

3/18/94
4/8/94
House connection ASAP
F...
@...
1 of 4
in subdivision

Needs HSE Connection
house connection made 4/8/94
DKS

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353846

P 49796C

A 43393

DISTRICT 4th

DATE 12/10/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

DATE SYSTEM APPROVED 4/8/94

INSPECTOR DKS

INDEXED

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 15 ROAD 3268 Starting Gate Court

PROPERTY OWNER Martin II, Inc. Mr. & Mrs. IRVINE

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 → 5 as of 9/2002

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet from right lot line (634.51') and 125 feet from the left (390.22') lot line as viewed from Starting Gate Court. Install trenches on contour toward right 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. OK MR 1/6/94

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin

REVISED DATE 12/28/93

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.

BUILDING PERMIT SIGNED AND RETURNED

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)

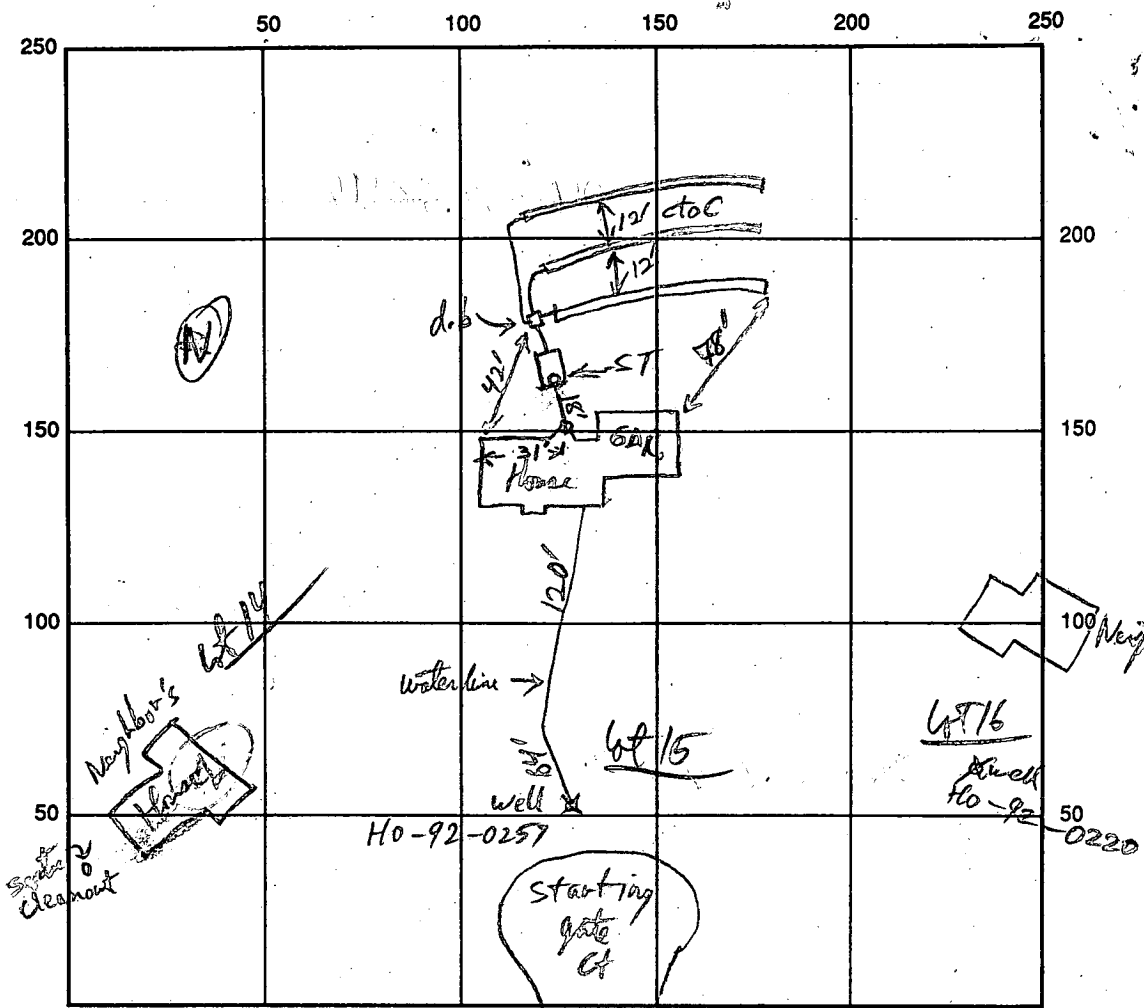
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Addition - Porch
BLDG. PERMIT SIGNED AND RETURNED 6-26-96
Serial # B00100672

BLDG. PERMIT SIGNED AND RETURNED 9/18/01

B00132207
4 stall horse barn
9/10/2002 B00138144 MASTER SUITE + FRONT PORCH

A 43393



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 & Ho-92-0256

SEPTIC TANK LEVEL 1250 gdl CLEANOUTS HSE + ST
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80/80/80 FT. 240'
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER NA FT. EFFECTIVE DEPTH BELOW INLET NA FT.
 ABSORBENT AREA NA SQ. FT.

REMARKS: OK to Core system, trenching & house connection done yet 3/18/99 RJP
4/8/94 House connection made. DKS

Water line trench open - Not installed 4/19/94
 DATE SYSTEM APPROVED 4/8/94 INSPECTOR Samuel Joe

APPLICATION

PERCOLATION TESTING

A 43393

P _____

R _____

DISTRICT _____

DATE 12/19/88

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

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 Oakton Associates, Inc. Martin II, Inc.

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 18/15

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East

from Damascus Road (3268 Starting Gate Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG Single Family
(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. James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 19 April 89 - Perc OK Hold For Plat R/H

BLDG. PERMIT SIGNED
AND RETURNED 12/16/88

Serial # 57918-SF-D-48

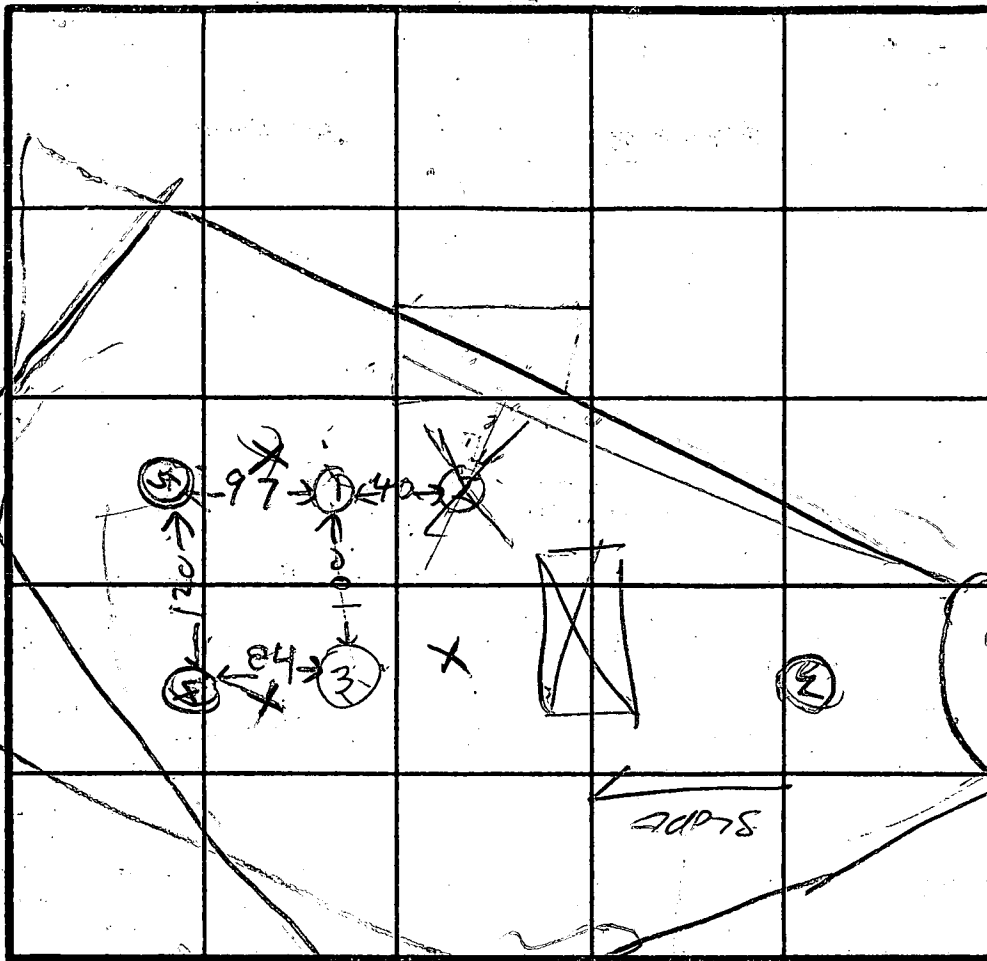
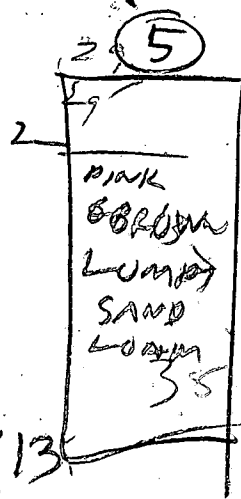
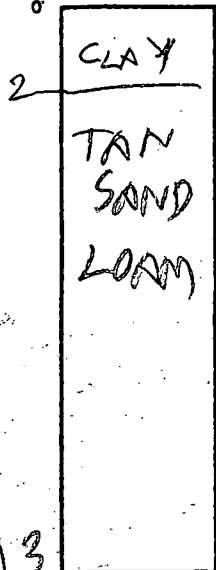
HD-216

THIS IS NOT A PERMIT

Lot 103
A43-39

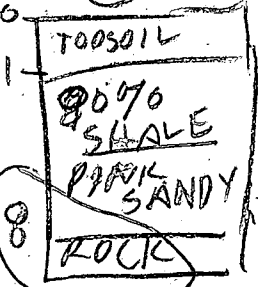
057
27

SOIL PROFILE

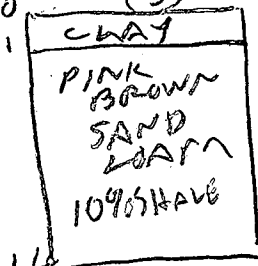


X = STAKES FOR PROPOSED HOUSE

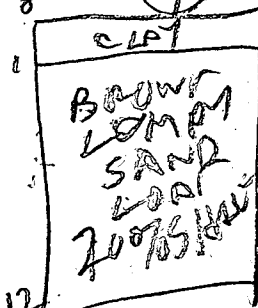
(2)



(3)



(4)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/19/89	1S	4	1220	1222	1222	1224	2	
	1V	13	OK					
	2V	8	ROCK BOP (FAIL)					
	3S	3.5	1230	1231	1231	1234	3	
	3D	7	1231	1234	1234	1239	4	
	3V	14	OK					
	4S	4	1238	1240	1240	1240	2	
	4V	12	OK					
	5V	13	OK					

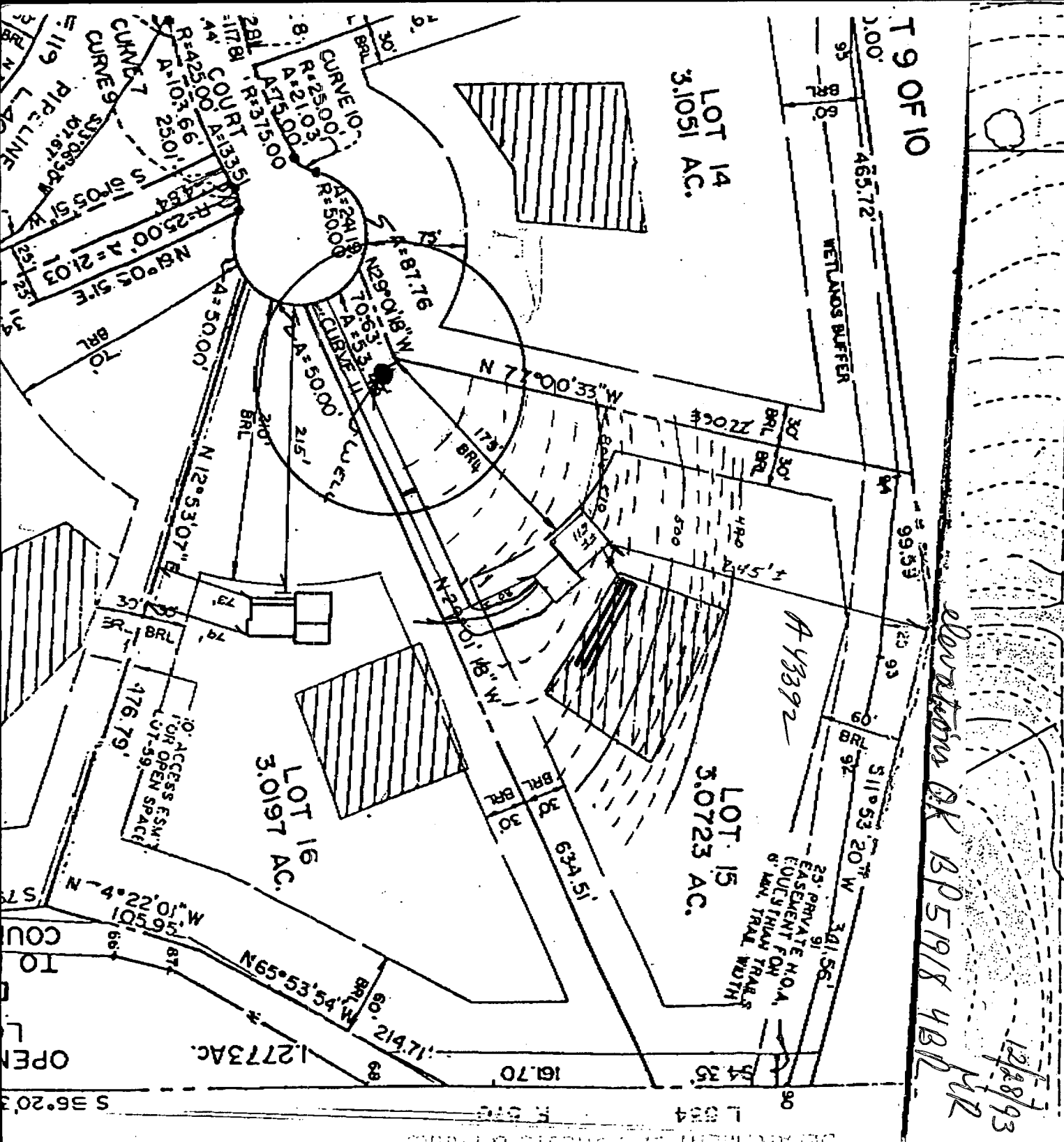
INLET 3' x 4' MIN

REMARKS: Hole (2) Per Test Plot Hole (1)(3)(4)(5) Different

TYPE OF SOIL: _____

TESTED BY: R. Hodson

ALSO PRESENT: Rocky, James, Jeff



- LOT 15 CABIN BRANCH
- INVERT OUT OF HOUSE 504
 - INVERT INTO SEPTIC TANK 503.5
 - INVERT OUT OF SEPTIC TANK 503.25
 - INVERT INTO DIST. BOX 503
 - INVERT INTO TRENCH 502.5
 - EXISTING GRADE @ TANK 506
 - EXISTING GRADE @ BOX 505
 - EXISTING GRADE @ TRENCH 504.5
 - WELL ELEVATION 517

MAINTAIN 20' BETWEEN HOUSE & FIELDS. MIN. OF 18" OF COVER ON TANKS. THREE TRENCHES OF EQUAL LENGTH TO BE DETERMINED.

QUESTIONS:
 STEVE ROTH
 410 239 8330

DONATIONS OK B051918 4B12
 12/28/93
 412

2352

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 OJ:OMA 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
 Replacement _____ Date _____
 Name of Installer Plumbing, Htg & Supplies Inc. Telephone 410-848-5300
 License Number 5165
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Masonry Contractors Telephone 410-239-8330
 Subdivision Cabin Branch Farms Lot # 15 Well Tag # 92-02-57
 Site Address Starting Gate Court

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Condo
 3. Model # TEHOS
 4. Capacity 7 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 1/2
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Campbell
 2. Model # P-300-X
 3. Depth 4

Tank
 1. Capacity 1
 2. Pressure relief valve? yes
1' above grade
5.5' below grade
WPI OK. 3/23/94 DKS

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

Well data
 1. Depth 245 ft.
 2. Yield 5.5 GPM
 3. Static water level 48 ft.
 4. Will water supply be disinfected by installer? no

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: Edgar E. Parry
 Date: March 21, 1994

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

C1 6682 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 A43393

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-92-0257

OWNER Frall Newelapour last name first name TOWN Lisbon
STREET OR RFD last name first name
SUBDIVISION Cabin Branch Farm SECTION LOT 15

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Includes handwritten entries: Brown Shale 0 81, Blue Rock 81 245, Dry well 300 filled in with cement + drilling materials.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 18 NO. OF POUNDS 1692. GALLONS OF WATER 108. DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. to 50 ft.

CASING RECORD. casing types insert appropriate code below. ST CO STEEL CONCRETE. PL OT PLASTIC OTHER.

MAIN CASING TYPE. Nominal diameter top (main) casing (nearest inch). Total depth of main casing (nearest foot). ST 6 84

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

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

DEPTH (nearest ft.) 11 15 17 21. 1 HO 83 245. 2 3. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

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. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 505. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 48 WHEN PUMPING 189. TYPE OF PUMP USED (for test) 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) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 50 51.

LOCATION OF WELL ON LOT. SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). See Attached Well location.

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. 235. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION). SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

B 1 **03943**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-92-0252
fill in this form completely

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

please print or type

Date Received (APA)

09/2/92

OWNER INFORMATION

FALL DEW PLOORS

Box 159

MT AIRY

DRILLER INFORMATION

Joseph L. Mayne License No. **238**

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy 2177

Joseph Mayne Date **9/2/92**

B 3

LOCATION OF WELL

Howard

Chapin Branch Farm

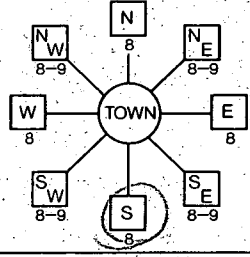
SECTION **15**

Lispbon

MILES FROM TOWN (enter 0 if in town) **4 MI**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Starting Gate Court

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **130** ENTER FT or MI **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 **A43393** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____

112592 CO SIGNATURE **Joseph L. Mayne** EXP/DATE **5/25/93**

NORTH GRID **529000** EAST GRID **0567000**

APPROXIMATE DEPTH OF WELL **260** 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)

- 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY) **252EB-3**

APPROX. PERMIT NUMBER **GAP**

FORCE **PP** PERMIT No. **HD-92-0252**

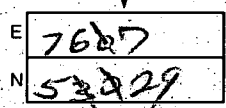
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

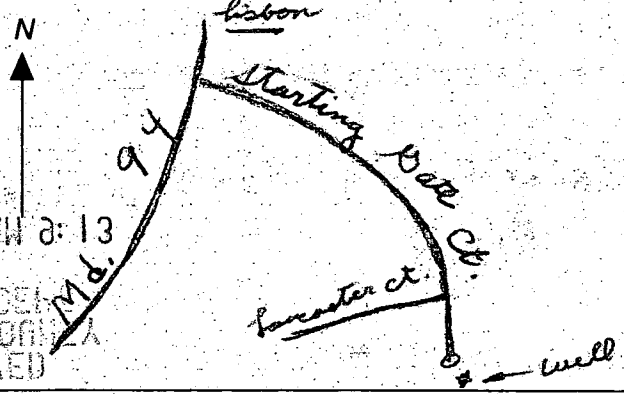
SOURCES OF DRILLING WATER

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

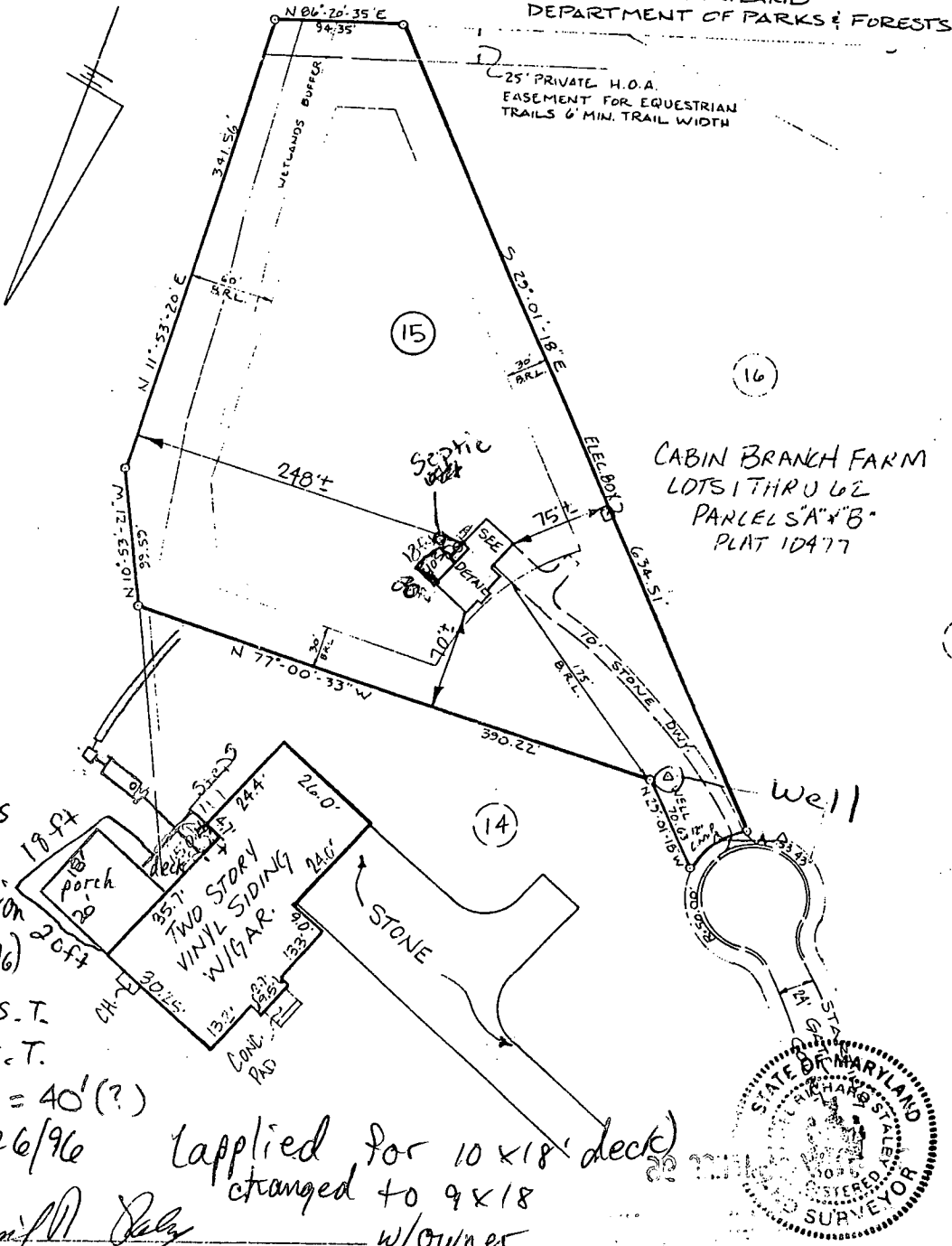


DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 15, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3268 Starting Gate Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 5-th day of April, 1994.

STATE OF MARYLAND
DEPARTMENT OF PARKS & FORESTS

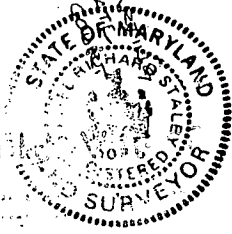


Porch & Deck as per previous H.D. conversation w/owner (3/19/96) porch 10' to S.T. deck 9' to S.T.

OK to sign MR 6/26/96 1" = 40' (?)

Daniel R. Staley
DANIEL R. STALEY LS#10735

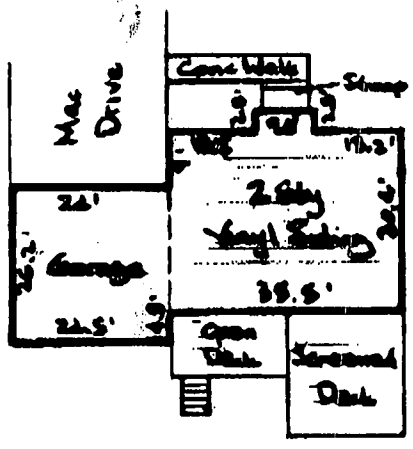
Applied for 10x18' deck changed to 9x18 w/owner via T/C owner to supply req'd letter to DILP MR 6/26/96



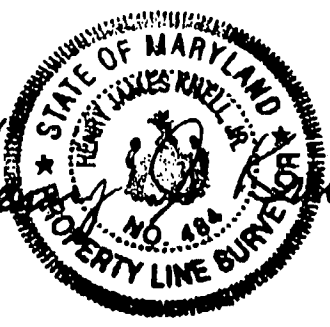
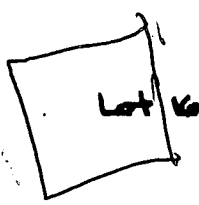
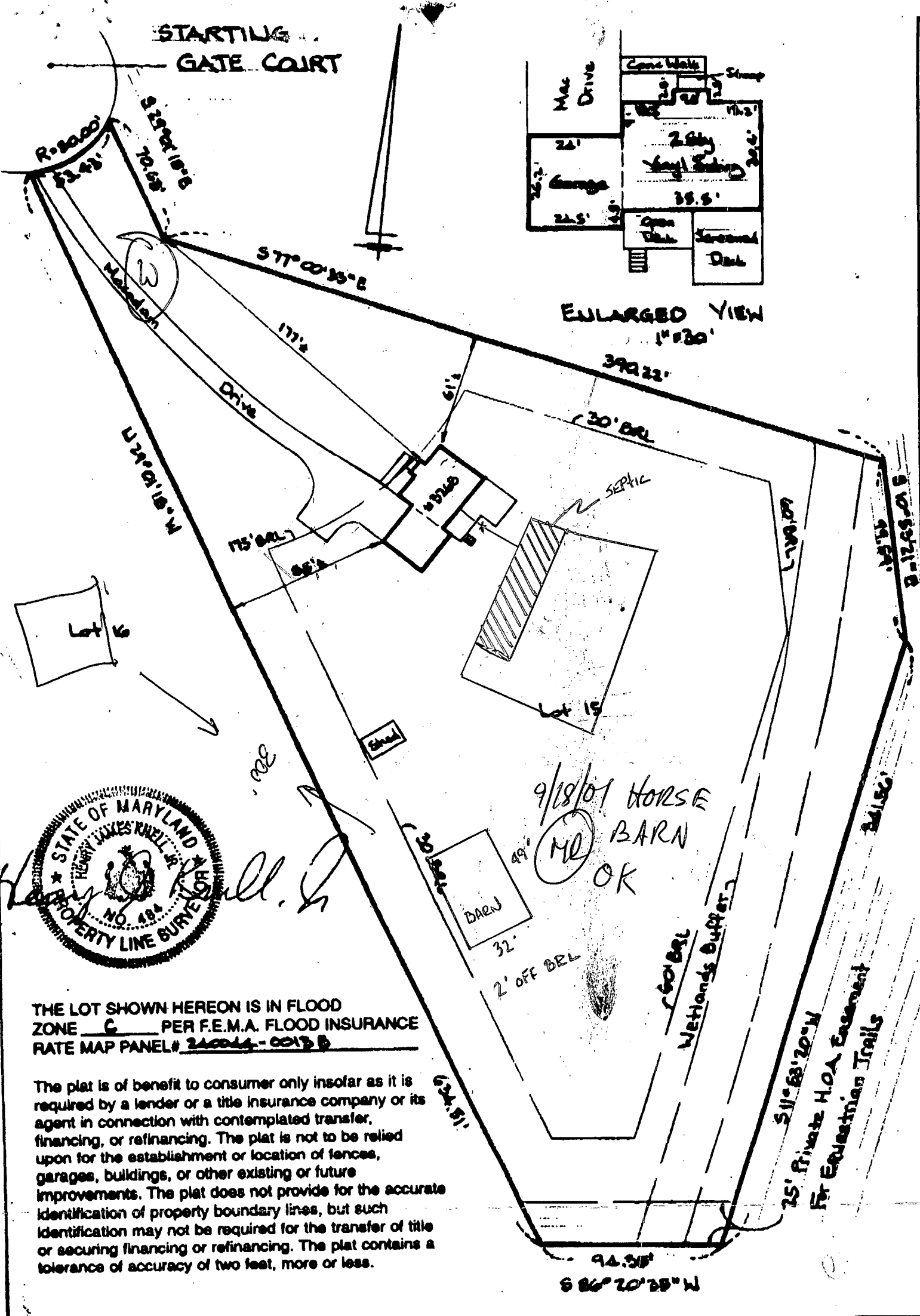
SCALE 1" = 100'

via T/C owner to supply req'd letter to DILP MR 6/26/96

STARTING GATE COURT



ENLARGED VIEW
1"=60'



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 24004-0013B

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two feet, more or less.

9/18/01 HORSE BARN OK
MD

Ertel Associates, Inc.

3109 Moreland Avenue
Baltimore, Maryland 21234
Phone: 410-882-0989 • Fax: 410-882-0842

LOCATION DRAWING

3268 STARTING GATE COURT; LOT 15
"CABIN BRANCH FARM, LOTS 1-62, PAGES A78"
HOWARD CO., MD. PLAT MDR # 10677

DATE: 12/11/00	SCALE: 1"=60'	FILE:
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Building Address: 3268 Starting Gate Court
Woodbine MD 21797
 Suite/Apt. #: _____ SDR/WP/Petition #: _____
 Census Tract 604002 Subdivision Cabin Branch Farm
 Section _____ Area _____ Lot 15
 Tax Map 13 Parcel 142 Grid 20
 Zoning RC DED Map Coordinates 756 Lot size _____

Property Owner's Name THOMAS & LINDA TEAL
 Address 3268 Starting Gate Court
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-499-0690 Work Phone 301-258-5070
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use HORSE BARN FOR SALE
 Estimated Construction Cost \$ 35000
 Description of Work 4 stall horse barn
19x32'

Contractor Company HOWEVER BLUE BLDG COMPANY
 Contact Person MUNNY CALTRIDER
 Address P.O. Box 330
 City ARROTTOWN State PA Zip Code 17301
 License No. MHC 11829
 Phone 717-624-4800 Fax _____

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company HOWEVER BLUE BLDG CO.
 Contact Person Same
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric: Yes <input checked="" 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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
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.

Thomas W. Teal Jr
 Applicant's Signature
 OWNER

THOMAS W. TEAL JR
 Print Name
 8/30/01
 Date

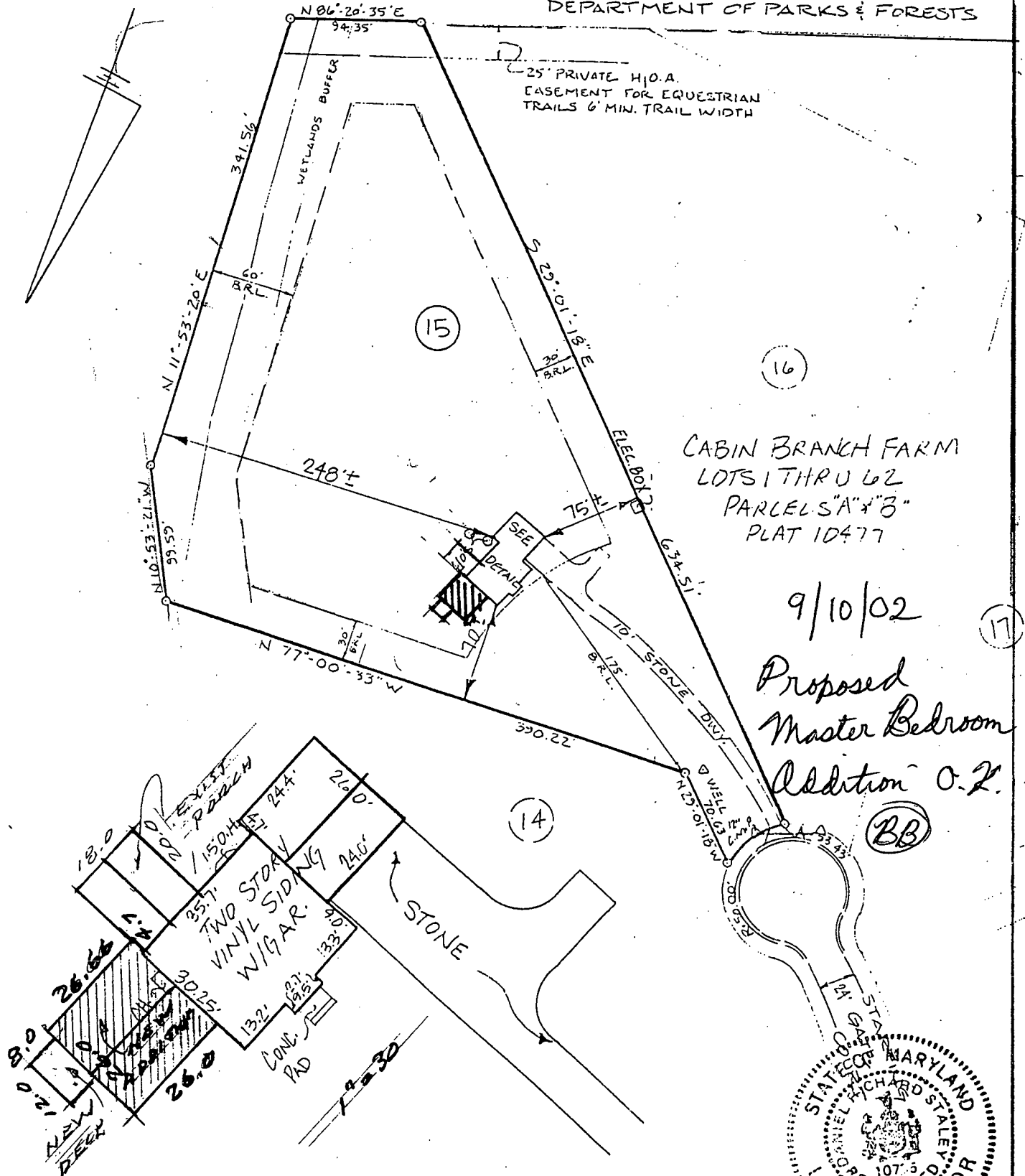
Title/Company _____
 Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	1300132207
State Highways			Rear _____	
Building Official			Side _____	
Dev. Engineering DPZ	8/18/01	<i>Mark T. P...</i>	Side St. _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES \$ _____
				Sub-total paid \$ _____
				Balance due \$ _____
				Check # _____
				Validation # _____
				Accepted by <i>[Signature]</i>

This is to certify that I have surveyed the property shown hereon, known as Lot # 15, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3268 Starting Gate Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

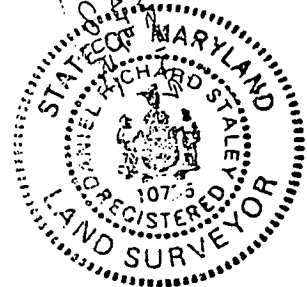
Westminster, this 5-th day of April, 1994.

STATE OF MARYLAND
DEPARTMENT OF PARKS & FORESTS



CABIN BRANCH FARM
LOTS 1 THRU 62
PARCELS "A" & "B"
PLAT 10477

9/10/02
Proposed
Master Bedroom
Addition 0.2
BB



Daniel R. Staley

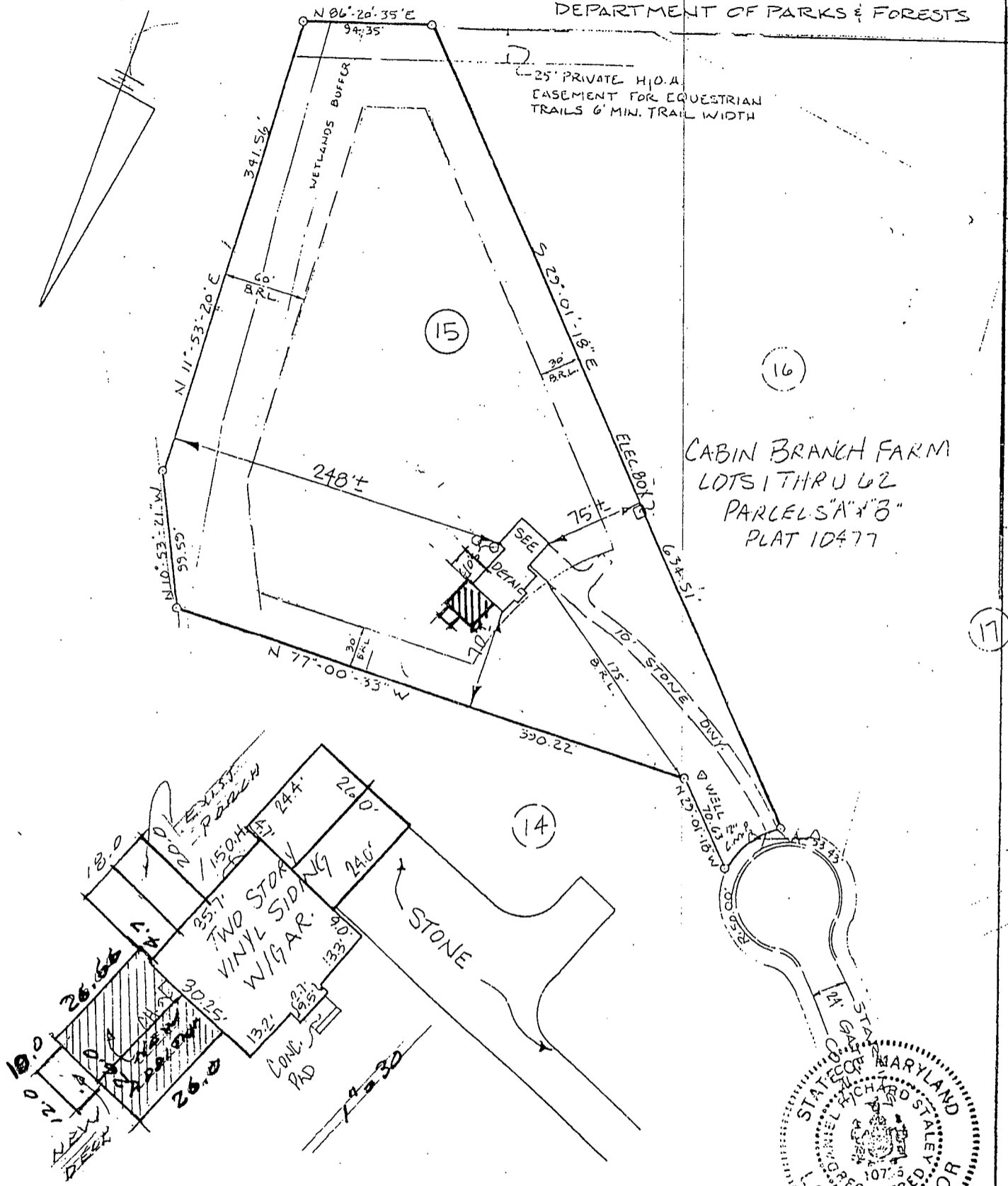
DANIEL R. STALEY LS#10735

SCALE 1" = 100'

This is to certify that I have surveyed the property shown hereon, known as Lot # 15, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3268 Starting Gate Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 5-th day of April, 1994.

STATE OF MARYLAND
DEPARTMENT OF PARKS & FORESTS



Daniel R. Staley
DANIEL R. STALEY LS#10735

1/27/03
Deck location
OK
(KN)