

4/7/93  
after 12:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48897

A 46160

DISTRICT 4th

DATE 2/03/93

### INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

04-352173

DATE SYSTEM APPROVED 4/2/93

INSPECTOR [Signature]

Hokson Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 301-698-9165

SUBDIVISION Reilly Property LOT 2 ROAD 4070 Roxbury Mill Road

PROPERTY OWNER Dr. John C. Reilly Desrosiers, Edward

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 135 feet from the front lot line and 120 feet from the left lot line. Run trenches on contour to left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O/C 3/31/93 RH

PLANS APPROVED BY Mark Rifkin DATE 11/07/91

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

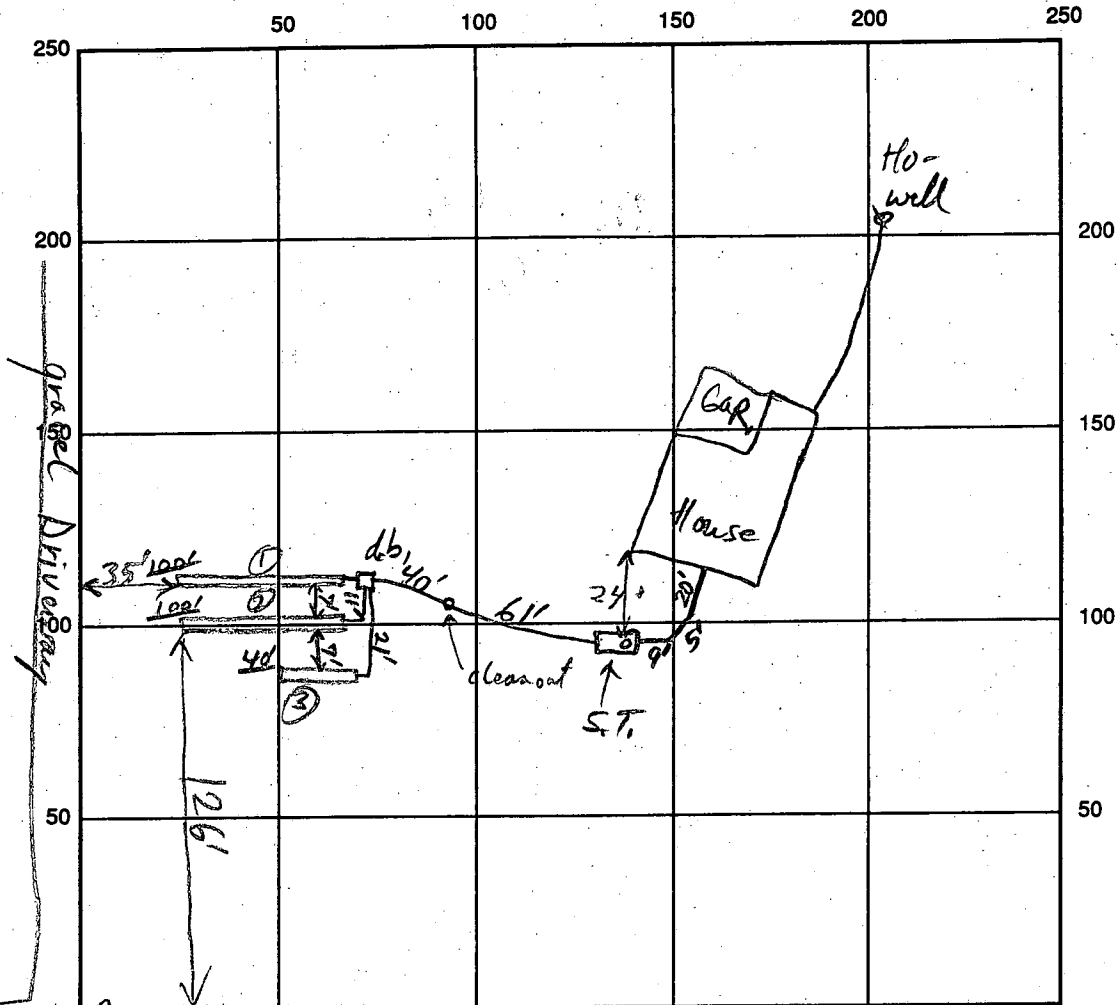
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**BUILDING PERMIT SIGNED  
AND RETURNED 4-25-02  
BDD135740-GARAGE**

A  
46160



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000gal CLEANOUTS ST + Midpoint Supply line  
 DISTRIBUTION BOX LEVEL ✓  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100/100/40 FT.  
 NUMBER OF TRENCHES 3 ~~ABSORBENT~~ BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: Trench + S.T. OK to Cover - 4/7/93  
**BUILDING PERMIT SIGNED**  
**AND RETURNED**

DATE SYSTEM APPROVED 4/7/93 INSPECTOR [Signature]

8-2-90  
10:00 AM

# APPLICATION

PERCOLATION TESTING

A 46160

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

P \_\_\_\_\_  
4th

DISTRICT \_\_\_\_\_  
DATE July 18, 1990  
May 30, 1990

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 Dr. John G. Reilly  
10301 Georgia Ave., Suite 307  
ADDRESS Silver Spring, Maryland 20902 PHONE (301) 593-4200

PROSPECTIVE BUYER Unknown  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION Reilly Property LOT NO. 2  
4070  
ROAD AND DESCRIPTION Roxbury Mill Road

TAX MAP 21 PARCEL # 196  
SIZE OF LOT 3.00 acres TYPE BLDG S.F.D.  
(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.

J. Du Ogh (AGENT)  
(SIGNATURE OF APPLICANT)  
Boender 465-7777

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 8/2/90 PERCS OK, HOLD FOR PLAT MR

BLDG PERMIT SIGNED  
AND RETURNED 7/18/90  
Seal # 47160-SFD-4Bedroom

## THIS IS NOT A PERMIT

HD-216

A 46160

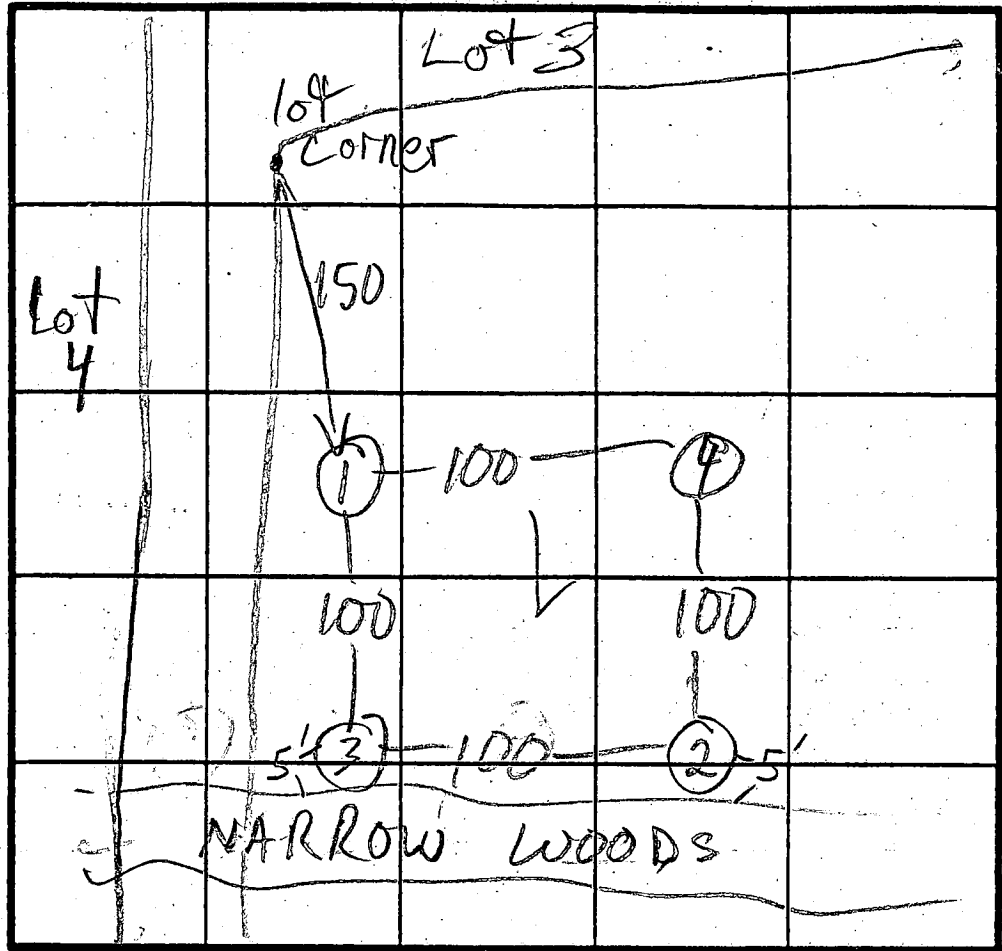
Lot 2

SOIL PROFILE

0  
brn sandy clay loam  
4-  
org tan brn fine silty sand loam  
13  
15% saprolite frags

②

org clay loam 2 1/2  
brn sand loam  
w/struc  
tured shale & sandstone frags  
25-30% damp  
Soil rusty sandstone 3'  
NO WATER



④  
red brn sandy clay loam 2 1/2  
brn tan sand loam  
w/ soapstone @ 9'  
brn sand loam  
1590  
frags 1 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

→ TO RT. 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/2/90	1 S	7'	10:41	10:42	10:42	10:46	4 EST
	1 V	13	see profile				
	2 S	3 1/2	11:50	11:55	11:55	12:10	15
	2 V	13 1/2	see profile				
	3 S	5	11:54	11:59	11:59	12:11	12
	3 V	12	sim to ①		1090	frags	
	4 S	3 1/2 6	12:21 12:21	12:23 12:23	12:23 12:23	12:25 12:25	2 2
	4 V	11 1/2	see profile				

X=7  
180 ABL  
Inlet 3'  
Bot 5'

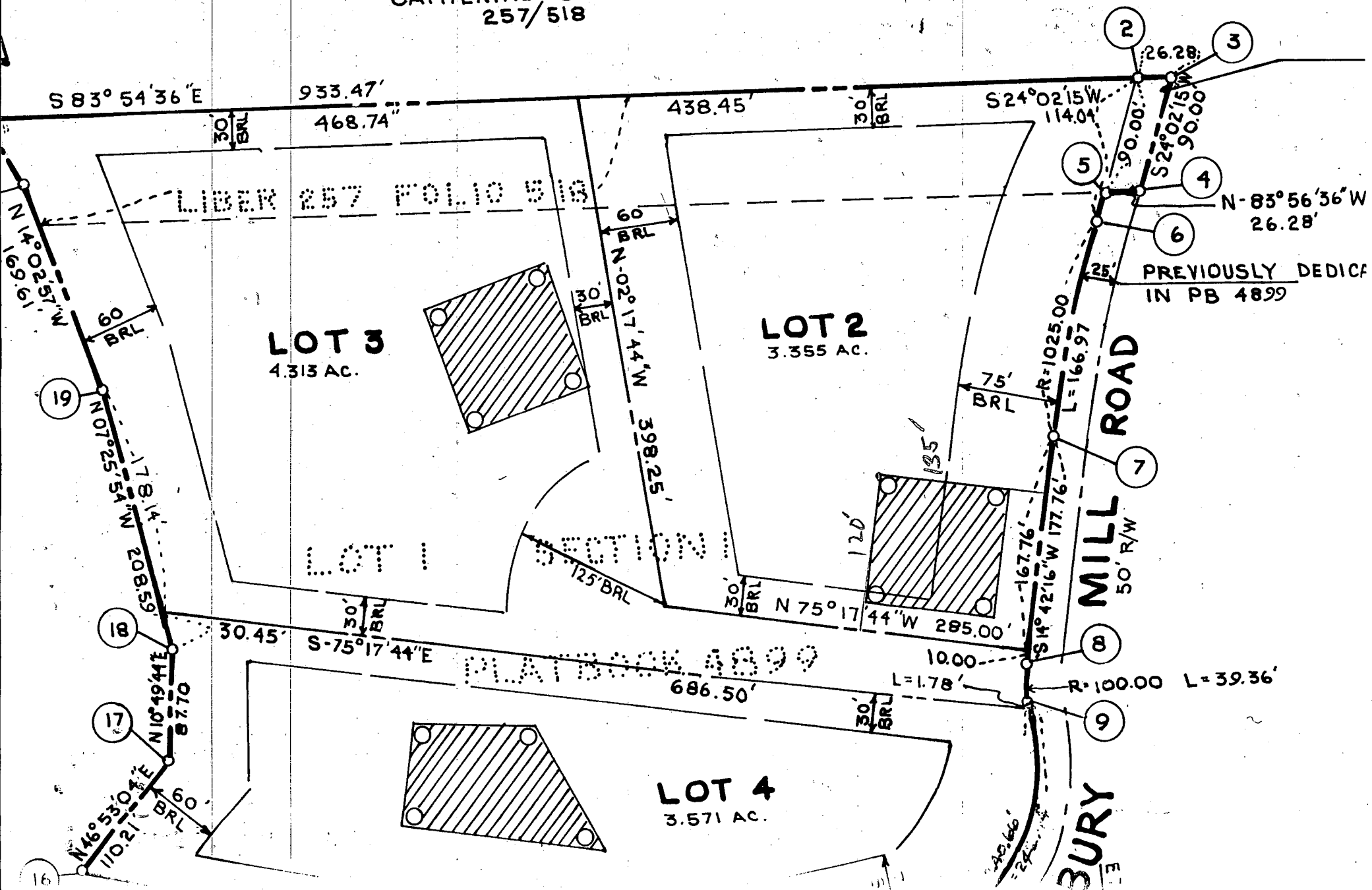
REMARKS HOLES PER PLAT (14 high)

TYPE OF SOIL M. Ripkin

TESTED BY M. Ripkin ALSO PRESENT Picky Rocky

8-10	150.00	242.44'	156.98'	92°36'17"	S-38°27'13"W-216.90'
10-12	150.00	242.44'	156.98'	92°36'17"	S-38°27'13"W-216.90'
15-17	177.50	107.48'	55.45'	34°41'37"	S-67°24'34"W-105.85'

PARCEL 13  
 CATHERINE B. REILLY  
 257/518





B 1 **7345** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

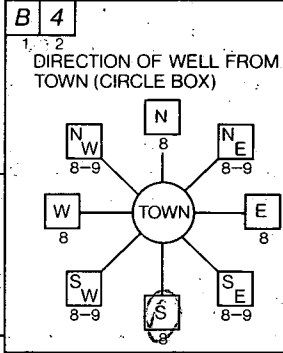
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-92-0294**  
 fill in this form completely

Date Received (APA) **01/19/93**  
 OWNER INFORMATION  
 Last Name **DESROSIERES** Owner First Name **EDWARD**  
 Street or RFD **50307 AKD SOUTH HUNTINGTON**  
 Town **HUNTINGTON** State **VA** Zip **22204**

B 3 LOCATION OF WELL  
 HOWARD COUNTY  
 RELIABLE PROPERTY  
 SECTION **2** LOT **2**  
 GLENWOOD  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne WELL DRILLING**  
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**  
 Signature **Joseph L. Mayne** Date **1/14/93**



**Roxburg mill Road**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 DISTANCE FROM ROAD **275** FT

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 County Name **Howard** County No. **A46160**  
 STATE SIGNATURE **Mark E. Piffkin** DATE ISSUED **012693**  
 NORTH GRID **520000** EAST GRID **0785000**

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)

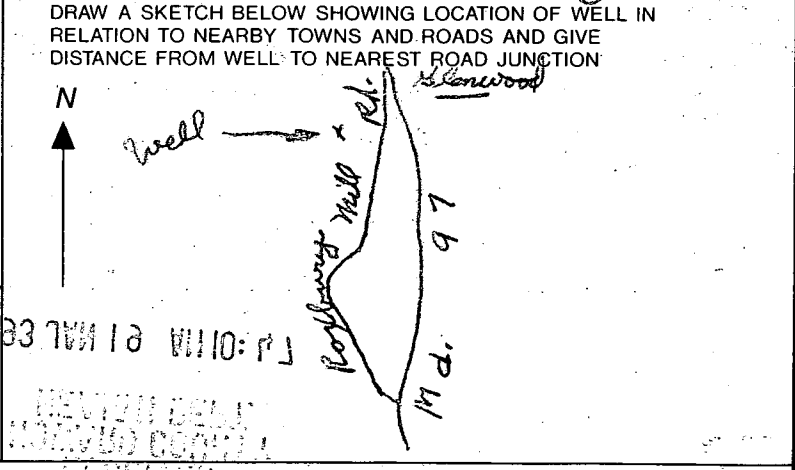
APPROXIMATE DEPTH OF WELL **280** FEET

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  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **78X5**  
 N **520**

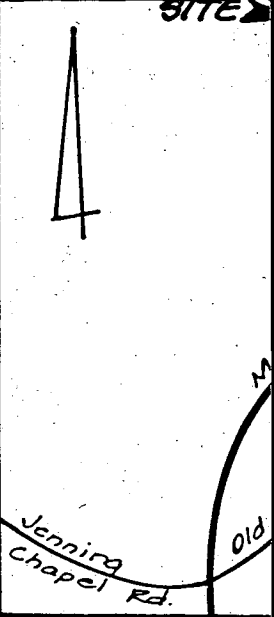
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



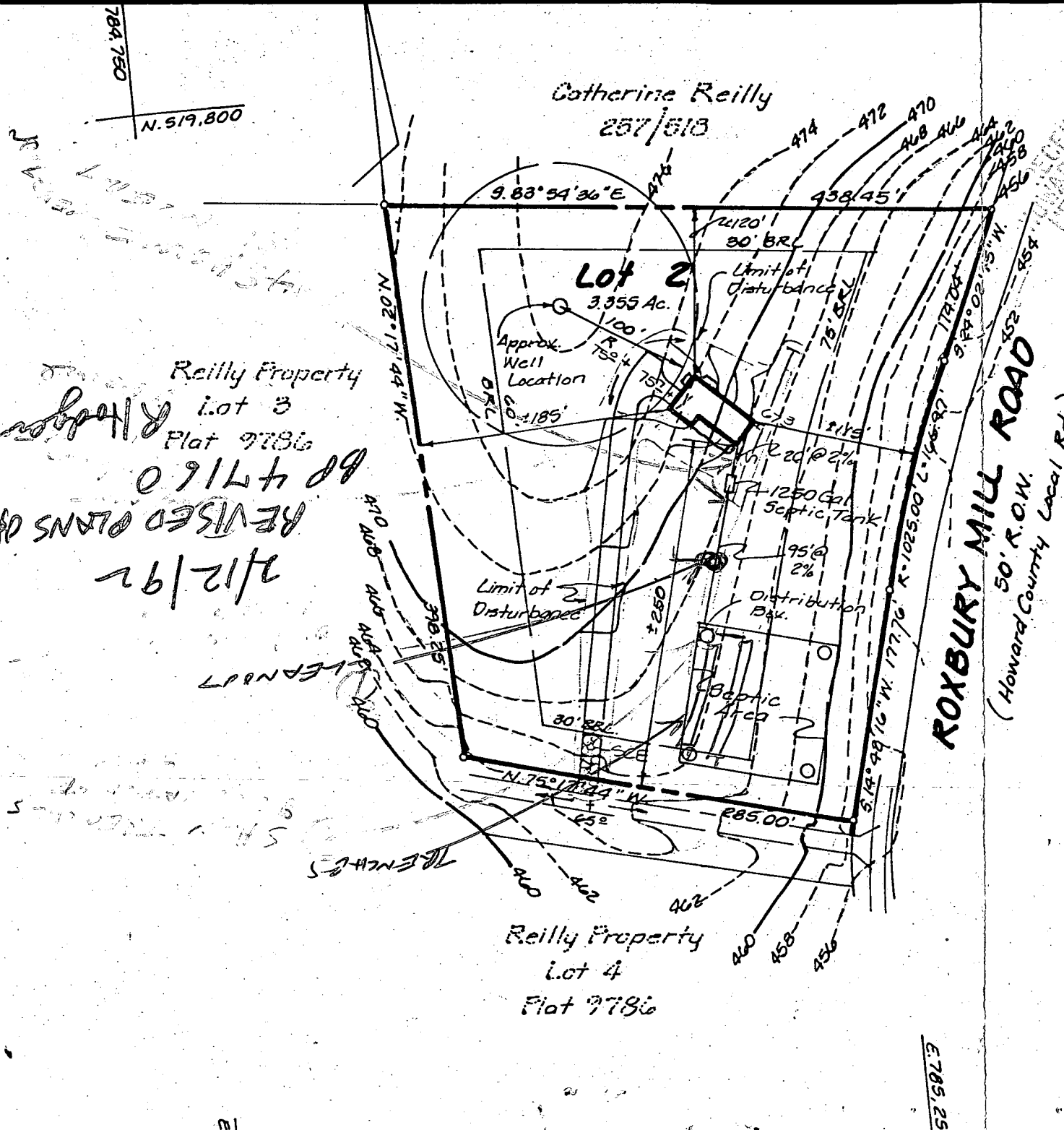
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **MR** INITIALS IN BOX PERMIT No. **HO-92-0294**

SPECIAL CONDITIONS

93 FEB -3 PM 4:20



VICINITY Scale: 1" = 100'



REVISIO PLANS OF  
 2/12/19  
 0914 + 88  
 4716 0  
 Plat 97816  
 Lot 3  
 Reilly Property

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 93 FEB -3 PM 4:20

BDE

GENERAL NOTES:

1. Boundary based on Reilly Property
2. Topography based on Howard County Photogrammetric Maps.
3. Tax Map 21 Parcel 196
4. Trench length and location to be set by Health Dept. at time of construction in the field.
5. Trenches to run parallel to North-South direction.
6. Contractor to set grades in trenches.
7. House: FF = 477.0  
 B = 468.0  
 Inv @ hsc = 465.60  
 Min C = 467.68  
 Distribution Box: Top = 466.50  
 Inv. In = 463.50  
 Inv. Out = 463.00  
 Septic Tank: 1250 Gal.  
 Top = 468.0  
 Inv. In = 465.2  
 Inv. Out = 464.9

TITLE:	<b>REILLY PROPERTY LOT 2</b>
PROJECT:	<b>GRADING STUDY</b>
LOCATION:	<b>4<sup>TH</sup> ELECTION DISTRICT Howard CO MD</b>

**Boen  
 ASSOC**

C1 7653

SEQUENCE NO. (DENV USE ONLY)

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 46160

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

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

012994

Depth of Well (TO NEAREST FOOT) 225

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-92-0294

OWNER: Desrosiers, Edward; STREET OR RFD: Anthony Mill Rd; TOWN: Glenwood; SUBDIVISION: KELLY SUBDIVISION; SECTION: ; LOT: 2

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. Entries: Brown Shale (0-44), Blue Rock (44-225).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 11; NO. OF POUNDS: 1034; GALLONS OF WATER: 60; DEPTH OF GROUT SEAL: 0-43 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter: 6 inches; Total depth of main casing: 48 feet.

OTHER CASING (if used)

Empty grid for other casing details.

SCREEN RECORD

DEPTH (nearest ft.): H0 76 225; SLOT SIZE: 1, 2, 3; DIAMETER OF SCREEN: 56-60 inches.

C3

PUMPING TEST

HOURS PUMPED: 3; PUMPING RATE: 170 gal/min; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: 64 before, 68 when pumping.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP: YES (NO); TYPE OF PUMP: S (submersible); CAPACITY: ; PUMP HORSE POWER: ; PUMP COLUMN LENGTH: 43 feet; CASING HEIGHT: + above land surface.

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

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...

DRILLERS IDENT. NO. 235; DRILLERS SIGNATURE: Joseph C. Maynes

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

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING; LOG INDICATOR; OTHER DATA

4/7/93  
after 12:00

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X  
Replacement \_\_\_\_\_

Receipt # - 0 -  
Date 4/7/93

Name of Installer HOK & SON CO. INC.

Telephone 301) 831-4527

License Number 8352

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner John Reilly

Telephone 460-~~388~~ 8388

Subdivision Reilly Property Lot # 14 Well Tag # \_\_\_\_\_

Site Address 4070 Roxberry mills RD.

Pump

- 1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X \_\_\_\_\_
- 2. Make Howards \_\_\_\_\_
- 3. Model # \_\_\_\_\_
- 4. Capacity 7 GPM
- 5. Pump exceeds well capacity Yes \_\_\_\_\_ No X
- 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor

- 1. Horsepower 3/4
- 2. RPM \_\_\_\_\_
- 3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 X

Pitless Adapter

- 1. Make \_\_\_\_\_
- 2. Model # \_\_\_\_\_
- 3. Depth \_\_\_\_\_

Tank

- 1. Capacity 40
- 2. Pressure relief valve? \_\_\_\_\_

Piping

- 1. Type CPVC
- 2. Size \_\_\_\_\_
- 3. NSF and/or BOCA Code approved \_\_\_\_\_
- 4. Depth of supply line \_\_\_\_\_

Well data

- 1. Depth 250 ft.
- 2. Yield 10 GPM
- 3. Static water level \_\_\_\_\_ ft.
- 4. Will water supply be disinfected by installer? yes

*Pitless Adapter water line  
OK @ 4:00 PM 4/7/93*

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: [Signature]

Date: 4/7/93

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

B00135740

Building Address 7070 Rockbury Ct #112  
Gloverswood, MD 21038 Ktc 97  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6090.02 Subdivision Reilly Property  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
 Tax Map 21 Parcel 196 Grid 21  
 Zoning RC Map Coordinates 8511 Lot size \_\_\_\_\_

Property Owner's Name Edward Desrosiers  
 Address 7070 Rockbury Ct #112  
 City Gloverswood State MD Zip Code 21038  
 Home Phone 301-857-0216 Work Phone 301-771-7117  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use Garage  
 Estimated Construction Cost \$ 10,000  
 Description of Work Garage

Contractor Company Q.A.A.C.  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: 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 type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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.

Edward Desrosiers  
 Applicant's Signature

Edward Desrosiers  
 Print Name

Title/Company \_\_\_\_\_

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		
State Highways		
Building Official	<u>4/25/02</u>	<u>Mark Kiffin</u>
Dev. Engineering DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

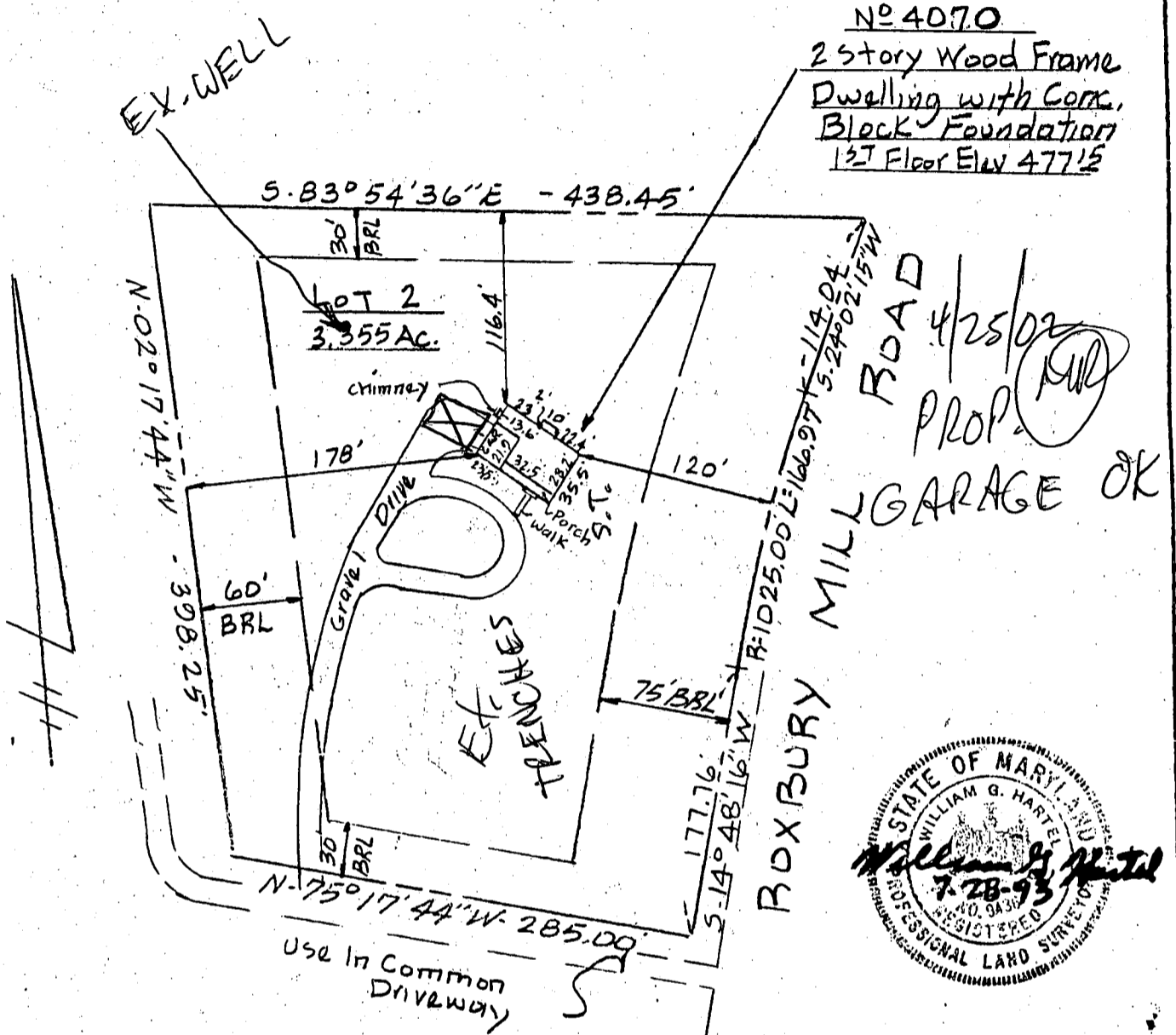
**PROPERTY ID: 54474**

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>150.00</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>3119</u>
Validation #	<u>57391</u>

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

Accepted by [Signature]

The Lot shown hereon does not lie within the limits of a recorded Floodplain Easement



Plat Reference: Beilly Property - Lots 2, 3 + 4, recorded in Platbook 9786

TITLE <b>LOCATION SURVEY</b>				THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON. <i>William G. Hartel</i> SIGNATURE REG. NO. <b>9436</b> DATE <b>7-28-93</b>	
PROJECT <b>LOT 2 BEILLY PROPERTY</b>					
LOCATION <b>4TH</b> ELECTION DISTRICT, <b>HOWARD</b> CO., MD.					
FIELD BOOK <b>141</b>	PAGE NO. <b>16</b>	DRAWN BY: <b>BH</b>	CHECKED BY <b>WGH</b>	DATE: <b>7-28-93</b>	
SCALE <b>1" = 100'</b>			JOB NO.: <b>92139</b>		
THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES.					
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