

5/1/90 2 PM

05-4025073



PERMIT

P 44814

A 35414

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 8/2/89

DATE SYSTEM APPROVED 5-1-90

INDEXED

INSPECTOR RH

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Fox Hall Villas ROAD 13312 Elliot Drive LOT 18

PROPERTY OWNER Phillip Pellegrino

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. 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 - Place the distribution box at a point 140 feet from the front lot line and 130 feet from the left side of the lot as seen when facing the lot from Elliot Drive. Run the trenches toward both side lines. LEFT SIDE LINE

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

5/1/90 CHANGED SPECS AFTER DISCUSSION WITH RH

PLANS APPROVED BY Ray Hodges DATE 9/18/86

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

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)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH. SLUG PERMITS DENIED AND REQUIRES 2/26/2001 B00128467 - DECK

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

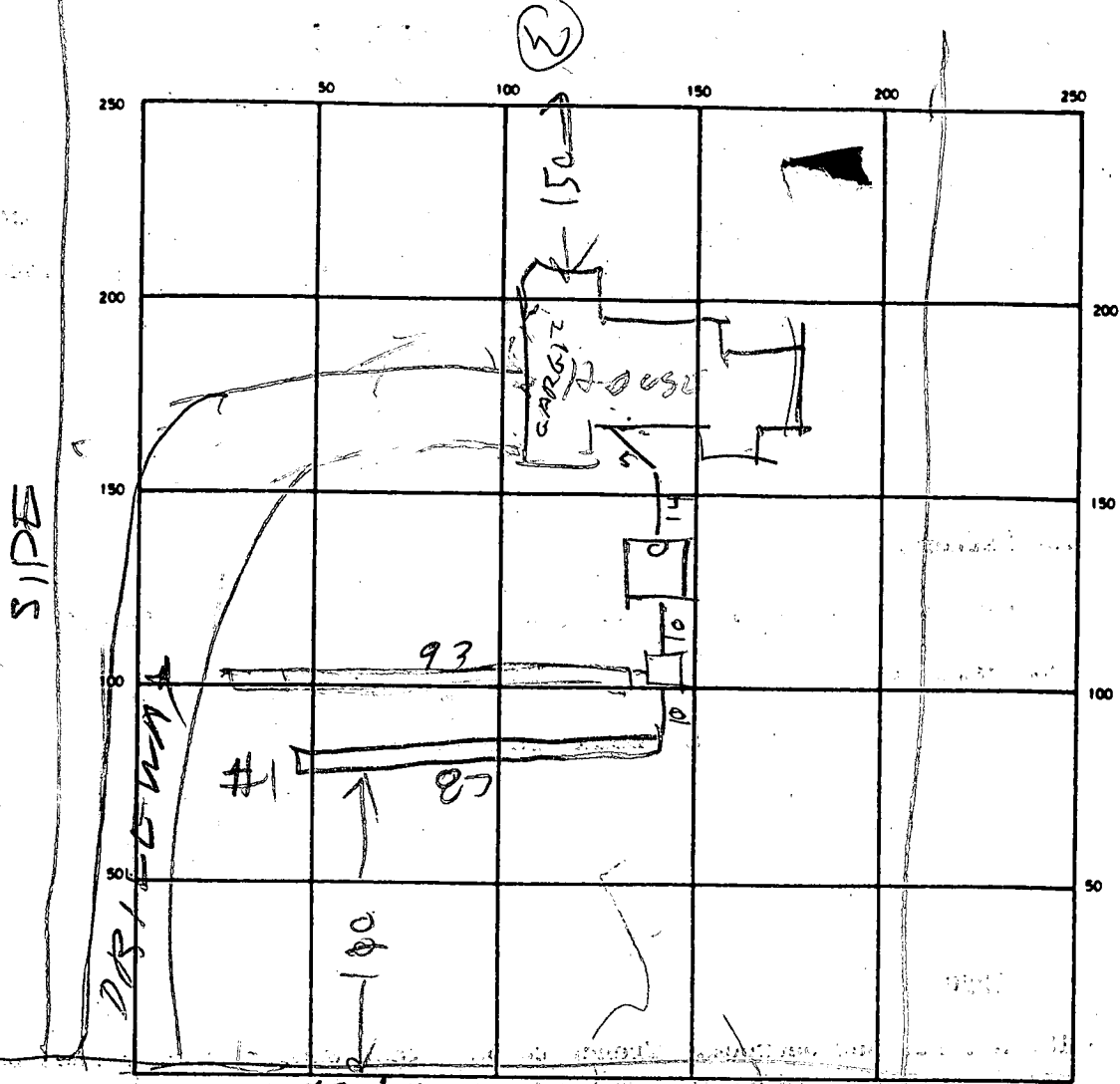
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35414



SEPTIC TANK LEVEL 2000 CLEANOUTS OK

DISTRIBUTION BOX LEVEL 1 1/2

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

EFFECTIVE GRAVEL DEPTH 4 1/4 FT. TOTAL LENGTH 87 92 FT. 100

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

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

ABSORBENT AREA 2600 SQ. FT.

REMARKS 5/1 190 TRENCH #1 DUG & SOME STONE ADDED
TRENCH #2 STARTED & SOME STONE ADDED
5/1 190 TRENCH #1 FINISHED TRENCH #2
ALMOST FINISHED FINISH TRENCH & COVER

DATE SYSTEM APPROVED MAY 90 INSPECTOR Raymond Hodger

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35414

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5TH

DATE 4-24-85

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 DAVID N. ELLIOTT

ADDRESS 6581 COLUMBIA PIKE, COLUMBIA PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAGES LOT NO. 18

ROAD AND DESCRIPTION ELLIOTT DRIVE

SIZE OF LOT 3 acres TYPE BLDG. res 3-4
(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.

David N. Elliott
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

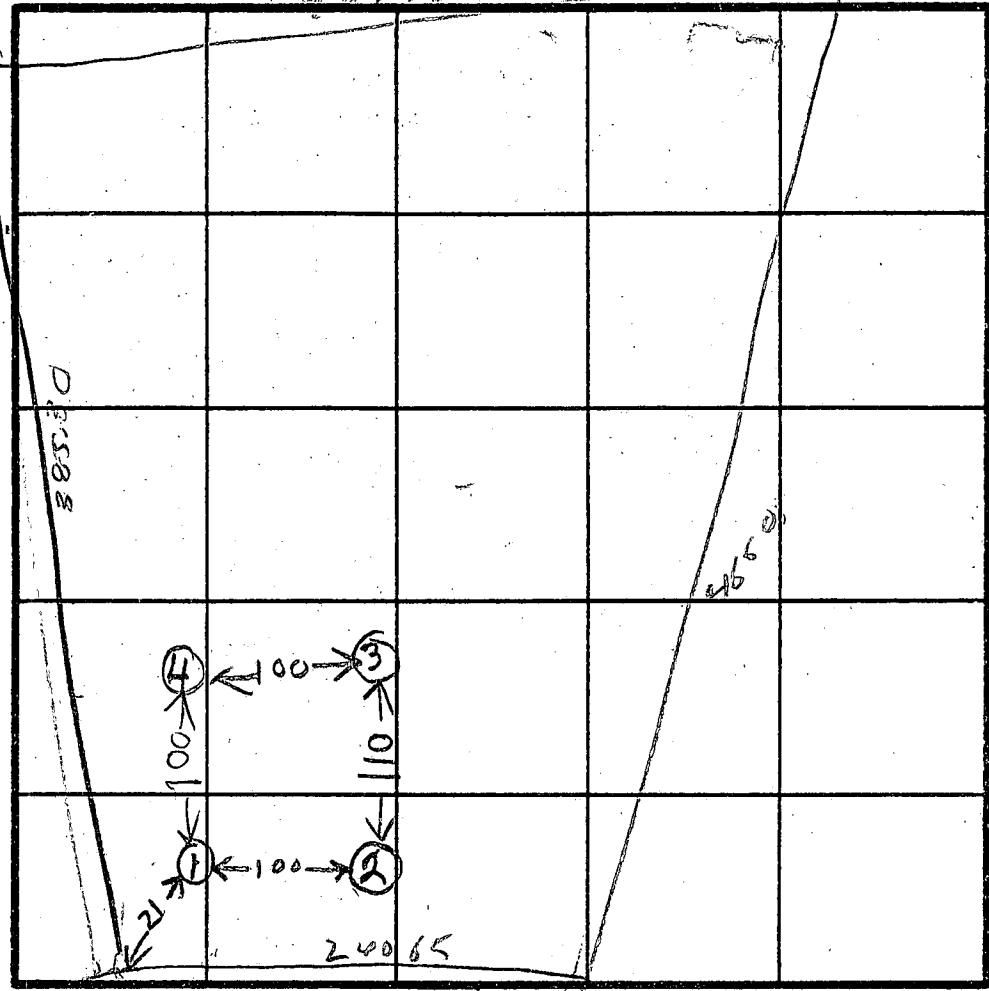
THIS IS NOT A PERMIT

18

1004 20

SOIL PROFILE

1
2
3
BROWN CLAY
BROWN SAND
MICA LOAM



HOLE ELEVATION
3 4 = HIGH
1 2 = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4
RED BROWN CLAY
BROWN SAND
MICA LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/9/88	1S	3	1131	1134	1134	1136	2
	1V	13	LOOKS	OK			
	2S	3 1/4	1142	1144	1144	1147	3
	2V	12 1/2	LOOKS	OK			
	3S	3	1152	1153	1153	1155	2
	3V	12 1/2	LOOKS	OK			
	4S	4	1159	1202	1202	1208	6
	4V	13	LOOKS	OK			

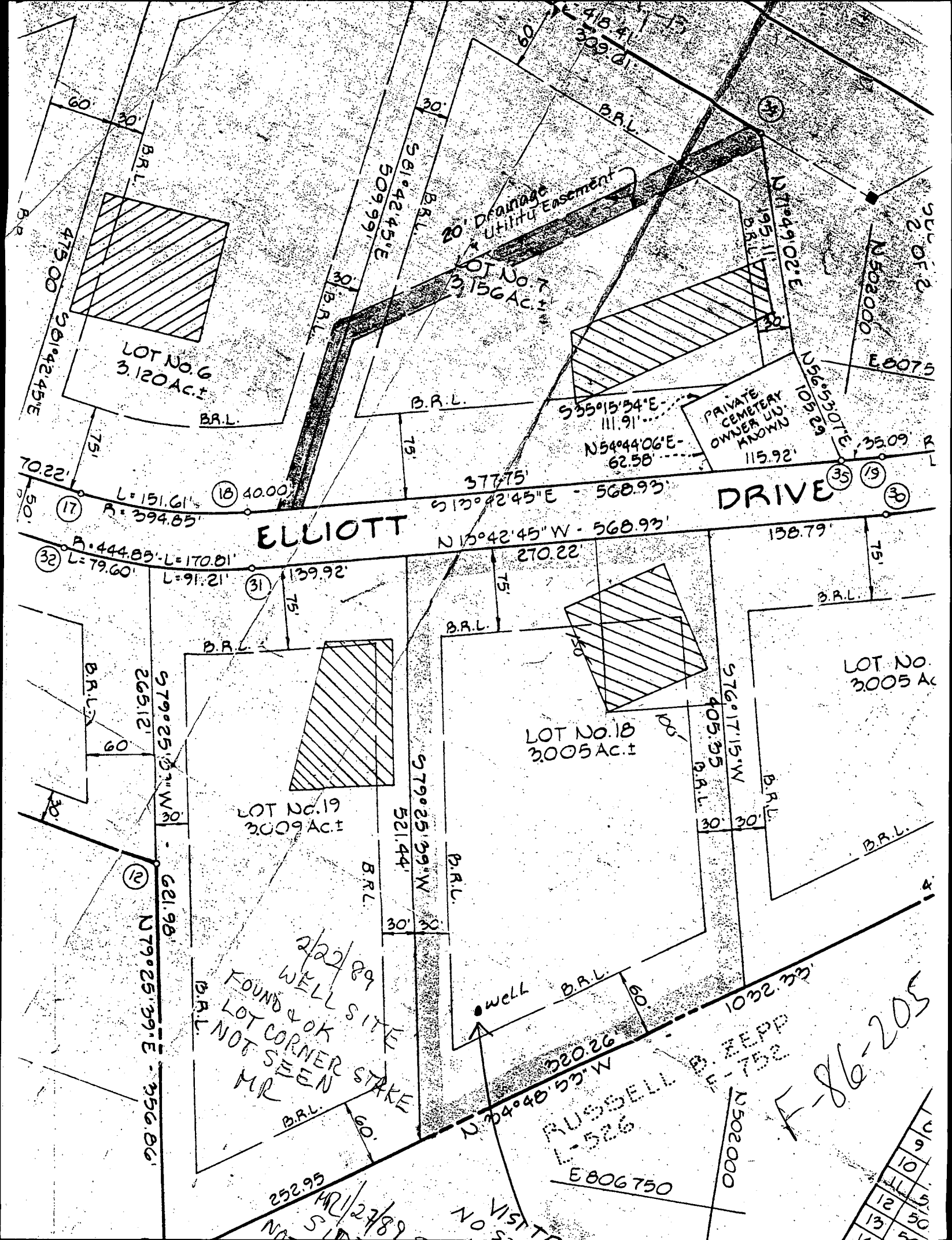
av time
3 min
max depth

REMARKS PERC AREA PER SURVEYOR PLAT

TYPE OF SOIL
TESTED BY B HODGES

FYOCK CO JEFF Y ROBERT
ALSO PRESENT

EH-12-1079



LOT No. 6
3.120 Ac.±

LOT No. 7
3.156 Ac.±

LOT No. 18
3.005 Ac.±

LOT No. 19
3.009 Ac.±

LOT No. 3005 Ac.

PRIVATE CEMETERY
OWNER UN-
KNOWN

ELLIOTT DRIVE

N 15° 42' 45" W - 568.93'

DRIVE

2/22/89
FOUND WELL SITE
LOT CORNER STAKE
NOT SEEN
MR

NO VISIT

RUSSELL
L-526
E 806 750

F-86-205

9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

C1 6773 SEQUENCE NO. (DENY USE ONLY)
 (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 87 35414

DATE Received DATE WELL COMPLETED 04/19/89 Depth of Well 360 PERMIT NO. - FROM "PERMIT TO DRILL WELL" HO-08-0423

OWNER POWELL CONSTRUCTION last name ELLIS first name DR TOWN CLARKVILLE
 STREET OR RFD SUBDIVISION FOXHALL VILLAGE SECTION LOT 18

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	
Topsoil	0	2	
Stale	2	11	
Soft Brown Mica	11	62	
Grey Mica	62	72	
White Mica	72	80	
Grey Mica	80	84	
Brown Mica	84	87	
White Mica	87	100	
Grey Mica	100	130	
Tan Mica	130	134	✓
Grey Mica	134	210	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 15 NO. OF POUNDS 1500
 GALLONS OF WATER 45
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 29 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) 5 T
 Total depth of main casing (nearest foot) 6 6 6 6 6 6
 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

DEPTH (nearest ft.)
 EACH SCREEN
40 64 360
 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.)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface) BEFORE PUMPING 4 6
 WHEN PUMPING 1 2 0
 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)
+ above } LAND SURFACE (nearest foot) 2
- below }

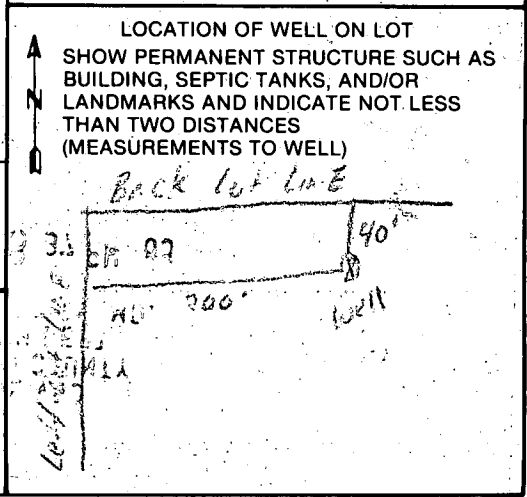
CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



B 1 7878

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-88-0423

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

please print or type

fill in this form completely

Date Received (APA)

012589

OWNER INFORMATION

PONTIER CONSTRUCTION

408 ALLEGHANY AVE

TOWSON MD 21204

LOCATION OF WELL

HOWARD

EDYHALL VILLAS

SECTION LOT 18

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

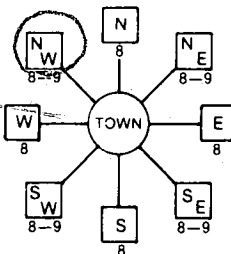
GEORGE F. EASTERDAY 40

L. FRANKLIN GASTERDAY, INC

9265 BROWN CHURCH RD, MT. AIRY LD 21771

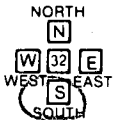
George F. Easterday 1-23-89

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ELLIOTT DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 350

ENTER FT or MI FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-35414 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 022489 Mark E. Rifein 08/24/89

NORTH GRID 502000 EAST GRID 0807000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

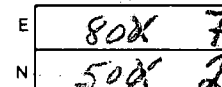
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

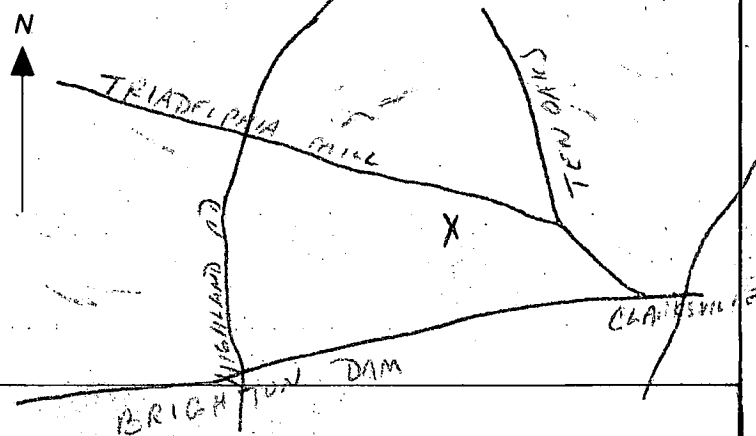
- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



3/31/89 8:30
10:00 Truck stuck in mud. Postponed. TEN
4-7-89 GROUT CAST
14 BAGS GROUT
66' CASING NOT OBS'D
534 OPEN
2 CASING A.G. X
000 JTAG OK MR 4/7/89

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



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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

FORCE MR PERMIT No. 110-88-0423

SPECIAL CONDITIONS 301-337-7172

5/3/90

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 # 45064
Date 10/17/89

Name of Installer Crouse Plumbing & Heating

Telephone 531-3311

License number 10532

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Pellegrino

Telephone 596-0979

Subdivision Foxhall Villas Lot # 18

Well tag # ~~10-88-0428~~

Site Address 13312 Elliott Drive, Col. Md.

HO-88-0423

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

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

Pitless Adapter

- 1. Make
- 2. Model #
- 3. Depth

2. Make Goulds

3. Model #

4. Capacity 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

- 1. Capacity 100 gal.
- 2. Pressure relief valve?

Piping

- 1. Type Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 320 ft.
- 2. Yield 5 GPM
- 3. Static water level 26 ft.
- 4. Will water supply be disinfected by installer?

over for inspection

~~11/18/89~~ ~~over for inspection~~
Per R.H. [Signature]

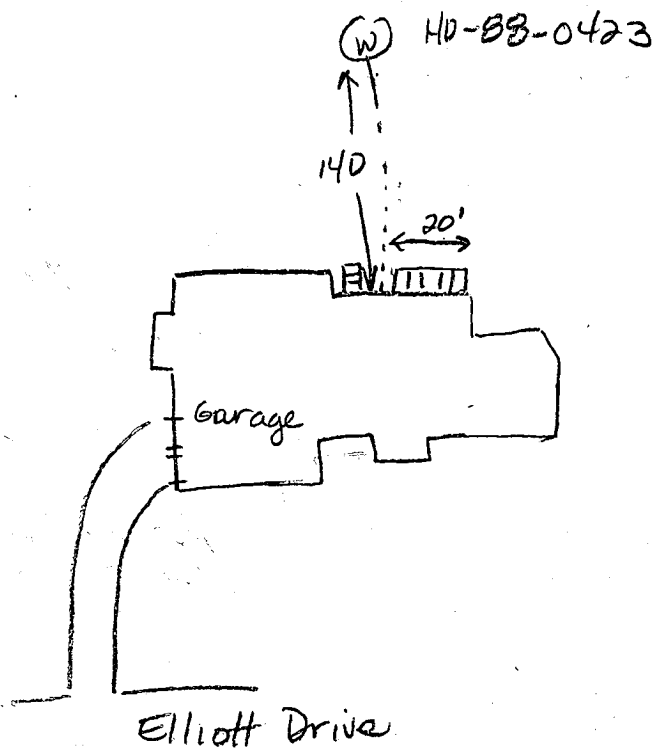
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: Sept. 25, 1989

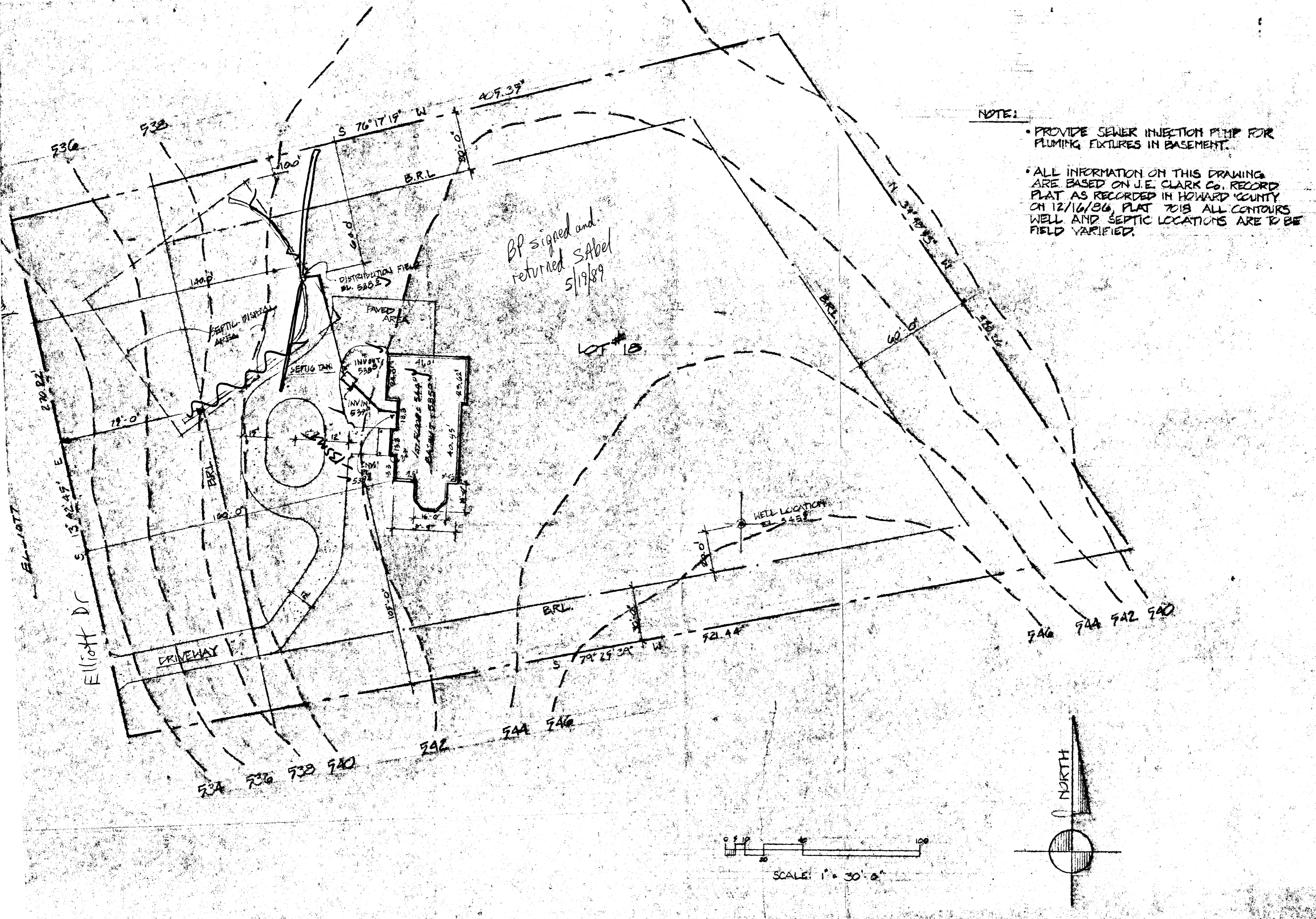
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



5-3-90

Well line covered. Pitless adaptor at 4 1/2 inches below grade. Ground line placed but not attached. House connection ok inside. No pump tank installed yet.

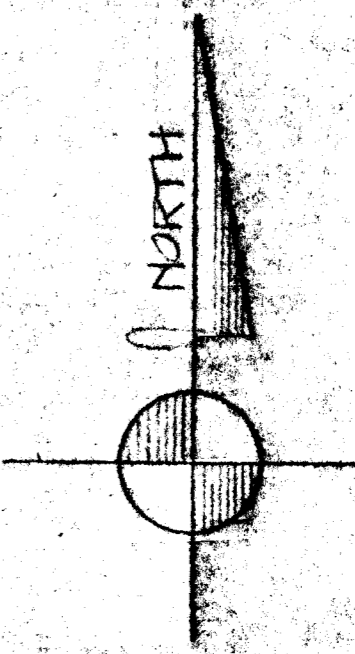
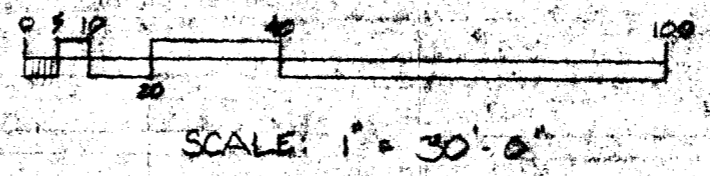
JENadeau



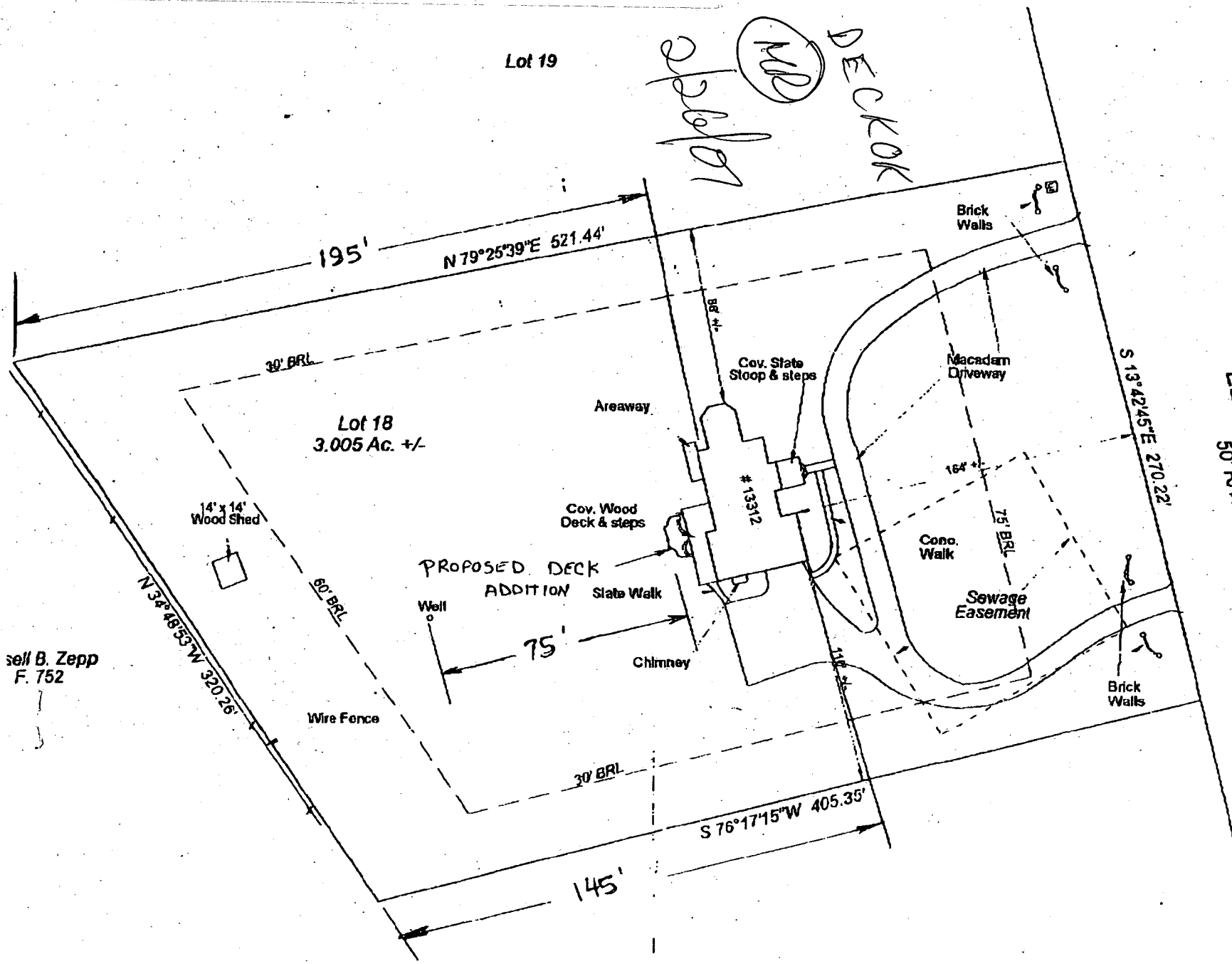
NOTE:

- PROVIDE SEWER INJECTION PUMP FOR PLUMBING FIXTURES IN BASEMENT.
- ALL INFORMATION ON THIS DRAWING ARE BASED ON J.E. CLARK CO. RECORD PLAT AS RECORDED IN HOWARD COUNTY ON 12/16/86, PLAT 7018. ALL CONTOURS, WELL AND SEPTIC LOCATIONS ARE TO BE FIELD VERIFIED.

BP signed and returned 5/19/89



SITE PLAN



sell B. Zepp
F. 752

Kinels
13321 E
CLARKSUI

14.8'

Building Address 13312 Elliott Dr.
Clarksville, MD 21029

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

Census Tract 60510 Subdivision Clarksville

Section 2 Area _____ Lot 18

Tax Map 34 Parcel 315 Grid 3

Zoning R1X1 Map Coordinates _____ Lot size _____

Property Owner's Name Robert Kinselski

Address 13312 Elliott Dr.

City Clarksville State MD Zip Code 21029

Home Phone 301 854 1462 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.

Phone 410-602-8779 Fax 496-5185

Existing Use Single Fam. Dwell.

Proposed Use Single Fam. Dwell. w/deck

Estimated Construction Cost \$ 2,846

Contractor Company Case Handyman SVC

Contact Person Pat Bowersox

Description of Work To construct a 16' Deep x 24' wide
open deck adding to existing deck

Address 7560-C Main Street

City Sybeville State MD Zip Code 21784

License No. 120035

Phone 410-552-5115 Fax _____

Occupant or Tenant see owner

Engineer or Architect Company n/a

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p><u>2</u> Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p><input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads</p>	<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p><input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:</p>

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 THEREOF; (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 Victoria Meyer Print Name Vicky Meyer
Maryland Bldg. Permits, Inc.

Title/Company _____ 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#
Land Development DPZ			Front: <u>15 FT</u>	<u>19081</u>
State Highways			Rear: <u>10 FT</u>	Filing fee: \$ <u>30</u>
Building Official			Side: <u>30 FT</u>	Permit fee: \$ _____
Dev. Engineering DPZ			Side St: <u>N/A</u>	Excise tax: \$ _____
Health	<u>2/26/07</u>	<u>Mark Reple</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
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"/>	Sub-total paid: \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due: \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1351</u>
Distribution of Copies: White: Building Official Green: LDD DPZ Yellow: DED DPZ Pink: Health Gold: SHH			Accepted by _____	Validation # _____