

9-18-78. app. F.F.

P 27963
A 27515

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-299201

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 4/27/78

9/18/78
late afternoon
9/19/78
if not 9/20/78

Liberty Backhoe Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. PHONE _____

SUBDIVISION Woodmark ROAD Heathcliff Court (1222) LOT 13, Blk. F, Sec. 11

PROPERTY OWNER Mr. & Mrs. Pagnotta

ADDRESS _____

SPECIFICATIONS 3 bedrooms
SEPTIC TANK CAPACITY 1000 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

2 DRY WELLS - 15 ft. sq. - 6 ft. effective depth below the first 2 1/2 ft. of original grade. Place 1st dry well center 55 ft. from rear lot line and about 10 ft. from left side line as seen when facing from Heathcliff Court. 2nd dry well to be placed 45 ft. directly behind dry well #1.

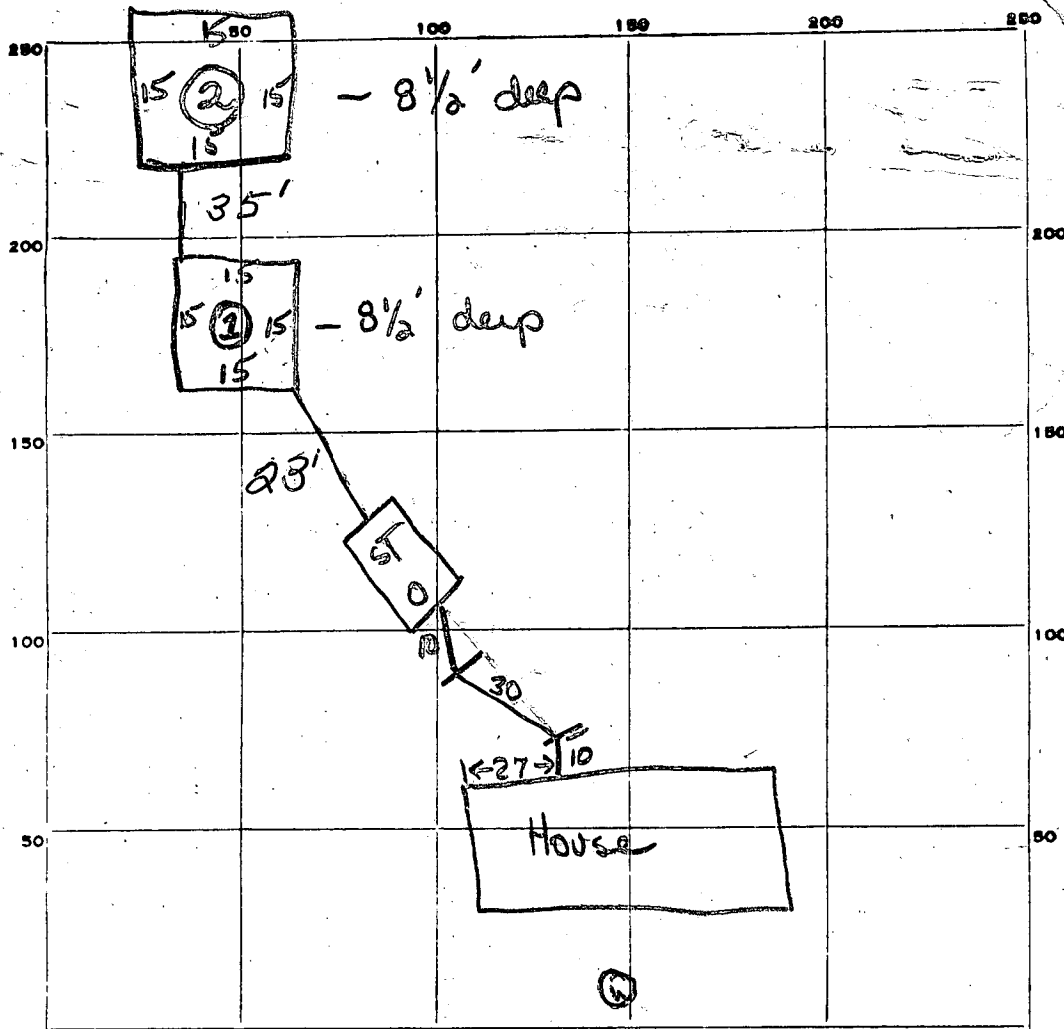
PLANS APPROVED BY D. W. Monaghan DATE 3/21/78

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.
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 1/4/78
Serial No. 38077
Pool Permit

A 27515

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HEATH CLIFF

PERMIT CARD H. Parker
 SEPTIC TANK, LEVEL
 DISTRIBUTION BOX, LEVEL Na
 CLEANOUTS

ST	DW1	DW2
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 CAST IRON

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES ① ② TOTAL BOTTOM AREA ① ②
 SEEPAGE PITS, INSIDE DIAMETER 60 60 FT. DEPTH BELOW INLET 6 6 FT. 360 360
 ABSORBENT AREA ±720 SQ. FT.

REMARKS 18 Sept 78 - Call for final when work on both drywells is complete. Be sure inlet is at 2 1/2' OK to backfill from house to septic tank (GLK)

DATE SYSTEM APPROVED 9-19-78 INSPECTOR [Signature]

APPLICATION

A 27515

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

DATE 2/1/78

Retest
2/9/78
9:30 A.

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
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 Mr. & Mrs. Pagnotta

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 13, Blk. F, Sec. 11

ROAD AND DESCRIPTION Heathcliff Court

SIZE OF LOT 47,000 sq. ft. m/1 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.

BLDG. PERMIT SIGNED
AND RETURNED 3/21/78
Serial No. 34872

SIGNATURE OF APPLICANT _____

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

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

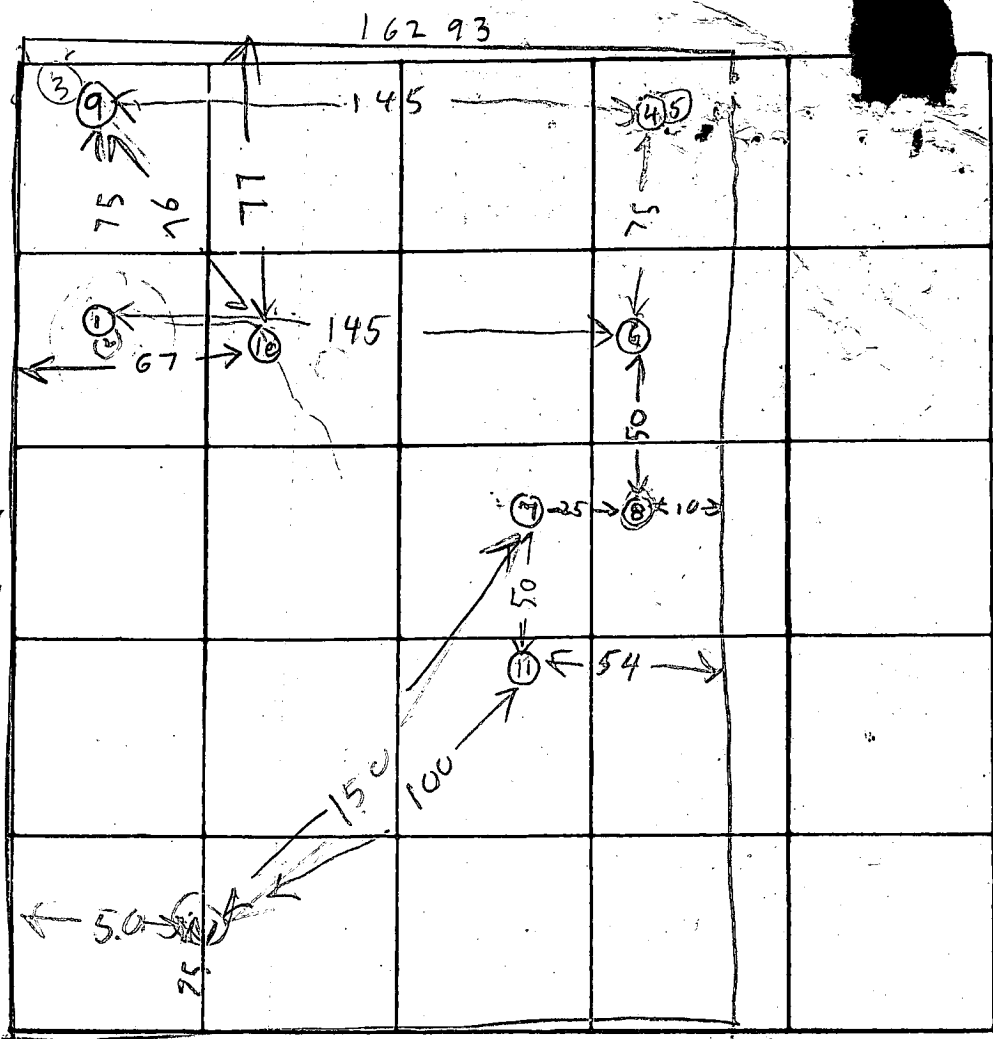
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/9/78 - Hold for Review

THIS IS NOT A PERMIT

SEE ATTACHED PLAN

272



Soil

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/9/78	7S	6	958	1001	1007	1005	4
	7D	11	1010	1011	1011	1113	2
	8R	3	ROCK BOTTOM				
	9S	4	1115	1116	1116	1117	1
	9D	10	1118	1125	1125	1129	4
	10S	5	1126	1127	1127	1128	112
	10D	10	1130	1132	1132	1135	3
	11	9	ALL SAND				

REMARKS _____

TYPE OF SOIL _____

TESTED BY Raymond Hodges ALSO PRESENT: Jesse Schessler Backhoe

APPLICATION

A 18391

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 BR 1000 gal tank DISTRICT 3rd

ENVIRONMENTAL HEALTH SERVICES 4 BR 1250 gal tank DATE 4-30-73

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

DRY WELL - 3 BR - 360 SQ FT SIDEWALL AREA BELOW
TOP 2 FT IN INLET
4 BR - 400 SQ FT SIDEWALL AREA BELOW INLET

DRY WELL INLET TO BE 2 1/2 FT BELOW ORIGINAL GRADE AND BOTTOM OF DRY WELL TO BE 6 FT BELOW ORIGINAL GRADE

PLACE THE DRY WELL 85 FT FROM THE BACK LOT LINE AND 20 FT FROM THE LEFT

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND SIDE OF THE LOT AS SEEN

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

PROPERTY OWNER Mark Wakefield HEATHLIFE COURT

ADDRESS Carroll Mill Rd., E.C. PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 13, Sec. 11, Blk. F

ROAD AND DESCRIPTION Unnamed Rd.

SIZE OF LOT 47,000, sq. ft. 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 Mark Wakefield /s/

APPROVED BY Raymond Hodges FOR Dry Well DATE 9/19/75
(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

1951

100
100-100

100-100

100-100

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

100-100

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

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 18391

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 3rd

DATE 4-30-73

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 Mark Wakefield

ADDRESS Carroll Mill Rd., E.C. PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 13, Sec. 11, Blk. F

ROAD AND DESCRIPTION Unnamed Rd.

SIZE OF LOT 47,000, sq. ft. 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 Mark Wakefield /s/

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

B 1 7915	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER <i>HO-23-2561</i> FILL IN THIS FORM COMPLETELY
-----------------	-----------------------------	--	--

DATE RECEIVED (WRA USE ONLY) <i>2/16/78</i> <i>1:30 P.M.</i>	OWNER <u>BOWERS</u> <u>John N. Inc.</u> COL 18 LAST NAME FIRST NAME COL. 34
STREET OR RFD <u>10632 LITTLE PATYENT PKWY</u> COL 36 COL. 58	
POST OFFICE <u>COLUMBIA, Md. 21044</u> COL 57 COL. 76	

B 1 CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6	DATE <u>1/23/78</u> LICENSE NUMBER <u>154</u> 77 80
FIRST NAME <u>Md. Drilling Co.</u> DRILLER LAST NAME <u>John Wells</u>	
SIGNATURE <u>John Wells</u>	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	COUNTY <u>HOWARD</u> (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION <u>WOODMARK</u> 23 42	
SECTION <u>II</u> LOT <u>13-F</u> 44 50	
NEAREST TOWN <u>WEST FRIENDSHIP</u> 52 71	
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2.2</u> MI 73 76 77 78	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL	
<input type="checkbox"/> PRIVATE WATER COMPANY }	
<input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
<input type="checkbox"/> N NORTH <input type="checkbox"/> E EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input checked="" type="checkbox"/> S SOUTH <input type="checkbox"/> W WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD <u>TRIDEIDHIA ROAD</u>	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> S 32 <input type="checkbox"/> N 32 <input type="checkbox"/> E 32 <input type="checkbox"/> W 32	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>1</u> MI 34 37 38 39	

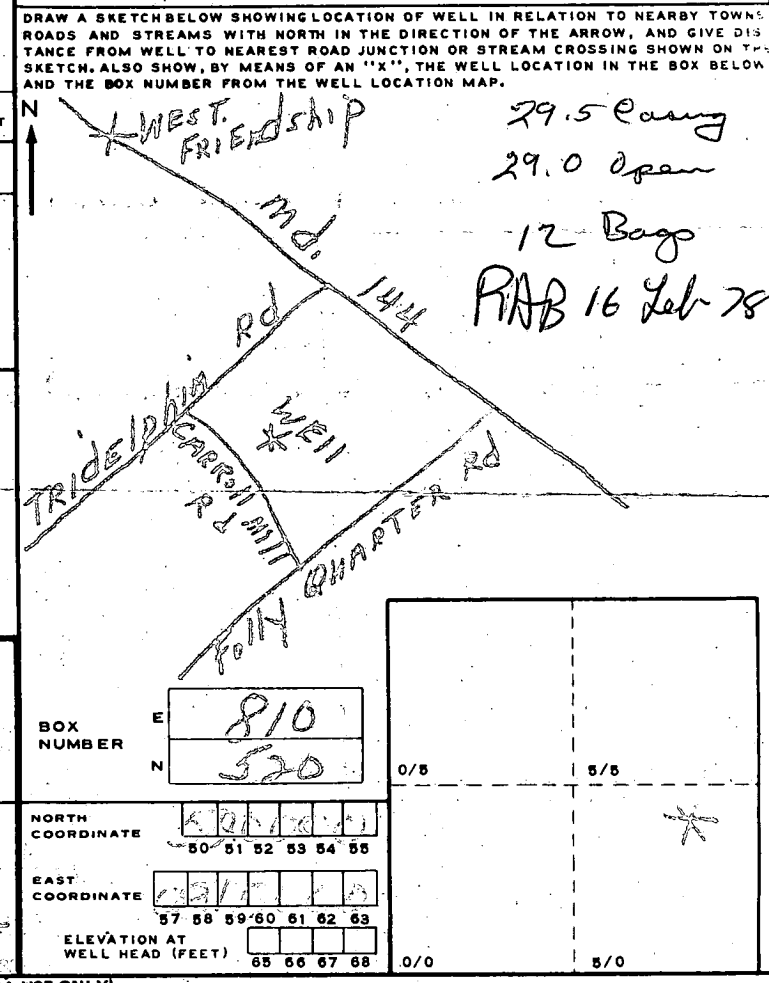
APPROXIMATE DEPTH OF WELL	250 FEET
APPROXIMATE DIAMETER OF WELL	6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
BORED (OR AUGERED) JETTED DRIVEN	
30-37 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)	
CABLE REVERSE-ROTARY DRIVE-POINT	
OTHER (DESCRIBE):	

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> 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 (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS

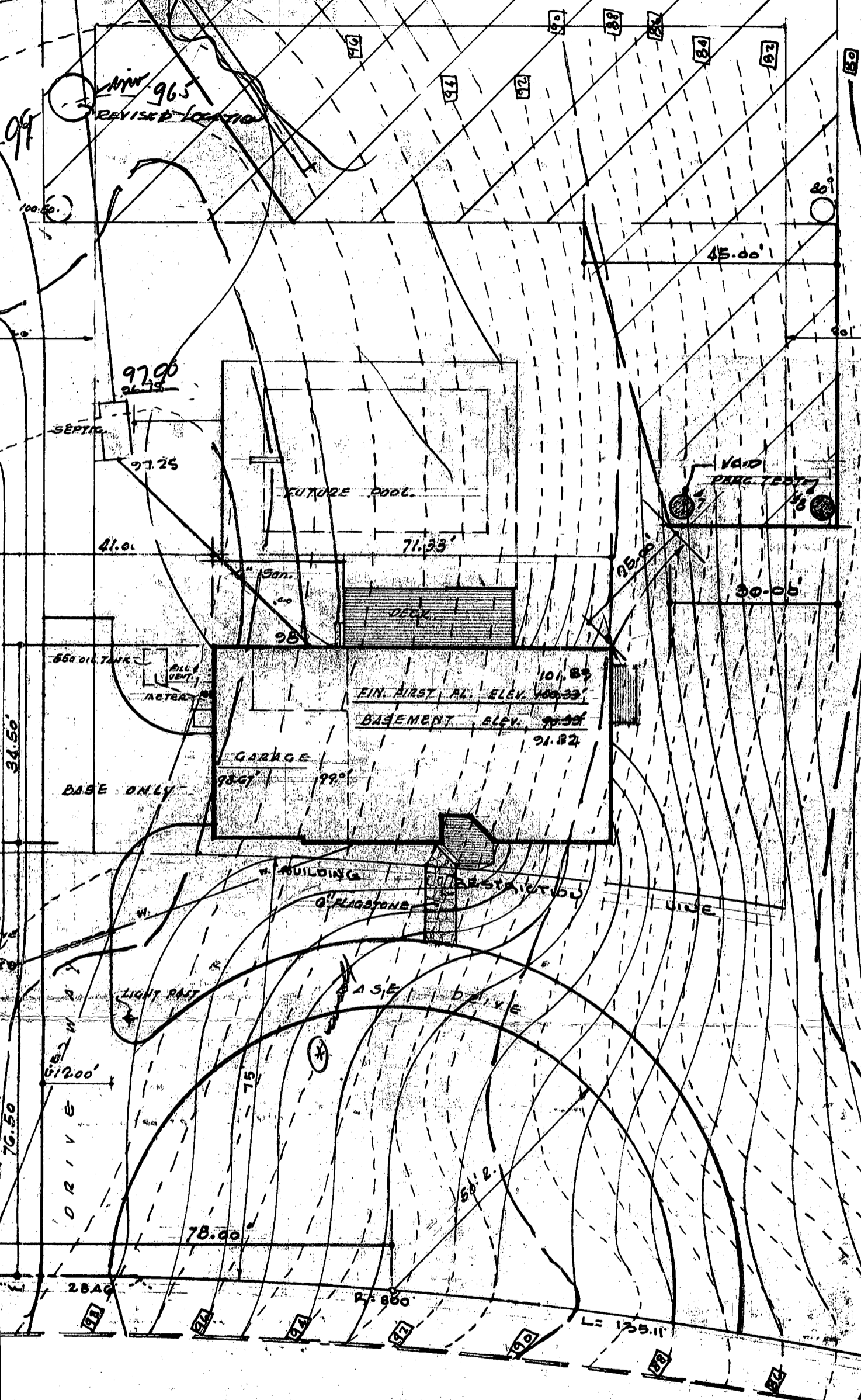
B 4 CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	COUNTY NAME <u>Howard</u> COUNTY NO. <u>027503</u>
41	DATE <u>1/25/78</u> APPROVED BY <u>Donald W. Monahan, Sanitarian</u>



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

LOT 13 BLOCK 'F' SECTION 11
 WOODMARY, PLAT BOOK 29 F.63
 3RD ELECTION DIST. HOWARD CO., MD
 44,825 S.F.†

TRENCH AS REQ'D



REVISED LOCATION
 965

97.00
 26.75
 SEPTIC
 27.25

550 OIL TANK
 ALL VENT.
 METER
 34.50'

DRIVE
 76.50'

28.00'

HEATHCLIFF COURT
 50' R/W

APP 3-21-78
 JAM

SCALE 1" = 20'

Pagnatta Residence Lot 13



C 1 5830 (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) 2/16/78 DEPTH OF WELL 209 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-2561
 DRILLERS IDENTIFICATION NO. 154

OWNER BOWERS JOHN N. INC.
 STREET OR RFD 10632 LITTLE PATIENT PKWY POST OFFICE Columbia, Md. 21044

WELL DESCRIPTION

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	
Red clay	2	4	
Brown earth	4	21	
" shale	21	30	
W. schist	30	209 *	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS 12 NO. OF POUNDS 72
 GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 29 FT.

CASING RECORD

CASING TYPES: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE: ST
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 30

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: ST STEEL, BR BRASS OR BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	8	11	15	21
1	14	29	209	
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)
 TELESCOPE CASING T LOG INDICATOR L OTHER DATA AVAILABLE W O

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE Watch & Runoff

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMPED 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) 29

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, - BELOW } LAND SURFACE 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 Md. DRILLING Co.
 SIGNATURE John D. Wells

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).

PITLESS ADAPTER

Log 13 - Block F Section II "Woodmark"

LOT 14 BLOCK 7 SECTION 11
WOODMART PLAT BOOK 49 P 63
350 SECTION DIST. HOWARD CO., MD
44,825 S.F.

ABANDON

Proposed
FENCE

STAKE OUT FOR
NEW PARCELS

LINE ONLY

BUILDING

RESTRICTION LINE

272.00

N 47° 19' 05" E

100'

55'

18'

100'

40'

45.00'

90'

30.00'

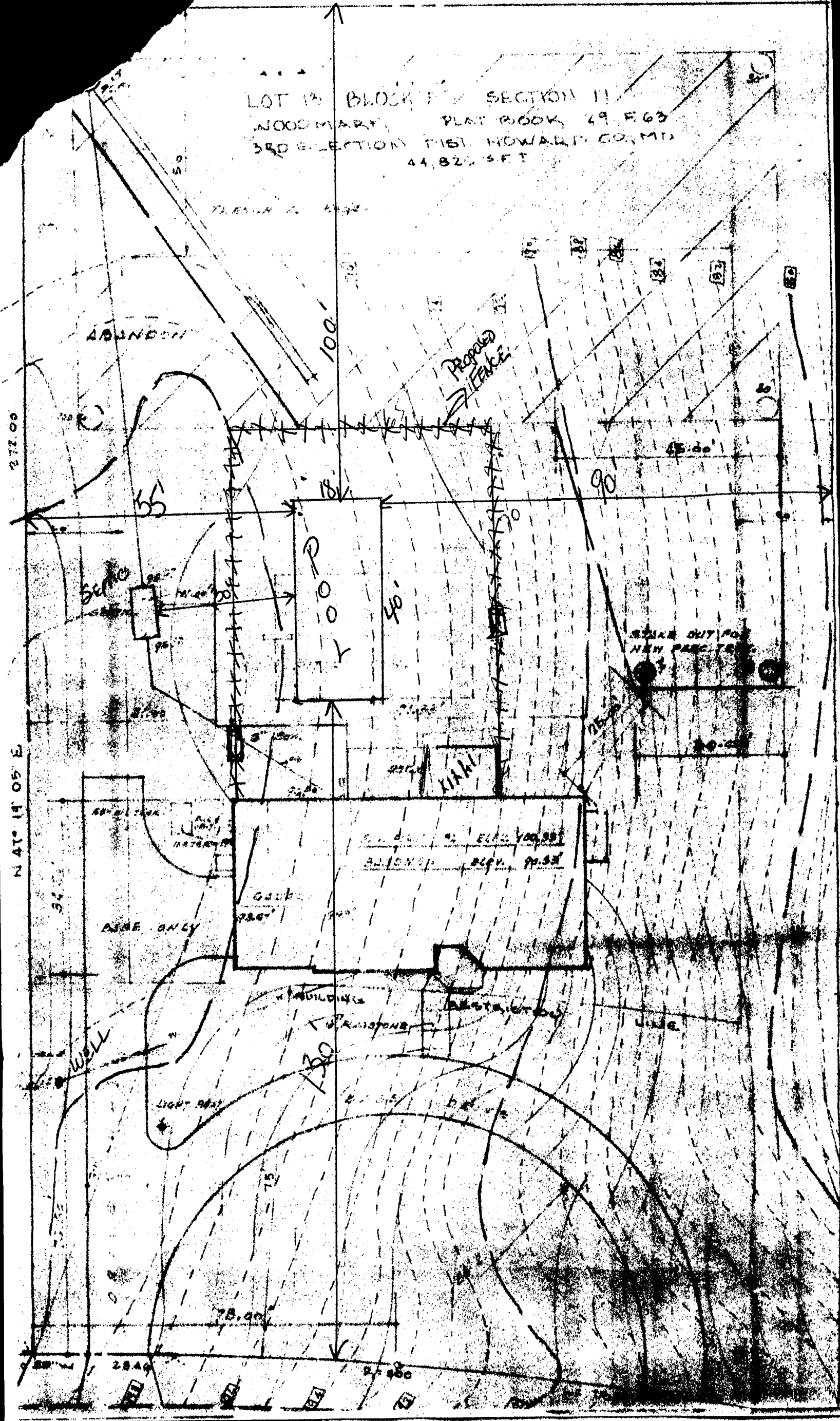
ELEV. 400.00'
ELEV. 39.50'

120'

75.00'

28.49'

2.800



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B 00122698</u>
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Building Address 12221 Heathcliff Ct.
ELLICOTT CITY, MD 21043

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

Census Tract 6230 Subdivision WOODMARK

Section _____ Area _____ Lot 13

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 10F8 Lot size _____

Property Owner's Name Edwin Linka Beamblossom

Address 12221 Heathcliff Ct.

City ELLICOTT CITY State MD Zip Code 21043

Home Phone 410-531-3329 Work Phone _____

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

Phone _____ Fax _____

Existing Use screen porch

Proposed Use screen porch

Estimated Construction Cost \$ 15,000.00

Description of Work replacing screen porch
with new screen porch

Contractor Company The Baywood Design/Build Co

Contact Person Brett Schednick

Address 10015 Old Columbia Rd. Ste J137

City Columbia State MD Zip Code 21046

License No. 01-21664

Phone 410-995-6733 Fax 410-290-9665

Occupant or Tenant 12265

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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"/>
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"/>
<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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>16</u> Depth <u>26.5</u> Width	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>POST-CONCRETE</u>	
Dimensions: _____	
Footings: <u>16"x16" PILES</u>	
Roof: <u>2x6 CED SHINGLES</u>	
<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 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.

[Signature]
 Applicant's Signature

 Title/Company

Brett Schednick
 Print Name

3/1/00
 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 type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>3/1/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

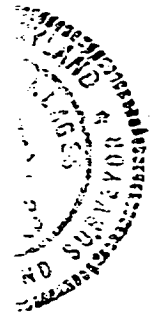
SDP/Red-line approval date _____

Accepted by [Signature]

PROPERTY ID#: 45208

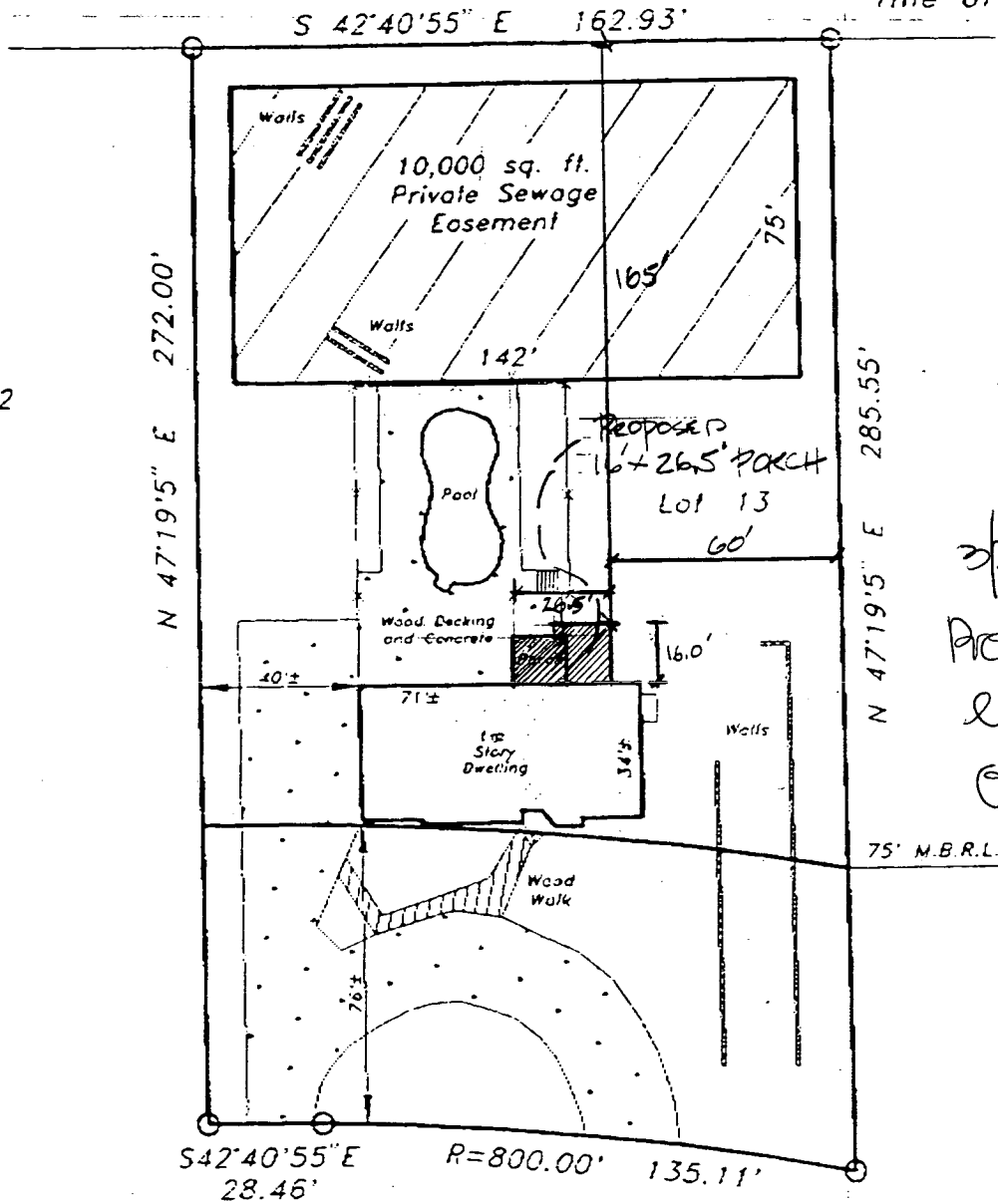
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>40</u>
Excise tax	\$ <u>N/A</u>
Sub-total paid	\$ _____
ADP's permit fee	\$ _____
TOTAL FEES	\$ <u>65</u>
Balance due	\$ _____
Check	# <u>97535</u>
Validation	# <u>21538</u>

Lot Number : 13
 Block/Section : F
 Plat Reference : Book : 29 Page : 63
 Title of Plat : Woodmark



Lot 12

Lot 14



3/2/00
 Proposal to replace
 ex. screened porch;
 on as shown
 (D)

HAVE LOCATED THE
 PROPERTY KNOWN AS
 THE COURT
 MARYLAND
 AS LOCATED AS SHOWN.
 TO BE USED FOR THE
 DETERMINING PROPERTY LINES.

4/25/90

ENGINEERING
 HEATHCLIFF COURT
 LOT 12
 21204
 3567
 SCALE: 1" = 50'

24551

HEATHCLIFF COURT

Property Lies in
 Flood Zone C