

10/22/97
10/10/97
10/22/97
10-12
10/23/97
C-00 Am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 59010-D
A 49952-K

DISTRICT _____

DATE 10/10/97

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/23/97

INSPECTOR DS

05-420008

Earl E. Preston, Jr., Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 2228 Engle Road, Fallston, Maryland 21047 PHONE 410-557-8100

SUBDIVISION Brookwood Farm LOT 7 ROAD 8135 Brookwood Farm Road

PROPERTY OWNER Williamsburg Group, LLC

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

~~OLD PERMIT SIGNED~~
~~AND RETURNED~~ 6-4-98
Sept # B17 112158
dick

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 95 feet down the left (239.93') lot line and 80 feet off this same lot line as seen when facing the lot from Brookwood Farm Road.

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

OK KM 7-28-97

PLANS APPROVED BY Donna K. Soe REVISED _____ DATE 07/24/97

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**

~~OLD PERMIT SIGNED~~
~~AND RETURNED~~ 3/14/01
Finish basement
800128930

A 49952 K

APPLICATION

PERCOLATION TESTING

A 49952K

P _____

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

DISTRICT 5

DATE 4/4/94

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 ~~FIRST AMERICAN PROPERTIES OF MD, INC~~ Williamsburg Group
1751 PINNACLE DRIVE
ADDRESS McLEAN, VA 22102 PHONE (703) 231-1155

AGENT OR PROSPECTIVE BUYER CARMAN ASSOCIATES
P.O. BOX 122
ADDRESS ELLICOTT CITY, MD 21041 PHONE (410) 442-1045

PROPERTY LOCATION: NEW LOT 7
SUBDIVISION BROOKWOOD FARMS LOT NO. 8

ROAD AND DESCRIPTION N. SIDE LIME KILN RD. OPPOSITE RESERVOIR RD

(8135 Brookwood Farm Road)
BLDG. PERMIT SIGNED AND RETURNED 7-24-97
SEARCH # 201106732

TAX MAP 40&45 PARCEL # P-1
AND RETURNED 9-24-97
Search # B110824
1-500 gal purpose test.
SIZE OF LOT _____ TYPE BLDG. SINGLE FAMILY DWLG. - 4 Brms
(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 _____

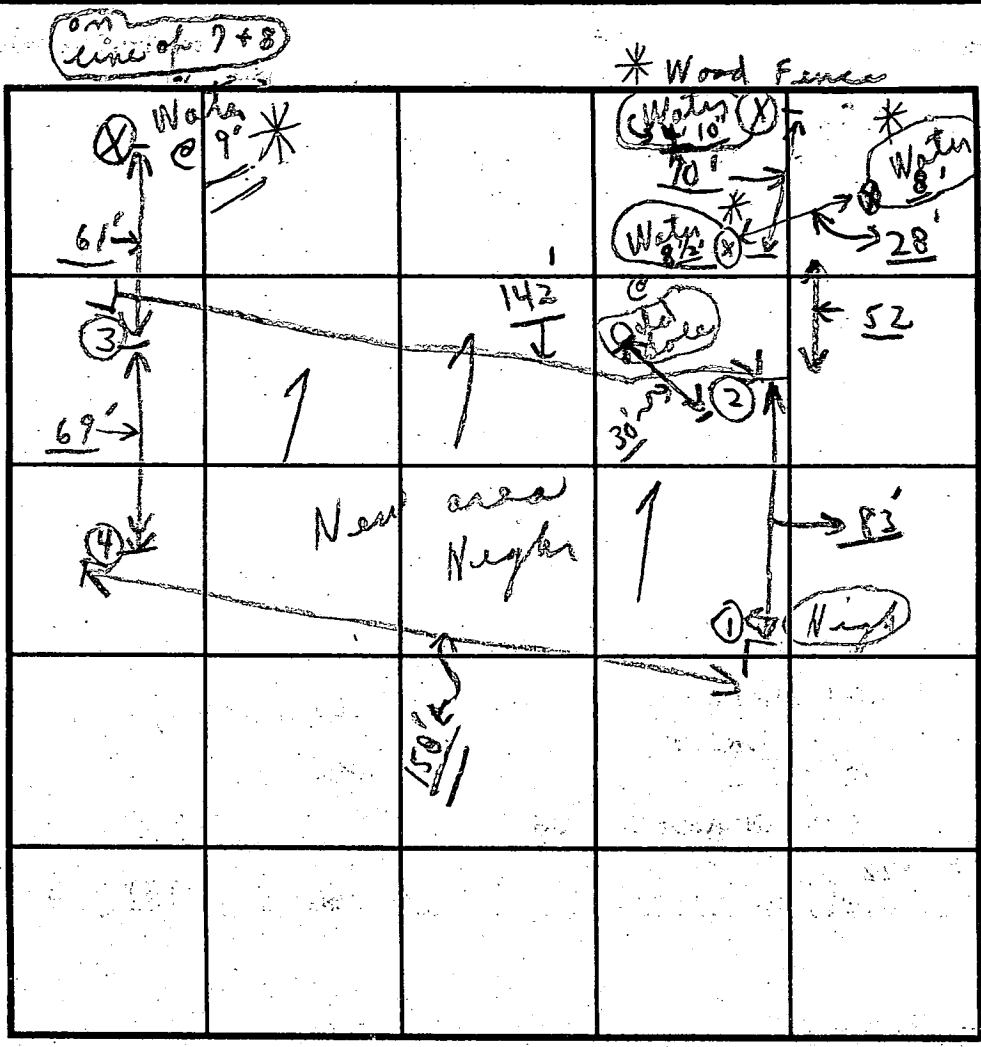
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Assess Lot 2
A49952 K

COUNTY #
LOT # 8
SOIL PROFILE
HOLE # ①

0'-3 1/2'
CLAY
3 1/2'
Sandy
Loam
11'



SOIL PROFILE
HOLE # ④

0'-3' 10"
CLAY
3'-10"
LOAM
DRY
11' 10"

Lot 7+8
F01 ①+⑧

HOLE # ②

0'-3' 8"
CLAY
3'-8"
LOAM
11'
DRY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/19/94	①	3 1/2'	11:30	11:31	11:31	11:32	1 min
	①	11'	0:-				Very sandy
	②	3' 8"	11:34	11:36	11:36	11:39	3 min
	②	11'	0:-				Dry
	③	5'	:	:	:	:	5 min
	③ (Water)	12 1/2'	0:-	NOT DRY			(See #3 of Lot 7)
	④	3'-10"	:	:	:	11:11	2 min
	④	11'-10"	0:-				Dry Loam (See #11 of Lot 7)

REMARKS 4/19/94 Test per above

TYPE OF SOIL _____
 TESTED BY C.B. et al. ALSO PRESENT { PHIL }
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH _____
 INLET DEPTH 4' MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

HOLE # ③
 0'-5'
 CLAY
 5' to
 LOAM
 at 12 1/2'
 * Water

FOR LOTS 7+8

B 1 1908
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-0969
70 fill in this form completely 79

Date Received (APA) 100695
OWNER INFORMATION
CARMAN ASSOCIATES
PO BOX 122
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
BROOKWOOD FARMS
SECTION 44 46 LOT 7 48 50
FULTON
MILES FROM TOWN 1 MI

DRILLER INFORMATION
Joseph L. MAYWE
5512 Ridge Rd. Mt. Airy MD. 21771
10/6/95

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
TOWN
NEAR WHAT ROAD: BROOKWOOD FARM RD.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST
DISTANCE FROM ROAD: 20 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)
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)

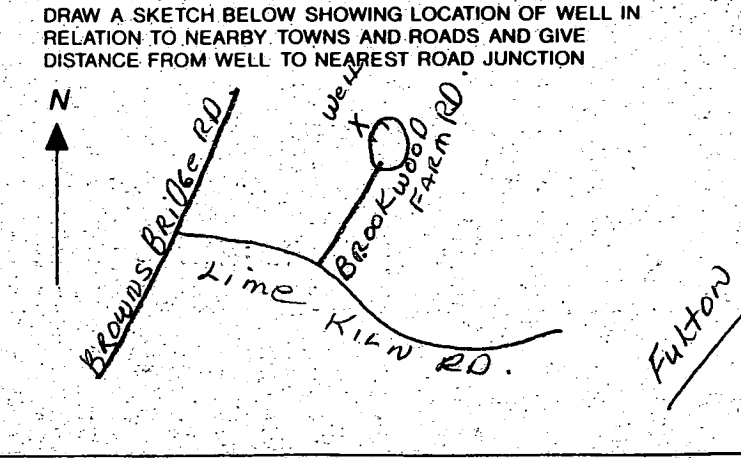
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 49952 K
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 102896
NORTH GRID 480000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
8186
480

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

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 DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller. (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS IN BOX DS PERMIT No. HO-94-0969

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

C1 7870

SEQUENCE NO. (MDE 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. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49952K

STACO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

103196

405

HO-94-0969

OWNER: Carman Associates, STREET OR RFD: Brookwood Farm Rd, TOWN: Fulton, SUBDIVISION: Brookwood Farms, SECTION: , LOT: 7

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 FROM TO check if water bearing

Table with 3 columns: Description, Feet, Check. Rows: Sand (0-91), Gray Mica Rock (91-405)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 33 NO. OF POUNDS: 3102

GALLONS OF WATER: 198

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 82 ft.

CASING RECORD

Casing types insert appropriate code below: ST (Steel), CO (Concrete), PL (Plastic), OT (Other)

MAIN CASING TYPE: SH, Nominal diameter: 6, Total depth: 96

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

SCREEN RECORD

screen type or open hole insert appropriate code below: ST (Steel), BR (Brass), PL (Plastic), HO (Open Hole), OT (Other)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Production)

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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 27

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

C2 DEPTH (nearest ft.)

Table with 3 columns: Depth, Diameter, Slot Size

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 002.8

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 36 ft.

WHEN PUMPING: 32.5 ft.

TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

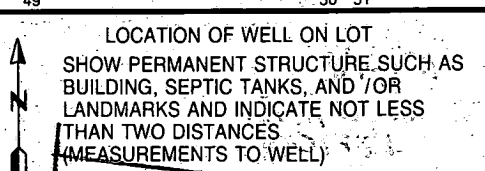
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2



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

10/22/97
WPT - ok to cover
P.A. 3.5' below grade
Casing 1.0' above grade
has 2 piece cap km

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 10/10/97

Name of Installer EARL E. PRESTON JR

Telephone 410 557-8100

License Number PI 0070

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner _____

Telephone _____

Subdivision BROOKWOOD FARMS Lot # 7

Well Tag # HO-94-0969

Site Address 8135 BROOKWOOD FARM RD

Pump

- Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
- Make STA-RITE
- Model # _____
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards _____ Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
a. 110 _____
b. 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 48"

Tank

- Capacity _____
- Pressure relief valve? 75 lbs

Piping

- Type _____
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 4'

Well data

- Depth 405' ft.
- Yield 2.8 GPM
- Static water level 36 ft.
- Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

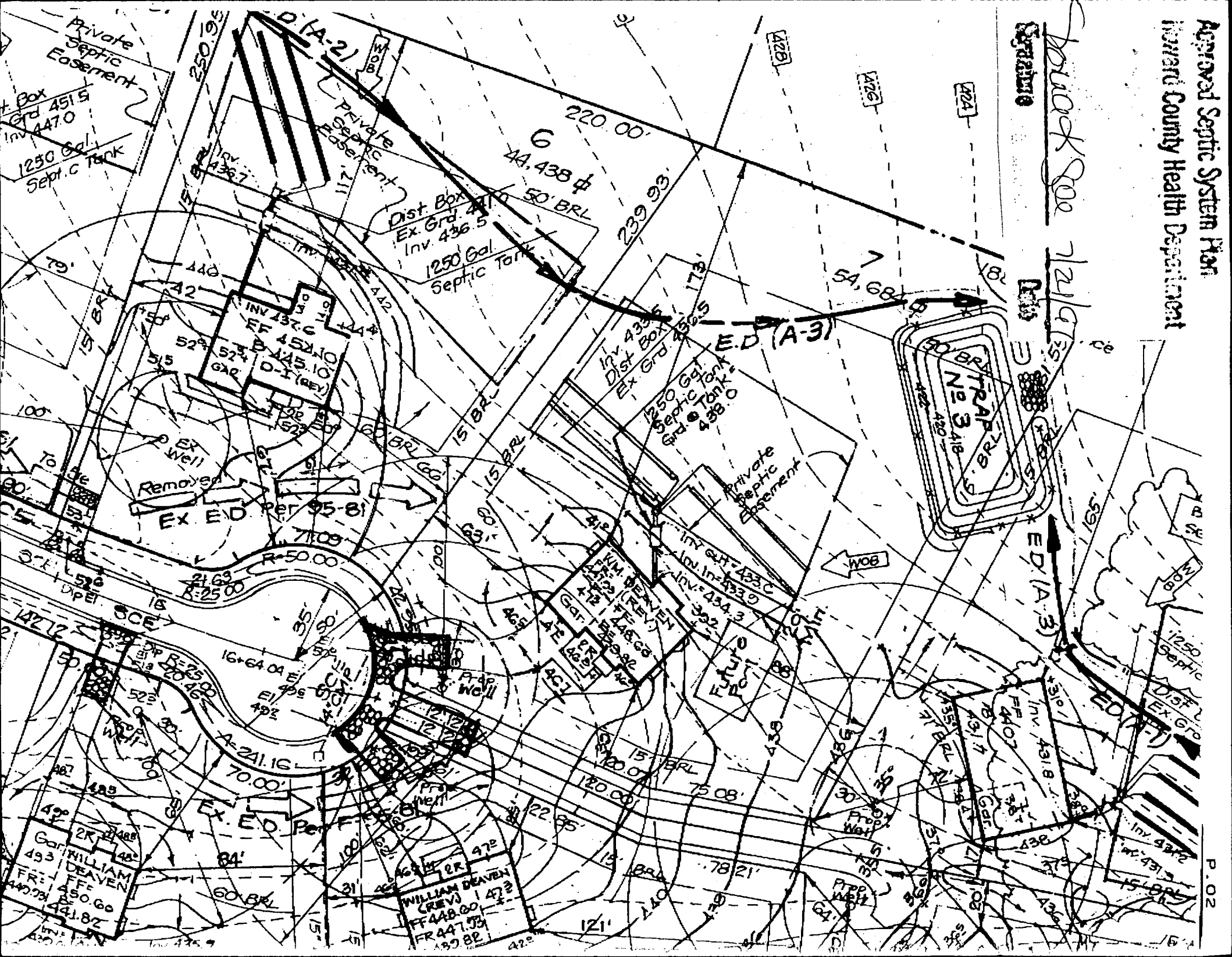
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10/10/97

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

Approved Septic System Plan
Howard County Health Department



Black Box 7/21/95

ED (A-3)

ED (A-3)

ED (A-3)

ED (A-3)

Private Septic Easement

Dist. Box Ex. Grd. 436.5
1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

1250 Gal. Septic Tank

Dist. Box Ex. Grd. 436.5
1250 Gal. Septic Tank

Dist. Box Ex. Grd. 436.5
1250 Gal. Septic Tank

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1250 Gal. Septic Tank

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1250 Gal. Septic Tank

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1250 Gal. Septic Tank

Dist. Box Ex. Grd. 436.5
1250 Gal. Septic Tank

WILLIAM DEAVEN (REV.)
FF448.00
FR447.75
482.82

GAR WILLIAM DEAVEN
FF448.00
FR447.75
441.82

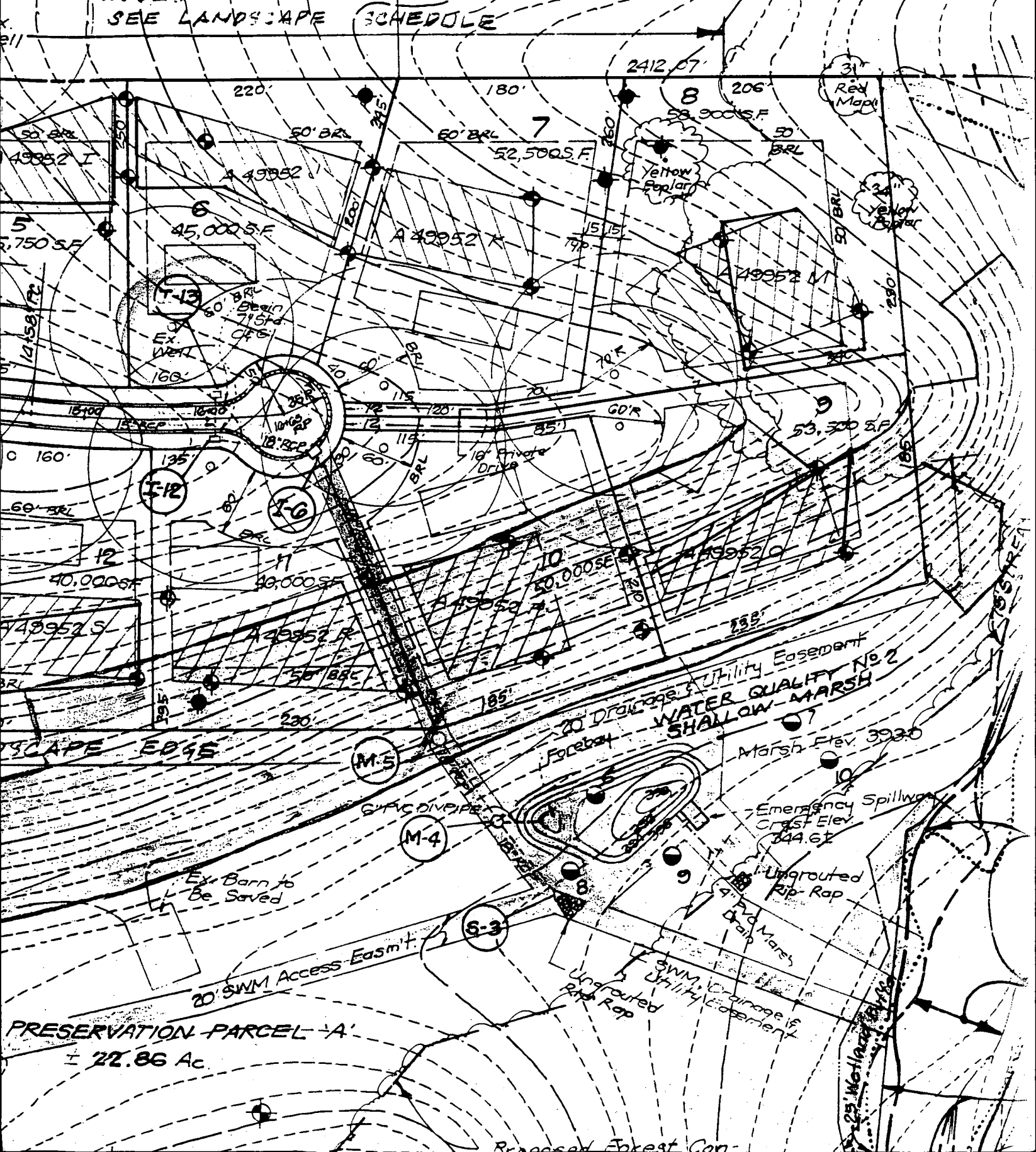
GAR WILLIAM DEAVEN
FF448.00
FR447.75
441.82

copy of signed Prelim

DONALD G. & A.M. FENTRESS
1735 / 580

SEE LANDSCAPE SCHEDULE

420 421 422 423 424 425 426 427 428 429 430 431 432



LANDSCAPE EDGE

PRESERVATION PARCEL - A
± 22.86 Ac.

20' Drainage & Utility Easement
WATER QUALITY No 2
SHALLOW-MARSH

20' SWM Access Easment
6" AC CONCRETE FOREBAY

Emergency Spillway
Crest Elev. 344.62
Ungrouted Rip-Rap
SWM Utility Easement

Processed Forest Con-



Building Address 8135 BROOKWOOD FARM DR
Fulton MD 20759

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

Census Tract 6061.0 Subdivision Brookwood Farm

Section _____ Area _____ Lot 7

Tax Map 40 Parcel 1 Grid 24

Zoning RR-DEO Map Coordinates 15E4 Lot size _____

Property Owner's Name M/M ALLEN GELLIS

Address 8135 BROOKWOOD FARM RD

City FULTON State MD Zip Code 20759

Home Phone 301 725 8923 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
BAPS / R.D. ROHLFS
PO BOX 473
MONKTON, MD. 21111
 Phone 410 935 0281 Fax 410 343 0495

Existing Use SFD

Proposed Use SFD / BASEMENT

Estimated Construction Cost \$ 20,000

Description of Work FINNISH BASEMENT to
INCLUDE PLAYROOM, EXTRA SIZE RM,
STUDY, GUESTROOM, & BATH

Contractor Company CLOCKWORK BLDES

Contact Person John Riley

Address 1003 DAY RD

City SIKESVILLE State MD Zip Code 21784

License No. 70347

Phone 410 412 3678 Fax 410 412 4088

Occupant or Tenant 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 DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>32+53</u>	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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 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 THEREON; (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 R.D. ROHLFS

Title/Company _____

Print Name R. D. ROHLFS

Date 3-14-01

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		
State Highways		
Building Official	<u>3/16/01</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/16/01</u>	<u>mark riffin</u>
Fire Protection	<u>4/1</u>	

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

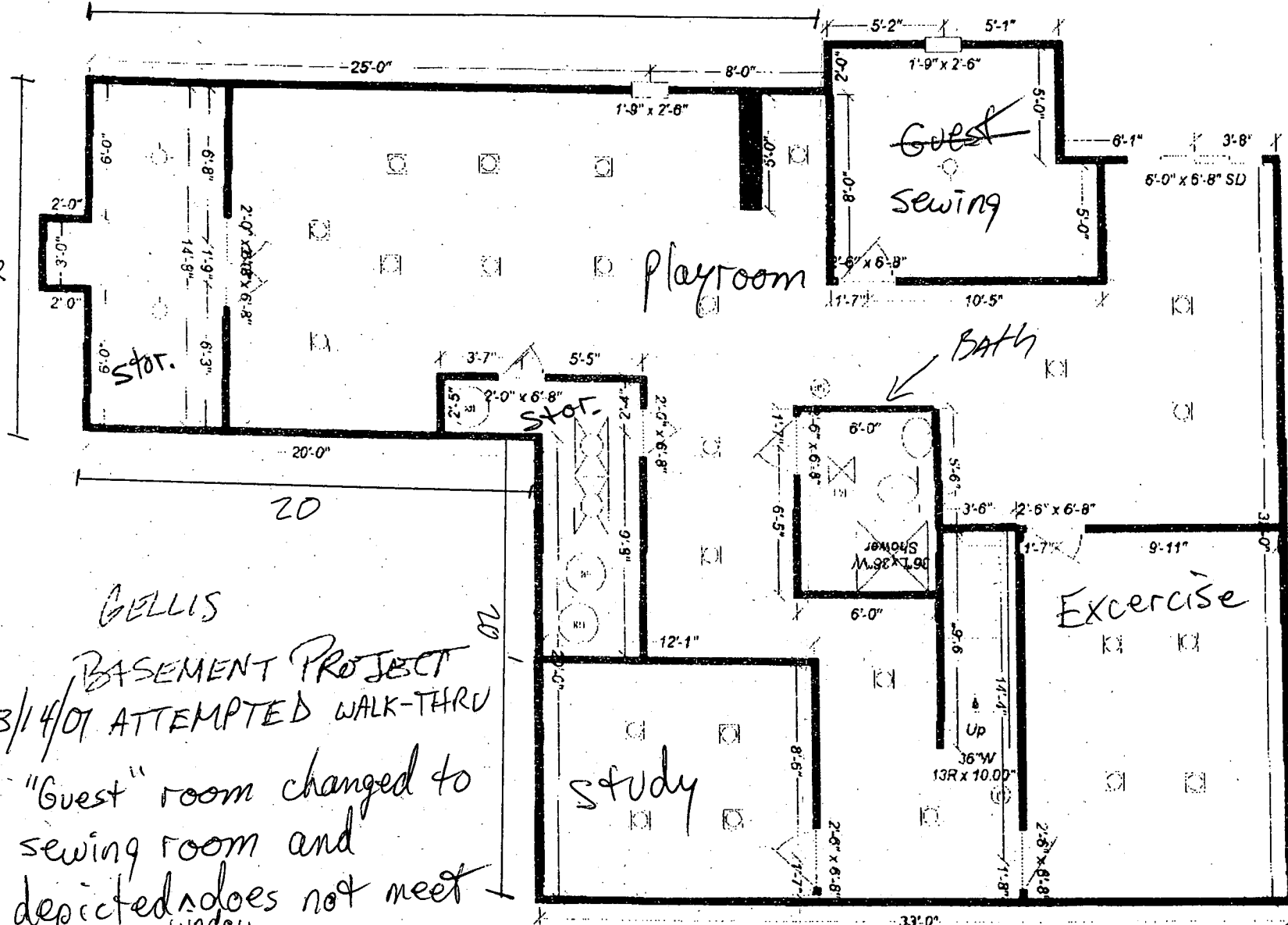
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>30727</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>125</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>125</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2691</u>
Accepted by <u>[Signature]</u>	Validation # <u>36780</u>

Square Foot 1300

33'

20'

FROM : Steven R. Sherman
FAX NO. : 410-789-8288
Mar. 05 2001 10:46 P1



GELLIS
 BASEMENT PROJECT
 3/14/01 ATTEMPTED WALK-THRU
 "Guest" room changed to
 sewing room and
 depicted does not meet
 window
 all criteria for fire egress (min 5 ft total area)
 NO OBS. to proposal (MR)

33

32