

11/12/86
M. Williams

11/12/86
approved
S. Abel

PERMIT

P 37975
A 31514

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XX9922882X
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 11/3/86

05-364655

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Swann Hill ROAD 7028 Mink Hollow Road LOT 3

PROPERTY OWNER ~~Phillips Construction~~ Jay Wayne Riffle

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 40 feet from the right lot line and 35 feet from the front lot line as seen when facing the property from Mink Hollow Road. Run trench(s) along contour toward right lot line.

NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. 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.

OK

BLDG. PERMIT SIGNED
AND RETURNED 2-28-87
BOD 134628
STORAGE SHED 16924

PLANS APPROVED BY C. Williams DATE 6/16/86

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. *2 cu detached garage*

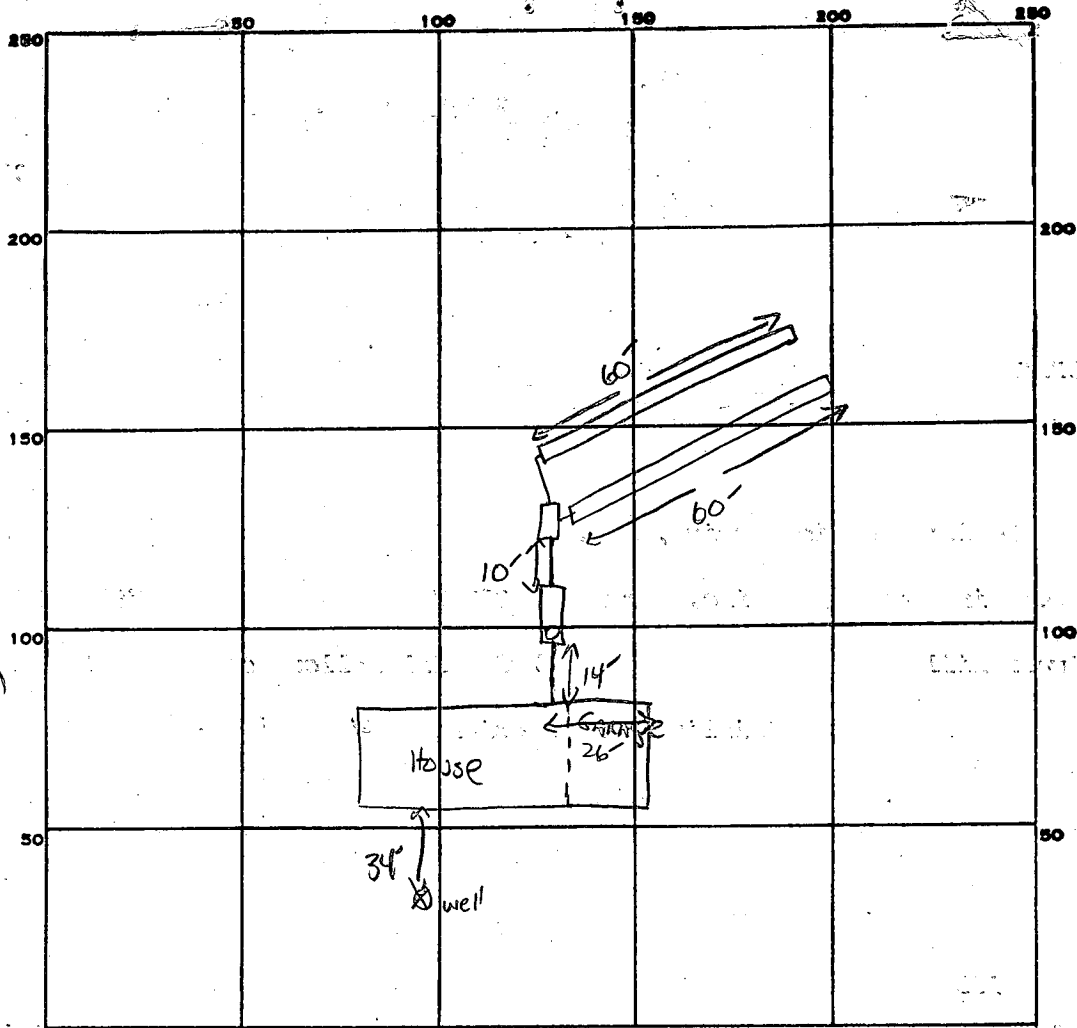
BLDG. PERMIT SIGNED
AND RETURNED 11/25/96
Serial # 39372

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31514



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MINIK HOLLOW RD.

PERMIT CARD

SEPTIC TANK, LEVEL 1250 GAL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT. 3' INLET

GRAVEL DEPTH 6 IN. TOTAL LENGTH 60 60 TOTAL 120 FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 720 ϕ

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 11/12/86 OK TO ADD SOME TO TRENCHES SA

DATE SYSTEM APPROVED 11/12/86

INSPECTOR S. P. [Signature]

APPLICATION

31514

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

A _____

P 5

6th

DISTRICT _____

DATE 7/24/81

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 GREGORY PRANGLEY

ADDRESS 7024 MINK HOLLOW Rd PHONE 596-9046

PROPERTY LOCATION _____

SUBDIVISION Swann Hill LOT NO. LOT 3

ROAD AND DESCRIPTION Mink Hollow next to 7024

SIZE OF LOT 1 Acre TYPE BLDG. _____ (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.

Gregory Prangley
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

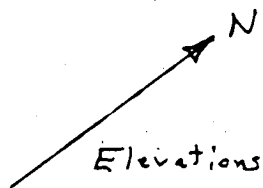
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

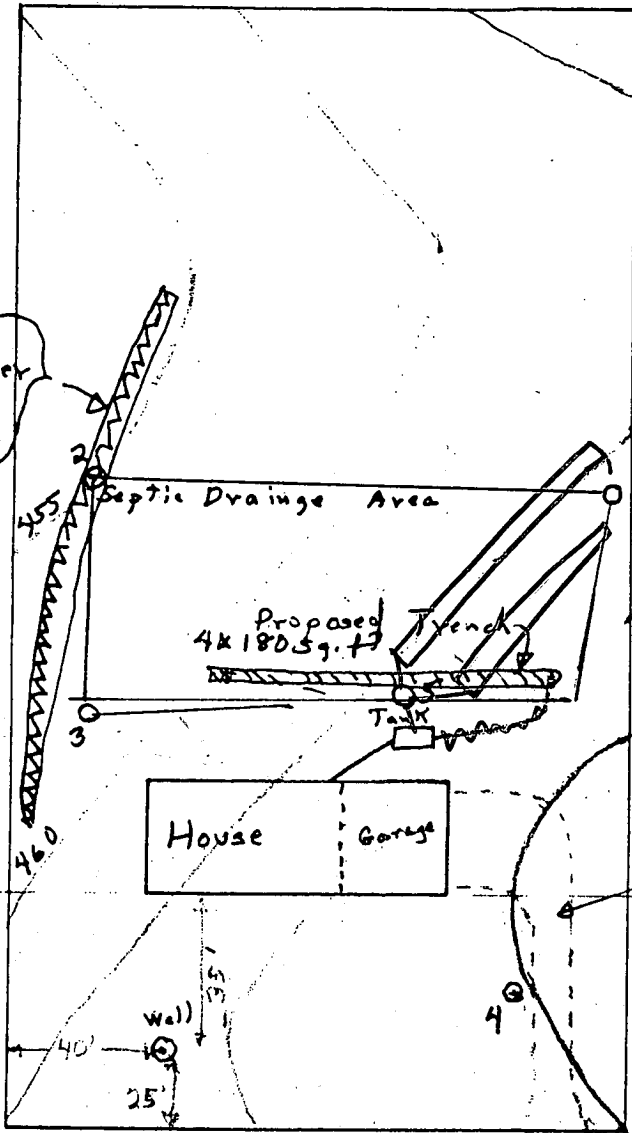
Swann Hill
 Lot 3
 1,0285 Acres
 7028 Mink Hollow Rd



Elevations

Finish Floor	469 ✓
Septic Tank Inlet	466.5 ✓
Septic Tank Out	466 ✓
Into Drain Field	455 ✓

INVERT OUT OF
 PER MR. PHILLIPS 467.5 ✓



Sediment Control Barrier
 Hay Bales
 & Vinyl

INLET 3
 BOTTOM 9
 180' BR

120 LF of TRENCH

9-23-84
 elevations of
 w/ changes - trenches
 to follow contour
 S. Abund

Driveway
 Building Restriction Line = 60'

BLDG. PERMIT SIGNED
 AND RETURNED 9-23-84
 BP# 73007

Mink Hollow Rd

1050

I certify that the above is correct
 to the best of my knowledge

Chester C. Phillips
 Chester C. Phillips

Ⓢ elevations

9:10 AM - 3/60

7/6/86
Page 2 OK'd
Review

Page _____ of _____
Date June 25, 1984

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1559
Location of property (road) Snake Hollow Rd
Subdivision Snake Hill Lot 3 Block _____ Plat _____ Sec. _____
Well Driller Flynn Owner Chester Phillips

Depth of well 200
Distance of measuring point (M.P.) above ground 1 1/2'
Static water level (S.W.L.) below M.P. 22 ft

I. High rate pumping -- reservoir drawdown
Time pump started 9:15 Pumping rate _____
Total time 30 min to reach pumping water level 82 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6/25 10:15	82	25 sec		2 1/2 gpm
10:30	83	27		2 1/4 gpm
7/7/86	NEW WELL (27' from abandoned well)			
10:00	105 ft	10 sec		6 gal
1:15	110	10+		6
1:30	107	10		6 gal/min
1:45	110	10		6
2:00	110	10		6
8/19/86	Completion report indicates new well 300' deep. Does this make sense w/ higher yield as opposed to shallower well w/ lower yield?			
6/25/86	NOTE: Well appears to have been partially grouted at earlier time. Still = 5' open hole but casing immovable + old cement bags were buried around well casing			
6/25/86	H ₂ O sample taken 10:30 AM (H9773)			

3,432 89 11-26

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

120200 - 26

New Installation X
Replacement

Receipt # 38271
Date 12/16/86

Name of Installer Zepp Plumbing & Htg. Inc.

Telephone 531-6712

License number 1782
Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Guy Riffle Telephone
Subdivision Swann Hill Lot # 3 Well tag #
Site Address 7028 Mink Hollow Road
Clarksville, Md. 21029

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible X
2. Make Gould
3. Model #
4. Capacity GPM
5. Pump exceeds well capacity Yes X No
6. If Yes, is low pressure cutoff switch installed? Yes X No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards X Other

Motor
1. Horsepower 3/4
2. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make Martinson
2. Model #
3. Depth

Tank
1. Capacity 82 gal.
2. Pressure relief valve?

Piping
1. Type
2. Size
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data
1. Depth 250 ft.
2. Yield 6 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? yes

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: [Signature]
Date: 11/15/86

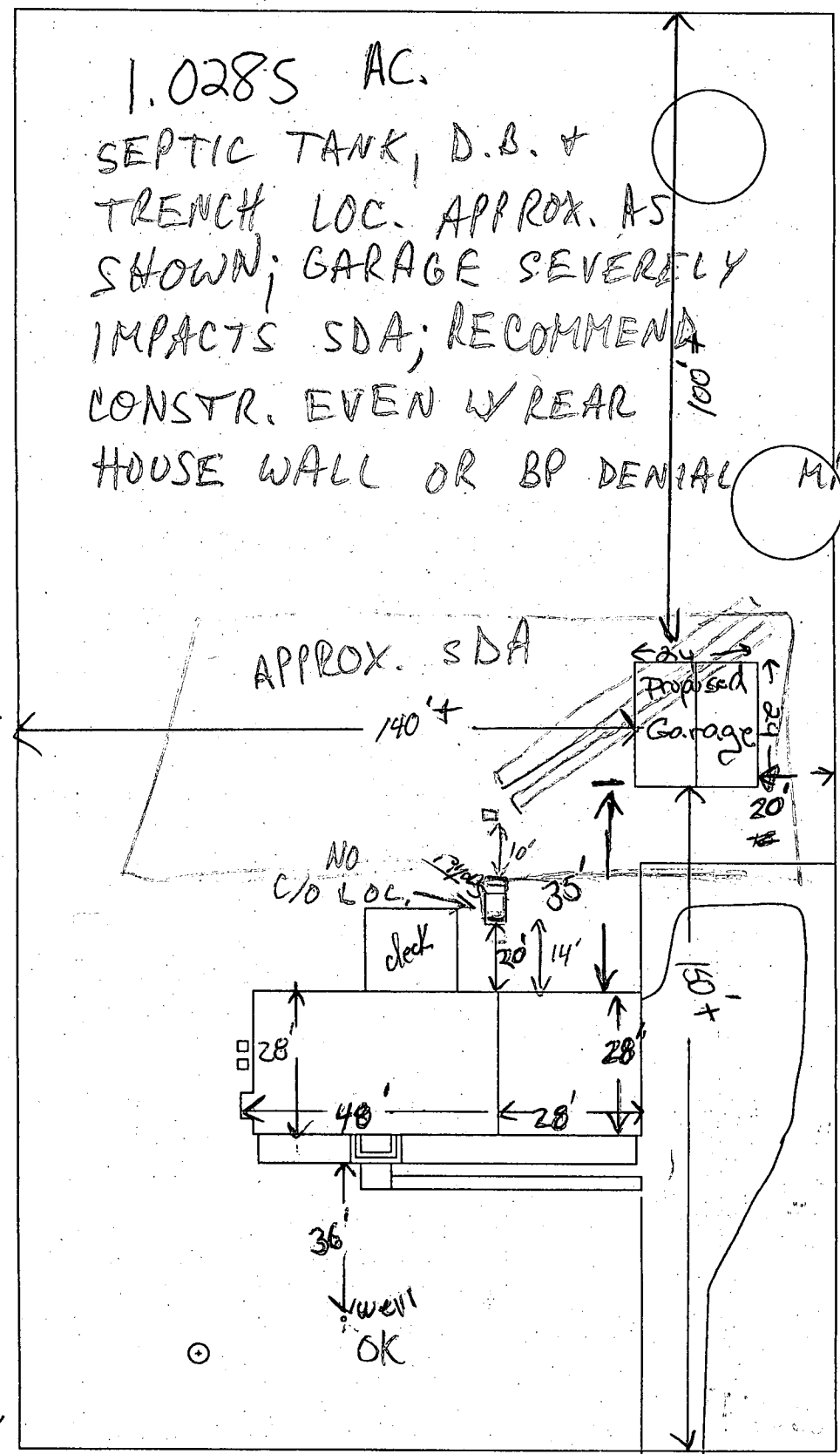
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

(4 - Copies)

160'

1.0285 AC.
SEPTIC TANK, D.B. +
TRENCH LOC. APPROX. AS
SHOWN; GARAGE SEVERELY
IMPACTS SDA; RECOMMEND
CONSTR. EVEN W/ REAR
HOUSE WALL OR BP DENIAL

108'



8/28/91

108'

160'

#2740 Williams

Guy Wayne Riffle & JACQUELINE Sue Coberly
7028 Mink Hollow Road
Highland, MD 20777-9770

(H) 854-3231 (W) 953-5371 (Washington)
992-5371 (Baltimore)

5th Election District

Lot 3, Block 1, Section 1, Plat: Swann Hill Subdivision

Tax Account No. 91-3-364655-05 H

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
91 AUG 20 PM 4: 18

0

14 November 1991

Mark Rifkin, Sanitarian
Water and Sewage Program
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

Re: Building Permit #39372
Proposed Garage
7028 Mink Hollow Road

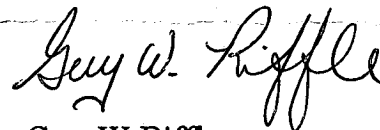
Dear Mr. Rifkin,

In response to your letter dated 30 August 1991 concerning the above referenced building permit, I am submitting a revised copy of the plat plan showing the new proposed garage location. Due to the dense soil surrounding the septic field and the proposed location uphill from the septic field, you suggested that a septic system clearance of seventeen feet (17'), instead of the normal twenty feet (20'), would be acceptable in this case.

The proposed garage will be used to store and maintain collectable cars. There are no plans to use the structure as a residence.

If I can answer any questions, please contact me at the address listed below, or call one of the telephone numbers listed below.

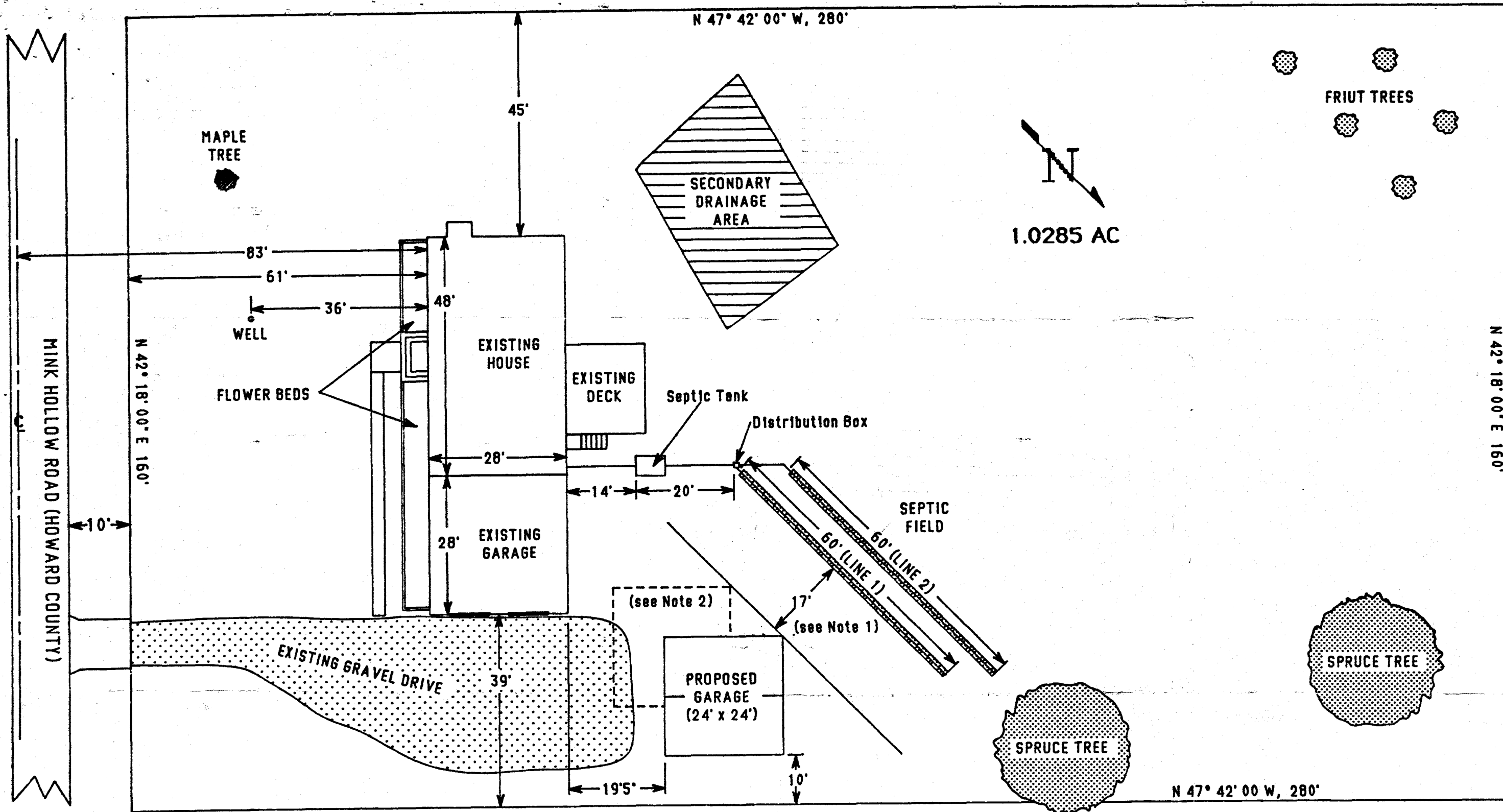
Thank you for your time,



Guy W Riffle

7028 Mink Hollow Road
Highland, Maryland 20777-9770

(W) (410) 792-5371
(H) (301) 8534-3231



Property described as Lot #3, Block #1, Section #1
 on Plat "SWANN HILL"
 recorded on Howard County Land Records Plat Book #6, folio #4
 in the 5th Election District, Clarksville.
 (Tax Map #40, Block 2, Parcel 162, Lot #3)

SCALE: 1" = 20'

Note 1: Septic field setback variance from 20' to 17' granted by Howard County Health Department for Building Permit #39372. (See Mark Rifkin, Water and Sewage Program.)

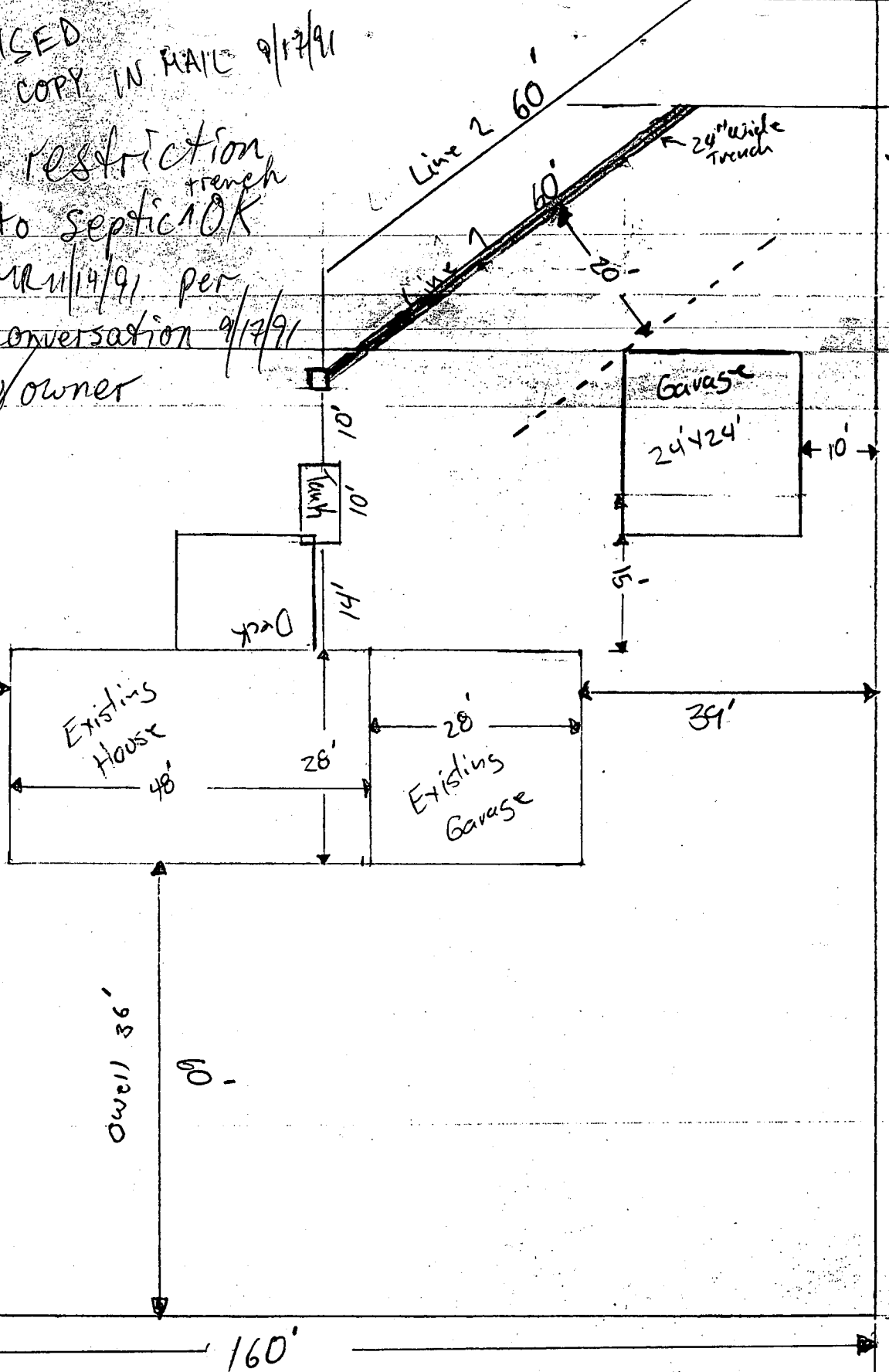
Note 2: Proposed garage location if side setback zoning variance from 20' to 10' is not granted.

Owners:
 Guy W. Riffle & Jacqueline S. Coberly
 7028 Mink Hollow Road
 Highland, Maryland 20777-9770

REVISED COPY IN MAIL 9/17/91

17' restriction trench to septic OK
MAR 14/91 per conversation 9/17/91 w/owner

45'



James Baker
7658 Gaither Rd
Gaither MD21784
549-1070

7028 Mink Hollow Road

I hereby certify that these locations are true and correct. (Scale 20' per foot)
James A. Baker
9-16-91

C1 00586 SEQUENCE NO. (OEP USE ONLY)
 (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 **A31514**

DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **6 21 86**

Depth of Well **300**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-81-1559

OWNER **PHILIP CHESTER**
 last name first name
 STREET OR RFD **Mink Hollow RD** TOWN **CLARKSVILLE**
 SUBDIVISION **SUNNYS HILL** SECTION [] 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	
Red sandstone	0	58	
Brown sandstone	50	70	✓
gray Rock	70	200	✓
gray Rock	200	300	✓

8/19/86 (1st well was 200' REPLACEMENT WAS 300' 9/2/86 CW. our records indicate a 200' well as opposed to 300' unless this is original well how did you distinguish gray rock to 200' + then more gray rock to 300'?)

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **100**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] 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 **ST** Nominal diameter top (main) casing (nearest inch) **6 7/8** Total depth of main casing (nearest foot) **277**

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

EACH SCREEN	DEPTH (nearest ft.)				
	1	2	3	4	5
1	8	9	11	15	21
2	[]	[]	[]	[]	[]
3	[]	[]	[]	[]	[]

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. **270**
 DRILLERS SIGNATURE **Barrett J. []**
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

GRAVEL PACK [] [] [] []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

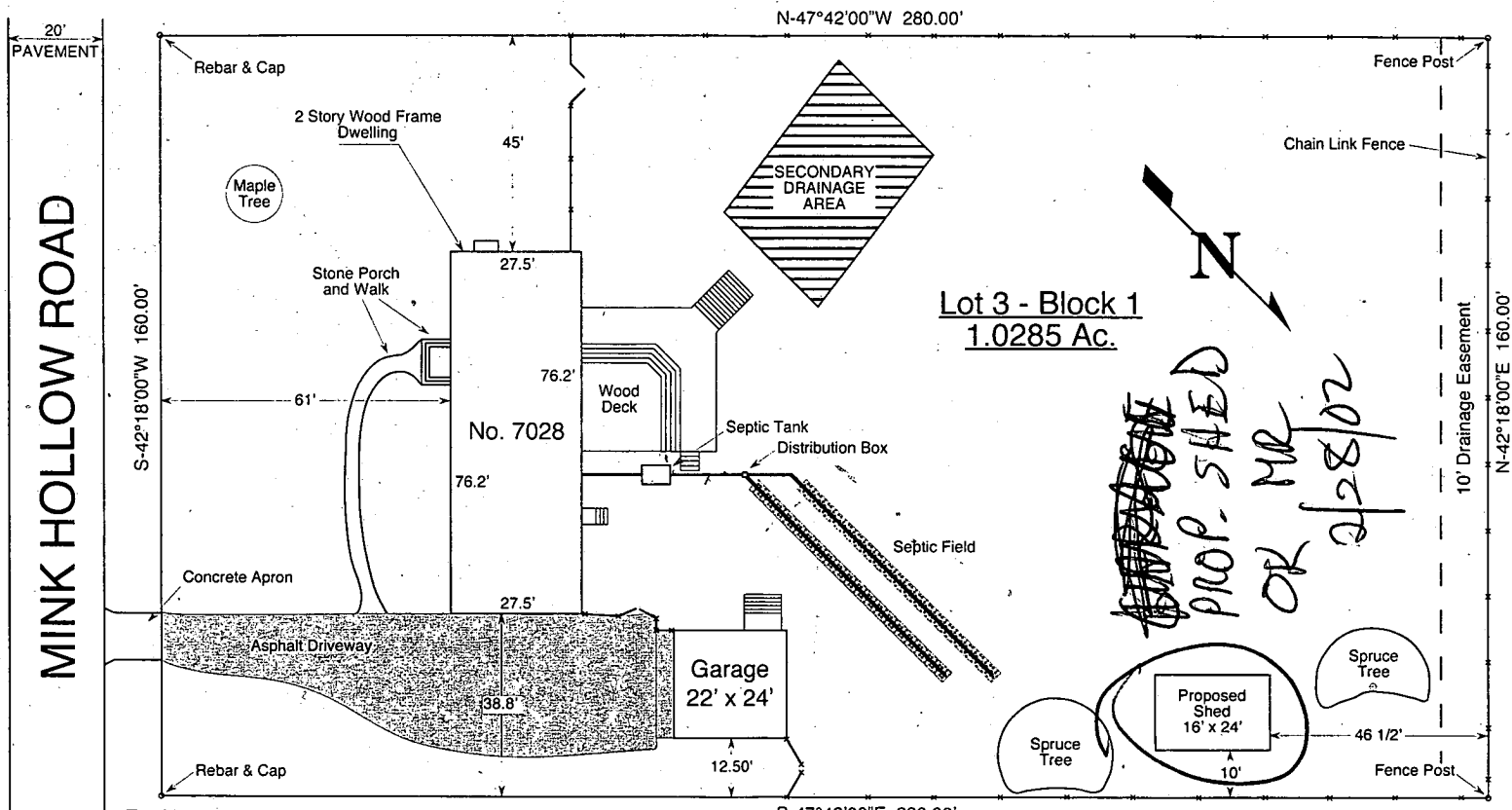
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **19 gal**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25**
 WHEN PUMPING **170**
 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 **-** 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)
 40' @ 20' Mink Hollow
 15' @ 10' Ash Hill

MINK HOLLOW ROAD



Tax Map 40 - Block 2 - Part of Parcel 162
Plat Reference: SWANN HILL, recorded in Platbook 6 Folio 4
Deed Reference: Guy W. Riffle & Wife, Liber 1631 Folio 286
5th Election District, Howard Co., MD

Garage location complies with Howard County Board of Appeals
Case No. BA 92-01V, 5 May 1992

~~PROPOSED~~
PROP. SHED
OR MR
2/28/02

SCALE: 1" = 20'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00134628

Building Address 7028 Mink Hollow Road
Highland, MD. 20777-9770

Property Owner's Name Guy W. Riffle
 Address 7028 Mink Hollow Road
 City Highland State MD Zip Code 20777-9770

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 City _____ State _____ Zip Code _____

Census Tract 605101 Subdivision Swann Hill
 Home Phone 301-854-3231 Work Phone 443-778-5371
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 3
 Tax Map 40 Parcel 162 Grid _____
 Zoning R Map Coordinates 13H13 Lot size 1.0285 Ac
 Phone _____ Fax _____

Existing Use Residence
 Proposed Use Same
 Estimated Construction Cost \$ 3,000
 Contractor Company None Homeowner
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work Build storage shed in yard.
(detached) Post & Pier 16x24
 Engineer or Architect Company None
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Occupant or Tenant Same as Property Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per 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 type="checkbox"/>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 _____	No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: <u>STORAGE SHED</u> Dimensions: <u>16' x 24'</u> Footings: <u>Post & Pier</u> Roof: <u>GABLE</u>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature Guy W. Riffle Title/Company Homeowner
 Print Name Guy W. Riffle Date 27 Feb 2002

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	53728
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Building Official	<u>2/28/02</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ <u>25</u> Permit fee: \$ <u>69</u> Excise tax: \$ _____ Sub-total paid: \$ _____ Add'l permit fee: \$ _____ TOTAL FEES: \$ <u>94</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>33764</u> Validation <u>164199</u>
<input checked="" type="checkbox"/> Fire Protection			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA