

PERMIT

APPROVED
6/25/82
RD
P 31986
A 28139

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-302198

6/24/82
p.m. Please

INDEX

ELLICOTT CITY

DISTRICT 3rd.

DATE 6/22/82

William H. Smith

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 38, Darrington, Maryland 21034 PHONE 879-7641

SUBDIVISION Triadelphia Farms, II ROAD 13226 Hunt Ridge ROAD 13268 Triadelphia Road LOT 7-C

PROPERTY OWNER Ronald Ward

ADDRESS 3349 Apt. C North Chatam Road, Ellicott City, Md.

SPECIFICATIONS 3 Bedrooms 474 SQ FT NEEDED

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

DEEP TRENCHES - 158 sq. ft. one sidewall area per bedroom. Ditch is to be 2 ft. wide, 8 ft. deep with inlet at 4 ft. below original grade and filled with 4 ft. of stone. Length of the ditch depends on the number of sq. ft. needed. Start the ditch at perc hole #1 and run it along level ground toward perc hole #2. Perc hole A is located 162 ft. from the back lot line and 38 ft. from the left lot line as seen when facing the lot from the right of way. Perc hole #2 is located 30 ft. from the backlot line and 15 ft. from the right lot line as seen when facing the lot from the right of way. Must use distribution box to connect trenches to septic tank.

PLANS APPROVED BY Raymond Hodges DATE 3/13/82

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.

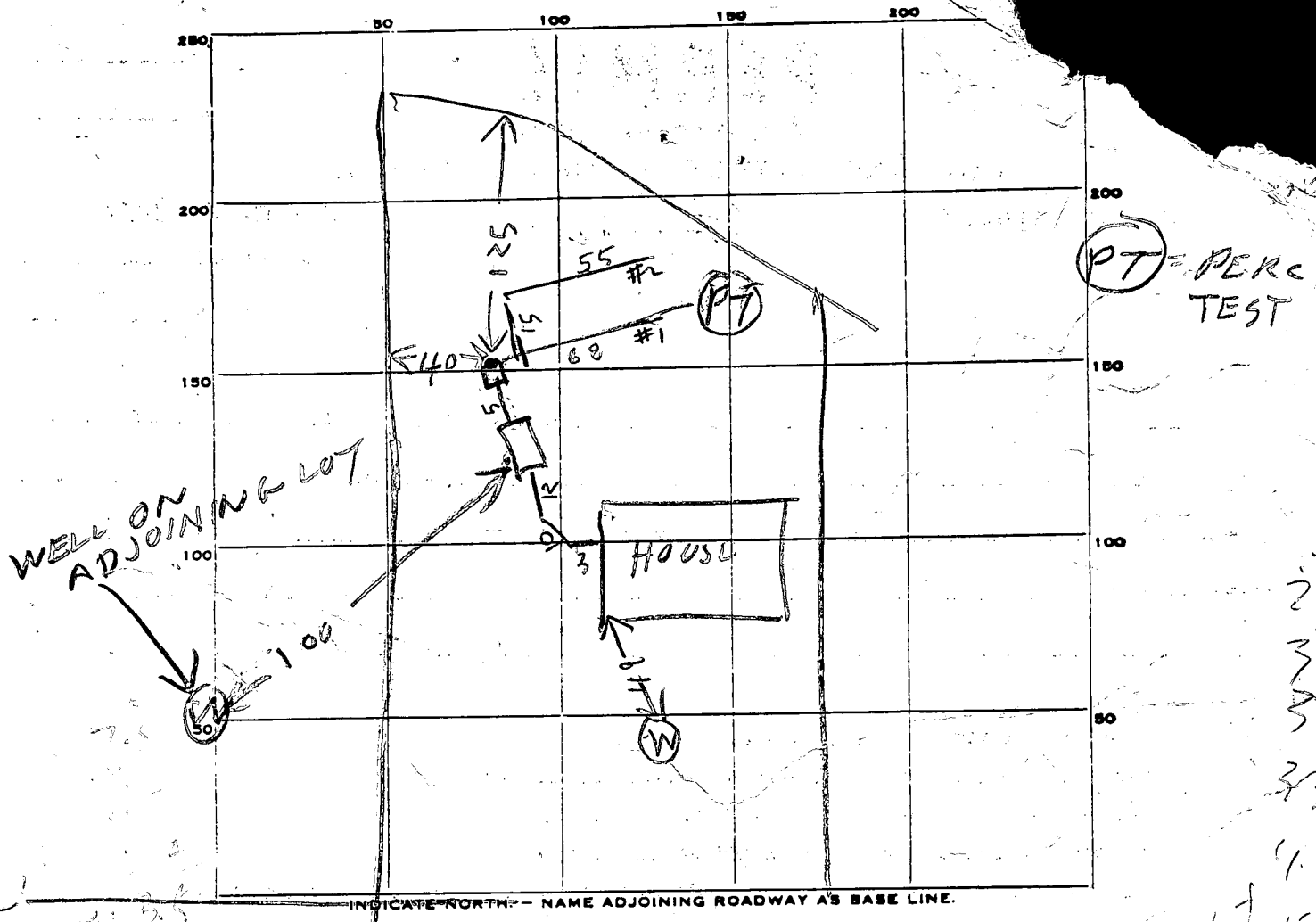
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

158
3
474

BLDG. PERMIT SIGNED
AND RETURNED 9/7/2080
D00126334
Sunroom over crawl space
deck + storage shed

BLDG. PERMIT SIGNED
AND RETURNED 4/19/83
Serial # 53376
Deck



PERMIT CARD ST

SEPTIC TANK, LEVEL OK 1000 CLEANOUTS _____

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH	#1	#2	FT.	TRENCH WIDTH	#1	#2	FT.
	8 1/2	9		2	2		

GRAVEL DEPTH	#1	#2	IN.	TOTAL LENGTH	#1	#2	FT.
	5 1/2	5		68	55		

NUMBER OF TRENCHES	TOTAL BOTTOM AREA	#1	#2
2	374	275	

SIDE

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/24/82 OK TO COVER TANK & HOUSE SEWER

ADD STONE & PIPE TO DITCH #1 DIG DITCH #2 & CALL RD

6/25/82²³⁰ OK TO COVER DITCH #1 ADD STONE TO DITCH #2

6/25/82³⁰⁰ STONE & PIPE ADDED TO DITCH #2

DATE SYSTEM APPROVED 6/25/82 INSPECTOR Raymond Hodge

APPLICATION

76

A 28139

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 6/2/78

Specs Separate Sheet

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.

BLDG. PERMIT SIGNED
AND RETURNED 5/5/82
Serial # 49502

PROPERTY OWNER Dr. Richard Homphill Ronald Ward

ADDRESS 3349 Apt C N. Chatham Rd PHONE _____
Ellicott City Md 21043

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms II LOT NO. 7C

ROAD AND DESCRIPTION 13268 Triadelphia Road

SIZE OF LOT ? 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/ Dennis M. Rush

APPROVED BY Raymond Hodge FOR Trencher DATE 3/13/82
(KIND OF SYSTEM)

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

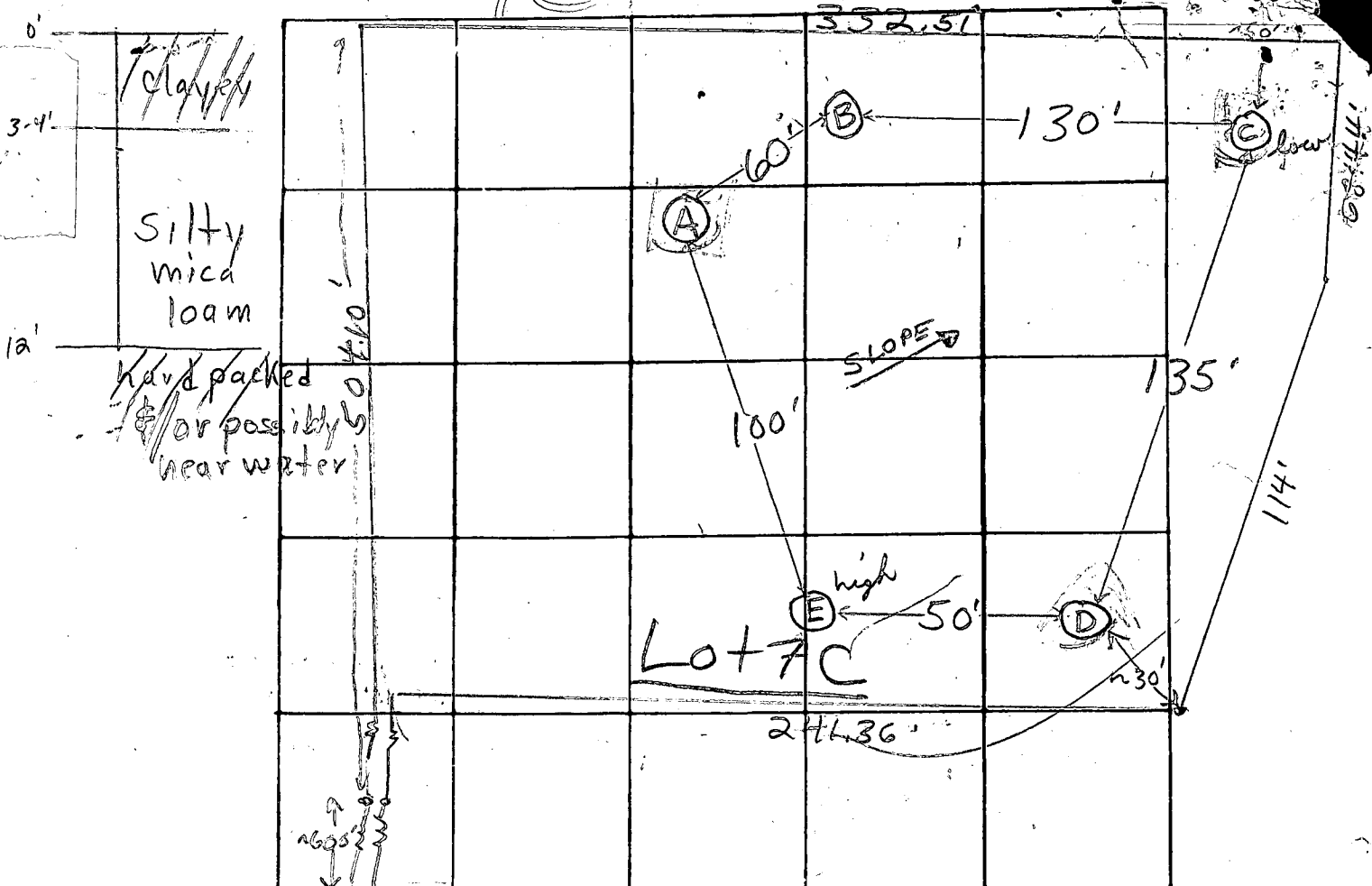
HOLD PENDING FURTHER TESTS in wet season DATE 6/30/78

REASONS FOR REJECTION OR HOLDING Hold for wet season testing F.S.

2/2/79 - HOLD FOR REVIEW WATER R/H 4/27/79 PERC OK
BOT APPEARS NO WELL SITE. CERTIFY HOLES LOCATION STAKE HOLES
IF WE WILL MAKE FIELD INSPECTION

THIS IS NOT A PERMIT

7C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Triadelphia Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/27/78	E-1 high	4'	10:27	10:28	10:28	10:30	2 min	
	E-2	12'	11:03	11:07	11:07	11:22	14 min	
	(A)	8 1/2'	Clayey to 3 1/2' silty mica loam below					at 8 1/2'
	B-1	4'	10:50	10:51	10:51	10:55	4 min	
	B-2	12'	10:57	11:10	11:10	11:30	20 min hard packed	
	(D-1)	4 1/2'	11:31	pulled peg @ 12:01		1/2" drop	FAILS	
	C-1 low	4'	11:40	—————>		11:46	6 min	
	(C-2)	12'	11:37	11:47	11:47	pulled peg @ 12:20 1/2" drop	FAILS (near water)	
	D-2	11'	11:28	11:35	11:35	11:45	9 min	
	Y-3	3						

REMARKS

TYPE OF SOIL

clayey to 3-4' silty mica loam below

TESTED BY

FS.

ALSO PRESENT:

Brittingham's crew

Tests
6-78

⑬ OK 4' @ 12'

① old.
failed 12'
near water
OK 4'

④ clay to 3 1/2'
OK 4'
hand @ 8 1/2'

OK
3' @ 13'
new

High
⑤ OK
4' @ 12'

old.
⑥ failed 4 1/2'
OK 11'

new Tests
2-1, 5 @ 6, 79.

OK
4 1/2' @ 13'
new

lot 7C

829-1640

EMERGENCY/TEMP. NO. IF ANY

B 1 4954 SEQUENCE NO. (OEP USE ONLY)

10.8 pump test

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4140

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received 031782 (OEP Use Only)

LOCATION OF WELL

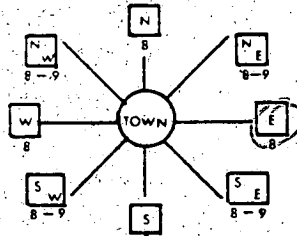
OWNER INFORMATION: WARD, RONALD; 3349 APT C M CHATAM RD. ELLICOTT CITY MD 21043

COUNTY HOWARD; SUBDIVISION TRIADELPHIA TOWNSHIP; SECTION C LOT 7; NEAREST TOWN GREENEG; MILES FROM TOWN 2

B 7 Continued DRILLER INFORMATION

Driller's Name: GEORGE F EASTERDAY; License No. 40; Firm Name: G.F. EASTERDAY INC.; Address: 9215 BROWN CHURCH RD. MT. AIRY, MD.; Signature: George F. Easterday; Date: 3/15/82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD TRIADELPHIA RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, EAST, SOUTH, NORTH. Distance from road 200 FT.

B 2 WELL INFORMATION

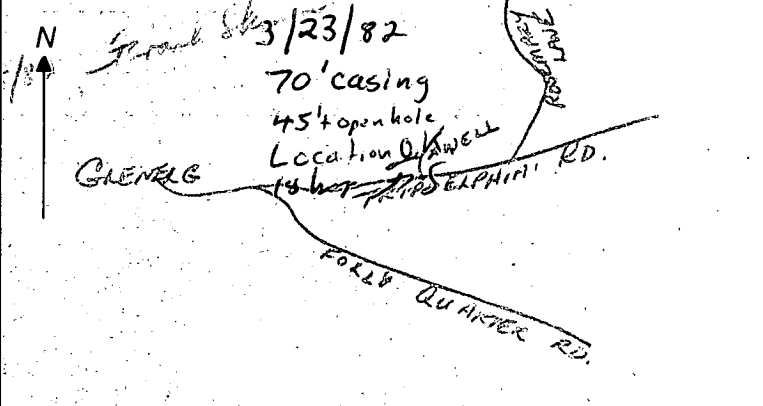
APPROX. PUMPING RATE (GAL. PER MIN.) 5; AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. 800 7; 2. 520 3

USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME (D), FARMING (F), INDUSTRIAL (I), PUBLIC OR PRIVATE WATER COMPANY (P), TEST, OBSERVATION, MONITORING (T)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one): AIR ROTARY, AIR PERCUSSION, ROTARY (HYDRAULIC ROTARY), CABLE, REVERSE ROTARY, DRIVE POINT, other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL (N), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y), THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY (S), THIS WELL WILL DEEPEM AN EXISTING WELL (D)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD; COUNTY NO. A 28139

OEP SIGNATURE: Frank Skinner; STATE HEALTH CIRCLE BOX: S 41

DATE ISSUED: 031982; CO SIGNATURE: Frank Skinner

Not to be filled in by driller (OEP USE ONLY); APPROP. PERMIT NUMBER: GAP

FORCE FS; INITIALS IN BOX; PERMIT No. HO-73-4140

NORTH GRID 523; EAST GRID 0807; EXPIRES 091982

B 5 SPECIAL CONDITIONS 8-63

C1 3132 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A28139

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (OEP use only)

DATE WELL COMPLETED

3 23 82

Depth of Well

260

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

70-73-4140

OWNER Ward Ronald last name first name

STREET OR RFD Triadelphia Road TOWN Glenelg

SUBDIVISION Triadelphia Farms II SECTION LOT 7-C

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	2	
CLAY	2	8	
SANDSTONE	8	15	
BROWN SLATE	15	30	
MICA	30	40	
SANDSTONE	40	68	✓
MICA	68	75	
SANDSTONE	75	78	✓
MICA	78	165	
FLINT	165	175	✓
MICA	175	260	

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes (Y) no (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 70

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

STEEL (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.)

40 68 160

CIRCLE APPROPRIATE BOX 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO 40 DRILLERS SIGNATURE

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL (distance from land surface) BEFORE PUMPING 29

WHEN PUMPING 77

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

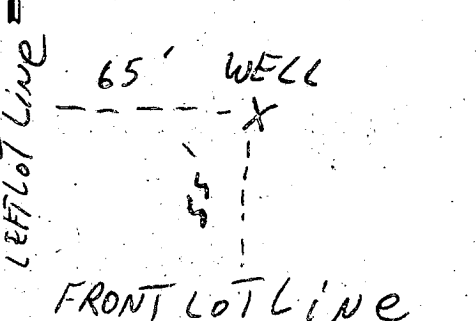
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

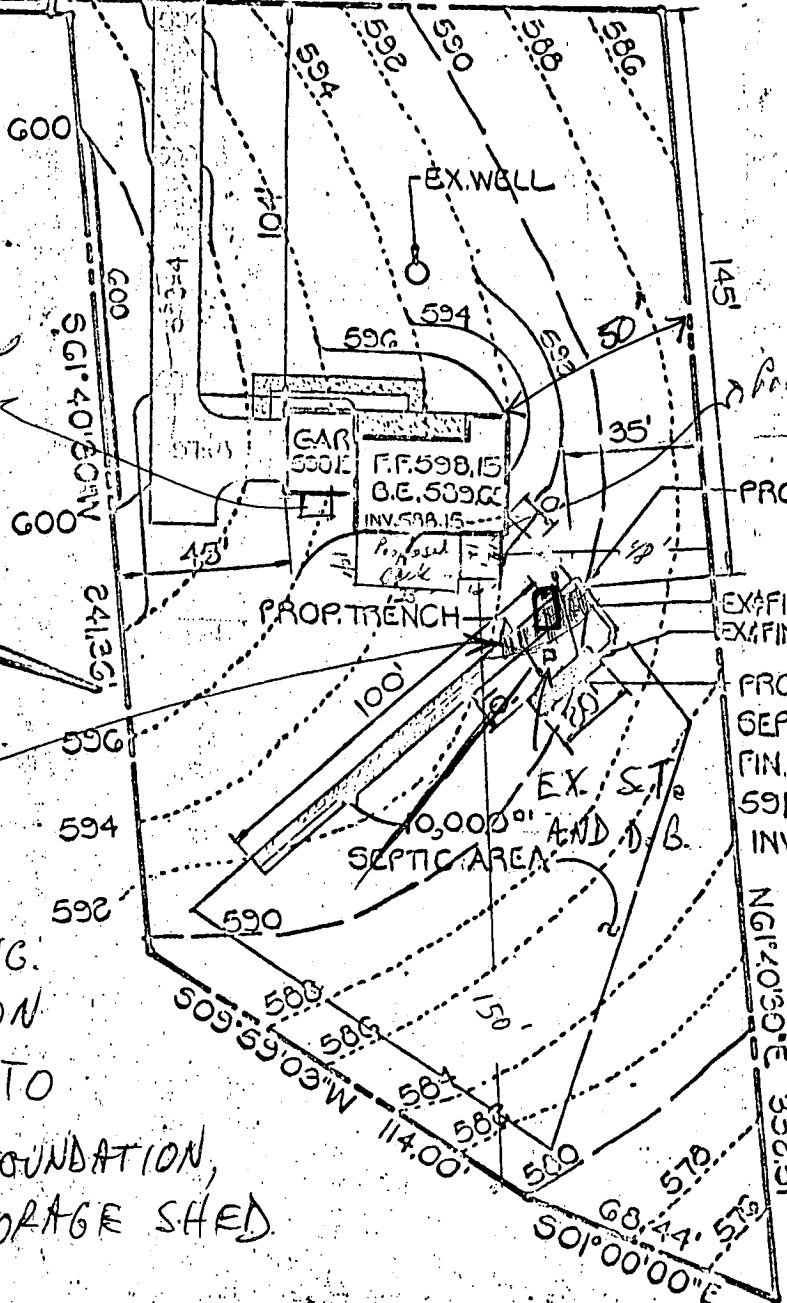
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



RECEIVED MAY 8 1982

TO TRIADELPHIA ROAD

N22°15'34"W 504.10'



Proposed 8' x 11' Storage Shed

Proposed 16' x 16' Addition Sun Room

PROP DISTRIBUTION BOX

EX FIN. GR. 590.2 INV. 506.6
EX FIN. GR. 590.0 INV. 506.0

PROP. 1000 GALLON SEPTIC TANK
FIN. GR. 591.0 EX. GR. 591.0
INV. IN 508.00 INV. OUT 507.67

THIS SHADED ZONE LOST TO SEPTIC AREA @ ORIG. INSTALLATION
NO OBS. TO SUNROOM W/ FOUNDATION, DECK & STORAGE SHED

MR. 9/7/00

McKEE & ASSOC. INC.
CIVIL ENGINEERS &
LAND SURVEYORS
1717 YORK ROAD LAN LEA BUILDING
LUTHERVILLE MARYLAND 21093

PLAN TO ACCOMPANY
APPLICATION FOR BUILDING PERMIT
TRIADELPHIA FARMS II
LOT 7 BLOCK 'C'

3RD ELECTION DISTRICT HOWARD COUNTY, MD.
APRIL 29, 1982 SCALE 1" = 50'

Building Address <u>13226 Hunt Ridge Road</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: <u>NA</u> SDP/WP/Petition.#: <u>N/A</u> Census Tract <u>6930</u> Subdivision <u>Triadelphia Farms II</u> Section <u>II-A</u> Area <u>N/A</u> Lot <u>7c</u> Tax Map <u>22</u> Parcel <u>423</u> Grid <u>9</u> Zoning <u>RF-RFO</u> Map Coordinates _____ Lot size _____	Property Owner's Name _____ Address <u>Same</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SFO</u> Proposed Use <u>SFO w/add. trim and deck</u> Estimated Construction Cost \$ <u>30,000.00</u> Description of Work <u>Construct 1-story sunroom 12'x12' over crawl space with 14'x25' Deck & 8'x10' storage shed behind existing garage</u>	Contractor Company <u>Barnard Construction</u> Contact Person <u>Garry M. Barnard</u> Address <u>1612 Brittle Branch Way</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21792</u> License No. <u>13-452560</u> MREC <u>17816</u> Phone <u>(410) 489-7621</u> Fax <u>(410) 489-7621</u>
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Occupant or Tenant <u>Jo Ann Ward</u> Contact Name <u>Same</u> Address <u>13226 Hunt Ridge Road</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>(410) 531-5709</u> Fax <u>NA</u>	Engineer or Architect Company _____ Contact Person <u>NA</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> 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 _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>12'</u> <u>12'</u> 2nd floor: <u>NA</u> Basement: <u>NA</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>None</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" 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"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THERE TO; (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.

<u>Garry M. Barnard</u> Applicant's Signature <u>Pres. Barnard Construction</u> Title/Company	<u>Garry M. Barnard</u> Print Name <u>9/6/00</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <u>Land Development DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>9/7/00</u> <u>9/7/00</u> <u>9/7/00</u> <u>9/7/00</u> <u>9/7/00</u> <u>9/7/00</u>	SIGNATURE APPROVAL <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: <u>104' FT</u> Rear: <u>150' FT</u> Side: <u>40' FT</u> Side St.: <u>NO</u> All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone <u>NA</u> SDP/Red-line approval date <u>NA</u> Accepted by _____	PROPERTY ID#: Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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