

2/26/90 JRM
2/27/90 ASAP

04 - 348 - 680

2/26/90 (1) P.C.O.
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45545
A 39232
DISTRICT 4th
DATE 2/14/90
DATE SYSTEM APPROVED 4/27/90
INSPECTOR Cwell

INDEXED

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Md. 21157 PHONE 875-4197

SUBDIVISION Foxport Plantation ROAD 15504 Foxpaw Trail LOT 19

PROPERTY OWNER Foxport Partnership

ADDRESS _____

~~EXCESSIVE GRINDER USE TO INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 20%~~

~~SANITIZER GRINDER? XXXYESXXXXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq.ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet from the front lot line and 150 feet from the left side of the lot as seen when facing the lot from Foxpaw Trail Trail. Run trenches toward both the front lot line and the rear lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. dn 2-12-90

PLANS APPROVED BY Raymond Hodges cm DATE 02/03/89

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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 TWO 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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

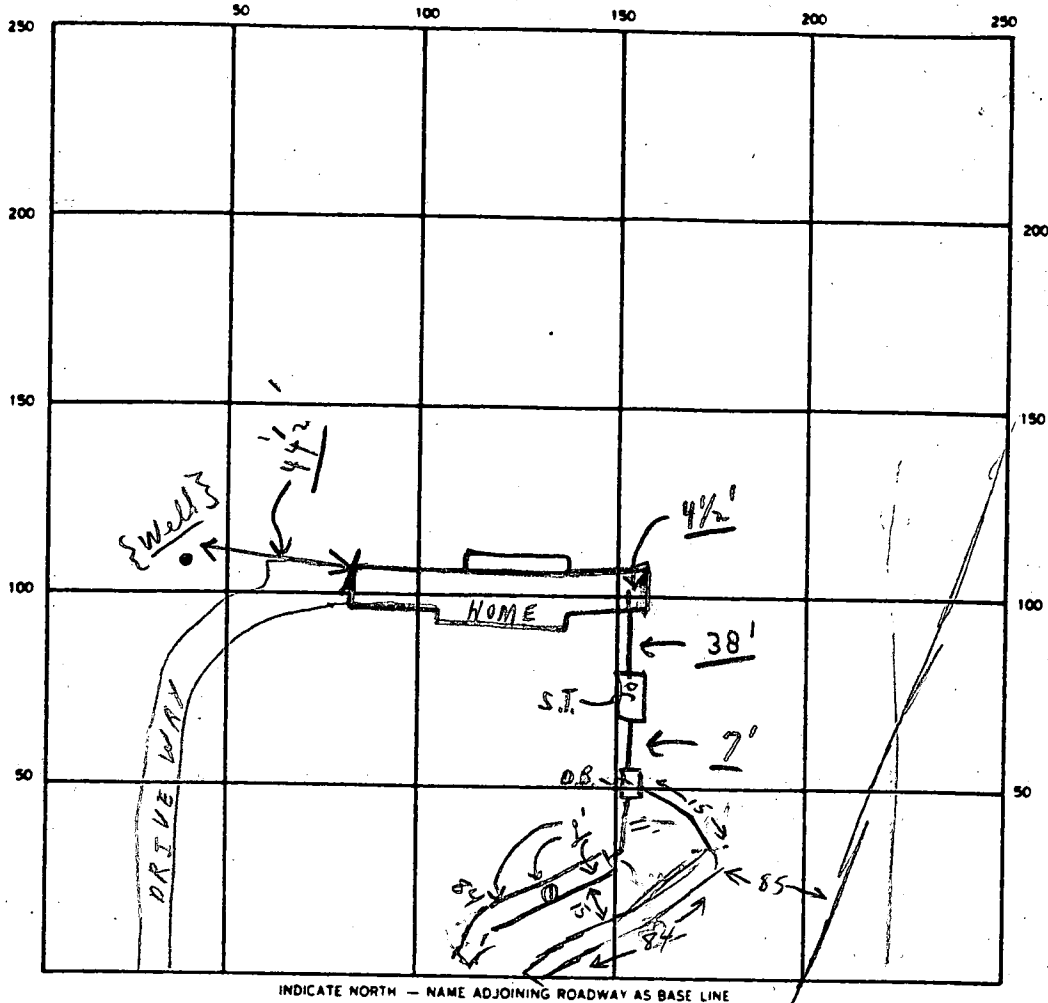
BLANK PERMIT SIGNED
AND RETURNED 12/27/01
BOD 133735
DECK 16x8 w/ steps
FRONT PORCH W/ COLUMN

A 39232

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

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

WPE-2/27/90
 Clark
 PLOTLESS ADAPTION
 3 1/2' B.G.
 Currier



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← FOXPAW TRAIL →
 S.T.
 No

SEPTIC TANK LEVEL OK CLEANOUTS No
 DISTRIBUTION BOX LEVEL OK (Baffles is No)
 DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 168 FT.
 NUMBER OF TRENCHES 2 (84+84) ONE SIDEWALL/AREA 840 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 840 SQ. FT.

REMARKS P.M. 2/26/90 60'± dug; to leave -2' ahead open; put in;
OK TO COVER FROM HOUSE TO 1' OF TANK. C.B.D.
~~2/27/90 Unable to observe final inspection. OK for contractor to finish installation. DEN~~
2/27/90 OK TO COVER ALL WORK. C.W.

DATE SYSTEM APPROVED 2/27/90 INSPECTOR Currier

APPLICATION

PERCOLATION TESTING

A 89232

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT: 4TH

DATE: 4-24-87

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 DONALD RIPPEON Foxport Partnership

ADDRESS 15474 BUSHY PARK RD PHONE 301-340-8186

PROSPECTIVE BUYER UNITED GENERAL CONTRACTORS

ADDRESS 8370 COURT AVE, ELLICOTT CITY PHONE 461-2227

PROPERTY LOCATION: FOXPORT PLANTATION

SUBDIVISION RIPPEON PROPERTY LOT NO. 19

ROAD AND DESCRIPTION CORNER OF CARR'S MILL & BUSHY PARK ROAD, WOODINE,
HOWARD COUNTY 15504 Foxport Trail

TAX MAP 14 & 8 PARCEL # 9 & 12

SIZE OF LOT @ 3 acre lot TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Donald Rippeon SFD/REA
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

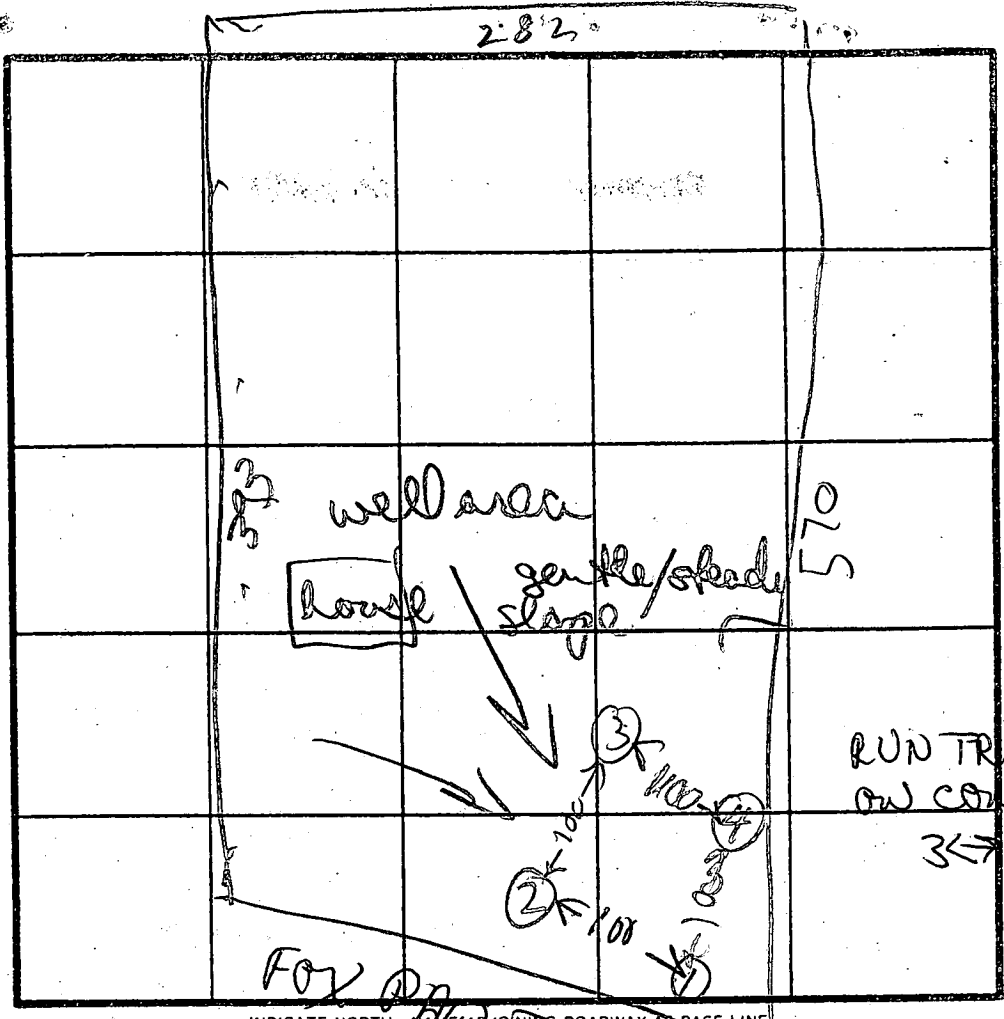
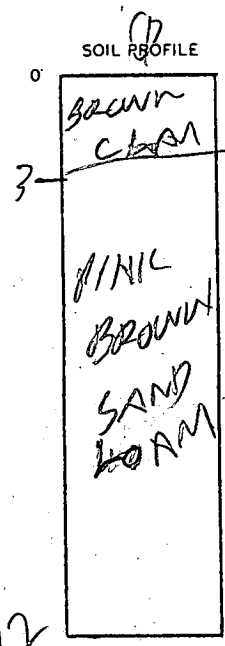
REASONS FOR REJECTION OR HOLDING 6/16/87 Per OK Holdover Part R/H

BMDG. PERMIT SIGNED
AND RETURNED 8/30/89
Serial # 28769
SFD - 4 Bedrooms

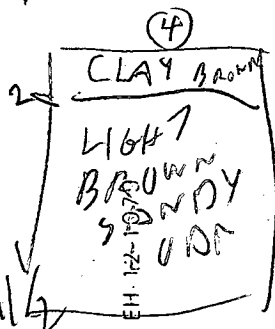
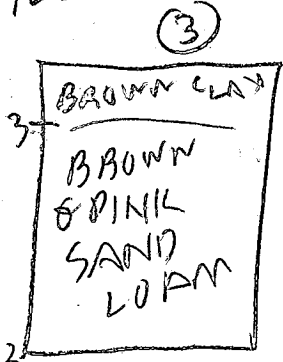
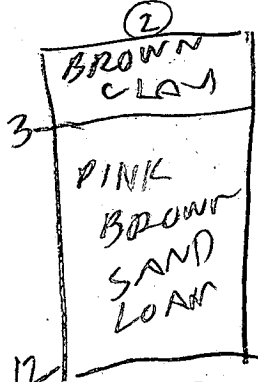
THIS IS NOT A PERMIT

Lot 19
see Plat

Lot 19



INDICATE NORTH - MAKE ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/16/87	1S	4	230	231	231	234	3
	1V	12	OK				
	2S	4	236	246	246	257	11
	2V	12	OK				
	3S	4	242	254	252	308	20
	3D	7.5	242	244	244	248	4
	3V	12	OK				
	4S	5	250	252	252	255	3
	4V	11.5	OK				

av time
8 min

max depth
3 ft

16

26

Hole Elevation
(2)(3)=High
(1)(4)=Low

REMARKS: Holes dug per survey plat

TYPE OF SOIL _____

TESTED BY: B HONGES

ALSO PRESENT: DONNY BROWN, JEFF FLECK

B 1 **1157** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

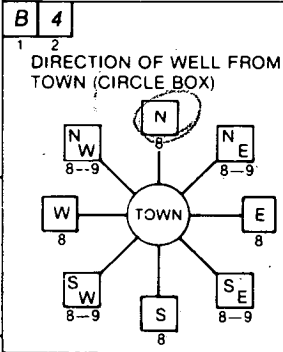
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-88-0479
fill in this form completely

Date Received (APA) **011189**
OWNER INFORMATION
Last Name **THE BRYANT GROUP** Owner First Name
Street or RFD **2815 HARTLAND ROAD**
Town **FALLS CHURCH** State **VA** Zip **22043**

B 3 LOCATION OF WELL
COUNTY **HOWARD**
SUBDIVISION **FOXPORT PLANTATION**
SECTION **44** LOT **49**
NEAREST TOWN **CLENEWOOD**
MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

DRILLER INFORMATION
Driller's Name **Joseph L. Mayne** License No. **238**
Firm Name **Joseph L. Mayne Well Drilling**
Address **5512 Ridge Rd. Mt. Airy 2177**
Signature **Joseph L. Mayne** Date **1/10/89**



NEAR WHAT ROAD **Fogpaw trail**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **140** FT
ENTER FT or MI **FT**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **HOWARD** COUNTY NO. **A39232**
STATE SIGNATURE _____ INSERT S
DATE ISSUED **030989** Jane E. Nadeau 9-9-89
NORTH GRID **539000** EAST GRID **0786000**

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)

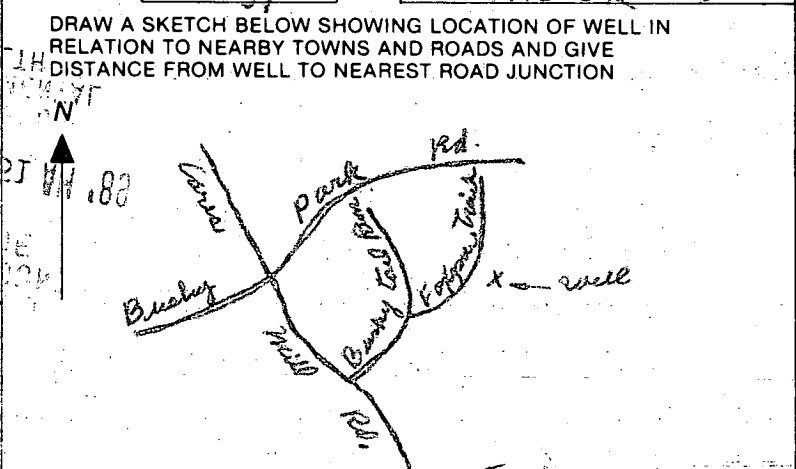
APPROXIMATE DEPTH OF WELL **220** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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
WRITE THE BOX NUMBER FROM THE MAP HERE
N **54039**
E **780**
7-1-89 grant sat. GROUTED MR 7/3/89 1/2 CASING A.G. 62' CASING NOT 42' OPEN OBS'D 12 BAGS VTAG OK

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
 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 (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ GAP _____
FORCE **JN** WRITE INITIALS IN BOX PERMIT No. **HO-88-0479**

SPECIAL CONDITIONS
COUNTY **Alexandria**

C1 2357

SEQUENCE NO. (DENV 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 39232

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 070189

22 26 205 (TO NEAREST FOOT)

28 37 110-98-0477

OWNER The Foxwood Group last name first name TOWN Glenwood SUBDIVISION Foxport Plantation SECTION LOT 19

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED; THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

Check if water bearing

Brown Shale 0 55 Blue Rock 55 205

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES NO Y N 44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 42 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 62 70

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST BR HO PL OT STEEL BRASS-BRONZE PLASTIC OPEN HOLE OTHER

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

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 10.17.13 "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.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 (CIRCLE) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

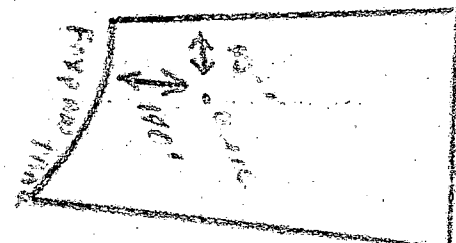
PUMP HORSE POWER

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)



COUNTY

ASAP

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 45616
Date 2/27/90

Name of Installer CLARKE PTH

Telephone 489-9029

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Telephone 442-1133
Subdivision FOX PORT PT. SHIP Lot # 19 Well Tag # HO-88-0479
Site Address 15504 FOX PAW TRAIL

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT 800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Boulton</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>66501</u>	1. Type <u>Plastic</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>7516</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

2/27/90 PITLESS ADAPTER OK
awll

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

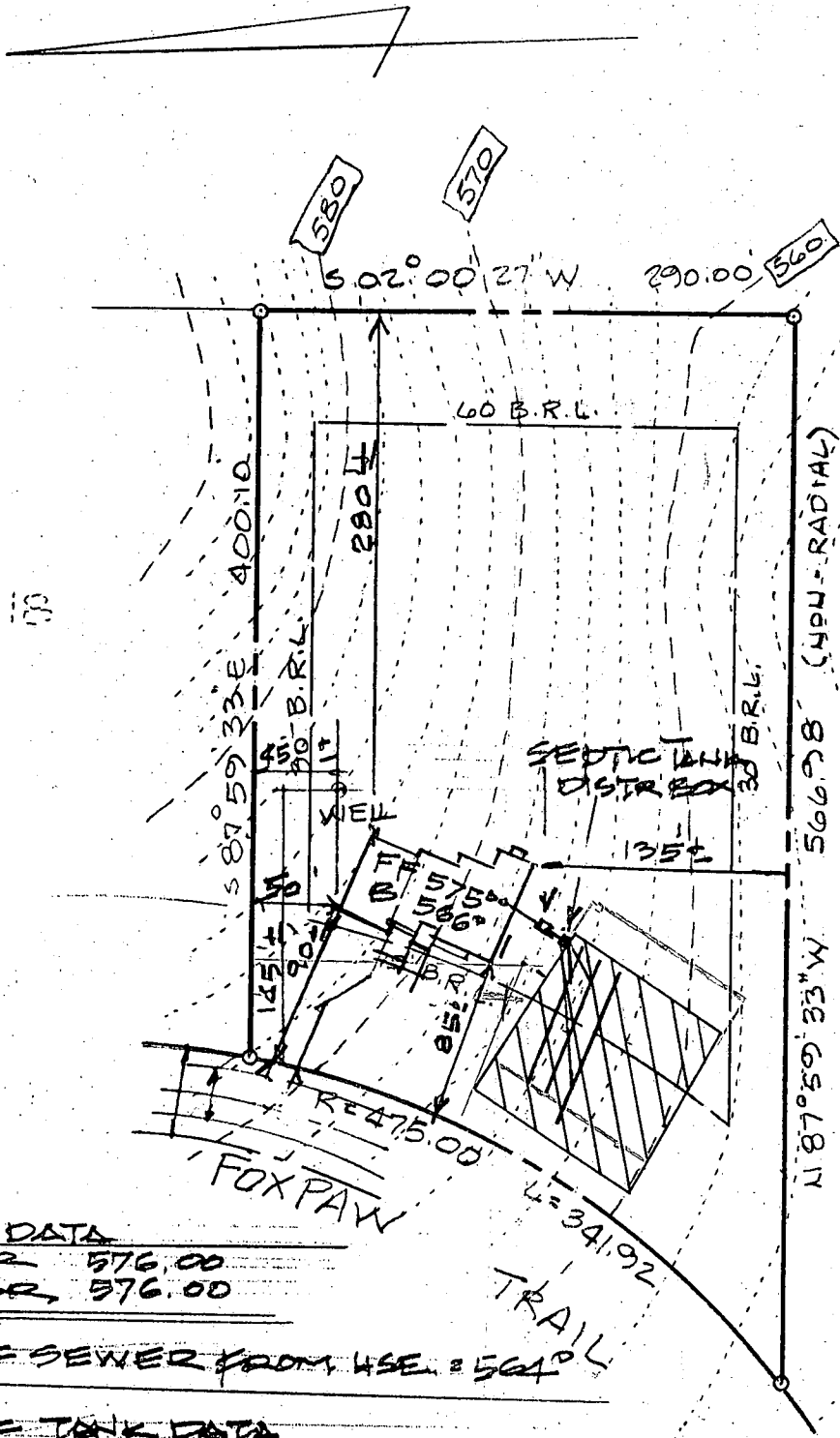
All information given above is true to the best of my knowledge.

Signature of Applicant: Kenneth C Clarke
Date: 2-27-90

Note: A sticker indicating approval status of the installation will be placed on the well casing at the time of the inspection.

LOT 19

LOT 20



NOTE:
 Adjustment to
 SDA due to grading
 along road bank
 of first 20 ft of
 original SDA
 2-18-90 JEN

WELL DATA

EX. GR. 576.00
FIN. GR. 576.00

INV. OF SEWER FROM USE = 564'

SEPTIC TANK DATA

EX. GR. 566.00
FIN. GR. 566.00
INV. IN. 561.00
INV. OUT. 561.30

DISTRIBUTION BOX

EX. GR. 565.00
FIN. GR. 565.00
INV. IN. 561.20 INV. OUT. 561.10

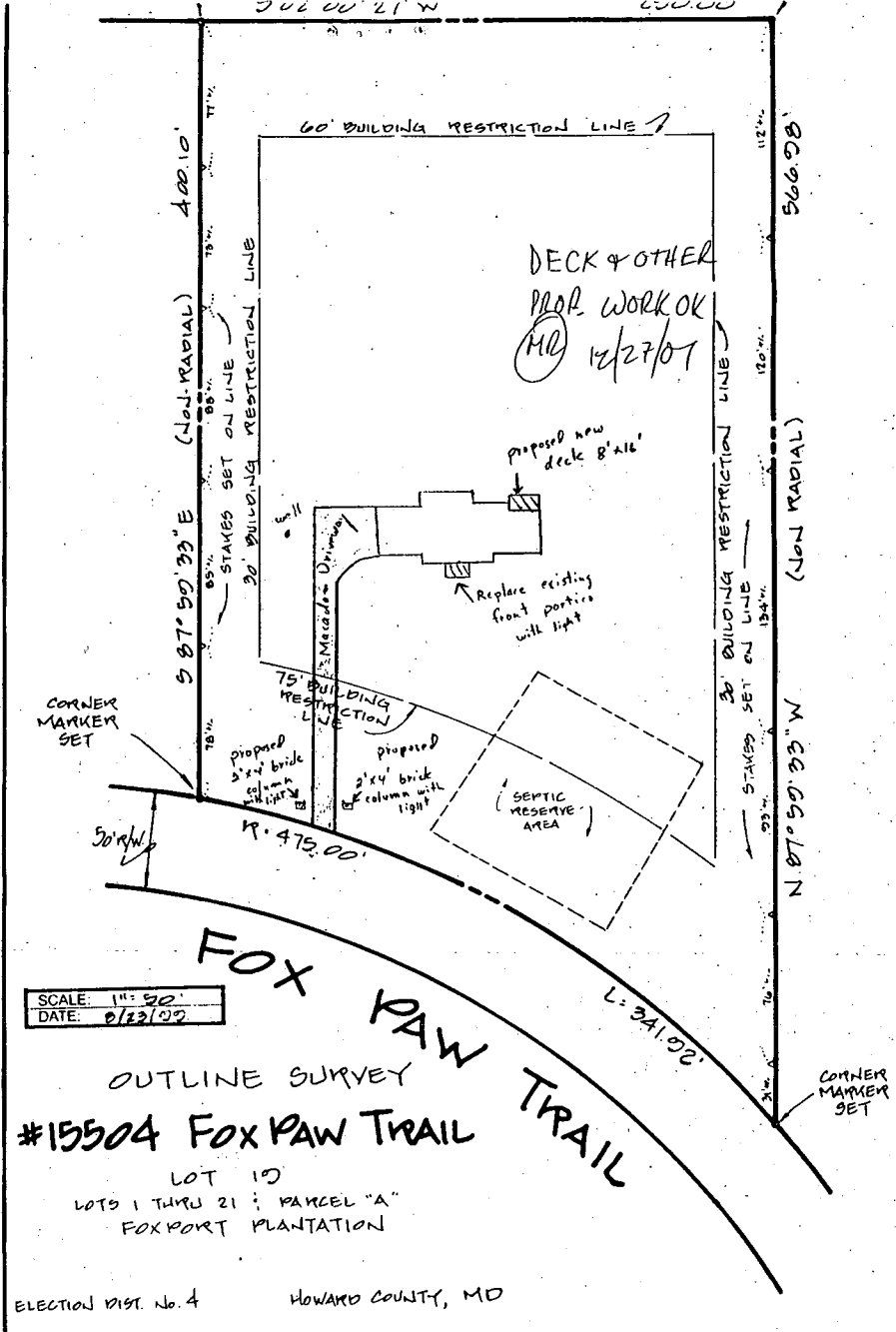
TRENCH DATA

EX. GR. 564.00
EFF. DEPTH - 3' = 561.00

JOHN C. MELLEMA SR INC
 LAND SURVEYORS
 SUITE 4, 5 E G
 6100 BALTO. NATL. PKE BALTO. MD. 21228
 (301) 744-8880

e/30/89
 PLANS O/K
 R. Hodger
 SITE PLAN

LOT 19
 FOXPORT PLANTATION
 15504 FOXPAW TRAIL
 4TH ELEC. DIST HOWARD CO.
 SCALE 1"=100' JUNE 1989



SCALE: 1" = 30'
DATE: 8/23/07

OUTLINE SURVEY
#15504 FOX PAW TRAIL

LOT 10
LOTS 1 THRU 21 : PARCEL "A"
FOXPORT PLANTATION

ELECTION DIST. No. 4 HOWARD COUNTY, MD

Building Address 15504 Foxdaw Trail
Woodbine, MD 21797

Property Owner's Name Bruno & Janelle Rudaitis
 Address same
 City _____ State _____ Zip Code _____

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census-Tract 10010 Subdivision Foxport Plantation
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 19
 Tax Map _____ Parcel 233 Grid _____
 Zoning R1CDE Map Coordinates D31 Lot size 2.04
 Phone 410-484-4410 Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 36,000
 Description of Work New rear deck, new front porch & portico, new brick columns in driveway

Contractor Company Better View
 Contact Person Randy Rollins
 Address Hell Holly Drive
 City Joppa State MD Zip Code 21085
 License No. 35860
 Phone 410-679-6516 Fax _____

Occupant or Tenant _____
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	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 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"/>	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 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <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.

Applicant's Signature Bruno Rudaitis Print Name Bruno Rudaitis
 Date 12/28/01

Title/Company _____
 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: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	7632
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ <u>50</u> Excise tax \$ _____ Add'l. per. fee \$ _____ TOTAL FEES \$ <u>50</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>55</u> Validation _____
Building Official			Historic District YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	
Health				
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"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

Accepted by _____
 Date _____