

05-345618

approved 12/5/86
C. Williams

12/2/86
B.M.

PERMIT

P 38505

A REPAIR

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

ELLICOTT CITY

DISTRICT _____

DATE 1/28/87

INDEXED

Jack Fyock IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9260

SUBDIVISION _____ ROAD 13751 Highland Road LOT _____

PROPERTY OWNER Angela Feeney ~~Ed Gross~~ phone ~~854-3227~~
13751 Highland Road

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

BLDG. PERMIT SIGNED
AND RETURNED 10/12/00
B00124910 Front porch

BLDG. PERMIT SIGNED
AND RETURNED 6/8/2000
B00124716
INGROUND POOL

BLDG. PERMIT SIGNED
AND RETURNED 9-16-98
Serial # B0114030
2-story addition

PLANS APPROVED BY C. Williams DATE 12/04/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

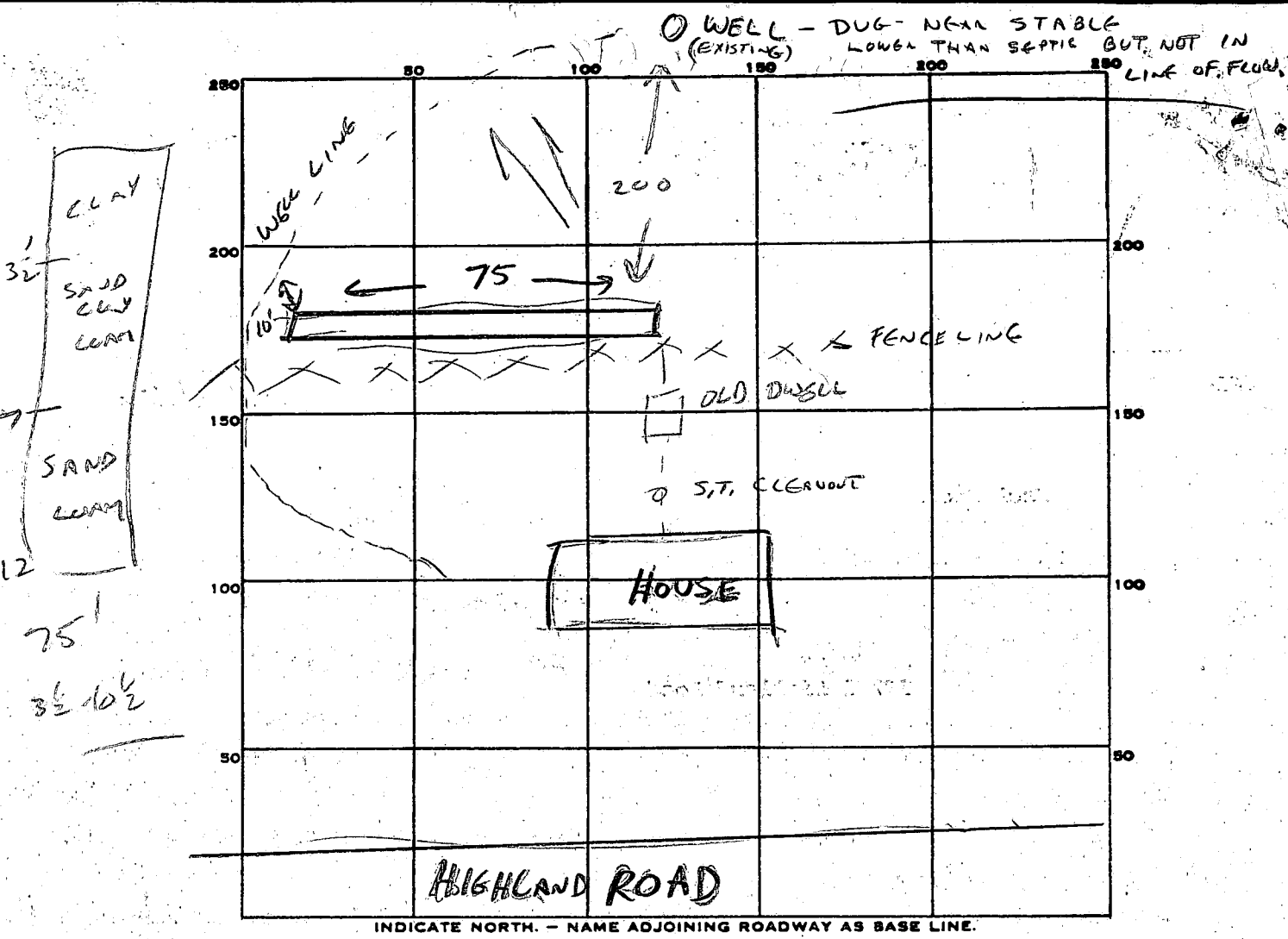
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P
38505



PERMIT CARD ✓

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS EXISTING

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 10 1/2 FT. IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 SIDEWALK TOTAL BOTTOM AREA 525

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA 525 + EXISTING DRYWELL SQ. FT.

REMARKS
12/5/86 CONNECT NEW TRENCH 10 1/2' DEEP, 7' STONE, 75' LONG
TO EXISTING DRYWELL CW,

DATE SYSTEM APPROVED 12/5/86

INSPECTOR C. Williams

11/1/76

PERMIT

SEWAGE DISPOSAL SYSTEM

1976

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

APPROVED
INDEXED
WS
11-1-76

ELICOTT CITY

DISTRICT 11A

DATE 1/12/76

K & W Construction

IS PERMITTED TO INSTALL ALTER

ADDRESS 2 Irish Court, Gaithersburg, Md.

PHONE 948-8 9688

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 15781 Highland Road

LOT 3

PROPERTY OWNER Mr. and Mrs. Edwin Carlson

ADDRESS 9167 Gross Avenue, Laurel, Md. 20810

Phone: 498-3006

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - To have 115 sq. ft. effective sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade and maximum depth permitted for dry well is 11 ft. Locate the dry well 280 ft. from the front property line and 208 ft. from the left property line as shown when rising lot from highway road.

NOTE! ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE! INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

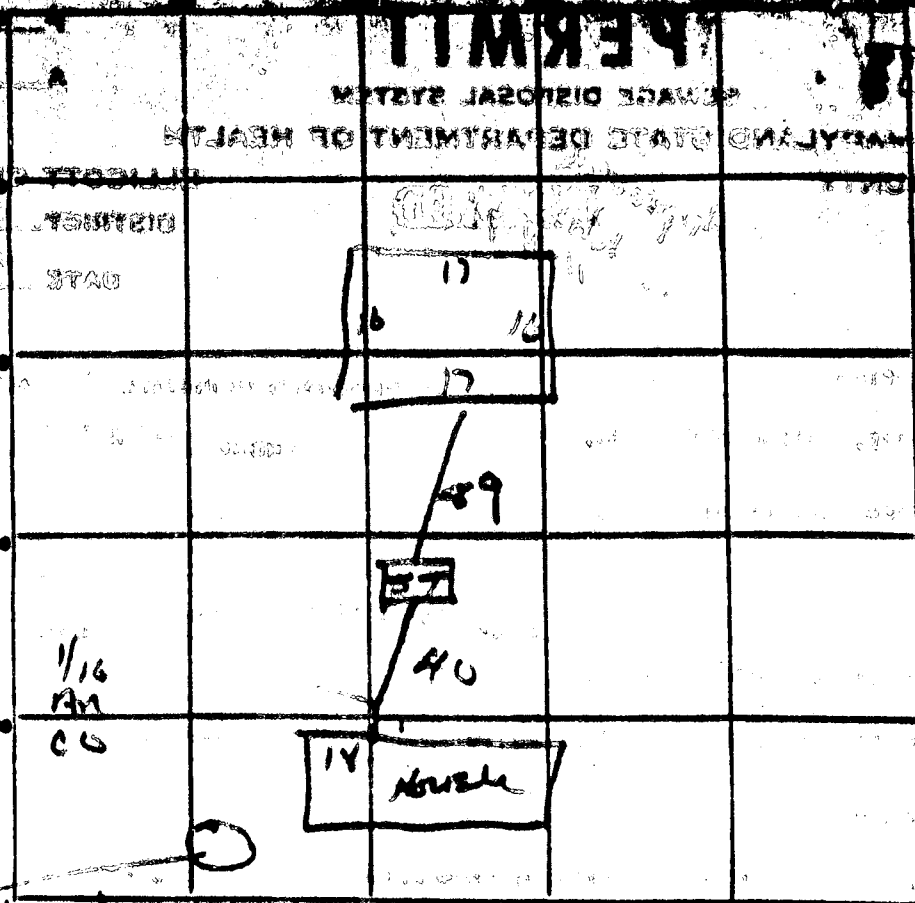
PLANS APPROVED BY Harry Jay Zbar

DATE 1/22/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

19479



32
3 1/2
66

well
driller
here - relocated?

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 10015 CLEANOUTS on line / ST / DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 66 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 525 SQ. FT.

REMARKS system located as per specs

DATE SYSTEM APPROVED 11-4-76 INSPECTOR hal benson

APPLICATION

FEEL FREE

A _____
P _____
DISTRICT 9th
DATE 3/22/74

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 876, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-5866, EXT. 336

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Russell E. Zapp
ADDRESS Highland Road, Clarksville, Md PHONE 286-2797

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. #3

ROAD AND DESCRIPTION Highland Road - Mason
Corner of Highland Road and Tridolphia Hill Road

SIZE OF LOT 5.415 Acres TYPE BLDG. 3 of 3 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR Dog Well DATE 3/22/74
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

WATER RESOURCES ADMINISTRATION
 TEXAS STATE OFFICE (L.D.S., ANNE POLE, DR. 1000)
WELL COMPLETION REPORT

DATE 30 DAYS AFTER WELL COMPLETION
FILL IN THIS SPACE COMPLETELY
 COUNTY NUMBER
 PERMIT NO. (SEE INSTRUCTIONS TO DRILL WELL)
17-10-10510
 00 20 30 40 50 60 70 80 90
 DRILLER'S IDENTIFICATION NO. **42**

DATE WELL COMPLETED **July 26, 1976**
 DEPTH OF WELL **200**
 (TO NEAREST FOOT) 00

OWNER **Carlton Polun**
 LAST NAME
 STREET OR RFD **2nd St** POST OFFICE **Walters**

WELL LOG
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR SECTIONS, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION OF FORMATION	DEPTH	
	FROM	TO
Top Soil	0	2
clay	2	20
SAND stone	20	35
clay	35	60
M.C.A	60	200

GRouting RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 TYPE OF GROUTING MATERIAL (CIRCLE ONE)
 CEMENT G M GYPSUM CLAY G C
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **28** FT.
 (MEASURED IF FROM SURFACE)

CASING RECORD
 (CIRCLE TYPE)
 (INSERT APPROPRIATE CODE BELOW)
 STEEL S Y CONCRETE C O
 PLASTIC P L OTHER O Y

MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN CASING) (NEAREST INCH) **6**
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **30**

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
 (INSERT APPROPRIATE CODE BELOW)
 STEEL S Y BRASS OR COPPER B R
 PLASTIC P L OTHER O Y

SCREEN DEPTH
 (CIRCLE NO.)
 DEPTH (NEAREST WHOLE FOOT)
 1 **40** 2 **28** 3 **200**
 00 10 20 30 40 50 60 70 80 90
 SLOT SIZE 1. _____ 2. _____ 3. _____

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) **2**
 PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON **2**
 00 10 20 30 40 50 60 70 80 90
 METHOD USED TO MEASURE PUMPING **Bucket**

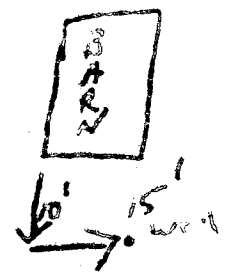
WATER LEVEL (DISTANCE FORWARD SURFACE)
 OPEN PUMPING **35** (NEAREST FOOT)
 WHEN PUMPING **100** (NEAREST FOOT)
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) FOR PUMPING TEST
 A P D PISTON Y TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, Y, O

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

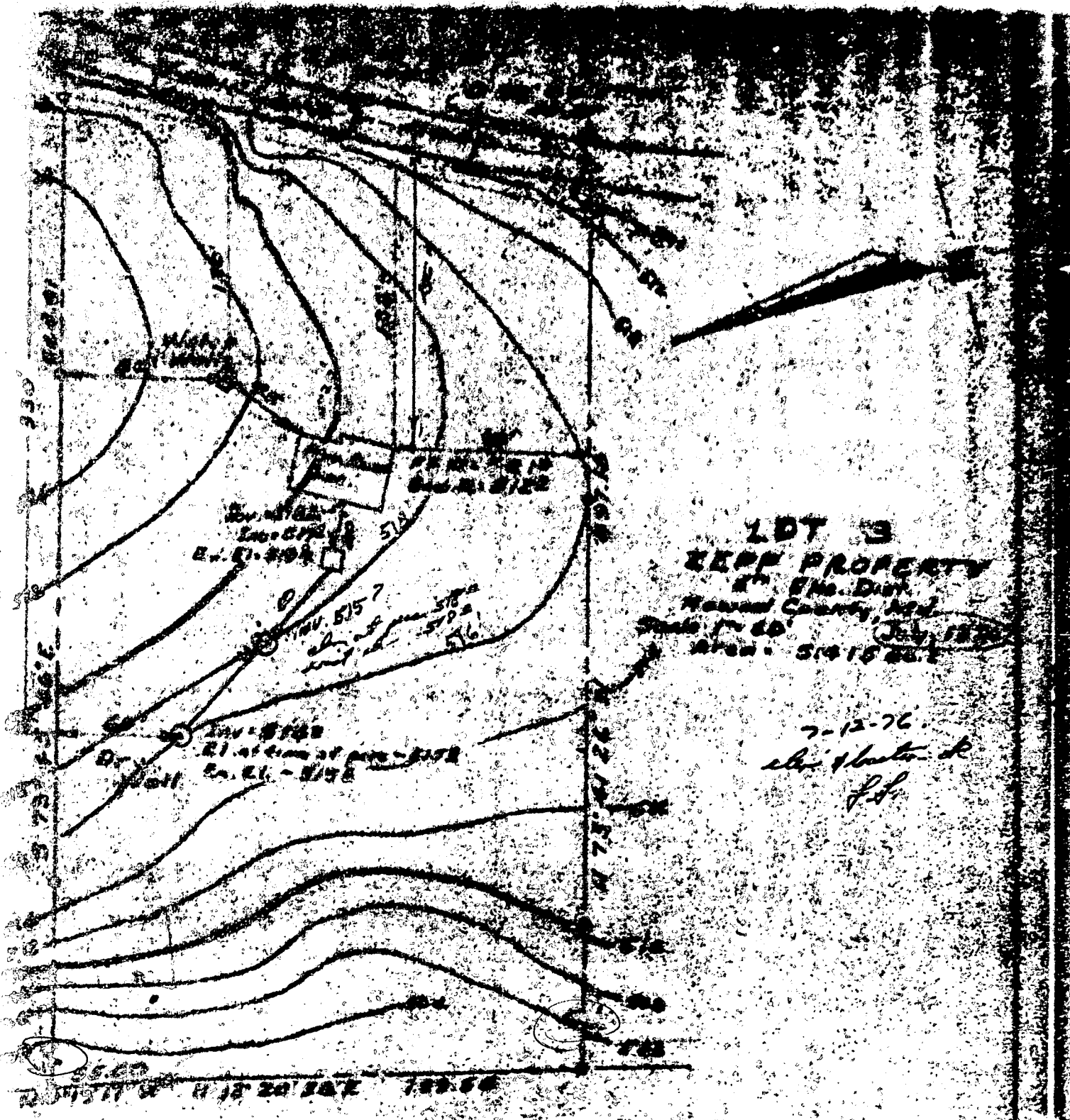
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } **2**

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLER'S NAME _____
 (PLEASE PRINT) _____
 SIGNATURE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) YES NO
 (READ USE ONLY (NOT TO BE FILLED IN BY DRILLER))
 TELESCOPE CASING YES NO
 LOG RECORDER YES NO
 74 TO 76 OTHER DATA AVAILABLE



LOT 3
KEEP PROPERTY
 7th Ele. Dist.
 Hessell County, Md.
 Made in 60' July 1876
 Area. 519.58.

7-12-76
 Chas. H. Hessell
 J.H.

I hereby certify that the above mentioned
 and adjacent are actual and correct for the
 property. The adjacent shown here is
 from the original survey of 1876 on the land
 of Highland Park of the natural survey of the
 lot.

Charles H. Hessell
 Surveyor

Witness my hand
 this 12th day of July 1876

9/10/98

WALK-IN - REVIEW w/OWNER
FOR PENDING ADDITION INCL
KIT. EXPANSION, FAM. ROOM, 1 BR,
& STUDY; 1 BR EXISTING TO
BE STRUCTURALLY ELIMINA-
TED; ADVISED OWNER OK
BASED ON THESE SPECS
& FOOTPRINT ~ 12' DEEP
TOWARD S.T.

MR

9/16/98

ADD'N OK
BASED ON PREV
REVIEW w/OWNER

MR
B00114030

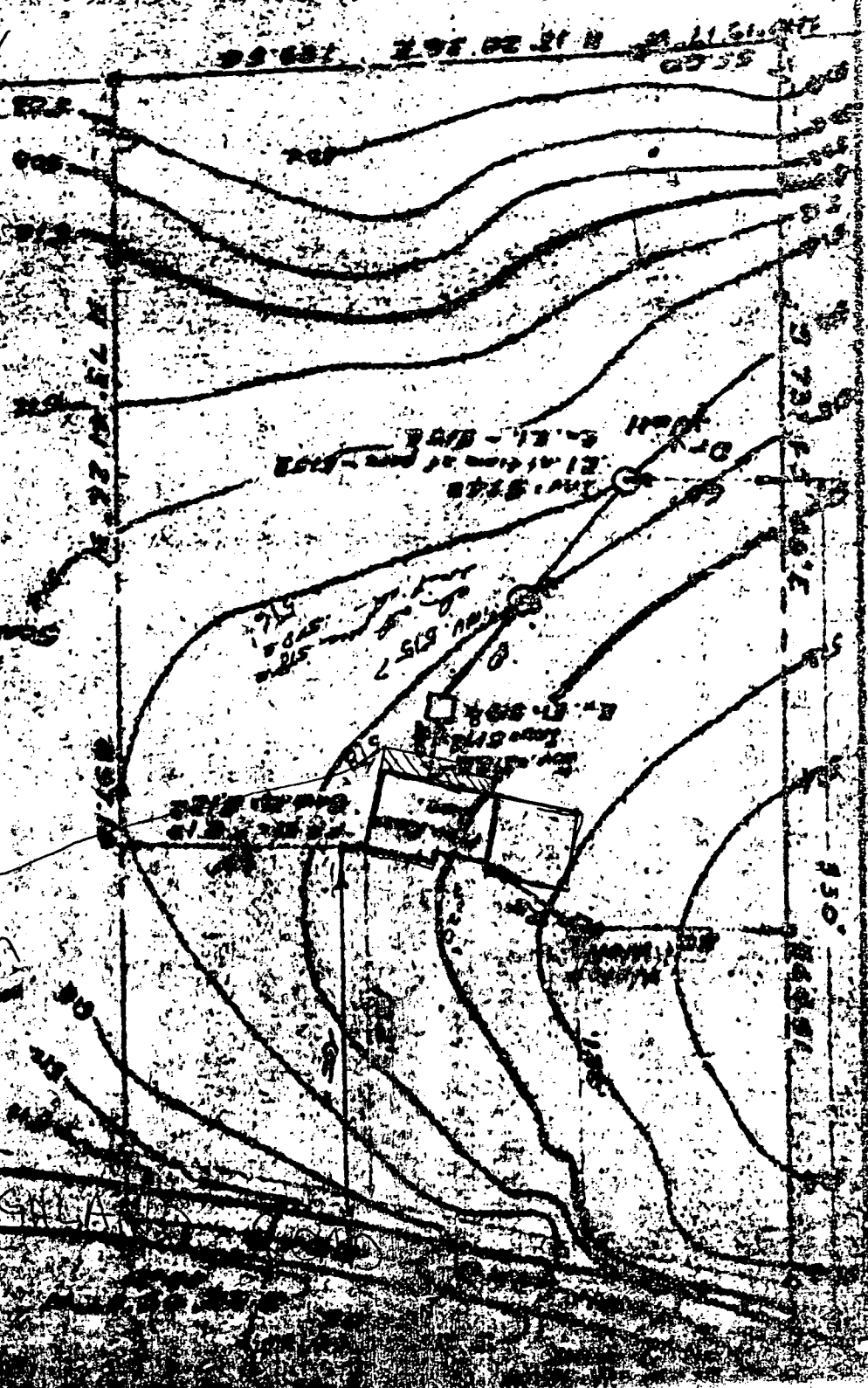
The above property has been reviewed and approved for this
addition. The addition shall be constructed in accordance with
the approved plans and specifications. The addition shall be
located on the north side of the property.

7-12-92
L.B. White &
P.C.

LOT 3
ZEP PROPERTY
IN E.M. DIST.
HAROLD COUNTY, N.C.
SOUTH OF 60
AREA - 518.52

new
addition
location

HICKORY



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2488 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00114030
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Building Address: 13751 Highland Rd
Clarksville, MD 21029

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

Census Tract: 605.01 Subdivision: NA

Section: _____ Area: _____ Lot: _____

Tax Map: 34 Parcel: 333 Grid: 2

Zoning: RR-DEOM Map Coordinates: _____ Lot size: _____

Owner's Name: David & Angela Feeney

Address: 13751 Highland Rd

City: Clarksville State: MD Zip Code: 21029

Home Phone: (301) 754-2881 Work Phone: (410) 312-1808

Applicant's Name & Mailing Address; (if other than stated herein): _____

Phone: _____ Fax: _____

Existing Use: SF Home

Proposed Use: SF Home w/ addition

Estimated Construction Cost: \$35,000

Description of Work: FR rear of home, 2 story addition on crawl space/rear for kitchen extension & new bedroom

Contractor Company: owner

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13 _____ Full _____ Partial _____ Other Suppression _____	Other: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
<input type="checkbox"/> State Certified Modular		<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 THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE OR ANY COUNTY OFFICIALS HAS/HAVE THE RIGHT TO ENTER SAID PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND NECESSARY.

Angela Feeney
 Applicant's Signature Angela Feeney
Print Name

owner SEP 10, 1998
Date

owner Title/Company

VALIDATION

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	37618 Filing Fee \$ <u>25</u> Permit Fee \$ _____ (10 sq. ft. <input type="checkbox"/> (15 sq. ft. <input type="checkbox"/> Excise Tax \$ _____ (40 sq. ft. <input type="checkbox"/> (80 sq. ft. <input type="checkbox"/> TOTAL FEES Check # <u>1970</u> Validation # <u>0265</u> Accepted by: <u>DL</u>
<input checked="" type="checkbox"/> State Highway			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/16/98</u>	<u>Mark E. Griffin</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>611 3-20</u>	
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone SDP/Red line approval date: _____	
<input checked="" type="checkbox"/> Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h3 style="margin: 0;">PERMIT APPLICATION</h3>	<h3 style="margin: 0;">PERMIT NUMBER</h3> <h1 style="margin: 0;">B00114030</h1>
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Building Address: 13751 Highland Rd
Clarksville, MD 21029

Suite/Apt. #: _____ SDP/WP/Patition #: NA

Census Tract 6051.01 Subdivision N/A

Section _____ Area _____ Lot _____

Tax Map 34 Parcel 333 Grid 2

Zoning RR-DEOM Map Coordinates _____ Lot size _____

Owner's Name David & Angela Feeney

Address 13751 Highland Rd

City Clarksville State MD Zip Code 21029

Home Phone (301) 754 2881 Work Phone (410) 312 1808

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

Phone _____ Fax _____

Existing Use SF Home

Proposed Use SF Home w/ addition

Estimated Construction Cost \$ 35,000

Description of Work FR rear of home, 2 story addition on crawl space/rear for kitchen extension & new bedroom

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: <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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

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"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" 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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other: _____ 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.

Angela Feeney owner
 Applicant's Signature Title/Company

Angela Feeney
 Print Name

Sep 10, 1998
 Date

VALIDATION

Building Address 13751 HIGHLAND RD.,
CLARKSVILLE, MD. 21029

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

Census Tract _____ Subdivision "ZEPPE PROP-Y"

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid _____

Zoning R Map Coordinates _____ Lot size 2Ac. ±

Property Owner's Name ANGELA FEENEY

Address 13751 HIGHLAND RD.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301-854-2881 Work Phone 703-288-8294

Applicant's Name & Mailing Address, (if other than stated hereon):
SUNRISE PREMIERE POOL CO.
1460 RITCHIE HWY, SUITE 108
ARNOLD, MD 21012
 Phone 1-877-349-POOL Fax _____

Existing Use DETACHED RES.

Proposed Use "W POOL"

Estimated Construction Cost \$ 20,000.-

Description of Work INSTALL IN THE REAR YARD
AN INGROUND 17'x35.5' POOL (500^g)
W/FENCE PER CODE (250 L.F.) TO BE
FILLED BY TRUCK. CARTRIDGE FILTER

Contractor Company SUNRISE PREMIERE

Contact Person DON SEYFFERTH

Address 1460 RITCHIE HWY, SUITE 108

City ARNOLD State MD Zip Code 21012

License No. MHIC # 45494

Phone 1-877-349-POOL Fax _____

Occupant or Tenant THE OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer/Architect Company C.C.M. INC.

Contact Person AL ERDI, P.E.

Address P.O. BOX 333

City PHOENIX State MD Zip Code 21131

Phone 410-592-5153 Fax 410-592-3444

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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Reinforced Concrete	Natural Gas <input type="checkbox"/>
Structural Steel	Propane Gas <input type="checkbox"/>
Masonry	Sprinkler system: N/A <input type="checkbox"/>
Wood Frame	_____ Full
State Certified Modular	_____ Partial
	_____ Other Suppression
	_____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
1st floor: _____ Depth <u>pool</u> Width _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____ <u>17'x35.5'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	_____ Other:
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>17'x35.5'</u>	
Footings: <u>concrete</u>	
Roof: _____	
State Certified Modular	
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 [Signature]
C. C. M. INC

Title/Company _____

Print Name AL ERDI

Date 6/8/00

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
Health	<u>6/8/00</u>	<u>[Signature]</u>	All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

I hereby certify that the above mentioned
and alterations are correct and true to the
original plans and specifications
The alterations shown hereon are
as an addition to the original
at Highland Road of the
1941

10/12/00
Septic tank is
90' off back of
house. 54' x 10'
check no impact
to well/septic
of

7-13-02
L.B. White &
P.C.

STOP PROPERTY
OF THE DIST.
HAWAII COUNTY, HI
Scale 1" = 60'
APR 15 1952

new
addition
location

