

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-292800
INDEXED

ELLICOTT CITY

DISTRICT 3rd.

DATE 7/2/80

*Approved 7/22/80
Stayer
P 30225*

A 30595

Robert L. Orndorff IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Road, Clarksville, Md. PHONE 596-9394

SUBDIVISION _____ ROAD 12296 Carroll Mill Road LOT Parcel 1

PROPERTY OWNER William & Joan Cale PHONE: 997-2089

ADDRESS 6125 Stevens Forest Road, Columbia, Md. 21044

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry Well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 150 SQ. FT. per bedroom

INLET PIPE 3-4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Location of dry well 59 ft from 429.33 ft. lot line and 230 ft. from the front lot line.

Septic tank must be installed exactly according to approved plans. NOTE: OKAY TO USE

TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN SYSTEM. LEAVE 5 FT. EARTH BUFFER

BETWEEN TRENCH AND DRY WELL. TRENCH TO FOLLOW CONTOUR OF THE LAND.

PLANS APPROVED BY W. W. Zepp DATE 8/24/73

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

BLDG. PERMIT SIGNED AND RETURNED 11/30/83

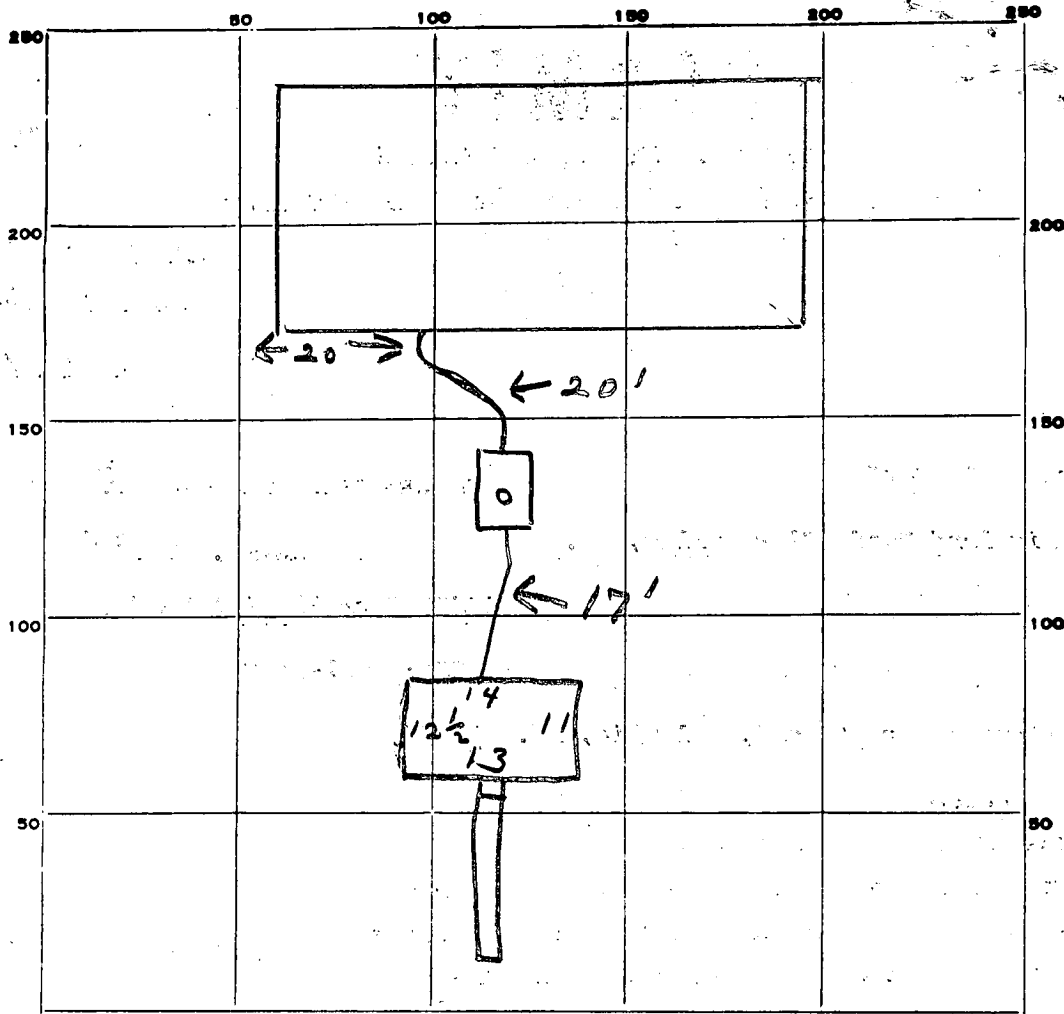
*Serial # 56643
Utility Substation*

BLDG. PERMIT SIGNED AND RETURNED 10/6/81

*Serial # 47843
house shellie*

A 30595

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL

terra cotta

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 17 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 119

SEEPAGE PITS, INSIDE DIAMETER 50.5 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 472.5 SQ. FT.

50.5
7
353.5
119
472.5

REMARKS 7/21/80 OK to add gravel in trenches.

OK to cover work to drywells JS & SK

7/22/80 OK to cover all work JS

DATE SYSTEM APPROVED 7/22/80

INSPECTOR Stayer

SUBDIVISION:

Cale Property
12296 Carroll Mill Rd

A 30595

LOT NUMBER: Parcel 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

REPAIR SPECS

TRENCHES

In Support of BP 40411

180 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 5 1/2 feet below original grade.
 Bottom maximum depth 10 1/2 feet below original grade.
 Effective area begins at 5 1/2 feet below original grade.
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE TRENCH 10' UPHILL OF THE
EXISTING DRYWELL, AND RUN A 75' TO 100'
TRENCH ON CONTOUR TOWARD THE REAR OF
THE LOT.

MR 12/6/91

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30595

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd.

DATE 3/21/80

BLDG. PERMIT SIGNED
AND RETURNED 4/30/80
Serial # 75864

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 William & Joan B. Cole

ADDRESS 6125 Stevens Forrest Road
Columbia, Md. 21044

PHONE 997-2089

(called 3/31/80 C.B.S.)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 1

ROAD AND DESCRIPTION 12296 Carroll Mill Road

SIZE OF LOT 10 acres TYPE BLDG. 3 or 4 Bedrooms

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.

SIGNATURE OF APPLICANT Jandra P. Kechner / s / William & Joan Cole

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/27/80 Recommend stay with original perc
area using spec of W.W.E.
(Copy given to Mr. Andorff's man) C.B.S.

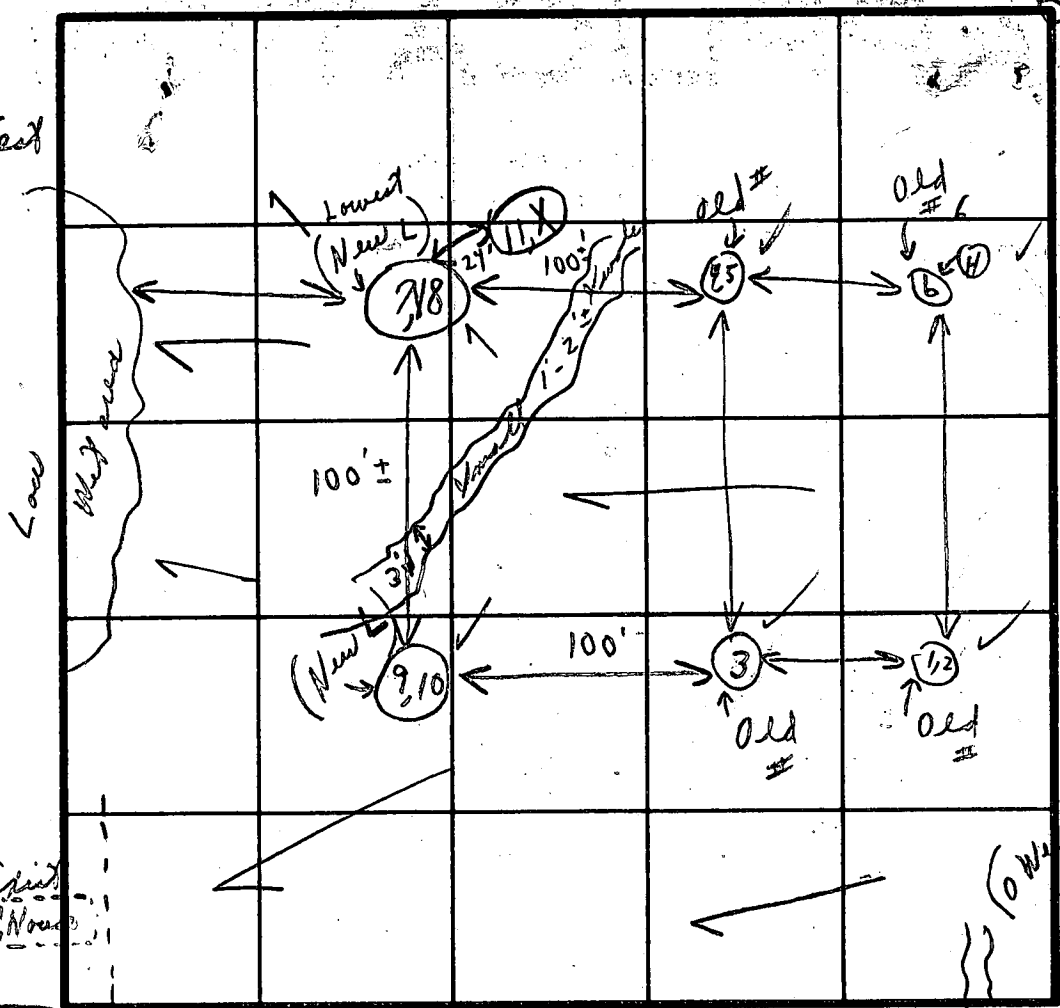
THIS IS NOT A PERMIT

L Retest

SOIL PROFILE

SEE
ARCH
NOLE
↓

Triadelphia Rd.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CARROLL MILL

Soil Profile
 1'-6" Clayish
 Clayish
 + some sand
 1'-4" Clayish
 Sandy loam
 clayish
 (Clayish 5 1/2' to 11')

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/29/80	7(s) A.P.	3 1/2'	10:34	10:54	No perc	10:	XX	
	① 8	13'		10:12	12'	10'	WHITE CLAY	XX
	9(s)	4'	10:48	10:58	10:58	11:10	12'	
	① 10(w)	13'	11:13	11:16	11:16	11:26	10'	
	7B(s)	6'	10:57	11:10	11:10	11:40	1/2" @ max	
	11 {	5 1/2'	11:46	11:12	11:09	11:09	little perc 1/4" - 1/2"	
		11' ↓					Some Rock + clay	X

REMARKS Tests ① 8 ; ① 9, 10 New low holes Recommend
 TYPE OF SOIL (1) stay with original test of W.W. # 4 or (2) sandstone
 TESTED BY C.B.C. ALSO PRESENT { Oindoffmen (2)

PRELIMINARY

APPLICATION

A 18533

6/20/73
9:30 A.M.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 br - 1000 gal ST DISTRICT 3rd
ENVIRONMENTAL HEALTH SERVICES 4 br - 1250 gal ST DATE 5/25/73
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

*Dry well is to have ~~150~~ ¹⁵⁰ sq. ft. effective absorbent sidewall area per bedroom below the first 5 ft of non-absorbent ground at original grade. Bring inlet in at 3-4 ft. Maximum depth of DW to be 12 ft. Locate dry well ⁵⁹ ft from 429.33' lot line and ~~150~~ ¹⁵⁰ ft 230' from the ~~1242.60'~~ ~~lot line~~ from the front lot line
Septic Tank must be installed exactly according (Conrad Method Co.)
to app plans'*

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. Ray Bateman

ADDRESS 5525 Green Bridge Road, Dayton, Md. 21036 PHONE 531-5543

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 1

ROAD AND DESCRIPTION Triadelphia Road

SIZE OF LOT 10 acres TYPE BLDG. 3 or 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 /s/ Carolyn Bateman

APPROVED BY W.W. Zepp FOR DW DATE 8/24/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS WW2 DATE 6/21/73

REASONS FOR REJECTION OR HOLDING Restoration of holes

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

PRELIMINARY

APPLICATION

A 18533

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

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

DATE 5/25/73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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SIGNATURE OF APPLICANT /s/ Carolyn Bateman

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

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

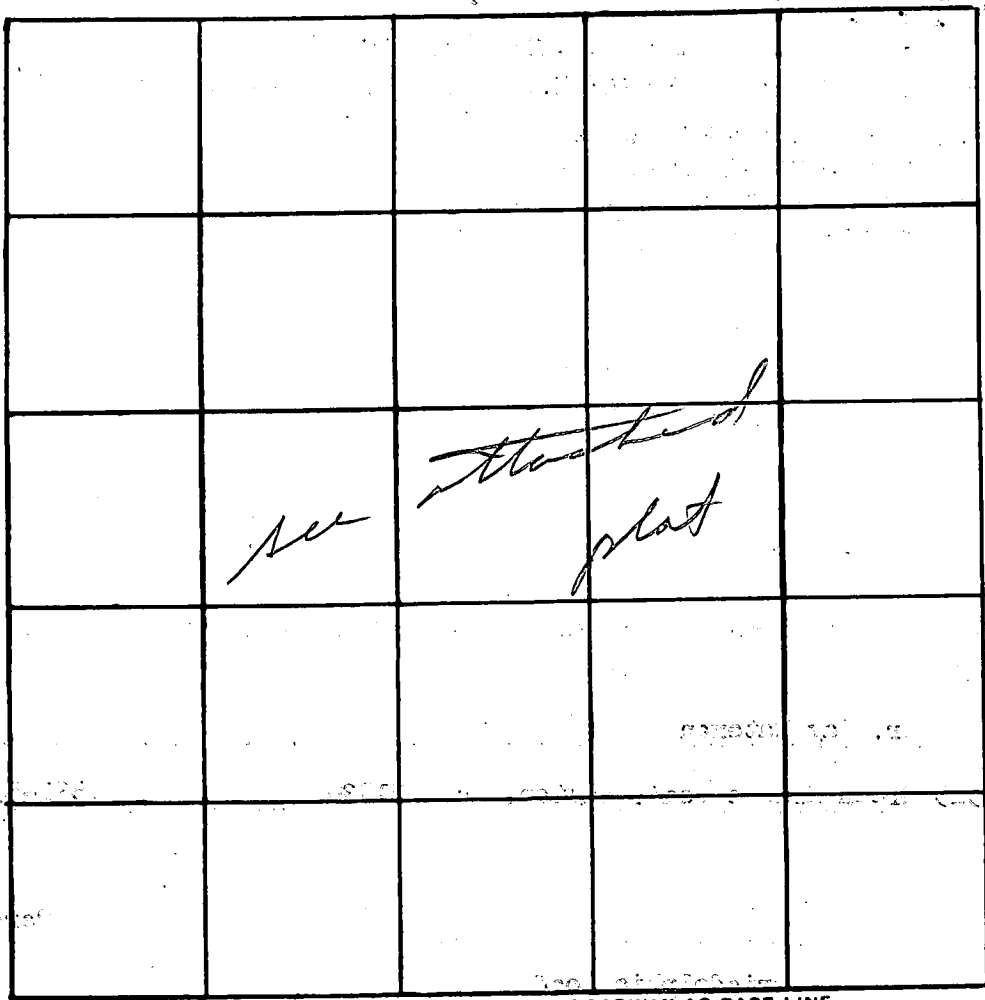
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

STATION

DATE



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

6/20/73

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/20/73	15 1	6	10:02	10:10	10:10	10:26	16
	2	12	10:03	10:04	10:04	10:10	6
	3	10	Visual; sim to		142		
	4	4 1/2	10:04	10:12	10:02	10:32	20
	5	11 1/2	10:05	10:16	10:06	10:09	2
	6	16	Visual; sim to		142		

$\bar{t} = 11 \text{ min}$
 Inlet @ 34 ft
 Eff. area start @ 5 ft
 125 #/in.

REMARKS _____

TYPE OF SOIL _____

B 4 7852 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
110-73-3582
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
3/28/80
9:30 A.M.
1st

OWNER McDonough John Builders
COL 18 LAST NAME FIRST NAME COL. 34

STREET OR RFD 5410 Road Builders Way
COL 36 COL. 55

POST OFFICE Columbia Md. 21044
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
DATE 2-28-80 LICENSE NUMBER 40
77 80

George Easterday
FIRST NAME DRILLER LAST NAME

SIGNATURE George Easterday

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
COUNTY Howard
(DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION _____ 42

SECTION _____ LOT 1 50

NEAREST TOWN Magfield 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 M I 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Magfield Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 M I 34 37 38 39

APPROXIMATE DEPTH OF WELL 160 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

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

THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____

FORCE _____ CONDITIONS _____

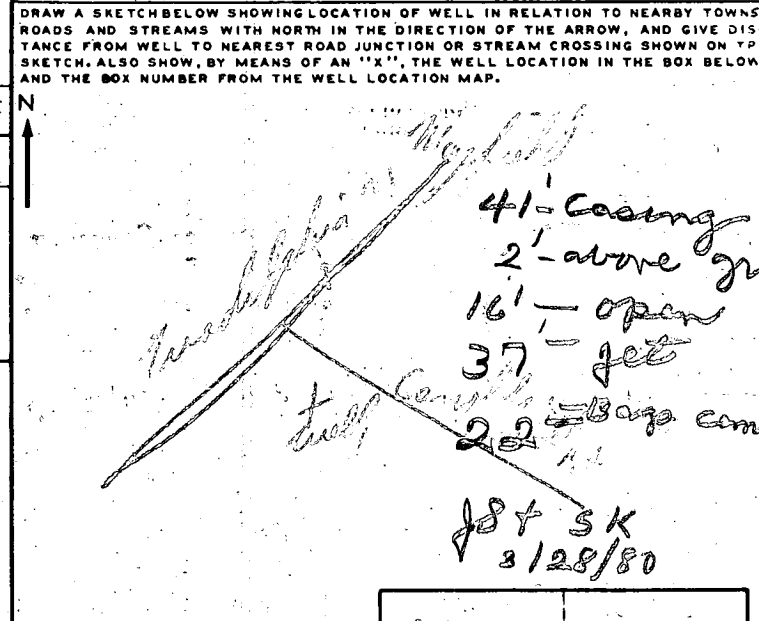
WRITE INITIALS IN BOX

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
COUNTY NAME Howard COUNTY NO. A18533

41 STATE HEALTH (CIRCLE BOX) APPROVED BY Donald W. Monaghan, Sanitarian

DATE 030580



BOX NUMBER E 910
N 520

0/0 5/5

NORTH COORDINATE _____ 50 51 52 53 54 55

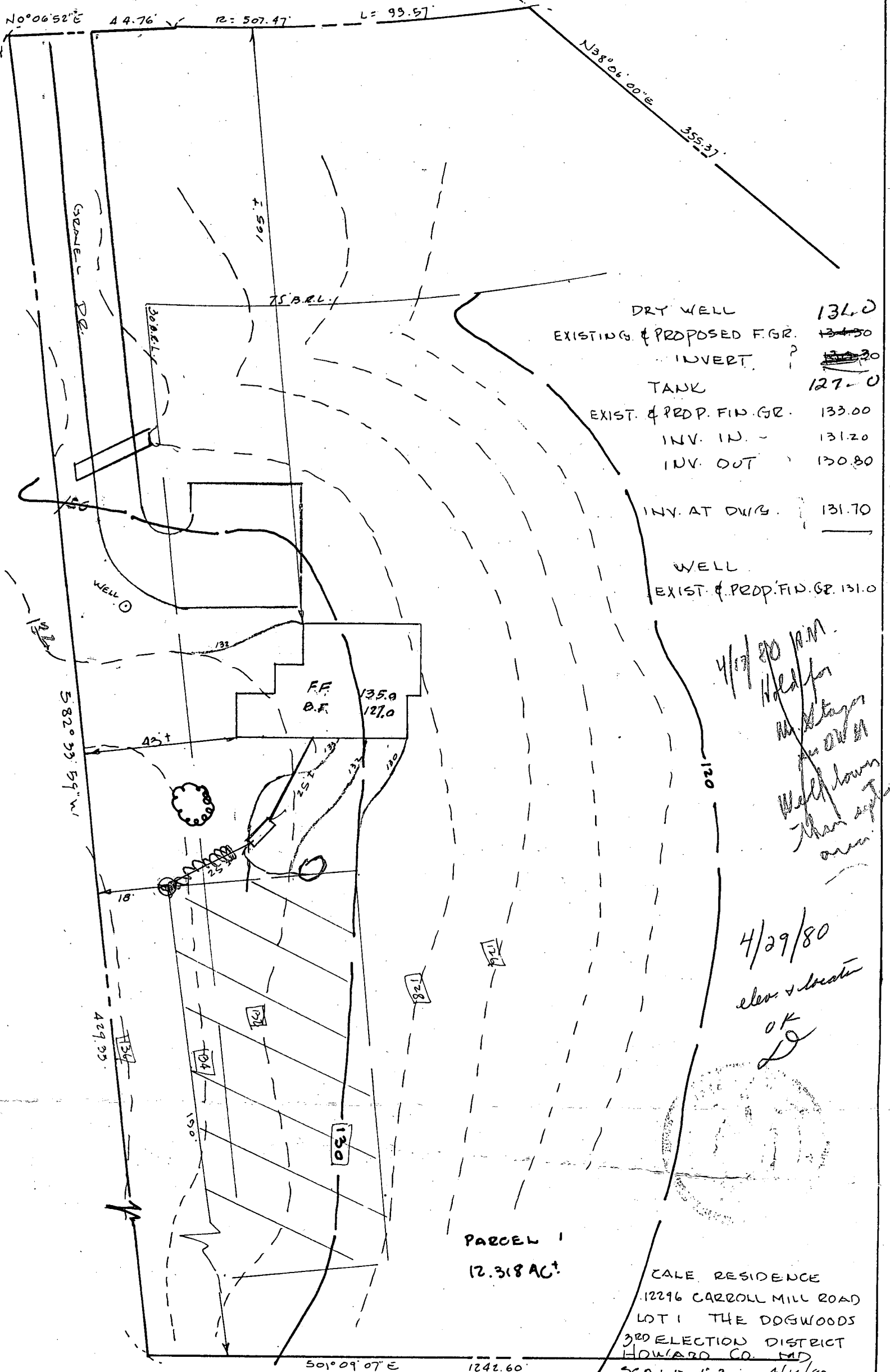
EAST COORDINATE _____ 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) _____ 65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

CARROLL MILL ROAD



DRY WELL	134.0
EXISTING & PROPOSED F.G.R.	134.50
INVERT	134.30
TANK	127.0
EXIST. & PROP. FIN. GR.	133.00
INV. IN.	131.20
INV. OUT	130.80
INV. AT DWG.	131.70
WELL	
EXIST. & PROP. FIN. GR.	131.0

4/17/80 P.M.
 Held for
 10 days
 for own
 well down
 than apt
 own

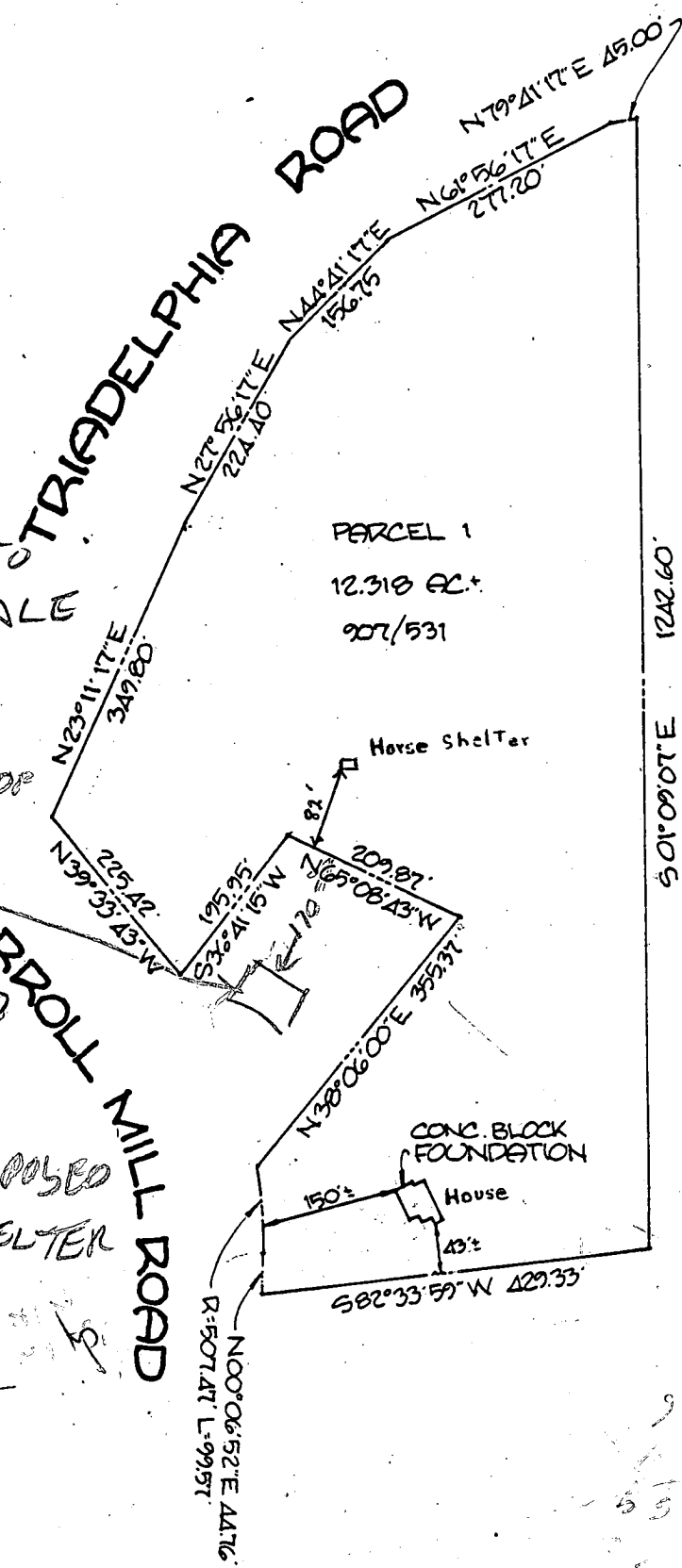
4/29/80
 elev & locate
 OK
 LG

PARCEL 1
 12.318 AC±

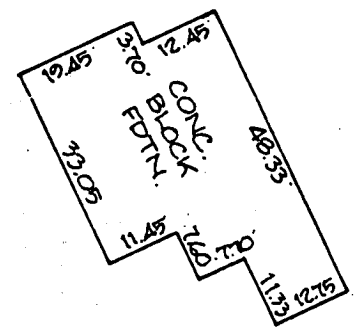
CALE RESIDENCE
 12296 CARROLL MILL ROAD
 LOT 1 THE DOGWOODS
 3RD ELECTION DISTRICT
 HOWARD CO. MD
 SCALE: 1" = 30' 4/14/80

Property known as:
 12296 CARROLL MILL RD.
 PARCEL "THE DOGWOODS"
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MD.
 DEED: 907/531

7/23/81
 TALKED TO
 JEFFRY CALE
 SON OF
 WILLIAM
 CALE
 SEE OTHER SIDE
 JT REITER
 12302
 CARROLL
 MILL RD
 IS ABOUT
 250 FT
 FROM PROPOSED
 HORSE SHELTER



10/5/81
 10 day period expired
 Sketch O.K. for horse shelter
 J.S.



SCALE: 1" = 200'

9/23/81

Investigation shows Proposed Horse Shelter within 250 ft of Dwelling owned by Reuter. Jeffery Cale & I checked location. We visited Reuter but he was not home. I told Jeffery that a letter from Mr Reuter stating that he had no objection to the horse shelter needed. Later I talked to W. Cale on the phone & told him the same thing. Reuter Home is the only one within 300 of proposed horse shed R H

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
SEP 22 9 40 AM '81
DIVISION OF
ENVIRONMENTAL
HEALTH

S 01°03'01"E 1242.60

APPROXIMATE
LOCATION OF
FLOOD LIMITS
ACCORDING TO
HOWARD CO.
MAP BOOK

N 61°56'17"E 217.20
N 44°41'17"E 156.75

N 27°56'17"E 224.40
N 23°11'17"E 340.80

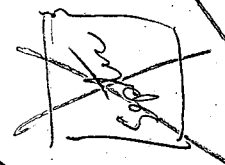
TRIADDELPHIA ROAD

SEPTIC LOC.
IN REAR OF HOUSE!
ADDITION OF LIVING
SPACE WOULD
REDUCE
ADD'L SEPTIC CAPACITY

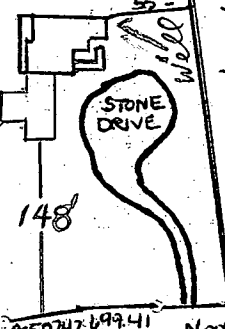
FRAME SHED

FRAME FENCE AREA

PROPOSED 1500 # ADDITION



APPROX D/W LOC. →
ND FAILURE
EX. S.T. C/O



429.33

N 66°33'08" E

N 36°06'00" E 355.37
N 61°56'17"E 225.67
N 64°50'59" E 225.67

S 36°41'15" W 195.35

N 89°33'48" W 225.42
N 80°06'52" E 44.76

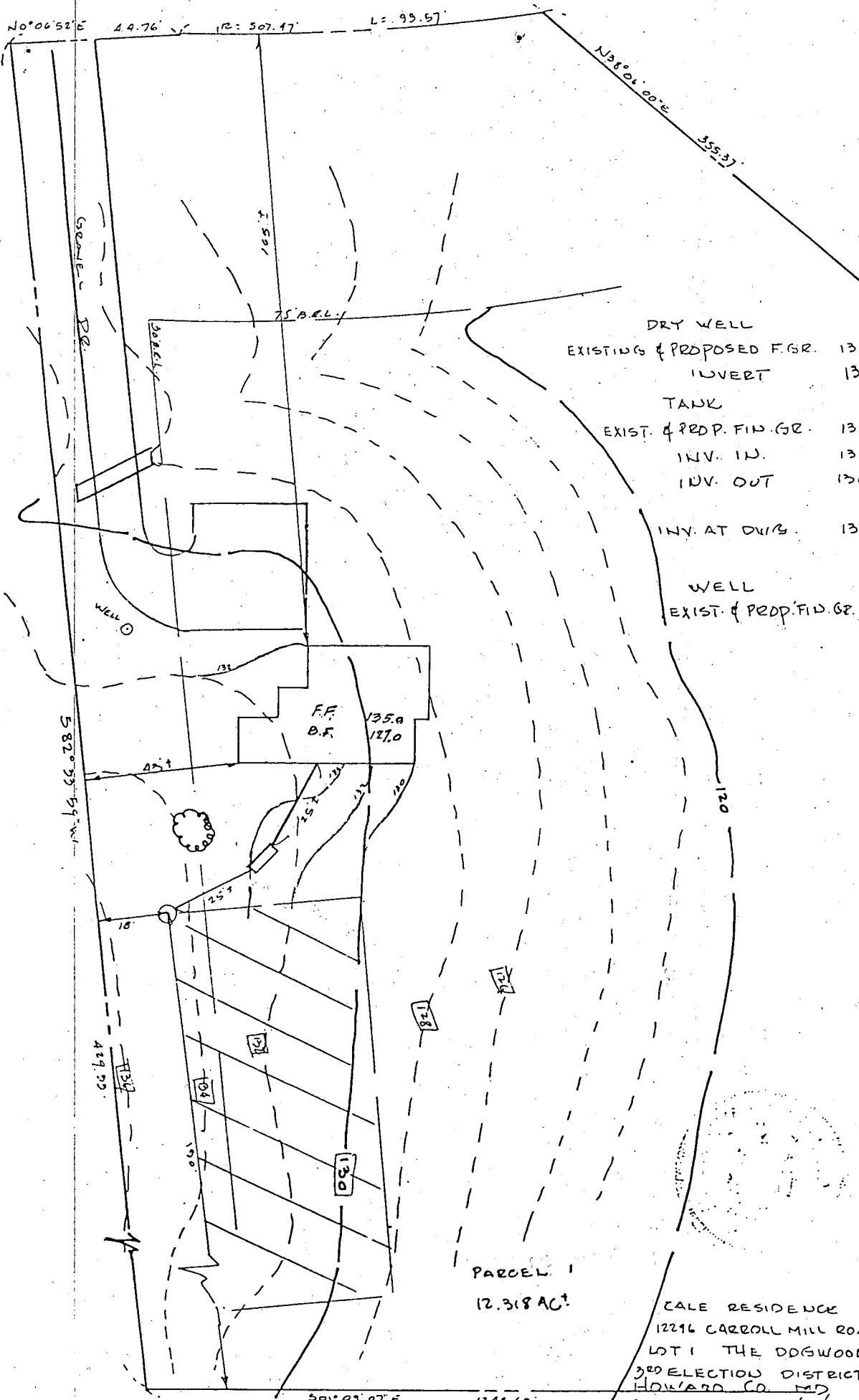
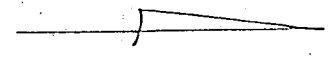
CARROLL MILL ROAD

SEE REFERENCE LIBER 907 FOLIO 531

12296 CARROLL MILL ROAD

THESE NOTES SHALL BE MADE A PART OF THE RECORD OF THIS DEED AND THAT THEY ARE TO BE CONSIDERED AS SUCH AND THAT THEY ARE TO BE AS SHOWN ON THE PLAT HEREON AND AS SHOWN ON THE PLAT HEREON AND AS SHOWN ON THE PLAT HEREON

CARROLL MILL ROAD



DRY WELL
 EXISTING & PROPOSED F.G.R. 134.30
 INVERT 130.30
 TANK
 EXIST. & PROP. FIN. GR. 133.00
 INV. IN. 131.20
 INV. OUT 130.80
 INV. AT DW/B. 131.70
 WELL
 EXIST. & PROP. FIN. GR. 131.0

F.F. 135.0
 B.F. 127.0

PARCEL 1
 12.318 AC.

CALE RESIDENCE
 12216 CARROLL MILL ROAD
 LOT 1 THE DOGWOODS
 3RD ELECTION DISTRICT
 HOWARD CO. MD
 SCALE: 1/30 4/14/80

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

40411

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12296 CARROLL MILL Rd
ELLICOTT CITY Md 21043

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

1 Story addition over finished
ramp. 1st fl. Rom Basement attached
to front of dwelling
1st fl. Bath, Dressing Rm, Red Arm & Strake
Basement + Wet Bar with Stone, Finishing Area, Room R.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
N/A	22	N/A		6	907	521

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
N/A	R	22	3RD	6030

OWNER'S NAME AND ADDRESS
LESLIE CALL
12296 CARROLL MILL RD
ELLICOTT CITY Md 21043

PHONE NO.
442 2954

OCCUPANT'S NAME AND ADDRESS
SAME

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NONE

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
John McDonough Bldrs.
21794

PHONE NO.
381-5544

EXISTING USE: SFD

PROPOSED USE: Same with addition

EST. CONSTRUCTION COST: \$40,000

LICENSE NUMBER: 30202

PERMIT FEE:

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
12' x 12' Basement +	7/16	2/16	
	2/16	2/16	

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				H/W

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE: [Signature]
DATE: 11/14

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE _____

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY)

CONDITIONS (IF ANY) _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	12/3/81	Mark E. Replein
FIRE PROTECTION		
STORM WATER MGM.		

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69
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