

9/23/03 - 10 AM 11/16/04 - AM

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 9/5/03

APPROVAL DATE: 11/17/04

PERMIT INDEXED
04334248

P 519562

A REPAIR

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 16391 Paulownia Hill Court PROPERTY OWNER: Timothy Jennings

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 80

TRENCHES:	Trench to be 2 feet wide. Inlet ^{3.5} feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 4.5 feet of stone below distribution pipe.
LOCATION:	Add one 80' trench on contour
PURPOSE:	Septic system must be upgraded prior to BP approval. Call for inspection when the ground is opened so sanitarian can recommend repair.

PLANS APPROVED: Stuart Oster DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

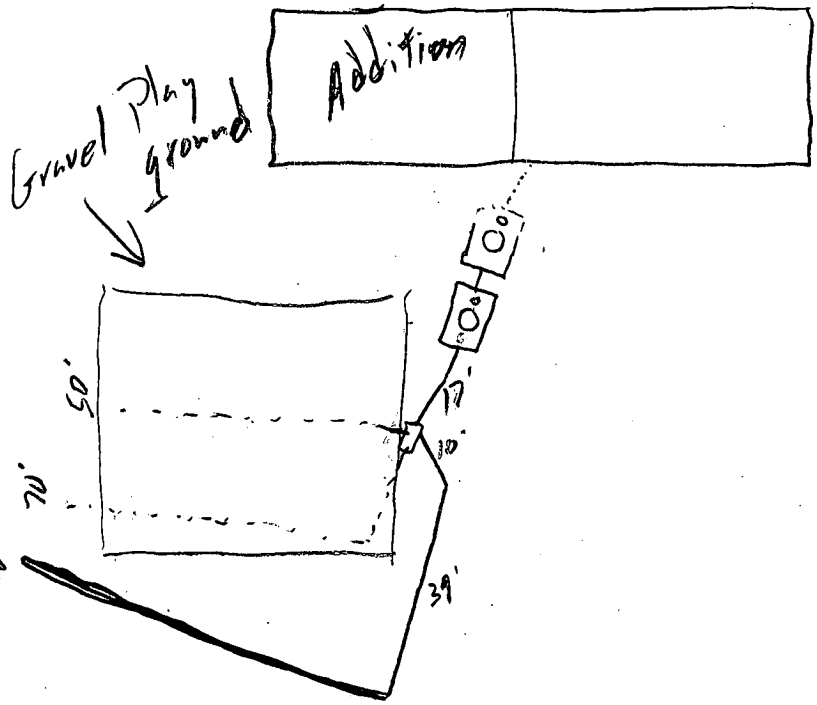
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

9/5/2003 B00143645 LARGE ADDITION

A 38393

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>2'</u>	<u>3.5</u>	<u>8</u>
NUMBER OF TRENCHES		<u>1 Added</u>
TOTAL LENGTH		<u>80'</u>
ABSORPTION AREA		<u>360 sq Added</u>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>17.2</u>
TANK LID DEPTH	<u>1-2.5</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1-2'</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION 11/16/04 - Conting to install 2nd 1000 gal ST.
Dig up D.B. to check condition, replace if needed. Connect
 INSTALLATION ex. trenches back up & add 80' of trench (SU)
11/17/04 - Tank set, trench finished. OK to cover
all work (SU)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/17/04

BUILDING PERMIT SIGNED
 AND RETURNED

12/18/85
approved
S. Abel

PERMIT

P 36193
A 35393

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~887-2830x~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 4th
DATE 11/12/85

Arnold Septic Tank Service IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION _____ ROAD 16391 Paulownia Hill Ct. LOT _____

PROPERTY OWNER Timothy Jennings

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe. LOCATION: Start the trench approximately 480 feet from the 1353.81 ft. lot line and 383 ft. from the corner of the 581.57 ft. lot line and the 451.33 ft. lot line. Run trenches on level ground toward the 1055.18 ft. lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY S. Abel DATE 11/5/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

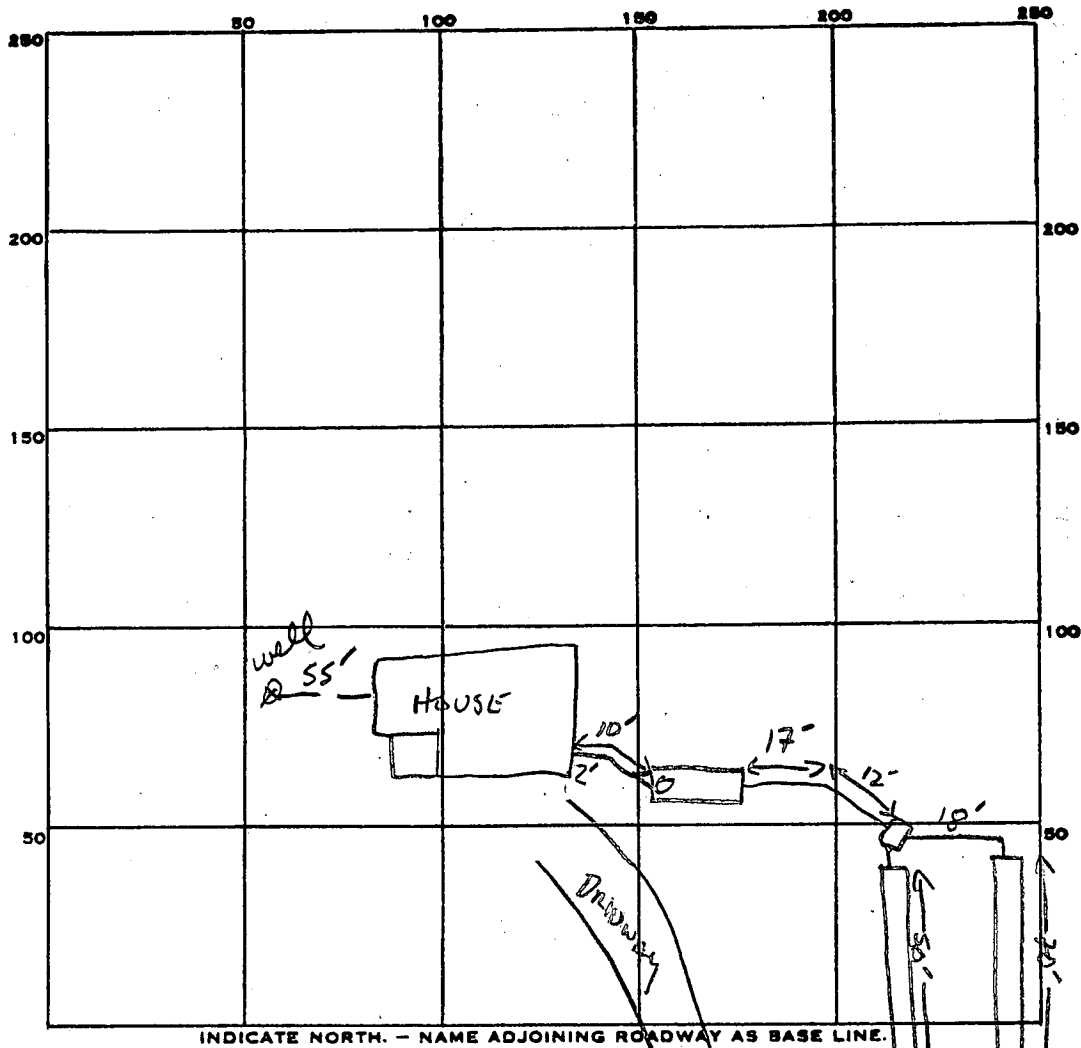
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
35393



PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL

CLEANOUTS 5T

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET 3.5'

GRAVEL DEPTH 4.5 FE IN. TOTAL LENGTH 30 70 TOTAL 120'

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 540

120
4.5
600
480
5400

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 540 SQ. FT.

REMARKS 12/18/85 OK TO ADD STONE; S. Abel

DATE SYSTEM APPROVED 12/18/85

INSPECTOR S. Abel

C1 2764 (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

DATE Received: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: 10/17/85
 Depth of Well: 240 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-1101
 OWNER: ROSENSTEEL HOKE
 STREET OR RFD: 404 N. MAIN ST. first name: HOKE
 TOWN: Mt. Airy MD.
 SUBDIVISION: none SECTION: Tax map 2 LOT: PARCEL 177

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	
Brown Slate	2	40	
Brown Slate	40	50	
Blue Slate	50	65	
Brown Slate	65	70	✓
Blue Slate	70	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY
 CEMENT: CM BENTONITE CLAY: BC
 NO. OF BAGS: 15 NO. OF POUNDS: 1500
 GALLONS OF WATER: 70
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD
 casing types insert appropriate code below: ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE: ST
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 65

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

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

C2
 DEPTH (nearest ft.)
 1 HO 61 290
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)

GRAVEL PACK from [] to []
 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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

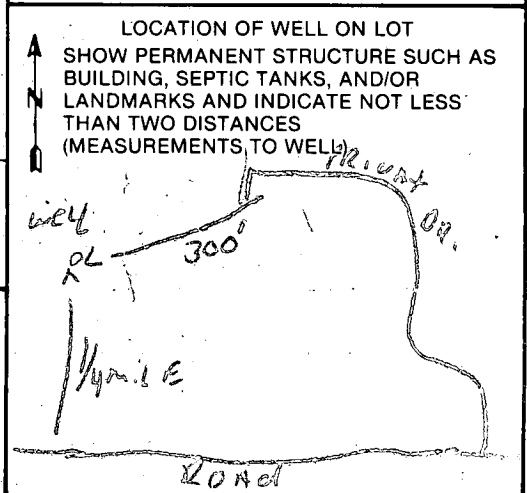
C3
PUMPING TEST
 HOURS PUMPED (nearest hour): 6
 PUMPING RATE (gal. per min. to nearest gal.): 2
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 65
 WHEN PUMPING: 195
 TYPE OF PUMP USED (for test): S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED: S
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 2 (nearest foot)
 - below }

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. 223
 DRILLERS SIGNATURE: Ralph E. Wagner
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): []



7-23-85
11:00 AM

APPLICATION

A 35393

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 5/03/85

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 Timothy Jennings
9832 Robinson Boulevard
ADDRESS Laurel, Maryland 20707 PHONE NTT Associates 442-2030

PROPERTY LOCATION:

SUBDIVISION Upper Trail LOT NO. Tax Map 2, Parcel 177
ROAD AND DESCRIPTION # 16391 ~~9832 Robinson Boulevard~~ Paulownia Hill Ct.

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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. /s/ Timothy Jennings
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

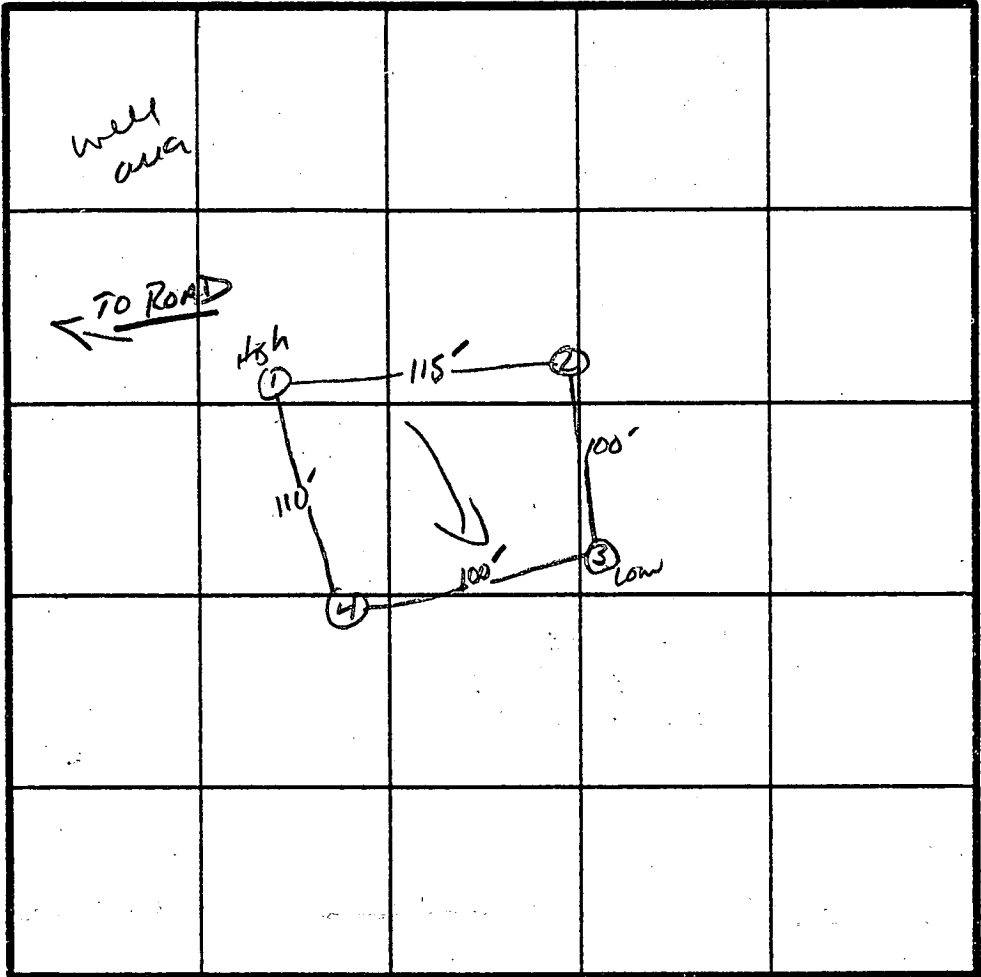
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7-23-85 Perc. Satisfactory - hold for certified hole location, S.A.H.L

B.P. appl. # 66966
signed 11/5/85

THIS IS NOT A PERMIT



X PERC. TIME
 5 min
 INLET 3.5
 BOTTOM MAX
 8"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

① ②
SOIL PROFILE

0"	A1-3
4"	BROWN CLAY LOAM <10% SAPROLITE
3.5"	BROWN SAND LOAM 10-20% SAPROLITE
10"	BROWN SILT SAND 30-40% SAPROLITE
12"	

③

0"	A1-3
8"	BROWN CLAY LOAM <10% SAPROLITE
4"	BROWN SAND LOAM 10-20% SAPROLITE
10"	SAPROLITE 20%
12"	

④

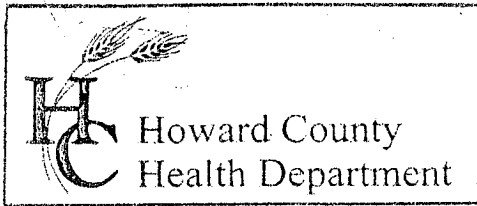
0"	A1-3
2"	BROWN CLAY LOAM <10% SAPROLITE
2"	BROWN SAND LOAM 10-20% SAPROLITE
10"	SAPROLITE 20-30%
12"	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/23/85	1 S	4.5"	3:26	3:28	3:28	3:31	3 min	
	2 S	12"	SANDY SOIL Below 8.5" - NO STRUCTURE					SAPROLITE
	2 S	5"	3:33	3:37	3:37	3:45	8 min	
	2 S	12"	SAME AS HOLE #1					
	3 S	5"	3:45	3:46	3:46	3:50	4 min	
	3 S	12"	SANDY SOIL Below 4" NO STRUCTURE					SAPROLITE
	4 S	3"	3:53	3:55	3:55	3:59	4 min	
	4 S	12"	SEE PROFILE STRUCTURE VARIES.					

REMARKS _____

TYPE OF SOIL _____

TESTED BY SAB ALSO PRESENT D-KETTERMAN



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 26, 2003

Timothy A. Jennings
16391 Paulownia Hill Court
Mount Airy, Maryland 21771

RE: Building Permit Application
Number: BOO143645
Parcel 177, Lisbon Manor
16391 Paulownia Hill Court

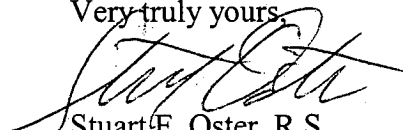
Dear Mr. Jennings:

This office has recently received the above referenced building permit application; however, we are unable to recommend approval of the application at this time.

The proposal is for an addition to the existing house. Any proposal for an increase in the number of bedrooms in a house indicates a potential increase in sewage flow. Health department records of the septic system currently serving the existing house indicate a system sized for three bedrooms, installed in December of 1985. Therefore, prior to consideration for Health Department recommendation for approval, evaluation and upgrade of the existing septic system shall be necessary per COMAR 26.04.02.02 D (4)

Please contact me at (410) 313-2640 to discuss resolution of the Health department concerns outlined above. Thank you in advance for your cooperation in this matter.

Very truly yours,

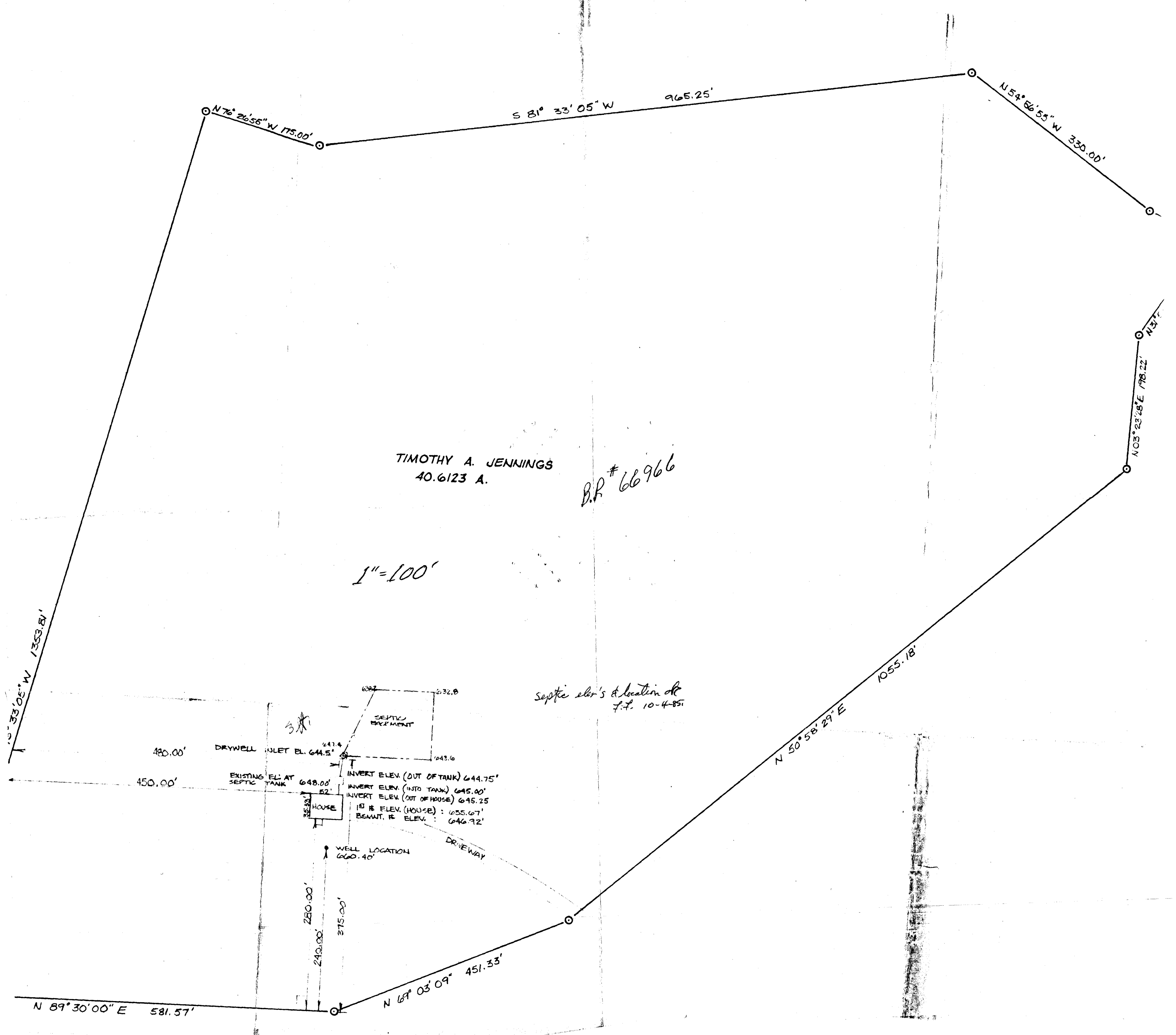


Stuart F. Oster, R.S.

Water and Sewerage Program

Enclosure
cc: File

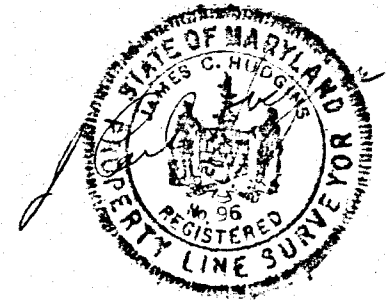
8/29/03 - T.C. from homeowner. Explained that system will need to be upgraded - 1500 gal S.T. & 80' trench min. if current trenches OK. All new system if not. (50)




L E JUSTICE
L-165 F-401

TIMOTHY A. JENNINGS
LIBER 1149 FOLIO 259
40.6123 AC

LUKE
LOT 23
UPPER TRAIL



PERCOLATION TEST PLAT
TIMOTHY A. JENNINGS
PROPERTY
TAX MAP 2 PARCEL 177
4TH ELECTION DISTRICT
HOWARD COUNTY MD
SCALE 1"=200' DATE 8-22-85

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department 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.

Percolation test holes shown hereon have been field located and shown as "⊕".

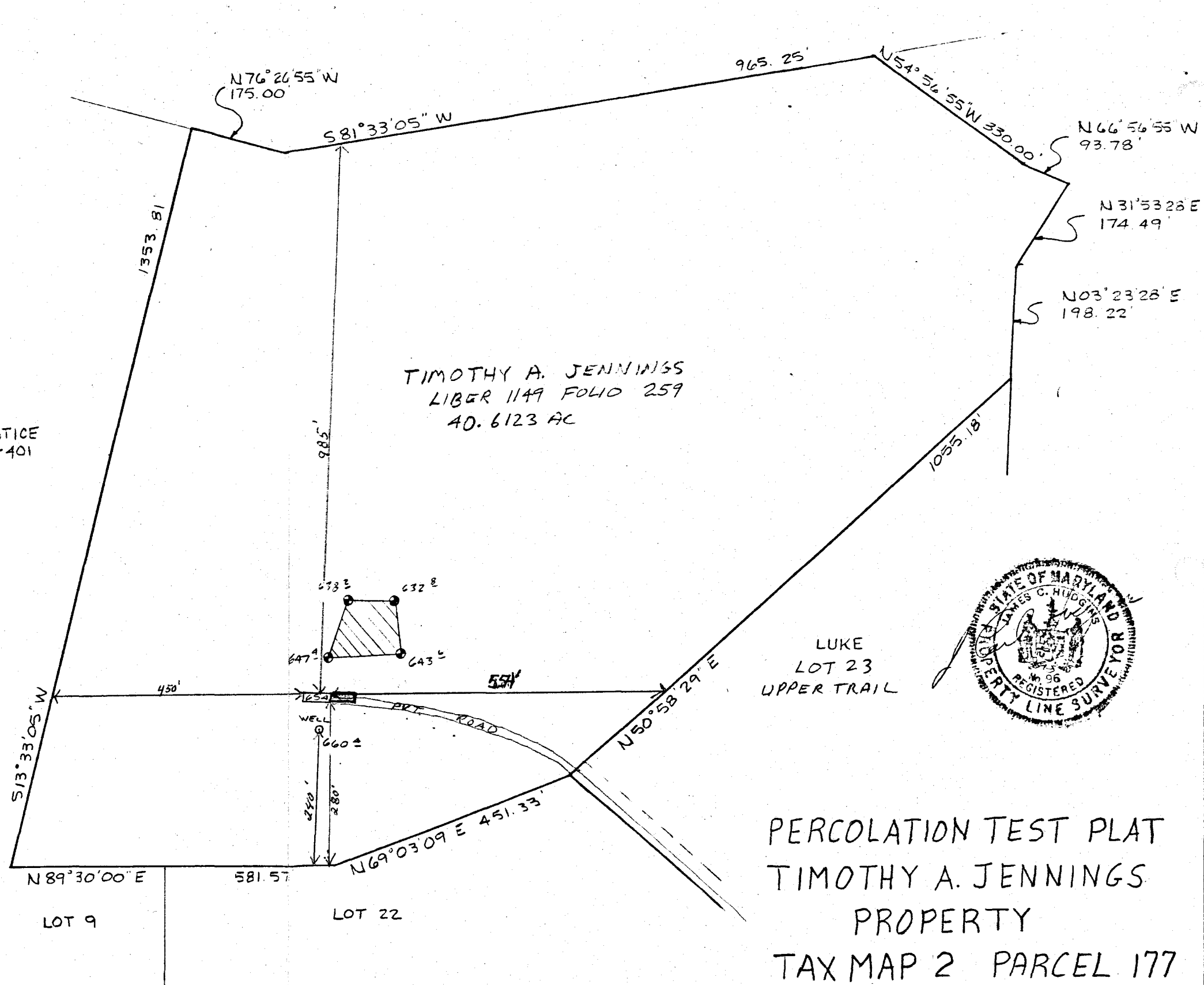
The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

County Health Officer

Date



Health Dept SO Call w/H

DEPARTMENT 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	PERMIT NUMBER B00143645
---	-------------------------------------	----------------------------

Building Address <u>16391 PAULOWNIA Hill Ct</u> <u>Mount Airy, MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604001</u> Subdivision <u>Leiston Manor</u> Section _____ Area _____ Lot _____ Tax Map <u>2</u> Parcel <u>177</u> Grid <u>23</u> Zoning <u>RC-DEV</u> Map Coordinates <u>306</u> Lot size _____	Property Owner's Name <u>TIMOTHY A. JENNINGS</u> Address <u>16391 PAULOWNIA Hill Ct</u> City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410-489-5075</u> Work Phone <u>301-975-1000</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ _____ Phone _____ Fax _____
--	--

Existing Use <u>RESIDENCE SFD</u> Proposed Use <u>RESIDENCE SAME WITH ADDITION</u> Estimated Construction Cost \$ <u>120,000</u> Description of Work <u>ONE STORY ADDITION OF SUN ROOM, w/3 CAR GARAGE AND ROOMS OVER GARAGE FOR IN-LAW SUITE w/ BEDROOM/BATH, TV ROOM + GUEST ROOM + WOOD BURNING STOVE</u>	Contractor Company <u>OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
---	---

Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: <u>35'</u> 2nd floor: <u>N/A</u> Basement: <u>35'</u>	Sewage Disposal: Public <input type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" 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.

<u>Timothy A. Jennings</u> Applicant's Signature	<u>TIMOTHY A. JENNINGS</u> Print Name <u>18 AUGUST 2003</u> Date
---	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u> State Highways Building Official Dev. Engineering, DPZ Health Fire Protection	DATE <u>9/5/03</u>	SIGNATURE APPROVAL 	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input 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 NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>37337</u> Filing fee \$ <u>20</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>2416</u> Validation # <u>3216</u> Accepted by
---	-----------------------	------------------------	--	--