

LAYOUT 2/25/02 1130-12pm INSP 4 _____
 INSP 2 2/27/02 AM INSP 5 _____
 INSP 3 ~~3/2/02~~ INSP 6 _____

ISSUE DATE: 2/25/02

APPROVAL DATE: 2/27/02

PERMIT INDEXED 04-361814

P 516532

A 50681-B

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

J. Joseph Garland, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 1835 W. Old Liberty Rd PHONE NUMBER: 410-875-2400

SUBDIVISION: Hinzman Property LOT NUMBER: 4

ADDRESS: 824 Hoods Mill Road PROPERTY OWNER: Dorsey Family Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 125' from the well and 40' off the nearest lot line. Run (3) trenches on contour to center of lot.
NOTES:	

PLANS APPROVED: MER OK/MR DATE: 2/22/02

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

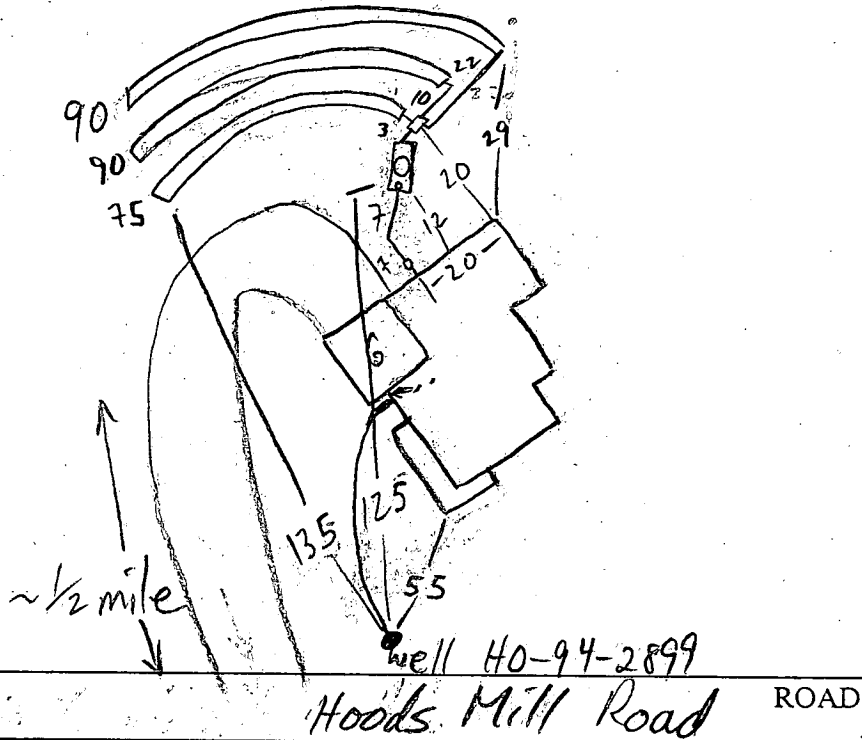
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
AND RETURNED
BUILDING PERMIT SIGNED
 2-22-02
 B60134881-UGL TAVR

A 50681-B

NOT TO SCALE

EXISTING



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	2.5-3.5	4.5-5.5
NUMBER OF TRENCHES 3		
TOTAL LENGTH 255±		
ABSORPTION AREA 765		
DISTRIBUTION BOX LEVEL ✓		
DISTRIBUTION BOX BAFFLE ✓		
DISTRIBUTION BOX PORT —		

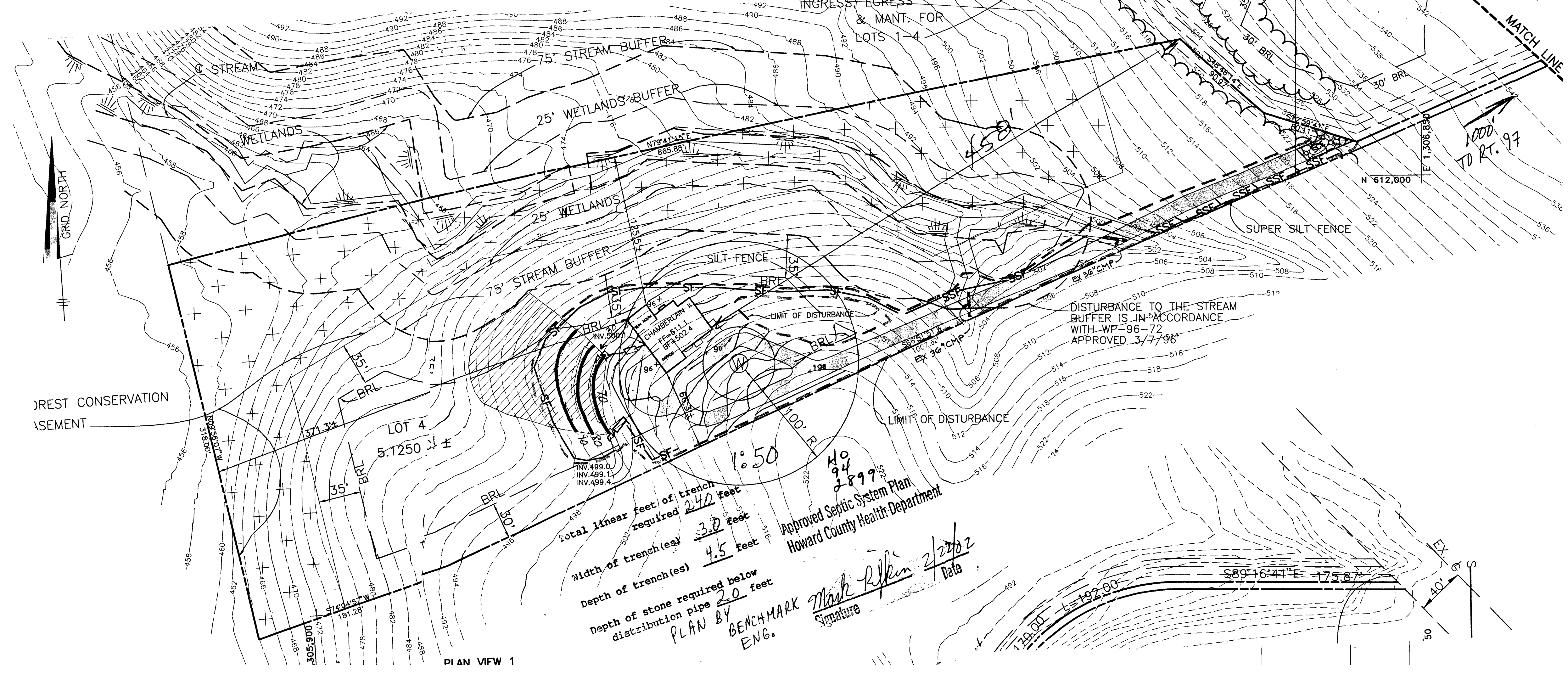
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	OK
CAPACITY	1250 GAL
SEAM LOC	TS
TANK LID DEPTH	3'±
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	CTR
6" PORT LOC	FRONT
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION S.T & D.B. locations changed to other side of Trenches. No change in trench location (E)

INSTALLATION 2/27/02 FIRST TRENCH DEEP @ MIDDLE TO 5', @ END TO 5.5'; 2 LOWER TRENCHES DEEP @ MIDDLE TO 5', OK @ ENDS, OK TO COVER (MR)

FINAL INSPECTOR M. Rifkin DATE OF APPROVAL 2/27/02

VOID BELOVED
BUILDING DEPARTMENT SIGNED



PLAN VIFW 1

Total linear feet of trench required 240 feet
 Width of trench (es) 3.0 feet
 Depth of trench(es) 4.5 feet
 Depth of stone required below distribution pipe 2.0 feet

PLAN BY BENCHMARK ENG.

Approved Septic System Plan
 Howard County Health Department

Mark Riffin
 Signature Date 2/27/02

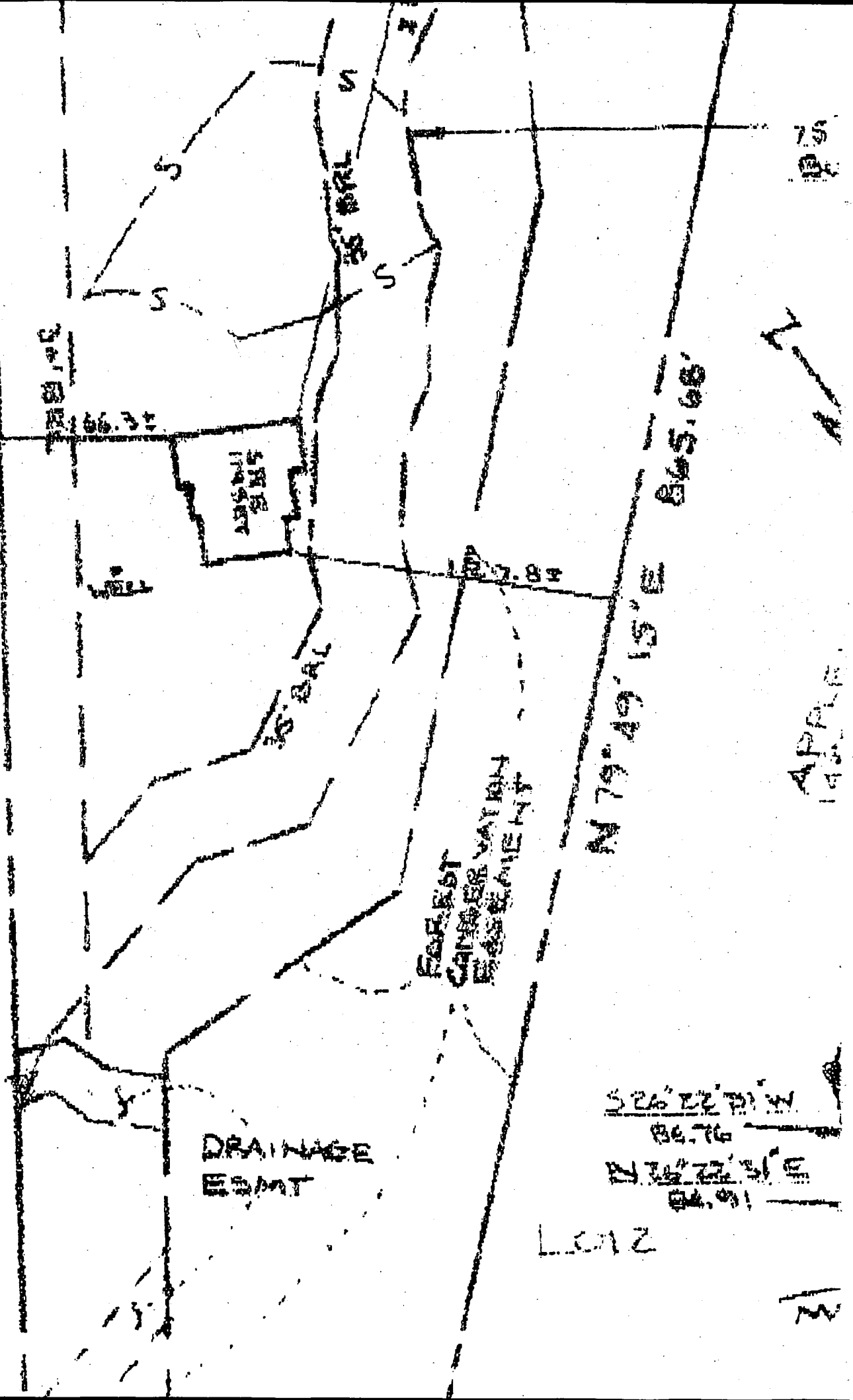
DISTURBANCE TO THE STREAM BUFFER IS IN ACCORDANCE WITH WP-96-72 APPROVED 3/7/98

40' EX
 S
 50'

WALL
CHECK
OK
REC'D
LATE
AFTER
SEPTIC
PERMIT
ISSUED
MR
2/27/02

1:50

360' 17' 00"



2012

13

FORM: HSE-EN-4014 FORM NO.: 4103152648 (Aug. 07 2000 02:48PM) P1

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Phone: (410) 313-7640
Fax: (410) 313-7648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____

Name of Installer Michael P. Gartland Telephone (410) 549-1755

License Number 6353
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Dunsey Family Home Telephone (410) 465-7200
Subdivision Hickman Property Lot # 4 Well Tag # HO-94-2899
Site Address 824 RT 97

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Jazz
3. Model # 2445059004
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other tape

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Harvard
2. Model # PT 400
3. Depth 42"

Tank
1. Capacity 40
2. Pressure relief valve?

Piping
1. Type plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data
1. Depth 300 ft.
2. Yield _____ GPM
3. Static water level 50 ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void)

All information given above is true to the best of my knowledge.

Signature of Applicant: Michael Gartland

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HO-215

3/8/02

O.K.
50
BB

C1 0206 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A50681B

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

DATE WELL COMPLETED MM DD YY 8 20 2001 Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2899

OWNER Dorsey Family Homes STREET OR RFD Route 97 TOWN Cooksville SUBDIVISION Hinzman Property SECTION LOT 4

WELL LOG Not required for driven wells

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

C 3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS 20 NO. OF POUNDS 1880

PUMPING RATE (gal. per min.) 8.5

Brown shale 0 65 Blue Rock 65 185

GALLONS OF WATER 120

METHOD USED TO MEASURE PUMPING RATE Bucket

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 92 ft.

CASING RECORD casing types insert appropriate code below ST STEEL PL PLASTIC CO CONCRETE OT OTHER

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 69

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) 185

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

WELL HYDROFRACTURED YES Y NO N

E A C H S R E E N

PUMP HORSE POWER 37 41

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT: (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

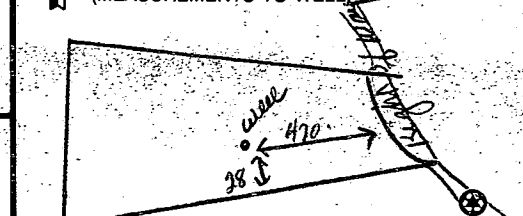
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

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)

DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M D

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



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	5938	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-94-2899
			W514623 please print or type	
fill in this form completely				

Date Received (APA) 11/3/00

OWNER INFORMATION

8 MM DD YY 13
Dorsey Family Homes

15 Last Name Owner First Name 34

36 9926 Cypressmede Dr. Street or RFD 55

57 Ellicott City Md 21042 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Mayner License No. MSD 24

Drill Name Joseph L. Mayner Well Drilling

Address 5512 Ridge Rd. Mt. Airy Md. 21771

Signature Joseph L. Mayner Date 11/2/2000

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 260 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 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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____

PERMIT No. HO-94-2899

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

3 Howard COUNTY

23 Henzman Property SUBDIVISION

SECTION 44 LOT 4

52 Cooksville NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 3 M I

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

14d.97 Hood Mill Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1,300 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 415 PARCEL 204

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A5068/B COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 12/26/00 Ernest Winkler 12/26/01

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 552 000 EAST GRID 0793 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2. _____

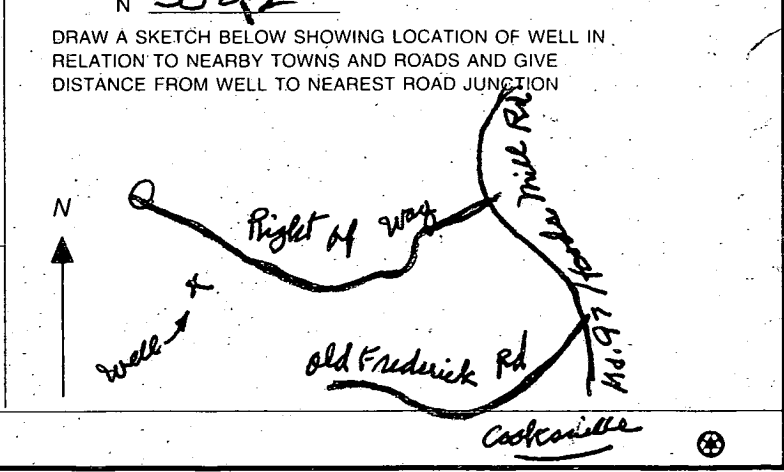
3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7963

N 5502

8/20/01
9 foot 9.50 - cancelled due to very wet soil (KG)



8-20-01
 Well site stake
 w/ green sticker
 approval from
 health dept
 signed by R.M.P.

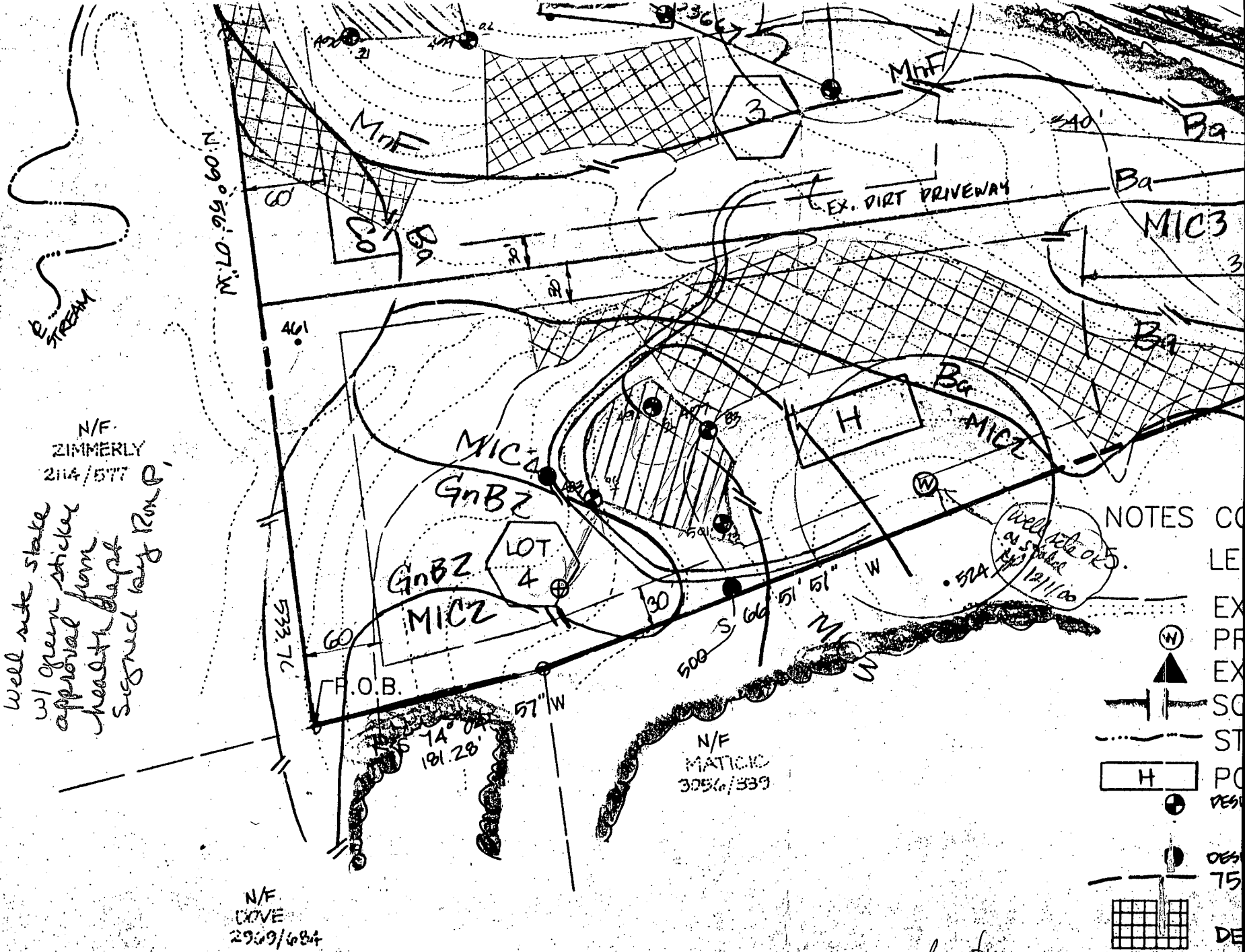
N/F
 ZIMMERLY
 2114/577

N/F
 COVE
 2909/684

N/F
 MATIC
 3056/339

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.

Hinzman Property
 Signed Perc Test Plan
 (off route 97)



NOTES CO

LE

EX

PR

EX

SC

ST

PO

RES

DES

75

DE

DE

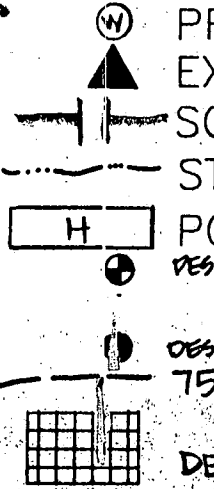
DE

6. THERE

WITHIN

SEWAC

7. N/F DES



4/10/95
APPLICATION

PERCOLATION TESTING

A 50681 B

P _____

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

LOT 4

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 Randy L. Hinzman

ADDRESS 820 Hooks Mill Rd, COOKSVILLE, MD, 21033 PHONE (301) 854-6182

AGENT OR PROSPECTIVE BUYER Cow Porter

ADDRESS 12107 Claxton Dr., Laurel, Md., 20708 PHONE (301) 604-1550

PROPERTY LOCATION:

SUBDIVISION Hinzman Property LOT NO. 4

ROAD AND DESCRIPTION W. Side Route 97, 5000' North of Old Frederick Rd.

TAX MAP 8 PARCEL # 204

SIZE OF LOT OVER 3 AC. 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. Cow Porter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

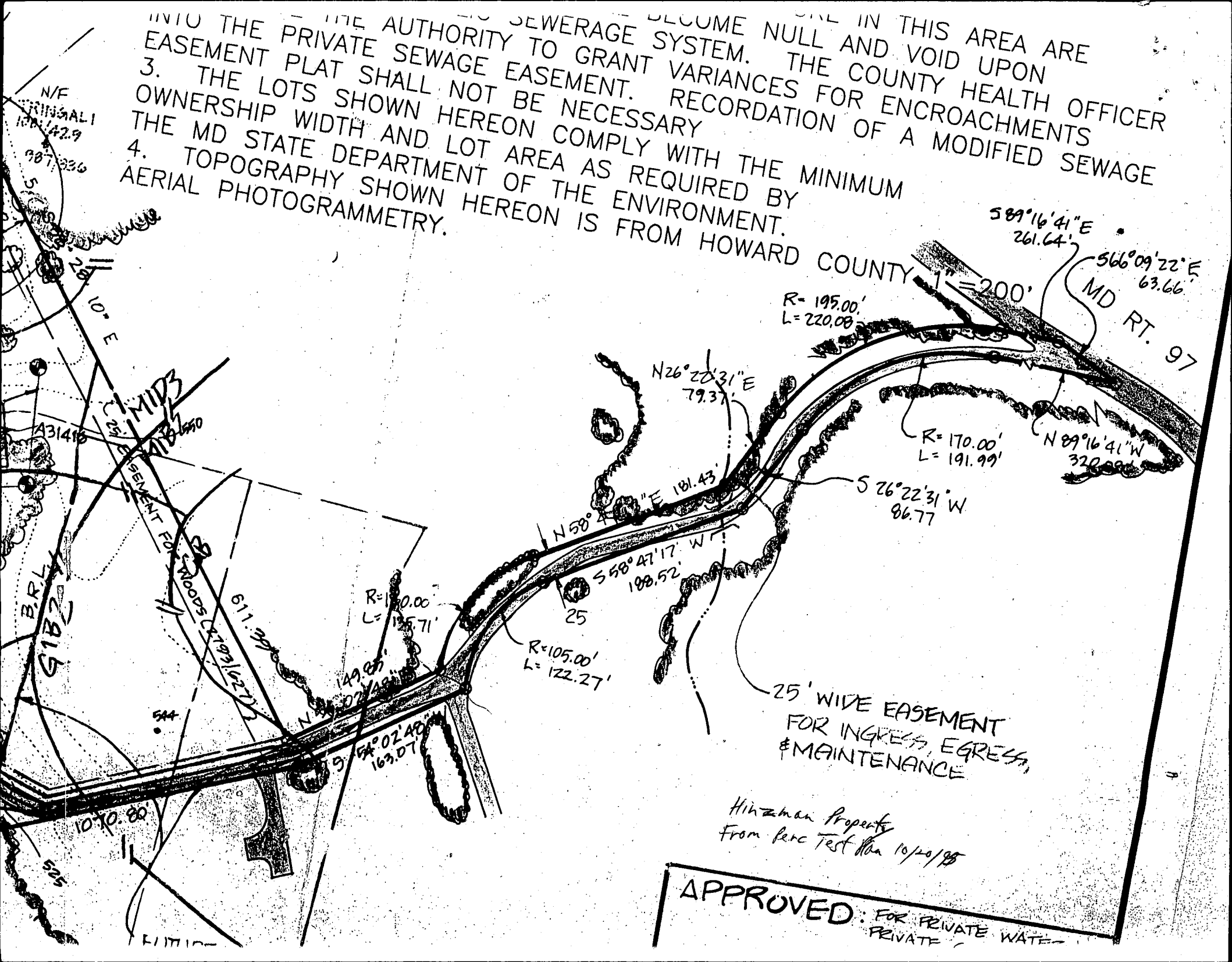
REASONS FOR REJECTION OR HOLDING _____

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

THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS
 INTO THE PRIVATE SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER
 EASEMENT PLAT SHALL NOT BE NECESSARY RECORDATION OF A MODIFIED SEWAGE
 3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM
 OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY
 THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
 4. TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY
 AERIAL PHOTOGRAMMETRY.



R=195.00'
 L=220.08'

589°16'41"E
 261.64'
 566°09'22"E
 63.66'
 MD RT. 97

R=170.00'
 L=191.99'

N89°16'41"W
 320.00'

S26°22'31"W
 86.77'

N58°41'17"E
 181.43'

S58°47'17"W
 188.52'

R=150.00'
 L=135.71'

R=105.00'
 L=122.27'

S4°02'48"
 163.07'

25' WIDE EASEMENT
 FOR INGRESS, EGRESS,
 & MAINTENANCE

Hinzman Property
 From Perc Test Run 10/20/98

APPROVED: FOR PRIVATE WATER
 PRIVATE

N/E
 100.42.9
 987.336

MID3
 31416
 118150

B.R.L.
 4182

611.39

1070.80

525

544

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
00013448 / MR 4

Building Address **824 RT 97
SYKEVILLE, MD 21784**
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract **6040** Subdivision **Hinzman Prop**
Section _____ Area _____ Lot **4**
Tax Map **8** Parcel **204** Grid **4**
Zoning **RC-DFO** Map Coordinates **4D7** Lot size _____

Property Owner's Name **Jorscy Family Homes**
Address **9926 Cypress made dr**
City **Ellicott City** State **MD** Zip Code **21042**
Home Phone _____ Work Phone **410-465-7300**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use **S.F.D**
Proposed Use **Same with Tank**
Estimated Construction Cost \$ **2200.00**
Description of Work **Install (1) 1000 Gallon Above
UNDERGROUND LP TANK, Per NFPA 58**

Contractor Company **Amerigas**
Contact Person **Tom McLaughlin**
Address **10077 Baltimore Nat'l Pike**
City **Ellicott City** State **MD** Zip Code **21042**
License No. _____ Phone **410-465-0800** Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ 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 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: 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: N/A <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"/> 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: N/A <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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas R. McLaughlin
Applicant's Signature
ISR / Amerigas
Title/Company

Thomas R. McLaughlin
Print Name
FEB 21, 2002
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		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	2/22/02	Mark Riff
<input checked="" type="checkbox"/> Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____	PROPERTY ID# 0005-2570
Rear: _____	Filing fee \$ 100
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ 100
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # 419542
	Validation # 40914
	Accepted by [Signature]