

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

**B10000809
 PERMIT NUMBER**

Building Address 11525 Chancellor
Ellicott City 21042

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

Census Tract _____ Subdivision Kings Gist

Section _____ Area _____ Lot 44

Tax Map 16 Parcel 361 Grid 8

Zoning _____ Map Coordinates 0J-4 Lot Size _____

Property Owner's Name Walter & Elizabeth Thompson
 Address 11525 Chancellor Lane
 City Ellicott City State _____ Zip Code 21042
 Home Phone 301-854-3515 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SFD
 Proposed Use SFD + Pool
 Estimated Construction Cost \$ 25,000

Description of Work Inground concrete pool
21' x 42' w/ 48" high fence

Contractor Company Maryland Pools Inc
 Contact Person Joanne Latham
 Address 9515 Gerwig Lane
 City Columbia State _____ Zip Code 21046
 License No. 6694
 Phone 410-995-6600 Fax _____

Occupant or Tenant _____

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 Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: _____	Heating System: <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: N/A <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Full
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	<input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth <u>Width</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: <u>3-8'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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.

J. Latham
 Applicant's Signature
agent
 Title/Company

J. Latham
 Print Name
4-7-10
 Date

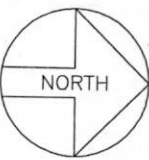
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	Filing fee \$ _____
State Highways			Front: _____	Permit fee \$ _____
Building Officials			Rear: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side: _____	Add'l per fee \$ _____
Health	<u>4-7-10</u>	<u>Joanne Latham</u>	Side St.: _____	TOTAL FEES \$ _____
Fire Protection			All minimum setbacks met?	Sub-total paid \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Is Entrance Permit Required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T: Operations Updated forms

SETBACKS:
 REAR P.L. 10'
 SIDE P.L. 30'
 HOUSE 0'
 SEPTIC 20'
 WELL 20'

**PUBLIC WATER
& PRIVATE SEPTIC**



**Maryland
POOLS**
 Inc.
 9515 GERWING LANE
 SUITE 121
 COLUMBIA, MD 21046
 410-995-6600
 800-252-SWIM
 11166 MAIN STREET
 SUITE 402
 FARMAN, VA 22030
 703-359-7192
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL - 1 HOUR (IN CONTRACT)
SPA: NONE
RAISED BEAM: NONE
TILE: TO BE DETERMINED
COPING: 9" ROUND ROSE BRICK (TYPE TBD)
PLASTER: WHITE MARBLETTE
FILTER SYS: C&C 420 SF CART. W/INTELLIFLO VS-3050
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: 400K BTU (NATURAL GAS)
LIGHTS: TWO WATTS: 500 VOLTS: 120
LOVESEAT: (2) @ 6' (INSIDE) (1 W/STEP)
AQUA BENCH: (2) @ 6' W/UMBRELLA SOCKETS EACH
RAIL GOODS: NONE
DECKING: 1,337 Sq.Ft., EXPOSED AGGREGATE
FENCE: BY OWNERS FENCE CONTRACTOR
POOL COVER: NONE
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: 8' DIVING BOARD & STAND, EQUIPMENTAL BONDING GRID, 159 Ln.Ft., OF DIVIDERS (BRICK).
ELECTRIC: 300 FT. (TRI-STAR)

POOL STATISTICS

SIZE/SHAPE: 21' x 42' - CRETIAN (TYPE III)
POOL AREA: 825
TOTAL AREA: 825
PERIMETER: 116
GALLONAGE: 35,062
SPA:
DEPTH: 3'-6" TO 8'-6"

DIRECTIONS TO SITE

DIRECTIONS:
 MILES: 0.00
 MAP #
 10
 GRID
 J-4

32 WEST TO 29 NORTH TO 40 WEST TO L/7 ONTO RT.144,
 FOLLOW 144 TO R/7 ONTO KINGS GFT DR. FOLLOW TO R/7
 ONTO CHANCELLOR LN.

Elizabeth A. & Walter W. Thompson
 11525 Chancellor Lane
 Ellicott City, Maryland 21042
 Howard County

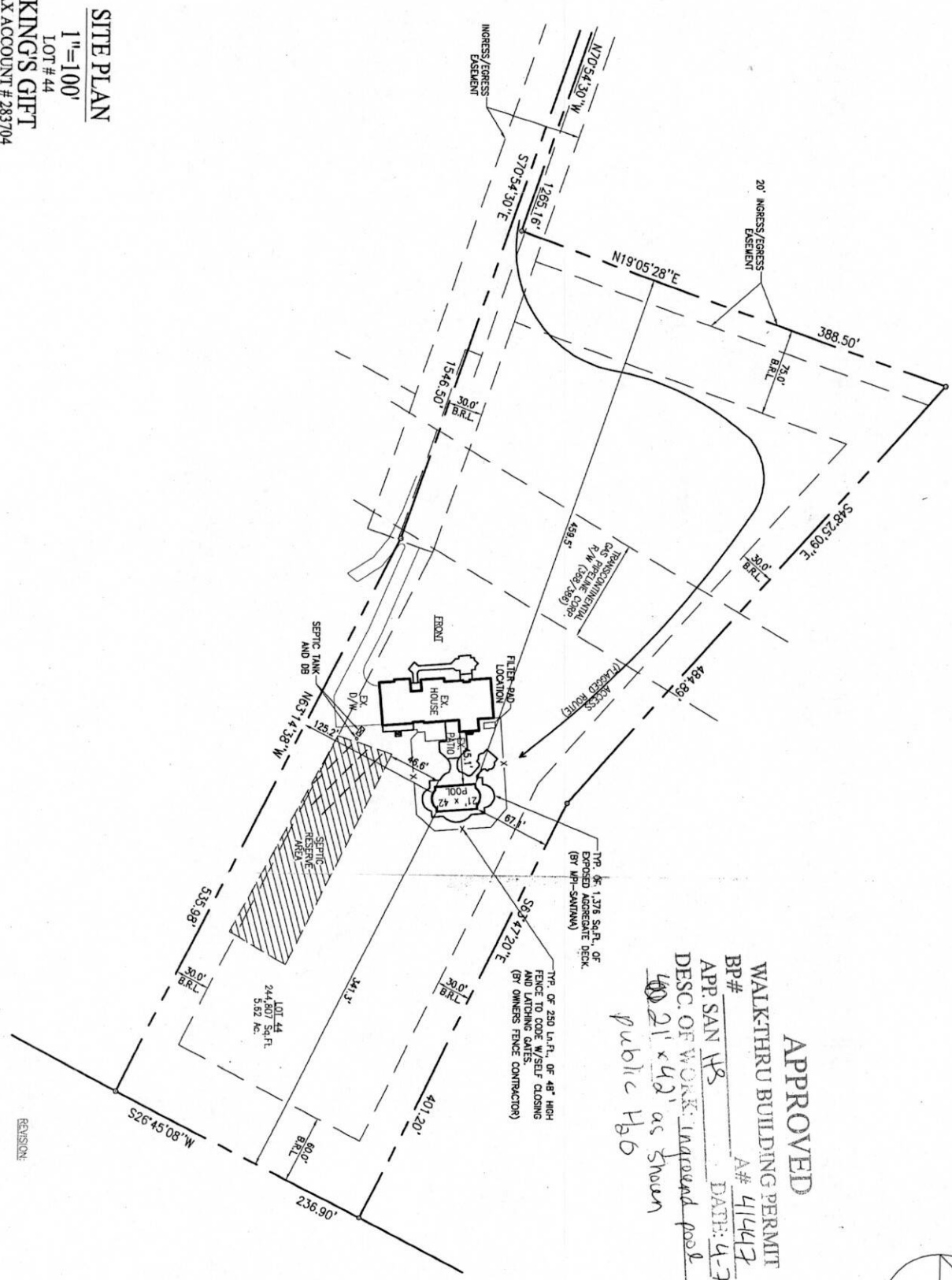
HOME PHONE: 301-854-3515
OFFICE PHONE:
 CELL PHONE 1: 443-871-6681 (Walter)
 CELL PHONE 2: 443-790-1651 (Betsy)

LOT: 44
SUBDIVISION NAME: KING'S GIFT
DISTRICT: 03
PIN #: 283704

SCALE: 1"=100'
DATE: 4/3/10
J.L.R.
DATE: 4/3/10
JOB NUMBER: JC10-9979
SHEET #: ONE
SCALE: 1"=100'

APPROVED
WALK-THRU BUILDING PERMIT
 APP SAN HS
 BP#
 DESC. OF WORK: Improved pool
 21' x 42' as shown
 public Hb6
 DATE: 4-3-10
 A# 41413

SITE PLAN
 1"=100'
 LOT # 44
KING'S GIFT
 TAX ACCOUNT # 283704
 MAP 16, GRID 8, PARCEL 361
 ELECTION DISTRICT: 03
 HOWARD COUNTY, MARYLAND



PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:
PERMIT SET
 DATE: 4-3-10

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	B07002293 PERMIT NUMBER
Building Address <u>11525 CHANCELLOR LANE, ELLICOTT CITY, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>KINGS GIFT</u> Section <u>—</u> Area <u>—</u> Lot <u>44</u> Tax Map <u>16</u> Parcel <u>361</u> Grid <u>15</u> Zoning _____ Map Coordinates _____ Lot Size <u>5.6 AC</u>	Property Owner's Name <u>WALTER THOMPSON</u> Address <u>11525 CHANCELLOR LANE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>443-871-6681</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): Phone _____ Fax <u>410-379-6422</u>	
Existing Use <u>RESIDENCE</u> Proposed Use <u>RESIDENCE</u> Estimated Construction Cost \$ <u>155,000</u> Description of Work <u>ADDITION OF 3 CAR GARAGE</u> Occupant or Tenant <u>WALTER THOMPSON</u> Contact Name <u>WALTER THOMPSON</u> Address <u>11525 CHANCELLOR LANE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>443-871-6681</u> Fax <u>410-379-5599</u>	Contractor Company <u>OWNER-SAME AS ABOVE</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>RONALD JOHNSTON AND ASSOCIATES</u> Contact Person <u>RON JOHNSTON</u> Address <u>11407 BARLEY FIELD WAY</u> City <u>MARBRITSVILLE</u> State <u>MD</u> Zip Code <u>21104</u> Phone <u>410-442-3647</u> Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>2</u> Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>60w x 38D</u> 2 nd floor: <u>60w x 36D</u> Basement: <u>40w x 38D</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement _____ Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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.

Walter Thompson
 Applicant's Signature
LAKESIDE TITLE
 Title/Company

WALTER THOMPSON
 Print Name
6-12-07
 Date

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 #
<input checked="" type="checkbox"/> Land Development DPZ				Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways				Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials				Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ				Side St: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health <u>Thompson</u>		<u>Thompson</u>		All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2015</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Historic District?	Validation # _____
ONE STOP SHOP <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	

NOTES:

FOR BEARINGS SHOWN ON THIS TOPOGRAPHY IS DEED 4386 / 386
 FOR COORDINATES & BENCHMARKS : HOWARD COUNTY TRAVERSE POINTS
 004 N 532394.006 E 821309.541 ELEV 529.87
 005 N 531879.938 E 823008.200 ELEV 559.69
 TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE
 OF 2007
 SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

SERVED BY PUBLIC WATER
 DISTURBED AREA: 7,724 SQ. FT. ±
 NEW IMPERVIOUS AREA: 2,085.8 SQ. FT. ±
 FROM STORMWATER MANAGEMENT REQUIREMENTS.

PAVING TO BE REMOVED
 NEW PAVING
 EXISTING PRIVATE SEWAGE EASEMENT
 ••• LIMIT OF DISTURBANCE

LOT 43
 WIGGLESWORTH
 3544/213
 4140/390

LOT 46
 HANDY
 4843/120

LOT 45
 MILLER
 6050/1

LOT 39
 PAUL HAMLIN
 7755/635

LOT 44
 WALTER & ELIZABETH THOMPSON
 4386/386
 5.6230 AC+/-

LOT 1
 THOMPSON'S RANGE
 PLAT # 10006
 8466/488

SEPTIC SYSTEM DATA

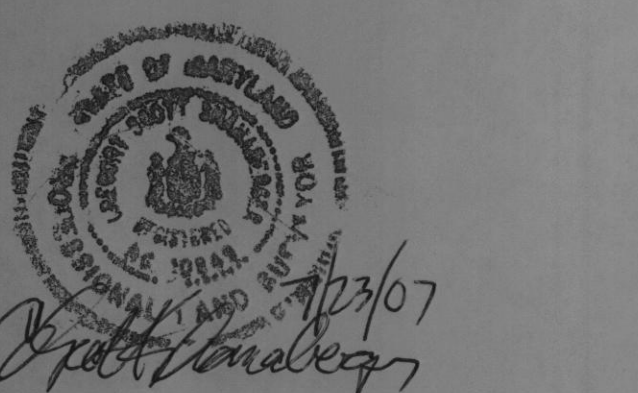
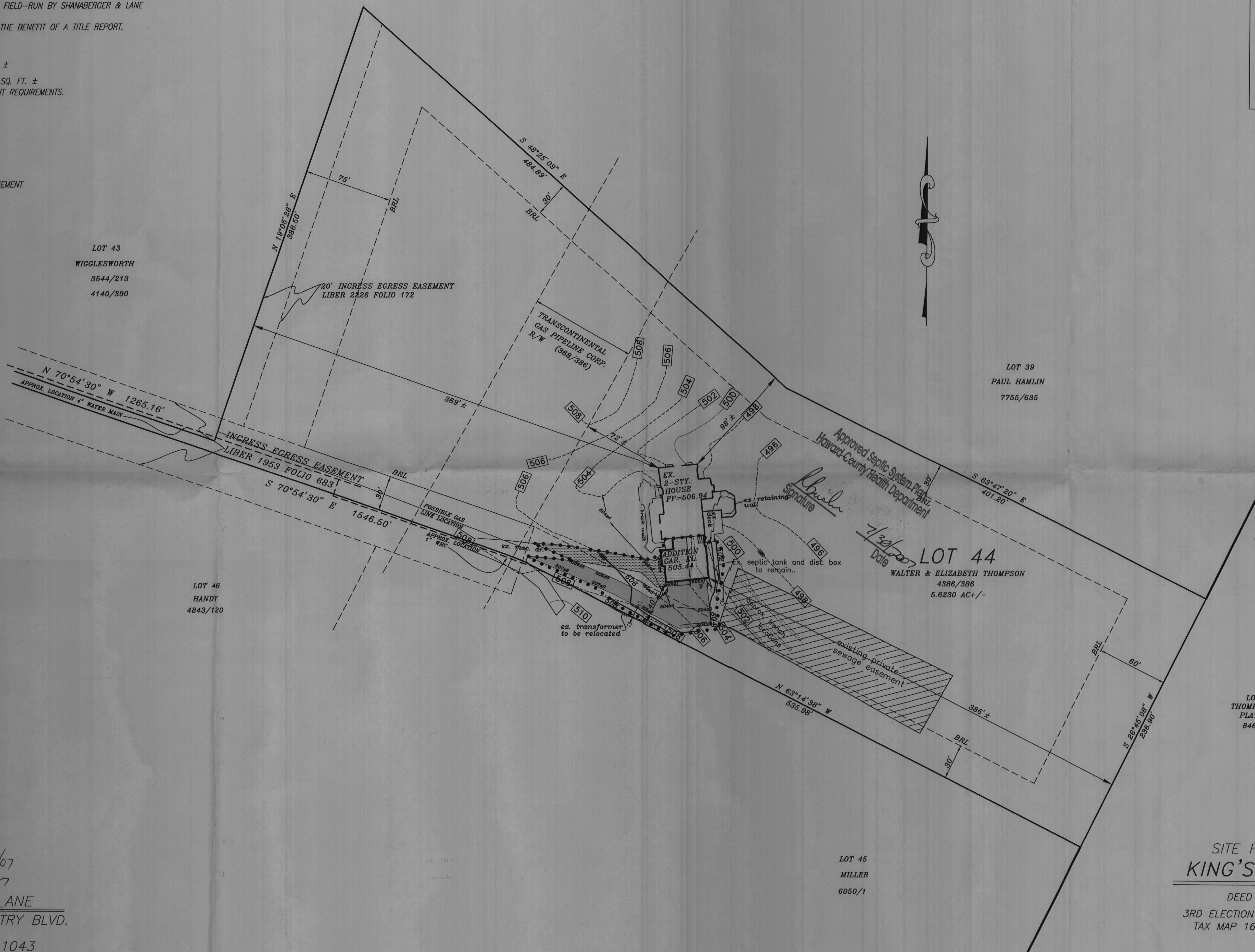
INV. AT HOUSE 501.80**

SEPTIC TANK
 EX. GRADE 503.0
 FIN. GRADE 504.0
 INV. IN 501.2
 INV. OUT 500.9

DISTRIBUTION BOX
 EX. GRADE 503.0
 FIN. GRADE 503.0
 INV. IN 500.8
 INV. OUT 500.5

EXISTING TRENCHES TO REMAIN
 **INLET OF HIGHEST TRENCH: 501.0 per 1988 site plan

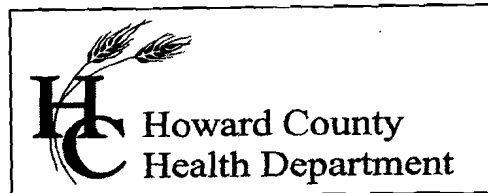
** ITEMS MARKED WITH ASTERISK ARE FROM ORIGINAL SITE PLAN IN JULY, 1988



SHANABARGER & LANE
 5 TOWN & COUNTRY BLVD.
 #201
 COTT CITY, MD. 21043
 PHONE: 410-461-9563
 410-461-9693

**SITE PLAN FOR ADDITION
 KING'S GIFT LOT 44**

DEED REFERENCE: 4386/386
 3RD ELECTION DISTRICT, HOWARD COUNTY, MD
 TAX MAP 16 GRID 15 PARCEL 361
 ZONED: RC-DEO
 SCALE: 1"=40'
 DATE: MAY 30, 2007 revised July 23, 2007



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

July 27, 2007

Walt Thompson
11525 Chancellor Lane
Ellicott City, MD 21042

RE: **Variance Approval**
11525 Chancellor Lane
Ellicott City, MD 21042

Dear Mr. Thompson,

The Department of Health received your variance request on July 26, 2007 for the above referenced property. This agency will grant **approval** of the variance provided that the attached garage is constructed without a basement and is constructed no closer than nine feet from the existing septic tank. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request and the construction plans illustrate the construction of the garage nine feet from the existing septic tank. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Director, Well and Septic Programs

cc: File

From the desk of Walt Thompson

11525 Chancellor Lane
Ellicott City, MD 21042
(301) 854-3515
Cell (443) 871-6681

Sent via email on 7/26/07

May 31, 2007

To: Brian Davies, Howard County Health Department
From: Walt Thompson

Please accept this letter as a formal request for a setback variance for my septic system holding tank. Per my previously sent drawing by Shanaberger & Lane, Surveyors, it shows that the distance from the corner of my garage to my septic tank is 9 feet in lieu of the required 10 feet.

Please call me if you have any questions and to set up a time to meet on site. My cell phone number is (443) 871-6681.

Sincerely,

Walt Thompson
Walt Thompson

The Thompson Residence

11525 Chancellor Lane,
Ellicott City, MD 21042

(P) 301-854-3515
(F) 410-379-6422



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMO

Date: July 16, 2007

To: Walter and Elizabeth Thompson, Homeowners

From: Robert Bricker, Environmental Sanitarian
 Well and Septic Program

RE: B 07002293, Proposal for Garage, 11525 Chancellor Lane

*Walter Thompson 6422
 FAX 410-379-5599*

Dear Mr. & Mrs. Thompson,

I have reviewed your proposal to construct a garage, approximately 35 ft. by 37 ft., attached to the south end of your residence. The proposed relocations of the septic tank and distribution box are appropriate. It is standard procedure for the Health Department to require installation of the new 2000-gallon septic tank and distribution box prior to Building Permit approval.

During a site inspection (July 13, 2007) to confirm septic tank location, the inspector noted indications of at least one failing drainfield trench, and possibly another. The failing trench has been confirmed by observation of Howard County aerial photographs (April 2006). In addition to the 2000-gallon septic tank, the Health Department will require installation of at least one new drainfield trench to replace the failing trench.

At this time, the Health Department requires that portions of the upper 2 trenches be exposed and observed by an inspector. This type of inspection requires exposure of the gravel covering the distribution pipe in the respective trenches. The gravel may be exposed on any portion of each of the upper two trenches. (The trench locations are detectable at this time as a pair of parallel strips of dead grass, ~12 ft. apart, extending along contour from the vicinity of the cleanout on the distribution box toward the property line.) Our records indicate that a filter cloth covering the gravel should be encountered at about 1.5 feet depth.

An inspection to visually observe the exposed gravel may be tentatively scheduled for Monday, July 23. If you anticipate that you can have the trenches exposed by then, please call myself, Robert Bricker, at 410-313-2691 to set a time for the inspection. If you have any questions regarding this matter, you may call 410-313-2691.

RB
 CC: file

Site visit 9:30, 7/23/07

*w/ Mike Davis.
 Top 2 trenches exposed, both OK.
 Location of St. determined to be ~46' from
 outside wall. Redraw Plot Plan. Dist. box
 to be uncovered. Expect variance request.*