

12/19/92 LATE

04-349695

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48290

A 41146

DISTRICT 4th

DATE 6/29/92

DATE SYSTEM APPROVED 12/14/92

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Glenwood Construction Company, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 177 Sandy Spring, Maryland 20860 PHONE 301-854-6902

SUBDIVISION Wellington, Sec.1, Area 1 LOT 43 ROAD 2881 Hunt Valley Drive

PROPERTY OWNER John W. Pollock THOMAS + SHERRY DIBACCO

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet from the front lot line and 110 feet from the left (North) side of the lot as seen when facing the the lot from Hunt Valley Drive. Run the trenches on contour, initial system to the left, future trenches in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/29/92 RA

PLANS APPROVED BY Mark Rifkin REVISED DATE 5/29/92

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

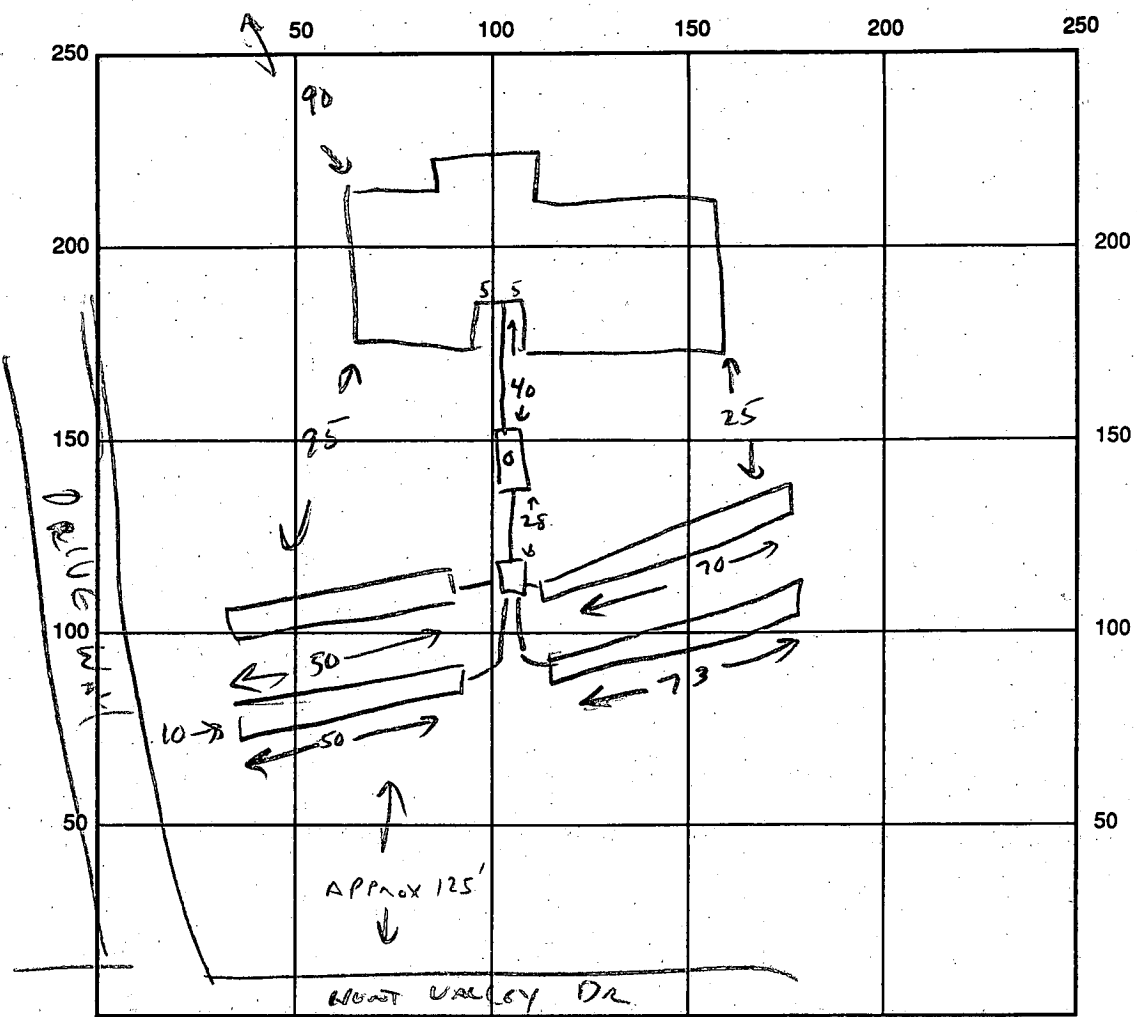
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

OLD BERM...
NO BERM... 9/13/01
800132377 - pool

A
41146

well
10-92-0083



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL CLEANOUTS ST

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 243 FT.

NUMBER OF TRENCHES 4 (50+50+70+73) ONE SIDEWALL/BOTTOM AREA 729 SQ. FT.

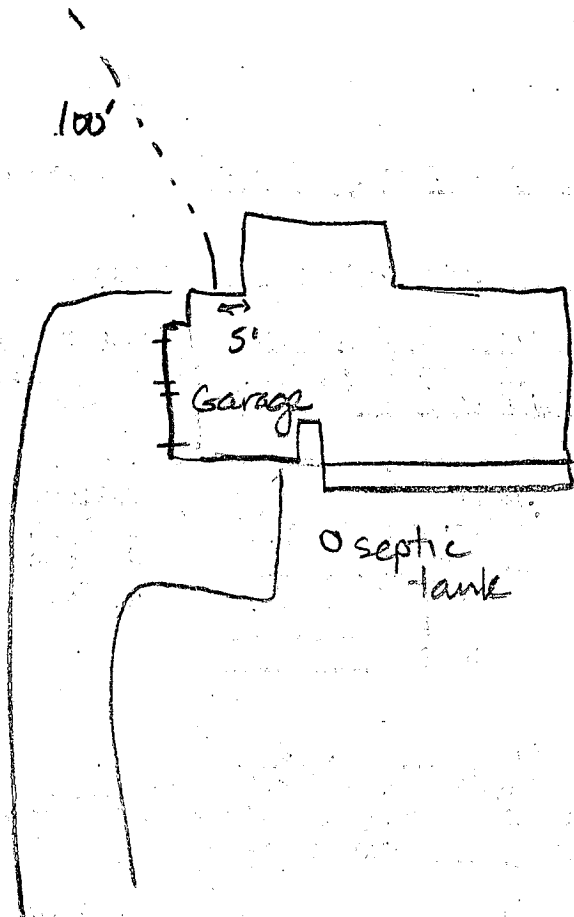
DRYWALL INSIDE DIAMETER 8 FT. EFFECTIVE DEPTH BELOW INLET 1 FT.

ABSORBENT AREA SQ. FT.

REMARKS: OK TO COVER - SYSTEM COMPLETE. 12/14/92 cwilla

DATE SYSTEM APPROVED 12/14/92 INSPECTOR cwilla

HO-92-0083 (u)



2-11-93 well line is 60 inches below grade. Pitless adaptor is 60 inches below grade. Ground line in place. House connection ok. No pump tank yet. JENadeau

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 41146
P _____

DISTRICT 474
DATE ~~December 18, 1987~~

*5/12/88
perm. reqd
perm. reqd
perm. reqd
perm. reqd*

FEB 26 1988

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 C. Oliver Goldsmith, et ux John W. Pollock
ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121 854-6902

PROPERTY LOCATION: Longwood Farm LOT NO. 45 LOT 43 Preliminary
See 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and
Union Chapel Road (2881 Hunt Valley Drive)

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential
(NUMBER OF BEDROOMS) *
* Undetermined at this time

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. Security Development Corp
Per: At the Beach VP
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Trenches DATE 1/26/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes SFD permit

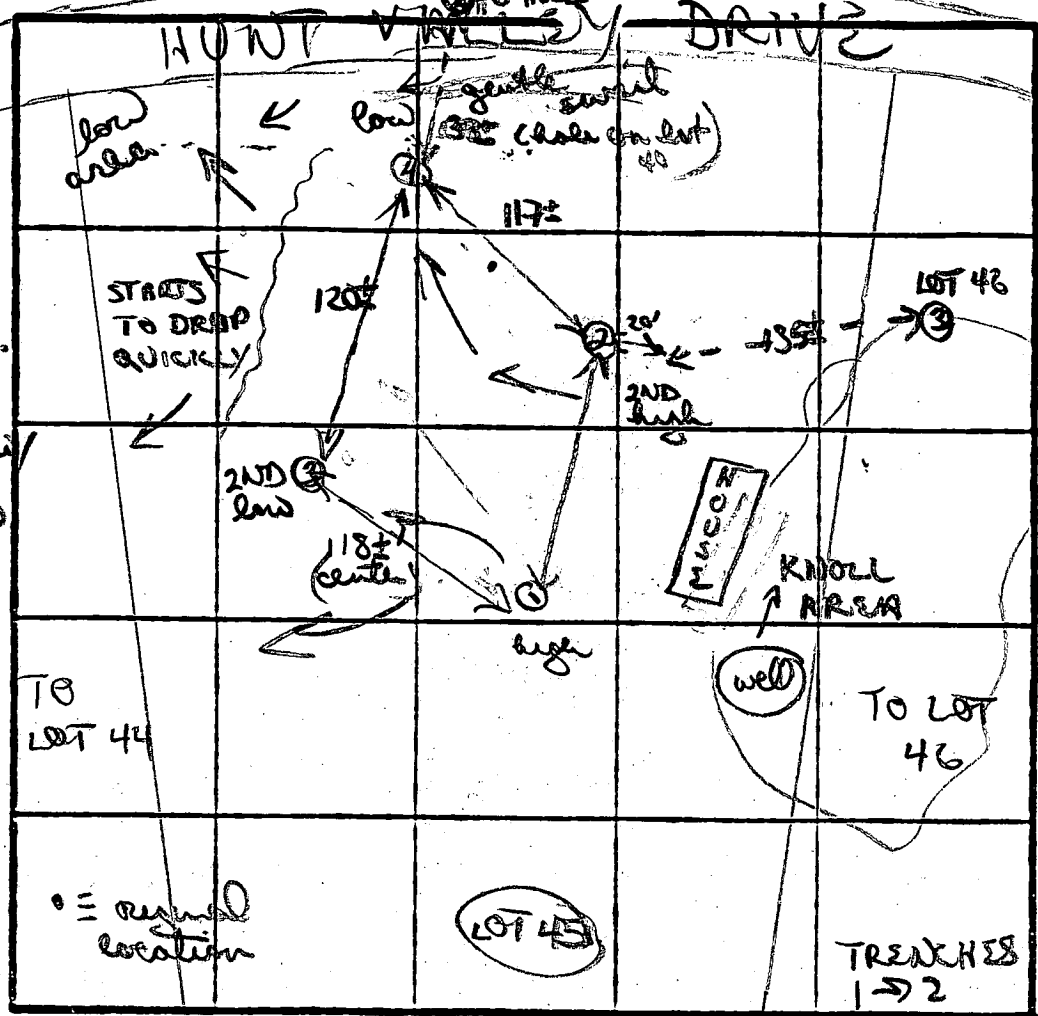
BLDG. PERMIT SIGNED
AND RETURNED 6/24/92
Serial # 43345 - SFD
4 Bedroom

THIS IS NOT A PERMIT

$\bar{X} = 6 \text{ min}$
 INLET $3\frac{1}{2}$ '
 MAX D $5\frac{1}{2}$ '
 180 D BR

SOIL PROFILE

orange/red clay/silt
 2 1/2'
 mostly tan
 brown silty loam w/
 patchy layers
 small red
 rock frags
 (10-15%)
 ↓ 4 1/2'
 110 D



brown tan silty clay loam 3 1/2'
 to light tan powder silty loam
 ↓
 few scattered small shell frags
 7 1/2'
 110 D

red/brown clay/silt
 with 2 1/2-3'

to brown orange red silty loam
 ↓

10-15% small red patchy layered rock rock frags w/ silty loam
 ↓ 15-20%
 110 D hard

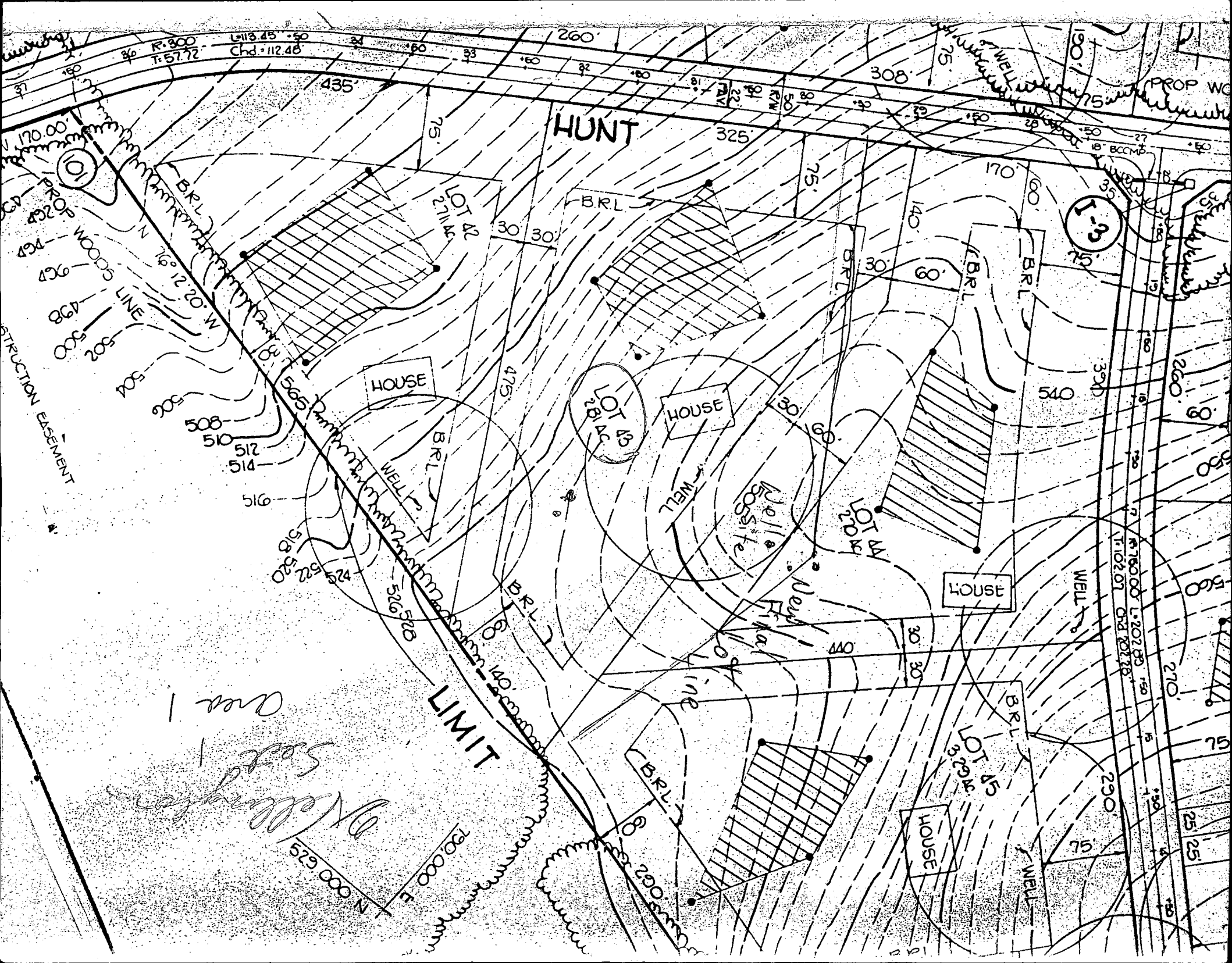
similar to 3 w/ 5-10% small red frags
 ↓ 7 1/2'
 getting hard

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ON CONTOUR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/12/83	①	4' S	236	240	240	245	5 MIN	
		10' D	hard bottom (see profile)					
	③	4' S	248	250	250	253	3 MIN	
		11' D	hard bottom (see profile)					
	④	3' S	301	311	311	324	13 MIN	
		6 1/2' M	259	303	303	308	5 MIN	
		11' D	bottom (see profile)					
	⑤	3 1/2' S	311	315	315	320	5 MIN	
		11' D	bottom (see profile)					

REMARKS: pipe shifted down hill & to right (when facing from knoll) to help ensure well sits due to shift of pipe on 46
 SHALLOW SYSTEM ONLY
 TYPE OF SOIL: orange/brown silty clay, silty loam w/ frags
 TESTED BY: B. Wilson
 ALSO PRESENT: Chip

do fine at 4'




HUNT

LIMIT

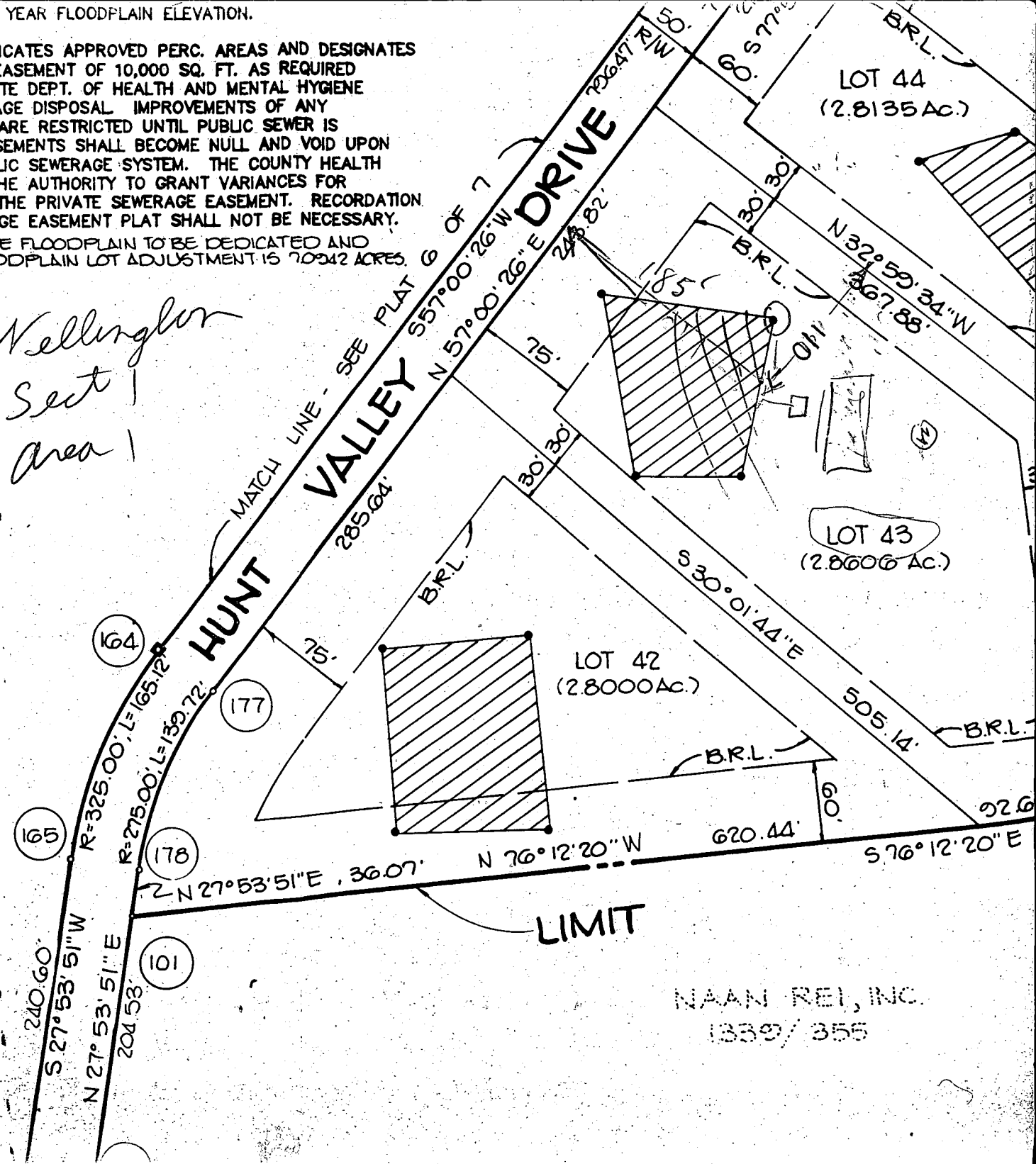
WOODS LINE
CONSTRUCTION EASEMENT
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N 16° 12' 20" W
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*Over 1
Set
W. C. ...*

R 16000 L 2025
T 10207 GR 2023

7. 497.73 INDICATES 100 YEAR FLOODPLAIN ELEVATION.
8.  THIS AREA INDICATES APPROVED PERC. AREAS AND DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
9. TOTAL ACRAGE OF THE FLOODPLAIN TO BE DEDICATED AND USED FOR THE FLOODPLAIN LOT ADJUSTMENT IS 70342 ACRES.

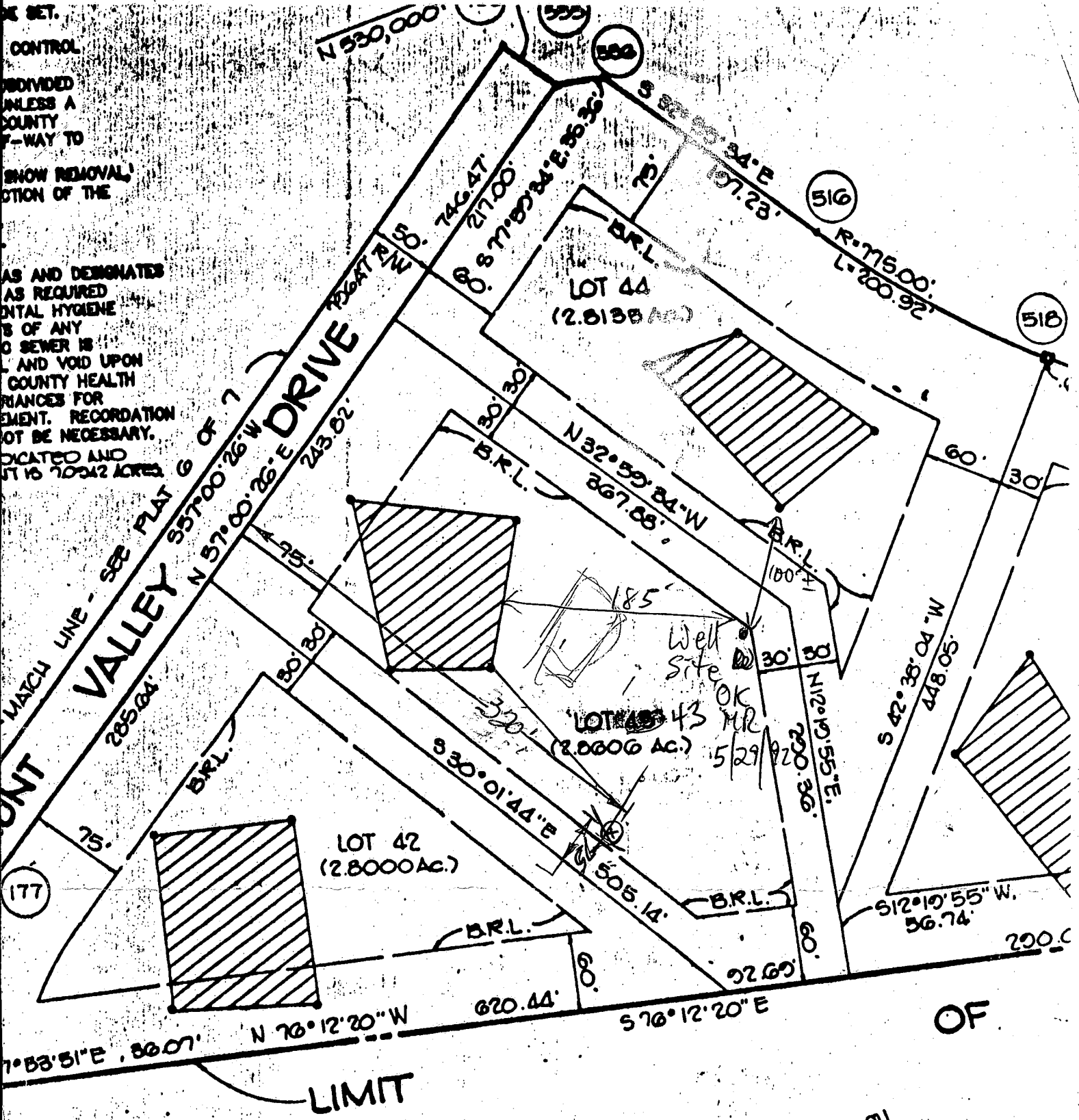
*Wellington
Sect 1
Area 1*



NAAM REI, INC.
1339/355

BE SET.
 CONTROL
 PROVIDED
 UNLESS A
 COUNTY
 F-WAY TO
 SNOW REMOVAL
 ACTION OF THE

AS AND DESIGNATED
 AS REQUIRED
 ENERAL HYGIENE
 S OF ANY
 O SEWER IS
 L AND VOID UPON
 COUNTY HEALTH
 RIANCES FOR
 EMENT. RECORDATION
 OT BE NECESSARY.
 ICATED AND
 T IS 70342 ACRES



NAAM REI, INC.
 1339/355

JOHN W. POLLOCK
 15927 MEADOWALIC RD.
 WOODBINE, MD. 21797
 301-854-6902
 854-6745

14.0503 AC.
 1.3079 AC.
 15.3442 AC.

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THE FINAL PLAT IS CORRECT; THAT IT IS PART OF THE LAND OBTAINED BY SECURITY DEVELOPMENT CORP. FROM E. OLIVER GOLDSMITH BY DEED DATED JANUARY 25, 1969 AND RECORDED IN LIBER 1246 AT FOLD 116 IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AND THAT ALL MONUMENTS ARE IN PLACE, OR WILL BE IN PLACE, PRIOR TO ACCEPTANCE OF THE STREETS IN THE SUBDIVISION OF HOWARD COUNTY, AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND.

WE, SECURITY DEVELOPMENT SUBDIVISION, AND IN CO ESTABLISH THE MINIMUM ASSIGNMENTS, (1) THE RIGHT UTILITIES AND SERVICES SHOWN HEREON; (2) T AND FLOODPLAINS AND GRANT THE RIGHT AND AND/OR ROADS AND FI REQUIRE DEDICATION OF REPAIR AND MAINTENAI OVER THE SAID EASEME



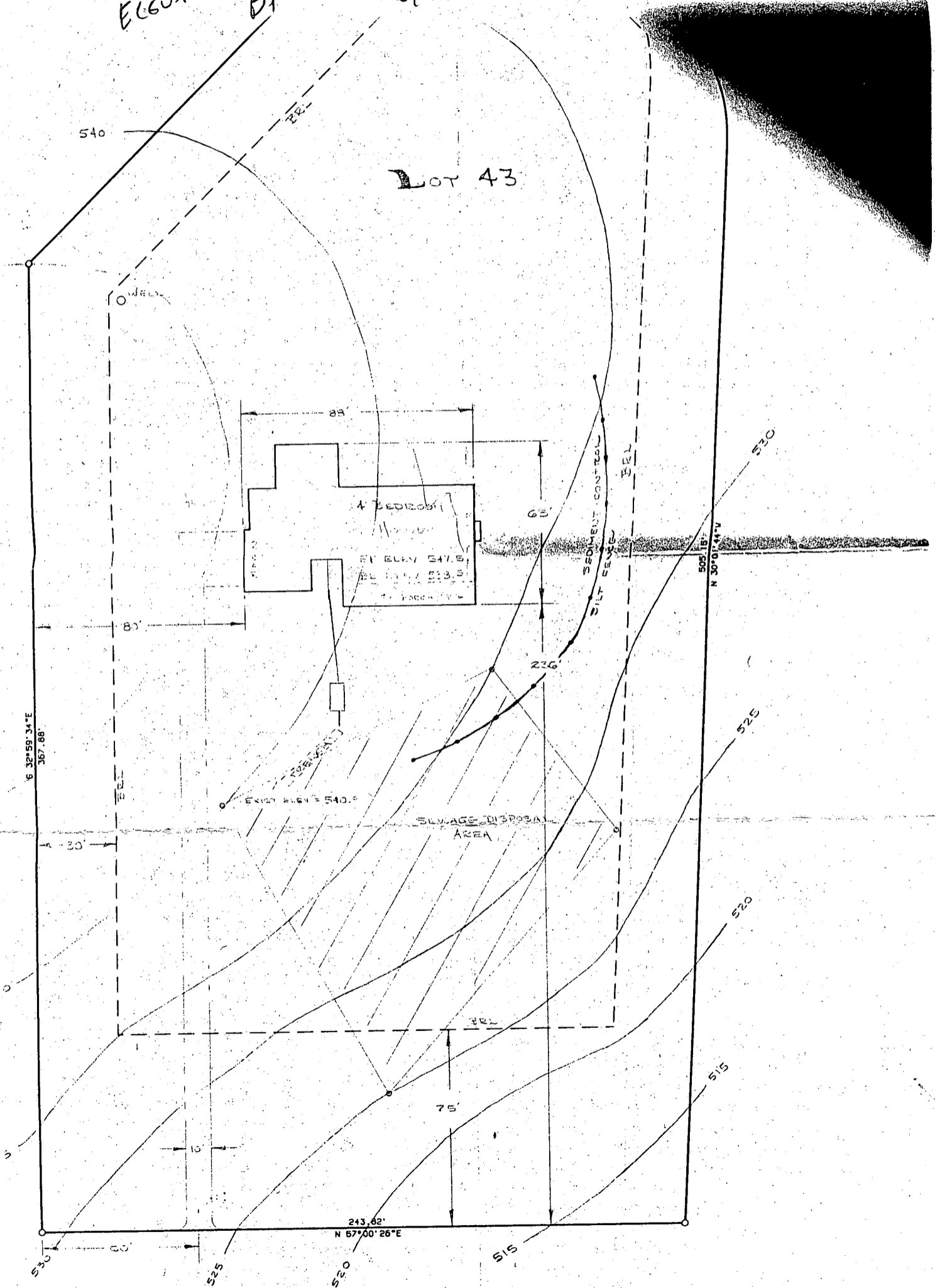
James I

LOT 43 - WILMINGTON
2881 HUNT VALLEY DR.

ELEVATIONS ON ATTACHED SHEET 011
BP 4335 RECOMMENDED FOR APPROVAL
6/24/92 CW/LL

REDUCED SCALE

LOT 43



C1 6818 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 41146**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
060472

Depth of Well
205
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-92-0083

OWNER **Pollock** last name
John first name
 STREET OR RFD **Hunt Valley Dr**
 TOWN **Glenwood**
 SUBDIVISION **WELLINGTON** SECTION LOT **43**

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		Check if water bearing
	FROM	TO	
SANDstone	0	52	
Gray mica Rock	52	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch)
 Total depth of main casing (nearest foot)
ST **A** **SS**
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

DEPTH (nearest ft.)
H0 **54** **205**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 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

OEP 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

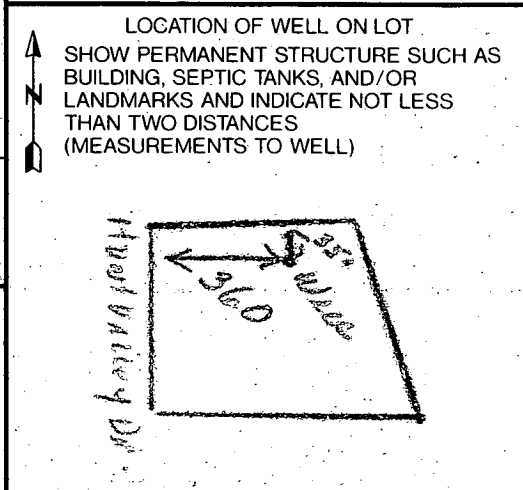
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **8 1/2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **42** WHEN PUMPING **42**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C 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 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)

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.

DRILLERS IDENT. NO. **237**
 DRILLERS SIGNATURE **Joseph V. May**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 00739

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-92-0083

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

05/18/92

OWNER INFORMATION

POLLOCK W JOHN

15 Last Name 8 Owner 13 First Name 34

36 15927 MADONNA VALLEY RD 55

57 WOODBINE 70 State 72 Zip 76

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21 WASHINGTON

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50 43

52 NEAREST TOWN 71 CALDWOOD

MILES FROM TOWN (enter 0 if in town) 73 76 77 78 4 MI

DRILLER INFORMATION

Joseph L. Mayne 238

Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling

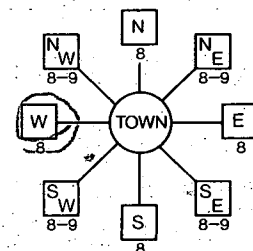
5512 Ridge Rd. Mt. Airy 2171

Address

Signature Date 5/18/92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunt Valley Dr.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST

34 37 30

DISTANCE FROM ROAD

ENTER FT or MI FT

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK, WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV.
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A41146 COUNTY NO.

STATE DATE ISSUED 06/01/92

Mark E. Riffin 12/1/92

NORTH GRID 529000 EAST GRID 0789000

APPROXIMATE DEPTH OF WELL 200 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

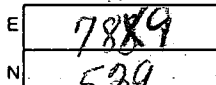
Not to be filled in by driller. (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE M2 PERMIT No. H0-92-0083

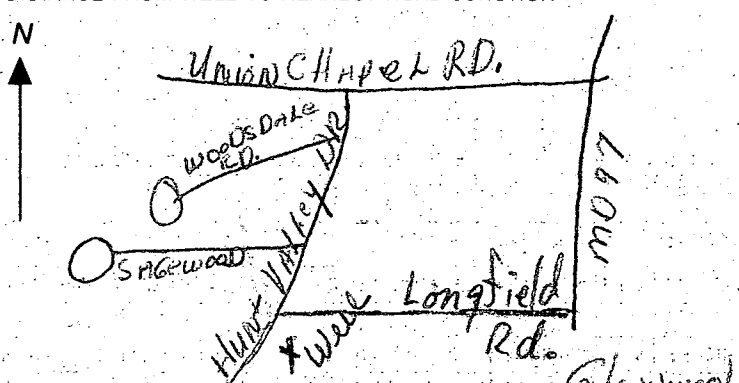
SPECIAL CONDITIONS 301-854-6902 Mr. Pollock 854-6745

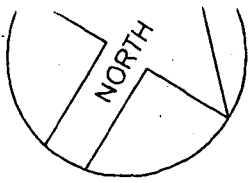
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE



9:30 6/4/92
55' CASING GROUT
15 BAGS NOT OBS'D
45' OPEN 6/4/92
1' CASING A.G. MR
LOC OK GROUT OK
000 VTAG OK

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





2440 SQ.FT. CONC. DECK
BY MPI

1-60

LOT 43
2.86 AC. +/-

EX. WELL

SW

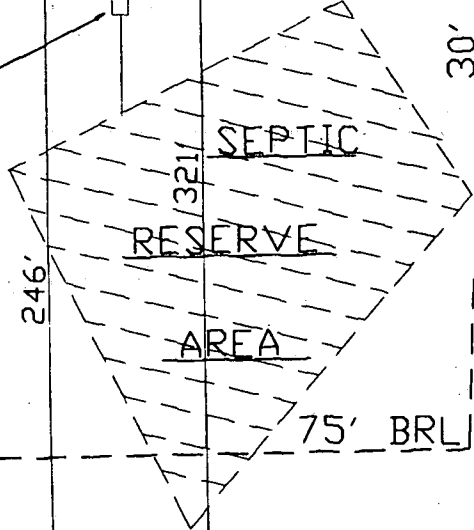
FILTER

FENCE
PR
PER

LOT 44

LOT 42

SEPTIC TANK



HOUSE

POOL
OK
MR
9/13/01

FRONT

243.82' N57°00'26"E

HUNT VALLEY DR.

N32°59'34"W

367.88'

ACCESS

30' BRL

DRIVEWAY

246'

75' BRL

505.15'

290.36'

83'

82'

88'

88'

N12°19'55"E

30' BRL

50' BRL

182'

30' BRL

N30°01'44"W

N76°12'20"W
92.69'

Building Address 2881 Hunt Valley Dr
Glenwood MD 21738

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

Census Tract 60-10 Subdivision Willingim

Section _____ Area _____ Lot 43

Tax Map 14 Parcel 237731 Grid Z1

Zoning K Map Coordinates 906 Lot size _____

Property Owner's Name Sherry E Thomas Dikun

Address 2881 Hunt Valley Dr

City Glenwood State MD Zip Code 21738

Home Phone 301-854-6266 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
DANA L KRAWCZYK
9515 GERWIG LN #119
COLUMBIA MD 21046

Phone 410 995 6111 Fax _____

Existing Use SD

Proposed Use SD w/ pool

Estimated Construction Cost \$ 20,000

Description of Work CONSTRUCT INGROUND 20' x 10' 9384
8 DEEP IN REAR YD POOL
LET ATTACHED W/CART FILTER
POOL FILLED BY TRUCK
425 LIN FT OF WOOD FENCE

Contractor Company Maryland Pools Inc.

Contact Person DANA L KRAWCZYK

Address 9515 GERWIG LN #119
COLUMBIA MD 21046

City _____ State _____ Zip Code _____

License No. 6694

Phone 410 995 6111 Fax 6600

Occupant or Tenant owner

Contact Name DANA L KRAWCZYK

Address 9515 GERWIG LN #119
COLUMBIA MD 21046

City _____ State _____ Zip Code _____

Phone 410 995 6111 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: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SP Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input 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: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: _____	_____ State Certified Modular
Dimensions: _____	_____ Manufactured Home
Footings: _____	
Roof: _____	

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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK OF 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.

Dana L Krawczyk
 Applicant's Signature
Alynn W...
 Title/Company

Dana L Krawczyk
 Print Name
9/13/01
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID
Land Development			Front: _____	Filing fee \$ _____
Health			Rear: _____	Recall fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Development			Side St: _____	Add'l fees \$ _____
Health			All minimum setbacks met <input type="checkbox"/>	TOTAL FEES \$ _____
Health			Entrance permit required <input type="checkbox"/>	Sub-total paid \$ _____
Health			Historic District <input type="checkbox"/>	Balance due \$ _____
Health			Lot Coverage for New Town Zone <input type="checkbox"/>	_____
Health			SDP/Red-Use Property <input type="checkbox"/>	_____

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

Revised 5/17/00