

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0014 1507

Building Address 8365 Murphy Rd
Fulton Md.

Property Owner's Name Kevin Kathy Bennett

Address 8365 Murphy Rd

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

City Fulton State Md Zip Code _____

Census Tract 605102 Subdivision _____

Home Phone 410-770-1650 Work Phone 301-646-6460
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section _____ Area _____ Lot _____

Tax Map 46 Parcel 143 Grid 8

Zoning RQ-DEF Map Coordinates 18H16 Lot size _____

Phone _____ Fax _____

Existing Use single family home

Contractor Company Bennett's Custom Home Imp

Proposed Use single family home

Contact Person allen Bennett

Estimated Construction Cost \$4,000

Address 4100 Simpson Drive

Description of Work Build fire place on

City Westminster State Md Zip Code 21158

fight band end of Rec Room

License No. MHC 37750

Phone 410-200-8007 Fax same

Occupant or Tenant _____

Engineer or Architect Company Bill H... N/A

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| 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 | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

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

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Allen Bennett
 Applicant's Signature
President Bennett's Custom Home Imp.
 Title/Company

Allen Bennett
 Print Name
4-24-03
 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 | <u>4/24/03</u> | <u>[Signature]</u> |
| Dev. Engineering, DPZ | | |
| Health | <u>4/24/03</u> | <u>Steven R. Krieg</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 _____

PROPERTY ID#: 44081

| | |
|-------------------|----------------|
| Filing fee | \$ _____ |
| Permit fee | \$ <u>25</u> |
| Excess tax | \$ _____ |
| Add'l per. fee | \$ _____ |
| TOTAL FEES | \$ <u>50</u> |
| Sub-total paid | \$ _____ |
| Balance due | \$ _____ |
| Check | # <u>1156</u> |
| Validation | # <u>15979</u> |

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by: [Signature]

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

800139101

revised

| | |
|---|--|
| Building Address <u>8365 Murphy Rd</u> <u>Fulton Md.</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract <u>1005108</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>440</u> Parcel <u>113</u> Grid _____ Zoning <u>DP10</u> Map Coordinates _____ Lot size _____ | Property Owner's Name <u>Kevin Cathy Bennett</u> Address <u>8365 Murphy Rd</u> City <u>Fulton</u> State <u>MD</u> Zip Code _____ Home Phone <u>410-648-1718</u> Work Phone <u>NA</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____ |
|---|--|

| | |
|---|--|
| Existing Use <u>Single Family Home</u> Proposed Use <u>same</u> Estimated Construction Cost \$ <u>300,000</u> Description of Work <u>Remove 2 - 500 gallon propane tanks to be relocated later</u> | Contractor Company <u>Bennett's Custom Home Svc</u> Contact Person <u>allan Bennett</u> Address <u>4100 Simpson Dr</u> City <u>Westminster</u> State <u>Md</u> Zip Code <u>21156</u> License No. <u>37250</u> Phone <u>410-648-2407</u> Fax _____ |
|---|--|

| | |
|--|--|
| Occupant or Tenant _____ Contact Name <u>allan Bennett</u> Address <u>4100 Simpson Drive</u> City <u>Westminster</u> State <u>Md</u> Zip Code <u>21156</u> Phone <u>410-648-2407</u> Fax _____ | Engineer or Architect Company <u>NA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ 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 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 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 checked="" 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: _____ <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: <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"/> 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>allan Bennett</u> Applicant's Signature <u>Bennett's Custom Home Svc. pres.</u> Title/Company | <u>allan Bennett</u> Print Name <u>12-3-02</u> Date |
|---|--|

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|----------------|--------------------|---|--------------------------------|
| Land Development, DPZ | | | Front: _____ | 44081 |
| State Highways | | | Rear: _____ | Filing fee \$ <u>200</u> |
| Building Official | | | Side: _____ | Permit fee \$ _____ |
| Dev. Engineering, DPZ | | | Side St: _____ | Excise tax \$ _____ |
| Health | <u>12/9/02</u> | <u>Brian Baber</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Balance due \$ _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Check # <u>1063</u> |
| | | | | Validation # <u>12345</u> |
| | | | | Accepted by <u>[Signature]</u> |

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00139107 BB

Building Address 8365 Murphy Rd.
Fulton Md. 20759

Property Owner's Name Kevin Cathy Bennett

Address 11430 New Country Lane

Suite/Apt. #: N/A SDP/WP/Petition #: _____

City Columbia State Md Zip Code 21044

Census Tract 10567 Subdivision _____

Home Phone 410-730-1650 Work Phone _____

Section _____ Area _____ Lot _____

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

Tax Map 416 Parcel 143 Grid 8

Zoning RN1A Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use Single family Home

Contractor Company Bennett's Custom Home Inc

Proposed Use Same

Contact Person allan Bennett

Estimated Construction Cost \$ 225,000

Address 4100 Simpson Dr W

Description of Work Demo first floor interior

City Westminster State MD Zip Code 21158

and roof add second floor and add wing

License No. 37750

approx 26' x 32' with In-law suite

Phone 410-842-807 Fax 301-211-1111

Occupant or Tenant Owner

Engineer or Architect Company Bill McCarthy

Contact Name _____

Contact Person Bill McCarthy

Address _____

Address 1001 Kenilworth Drive

City _____ State _____ Zip Code _____

City Towson State MD Zip Code 21284

Phone _____ Fax _____

Phone 410-583-8472 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: 30'4" 8'11/8"
2nd floor: 30'4" 50'
Basement: 30'4" 8'11/8"
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 3-4
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

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

allan Bennett
Applicant's Signature
President Bennett's Custom Home Inc.
Title/Company

allan Bennett
Print Name
Oct 28 2002
Date

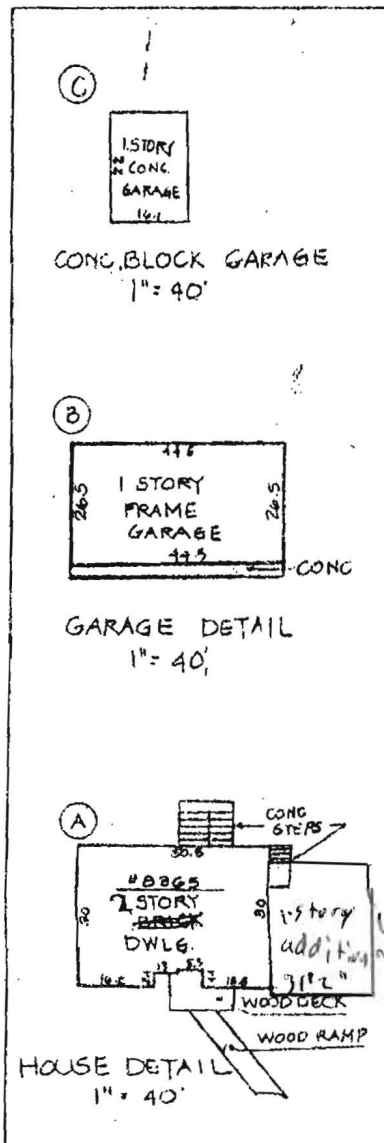
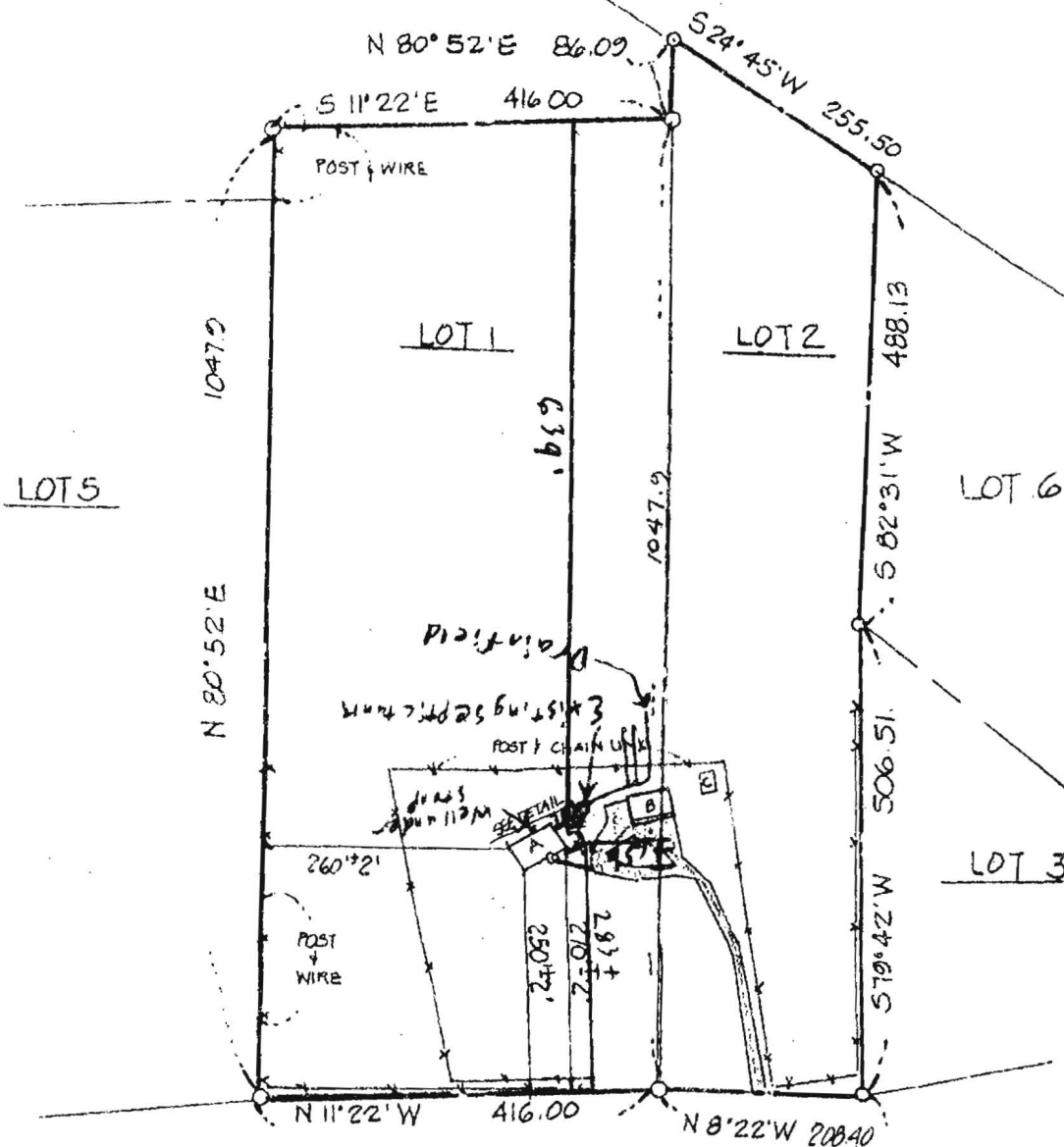
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY.

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|----------------|--------------------|
| <input checked="" type="checkbox"/> Land Development DPZ | | |
| <input type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Official | <u>12/9/02</u> | <u>Brian Baker</u> |
| <input checked="" type="checkbox"/> Dev. Engineering DPZ | | |
| <input checked="" type="checkbox"/> Health | | |
| <input checked="" type="checkbox"/> 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>75 ft</u> | <u>44081</u> |
| Rear: <u>60 ft</u> | Filing fee \$ <u>35</u> |
| Side: <u>10 ft</u> | Permit fee \$ _____ |
| Side St.: <u>NA</u> | Excise tax \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Lot Coverage for New Town Zone _____ | Balance due \$ _____ |
| SDP/Red-line approval date _____ | Check # <u>1037</u> |
| | Validation # <u>14510</u> |
| | Accepted by <u>[Signature]</u> |

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

LOT 4



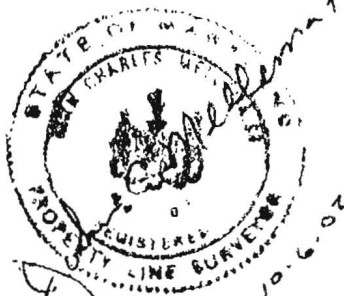
MURPHY ROAD

12/9/02 B00139107 (adding second floor and 1 story addition)

Permit approved based on promise to upgrade septic system and move tank. **BB**

NOTE: I ALSO KNOWN AS LOTS 1 AND 2, AS SHOWN ON PLAT OF "SUBDIVISION OF ALBIN F. AND SARAH E. PAYNE PROPERTY, NEAR BURTONSVILLE" RECORDED IN HOWARD CO., MD. IN PLATBOOK 5 FOLIO 67.

- 1) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- 2) The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



| | | |
|---|--|---------------------|
| LOCATION DRAWING | | SCALE: 1" = 200' |
| 8365 MURPHY ROAD + HOWARD CO, MARYLAND | | DATE: 10-6-02 |
| JOHN C. MELLEMA SR., INC. LAND SURVEYORS | | JOB NO: 02443 |
| 5409 EAST DRIVE · BALTIMORE, MARYLAND 21227 · (410)247-7488 | | |

1625.00
Check # 1063
CHK # 16 750
12-302

Dec 3 2002

to whom it concerns

We need to ammend the Inlaw Suite at
8365 Murphy Rd permit # B00139107
Because of a marriage he no longer needs a Inlaw
suite. we would like to change it to a
Rec room with a 1/2 Bath and a utility room
with a slop sink. and add some more glass to
allow the sun light in. the foot print of the
addition will stay the same, as on the Drawing

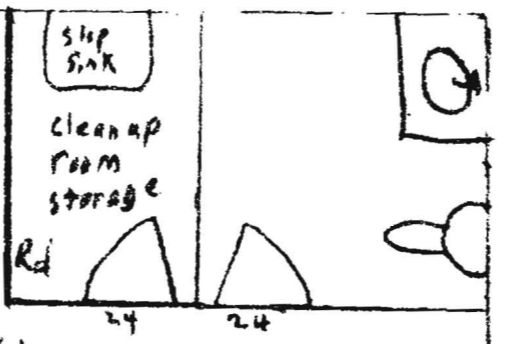
CC. Health Dept

Sincerely
Allen Bennett

12/3/02
B.P. Revision
O.K. - Changing
Inlaw Suite to
Rec. Room
BB

BALIT

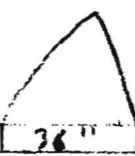
AMendment to Original
Drawings for 8365 Murphy Rd
Bennett Residence
this area was the Inlaw Suite
Now to Be Rec Room



REVISED
Date: 12-3-02
8365 Murphy Rd
Comments: B00139107
raise floor plan

12/3/02
B.P.
Revision O.K.
Removing
Bedroom
(BB)

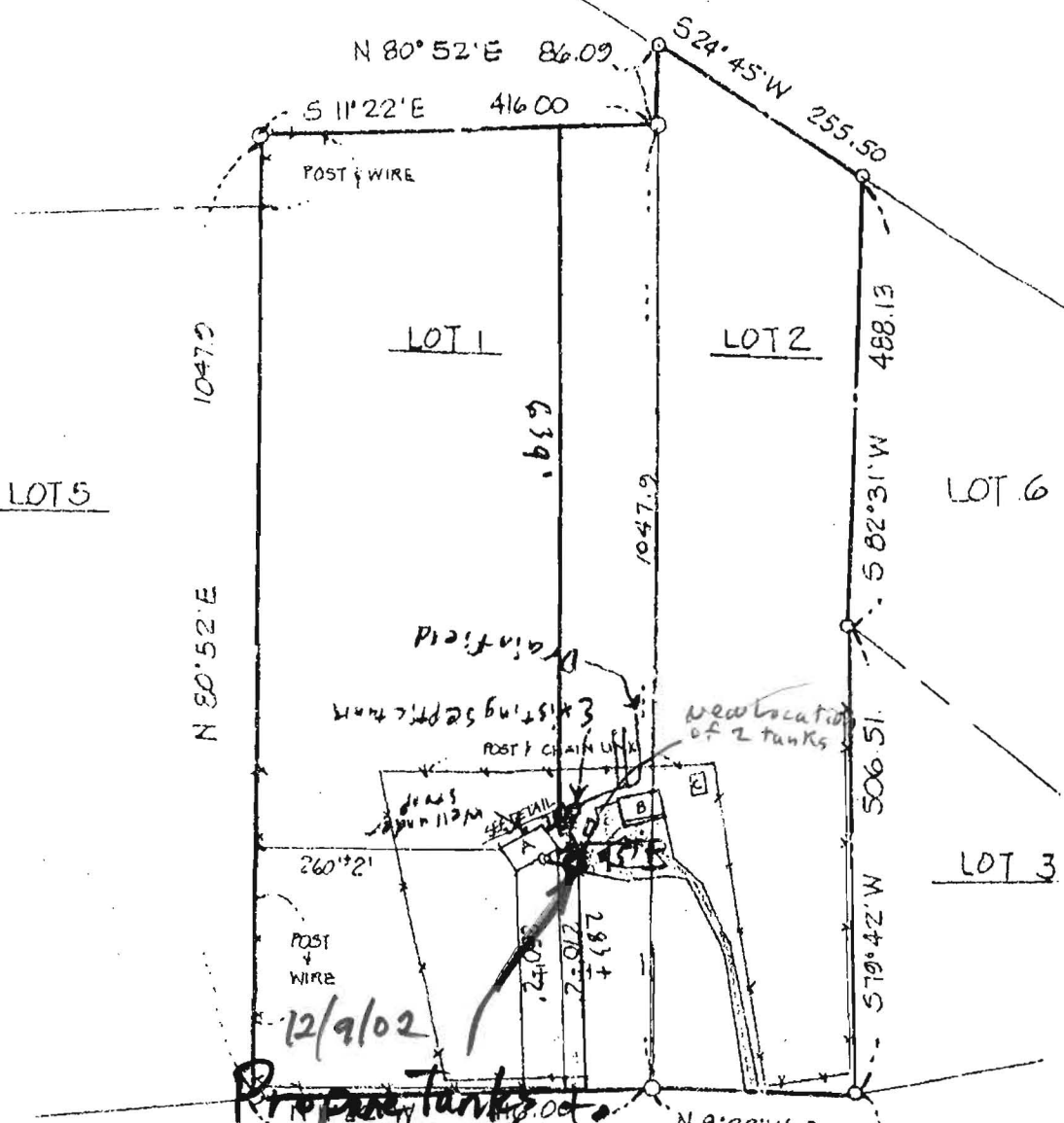
Existing Home



front

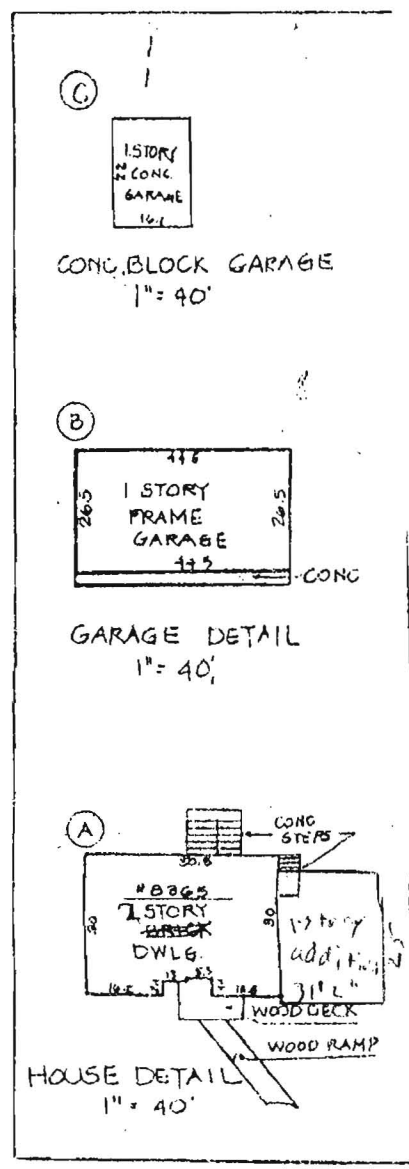
Bennett Residence
8365 Murphy Rd Fulton Md.

LOT 4



Proposed Tanks to Be Relocated Somewhere in This Area as per Allan Bennett

BB



NOTE: I ALSO KNOWN AS LOTS 1 AND 2, AS SHOWN ON PLAT OF "SUBDIVISION OF ALBIN F. AND SARAH E. PAYNE PROPERTY, NEAR BURTONSVILLE" RECORDED IN HOWARD CO., MD. IN PLATBOOK 5 FOLIO 67.

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- 2) This plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.



| | | |
|--|--|---------------------|
| LOCATION DRAWING | | SCALE: 1" = 200' |
| 8365 MURPHY ROAD + HOWARD CO., MARYLAND | | DATE: 10-6-02 |
| JOHN C. MELLEMA SR., INC. LAND SURVEYORS | | JOB NO: 02443 |
| 5409 EAST DRIVE · BALTIMORE, MARYLAND 21227 | | (410)247-7488 |



LOT 4

N 80° 52' E 86.09

S 11° 22' E 416.00

POST & WIRE

S 24° 45' W 255.50

LOT 1

LOT 2

1047.9

639.1

1047.9

488.13

LOTS 5

LOT 6

N 80° 52' E

582.31' W

Proposed

Chimney to be added

POST & CHAIN LINK

260' x 21'

POST & WIRE

N 11° 22' W

416.00

N 8° 22' W 208.40

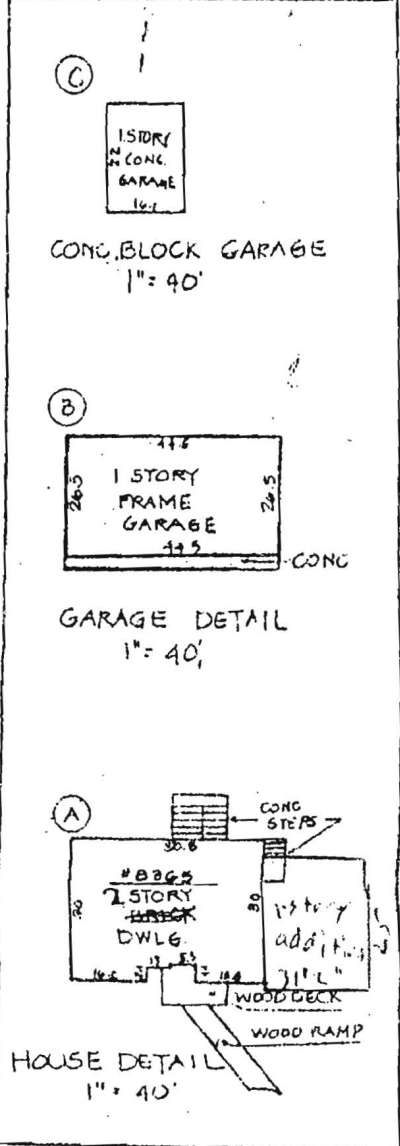
506.51

LOT 3

MURPHY ROAD

BOW 141507

4/24/03
proposed chimney
on SRK



NOTE: ALSO KNOWN AS LOTS 1 AND 2, AS SHOWN ON PLAT OF "SUBDIVISION OF ALBIN F AND SARAH E. PAYNE PROPERTY, NEAR BURTONSVILLE" RECORDED IN HOWARD CO., MD. IN PLATEBOOK 5 FOLIO 67.

12/2/02 (BB)

Howard County Health Department

Number of Bedrooms to
To: Stay the Same as Per

Allan Bennett - To Submit
Revised Floor Plan To Permits
Office

- ① Existing Septic Tank to Be Abandoned
- ② A Few Perc - Test Holes
to Be Dug to Establish Area
- ③ Trenches to Be Installed
As Needed For A 3 Bedroom
House

From: No Info. Found on House
Built in 1957

Date: _____
HD-170 Check on Well Location/
Condition