

10/29/87 ANYTIME

05-345847

PERMIT

P 40493

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

DATE 11/02/87

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 12/2/87

INDEXED

INSPECTOR C. Williams

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 7150 Brooks Road LOT _____

PROPERTY OWNER Greenbank Levengard
7150 Brooks 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.

EMERGENCY REPAIR COLLAPSE OF DRYWELL.

INSTALL GO WITHOUT INSPECTION

CONTRACTOR TO SUPPLY DIAGRAM 10/29/87 CW1

PLANS APPROVED BY C. Williams DATE 10/28/87

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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.

OLD PERMIT SIGNED AND RETURNED 5-5-99
AND RETURNED 10-25-2000

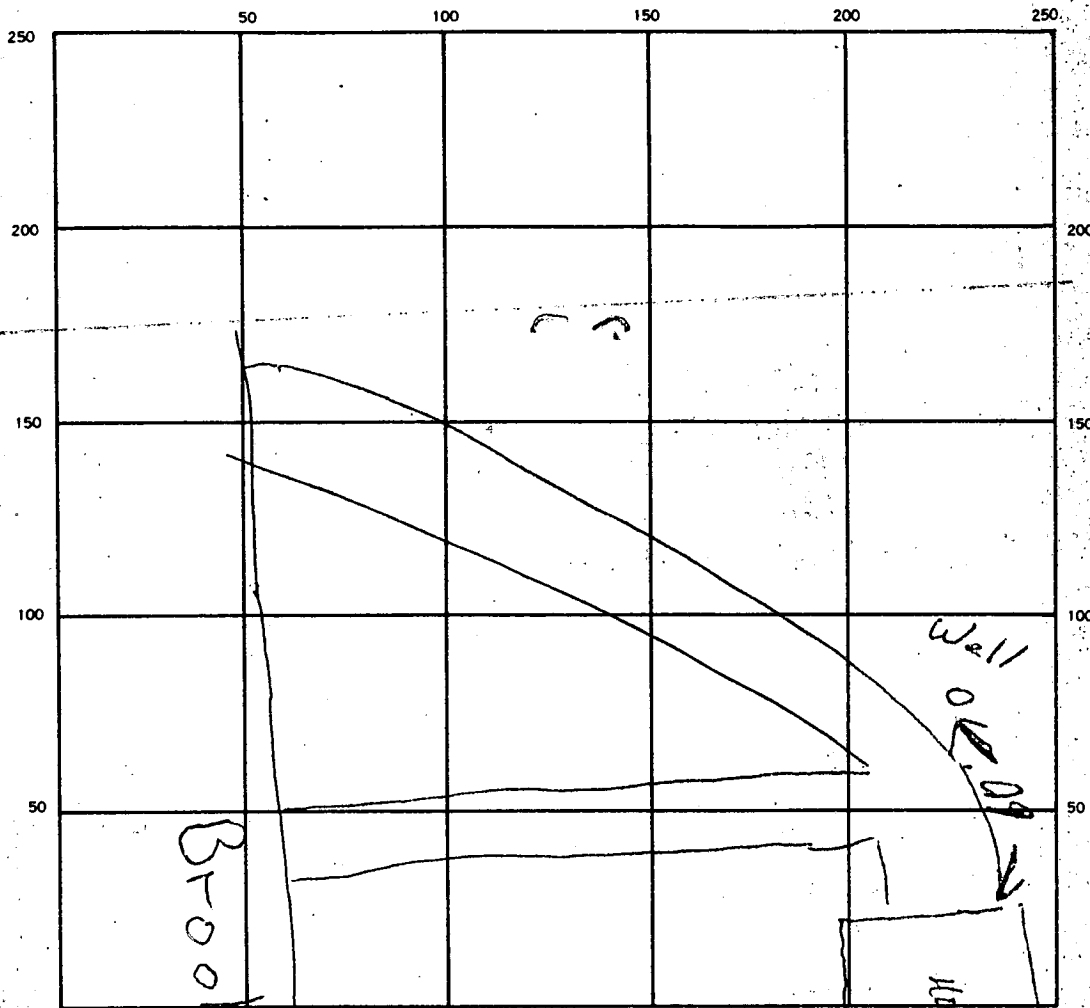
Serial # B10117721
Revised master's floor plan
000126845 PATIO ROOM

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186

P 40493



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____

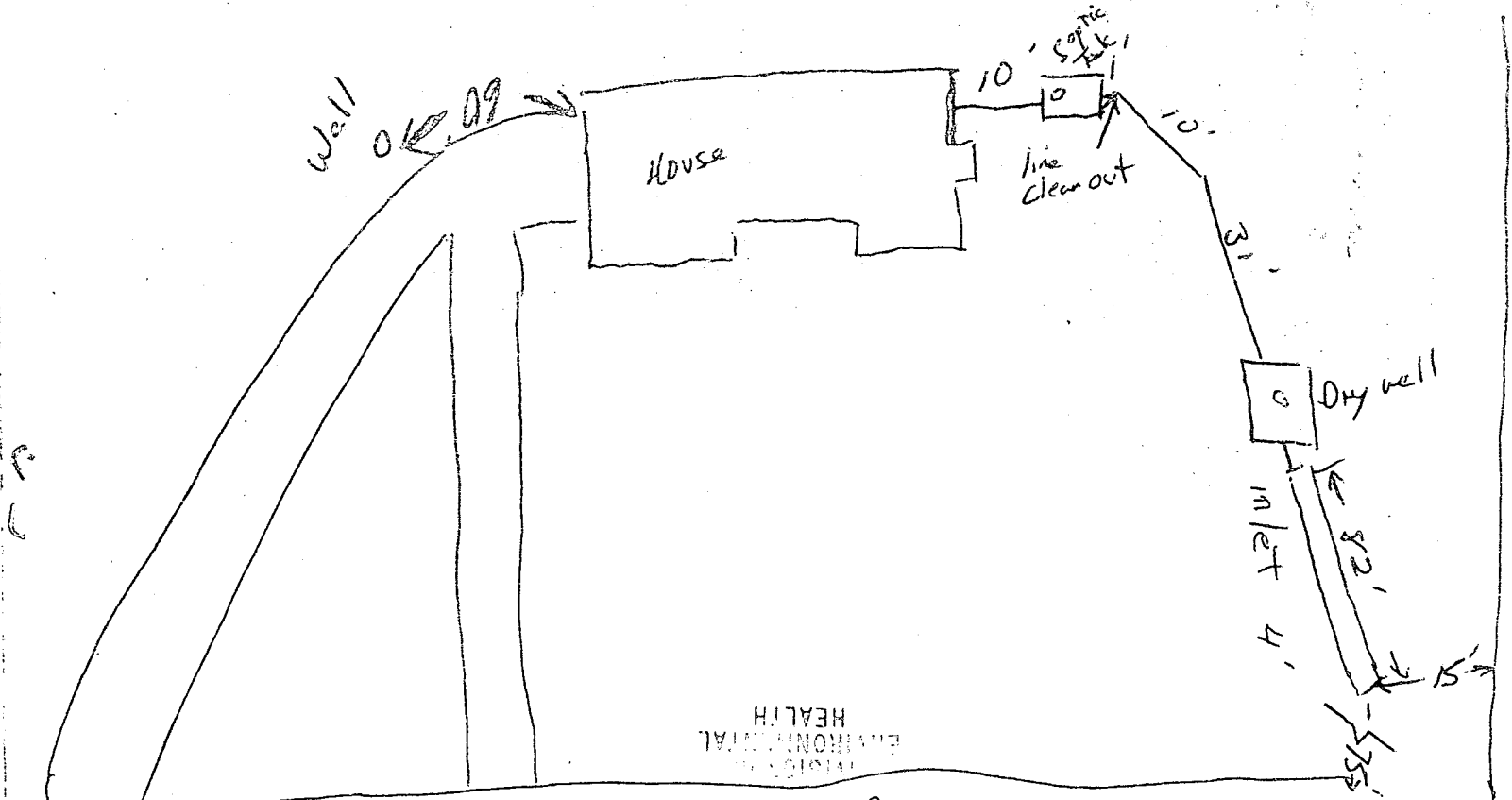
DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

12/2/87 PERMISSION GRANTED TO REPAIR SYSTEM OVER WEEKEND WITHOUT INSPECTION. DIAGRAM SUPPLIED BY CONTRACTOR. C. Wilton

DATE SYSTEM APPROVED 12/2/87 INSPECTOR C. Wilton



RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 11:34 PM 08/27/87
 Brooks R & D

Greenbrank
 7150 Brooks Road

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00117721

Building Address: 7150 Brooks Road
Highland, Maryland 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates N1A13 Lot size _____

Property Owner's Name Walter Greenbank
 Address 7150 Brooks Road
 City Highland State md Zip Code 20777
 Home Phone 301-854-2358 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 80,000
 Description of Work Rework existing floor plans
1 relocate bedrooms

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

Occupant or Tenant Walter Greenbank
 Contact Name Joe Smiley
 Address 1815 Woodbine Rd
 City Woodbine State md Zip Code 21797
 Phone 410-381-2454 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>12'</u> <u>24'</u> 2nd floor: <u>13'</u> <u>24'</u> Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" 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 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 type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <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:

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 _____
 Title/Company _____

Print Name Walter Greenbank
 Date 5-4-99

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>5/4/99</u>	<u>[Signature]</u>
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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>10975</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ <u>150</u>
Side St: _____	Excise tax \$ <u>100</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1351</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1627</u>
Accepted by _____	Validation # _____

4/6/71 *Handwritten signature*

PERMIT

15524

15524

15524

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 3/31/71

Jack Fynck

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Caks Road, Glenelg, Md.

PHONE 286-2939

SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

7150

ROAD Brooks Road

LOT _____

PROPERTY OWNER Anna S. Carfoy

(ask Mr. Monaghan for location)

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY BOX

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below inlet pipe.

Inlet pipe 4 ft. below original grade. Max. depth permitted for dry well is 12 ft.

below original grade. Place dry well about 140 ft. from edge of Brooks Road and

about 141 ft. from right side line as seen when facing from Brooks Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan

DATE 5/23/70

INSTALL 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.

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 9/1/70

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Arnie S. Corfey

ADDRESS Rt. 108 Highland, Md 20777 PHONE 531-5678

PROPERTY LOCATION:

SUBDIVISION

LOT NO. 2

ROAD AND DESCRIPTION Brooks Road (County) Highland

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM Robert Dubois

ADDRESS Howland Mill Rd.

PHONE

SIZE OF LOT 5 acres

TYPE BLDG. 3 bedroom family dwell.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Arnie S. Corfey

APPROVED BY [Signature]

FOR [Signature]

DATE 9/23/70

REJECTED BY

FOR

DATE

OLD PENDING FURTHER TESTS

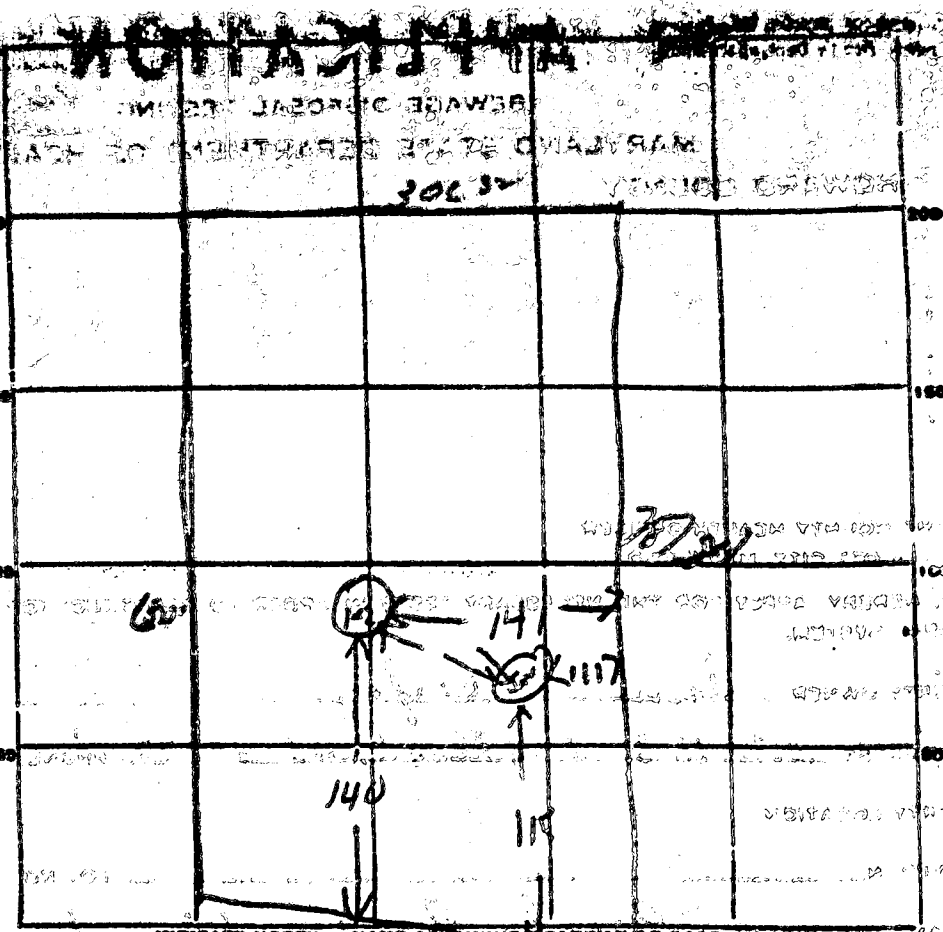
DATE

REASONS FOR REJECTION OR HOLDING

STATION NUMBER

TO COUNTY

THIS IS NOT A DEBIT



Brooks Rd

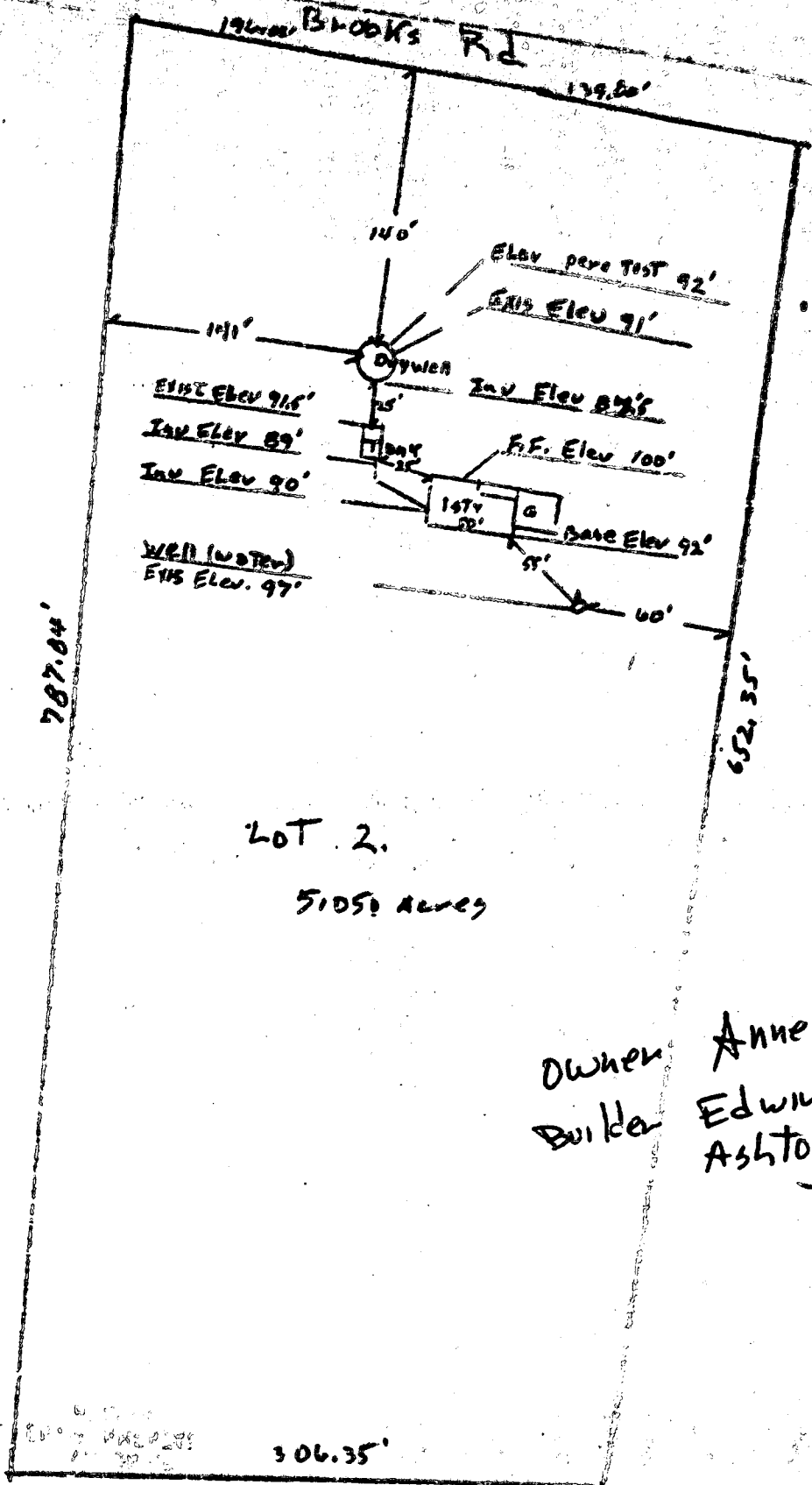
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<i>9/23/76</i>	<i>1</i>	<i>12"</i>	<i>10⁰⁸</i>	<i>10¹⁰</i>	<i>10¹⁰</i>	<i>10¹⁵</i>	<i>5 min</i>
	<i>2</i>	<i>4 1/2"</i>	<i>10²⁹</i>	<i>10¹²</i>	<i>10¹²</i>	<i>10¹⁵</i>	<i>6 min</i>
	<i>3</i>	<i>12"</i>	<i>10¹⁵</i>	<i>10¹⁶</i>	<i>10¹⁶</i>	<i>10¹⁵</i>	<i>4 min</i>
	<i>4</i>	<i>not test - save soil @ 1.2</i>					

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS *Soil removed for analysis* _____

A15524



LOT 2.
51050 Acres

Dweller
Builder
Anne Cerfby
Edwin G Willson
Ashton, Ind
774 9698

30-71
OK Dweller

DATE OF PERMIT (USE PERMIT NO.) _____ DEPTH OF WELL (FEET) _____
 DATE WELL COMPLETED _____ ITS NEAREST FOOT _____
 OWNER _____ STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEET IF NECESSARY)	FEET		WELL / OTHER
	FROM	TO	
B/W Rock	0	3.8	100

WELL DESCRIPTION

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 NO. OF BAGS _____ NO. OF POUNDS _____
 GALLONS OF WATER _____
 DEPTH OF GROUT SEAL (TO NEAREST FOOT):
 FROM _____ FT. TO _____ FT.
 (ENTER C IF FROM SURFACE)

CASING RECORD
 CASING TYPES (INSERT APPROPRIATE CODE BELOW):
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE: S H
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 5 3/4
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 38

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

SCREEN RECORD
 SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW):
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

SCREENS
 C 2 (SEQ. NO.)
 DEPTH (NEAREST WHOLE FOOT):
 FROM _____ TO _____
 1 _____ 15 17 21
 2 _____ 23 24 26 30 32 36
 3 _____ 38 39 41 49 47 51
 SLOT SIZE 1. _____ 2. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) OR F

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

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) _____
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) _____
 METHOD USED TO MEASURE PUMPING RATE _____
 WATER LEVEL (DISTANCE FROM LAND SURFACE):
 BEFORE PUMPING _____ FEET
 WHEN PUMPING _____ FEET
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE):
 A AIR 27 P PISTON 27 Y TURF 27
 C CENTRIFUGAL 27 R ROTARY 27 O OTHER IDES ETC. 27
 J JET 27 S SUBMERSIBLE 27

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE A, C, J, P, R, S, T, 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
 - BELOW LAND SURFACE
 49 _____ 50 _____ 51 _____ (NEAREST FOOT)

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

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C COPY OF ELECTRIC LOG ATTACHED

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 _____
 ADDRESS _____
 CITY _____ STATE _____

HO-71-0111

DATE WELL COMPLETED: 7/27/68
 COUNTY: []
 TOWNSHIP: []
 RANGE: []
 SECTION: []

WELL NAME: []
 POST OFFICE: []

WELL LOG

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

DESCRIPTION (ADDITIONAL SHEETS NECESSARY)	FEET		DEPTH OF WATER BEARING
	FROM	TO	
shale			
gray rock	68	100	

GROUTING RECORD

WELL HAS BEEN GRouted (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT GENTHITE CLAY

NO. OF BAGS: 7 NO. OF POUNDS: 246

GALLONS OF WATER: 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 TO 11

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW) ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: ST

NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH): 0

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 70

OTHER CASING (IF USED)

DIAMETER (INCH) [] DEPTH (FEET) FROM [] TO []

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

SCREEN RECORD

DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 36

DIAMETER OF SCREEN (NEAREST INCH) FROM 50 TO 60

SCREEN LOG ATTACHED: YES NO

PUMPING TEST

HOURLY PUMPED (TO NEAREST HOUR): []

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 5

METHOD USED TO MEASURE PUMPING RATE: []

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING: 17 TO 20

WHEN PUMPING: 22 TO 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T 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, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON): 24

PUMP HORSE POWER: 37 TO 41

PUMP COLUMN LENGTH (NEAREST FOOT): 48 TO 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER FEET HEIGHT)

ABOVE LAND SURFACE BELOW

NEAREST FOOT: 49 TO 51

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).

Hand-drawn diagram showing well location on a lot with a house.

CIRCLE APPROPRIATE BOXES

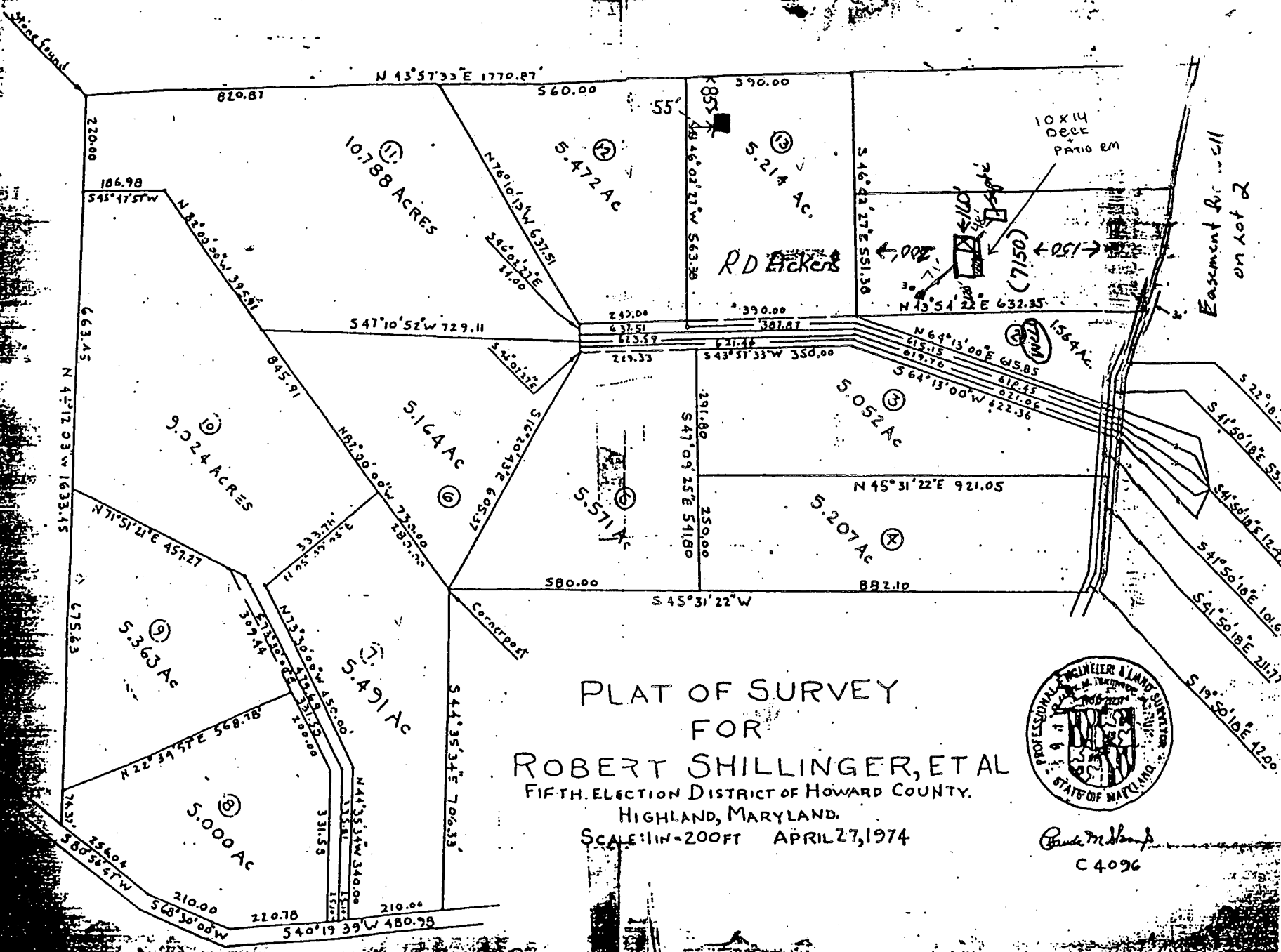
WELL WAS ABANDONED AND SEALED WHEN THIS LOG WAS COMPLETED

COPIES OF ELECTRIC LOG OBTAINED: []

COPIES OF ELECTRIC LOG ATTACHED: []

CERTIFY THAT I HAVE COMPLIED WITH ALL AS STATED ON THE ABOVE-CAPTIONED "PERMIT WELL", AND THAT INFORMATION CONTAINED HEREON IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

NAME: []



PLAT OF SURVEY
 FOR
 ROBERT SHILLINGER, ETAL
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY,
 HIGHLAND, MARYLAND.
 SCALE: 1 IN = 200 FT APRIL 27, 1974



Claude M. ...
 C 4096

call contractor

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
00026845

Building Address 7150 BROOKS RD
HIGHLAND, MD 20778

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

Census Tract 1005.01 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 299 Grid 9

Zoning R200 Dep Coordinates 14A13 Lot size _____

Property Owner's Name LEVENBERG, MARK + KATHLEEN

Address 7150 BROOKS RD

City HIGHLAND State MD Zip Code 20778

Home Phone 301-854-2355 Work Phone 301-774-8915

Applicant's Name & Mailing Address, (if other than stated hereon):
SCOTT CURRY
1585 SUMNER SPRING RD.
BAYO, MD 21227

Phone 410-242-5971 Fax 410-242-0291

Existing Use SF Home

Proposed Use ENCLOSED 14X10 PANIO ROOM for same

Estimated Construction Cost \$16,000

Description of Work ENCLOSED 14X10 PANIO ROOM

Contractor Company APREBY SYSTEMS

Contact Person SCOTT CURRY

Address 1585 SUMNER SPRING RD.

City BAYO State MD Zip Code 21227

License No. 11145

Phone 410-242-5970 Fax _____

Occupant or Tenant LEVENBERG, MARK + KATHLEEN

Contact Name same

Address 7150 BROOKS RD.

City HIGHLAND State MD Zip Code 20770

Phone 301-854-2355 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: 9

No. of stories: 1

Gross area, sq. ft. per floor: 140

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

SF Dwelling SF Townhouse

1st floor: Depth Width

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement

Crawl space Slab on Grade

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 Structure: 11

Dimensions: _____

Footing: _____

Roof: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 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 VEHICULAR AND APPLICABLE FEDERAL; (4) THAT HE/SHE WILL FORFEIT NO WORK ON THE ABOVE REFERENCED PROPERTY NOT CRIMINALLY DISCLOSED BY THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY COUNSEL THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF DEPOSITING THIS WORK PERMITTED AND POSTING NOTICES.

Scott Curry
 Applicant's Signature
ASSISTANT SUPERVISOR
 Title/Company

SCOTT CURRY
 Print Name
10-9-00
 Date

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 Highway		
Building Official		
Day Engineering, DPZ		
Health	<u>10/25/00</u>	<u>M. Kaplan</u>
Fire Protection		

In Sediment Control approval required prior to issuance?
 YES NO

PROPERTY ID# 40975

DEP SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

In Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by [Signature]

PROPERTY FEES

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>25</u>
Excise tax	\$ <u>712</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>862.00</u>
Balance due	\$ _____
Check	\$ <u>1193</u>
Validation	\$ <u>29557</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP: