

4/3/95 (1) P.C.O. *CS*

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50613B

A 49668L

DISTRICT 5th

DATE 3-30-95

DATE SYSTEM APPROVED 4/4/95

INSPECTOR *CS*

*4/3/95 ✓  
4/4/95  
efo  
10:00*

INDEXED

*05-418151*

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~461-9933~~ 313-2640

Adamson Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 7825 McCellan Avenue, Boonsboro, Maryland 21713 PHONE 301-416-3968

SUBDIVISION Fulton Manor LOT 26 ROAD 12367 Pleasant View Drive

PROPERTY OWNER Phil Caplan

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 140 feet up the left lot line (286.25') and 40 feet off that same lot line when facing the lot from Pleasant View Drive. Run trenches on contour toward the back lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 3/15/95 DKS*

PLANS APPROVED BY Amy McMillen DATE 12/19/94

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

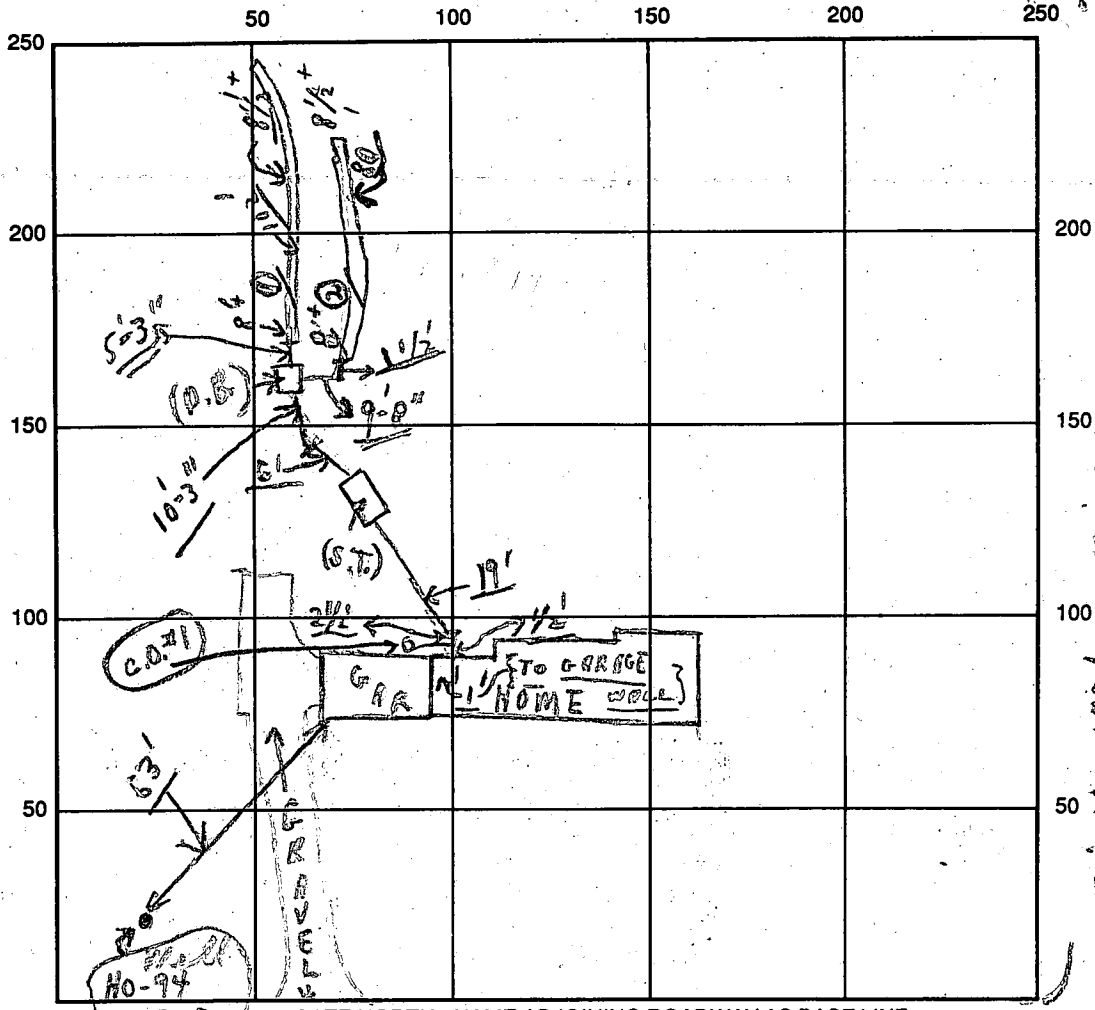
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOX. PERMIT SIGNED  
AND RETURNED *Laura Baker*  
*Serial # 121815*

*Interior Attraction  
Landscape*

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 ← Pleasant View Drive → S.T. / C.O.#1  
 SEPTIC TANK LEVEL OK CLEANOUTS OK / OK  
 DISTRIBUTION BOX LEVEL OK (Baffles in) (To be checked)  
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 20 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 4 FT. { TOTAL LENGTH 102; 80 } 182  
 NUMBER OF TRENCHES 20 ONE SIDEWALL/BOTTOM AREA 728 SQ. FT.  
 DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.  
 ABSORBENT AREA 728 SQ. FT.

REMARKS: 4/3/95 Partial - ok to continue on trenches; ok to  
cover from home to 1' of D. Box; Need to see trench details;  
For 4/4/95! Final - ok to cover as finish paperwork  
last trench; OK

4/3/95 { W.P.I. - at well 2'± ok final }  
 { 4 at wall 1 1/2 " " 1 " }  
 DATE SYSTEM APPROVED 4/4/95 INSPECTOR Charles Bryan Streak

# APPLICATION

PERCOLATION TESTING

A 496682  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT FIFTH  
DATE SEPTEMBER 13,

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER OTHA D. UPCHURCH CAPLAN

ADDRESS 457 OLD ORCHARD CIRCLE PHONE 410-988-9535

PROSPECTIVE BUYER SALE AS OWNER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION UPCHURCH PROPERTY (FULTON MAJOR LOT NO. 26

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD (12367 PLEASANT VIEW DRIVE)  
HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 & 205

SIZE OF LOT 46,345 TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 3/2/95  
Local 58247 - 4 Bedroom  
SINGLE FAMILY DWELLING

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]  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

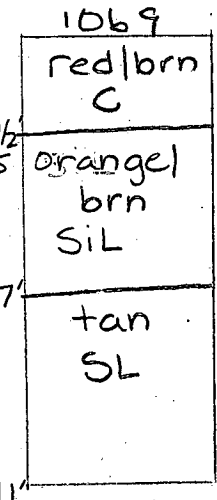
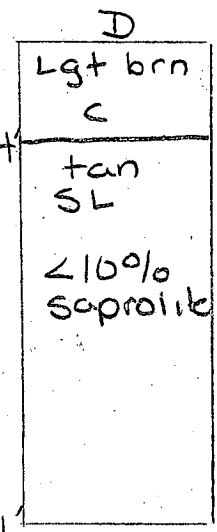
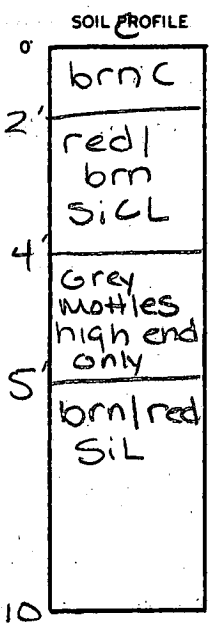
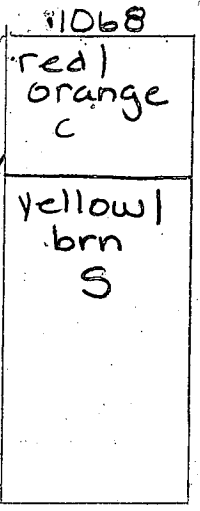
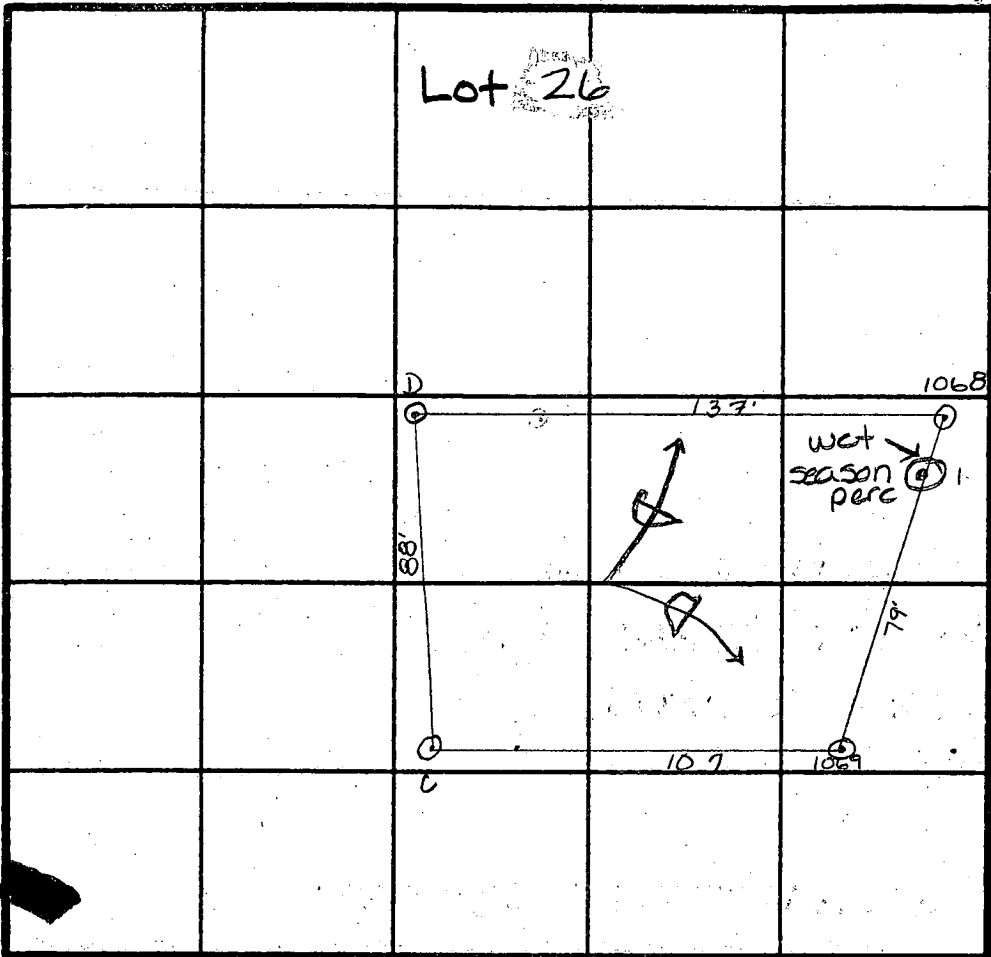
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

HD-216

A49668L

Lot 25



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		MIN TIME
			START	STOP	START	STOP	
10/15/93	C	2' VIO	10:12 <sup>15</sup>	10:12 <sup>25</sup>	10:12 <sup>25</sup>	10:13	3/4
		repour	10:13	10:14	10:14	10:15	1
	D	6' VIO	10:12	10:13	10:13	10:15 <sup>25</sup>	2 1/2
	D	4' VII	10:20	10:21	10:21	10:22	1
	1067	repour	10:22 <sup>45</sup>	10:24	10:24	10:25 <sup>30</sup>	1 1/2
	1069	Visual to 11 ft	—		—		OK
	1068	5' VII	10:41 <sup>50</sup>	10:42 <sup>30</sup>	10:42 <sup>30</sup>	10:43 <sup>30</sup>	1
		repour	10:45 <sup>15</sup>	10:46 <sup>5</sup>	10:46 <sup>15</sup>	10:47 <sup>15</sup>	1
2/22/94	1	Visual to 12'	—		—		OK

REMARKS: Hold till wet season

TYPE OF SOIL: Manor

TESTED BY: A.M. Miller / Craig Williams ALSO PRESENT: Alan Ketterman

trench width [2'] inlet depth [4'] max bottom depth [8'] sq ft/bdrm [180]

B-1 1267  
1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER  
40-94-0329  
70 fill in this form completely 79

Date Received (APA) 020795  
OWNER INFORMATION  
FISHER COLLINS CARTER  
9171 BALTWATL PIKE  
ELLICOTT CITY MD 21042

DRILLER INFORMATION  
KALH MAYNE  
Ralph MAYNE (well drilling)  
9120 Brown Church Rd. Mt Airy  
Ralph Mayne 2/7/95

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

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 150 FEET  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

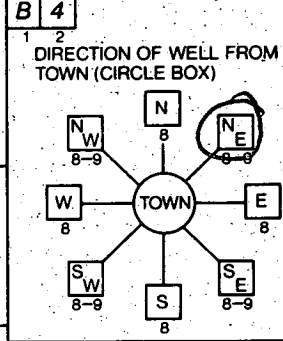
METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRIVE-POINT  
other

REPLACEMENT OR 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 DEEPEM 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 C/W PERMIT No. 40-94-0329

SPECIAL CONDITIONS  
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL  
HOWARD  
UP CHURCH PRO  
HIGHLAND  
MILES FROM TOWN (enter 0 if in town) 2 MI

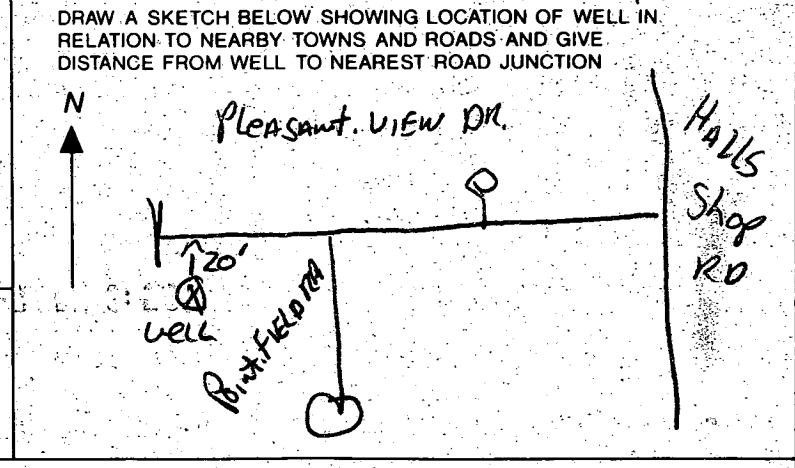


PLEASANT VIEW DR.  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST  
DISTANCE FROM ROAD 20  
ENTER FT OR MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD COUNTY NAME  
DATE ISSUED 020795  
CO SIGNATURE Charles Bryan  
NORTH GRID 491000 EAST GRID 0816000

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 810  
N 490

2/22/95  
11.0' ground  
NO INSP  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



COUNTY

C1 5985

SEQUENCE NO. (DENY USE ONLY)

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

A# 496686L

(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 [ ] [ ] [ ] [ ] 13

15 022275 20

22 110 26  
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37  
H0-94-0329

OWNER: FISHER COLLINS CARTER  
last name first name  
STREET OR RFD: PLEASANT VIEW DR.  
TOWN: HIGHLAND  
SUBDIVISION: UPCHURCH PROP SECTION: LOT: 26

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	60	✓
Sandstone	60	65	
MICKA	65	75	
Sandstone	75	80	✓
MICKA	80	110	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate, Box)  
TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 21 NO. OF POUNDS 2100  
GALLONS OF WATER 126  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft. 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 6 20  
60 61 63 64 66 67 70

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 BRONZE OPEN HOLE  
PL OT PLASTIC OTHER

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

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. 116  
DRILLERS SIGNATURE: [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

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

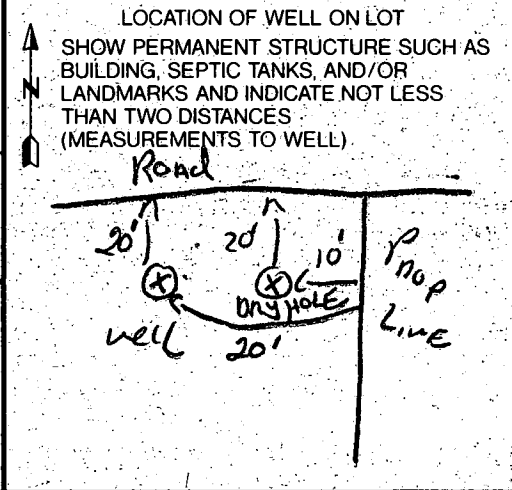
DEPTH (nearest ft.)  
H0 68 110  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
from to

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 O  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
8 9  
PUMPING RATE (gal. per min. to nearest gal.) 10  
11 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface):  
BEFORE PUMPING 18  
17 20  
WHEN PUMPING 45  
22 25  
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 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:  
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 2 (nearest foot)  
- below }



OF MARIAN

293  
720

400

405

410

415

FUTURE 50' R/W & 22' PAVING

± STA. -2+05.00  
LIMIT OF SUBMISSION  
TEMP. TURN AROUND & DEAD END BARRICADE

± STA. 33+05.00  
± STA. 0+00.00  
FUTURE 50' R/W & 22' PAVING

OPEN SPACE  
LOT 25  
~10,900 (±)  
INELIGIBLE FOR BUILDING PERMIT REVIEW SEE GENERAL NOTES & MONSHEET

OPEN SPACE TO BE DEDICATED TO HOMEOWNERS ASSOC.

RIP-RAP CHANNEL  
20' DRAINAGE AND UTILITY EASEMENT

HOMEOWNERS ASSOC.

OPEN SPACE  
LOT 14  
~10,900 (±)  
INELIGIBLE FOR BUILDING PERMIT REVIEW SEE GENERAL NOTES & MONSHEET

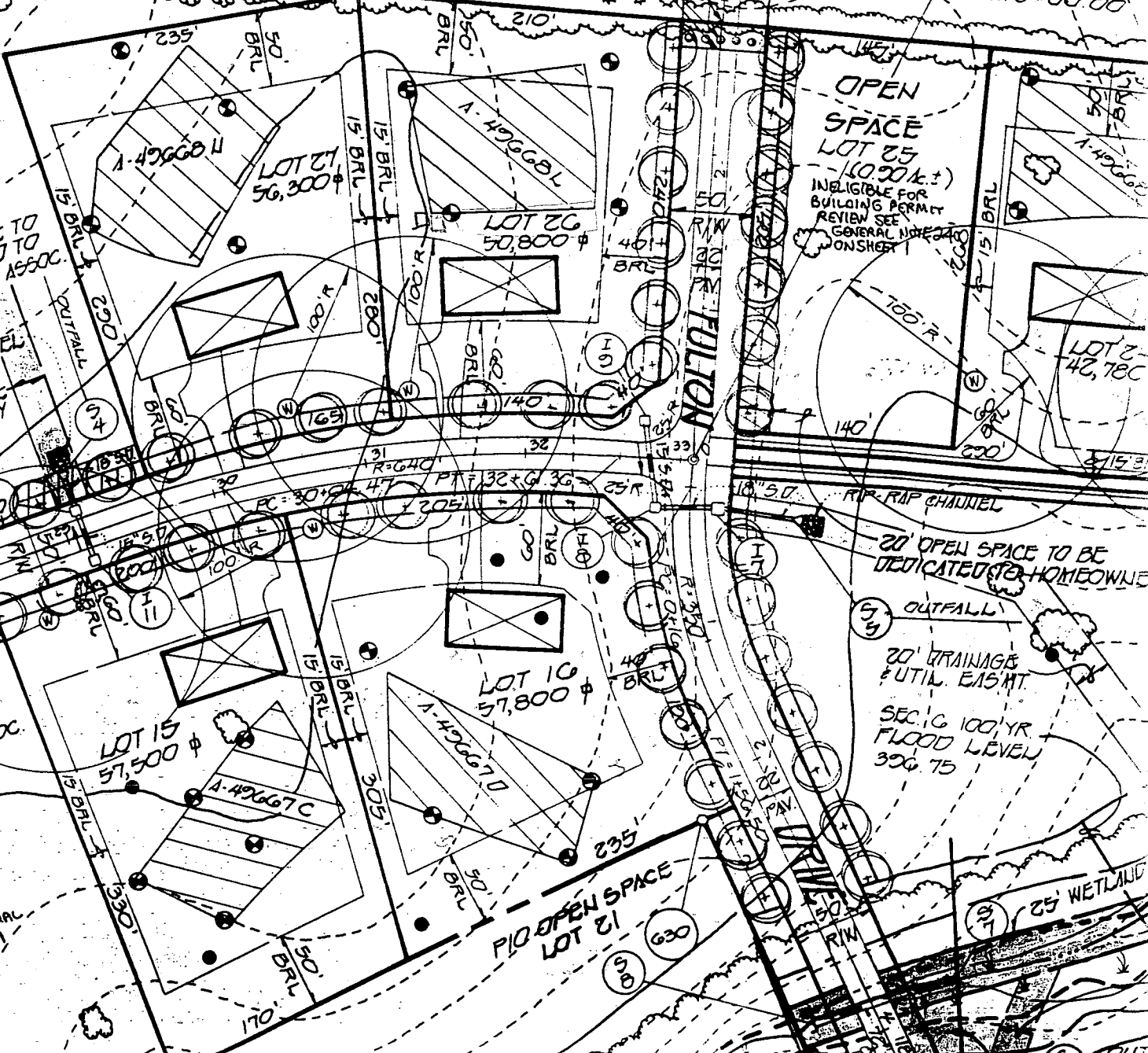
20' OPEN SPACE TO BE DEDICATED TO HOMEOWNERS ASSOC.

OUTFALL  
20' DRAINAGE & UTIL. EASMT.

SEC. 6 100-YR FLOOD LEVEL 396.75

20' OPEN SPACE  
LOT 21

25' WETLAND

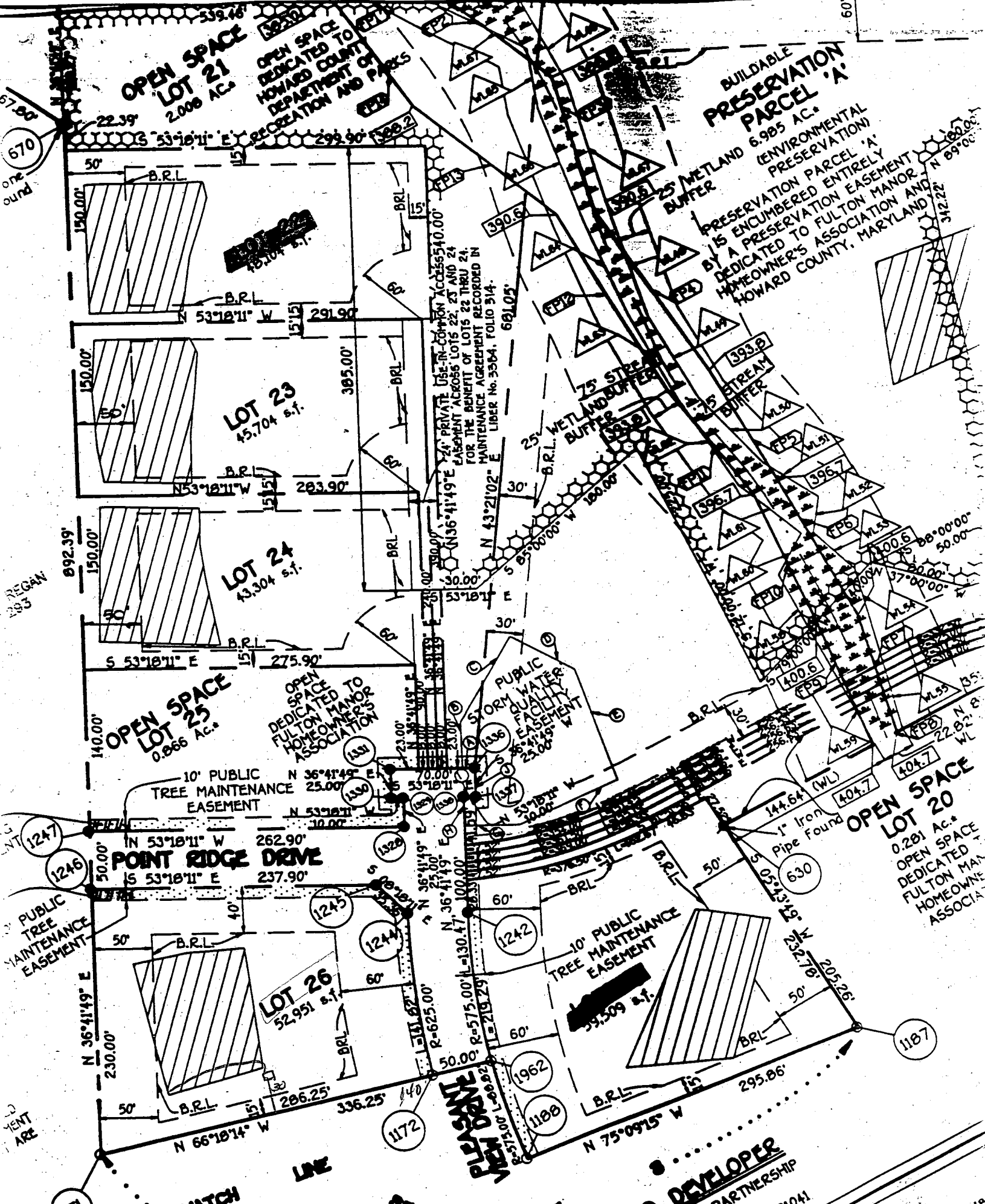


OPEN SPACE  
LOT 21  
2,008 AC.

OPEN SPACE  
DEDICATED TO  
HOWARD COUNTY  
DEPARTMENT OF  
RECREATION AND PARKS

BUILDABLE  
PRESERVATION  
PARCEL 'A'

6,985 AC.  
(ENVIRONMENTAL  
PRESERVATION)  
PRESERVATION PARCEL 'A'  
IS ENCUMBERED ENTIRELY  
BY A PRESERVATION EASEMENT  
DEDICATED TO FULTON MANOR  
HOMEOWNER'S ASSOCIATION AND  
HOWARD COUNTY, MARYLAND



670  
one  
round

REGAN  
183

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P10 0.5 LOT 28 TO BE DEDICATED TO HOMEOWNERS ASSOCIATION

RIP-RAP CHANNEL 20' DRAINAGE AND UTILITY EASEMENT

± STA. 2+85.00 LIMIT OF SUBMISSION TEMP. TREE TURU AROUND & DEAT END BARRICADE

OPEN SPACE LOT 25 0.20 AC. ± (TO BE DEDICATED TO HOMEOWNERS ASSOCIATION)

INELIGIBLE FOR BUILDING PERMIT REVIEW! SEE GENERAL NOTE #23.00 SHEET 1.

OK to drill 10-15' 2/9/95 LOT 26 1.107 ±

OPEN SPACE LOT 14 (2.20 AC. ±) TO BE DEDICATED TO HOMEOWNERS ASSOC. FOR BUILDING PERMIT REVIEW! SEE GENERAL NOTE #23.00 SHEET 1.

2/14/95

1st well site was a mud hole.  
 OK to drill 10-15' to the right of the the mud hole - no farther over  
 site okayed per phone conversation w/ Ralph Mayne.

Amy McMillen

PERIMETER

EX. BLOCK WALLS

PROPERTY OF AND PATRICIA

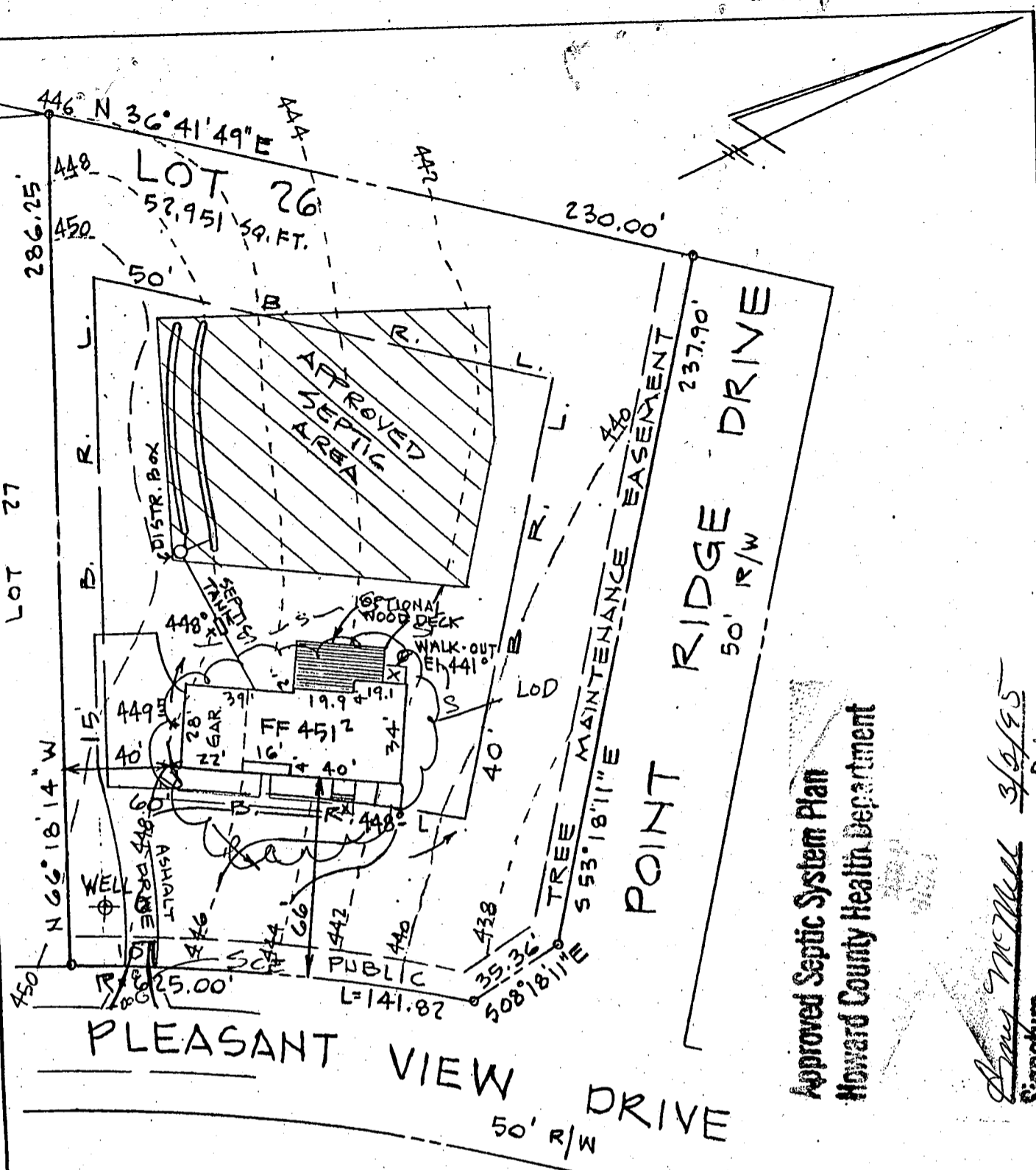
LANDSCAPING PERIMETER

WET

CMP

SEC. FLOOR

220



Approved Septic System Plan  
 Howard County Health Department

*John L. Schneider*  
 Signature  
 3/2/95  
 Date

**SEPTIC DATA**

HOUSE FIN FL.	4512
" BSM'T	4416
" SEWER INV.	4462
SEPTIC INV. IN	4458
TANK INV. OUT	4455
" FIN. GR.	448°
DISTR. INV. IN	445°
BOX FIN. GR.	449°
WATER EX. GR.	449°
WELL PROP. GR.	449°

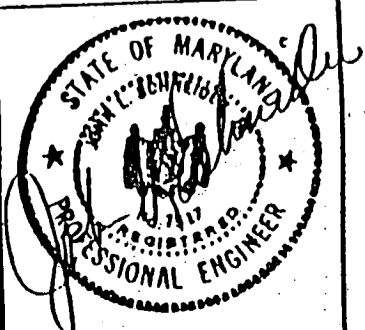
PER ENGINEER, DRIVEWAY  
 WILL BE MOVED TO  
 ACCOMODATE WELL & MAINTAIN  
 10' SEPARATION  
 MR 3/2/95

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

ENGINEER  
 JOHN L. SCHNEIDER, P.E.  
 100 N. ROLLING RD.  
 CATONSVILLE, MD. 21228  
 301-744-1945

RECORD PLAT N° 11570

GRADING STUDY  
 LOT 26 "FULTON MANOR"  
 5<sup>th</sup> ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' | DATE: FEB. 15, 1995



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 1.5em;">7300121815</span>
---	---	---

Building Address <u>12367 Pleasant View Dr</u> <u>Fulton, MD 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605102</u> Subdivision <u>Fulton Manor</u> Section _____ Area _____ Lot <u>26</u> Tax Map <u>341</u> Parcel <u>205</u> Grid <u>24</u> Zoning <u>R2</u> Map Coordinates <u>11E11</u> Lot size _____	Property Owner's Name <u>Philip Caplan</u> Address <u>12367 Pleasant View Dr</u> City <u>Fulton</u> State <u>MD</u> Zip Code <u>20759</u> Home Phone <u>410-531-7369</u> Work Phone <u>410-563-9100 x245</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>Home SFD</u> Proposed Use <u>Home SFD</u> Estimated Construction Cost \$ <u>5,000</u> Description of Work <u>Finishing part of basement</u> <u>Rec Room w/ Full Bath</u> <u>and Bedroom</u>	Contractor Company <u>Home owner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
--	--

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 <u><i>Philip Caplan</i></u> Title/Company _____	Print Name <u>Philip Caplan</u> Date <u>12/16/99</u>
--	---

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

<b>AGENCY</b> Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>12/16/99</u> <b>SIGNATURE APPROVAL</b> <u>Brian Baker</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID#:</b> <u>15639</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1541</u> Validation # _____ Accepted by _____
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12/16/99

Bedroom added to basement. System may be undersized because of addition. Septic system was recently installed and should be in good shape. Because of this the bedroom addition was allowed without enlarging septic system. However not responsible if system fails due to increased usage, if any. Recommended that any future changes requiring additional water usage may require septic enlargement.

Brian Baker