

4/6/98
12:00:00

WA 4-14-98 anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59916

A 49644-E

DISTRICT 4th

DATE 4-3-98

DATE SYSTEM APPROVED 4-10-98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-9933X~~ 410-313-2640

INDEXED
04-3591A

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 558 Obrecht Rd, Sykesville, MD 21784

PHONE 410-795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 10 ROAD 1713 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation CERMAK

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 2 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet off the right lot line and 75 feet off the rear (229.54') lot line as seen when facing the lot from Cattail Meadows Drive. Run first trench on contour towards the 229.54' lot line; run all other 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 Donna K. Soe

DATE 03/19/98

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

PERMIT VOID AFTER TWO YEARS

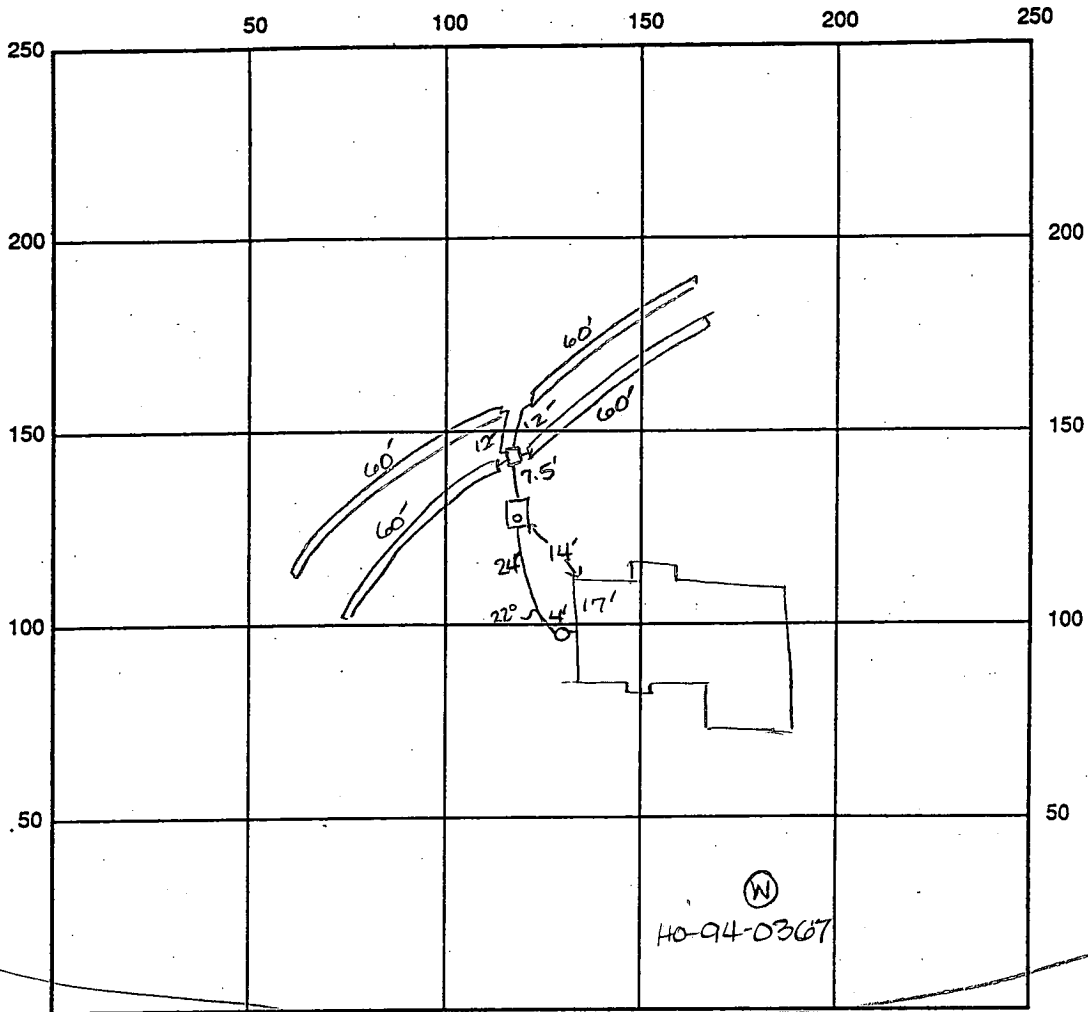
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

~~BLDG. PERMIT SIGNED~~
AND RETURNED 7/17/2001
B00131602 - FINISH PART OF BASEMENT
~~ADD. PERMIT SIGNED~~
AND RETURNED 6-9-99
Serial # BVO 118965
deck

A 49644E



INDICATE NORTH-NAME-ADJOINING ROADWAY AS BASE LINE

Cattail Meadows Drive

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 4x60 FT. 240

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 960 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 4/6/98 OK to stone trenches and continue. DKS

4/6/98 P.M. FINAL INSP - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 4/6/98

INSPECTOR Lawrence Lee

APPLICATION

PERCOLATION TESTING

A 49644E

P _____

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

DISTRICT 4th

DATE 9/30/93

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 Parcel 137, Inc. Pulte Home Corporation

ADDRESS 15298 Union Chapel Road Woodbine, MD-21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

ADDRESS 8480 Baltimore National Pike, Ste. 418 Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 10

ROAD AND DESCRIPTION End of Brittle Branch Way (1713 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137 **BLDG. PERMIT SIGNED AND RETURNED 3-19-98**
Serial # B0110474

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family Dwelling - 4 Bed
(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. Parcel 137, Inc. Bruce B. Benda President
(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

COUNTY # _____

SOIL PROFILE

0'

0323				

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 49644E

P _____

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

DISTRICT _____

DATE 9-27-93

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 Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION CatHail Woods Sec II LOT NO. 10

ROAD AND DESCRIPTION Rt 97 sld

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE 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.

(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

A49644E
COUNTY #

SOIL PROFILE
113

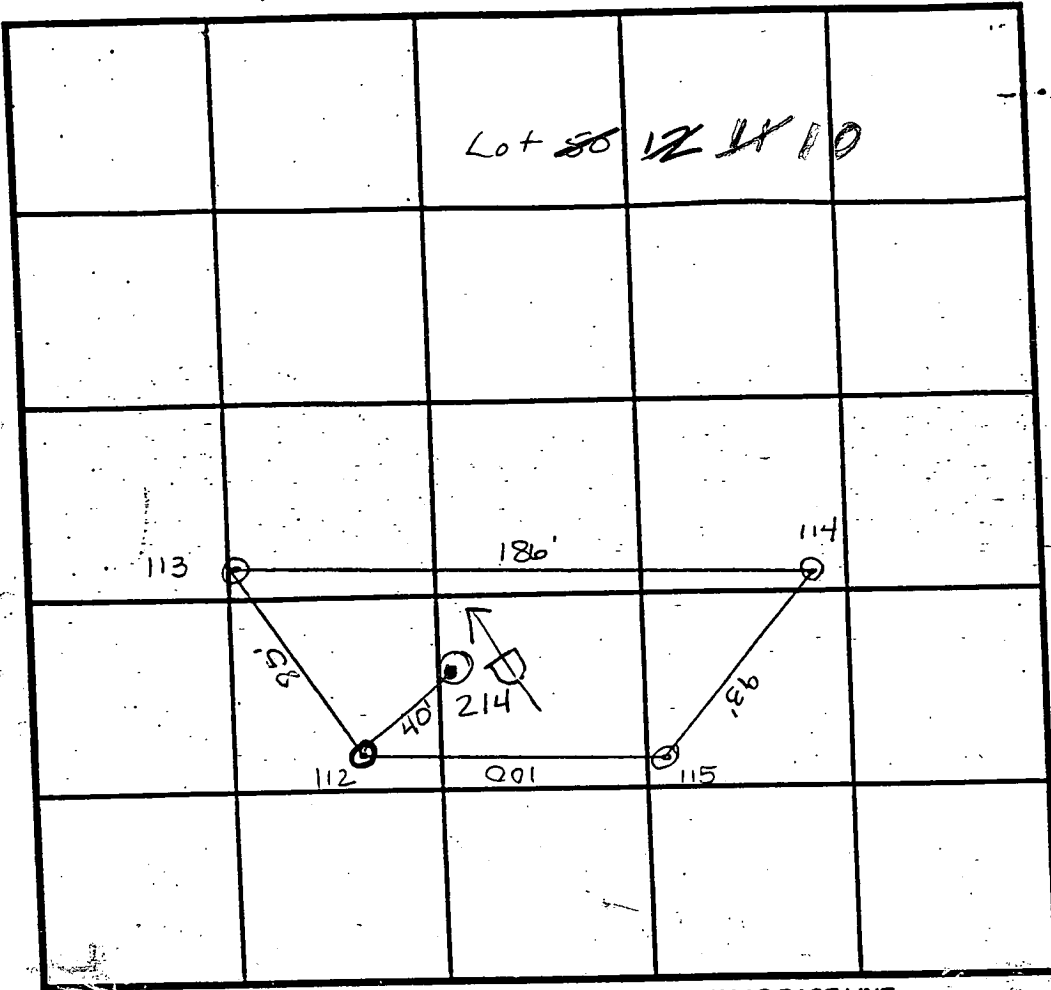
1' 0" top soil
6" yellowish
CL
3' red
CL
H yellowish
brn w/
red
SIL
13' shelf of
horizon
decayed
shale at
6"

112

3' yellowish
CL
3' red
CL
4' brown
SIL
6' shale
Fail

115

5' yellowish
CL
yellowish
brn
SIL
w/
decayed
shale
OK



SOIL PROFILE
114

orange
brn - ye
brnc
3' red/brown
SIL
Shelf
of shale
and
decayed
shale
at 5'

214

tan c
2' 1st tan
SIL
saprolite
throughout
OK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/7/93	113	3 1/2' / V13'	11:22	11:25	11:25	11:29 ⁵	4 1/4 min
	112	3' / V12'	12:22	12:24 ³⁰	12:24 ³⁰	12:29 ⁵⁰	5 min
	115	3' / V12'	12:28 ³⁰	12:30	12:30	12:32 ³⁰	2 1/2 min
	114	2 1/2' / V13'	12:31	12:34	12:34	12:38	4 min
	112	6' / V12'	2:58 ²¹	3:01	3:01	3:03	2 min
			TOO FAST				
3/16/94	214	2 1/2' / V11 1/2'	11:32 ⁴⁵	11:34	11:34	11:35 ⁴⁵	13 1/4 min

REMARKS

TYPE OF SOIL Glendon Loam
 TESTED BY A. McMillen & Nadeau ALSO PRESENT B SANDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2'
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 180 ft²

B 1 7824

SEQUENCE NO. (DP USE ONLY)

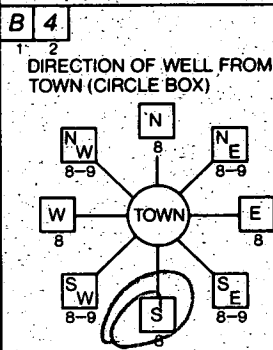
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-0367 fill in this form completely

Date Received (APA) 020195 OWNER INFORMATION 2016 JOINT VENTURE 5555 UNION CHAPEL WOODBINE MD 21197

B 3 LOCATION OF WELL HOWARD COUNTY CATTAIL WOODS SECTION 2 LOT 10 LISBON MILES FROM TOWN 1 MI

DRILLER INFORMATION DANA KYLER JAIL MSD/MGD/MWD 8156 WESTMINSTER ROTARY WELL DRILLING 131-95



B 4 CATTAIL MEADOW DRIVE NEAR WHAT ROAD ON WHICH SIDE OF ROAD 25 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP 7 BLK PARCEL 137

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A# 49644E STATE SIGNATURE DONA KYLER DATE ISSUED 022495 EXP. DATE 2/24/96

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 200 FEET

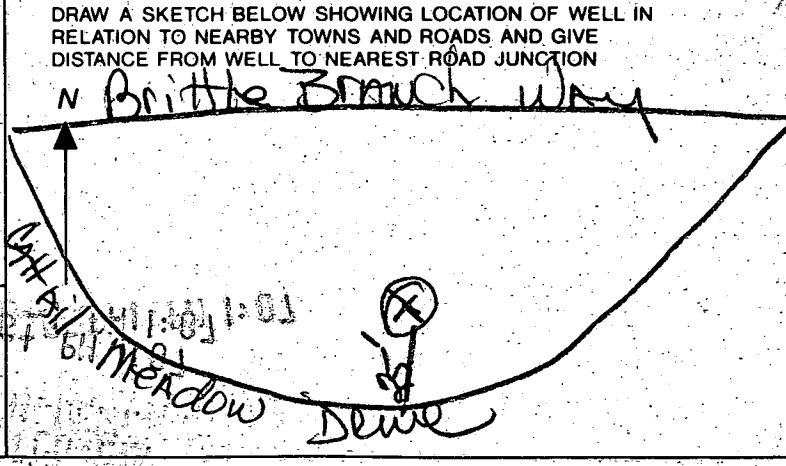
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 City 2 3 WRITE THE BOX NUMBER FROM THE MAP HERE 781 592

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER GAP FORCE DS PERMIT No. 40-94-0367



SPECIAL CONDITIONS Nicki 876-1911 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = COUNTY

C1 3522

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A#49644E

ST/CO USE ONLY DATE Received 03/7/95

DATE WELL COMPLETED 03/1/95

Depth of Well 202 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0367

OWNER 206 JOINT VENTURE last name CATTAIL MEADOW DRIVE first name TOWN LISBON SUBDIVISION CATTAIL WOODS SECTION 2 LOT 10

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Dirt, Clay, Soft Br. Mica, Blue Schist, Br. Mica, Fracture, Blue Schist.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT, BENTONITE CLAY. NO. OF BAGS 28, NO. OF POUNDS 2632. GALLONS OF WATER 168. DEPTH OF GROUT SEAL 81 ft.

CASING RECORD. casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: S, T. Nominal diameter top (main) casing 6 inch. Total depth of main casing 82 feet.

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).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (Y) NO (N).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 256 DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Dana Kyker Jr II

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

SCREEN DEPTH (nearest ft.) table with columns 1-3 and rows E, S, H, N. Slot size 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

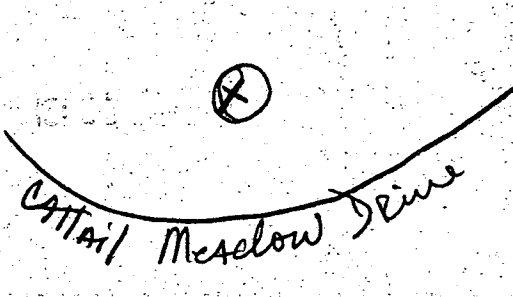
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). T (TELESCOPE CASING), E.R.O.S., W.Q. (WELL QUALITY), LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 12 gal. per min. METHOD USED TO MEASURE PUMPING RATE submersible. WATER LEVEL 56 BEFORE PUMPING, 69 WHEN PUMPING. TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED. DRILLER WILL INSTALL PUMP YES (Y) NO (N). TYPE OF PUMP INSTALLED: S (submersible). CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height).

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).



PARCEL DIVISION LINE

copy of signed Prelim.

BRANCH

BRITTLE 9-7-94

$\Delta = 19^{\circ}02'34''$
 $R = 316.00'$
 $L = 103.03'$

$\Delta = 17^{\circ}54'37''$
 $R = 500.00'$
 $L = 125.60'$

MATCH

E-2

E-1

I-2

I-3

TRAIL

E-4

M-1

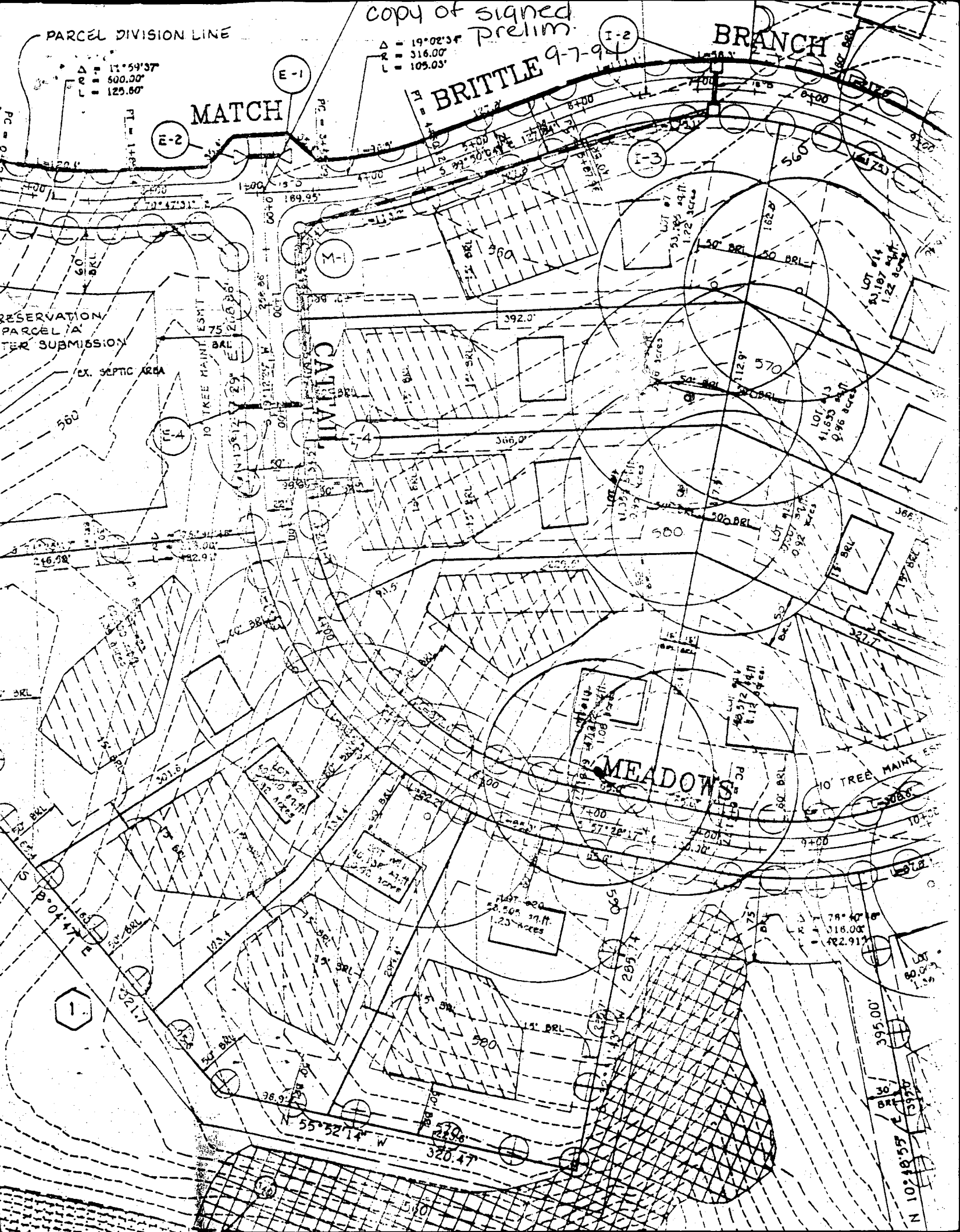
MEADOWS

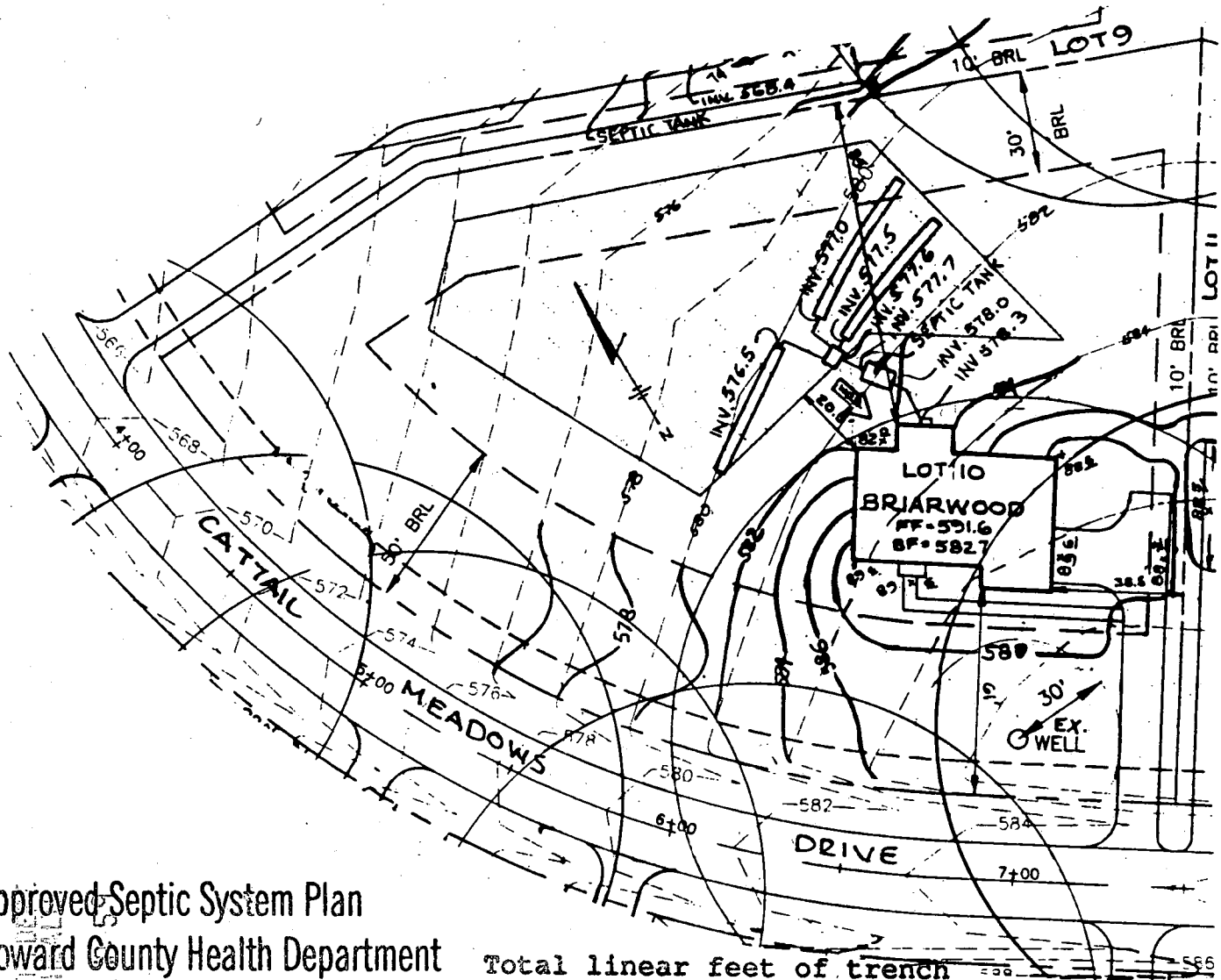
RESERVATION
PARCEL A
TER SUBMISSION

EX. SEPTIC AREA

10 TREE MAINT ESMT

10 TREE MAINT ESMT





Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench
 required 240 feet

Width of trench(es) 2 feet
 Depth of trench(es) 6 feet

Depth of stone required below
 distribution pipe 3 feet

Della K. Joe 3/19/98
 Signature Date

NOTE:
 FOR SEDIMENT CONTROL FEATURES SEE APPROVED
 GRADING PLAN GP-97-130.

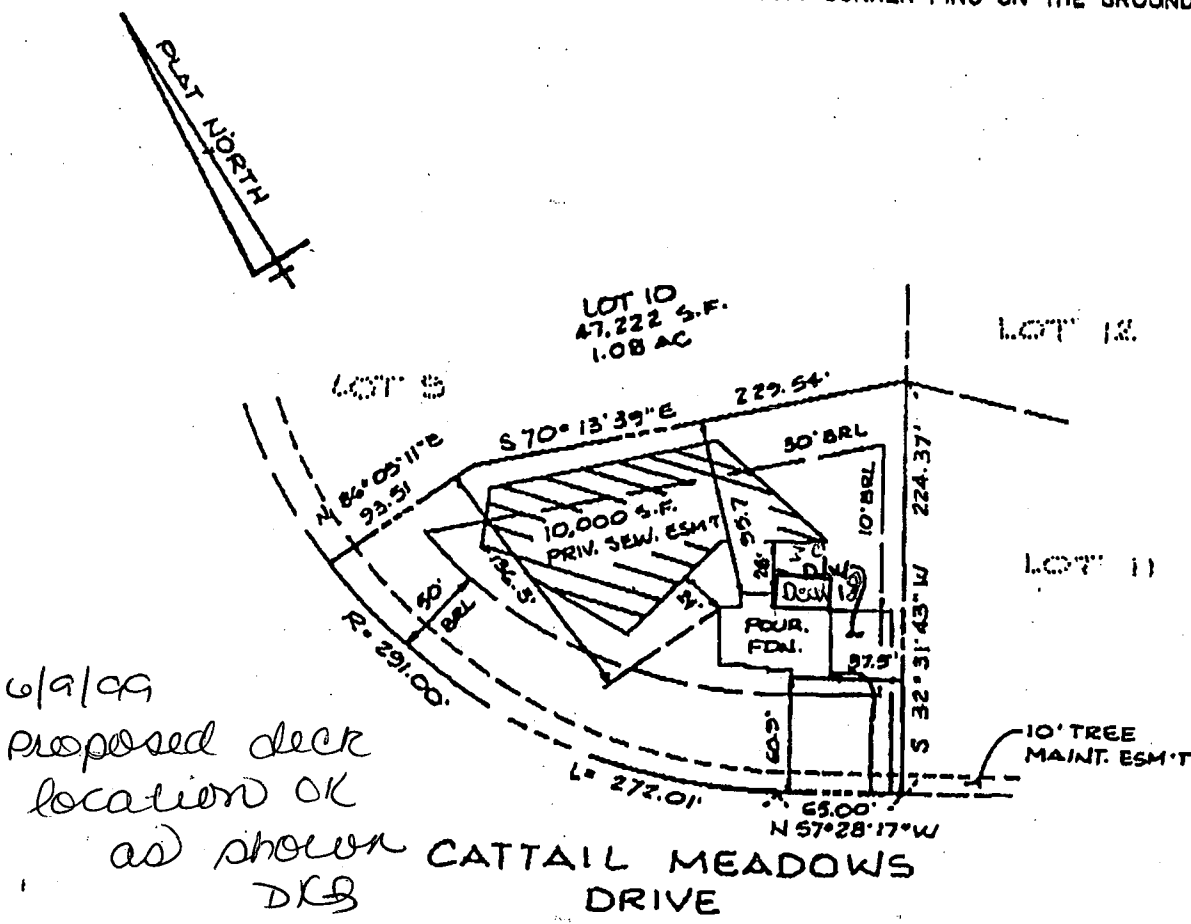
CATTAIL WOODS

LOT 10
 SECTION TWO, PARCEL 5

T S A GROUP INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465 - 6105

TAX MAP NO.7 PARCEL 137
 PLAT NOS. 12500-12502
 4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: FEB. 27, 1998

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

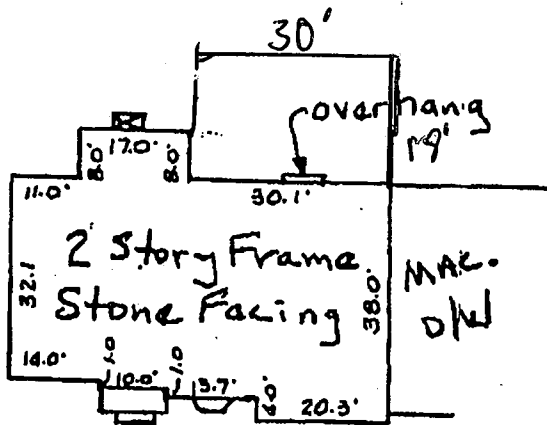


6/9/09
 Proposed deck
 location OK
 as shown
 DLB

CATTAIL MEADOWS
 DRIVE



TOP OF FOUNDATION
 WALL ELEV. = 589.9'

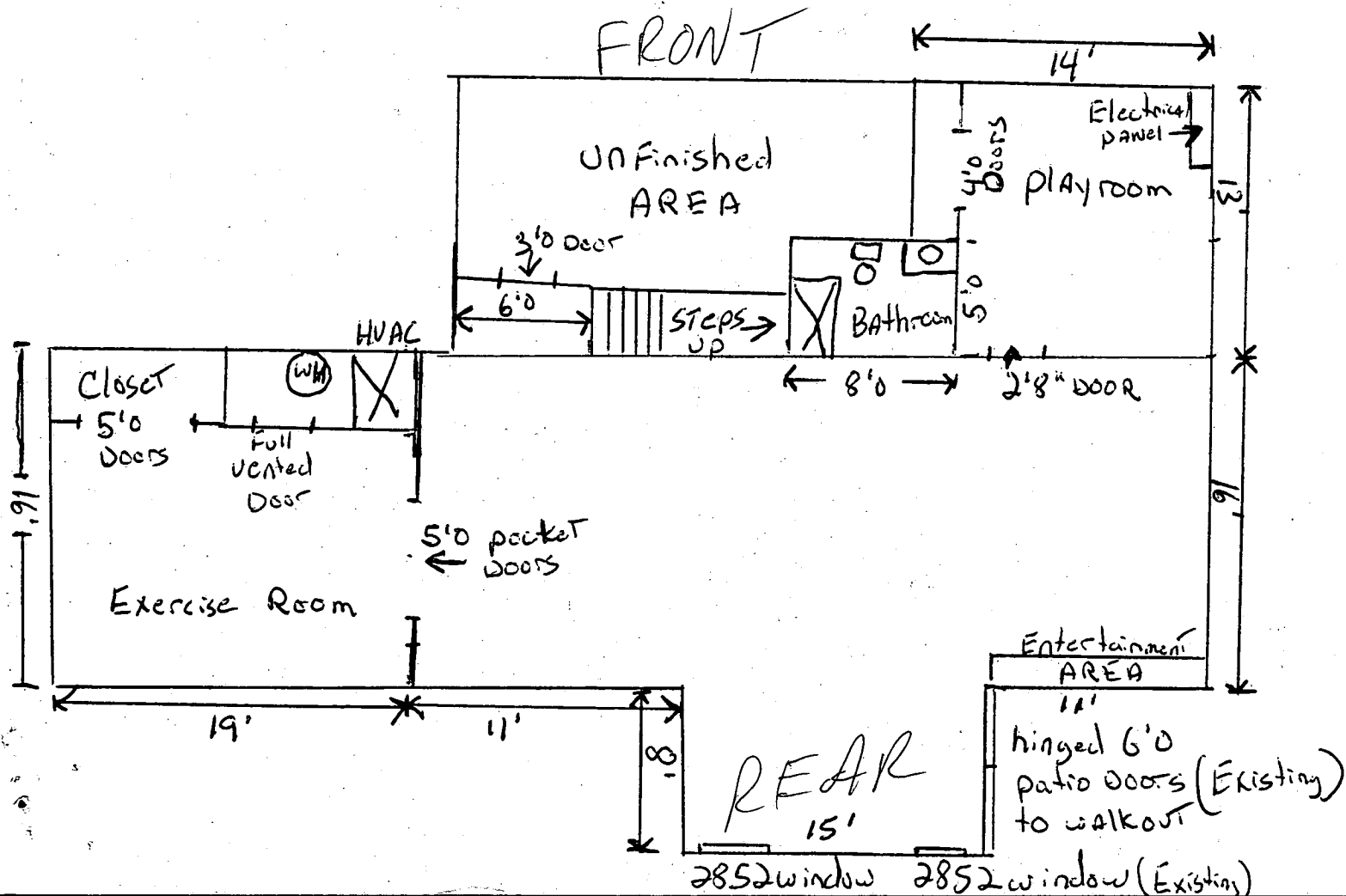


SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

SCALE 1" = 30'

Peggy & Rich Cermak
1713 Cattail meadow Drive
Woodbine, MD. 21797



Building Address: 1713 Cattail Meadows Drive Woodbine 21797
 Property Owner's Name: Regina Rich Cermak
 Address: 1713 CATTAIL Meadows Drive
 City: Woodbine State: MD Zip Code: 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 1040.1 Subdivision: Cattail Meadows
 Home Phone: 410 489-9260 Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Section: _____ Area: _____ Lot: 10
 Tax Map: 7 Parcel: 519 Grid: 23
 Zoning: RC-DED Map Coordinates: 3E12 Lot size: _____
 Phone: _____ Fax: _____

Existing Use: Single Family Home
 Proposed Use: Same with basement
 Estimated Construction Cost: \$ 3,000
 Contractor Company: C.H.E. Contractors
 Contact Person: John Cochran

Description of Work: Finish part of basement play room, Family Room, bathroom, and Electric Room.
 Address: 14661 MUSTANG Path
 City: Glenwood State: MD Zip Code: 21738
 License No.: 71948 Phone: 410-484-5111 Fax: 410 484-2500

Occupant or Tenant: Owner
 Engineer or Architect Company: N/A
 Contact Person: _____
 Address: _____

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

BUILDING CHARACTERISTICS		UTILITIES	
Height:	Water Supply:	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal:	1st floor: _____	Sewage Disposal:
Use group:	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>30'</u> <u>60'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System:	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System:
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms: <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Natural Gas <input checked="" type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	No. of 2 BR units: _____	NFFA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 3 BR units: _____	NFFA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Other Structure: _____	Other: _____
	# of Heads _____	Dimensions: _____	
		Footings: _____	
		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: John Cochran Date: 7/18/01
 Print Name: John Cochran

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development DPZ			Front _____	34764
State Highways			Rear _____	
Building Official			Side _____	
Dev. Engineering DPZ			Side St. _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP <input type="checkbox"/>			SDP/RED line approval date _____	
Distribution of Copies: White: Building Official Green: LDD: DPZ Yellow: DED: DPZ Pink: Health Gold: SHA				Accepted by _____