

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 1352 CROWS FOOT ROAD  
MARRIOTTSVILLE 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name BUSTER & TRACY HOUCHEINS

Address 1352 CROWS FOOT ROAD

City MARRIOTTSVILLE State MD Zip Code 21104

Home Phone 410 489 4443 Work Phone 410 707 2089

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY HOME

Proposed Use SAME WITH DETACHED GARAGE

Estimated Construction Cost \$ 25,000

Description of Work 30'-8" X 26'-8"  
DETACHED GARAGE (826 SF)  
(SEE PLANS) W 20' X 8' 16" OF BALCONY

Contractor Company COSENTINO REMODELING

Contact Person WAYNE COSENTINO

Address 12107 MAYAPPLE TRAIL

City MARRIOTTSVILLE State MD Zip Code 21104

License No. 16414

Phone 410 442 0000 Fax 410 442 5765

Occupant or Tenant BUSTER & TRACY HOUCHEINS

Contact Name SAME

Address 1352 CROWS FOOT ROAD

City MARRIOTTSVILLE State MD Zip Code 21104

Phone 410 489 4443 Fax \_\_\_\_\_

Engineer or Architect Company ALTA SCHMIDT ARCHITECT INC

Contact Person ALTA SCHMIDT

Address 2739 THORNBROOK ROAD

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 461 3462 Fax SAME

**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: N/A <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"/> 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 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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: Dimensions: <u>SEE PLANS</u> 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.

John J. Cosentino Sr.  
Applicant's Signature  
V. BRES.  
Title/Company

JOHN J. COSENTINO SR.  
Print Name  
6/28/2007  
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	<u>6/28/07</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

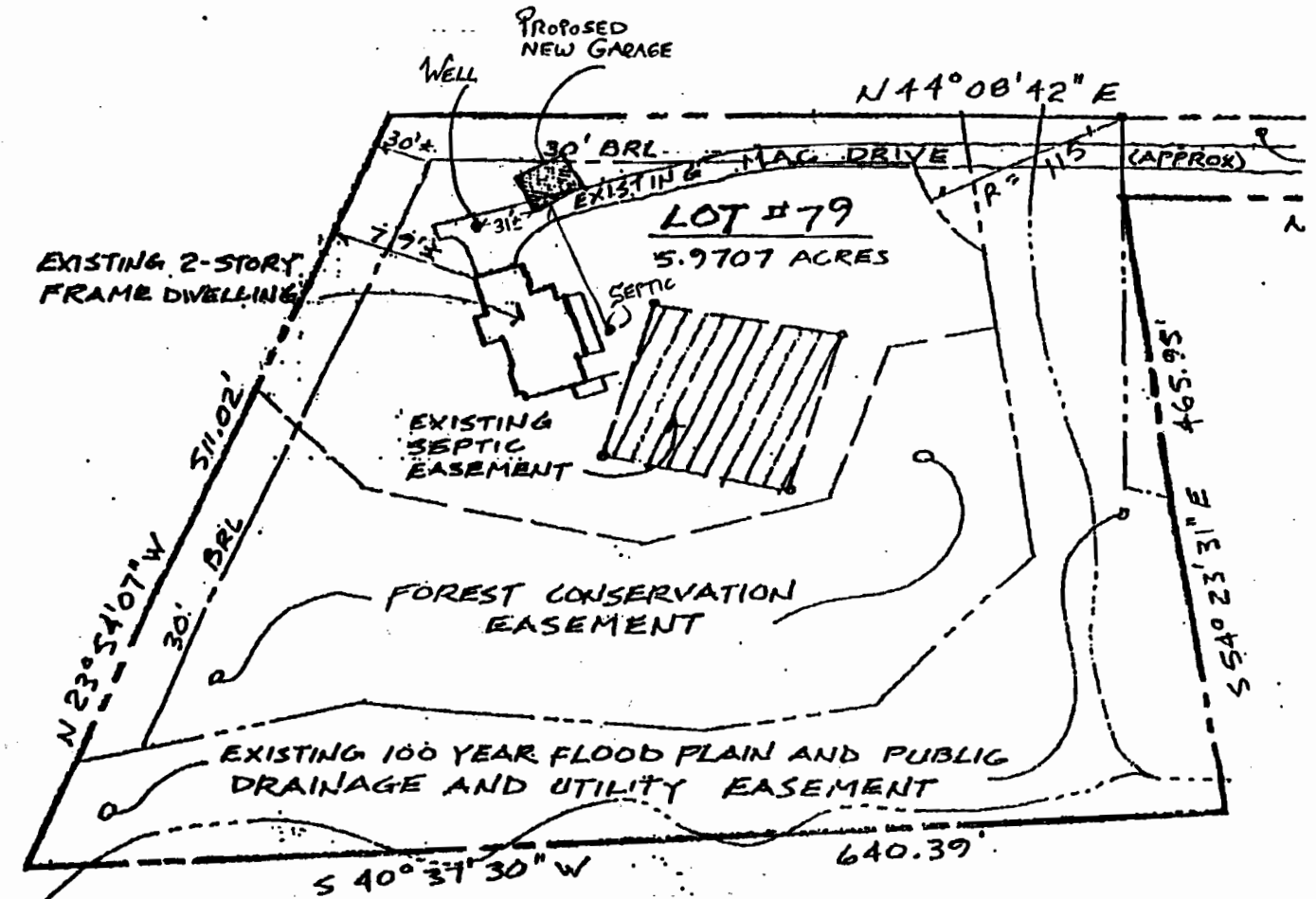
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit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

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

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# 38137A  
APP. SAN SFD DATE: 6/20/07  
DESC. OF WORK: Detached  
Garage 30' x 26'



**SITE PLAN** 1" = 100'

06.14.05

**#1352 CROWS FOOT ROAD**  
**LOT #79 SECTION TWO AREA FOUR**  
**MEADOWOOD SUBDIVISION**

**PLAT BOOK 11306 THIRD ELECTION DISTRICT**  
**HOWARD COUNTY, MARYLAND**

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07003224

Building Address 1352 Crows Foot Rd  
Mariottsville 21104  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Meadowood  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 79  
Tax Map 10 Parcel 312 Grid 7  
Zoning \_\_\_\_\_ Map Coordinates 56-10 size \_\_\_\_\_

Property Owner's Name Buster + Tracy Hutchins  
Address 1352 Crows Foot Rd  
City Mariottsville State \_\_\_\_\_ Zip Code 21104  
Home Phone 410-489-4442 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use Pool  
Estimated Construction Cost \$ 25,000  
Description of Work Inground Pool 15 x 10 x 3  
in rear yard w/ 48" high  
fence to code

Contractor Company Maryland Pools  
Contact Person Joanne Lathan  
Address 9515 Gerwig LA  
City Columbia State MD Zip Code 21046  
License No. 6699  
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 _____ 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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>3'-4'6"</u> Basement: _____ 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: _____ 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 _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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J. Lathan  
Applicant's Signature  
agent  
Title/Company

J. Lathan  
Print Name  
8-2-07  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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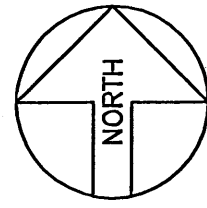
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>8/2/2007</u>	<u>Schiffert Jr</u>
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 _____

**SETBACKS:**

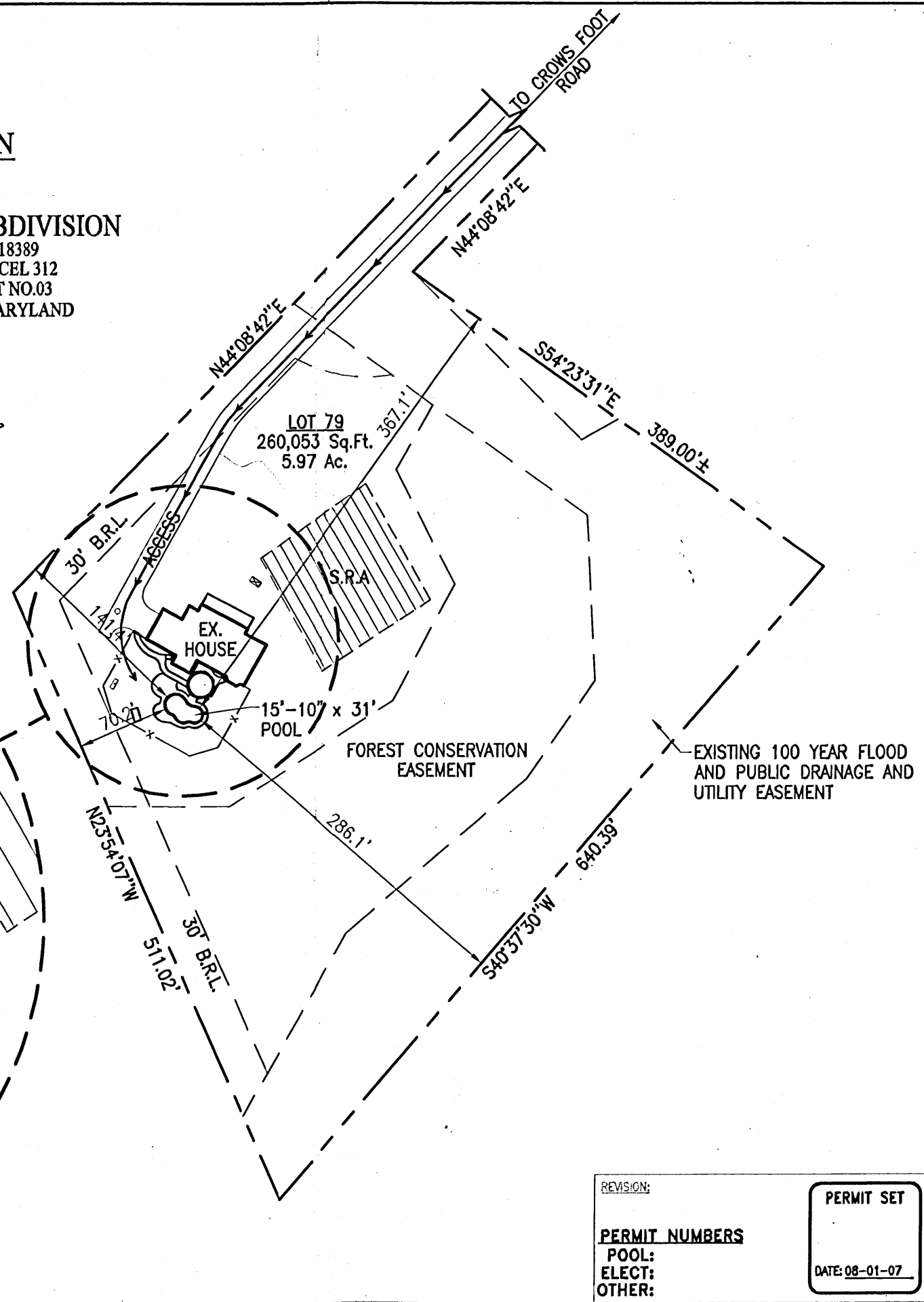
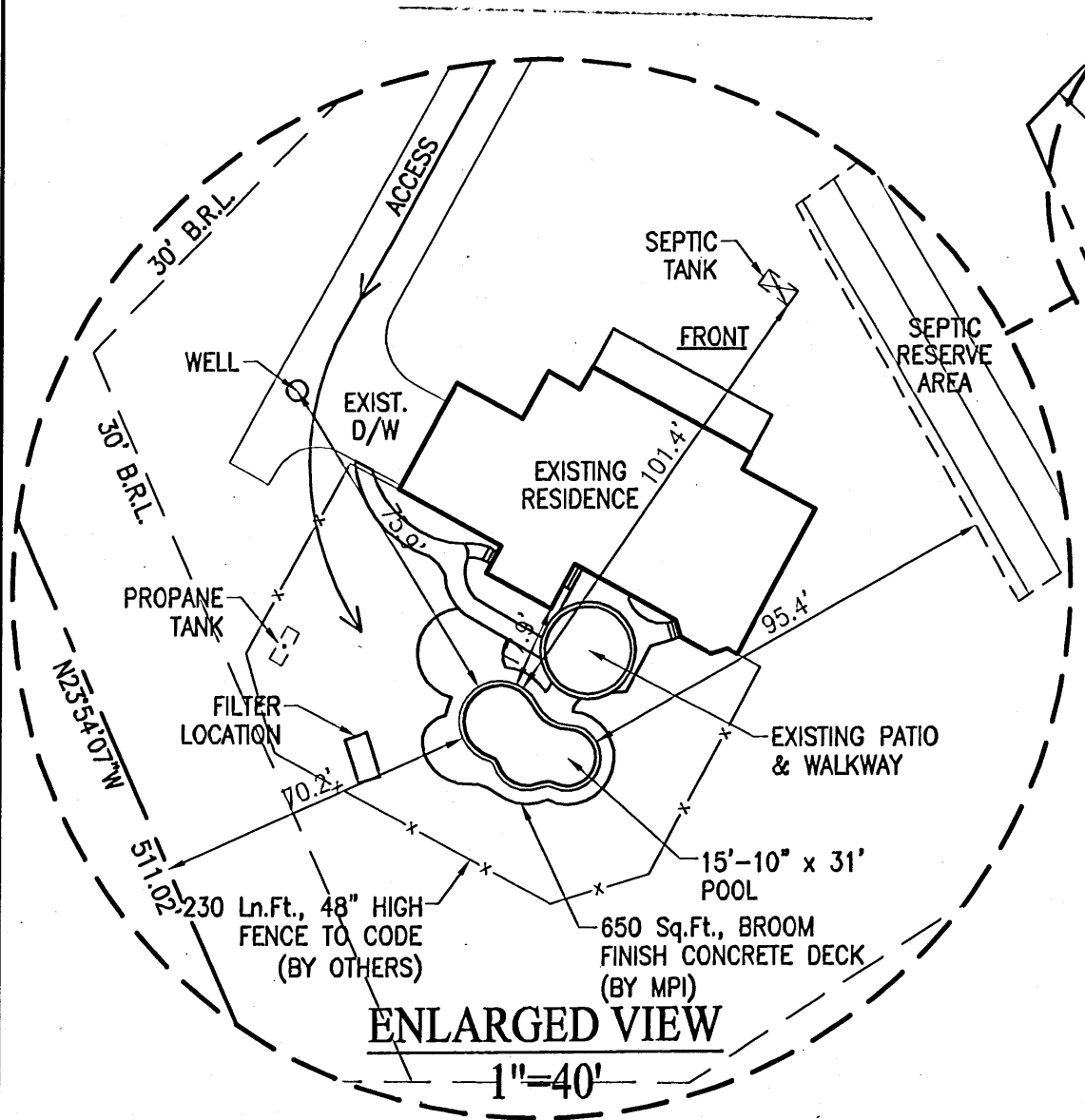
REAR PL.	10'
SIDE PL.	30'
HOUSE	0'
SEPTIC	20'
WELL	20'

**PRIVATE WELL & SEPTIC**



**SITE PLAN**  
 1"=100'  
 LOT 79  
**MEADOWOOD SUBDIVISION**  
 TAX ACCOUNT #318389  
 MAP 10, GRID 7, PARCEL 312  
 ELECTION DISTRICT NO.03  
 HOWARD COUNTY, MARYLAND

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# B07003224 A# 38137A P50746  
 APP. SAN GAC DATE: 8/2/07  
 DESC. OF WORK: pool as shown



**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

**POOL DATA**

SIZE/SHAPE:	15'-10" x 31' - LAGOON (NON-DMING)
POOL AREA:	398
TOTAL AREA:	398
PERIMETER:	81
GALLONAGE:	11,195
SPA:	
OTHER:	
DEPTH:	3'-0" TO 4'-6"

**DIRECTIONS TO SITE**

<b>DIRECTIONS:</b> US-29/N TOWARD BALTIMORE TO I-70/W TOWARD FREDERICK. TAKE EXIT #38/MARRIOTTSVILLE RD/N. L/T ON OLD FREDERICK RD.(MD-99). R/T ON HENRYTON RD. L/T ON CROWS FOOT RD	
MAP #	5
GRID	G-10

**Buster & Tracy Houchins**  
 1352 Crows Foot Road  
 Marriotsville, Maryland 21104  
 Howard County

HOME PHONE: 410-489-4443  
 CELL PHONE 1: 410-599-3535 (Hers)  
 CELL PHONE 2:  
 OFFICE PHONE: 410-707-2089

REVISION:  
**PERMIT SET**  
 DATE: 08-01-07  
**PERMIT NUMBERS**  
 POOL:  
 ELECT:  
 OTHER:

LOT:	79	SUBDIVISION NAME:	MEADOWOOD	DISTRICT:	03	PIN #	318389	
<b>SITE PLAN</b>							ZONE:	ONE
SCALE:	1"=	BY:	J.L.R.	DATE:	8/1/07	JOB NUMBER:	DT07-9338	
							SHEET #:	1.0