

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

P _____

A 513203-E

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS# 319540

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 15922 A.E. Mullinix Road

PROPERTY OWNER Keffrey Pearce

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

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**

*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

PERMIT ~~XXXXXX~~
AND RETURNED 02/11/2002
DECK
10/30/2002 B00139089 NEW STORAGE BUILDING

A 513203 E

French
11-26-73

11/27/73
19080

PERMIT

SEWAGE DISPOSAL SYSTEM

1974

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4th

DATE 10/17/73

Robert Pickett

ADDRESS Waterville Road, Mt. Airy, Md.

IS PERMITTED TO INSTALL ALTER

PHONE 829-0543

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

15922

ROAD A. E. Mallinix Road

LOT 12-C

PROPERTY OWNER Wilton M. ~~Wagner~~ Kiefer

ADDRESS 16130 Ed Warfield Road, Woodbine, Md.

Phone: 489-7023

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SECPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER DRY WELL AND TRENCH - Approximately 14 ft. sq. with 35 ft. trench. Inlet pipe to be 4 1/2 ft. below original grade. Maximum depth of dry well to be 11ft. below grade. Locate dry well 100 ft. from front property line and 31 ft. from right side line as lot is seen standing on A.E. Mallinix Road facing lot. Call for inspection of trench before gravel is installed.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY James T. Wright and Fred Frommelt

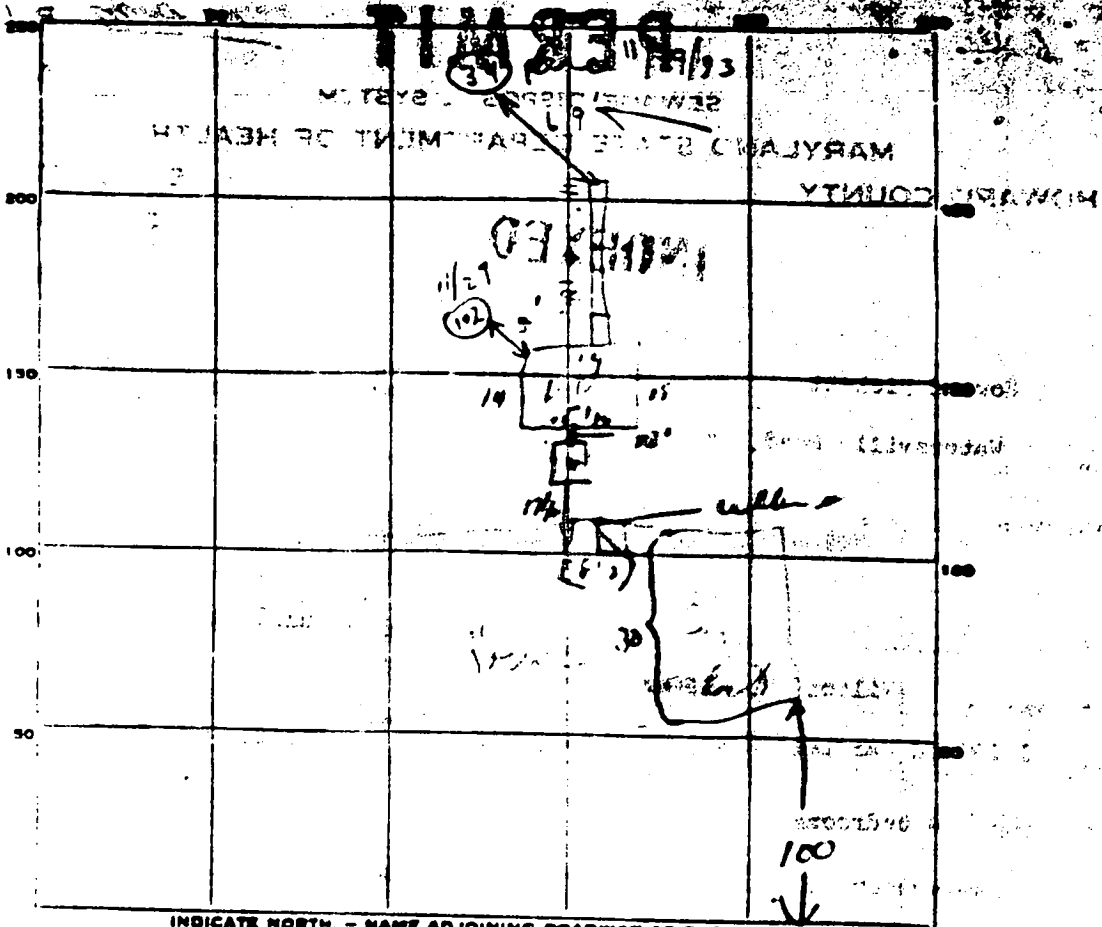
DATE 10/22/73 & 10/17/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

15874

DATE SYSTEM APPROVED



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK Partial trench at Mallard Rd S.F. | P.W.

SEPTIC TANK. LEVEL OK CLEANOUTS OK | OK

DISTRIBUTION BOX. LEVEL _____

TILE FIELD. DEPTH 11 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 92 + IN. TOTAL LENGTH 37 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 674 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 4 FT.

ABSORBENT AREA 348 SQ. FT.

REMARKS _____

11/27/77 - trench has 240 sq ft gravel area 1 side } not in contract
dry wet = 348 sq ft } present or
588 sq ft } submitted plans
Should be 111' for

front lot line - is about 165' from front line which is out of lot area Sec 4

DATE SYSTEM APPROVED 11/29/77 INSPECTOR [Signature]

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAVES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

1973 SEP 28 PERMITS TO DRILL WELLS
PERMITS TO DRILL WELLS
PERMITS TO DRILL WELLS

PERMIT NO. FROM "PERMITS TO DRILL WELLS"
H0-75-000-17

DATE RECEIVED (MMA USE ONLY) 4-11-74
DATE WELL COMPLETED 4-11-74
DEPTH OF WELL 150
COUNTY NUMBER A15874

OWNER LAST NAME Kieger
STREET OR RFD
POST OFFICE Wicoston Woodlawn Md

WELL LOG

SYSTEM THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, D.P.T.H., PERMEABILITY AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		DEPTH OF WELL TO BEARING
	FROM	TO	
BROWN SAND	0	45	
GRAY SAND	45	150	
STONE			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BESTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 80

DEPTH OF GROUT SEAL TO NEAREST FOOT: FROM 0 FT. TO 53 FT. (ENTER D.P. FROM SURFACE)

PUMPING TEST

HOURS PUMPED TO NEAREST HOUR: 3

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON: 5

METHOD USED TO MEASURE PUMPING RATE TARY

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 35 (NEAREST FOOT)

WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) A AIR 27 B PISTON 27 C CENTRIFUGAL 27 D ROTARY 27 E OTHER (DESCRIBE BELOW) 27 J JET 27 K SUBMERSIBLE 27

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE S7

NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 55

PUMP INSTALLED

TYPE OF PUMP (ENTER APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE TO NEAREST GALLON: 31 35

PUMP HORSE POWER: 37 41

PUMP COLUMN LENGTH (NEAREST FOOT): 43 47

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN TYPE OR OTHER HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR SPONGE OPEN HOLE PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE BELOW

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

20 Wicoston St 144

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

SCREEN RECORD

DEPTH (NEAREST WHOLE FOOT) FROM 55 TO 150

EACH SCREEN

1 H0 55 150

2

3

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 35 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME

(PLEASE PRINT) *John E. Muller*

SIGNATURE *John E. Muller*

MMA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATED

74 75 76 OTHER DATA AVAILABLE

74 75 76 OTHER DATA AVAILABLE

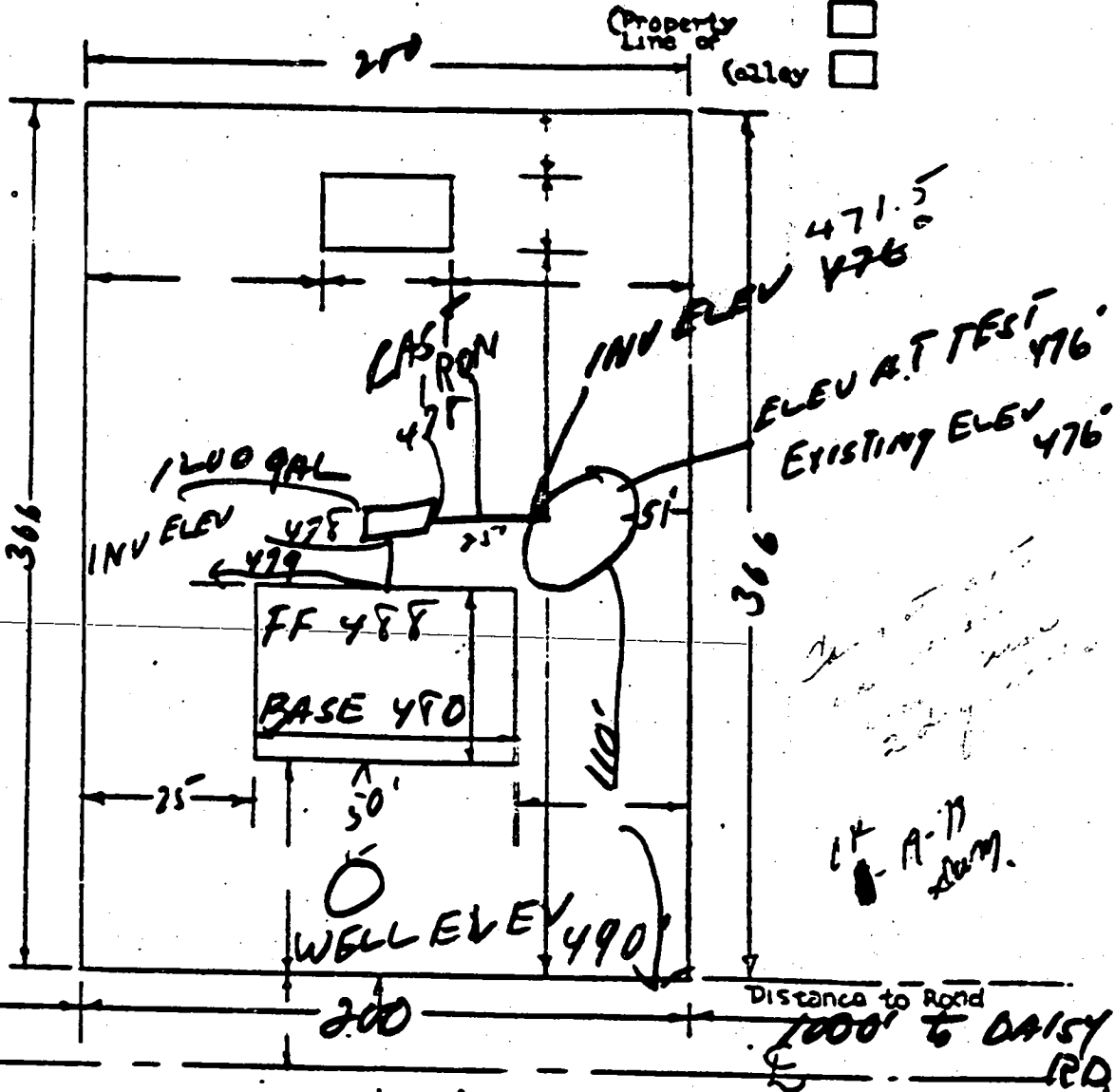
A-15874 SEPTIC TOWER

CONSTRUCTION ~~PILOT~~ PLAN # 16769

A15874



DRY WAD TO HAVE 572 SF ADJACENT
SIDEWALL AREA BELOW INVERT. INVERT
TO BE 4 1/2' BELOW GRADE
MAY DEPTH OF DRY WELL 11 FEET.



Road Name: A. E. MULLINIX RD.

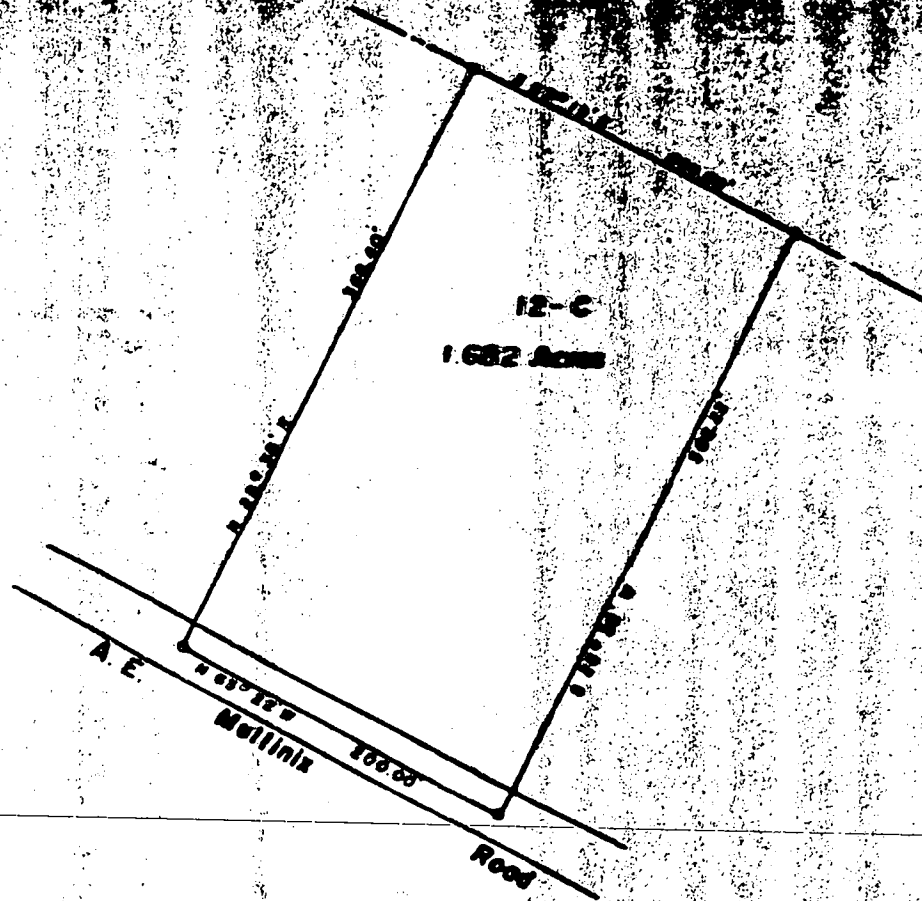
PLAT - WM KIEFER *Revised to show kitchen layout*

LOT # 12-C

682 ACRES

APPROVED - HEALTH DEPT - 5/3/71

I certify the above measurements and
elevation differences are correct & correct
for the plat of *Walter Kieffer*
974-6917

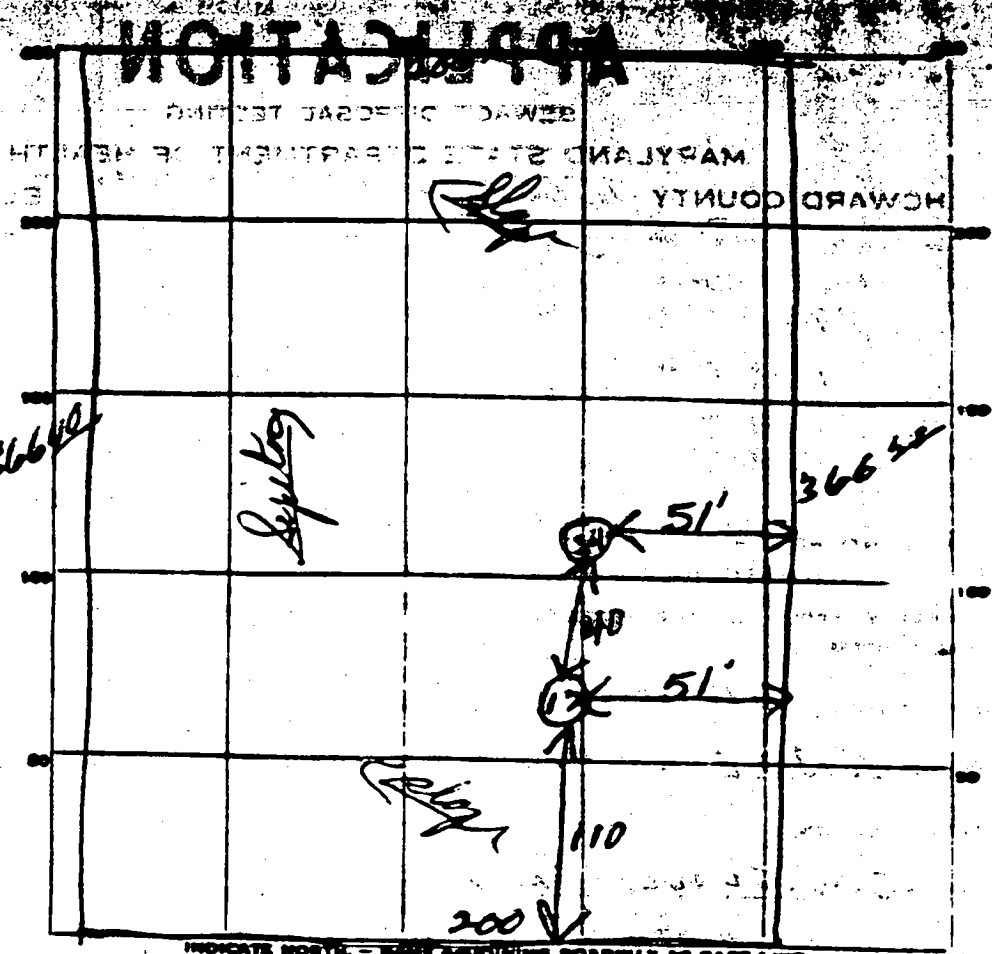


PLAT OF SURVEY
FOR
WILTON M. KIEFER
FOURTH ELECTION DISTRICT OF HOWARD COUNTY
WOODBINE, MARYLAND
SCALE: 1 IN. = 100 FT. MARCH 12, 1971

Claude M. Skinner, Jr.
Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237



Parents to child
17
51



A. F. Mulliney Ref

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/24/71	1	10'	10:29	10:34	10:34	10:45	11am
	2	5 1/2'	10:32	10:45	10:45	Slow mult 5 ft	
	3	10'	10:48	10:50	10:50	10:59	9am
	4	4'	10:55	10:59	11:00	11:20	20am

SOIL AUGER FINDING: Holes to be 11 to 12 ft deep. top hole to be 5'

TESTED BY: [Signature]

REMARKS:

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
LABORATORY

APPLICATION

A 19336
P _____

Return
11/29/73
10:00 A.M.
Lot

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 285-8000, EXT. 388

DISTRICT 4th
DATE 11/28/73

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 Wilton M. Kiefer

ADDRESS 14130 Ed Warfield Road, Woodbine, Md. PHONE 482-7023

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12-C

ROAD AND DESCRIPTION A. E. Mullinix Road

SIZE OF LOT 1.662 acres TYPE BLDG. 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 *W. M. Kiefer*

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

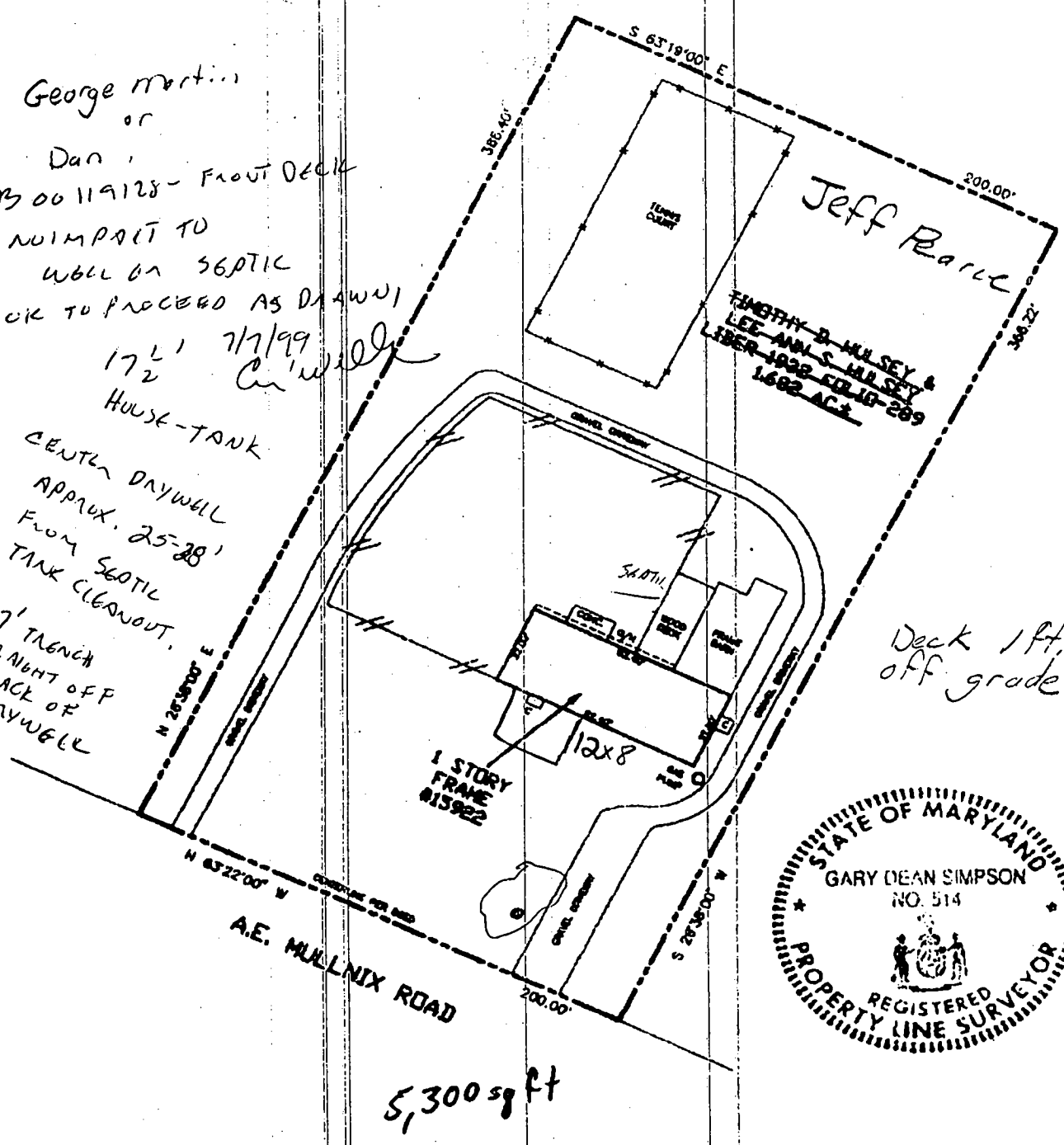
REASONS FOR REJECTION OR HOLDING *11/29/73 see check out CBS for location of holes*

THIS IS NOT A PERMIT

NORTH

George Martin
or
Dan,
B00119128 - FRONT DECK
NO IMPACT TO
WELL OR SEPTIC
OK TO PROCEED AS DRAWN
172 7/7/99
House-Tank

CENTER DAYWELL
APPROX. 25-28'
FROM SEPTIC
TANK CLEANOUT.
37' TRENCH
STRAIGHT OFF
BACK OF
DAYWELL



5,300 sq ft

PROPERTY ADDRESS: 15922 A.E. MULLNIX ROAD

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0007B AS REVISED 12-04-1988.

REFERENCES		DATES:	
PLAT BK.		WALL CHECK:	SCALE: 1"=60'
PLAT NO.		HSE. LOC.:	DRAWN BY: JPK
LIBER 1932		BOUNDARY:	JOB NO.: 3834-93
FOLIO 289			

CMS
CENTRAL MARYLAND SURVEYORS
4318 NORTHVIEW DRIVE (301) 262-2500 FAX (301) 262-8878 BOWIE, MD 20716

GARY DEAN SIMPSON
REG. MARYLAND P.L.S. No. 514

NOTES: 1) This location for title purposes only, no title report furnished, not to be used for determining property lines, building fences or other improvements.
2) Property corner markers NOT found, or guaranteed by this location.
3) B.L.L. information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.
4) Building line and/or Flood Zone information is subject to the interpretation of the originator.
5) CMS, Inc. does not certify to unknown or unrecorded encroachments or overlaps.

P.01

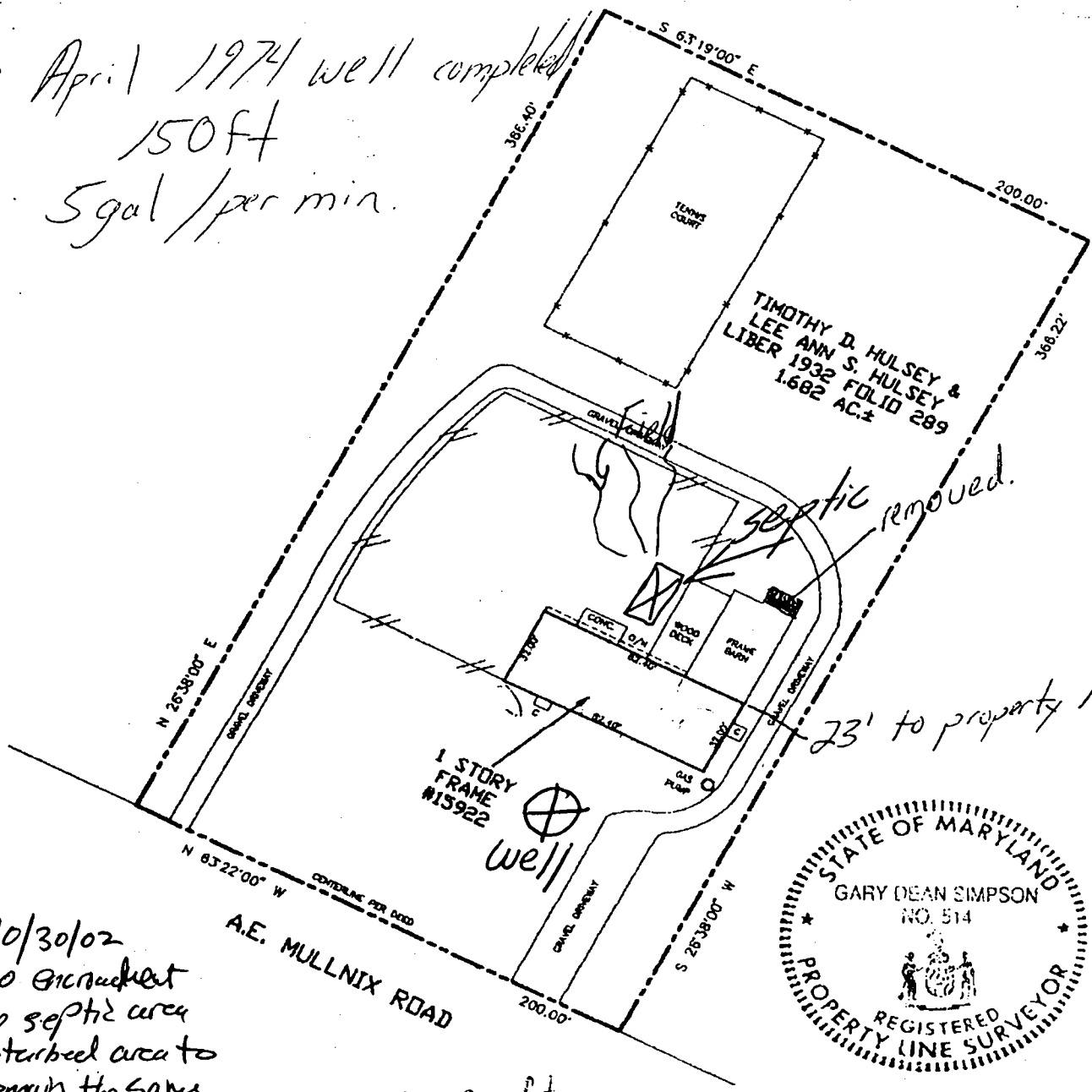
OCT-14-97 03:13P

Herman SIRK

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NORTH

April 1974 well completed
150ft
5gal/per min.

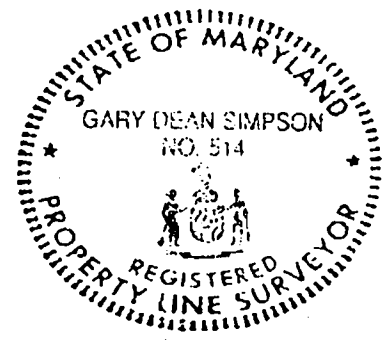


septic removed.

23' to property line

10/30/02
No encroachment
to septic area
disturbed area to
remain the same
JB

5,300 sq ft



PROPERTY ADDRESS: 15922 A.E. MULLNIX ROAD

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0007B AS REVISED 12-04-1985.

CERTIFICATE

I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.

Gary Dean Simpson
GARY DEAN SIMPSON
Reg. MARYLAND P.L.S. No. 514

REFERENCES

PLAT BK.	
PLAT NO.	
LIBER	1932
FOLIO	289



CENTRAL MARYLAND SURVEYORS

4319 NORTHVIEW DRIVE (301) 262-2500 FAX (301) 282-9878 BOWIE, MD 20716

DATES:	SCALE: 1"=60'
WALL CHECK:	DRAWN BY: JPK
HSE. LOC.: 09-08-93	JOB NO.: 39J4-93
BOUNDARY:	

- NOTES:
- 1) This location for title purposes only, no title report furnished, not to be used for determining property lines, building fences or other improvements.
 - 2) Property corner markers NOT found, or guaranteed by this location.
 - 3) B.R.L. information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.
 - 4) Building line and/or Flood Zone information is subject to the interpretation of the originator.
 - 5) CMS, inc. does not certify to unshown or unrecorded encroachments or overkips.

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Oct-14-97 03:13P

JAB
BP

Building Address 15922 A.E. Mullinix Rd
Woodbine MD 21797
 Suite/Apt. # _____ SDP/WP/Petition #: _____
 Census Tract 6040.01 Subdivision Woodbine
 Section _____ Area _____ Lot _____
 Tax Map 13 Parcel 169 Grid 12
 Zoning RC Map Coordinates 8FA Lot size 1.65 AC ^{SFD}

Property Owner's Name Jeffrey Peare
 Address 15922 A.E. Mullinix Rd
 City Woodbine State MD Zip Code 21797
 Home Phone 3854331 Work Phone X1850
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use Storage bldg
 Proposed Use Improved bldg SAME
 Estimated Construction Cost \$ 8,500 w/fearyc
 Description of Work Remove & Rebuild
existing 500' Storage Building
34x21 detached from house

Contractor Company same as above
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No _____
 Phone _____ Fax _____

Occupant or Tenant same
 Contact Name same
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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: <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: <u>N/A</u> <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 Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <u>NO</u> <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <u>NO</u> <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>714</u>	Heating System: <u>NONE</u> <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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: <u>Garage</u> Dimensions: <u>34x21</u> Footings: <u>std 20' x 24" OC</u> Roof: <u>std 20' x 24" OC</u>	
<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.

Applicant's Signature _____
 Title/Company _____

Print Name Jeffrey A. Peare
 Date _____

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

AGENCY		DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Planning and Development	DPZ			Front: <u>5' / 10'</u>	37028	
State Highways				Rear: <u>5' / 5'</u>	Filing fee: \$ _____	
Building Official				Side: <u>10'</u>	Permit fee: \$ _____	
Dev. Engineering	DPZ			Side St: <u>NA</u>	Excise tax: \$ _____	
Health		<u>10/20/02</u>	<u>Stel</u>	All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee: \$ _____	
Fire Protection				Is Entrance Permit required? <input checked="" type="checkbox"/>	TOTAL FEES: \$ <u>115.4</u>	
Sediment Control approval required prior to issuance?				Historic District? <input checked="" type="checkbox"/>	Sub-total paid: \$ _____	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				Lot Coverage for New Town Zone: _____	Balance due: \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				SDP/Red-line approval date: _____	Check: <u>1411</u>	
ONE STOP SHOP: <input type="checkbox"/>					Validation: <u>10/14/02</u>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA	Accepted by: _____