

5/13/99  
ASAP

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511479

A 50368-M

DISTRICT \_\_\_\_\_

DATE 3/25/99

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

#360354  
INDEXED

DATE SYSTEM APPROVED 5/12/99

INSPECTOR AM

Walter W. King Plumbing and Heating Contractors, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 5305 King's Court, Frederick, MD 21703 PHONE 301-662-6990

SUBDIVISION Riggs Property LOT 18 ROAD 1944 Sycamore Spring Court

PROPERTY OWNER Ryan Homes RICHARD POE

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting at the bend in the left lot line, place the distribution box 50 feet down the 212.61' lot line and 80 feet off that same lot line as seen when facing the lot from Scenic Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3/24/99 OK AM

PLANS APPROVED BY Kimberly Maiste/Mark E. Rifkin REVISED \_\_\_\_\_ DATE 03/16/99

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 ~~ORUG. PERMIT SKIPPED~~

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.

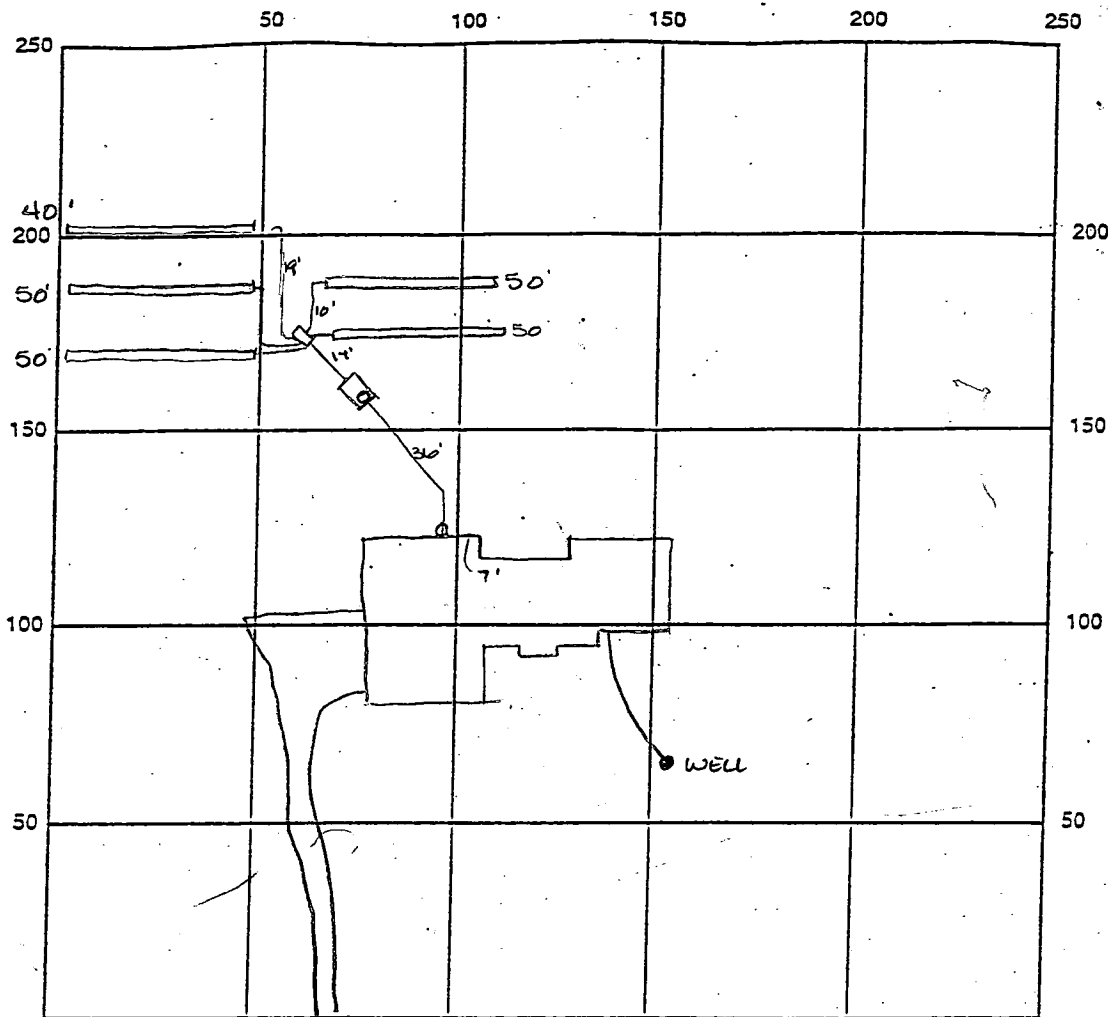
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

AND RETURNED 1-10-2010  
Send # 2001 22048  
deck

A 50368-M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Sycamore Spring Ct

SEPTIC TANK LEVEL OK CLEANOUTS @ tank & house

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 3.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 1.5 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 5/13/99 OK to cover all work final A

DATE SYSTEM APPROVED 5/13/99 INSPECTOR A. McMillan

# APPLICATION

PERCOLATION TESTING

A 50368 M

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
PO BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT 4<sup>th</sup>

DATE 9/30/94

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 Amelia Riggs c/o SDC Group, Inc. RYAN HOMES  
8480 Baltimore - National Pike

ADDRESS PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6105

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO. Grd. 1 18

ROAD AND DESCRIPTION Located @ SW Corner of the intersection of  
Roxbury Mill (Rte. 97) & Frederick Rd (Rte. 144)

TAX MAP 8814 PARCEL # 96 (1944 Sycamore Spring Ct)

SIZE OF LOT 55000 ± S.F. TYPE BLDG Single Family Dwelling - 4Bcm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 3-16-99  
Leval & Brothers

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. James R. Morley III V. Pos  
(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

COUNTY #

SOIL PROFILE

0' 591  
orange red  
cl silm

2' orange yellow  
sasilim  
strong structure  
and hard  
5% rock  
flags

11.5'

590

tan  
cl silm  
gravelly

5' bright red  
sasilim  
gravelly

8' orange red  
silim

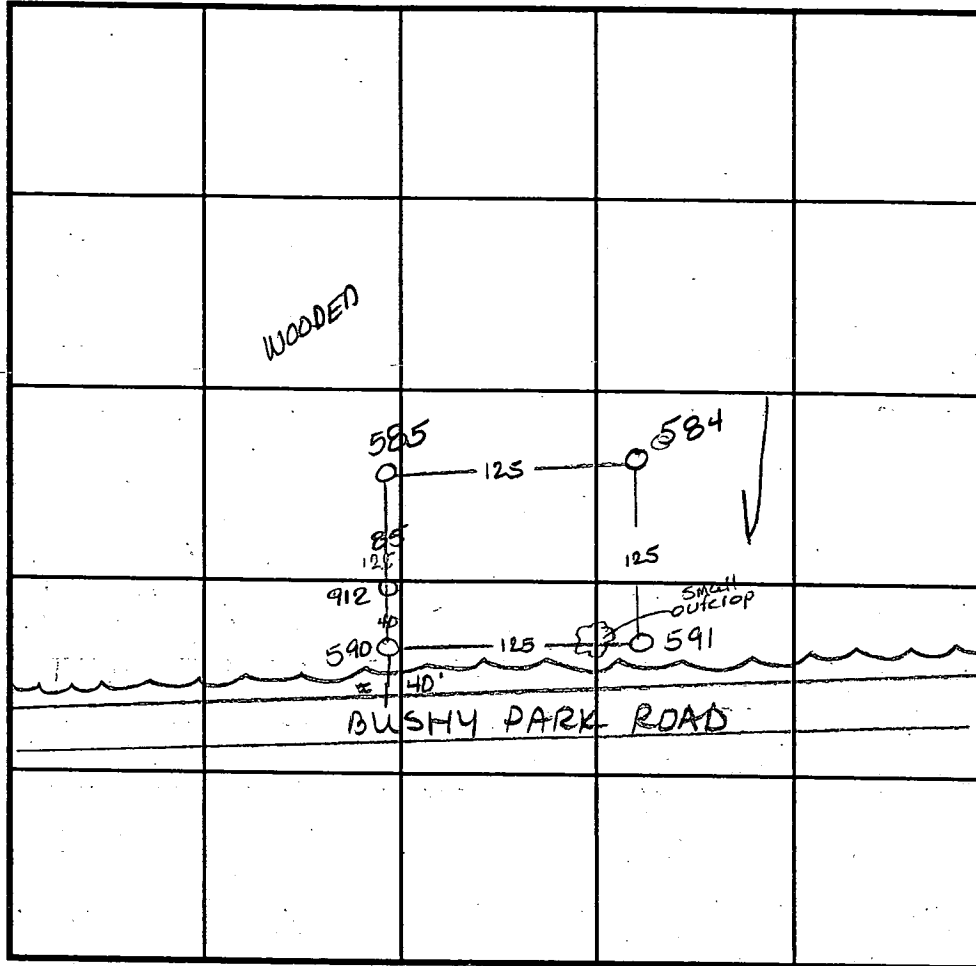
9.5' refusal

584

bright orange  
red  
clm

3' red & yellow  
mottled  
silim  
very hard  
mottled  
appearance  
due to  
parent  
rock

11.5'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 885  
orange  
beigh  
cl silm

25' bright  
red  
gravelly  
silim  
50%  
saprolite

12'

912

bright  
red  
silim

35' orange  
red tan  
sasilim  
micaceous  
10% rock  
saprolite  
mix

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-17-84	591	3.5 V11.5	6:26 <sup>30</sup>	6:27 <sup>30</sup>	6:27 <sup>30</sup>	6:29 <sup>30</sup>	2min
	590	3.0 V9.5	6:04	6:12	30 min -		slow F
	584	3.5 V11.5	6:44 <sup>15</sup>	6:46	6:46	6:50	4min
	585	3.5 V12	6:13	6:14	6:14	6:17	3min
4-26-95	912	Visual	to 12.0 - see profile				012

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

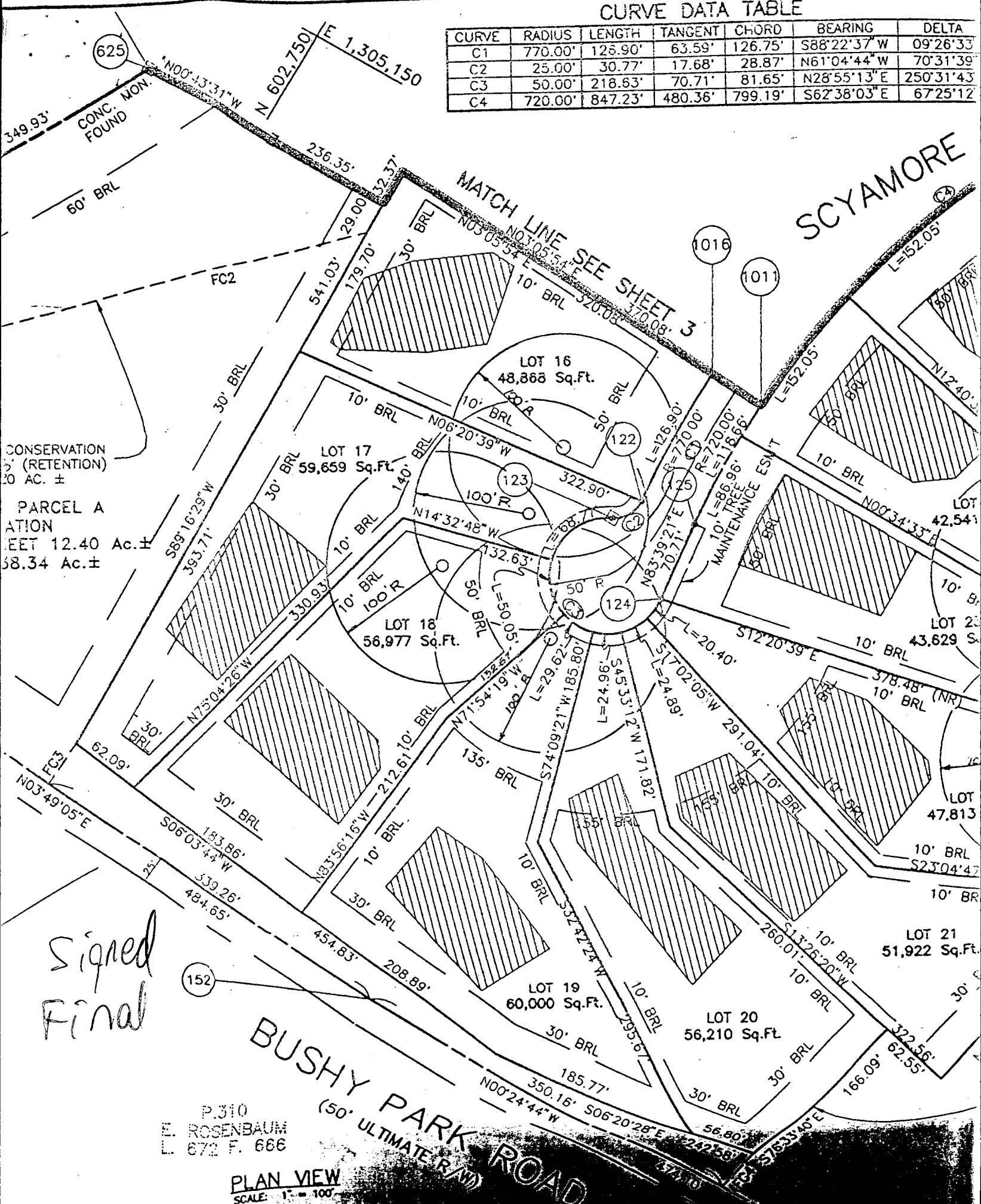
INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

CURVE DATA TABLE

CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING	DELTA
C1	770.00'	125.90'	63.59'	126.75'	S88°22'37" W	09°26'33"
C2	25.00'	30.77'	17.68'	28.87'	N61°04'44" W	70°31'39"
C3	50.00'	218.63'	70.71'	81.65'	N28°55'13" E	250°31'43"
C4	720.00'	847.23'	480.36'	799.19'	S62°38'03" E	67°25'12"



CONSERVATION  
(RETENTION)  
20 AC. ±  
PARCEL A  
ATION  
HEET 12.40 Ac. ±  
38.34 Ac. ±

Signed  
Final

P.310  
E. ROSENBAUM  
F. 672 F. 666

PLAN VIEW  
SCALE: 1" = 100'



WALL CHECK  
 CONSISTENT  
 w/ THIS SITE PLAN  
 5/10/99 (W)

**Approved Septic System Plan**  
**Howard County Health Department**

Mark E. Riffin 3/16/99  
 Signature Date

Total linear feet of trench  
 required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 3.5 feet

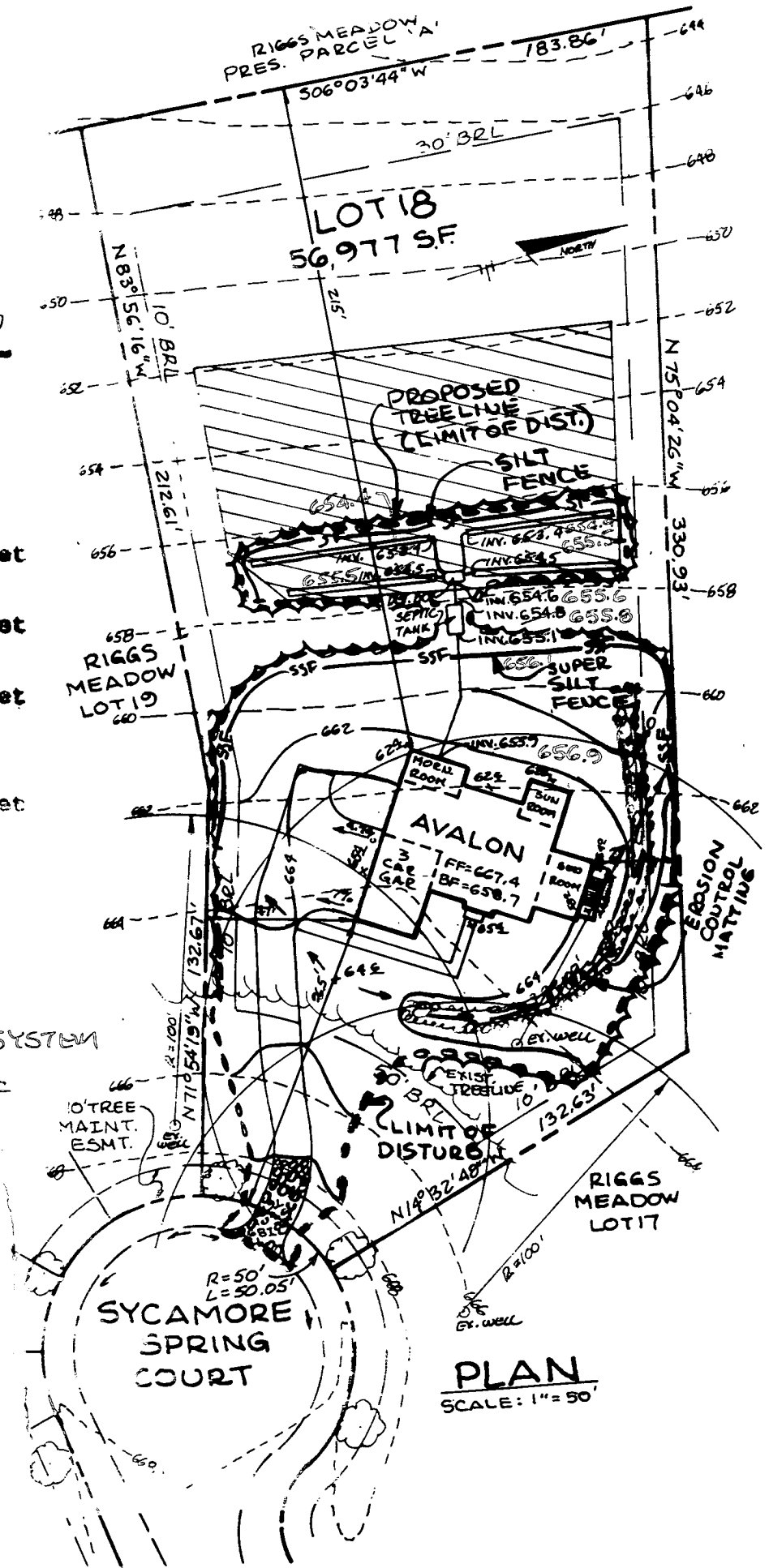
Depth of stone required below  
 distribution pipe 1.5 feet

RIGGS MEADOW  
 LOT 18

GP-99-140

REVISION TO SEPTIC SYSTEM

AS PER MARK RIFFEN OF  
 HO. CO. HEALTH DEPT.



**PLAN**  
 SCALE: 1" = 50'

C1 6035 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER AS0368 13

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 5 27 97 Depth of Well 22 360 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-94-1134

OWNER SIDC last name Scenic Drive first name TOWN Cooksville SUBDIVISION Riggs Property SECTION LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray mica Rock.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (6), NO. OF POUNDS (564), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (21).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), diameter (56), depth (60).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (4.6), METHOD USED (Bucket), WATER LEVEL.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (35).

WELL HYDROFRACTURED form with fields for YES (Y) and NO (N).

DEPTH (nearest ft.) table with columns for depth intervals (1-11, 12-22, 23-33, 34-44, 45-55) and values (110, 19, 360).

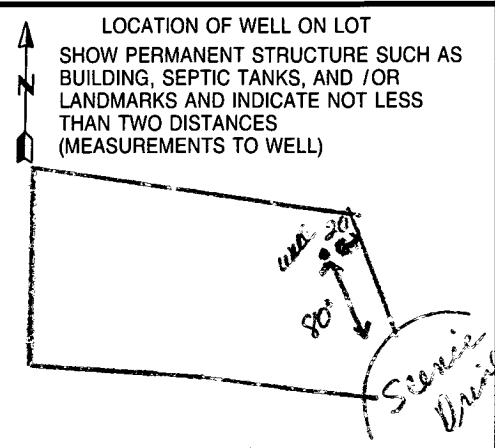
CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE Joseph P. Mays, LIC. NO. M D

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (56, 60), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



**B 1** **7456** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-1134**  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS) 70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) **03/31/97**  
 Last Name **SOC** Owner First Name  
 Street or RFD **PO BOX 417**  
 Town **ELK LICK** City **CITYMONTIC** Zip **76**

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD  
 Driller's Name **Joseph R. Mayne** License No. **024**  
 Firm Name **Joseph R. Mayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**  
 Signature **Joseph R. Mayne** Date **3/31/97**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**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)

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** 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)**  
 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER **GAP**  
 FORCE **Km** WRITE INITIALS IN BOX PERMIT No. **HO-94-1134**

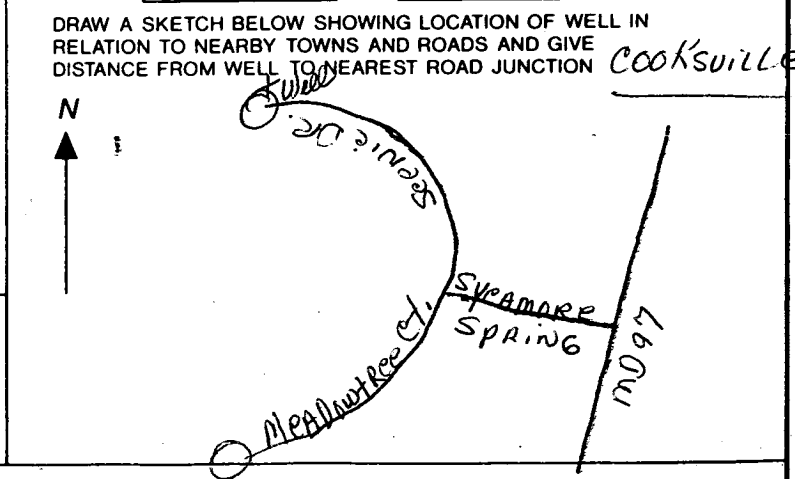
**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

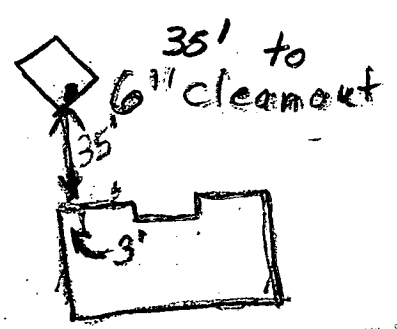
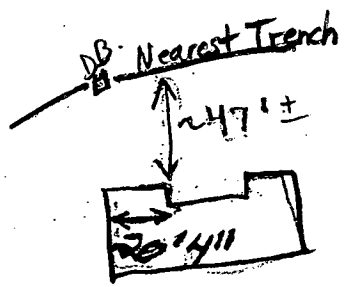
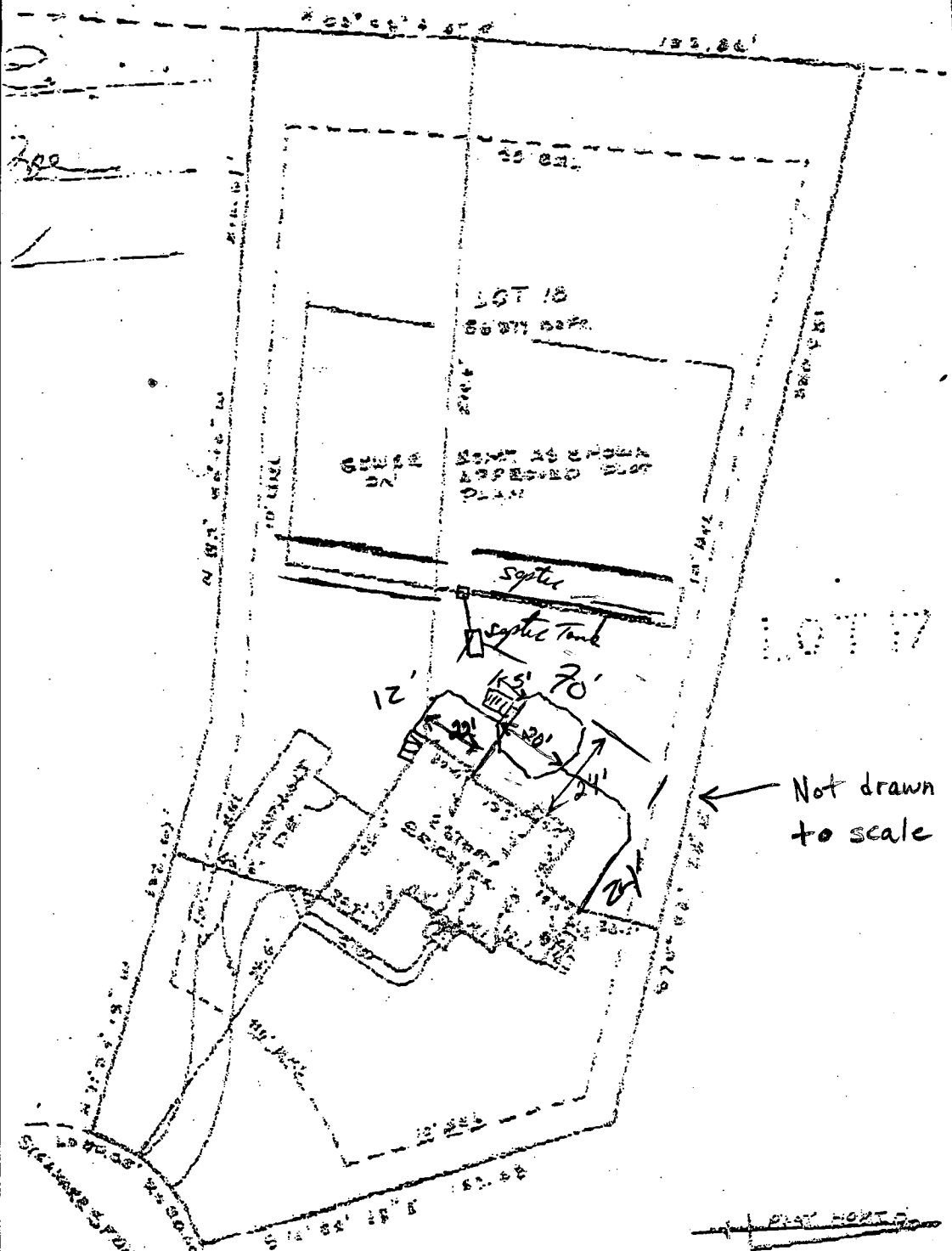
**LOCATION OF WELL**  
 COUNTY **HOWARD**  
 SUBDIVISION **RIGGS PROPERTY**  
 SECTION **18** LOT **18**  
 NEAREST TOWN **COOKSVILLE**  
 MILES FROM TOWN (enter 0 if in town) **1** MI

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
 NEAR WHAT ROAD **Scenic Dr.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **910**  
 DISTANCE FROM ROAD **47** FT OR MI  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **A50368 13**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **050997** SIGNATURE **Kimberly Abisto** EXP. DATE **5/9/98**  
 NORTH GRID **542000** EAST GRID **0792000**

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  
**7902**  
**53042**





Steps - 6 risers, 60" length

NO. 12714  
J. = 366.7

CERTIFICATE

THAT THE LOCATION DRAWING IS CORRECT TO THE BEST OF MY BELIEF, THAT THE POINTS HAVE BEEN LOCATED AS SHOWN ON THE SURVEY, AND THAT THERE ARE NO OBJECTIONS UNLESS SHOWN TO THE CONTRARY WITHIN A FEEDS HAZARD OF THE IDENTIFICATION OF THE LOCATION OF THE PURCHASER, NO MARKERS HAVE BEEN SET.



07-10-92  
SURVEYOR #224

LOCATION DRAWING

RIDGE MEADOW

LOT 18

100 E. AND MORE SPRING COURT

A-50367-1 P-511479

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) 313-3600	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00 122048
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Building Address <u>1944 Sycamore Springs Court</u> <u>Crusade M.D. 21723</u> Suite/Apt. #: <u>6040</u> SDP/WP/Petition #: _____ Census Tract <u>23</u> Subdivision <u>Ridge Meadow</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>18</u> Tax Map <u>8</u> Parcel <u>96a</u> Grid <u>22</u> Zoning <u>RC-100</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Richard Roe</u> Address <u>1944 Sycamore Springs Ct</u> City <u>Croftsville</u> State <u>MD</u> Zip Code <u>21723</u> Home Phone <u>410-442-5953</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>None</u> Proposed Use <u>same with deck</u> Estimated Construction Cost \$ <u>20,000.00</u> Description of Work <u>install irregular 70'x12'</u> <u>deck with steps to grade</u>	Contractor Company <u>Fire Carpentry Co.</u> Contact Person <u>Brian Spredlin</u> Address <u>10840 Guilford Rd.</u> City <u>Annapolis Inc</u> State <u>MD</u> Zip Code <u>20701</u> License No. <u>19692</u> Phone <u>410-724-5027</u> Fax <u>9:00-5:00</u>
--	--

Occupant or Tenant <u>same as owner</u> Contact Name _____ Address <u>same as owner</u> 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	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth                      Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input 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: <u>post &amp; pier</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature	Print Name <u>Brian Spredlin</u> Date <u>01/06/00</u>
-----------------------	--

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>5' N/A</u>	39917
State Highways			Rear: <u>30' N/A</u>	Filing fee \$ <u>300.00</u>
Building Official	<u>1/10/00</u>		Side: <u>15' N/A</u>	Permit fee \$ _____
Dev. Engineering DPZ			Side St.: <u>N/A</u>	Excise tax \$ _____
Health		<u>Brian Baber 1/10/00</u>	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2552</u>
			Accepted by _____	Validation # _____

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