

6/20/95
3:00 P.M.
6-21-95
2:00

[6/20 0 P.C.O.]

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50697C

A 43279

DISTRICT 4th

DATE 5-18-95

DATE SYSTEM APPROVED 6/21/95

INSPECTOR C.B. Di

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Cattail Creek Country Club LOT 33 ROAD 3613 Black Walnut Lane

PROPERTY OWNER Altieri Enterprises, Inc. / Bhutiani

ADDRESS _____ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**
41704 BOD 148988 - FINISH BASEMENT

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 295 feet up the right lot line (568.67') and 25 feet off that same lot line as seen when facing the lot from Roxbury Road. Run trenches on contour toward the left lot line.

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 Amy McMillen DATE 03/22/95

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.

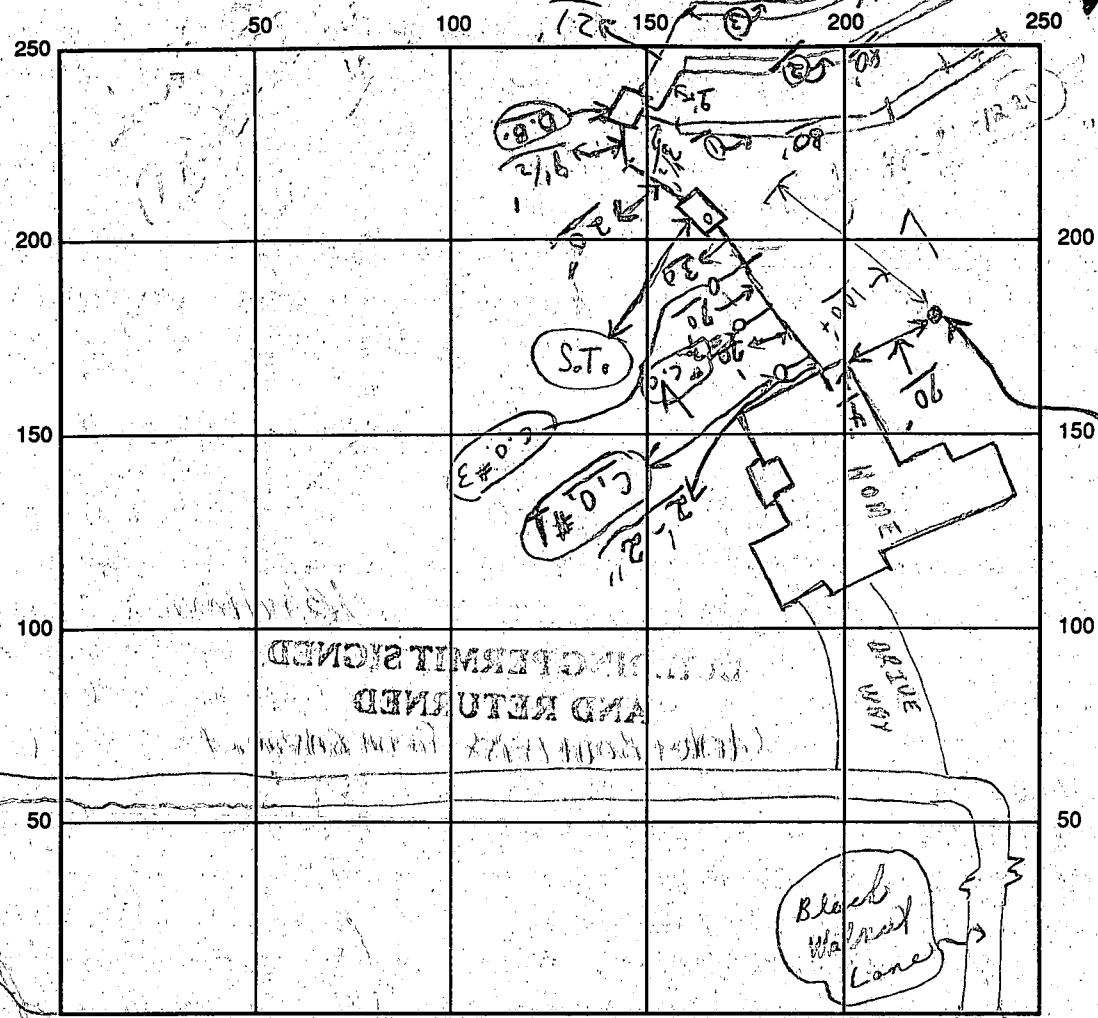
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

Addition Deck
BLDG. PERMIT SIGNED
AND RETURNED 5-23-96
Serial # B00100075

A
49879

← ROR BURY ROAD →



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

(BROADLEAF COURT)

SEPTIC TANK LEVEL OK CLEANOUTS S.T. / 3 C.O.
 DISTRIBUTION BOX LEVEL OK (Kaffler in) OK-C.O. / OK-C.O. / OK-C.O.
 DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 81 FT. = (240)
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 738 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 738 SQ. FT.

REMARKS: (P.M.) 6/20/95 Partial Trench → #1 only - ok for stones - 67' dug -
 ok to trench - stakes for ends for a measurement of 80' +
 6/21/95 (RAIN THREATENING)
 P.M. all 3 trenches ok to covers; Final - all work done
 6/20/95 W.P.I. Final - CBL

DATE SYSTEM APPROVED 6/21/95 INSPECTOR Charles Bryan Street

APPLICATION

PERCOLATION TESTING

A 43279

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

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 Alfred Enterprises, Inc. C/O Land Design + Development
Egwood Farm Inc

ADDRESS 8307 Main St PHONE 461-4620

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Clark Spangore Valley LOT NO. 42 33 final
New #35

ROAD AND DESCRIPTION Roxbury + Dorsey Mill
(3613 Black Walnut Lane)

TAX MAP 21 PARCEL # 6

SIZE OF LOT - 3.34 AC. TYPE BLDG. SFD
(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 D. Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/22/85
Serial # 58473
SFD-46mm

HD-216

THIS IS NOT A PERMIT

R 43299

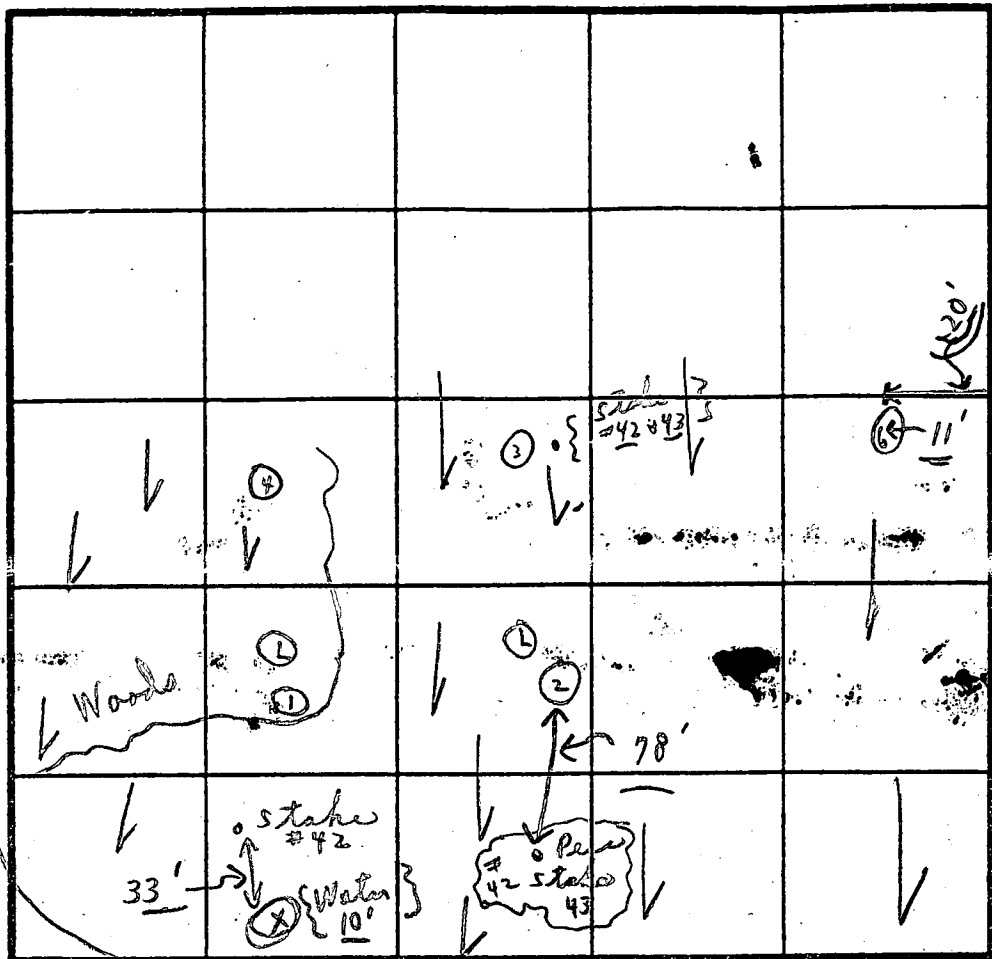
New # 35

#42

#43

SOIL PROFILE

CLAY
TO
LOAM
Light



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road

average
Tests 4 min
unless 5 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/5/89	①	5'	2:03	2:04	2:04	2:07	3 min
		13'	:	:	:	:	
	②	4 1/2'	2:00	2:02	2:02	2:05	3 min
		13'	:	:	LOAM	:	
	③	5 1/2'	2:10	2:13	2:13	2:16	3 min
		8 1/2'	2:11	2:13	2:13	2:17	4 min
	④	4 1/2' to 12 1/2'					Loam; light to white
		12 1/2'					
	⑤	3 1/2'	2:33	2:35	2:35	2:38	3 min
		11' 8"			LOAM	reddish colored	
	⑥	6'	2:28	2:30	2:30	2:32	2 min
		11'			LOAM	Reddish brown	

1-3 1/2 Clay
3 1/2-13
white loam
1-5 1/2 Clay

White

Dry
in bottom

Dry
in bottom

12' Deep

REMARKS

1/5/89 Tests in open; tests per stake

#42 + #43 =

TYPE OF SOIL

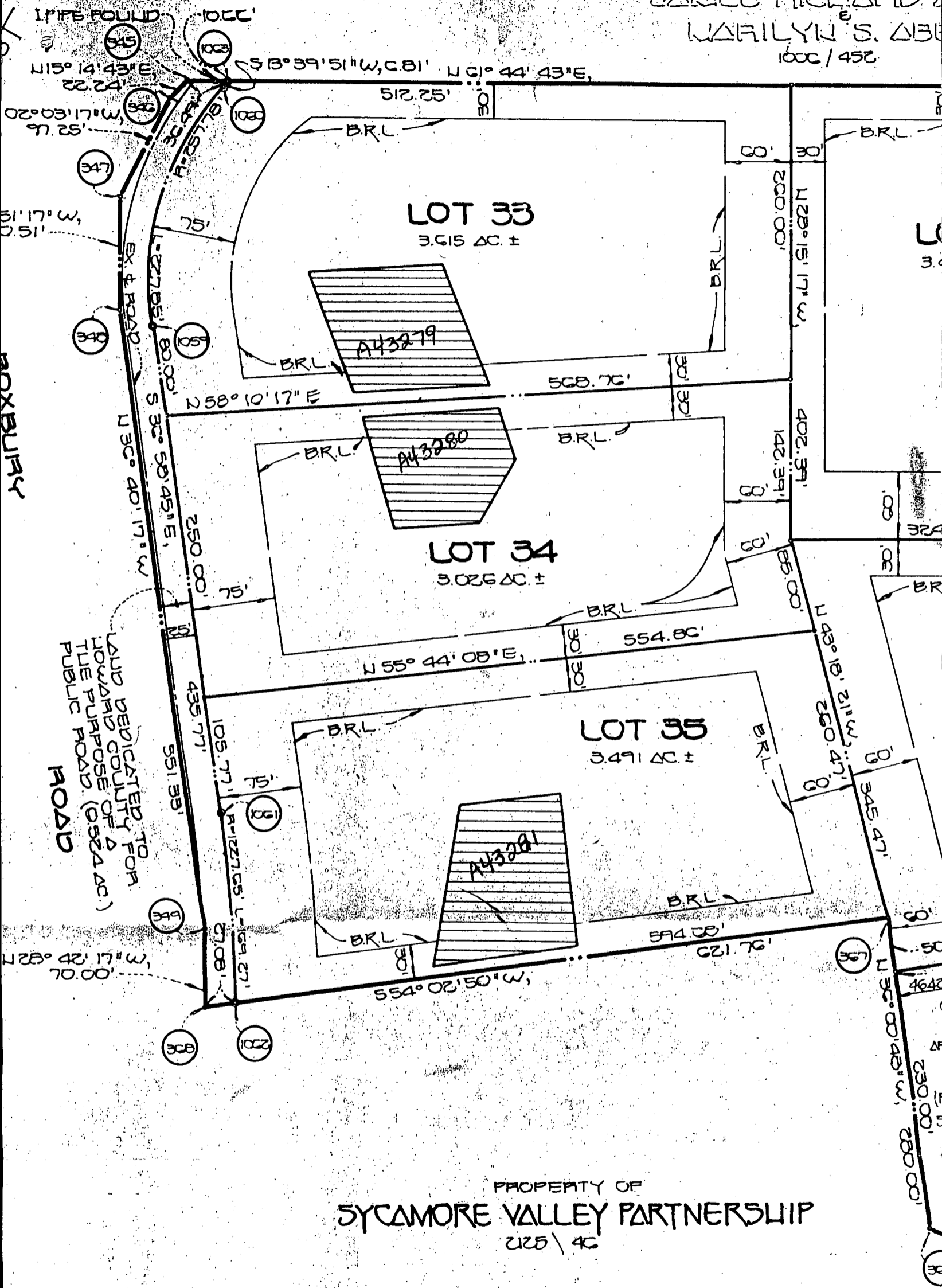
TESTED BY

C. B. A

ALSO PRESENT

{ Same as #9 }

PROPERTY OF
 JAMES RICHARD
 MARILYN S. AB
 1000 / 450



PROPERTY OF
 SYCAMORE VALLEY PARTNERSHIP
 2125 / 40

OPEN SPACE LOT TO BE MAINT.
 OWNED BY CATTAIL CREEK COUNTRY CU

OF 7

LOTS TO BE RECORDED.....	7
LOTS TO BE RECORDED.....	0
RECORDED.....	7
TO BE RECORDED.....	25.204 AC. ±
BE RECORDED.....	1.236 AC. ±
ORDED.....	26.440 AC. ±
RECORDED.....	0.524 AC. ±
.....	26.946 AC. ±

C1 1342 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON WALL 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 # 43279

ST/CO USE ONLY
 DATE RECEIVED: [] [] [] [] [] []
 DATE WELL COMPLETED: 04/18/90

Depth of Well: 22 765 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL":
 H0-88-1220

OWNER: SYCAMORE VALLEY PARTNER CHIP
 last name: BRAD LEE first name: COURT
 STREET OR RFD: TOWN: GLENELG
 SUBDIVISION: SYCAMORE VALLEY SECTION: 1 LOT: 22 33

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	
Shale	2	80	✓
Mika	80	90	
Sandstone	90	95	✓
M.K.A	95	130	
Sandstone	130	135	✓
Mika	135	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS: 30 NO. OF POUNDS: 2000
 GALLONS OF WATER: 120
 DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 50 ft.

CASING RECORD
 casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)
 MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 60 Total depth of main casing (nearest foot): 66

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), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

DEPTH (nearest ft.)

EACH SCREEN	DEPTH (nearest ft.)
1	179
2	
3	

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

PUMPING TEST
 HOURS PUMPED (nearest hour): 6
 PUMPING RATE (gal. per min. to nearest gal.): 3
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 42 WHEN PUMPING: 98
 TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), 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: 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: [] (nearest foot)

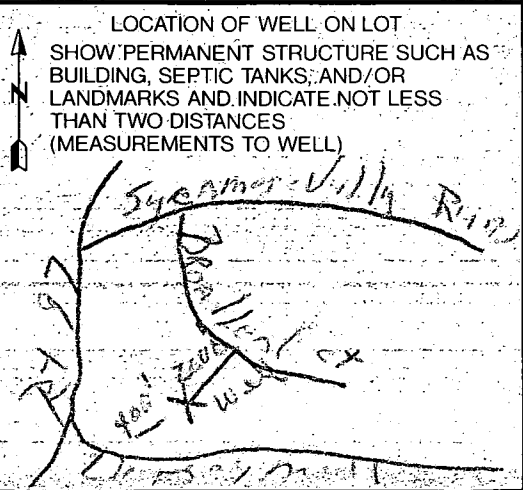
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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.) 70 [] 72 [] W Q 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1' **2205** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

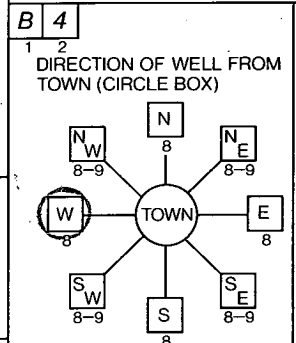
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1220
 fill in this form completely

Date Received (APA) **11/01/89**
 OWNER INFORMATION
SYCAMORE VALLEY PART
8307 MAIN STREET
ELLICOTT CITY MD 21403

B 3 LOCATION OF WELL
HOWARD COUNTY
SYCAMORE VALLEY SUBDIVISION
 SECTION **1** LOT **33**
GLENELB NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
FRANK DELPH License No. **453**
FRANK DELPH WELL DRILLERS INC.
1234 PENN SHOP RD MT AIRY MD
 Signature *Frank Delph* Date **11/23/89**



Broadleaf Ct NEAR WHAT ROAD
 NORTH SOUTH WEST EAST
 DISTANCE FROM ROAD **2600** 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A# 43279 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
022280 Charles Bryan *11/22/90*
 NORTH GRID **523000** EAST GRID **079000**

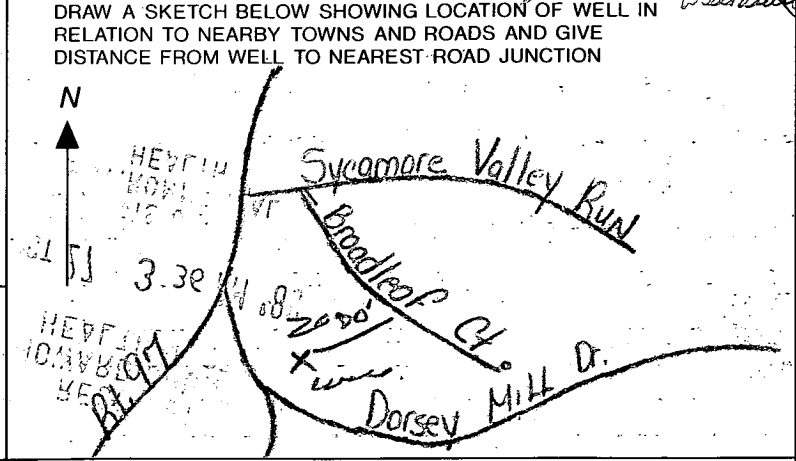
APPROXIMATE DEPTH OF WELL **200** FEET

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

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
788 90
527 3
 (Tags on site per well log)

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) _____

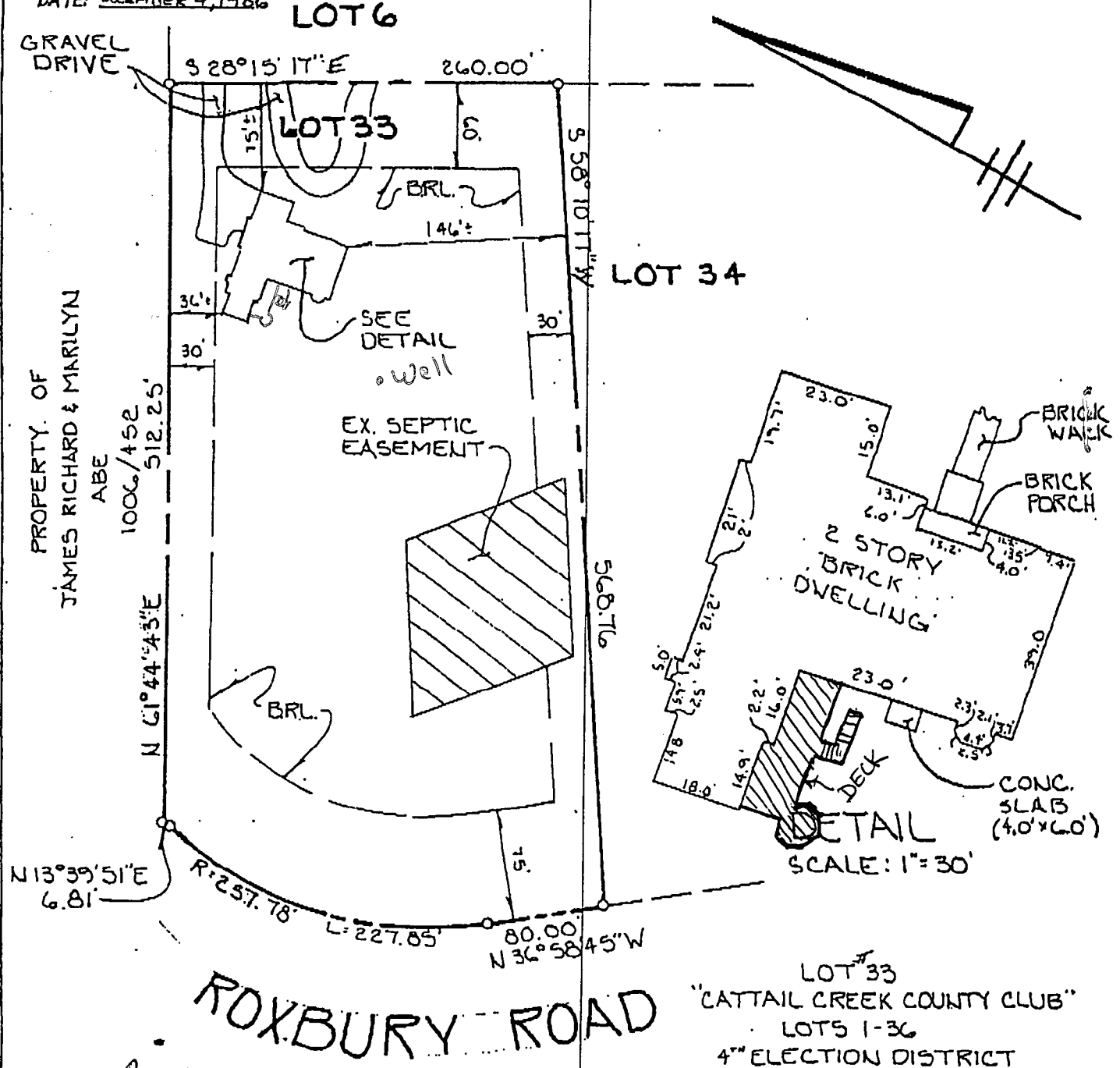


Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **CO** PERMIT No. **HO-88-1220**

SPECIAL CONDITIONS

1) THIS PLAT 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 PLAT 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 PLAT 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.

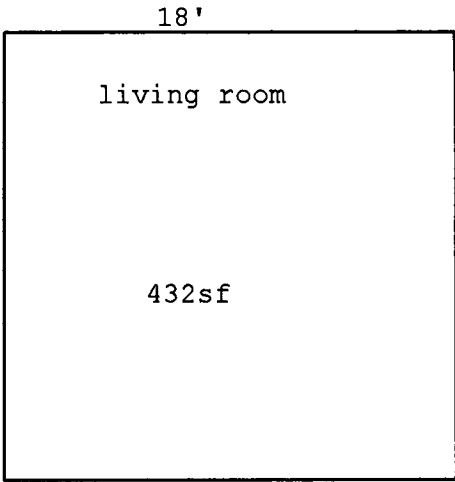
2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020B, EFFECTIVE DATE: DECEMBER 4, 1986



5-23-96

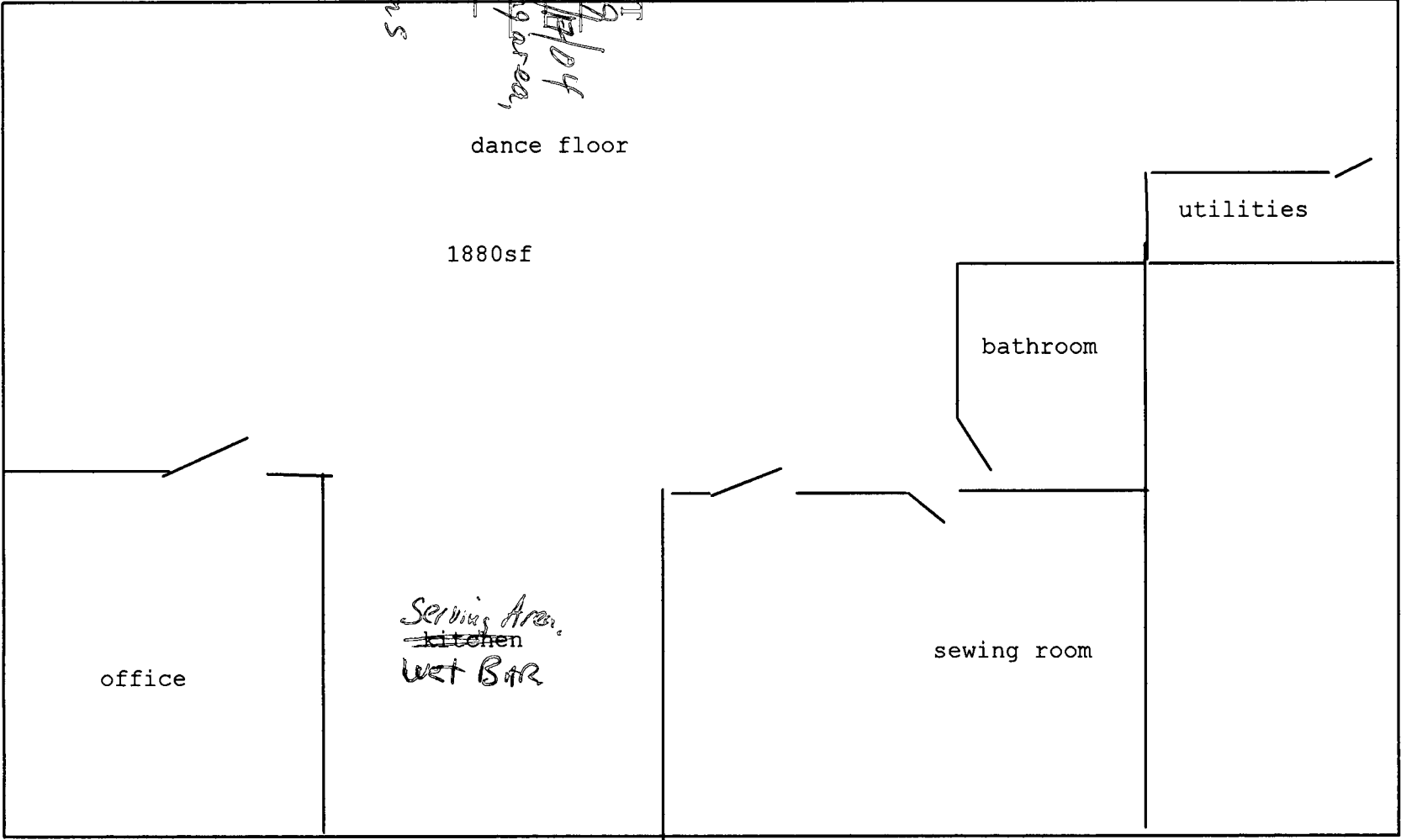
Proposed deck location will have no impact to existing well or septic. OK to proceed.

Angus McMillan



APPROVED

WALK-THRU BUILDING PERMIT
 BP# 800148988 A# 43279
 APP. SAN MR DATE: 6/17/04
 DESC. OF WORK: office, serving area,
bath, wet bar, sewing room,
Living Rm
 All interior alterations



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00148988

Building Address 3613 Black Walnut Lane
Glenwood MD 21043

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

Census Tract Glenwood Subdivision C. Mill Creek

Section _____ Area _____ Lot 33

Tax Map 21 Parcel 6 Grid 15

Zoning RC Map Coordinates 94117 Lot size _____

Property Owner's Name PK BAUTIANI

Address 3613 BLACK WALNUT LANE

City Glenwood State _____ Zip Code 21043

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD ~~W/Fin Basement~~

Proposed Use SFD W/Fin Basement

Estimated Construction Cost \$ 9K

Description of Work Office, Sec'd Area, WET/DAM
BATH
Serving Rm, Living Rm.

Contractor Company Blue Ridge Contr

Contact Person DAVE MILLER

Address 296 PARADISE RD

City Aberdeen State MD Zip Code 21001

License No. _____

Phone 410-272-8988 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	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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.

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY