

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-327639

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 513280

A 56429-~~ZZ~~

DISTRICT _____

DATE 2/23/00

DATE SYSTEM APPROVED 3/8/00

INSPECTOR S.R.K.

INDEXED

Hatfield's

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 301-854-6172

SUBDIVISION Gaither Hunt LOT 50 ROAD 12012 Open Run Road

PROPERTY OWNER ~~Ryan Homes~~ Ed Wink's

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 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 155 feet off the front lot line and 65 feet off the right lot line as seen when facing the lot from Open Run Road. Run trenches on contour

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 11/12/99 OK ALL

PLANS APPROVED BY Amy McMillen DATE 10-28-1999

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

HD-260(6-90)

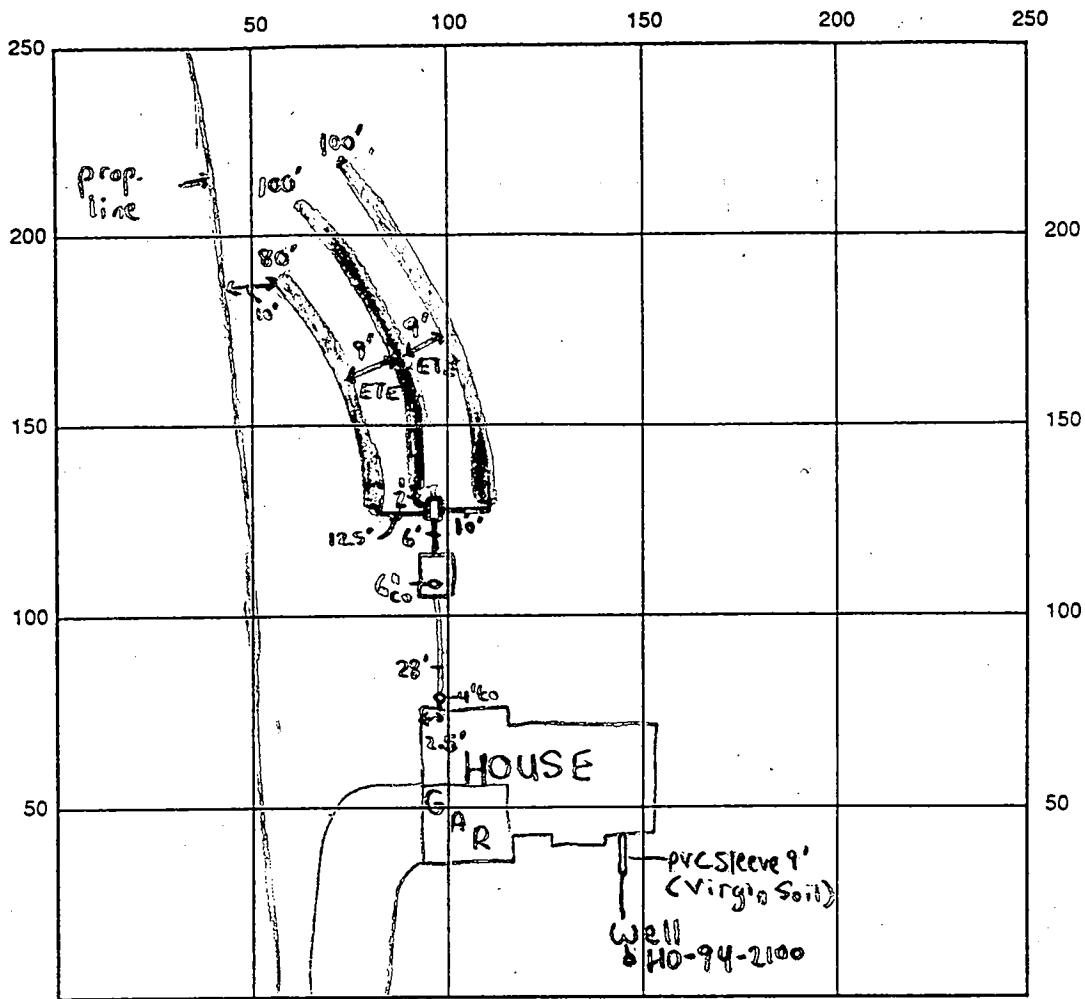
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 8/11/2000
B00125616 - Beck

BLDG. PERMIT SIGNED AND RETURNED 8/22/01
B00132093 - Sunroom

A 56429-~~ZZ~~

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
OPEN RUN ROAD

SEPTIC TANK LEVEL 1250 gallon mid seen CLEANOUTS 4" at house, 6" at tank

DISTRIBUTION BOX LEVEL Baffle is in

DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT.

DRYWELL NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 840 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 3/8/00 - OK TO COVER ALL WORK (SRM)

DATE SYSTEM APPROVED 3/8/00

INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 J. Thomas Scriver & Ryan Homes

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

AGENT OR PROSPECTIVE BUYER Donald R. Reuver Jr.

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 50 & 51

ROAD AND DESCRIPTION 12012 Open Run Road

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Boms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNED
AND RETURNED 11-28-99
Serial # B70 12 0932

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

56429

COUNTY #

SOIL PROFILE 187

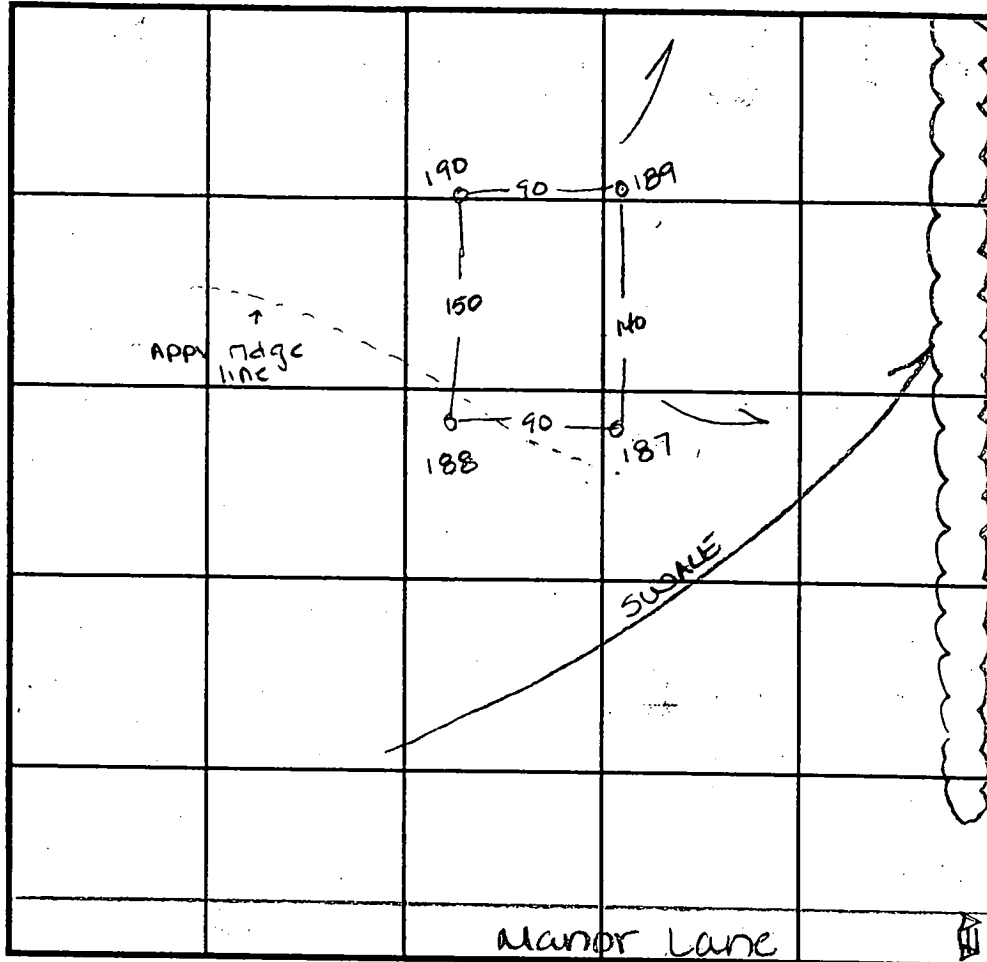
0' red brn
SiClm
3.0 lgt
orange
brn
SiSalm
20%
Saprolite
s rock
brag
mix
10.0 refusal

188

3.5 dark
red
SiClm
red brn
SiSalm
<10%
feldspar
brags
12.0

189

3.5 bright
orange
red
SiClm
lgt
orange
tan
Salm
12.5



SOIL PROFILE 190

0' red brn
SiClm
3.0 powdery
grey
brn
Salm
30%
schist
brags
11.0 refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	187	3.5 V11.0	3:20	3:33	3:33	3:40	7min
	188	4.0 V12.0	3:40	3:45	3:45	3:53	8min
	189	4.0 V11.0	3:39	3:50	3:50	4:04	14min
	190	Visual only	— see profile —				OK

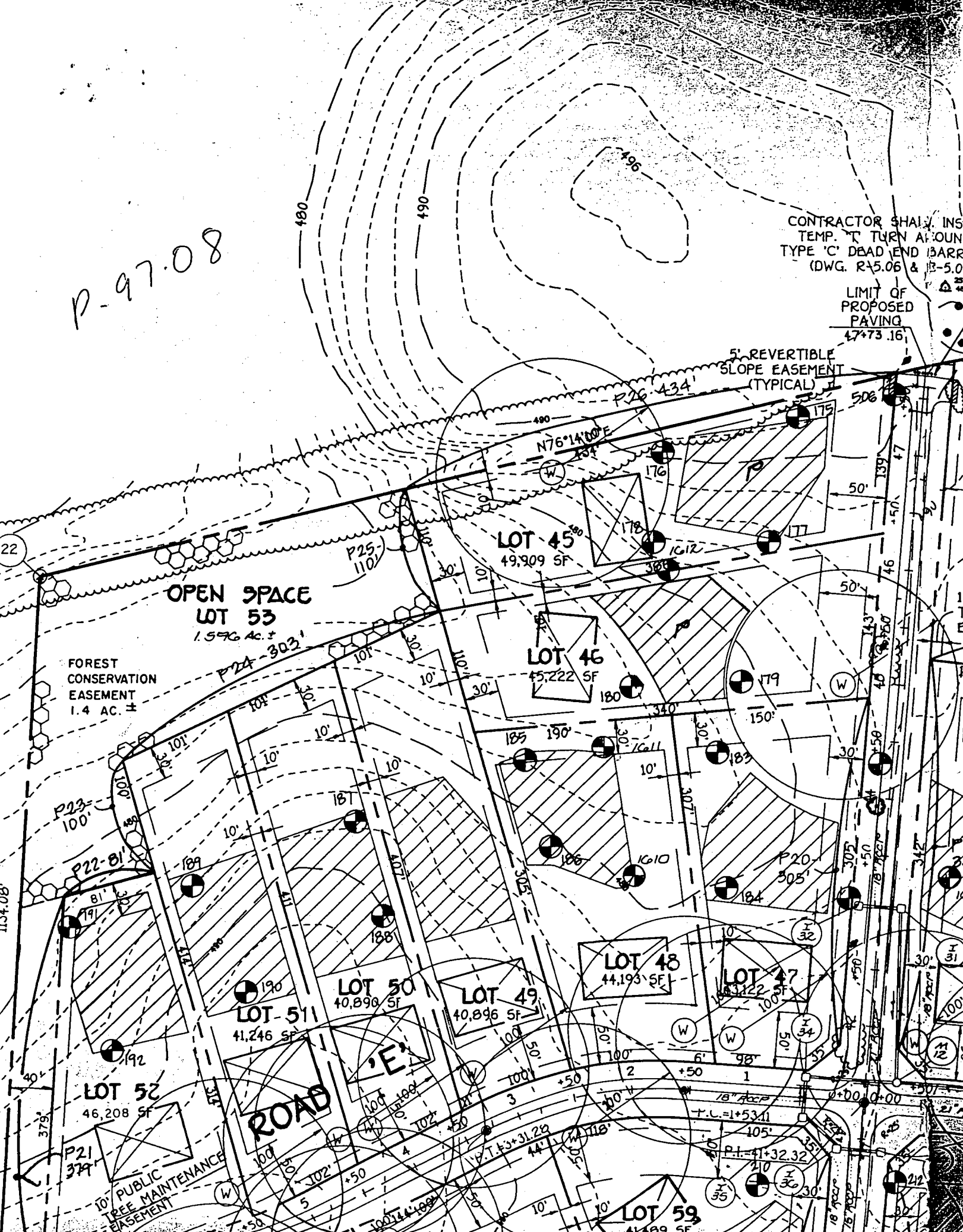
REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT Don Reuwer
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

P-97.08

CONTRACTOR SHALL INST.
TEMP. TURN AROUND
TYPE 'C' DEAD END BARR.
(DWG. R-5.06 & B-5.0)

LIMIT OF
PROPOSED
PAVING
47+73.16'

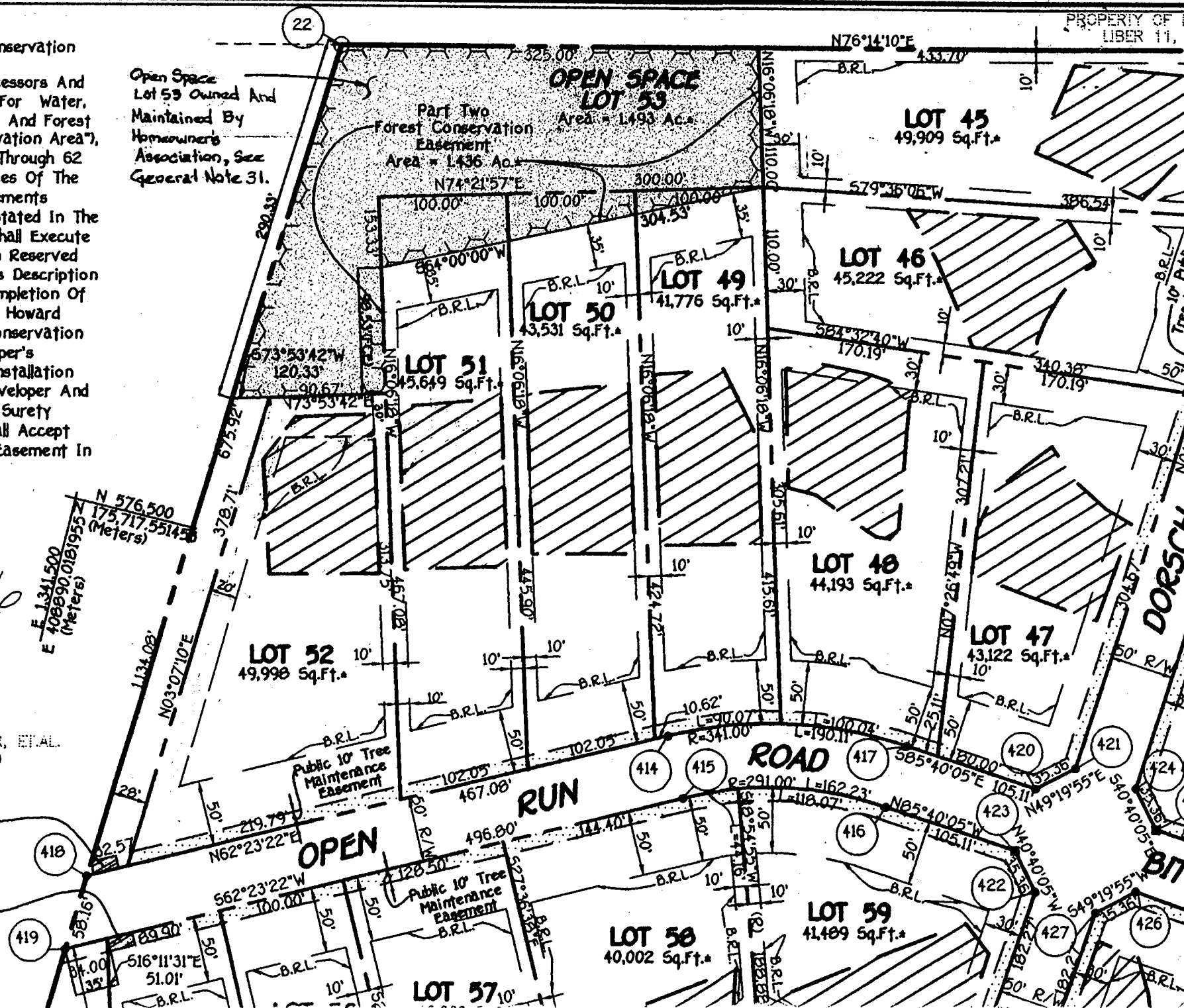
5' REVERTIBLE
SLOPE EASEMENT
(TYPICAL)



Public Utility And Forest Conservation
 serves unto itself, its successors and
 assigns. The easements shown on this plan for water,
 drainage, other public utilities and forest
 conservation designated as "Forest Conservation Area",
 "Open Space", and "Public Utility", shall be subject to the easements
 whether or not expressly stated in the
 said lots(5). Developer shall execute
 agreements for the easements herein reserved
 in accordance with a metes and bounds description
 of the forest conservation area. Upon completion of
 the easements and their acceptance by Howard
 County, the case of the forest conservation
 easement in completion of the developer's
 forest conservation installation
 agreement executed by developer and
 the release of developer's surety
 agreement, the county shall accept
 and record the deed(s) of easement in
 of Howard County."

Open Space
 Lot 53 Owned And
 Maintained By
 Homeowners
 Association, See
 General Note 31.

PROPERTY OF
 LIBER 11,



F-98.76

N 576.500
 E 1341.500
 E 408890.0181955
 (Meters)

PROPERTY OF
 CARTER CARROLL ZIEGLER, ETAL.
 LIBER 2730, FOLIO 310

5'x20' Reversible
 Slope Easement

418

419

OPEN

LOT 57

RUN

ROAD

DORSCH

BIT

355

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

~~630-8888~~ PHONE (410) 313-2640
 FAX (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____
 Receipt # _____ Date _____
 Name of Installer LEHSAC CORPORATION Telephone 410-242-6888
 License Number #3344
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
 Name of Property Owner RYAN ROMES Telephone 410-654-0501
 Subdivision GAITHERSHUNT Lot # 50 Well Tag # HO-99-2100
 Site Address 12012 OPEN RUN ROAD

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make JACOZZI
 3. Model # T754712B-SZ
 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 _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220 ✓

Pitless Adapter
 1. Make WYTISS
 2. Model # _____
 3. Depth 42"

Tank
 1. Capacity 86
 2. Pressure relief valve? 9

Piping
 1. Type Poly E
 2. Size 1 1/4
 3. NSF and/or BOCA Code approved 9
 4. Depth of supply line 42"

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

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.

3/9/00-WPI ON SRK Signature of Applicant: _____
 Date: 4/8/00

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

Total linear feet of trench required 280 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 5.0 feet

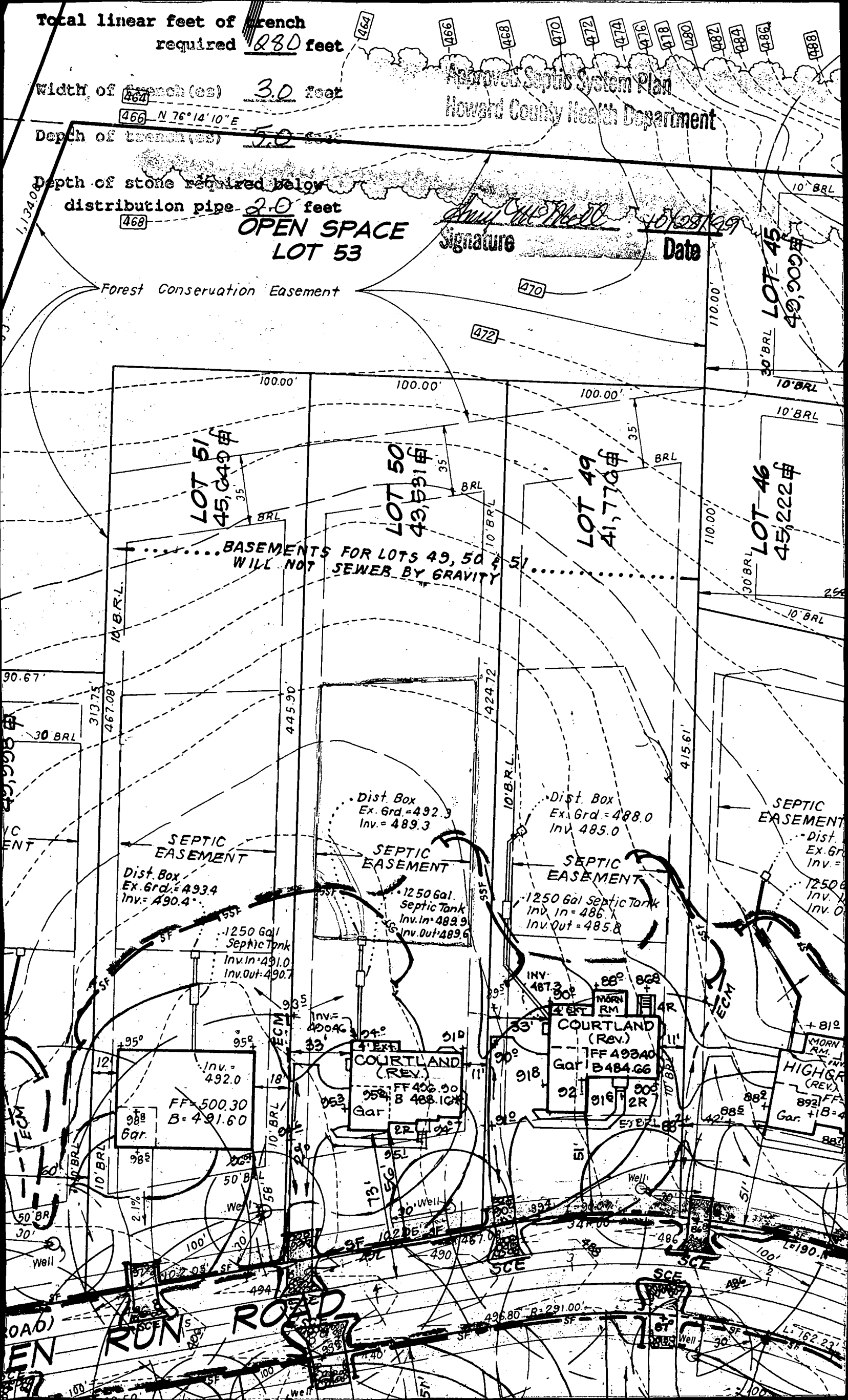
Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

**OPEN SPACE
LOT 53**

Ann O'Connell
Signature
10/28/99
Date

Forest Conservation Easement



B 1	5146	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2100 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 01-26-99
8 MM DD YY 13

Russell Development LLC
15 Last Name Owner First Name 34

8808 Centre Park Dr. Suite 209
36 Street or RFD 55

Columbia MD 21045
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard
8 COUNTY 21

Gaither Hunt
23 SUBDIVISION 42

SECTION 1 LOT 50
44 46 48 50

Ellicott City
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4
73 M 76 77 78

DRILLER INFORMATION

MICHAEL BARLOW MW D.355
Driller's Name 76 License No. 81

MICHAEL BARLOW Well Drilling Service Inc
Firm Name

912 FAUN CT. Joppa MD 21085
Address

[Signature] 1-22-99
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Open Run Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2 APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A564290
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 021199 A McMillen 021100
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 515 000 EAST GRID 830 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 DEEPEMED 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)

APPROX. PERMIT NUMBER _____ GAP _____ 54 63

PERMIT No. HO-94-2100
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

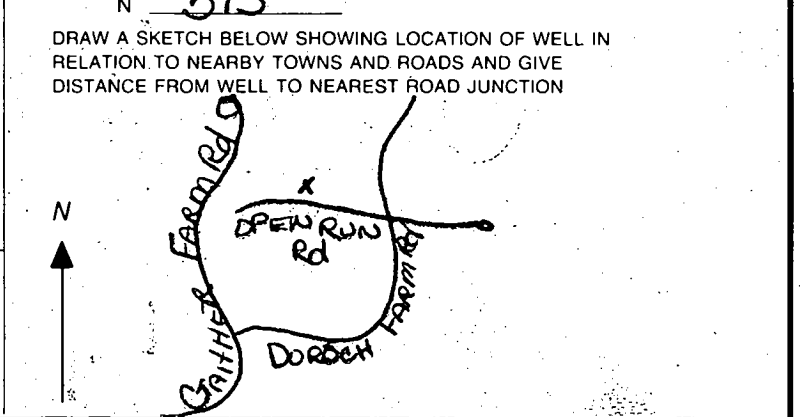
SOURCES OF DRILLING WATER

- GROUT
- No insp
- X Au

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830
N 515

000
000



Building Address 12012 Open Run Rd.
Ellicott 21042

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract 6030 Subdivision Gutler Hunt

Section _____ Area _____ Lot 50

Tax Map 29 Parcel 21 Grid 5

Zoning REDC Map Coordinates 15A1 Lot size _____

Property Owner's Name Ed Winkis

Address 12012 Open Run Rd

City Ellicott State Md Zip Code 21042

Home Phone 301-568-8018 Work Phone 301-568-7018

Applicant's Name & Mailing Address, (if other than stated hereon) _____

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Deck

Estimated Construction Cost \$ 6000

Description of Work 21 X 18 Deck

Contractor Company Blake's Construction

Contact Person Paul Blake

Address 4401 Wether Ave

City Belt State Md Zip Code 21214

License No. 1514

Phone 410-254-8447 Fax same

Occupant or Tenant _____

Contact Name Same

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

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric: Yes No

Gas: Yes No

Heating System:
 Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

Full
 Partial
 Other Suppression

of Heads _____

Building Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms: _____

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: 11' x 12' 5"

Footings: _____

Roof: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric: Yes No

Gas: Yes No

Heating System:
 Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

NFPA #13D
 NFPA #13R
 Other

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 TO THIS SITE; (4) THAT HE/SHE WILL PERFORM WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WAIVES ANY LIABILITY OFFERED BY THE STATE TO IDENTIFY THIS PROPERTY FOR THE PURPOSE OF RESPECTING THE WORK DESCRIBED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company _____

Print Name Ed Winkis

Date 1/25/06

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 _____

Building Official _____

Dev. Engineering DPZ _____

Health 2/1/06 Mark Wilkins

Fire Protection _____

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

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 _____

PROPERTY ID: 43599

Filing fee: \$ 200

Permit fee: \$ 30

Excise tax: \$ _____

Sub-total paid: \$ _____

Add'l permit fee: \$ _____

TOTAL FEES: \$ _____

Balance due: \$ _____

Check: \$ 1387

Validation: \$ 335.9

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Building Address 12012 Open Run Rd
EC 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Orchard Hill 1

Section 2 Area _____ Lot 50

Tax Map 29 Parcel 21 Grid 4

Zoning CNFB Map Coordinates 15B1 Lot size _____

Property Owner's Name Ed Winkler and Paula S. 2999

Address 12012 Open Run Rd

City Ellicott City State MD Zip Code 21042

Home Phone 201-596-9818 Work Phone 410-423-4307

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Single Family dwelling

Proposed Use Same

Estimated Construction Cost \$ 25,000

Description of Work Handed Sump Pump
12x16 on side of property.

Contractor Company Owings Brothers Const.

Contact Person Michael Owings

Address 1912 Liberty Rd

City Ellicott City State MD Zip Code 21042

License No. 19661-01

Phone 410-961-1022 Fax 410-549-9668

Occupant or Tenant Occupant

Contact Name Ed Winkler

Address 12012 Open Run Rd

City Ellicott City State MD Zip Code 21042

Phone 201-596-9818 Fax 410-549-9668

Engineer or Architect Company None

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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: _____	
State Certified Modular _____ Manufactured Home _____	

THE APPLICANT 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 THERE TO; (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.

Michael Owings
 Applicant's Signature
President Owings Brothers Const.
 Title/Company

Michael Owings
 Print Name
8/22/01
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/ APPROVAL	PROPERTY ID
Land Development/DZ			
State Highway			
Building Official			
Dev. Engineering/DZ			
Health			
Fire Protection			
Sediment Control approval required			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			
ONE STOP <input type="checkbox"/>			
Distribution of Copy			
White Building Official			
Green UDD/DZ			
Yellow DED/DZ			
Blue Health			
Gold SH			

FORM PERMIT.FRM