

3/20/90
4/4/90 ASAP

05-399726

File

LATE P.M.
3/28/90 (1) P.C.O.
4/4/90 (2) P.C.O. C.B. ✓
P 45-737
4/5/90 (3) P.C.O. C.B. ✓
A 35557

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/27/90

DATE SYSTEM APPROVED 4/5/90

INSPECTOR C. B. B.

INDEXED

Collins Company, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 2024 Millers Mill Road, Cooksville, Maryland 21723 PHONE 795-8618

SUBDIVISION Buckskin ~~Woods~~ ROAD 4213 Buckskin Lake Dr. LOT 35

PROPERTY OWNER John F. & Dorothy C. Moore LESTER SMYTH

ADDRESS

~~NO ABSORPTION TRENCHES TO BE USED IN THIS AREA~~

~~GARBAGE GRINDER XXXXX NO XXXXXXXX~~

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 160 feet from the front (330') lot line and 100 feet from the left (375') lot line as seen when facing the lot from Buckskin Lake Drive. Run trenches on contour toward the left and right lot lines.

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

PLANS APPROVED BY Sid Abel cm DATE 02/13/86

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

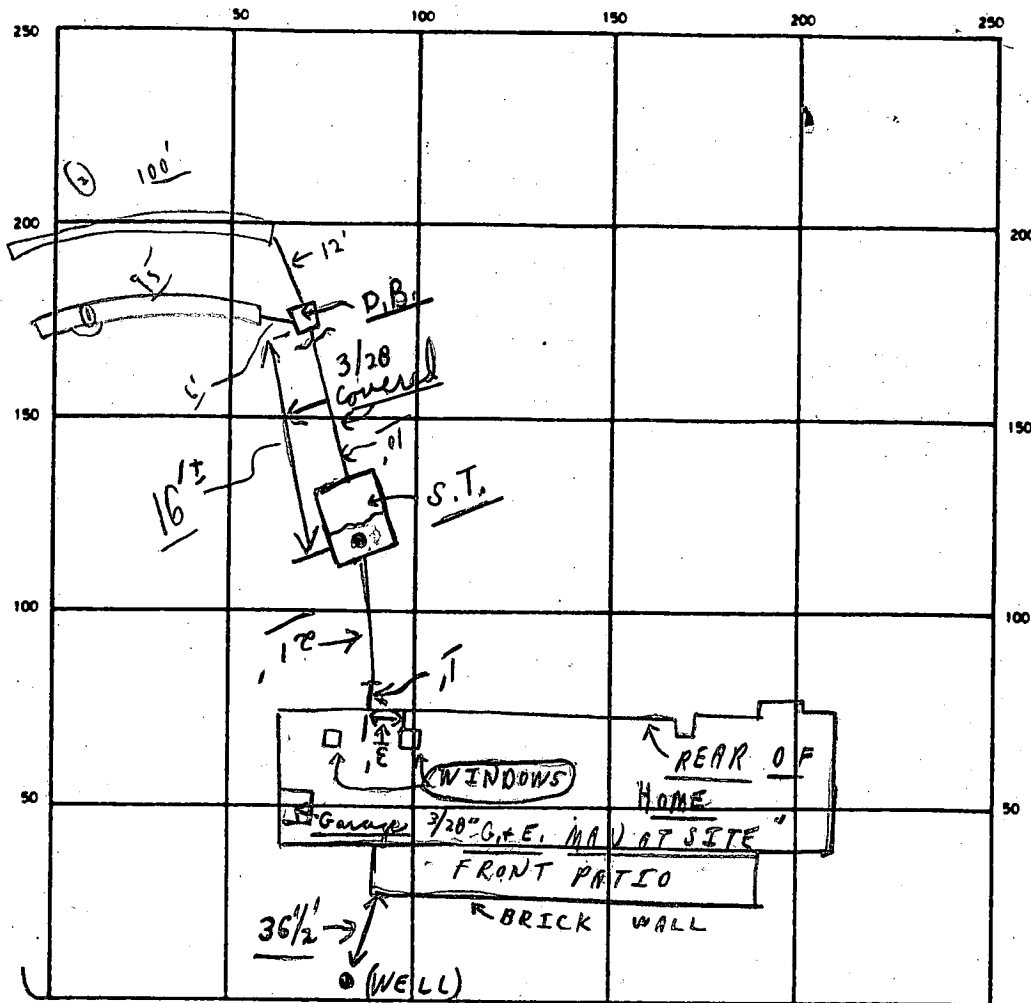
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

PLAN RETURNED 1-6-99
Serial # 115631
Interior Alteration
Brament

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35557



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BUCKSKIN LAKE DR.

S.T.

SEPTIC TANK LEVEL covered 3/28 CLEANOUTS OK-only
 DISTRIBUTION BOX LEVEL OK (Baffles is in)
 DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT. A.P.B.
 EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH @ 100' = 195 FT. (NEED 180)
 NUMBER OF TRENCHES 2 ONE SIDEWALL/FOUNDATION AREA 780+ SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 780+ SQ. FT.

REMARKS P.M. 3/28/90 Partial - no trenches dug; Septic tank covered (3 on sign and line) to D.B. or covered; no driveway yet; (HOLD FOR A CALL) 4/4/90 TO COVER ALL BUT 2' AT EACH END OF TRENCH & MIDDLE PARTIAL; HOLD FOR A CALL -> 4/5/90 Partial - 0' trench oh to cover C.B.D. 4/5/90 Final - oh to cover. C.B.D.

NOTE: 3/28/90 W.P.I. - FINAL ON WATER LINE AND PITLESS ADAPTER 7 C.B.D.

DATE SYSTEM APPROVED 4/5/90 INSPECTOR Charles B. Strescher

APPLICATION

SEWAGE DISPOSAL TESTING

A 35357

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE MAY 6 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 DALE Z. MAISEL c/o HOWARD COUNTY LAND SERVICES ^{John F. Dorothy C. Moore}

ADDRESS 10176 BALTO NAT'L PIKE 21043 PHONE 465-4920

PROPERTY LOCATION: FOLLY QUARTER

SUBDIVISION BUCKSKIN WOODS LOT NO. ~~33~~ NEW LOT 35

ROAD AND DESCRIPTION FOLLY QUARTER RD 1/4 MILE WEST OF GLENELG
COUNTRY SCHOOL 4213 Buckskin Lake Drive

SIZE OF LOT 3 ACRES TYPE BLDG. 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.

DALE Z. MAISEL
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-13-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-3-85 Rec. SATISFACTORY, Hold For Certified Subdivision Permit SAH
Hold For Review Shallow Test High Hold

BOG. PERMIT SIGNED
AND RETURNED 7/19/89
Mural #27986
SFD - H. Bedron

THIS IS NOT A PERMIT

① SOIL PROFILE

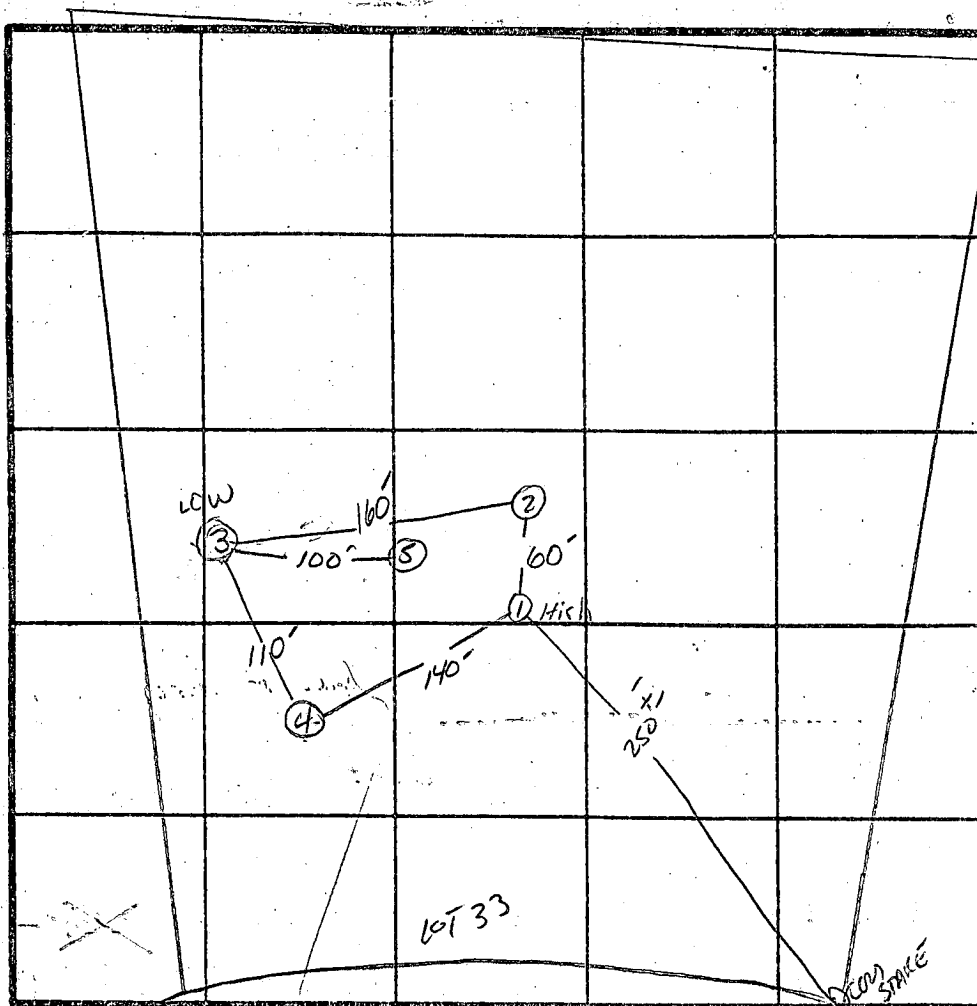
0"	A1-3
6"	BROWN CLAY LOAM <10% SAPROLITE
2'	BROWN micaeous SILTY SAND 10-20% SAPROLITE
10'	HARD BOTTOM MICA

② ④ ③

6"	A1-3
2.5'	BROWN CLAY LOAM <10% SAPROLITE
12'	BROWN micaeous SILTY SAND 10-20% SAPROLITE

③

6"	A1-3
4'	BROWN CLAY LOAM <10% SAPROLITE
14'	RED BROWN micaeous SILTY SAND 10-20% SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Proposed Rd.

7 Perc. Time
6
INLET 3
BOTTOM MAX 7

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/3/85	1 S V	3' 10'	3:07	3:09	3:09	3:13	4min	
			UNIFORM SOIL Below 2'		HARD MICA BOTTOM			
	2 S V	3' 12'	3:14	3:18	3:18	3:29	11min	
			UNIFORM SOIL STRUCTURE Below 2.5'					
	3 S V	5' 14'	3:31	3:33	3:33	3:38	5min	
			UNIFORM SOIL STRUCTURE Below					
	4 S V	3.5' 12'	3:45	3:46:30	3:46:30	3:50	3.5min	
			UNIFORM SOIL STRUCTURE Below 3.5'					
	5 V	12'	SAME AS HOLE 2 & 4					

158 4/BR

REMARKS Notes As Per Plat Approx

TYPE OF SOIL _____

TESTED BY SABH D. KETTERMAN

ALS PRESENT

EIF 12-1079

3/28/90
LATE 3:30 on

W.O.
2:30
HLL 3:30 for R/C.W./C.B.D.

3/28/90
Final Late P.M.
C.B.D.

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
Replacement

Receipt # 45203
Date 11/10/89

Name of Installer J. Jos. GATLAND, Inc.

Telephone 875-2400

License Number 1713
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner C+I Homes, Inc.

Telephone 465-4679

Subdivision Buckskin Woods Lot # 35

Well Tag # 40-81-1482

Site Address 4213 Buckskin Lake Dr.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # 10EJ05422
4. Capacity 10 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

Motor
1. Horsepower 1/2
2. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make Howard
2. Model # PT-800
3. Depth 42"

Tank
1. Capacity 429A'
2. Pressure relief valve? 7.5psi

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

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

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]

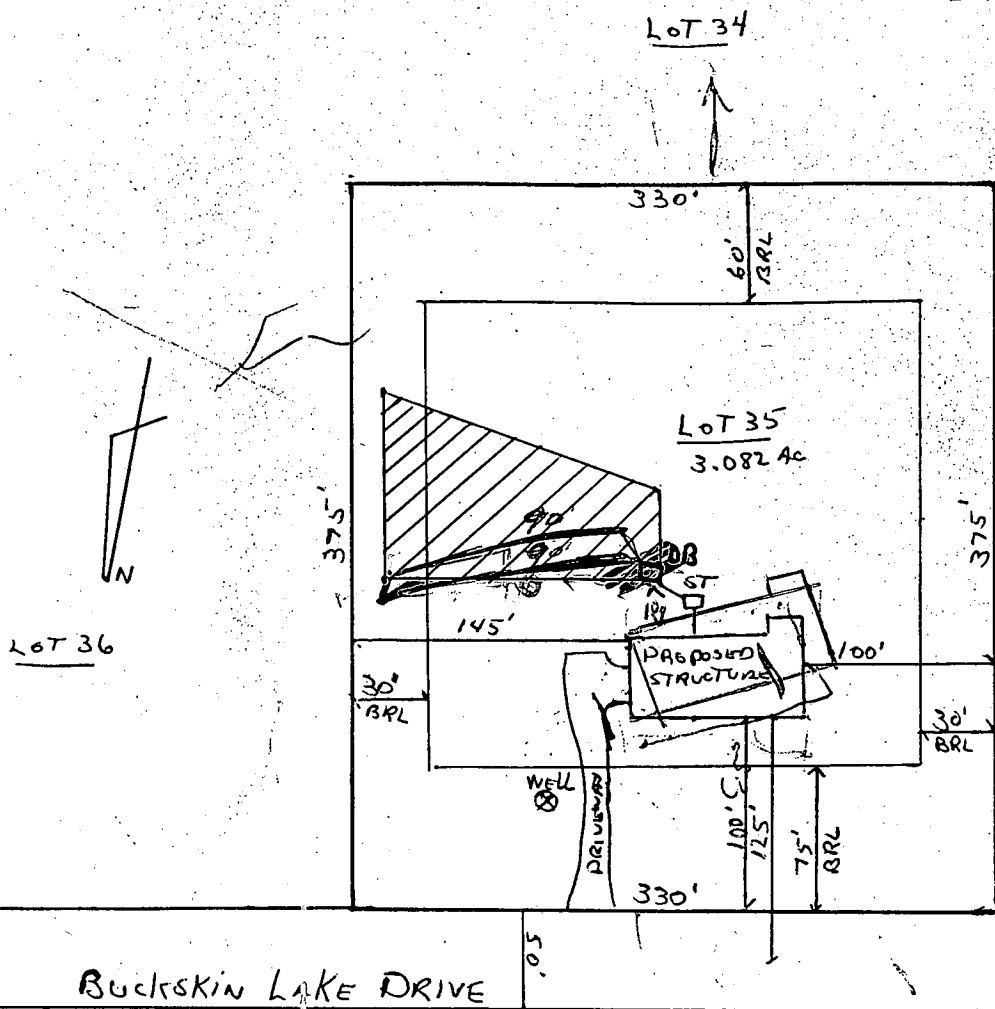
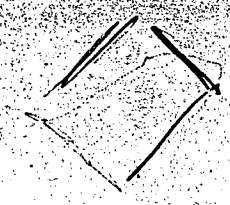
Date: 11/17/89

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

BP# 27986

WELL 779 - HD 81-1483

C & J HOMES INC
FRED J. WENYER
465-4679



OK AS
REVISED
9/19/89
C. Miller

SECTION DIST 5
LOT NO. 35
BLOCK NO 21

Buckskin Woods, SECTION 1

ZONING R

AVAILABILITY OF PUBLIC WATER AND SEWER

WATER YES — NO X, SEWER YES — NO X

WELL ELEV.	502.0
FF ELEV.	502.0
BSMT ELEV.	493
INV. OUTHOUSE	494.0
INV IN ST	493.9
INV. OUTST	493.6
INV IN DIST. BOX	492.0
INV IN TRENCH TRENCH	491.9
EXIST. ELEV. AT SP	497.0
EXIST ELEV DIST BOX	495.0
TRENCH	495.0

C1 00538 SEQUENCE NO. (OEP 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 A 35557

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 060480
 Depth of Well 300 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1483

OWNER MOORE JOHN F. last name first name
 STREET OR RFD FULLY QUARTER TOWN GLENELG
 SUBDIVISION BUCKSKIN LAKE SECTION LOT 35

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	
Br. Mica	2	74	✓
Tan Mica	74	78	
Gray Mica	78	86	
Tan mica	86	92	
Gray Mica	92	130	
Tan mica	130	133	✓
Gray Mica	133	252	
Tan Mica	252	300	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 20 NO. OF POUNDS 2000
 GALLONS OF WATER 100
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 56 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
 MAIN CASING TYPE (S) Nominal diameter (C) 4 (P) 4 (O) 4
 Total depth (nearest foot) 300

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

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

DEPTH (nearest ft.)
 1 40 2 78 3 300
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 65
 WHEN PUMPING 153
 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (−) below LAND SURFACE (−) below (nearest foot)

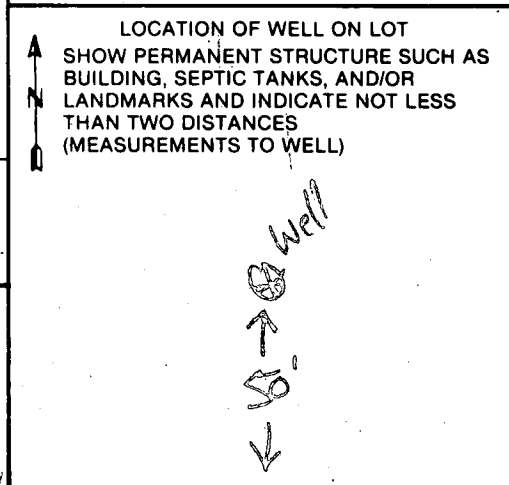
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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 Gene J. Easton
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 TELESCOPE CASING LOG INDICATOR OTHER DATA



Front Prop. line

B 1 2820 SEQUENCE NO. (OEP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 9-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
70 79
MO-81-1483
fill in this form completely

Date Received: 03/30/86
OWNER INFORMATION
15 Last Name: ADDIE JOHN
Owner First Name: JOHN
36 Street or RFD: 3314 ROSS COMMON RD
55
57 Town: Glenelg 70 State: MD 72 Zip: 21737 76

B 3 LOCATION OF WELL R 36761
40.00
4/7/86
8 COUNTY: HOWARD 21
23 SUBDIVISION: BUCKSAID LAKE EST 42
SECTION: 44 46 LOT: 35 50
52 NEAREST TOWN: Glenelg 71
MILES FROM TOWN (enter 0 if in town): 2 MI 73 76 77 78

DRILLER INFORMATION
George F. Easterday
Driller's Name: George F. Easterday 77 License No. 80
L.F. Easterday, Inc.
Firm Name: L.F. Easterday, Inc.
9265 Brown Ch. Rd., Mt. Airy, Md 21771
Address: 9265 Brown Ch. Rd., Mt. Airy, Md 21771
Signature: George F. Easterday Date: 5-12-86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD: Towson
30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W
EAST E
SOUTH S
34 DISTANCE FROM ROAD: 400 37
ENTER FT or MI: 47 38 39

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 600 14 20

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
COUNTY NAME: HOWARD A 35557
OEP SIGNATURE: [Signature] STATE HEALTH INSERT S 41
DATE ISSUED: 05-21-86 2. Stager 11-1-86
43 48 CO. SIGNATURE EXP. DATE
NORTH GRID: 5180000 55 EAST GRID: 0810000 57 63

APPROXIMATE DEPTH OF WELL: 200 FEET 24 28

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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
E 210
N 518
000
000

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
[Sketch showing well location relative to roads and towns]

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP 54 63
FORCE 75 WRITE INITIALS IN BOX PERMIT NO: MO-81-1483 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

6/4/86

site looks to be #1 - OK
2 ft casing above ground

80 ft casing

55+ ft open hole

120 sample taken (H9732)

10 bags cement

↳ left prior to gravel being
completed

20 bags total

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 13 4 32 PM '86
Epidemiological
Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0015631

Building Address: 4213 Buckle Drive
Ellie City, MD 21042
 Suite/Apt # --- SDP/WP/Petition #: F-16-16
 Census Tract: 605101 Subdivision: Buckle
 Section: 1 Area: --- Lot: 35
 Tax Map: 20 Parcel: 535 Grid: 21
 Zoning: RDPO Map Coordinates: --- Lot size: 3,000

Property Owner's Name: Mr. & Mrs. Leticia Smyth
 Address: 4213 Buckle Drive
 City: Ellie City State: MD Zip Code: 21042
 Home Phone: 410-989-9421 Work Phone: 410-461-0444
 Applicant's Name & Mailing Address (if other than stated hereon):
Delaney Construction (Kevin J. Delaney)
2919 Sunset Farm Rd
Ellie City, MD 21042
 Phone: 410-461-1797 Fax: ---

Existing Use: S.F.P.
 Proposed Use: S.F.P. w/ remodel basement
 Estimated Construction Cost: \$ 10,000.00
 Description of Work: Remodel basement w/ studs & drywall also complete already installed bathroom

Contractor Company: Delaney Construction
 Contact Person: Kevin J. Delaney
 Address: 2919 Sunset Farm Rd
 City: Ellie City State: MD Zip Code: 21042
 License No.: 29513
 Phone: --- Fax: ---

Occupant or Tenant: Same as owner
 Contact Name: ---
 Address: ---
 City: --- State: --- Zip Code: ---
 Phone: --- Fax: ---

Engineer or Architect Company: Same as contractor
 Contact Person: ---
 Address: ---
 City: --- State: --- Zip Code: ---
 Phone: --- Fax: ---

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling: <input type="checkbox"/> SF Townhouse: <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth: _____ Width: _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	Full _____
No. of efficiency units: _____	Partial _____
No. of 1 BR units: _____	Other Suppression _____
No. of 2 BR units: _____	# of Heads _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 THEREIN; (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: [Signature]
 Title/Company: Contractor

Print Name: Kevin J. Delaney
 Date: 1/6/99

Check 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: _____	37694
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ	<u>1/6/99</u>	<u>[Signature]</u>	Side St: _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
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"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Add'l permit fee \$ _____
			Accepted by: <u>[Signature]</u>	TOTAL FEES \$ _____
				Balance due \$ _____
				Check # <u>5707</u>
				Validation # <u>17452</u>

Smyth Residence

