

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50367
A 13110
A REPAIR

DISTRICT 4th
DATE 10/31/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

#RPS?
INDEXED

DATE SYSTEM APPROVED 10/31/94

INSPECTOR M. Ripkin

Lendrim Contracting, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 14010 Forsythe Road, sykesville, Maryland 21784 PHONE 442-2416

SUBDIVISION _____ LOT _____ ROAD 2035 Millers Mill Road

PROPERTY OWNER Chris Brown

ADDRESS 2035 Millers Mill Road
Cooksville, Maryland 21723

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT No. 56642. (NEW HOUSE UTILIZING EXISTING SEPTIC SYSTEM.)

Call for inspection when ground is opened from the house to existing septic tank so that a sanitarian can approve size, location and connection. 10/18/94

PLANS APPROVED BY _____ DATE _____

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

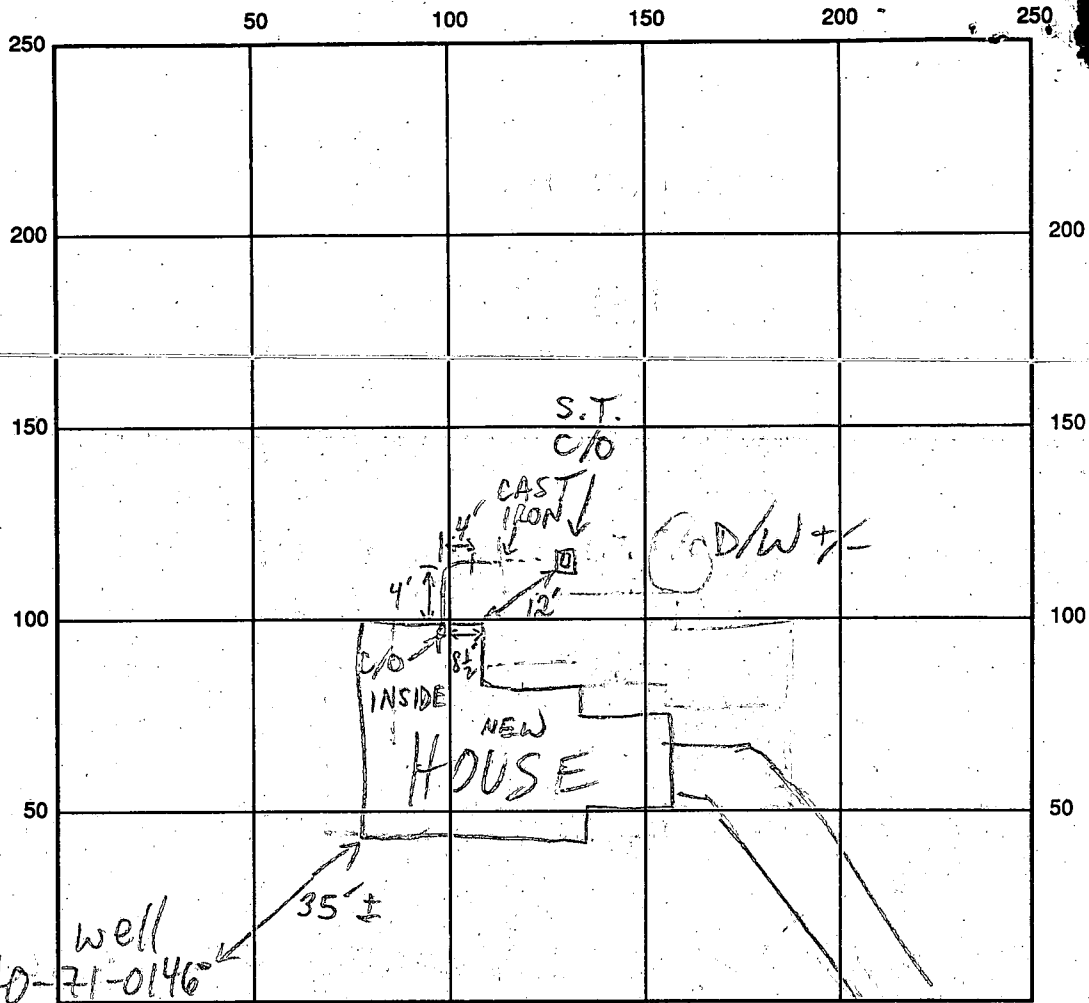
PERMIT VOID AFTER TWO YEARS

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**

P
Repair
50367



well
HO-71-0146
MILLERS MILL RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX CLEANOUTS EX

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/31/94 RE CONNECTION OK TO COVER

WELL LINE OK 3'+ BELOW GRADE

DATE SYSTEM APPROVED 10/31/94 INSPECTOR M. RITKIN

File

*Final OK
5/28/71
R. Toure*

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 4

DATE 4/26/71

P 15901

A 13110

Howard Pickett IS PERMITTED TO INSTALL X ALTER

ADDRESS Watersville Road, Mt. Airy, Md. PHONE 829-0543

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 3035 Millers Mill LOT _____
(see application for better directions)

PROPERTY OWNER Paul Park and wife

ADDRESS Chris Brown

SPECIFICATIONS - 2 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below inlet pipe. Place dry well either 21 ft. from front lot line and 148 ft. from OR 60 ft. from front lot line and 136 ft. from left side line left side line/as seen when facing lot from Miller's Mill Road.

* Max. depth permitted for dry well below original grade is 14 ft.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Donald W. Monaghan DATE 9/26/67

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 10/18/94
Serial # 56642
Newhome

A 13110

APPLICATION

A 13110

SEWAGE DISPOSAL TESTING

F _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - ¹⁰⁰⁰ 250 gal.

DISTRICT 4

Dry Well - 300 sq ft absorbent sidewall area to be below inlet pipe.

DATE 9/20/67

Place Dry Well either 2' ft from front lot line and 148 ft from left side line or 60 ft from front lot line and 136 ft from left side line as seen when facing lot from

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Millers Mill Rd.

* Max depth permitted for D.W. below org. grade is 14 ft.

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Paul Parker & Ada Parker

ADDRESS Millers Mill Rd., Cooksville, Md. PHONE 489-4766

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Millers Mill Road - Come in off Rt. ~~YKK~~ to Millers Mill Rd.

approx. 1/2 miles in right side - look for mail boxes with PRETTYMAN & YOUNG - ground on same side as mail boxes

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 319' x 168' x 338' TYPE BLDG: 2

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE: _____

SIGNATURE OF APPLICANT Mrs. Paul Parker

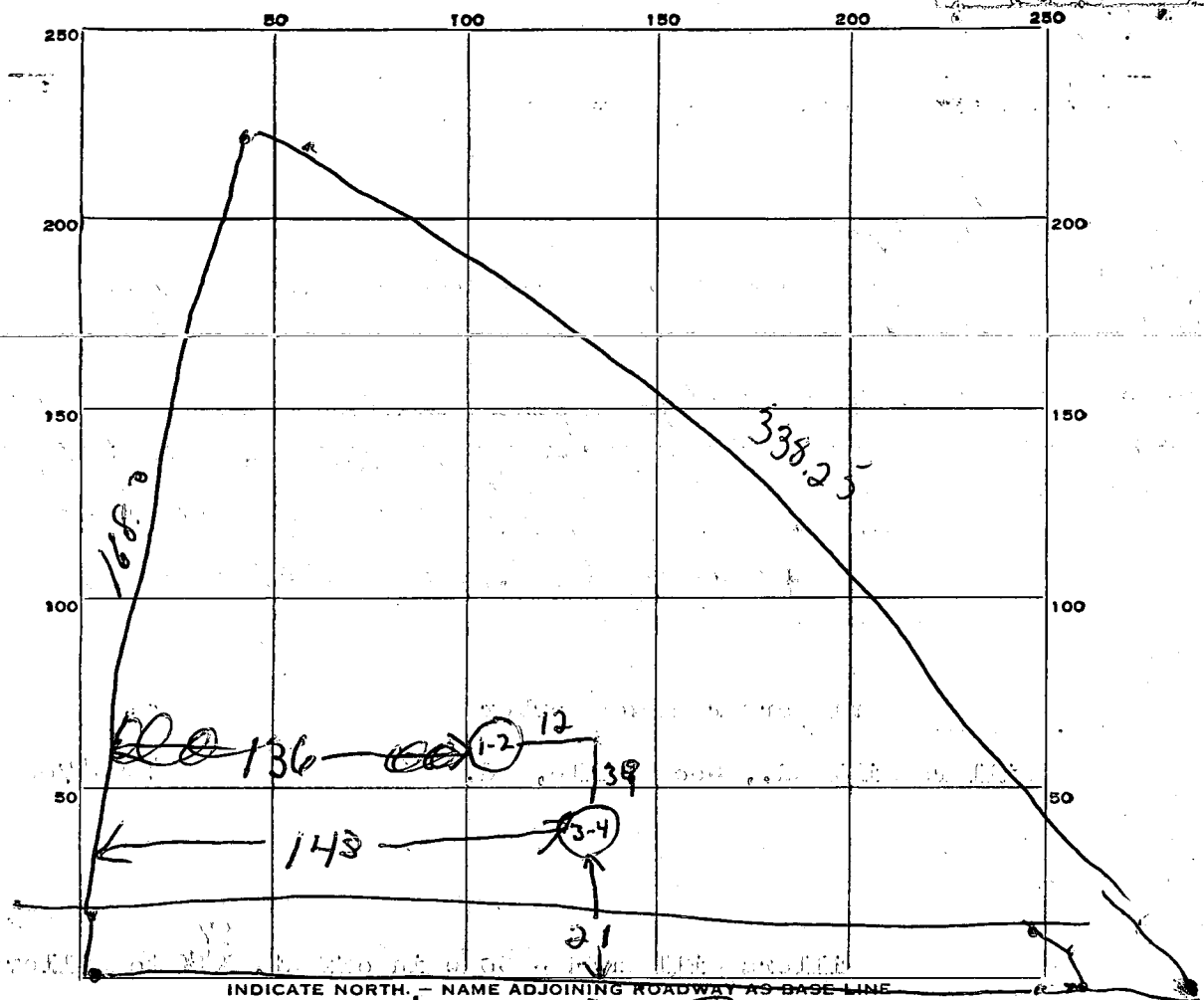
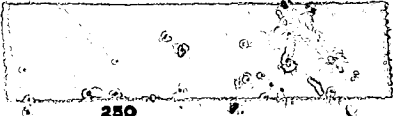
APPROVED BY Samuel W. Monaghan FOR Dry Well DATE 9-26-67
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Muller Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/25/67	1	11ft	9 42	9 43	9 43	9 45	2 min
	2	4ft	not tested - some type soil		top to bottom of pit		
	3	11ft	9 51	9 53	9 53	9 58	5 min
	4	4ft	not tested - some type soil		rest of pit sandy		

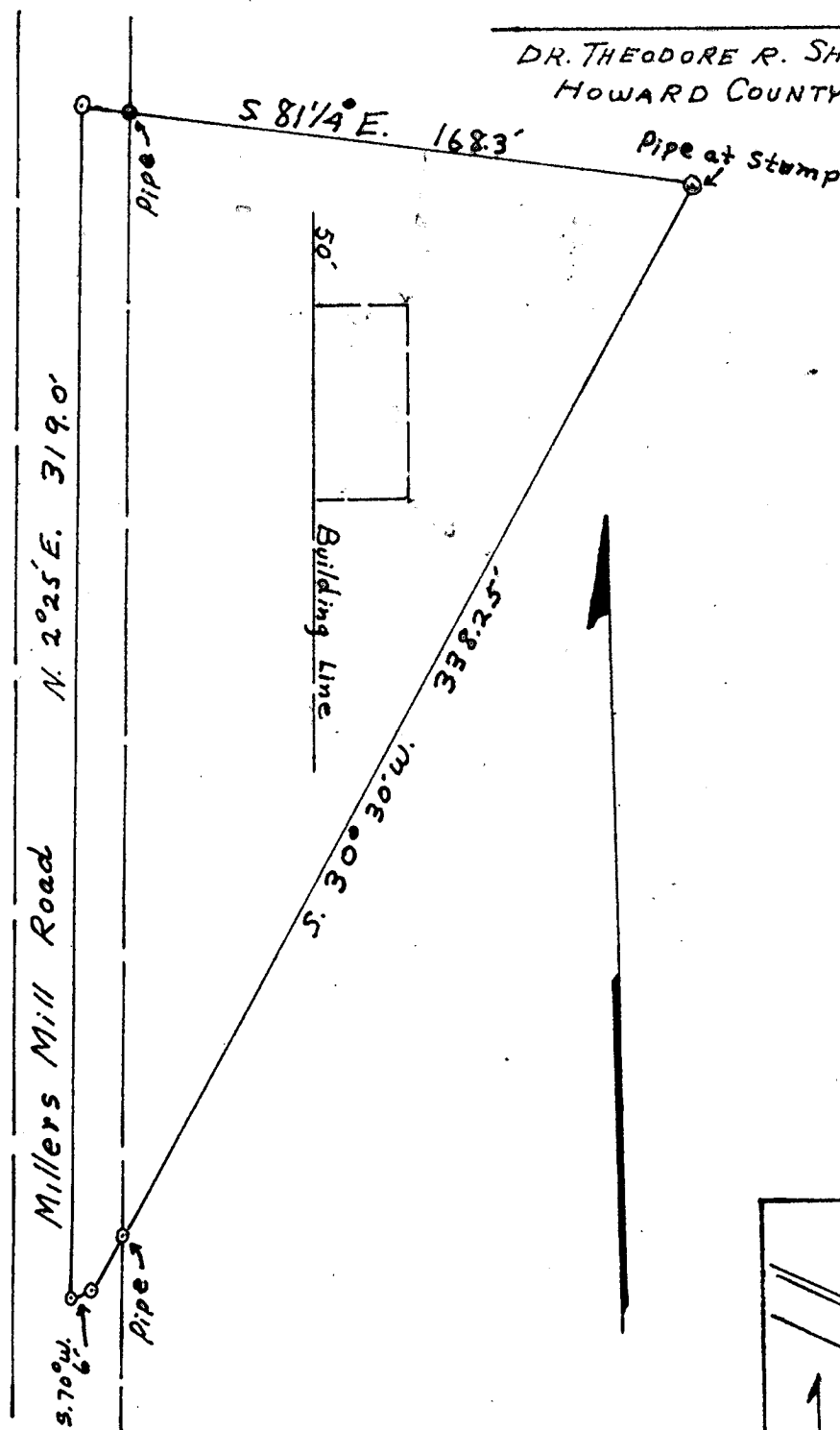
SOIL AUGER FINDING Sand

TESTED BY DWM

REMARKS also present - Paul Packer

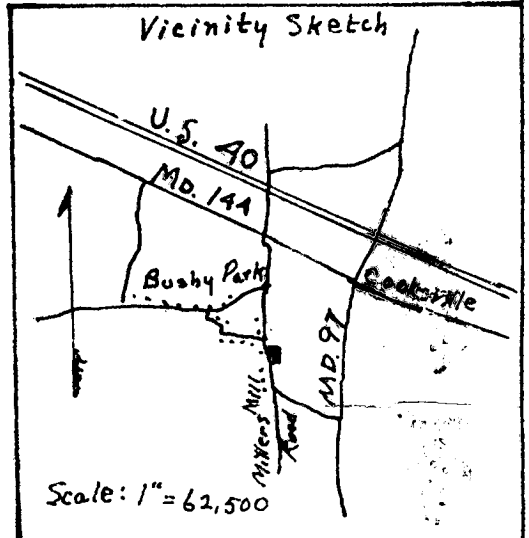
APPROVED FOR PRIVATE WATER & SEWERAGE

DR. THEODORE R. SHROP DATE
HOWARD COUNTY HEALTH OFFICER



APPROVED BY VIRTUE OF PLANNING COMMISSION ACTION

T.G. HARRIS, JR. PLANNING DIRECTOR - DATE
HOWARD COUNTY PLANNING COMMISSION



PREPARED BY
 J. HARRY KOLLER
 REG. LAND SURVEYOR
 No. 250
 Rt. 2, SYKESVILLE, MD.
 PHONE: 301-795-1639

OWNER: PAUL PARKER & Ada Parker
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MD.
 TITLE REFERENCE:
 SCALE: 1" = 50' AUGUST 26, 1967



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

SEPTEMBER 15, 1994

TO: OFFICE OF LICENSES AND PERMITS

FROM: CRAIG WILLIAMS (CW)
SANITARIAN

RE: 2035 MILLER'S MILL ROAD
COOKSVILLE, MD. 21723

THIS IS TO ADVISE THAT DISCONNECTION OF THE WELL AND SEPTIC SYSTEM AT THE ABOVE REFERENCED PROPERTY WAS OBSERVED BY SANITARIAN CHARLES B. STREAKER ON SEPTEMBER 14, 1994, QUALIFYING THE PROPERTY FOR HEALTH DEPARTMENT CRITERIA FOR ISSUANCE OF DEMOLITION PERMIT APPROVAL.

THE WELL AND SEPTIC WERE LEFT IN A CONDITION THAT WOULD ALLOW THEIR RECONNECTION TO A REPLACEMENT DWELLING. IF RECONNECTION IS NOT ACCOMPLISHED WITHIN NINETY DAYS, THEN COMPLETE ABANDONMENT OF THE WELL AND SEPTIC COULD BE REQUIRED.

cc: CHARLES STREAKER
PAUL PARKER
MARK RIFKIN

B 1 4474 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 6/17/71
 2nd?

OWNER COL 15 LAST NAME _____ FIRST NAME _____ COL. 34
STREET OR RFD _____ COL. 36 COL. 55
POST OFFICE _____ COL. 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE _____ **LICENSE NUMBER** 77 80
FIRST NAME _____ **DRILLER** _____ **LAST NAME** _____
SIGNATURE _____

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
COUNTY _____ (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION _____ 23 42
SECTION _____ 44 46 **LOT** _____ 48 50
NEAREST TOWN _____ 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) _____ M I 73 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____ 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) _____ 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 1 2 3 (SEQ. NO.) 6
 N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST
 S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST
NEAR WHAT ROAD _____ 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** NORTH **S** SOUTH **E** EAST **W** WEST 30
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) _____ 34 37 38 39

APPROXIMATE DEPTH OF WELL _____ FEET 24 28

APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)

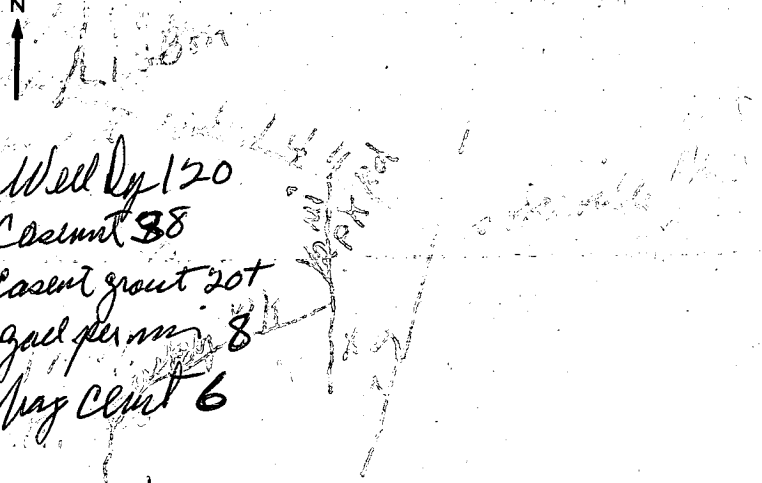
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) **JETTED** **DRIVEN**
 30-37 **AIR-ROTARY** **AIR-PERCUSSION** **ROTARY (HYDRAULIC ROTARY)**
CABLE **REVERSE ROTARY** **DRIVE-POINT**
OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER _____ **ENGINEER REVIEW DISTRICT NO.** _____
FORCE _____ **WRITE INITIALS IN BOX** _____ **CONDITIONS** _____
 67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 S STATE HEALTH (CIRCLE BOX) _____
COUNTY NAME _____ **COUNTY NO.** _____
DATE _____ **APPROVED BY** _____
 43 48

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN 'X', THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E _____ N _____
CORDINATE
 NORTH CORDINATE _____
 EAST CORDINATE _____
 ELEVATION AT WELL HEAD (FEET) _____
 0/5 15/5 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY

SEQUENCE NO. (DWR USE ONLY) 3645. DATE RECEIVED (DWR USE ONLY) DATE WELL COMPLETED June 16-71

DEPTH OF WELL 120 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 410-71-0146

OWNER: PARKER, Paul. STREET OR RFD: Miller Mill Rd. POST OFFICE: Cockeville, TN

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: 7' Soil, 3' Sand, 20' Sand, 90' Gravel.

GROUTING RECORD. YES (Y) NO (N). CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 6, NO. OF POUNDS 600. GALLONS OF WATER 35. DEPTH OF GROUT SEAL 30.

CASING RECORD. INSERT APPROPRIATE CODE BELOW. MAIN CASING TYPE (ST) NOMINAL DIAMETER (6) TOTAL DEPTH (38).

OTHER CASING (IF USED). DIAMETER (INCH) DEPTH (FEET) FROM TO.

SCREEN RECORD. SCREEN TYPE OR OPEN HOLE. INSERT APPROPRIATE CODE BELOW. STEEL (ST), BRASS OR BRONZE (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

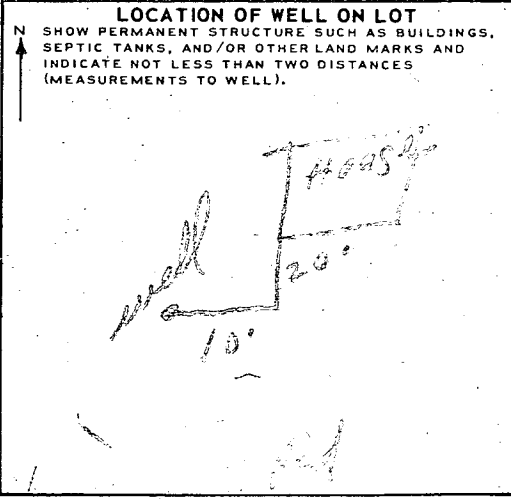
DEPTH (NEAREST WHOLE FOOT) FROM TO. SLOT SIZE 1, 2, 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO. GRAVEL PACK.

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 (F). DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

PUMPING TEST. HOURS PUMPED 1. PUMPING RATE 8. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL: 35. WHEN PUMPING: 120. TYPE OF PUMPED USED: CENTRIFUGAL (C).

PUMP INSTALLED. TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX). DRILLER WILL INSTALL PUMP (Y). CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31-35. PUMP HORSE POWER 37-41. PUMP COLUMN LENGTH (NEAREST FOOT) 43-47. CASING HEIGHT: ABOVE (+) BELOW (-) 2.



CIRCLE APPROPRIATE BOXES. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. COPY OF ELECTRIC LOG ATTACHED. I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL". DRILLERS NAME: JOHN A. GREEDE. SIGNATURE: John A. Greede.

SITE INSPECTION SHEET

BRACKER'S DAUGHTER /

OWNER: PAULA BROWN ← DATE REQUESTED: _____

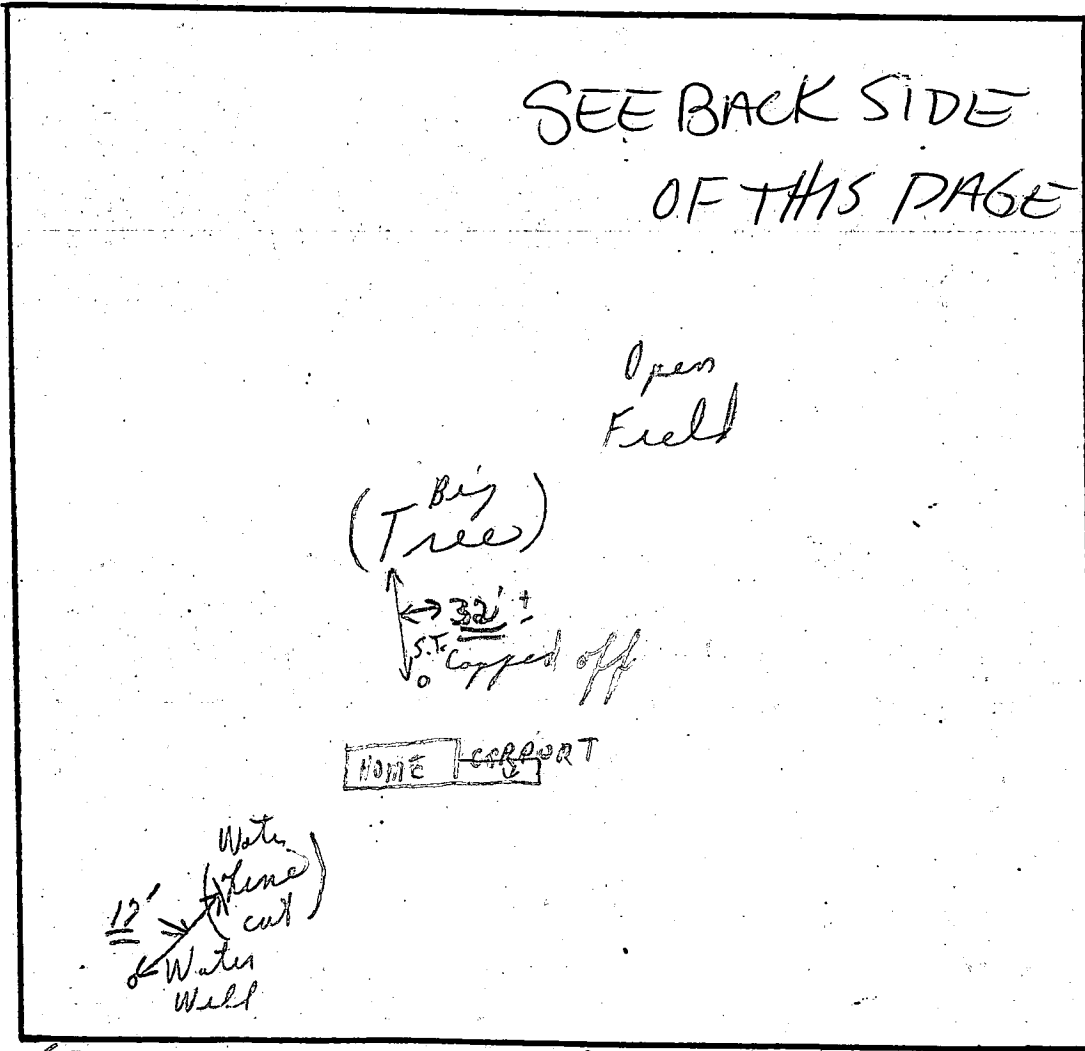
ADDRESS: 2035 Millers Mill Road DRILLER: _____

_____ WELL TAG # _____

_____ COUNTY # HOWARD

PROPOSAL: 9/14 Pat Lendrum disconnected both water well and septic to demolish home!!

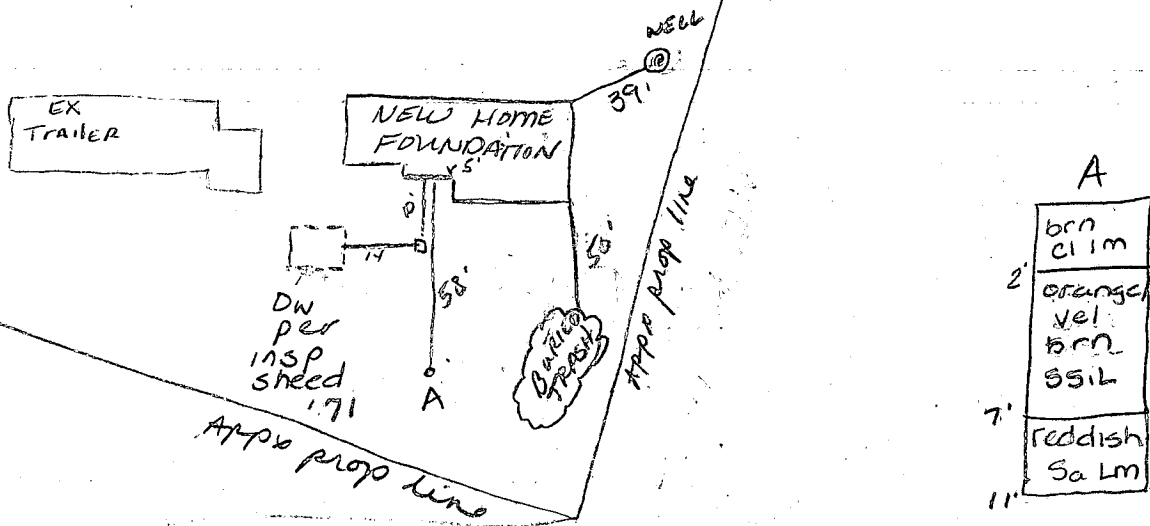
LOCATION DIAGRAM



COMMENTS: 9/14/94 (P.M.) Millers Mill Road → Water well + septic system disconnected - as per above.

DATE: 9/14/94 INSPECTOR: Charles B. Chest

MILLERS MILL RD

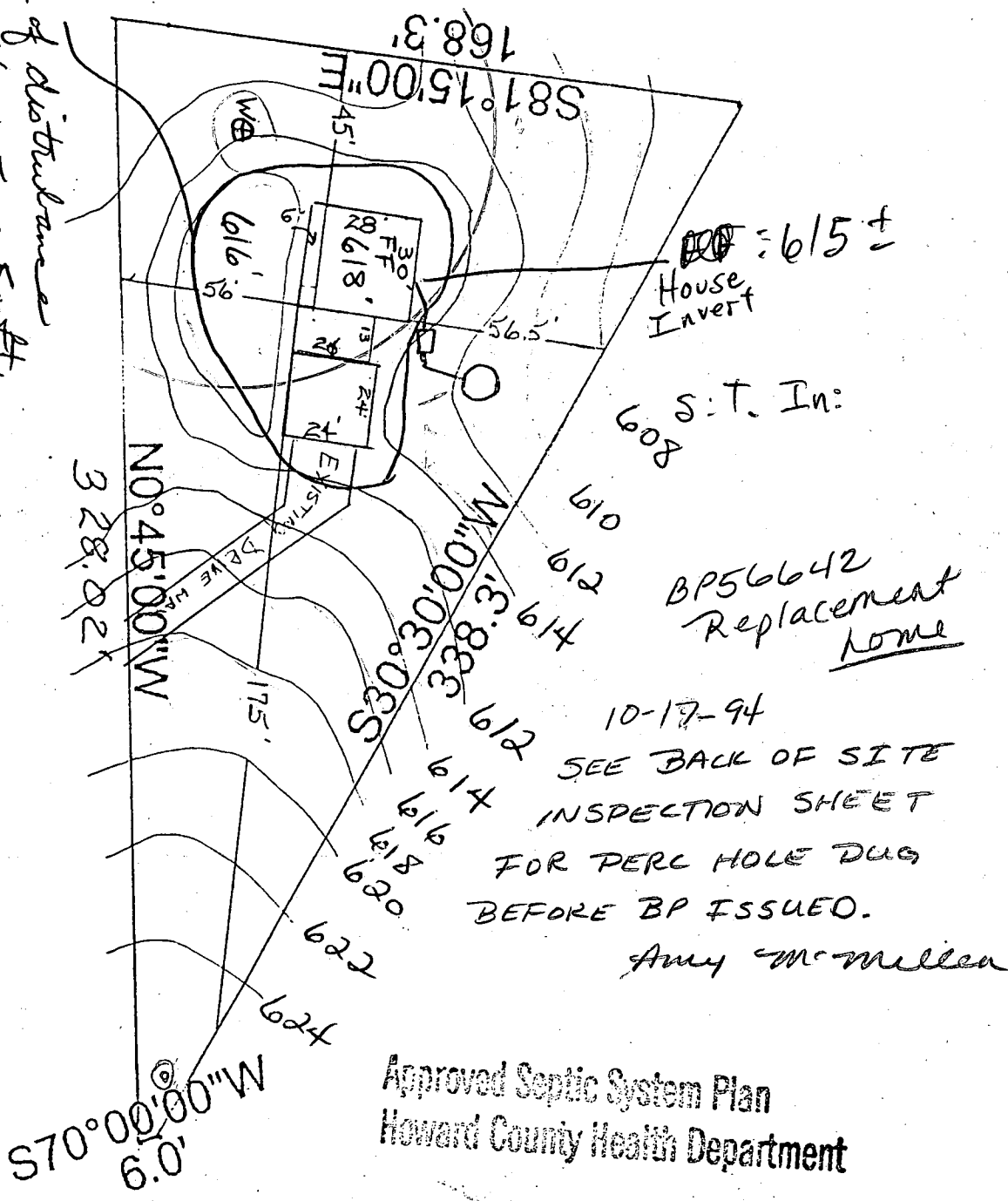


10-17-94

No c/o for drywell found -
must have been knocked
over during construction
Foundation layed before
BP issued.

Amy McMiller

Area of disturbance
less than 5000 Sq Ft.



Mrs. + Miss. Cheryl Bennett
8035 MILLERS MILL RD
COOKSVILLE, MD. 21723

Approved Septic System Plan
Howard County Health Department

Amy McMillen 10-18-94
Signature Date

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

56642

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

2035 MILLERS MILL RD
COOKSVILLE MD 21223

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

CONSTRUCTING OF A SINGLE FAMILY
MODULAR HOME 3 BR
New garage
Existing driveway

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
	49			4		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
		RC	14	4	6040	

OWNER NAME AND ADDRESS
CHRIS BROUN
2035 MILLERS MILL RD.
COOKSVILLE, MD. 21223

PHONE NO.
410 489-4766

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
OWNER

PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
LENDRIM CONTRACTING INC
14010 FORTSYTH RD
SYKESVILLE, MD. 21784

PHONE NO.
410 442-2416

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
Well		NO	YES	A/C	

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
1/1 Gene SFD

PROPOSED USE
NEW SFD

EST. CONSTRUCTION COST
\$ 115,000

LICENSE NUMBER

PERMIT FEE

SIGNATURE
DATE 9/26/94

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK _____ (CORNER LOT ONLY) _____
SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10-18-94	Amy M. McCall
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED _____ DATE _____