

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49777

A 49213

DISTRICT 5th

DATE 11/30/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 11/16/93

INSPECTOR CW

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Gaetano Rubino Property Parcel: 36 Tax Map: 28 ROAD 4751 Ten Oaks Road

PROPERTY OWNER Gaetano Rubino

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 90' X 8' STONE DEPTH.

*LIMITED AVAILABLE "STAGING AREA",
OK TO SWITCH TO TRENCHES 11' DEEP
w/ 8' STONE 3 X 30' LONG = 90' LONG X 8' STONE =
720 SQ FT TOTAL AREA.*

DRYWELLS - 2 drywells specified due to limited lot area. Inlet to be 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below drywell inlet pipe.

LOCATION - Place one drywell 55 feet down left lot line and 10 feet off that lot line; Place second drywell 70 feet down right lot line and as close to lot line as driveway location allows.

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywells. OK MR 11/3/93

PLANS APPROVED BY C. Williams DATE 6/23/93

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 3-1903 BOD 140528-2 STDRN ADD

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

PERMIT VOID AFTER TWO YEARS

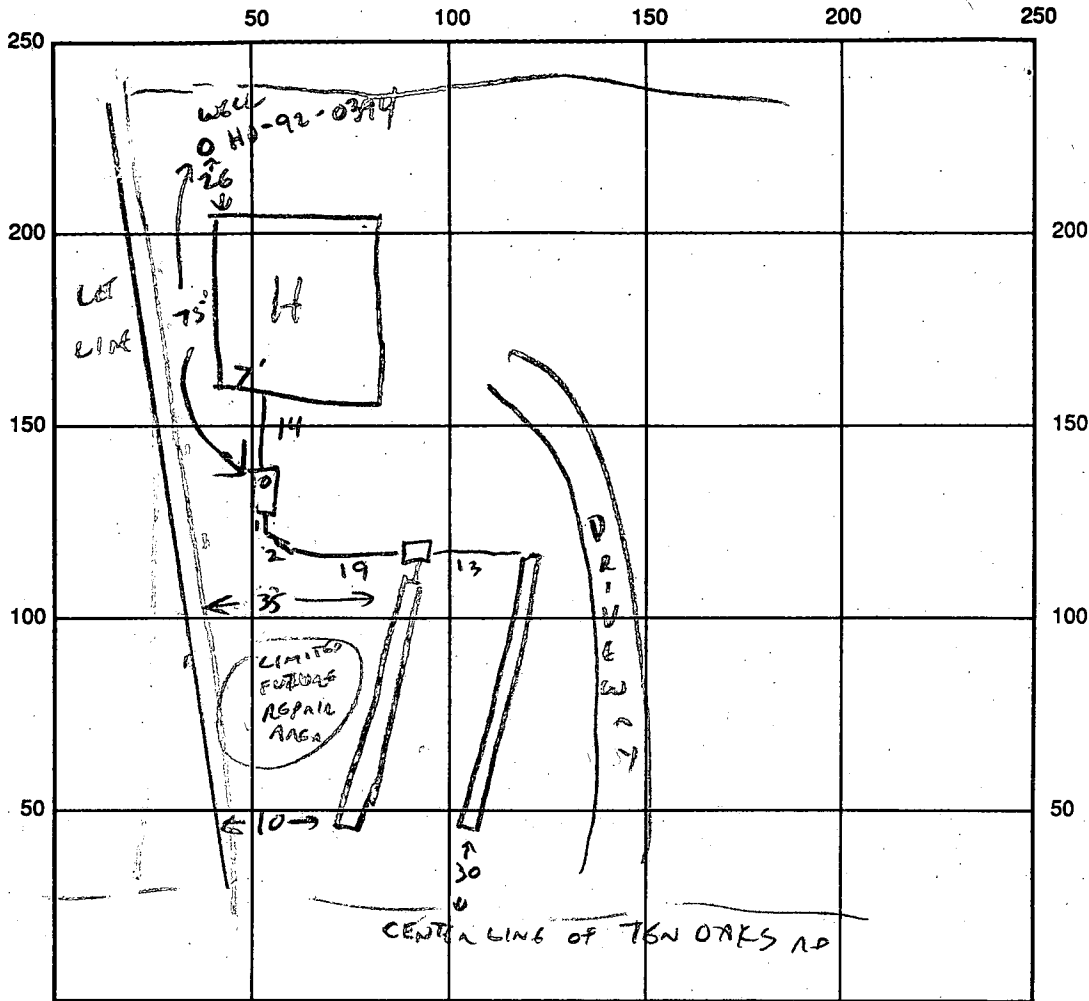
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**BUILDING PERMIT SIGNED
AND RETURNED**

A
49213
6/26/93



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 ✓ CLEANOUTS ST ✓
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 8 FT. TOTAL LENGTH 90 FT.
 NUMBER OF TRENCHES 2 @ 45' ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: OK TO COVER ALL 11/16/93 CW

AND RETURN TO REPAIR AREA - LIKELY TO REQUIRE DRYWALL - SOILS EXCELLENT TO AT LEAST 15' DEEP.

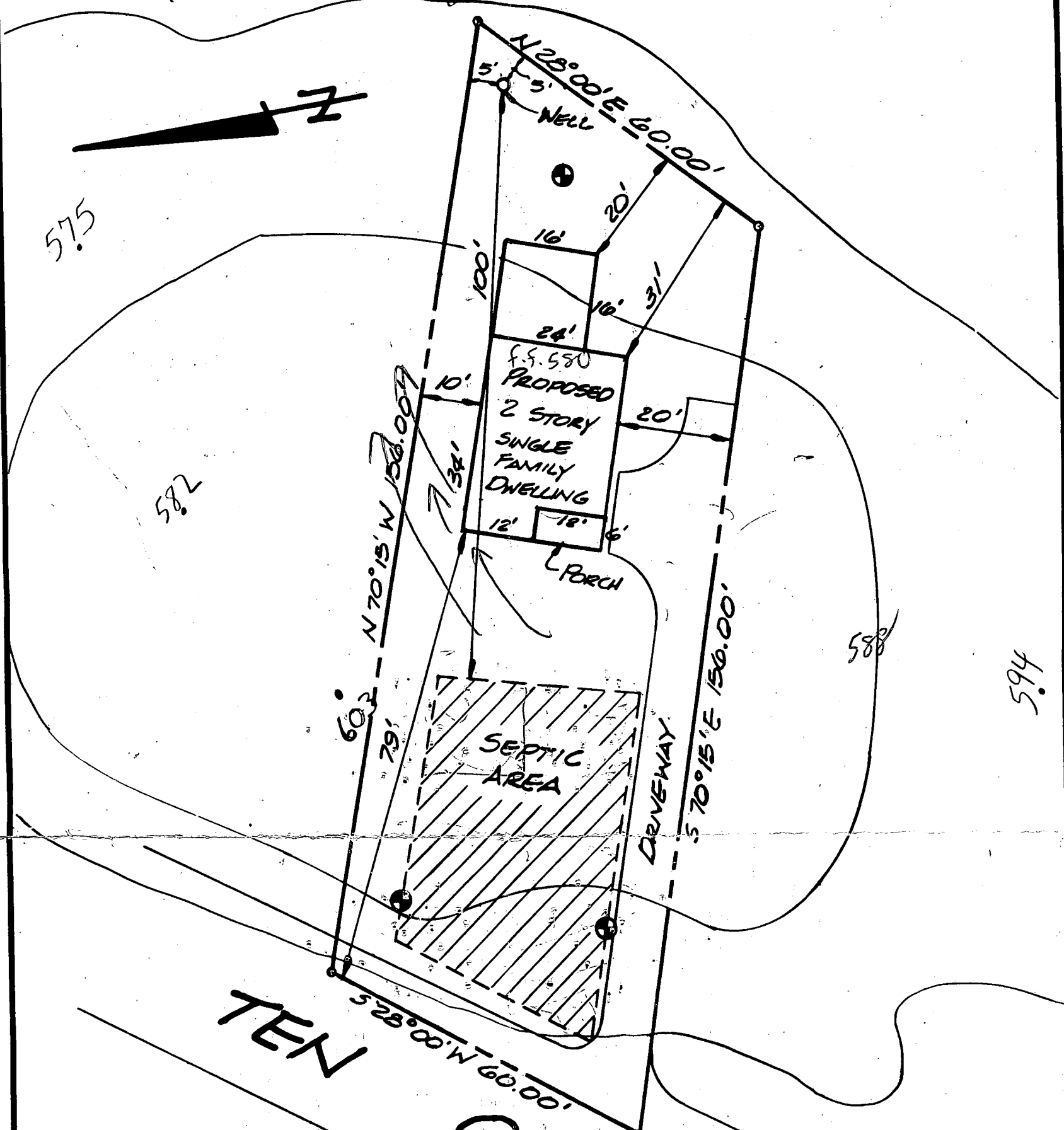
DATE SYSTEM APPROVED 11/16/93 INSPECTOR CW

BE NECESSARY. ALL PERC. TEST HOLES SHOWN IN US.

2. ALL SURVEY INFO. SHOWN IS BASED ON DATA OBTAINED FROM DEED RECORDED FEB. 3, 1913, UBER W.W.L.C. NO. 94 - FOLIO 349 AND PLAT SURVEY FILE NO. 1046 SURVEYED OCT. 1952 FOR GEORGE N. BROWN, AS ACCURATELY AS POSSIBLE.

Mauro J. Rubino
 GAETANO J. Rubino - owner of lot

#3.) NO wells or septic within 100 feet of property boundaries.



VARIANCE NOTE:

THIS IS TO REQUEST HEALTH DEPT. VARIANCE TO STD. WELL-SITE CRITERIA. PLACEMENT OF WELL WITHIN 5' OF LOT BOUNDARIES IS NECESSARY TO MAINTAIN 100' SEPARATION TO SEPTIC.

VARIANCE APPROVED:
 James M. Boyd... 5/21/93
 HOWARD CO. HEALTH OFFICER

PERCOLATION TEST PLAT				
4751 TEN OAKS RD.				
BK. B TAX MAP: 28		PARCEL 36		
5TH ELECTION DISTRICT		HOWARD CO. MO.		
SCALE: 1" = 20'	DES. BY	DRWN. BY	CHKD. BY	DATE:
		D.D.P.		5-18-93
F.L.D. BK.	PAGE NO.	JOB NO.	DWG. NO.	
			1	

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPT.

James M. Boyd... 5/21/93
 HOWARD CO. HEALTH OFFICER (CD) DATE

C1 0457 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A49213

ST/CO USE ONLY DATE Received
 DATE WELL COMPLETED 071493

Depth of Well 245
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
110492-0394

OWNER RUBINO last name TONY first name
 STREET OR RFD 4751 TOWN GARDEN RD TOWN DAYTON
 SUBDIVISION _____ SECTION _____ LOT _____

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	35	
Sand Stone	35	45	
MICKA	45	30	
Sand Stone	30	25	
MICKA	25	245	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 16 NO. OF POUNDS 100
 GALLONS OF WATER 26
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 4 50
 60 61 63 64 66 67 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

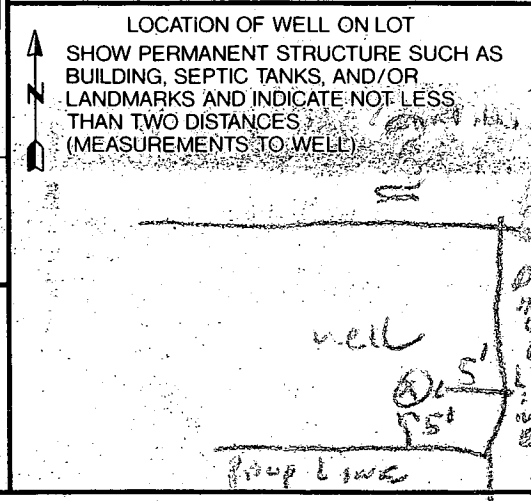
C2
 DEPTH (nearest ft.)
 1 HO 36 245
 8 9 11 15 17 21
 2 _____
 23 24 26 30 32 36
 3 _____
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) 2
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: 36
 17 20
 WHEN PUMPING: 43
 22 25
 TYPE OF PUMP USED (for test)
A air P piston T turbine
 27 27 27
C centrifugal R rotary O other (describe below)
 27 27 27
J jet S submersible
 27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (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: _____
 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 31 35
 PUMP HORSE POWER _____
 37 41
 PUMP COLUMN LENGTH (nearest ft.) _____
 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above }
 49
- below } LAND SURFACE 2 (nearest foot)
 49 50 51



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.

DRILLERS IDENT. NO. 273
Math Noyce
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **01142** 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 *Logged*
40-92-0394
 fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
 8 13
RUBINO TOMY
 15 Last Name Owner First Name 34
1307 TAYLOR AVE
 36 Street or RFD 55
BALTIMORE MD 21234
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Ralph MAYNE 203
 Driller's Name 77 License No. 80
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 6/8/93
 Signature Date

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

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 **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** 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
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 FORCE **KH** WRITE INITIALS IN BOX PERMIT No. **40-92-0394**

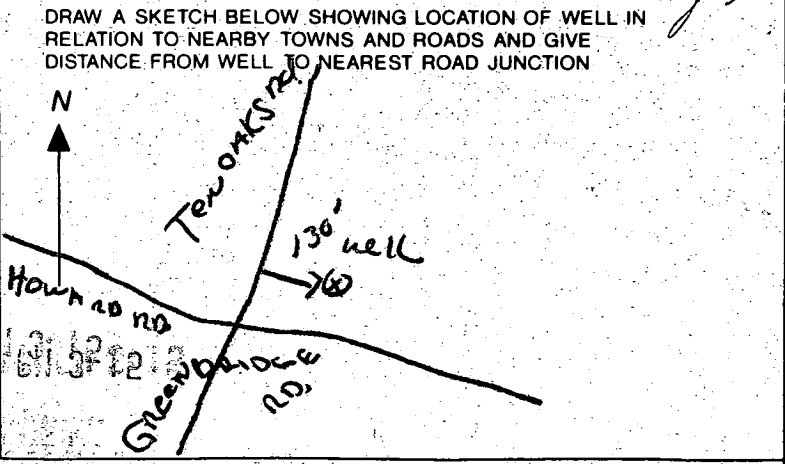
SPECIAL CONDITIONS: **410-426-8814**
410-880-2137

LOCATION OF WELL
HOWARD
 8 COUNTY 21
PLAT 1046 FOLIO 0349
 23 SUBDIVISION 42
 SECTION **44** LOT **48**
DAYTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** MI
 73 76 77 78

TEW OAKS rd.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 **130** 37 DISTANCE FROM ROAD
 ENTER FT or MI **4**
 38 39

HOWARD **A49213**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **062593** EXP. DATE **6/25/94**
 43 48 ICD SIGNATURE 55
 NORTH GRID **512000** EAST GRID **0901000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8001**
 N **5122**
 000 000 (Von Well Toy)



DRILLER

5/11/93
1.30

APPLICATION

PERCOLATION TESTING

A 49213

P _____

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

PREVIOUS OR
EXISTING BUILDING
NO FACILITIES
TO BE ELIMINATED

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

APPROACH AS IF
A VACANT LOT

4/23/93 CWL

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

(VERY SMALL LOT - NOT SUBJECT TO 10,000 SQ FT SEWAGE REQUIREMENT)

PROPERTY OWNER JOOE GAETANO D. RUBINO

ADDRESS 4751 TEN OAK RD DAYTON MD 21036 PHONE C/O ENDAR SCHARRA 410-7600

AGENT OR PROSPECTIVE BUYER GAETANO J RUBINO - DENISE M. RUBINO

ADDRESS 1301 TAYLOR Ave. Balto. Md. 21234 PHONE (410) 426-8814

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. _____

ROAD AND DESCRIPTION 4751 TEN OAKS RD. DAYTON, MD. 21036 -

TAX MAP Pg 28 PARCEL # Part of parcel 36

BLDG. PERMIT SIGNED
AND RETURNED 8/13/93
Serial # 49948 - SPD-3Boms

SIZE OF LOT 9,000 Sq Ft. TYPE BLDG. SINGLE FAMILY Dwelling
(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.

(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

M47213

COUNTY #

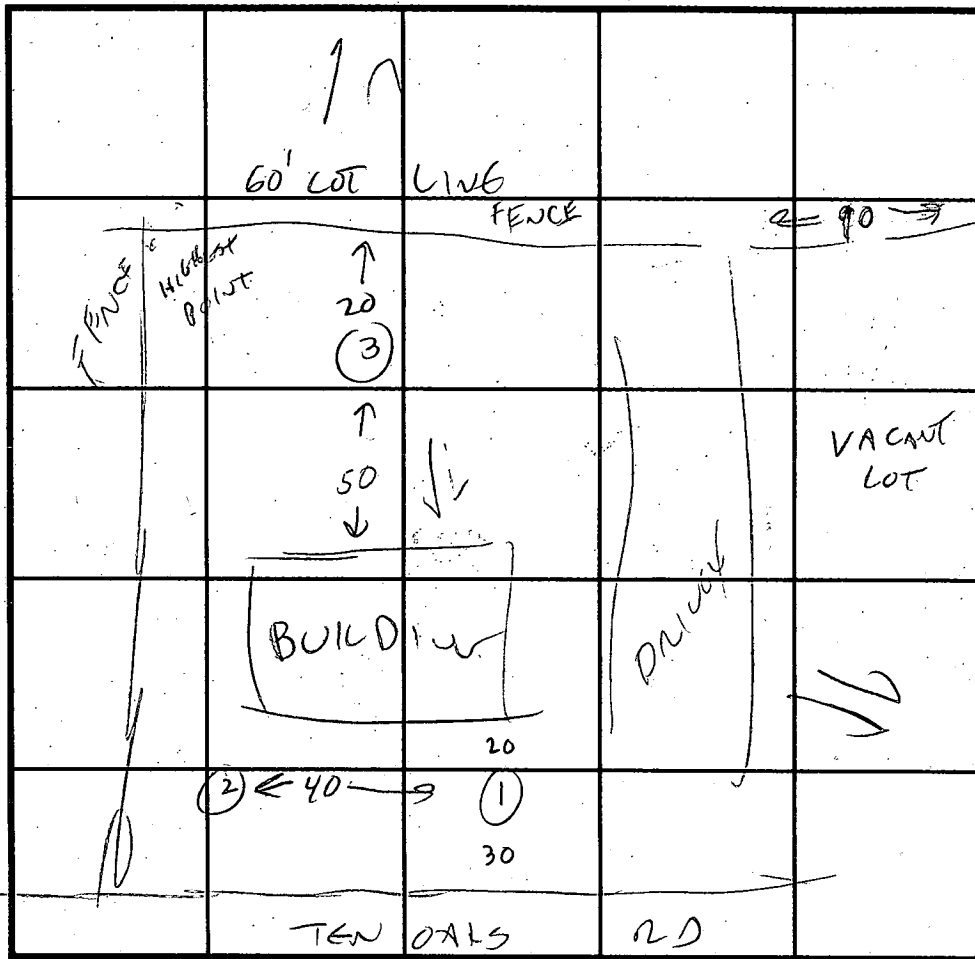
SOIL PROFILE

CLAY
COAM

ORANGE
PURPLE
MICA COAM

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	3 8	2:04	2:06	2:06	2:08	2 MIN
		13	UIS	OK	COAM 3-13		
		15'	UIS	OK			
2	2	3 8	2:05	2:10	2:10	2:12	2 MIN
		13					
3	3	3 8	2:12	2:14	2:14	2:17	3 MIN
		13					

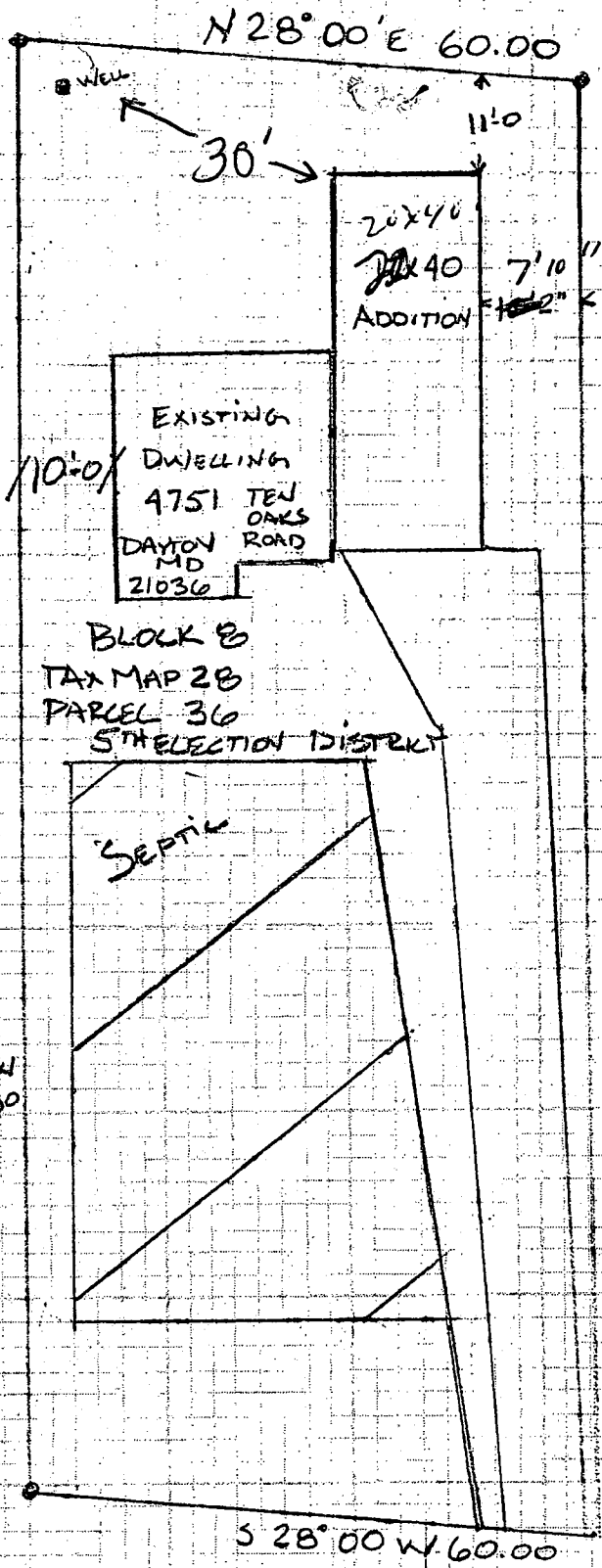
REMARKS NO CLEAN SLOPE - WGC COULD GO FRONT OR REAR

TYPE OF SOIL MICA COAM

TESTED BY [Signature] ALSO PRESENT RUBINO, RICKY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH

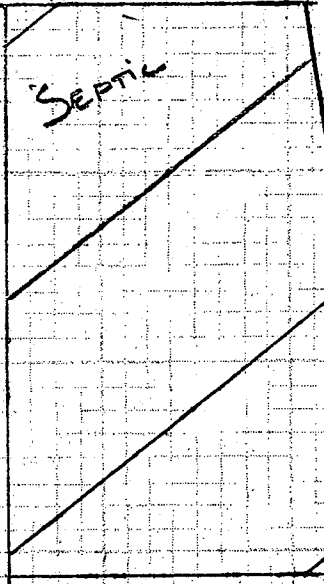
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 10 SQ. FT./BEDROOM



1 BR
 ADD'N OK
 SEE ADDENDUM TO
 BA MEMO
 MR 3/19/03

EXISTING
 DWELLING
 4751 TEN
 OAKS
 ROAD
 DAYTON
 MD
 21036

BLOCK 8
 TAX MAP 28
 PARCEL 36
 5TH ELECTION DISTRICT



N
 70° 15' W
 156.00

S 70° 15' E 156.00

S 28° 00' W 60.00

Rubino
 531-1313
 531-0754
 H-
 Fox

PLOT PLAN

1"=20'

Building Address 4751 TAN OAKS RD.
DAYTON, MD 21036

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

Census Tract 605101 Subdivision Dayton

Section _____ Area _____ Lot _____

Tax Map 28 Parcel 36 Grid 8

Zoning RR Map Coordinates 13H1 Lot size _____

Property Owner's Name GASTANO J. RUBINO

Address 4751 TAN OAKS RD.

City DAYTON State MD Zip Code 21036

Home Phone 410 531-1713 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use DRIVE WAY S.F.D.

Proposed Use Family Rm + Garage SAMP
with addition

Estimated Construction Cost \$ 60,000.

Description of Work Framing 2 STORY ADD.
ON Rear of Home
2 car garage, Family Rm., 10 stairs Bed Rm +
STAIRWAY Rm. Entry Hall

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name GASTANO J. RUBINO

Address 4751 TAN OAKS RD.

City Dayton State MD Zip Code 21036

Phone 410 531 1713 Fax 410 531 0751

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: <u>2</u>	Public _____
Gross area, sq. ft. per floor: <u>500</u>	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
<input checked="" type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: _____
<input type="checkbox"/> State Certified Modular	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public _____
1st floor: <u>45'</u> <u>20'</u>	<input checked="" type="checkbox"/> Private
2nd floor: <u>46'</u> <u>25'</u>	Sewage Disposal: _____
Basement: <u>N/A</u>	Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>1</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings:	Heating System: _____
No. of efficiency units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Other Structure: _____	_____ NFPA #13D
Dimensions: _____	_____ NFPA #13R
Footings: _____	Other: _____
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.

Gastano J. Rubino
 Applicant's Signature

OWNER
 Title/Company

GASTANO J. RUBINO
 Print Name

3-4-03
 Date

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