

1-31-96  
3:00 clo  
3-4-96  
WPT

04-347382

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56405

A 37535

DISTRICT 4th

DATE 4/22/96

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED 2/1/96

INSPECTOR KS

### INDEXED

Hatfield's Equipment IS PERMITTED TO INSTALL  ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland 21737 PHONE 301-854-6172

SUBDIVISION The Knolls LOT 9 ROAD 3525 Shady Lane

PROPERTY OWNER Thomas H. Lawrence/Cathleen F. Werow

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

**BLDG. PERMIT SIGNED**

**AND RETURNED** 1-21-99

*Serial # B70115817  
deck + gzybo.*

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 618.55 and 167.18 lot lines, place distribution box 25 feet up the 167.18 lot line and 180 feet off that same lot line. Run trenches on contour toward the 167.18 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 102395 DKS*

PLANS APPROVED BY Amy McMillen DATE 6/12/95

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

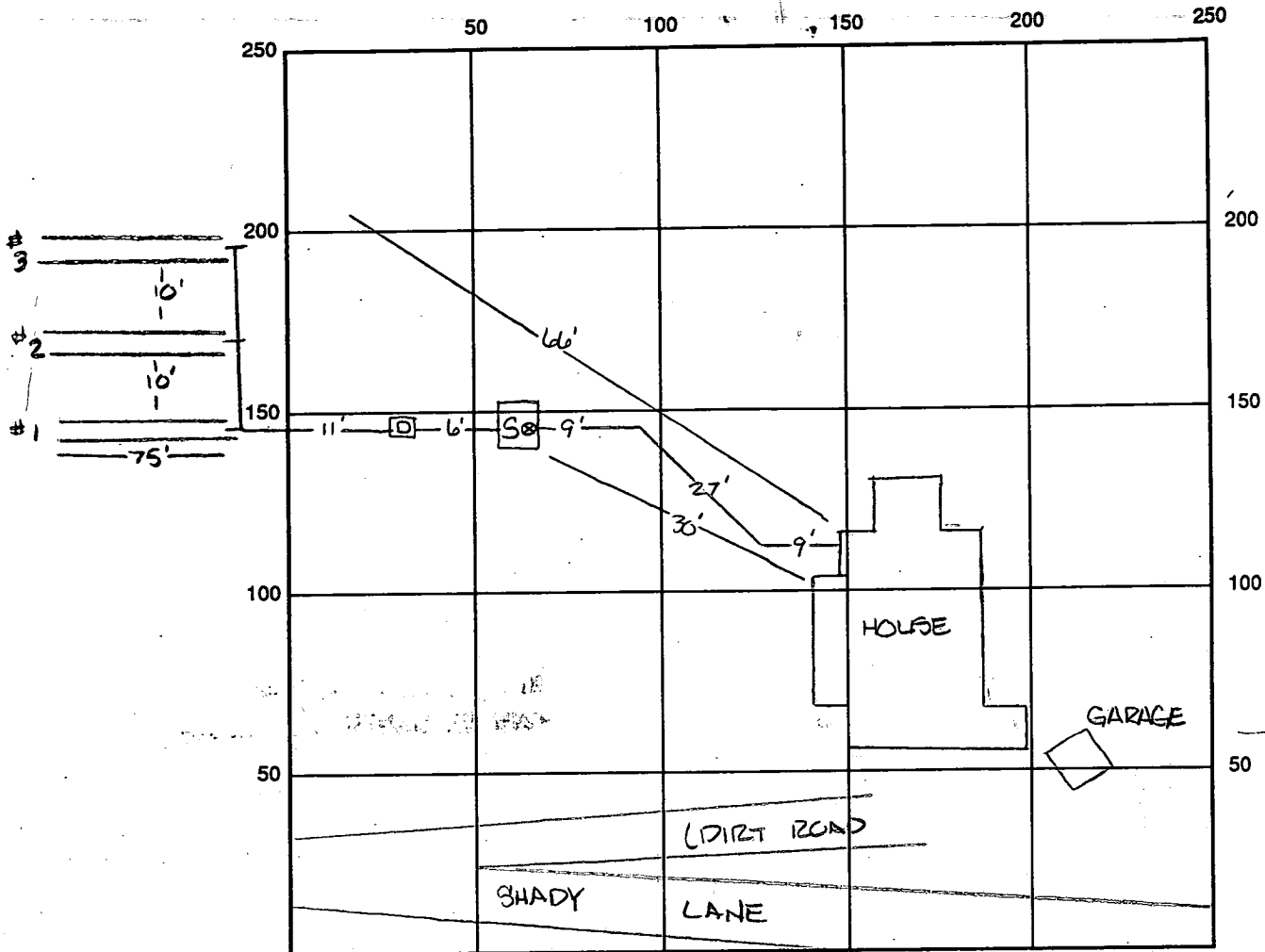
**BLDG. PERMIT SIGNED**

**AND RETURNED** 5/8/96

*Serial # 64765  
proper tank*

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

A  
37535



SEPTIC TANK LEVEL YES CLEANOUTS 1 NOTED

DISTRIBUTION BOX LEVEL YES / BAFFLE NOTED

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 225 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: OK TO COVER TRENCH #3 FOR ACCESS TO #2 1/31/96

REQUEST INSPECTION FOR 1200 MOUNT ON 2/1/96 Dylus 1/31/96

3/4/96 WPI OK - P.A. 42" below grade. OK to cover. DKS

DATE SYSTEM APPROVED 2/1/96 INSPECTOR Keith Dykes

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37535

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE August 15, 1986

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 Justice Tract Joint Venture

ADDRESS 12116 Arbie Road, Silver Spring, MD 20904 PHONE 752-7878

PROPERTY LOCATION:

SUBDIVISION ~~Sister Property~~ The Knolls LOT NO. 95

ROAD AND DESCRIPTION Shady Lane, 2,000 ft. south of Burntwoods Road

**BLDG. PERMIT SIGNED  
AND RETURNED 8-18-95**  
Serial #'s 60130 and  
3 S.F.D 5 bams 60131

SIZE OF LOT 14 ac TYPE BLDG. \_\_\_\_\_  
(NUMBER OF BEDROOMS)

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.

*John Rowland*  
(SIGNATURE OF APPLICANT)

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

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

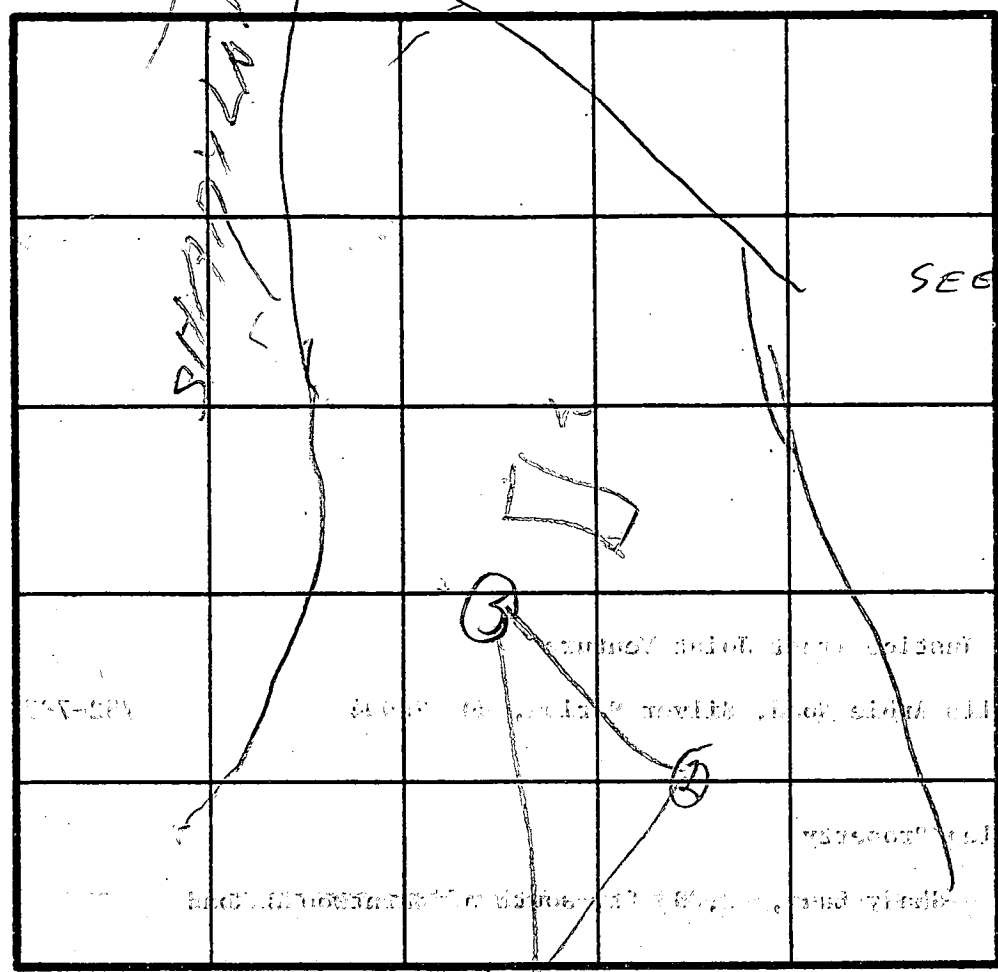
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/7/86 Dig More Rock & Water R/W  
Lot lines to be changed

# THIS IS NOT A PERMIT

Lot 6

Lot 6



SEE OUT

SOIL PROFILE

0  
 3  
 BROWN CLAY  
 GRAY & BROWN SAND LOAM  
 13  
 13 1/2  
 WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

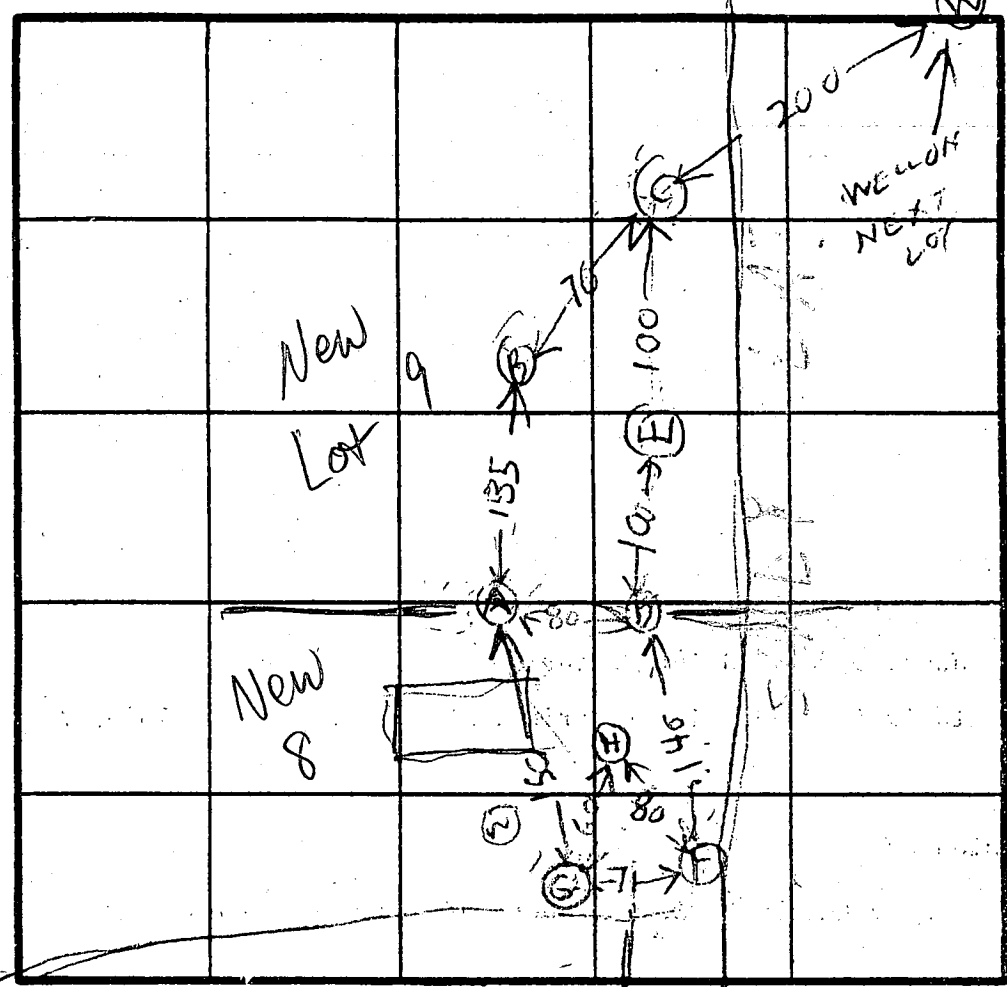
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/7/86	1V	13.5	WATER HOLD FOR	13 FE	NET SE	290	
10/7/86	2V		ROCK				
10/7/86	3V		ROCK				

REMARKS: Note (1)(2)(3) DUG PERS SURVEYOR STAKES LOT LINES TO BE CHANGED SEE SHEET FOR LOTS

TYPE OF SOIL: TESTED BY: B. HUNGES ALSO PRESENT: Z. KETTERMAN S

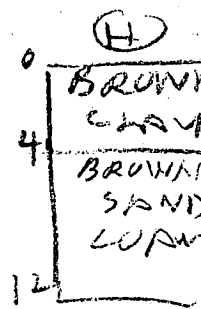
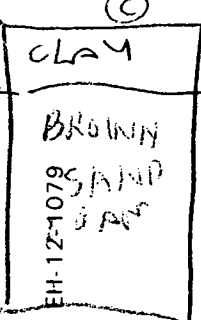
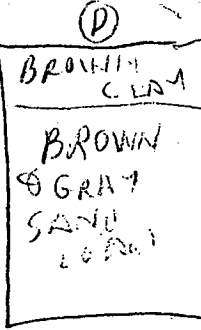
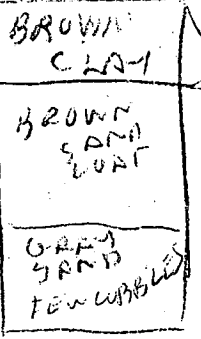
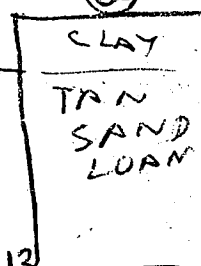
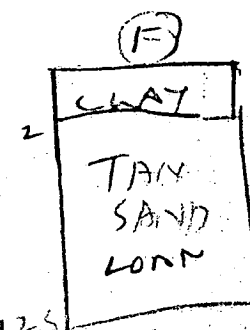
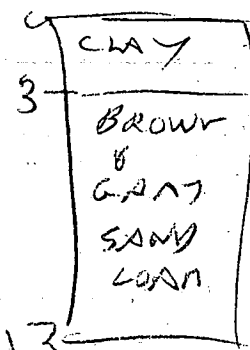
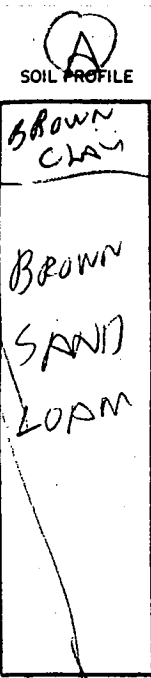
BEC  
AD ~~XXXX~~ for LOT # 89

House Lot 7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE.

SHADY LA



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
10/7/66	AS	4	1012	1015	1015	1019	4
	AV	13.5	OK				
	BS	3	1017	1020	1020	1028	6
	BV	13	OK				
	DS	4	1027	1031	1031	1040	9
	DV	13	OK				
	CS	4.5	1048	1049	1049	1051	2
	CV	7.5	1048	1054	1054	1100	6
	CV	12	OK				
10/7/66	EV	13	OK				
10/9/66	FS	4	249	250	250	259	9
	FD	7	249	252	252	259	7
	FV	12 1/2	OK				
	GS	2	300	305	305		
	GV	13	OK				
	HV	12	OK				

REMARKS: Holes A B C D dug per surveyor stakes. Hole (E) extra  
 EXTRA HOLES (G) (F) (H) dug because of lines  
 TYPE OF SOIL TO BE CHANGED  
 TESTED BY R. HODGES

ALSO PRESENT OK VERMAN

C1 **2798** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  
 ST/CO USE ONLY DATE Received

**STATE OF MARYLAND**  
**WELL 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 37534**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-94-0641**

OWNER **Lawrence Thomas**  
 STREET OR RFD **Shady Lane** TOWN **Glenwood**  
 SUBDIVISION **The Knolls** SECTION \_\_\_\_\_ LOT **9**

**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	
SAND	0	36	✓
GRAYMICA Rock	36	400	✓

360', 250' dry wells filled in with cement & drilling materials

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **46** NO. OF POUNDS **4324**  
 GALLONS OF WATER **276**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **35** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

**MAIN CASING TYPE**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **39**

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS BRONZE **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **2**  
 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.

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
*Joseph P. Mayne*

LIC. NO. **27**

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

**DEPTH (nearest ft.)**  
**H0** **38** **400**

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min.) **002.2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **34** ft.  
 WHEN PUMPING **320** ft.  
 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 (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)  
**+** above } LAND SURFACE (nearest foot)  
**-** below }

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)  
*See Attached locations*

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0641  
 Location of property (road) shady lane  
 Subdivision The Knolls Lot 9 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J. Mayne Owner Lawrence Thomas

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.  
 Total time 30 min to reach pumping water level 370 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	210'	4 sec.	N/A	15 gpm.
7:30	370	4		150'
7:45	368	34		1.7
8:00	367	34		1.7
8:15	366	34		1.7
8:30	365	34		1.7
8:45	364	34		1.7
9:00	363	34		1.7
9:15	362	33		1.8
9:30	361	33		1.8
9:45	360	30		2
10:00	358	30		2
10:15	361	24		2.5
10:30	361	27		2.2
10:45	361	27		2.2
11:00	360	27		2.2
11:15	360	27		2.2
11:30	360	27		2.2
11:45	360	27		2.2
12:00	360	27		2.2
12:15	359	27		2.2
12:30	359	27		2.2
12:45	359	27		2.2
1:00	359	27		2.2
HD-224 1:15	359	27		2.2
1:30	359	27		2.2

Mr. Tom Lawrence

-2-

INTERIM

~~FINAL~~ CERTIFICATE OF POTABILITY

Based upon installation of an ultraviolet light disinfection system, this certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0641. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department the Maryland Department of the Environment accepts this water well system as required by COMAR 26.04.04.09.

Dates of Treated Water Sample: June 20, 1996

Date of Well Completion: August 18, 1995

Approving Authority

*Donna K. Soe MR*

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

August 12, 1996

Mr. Thomas Lawrence  
3525 Shady Lane  
Glenwood, Maryland 21738

RE: The Knolls, Lot #9  
3525 Shady Lane  
Well Permit #HO-94-0641  
**ULTRAVIOLET DISINFECTION SYSTEM**

Dear Mr. Lawrence:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on March 28, 1996.

The treated water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a Permanent Deviation to that section of the regulation of the condition the ultraviolet light disinfection system effectively maintains the required bacteriologically free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system should be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteriological analysis be performed by a private laboratory certified for water testing.
3. Notification of the above condition should be given to any potential buyer/tenant if you decide to sell or rent your home in the future.

Mr. Lawrence

The Knolls, Lot #9

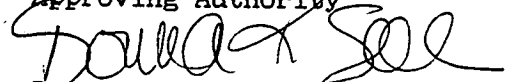
**FINAL CERTIFICATE OF POTABILITY**

Based upon installation of an ultra violet light disinfection system, this certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have met for the water supply system installed under permit #HO-94-0641. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this water well system as required by COMAR 26.04.04.09.

Dates of Treated Water Samples: June 20, 1996  
July 30, 1996

Date of Well Completion: August 10, 1995

Approving Authority



Donna K. Soe, R.S.  
Water and Sewerage Program

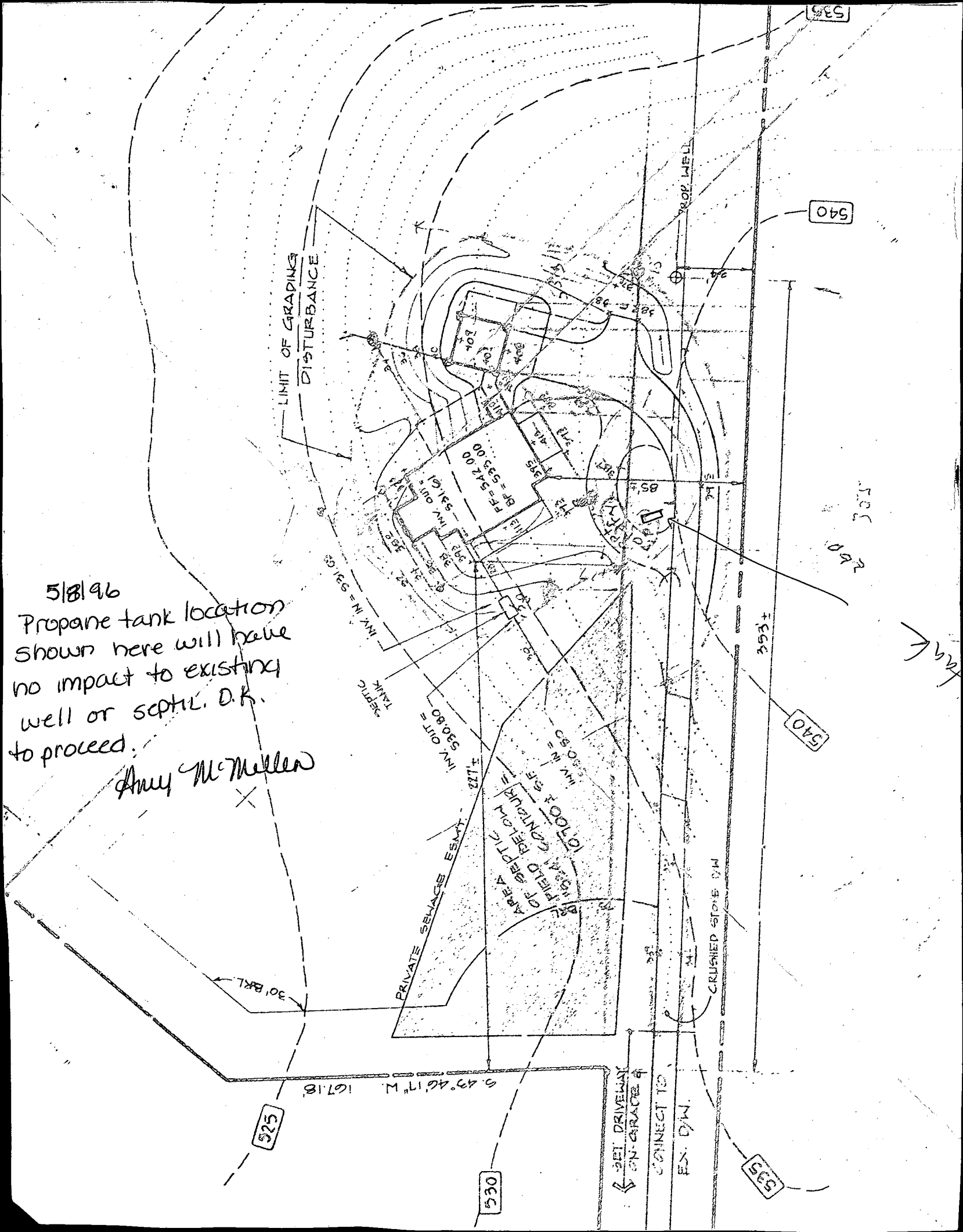
DKS

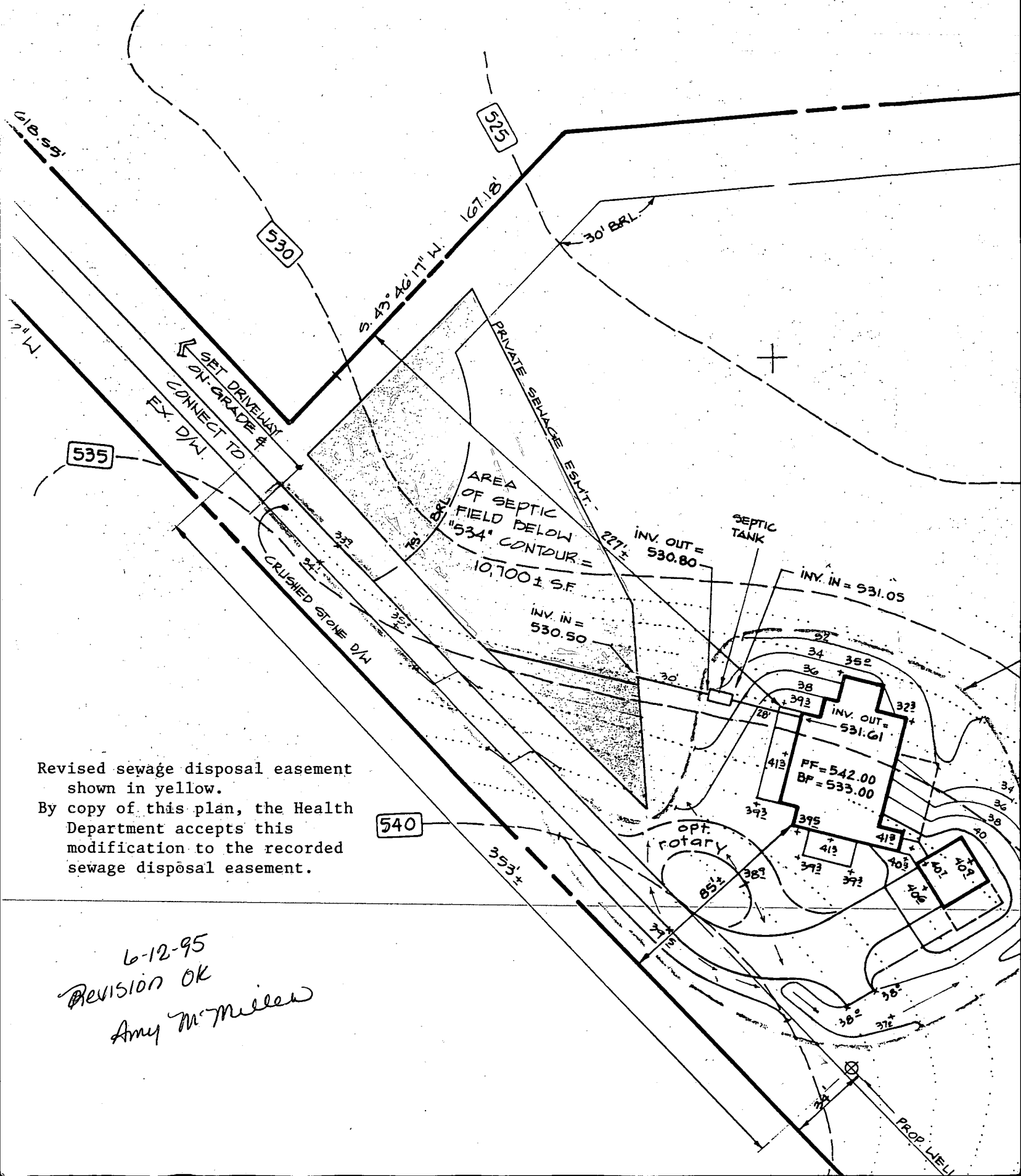
cc: file

5/8/96

Propane tank location shown here will have no impact to existing well or septic. D.K. to proceed.

Amy McMullen





Revised sewage disposal easement shown in yellow.  
 By copy of this plan, the Health Department accepts this modification to the recorded sewage disposal easement.

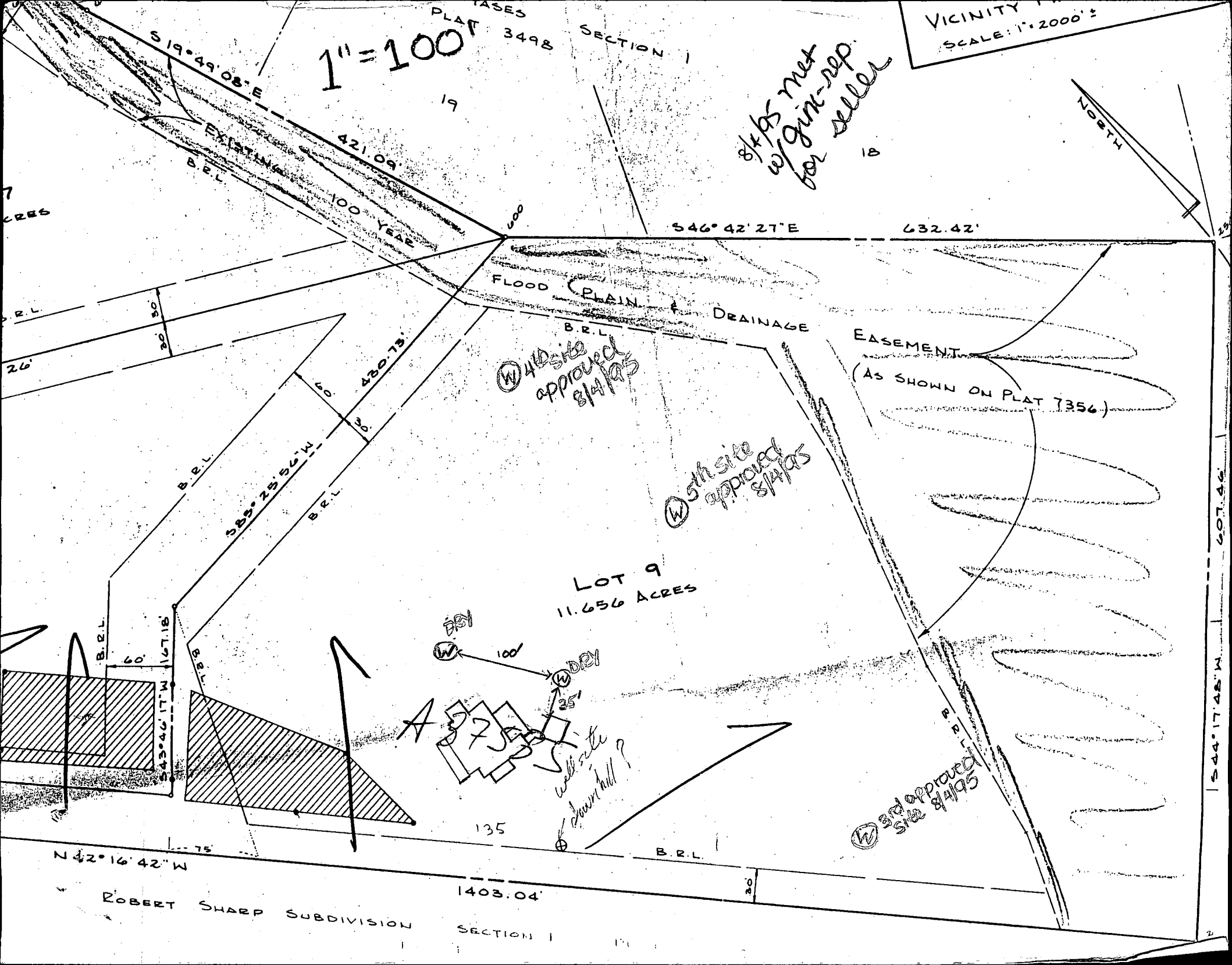
6-12-95  
 REVISION OK  
 Amy M. Miller

VICINITY  
SCALE: 1" = 2000'

1" = 100'

8/4/95 met  
w/ gunt-rep  
for seller

NORTH



PLAT 3498 SECTION 1

S 19° 49' 08" E

421.09

19

S 46° 42' 27" E

632.42'

EXISTING  
B.R.L.

100 YEAR

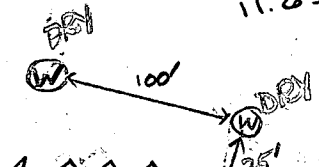
FLOOD PLAIN & DRAINAGE  
B.R.L.

EASEMENT  
(AS SHOWN ON PLAT 7356)

W 4th site approved 8/4/95

W 5th site approved 8/4/95

LOT 9  
11.656 ACRES



well site  
down hill?

W 3rd approved site 8/4/95

N 42° 16' 42" W

1403.04'

ROBERT SHARP SUBDIVISION

SECTION 1

S 44° 17' 48" W

2

Building Address 3575 Shady Lane  
Howard MD 21738  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision The Knolls  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9  
Tax Map 01 Parcel PS Grid 11  
Zoning RT Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Tom Lawrence  
Address 3575 Shady Lane  
City Howard State MD Zip Code 21738  
Home Phone 410-954-0755 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SPD  
Proposed Use garage with deck house  
Estimated Construction Cost \$ 28,000.00  
Description of Work Install recessed  
15x15' deck w/ steps to grade and  
15x15' house

Contractor Company True Property Co.  
Contact Person Brian Speth  
Address 11440 Guilford Rd.  
City Annapolis, Inc. State MD Zip Code 20701  
License No. 19692  
Phone 410-774-5027 Fax \_\_\_\_\_

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 DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ 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"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	_____ NFPA #13D
No. of 1-BR units: _____	_____ NFPA #13R
No. of 2-BR units: _____	Other: _____
No. of 3-BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>12x12</u> <u>12x12</u>	
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 \_\_\_\_\_

Print Name Brian Speth

Title/Company \_\_\_\_\_

Date 11/19/99

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#
Land Development DPZ			Front _____	17418
State Highways			Rear _____	Filing fee \$ _____
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St. _____	Excise tax \$ _____
Health	<u>11/19/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 \$ <u>300</u>
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>7235</u>
			Accepted by _____	Validation # _____

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

1/21/99  
Proposed deck/garage  
locations as  
shown - DKS

