5/22/84 Approved A. Jacobson 6-15-84

~~D SHP~~ 6/13/84 anytime

PERMIT

P 33796

A 29657

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED 03-308251

ELLICOTT CITY
DISTRICT 3rd.

DATE 4/17/84

well 1982

Bollinger Brothers IS PERMITTED TO INSTALL X ALTER _____

ADDRESS Bollinger Road, Westminster, Maryland 21157 PHONE 848-5864

SUBDIVISION Slack Estates ROAD 2035 St. James LOT 8

PROPERTY OWNER William Koffel, Jr.

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 3 feet below original grade. Seven (7) feet of stone below distribution pipe. LOCATION: Start the trench 130 ft. from the front lot line and 60 feet from the left side line, as seen when facing the lot from St. James Road. Continue to dig the trench on level ground the necessary distance. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for two inspections - before and after stone is installed. Provide 6"-8" diameter clean-out and cap to grade or above on septic tank and drywell.

BUILDING PERMIT SIGNED AND RETURNED 8-30-02

B0138037 - DETACHED GARAGE

BLDG. PERMIT SIGNED AND RETURNED 6/30/84

Issued # 71360 garage

PLANS APPROVED BY Frank Skinner DATE 4/17/84 Mustbebuilt

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

BLDG. PERMIT SIGNED AND RETURNED 8/8/84

Issued #29108. Storage Shed

PERMIT VOID AFTER THREE YEARS.

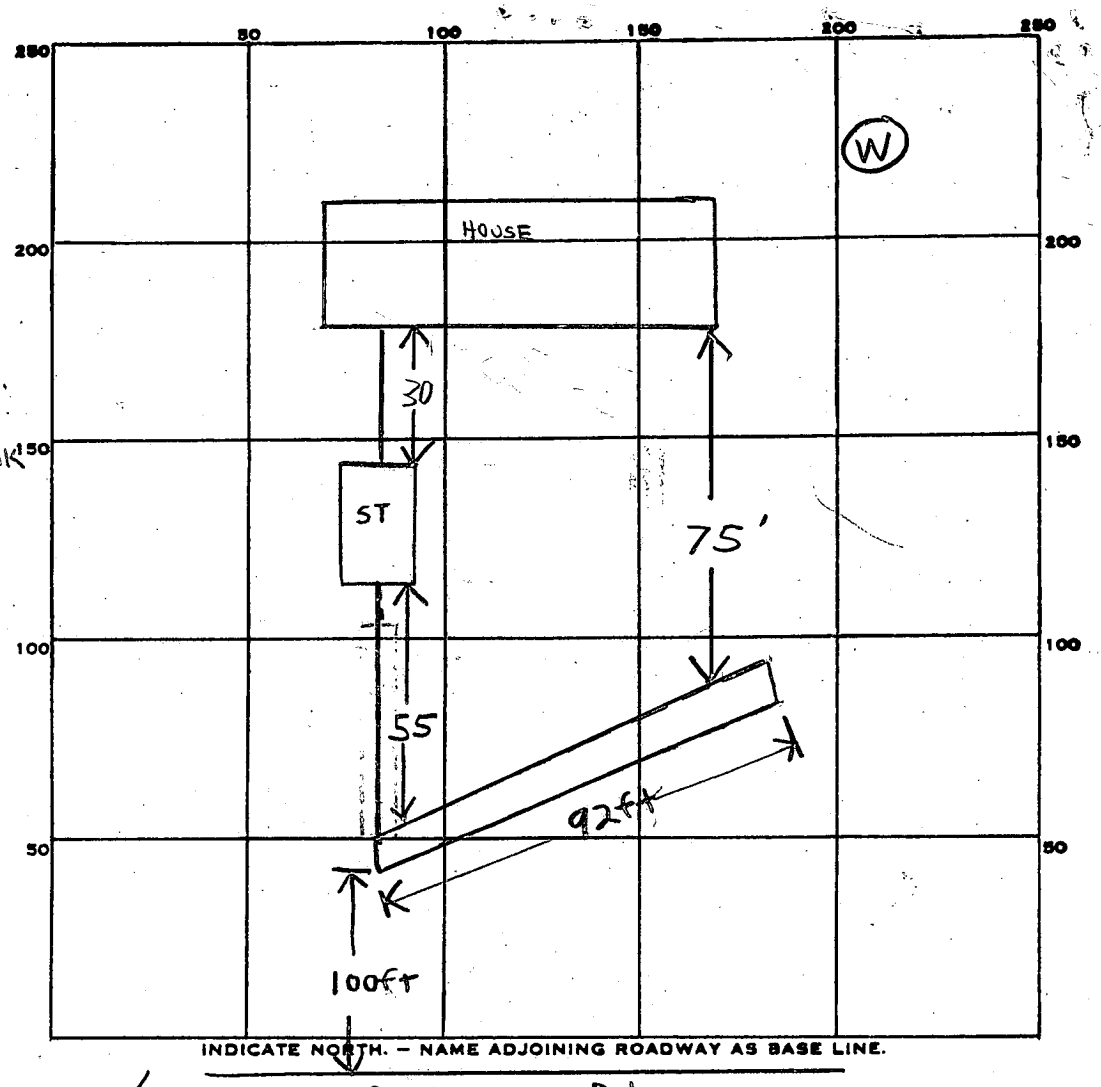
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

A 29657

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

St. James Rd.

1250 GAL TANK

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS Man Hole

DISTRIBUTION BOX, LEVEL

BUILDING PERMIT SIGNED AND RETURNED

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7ft IN. TOTAL LENGTH 92 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 644

SEEPAGE PITS, INSIDE DIAMETER N/A FT. DEPTH BELOW INLET 3 FT.

ABSORBENT AREA 644 SQ. FT.

REMARKS O.K. To add stone in trench 5-22 AJ.

6-15-84 Approved AJ O.K. to Cover All Work

DATE SYSTEM APPROVED 6-15-84 INSPECTOR A. Jacobson

A 29657

SUBDIVISION: Slack Estates LOT NUMBER: 8

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	_____
→ 4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 10 feet below original grade. 4 Bed.

Effective area begins at 3 feet below original grade.

7 feet of stone below distribution pipe.

NOTE:
(1) No trench to exceed 100 feet in length.
(2) If more than one trench used, a distribution box is required.
(3) Trenches to be installed on level ground.
(4) Call for inspection of trench before gravel is installed.
(5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
(6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: Start the trench 130 ft. from the front lot line and 60 feet from the left sideline, as seen when facing the lot from St. James Rd. Continue to dig the trench on level ground the necessary distance

4/17/84 Specs for trenches F.S.

APPLICATION

A 29657

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Septic Tank { 1-3 Bedrooms 1000 gallons / 4 Bedrooms 1250 gallons

(*) Dry well to have 125 sq ft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 10' for dry well location; 60' in from left property line and 130' from front property line when facing lot from St. James Road.

DISTRICT 3rd

DATE 4/3/79

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(*) W/or Dry Well & Trench. If trench used need:

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

(1) 5' earth buffer between trench & dry well.

PROPERTY OWNER ~~Slack property~~ William Koffel, Jr.

Mr. Young, Security Development - 465-4244

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

(Final #8)

SUBDIVISION Slack Estates LOT NO. 1

ROAD AND DESCRIPTION ~~Route 99~~ 2035 St. James Rd (2) 2 inspections of trench = before and after stone in.
Marriottsville, Md 21104 (3) Run trenches on contour.

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

2 BR 10
2 BR 1/2
1 BR 1

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.

SIGNATURE OF APPLICANT /s/ Stewart Young for Security Development

APPROVED BY C. B. Sheaks FOR (*) Dry well +/or " " + trench DATE 12/29/80

REJECTED BY _____ FOR — DATE —

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 1/24/81
Serial # 57215

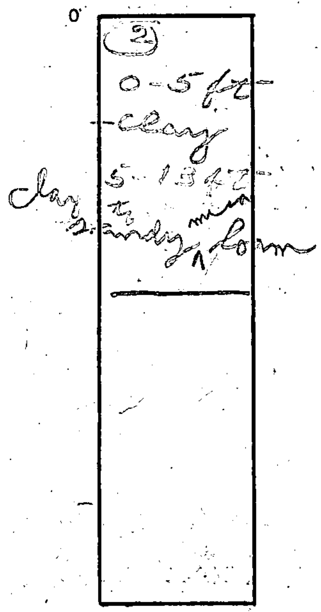
THIS IS NOT A PERMIT

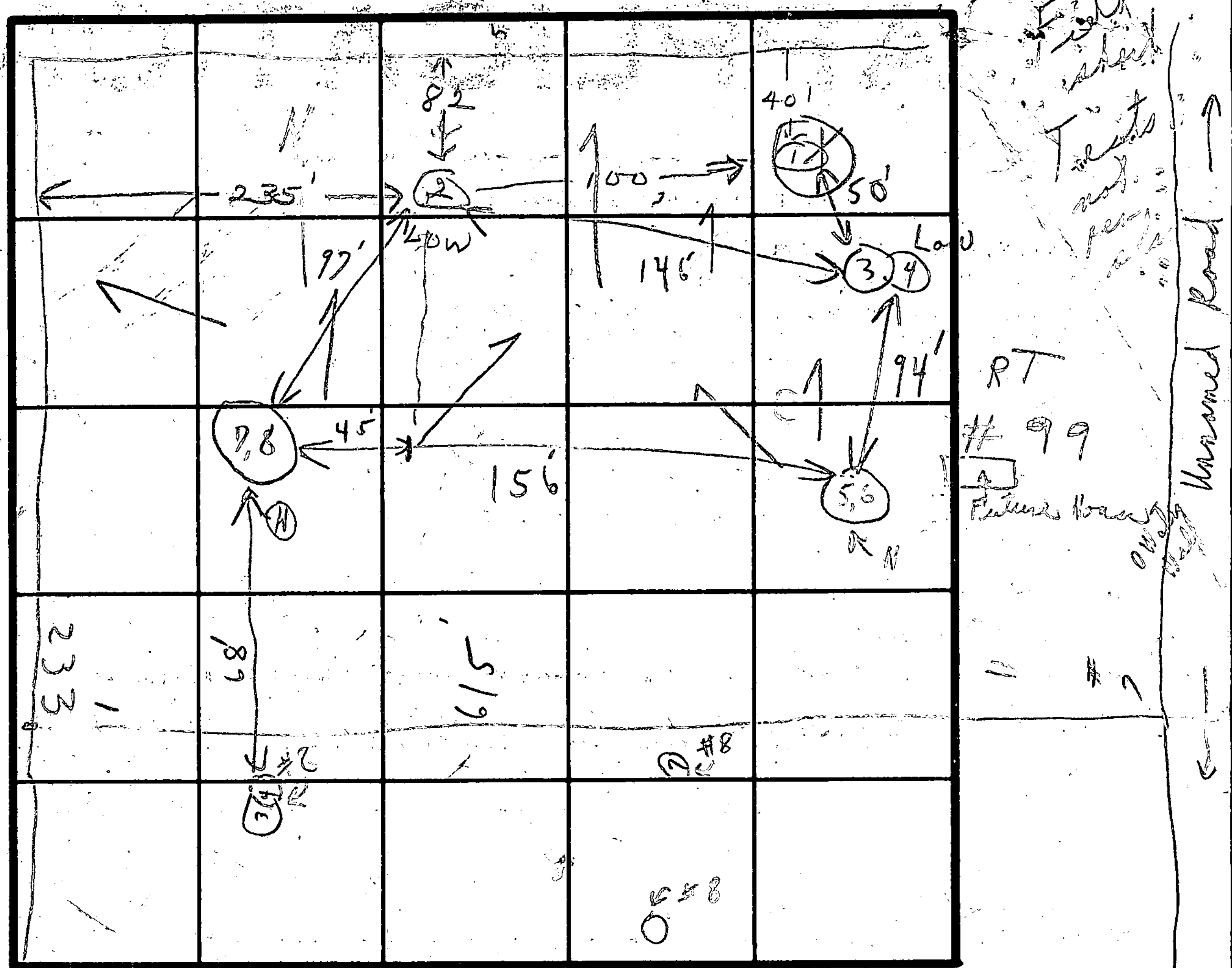
Final #8

7

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
4/17/79	X 1S 1D	14	WATER				
	✓ 2S ✓ 2D	5 13	12:02 12:00	12:06 12:02	12:06 12:02	12:15 12:05	9 3
4/18/79	3	3'	10:30	10:31	10:31	10:33	2 min
	(L) 4 ✓ pl.	13'	10:30	10:32	10:32	10:34	2 min
	✓ 5	3'	10:24	10:25	10:25	10:26	1 min
	(H) 6 ✓	13'	10:24	10:26	10:26	10:29	3 min
	(H) 7 ✓	4 to	Visual		sandy loam		120
	8	13					

120 sq. ft/bedroom

3 min

Inlet 3'
Maximum depth 10'

Ov. lim 4 min

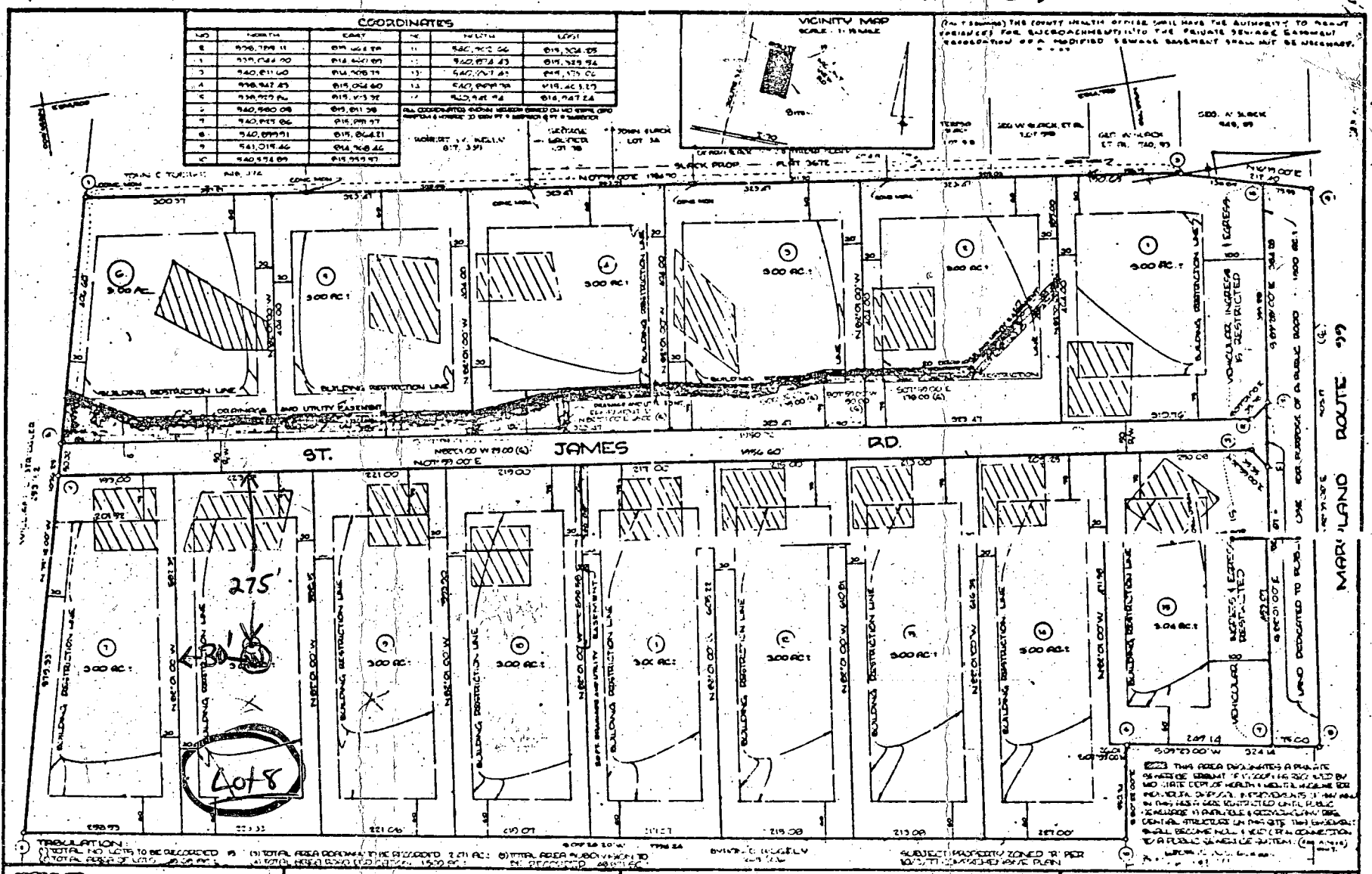
REMARKS (4/18/79 Tests in open field)

C.B.d

TYPE OF SOIL

TESTED BY JS ALSO PRESENT P. Schrader

7/20/82 Lot 8 wells & OK ~~F8~~



WILLIAM E. KOFFEL, JR
PAMELA C.
1184 ANNIS SQUAM HARBOUR
PASADENA, MARYLAND 21122
(H) 437-6793
(O) 995-1327 PAM

Pump test to begin at 8:00 A.M.

EMERGENCY/TEMP. NO. IF ANY

B 1 7278 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) 7/28/82

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER HO-73-4231
fill in this form completely

Date Received ~~7/27/82~~ 9:30 A.M. 07 19 82 (OEP Use Only)

OWNER INFORMATION

Koffel William Jr.
Last Name 15 Owner 34 Name

1184 Annis Squaw Harbor
36 Street or RFD 55

Pasadena md
Town 57 State 76 Zip

B 1 Continued — DRILLER INFORMATION

George Easterday 40
Driller's Name 77 License No. 80

J. E. Easterday Inc
Firm Name

9265 Brown Church Rd. Mt. Airy MD.
Address

George E Easterday 7/27/82
Signature Date

B 2 — WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
(P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
(T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
(D) THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

FORCE F S 64 68 WRITE INITIALS IN BOX

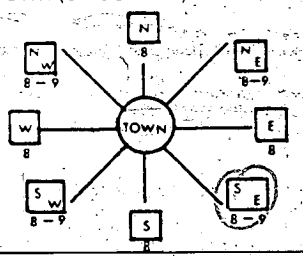
PERMIT No. H 0-73-4231 70 71 72 73 74 75 76 77 78 79

B 3 — LOCATION OF WELL

COUNTY Howard 8 21
SUBDIVISION Slack Estates 23 42
SECTION 44 46 LOT 8 48 50
NEAREST TOWN Slack Corner 52 71
MILES FROM TOWN (enter 0 if in town) 0 73 76 M I 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Rt 99
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
W WEST 32 E EAST
S SOUTH

800
34 DISTANCE FROM ROAD 37
(CIRCLE APPROPRIATE BOX) F T M I 38 39

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

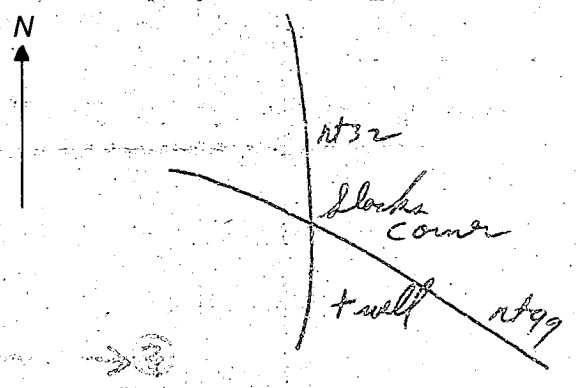
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 510 5
N 590 9
000
000

7/27/82
WELL OK
SEE OTHER SIDE
RH

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



B 4

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD
COUNTY NAME

A29057
COUNTY NO.

OEP SIGNATURE

STATE HEALTH CIRCLE BOX S 41

DATE ISSUED 07 28 82 43 48

CO SIGNATURE Frank Shaw

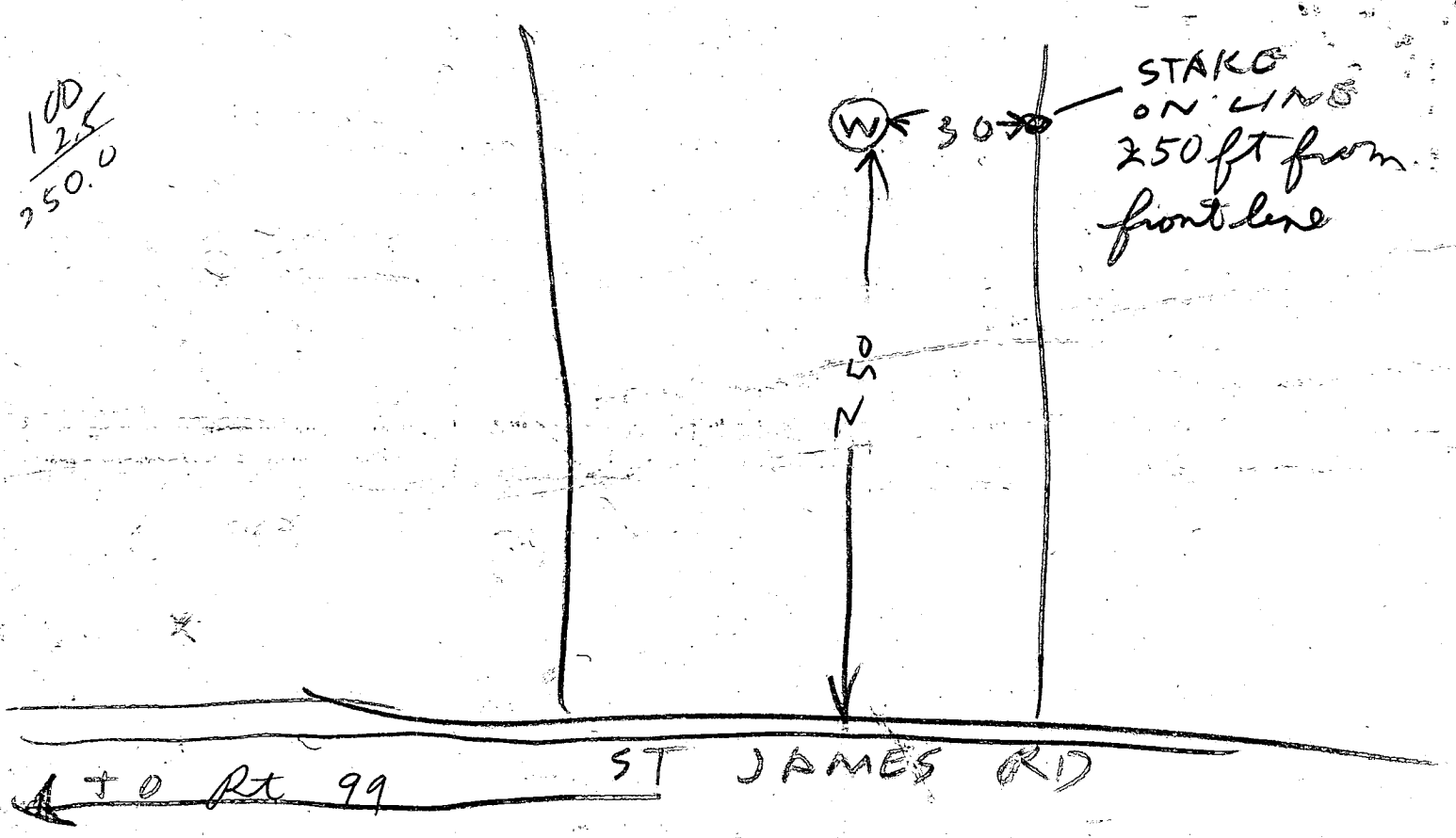
NORTH GRID 539 000 50 55 EAST GRID 08 15 000 57 63

EXPIRES 01 28 83

B 5

SPECIAL CONDITIONS 8—63

HEALTH



7/27/82

(1) 42 FT CASING
(2) 28 FT OPEN HOLE MEASURED WITH A STRING
(3) LOCATION OK
(4) Pipe jetted down 29 FT. P
(5) 12 BAGS USED
(6) WELL OK

Raymond Rodgers

C 1 3224 (1 2 3 4 5 6) SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A29657

Date Received (OEP use only) B-13

DATE WELL COMPLETED 7 21 82 (15 20)

Depth of Well (22) (TO NEAREST FOOT) (26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-4231 (28 29 30 31 32 33 34 35 36 37)

OWNER Koffel, (last name) William, Jr. (first name)

STREET OR RFD Route 99 TOWN Marriottsville, Maryland

SUBDIVISION Slack Estates SECTION LOT 8

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
TOP SOIL	0	2	
CLAY	2	5	
SHALEY	5	15	
SAND STONE	15	25	✓
SHALE	25	30	
MICA	30	45	
SAND STONE	45	50	✓
MICA	50	190	
FLINT & QUARTZ	190	200	✓
MICA	200	240	

CIRCLE APPROPRIATE BOX
- A 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) (44)

TYPE OF GROUTING MATERIAL

CEMENT (C M) (45 46) BENTONITE CLAY (B C)

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 TOP 52) ft. to 28 (54 BOTTOM 58) ft.
(enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE (60 61)	Nominal diameter top(main)casing (nearest inch) (62 64)	Total depth of main casing (nearest foot) (66 70)
ST	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
- ST STEEL
- BR BRASS, BRONZE
- HO OPEN HOLE
- PL PLASTIC
- OT OTHER

C 2 (1 2 3) (seq. no.) (6)

EACH SCREEN	DEPTH (nearest ft.) from (8 9 / 11 15 / 17 21)	to
1	H O	40 / 240
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F (28)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA

C 3 (1 2 3) (seq no) (6)

PUMPING TEST
HOURS PUMPED (nearest hour) 5 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 8 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 (17 20)

WHEN PUMPING 220 (22 25)

TYPE OF PUMP USED (for test)
- A (27) air
- P (27) piston
- T (27) turbine
- C (27) centrifugal
- R (27) rotary
- O (27) other (describe below)
- J (27) jet
- S (27) submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O) (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft) (43 47)

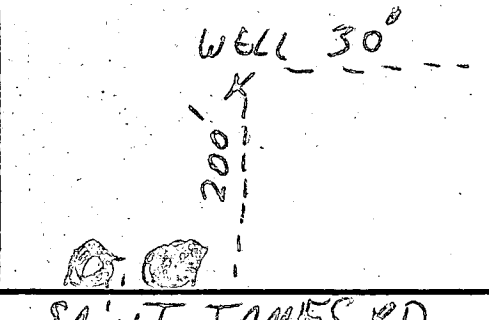
CASING HEIGHT (circle appropriate box and enter casing height)
- + above
- − below

LAND SURFACE

2 (nearest foot) (50 51)

LOCATION OF WELL ON LOT

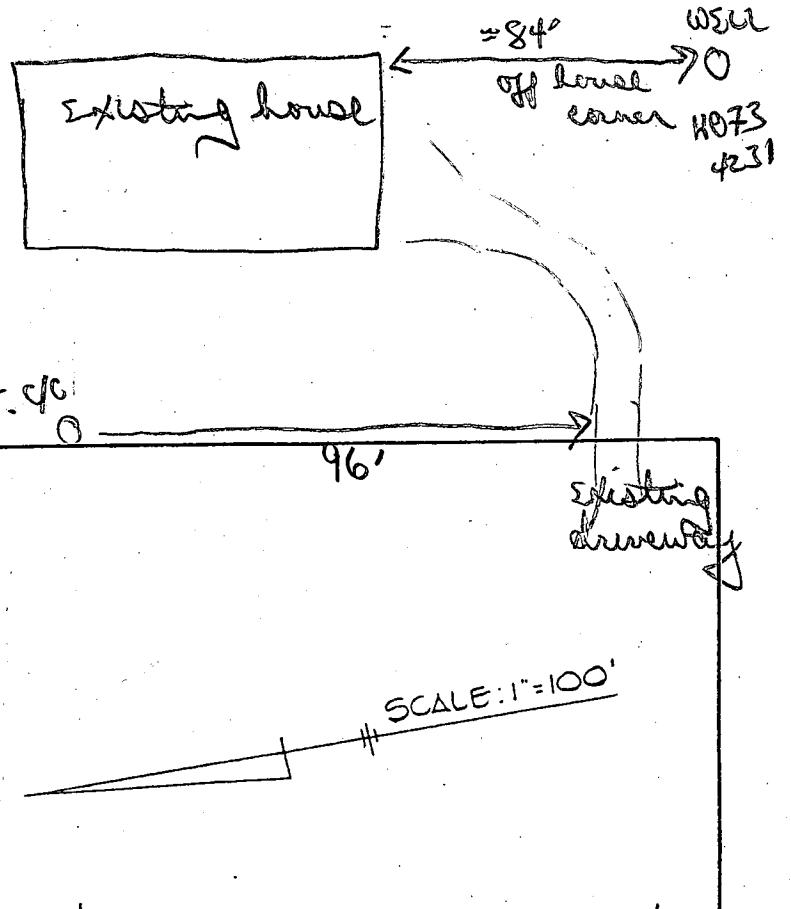
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

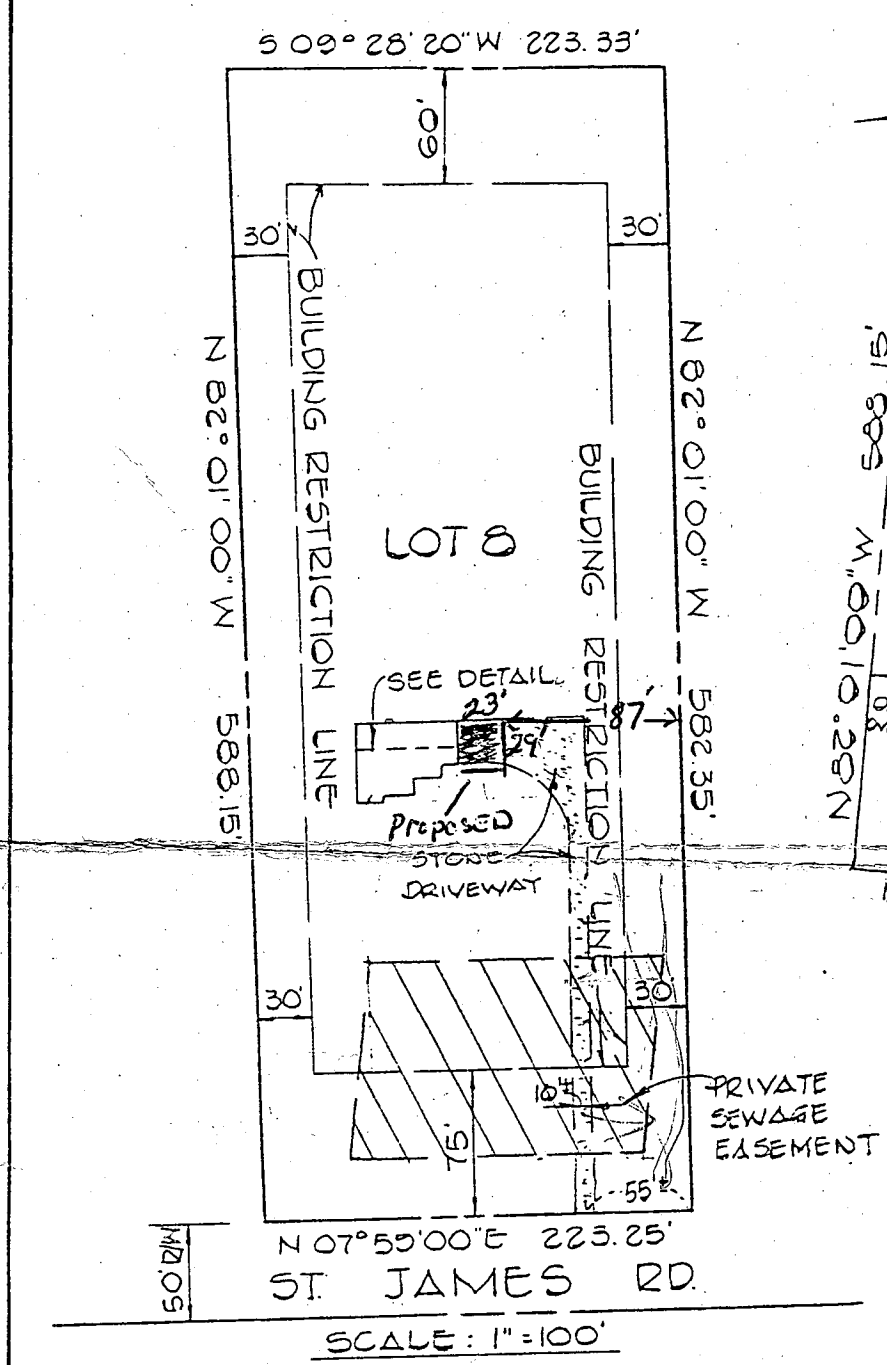


4 BR SYSTEM

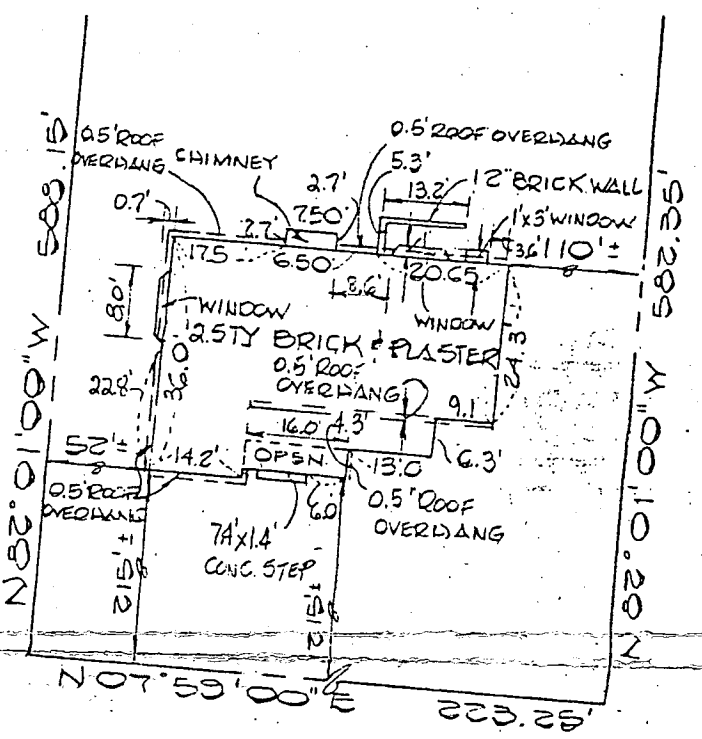
THIS MODIFICATION BRINGS TOTAL BEDROOMS IN HOUSE TO 4.

OK TO PROCEED, CW.





SCALE: 1" = 100'



DETAIL
SCALE: 1" = 50'

6/26/86

existing gravel driveway present.

Driveway is 96' over from S.T. 40; should not be a problem if kept in same location

well beyond existing drive & no problem to garage

#3035 ST. JAMES ROAD

This is to certify that I have surveyed the property known as: LOT 6 SECTION TWO, SLACK ESTATES AND RECORDED IN THE LAND RECORDS OF HOWARD CO. MARYLAND AS PLAT NO. 4736.

for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 8th day of JULY 1984

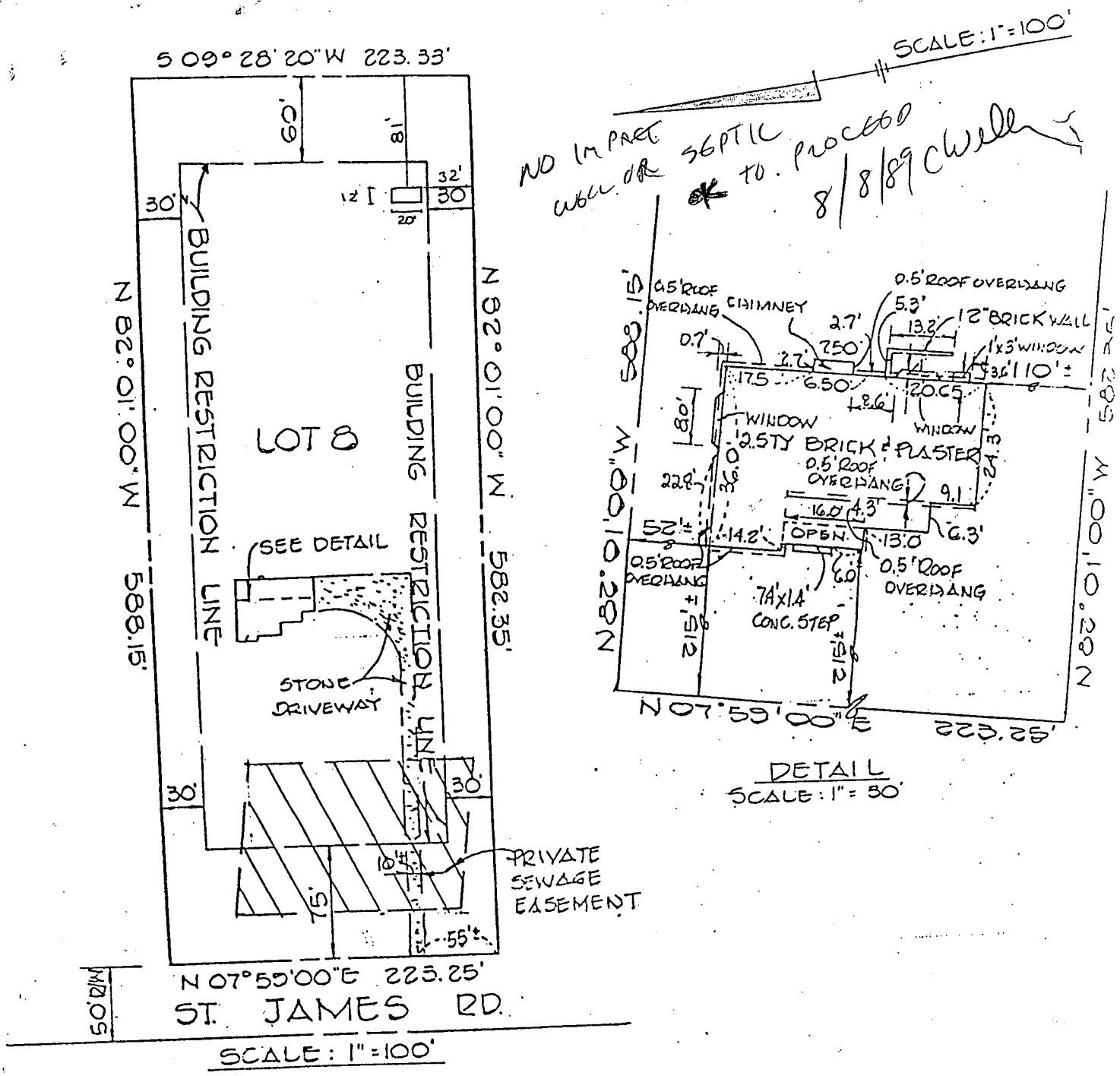
STATE OF MARYLAND — TERRELL C. FISHER — No. 6181 — REGISTERED PROFESSIONAL LAND SURVEYOR

This plat is not intended for use in the establishment of property lines.

FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043
(301) 461-2855

D.L. # 251-R

RECEIVED — HOWARD COUNTY HEALTH DEPT. — ENVIRONMENTAL HEALTH — 9 AM '86



#2055 ST. JAMES ROAD

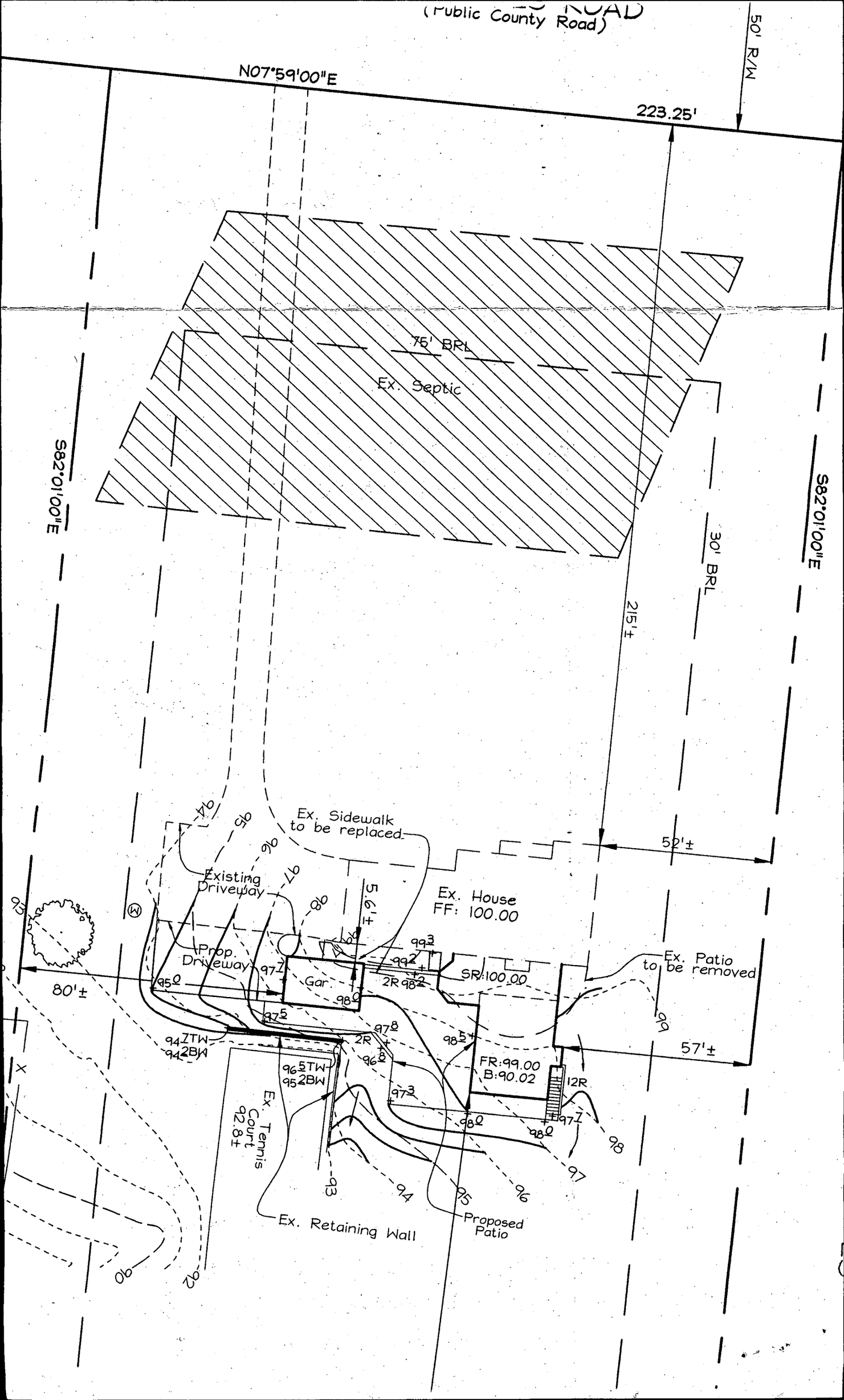
This is to certify that I have surveyed the property known as: LOT 8 SECTION TWO, SLACK ESTATES AND RECORDED IN THE LAND RECORDS OF HOWARD CO. MARYLAND AS PLAT NO. 4736.

for the purpose of locating the improvements thereon, and the improvements are located as shown.

Signed this 8th day of JULY 19 89

STATE OF MARYLAND
TERRELL L. FISHER

FISHER, COLLINS AND CARTER, INC.
CIVIL ENGINEERS AND LAND SURVEYORS


(Public County Road)
50' R/W
N07°59'00"E
223.25'
75' BRL
Ex. Septic
S82°01'00"E
30' BRL
215'±
52'±
Ex. Sidewalk to be replaced
Existing Driveway
Prop. Driveway
Ex. House FF: 100.00
SR:100.00
Gar.
2R
Ex. Patio to be removed
57'±
80'±
FR:99.00
B:90.02
12R
94.2TW
94.2BW
96.5TW
95.2BW
Ex. Tennis Court 92.8±
Ex. Retaining Wall
Proposed Patio

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) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00138037

Building Address 2035 St James Rd
Marriottsville, MD
Suite/Apt. #: — SDP/WP/Petition #: —
Census Tract 6030.00 Subdivision Slack Estates
Section — Area — Lot 8
Tax Map 9 Parcel 319 Grid 24
Zoning RR Map Coordinates 10D1 Lot size

Property Owner's Name Bill & Pam Koffel
Address 2035 St James Rd Marriottsville MD
City — State — Zip Code —
Home Phone 4104894546 Work Phone —
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use Residential Dwelling - 2 story
Proposed Use Addition to Dwelling / Detached Garage
Estimated Construction Cost $ 200,000
Description of Work New detached garage, Addition including Sunroom, Cathedral Family Rm, Fireplace 28 huge 6 doors house with Trellis

Contractor Company NSC Real Estate Services LLC
Contact Person Christopher Carlyle
Address 10176 Baltimore Nat'l Pike Suite 217
City Ellicott State MD Zip Code 21042
License No. MHIC 120 [redacted]730 Fax
Phone

Occupant or Tenant Bill & Pam [redacted] Koffel
Contact Name Bill or Pam Koffel
Address 2035 St James Rd
City Marriottsville State MD Zip Code —
Phone 4104894546 Fax —

Engineer or Architect Company JSE Associates, Inc.
Contact Person Jane Kohde
Address 8191 Main St. 2nd Flr
City Ellicott State MD Zip Code 21043
Phone 4104617763 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:	40	30
2nd floor:	—	
Basement:	40	30

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 0

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
X Private
Sewage Disposal:
___ Public
X 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.

Applicant's Signature

Print Name Christopher Carlyle

Title/Company mgr

Date 8/20/02

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		
Dev. Engineering, DPZ		
Health	8/30/02	
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#: 33628

Filing fee	$ 25
Permit fee	$ ___
Excise tax	$ ___
Sub-total paid	$ ___
Add'l permit fee	$ ___
TOTAL FEES	$ ___
Balance due	$ ___
Check	# 3522
Validation	# 9896

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

Rev. 10/15/98

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