

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511031E

A 49482-P

DISTRICT 1

DATE 10-8-98

DATE SYSTEM APPROVED 10/29/98

INSPECTOR SM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Rt. 144 Woodbine, MD 21797 PHONE (410) 442-1336

SUBDIVISION Warfields Grant LOT 18 ROAD 16637 Fields End Court

PROPERTY OWNER Selfridge Builders KATHLEEN HIBBERT

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS MANHOLE CLEANOUT REQUIRED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMIT SIGNED

AND RETURNED 5-5-99

*Serial # B00117528
Interior Alteration*

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 8 7/8 feet below original grade. Effective area begins at 5 feet below original grade. 3 1/2 feet of stone below distribution pipe.

LOCATION - Place distribution box 135 feet up the left (268.49') lot line and 90 feet off that same lot line as seen when facing the lot from Field's End Court. 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/MR

PLANS APPROVED BY Amy McMillen DATE 8/20/98

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

BLDG. PERMIT SIGNED

AND RETURNED 3-18-99

Serial # B10116743

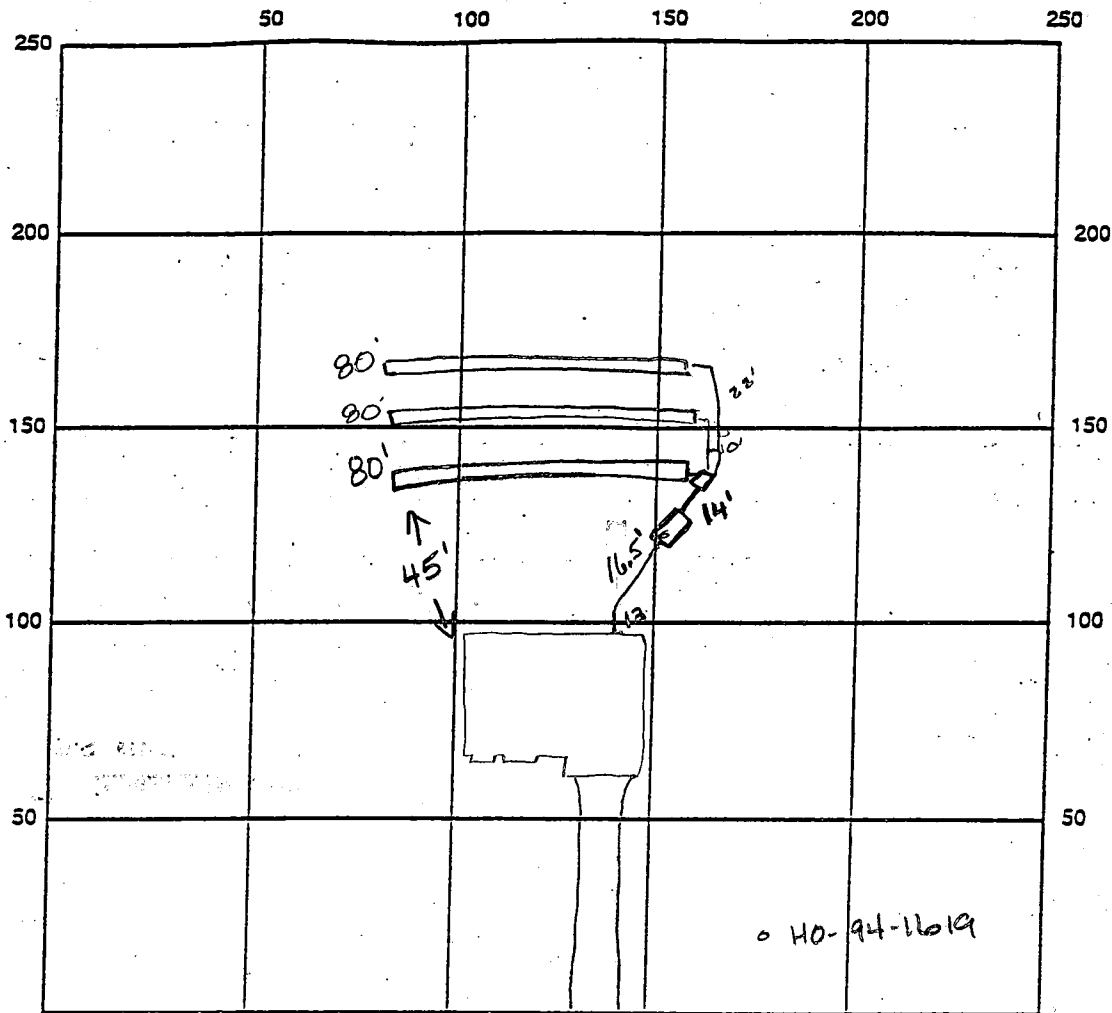
PERMIT VOID AFTER TWO YEARS

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. deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49482-P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 240 FT. $\frac{240}{3}$

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/27/98 Trench specs changed to inlet @ 5.0 bottom @ 8.0-2.0' wide.
10/27/98(pm) OK to continue (KM) 10/28/98 OK to cover all work final Al

10/29/98 OK to cover WPI-no insp Al

DATE SYSTEM APPROVED 10/28/98 INSPECTOR A Mc Mella

APPLICATION

PERCOLATION TESTING

A 49482 P
P _____

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

DISTRICT _____
DATE 2-18-93

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 Selfridge Builders
WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter

ADDRESS P.O. Box 122 ELLICOTT CITY PHONE _____
MD. 21043

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

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

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 18

ROAD AND DESCRIPTION Daisy Road (16637 Fields End Court)

BLDG. PERMIT SIGNED
AND RETURNED 8-20-98
Serial # B1113044

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Berrn
(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

A49482P

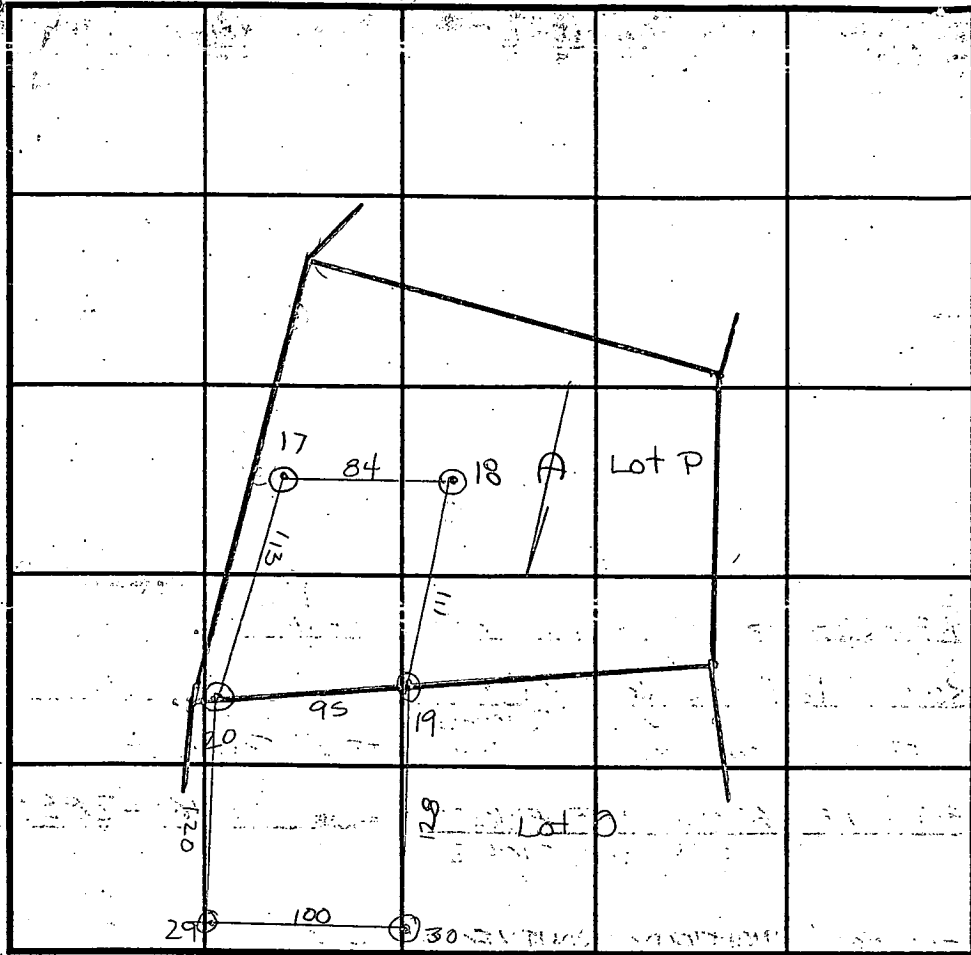
COUNTY #

SOIL PROFILE

0' tan yel SIL
 4' red C
 7' zones of 20-30% rock shaley
 12'

SOIL PROFILE

0' red C
 5' 5% rock
 12' 12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

18 tan yel SIL
 4' red C
 7' 5-10% rock SL

19 red SIL
 4' red C
 9' S.L.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/93	17	V12 9	2:44 ³⁰	2:48 ³⁰	2:48 ³⁰	2:53	4 1/2
		6	2:48	2:51	2:51	3:00	9
	18	V12 6	2:59	less than 1" in 30 min			would be ok at 7'
		9	2:57	3:00	3:00	3:07	7
	19	V12 7	11:52	< 1" in 30 min			
	20	V12 6	11:43	11:44	11:44	11:46	2
	19	10	12:07 ⁵⁰	12:10 ³⁰	12:10 ³⁰	12:20 ⁵⁰	10
		V11					

REMARKS Tests 29 & 30 are in file A494820

TYPE OF SOIL Chester

TESTED BY Amy McMillen / C. Williams ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6 TRENCH WIDTH 13'

INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180

14

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 7.0 feet

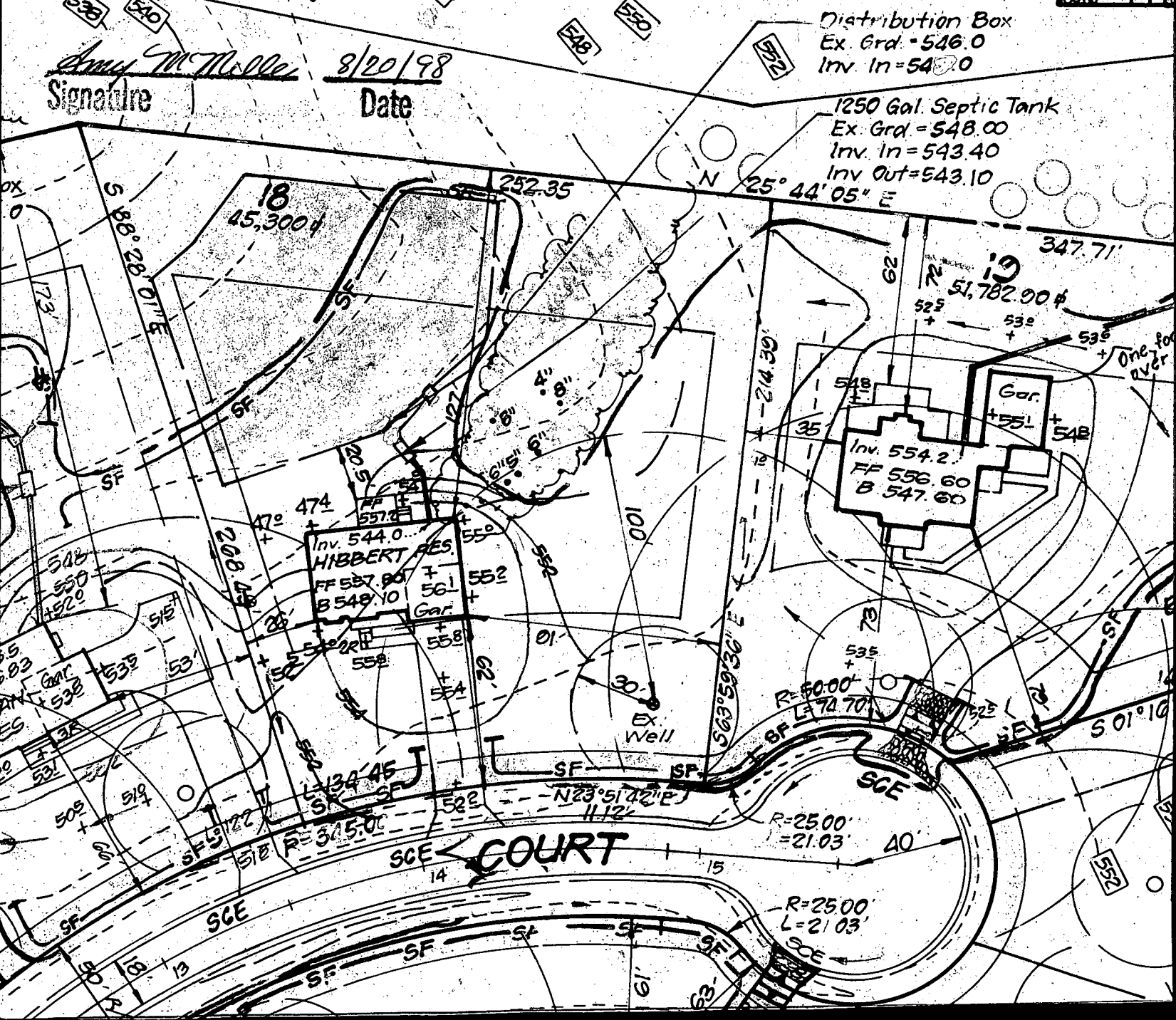
Depth of stone required below
distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

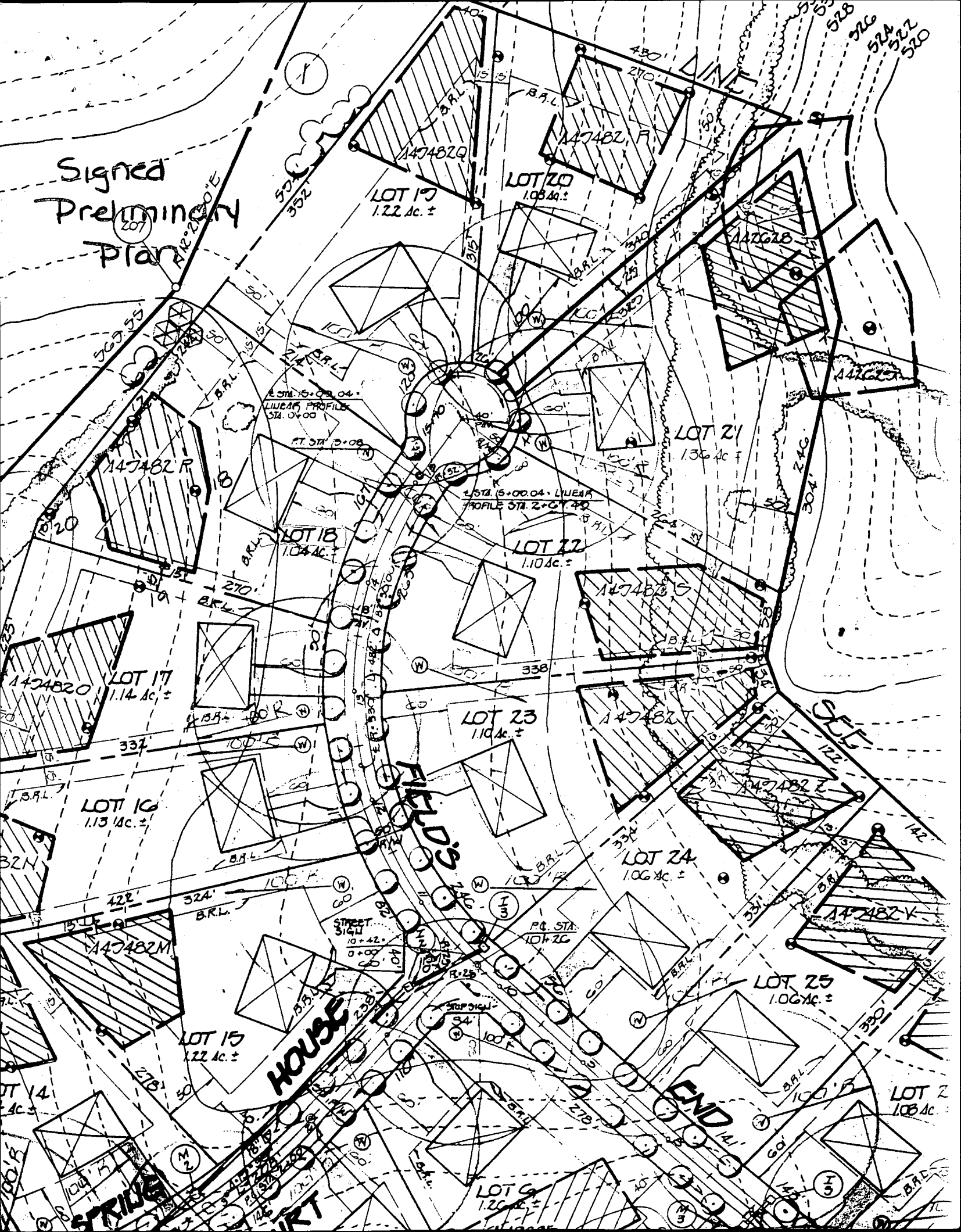
LEGEND

- Contour Interval 2 Ft.
- Existing Contour 540
- Proposed Contour 540
- Spot Elevation + 40
- Direction of Drainage
- Existing Trees To Remain
- Tree Protection Fence
- Silt Fence
- Stabilized Construction Entrance

Amy McMiller 8/20/98
Signature Date



Signed Preliminary Plan



LOT 19
1.72 Ac. ±

LOT 20
1.08 Ac. ±

LOT 21
1.36 Ac. ±

LOT 18
1.04 Ac. ±

LOT 22
1.10 Ac. ±

LOT 17
1.14 Ac. ±

LOT 23
1.10 Ac. ±

LOT 24
1.06 Ac. ±

LOT 16
1.13 Ac. ±

LOT 25
1.06 Ac. ±

LOT 15
1.22 Ac. ±

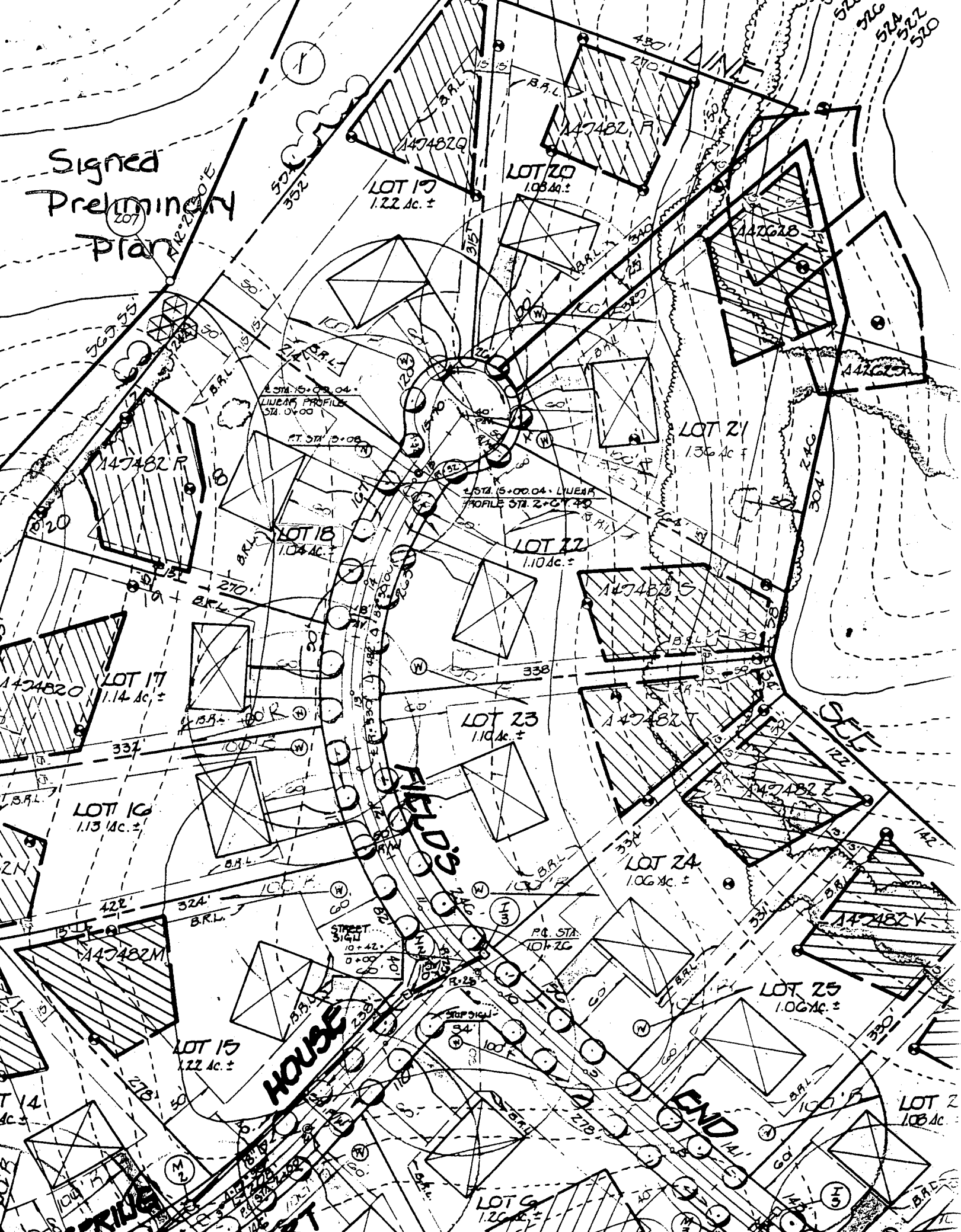
LOT 6
1.20 Ac. ±

LOT 2
1.08 Ac. ±

FIELD'S
HOUSE

END

SPRING



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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 10-14-98

Name of Installer George Baker

Telephone 410-788-3080

License Number 2214

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Slfridge Bldgs

Telephone 410-992-8292

Subdivision unsub. Bldg Grant Sec III Lot # 18

Well Tag # HO

Site Address Fields End Court

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Martinson
- Model # BRX
- Depth 48

- Make Meyers
- Model # 32772-J780
- Capacity 8 GPM

- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

- Capacity 4x203
- Pressure relief valve? yes

Piping

- Type 1/2" Plastic
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 48

Well data

- Depth 185 ft.
- Yield 6 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

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)

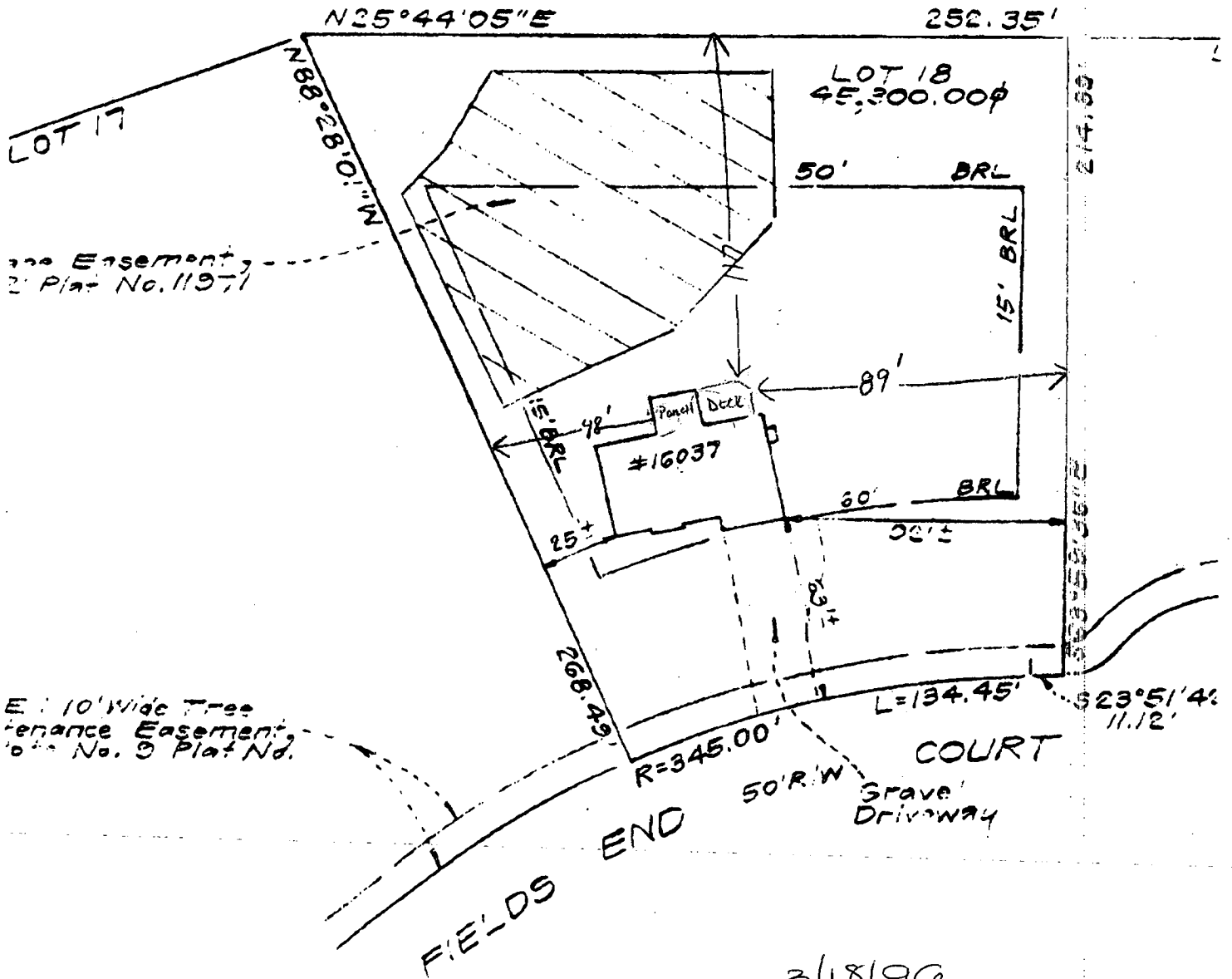
All information given above is true to the best of my knowledge.

Signature of Applicant: George Baker

Date: 10-14-98

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

AGRICULTURAL PRESERVATION PARCEL A



2nd Easement, Plat No. 11971

E: 10' Wide Tree Tenance Easement, Plat No. 9 Plat No.

3/18/99

Proposed deck/porch location of as shown

[Handwritten signature]

C1 **4352** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY.
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 49482-P**

ST/CO USE ONLY
 DATE Received
 MM DD YY
07 30 98

DATE WELL COMPLETED
 MM DD YY
07 30 98

DEPTH OF WELL
 22 **185** 26
 (TO NEAREST FOOT)
 PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-1619

OWNER **Selfridge Builders**
 STREET OR RFD **Fields End Ct.** TOWN **Dorsey**
 SUBDIVISION **Whitfields Grant** SECTION **18** LOT **18**

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	
Brown Slate	2	60	✓
Brown Slate	60	65	
Blue Slate	65	90	
Brown Slate	90	95	✓
Blue Slate	95	185	

GROUTING RECORD
 YES NO
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **22** NO. OF POUNDS **2200**
 GALLONS OF WATER **132**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30+** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **70**

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 HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **NO** YES NO

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 LIC. NO. 1 **MSD 116**
Ralph Maye
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 **MSD 117**
Ralph Maye

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

C 2 DEPTH (nearest ft.)
HO 68 185

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

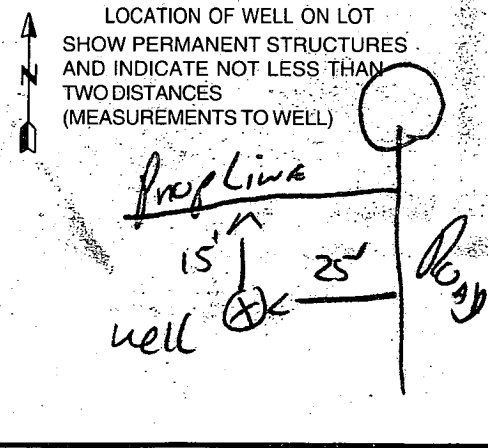
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

MDE 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

C 3 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 **43** ft.
 WHEN PUMPING **52** ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } LAND SURFACE
 - below } **2** (nearest foot)



B 1	4766	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1619 <small>fill in this form completely</small>
-----	-------------	--------------------------------	---	---

Date Received (APA) **7.6.98**

OWNER INFORMATION

8 MM DD YY 13
SELFIDGE Builders Inc

15 Last Name Owner First Name 34
14045 GANED DR

36 Street or RFD 55
Glenwood MD 21238

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard**

8 COUNTY 21
WARFIELDS GRANT

23 SUBDIVISION 42

SECTION **2** LOT **18**

44 46 48 50

DAISY

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **I** M I
73 76 77 78

DRILLER INFORMATION

Ralph MAYNE MS D116

76 License No. 81

Ralph MAYNE Well Drilling

Firm Name

9120 Brown Church Rd Mt Airy

Address

Ralph Mayne 6-29-98

Signature Date

WELL INFORMATION

B 2 **5**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 49482P

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **7.13.98** **Kim Maisto** 7-13-99 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **529** 000 EAST GRID **779** 000

50 55 57 63

11 NEAR WHAT ROAD **FIELDS END Ct** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI **FT**

TAX MAP: **13** BLK: **24** PARCEL: **128**

WELL INFORMATION

B 2 **5**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 49482P

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **7.13.98** **Kim Maisto** 7-13-99 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **529** 000 EAST GRID **779** 000

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **78679**

N **529**

000
000

grant 7-30-98 9:00

70' casing
30' open
22 bags
location ok ⊕

Kim

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

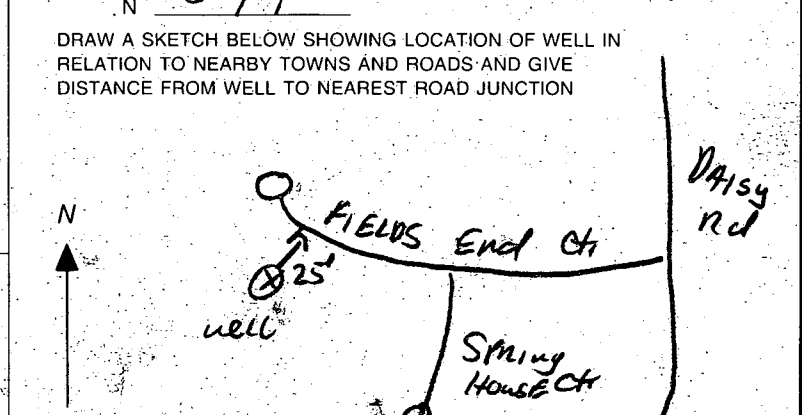
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS.

THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63

PERMIT No. **HO-94-1619**
70 71 72 73 74 75 76 77 78 79

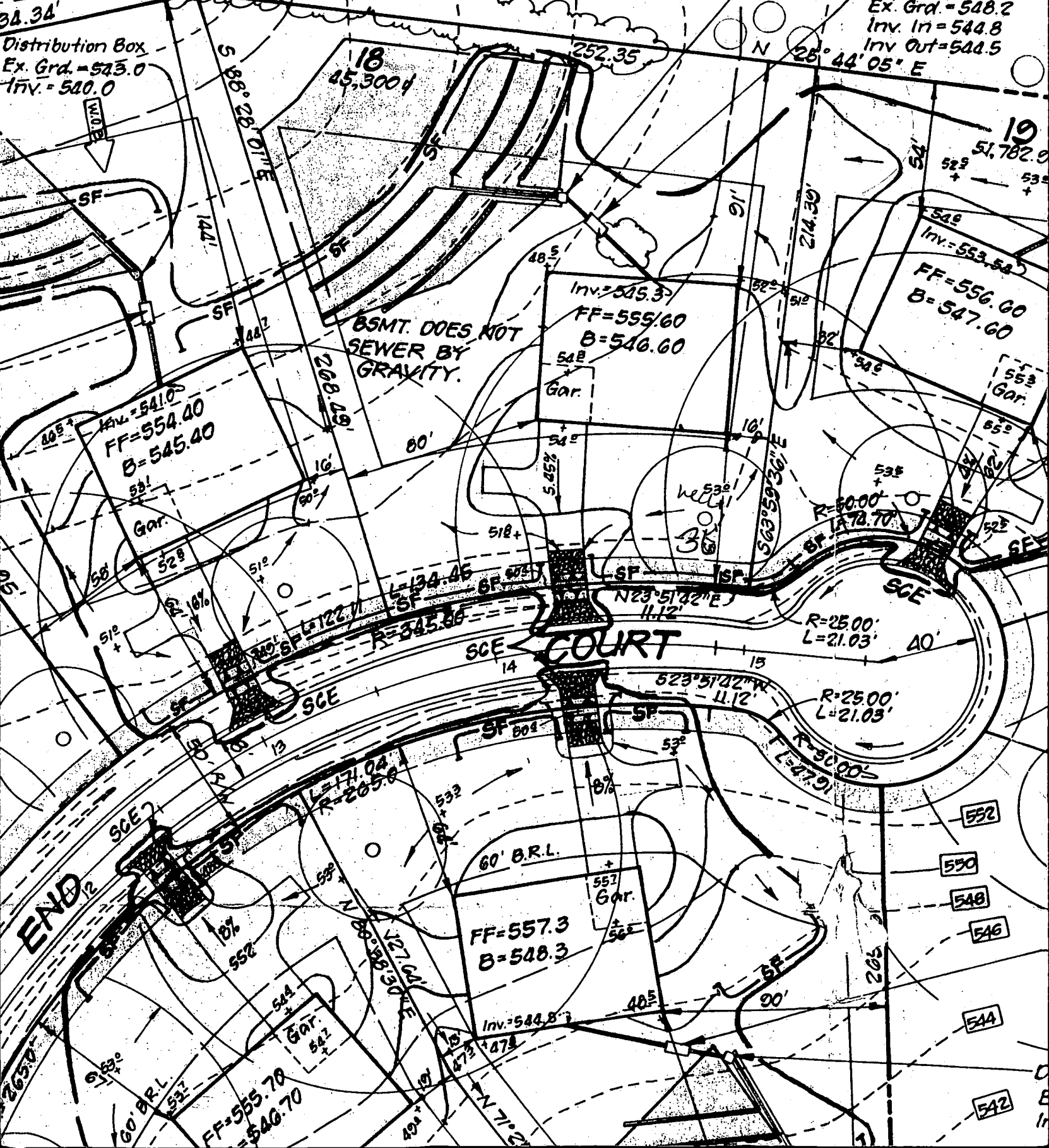
Stabilized Construction Entrance

7.9.98
Well S. OK
as stacked
KMO

Distribution Box
Ex. Grd. = 547.3
Inv. In = 544.3

1250 Gal. Septic Tank
Ex. Grd. = 548.2
Inv. In = 544.8
Inv. Out = 544.5
N 25° 44' 05" E

Distribution Box
Ex. Grd. = 543.0
Inv. = 540.0



BSMT. DOES NOT SEWER BY GRAVITY.

Inv. = 545.3
FF = 555.60
B = 546.60

Inv. = 541.0
FF = 554.40
B = 545.40

Inv. = 553.54
FF = 556.60
B = 547.60

COURT

END

FF = 557.3
B = 548.3

FF = 555.70
B = 546.70

Inv. = 544.83

552

550

548

546

544

542

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00117578

Building Address 16033 Fields End Ct
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract 16510 Subdivision WAEFIELDS GRANT
 Section 2 Area _____ Lot 18
 Tax Map 13 Parcel 1A8 Grid 24
 Zoning R-DEO Map Coordinates 8E6 Lot size _____

Property Owner's Name KATHLEEN Hibbert
 Address 16033 Fields End Ct.
 City Woodbine State MD Zip Code 21797
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use HOUSE Storage
 Proposed Use FAMILY ROOM
 Estimated Construction Cost 16,245.00
 Description of Work Finish Basement
Area with Full Bath
Family Room

Contractor Company Patrick Construction
 Contact Person PAT RYAN #7635
 Address 440 W Deep Run Rd.
 City Westminster State MD Zip Code 21158
 License No. 32688
 Phone 410-857-3686 Fax 410-346-7452

Occupant or Tenant KATHLEEN Hibbert
 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: _____ <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>25' x 32'</u>	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: <u>N/A</u> <input checked="" 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 THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Patrick Ryan
 Title/Company Patrick Const.

Print Name PATRICK RYAN
 Date 4-26-99

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

OWES \$0

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>5/5/99</u>	<u>Mark E. Kiffin</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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#: 3107

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>7568</u>
Validation	# <u>21070</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

NO EXTERIOR ALTERATIONS
 NO SITE PLAN ATTACHED
 OK MR 5/5/99