

12/1/99  
11 AM  
1/24/00 cancelled  
1/28/00 2 PM  
10:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# 05-378311

P 513110

A REPAIR

DISTRICT \_\_\_\_\_

DATE 11/08/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

## INDEXED

DATE SYSTEM APPROVED 2/3/00

INSPECTOR DLS

Ms. Irene Dustin (Claude Cissel) IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 6612 Haviland Mill Road, Clarksville, Maryland 21029 PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 6612 Haviland Mill Road

PROPERTY OWNER Ms. Irene Dustin

ADDRESS 6612 Haviland Mill Road  
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS (Existing)

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 84' ±

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION SERIAL NUMBER: B00121171

(Increase in the number of bedrooms)

Call for inspection when ground is opened so sanitarian can recommend repair.

observation test hole, ~12' deep, to be dug near to existing  
drywell. specific trench specs to be determined. (DLS)

Trench(es) to be installed off existing drywell, along contour  
near perc hole. Trench to be 2' wide, inlet 3', bottom 8' stone.

PLANS APPROVED BY Donna K. Soe DATE 11-17-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

**BUILDING PERMIT SIGNED  
AND RETURNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 10/16/2002 B00138891

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH 9-17-03 B00144134 - DECK

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS 9/19/05 B00156222 - IG POOL

PERMIT VOID AFTER TWO YEARS

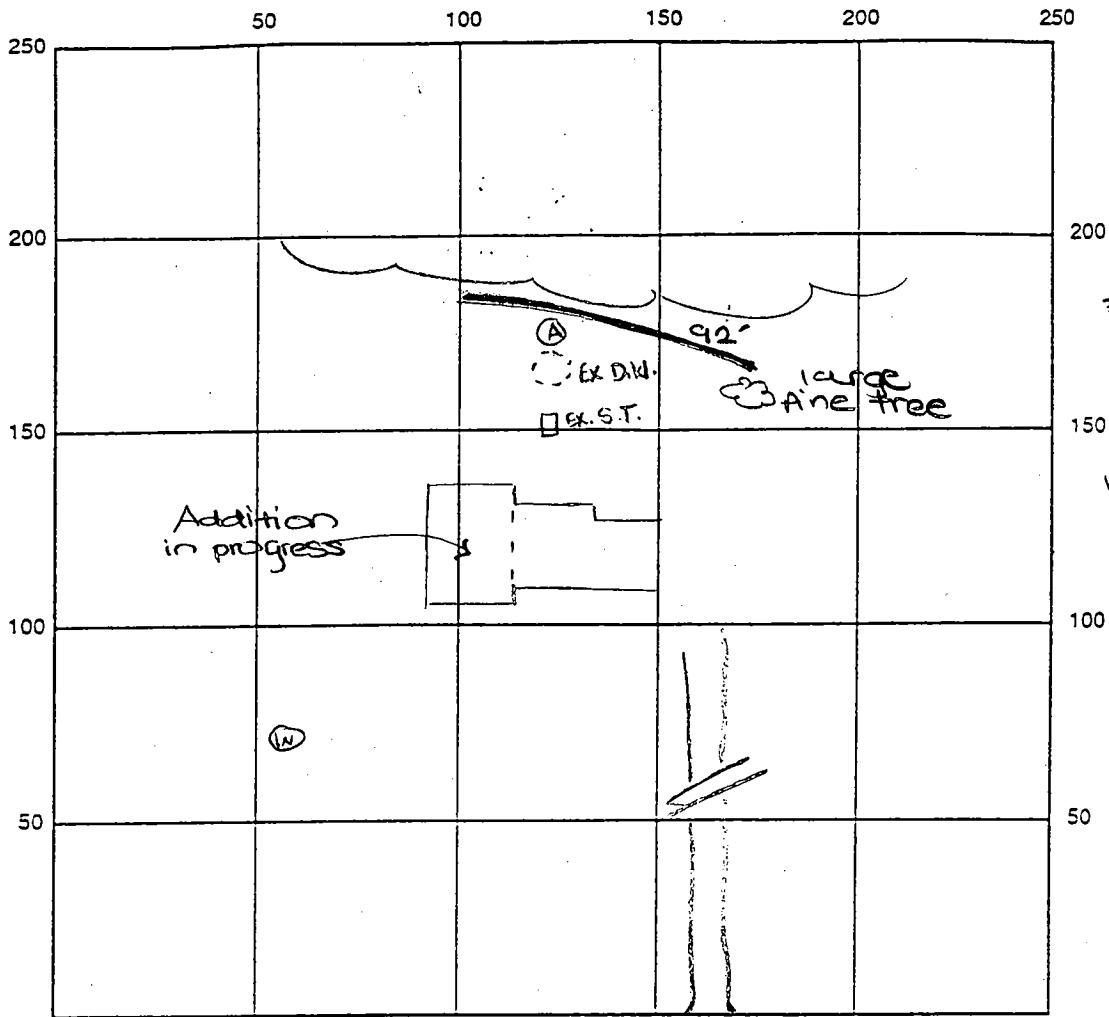
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

11/23/10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Haviland Mill Road

SEPTIC TANK LEVEL Existing CLEANOUTS Existing

DISTRIBUTION BOX LEVEL EX

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 92 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 460 SQ. FT.

DRYWALL INSIDE DIAMETER Existing EFFECTIVE DEPTH BELOW INLET EX FT.

ABSORBENT AREA EX SQ. FT.

REMARKS: ~~TO INSTALL TRENCH AS SPECIFIED.~~  
 DUE TO INCLEMENT WEATHER, I ADVISED MR. DUSTIN THAT MOST OF THE TRENCH COULD BE GRAVELLED AND COVERED w/o my inspection, providing Mr. Dustin was present. DKS

2/3/00 FINAL INSP - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 2/3/00 INSPECTOR [Signature]

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300121171

Building Address 6612 Harwood Mill Rd  
Chesapeake MD 20741  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 05101 Subdivision 11  
 Section N/A Area AA Lot 1A  
 Tax Map 34 Parcel 191 Grid 19  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name DUSTIN  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
 Proposed Use Single Family Home  
 Estimated Construction Cost \$ 32,000.00  
 Description of Work Unfinished basement, 3 bedrooms  
1 bath, 1 closet

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING 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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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 \_\_\_\_\_  
 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	11/8/99	[Signature]
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: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 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 \_\_\_\_\_ Accepted by \_\_\_\_\_

PROPERTY ID#: 33012

Filing fee	\$ 25
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$
Balance due	\$
Check	# 261
Validation	#

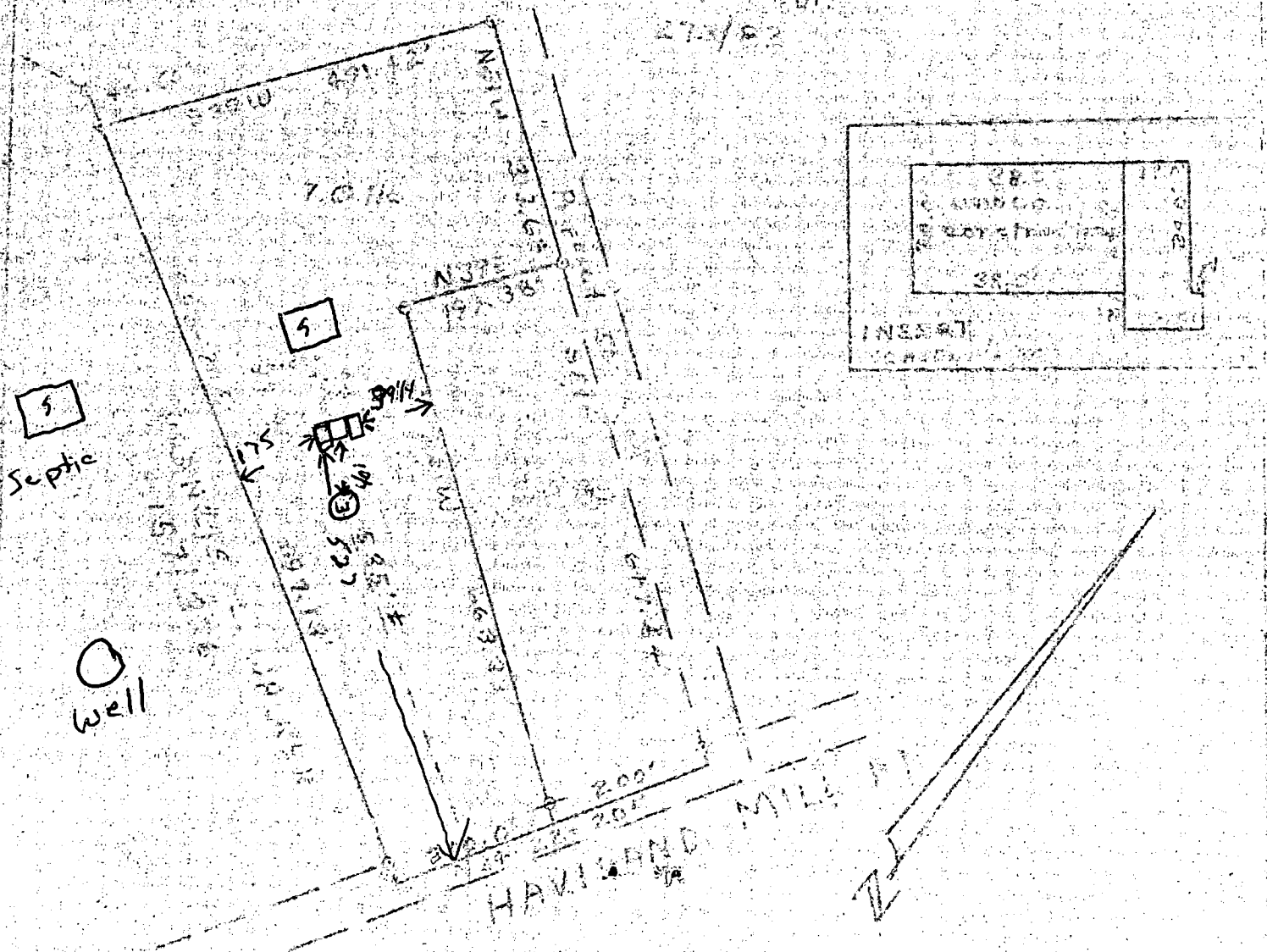
PLAT OF HOUSE LOCATION  
 Edwards Motor Property  
 Howard County, Maryland  
 Scale: 1"=300' July, 1960

I hereby certify that the plan shown hereon is correct,  
 and that the improvements are correctly shown on this plan.

July 24, 1960

*Elwood L. Renn*  
 Elwood L. Renn  
 Reg. Land Surveyor  
 Maryland # 3313

MILLER & COMPANY TRUST  
 173/82



ok out  
afford

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

## INDEXED

G. AWARD

IS PERMITTED TO INSTALL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SEWAGE DISPOSAL SYSTEM LOCATED AT Levland Hill Rd. off Brighton Rd.

1 mi. on right side. Marker (red) then lot is next to this road.

near Hoover or Wilber after pass parking.

DIVISION \_\_\_\_\_ ROAD \_\_\_\_\_

PROPERTY OWNER Novy, Edward

ADDRESS 10,925 Herde St., Silver Spring

### REQUIREMENTS

DRAIN FILL \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEWAGE PITS \_\_\_\_\_ ABSORBENT SIDE WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY 50%.

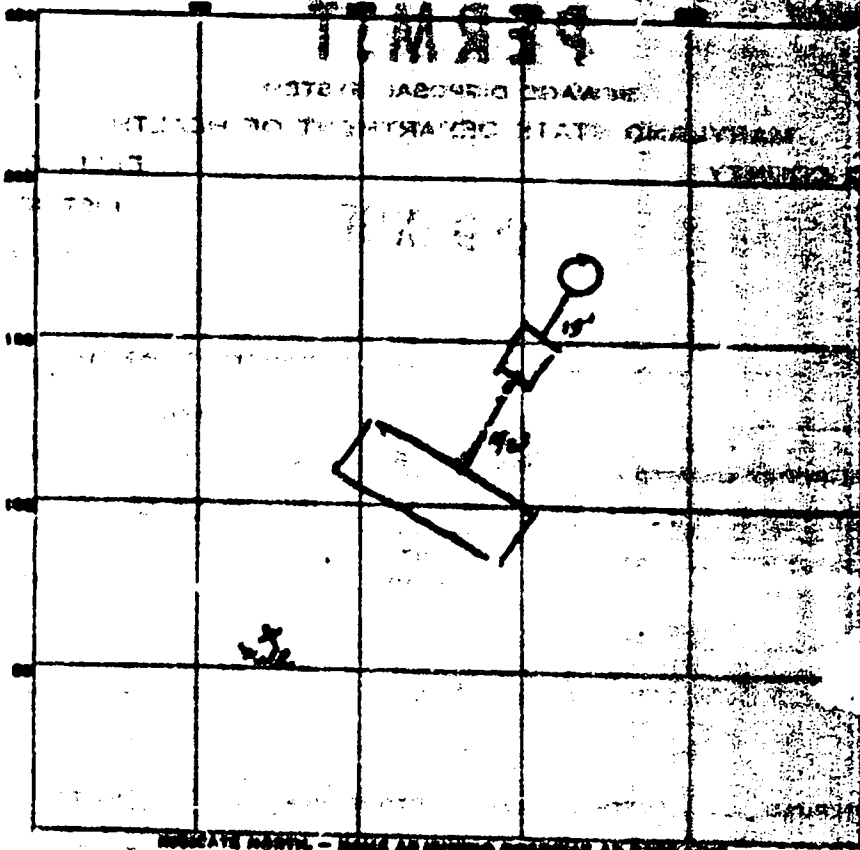
OTHER System must be installed in area that passed perc. test.

PLANS APPROVED BY James E. Hennigan DATE 6/20/60

ALL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVERS MUST BE UNTIL INSPECTED AND APPROVED.

EITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

02652



INDICATE ABOVE - MAKE AN APPROPRIATE ENTRY ON BLUE COPY

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK 1000 1/2" installed CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 7 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 220 sq. ft. not counting drain

REMARKS Put wall to del wall diameter  
9/21/00 10720 = 220 sq ft area

DATE SYSTEM APPROVED 9/11/00 INSPECTOR [Signature]

7/7/60  
93

request for Dry Well

# APPLICATION

SEWAGE DISPOSAL TESTING

52602  
72937

MARYLAND STATE DEPARTMENT OF HEALTH  
HOWARD COUNTY

ELlicott CITY  
DISTRICT 1  
DATE 6/22/60

300 sq. ft. of tile field placed 46 ft  
behind the house and running across the  
slope. Right of front corner of block 5 ft from  
Harland Hill Rd. Through a brick tank  
at least 600 gal capacity tank.

TO: THE COUNTY HEALTH OFFICER 750 Gallon Tank  
ELlicott CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TESTS IF ORDER TO CONSTRUCT OR RECONSTRUCT A SEWAGE  
DISPOSAL SYSTEM. Dry Well - 300 sq. ft. actual  
area below the inlet

PROPERTY OWNER Henry Edward Please the dry well

ADDRESS 10923 Horde St., Silver Spring PHONE 109-5125

PROPERTY LOCATION about 40 ft to 60 ft behind the  
SUBDIVISION house LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Harland Hill Rd. a off Brighton Ave Rd. approx. 1/2 mi. S.W.

right side. Rambler (rad) this lot is next to this road rambler  
OCCUPANT Hoover on mailbox. After pass rambler. PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 7 66798 TYPE BLDG. 2  
NUMBER OF UNITS 1

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY Henry Edward FOR Tile Field DATE 6-28-60

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

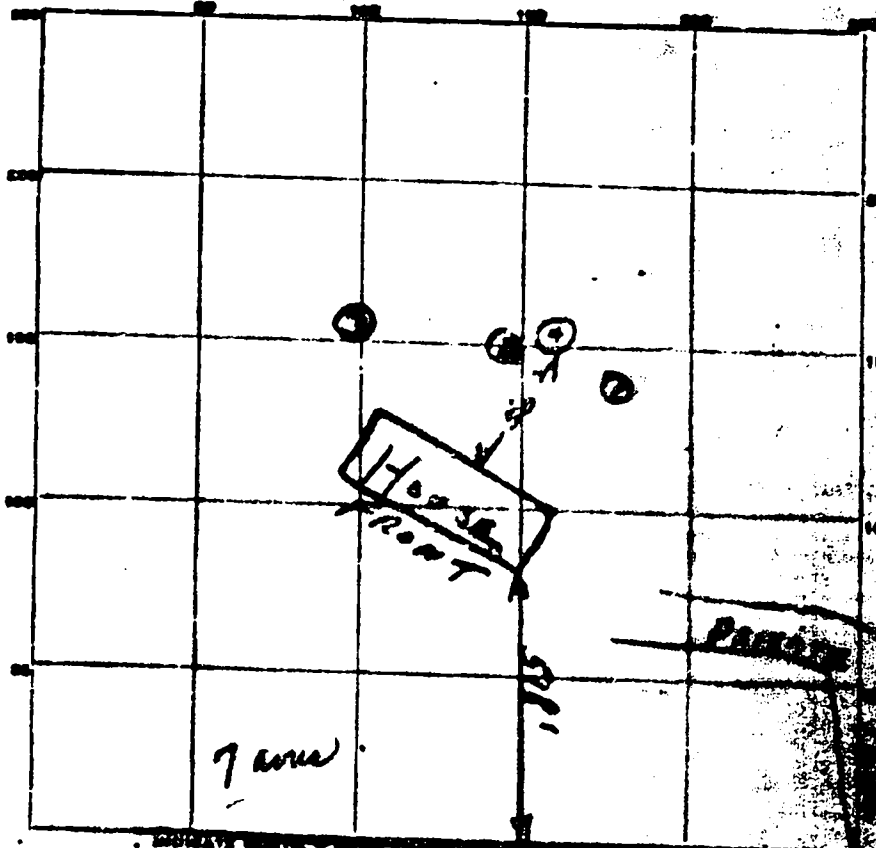
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

C. Crawford

P. on  
system  
13  
light



Mary  
Edwards

10923

Horseshoe

Silver  
Spring

1000  
about  
mail  
in  
mail

7 acre

HAYLAND MILL Rd.

DATE	TEST NO.	DEPTH	FIRST		SECOND		TIME
			START	STOP	START	STOP	
6/22/60	1	3 FT	1:44	1:46	1:46	1:49	3 min
	2		1:49	1:51	1:51	1:54	3 min
	3		1:50	1:52	1:52	1:55	3 min
9/10/60	H	10	9:56	9:59	9:59	10:05	6 min

Sand & silt  
in bucket

SOIL AUGER FINDING

Keep to see if soil is washed

TESTED BY

J. Fleming and

REMARKS

Found to be about 40 ft behind row of house

6-28-60

ALSO PRESENT

LOT NO.



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## HOWARD COUNTY HEALTH DEPARTMENT

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

November 17, 1999

Ms. Irene Dustin  
6612 Haviland Mill Road  
Clarksville, Maryland 21029

RE: **Proposed building permit addition**  
Application #B00121171  
6612 Haviland Mill Road

Dear Ms. Dustin:

This is to summarize our meeting at your property on November 8, 1999, in response to the above referenced building permit application. Based on the information you provided, I was able to locate Health Department records of the original septic system installed in 1960. (I have enclosed a copy of this information for your records).

As I previously explained, the size of a septic system is based on the number of bedrooms in a home. According to your description, your proposal includes a net increase of two bedrooms (total number of bedrooms will be four). Therefore, it shall be necessary for you to upgrade your existing septic system to accommodate the potential increase in sewage flow associated with the addition.

As a result of your agreement to upgrade the existing septic system relative to the addition, I approved the building permit proposal on November 8, 1999. It shall be necessary for you to upgrade the existing septic system prior to completion of the addition.

Once you are near completion of the addition, have the contractor contact this office to discuss the necessary work. Please be advised that a Health Department representative must be present for all of the septic work. Enclosed is your receipt for the septic repair fee.

Thank you in advance for your cooperation regarding this matter. If you have any questions or concerns upon receipt of this letter, please contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Soe, R.S.  
Water and Sewerage Program

Enclosures (4)

DKS

Cc: file



Building Address 6612 Howard Mill Rd  
Clarksville Md 21029

Suite/Apt. # \_\_\_\_\_ SDP/WR/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name MATT & Irene Dustin

Address 6612 Howard Mill Rd

City Clarksville State MD Zip Code 21029

Home Phone 301-251-0982 Work Phone 240-568-3052

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use 5 Family Dwelling

Proposed Use 5 Family Dwelling

Estimated Construction Cost \$ 70,000

Description of Work 1 story addition  
Basement Family room extend  
Kitchen Full bath

Contractor Company Owner

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: 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: N/A <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: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Kenneth Dustin  
 Applicant's Signature

JUNAR  
 Title/Company

Kenneth Dustin  
 Print Name

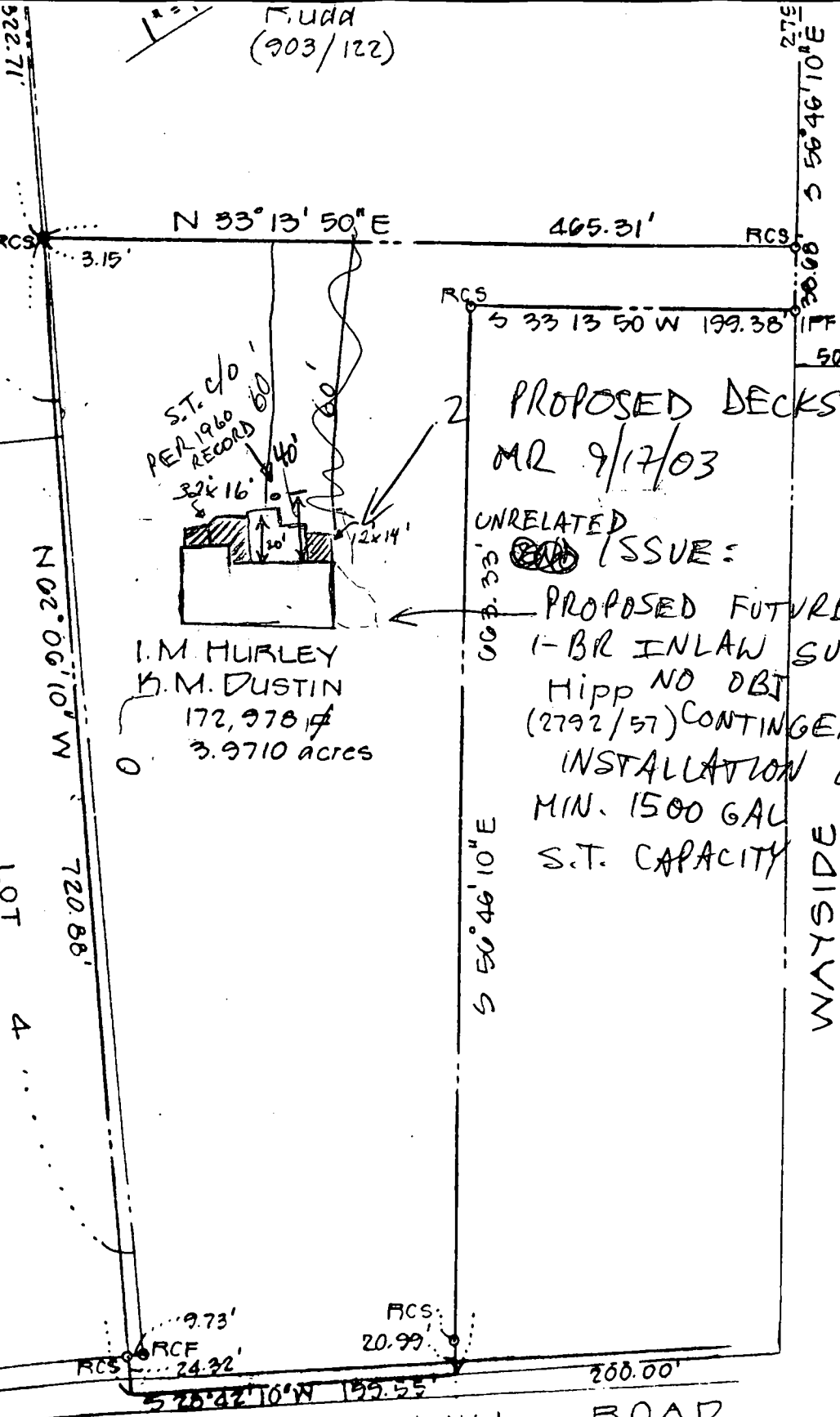
10-16-02  
 Date

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

FOR OFFICE USE ONLY			PROPERTY ID#
AGENCY	DATE	SIGNATURE APPROVAL	<u>332882</u>
Land/Development DPZ			Filing fee \$ _____
State/Highways			Permit fee \$ <u>52</u>
Building Official <u>10/16/02</u>			Excise tax \$ <u>320</u>
Dev. Engineering DPZ			Add'l per fee \$ _____
Health <u>10/16/02</u>			TOTAL FEES \$ _____
Fire Protection			Sub-total paid \$ _____
Sediment Control approval required prior to issuance?			Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Check # <u>12471</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Validation # <u>13468</u>
ONE STOP SHOP <input type="checkbox"/>			Accepted by <u>[Signature]</u>
Distribution of Copies: White Building Official Green LDD/DPZ Yellow DED/DPZ Pink Health Gold SHA			

R. Udd  
(903/122)

LOT 5  
MOUNTAIN PLAT NO. 9242  
ORANGE ESTATES  
LOT 4



2 PROPOSED DECKS OK  
MR 9/17/03

UNRELATED ISSUE:

PROPOSED FUTURE  
1-BR INLAW SUITE;  
Hipp NO DBT  
(2792/57) CONTINGENT ON  
INSTALLATION OF  
MIN. 1500 GAL  
S.T. CAPACITY

0 I.M. HURLEY  
K.M. DUSTIN  
172,978.4  
3.9710 acres

RCS: Rebar & Cap Set  
IPF: Iron Pipe Found

I hereby certify that I have carefully surveyed the property as shown hereon in accordance with recorded description, that property markers are in place as shown and that

PLAT OF SURVEY  
DUSTIN PROPERTY

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144134

Building Address 6612 Highland Mill Rd  
Clarksville Md 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605101 Subdivision Clarksville  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 34 Parcel 191 Grid 19  
 Zoning RR-2 Map Coordinates 132, 11 Lot size \_\_\_\_\_

Property Owner's Name Kenneth M. Dushin  
 Address 6612 Highland Mill Rd  
 City Clarksville State Md Zip Code 21029  
 Home Phone 301-854-0952 Work Phone 410-506-2652  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work 2 Decks 32x16  
12x14

Contractor Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 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: N/A <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: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Kenneth M. Dushin  
 Applicant's Signature

Kenneth M. Dushin  
 Print Name

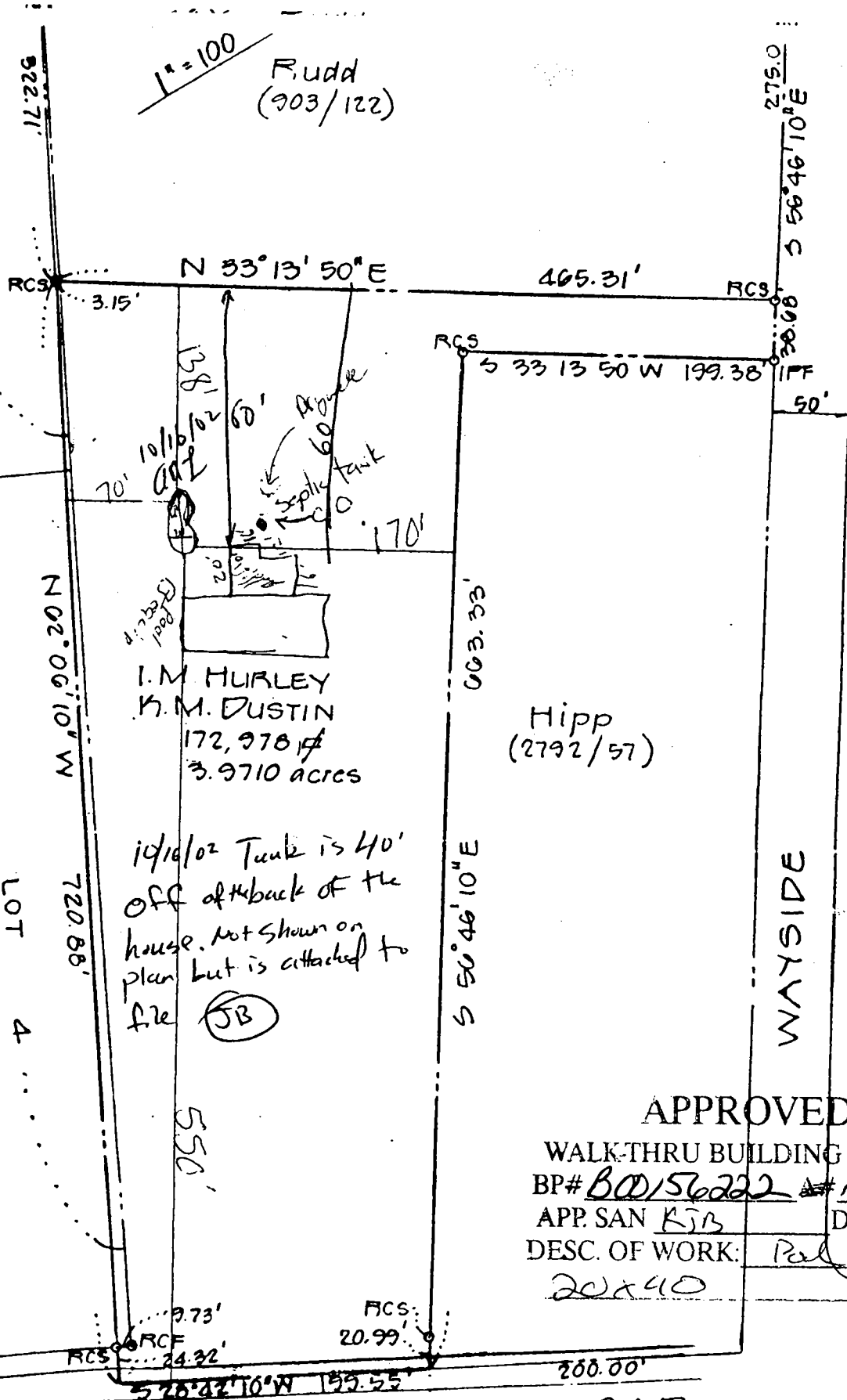
Title/Company MR 9/12/03

9-12-03  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

1" = 100'  
Rudd  
(903/122)

LOT 5  
MOUNT  
PLAT  
No.  
ORANGE  
ESTATES  
9242  
LOT 4



10/10/02 Tank is 40'  
off the back of the  
house. Not shown on  
plan but is attached to  
file (JB)

I.M. HURLEY  
K.M. DUSTIN  
172,978 sq ft  
3.9710 acres

Hipp  
(2792/57)

APPROVED

WALK-THRU BUILDING PERMIT  
BP# B00156222 # PH 513110  
APP. SAN RJB DATE: 9/28/05  
DESC. OF WORK: Pool  
20x40

HAVILAND MILL ROAD

RCS: Rebar & Cap Set  
IPF: Iron Pipe Found

I hereby certify that I have carefully surveyed the property as shown hereon in accordance with the provisions of the Surveying Act of 1907.

PLAT OF SURVEY