

1/6/94
ASAP ALTER
1/7/94
ASAP
NO WSP

05 44229

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49766

A 37816

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 11/29/93

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

DATE SYSTEM APPROVED 1/7/94

INDEXED

INSPECTOR M. Rifkin

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Clearview Estates, II LOT 54 ROAD 12021 Misty Rise Court

PROPERTY OWNER Ray & Namyi Fox

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GALLONS INSTALL TRENCHES HIGHER ON THE LOT IF POSSIBLE/
LAYOUT INSPECTION REQUIRED BEFORE EXCAVATION.

NUMBER OF BEDROOMS 6 REPAIRS SHALLOW

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 420

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 - Beginning at the intersection of the 350.00' panhandle lot line and the left (326.00') lot line, place the distribution box 275 feet down the left (326.00') lot line and 100 feet off the left lot line. Install trenches on contour in both directions from the distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. DKMR 11/30/93

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin REVISED DATE 11/19/93

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

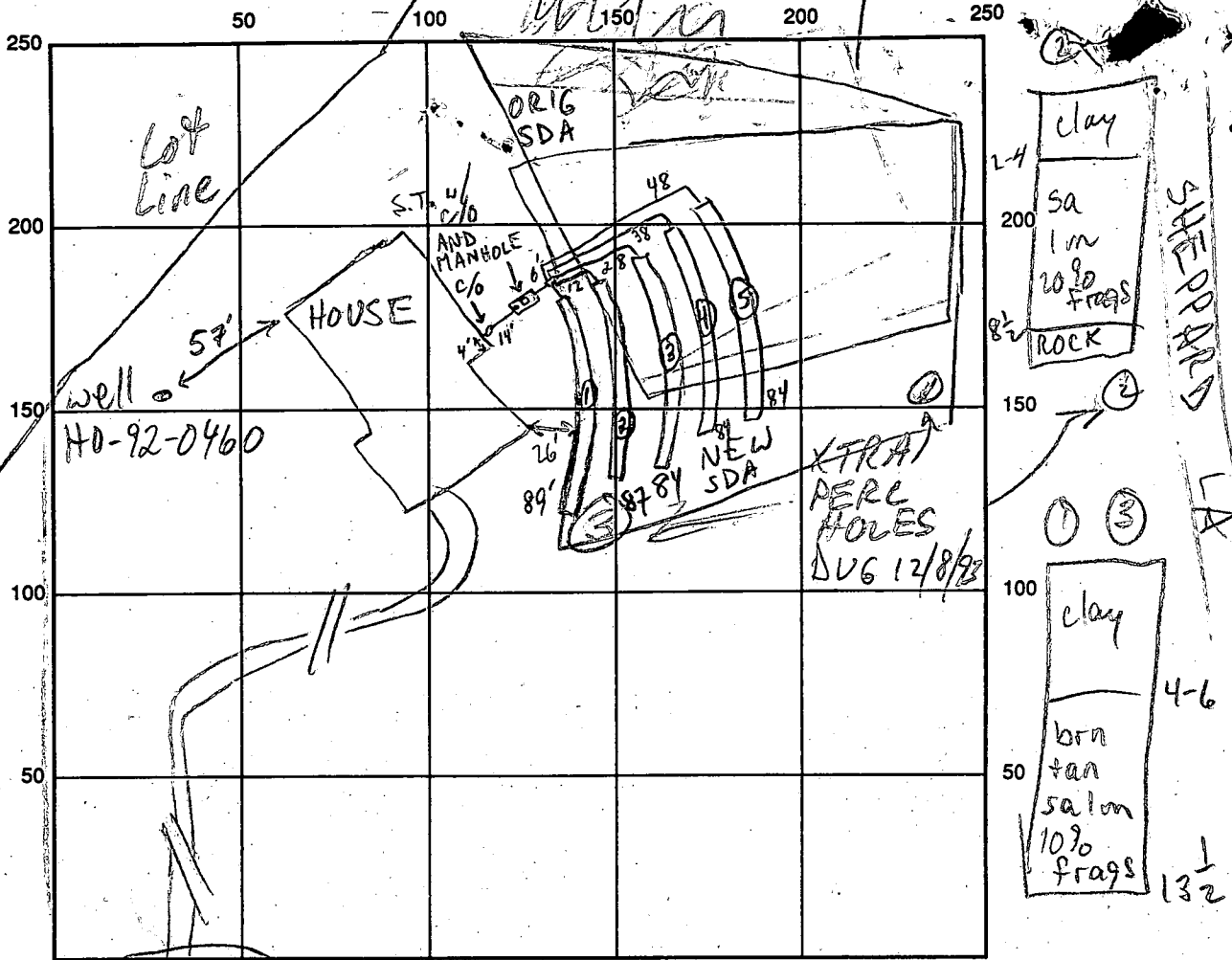
OLD. PERMIT SIGNED
AND RETURNED 4/29/95
Serial #59763 - deck

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**

A
37816



MISTY RISE CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1500 GAL CLEANOUTS (2) C.O. & MANHOLE - OK

DISTRIBUTION BOX LEVEL OK - Baffle IN

DRAIN FIELD/TITLE DEPTH	<u>1 2/3 4/5</u>	TRENCH WIDTH	<u>2</u> FT.	INLET DEPTH	<u>1 2/3 4/5</u> FT.
EFFECTIVE GRAVEL DEPTH	<u>1 2/3 4/5</u> FT.	TOTAL LENGTH	<u>0 89' 2 84' 3 84' 4 84'</u>	NUMBER OF TRENCHES	<u>4</u>
			<u>2 87' FT.</u>	ONE SIDEWALL/BOTTOM AREA	<u>0 356 2 348 3 336 4 336</u> SQ. FT.
					<u>5 336</u>
DRYWALL INSIDE DIAMETER	<u> </u> FT.	EFFECTIVE DEPTH BELOW INLET	<u> </u> FT.	ABSORBENT AREA	<u>1712</u> SQ. FT.

REMARKS: 12/8/93 #1 VERIFIED LAYOUT W/INSTALLER; OK TO MODIFY TRENCH DEPTHS TO MAINTAIN MAX. 10' SEPARATION MR 12/8/93 #2 ROCK HIT IN AREA SHOWN (WAS TO BE USED TO EXPAND SDA); NEW HOLES DUG TO EXPAND AREA TO OTHER SIDE; WORK WILL CONTINUE AFTER 12/20/93 MR 1/6/94 #3 3RD REPAIR AREA LIMITED; BUT TOPS NOT CONDUCTIVE TO LENGTHENING TRENCHES; CONTINUE MR 1/6/94 #2 CONTINUE 1/7/94 JOB COMPLETED W/O INSP - OK TO COVER MR (DRAIN) REQ'D TRENCH LENGTH MISCALCULATED - SYSTEM OVERSIZED

DATE SYSTEM APPROVED 1/7/94 INSPECTOR M. Ripkin BY 20 76

Request
10-5-88
1:30 PM

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37816
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____
DATE 10/09/86
June 30, 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 Ray + Namvi Fox Conrad and Patricia Langenfelder Martha V. Langenfelder
11904 Clarksville Road 5511 Hamilton Avenue
ADDRESS Clarksville, Maryland 21029 PHONE Baltimore, Maryland 21206

PROPERTY LOCATION:

SUBDIVISION Langenfelder Farm Cleared Est. Sec. 2 LOT NO. 44 47-53 (54)
ROAD AND DESCRIPTION Maryland Route 108 and Shepherd Lane (12021 Misty Rose Ct)

SIZE OF LOT 3.3 AC. TYPE BLDG. Residential
(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.
Steven Murray
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 12ET SEASON RETEST DATE _____

REASONS FOR REJECTION OR HOLDING MAY NEED LOT LINE READJ. TO ENSURE POSSIBLE HORSE + WELL SITE

BLDG. PERMIT SIGNED 10/5/88 Retest uphill ch to approve out of wet season Dept. Shallan only
AND RETURNED 11/19/88 888
Serial # 57306 - SPD - 6 Bedroom

THIS IS NOT A PERMIT

B 1 OWNER INFORMATION
 Date Received (APA) **09/10/93**
WATT DEVELOPMENT
 Last Name **WATT** Owner First Name **DEVELOPMENT**
 Street or RFD **2160-2200A 8607**
 Town **CATHERSBURG** State **MD** Zip **20897**

B 3 LOCATION OF WELL
UNION RD
 COUNTY **21**
VIEWVIEW EST
 SUBDIVISION **42**
 SECTION **2** LOT **54**
CLARKSVILLE
 NEAREST TOWN **71**
 MILES FROM TOWN (enter 0 if in town) **5.1**
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **George F. Easterday** License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature **George F. Easterday** Date **9/10/93**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **MISTY RISE CT**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **1.000**
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
 COUNTY NAME **Howard** COUNTY NO. **A 32014**
 STATE SIGNATURE **Howard** INSERT S **41**
 DATE ISSUED **09/17/93**
 CO SIGNATURE **Howard** EXP. DATE **9-17-94**
 NORTH GRID **504000** EAST GRID **0848000**

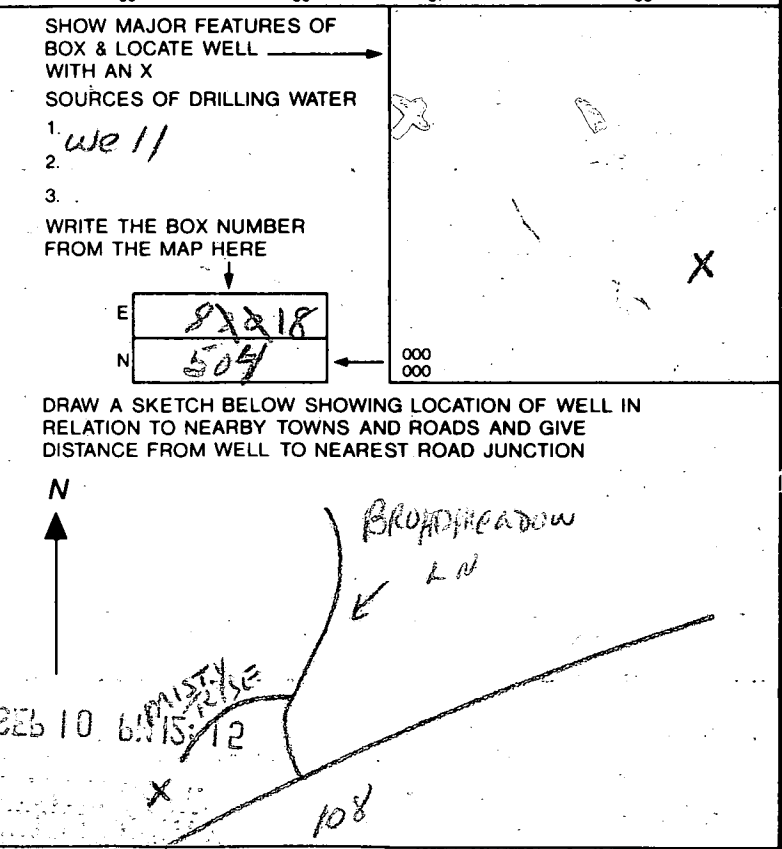
APPROXIMATE DEPTH OF WELL **400** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST 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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **KP** WRITE INITIALS IN BOX PERMIT No. **40-92-0460**



C1 **0562** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **A37846**

ST/CO USE ONLY
 DATE RECEIVED: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **092802**

Depth of Well
 22 **300** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-02-0460

OWNER: **Scott Development**
 STREET OR RFD: last name **Misty Rice Ct** first name _____ TOWN _____
 SUBDIVISION: **Clearview Estates** SECTION **2** LOT **54**

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	
TOP soil	0	2	
Red Clay	2	6	
boulders	6	7	
red Clay	7	9	
boulders	9	11	
brown shale	11	19	
Sand Stone	19	35	
Mica	35	52	
Sand Stone	52	54	✓
Mica	54	85	
Sand Stone	85	86	
Mica	86	125	
Sand Stone	125	126	
Mica	126	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **300**
 GALLONS OF WATER **44**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **44**

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

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

C2
 DEPTH (nearest ft.)
 1 **40** **92** **300**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE **2**
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

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 IDENT. NO. **40**
Dorcas F. Eastwood
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles P. [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

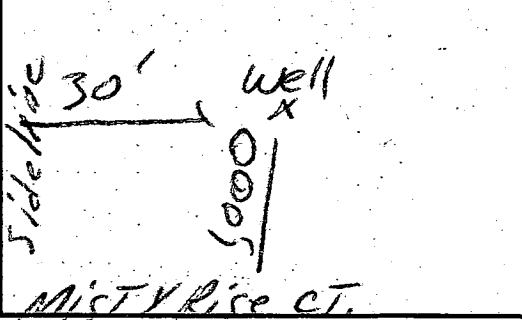
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Real**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **26**
 WHEN PUMPING **110**
 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) 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.) **37**
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **2** (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)



12-16-93
am

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # -0-
Date 11/30/93

Name of Installer Klipp & Sons, Inc.

Telephone 301-662-1914

License Number 634

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Scott Homes

Telephone 301-208-8011

Subdivision Clearview Lot # 54 Well Tag # HQ-92-0460

Site Address 12021 Misty Rise Ct., Clarksville, MD

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X _____
- 2. Make Red Jacket
- 3. Model # _____
- 4. Capacity 4 GPM
- 5. Pump exceeds well capacity Yes _____ No X
- 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 X Cable guards _____ Other _____

Motor

- 1. Horsepower 1
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

- 1. Make Marlinson
- 2. Model # 50
- 3. Depth 4ft.

Tank

- 1. Capacity _____
- 2. Pressure relief valve? X

Piping

- 1. Type 160lbs.
- 2. Size 1"
- 3. NSF and/or BOCA Code approved X
- 4. Depth of supply line 480

Well data

- 1. Depth 300 ft.
- 2. Yield 4 GPM
- 3. Static water level 25 ft.
- 4. Will water supply be disinfected by installer? no

WPI 12/16/93
OK to Cover ALM per MR

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: Kenneth E. Klipp

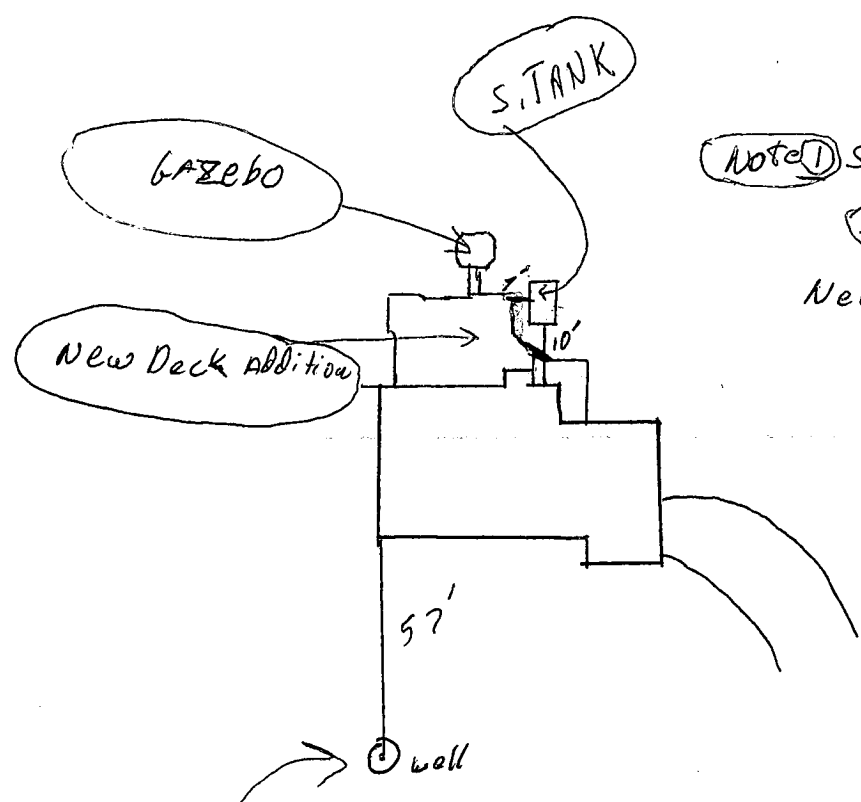
Date: 11-23-93

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

FOR Clear view estates Lot 54
12021 Misty Rise Court

Revised sketch PLAN
6/29/95

NATHAN JAMES Sebastian
Nathan James Sebastian



Note: Septic will be at least 7' from
SDALC 1" = 50'
New addition as shown

CF
B.P. 59763
approved
as shown
C.B. V. *thick*
6/29/95

AS shown for check out for
septic system for 1/7/94 OF HEALTH
DEPARTMENT

Howard County Health Department

To: Bryan

Re: BP#59763

The contractor came in to improve the drawing. I gave him a copy of the septic permit. He will revise deck design to comply w/10' min. to tank, and return w/ ~~new~~ updated drawing next week.

From: Jim

Date: 5/26

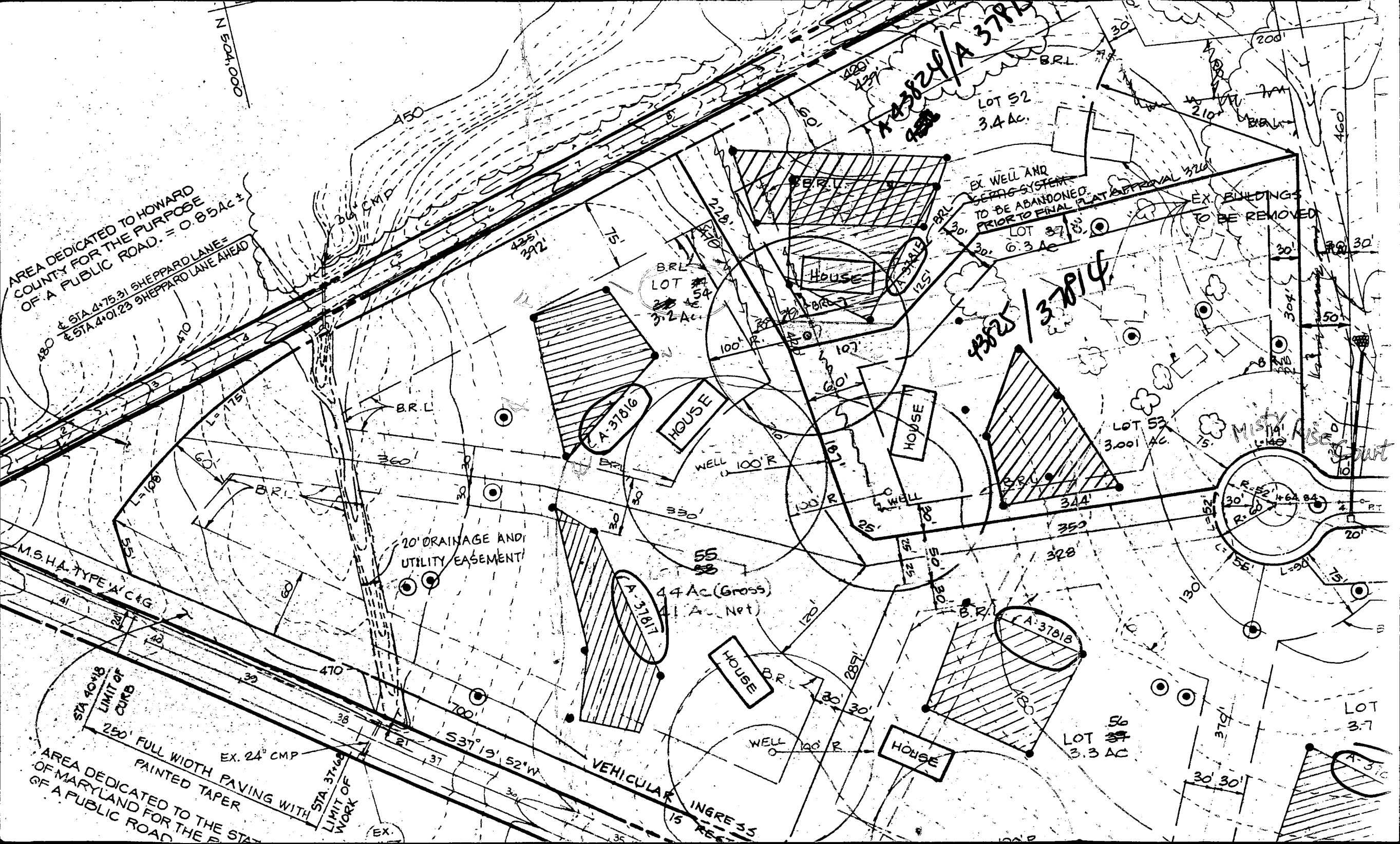
HD-170

Follow up 6/29/95
mck

AREA DEDICATED TO HOWARD COUNTY FOR THE PURPOSE OF A PUBLIC ROAD. = 0.85 AC ±
STA 4+75.31 SHEPPARD LANE =
E STA 4+01.23 SHEPPARD LANE AHEAD

M.S.H.A. TYPE 'A' C&G

AREA DEDICATED TO THE STATE OF MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD
250' FULL WIDTH PAVING WITH PAINTED TAPER
EX. 24' CMP
STA 40+18 LIMIT OF CURB
STA 37+68 LIMIT OF WORK





HOWARD COUNTY HEALTH DEPARTMENT

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

May 22, 1995

Mr. and Mrs. Raymond Fox
12021 Misty Rise Court
Clarksville, Maryland 21029

RE: Building Permit Application
Serial Number: 59763
Clearview Estates Section 2 - Lot 54
12021 Misty Rise Court

Dear Mr. and Mrs. Fox:

This letter is to advise you that this office cannot recommend approval of the above referenced building permit application at this time.

While the water well location is not a conflict with the new addition plans; the septic tank appears too close to the new addition. The septic tank should be 10 feet plus from the new addition. A clearer drawing is needed to determine extent if any conflict of septic tank to new construction.

Please contact this office to discuss any questions concerning this project.

Very truly yours,

Charles B. Streaker, Sr. R. S.
Charles B. Streaker, Sr., R. S.
Water and Sewerage Program

CBS:jr

cc: Bureau of Licenses and Permits
Fine Carpentry Company
File

RAYMOND FOX

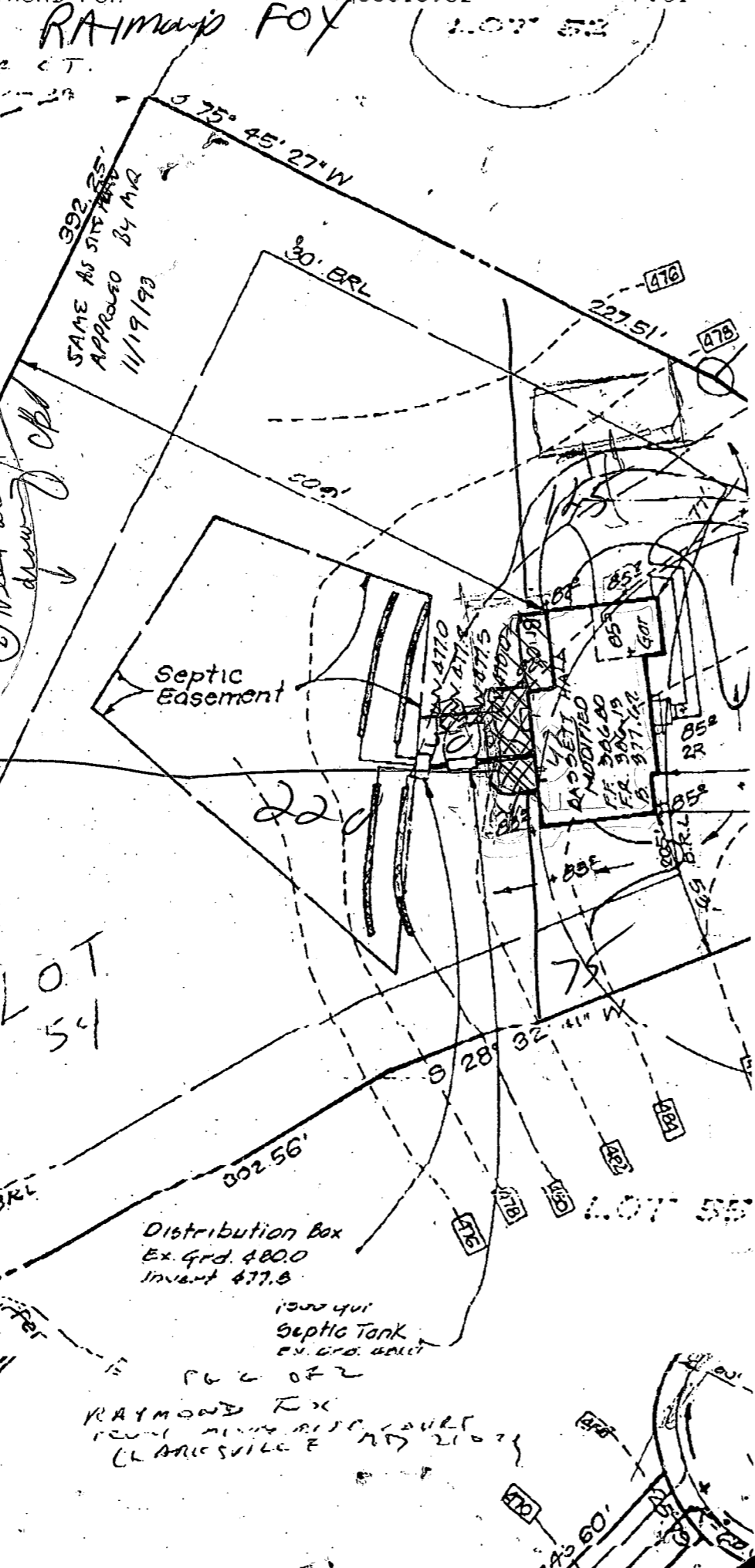
1.07 52

RC 1 of 2
 MISTY RISE CT.
 CLARKSVILLE TN
 11/19/99
 APPROVED BY MR
 11/19/99
 SAME AS SITE PLAN
 APPROVED BY MR
 11/19/99

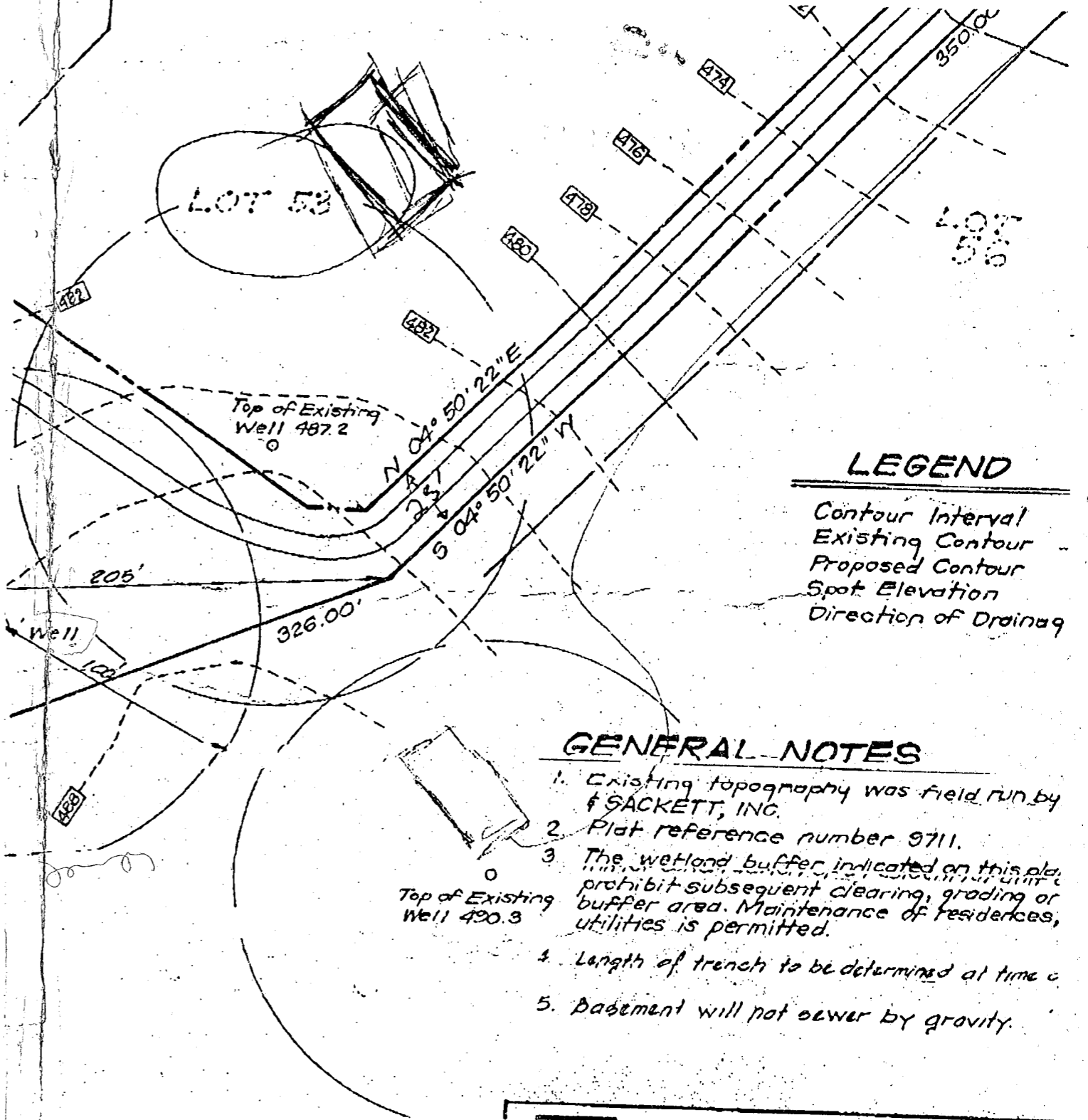
LANE
 Jim
 Tank post is
 10 ft from septic
 tank
 TO BE 10 FT MIN.
 1/4 IN TOS TO
 CUR TRENCH
 TO BE 10 FT MIN.
 1/4 IN TOS TO
 CUR TRENCH

SHEPPARD
 N 19° 19' 33" W
 54
 0.221 Ac.
 5/2/93
 B.P. # 97163
 1) Not of record
 2) Need a closer
 drawing of old

LOT 54
 30' BRL
 60' BRL
 25' BRL
 Wetlands
 25' Wetlands



RAYMOND FOX
 1000 N. W. 11th St.
 CLARKSVILLE TN 37041



LEGEND

- Contour Interval
- Existing Contour
- Proposed Contour
- Spot Elevation
- Direction of Draining

GENERAL NOTES

1. Existing topography was field run by SACKETT, INC.
2. Plat reference number 9711.
3. The wetland buffer indicated on this plan prohibit subsequent clearing, grading or buffer area. Maintenance of residences, utilities is permitted.
4. Length of trench to be determined at time of construction.
5. Basement will not sewer by gravity.

Top of Existing Well 490.3

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

59763

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12021 ...
... MD 21027

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Install IRR 6.4 22x16 (200)
...
... 12x12 base
with ...

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS: RA ...
12021 ... MD 21027
PHONE NO. (410) 531-1508

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	63	36	41

OCCUPANT'S NAME AND ADDRESS: RA ...
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: ...
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
POST & PIER		

CONTRACTOR'S NAME AND ADDRESS: FINE CARPENTRY CO.
397 COMPTON AVE
... MD 20707
PHONE NO. (301) 573-5335

UTILITIES				
WATER/WELL/SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE: ...
PROPOSED USE: ...
EST. CONSTRUCTION COST: \$100,000
LICENSE NUMBER: 19672
PERMIT FEE: ...

SIGNATURE: Mr. Permit
TITLE: ...
DATE: 5/10/95

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK (CORNER LOT ONLY) _____
SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	5/29/95	Charles ...
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.