

7/9/99
got these connections
at the inspection of 12/1
Needs to be set.

10/16/97
IPN + LOT 121

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58011

A _____

DISTRICT 5th

DATE 03/07/97

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

TOX ID #
05-420717

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Ashleigh Knolls LOT 122 ROAD 7125 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

- 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.

REQ. PERMIT SIGNED

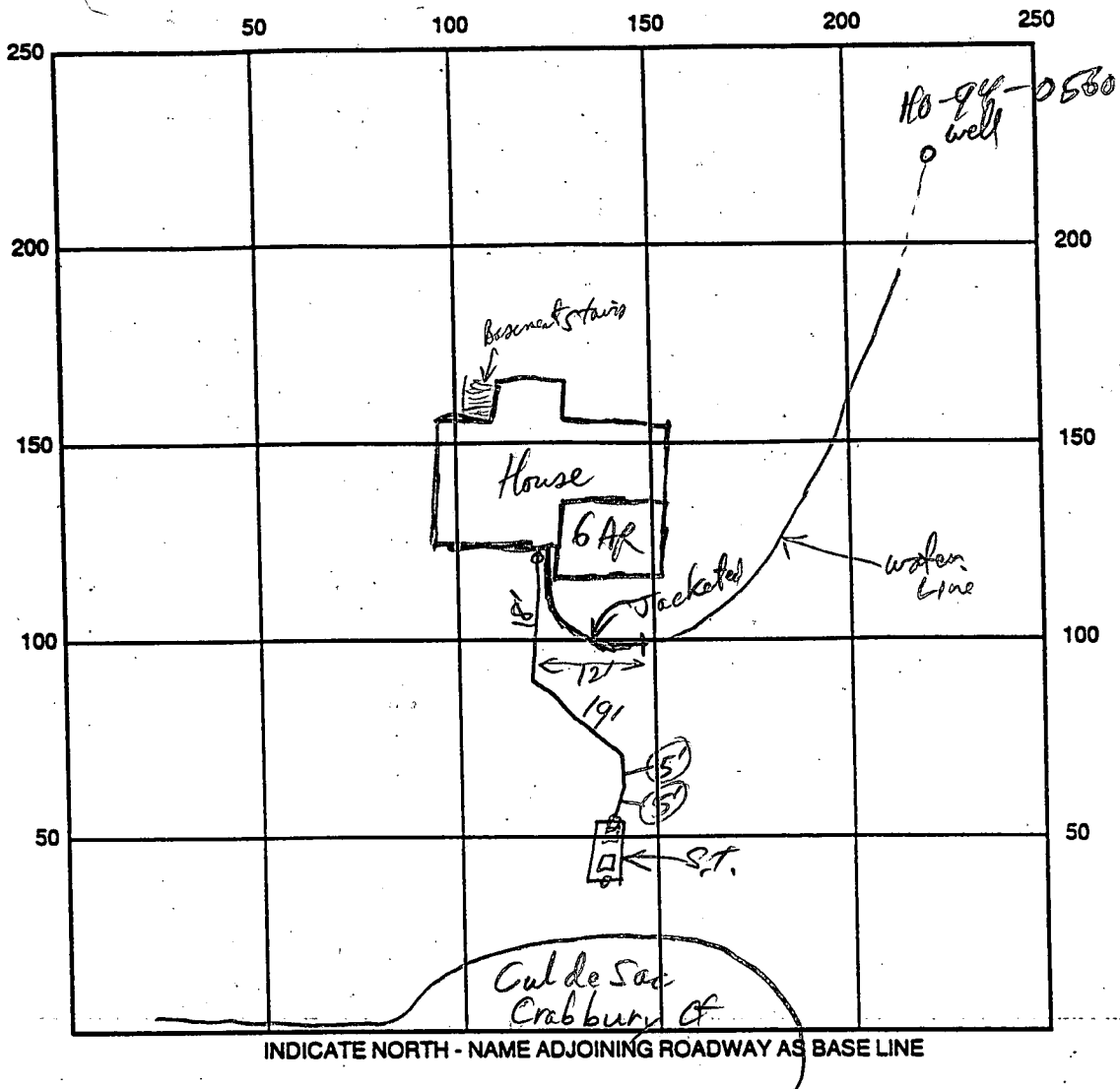
AND RETURNED

12/2/99
Serial # *200121948*
Inground Pit

58011

Plans Approved by:

DATE:

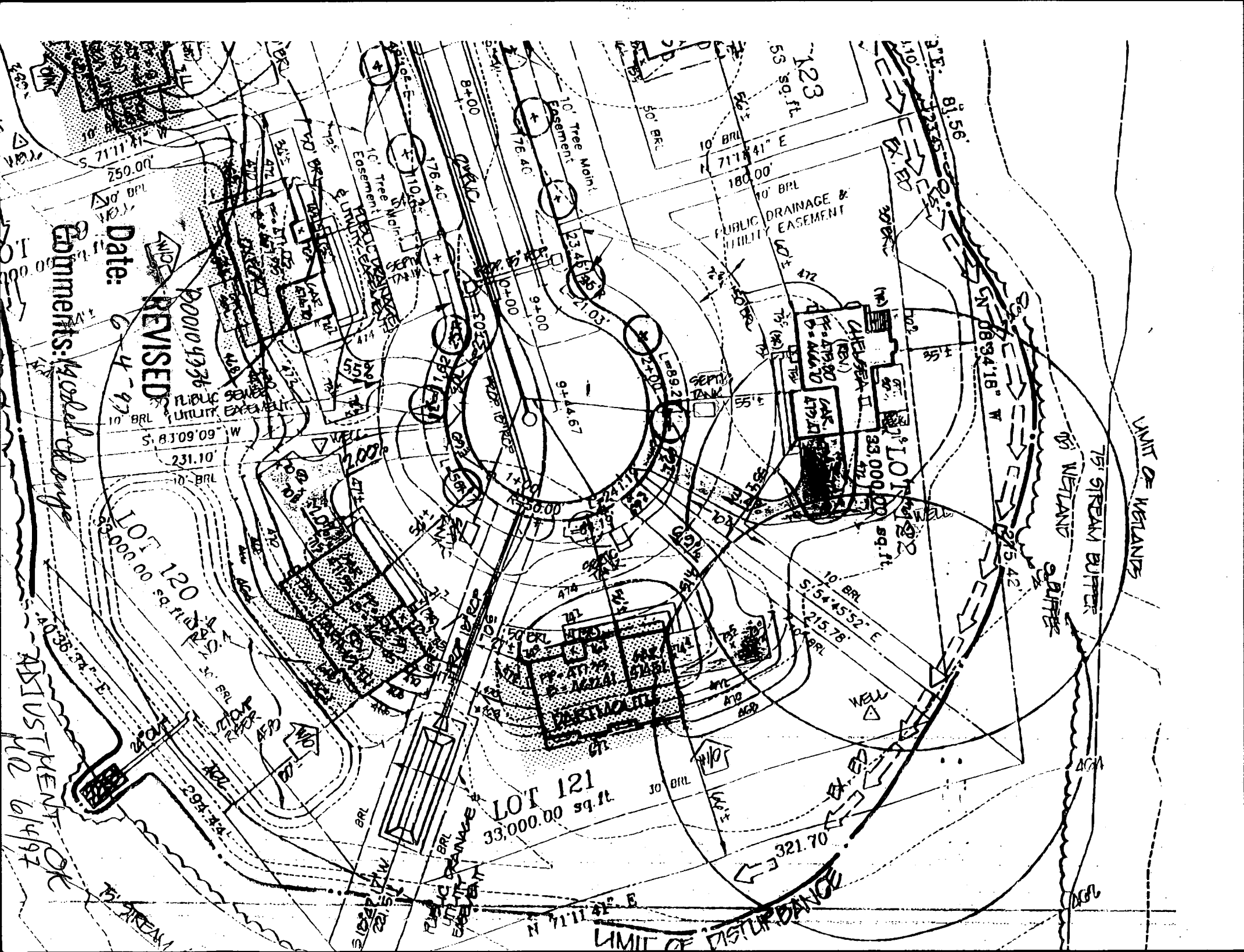


SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection OK to Cover, call for Septic Pump Test R/P 7/9/97
 10/16/97 PUMP TEST, CRUMPS REWASER OK, ALARM OK
 TO CHECK BRIGGS BOX IN PUMP CHAMBER MISSING 3 connections
 PUMP CONTROL FLOAT TOO LONG - TO BE ADJUSTED
 CONTROL BOX WIRED WRONG

WPI - Pitless adapter OK @ 3 1/2 ft - R/P 7/10/97 - OK to cover
 Water line OK at house - Needs pitless adapter installation yet 7/9/97

DATE SYSTEM APPROVED _____ INSPECTOR _____



REVISED

Date: 6-4-97

Comments: Model change

ADJUSTMENT OK
6/4/97

PO0104376

LOT 121
33,000.00 sq. ft.

LOT 123
55,000.00 sq. ft.

250.00

231.10

321.70

123
55,000.00 sq. ft.

81.56

S. 81°09'09" W
10' BRL

N 71°11'41" E
180.00'

N 08°34'18" W
10' BRL

S 154°45'52" E
215.78'

N 71°11'41" E

10' BRL

30 BRL

WELL

SEPTIC TANK

PUBLIC SEWER UTILITY EASEMENT

PUBLIC DRAINAGE & UTILITY EASEMENT

75' STREAM BUFFER

LIMIT OF DISTURBANCE

LOT 120
33,000.00 sq. ft.

10' BRL

PUBLIC DRAINAGE & UTILITY EASEMENT

LIMIT OF DISTURBANCE

DATE

REVISED

PUBLIC SEWER UTILITY EASEMENT

10' BRL

LOT 120
33,000.00 sq. ft.

10' BRL

PUBLIC DRAINAGE & UTILITY EASEMENT

LIMIT OF DISTURBANCE

DATE

REVISED

PUBLIC SEWER UTILITY EASEMENT

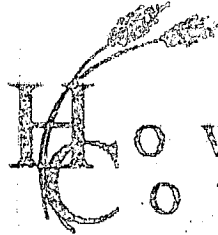
10' BRL

LOT 120
33,000.00 sq. ft.

10' BRL

PUBLIC DRAINAGE & UTILITY EASEMENT

LIMIT OF DISTURBANCE



Howard
County

Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel : (410) 313 4900
Fax : (410) 313 4989

Date : 10/17/97 Number of pages including this one 2

To : Kim

Fax No. : 2648

From : Bernard Sensibaugh

Comments : Ashleigh Knott U+O inspection.

Winchester homes: Builder.

Lot # 121 7129 Crabbury Ct. contract # 50-3382

Lot # 122 7125 Crabbury Ct. contract # 50-3382.

Inspection OK on both.

Winchester
Homes, Inc.

6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770
Tel (301) 474 4411
Toll Free (800) 527-8558
Fax (301) 474-1609



June 4, 1997

Howard County
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Attn: Ms. Avis Corbin, Chief
Licenses & Permits Division

Re: Permit Number B00104336
Ashleigh Knolls, Lot 122

Dear Ms. Corbin:

Winchester Homes, Inc. would like to revise the above permit by changing the house type from a Highland to a Chelsea II. The Chelsea II will also have a finished basement with a full bath and den and a rear solarium.

Attached are (4) copies of the revised site plan and (1) copy of the new worksheet. Winchester Homes, Inc. realizes that we will have to pay any difference in the amount and we will only be reimbursed the excise fees if it is less. I will take a copy of the new site plan over to the health department today, so they will sign off.

If you should have any questions, please call me at (301) 489-1144. Thank you for your help in this matter.

Sincerely,
Winchester Homes, Inc.

A handwritten signature in cursive script that reads 'Carol Viers'.

Carol Viers
Permit Administrator

/cv

Attachment(s)

HOUSE ADJUSTMENT OK 6/4/97 MR

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 113					
LOT 114					
LOT 115	485.82	479.82	480.50	480.50	477.01
LOT 116					
LOT 117					
LOT 118					
LOT 119	477.05	471.05	472.73	472.03	468.03
LOT 120	474.39	468.39	469.55	469.70	465.70
LOT 121	477.35	471.35	469.81	469.72	466.30
LOT 122	475.80	469.80	469.93	470.70	467.36
LOT 123	478.80	472.80	474.53	473.63	469.80
LOT 124	486.05	480.05	479.08	479.14	475.72
LOT 125					

**PUBLIC SUBSURFACE WASTEWATER
DISPOSAL AREA & UTILITY EASEMENT**

0 REVISED STRUCTURAL FILL PADS TO MAX. SIZE OF 55' X 80' PER G. COLLINS, WAH, 12/10/95
 7 SITED LOTS 113-125 AS MT. VERNON PER L. BURGDON, WAH 9/18/95
 6 DELINEATED STRUCTURAL-FILL FOR HOUSE PADS
 5 REVISED LOT 120 SEPTIC TANK & WELL LOCATIONS PER 7/18/95

project date

7/21/95
7/18/95

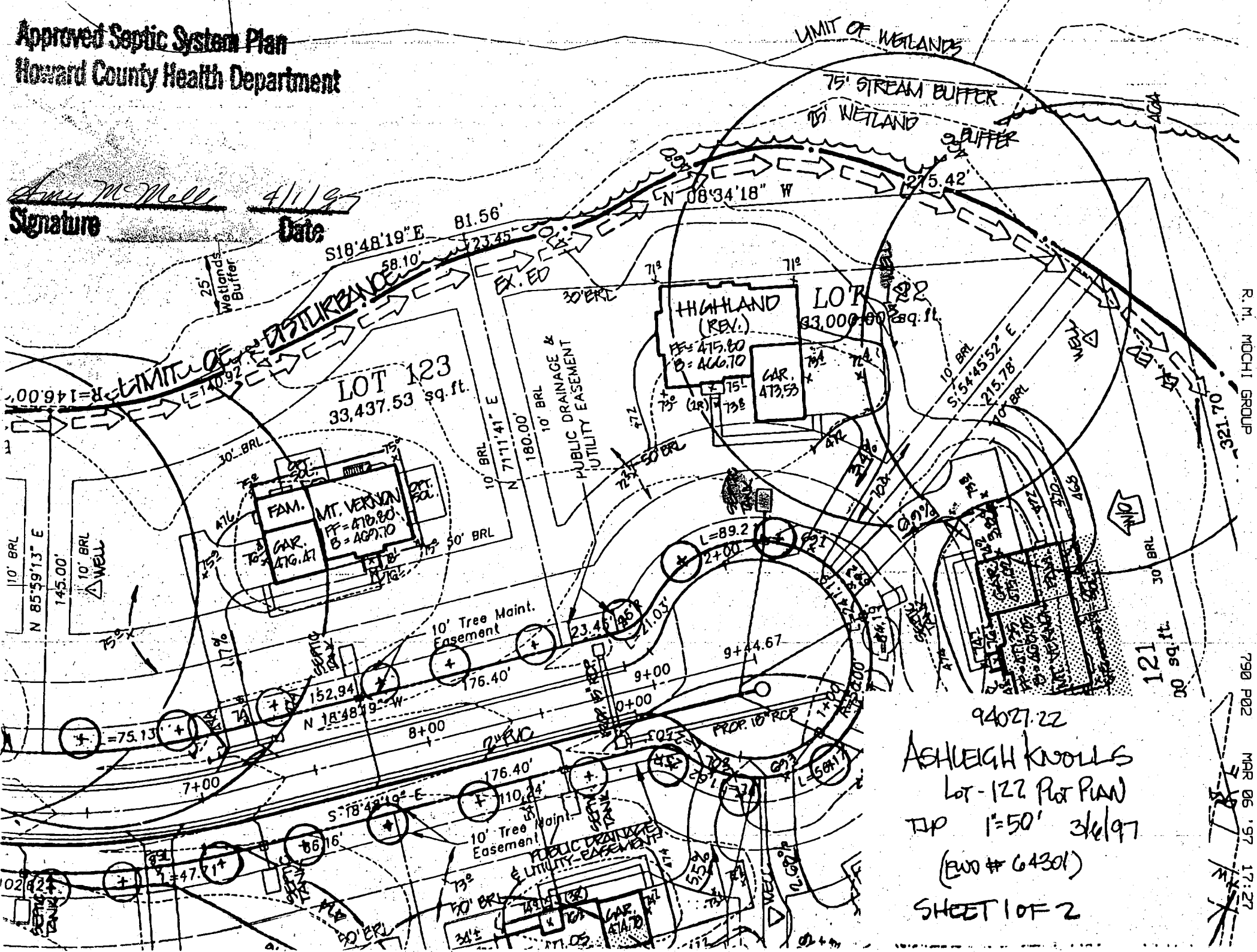
8/21/96

REES PER L. BURGDON COMMENTS
 BERGASON L.A. TREE SELECTION

LOT 124 9/9/96

Approved Septic System Plan
Howard County Health Department

Amey McWells 4/1/97
Signature Date



94027.22
ASHLEIGH KNOWLES
Lot-122 Plot Plan
TYP 1"=50' 3/6/97
(EWD # 64301)
SHEET 1 OF 2

R. M. MOCHI GROUP

790 P02

MAR 06 '97 17:27

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

000104336

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

7125 Cranbury Court
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is Highland.
2 story full basement BR, 3 FB LAB
17 4BR 3 car garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
122	475	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleth Knolls	R2ED41		5	6051.02

OWNER NAME AND ADDRESS
Windsor Home
6301 Gwynn Hall Lane
Clarksville, MD 21029 (301) 477-4411

PHONE NO.

OCCUPANT'S NAME AND ADDRESS
Windsor Home

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R.M. Machi Group
16120 A Old National Rd
J. Spang, P.E. MD 21029 (301) 462-5158

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
Windsor Home

PHONE NO.

EXISTING USE	PROPOSED USE
Garage	Res Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
170,000	1592-14160	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60'	60'	11'
	64'3"	37'	10'
	60'	30'	12'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1,100	3,000	1/2 Gambrel
ROOMS	1,000	1,000	
BATHS			
FIREPLACES	2	1750	

FOOTINGS	FOUNDATION	S. WALLS
Foundation	Foundation	Foundation

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				GAS

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 complied with.

SIGNATURE: [Signature]
TITLE: [Title] DATE: 3-27-97

FOR OFFICE USE ONLY

W/S CODE

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		
WATER & SEWER		
HEALTH DEPT.	4/1/97	A.M. Miller
FIRE PROTECTION		
STORM WATER MGM		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED

APPROVED _____ DATE _____

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

LP-69-591 CK 4259

C1 2721

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

032797

031397

300

H0-94-0560

OWNER Winchester Homes STREET OR RFD Crabbury Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 122

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, FEET (FROM, TO), check if water bearing. Rows include: top soil, shale, red clay, shale, gray mica, brown mica, gray mica, sand stone, gray mica.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

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

DRILLERS SIGNATURE George F. Costedney

LIC. NO. [Signature]

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 31 NO. OF POUNDS 3100 GALLONS OF WATER 155 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 56 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) Total depth of main casing (nearest foot) SF 6 60

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 BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) A 1 H0 58 300

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

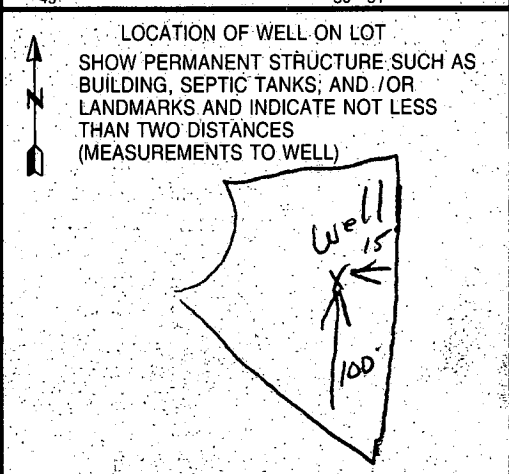
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft. WHEN PUMPING 102 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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) LAND SURFACE (nearest foot)



EMERGENCY/TEMP NO. IF ANY

B 1 **6423** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0560
 fill in this form completely

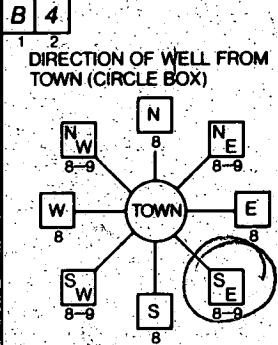
OWNER INFORMATION
 Date Received (APA) **05/17/95**
Winchester Homes
 15 Last Name 13 Owner First Name 34
6305 Ivy Lane
 36 Street or RFD 55
Greenbelt MD 20770
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
Howard
 8 COUNTY 21
Ashleigh Knolls
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **122**
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **MI**
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday
 Driller's Name **L. Franklin Easterday, Inc.** 77 License No. 80
9205 Brown Church Rd., Mt. Airy, Md. 21771
 Firm Name
George F. Easterday 5-17-95
 Signature Date

CRABBURY CT
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **140** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: **40** BLK: **12** PARCEL **174**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8' 12' 14' 20'



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)

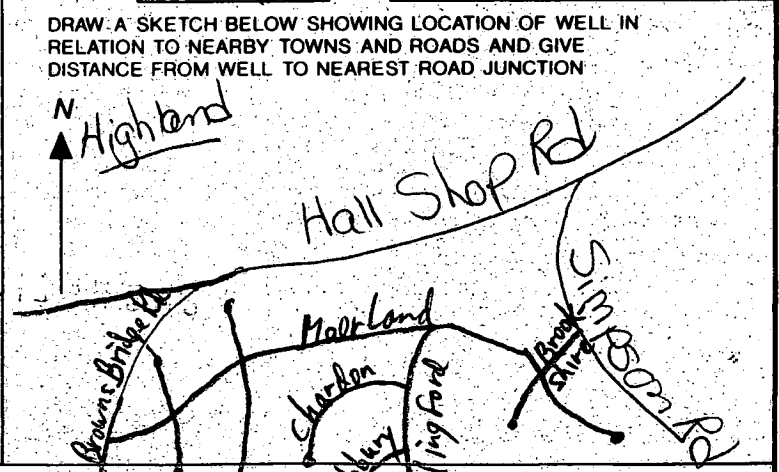
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13-
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **06/09/95** **Errol Purdy** 6/9/96
 43 NORTH GRID **485000** EAST GRID **0818000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST

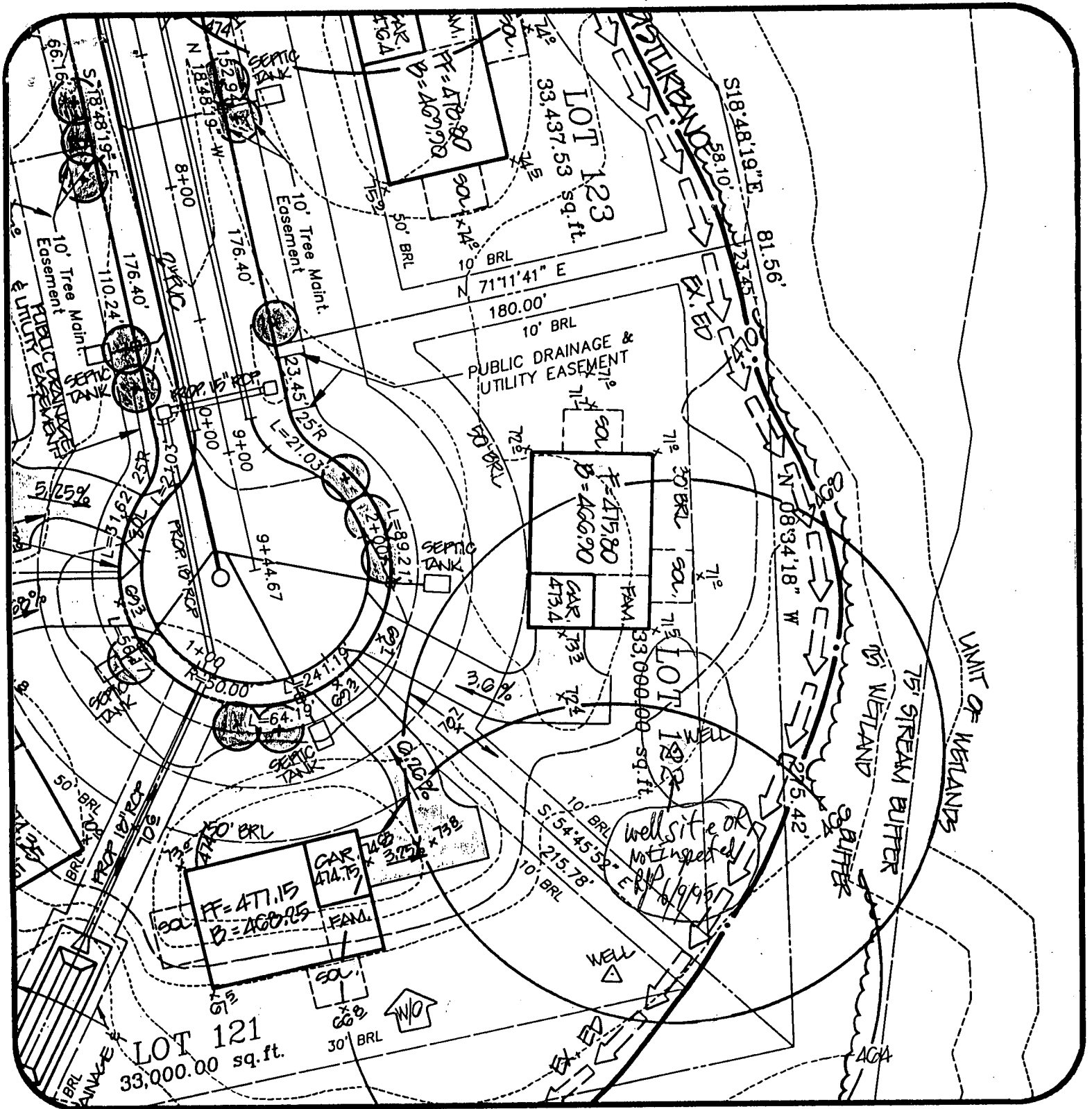
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **818**
 N **4805**
 000. 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REverse-ROTary DRIVE-POINT
 other _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE **Rp** WRITE INITIALS IN BOX 87-88 PERMIT No. **HO-94-0560**
 70 71 72 73 74 75 76 77 78 79



Ashleigh Knolls
Lot 122

DATE: 5/2/95

PROJECT NO.:
89027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

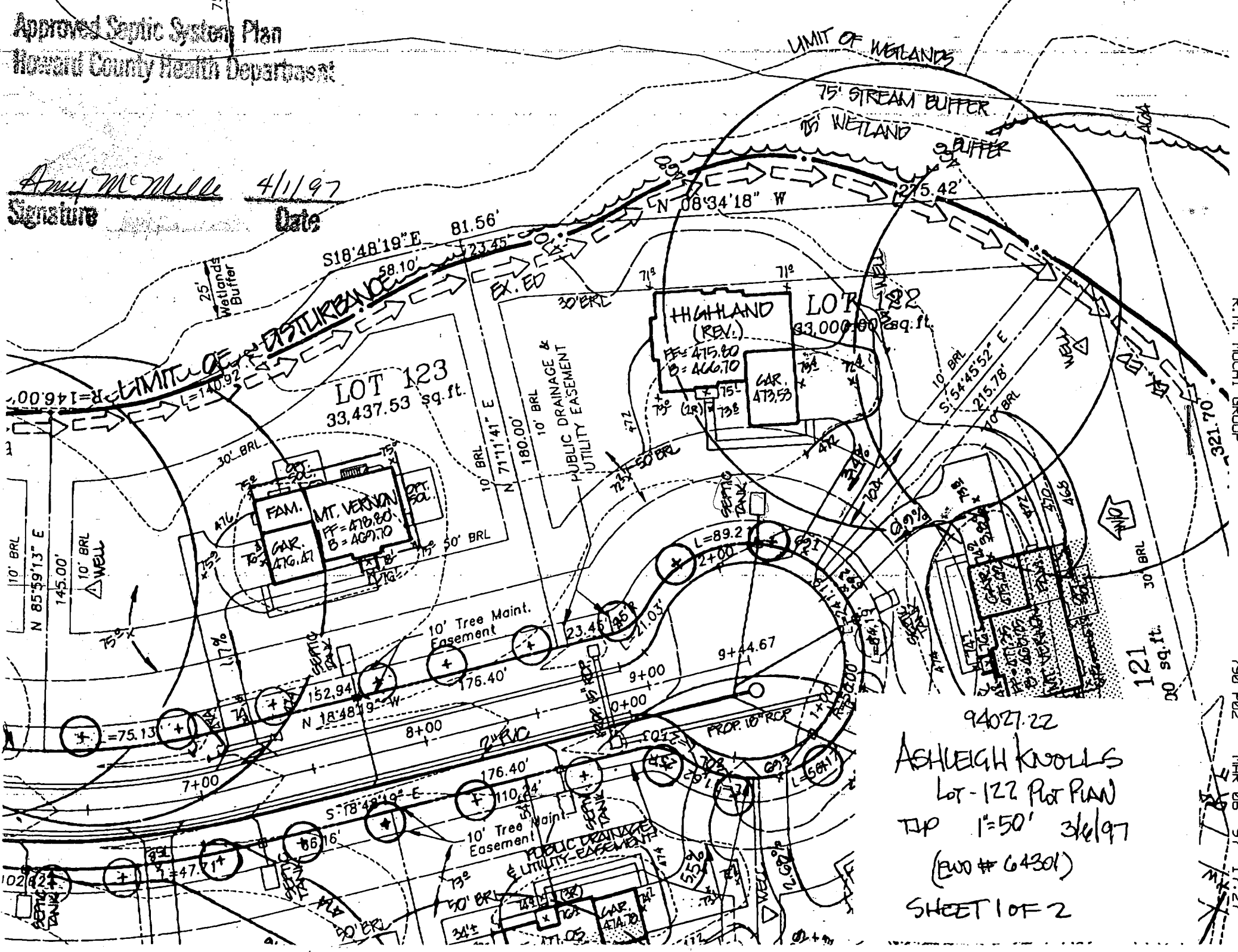
PLANNERS
DYNAMIC

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

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

Approved Septic System Plan
Howard County Health Department

Amy McMillen 4/1/97
Signature Date



94027.22
ASHLEIGH KNOLLS
Lot-122 Plat Plan
TP 1"=50' 3/4/97
(EWD # 64301)
SHEET 1 OF 2

WORK THRU

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300121948

Building Address 7125 Crabbury Court
Clarksville, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 655102 Subdivision ASHTON LN
Section 11A2 Area PH 2 Lot 122
Tax Map 41 Parcel 475 Grid 7
Zoning RR-D10 Map Coordinates 13F1 Lot size _____

Property Owner's Name John + Susan Berusch
Address 7125 Crabbury Court
City Clarksville State MD Zip Code 21029
Home Phone 301-854-3334 Work Phone 202-962-8448
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Yard
Proposed Use Swimming Pool
Estimated Construction Cost \$ 40,000.00
Description of Work Install 20' x 14' x 4' concrete
Swimming Pool Inground w/ Spa 8' x 8'
5' x 5'

Contractor Company Sauna Circum + O'Hair Pools
Contact Person Larry Hyland
Address 25 Old Solomons Island Rd
City Annapolis State MD Zip Code 21029
License No. 1-5-1998 CTR 06482
Phone 410-216-8120 Fax 410-216-8320

Occupant or Tenant Owner
Contact Name John + Susan Berusch
Address 7125 Crabbury Court
City Clarksville State MD Zip Code 21029
Phone 301-854-3334 Fax 202-962-8443

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" 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 checked="" 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: N/A <input type="checkbox"/> Full _____ Partial _____ 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 checked="" 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: N/A <input type="checkbox"/> NFA #13D _____ NFA #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 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 Larry T. Hyland
Title/Company President / Sauna Circum + O'Hair Pools

Print Name LARRY T. Hyland
Date 12/29/99

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	<u>12/29/99</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		

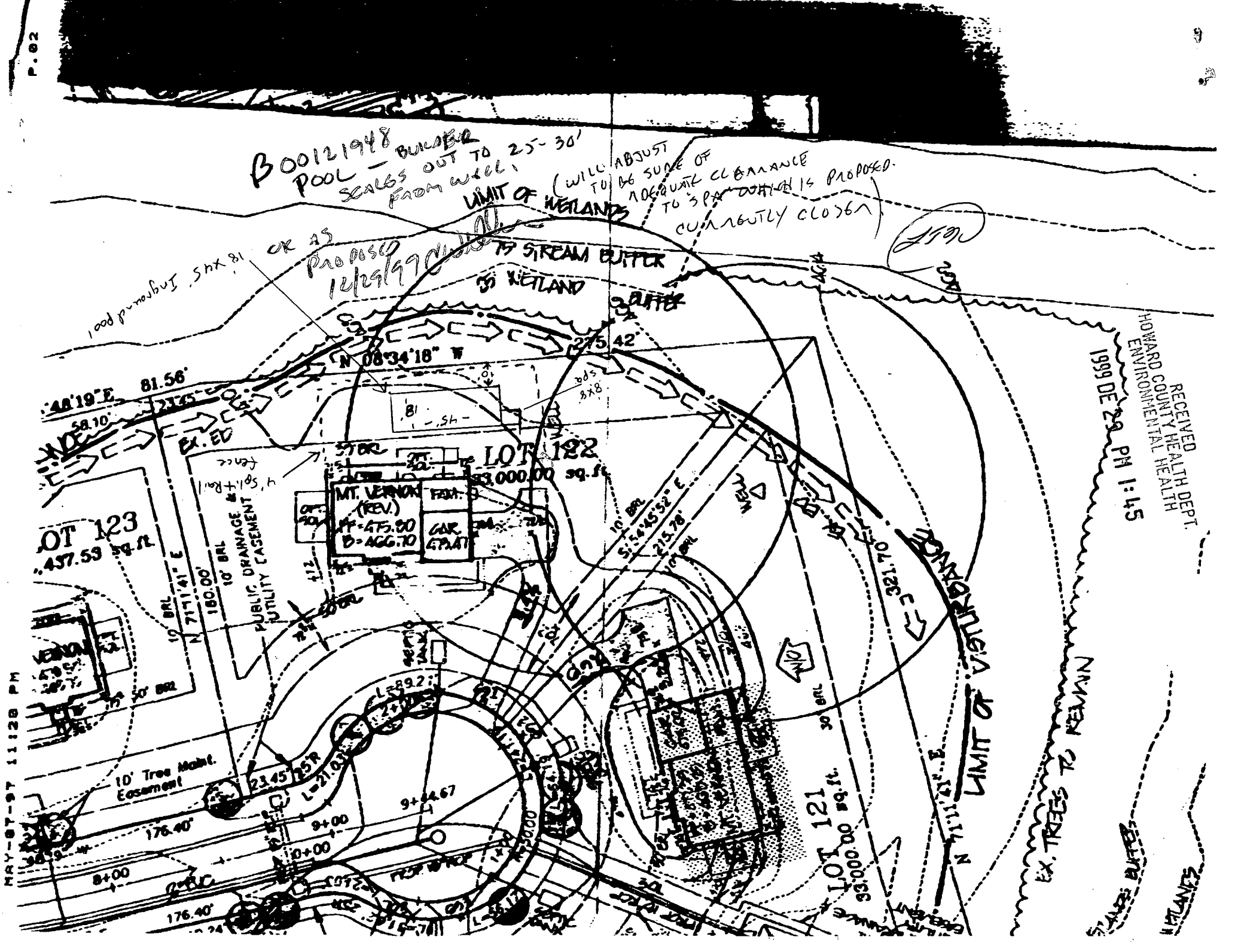
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START
ONE STOP SHOP

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

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>5' Side</u>	<u>28514</u>
Rear: <u>10' Side</u>	Filing fee \$ _____
Side: <u>10' Side</u>	Permit fee \$ <u>700.00</u>
Side St: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	ADD'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>700.00</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3641</u>
Accepted by <u>[Signature]</u>	Validation # <u>27147</u>

B00121948 - BUILD
 POOL - SCALPS OUT TO 25-30'
 FROM WELL. (WILL ADJUST TO BE SURE OF ADEQUATE CLEARANCE TO SP WHICH IS PROPOSED CURRENTLY CLOSED)



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 1999 DE 29 PM 1:45

NINETY TWO SEEDLINGS
 EX. TREES TO REMAIN
 SEEDLING SERVICE
 PLANTS

MAY 07 - 97 11:20 PM