

4/14/99 2:10
6/15/99 2-3 PM
6/16/99 2-3 PM

PERMIT

Needs House Connection

P 511922
A 56429-T

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7/22/99
11:00 meet
builder

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

03-326128

DISTRICT _____

DATE 6/2/99

410-313-2640

DATE SYSTEM APPROVED 7/22/99

INSPECTOR *DOS*

~~XXXXXX~~ 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 20 ROAD 11037 Dorsch Farm Road

PROPERTY OWNER NV Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet from front lot line and 10 feet from right (359.73') lot line as viewed from Dorsch Farm Road. Install trenches on contour toward left 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 KM 2-11-99

PLANS APPROVED BY Ronald J. Pinkley DATE 2-10-1999

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

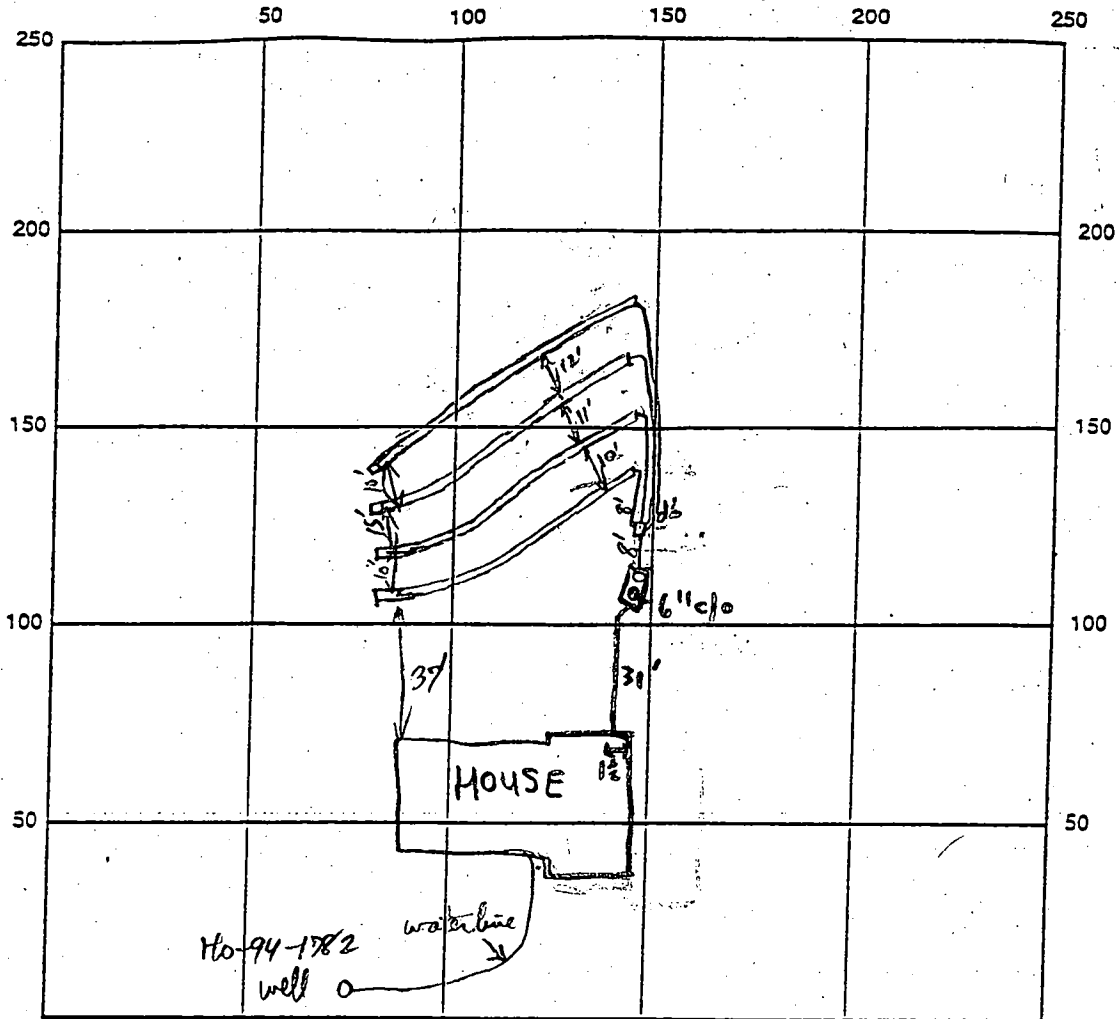
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLOG PERMITS SIGNED
AND RETURNED 3/8/2001
B0012855 SUNDECK
BLOG PERMITS SIGNED
AND RETURNED 3/8/2001
B0012856 FINISH BASEMENT

A56429-T

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DORSCH FARM ROAD

Setback is 1 ft From Near end of S.T.

SEPTIC TANK LEVEL 1500 gallon top seam

CLEANOUTS 6" @ tank

2 1/2 ft stick up

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE DEPTH 6 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 70/70/70 FT. 70 (actual lengths a little more than 70' each)

NUMBER OF TRENCHES 4

ONE-SIDEWALL/BOTTOM AREA 280 SQ. FT.

DRYWALL

DRYWALL INSIDE DIAMETER N/A FT.

EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/14/99 - OK TO CONTINUE WORK, NEEDS HOUSE CONN. (SRW)

OK to cover S.T. + 1st 3 trenches, OK to gravel fill last trench, call for final wheelbarrow

still Needs House Connection P/P 6/15/99 6/16/99 O.K. to cover trenches.

Still needs house connection. (BFB)

7/22/99 FINAL INSP OK - HOUSE CONNECTION MADE (DWS)

w/PE P/Bessley & waterline OK @ 4/15 P/P 6/15/99

DATE SYSTEM APPROVED 7/22/99

INSPECTOR

APPLICATION

PERCOLATION TESTING

A _____
P _____

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

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 Scrivener 111 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. ~~37~~ 37 1920

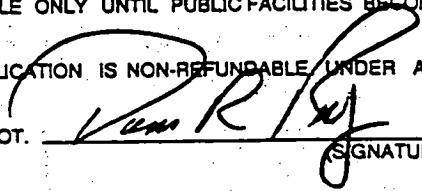
ROAD AND DESCRIPTION 11037 Duesch Farm Road

TAX MAP 29 PARCEL # 21

BLDG PERMIT SIGNED
AND RETURNED 2-10-99
Serial # B70115985

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

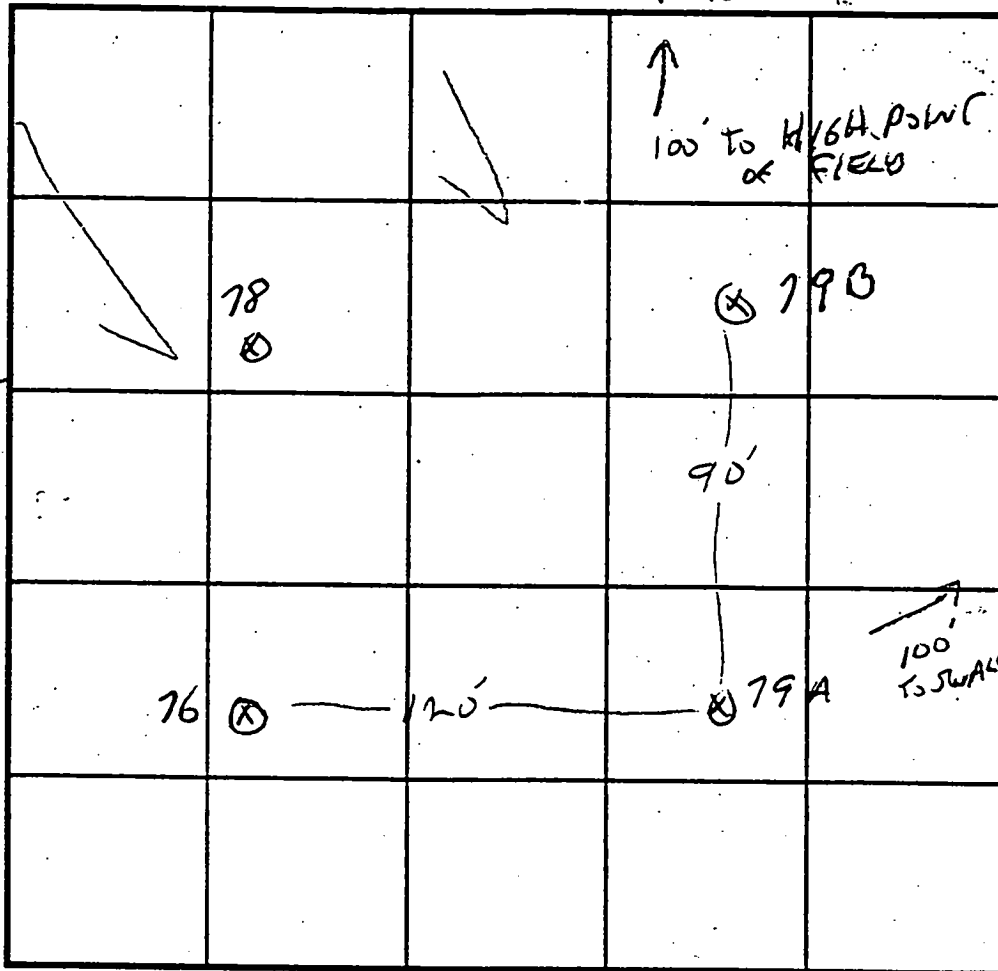
COUNTY # _____

SOIL PROFILE
19B

0' TOPSOIL 6'
BURNT ORANGE SANDY CLAY LOAM 6'
TAN SANDY LOAM 11'
ORANGE + WHITE SAND & GRAVEL LOAM

SOIL PROFILE
19A

0' TOPSOIL 8'
RED SANDY CLAY
ORANGE + WHITE SAND & GRAVEL LOAM 11'



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"					5AM
	76	5' / 13'					13AM
	79A	5'6" / 11'	12:22	12:24	12:24	12:28	4AM
	79B	5'6" / 11'	12:30	12:35	12:35	12:50	15AM

REMARKS LOT # 19 20

TYPE OF SOIL _____
TESTED BY G. SAUSAGE ALSO PRESENT Don R... 22 Nick

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10ave TRENCH WIDTH 3'
INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 8' SQ. FT. BEDROOM 210

Total linear feet of trench required 280 feet

Width of trench 30 of 3 feet

Depth of trench 7 feet

Depth of stones required below manhole 2 feet

* BS'MT. WILL NOT SEWER BY GRAVITY.

DIST. BOX
Ex. Gr'nd. = 477.5
Inv. = 474.5

1,500 GAL. SEPTIC TANK
Inv. In = 474.9
Inv. Out = 474.6

* BS'MT. WILL NOT SEWER BY GRAVITY.

DIST. BOX
Ex. Gr'nd. = 478.0
Inv. = 475.0

1,500 GAL. SEPTIC TANK
Inv. In = 475.5
Inv. Out = 475.2

* BS'MT. WILL NOT SEWER BY GRAVITY.

DIST. BOX
Ex. Gr'nd. = 478.7
Inv. = 475.7

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

DIST. BOX
Ex. Gr'nd. = 481.0
Inv. = 478.0

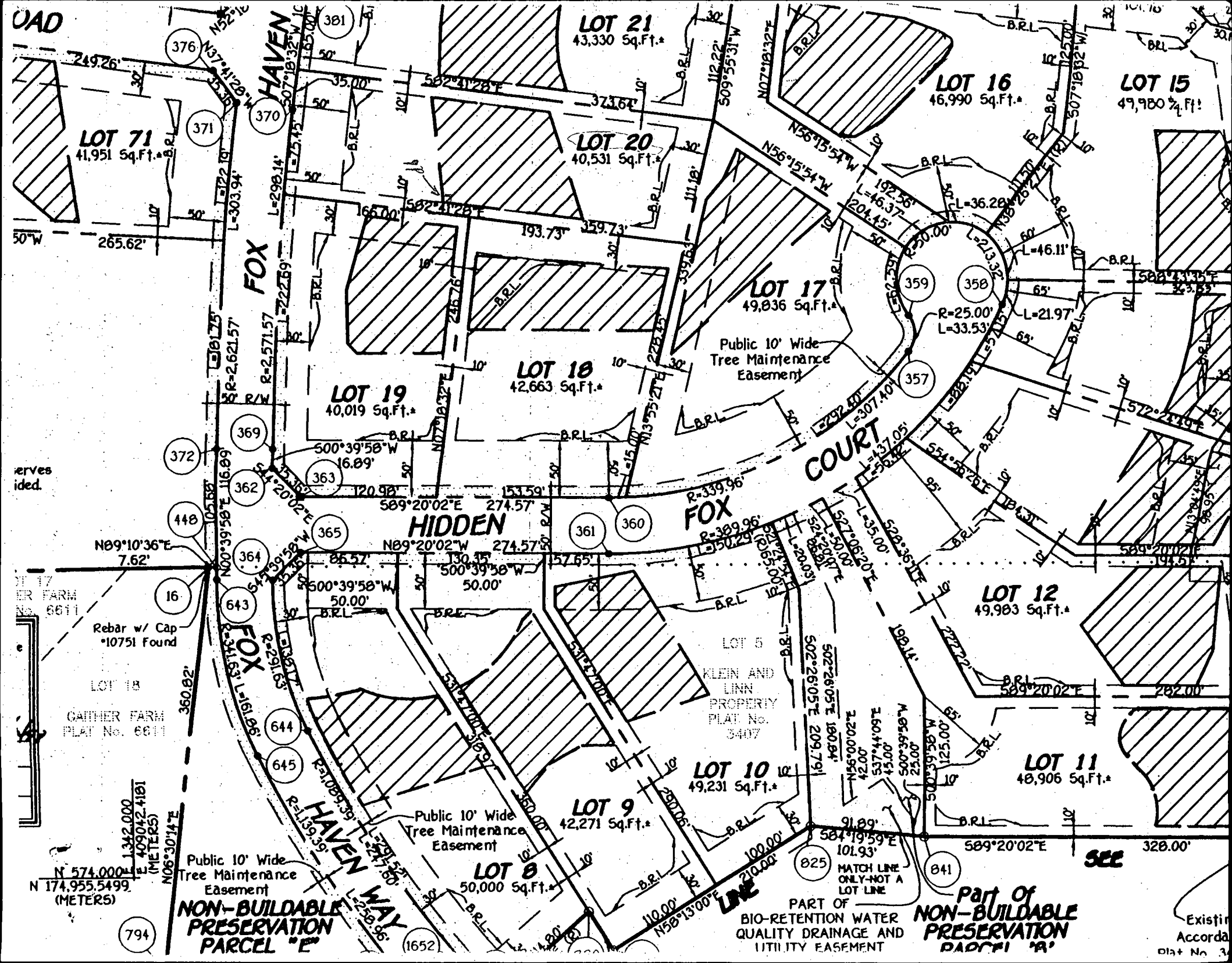
* BS'MT. WILL NOT SEWER BY GRAVITY.

Area to be Added
By Copy of this Plan, the H.C. Health Dept. accepts this modification to the plat of sewage disposal esmt. 222.69

Approved Septic System Plan
Howard County Health Department

Paul J. ...
Signature
Date 2/10/99

Post-it* Fax Note	7671	Date	2.10.99	# of pages	1 of 1
To	WAYNE	From	D.M.	Co.	C.F.S. INC.
Co./Dept	N.V. HOMES	Phone #	GAITHER HUNT	Fax #	LOT 20



LOT 21
43,330 Sq.Ft.

LOT 16
46,990 Sq.Ft.

LOT 15
49,980 Sq.Ft.

LOT 71
41,951 Sq.Ft.

LOT 20
40,531 Sq.Ft.

LOT 17
49,836 Sq.Ft.

LOT 19
40,019 Sq.Ft.

LOT 18
42,663 Sq.Ft.

FOX COURT

HIDDEN

LOT 12
49,983 Sq.Ft.

LOT 5
KLEIN AND LINN
PROPERTY
PLAT No. 3407

LOT 10
49,231 Sq.Ft.

LOT 11
48,906 Sq.Ft.

LOT 9
42,271 Sq.Ft.

LOT 8
50,000 Sq.Ft.

NON-BUILDABLE
PRESERVATION
PARCEL "E"

PART OF
BIO-RETENTION WATER
QUALITY DRAINAGE AND
UTILITY EASEMENT

Part of
NON-BUILDABLE
PRESERVATION
PARCEL "A"

Existing
Accord
Plat No. 34

OAD

erves
ided.

LOT 17
ER FARM
No. 6611

Rebar w/ Cap
*10751 Found

LOT 18
GATHER FARM
PLAT No. 6611

1,342.000
4,090.424181
(METERS)
N 574.000
N 174,955.5499
(METERS)

Public 10' Wide
Tree Maintenance
Easement

Public 10' Wide
Tree Maintenance
Easement

MATCH LINE
ONLY-NOT A
LOT LINE

SEE

794

1652

825

841

376

371

370

381

372

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362

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825

841

376

371

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C1 4324 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A56429T

ST/CO USE ONLY DATE Received 12 15 98 DATE WELL COMPLETED 12 10 98 Depth of Well 220 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1782

OWNER RUSSELL DEVELOPMENT LLC STREET OR RFD 634 HAWTHORNE AVE DORSH CARR RD TOWN ELLICOTT CITY SUBDIVISION GAIBER HUNT SECTION 1 LOT 20

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, FEET (FROM, TO), check if water bearing. Includes entries for Brown Sandstone, Gray Granite, Green Granite.

GROUTING RECORD yes no. WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay). NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE (ST, PL). Nominal diameter top (main) casing, Total depth of main casing.

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.) table with depth markers from 1 to 21.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y/N).

CIRCLE APPROPRIATE LETTER. 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...

DRILLERS LIC. NO. M W 3355. DRILLERS SIGNATURE (Max L. Jones). LIC. NO. JWD 341.

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

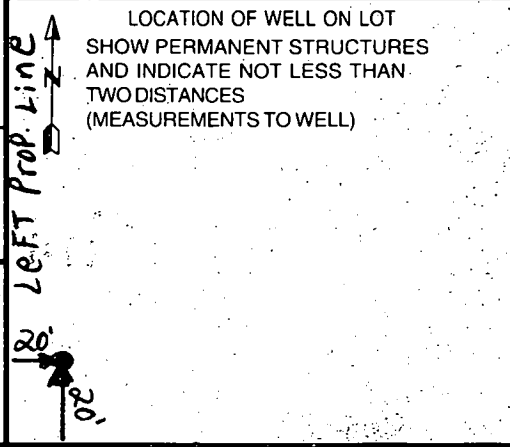
DEPTH (nearest ft.) table with depth markers from 1 to 21. DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60.

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 O. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE: Watch + Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft, WHEN PUMPING 27 ft. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP (YES/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).



B 1' **8053** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

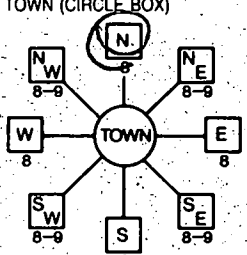

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
Ho-94-1782
 70 fill in this form completely 79

Date Received (APA)
 8 MM DD YY -13
OWNER INFORMATION
 15 Last Name **RUSSELL DEVELOPMENT, LLC** Owner First Name 34
 36 Street or RFD **8808 CENTRE PARK DRIVE Suite 209** 55
 57 Town **COLUMBIA** MD 70 State 72 Zip **21045** 76

B 3' LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **GATHER HUNT** 42
 SECTION **1** 44 46 LOT **20** 48 50
 52 NEAREST TOWN **ELICOTT CITY** 71
 MILES FROM TOWN (enter 0 if in town) **4** M 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name **MICHAEL BARLOW** MW D355 81 License No.
 Firm Name **MICHAEL BARLOW Well Drilling Svc Inc**
 Address **912 FAWN COURT Joppa, MD 21085**
 Signature _____ Date _____

B 4' DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **DORSH FARM RD** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **20** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **29** BLK **11** PARCEL **322**

B 2' WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A.56429T
 COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **10/16/98** **10/16/99**
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE
 NORTH GRID **520 000** EAST GRID **830 000**
 50 55 57 63

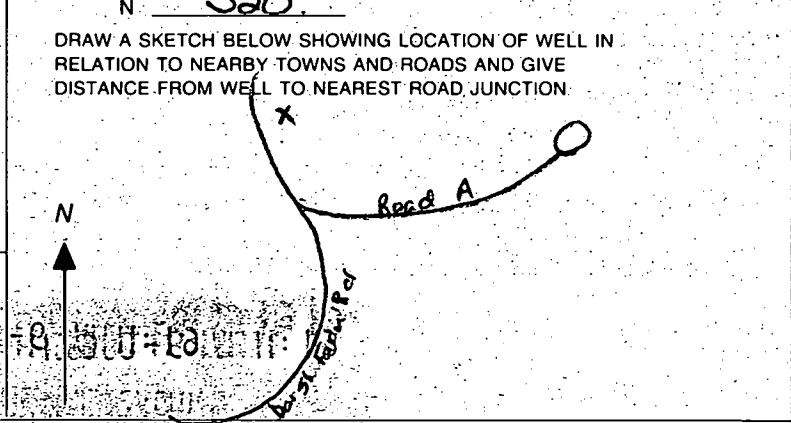
APPROXIMATE DEPTH OF WELL **200** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6'** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REverse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 _____ GAP _____
 PERMIT No **Ho-94-1782**
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
1210/98 GROUT 10'00
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **830**
 N **520**
 000
 000



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 6/26/99
Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4655
License Number 2122
Certified Well Pump Installer Well Driller _____ Registered Plumber
Name of Property Owner NV-HOMES Telephone 410-781-1405
Subdivision GAITHER HUNT Lot # 20 Well Tag # HO-94-1782
Site Address ~~THE~~ DORRICH FARM ROAD
11037

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make STARITE
3. Model # 7P4C02HL03
4. Capacity 4 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 _____
WCU x-Tdol.
CAPTIVE AIR

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make HANNA
2. Model # 77803
3. Depth 42"

Tank
1. Capacity 36 GALS
2. Pressure relief valve? YES

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

Well data
1. Depth 200 ft.
2. Yield 12 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

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.

6/15/99-WPI OR
(RJP) SRK

Signature of Applicant

Robert L. Fezer
6/26/99

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

LOT 16

NON-BUILDABLE
PRESERVATION
PARCEL 'B'

LOT 17

$S13^{\circ}55'21''W$ 111.8'

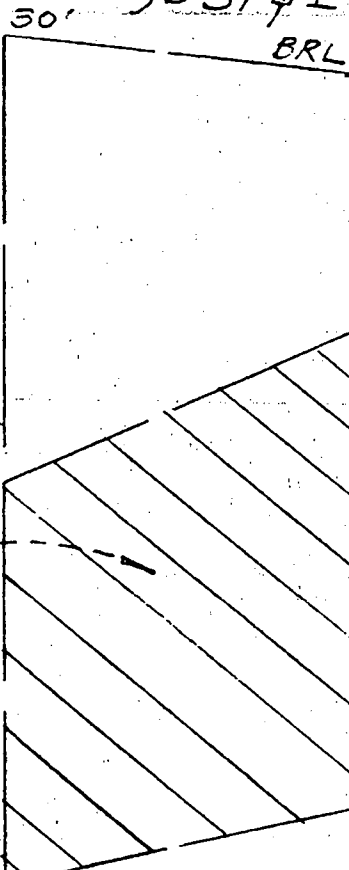
LOT 21

LOT 20
40,531 \pm

LOT 18

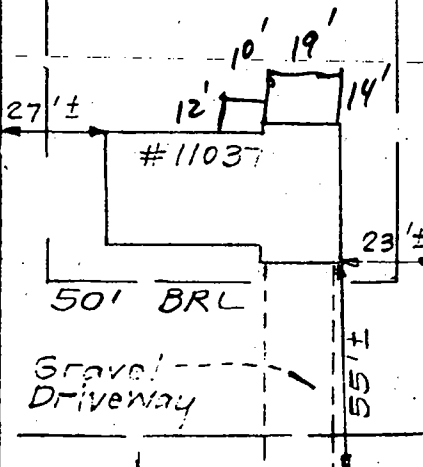
373.64'

359.73'



see Easement, see
Plat No. 13208

LOT 18
LOT 19



$S82^{\circ}41'28''E$

$N82^{\circ}41'28''W$

Public 10' Wide Tree
Easement

$N07^{\circ}18'32''E$ $R=2,571.57'$
35.00' $L=75.45'$

DORSCH FARM 50'R/W PLAT NO. 13358
(FORMERLY FOX HAVEN WAY)

ROAD

100128856

Building Address 11037 Dorsch Farm Rd
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 20
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Davis Mathew
 Address 11037 Dorsch Farm Rd
 City Ellicott City State MD Zip Code 21042
 Home Phone (410) 716-0896 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Gregory L. Davis
2701 Epping Branch Rd.
Lovell, MD 20723
 Phone 301 725 5423 Fax 301 604 5187

Existing Use Basement
 Proposed Use Basement
 Estimated Construction Cost \$ 5000.00
 Description of Work Finish Existing
unfinished areas, Entertainment Room
Wet bar unfinished storage area

Contractor Company Laffer Construction
 Contact Person Gregory L. Davis
 Address 2701 Epping Branch Rd.
 City Lovell State MD Zip Code 20723
 License No. 67453
 Phone 301 725 5423 Fax 301 604 5187

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 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: 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: N/A <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 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: <u>29</u> <u>58</u> 2nd floor: <u>29</u> <u>58</u> Basement: <u>29(1/2)</u> <u>70</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<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.

Applicant's Signature [Signature]
Laffer Construction

Print Name LISA Laffer
3801

Title/Company _____ Date _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY			PROPERTY ID#	
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee: \$ _____
State Highways			Rear: _____	Permit fee: \$ <u>4</u>
Building Official			Side: _____	Excise tax: \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee: \$ _____
Health	<u>3/8/01</u>	<u>Brian Baker</u>	All minimum setbacks met?	TOTAL FEES: \$ <u>48</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due: \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1524</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA