6-8-98 C.O. 10:00 AM. 6.9.98 C.O. open trench

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510179

A 49482-H

DISTRICT 4th

DATE 6-2-98

DATE SYSTEM APPROVED 6-9-98

INSPECTOR Hank Oswald

INDEXED

04-357027

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXX~~ 410-313-2640

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION Warfields Grant LOT 10 ROAD 3117 Spring House Court

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS ____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to b 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4.0 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 160 feet down the right (322.87') lot line and 90 feet off this same lot line as seen when facing the lot from Spring House Court. Run trenches along contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APROVED BY Donna K. Soe DATE 04/02/98

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.

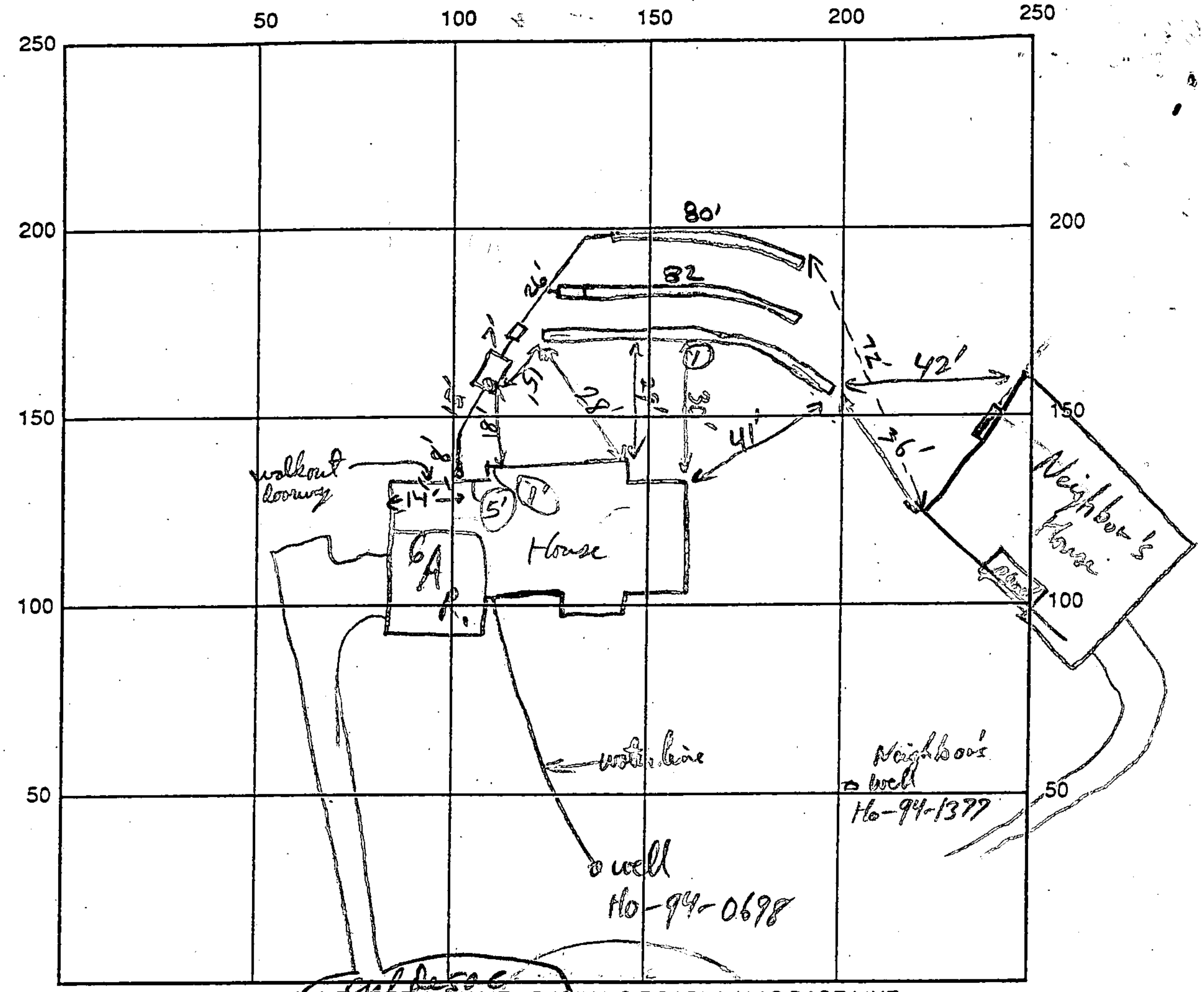
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 49482-H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Springhouse Ct

SEPTIC TANK LEVEL 1250 gal MillSeaves CLEANOUTS HSE ✓ + ST.

DISTRIBUTION BOX LEVEL O.K.

DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 3' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 75 / 82 / 80 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 711 SQ. FT.

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

ABSORBENT AREA —— SQ. FT.

REMARKS: House Connection OK (1st 10ft only), S.T. Set, Needs Finishing, 1st open Trench OK & gravel fill 6/8/98

6/9/98 septic tank and connections are complete. The last two trenches are O.K. H.O.

WPI Pitless adapter & water line OK 6/8/98

DATE SYSTEM APPROVED 6/9/98 INSPECTOR Hank Oswald

APPLICATION

PERCOLATION TESTING

A 49482 H

P _____

DISTRICT _____

DATE _____

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

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 ~~WARFIELDS GRANT LTD. PARTNERSHIP~~ TRINITY Custom Homes Inc. c/o Ronald B. Carter

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS + CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION _____ WARFIELDS GRANT SEC. 2 LOT NO. 10

ROAD AND DESCRIPTION Daisy Road
(3117 Spring House Court)

BLDG. PERMIT SIGNED AND RETURNED 4-2-98
Sewage BRO 10746

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Bdrm
(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. Zacharia Y. Fisch (agent)
(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

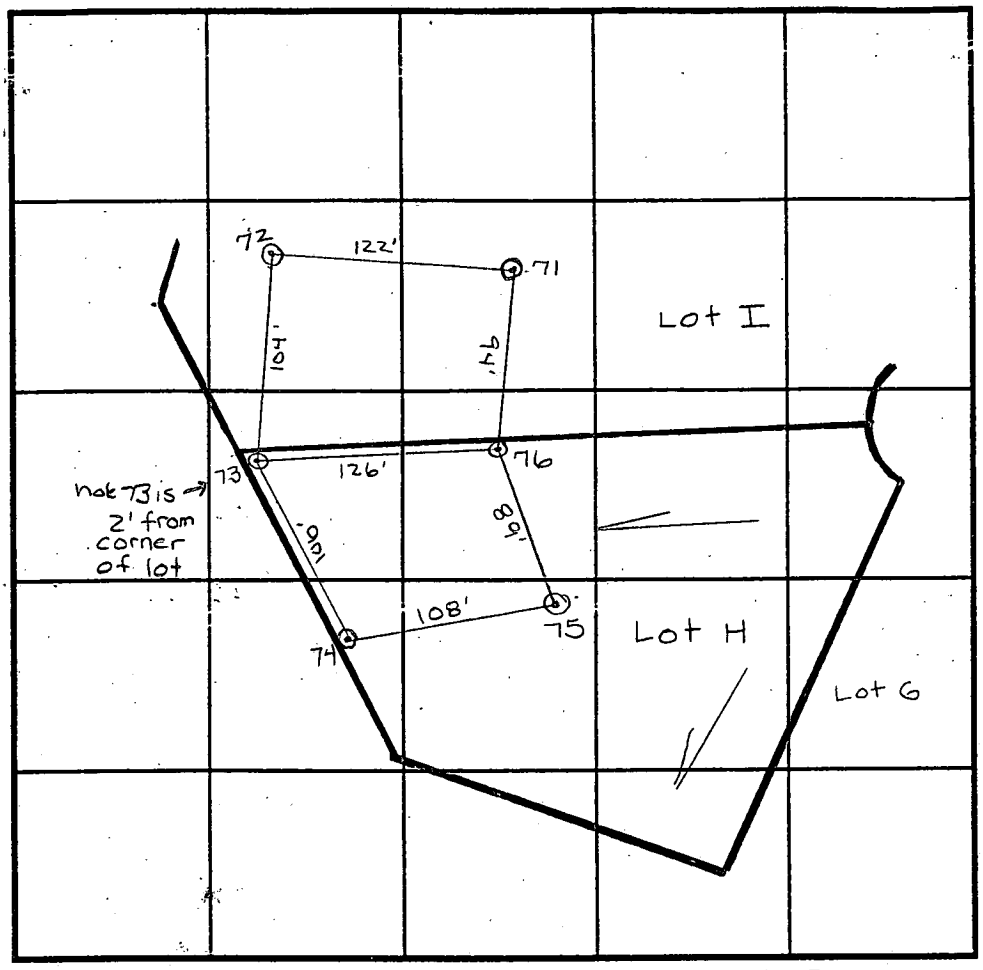
HD-216 (3/92)

A49482 H
COUNTY #

SOIL PROFILE
75
0'
CL red
4
SMicL red/brn
5% rock
11½

76
CL red
5
SMicL red/brn
12

73
red C
5
SMicL red
11½



SOIL PROFILE
74
0'
red/brn CL
5
SMicL red/brn
11½

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
8/24/93	75	V 11½ / 5	11:44	11:46	11:46	11:48	2
		7½	11:44	11:46	11:46	11:51	5
	76	V 12 / 15	11:55	11:58	11:58	12:03	5
		18	11:55	11:58	11:58	12:00	2
	73	V 11½ / 5	11:23 30	11:27	11:27	11:32	5
	74	V 11½ / 4	11:35	11:38	11:38	11:40	2

REMARKS Tests 71-72 are found in A49482 I

TYPE OF SOIL Chester

TESTED BY Amy McMillen / Carolina ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT/BEDROOM 180

C 1 | 2856 | SEQUENCE NO. (MDE 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 A49482-H

ST/CO USE ONLY
DATE Received 10/18/95

DATE WELL COMPLETED 10/27/95

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0698

OWNER Carmen Associates

STREET OR RFD Spring House Court (last name / first name) TOWN Lisbon

SUBDIVISION Warfields Grant SECTION II LOT 10

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
Brown Shale	0	81	
Blue Rock	81	305	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

CIRCLE APPROPRIATE LETTER
- 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 26.04.04 "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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 24

Joseph L Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 23 NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. TOP to 75 ft. BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	86

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

EACH SCREEN

	DEPTH (nearest ft.)	
1	HO	84 / 305
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK / IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	from	to

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

T ____ (E.R.O.S.) ____ W Q ____

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 93 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine

[C] centrifugal [R] rotary [O] other (describe below)

[J] jet [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

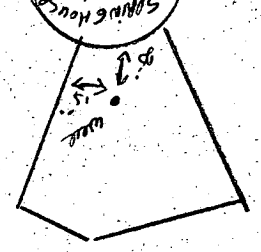
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [−] below LAND SURFACE 2 (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).

N



COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 8541 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0698
fill in this form completely

Date Received (APA): 10/16/95

OWNER INFORMATION
Owner: CARMAN ASSOCIATES
PO BOX 129
Fillcott City MD 21043

DRILLER INFORMATION
Driller's Name: Joseph L. Mayne
MSD/MGD/MWD: 24
License No.: 80
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Mayne Date: 9/28/95

LOCATION OF WELL
B 3
COUNTY: HOWARD
SUBDIVISION: WARFIELDS GRANT
SECTION: LOT: 10
NEAREST TOWN: LISBON
MILES FROM TOWN (enter 0 if in town): 4½ MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD: Spring House Court
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N | WEST W | 32 | E EAST | S SOUTH
DISTANCE FROM ROAD: 25
ENTER FT OR MI: FT

TAX MAP: BLK: PARCEL

WELL INFORMATION
B 2
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: 280 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST 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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

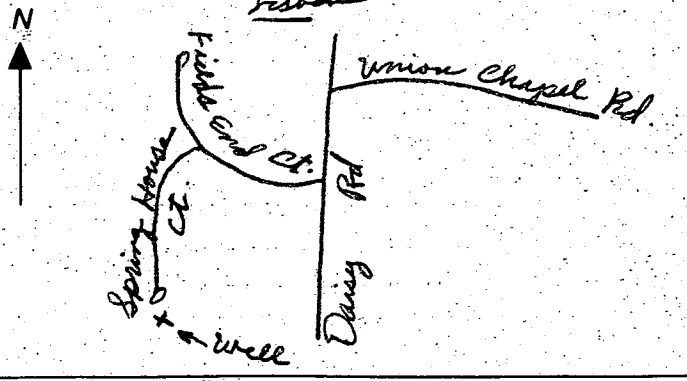
Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: AM (WRITE INITIALS IN BOX) PERMIT No. HO-94-0698

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Howard Co. COUNTY NO.: A 49482-H
STATE SIGNATURE: INSERT S
DATE ISSUED: 10/16/95 CO SIGNATURE: A.M. McMillen EXP. DATE: 10-16-96
NORTH GRID: 53000 EAST GRID: 7800

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 780
N 530
000 000

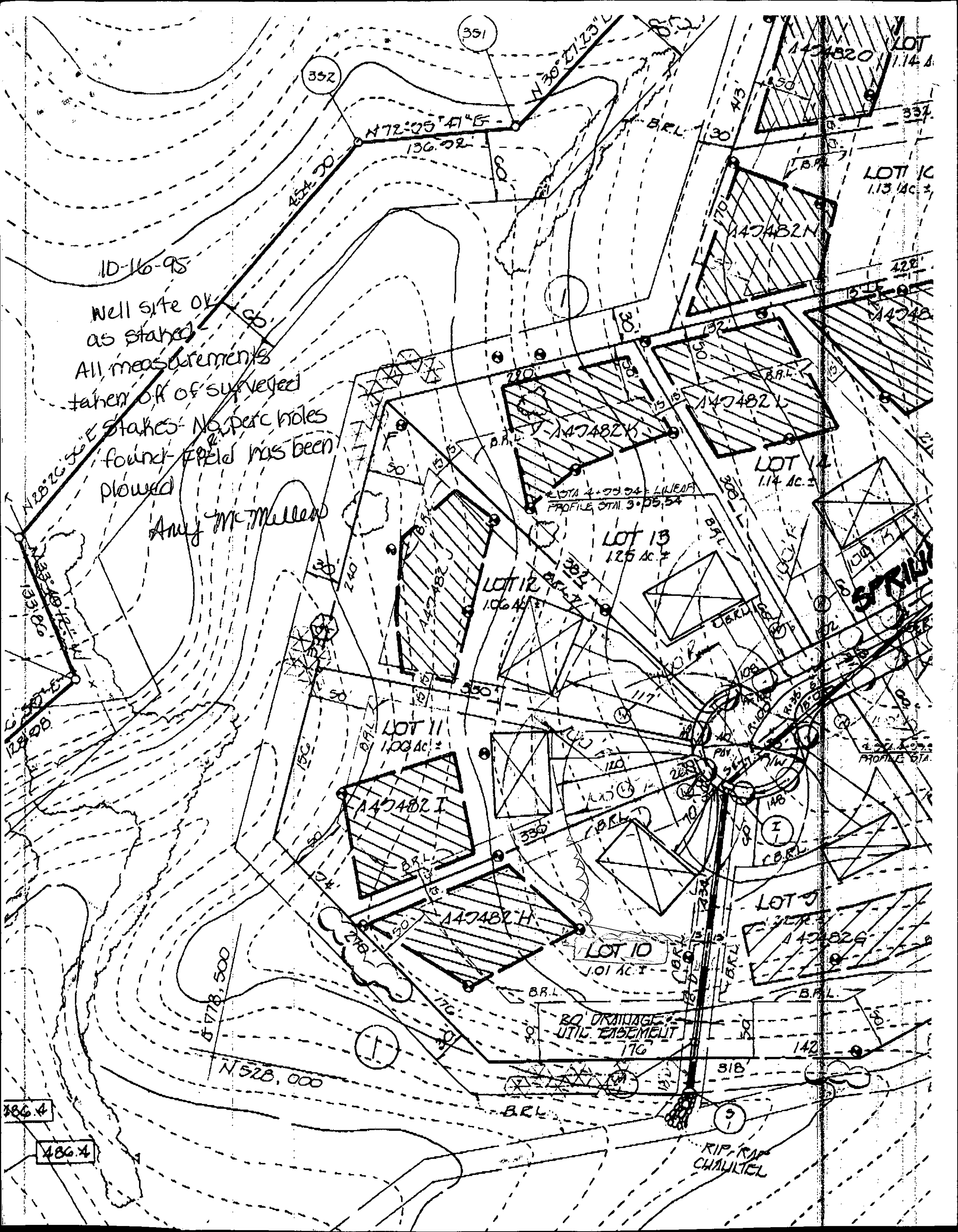
10/27/95 9:30 grat
NO INSP
ALM

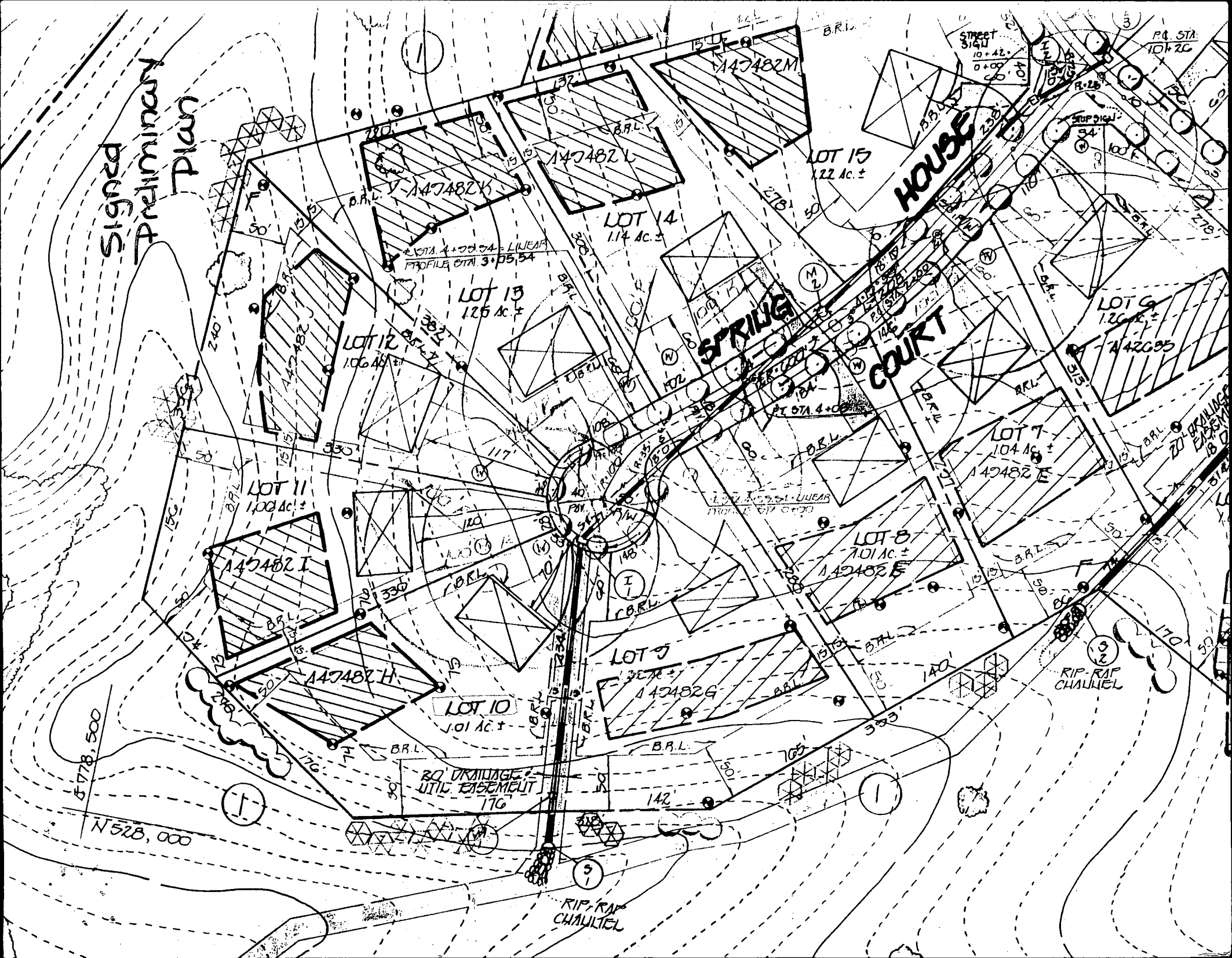
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



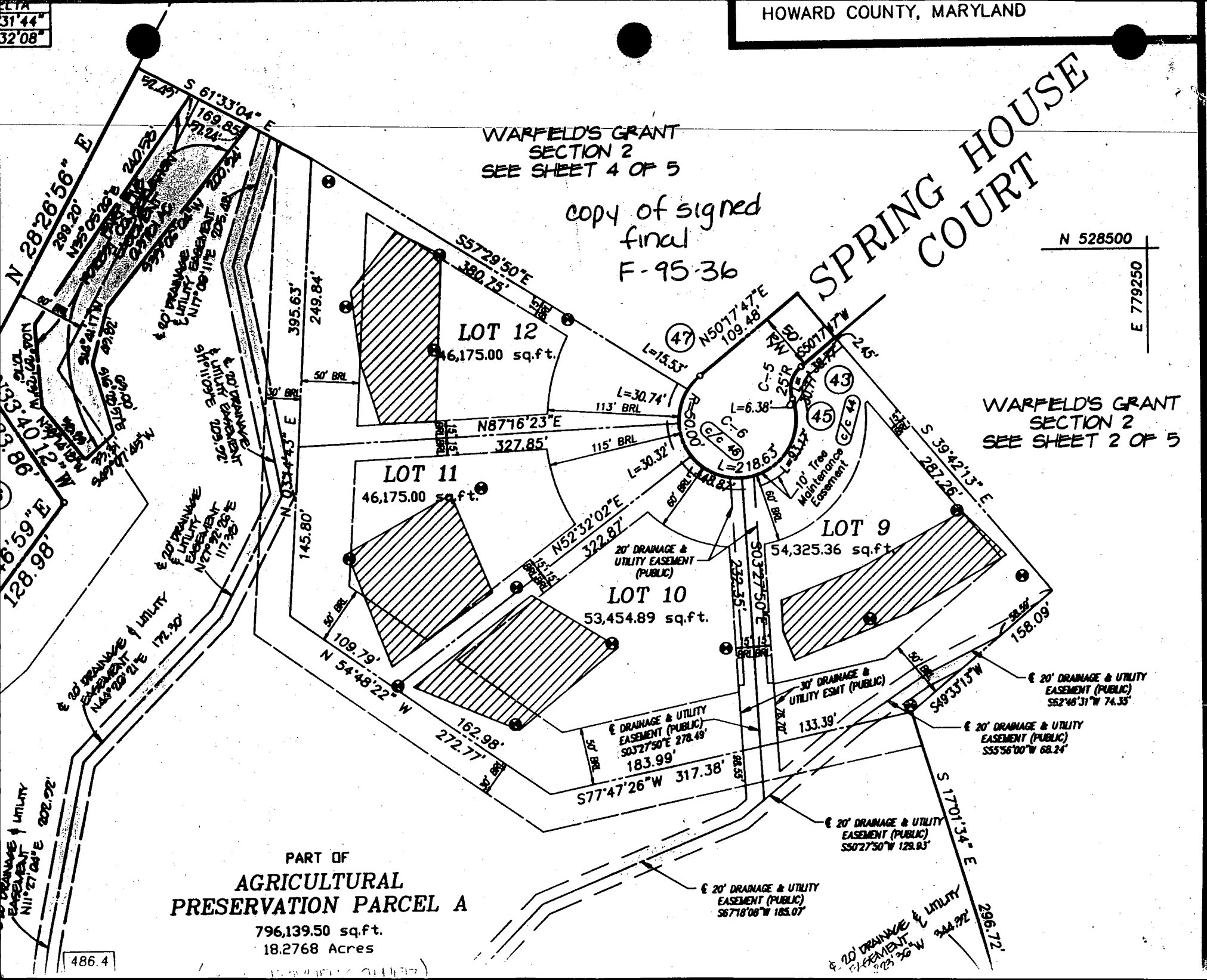
SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY


10-16-95
Well site OK
as staked.
All measurements
taken off of surveyed
stakes. No perc holes
found. Field has been
plowed
Amy McMullen
N 72°25'41"E
136.92
LOT 10
1.01 Ac.±
LOT 11
1.00 Ac.±
LOT 12
1.06 Ac.±
LOT 13
1.25 Ac.±
LOT 14
1.14 Ac.±
LOT 9
14J482 I
14J482 H
14J482 K
14J482 L
14J482 M
14J482 O
B.R.L.
20 DRAINAGE & UTIL. EASEMENT
N 528,000
E 1778,500
RIP-RAP CHANNEL
486.4


Signed Preliminary Plan
LOT 15
1.22 Ac. ±
LOT 14
1.14 Ac. ±
LOT 13
1.26 Ac. ±
LOT 12
1.06 Ac. ±
LOT 11
1.00 Ac. ±
LOT 10
1.01 Ac. ±
LOT 9
1.26 Ac. ±
LOT 8
1.01 Ac. ±
LOT 7
1.04 Ac. ±
LOT 6
1.26 Ac. ±
HOUSE
SPRING
COURT
B.R.L.
RIP-RAP CHANNEL
20' DRAINAGE & UTIL. EASEMENT
N528,000
E778,500

HOWARD COUNTY, MARYLAND



Approved Septic System Plan
Howard County Health Department

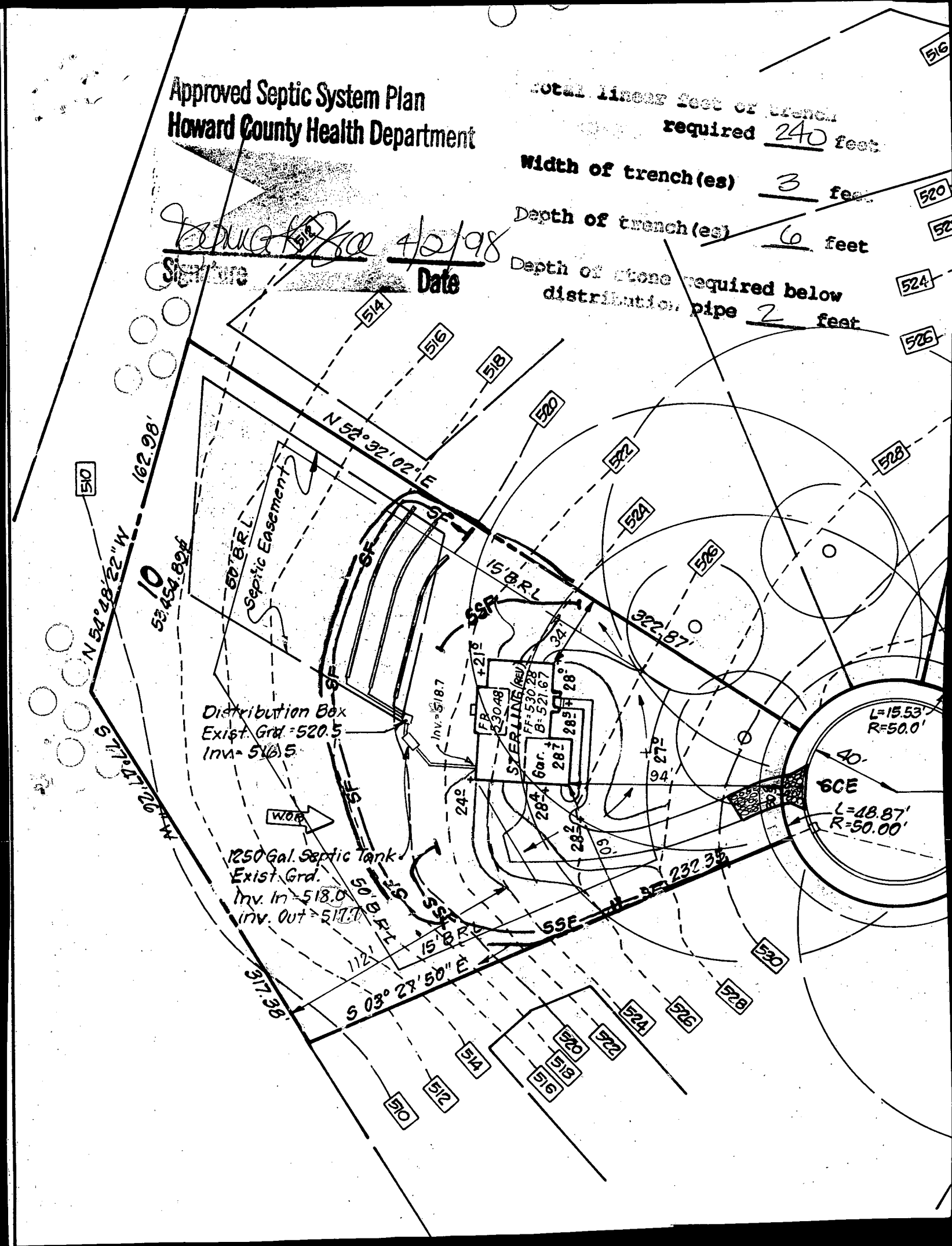
Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

Signature 4/2/98 Date



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 B00122569

Building Address 3117 Sunny House Court
Woodbine MD 21797

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

Census Tract 6040 Subdivision Warfield Grant

Section 2 Area NA Lot 10

Tax Map 13 Parcel 128 Grid 23

Zoning RC Map Coordinates Lot size

Property Owner's Name [illegible]

Address 3117 Sunny House Court

City Woodbine State MD Zip Code 21797

Home Phone 442-2445 Work Phone _____

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

Phone Fax

Existing Use SFD

Proposed Use same with deck

Estimated Construction Cost $ 11,000.00

Description of Work install 8'x12' deck
and 4'x12' porch w/ step to grade

Contractor Company Fine Carpentry Co.

Contact Person Brian Spadin

Address [illegible] Mount Airy Rd

City Mt. Airy State MD Zip Code 21771

License No. 111493

Phone 831-3237 Fax

Occupant or Tenant same as owner

Contact Name _____

Address same as owner

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone 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:		
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.

Brian Spadin — [illegible]
Applicant's Signature *Print Name*

Title/Company

02.24.00
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
State Highways		
X Building Official		[illegible]
X Dev. Engineering, DPZ		
X Health	2/24/00	[illegible]
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 60 FT
Rear: 50 FT
Side: 15 FT
Side St.: NA
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 _____

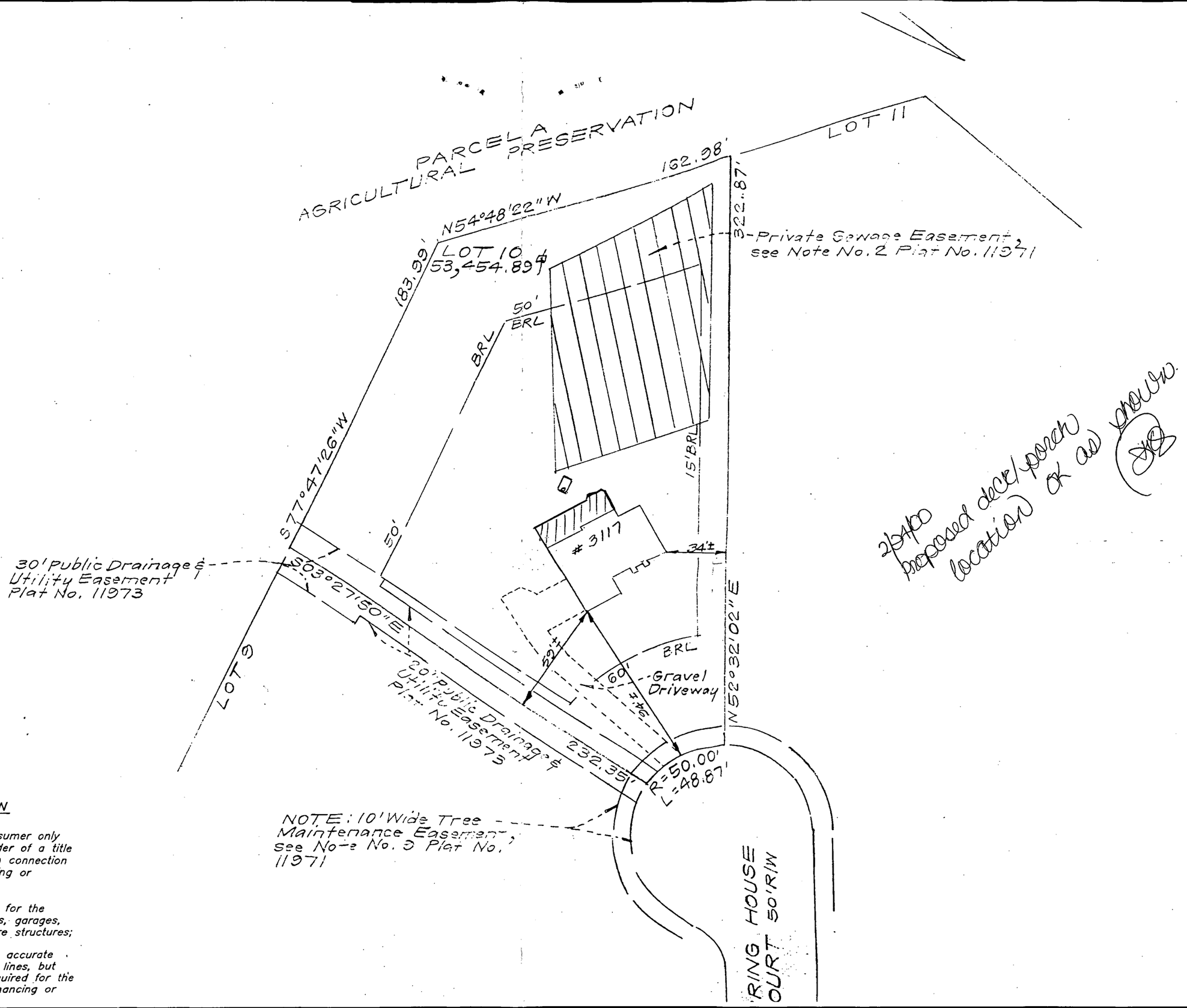
PROPERTY ID#: 34197

Filing fee	$ _____
Permit fee	$ [illegible]
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ [illegible]
Balance due	$ _____
Check	# 2751
Validation	# 27517

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

a:\permit.fmm

Rev. 10/15/98



2/24/00 proposed deck/porch location OK as shown.

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;

2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;

3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title of for securing financing or refinancing.