

Exhibit C

OFFICE USE ONLY

SEWER CONNECTION APPLICATION HOWARD COUNTY

DEPARTMENT OF PUBLIC WORKS
3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043

686752

OFFICE USE ONLY

CONTROL #: _____
 PERMIT #: _____
 INSPECTED BY: _____
 DATE INSPECTED: _____

APPLICATION #: _____
 CONTRACT #: 130
 REBATE CONTRACT #: _____
 SEWER ZONE: _____
 CONNECTION WORKSHEET Y N _____

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION IS UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING (DPZ) FOR HOUSE NUMBER, STREET NAME, ETC. NOTE: COMMERCIAL AND INDUSTRIAL FACILITIES MAY BE SUBJECT TO REQUIREMENTS OF THE COUNTY CODE FOR SEWER SURCHARGES, INDUSTRIAL COST RECOVERY CHARGES, AND PRETREATMENT.

DATE OF APPLICATION 8-23-19

Application is herewith made for a sewer house connection to the property described below:

SUBDIVISION _____ SECTION _____ AREA _____ LOT 8 BLOCK _____
 HOUSE # 3134 STREET Brookmeade Road TAX MAP 0017 GRID 0021 PARCEL 0490
 CITY, STATE Ellicott City MD ZIP CODE 21042 PHONE # 410-209-9209
 NEW OR EXISTING BUILDING Existing USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE) _____

| ITEMS CHECK | CONNECTION TYPE | CON. DIA. | CHARGES DESCRIPTION | CHARGES AMOUNT | FUND | BA | G/L |
|-------------------------------------|------------------|-----------|--|--------------------|------------|------|--------|
| <input checked="" type="checkbox"/> | SEWER CONNECTION | 4" | INSTALLATION | | 7010009000 | 3100 | 431185 |
| <input type="checkbox"/> | SEWER CONNECTION | 6" | INSTALLATION | | 7010009000 | 3100 | 431185 |
| <input type="checkbox"/> | SEWER CONNECTION | 8" | INSTALLATION - ADO | | 7010003000 | 1300 | 102998 |
| <input checked="" type="checkbox"/> | | | IN-AID-OF CONSTRUCTION AMOUNT CHARGED BASED ON METER SIZE | \$ <u>600.00</u> | 7030015100 | 3100 | 422000 |
| <input checked="" type="checkbox"/> | ADO or SURETY # | | ADVANCED DEPOSIT ORDER OR SURETY DEPOSIT AMOUNT | \$ <u>1,500.00</u> | 7010003000 | 1300 | 102998 |
| <input checked="" type="checkbox"/> | | | INSPECTION FEE AND PERMIT FEE | \$ <u>300.00</u> | 7010010000 | 3100 | 431105 |

*Refer to DPZ for estimates of Advanced Deposit (ADO). For installations requiring an ADO, the owner must enter into a cost agreement with Howard County prior to the commencement of any installation work.

\$2,400.00
TOTAL DUE

DATE _____
 CR # _____

THE INFORMATION REQUESTED BELOW MUST BE LEGIBLE FOR BILLING/REFUND PURPOSES.

COMPANY NAME RUTH GLOCK
 COMPANY ADDRESS 3134 BROOKMEADE RD, ELLICOTT CITY, MD 21042
 OWNER SIGNATURE Brian Glock
 OWNER NAME (PRINT) _____
 OWNER ADDRESS SAME AS ABOVE

FULL FEE MUST ACCOMPANY THIS COMPLETE APPLICATION, MAKE CHECKS PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY. CREDIT CARDS ARE NOT ACCEPTED.

THE TERMS & CONDITIONS OF THIS APPLICATION, INCLUDING ANYTHING ON THE REVERSE SIDE HEREOF ARE BINDING UPON THE OWNERS SIGNATURE & ALL SUCCEEDING OWNERS.