

# PERMIT

P 45295

SEWAGE DISPOSAL SYSTEM

A 31146

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-344510

DATE 11/30/89

DATE SYSTEM APPROVED 6/26/89

INSPECTOR C. Williams

INDEXED

William Cumberland III

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 489-4457

SUBDIVISION Patapsco Overlook ROAD 16113 Patapsco Overlook Ct 3, Sec.1

PROPERTY OWNER James Wright

ADDRESS 16113 Patapsco Overlook Ct.

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 - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 160 feet up the left (635') lot line and 65 feet off the same lot line as seen when facing the lot from Patapsco Overlook Court. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 6/29/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

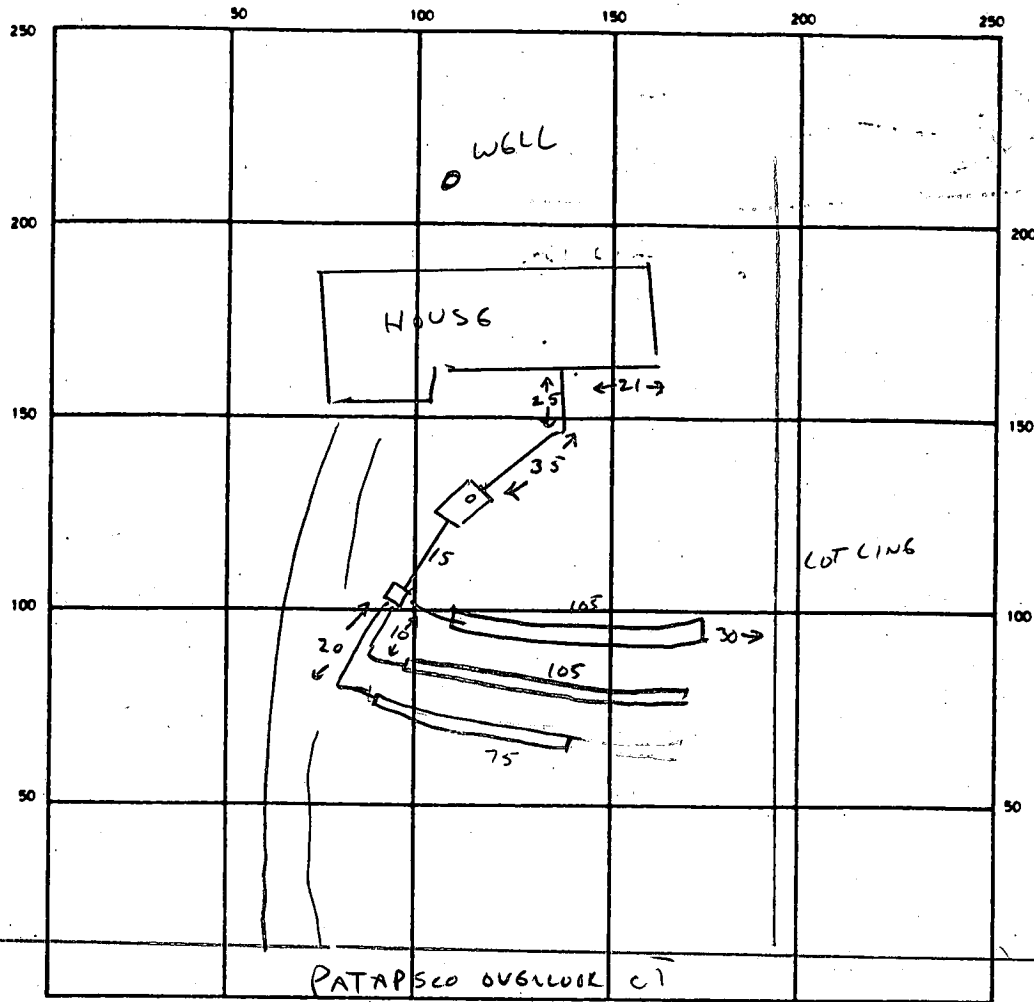
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 31146



WELL LINE OK  
NO P6 IN FT  
6/26/89 CW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 285 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 6/26/89 OK TO CONG - ALL WORK. CW

DATE SYSTEM APPROVED 6/26/89 INSPECTOR C. Wilbur

# APPLICATION

A 3/14/6

*Prep SHEET*

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 2/9/81

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 Georgia Ave. Properties Inc. James Wright 954-6784

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton Md. PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_ LOT 3 sec. 4

SUBDIVISION Georgia Ave Properties PATAPSCO OVERLOOK LOT NO. 3 SECT 1

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd.

16113 PATAPSCO OVERLOOK CT

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE NA

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

SIGNATURE OF APPLICANT [Signature]  
Agent

APPROVED BY [Signature] FOR Shallow Trenches DATE 4-28-88  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING Hold notified holes. DTC 2/19/81

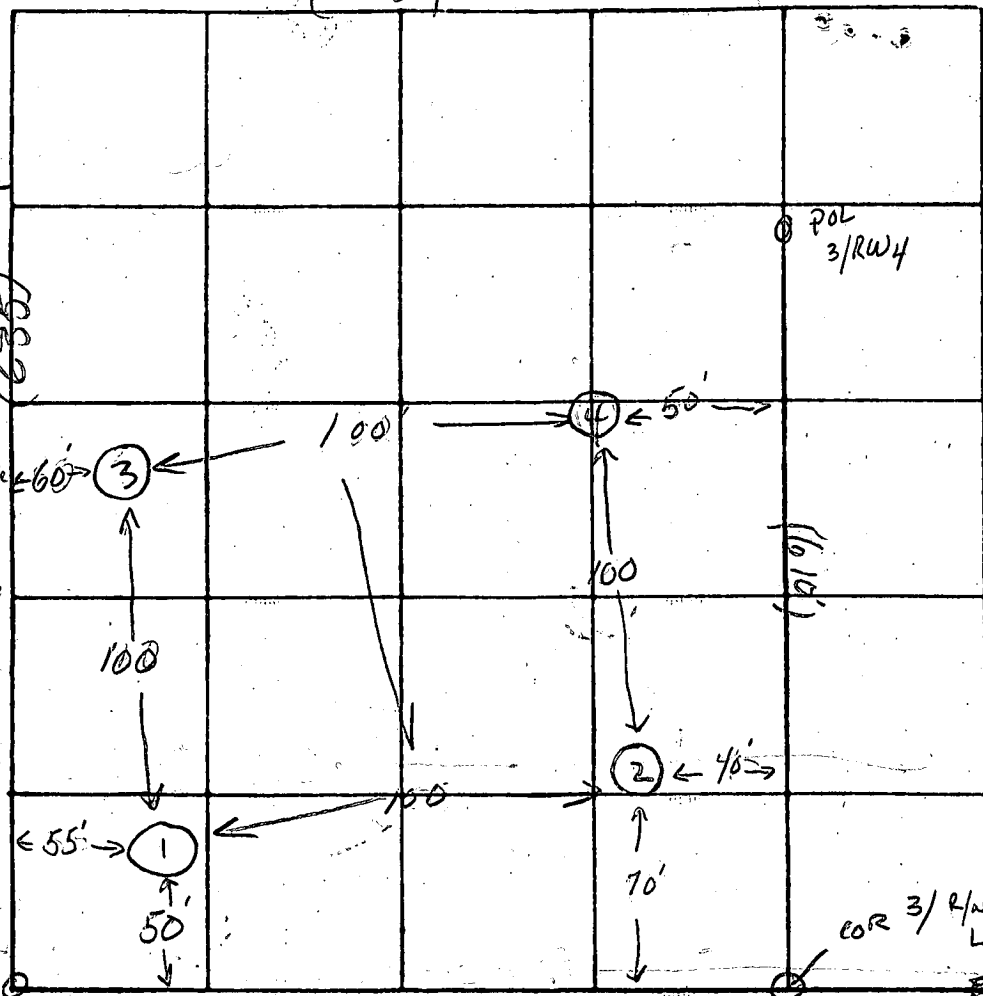
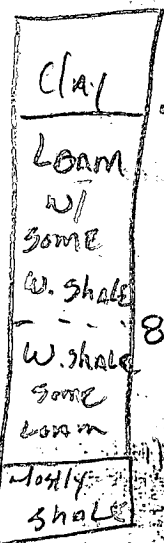
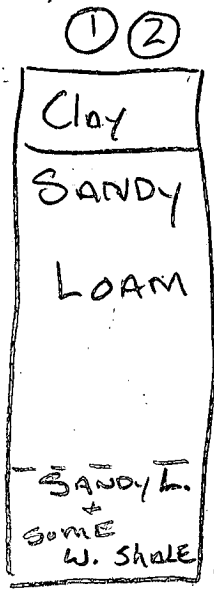
BLDG. PERMIT SIGNED AND RETURNED 3-29-81

BP 23879 SAK

# THIS IS NOT A PERMIT

(215') hot #3

FIELD SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROAD "B"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/18/81	1S	4"	12:09	12:11	12:11	12:16	5
	1M	8"	12:09	12:11	12:14	12:14	3
	1D	12"					
	2S	4"	1:51	1:53	1:53	1:57	4
	2M	8"	1:51	1:53	1:53	1:58	5
	2D	12"					
2/19/81	3S	4"	2:14	2:16	2:16	2:21	5
	3M	8"	2:20	2:25	2:25	2:37	12
	3D	12"					
	4S	4"	3:10	3:14	3:14	3:24	10
	4M	8"	3:10	3:14	3:14	3:20	6
	4D	12"					

REMARKS Open field lots at school

TYPE OF SOIL \_\_\_\_\_

TESTED BY SK + JS ALSO PRESENT: \_\_\_\_\_

DAVE HAYES  
BROOK LEE  
NANCY SHIPLEY

B 1 7101

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0028

fill in this form completely

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

Date Received (APA)

052388

OWNER INFORMATION

WRIGHT JAMES

4480 JENNINGS CHAPEL

BROOKVILLE MD 20833

B 3

LOCATION OF WELL

HOWARD

PATAPSCO OVERLOOK

SECTION 1 LOT 3

WOODBINE

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph MAYNE 273

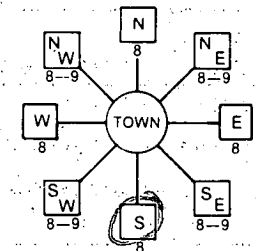
Ralph MAYNE well Drilling 77 License No. 80

9120 Brown Church Rd Mt Airy

Ralph Mayne 5/20/88

B 4

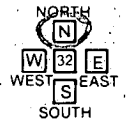
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



PATAPSCO OVERLOOK Ct

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



350 DISTANCE FROM ROAD

ENTER FT or MI FT

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

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

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 SA WRITE INITIALS IN BOX PERMIT No. 40-88-0028

SPECIAL CONDITIONS # 854-6794 W-496-5851

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A-3146 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 062988 CO SIGNATURE Subst/Chad 12-28-88 EXP. DATE

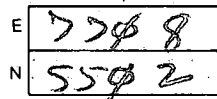
NORTH GRID 552000 EAST GRID 0778000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

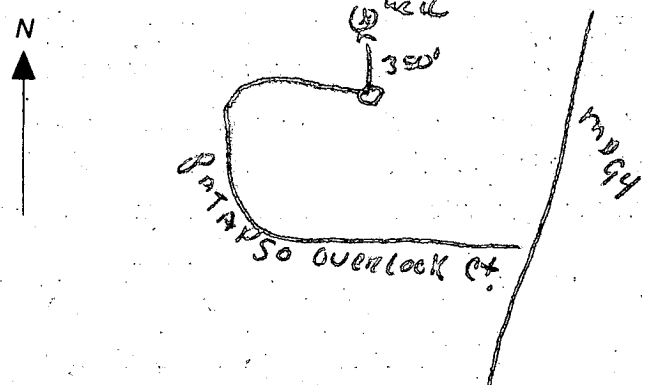
WRITE THE BOX NUMBER FROM THE MAP HERE



Location: OK Bags of cut: 15 Ft of casing 85 ABOVE GROUND: 3' Ft OPEN Hole: 50

7-1-88

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** **9683** SEQUENCE NO. (DENV 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 **A-31146**

DATE Received [ ] DATE WELL COMPLETED **070188** Depth of Well **265** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **A0-88-0028**

OWNER **WRIGHT JAMES** last name first name  
 STREET OR RFD **PAMPISO OVERLOOK CA** TOWN **WOODBINE**  
 SUBDIVISION **PAMPISO OVERLOOK** SECTION **1** LOT **3**

**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	25	✓
Brown Slate	25	80	
Blue Slate	80	95	
Brown Slate	95	100	✓
Blue Slate	100	265	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **15** NO. OF POUNDS **1500**  
 GALLONS OF WATER **90**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **265** 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) **85**

**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.)  
 EACH SCREEN 1 **HC** 2 **82** 3 **265**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **9**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **120**  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  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 (nearest foot)  
 below }

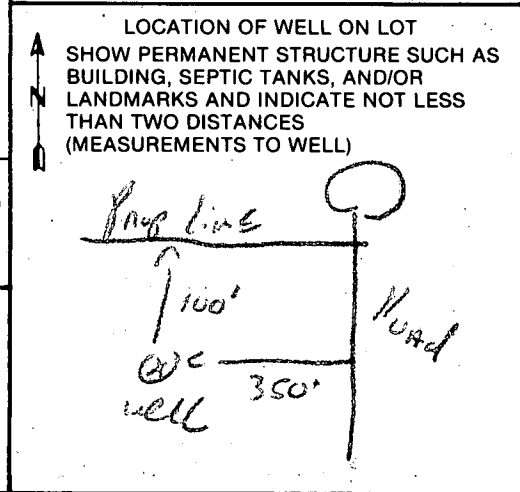
CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

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.

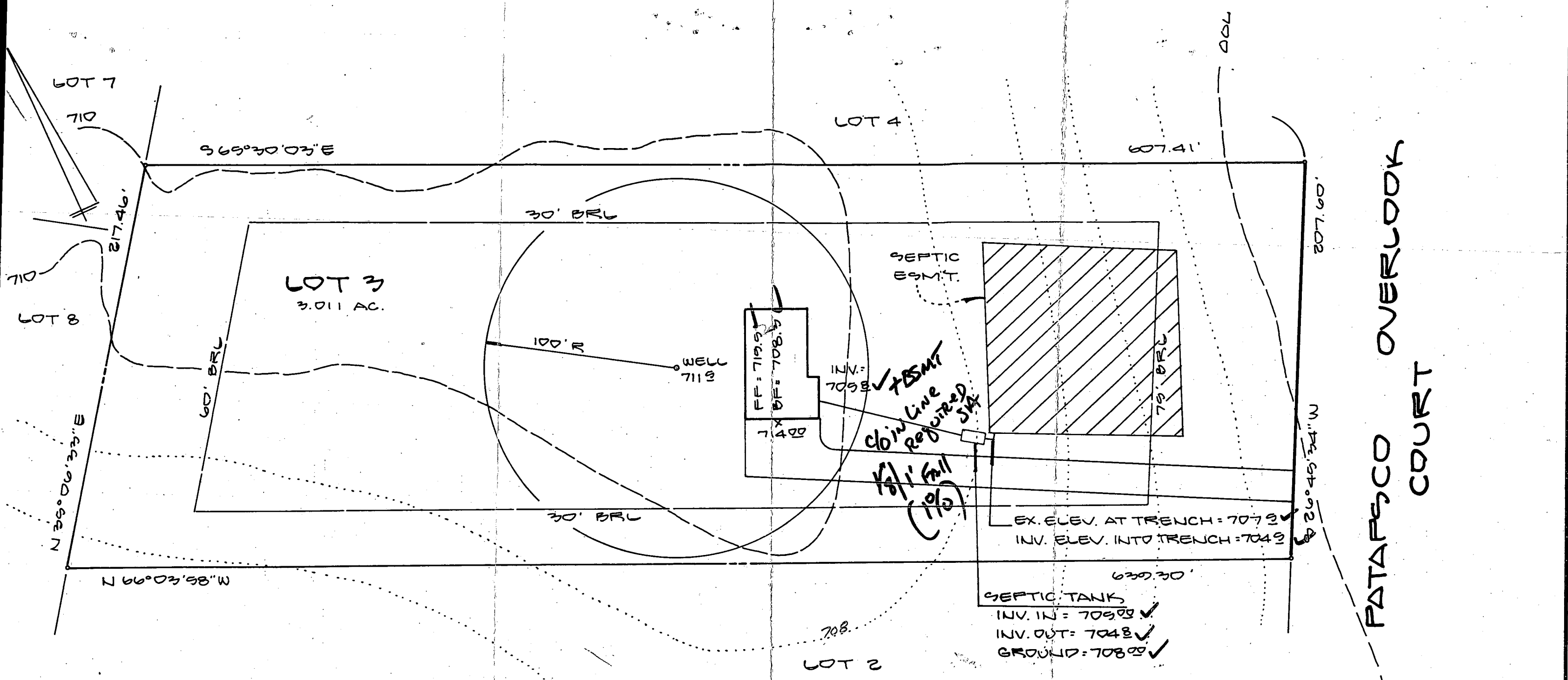
DRILLERS IDENT. NO. **223**  
 DRILLERS SIGNATURE **Ralph Wayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

**DEP USE ONLY**  
 (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA





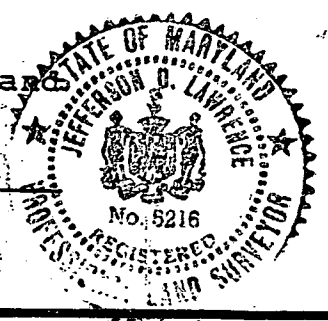


**SURVEYOR'S CERTIFICATE**

I hereby certify that to the best of my knowledge and belief, the information shown hereon is correct.

3-28-89  
DATE

*Jefferson D. Lawrence*  
JEFFERSON D. LAWRENCE  
Reg. MD Land Surveyor # 5216



BUDG. PERMIT SIGNED  
AND RETURNED 3-29-89

B.P. # 23879  
Wright

SITE PLAN  
LOT 3

OWNER:  
JAMES WRIGHT  
4480 JENNINGS CHAPEL  
BROOKVILLE, MD 20833  
(301) 854-6704

**DEVELOPMENT  
CONSULTANTS  
GROUP, INC.**  
SURVEYORS, ENGINEERS & LAND PLANNERS

17904 GEORGIA AVE. #102  
OLNEY, MARYLAND 20832  
301-924-4570

SECTION 1  
**PATAFSCO OVERLOOK**  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

DATE 3-28-89	SHEET 1
DRAWN BY MH	OF 1
CHECKED SDC	PROJECT NO. 21-6076
SCALE 1"=50'	

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**  
 300122280

Building Address 16113 Parkway 500 Overlook Dr  
Woodbine MD 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Parliament Overlook  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
 Tax Map #2 Parcel 227 Grid 24  
 Zoning RCDEU Map Coordinates 3507 Lot size 3.41

Property Owner's Name George & June Fratello  
 Address 16113 Parkway 500 Overlook Dr  
 City Woodbine State MD Zip Code 21771  
 Home Phone 410-489-7561 Work Phone 410-260-5407  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Dana L. Krausz  
4515 Greening Lane #119  
Columbia MD 21046  
 Phone 410-995-6600 Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD w/ pool & fence  
 Estimated Construction Cost \$ 20,000  
 Description of Work 40' x 10' - 500 sq ft pool area, incl  
w/ cast fiber 3'-5' deep filled by truck  
25' x 4' high fence to code

Contractor Company Maryland Pools Inc  
 Contact Person Dana L. Krausz  
 Address 4515 Greening Lane #119  
 City Columbia State MD Zip Code 21046  
 License No. 6604  
 Phone 410-995-6600 Fax \_\_\_\_\_

Occupant or Tenant Owner  
 Contact Name Dana L. Krausz  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410-995-6600 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 # of Heads _____

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: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <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: _____	_____ State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 [Signature]  
 Title/Company \_\_\_\_\_

Print Name Dana L. Krausz  
 Date 1/31/01

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	<u>1/31/01</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>1/31/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	49451
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>125</u>
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"/>	<b>TOTAL FEES \$ <u>125</u></b>
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Balance due \$ _____
Accepted by _____	Check # <u>2756</u>
	Validation # _____

