

LAYOUT 6/3/02 9:30 INSP 4 10/22/02 1-2pm  
 INSP 2 6/4/02 2:30 INSP 5 \_\_\_\_\_  
 INSP 3 10/16/02 1pm INSP 6 \_\_\_\_\_

01-213954

ISSUE DATE: 5/31/02  
 APPROVAL DATE: 10/22/02

**PERMIT  
INDEXED**

P 516998  
 A 41678

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

C & C Utility \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER   
 ADDRESS: 7398 Gaither Road PHONE NUMBER: 410-549-4987  
 SUBDIVISION: Powell Property LOT NUMBER: 2  
 ADDRESS: 6448 Elibank Drive PROPERTY OWNER: Main Street Builders

443 677 0627

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED   
 PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED   
 NUMBER OF BEDROOMS: 4  
 SQUARE FEET PER BEDROOM: 210  
 LINEAR FEET OF TRENCH REQUIRED: 280 HOUSE SERVED BY PUBLIC WATER

265' acceptable

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the lot corner at the driveway entrance, place the distribution box <u>90</u> down the 187.00' lot line and 10' off this same lot line. Run (3) trenches on contour away from driveway entrance.
NOTES:	***PUMPED SEPTIC SYSTEM*** Install PVC markers to grade if pressure line installed through middle of septic disposal area.

PLANS APPROVED: MER OK/MR DATE: 5/31/02

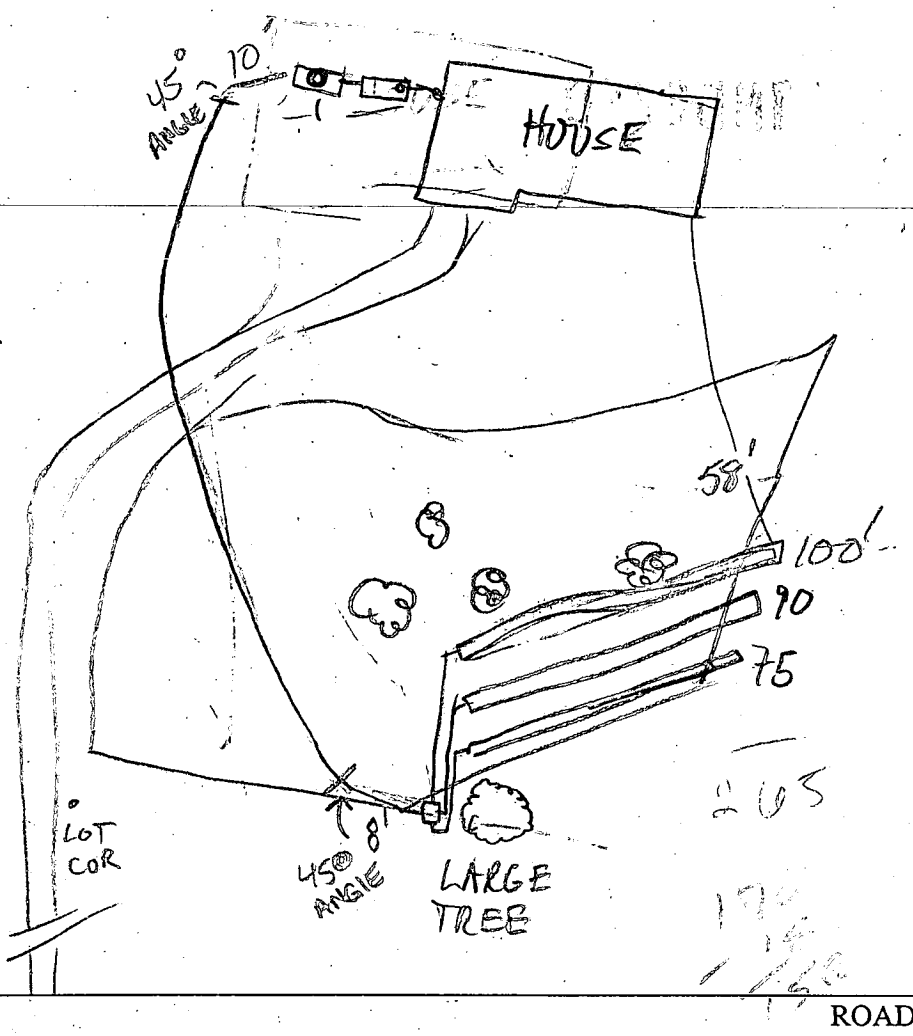
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
 AND RETURNED 5-9-02**  
 B00137270-UG LP TANK  
 B00144829-DECK

A41678

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		265
ABSORPTION AREA		795
DISTRIBUTION BOX LEVEL		—
DISTRIBUTION BOX BAFFLE		—
DISTRIBUTION BOX PORT		CTR

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	18"
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	FRONT
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	TOP
TANK LID DEPTH	18"
BAFFLES	NONE - OK
BAFFLE FILTER	—
MANHOLE LOC	CTR
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 6/3/02 OK TO START W/DIST BOX IN LOC. PER PLAN,  
 1st TRENCH 10' LOWER TO AVOID LARGE TREE; 75'-90'-100'; PRESSURE  
 INSTALLATION LINE THRU MIDDLE W/MARKERS (MR)  
 6/3/02 TANKS SET, OK (MR) 6/5/02 3rd trench ok to cover - 100'  
 10' pvc out of pump tank to 45° bend, then 152' pvc line  
 to next 45° bend, then 8' pipe into d.b. ok to cover work (KN)  
 Needs pump test 10/16/02 Pump didn't work, Alarm not  
 installed (S) 10/22/02 Pump & Alarm tests OK (S)

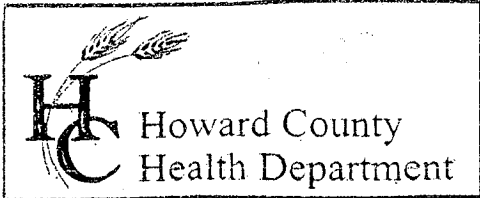
FINAL INSPECTOR

*[Handwritten Signature]*

DATE OF APPROVAL

10/22/02

BUILDING PERMIT SIGNED  
 AND RETURNED



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 16, 2003

MSB, LLC d/b/a  
Mainstreet Builders  
5705 Landing Road  
Elkridge, MD 21075

RE: Powell Property, Lot # 2  
6448 Elibank Drive  
BP# B00133795  
**PUBLIC WATER**

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/22/2002.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority

Steven R. Krieg  
Registered Environmental Sanitarian  
Well & Septic Program

sjn  
cc: Building Inspector's Office  
File



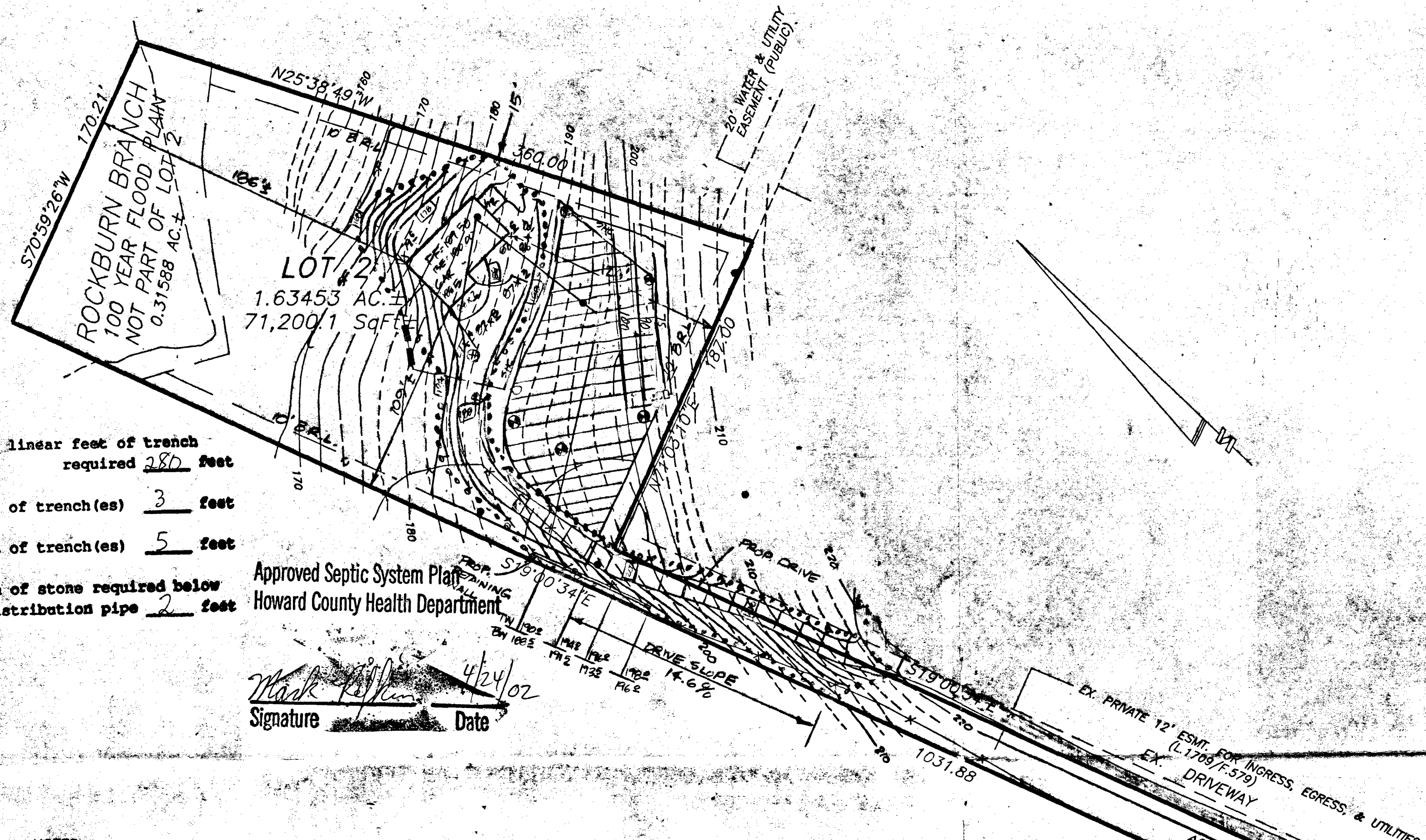
SEPTIC SYSTEM DATA

INV. AT HOUSE	177.5	
SEPTIC TANK		PUMP PIT
EX. GRADE	179.0	180.0
FIN. GRADE	179.0	180.0
INV. IN	177.2	180.0
INV. OUT	176.9	176.8

DISTRIBUTION BOX	
EX. GRADE	208.0
FIN. GRADE	203.0
INV. IN	200.5
INV. OUT	200.0

TRENCHES  
 EX. GRADE  
 FIN. GRADE  
 INV. IN  
 BOTTOM  
 LENGTH

SIZE, NUMBER & LOCATION  
 OF TRENCHES TO BE  
 DETERMINED IN FIELD



Total linear feet of trench required 280 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

*Mark Koffman*  
 Signature Date 4/24/02

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE AND SHOWN ON A FIELD-LOCATED PERC TEST PLAT PREPARED BY SHANABERGER & LANE.
2. B.R.L. DESIGNATES BUILDING RESTRICTION LINE
3. THIS AREA DESIGNATES A PROPOSED REVISED PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY. THERE IS A 10,000 S.F. MINIMUM RESTRICTION ON THE SEWAGE EASEMENT.
4. TOTAL AREA DISTURBED: 17,324 sq. ft.
5. THE SEPTIC SYSTEM MUST BE INSTALLED PRIOR TO DRIVEWAY CONSTRUCTION.
6. A PUMP PIT IS REQUIRED FOR SEWER SERVICE TO BSMT & FIRST FLOOR.

SHANABERGER & LANE  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 201  
 ELLICOTT CITY, MD. 21043  
 PHONE: 410-461-9563  
 FAX: 410-461-9693

*Mark Koffman*  
 4/24/02

B001 33795  
 REVISED  
 Date: 4-11-02  
 Comments: *per Health Dept Elevation changed*

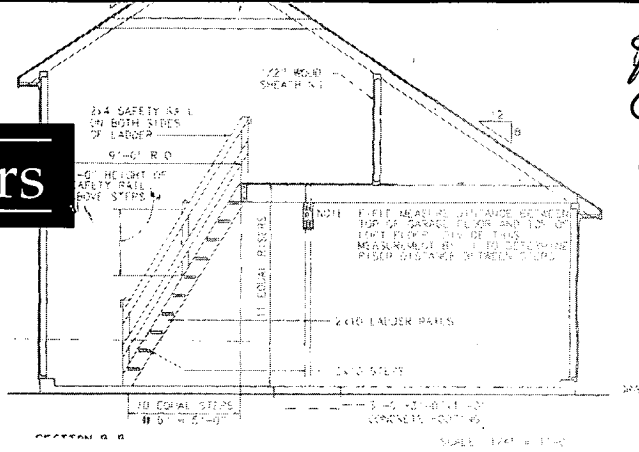
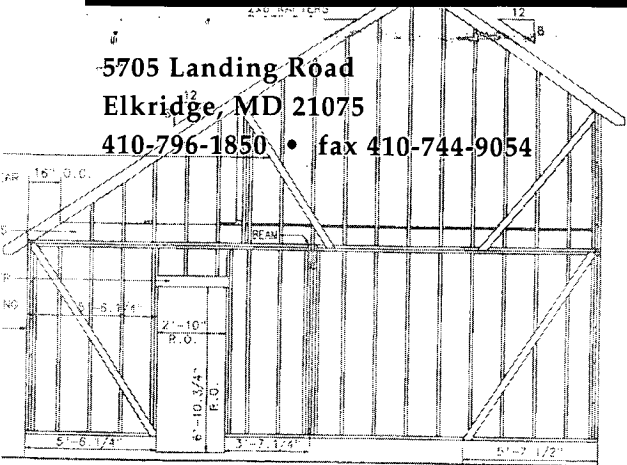
OWNER:  
 JACK SMODGRASS  
 6365 LAWYERS HILL ROAD  
 COLUMBIA, MD, 21075

BUILDER  
 MAIN STREET BUILDERS  
 5705 ELKRIDGE LANDING ROAD  
 ELKRIDGE, MD. 21075

SITE PLAN  
 LOT 2  
 POWELL PROERTY  
 LOTS 1-2  
 PLAT #8277  
 FIRST ELECTION DISTRICT, HOWARD COUNTY, MD  
 TAX MAP 32, PARCELS 113-114  
 ZONED: R-20  
 SCALE: 1"=50'  
 DATE: REV. 3/14/02 REV. 4/11/02

# Main Street Builders

5705 Landing Road  
Elkridge, MD 21075  
410-796-1850 • fax 410-744-9054



\$25  
CK7699  
CR47181

March 18, 2002

Avis Corbin, Chief of DLIP  
3430 Courthouse Drive  
Ellicott City, MD 21043

Re: Permit #B00133795

Avis Corbin,

I am requesting a change in the permit for a new single family home I am permitted to build under permit #B00133795 at 6448 Elibank Drive, Elkridge, MD 21075 on lot #2 of the Powell Property.

I would like to shift the house location on the lot where we will be building.

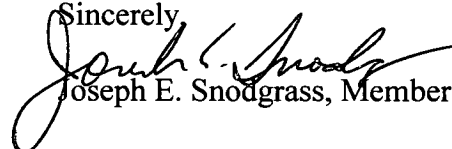
This location better facilitates the installation of the septic system on this lot and affords more logical home placement.

Attached is also a check in the amount of \$25.00 for administration of the change.

Please call me with any questions @ 410-744-8175.

Thank you,

Sincerely,

  
Joseph E. Snodgrass, Member

S70°59'26"W 170.21'  
ROCKBURN BRANCH  
100 YEAR FLOOD PLAIN  
NOT PART OF LOT 2  
0.31588 AC.±

1.63453 AC.±  
71,200.1 SqFt±

LOT 2

N25°38'49"W 691.60'

BRL

BRL

FLOOR  
REMAINING  
WALL

TN 190°  
BY 1885

1912

1935

1982

1982

1982

1982

1982

1982

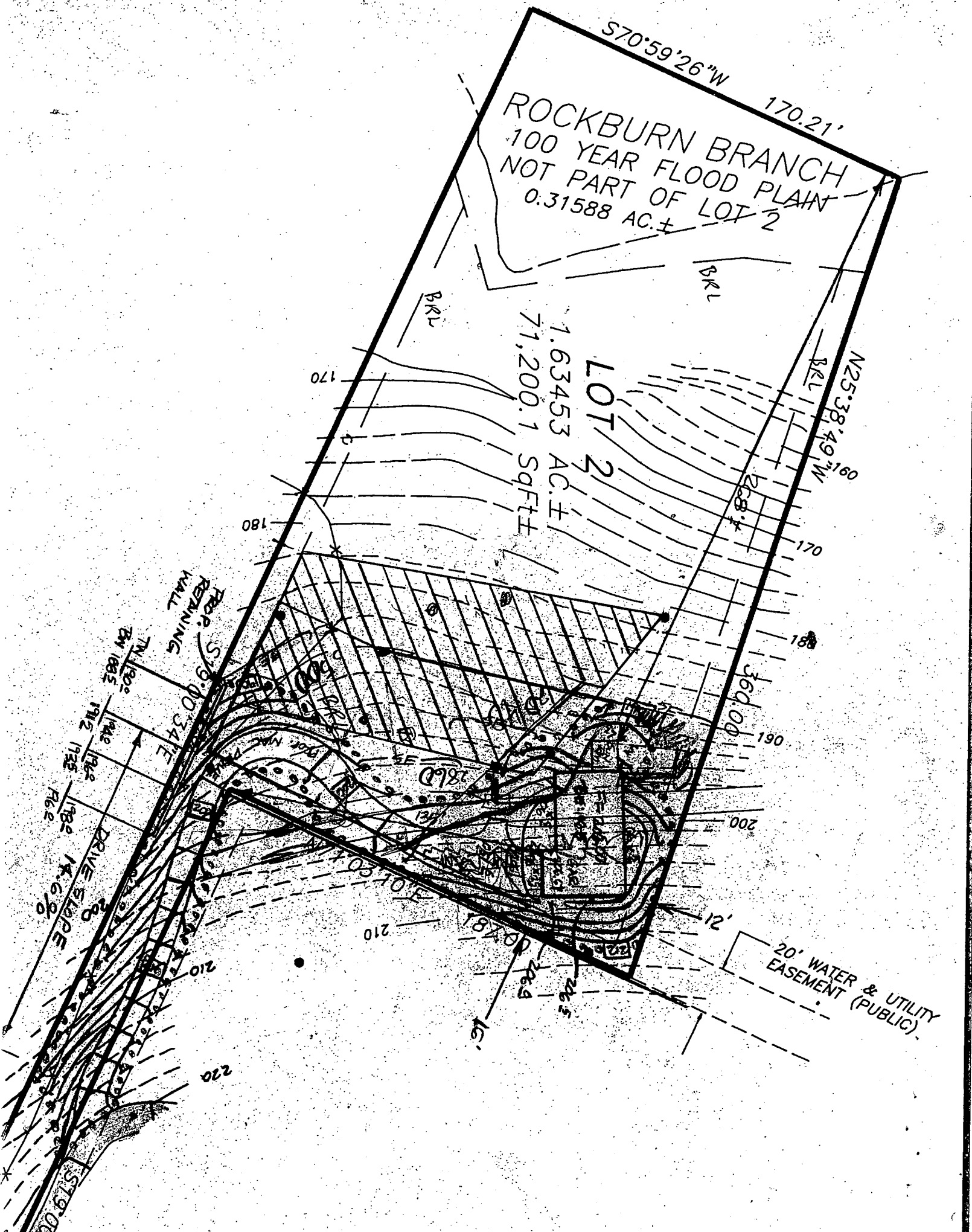
1982

1982

1982

DRIVE  
SLOPE  
14.6%

20' WATER & UTILITY  
EASEMENT (PUBLIC)



June 30 74  
1:30 PM

# APPLICATION

PERCOLATION TESTING

A 41678

P \_\_\_\_\_

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

DISTRICT 2ND

DATE 5-6-88

1/2

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 Emily and Eli Powell (Please contact Father - W.R. Powell)

Father's ADDRESS 1203 B Martin Ct, Baltimore MD 21229 PHONE 792-5000 ext 7464 (work)  
744-6476 home

PROSPECTIVE BUYER None at Present

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Eli bank Drive

TAX MAP 32 PARCEL # P114

SIZE OF LOT 1.96 Acre TYPE BLDG Single Family  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

MONTALTO/relay BORDERING HARBORO SOIL (~~COARSE SAND~~)

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. Eli Powell & Emily Powell & W.R. Powell  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR (HOLDING) 6-30-88 Must verify slope between holes and  
mark property to insure well site exists. Holding for perc hole  
locations and plat approval. JEW

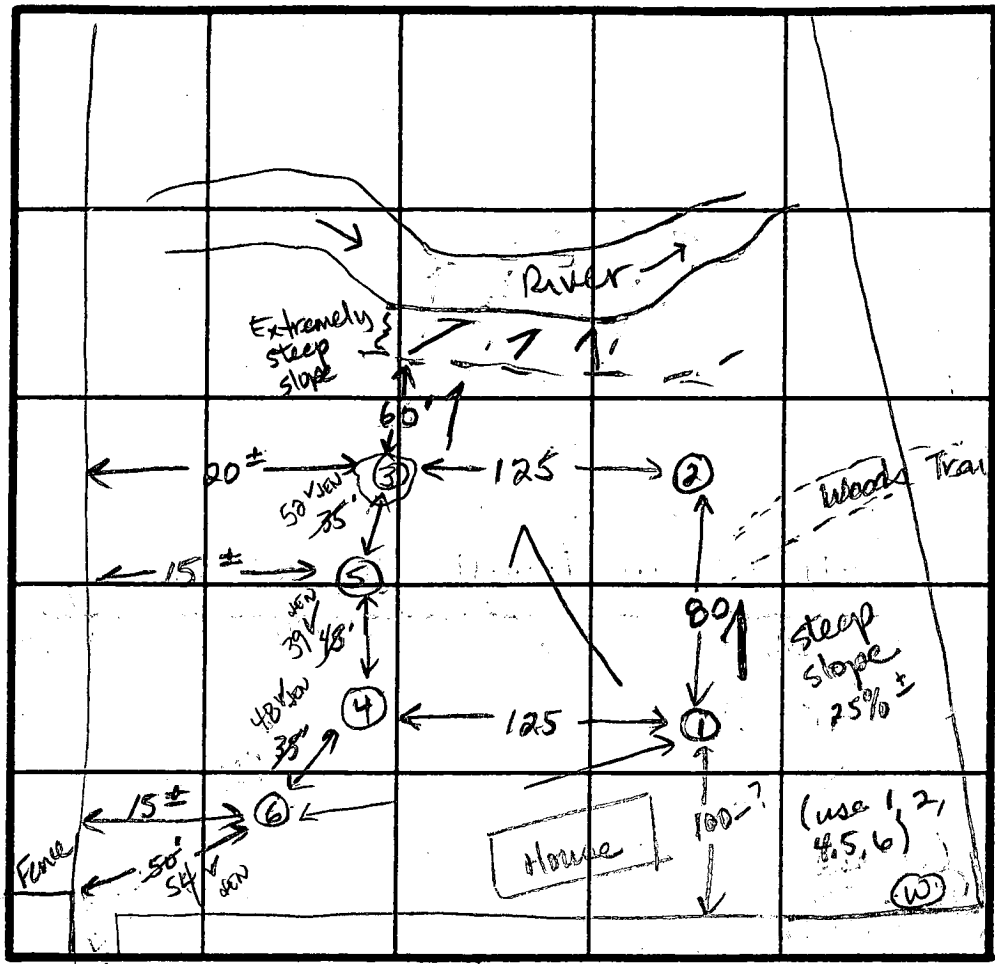
HD-216

# THIS IS NOT A PERMIT

High 6  
1  
4  
5  
2  
2  
Low 3

① SOIL PROFILE

0-2.5 Rd s&cl loam  
2.5-14.0 Tan sa si lm, some rock frags < 25%, trace of bedding  
14.0 Bottom close to refusal



④  
0-4.0 Rd s&cl lm  
4.0-12.5 Tan to gray sa si lm, < 10% broken rock frags  
12.5 Bottom

②  
0-4.5 Rd s&cl lm  
4.5-14.0 Tan to white sa si lm, trace of decomposed rock, < 20%, little bedding  
14.0 Bottom

③  
0-2.5 Br sa si lm  
2.5-13.5 Gray to br sa si lm, some broken rock frags, < 45% near vert. bedding at 6.5 ft  
13.5 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Elibank Road

Cut-de. see (6400)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-30-88	1	4.0 S	2:12	2:14	2:14	2:16	2 min
		8.5 M	2:12	2:14	2:14	2:16	2 min
		14.0 D	Refusal at 14.0 ft				ok
	2	4.0 S	2:23	2:25	2:25	2:28	3 min
		8.5 M	2:24	2:27	2:27	2:31	4 min
		14.0 D	Bottom				
	③	2.5 S	2:40	2:55	no movement		Failed
		7.0 M	2:39	2:40	2:40	2:41	1 min
		13.5 D	Refusal (bedding at 6.5 ft)				Fast
	4	5.5 S	2:51	2:58	2:58	3:05	7 min
		9.0 M	Not tested				5±
		12.5 D	Bottom				ok

X = 10 min  
Inlet = 3.0 ft  
Bot = 8.0 ft  
465 sqft/bdr  
210

REMARKS Slope between #1 & 2 may be > 25%. May not have well site.

TYPE OF SOIL 0-3 Rd s&cl lm, 3-13 Br to gray sa si lm, < 25% rock frags

TESTED BY Jane Nadeau ALSO PRESENT Bill Canoya

# APPLICATION

PERCOLATION TESTING

A 41678  
P \_\_\_\_\_

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

DISTRICT 2nd

DATE 5-6-88

2/2

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 Emily & Eli Powell

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 2

ROAD AND DESCRIPTION # 6448 Elbank Drive

TAX MAP 32 PARCEL # P. 114

SIZE OF LOT 1.96 acre TYPE BLDG \_\_\_\_\_  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

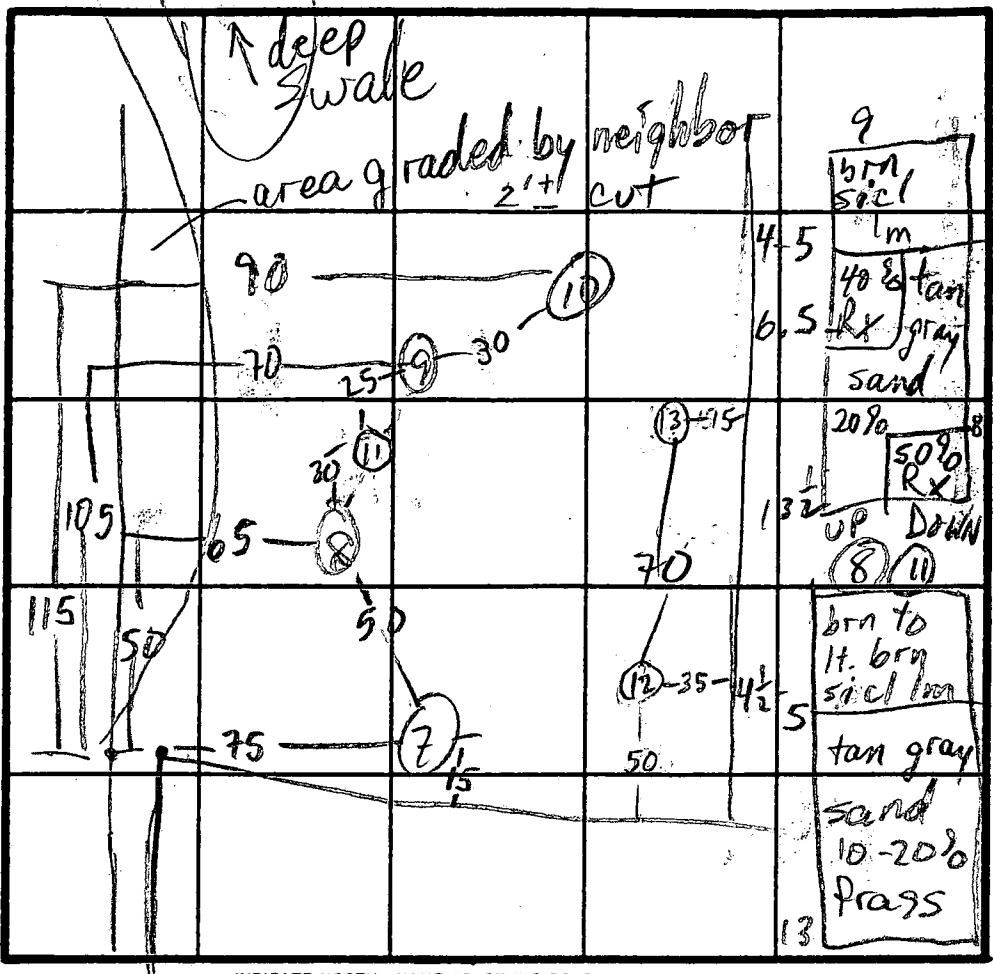
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

⑤  
SOIL PROFILE

0-3.0 Rd s<sub>1</sub> cl lm  
 3.0-7.0 Br sa cl s<sub>1</sub> lm  
 7.0-12.5 Gray sa s<sub>1</sub> lm, some rock frags < 10%  
 12.5 Bottom



⑫  
brn orge sa cl lm  
 4  
brn tan sa  
 7  
25-30% s<sub>1</sub> cl lm  
 9  
20% frags  
 10  
brn to lt. brn s<sub>1</sub> cl lm  
 5  
tan gray sand  
 25-30% frags  
 13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑥

0-3.5 Rd s<sub>1</sub> cl lm  
 3.5-12.0 Br sa s<sub>1</sub> lm, < 15% broken rock frags  
 12.0 Bottom

⑦

brn sa cl lm  
 3.5-4  
 tan gel sa lm  
 15-20% frags  
 13

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-30-98	5	3.0 S	3:21	3:35	3:35	4:04	29 min
		7.0 M	3:22	3:36	3:36	4:04	28 min
		12.5 D	Bottom				ok
	6	12.0 V	see profile				ok
2/26/02	7	13 V					
	8	13 V					
M. Ripkin	9	13 1/2 V					
	10	13 V					
	11	11 V					
4/3/02	12	12 1/2 V					
	13	12 1/2 V					

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_











**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00137270

Building Address 6448 Little Bowl Dr  
Ellicott City, MD 21075

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 60101 Subdivision Powell Property

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 32 Parcel 113 Grid 20

Zoning R20 Map Coordinates 1768 Lot size \_\_\_\_\_

Property Owner's Name MRS LAC DRN  
5705 Little Bowl Dr Ellicott City MD 21075

Address 5705 Little Bowl Dr Ellicott City MD 21075

City Ellicott City State MD Zip Code 21075

Home Phone 410-350-3763 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use SAME WITH TANK

Estimated Construction Cost \$ 22,000.00

Description of Work INSTALL 11' DIA SLOTTED ALUM  
U.G. 1.0 TANK, OR NFPA 58

Contractor Company Amicus

Contact Person Tom McLaughlin

Address 10047 Brittonville National Pike

City Ellicott City State MD Zip Code 21042

License No. \_\_\_\_\_ Fax \_\_\_\_\_

Phone 410-465-0800 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**

Height 8

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

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   
 Depth  Width

1st floor: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 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 WHICH ARE APPLICABLE HERETO; (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 Thomas R McLaughlin  
Amicus

Title/Company \_\_\_\_\_

Print Name Thomas R McLaughlin  
7-2-02

Date \_\_\_\_\_

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: _____	0065-3140
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering: DPZ			Side St: _____	Excise tax \$ _____
Health	<u>7-2-02</u>	<u>Karen Norman</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1527126</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	Validation # <u>52764</u>

RECEIVED DEPT. OF PERMITS

