

1/16/97
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57291

A 43423

DISTRICT 4th

DATE 9-25-96

DATE SYSTEM APPROVED 1/16/97

INSPECTOR [Signature]

04-354141

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

J. E. Feaga & Son Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 1625 Henryton Road, Marriottsville, Maryland 21104 PHONE 442-5623

SUBDIVISION Cabin Branch Farm LOT 43 ROAD 3211 Starting Gate Court

PROPERTY OWNER Daniel Ellis Charles Wookis

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 160' from front (269.41') lot line and 15' from left (514.00') lot line as viewed from Starting Gate Court. Install trenches on contour towards 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. 7118196 OR ALM

PLANS APPROVED BY Amy McMillen DATE 6/20/96

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

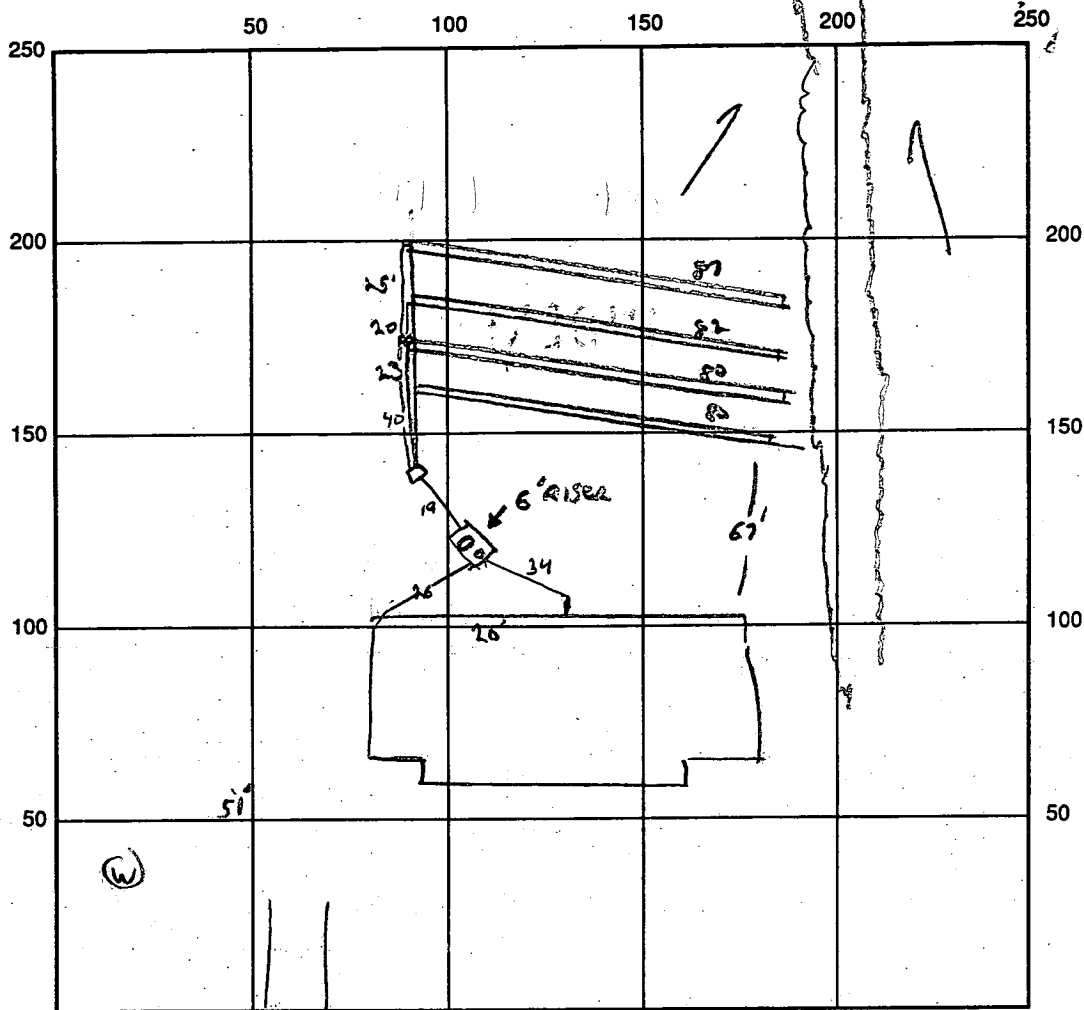
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

LOG. PERMIT SIGN'D
AND RETURNED 11-17-99

Serial # 607121377

Word doc

A
43423



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
STARTING GATE OF

SEPTIC TANK LEVEL ok CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5-3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 329 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 987 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/16/97 SYSTEM DEEPER IN HIGHEST TRENCH DUE TO CONTOUR,
SYSTEM ok TO COVER. st

DATE SYSTEM APPROVED 1/16/97 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 213423
P _____
R _____

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

DISTRICT _____
DATE 12/19/88

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 Oakton Associates, Inc. Daniel Ellis

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. AT 43

ROAD AND DESCRIPTION 3211 Steating Gate Court
Rte 94 (Ellicott Road) Approximately 2 miles North East

from Damascus Road

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. _____

BLDG PERMIT SIGN. _____
AND RETURNED 6-20-96
Serial # 1300100641
Single Family - 4 BRMS
(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 _____

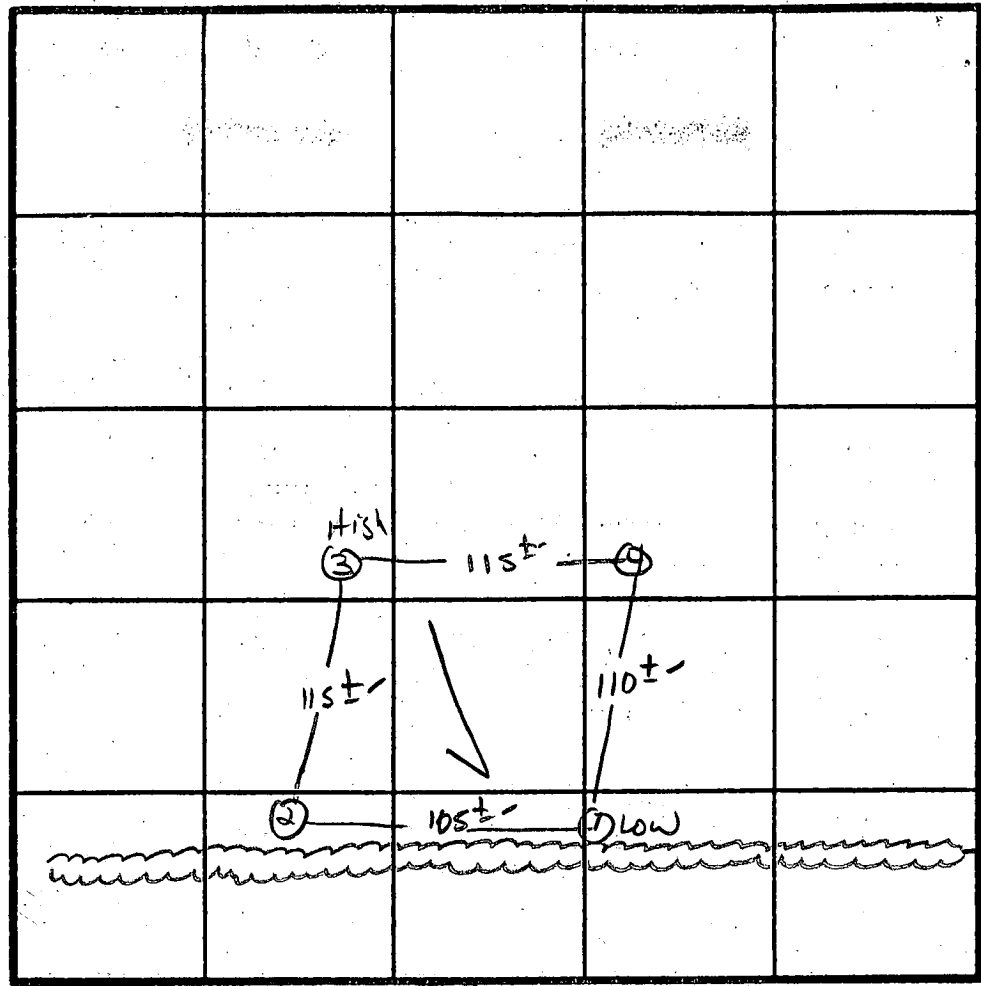
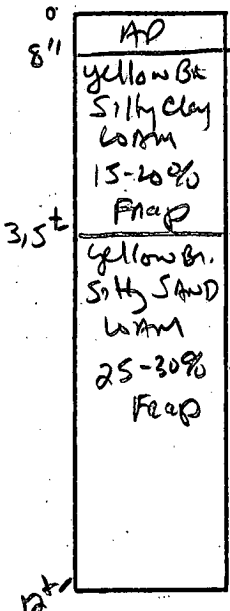
REASONS FOR REJECTION OR HOLDING 4/24/89 - Perc Satisfactory - Hold for Plans sub

HD-216

THIS IS NOT A PERMIT

lot 47
A 43 42 3

SOIL PROFILE



X Perc 12 min
210 #/BK
Inlet 4.0'
Bottom 7.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
R+94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/24/89	3 S V	4.0 11.5'	1126 similar to profile	1128	1128	1132	4 MIN
	4 S V	4.5 10.5'	1128 similar to profile	1130	1130	1135	5 MIN
	2 S V	4.5 12.5'	1140 similar to #2	1150	1150	215	25 MIN
	1 V	13'	similar to profile - clay to 4.0'				

REMARKS _____
 TYPE OF SOIL Holes Approx PWT - holes 3+4 between STAPES ON LOT 46+47
 TESTED BY S. Abel ALSO PRESENT Proctor & others

C1 0164 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A43423

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Ellis DAN, STREET OR RFD Starting Gate Ct, TOWN Lisbon, SUBDIVISION Cabin Branch Farm, SECTION, LOT 43

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 entry for Overburden Gray Rock and water encountered at 55 & 195'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N). TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 11 NO. OF POUNDS 1100.

CASING RECORD

MAIN CASING TYPE PL (60-61), 6 (63-64), 40 (66-70). Nominal diameter top (main) casing (nearest inch) 6. Total depth of main casing (nearest foot) 40.

OTHER CASING (if used)

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

SCREEN RECORD

DEPTH (nearest ft.) 40. Slot size diameter of screen 2 (NEAREST INCH).

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

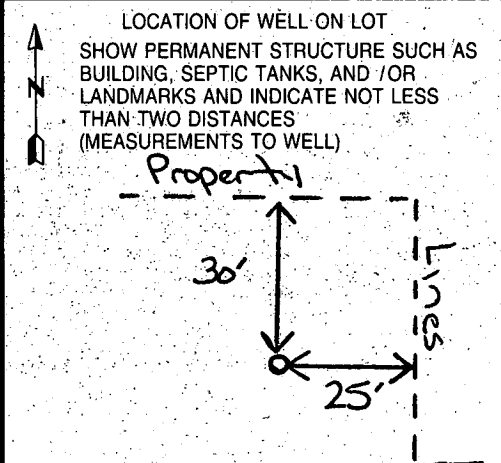
TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 100. METHOD USED TO MEASURE PUMPING RATE Submersible. WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 78 ft. 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. 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 (nearest foot).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: 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. 399.

DRILLERS SIGNATURE (Must match signature on application).

LIC. NO. MSD017.

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

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-N Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Receipt # _____
 Replacement _____ Date _____
 Name of Installer J.A. Smith & Co. Inc. Telephone 410-796-7532
J. Allen Smith Jr.
 License Number 5581 Registered Plumber X
 Certified Well Pump Installer _____ Well Driller _____ For: 410-799-8545
 Name of Property Owner Daniel Ellis Telephone 410-465-0241
 Subdivision Cabin Branch Farm Lot # 43 Well Tag # 110-930-224
 Site Address 3211 Starling Gate

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 3/4 1. Make Martinson
 a. Deep well jet _____ 2. RPM 3500 2. Model # B10X
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
 c. Submersible X a. 110 _____
 2. Make Goulds b. 220 X
 3. Model # 26507-412
 4. Capacity 7 GPM
 5. Pump exceeds well capacity Yes _____ No X
 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 X Cable guards X Other _____

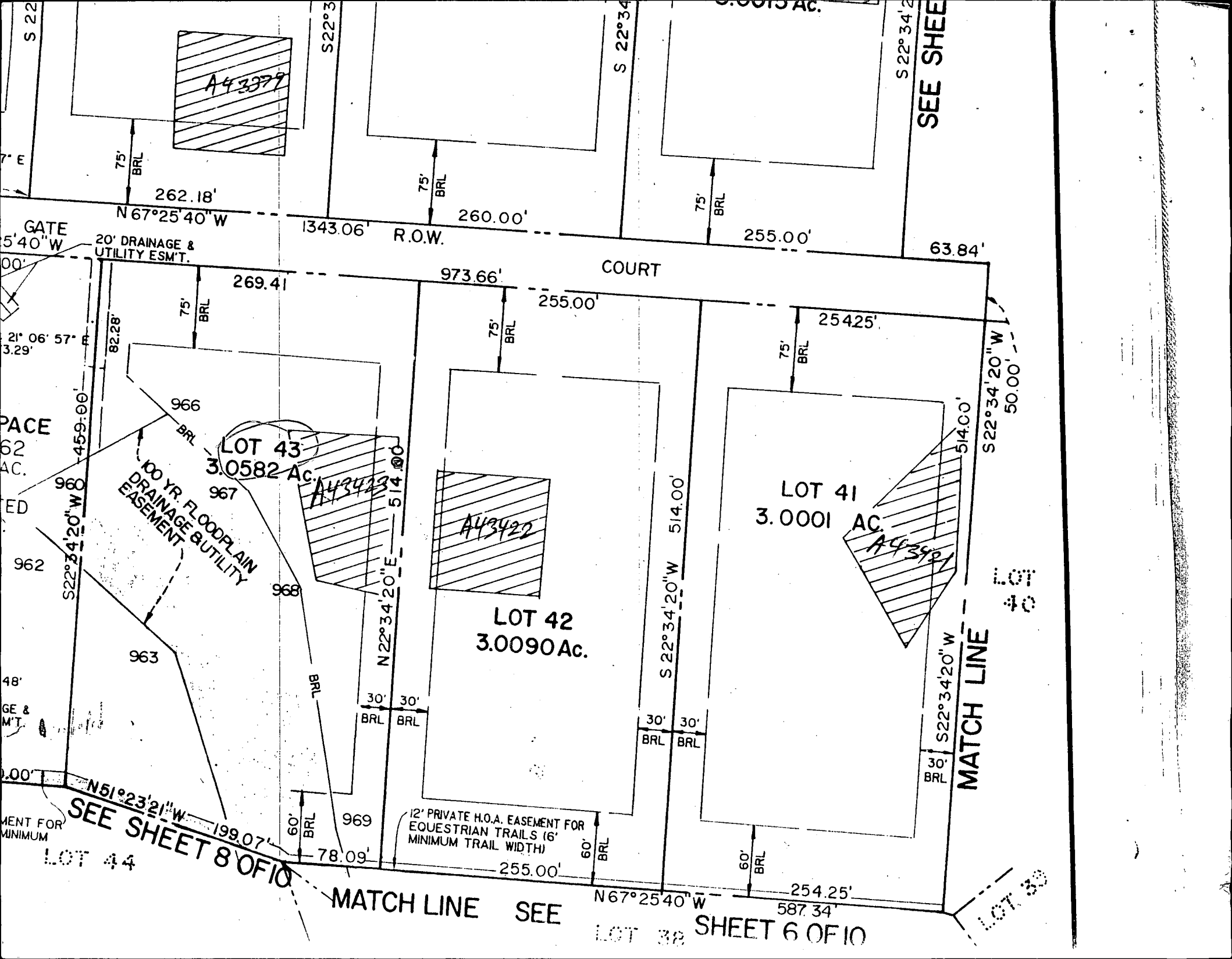
Tank Piping Well data
 1. Capacity 20 1. Type HT 160 1. Depth 200 ft.
 2. Pressure relief valve? yes 2. Size 1" 2. Yield 10 GPM
 3. NSF and/or BOCA Code approved yes 3. Static water level 50 ft.
 4. Depth of supply line 42" 4. Will water supply be disinfected by installer? NO

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 J. A. Smith Jr.
 Date: 2/4/97

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



A43377

LOT 43
3.0582 AC.

A43423

A43422

LOT 42
3.0090 Ac.

LOT 41
3.0001 AC

A43421

SEE SHEET

MATCH LINE

MATCH LINE SEE

SHEET 6 OF 10

SEE SHEET 8 OF 10

GATE
5'40" W
20' DRAINAGE &
UTILITY ESMT.

12' PRIVATE H.O.A. EASEMENT FOR
EQUESTRIAN TRAILS (6'
MINIMUM TRAIL WIDTH)

100 YR FLOODPLAIN
DRAINAGE UTILITY
EASEMENT

N67°25'40" W

N51°23'21" W

LOT 38

LOT 39

LOT
40

EASEMENT FOR
MINIMUM

LOT 44

PACE

ED

GE &
M'T.

EASEMENT FOR
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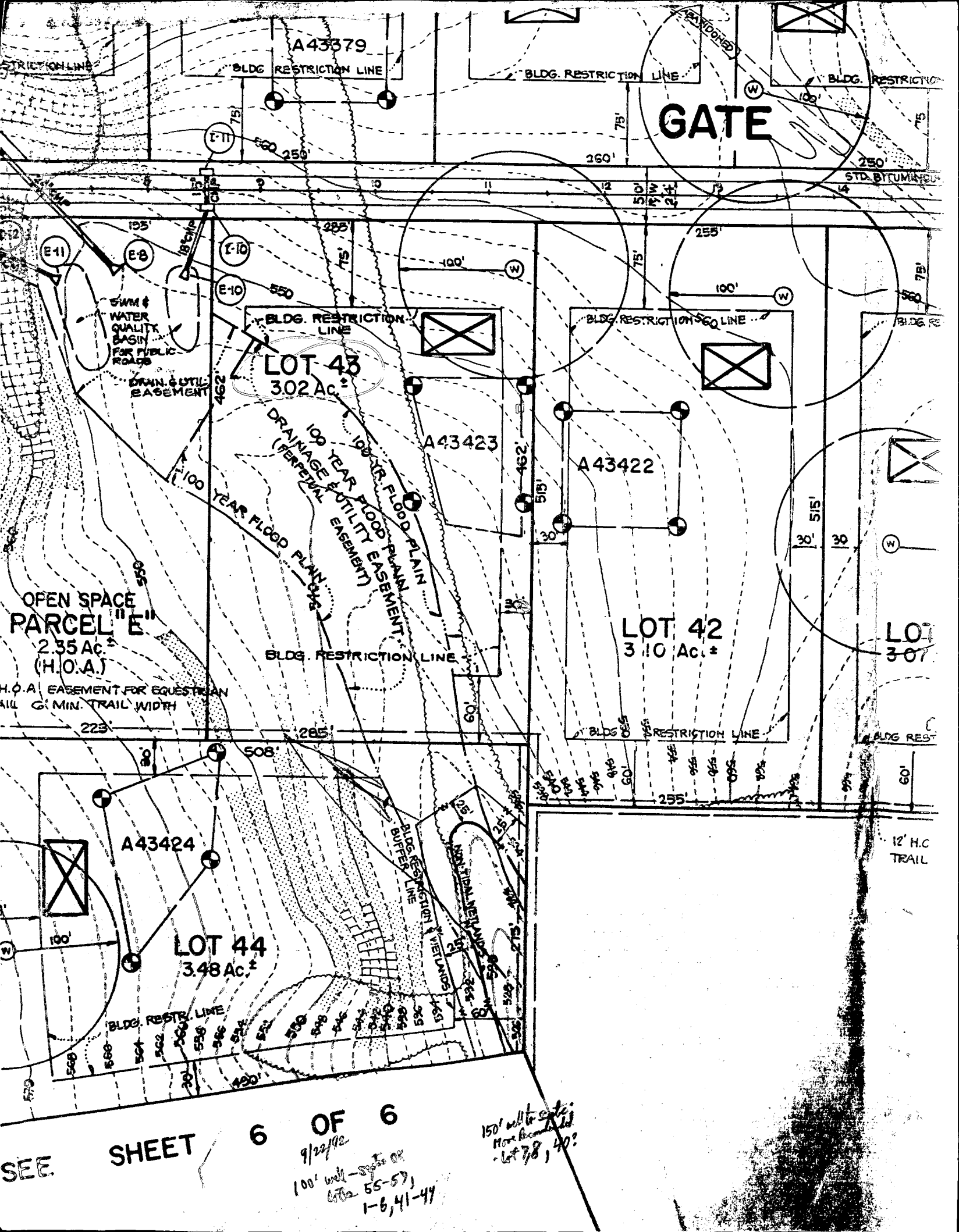
LOT 44

PACE

ED

GE &
M'T.

EASEMENT FOR
MINIMUM



GATE

LOT 43
302 Ac.±

LOT 42
310 Ac.±

LOT 44
348 Ac.±

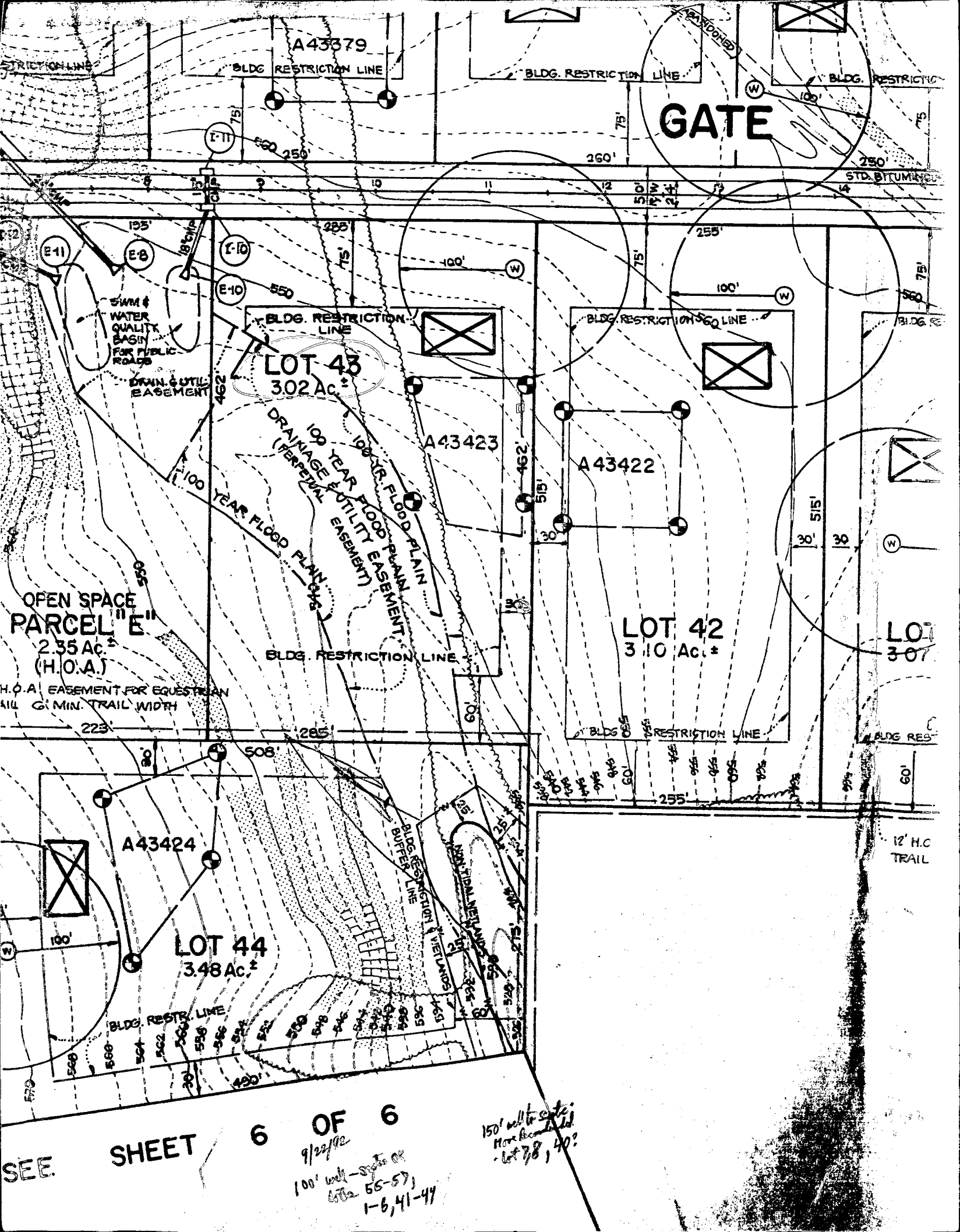
OPEN SPACE PARCEL "E"
2.35 Ac.±
(H.O.A.)

6 OF 6

SEE SHEET

9/22/92
100' well - system on
lots 55-57,
1-6, 41-44

150' well to site
More located lot
- lot 78, 40?



GATE

LOT 43
302 Ac. ±

LOT 42
310 Ac. ±

LOT 44
348 Ac. ±

OPEN SPACE PARCEL "E"
2.35 Ac. ±
(H.O.A.)

H.O.A. EASEMENT FOR EQUESTRIAN TRAIL 6' MIN. TRAIL WIDTH

SEE SHEET

6 OF 6

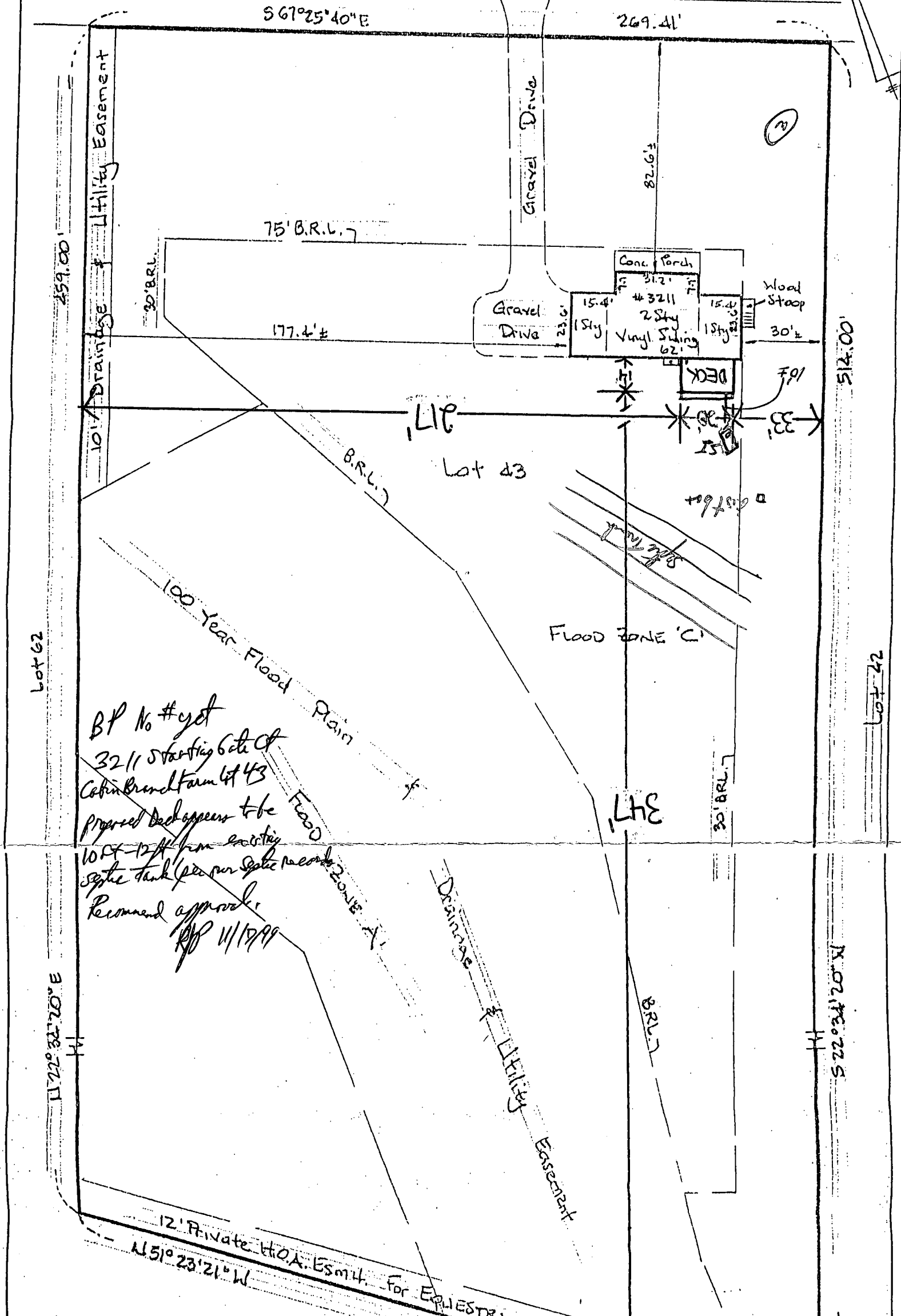
9/22/92
100' well - system on
lots 56-57,
1-6, 41-44

150' well to site:
Have been drilled
- lot 7, 8, 40?

A43423

STARTING GATE COURT

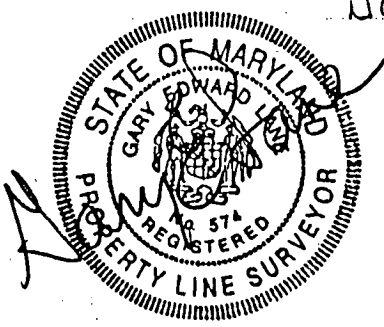
Edge Man 22' Mac Paving - 50' R/W



BP No # yet
 3211 Starting Gate Ct
 Cabin Branch Farm lot 43
 proposed deck appears to be
 10' x 12' from existing
 system tank (per our site records)
 Recommend approval
 RJP 11/17/99

THE LOT SHOWN HEREON IS IN FLOOD ZONE A & C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240014-0013 B

The plat is of benefit to a 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.



H **HICKS ENGINEERING CO., INC.**
 ENGINEERS, SURVEYORS & PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21286
 TELEPHONE: (410)494-0001

LOCATION DRAWING
 #3211 STARTING GATE COURT; LOT 43
 "CABIN BRANCH FARM, LOTS 1-62, PARCELS A4B"
 HOWARD CO., MD. PLAT MDR # 10475

DATE: 9/12/99	SCALE: 1" = 40'	FILE: 23100
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HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00121377

Building Address 3211 Starting Gate CT
Woodburn MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision CABIN BRANCH FARM
 Section _____ Area _____ Lot 43
 Tax Map 13 Parcel 42 Grid 13
 Zoning RC-DD Map Coordinates _____ Lot size _____

Property Owner's Name Chuck Wothers
 Address 3211 Starting Gate CT
 City Woodburn State MD Zip Code 21797
 Home Phone 715-9855 Work Phone 309-8235
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use WOOD DECK
 Estimated Construction Cost \$ 4,400.00
 Description of Work erect a 14'x20' wood
deck approximately 9' off ground
NO STEPS

Contractor Company Premier Fence & Deck Co.
 Contact Person Steve Bradley
 Address P.O. Box 240
 City Pasadena State MD Zip Code 21123
 License No. 51434
 Phone 439-0700 Fax 439-8397

Occupant or Tenant Chuck Wothers
 Contact Name Same
 Address 3211 Starting Gate CT
 City Woodburn State MD Zip Code 21797
 Phone 715-9855 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 1 BR 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 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
RESIDENT / PREMIER FENCE & DECK
 Title/Company

STEVEN A. BRADLEY
 Print Name
10-14-99
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	11/17/99	[Signature]
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	11/17/99	[Signature]
Fire Protection		

DPZ SETBACK INFORMATION

Front: 75' Min
 Rear: 60' Min
 Side: 31' Min
 Side St.: N/A
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:

Filing fee	\$
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$
Balance due	\$
Check	#
Validation	#

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA