

7/18/91 ASMP
7/19/91 10:00

PERMIT

03-308197

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47303
29652
A 37785

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

DATE 7/16/91

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 7/19/91

INDEX - TIME EXPIRED
FOR F.C.O.P. COMPLIANCE 9/8/93
Jeff Bollinger

INSPECTOR RP

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Slack Estates LOT 2 ROAD 1970 St. James Lane

PROPERTY OWNER Anthony S. Gallino Ronald & Donna Brothers

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

220 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 55 Linear feet per bedroom

TRENCHES - 220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 170' from the rear lot line and 115' from the left lot line. Run trenches along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/5/91, RP

PLANS APPROVED BY Craig Williams cm DATE 02/01/90

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**

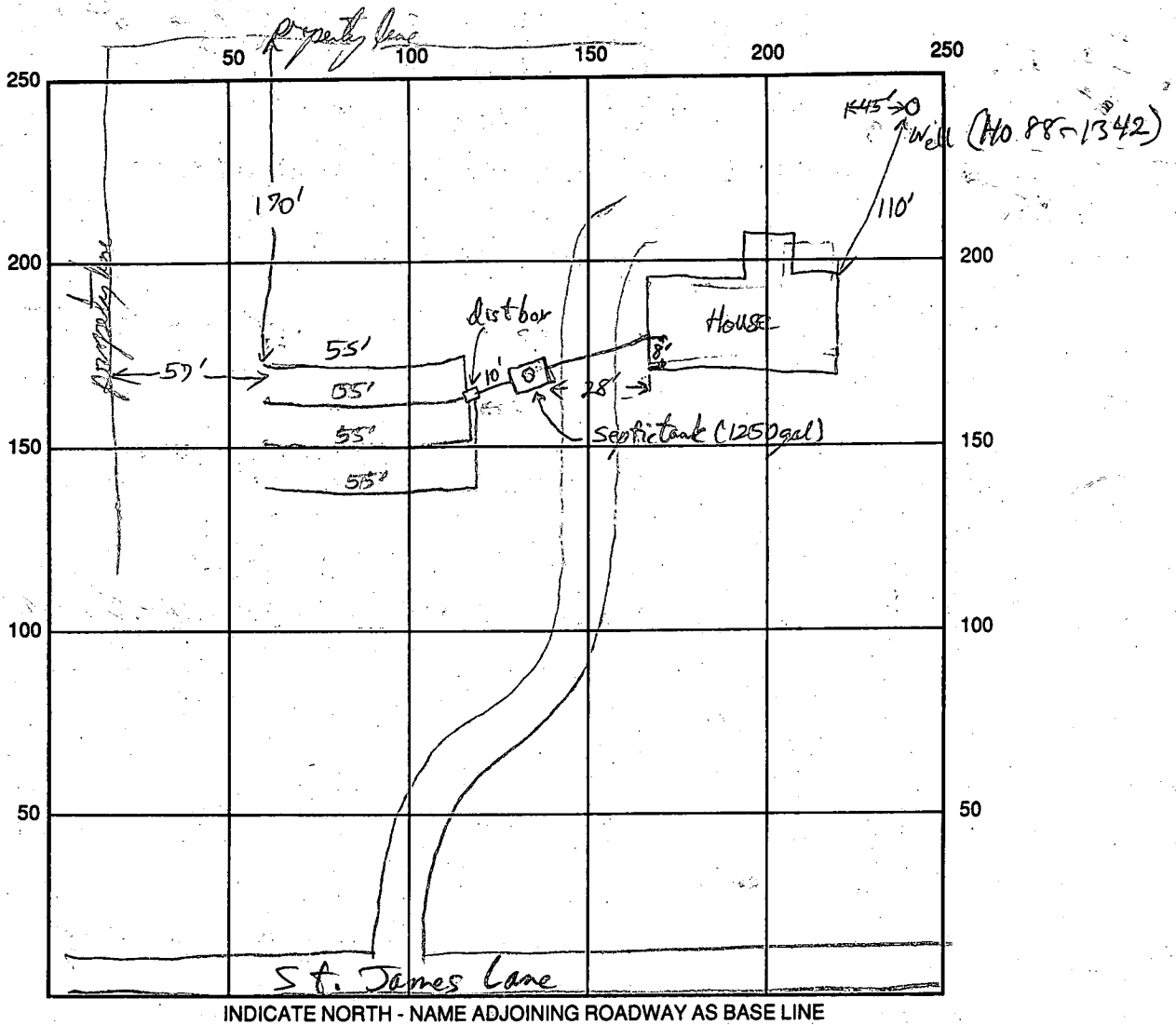
BLDG. PERMIT SIGNED

AND RETURNED 4-21-99

Serial # B1011 7472

Inground Ppt

A 29652



SEPTIC TANK LEVEL Yes - 1250 gal Babylon Vault Tank CLEANOUTS ST
 DISTRIBUTION BOX LEVEL 5 ft wide
Use (using Speed Carbon)
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 220 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 880 SQ. FT.
 DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET NA FT.
 ABSORBENT AREA NA SQ. FT.

REMARKS: 7-18-91 OK to core tank & distribution box; 1st trench OK to add stone, dig or excavation
additional trenches + stone as necessary; PM Mid trenches installed + covered, last trench
excavated but not enough stone to finish, all trench bottoms at 8 ft depth + level; call for final trench inspection
tomorrow; RIP > 29-91 last trench installed as others (PVC thru length) OK to cover

DATE SYSTEM APPROVED 7-29-91 INSPECTOR RIP

Paul

APPLICATION

A 29652

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

1-3 Bedrooms } 1000 gallons
4 Bedrooms } 1250 gallons

DISTRICT 3rd
DATE 4/3/79

effective absorbant sidewall area per bedroom below first of original soil. Inlet 4' below original grade and maximum depth 10 1/2' for dry well. location: 120' from left property line and 180' from rear property line when facing lot from St. James Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

1/2 Dry Well + Trench. If trench used - need:

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

PROPERTY OWNER Slack property Anthony S. Gallino (1) 5' earth buffer between trench and dry well

ADDRESS _____ PHONE Mr. Young, Security Development 465-4244 876-8522

PROPERTY LOCATION:

(2) 2 inspections of trench before and after stone

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Route 99 1970 St. James Lane (3) Run trenches on contour

SIZE OF LOT 3 acres m/1 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/ Stewart Young for Security Development

APPROVED BY C. B. Sheaker FOR Dry well 1/2 " " & trench DATE 12/29/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 5/24/91
Serial # 37705 - SFD

THIS IS NOT A PERMIT

Tests 30' ±
perfrom
initial stake

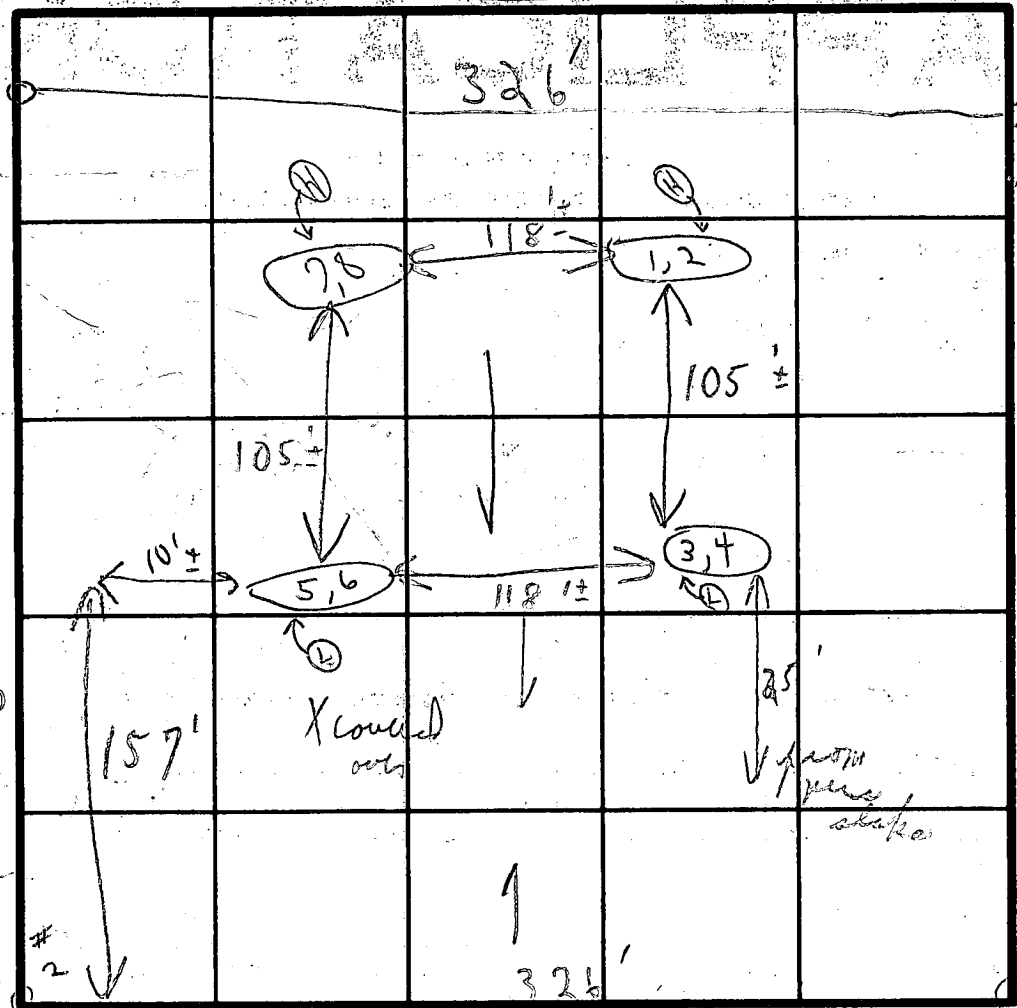
Field sheet

R19

180 #/BL
4'uber 4'
400
Bottom 8'

SOIL PROFILE

Below clay
loam
sandy loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/60	1	5'	12:31	12:35	12:35	12:49	14m
	① 2	13'	12:31	12:33	12:33	12:39	4m
	① 3	3 1/2'	12:50	12:53	12:52	12:56	4m
	4	12 1/2'	12:50	12:52	12:52	1:01	9m
	5	4'	12:39	12:41	12:41	12:43	2m
	② 6	13'	12:42	12:44	12:44	12:47	3m
	7	4'	12:34	12:37	12:37	12:48	14m
	① 8	13'	12:34	12:36	12:36	12:39	3m

120 #/BL
unlike 4'
sand ground
4 1/2'
Maximum depth 10 1/2'
M.O.C.
Wet soil
7 min

REMARKS: light showers off & on
Tests in open field

TYPE OF SOIL: C.S.O.

TESTED BY: C.S.O. ALSO PRESENT: P. Schindler

B 1 2699

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-1342 fill in this form completely

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

please print or type

Date Received (APA)

032090

OWNER INFORMATION

GAILINA ANTHONY

14128 ANGELTON TERR

BURTONSVILLE MD 20866

B 3

LOCATION OF WELL

ADAMAND

CLACKS EST

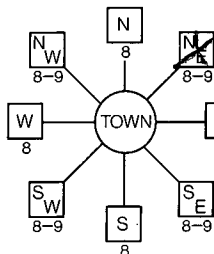
SECTION LOT 2

WEST FRIENDSHIP

MILES FROM TOWN (enter 0 if in town) 1 MI

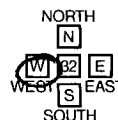
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ST JAMES RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 325

ENTER FT or MI AT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A29652 COUNTY NO.

STATE SIGNATURE DATE ISSUED 05/14/90

CO SIGNATURE EXP. DATE

NORTH GRID 540000 EAST GRID 0815000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
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)

APPROP. PERMIT NUMBER GAP

FORCE MD PERMIT No. 40-88-1342

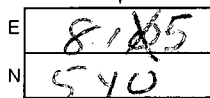
SPECIAL CONDITIONS 850-9629

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

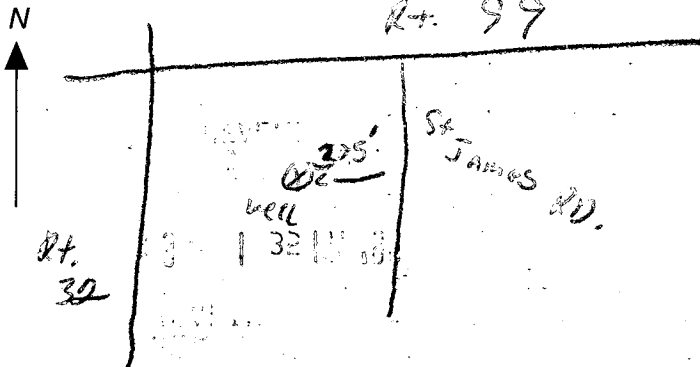
SOURCES OF DRILLING WATER

- 1. well
2.
3.

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



1571

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

A 24652

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

NO DETAIL PUMP SCHEDULE

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

060190

225

MD-89-1347

OWNER: Gallina last name, first name, TOWN: W. Friendship, SUBDIVISION: SLACKS EST, SECTION, LOT 2

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 FROM TO

Check if water-bearing

Table with columns for Description, Feet (From, To), and Check if water-bearing. Rows include: Top Soil (0-2), Sandy (2-60), Sandstone (60-68), MICA (68-90), Sandstone (90-95), MICA (95-25).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES 44, NO 44

TYPE OF GROUTING MATERIAL

CEMENT CM, BENTONITE-CLAY BC

NO. OF BAGS: 92, NO. OF POUNDS: 200

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 to 30 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

PL 6 8 8 70

OTHER CASING (if used) diameter, depth (feet)

Empty casing record boxes

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

HO 76 225

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

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

T (E.R.O.S.), WQ 74 75 76

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 37

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31

WHEN PUMPING 62

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

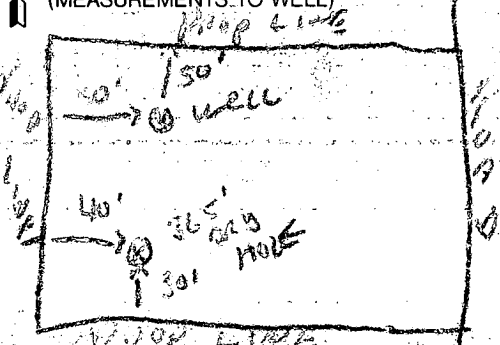
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)



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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS' IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

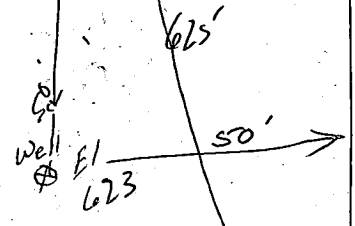
BP 37705

SLACK ESTATES LTD

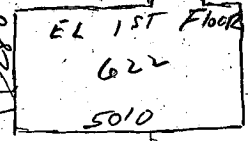
323-47

1970 ST James Rd

Cut will NOT Disturb ORIGINAL ground for Recovery AREA

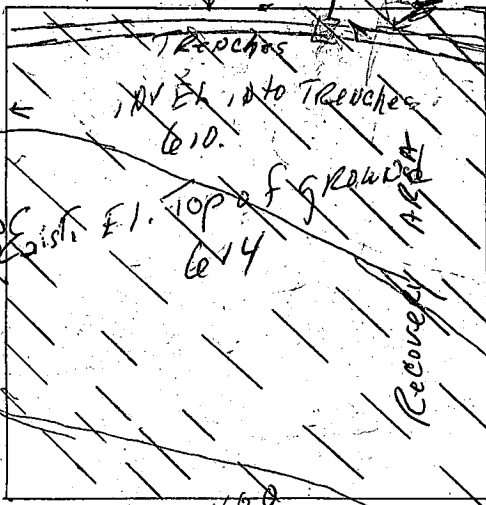


162' Septic INV EL into TANK



INV EL out of House 616.05'

Proposed sediment CONTROL



Trench length to be Determined AT Time of Septic permit ISSUANCE

DRIVE WAY

SCALE APPROX 1" = 40'

5/24/91 REVISION PLANS OK R. Hoelge

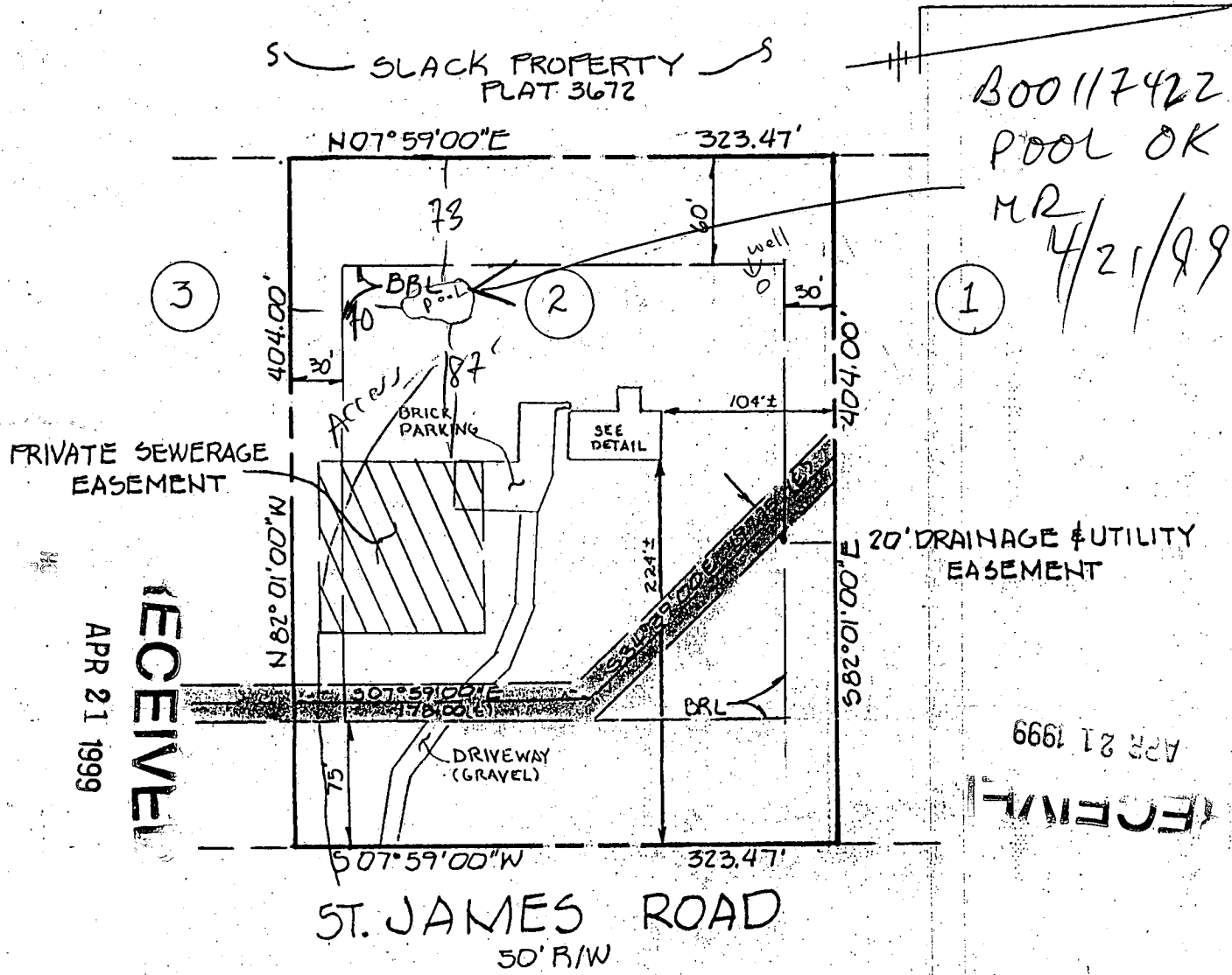
323.47

I certify that the ABOVE measurements are actual & correct for this Property ROAD

J. J. Zank

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440009B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

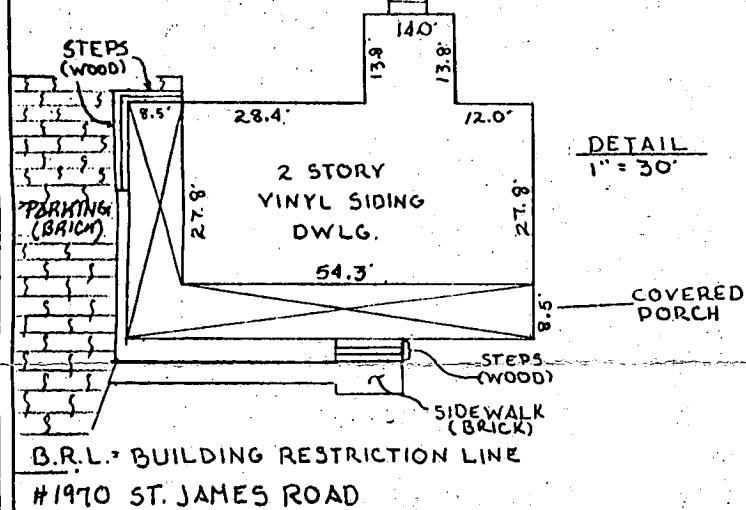


B00117422
 POOL OK
 MR
 4/21/99

RECEIVED
 APR 21 1999

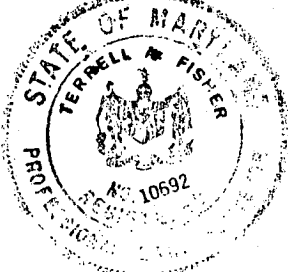
APR 21 1999

RECEIVED



LOT 2
 "FINAL PLAT
 SLACK ESTATES"
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REFERENCE - #4736
 DEED REFERENCE - 2205/263

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 4101 481 - 2295



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/9/96
 FINAL LOCATION:
 BOUNDARY SURVEY:

Terrell A. Fisher 4/11/96
 PROFESSIONAL LAND SURVEYOR DATE
 REG. # 10692

SCALE: 1"=100'
 DATE: 4/19/96
 DRAWN BY: RLP
 CHECKED BY: MLR
 PROJECT No.: 91649

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000117422

Building Address 1970 ST. JAMES ROAD
MARIOTTSVILLE, MARYLAND 21104
Suite/Apt. #: SDP/WP/Petition #:
Census Tract Subdivision SLACK ESTATES
Section Area Lot 2
Tax Map Parcel Grid
Zoning Map Coordinates Lot size

Property Owner's Name RONALD & DONNA BROTHERS
Address 1970 ST. JAMES ROAD
City MARIOTTSVILLE State MD Zip Code 21104
Home Phone (410) 481-4822 Work Phone (410) 992-3592
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 \$ 20,000.00
Description of Work INGROUND POOL, WITH D.E. FILTER
FILLED BY TRUCK 22' WIDE BY 41' LONG 3'-0" 8' 6" DEEP WITH 8' DIVING BOARD TOTAL S.F. = 658
2.25' OF 48" HIGH WOOD FENCE, TO CODE.

Contractor Company ANTHONY & SYLVAN POOLS, INC.
Contact Person GEORGE A. SCHWEICH - AGENT FOR 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
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u> </u>	Water Supply: <u> </u> <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u> </u>	Sewage Disposal: <u> </u> <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u> </u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u> </u>	Heating System: <u> </u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <u> </u> <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads <u> </u>
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

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

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

GEORGE A. SCHWEICH
Print Name
APRIL 21, 1999
Date

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>4/21/99</u>	<u>Mark E. Zepkin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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