

Approved: 2/9/81
Stephen Kiel P 31082

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A 29523

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 12/8/80

5/9/81
AM please
7-12
3
512

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Md. 21797 PHONE 489-4724

SUBDIVISION Map 13, Par 278 ROAD 16130 Ed Warfield Road LOT 4

PROPERTY OWNER Charles Guerra

ADDRESS 9856 Brook Ridge Court, Gaithersburg, Md.

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

DRY WELL AND TRENCH - Locate the dry well 325 ft. from the front property line, and 145 ft. from the left property line as seen from the road. The invert will enter the dry well at 4 ft. below original grade and the maximum depth of the dry well will be 11 ft. below original grade. The dry well will be constructed 12' x 12' square for a sidewall area of 336 sq. ft. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 11 ft. deep, 30 ft. long, and contain 7 ft. of stone. The trench will follow the contour of the land and be directed toward rear property line.

PLANS APPROVED BY James Stayer DATE 3/13/79

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.

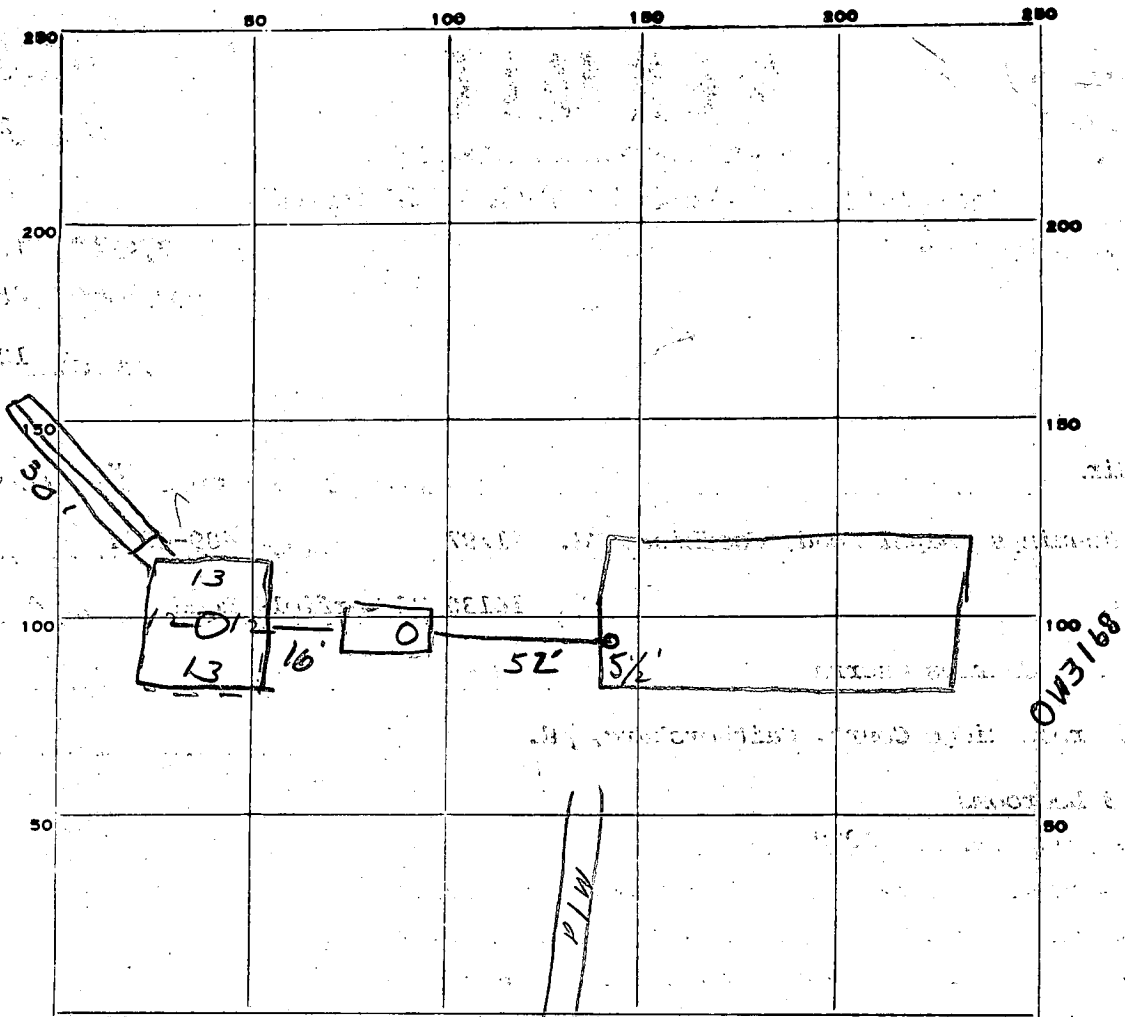
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

29523



01W3168

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD No gas Ed Warfield Rd

SEPTIC TANK, LEVEL CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 545 SIDEWALL 195

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 7 FT. 11FT DEEP

ABSORBENT AREA 350 SQ. FT. 545 TOTAL AREA

REMARKS 2/4/81 OK to add grease in trench JS+SK f; 2/5/81 P.M. NO CHANGE

2/19/81 OK to cover Septic Tank + Dry Well + trench need

cleanout in house sewer every 40' - SK - / discussed

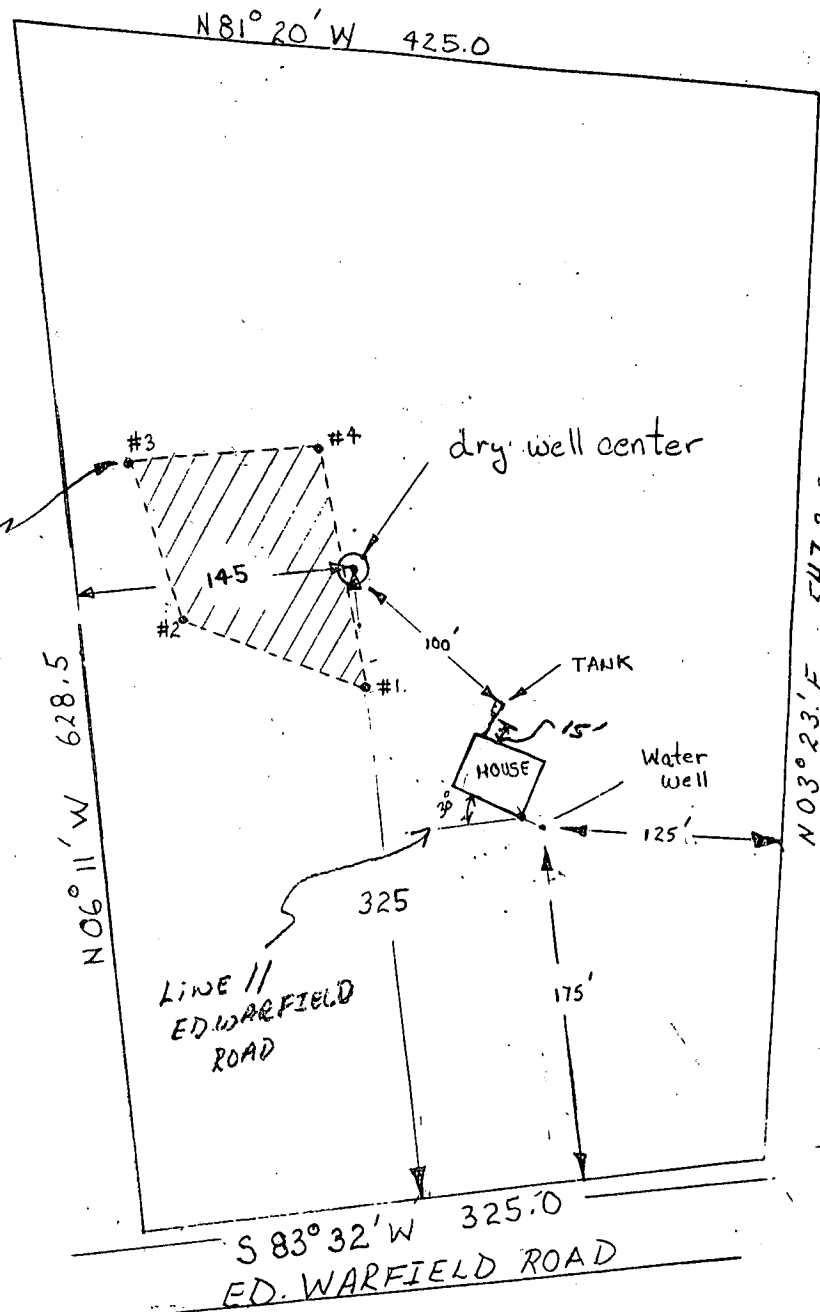
w/f's no cleanout needed because of cleanout inside

house wall

DATE SYSTEM APPROVED 2/9/81 INSPECTOR Stephen G. Hill

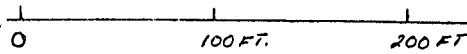
LOT 4

perc test sites



Elevations w/r
water well

HOUSE LF FRONT	-5.36
RT FRONT	-1.96
LF REAR	-3.96
RT REAR	-1.23



Scale 1 inch equals 100 Feet

perc test site #	Existing Elevation w/r to Water Well
1	- 7.7 FT.
2	- 18.6 FT
3	- 18.9 FT
4	- 16.0 FT
dry well	- 10 FT
TANK	- 2.6 FT
SEWER AT FOUNDATION WALL	- 3.16 FT
SEWER NAT. ENTRANCE TO SEPTIC	3.49 FT

Elevation w/r to water well "GRADED"

Handwritten signature
6-6-79
Handwritten initials

GUERRA PROPERTY

Dry Well and Trench

Septic Tank

3 bedrooms - 1000 gallon

4 bedrooms - 1250 gallon

Locate the dry well ~~325~~ ³²⁰ ft. from the Front property line, and 145 ft. from the Left property line as seen from the road. The invert will enter the dry well at .4 ft. below original grade and the maximum depth of the dry well will not exceed 11 ft. below original grade. The dry well will be constructed 12 ft. x 12 ft. square for a sidewall area of 336 sq. ft. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 11 ft. deep, 30 (3 bedroom) 50 (4 bedroom) ft. long, and contain 7 ft. of stone. The trench will follow the contour of the land and be directed

toward rear property line.

Two (2) inspections

Sent spec 5/14/79-jv

540 a'

APPLICATION

Preld.
3/8/79
9:30 A.M.

A 29523

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 Fourth Election D.

DATE 2/19/79

Home
9856 - Brookmarg Ct
Gandersoning 20760

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 Berna Warfield

ADDRESS RFD #5 Box 50A Frederick, Md 21701 PHONE Call Booker (Gene Reed Shannon, Wch 948-0502)

PROPERTY LOCATION:

SUBDIVISION Daisy Rd Estates LOT NO. 4

ROAD AND DESCRIPTION faces Ed Warfield Road
see enclosed plat

SIZE OF LOT 5 acres Map 13 P. 278 TYPE BLDG. Vacant - open unwooded

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 Home 869-8259
Charles Guerra (C. Michael Reed, Shannon & Luchs)
agent for the purchaser

APPROVED BY J. Stayer FOR drywell & trench DATE 3/13/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

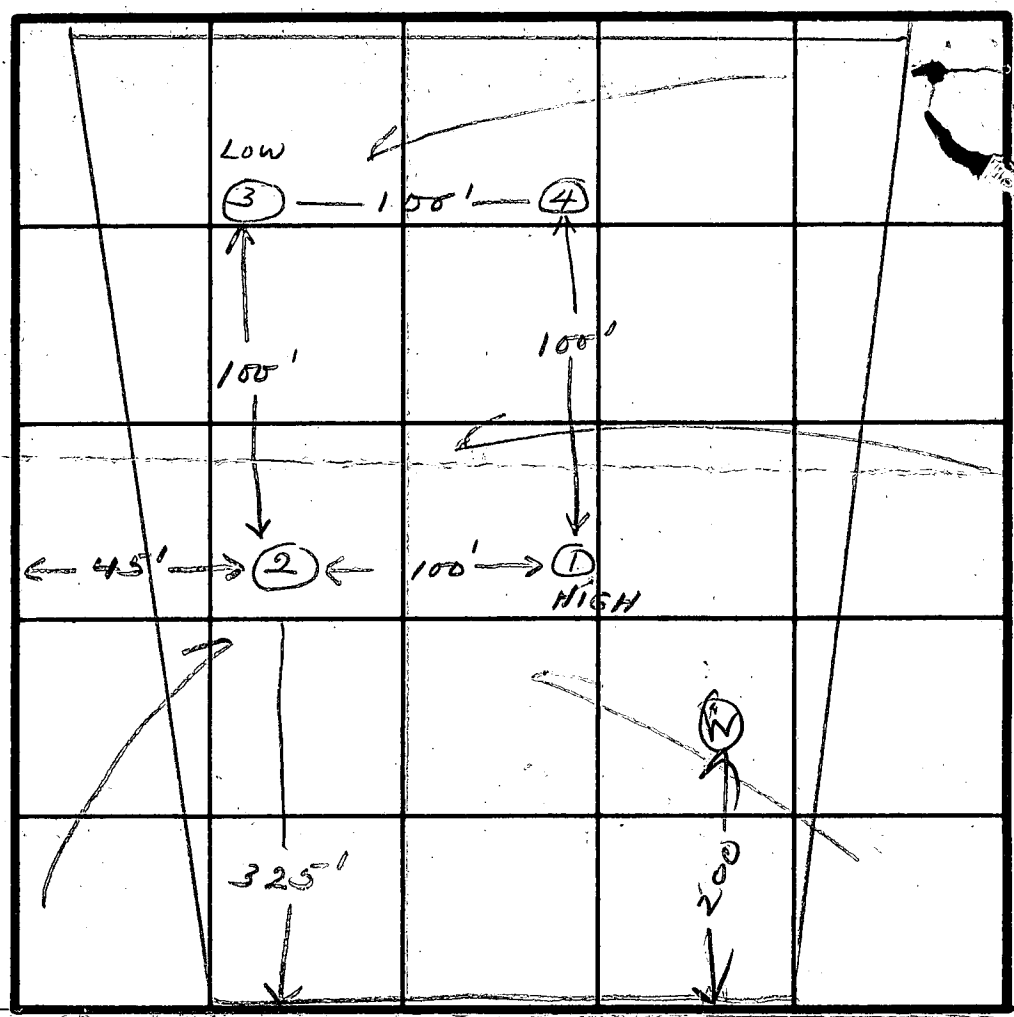
BLDG. PERMIT SIGNED
AND RETURNED 6/6/79
serial# 39247

THIS IS NOT A PERMIT

SOIL PROFILE

0-4
clay
4-13
clay
sandy loam

15' min.
4' - 11' - max
172 sq.



x=14
210 BR
In 5
Bot 9

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ED. WARFIELD RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/79	1 S	4	10:49	FAILED	1st INCH		
	1 D	13	10:49	10:53	10:53	11:00	7
	2 S	4	10:56	11:00	11:00	11:04	4
	2 D	13	10:55	11:20	11:20	11:47	27
	3 S	4	11:45	11:48	11:48	11:55	7
	3 D	13	11:27	11:37	11:37	12:00	23
	4	13	VISUAL				
	1 M	5	11:16	11:30	11:30	11:47	17

REMARKS lot not stable

TYPE OF SOIL Heavy clay to 4 ft

TESTED BY _____ ALSO PRESENT MR. SIAK

MR. GUERRA
MR. REED

5893 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 710-163 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 3/22/79 9:30 A.M. OWNER: Charles Weathering, 9856 Road, Weathering Rd. 20760

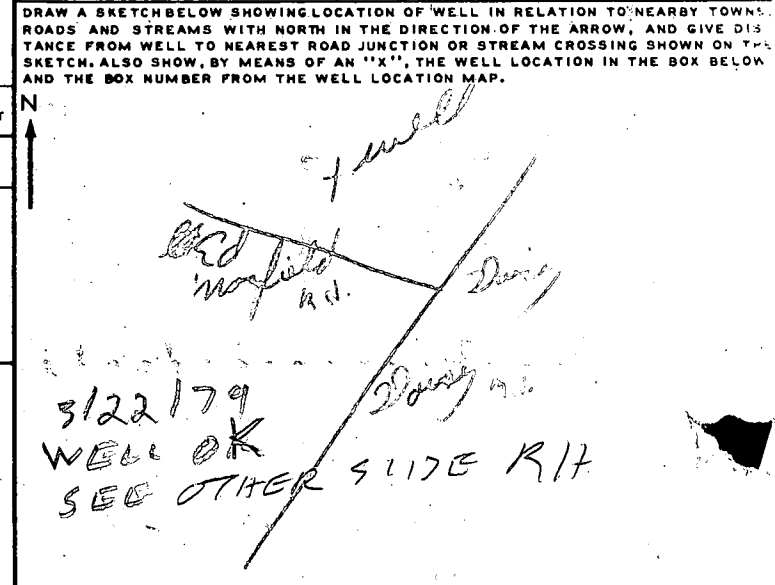
DRILLER INFORMATION: DATE 1/12/79, LICENSE NUMBER 77, DRILLER: W. F. Weathering

LOCATION OF WELL: COUNTY Howard, SUBDIVISION Doney Estate, SECTION 44, LOT 4, NEAREST TOWN Doney

WELL INFORMATION: MAXIMUM PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500, USE FOR WATER: HOME (D)

DIRECTION FROM TOWN: NEAR WHAT ROAD Ed Weathering Rd., DISTANCE FROM ROAD 400

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH), METHOD OF DRILLING USED: BORED (ON AUGERED)



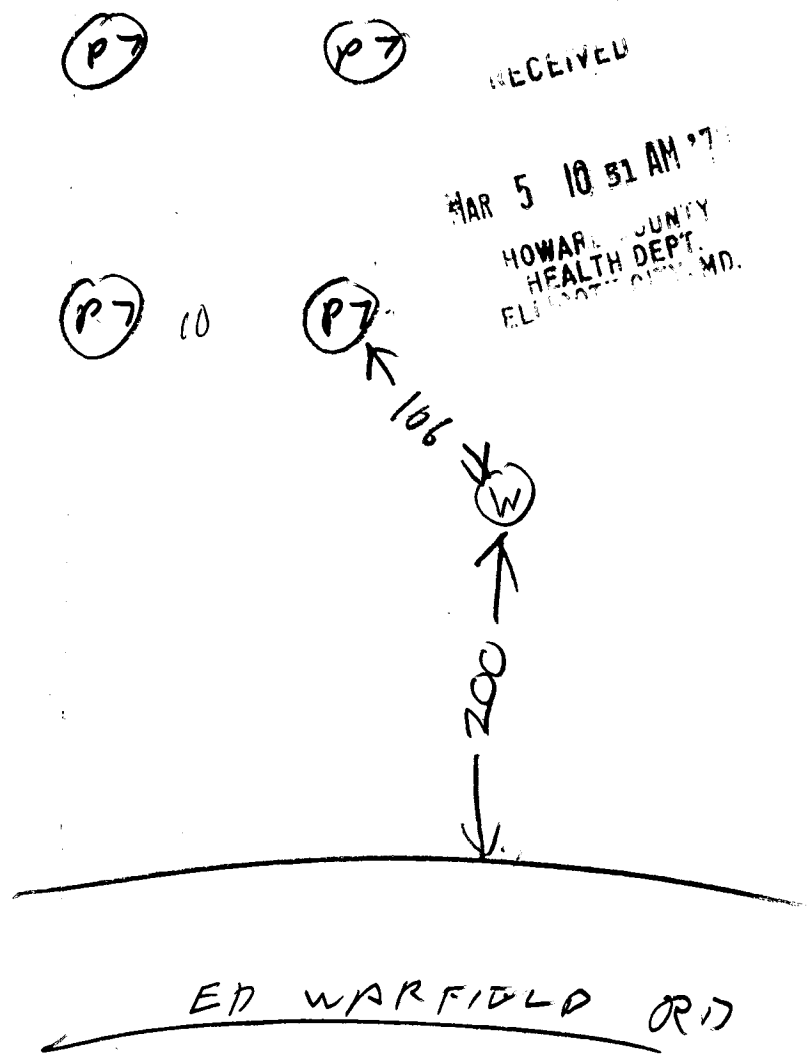
REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY): APPROPRIATION PERMIT NUMBER, FORCE, CONDITIONS

HEALTH DEPARTMENT APPROVAL: APPROVED BY Donald W. Monaghan, Sanitarian

HEALTH DEPARTMENT APPROVAL: STATE HEALTH (CIRCLE BOX) S, DATE 02/21/79

SPECIAL CONDITIONS 8-83 (WRA USE ONLY)



- ① 43 FT CASING 1 FT OUT OF GROUND
- ② 40 FT OPEN HOLE
- ③ LOCATION OK
- ④ 12 BAGS
- ⑤ WELL OK

3/22/79
 B HODGES

SEQUENCE NO. (WRA USE ONLY) **5006**

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) **3/22/79**

DATE WELL COMPLETED **3/22/79**

8-13 **032279**

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401

WELL COMPLETION REPORT

DEPTH OF WELL **140'**

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM **PERMIT TO DRILL WELL**
HO-77-216

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **40**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

OWNER **CHARLES**
 LAST NAME FIRST NAME
BRONK RIDGE COURT POST OFFICE **CATHERSBURG, 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	3	
Slaty	3	30	
SANDY	30	40	
SANDY SLATE	40	55	✓
MICA	55	60	
SANDSTONE	60	63	
MICA	63	140	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT: CM BC

NO. OF BAGS **12** NO. OF POUNDS **1200**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **40** FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

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) **42**

60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE

PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **40** TO **140**

1 2 3 (SEQ. NO.) 6

1 **40** 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 _____ (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) (E.R.O.S.)

70 72 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) _____

METHOD USED TO MEASURE PUMPING RATE **Bush**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **35** (NEAREST FOOT) **17** 20

WHEN PUMPING **140** (NEAREST FOOT) **22** 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

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 BELOW

LAND SURFACE **2** (NEAREST FOOT) 50 51

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

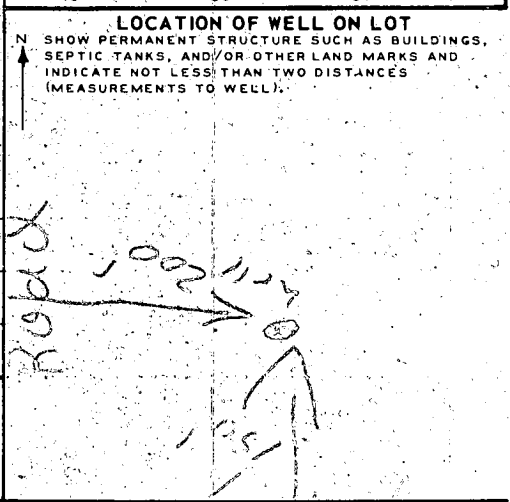
P TEST WELL CONVERTED TO PRODUCTION WELL

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 **George F. Kusterberg**

(PLEASE PRINT) **George J. Kusterberg**

SIGNATURE



PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A REPAIR

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

_____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS: _____ PHONE _____

SUBDIVISION Daisy Road Estates LOT 4 ROAD 16130 Ed Warfield Road

PROPERTY OWNER Charles P. Guerra

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF B00115123 BUILDING PERMIT (1 bedroom addition with family room)
Call for inspection when ground is opened so sanitarian can recommend repair. 12/07/98

PLANS APPROVED BY _____ DATE _____

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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

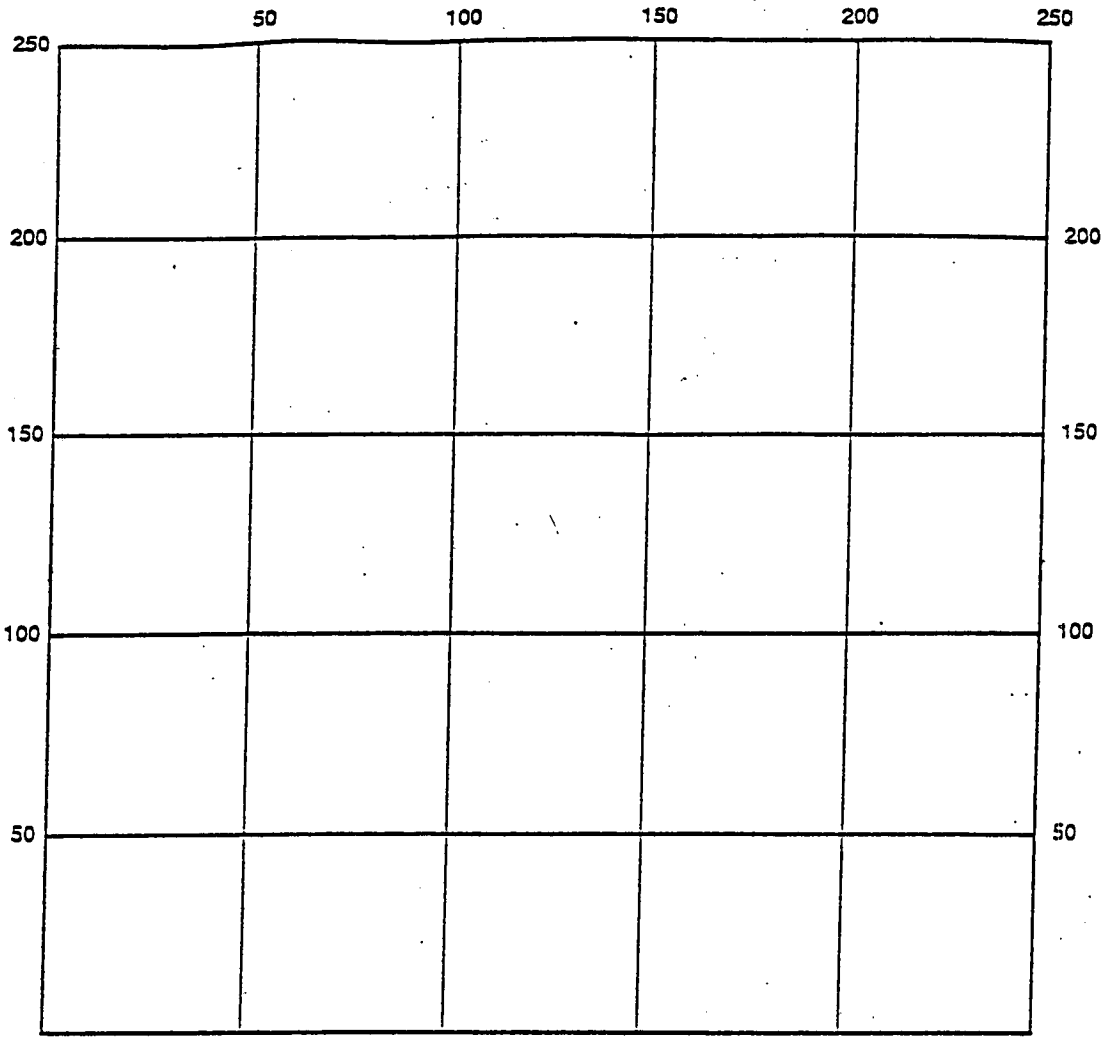
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

December 4, 1998

To: Howard County Health Department
Attr: Mark
Fax 410-313-2648

From: Charles P. Guerra
Mary E. Guerra

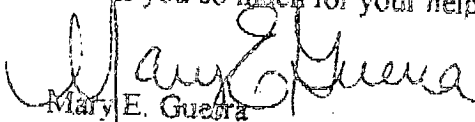
Re: Septic Repairs

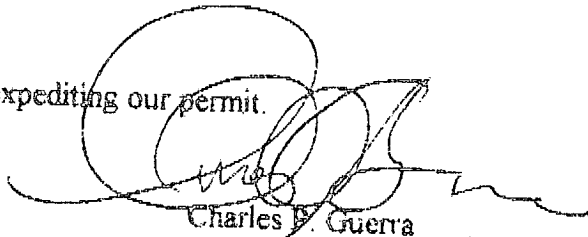
Mark:

As discussed, we agree to make the necessary repairs to the existing septic system, within the next two months, at the following address:

16130 Ed Warfield Rd.
Woodbine, MD 21797

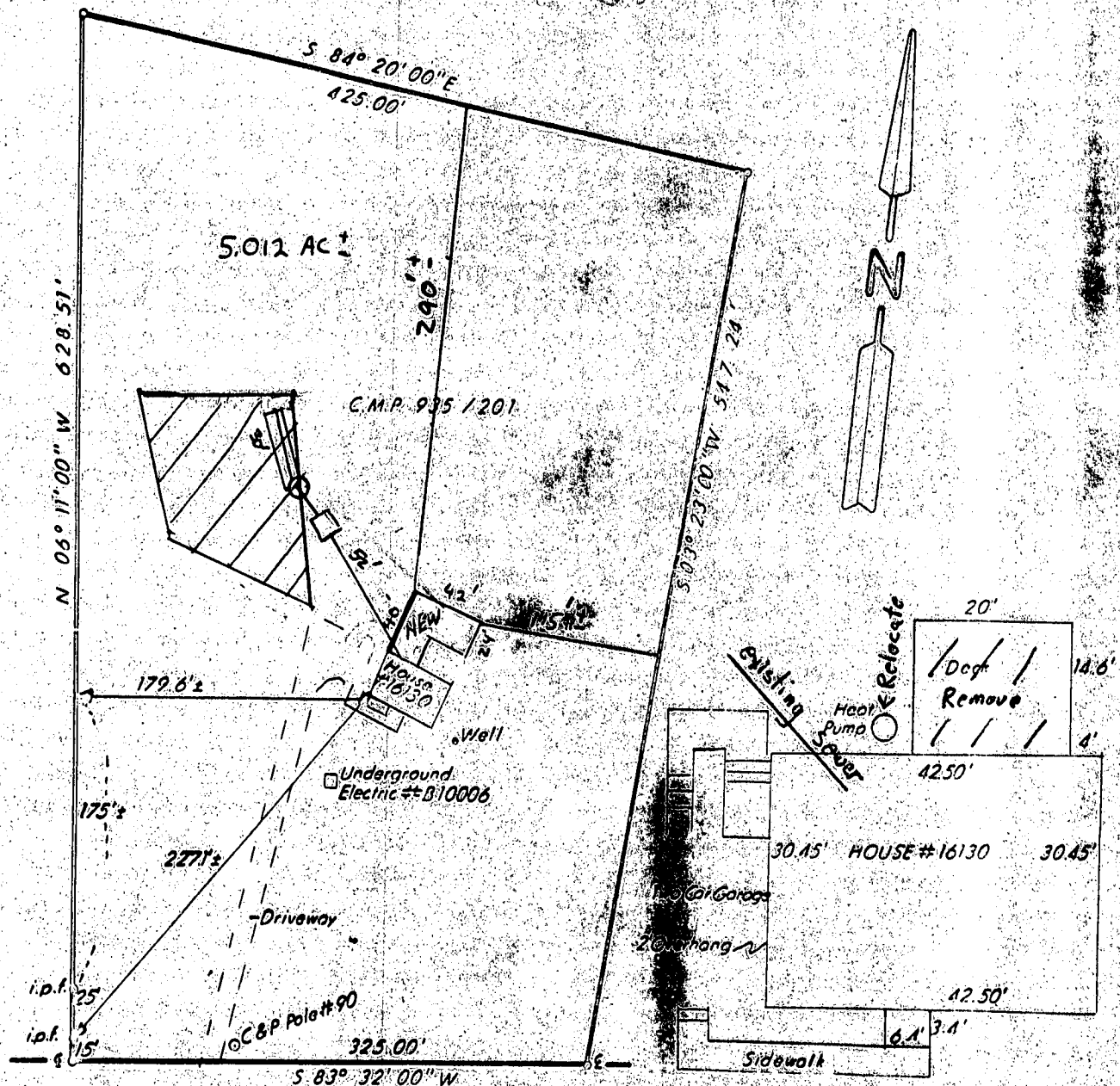
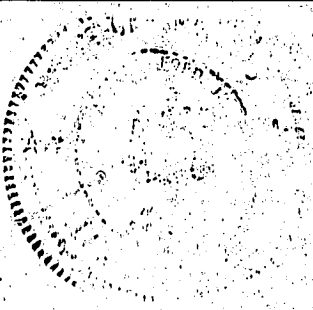
Thank-you so much for your help in expediting our permit.


Mary E. Guerra


Charles P. Guerra

OK, in support of B00115123
IBR Add'n w/ Fam. room
pending receipt of agreed-upon repair fee

MR 12/4/98



ED WARFIELD ROAD
 16130 (30' R/W)

INSERT Scale 1" = 20'

HOUSE LOCATION

CHARLES & MARY GUERRA Property
 4th ELECTION DISTRICT
 HOWARD COUNTY MARYLAND

DATE: 02/08/85

RECORDED IN PLAT BOOK _____ PLAT _____ SCALE 1" = 100'

I hereby certify that this location plat was prepared for IDENTIFICATION

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00115123

Building Address: 16130 ED WARFIELD RD
Woodbine MD 21797
 Suite/Apt #: _____ SDP/WP/Petition #: 21717
 Census Tract: 6040 Subdivision: N/A
 Section: N/A Area: N/A Lot: N/A
 Tax Map: 13 Parcel: 278 Grid: 17
 Zoning: RC-12 Map Coordinates: 13 Lot size: 5.012 ac

Property Owner's Name: Charles & Mary Guerra
 Address: 16130 Ed Warfield Rd
 City: Woodbine State: Md Zip Code: 21797
 Home Phone: 410-442-5160 Work Phone: SAME
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone: _____ Fax: _____

Existing Use: S. F. Home
 Proposed Use: SAME & ADD
 Estimated Construction Cost: \$ 80,000
 Description of Work: 1 story Add on crawl space for
Rm, master bedroom w/ full bath, laundry
Rm connected by breezeway to existing porch

Contractor Company: Owner
 Contact Person: Charles Guerra
 Address: SAME
 City: _____ State: _____ Zip Code: _____
 License No.: _____ Phone: _____ Fax: _____

Occupant or Tenant: C Guerra
 Contact Name: per BP OFFICE
 Address: CONST. COMPLETED 4/99
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: S.W. Haynes & Co.
 Contact Person: John Haynes
 Address: 16071 A.E. Mullinix Rd
 City: Woodbine State: Md Zip Code: 21797
 Phone: 301-854-6944 Fax: 410-489-9678

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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>24x42</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>NONE</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>NONE</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
No. of Bedrooms: _____	_____ NFPA #13D
Multi-family dwellings: _____	_____ NFPA #13R
No. of 1 BR units: _____	Other: _____
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: [Signature]
 Title/Company: Owner

Print Name: Charles Guerra
 Date: 11-17-98

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>12/4/98</u>	<u>Mark E. Allen</u>
Health		
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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>28630</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check cash # _____
Accepted by: <u>[Signature]</u>	Validation # <u>15852</u>

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