

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TAX ID # 04-310233

P 581137A

A REPAIR

DISTRICT 4th

DATE 04/28/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

*NGG
See Note
ABGAG BUT
(owner would not
Furnish one
end of Subject)*

DATE SYSTEM APPROVED 8/7/97

INSPECTOR [Signature]

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 2509 Hobbs Road

PROPERTY OWNER T. J. Bowling

ADDRESS 2509 Hobbs Road
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY 1500 GALLONS - TOP SEAM TANK WITH
VISUAL ALARM

"CHRISTMAS IN APRIL PROJECT"

NUMBER OF BEDROOMS 2

**BUILDING PERMIT SIGNED
AND RETURNED**

11-401 80015088-REPLACE ROOF

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO INSTALL HOLDING TANK TO SERVE BATHROOM ADDITION AND EXISTING KITCHEN
(Insufficient Lot Area For Installation of Disposal Field)
Call for inspection when tank is in place so that a sanitarian can approve the
size and location of tank. *OK/cw*

PLANS APPROVED BY C. Williams DATE 04/25/97

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

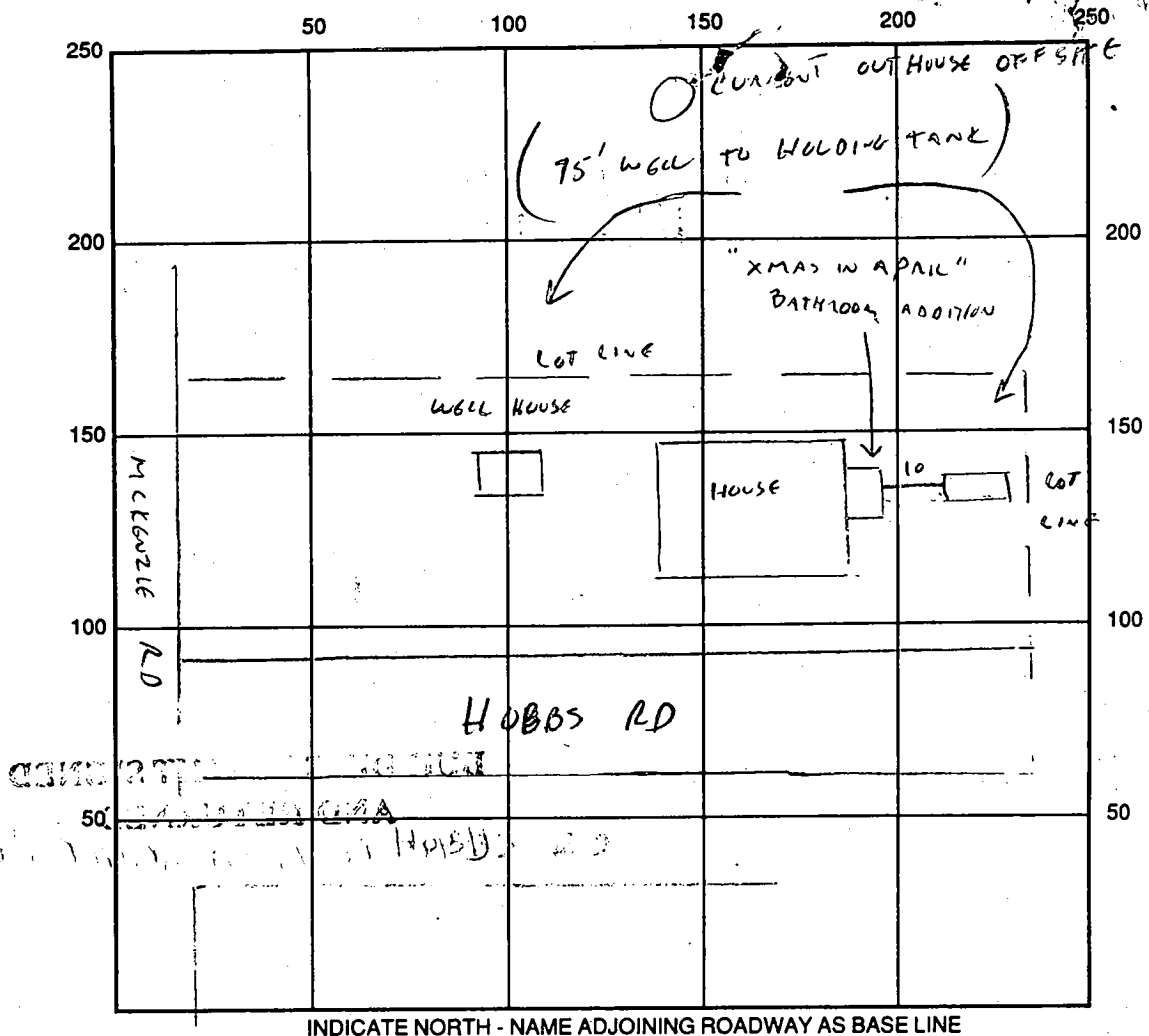
BUILDING PERMIT SIGNED

AND RETURNED

*4-29-97
Serial # B10 105078
addition - bath + kitchen*

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

P 58113-18



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HOLDING
 SEPTIC TANK LEVEL 1500 GAL TOP SEAM CLEANOUTS STV
 DISTRIBUTION BOX LEVEL N/A
 DRAIN FIELD/TITLE DEPTH N/A FT. TRENCH WIDTH FT. INLET DEPTH FT.
 EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.
 NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 4/29/97 EXISTING HOUSE, NEW BATHROOM AND EXISTING KITCHEN
TO BE PLUMBED INTO HOLDING TANK; EXISTING CLOTHES WASHER
IS HAND FILL/HAND EMPTY SO INCAPABLE OF BEING PLUMBED.

INSUFFICIENT SEPARATION FROM WELL FOR DISPOSAL FIELD INSTALLATION
SOIL CONDITIONS OBSERVED AT TANK HOLE SHOWED ROCK EXCEEDING 50% AT ALL DEPTHS. (C)

* NEED ALARMS & HOLDING TANK AGREEMENT/FISCAL RESPONSIBILITY STATEMENT FOR FINAL APPROVAL (C)

DATE SYSTEM APPROVED 5/16/97 COMPLETE INSPECTOR [Signature]

INSTALLER CERTIFIES ALARM INSTALLED & FUNCTIONAL. Alarm & functional system looks OK
 AP 8/7/97

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

4/24/97
OWNER PROVIDES
WRITTEN CONFIRMATION
OF UNOBLIGATION OF
PUMP OUT OBLIGATION FIN
HOLDING TANK; IN ABILITY
TO PAY - I WILL USE
TO SIGN HOLDING TANK AGREEMENT
DISTRICT _____
DATE _____

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 T. J. Bowling

ADDRESS 2509 Hobbs Road PHONE PCC-R. CLARKE X3440 DDU

AGENT OR PROSPECTIVE BUYER CHRISTMAS IN APRIL

ADDRESS _____ PHONE 410-489-7653

PROPERTY LOCATION: SAME AS ABOVE

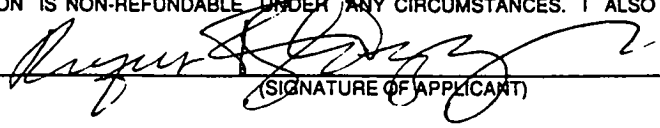
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP 14 PARCEL # 108

SIZE OF LOT 675 ft² or 1/4 Acre TYPE BLDG. Existing SFD
(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

Bolland
2509 Hobbs Rd

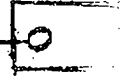
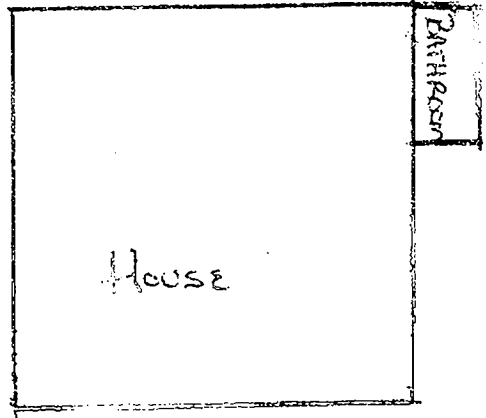
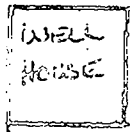
Approved Septic System Plan
Howard County Health Department

C. Will

4/28/97

Signature

Date



1500 gallon
top seam with
alarm

- EXISTING
HOUSE
ADDING BATHROOM
CONNECTING KITCHEN
~~BP PLUMBING~~
XMAS IN APRIL

Approved Septic System Plan

Howard County Health Department

Hobbs Rd

I Darvey Rockwell
certify that the
alarm is functioning
properly 5/16/97

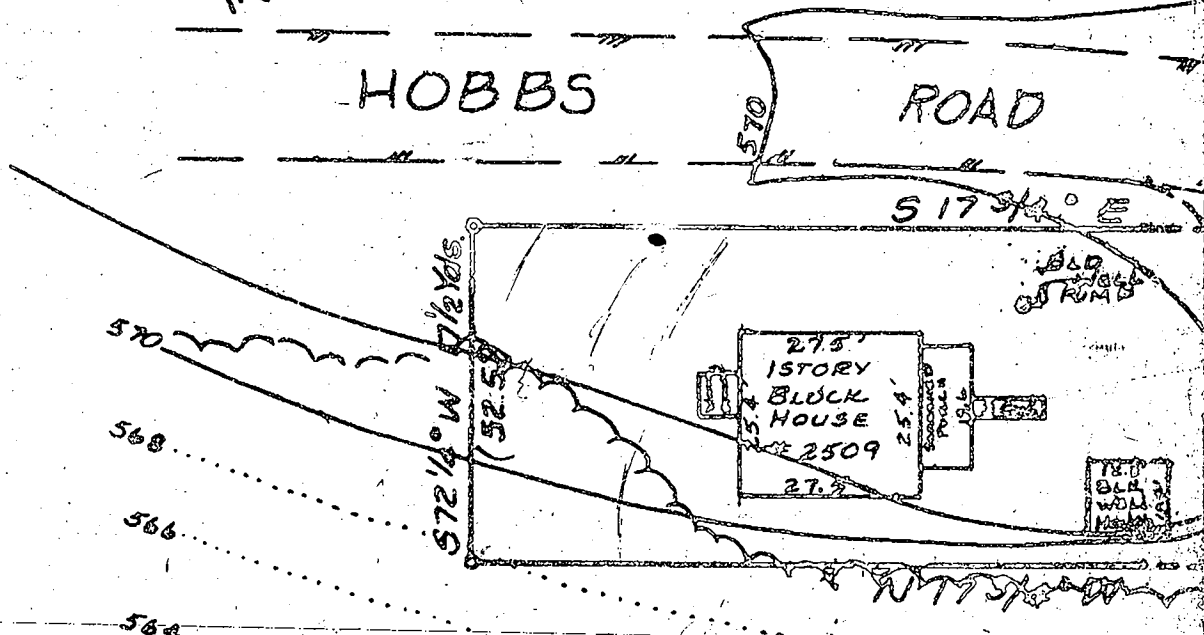
JACK FYBCK SEPTIC 531 1256 P.02

Mc Mendree Rd

ChB2

HOBBS

ROAD



ChD2

FLYWOOD
FRAME
OUT HOUSE

HQ

Post-it® Fax Note	7671	Date	4/16/97	# of pages	2
To	AMY	From	BRUCE	Co.	
Co./Dept	HEALTH DEPT.	Phone #		Phone #	
Phone #		Fax #	313 2648	Fax #	

Bolland
2509 Hobbs Rd

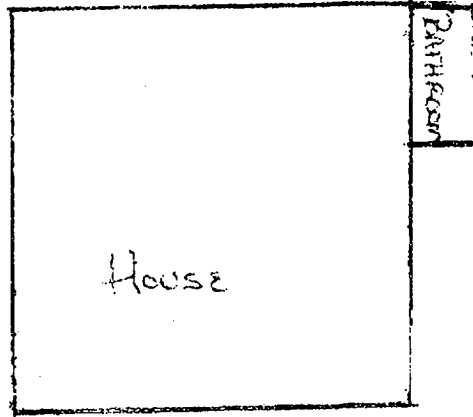
Approved Septic System Plan
Howard County Health Department

C. Will

4/28/97

Signature

Date



500 gallon
top slam with
alarm

- EXISTING
HOUSE
ADDING BATHROOM
CONNECTING TO
BP ~~PERMITS~~
XMAS IN AP

Approved Septic System Plan
Howard County Health Department

Hobbs Rd

I Darvey Rockwell
certify that the
alarm is functioning
properly 5/16/97

iment

530
Plan

P. 92

531 1256

JACK FYBICK SEPTIC

Mc Kender Rd

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

1300105078

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

2509 Hobbs Rd
Widenwood, MD 21738 29845

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Addition of Bathroom
9x10

Christmas in April

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
-	108	-	-	11	241	2570

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
General	RC-350	14	4	6040

OWNER NAME AND ADDRESS

T.J. Bowling
2509 Hobbs Rd
Widenwood, MD 21738

OCCUPANT'S NAME AND ADDRESS

Same As Owner

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS

Patriot Homes, Inc.
P.O. Box 1015
Wumbia, MD 21044

EXISTING USE

SFD

PROPOSED USE

Addition

BEST CONSTRUCTION COST

4000

LICENSE NUMBER

PERMIT FEE

NO FEE

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

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 with.

Signature: Admin

TITLE: Admin DATE: _____

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

75 min

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

10' min

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

30' min

BACK (CORNER LOT ONLY)

30' min

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.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	4/17/97	[Signature]
WATER & SEWER		
HEALTH DEPT.	4/23/97	[Signature]
FIRE PROTECTION		
STORM WATER MGMT		

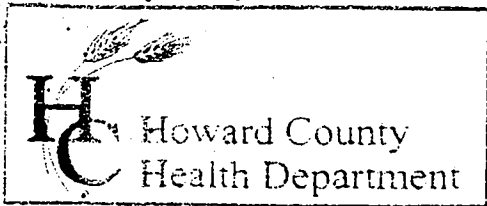
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED _____ DATE _____

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

4/17/97 Permit application in DILP
81-2 P 2:18
1997 APR 23 P 2:18
PENDING FILE/ASK
HOWARD COUNTY DEPT. OF HEALTH ENVIRONMENTAL HEALTH



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

PUBLIC INFORMATION ACT REQUEST

Property Information:		County # _____
_____	_____	_____
Current Owner's Name	2509 HOBBS RD. GLENWOOD Property Address	
_____	_____	_____
Subdivision	Lot #	
_____	_____	_____
All Prior Owner's Name's (if requested or known)	Tax Map	Parcel #

Requested Records: (Please check appropriate items)

- COMPLETE LOT FILE
- SEPTIC CONSTRUCTION PLAN
- WELL & SEPTIC LOCATION
- OTHER (specify) _____
- PERCOLATION TEST APP (includes test notes)
- WELL COMPLETION REPORT
- WELL SAMPLING RESULTS

Pick-up OR MAIL RECORDS to NAME _____
ADDRESS _____
CITY, ST, ZIP _____

I understand that I will be charged \$.60 per page copied. If staff time in record retrieval takes more than two (2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. Also, I do understand that I will not be able to request any proprietary information enclosed in the file and all copies larger than 11"x17" may best be provided by the proprietor of the document. I also realize that it may take up to thirty (30) days to process this request.

BOB ALLEN
 Applicant Name (please print)

 Applicant Signature

301-854-0670
 Applicant Phone Number
1-28-04
 Date

_____ Date Received	FOR OFFICE USE ONLY	
_____ No Record Found	_____ Date Completed	_____ # of Copies Made
	_____ Preparation Time	_____ Staff Initials

SITE INSPECTION SHEET

OWNER: F. J. Bowling

DATE REQUESTED: _____

ADDRESS: 2509 Hobbs Rd

DRILLER: _____

666wood, RD 21738

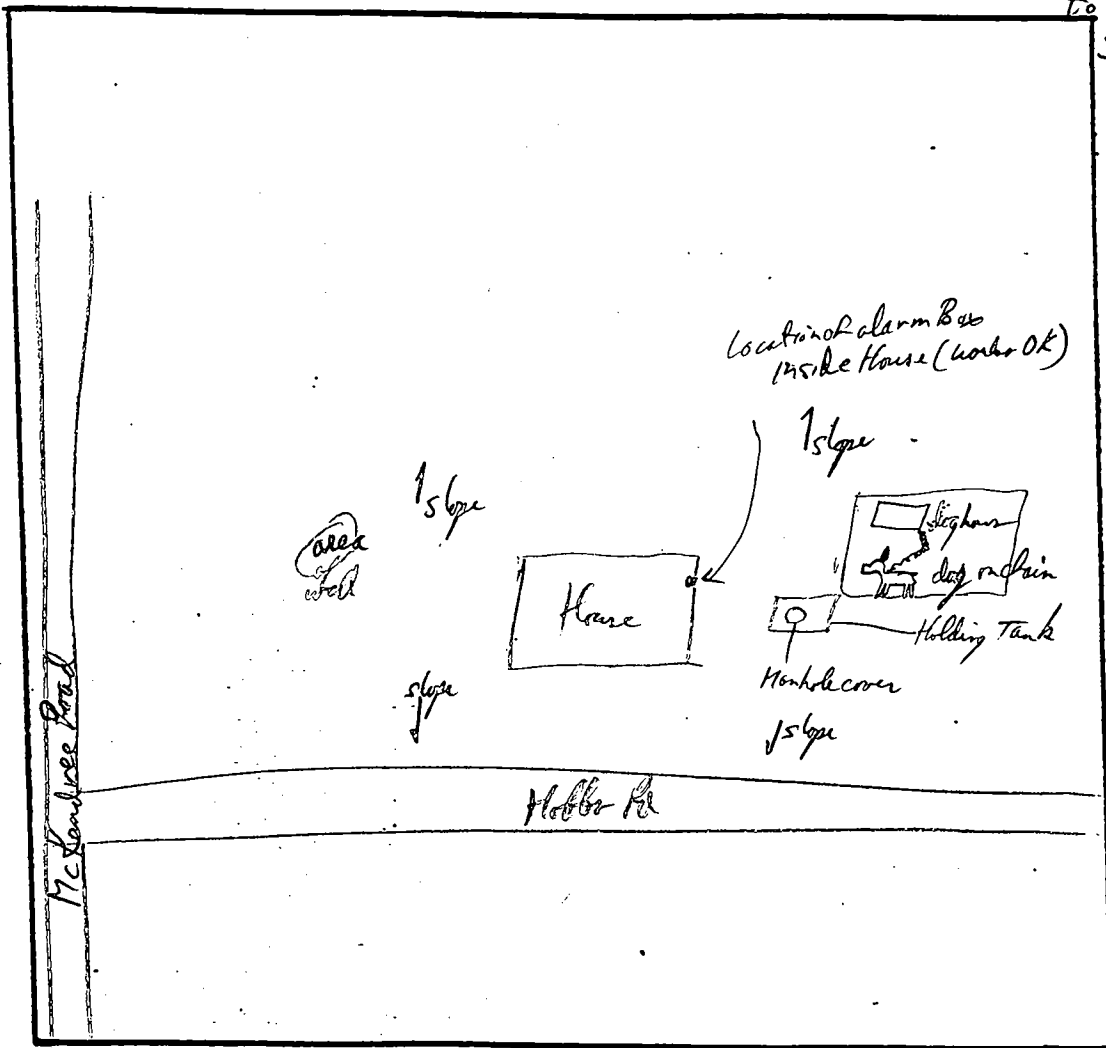
WELL TAG # _____

COUNTY # P58113 Lenoir (Holding Tank)

PROPOSAL: Check on current Functioning of a "X-Mas in April" Project

LOCATION DIAGRAM

8/7/97 } Owner complained
RP. (of Having to pay \$75
to have tank pumped,
Small Volume of
Tank (1500gal)
green light on



COMMENTS: Holding Tank has a Manhole cover (over black plastic riser) - No alarm, area is crossed & unmarked by red top - float in Tank triggers light & horn alarm in House - Alarm Test works OK. Tank is about 2/3 - 3/4 full of current time - Owner has not had to pump since Holding Tank installed in April but worried about concern from RP.

DATE: 8/7/97

INSPECTOR: [Signature]

FILE INQUIRY FORM

Property Address: 2509 Hobbs Rd

2/2/04

T/C w/ Zack Mashburn Re: Perc test possibilities; I reviewed site limitations (incl. soils, parcel size, offsite options) (MR)

! T/C w/ David Lenz Re: same, altho (MR)
I did make general reference to potential of moving well & installing drip system

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Property Address: 2509 Hobbs Rd

2/2/04

T/C w/ Zack Mashburn Re: Perc test
possibilities; I reviewed site limitations
(incl. soils, parcel size, offsite options) (MR)

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moving well & installing drip system

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 T. J. Bowling

ADDRESS 2509 Hobbs Road PHONE POC-R. CLANZY X3440 DPW

AGENT OR PROSPECTIVE BUYER CHRISTMAS IN APRIL

ADDRESS _____ PHONE _____

PROPERTY LOCATION: SAME AS ABOVE

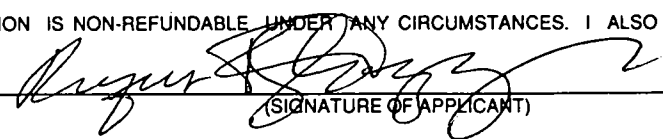
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP 14 PARCEL # 108

SIZE OF LOT 675 ft² or 1/4 Acre TYPE BLDG. Existing SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

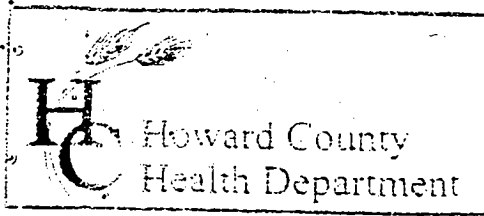
HOLD PENDING FURTHER TESTS _____

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

PUBLIC INFORMATION ACT REQUEST

Property Information:		County # _____
<u>Steven Ryder</u> Current Owner's Name	<u>2509 Hobbs Rd</u> Property Address	
Subdivision _____	Lot # _____	
All Prior Owner's Name's (if requested or known) _____	Tax Map _____	Parcel # _____

Requested Records: (Please check appropriate items)

- | | |
|--|--|
| <input checked="" type="checkbox"/> COMPLETE LOT FILE | <input checked="" type="checkbox"/> PERCOLATION TEST APP (includes test notes) |
| <input checked="" type="checkbox"/> SEPTIC CONSTRUCTION PLAN | <input type="checkbox"/> WELL COMPLETION REPORT |
| <input checked="" type="checkbox"/> WELL & SEPTIC LOCATION | <input type="checkbox"/> WELL SAMPLING RESULTS |
| <input type="checkbox"/> OTHER (specify) _____ | |

Pick-up OR
 MAIL RECORDS to NAME _____
 ADDRESS _____
 CITY, ST, ZIP _____

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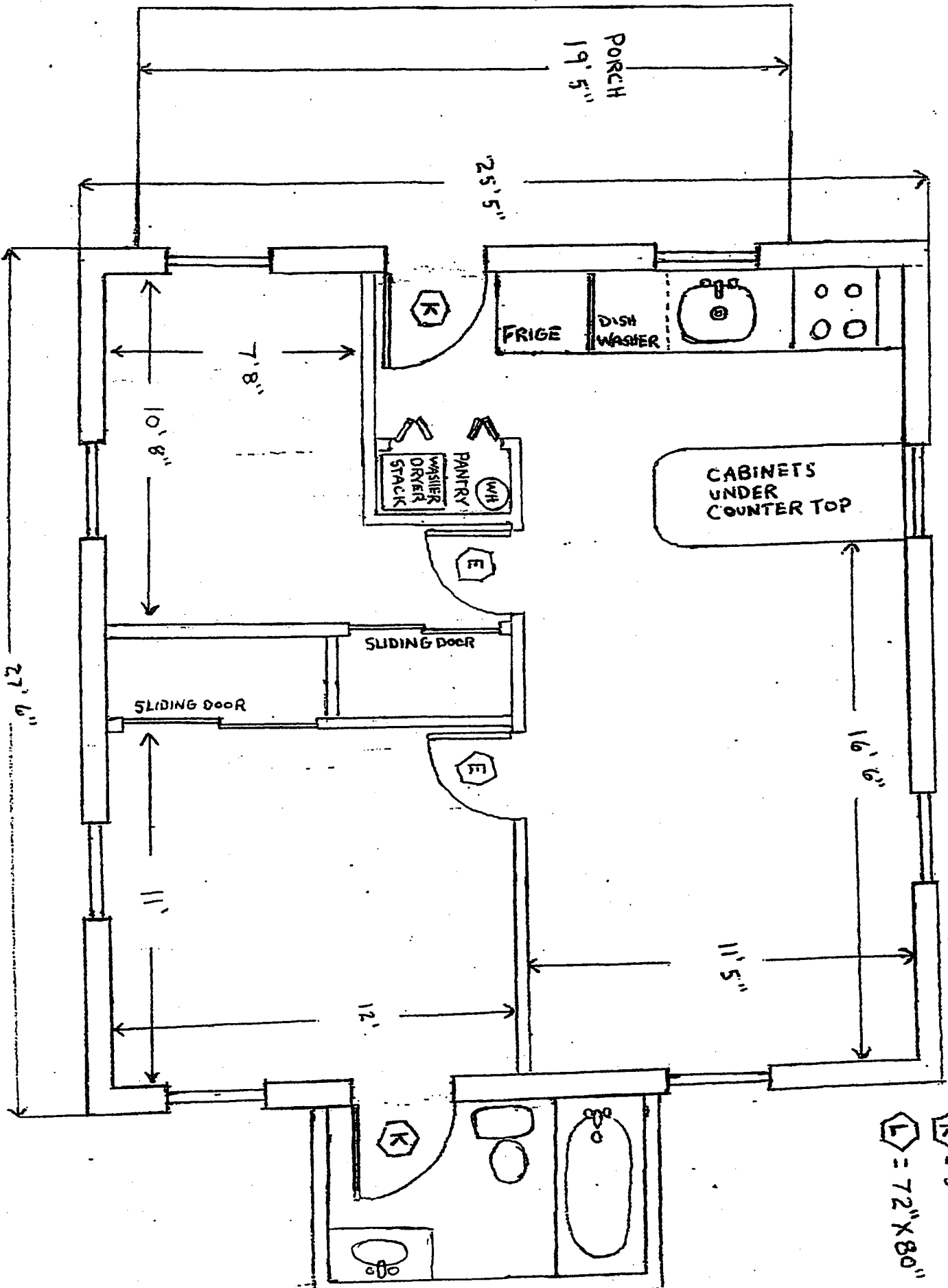
Zack S Mashburn
Applicant Name (please print)

301-252-1256
Applicant Phone Number

Zack S Mashburn
Applicant Signature

3/29/04
Date

_____ Date Received	FOR OFFICE USE ONLY	_____ # of Copies Made
_____ No Record Found	_____ Date Completed	_____ Staff Initials
	_____ Preparation Time	



E = 34" X 80"
 K = 34" X 80"
 L = 72" X 80"

R/17/1114

IMP FD SURE \$	20.00
RECORDING FEE	20.00
CERTIFIED COPY	5.00
PHOTOCOPY-A	0.50
TOTAL	45.50
Reg# H003	Rept # 13589
NR# JPH	Slk # 1219
Oct 19, 2004	01:51 PM

CONSENT AGREEMENT FOR USE OF HOLDING TANKS TO CORRECT FAILING SEWAGE SYSTEM

THIS AGREEMENT made this 19 day of October, 2004, by and between Zack S. Mashburn HEREINAFTER REFERRED TO AS Owner, and the Howard County Bureau of Environmental Health, HEREINAFTER REFERRED TO AS the Bureau.

WHEREAS, Owner is seized and possessed of a tract of land at 2509 Hobbs Rd Glenwood Md 21738, known as Tax Map 108, Parcel 108, Block 11, the deed to same being recorded among the land records of Howard County, Maryland in Liber _____, Folio _____.

WHEREAS, the Howard County Bureau of Environmental Health has advised the Owner of the need to correct the on-site sewage disposal problems and all parties concerned recognize the only alternative available is a holding tank system.

WHEREAS, Owner's land meets requirements of COMAR 26.04.02 for installation of a holding tank. NOW THEREFORE, the parties hereto agree as follows:

- A. The Owner will install a holding tank(s) consistent with the design approved and permitted by the Bureau and follow the relevant provisions of COMAR 26.04.02 in regards to holding tank operation.
- B. Owner agrees to insure reasonable access to the property and system by the Bureau as well as to provide any information requested by the Bureau to assure proper operation and maintenance of the holding tank(s).
- C. Owner agrees that there shall be no liability on the part of the County or Bureau to Owner if the holding tank(s) is not properly maintained.
- D. Owner acknowledges and agrees that neither the Bureau nor any of its

20
20
PT
-5.00-
cat
-.50-
copy

agents or employees, either officially or individually underwrites the operation of the holding tank(s) and it is understood that the holding tank(s) is a last resort method to correct existing sewage disposal problems on the property.

E. The Owner will devote such care and effort to the maintenance of the holding tank(s) so that it shall not malfunction and cause pollution at the ground surface, the waters of the state, or create a nuisance.

F. The Owner agrees that he shall not alter or tamper with the holding tank(s) in any way that would cause it to malfunction or change it from its extended purpose of sewage storage with the sewage disposal being accomplished by a scavenger.

G. The Owner agrees that, should the holding tank(s) be determined to pose a threat to the public health, safety or comfort, the Bureau may order any necessary changes or corrections for which the Owner agrees to pay. System modification may include requirements for additional tanks and/or more frequent pumping of the holding tank(s).

H. The Owner understands that if violations occur from failure to maintain the holding tank(s) properly, the Bureau may take legal action to insure compliance.

I. The Owner shall contact the Howard County Bureau of Environmental Health at least 24 hours prior to system completion so that the Bureau may inspect the system in the field with the installer. The Owner further agrees that this system will be installed according to the plans and specifications approved by the Bureau and any changes determined to be necessary by the Bureau as a result of reviewing the field conditions.

J. This agreement shall run with the land and binds the Owner, his heirs, successors or assigns to the provisions of the agreement as long as the property is in existence. Owner further agrees that he/she shall inform any purchaser or lessee of the property of the holding tank(s) and all conditions in association with it.

K. Owner agrees to record this agreement in the land records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be made aware of the special conditions affecting this property. This agreement shall not be construed to limit any authority of the Bureau to protect the public health, safety or comfort or to issue any other orders or take any other action which is now or may hereinafter be within its authority.

L. Owner certifies that he has obtained a cost estimate and is financially capable of having the sewage removed from the holding tank(s) by a permitted sewage waste hauler on a regular basis so that the holding tank(s) never overflows. The Owner further agrees to enter into and maintain a written service contract which will be renewed annually with

any permitted scavenger and will forward a copy to the Bureau prior to the approval of the permit for the holding tank(s) installation and annually thereafter.

M. If the Owner installs any new plumbing, he/she shall install only water conserving fixtures (e.g. toilets installed will use no more than 1.6 gallons of water per flush).

N. The Owner shall not perform any renovations or remodeling which enlarges the retail area or results in any change of use which could lead to a potential increase in wastewater discharge.

O. The approval of a holding tank system provided for in this agreement is only for an interim period until public sewerage facilities become available, at which time the Owner shall connect all buildings to the public facilities and shall properly abandon and back fill the holding tank(s).

P. The Owner shall provide notice of continuous pumping of the tank(s) by a licensed scavenger as evidenced by submitting copies of pumping receipts to the Bureau on a quarterly basis.

WITNESS, the hand and seal of the parties hereto.

DATE: 10/19/04
OWNER: Zack S. Mashburn
Zack S. Mashburn

DATE: _____
OWNER: _____

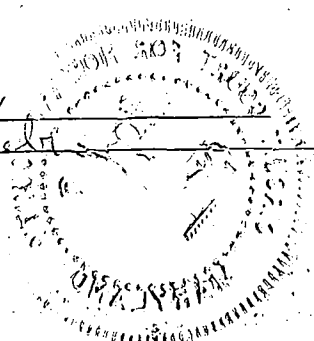
DATE: _____
OWNER: _____

DATE: 10/18/04
[Signature]

Sanitarian, Howard County
Bureau of Environmental Health

DATE: 10/18/04
[Signature]

Director, Howard County
Bureau of Environmental Health



STATE OF MARYLAND, HOWARD COUNTY, TO WIT
I HEREBY CERTIFY that the foregoing is a true copy of the original
Agreement recorded in
Liber 8708 No. 202 folio 251, etc., one of the Land
Records of Howard County, Maryland.

IN TESTIMONY WHEREOF, I hereto set my hand and
affix the seal of the Circuit Court for Howard
County, this 19th day of October 2004

Margaret D. Pappapout
Clerk of the Circuit Court of Howard
County, Maryland

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COURT HOUSE DRIVE
FLETCO 311 CITY, MD 21783
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1010
AUTOMATED INFORMATION (410) 313-3990

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00150838

Building Address 2509 Hobbs Rd
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 14 Parcel 108 Grid 11
Zoning RCDFD Map Coordinates 9D3 Lot size 1,244

Property Owner's Name Zack S. Mashburn
Address 2509 Hobbs Rd
City Glenwood State MD Zip Code 21738
Home Phone 301-252-1256 Work Phone 301-252-1256
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone 301-252-1256 Fax _____

Existing Use Single family home
Proposed Use Same
Estimated Construction Cost \$ 20,000.00
Description of Work Replace existing roof
& interior alterations to existing
dwellings

Contractor Company Self
Contact Person Zack Mashburn
Address 2509 Hobbs Rd
City Glenwood State MD Zip Code 21738
License No. _____
Phone 301-252-1256 Fax _____

Occupant or Tenant Zack Mashburn
Contact Name Same
Address 2509 Hobbs Rd
City Glenwood State MD Zip Code 21738
Phone 301-252-1256 Fax _____

Engineer or Architect Company Self
Contact Person Zack Mashburn
Address 2509 Hobbs Rd
City Glenwood State MD Zip Code 21738
Phone 301-252-1256 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ Full
____ Partial
____ Other Suppression
____ # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
____ Depth _____ Width _____
1st floor: 26' 27'
2nd floor: NA
Basement: NA
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms: _____
Multi-family dwellings: NA
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: NA
Dimensions: _____
Footings: _____
Roof: _____
____ State Certified Modular
____ Manufactured Home

Water Supply:
____ Public
 Private
Sewage Disposal:
____ Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Zack S. Mashburn
Applicant's Signature
owner
Title/Company

Zack S. Mashburn
Print Name
10/20/04
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
 Health 11/04/04 [Signature]
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO

DPZ-SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 29245
Filing fee \$ 25
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 535
Validation # 79770

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by [Signature]

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

Attn John Boris

from Zack Mashburn 301-252-1256

