

4/31/97 10:00 AM
4:00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58017C

A 42628

DISTRICT 4th

DATE 3-11-97

DATE SYSTEM APPROVED 4-4-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

313-2640

INDEXED

357132

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 795-7873

SUBDIVISION Warfield Grant

LOT 21

ROAD 16032 Field's End Court

PROPERTY OWNER

Trinity Custom Homes Inc. NICHOLAS NUCCI

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 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe. 70 65

LOCATION - Place distribution box 180 feet up the left (323.99') lot line and 70 feet off that same lot line as seen when facing the lot from Field's End Court. 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 KM 3/3/97

PLANS APPROVED BY Amy McMillen/Mark Rifkin

DATE 02/26/97

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

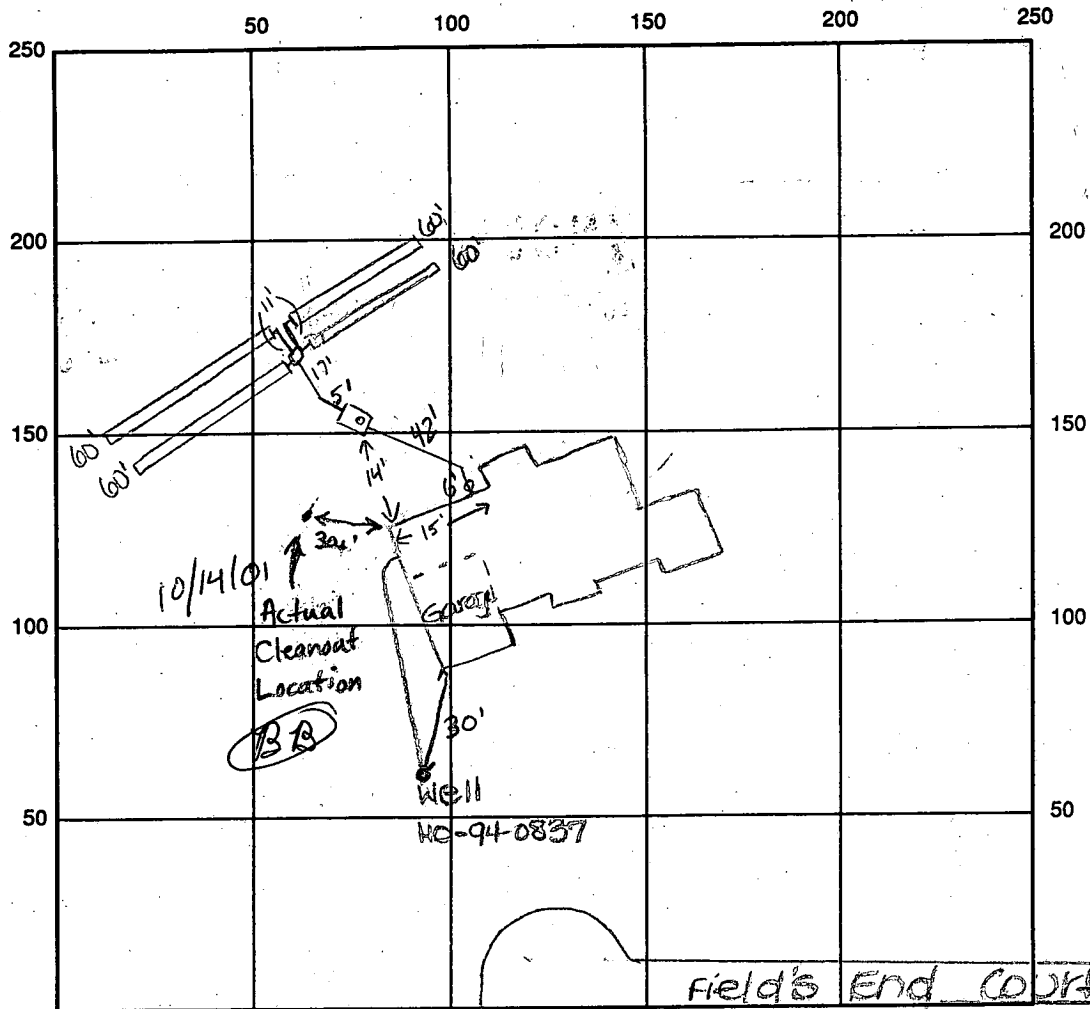
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 10/10/01
B00132737. Deck

A 42628



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank, 1 at house
 DISTRIBUTION BOX LEVEL OK, baffle in
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 4x60 FT. → 240
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 4/3/97 OK to move dist. box 15' off original location,
in order to run 4-60' trenches. DKS
4/3/97 P.M. OK to cover all work KM

4/3/97 WPI - P.A., well line 3'10" below grade. casing
1" above grade. 2-pc cap installed. OK to cover. DKS

DATE SYSTEM APPROVED 4/3/97 INSPECTOR Kimberly Maisto

APPLICATION

PERCOLATION TESTING

A 42629

P _____

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

DISTRICT 4TH

8-05-88 DATE _____

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 Mr. Robert M. Warfield (Trinity Custom Homes, Inc)

ADDRESS 2425 Daisy Road, Woodbine, Md. 21797 PHONE _____

PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, Md. PHONE 854-6797

PROPERTY LOCATION:

SUBDIVISION Warfields Grant LOT NO. 25 ²¹

ROAD AND DESCRIPTION West Side Daisy Road (16032 Fields End Court)

TAX MAP 13 PARCEL # 128

SIZE OF LOT 3 acres TYPE BLDG. SFD - 4Bdw
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 7/26/87
Serial # 67183956
SFD - 4Bdw

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.

Philip A. Mangly
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-26-88 Perc SATISFACTORY - Hold for PLAT. Sew

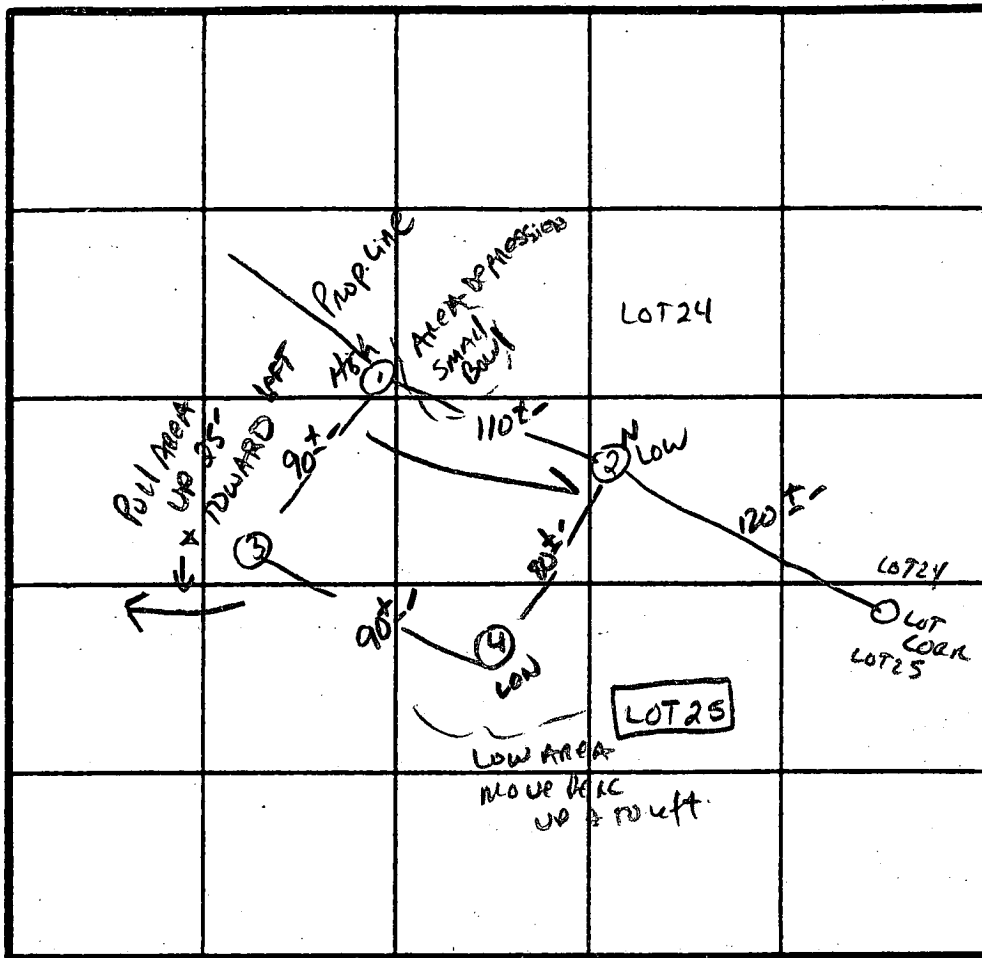
HD-216

THIS IS NOT A PERMIT

A-42629

SOIL PROFILE

| | |
|-----|---|
| 0" | AD |
| 6" | Yellow Br Silty loam (Clayey) 10-15% Frmp |
| 35" | Yellow Br Silty loam 15-25% Frmp |
| 12" | |



X Perc
5min
180° BR
Inlet 3"
Bottom 5.0"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Rd.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|-------|--------------------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 10/26/88 | 1S | 4" | 10:53 | 10:55 | 10:55 | 10:59 | 4min |
| | 1M | 8" | 10:55 | 10:56 | 10:56 | 10:59 | 3min |
| | 1V | 12" | As Profiled | | | | |
| | 2S | 4" | 11:03 | 11:08 | 11:08 | 11:15 | 7min |
| | 2V | 12" | Similar to Profile | | | | |
| | 3S | 4" | 11:07 | 11:09 | 11:09 | 11:13 | 4min |
| | 3V | 12" | Similar to Profile | | | | |
| | 4S | 4" | 11:05 | 11:11 | 11:11 | 11:17 | 6min |
| | 4V | 12" | Similar to Profile | | | | |
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REMARKS DIFF THAN PLAT - SHALLOW SYST ONLY LANDSCAPE POSITION

TYPE OF SOIL Glenelg

TESTED BY S. Abel

ALSO PRESENT Wm. Andrews Philm. R. C. Snel

APPLICATION

PERCOLATION TESTING

A 42628

P _____

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

~~4TH~~ DISTRICT

4TH

8-05-88 DATE

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 Mr. Robert M. Warfield

ADDRESS 2425 Daisy Road, Woodbine, Md. 21797 PHONE _____

PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, Md. PHONE 854-6797

PROPERTY LOCATION:

SUBDIVISION Warfields Grant

LOT NO. 24-21

ROAD AND DESCRIPTION West Side Daisy Road

TAX MAP 13 PARCEL # 128

SIZE OF LOT 3 acres

SFD
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.

Philip R. Marglitz
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-26-88 Perc Satisfactory - Hold for Perc. Sample

HD-216

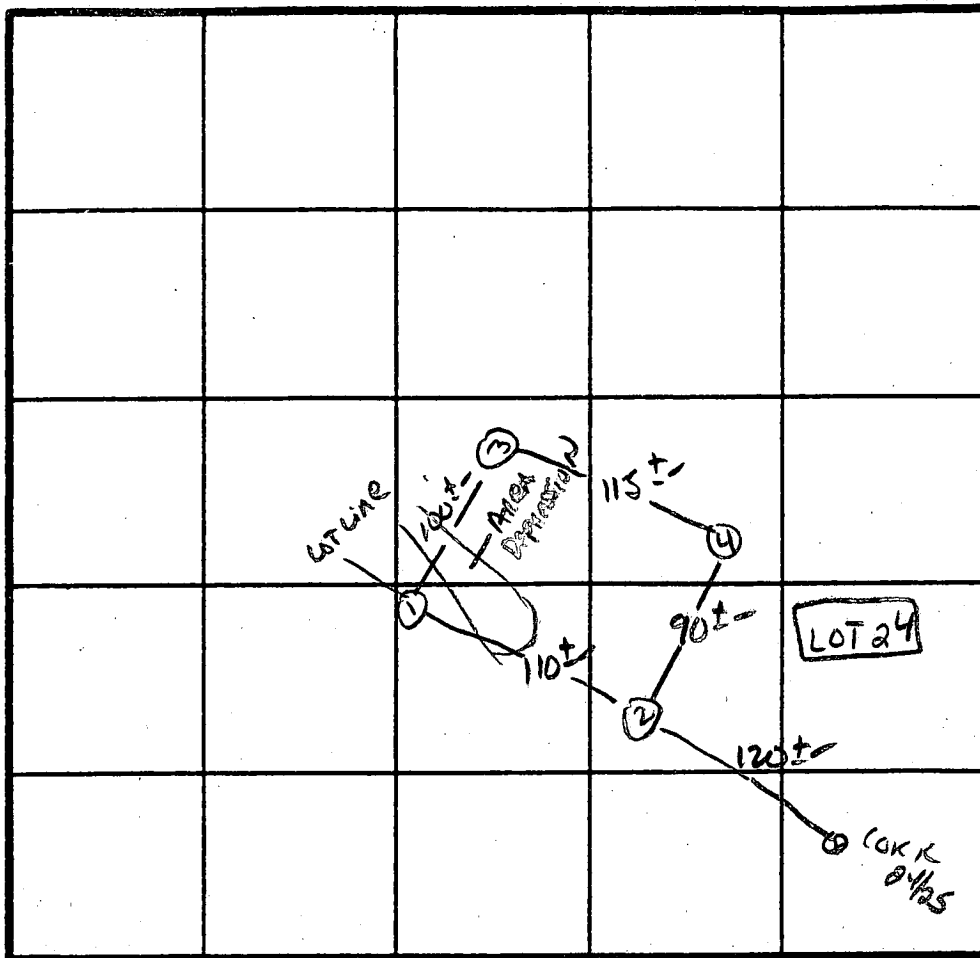
THIS IS NOT A PERMIT

P.206 3

A 42628

SOIL PROFILE

| | |
|------|---|
| 0' | AP |
| 6' | yellow Br Silty loam (clayey) 10-15% FRAP |
| 3v8' | yellow Br Silty loam 15-25% FRAP |
| 12' | |



x Perc
6 min
180 @ 10R
INLET 3.5
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DAISY Rd.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|-------|--------------------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 10/26/88 | 1S | 4" | 10:53 | 11:55 | 11:55 | 11:59 | 4min |
| | 1M | 8" | 10:55 | 11:56 | 11:56 | 11:59 | 3min |
| | 1V | 12" | As profiled | | | | |
| | 2S | 4" | 11:03 | 11:08 | 11:08 | 11:15 | 7min |
| | 2V | 12" | similar to profile | | | | |
| | 3S | 4" | 10:54 | 11:05 | 11:05 | 11:18 | 13min |
| | 3V | 12" | similar to profile | | | | |
| | 4S | 4" | 10:57 | 10:59 | 10:59 | 11:04 | 3min |
| | 4V | 12" | similar to profile | | | | |
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REMARKS Holes Different than plan - LANDSCAPE POSITION shallow only

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT Phil M. Andrews

Ruby. C. Gissel

C1 7943 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 42628

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

ST/CO USE ONLY DATE Received [] DATE WELL COMPLETED 020697 Depth of Well 300 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0837

OWNER Trinity Custom Homes last-name Fields first-name End ct TOWN DAISY SUBDIVISION Warfields Grant SECTION 2 LOT 21

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD yes (Y) no (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 304 ft.

CASING RECORD casing types insert appropriate code below (PL) MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below (HO) STEEL (BR) BRASS BRONZE (PL) PLASTIC (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes (Y) no (N)

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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116 John Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 117 Ralph E. Wayne

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

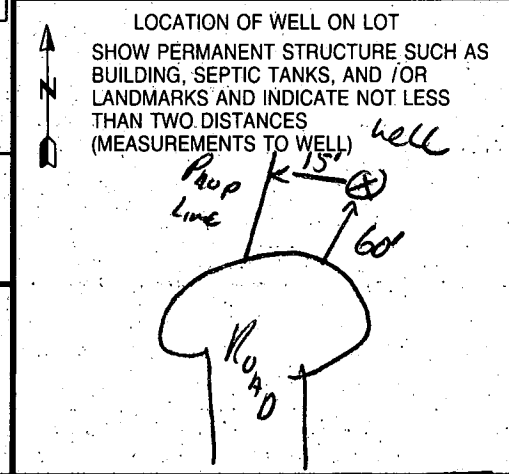
DEPTH (nearest ft.) HO 83 300

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

MDE 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

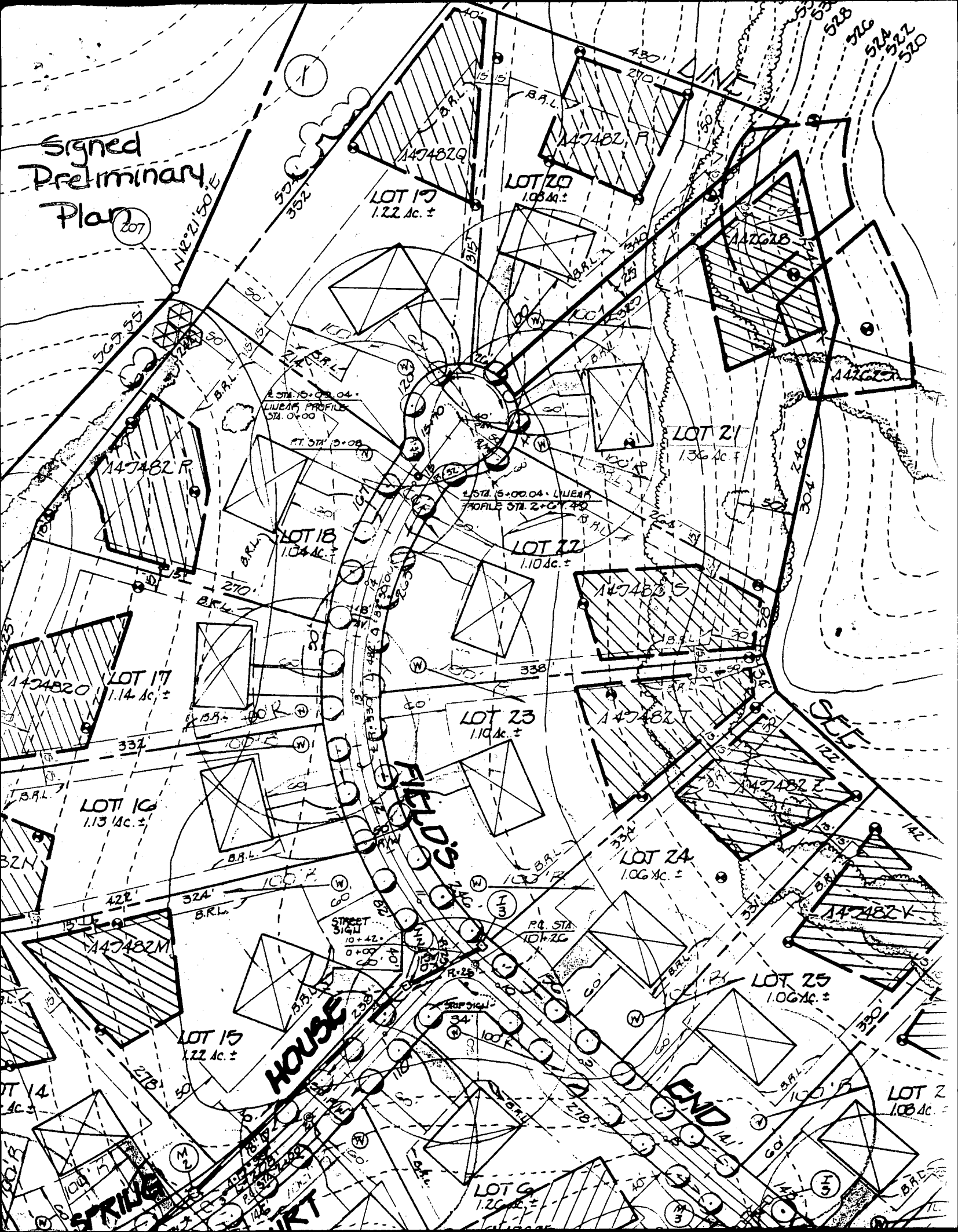
PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 175 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below LAND SURFACE 2 (nearest foot)



Signed Preliminary Plan

207



LOT 19
1.22 Ac. ±

LOT 20
1.08 Ac. ±

LOT 21
1.36 Ac. ±

LOT 18
1.04 Ac. ±

LOT 22
1.10 Ac. ±

LOT 17
1.14 Ac. ±

LOT 23
1.10 Ac. ±

LOT 16
1.13 Ac. ±

LOT 24
1.06 Ac. ±

LOT 15
1.22 Ac. ±

LOT 25
1.06 Ac. ±

LOT 14
1.08 Ac. ±

LOT 6
1.26 Ac. ±

LOT 2
1.08 Ac. ±

FIELD'S HOUSE

END

STRIP

STREET

ST. 16+00.04
LINEAR PROFILE
STA. 0+00

ST. 15+00.04
LINEAR PROFILE
STA. 2+00.00

STREET
10+42.0
0+00
60.04

P.C. STA
10+72.0

STOP SIGN
54
100 F.

SEE

B.R.L.

(3)

(3)

(3)

(3)

(2)

(2)

528

526

524

522

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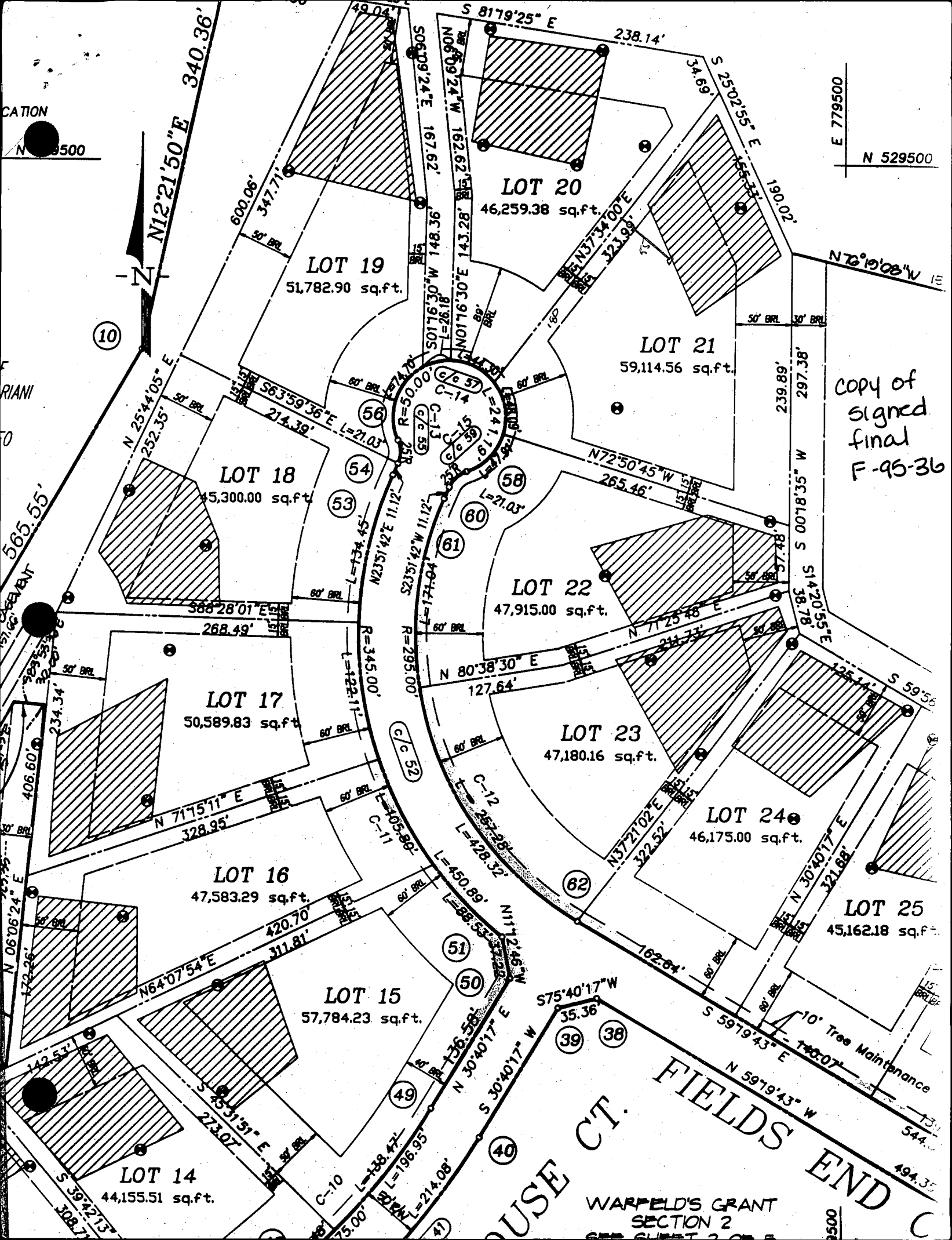
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CATION
N 9500

E 77950
N 52950



10

LOT 19
51,782.90 sq.ft.

LOT 20
46,259.38 sq.ft.

LOT 21
59,114.56 sq.ft.

LOT 18
45,300.00 sq.ft.

LOT 22
47,915.00 sq.ft.

LOT 23
47,180.16 sq.ft.

LOT 17
50,589.83 sq.ft.

LOT 24
46,175.00 sq.ft.

LOT 16
47,583.29 sq.ft.

LOT 25
45,162.18 sq.ft.

LOT 15
57,784.23 sq.ft.

LOT 14
44,155.51 sq.ft.

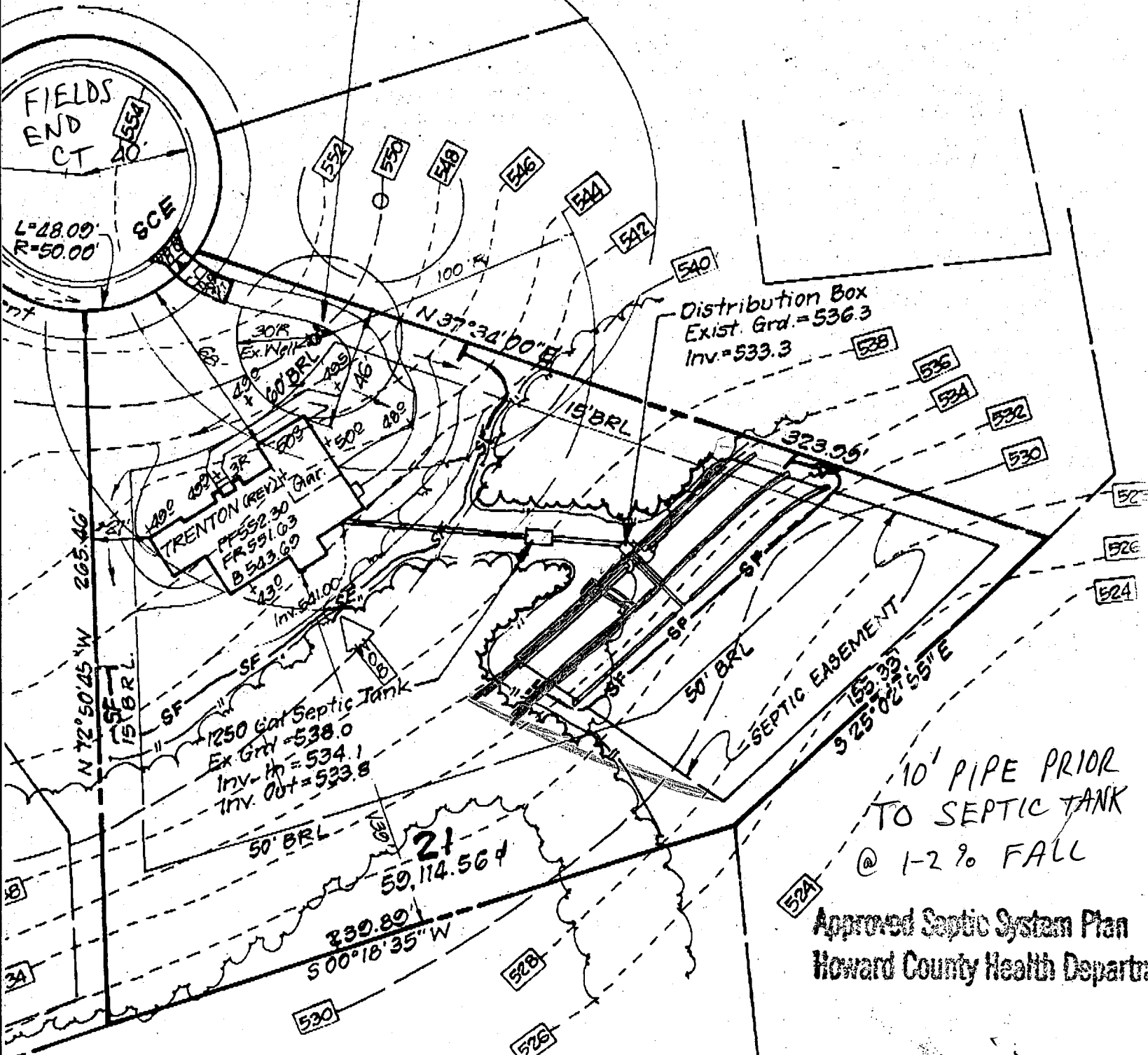
COPY of
signed
final
F-95-36

HOUSE CT.
FIELDS END C
WARFIELD'S GRANT
SECTION 2

9500

WELL PROTECTION

2 STEEL BOLLARDS
2' Min. or Height of Well
Cap whichever is greater
With landscaping.



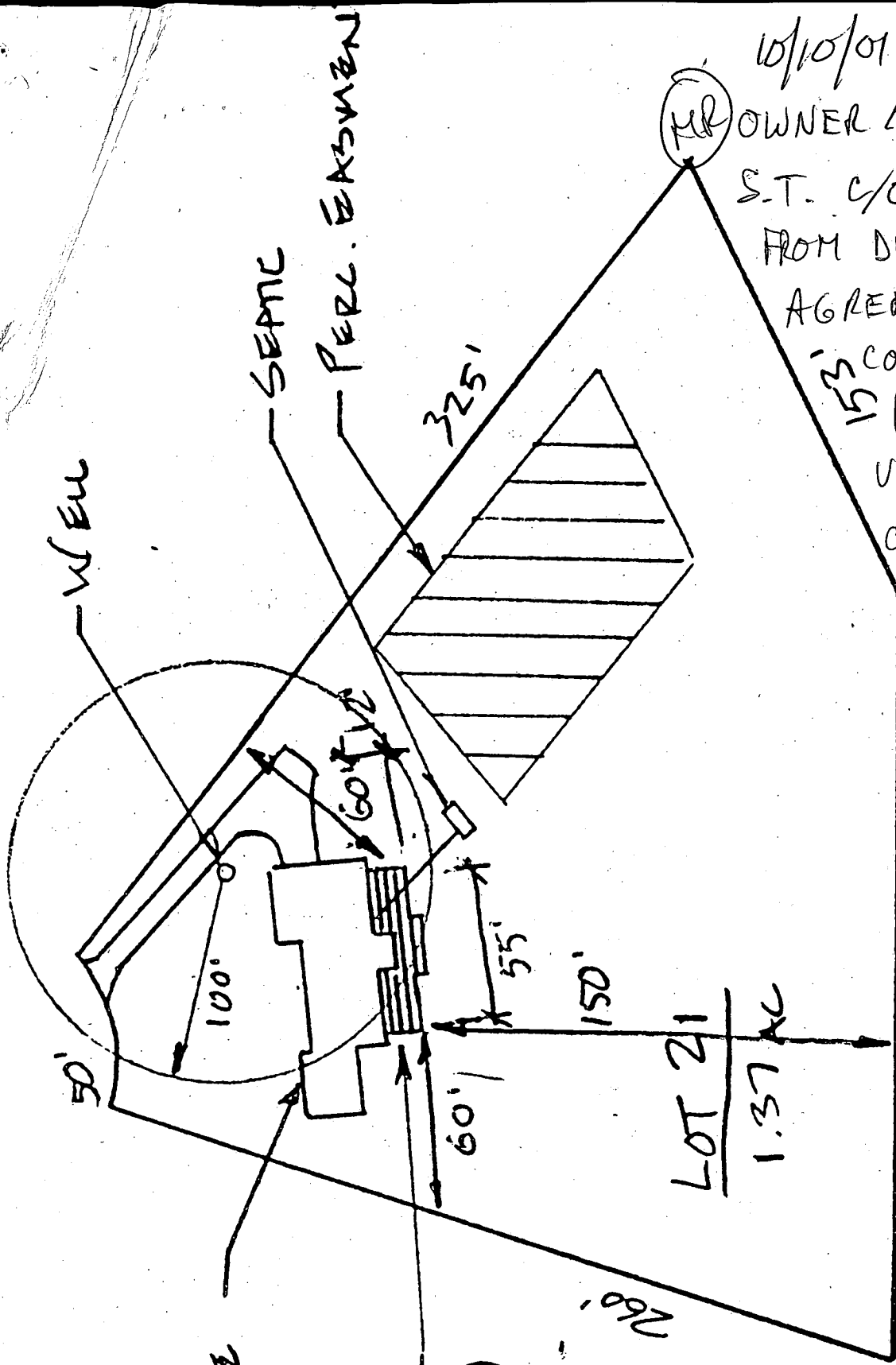
10' PIPE PRIOR
TO SEPTIC TANK
@ 1-2% FALL

Approved Septic System Plan
Howard County Health Department

Mark E. Ruffin 2/26/97
Signature

10/10/01 SEPTIC RECORD SAYS
S.T. IS 14' FROM HSE;

OWNER ASSERTS
S.T. C/O ~20'
FROM DECK COR;
AGREED TO BP SIG
15' CONTINGENT ON
INSP TO
VERIFY SEPARATION;
OWNER AGREES
TO S.T.
ADJUSTMENT
IF NEEDED



NWN
10/10/01

10/14/01

Deck
Location
O.K.

BB

HOUSE

PROPOSED
DECK
(55' x 12')

PERC. EXAMEN
260'

STEPS TO
GRADE:

Building/Address 16032 FIELDS END CT.
WOODBINE, MD 21797

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

Census Tract 6040 Subdivision Worfield Grant

Section _____ Area _____ Lot 21

Tax Map 13 Parcel 128 Grid 24

Zoning R40EO Map Coordinates 8E6 Lot size _____

Property Owner's Name Nicholas J. Nucci

Address 16032 FIELDS END CT.

City WOODBINE State MD Zip Code 21797

Home Phone 410-442-1961 Work Phone 410-536-4000

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

Phone _____ Fax _____

Existing Use RESIDENCE (SINGLE FAMILY HOME)

Proposed Use RESIDENCE (SAME WITH DECK)

Estimated Construction Cost \$ 6000.00

Description of Work ELEVATED DECK ON THE BACK OF EXISTING BUILDING. FOOTING HAVE BEEN INSTALLED UNDER A SEPARATE PERMIT

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Nicholas J. Nucci 300132737

Contact Name Nicholas J. Nucci

Address 16032 FIELDS END CT.

City WOODBINE State MD Zip Code 21797

Phone 410-442-1961 Fax 410-536-4007

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| 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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: _____ 2nd floor: _____ Basement: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| State Certified Modular _____ 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 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 Nicholas J. Nucci

Title/Company OWNER

Print Name Nicholas J. Nucci

Date 10/10/01

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# |
|--|-----------------|----------------------------|--|--|
| <input checked="" type="checkbox"/> Land Development, DPZ | | | Front: _____ Rear: _____ Side: _____ Side St: _____ | <u>28097</u> |
| <input checked="" type="checkbox"/> Building Official | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Filing fee \$ _____ Permit fee \$ <u>50</u> Excise tax \$ _____ Add'l per. fee \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ <u>50</u> Sub-total paid \$ _____ Balance due \$ _____ |
| <input checked="" type="checkbox"/> Health | <u>10/10/01</u> | <u>Mark R. [Signature]</u> | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>604</u> Validation # <u>43000</u> |
| Fire Protection | | | Lot Coverage for New Town Zone _____ | |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Accepted by <u>[Signature]</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | | |
| ONE STOP SHOP: <input type="checkbox"/> | | | | |
| Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | | |