

11/15/00
1/15/01
1/10/01 1:00
1/11/01 11:00am
1-17-01
WPI pm
CANCELLED
RPS# 432154

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514282-A
A 56564-7
ISSUE DATE 10/3/2000
APPROVAL DATE 1/11/01

INDEXED

Fogles Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Big Branch Overlook LOT NUMBER 26 ADDRESS 14117 Big Branch Drive

PROPERTY OWNER Big Branch Overlook, LLC PROPERTY OWNER'S ADDRESS 7164 Columbia Gateway Dr. Suite 230

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

**** COMPARTMENTED TANK WITH OUTLET
BAFFLE FILTER REQUIRED ****

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Install trenches of equal length along contour through upper part of septic area. OK to work beyond edge of platted septic easement in direction of driveways. Septic layout on BP Plan is "Conceptual only". Position of septic tank and optimal trench layout to be determined thru pre-installation layout inspection. Trench options are either 4 @ 70' or 5 @ 56'. 10/3/00 OK (BA)

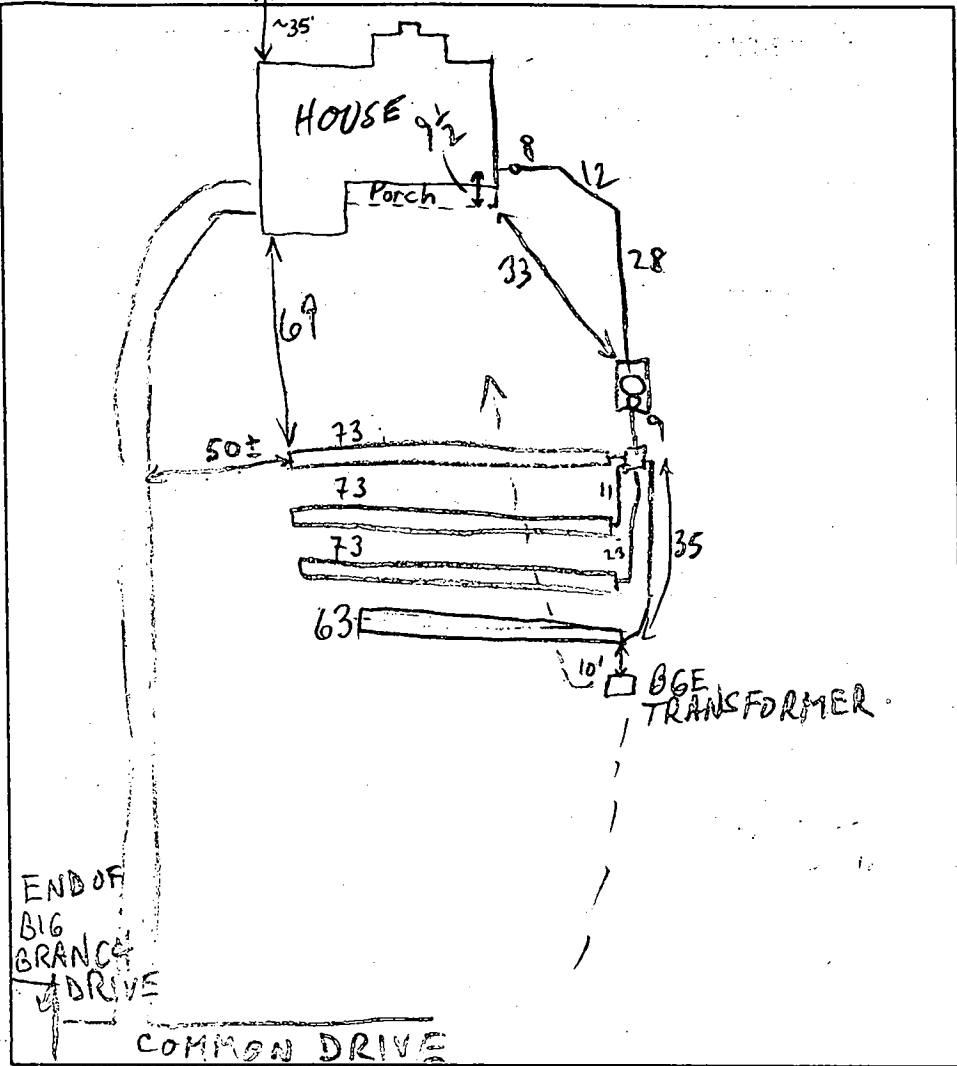
PLANS APPROVED Craig Williams DATE 9/27/99

- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514282

HO-94-2704
NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 3
TRENCH BOTTOM DEPTH 5
DEPTH OF STONE 2
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 282
ABSORBENT AREA 846
DISTRIBUTION BOX LEVEL
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER 1/1 FILTER
6 INCH INSPECTION PORT 1/1 FILTER

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS ~~_____~~
MANHOLE RISER ~~_____~~
ALARM ~~_____~~
PUMP PERFORMANCE TEST ~~_____~~

PRE-CONSTRUCTION INSPECTION: 11/15/00 layout check cancelled at contractor's request DCC 11/21/00 Suggested a trench and tank layout as shown on BP plan. Fogles to have brush cleared from area to ease measurements.

INSPECTION COMMENTS: 1/9/01 Layout - sewer outlet is on right side of house - beginning from the lot of the 308.13 & 256.96 lot lines, begin trenches 150 down the 308.13 lot line & 10' off that same lot line (see revised BP) Run trenches parallel to the front of the house. Topo is different than shown on plan.

1/10/01 1:00 OK, CONTINUE (MR) 1/10/01 3:30 OK, CONTINUE (MR)
1/11/01 OK TO COVER (MR)

1/17/01 WPI OK to cover. DCC
INSPECTOR M. R. Fkin DATE SYSTEM APPROVED 1/11/01

APPLICATION

PERCOLATION TESTING

A 57577

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER C.M.C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION: Big Branch Overlook - Big Branch Drive

UBDIVISION ~~CONSTRUCTION PROPERTY~~ LOT NO. 26

ROAD AND DESCRIPTION HOWARD ROAD 3,000'± FROM INTERSECTION
TRIDELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(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.

Charles A Sharp
(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

C1 07-189

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. 9/27/00 OKSRK COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 8 20 8118/00

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2704 28 29 30 31 32 33 34 35 36 37

OWNER: BIG BRANCH OVERLOOK LLC STREET OR RFD: BIG BRANCH DRIVE TOWN: DAYTON SUBDIVISION: BIG BRANCH OVERLOOK SECTION: LOT: 26

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray, White, Gray, white, Gray-white.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT 12, BENTONITE CLAY BC, NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 0 to 42 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 06, Total depth 60. Includes checkboxes for casing types like STEEL, CONCRETE, PLASTIC, OTHER.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below. Includes checkboxes for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

DEPTH (nearest ft.) table with columns for depth intervals (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, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80).

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production)

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.: MSD009, DRILLERS SIGNATURE: [Signature], LIC. NO.: D

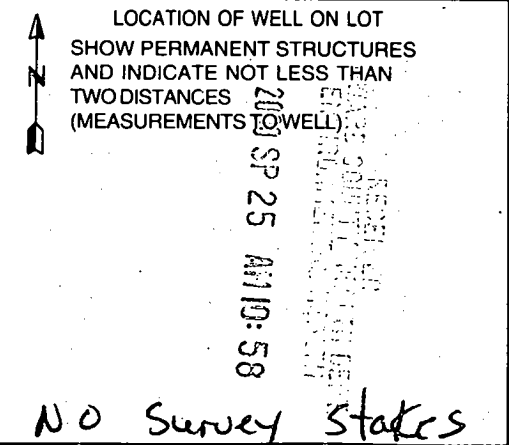
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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: C3, HOURS PUMPED 03, PUMPING RATE 6.0 gal. per min., MEASURE PUMPING RATE 5gal, WATER LEVEL 31 ft. before, 75 ft. when pumping, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH (nearest ft.) 43-47, CASING HEIGHT (+) above, (-) below LAND SURFACE 02 (nearest foot).



NO Survey States

B 1 13999

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO - 94 - 2704 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Big Branch Overlook LCC
15 Last Name Owner First Name 34
7164 Columbia Gateway Dr. Suite 230
36 Street or RFD 55
Columbia MD 21046
57 Town 70 State 72 Zip 76

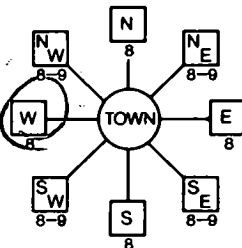
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Big Branch Overlook 14117
23 SUBDIVISION 42
SECTION 44 46 LOT 26 48 50
Dawton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009
Driller's Name 76 License No. 81
Fogles Well Drilling
Firm Name
580 Obrecht RD Sykesville, md. 21784
Address
Allen Compton 5-18-00
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Big Branch Dr.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
34 450' 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05 26 00 C. Williams 5/25/01
43 MM DD YY 48 OO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 0795 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 795
N 510
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. HO - 94 - 2704
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ATTN: DAVE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogel's Well Drilling Telephone #: 410-795-5670
Address: 570 Obrecht Rd.
Sykesville, Md. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MJD009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Bros. Telephone #: 443-535-9296
Subdivision: Big Branch Overlook Lot #: 26 Well Tag #: HO-94-2704
Site Address: Lot 26 Big Branch Pt.
Bknecht, Md.

Submersible Pump Data

Make: Coe 185
Model #: 550P42
Pump Capacity: 3/4 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Comphill
Model #: 4
Depth: 4' (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 1 1/2" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 700 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.314

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt: No

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 7
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton
Signature of company representative responsible for installation

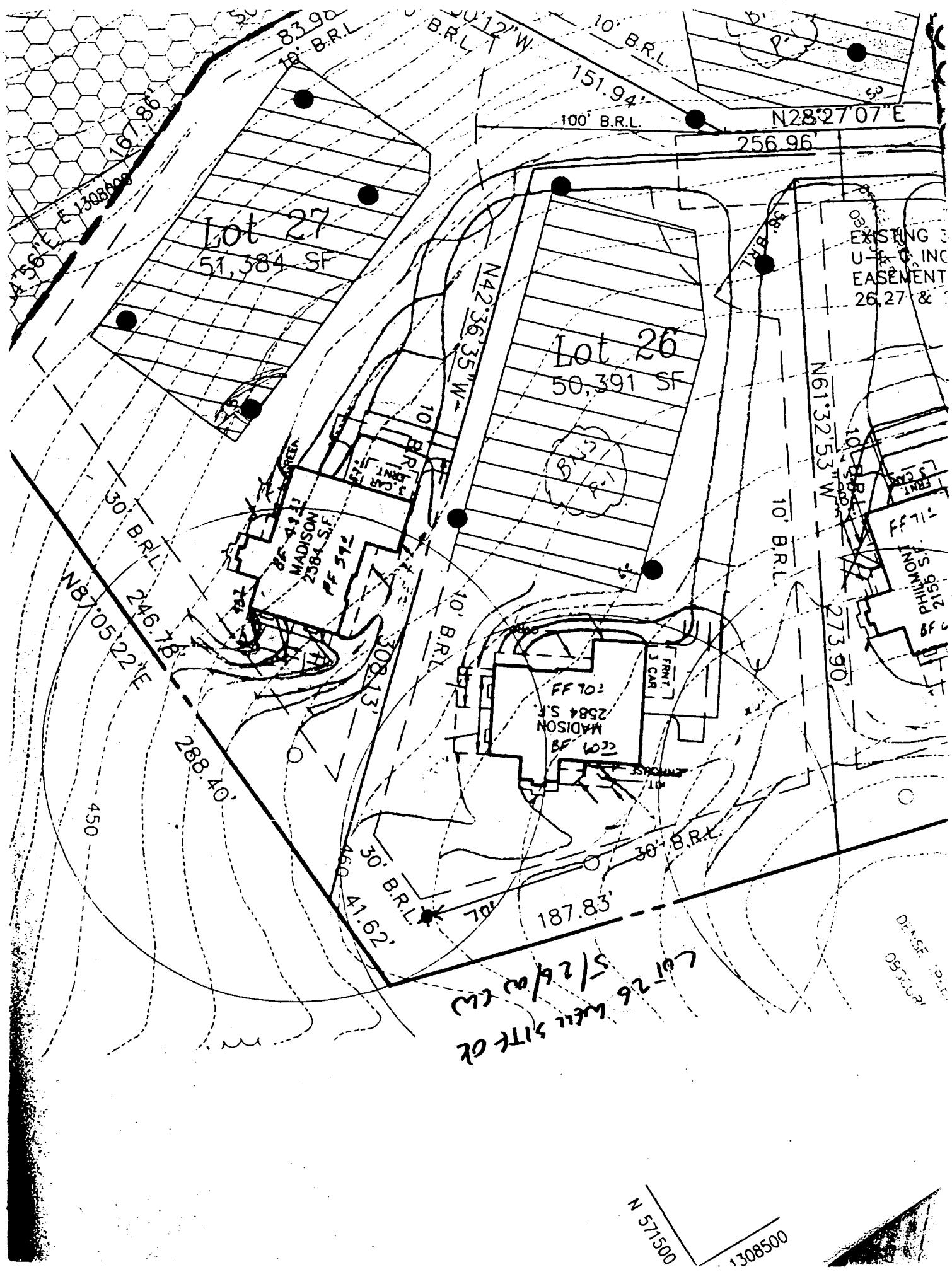
1-17-01
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/17/01 Date Insp. Approved: 1/17/01

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Contact well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

DKC SRK



Lot 27
51,384 SF

Lot 26
50,391 SF

EXISTING
U.S. INC.
EASEMENT
26, 27 &

FF 702
S 2584 SF
MADISON
BF 6032

MADISON
2584 SF
BF 592

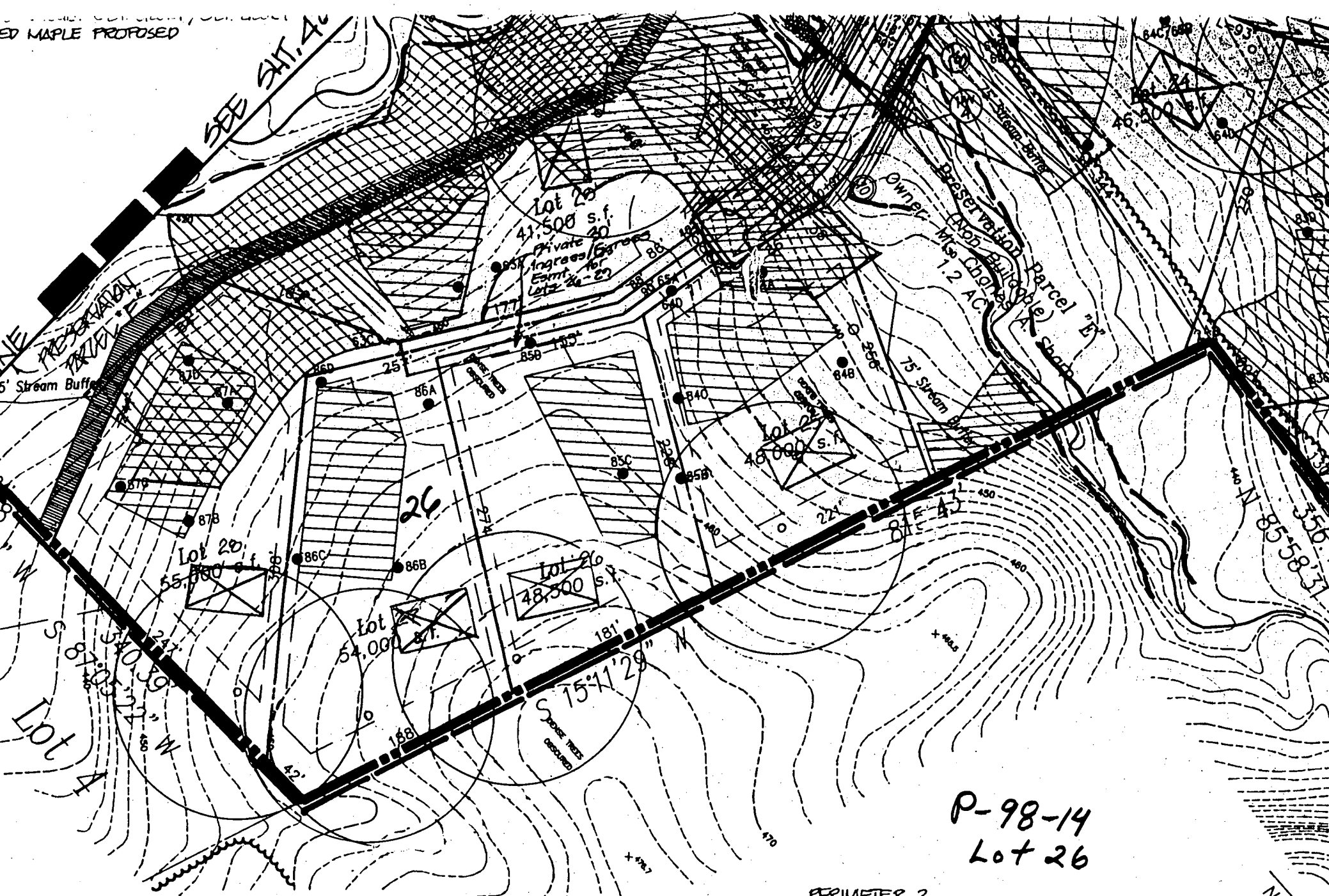
DENSE FOREST
OBSTACLE

Lot 26 will site of
20/11/92/5/26/02

N 57150
1308500

ED MAPLE PROPOSED

SEE SHT. A



P-98-14
Lot 26

PERIMETER 2
LANDSCAPE PERIMETER DESIGNATION
SEE SCHEDULE A: PERIMETER 2A, 2B

ARD COUNTY DEPT. OF PLANNING AND ZONING

N 572000

Conservation Parcel "F"

Big Branch Overlook, LLC
Sellers: Howard County, Maryland &
Overlook Homeowners Association, Inc.
39,179 sq.ft.; 0.8994 Ac.

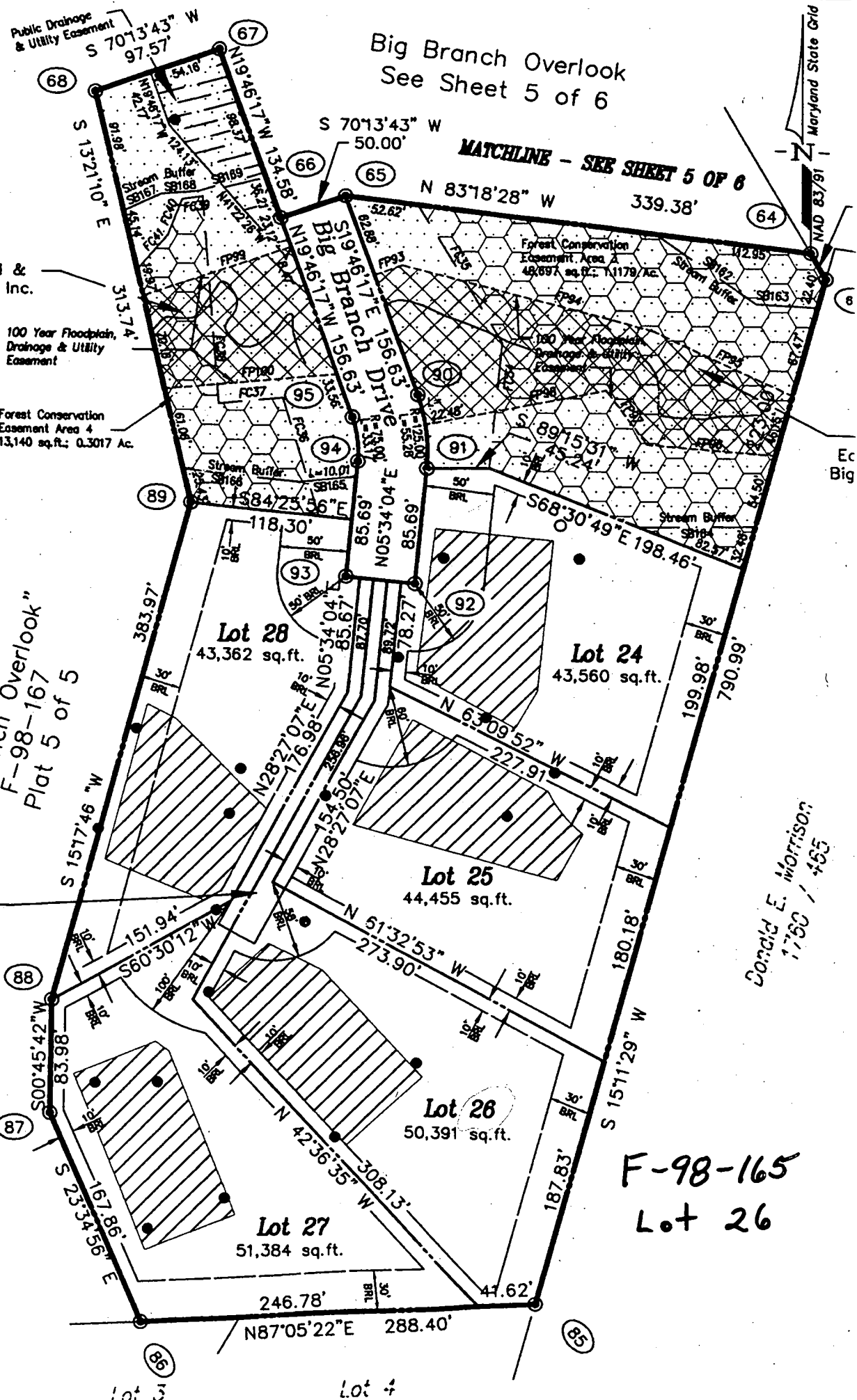
100 Year Floodplain,
Drainage & Utility
Easement

Forest Conservation
Easement Area 4
13,140 sq.ft.; 0.3017 Ac.

"Big Branch Overlook"
F-98-167
Plat 5 of 5

30 Foot Private Use-in-Common
Ingress & Egress Easement for
Lots 25, 26, 27 & 28.
The Use-in-Common maintenance
agreement is recorded in the
Land Records of Howard County, MD.

N 571500



F-98-165
Lot 26

Donald E. Morrison
1760 / 465

1/16/01
MR

AMY,
BIG BRANCH

PROBLEM

S28°27'07"W

30' PRIVATE USE-IN-COMMON
INGRESS AND EGRESS EASEMENT
FOR LOTS 25-28.

LOT 26 W/BGE
AS DISCUSSED
RECOMMEND NO ACTION
HERE (MINOR IMPACT)
BUT WORTHY OF LETTER
BGE TRANSFORMER TO
"SOMEONE IN
COUNTY

Approved Septic System Plan
Howard County Health Department
B00024753 SPD-4BA

LOT 26
50,391 s.f.
TANK LOCATION TO BE ADJUSTED
LOCATION EFFICIENT FOR AVAILABLE AREA

8/8/00
DWA

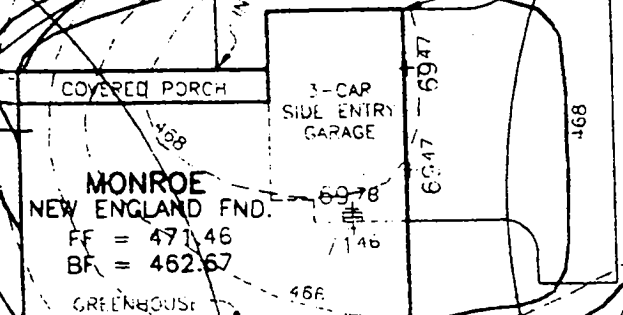
280 TOTAL TRENCH LENGTH

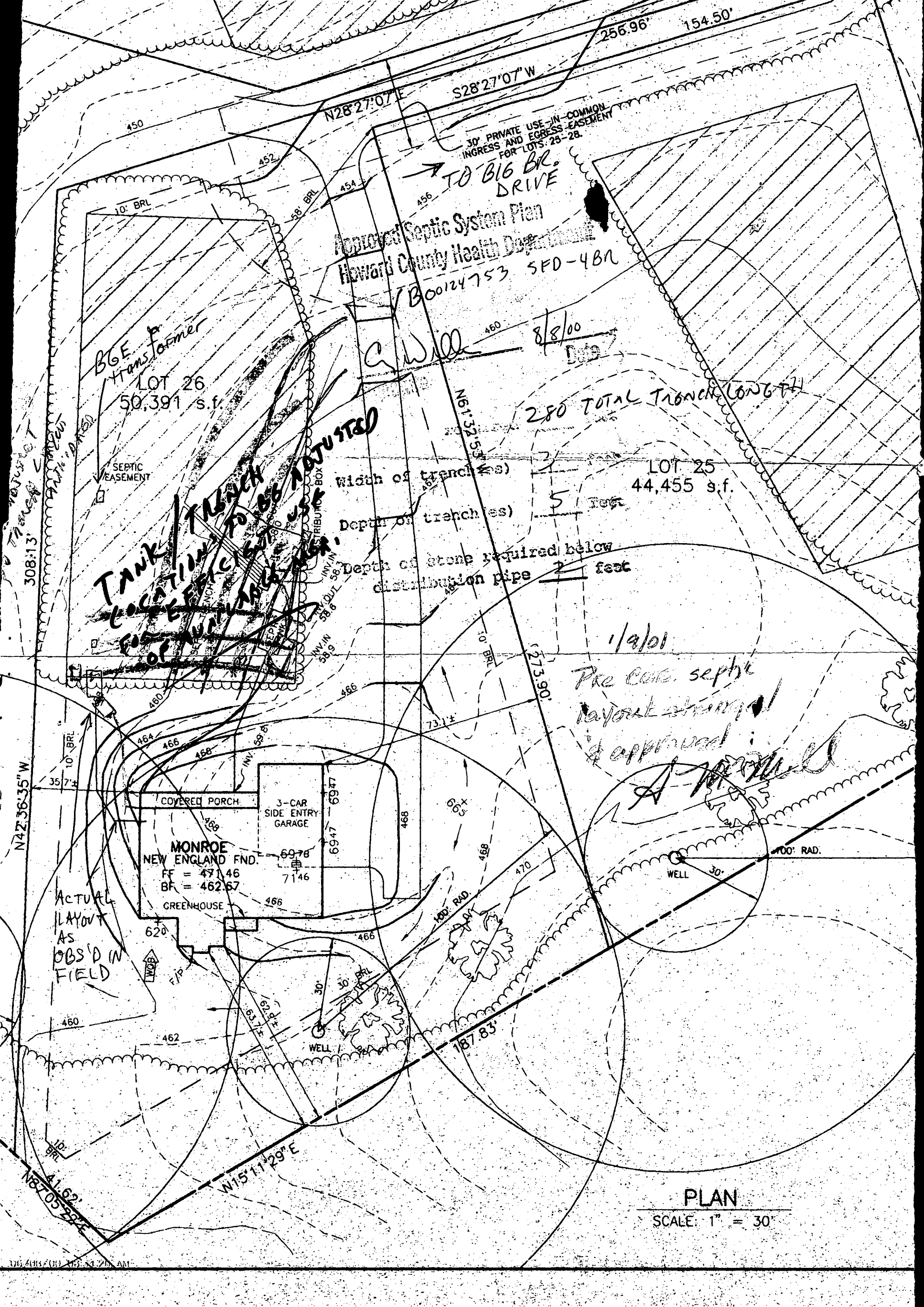
LOT 25
44,455 s.f.

Width of trench (as)

Depth of trench (as)

Depth of stone required below
distribution pipe 2 feet





30' PRIVATE USE-IN-COMMON
INGRESS AND EGRESS-EASEMENT
FOR LOTS: 23-28.

TO BIG BR.
DRIVE

Approved Septic System Plan
Howard County Health Department
B00124753 SFD-48A

AW 8/8/00

BGE Transformer

LOT 26
50,391 s.f.

280 TOTAL TRENCH LENGTH

TANK/TRENCH LOCATION TO BE ADJUSTED
LOCATION TO BE ADJUSTED

Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

LOT 25
44,455 s.f.

1/9/01
Pre Calc. septic layout original & approved
A. M. [Signature]

N42°36'35" W

ACTUAL LAYOUT AS OBS'D IN FIELD

PLAN

SCALE: 1" = 30'

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
1200112200

Building Address 14117 Big Branch Dr
Dayton MD 20136

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

Census Tract 60501 Subdivision Big Branch Oaks

Section _____ Area _____ Lot 26

Tax Map 27 Parcel 111 Grid 11

Zoning R100 Map Coordinates _____ Lot size _____

Property Owner's Name Mike Bucci

Address 14117 Big Branch Dr

City Dayton State MD Zip Code 20136

Home Phone 410 555 7311 Work Phone _____

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

Phone _____ Fax _____

Existing Use SF Home

Proposed Use SF Home

Estimated Construction Cost \$ 27,000

Description of Work Finished basement
to create: office - Bath - storage
Rec Room

Contractor Company DTS Quality Home

Contact Person Doug

Address 17012 Mass Meadows

City Md. City State MD Zip Code 21771

License No. 26466

Phone 301 854 6477 Fax _____

Occupant or Tenant Mike Bucci

Contact Name _____

Address SARVE

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>430 sq ft</u>	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"/> NFA #13D _____ NFA #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.

Doug
Applicant's Signature
Doug

Doug Custner
Print Name/

Title/Company _____ 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>10/4/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>10/4/03</u>	<u>[Signature]</u>
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 NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: _____

Filing fee \$ 25.00

Permit fee \$ 158.00

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ 183.00

Sub-total paid \$ _____

Balance due \$ _____

Check # 1019

Validation # _____

Accepted by _____

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