

Tax ID -04-327217

# PERMIT

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 43850

A 16126

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

Michael Ader IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 1714 Scott Road, Pylesville, MD 21132 PHONE 301-557-6885

SUBDIVISION Sunset Acres LOT NUMBER 2 ADDRESS 975 Old Woodbine Road

PROPERTY OWNER Stanley Moore PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

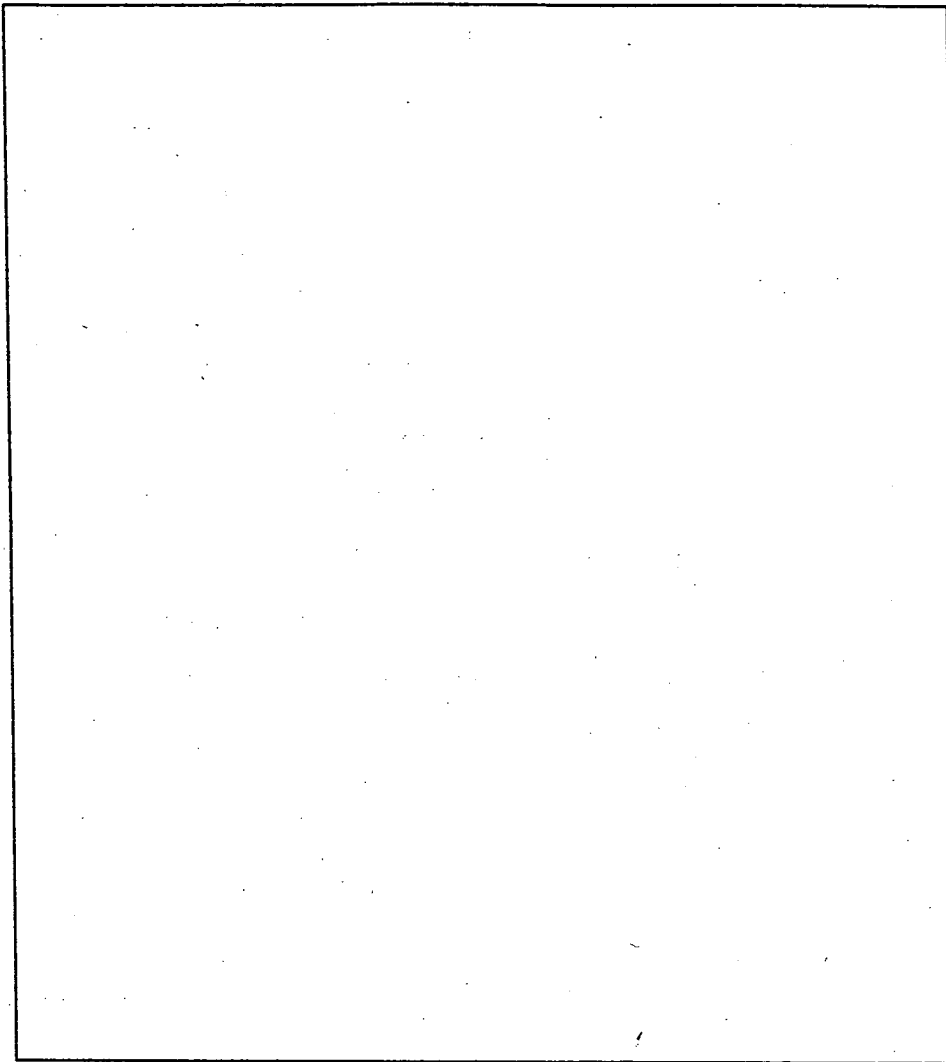
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

POOL PERMITS SKINEL  
REQUIRED 6/27/01  
B00131153 - POOL

043850

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_  
TRENCH INLET DEPTH \_\_\_\_\_  
TRENCH BOTTOM DEPTH \_\_\_\_\_  
DEPTH OF STONE \_\_\_\_\_  
NUMBER OF TRENCHES \_\_\_\_\_  
TOTAL TRENCH LENGTH \_\_\_\_\_  
ABSORBENT AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL \_\_\_\_\_  
BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS  
MANHOLE RISER \_\_\_\_\_  
6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_  
MANHOLE RISER \_\_\_\_\_  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A 16126

4th

DATE 3/20/89

DATE SYSTEM APPROVED 4/14/89

INSPECTOR M. Riskin

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
481-9933

## INDEXED

Michael Ader

*(NEW INSTALLER)*

IS PERMITTED TO INSTALL  ALTER

ADDRESS 1714 Scott Road, Pylesville, Maryland 21132

PHONE 301-557-6885

SUBDIVISION Sunset Acres

ROAD 975 Old Woodbine Rd

LOT 2

PROPERTY OWNER Stanley Moore

ADDRESS

\* GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 90 feet from the front lot line and 15 feet from the right lot line. Run trench(s) along contour toward left lot line.

\*\*\*\*\* DRIVEWAY SHOULD NOT CROSS TRENCH AREA. *OR TO HAVE END*

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

*OR ONE TRENCH UNDER DRIVEWAY*

PLANS APPROVED BY 332 C. Williams

DATE 11/03/88

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

NOTE ALL PARTS OF SEPTIC SYSTEMS (E. TANK DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE NO DRY WELL SHALL EXCEED 15 FEET 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 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 PVC OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

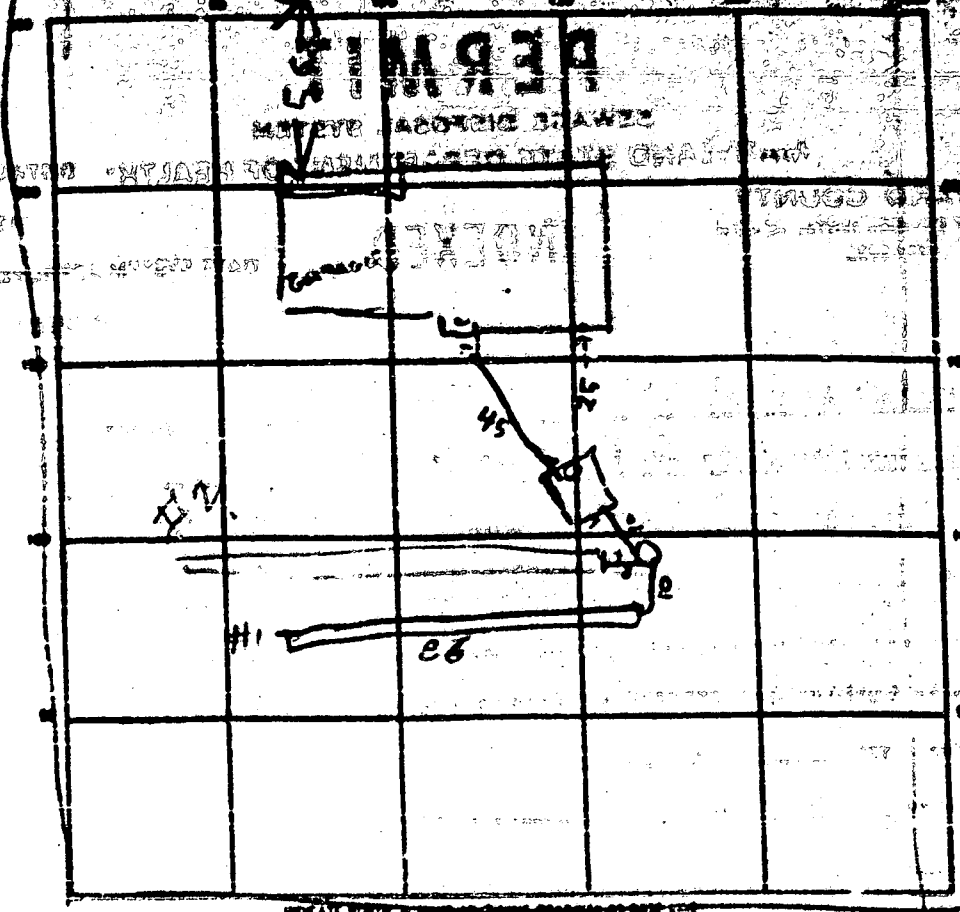
INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

OLD PERMIT SIGNED AND RETURNED 6/27/01

300131153 Pool

16126

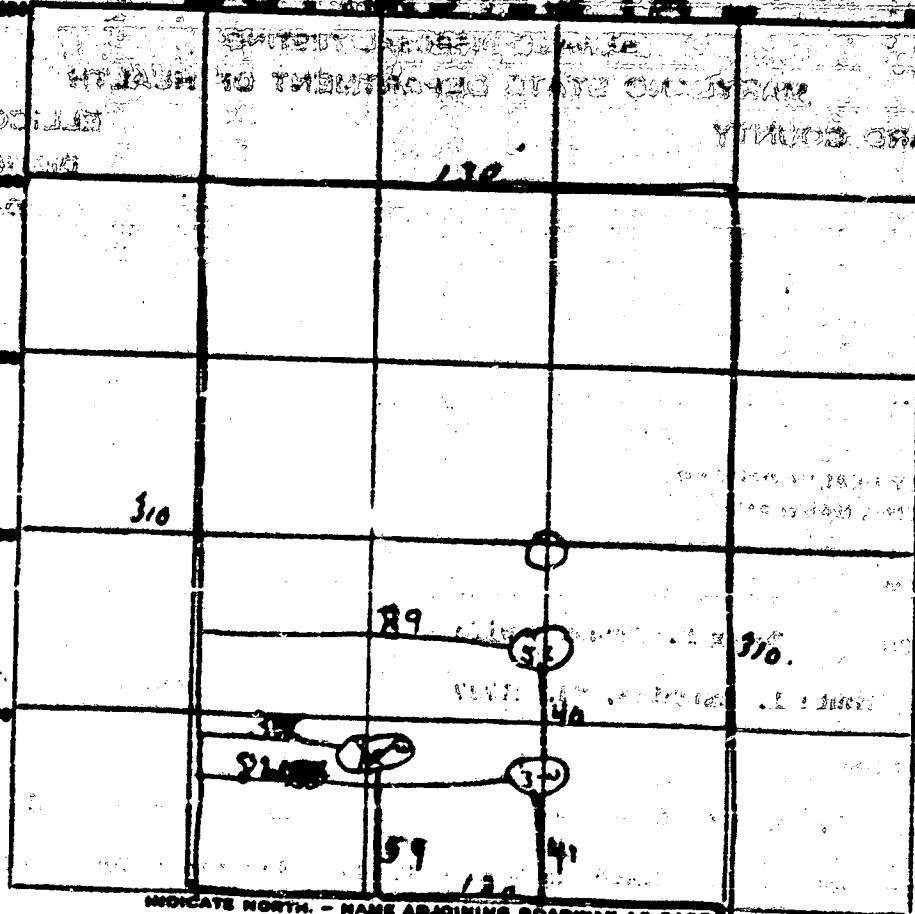
PH3850



SEPTIC TANK LEVEL OK CLEANOUTS ST  
 DISTRIBUTION BOX LEVEL OK  
 DRAIN FIELD/TILE FIELD DEPTH 9 FT TRENCH WIDTH 2 FT INLET DEPTH 5 <sup>12</sup>/<sub>3</sub> FT <sup>supposed to be 5'</sup>  
 EFFECTIVE GRAVEL DEPTH 4 <sup>12</sup>/<sub>9</sub> FT TOTAL LENGTH 26 <sup>94</sup> 94 <sup>180</sup>  
 NUMBER OF TRENCHES 2 ONE SIDEWALL AREA 4 <sup>12</sup>/<sub>3</sub> <sup>1720</sup> 1720 <sup>50</sup> FT  
 DRYWELL INSIDE DIAMETER 18 FT EFFECTIVE DEPTH BELOW INLET      FT  
 ABSORBENT AREA      50 FT

94 REMARKS 4/13/89 TRENCH #1 OK D.L.O. TRENCH #2 R1  
4/13/89 - TRENCH #2 ALMOST FINISHED D.L.O.  
LITTLE LONGER & ADD STONE. COVER TRENCH #1 @ TANK & HAVE COVER  
LEAVE 2 ENDS OF TRENCH #2 OPEN FOR INSPECTION. R1

# APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

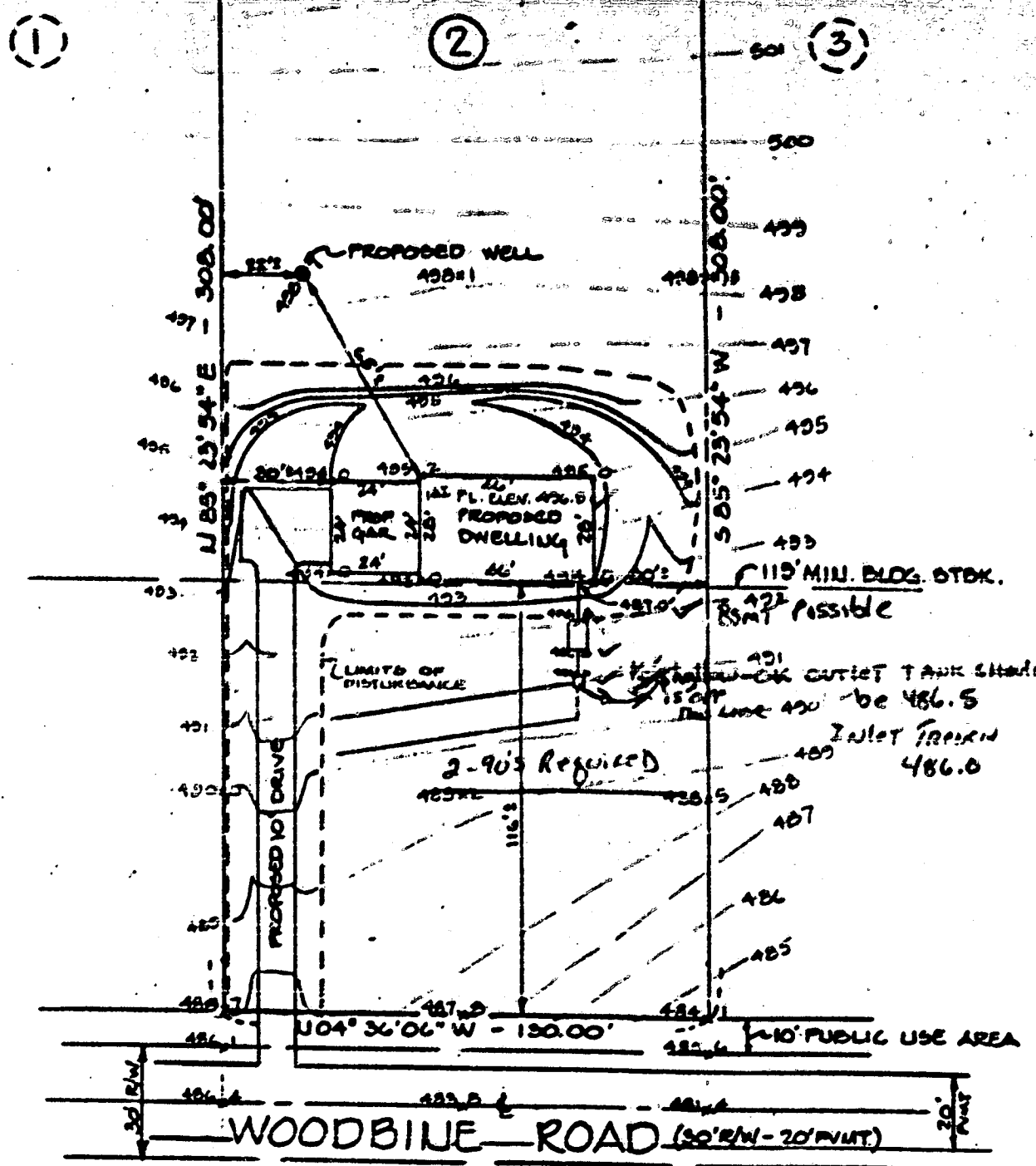
*Woodline Road*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-27	1	11ft	9 37	9 50	9 50	9 52	9 min
	2	4 1/2 ft	9 37	Failure			
	3	12 ft	9 40	9 43	9 43	9 52	9 min
	4	6 ft	9 40	9 45	9 45	9 52	13 min
	5	7 ft	10 30	10 40	10 40	10 58	18 min
	6	12 ft	10 30	10 32	10 32	10 37	5 min

*12 min Ave*  
*Hold 1/2"*

UTILITY EASEMENT

ATD 126



11/15/88  
 elevation ch SAH  
 SUG. PERMIT SIGNED  
 AND RETURNED 11-15-88

**WELL COMPLETION REPORT**

45 DAYS AFTER WELL IS COMPLETED.

NO. NUMBER IS TO BE RECORDED IN BOX A-28 ON ALL CARDS

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY RECORDER

DATE PERMITTED

DATE WELL COMPLETED

DEPT. OF WATER

PERMIT NO. FROM PERMIT TO DRILL

OWNER MOORE STANLEY

STREET OR RFD. OLD WOODRIDGE TOWN LEWIS

SUBDIVISION SUNSET SECTION 13 LOT 2

**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		Other water bearing
	FROM	TO	
Top soil	0	2	
Light shale	2	2	
Tan slate	2	2	
Light shale	2	2	
Cl. shale	46	54	✓
Bl. shale	54	54	
Bl. shale	63	64	
Bl. shale	64	74	✓
Bl. shale	74	90	✓
Bl. shale	90	100	✓
Bl. shale	100	111	✓
Bl. shale	111	117	

**GROUT RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT  BENTONITE CLAY

NO. OF BAGS 10 NO. OF POUNDS 1100  
GALLONS OF WATER 50  
DEPTH OF GROUT SEAL (to nearest foot)  
from 2 ft. to 77 ft. BOTTOM  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
STEEL  CONCRETE   
PLASTIC  OTHER

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 57

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
STEEL  BRASS  OPEN HOLE   
BRONZE  PLASTIC  OTHER

**NUMBER OF FEET**  
DEPTH (nearest ft.)  
1 110 30 120  
2  
3

GRAVEL PACK  
WELL DRILLED WAS 4 IN BOX OF 2 1/2 INCH

**DEP 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. to nearest gal.) 7  
METHOD USED TO MEASURE PUMPING RATE 1  
WATER LEVEL (distance from land surface) BEFORE PUMPING 33  
WHEN PUMPING 72  
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 (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:  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 3  
PUMP HORSE POWER 3  
PUMP COLUMN LENGTH (nearest ft.) 4  
CASING HEIGHT (circle appropriate box and enter casing height):  
+ above } LAND SURFACE  
- below } 7 (in ft.)

**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)

*Back of lot*

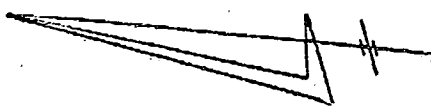
CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 15.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE MENTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



5.04° 36' 06" E - 130.00'

5' UTILITY EASEMENT

(1) Proposed 6' Solid Board Fence

(2)

(3)

6/27/01 Pool addition OK as shown  
D. M. [Signature]

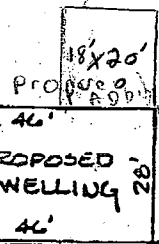
N 85° 23' 54" E - 308.00'

S 85° 23' 54" W - 308.00'



PROPOSED WELL

63' Well



PROPOSED DWELLING

18' x 20' PROPOSED ADD.

115' MIN. BLDG. STBK.

PROPOSED 10' DRIVE

septic Area

Septic Tank

40" SCALE

N 04° 36' 06" W - 130.00'

10' PUBLIC USE AREA

WOODBINE ROAD (30' R/W - 20' FVMT)

30' R/W

20' FVMT

Tax ID - 04 - 327217

# PERMIT

P 43850

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

A 16126 A

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Sunset Acres LOT NUMBER 2 ADDRESS 975 Old Woodbine Road

PROPERTY OWNER Stanley L. & Cynthia J. Moore PROPERTY OWNER'S ADDRESS same

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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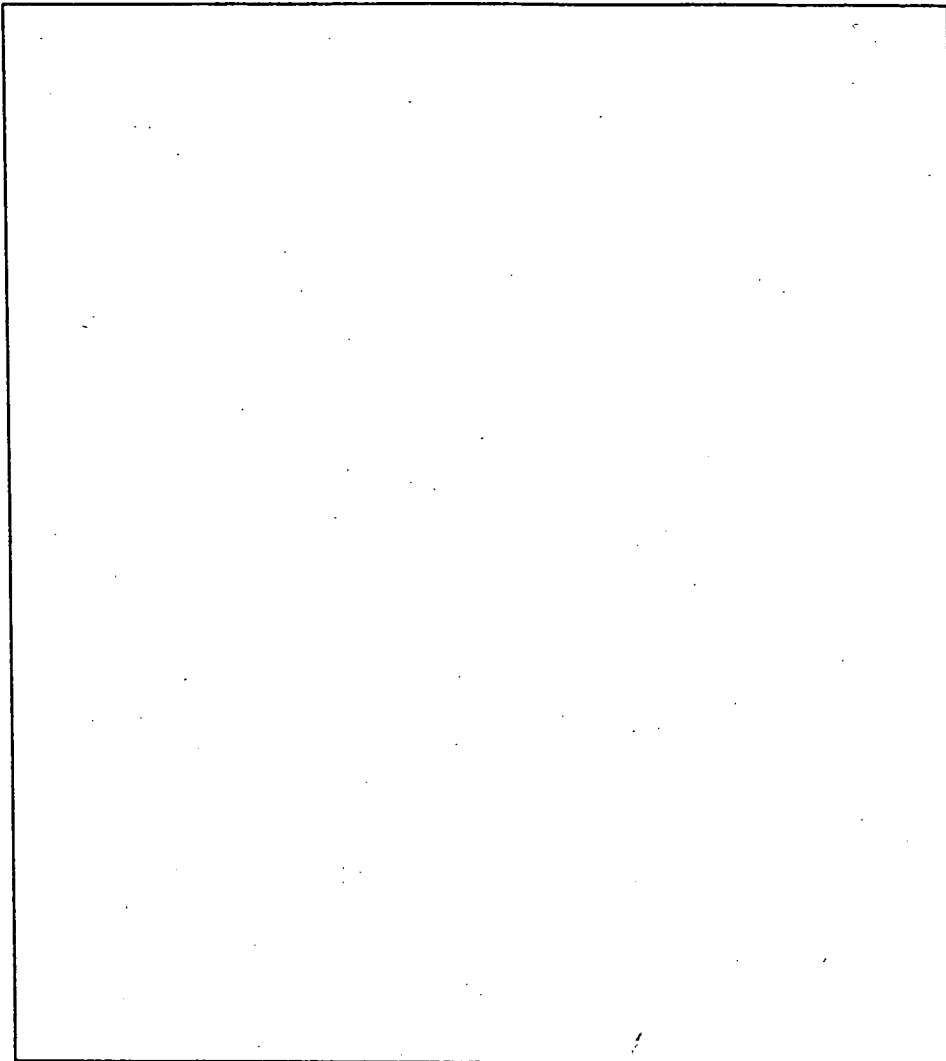
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PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P43850

AS1821

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_

# APPLICATION

A 1612  
P 43850

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 7/20/71

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT OR RECONSTRUCT A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ROBERT F. SANDER & WIFE

ADDRESS Route 1, Woodbine, Md. 21797 PHONE 485-4836

PROPERTY LOCATION:

SUBDIVISION Sunset Ranch LOT NO. 2

ROAD AND DESCRIPTION Woodbine Road - 4th building lot before Woodbine National Bank

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 120' x 330' TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwlg.)

SIGNATURE OF APPLICANT Robert F. Sander **BLDG. PERMITS SIGNED** **REMOVED**

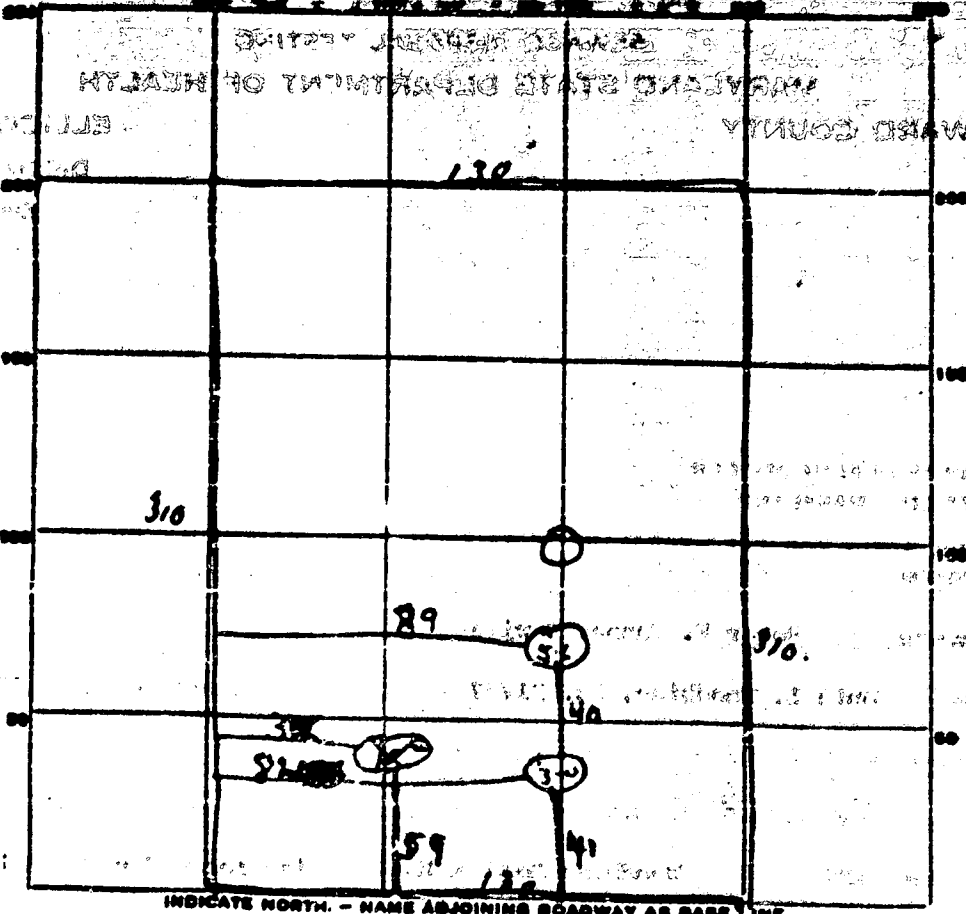
APPROVED BY [Signature] FOR 300135979 - add 1st story family room DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE 1-4-72

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*Woodline Road*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-27-7	1	11ft	9 37	9 50	9 50	9 52	
	2	4 1/2 ft	9 37	omitted			
	3	12ft	9 40	9 43	9 40	9 52	9 min
	4	6ft	9 40	9 45	9 45	9 52	13 min
	5	7ft	10 30	10 40	10 40	10 58	12 min
	6	13ft	10 20	10 32	10 32	10 37	18 min
							5 min

*12 min Ave*  
*10/1/7*

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY \_\_\_\_\_

WOODLINE ROAD





A-16120

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**300130979**

Building Address 975 OLD LUXURINE RD.  
WOODGATE MD. 21777  
Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision Sunset Acres  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 3F8 Lot size \_\_\_\_\_

Property Owner's Name STANLEY L. MCINTOSH J. MOORE  
Address 975 OLD LUXURINE RD.  
City WOODGATE State MD Zip Code 21777  
Home Phone (410) 412-5125 Work Phone SAME  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Dwelling  
Proposed Use Dwelling  
Estimated Construction Cost \$ 46,750.00  
Description of Work ADD 1 STAIR 18'x22'  
FAMILY ROOM TO REAR OF DWELLING

Contractor Company T.W. BOYS CO. INC.  
Contact Person Harvey C. Pizarro, Jr.  
Address 14777 ADDISON WAY  
City WOODGATE State MD Zip Code 21777  
License No. 22244 4180  
Phone (301) 641-3173 Fax (301) 251-6704  
(301) 251-6689

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 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 DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>22'</u> _____	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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #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: _____	
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  
President T.W. BOYS CO. INC.  
Title/Company

Harvey C. Pizarro, Jr.  
Print Name  
4/20/2001  
Date

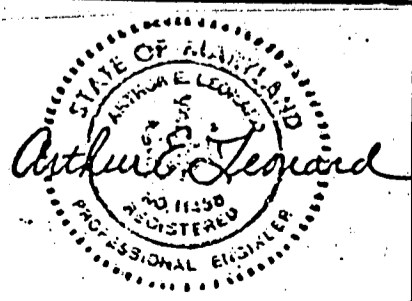
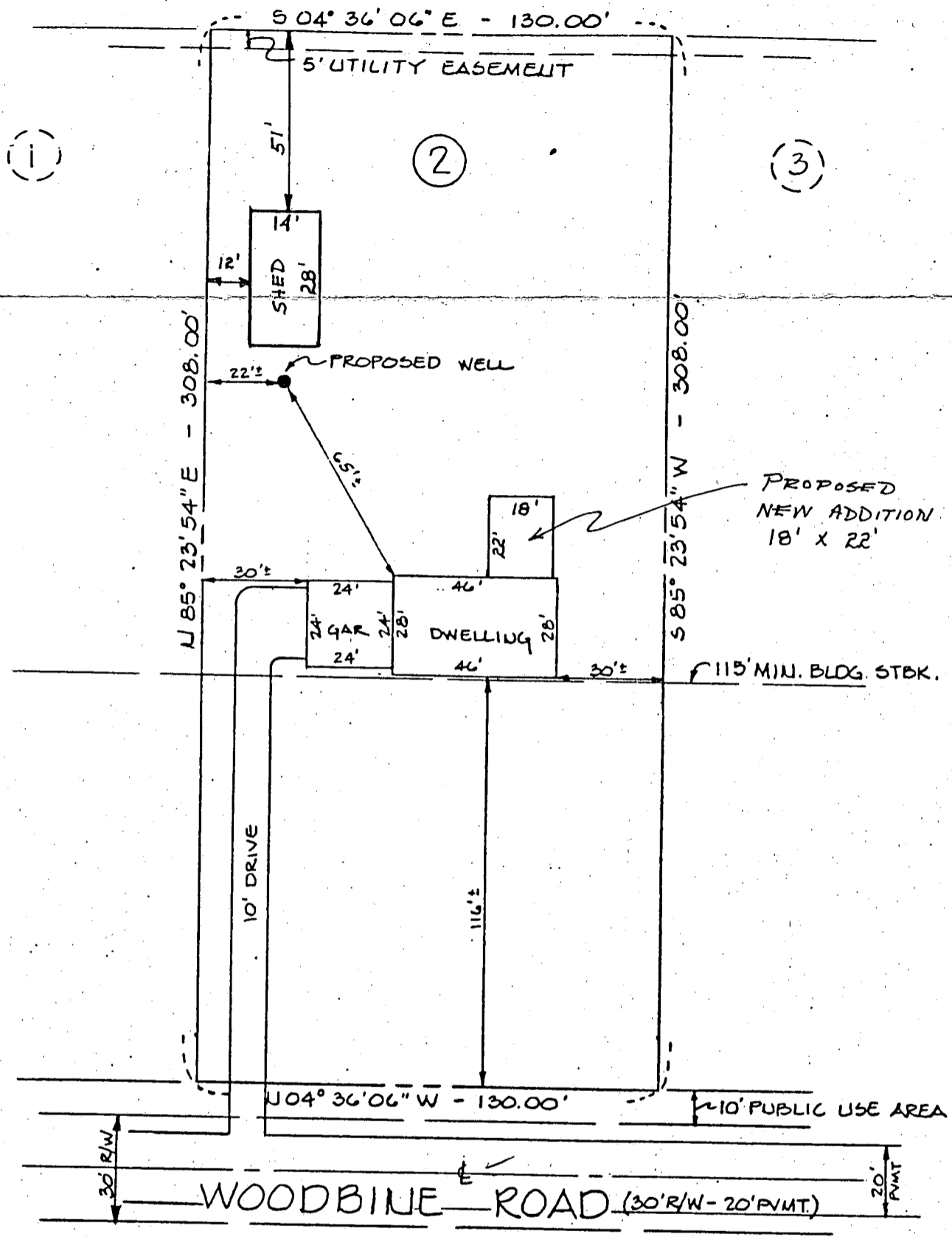
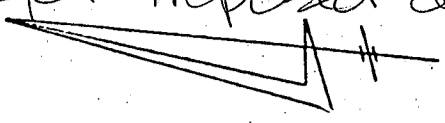
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>51200</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>65</u>
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>48</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ <u>3.7</u>
<input checked="" type="checkbox"/> Health			Lot Coverage for NewTown Zone _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ <u>55.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>139463</u>
				Validation # <u>139463</u>

Accepted by [Signature]

A 10/20 (unable to copy record)  
 (2001 Proposed addition OK as shown DKC



PLOT PLAN  
 WOODBINE ROAD  
 LOT 2  
**SUNSET ACRES**  
 4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**K.L.S. Consultants, Inc.**  
 ENGINEERS AND SURVEYORS  
 43 EAST LEE STREET  
 BEL AIR, MARYLAND 21014

DATE	SCALE	FILE NO.
11-3-88	1" = 40'	8587-4