

7/2/91 ASAP + LATER
Office
04/30/91
3 4:00

PERMIT

File

7/2 (3) P.C.O.
7/3 2 P.C.O. C.B.
P 47174

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32093

DISTRICT 4th

04-350634

DATE 6/5/91

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 7/3/91

INSPECTOR C.B.

INDEXED

Dave Hopkins & Son IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Lisbon Estates LOT 12 ROAD 1606 Brittle Branch Way

PROPERTY OWNER Barnard Bros. Construction JAMES FRANKE

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 80 Linear Feet Per Bedroom.

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start trench at perc hole #6 located approximately 25 feet from front lot line and 165 feet from the left lot line as seen when facing lot from Brittle Branch Way. Run trench (s) along level ground toward left lot line as seen when facing lot from Brittle Branch Way. Note left lot line is 415.54 feet.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. B/C 5/23/91 B/D

PLANS APPROVED BY Raymond Hodges cm DATE 04/26/91

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

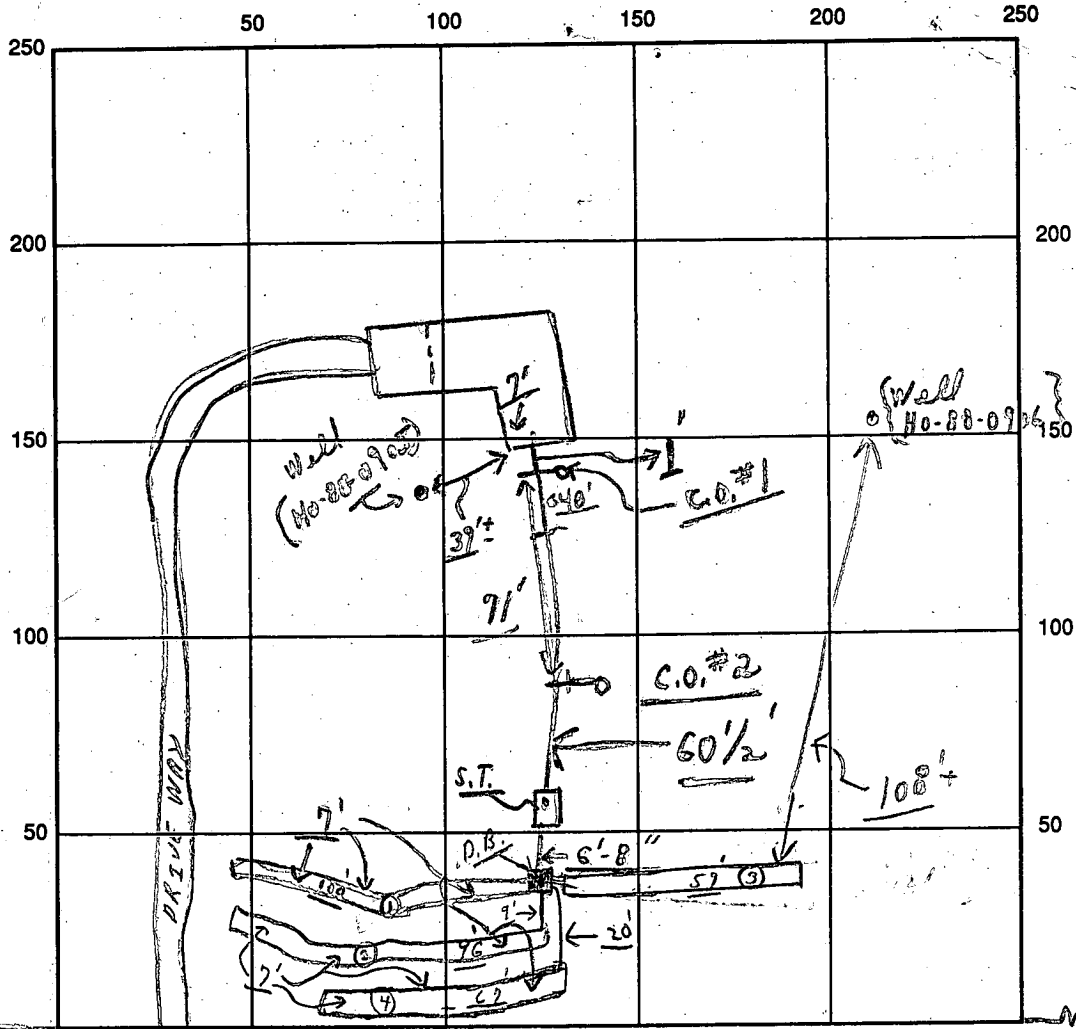
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. 2 story address

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

PERMIT SKIPPED
AND RETURNED 6-29-91
Serial # B170118825

A 32093



1999 - Florence

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BRITTLE BRANCH WAY

SEPTIC TANK LEVEL	OK	CLEANOUTS	S.T. OK	C.O. #1 OK	C.O. #2 OK
DISTRIBUTION BOX LEVEL	7/3 YES - (Baffles is in)				
DRAIN FIELD/TITLE DEPTH	7+ FT.	TRENCH WIDTH	2 FT.	INLET DEPTH	4 FT.
EFFECTIVE GRAVEL DEPTH	3+ FT.	TOTAL LENGTH	67, 100, 96 } FT. = (320)		
NUMBER OF TRENCHES	4	ONE SIDEWALL/BOILER ROOM AREA	960 SQ. FT.		
DRYWALL INSIDE DIAMETER	___ FT.	EFFECTIVE DEPTH BELOW INLET	___ FT.		
ABSORBENT AREA	960+ SQ. FT.				

REMARKS: 7/2/91 Partial - ok to cover 40' from house - only. 7/2/91 P.M. Early - OK TO STONE 65' of #1 trench; ok to cover from C.B.D. house to septic tank; later - P.M. 7/2 Partial - ok for stones in #1 trench 100' long. C.R.S. - HOLD FOR A CALL 7/3/91 7/3 A.M. Partial ok for stone in #2 + #3 trench; need 67'+ more in #4; 7/3 Early P.M. 7/2/91 W.P.I @ ^{well} casing - ok C.B.D. (Noted on septic permit) ^{continue + cover 3 trench C.B.D.}

DATE SYSTEM APPROVED 7/3/91 INSPECTOR Charles Bryan Street

7/3/91 1:30 P.M. - Final - ok to cover as finish paving trench #4. C.B.D.

Prel

APPLICATION

A 32093

SEWAGE DISPOSAL TESTING

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 _____

DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer Barward Bros. Cons.

ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300 489-7621

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 13 NEW LOT #12

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection
(1606 Brittle Branch Way) with S.R. 94

SIZE OF LOT 3.07 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Reimer-Tracy & Assoc. by Arthur E. Muegg
(SIGNATURE OF APPLICANT)

APPROVED BY Sid. Abel FOR Trunch DATE 2-14-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/13/91
Serial # 37520 - SFD

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/11/68	7 V	12.5'	Heavy Clay to 4 5'-5' - Frags 25-40%		Yellow Br Silt loam		
	8 V	12'	Similar to #7 w/ less frags + smaller				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

E11 12 10/70

APPLICATION

A 32093
P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 7-16-82

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 Lawrence Blumberg/Charles Snouffer
ADDRESS 2909 Old Court Road, Baltimore 21209 PHONE 574-9300

PROPERTY LOCATION:

SUBDIVISION BLUMBERG Lots 1 through 15 LOT NO. 13

ROAD AND DESCRIPTION East of S.R. 94, .5 miles south of Rt. 144 intersection with S.R. 94

SIZE OF LOT 3.07 Acres TYPE BLDG. (S.F. Detached) 4 BR
(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.

Riemer-Tracy & Assoc. by Arthur E. Meyer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

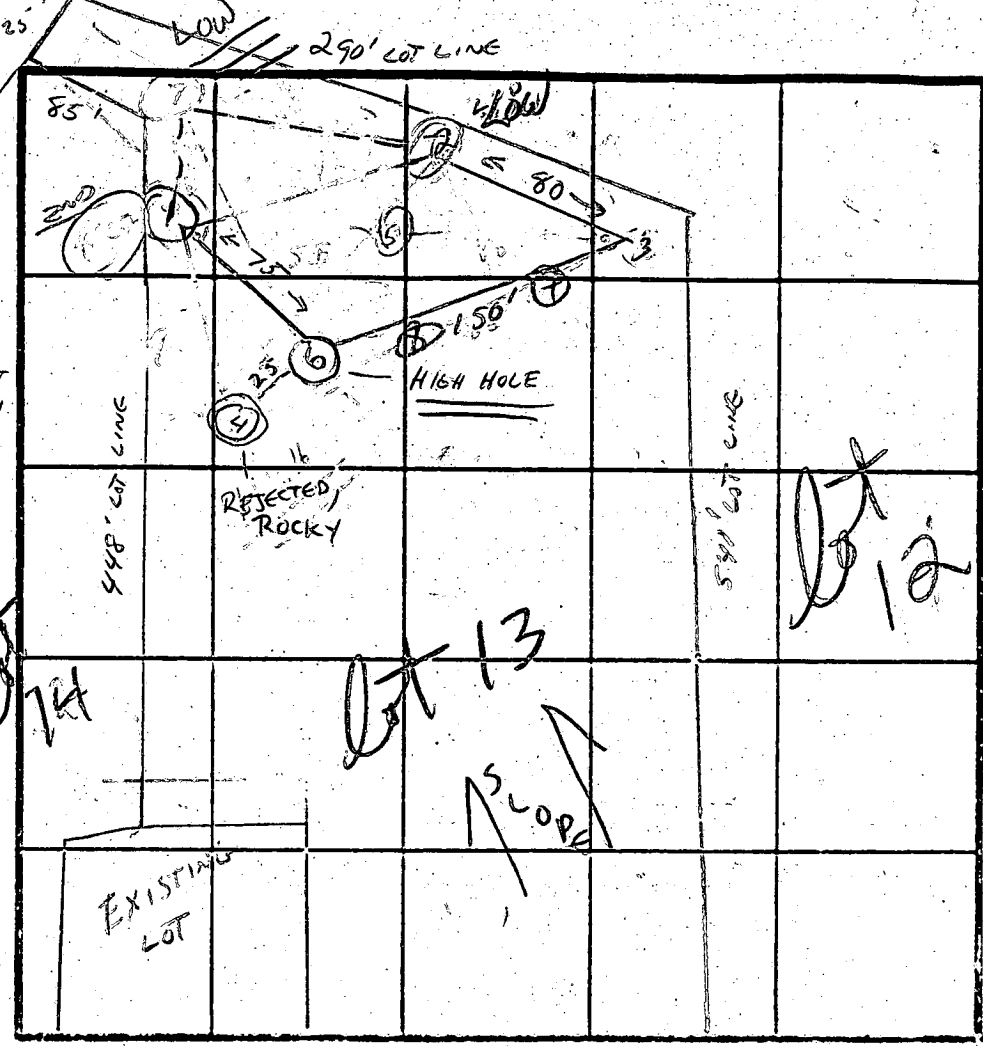
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 13 OK
 PROPOSED ROAD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Rate 94

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
8-24	S 1 M	3	10:09	10:12	10:12	10:18	6 MIN
		8	10:09	10:19	10:19	10:40	19 MIN
	V	14'	CLAY THEN CLAY LOAM TURNING ROCKY AT 13'				
Low	S 2 M	8 1/2	10:13	10:17	10:17	10:23	8 MIN
		8 1/2	10:13	10:22	10:22	10:44	22 MIN
	V	12'	CLAY LOAM TURNING ROCKY AT 11'				
	S 3 M	3 1/2	10:32	10:45	10:45	11:12	27 MIN
		8 1/2	10:32	10:34	10:34	10:38	4 MIN
	V	12	CLAY TO 3 1/2 FT THEN CLAY LOAM TURNING ROCKY AT 10'				
	(4) S M	3	10:56	10:56:30	10:56:30	10:58	1 MIN 30
		9	10:55:30	10:56:30	10:56:30	10:58:30	1 MIN
	V	9 FT	FRACTURED ROCK & CLAY LOAM				
	S V	12 FT	CLAY TO 4' THEN CLAY LOAM CHANGING TO SOFT ROCK				
2:03 11:16 H	6	3 1/2	1:56	1:59	1:59	2:03	4 MIN
		8 1/2	1:56:30	1:58:15	1:58:15	2:00:15	2 MIN 15

CLAY
 CLAY
 MIXED
 W/
 CHUNKS
 HARD ROCK
 FROM
 4-8 FT

IMAGINARY
 7 IS LOW

#2 are
 low

FAILED
 REC 5100
 5 FAST

3' 6"
 X=127

REMARKS: HOLE #3 ON LOT 14 12 FT CLAY-LOAM-WEATHERED MATERIAL 1074 MIN PER
 HIGH HOLE (#6) JUST A LITTLE FAST; BUT MUCH BETTER THAN #4.
 TYPE OF SOIL: CLAY, TO 3-3 1/2 FT; THEN CLAY LOAM TURNING ROCKY BELOW.
 TESTED BY: C. Williams
 ALSO PRESENT: UBBO VANDERBEEK & CARRY DREHBT

B 1 5691

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0905

(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)

052389

OWNER INFORMATION

Owner Last Name First Name

Street or RFD

Town State Zip

Trans to R. Mayne

DRILLER INFORMATION

Driller's Name License No. 80

Driller's Name

Address

Signature Date

LOCATION OF WELL

COUNTY

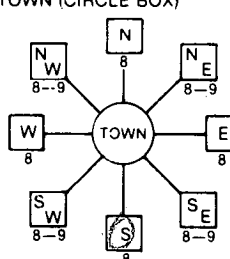
SUBDIVISION

SECTION LOT

NEAREST TOWN

MILES FROM TOWN

DIRECTION OF WELL FROM TOWN



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

DISTANCE FROM ROAD

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name County No.

State Signature Date Issued

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 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
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 deepen an existing well
Permit number of well to be replaced or deepened

APPROP. PERMIT NUMBER

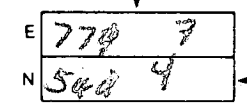
FORCE INITIALS PERMIT No.

SPECIAL CONDITIONS

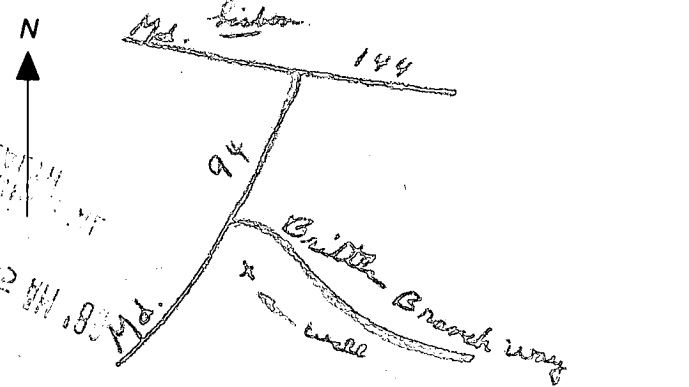
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 4239 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (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 A32093

DATE Received 052389 DATE WELL COMPLETED 062690 Depth of Well 165 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 418/94 HO-88-0705
 OWNER FRALL DEVELOPERS last name first name
 STREET OR RFD 4414 E Knapch Way TOWN LISBON
 SUBDIVISION LISBON ESTATES SECTION _____ LOT 12

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	
Top Soil	0	2	
Brown Shale	2	30	
Brown Shale	30	35	✓
Blue Shale	35	50	
Blue Shale	50	55	✓
Brown Shale	55	165	
Blue Shale			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 200
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 160 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 PL Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 46

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

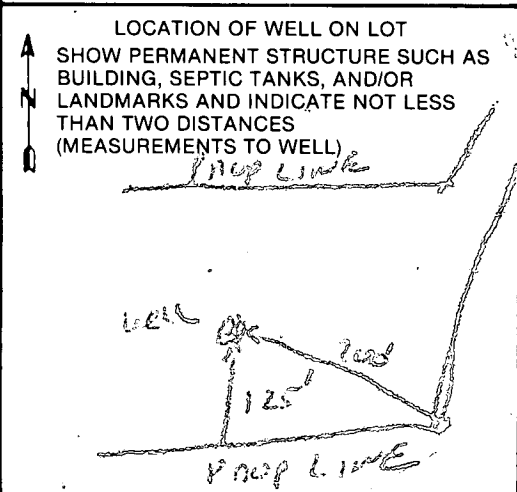
C2
 DEPTH (nearest ft.)
 E A C H S C R E E N 1 HO 44 165
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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 _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34
 WHEN PUMPING 34
 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: 29
 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)
 - below }



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. 373
 DRILLERS SIGNATURE Mark Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

2nd Copy
 5/22/92

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

7/2/91
OK C.B.S.

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION
LINE (w/ casing only)

New Installation Replacement
Receipt # 47171
Date 6/4/91
Name of Installer J. JOSEPH GAITLAND, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner BARNARD CONST. Telephone 489-7621
Subdivision LISBON ESTATE Lot # 12 Well Tag # HO-88-0905
Site Address 1606 BRITTLE BRANCH WAY.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make HARVARD
a. Deep well jet _____ 2. RPM _____ 2. Model # PT.800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible a. 110 _____
2. Make GOULDS b. 220
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 _____

Tank Piping Well data
1. Capacity 42 gal. 1. Type PLASTIC 1. Depth _____ ft.
2. Pressure relief valve? 75 PSI 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level _____ ft.
4. Depth of supply line 42" 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: _____
Date: 5/31/91

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

21700-3 013:33
HOWARD COUNTY HEALTH DEPARTMENT
ELICOTT CITY, MD

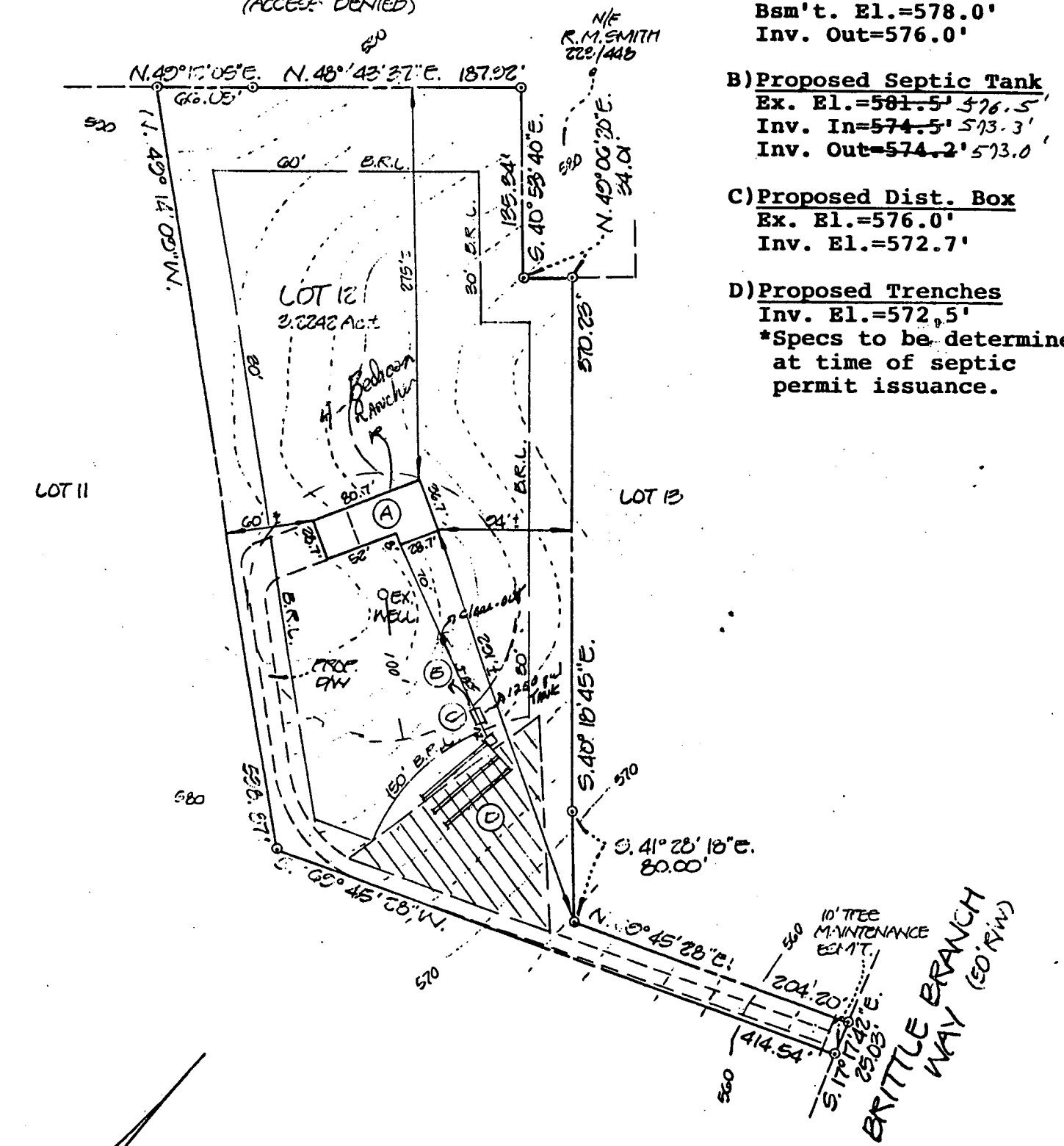
MD. ROUTE 94
(ACCESS DENIED)

A) Proposed House
F.F. El.=586.5'
Bsm't. El.=578.0'
Inv. Out=576.0'

B) Proposed Septic Tank
Ex. El.=581.5' 576.5'
Inv. In=574.5' 573.3'
Inv. Out=574.2' 573.0'

C) Proposed Dist. Box
Ex. El.=576.0'
Inv. El.=572.7'

D) Proposed Trenches
Inv. El.=572.5'
*Specs to be determined
at time of septic
permit issuance.



PLOT PLAN
LOT 12, SECTION 1
LISBON ESTATES

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
 B00118825

Building Address 1006 Brittle Beach Way
Woodbine, MD 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6040 Subdivision Golden Estates
 Section 2 Area N/A Lot 12
 Tax Map 7 Parcel 2 Grid 17
 Zoning RC-10 Map Coordinates 3E11 Lot size 3,224 sq. ft.

Property Owner's Name James Frankel
 Address 1006 Brittle Beach Way
 City Woodbine State MD Zip Code 21797
 Home Phone (410) 551-5448 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFO
 Proposed Use SFO with attached development
 Estimated Construction Cost \$ 20,000.00
 Description of Work Construct 10' x 24' single story front porch with 2nd windowed base for side place

Contractor Company Howard Co. Contractors
 Contact Person Garry M. Raymond
 Address 1006 Brittle Beach Way
 City Woodbine State MD Zip Code 21797
 License No. 13-390-59 MHC 1796
 Phone (410) 459-7821 Fax (410) 459-7821

Occupant or Tenant _____
 Contact Name James Frankel
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 Garry M. Raymond
 Title/Company Howard Co. Contractors

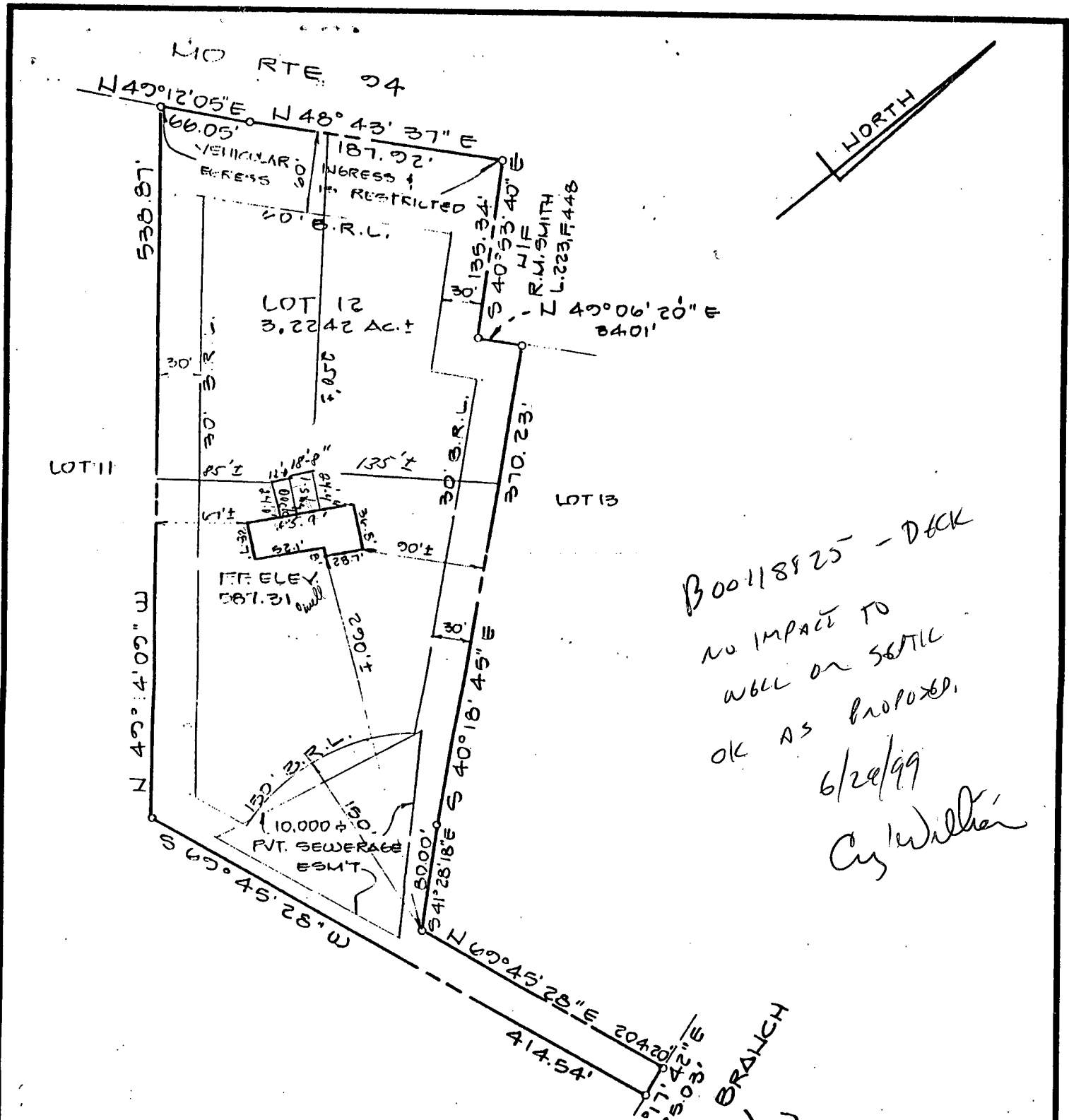
Print Name Garry M. Raymond
 Date 6/21/99

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: _____	4175
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>6/29/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l 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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>251</u>
			Accepted by <u>[Signature]</u>	Validation # _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 permit form Rev. 10/15/98



6-7-91

BRITTLE BRANCH WAY
 (50' R.O.W.)
 S 17° 17' 42" E 204.20'
 S 25° 03' 25" E 250.03'
 414.54'

WALL CHECK SURVEY
 LOT 12, SECTION 1
 LISBON ESTATES
 1060 BRITTLE BRANCH WAY
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' JUNE, 1991

* FOOTINGS & FOUNDATION ARE IN PLACE
 FLAT 2447 RESERVES A 10' TREE MAINT. ESMT. CONTIGUOUS TO ALL PUBLIC ROAD RIGHT OF WAY LINES.
 REVISION: 7/24/91 ADDED FIRST FLOOR ELEVATION

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
FLAT# 2447	88-1702



VANMAR ASSOCIATES INC.
 Engineers • Surveyors • Planners
 310 South Main Street, Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015