

6/8/99  
2:30pm

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511448

A 56429-S

DISTRICT \_\_\_\_\_

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

DATE 3/4/99

DATE SYSTEM APPROVED 6/9/99

INSPECTOR S.R.K.

03-32601  
INDEXED

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE (410) 875-4197

SUBDIVISION Gaither Hunt, Section I LOT 19 ROAD 11001 Hidden Fox Court

PROPERTY OWNER \_\_\_\_\_ TyNV Homes

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

ORIGINAL PERMIT [REDACTED]  
AND RETURNED 10-25-01  
B00132963  
B1-LEVEL DECK

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 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 50 feet off Fox Haven Way and 105 feet off the left (166.00') lot line. Run trenches on contour toward the 166.00' lot line.

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

PLANS APPROVED BY Amy McMillen DATE 1-20-1999

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.

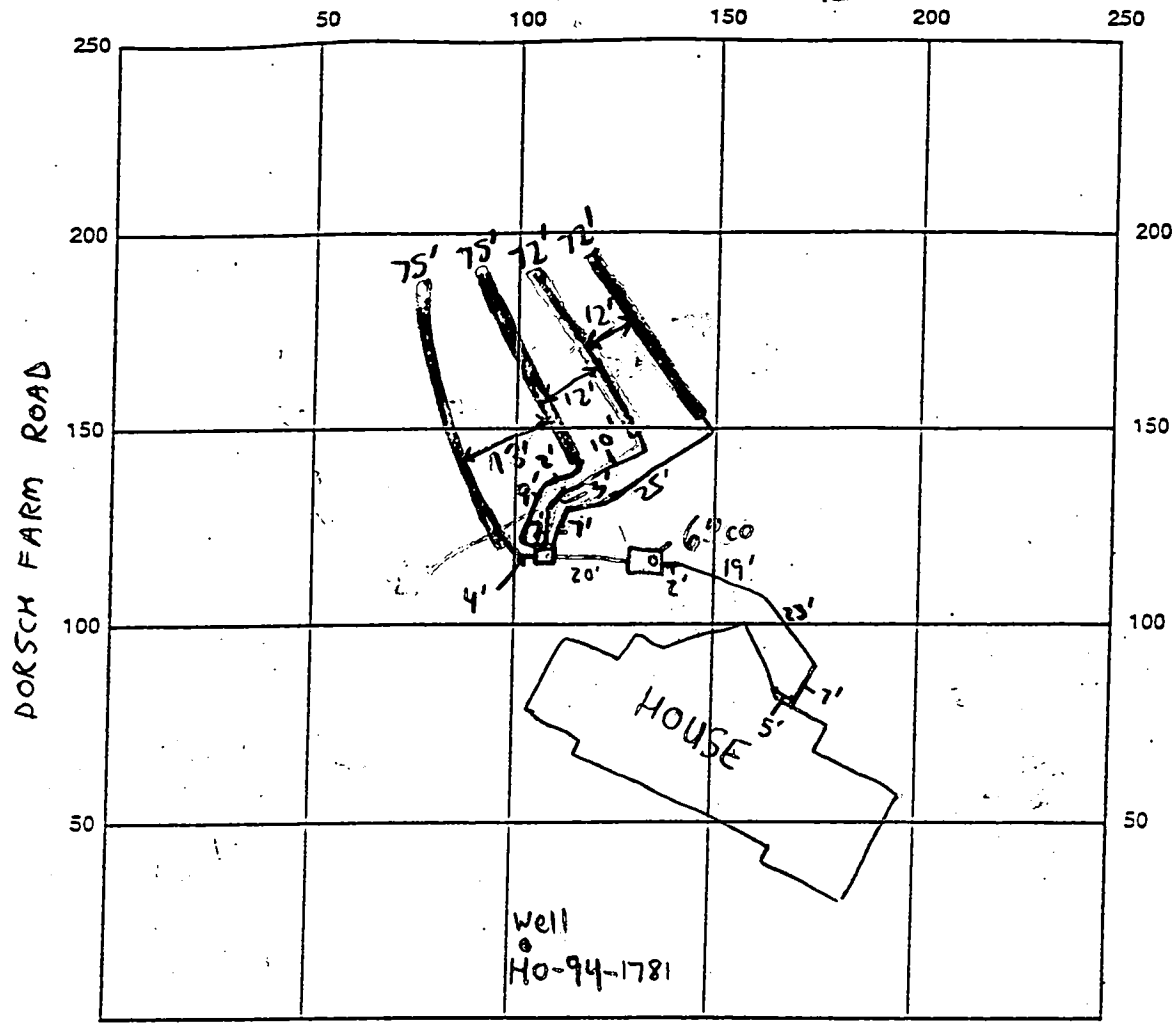
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

1994295

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
HIDDEN FOX COURT

SEPTIC TANK LEVEL  1500 gallon top seam CLEANOUTS 16" @ tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE TILE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 294 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 882 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/7/99 - HOUSE CONNECTION MADE (SRW) 6/8/99 - WPI OK, OK TO COVER FROM HOUSE TO BOX (SRW) 6/9/99 - OK TO COVER ALL WORK (SRW)

DATE SYSTEM APPROVED 6/9/99

INSPECTOR Steven R. Kruey

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 4-19-96

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 J Thomas Scrivenet 110 Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE \_\_\_\_\_  
21044

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. SR 37-19

ROAD AND DESCRIPTION (11001 Hidden Fox Court)

TAX MAP 29 PARCEL # 21

LDG. PERMIT SIGNED  
AND RETURNED 1-20-99  
Serial # 210115641

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bdr  
(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

# PROPOSED ROAD

COUNTY # \_\_\_\_\_

SOIL PROFILE

19B

TOPSOIL

BURNT  
ORANGE  
SANDY  
CLAY LOAM

TAN SANDY  
LOAM

ORANGE  
MOTTLED

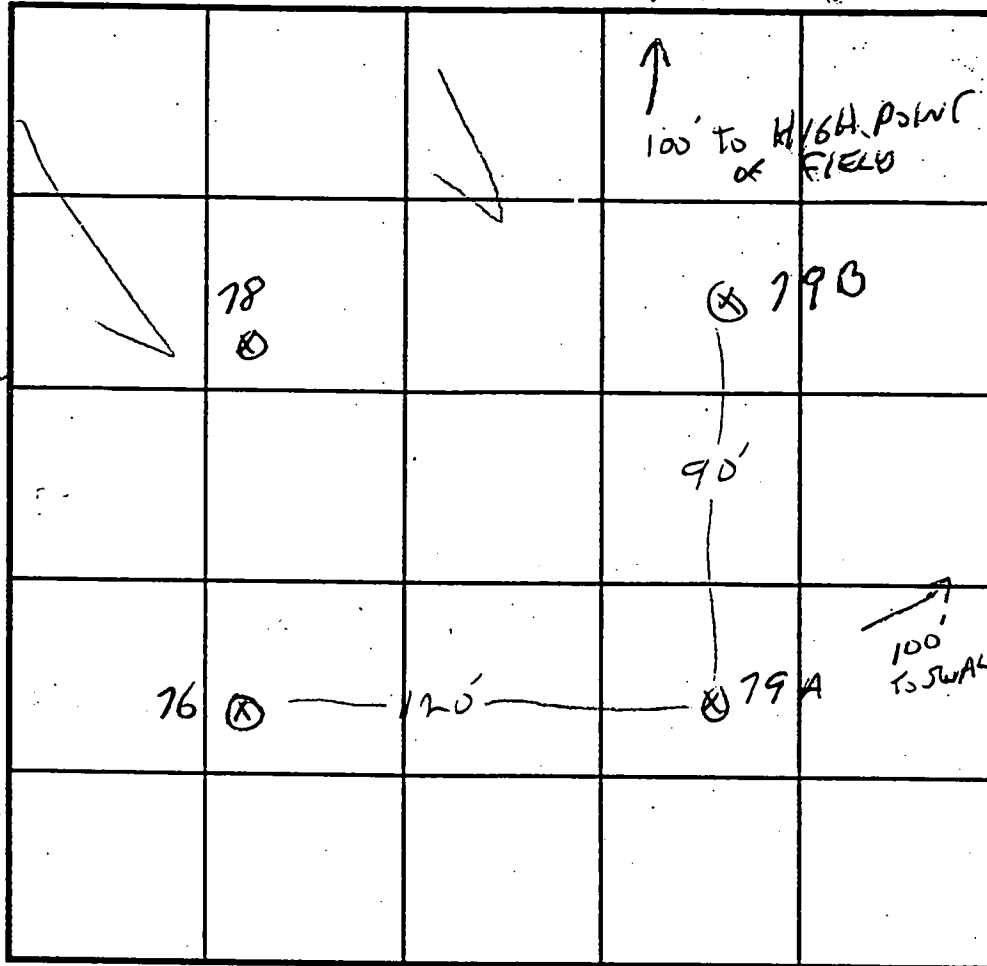
SOIL PROFILE

19A

TOPSOIL

RED  
SANDY  
CLAY

ORANGE  
+  
WHITE  
SAND &  
GRAVEL  
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-19-96	78	5'6" / 12'6"					54W
	76	5' / 13'					BAW
	79A	5'6" / 11'	12:22	12:24	12:24	12:28	4MW
	79B	5'6" / 11'	12:30	12:35	12:35	12:50	15MW

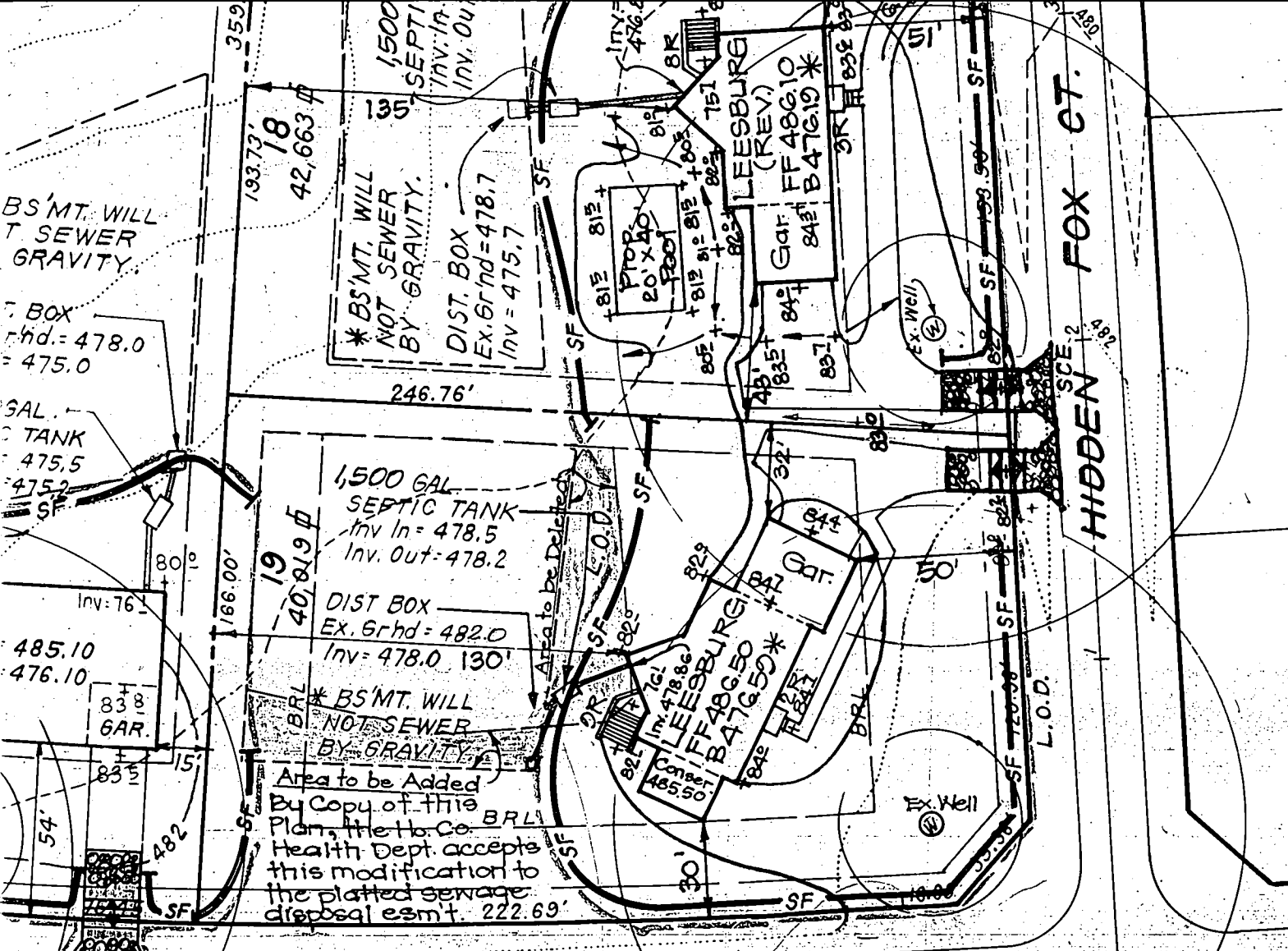
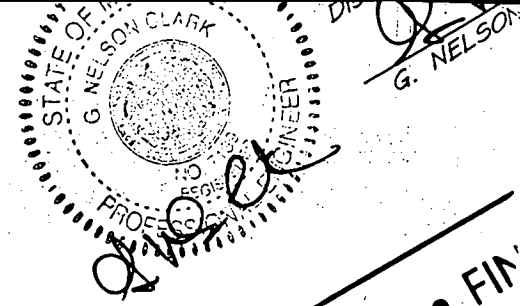
REMARKS LOT 19

TYPE OF SOIL \_\_\_\_\_

TESTED BY G. SAVAGE ALSO PRESENT Don Ringer NINET  
ALICE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



BS'MT. WILL NOT SEWER BY GRAVITY.

T. BOX  
Invd. = 478.0  
= 475.0

GAL. TANK  
= 475.5  
= 475.2

Inv. = 76  
485.10  
476.10

83.8  
GAR.

83.5  
15'

54'

482

SCE

23

482

193.73'

18

42,663 sq ft

\* BS'MT. WILL NOT SEWER BY GRAVITY.  
DIST. BOX  
EX. Grhd = 478.7  
INV. = 475.7

1,500 GAL SEPTIC TANK  
Inv In = 478.5  
Inv. Out = 478.2

DIST. BOX  
EX. Grhd = 482.0  
Inv = 478.0

\* BS'MT. WILL NOT SEWER BY GRAVITY.

Area to be Added  
By Copy of this Plan, the Hb. Co. BRL Health Dept. accepts this modification to the platted sewage disposal esmt. 222.69'

PROF. FLOOR  
20' x 40'

1,500 GAL SEPTIC TANK  
Inv In = 478.5  
Inv. Out = 478.2

DIST. BOX  
EX. Grhd = 482.0  
Inv = 478.0

\* BS'MT. WILL NOT SEWER BY GRAVITY.

Area to be Added  
By Copy of this Plan, the Hb. Co. BRL Health Dept. accepts this modification to the platted sewage disposal esmt. 222.69'

LEESBURG (REV.)  
FF 486.10  
B476.19 \*

LEESBURG  
FF 486.50  
B476.50 \*

LEESBURG  
FF 486.86  
B476.86 \*

LEESBURG  
FF 485.50  
B476.50 \*

LEESBURG  
FF 485.50  
B476.50 \*

FOX CT.

HIDDEN

SCE 2

L.O.D.

16.00'

20

21

22

23

24

25

Approved Septic System Plan  
Howard County Health Department

*John M. Wood*  
Date 1/30/98

linear feet of trench required 280 feet

width of trench(es) 3.0 feet

depth of trench(es) 6.0 feet

depth of stone required below distribution pipe 2.0 feet

	CLARK • FINLEY	
	ENGINEERS	
7135 MINSTREL WAY • COLUMBIA		
DESIGNED	J.M.E.	
DRAWN	T.D.	
CHECKED	C.M.	
DATE	Feb, 1998	

SEE

P 52-265'

SHEET 3

P51  
128'

PROPOSED PAVING

LINE

LOT 71  
41,951 SF

LOT 20  
40,533 SF

LOT 16  
15,990 SF

LOT 17  
49,836 SF

LOT 18  
42,663 SF

LOT 19  
40,019 SF

ROAD  
PC=3+24.5715

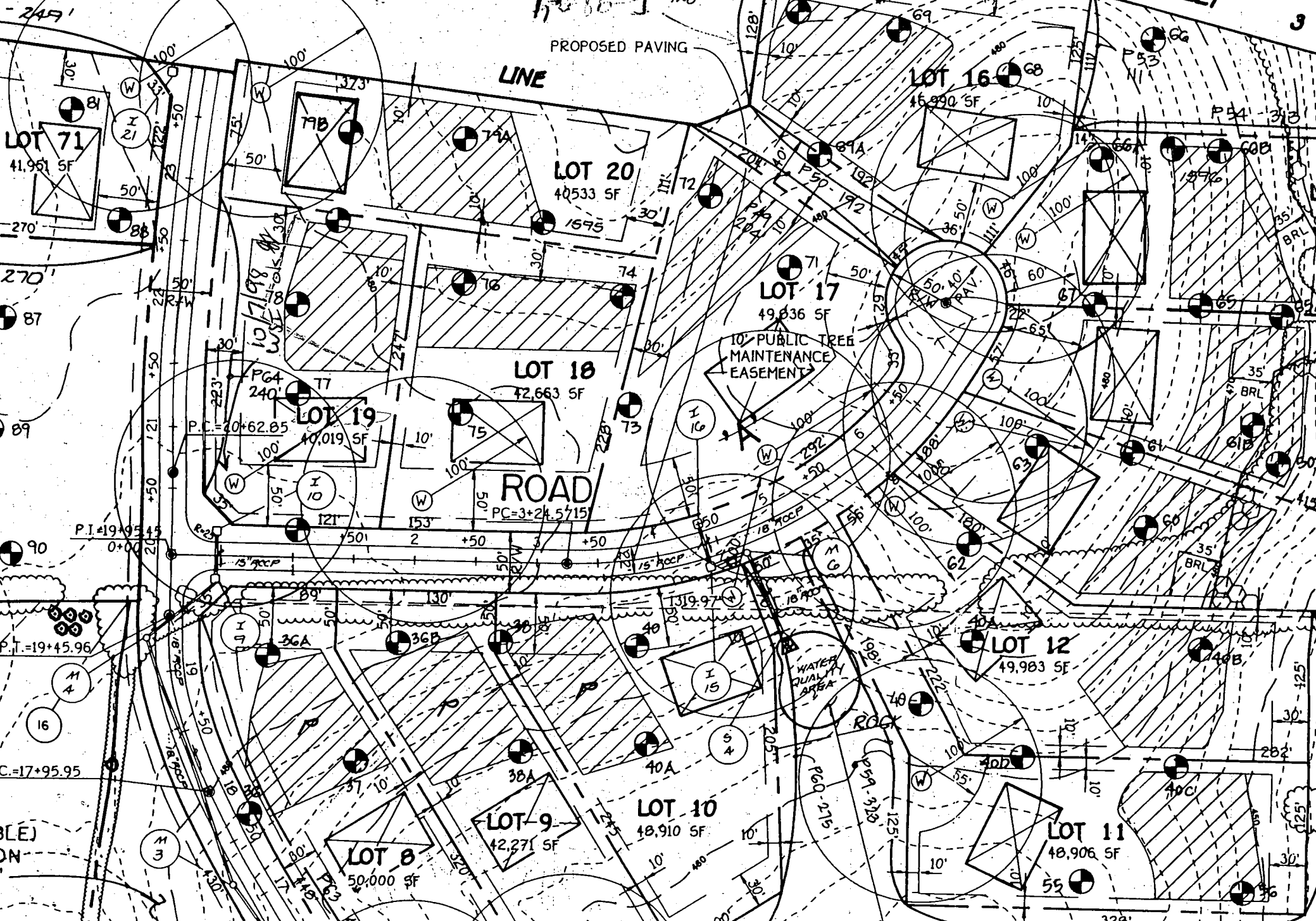
LOT 12  
49,983 SF

LOT 10  
48,910 SF

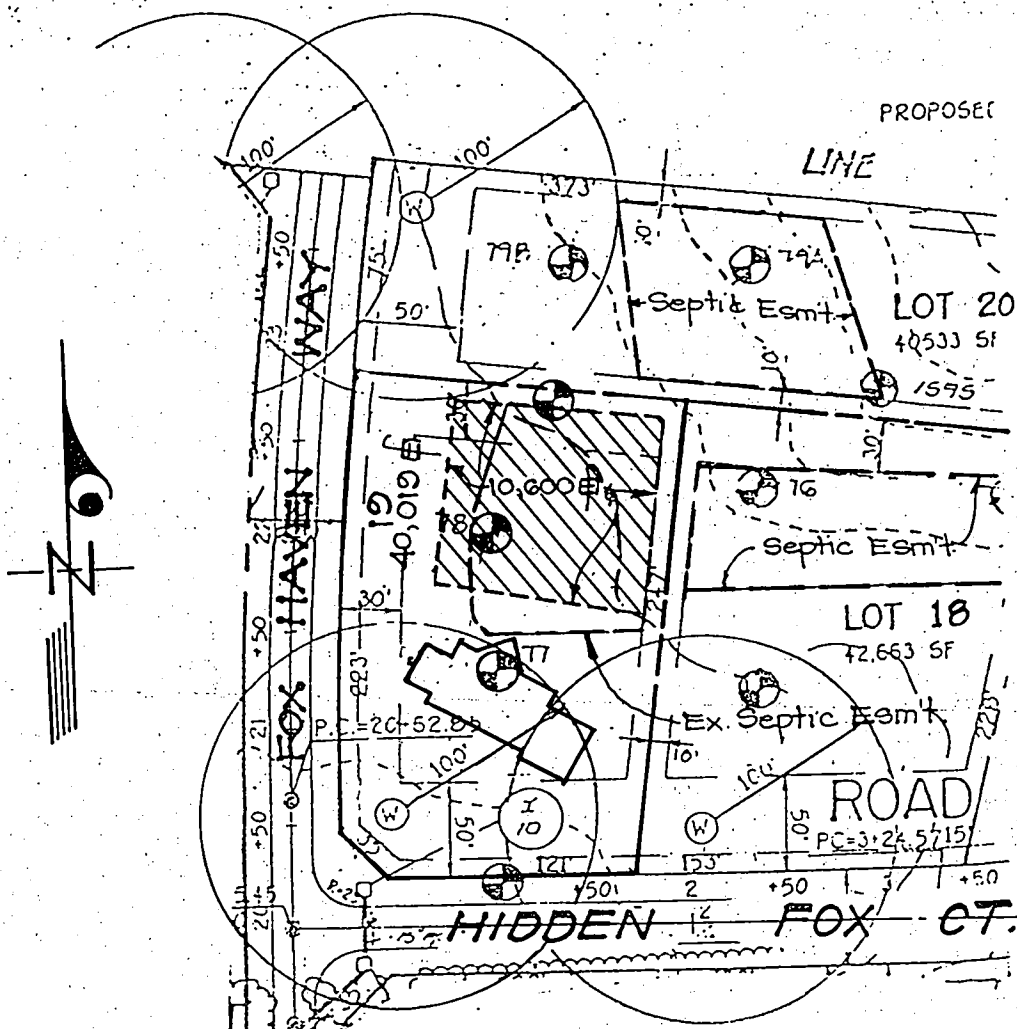
LOT 9  
42,271 SF


LOT 8  
50,000 SF

LOT 11  
48,906 SF







 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department 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 a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

The Lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of The Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems.

*Joyce M. Boyd M.D.*  
County Health Officer *JMB*

1-20-99  
Date

Percolation Certification  
Plat  
LOT 19

GAITHER HUNT  
SECTION 1 AREA 1

3rd Election District  
Howard County, Maryland

N.V. HOMES  
2200 DEFENSE HIGHWAY 301  
CROFTON MD 21114

CLARK, FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL VAY TELEPHONE: BALT. (410)381-7500 • WASH. (301)521-8100	DRAWN BY: <i>JMB</i>	DATE: 1-12-99	SCALE: 1" = 100'
	CHECKED BY:	JOB NO.: 98-009	FILE NO.: 98-008-L
	DESIGNED BY: J.M.E.		

C1 4322

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A564295

DATE RECEIVED 11/23/98

DATE WELL COMPLETED 11/14/98

DEPTH OF WELL 200 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HO-94-1781

OWNER RUSSELL DEU, STREET OR RFD HIDDEN FOX CT, TOWN ELLICOTT CITY, SUBDIVISION GATHER HUNT, SECTION 1, LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown soil and Gray Granite.

GROUTING RECORD section with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section with fields for casing types (ST, CO, PL, OT) and MAIN CASING TYPE (ST).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section with fields for screen type (ST, BR, HO, PL, OT) and DEPTH (nearest ft.).

DEPTH (nearest ft.) section with a vertical scale from 1 to 51 feet.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y), NO (N)

- CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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'...

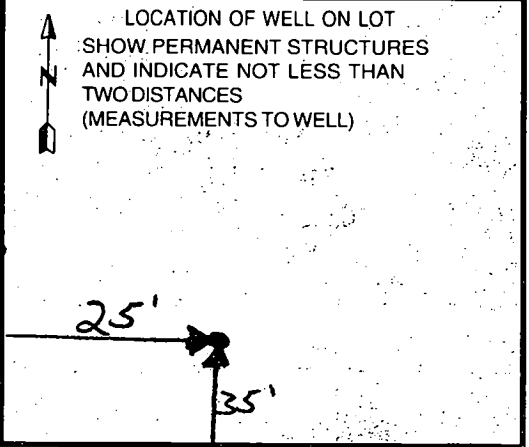
DRILLERS LIC. NO. M 355, DRILLERS SIGNATURE (Max B. Jones), LIC. NO. Jub 341, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK section with fields for IF WELL DRILLED, WAS FLOWING WELL, INSERT F-IN. BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA section

PUMPING TEST section with fields for HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (WATCH BUCKET), WATER LEVEL (BEFORE PUMPING: 23, WHEN PUMPING: 41), TYPE OF PUMP USED (SUBMERSIBLE)

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (+ above, - below)



RECEIVED HOWARD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH 1998 NO 23 PM 2:08

LEFT PROP. LINE

Front Prop. Line

B 1 8052 SEQUENCE NO. (MDE USE ONLY)

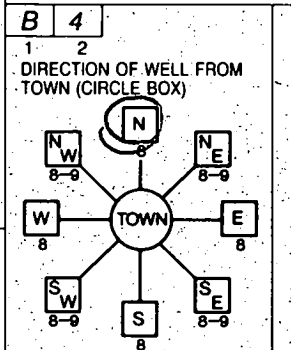
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER H0-94-1781 fill in this form completely

OWNER INFORMATION: Date Received (APA), RUSSELL DEVELOPMENT, LLC, 8808 CENTRE PARK DRIVE SUITE 209, Columbia MD 21045

LOCATION OF WELL: B 3 HOWARD COUNTY, GAITHER HUNT SUBDIVISION, SECTION 1 LOT 19, ELLICOTT CITY, MILES FROM TOWN 4.1

DRILLER INFORMATION: MICHAEL BARLOW MW D 355, MICHAEL BARLOW WELL DRILLING INC, 912 FAUN COURT JOPPA, MD 21085



HIDDEN FOX CT, ROAD A, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 20 FT, TAX MAP 29 BLK 11 PARCEL 322

WELL INFORMATION: B 2 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 COUNTY, A 564295, DATE ISSUED 10/14/98, CO SIGNATURE, EXP. DATE 10/14/99

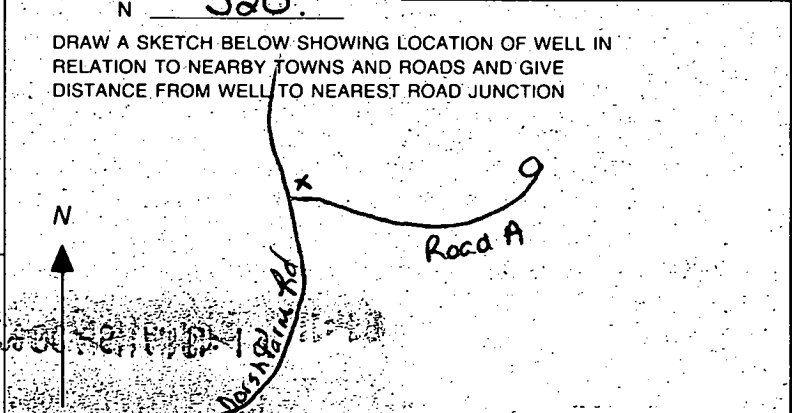
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 200 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE: E 830, N 520

METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, Drive-POINT

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER, PERMIT No. H0-94-1781

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

FAX: 313-2648 PHONE: 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
 Replacement

Receipt # \_\_\_\_\_  
 Date 6/9/99

Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4600

License Number 2122

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner NU-HOUSE Telephone 410-775-1405  
 Subdivision CANTON HUNT Lot # 19 Well Tag # HO-94-1781  
 Site Address 1101 H. BIRD FOX CT

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Harpur</u>
a. Deep well jet _____	2. RPM <u>3400</u>	2. Model # <u>PT800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <u>Fluorobone</u> <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>FLINT WATER</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>4607805301</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

<b>Tank</b> <u>CAPTIVE AIR</u>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>36 GALS</u>	1. Type <u>Poly</u>	1. Depth <u>200</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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.

6/8/99 - WPI ON

SRK

Signature of Applicant: \_\_\_\_\_

Date: 6/11/99

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

682°41'28"E

166.00'

EX-SRA

Lot 19

30' BRL

127'

Set to CLEAN OUT

20'

WAY

50' R/W

HAYCU

222.69'

Easement

30' BRL

Maintenance

2671.57'

Tree

10'

246.76'

Lot 18

507°18'52"W

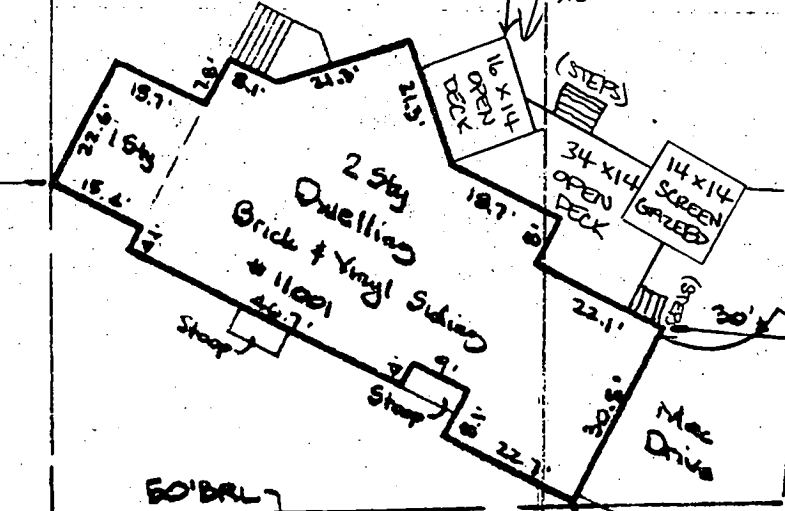
Max Drive

OK FOR DECK PLAN MR FOX 10/25/07 1230

1100°21'58"E

6.09'

38.36' 114°22'02"E



50' BRL

WELL-CAP

10' Tree Maintenance Easement

189°20'02"W

120.98'

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL 24006A-0027B

50' R/W HIDDEN FOX COURT

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences.



000132963

Building Address: 11001 HIDDEN FOX CT  
ELLICOTT CITY MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_  
 Census Tract 6032 Subdivision Geother Hill I  
 Section 1 Area 1 Lot 19  
 Tax Map 29 Parcel 21 Grid 4  
 Zoning RC-DEA Map Coordinates 15B1 Lot size \_\_\_\_\_

Property Owner's Name: TAMIA LYNN MEADOWS  
 Address: 11001 HIDDEN FOX CT  
 City: ELLICOTT CITY State: MD Zip Code: 21042  
 Home Phone: 410-977-7029 Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
FAY STEWARD  
8216 BURNLEY RD  
TOWSON MD 21204  
 Phone: 410-494-0809 Fax: SHAVE

Existing Use: SFD  
 Proposed Use: SFD w/ DECK & GAZEBO  
 Estimated Construction Cost: \$ 20000.00  
 Description of Work: 34x14x4 DECK -  
16x14x4" BI-LEVEL - 14x14  
SCREENED IN GAZEBO

Contractor Company: FWS CONTRACTING, INC.  
 Contact Person: FAY STEWARD  
 Address: 8216 BURNLEY RD  
 City: TOWSON State: MD Zip Code: 21204  
 License No.: 32434  
 Phone: 410-494-0809 Fax: 410-494-0809

Occupant or Tenant: TAMIA & LYNN MEADOWS  
 Contact Name: SAME AS OWNER  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer or Architect Company: \_\_\_\_\_  
 Contact Person: N/A  
 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

**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 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 type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <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 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: <u>34x14 &amp; 16x14</u> Dimensions: _____ Footings: <u>105 &amp; 16x16</u> Roof: <u>14x14</u>	
<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 THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Title/Company: FWS CONTRACTING, INC.

Print Name: FAY STEWARD  
 Date: 10-25-01

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>10/25/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>10/25/01</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> 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"/>		

**PROPERTY ID#** 39163

Filing fee	\$ _____
Permit fee	\$ <u>50</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>60</u>
Balance due	\$ _____
Check Validation	# <u>3625</u> # <u>41177</u>

DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: 50 FT  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by: [Signature]