

1-14-97
late p.m. C.O.
1-15-97
late p.m. C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-423597

P 57634

A 50036Z

DISTRICT 5th

DATE 1-13-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 1-15-97

INSPECTOR KM

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4105 Ten Oaks Road, Dayton, Maryland 21036 PHONE 988-9270

SUBDIVISION Windy Knolls LOT 14 ROAD 6457 Prestwick Drive

PROPERTY OWNER Cornerstone Homes, Inc. C. Breitenother

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

ALL PERMIT SIGNED
AND RETURNED 4-15-99
Serial # B10117326
2 open decks

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

LOCATION - Place the distribution box 175 feet down the right lot line and 15 feet off this same lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/20/96 DCS

PLANS APPROVED BY Donna K. Soe DATE 8/13/96

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

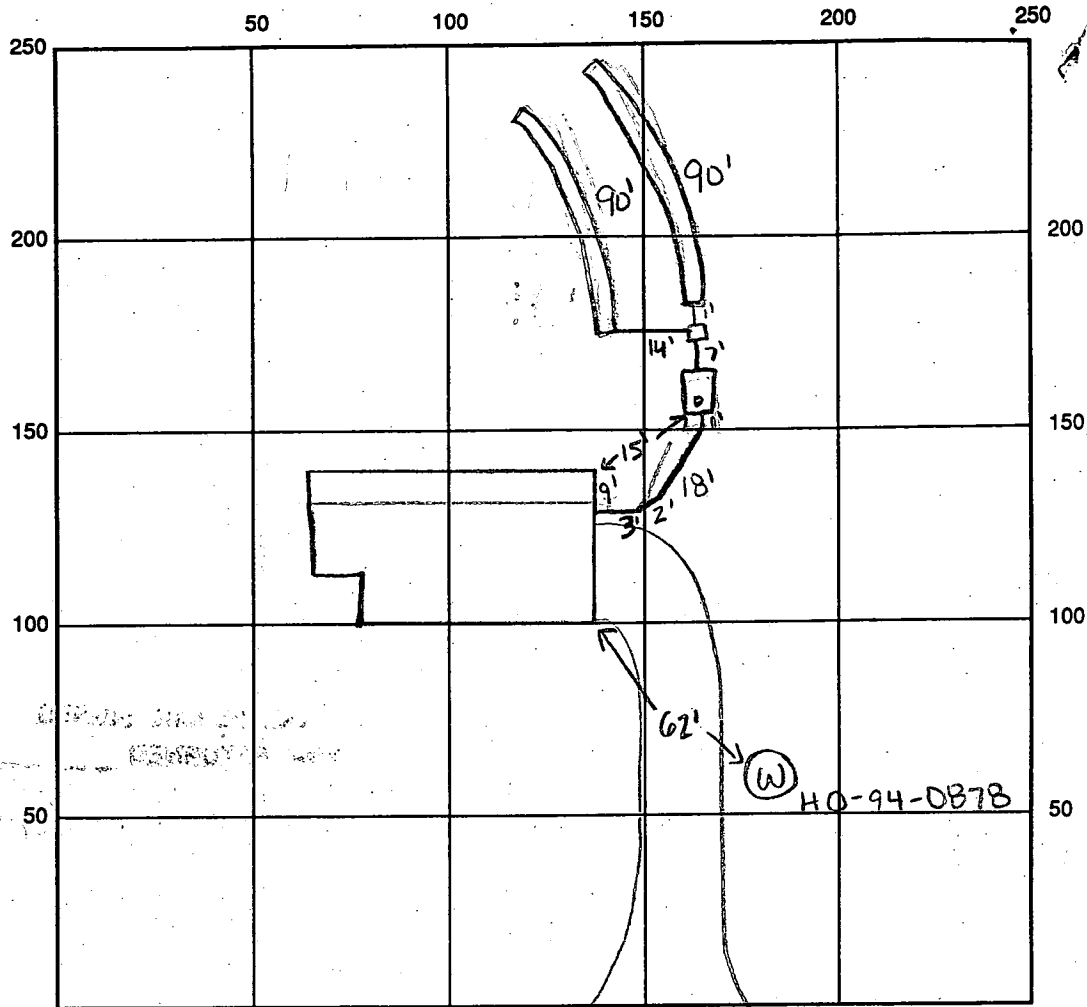
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A50036Z



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Prestwick Drive

SEPTIC TANK LEVEL OK CLEANOUTS OK, 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 x 90 FT. → 180'

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/15/97 OK to cover all work K.M.

1/30/97 well line P.A. 36" + below grade. casing 1' + above grade. 2-piece cap installed. well line already covered.

DATE SYSTEM APPROVED 1-15-97

INSPECTOR K.M.

OK to cover.
JIS

APPLICATION

PERCOLATION TESTING

A 500362

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 5/18/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Clarksville Pike Joint Venture Cornerstone Homes, Inc

ADDRESS C/O Land Design + Development Inc
10805 Hickory Ridge Rd Col MD 21044 PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Windy knolls LOT NO. 25 part of 13 and 14

ROAD AND DESCRIPTION West side of Clarksville Pike (Rt 108)
(6457 Prestwick Drive)

TAX MAP 34 PARCEL # 84+134

SIZE OF LOT 1 + or - acres TYPE BLDG. SFD - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 11/8/94
Serial # BR0702950

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. Mark Reich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

500362

COUNTY #

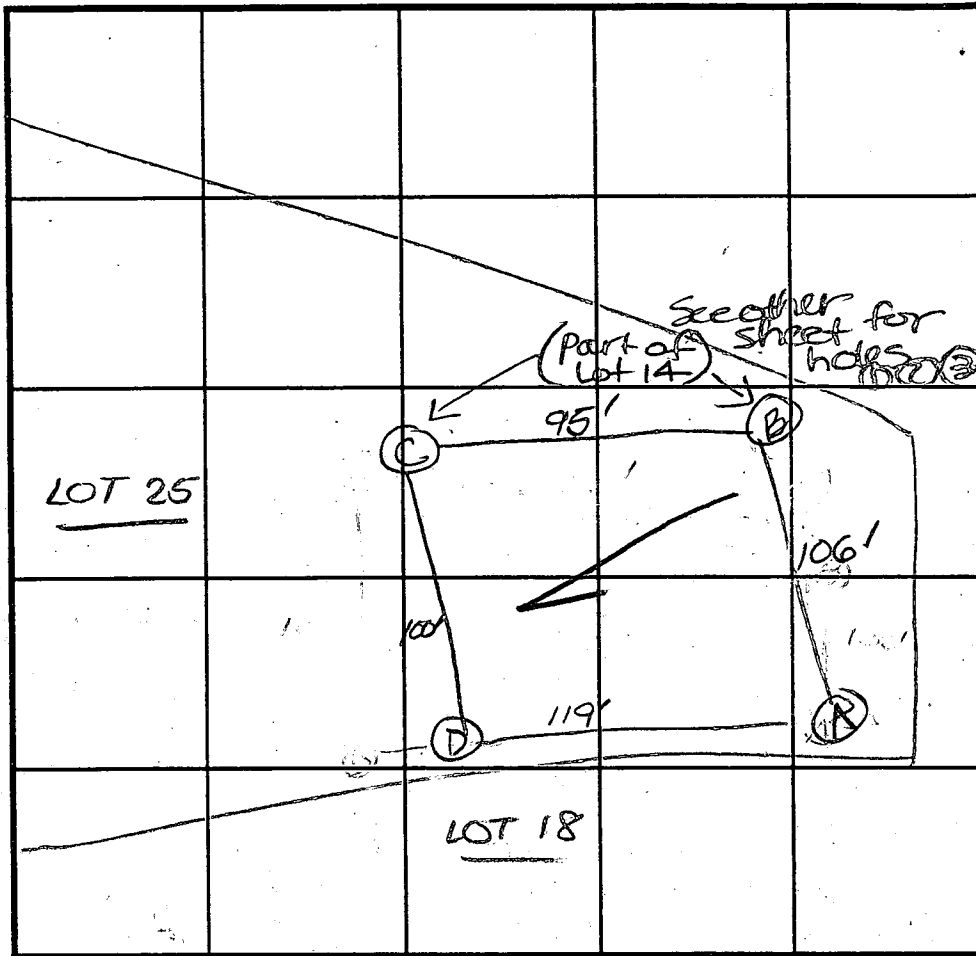
SOIL PROFILE

0'
1'
3'
13'

topsoil
red br clay loam
tan silty loam

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		
5/25/94	D	4.0' S	1:46 ₃₀	1:48 ₃₀	1:48 ₃₀	1:52	3:5	
		8.0' M	1:48	1:49	1:49	1:50 ₃₀	2	
		13.0' D	See profile					
	B	12.0' D	Visual - See profile					
	B	4.0' S	1:58	2:01	2:01	2:06	5	
	B	11.6' D	See profile					
	A	4.0' S	2:08	2:09	2:09	2:10 ₃₀	2	
		12.0' D	See profile					

REMARKS Ⓐ, Ⓒ per plat, Ⓑ, Ⓓ changed per contractor

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 180

APPLICATION

PERCOLATION TESTING

A ?

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 25A 14

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

brn
sac l
lm

br
sa lm

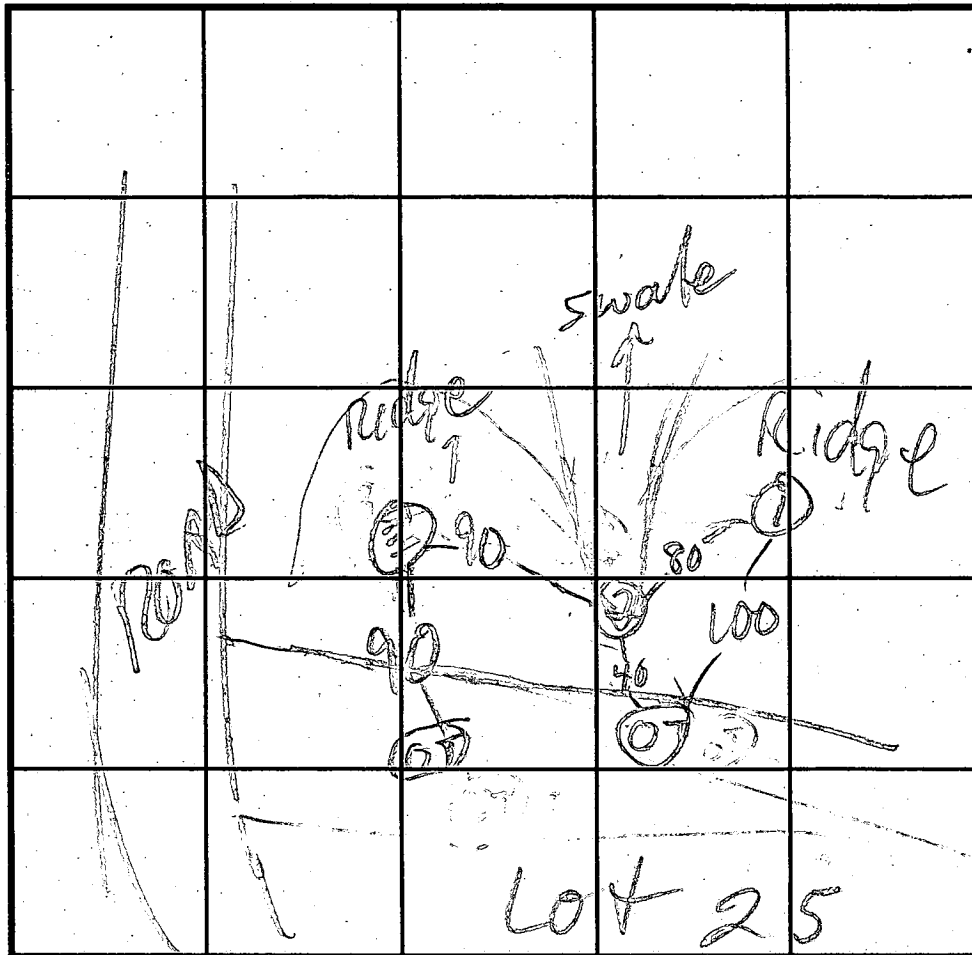
15-20%

Sand
stone
Fraggs

SOIL PROFILE

0'

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/27/04	15	3	11:37:25	12:38:20	12:38:20	12:40:10	2
	LV	10 1/2					
	2V	10 1/2					
	3S	3	12:48	12:53	12:53	1:00	7
	3V	9					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 7969

SEQUENCE NO. (MDE 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 A50036Z

ST/CO USE ONLY

DATE RECEIVED

083096

DATE WELL COMPLETED

081596

Depth of Well

100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-94-0878

OWNER LID, STREET OR RD Preswick Drive, TOWN Clarksville, SUBDIVISION Windy Knolls, SECTION, LOT 14

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shell, Sandstone, and Mic & Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 10 NO. OF POUNDS 240

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 43 ft.

CASING RECORD

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE, Nominal diameter top (main) casing (nearest inch)!, Total depth of main casing (nearest foot)

PL 64 45

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER)

DEPTH (nearest ft.)

Table for depth with columns for casing and screen depths.

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 30 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

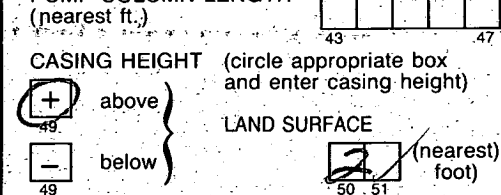
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

TYPE: MWD/MSD/MGD 043

DRILLERS LIC. NO. Wayne Harley

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 550062

DRILLERS SIGNATURE Perry Harley

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

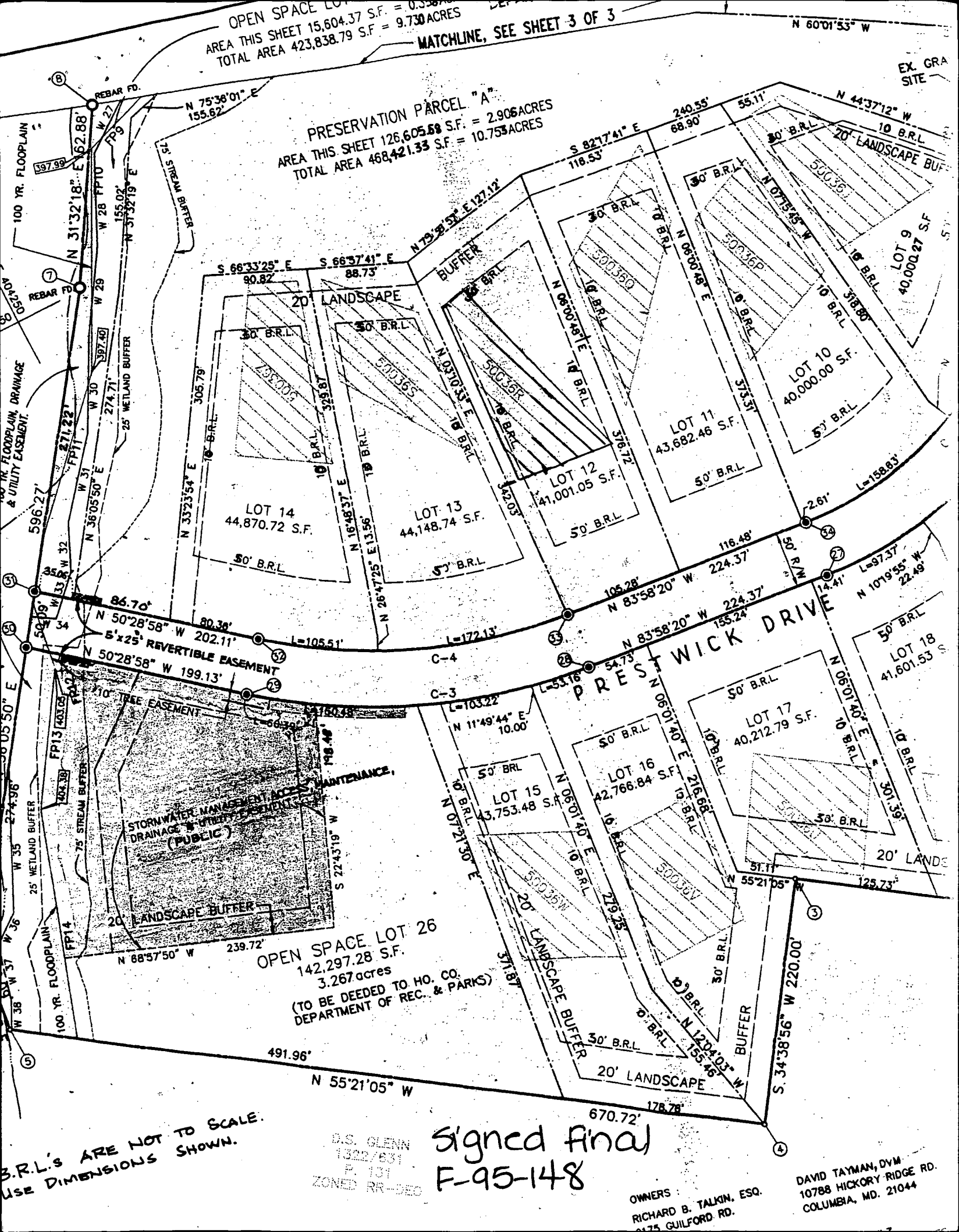
OPEN SPACE LOT 26
 AREA THIS SHEET 15,604.37 S.F. = 0.357 ACRES
 TOTAL AREA 423,838.79 S.F. = 9.730 ACRES

MATCHLINE, SEE SHEET 3 OF 3

N 60°01'53" W

EX. GRA SITE

PRESERVATION PARCEL "A"
 AREA THIS SHEET 126,605.58 S.F. = 2.906 ACRES
 TOTAL AREA 468,421.33 S.F. = 10.753 ACRES



B.R.L.'s ARE NOT TO SCALE.
 USE DIMENSIONS SHOWN.

OPEN SPACE LOT 26
 142,297.28 S.F.
 3.267 acres
 (TO BE DEEDED TO HO. CO.
 DEPARTMENT OF REC. & PARKS)

D.S. GLENN
 1322/631
 P. 131
 ZONED RR-DEO

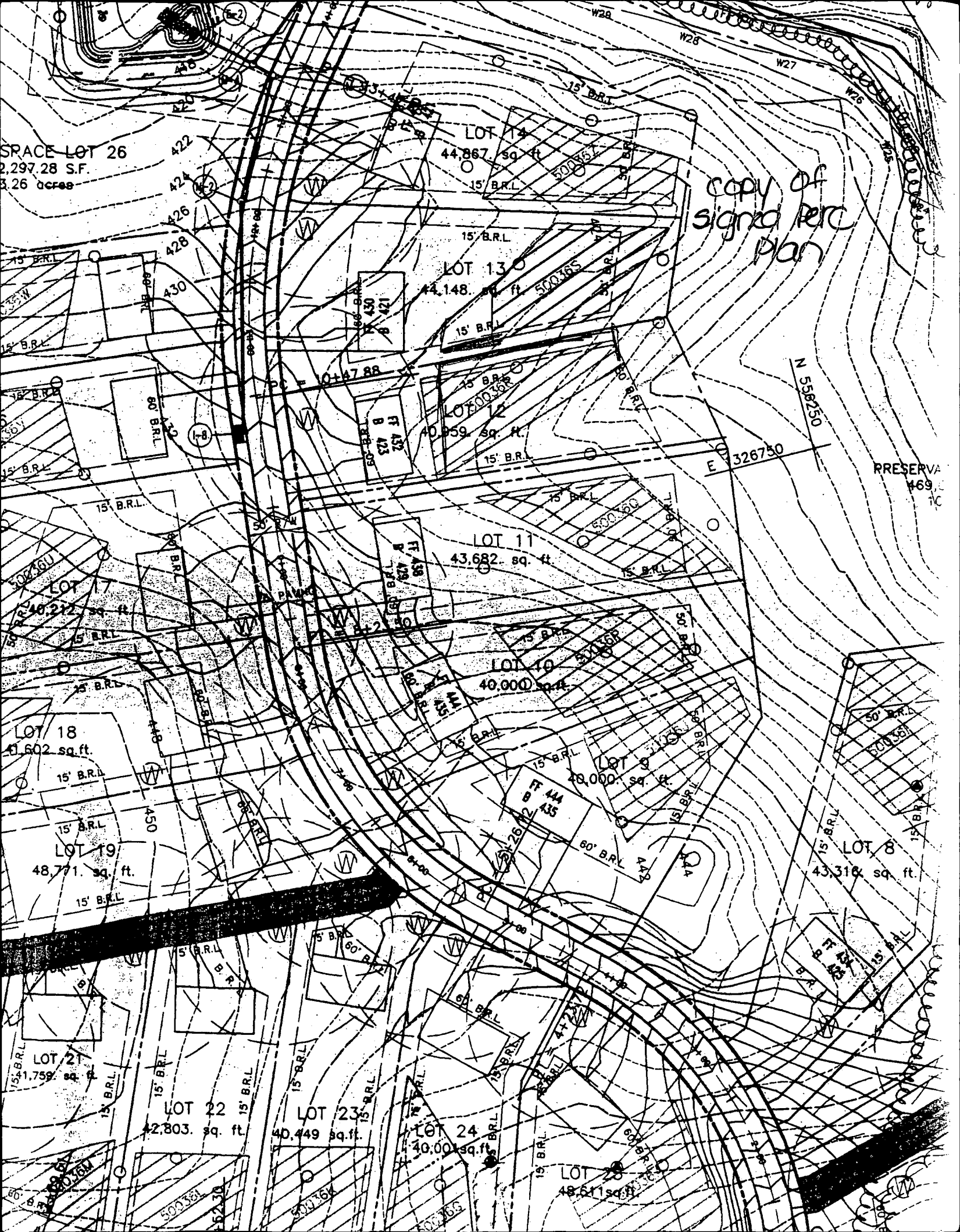
Signed final
 F-95-148

OWNERS:
 RICHARD B. TALKIN, ESQ.
 1475 GUILFORD RD.

DAVID TAYMAN, DVM
 10788 HICKORY RIDGE RD.
 COLUMBIA, MD. 21044

SPACE LOT 26
2,297.28 S.F.
0.26 acres

copy of
signed REC
plan



PRESERVE
469'
10'

LOT 18
41,602 sq. ft.

LOT 19
48,771 sq. ft.

LOT 21
11,759 sq. ft.

LOT 22
42,803 sq. ft.

LOT 23
40,449 sq. ft.

LOT 24
40,000 sq. ft.

LOT 25
48,511 sq. ft.

LOT 14
44,867 sq. ft.

LOT 13
44,148 sq. ft.

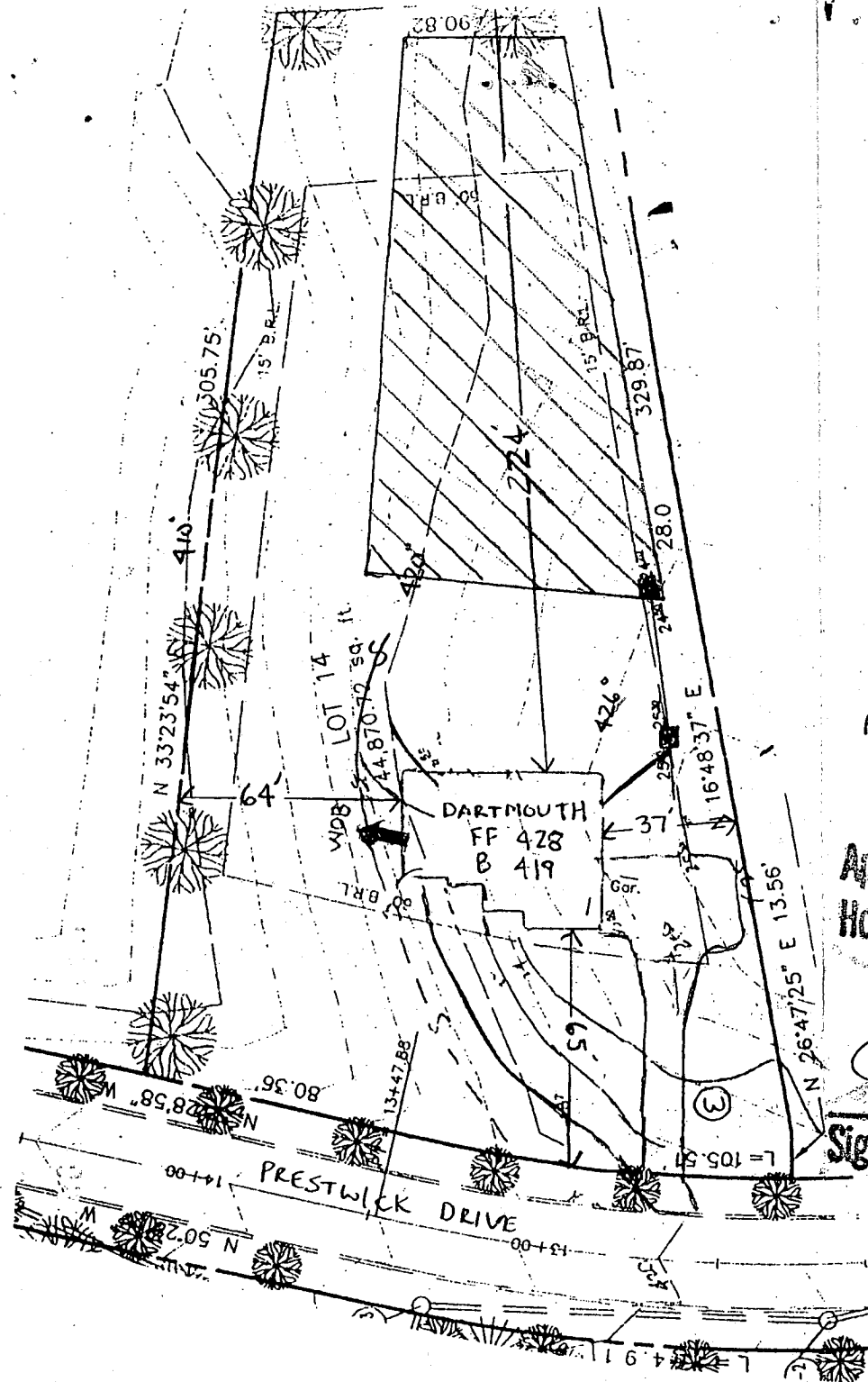
LOT 12
40,959 sq. ft.

LOT 11
43,682 sq. ft.

LOT 10
40,000 sq. ft.

LOT 9
40,000 sq. ft.

LOT 8
43,316 sq. ft.



SEPTIC ELEVATIONS

- Box OUT 423°
- Box IN 423³
- TANK OUT 424¹
- TANK IN 424⁴
- HOUSE OUT 425°

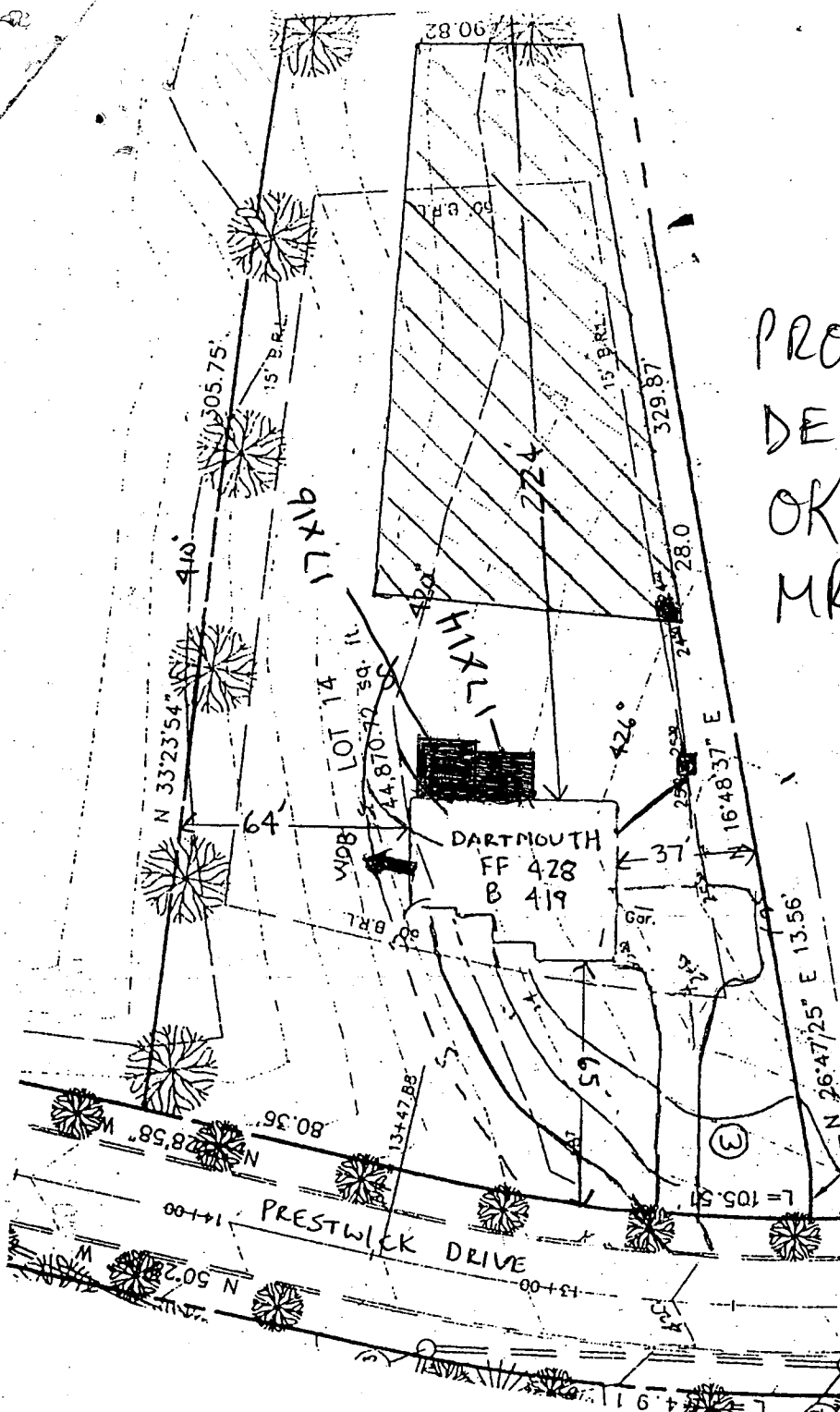
Approved Septic System Plan
Howard County Health Department

[Signature]
Signature 11/8/96
Date

scale = 1" = 50'

PROJECT :	WINDY KNOLLS LOT 14
LOCATION :	TAX MAP 34 , PARCEL 84 & 134 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE :	SITE DEVELOPMENT PLAN
BUILDER :	CORNERSTONE HOMES INC. 6571 HUNTSIRE DRIVE BALTIMORE, MD. 21227
DATE: 11-01-95	PROJ. NO.:
SCALE: AS SHOWN	SHEET 2 OF 2

Voria Engineering Inc.
 CONSULTING ENGINEERS
 8307 MAIN ST., HISTORIC ELLICOTT CITY, MD.
 TEL: 410-465-0400 FAX: 410-465-0489



PROPOSED
 DECK
 OK
 MR 4/15/99

PROJECT :	V
LOCATION :	TAI 511 HO
TITLE :	SITE
BUILDER :	CORNERSTONE HOM 6571 HUNTSIRE F BALTIMORE, MD. 2
DATE: 11-01-95	PROJ.
SCALE: AS SHOWN	SHFF

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B10117336

Building Address 6457 Prestwick Dr
Clarksville, Md 21029
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6051-01 Subdivision Windy Knolls
Section N/A Area N/A Lot 14
Tax Map 34 Parcel 84 Grid 17
Zoning RR-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Charles Breitenother
Address 6457 Prestwick Dr
City Clarksville State Md Zip Code _____
Home Phone 410-531-9050 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Dennis Wheeler
Phone 410-329-8078 Fax _____

Existing Use Single Family Home
Proposed Use Same
Estimated Construction Cost \$ 5,600.00
Description of Work 17 x 16 open wood Deck
17 x 14 open wood Deck

Contractor Company Modern Designs
Contact Person Ray Parker
Address 712 Maplehurst Ln
City Monkton State Md Zip Code 21111
License No. 28046
Phone 410-357-999d Fax _____

Occupant or Tenant Owner
Contact Name Chuck Breitenother
Address 6457 Prestwick Dr
City Clarksville State md Zip Code 21029
Phone 410-531-9050 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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 type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	
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 THEREFO; (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.

Dennis Wheeler
Applicant's Signature
Title/Company _____

Dennis Wheeler
Print Name
4/15/99
Date

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		
Dev. Engineering DPZ	<u>4/15/99</u>	<u>Mark E. Parker</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP: