

7/6/00  
3:00 c.o.

INDEXED

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 1513658  
A50388-V  
ISSUE DATE 6/28/00  
APPROVAL DATE 7/6/00

#360877

K & K Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT NUMBER 17 ADDRESS 15301 Farm View Court

PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive  
Glenwood, MD 21738

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth  
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 85 feet from the 315.04' lot line and 90 feet from  
the 153.66' lot line. Run trenches on contour in either direction. Maintain  
100 feet to the existing well on adjacent lot 16. 5/18/00 OK ALM

PLANS APPROVED Mark E. Rifkin DATE 4-21-00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

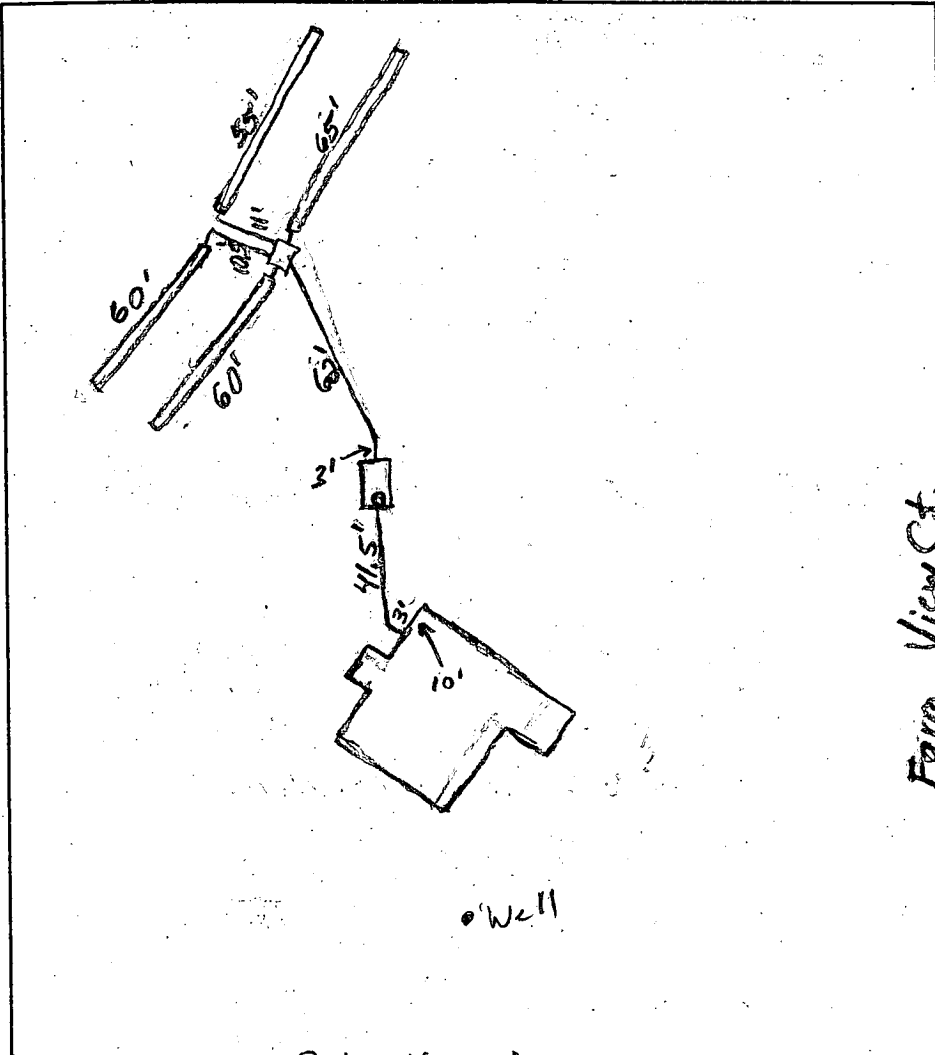
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 50388 V

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 3.0'  
 TRENCH BOTTOM DEPTH 5.0'  
 DEPTH OF STONE 2.0  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1500 GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

~~**PUMP CHAMBER DATA**~~

~~PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_~~

Ridge Hunt Drive

Farm View Ct.

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 1/6/00 House connection made. System satisfactory. O.K. to cover everything. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 7/6/00

# APPLICATION

PERCOLATION TESTING

A 50388V

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. 22 21 18

ROAD AND DESCRIPTION (South side 15000 block of Carrs Mill Road; 1 mile +/- west  
of Roxbury Mills Road intersection.) 15301 FARM VIEW COURT

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. Richard Hoenes  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ BLDG. PERMITS SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR AND RETURNED 4/21/2000 DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ Serial # B00123392  
SFD - 4 BRMS

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

A50388V

COUNTY #

SOIL PROFILE

1193

orange red  
CSIL

zone of  
30% rock

orange yellow  
SIL  
50% rock  
brags

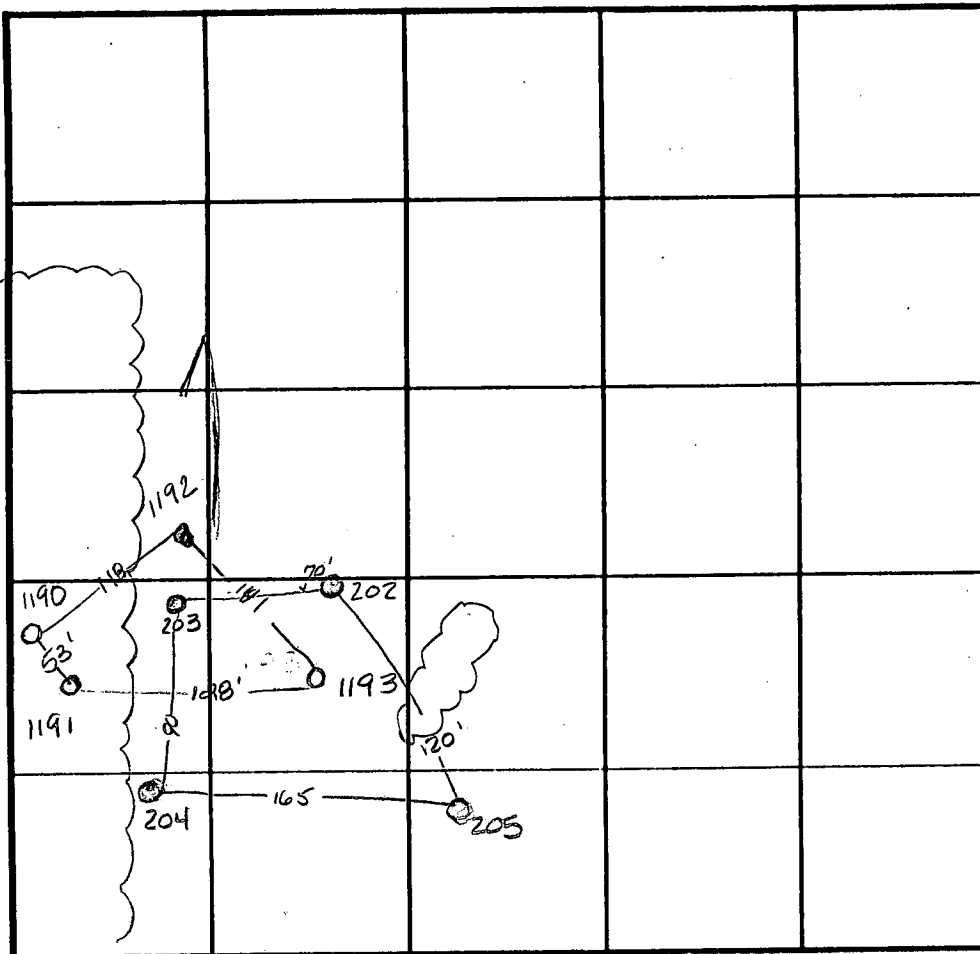
1190

brn red  
gravelly  
CL

red  
brn  
SIL

5% rock  
through -  
out }  
increasing  
amts of  
rock  
toward  
bottom

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-15-94	1193	4' VII'	5:45 <sup>30</sup>	5:49 <sup>30</sup>	5:49 <sup>30</sup>	5:56	6 1/2 min
	1191	Visual to 7.5'	hard bottom		—		F
	1190	5.5' VII.5'	5:52	5:53 <sup>15</sup>	5:53 <sup>15</sup>	5:55	13/4 min
	1192	Visual to 2'	hard bottom		—		F
2-24-95	202	Hard bottom at	7'		—		F
	203	Hard bottom at	7'		—		F
	204	Hard bottom at	1.5'		—		F
	205	Hard bottom at	5.5'		—		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 \_\_\_\_\_



A50388G

COUNTY #

SOIL PROFILE 1128

0' red brn C  
  
pasty grey sil mottled

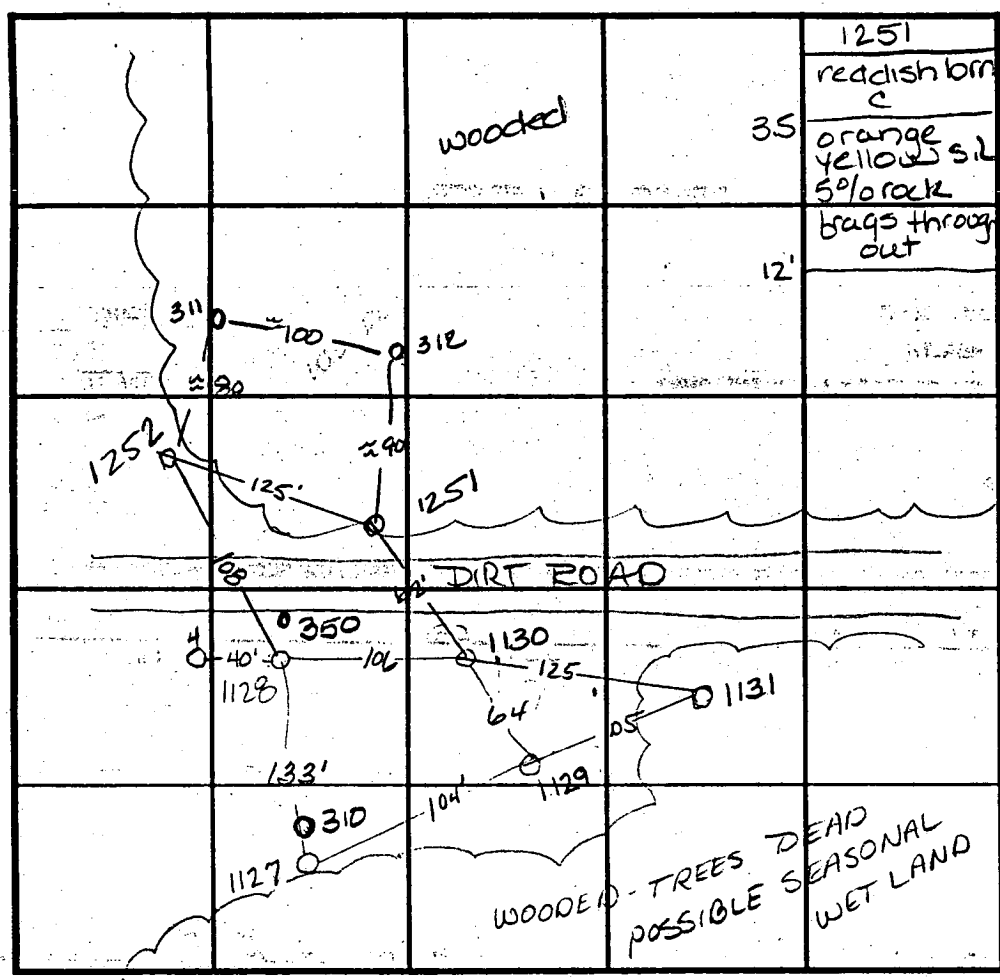
1130

5' red brn C  
SCL brn yellow mottles

8' grey brn mottled soil  
0' water coming in

1129

5' brn C  
yel/grey/orange mottled sil  
7' white damp sil  
9' water coming in  
11' water



1251  
reddish brn C  
orange yellow sil 5% rock  
brags through out

SOIL PROFILE 1852

0' red brn C  
4' orange grey soapy sil  
5.5' grey w/ blk, orange mottles evidence of high water table  
12' 1131 brn C  
5.5' white gravelly sil mica

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-20-94	1128	6' v12'	6:16	6:32	6:32	6:50	18min
	1130	Not tested	H <sub>2</sub> O at 10'				wet season
	1129	Not tested	H <sub>2</sub> O at 11'				wet season
	1131	4.5 v12	8:32	>30min	will perc at 6.5' OK		OK
	1251	4.5 v12	8:23	8:26 <sup>15</sup>	8:26 <sup>15</sup>	8:30	334m
	1252	4 v11.5	8:32 <sup>30</sup>	8:36	8:36	8:41	5min
2-24-95	4	Water at 9'					wet
3-20-96	310	Water at 6.0					F

REMARKS wet season testing 1127 not tested

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 \_\_\_\_\_

SOIL PROFILE

1195  
bright red SCL  
5  
orange red SIL  
SIL  
SANDY  
8  
reddish orange SIL

1194  
red brn CSIL  
very hard

4  
red SIL

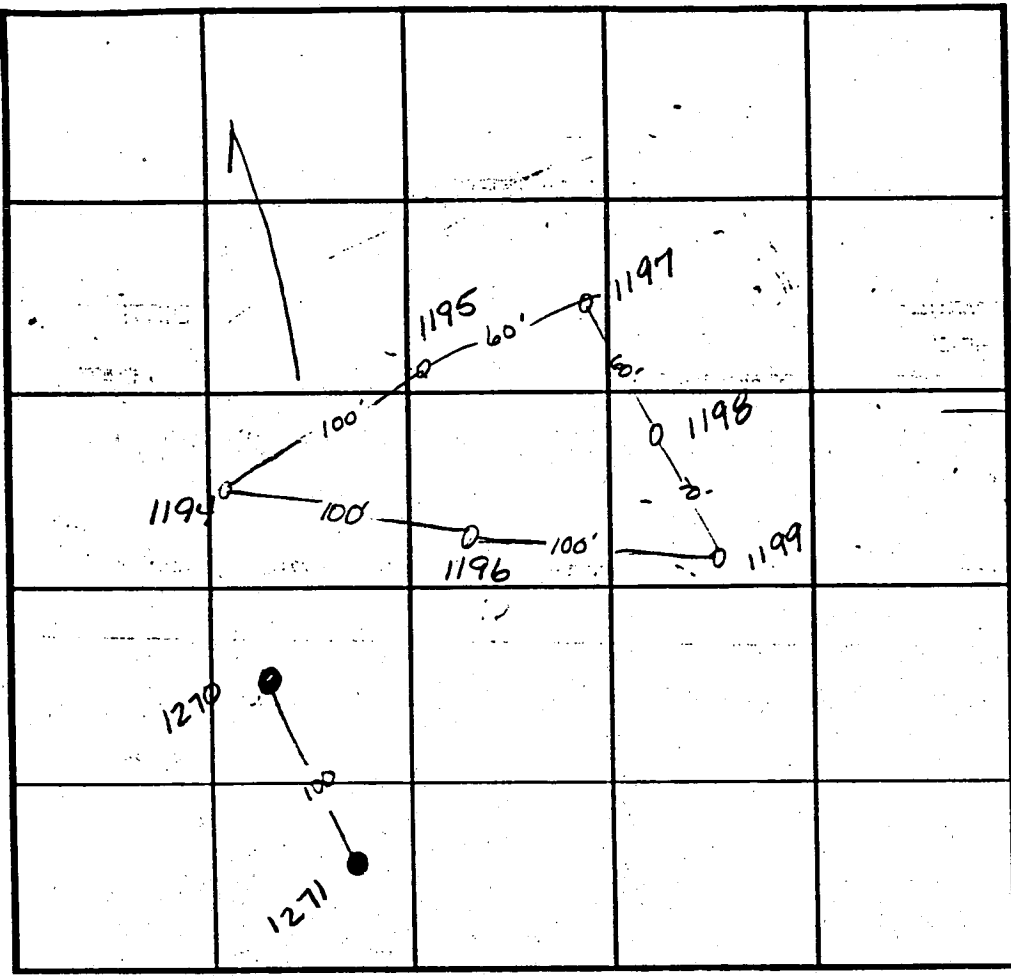
7  
lgt orange tan SSIL

1196  
bright red C

9  
red SIL  
some

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	
12-14-94	1195	3' VII'	8:36 <sup>15</sup>	> 30 min			slow
	1195	5' VII'	8:36	9:04	9:04	9:32	28 min
	1194	4' VI2'	8:42 <sup>15</sup>	> 30 min			slow
	1196	6' VI2'	9:06	> 30 min			slow
	1199	3' VI25	9:10 <sup>30</sup>	9:19	9:19	> 30 min	slow
	1199	5' VI25	9:16	> 30 min			slow
	1194	5' VI2	9:25 <sup>15</sup>	9:29	9:29	9:47	18 min
	1199	7' VI25	9:45 <sup>30</sup>	9:51	9:51	10:00	9 min
	1198	5' VII'	8:13	8:14	8:14	8:15 <sup>45</sup>	13/4 min
	1197	4' VII'	8:15 <sup>15</sup>	8:18	8:18	8:23	5 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 \_\_\_\_\_



C 1 4360

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A50388V

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Selfridge last name first name TOWN Glenwood STREET OR RFD Ridge View Hunt SUBDIVISION SECTION LOT 17

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 Sandstone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 200 GALLONS OF WATER 42 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) HO 26 400

ACCSREES 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

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

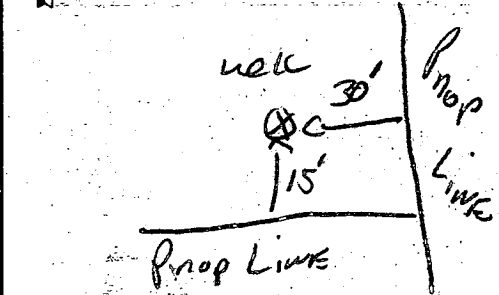
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 ft. WHEN PUMPING 400 ft. 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 INSTALLED PUMP YES NO (CIRCLE) (YES or 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) 50 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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 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.

DRILLERS LIC. NO. 1 MS D 116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MS D 117 DRILLERS SIGNATURE

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

B 1 4785

SEQUENCE NO. (MDE USE ONLY)

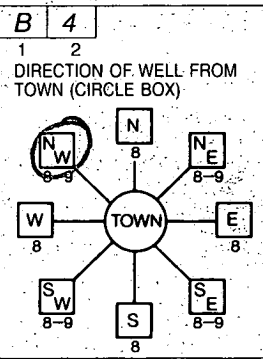
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HD-94-1628 fill in this form completely

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

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

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



GLEN VIEW DR. NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 50 ENTER FT OR MI 4 TAX MAP: 14 BLK: B/9 PARCEL 14

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A50388V COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 7.13.98 Kim Maisto 7.13.99 EXTENDED CO SIGNATURE EXP. DATE 11/2/00

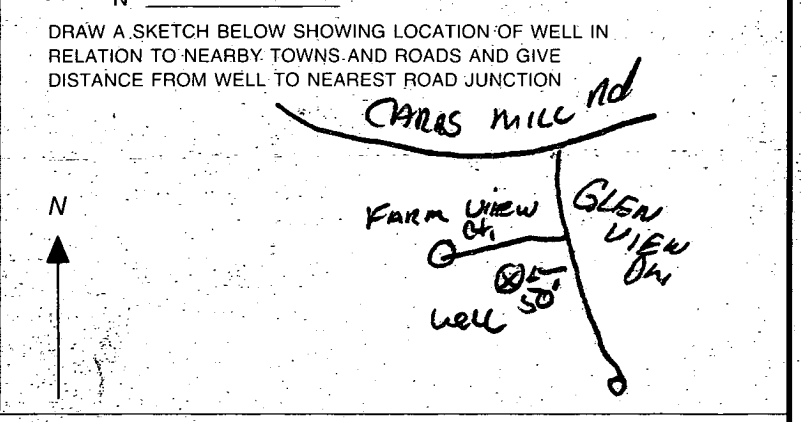
USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST INCH

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 E 79088 N 54036

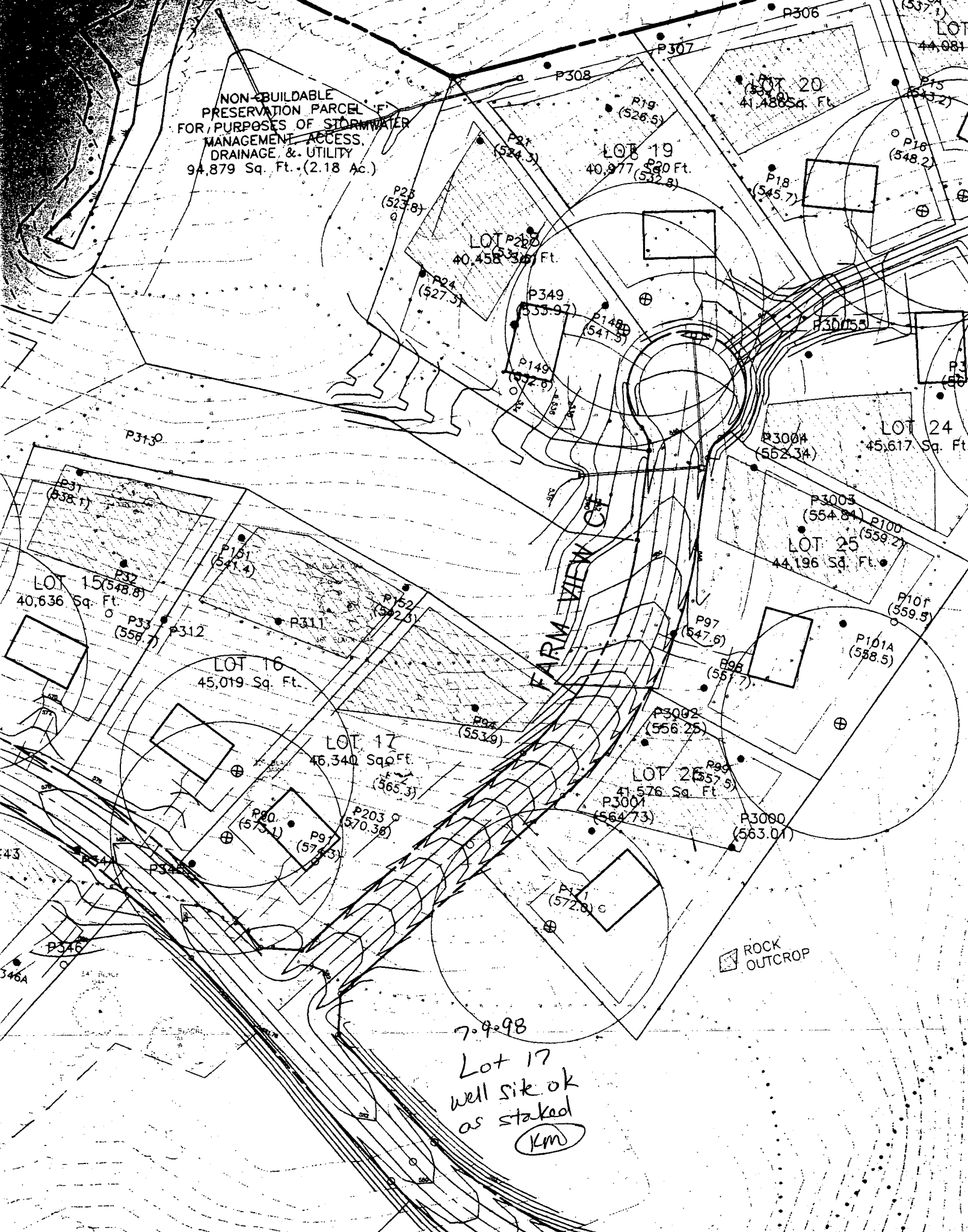
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP PERMIT No. HO-94-1628

NON-BUILDABLE  
PRESERVATION PARCEL  
FOR PURPOSES OF STORMWATER  
MANAGEMENT, ACCESS,  
DRAINAGE, & UTILITY  
94,879 Sq. Ft. (2.18 Ac.)





# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300122282

Building Address 15301 FARM VIEW COURT  
WOODBINE MD 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision RODGE VIEW HUNT  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 17  
 Tax Map 14 Parcel 14 Grid 8  
 Zoning R-10 Map Coordinates 316 Lot size \_\_\_\_\_

Property Owner's Name KITCHENS <sup>BRIAN</sup> REBECCA  
 Address 15301 FARM VIEW CT  
 City WOODBINE State MD Zip Code 21777  
 Home Phone 443-491-0518 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
SAMIE  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
 Proposed Use S.F.H WITH DECK  
 Estimated Construction Cost \$ 11,500  
 Description of Work CONSTRUCTION OF DECK  
10' X 20' ON REAR OF HOUSE WITH STAIRS  
TO GRADE

Contractor Company Building Branch  
 Contact Person ROB BRADSHAW  
 Address 14100 TRINDLEPHIA RD  
 City GLOUCH State MD Zip Code 21737  
 License No. 44529  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant BRIAN + REBECCA KITCHENS  
 Contact Name SAMIE AS ABOVE  
 Address 15301 FARM VIEW CT  
 City WOODBINE State MD Zip Code 21797  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address N/A  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature  
President Building Branch  
 Title/Company

Robert C. Bradshaw, Jr.  
 Print Name  
1-31-01  
 Date