

Building Address: 14684 Mustang Path
Glenwood, MD 21738

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

Census Tract: _____ Subdivision: Glenwood Estates

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | <u>Roadside Tree Project Permit #</u> |
| <input type="checkbox"/> Manufactured Home | |

I, 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: _____

Address: _____

Company: _____

Print Name: _____

Date: 04/17/11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>5/11/11</u> | <u>M. J. Davis</u> |
| Fire Protection | | |

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

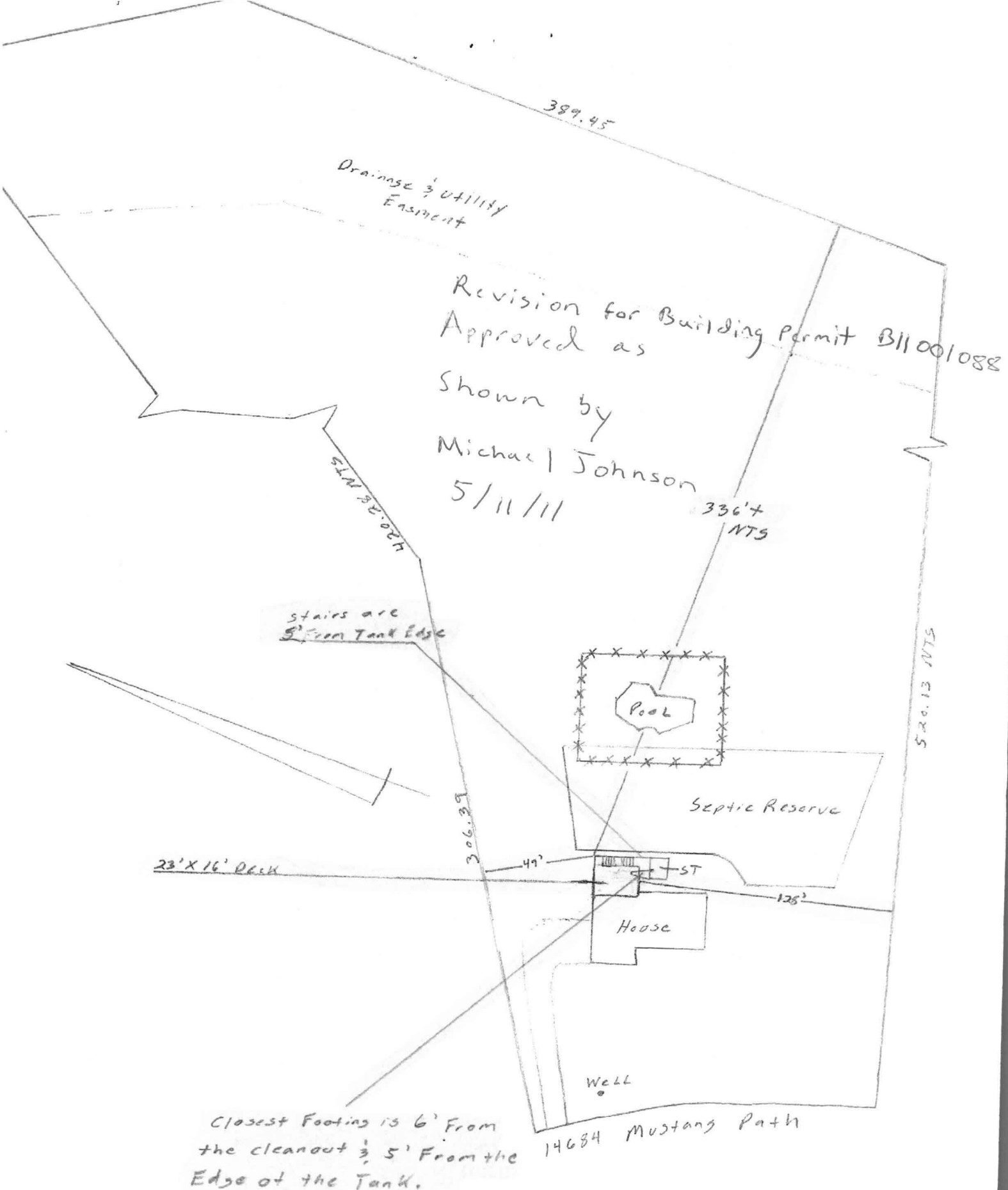
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

| | |
|-----------------|----|
| Filing Fee | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |



Revision for Building Permit B11001088
 Approved as
 Shown by
 Michael Johnson
 5/11/11

Closest Footing is 6' From
 the cleanout $\frac{1}{2}$ 5' From the
 Edge of the Tank.

Scale: 1" = 60'

ST = Septic Tank

Building Address: 14684 Mustang Path
Glenwood, Md 21738

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

Census Tract: _____ Subdivision: Glenwood Estates

Section: _____ Area: _____ Lot: _____

Tax Map: 0021 Parcel: 00179 Grid: 0005

Zoning: _____ Map Coordinates: _____ Lot Size: 4,316 sq ft

Existing Use: Single Family Home

Proposed Use: Deck

Estimated Construction Cost: \$ 7600.00

Description of Work: 442 SQ FT Deck with
Steps to Garage

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Robert & Deborah Lebar

Address: 14684 Mustang Path

City: Glenwood State: Md Zip Code: 21738

Home Phone: 410-489-2622 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
G.S. Permitting Services
6 Wyndale Dr Watkinsville, Md 21793

Phone: 301-748-8253 Fax: _____

Email: _____

Contractor Company: Scenic View Deck & Patio

Contact Person: Mark Doody

Address: 1829 Howell Rd Suite 1

City: Hagerstown State: Md Zip Code: 21740

License No.: 124675

Phone: 301-748-2550 Fax: 240-329-0467

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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|--|---|
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| Depth | <input checked="" type="checkbox"/> Public |
| 1 st floor: | <input checked="" type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input checked="" type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | Heating System |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| Multi-family Dwelling | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | Roadside Tree Project Permit # |
| <input type="checkbox"/> Manufactured Home | |

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Applicant's Signature: [Signature] Print Name: Mark Doody

Email Address: _____ Date: 04/19/11

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required for 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: _____

| | |
|----------------|-----------------|
| Filing Fee | \$ <u>55.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |

Call # 11374
 238310

SURVEYOR'S CERTIFICATE:

1. This is to certify that we have surveyed this property for the purpose of locating the improvements and that they are located as shown hereon. This survey did NOT include the marking of lot corners with permanent markers.
2. This plat may NOT be used to establish property lines.
3. This plat is for title purposes only. No title report is being furnished.
4. This plat is subject to all easements and rights of way of record.
5. Flood designation by Federal Flood Insurance Rate Map Panel of _____, Community Panel No. _____, dated _____ is Zone(s) _____

EDWIN J. KIRBY, JR. PROF. L.S.

NOTE: This property lies in Flood Zone 'C', an area of minimal flooding, as delineated on the maps of the National Flood Insurance Program.

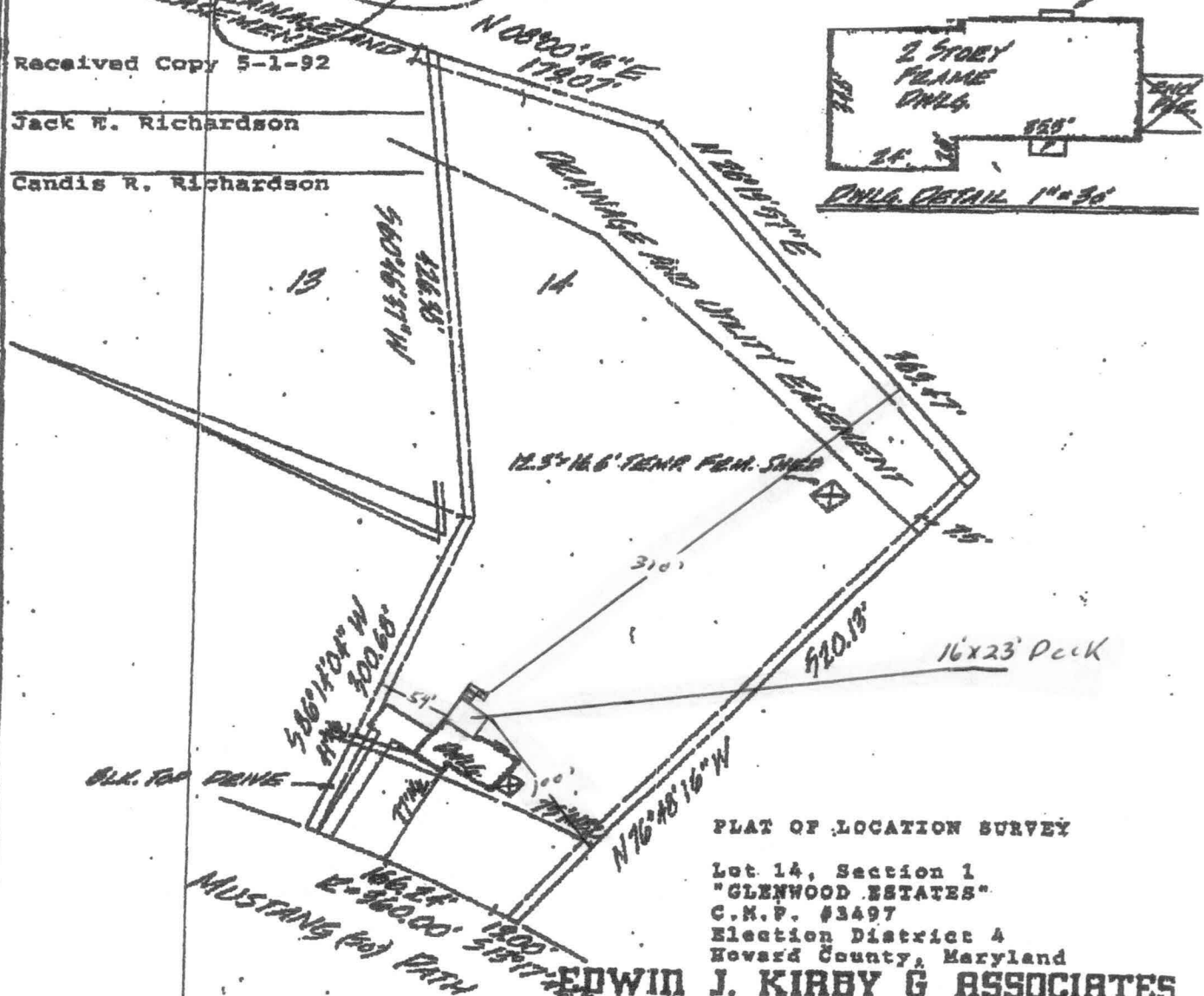
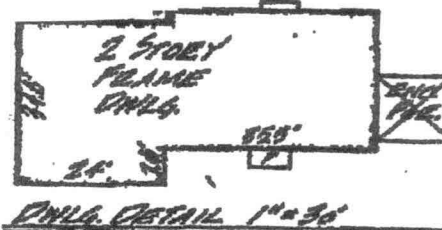


10' Utility Easement
Access Easement

Received Copy 5-1-92

Jack W. Richardson

Candis R. Richardson



PLAT OF LOCATION SURVEY

Lot 14, Section 1
"GLENWOOD ESTATES"
C.M.P. #3497
Election District 4
Howard County, Maryland

EDWIN J. KIRBY & ASSOCIATES
800 Greenspring Valley Road
Lutherville, MD 21093
301 - 337 - 7942

#14684 Mustang Path

Scale: 1"=100'

Date: 4/30/92

| | | |
|---|---|----------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-3455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER B0042222 |
|---|---|----------------------------------|

| | |
|---|--|
| Building Address <u>14684 MUSTANG PATH</u> <u>GLENWOOD, MARYLAND 21738</u> | Property Owner's Name <u>ROBERT & DEBORAH LEBAIR</u> Address <u>14684 MUSTANG PASS PATH</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> |
| Census Tract <u>604002</u> Subdivision <u>GLENWOOD ESTATES</u> | Home Phone <u>(410) 489-2622</u> Work Phone <u>(301) 286-6588</u> |
| Section <u>1</u> Area _____ Lot <u>14</u> | Applicant's Name & Mailing Address, (if other than stated hereon): <p style="text-align: center; font-size: 2em;">N/A</p> |
| Tax Map <u>21</u> Parcel <u>179</u> Grid <u>5</u> | Phone _____ Fax _____ |
| Zoning <u>RR20</u> Map Coordinates <u>908</u> Lot size <u>4.36 ACRES</u> | Existing Use <u>SINGLE FAMILY DWELLING</u> |

| | |
|--|---|
| Proposed Use <u>SAME, WITH POOL</u> | Contractor Company <u>ANTHONY & SYLVAN POOLS, INC</u> |
| Estimated Construction Cost \$ <u>21,900.00</u> | Contact Person <u>GEORGE A. SCHWEICH - CONTRACTOR</u> |
| Description of Work <u>REINFORCED CONCRETE INGROUND POOL WITH DIE FILTER. POOL FILLED BY TRUCK. 23'2" WIDE BY 46' LONG 3' TO 8' DEEP - NO DIVING BOARD, TOTAL S.F. = 712</u> | Address <u>10840 GUILFORD ROAD, SUITE 407</u> |
| City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>20701</u> | License No. <u>19347</u> |
| Phone <u>(301) 490-1930</u> Fax <u>(410) 792-2810</u> | City <u>JUNCTION</u> State <u>MD</u> Zip Code _____ |

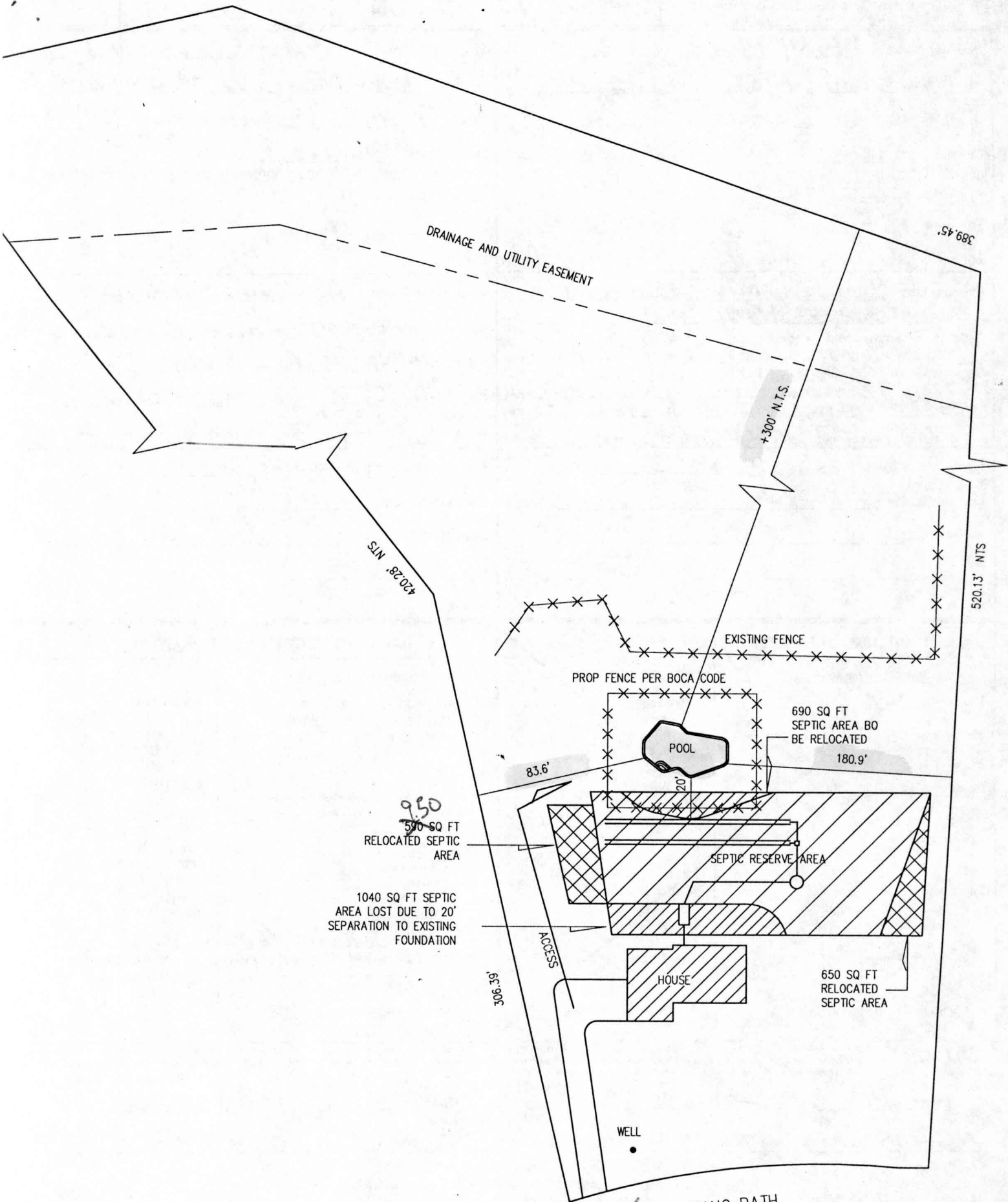
| | |
|---|---------------------------------------|
| Occupant or Tenant <u>SAME AS OWNER</u> | Engineer or Architect Company _____ |
| Contact Name _____ | Contact Person <u>N/A</u> |
| Address _____ | Address <u>A</u> |
| City _____ State _____ Zip Code _____ | City _____ State _____ Zip Code _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|---|---|--|
| 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: 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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>INGROUND POOL</u> Dimensions: <u>23'2" W BY 46' LONG</u> 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

| | |
|--|--|
| <u>George A. Schweich</u> Applicant's Signature AGENT FOR CONTRACTOR | <u>GEORGE A. SCHWEICH</u> Print Name <u>JUNE 5, 2003</u> Date |
|--|--|

6/5/03 (MD) Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -



DRAINAGE AND UTILITY EASEMENT

389.45'

+300' N.T.S.

420.28' N.T.S.

520.13' N.T.S.

EXISTING FENCE

PROP FENCE PER BOCA CODE

POOL

690 SQ FT SEPTIC AREA TO BE RELOCATED
180.9'

83.6'

20'

950
500 SQ FT RELOCATED SEPTIC AREA

1040 SQ FT SEPTIC AREA LOST DUE TO 20' SEPARATION TO EXISTING FOUNDATION

SEPTIC RESERVE AREA

ACCESS

HOUSE

650 SQ FT RELOCATED SEPTIC AREA

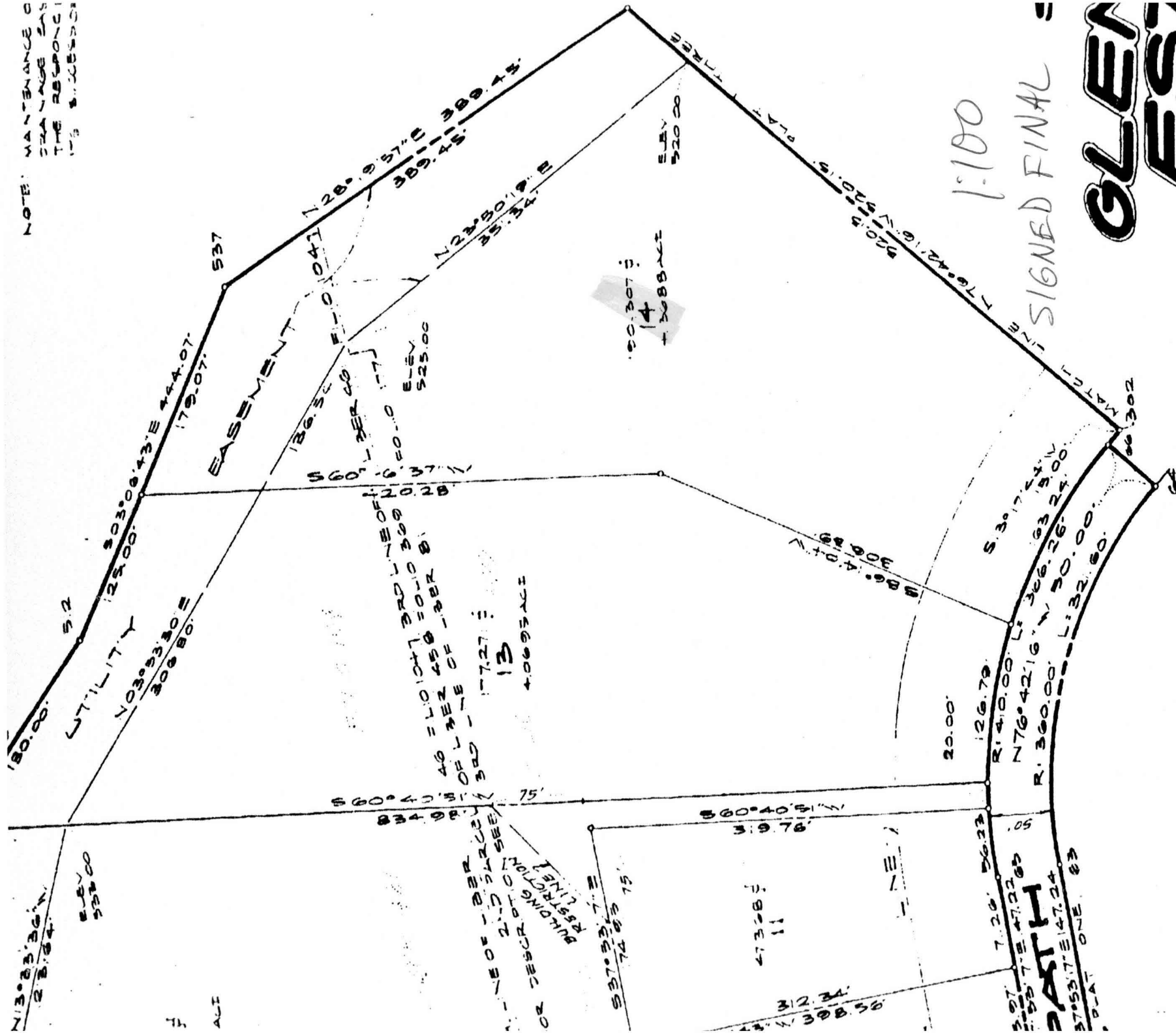
305.90'

WELL

14684 MUSTANG PATH

SCALE: 1"=60'

NOTE: MAINTENANCE OF
UTILITY SHALL BE THE RESPONSIBILITY
OF THE SUCCESSOR



1:100

SIGNED FINAL

GLES
LES

OWNER & DEVELOPER
TICE TRACT JOINT VENTURE
UNIVERSITE BLDG. WEST
VER SPRING, MD. 20902

FOURTH E
HOWARD C

DRAINAGE AND UTILITY EASEMENT

389.45'

420.28' NTS

352' NTS

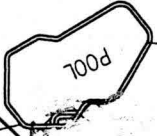
520.13' NTS

EXISTING FENCE

PROP FENCE PER CODE

147'

144
400 SQ FT
SEPTIC AREA TO
BE RELOCATED

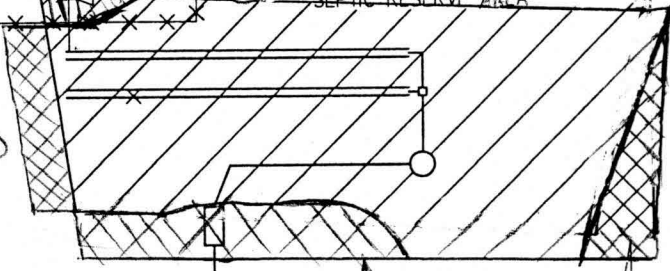


52.3'

EX.
SEPTIC RESERVE AREA

PROP.
POOL OK
10K~~±~~
REMAINS
W/ADJUSTMENTS
AS SHOWN
MR 5/16/03

550~~±~~
ADDED



HOUSE

650
450 SQ FT
RELOCATED
SEPTIC AREA

1040~~±~~
AREA LOST
DUE TO 20'
SEPARATION TO
EX. FOUNDATION

SCALE: 1"=50'

WELL

MUSTANG PATH

5/19

3rd Floor
(water with house)

Bob L. L. L.

PROP. POOL OK
10K REMAINS
W/ADJUSTMENTS
AS SHOWN
MR 5/16/03

APPROVAL
RE-ISSUED
W/REVISED
POOL LOC
MR 5/21/03

1-50±

590
~~1440~~
100 SQ FT
SEPTIC AREA TO
BE RELOCATED

PROP FENCE PER CODE

EXISTING FENCE

147'

POOL

EX. SEPTIC RESERVE AREA

950
ADDED

HOUSE

650
100 SQ FT
RELOCATED
SEPTIC AREA

1040A
AREA LOST
DUE TO 20'
SEPARATION TO
EX. FOUNDATION

SCALE: 1" = 50'

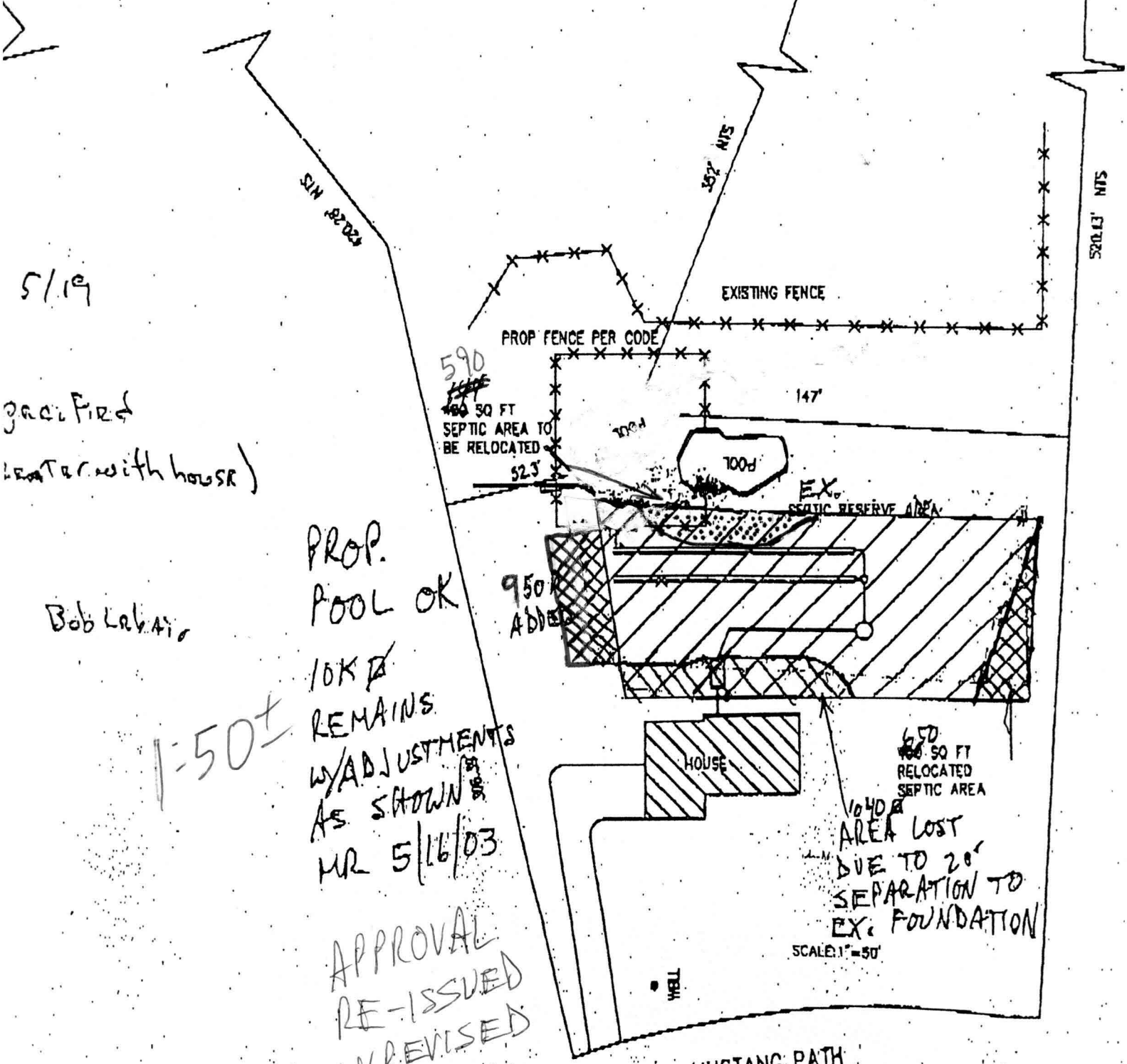
WELL

MUSTANG PATH

SIN 82024

52' NTS

SIN 17025





Clean out $\frac{1}{3}$ Edge of Existing Tank.

5' From the Proposed Project Area. 7'
From the Nearest Support Post.

05/04/2011

To: Howard County Health Department
Well & Septic Program

5/11/11
M. Davis
Appt.

Regarding: Request for variance: 14684 Mustang Path Glenwood MD 21738

Enclosures: 1 revised plat

Dear Mr. Davis,

I am writing this letter as an addendum to the previous letter dated (04/29/2011). I was previously requesting a variance to the 5' septic reserve area set back.

After making a trip to the property and staking out the project area, I spoke with Mr. Johnson in your office. He graciously visited the site as well. He marked the corners of the existing septic tank. Once this was done I spoke to Mr. Johnson to discuss the project area in relation to the existing tank, clean out and the height of the proposed project area.

After speaking at length we came to the conclusion that the project will be 9'+ above the existing grade. Therefore, the corner of the deck will not interfere with anyone's ability to access the existing tank.

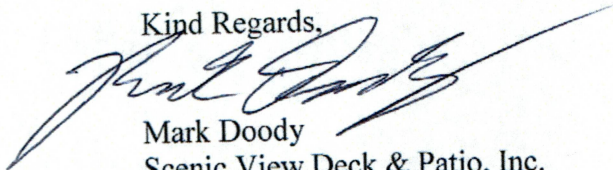
We then moved our attention from the corner of the deck to the other components that would directly infringe on the tank & cleanout area. Mr. Johnson asked me to document the distances from the corner of the tank & cleanout to the nearest components on a new copy of the plat.

The distances are: 5' from the bottom step to tank edge, 6' from the nearest footing to cleanout and 5' from the nearest footing to opposite tank edge.

These are the distances as shown on the enclosed revised plat. The project area has not changed from the previous revised plan I submitted and remains 1' outside of the septic reserve area.

Thanks again for working with us on this issue.

Kind Regards,



Mark Doody
Scenic View Deck & Patio, Inc.
Office: 240-329-4990
Cell: 301-748-2550

14645 Mustang Path - Glenwood Estates - Lot 26

FILE INQUIRY NOTES

SCAN file
for 14684 Mustang Path
Glenwood Estates Lot 14
P 514982-C

| DATE | RESULTS OF REVIEW FOR FILE |
|---------|---|
| 7/19/07 | <p>Walk thru BP for 14645 Mustang Path for 2 sunroom - No perc-cert on file. Did site visit afternoon of 7/13/07. Auger (A) confirmed good soils. Also noticed that adjacent wells (opposite side of street) are located and were approved in locations possibly < 100' from - (14676) the originally proposed SDA. Also at least 1 well (14684) is directly downslope of this houses septic system - unsure of exact distance. Potentially impacted addresses (known) are ~ 14645 Mustang Path, ^{septic} 14676 Mustang Path 14684 Mustang Path (wells) Also looks like possible impacts at 14653 14653 uphill of 14692 and possibly < 100' of separation - See preliminary plan approved in Glenwood Estates file for approved locations of wells/septics. These issues need to be addressed at the time of Septic Repair, Well replacement, perc, Bedroom or other major additions. Perc Cert Requirement was waived in this circumstance due to minor nature of the Building Permit. No opportunity for improvement @ this time</p> <p>* Situation needs to be addressed. * <i>John A.</i> <i>gr</i></p> |

* Please Scan *