12/3/97 1:00
12/24/97 10:00am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-325164

P 5988Z-B

A REPAIR

DISTRICT

DATE 3-20-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

Hatfields Equipment IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 13785 Burntwoods Road Glenelg, MD PHONE (301)854-6172

SUBDIVISION ~~Steigler Property~~ Lyndonbrook LOT 7 ROAD 2078 St. James Road

PROPERTY OWNER SDC Development

BUILDING PERMIT SIGNED AND RETURNED
9-25-04-B00150001-FIRE DAMAGE REPAIR

ADDRESS

SEPTIC TANK CAPACITY ~~1250~~ 1000 GALLONS

NUMBER OF BEDROOMS 4

____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ____

REPAIR - PURPOSE - RELOCATION OF EXISTING SEPTIC SYSTEM ONTO THE NEWLY CREATED LOT.

12/23/97 F.11, collapse & replace the existing metal tank - install 2 - 90' trenches - inlet @ 3.0, bottom @ 5.0 ALM

PLANS APROVED BY ____ DATE ____

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

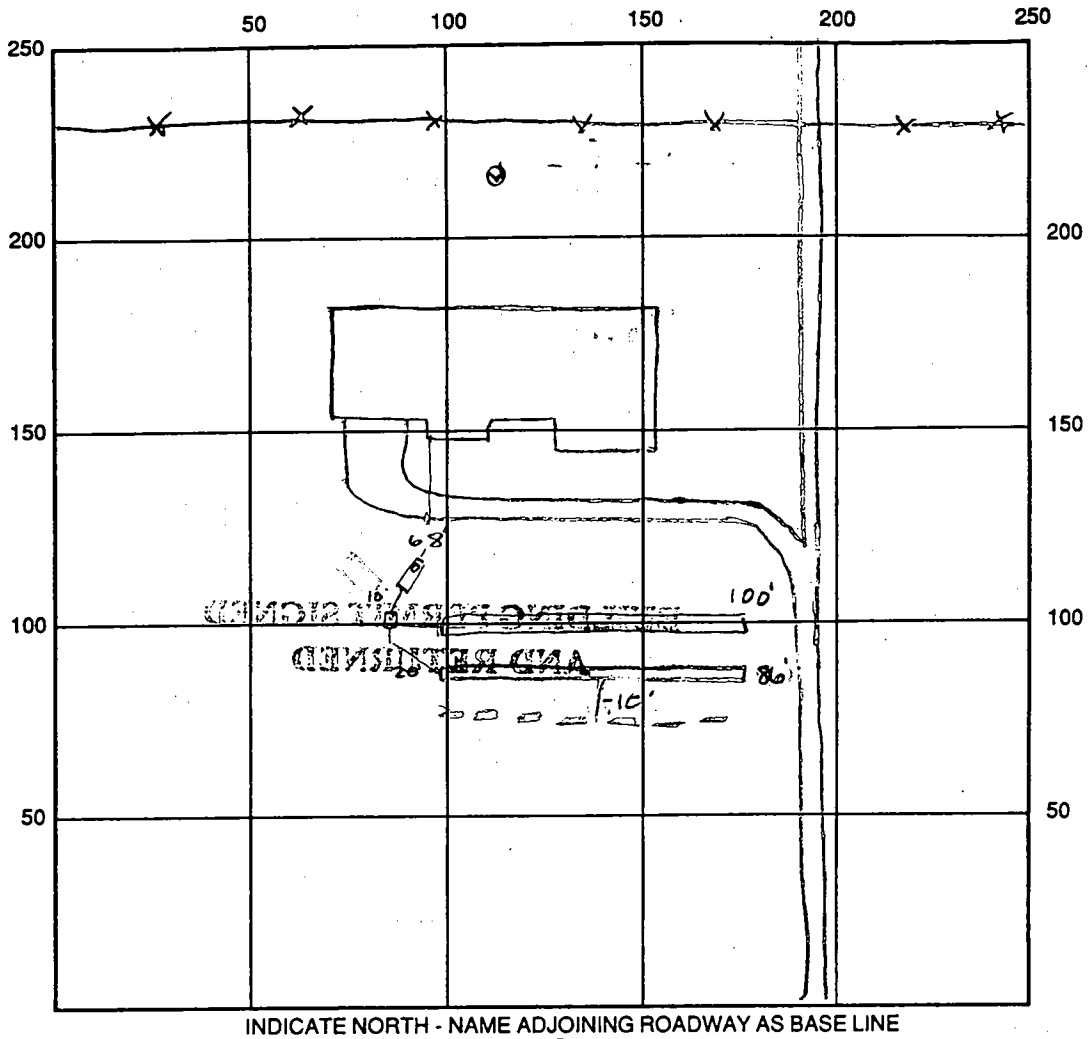
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

R5988-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Rt. 32

SEPTIC TANK LEVEL OK 1000 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 186 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 585 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 12/23/97 OK to cover 1st trench - call for insp when 2nd trench & tank is set ALM

*NOTE: Future repair to be placed as shown in red above - Inlet @ 3.0 bottom at 5.0 - 108' long ALM

12/10/99 No final inspection called in - property tie indexed but system not approved A

DATE SYSTEM APPROVED _____ INSPECTOR _____

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Steigler Prop A 50560D

STREET NAME: St. James Rd LOT NUMBER: 7

AVERAGE PERCOLATION RATE: 3min SQUARE FEET PER BEDROOM: 180 ☑

NUMBER OF BEDROOMS: 3 LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 180 SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES (NO)

COMPARTMENTED TANK REQUIRED? YES (NO)

TRENCH DIMENSIONS: Trench to be 3.0 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.

==========

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

==========

LOCATION: _____

_____

_____

_____

ADDITIONAL NOTES: _____

_____

_____

_____

Reviewer: _____ Date: _____

APPLICATION

PERCOLATION TESTING

A 5-0560D

P _____

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

DISTRICT _____

DATE 3/3/95

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 Annelore Stiegler
ADDRESS 2151 Route 32 Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417 Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. #1

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70 and Maryland Route 32

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(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

HD-216 (3/92)

Lot 4

50560-D
COUNTY #

SOIL PROFILE
0' 628 627

orange red brn Cl SiLm <5% 2-3 in dia stones

4.5

orange brn Sa SiL micaceous <5% shale

9'

lgt yellow tan Salm

12'

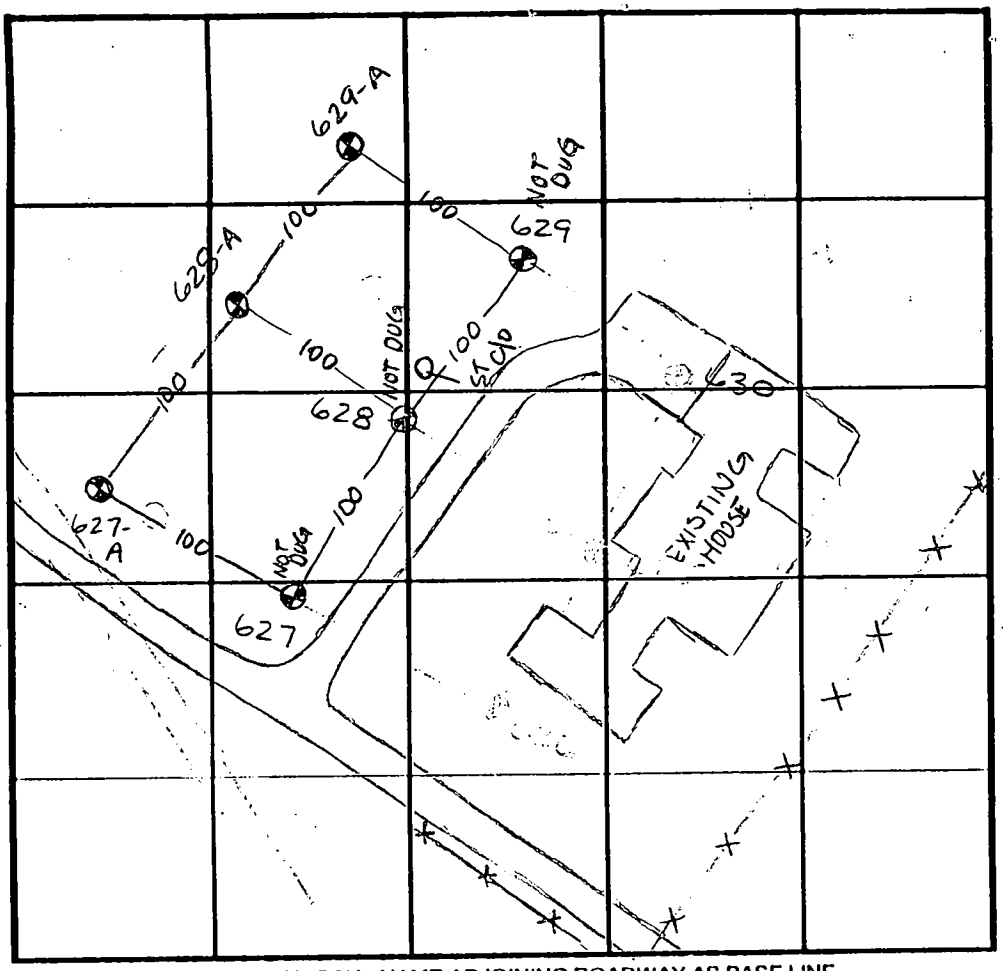
629

lgt beigh brn Cl SiLm

4'

lgt grey tan Si Sa Lm 5-10% micaceous shale frags ok.

115



SOIL PROFILE
0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-22-95	627-A	5' / V12'	10:27	10:32	10:32	10:36	4min
	628-A	5' / V12	10:48	10:49	10:49	10:51	2 1/4min
	629-A	5' / V11.5	10:43	10:44	10:44	10:46	2min

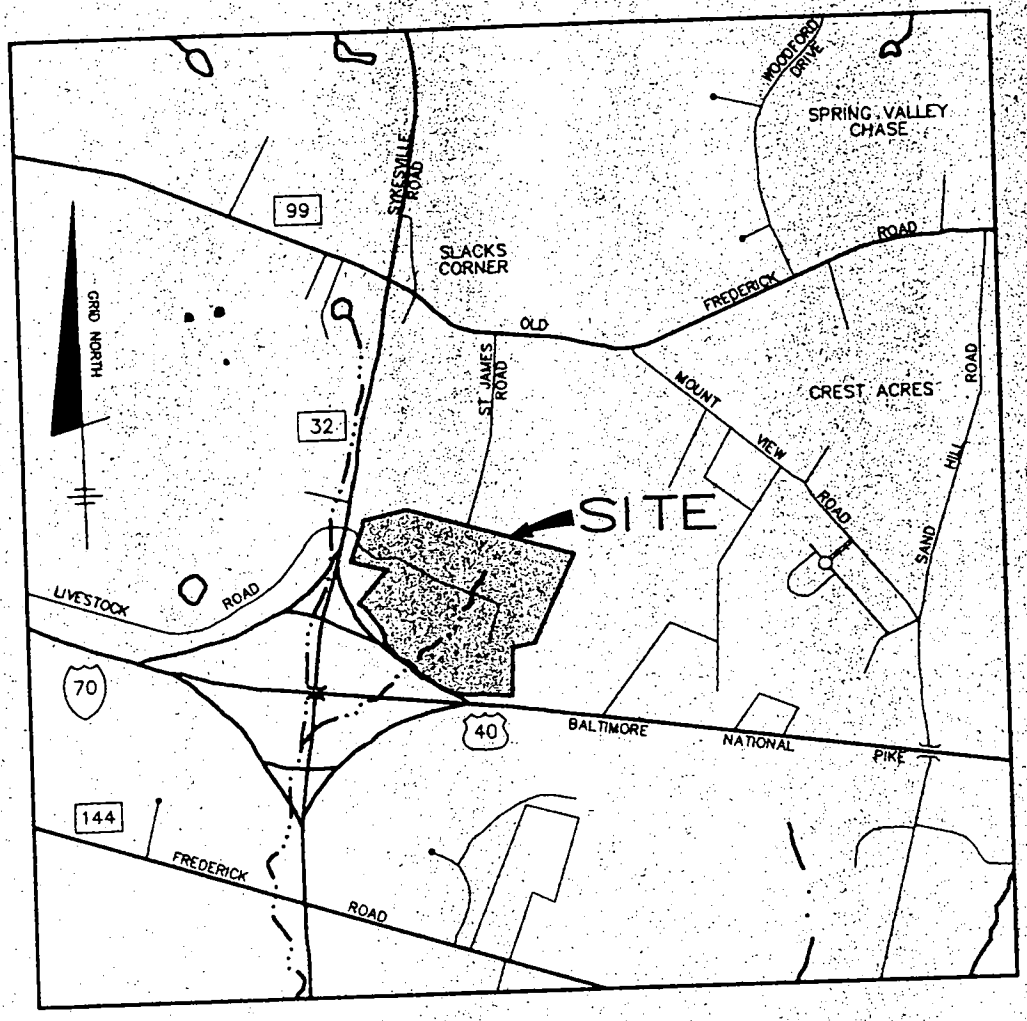
REMARKS Plan off 40-50' Holes moved in field 626 thr 630 not dug

TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min TRENCH WIDTH 2'

INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 8' SQ. FT/BEDROOM 180



VICINITY MAP

SCALE: 1" = 2000'

LEGEND

EXISTING CONTOURS

WETLAND LIMIT

APPROXIMATE 100 YEAR FLOODPLAIN

EXISTING WOODSLINE

CENTERLINE EXIST. STREAM

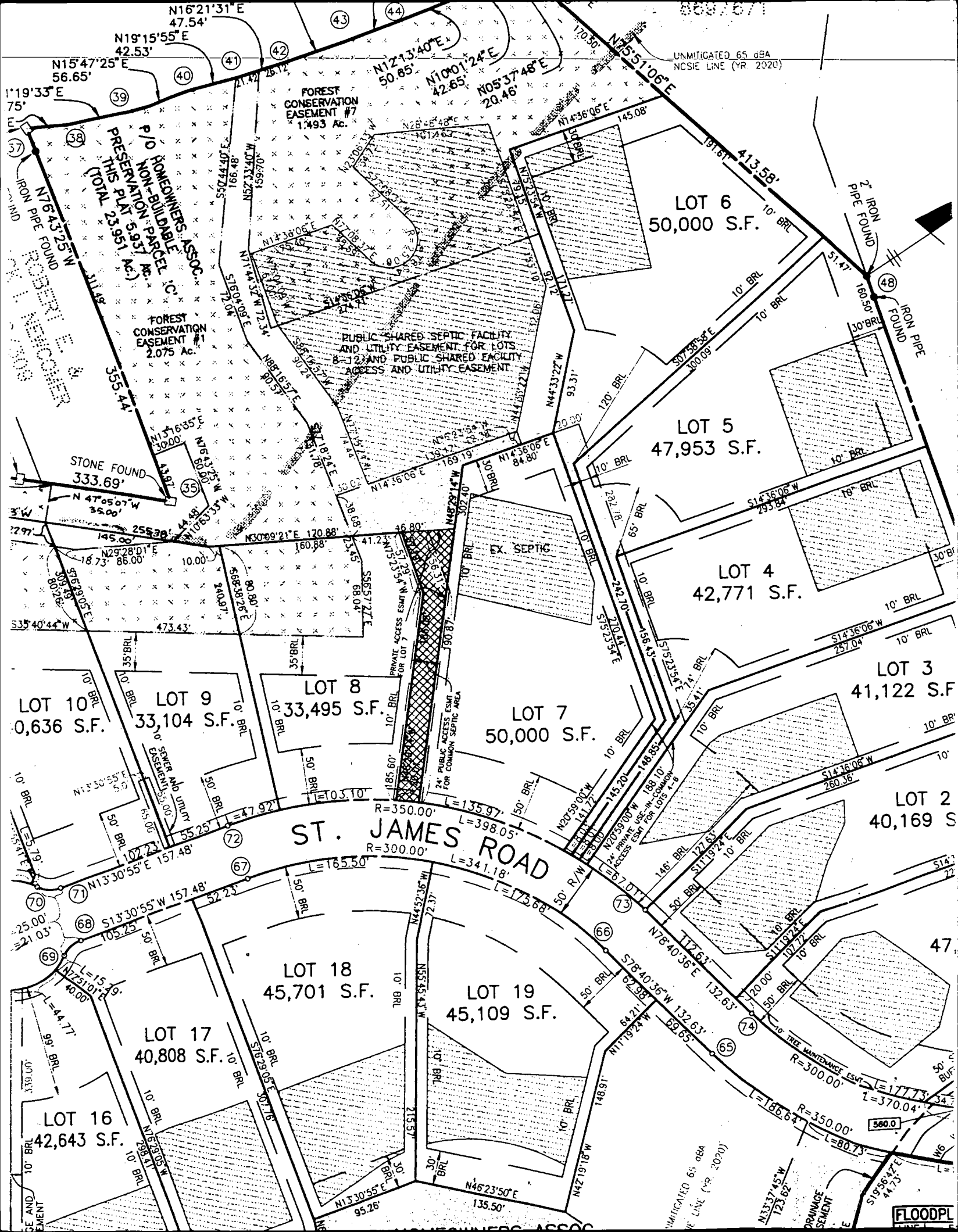
EXISTING STRUCTURE

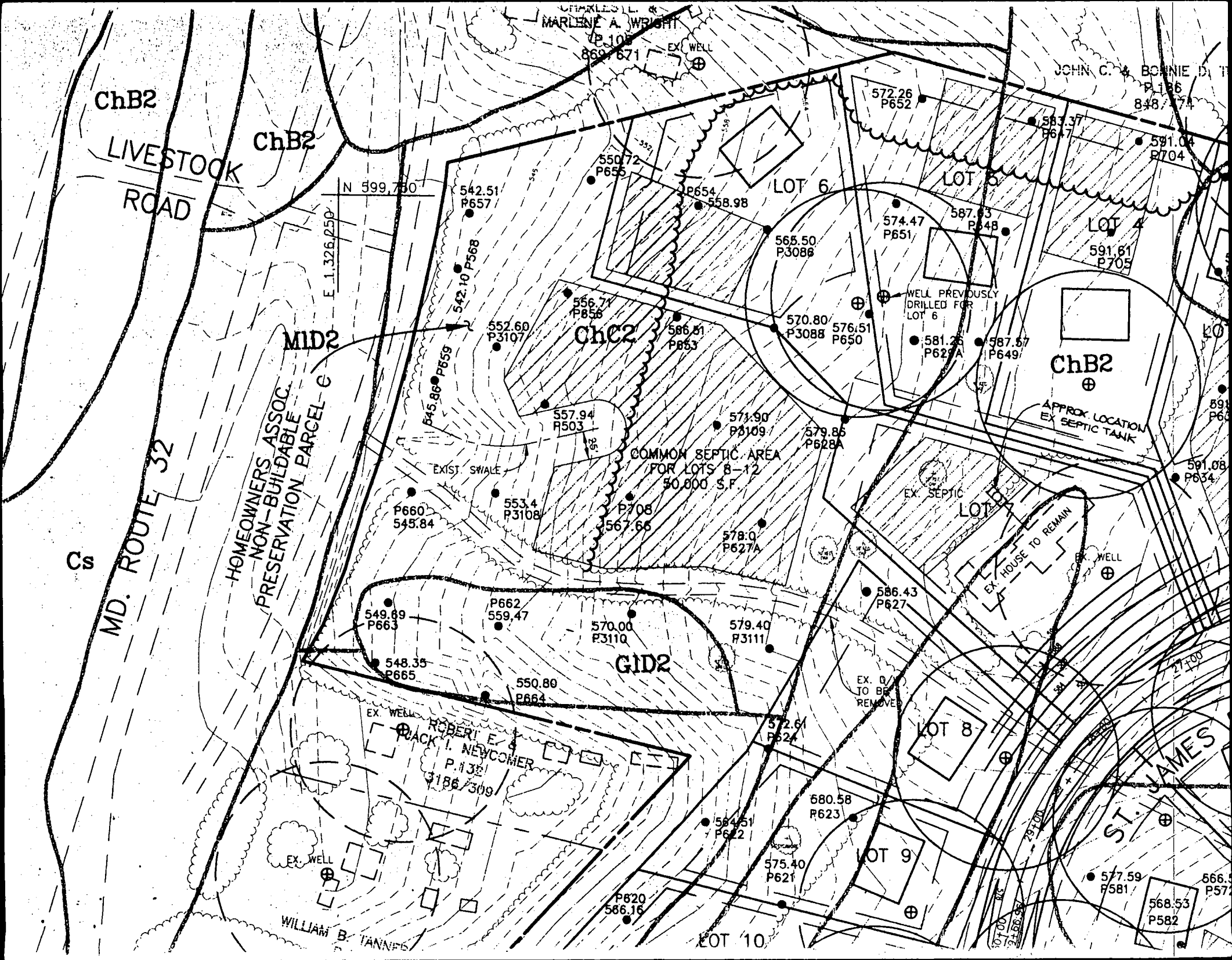
PROPOSED STRUCTURE

PROPOSED SEPTIC FIELD

CgC2

ARY ELLEN WILSON McMANUS
P.105
2654/130


ST. JAMES ROAD
LOT 2
40,169 S
LOT 3
41,122 S.F
LOT 4
42,771 S.F.
LOT 5
47,953 S.F.
LOT 6
50,000 S.F.
LOT 7
50,000 S.F.
LOT 8
33,495 S.F.
LOT 9
33,104 S.F.
LOT 10
0,636 S.F.
LOT 16
42,643 S.F.
LOT 17
40,808 S.F.
LOT 18
45,701 S.F.
LOT 19
45,109 S.F.
EX. SEPTIC
FOREST CONSERVATION EASEMENT #7
1.493 Ac.
FOREST CONSERVATION EASEMENT #1
2.075 Ac.
P/O NON-BUILDABLE PARCEL 'C'
PRESERVATION PARCEL 5.937 Ac.
THIS PLAT 23.951 Ac.)
PUBLIC SHARED SEPTIC FACILITY AND UTILITY EASEMENT FOR LOTS 8-12 AND PUBLIC SHARED FACILITY ACCESS AND UTILITY EASEMENT
UNMITIGATED 65 dBA NOISE LINE (YR. 2020)
IRON PIPE FOUND
2" IRON PIPE FOUND
STONE FOUND
SEWER AND UTILITY EASEMENT
PRIVATE ACCESS ESMT FOR LOT 7
PUBLIC ACCESS ESMT FOR COMMON SEPTIC AREA
24' PRIVATE USE-IN-COMMON ACCESS ESMT FOR LOTS 4-8
TREE MAINTENANCE ESMT
FLOODPL


ChB2
ChB2
LIVESTOCK ROAD
N 599,750
E 1,326,250
MD. ROUTE 32
Cs
MID2
ChC2
ChB2
GID2
HOMEOWNERS ASSOC. NON-BUILDABLE PRESERVATION PARCEL C
CHARLES L. & MARLENE A. WRIGHT
P.108
869/671
EX. WELL
JOHN C. & BONNIE D.
P.136
848/174
LOT 6
LOT 5
LOT 4
LOT 8
LOT 9
LOT 10
WELL PREVIOUSLY DRILLED FOR LOT 6
APPROX. LOCATION EX. SEPTIC TANK
COMMON SEPTIC AREA FOR LOTS 8-12 50,000 S.F.
EXIST. SWALE
EX. SEPTIC
EX. HOUSE TO REMAIN
EX. Q/ TO BE REMOVED
ROBERT E. & JACK T. NEWCOMER
P.132
3186/309
WILLIAM B. TANNER
ST. JAMES
542.51 P657
542.10 P568
550.72 P655
P654
558.98
565.50 P3086
572.26 P652
583.37 P647
591.04 P704
574.47 P651
587.63 P648
591.61 P705
556.71 P656
552.60 P3107
570.80 P3088
576.51 P650
581.26 P628A
587.57 P649
586.51 P653
545.86 P659
557.94 P503
571.90 P3109
579.86 P628A
591.08 P634
553.4 P3108
P660 545.84
P708 567.66
578.0 P627A
586.43 P627
549.69 P663
P662 559.47
570.00 P3110
579.40 P3111
548.35 P665
550.80 P664
572.61 P624
580.58 P623
584.51 P622
575.40 P621
P620 566.16
577.59 P581
568.53 P582

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00116464

Building Address 2078 St James Rd. Sykesville, MD 21104

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

Census Tract old Existing House 14 Subdivision Lyndonbrook

Section _____ Area _____ Lot 7

Tax Map 15 Parcel 40 Grid 5

Zoning _____ Map Coordinates 5D13H Lot size _____

Property Owner's Name Ronald Smith

Address 2078 St James Rd

City Sykesville State MD Zip Code 21104

Home Phone 410 442 2476 Work Phone _____

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

Phone _____ Fax _____

Existing Use screen enclosure

Proposed Use replace with new Glass screen enc.

Estimated Construction Cost $ 2880.00

Description of Work remove existing screen enclosure (2 walls only) and replace with Glass + screen enclosure

Contractor Company Father + Son Construction

Contact Person Jack Baron

Address 8308 Liberty Rd.

City Bltto State MD Zip Code 21244

License No. 777

Phone 410-531-2121 Fax _____

Occupant or Tenant Ronald Smith

Contact Name Ronald Smith

Address 2078 St James Rd.

City Sykesville State MD Zip Code 21104

Phone 410 442 2476 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories: Single

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 DESCRIPTION - *RESIDENTIAL*

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: _____
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 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.

Jack Baron — *Applicant's Signature*

JACK BARON — *Print Name*

Agent for Contractor — *Title/Company*

3/3/99 — *Date*

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		
State Highways		
Building Official	3/4/99	
Dev. Engineering, DPZ		
Health	3/8/99	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP: ☐

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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 39843

Filing fee	$ _____
Permit fee	$ 25.00
Excise tax	$ 1.00
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 26.00
Balance due	$ _____
Check	# 10364
Validation	# 310525

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

s:\permit.frm

Rev. 10/15/98

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455, INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUM B00116464

Building Address 2078 St. James Rd. Sykesville, Md. 21104

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

Census Tract old Existing House in Subdivision Lyndonbrook

Section ____ Area ____ Lot 7

Tax Map 15 Parcel 40 Grid 5

Zoning ____ Map Coordinates 5 D13H Lot size ____

Property Owner's Name Howard [illegible]

Address 2078 St James Rd

City Sykesville State Md Zip Code

Home Phone 410 442 2476 Work Phone ____

Applicant's Name & Mailing Address, (if other than s

Phone ____ Fax ____

Existing Use Screen enclosure

Proposed Use replace with new Glass sunroom enc

Estimated Construction Cost $ 28800.00

Description of Work remove existing screen enclosure (2 walls only) and replace with Glass sunroom enclosure

Contractor Company Father & Son C

Contact Person Jack Baron

Address 8308 Liberty Rd.

City Ellic State Md Zip Cod

License No. 777

Phone 410-531-2121 Fax ____

Occupant or Tenant Ronald Smith

Contact Name Ronald Smith

Address 2078 St James Rd.

City Sykesville State Md Zip Code 21104

Phone 410 442-2476 Fax ____

Engineer or Architect Company ____

Contact Person ____

Address ____

City ____ State ____ Zip Cod

Phone ____ Fax ____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height ____

No. of stories single

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 DESCRIPTION - *RESIDENT*

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: ____

Footings: ____

Roof: ____

____ State Certified Modular

____ Manufactured Home

Water Sup

____ Publ

____ Priva

Sewage Di

____ Publ

____ Priva

Electric

Gas

Heating S

Electric

Natural Ga

Propane G

Sprinkler

____ NF

____ NF

____ Ot

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 REG 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 OFFICIA THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jack Baron — *Applicant's Signature*

Agent for Contractor — *Title/Company*

JACK BARON — *Print Name*

3/3/99 — *Date*

Checks payable to: *DIRECTOR OF FINANCE, HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	3/4/99	
Dev. Engineering, DPZ		
Health	3/8/99	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

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 NewTown Zone ____

SDP/Red-line approval date: ____

PROPERTY ID

Filing fee

Permit fee

Excise tax

Sub-total paid

Add'l permit fee

TOTAL FEES

Balance due

Check

Validation

Accepted

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health G

s:\permit.frm

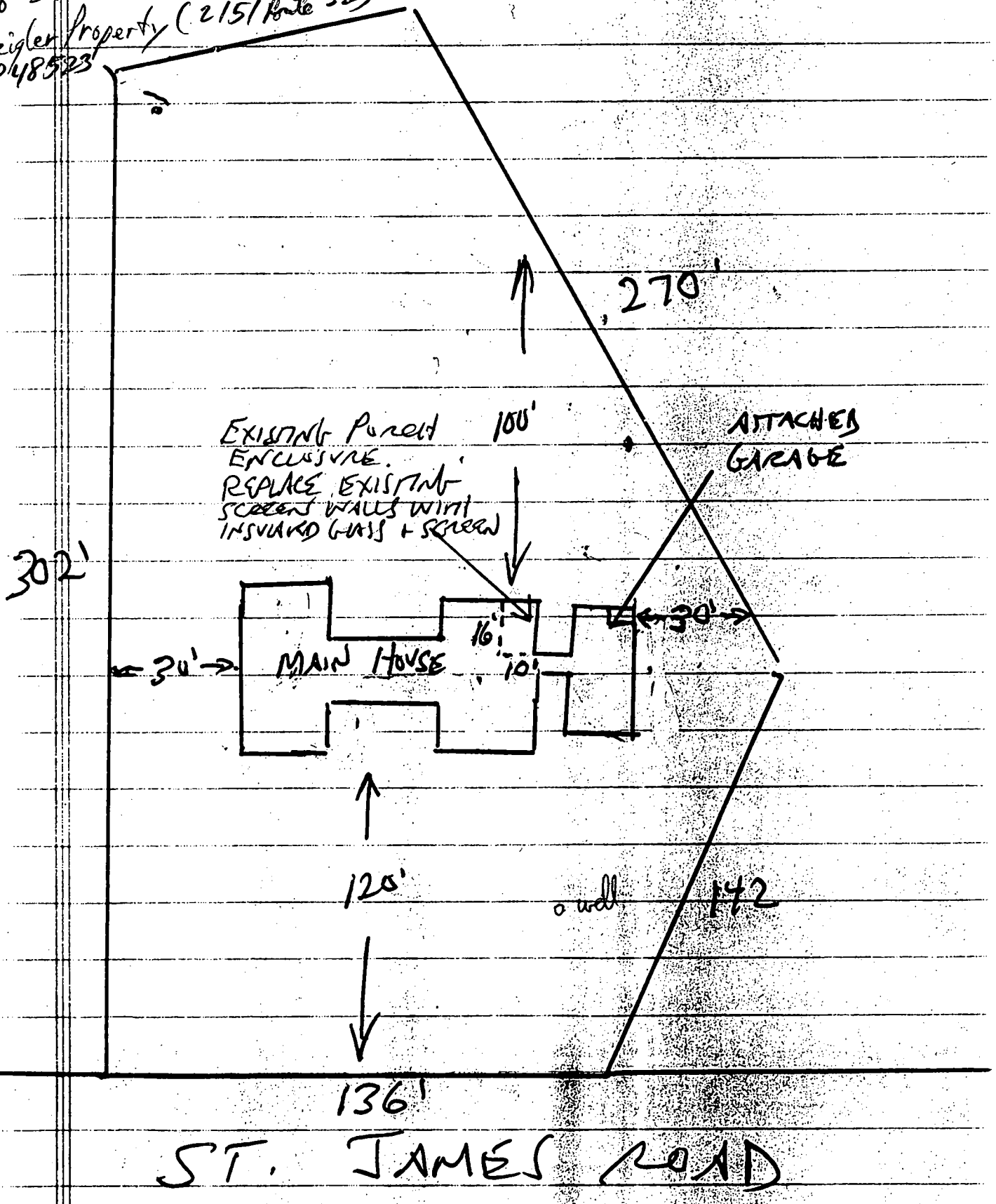
B00116464

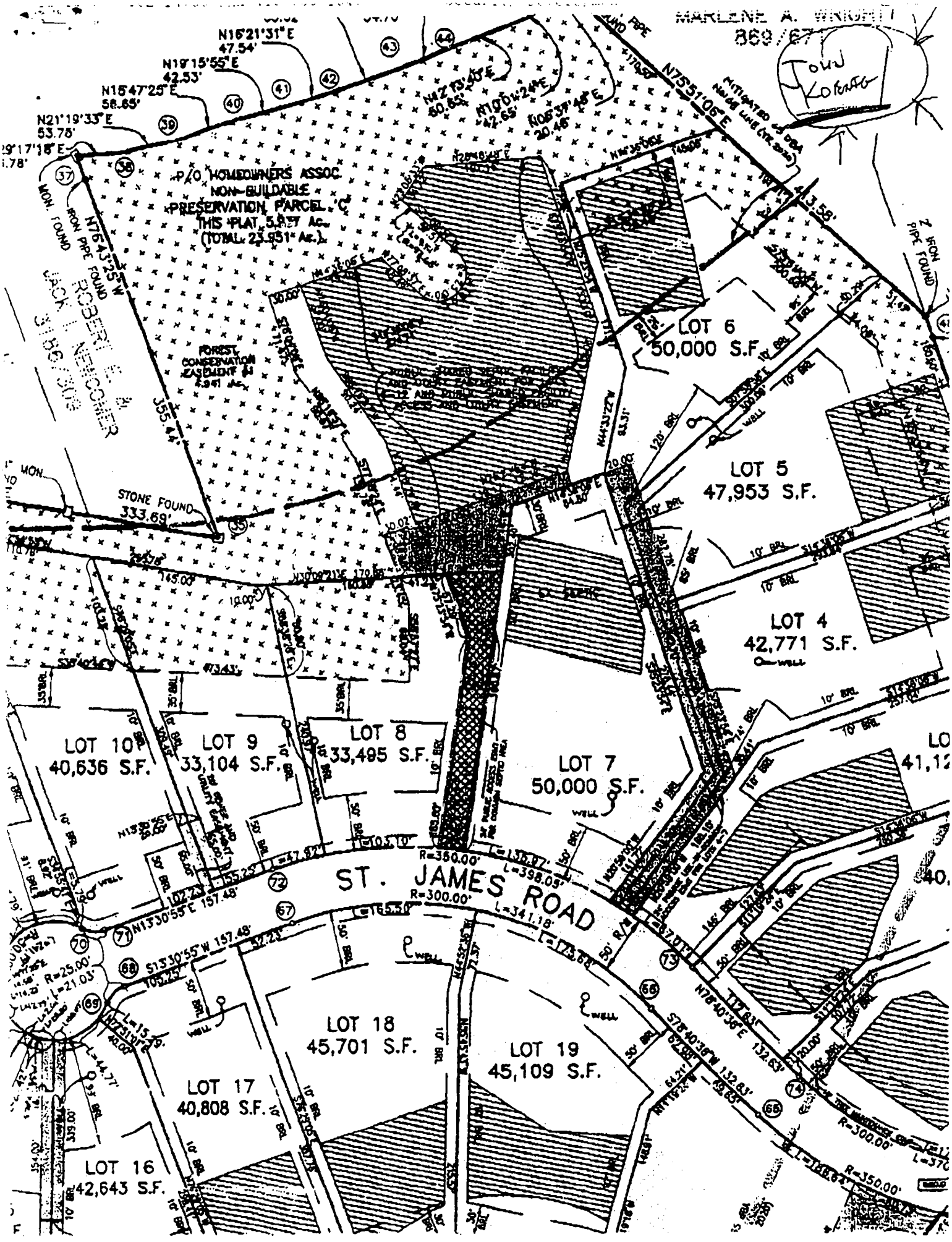
- Replace Screened enclosure
- Some Bldg Footprint

2078 St James Rd, Sykesville

see Steigler Property (2151 Route 32)

Repair P148523




N16°21'31"E
47.54'
N19°15'55"E
42.53'
N15°47'25"E
58.85'
N21°19'35"E
53.78'
N75°51'05"E
P/O HOMEOWNERS ASSOC.
NON-BUILDABLE
PRESERVATION PARCEL 'C'
THIS PLAT 5.937 Ac.
(TOTAL 23.951 Ac.)
FOREST CONSERVATION EASEMENT #1
4.941 Ac.
N76°43'25"W
355.44'
STONE FOUND
333.69'
LOT 6
50,000 S.F.
LOT 5
47,953 S.F.
LOT 4
42,771 S.F.
LOT 10
40,636 S.F.
LOT 9
33,104 S.F.
LOT 8
33,485 S.F.
LOT 7
50,000 S.F.
ST. JAMES ROAD
R=350.00'
L=398.05'
R=300.00'
L=341.18'
N13°30'55"E 157.48'
S13°30'55"W 157.48'
R=25.00'
L=21.03'
LOT 18
45,701 S.F.
LOT 19
45,109 S.F.
LOT 17
40,808 S.F.
LOT 16
42,643 S.F.
S78°40'36"W 132.63'
N78°40'36"E 132.63'
R=300.00'
R=350.00'

WORK DESCRIPTION:

Re: 2078 St James Rd 2.11.04

Garage —

Replace First "Hip" of Roof of same dimension (2 yrd) lumber.

Replace Garage Ceiling Fire Rated Drywall

Replace Soffit, fascia, Gutters

Replace overhead Door

Replace Entrance Door

Paint walls / Ceiling / floor

Replace Total = 12 window Units.

Replace Siding on rear house & gables

Interior of Home —

Plaster Patch Ceilings as damaged by Fire

Paint Entire 1st Fl.

Replace Attic Insulation:

Remove / Replace Floor / Sheathing in order to "access" Insulation

Spray Seal Entire attic

Note: - Insulation → Safety ??

~~Electrical Permit~~

APPROVED
WALK-THRU BUILDING PERMIT
BP# 8005001 ~~BP#~~ P# 59882-B
APP. SAN SB DATE: 8/25/04
DESC. OF WORK: Repair fire damage not adding on to house in any way

Electrician + HVAC to obtain own Permit

Signed: [signature] 8/25/04.

Giuseppe Manchese