

approved
1-5-83
C. [signature]

PERMIT

P 32352

A 32027

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

02-284243
INDEX

ELLICOTT CITY

DISTRICT 2nd

DATE 12/7/82

7/21/82
T. [signature]
1st thing this AM, please

Mechanical Services, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 2710-14 Old St. Johns Lane, Ellicott City, MD. 21043 PHONE 465-7197

SUBDIVISION _____ ROAD 8476 Old Frederick Road

PROPERTY OWNER Bruce Penn Steve & Kathy Kirchner PHONE: 795-8207

ADDRESS 5521 Woodbine Road Woodbine, Maryland 21797

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

Trench system to contain 160 Sq. Ft. effective sidewall absorption area per bedroom (one side of trench only) to begin below the first 3 ft. of non-porous soil. Maximum depth permitted for trench bottom is 8 feet below original grade. Start the trench 80 ft. from Old Frederick Road and 15 feet from Daniels Road and proceed to dig the trench on level ground the necessary distance. If more than one trench is used space the 2nd trench parallel to downhill of and 10 ft. away from the first trench. Use a distribution box to connect multiple trenches. No trench may exceed 100 ft. in length. Call for inspection of trench before and after gravel is installed.

12/7/82
Change OK'd by F. Skinner

BLDG. PERMIT SIGNED
AND RETURNED 8/17/82
Serial # 4119754
attached garage
1 story

BLDG. PERMIT SIGNED
AND RETURNED 3/23/82
Serial # 41198-garage
DATE 7/14/82

PLANS APPROVED BY Frank Skinner

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.

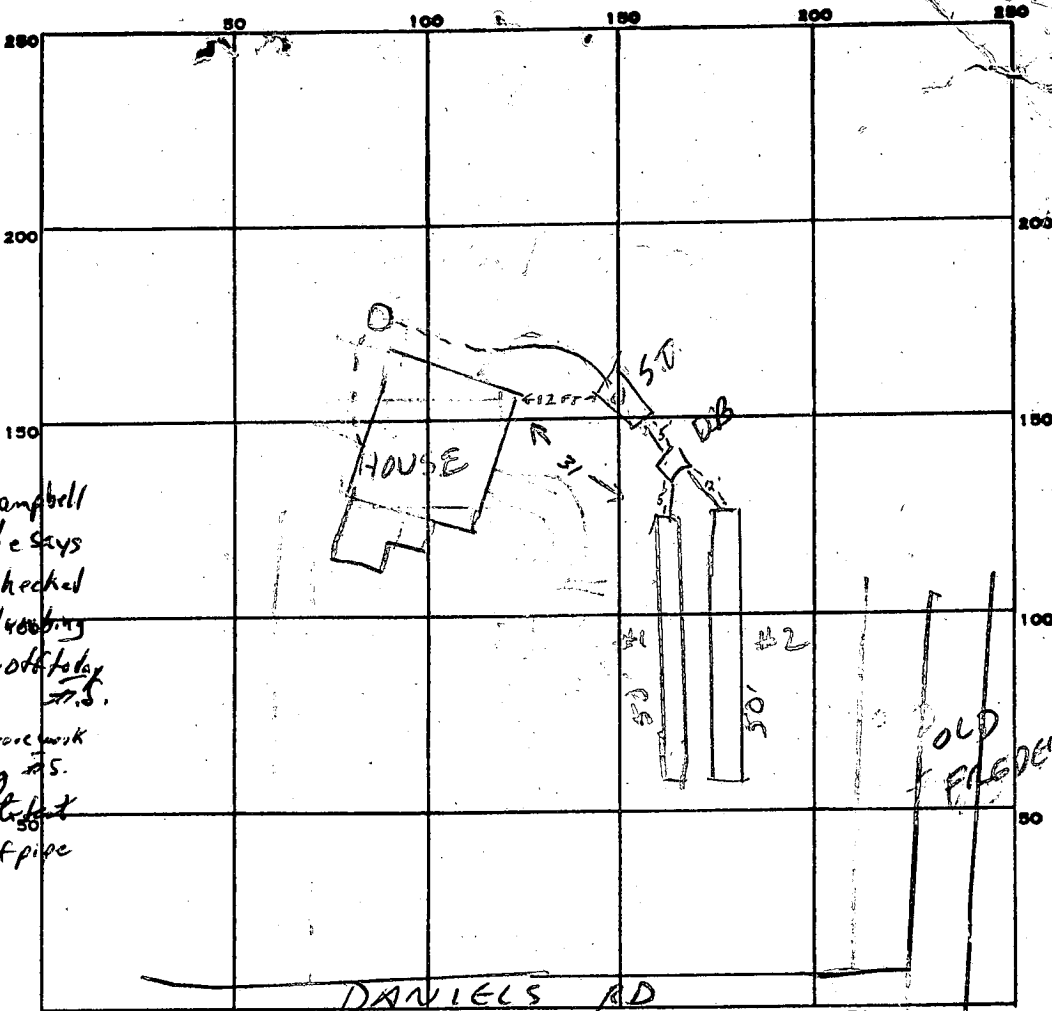
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
32027



12/30/82 T.C. & Bud Campbell of Mech. Services, he says covered pipe was checked by Clint Appelby, Plumbing Inspector: Appelby off today 7/5.
 1/3/82 Appelby did not approve work per T. Cond. 7 Min today 7/5. Bud Campbell told water dept & partial inspection of pipe @ cleanout req'd 7/5.

PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 100 (2 AT 50' ea) FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 500 SQ FT

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

ABSORBENT AREA 500 SQ. FT.

REMARKS TRENCHES OK. GRAVEL OK IN TRENCH #1.

SEPTIC TANK POORLY LOCATED. MUCH BEND IN PIPE. CANT SEE HOUSE CONNECTION.

CANT VERIFY FALL IN PIPE. STOP ALL WORK C Williams 12-29-82

12/30/82 OK. to cover tank, d. box & trenches 7/5.

1/3/82 See notes above 7/5.

1-5-82 - HOUSE SEWER LINE OBSERVED AT CLEANOUT. SCOPE OK. OWNER TO WATER TEST. CW

DATE SYSTEM APPROVED 1-5-82

INSPECTOR C Williams

SEWER LINE
STV

CLEANOUTS

Recorded
7/14/82
1:00 PM

APPLICATION

SEWAGE DISPOSAL TESTING

A 32027

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

3 B.R. 1000 gallon septic tank
4 B.R. 1250 gallon septic tank

DISTRICT 2nd

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 7/13/82

Send system to contain effective sidewall absorption area per bedroom (one side of trench) to begin below the first 3 ft of non-porous soil. Maximum depth permitted for trench bottom is 8 feet below original grade. Start the trench 100 ft. from Old Frederick Road and 125 feet from Daniels Road and proceed to dig the trench level and the necessary distance. If no other one trench is used space the 2nd trench parallel to downhill of and 10 ft. away from the first trench. Use a distribution box to connect multiple trenches. No trench may exceed 100 ft. length. Call for inspection trench before grading is installed.

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 Warren P. Kuhn property
8456

Bruce Penn
5321 Woodbine Rd.
Woodbine, Md 21797
795-8207 home
465-6248

ADDRESS Old Frederick Road, Ellicott City, Md.

PHONE

PROPERTY LOCATION:

NOTE Water Well must be at least 75 feet removed from any part of disposal trenches

SUBDIVISION

8476

ROAD AND DESCRIPTION

corner of Old Frederick Road and Daniels Road

SIZE OF LOT

1.972 acres

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.

Richard P. Burts

(SIGNATURE OF APPLICANT)

APPROVED BY

Frank Sherrin

FOR

4 trenches

DATE

7/14/82

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

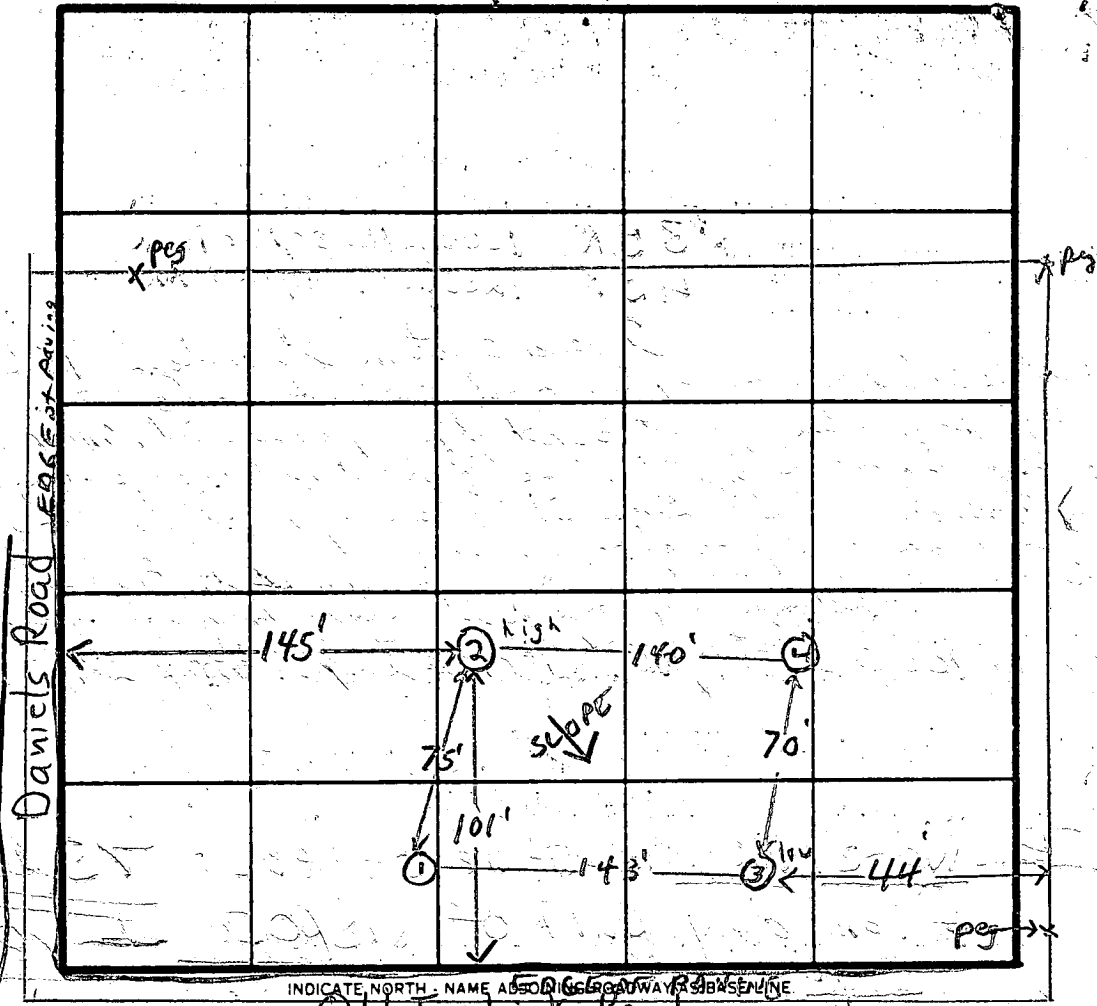
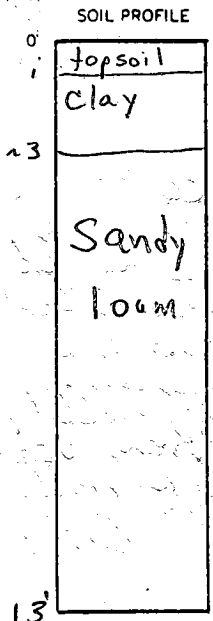
BLDG. PERMIT SIGNED

AND RETURNED 7/14/82

Serial # 51252

J.F.H.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ALSO DIRECTION OF WIND BLOWING

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/14/82	1	3 1/2'	1:15	1:16	1:16	1:18	2 min.	
	1A	6 1/2'	1:15	1:17	1:17	1:20	3 min	
	2 high	4'	1:21	1:22	1:22	1:24	2 min	
	2A	7'	1:22	1:23	1:23	1:26	3 min	
	3 low	3'	1:27	1:30	1:30	1:45	15 min	
	3A	8'	1:27	1:36	1:36	1:47	11 min	
	4	7'	Clay to ~2 1/2' Sandy loam below					

due to 13' at sandy loam
3' - inlet
10' mag.

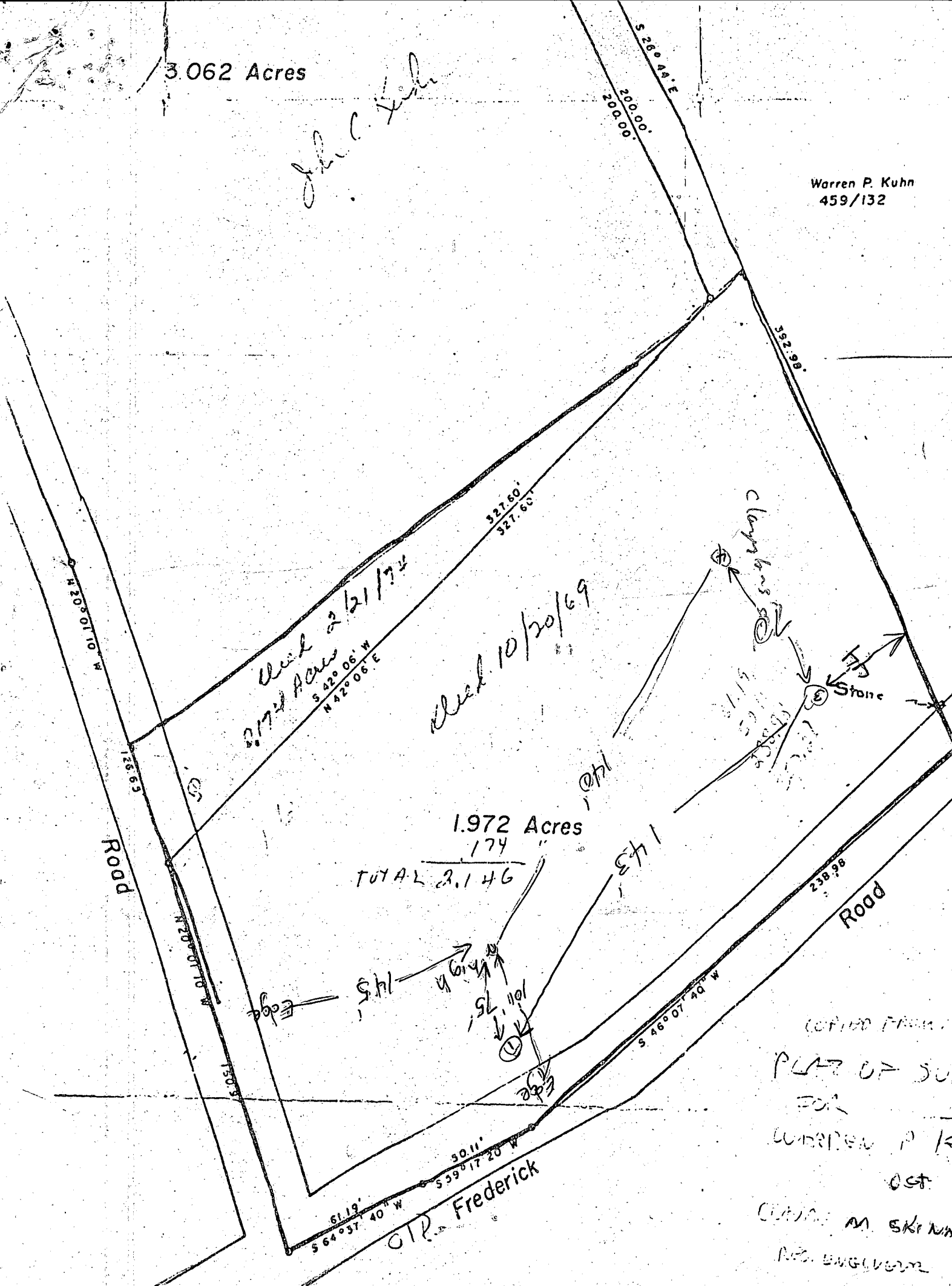
REMARKS: Attached plot not correct per Bays
TYPE OF SOIL: sandy loam below top 3' clay soil
TESTED BY: F.S. ALSO PRESENT: Roland Barth & Tom

EM-12-1079

3.062 Acres

John C. Kuhn

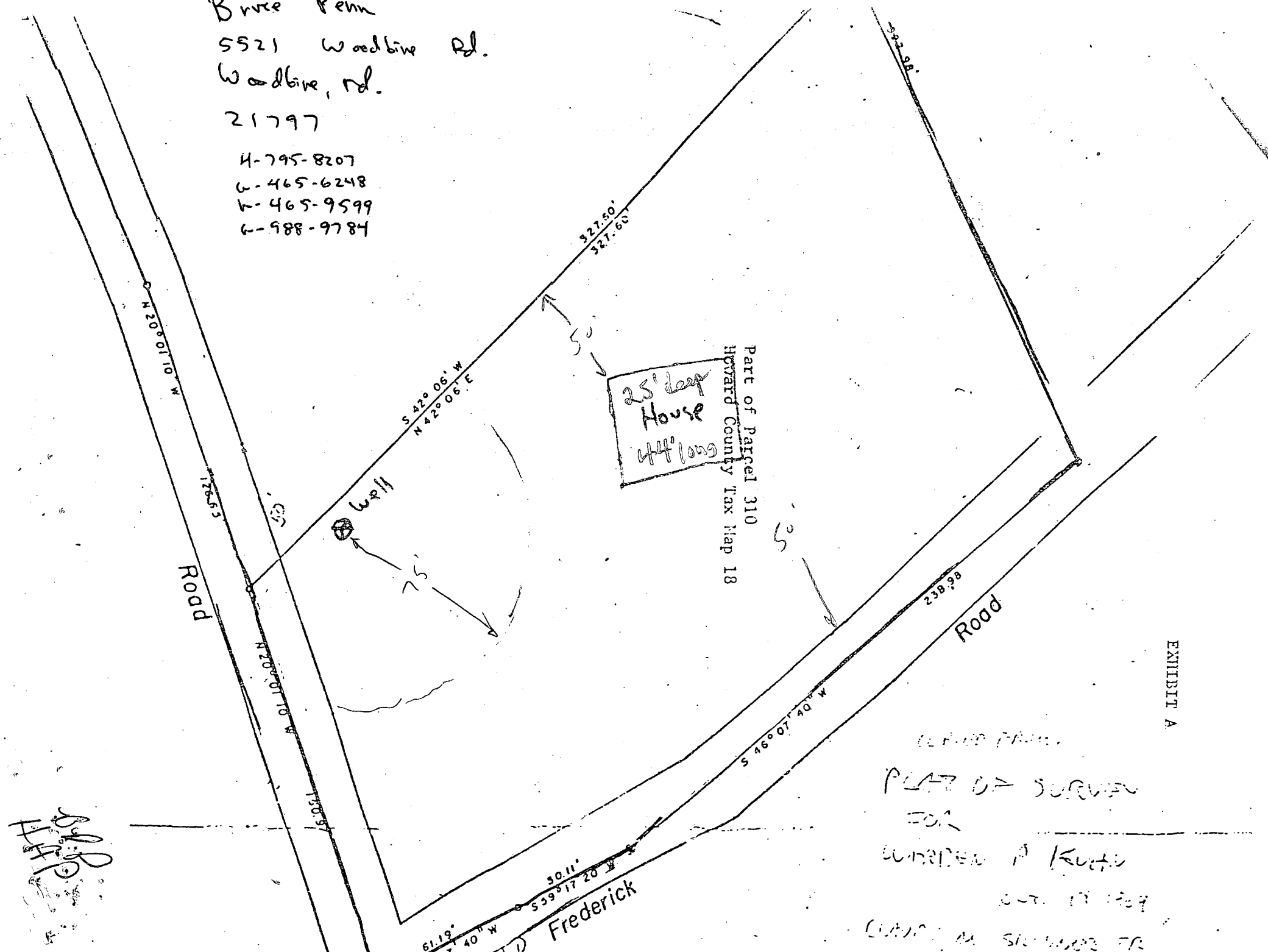
Warren P. Kuhn
459/132



(OFFICE FROM)
 PLAN OF SURVEY
 FOR
 WARREN P. KUHN
 DIST.
 JOHN M. SKOVAR
 REG. ENGINEER

Bruce Penn
 5521 Woodbine Rd.
 Woodbine, Md.
 21797

4-795-8207
 6-465-6248
 4-465-9599
 6-988-9784



Handwritten signature/initials

BRUCE PENN.
 PLAT OF SURVEY
 FOR
 WALTER A. KURTZ
 OCT. 17, 1969
 CIVIL ENGINEER

EXHIBIT A

Pump to begin at 8:30 A.M.
EMERGENCY/TEMP. NO. IF ANY

B 1	9395	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			please print or type	HO-73-4233 fill in this form completely

Date Received 8/19/82 072282
(OEP Use Only)

OWNER INFORMATION

PENN ERUCE
Last Name 15 Owner 34 Name

5521 Woodbine Rd.
Street or RFD 36 55

Woodbine Md. 21797
Town 57 State 76 Zip

B 3 LOCATION OF WELL

COUNTY Howard

SUBDIVISION _____

SECTION 23 LOT _____

NEAREST TOWN Ellicott City

MILES FROM TOWN (enter 0 if in town) 4

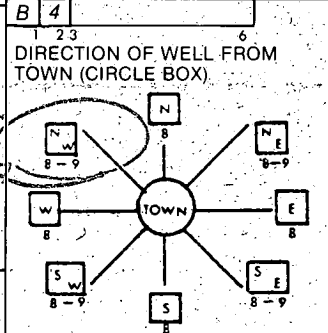
B 1 Continued DRILLER INFORMATION

Ronald L. Kyker 296

Driller's Name Westminster Rotary Well Drilling, Inc.
77 License No. 80

Firm Name D A Box 4861 Westminster, Md. 21155

Address Ronald L. Kyker 7/19/82
Signature Date



Daniels

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

NORTH SOUTH

70

34 DISTANCE FROM ROAD FT
(CIRCLE APPROPRIATE BOX) 37 38-39

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E	350	4
N	530	E

See A 19650 info on well location @ Oliver Reid for well

Location OK

37' CASING

1' ABOVE GROUND

31' OPEN

14 BAGS CEMENT

8-13-82 Cus Oliver

APPROXIMATE DEPTH OF WELL 145' 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

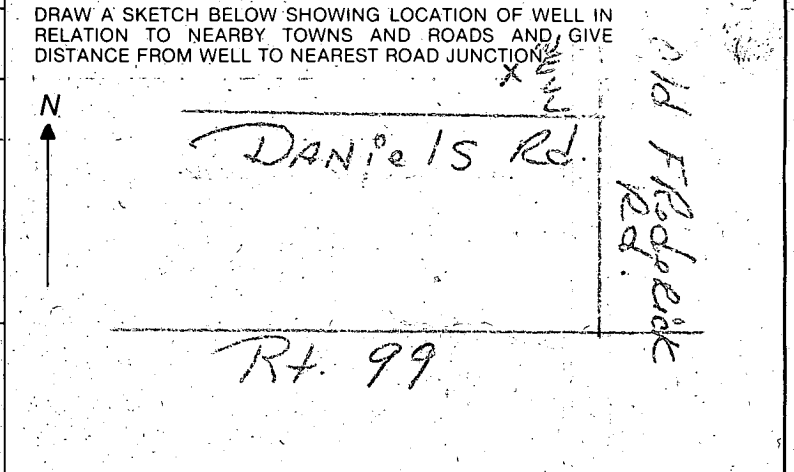
other _____

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) 41 _____ 52



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

APPROP. PERMIT NUMBER _____ 54 G A P _____ 63

FORCE FS WRITE INITIALS IN BOX 64 68 PERMIT No. HO-73-4233 70 71 72 73 74 75 76 77 78 79

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A 32027

OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX 41

DATE ISSUED 072982 CO SIGNATURE Frank Skinner

NORTH GRID 530 EAST GRID 0854 EXPIRES 012983

B 5 SPECIAL CONDITIONS 8-63

3231

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 32027

Date Received (OEP use only)

DATE WELL COMPLETED.

08 15 1988 20

Depth of Well

175

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-73-4233

OWNER Penn last name

Bruce first name

STREET OR RFD Daniels @ Old Fredrick Rds. TOWN Ellicott City

SUBDIVISION SECTION LOT

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check (if water bearing). Rows include: Dirt (0-3), Brown Dirt & Isinglass (3-6), Brown Mica (6-21), Blue Sandstone (21-35), Brown (35-37), Blue & Brown Sandstone (37-69), Brown Sandstone (69-70), Blue & Brown Sandstone (70-175).

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

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 4 NO. OF POUNDS 1316 GALLONS OF WATER 94 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.

CASING RECORD casing types insert appropriate code below STEEL CO CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE S T Nominal diameter top(main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 37

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

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

DEPTH (nearest ft.) 37 175

CIRCLE APPROPRIATE BOX 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. 1296 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour) 3 1/2

PUMPING RATE (gal. per min. to nearest gal.) 7.6

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 33

WHEN PUMPING 128

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 YES Y NO N

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

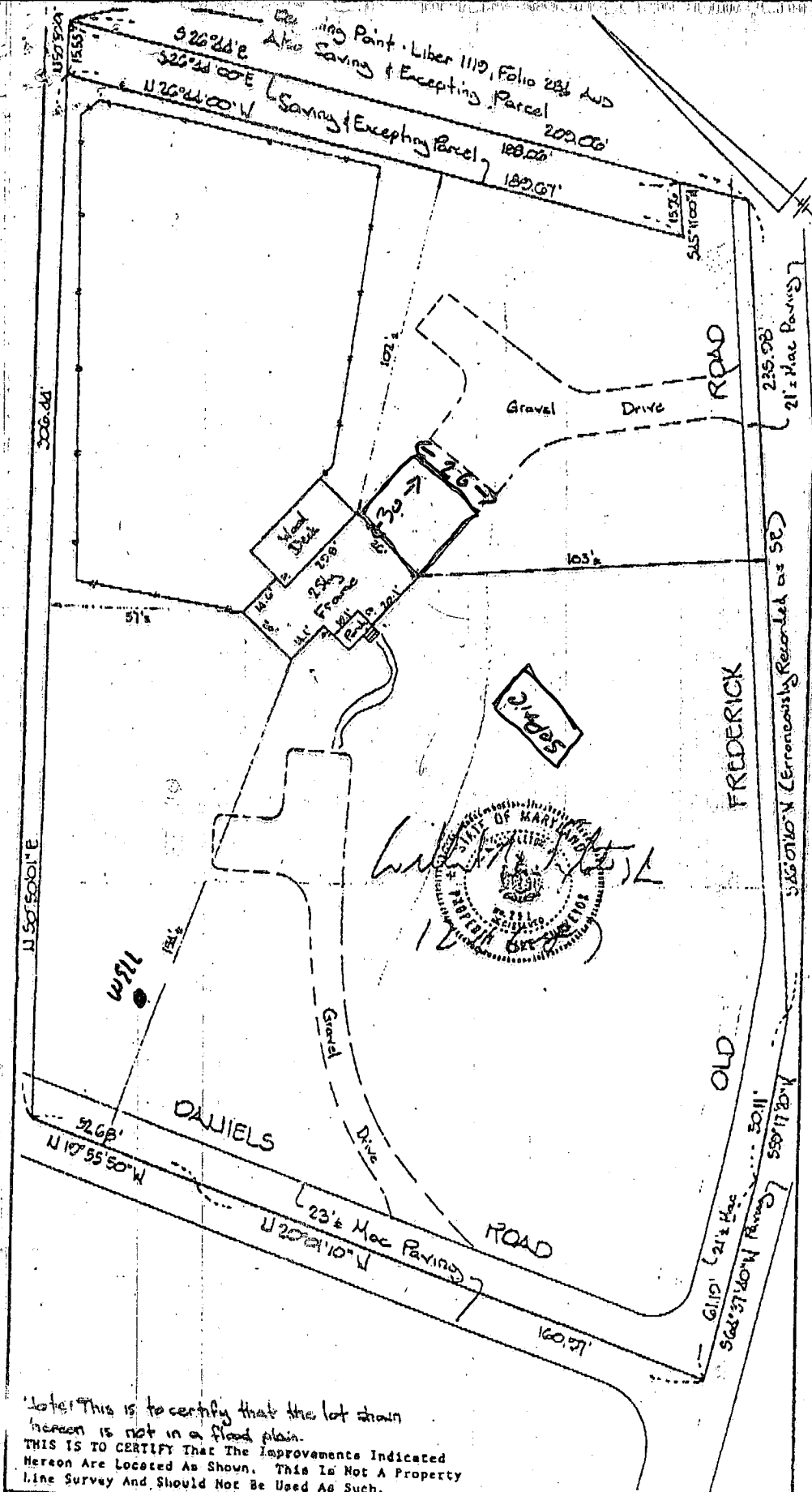
CASING HEIGHT (circle appropriate box and enter casing height) + above - below

LAND SURFACE 1 (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)

DANIELS Rd. OLD FREDRICK RD.

RT. 99



Notes: This is to certify that the lot shown hereon is not in a flood plain. THIS IS TO CERTIFY THAT THE IMPROVEMENTS INDICATED HEREON ARE LOCATED AS SHOWN. THIS IS NOT A PROPERTY LINE SURVEY AND SHOULD NOT BE USED AS SUCH.

HICKS ENGINEERING COMPANY, INC. ENGINEERS • SURVEYORS • PLANNERS 200 EAST JOPPA ROAD - SUITE 402 TOWSON, MARYLAND 21204 TELEPHONE: 301/494-0001	LOCATION CERTIFICATION #8476 Old Frederick Road LIBER 1119, FOLIO 284, HOWARD CO. SAYING & EXCEPTING LIBER Folio		
	DATE: 12/15/87	SCALE: 1"=30'	FILE: 57.23

32021

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2465 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO0119754

Building Address 8476 Old Frederick Rd
Ellicott City MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6021 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 18 Parcel 309 Grid 7
Zoning R-20 Map Coordinates _____ Lot size _____

Property Owner's Name STEVEN KIRCHNER
Address 8476 Old Frederick Rd
City Ellicott City State MD Zip Code 21043
Home Phone 410-465-9417 Work Phone Same
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Residential SF Home
Proposed Use same w/ garage
Estimated Construction Cost \$ 15,000
Description of Work Detached Garage
2 car 1 story 25x36

Contractor Company same as owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant same as property owner
Contact Name owner
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company same as owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>18 feet</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1 story w/ LOFT</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>864</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>Residential Garage</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>24</u> Width <u>36</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>2</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>As Garage</u> Dimensions: <u>24 x 36</u> Footings: <u>concrete</u> Roof: <u>Asphalt Gables</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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

Steve Kirchner
Applicant's Signature
OWNER
Title/Company

STEVEN KIRCHNER
Print Name
8-4-99
Date

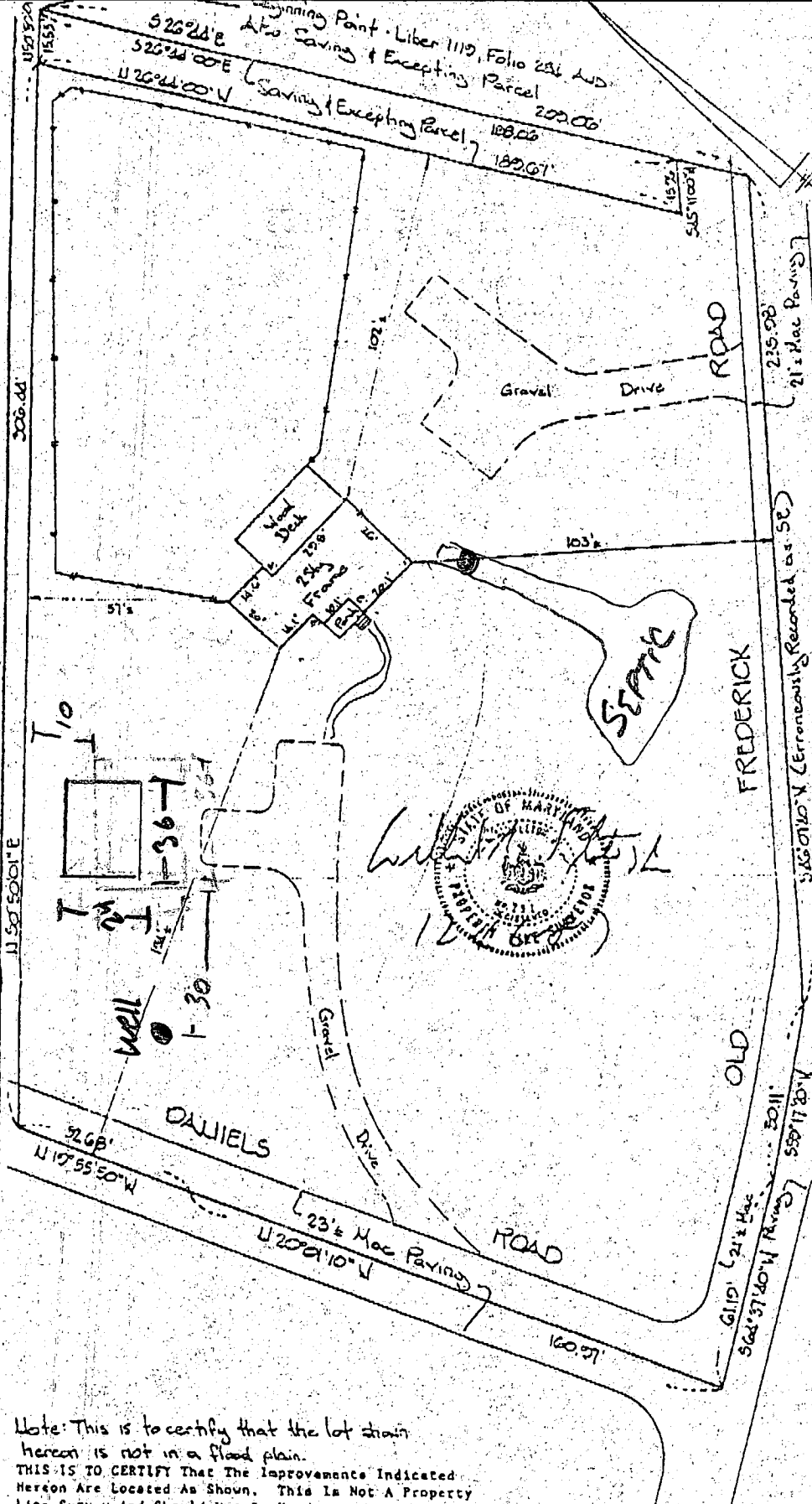
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>8/17/99</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>42492</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1729</u>
Accepted by _____	Validation # _____



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HICKS ENGINEERING COMPANY, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 200 EAST JOPPA ROAD - SUITE 402
 TOWSON, MARYLAND 21204
 TELEPHONE: 301/494-0001

LOCATION CERTIFICATION
 #2476 Old Frederick Road
 LIBER 1110, FOLIO 284, HOWARD Co.
 SAYING / EXCEPTING LIBER FOLIO
 DATE: 12/15/87 SCALE: 1"=20' FILE: 5023