

Tax # 04353420  
**PERMIT**

**SEWAGE DISPOSAL SYSTEM**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

P 50153

A 42750

DISTRICT 4th

DATE 7/4/94

DATE SYSTEM APPROVED 7/15/94

INSPECTOR C.B.S.

**HOWARD COUNTY HEALTH DEPARTMENT**

**BUREAU OF ENVIRONMENTAL HEALTH**

~~XXXX999X~~ 313-2640

INDEXED

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 7110 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Chessie Crossing LOT 7 ROAD 737 Chessie Crossing Way

PROPERTY OWNER Mary & Pete Rolsen Carl Brown

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

*Addition - Porch*  
**BLDG. PERMIT SIGNED**  
**AND RETURNED 9-5-95**  
*Serial # 61529*

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 160 feet down the left lot line and 125 feet from the left lot line as seen when facing the lot from Chessie Crossing Way. Run the trenches toward the left side of the lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/20/94 DKS

PLANS APPROVED BY Raymond Hodges/Mark Rifkin REVISED DATE 05/10/94

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)

**BLDG. PERMIT SIGNED**  
**AND RETURNED 5/24/01**

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

*B00130449 Feb. Permit*  
*3/26/2004 B00147061 INGROUND POOL*

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

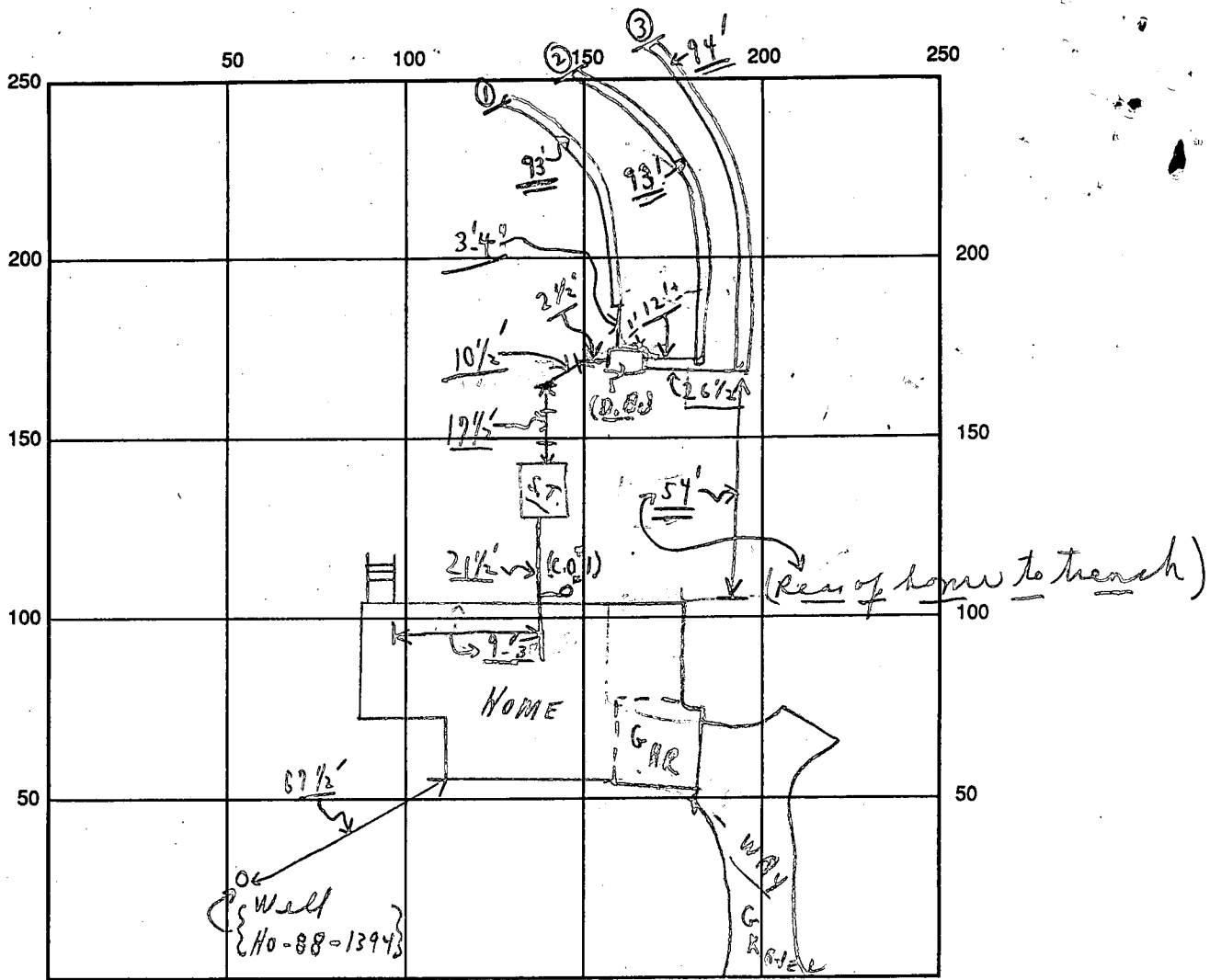
PERMIT VOID AFTER TWO YEARS

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**

A 42750



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS S.T. / C.O.#1 at well

DISTRIBUTION BOX LEVEL OK (Baffle in)

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 [093' @ 93' @ 94'] FT. = (280)

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 840<sup>+</sup> SQ. FT.

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

ABSORBENT AREA 840<sup>+</sup> SQ. FT.

REMARKS: 7/15/94 (P.M.) (1) stop - Final op to cover as  
finish - material on site for last trench, etc.

7/15 NO W.P.I. CRD

DATE SYSTEM APPROVED 7/15/94 INSPECTOR Charles Bryan Street

# APPLICATION

SEWAGE DISPOSAL TESTING

A 42750

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P O BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 992-2330

DATE August 2, 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 Paul V. & Bong Cha Broseenne Mary + Peto ROSEN

ADDRESS 694 Morgan Station Road Woodbine, MD 21797 PHONE 489-4052 410-338-6612

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671  
SE Corner of 3425 Hipsley Mill Rd. Woodbine, MD 21797

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. Final 7

ROAD AND DESCRIPTION New Road = Road A, Tax Map 3, Parcel 4

(1737 Chessie Crossing Way)

SIZE OF LOT 3 acres +/- TYPE BLDG. single family residence  
(NUMBER OF BEDROOMS)

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.

James L Newburn (997-3815)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
James L. Newburn Agent for Lambert Cissel

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

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

REASONS FOR REJECTION OR HOLDING 1/14/88 - Parc OK held for Plat

BLDG. PERMIT SIGNED

AND RETURNED 5/10/94

Serial #53793  
SFD-4Bm

# THIS IS NOT A PERMIT



C1 **1632** SEQUENCE NO. (DENV USE ONLY)  
 (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 **A42750**

ST/CO USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED  
**07/17/90**

Depth of Well  
**185**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-88-1394**

OWNER **C-N PARTNER SHIP**  
 STREET OR RFD **CHASSIE CROSSING WAY** last name first name TOWN **WOODBINE**  
 SUBDIVISION **CHASSIE CROSSING** SECTION LOT **7**

**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	
Brown Shale	0	55	
Blue Rock	55	185	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
 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 **43** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**ST** **1** **100**

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

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>HO</b>	<b>185</b>
2		
3		

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **35**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

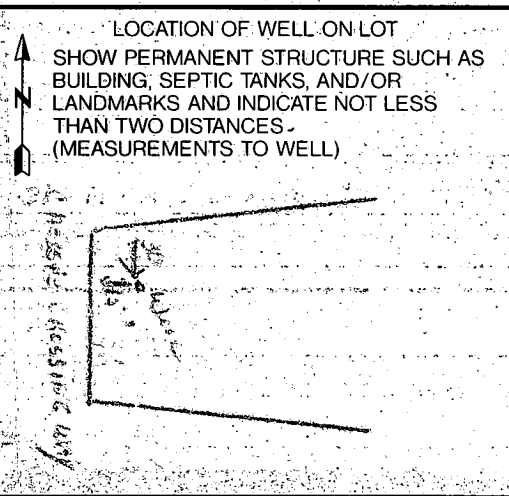
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 (CIRCLE) (YES or NO)  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **O**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31**  
 PUMP HORSE POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below  
 LAND SURFACE (nearest foot) **37**

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. **238**  
 DRILLERS SIGNATURE *Donna L. Wagner*  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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



B 1 **3718** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

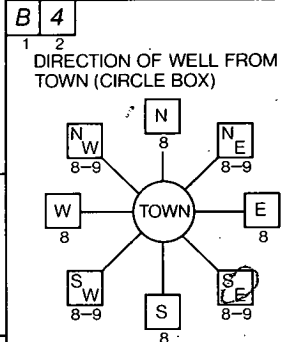
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-82-1994**  
 fill in this form completely

Date Received (APA) **022290**  
 OWNER INFORMATION  
**C-W PARTNERSHIP**  
 15 Last Name Owner First Name 34  
**5570STERRETT PLACE**  
 36 Street or RFD 55  
**COLUMBIA** **MD21044**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
**CHASSIE CROSSING**  
 23 SUBDIVISION 42  
 SECTION  44  46 LOT **7**  
 48 50  
**WOODBINE**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1 3/4** **MI**  
 73 76 77 78

DRILLER INFORMATION  
**Joseph P. Wayne** **238**  
 Driller's Name 77 License No. 80  
**Joseph P. Wayne WELL DRILLING**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Address  
**Joseph P. Wayne** **2/20/90**  
 Signature Date



**Chassie Crossing Way**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  N  NE  E  SE  S  SW  W  NW  
 34 **25** 37  
 DISTANCE FROM ROAD  
 ENTER FT or MI **FT**  
 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

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** **A42750**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **060990** **Reverend Hodge** **12/08/90**  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **553000** EAST GRID **0795000**  
 50 55 57 63

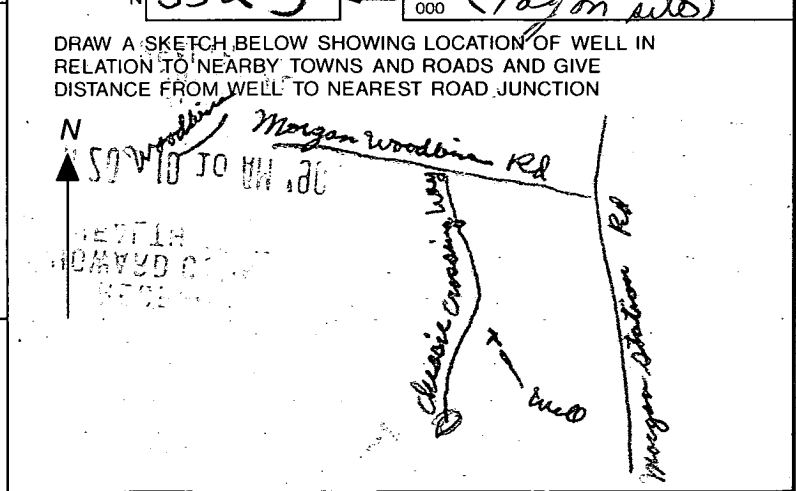
APPROXIMATE DEPTH OF WELL **240** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary DRIVE-POINT  
 other \_\_\_\_\_

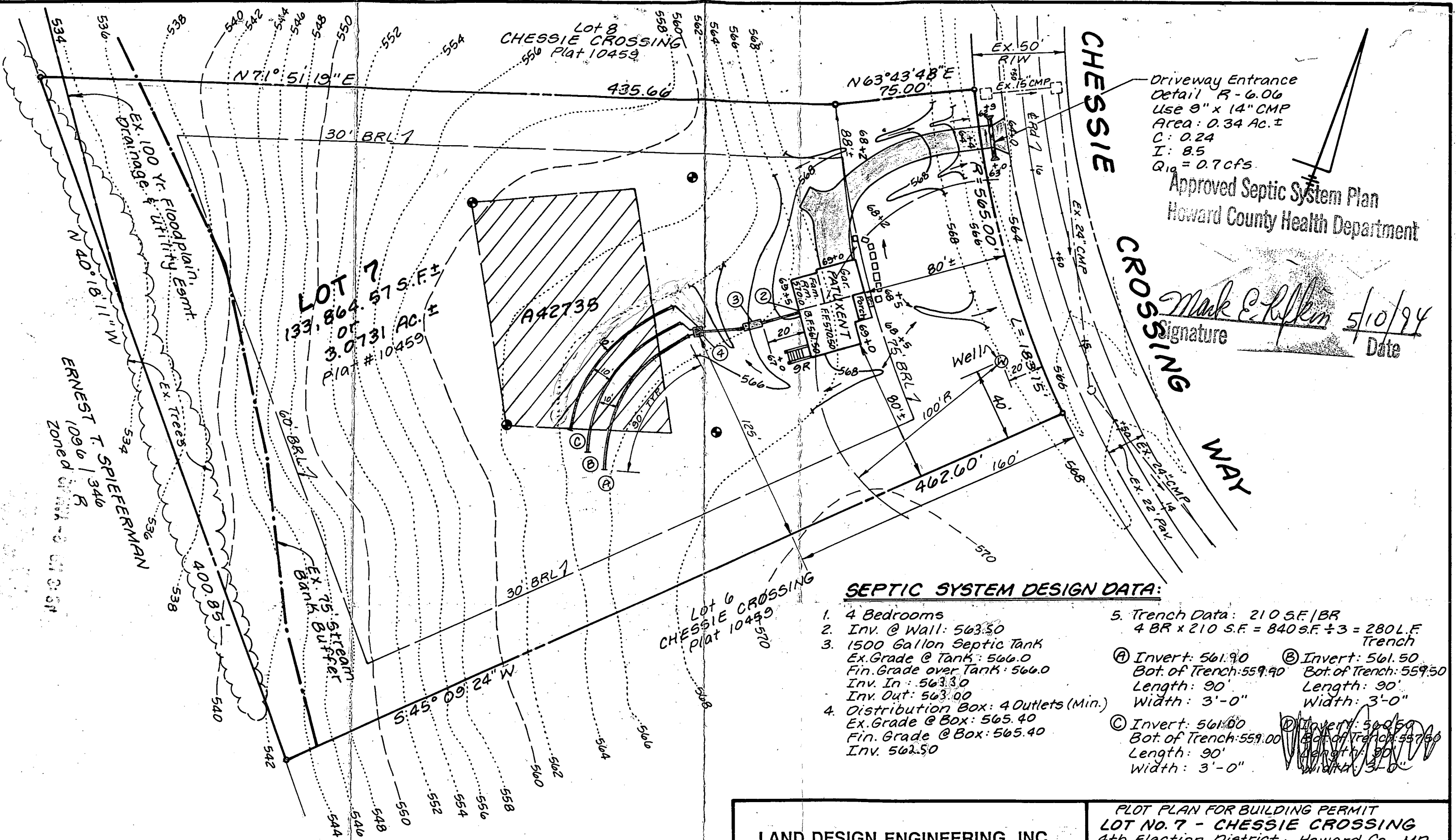
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **WELL**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **7825**  
 N **5523**  
 000 000  
 (Tagon site)

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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **KH** WRITE INITIALS IN BOX PERMIT No. **HO-82-1394**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



Driveway Entrance  
 Detail R-6.06  
 Use 9" x 14" CMP  
 Area: 0.34 AC. ±  
 C: 0.24  
 I: 8.5  
 Q<sub>10</sub> = 0.7 cfs

Approved Septic System Plan  
 Howard County Health Department

Mark E. Ruffkin 5/10/94  
 Signature Date

**SEPTIC SYSTEM DESIGN DATA:**

- 4 Bedrooms
  - Inv. @ Wall: 563.50
  - 1500 Gallon Septic Tank  
 Ex. Grade @ Tank: 566.0  
 Fin. Grade over Tank: 566.0  
 Inv. In: 563.30  
 Inv. Out: 563.00
  - Distribution Box: 4 Outlets (Min.)  
 Ex. Grade @ Box: 565.40  
 Fin. Grade @ Box: 565.40  
 Inv. 562.50
  - Trench Data: 210 S.F./BR  
 4 BR x 210 S.F. = 840 S.F. ÷ 3 = 280 L.F. Trench
- |   |   |
|---|---|
| Ⓐ Invert: 561.90<br>Bot. of Trench: 559.90<br>Length: 90'<br>Width: 3'-0" | Ⓑ Invert: 561.50<br>Bot. of Trench: 559.50<br>Length: 90'<br>Width: 3'-0" |
| Ⓒ Invert: 561.00<br>Bot. of Trench: 559.00<br>Length: 90'<br>Width: 3'-0" | Ⓓ Invert: 560.50<br>Bot. of Trench: 558.50<br>Length: 90'<br>Width: 3'-0" |

**NOTE:** First Floor Service Only.  
 Sewage pump required  
 for Basement Service.

LAND DESIGN ENGINEERING, INC.		PLOT PLAN FOR BUILDING PERMIT LOT NO. 7 - CHESSIE CROSSING 4th Election District; Howard Co., MD	
		DATE: April 1994	DRAWN: KBW
8835 Columbia 100 Parkway, Unit N, Columbia, MD 21045 (410) 715-1070 (Balto.) (301) 596-3424 (Wash.) (410) 715-0681 (Fax)		SCALE: 1" = 50'	SHEET 1 of 1

Lot 8  
CHESSIE CROSSING  
556 Plat 10459

435.66

N63°43'48"E  
75.00'

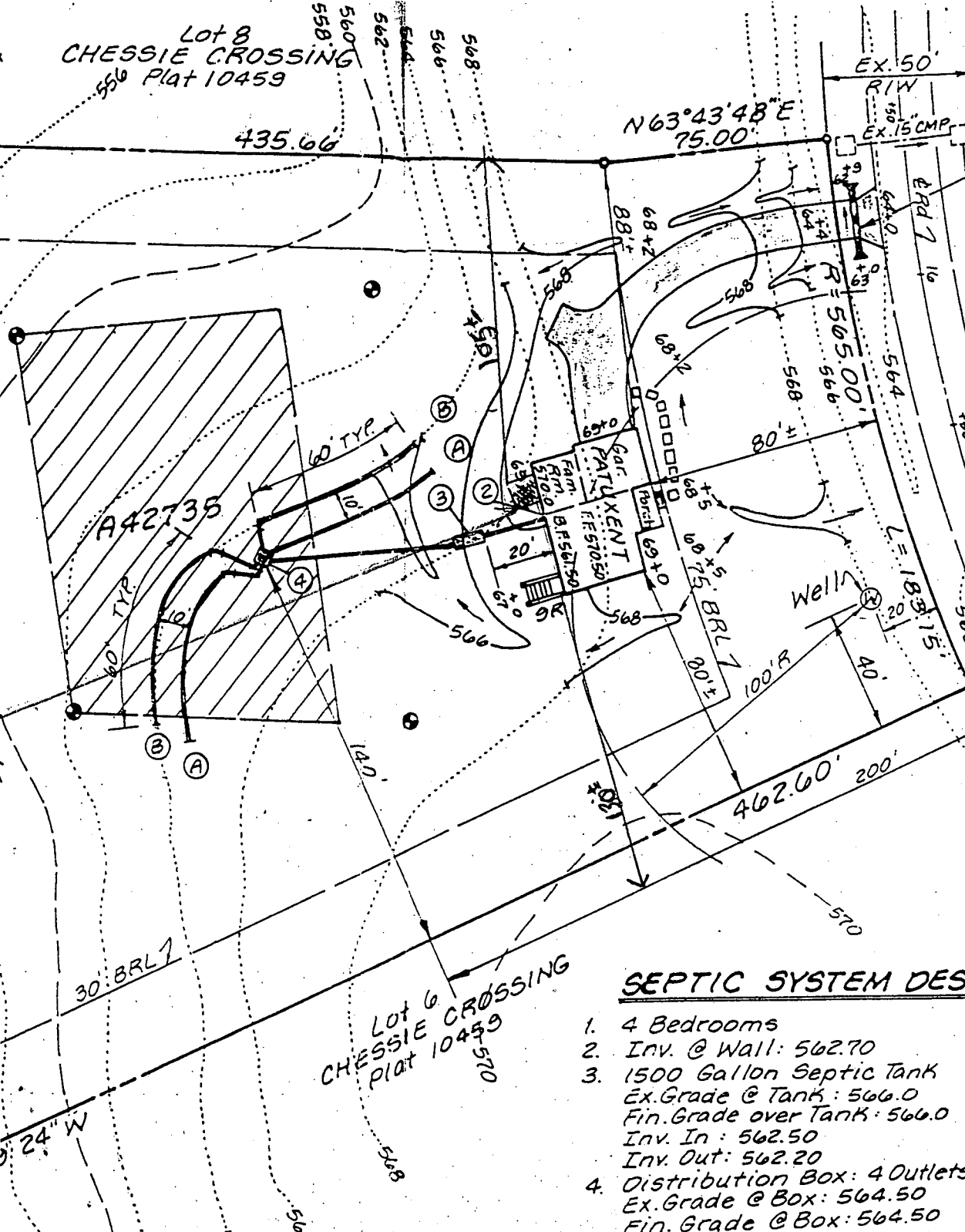
CHESSIE

Driveway Entrance  
Detail R-6.06  
Use 9" x 14" CMP  
Area: 0.34 Ac. ±  
C: 0.24  
I: 8.5  
Q<sub>10</sub> = 0.7 cfs

CROSSING

WAY

9-5-95 ADDITION, NO EXPECTED  
IMPACT TO WELL OR SEPTIC  
Mark Jones - SANITARIAN



**SEPTIC SYSTEM DESIGN DATA:**

1. 4 Bedrooms
2. Inv. @ Wall: 562.70
3. 1500 Gallon Septic Tank  
Ex. Grade @ Tank: 566.0  
Fin. Grade over Tank: 566.0  
Inv. In: 562.50  
Inv. Out: 562.20
4. Distribution Box: 4 Outlets  
Ex. Grade @ Box: 564.50  
Fin. Grade @ Box: 564.50

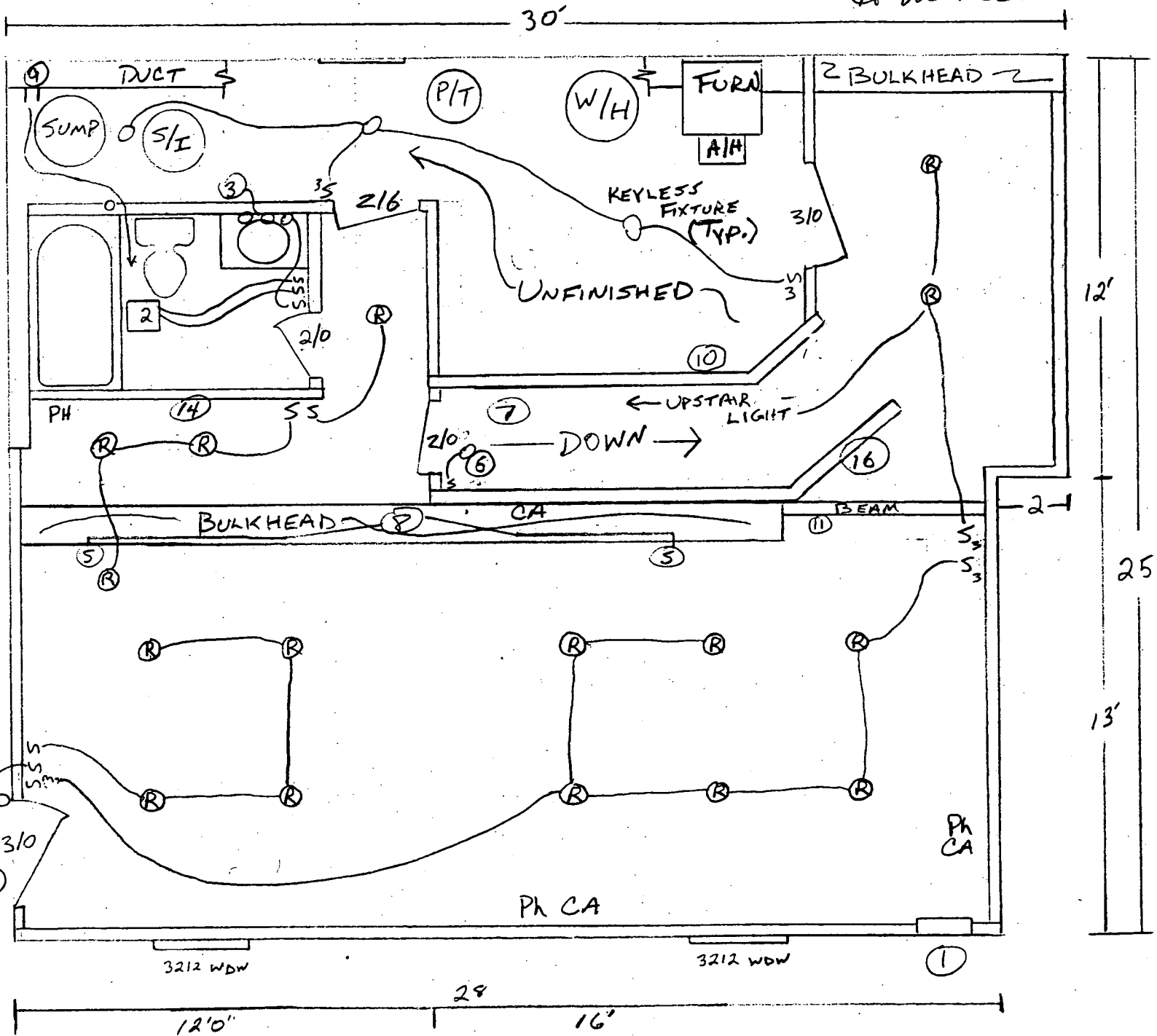
5. Trench Data: 180 S.F./BR  
4 BR x 180 S.F. ÷ 3 = 240 L.F. Trench
- |                        |                        |
|------------------------|------------------------|
| Ⓐ Invert: 561.20       | Ⓑ Invert: 561.00       |
| Bot. of Trench: 557.20 | Bot. of Trench: 557.00 |
| Length: 2 x 60'        | Length: 2 x 60'        |
| Width: 3'-0"           | Width: 3'-0"           |

NOTE: First Floor Service Only-

DELTZBAUGH CONSTRUCTION INC.  
 P.O. Box 476 MT. AIRY, MD. 21771

5/24/01  
 B0030449  
 Finish bsmt - add bathroom  
 & drywall large  
 "play room"

A. McMill



CARL & EILEEN BRAUN  
 737 CHESSIE CROSSING WAY  
 WOODBINE, MD. 21797

N 40° 18' 10"W

400.85'

60' BRL

30' BRL

30' BRL

Lot 7

133,864.57 sq. ft

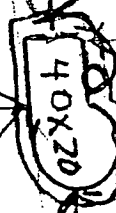
245± 3.0731 acres

200± SDA AREA ADDED

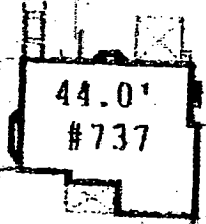
N 71° 51' 18"E 425.66 feet

S 45° 9' 23"W 462.60 feet

50±



40±



44.0' #737

77'± WELL

75' BRL WELL LOC. PER FILE

Blacktop D/W

SPLIT TRAIL FENCE

N 63° 43' 47"E 75.00 feet

R=565' L=183.15ft

3/26/04 MR

POOL LOC OK W/SDA ADJ. AS SHOWN

1:50

Handwritten initials 'SC'

Professional Engineer Seal

CHECKED BY

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**  
 800/47061

Building Address SAME AS OWNER  
737 CHESSIE CROSSING WAY  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604001 Subdivision CHESSIE CROSSING  
 Section 1 Area \_\_\_\_\_ Lot 7  
 Tax Map 3 Parcel 4 Grid 19  
 Zoning RC Map Coordinates 7117 Lot size 3.07 AC

Property Owner's Name CARL & EILEEN BRANN  
 Address 737 CHESSIE CROSSING WAY  
 City ADDENHUE State MD Zip Code 31797  
 Home Phone 410-487-9107 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 45,000  
 Description of Work 20'x40' INGROUND POOL  
31'-8 1/2' DEPTH W/ FENCE  
TO CODE

Contractor Company BROWNING CONSTRUCTION  
 Contact Person DEANNA BRANN  
 Address 23731 RIDGE RD  
 City SUMMERTOWN State MD Zip Code 20786  
 License No. 1377  
 Phone 301-771-3710 Fax 301-240-9147

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

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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.

[Signature]  
 Applicant's Signature  
BROWNING CONSTRUCTION  
 Title/Company

DEANNA D BRANN  
 Print Name  
3/25/04  
 Date

MR 3/26/04  
 Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 FOR OFFICE USE ONLY