

3/19/93
3/19/93
P.M.
new & OK

PERMIT

FILE

3/18 P.C.D.
C.B.R.

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48984

A 41274

DISTRICT 4th

DATE 3/2/93

DATE SYSTEM APPROVED 3/19/93

INSPECTOR C. Bell

INDEXED
04-350758

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
X461-9833 313-2640

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Sharp Farms LOT 20 ROAD 3719 Appleby Court

PROPERTY OWNER Joseph I Marsiglia

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

BLDG. PERMIT SIGNED
AND RETURNED 5/8/96
Serial # 64885
Crown deck into sunroom

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start 1st trench 100 feet down left (465') property line from breakpoint and 100 feet perpendicular off this same line as seen when facing lot from cul-de-sac, run trenches on contour toward back left corner, more or less - 8' between trenches.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/23/93 RH

PLANS APPROVED BY C. William/Fred Frommelt DATE 2/12/93

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

BLDG. PERMIT SIGNED
AND RETURNED 4/3/95
Serial # 58742
J.M.

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

A
41274

APPLICATION

A 41274

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 4th
DATE 3/24/88

WET SEASON

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 CHARLES A. SHARP Joseph Marsiglia

ADDRESS 3779 SHARP ROAD, GLENWOOD MD. 21738 PHONE 410-288-2508
489-4630

PROPERTY LOCATION:

20 on Final

SUBDIVISION SHARP FARMS, LOTS 1-16 LOT NO. 4

ROAD AND DESCRIPTION N.W. OF INTERSECTION BETWEEN SHARP ROAD
AND SHADY LANE (3719 Appleby Court)

SIZE OF LOT 3.40 Ac. ± TYPE BLDG. S.F.D. - 4 BEDROOM
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 _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

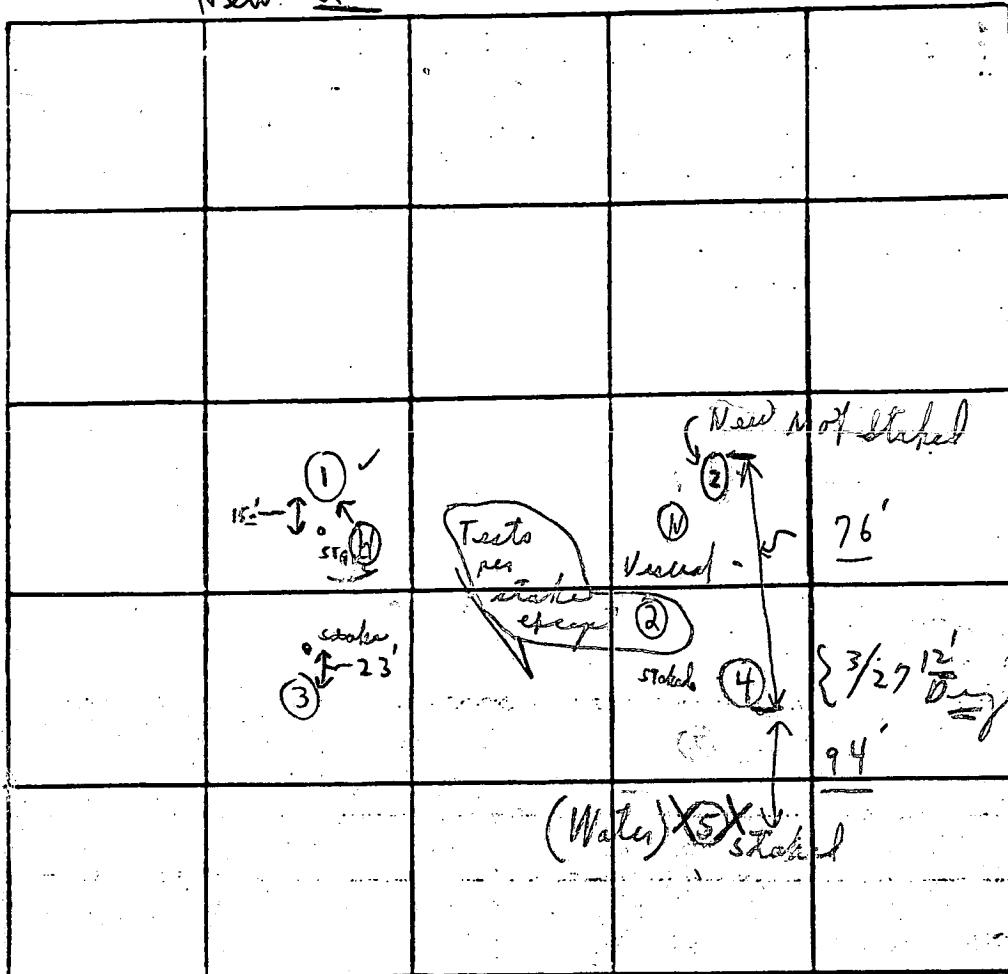
BLDG. PERMIT SIGNED
AND RETURNED 12/10/88
Serial # 4636-SFD

THIS IS NOT A PERMIT

New #20

#4

A 41274



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

To SOIL + CLAY
LOAM TO BOTTOM
ALL HOLES ①, ②, ④
③ BELOW CLAY
MOSTLY LOAM 80%+
20%+ SOME STONE

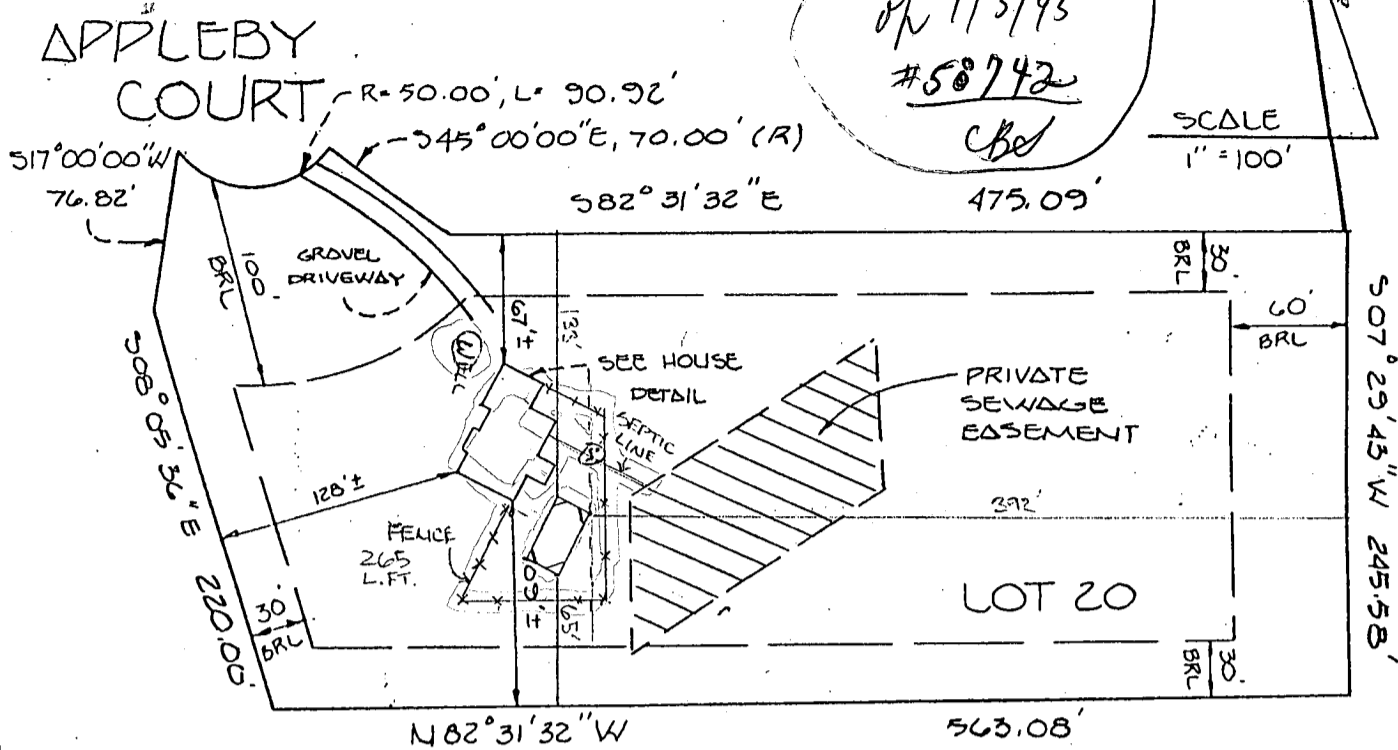
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/27/89	1A	5'	2:39	2:41	2:41	2:46	5 min
	1B	8'	2:38	2:40	2:40	2:46	6 min
	2A	1'			Below clay - LOAM		
	2B	12'			Visual - similar to ①		
	3A	6'	2:44	2:58	2:58	3:27	29 min
	3B	12'	MOSTLY L	LOAM	80%	20%	SOME STONE
	4A	3 1/2'	2:49	2:51	2:51	2:53	2 min
	4B	12 1/2'			Visual; Loam;		
X	X	5'	Clay	to 5' XX	WATER AT 13'		X

11' deep

REMARKS TESTS PER STAKE HOLD FOR
TESTS IN OPEN CERTIFIED HOLES
TYPE OF SOIL
TESTED BY C. Bel. ALSO PRESENT: WOODY SKIP #

* No water - 3/27/89 #4 ok *

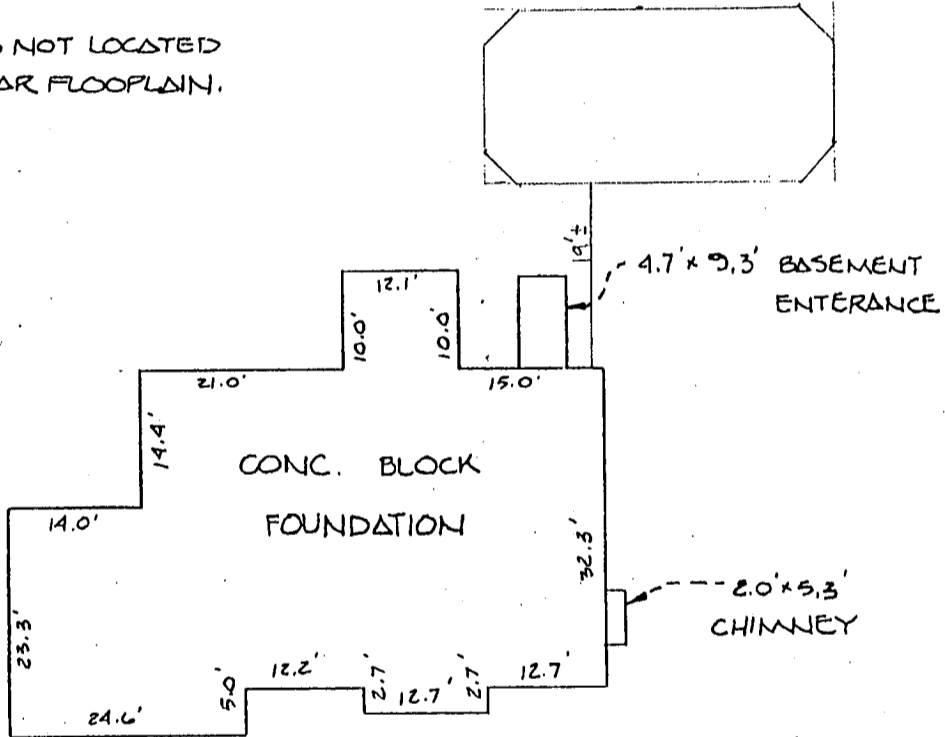
ok per as shown
 ok per c.o. of 3/19/93
 ok 4/3/95
 #50742
 CBE



BRL - BUILDING RESTRICTION LINE

THIS PROPERTY IS NOT LOCATED WITHIN A 100 YEAR FLOODPLAIN.

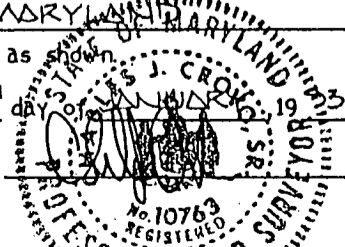
FF. ELEV. 559.15



HOUSE DETAIL
 1" = 20'

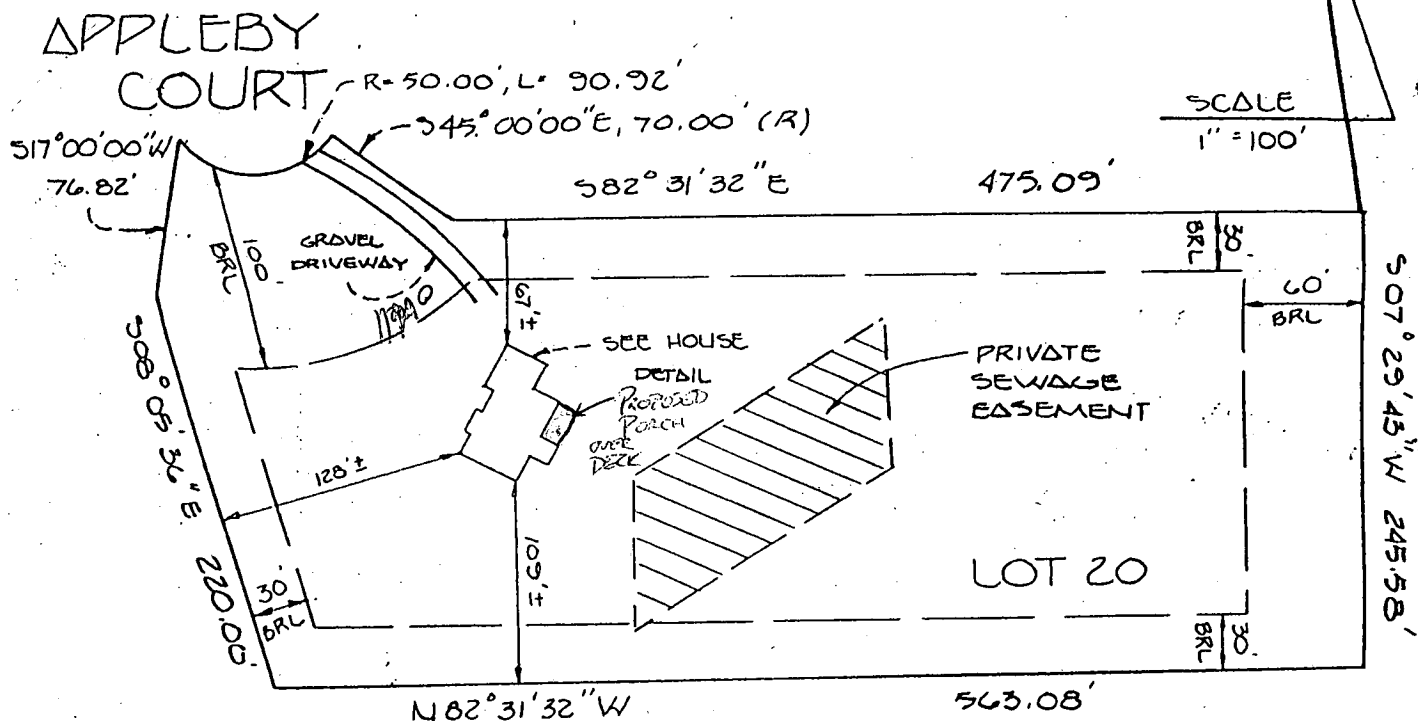
This is to certify that I have surveyed the property known as: LOT 20 OF SHARP FARMS RECORDED AS PLAT # 9498 AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 27th day of [illegible] 19[illegible]



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 9771 BALTIMORE NATIONAL PIKE, SUITE 100
 ELLETTT CITY, MARYLAND 21042
 (410) 481-2255

This plat is not intended for use in the establishment of property lines.

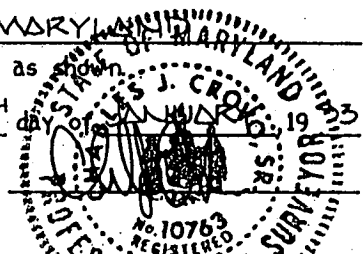


BRL - BUILDING RESTRICTION LINE
 THIS PROPERTY IS NOT LOCATED
 WITHIN A 100 YEAR FLOODPLAIN.
 F.F. ELEV. 559.15

5/8/96
 Shown conversion of
 deck to screened porch
 will have no impact
 to existing well and/or
 septic. OK to proceed.
 A. McMullen

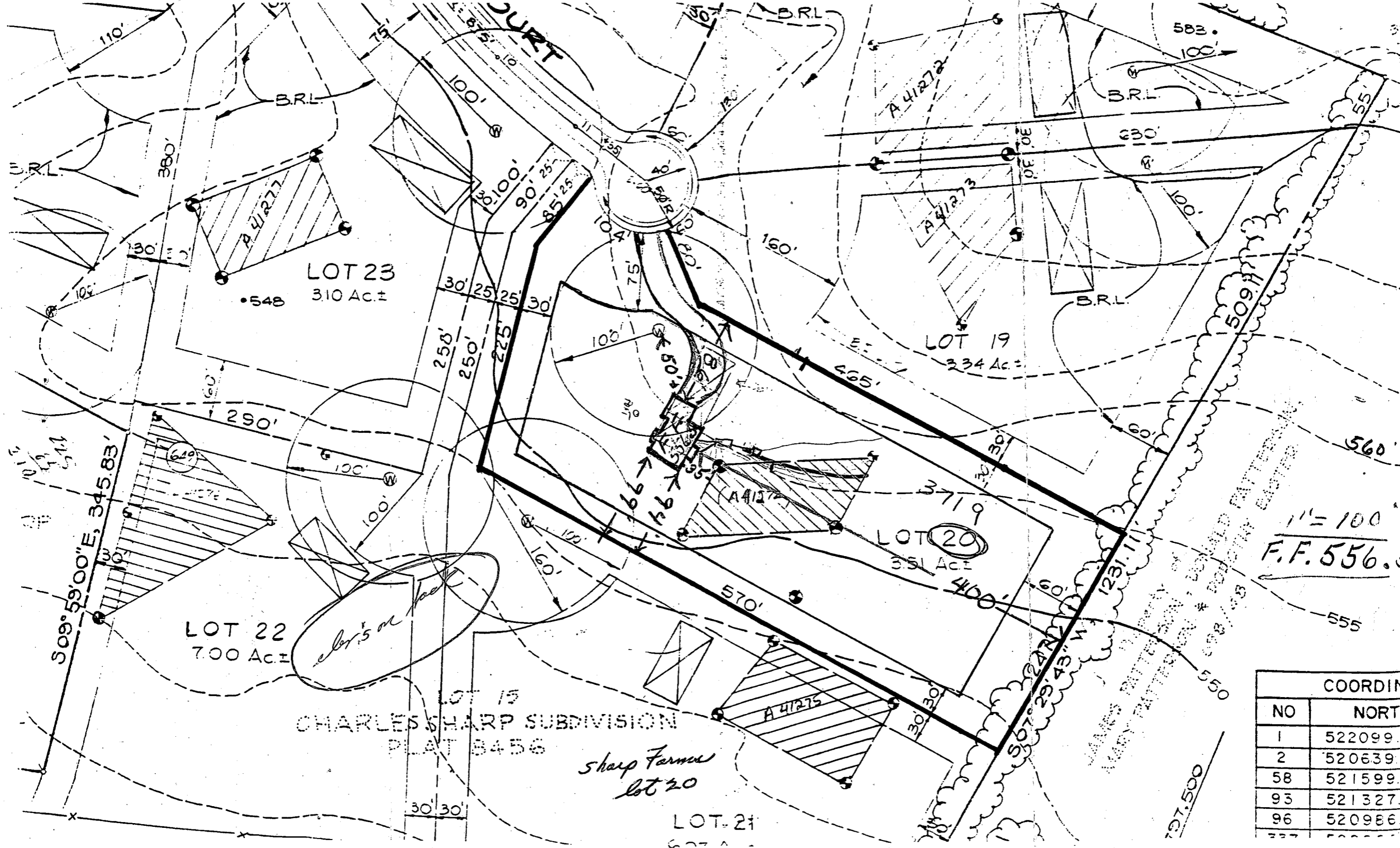
This is to certify that I have surveyed the property known as: LOT 20 OF SHARP FARMS RECORDED AS
PLAT # 9498 AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND
 for the purpose of locating the improvements thereon, and the improvements are located as shown

Signed this 27TH day of



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 9771 BALTIMORE NATIONAL PIKE, SUITE 109
 ELLICOTT CITY, MARYLAND 21042
 (410) 481-2855

This plat is not intended for use in the establishment of property lines.



1" = 100'
F.F. 556.5

COORDINA	
NO	NORTH
1	522099.24
2	520639.00
58	521599.50
93	521327.50
96	520986.00

House out 553.25
S. Tank in 553.50
S. Tank out 553.25
Grade at Tank 556.0
Trench in 553.0

4 B.R.
Total length needed
to be determined
by Dept. at time
of installation.

Tom Regale
12-18-192

4/13/93
C. B. S.

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

461-9933
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # 00
Date 4/12/93

Name of Installer Dwight L. McCurdy

Telephone 485-2003

License Number M-4821

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Marsalia

Telephone _____

Subdivision Sharp Farms Lot # 20

Well Tag # HO-92-0227

Site Address 3719 Appleby Ct.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ✓
- Make JACUZZI
- Model # 2443030117
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No X
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards X Other _____

Motor

- Horsepower 1/3
- RPM 3450
- Voltage 230
 - 110 _____
 - 220 _____

Pitless Adapter

- Make Simmons
- Model # 1440
- Depth 4 8"

Tank

- Capacity 40
- Pressure relief valve? ✓

Piping

- Type Big Blue
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth 80 ft.
- Yield 15 GPM
- Static water level 50 ft.
- Will water supply be disinfected by installer? No

Pitless adapter ok 3/22/93
per C.B.S.

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: Dwight L. McCurdy

Date: 3-19-93

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

C1 6636

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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER B=41274

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 80 26 (TO NEAREST FOOT)

28 31 32 33 34 35 36 37

OWNER MARIETTA JOSEPH I. STREET OR RFD last name JOSEPH Y COURT first name TOWN GLENELG SUBDIVISION SHARP FROM SECTION LOT 20

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Red Clay, Br. Shale, Green Slate, Gravel & BFD.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 250 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 54 ft.

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)

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

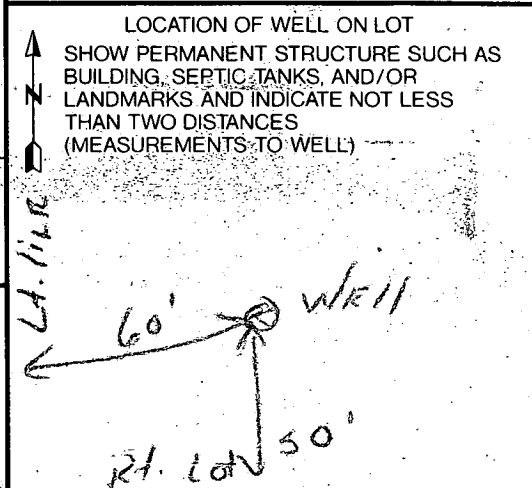
DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE 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 or 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



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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **03349**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-92-0227
70 fill in this form completely 79

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

11/5/92 please print or type

Date Received (APA)

092492

BILL BEUCH 10:00 AM
OWNER INFORMATION

B 3

LOCATION OF WELL

HOWARD

SHARP FARMS

SECTION **44** LOT **2D**

CLEMELC

MILES FROM TOWN (enter 0 if in town) **1** MI

MARSHIGLIA JOSEPH I

5943 CHARLES ST

BALTIMORE Md 21207

DRILLER INFORMATION

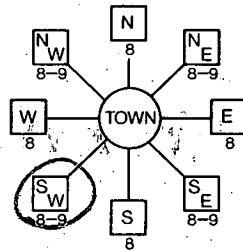
George F. Easterday 40
Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.

9265 Brown Church Rd. Mt. Airy, Md. 27771

George F. Easterday 9-23-92
Signature Date

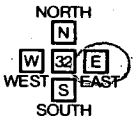
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



APPLEBY COURT
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200
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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A# 41274 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **4/28/93**
102892 CO SIGNATURE **Charles B. ...** EXP. DATE
 NORTH GRID **522000** EAST GRID **0798000**

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)

- 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) _____

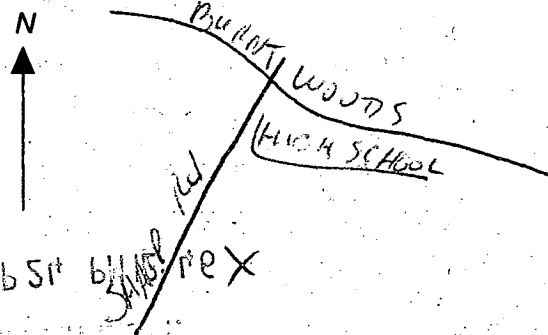
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

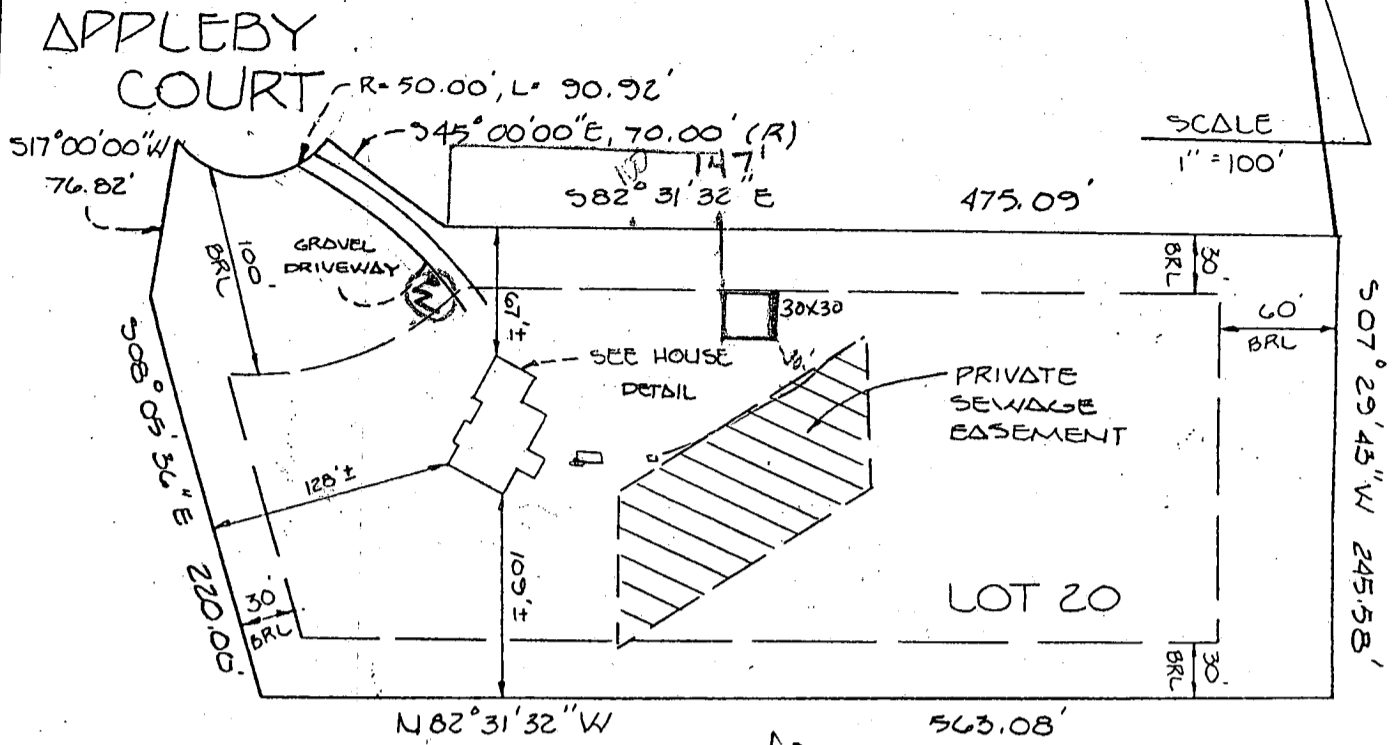
FORCE **C** WRITE INITIALS IN BOX PERMIT No. **H0-92-0227**

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
790 8
520 2
11/5/92 10 AM LOC OK
65' CASING
54' OPEN
2' CASING A.G.
25 BAGS GROUT
OBS'D + OK
VT AG OK 11/5/92

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

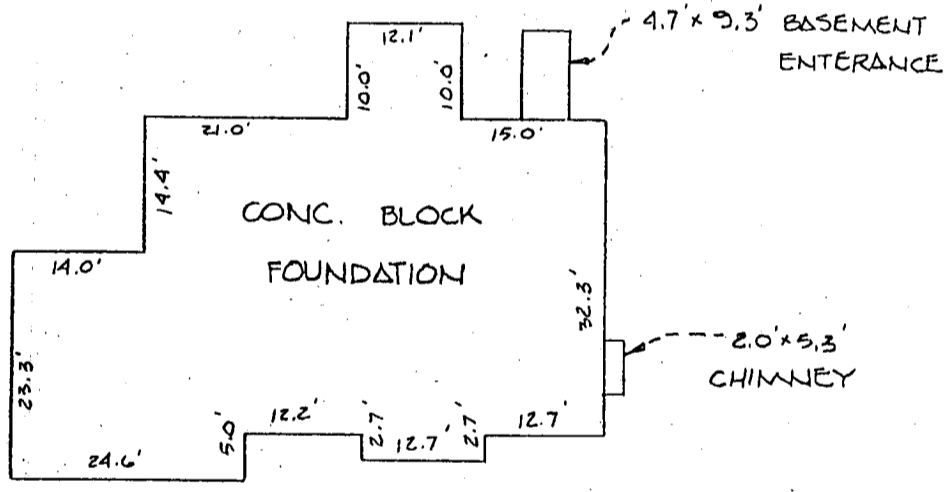


SPECIAL CONDITIONS



BRL - BUILDING RESTRICTION LINE
 THIS PROPERTY IS NOT LOCATED
 WITHIN A 100 YEAR FLOODPLAIN.
 F.F. ELEV. 559.15

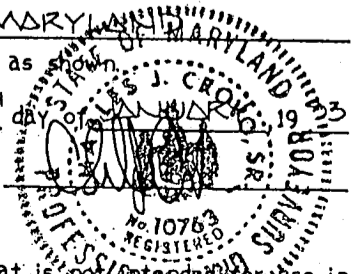
NO OBJ. TO GARAGE
 MR 10/30/00 NO PLUMBING
 PROPOSED, SO
 "EXERCISE ROOM" NOT
 VERY SUITABLE AS BR



House Detail
 1" = 20'

This is to certify that I have surveyed the property known as: LOT 20 OF SHARP FARMS RECORDED AS
 PLAT # 9498 AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND
 for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 27th day of



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 977 BALTIMORE NATIONAL PIKE, SUITE 100
 ELLICOTT CITY, MARYLAND 21042
 (410) 461-2255

This plat is not intended for use in
 the establishment of property lines.

Building Address 3719 Appleby Ct
Glenwood, MD 21738

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

Census Tract 6040 Subdivision Sharp Farm

Section --- Area --- Lot 20

Tax Map 21 Parcel 198 Grid 12

Zoning RR Map Coordinates 9E9 Lot size _____

Property Owner's Name Joseph Marsiglia, Sr.

Address 3719 Appleby Ct

City Glenwood State MD Zip Code 21738

Home Phone 410-442-5507 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use Same w/ garage

Estimated Construction Cost \$2,000,000

Description of Work Detached 2 car garage
w/ exercise room - storage room
30' X 30'

Contractor Company WBL Carpentry

Contact Person Dan Lewis

Address 14150 Twisting Lane

City Dorton State MD Zip Code 21036

License No. 67800

Phone 410-531-1001 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: <input type="checkbox"/> N/A <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"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>
No. of Bedrooms: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
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.

Joseph Marsiglia, Sr.
 Applicant's Signature
Owner
 Title/Company

Joseph Marsiglia, Sr.
 Print Name
10/19/00
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>10/19/00</u>	<u>Joe Wall</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>11/1/00</u>	<u>M. R. P. Kin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>100 FT</u>	Filing fee \$ <u>25</u>
Rear: <u>60 FT</u>	Permit fee \$ _____
Side: <u>30 FT</u>	Excise tax \$ _____
Side St.: <u>N/A</u>	Sub-total paid \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check cash # _____
Accepted by <u>[Signature]</u>	Validation # <u>203</u>