

7/2/84
Linnell Home

04-317920

approved 7/2/84
Stayer

PERMIT

P 34052
A 32527

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY
DISTRICT 4th.
DATE 7/2/84

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland PHONE 988-9270

SUBDIVISION _____ ROAD 14775 Bushy Park LOT 183

PROPERTY OWNER Linwood and Martha Hoggard
ADDRESS 3264 Walnut Street
Inkster, Michigan 48141

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade with 4 feet of stone below distribution pipe. LOCATION: Start trench 125 feet from back lot line and 20 feet from right lot line as seen when facing property from Bushy Park Road. Run trench(s) along level ground towards Rear lot line. O.K. to install long leach field. NOTES: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench (s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILDING PERMIT SIGNED

AND RETURNED

10703 800144163-32x20 ADDITION

PLANS APPROVED BY Craig Williams DATE 5/11/83

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.

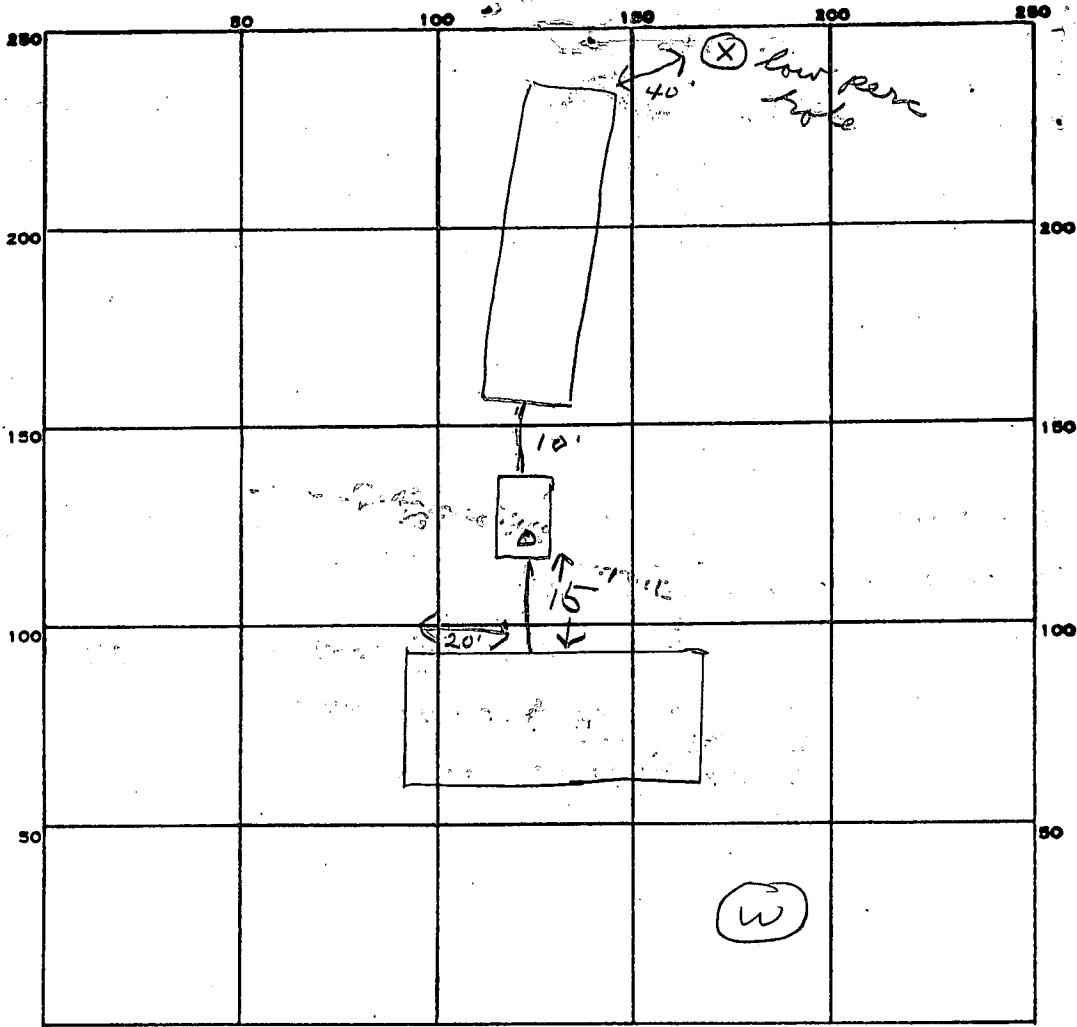
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED
AND RETURNED 11/9/84
Serial # 8180
2-car garage

A 34527

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

✓ Busby Park

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 7 1/2 FT.

GRAVEL DEPTH 2 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 750

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

ABSORBENT AREA 750 SQ. FT.

REMARKS 7/2/84 Inlet into trench will be at 5 ft.
7/2/84 OK to cover all work if

DATE SYSTEM APPROVED 7/2/84 INSPECTOR Stayer

BUILDING PERMIT SIGNED
AND RETURNED

SUBDIVISION: LINWOOD HOGGARD PROP
BUSHY PARK RD

LOT NUMBER: taxmap 8
parcel 183

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.
Inlet 4 feet below original grade.
Bottom maximum depth 8 feet below original grade.
Effective area begins at 4 feet below original grade.
4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START TRENCH 125' FROM BACK LOT LINE AND 20' FROM
RIGHT LOT LINE AS SEEN WHEN FACING PROPERTY FROM
BUSHY PARK RD. RUN TRENCH(S) ALONG LEVEL GROUND
TOWARDS REAR LOT LINE.

5-11-83 Craig Williams FS.

also O.K. to install long leach field FS

PRELIMINARY

APPLICATION

3/8/83
9:30 A.M.
(Fyock - digger)

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 32527

P _____

DISTRICT XXXX 4th

DATE 3/7/83

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 Linwood and Martha Hazzard

ADDRESS 3264 Walnut Street, Inkster, Michigan 48141 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Lot 183

ROAD AND DESCRIPTION 14975 Bushy Park Road

SIZE OF LOT 2.241 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. /s/ Jack Fyock for Linwood Hazzard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C. Williams DATE 3-8-83

REASONS FOR REJECTION OR HOLDING - NEED CERTIFIED LOCATIONS & ELEVATIONS CW

BLDG. PERMIT SIGNED
AND RETURNED 6/21/84
Serial 59578
Addition

BLDG. PERMIT SIGNED
AND RETURNED 12/23/83
Serial # 56938

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

PRELIMINARY

APPLICATION

A 32527

SEWAGE DISPOSAL TESTING

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 X~~XX~~ 4th

DATE 3/7/83

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 Linwood and Martha Hazzard

ADDRESS 3264 Walnut Street, Inkster, Michigan 48141 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Bushy Park Road

SIZE OF LOT 2.241 acres TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Jack Ryock for Linwood Hazzard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

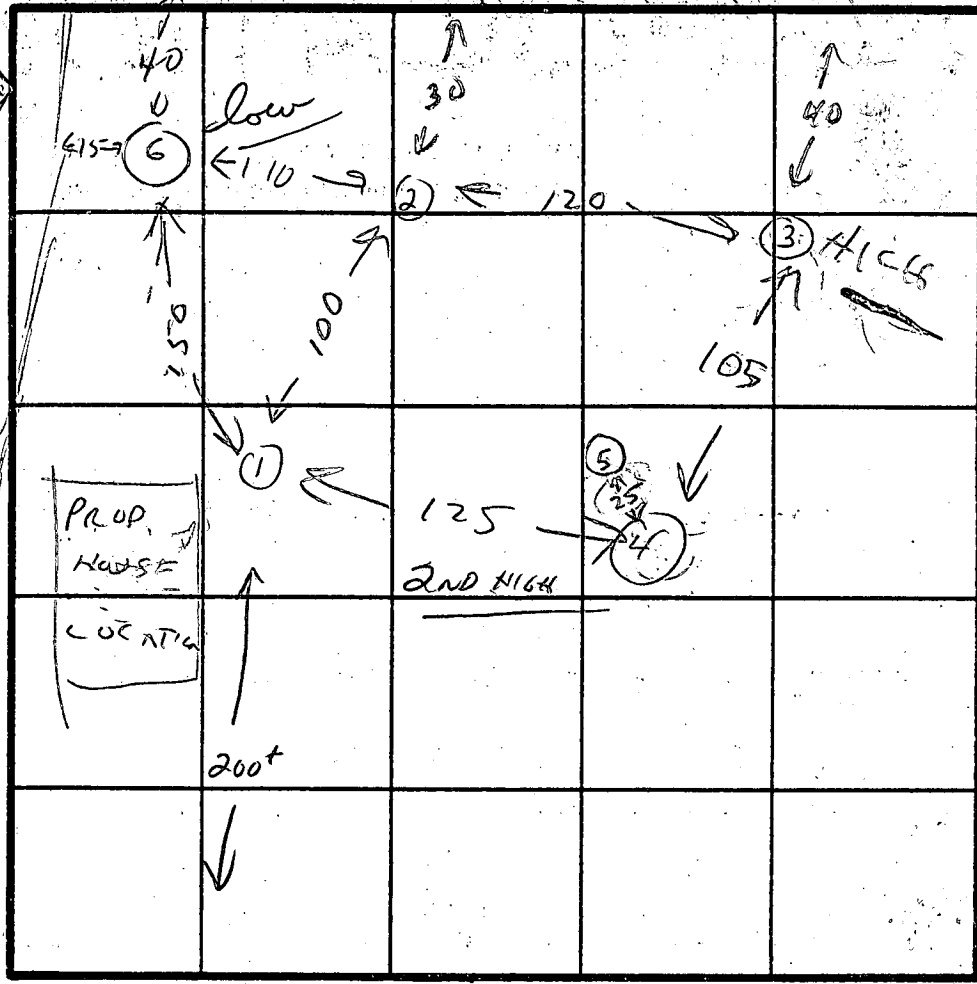
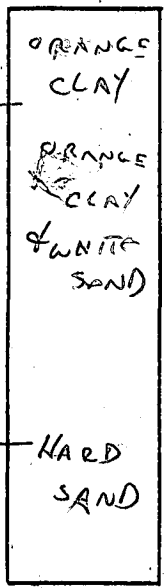
THIS IS NOT A PERMIT

1 2 3
1 2 3 HOLES

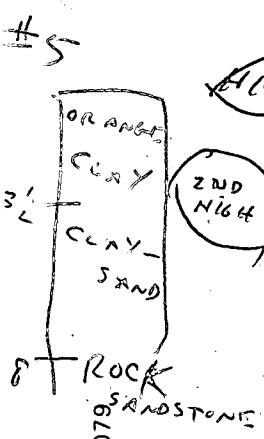
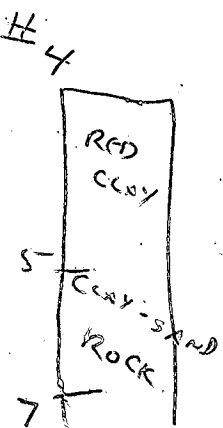
PROPERTY CO.
12-1078



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BUSHY PARK RD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-8-83	1 A	4	9:47	9:52	9:52	9:57	5 MIN
	B	9	9:49	9:51	9:51	9:53	2
	C	12	HARD SAND				
3-8-83	2 A	4	10:00	10:05	10:05	10:11	6 MIN
	B	9	10:00	10:01	10:01	10:03	2
	C	12	HARD SAND				
3-8-83	3 A	4	10:04	10:08	10:08	10:14	6 MIN
	B	9	10:04	10:06	10:06	10:08	2
	C	12	HARD SAND				
3-8-83	4 A	4	RED CLAY		NOT TESTED		
3-8-83	B	7	ROCK		NOT TESTED		
3-8-83	5 A	4			NOT TESTED		
3-8-83	B	18	ROCKY		OK FOR SHALLOW		
3-8-83	6 A	4	10:52	10:57	10:03		6 MIN
	B	9	10:51	10:53	10:55		2
	C	12	HARD SAND				

REMARKS 1-2-3-5 OK EXCEPT FOR HOUSE LOCATION 1-5-2-6 USE

TYPE OF SOIL ORANGE-CLAY TOP - THEN SAND MIX - HARD AT 12'

TESTED BY C. Williams ALSO PRESENT MIKE SKIPPER

EH-12-1078 SANDSTONE

Road

S 87° 17' E

362.25'

C&P TR

S 34° 16' E

208.72'

2.241 Acres

Park

N 40° 55' W

11/29/83
Melliss
CR

BUSHY

267.00'

N 48° 41' W

252.00'

284.80'

N 66° 09' S

④

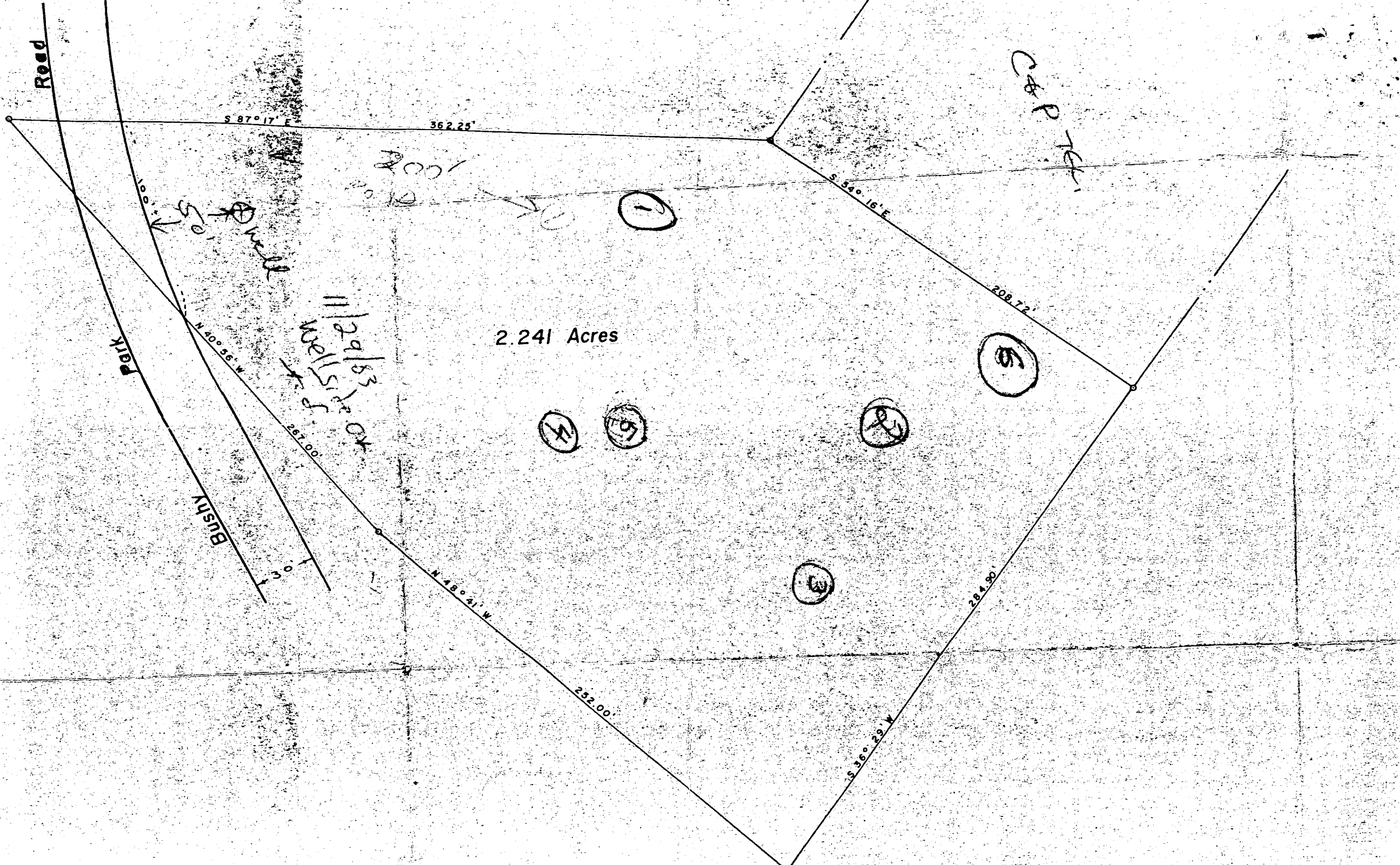
⑤

⑧

⑥

③

①



Linwood + Martha Hoggard
3264 Walnut
INKSTER MICH 48141

Sandy Groth - Kevin Homes

833-8900

Ryland Homes

PO BOX
365
161ST
21136

1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

0874

SEQUENCE NO. (OEP USE ONLY)

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 32527**

DATE Received
 2 13

DATE WELL COMPLETED
 1 2 1 4 8 3

Depth of Well
 22 2 2 8 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 10-87-0354

OWNER **Hoggard** **Linwood**
 STREET OR RFD **Bushy Park Rd.** TOWN **Cooksville**
 SUBDIVISION **tax map 8, parcel 183** SECTION LOT

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	
Dirt	0	1	
Red, Brown, Clay & Sand	1	8	
Hard, Blk & Blue Sandstone	8	66	
Hard Brn. Sandstone	66	67	X
Hard Blue Sandstone	67	82	
Hard Brn. Sandstone	82	83	X
Hard Blk. Blue Sandstone	83	99	
Hard Brn. Sandstone, laced w/ Red Clay	99	101	X
Hard Blk. & Blue Sandstone	101	200	
Opening	200	201	X
Blue & Black Sandstone	201	228	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle-Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **54**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** 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 **S** **T** **6** **21.9**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

C 2
 DEPTH (nearest ft.)
 1 **H 0** 2 1 . 9 2 2 8
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

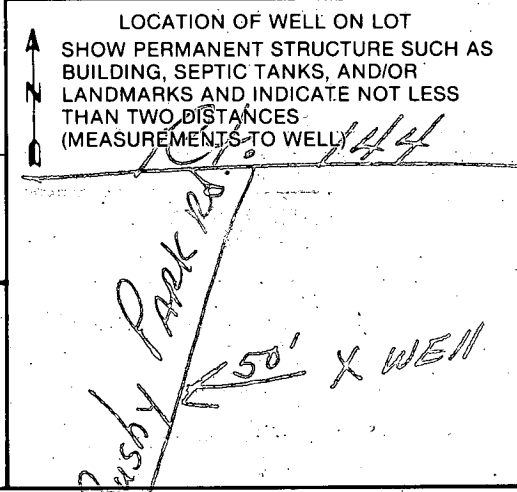
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **8.5**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **38**
 WHEN PUMPING **1 2 1**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** 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)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above LAND SURFACE **2** (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. **296**
Ronald L. Kyker
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 7673

SEQUENCE NO. (OEP USE ONLY) 12/14/83

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0354

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

12/12/83 9:30 A.M. please print or type

fill in this form completely

Date Received

12/12/83

OWNER INFORMATION

HOGGARD KINWOOD

3238 LOHRS LANE

BALTIMORE MD 21229

Town State Zip

DRILLER INFORMATION

Ronald L. Kyker

Westminster Rotary Well Drilling, Inc.

Box #861 Westminster, Md. 21157

Ronald L. Kyker 12/18/83

B 3

LOCATION OF WELL

HOWARD

HOGGARD PROPERTY

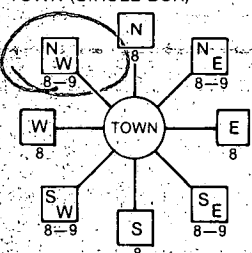
SECTION 8 LOT 183

COOKSVILLE

MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN



Bushey Park Rd.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

DISTANCE FROM ROAD

50

ENTER FT. or MI

FT

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 475

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

HOWARD

A32527

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 11/30/83 Frank Shuman 5/30/84

NORTH GRID 542000 EAST GRID 0791000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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)

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

APPROP. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT No. 40-81-0354

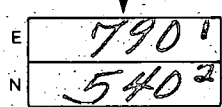
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

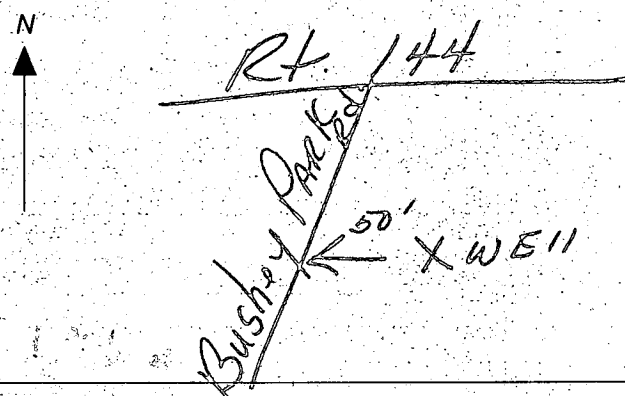
SOURCES OF DRILLING WATER

- 1. City
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



MILTON BAUGHER - WASHINGTON BLVD.

~~OBSERVE WELL SEAL TODAY~~

ROBT FREEZER

WELL

14775 BUSHY PARK WOODBINE

LYNWOOD HOGGARD

} REXAY
TODAY

5/16/84

GET WELL #

5/16/84

Land wood & Martha Hoggar

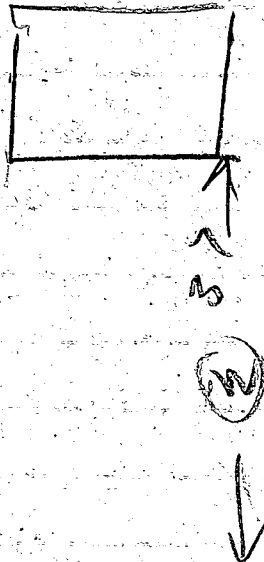
14775 Bushy Park Rd

Building Permit 56938

Well # H081 0354

Well Pitless Adapter & Pipe Covered
Ground well attached

48''
3 liner
pitless adapter
Well #



BUSHY PARK RD

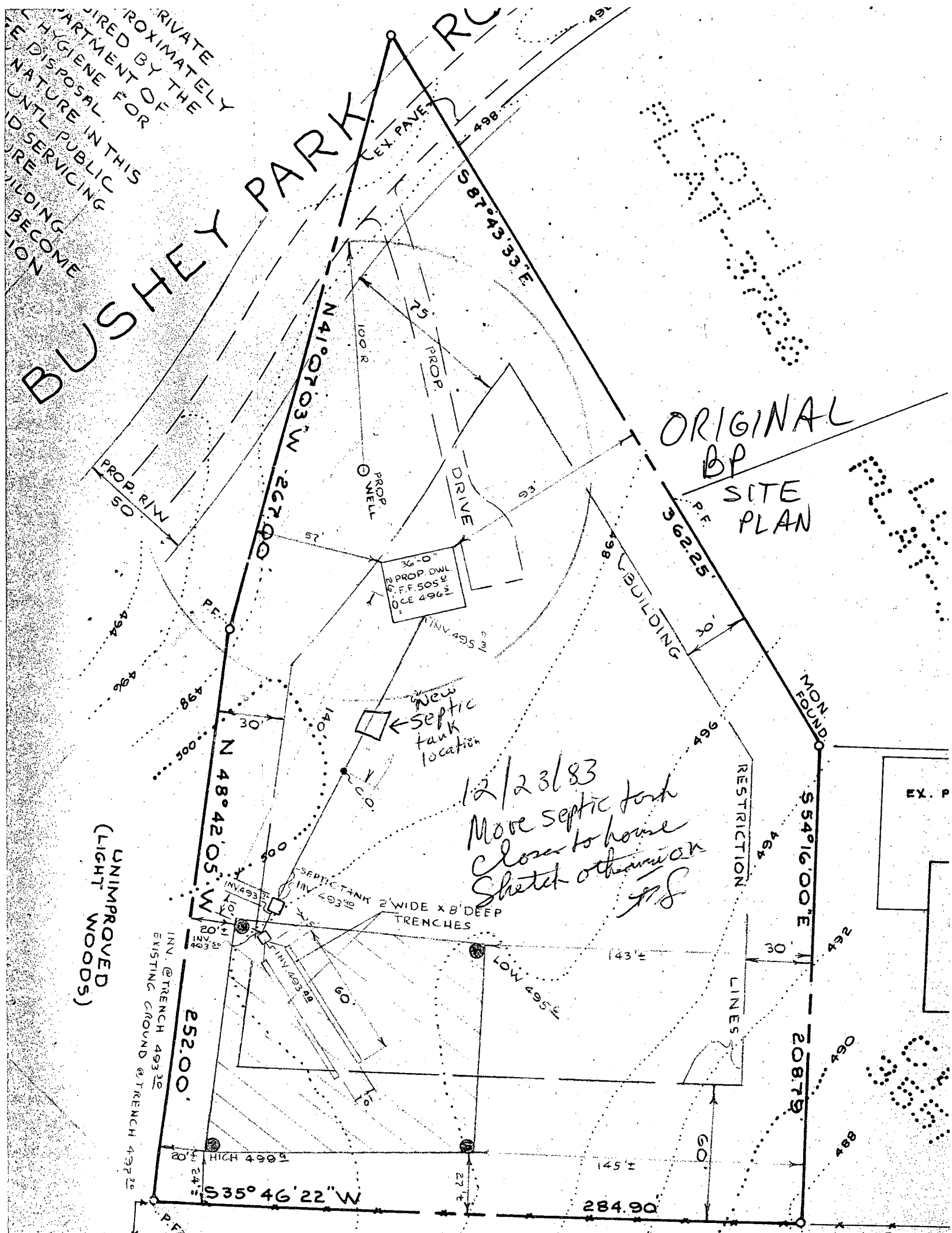
PROXIMATELY
BY THE
OF
FOR
IN THIS
PUBLIC
SERVICING
BECOME
ION

BUSHELBY PARK RC

ORIGINAL
BP
SITE
PLAN

12/23/83
Move septic tank
closer to house
Sketch otherwise
JFS

UNIMPROVED
(LIGHT WOODS)



ROAD

BUSHEY PARK

...ELY
...THE
...FOR
...SAL
...IN THIS
...PUBLIC
...AND SERVICING
...TURE
...THESE BUILDING
...ENT SHALL BECOME
...ON CONNECTION
...WAGE SYSTEM.

PRIVATE SEWER
...ICER

$S 37^{\circ} 45' 55" E$

$562.25'$

MON. FOUND.

$S 54^{\circ} 16' 00" E$

BUILDING

RESTRICTION
LINES

$208.72'$

5/9/83

Hoggard
Property

$N 10^{\circ} 03' 05" W 267.00'$

$N 48^{\circ} 42' 05" W$

UNIMPROVED (FIELD)

(ACROSS FROM SUN NURSERIES)

UNIMPROVED
(LIGHT WOODS)

$252.00'$

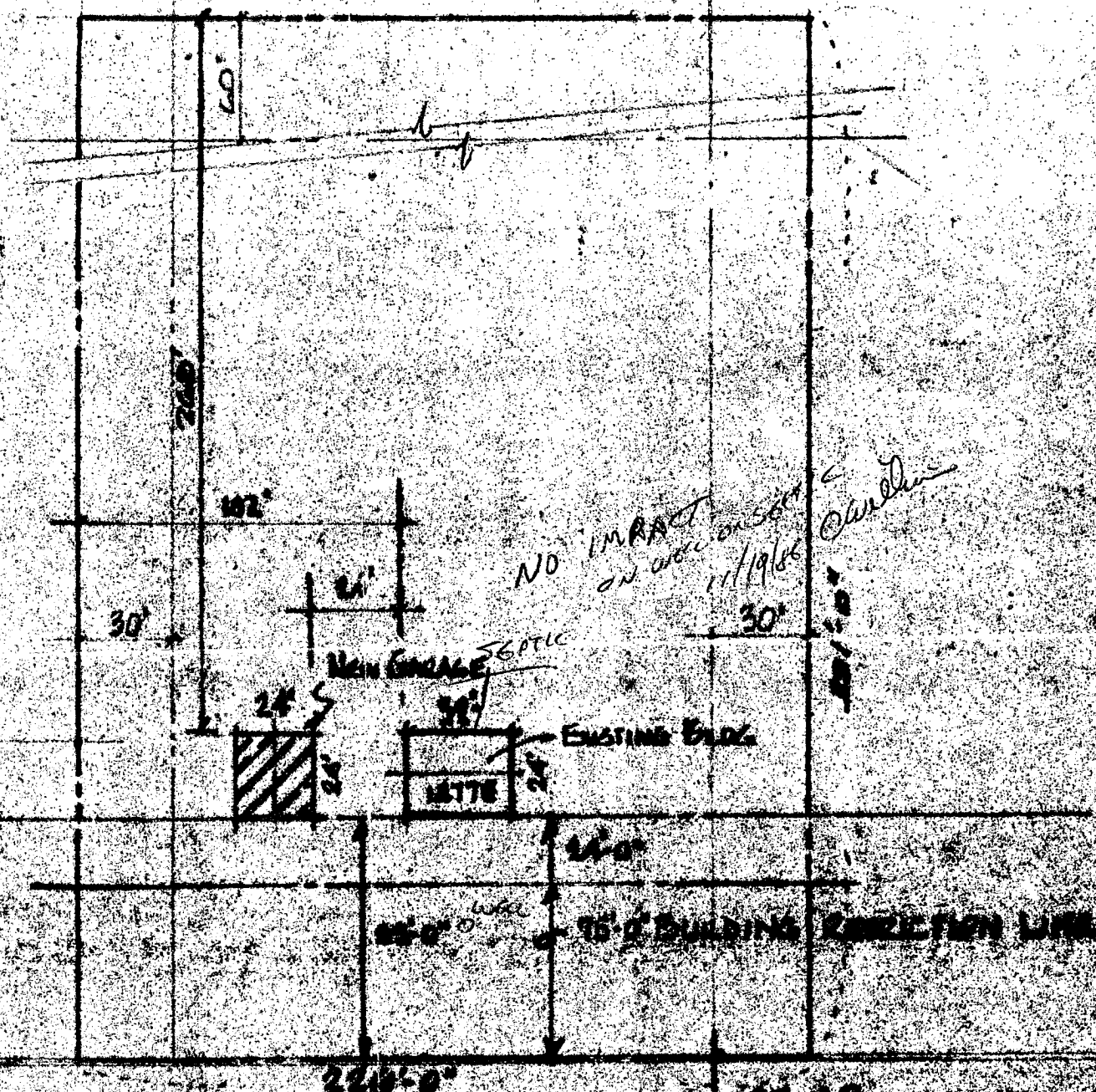
$S 30^{\circ} 46' 02" W$

5/9/83
The area is
the approximately
f.s.

HOG
422 EL
SCALE

FREDRICK ROAD

LONDON

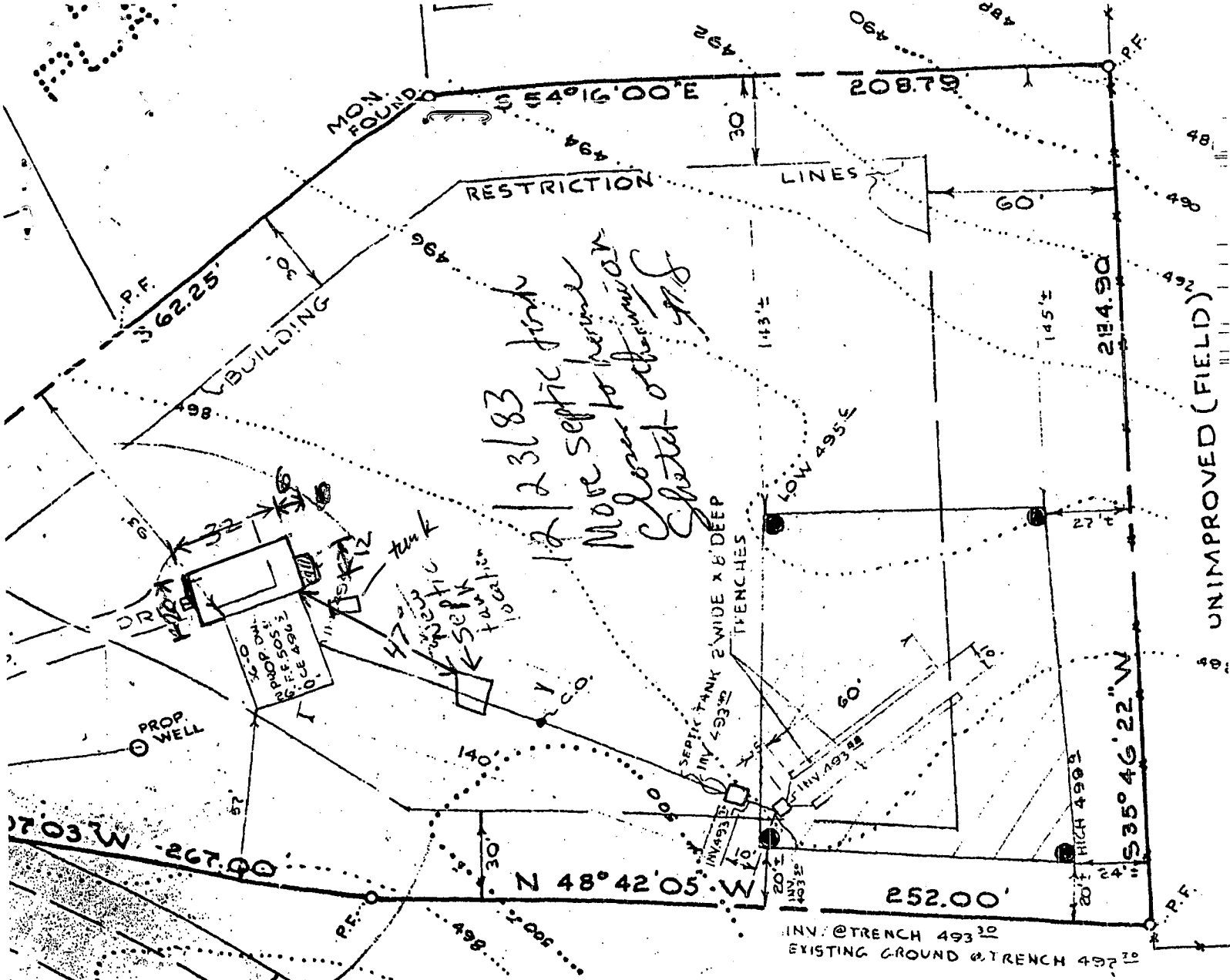


BUSHY PARK DRIVE

15'-0" RIGHT A WAY

N

1775 D. ...



UNIMPROVED
(LIGHT WOODS)

B00144163

10/1/03 JAB

No increase in the
of bedrooms/builder
tank shown correctly on
construction drawing & changed
on submitted plan. Addition
O.K.

B
L

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B-0144772 AX

Building Address 14715 BUSHY PRAIRIE ROAD
WORLDVIEW MD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 00002 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 8 Parcel 123 Grid 22
 Zoning R100 Map Coordinates 4012 Lot size 201

Property Owner's Name MARTIN HOGGARD
 Address 14715 Bushy Prairie Rd
 City Wassonville State Mo Zip Code 65757
 Home Phone 417 492-5718 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Single Family Home w/ 2nd
 Estimated Construction Cost \$ 8000
 Description of Work SET STOVE UP IN KITCHEN
REPAIRS TO COUNTER AND REFRIG FOR 2ND FLOOR

Contractor Company Uyeres Repair
 Contact Person Pick
 Address 114 W Pineville Rd
 City Mo. Ave State Mo Zip Code 65771
 License No. 61775
 Phone (314) 878-7528 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: <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	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input 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: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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 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.

William E. Smith
 Applicant's Signature

William E. Gorman
 Print Name

Title/Company

10/20/03
 Date

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

