

10/11/96 2:30
10/18/96 11:00
10/18/96 12:00
C.O. 10-21-96 11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57097C

A 50387P

DISTRICT 3rd

DATE 8/29/96

DATE SYSTEM APPROVED 10/22/96

INSPECTOR DLS

INDEXED

320499

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Benson Branch Estates LOT 9 ROAD 13161 Benson Estates Court

PROPERTY OWNER Hamilton Reed LLC ~~FRANDE~~ GRONLUND & NGUYEN

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 79.17' and 255.99' lot lines, begin trenches 95 feet down the 255.99' lot line and 85 feet off that same lot line. Run trenches on contour toward the 985.57' 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. 7/18/96 OK ALM

PLANS APPROVED BY Amy McMillen/Glen Savage

DATE 06/14/96

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 12/23/02 B00139798 DECK

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

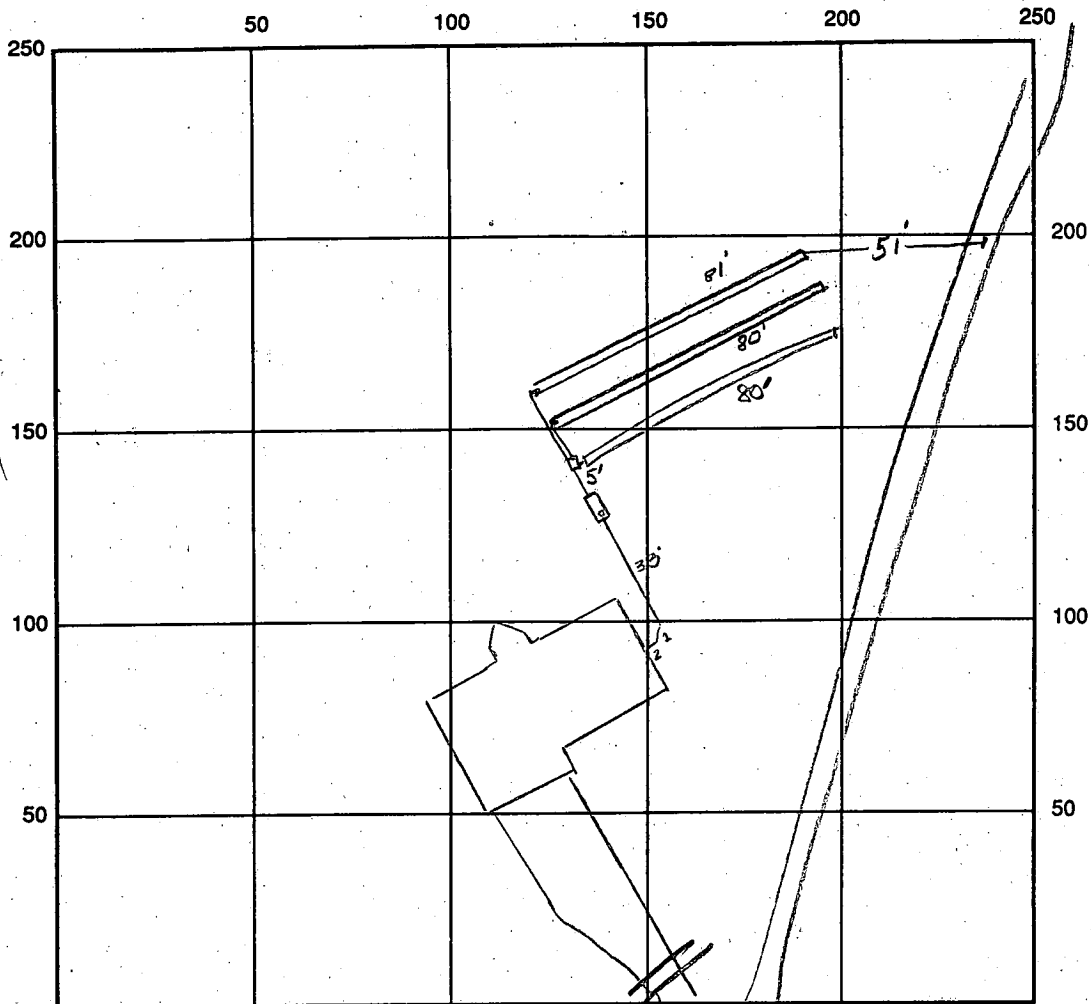
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**BUILDING PERMIT SIGNED
AND RETURNED**

A 50387P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Benson Estates Court

SEPTIC TANK LEVEL 1250 gal OK CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - BAFFLE OK

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 244 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.

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

ABSORBENT AREA 723 SQ. FT.

REMARKS: 10/11/96 OK to cover from house to septic tank ALM
10/18/96 OK to cover first trench and continue. DUE TO
impending storms, OK to cover second trench if it
is installed and stored. DKS 10/21/96 TRENCH TWO COMPLETED
OK TO CONTINUE - LEAVE ENDS OPEN, OK TO COVER BOX
PM - LAST 30' TRENCH NOT STAVED, NO COVER ON PIPE PAST 10', RAIN POSSIBLE OK TO COVER AT

DATE SYSTEM APPROVED 10/22/90 INSPECTOR Brona T. Sol

APPLICATION

PERCOLATION TESTING

A 50387P
P _____

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

DISTRICT _____
DATE 9/23/94

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 Brandt c/o Land Design & Development, Inc. Hamilton Reed, L.L.C.

ADDRESS 10805 Hickory Ridge Road PHONE (410) 740-2100

AGENT OR PROSPECTIVE BUYER Columbia, MD 21044

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Beason Branch Estates Lot 9 PRELIM FINAL
Brandt Property 9-16 9

ROAD AND DESCRIPTION Triadelphia Road
13161 Beason Estates Ct.

TAX MAP 22 PARCEL # 16, 398, 399

SIZE OF LOT 40,000/60,000 TYPE BLDG. single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
~~AND RETURNED~~ 6-14-96
Serial # B00100399
S.F.D. - 4 BRMS

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

APPLICATION

PERCOLATION TESTING

A 50387P

P _____

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

DISTRICT _____

DATE 11/10/94

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 16

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

A50387P

COUNTY #

Lot 16

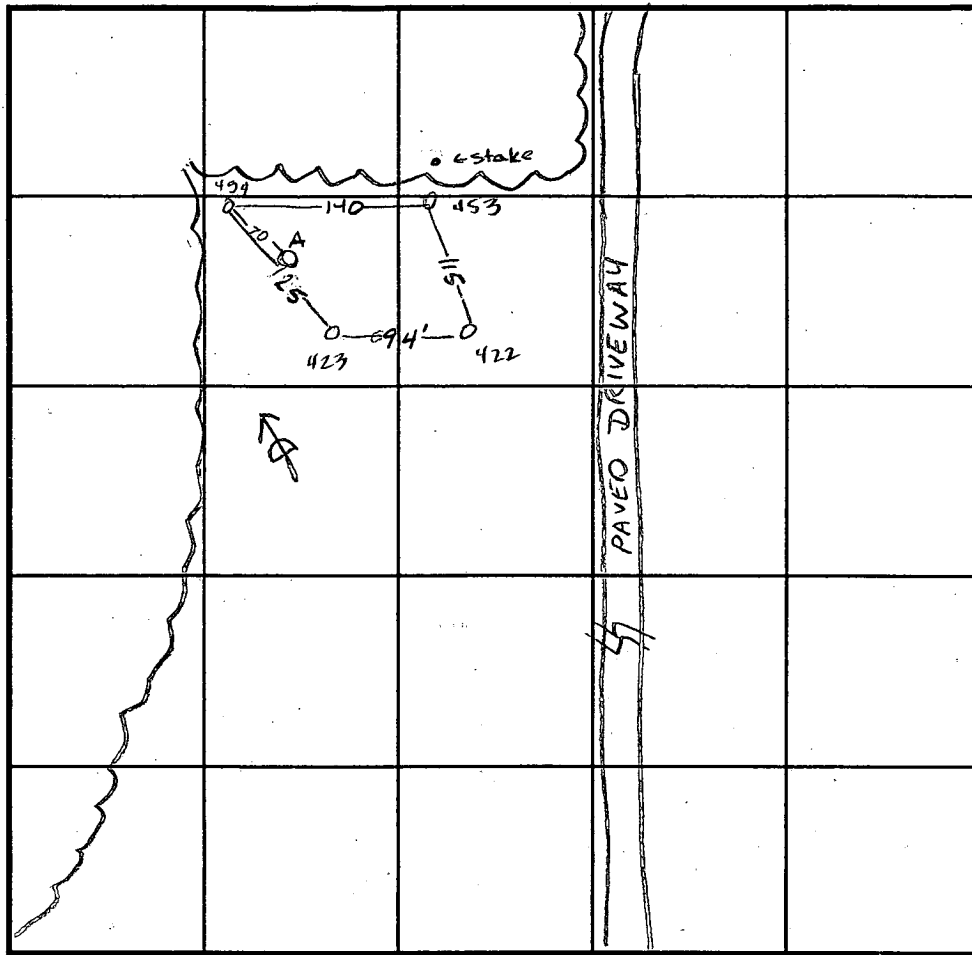
SOIL PROFILE

0' 422, 423 454

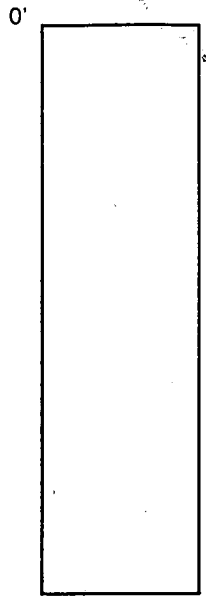
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SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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mica
≤5%
Shale
OK

12.5'

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no
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| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|------------|--------------------|--------------------|--------------------|--------------------|-----------|
| | | | START | STOP | START | STOP | |
| 10-18-94 | 423 | 2.5 / 12' | 8:49 ⁴⁵ | 8:50 ¹⁵ | 8:50 ¹⁵ | 8:51 | 45 sec |
| | 423 | repour | 8:51 ¹⁵ | 8:52 ³⁰ | 8:52 ³⁰ | 8:53 ⁴⁵ | 1 1/4 min |
| | 454 | 3.5 / VII' | 8:55 | 8:56 | 8:56 | 8:57 ¹⁵ | 1 1/4 min |
| | 453 | Visual to | | 12.5' | | | OK |
| | 422 | 7 / VII' | 9:00 ⁴⁵ | 9:01 ³⁰ | 9:01 ³⁰ | 9:02 ⁴⁵ | 1 1/4 min |
| | 422 | 4 / VII' | 9:02 ³⁰ | 9:04 | 9:04 | 9:06 ¹⁵ | 2 1/2 min |
| 3-10-95 | A | | | | | | OK |
| | | | | | | | |
| | | | | | | | |

REMARKS may hold for wet season due to low hole 454

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180 ft²

C1 0257

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL CONSTRUCTION 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 A50387-A

DATE RECEIVED

DATE WELL COMPLETED 040596

DEPTH OF WELL 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0286

OWNER Benson Branch LLC, STREET OR RFD Benson Estates Ct, TOWN Glenelg, SUBDIVISION Benson Branch Est, SECTION, LOT 9

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL, ST, CO, OT), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

Table for depth recording with columns 1-36 and rows A-C-R-E-N.

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

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

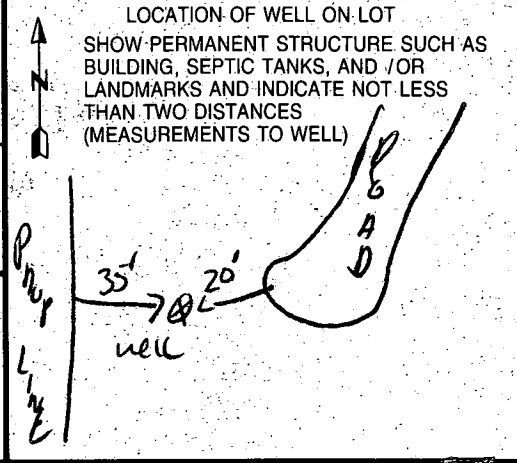
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 134, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 33, WHEN PUMPING 245, TYPE OF PUMP USED (for test) S

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)



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: 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 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, DRILLERS LIC. NO. 116, Driller Signature: Ruth Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 117, Driller Signature: Ruth S. Wayne

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

291 218 CW/CSE

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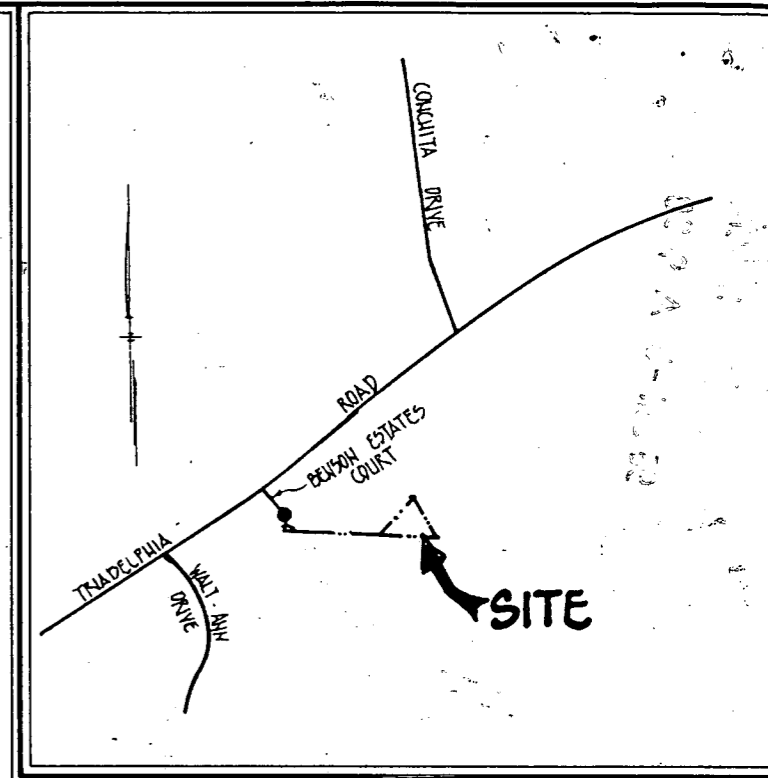
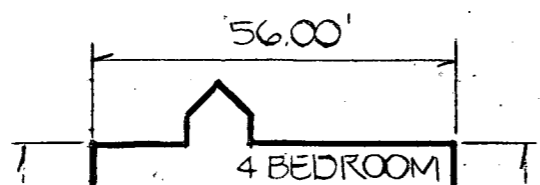
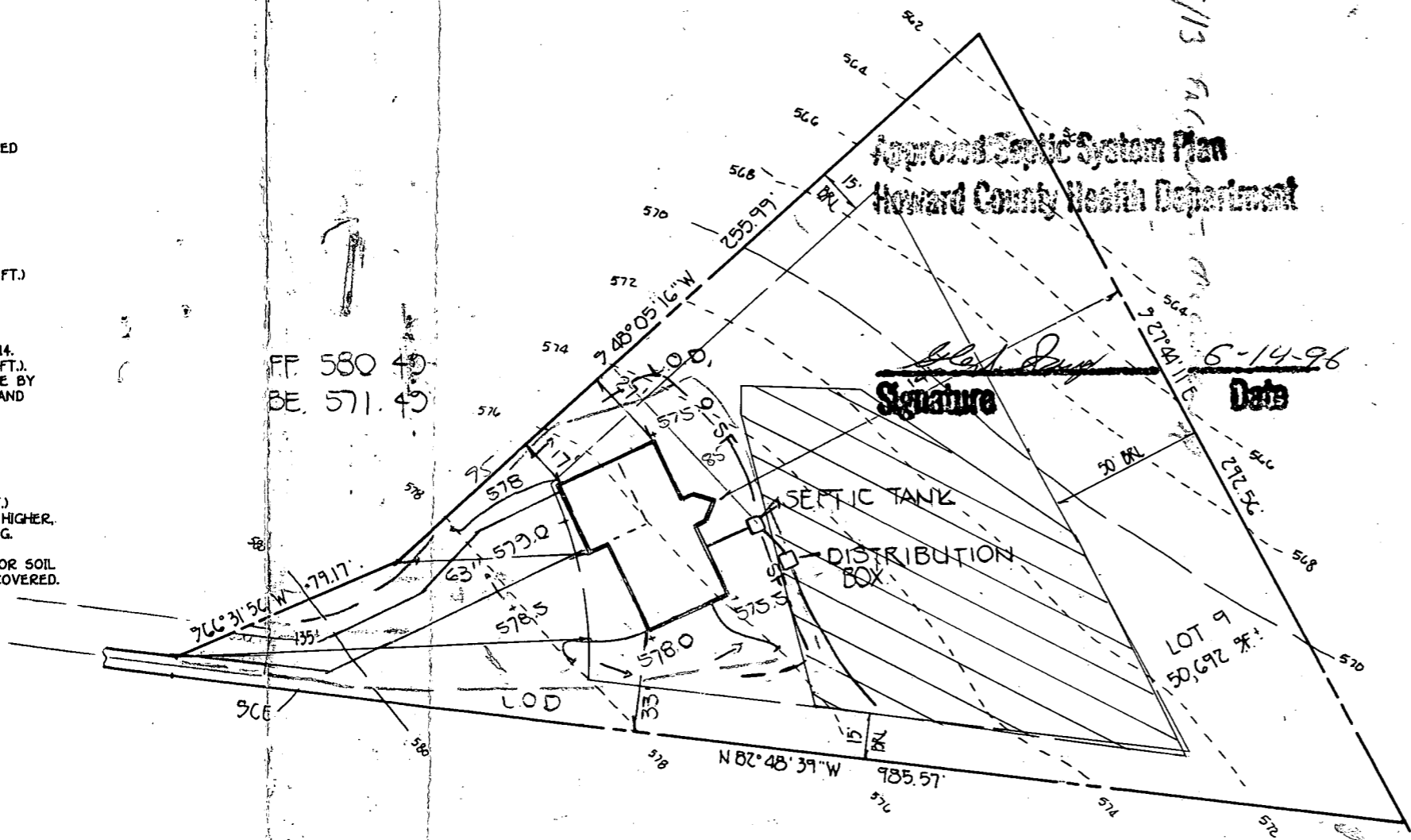
(3) -

ND MULCH

FF. 580.49
BE. 571.49

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature **Date** 6-14-96



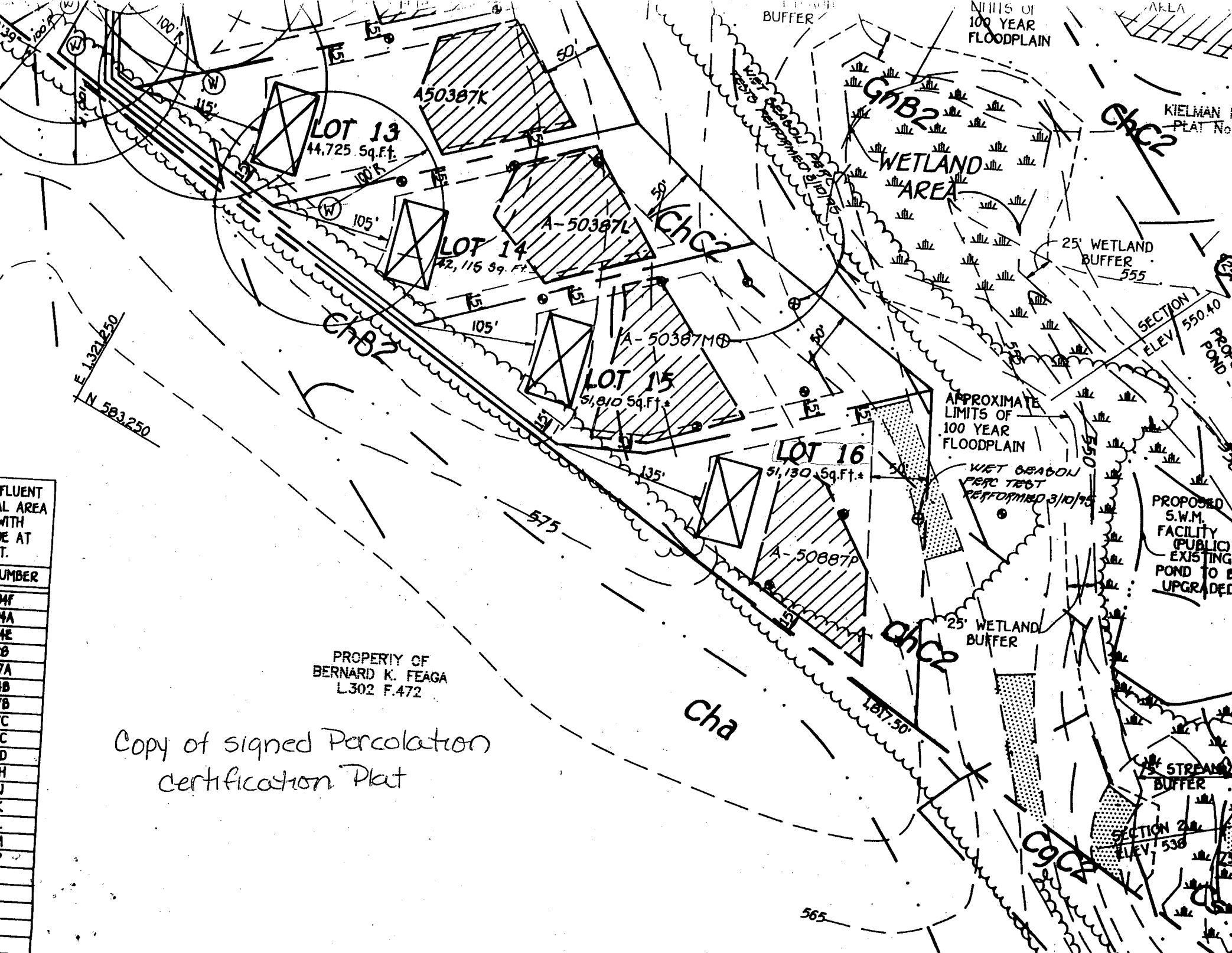
VICINITY MAP
SCALE: 1"=2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 580.49
B. BASEMENT ELEVATION: 571.49
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 572.4 - 572.9
D. INVERT IN AT SEPTIC TANK: 572.1 - 572.6
E. INVERT OUT AT SEPTIC TANK: 571.7 - 572.2
F. PROPOSED GRADE OVER SEPTIC TANK: 576.0
G. INVERT AT DISTRIBUTION BOX: 571.5 - 572.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 575.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

well is at beginning of pipe stem

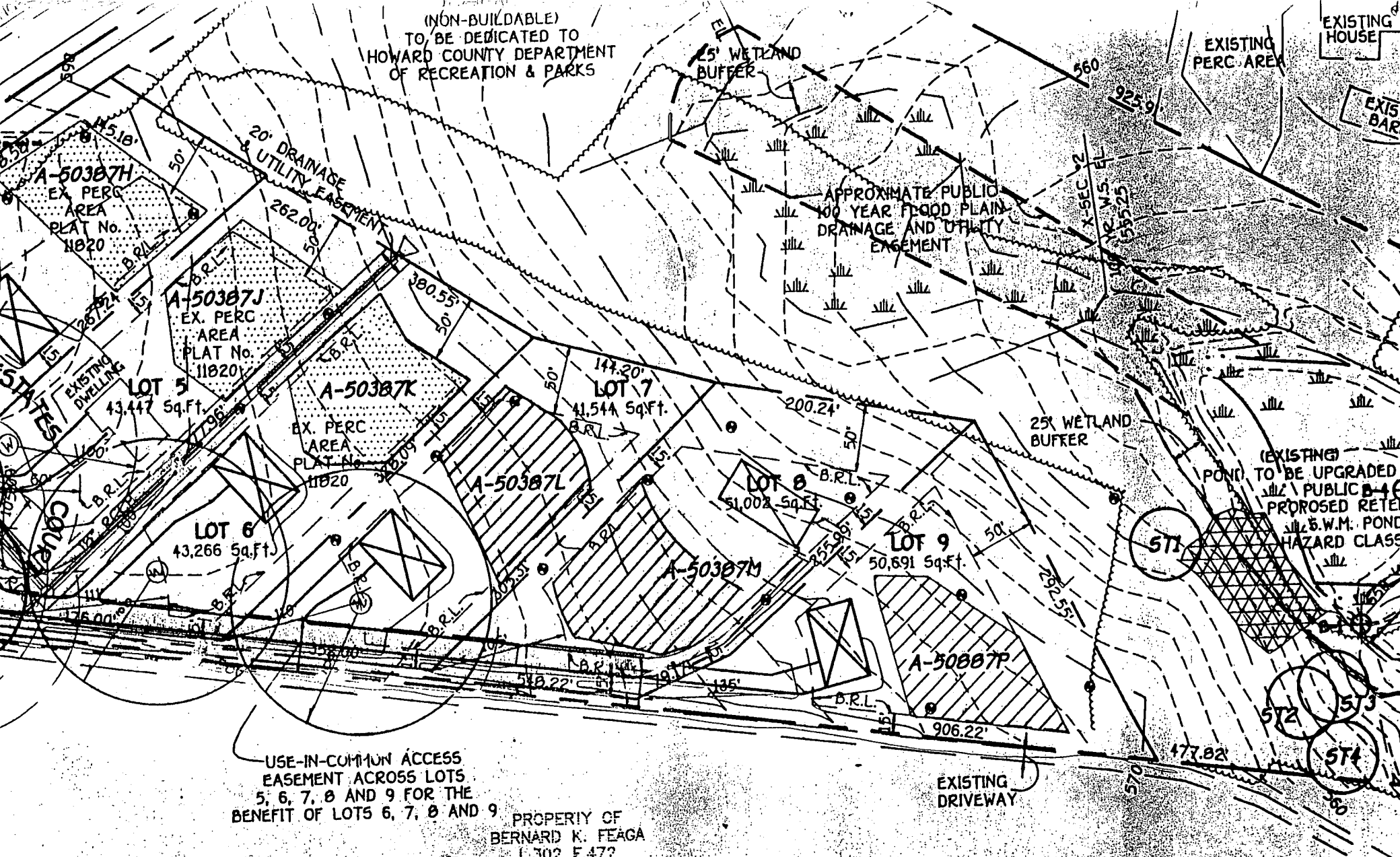
| FLUENT AREA WITH VE AT T. |
|---------------------------|
| NUMBER |
| MF |
| 4A |
| 4E |
| B |
| 7A |
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PROPERTY OF
BERNARD K. FEAGA
L302 F.472

Copy of signed Percolation
certification Plat

(NON-BUILDABLE)
TO BE DEDICATED TO
HOWARD COUNTY DEPARTMENT
OF RECREATION & PARKS

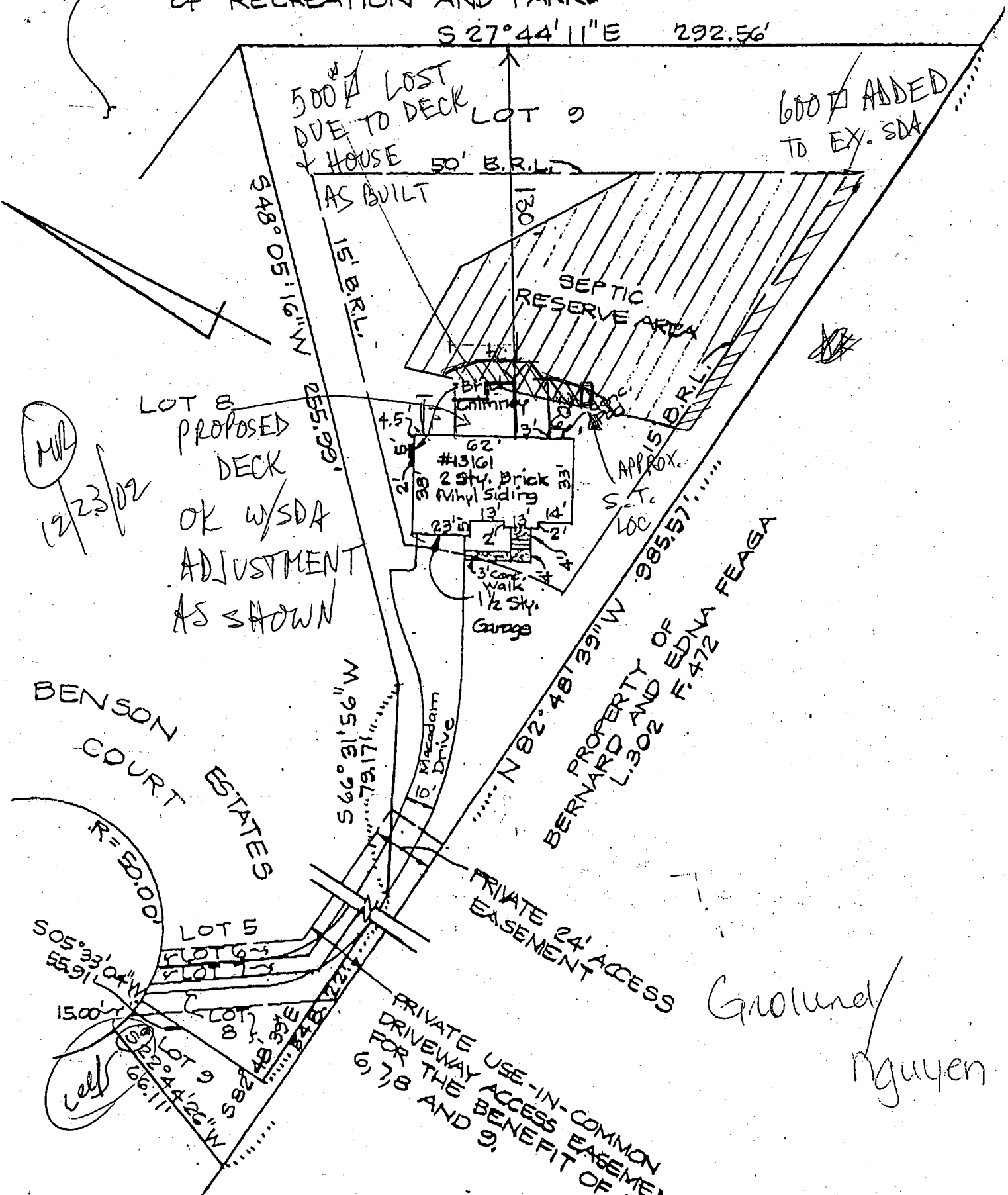


USE-IN-COMMON ACCESS
EASEMENT ACROSS LOTS
5, 6, 7, 8 AND 9 FOR THE
BENEFIT OF LOTS 6, 7, 8 AND 9

PROPERTY OF
BERNARD K. FEAGA
L.302 E.472

Copy of signed
Prelim Plan

PRESERVATION PARCEL "A"
DEDICATED TO HOWARD COUNTY DEPARTMENT
OF RECREATION AND PARKS



THE LOT SHOWN HEREON IS IN FLOOD
ZONE C PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL #240044 0021B

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The plat contains a tolerance of accuracy of two-feet, more or less.



H HICKS ENGINEERING CO., INC.
ENGINEERS, SURVEYORS & PLANNERS
200 EAST JOPPA ROAD - SUITE 100
TOWSON, MARYLAND 21286
TELEPHONE: (410)494-0000

LOCATION DRAWING OF
19161 BENSON ESTATES CT, LOT 9
'BENSON BRANCH ESTATES', LOTS
LOTS 4 THRU 12 AND PRESERVATION
PARCEL 'A', PLAT C.M.P. 12135, DEED 9729/309
HOWARD COUNTY, MARYLAND

DATE: 7-2-2002 | SCALE: 1" = 50' | FILE:
TOTAL P.01

Building Address 13161 Benson Estates Ct
Ellicott City MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 603000 Subdivision Benson Branch Estates #443

Section — Area — Lot 9

Tax Map 22 Parcel 558 Grid 10

Zoning RR Map Coordinates _____ Lot size _____

Property Owner's Name Gronluno - Nguyen

Address 13161 Benson Estates Ct

City E.C State MD Zip Code 21042

Home Phone 535-0956 Work Phone 228-6413

Applicant's Name & Mailing Address, (if other than stated hereon):
Jeffrey Slotkin
96 River Oaks Cr
Balto, MD 21208

Phone 410-602-1720 Fax 410 602-1720

Existing Use SF home

Proposed Use SF home/deck

Estimated Construction Cost \$ 10,000

Description of Work Build an open deck
12x20 + 22x14 440' on rear of
SF home

Contractor Company Architect

Contact Person Jeffrey Slotkin

Address 96 River Oaks Cr

City Balto State MD Zip Code 21208

License No. 34977

Phone _____ Fax Above

Occupant or Tenant AL Grant T.P. Nguyen

Contact Name Jeffrey Slotkin

Address 96 River Oaks Cr

City Balto State MD Zip Code 21208

Phone 410 602-1720 Fax 410 602-1721

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: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private _____ |
| 1st floor: _____ Depth _____ Width _____ | Sewage Disposal: _____ Public _____ Private _____ |
| Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. of Bedrooms _____ | 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: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ 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 HERETO, (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.

Jeffrey Slotkin
 Applicant's Signature
Does
 Title/Company

Jeffrey Slotkin
 Print Name
12/23/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|----------|--------------------|--|--------------------------------|
| Land Development, DPZ | 12/23/02 | <u>[Signature]</u> | Front: <u>75 FT</u> Rear: <u>50 FT</u> Side: <u>15 FT</u> Side St: <u>NA</u> | <u>23105</u> |
| State Highways | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Filing fee \$ <u>50</u> |
| Building Official | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Permit fee \$ _____ |
| Dev. Engineering, DPZ | 12/23/02 | <u>Mark Ripkin</u> | Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Excise tax \$ _____ |
| Health | | | Lot Coverage for New Town Zone _____ | Add'l per. fee \$ _____ |
| Fire Protection | | | SDP/Red-line approval date _____ | TOTAL FEES \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | Sub-total paid \$ _____ |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/> | | | | Balance due \$ _____ |
| ONE STOP SHOP <input type="checkbox"/> | | | | Check # _____ |
| | | | | Validation # <u>16853</u> |
| | | | | Accepted by <u>[Signature]</u> |