

8/9/95
8/12/95
ASAP
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50805

A 49010

DISTRICT 5th

DATE 8-1-95

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

DATE SYSTEM APPROVED 8/10/95

INSPECTOR [Signature]

Adamson Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 3203 E. Watersville Road, Mt. Airy, MD 21771 PHONE 831-7497

SUBDIVISION Deer Track LOT 15 ROAD 6731 Cortina Drive

PROPERTY OWNER Mr. and Mrs. Dorko

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

* Location of s.t. and
d.b. change requested
by contractor - called
for approval 8/8/95.
New locations O.K.
due to driveway and
contours. DKS

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 165 feet from rear (145.00') property line and 25 feet from right ~~left (488.00')~~ property line as viewed from Cortina Drive. Install trenches on contour towards ~~right~~ left property line.

NOTES - MAINTAIN A MINIMUM 100 FEET WELL TO SEPTIC SEPARATION DISTANCE FROM ALL WELLS ON THIS AND ADJACENT PROPERTIES. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 5/16/95 DKS

PLANS APPROVED BY Ronald J. Pinkley DATE 03/27/95

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

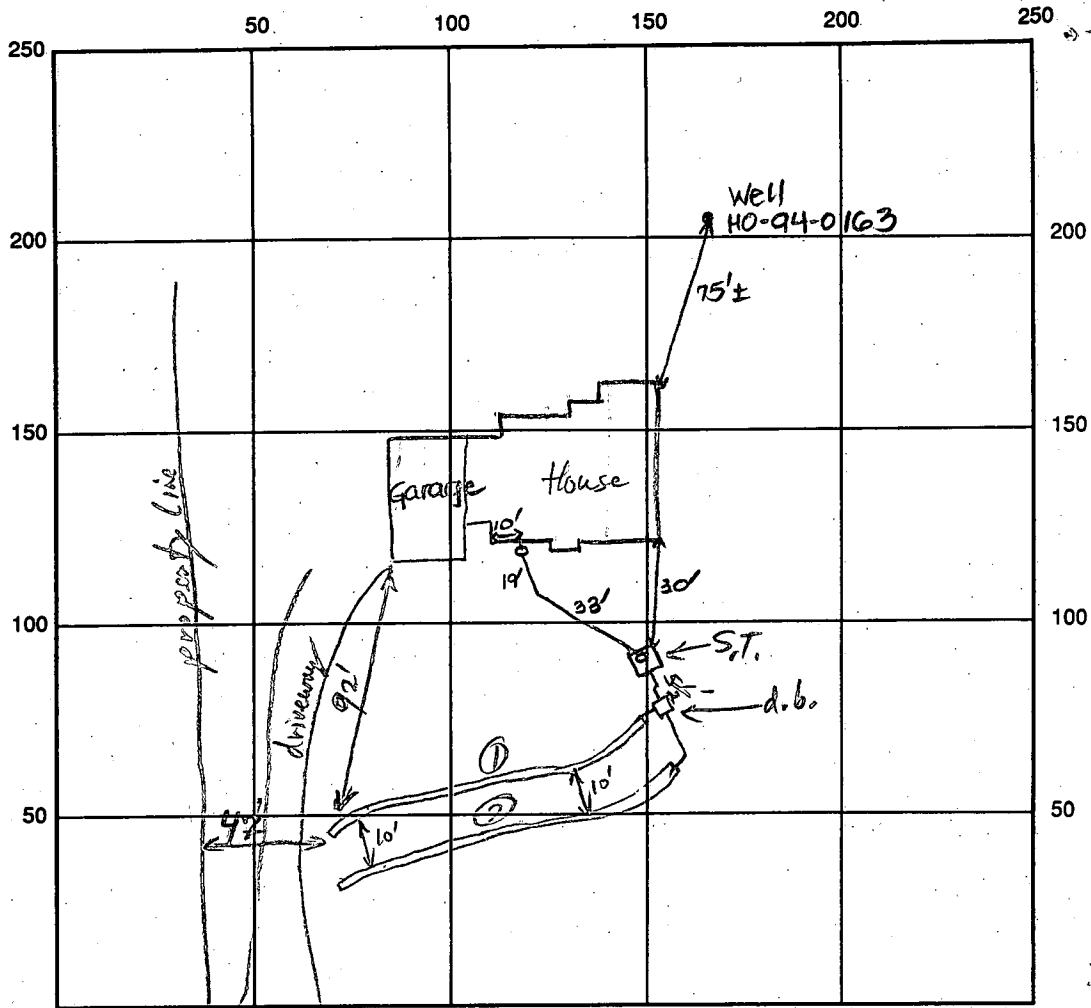
PERMIT VOID AFTER TWO YEARS

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

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

A
49010



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Cortina Drive

SEPTIC TANK LEVEL OK-1250 CLEANOUTS one at house

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 90/90 FT.

NUMBER OF TRENCHES 2 ^{Total} ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/9/95 OK to cover from house to s.t. OK to continue. DKS
OK to cover lower trench when possible, OK to gravel upper trench. 8/10/95 used Dial-a-Flow to level.
OK to cover last trench when finished. 8/10/95

DATE SYSTEM APPROVED 8/10/95 INSPECTOR R.P. [Signature]

APPLICATION

PERCOLATION TESTING

A 49010

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 5

DATE 3/3/1993

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BUSHROD W. HOPKINS, ET AL Mr. & Mrs. Dorko.
ADDRESS 6761 HAVILAND MILL ROAD
CLARKSVILLE, MARYLAND 21029 PHONE (410) 596-9168

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES
ADDRESS P.O. BOX 122
ELLICOTT CITY, MARYLAND 21041 PHONE (410) 442-1045

PROPERTY LOCATION:

SUBDIVISION XXXX DEER TRACK LOT NO. 17/15 XXXX
ROAD AND DESCRIPTION 6731
Extension of Cortina Drive off Villa D'est Drive

TAX MAP 34 PARCEL # 161

SIZE OF LOT 1 Acre, more or less TYPE BLDG. _____
BLDG. PERMIT SIGNED AND RETURNED 3/23/95
Serial # 58532-SFD-4Bem
Single Family Res.
(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. Zachariah Y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Lot 17
49010

COUNTY #

SOIL PROFILE

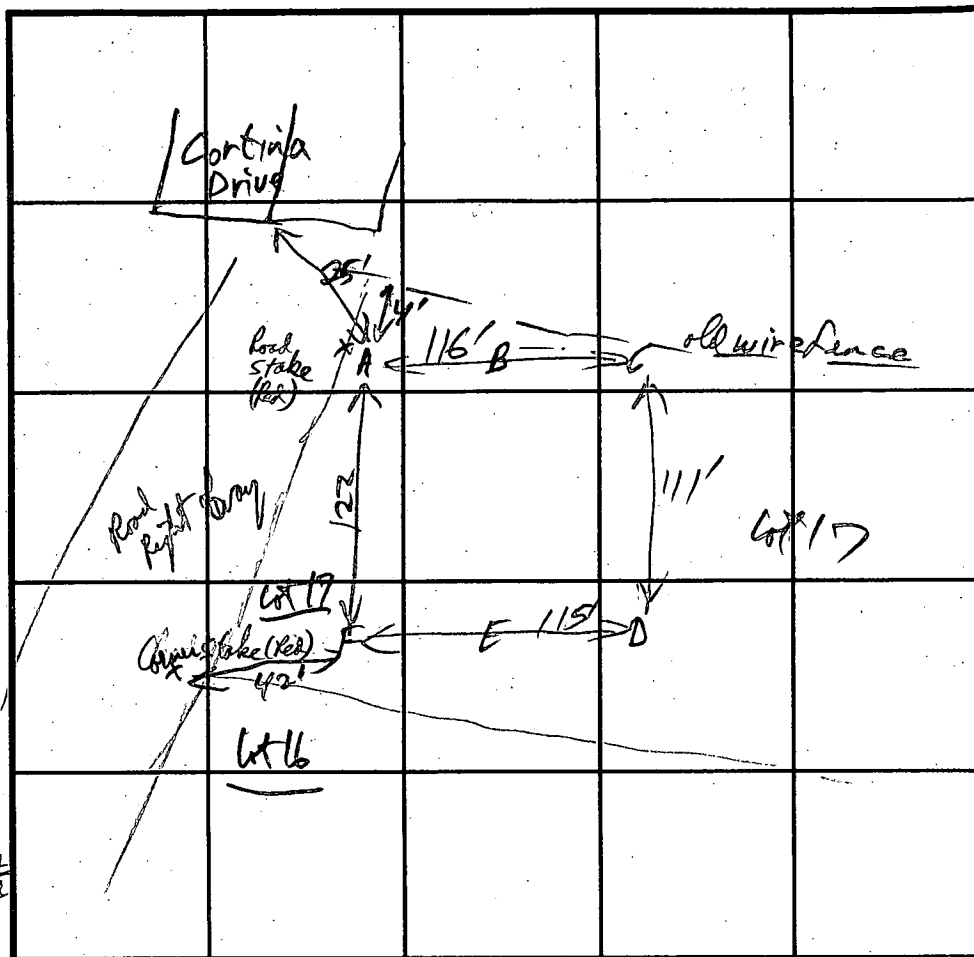
Hole 17A
0' Topsoil h Sil
11' yel Brn h Sil Micaceous (abt 26% C)
yel tan h Loom - Siloam Micaceous v. Moist slickly stick
6 1/2' Red-Red Brn v. Nica Mica Loom sl. Moist
16' Hole 17B

3 1/2' Str. Brn to Red Brn CL mica
3 1/2' Tan-grey Brn - Red Brn Mica Loom wet
5 1/2' Red Brn Mica Loom sl. Moist
12 1/2' Hole 17C

Same as 17D
Hole 17E
3 1/2' Red Brn - yel Brn h Loom - loam
8' yel Brn to yel tan Mica Loom - Mica sl. clay Brn to Red Brn sl. Mica
13' Hole 17F

SOIL PROFILE

Hole 17D
0' Str. Brn to Red Brn h Loom Micaceous
3 1/2' yel Brn to Tan Brn micaceous
8 1/2' Str. Brn to grey Brn Mica Loom
12 1/2' Hole 17E
Same as 17E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-13-93	17A	6 1/2'	10:53:00	11:02:00	11:02:00	11:30:00	28 min
		9 1/2'	10:53:00	10:53:40	11:01:00	6 min	
		16'					
	17B	12 1/2'	OK below 3 1/2' 5'				Satisfactory
	17C	6 1/2'	11:14:45	11:16:00	11:16	11:21:00	2 min
		9 1/2'	11:17:00	11:16:30	11:18:49	11:20:34	2 min
	17D	6'	11:23:00	11:25:00	11:25:20	11:29:20	4 min
		10' 12 1/2'	11:22:30	11:24:00	11:24:30	11:25:45	2 min
	17E	13'	Visual OK below 3 1/2' 2" inches				Satisfactory
	17F	@ 5'	11:41:50	11:46:50	11:47	11:50:30	3 1/2 min
		@ 9' 13'	11:43:30	11:46:00	11:46:00	11:50:00	4 min

REMARKS

TYPE OF SOIL Glenny-Manor

TESTED BY R. Pinkle

ALSO PRESENT Phil Mangltz
Andrews Frank

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 min

TRENCH WIDTH

INLET DEPTH 5' High / 5' Low

MAXIMUM BOTTOM DEPTH 7'

SQ. FT./BEDROOM

B 1 06880 SEQUENCE NO. (DP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS

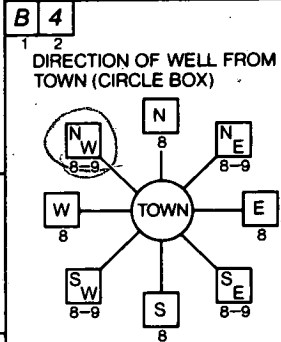
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-0163
fill in this form completely

Date Received (APA) 080199
OWNER INFORMATION
CARMAN ASSOCIATES
Owner: CARMAN, First Name: ASSOCIATES
Street or RFD: BOX 122
Town: ELLICOTT, City: CITYMD, State: 21047, Zip: 76

B 3 LOCATION OF WELL
HOWARD COUNTY
DEER TRACK SUBDIVISION
SECTION 44, LOT 15, NEAREST TOWN: HIGHLAND
MILES FROM TOWN: 2 MI

DRILLER INFORMATION
Joseph L. Mayne, License No. 24
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. DH. Airy 21777
Signature: Joseph L. Mayne, Date: 8/1/94



B 4 CORTINA Drive NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD: 250 FT
ENTER FT or MI: FF

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
Howard COUNTY NAME, COUNTY NO. A49010
STATE SIGNATURE: [Signature], DATE ISSUED: 8/17/95
CO SIGNATURE: [Signature], EXP. DATE: [Blank]
NORTH GRID: 492000, EAST GRID: 0802000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

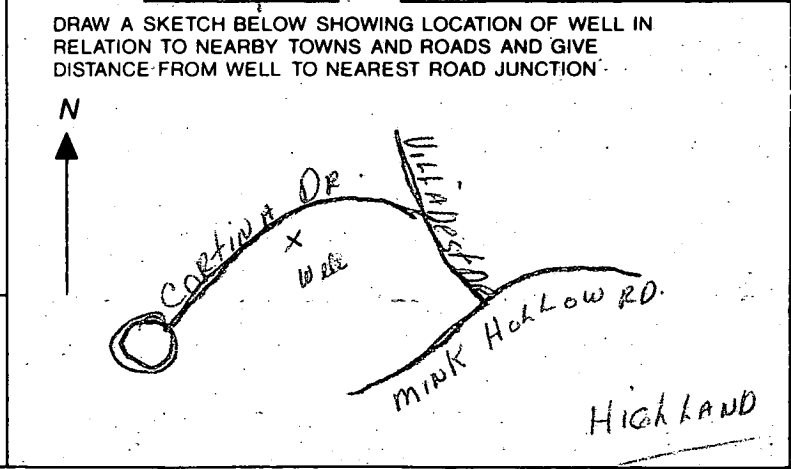
APPROXIMATE DEPTH OF WELL: 265 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST 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 8002, N 4902

REPLACEMENT OR DEEPEDED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): [Blank]



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER: GAP
FORCE INITIALS IN BOX: [Blank]
PERMIT No: HO-94-0163

SPECIAL CONDITIONS

C1 4507

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

A49010

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 092394

Depth of Well 985

PERMIT NO. H0-94-0163

OWNER Carmen Associates last name Cortina Dr first name TOWN Highland SUBDIVISION Deer Creek SECTION LOT 15

WELL LOG

GROUTING RECORD

C 3

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 entries for SAND and GRAY Mica Rock.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 45 ft.

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 235 TYPE OF PUMP USED (for test) S submersible

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 53

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: 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) 2

IN HARD-ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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

WELL HYDROFRACTURED yes (Y) no (N)

DEPTH (nearest ft.) H 0 53 385 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.

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

DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE Joseph L. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

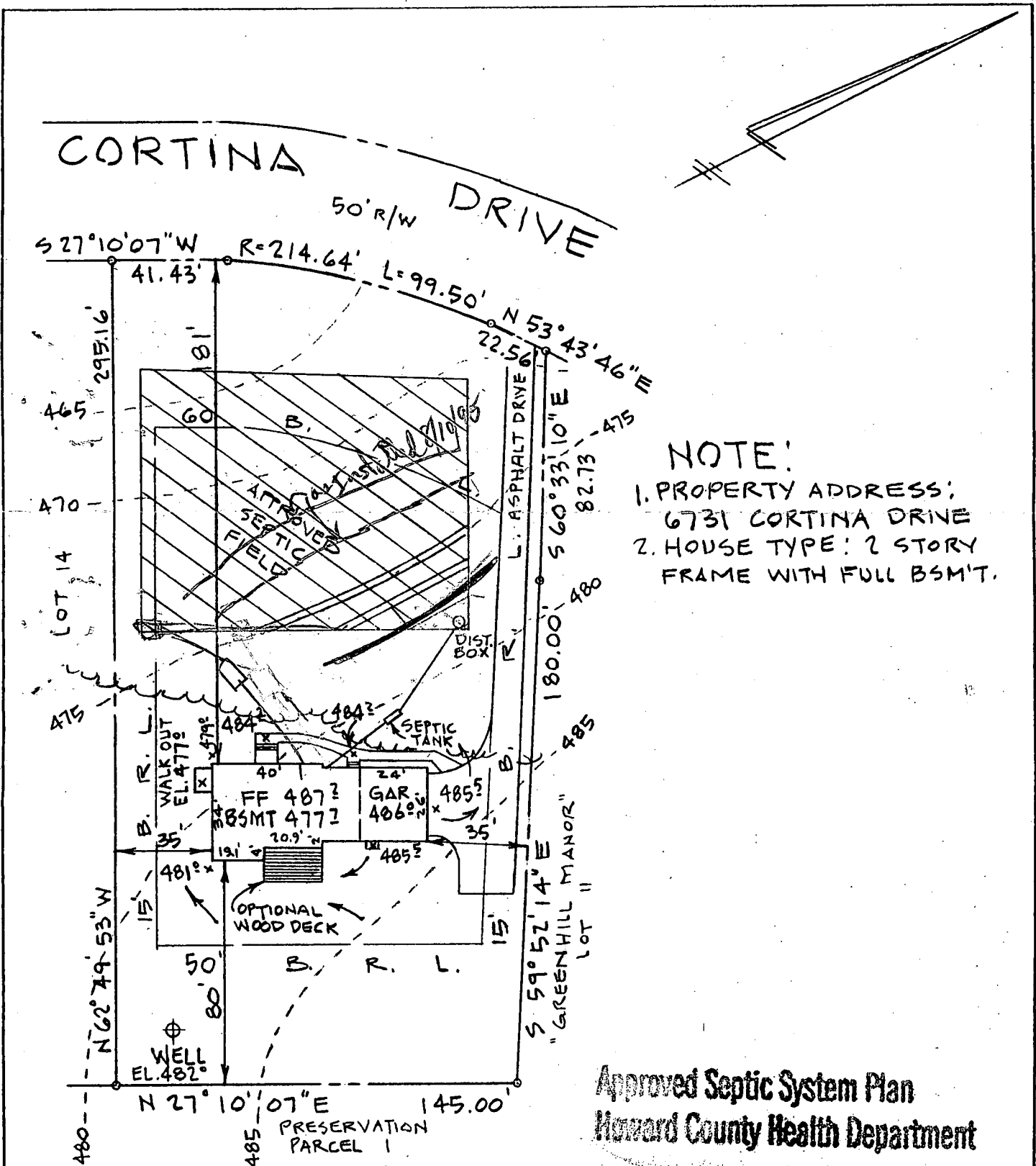
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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



NOTE:
 1. PROPERTY ADDRESS:
 6731 CORTINA DRIVE
 2. HOUSE TYPE: 2 STORY
 FRAME WITH FULL BSM'T.

Approved Septic System Plan
 Howard County Health Department

SEPTIC DATA

HOUSE FIN. FL.	487.2
" BSM'T	477.7
" SEWER INV.	474.6
SEPTIC INV. IN	474.1
TANK INV. OUT	473.8
" FIN. GR.	480.5
DISTR. INV. IN	473.0
BOX FIN GR.	478.0

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

John L. Schneider 3/23/95
 Signature Date

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21228
 410-744-1945

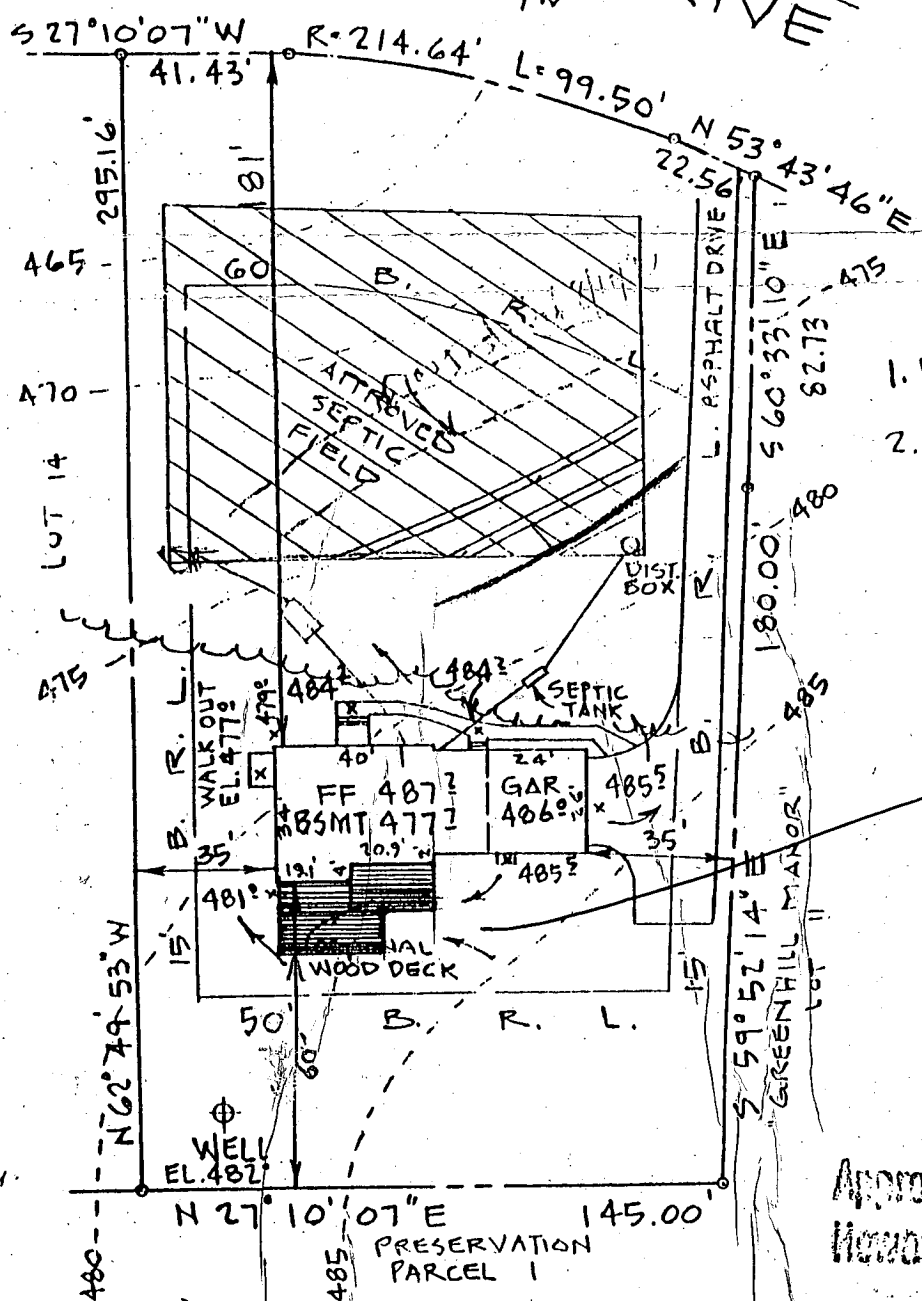
RECORD PLAT N° 11408

GRADING STUDY		
LOT 15 "DEER TRACK"		
5th ELECTION DISTRICT HOWARD COUNTY-MARYLAND		
SCALE: 1" = 50'	DATE: MARCH 15, 1995	

REVISED 3/23/95 TO SHOW SEPTIC FIELD RELOCATION

CORTINA

50' R/W DRIVE



NOTE:

1. PROPERTY ADDRESS: 6731 CORTINA DRIVE
2. HOUSE TYPE: 2 STORY FRAME WITH FULL BSM'T.

DECK OK
MR
5/10/00

Approved Septic System Plan
Howard County Health Department

SEPTIC DATA

HOUSE FIN. FL.	487 ²
BSM'T	477 ²
SEWER INV.	474 ⁶
SEPTIC INV. IN	474 ¹
TANK INV. OUT	473 ⁸
FIN. GR.	480 ⁵
DISTR. INV. IN	473 ⁰
BOX FIN GR.	478 ⁰

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE

John L. Schneider 3/23/95
Signature Date

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228

Building Address 6731 CORTINA DR
HIGGINS, MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 60510 Subdivision DEER TRACK

Section 8 Area _____ Lot 15

Tax Map 34 Parcel 129 Grid 20

Zoning RL Map Coordinates 13411 Lot size _____

Existing Use SFD

Proposed Use SFD - DECK

Estimated Construction Cost \$ 7,000.00

Property Owner's Name STUVE & GENE WORKO

Address 6731 CORTINA DR.

City HIGGINS State MD Zip Code 20777

Home Phone 301-354-9731 Work Phone 5118

Applicant's Name & Mailing Address, (if other than stated hereon):
BERNICE SASSOER
7525 CONSUMERS PIKE
LANDEL, MD 20723

Phone 301-498-2972 Fax _____

Contractor/Company CONCEPTS IN DESIGN

Contact Person BERNICE SASSOER

Occupant or Tenant STUVE & GENE WORKO

Contact Name _____

Address 6731 CORTINA DR

City HIGGINS State MD Zip Code 20777

Phone 301-354-9731 Fax _____

Engineer _____

Engineer's License No. _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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"/> Site Certified Modular	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"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

THE APPLICANT 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 WHERE APPLICABLE THEREIN; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Bernice J. Sassoer

Title/Company _____

Print Name Bernice J. Sassoer

Date 5-10-00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development/DPZ			Front: _____	1158
State Highways			Rear: _____	
Building Official	<u>5/10/00</u>	<u>Mark E. Allen</u>	Side: _____	
Dev. Engineering/DPZ			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 \$ <u>30</u>
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 _____	Sub-total paid \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Add'l permit fee \$ _____
			Accepted by _____	TOTAL FEES \$ <u>30</u>
				Balance due \$ _____
				Check # <u>1964</u>
				Validation # _____