

6/17/98  
amco. K BE... (11)

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510139

A 49989-G

DISTRICT 5th

DATE 5-13-98

DATE SYSTEM APPROVED 6/17/98

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XX451100XX~~ 410-313-2640

**INDEXED**

05-425948

Jack Fyock IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Hyde Property LOT 7 ROAD 12304 Hydeaway Court

PROPERTY OWNER Cornerstone Homes, Inc. Eric King

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 160 feet from front lot line and 15 feet off right property line as viewed from Hydeaway Court. Install trenches on contour toward left property line.

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

PLANS APPROVED BY Ronald J. Pinkley DATE 5/04/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

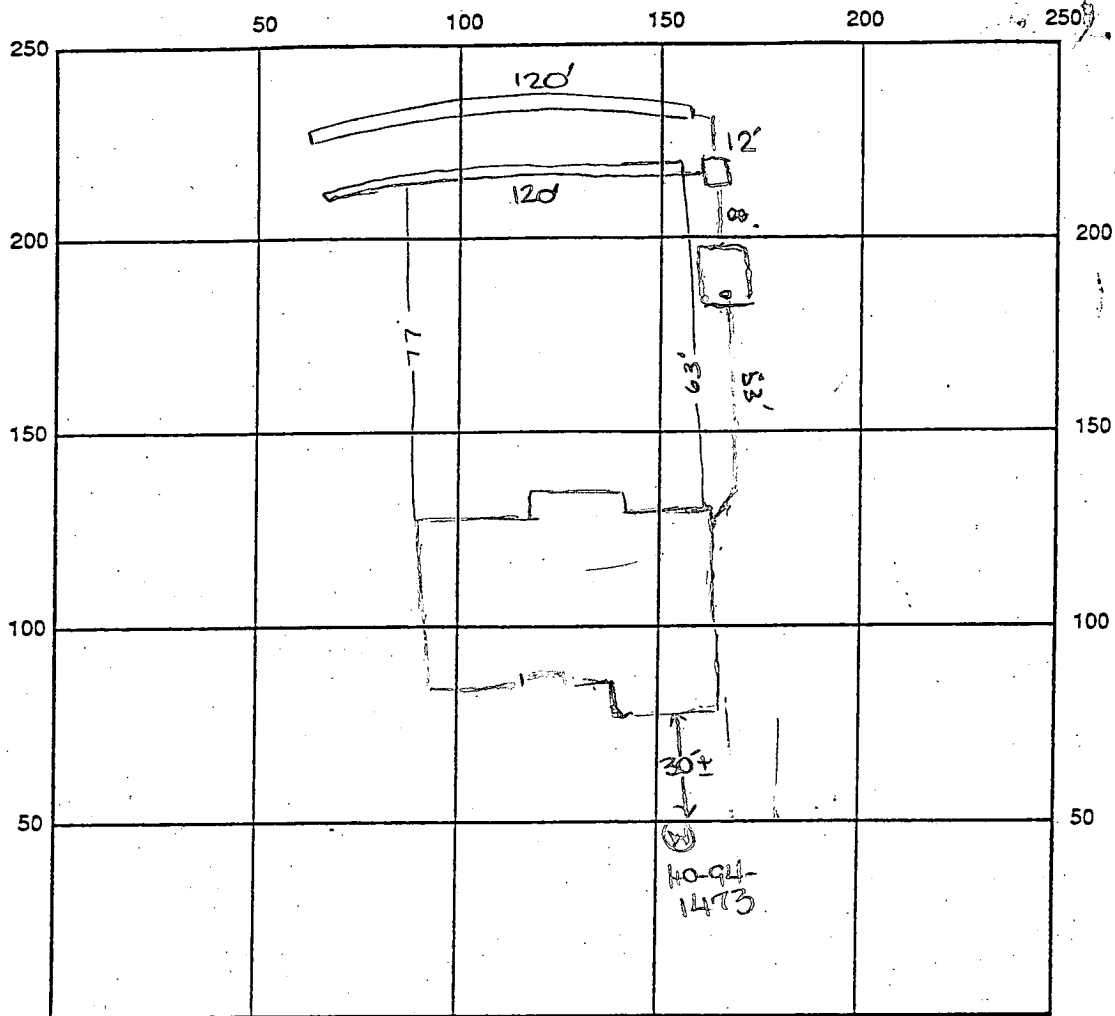
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
AND RETURNED 12-2-98  
Scott # B70115278 - deck  
BLDG. PERMIT SIGNED  
AND RETURNED 12-2-98  
Scott # B70115280 -  
Interior Alteration -  
Basement

49989-G



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gal. CLEANOUTS 1 clean out at septic tank  
 DISTRIBUTION BOX LEVEL OK baffle is in  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x120 FT. → 240  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA — SQ. FT.

REMARKS: 6/16, OK to cover trench 1 HS.  
6/17/08 FINAL INFO - OK to cover all work as completed -  
sufficient materials at site. DKS

DATE SYSTEM APPROVED 6/17/08 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 49989G

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/26/94

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 H & A CONSTRUCTION CORP <sup>CONCRESTONE ATTORNEY INC</sup> INC to AL PROCOPIO

ADDRESS 1046 Annapolis Rd. Gambrills MD PHONE (301) 621-7888

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER INC. <sup>21054</sup>

ADDRESS 9171 Balto. Natl. pike ellcott city PHONE 461-2855  
MD. 21042

PROPERTY LOCATION: **HYDE PROP.**

SUBDIVISION MD. RT 216 & PETRILLO DRIVE LOT NO. 7

ROAD AND DESCRIPTION \_\_\_\_\_

(12304 HYDEAWAY COURT)

TAX MAP 40 PARCEL # 133

NO PERMIT SIGNED  
AND RETURNED 5-4-98  
Serial # 27011357  
S.F.D. - y/Bmm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 1 AC. TYPE BLDG. \_\_\_\_\_

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. Zacharia y. Fisch  
(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

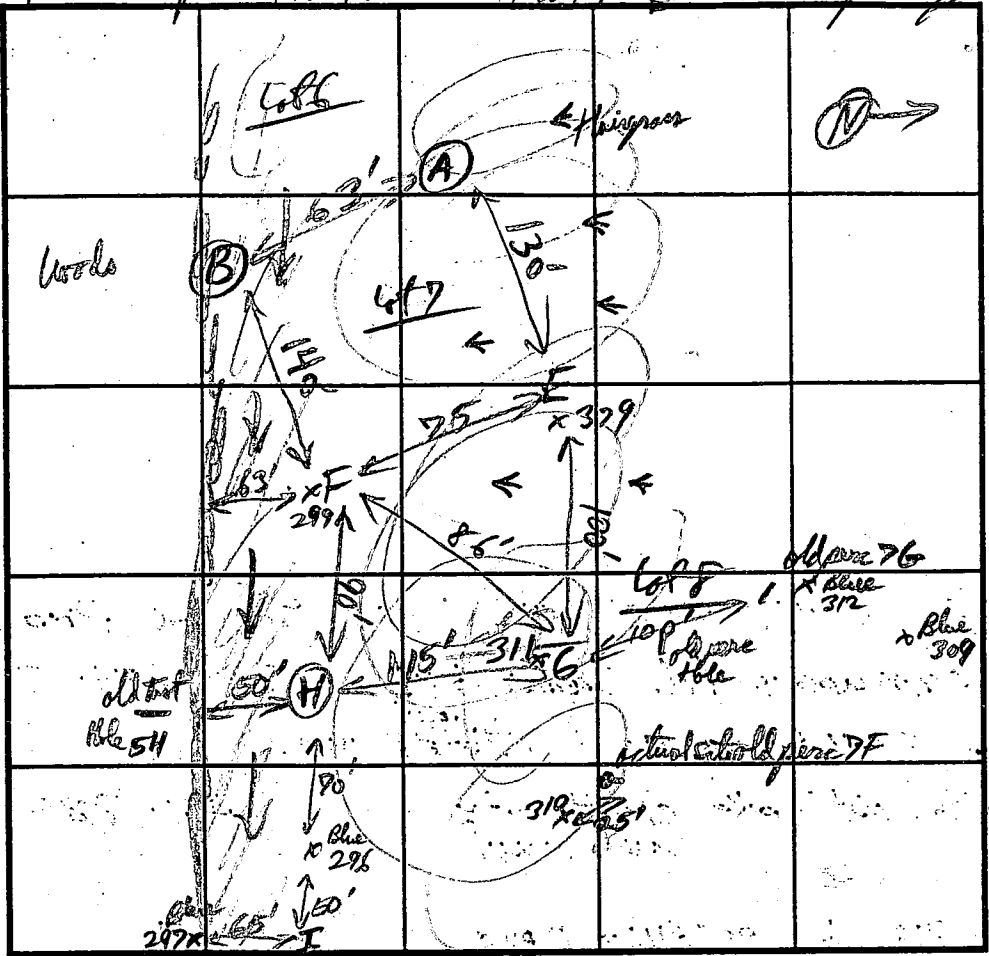
lot 7 499896 (Notes taken from 49989E and 49989F (lots 5 & 6 respectively))

COUNTY #

SOIL PROFILE

0' 379 E  
 1/2' div brn No. 1  
 silc  
 3' Red Clay - silc  
 Transition  
 3 1/2' yel - yel brn  
 Mix  
 5L  
 spongt

299 F



SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/94	A	1/12 4 1/2	(see 49989E)	(lot 5)			3 min
	B	1/12 5					4 min
	379 E	4 1/2	(see 49989 F)	(lot 6)			2 min
	(old 5H)	1/12					
	299 F	3 1/2					12 min
		1/12					

REMARKS: Beware of High water tables further downhill in woods (see old test hole 5H and lower)

TYPE OF SOIL: cherty

TESTED BY: R. Miller

ALSO PRESENT:

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 6 min TRENCH WIDTH: 3

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

C1 05068

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)

ST/CO USE ONLY DATE RECEIVED 7-30-98

DATE WELL COMPLETED 04 01 98

Depth of Well 22 400 26 (TO NEAREST FOOT)

COUNTY NUMBER A49889 G PERMIT NO. FROM "PERMIT TO DRILL WELL" No-94-1973

OWNER Cornerstone Homes STREET OR RFD 12304 Hydeaway Ct first name TOWN Fulton SUBDIVISION Hyde Property SECTION LOT 7

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Fill dirt (0-3), Top soil (3-6), Brown mica (6-60), mica Gray (60-75), SAND stone mica (75-78), SAND stone mica (78-120), Gray mica (120-130), SAND stone mica (130-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 64 ft.

CASING RECORD

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 73

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.) 1 2 400 71 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) 56 60 from to

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 75 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 235 ft. 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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 below LAND SURFACE 2 (nearest) foot

NUMBER OF UNSUCCESSFUL WELLS: 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 LIC. NO. MW D 040 DRILLERS SIGNATURE George F. Easterday

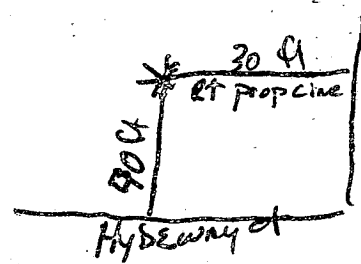
LIC. NO. MW D 585 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 2444 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-94-1473  
 fill in this form completely

Date Received (APA) 2/18/98  
 OWNER INFORMATION RN 7372  
 8 MM DD YY  
 15 Last Name Cornerstone Homes Owner First Name 34  
 36 Street or RFD 9691 Norfolk Ave 55  
 57 Town Laurel, Md. 20723 70 State 72 Zip 76

B 3 LOCATION OF WELL CCH  
 8 COUNTY Howard 21  
 23 SUBDIVISION Hydeway Manor Hyde Property 42  
 SECTION 44-46 LOT 7 48 50  
 52 NEAREST TOWN Fulton 71  
 MILES FROM TOWN (enter 0 if in town) 1 M I  
 73 76 77 78

DRILLER INFORMATION  
 76 Driller's Name George F. Easterday M WD 040 81 License No.  
 Firm Name L. Franklin Easterday, Inc.  
 Address 9265 Brown Church Rd., MT. Airy, Md. 21771  
 Signature George F. Easterday Date 2/14/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 NEAR WHAT ROAD Hydeway Ct (12304) 30  
 34 50 37 DISTANCE FROM ROAD 50 Ft. 38 39  
 ENTER FT. OR MI  
 TAX MAP: 40 BLK: 18 PARCEL 133

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

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 APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

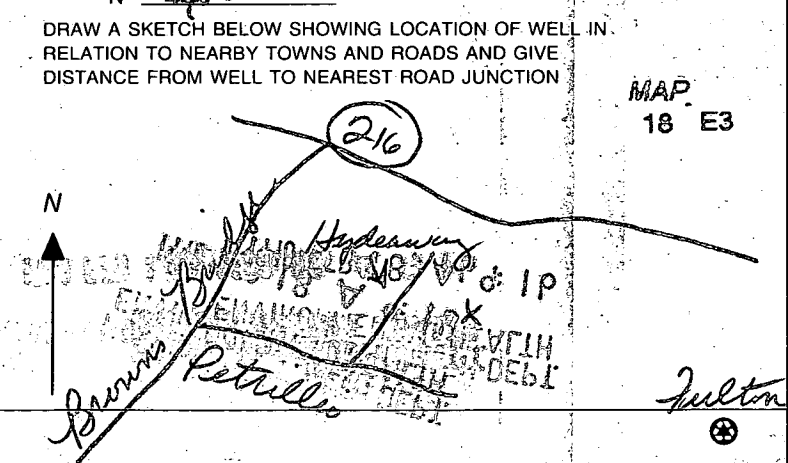
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. A 49989G  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
 DATE ISSUED 03/11/98 CO-SIGNATURE hand signed EXP. DATE 3/1/99  
 43 MM DD YY 48 NORTH GRID 482000 EAST GRID 0815000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. wells  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 8105 000 000  
 N 4802

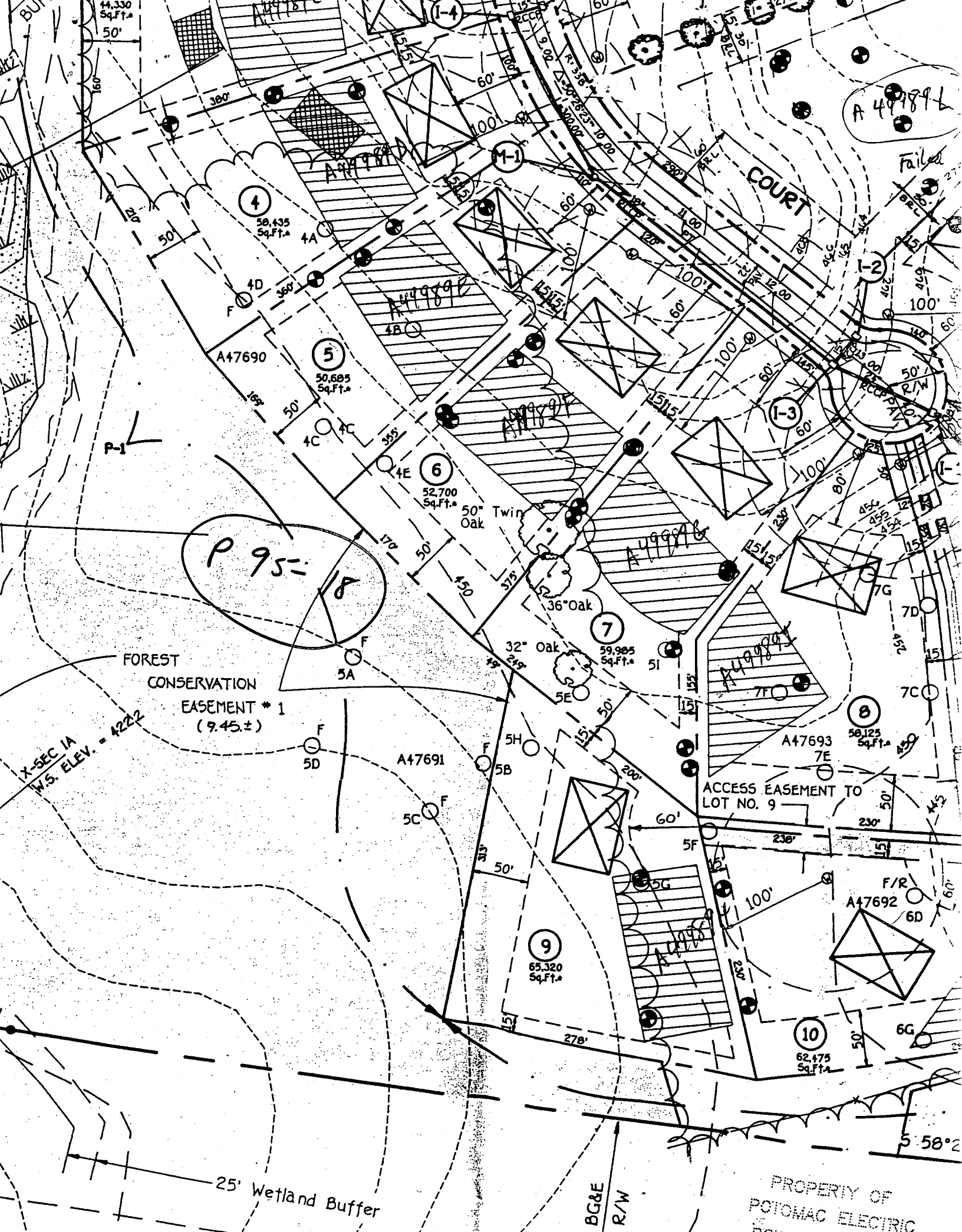
METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 other \_\_\_\_\_

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 DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER HO 96 G A P 013 54 63  
 FORCE RP WRITE INITIALS IN BOX PERMIT No. HO 94-1473  
 67 68 70 71 72 73 74 75 76 77 78 79





14,330  
Sq.Ft.±

50'

4  
50,435  
Sq.Ft.±

5  
50,605  
Sq.Ft.±

6  
52,700  
Sq.Ft.±

7  
59,905  
Sq.Ft.±

8  
50,125  
Sq.Ft.±

9  
65,320  
Sq.Ft.±

10  
62,475  
Sq.Ft.±

FOREST  
CONSERVATION  
EASEMENT # 1  
(9.45±)

X-SEC 1A  
W.S. ELEV. = 4222

ACCESS EASEMENT TO  
LOT NO. 9

25' Wetland Buffer

BG&E  
R/W

PROPERTY OF  
POTOMAC ELECTRIC

A 49989A

A 49989B

A 49989C

A 49989D

A 49989E

A 49989F

A 49989G

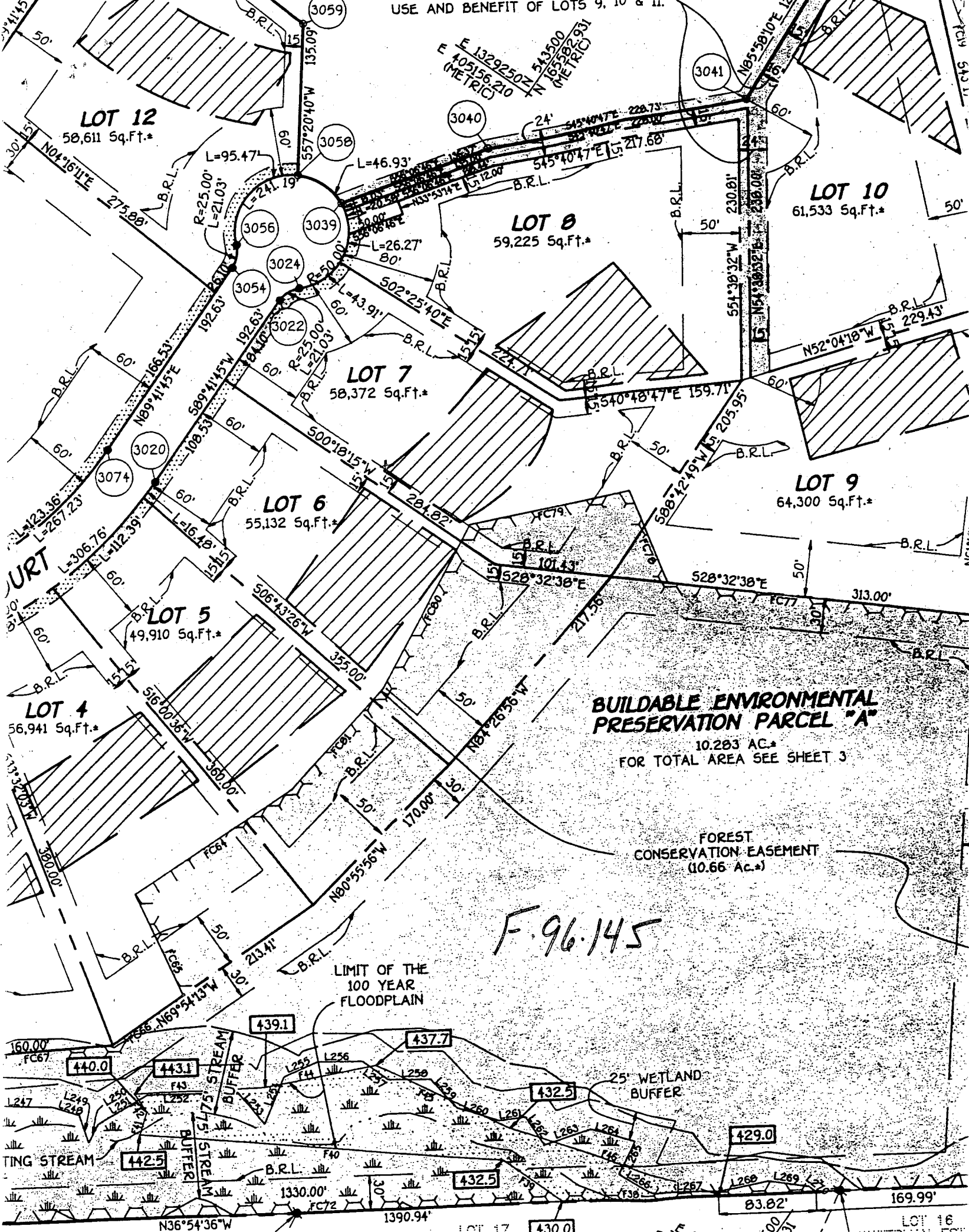
Failed

COURT

P 95=18

5 58°2

USE AND BENEFIT OF LOTS 9, 10 & 11.



**LOT 12**  
58,611 Sq.Ft.\*

**LOT 8**  
59,225 Sq.Ft.\*

**LOT 10**  
61,533 Sq.Ft.\*

**LOT 7**  
58,372 Sq.Ft.\*

**LOT 6**  
55,132 Sq.Ft.\*

**LOT 9**  
64,300 Sq.Ft.\*

**LOT 5**  
49,910 Sq.Ft.\*

**LOT 4**  
56,941 Sq.Ft.\*

**BUILDABLE ENVIRONMENTAL  
PRESERVATION PARCEL "A"**

10.283 AC.\*  
FOR TOTAL AREA SEE SHEET 3

FOREST  
CONSERVATION EASEMENT  
(10.66 AC.\*)

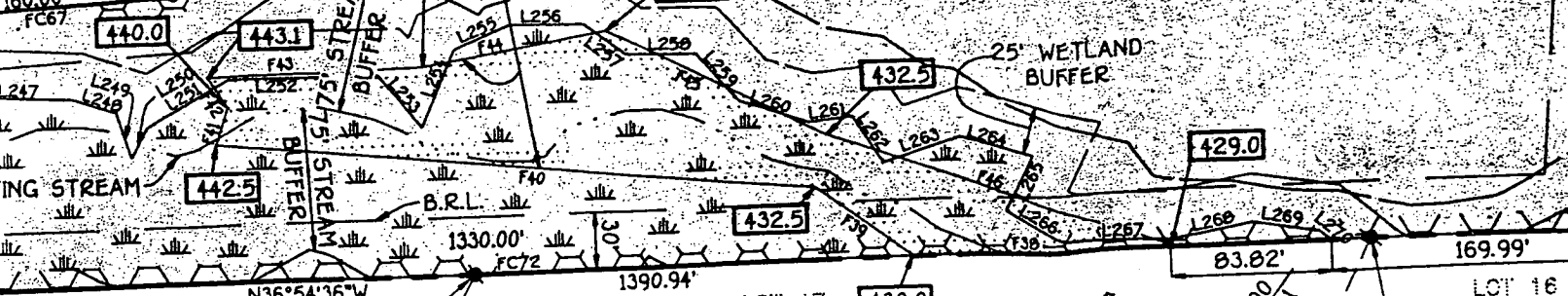
F.96.145

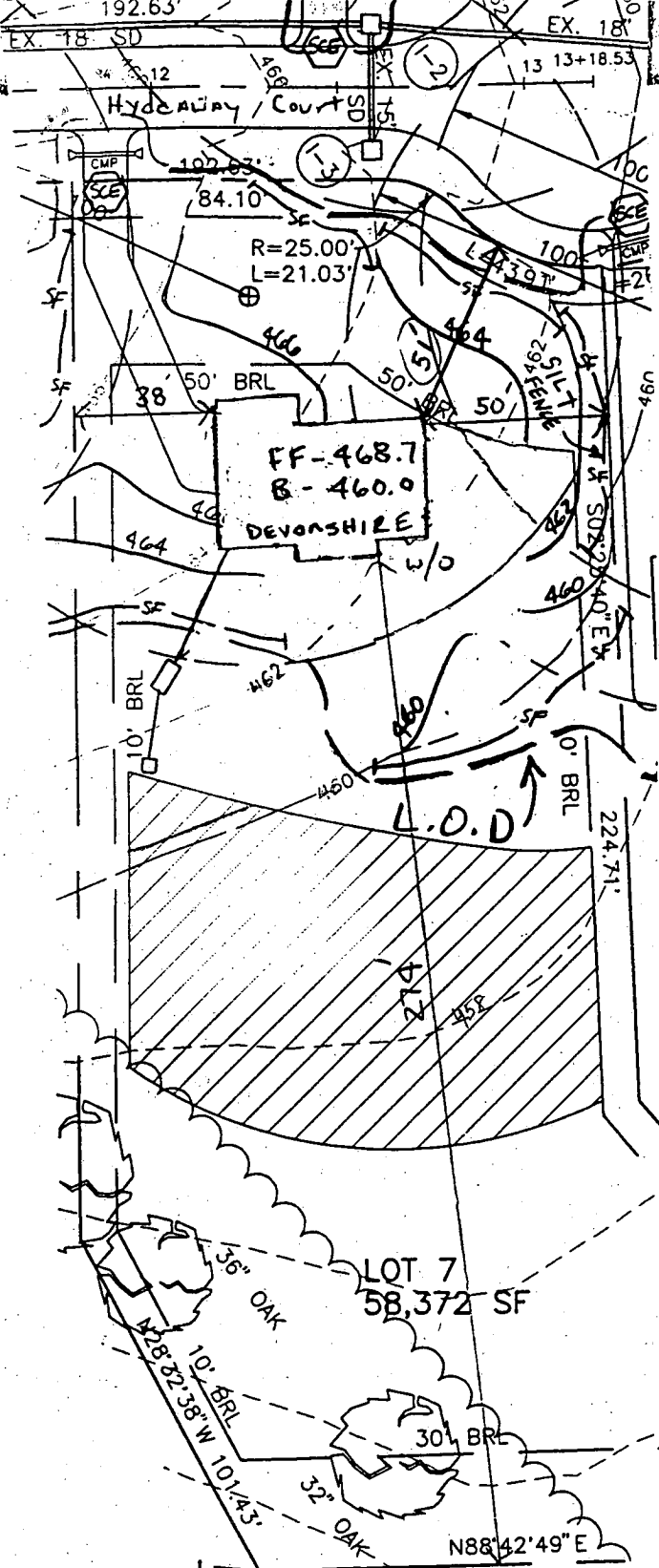
LIMIT OF THE  
100 YEAR  
FLOODPLAIN

25' WETLAND  
BUFFER

STREAM  
BUFFER

STREAM





Septic Elevations

House out - 459.0  
 TANK IN - 458.6  
 TANK OUT - 458.3  
 BOX IN - 458.0  
 BOX OUT - 457.7 } 3.3  
 EXIST ELEV. - 461.0  
 Total linear feet of trench required ~~240~~ 240 feet  
 240 Lin Ft total

Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature \_\_\_\_\_ Date 6/4/98

BUILDER:  <b>CORNERSTONE HOMES, INC</b> 9691 NORFOLK AVENUE LAUREL, MD 20723 (410) 792-2565	PROJECT: <b>HYDE PROPERTY</b> LOT 7      12304 Hydeaway CT.
	LOCATION: TAX MAP 40 - PARCEL 133 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
	TITLE: <b>PLOT PLAN</b>
	(Empty space)

AKA HYDEAWAY CT. CR# 1024

Building Address <u>12304 HYDEAWAY CT.</u> <u>HIGHLAND, MD. 20777</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>605102</u> Subdivision <u>HYDE PROPERTY</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>7</u> Tax Map <u>40</u> Parcel <u>133</u> Grid <u>24</u> Zoning <u>RXN0</u> Map Coordinates <u>40</u> Lot size <u>583724</u>	Owner's Name <u>ERIC KING</u> Address <u>12304 HYDEAWAY CT.</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>3018540416</u> Work Phone <u>3016574448</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>SCOTT GODSTREY</u> <u>4228 COLUMBIA ROAD, ELLICOTT CITY MD</u> <u>21042</u> Phone <u>4104610833</u> Fax <u>4104613042</u>
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Existing Use <u>SEH</u> Proposed Use <u>SEH W/DECK</u> Estimated Construction Cost \$ <u>600.00</u> Description of Work <u>20'X16' W/STEPS</u> <u>TO GRADE Deck</u>	Contractor Company <u>HARMONY BUILDERS</u> Contact Person <u>CHRIS BROWN</u> Address <u>4228 COLUMBIA ROAD</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>50245</u> Phone <u>4104610833</u> Fax <u>4104613042</u>
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Occupant or Tenant <u>ERIC KING</u> Contact Name _____ Address <u>12304 HYDEAWAY COURT</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>3018540416</u> 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>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <small>Depth Width</small>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	Other: <u>PT WOOD DECK</u> Dimensions: <u>20x16</u> Footings: <u>POST &amp; PILE</u> Roof: _____	Sprinkler system: <u>N/A</u> <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.

W. Scott Godstrey  
 Applicant's Signature Print Name  
AGENT/HARMONY BUILDERS, INC. 12-2-98  
 Title/Company 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 <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <u>12/2/98</u> <input checked="" type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <u>12/2/98</u> <input type="checkbox"/> Fire Protection	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St. _____ 30' minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" 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 New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>35475</u> Filing Fee \$ _____ Permit Fee \$ <u>30</u> (10 sq. ft. <input type="checkbox"/> (15 sq. ft. <input type="checkbox"/> Excise Tax \$ _____ (40 sq. ft. <input type="checkbox"/> (80 sq. ft. <input type="checkbox"/> TOTAL FEES <u>30</u> Check # _____ Validation # _____ Accepted by: _____
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