

8/19/86  
ASAP

05-379849

8/19/86  
SPRINK O.K.  
(10)

# PERMIT

P 37326  
A 24678

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
XX99210532X  
461-9933

INDEXED

ELLICOTT CITY  
DISTRICT 5th  
DATE 7/02/86

Jack Fyock IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Allnutt Farm Estates ROAD 13424 Arada Court LOT 5, Section 1

PROPERTY OWNER Earl & Wanda Peoples

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet from the front (65') lot line and 145 feet from the left (255') as seen when facing the lot from Arada Court. Run trenches on contour toward the left and right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. &/CW

PLANS APPROVED BY S. Abel DATE 2/03/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

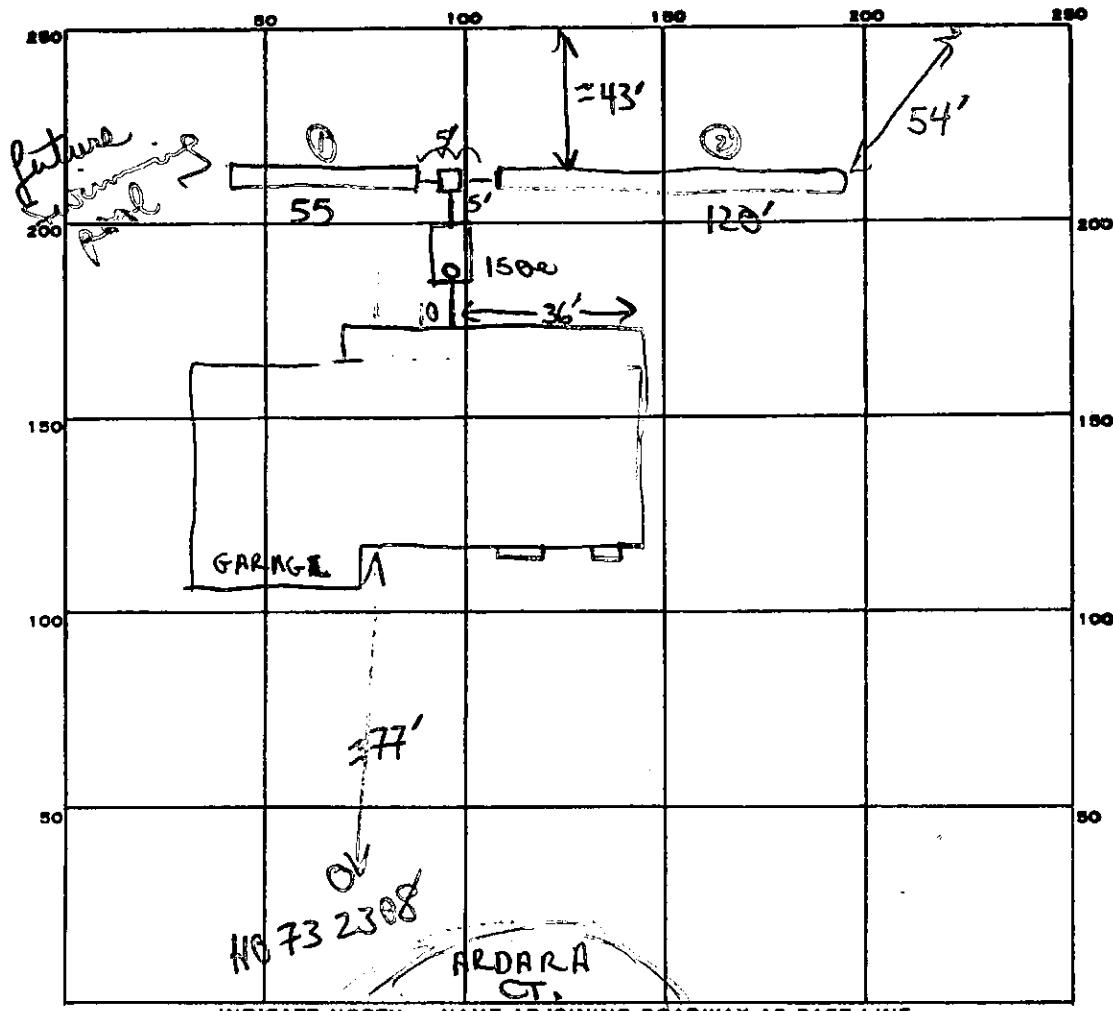
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

OLD PERMIT ~~XXXXXX~~  
AND RETURNED 5/24/01  
BOO130415 POOL

24678

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



PERMIT CARD ✓

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS 1 ST.

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 9 1/2 + 9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' 5' TOTAL LENGTH 35' + 120' FT.

NUMBER OF TRENCHES 2 (TOP OFF) 1 SIDE WALL TOTAL BOTTOM AREA 275 + 600

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 875 SQ. FT.

REMARKS 8/9/86 Due to limited future repair area + future pool site, uneven trench system best alternative for preserving repair area.

OK to finish welding of one pipe paper to both trenches  
OK to cover all work

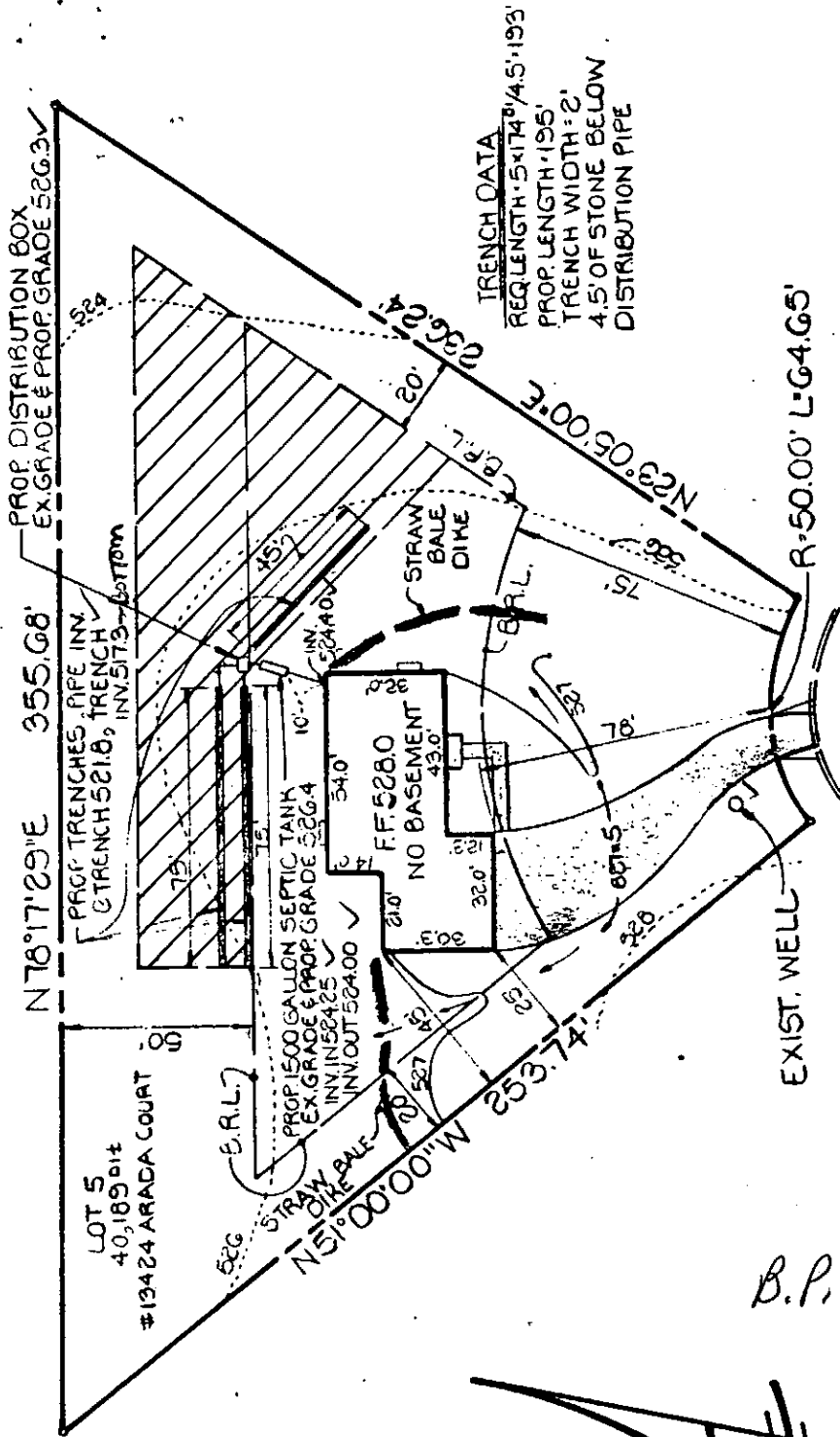
DATE SYSTEM APPROVED 8/9/86

INSPECTOR B Wilson

75  
5  
70

120  
5  
125

55  
5  
275



**ARADA COURT**

PLAN TO ACCOMPANY APPLICATION  
FOR BUILDING PERMIT

**ALLNUTT FARM EST.**

LOT 5 SECTION ONE

5TH ELECTION DISTRICT HOWARD COUNTY MARYLAND  
FEBRUARY 24, 1986  
SCALE 1"=50'

B.P. Appl. # 69020  
Peoples

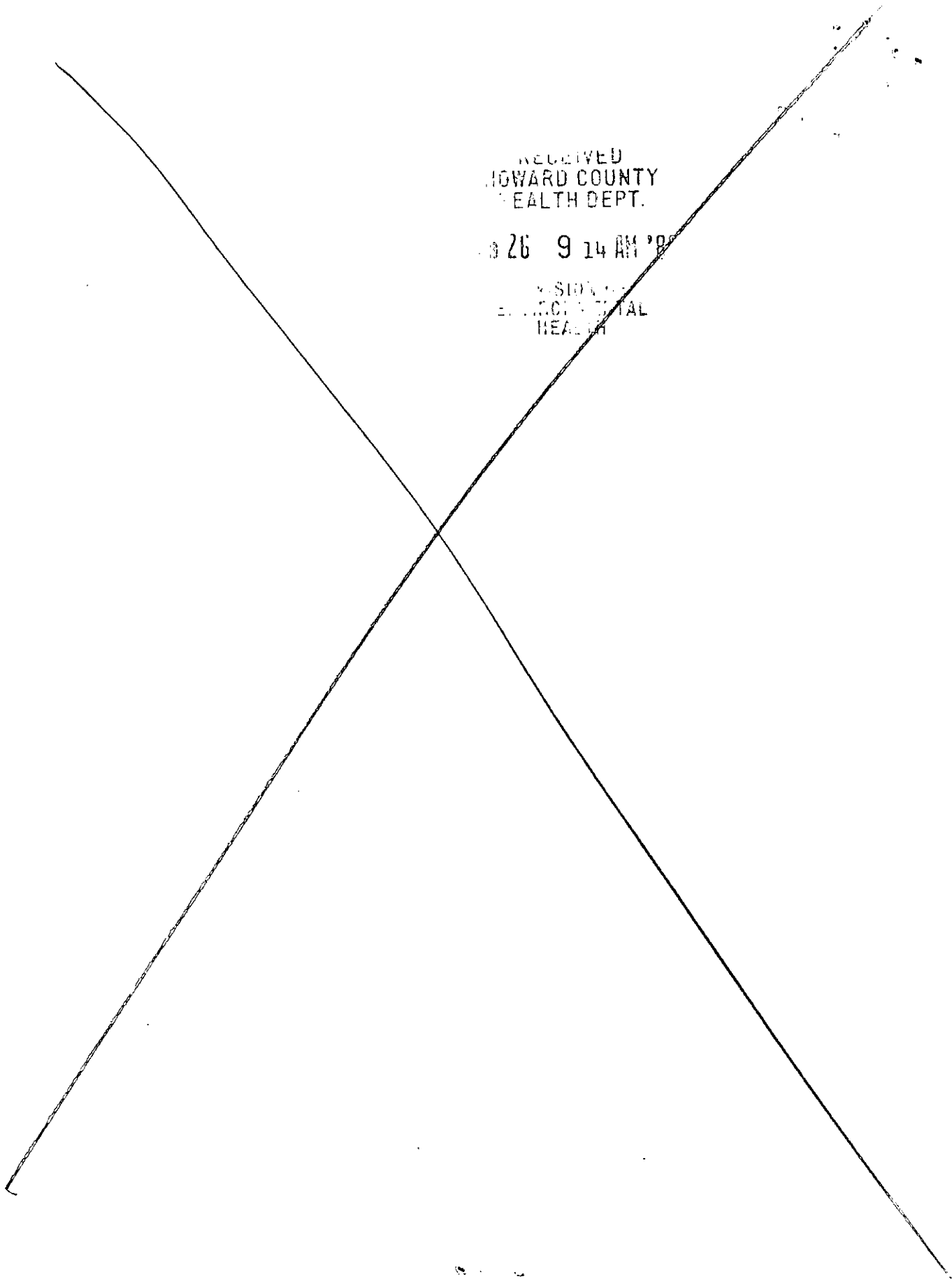


3486  
 1986 FEB 24

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

SEP 26 9 14 AM '87

RESIDENT  
MENTAL  
HEALTH





RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH

2001 DE 26 AM 10:51



B 1 7249

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HD-94-3294  
fill in this form completely

Date Received (APA)

12 04 01

OWNER INFORMATION

Abramson Allen  
Last Name Owner First Name

13424 Arada Ct.  
Street or RFD

Highland Md 20777  
Town State Zip

B 3 LOCATION OF WELL

Howard  
COUNTY

Allnutt Farm  
SUBDIVISION

SECTION 1 LOT 5

Highland  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 3/10

DRILLER INFORMATION

Joseph L. Wagner MSD 24  
Driller's Name License No.

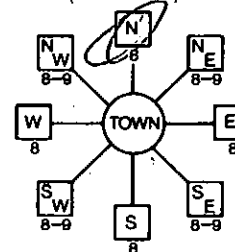
Joseph L. Wagner Well Drilling  
Firm Name

5512 Ridge Rd Mt Airy Md. 21771  
Address

Joseph L. Wagner 12/4/200  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13424 Arada Ct  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 39 37  
DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP: 34 BLK: 15 PARCEL 366

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A 24678  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 12 04 01 Mark R. K... 12/4/02  
CO SIGNATURE EXP. DATE

NORTH GRID 497 0 0 0 EAST GRID 0807 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL L 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_

PERMIT No. HD-94-3294

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

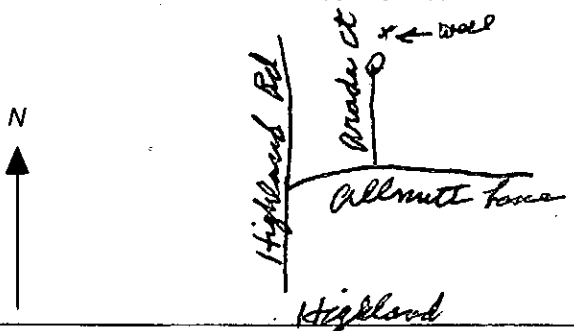
- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8087  
N 4987

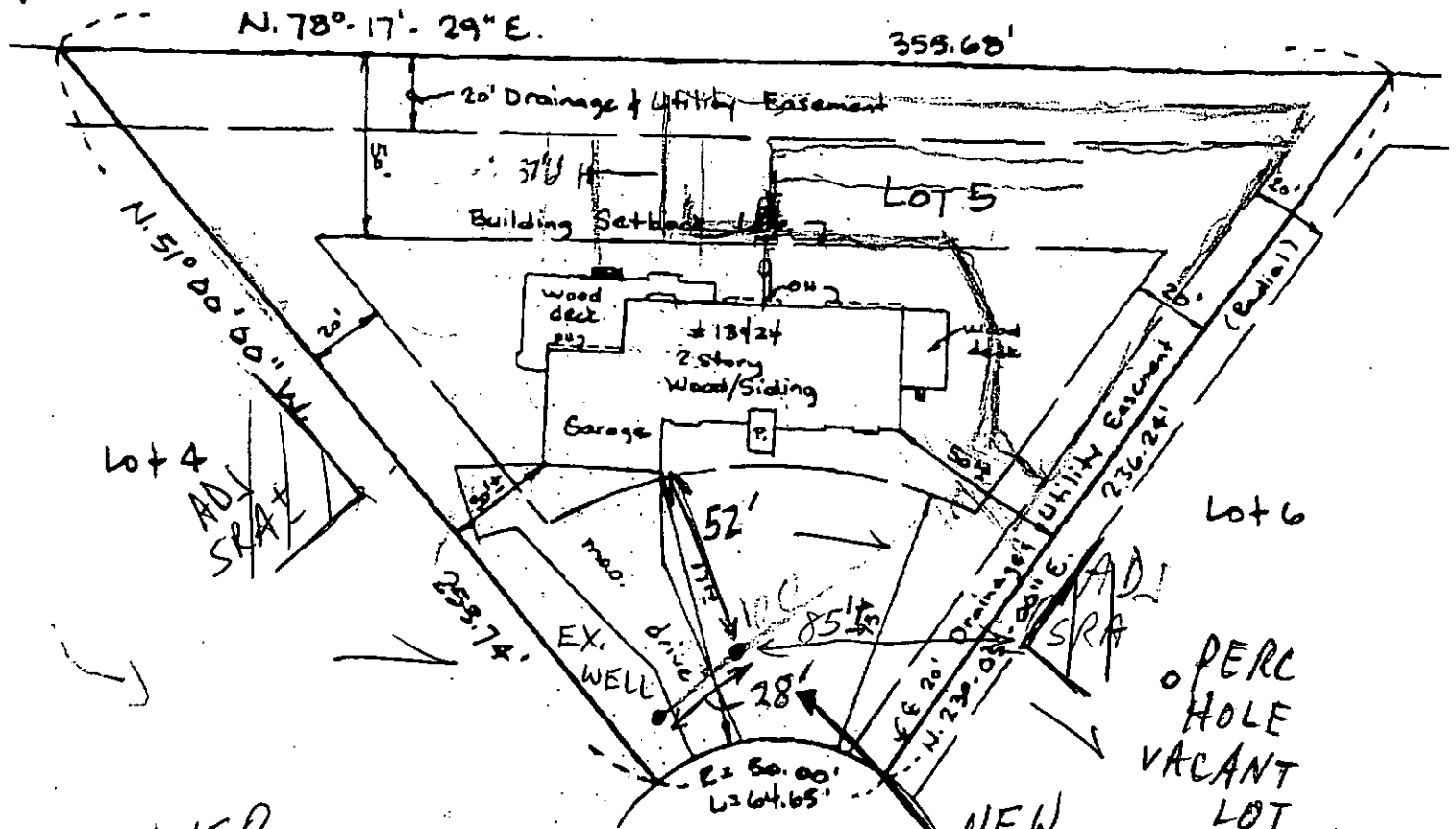
12/6/01 9AM Grant  
No bags 1st (SD)

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



OWNER  
 ABRAMSON  
 301-370-2784

ARADA  
 COURT  
 40-94-2794

NEW  
 WELL SITE OK  
 12/4/01 MR

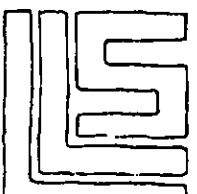
THE SETBACK DIMENSIONS SHOWN HEREON AND AS THEY RELATE TO STRUCTURES NOTED ARE TO BE INTERPRETED AS BEING WITHIN 3 FEET EITHER WAY OF THE DIMENSION SHOWN.

THE LOT SHOWN HEREON IS IN FLOOD ZONE blank PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # blank

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.



MD Reg. No. 10928



**L.L.S. - RANSONE**  
**LAND SURVEYORS**  
 P.O. Box 5410  
 Towson, Maryland 21285  
 (410) 523-1056

LOCATION DRAWING  
 #13424 ARADA COURT - Lot 5  
 "Sect. 1 ALLNUTT FARMS ESTATES"  
 Plat Book C.M.P. No. 3725  
 HOWARD COUNTY, MARYLAND

C 1 0709 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

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

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER W26-851

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Sept 26, 1976

8-13 15 20

DEPTH OF WELL 300

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HAO-73-2308

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 223

OWNER McCunn Assoc of Md. LAST NAME FIRST NAME

STREET OR RFD POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top So. L	0	2	
Sandy	2	60	
Sand Stone	60	80	✓
M. c k a	80	90	
Sand Stone	90	95	✓
M. c k a	95	300	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) YES NO

CEMENT  C  M BENTONITE CLAY  B  C

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 30<sup>ft</sup> measured FT.

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

S T STEEL  C O CONCRETE

P L PLASTIC  O T OTHER

MAIN CASING TYPE  S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 57

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

E A C H S C R E E N

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

S T STEEL  B R BRASS OR BRONZE  H O OPEN HOLE

P L PLASTIC  O T OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 54 TO 300

E A C H S C R E E N

1 H O FROM 8 TO 21

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA 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 AVAILABLE

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2<sup>+</sup>

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  P PISTON  T TURBINE

C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)

J JET  S SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  Y NO  N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } 3 (NEAREST FOOT)

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).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

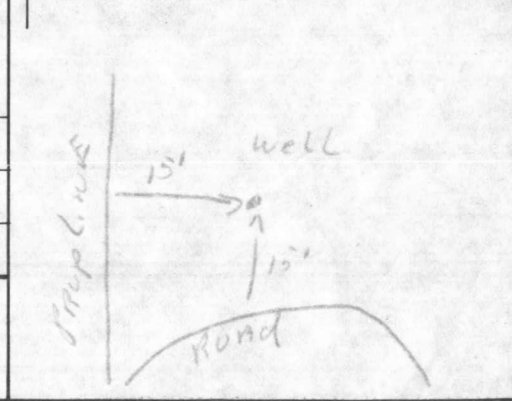
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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.

DRILLERS NAME Ralph Mayne

(PLEASE PRINT) Ralph Mayne

SIGNATURE Ralph Mayne



# APPLICATION

A \_\_\_\_\_

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT Fifth

DATE 9/9/76

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 Mr. and Mrs. Smith H. Allnutt, Jr.

ADDRESS 13288 Highland Road  
Highland, Maryland 20777 PHONE 988-9303

PROPERTY LOCATION:

SUBDIVISION Hl - Land Farm Estates LOT NO. 5

ROAD AND DESCRIPTION Court "A"

SIZE OF LOT 0.92 Ac. TYPE BLDG. 3 or 4 bedroom  
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 /s/ Margaret G. Allnutt

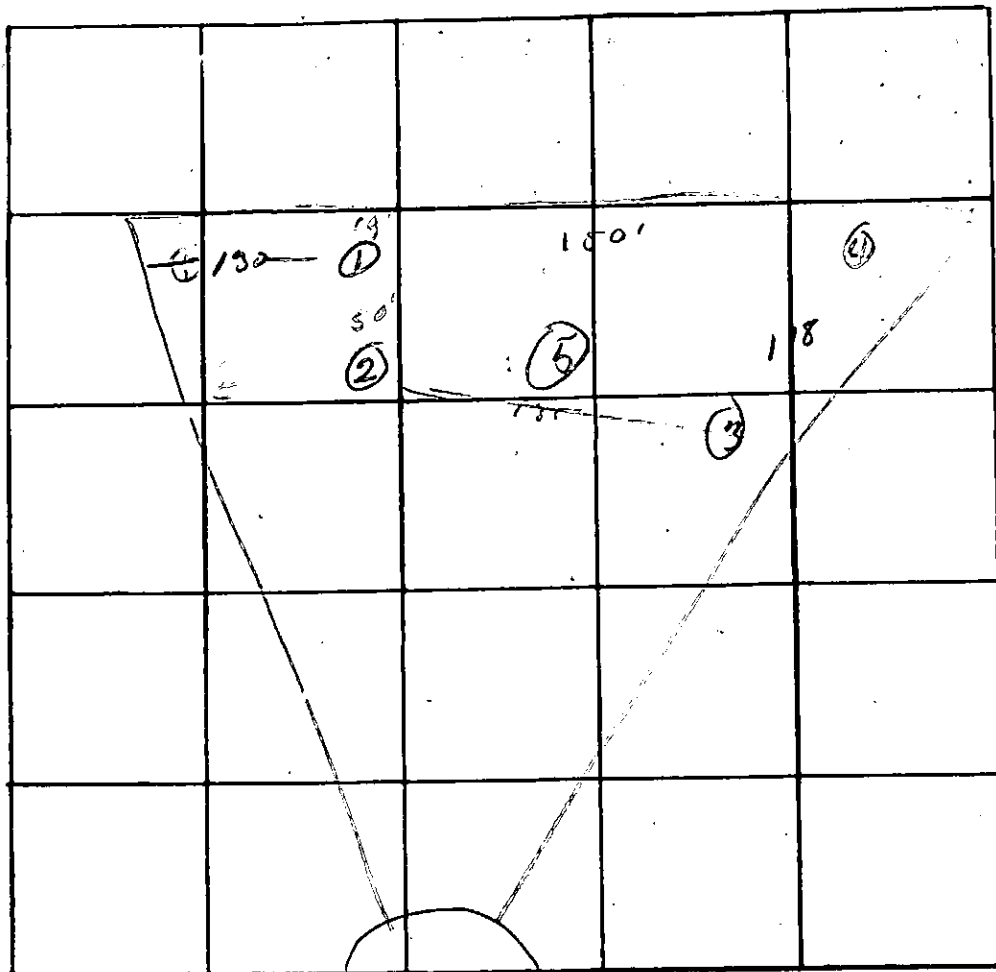
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc 11min  
INLET 4.5  
BOTTOM 9

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/22/74	1s	5 1/4	2:10	2:15	2:10	2:05	
	d	13 1/2	2:10	2:12	2:12	2:28	16
	2s	4'	2:36	2:40	2:40	2:59	12
	d	12'	2:36	2:40	2:40	2:52	12
	1s	4 1/2'	2:40	2:42	2:42	2:50	8
	3s	4 1/2'	2:59	2:59	2:59	3:00	3
	d	13'	2:52	2:56	2:56	3:04	10
	4	6-14'	good soil				
	5	Dw here	good soil		5T-13'		

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_

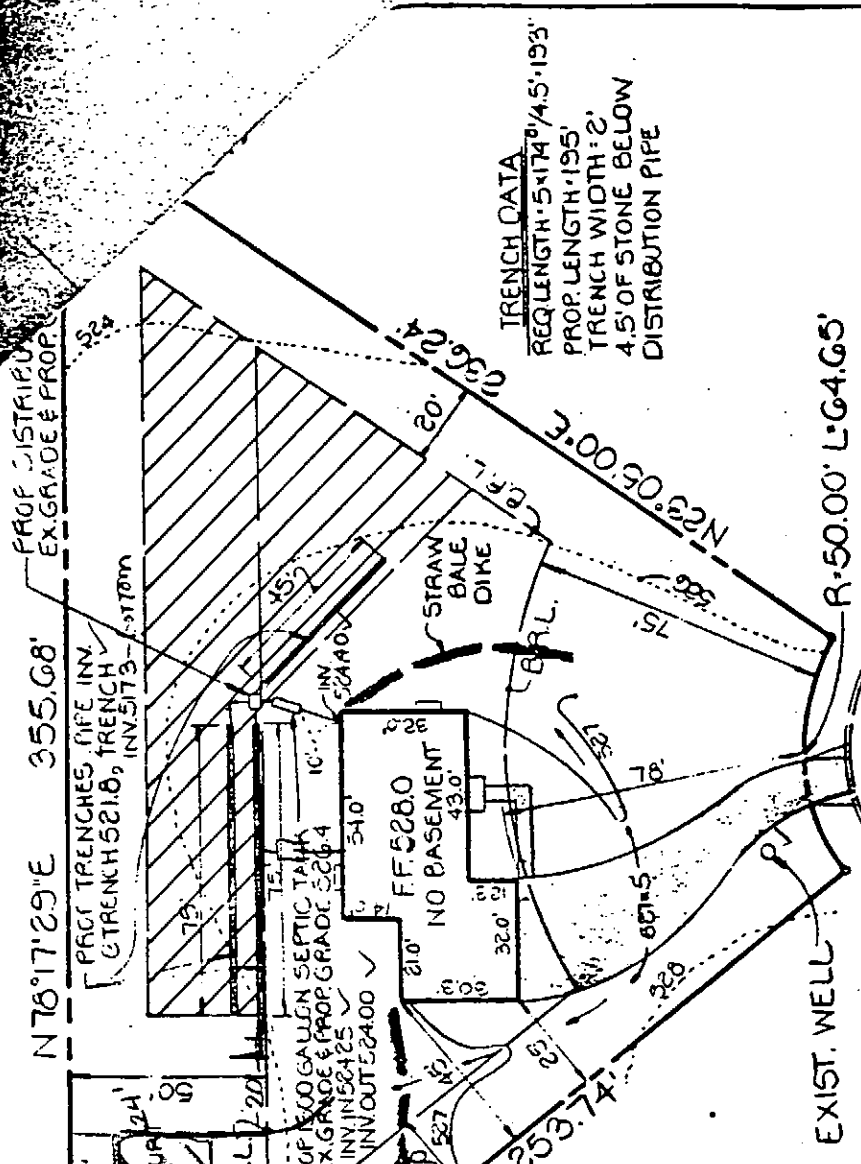
5/24/01

BO0130415

Pool location can be approved as shown. Septic trenches were installed outside septic easement by 10'.

*Ammel*

B.P. Appl. # 69020 Peoples



ARADA COURT

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

# ALLNUTT FARM EST.

LOT 5 SECTION ONE

5TH ELECTION DISTRICT HOWARD COUNTY MARYLAND  
FEBRUARY 24, 1986 SCALE 1"=50'

TRENCH DATA  
REQ LENGTH: 5174' @ 1/4.5:193'  
PROP LENGTH: 195'  
TRENCH WIDTH: 2'  
4.5' OF STONE BELOW DISTRIBUTION PIPE

EXIST. WELL R-50.00' L-G4.G5'

9878

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00 130415

Building Address 1424 Arcada Ct  
Highland MD 20717  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract: C0051.06 Subdivision Albany Farm  
 Section N/A Area 40,100 SF Lot 5  
 Tax Map 24 Parcel 266 Grid 15  
 Zoning REDEO Map Coordinates 114113 Lot size 40,100 SF

Property Owner's Name Allan Alvarado  
 Address 1424 Arcada Ct  
 City Highland State MD Zip Code 20717  
 Home Phone 301 241 2321 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single family dwelling  
 Proposed Use Pool  
 Estimated Construction Cost: \$ 38,000  
 Description of Work Building Inground Pool  
with vinyl fence & live board  
1000 SF, 9' deep - 4' deep 23x50

Contractor Company Evergreen Pools  
 Contact Person Jim Suter  
 Address 1115 Glen Lake Dr  
 City Cherry Hill State MD Zip Code 21116  
 License No. 36100  
 Phone 301 241 6211 Fax \_\_\_\_\_

Occupant or Tenant Fred By  
 Contact Name Jim Suter  
 Address 1424 Arcada Ct  
 City Highland State MD Zip Code 20717  
 Phone 301 241 2321 Fax 301 241 7018

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: <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: 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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: _____	
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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Title/Company: \_\_\_\_\_

Print Name: [Name]  
 Date: 5/24/01

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

Approved: 5/24/01 [Signature]