

11/20/97
copy
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59034

A _____

DISTRICT 5th

DATE 10/23/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 410-313-2640

Tax ID #
05-420601

DATE SYSTEM APPROVED 3/13/98

INSPECTOR KM

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 301-474-4411

SUBDIVISION Ashleigh Knolls LOT 112 ROAD 7216 Fawn Crossing Drive

PROPERTY OWNER Winchester Homes, Inc. Brian Schindler

ADDRESS _____

- 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.

SEWER PERMIT SIGNED

AND RETURNED 4/14/98

Serial # B00117297

deck

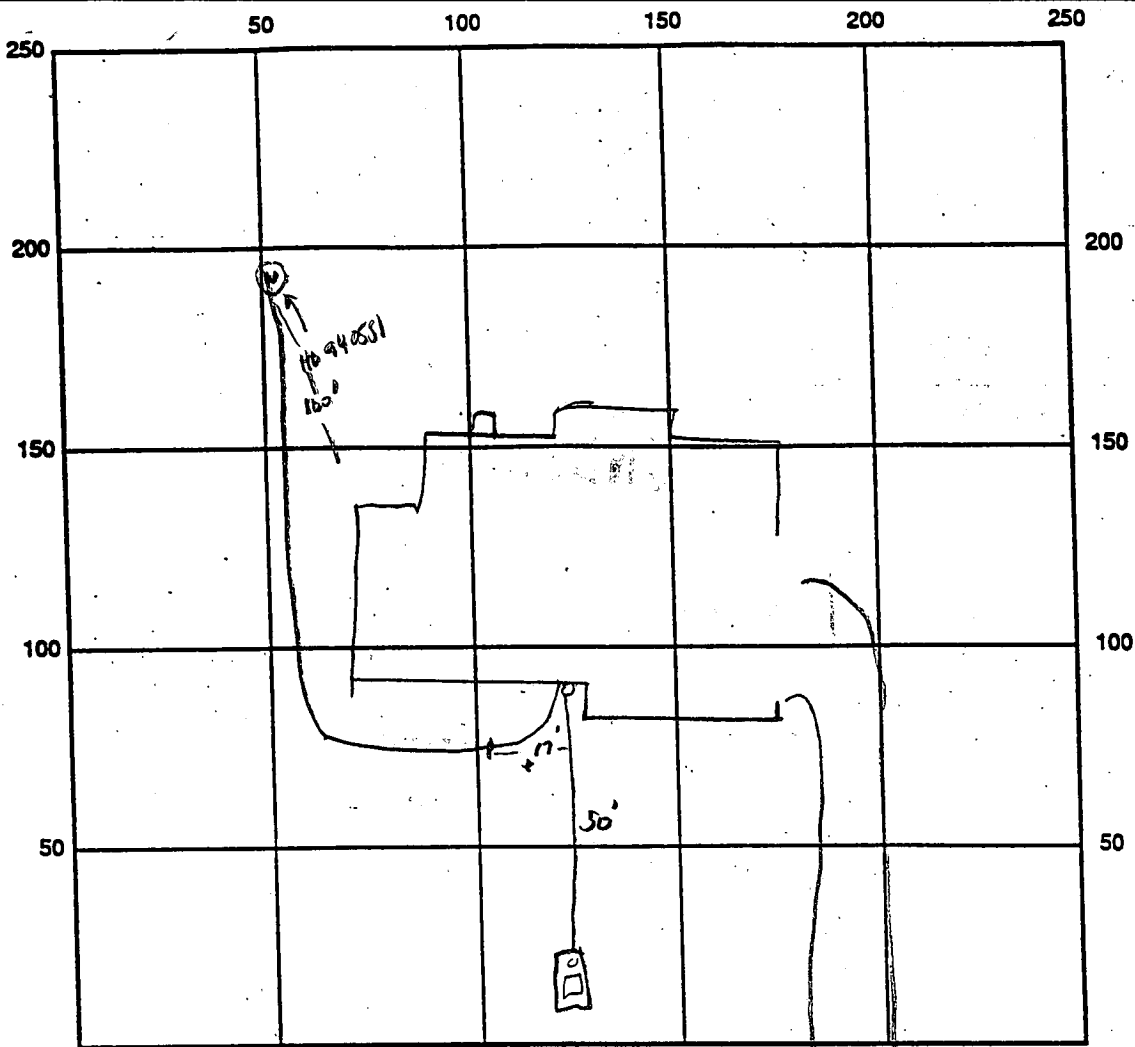
59034
H

Plans Approved By:

[Signature]

Date:

10/24/97



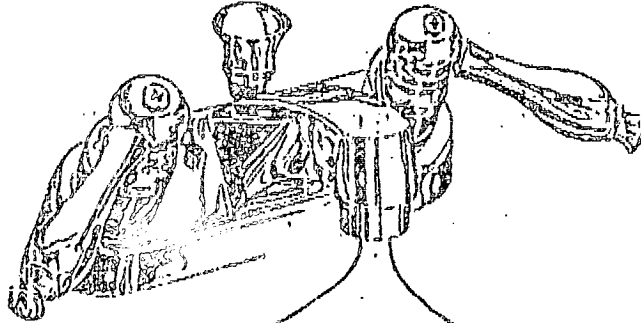
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WALNUT ST

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 11/20/97 SEPTIC TANK CONNECTION, FEASIBLE OK. *[Signature]*
 11/20/97 WELL LINE NEEDS GROUND BOLTED TRAIL CASING (1/4" HOLE DRILLED IN CASING) OK TO COVER LINE. *[Signature]*
 (FEASIBLE)
 3/5/98 PUMP OPERATION TEST OK *[Signature]*

DATE SYSTEM APPROVED 3/13/98 INSPECTOR *[Signature]*

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: 3/5/98

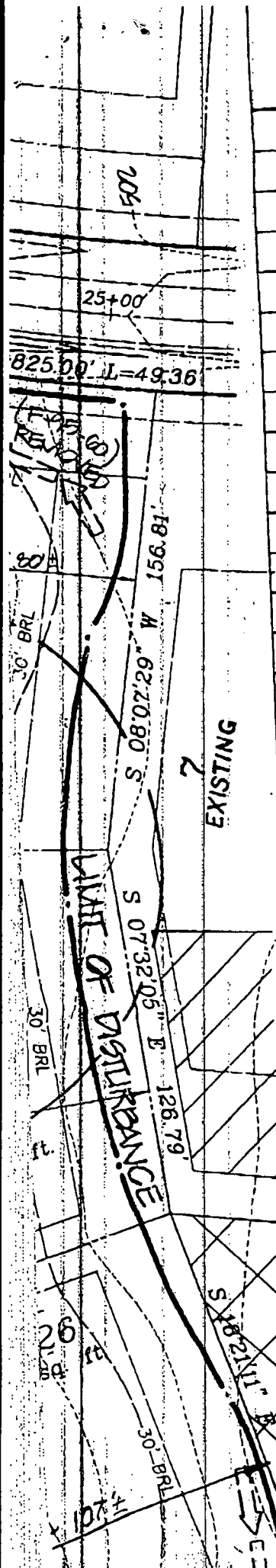
TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS: Pump test per Ashleigh Knolls

7216 Fawn Crossing Drive Lot 112
is OK for U+O



LOT	ELEV.	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 84					
LOT 85					
LOT 86					
LOT 87					
LOT 88					
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	499.05	493.05	490.19	494.74	488.99
LOT 102	492.93	486.93	488.15	487.00	484.20
LOT 103	490.73	484.73	486.03	486.40	482.00
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	478.00	472.00	476.47	475.0	470.87
LOT 107	481.13	475.13	475.07	475.6	471.05
LOT 108	482.00	476.00	476.67	476.80	472.72
LOT 109	485.80	479.80	476.89	477.10	475.70
LOT 110	489.60	483.60	482.63	483.80	480.00
LOT 111	496.80	490.80	491.51	490.7	486.7
LOT 112	493.85	487.85	487.57	487.29	483.87
LOT 126	502.60	494.60	497.07	496.80	492.94
LOT 127	501.00	495.00	493.81	494.10	490.00
LOT 128	501.60	495.60	498.62	498.00	493.60
LOT 131	497.55	491.55	491.03	491.60	488.76

REMOVED STRUCTURAL FILL PADS TO REFLECT MAX. SIZE OF 55' X 80' PER G. COLLINS, W. SITED LOTS 99-112. 400-100 AS MT. VERNON PER L. BURGGON, W. 01/18/95

DELIMITED STRUCTURAL FILL FOR HOUSE PADS
 REVISED WELL LOCATION LOT 99 & WELL AND TANK LOCATION LOT 106 PER HO. CO. HEALTH DEPT.
 ADDED SEWER SERVICE NOTE
 REVISED DRIVEWAYS-10' APARTS PER L. BURGGON, W. 06/13/95
 REVISED WELL LOCATIONS LOTS 85, 88, 89, 91, 92, 94, 95, 96, 97, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111 & 112
 05/12/95
 5/11/95
 5/11/95

8/21/96

9 REVISED STREET TREES PER L. BURGGON, W. HI BASED ON MICHAEL VERGASON, L.A. TREE SELECTION

OLLS STIO

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

1300108455

1300108455

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

7216 Fawn Crossing Dr.
Chesapeake, Md. 21519

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Chelsea II
2 story finished basement 11' x 11' x 11'
2nd basement 4 BR. 3 1/2 Bath

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
112	475		2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashlark Knolls		RR	41	5	601.02	

OWNER NAME AND ADDRESS PHONE NO.

Wendell & Nancy
6305 Ivy Hill Rd. Suite 200
Chesapeake, Md. 21519 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R. M. Meacham
10120 A Old National Bldg
Tyngsboro, Md. 21528 (301) 865-5858

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Wendell & Nancy
Same as above

EXISTING USE	PROPOSED USE
Residential	Res. Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
160,000	158-1410	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	56	41	10
	56	28	10
	56	41	10
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2204		1/2
ROOMS			
BATHS	1113		
FIREPLACES	1400		
FOOTINGS		FOUNDATION	S. WALLS
16 x 8		5' concrete	1/2" brick

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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 completed with.

SIGNATURE: [Signature]
TITLE: [Title] DATE: [Date]

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 # _____

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.	10/24/97	Kimberly Mierke
FIRE PROTECTION		
STORM WATER MGM.		

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.

CA

C1 2945

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)

COUNTY NUMBER 13--

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

081996

22 260 26 (TO NEAREST FOOT)

40-94-0551

OWNER Winchester Homes STREET OR RFD ... TOWN Highland SUBDIVISION Ashleigh Knolls SECTION ... LOT 112

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, Sand silt clay, brown shale, Mica, Sand Stone, mica, Flint, mica.

GROUTING RECORD YES NO (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 36 NO. OF POUNDS 3600

CASING RECORD (circle 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) ST 6 55

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

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES NO (Y) (N)

CIRCLE APPROPRIATE LETTER 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 Henry F. Groatman LIC. NO. 501

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

DEPTH (nearest ft.) H 0 53 260

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

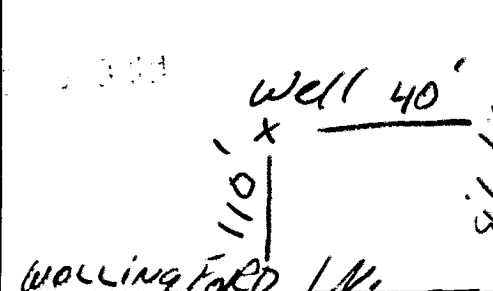
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 5 WHEN PUMPING 22 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (N)

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)

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	SEQUENCE NO. (MDE USE ONLY) 0410	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0551 <small>fill in this form completely</small>
------------	---	---	---

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 **NShleigh Knolls**
8 COUNTY 21

Highland
52 NEAREST TOWN 71

SECTION **44** LOT **112**
44 46 48 50

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

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

George F. Easterday **40**
77 License No. 80

Driver's Name **Franklin Easterday, Inc.**

Firm Name **Brown Church Rd., Mt. Airy, Md. 21771**

Signature **George F Easterday** Date **5-20-95**

WOLLINGFORD LN
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37

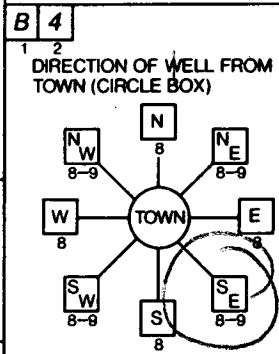
DISTANCE FROM ROAD **110**
ENTER FT OR MI 38 39

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

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 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 **B-**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **060995** **Paul Wilby** **6/9/96**
43 48 CO SIGNATURE 41 EXP. DATE

NORTH GRID **487000** EAST GRID **0818000**
50 55 57 63

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

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

818
487

8/16/96 Grant
 2:58 location - OK
 wing - 55'
 open - 40'
 grass - 36 hrs
 HV 8/16/96

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)

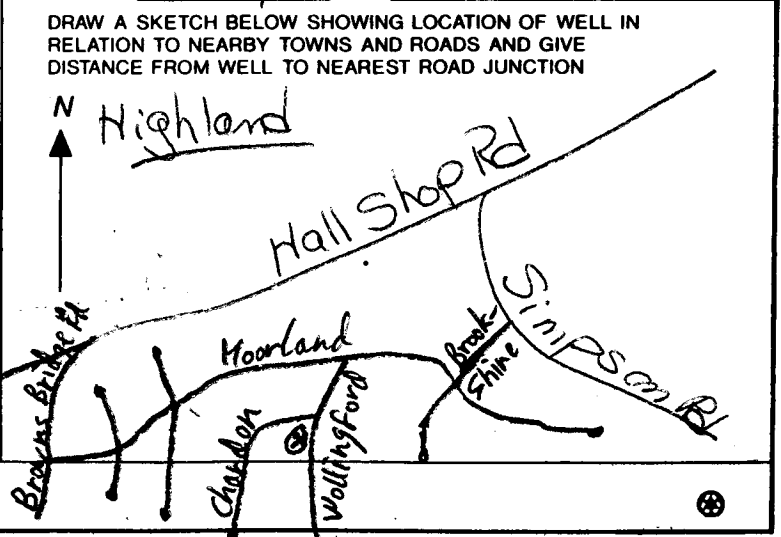
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEN AN EXISTING WELL

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



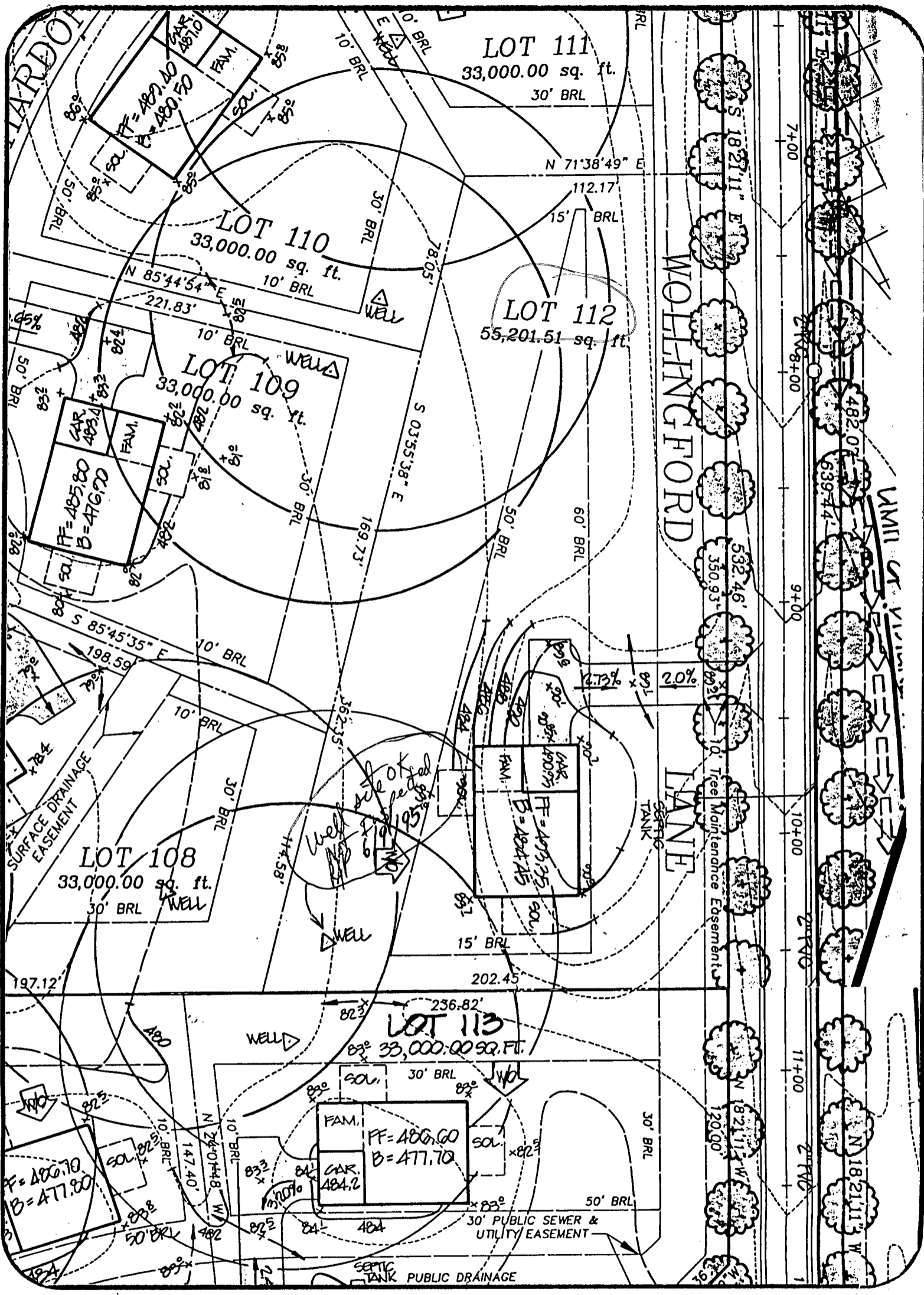
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0551**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



Ashleigh Knolls
Lot 112

DATE: 5/2/05

PROJECT NO.: 80027.01

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B001172877

Building Address 7216 FAUN CLASSING DR
CLACKVILLE MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.02 Subdivision ASHLEIGHWOODS
 Section 4 Area _____ Lot 112
 Tax Map 11 Parcel 475 Grid 7
 Zoning RR DP Map Coordinates 18F1 Lot size 55301.74

Property Owner's Name Brian & Leticia Schindler
 Address 7216 FAUN CLASSING DR
 City Clackville State MD Zip Code 21029
 Home Phone 301-354-1265 Work Phone 703-341-1110
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use S.F.D.
 Proposed Use DECK 30x14 10x14 4/5/09
 Estimated Construction Cost \$ 9900.00
 Description of Work EXTERIOR TREATED DECK
30x14 10x14
4/5/09

Contractor Company Sullivan Blake Remodeling
 Contact Person Uma Sullivan
 Address 9214 MANORDALE LN
 City Ellicott City State MD Zip Code 21142
 License No. 51011
 Phone 410-402-9166 Fax SAME

Occupant or Tenant Same
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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 THEREUNTO; (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 [Signature]
 Title/Company Sullivan Blake Remodeling Inc.

Print Name [Signature]
 Date 4/14/09

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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>4/14/09</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

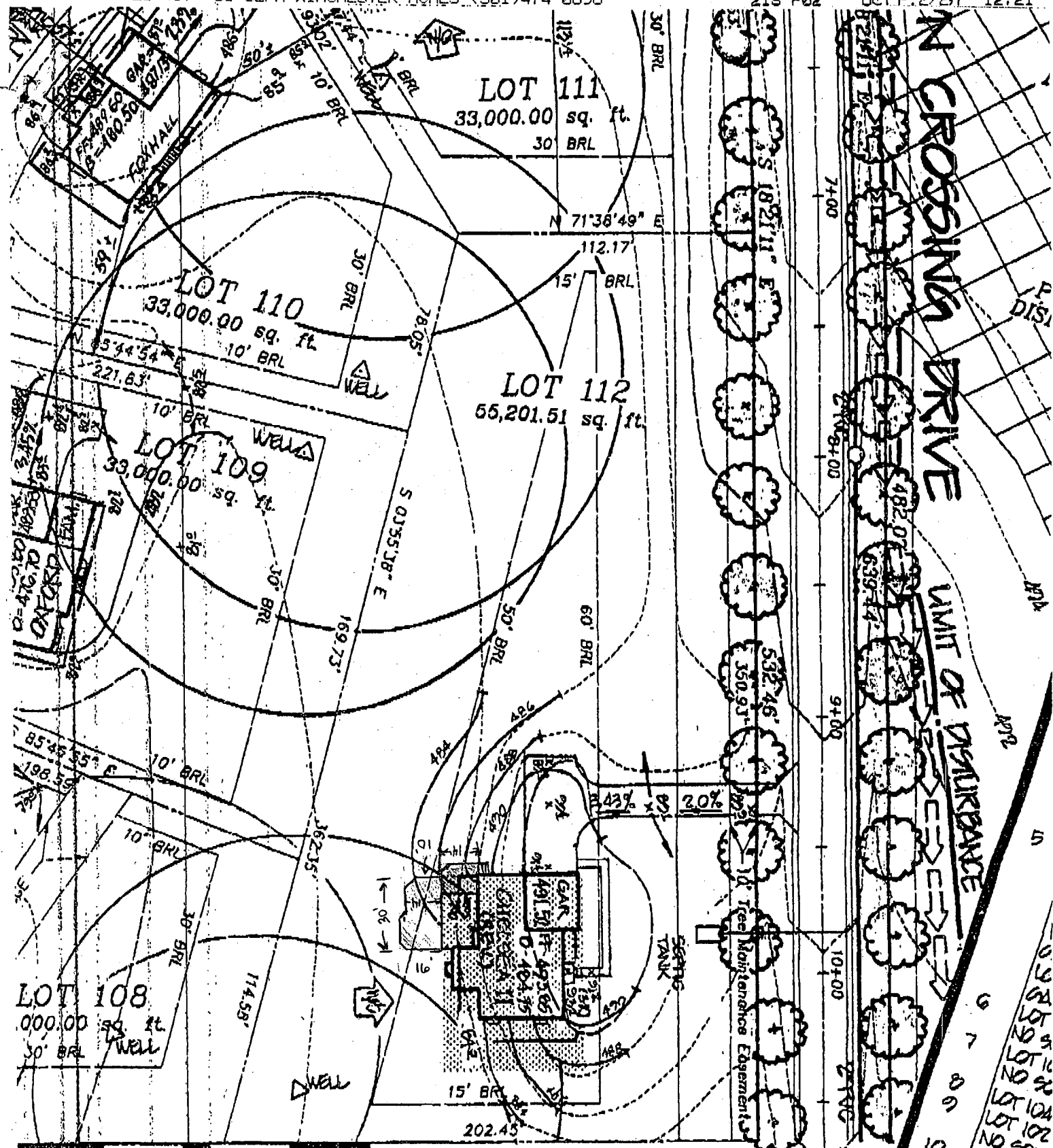
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

PROPERTY ID#: 32751

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ <u>30</u>
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>4335</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by _____



See Sheet 2 of 2

876.96'

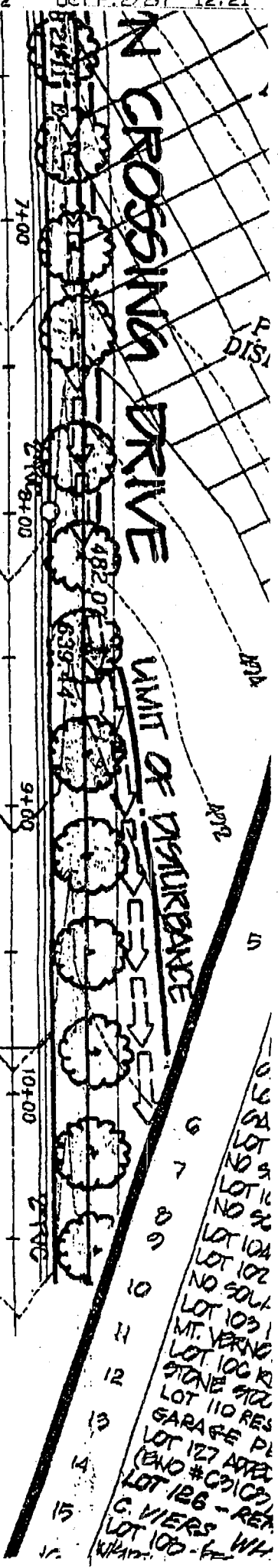
LEGEND

- STRUCTURAL FILL REQUIRED
- PRIVATE SEWER EASEMENT
- SHARED SEWER EASEMENT

SCALE 50

Handwritten: #1499 proposed deck location OK as shown

THIS PLAN FOR CONSTRUCTION



- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
- LOT 106 GARAGE
 LOT 107 NO 90
 LOT 108 NO 90
 LOT 109 NO 90
 LOT 110 NO 90
 LOT 111 NO 90
 LOT 112 NO 90
 LOT 113 NO 90
 LOT 114 NO 90
 LOT 115 NO 90
 LOT 116 NO 90
 LOT 117 NO 90
 LOT 118 NO 90
 LOT 119 NO 90
 LOT 120 NO 90
 LOT 121 NO 90
 LOT 122 NO 90
 LOT 123 NO 90
 LOT 124 NO 90
 LOT 125 NO 90
 LOT 126 NO 90
 LOT 127 NO 90
 LOT 128 NO 90
 LOT 129 NO 90
 LOT 130 NO 90
 LOT 131 NO 90
 LOT 132 NO 90
 LOT 133 NO 90
 LOT 134 NO 90
 LOT 135 NO 90
 LOT 136 NO 90
 LOT 137 NO 90
 LOT 138 NO 90
 LOT 139 NO 90
 LOT 140 NO 90
 LOT 141 NO 90
 LOT 142 NO 90
 LOT 143 NO 90
 LOT 144 NO 90
 LOT 145 NO 90
 LOT 146 NO 90
 LOT 147 NO 90
 LOT 148 NO 90
 LOT 149 NO 90
 LOT 150 NO 90
 LOT 151 NO 90
 LOT 152 NO 90
 LOT 153 NO 90
 LOT 154 NO 90
 LOT 155 NO 90
 LOT 156 NO 90
 LOT 157 NO 90
 LOT 158 NO 90
 LOT 159 NO 90
 LOT 160 NO 90
 LOT 161 NO 90
 LOT 162 NO 90
 LOT 163 NO 90
 LOT 164 NO 90
 LOT 165 NO 90
 LOT 166 NO 90
 LOT 167 NO 90
 LOT 168 NO 90
 LOT 169 NO 90
 LOT 170 NO 90
 LOT 171 NO 90
 LOT 172 NO 90
 LOT 173 NO 90
 LOT 174 NO 90
 LOT 175 NO 90
 LOT 176 NO 90
 LOT 177 NO 90
 LOT 178 NO 90
 LOT 179 NO 90
 LOT 180 NO 90
 LOT 181 NO 90
 LOT 182 NO 90
 LOT 183 NO 90
 LOT 184 NO 90
 LOT 185 NO 90
 LOT 186 NO 90
 LOT 187 NO 90
 LOT 188 NO 90
 LOT 189 NO 90
 LOT 190 NO 90
 LOT 191 NO 90
 LOT 192 NO 90
 LOT 193 NO 90
 LOT 194 NO 90
 LOT 195 NO 90
 LOT 196 NO 90
 LOT 197 NO 90
 LOT 198 NO 90
 LOT 199 NO 90
 LOT 200 NO 90