

6/2/93 1100

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

03-317404

INDEXED

P 49299

A 33195

DISTRICT 3rd

DATE 6/1/93

DATE SYSTEM APPROVED 6/2/93

INSPECTOR M. Rifkin

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558R Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Coventry Meadows LOT 7 ROAD 1445 Coventry Meadows Drive

PROPERTY OWNER William A. Conway

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 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 distribution box 175 feet from front lot line and 140 feet from right lot line. Run trenches on contour, initial trenches to left, future trenches in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/24/93 RH

PLANS APPROVED BY Mark Rifkin DATE 7/15/92

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

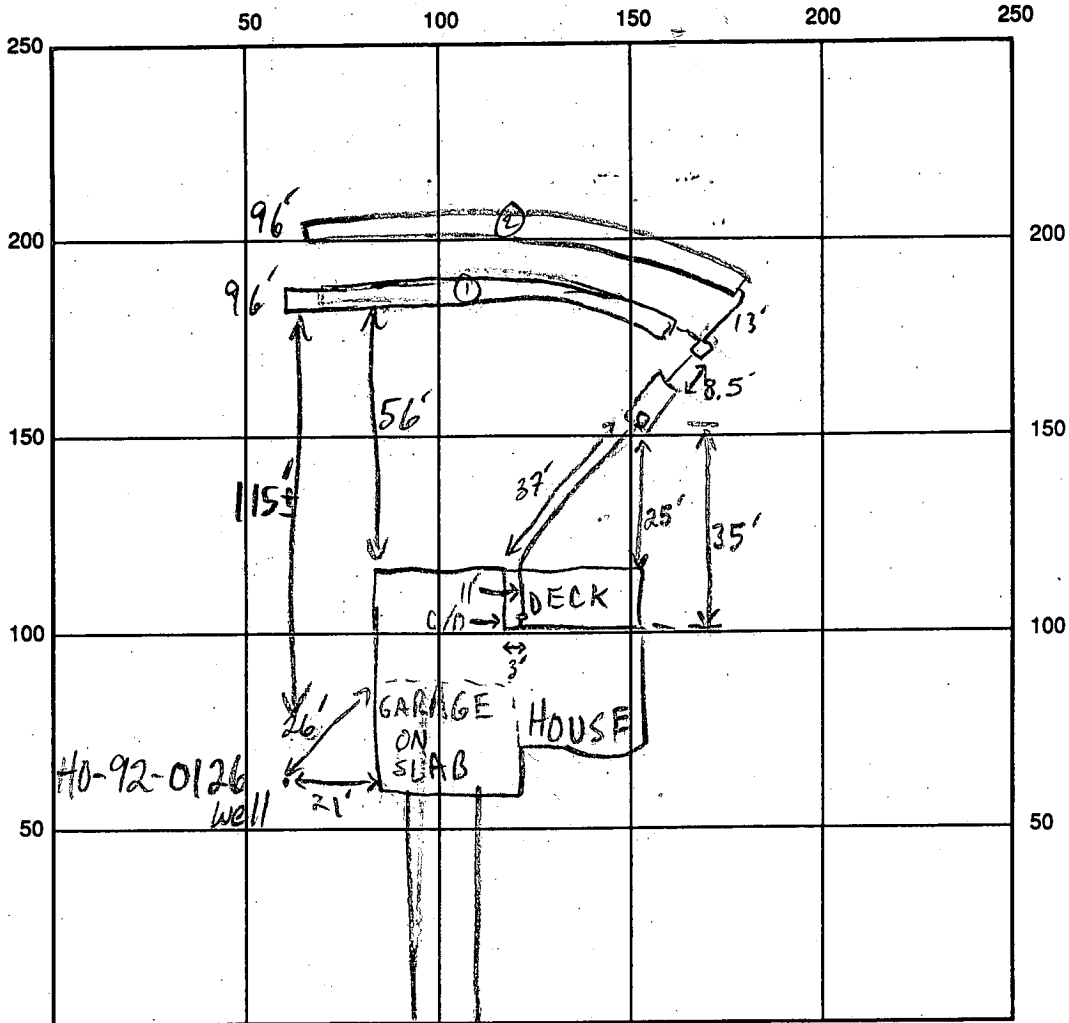
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BUILDING PERMIT SIGNED AND RETURNED

4-24-02
800135693-IG POOL

A 33195



COVENTRY MEADOWS DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS INLINE & S.T.-OK

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{7} \frac{2}{7}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{3} \frac{2}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{4} \frac{2}{4}$ FT. TOTAL LENGTH 2 @ 96 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 384 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 768 SQ. FT.

REMARKS: 6/2/93 SEPTIC SYSTEM OK TO COVER MR

**BUILDING PERMIT SIGNED
AND RETURNED**

DATE SYSTEM APPROVED 6/2/93 INSPECTOR M. R. Skin

Permit

APPLICATION

SEWAGE DISPOSAL TESTING

A 33195

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 3rd

DATE 10/4/83

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 ~~WILLIAM M. HAWKES~~ William A. Conway
ADDRESS 7148 LASTING LIGHT WAY COLUMBIA, MD. 21045 PHONE 410-750-2484 465-7777 BOENDER ASSOC.

PROPERTY LOCATION: COVENTRY MEADOWS SECT 2 LOT 7
SUBDIVISION HAWKES LANDING LOT NO. 4

ROAD AND DESCRIPTION MD. RTE. 32 (WEST SIDE) 4400'± NORTH OF OLD FREDERICK
RD. TO BEGINNING OF SITE (1445 Coventry Meadows Drive)

SIZE OF LOT 3 ACRES TYPE BLDG. 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.

John J. Barbard (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/17/83 Perc ok, Hold for PLNT (RA)

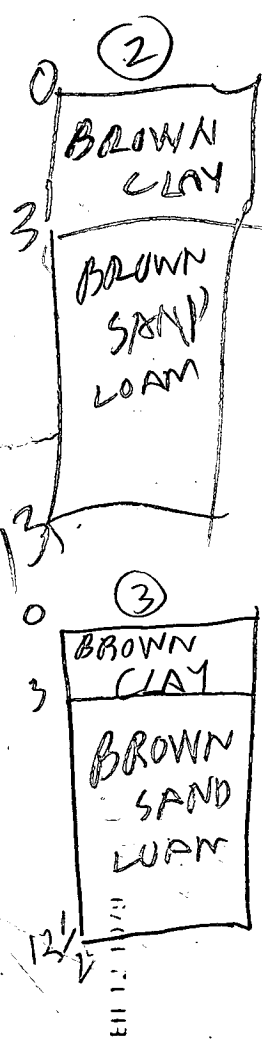
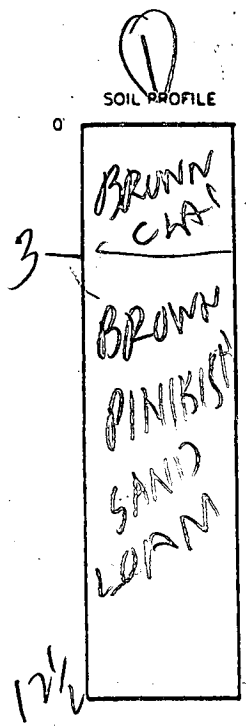
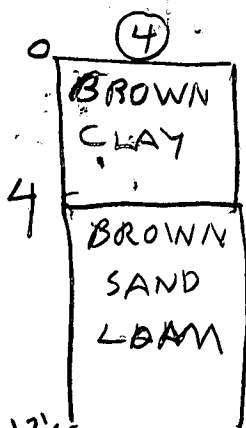
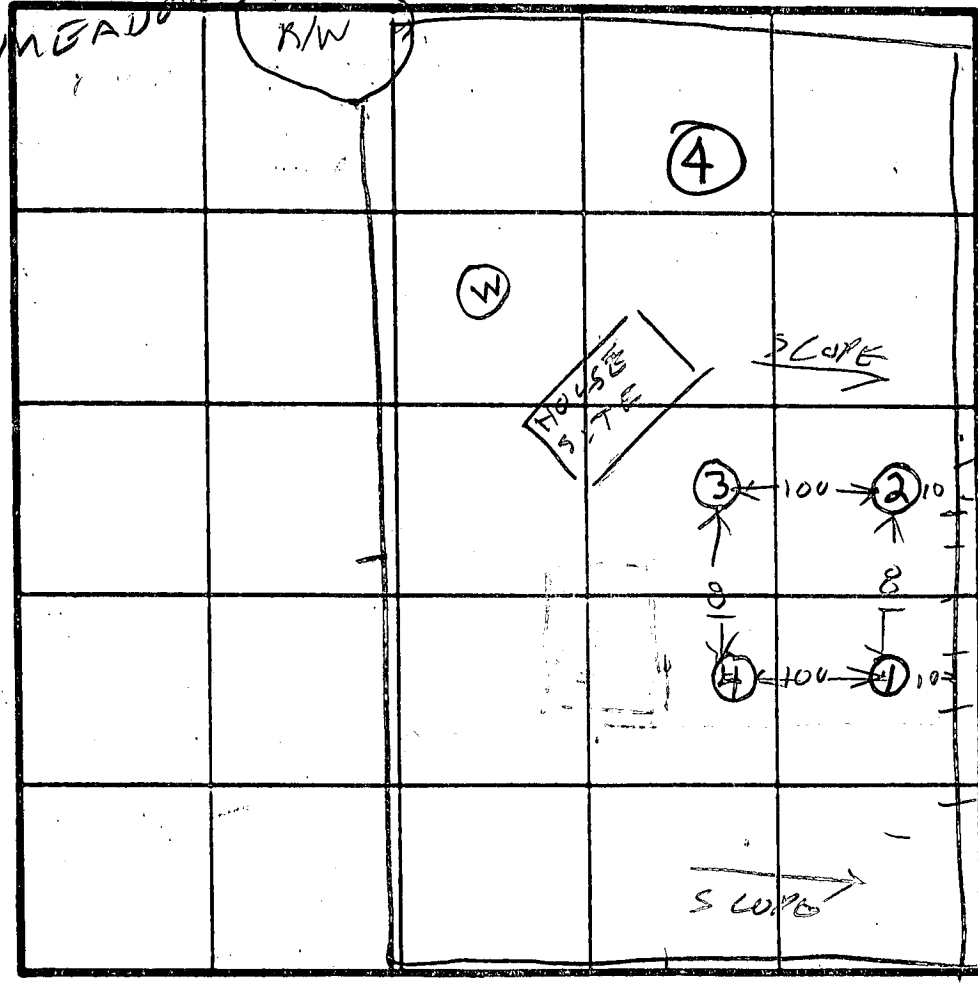
BLDG. PERMIT: SIGNED
AND RETURNED 3/18/83
Serial # 47155
SFD - 4 Bedroom

THIS IS NOT A PERMIT

LOT 4
LOT 7 SECT 2

COVENTRY MEADOWS ROAD R/W

A 33195



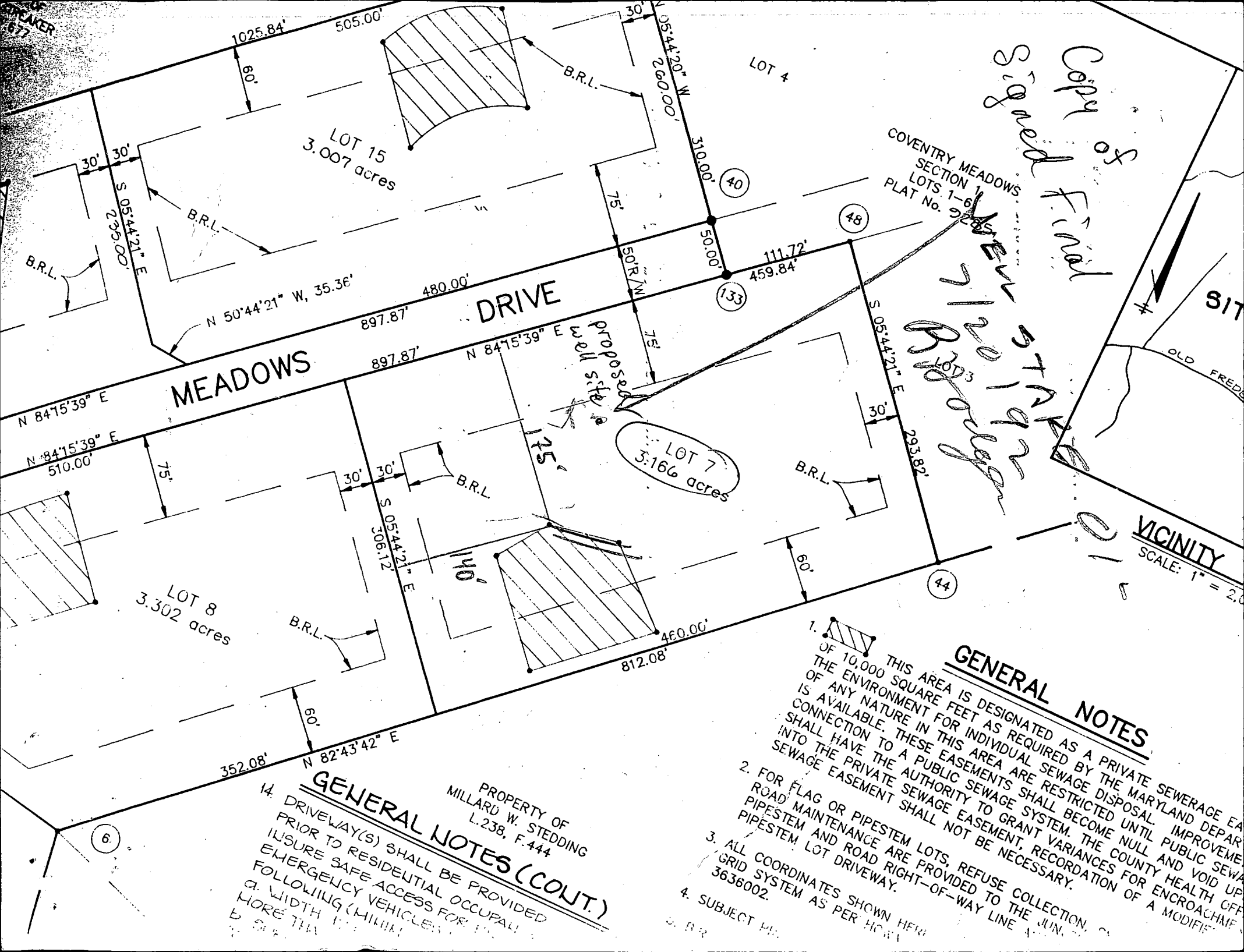
HOLE ELEVATION
 (3) = HIGHEST
 (4) = NEXT HIGHEST
 (1) = LOW
 (2) = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/83	1S	3 1/2	1118	1128	1128	1138	10
	1V	12 1/2	LOOKS		OK		
	2S	3	1129	1131	1131	1134	3
	2V	13	LOOKS		OK		
	3S	3	1259	100	100	102	2
	3V	12 1/2	LOOKS		OK		
	4V	12 1/2	LOOKS		OK		

TRENCH BETWEEN (3) & (4)
 AV TIME 5 MIN
 MAX DEPTH 3 FT

REMARKS PERC HOLES LOCATED PER PLAT
 TYPE OF SOIL SCALE 1" = 100 FT
 TESTED BY R. HODGES ALSO PRESENT JACK FYOC & MEN



Copy of Signed Final

11/20/2009

11/20/2009

VICINITY
SCALE: 1" = 200'

GENERAL NOTES

1. THIS AREA IS DESIGNATED AS A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENT 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.
2. FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF PIPESTEM AND ROAD RIGHT-OF-WAY LINE AND PIPESTEM LOT DRIVEWAY.
3. ALL COORDINATES SHOWN HEREIN ARE BASED ON THE NAD 83 GRID SYSTEM AS PER HOW 3636002.
4. SUBJECT PROPERTY IS B.R.L.

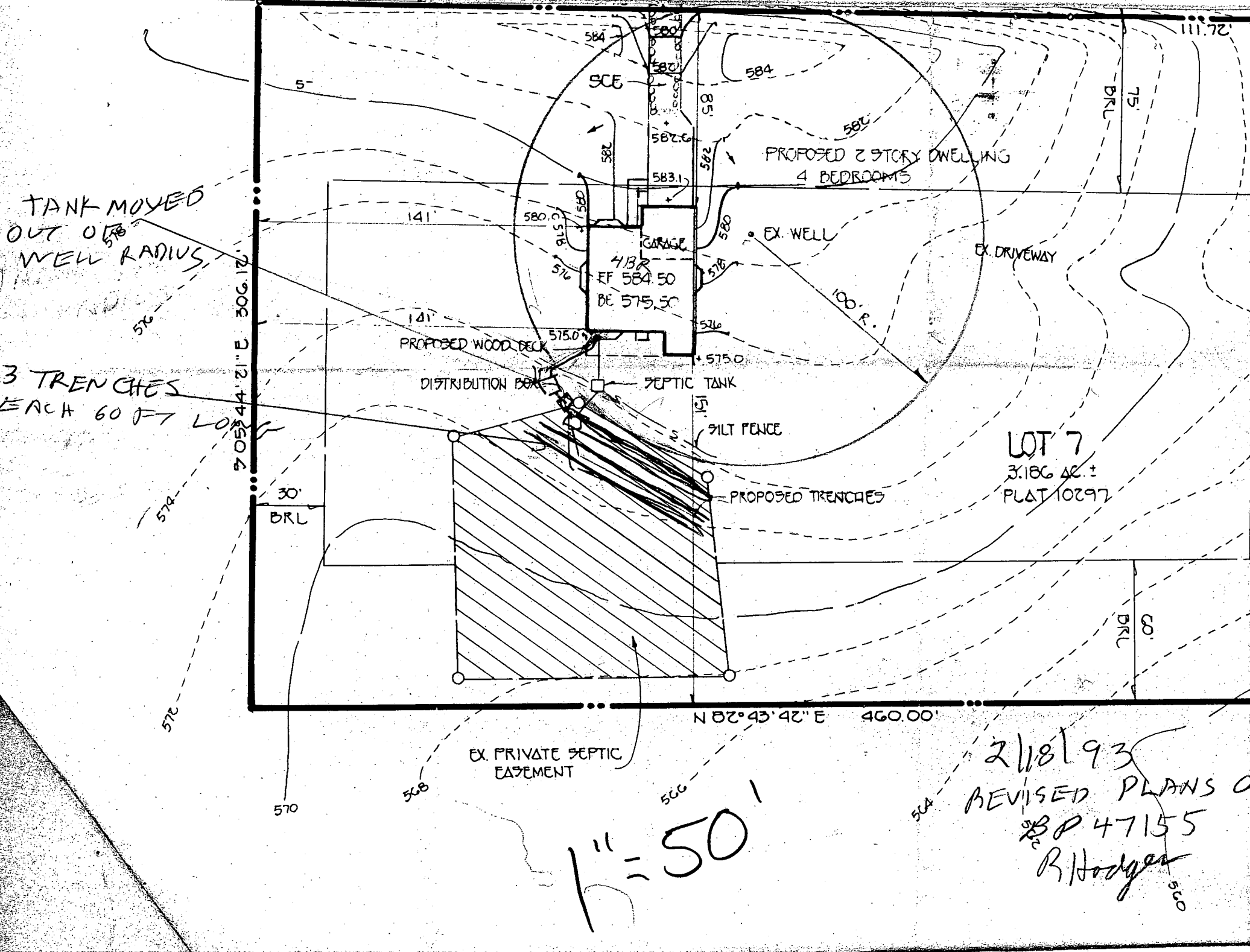
GENERAL NOTES (CONT.)

- PROPERTY OF MILLARD W. STEEDING L.238, F.444
14. DRIVEWAY(S) SHALL BE PROVIDED PRIOR TO RESIDENTIAL OCCUPANCY TO ENSURE SAFE ACCESS FOR EMERGENCY VEHICLES FOLLOWING (MINIMUM) a. WIDTH b. MORE THAN

6

TANK MOVED
OUT OF
WELL RADIUS

3 TRENCHES
EACH 60 FT LONG



LOT 7
3.186 AC ±
PLAT 10297

2/18/93
REVISED PLANS OF
BP 47155
R. Hodges

1" = 50'

B 1 8500 SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 10-92-0126 fill in this form completely

Date Received (APA) 8/13/92 10:00 AM OWNER INFORMATION Conway William 3584 KATASHLEY COURT ELLICOTT CITY MD 21043

LOCATION OF WELL R 4179 40.10 57872 HOWARD COUNTY COVENTRY MEADOWS SUBDIVISION 2 SECTION 44 LOT 7 WEST FRIENDSHIP TOWN MILES FROM TOWN 2 MI

DRILLER INFORMATION Sandy B. Cochran 120 G. Edgar Harr Sons Corp. 12047 Falls Road Cockeysville 21030 5/18/92

DIRECTION OF WELL FROM TOWN (CIRCLE-BOX) NORTH NE E S SW SE W 8-9 8 8 8-9 8-9 8-9 8-9 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH DISTANCE FROM ROAD 300 FT ENTER FT or MI FT

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 33195 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 072192 Raymond J. Hodges 12/193 EXP. DATE NORTH GRID 544000 EAST GRID 0812000

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

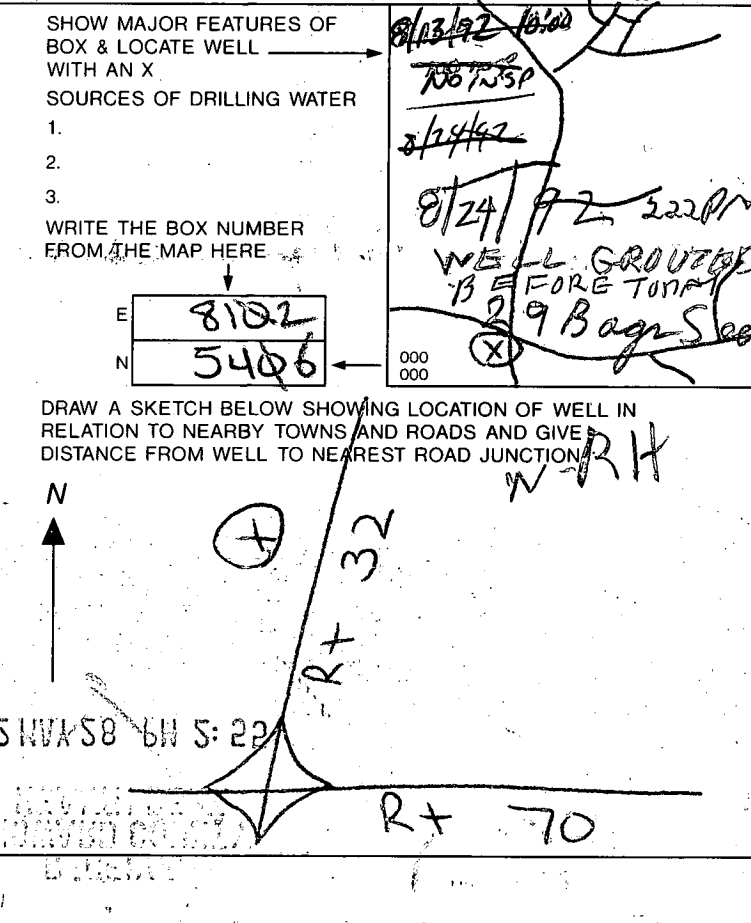
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 10 GAP FORCE RH PERMIT No. 10-92-0126

SPECIAL CONDITIONS 750-2481



6850

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

OWNER IS TO BE PUNCHED IN ALL CARDS

COUNTY NUMBER A 33195

DATE WELL COMPLETED 083192

DATE WELL COMPLETED 083192

Depth of Well 2200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-92-0126

OWNER CONWAY WILLIAM STREET OR RFD COVENTRY MEADOWS DR TOWN WEST FRIENDSHIP SUBDIVISION COVENTRY MEADOWS SECTION 7 LOT 7

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Overburden, Brown Shale, Gray Rock.

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min. to nearest gal.) 17

NO. OF BAGS 20 NO. OF POUNDS 200

GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 70 ft

METHOD USED TO MEASURE PUMPING RATE Submersible

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft to 70 ft

WATER LEVEL (distance from land surface) BEFORE PUMPING 30

CASING RECORD

WHEN PUMPING 7

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

TYPE OF PUMP USED (for test) A air P piston T turbine

MAIN CASING TYPE Nominal diameter top (main) casing of main casing (nearest inch) Total depth of main casing (nearest foot)

C centrifugal R rotary O other (describe below)

ST U 70 60 61 63 64 66 70

J jet S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO

screen type or open hole insert appropriate code below

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

ST BR HO PL OT STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

DEPTH (nearest ft.)

PUMP HORSE POWER

SCREEN RECORD

PUMP COLUMN LENGTH (nearest ft.)

SCREEN RECORD

CASING HEIGHT (circle appropriate box and enter casing height)

SCREEN RECORD

LAND SURFACE (nearest foot)

SCREEN RECORD

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)

SCREEN RECORD

NO Map Available

SCREEN RECORD

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD

E ELECTRIC LOG OBTAINED

SCREEN RECORD

P TEST WELL CONVERTED TO PRODUCTION WELL

SCREEN RECORD

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

SCREEN RECORD

DRILLERS IDENT. NO. 120

SCREEN RECORD

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SCREEN RECORD

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

SCREEN RECORD

SITE SUPERVISOR

SCREEN RECORD

SITE SUPERVISOR

SCREEN RECORD

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

200
165 Pm
30 state

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 0
Date 6/15/93

Name of Installer T.M. Leonard P. Lic. # 145

Telephone _____

License Number #7248

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner William Cornway

Telephone 750-2481

Subdivision Coventry Meadows Lot # 7 Well Tag # _____

Site Address 1445 Coventry Meadows

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Shultz
- Model # _____
- Capacity 10 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

Tank

- Capacity 40 gal
- Pressure relief valve? Yes

Piping

- Type Ply
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 36"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level 30 ft.
- Will water supply be disinfected by installer? No

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: Scotley M. Leonard

Date: 6/15/93

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

Building Address: 1445 Coventry Meadows Dr
Ellicott City, MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 603000 Subdivision Coventry Meadows
 Section 1 Area 1 Lot 7
 Tax Map 9 Parcel 336 Grid 17
 Zoning RC Map Coordinates RQW Lot size _____

Property Owner's Name William Schick
 Address 1445 Coventry Meadows Dr
 City Ellicott City State MD Zip Code 21043
 Home Phone 410-225-2245 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use SFA
 Proposed Use SFA
 Estimated Construction Cost \$ 32,011
 Description of Work Build 10' x 10' pad -
filled by truck

Contractor Company Blue Horizon Pools
 Contact Person Dennis Talley
 Address 7104 Industry Dr
 City _____ State _____ Zip Code 21111
 License No. 20003 Phone 1-888-257-0007 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 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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 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.

Applicant's Signature _____
 Title/Company _____

Print Name Dennis A. Talley
 Date 4/24/02

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: _____ Rear: _____ Side: _____ Side St: _____	54452
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l. per. fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4711</u> Validation # <u>57272</u>
Health	<u>4/24/02</u>	<u>Karen Grede</u>	Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Fire Protection				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				

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

