APPROVAL DATE: Solo Solo Solo Solo Solo Solo Solo Sol	PRO <u> <u> </u> </u>	SAL SYSTEN DEPARTMEN TAL HEALTH MITTED TO P PHONE NUMBER LOT NUMBER: PERTY OWNER: PERTY OWNER:	T NSTALL 🗌 ALTER 🖄 R: <u>301-854-6172</u> 5
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PLANS APPROVED:	isa		_ DATE:
NOTE: PERMIT VOID AFTER 2 YEARS NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING NOTE: WATERTIGHT SEPTIC TANKS REQUIRED	A PRE-CONSTRUCTION	N INSPECTION FOR AL	L INSTALLATIONS
NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC T			
NEITHER THE HOWARD COUNT	Y COUNCIL NO	R THE HEAL	TH DEPARTMENT IS
RESPONSIBLE FOR THE SU PERMITTEE RESPONSIBLE FOR CALL 410-313-2640 FO	OBTAINING FI	NAL APPROVA	AL ON THIS PERMIT

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10/31/07- BO7004464- Deck- 24x24

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