

27-116
16.00 c/p

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50997A

A 47207

DISTRICT 3rd

03-318710

DATE 11/28/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED 3/4/96

INDEXED

INSPECTOR ll

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION West Friendship Estates LOT 14 ROAD 3189 River Valley Chase

PROPERTY OWNER Wallace Boston, Jr.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 80 feet down from the left rear lot corner, and 12 feet off that same lot line (369.76) as seen from River Valley Chase. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/30/95 DKS

PLANS APPROVED BY Glen Savage DATE 11/29/95

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.

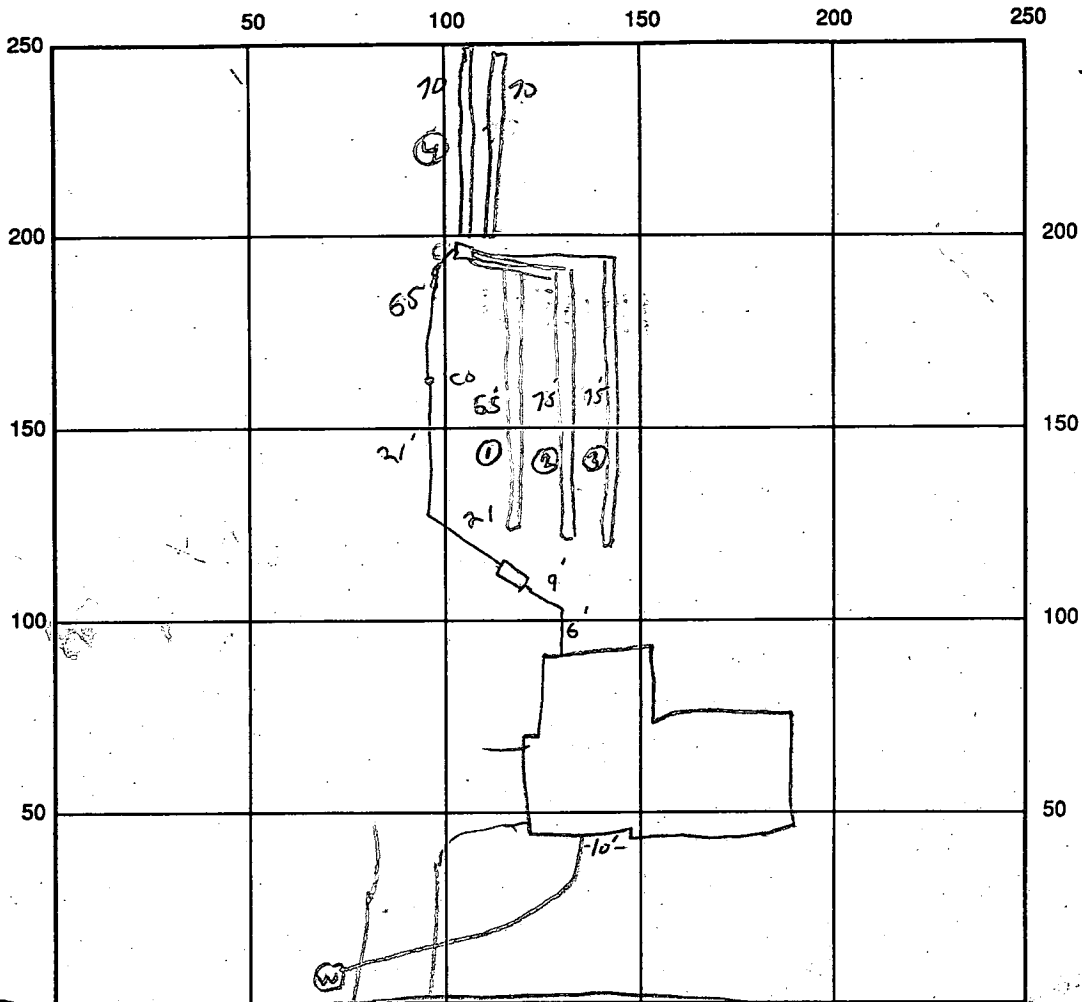
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PERMIT SIGNATURE
AND RETURNED 9-24-99
Serial # 577120568

Interior Alterations
Department

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

A 47207



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 RIVER VALLEY CIRCLE

SEPTIC TANK LEVEL TANK COVERED CLEANOUTS 1 ON TANK, 1 IN LINE TO DISC BOX
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2.5 FT. TOTAL LENGTH 355 FT. 0 65 3 75 5 75
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 1065 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 2/15/96 OK TO COVER WORK COMPLETED
2/16 T CONTRACTOR REPORTS WORK COMPLETED, OK TO COVER, NO INSPECTION
DUE TO BAD LEATHER.

DATE SYSTEM APPROVED 2 3/4/96 INSPECTOR Bl. A. Guy

APPLICATION

PERCOLATION TESTING

A 47206
P _____

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

DISTRICT _____

DATE 6/13/91

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 PERCONTEE, INC.

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES ^{Section III} LOT NO 32

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SFD - 5 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED AND RETURNED 11-28-95
Serial # 62708

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.

John C. Reuer
(SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC.

APPROVED BY John C. Reuer FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/14/91 - SLOW SHELVES IN 2 HOLES DIG MORE RH

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 47207
P _____

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

DISTRICT _____
DATE 6/13/91

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 PERCONTEE, INC.

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION WEST FRIENDSHIP ESTATES Section IV LOT NO 33

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 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.

APPROVED BY [Signature] FOR PERCONTEE, INC. DATE _____
(SIGNATURE OF APPLICANT)

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

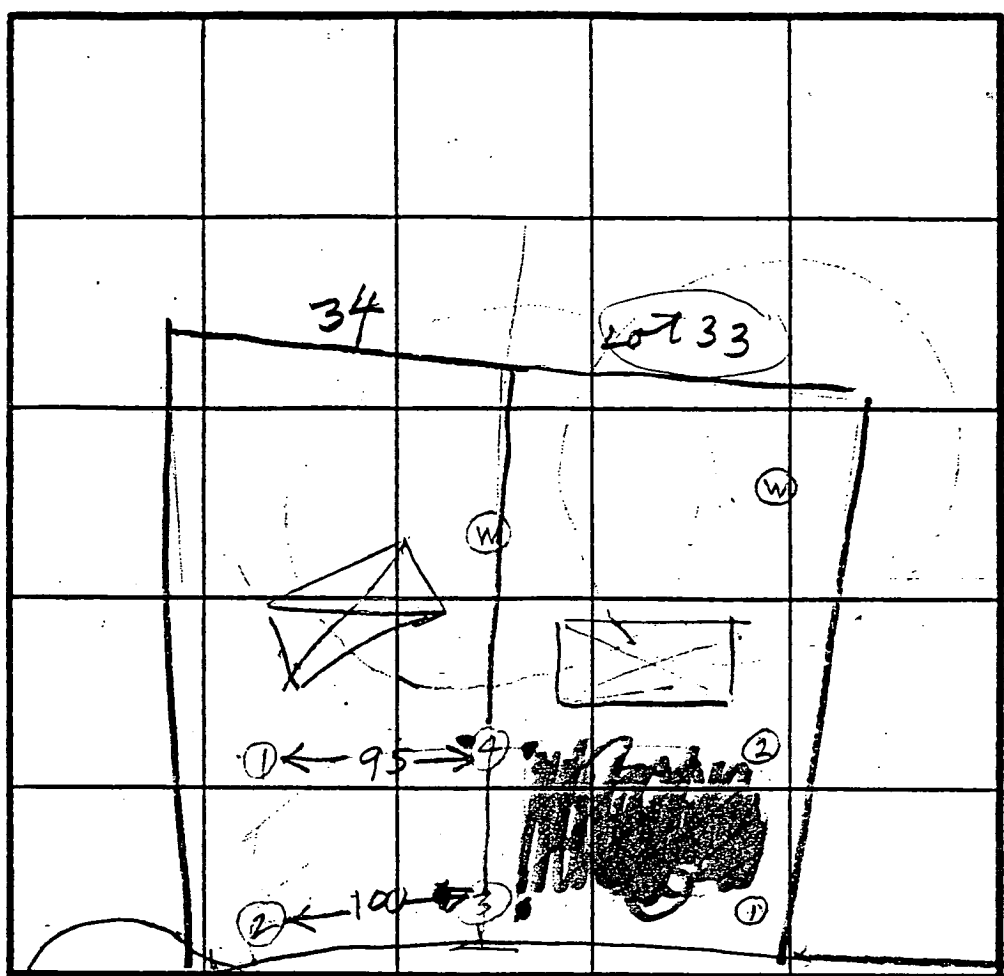
REASONS FOR REJECTION OR HOLDING 6/14/91 - PERC OK HOLD FOR PLAT R/H

HD-216

THIS IS NOT A PERMIT

LOT 33
A47207
SEE TEST PLANS

SOIL PROFILE ON LINE
3' TOPSOIL
BROWN SAND LOAM
9 1/2" HARD



● = STACK
⊙ = WELL
○ = PILE HOLE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
UNKNOWN ST

RED BROWN CLAY
BROWN LUMPY SAND LOAM

3' BROWN CLAY
BROWN LUMPY SAND LOAM
1/2" HARD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 15 MIN		TIME	
			START	STOP	START	STOP		
6/14/91	1 S	3.5	1047	1050	1050	1052	2	ON LINE LOT 33
	1 S	9 1/2	OK					
6/14/91	2 V	12	OK					ON LINE LOT 33
	3 S	4	1102	1103	1103	1106	3	ON LINE LOT 34
	3 V	10.5	OK					
	4 S	5	1109	1110	1110	1112	1	ON LINE LOT 3
	4 N	8	1108	1110	1110	1112	1	LOT 3
	4 V	12 1/2	OK					833

REMARKS: Hole ① = ② on survey station. Hole ③ = ④ dig between
TYPE OF SOIL: Slusher on Lot 33 & 34
TESTED BY: R. H. [Signature]
ALSO PRESENT: OKETTERMAN

RED BROWN CLAY
BROWN LUMPY SAND LOAM

C 1 **2863** 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 **A-47206, 47207**

ST/CO USE ONLY DATE RECEIVED **1/22/95**

DATE WELL COMPLETED **1/21/95**

Depth of Well **205** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-93-0073**

OWNER **GREENFIELD HOMES INC** STREET OR RFD **RIVER VALLEY CHASE** TOWN **W. FRIENDSHIP** SUBDIVISION **WEST FRIENDSHIP EST.** SECTION **14** LOT **14**

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. Rows include Sand, Gray Mica Rock, Sand, Gray Mica Rock.

GROUTING RECORD (yes/no) WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC** NO. OF BAGS **17** NO. OF POUNDS **1598** GALLONS OF WATER **102** DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **38** ft.

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

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **54**

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 BRONZE **PL** PLASTIC **HO** OPEN HOLE **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0** WELL HYDROFRACTURED **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. **24**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **27**

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

DEPTH (nearest ft.) **H052** **205** CASING HEIGHT (circle appropriate box and enter casing height) **+** above **2** below LAND SURFACE (nearest foot)

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

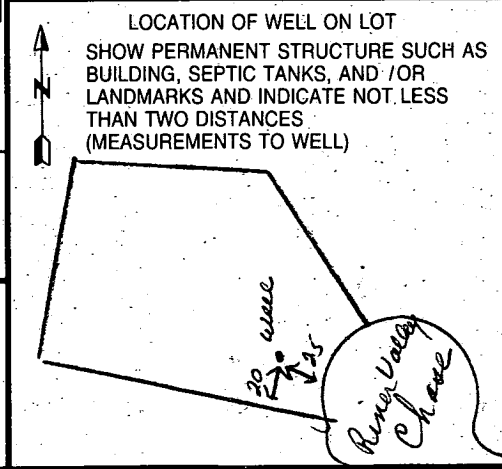
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

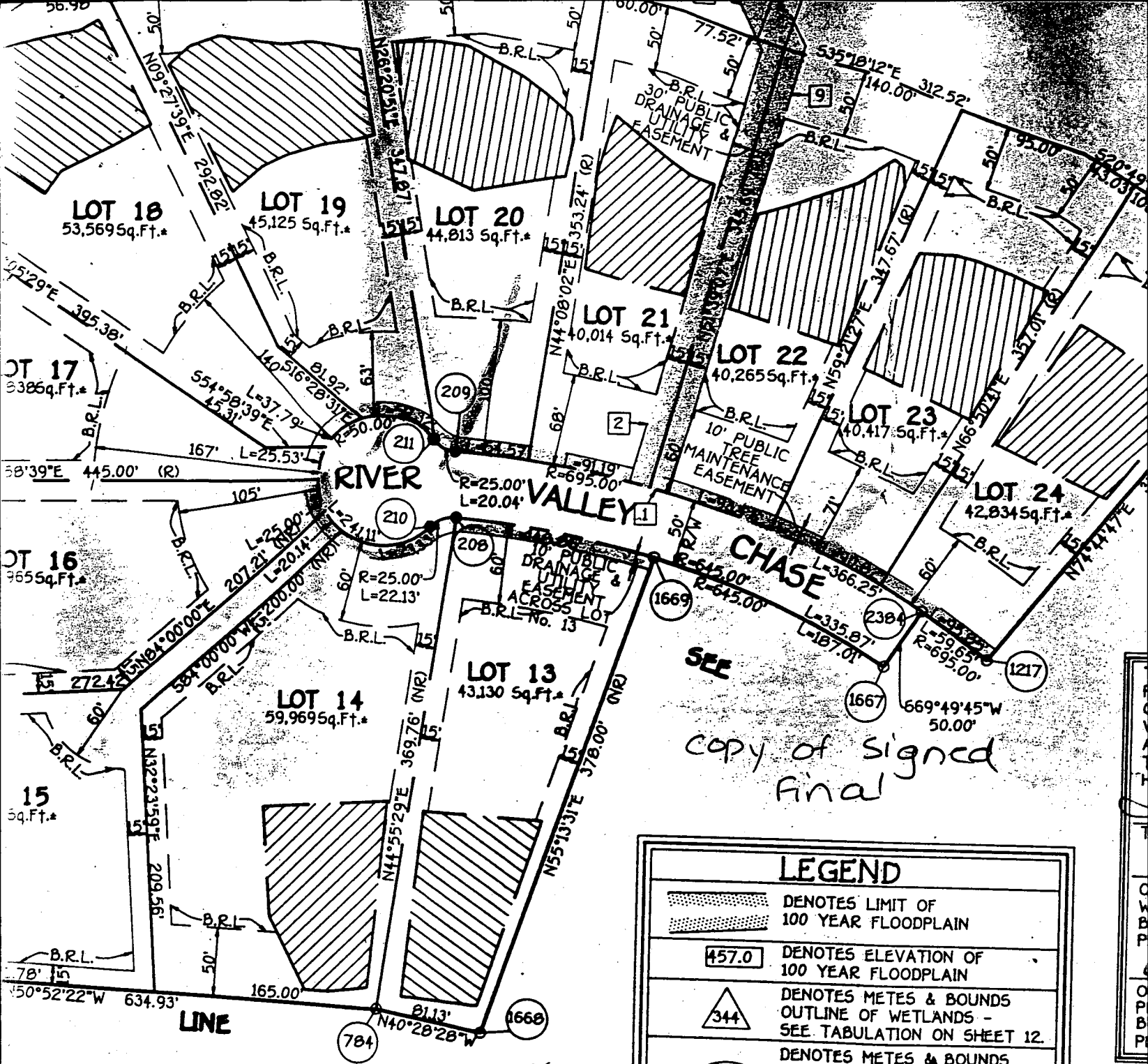
PUMPING TEST

HOURS PUMPED (nearest hour) **3** PUMPING RATE (gal. per min.) **10** METHOD USED TO MEASURE PUMPING RATE **Bucket** WATER LEVEL (distance from land surface) BEFORE PUMPING **50** ft. WHEN PUMPING **110** ft. TYPE OF PUMP USED (for test) **S** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (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.)





LEGEND	
	DENOTES LIMIT OF 100 YEAR FLOODPLAIN
	DENOTES ELEVATION OF 100 YEAR FLOODPLAIN
	DENOTES METES & BOUNDS OUTLINE OF WETLANDS - SEE TABULATION ON SHEET 12.
	DENOTES METES & BOUNDS OUTLINE OF FLOODPLAIN - SEE TABULATION ON SHEET 12.

OWNER'S CERTIFICATE

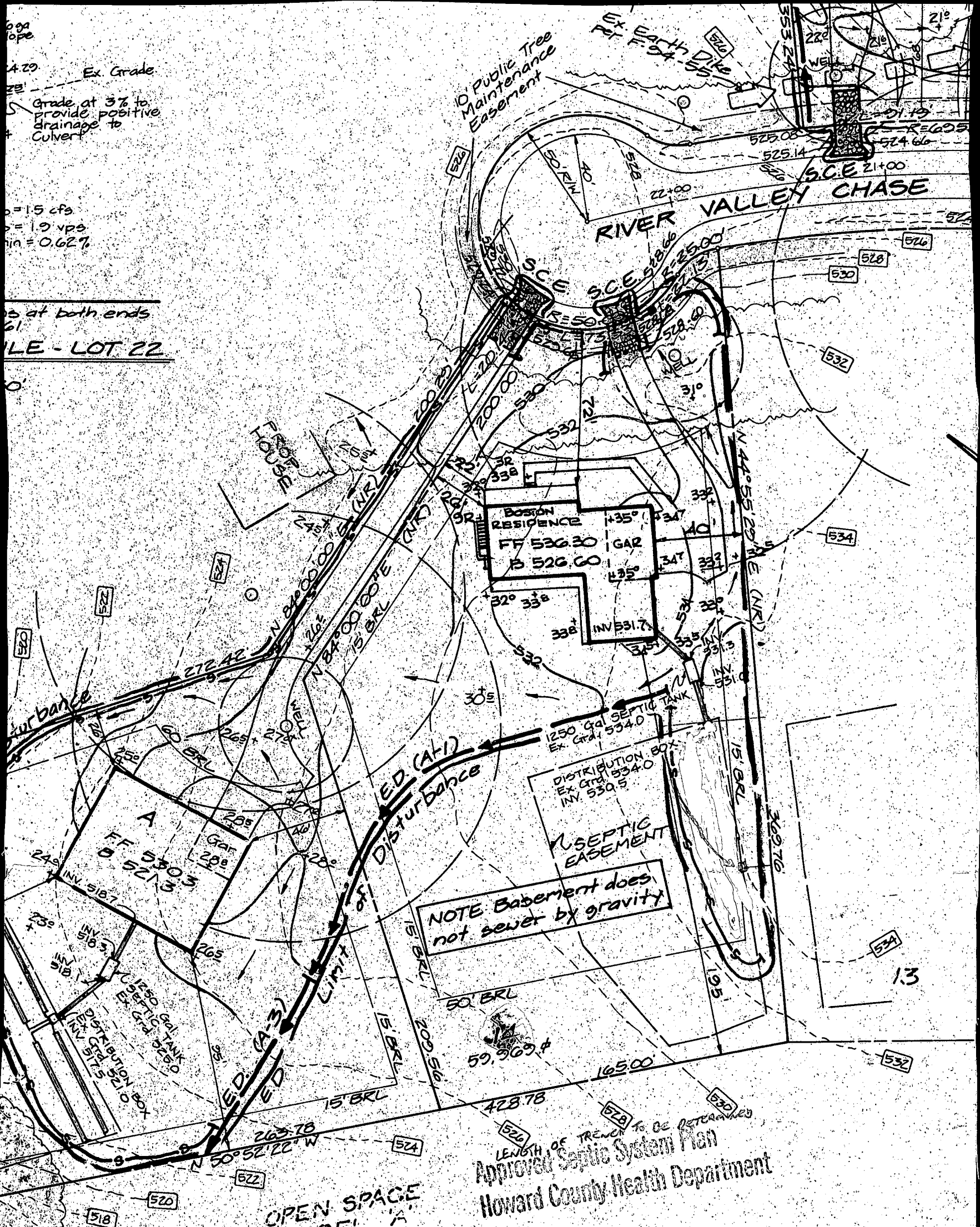
GENERAL PARTNER, BY ERWIN GUDELSKY, VICE-PRESIDENT, AND PEDICORD JOINT VENTURE, BY ERWIN GUDELSKY, GENERAL PARTNER, OWNERS OF THE PROPERTY SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY HOWARD COUNTY BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, TO CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER UTILITIES, STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON, THE OWNERS HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE EASEMENTS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE NECESSARY FOR THE CONSTRUCTION OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THIS 9TH DAY OF AUGUST, 1994.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT AND ACCURATE. THE SUBDIVISION COMPRISED OF (1) ALL OF THE LANDS CONVEYED BY WEST FRIENDSHIP NEW TOWN COMPANY BY DEED DATED DECEMBER 22, 1990 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AT FOLIO 300 AND (2) ALL OF THE LANDS CONVEYED BY HOWARD COUNTY BY DEED DATED JANUARY 12, 1994 AND RECORDED AMONG THE AFORESAID LAND RECORDS IN LIBER No. 2110 AND (3) ALL OF THE LANDS CONVEYED BY WEST FRIENDSHIP NEW TOWN COMPANY BY DEED DATED JANUARY 12, 1994 AND RECORDED AMONG THE AFORESAID LAND RECORDS IN LIBER No. 2110 AND (4) ALL OF THE LANDS CONVEYED BY WEST FRIENDSHIP NEW TOWN COMPANY HAVING CHANGED ITS NAME TO WEST FRIENDSHIP NEW TOWN COMPANY BY DECLARATION DATED MARCH 22, 1990 AND RECORDED AMONG THE LAND RECORDS IN LIBER No. 2152 AT FOLIO 145, AND THAT ALL MONUMENTS AND MARKERS WERE IN PLACE PRIOR TO THE ACCEPTANCE OF THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN IN ACCORDANCE WITH THE CODE OF MARYLAND, AS AMENDED, AND THE BOUNDARY SURVEY IS CORRECT AND ACCURATE.

0.98 slope
 4.29 Ex. Grade
 2.2' Grade at 3% to provide positive drainage to Culvert
 0 = 1.5 cfs
 1.9 vps
 0.62%

s at both ends
 61
 FILE - LOT 22



NOTE: Basement does not sewer by gravity

LENGTH OF TRENCH TO BE DETERMINED
 Approved Septic System Plan
 Howard County Health Department

Richard J. H. Stepp
 Signature Date 11/28/95

DEVELOPER'S/BUILDER'S CERTIFICATE

All development and construction will be done according to the development and plan for sediment and erosion control and all possible personnel involved in the construction project will have a representative of a Department of the Environment Approved for the Control of Sediment and Erosion before beginning. I also authorize periodic on-site inspection by the Howard County Health Department or their authorized agents, as are deemed necessary.

[Signature]
 Date

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

Richard J. H. Stepp
 Richard J. H. Stepp Date 12-21-94



1141201

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00120563

Building Address 3189 RIVER VALLEY CHASE
WEST FRIENDSHIP MA 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision FOX VALLEY
Section 1 Area N/A Lot 14
Tax Map 15 Parcel 32 Grid 21
Zoning RCD20 Map Coordinates 9K6 Lot size _____

Property Owner's Name SHARON WALLEY BOSTON
Address 3189 RIVER VALLEY CHASE
City WEST FRIENDSHIP State MD Zip Code 21794
Home Phone 410-442-0033 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
Proposed Use FINISHED BASEMENT FOR SAME
Estimated Construction Cost \$ 20,000
Description of Work Finish basement
UTILITY IN BATHROOM EXISTING
DAY STUDDING WITH DRYWALL 30x60

Contractor Company DOSEY CUSTOM CONSTRUCTION INC
Contact Person JOSEPH A DOSEY
Address 14767 JUSTIFIERS CT.
City WOODBINE State MD Zip Code 21797
License No. MHC 68828
Phone 410-489-7636 Fax 410-489-7075

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

Engineer or Architect Company DESIGN REACH
Contact Person _____
Address 1777 REISTERSTOWN RD. SUITE 118
City BALTIMORE State MD Zip Code 21208
Phone 410-486-0253 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input type="checkbox"/>
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Private <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Heating System: _____
State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/>
	Partial <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Heating System: _____
No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
Other Structure: _____	NFPA #13D <input type="checkbox"/>
Dimensions: _____	NFPA #13R <input type="checkbox"/>
Footings: _____	Other: _____
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 Joseph A. Dosey
Title/Company President, Dosey Custom Construction, Inc.

Print Name JOSEPH A. DOSEY
Date 7/23/99

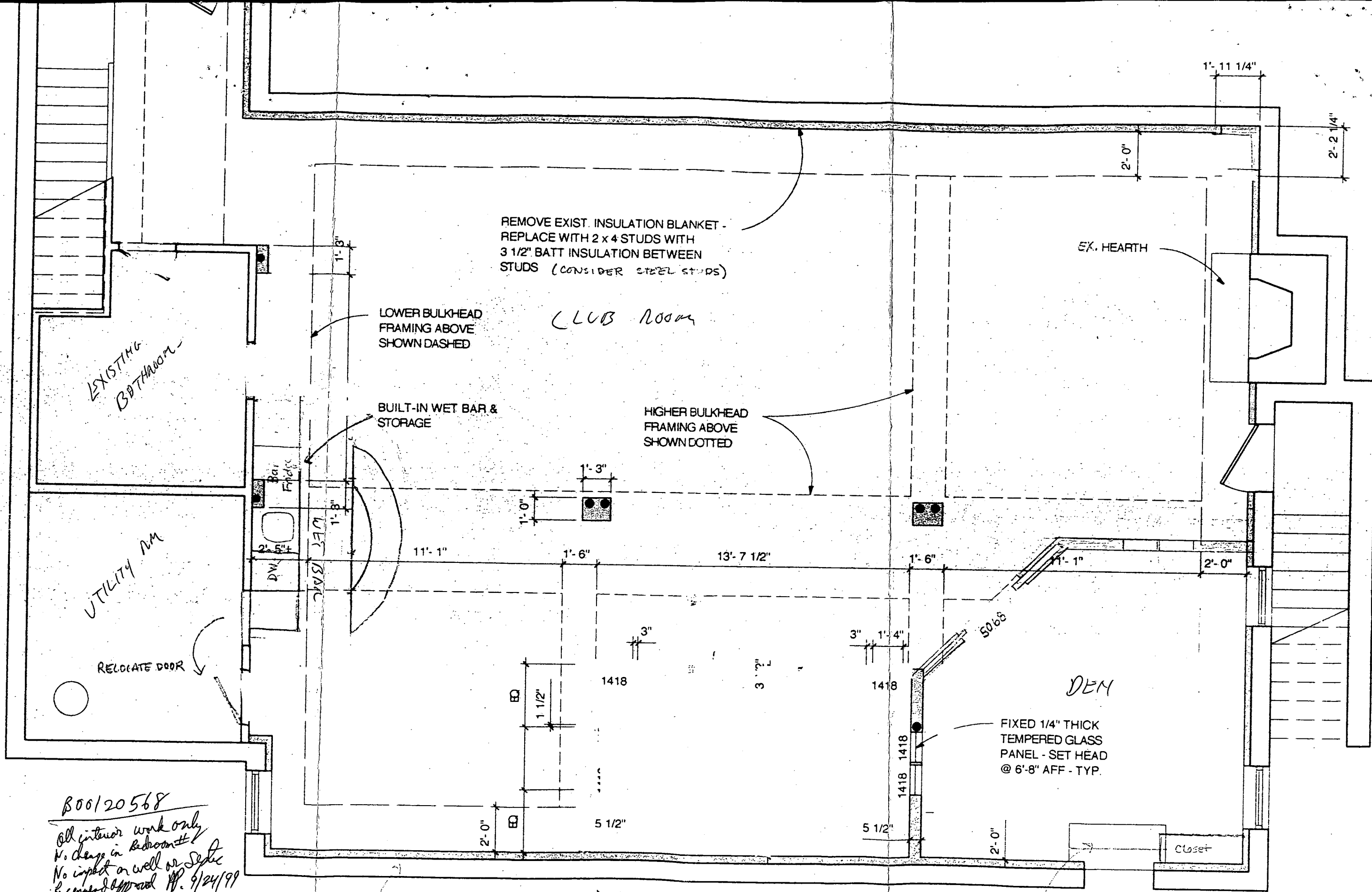
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>9/24/99</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	16640
Rear: _____	Filing fee \$ <u>123</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>7671</u>
Accepted by _____	Validation # <u>201904</u>



B00120568
 All interior work only
 No change in Bedroom
 No impact on well or Septic
 Recommended approval 9/24/99

FLOOR PLAN

SCALE: 1/4" = 1'-0"

* add door

* install partitions wall in storage area

REMOVE PORTION OF STEP