

6/3/87
AM

05-404703

PERMIT

P 39439
A 37653

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 4/8/87

DATE SYSTEM APPROVED 6-3-87

INSPECTOR S. Abel

{ I.C.O.P.
Term expired }

FOGLO

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION ZIRN PROP. ROAD 6945 HAVILAND MILL LOT 3

PROPERTY OWNER KENNETH ALDERSON

ADDRESS 6945 HAVILAND MILL RD.

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1600 GALLONS NUMBER OF BEDROOMS 3

180 φ / BK 3' WIDE 3.5' INLET BOTTOM 5.5'

6-3-87 WPI - PIPES AT 34" well-LINE 32-44" - NO INSIDE WORK DONE. S. Abel

PLANS APPROVED BY _____ DATE _____

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.

**BUILDING PERMIT SIGNED
AND RETURNED**

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES. 10/30/02 300139131 GARAGE,

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. PORCH, DECK, MUD ROOM, BREEZE WAY

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

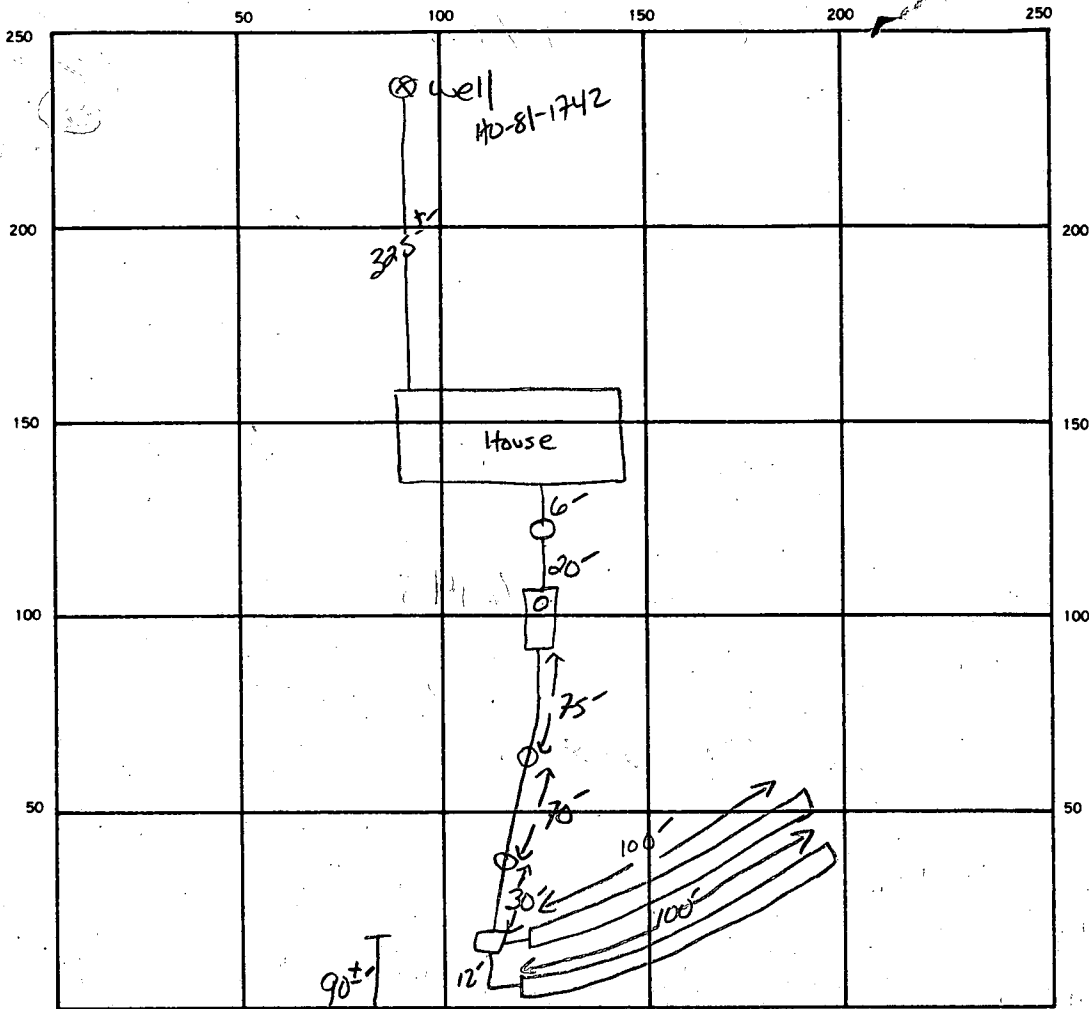
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

37653



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

CL — HAVILAND Mill Rd.

SEPTIC TANK LEVEL ✓ 1000 GAL CLEANOUTS ✓ AT HOUSE / ST / ENGINE ST → DB

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 5.5' FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5' FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 100 ^{① ②} 200 TOTAL FT.

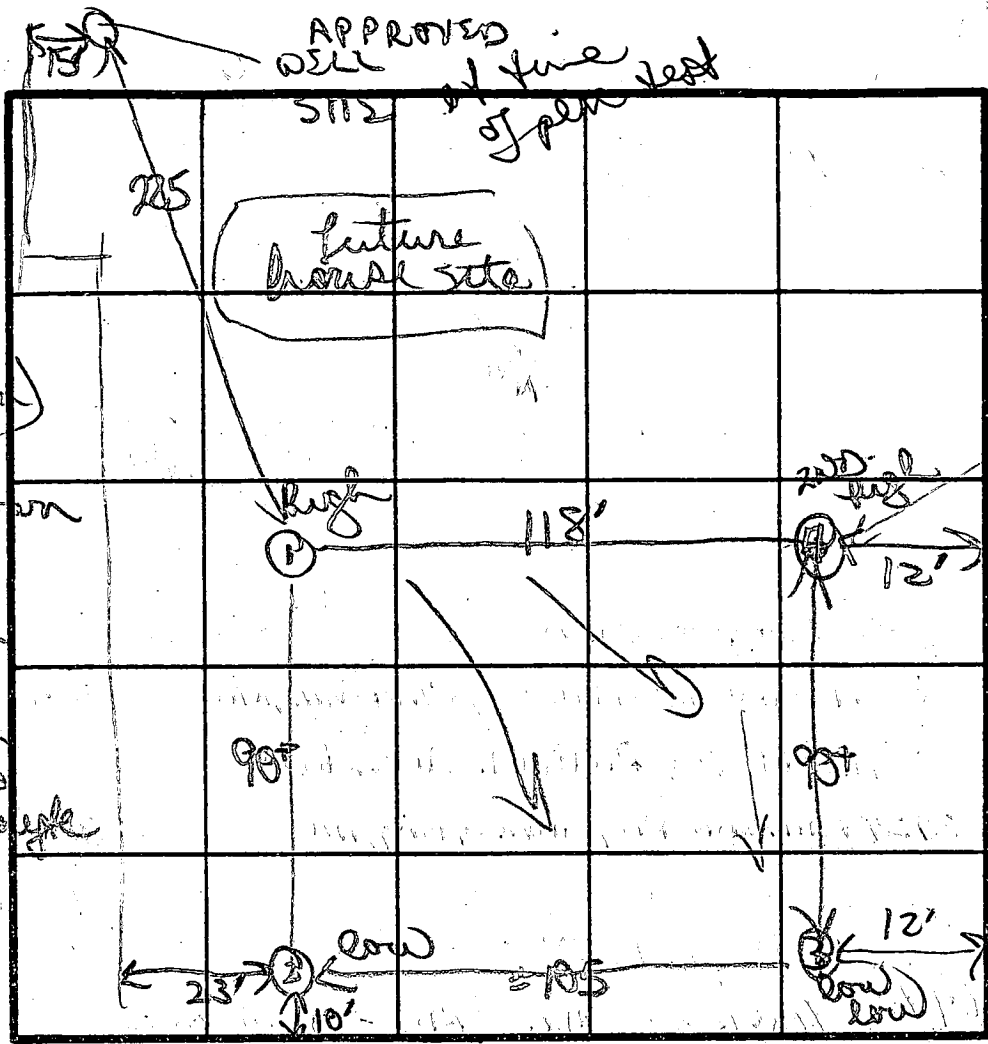
NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 6-3-87 OK TO COVER ALL WORK; NO PERMIT PRESENT. SML

DATE SYSTEM APPROVED 6-3-87 INSPECTOR S. Abel



SOIL PROFILE

0' silty/clay (orange/brown)
 3' orange/brown to tan brown silty mica loam
 7' layers of small frags ssp. 5-10%
 11' hard

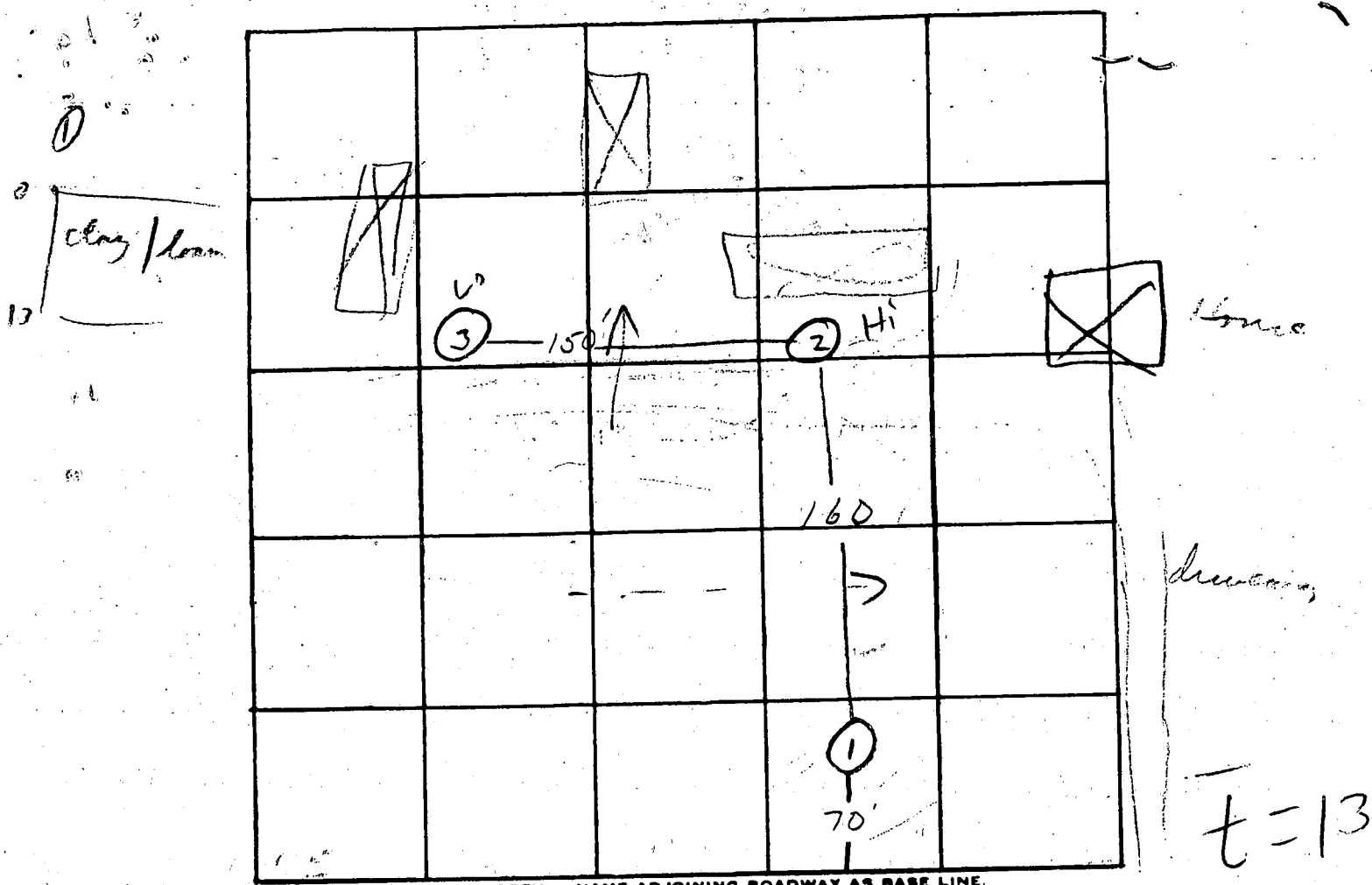
NEIGHBOR WELL
 100'
 well fence property line
 4'
 orange/brown clay to clay loam
 42'

orange silty loam
 brown/tan silty mica loam
 layers w/ 5-10% med frag
 11 1/2' D
 orange clay to clay loam
 sharp change brown silty mica loam w/ 15-20% med frag

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/86	①	2 1/2'	138	148	148	200	12min
		5 1/2'	138	140	140	142	2min
		11' D	rock bottom				
	②	3 1/2'	143	144	144	145	1min
		11 1/2' D	bottom (see profile)				
	③	4' 5"	146	147	147	148	1min
		10 1/2' D	hard bottom				
	④	3 1/2'	149	203	203	222	19min
		13' D	bottom (see profile)				

changing to tan orange silty mica loam
 5-10% med frag ssp.
 13' D
 INLET
 3 1/2'
 MAX 5 1/2'
 X = 7min

REMARKS: SHALLOW SYSTEM ONLY
 TYPE OF SOIL: silty loams below clay/clay loam. up to 20% med frag ssp.
 TESTED BY: B. Wilson
 ALSO PRESENT: Skip, Rocky owner

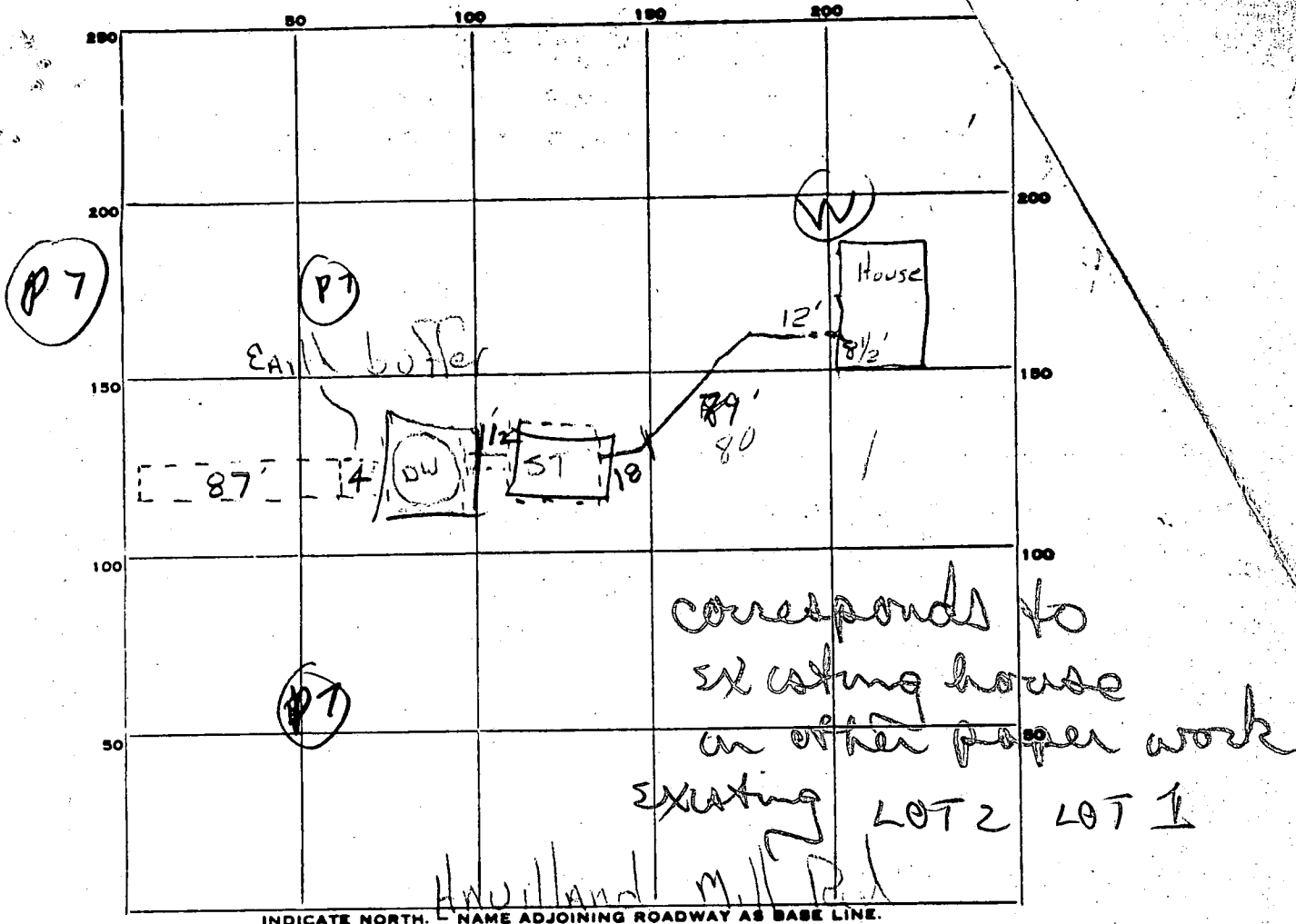


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/76	1	4'	10:00	10:05	10:05	10:21	15
	1A	13'	10:10	10:25	10:25	10:45	20
	2	3'	10:03	10:06	10:06	10:08	2
	2A	11'	10:05	10:26	10:26	10:48	22
	2B	7'	10:20	10:21	10:21	10:25	4
	3	3.5'	10:23	10:26	10:26	10:27	1
	3-A	12.5'	10:23	10:34	10:34	10:47	13

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____



PERMIT CARD _____

DW	ST
OK	OK

SEPTIC TANK, LEVEL OK, CLEANOUTS _____

DISTRIBUTION BOX, LEVEL TOP 1/2 FT below grade

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 87 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEE PAGE PITS, INSIDE DIAMETER PERIMETER 40 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS May 11 1976 - ok to cover driveway & need to connect house to sewer line

12 MAY 76 - TANK & DIV INSTALLED & STONE ADDED TO DITCH RH

(PT) means Perc Test (W) means Water Well

DATE SYSTEM APPROVED 12 MAY 76 INSPECTOR Raymond Dodge

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

41-81-1792

B 1 8891

SEQUENCE NO. (OEP USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS

please print or type

Date Received 4/23/87

OWNER INFORMATION

15 Last Name ALTE... 2929... 57 Town SP... 70 State 20900 76 Zip

DRILLER INFORMATION

George F. Easterday... L. Franklin Easterday, Inc. 9265 Brown Ch. Rd., Mt. Airy, Md. 21771

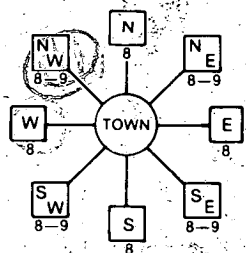
B 3

LOCATION OF WELL

8 COUNTY HANOVER 21 23 SUBDIVISION 52 NEAREST TOWN VICTORIA 71 MILES FROM TOWN 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD



34 37 DISTANCE FROM ROAD

ENTER FT or MI 38-39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING... I INDUSTRIAL... P PUBLIC OR PRIVATE WATER COMPANY... T TEST, OBSERVATION, MONITORING...

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HANOVER COUNTY NAME N 17653 COUNTY NO. OEP SIGNATURE DATE ISSUED 403086 CO SIGNATURE EXP. DATE NORTH GRID 480000 EAST GRID 080000

APPROXIMATE DEPTH OF WELL 500 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary AIR-PERcussion CABLE JETTED REVERSE-ROTary Driven DRIVE-POINT

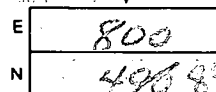
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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 D THIS WELL WILL DEEPEM AN EXISTING WELL

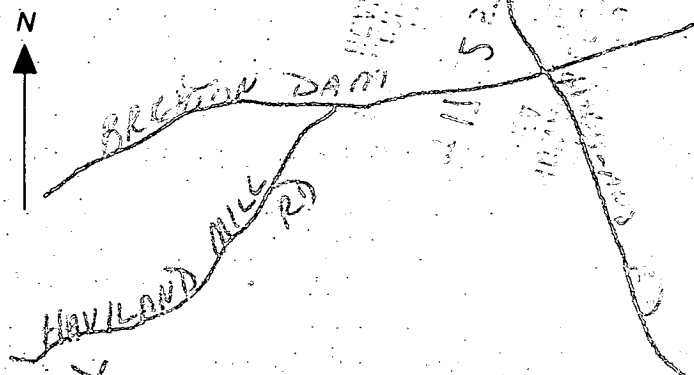
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL 2. Filled 4 3. dry holes WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No. 41-81-1792

SPECIAL CONDITIONS

C1 5374

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A37653

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER: ALBERTSON KENNETH last name first name STREET OR RFD: HIGHWAY 103 TOWN: HIGHGARD SUBDIVISION: W/M SECTION: LOT: 2

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: Topsoil, Br. mica, Tan mica, Gray mica, Tan mica, Gray mica, Dry holes - 320'-200', 200'-440'

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD MAIN CASING TYPE Nominal diameter Total depth of main casing (ST, PL, ST, CO, OT)

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) grid (29, 240) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

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

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (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)

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) Near lot line

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 10.17.13 "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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COORDINATE SCHEDULE		
Nos.	North	East
1	470,328.71	800,075.03
2	470,432.83	800,250.77
3	470,501.75	800,521.26
4	470,528.86	800,515.07
5	470,553.02	800,668.35
6	470,531.86	800,672.75
7	470,283.20	800,727.03
8	470,285.30	800,776.27
9	470,000.02	800,734.87
10	470,827.37	800,426.61
11	470,770.87	800,432.62
12	470,076.64	800,457.03

Based on Md. State Grid System
Howard Co. Stations 2334001 R
and 2334005 R.

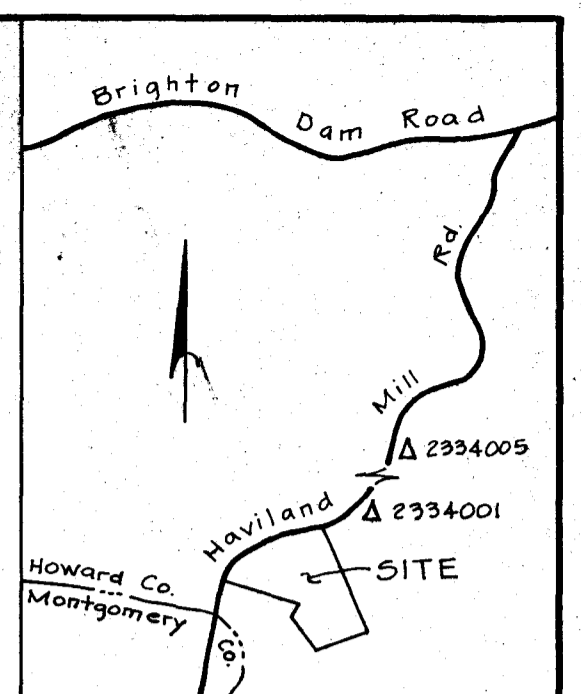
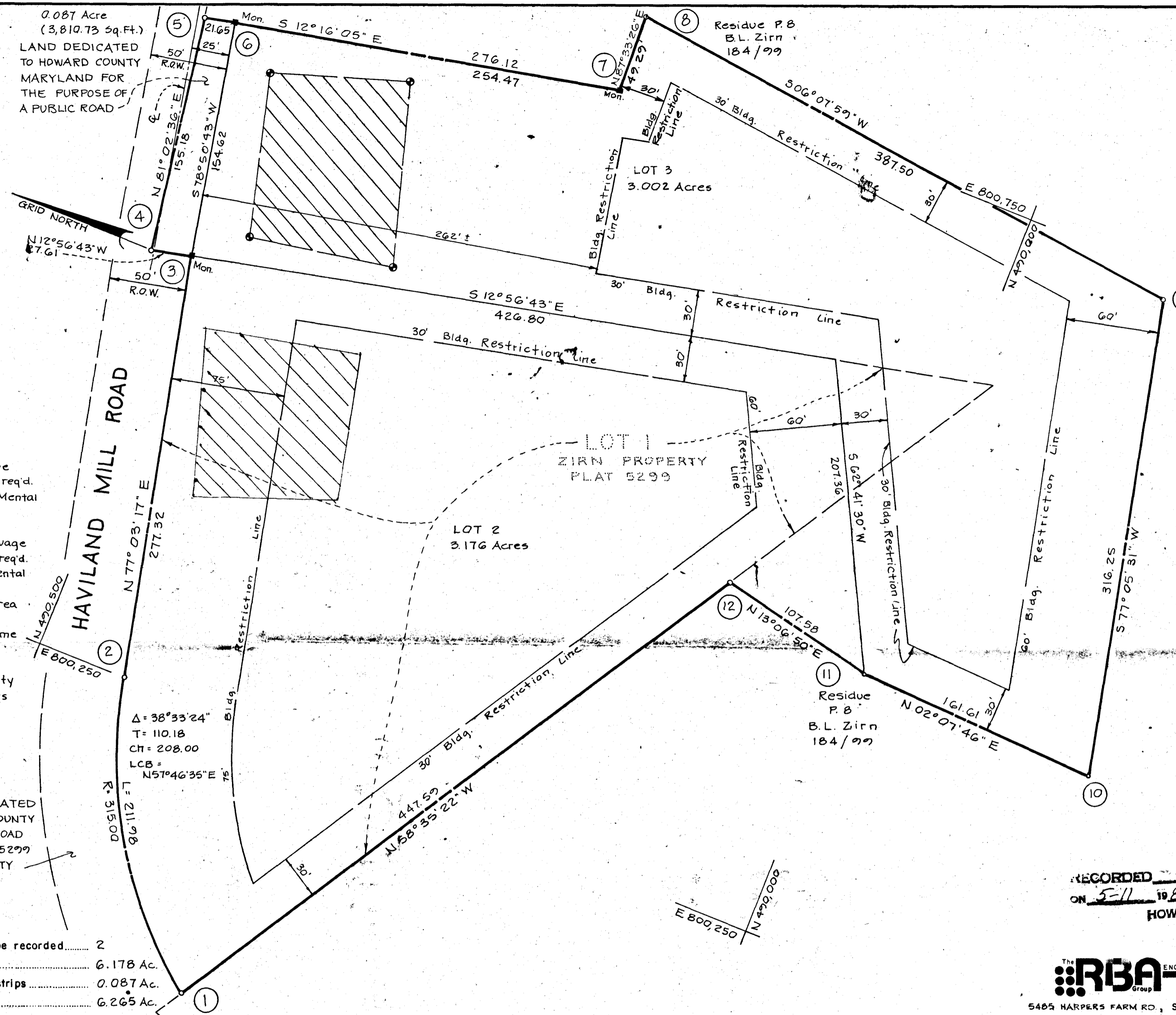
NOTES:

- Subject property zoned R as per Comprehensive Zoning Plan.
- Existing structure on Lot 2.
- This plat subject to VP #-87-71
- The lots shown hereon comply with the min. ownership width and lot areas as req'd. by the Md. State Dept. of Health and Mental Hygiene Regulations
- Percolation test hole field located.
- This area designates a private sewage easement of 10,000 square feet as req'd. by the Md. State Dept. of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

LAND DEDICATED TO HOWARD COUNTY FOR PUBLIC ROAD UNDER PLAT 5277 ZIRN PROPERTY

TABULATION:

TOTAL NO. OF LOTS and/or PARCELS to be recorded.....	2
TOTAL AREA OF LOTS and/or PARCELS.....	6.178 Ac.
TOTAL AREA OF ROADWAYS incl. widening strips.....	0.087 Ac.
TOTAL AREA OF SUBDIVISION.....	6.265 Ac.



VICINITY MAP
Scale: 1" = 1200'

RECORDED PLAT 7190
ON 5-11 1987 AMONG THE LAND RECORDS OF
HOWARD COUNTY, MD.

RBA ENGINEERS ARCHITECTS PLANNERS
5485 HARPER'S FARM RD., SUITE 200, COLUMBIA, MD. 21044

APPROVED: FOR Private WATER & Private SEWERAGE SYSTEMS, IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD CO., HOWARD CO. DEPT. OF HEALTH & MENTAL HYGIENE
[Signature] 5-4-87
County Health Officer Date

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.
[Signature] 5-7-87
Director Date

APPROVED: FOR STORM DRAINAGE SYSTEMS, and PUBLIC ROADS, HOWARD CO. DEPT. OF PUBLIC WORKS.
[Signature] 5-5-87
Director Date

OWNER'S DEDICATION
I, (We) Bertram L. & Grace E. Zirn, Patricia A. Collins, owner(s) of the property shown and described hereon, hereby adopt this plan of subdivision and in consideration of the approval of this Final Plat by the Office of Planning and Zoning, establish the min. Bldg. Restriction Lines & grant unto Howard Co., Md., its successors & assigns, (1) the right to lay, construct and maintain sewers, drains, water pipes & other municipal utilities & services, in and under all roads & street rights-of-way & the specific easement areas shown hereon; (2) the right to require dedication for public use the beds of the streets and/or roads & floodplains & open space where applicable, & for good and other valuable consideration, hereby grant the right & option to Howard County, Md., to acquire the fee simple title to the beds of the streets and/or roads & floodplains, storm drainage facilities & open space where applicable; (3) the right to require dedication of waterways & drainage easements for the specific purpose of their construction, repair & maintenance; and (4) that no bldg. or similar structure of any kind shall be erected on or over the said easements & rights-of-way
Owners Bertram Zirn Grace E. Zirn Date 2/27/87
Witness Martha Kelly 4-3-87

SURVEYOR'S CERTIFICATE
I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of part of the lands conveyed by James R. and Rose D. Coff to Bertram L. and Grace E. Zirn deed dated Jan. 4, 1945 and recorded in the Land Records of Howard County in Liber 184 Folio 77, and all of the lands conveyed by Bertram L. and Grace E. Zirn to Patricia A. Collins deed dated Feb. 7, 1983 and recorded among the Land Records of Howard County in Liber 1142 Folio 708, and that all monuments are in place, or will be in place prior to the acceptance of the streets in the subdivision by Howard Co. as shown in accordance with the Annotated Code of Maryland, as amended.
[Signature]
Surveyor Date 2-27-87

ZIRN SUBDIVISION
LOTS 2 and 3
and A Resubdivision of Lot 1
SIGNED FILE COPY
Tax Map..... 40
Parcel..... 8
Deed Ref..... 184/77
Zoning..... R
5th Election District, Howard County, Md.
Scale: 1" = 50' Date: January, 1987
OP&Z File No. E
2 LOTS
F 87-135
9001

BRUNING 44-132-60780

W 8/27 (ASAP)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 894/38
Date 6/15/87

Name of Installer ROBERT L. FEETZER CO., INC.

Telephone 781-4655
795-1405

License number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner B.B.M. SYSTEMS, INC. Telephone 997-5500

Subdivision ZONE PROPERTY Lot # Well tag # 40-81-1742

Site Address 6945 HAVILAND MILL ROAD

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 1/2
- RPM 3450
- Voltage
 - 110
 - 220

Pitless Adapter

- Make MERCILL
- Model # MB II
- Depth 42 + "

2. Make DEMING / CRISWELL

3. Model # 3XL

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

- Capacity WX 202 = TO 42 GAL.
- Pressure relief valve? YES

Piping

- Type POLY.
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42" +

Well data

- Depth 240 ft.
- Yield 6 GPM
- Static water level ft.
- Will water supply be disinfected by installer? YES

INSR OK 6/3/87 SA.

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] R. L. F. Co., INC.

Date: 6/15/87

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

1 ALMS...
M...
S...

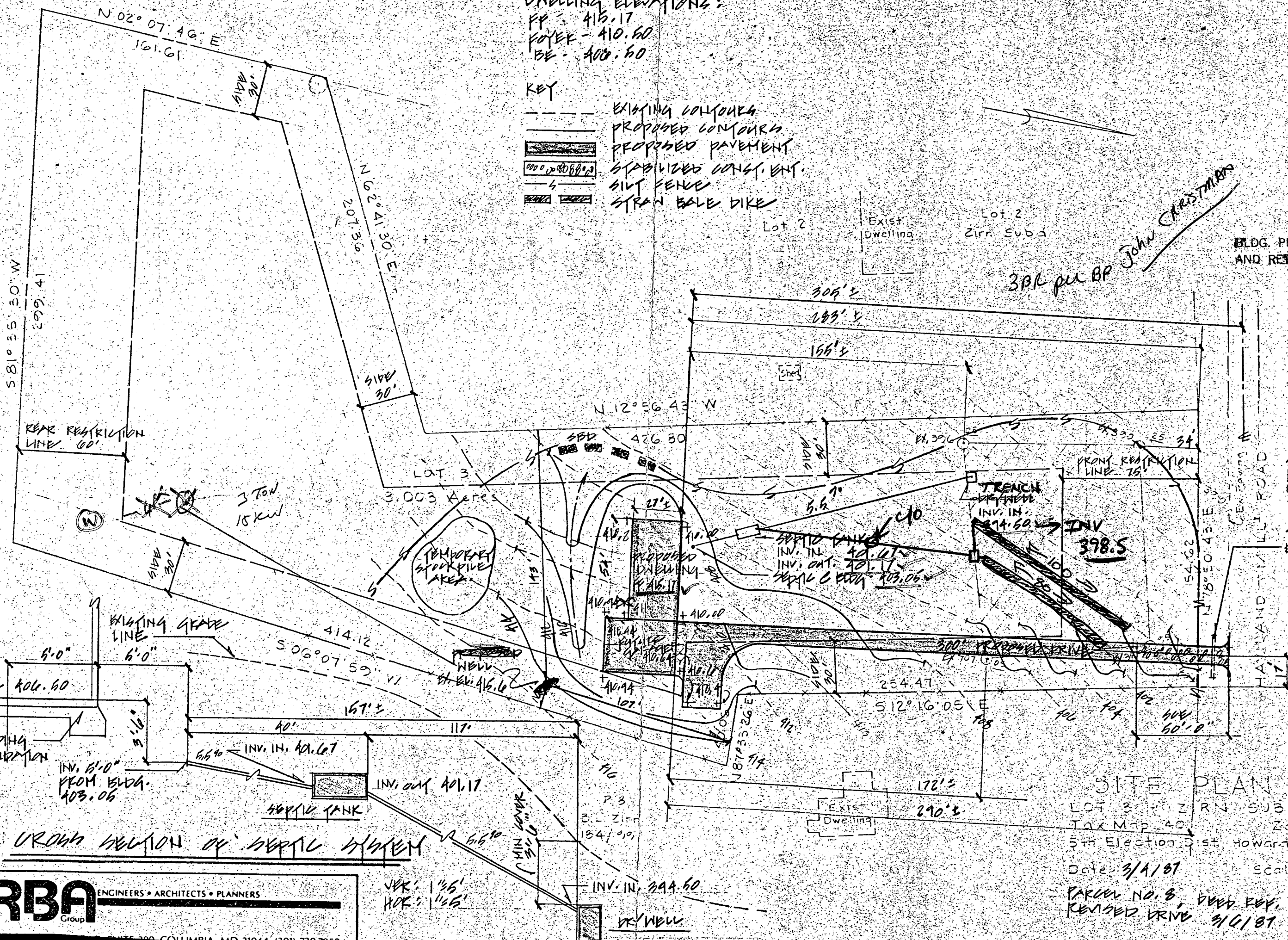
15 JUL 1987

DWELLING ELEVATIONS:

FF: 415.17
 Foyer - 410.50
 BE - 400.50

KEY

- EXISTING CONTOUR
- PROPOSED CONTOUR
- PROPOSED PAVEMENT
- STABILIZED CONST. ENT.
- SILT FENCE
- STRAW BALE DIKE



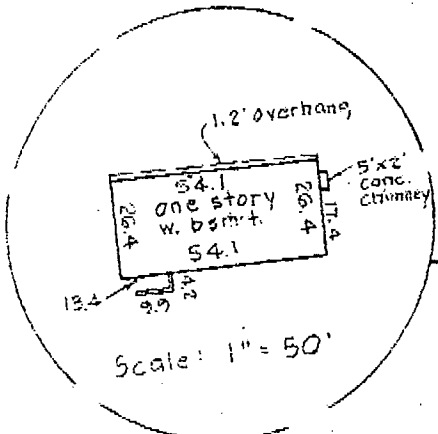
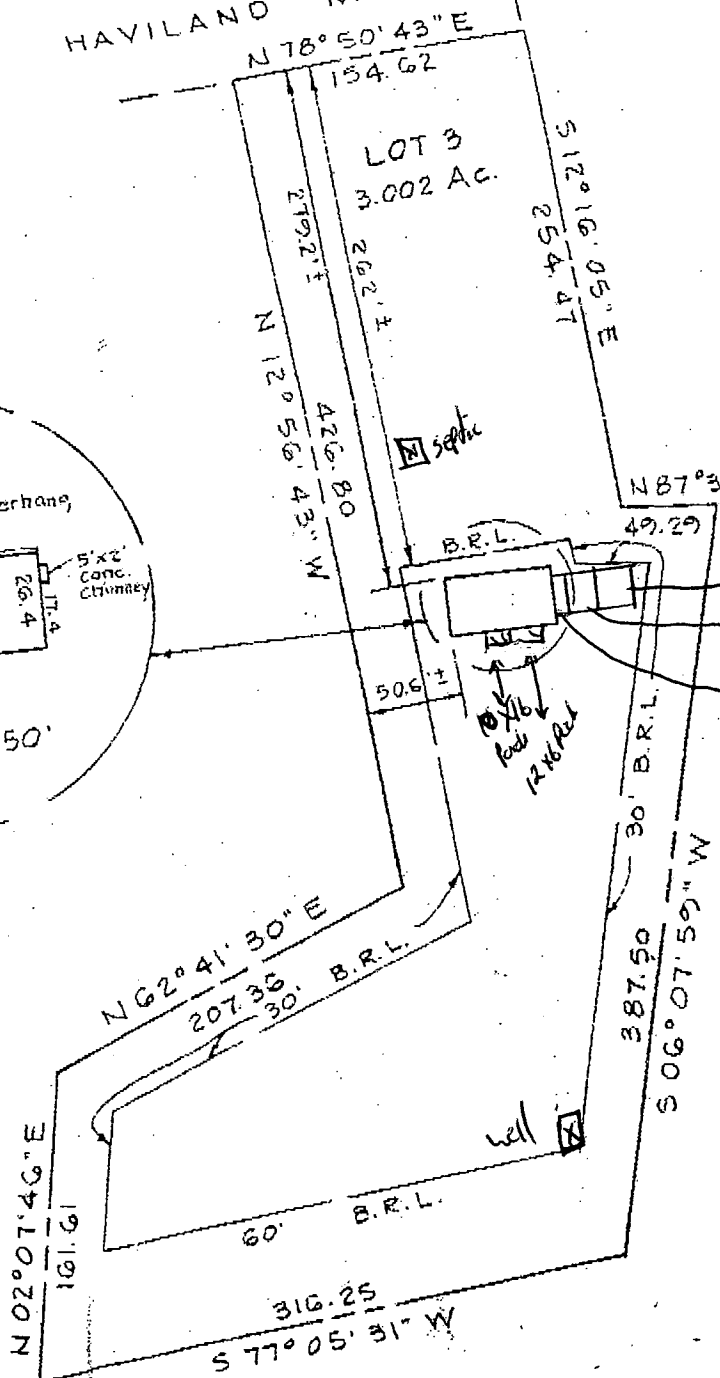
3BL per BP John CHRISTMAS

BLDG. PERMIT SIGNED AND RETURNED 4/27/87
 11480
 SJK

SEE PA. CO. DRIVEWAY ENTRANCE DETAIL R.C. 06. ENTRANCE SHALL MEET EX. GRADES.

SITE PLAN
 LOT 3 - ZIRN SUBDIVISION
 TAX MAP 40 Zoned R
 5th Election Dist. Howard Co. Md.
 Date: 3/1/87 Scale: 1" = 50'
 PARCEL NO. 8, DEED REF. 18A/99
 REVISED DRIVE 3/0/87

HAVILAND MILL ROAD



NOTE: This plat is not intended to be used for establishing property lines.

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown there are no encroachments.

10/30/02
Per our records,
the porch deck
may extend
10' from
the house
KN

STATE OF MARYLAND
J. TILGHMAN DEANE
Worway, Jr.

Building Address 6945 Haviland Mill Rd Property Owner's Name ED Allister
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ Address 6945 Haviland Mill Rd
 Census Tract 60510A Subdivision Zions City Cherry Hill MD State _____ Zip Code _____
 Section _____ Area _____ Lot 3 Home Phone 301 784 0039 Work Phone 301 22-4013
 Tax Map 40 Parcel 438 Grid 1 Applicant's Name & Mailing Address, (if other than stated herein):
 Zoning RR Map Coordinates 11.112 Lot size 3.012 AC. Phone _____ Fax _____

Existing Use Single Family Contractor Company _____
 Proposed Use Same Contact Person Chris Russell
 Estimated Construction Cost \$ 40,000 / 120,000 Address _____
 Description of Work 24' x 24' Garage 2 1/2" metal Roof City _____ State _____ Zip Code _____
2 1/2" Basement Rmt License No. 37269
Open End Deck 16' x 16' Deck 12' x 16' Phone 202 622-6779 Fax 622-4013

Occupant or Tenant W steps Engineer or Architect Company _____
 Contact Name Total Cost 52,000 Contact Person _____ Address _____
 Address _____ City _____ State _____ Zip Code _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
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 <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>36'4"</u> <u>5'11"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Electric Yes <input 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"/>	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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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.

Applicant's Signature Chris Russell Print Name Edward Russell
Mastercraft Design & Build, Inc. Date 02/22/02

Title/Company _____ Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DHZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	36695 Filing fee \$ <u>25</u> Permit fee \$ <u>125</u> Excise tax \$ <u>02</u> Add'l. per. fee \$ _____ TOTAL FEES \$ <u>16</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3877</u> Validation # _____
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Health	<u>10-30-02</u>	<u>Karen Norman</u>	Lot Coverage for NewTown Zone _____	
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

Accepted by _____
 Date: _____