

6-15-98
2:00P
pump inspection
10/15/98
1800

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510103-B

A _____

DISTRICT 5th

DATE 04/21/98

DATE SYSTEM APPROVED 10.15.98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

Tax ID#
05-420636

WINCHESTER HOMES, INC. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 410-474-4411

SUBDIVISION Ashleigh Knolls LOT 114 ROAD 7104 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc. Robert + Kathleen Faber
ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

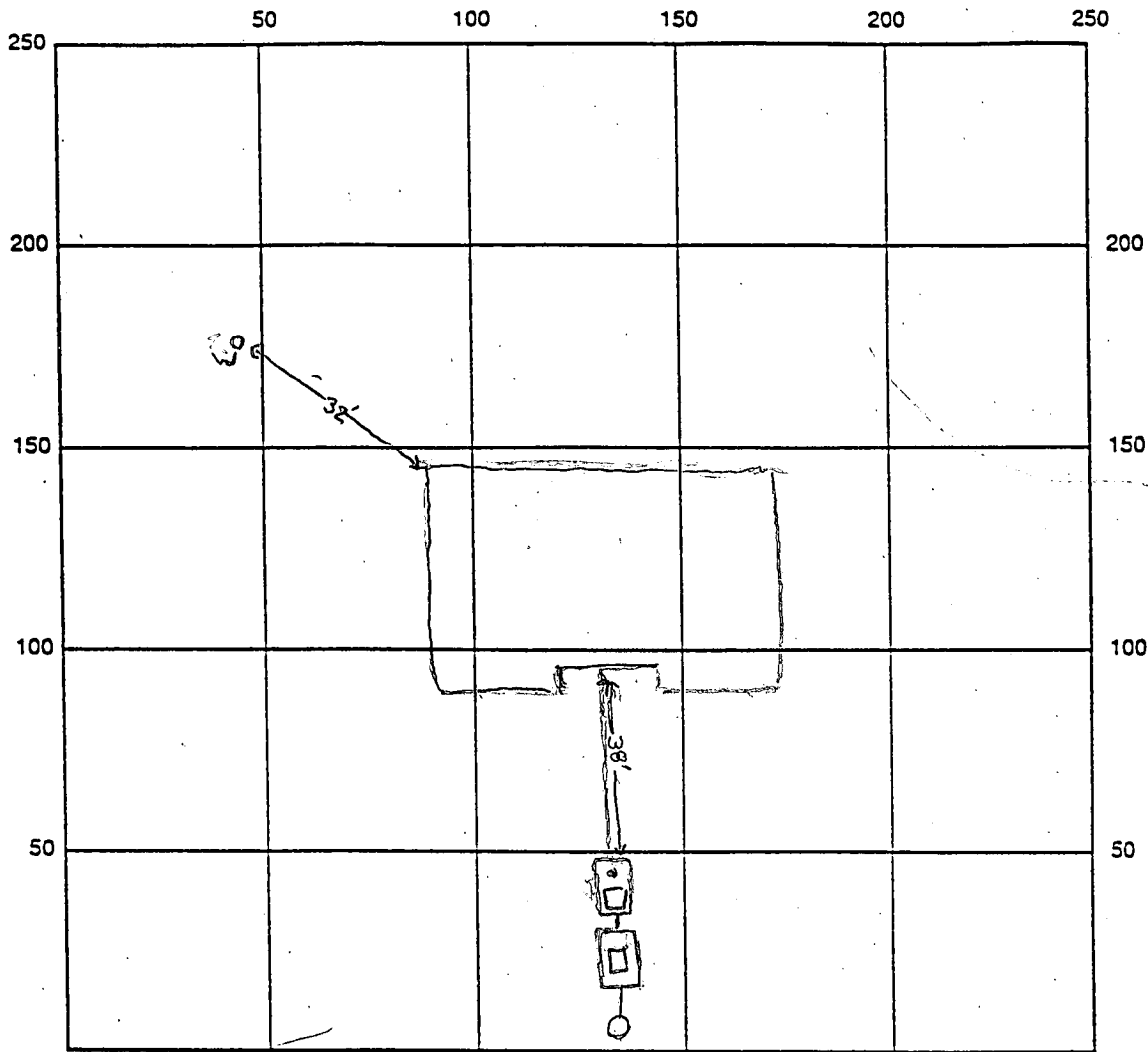
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.
- This 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. *ok 4/28/98*

BLDG. PERMIT SIGNED
AND RETURNED 3-24-98
Serial # 100 116 870
dick

Plans Approved By: _____

Date: _____

Well TAG #
94-0553



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 Pump Chamber CLEANOUTS OK, one at house, 2 at septic tank
1250 Septic Tank

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH N/A FT. TRENCH WIDTH N/A FT. INLET DEPTH N/A FT.

EFFECTIVE GRAVEL DEPTH N/A FT. TOTAL LENGTH N/A FT.

NUMBER OF TRENCHES N/A ONE SIDEWALL/BOTTOM AREA N/A SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/16/98 house connection made and well line OK to
carry H.O.

10/15/98 pump test ok, waiting for U+O release from Matt Tudor (KMD)

DATE SYSTEM APPROVED 10/15/98 INSPECTOR Kim Maiste

FAX
COVER SHEET

Co
ward
Co
unty

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

Date: 10/19/98 MULTIPLE USE PAGE
Including this one ONE
To: Water & Sewer Program
Fax No.: 2848
From: Mark Tudor

Comments: Ashleigh Knolls Sewal Syphi
Sewer Pump Test results on October 15th
Winchester Homes Contact 50-3383
Lot #113 7100 Cabbag Ct
and Lot #114 7104 Cabbag Ct

Lot #114 okay for U&O
Lot #113 requires reinspection
Lot #78 rescheduled for 1:00 pm. Thursday October 22nd

C 1 2922 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 032897

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0553

OWNER Winchester Homes last name Crabbury Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 114

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: top soil, red clay, Shaley, red clay, Brown mica, gray mica, gray mica, Quartz.

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 49 NO. OF POUNDS 4900 GALLONS OF WATER 245 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (P) (L) (C) (O) (PL) (OT) MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 103

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (PL) (OT) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (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 40 DRILLERS LIC. NO. 40 George F. Esterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 481

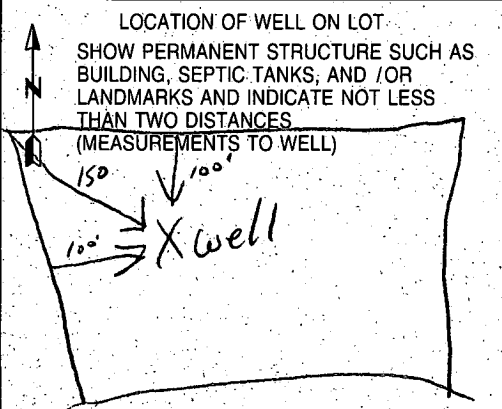
DEPTH (nearest ft.) 101309

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 151 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (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) (+) above () below LAND SURFACE 2 (nearest foot)



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

B 1 **6415** 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-94-0553
 fill in this form completely

Date Received (APA) **05/17/95**
OWNER INFORMATION
 Winchester Homes
 6305 Ivy Lane
 Greenbelt MD 20770

B 3 LOCATION OF WELL
 Howard
 Ashleigh Knolls
 SECTION 44 46 LOT 48 50
 Highland
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 George F. Easterday
 L. Franklin Easterday, Inc.
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 George F. Easterday 5-17-95

B 4
 CRABBURY CT
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **140** FT
 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
 Howard
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE DATE ISSUED **06/09/96** EXP. DATE **6/9/96**
 NORTH GRID **4887000** EAST GRID **0818000**

APPROXIMATE DEPTH OF WELL **300** FEET

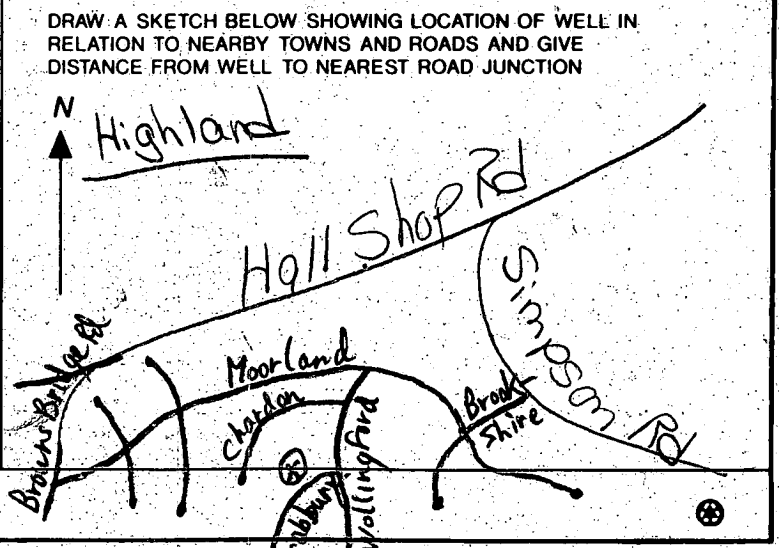
APPROXIMATE DIAMETER OF WELL **6** INCH

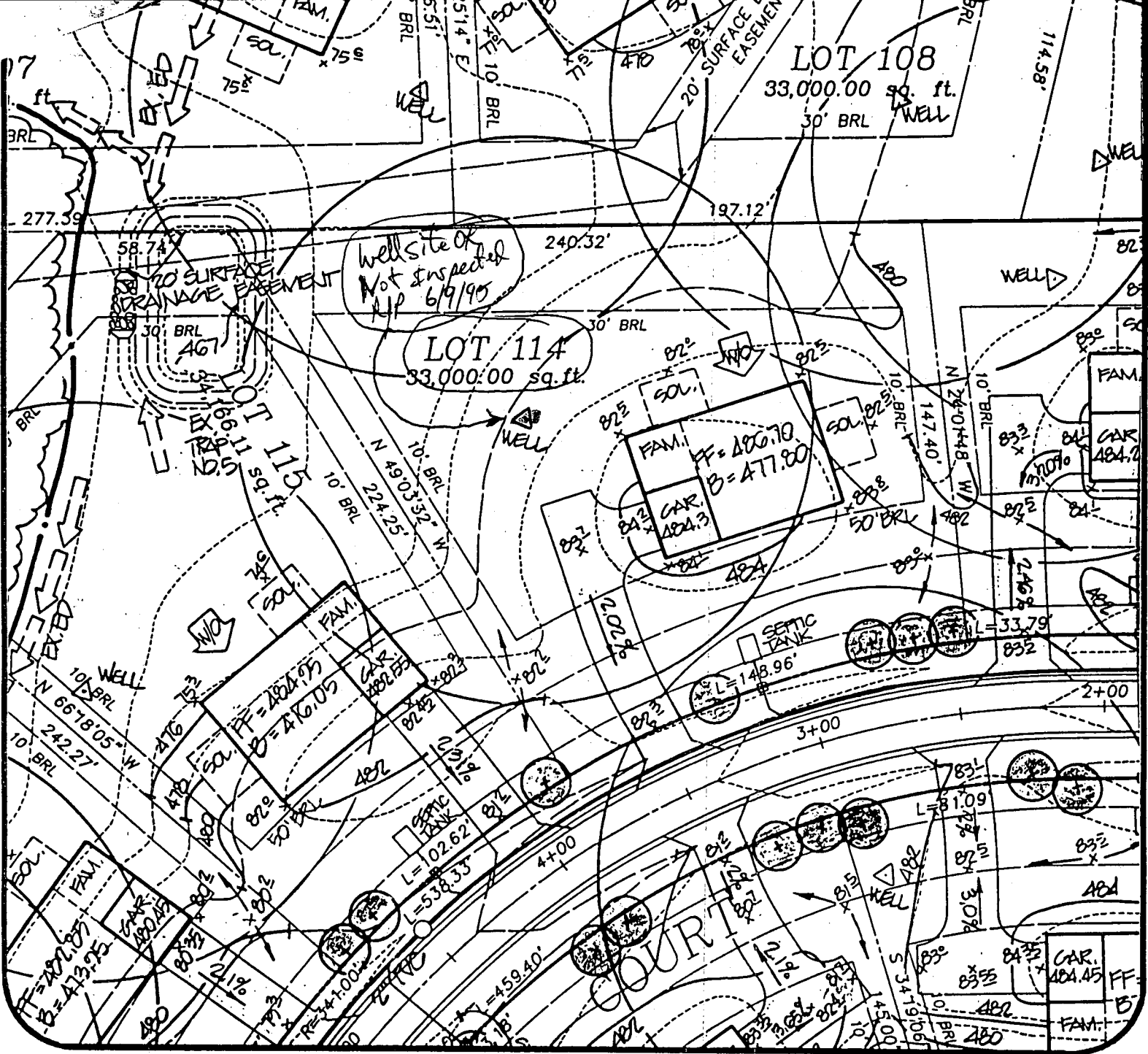
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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 DEEPEAN 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)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **RP** PERMIT No. **HO-94-0553**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2. 3-28-97 11:30 grout
 3. 3-28-97 30' tremie pipe 35 bags Portland Type II 100' casing KM grout not finished location ok
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8188**
 N **4887**





Ashleigh Knolls
Lot 114

DATE: 5/2/95

PROJECT NO.: 88027.01

DRAWN BY: TJP

SCALE: 1" = 50'

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

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

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

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

ORIGINAL-STATE

APPLICATION.

HOWARD COUNTY

PERMIT APPLICATION

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

#25

SERIAL NUMBER

Health Dept

BO011160

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

7104 Crabbury Court
Clarksville, Md. 21029

75316

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

Sinclair w/4FT EXT:
2 story, full bsmt., 9R, 2FB, 1HB,
4BR, FP + garage

| LOT NO. | PARCEL NO. | SEC. | AREA | BLOCK NO. | LIBER | FOLIO |
|-----------------|------------|------|----------|-------------|------------|-------|
| 114 | 475 | - | 2 | 76 | - | - |
| SUB DIVISION | | ZONE | ZONE MAP | ELEC. DIST. | CENSUS TR. | |
| Ashleigh Knolls | | RR | 41 | 5 | 6051.02 | |

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc
6305 Ivy Ln. Suite 800 (301) 474-4411
Greenbelt, Md. 20770

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.m. Mochi
10120 A. Old National Pike (301) 865-5858
Eggspringville, Md. 21754

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Same As Above
Winchester Homes

| EXISTING USE | PROPOSED USE |
|--------------|----------------|
| Vacant | Res Single Fam |

| EST. CONSTRUCTION COST | LICENSE NUMBER | PERMIT FEE |
|------------------------|----------------|------------|
| 140,000 | 158-14160 | |

| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
|---------------|-------|--------|-----------|
| | 56 | 40 | 10 |
| | 54 | 32 | 10 |
| | 54 | 36 | 10 |
| TYPE OF BLDG. | AREA | VOLUME | ROOF |
| B. ROOMS | 1844 | | ASP GABLE |
| ROOMS | 1252 | | |
| BATHS | | | |
| FIREPLACES | 1434 | | |

| FOOTINGS | FOUNDATION | S. WALLS |
|-----------|------------|--------------|
| 8' 16 x 8 | 8' cur | w/frn siding |

| UTILITIES | | | | |
|------------|--------------|-----|-------------|--------------|
| WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT |
| | | X | X | GAS |
| | | | | AC |
| | | | | 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.

Caryl Jine
SIGNATURE
Permit Administrator
TITLE
4-17-98
DATE

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 # _____

| FUNCTION | DATE | SIGNATURE APPROVAL |
|-------------------|---------|--------------------|
| ZONING/PLANNING | | |
| SHA | | |
| SEDIMENT/GRADING | | |
| BUILDING OFFICIAL | | |
| WATER & SEWER | | |
| HEALTH DEPT. | 4/17/98 | DOUGLAS JOE |
| FIRE PROTECTION | | |
| STORM WATER MGMT | | |

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 CR 5043

APPROVED _____ DATE _____

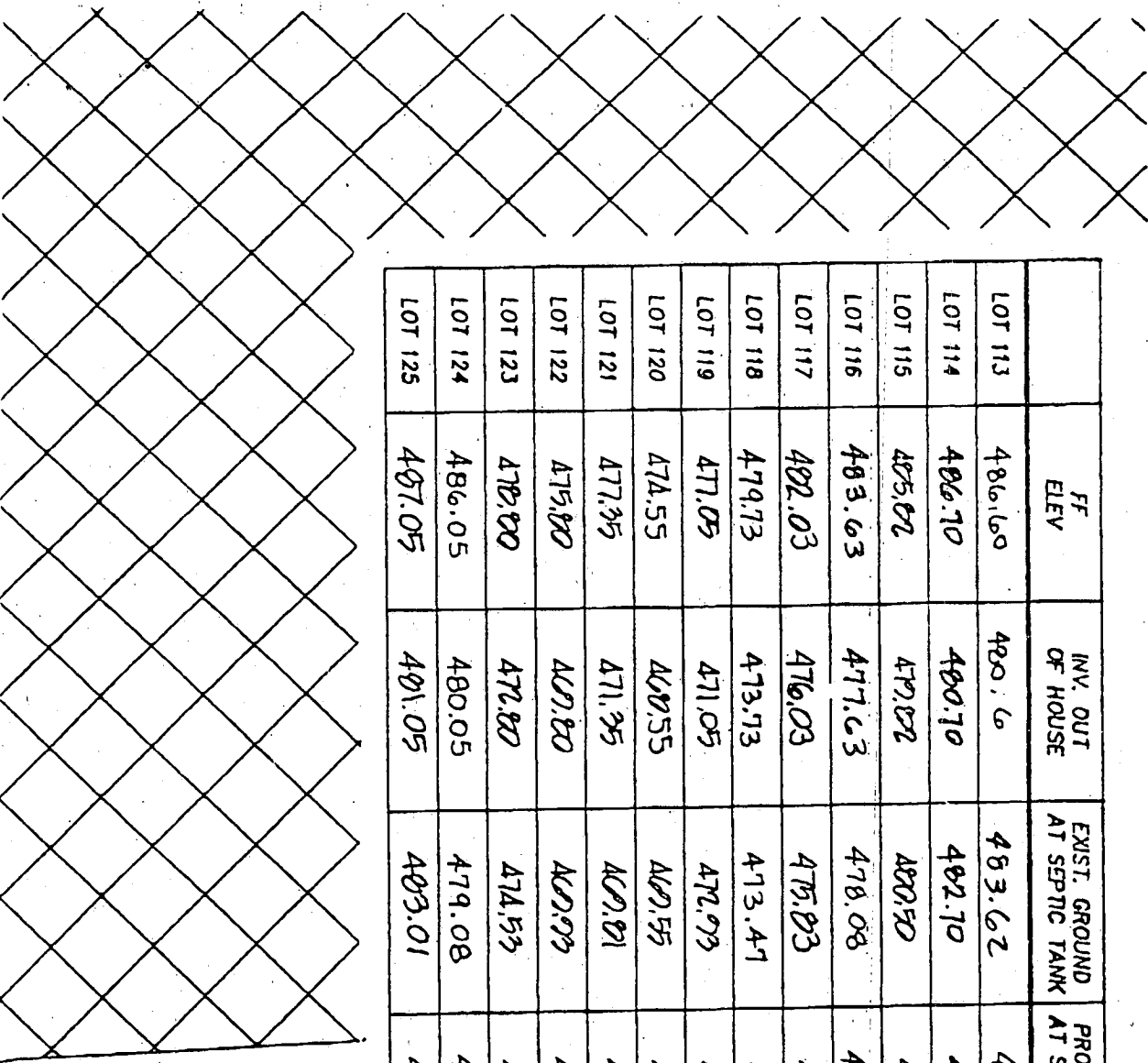
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

A

REFERENCES: House of Delegates Bill 108; County Council Bills 8, 23, 60, 103; 1993 National Building Code

BY [Signature] DATE 3/30/98 CHECKED BY _____ DATE _____

| | FF ELEV | INV. OUT OF HOUSE | EXIST. GROUND AT SEPTIC TANK | PROP. GROUND AT SEPTIC TANK | INV. INTO SEPTIC TANK |
|---------|---------|-------------------|------------------------------|-----------------------------|-----------------------|
| LOT 113 | 486.60 | 480.6 | 483.62 | 481.35 | 476.43 |
| LOT 114 | 486.70 | 480.70 | 482.70 | 482.91 | 479.05 |
| LOT 115 | 485.82 | 479.82 | 480.50 | 480.59 | 477.01 |
| LOT 116 | 483.63 | 477.63 | 478.08 | 478.49 | 474.82 |
| LOT 117 | 482.03 | 476.03 | 475.83 | 476.56 | 473.40 |
| LOT 118 | 479.73 | 473.73 | 473.47 | 474.26 | 471.18 |
| LOT 119 | 477.05 | 471.05 | 472.93 | 472.03 | 468.03 |
| LOT 120 | 474.55 | 469.55 | 469.55 | 469.78 | 465.78 |
| LOT 121 | 477.35 | 471.35 | 469.81 | 469.72 | 466.30 |
| LOT 122 | 475.80 | 469.80 | 469.93 | 470.78 | 467.36 |
| LOT 123 | 478.80 | 472.80 | 474.53 | 473.63 | 469.88 |
| LOT 124 | 486.05 | 480.05 | 479.08 | 479.14 | 475.72 |
| LOT 125 | 487.05 | 481.05 | 483.01 | 483.80 | 479.31 |



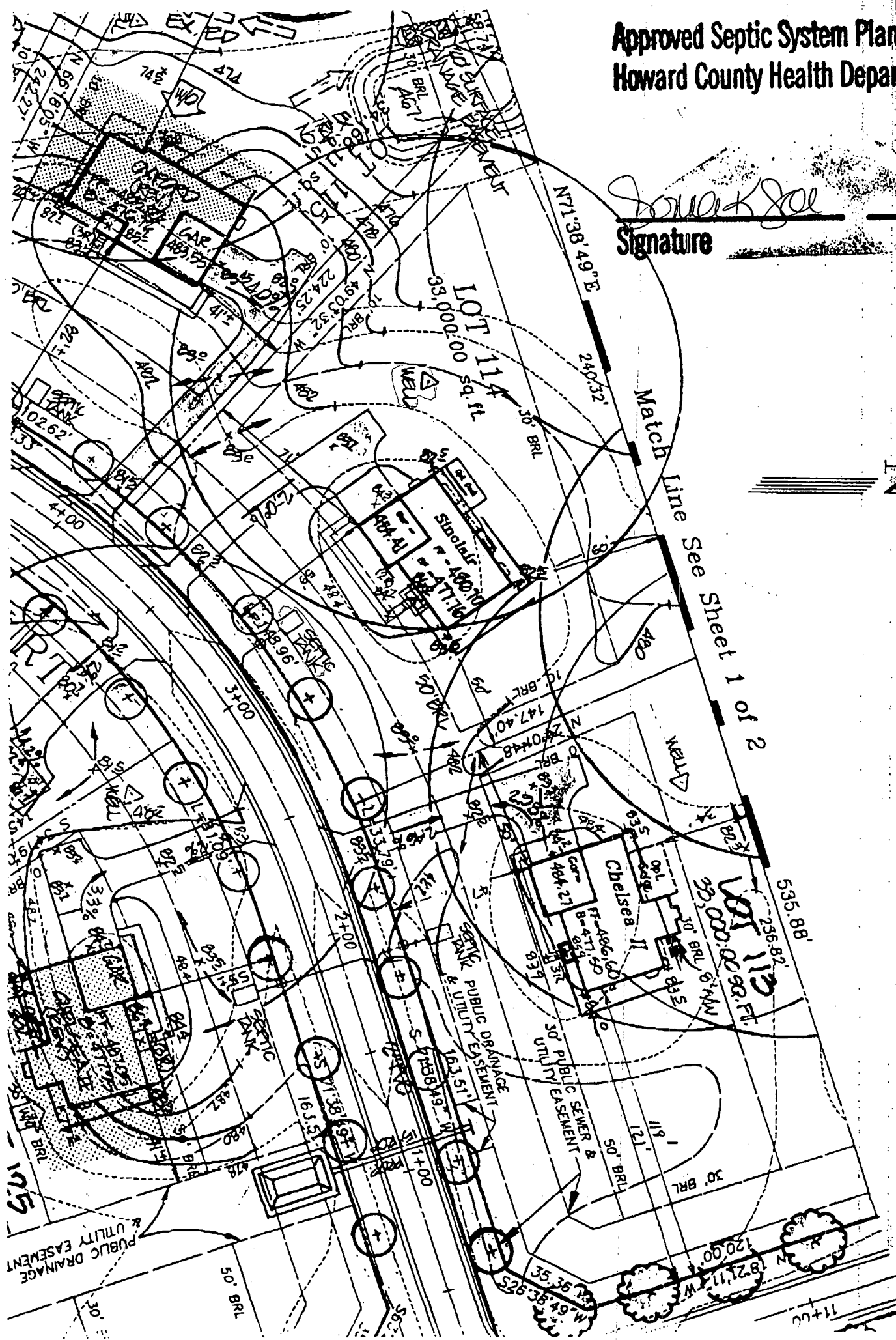
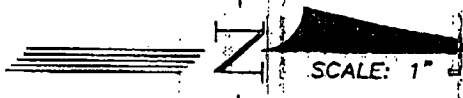
| description | date |
|--|---------|
| DELINEATED STRUCTURAL FILL FOR HOUSE PADS | 7/21/95 |
| REVISED LOT 120 SEPTIC TANK & WELL LOCATIONS PER W.O. CO. HEALTH DEPT. | 7/18/95 |
| ADDED SEWER SERVICE NOTE | 8/13/95 |
| REVISED DRIVEWAYS - 12" APRONS PER L. BURGOON, WHI | 5/12/95 |
| REVISED LOT 115 WELL LOCATION PER L. BURGOON, WHI | 5/2/95 |
| REVISED WELL LOCATIONS LOTS 114, 115, 116, 117, 118, 119, 121, 122, 123, 124 & 125 | 5/1/95 |

REVISED STRUCTURAL FILL PADS TO MAX. SIZE OF 55' x 80' PER C. COLLINS, WHI 12/18/95
 SITED LOTS 113-125 AS MT. VERNON PER L. BURGOON, WHI 9/18/95

| | |
|--------------|-------------|
| project | date |
| 94027.21 | 12/94 |
| illustration | engineering |
| MAS | TJP |
| scale | approval |
| 1" = 50' | RMM |

Approved Septic System Plan Howard County Health Department

Donald K. Sol
Signature **4/28/98**
Date



Building Address 7104 CRABBURY CT.
CLARKSVILLE, MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ASHLEIGH KNOLLS
 Section _____ Area _____ Lot 114
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 3/4 ACRE

Property Owner's Name ROBERT AND KATHLEEN FABER
 Address 7104 CRABBURY CT.
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-854-1590 Work Phone 202-622-7405
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use DECK
 Estimated Construction Cost \$ 5,600
 Description of Work DECK-462 SQ FT
PRESSURE TREATED LUMBER, MITERED
CORNERS WITH ONE TRELIS

Contractor Company MARK'S DECKS
 Contact Person MARK BONHAG
 Address 7021 MINK HOLLOW RD
 City HIGHLAND State MD Zip Code 20777
 License No. 34999
 Phone 301-854-0981 Fax _____

Occupant or Tenant ROBERT FABER
 Contact Name ROBERT FABER
 Address 7104 CRABBURY CT.
 City CLARKSVILLE State MD Zip Code 21029
 Phone 301-854-1590 Fax _____

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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>4</u> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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: <u>deck</u> Dimensions: <u>3' x 16'</u> Footings: <u>post & pier</u> Roof: _____ |
| _____ State Certified Modular <input checked="" 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.

Robert D. Gahn
 Applicant's Signature

 Title/Company

ROBERT FABER
 Print Name
3-24-99
 Date

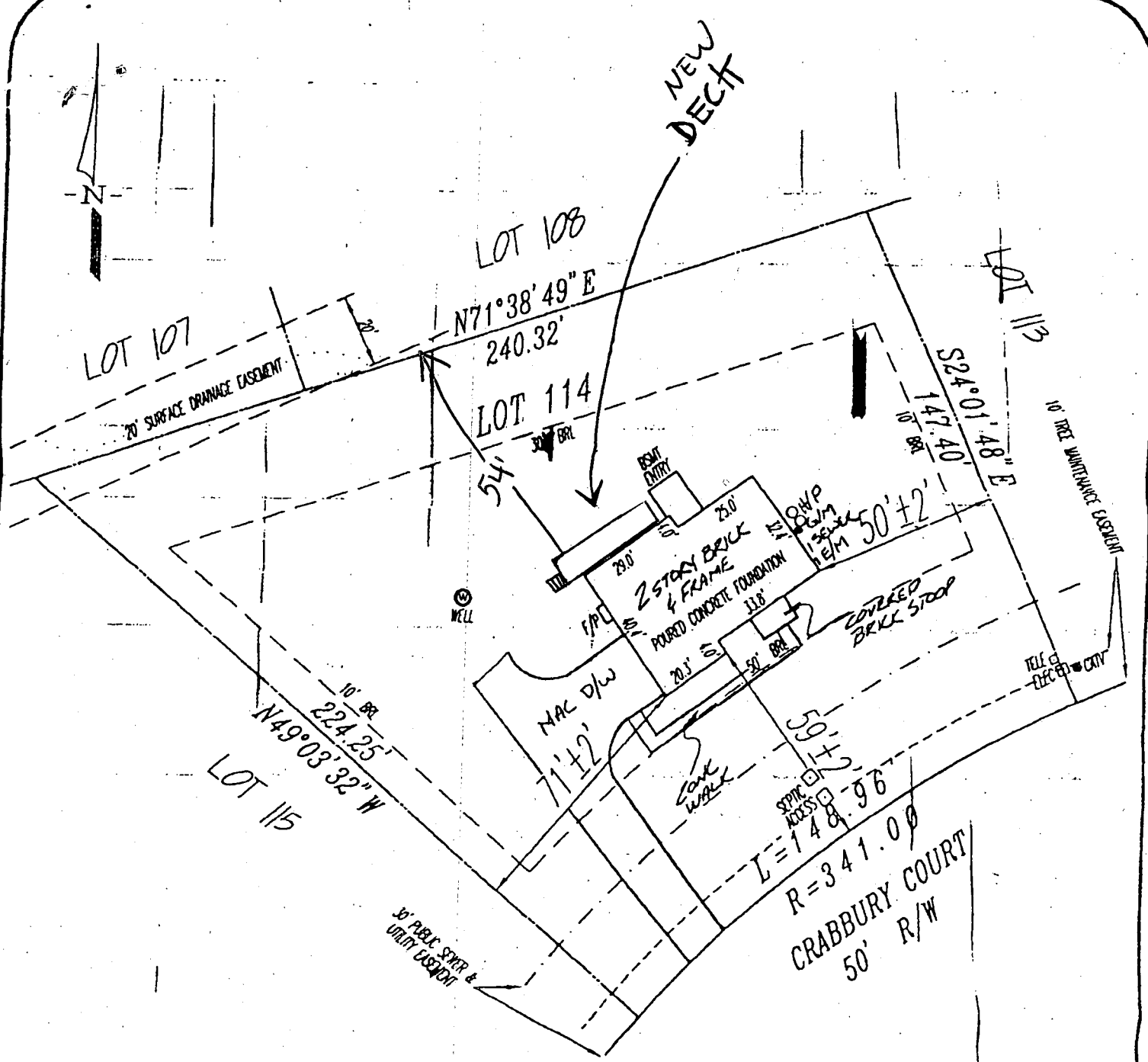
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL |
|---|----------------|--------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | |
| <input checked="" type="checkbox"/> Building Official | <u>3/24/99</u> | <u>C. Hledy</u> |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | <u>3/24/99</u> | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Health | | |
| <input checked="" type="checkbox"/> Fire Protection | | |

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

| DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|---------------------------|
| Front: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ <u>3000</u> |
| Side: _____ | Excise tax \$ _____ |
| 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 \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for NewTown Zone _____ | Check # _____ |
| SDP/Red-line approval date _____ | Validation # _____ |
| Accepted by _____ | |



3/24/99
Proposed deck location OK as shown DO

LOT 114
ASHLEIGH KNOLLS

LEGEND

| | | | |
|------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVERHANG |
| B/W | = BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC | = CONCRETE | E/M | ELECTRIC METER |

ADDRESS No.: 7104 CRABBURY COURT
 TOP OF WALL ELEV. = 485.9 FIRST FLOOR ELEV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE 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 LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES BUT

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

10-0146722

Building Address 7104 CRABBURY CT
CLARKSVILLE, MD 21029
 Suite/Apt. #: _____ SDF/WP/Petition #: _____
 Census Tract 60E102 Subdivision ASHLEIGH KNOLLS
 Section 7 Area _____ Lot 114
 Tax Map 41 Parcel 475 Grid 7
 Zoning RROEO Map Coordinates 18F1 Lot size 33,000 SF

Property Owner's Name ROBERT + KATHLEEN
 Address 7104 CRABBURY CT. FABER
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-854-1590 Work Phone 202-435-5271
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use SINGLE FAM. HOME
 Proposed Use NEW/FINISHED BASEMENT
 Estimated Construction Cost \$ 3,000
 Description of Work
FINISHED BASEMENT
REC ROOM, DEN, FULL BATH

Contractor Company OWNER
 Contact Person: _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER
 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 DESCRIPTION - RESIDENTIAL

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

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 <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: _____ State Certified Modular _____ Manufactured Home _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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.

Robert D. Faber
 Applicant's Signature

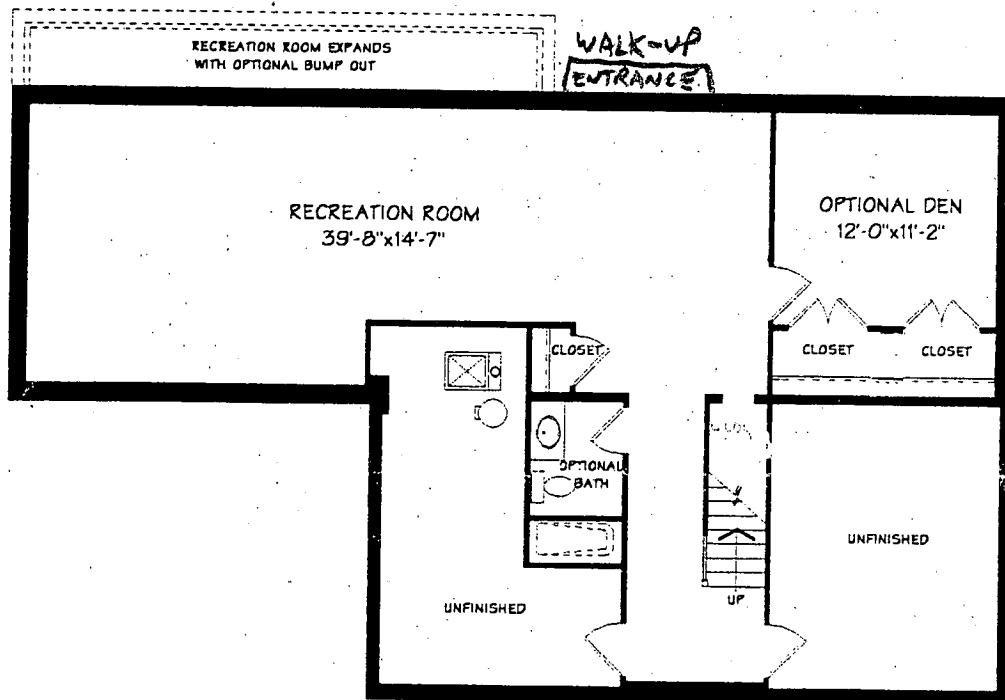
ROBERT D. FABER
 Print Name
3/11/04
 Date

Title/Company
3/11/04 MR

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

The Sinclair

OPTIONAL FINISHED LOWER LEVEL*



NO BR USES

BSMT ALTERATION OK

MR 3/10/04