

LAYOUT 2/10/04 INSP 4 3/30/04
 INSP 2 2/17/04 INSP 5 _____
 INSP 3 3/29/04 INSP 6 _____

ISSUE DATE: 5/29/2003 P 518988

APPROVAL DATE: 3/30/04 A 49408

**PERMIT
INDEXED 05-421829**

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Freedom Septic

~~Jones Excavation~~ IS PERMITTED TO INSTALL ALTER

ADDRESS: 2056 Generals Hwy, Annapolis PHONE NUMBER: 410-224-2095

SUBDIVISION: Paternal Gift Farm LOT NUMBER: 21

ADDRESS: 7104 Alexander Drive PROPERTY OWNER: Robert & Mary Testoff

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 350 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 6.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan. Run trenches on contour <i>and to the 10' C TC</i>
NOTES:	Gravity basement service not proposed.

PLANS APPROVED: Kacie Noonan DATE: 4/30/03

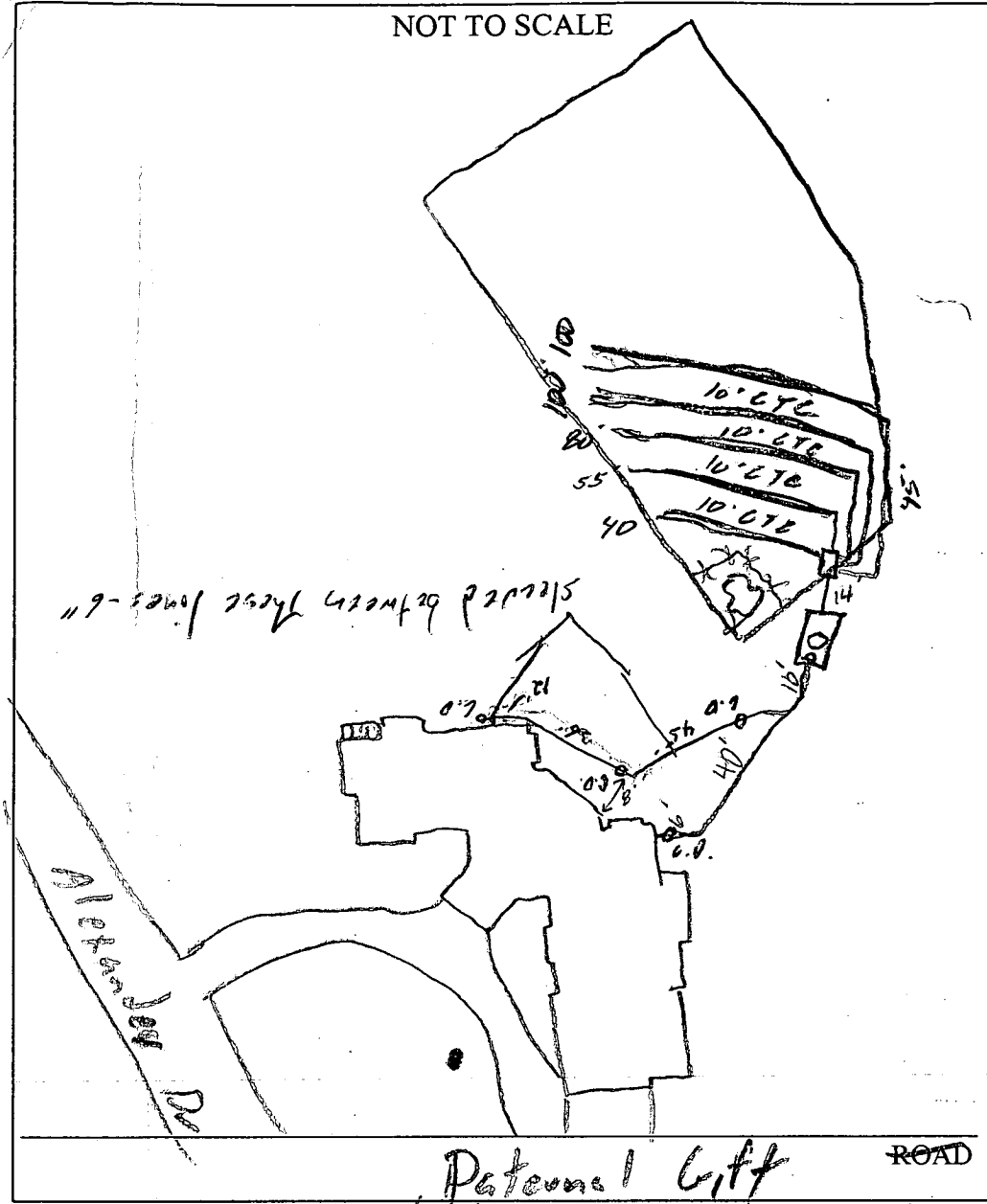
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 BUILDING PERMIT SIGNED 313-2640 FOR INSPECTION OF SEPTIC SYSTEM AND RETURNED

6/17/04 800148978-IG POU

A 49408

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	6'	8'
NUMBER OF TRENCHES		5
TOTAL LENGTH		350'
ABSORPTION AREA		1050 sq'
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 2/10/04 - SRA not stated, tank set, 2nd house conn is not shown. Must be submitted w/ tie in min 10' before the

INSTALLATION tank. 2nd line is also going around a pool (50) Distance off pool? - 10'. 2/17/04 - Trenches installed, OK to cover. Still need plans for 2nd house conn (50)

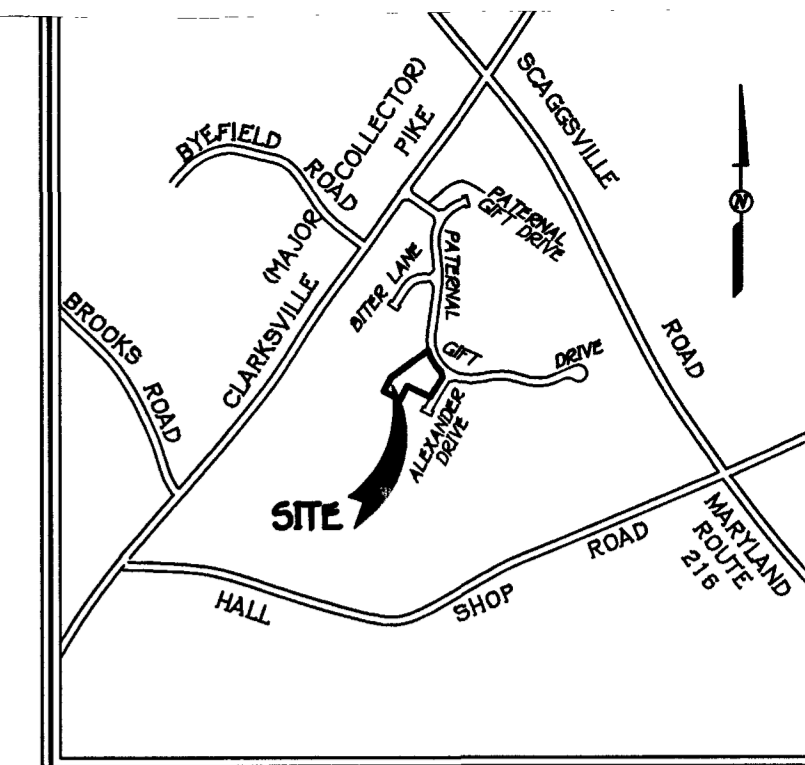
3/29/04 - Digging trench for 2nd house conn. Instructed builder to sleeve line until they get 10' separation from house & pool (50)

3/30/04 - 2nd house conn complete OK to cover all work (50)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 3/30/04

NO.	REVISION	DATE
1	REVISE SEPTIC PLUMBING PER BUILDER	3-12-04

LEGEND	
SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
---	PROPOSED CONTOUR
+561.80	SPOT ELEVATION
-SF-SF-	SILT FENCE
---	DIRECTION OF DRAINAGE
EM	EROSION CONTROL MATTING
LOD	LIMIT OF DISTURBANCE
⊗	EXISTING TREE



VICINITY MAP
SCALE: 1"=400'

GENERAL NOTES

1. REFERENCE PLAT NUMBER: 11968
2. LIMIT OF DISTURBED AREA: 25,715 SF
3. LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF PERMIT ISSUANCE.
4. EXISTING TOPOGRAPHY WAS FIELD RUN BY FISHER, COLLINS AND CARTER, INC. IN DECEMBER 27, 2002
5. TOTAL SEPTIC EASEMENT AREA: 13,310 SF
6. EJECTOR PUMP REQUIRED IN BASEMENT.

Approved Septic System Plan
Howard County Health Department

Signature
Signature
3/24/04
Date

EXISTING PRIVATE EASEMENT DEDICATED TO PATERNAL GIFT FARM HOMEOWNER'S ASSOCIATION FOR AGRICULTURAL USE (PLAT No. 11968)

1500 GAL SEPTIC TANK
EX GRADE 512.0
INV. IN 508.9
INV. OUT 508.6

DISTRIBUTION BOX
EX GRADE 511.5
INV. IN 508.5

AGRICULTURAL PRESERVATION PARCEL PARCEL "A" PATERNAL GIFT FARM PLAT No. 11968

LOT 22 PATERNAL GIFT FARM PLAT No. 11968

LOT 26 PATERNAL GIFT FARM PLAT No. 11968

LOT 25 PATERNAL GIFT FARM PLAT No. 11968

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT
PATERNAL GIFT FARM
LOT 21

Builder
Timothy Miller
335 Rosalire Drive
Arnold, Md 21012

Owner
Robert Testoff
3872 Glen Mar Road
Ellicott City, Maryland 21043

TAX MAP 40
FIFTH ELECTION DISTRICT
SCALE: 1" = 30'
DATE: FEBRUARY 2003
PARCELS 90179 AND P/O PARCEL 369
HOWARD COUNTY, MARYLAND

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: MARK BREW Plumbing Heating Telephone #: 301-854-0609
Address: PO BOX 88
HIGHLAND, MD 20777

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARK BREW License#: MPL 16761
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Tim Miller Telephone #: 443-336-1257
Subdivision: Maternal Gift Farm Lot #: 21 Well Tag #: HO-
Site Address: 7104 Alexander Dr
Highland, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULD</u>	Make: <u>CAMPL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56S10412L</u>	Model #: <u>PA-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>4'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u> </u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PE</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>4'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 4-20-04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/9/04 Date Insp. Approved: 3/11/04 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 07819 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. 8/28/00 O.K. (BFB)

COUNTY NUMBER A49408

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 8/15/00 Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2735

OWNER Scheidt Susan STREET OR RFD Alexander Dr TOWN Highland SUBDIVISION Paternal GIFE Farm SECTION LOT 21

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Sand, Sand skin, Sand silt, red clay, Sand, mica, clay, Tan mica, Gray mica, Tan, Brown, red, Black mica, Gray mica, Gray + Tan + red mica, Gray + white Brown mica, Gray mica, Water.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 56 NO. OF POUNDS 3600 GALLONS OF WATER 336 DEPTH OF GROUT SEAL 36

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) Nominal diameter top (main) casing 6 Total depth of main casing 94

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL BEFORE PUMPING 24 WHEN PUMPING 143 TYPE OF PUMP USED (S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

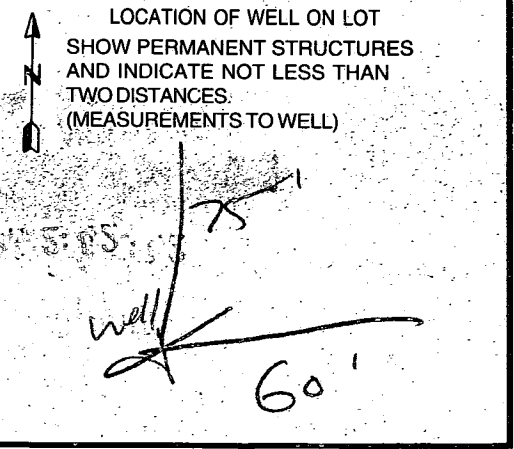
CIRCLE APPROPRIATE LETTER A- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DRILLERS LIC. NO. MW D 040 George F. Easterday DRILLERS SIGNATURE LIC. NO. JW D 328 SITE SUPERVISOR

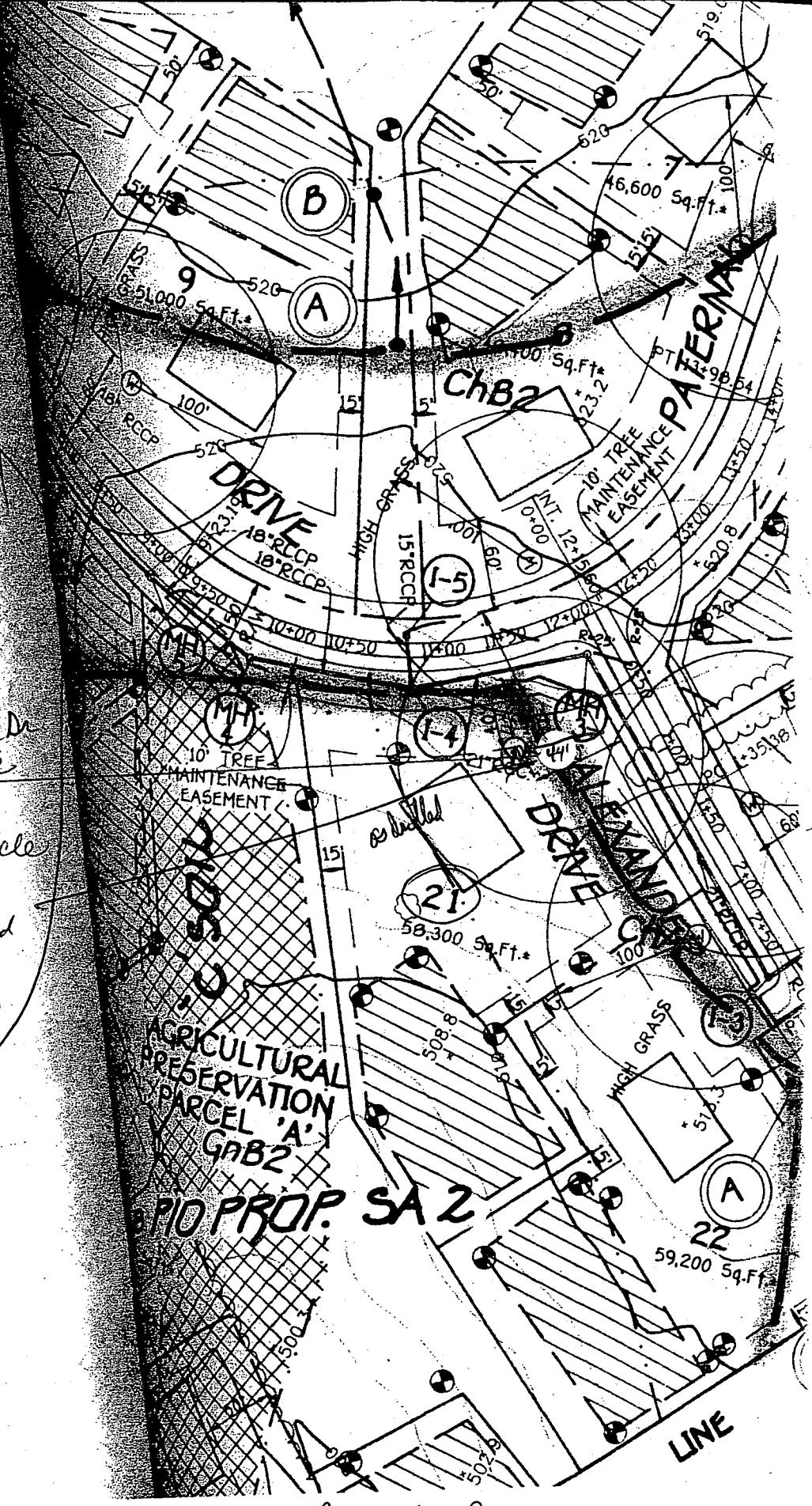
DEPTH (nearest ft.) 50 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER INSTALLED 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 2 (nearest foot)



No well stake
 on site but
 location is obvious
 on corner of
 lot.
 Stay at least
 20ft from marker
 pin along Alexander Dr
 to Well site.
 keep Lot 21
 100ft 100' Circle
 from Septic Area
 on Lot 26.
 0 Kts using based
 master plan.
 App 7/3/00



Paternal Gift Farm

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Maintain Minimum of 100ft Separation Distance From Septic Areas to wells on lots 26

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

© ORIGINAL

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

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 Susan Scheidt

ADDRESS 12730 Hall Shop Rd PHONE 531 2326

AGENT OR PROSPECTIVE BUYER Fisher, Collins, Carter

ADDRESS 9171 Balt. Nat. Pike Suite 100 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Paternal Gift LOT NO. 006714 Final Plat 21

ROAD AND DESCRIPTION Hall Shop Rd / 216 > 108

TAX MAP 40 PARCEL # 396,179,590

SIZE OF LOT 1 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. Susan Scheidt
(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

New Lot 4
49408
COUNTY #

SOIL PROFILE
1298

red brn
C

whitish
brn/grey
S

1297

lgt brn
C

red to
orange
C

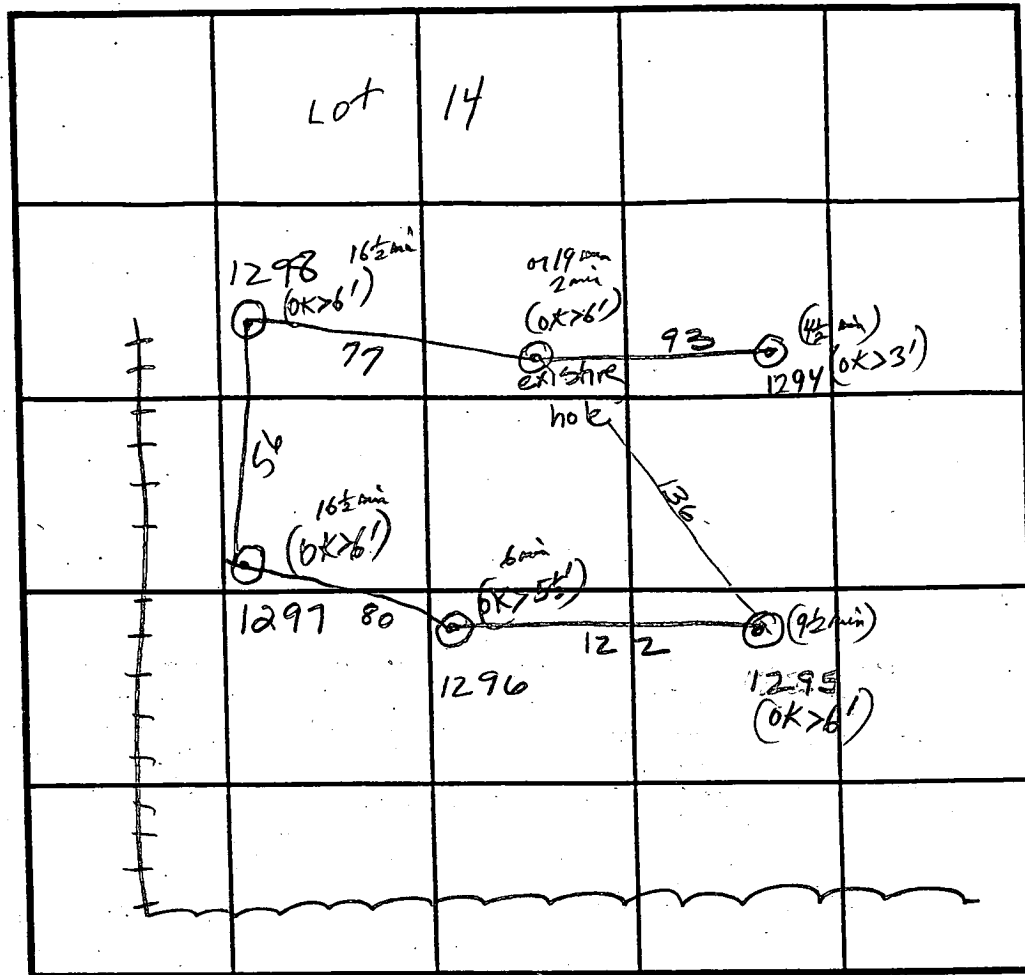
lgt
brn
S

1296

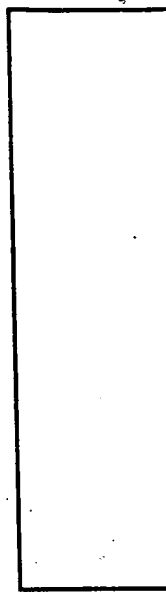
yel
brn C

red
C

whitish
grey
S



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/22/93	1296	5'2" / 13'	1:57 ⁴⁵	2:01 ³⁰	2:01 ³⁰	2:07 ¹⁵	5 ³ / ₄ min
	1297	6" / 13'	2:14 ³⁰	1:20	1:20	1:36	16 min
	1298	5'10" / 13'	2:00	2:14	2:14	2:31 ³⁰	16 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT B SANDERS

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min @ 13 min TRENCH WIDTH 3

INLET DEPTH 6 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 210

APPLICATION

PERCOLATION TESTING

A 49408

P _____

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

DISTRICT _____

DATE 2/7/93

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 SUSAN Scheidt

ADDRESS 12730 HALLS SHOP ROAD HIGHLAND PHONE 531-2326
MD. 20777

AGENT OR PROSPECTIVE BUYER FISHER COLLINS AND CARTER INC.

ADDRESS 9171 BALTIMORE NATIONAL PIKE SUITE 100 PHONE 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION: _____

SUBDIVISION PATERNAL GIFT LOT NO. 14 Final lot 21

ROAD AND DESCRIPTION HALLS SHOP ROAD / 216 & 108

TAX MAP 40 PARCEL # 396, 179 & 90

SIZE OF LOT 1 AC. ± 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. Zacharia y. Fisch (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

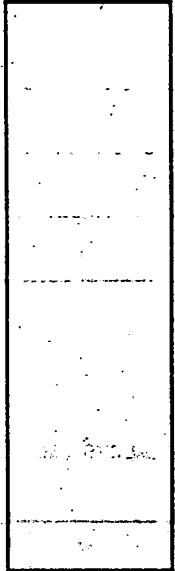
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

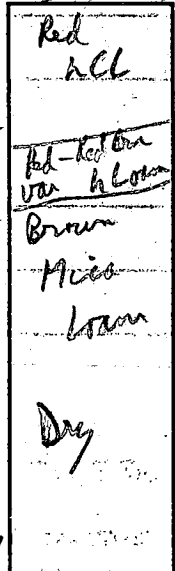
THIS IS NOT A PERMIT

6874 49408
COUNTY #

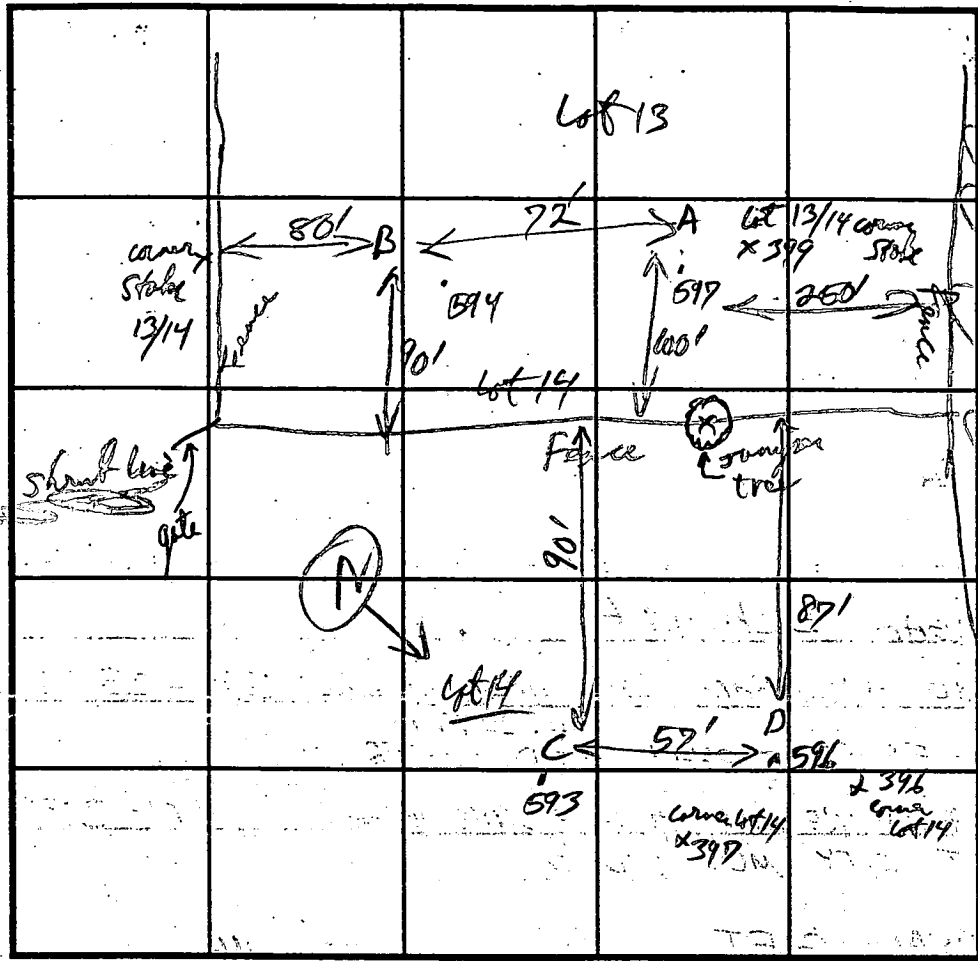
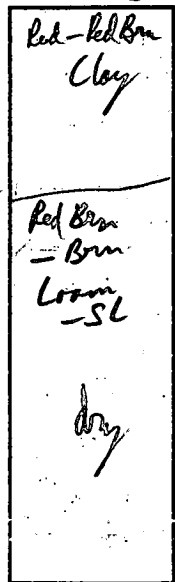
SOIL PROFILE
594 B



599 A

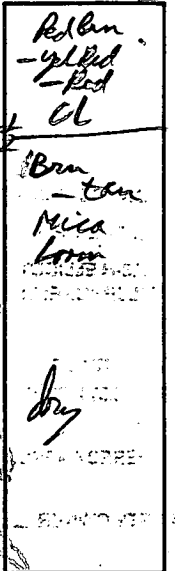


D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
C



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-93	594 B	relief 7'	2:23:00 2:13:46	2:24:45 2:14:15	2:26:30 12:14:45	2:26:30	1m 45sec
		V13 1/2					
	599 A	6'	2:16:00	2:26:20	2:26:20	2:45:00	19 min
		V12 1/2					
7-13-93	593 C	6 1/2'	12:38:40 12:43:13	12:39:20 12:45:19	12:40:40 12:45:19	12:42:10	1m 0sec
		V14					
	596 D	relief 8'	12:30:30 12:28:00	12:33:00 12:27:00	12:33:00 12:30:00	12:36:00	3 min
		V14					

fast
OK
OK fast
fast
fast deep clay

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Alvinley ALSO PRESENT Don & Betty
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

7104 Alexander Dr

15873

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2650 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-148978

Building Address: 7104 Alexander Dr
Highland MD 20777

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

Census Tract 60512 Subdivision Patrons Golf

Section _____ Area _____ Lot 21

Tax Map 40 Parcel 90 Grid 10

Zoning RS Map Coordinates 40.3 Lot size 1.34

Property Owner's Name Robert + Mary Jostoff

Address 7104 Alexander Dr.

City Highland State MD Zip Code 20777

Home Phone 301-854-3134 Work Phone 202-877-4970

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Same with pool

Estimated Construction Cost \$ 22,000.00

Description of Work Reinforced concrete in ground pool with DE FILTER. POOL FILLED BY

Contractor Company Anthony Sullivan Pools Inc

Contact Person JANE KESTLER Agent Contractor

Address 10840 Guilford Rd #487

City Junction State MD Zip Code 20701

License No. 19347

Phone 301-470-1700 Fax 410-742-2818

Occupant or Tenant Same as owner

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input 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: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>JANUARY POOL</u>	
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.

Jane Kestler
Applicant's Signature
AGENT FOR CONTRACTOR
Title/Company

JANE KESTLER
Print Name
1/11/07
Date

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

