

3/5/96
MOS

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56456

A 49669T

DISTRICT 5th

DATE 2-26-96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

05-418259
INDEXED

DATE SYSTEM APPROVED 3/5/96

INSPECTOR ll

K & K Excavating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Fulton Manor LOT 35 ROAD 12309 Point Field Drive

PROPERTY OWNER Selfridge Builders, Inc. Saul & Beth Viscarra

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT SIGNED

AND RETURNED 2-29-99

Serial # B10119627

Inground PTH

BLDG. PERMIT SIGNED

AND RETURNED 10-29-99

Serial # B10121056
Dist. Under purpawatch

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160' from the left front lot corner and 22' off the left lot line as seen from Point Field Drive. Run trenches along contour towards front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILDING PERMIT SIGNED

OK 12/11/95 KFB

AND RETURNED

PLANS APPROVED BY Glen Savage 59204 800147991-Deck/SCREENED PORCH DATE 11/9/95

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

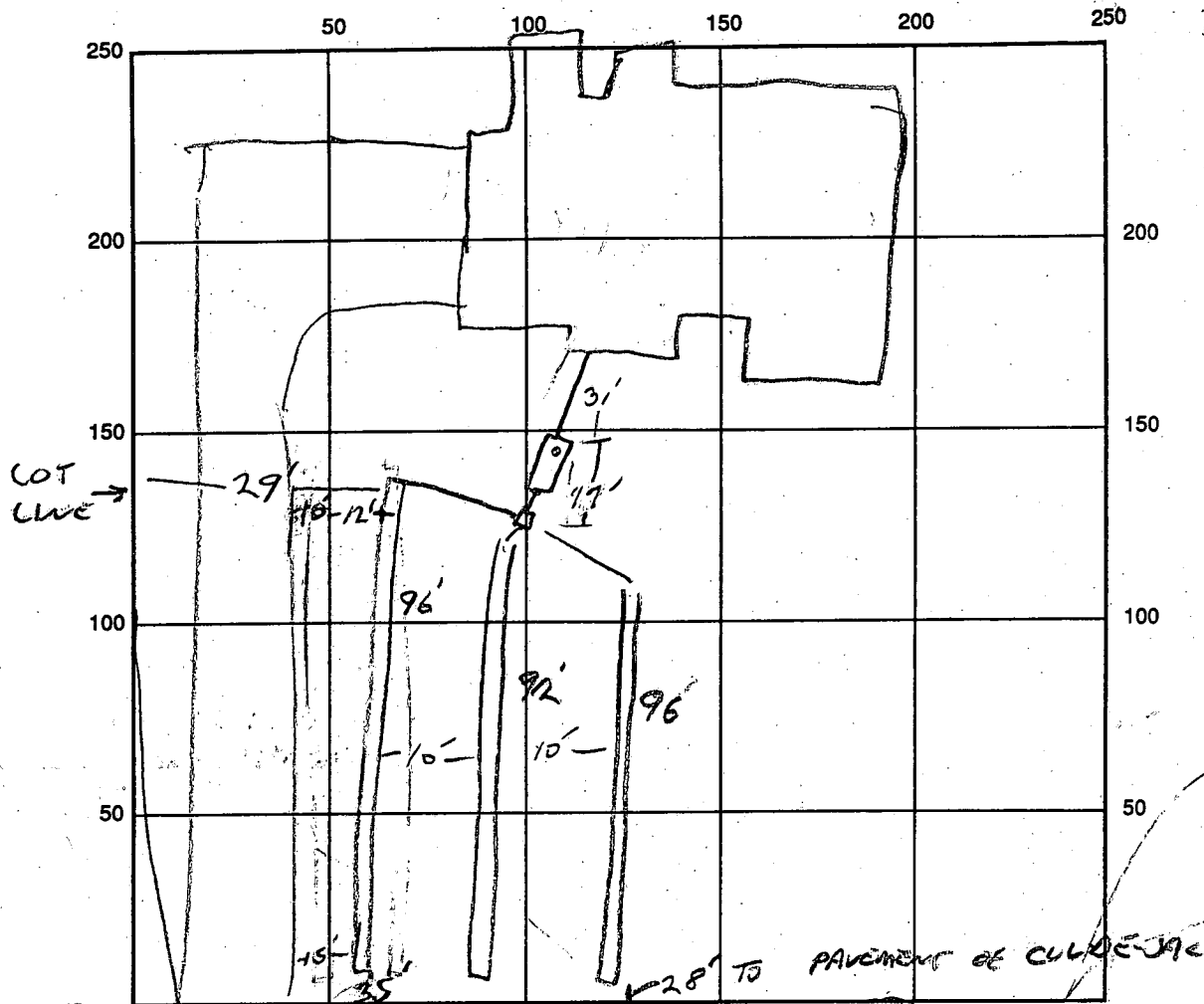
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Addition Deck
BLDG. PERMIT SIGNED
AND RETURNED 4-30-96
Serial # 64704

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

A
119669T



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 POINT FIELD DRIVE

SEPTIC TANK LEVEL OK 1500 GAL CLEANOUTS 1 ON TAN.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 96/92/96 FT. = 284

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 852 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/5/96 DRIVEWAY IS 0' TO 10' OFF L LOT LINE

ROOM FOR ONE REPAIR TRENCH ALONG EDGE OF DRIVEWAY ADJACENT TO EXISTING TRENCHES IF NEEDED. CONTRACTOR REQUESTS W/PE LATER ON WILL CALL - RAIN EXPECTED - WILL COVER WELL LINE IF WE ARE UNABLE TO MAKE INSPECTION.

DATE SYSTEM APPROVED 3/5/96 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49669T

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. OPCHURCH Selfridge Builders

ADDRESS 457 OLD ORCHARD CIRCLE PHONE _____

PROSPECTIVE BUYER SALE AS OWNER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION OPCHURCH PROPERTY / FULTON MAJOR LOT NO. 35

ROAD AND DESCRIPTION 12276 HALL SHOP ROAD

HIGHLAND MARYLAND

TAX MAP 40 PARCEL # 164 3205

SIZE OF LOT 44,680 # TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 11-15-95

Serial # 62456
SFD - 4 BRMS

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

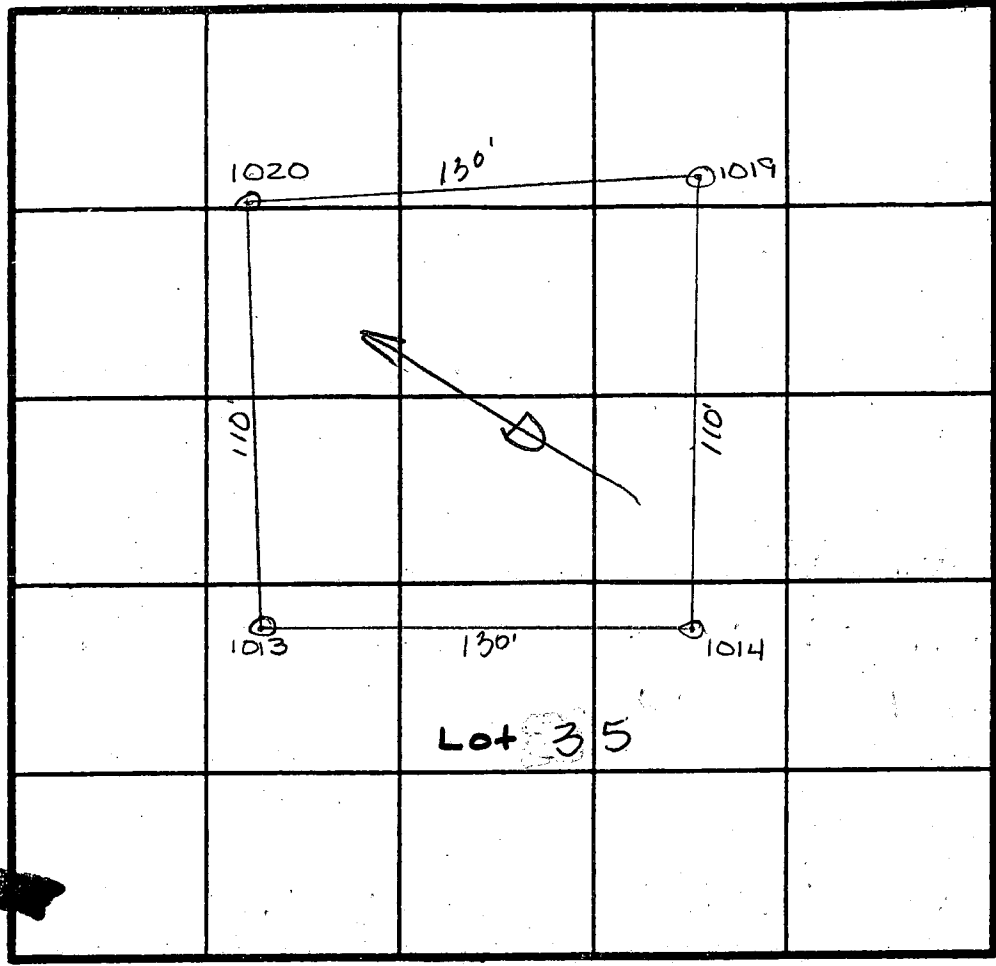
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A49669T

1019



red C
 4 1/2'
 brn. CL
 6 1/2'
 smicL
 lgt brn
 11'

SOIL PROFILE
 1013
 0'
 red to
 tan C
 5'
 Orangel
 tan
 SiCL
 10 1/2'

1014
 red C
 4'
 tan C
 5'
 SimicL
 brn
 12'

1020
 brn C
 1 1/2'
 red C
 5'
 lgt brn
 CL
 7'
 smicL
 tan
 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/93	1014	Visual to 12'	to 12'	—	—	—	OK
}	1013	4 1/2	12:09 ³⁰	12:12	12:12	12:21	9 min
		8	12:14	12:18	12:18	12:24	6 min
}	1019	4	1:19	1:22	1:22	1:26	4 min
		5	12:55	1:04	1:04	1:17	13 min
	1020	5					

REMARKS _____

TYPE OF SOIL Manor

TESTED BY Amy McMillen/Craig Williams ALSO PRESENT Olan Ketherman

trench width 3 inlet depth 4 1/2 max bottom depth 6 1/2 sq ft/bdrm 210

PROPERTY OF
RAYMOND AND MARIAN
REGAN
L. 721 F 293
ZONED RR-DEO

247

OPEN SPACE

LOT 28

8.40 AC. ±
INELIGIBLE FOR BUILDING PERMIT REVIEW
SEE GENERAL NOTE 24 ON SHEET 1

LOT 37
56,150 ±

LOT 36
46,576 ±

LOT 35
44,515 ±

LOT 34
44,070 ±

LOT 33
44,485 ±

LOT 3
45,620 ±

LOT 32
51,400 ±

LOT 38
59,075 ±

SHEET

SHEET

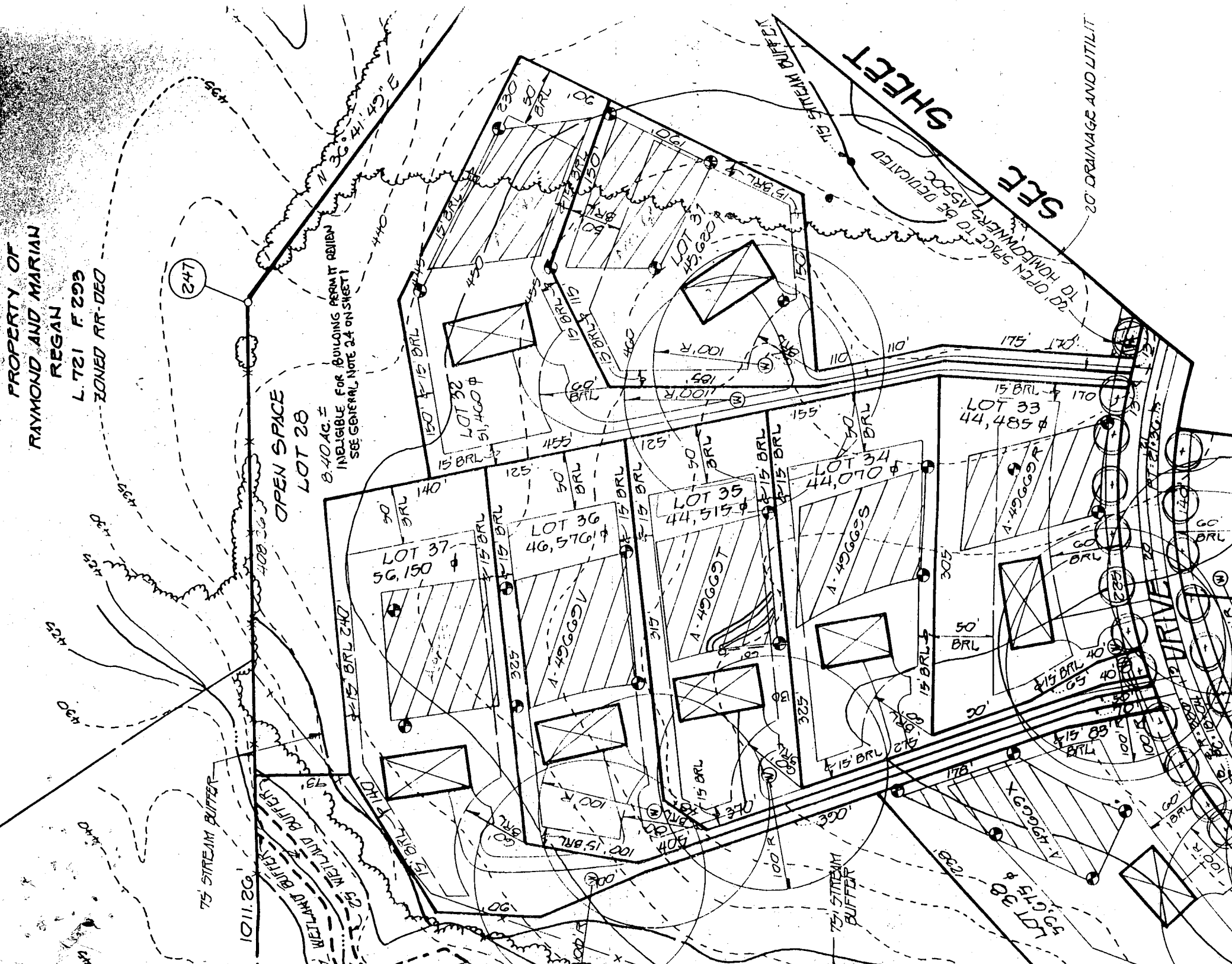
20' DRAINAGE AND UTILIT


OPEN SPACE TO BE DEDICATED
TO HOMEOWNERS ASSOC.

75' STREAM BUFFER

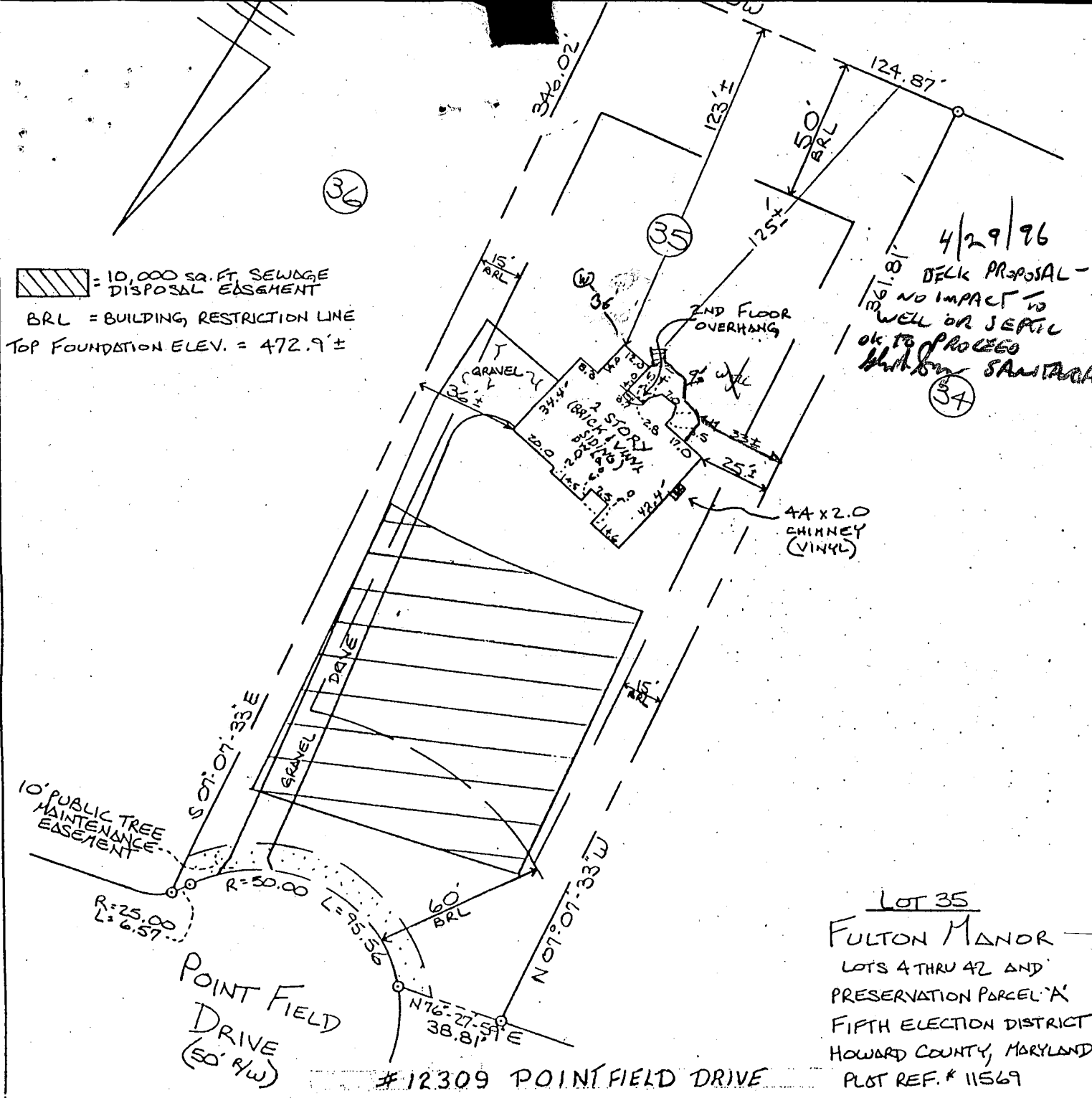
25' WETLAND BUFFER

75' STREAM BUFFER



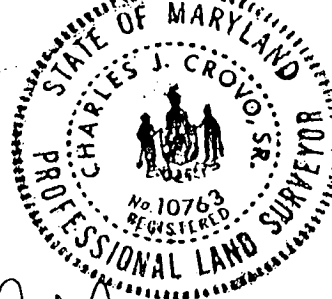
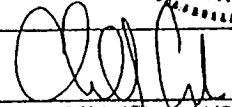
 = 10,000 SQ. FT SEWAGE DISPOSAL EASEMENT
 BRL = BUILDING RESTRICTION LINE
 TOP FOUNDATION ELEV. = 472.9' ±

4/29/96
 DELK PROPOSAL -
 NO IMPACT TO
 WELL OR SEPTIC
 OK TO PROCEED
 [Signature]
 SAUTAGAN



LOT 35
FULTON MANOR
 LOTS 4 THRU 42 AND
 PRESERVATION PARCEL 'A'
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLOT REF. # 11569

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21044
 (410) 461-2033



 PROFESSIONAL LAND SURVEYOR
 REG. # 10763

HOUSE LOCATION DRAWING
 FOUNDATION LOCATION: 12-12-
 FINAL LOCATION: 3-21-96
 BOUNDARY SURVEY:
 SCALE: 1" = 50'
 DATE: 3-21-96
 DRAWN BY: AS
 CHECKED BY: MLR
 PROJECT No.: 6089B

3/21/96
 DATE

C1 3596

SEQUENCE NO. (DENV. USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A49669T

(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"

032195

030795

245

H0-94-0373

OWNER: FCFC last name Pointfield Drive first name TOWN Highland STREET OR RFD Fulton Manor SECTION LOT 35

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED. (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 74 NO. OF POUNDS 1900

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 42

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 OPEN HOLE PL OT PLASTIC OTHER

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 100 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 65 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (N)

CIRCLE APPROPRIATE LETTER 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.

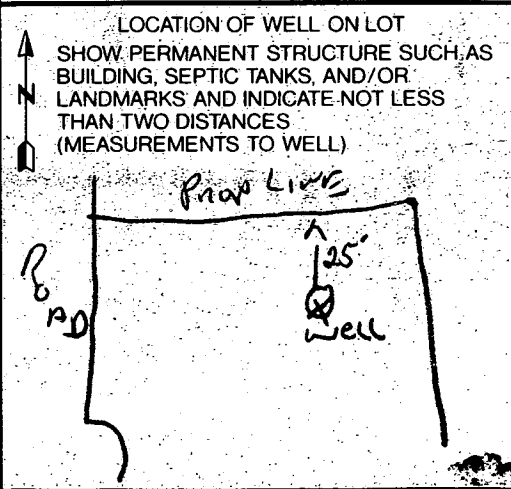
DRILLERS IDENT. NO. 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

C2 DEPTH (nearest ft.) HO 40 245

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 TELESCOPE CASING LOG INDICATOR OTHER DATA



Building Address 12309 POINT FIELD ROAD
FULMOR MD 20759

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

Census Tract 605102 Subdivision Fulton Manor

Section --- Area --- Lot 35

Tax Map 40 Parcel 205 Grid 6

Zoning RR Map Coordinates 14E12 Lot size ---

Property Owner's Name STEVE & BETH VISCARRA

Address 12309 POINT FIELD DRIVE

City FULMOR State MD Zip Code 20759

Home Phone (301) 331-9525 Work Phone ---

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 \$ 20,000.00

Description of Work CONCRETE INGROUND POOL WITH DE. FILTER. POOL TO BE FILLED BY TRUCK. 20' WIDE X 44' LONG = 808 sq ft. 250 L.F. VINYL PLACED ON REINFORCED FOOTING

Contractor Company ANTHONY & SYLVAN POOLS, INC.
 AGENT FOR

Contact Person GEORGE A. SCHWEICH - CONTRACTOR

Address 10840 GUILFORD ROAD - SUITE 407

City ANNAPOLIS State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>---</u> Public <u>---</u> Private <u>---</u>
1st floor: <u>---</u> Depth <u>---</u> Width <u>---</u>	Sewage Disposal: <u>---</u> Public <u>---</u> Private <u>---</u>
2nd floor: <u>---</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>---</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <u>---</u> 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 <u>---</u> NFPA #13R <u>---</u> Other: <u>---</u>
No. of Bedrooms <u>---</u>	
Multi-family dwellings: <u>---</u>	
No. of efficiency units: <u>---</u>	
No. of 1 BR units: <u>---</u>	
No. of 2 BR units: <u>---</u>	
No. of 3 BR units: <u>---</u>	
Other Structure: <u>---</u>	
Dimensions: <u>---</u>	
Footings: <u>---</u>	
Roof: <u>---</u>	
<u>---</u> State Certified Modular	
<u>---</u> 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 UPON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
7-29-99
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ	<u>11/29/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 New Town Zone ---

SDP/Red-line approval date --- Accepted by [Signature]

PROPERTY ID# 15663

Filing fee \$ ---

Permit fee \$ 125

Excise tax \$ ---

Sub-total paid \$ ---

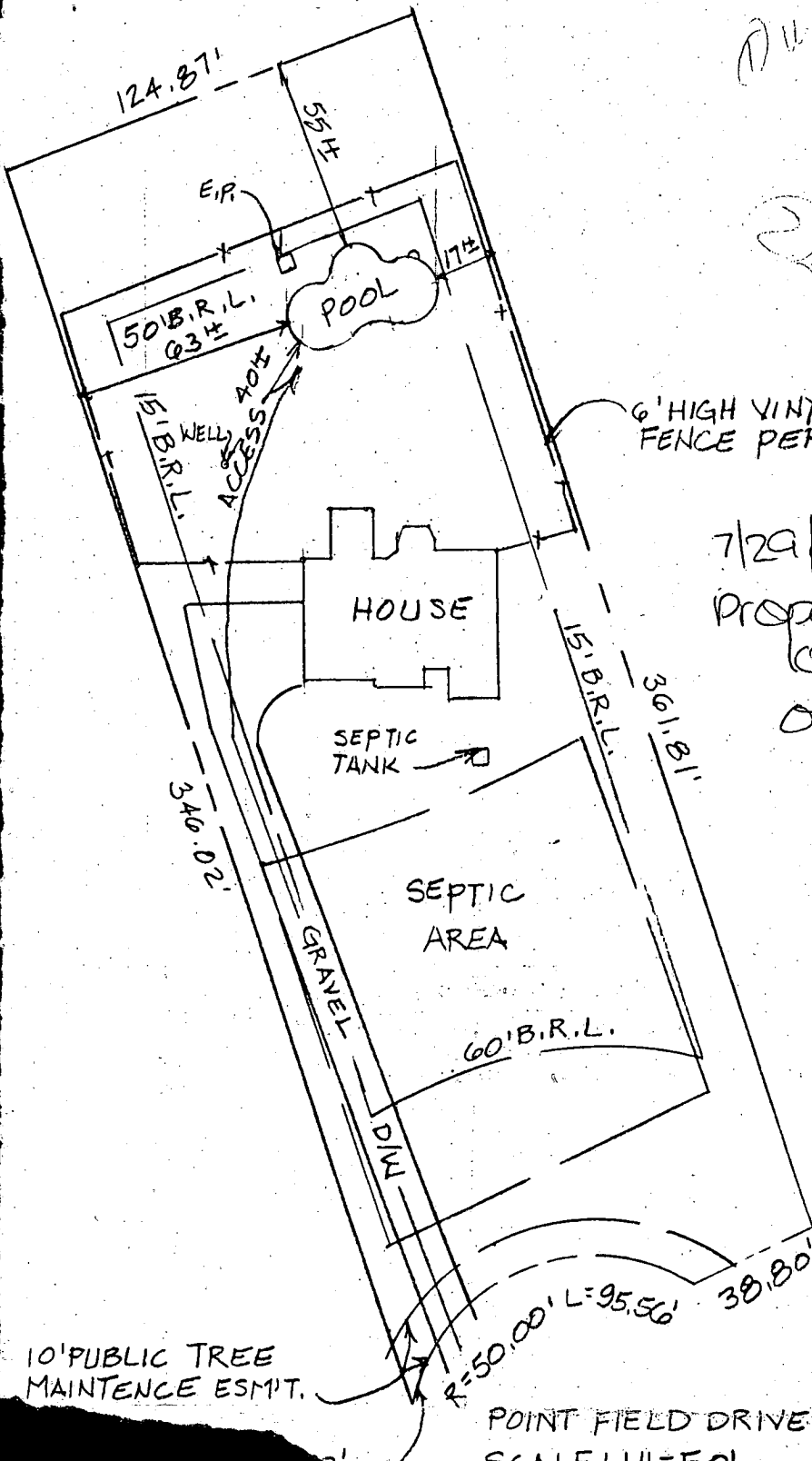
Add'l permit fee \$ ---

TOTAL FEES \$ 125

Balance due \$ ---

Check # 2182

Validation # 4488



1/16/19
 Lead 2136
 P.M.S.

21.501

6' HIGH VINYL BOARD ON FENCE PER CODE

7/29/19
 Proposed pool location
 as shown
 JCS

10' PUBLIC TREE MAINTENANCE ESMT.

POINT FIELD DRIVE
 SCALE: 1" = 50'

4496697 412 410-262-6512

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLIOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B0021056
--	---	----------------------------------

Building Address <u>12309 POINT FIELD DR</u> <u>FULTON, MD 20759</u>	Property Owner's Name <u>BETH + STEVE VISCARRA</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>12309 POINT FIELD DR</u>
Census Tract <u>6051.02</u> Subdivision <u>FULTON MANOR</u>	City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u>
Section <u>NA</u> Area <u>NA</u> Lot <u>35</u>	Home Phone <u>301-854-9575</u> Work Phone _____
Tax Map <u>40</u> Parcel <u>508</u> Grid <u>6</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR</u> Map Coordinates <u>14E1A</u> Lot size _____	Phone _____ Fax <u>202-347-5829</u>

Existing Use <u>SFD</u>	Contractor Company <u>MADISON MECHANICAL</u>
Proposed Use <u>SFD</u>	Contact Person <u>CHRIS KOLB</u>
Estimated Construction Cost \$ <u>7160.00</u>	Address <u>12301 OLD COLUMBIA PIKE</u>
Description of Work <u>INSTALL 1-500 GALLON</u> <u>UNDERGROUND PROPANE TANK</u>	City <u>SILVER SPRING</u> State <u>MD</u> Zip Code <u>20904</u>
	License No. <u>15627</u>
	Phone <u>301-680-4200</u> Fax <u>301-680-4224</u>

Occupant or Tenant <u>(OWNER)</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	POOL HEATER Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
		Other Structure: _____ 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.

Applicant's Signature <u>[Signature]</u> Title/Company <u>MADISON MECHANICAL</u>	Print Name <u>CHRIS KOLB</u> <u>10-18-99</u> <u>10/27/99</u> Date
--	---

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	415463
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>10/27/99</u>	<u>[Signature]</u>	Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is 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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>3575</u>
			Accepted by <u>[Signature]</u>	Validation # <u>25582</u>

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

6. APPROVE WALK-THRU BUILDING PERMIT AFTER RECEIVING USUAL FEES AND CAR PLASSER DUTY. PER 3 PART OF REG. 1 FOR APPROVED. SPECIFICATION FOR CAR PERMITS NOT COVERED.

Travis
 31-674597

1. WALK-THRU

2. THE LOCAL OFFICIALS SHALL BE NOTIFIED BY THE PERMITTEE.

NO APPROVAL FOR THE PERMIT FOR THE PERMITTEE AND THE PERMITTEE SHALL BE RESPONSIBLE TO COME FROM TO AS SOON AS OPTION IS MADE AND PERMIT IS MADE PERMIT.

WALK-THRU AFTER RECEIVING USUAL FEES AND CAR PLASSER DUTY.

3. PERMITS

WHICH AT 17 TO 18 MONTHS AS DATE FOR THIS

4. PERMITS FOR THE PERMITTEE

5. PERMITS FOR THE PERMITTEE

6. PERMITS FOR THE PERMITTEE

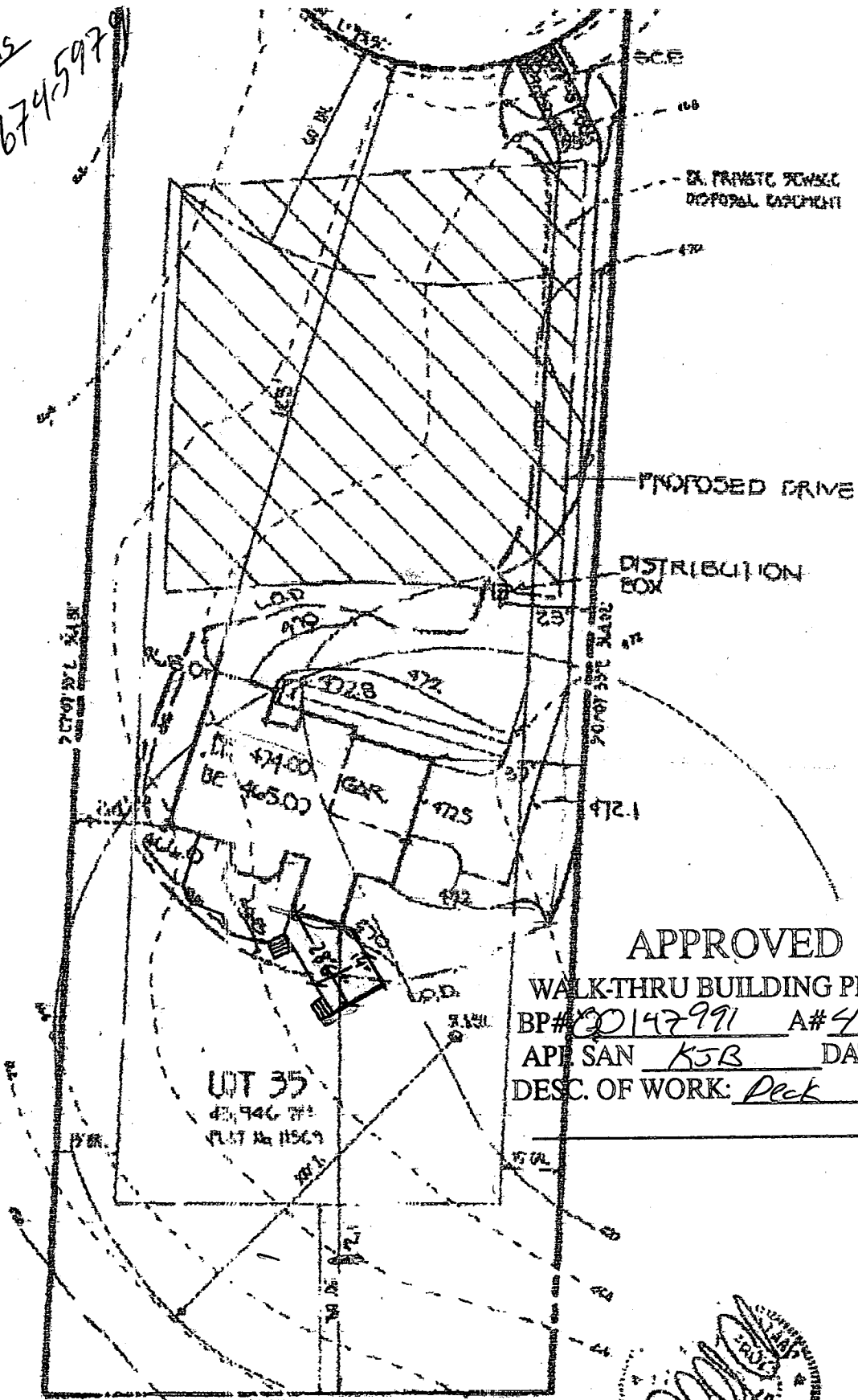
7. PERMITS FOR THE PERMITTEE

8. PERMITS FOR THE PERMITTEE

9. PERMITS FOR THE PERMITTEE

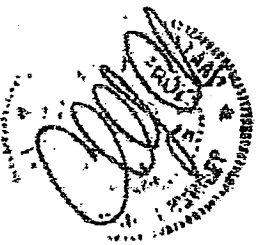
10. PERMITS FOR THE PERMITTEE

11. PERMITS FOR THE PERMITTEE



APPROVED

WALK-THRU BUILDING PERMIT
 BP# 00147991 A# 49669T
 API SAN KJB DATE: 5/12/04
 DESC. OF WORK: Deck



REVISED

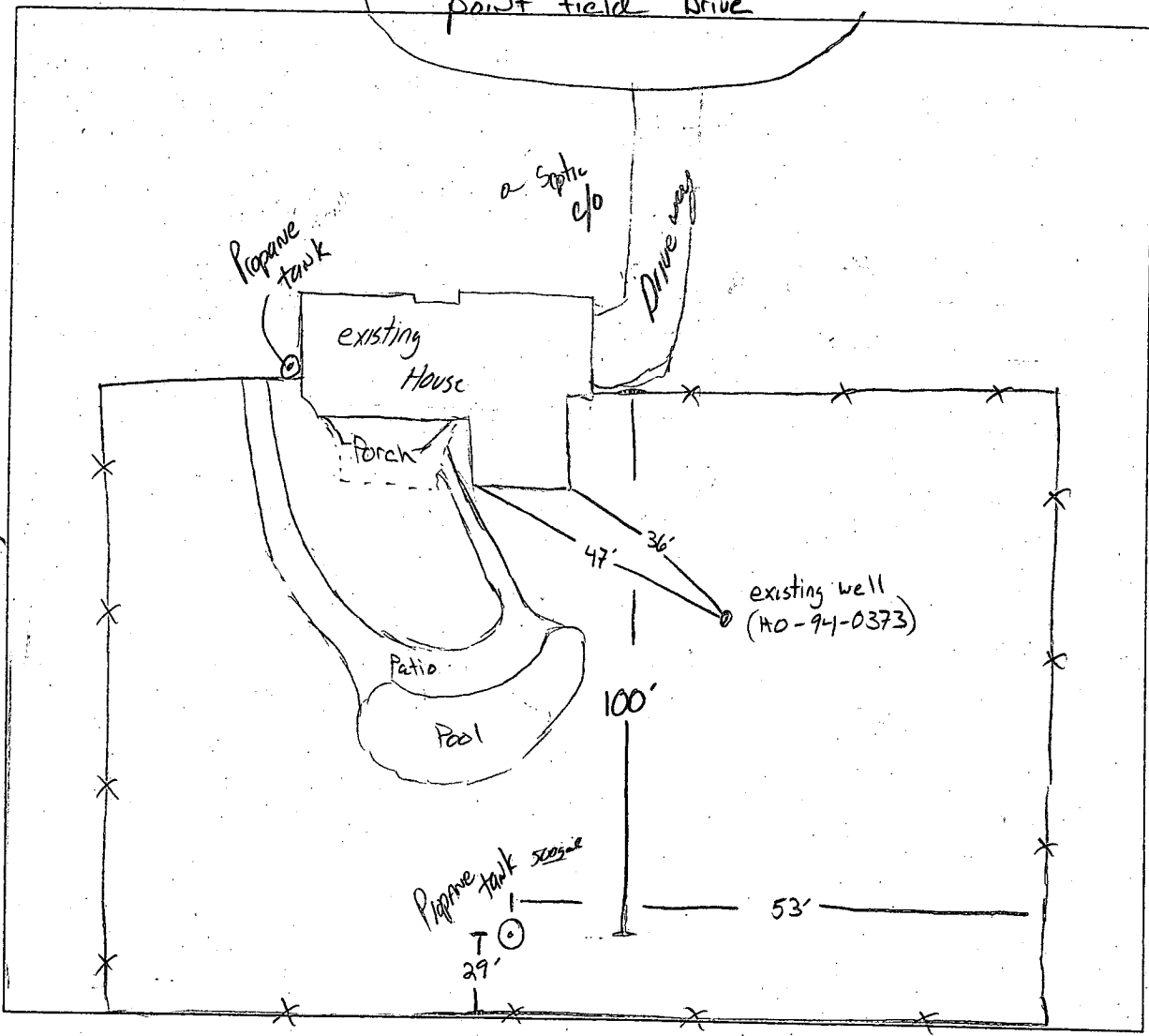
FL

TAX IN FIFTH

SITE INSPECTION SHEET

OWNER: Saul + Beth Viscalia PHONE #: 301-854-4575 or 9575
ADDRESS: 12309 Point Field Drive CONTRACTOR: _____
Highland MD WELL TAG #: 94-0373
SUBDIVISION: Fulton Manor LOT: 35 COUNTY #: HO
PROPOSAL: Building a deck BP# 00147891

LOCATION DIAGRAM
point field Drive



COMMENTS: Proposed Deck location looks OK,

DATE: 5/12/04

INSPECTOR: [Signature]

GENERAL NOTES:

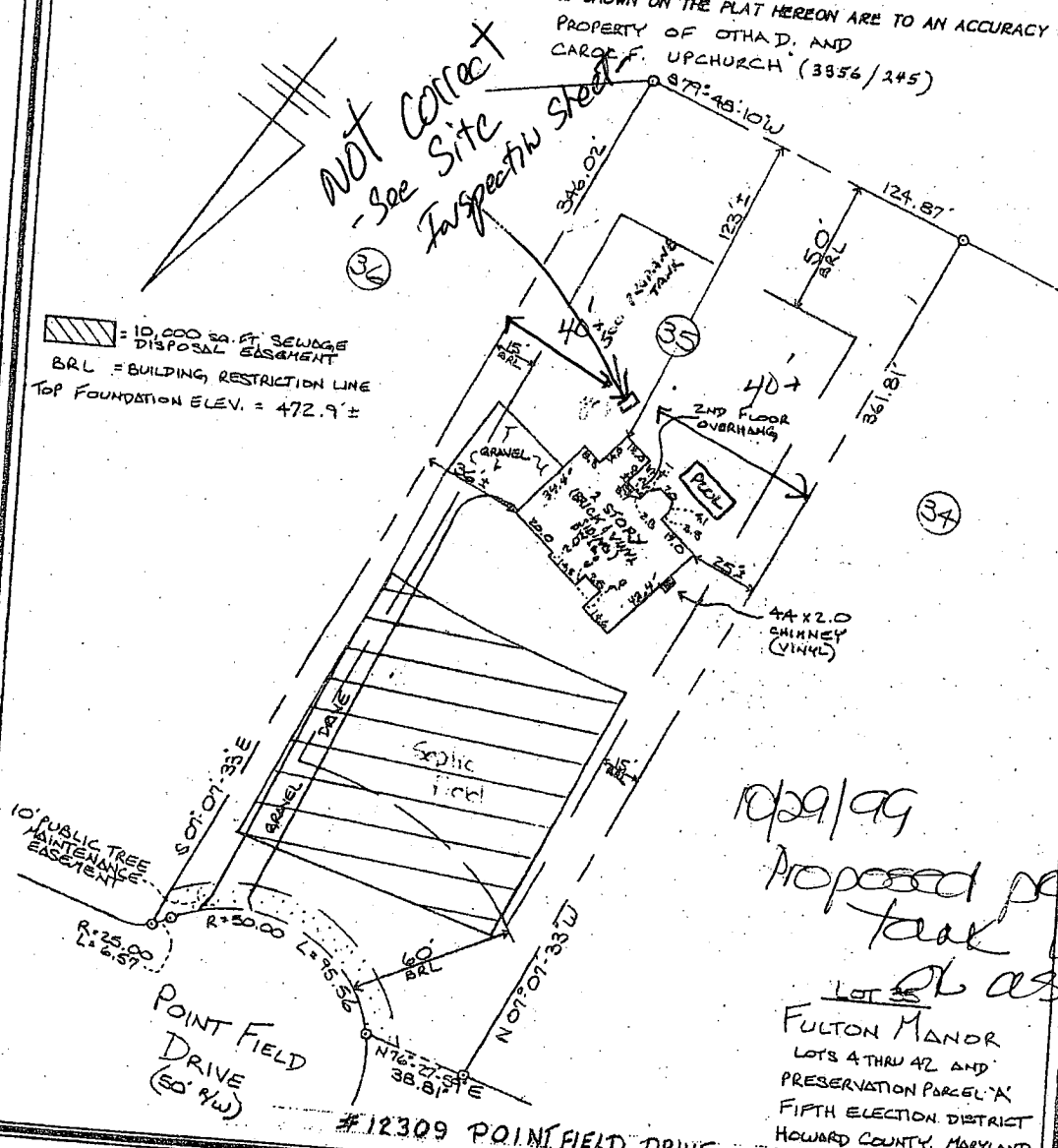
1) PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM (HLSA). AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE ANTICIPATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044-0037 B, EFFECTIVE DATE: 12/4/1996.

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1/4" PROPERTY OF OTHAD, AND CAROL F. UPCHURCH (3956/245)

*NOT CORRECT
- See Site
Inspection sheet*

1" = 10,000 sq. ft. SEWAGE DISPOSAL BASINMENT
BRL = BUILDING RESTRICTION LINE
TOP FOUNDATION ELEV. = 472.9' ±



*10/29/99
Proposed popane
take location
as shown*

LOT 35
FULTON MANOR
LOTS 4 THRU 42 AND
PRESERVATION PARCEL 'X'
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLOT REF. # 11569

FRISER COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL BUSINESS OFFICE PARK - 1027X BALTIMORE NATIONAL FEE
BLISSDTY, MARYLAND 20642
440 421 - 2999



[Signature]
PROFESSIONAL LAND SURVEYOR
REG. # 10763
DATE 3/21/96

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 12-95
FINAL LOCATION: 3-21-96
BOUNDARY SURVEY
SCALE: 1" = 50'
DATE: 3-21-96
DRAWN BY: AS
CHECKED BY: MLL
PROJECT No: 60592

76
A 4196697