

5/26/98
210000
8/24/98
100

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59932

A

DISTRICT 5th

DATE 4-9-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXX 410-313-2640

TOX FDA
05-420180

DATE SYSTEM APPROVED 9/3/98

INSPECTOR KM

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Ashleigh Knolls LOT 74 ROAD 7208 Downing Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS

NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

BUILD PERMIT SIGNED
AND RETURNED 6/21/00
B00124889 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.

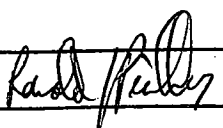
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

BUILDING PERMIT SIGNED

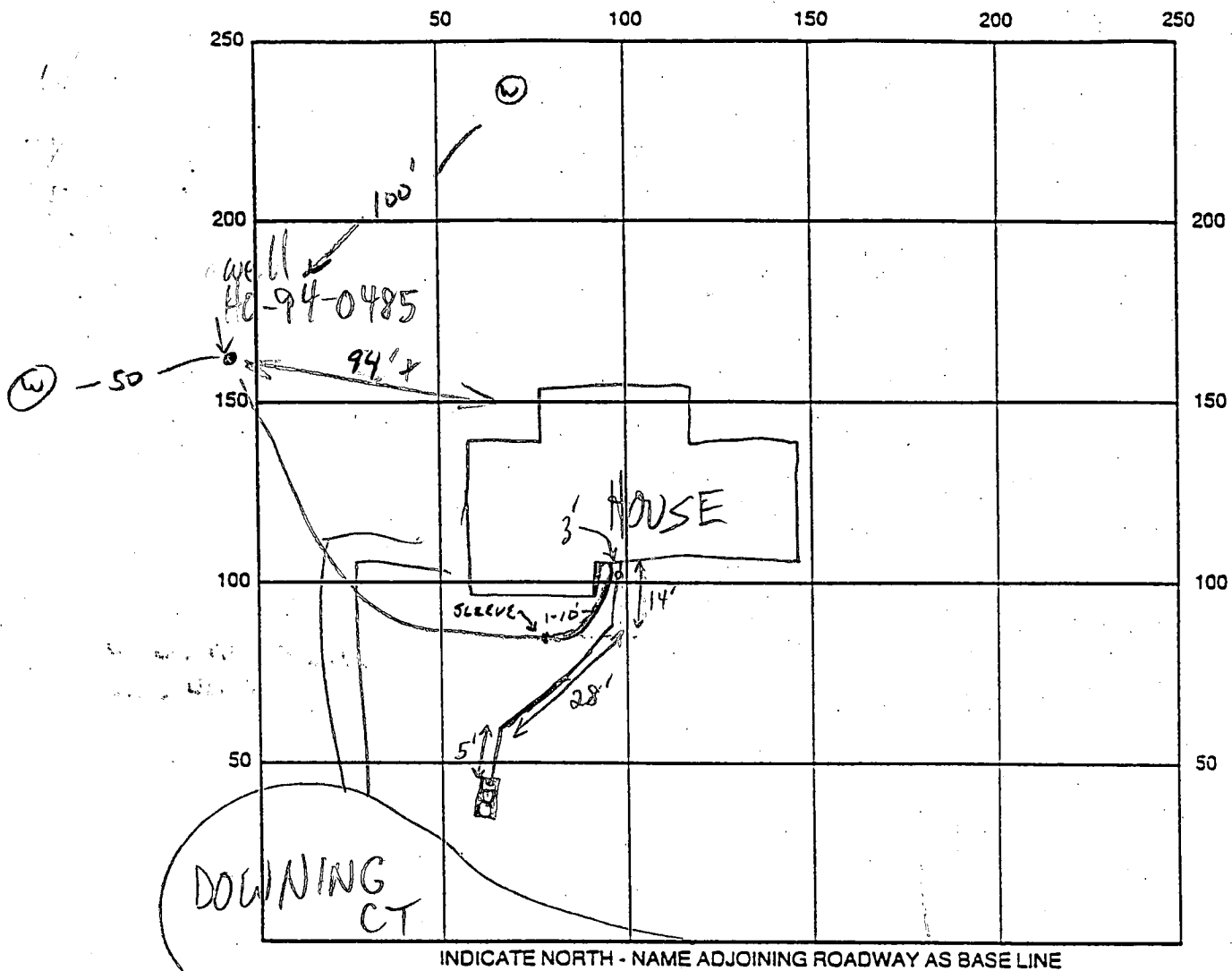
AND RETURNED

12-4-02 B00131100 - WELED EXIT TO BASEMENT
4-28-03 B0011238 - FINISH BASEMENT

(5FB-B00110988)
4/22/98

Plans Approved By: 

Date: 4/23/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL

CLEANOUTS INLINE + S.T. - OK

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH FT.

TRENCH WIDTH FT.

INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT.

TOTAL LENGTH FT.

NUMBER OF TRENCHES

ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET < FT.

ABSORBENT AREA SQ. FT.

REMARKS: 5/26/98 HOUSE CONN OK TO COVER, ADVISED HATFIELD TO SLEEVE WELL LINE 10' FROM SEWER (MR. HATFIELD)

5/27/98 WPI OK TO COVER LINE UNDER DRIVEWAY IN GRAVEL

SEPARATE GROUND IS NOT BOLTED TO CASING YET (as pump)

8/27/98 PUMP CHECK - H2O - LEAK IN DISCHARGE LINE, WATER IN CONDUIT

9/3/98 ok for U+D per Matt Tudor

DATE SYSTEM APPROVED 9/3/98

INSPECTOR Jim Maite

Health Dept - Mail -

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00141238 JMB
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Building Address <u>7208 Downing Court</u> <u>Clarksville, MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>Plat # 11837</u> Census Tract <u>0051.02</u> Subdivision <u>Ashleigh Knolls</u> Section _____ Area _____ Lot <u>74</u> Tax Map <u>40</u> Parcel <u>475</u> Grid <u>2</u> Zoning <u>RRDEP</u> Map Coordinates <u>H018E01</u> Lot size <u>.76 acre</u>	Property Owner's Name <u>William Graham</u> Address <u>7208 Downing Ct.</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>410-531-6454</u> Work Phone <u>301-897-6617</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same as above</u> Phone _____ Fax _____
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Existing Use <u>Primary Residence SF 1000</u> Proposed Use <u>Primary Residence</u> Estimated Construction Cost \$ <u>9000</u> Description of Work <u>Finished Basement</u> <u>Play Rm - Kids Rm, Family Rm</u> <u>W.C. BATH BATH Rm, STORAGE</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>William Graham</u> Contact Name <u>William Graham</u> Address <u>7208 Downing Ct.</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Phone <u>410-531-6454</u> Fax <u>301-897-6406</u>	Engineer or Architect Company <u>NA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: <u>NA</u> 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 type="checkbox"/> Private Sewage Disposal: <u>NA</u> <input type="checkbox"/> Public <input 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>49</u> Width <u>56.5</u> 2nd floor: <u>35</u> <u>56.5</u> Basement: <u>49</u> <u>56.5</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13P <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 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.

<u>William D. Graham</u> Applicant's Signature <u>owner</u> Title/Company	<u>William D. Graham</u> Print Name <u>4/8/03</u> <u>4-15-03</u> Date
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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		
Dev. Engineering, DPZ		
Health	<u>4/28/03</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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 NewTown Zone _____
 SDP/Red-line approval date _____

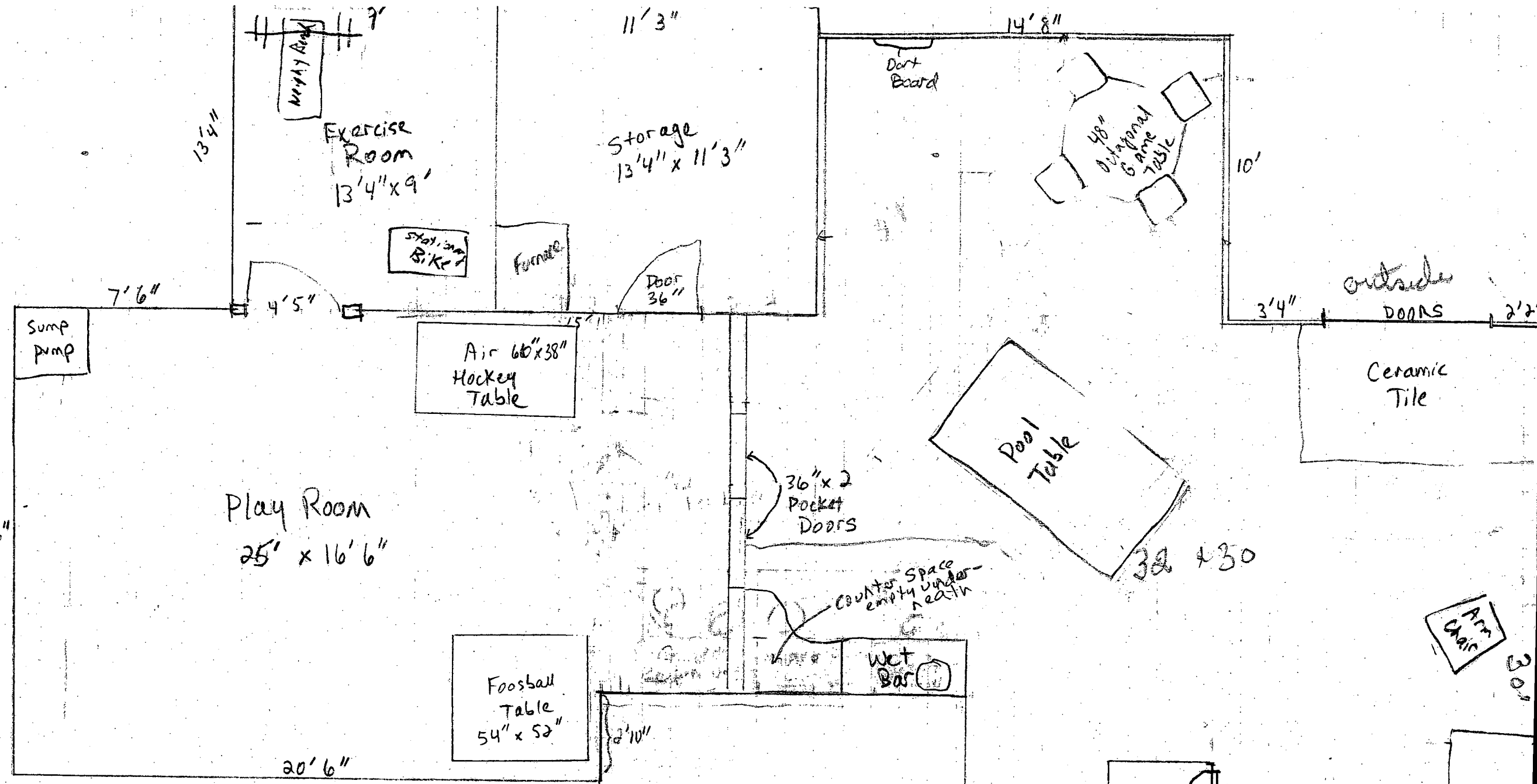
PROPERTY ID#: 30824

Filing fee \$ 25
 Permit fee \$ 68
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ 93
 Sub-total paid \$ _____
 Balance due \$ _____
 Validation # 22008

Accepted by [Signature]

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

B0014/238
 4/29/03
 OK to finish
 bsmt.



Exercise Room - Finished
 Walls for Play Room
 Pocket Doors to Play Room 2x36"
 36" Door to Storage Area
 Wet Bar and counter-ledge
 Space for TV under stairs.
 2-tone Paint
 Flooring: Pergo instead of carpet except playroom/exercise room.
 Exercise/Play rooms: linoleum withluan plywood sub floor

Air Chair 30"
 30"
 Wide Screen TV Built in
 10"
 STAIRS
 3'9"
 5'8"
 5'
 3'4"
 2'2"
 outside DOORS

C1 2927

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 05/17/95

01/14/97

500 (TO NEAREST FOOT)

40-94-0485

OWNER Winchester Homes last name Downing Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 74

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. Includes handwritten entries: TOP Soil, brown shale mica, gravel, mica, Sand Stone, Mica, Flint, mica, Flint, mica, Flint, mica, Flint, mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1700 GALLONS OF WATER 85 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

OTHER CASING (if used)

Table for other casing with columns for diameter inch and depth (feet) from to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 70 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 13 ft. WHEN PUMPING 162 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

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

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED yes (X) no (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

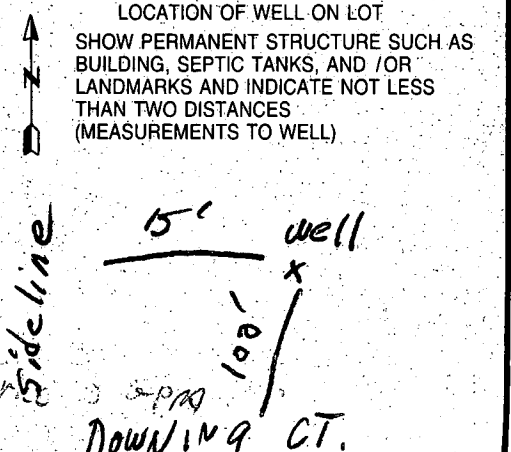
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE MWD/MSD/MGD 40 DRILLERS LIC. NO. George F. Gustawicz DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Charles A. Ferrara

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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



B 1 **9044** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0485** fill in this form completely

OWNER INFORMATION
 Date Received (APA) **05/17/95**
Winchester Homes
 15 Last Name 8 Owner 34 First Name
6305 Ivy Lane
 36 Street or RFD 55
Greenbelt **MD 20770**
 57 Town 70 State-72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 8
Asheleigh Knolls SUBDIVISION 23
 SECTION 44 46 LOT **74** 48 50
Highland NEAREST TOWN 52
 MILES FROM TOWN (enter 0 if in town) **1** M I 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
 Driller's Name **George F. Easterday** 4d 77 License No. 80
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
 Signature **George F. Easterday** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**
 DISTANCE FROM ROAD **100** FEET
 TAX MAP: **40** BLK: **12** PARCEL: **174**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
 COUNTY NAME **HOWARD** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **05/31/95** CO SIGNATURE **Mark George** EXP. DATE **5/30/95**
 NORTH GRID **983000** EAST GRID **775000**

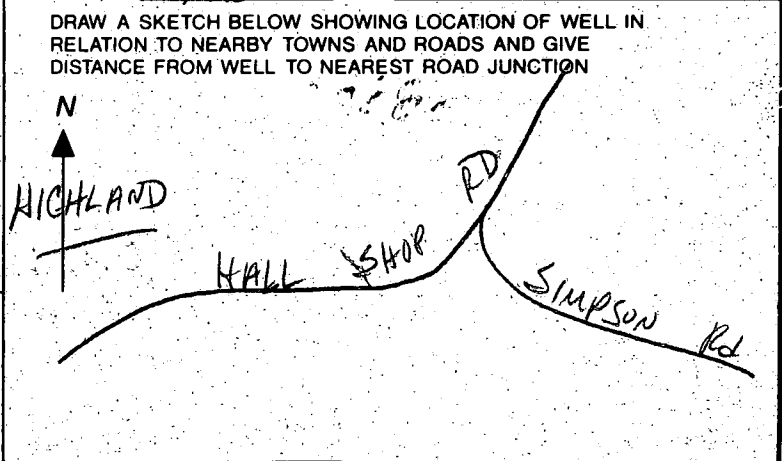
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

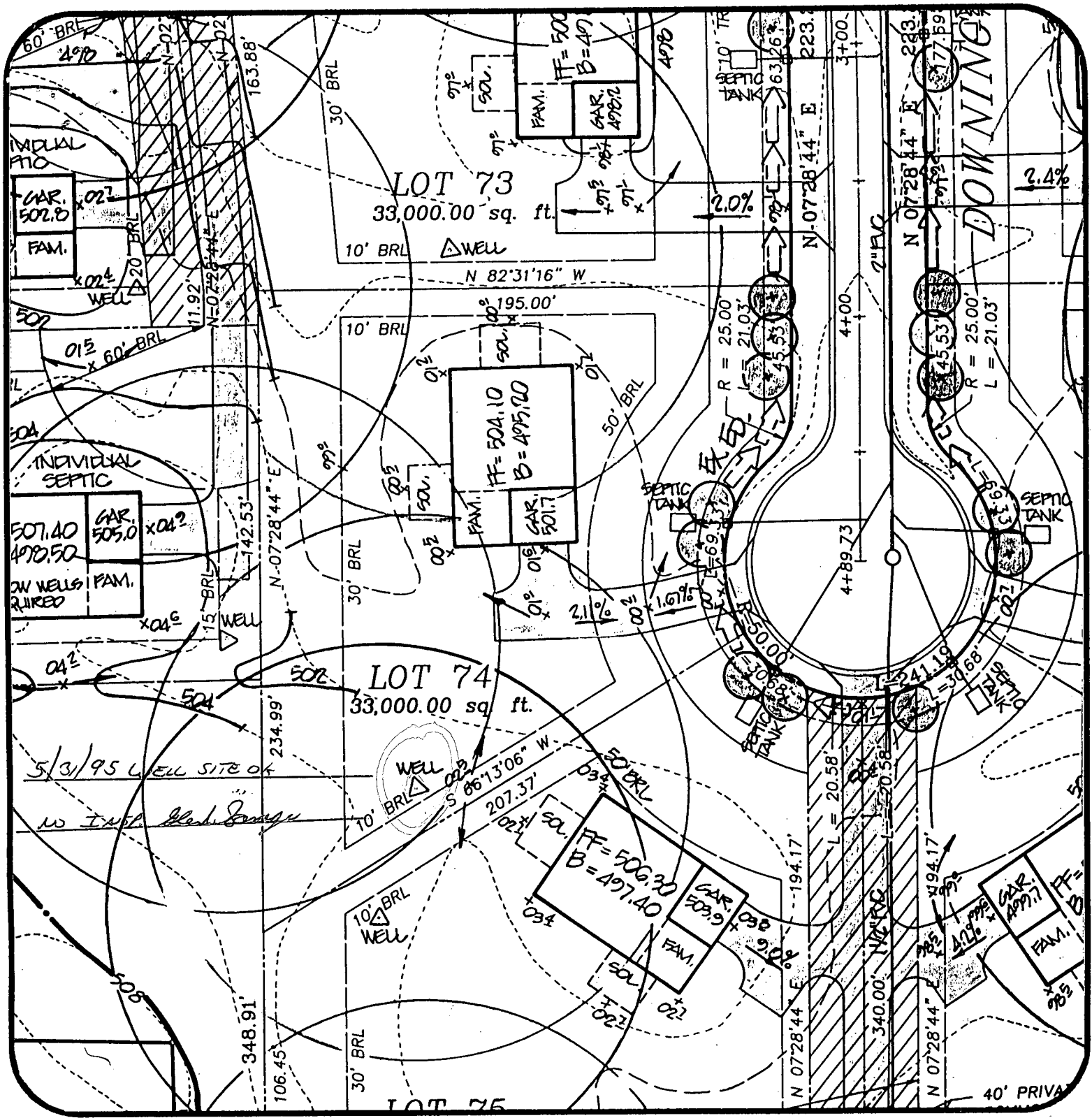
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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
810775
4803

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **40-94-0485**



Ashleigh Knolls
Lot 74

DATE: 5/2/95

PROJECT NO.:
89027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

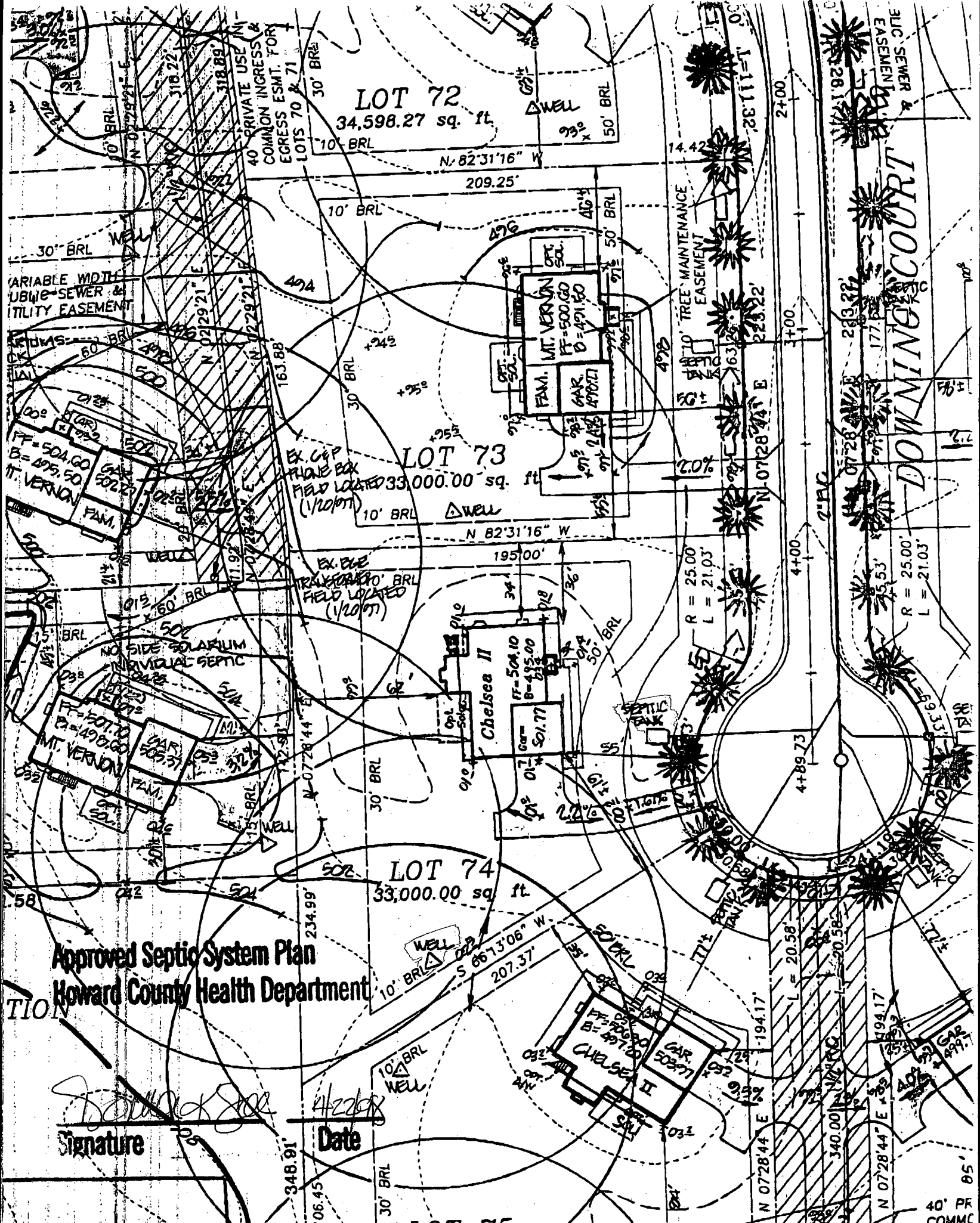
R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

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



Approved Septic System Plan
Howard County Health Department

[Handwritten Signature]
 Signature

[Handwritten Date]
 Date

DOWNING COURT

Building Address 7208 Dundas Ct
Clarksville, MD 21029

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

Census Tract 605102 Subdivision Ashleigh Knolls

Section 3 Area _____ Lot 74

Tax Map 410 Parcel 475 Grid 2

Zoning RR-DED Map Coordinates 18E1 Lot size _____

Property Owner's Name Willard Construction

Address 7208 Dundas Ct

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use Industrial SFD

Proposed Use SFD for storage

Estimated Construction Cost \$ 6000

Description of Work WELDED EXIST TO
FRAGMENT

Contractor Company Mark C. Construction Co.

Contact Person Rick Bevern

Address 1234 N. Main St

City Clarksville State MD Zip Code 21784

License No. 51670

Phone 410 442-1990 Fax 410 443-9978

Occupant or Tenant Willard Construction

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1400</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>25</u> Width <u>60</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>20</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input 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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Richard Bevern
 Applicant's Signature
Mark C. Construction Co.
 Title/Company


Richard Bevern
 Print Name
12-4-02
 Date

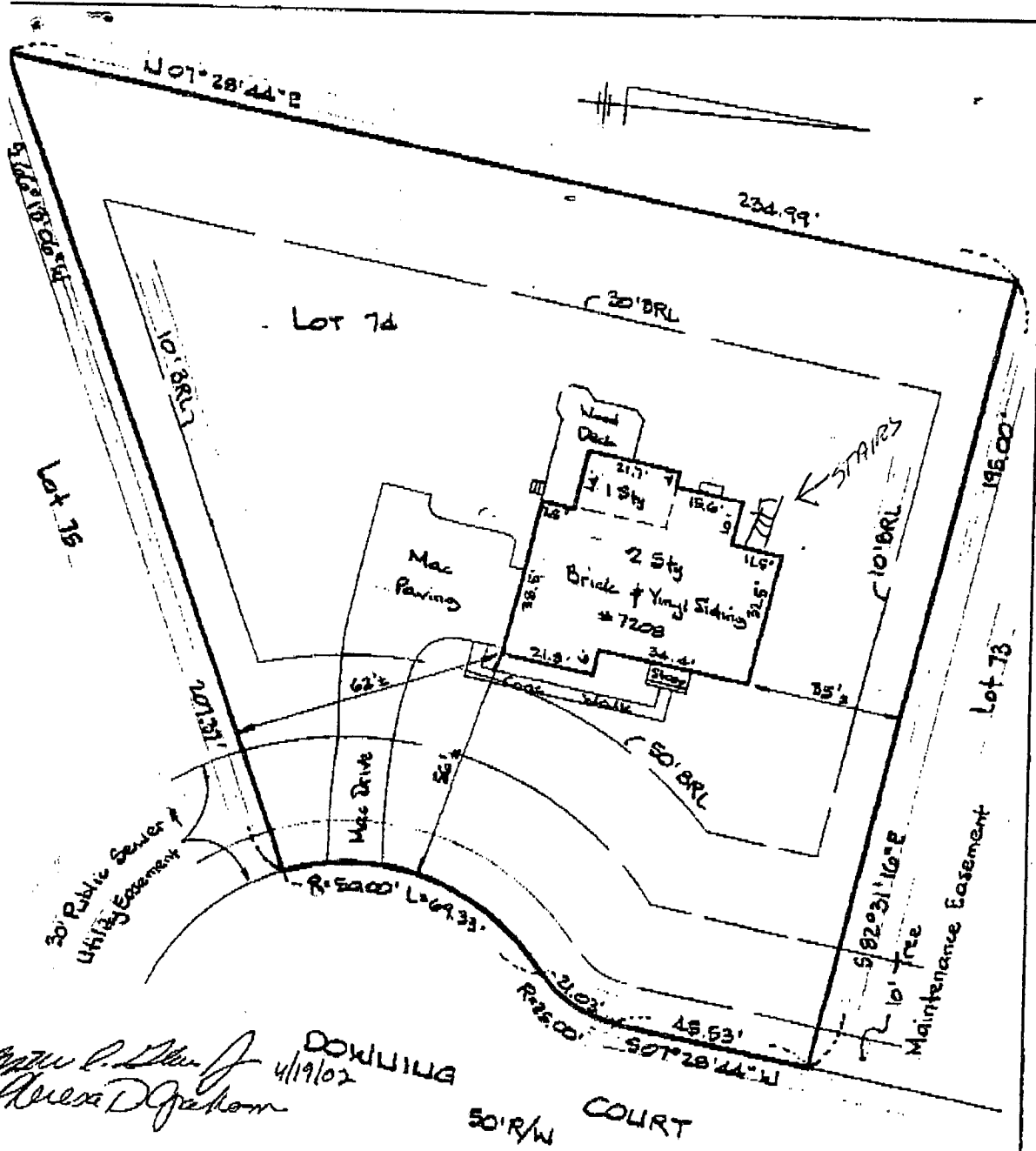
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	<u>30824</u>
State Highways			Rear: _____	Piling fee \$ _____
Building Official	<u>12/4/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>30</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health			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 \$ <u>30</u>
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 NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check <u>106604</u>

Accepted by [Signature]

12/4/02
O.K. for
Starts out
of bsmt




Mary E. ...
Alexis D. Graham
4/19/02
DOWLING

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL# 240244-0037B

The plat is of benefit to 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 refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. 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 refinancing. The plat contains a tolerance of accuracy of two feet, more or less.



Ertel Associates, Inc.

8425 Hallmark Circle
Baltimore, Maryland 21234
Phone: 410-882-0989 • Fax: 410-882-0842

LOCATION DRAWING

7208 DOWLING COURT, LOT 74
" PHASE THREE, ASHLEIGH KNOLLS, LOTS 68-83,
SHT 20F2" HOWARD CO., MD. PLAT MDR 11837

DATE: 4/8/02	SCALE: 1"=30'	FILE: 02-9655 219R
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FAX
cover sheet



Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel: (410) 313 4900
Fax: (410) 313 4689

Date: 9/2/98 Number of pages one
including this one
To: Craig Williams
Fax No.: 3048
From: Matt Tuder

Hobbs Knolls Code 50-2382
King's Highway #74 7000 Arroyo Court
W. Chester ~~W. Chester & Best Homes~~
Swamp Pump Test
Ok. to U & O

FAX
COVER SLIP



**Howard
County**

Bureau of Utilities
5270 Old Montgomery Rd.
Columbia Md. 21045
Tel: (410) 313 4900
Fax: (410) 313 4989

no: 8/24/98 Number of pages including this one one
To: Craig Williams
File No: 7648
From: Matt Tuba

Comments: Participants of Sewer Pump Test for
Lot # 74 Winchester Homes Contact 50-3382 on
Myraire Court Test on Thursday August 27, 1998
at 1:00pm