

TOT 4/96
a.m WPI & C.O
11/27/96
House Connection - PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57073

A _____

DISTRICT 5th

DATE 8/6/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX451813~~ 313-2640

TAX ID#
05-420776

DATE SYSTEM APPROVED _____

INSPECTOR _____

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 127 ROAD 7205 Fawn Crossing Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

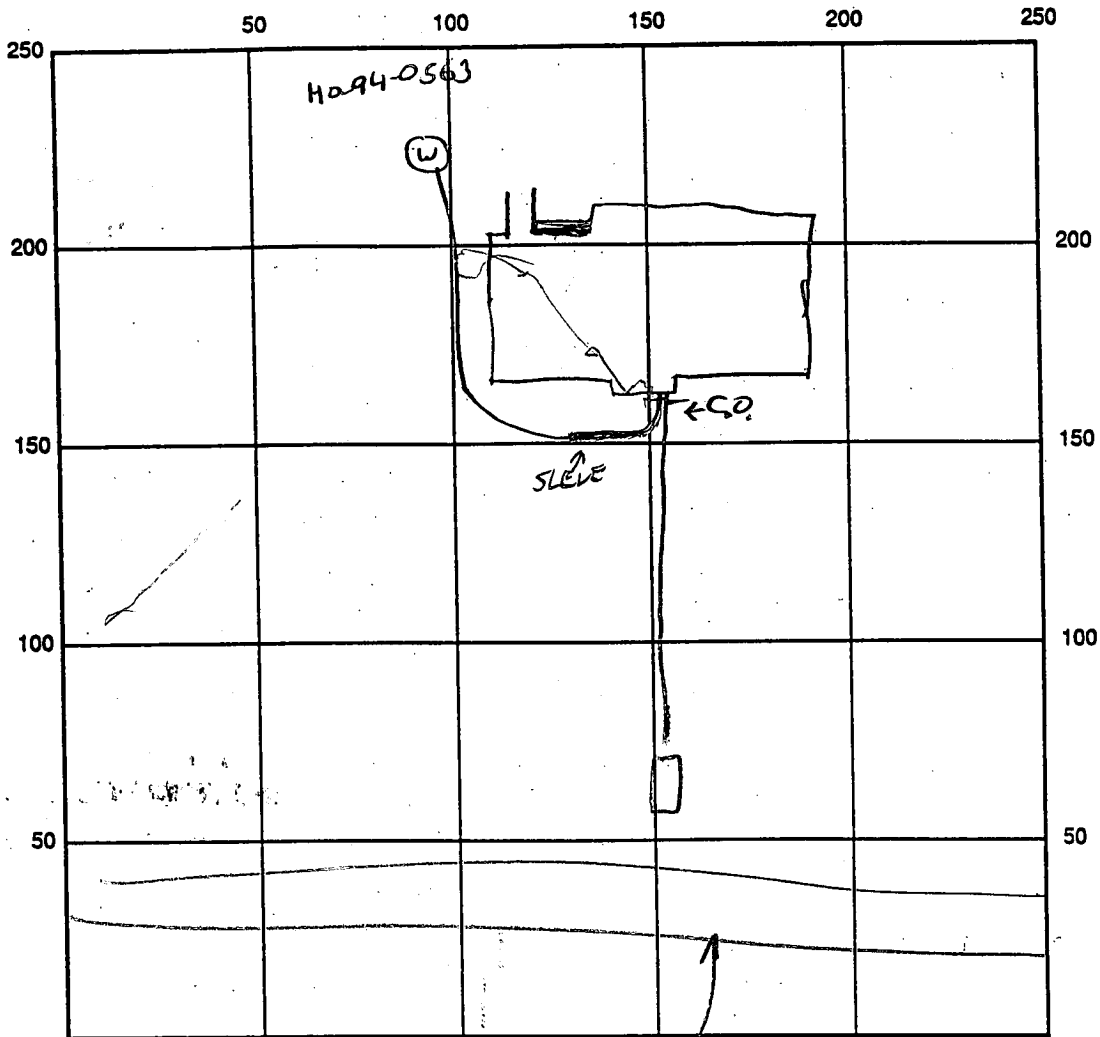
DC PERMIT SIGNED
AND RETURNED 12/18/96
Serial # B 103431-deck

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.
- This portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.
- Contact Health Department for inspection before covering the installation.
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

[Signature] 8/19/96

Plans Approved By _____

Date: _____



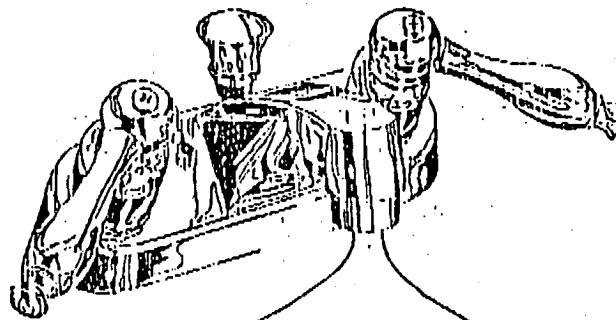
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 LAWN CROSSING OK.

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 10-2-96 W.P.I. OK ~~IF~~ LINE RUN TO SEPTIC TANK BUT NOT CONNECTED YET. ~~IF~~
 WELL GROUND WIRE NEEDS CONNECTION AT CASING NOTED ON STICKER + ALUMBER (VAN JANT) TOLD, OS Find House Connection already covered - Contractor says O.P.C. gave permission to cover 11/29/96

DATE SYSTEM APPROVED 12/6/96 INSPECTOR CW SRU

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900



FAX
COVER
SHEET

FAX # (410) 313-4919

Number of Pages: 1
(Including this sheet)

DATE: 12/6/96
TO: Craig Williams
FAX #: 2648
FROM: Jim Miller
COMMENTS: Pump test for the Pelling
lots have been approved

<u>Lot 99</u>	<u>7200 Fawn Crossing Dr</u>
<u>Lot 105</u>	<u>7216 Chaton Rd</u>
<u>Lot 127</u>	<u>7205 Fawn Crossing Dr</u>

10-2-96
 W.P.I. NEEDS CORRECTED
 GROUNDS COVER OFF
 OK TO

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer Van Sant Pkg & Htg Telephone 829-0444
 License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Winchester Homes Telephone 670-1010
 Subdivision Whisper Knolls Lot # 127 Well Tag # HO-94-0563
 Site Address Willingford Lane
Clarksville, MD 21029

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Goulds
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Pitless Adapter
 1. Make Lambert
 2. Model # B10X
 3. Depth 48"

Tank
 1. Capacity V-100
 2. Pressure relief valve?

Piping
 1. Type P.S.
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 48"

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
 Signature of Applicant: Harold A. Van Sant
 Date: 8-27-96

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

B00100950

G-3338

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7205 Fawn Crossing Drive 22977
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type: 2 1/2 story
2 story full hall, 2nd floor
1 1/2 4 1/2" OC joists

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
137	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashland Knolls	RR	41	5	6051.02

OWNER NAME AND ADDRESS
Wynkester Home Inc.
6307 Top of the Hill - 402 (301) 470-4411
Clarksville, Md. 21030

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	20'	40'	10'
	20'	38'	10'
	20'	38'	10'

OCCUPANT'S NAME AND ADDRESS
Wynkester Home Inc.
6307 Top of the Hill - 402 (301) 470-4411
Clarksville, Md. 21030

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1287	13970	10' / 100'
ROOMS	1287	13970	
BATHS			
FIREPLACES	1412	14000	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R.M. Webb Group
330 N. Ridge Rd. Suite 233
Ellicott City, Md. 21043 (410) 461-0000

FOOTINGS	FOUNDATION	S. WALLS
10' x 8'	8" concrete	2" x 8"

CONTRACTOR'S NAME AND ADDRESS
Wynkester Home Inc.
6307 Top of the Hill - 402 (301) 470-4411
Clarksville, Md. 21030

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		X	X	Boiler	X

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
Vacant

PROPOSED USE
Res Single Family

EST. CONSTRUCTION COST \$160,000
LICENSE NUMBER 15X-19160
PERMIT FEE

SIGNATURE
Title
DATE 7/18/96

FOR OFFICE USE ONLY

W/S CODE
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY) SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/18/96	Amy McMiller
FIRE PROTECTION		
STORM WATER MGM		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

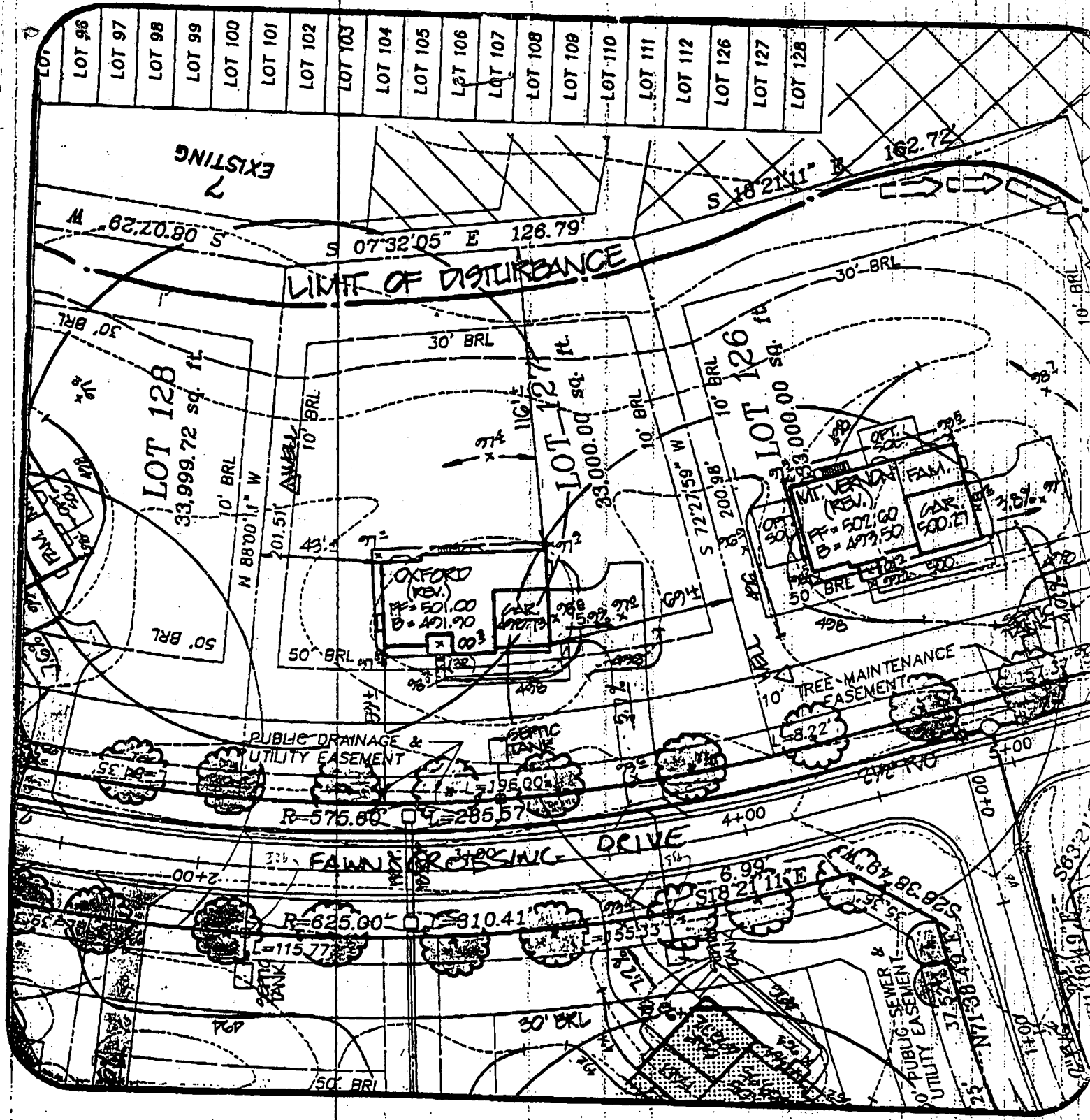
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED DATE
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

A A Q



SHEET 1 OF 2

7205 FAWN CROSSING DRIVE		Approved Septic System Plan	
Ashleigh Knolls Lot 127		Howard County Health Department	
DATE: 7/11/96	PROJECT NO: 94027.22	R.M. MOCHI GROUP, P.C.	
DRAWN BY: TJP	SCALE: 1" = 50'	CIVIL ENGINEERS LAND SURVEYORS	
Signature: <i>Amy McMill</i>		Date: _____	
3300 N. Ridge Road, Suite 235 Ellicott City, MD 21042-3305		(410) 461-0079 Fax: (410) 750-6340	

LOT	FF ELEV.	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 89					
LOT 90					
LOT 91					
LOT 92					
LOT 93					
LOT 94					
LOT 95					
LOT 96					
LOT 97					
LOT 98					
LOT 99	500.20	494.20	492.24	494.40	490.00
LOT 100					
LOT 101					
LOT 102					
LOT 103					
LOT 104	484.60	478.60	481.31	481.70	476.60
LOT 105	480.50	474.50	478.41	479.00	471.30
LOT 106					
LOT 107					
LOT 108					
LOT 109					
LOT 110					
LOT 111					
LOT 112					
LOT 126					
LOT 127	501.00	495.00	493.81	494.10	490.00
LOT 128					

SHEET 2 of 2

7205 FAWN CROSSING DRIVE
 Ashleigh Knolls
 Lot 127
 DATE: 7/1/96
 DRAWN BY: TJP

PROJECT NO.: 9402722
 SCALE: N/A

R.M. MOCHI GROUP, P.C.
 CIVIL ENGINEERS AND SURVEYORS
 PLANNERS ENVIRONMENTAL

3300 N. Ridge Road, Suite 235, Ellicott City, MD 21043-3305
 (410) 461-0079 Fax: (410) 750-6340

C-1 2950

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE RECEIVED 071596

DATE WELL COMPLETED 070996

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0563

OWNER: Homes last name: Wollingford Lane first name: TOWN: Highland SUBDIVISION: Ashleigh Knolls SECTION: LOT: 127

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets, if needed), FEET (FROM, TO), check if water bearing. Rows include TOP soil, Sand & silts, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sandstone, Mica.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes [Y] no [X]

- 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: Gary F. Eustand

LIC. NO. 501

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 21 NO. OF POUNDS 2100 GALLONS OF WATER 105 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 71

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, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (nearest ft.) 4069 200

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft. WHEN PUMPING 30 ft.

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.

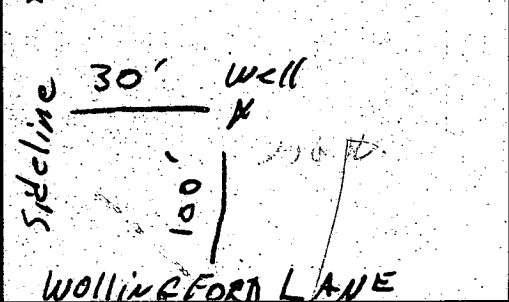
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) 4 above LAND SURFACE 2 (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)



B 1	9048	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
<small>2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		HO-94-0563 <small>70</small> fill in this form completely <small>79</small>		

OWNER INFORMATION

Date Received (APA) **051795**

Winchester Homes
15 Last Name Owner First Name 34

6305 Ivy Lane
36 Street or RFD 55

Greenbelt MD 20770
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard
8 COUNTY 21

Ashleigh Knolls
23 SUBDIVISION 42

SECTION **44** **46** LOT **127** 48 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday
Driller's Name **40** 77 License No. 80

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771
Address

George F. Easterday Date

B 4 **WELLINGFORD LANE**

11 **NEAR WHAT ROAD** **30**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

100 **37**
DISTANCE FROM ROAD

ENTER FT OR MI **FT**
38 39

TAX MAP: **40** BLK: **12** PARCEL: **174**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** **12**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** **20**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13-**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **060995** **Brad Purdy** **6/9/96**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **487000** EAST GRID **0818060**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** **28** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTary **AIR-PERcussion** **ROTary** (Hydraulic Rotary)

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED.

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ **GAP** _____
54 63

FORCE **RIP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0563**
67 68 70 71 72 73 74 75 76 77 78 78

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

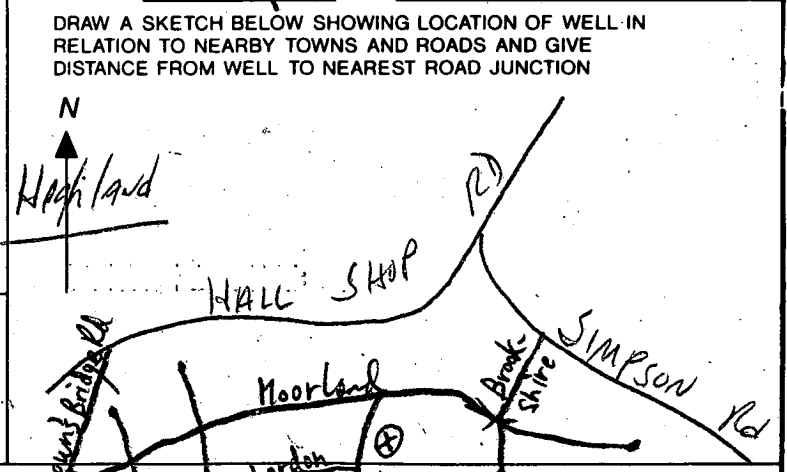
SOURCES OF DRILLING WATER

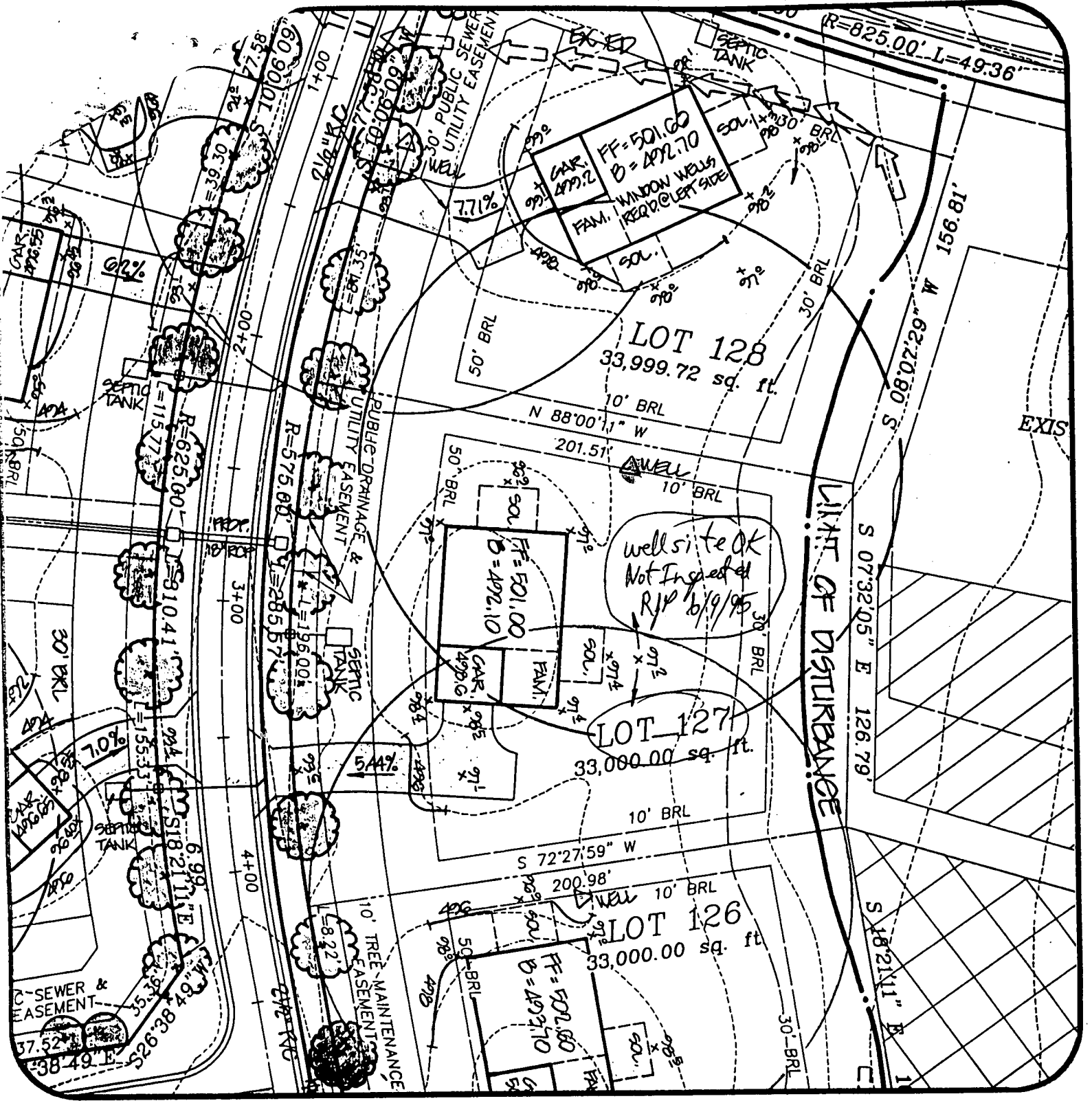
- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

808 **4807**

000
000





Ashleigh Knolls
Lot 127

DATE: 5/2/95

PROJECT NO.: 89027.01

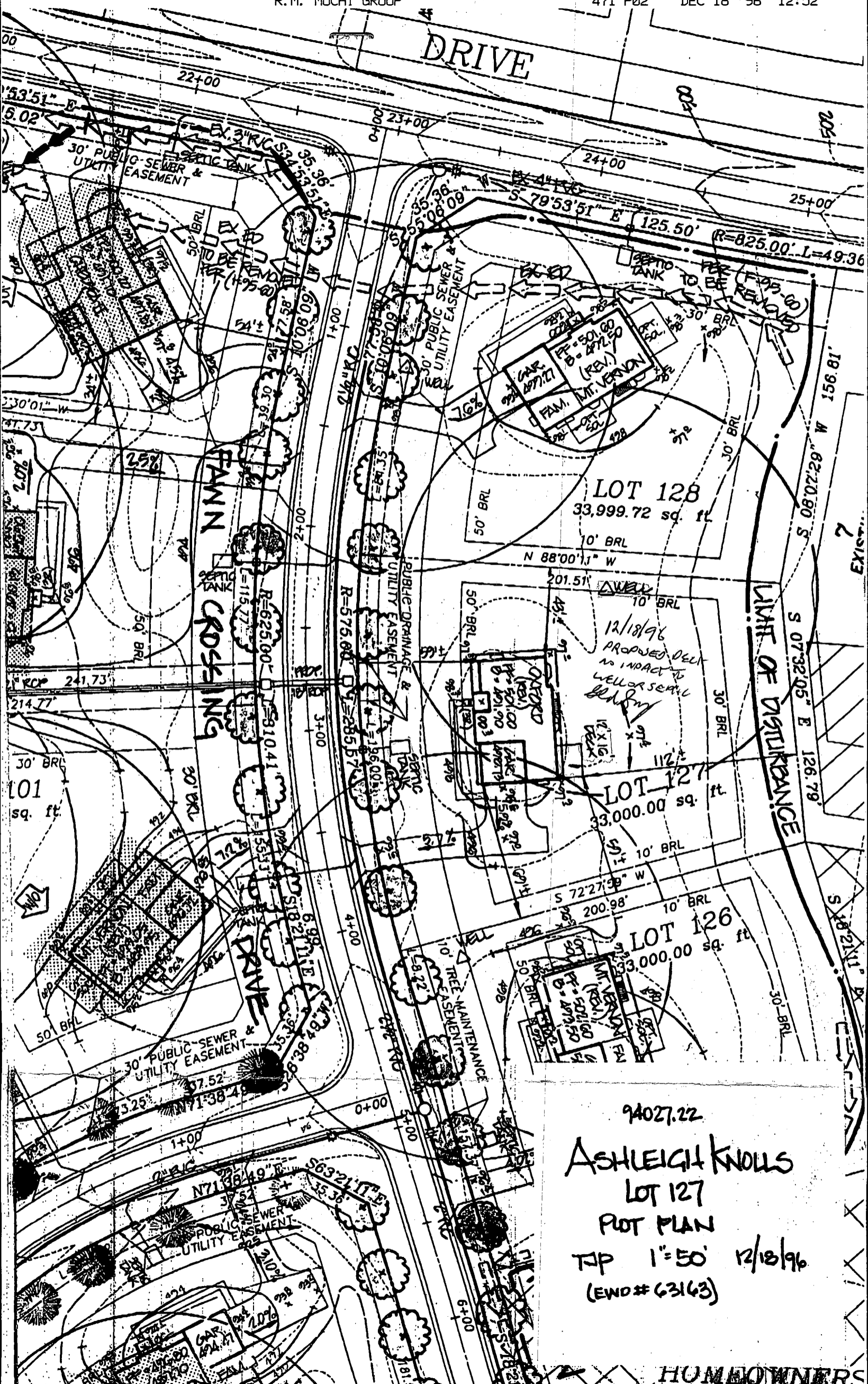
DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.
 CIVIL ENGINEERS
 LAND SURVEYORS
 PLANNERS
 ENVIRONMENTAL

3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3305

(410) 461-0079
 Fax: (410) 750-6340



94027.22
 ASHLEIGH KNOLLS
 LOT 127
 PLOT PLAN
 TYP 1"=50' 12/18/96
 (END# 63163)

HOMESOWNERS

APPLICATION

HOWARD COUNTY

30

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

1500163431

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7205 Fawn Crossing Dr
Ellicott City, MD 21043 23977

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

12' x 16' Deck

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
127	774	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashland Knolls	RR	41	5	6051.00

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes Inc
6305 Tug Ln. Suite 200
Greenbelt MD 20770 (301) 474 4411

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

K. A. Mohr Group
330 N. ...
Ellicott City, MD

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Winchester Homes Inc
Same as above

EXISTING USE	PROPOSED USE
1200	

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
1,200.00	158-14160	30.00

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES												
<table border="1"> <tr> <th>WATERWELL</th> <th>SEWER/SEPTIC</th> <th>GAS</th> <th>ELECTRICITY</th> <th>TYPE OF HEAT</th> <th>AC</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>GAS</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GAS	<input checked="" type="checkbox"/>
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GAS	<input checked="" type="checkbox"/>							

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE: [Signature] DATE: 12-18-96

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE _____

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK (CORNER LOT ONLY) _____

SDP # _____

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	12/18/96	[Signature]
WATER & SEWER		
HEALTH DEPT	12/18/96	[Signature]
FIRE PROTECTION	12/18/96	[Signature]
STORM WATER MGM.		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED: [Signature] DATE: _____

Distribution of Copies:
 White - Building Official
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A