

RPS# 331180

PERMIT

P 514651

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

A 512694-C

ISSUE DATE 11/16/00

APPROVAL DATE 11/21/00

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 1-800-682-6726

SUBDIVISION Brantwood II LOT NUMBER 3 ADDRESS 11413 Butterfruit Way

PROPERTY OWNER NVR, Inc. PROPERTY OWNER'S ADDRESS 2200 Defense Highway

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM Suite 301
Crofton, MD 21114

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3.0 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 170 feet down the left lot line and 10 feet off that same lot line as seen when facing the lot from Butterfruit Way. Run trenches on contour toward the right lot line. 8/29/00 OK AW

PLANS APPROVED Amy Mc Millen DATE 8/18/00

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

~~BLDG PERMITS~~
~~AND RETURNED~~ 8-8-01
B00131877. Irregular shaped multi-level deck w/steps.

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

P 514651

11/16/00
Anytime

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Brantwood II Lot #: 3 Well Tag #: HO-94-2511
Site Address: 11913 Butterfрут Way

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 11/16/00 Date Insp. Approved: MR 11/16/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

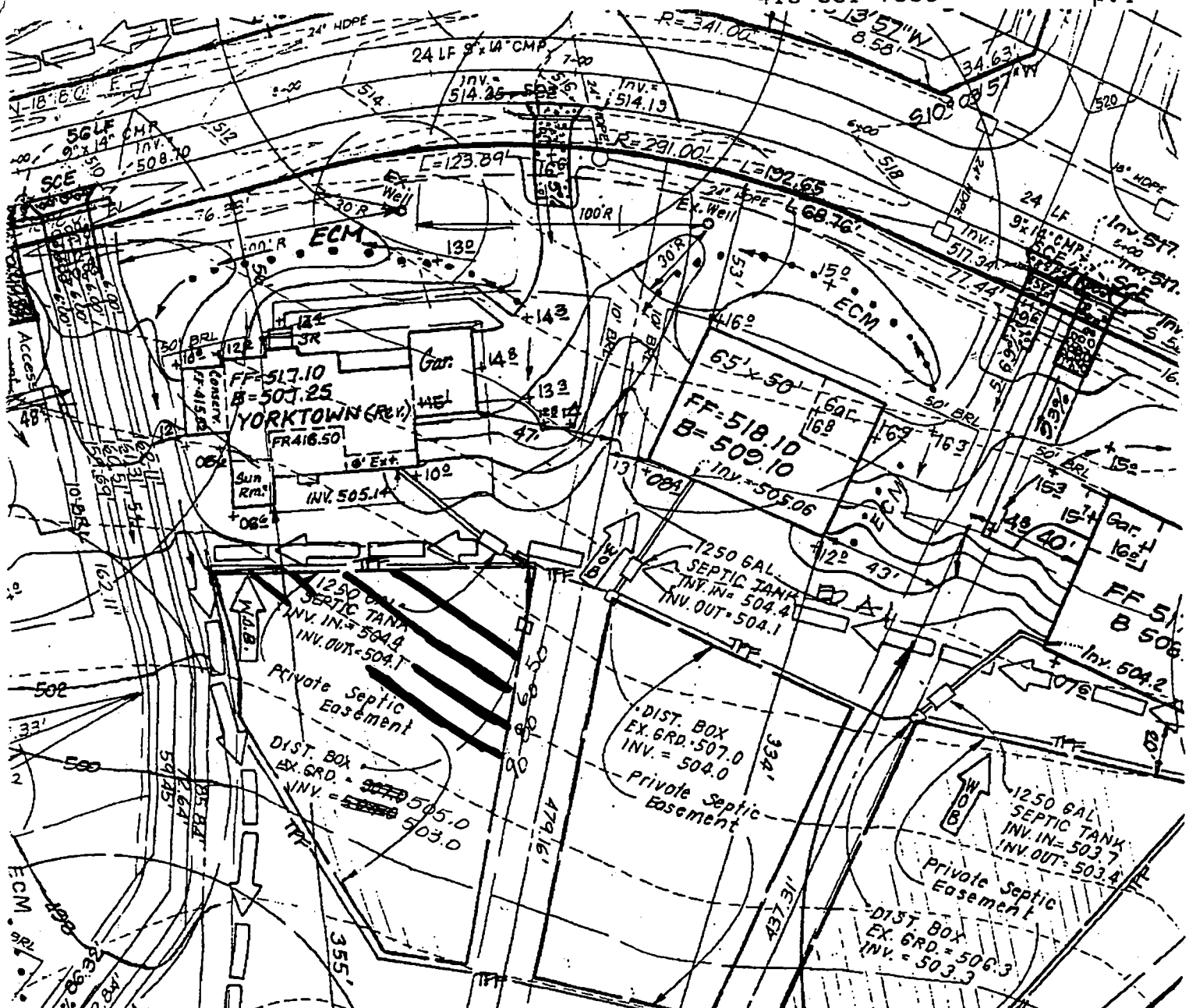
Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



Total linear feet of trench
required 240 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 3.5 feet

Depth of stone required below
distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Ann McMill 8/18/00
Signature Date

LOT 1
51598 S.F.

ATTN
WAYNE FLACK
6-19-00

LOT 3
BRANTWOOD 2/1
USE RAISE 1.0' TO
SEWER BASEMENT BY GRAVITY

EXISTING EARTH
TO REMAIN

C1 07557

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.

COUNTY NUMBER A512694C

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 3 7 80

Depth of Well 22 175 26 (TO NEAREST FOOT)

8/18/00 OK AM

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2511

OWNER Brantwood LLC last name Butterfruit Way first name TOWN ELICOTT CITY, MD SUBDIVISION Brantwood 211 SECTION LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN SHALE 0 70, BLUE SLATE 70 175.

WATER AT 148

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 45 21 NO. OF POUNDS 45 1974 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft.

CASING RECORD

caseing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! (6) Total depth of main casing (nearest foot) (81)

OTHER CASING (if used)

Table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) HO 80 175

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 139 Robert Elme DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 140 Saw Harley

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

C 3

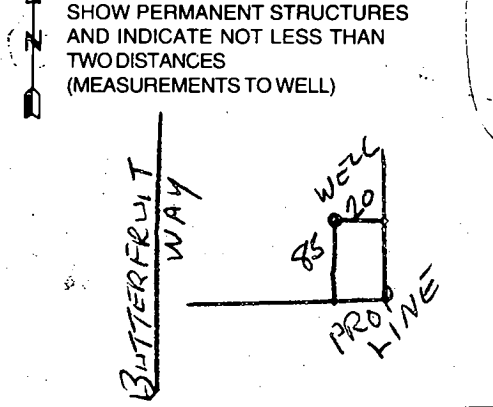
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 74 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (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 (circle appropriate box and enter casing height) (+) above, (-) below LAND SURFACE 1 (nearest foot)

LOCATION OF WELL ON LOT



B 1 10795

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-94-2511 fill in this form completely

Date Received (APA) 120299

OWNER INFORMATION

Brantwood, L.L.C. 8835 - P Columbia 100 Parkway Columbia, MD 21045

B 3

LOCATION OF WELL

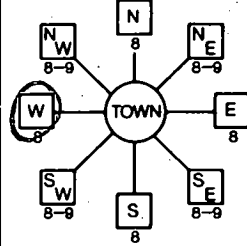
Howard Brantwood Pine Orchard Area 1 MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline M W D 130 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 ENTER FT OR MI TAX MAP: 16 E 23 BLK: PARCEL P/6 214

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 300 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A512694C COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 121099 EXP. DATE 12/10/00 NORTH GRID 520 000 EAST GRID 820 000

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

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)

APPROP. PERMIT NUMBER 54 PERMIT No. HD-94-2511

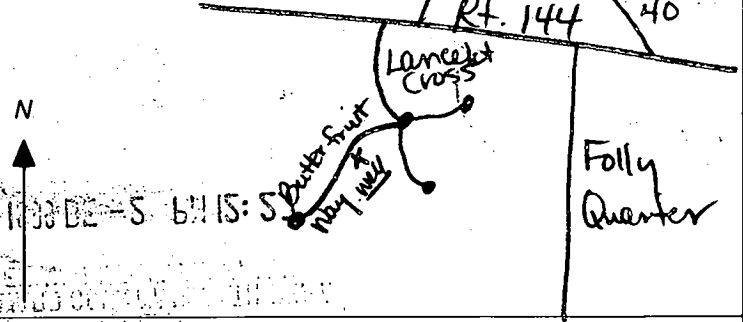
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520

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



F-99-140

MATCHLINE SEE SHT 4

MATCHLINE SEE SHT 3

Butterfruit way

Lot 1
1.1845 Acst+
51598 sq.ft

Lot 2
0.9936 Acst+
43281 sq.ft

Lot 3
1.3275 Acst+
57828 sq.ft

Lot 8
0.9327 Acst+
40628 sq.ft

Lot 7
0.9619 Acst+
41897 sq.ft

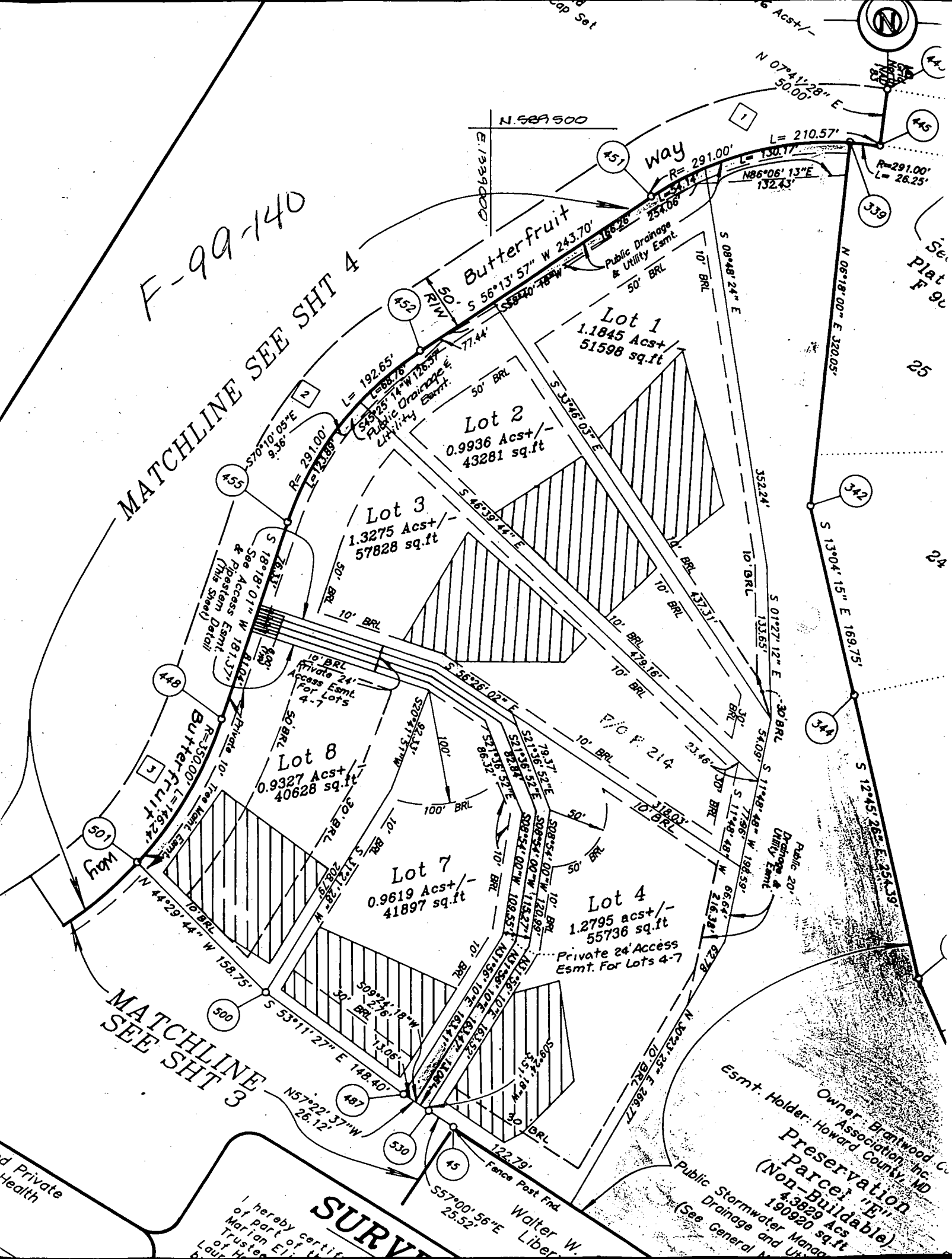
Lot 4
1.2795 acst+
55736 sq.ft

Owner: Brantwood Co. Association, Inc.
Preservation Parcel "E"
(Non-Buildable)
4.3829 Ac
190920 sq.ft
Public Stormwater Drainage and Utility Esmt.
(See General Notes)

SURVEY
I hereby certify
of part of the
Marion Eli
Trust
of
Laur

Walter W. Liber

Private Health



APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/15/95

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 Fenger Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808

21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 515A55

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(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.

Mark A. Reil
(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' 1153
 dark
 brn
 silclm

3' yellow
 brn
 salm
 micaceous

7' white
 tan
 mixed
 salm

9' grey w/
 orange
 salm

12'

1152

red
 brn
 silclm

3.5' lgt
 brn
 salm
 micaceous

12'

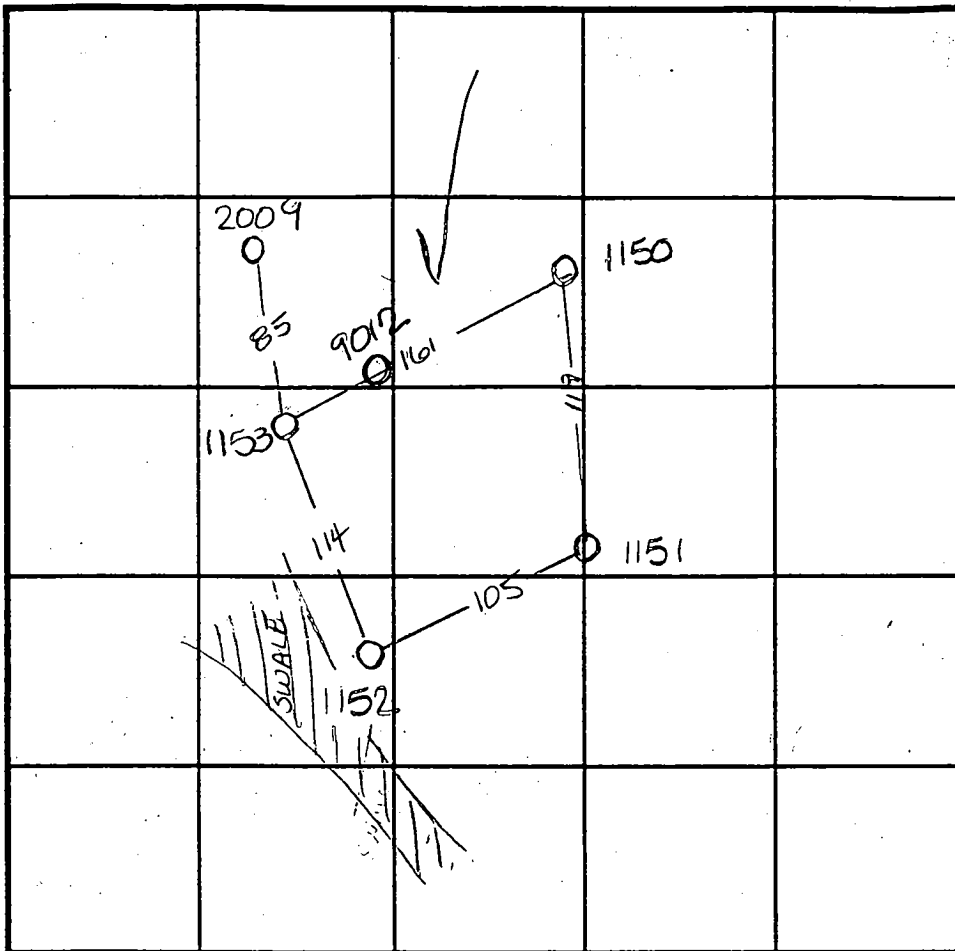
1151, 1150

orange
 brn
 silclm

2' beige
 salm
 micaceous
 50% large
 chunks
 rock

5' brn
 salm
 micaceous

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 2009
 no distinct
 clay layer
 red brn
 very fine
 silm
 shelf of
 10% large
 rock frags
 from 6-7'
 at bottom
 decayed
 shale from
 11'-12'
 pink

11.5'

9012

dark
 brown
 silclm

4.0' beige brn
 micaceous
 20% shale

11.0' white decayed
 quartzite

12.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1153	3' V12	12:31 ¹⁵	12:34	12:34	12:42 ³⁰	8 1/2 min
	1152	3.5' X12	12:35 ¹⁵	12:37	12:37	12:40	3 min
	1151	2.5' V12	12:11 ³⁰	12:12 ³⁰	12:12 ³⁰	12:15 ³⁰	3 min
	1150	2' V12	12:15	12:16 ³⁰	12:16 ³⁰	12:18 ³⁰	2 min
	1150	5.5' V12	12:15 ¹⁵	12:17	12:17	12:19	2 min
9-18-95	2009	2' V11.5	12:22	12:23 ⁴⁵	12:23 ⁴⁵	12:26	2 1/4 min
5-2-97	9012	Visual	to 120 - see profile				OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Mark Reich

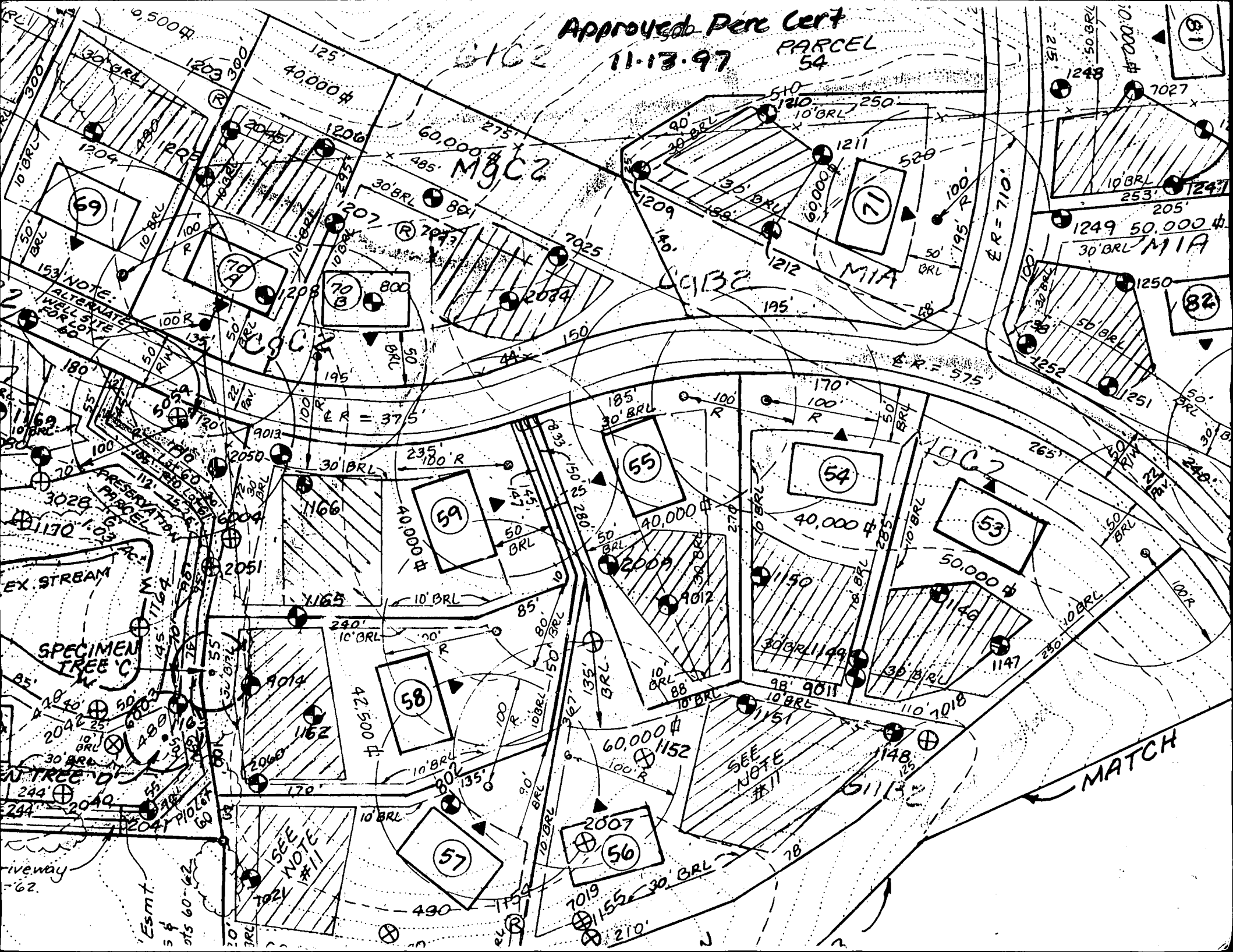
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Approved Perc Cert

11-13-97

PARCEL 54



MGC2

MIA

MIA

NOTE:
ALTERNATE
WELL SITE
FOR LOT
60

RESERVATION
PARCEL

SPECIMEN
TREE 'C'

SPECIMEN
TREE 'D'

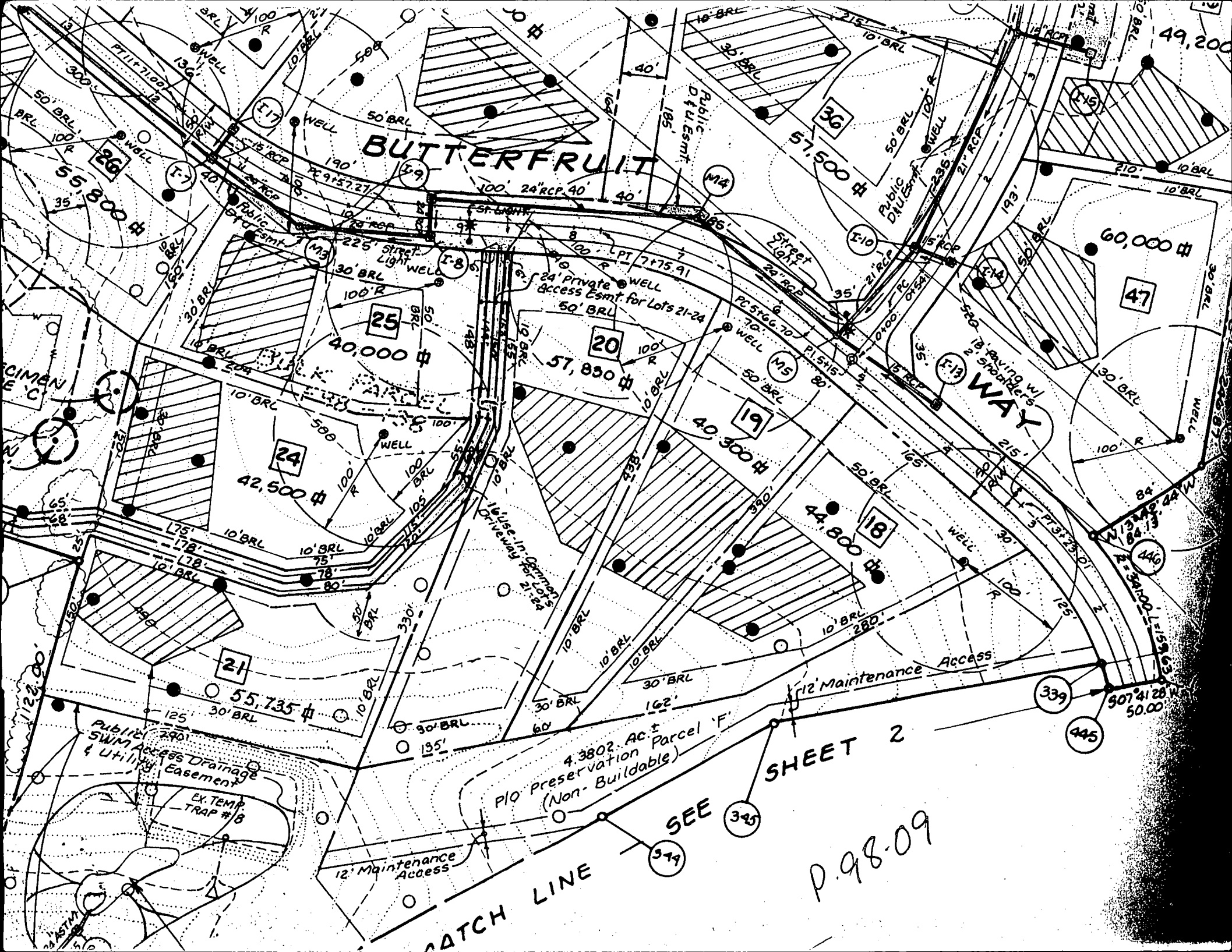
Esmt.
5' x
5' x 60'-62'

SEE
NOTE
#11

SEE
NOTE
#11

MATCH

BUTTERFRUIT



MATCH LINE
SEE SHEET 2
P. 98-09

4.3802 Ac. ±
P10 Preservation Parcel
(Non-Buildable)

CIMEN
E 'C

Public Access Drainage
Swim Access Drainage
& Utility Easement
EX TEMP
TRAP #18

49,200

60,000 sq ft

42,500 sq ft

57,850 sq ft

40,300 sq ft

44,800 sq ft

55,735 sq ft

60,000 sq ft

47

446

339

445

379

345

115

110

114

113

114

115

117

119

118

113

117

116

110

110

110

110

115

115

115

115

115

115

115

115

115

115

115

115

115

115

115

115

115

115

115

BEHRENS

Building Address 11413 Butterfruit Way
Ellicott City MD 21042

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

Census Tract 6030 Subdivision Brimwood

Section 2 Area 1 Lot 3

Tax Map 16 Parcel 436 Grid 22

Zoning RCD(1)P Coordinates 11A6 Lot size _____

Property Owner's Name Mr & Mrs Paul Behrens

Address 11413 Butterfruit Way

City Ellicott City State MD Zip Code 21042

Home Phone 410-953-5091 Work Phone _____

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

Phone _____ Fax _____

Existing Use CFD

Proposed Use CFD w/ deck

Estimated Construction Cost \$ 24415.00

Description of Work Deck 25' x 14', 25' x 14' = 16' x 14' w/ steps

Contractor Company Annapolis Trenching & Excavation Inc. dba Archuback

Contact Person Tom Cummins

Address 204 Severn Road

City Annapolis State MD Zip Code 21411

License No. 49417

Phone 410-452-1743 Fax 410-452-1743

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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input 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"/>	Basement: _____ Public _____ Private _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input 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.

Applicant's Signature [Signature] Title/Company _____

Print Name Thomas J Cummins Date 8/8/01

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	8/8/01	[Signature]	Front: _____	47593
State Highways			Rear: _____	Filing fee \$ _____
Building Official	8/8/01	[Signature]	Side: _____	Permit fee \$ <u>311</u>
Dev. Engineering, DPZ	8/8/01	[Signature]	Side St: _____	Excise tax \$ _____
Health	8/8/01	[Signature]	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>311</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>1894</u>
				Validation # <u>43405</u>
				Accepted by <u>[Signature]</u>