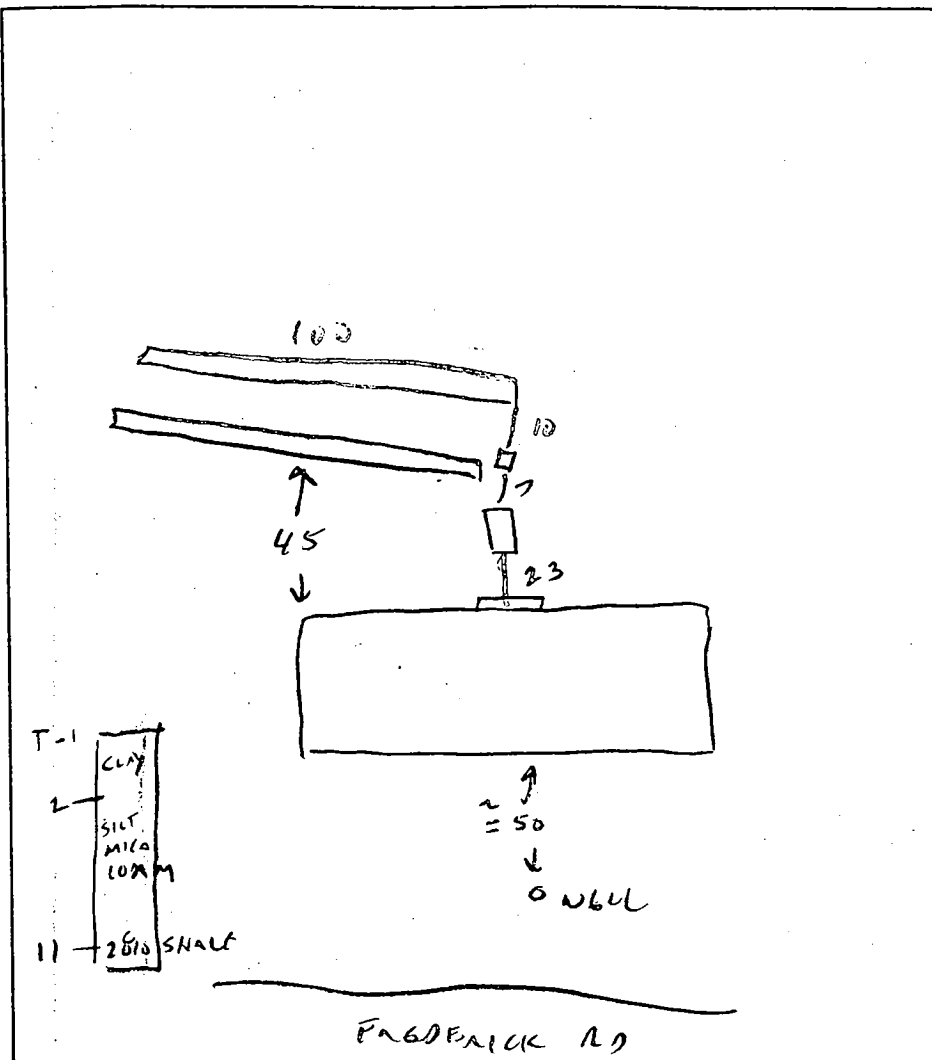


NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2

TRENCH INLET DEPTH 2

TRENCH BOTTOM DEPTH 6 1/2

DEPTH OF STONE 4 1/2

NUMBER OF TRENCHES 2

TOTAL TRENCH LENGTH 200

ABSORBENT AREA 900

DISTRIBUTION BOX LEVEL

BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS

MANHOLE RISER

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: TEST T-1 AT SEPTIC TANK OK SOILS GOOD 2-11'
OR FOR DEEP TRENCHES 2' WIDE INLET 2' BOTTOM 6 1/2 4 1/2 FT STONE. 2/28/00 CW

INSPECTION COMMENTS: TANK & FIRST TRENCH OK. 2/28/00
CHANGE TO 2ND TRENCH IN PROBLEMS. OK TO COMPLETE & COVER ALL. (CW)
— WALL CHECK NEEDED → WALL CHECK OK 3/10/00 (CW)

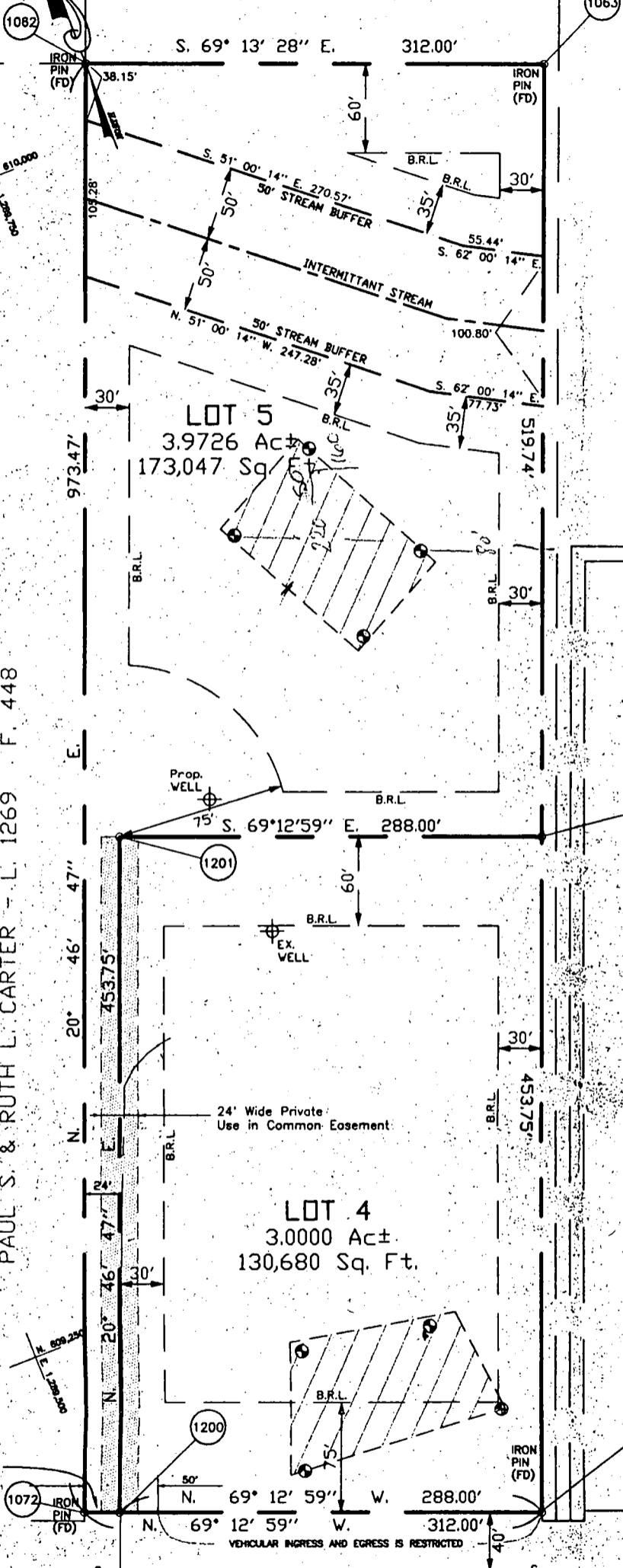
INSPECTOR C. Williams DATE SYSTEM APPROVED 3/10/00

PLUMBING ADAPTED OK (CW) 2/28/00
PLUMBERS FORM NEEDED

WILLIAM RUSSEL &
MARIE ANNE HOYLE
L. 1388 F. 530

FREDERICK M. &
LISA A. AVOLIO
L. 1224 F. 067

N. 810.000
E. 1,388.250



IRA S. & JANE A. SWADOW
L. 1250 F. 001

F-99-207
signed
11-7-00

PAUL S. & RUTH L. CARTER - L. 1269 F. 448

LOT 1 - HARRIS PROPERTY - PIT. No. 12159

SIZE

ps.....0
6.9726 Ac±

(LAND DEDICATED TO HOWARD COUNTY AND RECORDED AS PLAT NO. 7040)

MARYLAND ROUTE 144
(80' R/W)

Glorioso Prop
Resub of
Lot 3

OWNER'S CERTIFICATE

SURVEY

WILLIAM RUSSEL &
MARIE ANNE HOYLE
L. 1388 F. 530

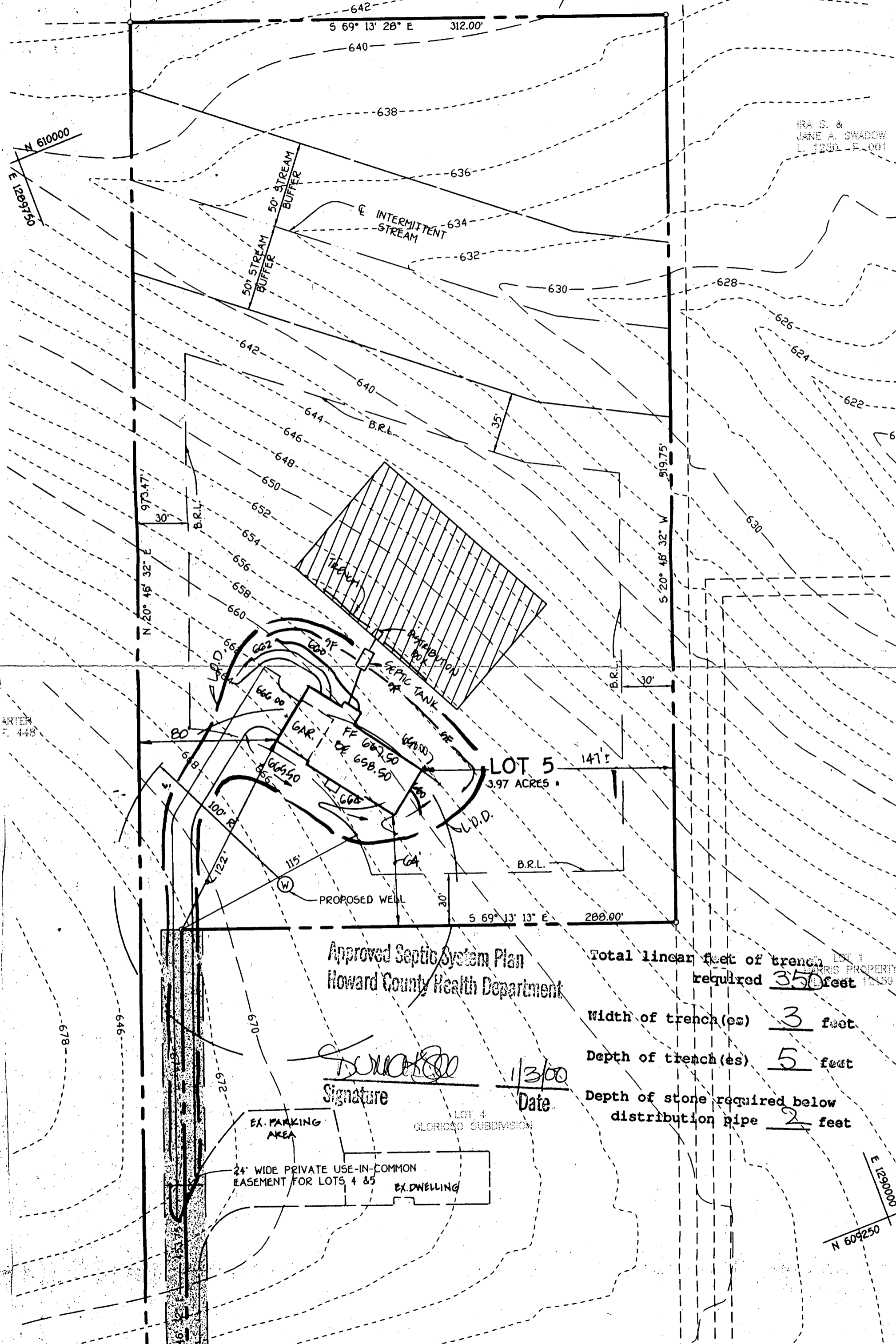
LISA A. MYLEN
L. 1224 E. 987

IRA S. &
JANE A. SWADOW
L. 1250 E. 001

N 610000
E 1299750

E 129000
N 609250

ARIES
448



Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 350 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Signature

1/3/00
Date

EX. PARKING AREA

LOT 4
GLORIANO SUBDIVISION

24' WIDE PRIVATE USE-IN-COMMON
EASEMENT FOR LOTS 4 & 5

EX. DWELLING

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Keith Hundertmark

Telephone 410-857-0255

License Number 8300

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Stancer Enterprises, Inc. Telephone 410-489-7340

Subdivision _____ Lot # _____ Well Tag # HO-94-2493

Site Address 16250 Frederick Rd. Woodbine, MD 21797

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make yes
- Model # _____
- Depth _____

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- Capacity _____
- Pressure relief valve? yes

Piping

- Type 160 psi
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

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.

2/28/00 - WPI on (SRM)
CW

Signature of Applicant: Keith Hundertmark

Date: 1-13-00

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

C1 07538

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL-COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK 12/29/95 RSK

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 12 16 99

DEPTH OF WELL 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2493

OWNER Stancer Charles STREET OR RFD Frederick Road TOWN Woodbine SUBDIVISION Glorious Property SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Shale, Br. Shale & Clay, etc.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (44), NO. OF POUNDS (4136), GALLONS OF WATER (264), DEPTH OF GROUT SEAL (0 to 86 ft).

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE form with fields: Nominal diameter top (main) casing (nearest inch)! (6), Total depth of main casing (nearest foot) (88).

OTHER CASING (if used) table with columns: diameter (inch), depth (feet). Rows for PL, PLK.

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- CIRCLE APPROPRIATE LETTER: 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 MWD 256 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JWD 334 Dana Kyker Jr III (GUS)

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

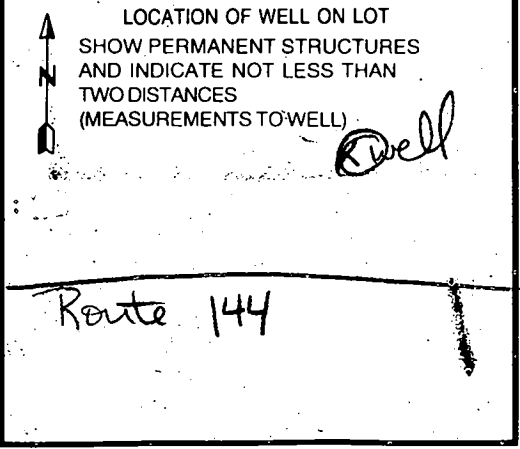
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52. Rows for PL, PLK.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 46 280

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (submersible), WATER LEVEL (48 ft before, 86 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot).



EMERGENCY/TEMP NO. IF ANY

B 1 **8595** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

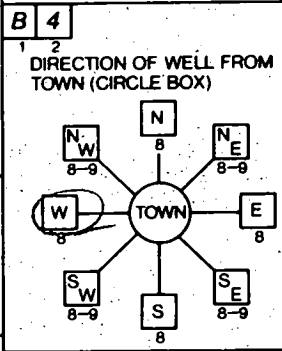
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-2493
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **10 1999**
STANCKER Owner **CHARLES** First Name
19620 HARDY Rd Street or RFD
HUNT AIRY Town **MD 21771** Zip

LOCATION OF WELL
HOWARD COUNTY
GLORIOSO SUBDIVISION
 SECTION **5** LOT **5**
~~WOODBONE~~ **WOODBONE** NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
DANA RYKER JR Driller's Name
WESTMINSTER Rotary Well Drilling Firm Name
P.O. Box 86 Westminster Md 21157 Address
Dana Ryker Jr Signature **10-9-99** Date



RT 144 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
400 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **6**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
13 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **11/18/00**
DOUGLAS CO SIGNATURE
 NORTH GRID **548000** EAST GRID **0778000**

APPROXIMATE DEPTH OF WELL **250** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
 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.
 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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **DS** INITIALS IN BOX PERMIT No. **HO-94-2493**

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

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

 12/10/99
 1:30 Grout
 missed well

FREDERICK M. &
LISA A. WOOD III
L. 1224 P. 067

OWNER / DEVEL

KIMBERLY BRAC
16240 FREDERICK
WOODBINE, MD. 2


11/17/99


Original SBA appears OK
although no property corners
visible - low edge appears to
be approx 10-15' in elev. above
SAR.

Well location appears OK
relative to existing well on
Lot 4 - property lines sketchy
410 465 - 7347
because the satellite dish for

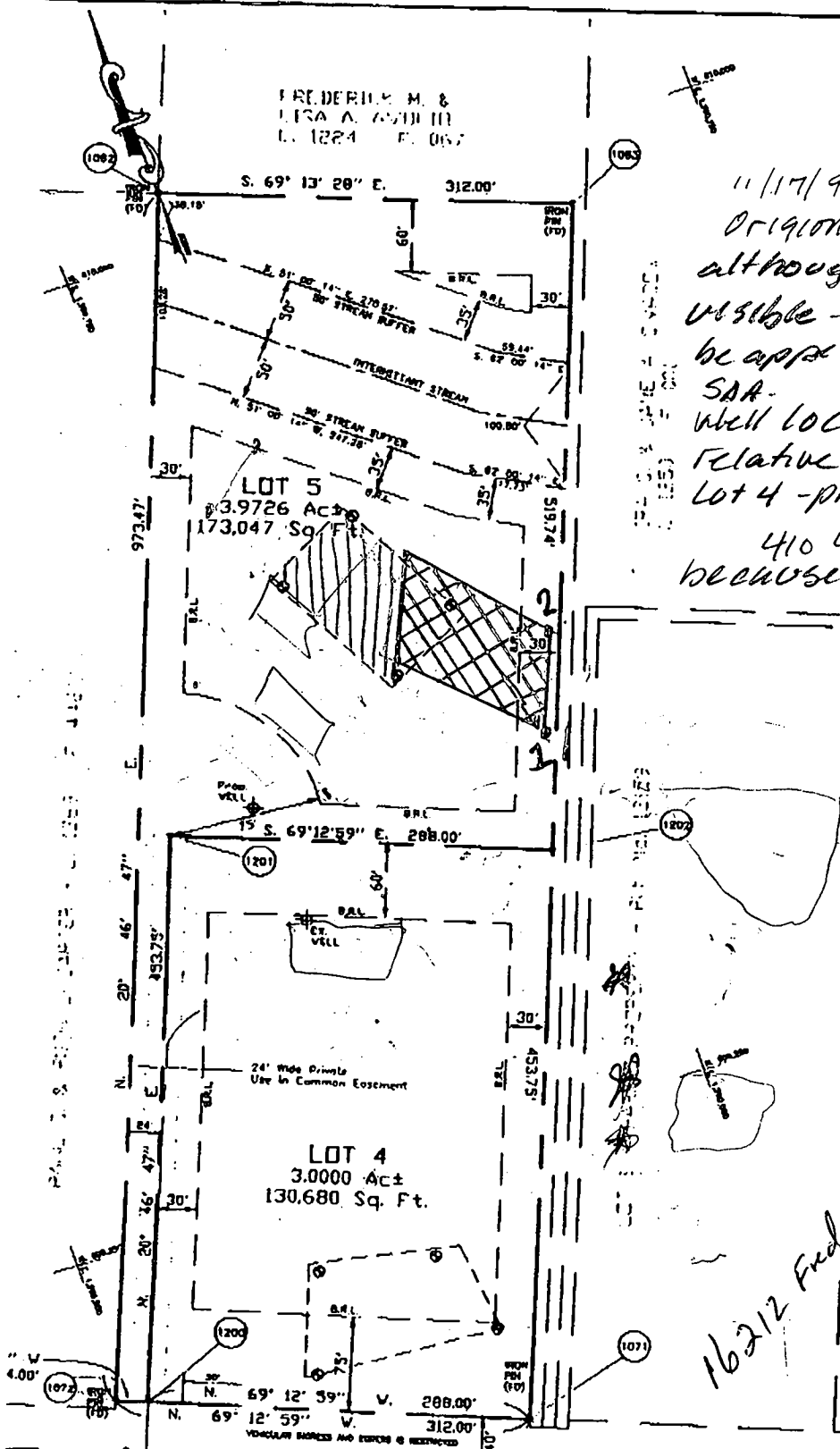
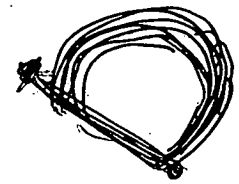
ex. house appears
to be on Lot 4 but
site sketched based
on ex. well location.

A McMillan
see back

 old approved
Septic area

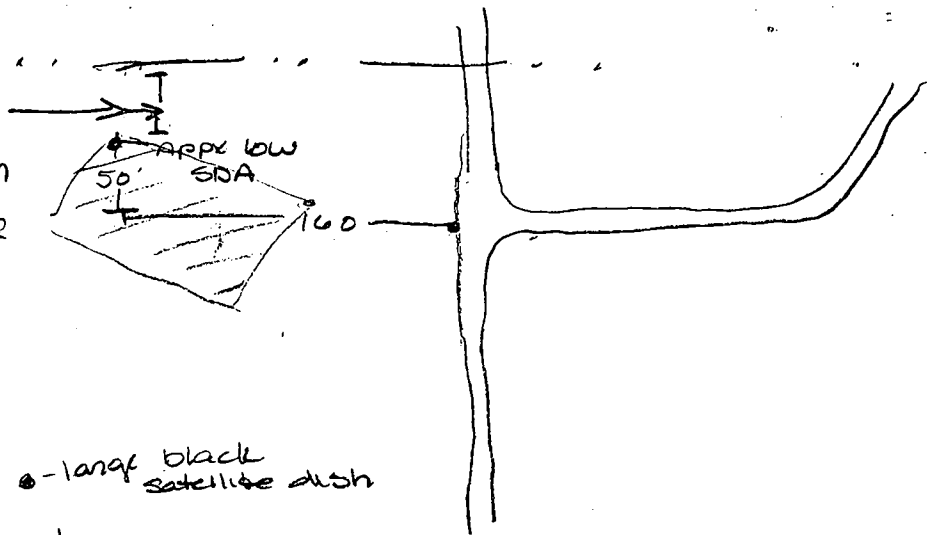
 New proposed
Septic Area

1 + 2 - new perc
test holes to be
dug



(LAND DEDICATED TO HOWARD COUNTY AND RECORDED AS PLAT NO. 7040)
MARYLAND ROUTE 144
(80' R/W)

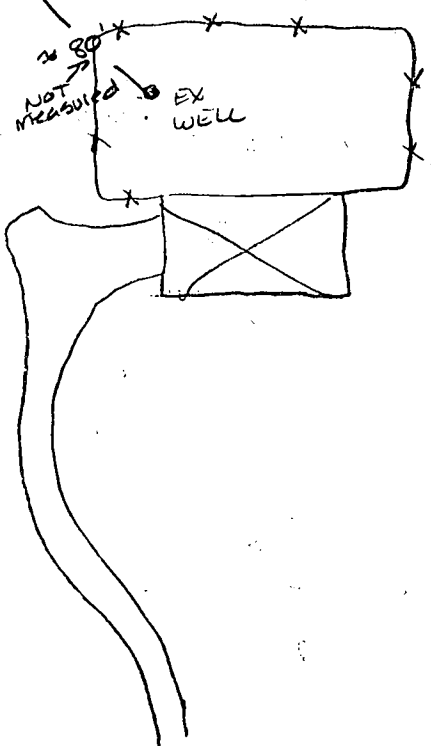
1045'
elevation
from stream
&
low end of
SDA



● - large black satellite dish

● proposed well

● small white satellite dish



RECEIVED

OCT 15 1990

Friday
11/21/99
10:00
Cancelled
by applicant
to

APPLICATION

PERCOLATION TESTING

A 512769

10/21/99

P _____

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

Proposal - to relocate
approved SDA to
better accommodate
preferred house
site (S)

DISTRICT _____

DATE 10/15/99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Cancelled
per owner

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

PROPERTY OWNER Charles STANCER

ADDRESS 16900 HARDY RD MT AIRY MD 21771 PHONE 410-489-7340

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glorioso Subdivision LOT NO. 5

ROAD AND DESCRIPTION woodbine md Fred. RD. (RT 144)
(16250 Frederick Road)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3.97 ac TYPE BLDG. SFD - 5 Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMITS SIGNED
AND RETURNED 1-3-2000
Serial # B7012-1674
SFD - 5 Bm

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. Charles A Stancer
(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

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Building Address 16250 Frederick Rd
Woodbin 21797

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

Census Tract 6040 Subdivision Blowen

Section _____ Area _____ Lot 5

Tax Map 7 Parcel 422 Grid 11

Zoning RCDEP Map Coordinates 7.E9 Lot size _____

Property Owner's Name Jeff Mitchell

Address 11250 Frederick Rd

City Woodbin State MD Zip Code 21797

Home Phone (410)489-5567 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Tommy Edwards
102 Hickory Circle Cir
Bel Air, MD

Phone (410)635-0240 Fax same

Existing Use SFD

Proposed Use SFD w/Deck

Estimated Construction Cost \$ 9510.00

Description of Work
Build open wood deck 26'
4-16 @ 12" to 5" oc

Contractor Company Edwards Custom Decks

Contact Person Tommy Edwards

Address 102 Hickory Circle Cir

City Bel Air State MD Zip Code 21034

License No. 11685

Phone 410-635-0240 Fax same

Occupant or Tenant Jeff Mitchell

Contact Name Jeff Mitchell

Address 16250 Frederick Rd

City Woodbin State MD Zip Code 21797

Phone 410-489-5567 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

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

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: 102 to 104
 Roof: _____

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: _____

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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Tommy Edwards
Edwards Custom Decks

Title/Company _____

Print Name Tommy Edwards

Date 11/5/00

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 9/13/00 Joe Catta

State Highways 11/1/00 _____

Building Official _____

Dev. Engineering DPZ 11/1/00 Donakal

Health _____

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: 115 FT

Side St: 35 FT

All minimum setbacks met? YES NO

Is Entrance Permit required?
 YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID: 4496

Filing fee \$ _____

Permit fee \$ 30

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 30

Balance due \$ _____

Check # 1057

Validation # _____

Accepted by [Signature]

S 69° 13' 28" E 312.00'

610000

640

638

636

INTERMITTENT STREAM

634

632

630

50' STREAM BUFFER

50' STREAM BUFFER

642

640

644

B.R.L.

646

648

650

652

654

656

658

660

N 20° 46' 32" E 973.47'

30'

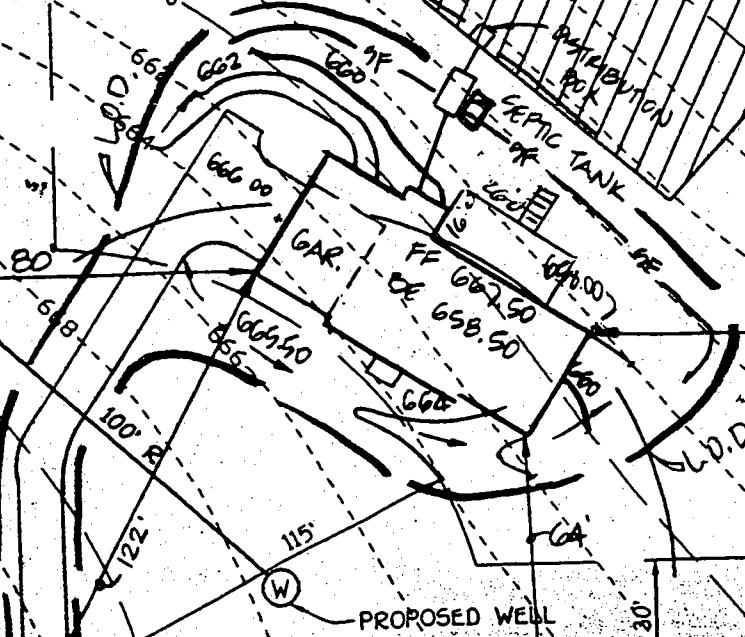
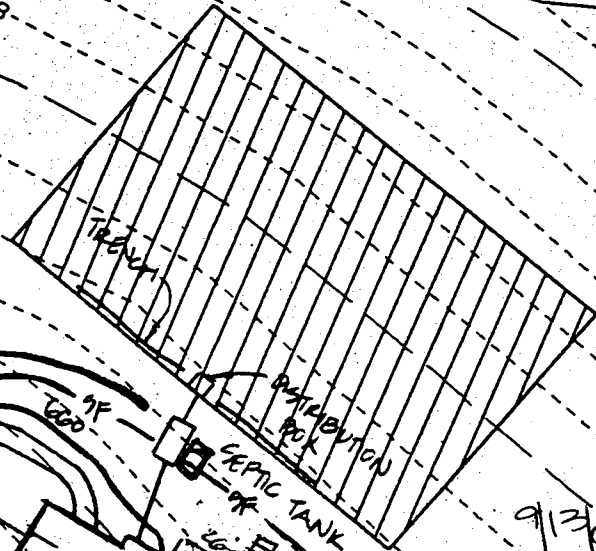
B.R.L.

35'

S 20° 46' 32" W 919.75'

30'

B.R.L.



9/2/02
Proposed
deck location
shown

LOT 5

3.97 ACRES

DLG

S 69° 13' 13" E

288.00'

Building Address 16250 Frederick Rd
Woodbine MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 10040 Subdivision Ellicott 1000
 Section _____ Area _____ Lot _____
 Tax Map 7 Parcel 420 Grid 11
 Zoning RC-D Map Coordinates _____ Lot size _____

Property Owner's Name Jeff & Shimmer Mitchell
 Address 16250 Frederick Road
 City Woodbine State MD Zip Code 21076
 Home Phone 410-489-5567 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Same
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Same
 Estimated Construction Cost \$ 10,000
 Description of Work Club Room
Finish part of basement to
create 2/3 of a bar and recreation room/Buff
 Occupant or Tenant owner
 Contact Name Hubert Gillin, Room
 Address and Recreation unfinished
 City Storage State Petta Zip Code 10906
 Phone convert existing window to Fax door

Contractor Company Alonick Const. Co Inc.
 Contact Person John A. Lopes Jr
 Address P.O. Box 937
 City Armorec State MD Zip Code 21076
 License No. ALNIC 44915
 Phone 410-551-8511 Fax 410-551-1090
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" 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 _____ 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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> 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 HERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

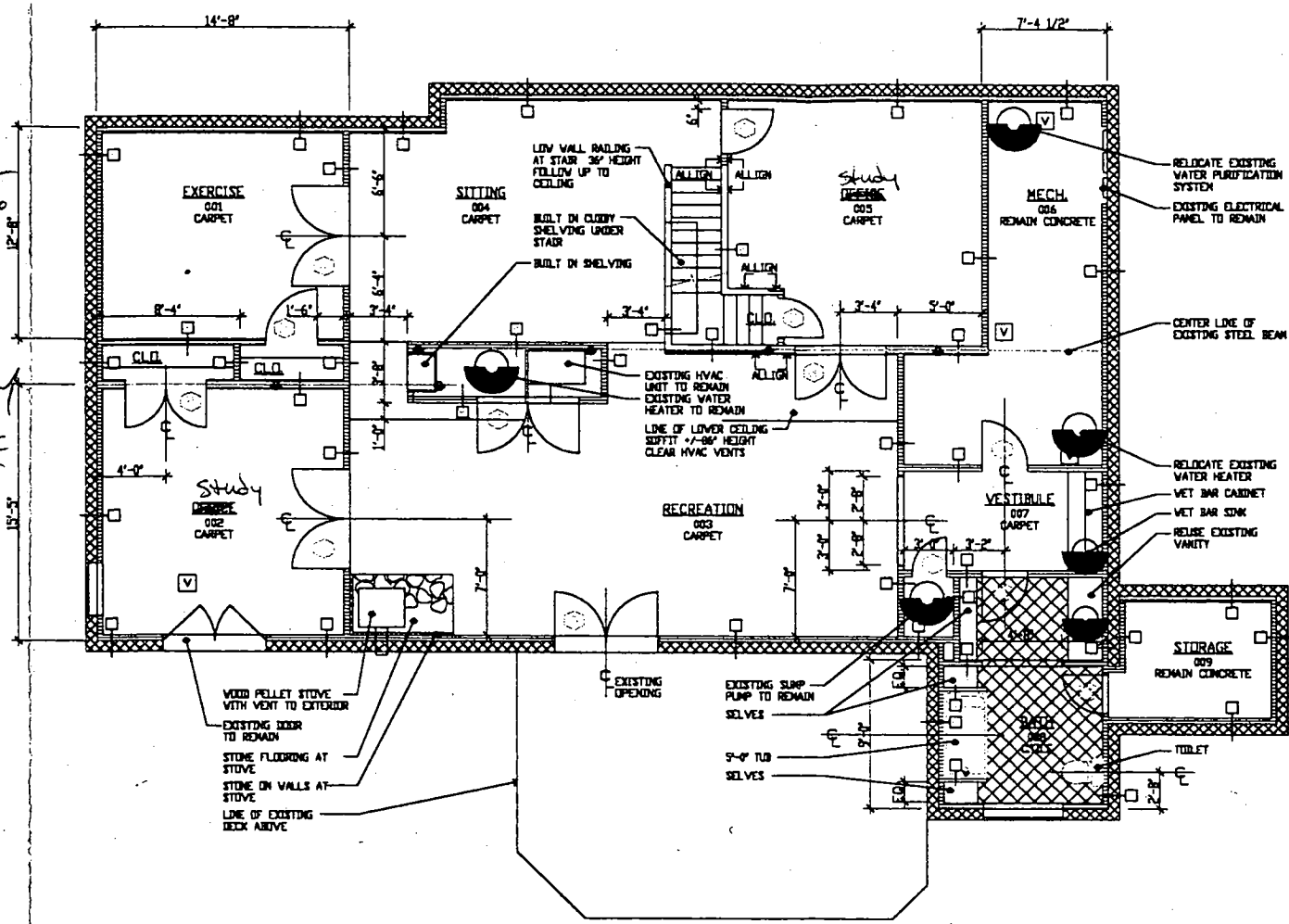
John A. Lopes Jr
 Applicant's Signature
Res. Alonick Const. Co. Inc.
 Title/Company

John A. Lopes Jr
 Print Name
1/25/01
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	411312
State Highways			Rear: _____	Filing fee \$ <u>73.00</u>
Building Official	<u>1/25/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health	<u>1/25/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>73.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>4934</u>
				Validation # <u>35264</u>
				Accepted by <u>[Signature]</u>

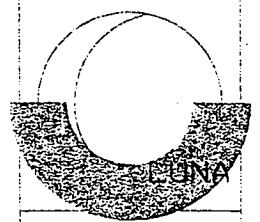
1/25/01
 PROPOSAL TO
 FINISH BSMT.
 PROPOSED
 STUDIES,
 EXERCISE ROOM
 NOT SUITABLE
 FOR BR USE
 OK FOR SIG
 MR



- WALL TYPES**
- 2 x 4 STUD AT 16" O.C. WITH 1/2" GVI ON ONE SIDE, R-11 INSULATION IN CAVITY
 - 2 x 4 STUD AT 16" O.C. WITH 1/2" GVI ON BOTH SIDES
 - 2 x 6 STUD AT 16" O.C. WITH 1/2" GVI ON BOTH SIDES
 - 2 x 4 STUD AT 16" O.C. WITH 1/2" GVI ON ONE SIDE, WALL IS FLURRED OUT TO ALLIGN WITH ADJACENT SURFACE
 - 2 x 4 STUD AT 16" O.C. WITH 1/2" GVI ON ONE SIDE, 1/2" VONDERBOARD ON ONE SIDE FOR TILE
 - 2 x 4 STUD AT 16" O.C. WITH 1/2" VONDERBOARD ON ONE SIDE, R-11 INSULATION IN CAVITY

- PLAN NOTES:**
1. ALL CARPET IS TO BE BY OWNERS.
 2. APPLIANCES SHALL BE BY OWNERS. PROVIDE PLUMBING AND VENTS FOR UNIT CONNECTIONS.
 3. FOR DOOR SCHEDULE SEE DRAWING A11.
 4. INSULATE ENTIRE CEILING OF BASEMENT WITH R-26 INSULATION FOR THERMAL AND SOUND TRANSMISSION.
 5. INSULATE ENTIRE PERIMETER OF BASEMENT WITH R-11 INSULATION.
 6. ALL CLOSETS TO RECEIVE SHELF AND CHROME CLOTHES ROD
 7. PROVIDE ACCESS PANEL TO TURN OFF VALVES, FLASH PANEL TO CEILING PAINT BOTH SIDES.

1 BASEMENT PLAN
 SCALE: 1/8" = 1'-0" 1-10



MITCHELL
 RESIDENCE
 BASEMENT
 PLAN

DATE: 01.12.01

Drawing: A1.1