

5/12/99 3:00
6/3/99
WPT 72

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511532

A 50388NN

DISTRICT _____

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

DATE 4/22/99

DATE SYSTEM APPROVED 5/12/99

INSPECTOR SRK

360796
INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 14960 Route 144, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT 10 ROAD 15278 Ridge Hunt Drive

PROPERTY OWNER Selfridge Builders

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *****MANHOLE REQUIRED ON SEPTIC TANK*****

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 40 feet off the left (328.81') lot line and 135 feet off the rear (97.46') lot line as seen when facing the lot from the end of the pipestem. Run trenches along contour towards the left-rear of the lot.

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

BUILDING PERMIT SIGNED OK KM 2/5/99

AND RETURNED 7-8-02

600137084 - FIMSH BASEMENT

PLANS APPROVED BY Donna K. Soe DATE 2-04-99

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

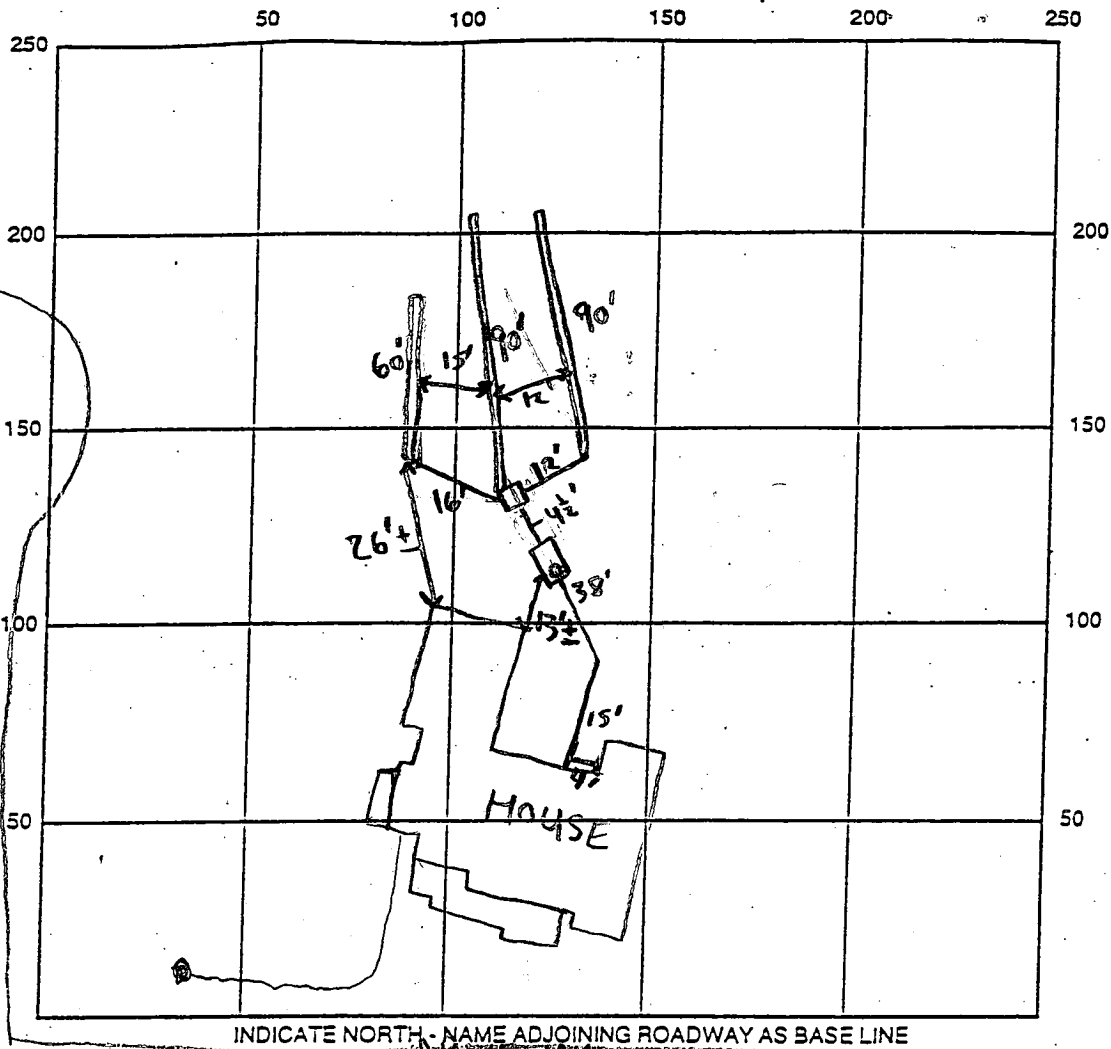
PERMIT VOID AFTER TWO YEARS

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**

A50388-NN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 midbeam CLEANOUTS 16" @ tank

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT. ~~BUILDING PERMIT REQUIRED AND BILLED~~

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT. ~~PERMITS REQUIRED~~

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 5/12/99 - HOUSE CONNECTION MADE, OIL TO COVER WORK - SRK

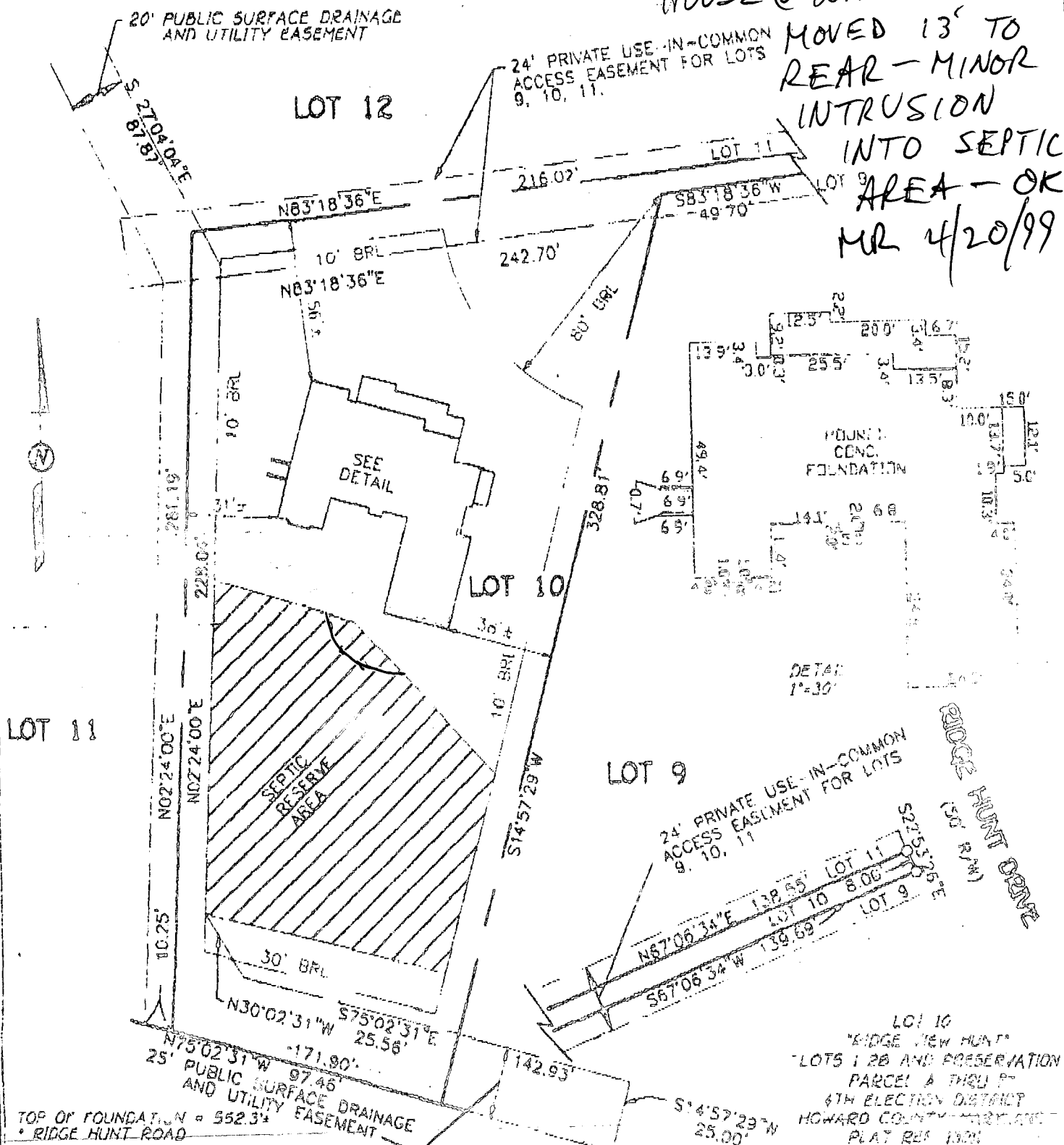
6/3/99 WPI 3.5' below grade - 2" cap - no PVC conduit *

DATE SYSTEM APPROVED 5/12/99 INSPECTOR Steven R. King

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 210211002 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).

**HOUSE @ WALL CHECK
MOVED 13' TO
REAR - MINOR
INTRUSION
INTO SEPTIC
AREA - OK
MR 4/20/99**



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS



Charles J. Crowder
PROFESSIONAL LAND SURVEYOR
REG. 10768

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/26/98
FINAL LOCATION:
BOUNDARY SURVEY: _____
SCALE: 1"=50'
DATE: 3/25/99
DRAWN BY: JEL
CHECKED BY: M.L.R.
PROJECT No. 8125

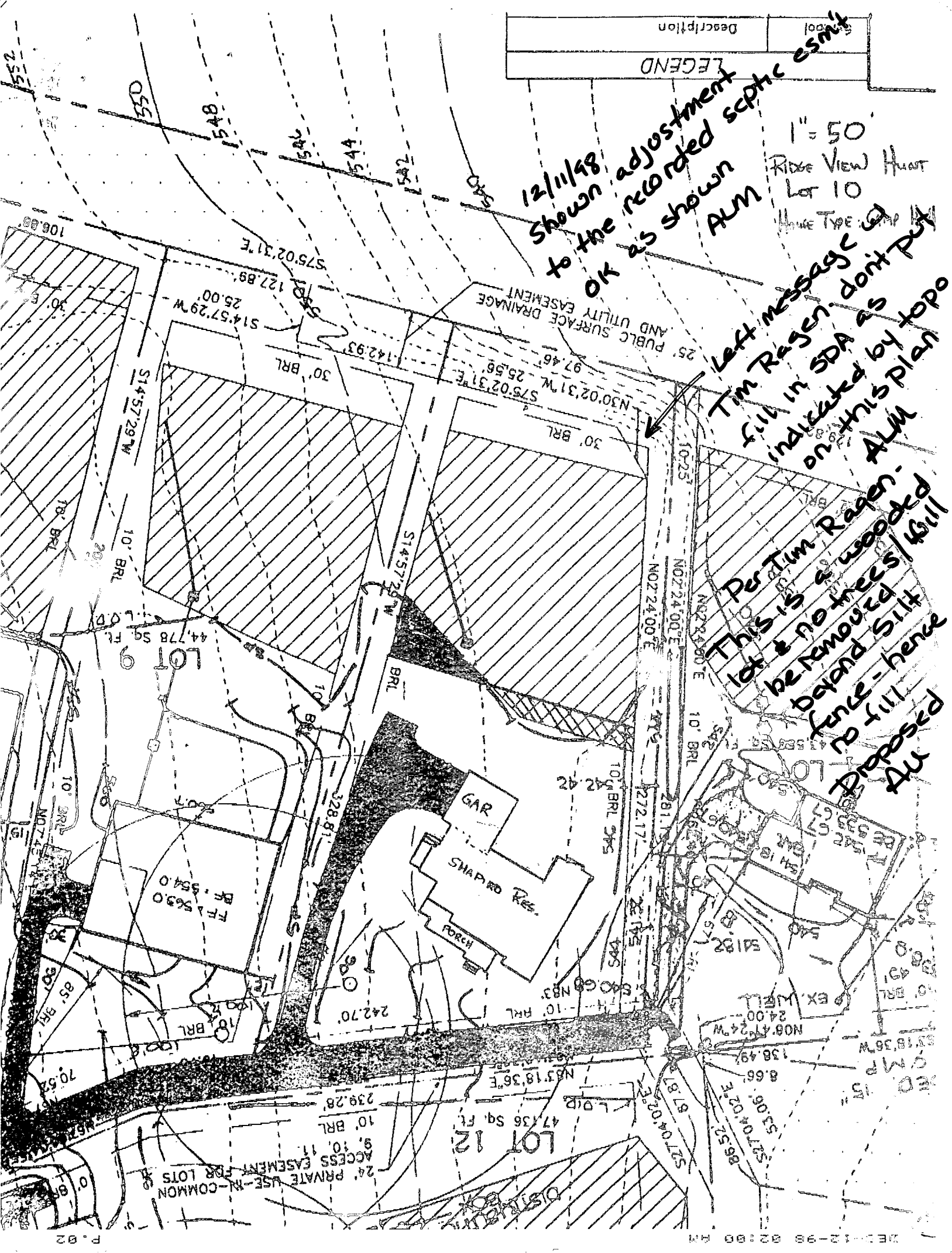
FCC

Description	Symbol
LEGEND	

12/11/98
 Shown adjustment
 to the recorded septic esmt
 OK as shown
 ALM

Left message @
 Tim Ragen dont put
 fill in SPA as
 indicated by topo
 on this plan

Pert Tim Ragen
 This is a wooded
 lot & no trees
 be removed
 beyond Silt
 fence - hence
 no fill
 proposed
 Au



Approved Septic System Plan
Howard County Health Department

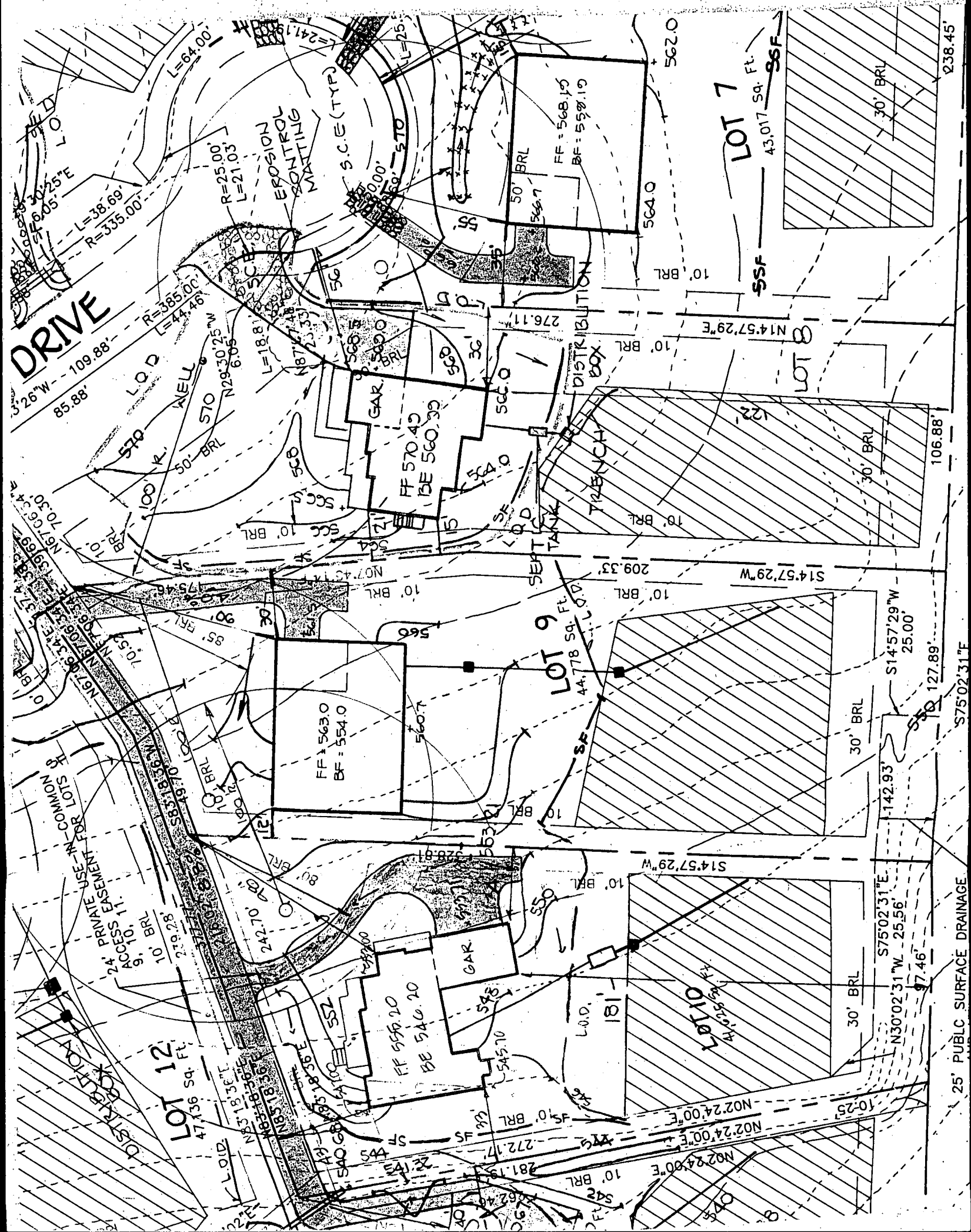
Total linear feet of trench
required 240 feet

Width of trench (es) 3 feet

Depth of trench (es) 6 feet

Depth of stone required below
distribution pipe 2 feet

[Signature] 2/1/99
Signature Date



APPLICATION

PERCOLATION TESTING

A 50388 NN

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 Richard Hoenes Selfridge Builders

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 14 13 10 11

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
15278 Ridge Hunt Drive
of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4 Bm
(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.

Richard Hoenes
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

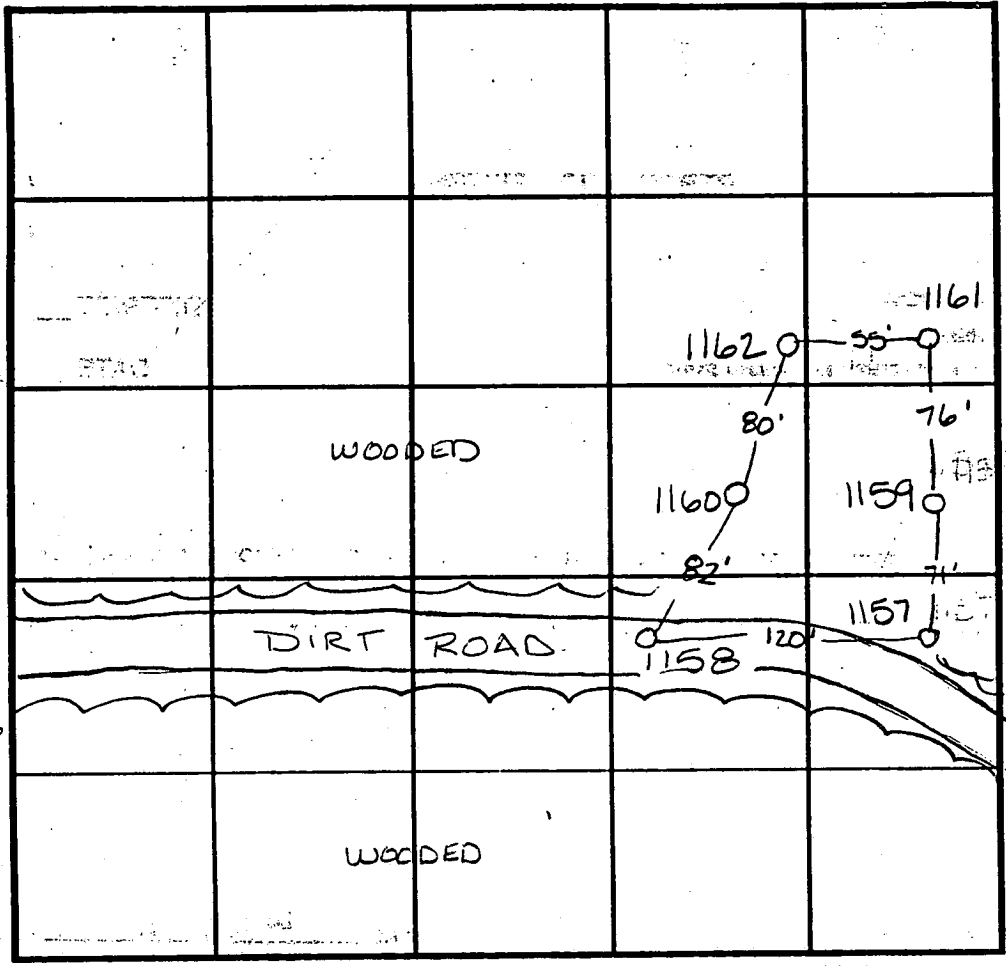
REASONS FOR REJECTION OR HOLDING _____

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

1160
SOIL PROFILE
0' 1158
orange
brn
CSIL
2.5' lighter
orange
brn
SIL
8' tan
SSIL



SOIL PROFILE
0'

1162 159
2.5' gravelly
topsoil
3' pink tan
SL
reddish
brn
CSL
5' orange
brn
SISL
toward
bottom
it is mixed
w/ chunks
of decayed
white rock
12' very soft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-16-94	1158	3' V11'	6:33	6:35 ¹⁵	6:35 ¹⁵	6:38	2 3/4 min
	1158	6' V11'	6:33 ¹⁵	6:34 ⁴⁵	6:34 ⁴⁵	6:38	3 1/4 min
	1160	4' V12'	6:40	6:41	6:41	6:42 ⁴⁵	1 3/4 min
	1162	5' V12'	6:49 ³⁰	6:51 ³⁰	6:51 ³⁰	6:55	3 1/2 min
	1157	5' V11'	5:42 ¹⁵	5:43 ³⁰	5:43 ³⁰	5:45 ³⁰	2 min
	1159	6' V12'	5:46 ³⁰	6:01	6:01	6:28	27 min

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 50388M

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 Richard Hoenes

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

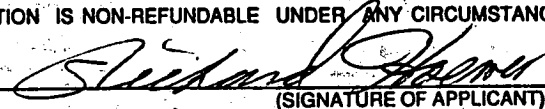
SUBDIVISION White Property LOT NO. 1512

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(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

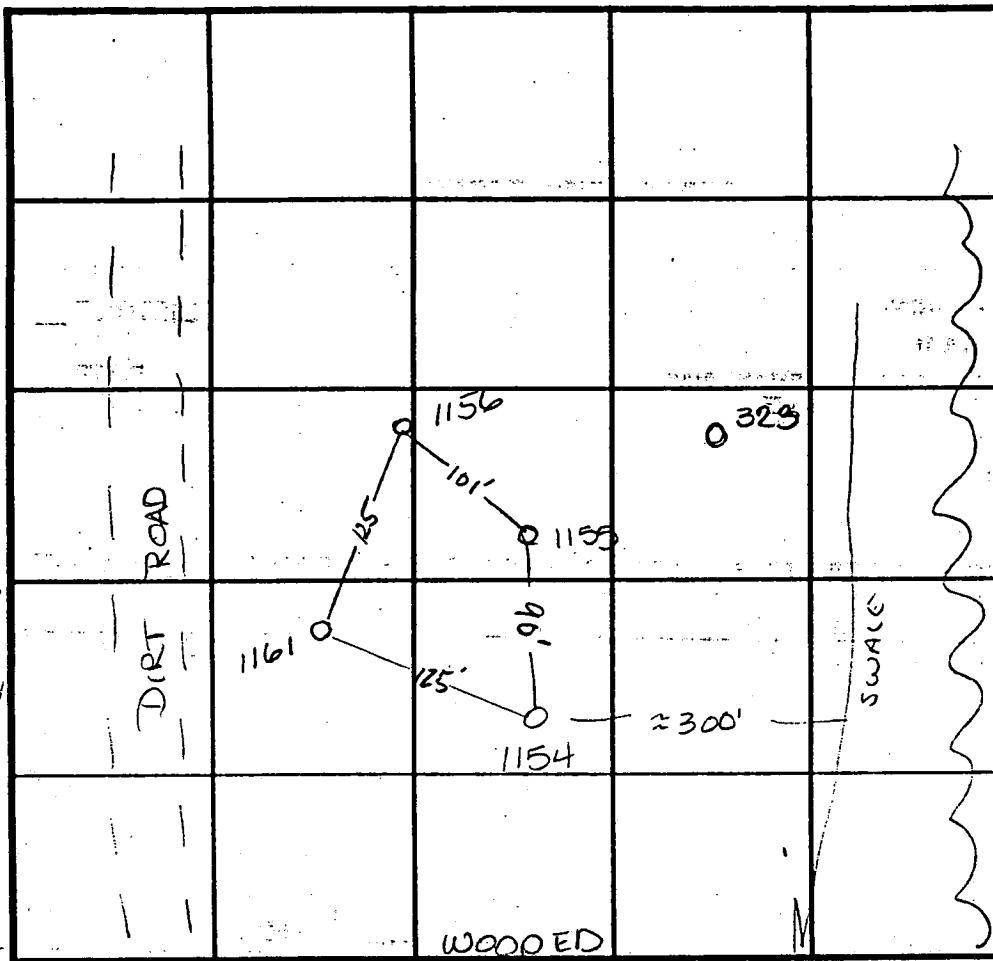
SOIL PROFILE

0' 1154
bright red c sil
1gt orange tan gravelly sil
1gt reddish tan sil
very decayed soft saprolite white pink/red

1155 1156
orange brn c
reddish brn c

reddish sil
very decayed soft saprolite throughout streaks of white gravelly sand throughout

1161
orange red c
reddish orange sil
tan w/ orange tint sil



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	
12-16-94	1154	4' VII	6:13	6:15 ³⁰	6:15 ³⁰	6:18	2 1/2 min
	1155	4.5' VII	6:18 ⁴⁵	6:22	6:22	6:28	6 min
	1156	4.5' XII	6:22 ⁴⁵	6:25	6:25	6:29	4 min
12-22-94	1161	6' XII	5:26 ³⁰	5:31	5:31	5:41	10 min
3-21-96	323	Visual	to 6.0	- water at 6.0	-	-	F

REMARKS _____

TYPE OF SOIL _____

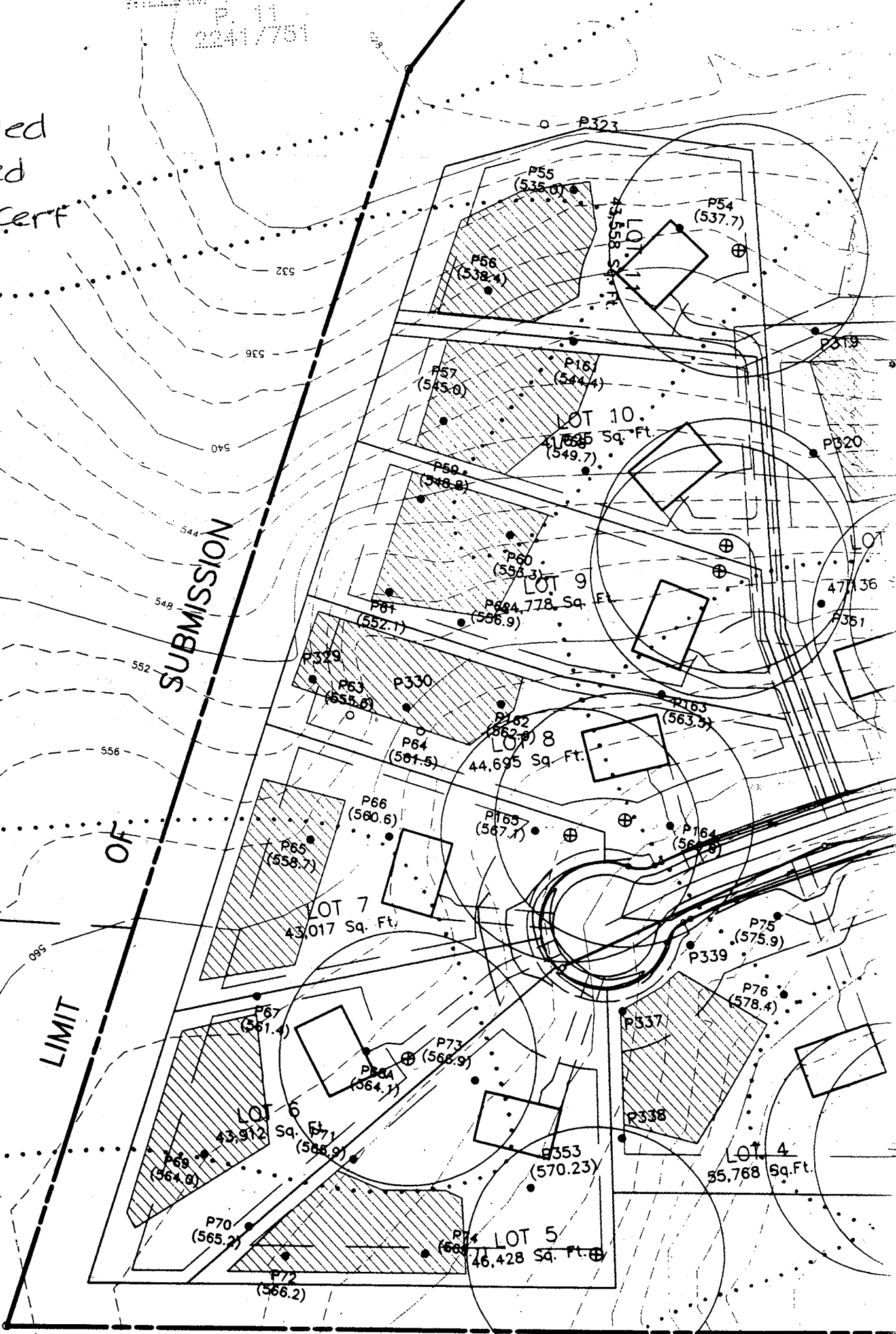
TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

2241/751

Approved
Revised
Perc. Cert
F97



LIMIT OF SUBMISSION

LIMIT

C1 4358

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

WELL IS COMPLETED. COUNTY NUMBER A50388NN

ST/CO USE ONLY DATE Received 2-2-99

DATE WELL COMPLETED 02-01-99 Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1626

OWNER Selfridge last name Interview first name TOWN Glenwood SUBDIVISION Ridge View Hunt SECTION LOT 10

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED...

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 220

CASING RECORD MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 68

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

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

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. MSD116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD112

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

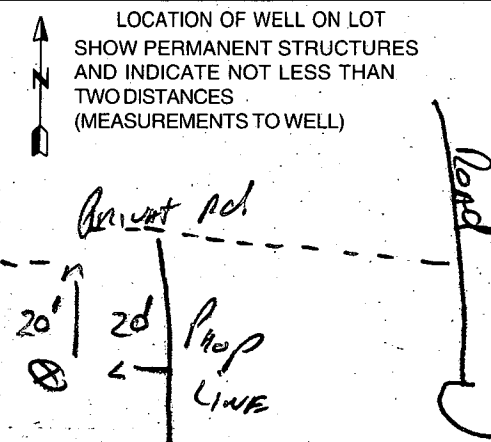
DEPTH (nearest ft.) HO 66 300 A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)



B-1 4764

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1626 fill in this form completely

Date Received (APA) 7.6.98 OWNER INFORMATION SELFRIDGE Builders Inc 14045 GARED DR GLENWOOD MD. 21738

LOCATION OF WELL HOWARD RIDGE VIEW Hunt GLENWOOD MILES FROM TOWN 2

DRILLER INFORMATION RALPH MAYNE MS D 116 RALPH MAYNE Well Drilling 9120 Brown Church Rd Mt Airy

DIRECTION OF WELL FROM TOWN ON WHICH SIDE OF ROAD GLEN VIEW DR. DISTANCE FROM ROAD 225 ENTER FT OR MI 14 819 PARCEL 14

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

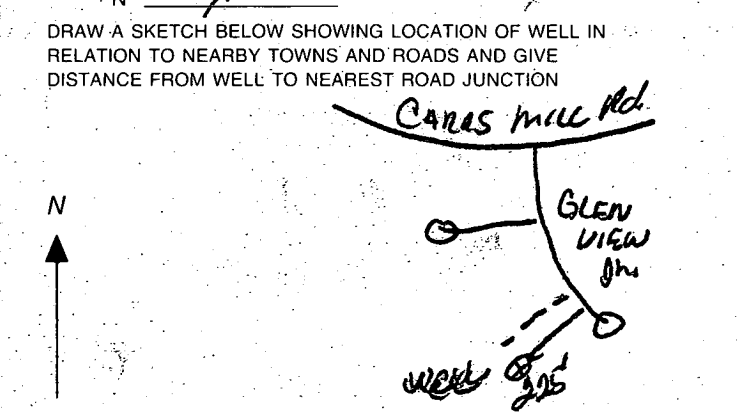
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 50388NN

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6"

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 63 PERMIT No. HO-94-1626

PRESERVATION
PARCEL 'D'
627,677 Sq. Ft.
14.41 Ac.
(CONSERVATION
PRESERVATION EASEMENT)

WILLIAM P. BRENDEN
P. M.
2241/751

7.9.98
Lot 10
Well site ok
as staked KM

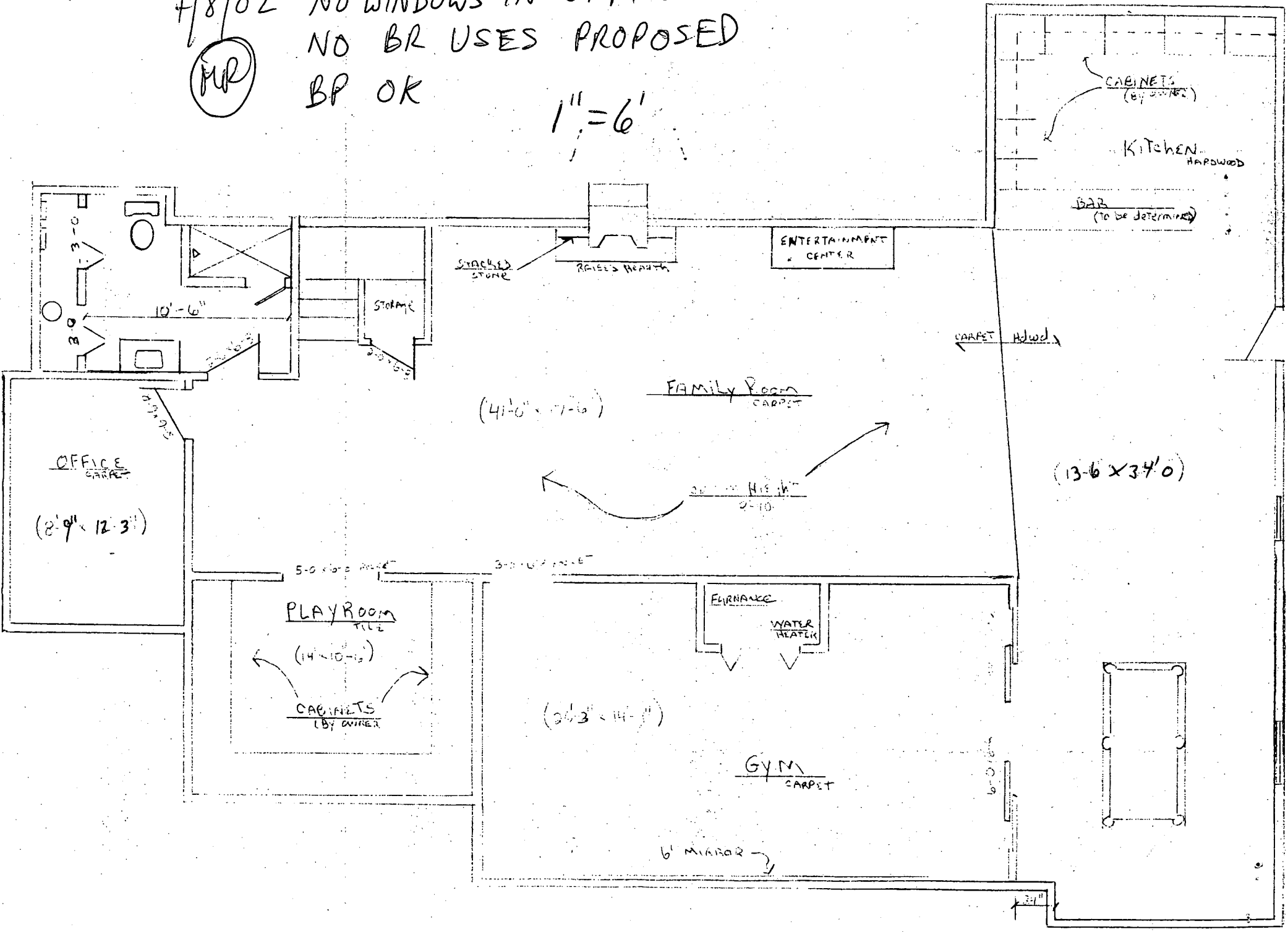
SUBMISSION



7/8/02
MP

NO WINDOWS IN OFFICE
NO BR USES PROPOSED
BP OK

1" = 6'



- Health copy - 11/11/10 10 Contractors

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 B00137084
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Building Address 15278 Ridge Hunt Dr.
Woodbine, MD 21797

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

Census Tract 604002 Subdivision Ridge View Hunt

Section N/A Area N/A Lot 10

Map 14 Parcel 223 Grid B

Zoning RCD Map Coordinates 8K3 Lot size _____

Property Owner's Name Michael Shapiro

Address same

City _____ State _____ Zip Code _____

Home Phone 410-487-9063 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use same w/ basement

Estimated Construction Cost \$ 25,000

Description of Work 2500 square ft.
finish basement/recroom, playroom
bath, gym, kitchen, office, family room

Occupant or Tenant owner/Shapiro

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Inverness Builders, Inc.

Contact Person Rod McNiff

Address P.O. Box 3755

City Frederick State MD Zip Code 21705

License No. 25603

Phone 301-696-1101 Fax 301-694-5633

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

06183

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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: <u>2500 sq. ft.</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 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 CITY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND ISSUING NOTICES.

Sally Kimmel
 Applicant's Signature

Sally Kimmel
 Print Name

624.00

Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY.

39362