

2/3/86  
3/26/84  
NOTN - or later

3-26-84  
Approved  
S. Jhe

# PERMIT

P 316506  
A 29417

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-342143

ELLICOTT CITY  
DISTRICT 4th  
DATE 2/06/86

INDEXED

John Sipes DAVE HOPKINS IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE 788-2334

SUBDIVISION Red Lion Inn Estates ROAD 14622 Red Lion Dr. LOT 13

PROPERTY OWNER John Sipes

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES 0- 150 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION: Start the trench at perc hole (5) which is located 325 feet from the front lot line and 75 feet from the left sideline as seen when facing the lot from Red Lion Drive. Run the trench toward perc hole (6) which is located 220 feet from the front lot line and 125 feet from the left side line as seen when facing the lot from Red Lion Drive.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" -8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY R. Hodges DATE 3/13/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

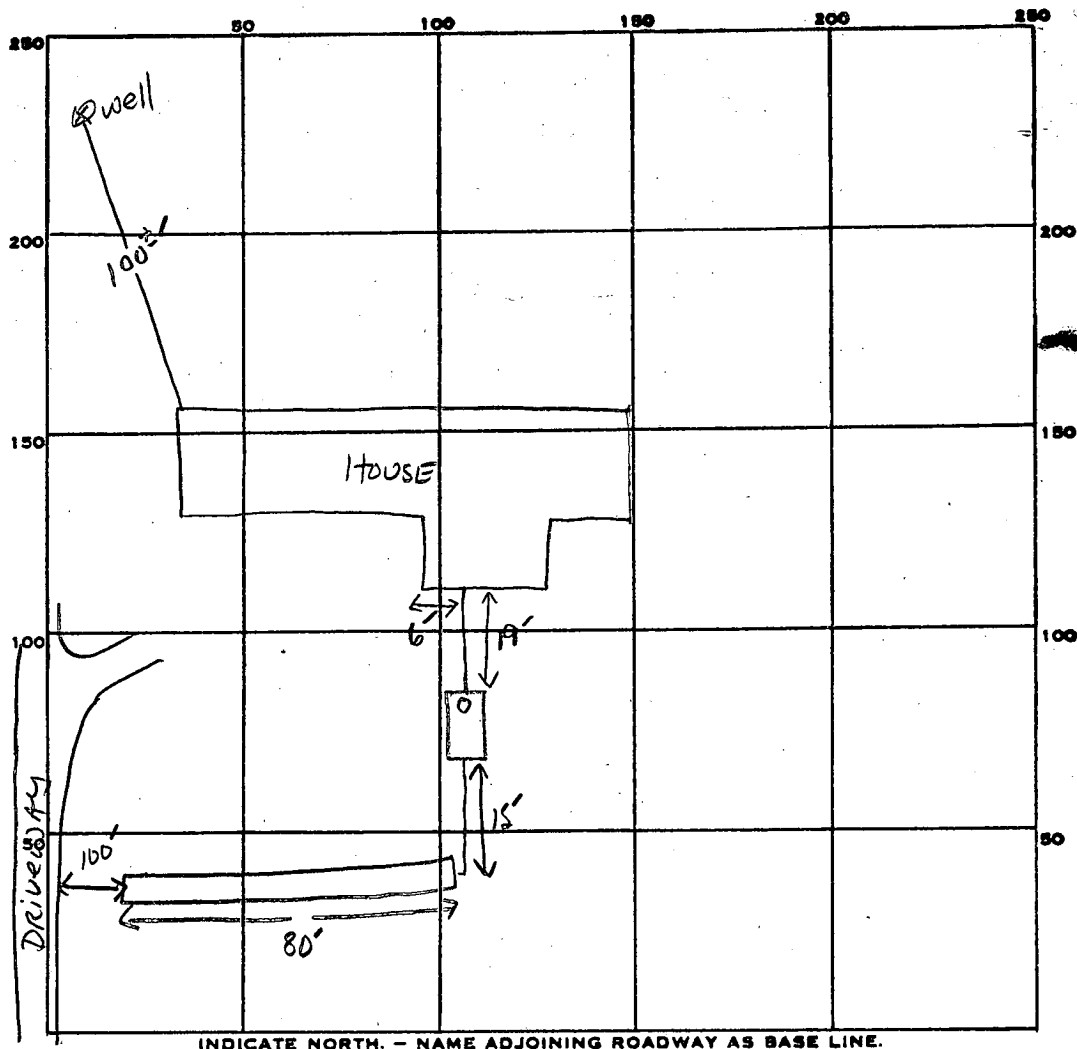
BLDG. PERMIT SIGNED  
AND RETURNED 2-1-86

Serial B. 0019058  
Storage shed  
addition to garage

A 29417

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

CALL FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RED LION DR.

2  
158  
3  
474  
80  
476

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1000 GAL

CLEANOUTS ✓ 51

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET 4"

GRAVEL DEPTH 6 FT. TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 480

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

ABSORBENT AREA 480 SQ. FT.

REMARKS 3-3-86 OK TO ADD SAND TO TRENCH; S. Abel 3-3-86 OK TO COVER ALL WORK;

CALL WHEN HOUSE CONNECTION COMPLETE FOR FINAL. S. Abel

3-26-84 HOUSE CONNECTION MADE w/ SCHEDULE 35 PIPE. S. Abel

DATE SYSTEM APPROVED 3-26-84

INSPECTOR S. Abel

C1 2390 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 29417

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 08 28 85 Depth of Well 22 175 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1130

OWNER SIPES JOHN last name first name STREET OR RFD RED LION RD TOWN SYKESVILLE SUBDIVISION RED LION INN ESTATES SECTION LOT 13

**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	
OVERBURDEN	0	5	
SHALE	5	80	
GRAY ROCK	80	175 X	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 8 NO. OF POUNDS 800  
 GALLONS OF WATER 80  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST BR HO STEEL BRASS OPEN HOLE  
 PL OT PLASTIC OTHER

**C2**  
 DEPTH (nearest ft.)  
 1 HO 80 175  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)  
 from to  
 GRAVEL PACK [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 15.2  
 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 57  
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

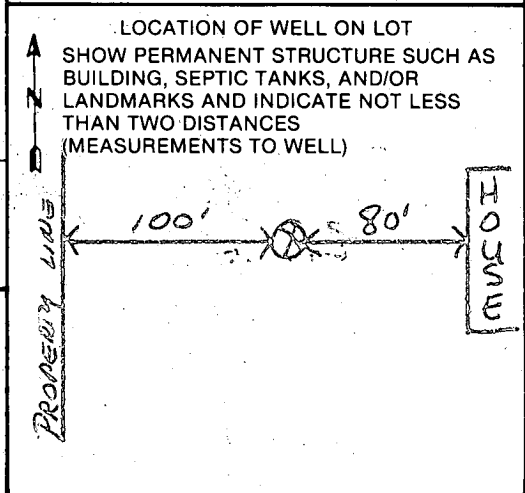
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

CIRCLE APPROPRIATE LETTER  
 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. 180  
 DRILLERS SIGNATURE [Signature]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) [Signature]

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA





B 1 9999

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1130

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

please print or type

fill in this form completely

Date Received

9/28/85

9:30 AM

B 3

LOCATION OF WELL

SIDES JOHN

701-8 FERN VALLEY CR.

BALTIMORE MD 21227

HOWARD

RED LION ESTATES

SECTION 44 46 LOT 13 50

SYKESVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

SARAH B. COCHRAN 120

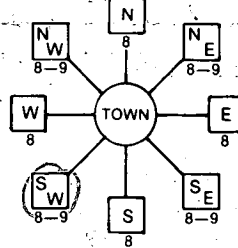
G. EDGAR HARRIS CORP.

12047 FALLS RD. COCKEYSVILLE 21030

Signature Date 9-23-85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RED LION RD.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 80 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 7

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-29417 COUNTY NO.

OEP SIGNATURE DATE ISSUED 080885 Sidney Abel 07/28/85

CO SIGNATURE EXP. DATE

NORTH GRID 546000 EAST GRID 0793000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

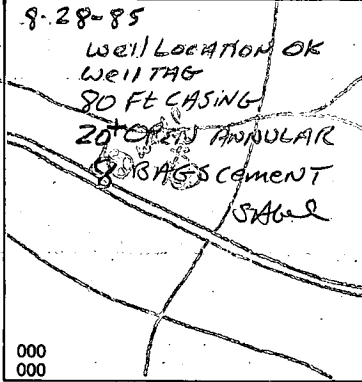
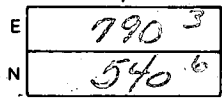
METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

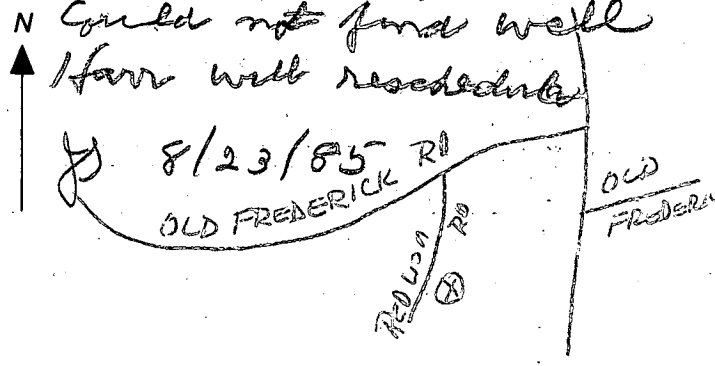
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

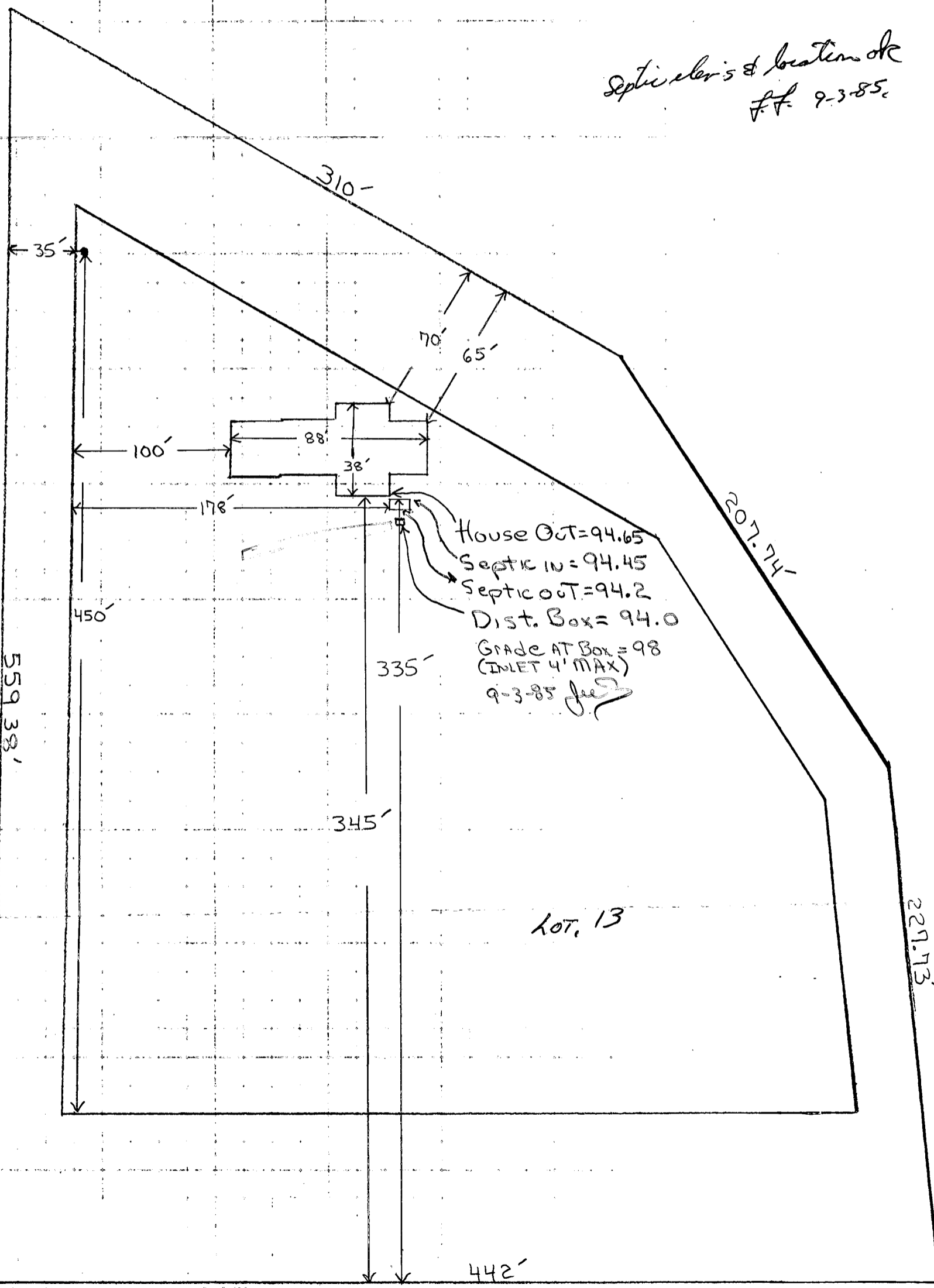
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT NO. 40-81-1130

SPECIAL CONDITIONS

Septic elev's & location etc  
ff. 9-3-85



House Out = 94.65  
Septic In = 94.45  
Septic Out = 94.2  
Dist. Box = 94.0  
Grade at Box = 98  
(INLET 4' MAX)  
9-3-85 Jue

Lot, 13

559.38'

221.73'

442'

310'

207.74'

35'

70'

65'

100'

88'

38'

178'

450'

335'

345'

THE HOWARD COUNTY HEALTH OFFICER  
LOT 12  
3.3 AC.

Wedge of 8' x 5' Stone

CURVE DATA  
R=325.00'  
L=152.96'  
T=TT 87

LOT 14  
4.2 AC ±

LOT 13  
4.1 AC ±

SEIZERS ROAD

PROP 24' PAVING  
PROP 5' MOUNTABLE CURB

PROP 50' R/W

LOT 4  
4.0 AC ±

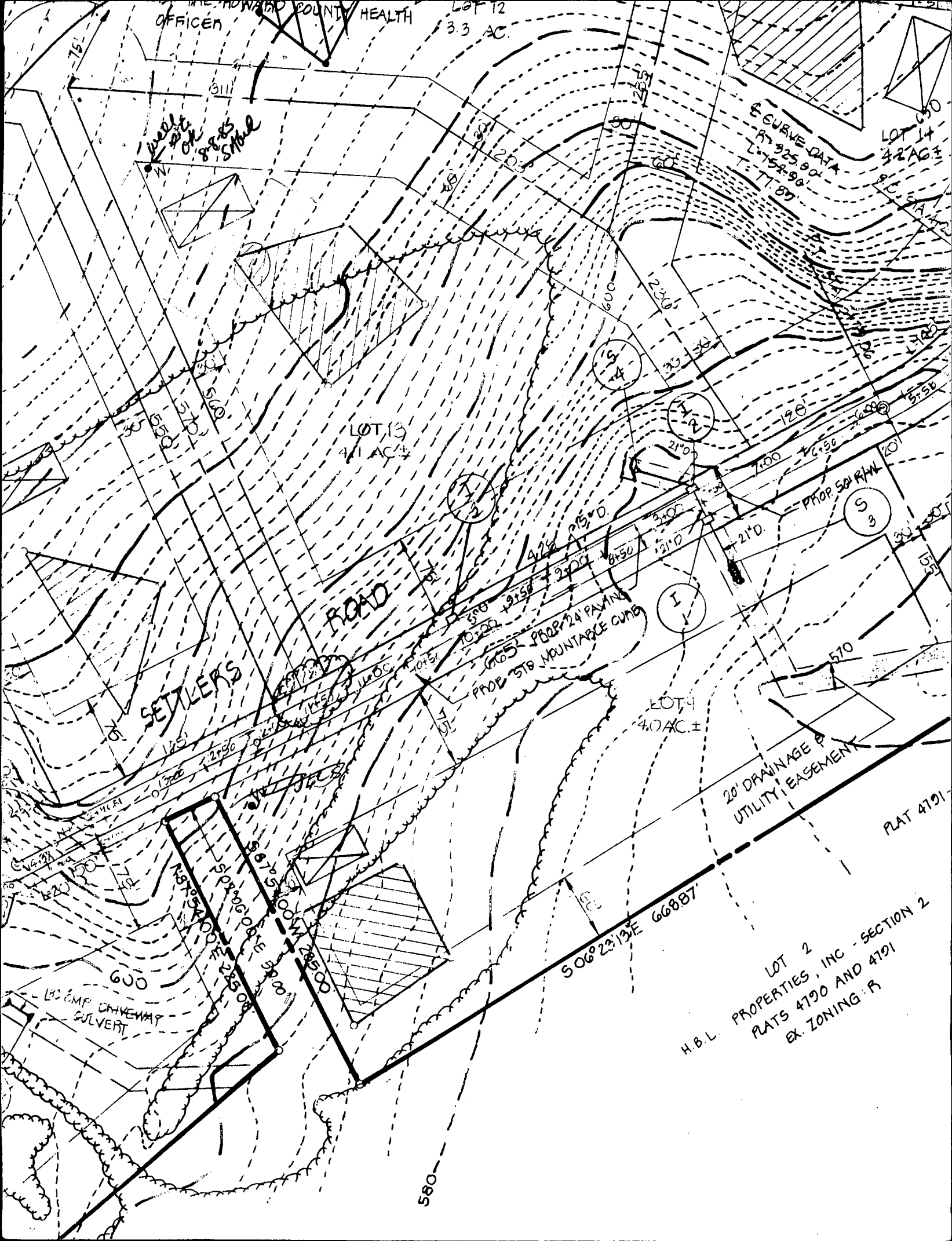
20' DRAINAGE & UTILITY EASEMENT

PLAT 4791

S 06° 23' 12" E 668.87'

LOT 2  
H.B.L. PROPERTIES, INC - SECTION 2  
PLATS 4790 AND 4791  
EX. ZONING - R

LED CMP DRIVEWAY  
SULVERT







*Peral*

# APPLICATION

A 29417

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 1/17/79

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 ~~H.B.L. Properties, Inc.~~ JOHN W. SIPES JR.

ADDRESS 14622 PHONE Boender - 465-7777

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. 18

ROAD AND DESCRIPTION ~~Old Frederick Road~~ # 14622 RED LION DR

SIZE OF LOT 3.4 acres TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT /s/ Jack Boender for E. Brooke Lee

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING Hold for the following reasons B.P. 66345

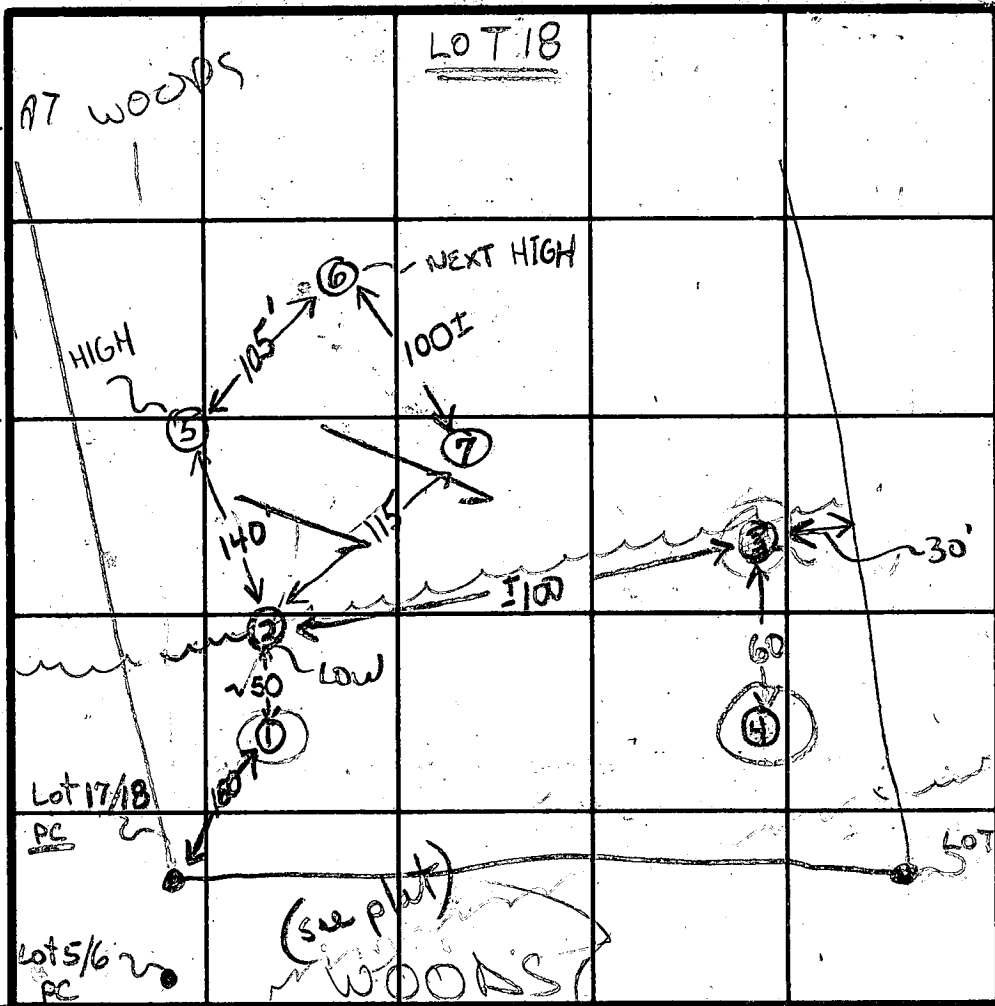
# THIS IS NOT A PERMIT

OLD FREDERICK ROAD

# 18 Lot 17  
# 13 10/80 PL AT WOODS

LOT 18

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROAD A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/12/79	(1)+(3)	Rocky throughout - solid at 8'					
	2S - Low	4	250	258	258	302	6
	2D	13	251	258	258	312	14
	(4)	solid ROCK at 6'					
3/13/79	5S - HIGH	4	232	235	235	238	3
	5D	13	232	236	236	244	8
	6S	VISUAL - 12 1/2 - SIMILAR TO (5)					
	6D						
	7S	4'	251	253	253	305	12
	7D	13'	251	253	253	300	7

USE FOR DW

REMARKS wooded lot - Field Check area

TYPE OF SOIL NO pronounced clay layer - SANDY LOAM BELOW

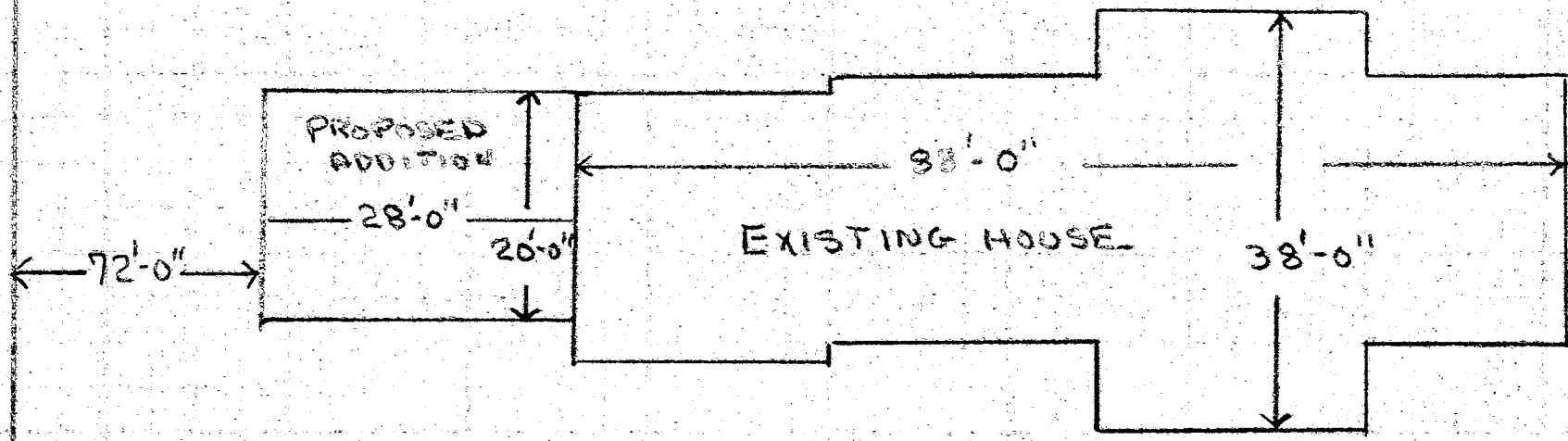
TESTED BY Gek

ALSO PRESENT Rob's survey of Dec 1960

6158  
3  
31474  
160

BY ..... DATE ..... SUBJECT ..... LOT #13 ..... SHEET NO. .... OF .....  
CHKD. BY ..... DATE ..... 14622 RED HON DR ..... JOB NO. ....  
JOHN W SIPES JR

DRIVEWAY TO LOT #12



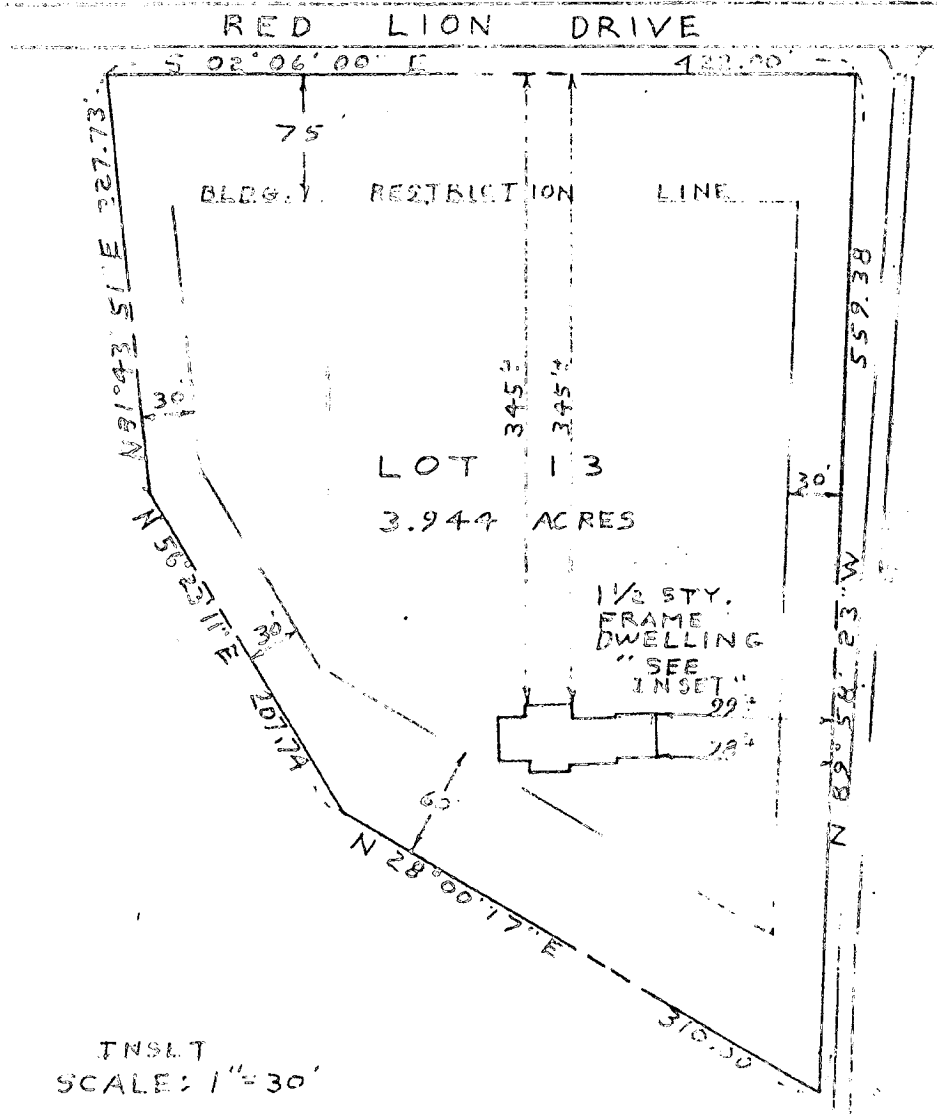
7/1/99  
Shown addition  
(storage space)  
will have no impact  
to existing well / septic

A McMill

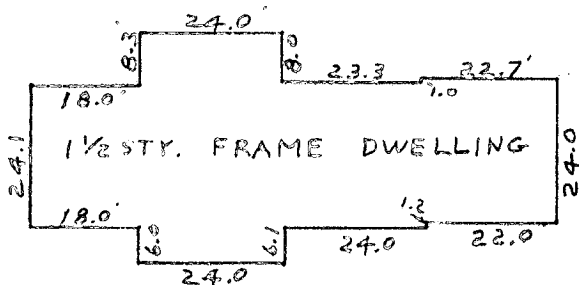
**LOCATION SURVEY**

14622 RED LION DRIVE  
LIBER 1236, FOLIO 632  
LOT 13, PLAT NO. 5026  
RED LION INN ESTATES  
SHEET 1 OF 2  
ELECTION DISTRICT 4  
HOWARD COUNTY MD.

612 P.L. 4  
OLD FREDERICK  
ROAD



INSET  
SCALE: 1" = 30'



THIS IS TO CERTIFY THAT WE HAVE MADE A  
LOCATION SURVEY OF THE IMPROVEMENTS, AND  
THAT THEY ARE LOCATED ON THE LOT AS SHOWN  
HEREON.

Signed This 17th day FEBRUARY 19 86

*[Handwritten signature]*

Building Address 14622 RED LANE DR  
WOODBINE MD. 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition # F-81-112

Census Tract 6040 Subdivision FEDERAL STATES

Section 2 Area \_\_\_\_\_ Lot 13

Tax Map 2 Parcel 213 Grid 11

Zoning B Map Coordinates 41010 Lot size 3,944

Property Owner's Name JOHN W SAFFS JR

Address 14622 Red Lane DR

City WOODBINE State MD Zip Code 21797

Home Phone 410-442-1789 Work Phone 301-633-3520

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

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

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

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 7,000

Description of Work ADDITION TO  
GARAGE 20' x 28'

Contractor Company OWNER

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

Address \_\_\_\_\_

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

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

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

Occupant or Tenant \_\_\_\_\_

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 Characteristics	Utilities
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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>20'</u> <u>28'</u>	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
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.

Applicant's Signature \_\_\_\_\_

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

Print Name John W Saffs Jr

Date 7/1/99

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 type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>7/1/99</u>	<u>A McMillan</u>
<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.: \_\_\_\_\_

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_

**PROPERTY ID#:** 41955

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Add'l permit fee \$ \_\_\_\_\_

**TOTAL FEES** \$ 529

Balance due \$ \_\_\_\_\_

Check # 177

Validation # 23041

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA