

6/12/02 AM 6/18/02 3pm 6/19/02 3pm

PUB. SEWER STATUS VERIFIED BY N/A per MER

03-303721

ISSUE DATE: 6/13/02

APPROVAL DATE: 6/19/02

PERMIT

P 517313
26257-0C
A REPAIR

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Arnold Backhoe & Septic IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 15, Woodbine, MD 21797 PHONE NUMBER: 410-795-7873

SUBDIVISION: Henryton Heights LOT NUMBER: 24

ADDRESS: 11842 Ramsburg Road PROPERTY OWNER: Frank Dasaro

SEPTIC TANK CAPACITY (GALLONS): ex: 1250 (Keep ex. tank, repl. baffles)

PUMP CHAMBER CAPACITY (GALLONS): NA (Keep ex. drywell but let it rest w/ ball run valve)

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 (4-60' trenches)

TRENCHES:	Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION:	Existing septic system is failing. Call for inspection when ground is opened.
PURPOSE:	

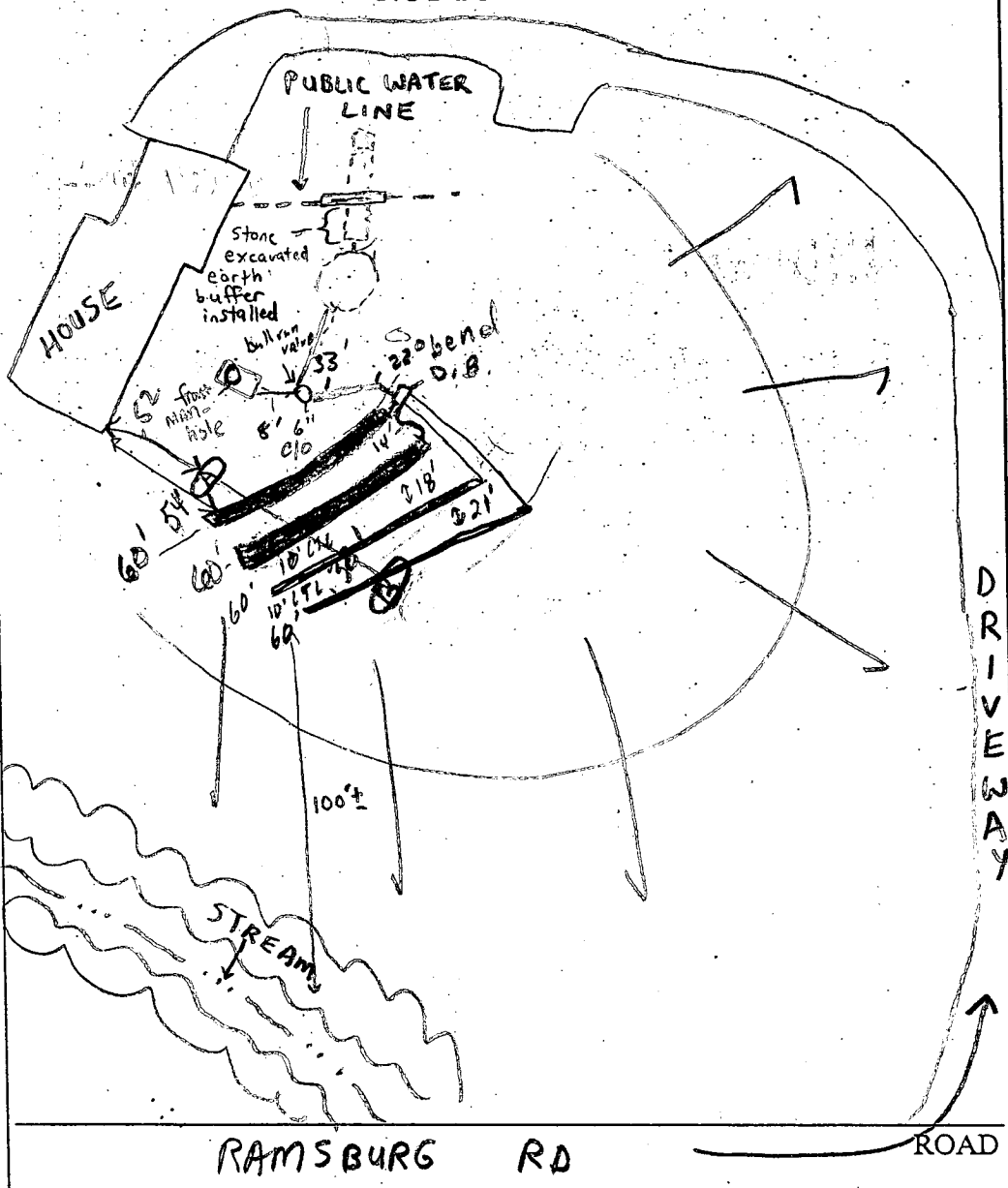
PLANS APPROVED: SRK/KG DATE: 6/13/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

426257-0C

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	4'
NUMBER OF TRENCHES		4
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq ft
DISTRIBUTION BOX LEVEL		water tested ok
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		NA

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	existing
CAPACITY	1250 GAL
SEAM LOC	midseam
TANK LID DEPTH	3.5'
BAFFLES	yes
BAFFLE FILTER	NA
MANHOLE LOC	front
6" PORT LOC	NA
WATERTIGHT TEST	NA
SEPTIC TANK 2 LEVEL	NA
CAPACITY	NA GAL
SEAM LOC	NA
TANK LID DEPTH	NA
BAFFLES	NA
BAFFLE FILTER	NA
MANHOLE LOC	NA
6" PORT LOC	NA
WATERTIGHT TEST	NA

PRE-CONSTRUCTION 6/17/02-ATTEMPTS TO EXCAVATE EX. TRENCH (HIT PUBLIC H₂O LINE) WHICH SHOULDN'T BE INSTALLED DIRECTLY ON TOP OF SEPTIC TRENCH!) PLUMBER WHO DID INITIAL INST. OF PUBLIC WATER LINE CONTACTED AND TOLD TO FIX. PORTION OF EX. TRENCH EXCAVATED & INSTALLATION TO BE BLOCKED OFF W/ EARTH BUFFER, EX. D.W. TO BE KEPT IN SERVICE BUT PIPE FROM ST. TO D.W. TO BE REPL. W/ PVC & BULL RUN VALVE INSTALLED, 4" G PERC HOLES IN LOCATIONS (A) & (B) (SEE SOIL PROFILES) KEEP SYSTEM SHALLOW, TRENCHES MAY BE > THAN 10' CTL TO KEEP TRENCHES ON CONTOUR. - (SRK/KG)

6/18/02 OK TO COVER FIRST TWO TRENCHES & D.B., New pipe (PVC) to D.W. earth buffer on N side of D.W. to protect public water line (EN) 6/19/02 last two trenches installed OK to cover all work (SO)

FINAL INSPECTOR Steve D... DATE OF APPROVAL 6/19/02

APPLICATION

REPAIR
PERCOLATION TESTING

A REPAIR
P 517313

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____
DATE 6/13/02

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 Frank Dasaro

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Henryton Heights LOT NO. 24

ROAD AND DESCRIPTION 11842 Ramsburg Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. _____
(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' **A**
 dark brn heavy
 clay < 15%
 quartz frags
 2' brn-tan
 micaceous
 silt, 1m
 3' brn
 micaceous
 sandy 1m
 7' tan-yellow
 sandy 1m
 9' strong rusty org
 w/grey mottles
 12' WATER
 13'2"

redoximorphic
 Features
 (Soil moist)
 orange clumps
 to

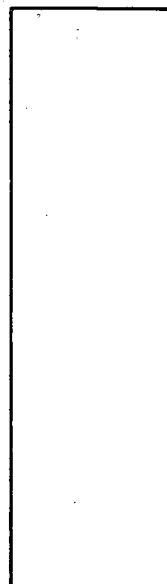
SEE BACK

OF SEPTIC
REPAIR SHEET

FOR HOLE
LOCATIONS

dark brn
 micaceous
 soil

SOIL PROFILE



B

1'6" medium-brn loam
 brn-tan
 highly
 micaceous
 sandy
 1m
 weak platy
 structure
 9' MOIST
 dark brn
 micaceous
 loamy
 sand
 10-20%
 mica
 chunks
 10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/17/02	A	13'2" V	(SEE SOIL PROFILE)				NA	OK
	B	5' T 10' V	2:06 pm	2:13 pm	2:13 pm	2:20 pm	7 min	OK

REMARKS Keep System Shallow!

TYPE OF SOIL _____

TESTED BY SRK & KG ALSO PRESENT James Harrison - Arnold's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-7min TRENCH WIDTH 3

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT/BEDROOM 180

*4/9/77
referred*

PERMIT

*Approved
11/7/77
J.S.D.*

A 262578
F-1012
A-2024

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1st

RE INDEXED

DATE 6/28/77

Jack Frank IS PERMITTED TO INSTALL 2 ALTER

ADDRESS Triadelphia Road, Gladys, Md. PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Reston Heights ROAD Ramsbury Road LOT 36

PROPERTY OWNER E.L. Ramsbury; GOLDBERG; DASARO

ADDRESS 185 Reston Road, Marriottsville, Md.

SPECIFICATIONS 3 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY

OTHER DRY WELL-to have 125 sq. ft. effective sidewall absorption area per bedroom to be installed below the first 3 1/2 ft. of non-porous soil. Maximum depth permitted for dry well is 1 1/2 ft. below original grade. Place the dry well 65 ft. from the rear lot line that is 673 ft. long and 165 ft. from the left side line that is 390 ft. long, as seen when viewing the property from Ramsbury Road.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.
NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Frank Skinner DATE 12/16/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER AND WORK UNTIL INSPECTED AND APPROVED.

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

**BLDG. PERMIT SIGNED
AND RETURNED** 4-1-98
Serial # 10110830
above ground pmt.

**BLDG. PERMIT SIGNED
AND RETURNED** _____

A 20646

A 262577-C

SEQUENCE NO. **0767** (WBA USE ONLY)
 DATE RECEIVED (WBA USE ONLY) _____
 DATE WELL COMPLETED **11/1/77**
 DEPTH OF WELL **220** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **410-79-2171A**
 DRILLER'S IDENTIFICATION NO. **12**

OWNER **ROBERT D BULLOCKS** FIRST NAME **RT24**
 LAST NAME _____
 STREET OR RFD **102156 C** POST OFFICE **HAGERSTOWN MD.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		WELL BEARING
	FROM	TO	
TOP SOIL	0	2	
BRN SLATE	2	10	
BRN SLATE	10	47	
BRN SLATE	47	55	
BRN SLATE	55	145	
MICA	145	220	

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC BENTONITE CLAY

NO. OF BAGS **18** NO. OF POUNDS **1800**

BALLONS OF WATER **90**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **40** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW:
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE: 57
 NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH) **6**
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **49**

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) _____

SCREEN RECORD

SCREEN TYPE (CIRCLE APPROPRIATE BOX):
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

PUMPING TEST

HOURS PUMPED TO NEAREST HOUR **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **4**

METHOD USED TO MEASURE PUMPING RATE **GULCH**

WATER LEVEL (CONTACT FROM LAND SURFACE)
 BEFORE PUMPING **17** FEET
 WHILE PUMPING **220** FEET

TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX):
 A AIR C CENTRIFUGAL D JET E ELECTRIC F FLYING G GEARED H HOIST I INDIAN J JAW K KICKER L LIFT M MOUNTAIN N NORTON O OTHER

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT):
 ABOVE LAND SURFACE
 BELOW _____ FEET

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND FOR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WALL).
 X - 200'

CIRCLE APPROPRIATE BOXES

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.

DRILLER'S NAME _____

RELEASE PRINT? _____

SIGNATURE _____

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) **220**

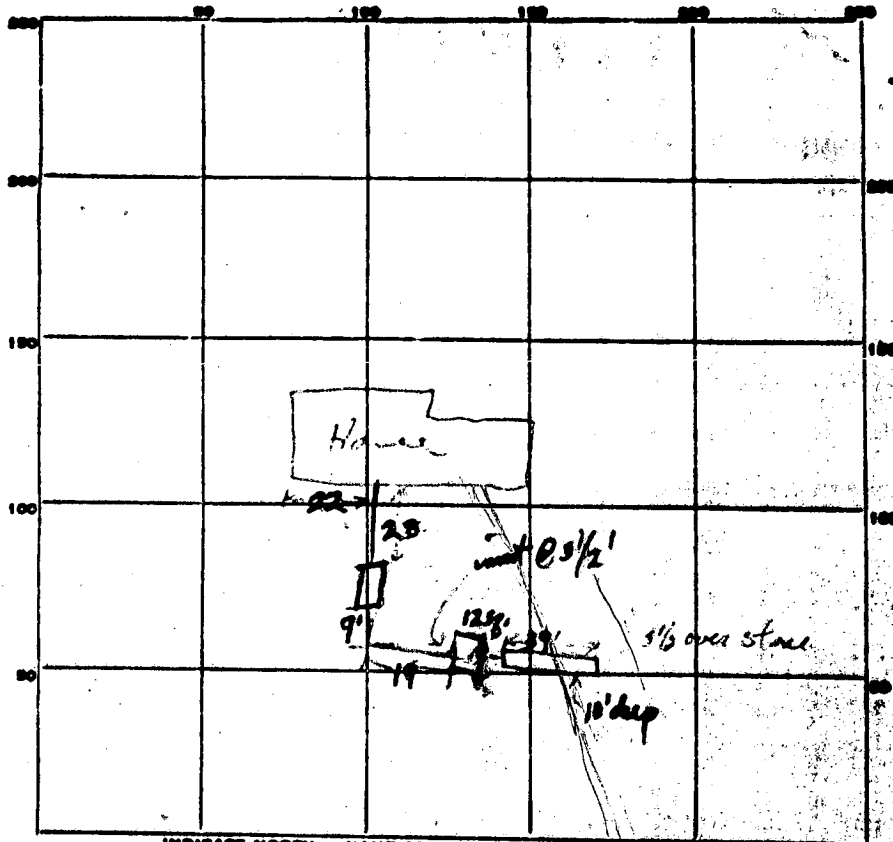
DIAMETER OF SCREEN (NEAREST INCH) **58** FROM **60** TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WBA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING 70 72 74 76 78 OTHER DATA AVAILABLE

20646



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Reynolds / Grand

Ramsburg Road

PERMIT CARD

SEPTIC TANK, LEVEL 1250 gallon

CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 39 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 259.5

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 565.5 SQ. FT.

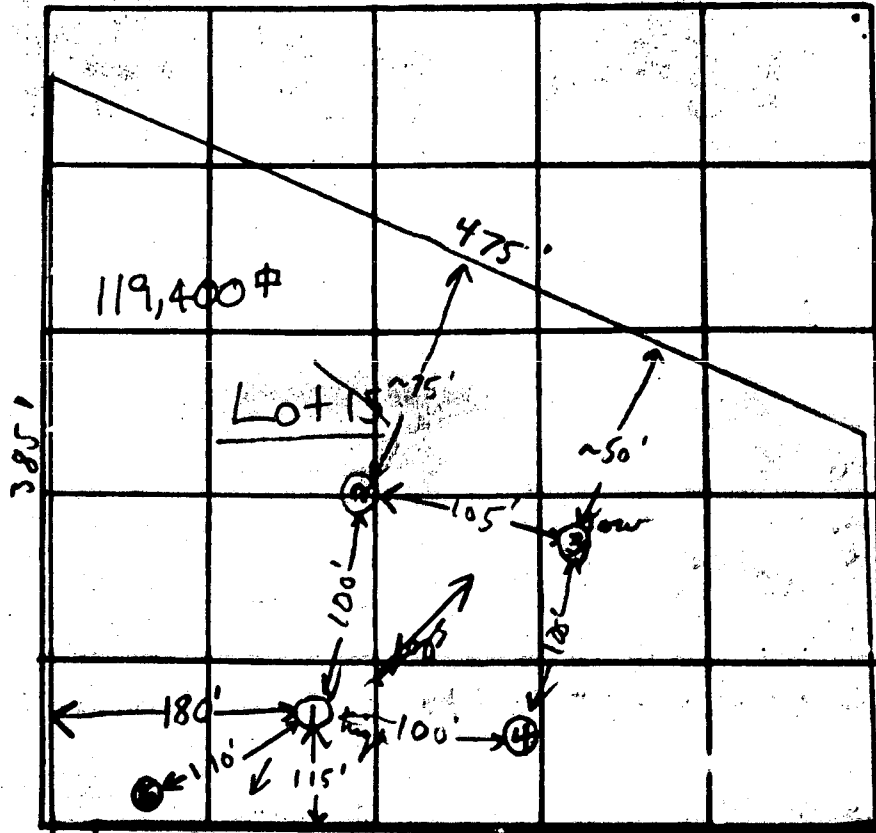
REMARKS 4 bedrooms house; 5000 gal. required

39	49
6.5	6.5
195	248
234	298
253.5	312.0

DATE SYSTEM APPROVED

INSPECTOR

20646



POND

new lot 24

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rambling Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/13/74	1 high	4'	2:30	2:32	2:32	2:34	2 min	
	1A	12'	2:32	2:40	2:40	2:52	12 min	
	2	11 1/2'	visual top 2' clayey, mica loam below					
	3 low	3'	2:38	2:39	2:39	2:41	2 min	
	3A	12'	2:40	2:42	2:42	2:52	10 min	
	4	4'	2:43	2:44	2:44	2:46	2 min	
	4A	12'	2:45	2:51	2:51	2:58	7 min	
Retest of new lot 24 A24325	11/17/76	5	10'	water at 8 1/2', mottled and below 6 1/2' ft.				

new lot 3
2 inches
below

6 min

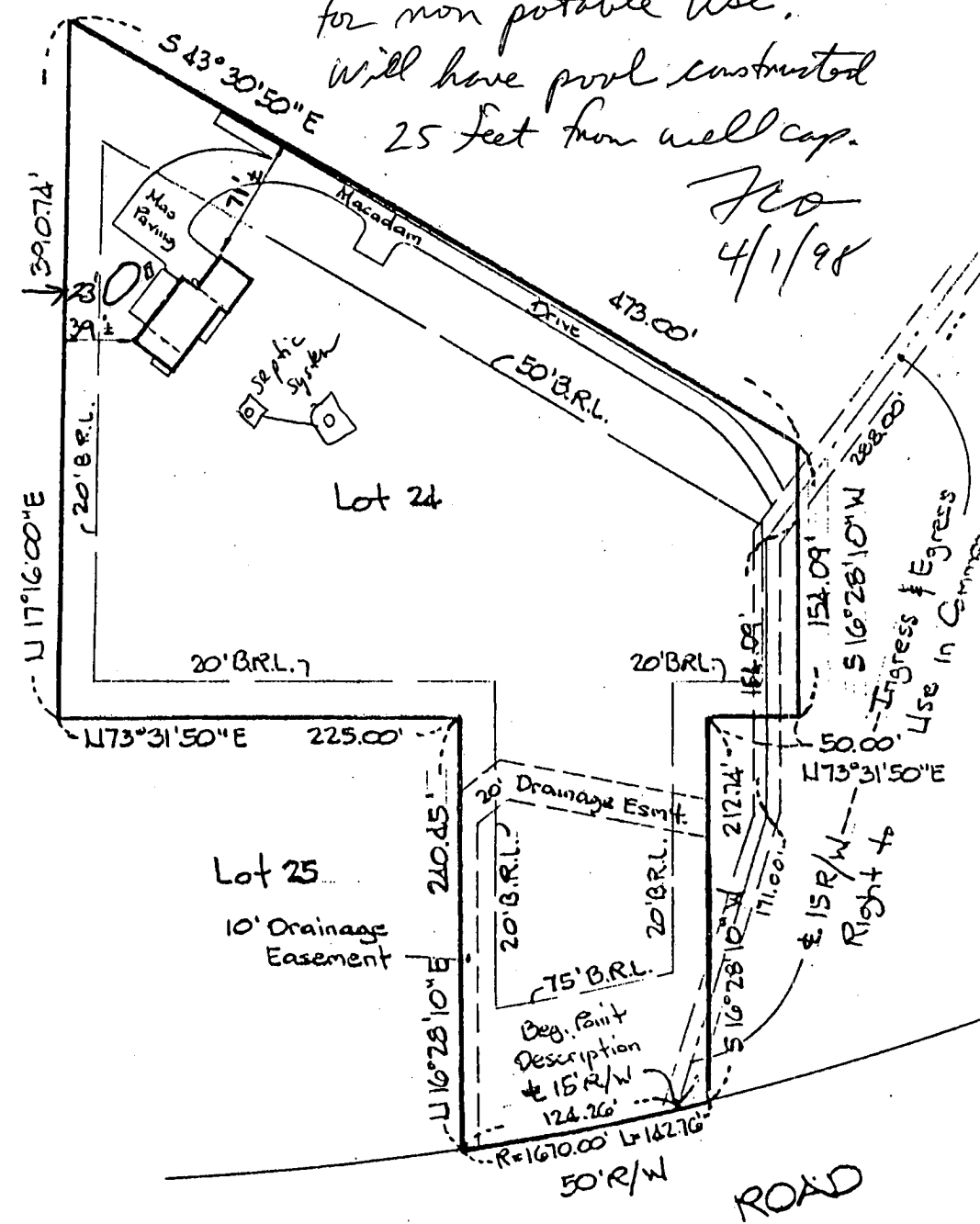
REMARKS

TYPE OF SOIL

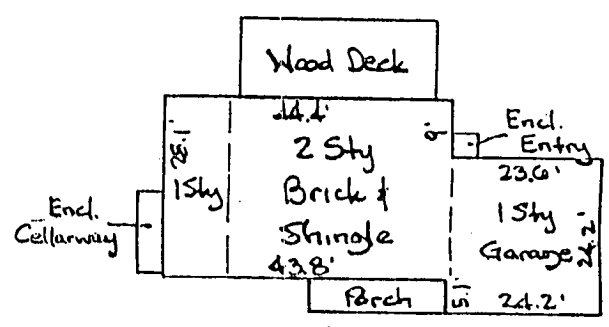
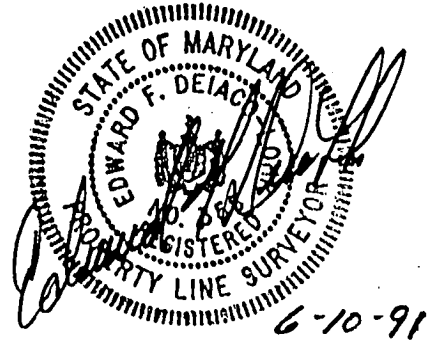
TESTED BY

sandy mica loam below top 2 ft clay
 E.S.H.Z.
 ALSO PRESENT: Benth. 9 Co.

Water Well to be used
for non potable use.
Will have pool constructed
25 feet from well cap.
JCO
4/1/98



3
4-1-98
PROPOSED
POOL OK
AS SHOWN
JCO



ENLARGED VIEW
1" = 30'

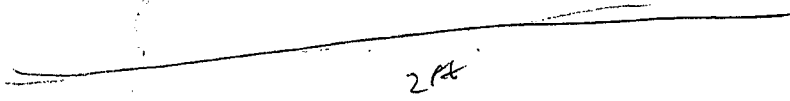
THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 210044-0010-B

THIS IS TO CERTIFY That The Improvements Indicated Hereon Are Located As Shown. This Is Not A Property Line Survey And Should Not Be Used As Such.

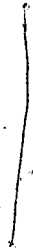
HICKS ENGINEERING COMPANY, INC.
ENGINEERS • SURVEYORS • PLANNERS
200 EAST JOPPA ROAD - SUITE 402
TOWSON, MARYLAND 21204
TELEPHONE: 301/494-0001

LOCATION CERTIFICATION - STRUCTURES ONLY
#11842 RAMSBURG ROAD; LOT 24
"LOTS 23, 24, 25 HENRYTON HEIGHTS"
HOWARD Co., MD. PLAT C.M.P. # 3598

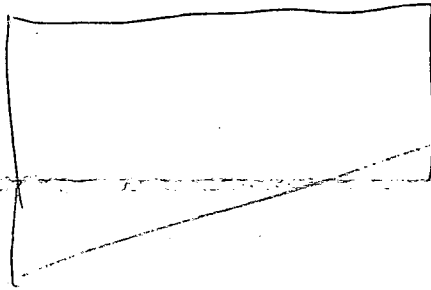
DATE: 6/7/91 SCALE: 1" = 100' FILE: 1/2022



2ft



2ft



 WATER WELL ABANDONMENT-SEALING REPORT FORM

A 26257

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

INDEX

DATE WELL ABANDONED: 4.9.98 (month/day/year)

4	0	7	3	2	1	9	6
---	---	---	---	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL connected to public water

+	+	+	+	+	+	+	+
---	---	---	---	---	---	---	---

* PERSON ABANDONING WELL: Tom Cornwell

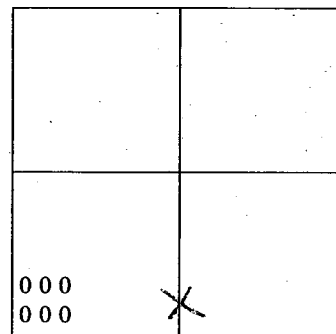
WELL DRILLERS LICENSE NUMBER: N/A

* OWNER'S NAME: Frank Desaro

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Morriottsville
 TAX MAP 10 BLOCK 20 PARCEL 282
 SUBDIVISION: Madison Heights
 SECTION: _____ LOT: 24



MARYLAND GRID COORDINATES

BOX NUMBER
 E 022
 N 543

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u> <u>(2 yards)</u>	<u>190'</u>	<u>0</u>

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 190' FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3'

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Kimble White

LICENSE # _____ MWD/MSD/MGD 4970
 CIRCLE ONE _____ DATE _____

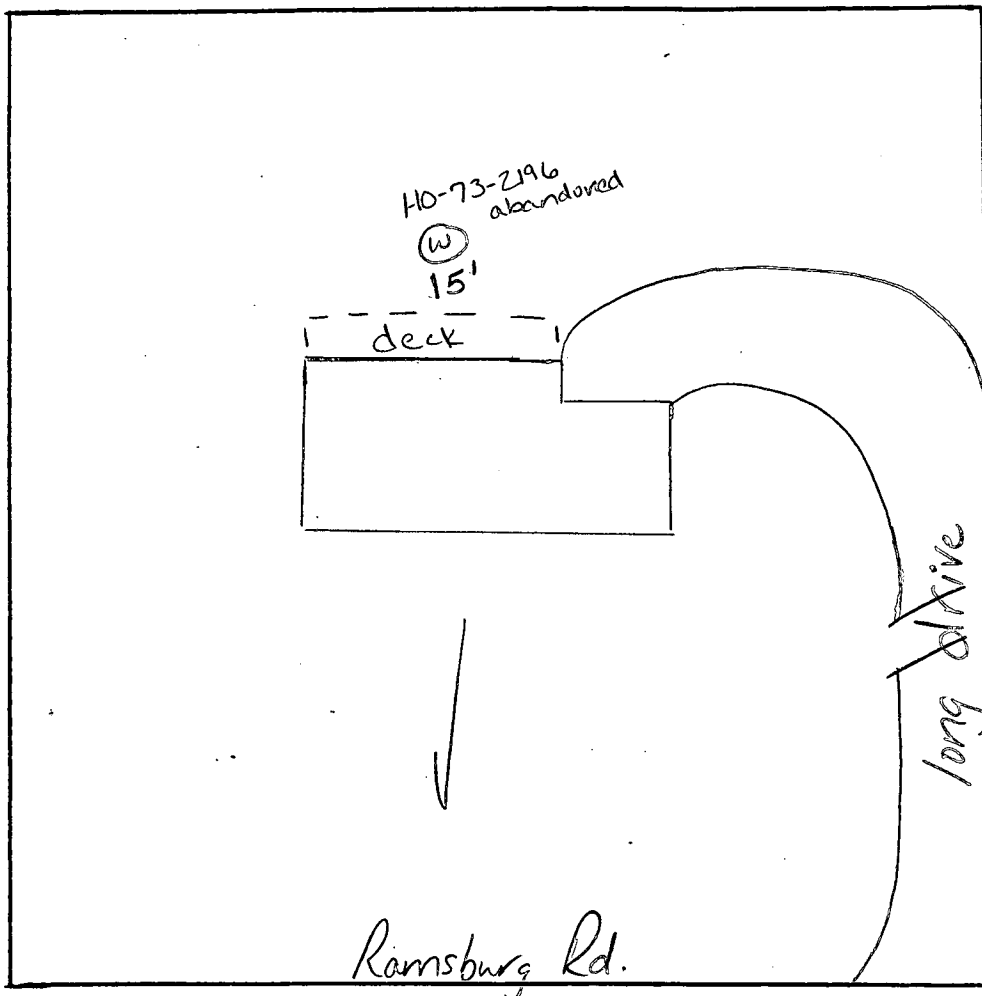
A 26257

SITE INSPECTION

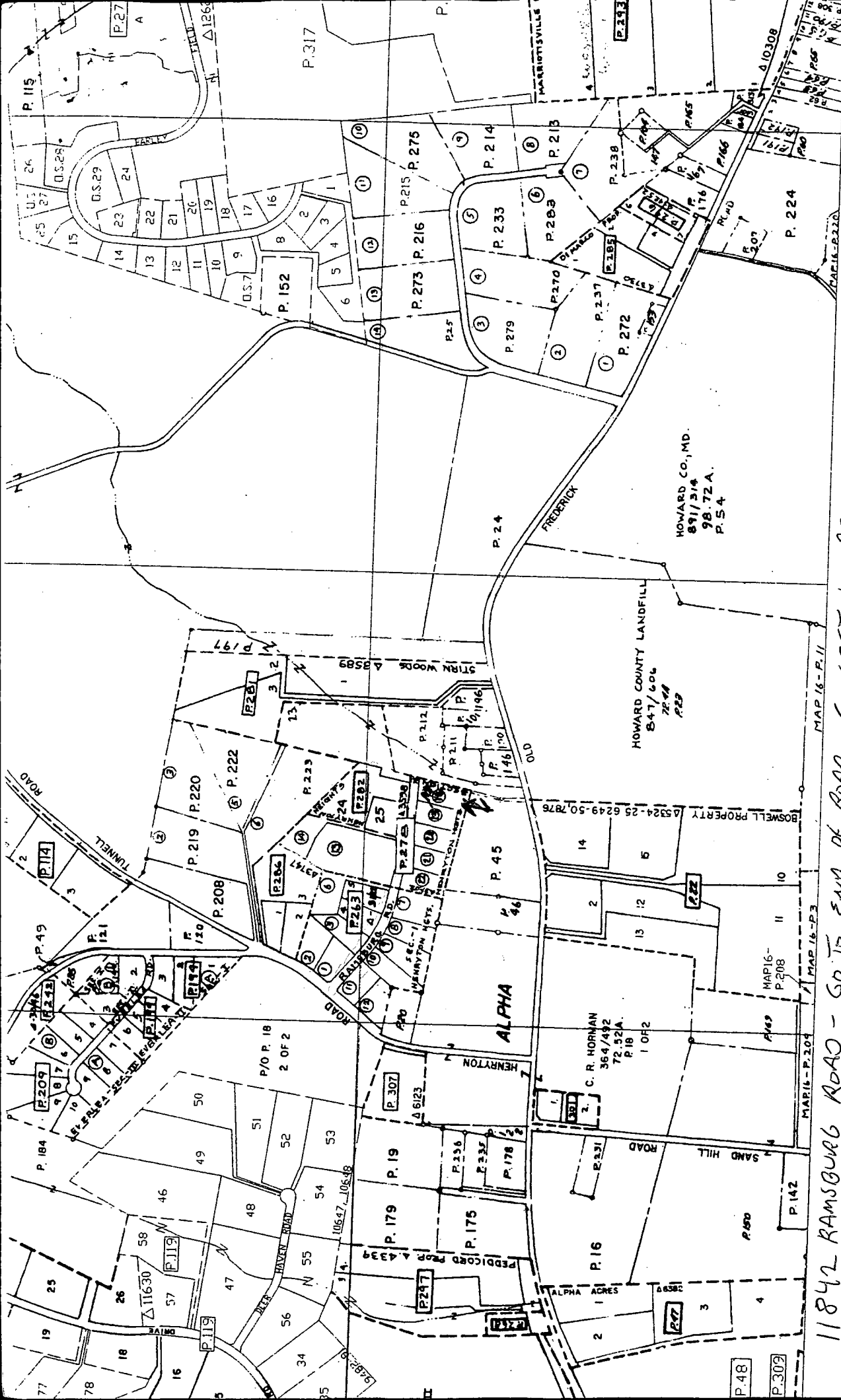
OWNER Frank Desaro
ADDRESS 11842 Ramsburg Rd.
Marriottsville, MD 21104

DATE REQUESTED 4.9.98
WELL TAG# H0-73-2196
COUNTY# Howard

LOCATION DIAGRAM



COMMENTS: 4.9.98 existing drilled well to be abandoned, connected to public water
plumbing removed and casing cut to 3.0' below grade, to be filled
with concrete (KMB)
4.9.98 Tom Cornwell called and reported well completely filled with
concrete and covered w/ topsoil (KMB)



11842 RAMSBURG ROAD - GO TO END OF ROAD, GO LEFT IN DRIVEWAY AT END
 1ST HOWE ON LEFT

16

827

824

821

TAX MAP 10

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	N/A

APPROVED

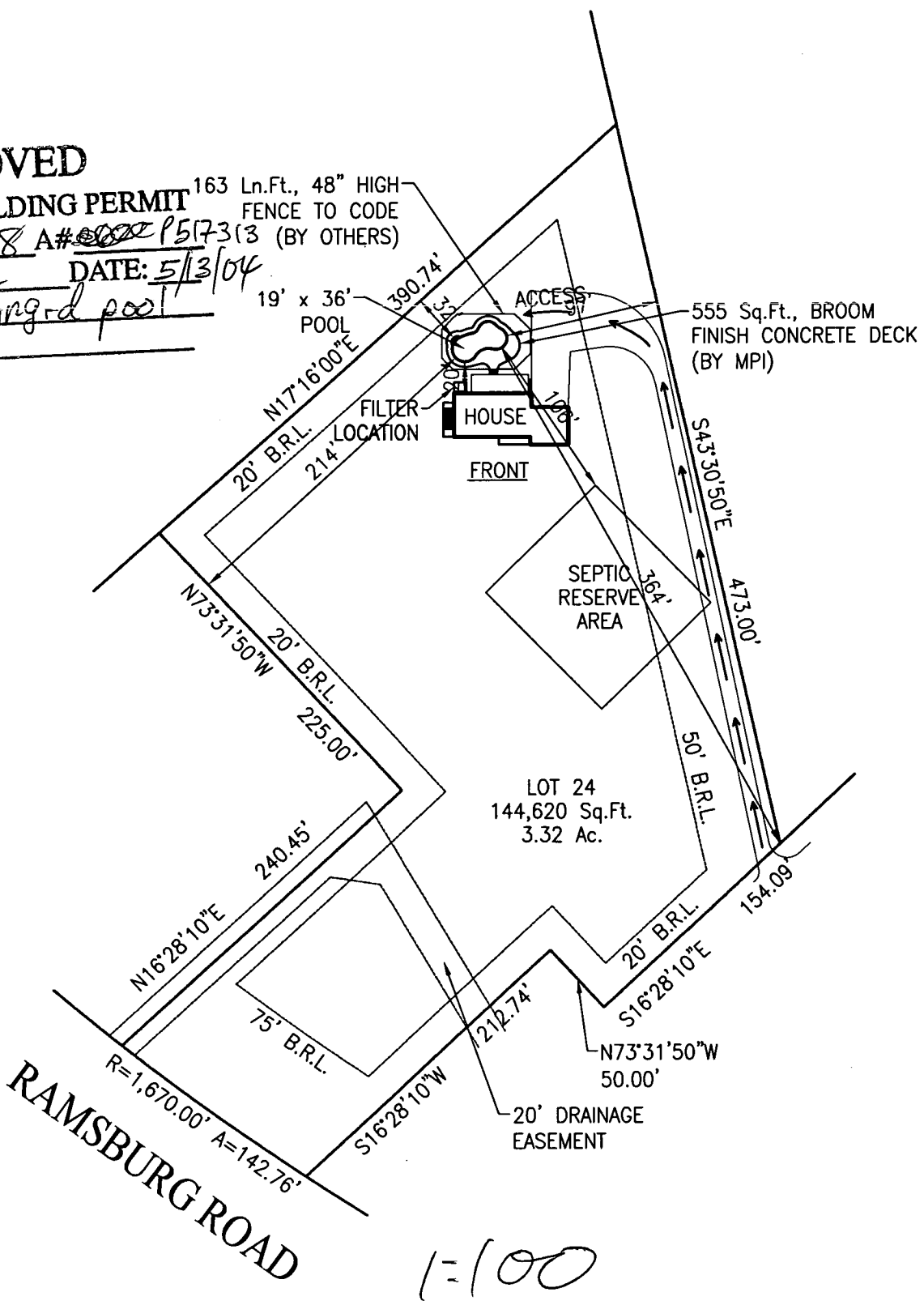
WALK-THRU BUILDING PERMIT

163 Ln.Ft., 48" HIGH FENCE TO CODE (BY OTHERS)

BP# B00148128 A# 0002 P517313

APP. SAN MR DATE: 5/13/04

DESC. OF WORK: ingrd pool



1=100

REVISIONS:
00/00/00

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0048128

Building Address 11842 Ramothburg Rd
Marysville MD 21087

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

Census Tract 1030 Subdivision Henryton Heights

Section _____ Area _____ Lot 24

Tax Map 16 Parcel 282 Grid 20

Zoning R2052 Map Coordinates _____ Lot size 3.32

Property Owner's Name Paul & Laura Schmale

Address 11842 Ramothburg Rd

City Marysville State MD Zip Code 21087

Home Phone 410-442-3707 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Dana Krawczyk
9515 Gerwig Lane #119
Columbia MD 21046

Phone 410-495-6600 Fax _____

Existing Use SPD

Proposed Use SDP w/ 1/2" x 4" Fence

Estimated Construction Cost \$ 20,000

Description of Work 36" x 11" x 5367' inground post
3-6' deep cast in place, filled by truck
enclosed by 163 ft. of 48" high wood fence

Contractor Company Maryland Posts Inc.

Contact Person Dana Krawczyk

Address 9515 Gerwig Lane #119

City Columbia State MD Zip Code 21046

License No. 60074

Phone 410-992-6600 Fax _____

Occupant or Tenant owner

Contact Name Dana Krawczyk

Address _____

City _____ State MD Zip Code _____

Phone 410-495-6600 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 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 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 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: _____
Other Structure: _____	Dimensions: _____
Footings: _____	Roof: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Dana L Krawczyk
 Applicant's Signature

Agent MPI
 Title/Company

Dana L Krawczyk
 Print Name

5/13/04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

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