

SEPTIC SYSTEM TO BE INSTALLED BEFORE BUILDING PERMIT CAN BE SIGNED.

PERMIT

Builder's permit # 428845

P. 30568
A. 27399

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd

DATE 3/20/80

INDEXED
02-195887

Paul Schissler
South Carroll Backhoe Service

SYSTEM COMPLETE, NOT APPROVED 3/20/80 J.S.

IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Gwynn Acres ROAD 9820 9836 Old Annapolis Road LOT 1314
Between Centennial Lane & Route 108

PROPERTY OWNER Wilfredo Perez Machado

ADDRESS 10505 Tolling Clock Way, Columbia, Md. 21044 Phone: 730-0540

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 _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ 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
DRY WELL AND TRENCH SYSTEM - To have 144 sq. ft. effective sidewall absorption area per bedroom to begin below the first 2 1/2 ft. of non-porous soil.

Maximum depth permitted for dry well or trench is 9 ft. below original grade. Place the dry well 125 ft. from the front property line and 15 ft. from the left side line as seen when facing the property from Old Annapolis Road. Start the trench after a 5 foot earth buffer with the dry well and proceed to dig it on level ground the necessary distance.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED.

PLANS APPROVED BY Frank Skinner DATE 5/22/78

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.

BLDG PERMIT SIGNED

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

RETURNED 5/2/80
000123420 P001

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

PERMIT VOID AFTER THREE YEARS.

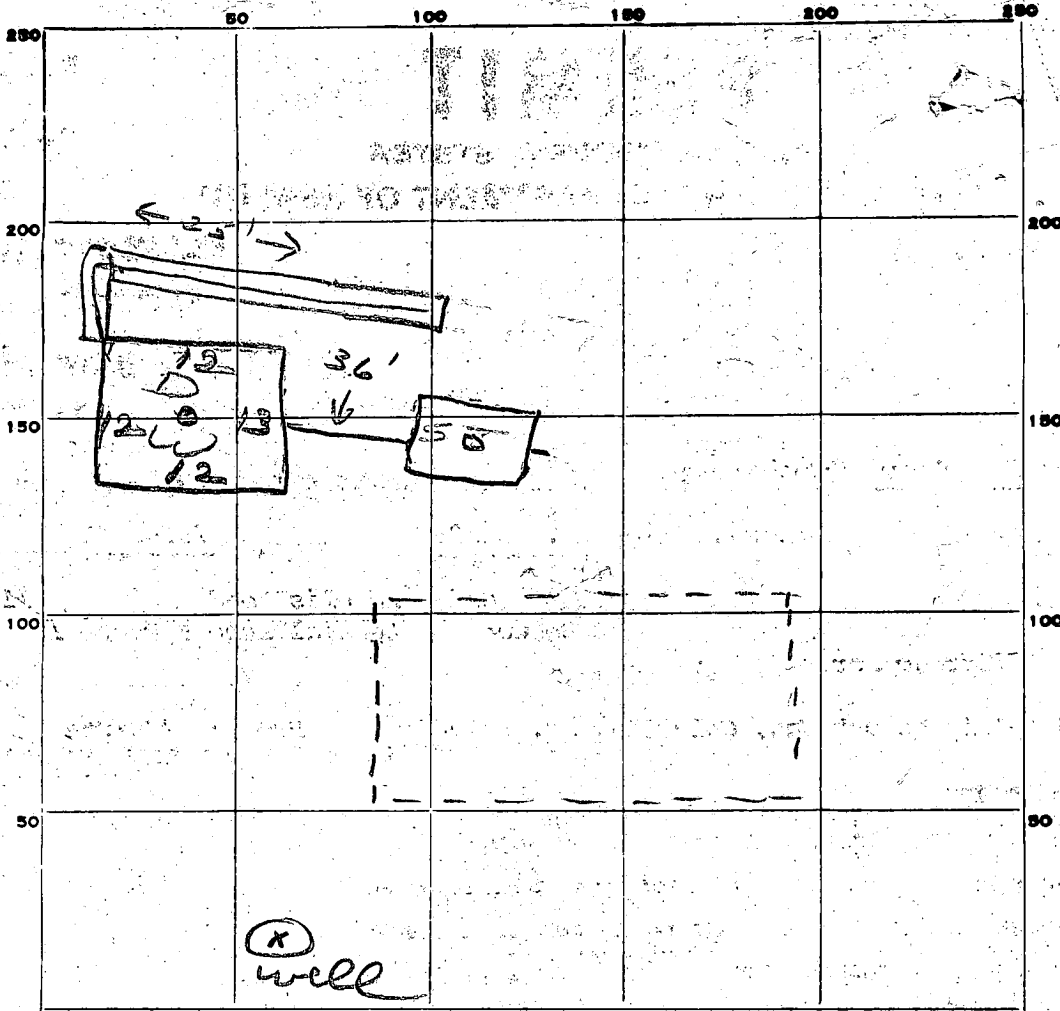
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 27399

144
 576

36
 13
 49



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Annapolis Rd

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

ST / DW

DISTRIBUTION BOX, LEVEL

cast iron

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 44 FT.

44
 6.5
 220
 264
 2860

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 286

SEEPAGE PITS, INSIDE DIAMETER 49 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 604 SQ. FT.

REMARKS 3/19/80 - OK to gravel first 25' of trench which is 9 ft. deep. (trench collapsing) 3/19/80 OK to add gravel to trench. J
 3/20/80 OK to cover all work to end of septic tank. Call when house connection made. J

NO FURTHER CONTACT AS OF 8/2/95 - INDEX AS COMPLETE (CW)

COMPLETE DATE SYSTEM APPROVED

3/20/80

INSPECTOR

J. STAYEN (CW)

Recorded as lot (being subdivided)

APPLICATION

A 27399

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Per

HOWARD COUNTY HEALTH DEPARTMENT 3 B.R. 4 B.R. DISTRICT 2nd
ENVIRONMENTAL HEALTH SERVICES 1000 gal. septical | 1250 gal. septical DATE 5/14/78
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

144 SQ. FT. effective sidewall absorption area per bedroom to begin below the first 2 1/2 ft. of non-porous soil. Maximum depth permitted for drywell or trench is 9 ft. below original grade. Place the drywell 125 ft. from the front property line and 15 ft. from the left side line as seen when facing the property from Old Annapolis Road. Start the trench after a 5 foot earth buffer with the drywell and proceed to dig it on level ground the necessary distance.

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

NOTE: Call for inspection of trench before gravel is installed.

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

NOTE: SEPTIC SYSTEM TO BE INSTALLED PRIOR TO BUILDING PERMIT APPROVAL

PROPERTY OWNER Wilfredo Perez
ADDRESS 10505 Tolling Clock Way PHONE 730 0540
Columbia, Md. 21044

PROPERTY LOCATION: Lot 11 (4.311 acres)
SUBDIVISION Gwynn Acres LOT NO. (1) 2, 3, 4

ROAD AND DESCRIPTION Old Annapolis Rd. between Rt 108 and Centennial Lane

SIZE OF LOT (1) 75 Acres (4) 75 Acres (2) 168 Acres TYPE BLDG. 3031 sq ft duplex
NUMBER OF BEDROOMS 2

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Wilfredo Perez

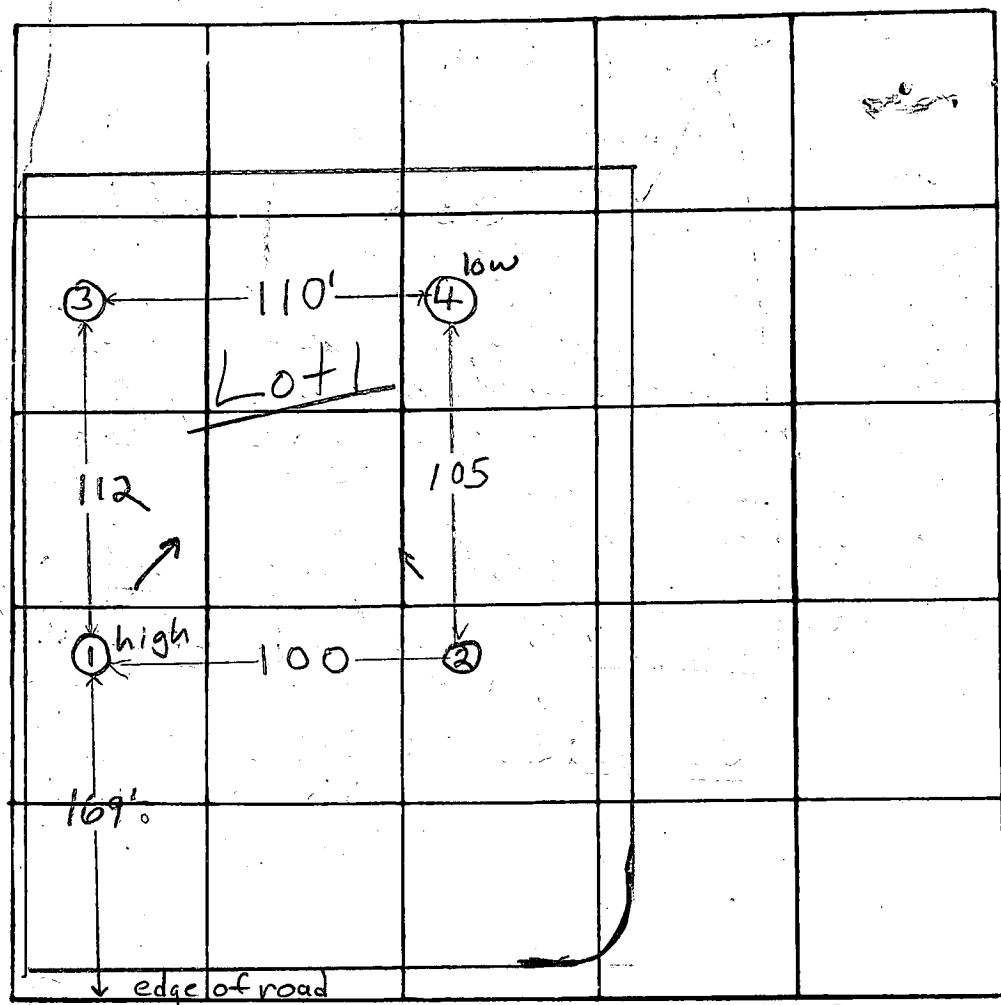
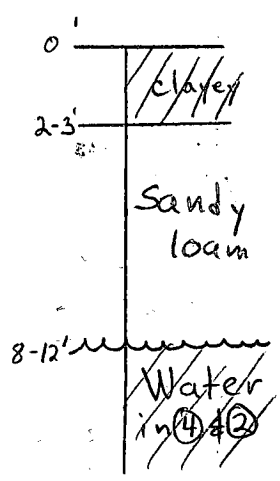
APPROVED BY Frank Skinner FOR Drywell & trench DATE 5/22/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS is wet season only DATE 2/1/78

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Old Annapolis Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/31/78	1 high	4'	9:58	10:05	10:05	10:16	11 min
	1A	13'	9:58	10:05	10:05	10:16	11 min
	2	3'	10:08	10:13	10:13	10:21	8 min
	2A	12'	Water at 12'				
	3	12'	Clayey to 3' sandy loam below				
	4 low		Clayey to 3' sandy below				
	4A	8'	Water at 8'				

REMARKS Water in (2) & (4)

TYPE OF SOIL sandy loam below top 2-3' clayey soil

TESTED BY F.S. & M.B.

ALSO PRESENT: Mr. & Mrs. Perez, Pat Lendrum

PRELIMINARY

APPLICATION

A 23277

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 2nd

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DATE 5/17/76

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 Louis J. Bonneville (Contract Purchaser - Wilfredo Perez)

ADDRESS 10505 Telling Clockway, Columbia, Md. PHONE 730-0540

PROPERTY LOCATION:

SUBDIVISION Gwynn Development LOT NO. 11

ROAD AND DESCRIPTION Old Annapolis Road - past Gwynn Acres - 5 houses and then vacant

lot which is property.

SIZE OF LOT 4.311 acres TYPE BLDG. 3 or 4 bedrooms
~~3 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 Wilfredo Perez

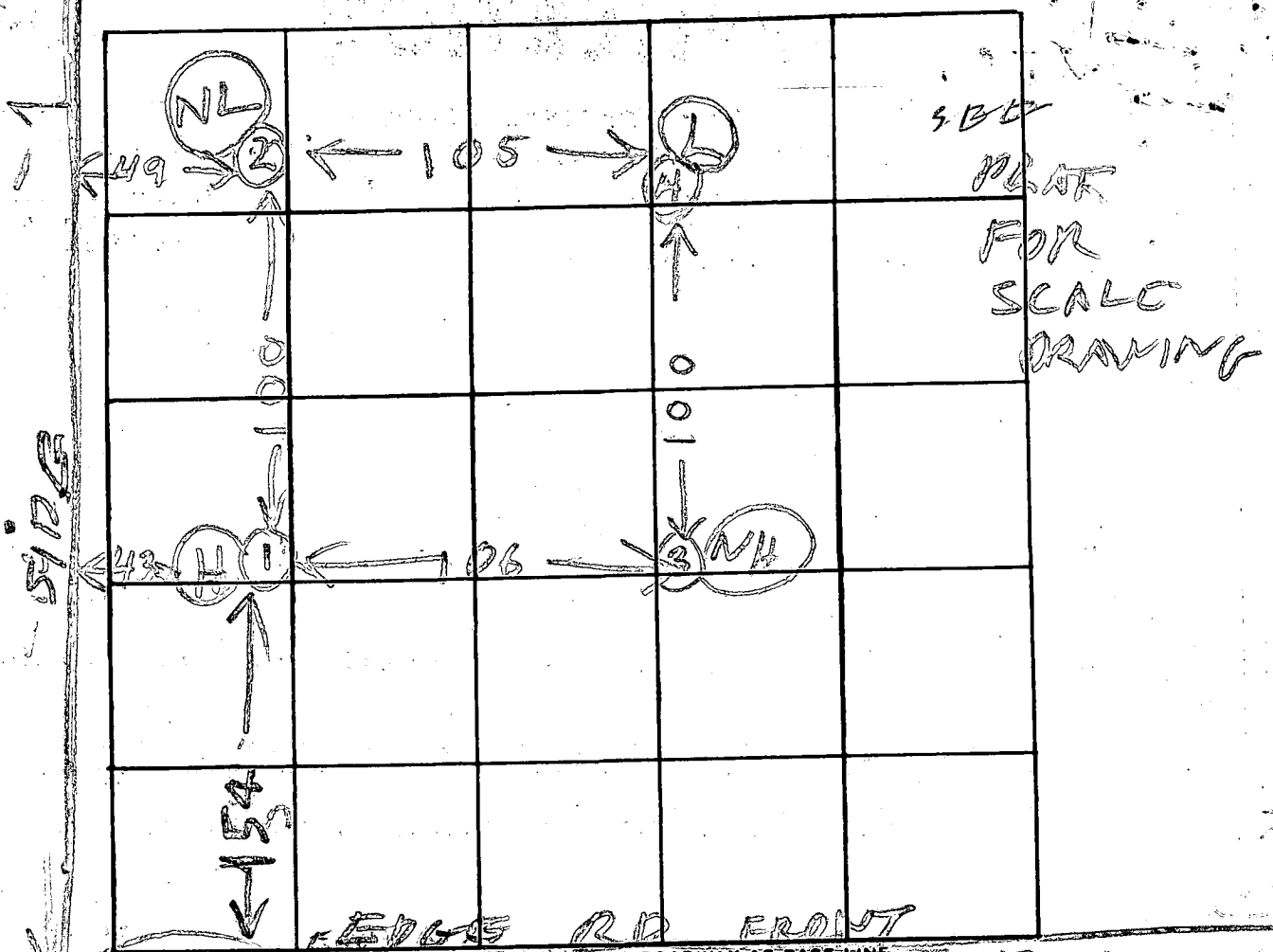
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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
 OLD ANAPOLIS RD HOLE ELEVATION

SOIL
 Top 3 clay

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	ELEVATION
			START	STOP	START	STOP		
6/2/76	1S	5	954	957	957	1002	5	HIGHEST
	1D	13 1/2	955	957	957	1002	5	
	2P	12	958	1015	1015	1032	17	NEXT LOWEST
	2S	4 1/2	958	1002	1002	1006	4	
	3	11	TOP BOY	2F7 9F7	CLAY SAND			NEXT HIGHEST
	4S	3	1007	1009	1009	1012	3	LOWEST
6/2/76	4D	12	1007	1011	1011	1019	8	

REMARKS _____

TYPE OF SOIL SAND

TESTED BY B. Hodges

ALSO PRESENT: W. Perez J. P. [Signature]

C 1 **2988** 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 WITHIN 30 DAYS AFTER WELL COMPLETION.

FILL IN THIS FORM COMPLETELY.

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 7/30/78 DEPTH OF WELL 140 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-10-4979

DATE WELL COMPLETED 7/30/78 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 40

OWNER Perez Wilfredo LAST NAME FIRST NAME COLUMBIA, MD.

STREET OR RFD 10505 TOLLING CREEK WAY POST OFFICE

WELL DESCRIPTION

WELL LOG	FEET		CHECK IF WATER BEARING
	FROM	TO	
10' OPEN SANDY	0	3	
SANDSTONE	3	10	
MICHA	10	30	
SANDSTONE	30	40	
MICHA	40	50	<input checked="" type="checkbox"/>
SANDSTONE	50	140	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 1000

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S 1 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 22

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREENING

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.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

EACH SCREEN

1	<u>H O</u>	<u>20</u>	<u>140</u>
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 68 F

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)

WHEN PUMPING 140 (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 NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

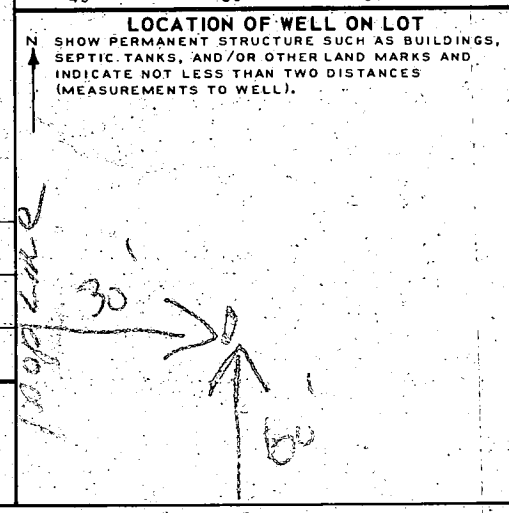
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } 2 (NEAREST FOOT)



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) George F. Eastwood

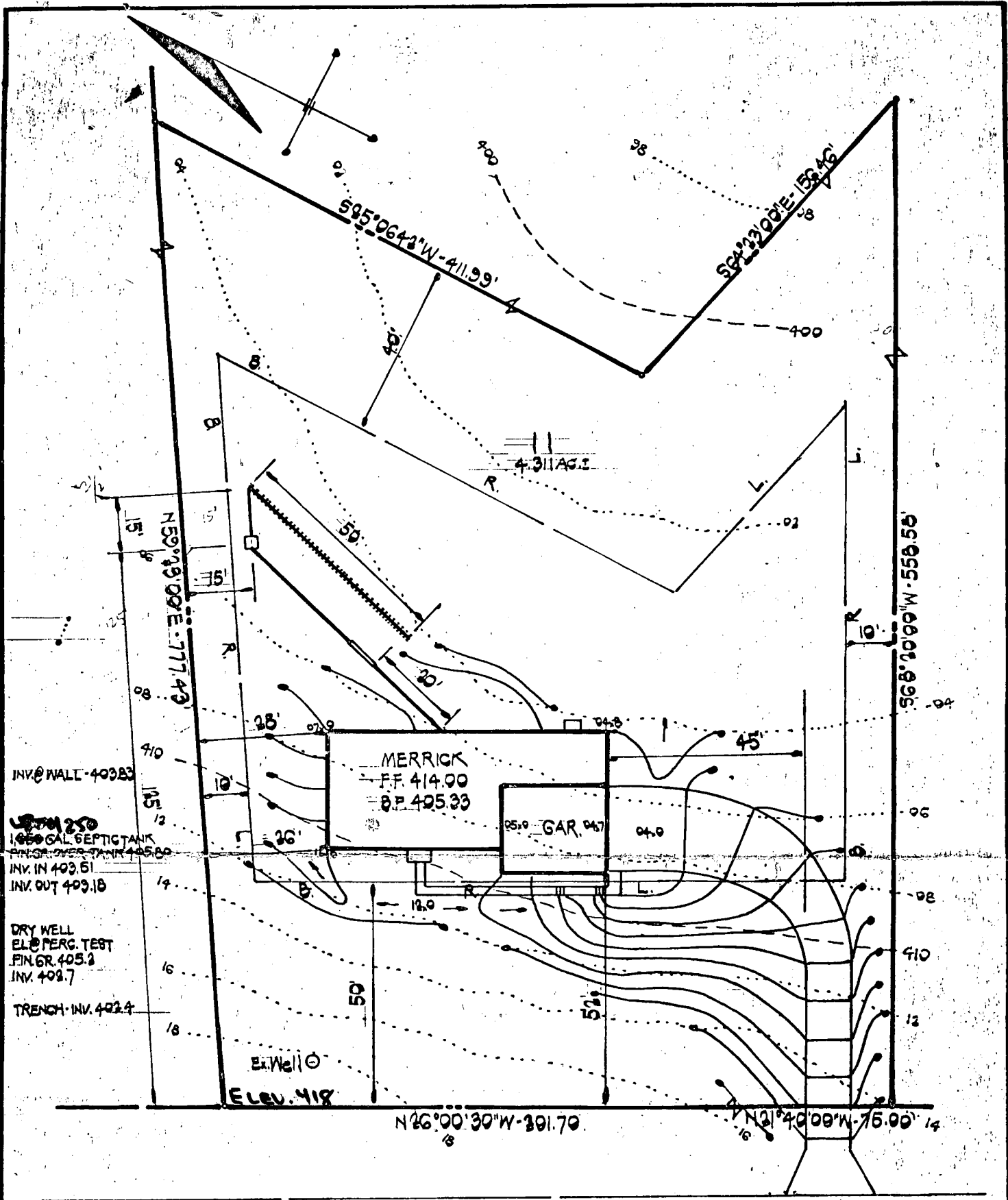
SIGNATURE George A. Eastwood

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T 70 LOG CASING

W 72 INDICATOR

Q 74 75 76 OTHER DATA AVAILABLE



OLD ANNAPOLIS ROAD

3/17/80 Sketch J.K. F.S.

NOTE 1. BASEMENT SERVICE IS PROVIDED.
 2. SEPTIC SYSTEM MUST BE INSTALLED PRIOR TO ISSUANCE OF A BUILDING PERMIT.

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

R. LEBLING
 461-2244

Bruce D. Burton 4/6/79
 BRUCE D. BURTON, DESIGN ENGINEER DATE

GWYNN ACRES

CROVO & ASSOC., INC.

**PEREZ
 PROPERTY
 LOT 11**

CIVIL ENGINEERING
 LAND SURVEYING

8669 DAK ROAD
 BALTIMORE, MD. 21294
 301-661-9379

2ND ELECTION DISTRICT HOWARD CO., MD.
 APRIL 6, 1979 SCALE: 1"=30'



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 3, 2000

Mario and Helen Machado
9836 Old Annapolis Road
Ellicott City, MD 21042

RE: Building Permit Application
Gwynn Development, Lot 14
9836 Old Annapolis Road
Proposed Pool

Dear Mr. and Mrs. Machado:

This office has recommended approval of the referenced building permit application subject to the following condition:

Since the pool's location significantly conflicts with the approved sewage easement, the sewage easement is no longer viable for septic system repairs. Therefore, upon failure of the existing septic system, the property will be connected to public sewerage. No septic system repairs will be considered due to property owner circumstances, such as unexpected costs or unanticipated financial difficulties.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

cc: File

Building Address 9836 OLD ANNAPOLIS ROAD
ELLICOTT CITY, MARYLAND 21042

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

Census Tract _____ Subdivision GWYNN DEVELOPMENT

Section _____ Area _____ Lot 73 14

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 0.75 AC.

Property Owner's Name MARIO & HELEN MACHADO

Address 9836 OLD ANNAPOLIS ROAD

City ELLICOTT CITY State MD Zip Code 21042

Home Phone (410) 964-694 Work Phone (410) 792-8477

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME, WITH POOL

Estimated Construction Cost \$ 21,200.00

Description of Work CONCRETE INGROUND POOL, WITH D.E. FILTER 20' WIDE BY 45' LONG, 3' TO 8" DEEP WITH 8' DIVING BOARD TOTAL S.F. = 800

300 Lin Feet of 48" HIGH ALUMINUM FENCE TO CURB

Contractor Company ANTHONY & SYLVAN POOLS, INC.

Contact Person GEORGE A. SCHWEICH - CONTRACTOR

Address 10840 GUILFORD ROAD, SUITE 407
ANNAPOLIS

City JUNCTION State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
_____ 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 <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Basement: _____
Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms _____
No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of efficiency units: _____	Heating System: _____
No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
Other Structure: <u>INGROUND POOL</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Dimensions: <u>20' W, 45' LONG</u>	_____ NFPA #13D
Footings: _____	_____ NFPA #13R
Roof: _____	_____ Other: _____
_____ 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 THEREBY; (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 SUBMITTED AND POSTING NOTICES.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
MAY 3, 2000
 Date

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			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
Health <u>5/3/00</u> <u>Mark E. Kaplan</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ 125.00
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by: _____	