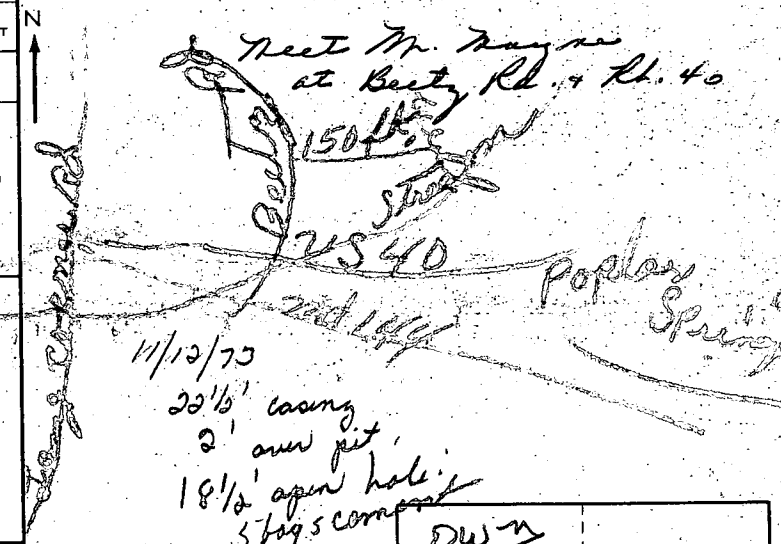
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE **67 68** CONDITIONS **70 71 72 73 74 75 76 77 78 79**



B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **3124**

DATE **100273** APPROVED BY **F. Fred Fromelt, Sanitarian**

BOX NUMBER **760**
750

NORTH COORDINATE **550000**
50 51 52 53 54 55

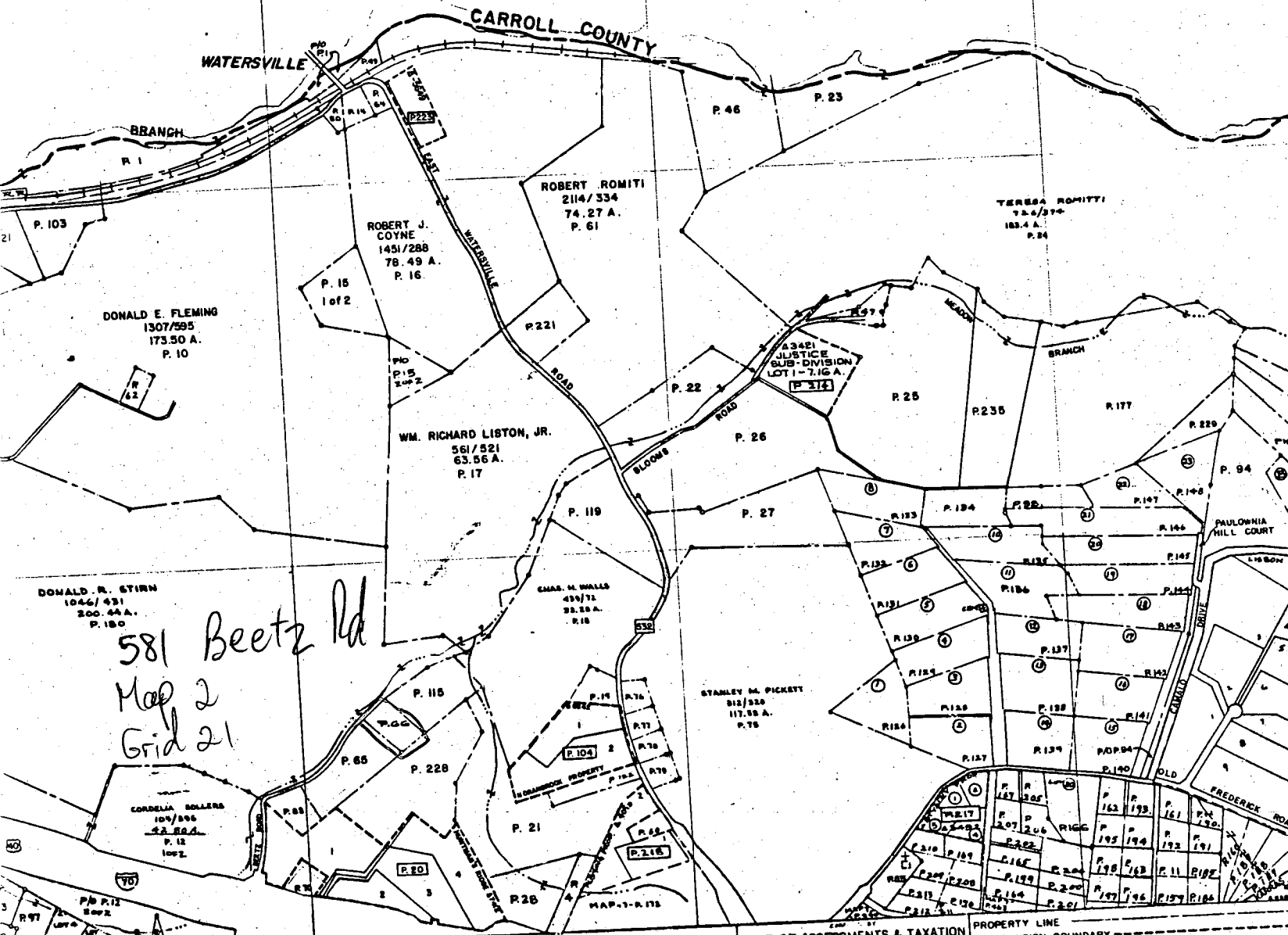
EAST COORDINATE **0765000**
57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) **0/0**
65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

CARROLL COUNTY
MAP 76



581 Beetz Rd
Map 2
Grid 21

DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION
THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS UNLESS NOTING ERRORS HAS BEEN MADE TO NOTIFY DEPARTMENT OF ASSESSMENTS & TAXATION.

PROPERTY LINE
SUB-DIVISION BOUNDARY
CONTINUING OWNERSHIP - Z L E - Z
PARCEL NUMBER - P. 349 (ASSIGNED TO IDENTIFY AND MAINTAIN OWNERSHIP, MUST BE PRECEDED BY MAP NUMBER.)
SCALE: 1" = 600'
PHOTO: 5-55-77
X 28-68

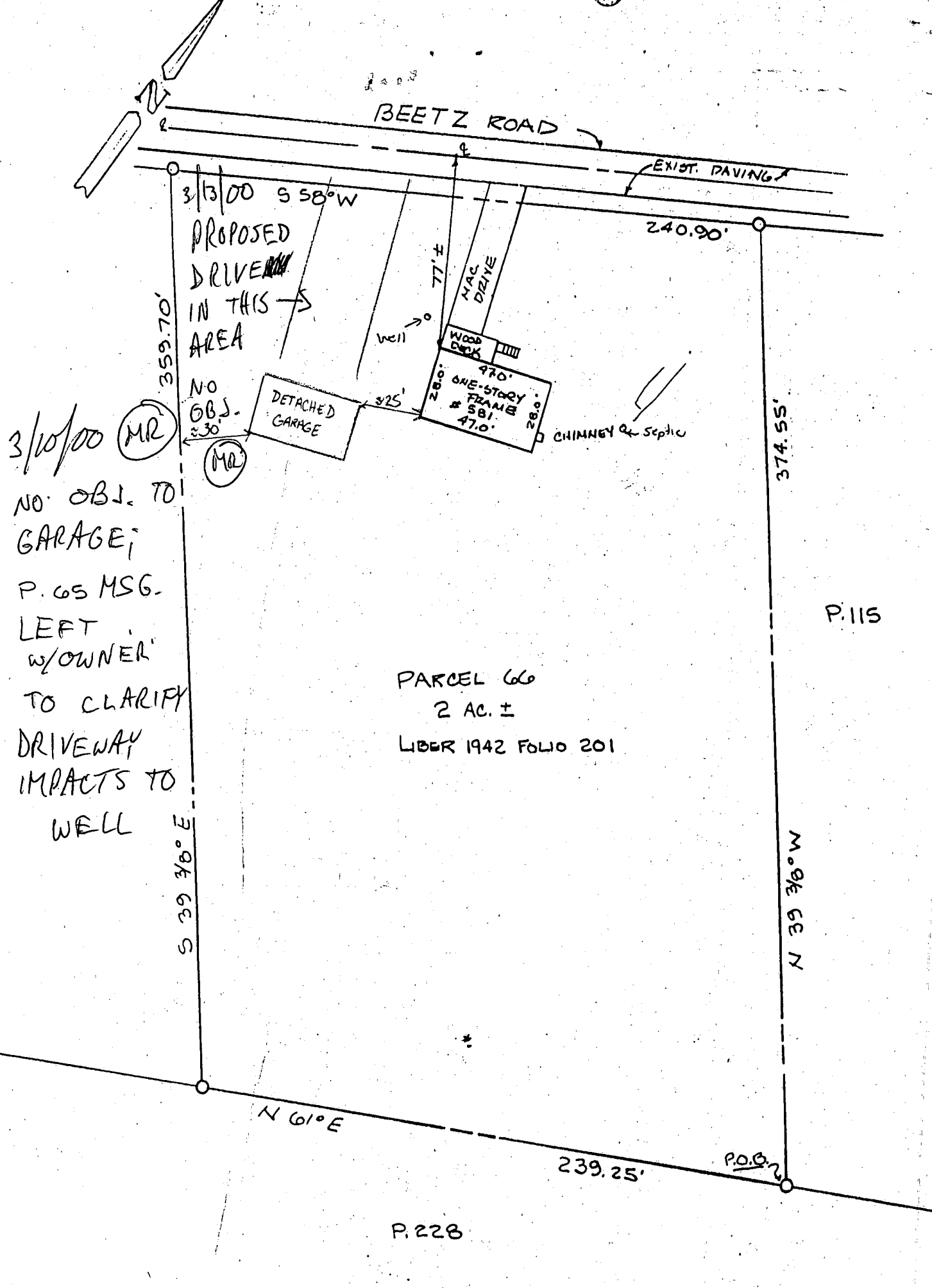
773

7

MAPS ARE PROTECTED BY COPYRIGHT. THEY MAY NOT BE REPRODUCED IN ANY FORM INCLUDING ELECTRONIC SUCH AS DIGITIZING, SCANNING, AND IMAGE PROCESSING, ANY SYSTEM NOW KNOWN OR TO BE INVENTED WITHOUT PERMISSION IN WRITING FROM THE PROPERTY MAP DIVISION.

770

REVISED TO:	DATE	LITER	BY	LAST R. NO.	QUADRANGLE	A.D.
	DEC. 92	2728	LLM	232		



3/10/00 MR
 NO OBJ. TO GARAGE;
 P. 65 MSG. LEFT W/ OWNER TO CLARIFY DRIVEWAY IMPACTS TO WELL

3/13/00 9 58° W
 PROPOSED DRIVEWAY IN THIS AREA

PARCEL 66
 2 AC. ±
 LIBER 1942 FOLIO 201

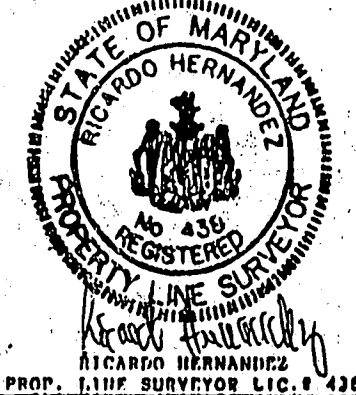
581 BEETZ ROAD
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, PANEL # 20F45 COMMUNITY PANEL # 24004 0026 EFFECTIVE DATE: DEC 4, 1986

LOCATION SURVEY

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON, BEING THE SAME PROPERTY DESCRIBED IN A DEED FROM JAMES R. & PATRICIA A. FRANKLIN TO DWIEL G. & TARA L. GILLIAM (1/2 interest); ARTHUR J. & AUN F. NOLAN (1/2 interest) AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 1942 FOLIO 201 FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



SCALE 1" = 50' FILE # 940151
 DATE 1/22/94 JOB # 2K94012

RH SURVEYS
 LOCATION & PROPERTY SURVEYS
 1303 TEN BROOK ROAD
 ODENTON, MD 21113
 551-3328

PROP. LINE SURVEYOR LIC. # 436

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455; INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00122614

Building Address 581 BEETZ RD
MT. AIRY, MD 21771

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

Census Tract 6040 Subdivision NA

Section NA Area NA Lot NA

Tax Map 2 Parcel 606 Grid 21

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name DONALD & DOROTHY BECRAFT

Address 581 BEETZ RD

City MT. AIRY State MD Zip Code 21771

Home Phone (410) 489-7275 Work Phone (410) 313-3200

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

Phone _____ Fax _____

Existing Use single family home

Proposed Use Single family home

Estimated Construction Cost \$ 15,000.00

Description of Work detached garage
36 x 40 - 2 story w/ 1/2 bay
attached - 1000 sq ft

Contractor Company Same as owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Same as owner

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: <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"/>
Use group: _____	Gas 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 <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
No. of Bedrooms _____	
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: _____	
<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.

Donald J. Becraft
Applicant's Signature
owner
Title/Company

DONALD J. BECRAFT
Print Name
02-28-00
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: <u>75 FT</u>	1532
State Highways			Rear: <u>10 FT</u>	Filing fee \$ _____
Building Official			Side: <u>10 FT</u>	Permit fee \$ _____
Dev. Engineering DPZ	<u>3/13/00</u>	<u>Mark E. Ripkin</u>	Side St. <u>NA</u>	Excise tax \$ _____
Health			All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # <u>11150</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START \$ <u>2000</u>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

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