

7/7/95 (rained out)
7/10/95
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-321073

P 50757A

A REPAIR

DISTRICT _____

DATE 6-27-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE SYSTEM APPROVED 7/11/95

INSPECTOR [Signature]

Bill Ingram - Farm + Home Excavating
Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 558-R Obrecht Road, Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION _____ LOT _____ ROAD ±3865 Forsythe Road

PROPERTY OWNER Consuelo Alvarez ~~Ed Kyno~~

ADDRESS 13865 Forsythe Road
Sykesville, Maryland 21784

SEPTIC TANK CAPACITY 2000 gal ^{1000 gal} GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 80

REPAIR - PURPOSE - DRYWELL FULL

Call for inspection when ground is opened so sanitarian can recommend repair.

Install one 80 Ft Long Trench, 2 Ft wide, 10 1/2" B. diam, 5' x 1' @ 45°, 65 Ft to end fill.
connect to existing Dry well.

PLANS APPROVED BY [Signature] DATE 7/5/95

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

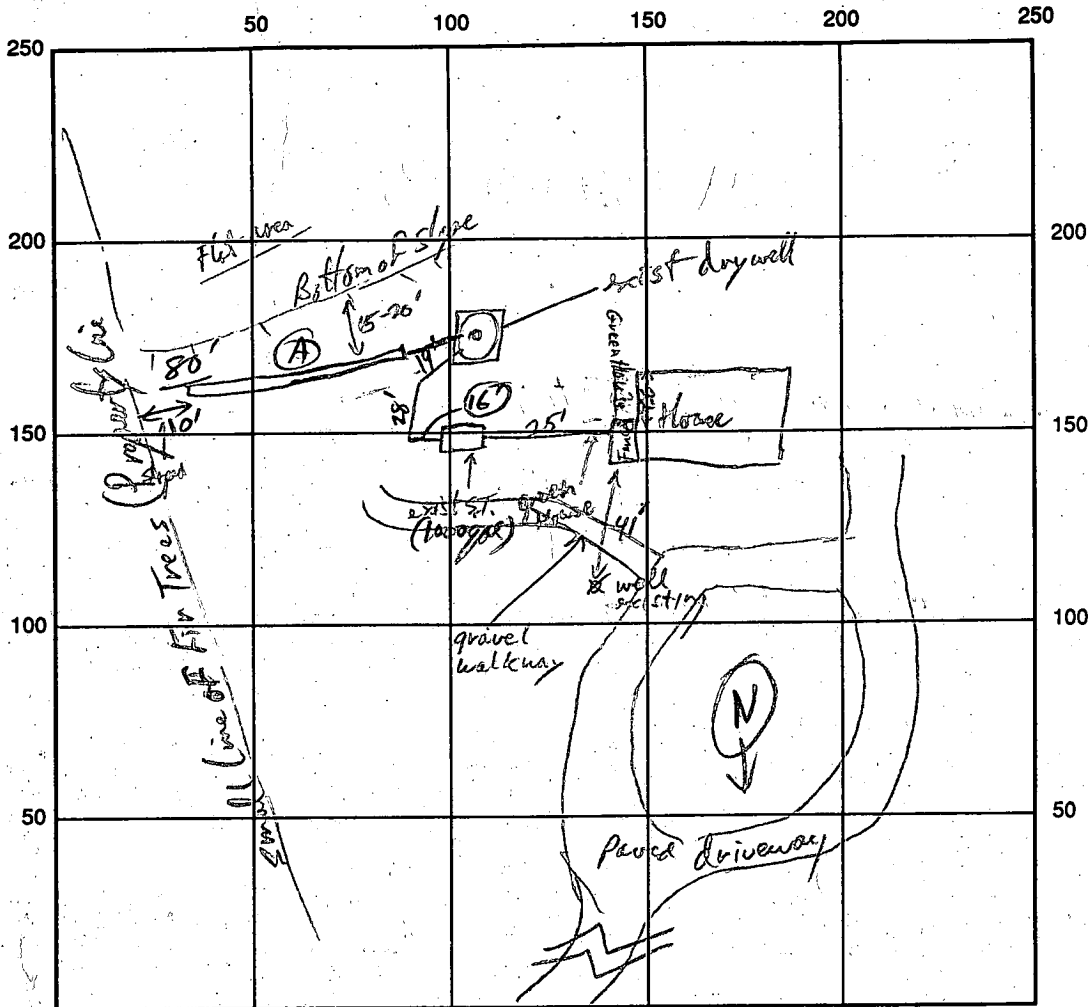
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

R 50757A

- Test Hole A
- 0 Red Brown
 - 2 Yellow-Str Brown
 - SICL
 - 4 Mix color Sp. rock
 - L-SL
 - Red + Brown



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Forsyth Roadies

SEPTIC TANK LEVEL existing CLEANOUTS existing ST.+D.W.

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 1/2 FT. TOTAL LENGTH 82 FT.

NUMBER OF TRENCHES 1 ^{Total} ONE SIDEWALL/BOTTOM AREA 533 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: Arrived at site - Very wet - No work done - App 7/7/95

Replaced old orangeburg with sched 40 PVC From ST. to D.W. OK to Cover. App 7/10/95

1st 40 ft of Trench OK to gravel fill. OK to Cover this part and piping near Drywell.

Leave end of Trench open for Final Insp. 7/10/95

Final Trench OK to cover App 7/11/95

DATE SYSTEM APPROVED 7/11/95 INSPECTOR [Signature]

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/31/69

INDEXED

off 11-6-69

DW 74 P 14930

A 10020

11/6/69

Joseph Neubauer IS PERMITTED TO INSTALL X ALTER

ADDRESS Box 96A - Landing Rd., Elkridge, Md. PHONE 744-4158

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Forsyth Rd. (see application for better directions) LOT _____

PROPERTY OWNER Philip W. Kyne

ADDRESS _____

SPECIFICATIONS - 4 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 - 108 sq. ft. sidewall area below inlet pipe per bedroom.

Inlet pipe must be 4 ft. below original grade. Place dry well either 72 ft.

from edge of dirt road and about 10 ft. from left side line or 129 ft. from rear

lot line and 24 ft. from left side line as seen when facing lot from dirt road.

PERMIT VOID AFTER THREE YEARS.

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

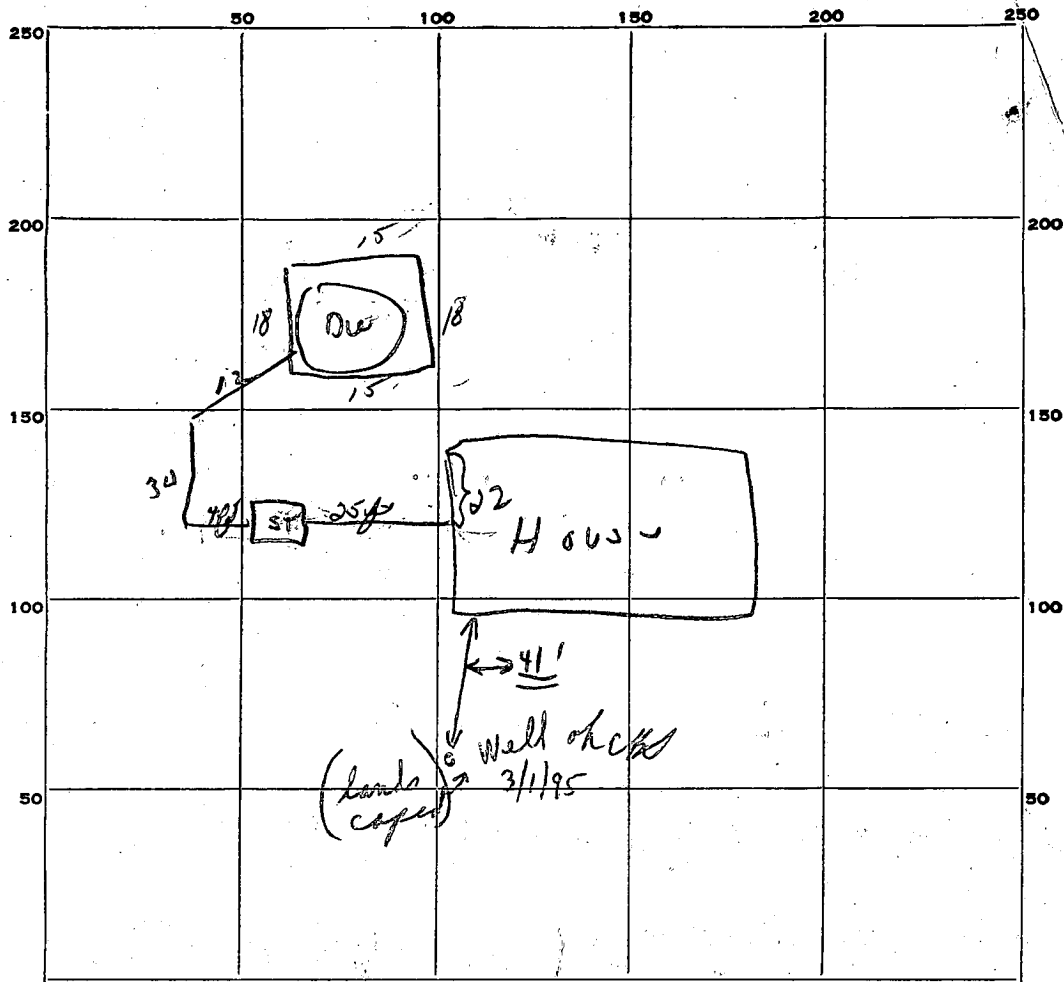
PLANS APPROVED BY D. W. Monaghan DATE 4/21/65

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.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 10020



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER Perimeter 66' FT. DEPTH BELOW INLET 8' FT.

ABSORBENT AREA 528+ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/6/89

INSPECTOR Don Manly

RECORDED

APPLICATION

A 10020

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3bedroom - 750 gal
4bedroom - 1000 gal

DISTRICT 4

DATE 4/15/65

Dry Well -- 108 sqft sidewalk area below inlet pipe per bedroom. Inlet pipe must be 4ft below original grade.

Place Dry Well either 7.2ft from edge of dirt road and about 10ft from left sideline or 12.9ft from rear lot line and 2.4ft from left sideline as seen when facing lot from dirt Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER C. Robert Will - Philip W. Kujala

ADDRESS 1214 Fox Den Rd., Ellicott City, Md. PHONE HO 5-3562

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Forsyth Rd. - Rt. 97 - turn right on Old Frederick Rd., bear left on Forsyth Rd. about 1 mile on Forsyth Rd. property on left on right from Old Fred Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5.113 acres. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS 4 bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT C. Robert Will

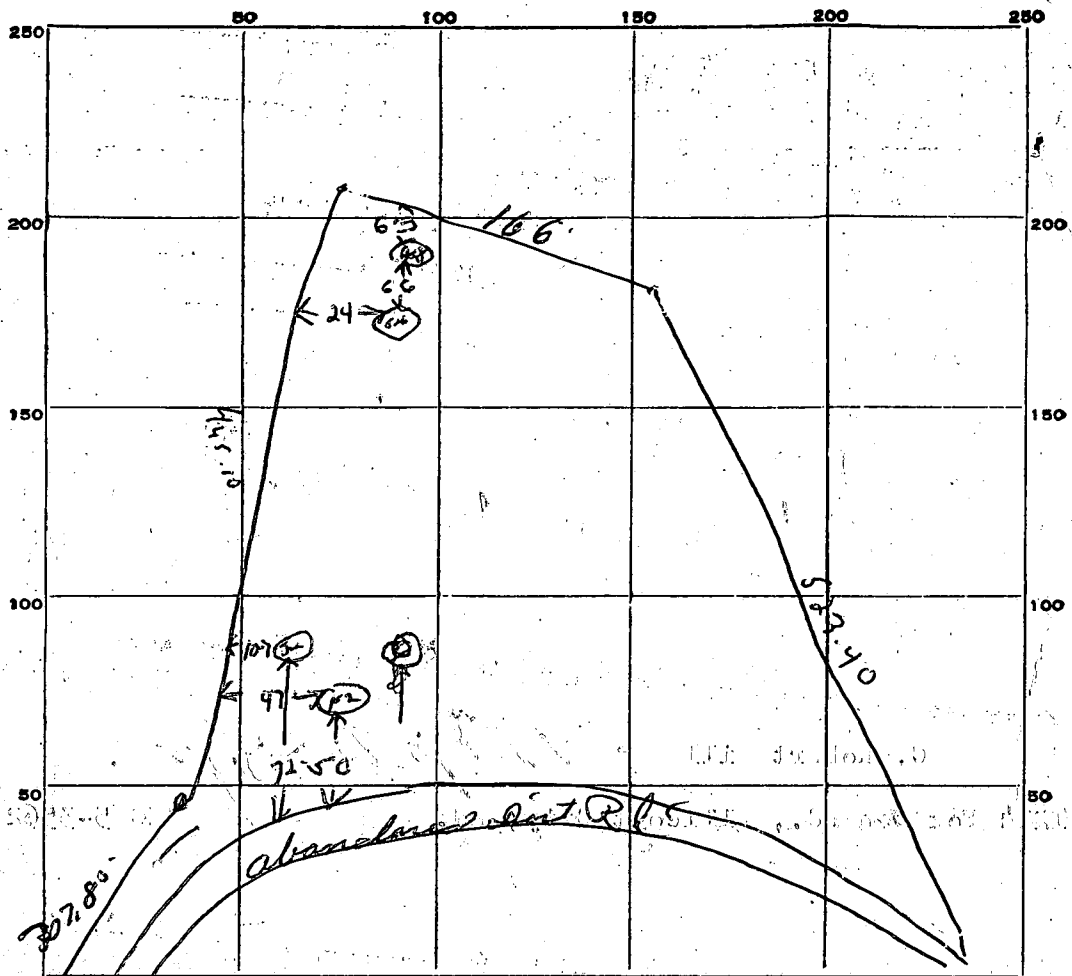
APPROVED BY D.W. Managhan FOR Dry Well DATE 4/21/65
(KIND OF SYSTEM)

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.
 Foyville Rd to RT 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/21/65	1	1/2 ft	9 50	9 51	9 51	9 55	4 min
	2	4 1/2 ft	9 56	slow perc. stop test			
	3	9 ft	9 56	9 58	9 58	10 04	6 min
	4	4 1/2 ft	9 56	10 02	10 02	10 14	12 min
	5	9 ft	10 07	10 10	10 10	10 19	9 min
	6	4 ft	10 07	10 12	10 12	10 20	8 min
	7	9 ft	10 18	10 19	10 19	10 27	8 min
	8	4 1/2 ft	10 19	10 21	10 21	10 29	8 min

Label 4
 SOIL AUGER FINDING fine 4 1/2 ft sp clay
 4/21/65
 TESTED BY Dev m

REMARKS
 also present 4/21/65 see Rose

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A 10020

APPLICATION FOR PERMIT TO DRILL WELL

20-2312

Owner Phil A yne

Street or R. F. D. 413 newburg ave

Post Office Catoxville md 21228

Quantity of Water to be Produced 5 Gallons Per Minute

Total Quantity Needed For Use 800 Gallons Per Day

Use for Water House

Approximate Depth of Well (feet) 100

Method of Drilling to be used Rotary

Is this a Replacement Well? Yes - No 2

If YES, indicate date abandoned well is to be sealed: _____

and by whom: _____

Driller J. Hesterday License Number 70

Street or R. F. D. _____ Post Office not ainy md

Date may 22, 69

Location of Well _____ County Howard

Subdivision _____

Section _____ Lot _____

Nearest Town Dykesville

Distance from Town 3 mil

Direction from Town S

Description of Location of Well (This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

Near what road Foraythe Foraythe

On which side of road _____ (North, East, South, West)

Distance from road 300ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. H0690204

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Baul W. McKee Director 052069 Date

THIS PERMIT IS NOT TRANSFERRABLE.
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application

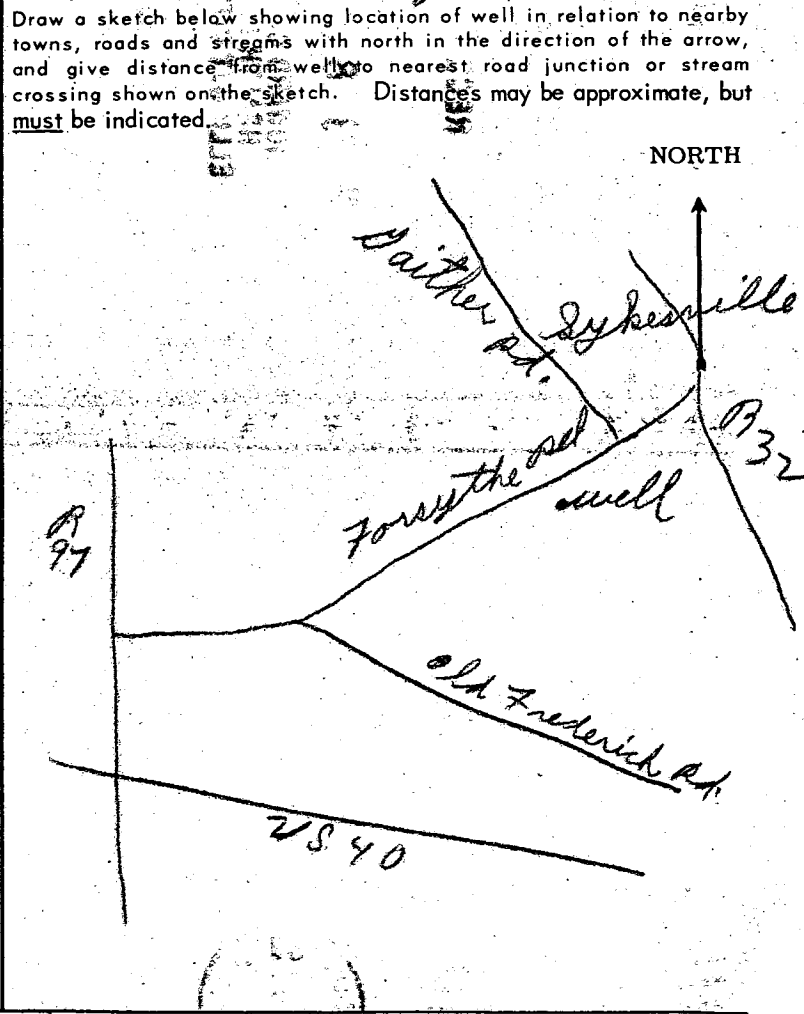
Howard County Department of Health

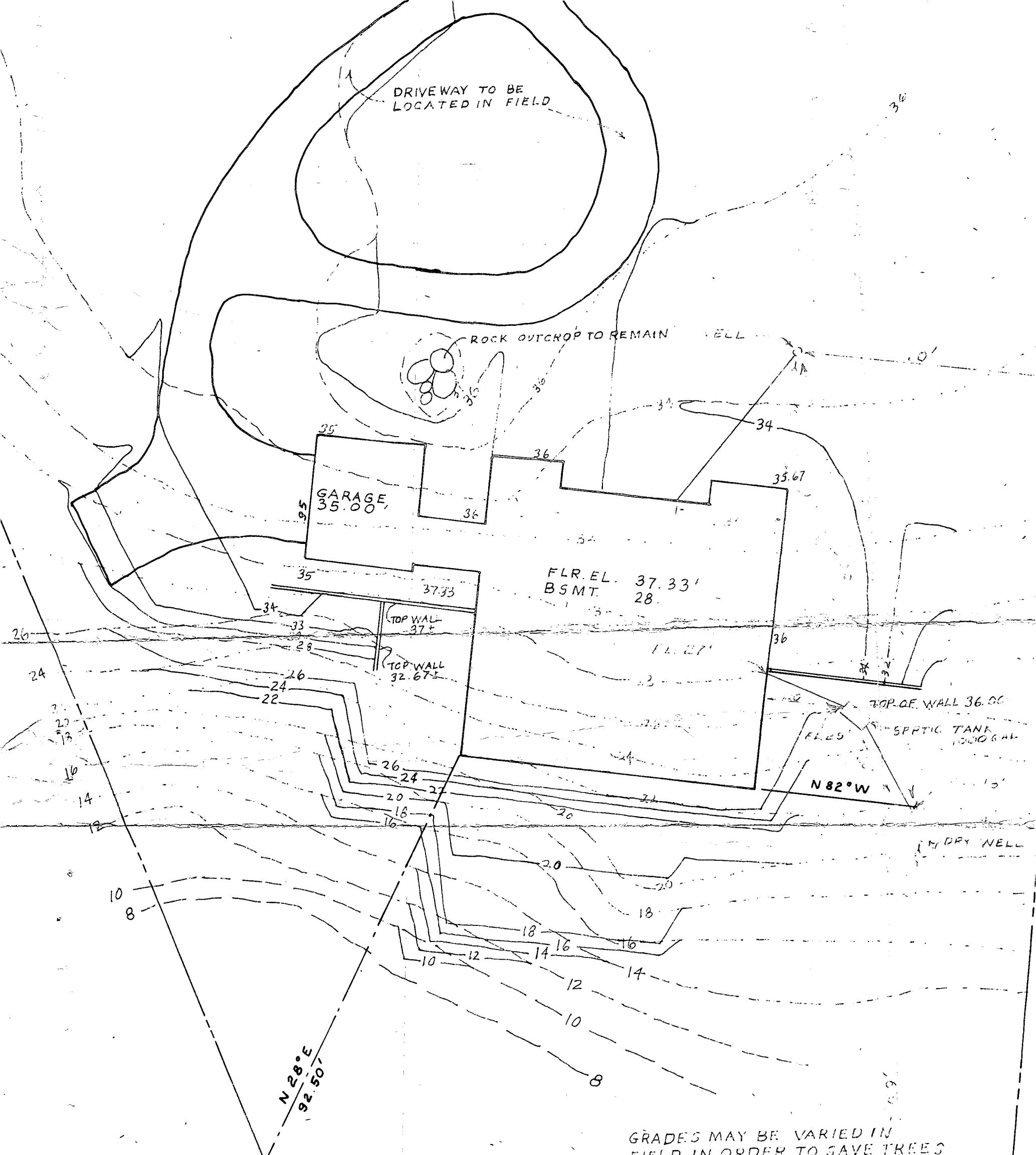
or State Department of Health

Approved by Robert F. Wine

Title Director, Environmental Health

Date 5/23/69





DRIVEWAY TO BE LOCATED IN FIELD

ROCK OUTCROP TO REMAIN

GARAGE
35.00

FLR. EL. 37.33'
BSMT. 28'

TOP WALL 37.5'
TOP WALL 32.67'

TOP OF WALL 36.00
SEPTIC TANK 1000 GAL

N 82° W

N 28° E
92.50'

GRADES MAY BE VARIED IN FIELD IN ORDER TO SAVE TREES

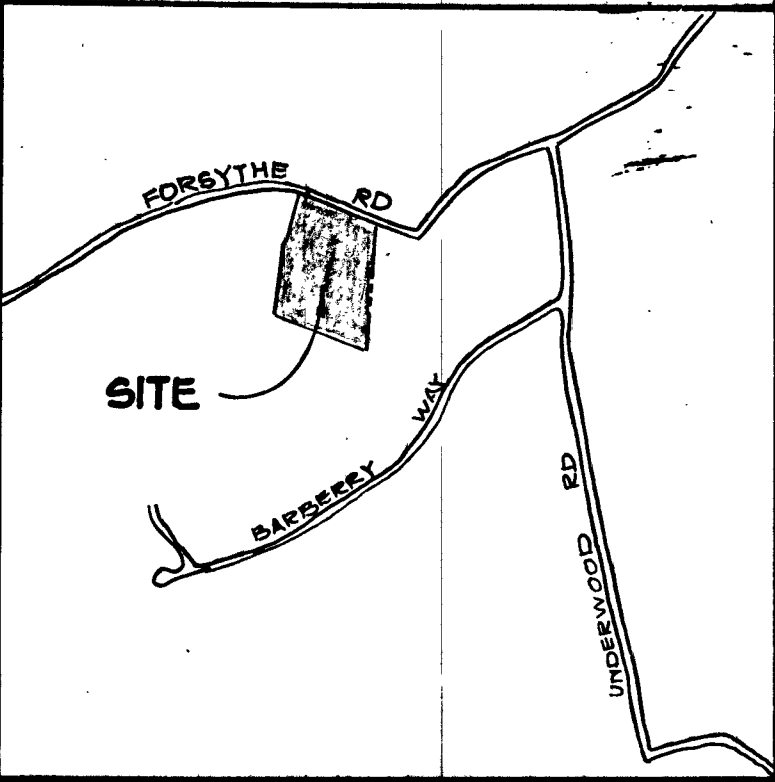
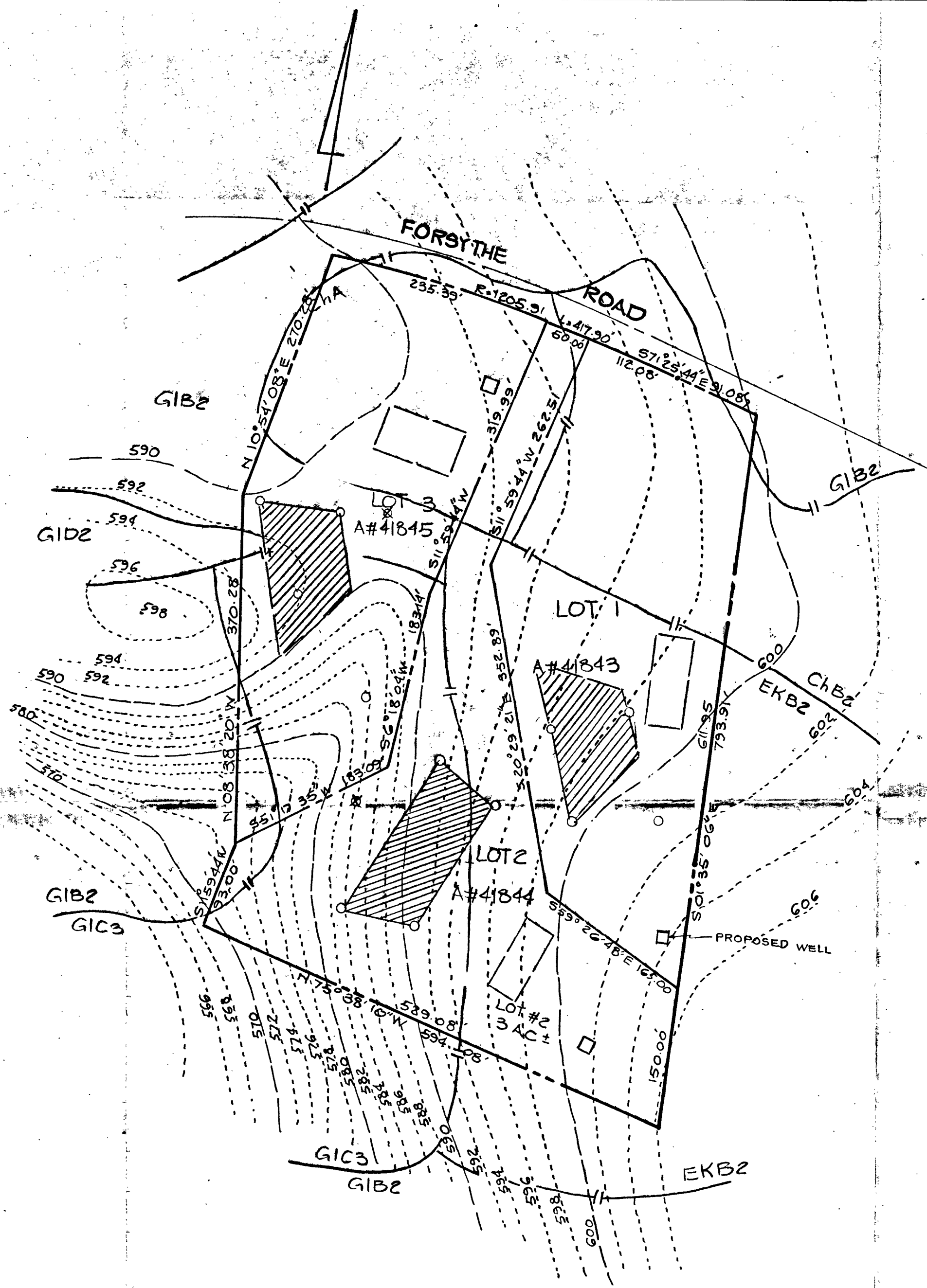
— EXISTING GRADE
- - - FINAL GRADE

ALL ELEV. TAKEN FROM THIS POINT AS 0'

PARTIAL SITE PLAN
SCALE 1" = 20'

PERCOLATION TABLE

LOT #	A #	DEPTH	TIME
1	41843	6 1/2' / 13'	7 min
2	41844	5' / 12 1/2'	14 min
3	41845	5 1/2' / 12 1/2'	19 min



VICINITY MAP
SCALE: 1" = 800'

1. SUBJECT PROPERTY ZONED R PER 8-2-85 COMPREHENSIVE ZONING PLAN.
2. [Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL, WITH A MINIMUM AREA OF 10,000 S.F.
3. [Square with dot] DENOTES WATER WELL
4. [Square] DENOTES HOUSE



ENGINEER
LORIA, SEDGHI & ASSOCIATES
3217 CORPORATE COURT
ELLCOTT CITY, MD. 21043
(301) 750-9003

KYNE PROPERTY
LOTS 1 - 3

TAX MAP 9 PARCEL 44
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100'
SHEET 1 OF 1
OCT. 19, 1988
Nov. 14, 1988

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE
SYSTEMS

James Byrnes
HOWARD COUNTY HEALTH OFFICER
DATE: 11-16-88

OWNER & DEVELOPER
PHILIP & JOY KYNE
13865 FORSYTHE RD.
SYKESVILLE, MD. 21784
(301) 442-2088

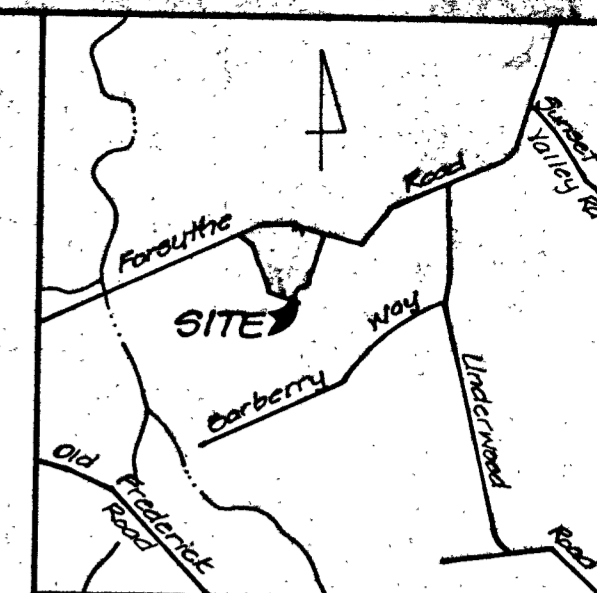
CURVE TABLE

Curve #	Radius	Delta	Length	Chord	Tangent	Chord Bearing
C1	1205.91'	11° 17' 41"	237.72	237.34	119.25	S 84° 50' 32" E

COORDINATE TABLE

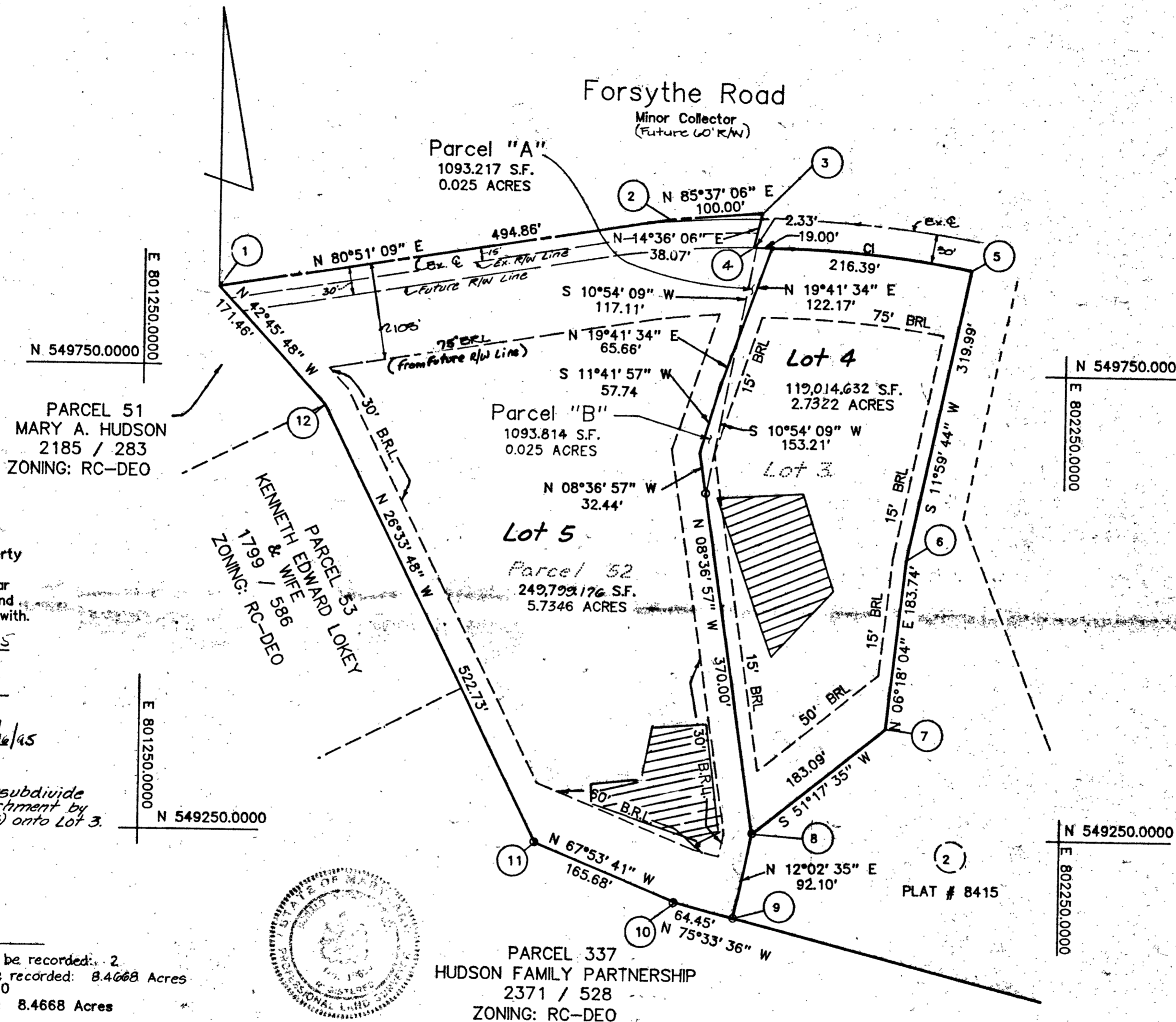
1	549835.377	801331.528
2	549914.047	801820.090
3	549921.687	801919.798
4	549884.842	801910.199
5	549863.507	802146.575
6	549550.504	802080.070
7	549367.874	802059.904
8	549253.602	801916.831
9	549163.531	801897.615
10	549179.603	801835.199
11	549241.949	801681.700
12	549709.497	801447.945

The designation of Parcel 'A' and Parcel 'B' as indicated on this final plat do not refer to subdivided pieces of property but has been used to identify the acreages which will be exchanged between the two (2) existing properties. Parcel 'A' refers to that 0.025 Ac. portion of existing Lot 3 which through recordation of this plat, is being incorporated into new Lot 5. Parcel 'B' refers to that 0.025 Ac. portion of existing Parcel #2 which is being incorporated into new Lot 4.



VICINITY MAP

Scale 1" = 2000'



General Notes

- This plat is based on a field monumented boundary survey performed by L.D.E., Inc. Dec. 1994.
- These coordinates are based on NAD '27, Maryland State Grid System as projected by Howard County Geodetic Control Stations No. 5834001 and No. 5834002.
- Stone or Concrete Monument Found or Set.
○ Pipe or Rebar Found or Set.
- Subject property is zoned RC-DEO per 10/18/1993 Comprehensive Zoning Plan.
- BRL denotes building restriction lines.
- All areas shown on this plat are +/- more or less.
- This area designates a private sewerage easement as required by Maryland State Dept. of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to public sewage system. The county Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.
- Lot sizes are in accordance with Section 16.120.b(2)(ii) of the subdivision regulations.
- Lot 5 - improved by a Single Family Residence to remain.
- WP-95-71 eliminated the requirement for road dedication for Lot 5, approved on MARCH 3, 1995.

The requirements Sect. 3-108, the Real Property Article, Annotated Code of Maryland, 1988 replacement volume, (as supplemented) as far as they relate to the making of this plat and the setting of markers have been complied with.

D. Wayne Weller 2/16/95
D. Wayne Weller Md. No. 10685 Date
Philip & Joy Kyne 2/15/95
Owner Date
Gerald & Kathleen Sagel 2/16/95
Owner Date

Note: The purpose of this plat is to resubdivide Lot 3 (now Lot 4) to eliminate encroachment by the driveway of Parcel 52 (now Lot 5) onto Lot 3.

Area Tabulation

- Total number of buildable lots/parcels to be recorded: 2
- Total area of buildable lots/parcels to be recorded: 8.4668 Acres
- Total area of roadway to be recorded: 0
- Total area of subdivision to be recorded: 8.4668 Acres



SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of all of the lands conveyed by G. Robert Will & Betty D. Will to Philip and Joy Kyne by deed dated May 7, 1965 and recorded in the land records of Howard County in Liber 435, Folio 248, & by Philip and Joy Kyne to Philip and Joy Kyne by deed dated November 14, 1988 and recorded in the land records of Howard County in Liber 1917, Folio 269, & by Philip and Joy Kyne to Gerald and Kathleen Sagel by deed dated February 1995 and recorded in the land records of Howard County in Liber 3438, Folio 150, and that all monuments are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County as shown, in accordance with the Annotated Code of Maryland, as amended.

D. Wayne Weller 2/16/95
D. Wayne Weller Professional Land Surveyor Date
MD Reg. No. 10685

OWNER'S CERTIFICATE

We, Philip & Joy Kyne and Gerald & Kathleen Sagel, owners of the property shown and described hereon, hereby adopt this plan of subdivision; and in consideration of the approval of this plat by the Department of Planning and Zoning establish the minimum building restriction lines. All easements of rights-of-way affecting the property are included in this plan of subdivision.

Philip & Joy Kyne 2/15/95
Philip & Joy Kyne Date
Gerald & Kathleen Sagel 2/16/95
Gerald & Kathleen Sagel Date

RECORDED AS PLAT NUMBER 11679
ON MARCH 10, 1995 AMONG THE
LAND RECORDS OF HOWARD COUNTY, MD.

KYNE PROPERTY, LOTS 4 & 5

Resubdivision of
LOT 3 of the Kyne Property & Parcel 52
Tax Map 9 Parcel 44 4th Election District
Howard County, MD.
Previously Recorded as plat no. 8415
Howard County, MD.

Scale 1" = 100' February 1995 Sheet 1 of 1

L. D. E. INC.
8835 Columbia 100 Parkway Unit N
Columbia, Maryland 21045
Phone (410) 715-1070

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

B CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Top Soil	0-3	Steel	6 1/4	0-31
Shaley	3-25			
Gray Rock	25-120			
water 80				

Permit Number Hob9 0204
 Owner Phil Kyrna
 Address Catoxville Rd.
 Subdivision _____
 Section _____ Lot _____
 County Permit Number _____
PUMPING TEST
 Hours Pumped 1/2 hr
 Type of Pump Used Air
 Pumping Rate _____
 Gallons per Minute 50

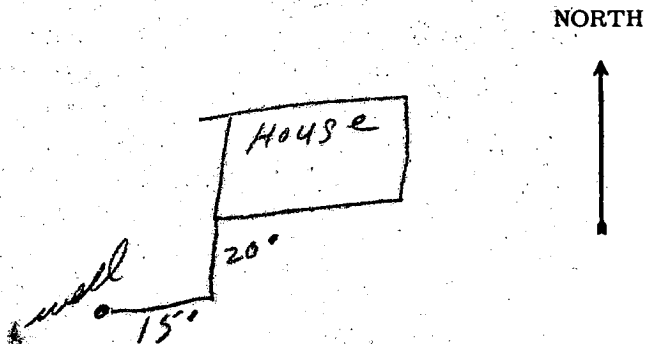
WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 40 Ft.
 When Pumping 120 Ft.

APPEARANCE OF WATER
 Clear _____ Cloudy _____
 Taste _____
 Odor _____

Height of Casing Above Land
 Surface 1 Ft.

PUMP INSTALLED
 Type _____
 Capacity _____
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
 Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



**DATE
WELL WAS
COMPLETED**

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

L. F. Easterday, Well Driller

Well Driller License No.: 42

6-17-69

Howard County Department of Planning and Zoning

WAIVER PETITION APPLICATION

Date Submitted/Accepted _____

DPZ File Number WP-95-71

I. Site Description

Subdivision Name/Property Identification: Kyne Property, Lots 4 and 5

Location of property: 13865 Forsythe Road, Sykesville, MD 21784

Residential (Existing Use) Residential (Proposed Use)

9 (Tax Map) P52, P44 (Parcel Number) 4th (Election District)

RC-DEO (Zoning District) 8.5 Ac. ± (Total Area)

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

F88-250 - 3 lot minor subdivision

II. Waiver Request

In accordance with Section 16.104 of the Howard County Subdivision and Land Development Regulations, the Department of Planning and Zoning, in conjunction with the Subdivision Review Committee, may grant waivers of modifications to the minimum requirements stipulated within the Regulations.

In the area below, the petitioner should enumerate the specific numerical section(s) from which a waiver is being requested and provide a brief summary of the regulation. Attach a separate sheet if additional information is appropriate.

16.119.9(1)(i)

The owner shall provide the additional right-of-way to meet the requirements of the Design Manual when the existing right-of-way is insufficient because:

(a) The proposed subdivision or development borders, adjoins or includes an existing County road the right-of-way width of which does not conform to minimum right-of-way widths established by the Design Manual.

*rd. wide strip
No Obj. 3/16*

III. *Justification*

All waiver requests must be fully justified by the petitioner. Justification must be specific to the subject property. The justification provided by the petitioner should include all factors which rationalize or substantiate the request in accordance with the following criteria:

- a. Summarize any extraordinary hardships or practical difficulties which may result from strict compliance with the Regulations.
- b. Verify that the intent of the Regulations will be served to a greater extent through the implementation of the alternative proposal.
- c. Substantiate that approval of the waiver will not be detrimental to the public interests.
- d. Confirm that approval of the waiver will not nullify the intent of the Regulations.

Parcel 52 is currently under Contract of Sale to a third party. The dedication area, approximately 0.5 Ac., would compromise the sale of Parcel 52 if eliminated from the proposed conveyance. Parcel 52 is included only because of an adjoiner transfer into Parcel 52. This transfer was to eliminate a driveway encroachment. However, previous surveys were in error and this lot is being recorded to eliminate the encroachment. The owners of the property, Philip and Joy Kyne, have already incurred considerable expense prior to this subdivision to correct this problem and unfortunately were the victims of faulty surveys. It is also noted that Parcel 52 is improved by a magnificent single family residence in a private setting and it is unlikely that any future owner would desire to subdivide the property.

IV. *Plan Exhibit*

The waiver request must be accompanied by copies of a detailed plot plan or subdivision plat (14 sets of the completed waiver form and plan exhibit if the subject property adjoins a County road; 18 sets for properties adjoining a State road). In instances where the waiver request concerns an approval extension or where a subdivision or site development plan is being concurrently reviewed with the waiver request, only 2 sets of plans are required along with 14 or 18 copies of the application form.

The detailed waiver petition exhibit, plot plan and/or subdivision plan should indicate the following information relevant to the waiver request:

Legend: <input checked="" type="checkbox"/>	Information Provided	<input type="checkbox"/>	Information Not Provided,
<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Justification Attached

- 1. Vicinity map scale 1" = 2,000'.
- 2. Bearings and distances of outline boundary lines for the entire tract and size of tract area.
- 3. North arrow and scale of plan.

- X 4. Location, extent, boundary lines and area of any proposed lots.
- X 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on subject property which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- X 6. Delineation of building setback lines.
- X 7. Delineation of all existing public road and/or proposed street systems.
- X 8. Identification and location of all easements.
- n/a 9. Approximate delineation of floodplain or wetland areas, if applicable.
- n/a 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- n/a 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).

V. All checks shall be made payable to the *Director of Finance*. The petition will not be accepted for processing until the fee has been paid. Incomplete or incorrect information will result in the rejection of the application and could cause additional time to be required to revise the petition for resubmittal and re-review.

VI. *Owner's/Petitioner's Certification*

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. If the applicant is the owner's/developer's agent, written documentation from owner/developer granting that authority is required.

Philip T. Kyne, Joy A. Kyne 2/15/95
 (Signature of Property Owner) (Date)
 (Fee Simple Owner Only)

[Signature] 2/16/95
 (Signature of Petition Preparer) (Date)

Philip and Joy Kyne
 (Name of Property Owner)

LDE, Inc.
 (Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)

13865 Forsythe Road
 (Address)

8835 Columbia 100 Parkway
 (Address)

Sykesville, MD 21784
 (City, State, Zip Code)

Columbia, MD 21045
 (City, State, Zip Code)

(410) 442-2088
 (Telephone)

(410) 715-1070
 (Telephone)

Howard County Department of Planning and Zoning

INITIAL SUBMISSION
WAIVER PETITION WORKSHEET
(For DPZ Use Only)

Project Name: _____ DPZ File No. _____

I. Application Requirements

Indicate Yes, No or N/A

Application is complete _____
Required number of plans and applications are provided _____
 _____ Plans
 _____ Applications
Supplemental Information is provided _____

II. Fee Computation

Fee

Number of waivers requested _____
Base Fee for first two waiver sections (\$350) _____
Fee for each additional waiver section (____ additional waivers x \$50) _____

TOTAL _____

III. Certification

Cash Receipt No. _____ Account #011-005-4201 Amount _____

Check issued by _____

_____ Waiver petition application is accepted for processing.

_____ Scheduled SRC meeting date.

_____ Waiver petition application is rejected.

Reason: _____

_____ Resubmission is accepted. Date _____ Staff initials _____

