

8/23/95
SO. ST. B. B. B.
body...
7/5/95
11:30

6/30/95 Need House Connection
7/3/95

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~ 313-2640

04-355148

P 50735B

A 41979

DISTRICT 4th

DATE 6-13-95

DATE SYSTEM APPROVED 9/5/95

INSPECTOR DKS

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Choi Property LOT 16 ROAD 3372 Danmark Drive

PROPERTY OWNER Jacobsen Homes, Inc. ADNAN KHAN

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 144

TRENCHES - 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 distribution box 195 feet up the right lot line (677.97) and 105 feet off that same lot line as seen when facing the lot from Danmark Drive. Run trenches on contour 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 5/4/95 DKS

PLANS APPROVED BY Amy McMillen DATE 04/21/95

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

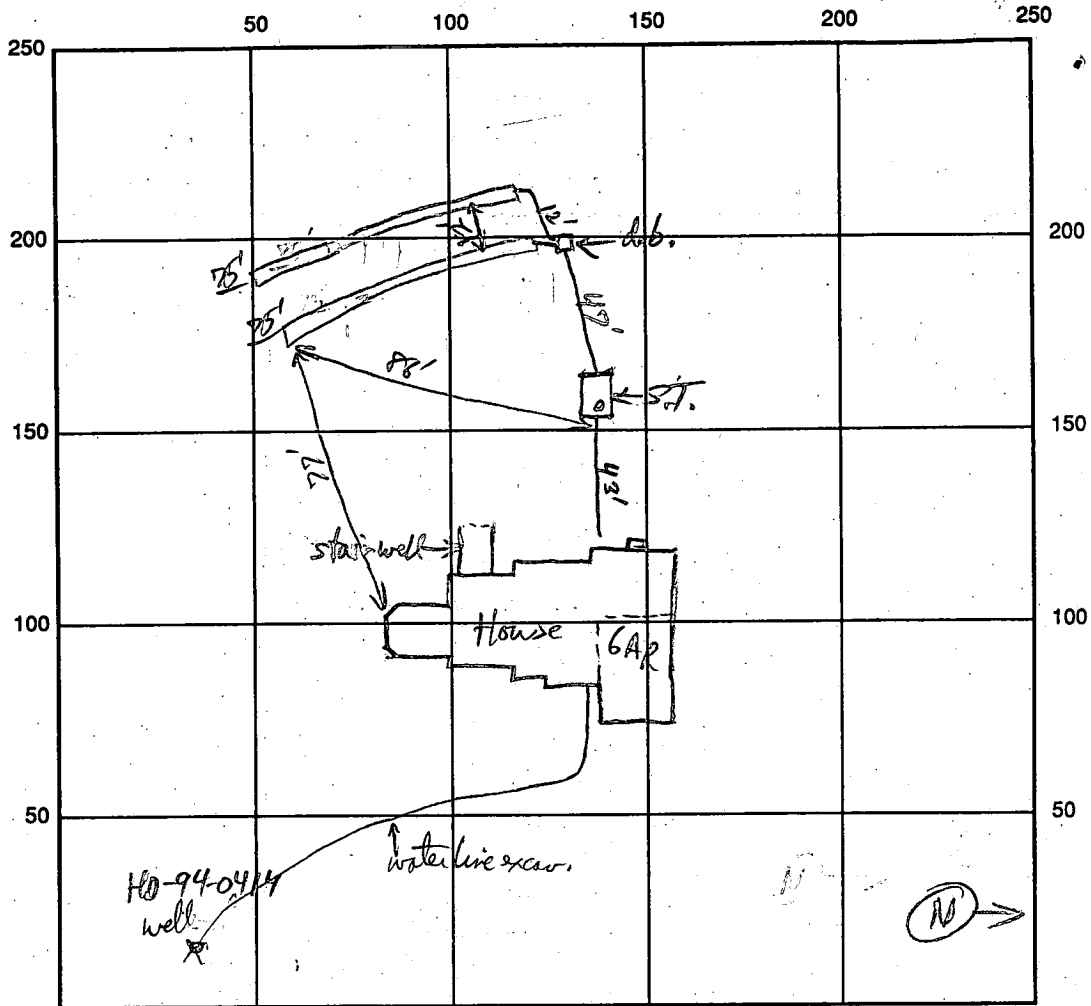
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

OLD PERMIT NUMBER
AND RETURNED 6/7/01
B00130740-deck

A
41979



Diamond Dr. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 75/75 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 750 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: No Hse Connection yet OK to cover S.T. to Dist Box. AP 6/30/95
1st Trench OK to cover 7/5/95 AP 2nd Trench + D.B. OK to cover AP 7/5/95
Needs House Connection yet. 7/14/95 NO HOUSE CONN MR
9/5/95 House connection made. DKS

DATE SYSTEM APPROVED 9/5/95 INSPECTOR Somach Joe

APPLICATION

PERCOLATION TESTING

A 41979

P _____

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

DISTRICT 4TH

DATE March 10, 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 Saga Ho Company, Inc. JACOBSEN HOMES, Inc

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7641

PROSPECTIVE BUYER Unknown 301-953-2083

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Crui Property LOT NO. 16

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1890' East of Hedges Road.
(3372 Danmark Drive)

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum

BLDG. PERMIT SIGNED
AND RETURNED 4/21/95
S.P.O. = Y. Bern
(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.

Dennis M. Bush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

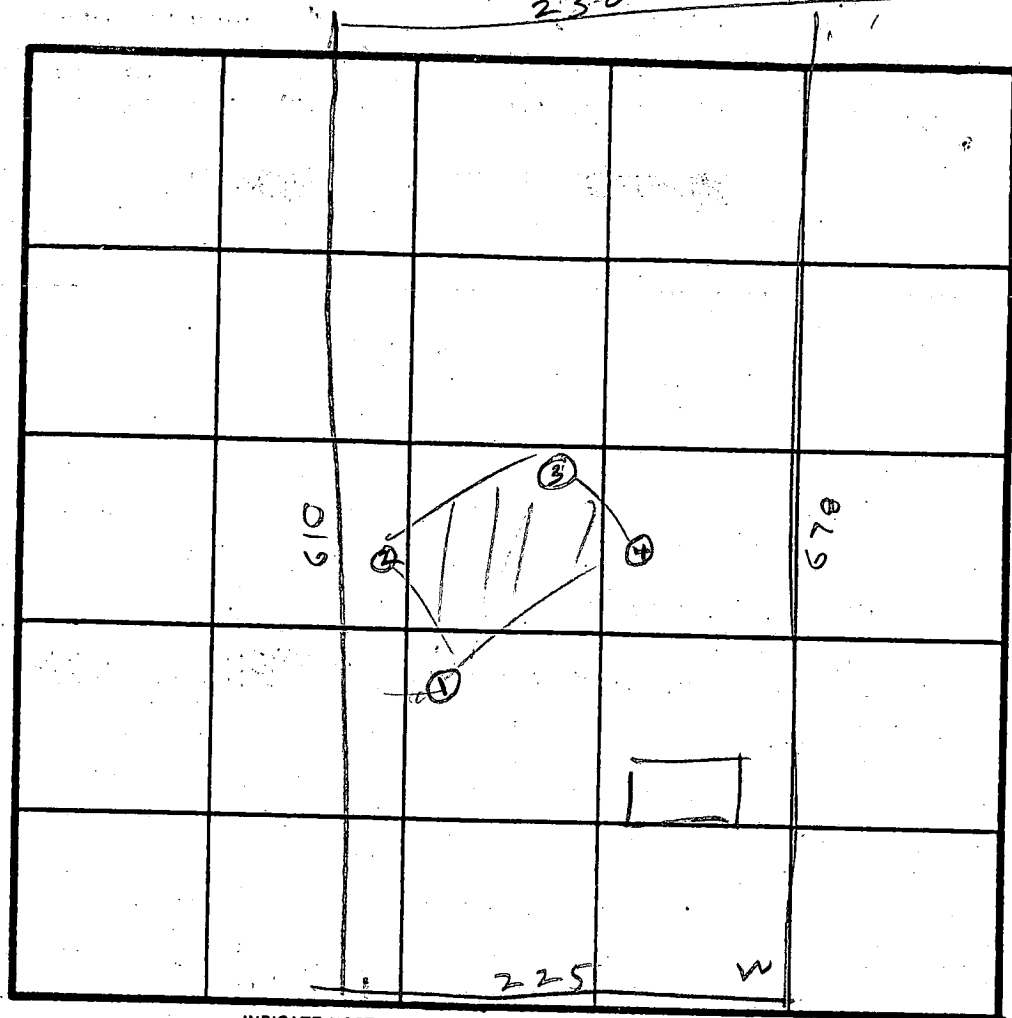
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Lot 16
A 41979

SOIL PROFILE

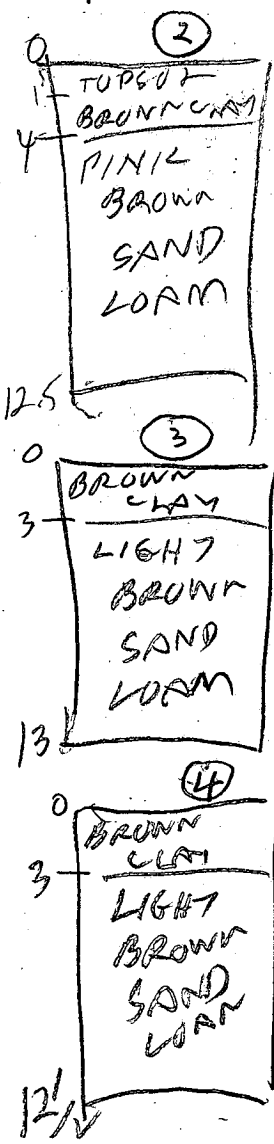


X 5 MIN
180 A
INLET 3'
BOTTOM 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PROPOSED DAM MARK DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/8/88	1 S	5.5	1010	1013	1013	1018	5
	1 D	7.5	1010	1012	1012	1015	3
	1 V	13.5	OK				
	2 S	5.5	1018	1020	1020	1026	6
12/5	2 V	12.5	OK				
	3 S	3	1029	1030	1030	1031	1
	3 V	13	OK				
12/1	4 V	12.5	OK				



REMARKS Holes Dug Per Surveyor Test Plan

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT ROCKY OSKIP OF FROCK

C1 3668

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: A41979

ST/CO USE ONLY DATE Received 04/13/95

DATE WELL COMPLETED 04/11/95

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0414

OWNER: Jacobsen Homes; STREET OR RFD: Danmark Drive; TOWN: Glenwood; SUBDIVISION: Choi Property; SECTION: ; LOT: 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for SAND stone and Gamy mica Rock.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form including diameter and depth fields.

SCREEN RECORD form including screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER) and depth fields.

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

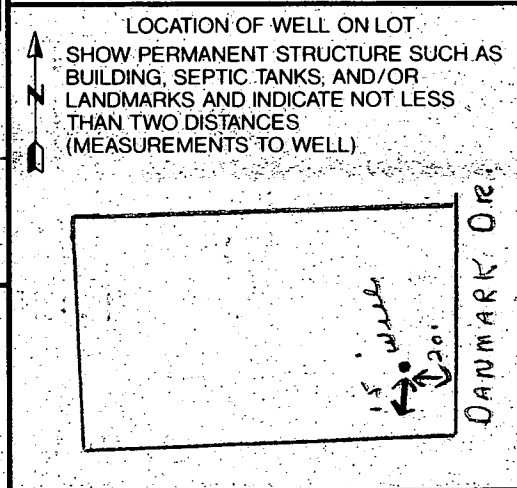
IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: YES (Y) or NO (N).

SCREEN RECORD continuation with depth (nearest ft.) grid and SLOT SIZE, DIAMETER OF SCREEN fields.

PUMP INSTALLED form including DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; E ELECTRIC LOG OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL.

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



DRILLERS IDENT. NO. 24; DRILLERS SIGNATURE (Must match signature on application); SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) including TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3686-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933 1410 3130640

7/14/95
7/28/95
AM

1410 3130648 - Craig Williams

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 9
Date 7/13/95

Name of Installer Ben Lewis, Inc

Telephone 301-428-3800

License Number 11202
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Madison Court Co. Telephone 301-
Subdivision Bridgeway Lot # 16 Well Tag #
Site Address 3312 Danforth Dr., Glenwood, Md.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make
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

Motor
1. Horsepower
2. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make
2. Model #
3. Depth

Tank
1. Capacity
2. Pressure relief valve?

Piping
1. Type
2. Size
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

7/14/95 NOT ~~OK~~
12:10 STARTED
NO ONE PRESENT MR

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: [Signature]

Date: 7/13/95

7/28/95
OK TO COVER
WELL LINK 3-4' BELOW GRAPT
(CW)

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

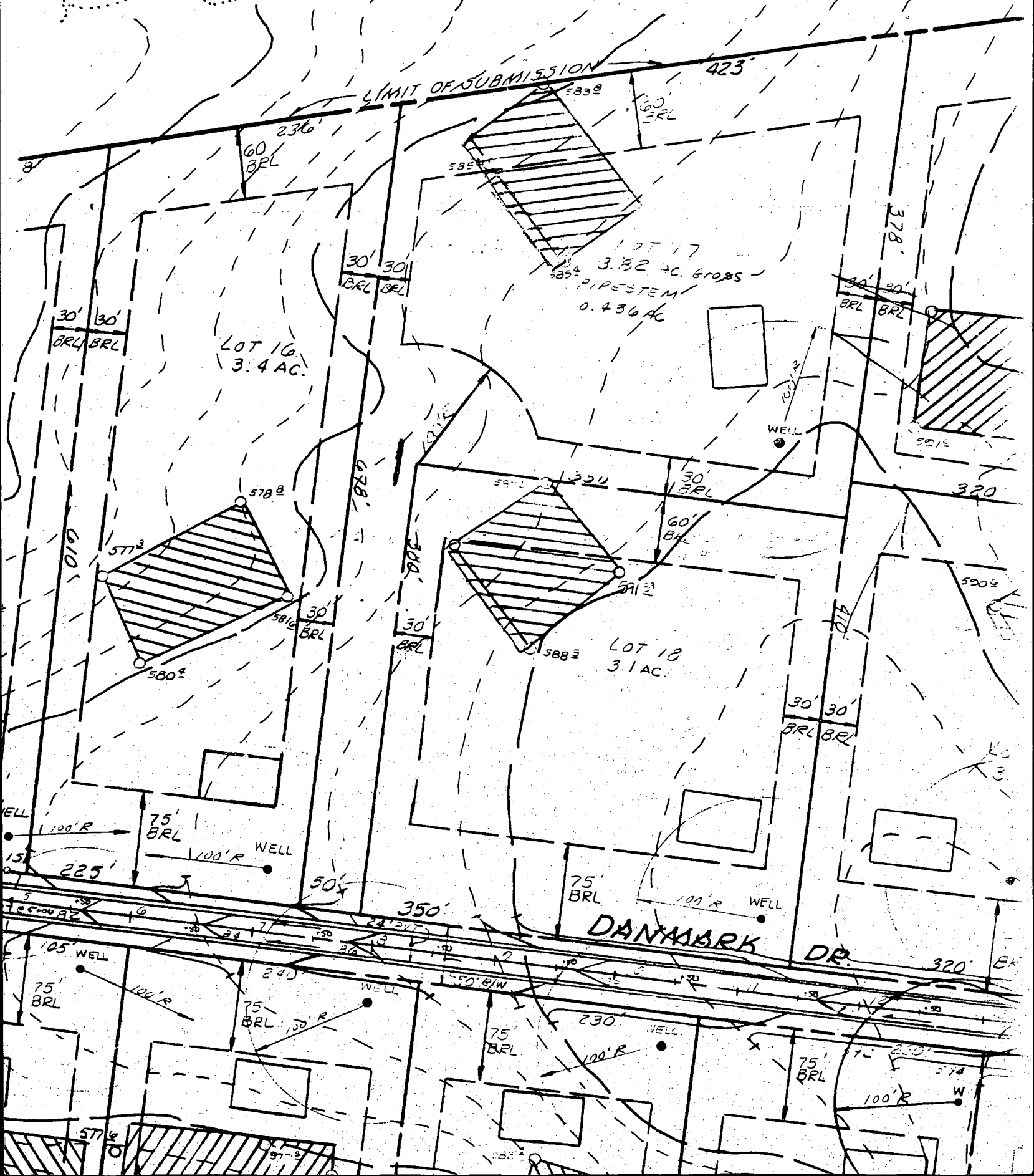
Copy of Signed Prelim

WINDSOR FARM ESTATES

570

580

LIMIT OF SUBMISSION

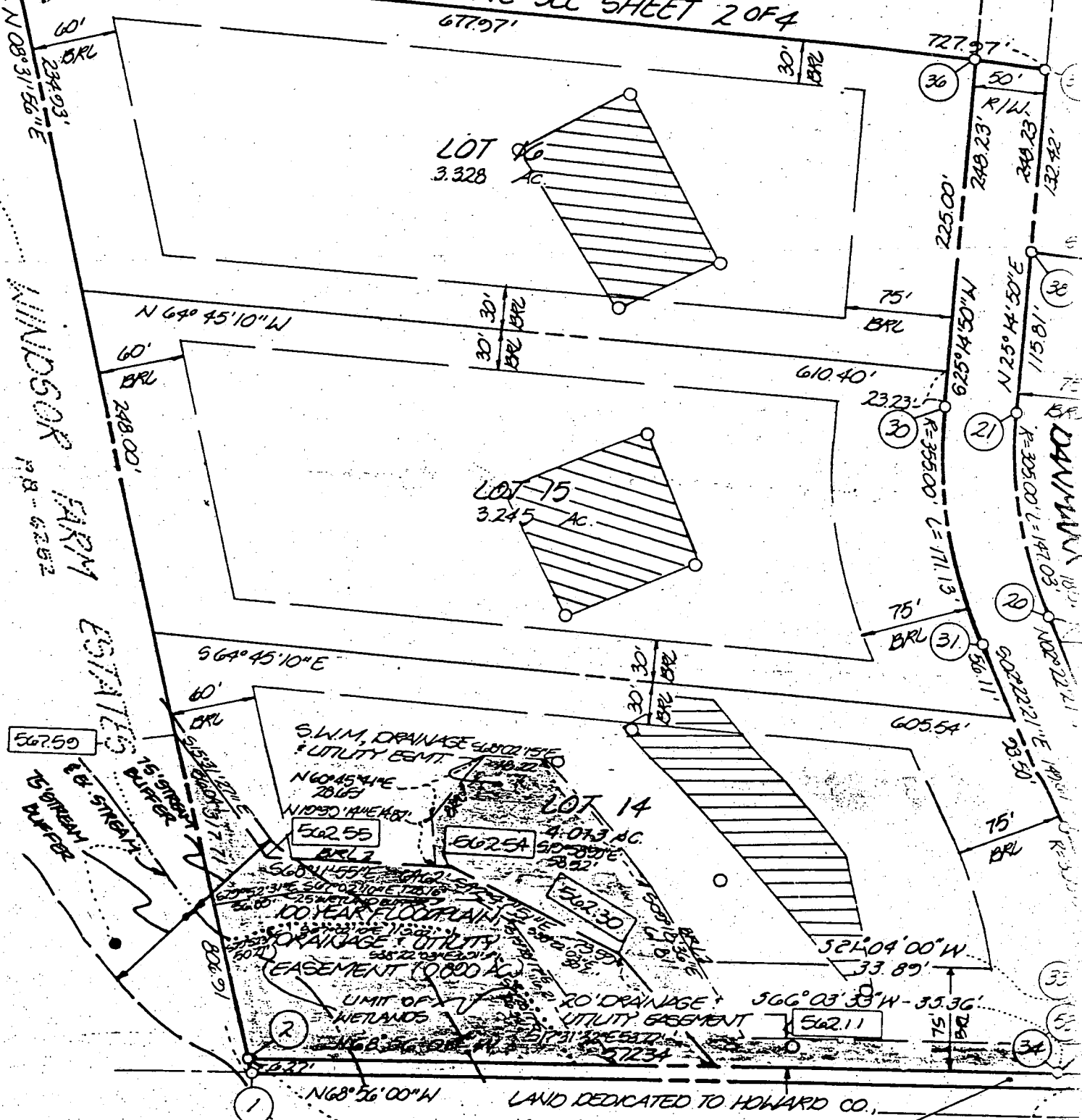


Copy of Signed
Final F-89-
167

8	530,903.405	798,503.866	18	527,687.267	796,876.040	27	530,903.405
9	530,430.269	798,521.607	19	527,829.569	796,899.463	28	530,430.269
10	530,381.004	798,523.483	20	527,979.046	796,893.270	29	530,381.004
						30	530,381.004

LOT 17

MATCH LINE SEE SHEET 2 OF 4



NOTATIONS (TOTAL)

- TO BE RECORDED: 32
- TO BE RECORDED: 102931 AC
- TO BE RECORDED: 4.892 AC
- TO BE RECORDED: NONE
- TO BE RECORDED: 5.080 AC
- TO BE RECORDED: 114.823 AC

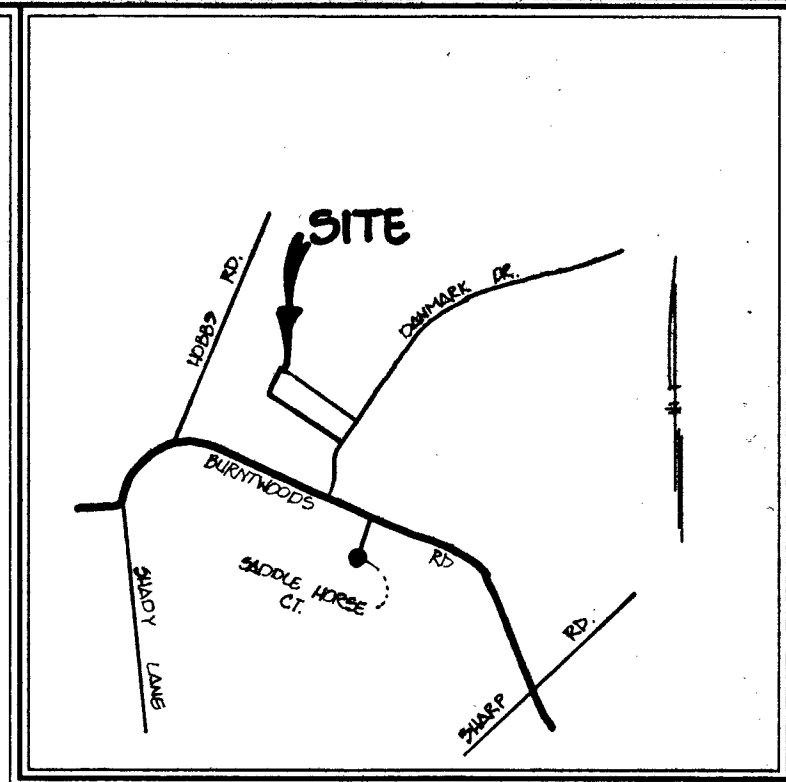
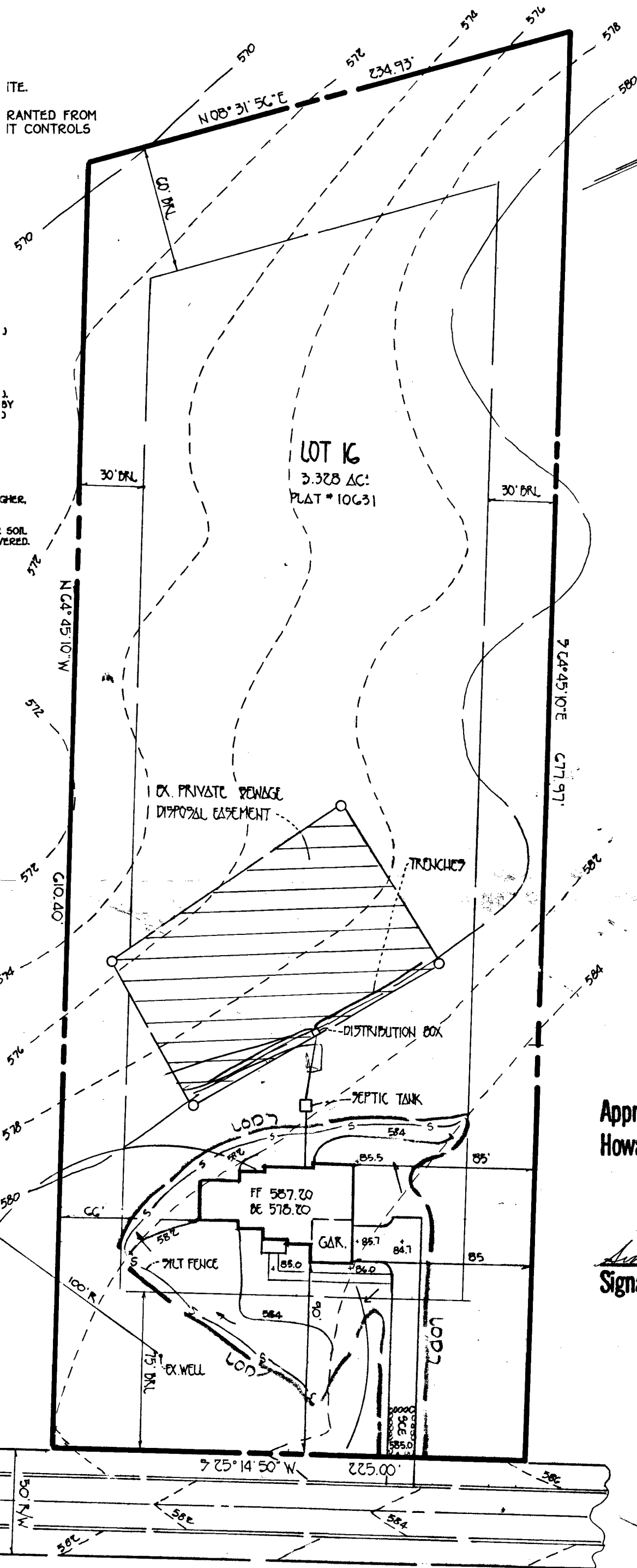
AREA TABULATIONS (THIS SHEET)

- TOTAL NO. OF LOTS TO BE RECORDED: 5
- TOTAL AREA OF LOTS TO BE RECORDED: 18.097 AC
- TOTAL AREA OF ROADWAY TO BE RECORDED INCLUDING WIDENING STRIPS: 1.030 AC
- TOTAL AREA OF OPEN SPACE TO BE RECORDED: NONE
- TOTAL AREA OF FLOODPLAIN TO BE RECORDED: 1.767 AC
- TOTAL AREA OF SUBDIVISION TO BE RECORDED: 19.127 AC

VEHICULAR TRAFFIC
& EXPRESS IS RESTRICTED

BURNT WATER (PUBLIC)

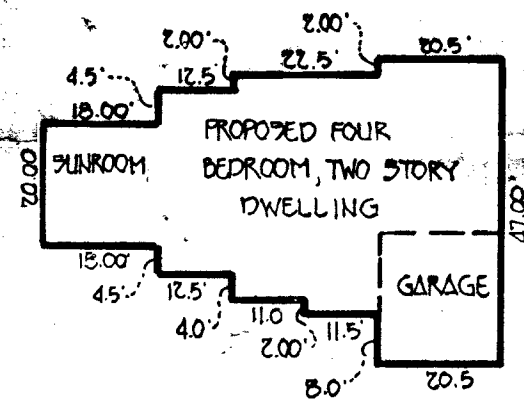
ITE.
RANTED FROM
IT CONTROLS



VICINITY MAP
SCALE: 1"=2000'

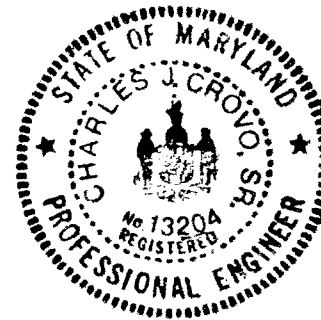
GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 587.20
B. BASEMENT ELEVATION: 578.20
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 578.9
D. INVERT IN AT SEPTIC TANK: 578.0
E. INVERT OUT AT SEPTIC TANK: 577.7
F. PROPOSED GRADE OVER SEPTIC TANK: 587.2
G. INVERT AT DISTRIBUTION BOX: 577.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 580
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



Approved Septic System Plan
Howard County Health Department

James M. Mullen 4-21-95
Signature Date



DANMARK DRIVE

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

CHOI PROPERTY

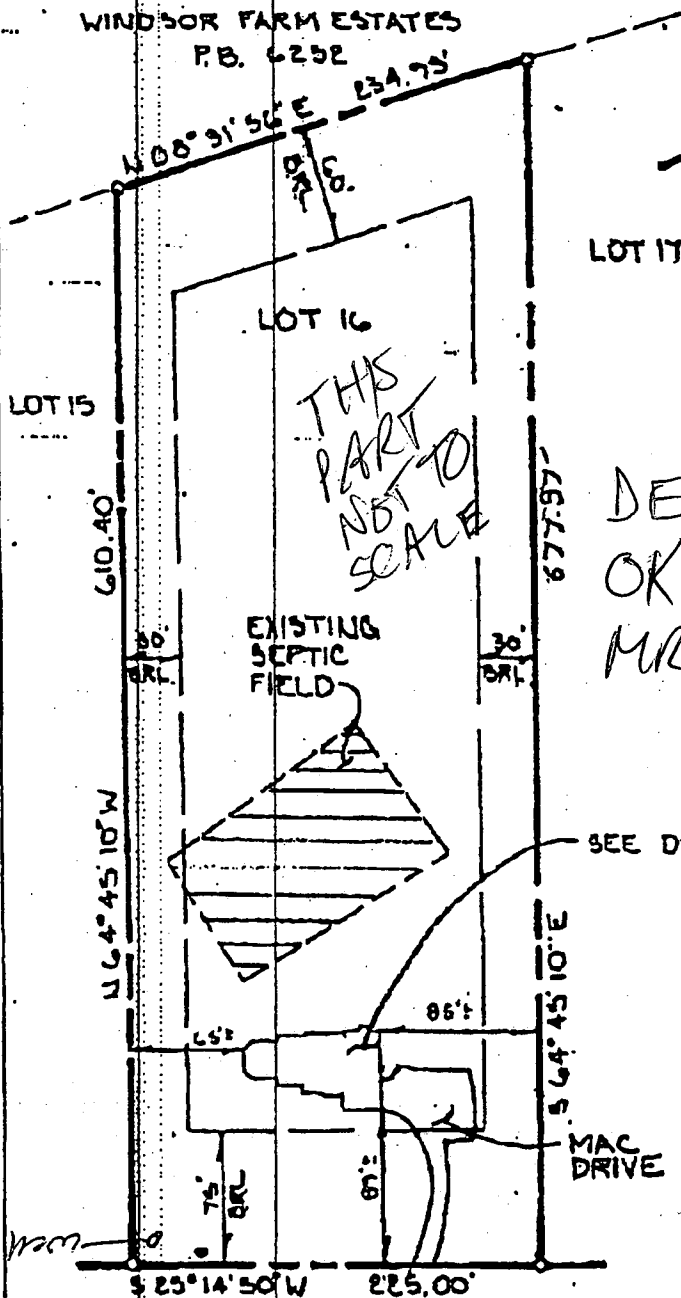
LOT 16

TAX MAP 14 ZONING 'R' PARCEL 106
4TH ELECTION DIST. HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: APRIL 18, 1995

GENERAL NOTES:

1) THIS PLAN IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAN IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAN DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING. 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044001AB, EFFECTIVE DATE: DECEMBER 3, 1984.

WINDSOR FARM ESTATES
P.B. 6252

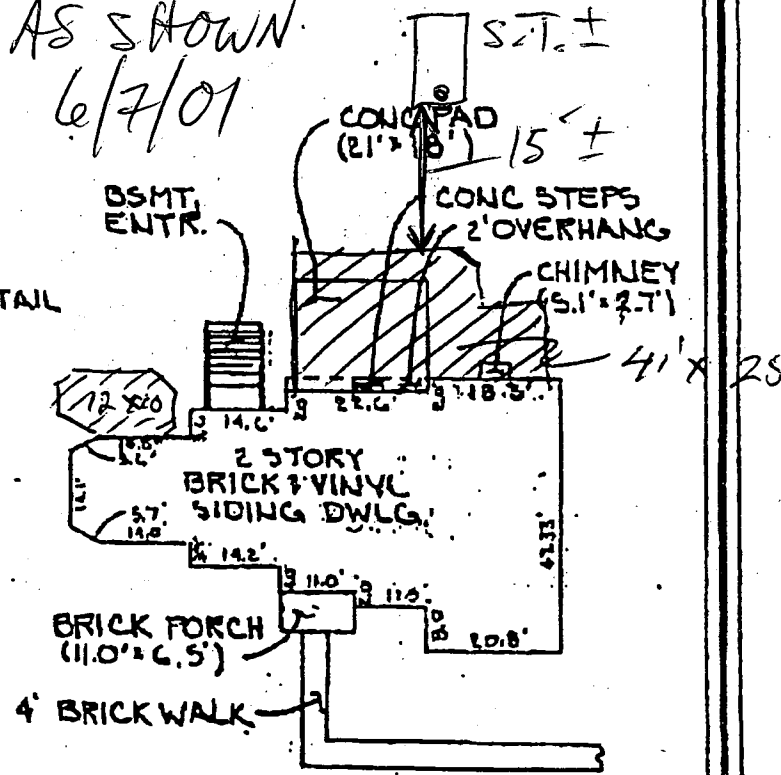


THIS PART NOT TO SCALE

LOT 17

LOT 16
"CHOI PROPERTY"
LOT 1-32
4th ELECTION DISTRICT
HOWARD COUNTY, MD.
PLAT REFERENCE # 10631

DECKS
OK AS SHOWN
MR 6/7/01

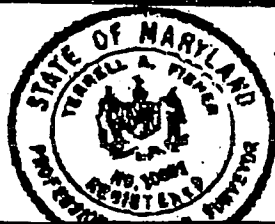


DANMARK DRIVE
(50' RW)

DETAIL
SCALE 1" = 30'

TOP OF FOUNDATION ELEV. ± 586.3 ±
BRL: BUILDING RESTRICTION LINE

3372 DANMARK DRIVE



Building Address 5372 Danmark Dr
Glenwood MD 21738

Property Owner's Name ADNAN KHAN
 Address 3372 DANMARK DR.
 City GLENWOOD State MD Zip Code 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision Choi
 Home Phone (301)490-5998 Work Phone 301 543-2100
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 16
 Tax Map 14 Parcel 106 Grid 24
 Zoning RR Map Coordinates 9E7 Lot size _____
 Phone _____ Fax 301 498-6739

Existing Use _____
 Proposed Use 5th floor w/ deck
 Estimated Construction Cost \$ 2700
 Description of Work add 2nd floor & ramp
has 41 x 25 and 12 x 10 of 5' x 7'
irregularly irregular

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input 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	Utilities 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THERE TO; (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 Adnan Khan Print Name ADNAN KHAN
 Title/Company _____ Date 6/7/01

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"/>	4967 Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>50</u> Balance due \$ _____ Check # _____ Validation # <u>39312</u>
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official	<u>6/7/01</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ			Lot Coverage for New Town Zone _____	
Health	<u>6/7/01</u>	<u>[Signature]</u>	SDP/Red-line approval date _____	Accepted by <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"/>				