

4/24/02
10:00

PUB. SEWER STATUS VERIFIED BY NA

ISSUE DATE: 4/02/2002

APPROVAL DATE: 4/24/02

PERMIT
04-324579

P 516898
A 32563
Repair

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

John Houston of Christian Const. IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Oland Property LOT NUMBER: 1

ADDRESS: 1770 Daisy Road PROPERTY OWNER: John Houston

SEPTIC TANK CAPACITY (GALLONS): existing

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: NA

LINEAR FEET OF TRENCH REQUIRED: NA

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>CONN FROM NEW ADD'N TO EX. SYSTEM, NO OTHER WORK REQ'D</u>
PURPOSE:	In support of building permit. Call for inspection when ground is opened so sanitarian can recommend repair.

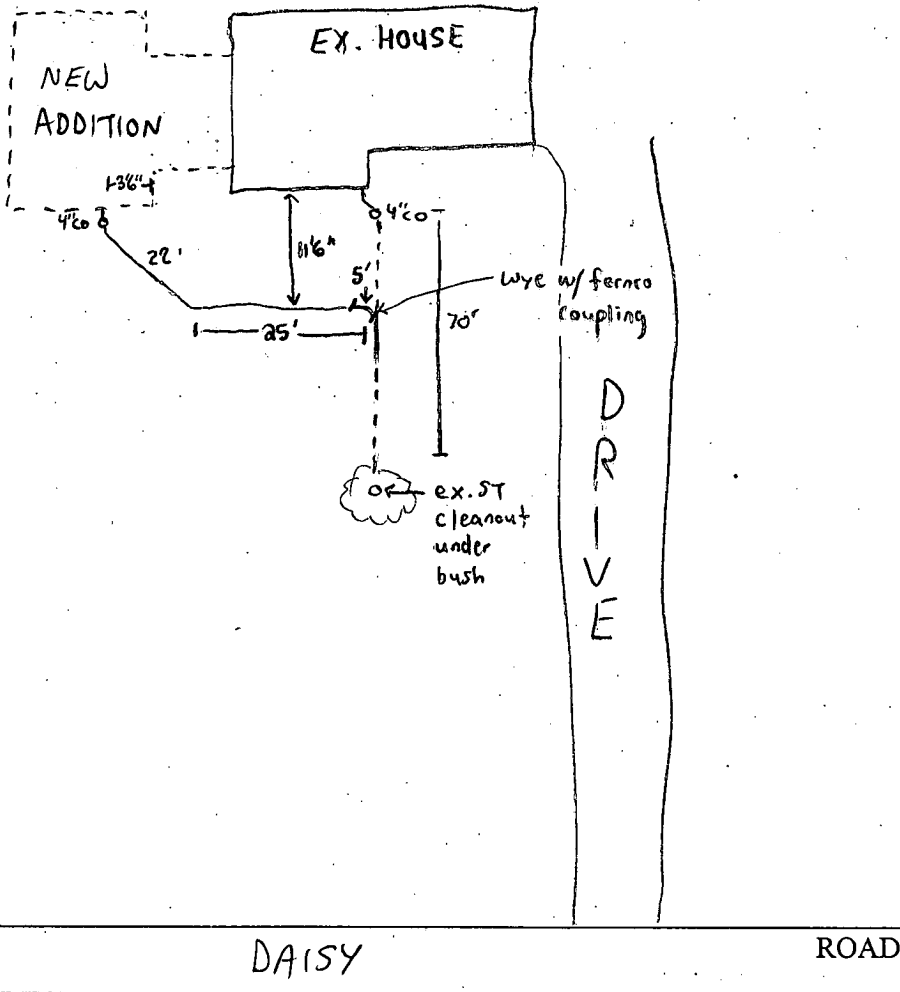
PLANS APPROVED: ~~Brian Baker~~ M. Ripkin DATE: 4/02/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 32563

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SEPTIC TANK 2 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	

PRE-CONSTRUCTION _____

INSTALLATION 4/24/02 - OK TO COVER ALL WORK, NEW PVC PLUMBING TIED INTO EX. SEPTIC SYSTEM PRIOR TO TANK (SRW)

FINAL INSPECTOR Steven R. Kriz DATE OF APPROVAL 4/24/02

12/20/85
empty pm

12-20-85
approved
S. Abel

PERMIT

P 36340
A 32563

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330
461-9933

ELLICOTT CITY
DISTRICT 4th
DATE 12/16/85

INDEXED

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, MD 21797 PHONE 489-4724

SUBDIVISION Oland Property ROAD 1770 1816 Daisy Road LOT 1

PROPERTY OWNER John S. Houston

ADDRESS _____

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 ^{3.5} ~~2.5~~ feet below original grade. Bottom maximum depth ^{8.5} ~~5~~ feet below original grade. Effective area begins at ^{3.5} ~~5~~ feet below original grade. ~~5~~ feet of stone below distribution pipe.

LOCATION: Place the distribution box 427 feet from the front (229.6' lot line) lot line and 40 feet from the right (540' lot line) lot line as seen when facing the lot from Daisy Road. Run trenches on contour toward the left (640.5' lot line) lot line as seen from Daisy Road.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trenches before and after gravel is in installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/17/85 - SPECS CHANGED S. ABEL - 2 pipe holes to be

INSPECTED AT TIME OF TRENCH INSPECTION TO CERTIFY AREA DOWNHILL FOR REPAIR IS OK. S. ABEL.

PLANS APPROVED BY Craig Williams DATE 12/16/85

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.

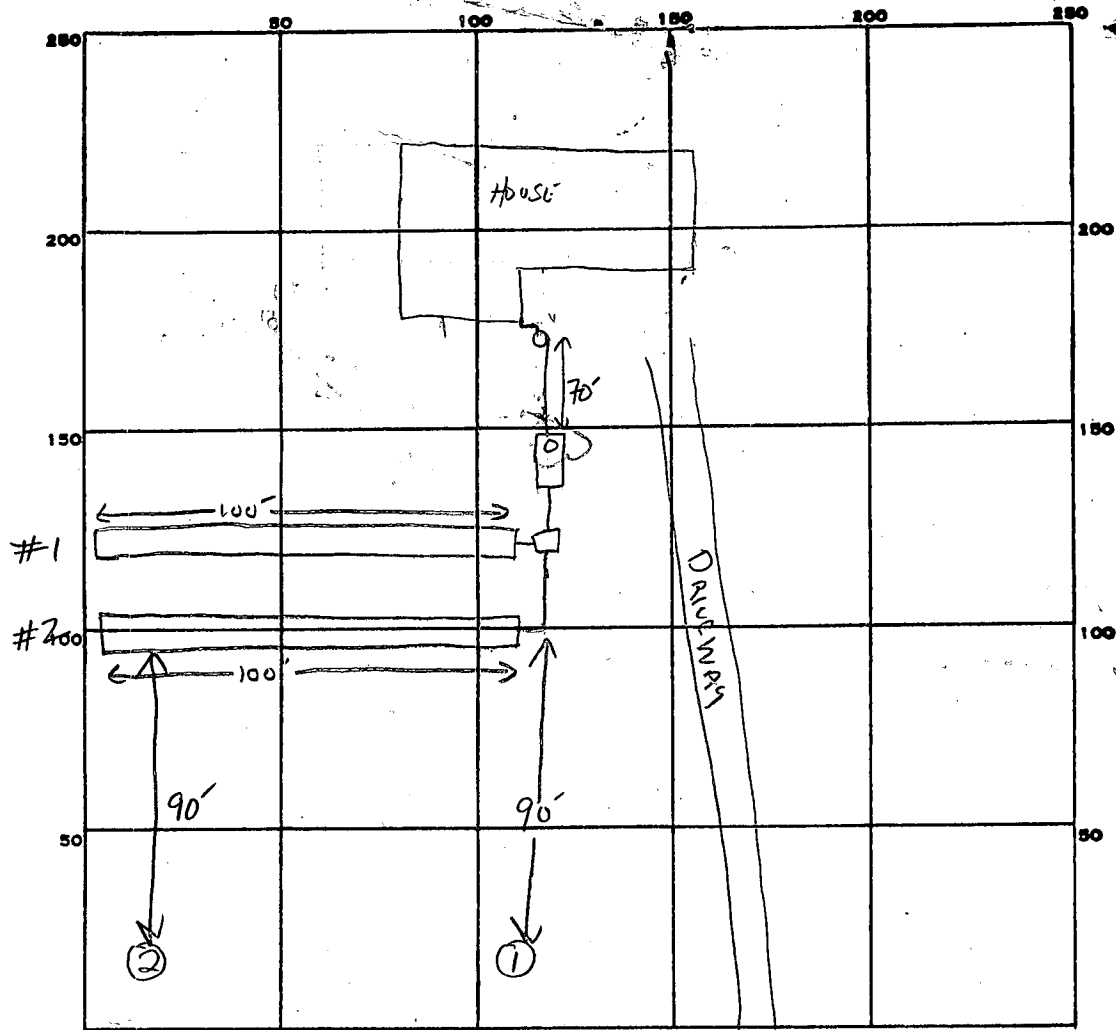
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

OLGA BROWN BARNES
AND RETURNED 2/12/2002
800134068
IN-LAW APARTMENT

A 32563

*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.

Daisy Rd.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET 3.5

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 ^{ONE SIDE WALL} TOTAL BOTTOM AREA 1000 ~~1~~

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

ABSORBENT AREA 1000 SQ. FT.

REMARKS 1ST TRENCH 100 FT LONG WITH 5FT

12/19/85 OK TO COVER TRENCH #1, OK TO ADD SOINGS TO #2

DATE SYSTEM APPROVED

12/20/85

INSPECTOR

S. Abu

APPLICATION

A 32563

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 4th

DATE 3-15-1983

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 F.C.C. PARTNERSHIP (CONTRACT PURCHASER)

ADDRESS 8388 COURT AVE, ELLICOTT CITY, MD. PHONE 461-2855

PROPERTY LOCATION: W/S DAISY ROAD, APPROX. 3600' FT. SOUTH OF MD. ROUTE 144

SUBDIVISION OLAND PROPERTY LOT NO. 51

ROAD AND DESCRIPTION FRONTS 25' ALONG DAISY ROAD $\frac{229.64}{206} \times \frac{665}{640.48}$

SIZE OF LOT 3.2 ACRES TYPE BLDG. 3
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Ronald B. Carter

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

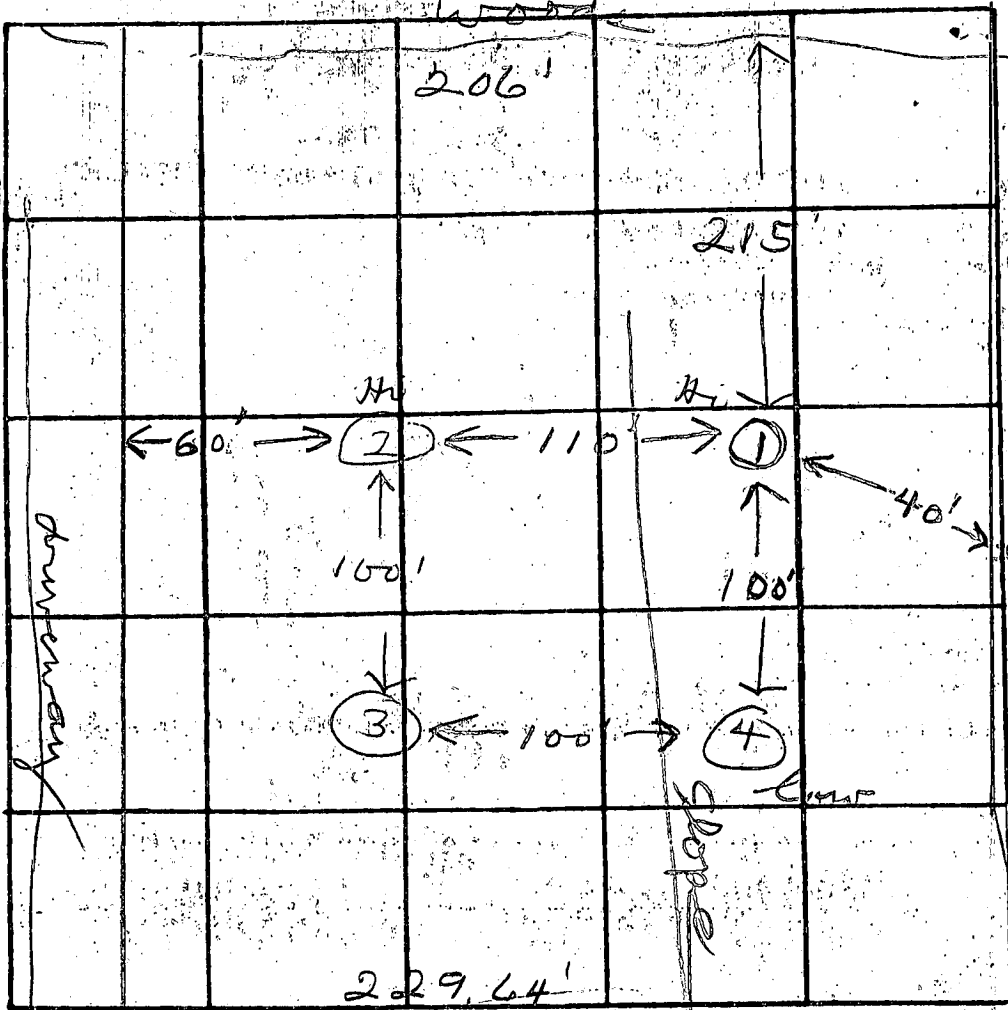
THIS IS NOT A PERMIT

207
5

(12)

Clay
2 1/2'
Mica
loam
shaly
at 12'
12'

(4)
Clay
4'
Mica loam
shaly
10'
13 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X-PERC TIME
6min
INLET
BOTTOM MAX

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/29/83	1 S	3	9:45	9:49	9:49	9:53	4	
	M	7	9:45	9:47	9:47	9:49	2	
	2 S	3	9:55	9:57	9:57	10:03	6	
	M	7	9:55	9:57	9:57	10:01	4	
	3 V	13 1/2	shaly at 10 ft					
	4 S	3	10:24	10:30	10:30	10:39	9	
	M	7	10:24	10:27	10:27	10:35	8	

158 1/2 BR

REMARKS Holes #1 & #2 same elevation

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT: Fryer

C1 2409 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-35904

DATE RECEIVED

DATE WELL COMPLETED 8/20/65

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1145

OWNER HOUSTON JOHN SAM first name TOWN LISBON STREET OR RFD DAY ST RD SUBDIVISION OLAND PROPERTY SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Sandy, Sand Stones, Micka, Sand Stone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

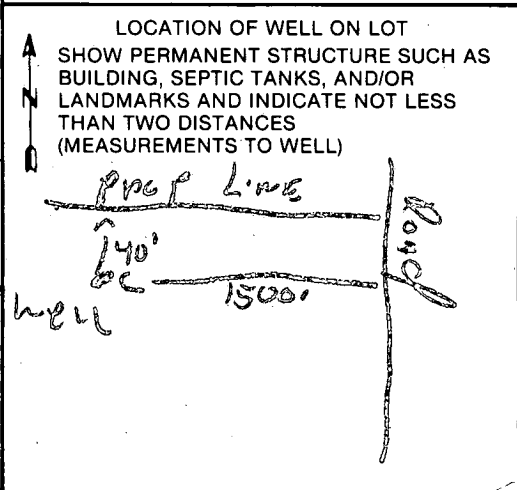
OTHER CASING (if used) diameter, depth (feet).

SCREEN RECORD: screen type or open hole, SLOT SIZE, DIAMETER OF SCREEN.

GRAVEL PACK, IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER).

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.

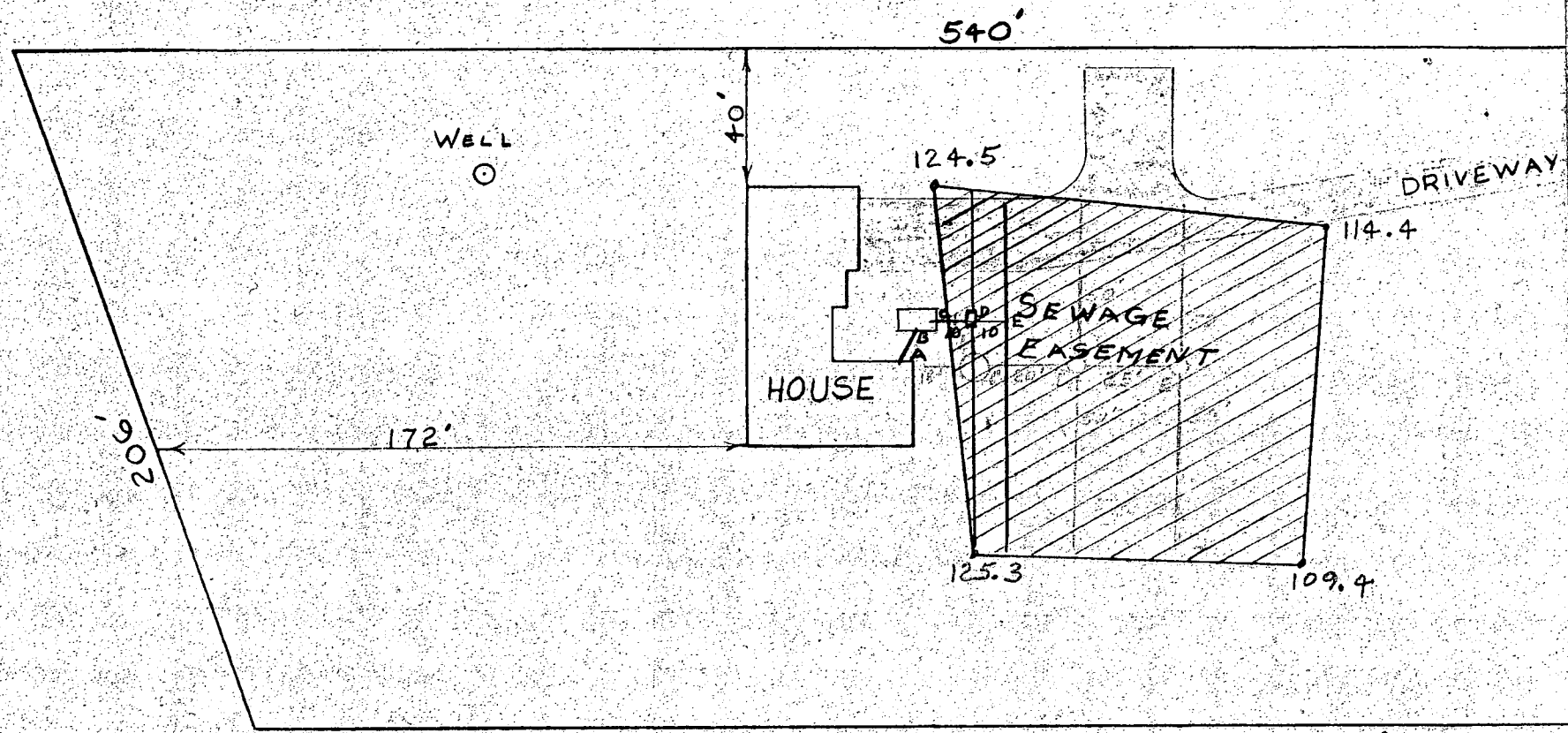


CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



640.5'

<u>ELEVATIONS</u>	<u>SEPTIC SYS</u>	<u>GRADE</u>
A - pipe leaving house	120.8	126.8
B - septic inlet	120.55	126
C - septic outlet	120.3	125
D - distribution box #1	120.0	123.8
E - distribution box #2	119.6	122.6

SCALE : 1" = 50'

J. Houston
10/4/85

BLDG. PERMIT SIGNED
AND RETURNED 10-4-85

B 1 1757 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-11145
 fill in this form completely

Date Received 8/22/05 9:30 AM
 OWNER INFORMATION
 HOUSTON JOHN SAM
 15 Last Name Owner First Name
 5703 FOREST RD.
 36 Street or RFD 55
 CHEVERLY MD 20785
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 HOWARD
 8 COUNTY 21
 OLAND PROPERTY
 23 SUBDIVISION 42
 SECTION 1 LOT 1
 44 46 48 50
 LISBON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 1/2 MI
 73 76 77 78

DRILLER INFORMATION
 RALPH MAYNE
 Driller's Name 77 License No. 80 273
 RALPH MAYNE WELL DRILLING
 Firm Name
 9120 Browns Church Rd. Mt Airy
 Address
 Ralph Mayne / Sid Hill
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 R296 DAISY Rd.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 0900 37
 DISTANCE FROM ROAD
 ENTER FT or MI FT
 38 39

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

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
 HOWARD COUNTY NAME A 35904 COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED 081985 Craig Wilkin 4/17/86
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID 542000 EAST GRID 0781000
 50 55 57 63

APPROXIMATE DEPTH OF WELL FEET.
 24 28

APPROXIMATE DIAMETER OF WELL _____ INCH NEAREST

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 GAP
 54 63
 FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-81-11145
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. _____
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 780 1
 N 540 2
 000 000
 LOCATION OK
 GRATED BEFORE I ARRIVED
 8/22/05
 CWILL
 @well

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
 ↑

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1145
 Location of property (road) DAISY RD. - LISBON
 Subdivision CLAND PROPERTY Lot 1 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner HOUSTON, JOHN SAM

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 55 ft

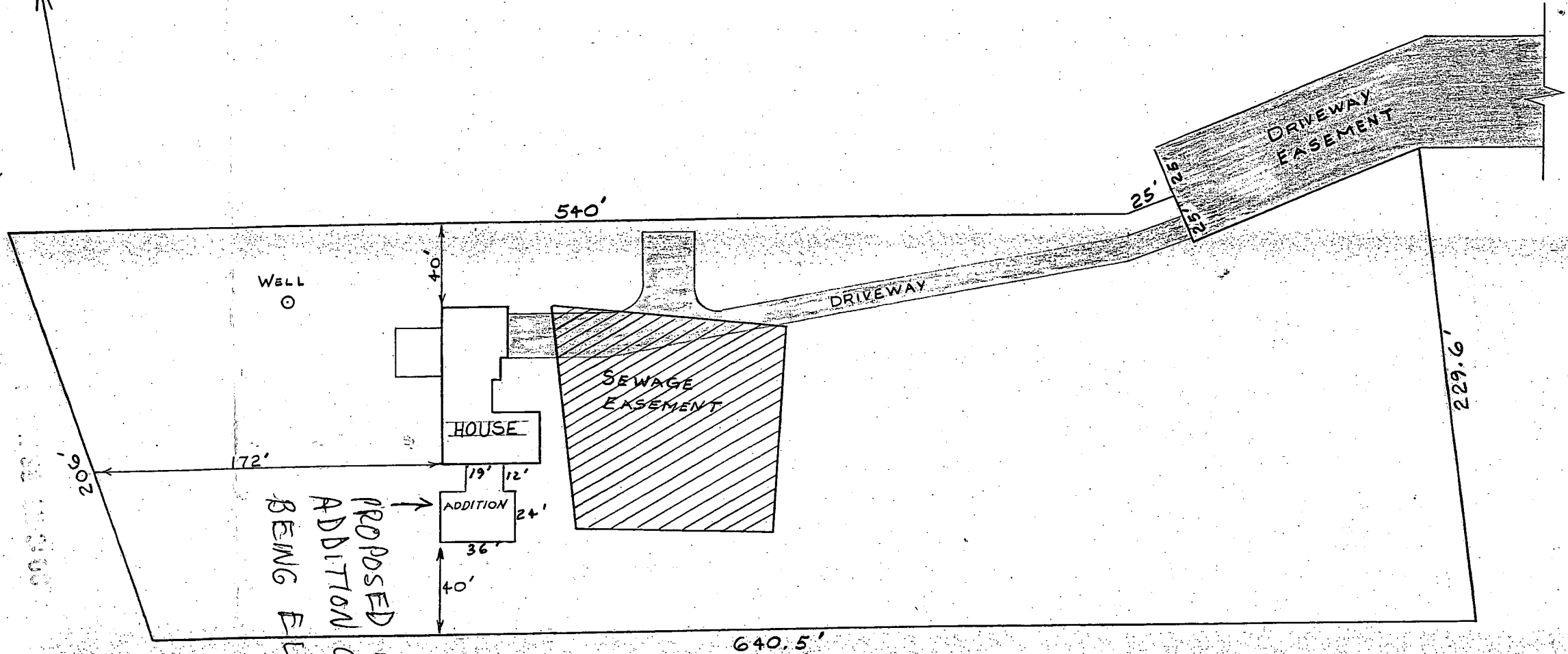
I. High rate pumping -- reservoir drawdown

Time pump started 7:06 Pumping rate 9 G.P.M.
 Total time 40 min to reach pumping water level 200 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	200 ft	30 sec		2 G.P.M.
8:00	200	30		2
8:15	200	30		2
8:30	200	30		2
8:45	200 ft	30 sec		2 G.P.M.
9:00	200	30		2
9:15	200	30		2
9:30	200	30		2
9:45	200 ft	30 sec		2
10:00	200	30		2 G.P.M.
10:15	200	30		2
10:30	200	30		2
10:45	200 ft	30 sec		2
11:00	200	30		2
11:15	200	30		2 G.P.M.
11:30	200	30		2
11:45	200	30		2
12:00	200 ft	30 sec		2
12:15	200	30		2
12:30	200	30		2 G.P.M.
12:45	200	30		2
1:00	200	30		2
1:15	200	30		2
1:30	200	30		2
1:45	200 ft	30 sec		2 G.P.M.

2241 ft 5 bags



PROPOSED
ADDITION
BEING ELIMINATED
DNE BR
OK - ONE EX. BR

PR 2/12/02

1=60 FT

SCALE : 1" = 50'

LOCATION PLAN
1770 DAISY ROAD
LISBON, MD 21797

REVISED : 12-18-01 JS Houston
REVISED : 8-86 JS Houston

DWG By : J.S. HOUSTON 9-6-85

Building Address 1770 Daisy Road
Lisbon, MD 21765
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 104001 Subdivision East of Hillside
Section _____ Area _____ Lot 1
Tax Map B Parcel 140 Grid 19
Zoning RCDFD Map Coordinates 3612 Lot size 3.37 AC

Property Owner's Name John S. Houston
Address 1770 Daisy Road
City Lisbon State MD Zip Code 21765
Home Phone (410)439-7131 Work Phone (410)291-5583
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Existing residence
Proposed Use Addition to residence
Estimated Construction Cost \$ 80,000

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

Description of Work construction of
addition to residence for in-law
apt w/ bedroom, bath & kitchen

Occupant or Tenant property owner *connected by breezeway*

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

Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>
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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>36'</u> <u>36'</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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 _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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"/> NFPA #13D _____ NFPA #13R _____ 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.

John S. Houston
Applicant's Signature

John S. Houston
Print Name

Title/Company

Jan 25, 2002
Date

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: <u>140'</u>	53370
State Highways			Rear: <u>100'</u>	Filing fee \$ <u>25</u>
Building Official			Side: <u>N/A</u>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/12/02</u>	<u>M. Kiffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Historic District? _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> _____			Request approval date _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>1960</u>
				Validation # <u>20249</u>
				Accepted by <u>[Signature]</u>