

5/11/99  
3:00  
5/12/99  
3:00

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-326330

P 511502  
56430  
A ~~511502~~

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DISTRICT \_\_\_\_\_  
DATE 5/12/99  
DATE SYSTEM APPROVED 5/12/99  
INSPECTOR S.R.k.

Lehsac Plumbing & Heating IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 202 Azar Court, Baltimore, MD 21227 PHONE 410-242-6888

SUBDIVISION Gaither Hunt, Section 1 LOT 70 ROAD 11000 <sup>Hunters</sup> ~~Persch~~ View Road

PROPERTY OWNER Ryan Homes

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 140 feet off the front lot line and 10 feet off the right lot line as seen when facing the lot from Fox Haven Road. Run trenches on contour toward Hunters View Road.

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 3-16-99

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.

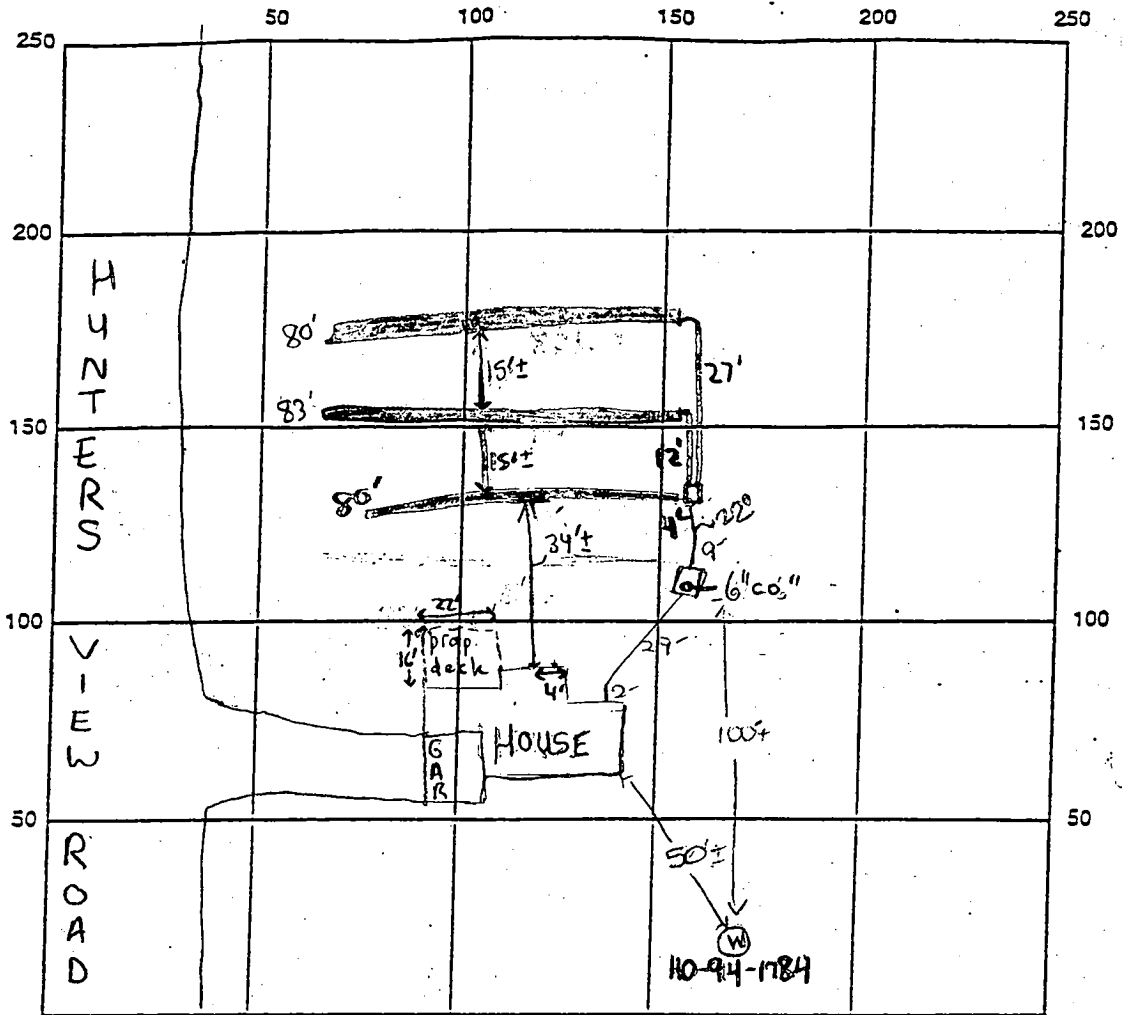
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

5/12/99  
56430  
W

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
DORSCH FARM RD

SEPTIC TANK LEVEL OK - 1250 gal (midseam) CLEANOUTS 1-6" at tank

DISTRIBUTION BOX LEVEL OK. Baffle is in

DRAIN FIELD/TILE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 243 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 729 SQ. FT.

DRAIN WELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 5/11/99 NO house connection made. OK to cover  
from house to septic tank and continue. DKS  
5/12/99 - HOUSE CONNECTION MADE, OK TO COVER REST OF WORK (SRK)

DATE SYSTEM APPROVED 5/12/99 INSPECTOR Steven R. Krieger

# 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 4/3/76

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 Ryan 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. 88-70 ✓

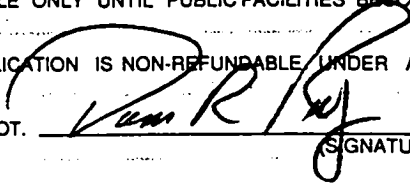
ROAD AND DESCRIPTION (11000 Hunters View Road)

TAX MAP 29 PARCEL # 21

**BLDG. PERMITS SIGNED  
AND RETURNED 376-39  
Serial # B10116370**

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4 Bed  
(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 \_\_\_\_\_

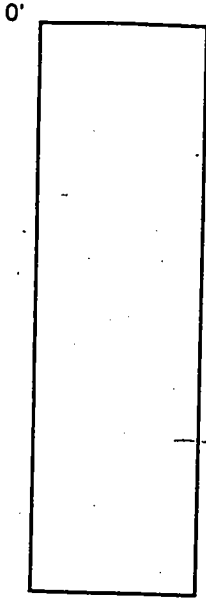
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

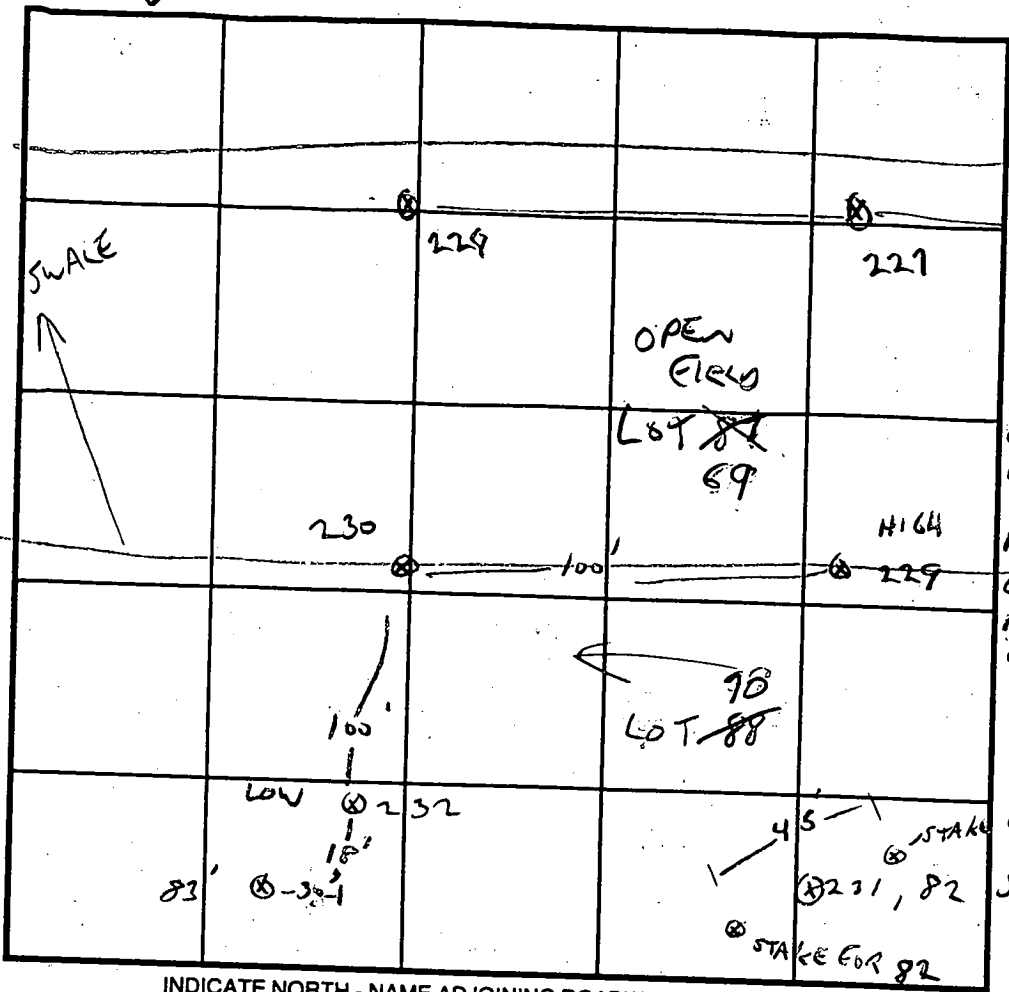
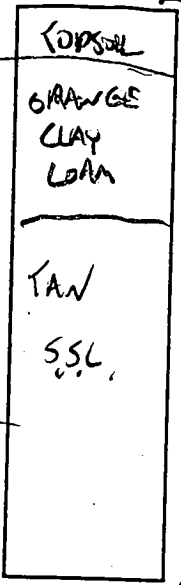
56429  
COUNTY #

↑ N

SOIL PROFILE



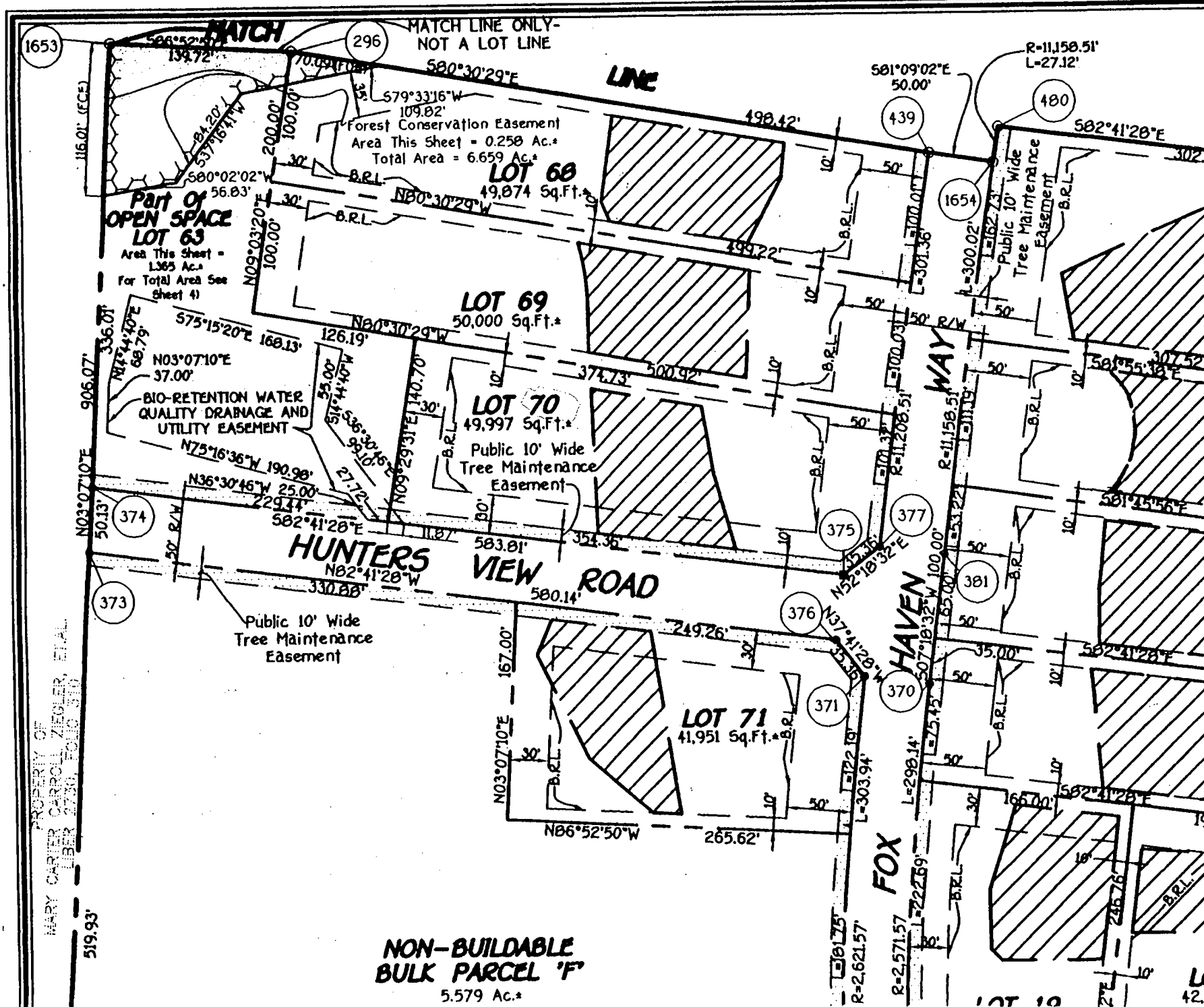
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/3/96	232	5'	12:03	2:05	12:05	12:08	3 MW
	OR TO 11' 8"						
	230	5' 6"	12:17	12:18	12:18	12:20	2 MW
	OR TO 12						
	229	5'	12:22	12:26	12:26	12:34	8 MW
	231	5' SEE	OTHER	SHEET →			6 MW

REMARKS LOT 88 DUG PER PLAN  
 TYPE OF SOIL 70  
 TESTED BY G. SAVAGE ALSO PRESENT NON REVENUE MIKE  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MW TRENCH WIDTH 3  
 INLET DEPTH 3' 6" MAXIMUM BOTTOM DEPTH 5' 6" SQ. FT./BEDROOM 180



1653

296

439

480

1654

Part of  
OPEN SPACE  
LOT 63  
Area This Sheet =  
1.365 Ac.  
For Total Area See  
Sheet 41

Forest Conservation Easement  
Area This Sheet = 0.250 Ac.  
Total Area = 6.659 Ac.\*

LOT 68  
49,874 Sq.Ft.\*

LOT 69  
50,000 Sq.Ft.\*

LOT 70  
49,997 Sq.Ft.\*

Public 10' Wide  
Tree Maintenance  
Easement

BIO-RETENTION WATER  
QUALITY DRAINAGE AND  
UTILITY EASEMENT

HUNTERS  
VIEW ROAD

Public 10' Wide  
Tree Maintenance  
Easement

LOT 71  
41,951 Sq.Ft.\*

FOX  
HAVEN  
WAY

NON-BUILDABLE  
BULK PARCEL 'F'  
5.579 Ac.\*

PROPERTY OF  
MARY CARLER CARROLL ZIEGLER, ETAL  
LIBER 2730, FOLIO 310

519.93'

R=2,571.57  
L=2,621.57

R=2,571.57  
L=2,227.69

LOT 10

LOT 12

GAITHER HUNT 3-11-99

ATTN Amy McM.

LOT 70 - REVISE SEPTIC  
EASEMENT PER  
RECORDED PLAN

THANK YOU  
JOEY CCPS

N09°03'20"E

200.00'

100.00' 69  
50,000 SF  
30" BRL

100.00' 68  
49,874 SF  
30" BRL

70  
49,997 SF  
30" BRL

3/11/99  
By copy of this  
plan, the health  
dept accepts this  
modification to the recorded  
SDA. All  
BASEMENTS WILL NOT SEWER BY  
GRAVITY LOTS 68 THRU 70

HUNTERS VIEW ROAD  
(PUBLIC ROAD) S82°41'28"E

BASEMENTS WILL NOT SEWER BY  
GRAVITY LOTS 68 THRU 70

Septic area added

SEPTIC EASEMENT  
Distribution Box  
Ex. Grd. 480.0  
Inv. In 477.0

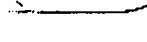
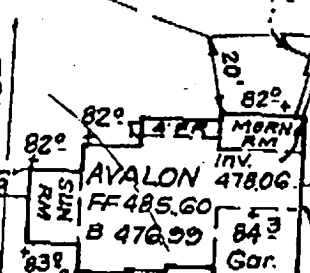
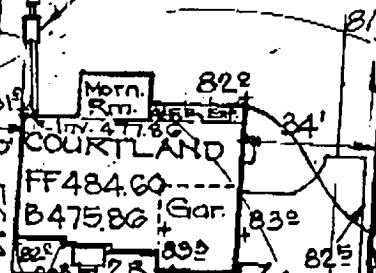
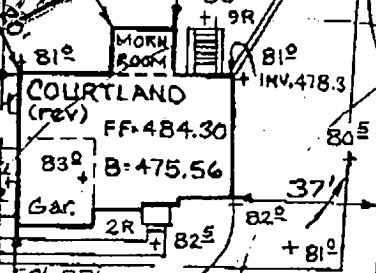
SEPTIC EASEMENT  
Distribution Box  
Ex. Grd. 480.3  
Inv. 477.3

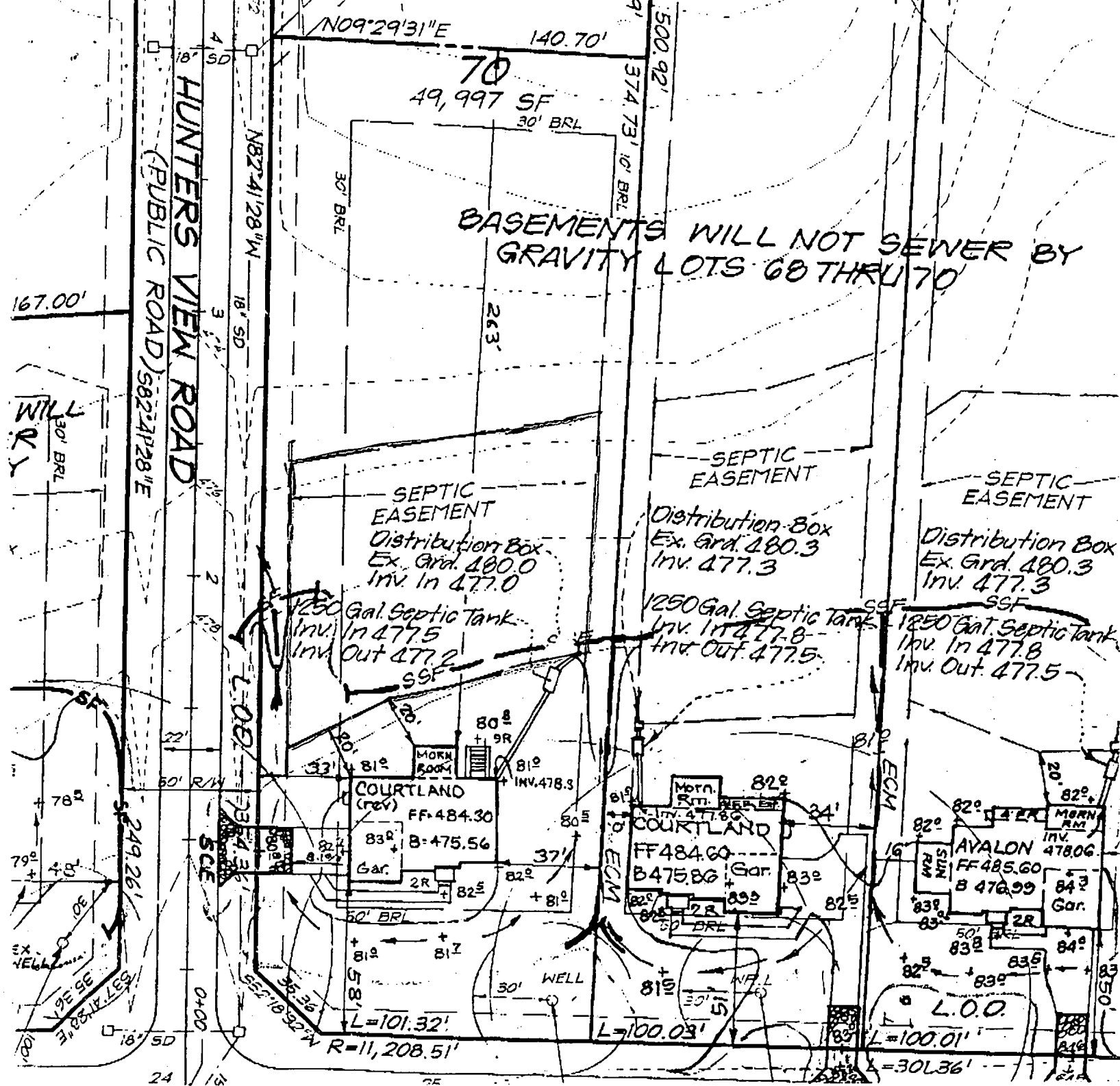
SEPTIC EASEMENT  
Distribution Box  
Ex. Grd. 480.3  
Inv. 477.3

1250 Gal. Septic Tank  
Inv. In 477.5  
Inv. Out 477.2

1250 Gal. Septic Tank  
Inv. In 477.8  
Inv. Out 477.5

1250 Gal. Septic Tank  
Inv. In 477.8  
Inv. Out 477.5





Total linear feet of trench  
required 240 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 5.5 feet

Depth of stone required below  
distribution pipe 2.0 feet

Approved Septic System Plan  
Howard County Health Department

Amy McMillan 3/16/99  
Signature Date

FIXED BILLING

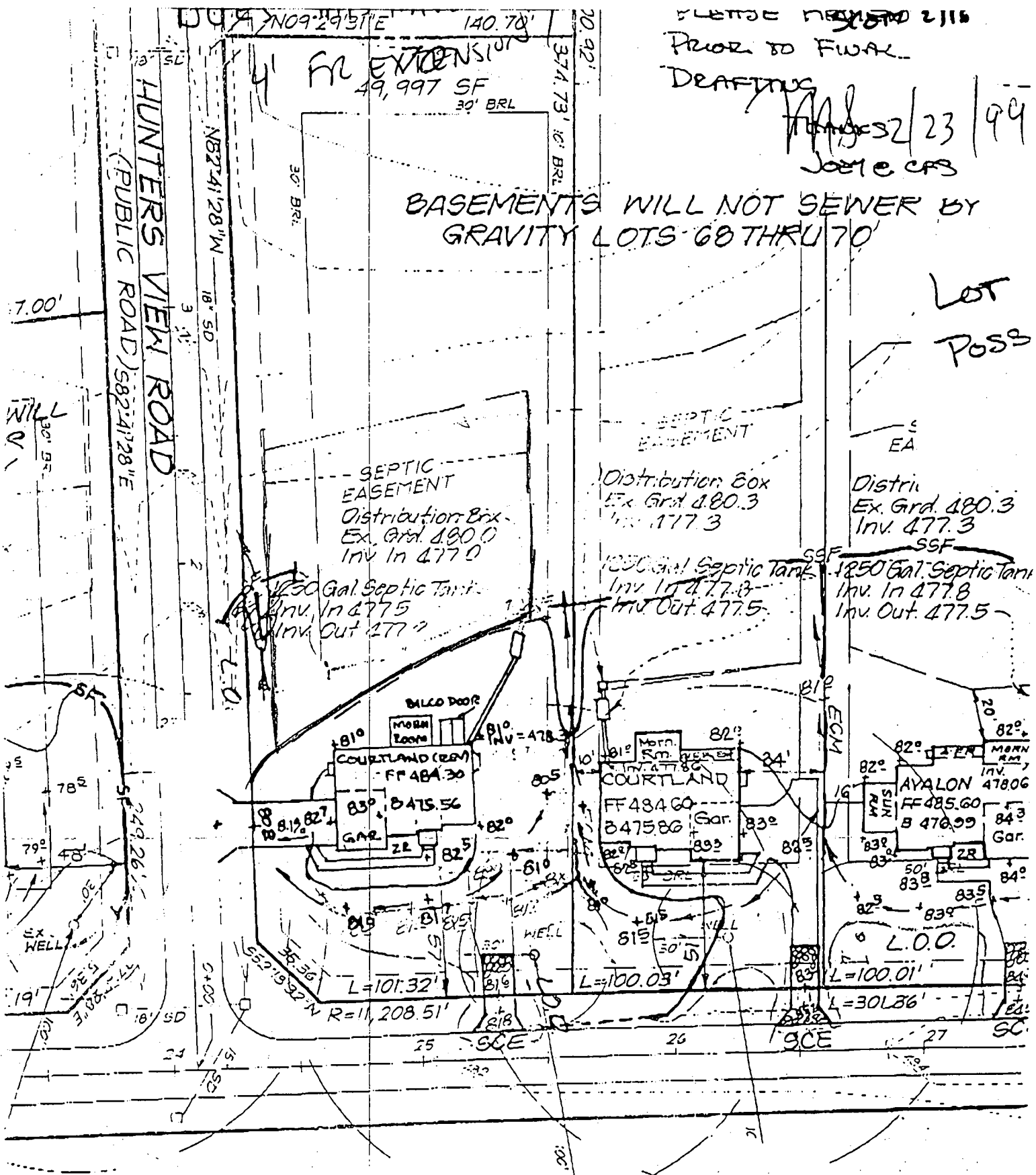
WL 0070

PLEASE REVIEW 2116  
Prior to FINAL  
DRAWING

MAR 22/23/99  
JOHN C. CFS

BASEMENTS WILL NOT SEWER BY  
GRAVITY LOTS GO THRU 70'

LOT  
POSS



B 1 8073

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1784 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

RUSSELL DEVELOPMENT, LLC

15 Last Name Owner First Name 34

8808 CENTRE PARK DRIVE SOUTHWEST

Columbia MD 21045

57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21

Gaither Hunt

23 SUBDIVISION 42

SECTION 1 LOT 70

ELICOTT CITY

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

MICHAEL BARLOW MW D355

Driller's Name 76 License No. 81

MICHAEL BARLOW WELL DRILLING Svc Inc

Firm Name

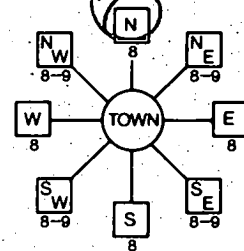
912 FAWN COURT. Joppa, MD 21085

Address

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



On Fawn Court Dorsch Farm Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 15 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 29 BLK 11 PARCEL 322

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A57624A

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/16/98 CO SIGNATURE EXP. DATE 10/16/99

NORTH GRID 520 000 EAST GRID 830 000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G.A.P.

PERMIT No. HO-94-1784

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

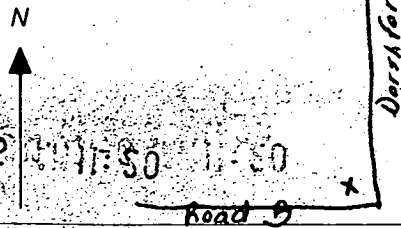
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 830 N 520

Handwritten notes: 12/15/98, Frowd, no msg

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date 5/5/99  
Name of Installer CEHBA CORP. Telephone 410-242-6888  
License Number 3344  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
Name of Property Owner Ryan Homes Telephone 410-654-0501  
Subdivision Cc. The Hunt Lot # 70 Well Tag # HO-94-1784  
Site Address 11000 Hunters View Rd.

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 3/4 1. Make Wilkes  
a. Deep well jet  2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage 220 3. Depth 42"  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make Jacuzzi b. 220   
3. Model # T7547/2B-52  
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 \_\_\_\_\_

Tank Piping Well data  
1. Capacity 86 1. Type POLY E 1. Depth 200 ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size 1" 2. Yield 12 GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? NO

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.

WPI OK 5/12/99 (SRW)  
Signature of Applicant: \_\_\_\_\_  
Date: 5/5/99  
Grout below pitless adapter   
pitless adapter   
conduit pipe   
2" pipe cap   
line 42" below grade

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

A57624-A R511563

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B-00122536
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Building Address <u>1000 Hunters View Rd.</u> <u>Ellieott City, MD 21142</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>4083</u> Subdivision <u>Golden Hunt 1</u> Section <u>1</u> Area <u>1</u> Lot <u>070</u> Tax Map <u>122</u> Parcel <u>21</u> Grid <u>134</u> Zoning <u>R60</u> Map Coordinates <u>1881</u> Lot size _____	Property Owner's Name <u>Paul &amp; Lisa Long</u> Address <u>1000 Hunters View</u> City <u>Ellieott City</u> State <u>MD</u> Zip Code <u>21142</u> Home Phone <u>410-954-1123</u> Work Phone <u>410-715-2112</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>6502 R. BELMONT RD</u> <u>BALTO, MD 21206</u> Phone <u>410-254-7310</u> Fax <u>410-254-7664</u>
--	---

Existing Use <u>SFD</u> Proposed Use <u>SFD W/DECK</u> Estimated Construction Cost \$ _____ Description of Work <u>22' x 16' x 8' HT OPEN WOOD</u> <u>DECK ON REAR OF SFD W/ STAIRS TO GARAGE</u>	Contractor Company <u>American Deck Inc</u> Contact Person <u>David R. Lowmerson</u> Address <u>6502 R. BELMONT RD</u> <u>BALTO, MD 21206</u> City <u>BALTO</u> State <u>MD</u> Zip Code <u>21206</u> License No. <u>25565</u> Phone <u>410-254-7310</u> Fax <u>410-254-7664</u>
---	--

Occupant or Tenant <u>Paul &amp; Lisa Long</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>POST + PIER</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICED.

<u>David R. Lowmerson</u> Applicant's Signature Title/Company _____	<u>David R. Lowmerson</u> Print Name <u>2/22/00</u> Date
---	---

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

AGENCY <u>Land Development DPZ</u> State Highways _____ Building Official _____ Dev. Engineering DPZ _____ Health <u>2/23/00</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR OFFICE USE ONLY - 50' MIN SIGNATURE APPROVAL <u>Steven R. Kueg</u> DPZ SETBACK INFORMATION Front: <u>10' MIN</u> Rear: <u>N/A</u> Side: _____ Side St.: <input checked="" type="checkbox"/> All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>22227</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>6000</u> Validation # <u>22510</u> Accepted by <u>(Signature)</u>
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CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

