

4/1/89  
3/2/89

05-398940

# PERMIT

P 43675  
A 35420

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT \_\_\_\_\_

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 2/28/89

DATE SYSTEM APPROVED 3/2/89

INSPECTOR BJH

Fral Septic Service, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 725-2392

SUBDIVISION Lime Kiln Valley ROAD 7647 Green Dell Lane LOT 28

PROPERTY OWNER Robert Chase

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO \_\_\_\_\_

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the <sup>LEFT</sup> back lot line (515.61') and 200 feet from the right (263.32') side of the lot as seen when facing the lot from Green Dell Lane. Run the trenches along level ground toward the rear of the lot and the front of the lot.

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*

PLANS APPROVED BY Ray Hodges/Sid Abel Updated 11/22/88 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

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFIED)

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

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

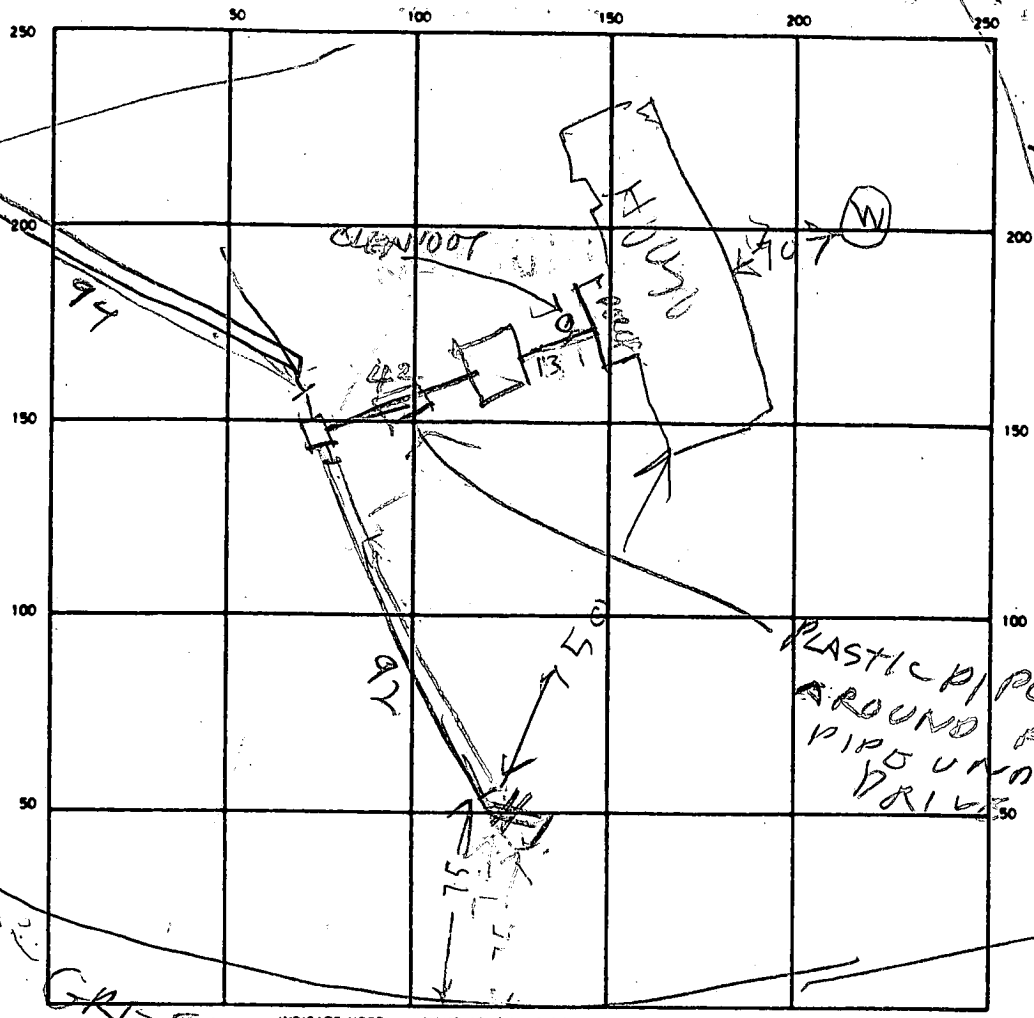
**BUILDING PERMIT SIGNED AND RETURNED**

*3/10/04 800 146522 - GARAGE*

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A  
35420



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

GREEN HELL LANE

PLASTIC PIPE SLEEVE  
AROUND PART OF  
PIPE UNDER THE  
DRIVE WAY

SEPTIC TANK LEVEL 2000 CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 5 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 3 1/3 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 186 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 930 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

**BUILDING SIGNED** ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 3/1/89 MISSED INSPECTION OF OPEN TRENCH. OK TO ADD GRAVEL. CW

3/2/89 - LOCATION OK - TRENCHES OK COVER WORK RIK

DATE SYSTEM APPROVED 3/2/89 INSPECTOR Raymond Hodger

C1 5326

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-35420

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

FINNIGAN

DONALD

STREET OR RFD

GREEN DELL LAKE

TOWN

HIGHLAND

SUBDIVISION

LIME RILN VALLEY

SECTION

2

LOT

27

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 FROM TO Check if water bearing

Table with 3 columns: DESCRIPTION, FEET FROM, FEET TO. Rows include Top Soil, Sand, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

Grid for GROUT SEAL depth

CASING RECORD: casing types insert appropriate code below. Options: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch), Total depth of main casing (nearest foot). Options: PL (60-61), B (63-64), 41 (66-70).

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

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

DEPTH (nearest ft.) grid for SCREEN RECORD

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 223

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) grid

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.) 70 72
WQ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 25

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, 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) grid

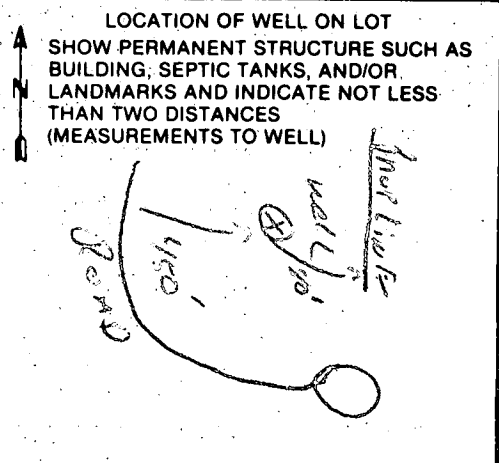
PUMP HORSE POWER grid

PUMP COLUMN LENGTH (nearest ft.) grid

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE grid (nearest foot)

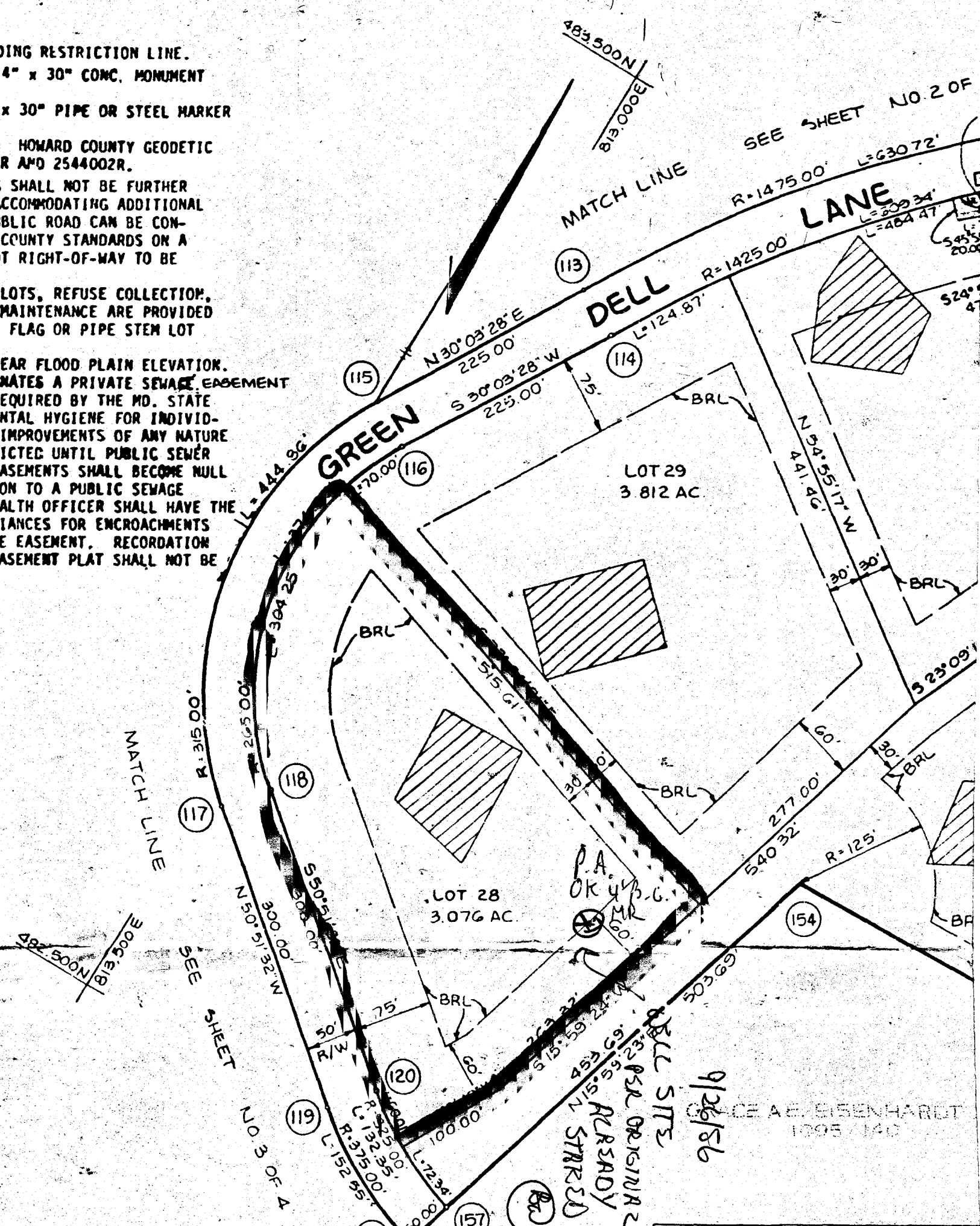
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





NOTES:

- 1 B.R.L. INDICATES BUILDING RESTRICTION LINE.
- 2 ■— INDICATES 4" x 4" x 30" CONC. MONUMENT TO BE SET.
- 3 ○— INDICATES 3/8" x 30" PIPE OR STEEL MARKER TO BE SET.
- ORIGIN OF COORDINATES: HOWARD COUNTY GEODETIC CONTROL POINTS 2544006R AND 2544002R.
- 4 FLAG OR PIPE STEM LOTS SHALL NOT BE FURTHER SUBDIVIDED INTO LOTS ACCOMMODATING ADDITIONAL RESIDENCES UNLESS A PUBLIC ROAD CAN BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.
- 5 FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM LOT DRIVEWAY.
- 6 [Symbol] INDICATES 100 YEAR FLOOD PLAIN ELEVATION.
- 7 [Symbol] THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED 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 SEWER 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 PLAT SHALL NOT BE NECESSARY.



TOTAL TABULATION THIS PLAT

TOTAL NUMBER OF LOTS TO BE RECORDED	6
TOTAL AREA OF LOTS (LOTS 27 THRU 32)	25.911 AC
TOTAL AREA OF ROADWAY TO BE RECORDED, INCLUDING WIDENING STRIPS	2.063 AC
TOTAL AREA OF THIS PLAT	27.974 AC

CURVE DATA				
NO.	RADIUS	Δ	ARC	
111-113	1475.00	24° 30' 00"	630.72	3
112-114	1425.00	24° 30' 00"	609.34	3
115-117	315.00	80° 55' 00"	444.86	2
116-118	265.00	80° 55' 00"	374.25	2
119-156	375.00	23° 18' 30"	152.55	7
157-120	325.00	23° 19' 57"	132.35	6

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.

*James B. ...* 3-12-86  
 COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

*...* 3-17-86  
 DIRECTOR DATE

APPROVED: FOR PUBLIC ROADS HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

*...* 3-17-86  
 DIRECTOR DATE

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT: THAT IT IS THE LAND OBTAINED BY SECURITY DEVELOPMENT CORPORATION FROM GRACE A. E. EISENHARDT BY DEED DATED 3-3-86 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1444 AT FOLIO 136 AND THAT ALL MONUMENTS ARE IN PLACE, OR WILL BE IN PLACE, PRIOR TO ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

G. SCOTT SHANABERGER

SHANABERGER & LANE  
 3453 BALTIMORE NATIONAL PIKE  
 BELTSVILLE CITY, MARYLAND 21040

WE, SECURITY DEVELOPMENT CORPORATION, HEREBY APPROVE OF THE FINAL PLAT SHOWN HEREON, HEREBY APPROVING THE MINIMUM BUILDING SETBACKS, WATER PIPES, AND STREETS RIGHT TO REPAIR AND MAINTENANCE, CONSIDERATION, SIMPLE TITLE, AGE FACILITIES OF WATERWAYS, REPAIR AND MAINTENANCE, SHALL BE ERS...

*...*  
 WITNESSE

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35420

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

ROBERT CHASE 949-6352

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 7028

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 3.255 Ac TYPE BLDG. N/A  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Deep trenches DATE 11-22-88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 7-17-85 due SATISFACTORY, LOT TO BE SPLIT INTO 2 LOTS  
HOLD FOR certified subdivision PLAT SA Spec written B/H  
7/25/86

BUDG. PERMIT SIGNED  
AND RETURNED 11-22-88  
BP22668  
SAE

# THIS IS NOT A PERMIT

SOIL PROFILE


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 992-2330

A 35720  
P \_\_\_\_\_  
DISTRICT 5th  
DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.  
ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION

SUBDIVISION Lime Kiln, Section 2 LOT NO. 30

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 3.255 Ac TYPE BLDG. N/A  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

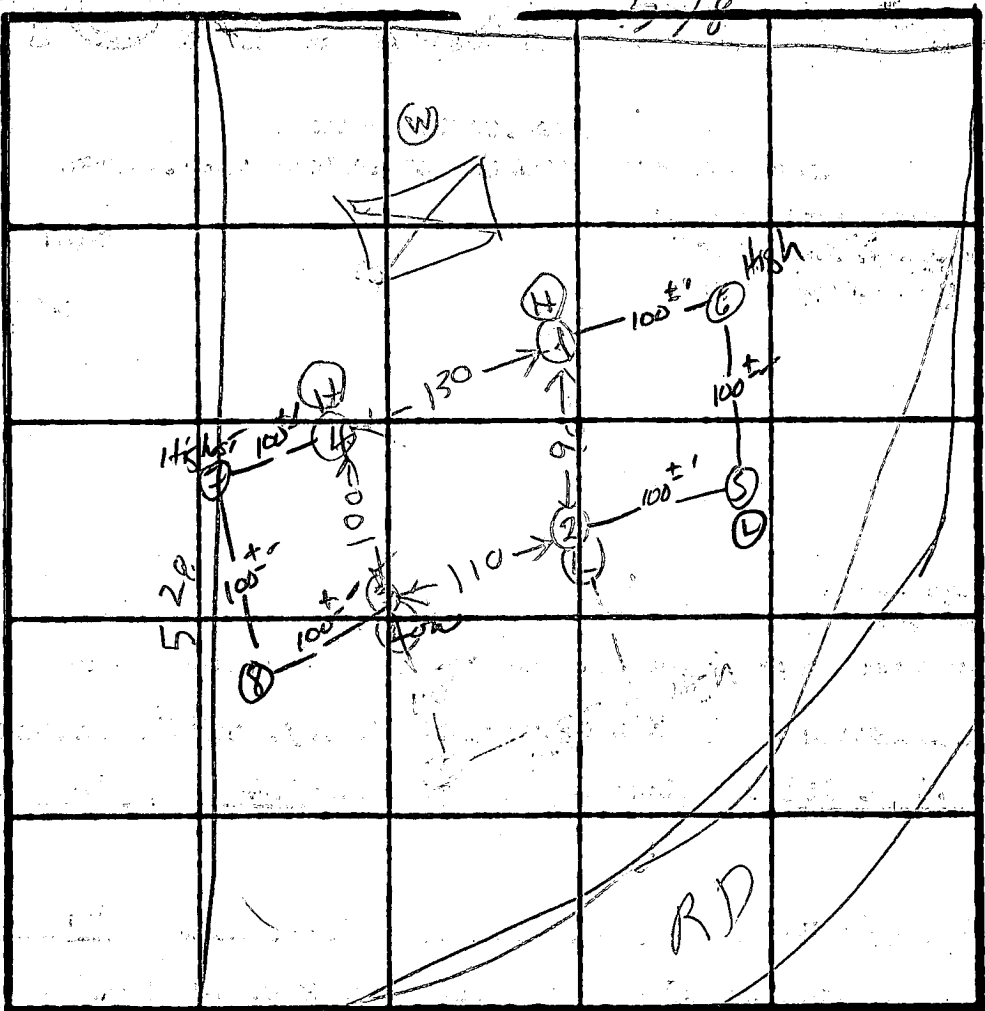
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

Lot 30

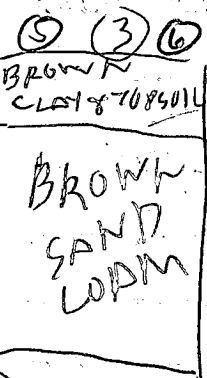
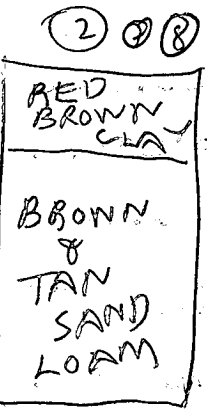
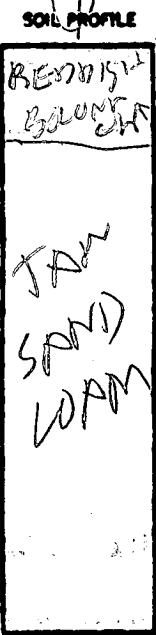
3378



HOLE ELEVATION  
 ①④ = HIGH  
 ②③ = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

7 TIME 5min  
 INLET 3-  
 BOTTOM 9-3-



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/84	1S 1V	3 1/2 12 1/2	10:18 LOOKS OK	10:38 OK	10:38	10:51	4
11/19	2S 2V	3 1/2 13	10:24 LOOKS OK	10:27 OK	10:27	10:31	4
11/11	3S 3V	4 12	10:44 LOOKS OK	10:48 OK	10:48	9:55	7
5/20/85	4S 4V	3 1/2 11 1/2	11:05 LOOKS OK	11:08 OK	11:08	11:11	3
7/17/85	5S 5V	3.5' 12'	10:44 same as hole #3	10:45 hole #3	10:45	10:47	2min
	6V	12'	same as hole #5				
	7V	12'	same as hole #2				
	8	4' 12'	10:50 same as hole #7	10:52 hole #7	10:52	10:58	6min

HOLES DUG PER SURVEYOR PLAT

REMARKS 7-17-85 LOT TO BE SPLIT INTO 2 LOTS.

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT K. HATFIELD

EH-12-1079

LOT 29

S 72° 26' 21" E 515.61'

LOT 28  
3.075 AC.

WATER WELL  
EL. 479.5

INV. INTO  
TRENCH SHOULD  
BE 467.5  
470.2

TOO SHALLOW

Inv. Box 470.2

474.5  
GAR 474.8

FF 475.14

467.14

36' x 474.5' x 474.3'

Inv. out of house 470.3

Inv. into septic tank 409.8

474.2

OUTSIDE TANK 469.5

Inv. Trench 442

N 50° 51' 32" W

GREEN DELL LANE (50' R/W)

R. 325.00'

S 15° 59' 24" W

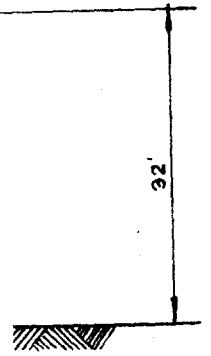
263.32'

S 28° 33' 40" W

100.00'

PLAN

SCALE 1" = 50'



11/22/88

elevations ok  
inv. into trench too  
shallow should be  
467.5

ENGD. SIGNED  
AND RETURNED 11/22/88

BP 226

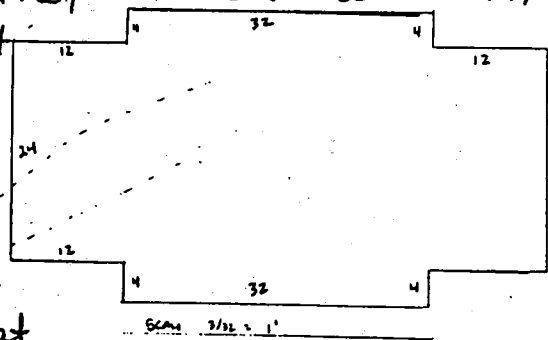
1:100

3/10/04

NEED to verify location of ex well. Driller's location is different than SANITARIANS shown on Septic permit.

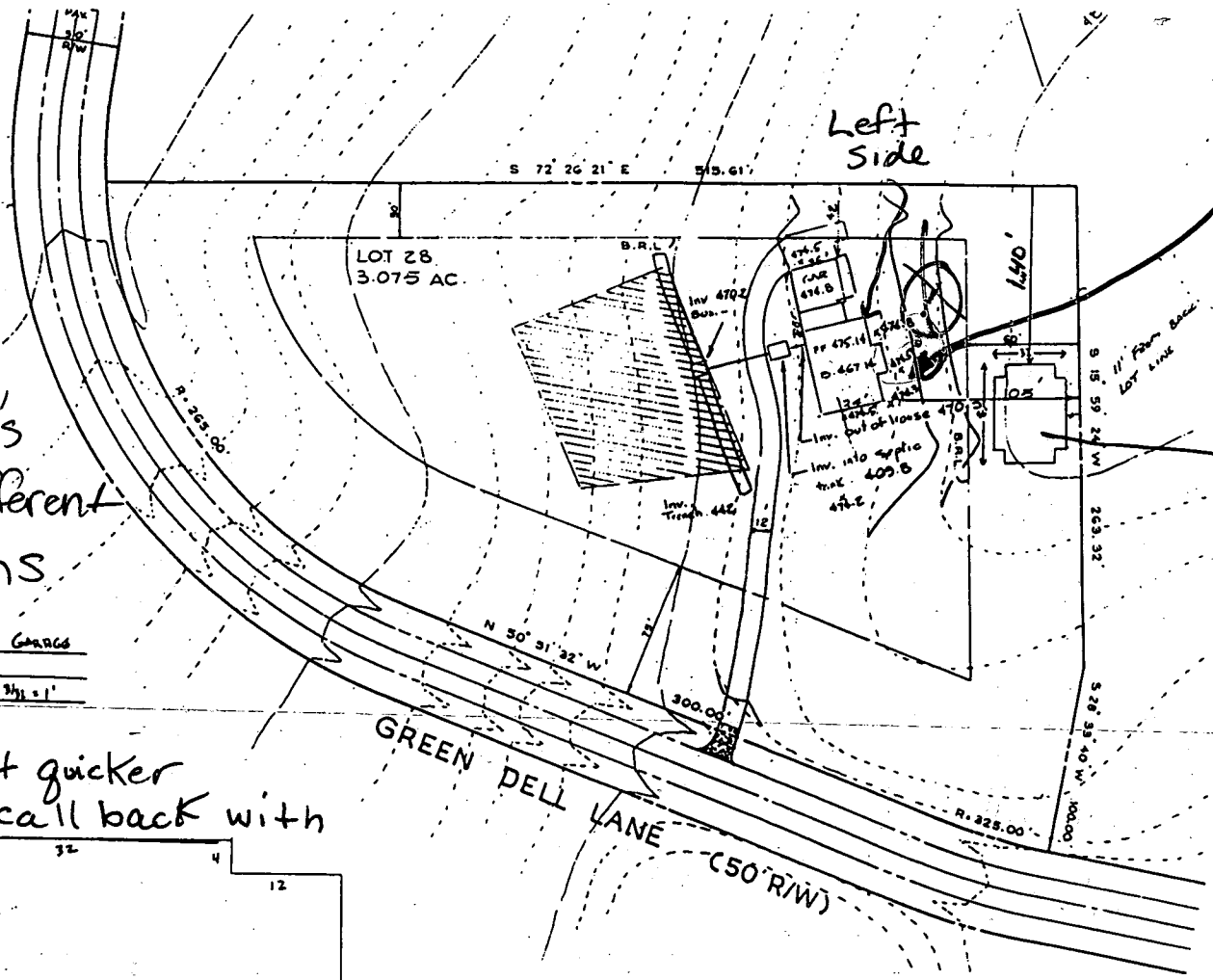
DETACHED GARAGE  
32' x 56'  
SCALE 3/16" = 1'

Homeowner may get quicker review if they can call back with measurement from two house corners.



Concern: Ensure that PROPOSED drive to garage will not adversely affect safety of well

Condition is 10-15' SETBACK From driveway. KN



3/10/04 Actual well location called in by owner - 31' from left side of house & 34' from

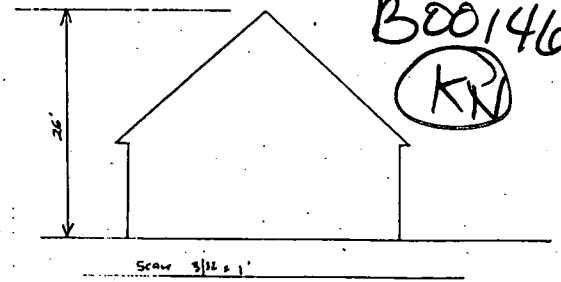
the right side of house to well

BP for proposed garage OK

B00146522

KN

LIME KILN VALLEY  
LOT 28  
6th ELECTION DISTRICT PARCEL 490  
HOWARD COUNTY MAP 44  
OWNER  
ROBERT & FREDA CHASE  
7647 GREENDELL LANE  
JACKSON, MISSISSIPPI 39277



Health DPZ

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3130 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2468 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO0046522 KN

Building Address 7647 GREENDELL LANE  
HIGHLAND, MD 20777

Property Owner's Name ROBERT CHASE  
Address 7647 GREENDELL LANE

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City HIGHLAND State MD Zip Code 20777

Census Tract 6057.02 Subdivision LIME KILN VALLEY

Home Phone 301-854-0136 Work Phone 301-476-8488

Section 2 Area 1 Lot 28

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 40 Parcel 446 Grid 23

Zoning RR DEO Map Coordinates 17C3 Lot size 3.076A

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENTIAL SFD

Contractor Company ROBERT CHASE

Proposed Use SAME W/ GARAGE

Contact Person BOB CHASE

Estimated Construction Cost \$ 30,000.00

Address 7647 GREENDELL LANE

Description of Work BUILDING DETACHED 2 STORY

City HIGHLAND State MD Zip Code 20777

GARAGE 5 CAR

License No. 7890 MHC

Phone 301-476-8488 Fax 301-476-8425

Occupant or Tenant Owner

Engineer or Architect Company \_\_\_\_\_

Contact Name RFC

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

Height: 26'  
No. of stories: 2  
Gross area, sq. ft. per floor: 1600 SF  
Use group: DETACHED GARAGE  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

#### Building Characteristics

#### Utilities

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: 1600 SF  
2nd floor: 512 SF STORAGE  
Basement:  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms N/A  
Multi-family dwellings:  
No. of efficiency units: \_\_\_\_\_  
No. of 1 BR units: \_\_\_\_\_  
No. of 2 BR units: \_\_\_\_\_  
No. of 3 BR units: \_\_\_\_\_  
Other Structure: DETACHED GARAGE  
Dimensions: 32 x 56  
Footings: CONCRETE  
Roof: TRUSSES  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 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 THERE TO; (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.

Robert S. Chase  
Applicant's Signature  
Homeowner/Builder  
Title/Company

ROBERT CHASE (OWNER)  
Print Name  
3/8/04  
Date

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

#### FOR OFFICE USE ONLY

AGENCY DATE SIGNATURE APPROVAL  
 Land Development, DPZ  
 State Highways  
 Building Official  
 Dev. Engineering, DPZ  
 Health 3/10/04 Kacie Nanna  
 Fire Protection  
Is Sediment Control approval required prior to issuance?  
YES  NO   
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St: \_\_\_\_\_  
All minimum setbacks met? YES  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for New Town Zone: \_\_\_\_\_  
SDP/Red-line approval date: \_\_\_\_\_

PROPERTY ID# 61183  
Filing fee \$ 25  
Permit fee: \$ \_\_\_\_\_  
Excise tax: \$ \_\_\_\_\_  
Add'l per fee: \$ \_\_\_\_\_  
TOTAL FEES: \$ \_\_\_\_\_  
Sub-total paid: \$ \_\_\_\_\_  
Balance due: \$ \_\_\_\_\_  
Check # 414  
Validation # 41208

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T: forms/ PERMIT FRM

Rev. 5/17/00