

SAND HILL MANOR DRIVE

THE ESTATES AT SAND HILL
LOTS 1 THROUGH 80

TOP OF WALL ELEV. = 631.1'± FIRST FLOOR ELEV. = 632.0± DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE 210.00T CITY, MD 21093 PERMITS (410) 313-3495 INSPECTIONS (440) 313-1910

HOWARD COUNTY

PERMIT NUMBER

PERMIT AP		2 141 116	
WO WILL MANON DA	Property Owner's Name To = R	ising	
771174	Address 12005 SAND HIL	L moven on	
	City Marriat 750111 e State MD Zip Code 2 1104		
sion SAND HILL ESTATS	Applicant's Name & Mailing Address, (if	other than stated hereon):	
Lat		Assert 12	
	Phone Fax		
Existing Use		Contractor Company	
Description of Work ADD Deck XYL			
J. Je Stack	License No.		
	riiolie		
	Engineer or Architect Company		
	Contact Person		
	Address		
Zip Code	City State Zip Code		
	Phone Fax		
- <u>COMMERCIAL</u>	BUILDING DESCRIPTION -	RESIDENTIAL	
<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Water Supply:		Water Supply: Public	
Private	1st floor:	Private Sewage Disposal:	
Sewage Disposal:	2nd floor:	Public	
Public	Basement:	Private	
rilvaic	Finished Basement Unfinished Basement Crawl space Slab on Grade	Electric Yes D No D	
Electric Yes No	No. of Bedrooms	Gas Yes □ No □	
Gas Yes□ No□	Multi-family dwellings:	Heating System:	
Heating System:	No. of efficiency units:	Electric M Oil D	
* Electric 🗆 Oil 🗆	No. of 2 BR units:	Propane Gas	
Natural Gas 🗆	No. of 3 BR units:		
Propane Gas []	Other Structure:		
Sprinkler system: N/A	Dimensions:	NFPA #13D NFPA #13R	
Sprinkler system: N/A II	Footings:	Other:	
Sprinkler system: N/A Full	Roof:		
Full Partial	Roof:		
Full Partial Other Suppression # of Heads	Roof:State Certified ModularManufactured Home		
Full Partial Other Suppression # of Heads	Roof:State Certified ModularManufactured Home	COMMUNICATION OF HOWARD C	
Full Partial Other Suppression # of Heads ws: (1) That He/she is authorized to make this apple form no work on the above referenced property in	Roof: State Certified Modular Manufactured Home ATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL OF SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GR	COMMUNICATION OF HOWARD C	
Full Partial Other Suppression # of Heads	Roof: State Certified Modular Manufactured Home ATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL OF SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GR	COMMUNICATION OF HOWARD C	
Full Partial Other Suppression # of Heads ws: (1) That He/she is authorized to make this apple form no work on the above referenced property in	Roof:State Certified ModularManufactured Home	COMMUNICATION OF HOWARD C	
	Petition #: Sion SAND HILL ESTATE Lot '7 Grid Lot size Zip Code Zip Code Litties Water Supply: Public Private Sewage Disposal: Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □	Property Owner's Name	

Title/Company

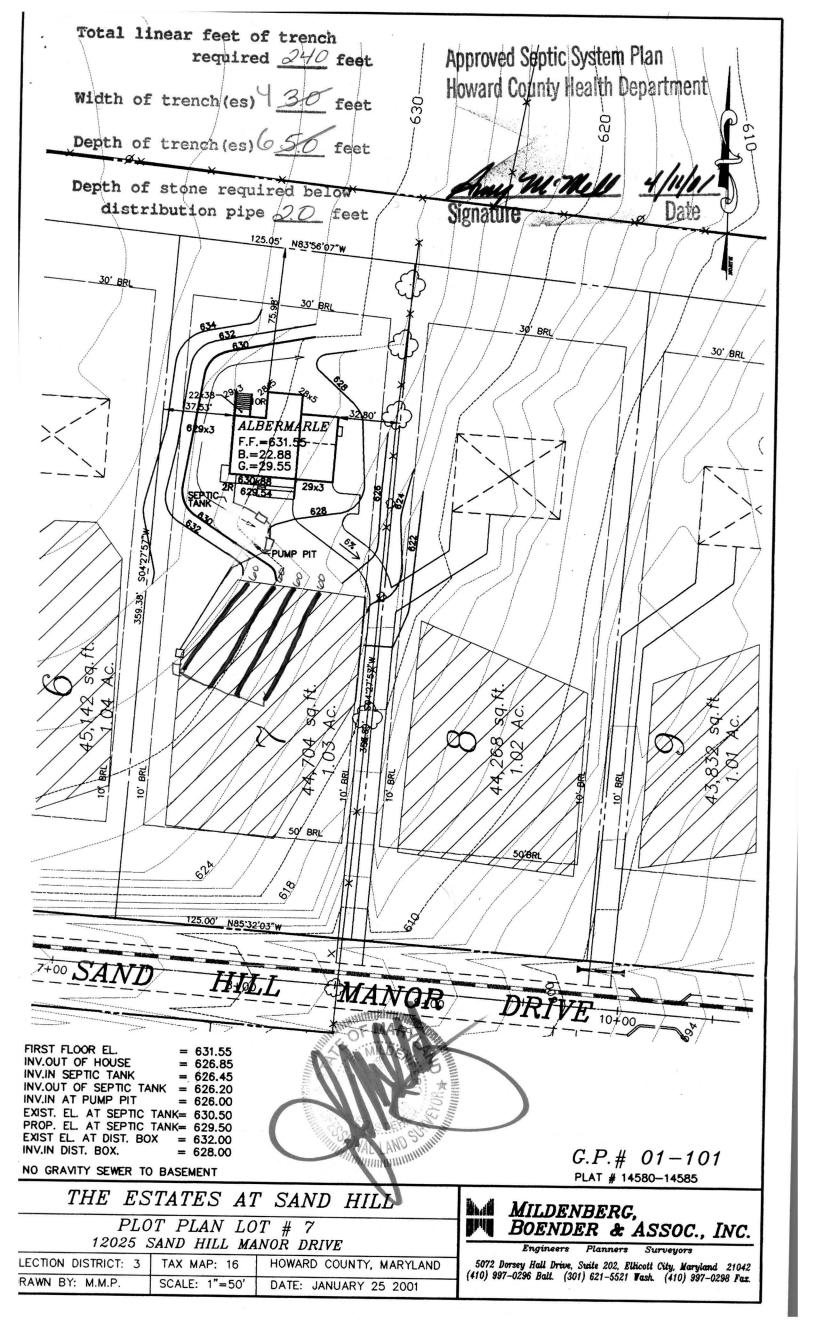
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY-SIGNATI DE APPROVAL. DPZ SETBACK INFORMATION

Date

PROPERTY ID#: 49925





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 23, 2001

Oakhill Contractors 107 Loudon Street S.E. Leesburg, VA 20175

RE: The Estates at Sand Hill - Lot 7

12025 Sandhill Manor Drive

BP# B00128884 PUBLIC WATER

Dear Sir or Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on June 28, 2001.

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority
Brian Baker

Brian Baker, R.S.

Well and Septic Program

cc: Building Inspector's Office

File