

4-24-98
Final?
Afternoon
8-5-98
p.m. e.o.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510109
510109
A 19862

DISTRICT 3rd

DATE 4-23-98

03-303152

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 8-5-98

~~XXXXXXXX~~ 410-313-2640

INSPECTOR SH

INDEXED

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

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Crest Acres LOT 2 ROAD 12004 Mettee Road

PROPERTY OWNER Rodney F. Anderson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS **PUMPED SEPTIC SYSTEM**
INSTALL: 1-1000 Gallon Top Seamed Pump Chamber.

NUMBER OF BEDROOMS 3 NOTES; - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM (540) - Pump Performance test is necessary prior to health department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 180 68 *TO REVISED SPECS BELOW*
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 - Place the distribution box 90 feet off the front lot line and 50 feet off the left lot line as seen when facing the lot from Mettee Road. Run trenches along contour towards Mettee Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/w*

SPECS REVISED 8-5-98 INLET 3, BOTTOM 10, 1' STONE TRENCH TO BE 3' WIDE SH

PLANS APPROVED BY Donna K. Soe DATE 04/02/98

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**

BLDG PERMITS SIGNED AND RETURNED 8/8/01
300131891 Deck addition on rear of home w/ steps to ground

510109



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 3, 1999

Rodney F. Anderson
1806 Westchester Ave.
Catonsville, Md. 21228

Re: Lot 2 Crest Acres
12004 Mettee Rd.

Dear Mr. Anderson,

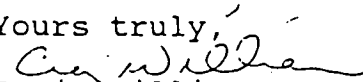
You reported to this office that you were in discussion with Howard County Sediment Control officials to remediate a problem associated with the additional surface water discharge to a neighboring property resulting from your raingutter leaders.

The solution under consideration was to redirect the discharge onto a portion of the septic system reserve area. While such a solution is never in the best interest of proper septic system function, it generally can be accomplished with minimal impact in situations where there can be dispersal over a broad portion of the area.

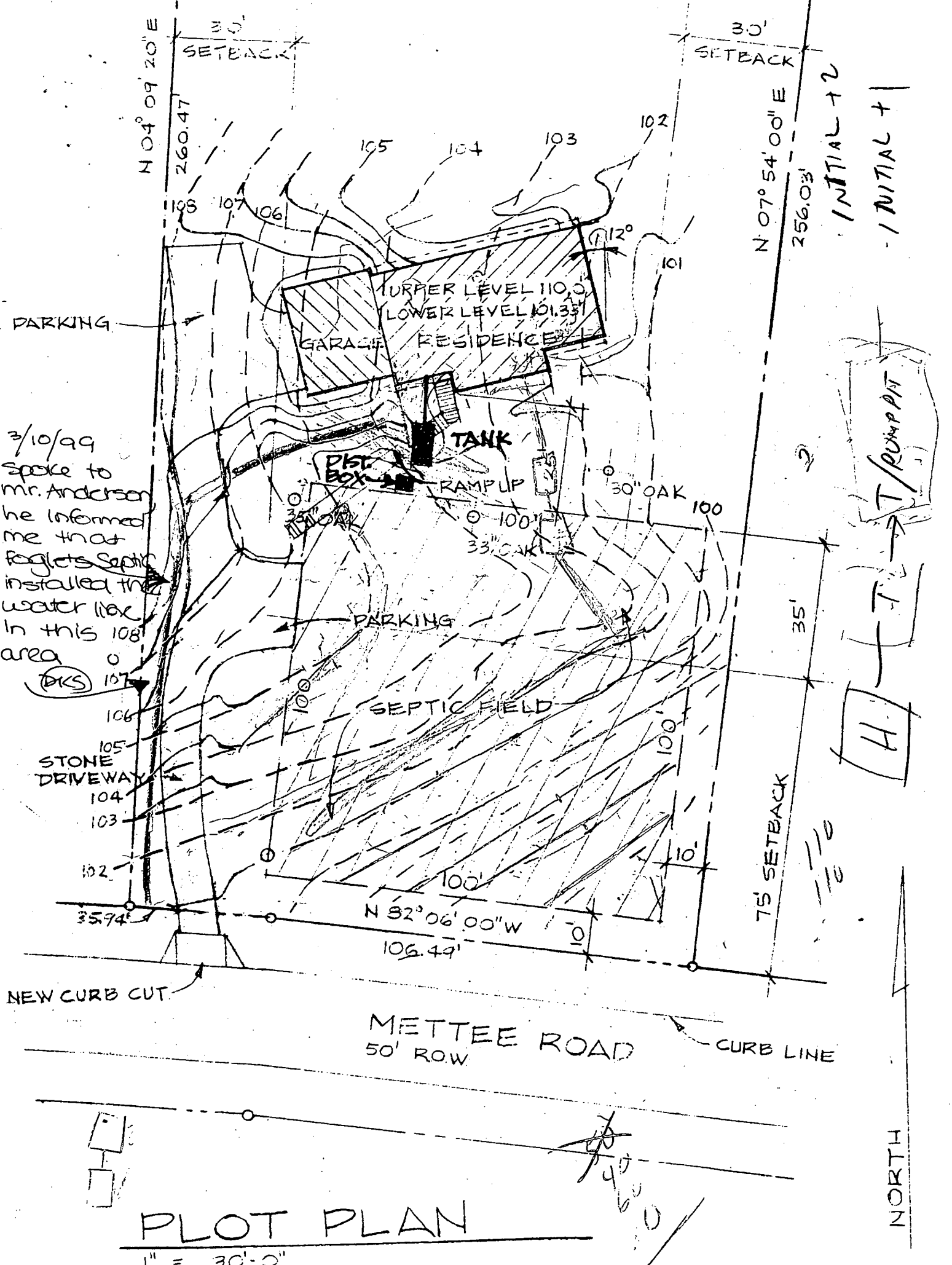
This does not seem to be the case in your situation since the topography would require trenching near and through portions of the septic area. Changing the topogography is not an appropriate option since septic systems are to be installed in original soils, as close to the surface as practical.

For this reason, we strongly urge consideration of other options.

Please feel free to contact me if you have any additional questions regarding this matter.

Yours truly,

Craig Williams, Sanitarian

cc: Richard Powell - Sediment Control



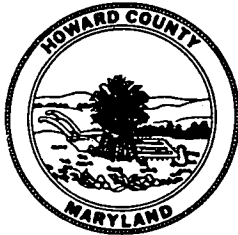
3/10/99
 spoke to
 Mr. Anderson
 he informed
 me that
 Foglet's Septic
 installed the
 water line
 in this 108'
 area

INITIAL + 2
 - INITIAL + 1

PLOT PLAN
 1" = 30'-0"

NORTH

40
 40
 60
 10



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 26, 1994

Mr. Richard Hesse
4515 Mustering Drum
Ellicott City, Maryland 21042

RE: Percolation Test Approval
Lot #2 Crest Acres

Dear Mr. Hesse:

This is to confirm that the above referenced property passed the standard percolation test on January 19, 1976 and is considered a buildable lot. Prior to issuance of a building permit for this lot an approvable well must be drilled; then an acceptable building site and elevation plan must be reviewed by this department.

If you have any additional questions regarding this matter, please contact this department at 313-2640.

Respectfully,

Craig Williams, Director
Water and Sewerage Program

CW:bc

Enclosures

10/28/97
TALKED TO CONTRACT BUYER WHO WANTED ANOTHER CERTIFICATION LETTER. I SUGGESTED IT WOULD NOT PROVIDE THE PROTECTION HE THOUGHT IT MIGHT. PERAC TEST DONT EAPING, BUT IF SOILS ENCOUNTERED AT TIME OF INSTALLATION WAS DIFFERENT THAN INTENDED THEN SYSTEM DESIGN WOULD HAVE TO BE ADAPTED REGARDLESS OF ANY CERTIFICATION!! THEN WE DISCUSSED THE LIKELIHOOD OF A PROBLEM AND THE INTENT TO DO WHAT WAS APPROPRIATE IN TERMS OF SYSTEM DESIGN BUT NOT TO PROHIBIT CONSTRUCTION!

APPLICATION

A 19862

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 4/26/74

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bradley T. J. Mettee, Jr. Rodney F. Anderson

ADDRESS 1906 Cedar Circle, Baltimore, Md. 21228 PHONE 744-2660

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Road A (12004 METTEE ROAD)

SIZE OF LOT 40,000 sq. ft. ± TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Purdum and Jeschke

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

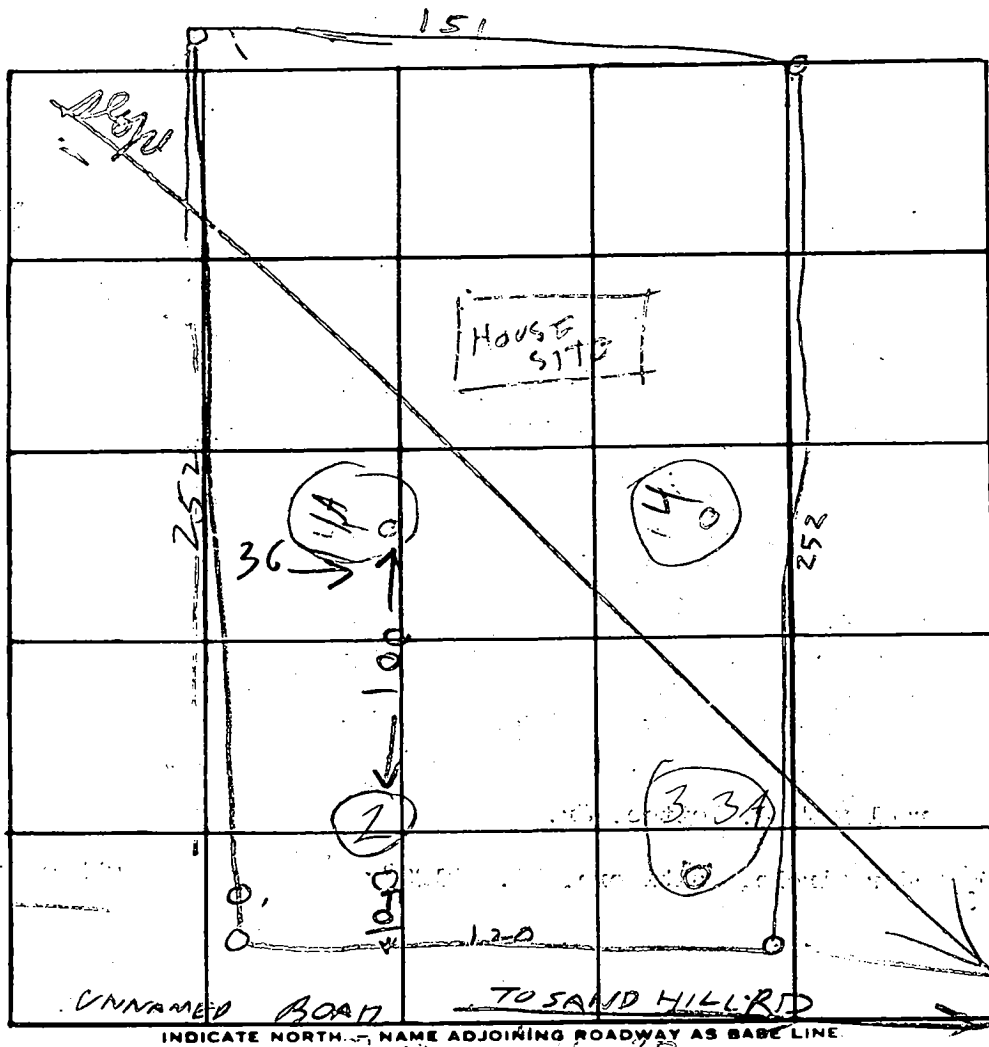
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 4/4/78
Quil # B70170599
SFD-3BIM

THIS IS NOT A PERMIT



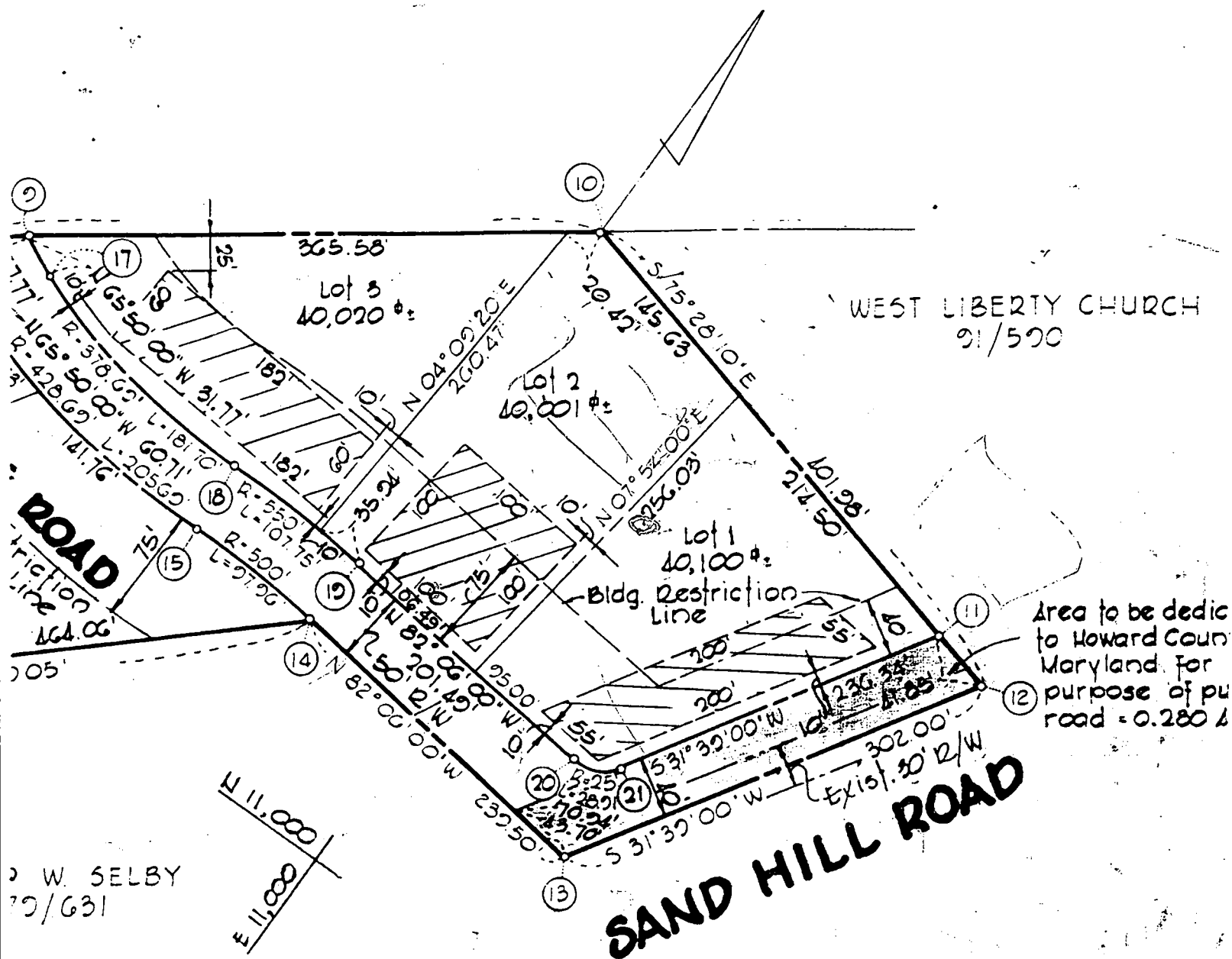
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	5'	135	137	137	140	3
	1A	12'	135	139	137	141	4
	2	11'	4' TOP OF CLAY		REST OK		
	3	5'	128	131	131	137	6
	3A	12'	128	130	130	133	3
	4	10'	TOP 3' CLAY		REST OK		

average
 4
 max
 depth
 4

REMARKS H₂O - Most be California

TYPE OF SOIL _____

TESTED BY R.H. & H2 ALSO PRESENT: Fryer



WEST LIBERTY CHURCH
91/500

Area to be dedic
to Howard Coun
Maryland for
purpose of pu
road = 0.280 A

SAND HILL ROAD

W. SELBY
79/631

RECORDED IN PLAT BOOK 3356
ON Dec 24 1974 AMONG THE LAND RECORDS OF
HOWARD COUNTY, MD.

CREST ACRES

3rd ELECTION DISTRICT HOWARD COUNTY, MD.
AUGUST, 1974 SCALE: 1"=100'

ENGINEER'S CERTIFICATE

hereby certify that the final plat shown hereon
subdivision of part of the land conveyed by

PURDUM,
&

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

30010599

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

12004 METICE ROAD
MADISONVILLE 21104

34863

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

New Residence, 3 bedrooms,
2 bathrms., one level with
a walkout lower level, rear
garage & a great room

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2	379	-	-	1	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Crest Acres		RKD	11c	3	6030	

OWNER NAME AND ADDRESS
Rodney E. Anderson
1506 Westchester Ave
Catonville, MD. 21228
PHONE NO. 410-744-4439

OCCUPANT'S NAME AND ADDRESS
Owner
PHONE NO. 997-1800

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Egge's installed water line
PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
Owner
PHONE NO.

EXISTING USE	PROPOSED USE
Vacant Lot	Single Family Detached

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$145,700.00		

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS		FOUNDATION	S. WALLS

UTILITIES
 WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT Oil 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 complied with.

Rodney E. Anderson
 Signature
 Owner TITLE 3-20-98 DATE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW 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.	4/6/98	C. W. [Signature]
FIRE PROTECTION		
STORM WATER MGMT		

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.

LP-69-591 ck 90

APPROVED _____ DATE _____

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

C
A

11-17-97 Confirmation of acceptable soils completed
Well on adjacent lot may be less than 100'
from approved septic easement on Lot 2.
Owner of lot ~~2~~ unsure of actual existing
well location.

11-18-97 Property file for lot 1 found - no actual well
location shown.
Mr. Anderson knows the original property
owner and will ask about actual well site.
Mr. Anderson to submit building permit
drawings soon also.

SITE INSPECTION SHEET

OWNER: ROD ANDERSON

DATE REQUESTED: 4/17/97 10:00

ADDRESS: _____

EXCAVATOR - JONATHAN FOLLMER
DRILLER: _____

410-744-4439

WELL TAG # 442-1541

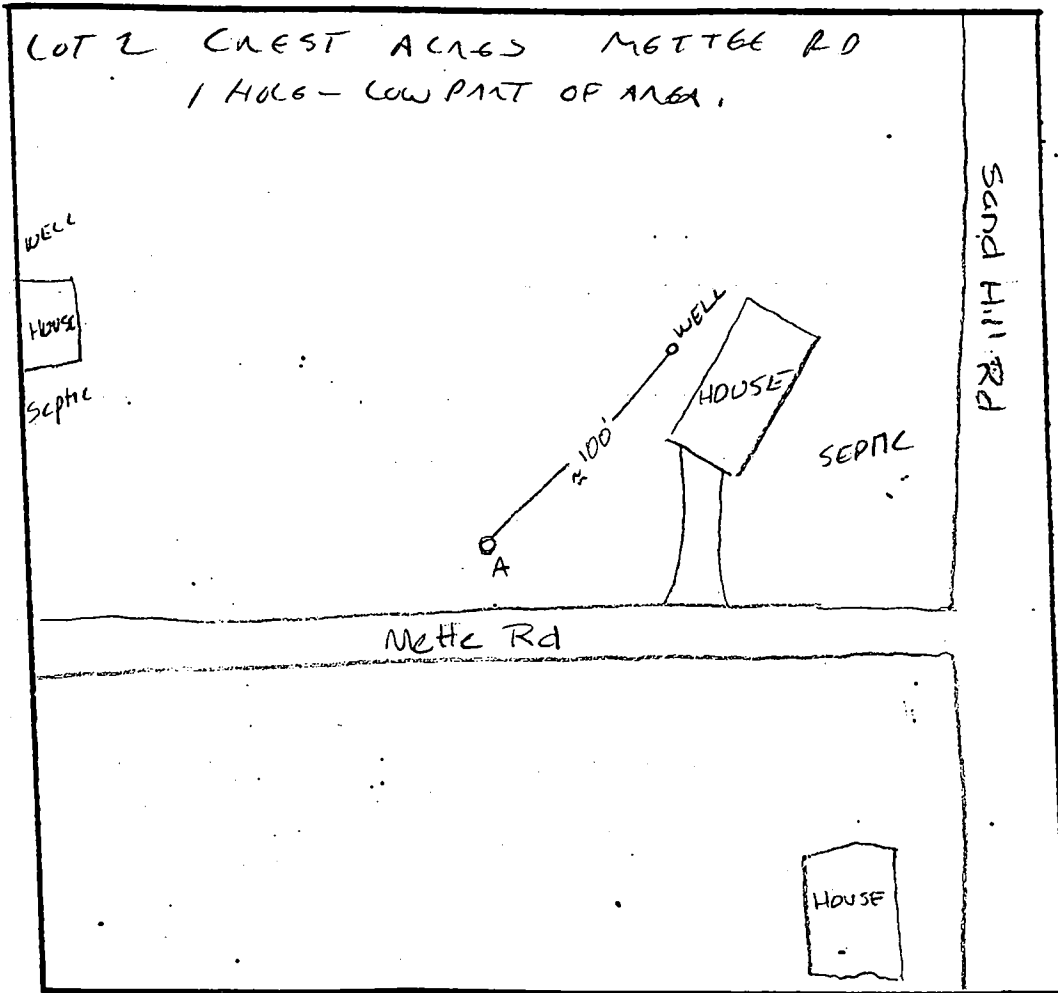
W 410-997-1000

COUNTY # _____

PROPOSAL: VOLUNTARY REEXAMINATION OF APPROVED SEPTIC AREA,

PROPERTY FILE W/ PIC RECORDS & PLAT WERE REVIEWED WITH OWNER,
BUT ARE NOT AVAILABLE AT THIS TIME. OWNER HAS COPY OF PLAT. (CW)

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____

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

*To ADJUST SYSTEM
DESIGN TO
OEEP SYSTEM
CONTOUR AND TREES
PROBLEMATIC FOR
APPROVED DESIGN* *JA*

DISTRICT _____

DATE 8-5-98

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 Rosney Anderson

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION CREST ACRES LOT NO. 2

ROAD AND DESCRIPTION 12004 METTICE ROAD

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

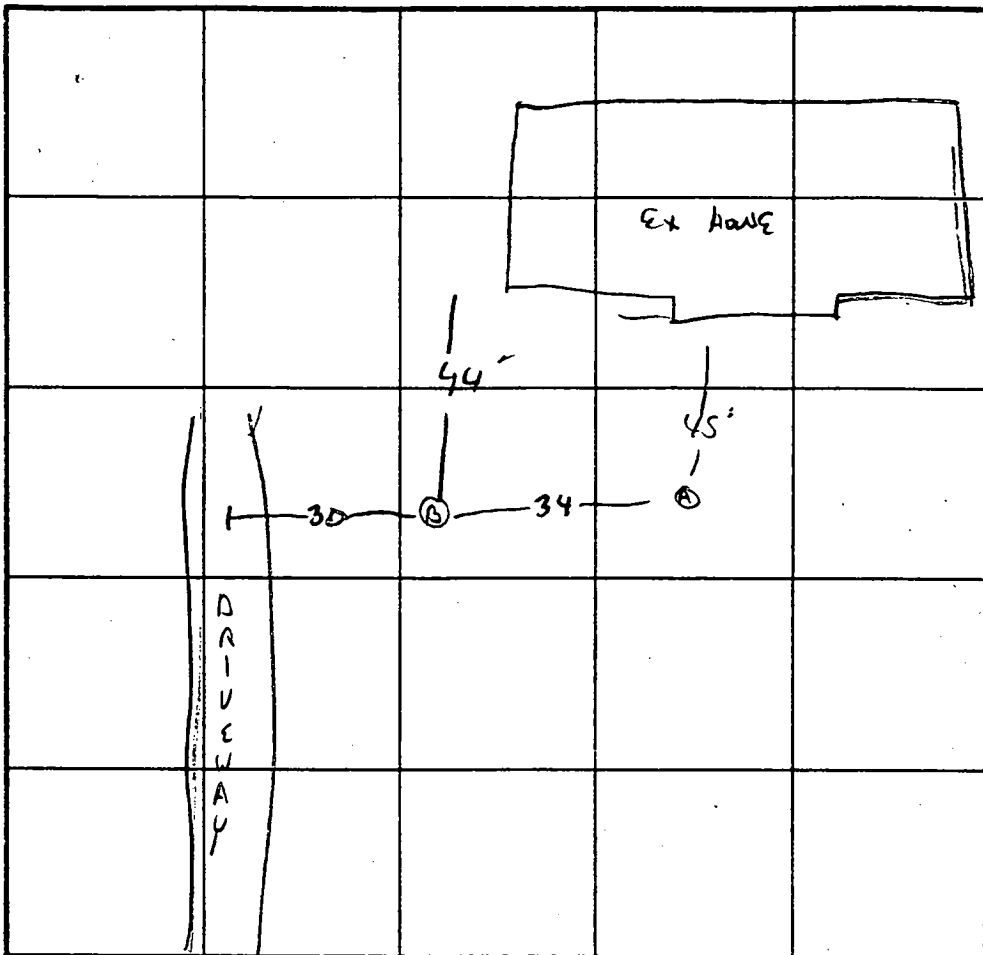
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

A19862

COUNTY #



SOIL PROFILE A

0'
TOPSOIL
ORANGE
CLAY
3-4
MICAENUS
TAN
SL
FEW ROCK
FRAGS
ROOTS TO 10
NO H₂O
INDICATORS
17
DRY

SOIL PROFILE B

0'
SIMILAR
TO A
5-10
3 Rock
FRAGS
GREY
SL AT
BOTTOM
15.9"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. METZEL ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/5/98	A	17	✓		OK	3-10	EXPECT 3-7
	B	15.9	✓		OK	3-10	

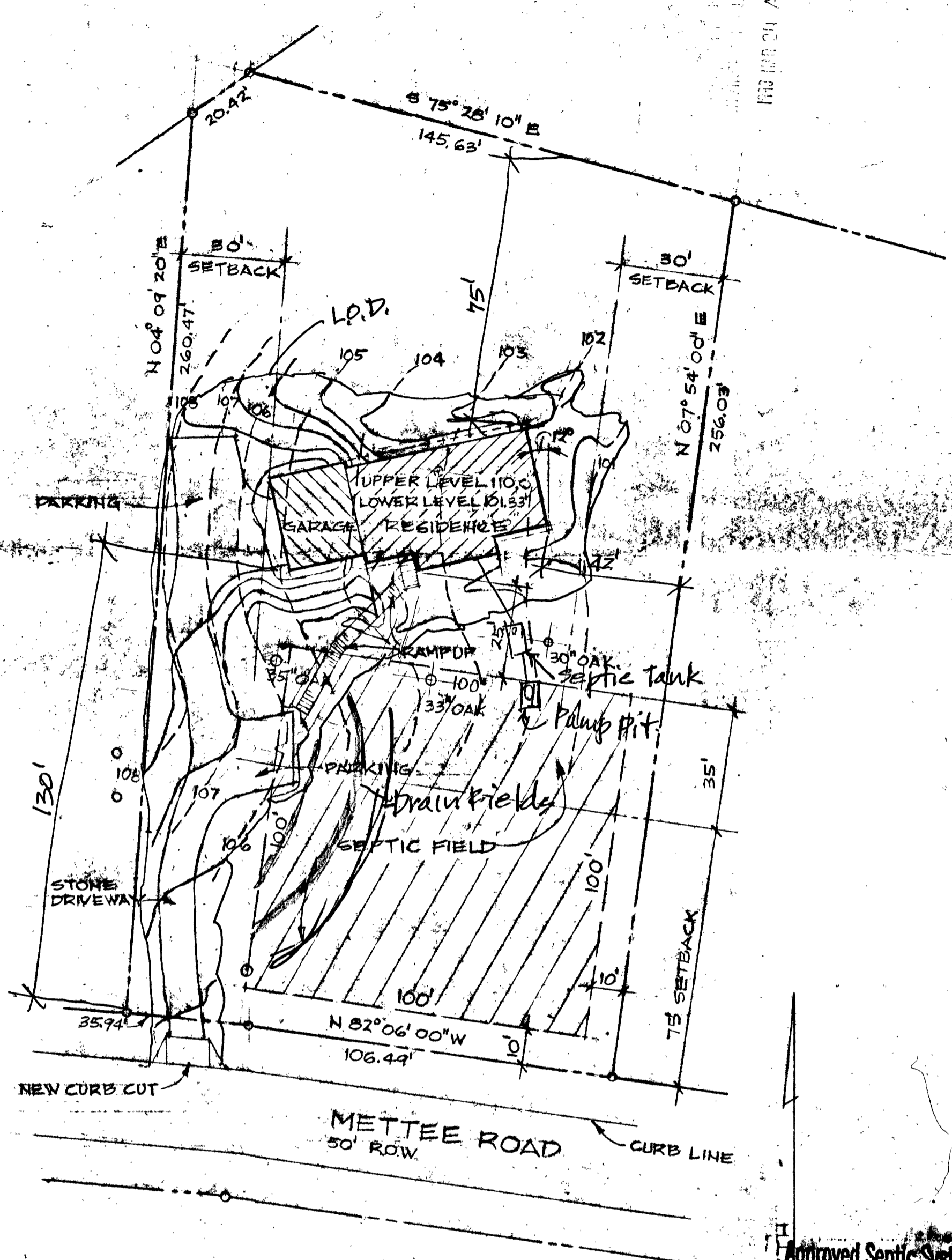
REMARKS _____

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT FOGLES

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



PLOT PLAN
1" = 30'-0"

Propose Whole House Pumped Septic Trench Length as Determined in The Field. Pump Elevation Detail To Be Supplied by Septic Contractor Prior to Issuance of Septic Permit. Property Served By Public Water. By Acceptance of This Plan, Health Dept. Accepts Minor Encroachment On Recorded Sewage Easement. (Driveway & Walkway).
Rodney E. Anderson
4-6-98

Approved Septic System Plan
Howard County Health Department
800110599 3 BN
C. Will 4/7/98
Signature Date
PUMPED SYSTEM

Total linear feet of trench required 150 feet
Width of trench (as) 3 feet
Depth of trench (as) 5 feet
Depth of stone required below distribution pipe 2 feet

DESIGNER
RODNEY E. ANDERSON

REVISIONS		
NO.	DATE	ITEM

ANDERSON
RESIDENCE
LOT 2 METTEE ROAD

PLOT PLAN	
PROJECT NUMBER	DRAWING NUMBER
PRELIMINARY ISSUE PERMIT ISSUE 3-19-98 CONSTRUCTION ISSUE	A-1
SCALE	

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 004
Receiver : INSPECTIONS&ENFO
Transmitter : HOOO ENVHEALTH
Date : Jan 21.:0 12:32
Time : 00'35
Mode : NGRM
Document : 01 Pages
Result : O K



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 21, 2000

Rodney F. Anderson
1806 Westchester Avenue
Catonsville, MD 21228

RE: Crest Acres - Lot 2
12004 Mettee Road
BP# B00110599

Dear Mr. Anderson:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 6, 1998.

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

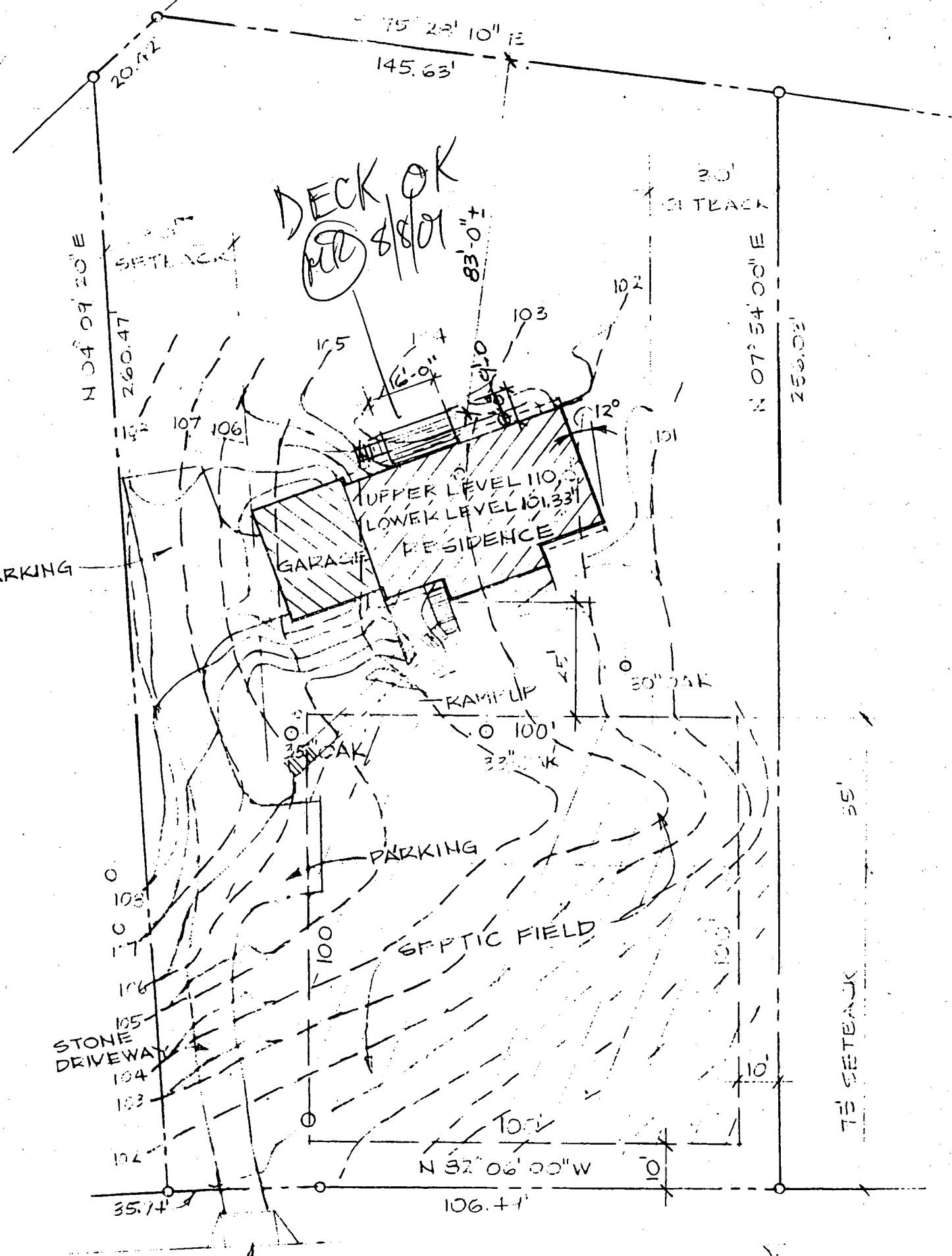
By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority

Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: Department of Inspections, Licenses and Permits
File



DECK OK
PUL 8/8/01

UPPER LEVEL 110.33'
LOWER LEVEL 101.33'

GARAGE

RESIDENCE

PARKING

SEPTIC FIELD

RAMP UP

STONE DRIVEWAY

NEW CURB CUT

METTER KOA
50' ROW

CURB LINE

N 04° 09' 20" E

75° 22' 10" E
145.63'

N 07° 54' 00" E

N 32° 06' 00" W

20.62

260.47

256.02

108
107
106
105
104
103
102

35.74

106.41

10.68

103

102

101

105

104

107

106

35" OAK

33" OAK

30" OAK

35'

75' SETBACK

20' SETBACK

20' SETBACK

PARKING

20' SETBACK

Building Address 12004 Mettee Rd.
Marriottsville 21104

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

Census Tract 6030 Subdivision Crest Green

Section _____ Area _____ Lot 2

Tax Map 16 Parcel 379 Grid 1

Zoning RRDP Map Coordinates 1061 Lot size _____

Property Owner's Name Rodney E. Anderson

Address 12004 Mettee Rd

City Marriottsville State MD Zip Code 21104

Home Phone 410-442-3661 Work Phone 410-997-1000

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

Phone _____ Fax _____

Existing Use Residential SFD

Proposed Use Same Deck

Estimated Construction Cost \$ 500

Description of Work Deck Addition 16' x 8'
on rear of home w/ steps to
ground.

Contractor Company THE OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N.A.

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 THEREUNTO; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Rodney E. Anderson
 Applicant's Signature
Dweller
 Title/Company

Rodney E. Anderson
 Print Name

 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	<u>8/8/01</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>8/8/01</u>	<u>Mark R. [Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DEP. SETBACK INFORMATION	PROPERTY ID#
Front: _____	34865
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>50</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Lot Coverage for NewTown Zone	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>4211</u>
Accepted by <u>[Signature]</u>	Validation # _____