

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 513101

A 49936

DISTRICT _____

DATE 11/3/1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/8/99

INSPECTOR [Signature]

04-324811

J. Joseph Gartland, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Forsythe Estates LOT 22 ROAD 14289 Old Frederick Road

PROPERTY OWNER Nicholas & Barbara Stamatakis

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 320 feet from the right (792.44') lot line and 280 feet from the front (287.21') lot line. Run trenches along 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. MAINTAIN 100 FEET MINIMUM SPACING FROM WELL TO ANY PART OF SEPTIC SYSTEM. or 80' from WS

PLANS APPROVED BY Amy McMillen

DATE 7-22-1999

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.

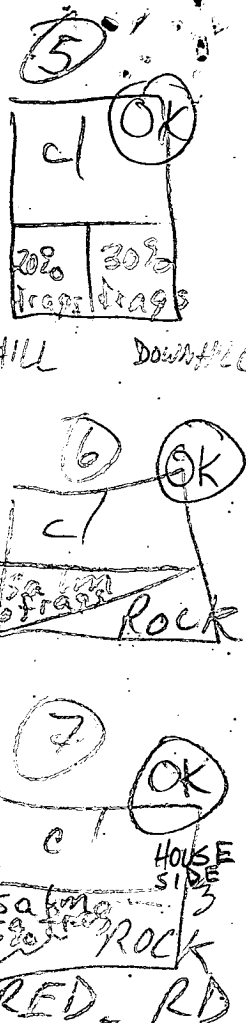
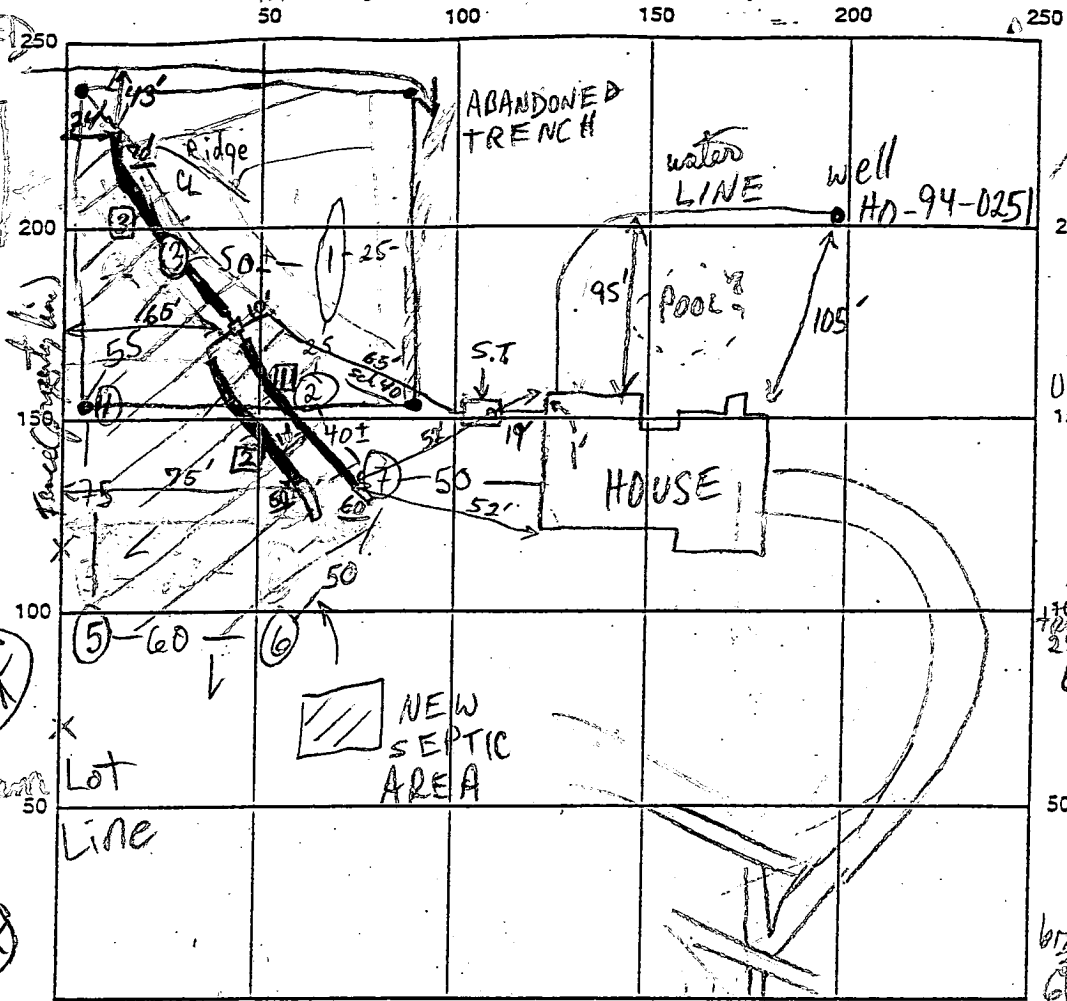
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

49936

● = STAKED CORNERS OF ORIG. SEPTIC ESMT.

ABANDONED TRENCH



37-80%
Rocks

3
ROCK REFUSAL

3
c1 OK

6
brn soil 15% frags

3
c1 OK

6
brn soil 25% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
STANDARD

OLD FRED. RD

SEPTIC TANK LEVEL 1000 GAL - SEAM CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL (water tested & auto loadens installed)

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4-1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60/50/70 FT. = 180

NUMBER OF TRENCHES 3 TOTAL ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT. Legend per hole #'s 3 Septic Trench #'s 3

REMARKS: 11/5/99 ROCK IN HIGH & REAR PARTS OF PLATTED SEWAGE ESMT.; REVISED AREA AS SHOWN; DB LOC. ADJUSTED TO BETWEEN HOLES (2) & (3) ABOVE; RUN TRENCHES IN BOTH DIRECTIONS (MR)

Soils in Trenches are micaceous sandy loam - loams; few's loams except unusual last 10' of Trench #2. Trench #2 OK to cover. Septic Tank & feedlines OK to cover 11/8/99. Trench #3 OK to gravel fill. House connection OK; OK to cover Trench #3 & all works R/P 11/8/99

DATE SYSTEM APPROVED 11/8/99 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49936

P _____

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

DISTRICT _____

DATE _____

page 2

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 THOMAS C. MacCallum Nicholas & Barbara Stamatakis

ADDRESS 14506 Monticello Dr, Coopersville PHONE (H) 549-1932 (W) 301-294-9161

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Forsythe Estates (Gifford Dye Subdiv) LOT NO. 22

ROAD AND DESCRIPTION (14289 Old Frederick Road)

BLDG. PERMIT SIGNED

RECEIVED 7-22-99

TAX MAP 8 PARCEL # 267 6822

Serial # B70119281

SIZE OF LOT _____ TYPE BLDG. SFD-3Bom
(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

Lot 22 Forest Hill Estate
A 49926

COUNTY #

SOIL PROFILE

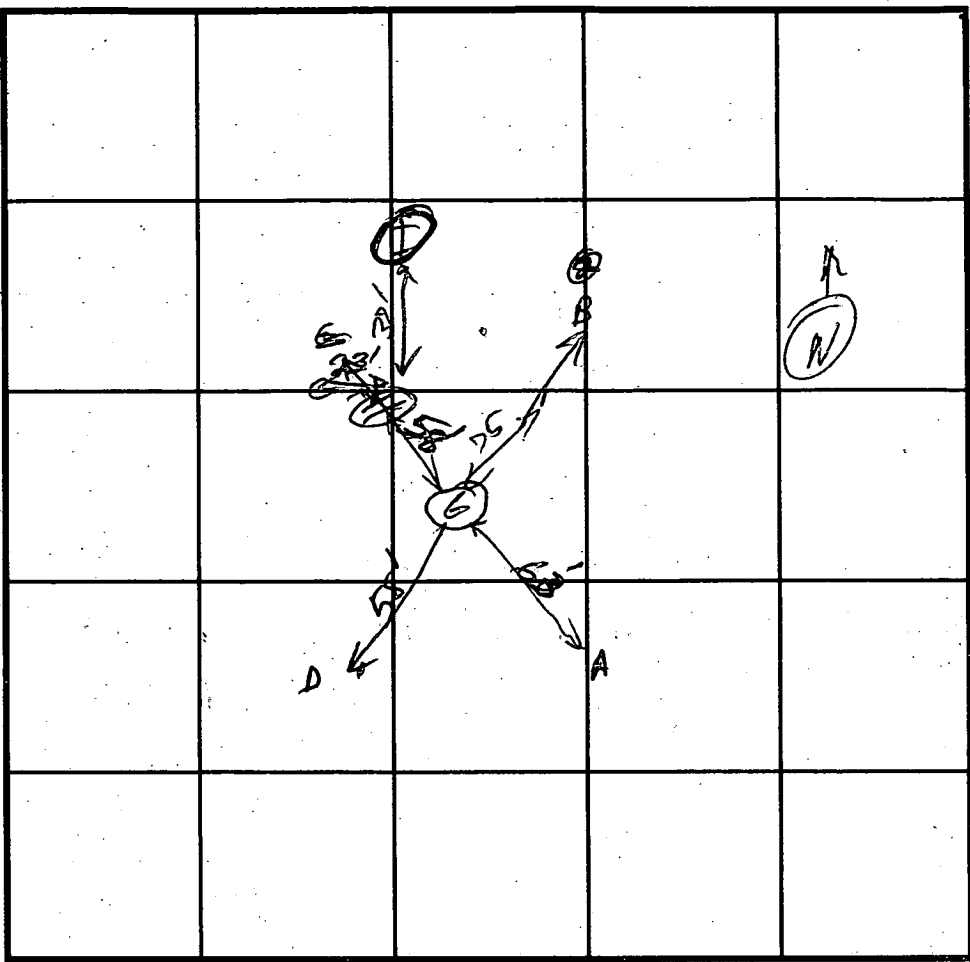
0' 6
Red-Brown-orange
CL
1 1/2' Mid-Brown
gt CL
3 1/2' ~~gt CL~~ ^{gt red soil boundary}
Mid-Brown
L-HL
4 1/2' ~~gt CL~~ ^{gt red soil boundary}
Mid-Brown
SL 15-25%
7' ~~gt CL~~ ^{gt red soil boundary}
yellow-brown
SL
9 1/2' ~~gt CL~~ ^{gt red soil boundary}
grey SL
10'

H

3 3/4' 5
Red-Orange
CL-SiCL
Mid to Neutral
Brown SL
stone 25-50%
Rocky pits
(50%)
7'
10 1/2'

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	
6/29/94	6	@ 4'	10:29:10	10:32:10	10:32:10	10:41:45	9 1/2 min
		v 10' @ 7'	10:28:20	10:29:40	10:29:40	10:32:10	2 1/2 min
	H		11:00:20	11:03:00	11:03:00	11:05:40	2 1/2 min
		8	11:00:10	11:00:50	11:00:50	11:03:20	2 1/2 min
		v 10 1/2'	11:09:10	11:16:09			to 2 min
	(F)	v 6 1/2'	Repaired	> 50% @ 5'			Fail

REMARKS: appears suitable for Shallow System (stay away from Test Hole #1)

TYPE OF SOIL: Chester (Sandy) loess.

TESTED BY: Riffillley

ALSO PRESENT: Mr MacCallum (left of page 2)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 5 min TRENCH WIDTH: 3

INLET DEPTH: 3 1/2 MAXIMUM BOTTOM DEPTH: 5 1/2 SQ. FT./BEDROOM: 180

APPLICATION

PERCOLATION TESTING

A 49936

P _____

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

DISTRICT _____

DATE 3/24/94

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 THOMAS C. & CLAUDE R. MACCALLUM

ADDRESS 14506 Monticello Dr Cooksville, Md 21723 PHONE (H) 549-1732 (W) 301-294-9161

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Forsythe Estates (Gifford Dye Sub.) LOT NO. 22

ROAD AND DESCRIPTION RT 70W North on RT 97 RT on Monticello Dr. Proceed .3 Mi

Letters UNMARKED LANE (look for 14506 Monticello Dr) go to end of LANE into woods
Blue-Gray House.

TAX MAP # 8 PARCEL # 267 lot 22

SIZE OF LOT 6.3994 Acres TYPE BLDG. single Family
(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.

Thomas C. MacCallum
(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

C1 5925

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 COLS. 3-5 ON ALL CARDS)

COUNTY NUMBER

A 49936

ST/CC USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 022195

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. H0-94-0251

OWNER MacCallam Thomas last name first name STREET OR RFD Old Frederick Rd TOWN Cooksville MD. SUBDIVISION Forsythe Estates SECTION LOT 22

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: BROWN SHALE 0-31, BLUE SLATE 31-500, WATER AT 290-405.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 18, NO. OF POUNDS 1692, GALLONS OF WATER 108, DEPTH OF GROUT SEAL 0-41 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (S, T), Nominal diameter top (main) casing 6 inch, Total depth of main casing 42 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 41, 500.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y/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.

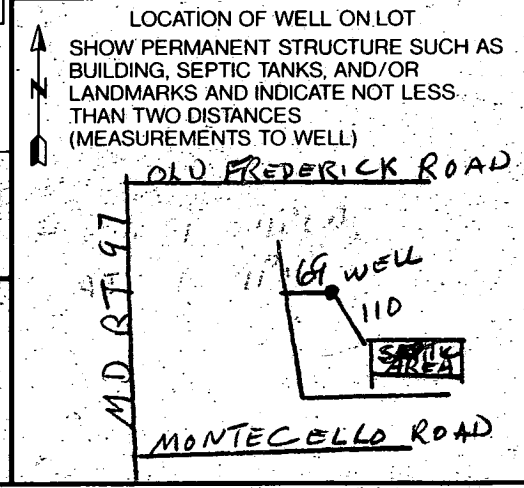
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 139, Robert Clune, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.), WQ (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 6, METHOD USED TO MEASURE PUMPING RATE TIME, WATER LEVEL (distance from land surface) BEFORE PUMPING 23, WHEN PUMPING 105, 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, PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above, LAND SURFACE (nearest foot) 1.



B 1 **1831** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

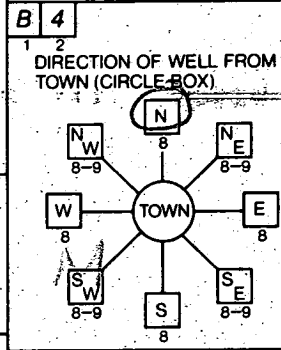
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-94-0251
 fill in this form completely

Date Received (APA) **11/09/94**
 OWNER INFORMATION
 MacCallum Thomas
 14506 Monticello Dr.
 Coloksv, LLC MD 21723

B 3 LOCATION OF WELL
 HOWARD
 COUNTY FORSYTHE
 SUBDIVISION ~~Howard Estates~~
 SECTION 44 46 LOT 22
 COOKSVILLE
 MILES FROM TOWN (enter 0 if in town) **1.5 MI**

DRILLER INFORMATION
 Robert L. Cline
 Cline & Duvall, Inc
 8093 Hillmark Ct, Frederick 21701
 Robert L. Cline 11-7-94



B 4 OLD FREDERICK
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **600**
 ENTER FT OR MI **FT**

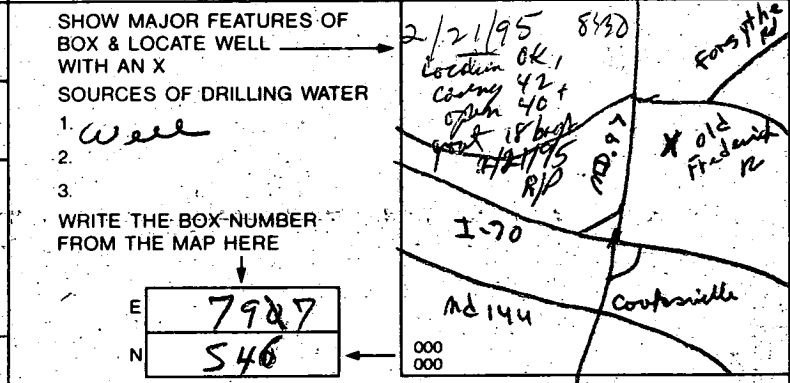
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

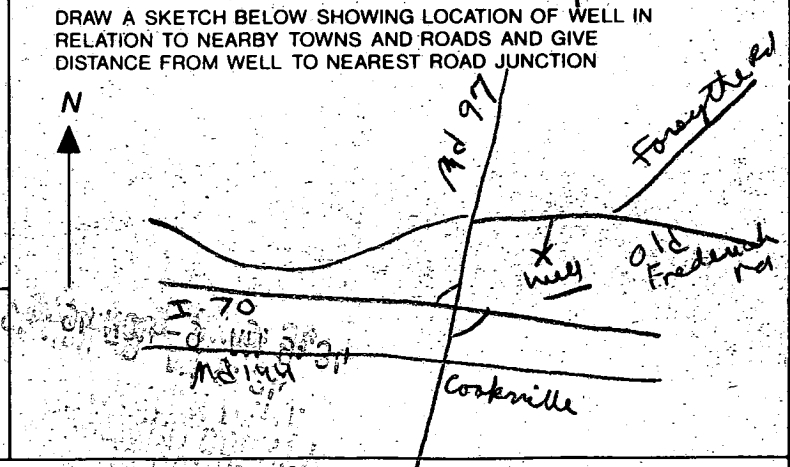
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME
 A 49936 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED **11/30/94**
 CO SIGNATURE
 NORTH GRID **546000** EAST GRID **0797000**

APPROXIMATE DEPTH OF WELL **250** FEET
 APPROXIMATE DIAMETER OF WELL **6** 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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 DEEPEEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



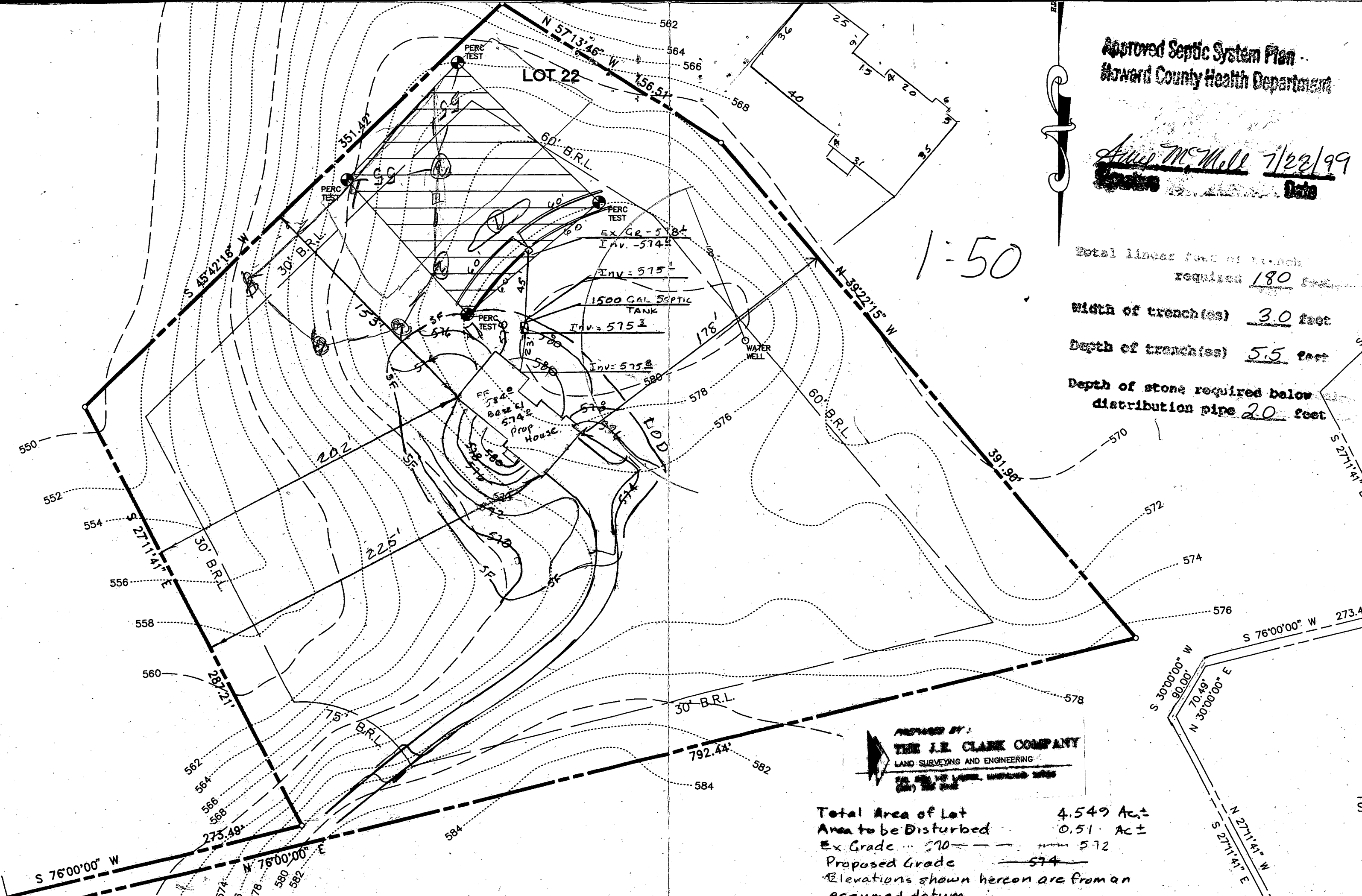
Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT-NUMBER **GAP**
 FORCE **RTA** WRITE INITIALS IN BOX PERMIT No. **HD-94-0251**

Approved Septic System Plan
Howard County Health Department

Ames McWells 7/22/99
Date

1:50

Total linear feet of trench required 180 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.5 feet
 Depth of stone required below distribution pipe 2.0 feet

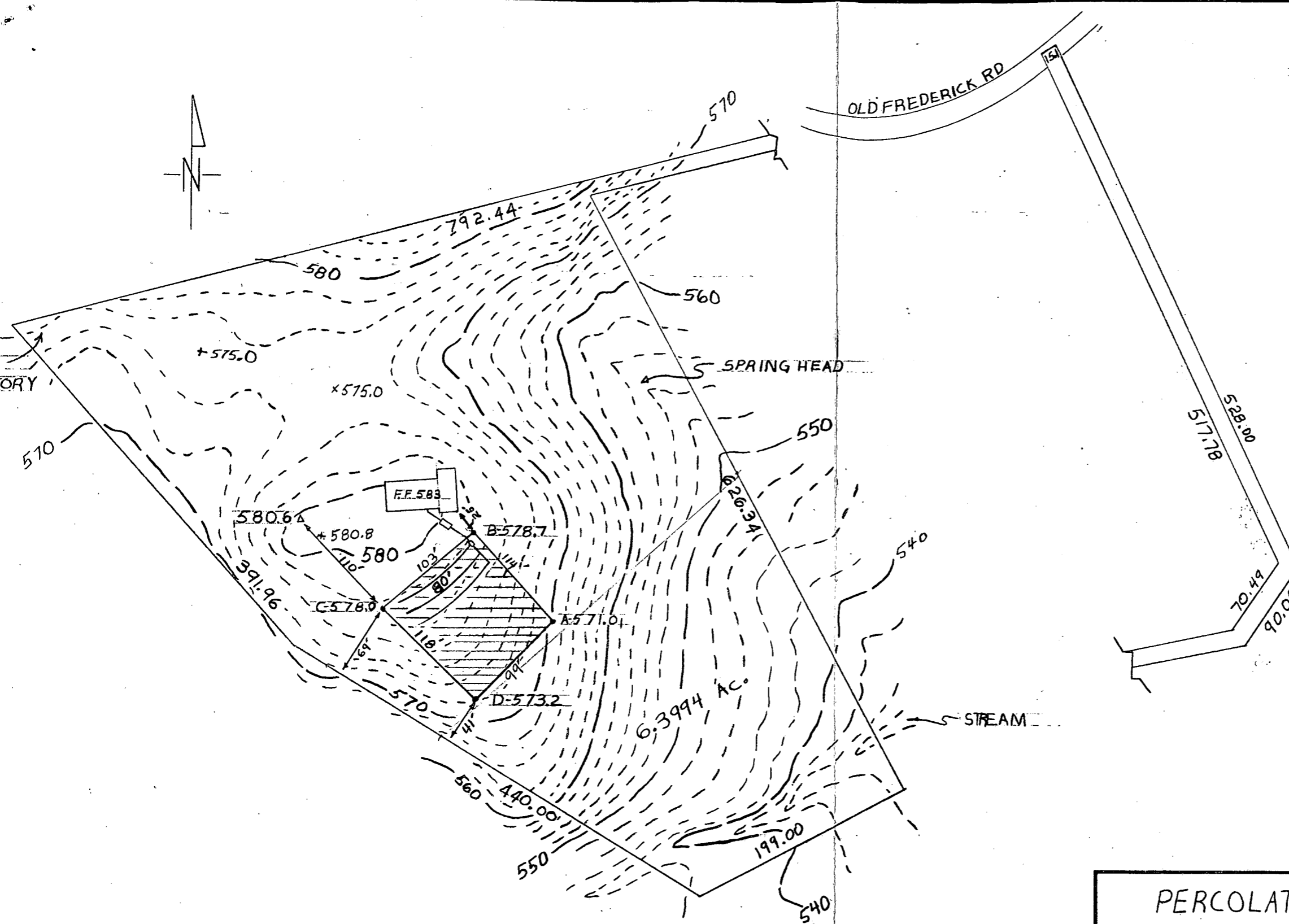


PREPARED BY:
THE J.E. CLARK COMPANY
 LAND SURVEYING AND ENGINEERING
 200 S. 14th Street, Howard County, MD 21286




Total Area of Lot 4.549 Ac.±
 Area to be Disturbed 0.51 Ac.±
 Ex Grade 570 ———— 572
 Proposed Grade 574
 Elevations shown hereon are from an assumed datum.



WET HISTORY



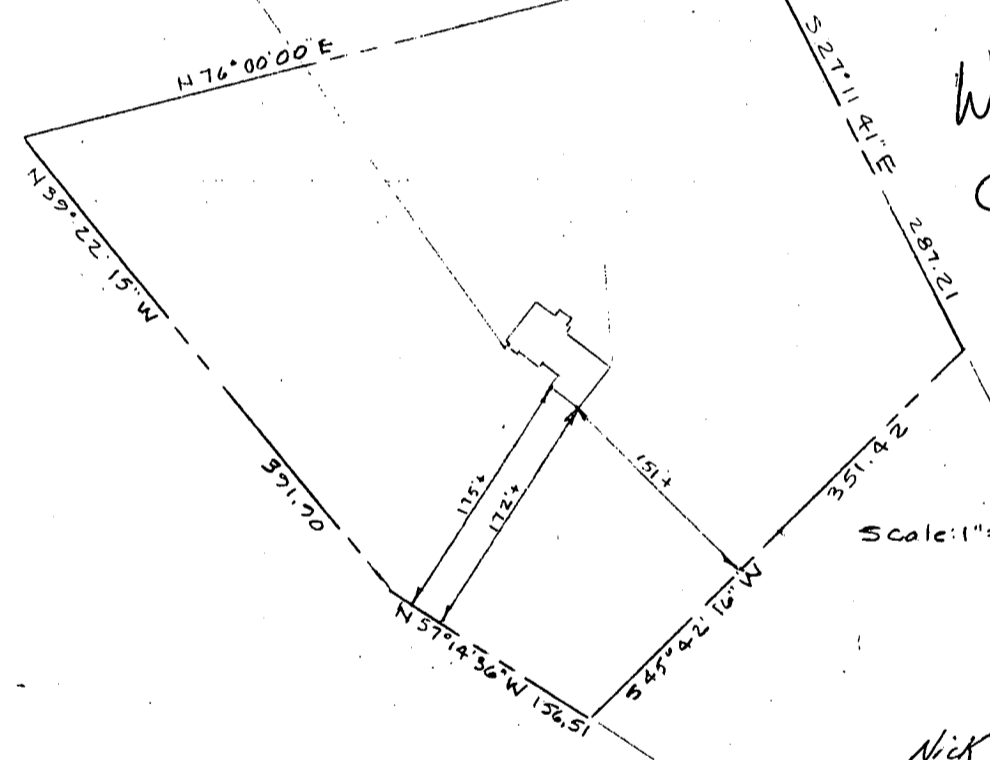
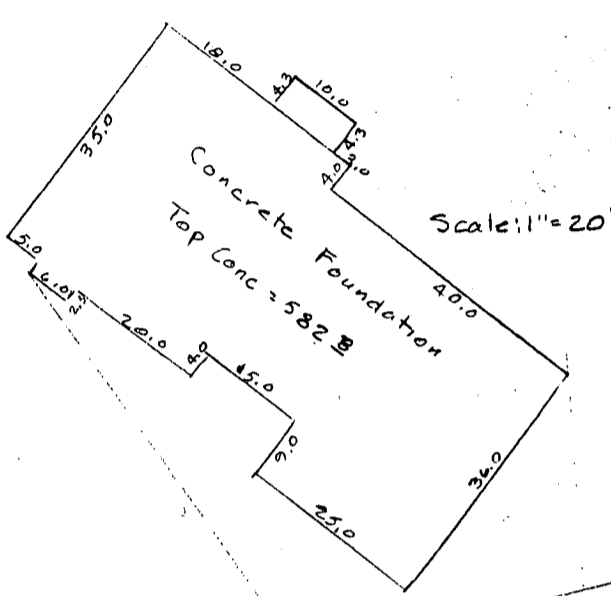
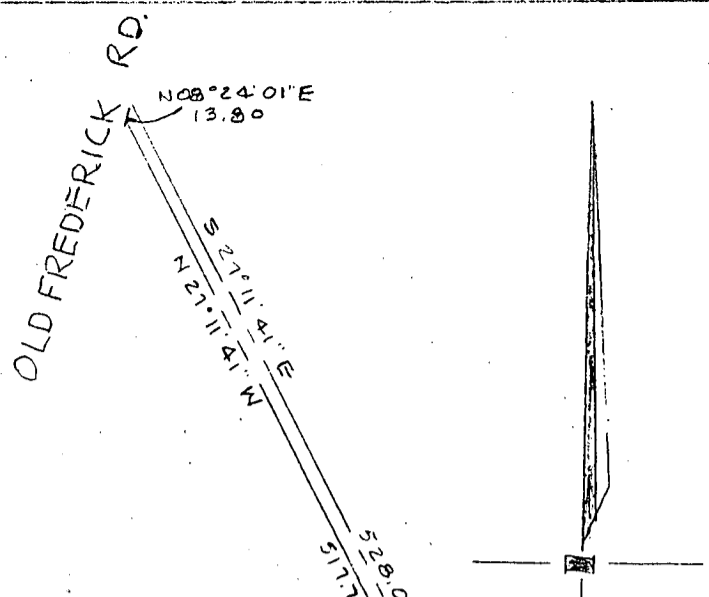
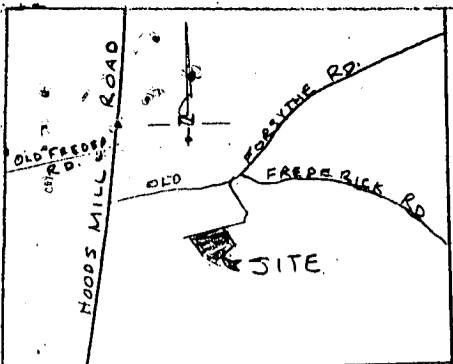
NOTE: THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF PROP. BOUNDARIES.

-  PROPOSED WELL SITE
-  PROPOSED HOUSE SITE
- C-578.0 INDICATES PERC. TEST SITE ELEVATIONS (TYP.)
-  INDICATES 10,000 SQU. FT. AREA RESERVED FOR PRIVATE SEWAGE DISPOSAL SYSTEM. NO STRUCTURE OF ANY KIND MAY BE BUILT UPON THIS AREA, UNTIL PUBLIC SEWER SERVICE IS AVAILABLE TO THIS SECTION OF HOWARD COUNTY.

FORSYTHE ROAD
TAX MAP #8 PARCEL # 324-811-04
4TH ELECTION DIST.
HOWARD COUNTY, MD.

PERCOLATION CERTIFICATION PLAT		
SCALE: 1" = 100'	APPROVED BY:	DRAWN BY TM
DATE: 8-17-94		REVISED 8-26-94
LOT 22 GIFFORD DYE ESTATES		
		DRAWING NUMBER

APPROVED:
FOR PRIVATE WELL
AND PRIVATE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPT
[Signature] 9-20-94
COUNTY HEALTH OFFICER RHP DATE



WALL CHECK
OK W/BP PLAN
MR 11/3/99

Nick + Barbara STAMATAKIS
14289 Old Frederick Rd
WALL CHECK
P/O LOT 22
FORSYTHE ESTATES
Election District 4
Howard County, Md
Scale: As Shown Sept. 1999

SURVEYORS CERTIFICATE
I hereby certify that a careful transit tape survey has been made of the improvements on the property shown herein and that they are, as shown and that there are no encroachments except as shown.

Jack E. Clark
Jack E. Clark
Registered Land Surveyor, MD 4379



PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

"WALK THRU"

C ✓

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B0002466 STAMATAKIS

Building Address: 14289 Old Frederick Rd
Cookesville, MD 21723
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 6040 Subdivision: Forsyth Est.
 Section: _____ Area: _____ Lot: 22
 Tax Map: 8 Parcel: 267 Grid: 12
 Zoning: RC-DEP Map Coordinates: 4E10 Lot size: _____

Property Owner's Name: Nick & Barb Stamatakis
 Address: 14289 Old Frederick Rd
 City: Cookesville State: _____ Zip Code: 21723
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone: 410 436-8746 Fax: _____

Existing Use: Backyard SF Home
 Proposed Use: Swimming Pool
 Estimated Construction Cost: \$ 20,000
 Description of Work: In-ground swimming pool
20x35 Fill by owner
3-6' deep

Contractor Company: Browning Pools
 Contact Person: Chuck Browning
 Address: 23731 Ridge Road
 City: Bermentown State: MD Zip Code: 20876
 License No.: 1377 Phone: _____ Fax: _____

Occupant or Tenant: Nick Stamatakis
 Contact Name: Nick Stamatakis
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 410 436-8746 Fax: _____

Engineer or Architect Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

SEE OTHER SITE PLAN!

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <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: _____	
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: Chuck Browning
 Title/Company: Browning Pools

Print Name: Charles H. Browning, Inc.
 Date: 2-16-00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	<u>2/16/00</u>	<u>[Signature]</u>
State Highways		
Building Official	<u>2/16/00</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>2/16/00</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		<u>2/16/00</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>		

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>75'</u>	<u>42113</u>
Rear: <u>60'</u>	Filing fee \$ _____
Side: <u>30'</u>	Permit fee \$ <u>125</u>
Side St: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>125</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2618</u>
Accepted by <u>[Signature]</u>	Validation # <u>27819</u>

