

Approved (GCK)  
7 Sept 78

9/7/78  
a.m. if possible  
9/6/78  
a.m. if possible

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

P 28687

A 27322

HOWARD COUNTY

03-285111

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 8/15/78

Barth Contracting Co. IS PERMITTED TO INSTALL  ALTER

ADDRESS Clarksville Pike PHONE

SUBDIVISION Everlea ROAD 1527 Everlea Road LOT 5, Blk. B, Sec. 3

PROPERTY OWNER William Flanigan

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

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

Locate the dry well 160 ft. from Everlea Road and 35 ft. from the left lot line as

seen when facing lot from Everlea Road. and/or TRENCH-to be 75 ft. long with a total

absorbent are of 488 sq. ft. Inlet to be 3 1/2 ft. below grade and maximum depth 10 ft.

If trench only, begin at same location as for the dry well and run on contour.

PLANS APPROVED BY Thomas S. Ogle DATE 1/9/77

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.

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

BLDG. PERMIT SIGNED  
AND RETURNED 9/15/78  
Serial # 14292  
Storage Sheet

BLDG. PERMIT SIGNED  
AND RETURNED 7/27/2000  
B00125689 DECK W/STEPS

A 27322



Retest

1/4/78

9:30a.m.

# APPLICATION

A 27322

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DATE 12/16/77

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

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 V. Flanigan

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Everlea Road (Everlea Subdivision) LOT NO. 5, Blk B, Sec 3

ROAD AND DESCRIPTION Everlea Road

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED  
AND RETURNED 7/6/78  
Serial No. 36243

SIGNATURE OF APPLICANT /s/ William V. Flanigan

APPROVED BY T.S. Ogla FOR Dry well and/or Trench DATE 1/4/78  
(KIND OF SYSTEM)

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

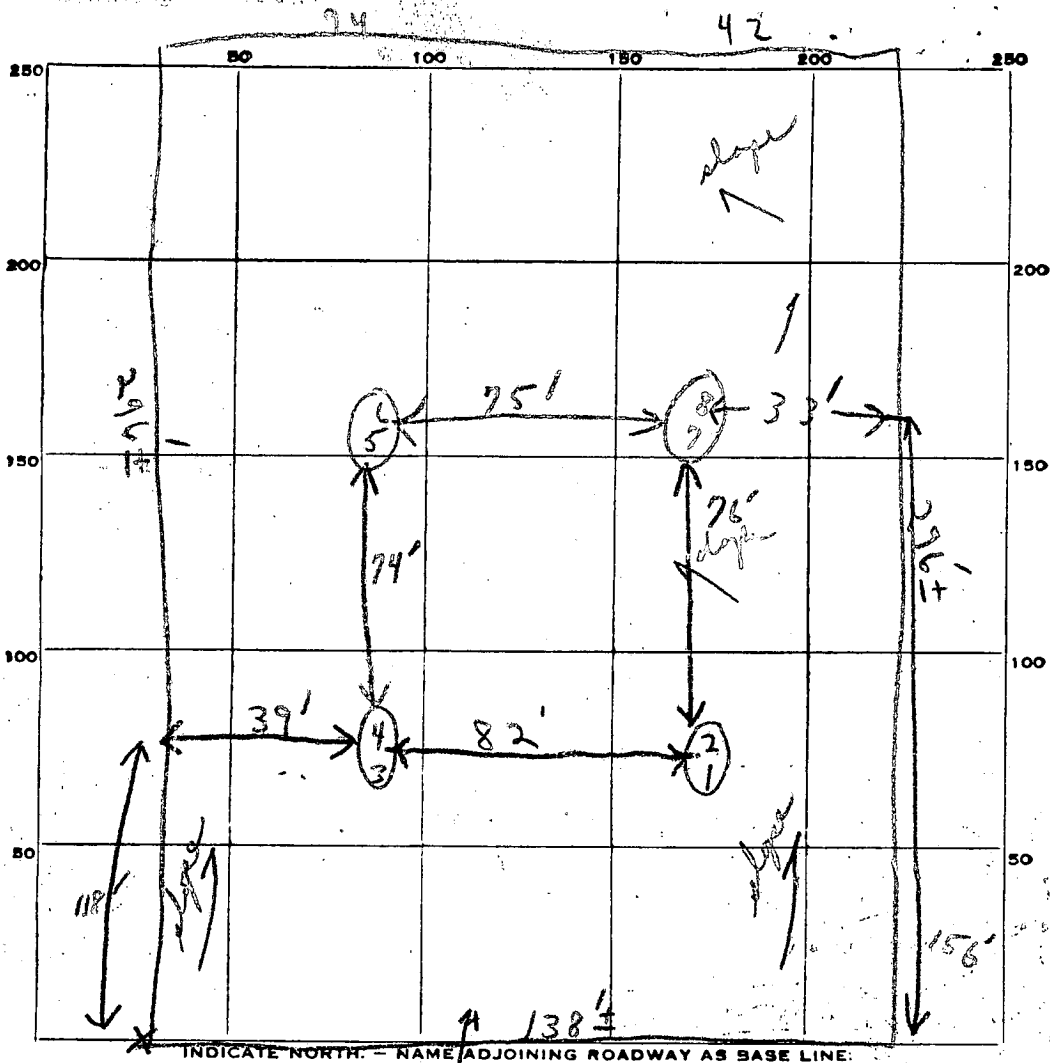
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

# THIS IS NOT A PERMIT







Unnamed Road Lot 5 Block 8 Sec 3

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/72	1	4 1/2'	10:14	10:15	10:15	10:16	1 min
	2	12'	10:15	10:25	10:25	10:45	2 min
	3	4 1/2'	10:23	10:25	10:25	10:27	2 min
	4	12'	10:24	10:29	10:29	10:37	8 min
	5	5'	10:33	10:35	10:35	10:37	2 min
	6	12'	10:34	10:36	10:36	10:41	5 min
	7	No Test					Backhoe Machine
	8						Backhoe
5/12/72	7	4'	9:50	9:52	9:52	9:54	2 min
	8 back	11'	9:55				Soil used because to 11'

SOIL AUGER FINDING

TESTED BY B.S.

Holes #4 & #5 Highest on lot

REMARKS Front

# APPLICATION

A 16948

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 4/24/72

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER E. L. Ramsburg

ADDRESS 185 Henryton Road, Marriottsville, Md. PHONE 328-2696

PROPERTY LOCATION:

SUBDIVISION Everlea LOT NO. 5, Blk. B, Sec. 3

ROAD AND DESCRIPTION Everlea Road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 138' x 296' x 42' x 94' x 296' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_  
(Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT /s/ Everett Ramsburg

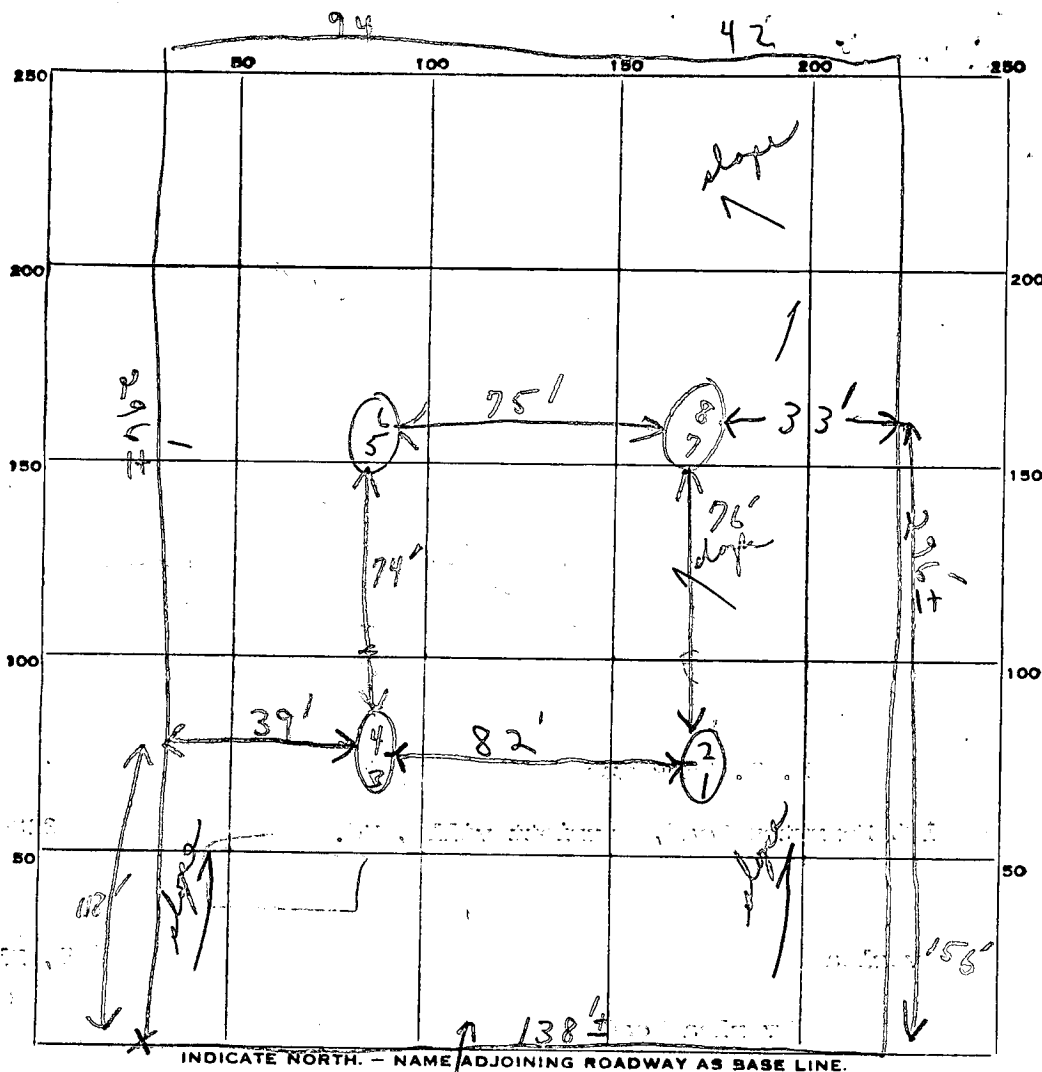
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

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

# THIS IS NOT A PERMIT



lot # 5B

Unnamed Road Lot 5 1/2 block B Sec 3

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/25/72	1	4 1/2'	10:14	10:15	10:15	10:16	1 min
	2	12'	10:15	10:25	10:25	10:47	22 min
	3	4 1/2'	10:23	10:25	10:25	10:27	2 min
	4	12'	10:24	10:29	10:29	10:37	8 min
	5	5'	10:33	10:35	10:35	10:37	2 min
	6	12'	10:34	10:36	10:36	10:41	5 min
	7	No Test					
	8						
5/12/72	7	4'	9:50	9:52	9:52	9:54	2 min
	8	11'	9:55	10:25	3/4 inch	30 min	30 min

started 4'  
 9 min  
 9 min  
 8/72  
 Backhoe Machine  
 Backhoe

Hold for supervisor to 11"

SOIL AUGER FINDING

TESTED BY B.S. use hole 3 & 4 inlet 4 ft.

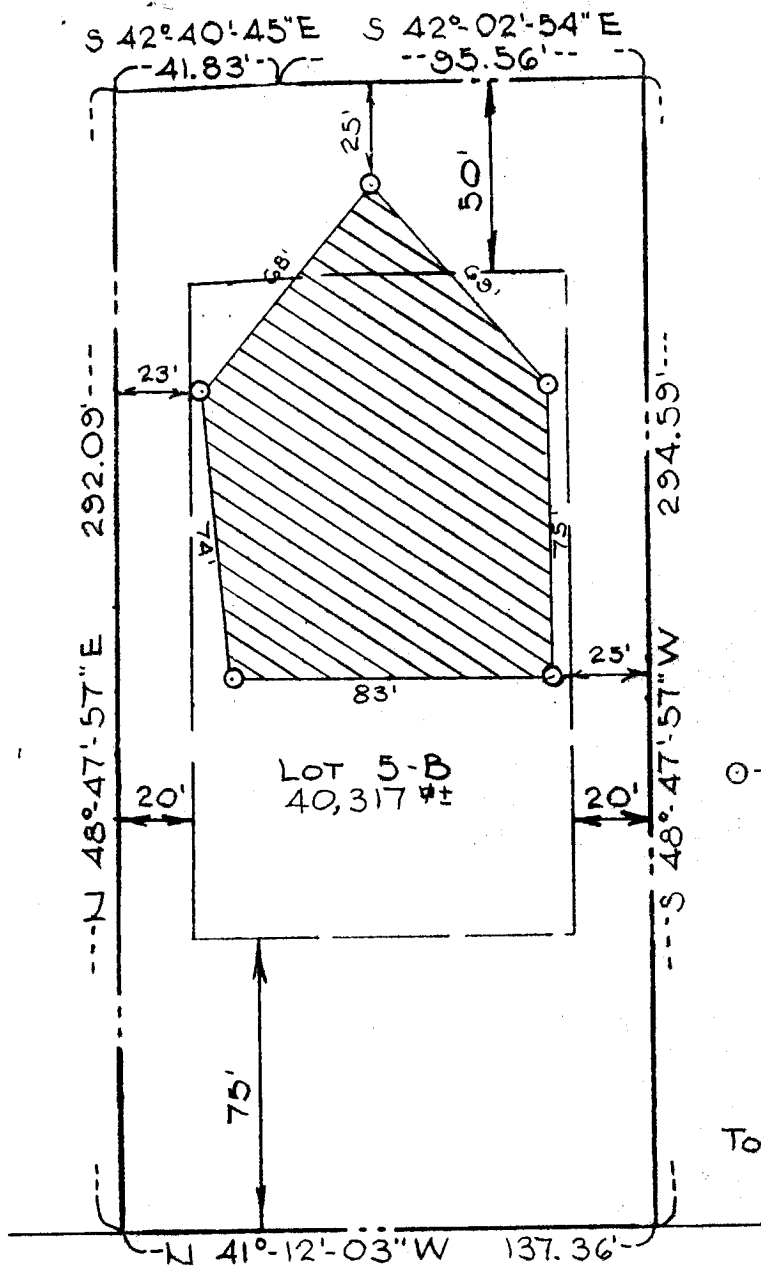
Holes 1 & 2 Highest on lot.

REMARKS Front of lot 5 graded

Mesa soil

ON  
 5/19/72  
 OK after  
 discussing  
 with FF





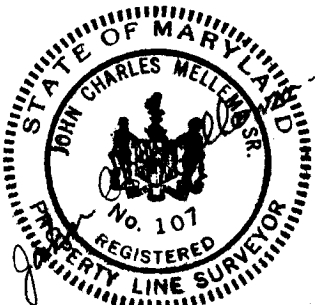
○-DENOTES FIELD LOCATED PERC HOLES  
 LOT 5, BLOCK B, SECTION 3  
 EVERLEA  
 DEED 640 FOLIO 176  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=50' DATE: JAN. 18, 1978

TO HENRYTON ROAD  
 →

EVERLEA ROAD  
 (50' WIDE)

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

TAX MAP 10 PARCEL 209



1-18-78

JOHN C. MELLEMA SR., INC.  
 3704 MACTAVISH AVENUE  
 BALTIMORE, MARYLAND 21229  
 644-9106

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**B 1** 0585  
 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  
 40-73-2630  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)  
 3/23/78  
 9:30 a.m.

OWNER: Flannigan Mrs.  
 COL 15 LAST NAME FIRST NAME COL. 34  
 STREET OR RFD: 312 South St.  
 COL 36 COL. 58  
 POST OFFICE: Balt. Md.  
 COL 57 COL. 76

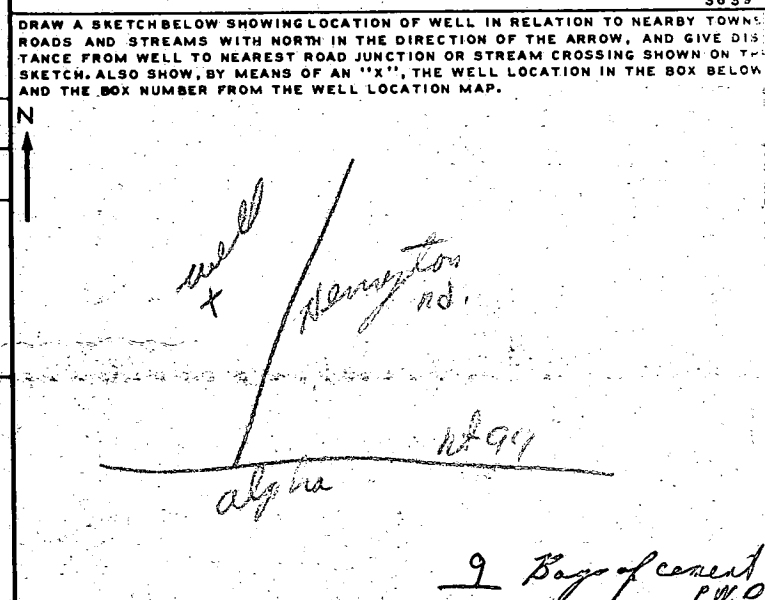
**B 1** CONTINUED DRILLER INFORMATION  
 1 2 3 (SEQ. NO.) 6  
 DATE: 2/23/78 LICENSE NUMBER: 42  
 77. 80  
 FIRST NAME: L. F. Foster DRILLER LAST NAME  
 SIGNATURE: L. F. Foster

**B 3** LOCATION OF WELL  
 1 2 3 (SEQ. NO.) 6  
 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION: Everlea 23 42  
 SECTION: B LOT: 5  
 44 48 50  
 NEAREST TOWN: alpha 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 MI 73 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): 600 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  
 NORTH  EAST  NE NORTHEAST  SE SOUTHEAST  
 SOUTH  WEST  NW NORTHWEST  SW SOUTHWEST  
 8 8 8 9 8 9  
 NEAR WHAT ROAD: Henrietta Rd.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  N  S  E  W  F T  
 11 30 32 32 32 32  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 300 MI 34 37 38 39

APPROXIMATE DEPTH OF WELL: 150 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)  
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
 BORED (OR AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 OTHER (DESCRIBE):



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  
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)  
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)  
 APPROPRIATION PERMIT NUMBER: [ ] ENGINEER REVIEW DISTRICT NO.: [ ]  
 FORCE: [ ] WRITE INITIALS IN BOX: [ ] CONDITIONS: [ ]  
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 920 N 540  
 NORTH COORDINATE: 540000 50 51 52 53 54 55  
 EAST COORDINATE: 0820000 57 58 59 60 61 62 63  
 ELEVATION AT WELL HEAD (FEET): [ ] 65 66 67 68  
 0/5 5/5  
 9 Bags of cement P.W.D.  
 42' Well grout  
 44' Well casing P.W.D.  
 Yes House plans  
 No House  
 No Septic 3' this date

**B 4** CONTINUED HEALTH DEPARTMENT APPROVAL  
 1 2 3 (SEQ. NO.) 6  
 STATE HEALTH (CIRCLE HEALTH) COUNTY NAME: Howard COUNTY NO.: W27606  
 MO. DAY YR. DATE: 6-22-77  
 APPROVED BY: Donald W. Monaghan, Sanitarian  
 43 46

**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)  
 1 2 3 (SEQ. NO.) 6

C 1 **4092** SEQUENCE NO. (WRA USE ONLY)  
 2 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COBS. 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 WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 3/23/78 DEPTH OF WELL 280 PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-13-2470  
 DATE WELL COMPLETED 3/23/78 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37  
 8-13 15 20 DRILLERS IDENTIFICATION NO. 42

OWNER FLANIGAN WM FIRST NAME  
 LAST NAME STREET OR RFD 312 SMALL C1 POST OFFICE BALTIMORE MD.

**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 SOIL	0	2	
SHALE	2	10	
SAND STONE	10	38	
MICA	38	50	✓
SAND STONE	50	58	
MICA	58	190	✓
BROWN SLATE	190	280	
MICA	195	280	

**GROUTING RECORD** YES  NO   
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT CM BENTONITE CLAY BC  
 45 46 45 46  
 NO. OF BAGS 9 NO. OF POUNDS 900  
 GALLONS OF WATER 45  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 42 FT.  
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

**CASING RECORD**  
 (INSERT APPROPRIATE CODE BELOW)  
 S T C O  
 STEEL CONCRETE  
 P L O T  
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 44  
 60 61 63 64 66 70

**OTHER CASING (IF USED)**  
 DIAMETER (INCH) DEPTH (FEET) FROM TO  
 [ ] [ ] [ ] [ ]  
 [ ] [ ] [ ] [ ]

**SCREEN RECORD**  
 (INSERT APPROPRIATE CODE BELOW)  
 S T B R H O  
 STEEL BRASS OPEN HOLE OR BRONZE  
 P L O T  
 PLASTIC OTHER

C 2 (SEQ. NO.) 6  
 DEPTH (NEAREST WHOLE FOOT) FROM TO  
 1 H O 42 280  
 8 9 11 15 17 21  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 23 24 26 30 32 36  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 38 39 41 45 47 51  
 SLOT SIZE 1, 2, 3

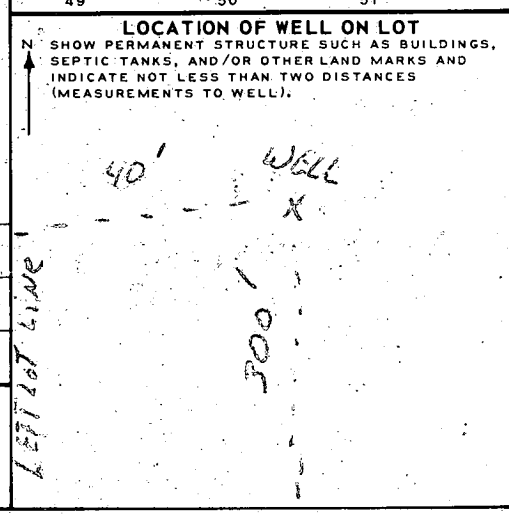
DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO  
 GRAVEL PACK [ ] [ ]  
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F  
 WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 [ ] [ ] 72 [ ] [ ] 74 75 76 OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6  
**PUMPING TEST**  
 HOURS PUMPED (TO NEAREST HOUR) 2  
 8 9  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE BUCKET  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 50 (NEAREST FOOT) 17 20  
 WHEN PUMPING 280 (NEAREST FOOT) 22 25  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A P T  
 27 27 27  
 C R O  
 27 27 27  
 J S  
 27 27

**PUMP INSTALLED**  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) [ ] 29  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO   
 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 } [ ] 2 (NEAREST FOOT)  
 (-) BELOW } 49 50 51

**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  
 (PLEASE PRINT) L. F. EASTENDAY  
 SIGNATURE L. F. Eastenday



LOT 6  
JOHN L. DITZEL  
643/157

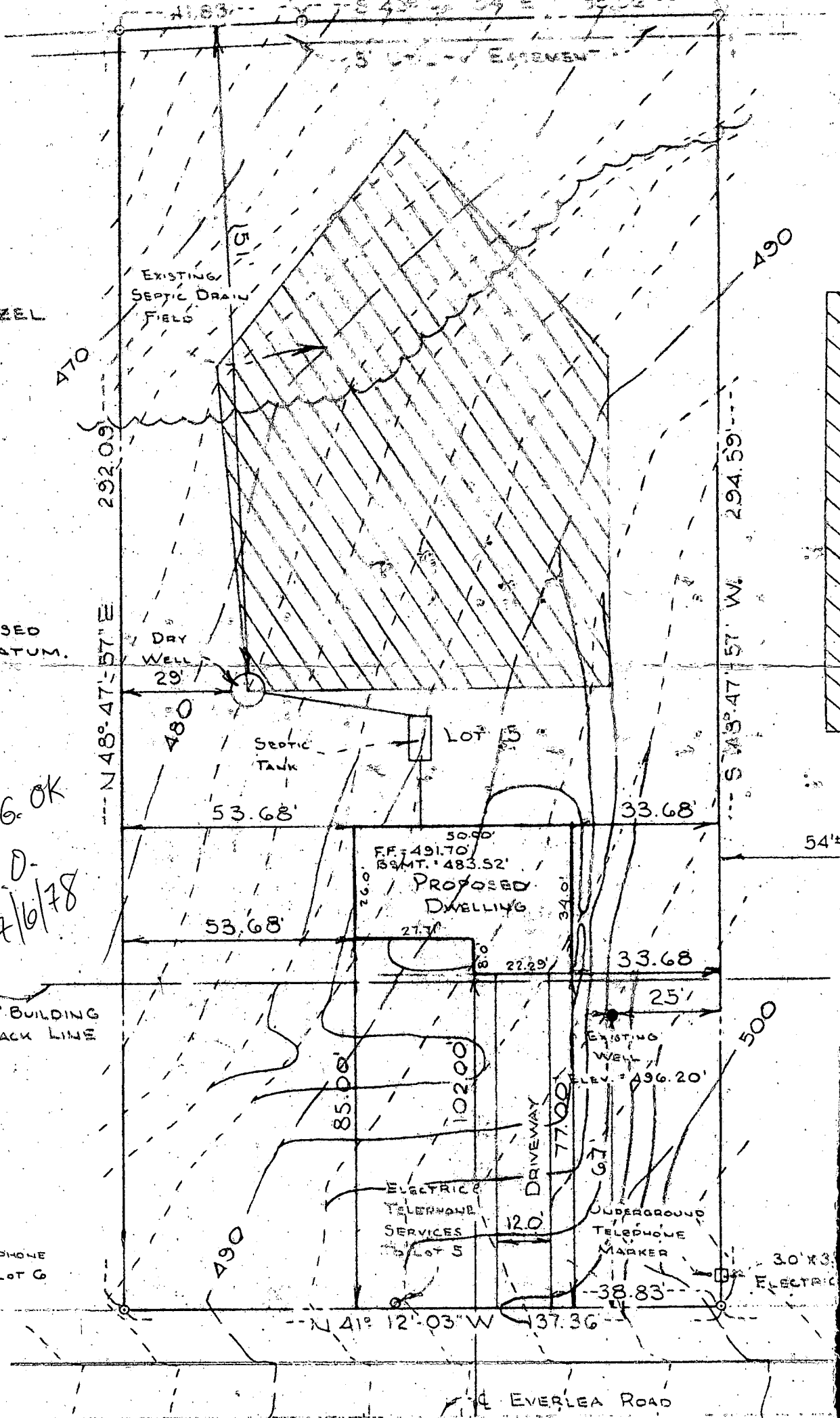
VACANT  
LOT

ELEVATIONS BASED  
ON ASSUMED DATUM.

*EL. DWG. OK  
T.S.D.  
7/6/78*

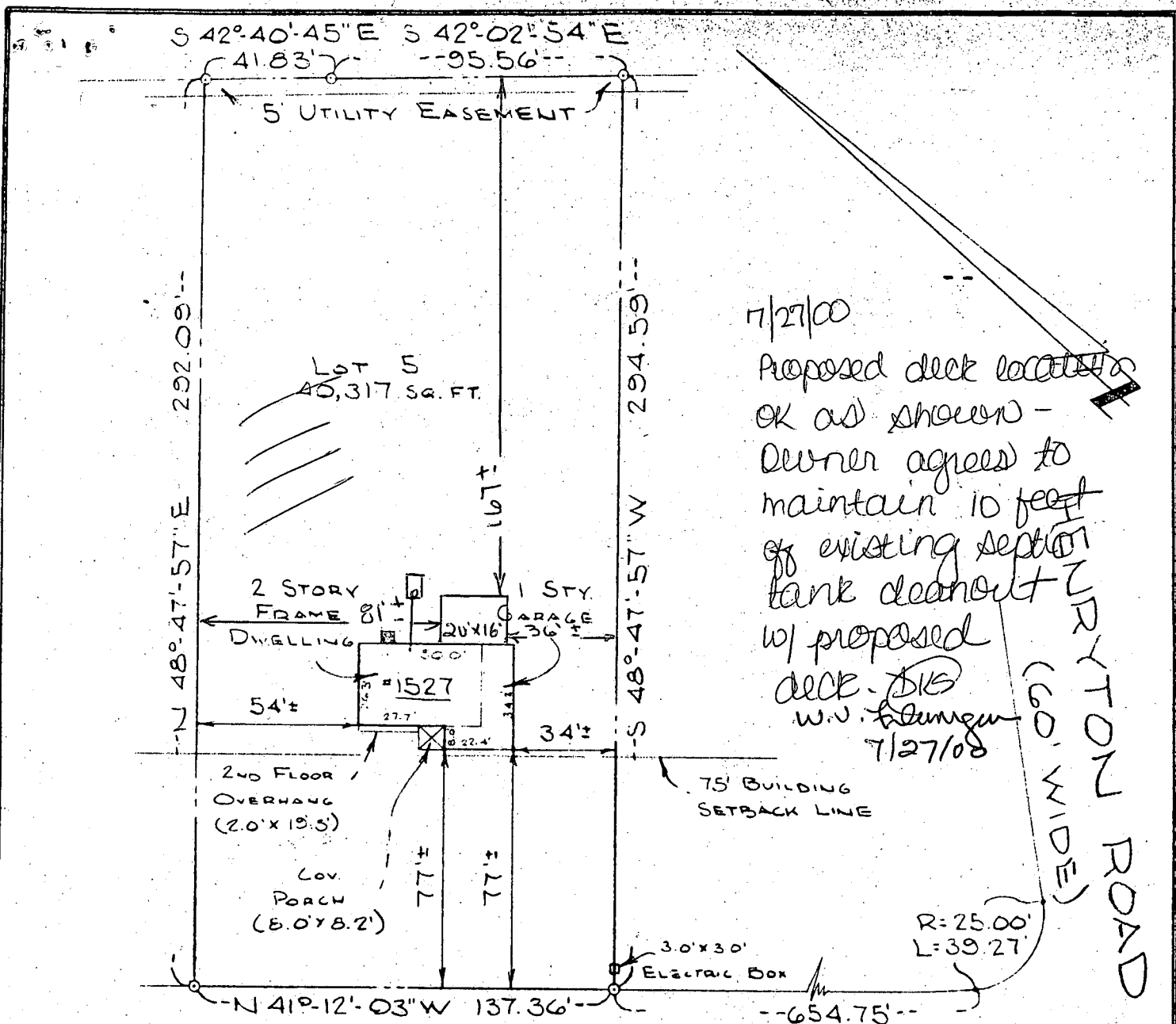
75' BUILDING  
SETBACK LINE

ELECTRIC & TELEPHONE  
SERVICES TO LOT 6



EVERLEA ROAD





**EVERLEA ROAD**  
(50' WIDE)

I hereby certify that I have made a survey of this lot for the purpose of locating the improvements thereon and that they are located as shown. This plat is not intended for use in establishing property lines.

NOTE:  
I ALSO DESIGNATED AS LOT 5, BLOCK B, AS SHOWN ON PLAT OF "EVERLEA, SECTION THREE," RECORDED IN HOWARD CO. IN PLAT BOOK 25/3.

9-13-78 John C. Mellema & Co. Reg. No. 107

	<b>LOCATION SURVEY</b> 1527 EVERLEA RD. HOWARD CO, MD	<b>SCALE</b> 1" = 50'
	<b>JOHN C. MELLEMA SR. INC.</b> <b>LAND SURVEYORS</b> 3704 MACTAVISH AVENUE - BALTIMORE, MARYLAND 21229	<b>DATE</b> 9-13-78
		<b>JOB NO.</b> 78113

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00125689
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Building Address 1527 EVERLEA ROAD  
MARZETTTSVILLE, MD 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 10 Parcel 209 Grid 13

Zoning \_\_\_\_\_ Map Coordinates 5611 Lot size \_\_\_\_\_

Property Owner's Name WM V FLANIGAN

Address 1527 EVERLEA ROAD

City MARZETTTSV State MD Zip Code 21104

Home Phone 410 442 1633 Work Phone \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use PERM DECK

Estimated Construction Cost \$ 4,500

Description of Work TO CONSTRUCT DECK  
16 x 30 w/ steps

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant WILLIAM V. FLANIGAN

Contact Name SAINE

Address 1527 EVERLEA ROAD

City MARZETTTS State MD Zip Code 21104

Phone 410 442 1633 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

<b>Building Characteristics</b>	<b>Utilities</b>
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

<b>Building Characteristics</b>	<b>Utilities</b>
SF Dwelling: <input checked="" type="checkbox"/> SF Townhouse: <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular _____ 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 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.

William V. Flanigan  
Applicant's Signature

WILLIAM V. FLANIGAN  
Print Name

\_\_\_\_\_  
Title/Company

07/29/00  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>7/29/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>7/29/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

PROPERTY ID#	31775
Filing fee	\$ _____
Permit fee	\$ <u>70</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>70</u>
Balance due	\$ _____
Check Cash	# _____
Validation	# <u>33615</u>

Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_