

1-11-00
2:00 AM
1/12/00 10am C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513179

A58116-B

DISTRICT _____

DATE 12/14/99

DATE SYSTEM APPROVED 11/2/00

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

No records found

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Greenstreet Property LOT 2 ROAD 1150 Hoods Mill Road

PROPERTY OWNER Benchmark Homes, Inc. CHRISTOPHER GILLETTE

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the high side of the lot, place the distribution box 115 feet down the 363' lot line and 60 feet off that same lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/22/99 OK AU

PLANS APPROVED BY Glen Savage/Donna K. Soe DATE 10-29-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

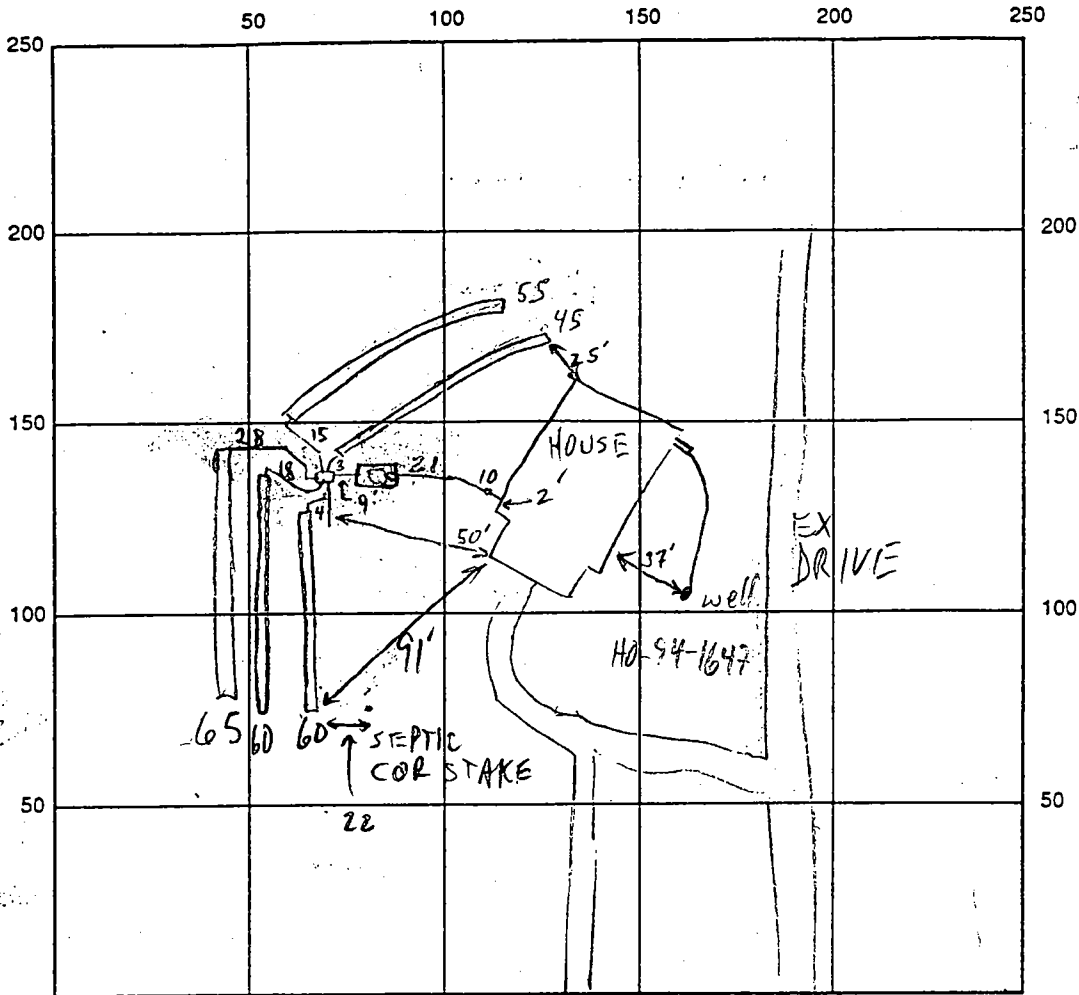
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 8/2/01

000131816 - Framing bsn't drywalling and 10 x 20 bump out.

CALL PERMIT SIGNED AND RETURNED 3-20-2002
B00134978-DECK

A58116B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE HOODS MILL RD

SEPTIC TANK LEVEL 1250 STANDARD SEAM CLEANOUTS 8" 4MH @ S.T., 4" INLINE
 DISTRIBUTION BOX LEVEL OK BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 290 FT.
 NUMBER OF TRENCHES 5 ~~ONE SIDEWALL~~/BOTTOM AREA 870 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 1/11/00 OK TO COVER HOUSE TO TANK TRENCHES (A)-(B) (SRK)
1/12/00 OK TO FINISH & COVER (MR) 2/22/00 - WPI NOT OK, NEEDS PVC CONDUIT (SRK)

DATE SYSTEM APPROVED 1/12/00 INSPECTOR M. Ripkin

VARIABLE WIDTH USE-IN-COMMON ACCESS
EASEMENT TO BENEFIT LOTS 1, 2, 3,
AND PRESERVATION PARCEL 'A'

Approved Septic System Plan
Howard County Health Department

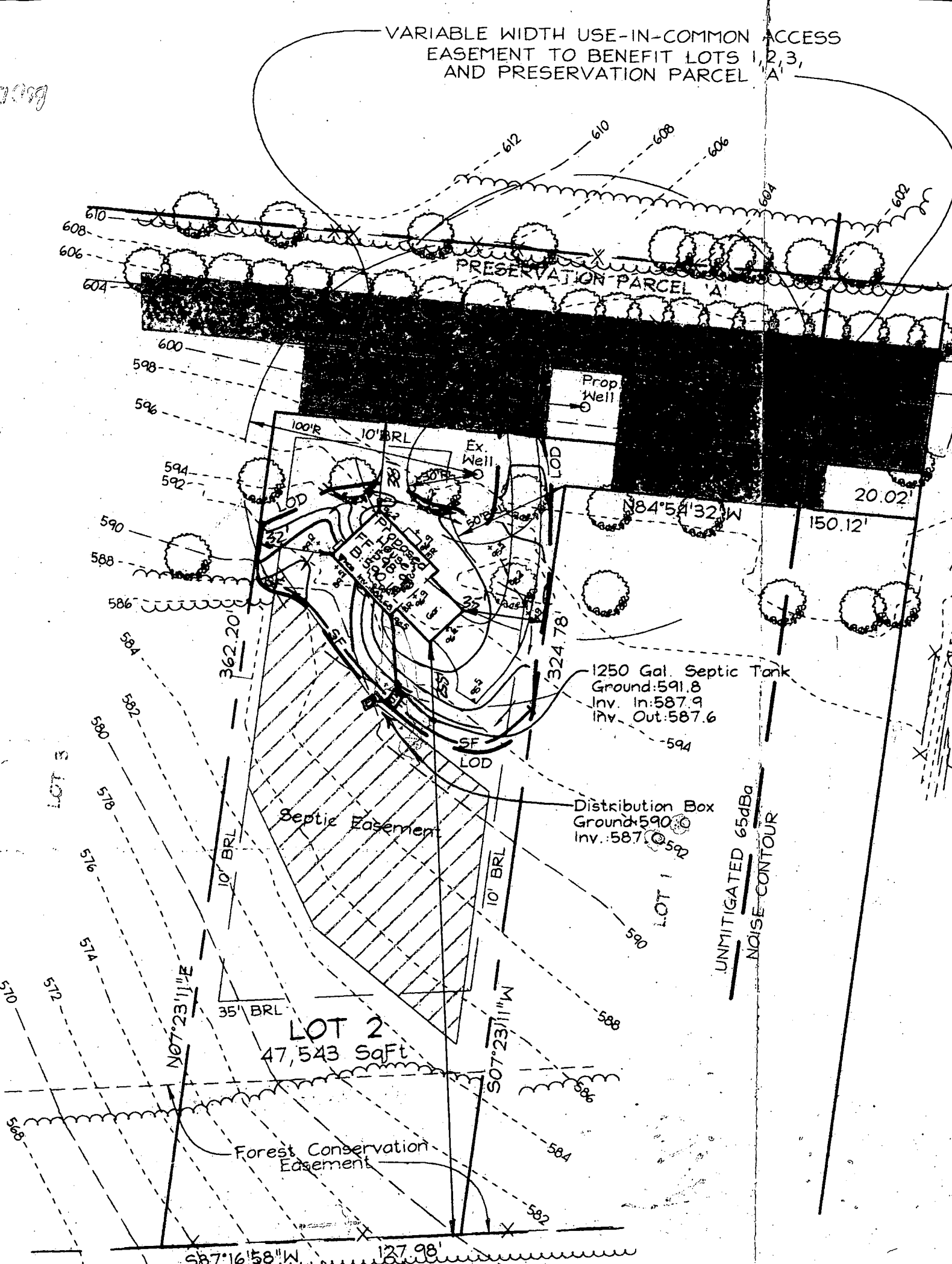
[Signature] 10/24/09
Signature Date

HOODS MILL ROAD
MD. RTE. 97
(MINOR ARTERIAL 80' RIGHT-OF-WAY)

Total linear feet of trench
required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below
distribution pipe 2 feet

NO.	REVISION	DATE

PLOT PLAN
GREENSTREET PROPERTY



Maryland State Grid Meridian

Handwritten notes: 1000-888-0000, P-00-E

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3625-W Ellicott Mills Drive
 Ellicott City, MD 21043
 Phone: 410-313-2640
 Fax: 410-313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 2/29/00

Name of Installer Carroll Water Systems, Inc.

Telephone 410-876-3100

License Number PI-074

Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Benchmark Homes Telephone 410-792-0900

Subdivisions: _____ Lot# _____ Well Tag# HO-94-1647

Site Address 1150 Woods Mill Road, Cooksville, MD

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Gould's
- Model # SSB05422
- Capacity 5 GPM
- Pump exceeds well capacity: Yes _____ No
- If yes, is low pressure cutoff switch installed? Yes _____ No
- What methods are used to protect the pump and electrical wiring from vibrations?
 Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110 _____
 - 220

Pitless Adapter

- Make Campbell
- Model # B-10X
- Depth 48"

Tank

- Capacity 80
- Pressure relief valve: Yes

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 4'

Well Data

- Depth 250'
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? No

6/29/00 WPI OK

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant:

Date: 2-25-00

Note: A sticker indicating approval status of the installation will be placed on the well casing at the time of the inspection.

B 1	4612	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1647 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
HERITAGE LAND DEVELOPMENT

15 Last Name Owner First Name 34

36 Street or RFD 55
3243 Bethany Lane

57 Town 70 State 72 Zip 76
ELlicott City MD 21043

LOCATION OF WELL

B 3

8 COUNTY 21
Howard

23 SUBDIVISION 42
Greenstreet Prop

SECTION 44 46 LOT 48 50
3

52 NEAREST TOWN 71
Cooksville

MILES FROM TOWN (enter 0 if in town) _____ M I J
73 76 77 78

DRILLER INFORMATION

Driller's Name **Paul M. Fabiszak** M W D 3 9 9 License No. 81

Firm Name **G. Edgar Harr Sons' Corp**

Address **12047 Falls Rd Cockeysville 21030**

Signature *[Signature]* Date **7/6/98**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11. **Hoods Mill Rd** NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37 DISTANCE FROM ROAD 38 39
ENTER FT OR MI **FT**

TAX MAP: **6** BLK: **H** PARCEL: **132**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 **5** 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 **750** 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. **A-58116B**

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **7/27/98** EXP. DATE **7/27/99**

43 MM DD YY 48 CO SIGNATURE _____

NORTH GRID **549** 0 0 0 EAST GRID **796** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39. THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 _____ G A P 63

PERMIT No. **HO-94-1647**
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **8/22/98 GROUT**
2. **NO LOG**
3. **PO**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **790**

N **540**

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

APPLICATION

PERCOLATION TESTING

A 58116B

P _____

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

DISTRICT _____

DATE 4.30.98

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 GREEN STREET Benchmark Homes, Inc.

ADDRESS 1400 S MILL ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION 1150 Hods Mill Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bmn
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT ~~ISSUED~~

AND RETURNED 10-29-99

Serial # B70120991

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 [Signature] FOR SFD DATE 8.14.97

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

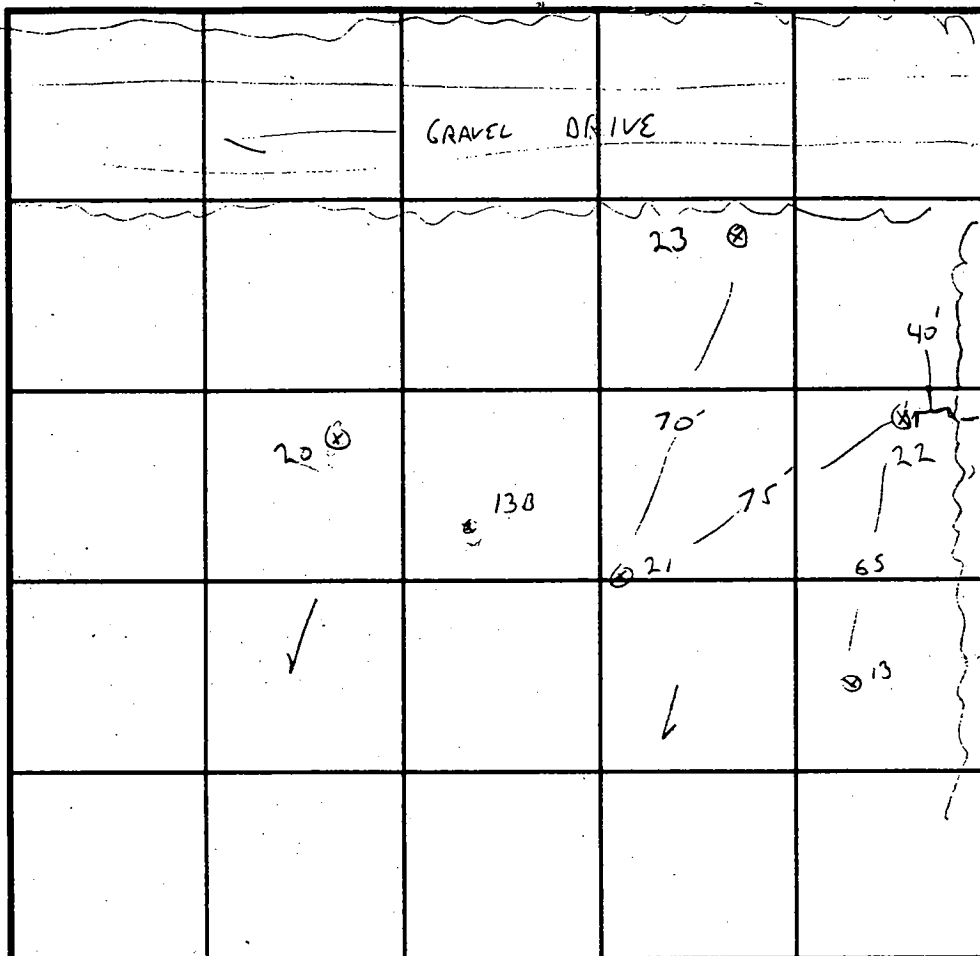
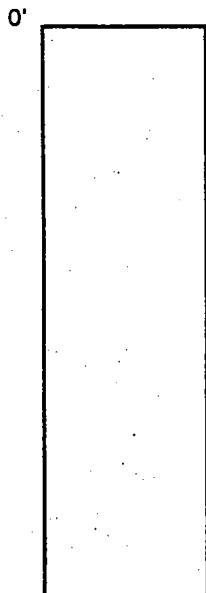
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

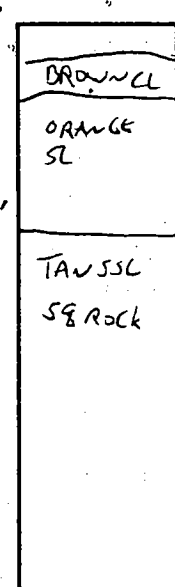
A-58116B

COUNTY #

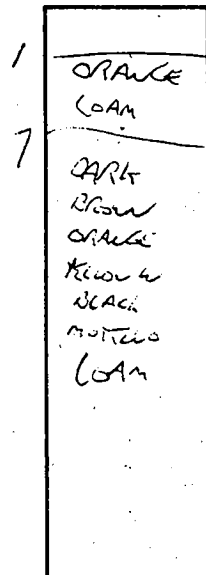
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/12/91	21	3 / 12V	10:54	11:01	11:01	11:18	17min
	23	3 / 11V	10:56	10:59	10:59	11:03	4min
	22	3 / 12V	11:06	11:09	11:09	11:17	11min
	20	3 / 12V	11:14	11:16	11:16	11:20	4min

REMARKS LOT 2

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT TIM FEAGA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9min TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 58116-B

P _____

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

DISTRICT _____

DATE 4/30/97

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 Land Marketing Consultants, Inc / Tim Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410 - 313 - 8808

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Greenstreet Property LOT NO. 2

ROAD AND DESCRIPTION 1126 Route 97, Cooksville, MD

TAX MAP 8 PARCEL # 132

SIZE OF LOT 1 Acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR SEO DATE 8.14.98

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

A-581160

COUNTY #

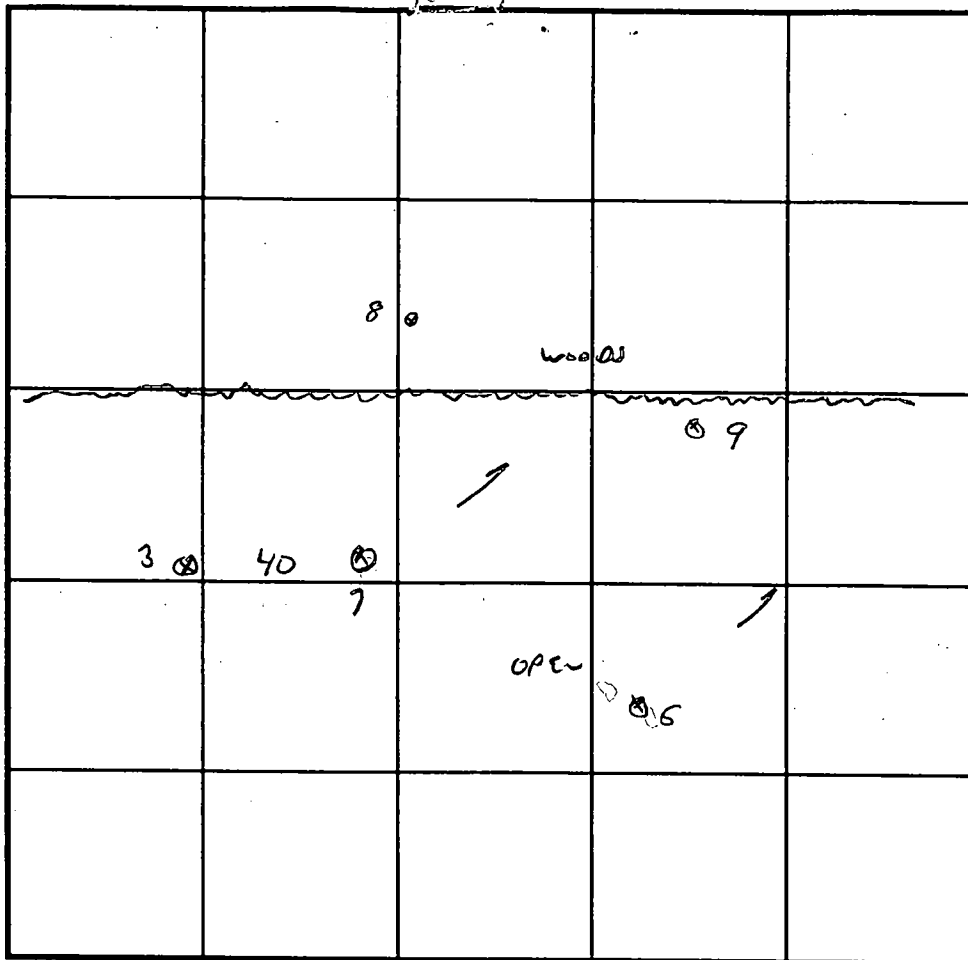
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

0'

ORANGE LOAM

WHITE / LIGHT ORANGE SANDY LOAM

POCKET SHALE ONE SIDE OF HOLE

7
6
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← TO ROUTE 99

N ↓

N

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/97	07	4/10V	10:54	10:58	10:58	11:09	11 AM
	06	4/12V	11:46	11:48	11:48	11:51	3 AM

REMARKS LOT 2

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT TIM FEAGA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 MIN TRENCH WIDTH 3

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

APPLICATION

PERCOLATION TESTING

A 58116-2/B

P _____

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

DISTRICT _____

DATE 4/30/97

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 Land Marketing Consultants, Inc / Tim Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE 410 - 313 - 8808

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Greenstreet Property LOT NO. 2

ROAD AND DESCRIPTION 1126 Route 97, Cooksville, MD

TAX MAP 8 PARCEL # 132

SIZE OF LOT 1 Acre TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR SEO DATE 8.14.97

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

A 58116B

COUNTY #

SOIL PROFILE

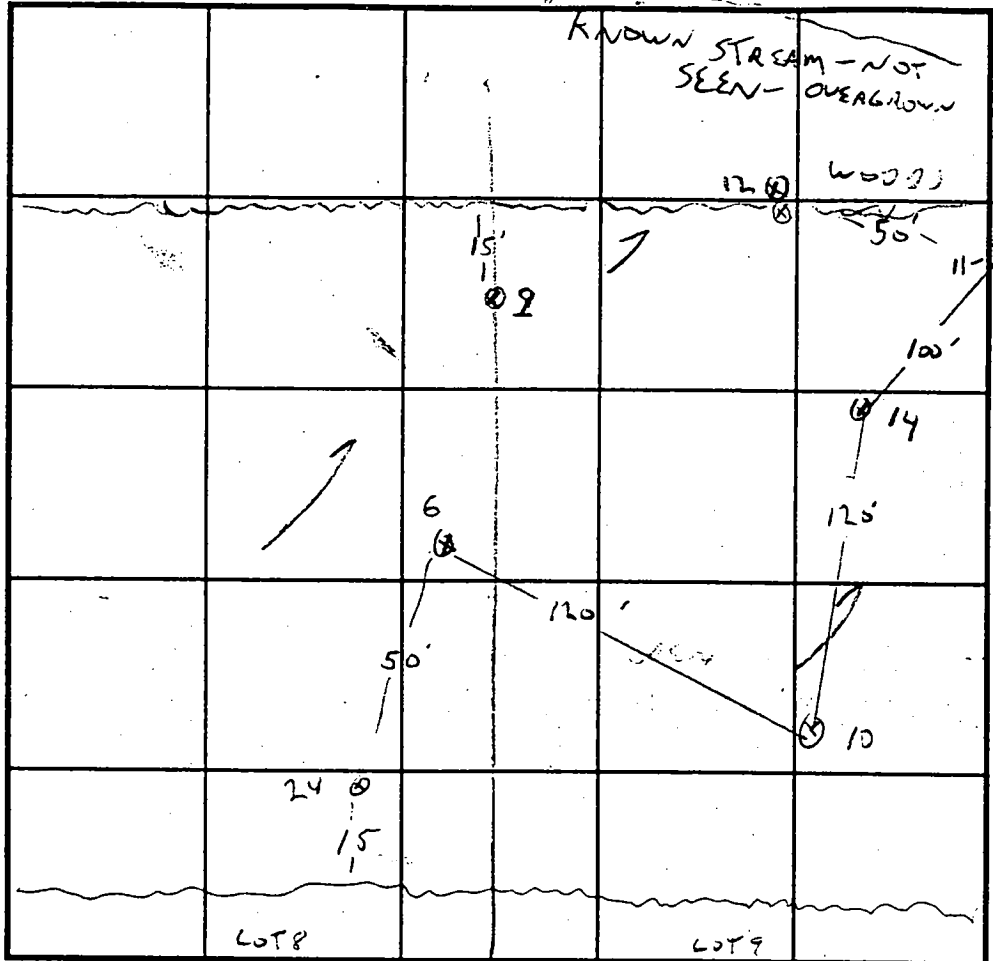
0' 12'

PERCHED
WATER
TABLE AT
3', COLLING
AT 8'
H₂O 10.5'
HEAVY
LOW CHANGING
DARK
MOTTLED
SOIL

10'

DARK
ORANGE
CLAY LOAM
DARK GREEN
CLAY
SANDY
LOAM
DARK ORANGE
MOTTLED
WHITE SKEW
POCKETS
DAMP 7.5
WATER 10.5'

FAW
SANDY
LOAM



SOIL PROFILE

0' 9'

5'

SIMILAR
TO 5
WATER
AT 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/97	9	5/3	WATER	AT 5	NOT	LOT 2	F
	12						F
	11	H ₂ O AT 5'					F
	14	H ₂ O AT 7					
	10	H ₂ O - WET SPOT					
6/12/97	24	3/12U	11:24	11:36	11:36	11:53	16MN
7/31/97	11 REOIC	11U DRY					

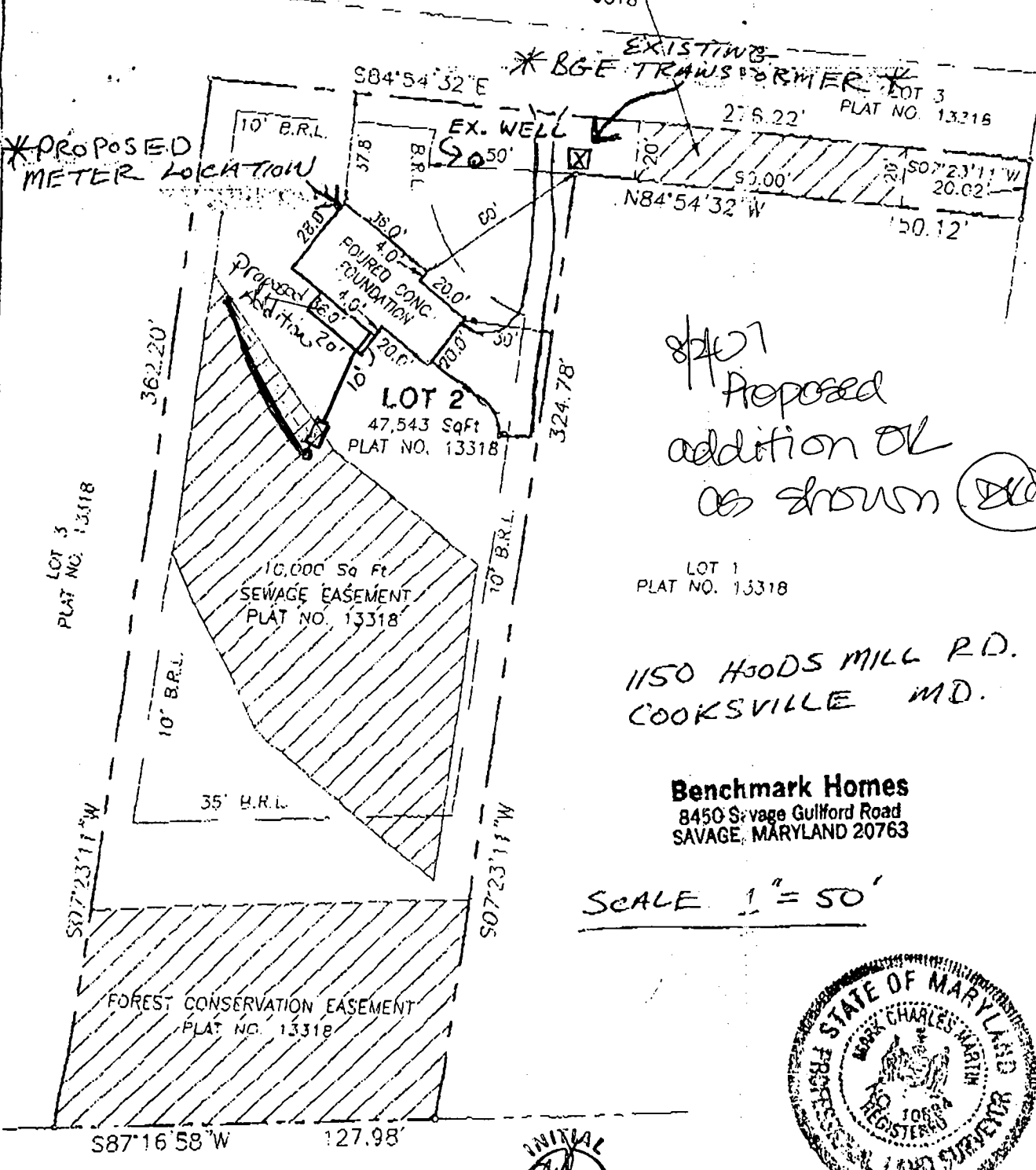
REMARKS LOT #2 VET SEASON - LOW EDGE, NEED STREAM LOCATION

TYPE OF SOIL _____


TESTED BY G. SAUSAGE ALSO PRESENT TIM FEAGA

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



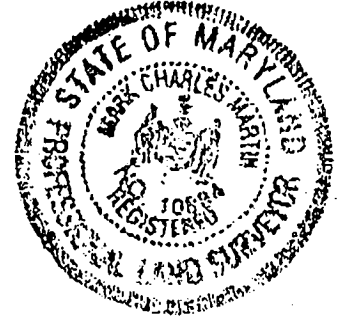
HOODS MILL ROAD
MD. RTE. 97
(MINOR ARTERIAL 80' RIGHT-OF-WAY)

8/20/97
Proposed
addition of
as shown 

LOT 1
PLAT NO. 13318
1150 HOODS MILL RD.
COOKSVILLE MD.

Benchmark Homes
8450 Savage Gullford Road
SAVAGE, MARYLAND 20763

SCALE 1" = 50'



MARION GOLDSTEIN & ZEINA DJURIN
L3727 / F.115



TOP OF WALL: 598.34'

BUILDING PERMIT # 000120991

RECORD REFERENCES LIBER/FOLIO _____ PLAT BOOK N/A PLAT NO./FOLIO 13318	WALL CHECK OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3601 PARK AVE. #101 ELICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966
	LOT 2	
SCALE 1" = 50' DATE 12-02-99	GREENSTREET PROPERTY HOWARD COUNTY MARYLAND	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin</i> 12/2/99 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10984

Building Address 1150 Heads Mill Rd.
Cooksville Md. 21039

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

Census Tract 6040 Subdivision Greenstreet

Section _____ Area _____ Lot 2

Tax Map 9 Parcel 132 Grid 11

Zoning PC-924 Map Coordinates 408 Lot size _____

Property Owner's Name Christophe Gillette

Address 1150 Heads Mill Rd.

City Cooksville State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____
 Proposed Use Same

Estimated Construction Cost \$ 47000

Description of Work Framing bsmt, drywalling
and 10x20 kitchen bump out

Contractor Company Design Const

Contact Person Ken Swiger

Address 3849 Watersville Rd.

City Mt. Airy State Md. Zip Code 21771

License No. 77185

Phone 301-748-1403 Fax 301-829-0037

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 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: <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"/>
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 # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>Depth</u> <input type="checkbox"/> <u>Width</u> <input type="checkbox"/>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input 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 _____	
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.

Kenneth W. Swiger
 Applicant's Signature

Kenneth W. Swiger
 Print Name
8.2.01
 Date

Title/Company _____

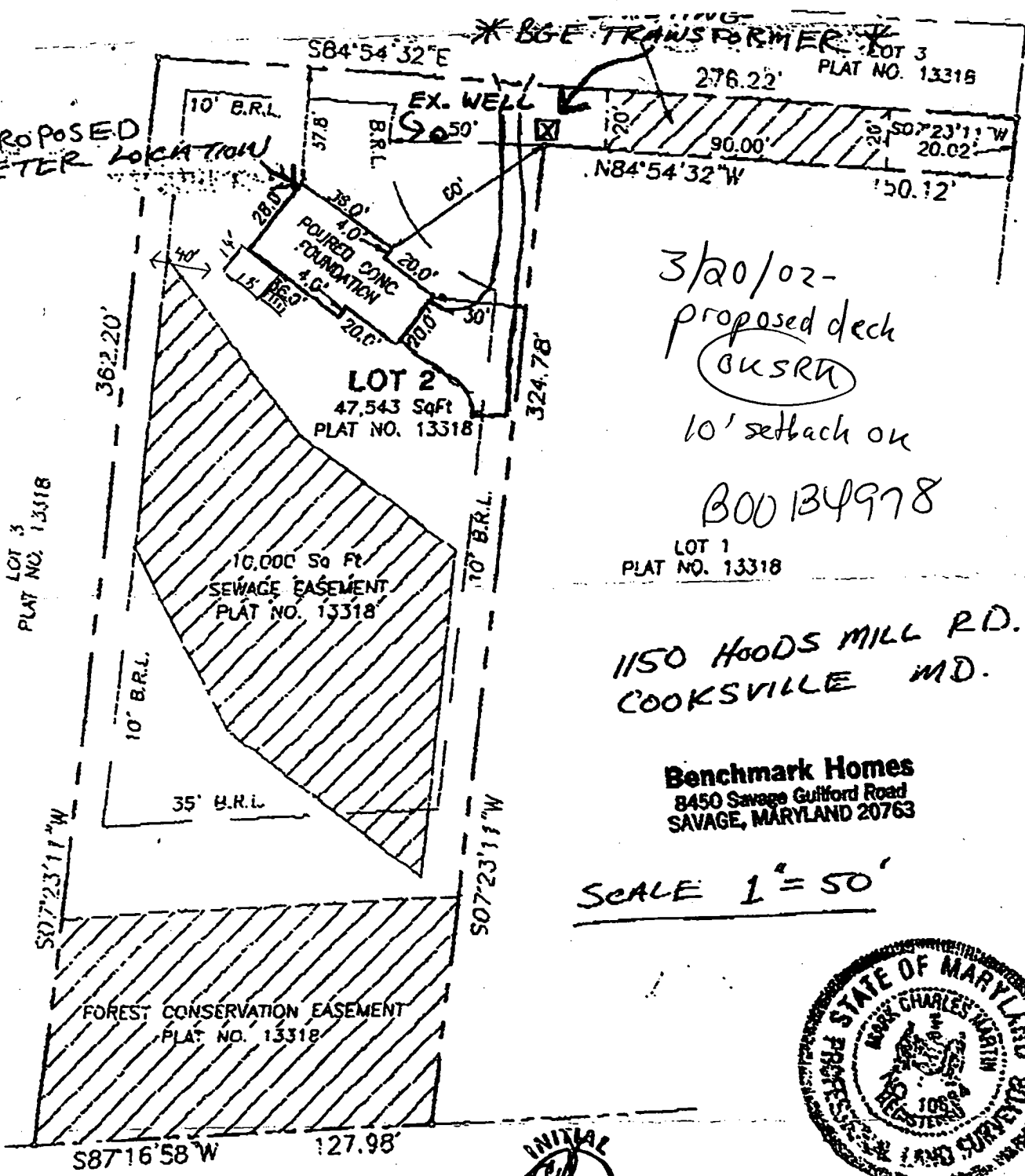
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DISSETBACK INFORMATION	PROPERTY ID
Land Development, DPZ			Front _____	1131631
State Highways			Rear _____	
Building Official			Side _____	
Dev. Engineering, ADP			Side Street _____	
Health			All minimum setbacks met? <input type="checkbox"/>	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control approval required prior to issuance?			Entrance permit required? <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			60' Coverage for New Town Zone? <input type="checkbox"/>	
			SDP/Red line approval _____	Accepted by _____

Distribution of Copies: White: Building Official; Green: LDD/DPZ; Yellow: BDD/DPZ; Pink: Health; Gold: SHA

Forms PERMIT.FRM Rev 6/13/00



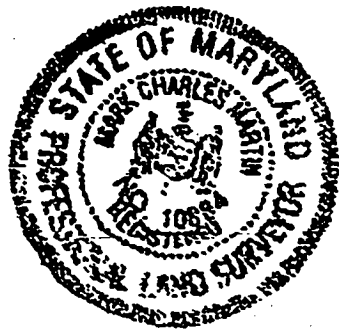
HOODS MILL ROAD
 MD. RTE. 97
 (MINOR ARTERIAL 80' RIGHT-OF-WAY)

3/20/02-
 proposed deck
 (BUSA)
 10' setback on
 BOO134978

1150 HOODS MILL RD.
 COOKSVILLE MD.

Benchmark Homes
 8450 Savage Guilford Road
 SAVAGE, MARYLAND 20763

SCALE 1" = 50'



MARION GOLDSTEIN & ZEIDA DIRIN
 L.3727 / F.115

TOP OF WALL: 598.36'

BUILDING PERMIT # BOO120991

RECORD REFERENCES DEED/FOLIO _____ AT BOOK _____ N/A AT NO./FOLIO 13318 DATE 12-02-99	WALL CHECK OF	VOGEL & ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3601 PARK AVE. #101 ELICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Martin</i> 12/2/99 MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10848
	LOT 2	
	GREENSTREET PROPERTY	
	HOWARD COUNTY	
	MARYLAND	