

3-18-98
12:01 PM
3-19-98
12:00 AM
3-31-98
WPI a.m.

4/23/98 House Conn
11:00 Meet Richard Cole

04-351061

3/20/98 Needs house conn MS
4/23/98 still needed to R/2000

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59865
A 43257

DISTRICT 4th

DATE 3-11-98

DATE SYSTEM APPROVED 4/23/98

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Cattail Creek Country Club LOT 17 ROAD 3621 Broadleaf Court

PROPERTY OWNER Altieri Homes Paul Bello CARL TOBIASEN

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

Manhole cleanout required if final grade over tank is greater than 3 feet.

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start trenches 170 feet down the left (584.15') lot line and 115 feet off that same lot line. Run trenches on contour toward the rear of the property.

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

PLANS APPROVED BY Kim Maiste DATE 12/30/97

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

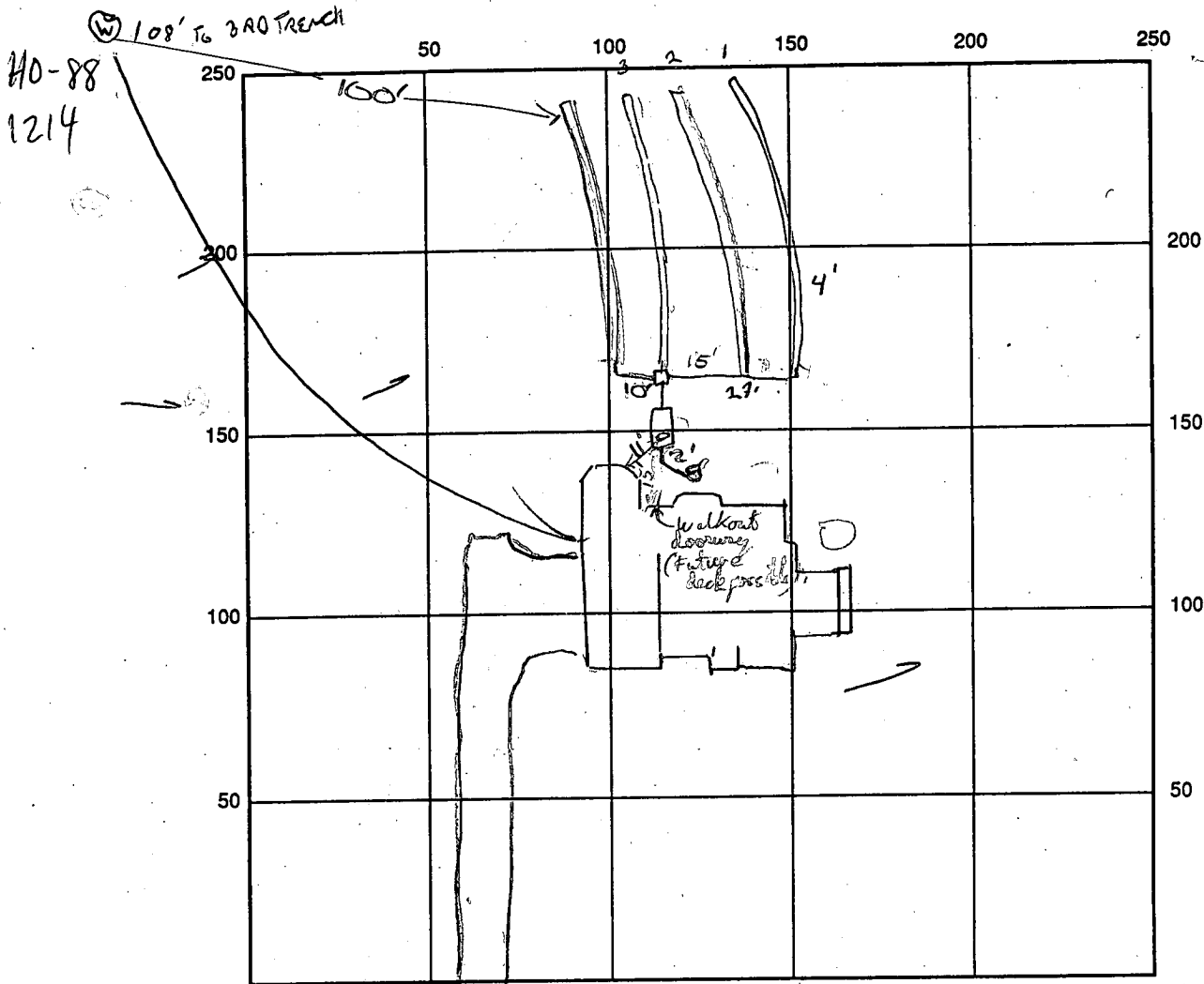
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED AND RETURNED
DETACHED GARAGE
10/23/2002 B00139027
6-26-03 BCD142710-000001 GARAGE

A 43257



SEPTIC TANK LEVEL ok CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL ok - NEOS CEMENT ON OUTLET

DRAIN FIELD/TITLE DEPTH 7-9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4-6 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH $\frac{4}{73} \frac{3}{61} \frac{2}{20} \frac{1}{70}$ FT. \rightarrow 280'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

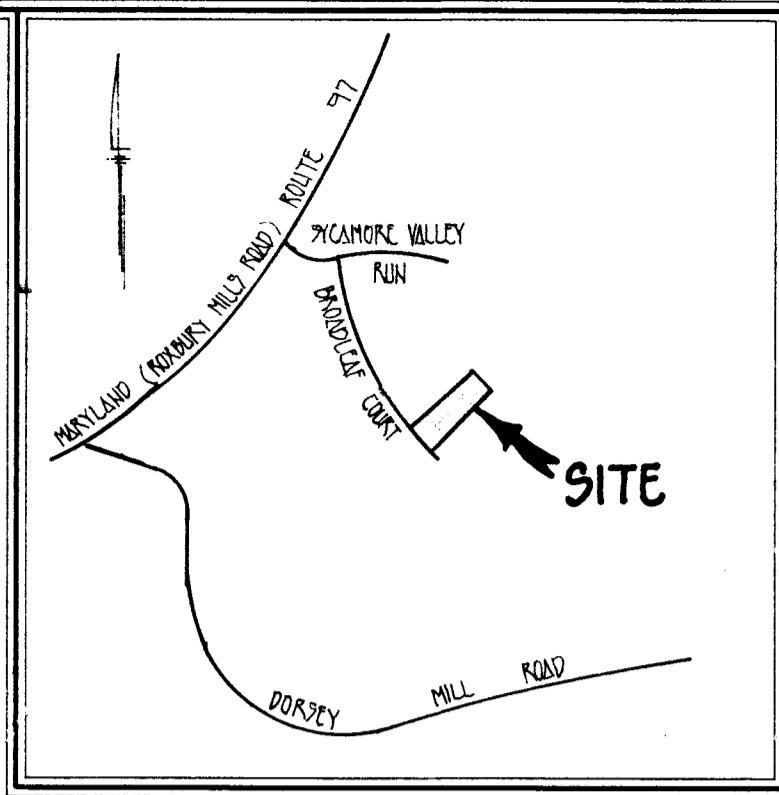
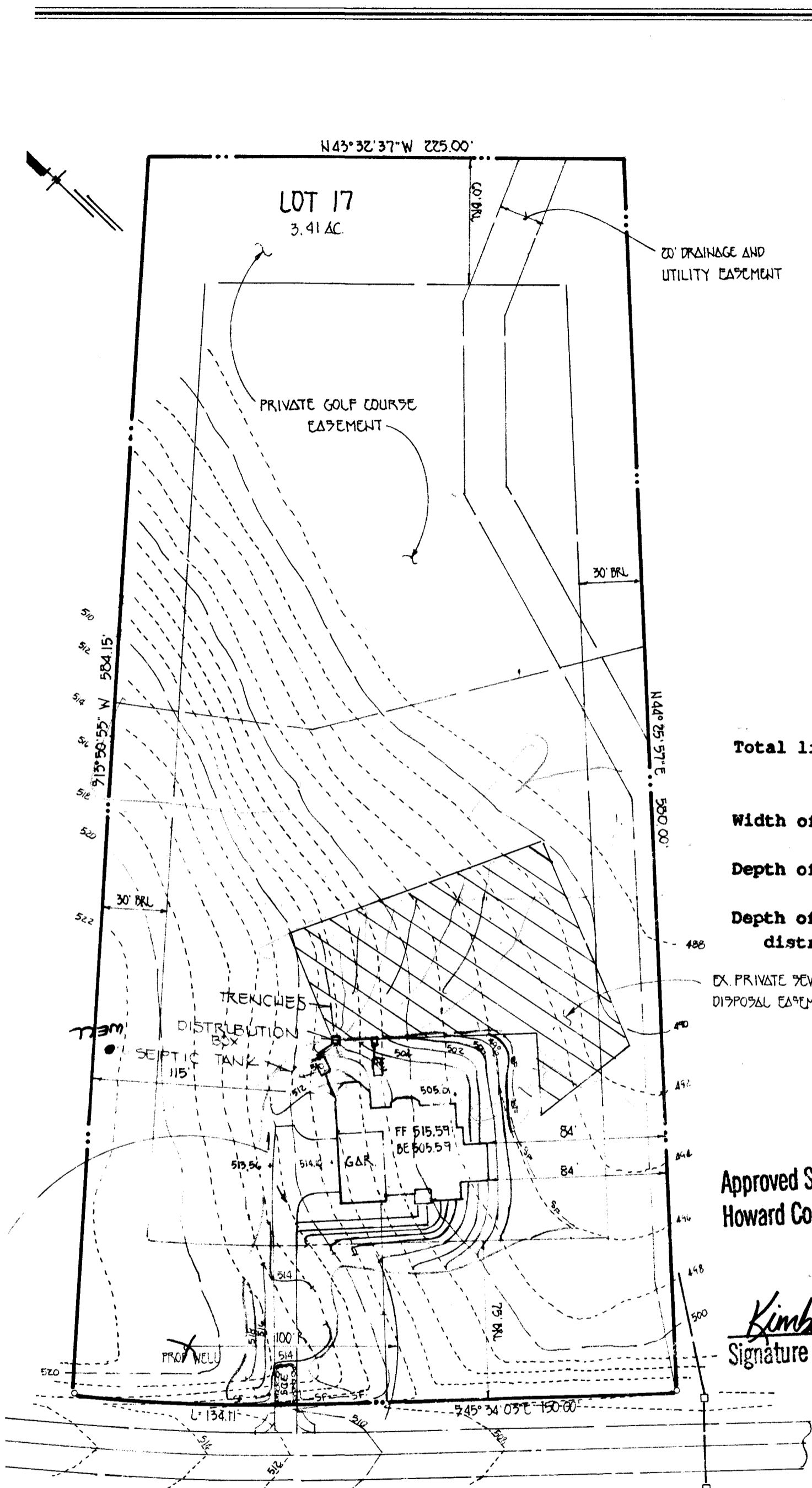
DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA - SQ. FT.

REMARKS: 3/19/98 ~~CONTRACTOR~~ IMPEDES 1ST SYSTEM INSTALLATION - REPAIR AREA WILL BE LIMITED, INSTALL 1ST 2 (HIGH TRENCHES, 70' LENGTH) 016 DEEP COVER/MAFLOW TEST HOLE IN REAR OF SDA TO ALLOW FOR 2' ADDITIONAL DEPTH ADJUSTMENT. SCHEDULE WSP ACCORDINGLY. 3/19 OK TO COVER #4, STONE #3, LEAVE ENDS OPEN. 3-19 COVER 1ST 3 TRENCHES, NO CAP ON WELL, VERIFY HOUSE CONNECTION, ~~It should be noted that the house connection is not complete as of 4/23/98~~ 3/20/98 OK TO COVER ALL SEPTIC WORK - NEEDS HOUSE CONNECTION. DKS

DATE SYSTEM APPROVED 4/23/98 INSPECTOR R. P. [Signature]

3/31/98 WPI OK, 2-PC CAP OK Carroll H2O Systems installer (MR) HOUSE CONN STATUS UNKNOWN



VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 515.59
 B. BASEMENT ELEVATION: 505.59
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 503.20
 D. INVERT IN AT SEPTIC TANK: 503.50
 E. INVERT OUT AT SEPTIC TANK: 503.20
 F. PROPOSED GRADE OVER SEPTIC TANK: ~~503.20~~ 507.5
 G. INVERT AT DISTRIBUTION BOX: ~~503.20~~ 502.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 506.00
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.

Total linear feet of trench required **280** feet

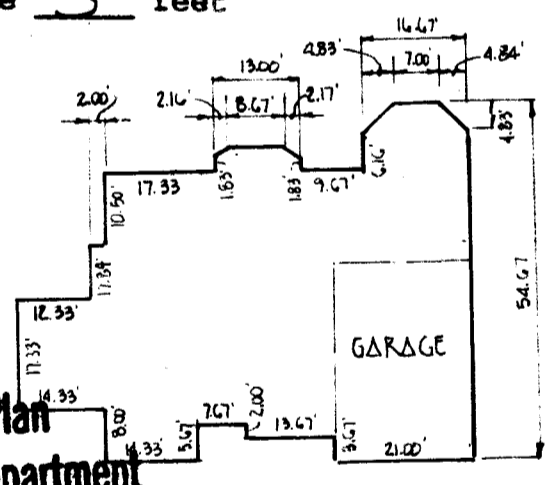
Width of trench(es) **2** feet

Depth of trench(es) **7** feet

Depth of stone required below distribution pipe **3** feet

EX PRIVATE SEWERAGE DISPOSAL EASEMENT

Approved Septic System Plan
Howard County Health Department



BELLO RESIDENCE

Kimberly Marsh 12/30/97
Signature Date

BROADLEAF COURT

50' R/W

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
CATTAIL CREEK COUNTRY CLUB

LOT 17

TAX MAP 21
FOURTH ELECTION DIST.
SCALE: 1" = 50'

PARCEL C
HOWARD COUNTY, MARYLAND
DATE: DECEMBER 10, 1997

APPLICATION

PERCOLATION TESTING

A 43257

P _____

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

DISTRICT 4

DATE 12/9/88

THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM Atiker Homes

PROPERTY OWNER Egwood Farm Inc. Ego Land Design + Development

ADDRESS 8307 Main St PHONE 461-4600

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clark Sycamore Valley LOT NO. 20 17 final New #16

ROAD AND DESCRIPTION Roxbury + Dorsey Mill (3621 Broadbeat Court)

**BLDG. PERMIT SIGNED
AND RETURNED 12-30-88
Serial # B10109219**

TAX MAP 21 PARCEL # 6

SIZE OF LOT 3.10 AC. TYPE BLDG. SFD - 4 Brn
(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.

Mal Davis
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

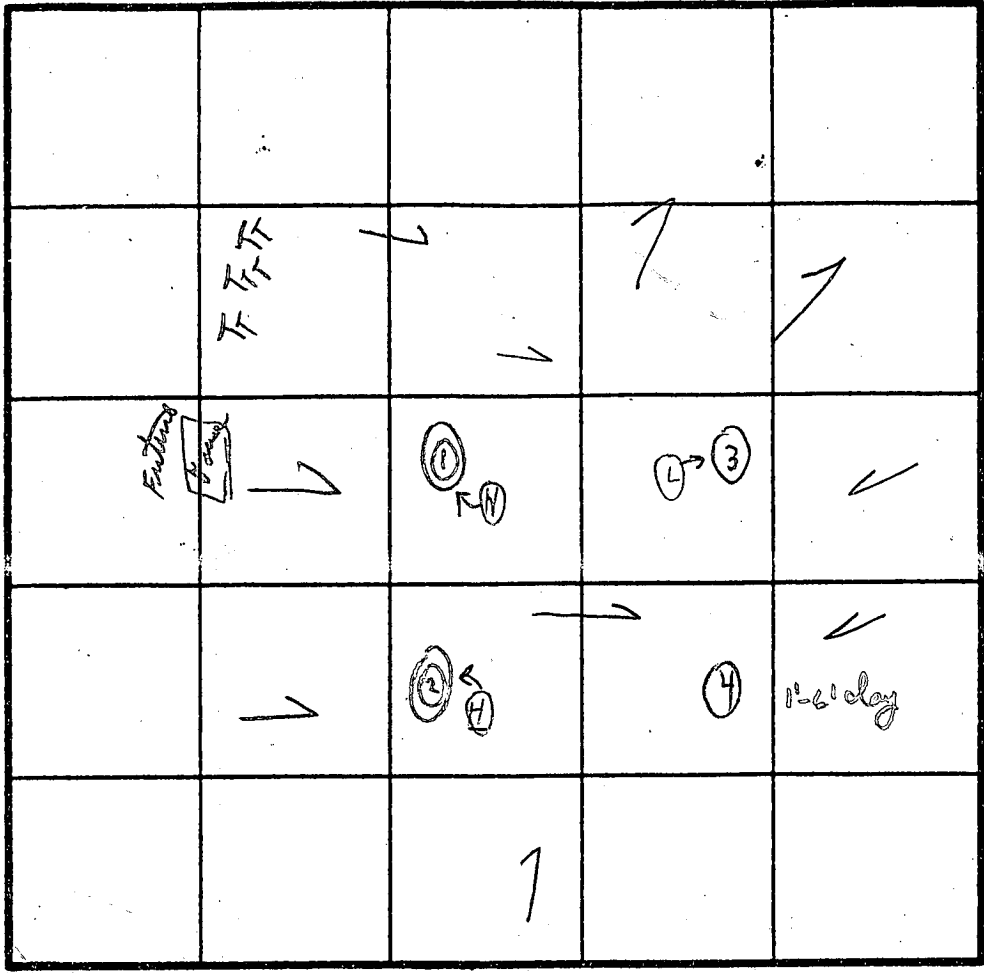
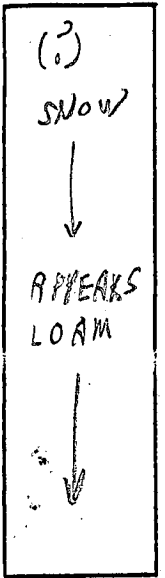
THIS IS NOT A PERMIT

New #16

43257

#20

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Inlet 4 1/2
9 min average

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/6/89	1/10	4 1/2'	10:42	10:45	10:45	10:52	7 min
	① 1/6	7 1/2'			(LOAM)		
	1/6	12'			Vertical ↓		
	②	'			Vertical: covered; 1/10		?
	1/6	12'			L O A M		on clay level
	③ 1/10	4'	10:49	10:52	10:52	10:56	4 min
	1/6	14'	4'-14'		L O A M		
	④ 1/10	6 1/2'	10:44	10:48	10:48	10:57	9 min
	1/6	13'					

1-6' clay
6-13' LOAM

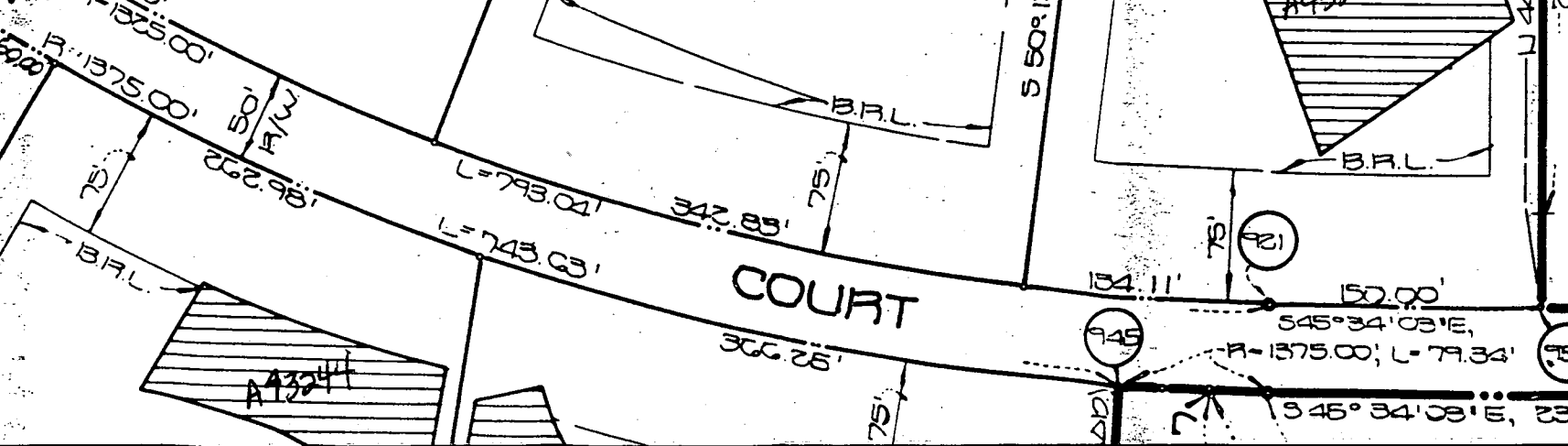
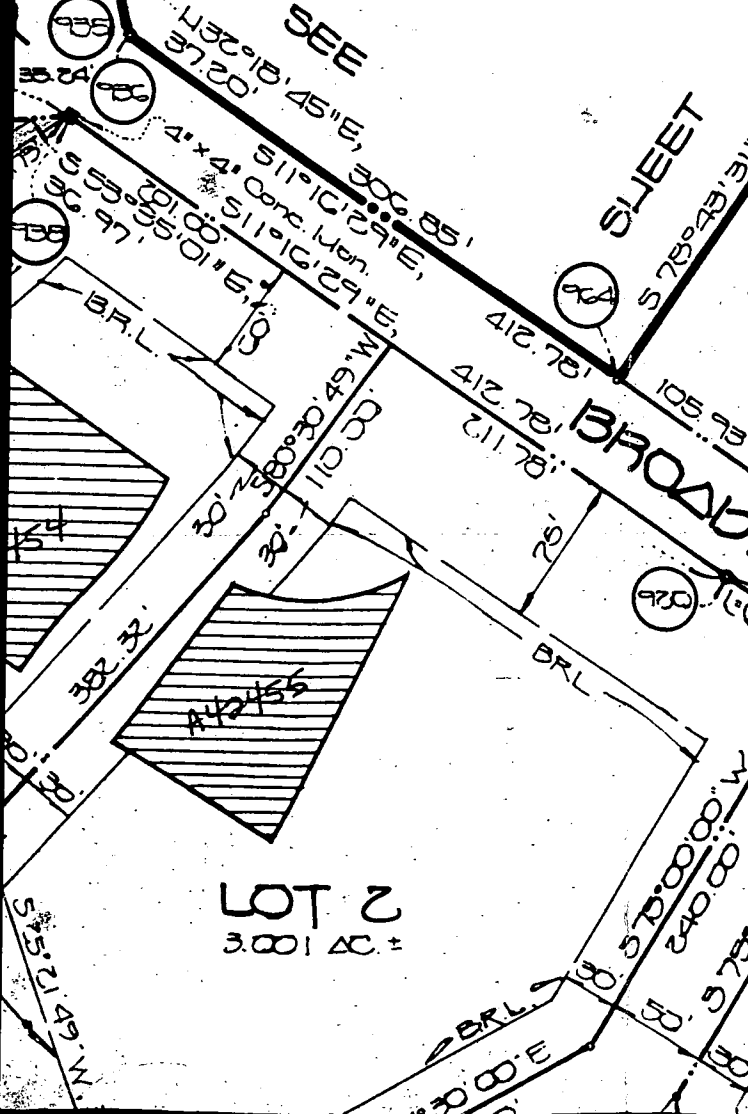
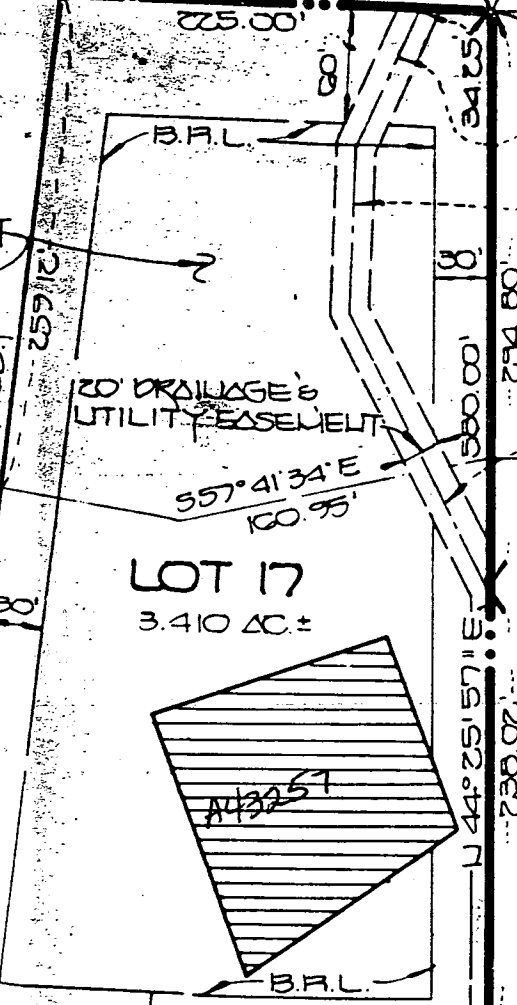
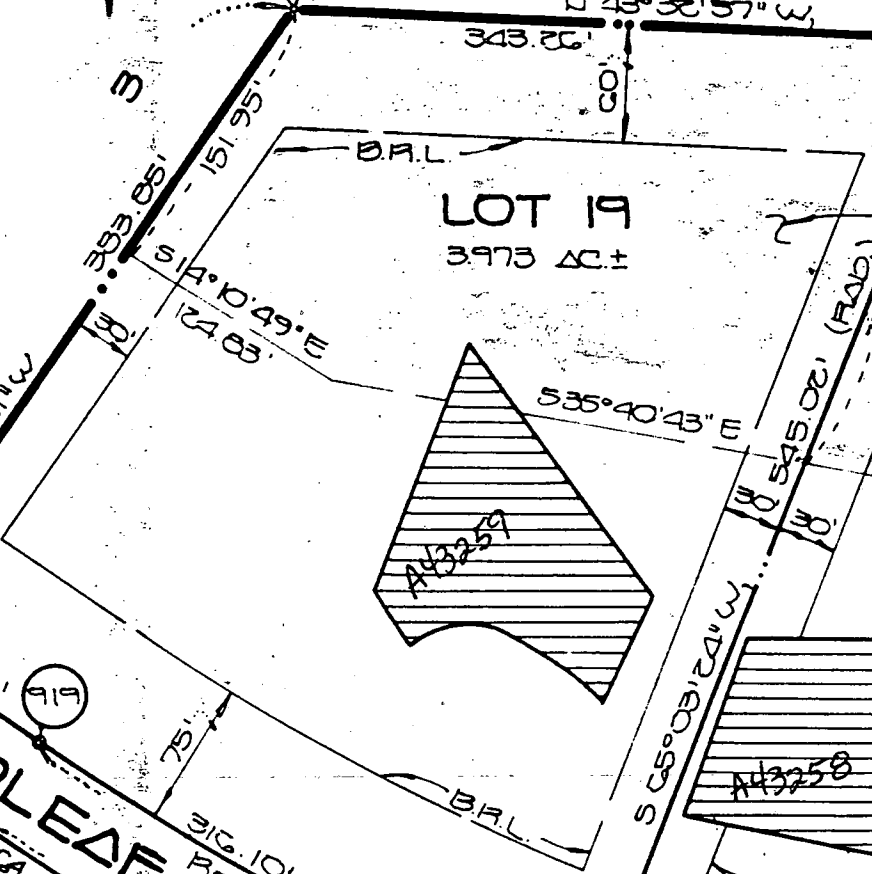
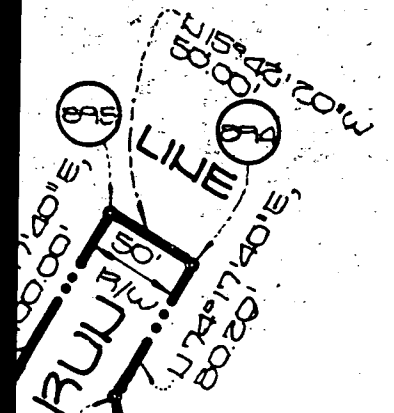
REMARKS 1/6/89 (Heavier snow) [4 Vesicles]

TYPE OF SOIL { Holes in open; 1" near stakes only 1/6/89 }
1/10 stakes only

TESTED BY No tests 1/6/89 3rd lot C.B.D. ALSO PRESENT { see #21 }

[No test holes] A.M. not ready } C.B.D. ↔ 1/10/89 ← Ketterman & Groves

MATCH LINE SEE SHEET 4



SEE SHEET 6

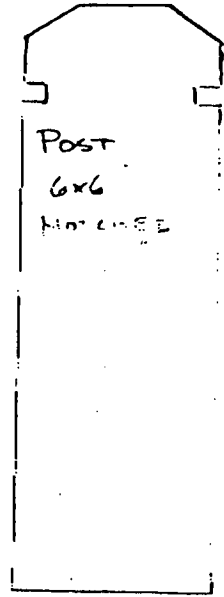
SEE SHEET 5

FOOTER
 DECK 877 sq ft
 STEPS 52 sq ft

1,500 -
 15,847 -
 1040 -
 Approved [Redacted]
 Howard County Health Department

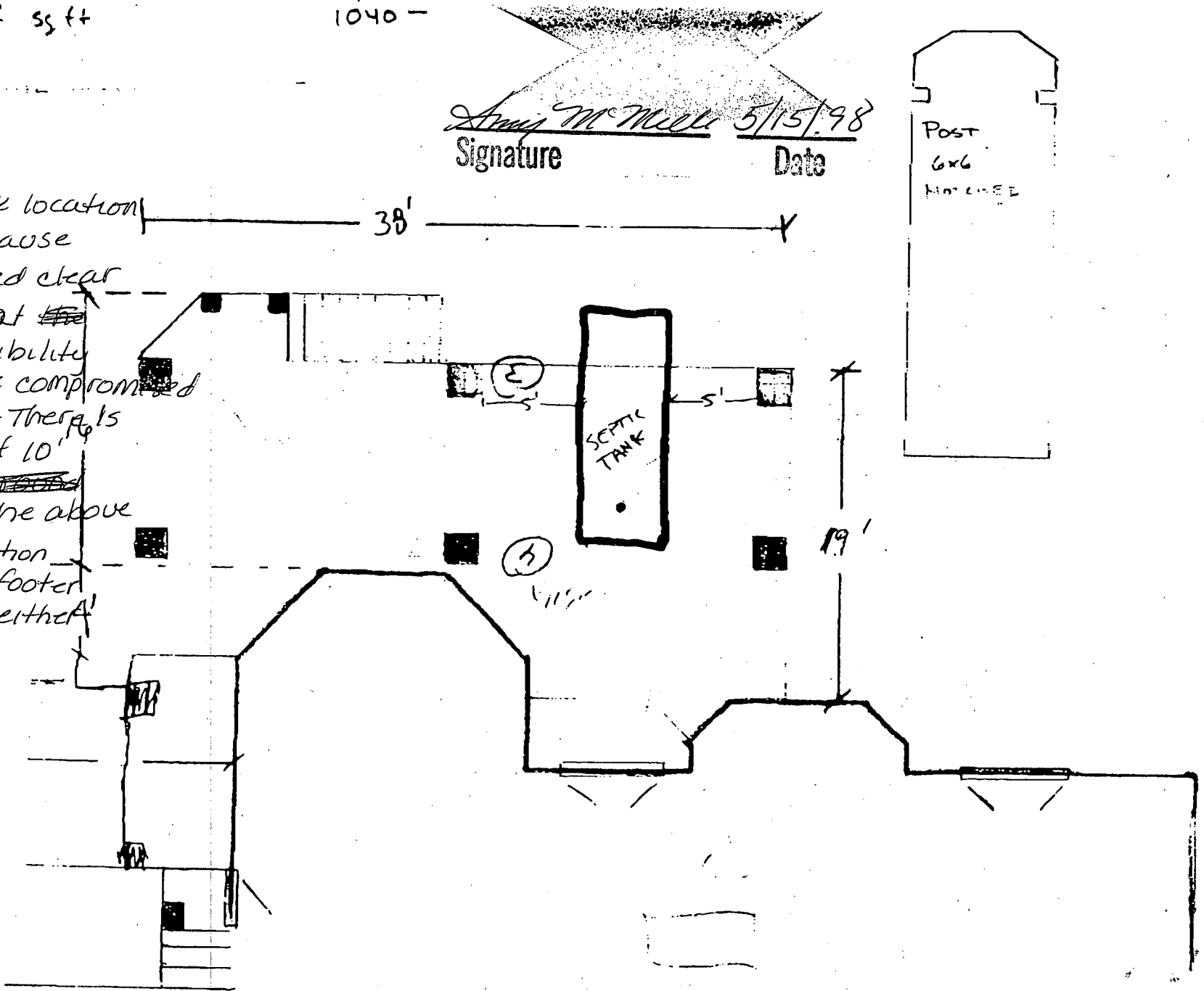
Arnie McMill 5/15/98
 Signature Date

5/15/98



Proposed tank location
 accepted because
 owner provided clear
 evidence that ~~the~~
 tank accessibility
 would not be compromised
 by the deck - There is
 a minimum of 10'
 between the ~~ground~~
 tank c.o & the above
 deck - in addition
 the closest footer
 will be 5' in either
 direction.

All



B 1 2193

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

H0-88-1214

Date Received (APA)

11/0/89

OWNER INFORMATION

SYCAMORE VALLEY PART

8307 MAIN STREET

ELLICOTT CITY MD 211403

B 3

LOCATION OF WELL

HOWARD

SYCAMORE VALLEY

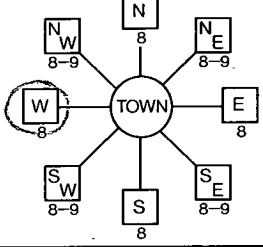
SECTION 1 LOT 19

GLENELG

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Broadleaf Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 30

ENTER FT or MI 30 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)

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)

- N This well will not replace an existing well
Y This well will replace a well that will be abandoned and sealed
S This well will replace a well that will be used as a standby
D This well will deepen 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 CW PERMIT No. H0-88-1214

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

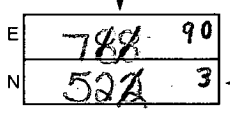
HOWARD COUNTY NAME
A#43257 COUNTY NO.
STATE SIGNATURE DATE ISSUED 022290 x Charles Bryan Stecker 8/22/90
NORTH GRID 523000 EAST GRID 0790000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

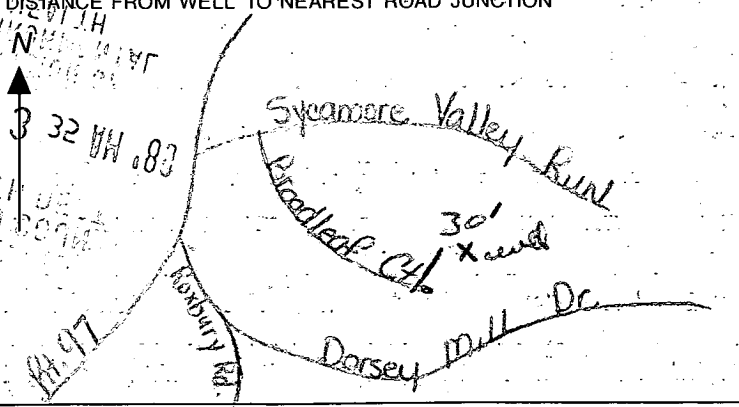
SOURCES OF DRILLING WATER

- 1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 **1348** 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 **A#43257**

ST/CO USE ONLY DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **11/21/90** Depth of Well: **165** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-88-1214**

OWNER: **CYCAMORE VALLEY PARTNER CNTY**
 STREET OR RFD: **ROAD LEAF COURT** TOWN: **CLENEIG**
 SUBDIVISION: **CYCAMORE VALLEY** SECTION: **1** LOT: **17**

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	
Top Soil	0	2	
Mika	2	40	
Sandstone	40	45	✓
Mika	45	90	
Sandstone	90	95	✓
Mika	95	110	
Sandstone	110	115	✓
Mika	115	115	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **500** NO. OF POUNDS: **500**
 GALLONS OF WATER: **70**
 DEPTH OF GROUT SEAL (to nearest foot) from [] [] [] [] [] [] ft. to [] [] [] [] [] [] ft. (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: **PI** **L** **77** **70**
 Nominal diameter top (main) casing (nearest inch): **60** **61** **63** **64** **66** **70**
 Total depth of main casing (nearest foot): **77** **70**

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

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 110 72 143
 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.) **11**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **25** WHEN PUMPING: **45**
 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**
 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) **+** above **-** below LAND SURFACE (nearest foot) **7**

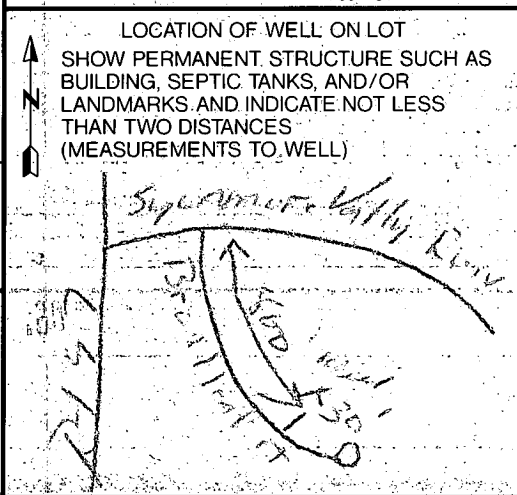
CIRCLE APPROPRIATE LETTER:
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **453**
 DRILLERS SIGNATURE: [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): [Signature]

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



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-6933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Carroll Water Systems

Telephone (410) 876-5100

Licence Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Altieri Homes
Subdivision Cattail Creek Lot # 17
Site Address Broadleaf

Telephone (410) 715-4500
Well Tag # 40-58-1219

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. HPS _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

3/31/98 WPI OK MR
2-PC CAP OK

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: Cheryl Bell
3/31/98

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



Paul Bello
Director of Sales
Mid-Atlantic Division

TO: Howard County
Environmental Health Department

FROM: Paul Bello

DATE: May 15, 1998

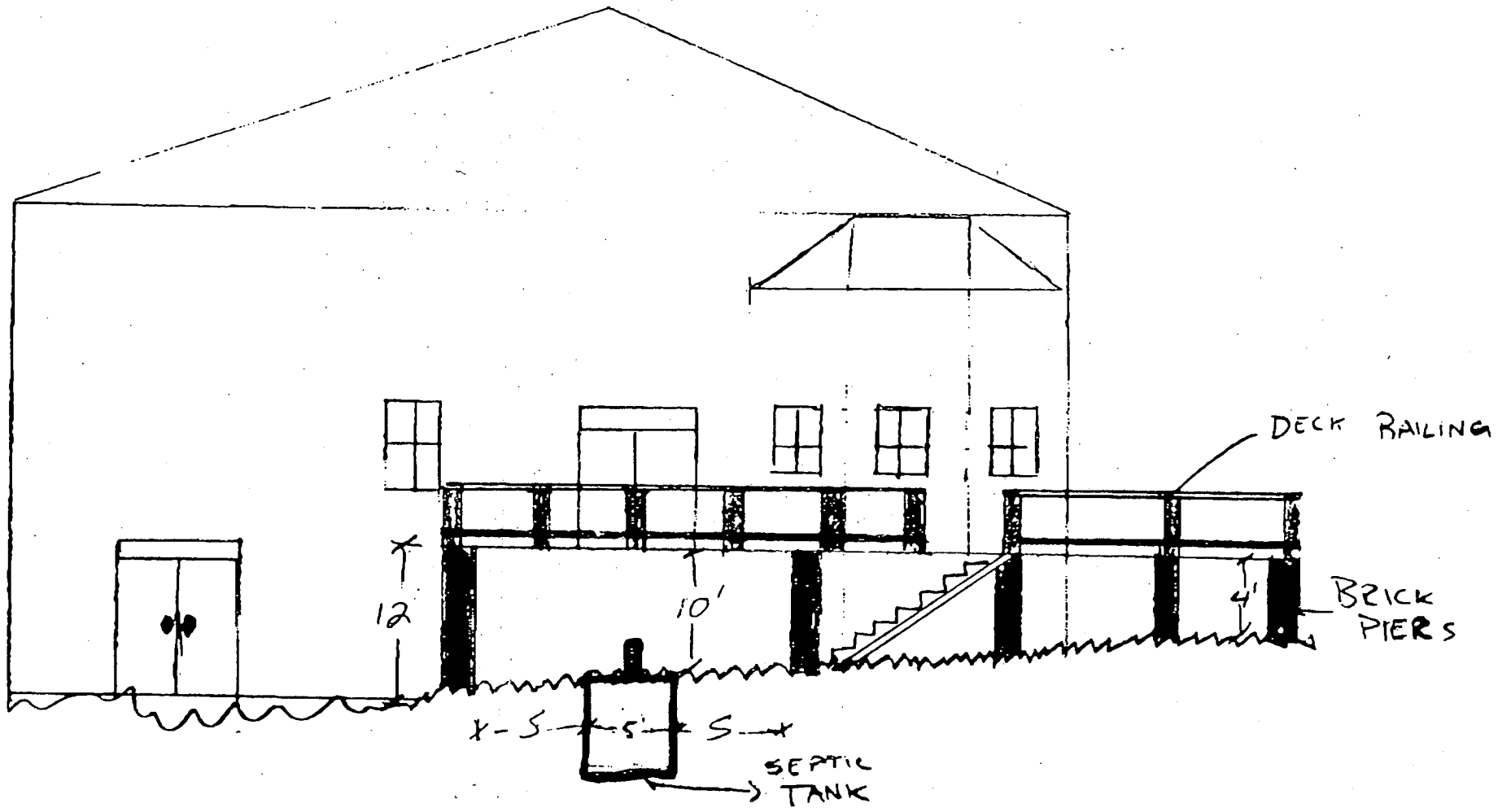
SUBJECT: Lot 17 Cattail Creek
3621 Broadleaf Court
Glenwood, MD 21738

Please be advised that I wave any future liability from your department in reference to the deck built in the rear of my home. I fully understand that any damage occurred in removing this deck to replace or re-perk the septic field will be my responsibility. I'm comfortable with the height and access ability for future clean outs.

Thanks in advance.

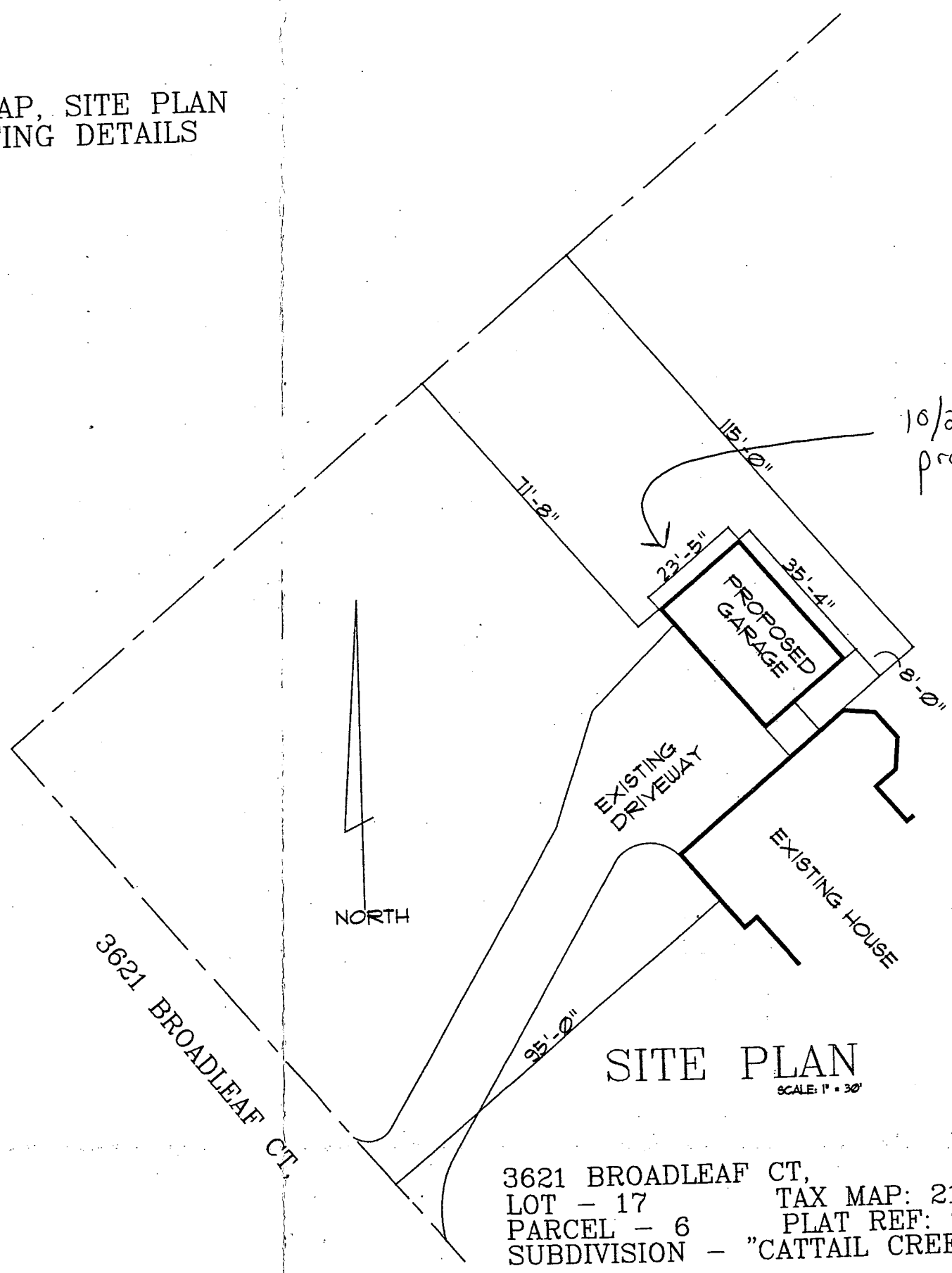
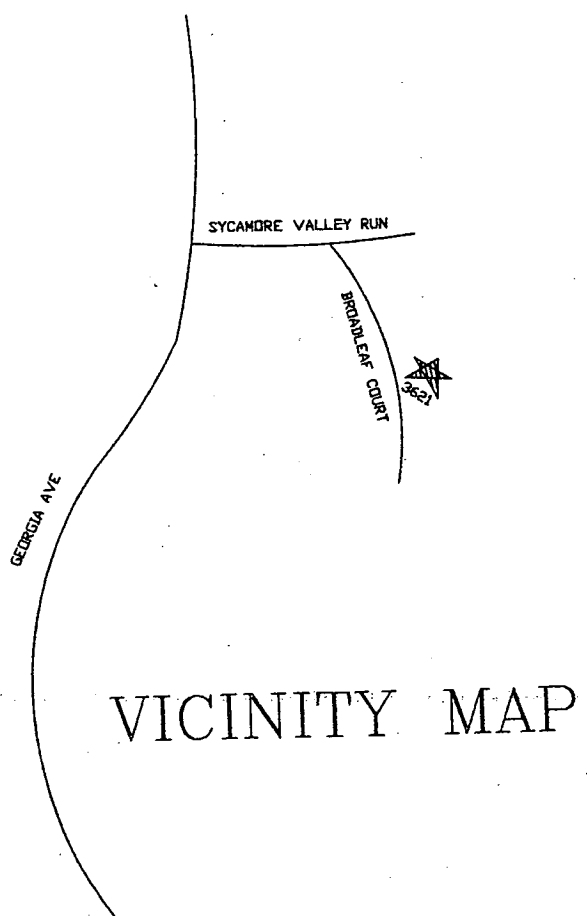
Paul Bello

ADDENDUM: Any future owner will have this information disclosed in full to insure understanding of liability.



MR & MRS TOBIASEN: 3621 BROAD LEAF CT, GLENWOOD MD, 21738

- COVER PAGE: PAGINATION, LOCATION MAP, SITE PLAN
- PAGE- 01-FOUNDATION PLAN w/ FOOTING DETAILS
- PAGE- 02-FLOOR PLAN
- PAGE- 03-FRONT ELEVATION
- PAGE- 04-REAR ELEVATION
- PAGE- 05-RIGHT SIDE ELEVATION
- PAGE- 06-LEFT SIDE ELEVATION
- PAGE- 07-ROOF FRAMING PLAN
- PAGE- 08-SECTION VIEWS
- PAGE- 09-SECTION VIEWS
- PAGE- 10-ELECTRICAL LAYOUT



10/23/02
 proposed
 garage OK
 (SRK)

SITE PLAN
 SCALE: 1" = 30'

3621 BROADLEAF CT,
 LOT - 17 TAX MAP: 21
 PARCEL - 6 PLAT REF: 9514
 SUBDIVISION - "CATTAIL CREEK COUNTRY CLUB"

TOBIASEN COPY

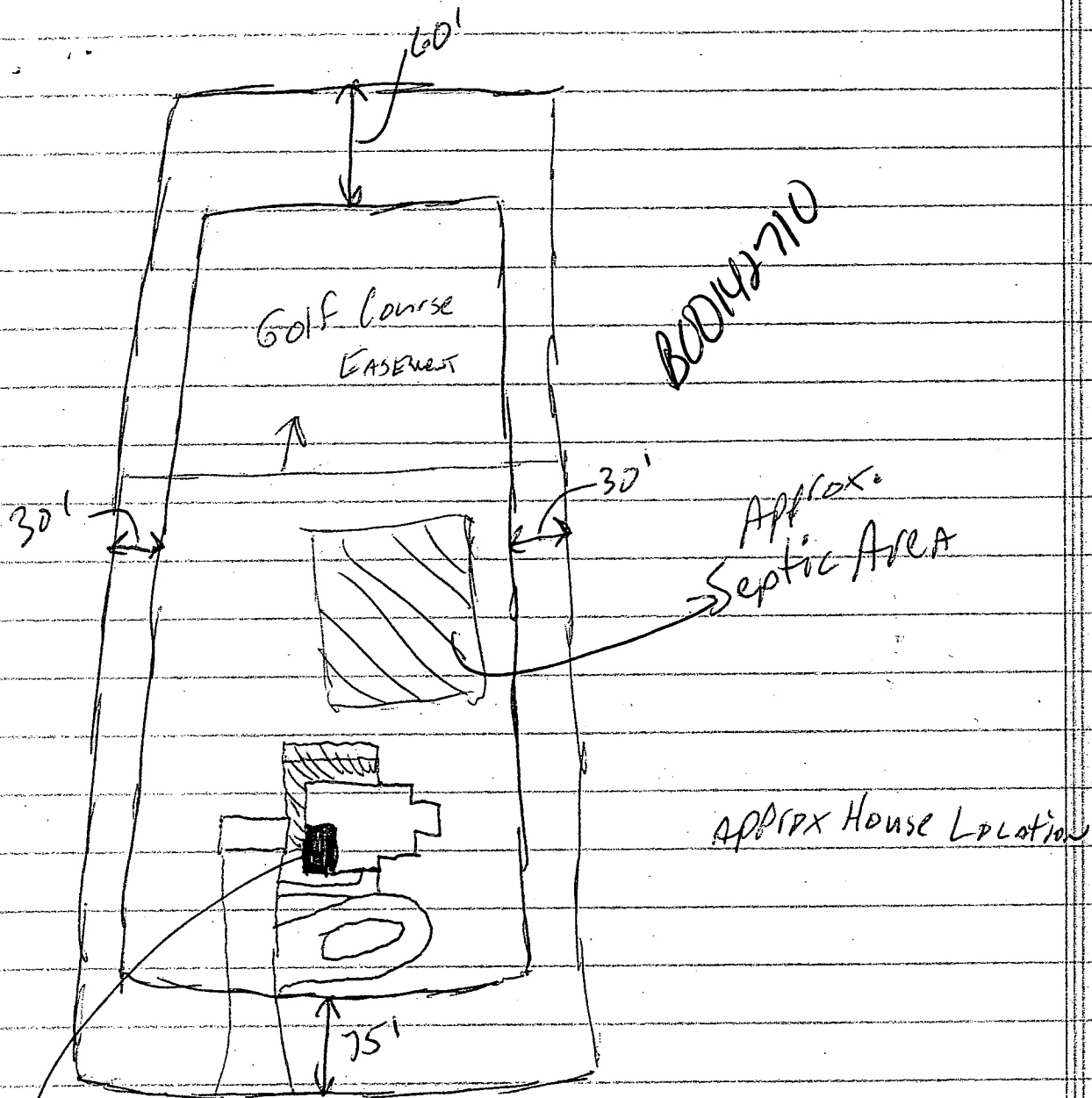
REVISED (LARGER) 5-17-02

REV. NO.	DATE	COMMENTS
0		
0		
0		
0		

THE FARR COMPANY
 DESIGNER / BUILDER

SHEET NO.	COVER
SCALE	1" = 30'
DRAWN BY	CLW
DATE	5/11/02

NAME	
ADDRESS	
LOT / BLOCK	
SECTION	



AREA to be
converted to
kitchen

3621 Broadleaf Ct.

6/26/03 (SB)

No change to footprint
modifying existing garage space
to a kitchen.