

4/16/02
10 AM
4/26/02
NOON

PUB. SEWER STATUS VERIFIED BY BB

03-307190

ISSUE DATE: 4/10/02

APPROVAL DATE: 4/26/02

PERMIT INDEXED

P 516919

A 28414
Repair

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Craig Stewart

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: 8329 Main Street E.C. 21043 PHONE NUMBER: 410-465-7687

SUBDIVISION: Farside E.C. LOT NUMBER: 66

ADDRESS: 11874 Farside Drive PROPERTY OWNER: Scott Selnick

SEPTIC TANK CAPACITY (GALLONS): EX. 2000

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 30 (60' RECOMMENDED)

TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>6</u> feet below original grade. Bottom maximum depth <u>10 1/2</u> feet below original grade. Effective area begins at <u>4 1/2</u> feet below original grade. <u>4 1/2</u> feet of stone below distribution pipe.
LOCATION:	<u>30'-60' TRENCH PARALLEL TO EXISTING</u> <u>MAINTAIN 75'± TO WELL</u>
PURPOSE:	In support of building permit, one bedroom is being removed and two are being added. Check condition of existing system. Call for inspection when ground is opened so sanitarian can recommend depth and width of trench(s).

PLANS APPROVED: Brian Baker

DATE: 4/10/02

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

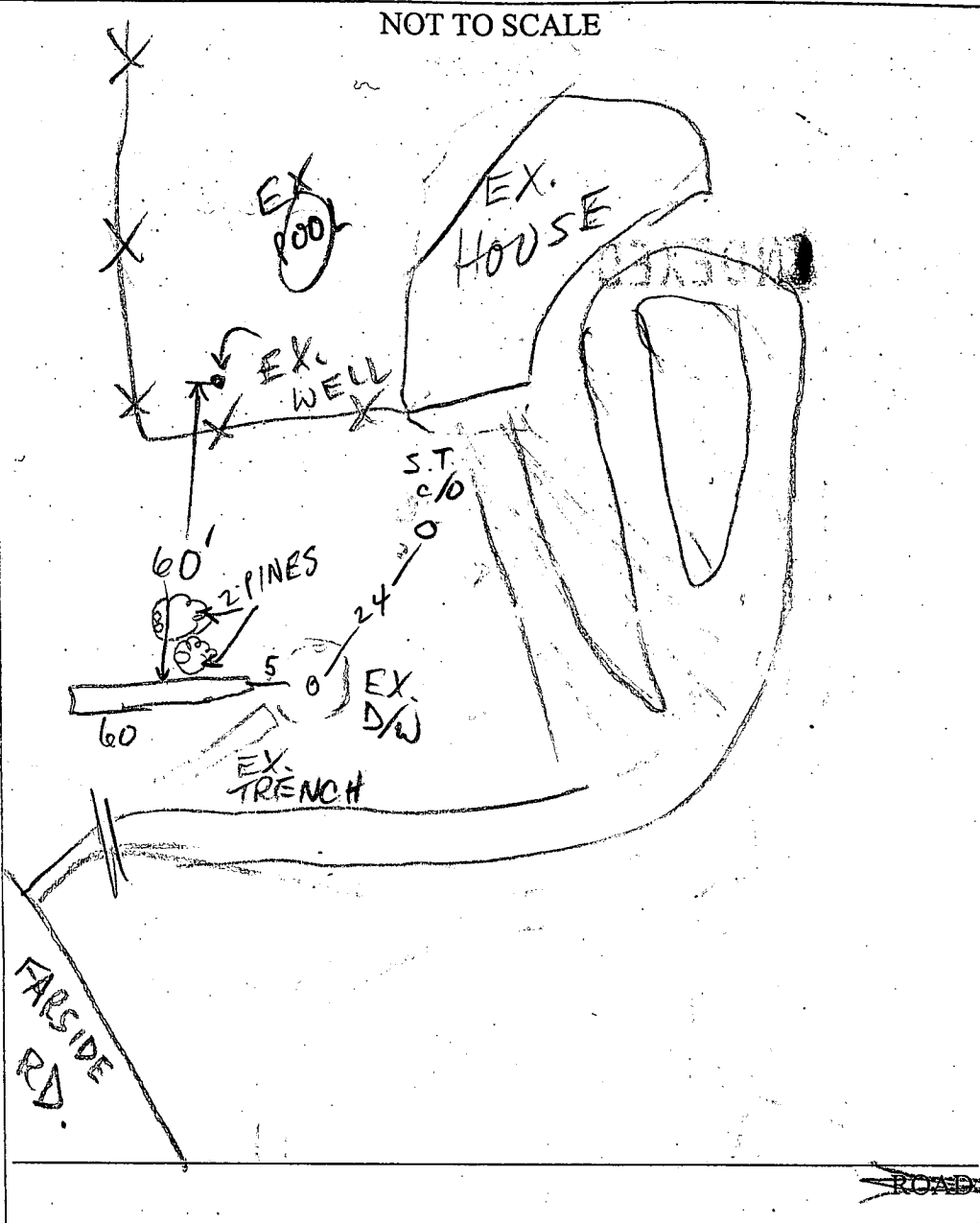
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED** 4/26/02
800 134345 1 STORY ADDITION w/
BASEMENT - 2BR, 1 BATH, 1 PLAYROOM

428414

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	7	12.5
NUMBER OF TRENCHES 1		
TOTAL LENGTH 60		
ABSORPTION AREA 210		
DISTRIBUTION BOX LEVEL —		
DISTRIBUTION BOX BAFFLE —		
DISTRIBUTION BOX PORT —		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	EXISTING
CAPACITY	EX. 2000 GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION _____

INSTALLATION 4/26/02 OK TO COVER (MR)

FINAL INSPECTOR J. R. Kin

DATE OF APPROVAL 4/26/02

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEX

ELLICOTT CITY

DISTRICT 3rd

DATE 3/28/84

Robert L. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7469 Flamewood Drive, Clarksville, Md. 21029 PHONE 776-0444

SUBDIVISION XXX Farside ROAD 11874 Farside Drive LOT 66

PROPERTY OWNER Mr. and Mrs. Myron Rieser

ADDRESS 5651 Harper's Farm Road, Apt. E, Columbia, Md. 21044 PHONE: 730-3080

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

DRY WELL - 183 sq. ft. per bedroom. Minimum total sq. ft. in system is 732 sq. ft.

Inlet at 4 ft. below original grade. Bottom maximum depth 10 ft. below original grade. Effective area begins at 4 feet below original grade. Place dry well 150 ft. from right side line and 240 ft. from the rear lot line as seen when facing the lot from Farside Road. Start the trench after a 5 foot earth buffer with the dry well and proceed to dig trench on level ground the necessary distance. Trench inlet to be same as dry well, with 6 feet of stone below distribution pipe.

NOTE: SITE PLAN SHOWS APPROVAL FOR WELL TO BE 75' TO DISPOSAL FIELD 4/11/84

PLANS APPROVED BY Charles B. Streaker & Frank A. Skinner

DATE 12/18/79 & 3/28/84

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.

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.

BLDG. PERMIT SIGNED
AND RETURNED

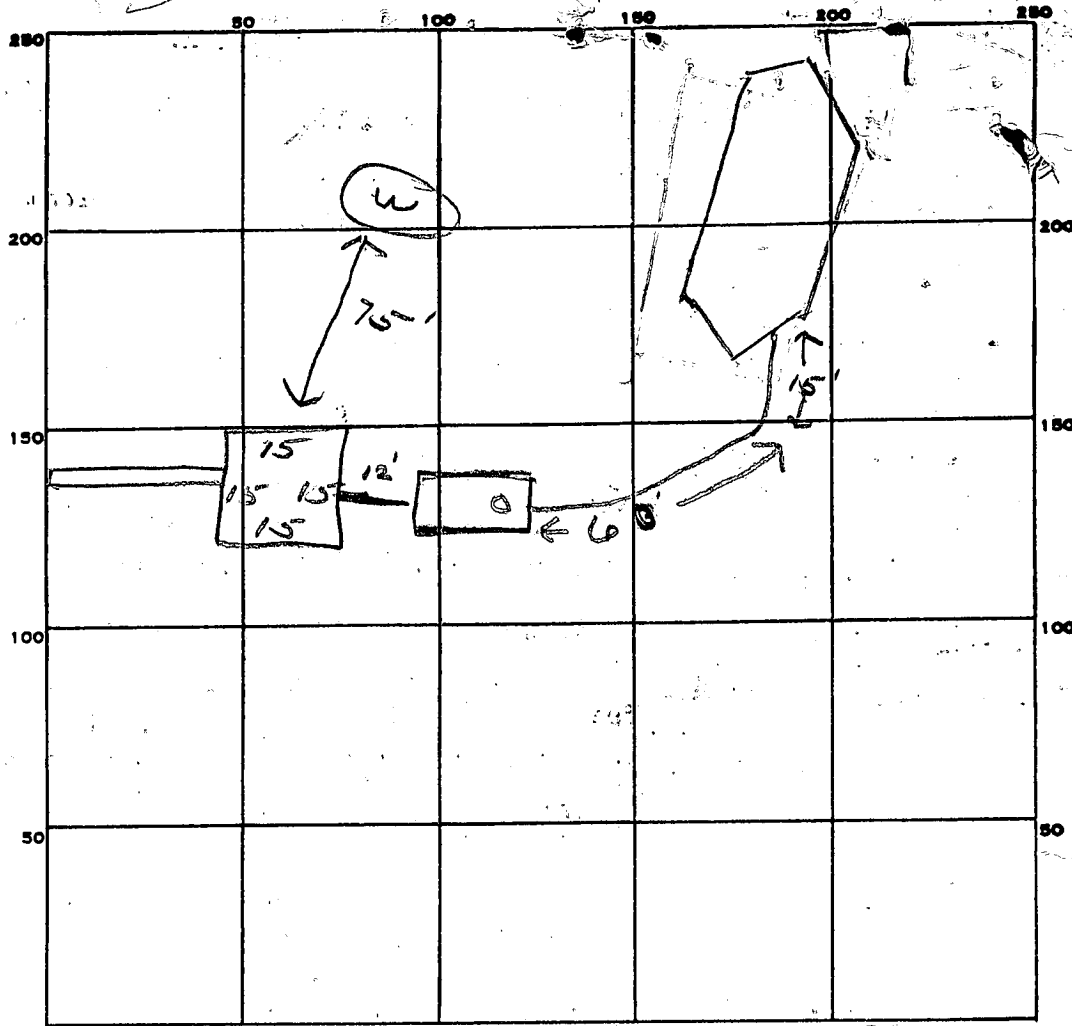
Serial # 71183

Pool

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 2000 gal

CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 64 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 384

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 744 SQ. FT.

360
384
744

REMARKS 4/11/84 Not ready - location look OK, well 25ft
from system 4/12/84 OK to cover work to day well
Need 62 ft of trench 4/23/84 OK to cover all work

DATE SYSTEM APPROVED 4/23/84

INSPECTOR Stager

APPLICATION

A 28414

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Heptics Tank { *1-3 Bedrooms* *1000 gallons*
4 Bedrooms *1250 gallons*

DATE May 12, 1978TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.ADDRESS 9267 Balto., Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 13 42ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on
Homewood, 1 mile to property on leftSIZE OF LOT 3 plus acres TYPE BLDG. 1
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *[Signature]*APPROVED BY _____ FOR _____ DATE 11
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

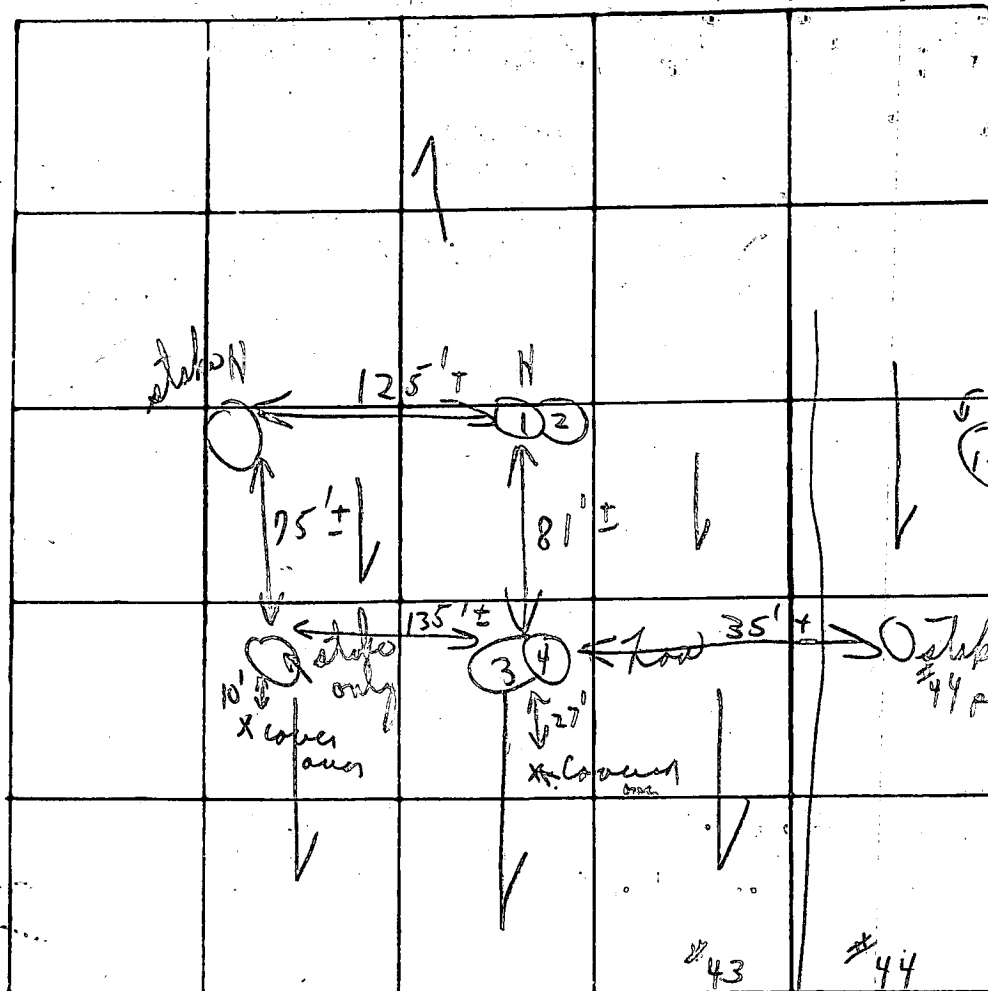
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#66

42

Stream



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile

Below
clay
containing
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/78	17' <	4	11:37	11:39	11:39	11:41	2 in
	2	11 ft	11:43	11:44	11:44	11:46	2 in
	3	3	11:30	11:31	11:31	11:33	2 in
	4	12 ft	11:31	11:32	11:32	11:34	2 in
			2	hole	per	P.F.W.	8

(Had to clean hole out)

all feet

ended 4'

2 min avg.

150 y ft. per bedroom

REMARKS

Heavily wooded

TYPE OF SOIL

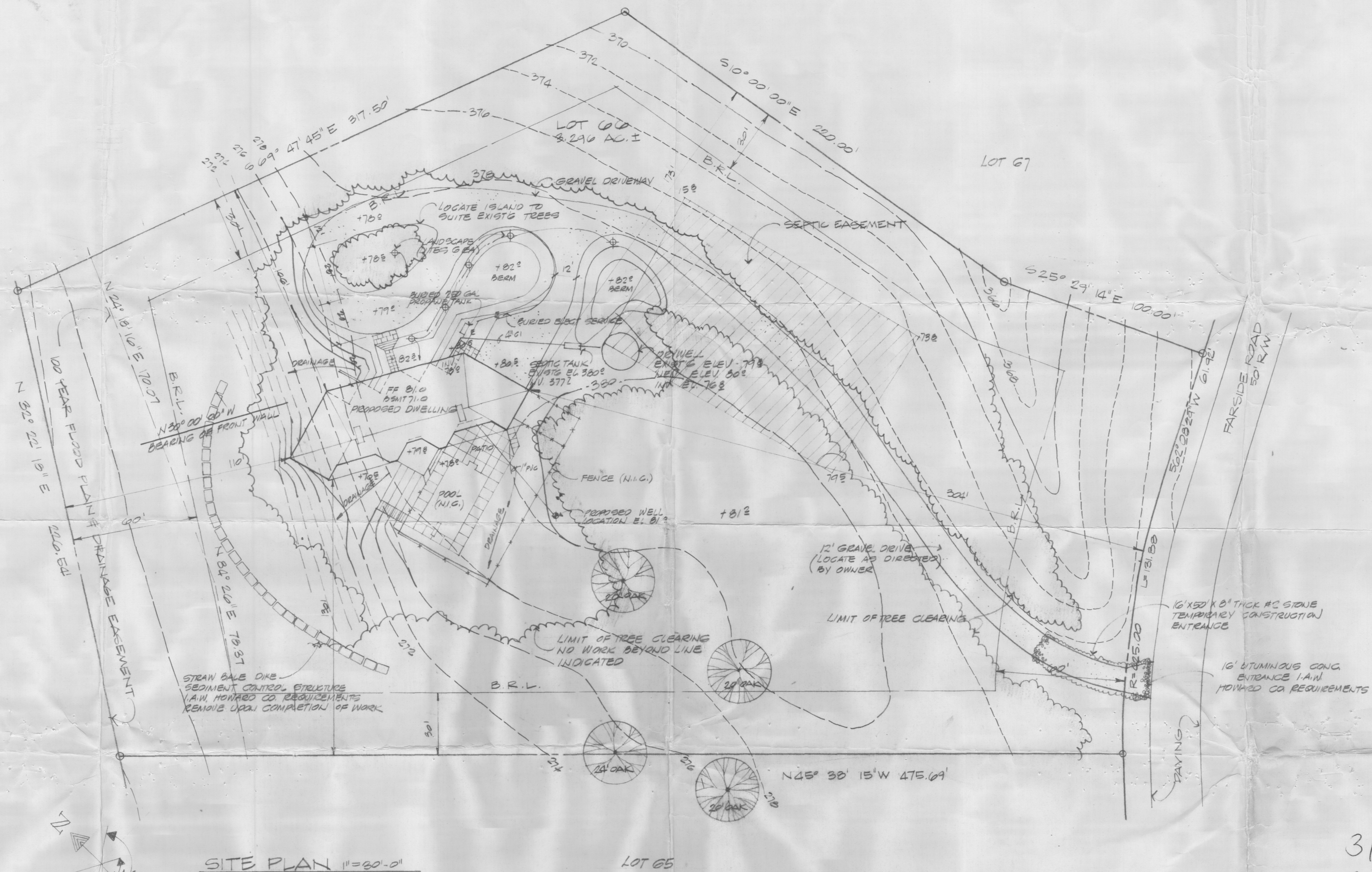
TESTED BY

C. Bel

ALSO PRESENT:

J.A.D. of Century

young trees



SITE PLAN 1"=30'-0"

LOT 66 FARSIDE SUBDIVISION
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

FIELD TOPOGRAPHY AND SEPTIC BASEMENT
BY HUDKINS ASSOC INC. 3 NOV 1982

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS
ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

Craig L. Stewart
CRAIG L. STEWART, ARCH. P.A.

3/23/83
Inlet to drywell no deeper
than 4 feet. Plan shows 3 feet inlet,
but then drops needed before septic
but not after it. Sketch OK otherwise
J.S.

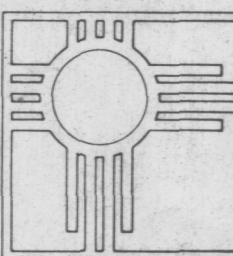
60% - 70% - 80%

REVISIONS

CRAIG L. STEWART
ARCHITECT P.A.
8280 MAIN STREET
ELLICOTT CITY MD 21043 (301) 461 2666

RIESER RESIDENCE

16'x50'x8" THICK #2 STONE
TEMPORARY CONSTRUCTION
ENTRANCE
16'x10'x10' THICK #2 STONE
ENTRANCE 1.1.11
HOWARD CO REQUIREMENTS



JOB
DATE
SHEET

30-82
18 MAR 83
1
OF NINE

B 1

2322

SEQUENCE NO.
(OEP USE ONLY)3th pump test
3/17/83STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

H0-81-0013

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

please print or type

fill in this form completely

Date Received

3/17/83

030283
(OEP Use Only)

OWNER INFORMATION

R E I S E R M Y R O N M R E M P I S

Last Name 15 Owner 34 Name

APARTMENT E 651 HAR PERS

36 Street of RFD 55

FARM RD. COLUMBIA MD 21044

Town 57 State 76 Zip

B 1 Continued

DRILLER INFORMATION

Ralph MAYNE 273

Driller's Name 77 License No. 80

Ralph MAYNE (well Drilling)

Firm Name

Rt 3 Box 9120 Brown Church Rd.

Address

Ralph Mayne 2/26/83

Signature Date

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)

☒ 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

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED)

JETTED

JETTED & DRIVEN

30-37 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE

REVERSE ROTARY

DRIVE POINT

other

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE INITIALS IN BOX

PERMIT NO. H0-81-0013

B 5

SPECIAL CONDITIONS 8-63

B 3

LOCATION OF WELL

COUNTY

HOWARD

SUBDIVISION

FAR SIDE

SECTION

LOT 66

NEAREST TOWN

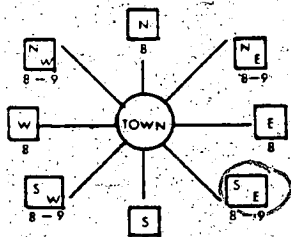
GLENELG

MILES FROM TOWN (enter 0 if in town)

3

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FAR SIDE Rd.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

☒ NORTH
☐ WEST
☐ EAST
☐ SOUTH

300

DISTANCE FROM ROAD

(CIRCLE APPROPRIATE BOX)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E	820	3
N	510	9

Location OK

42' - well

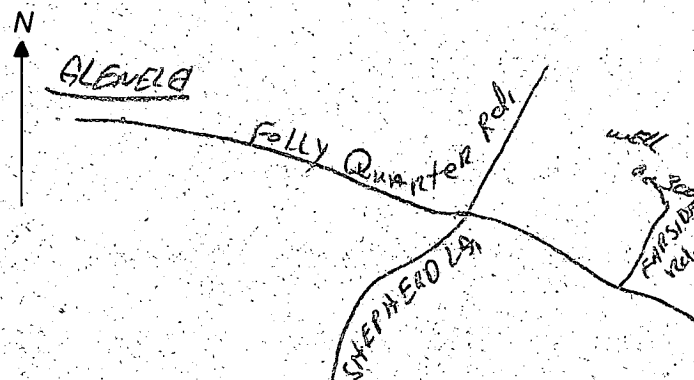
2' - above gw

35' - open

8' - bags cement

3/17/83 JS

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

A 28414

COUNTY NO.

OEP SIGNATURE

STATE HEALTH
CIRCLE BOX

DATE ISSUED

030483

CO SIGNATURE

NORTH GRID

EAST GRID

EXPIRES 090483

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0013

Location of property (road) Farside Rd.

Subdivision Farsides Lot 66 Block Plat Sec.

Well Driller Ralph Manna Owner Myron Raiser

Depth of well 180

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 33'

1. High rate pumping -- reservoir drawdown

Time pump started 10:45

Pumping rate 9 GPM

Total time 15 min to reach pumping water level 44 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

C1 7661

SEQUENCE NO.
(OEP USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 28414Date Received
(OEP use only)

DATE WELL COMPLETED

03/12/83

Depth of Well

180

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-81-0013

OWNER Reiser
last nameMyron
first nameSTREET OR RFD Farside RoadTOWN GlenelgSUBDIVISION Farside

SECTION

LOT 66

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

FROM TO

Top Soil

0 2

Sandy

2 30

Sand Stone

30 45 ✓

Mick

45 60

Sand Stone

60 25 ✓

Mick

25 180

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES ☒ YNO ☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BCNO. OF BAGS 8 NO. OF POUNDS 800GALLONS OF WATER 48DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST☐ CO

STEEL

CONCRETE

☒ PL☐ OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top/main casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ PL64/2EACH
CASING

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

screen type
or open holeinsert
appropriate
code
below☒ ST☐ BR☒ HO

STEEL

BRASS

OPEN

BRONZE

HOLE

☒ PL☐ OT

PLASTIC

OTHER

C 2

Seq. no.

DEPTH (nearest ft.)

☒ H040180☐2324☐2630☐3839

SLOT SIZE

2DIAMETER
OF SCREEN(NEAREST
INCH)

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL CIRCLE BOX

☒ F

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX)YES ☒ YNO ☐ NIF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP (WRITE APPROPRIATE
LETTER IN BOX - SEE ABOVE:
(A, C, J, P, R, S, T, O))CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)☒ above

LAND SURFACE

☐ below2 (nearest
foot)

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)

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
WELLI 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. 273DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

300'
well DRIVE
130'
PROP. LINE

Well Permit No. HO - 81-0013

Well Permit No. NO - 01-0013
Location of property (road) Farside Road

Subdivision Farside Lot 66 Block 1 Plat 1 Sec. 1

Soil Driller Ralph Mayne Owner Myron Reiser

Depth of well 180 ft

Distance of measuring point (M.P.) above ground 27'

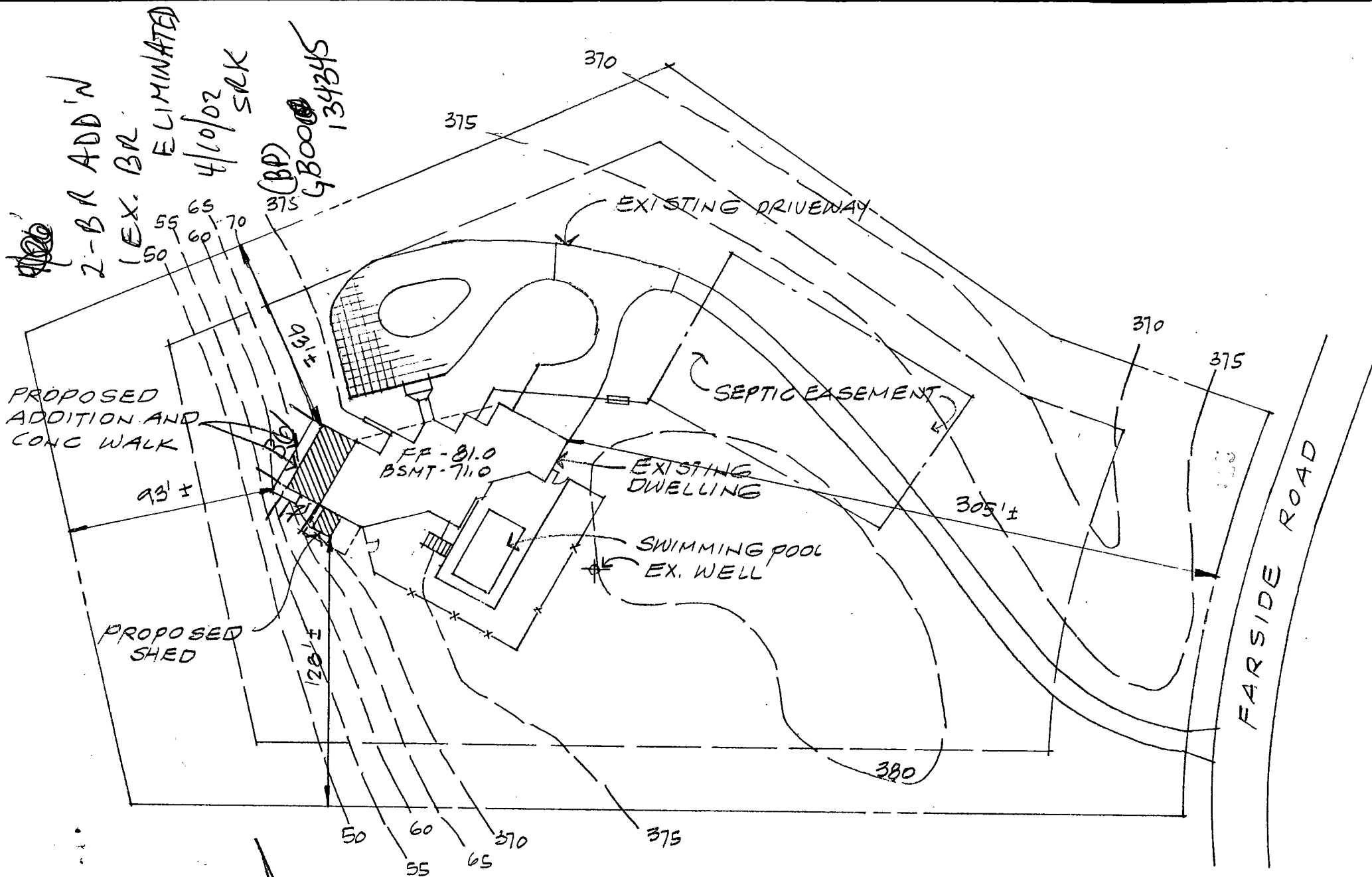
Static water level (S.W.L.) below M.P. 33 ft

1. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 9 GPM
Total time 15 min to reach pumping water level 44 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



SITE PLAN 1" = 60' 0"

LOT 66 FAR SIDE SUBDIVISION

1-31-02

Building Address: 11814 Farside Dr
Belmont City, MD 21042

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

Census Tract: 00200 Subdivision: Farside

Section: _____ Area: _____ Lot: 15 66

Tax Map: 23 Parcel: 124 Grid: 20

Zoning: R020 Map Coordinates: _____ Lot size: _____

Existing Use: FD

Proposed Use: FD with addition

Estimated Construction Cost: \$ 150,000

Description of Work: 2 new bedrooms, 1 new bathroom, 1 new playroom, 1 story with basement, concrete walk, shed

Occupant or Tenant: Owner

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Property Owner's Name: M. & M. S. Scott & Son, Inc.

Address: 11814 Farside Dr

City: _____ State: _____ Zip Code: 21042

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: MD Zip Code: 21043

License No.: _____

Phone: 410-465-7187 Fax: 410-465-7187

Engineer or Architect Company: Stewart

Contact Person: Craig Stewart

Address: 8309 1st St

City: _____ State: MD Zip Code: 21043

Phone: (410) 465-7687 Fax: (410) 465-7187

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>30'-0"</u> <u>17'-0"</u> 2nd floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	Basement: <u>17'-0"</u> Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	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 HERETO; (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: [Signature] Print Name: Craig Stewart

Title/Company: Stewart Date: 7-13-09

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

