

LAYOUT 1/28/02 1pm INSP 4 Final 2/1/02 @ 11:00
 INSP 2 1/29/02 2pm INSP 5 _____
 INSP 3 1/30/02 AM INSP 6 _____

ISSUE DATE: 1/22/2002
 APPROVAL DATE: 5/21/02

**PERMIT
INDEXED**

P 516483-B
 A 58095-W

362489

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Road, Sykesville 21784 PHONE NUMBER: 410-795-3432
 SUBDIVISION: Wellington West LOT NUMBER: 24
 ADDRESS: 15317 Doe Hill Court PROPERTY OWNER: Pulte Homes, Inc.
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 210
 LINEAR FEET OF TRENCH REQUIRED: 280

| | |
|-----------|---|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Place the distribution box near the very top easement stake. |
| NOTES: | Suggest running short trenches in both directions. See Building Permit Plan. |

PLANS APPROVED: Brian Baker OK/MR DATE: 12/17/01

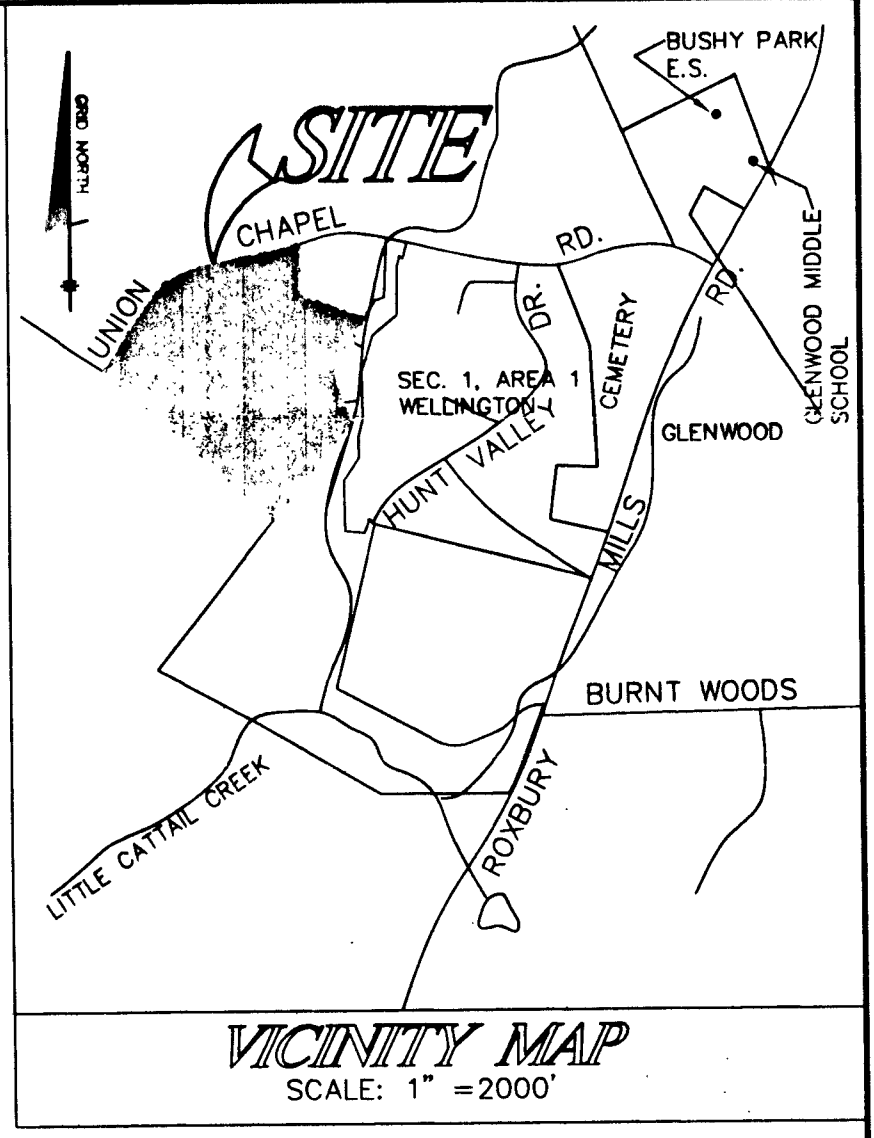
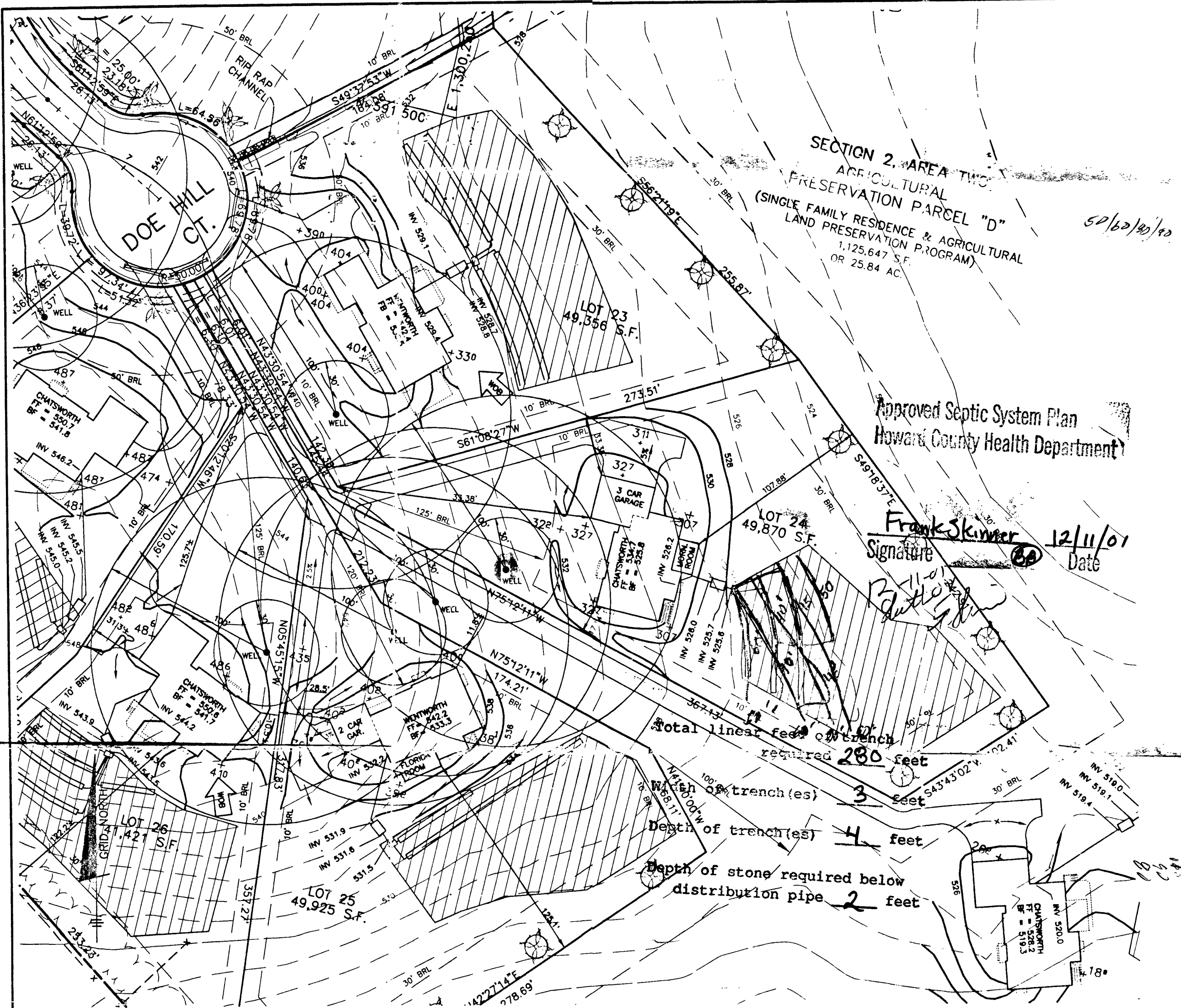
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

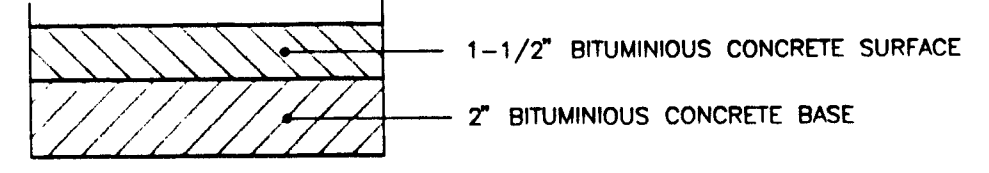
**BUILDING PERMIT SIGNED
 AND RETURNED 1-18-02**
 800 133997-46 PROPANE TANK

**BUILDING PERMIT SIGNED
 AND RETURNED 7-18-02**
 800 137559

A58095-W

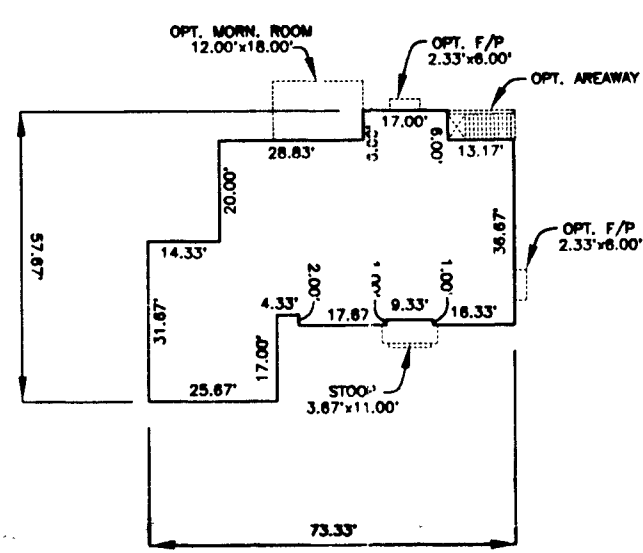


- NOTES:
- 1) TOPOGRAPHY SHOWN HEREON HAS BEEN TAKEN FROM THE CONTOURS SHOWN ON F-98-180, WELLINGTON WEST SECTION 2.
 - 2) SEDIMENT CONTROL FOR THIS SITE SHALL BE IN ACCORDANCE WITH GRADING PLAN GP-99-180.



**TYPICAL PAVING SECTION
PROPOSED DRIVEWAY**
NOT TO SCALE

PLAN
SCALE: 1" = 50'



BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644

| ADDRESS CHART | |
|---|----------------|
| HOUSE NUMBER | STREET NAME |
| 5317 | DOE HILL COURT |
| OWNER/ BUILDER: | |
| PULTE HOMES CORPORATION 1501 S. EDGEWOOD ST. SUITE K BALTIMORE, MD. 21227 | |

| | |
|-----------------|---|
| PROJECT: | |
| WELLINGTON WEST | |
| SECTION 2 | |
| LOT 24 | |
| LOCATION: | TAX MAP: 14 |
| | PARCEL: 68 AND 69 AND P/O 222 |
| | 4th ELECTION DISTRICT - HOWARD COUNTY, MARYLAND |
| TITLE: | |
| PLOT PLAN | |
| DATE: | SEPTEMBER, 2001 |
| | PROJECT NO. 1222 |
| SCALE: | 1" = 50' |
| | DRAWING 1 OF 1 |

C1 4167

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

COUNTY NUMBER A58095W

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 08 15 98

Depth of Well 153 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1670

OWNER BPMB Assoc last name Doe Hill Ct first name TOWN Glenwood SUBDIVISION Wellington West SECTION II LOT 24

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Mica, Red Clay, Soft Br. Sandstone, Br. Sandstone, Blue & Br. Sandstone, Br. Sandstone, Blue & Br. Sandstone, Fracture, Blue & Br. Sandstone, Blue Sandstone, Br. Sandstone, Blue Sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 71 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (6) (72) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table with columns: diameter, depth (feet). Rows include PL 4 inch 0 from 65 to 75 85, PL 4 95 135, PL 4 145 153.

SCREEN RECORD

screen type or open hole (S) (T) (BR) (HO) (PL) (OT) STEEL BRASS OPEN PLASTIC OTHER

DEPTH (nearest ft.)

Table with columns: depth (nearest ft.). Rows include 65, 75, 85, 95, 135, 145.

SLOT SIZE 1 .010 2 3 DIAMETER OF SCREEN 4 (NEAREST INCH) from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 25 153

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA 70 72 74 75 76

C 3

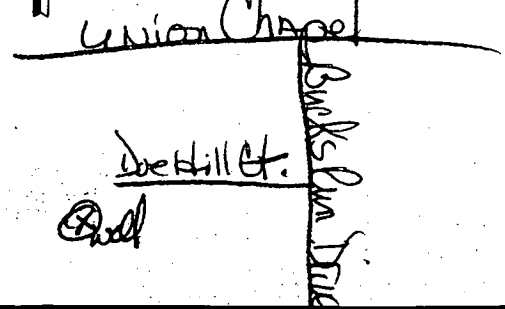
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 61 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M W D 2 5 6

Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J W D 3 3 4

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 2098

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1670 fill in this form completely

Date Received (APA) 0803 98

OWNER INFORMATION

Associates LLC BPMB 15 Last Name Owner First Name 34 15298 Union Chapel Rd 36 Street or RFD 55 Woodbine md 21797 57 Town 70 State 72 Zip 76

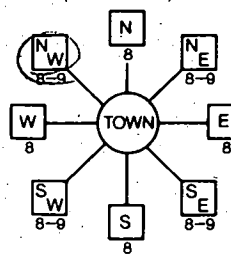
B 3 LOCATION OF WELL

Howard 8 COUNTY 21 Wellington West 23 SUBDIVISION 42 SECTION 44 46 LOT 24 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

DRAA KYLE TRILL M D 254 Driller's Name 76 License No. 81 Westminster Rotary Well Drilling, Inc Firm Name P.O. Box 861 Westminster, MD 21157 Address Dan J. Kyle, III 7-20-98 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Roe Hill CT 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 SW 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 14 BLK: PARCEL 222

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 395 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A58095W COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 080698 8/6/99 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 790 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 230 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 CABLE Reverse-ROTARY Drive-POINT other

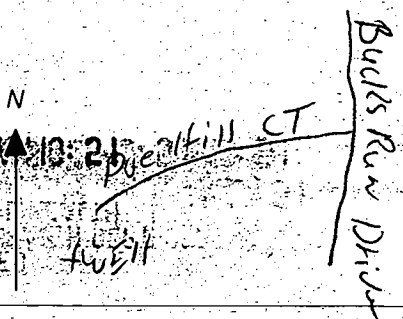
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530

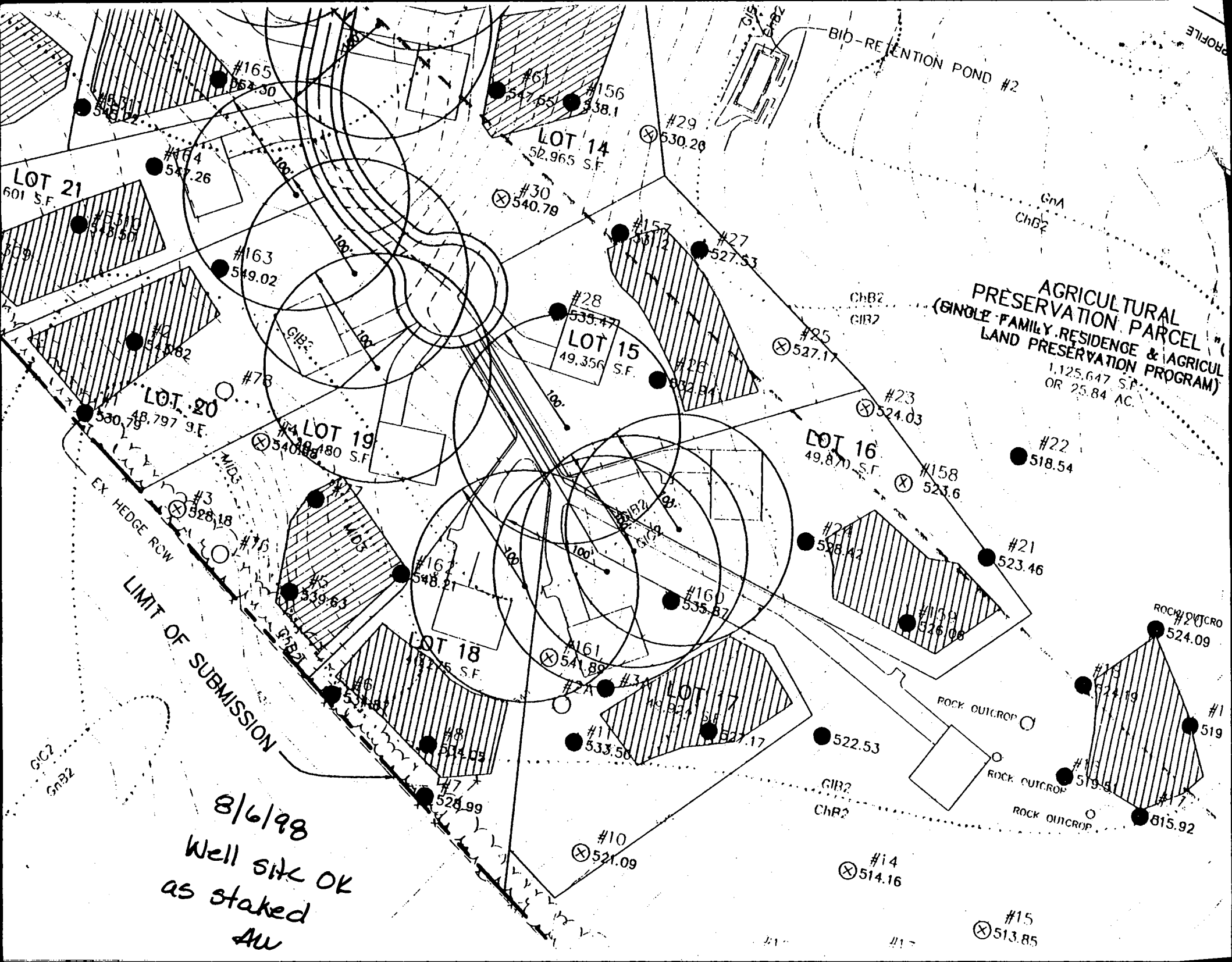
8-15-98 Front Saturday 10:40 AM Dan

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G.A.P. PERMIT No. HO-94-1670 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



BID-RETENTION POND #2

AGRICULTURAL PRESERVATION PARCEL
 (SINGLE-FAMILY RESIDENCE & AGRICULTURAL LAND PRESERVATION PROGRAM)
 1,125,647 S.F.
 OR 25.84 AC.

LOT 21
 601 S.F.

LOT 14
 52,965 S.F.

LOT 15
 49,356 S.F.

LOT 20
 48,797 S.F.

LOT 19
 49,180 S.F.

LOT 16
 49,871 S.F.

LOT 18
 49,275 S.F.

LOT 17
 49,924 S.F.

8/6/98
 Well site OK
 as staked
 AU

LIMIT OF SUBMISSION

GIB2
 ChB2

GIB2
 ChB2

ROCK OUTCROP

ROCK OUTCROP

ROCK OUTCROP

ROCK OUTCROP

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4/21/97
4/25/97
4/28/97
4/29/97

APPLICATION

PERCOLATION TESTING

A 58095

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, Md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

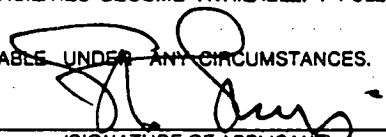
SUBDIVISION Brendel property LOT NO. 8

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAX MAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A58095

COUNTY #

SOIL PROFILE

23

0'
Water
at
7.0
water
related
mottling
at
5.5

8.0

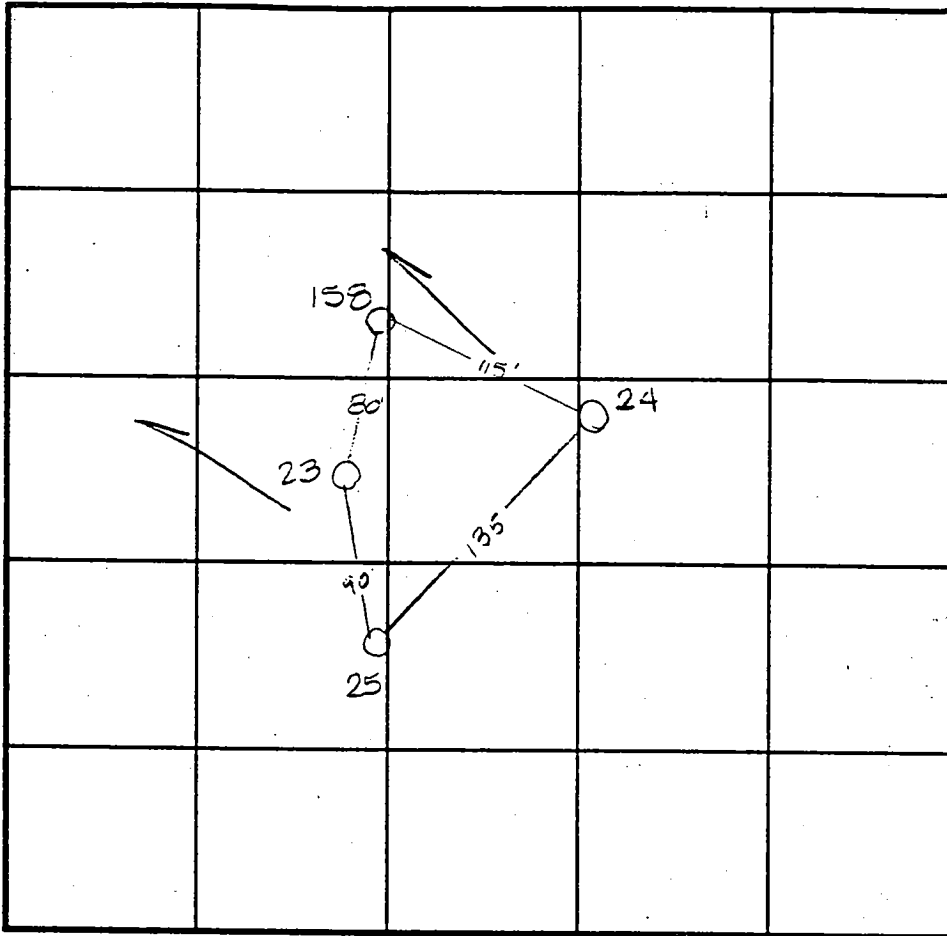
24

4.0
dark
red
SiCLM
lgt
orange
red
SiLM
15%
Rx
dry

12.0

25

like
24
but
water
at 9.5
water
related
mottling
at
8.0



SOIL PROFILE

158

0'
dark
orange
SiCLM
4.0
lgt or
SiLM
7.5
mottled
dull
grey
SiLM
cavities
at
9.5
10.0 -
water
16.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-----------------------|---------------------|---------------------|---------------------|------|-------|
| | | | START | STOP | START | STOP | |
| 4-24-97 | 23 | 3.0 / 8.0 | 12:50 ³⁰ | 12:53 | 12:53 | 1:10 | 17min |
| | | Insufficient depth to | | | H ₂ O | — | F |
| | 24 | 4.0 / 12.0 | 12:50 | 12:55 ³⁰ | 12:55 ³⁰ | 1:18 | 23min |
| | 25 | 3.0 / 10.0 | 12:52 | 12:57 | 12:57 | 1:07 | 10min |
| 5-18-97 | 158 | Visual to 16.0 | - sec profile | | | | F |
| | | | | | | | |
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REMARKS W

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58095

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/11/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101
Woodbine, md. 21797

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Brendel property LOT NO. 17

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAXMAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.


(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A58095

COUNTY #

SOIL PROFILE

22

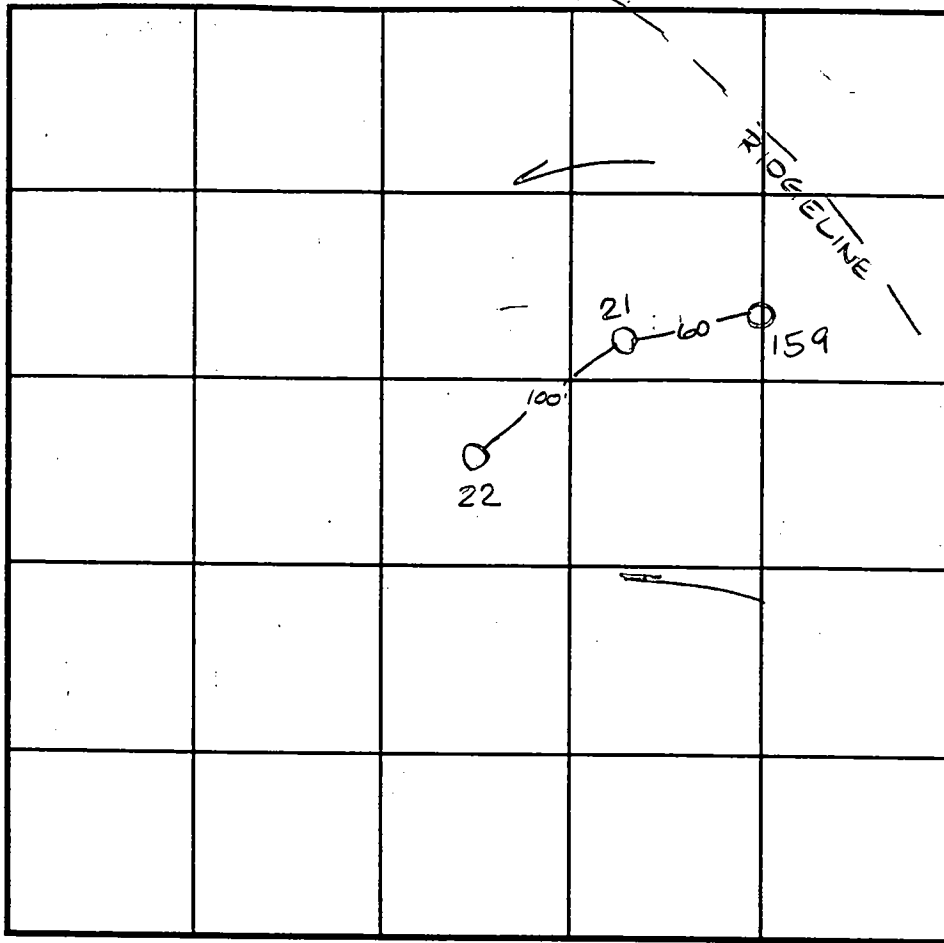
0'
Red brown
SiCLM
9.0
Orange brown
SiLM
Lgt orange to grey
SiSaLM
11.0

21

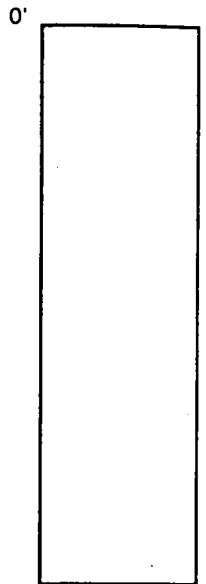
Orange brown
SiCLM
2.0
Lgt white beige
SiSaLM
very dry & powdery
10.0

159

Lgt orange brown
SiCLM
2.0
bright red
SiLM
100% Rx w/ Mg on faces
nothing at
12.0
13.0



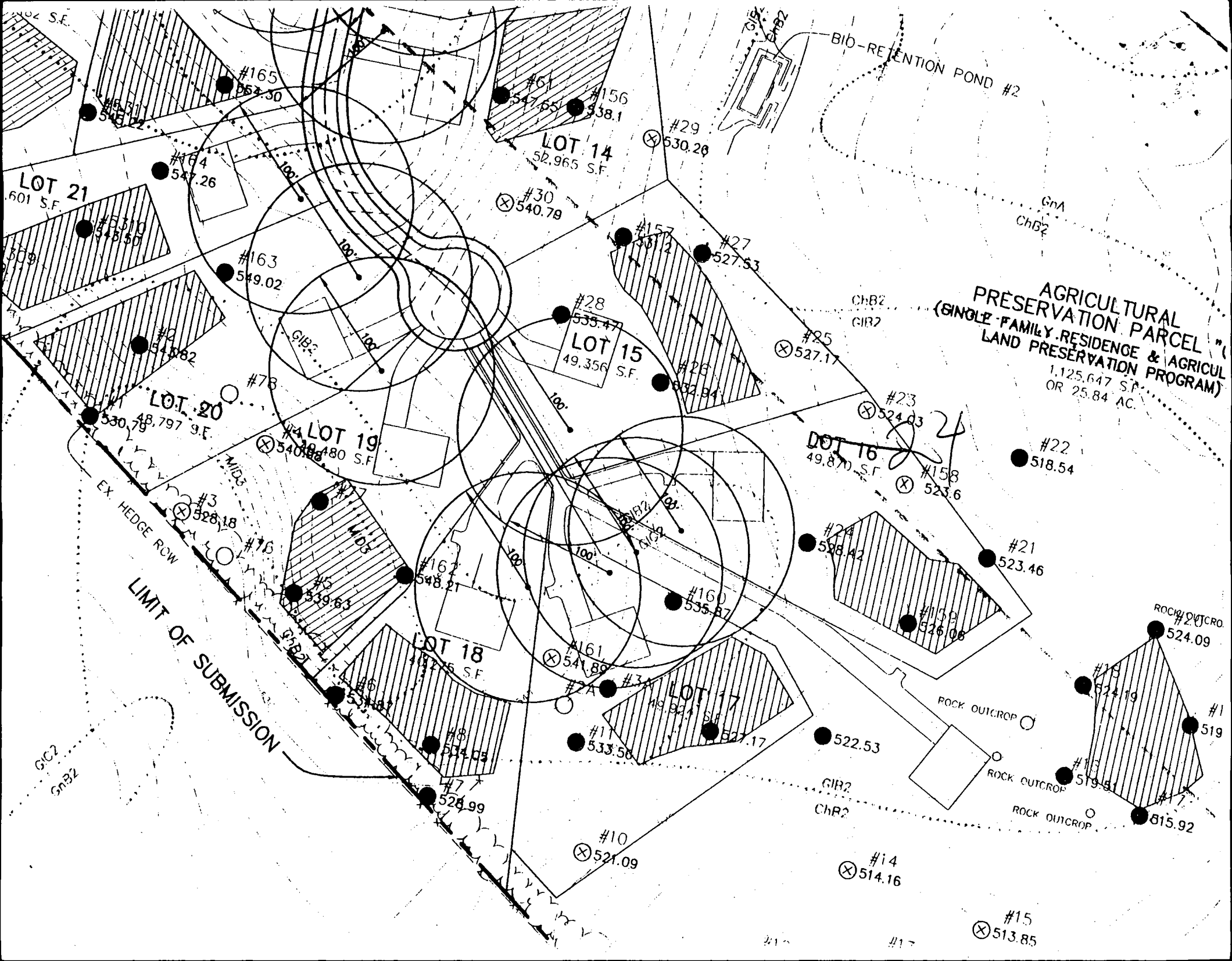
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|---------------------|-------|----------------|---------------------|-----------|
| | | | START | STOP | START | STOP | |
| 4-24-97 | 22 | 3.0 V11.0 | 12:36 | 12:40 | 12:40 | 12:58 | 18min |
| | 21 | 3.0 V10.0 | 12:34 ³⁰ | 12:37 | 12:37 | 12:43 | 6min |
| 6-18-97 | 159 | 3.5 V13.5 | 10:08 | 10:11 | 10:11 | 10:16 ³⁰ | 5 1/2 min |
| | | | | | | | |
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REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMullen ALSO PRESENT Chuck Sharp
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



AGRICULTURAL PRESERVATION PARCEL
(SINGLE-FAMILY RESIDENCE & AGRICULTURAL LAND PRESERVATION PROGRAM)
1,125,647 S.F.
OR 25.84 AC.

LOT 14
52,965 S.F.

LOT 15
49,356 S.F.

LOT 16
49,870 S.F.

LOT 18
3,125 S.F.

LOT 17
19,921 S.F.

LOT 21
601 S.F.

LOT 20
48,797 S.F.

LOT 19
18,480 S.F.

LOT 2 S.F.

BIO-RETENTION POND #2

EX. HEDGE ROW

LIMIT OF SUBMISSION

ROCK OUTCROP

ROCK OUTCROP

ROCK OUTCROP

ROCK OUTCROP

GnB2

ChB2
GIR2

GIR2
ChR2

GnA
ChB2

#10
521.09

#14
514.16

#15
513.85

#22
518.54

#21
523.46

#1
519

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515.92

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524.19

#20
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524.03

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535.87

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528.42

#159
526.08

#163
549.02

#164
547.26

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545.82

#78

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528.18

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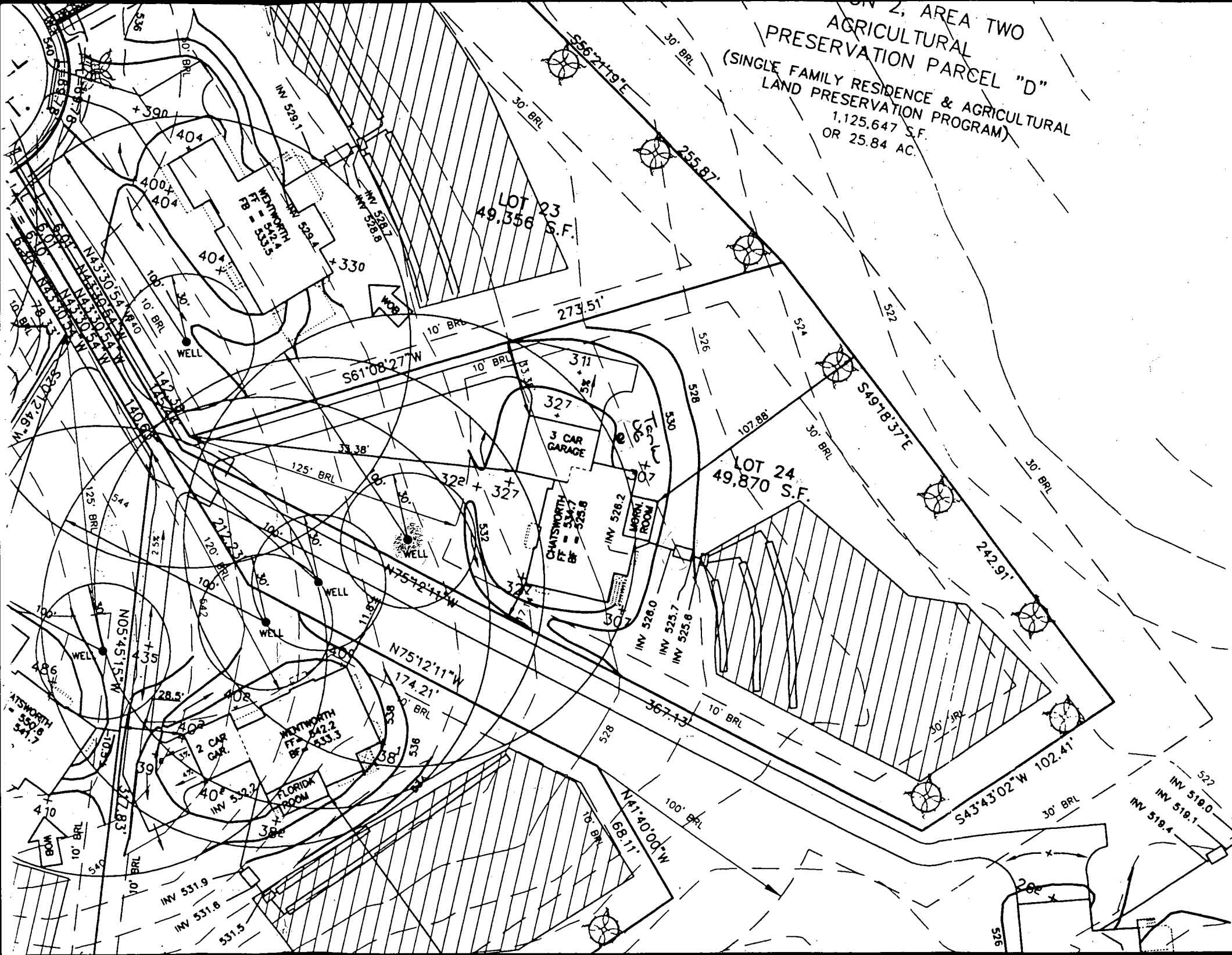
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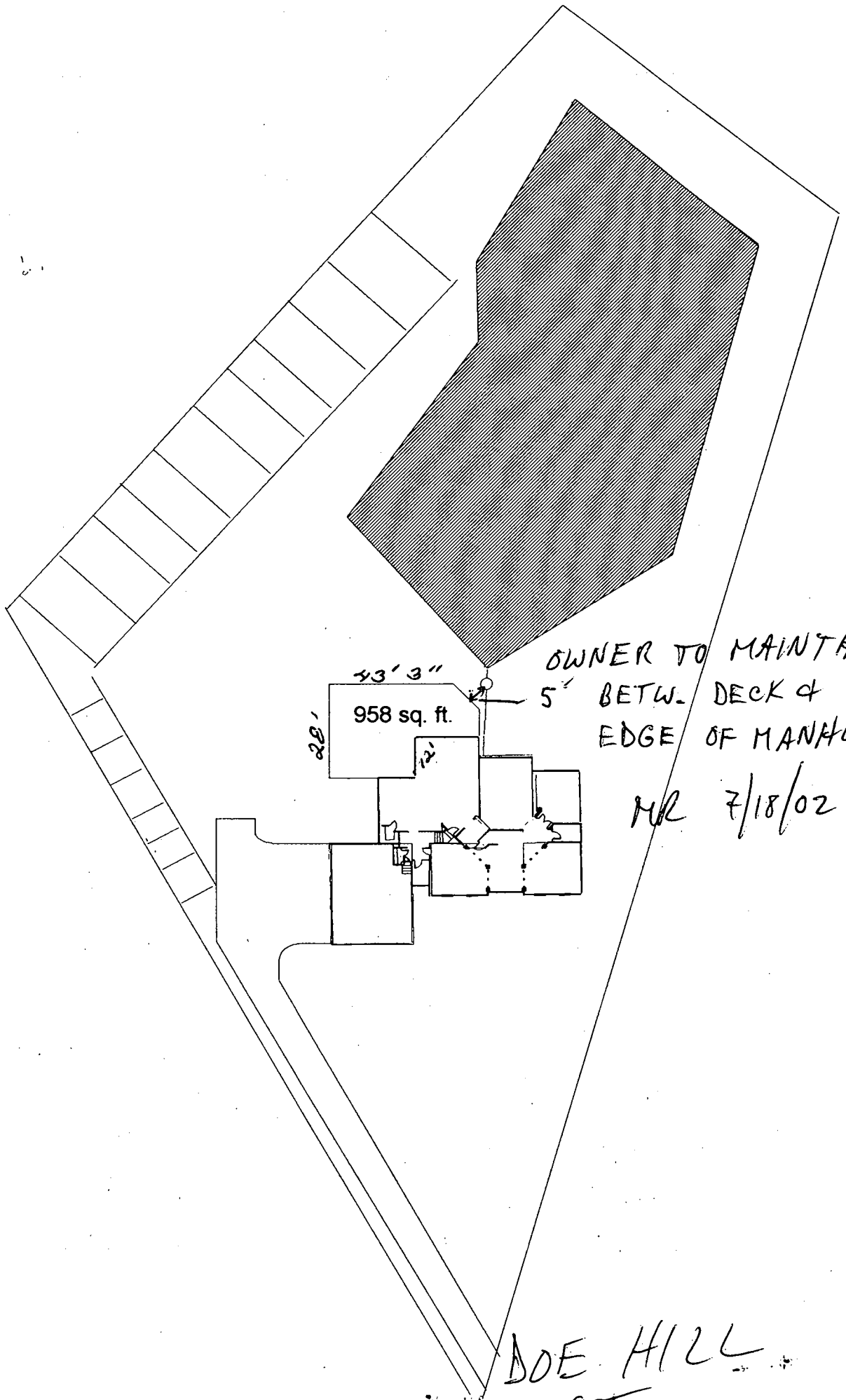
#215
947.91

#216
949.93

ON 2, AREA TWO
AGRICULTURAL
PRESERVATION PARCEL "D"
(SINGLE FAMILY RESIDENCE & AGRICULTURAL
LAND PRESERVATION PROGRAM)
1,125,647 S.F.
OR 25.84 AC.



628581009



43' 3"

958 sq. ft.

22'

12'

OWNER TO MAINTAIN
5' BETW. DECK &
EDGE OF MANHOLE

MR 7/18/02

DOE HILL
CT

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

7300137559

Building Address: 15317 DOE Hill Ct
WOODRIDGE, MD 21797
 Suite/Apt #: _____ SDP/WP/Petition #: _____
 Census Tract: 60400L Subdivision: Williamstowne
 Section _____ Area _____ Lot 24
 Tax Map 14 Parcel 69 Grid 20
 Zoning: RD60 Map Coordinates 8165 Lot size 1.14a

Property Owner's Name Ronald G Emrick
 Address 15317 DOE Hill Ct.
 City WOODRIDGE State MD Zip Code 21797
 Home Phone 410-789-0922 Work Phone 410-789-0920
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use: None SFD
 Proposed Use: Deck Shed
 Estimated Construction Cost: \$ 15,000
 Description of Work: DECK
43'2" x 20'
L SHED w/5 steps

Contractor Company: Quadr
 Contact Person: N/A
 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: N/A
 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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>35</u> <u>42</u> 2nd floor: <u>35</u> <u>42</u> Basement: <u>35</u> <u>42</u> | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>Comp SA</u> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| 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.

Ron Emrick
 Applicant's Signature

Ron Emrick
 Print Name
7/16/02
 Date

Title/Company: MR 7/18/02

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