7/7/99
meet installer
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511922

A 49914-B

DISTRICT

DATE 6/2/99

DATE SYSTEM APPROVED 6/7/99

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXX 410-313-2640

03-319687

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Sobus Farms LOT 2 ROAD 3004 Sobus Drive

PROPERTY OWNER Altieri Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMP SYSTEM ONLY

INSTALL: 1-1250 Gallon Pump Chamber

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 1.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 40 feet off the rear lot line and 95 feet off the left lot line. Run trenches on contour initially toward the right lot line - then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/25/99 DKB

DIST. BOX CHANGED TO MATCH SITE CONDITIONS, OK TO INSTALL TRENCHES 1 FOOT DEEPER THAN SPECIFIED. SRH/CW 6/22/99

PLANS APPROVED BY Mark Rifkin/Amy McMillen DATE 03-05-1999

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

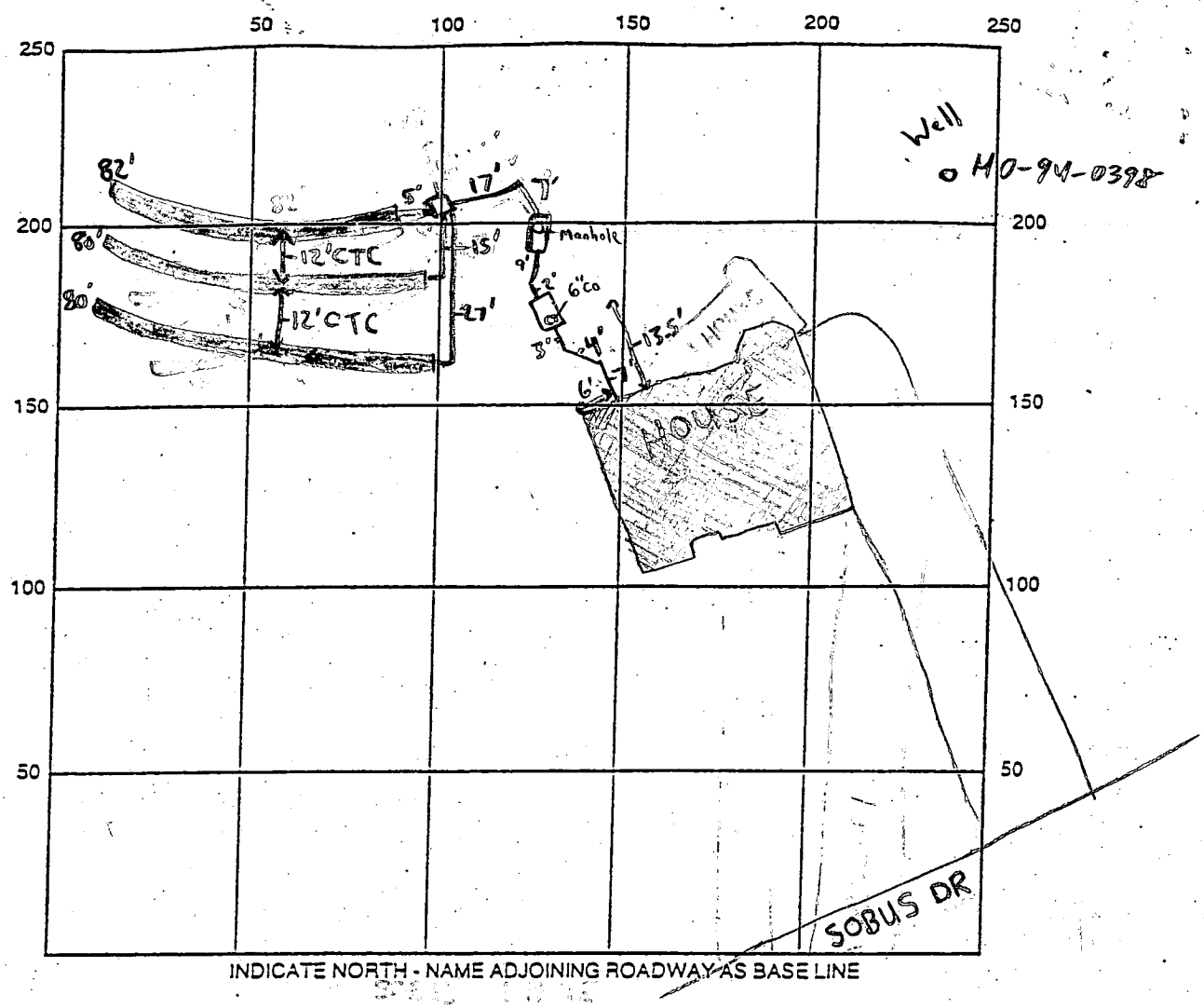
FINAL PERMIT SIGNED AND RETURNED 12/27/2000
B00127898 - FINISH BASEMENT

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

H49914B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500g Top Seam, 1500g TSPT CLEANOUTS 1-6"@tank, Manhole Riser on PT

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240+ FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/22/99- House conn. made (SRK) 6/22/99-WPI OK, OK to continue work (SRK) 6/23/99-OK to cover all work-(SRK)

6/7/99 Pumps & alarms OK

DATE SYSTEM APPROVED 6/7/99 INSPECTOR A McMillan

APPLICATION

PERCOLATION TESTING

A 4991 4B

P _____

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

DISTRICT 3

DATE 3/9/94

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 Hilltop Development Corporation/Altieri Homes

ADDRESS P.O. Box 208 Clarksville, Md. 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard Demmitt

ADDRESS P.O. Box 208 Clarksville, Md. 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. 2 (two)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(3014 Sobus Drive)

GRAD. PERMIT SIGNED AND RETURNED 3/5/99
Sewer # B-01-3019

TAX MAP 15 PARCEL # 269 154

SIZE OF LOT 3 acres + 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. Richard J. Demmitt
(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)

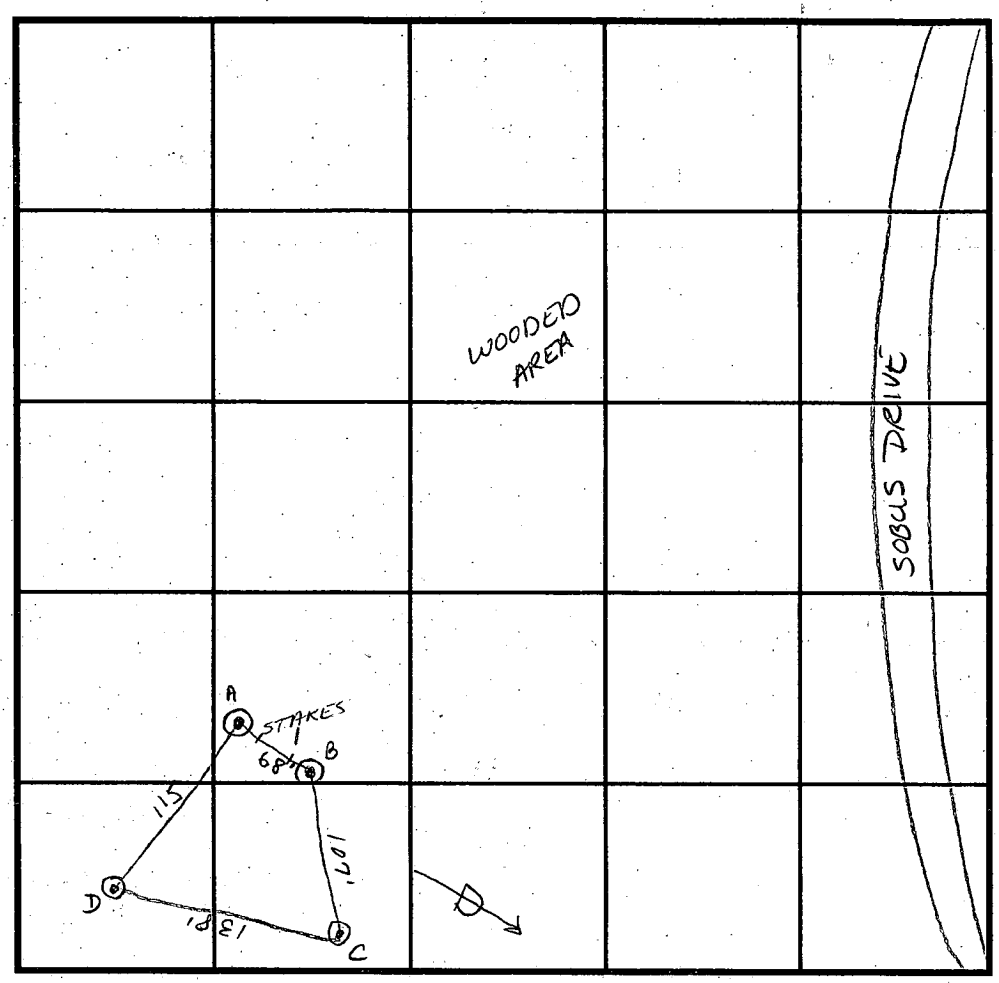
49914B
COUNTY #

SOIL PROFILE

0' D
bright red brn CL
2'
bright red SL mica
11½'

C
no distint Clay layer
SL
very micaceus throughout
saprolite
shale throughout
OK
hard bottom
10

B
@ yel/brn CL
2
orangel brn SL mica
some saprolite
OK
12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' A
no distinct C layer
brn w/ orange tint
sand
mica
saprolite throughout but OK - enough soil around to filter
13'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/22/94	D	3' V11½'	1:18 30	1:19 30	1:19 30	1:21	1½ min
		6' V11½'	1:19	1:20	1:20	1:22 15	2¼ min
	C	3' V10'	1:24 15	1:25 15	1:25 15	1:26 15	1 min
	B	3½ V12	1:28	1:28 30	1:28 30	1:29 45	1¼ min
	A	3' V13	1:34 45	1:35 15	1:35 15	1:36	45 sec
		7' V13	1:34	1:34 15	1:34 15	1:34 45	30 sec

REMARKS shallow system only

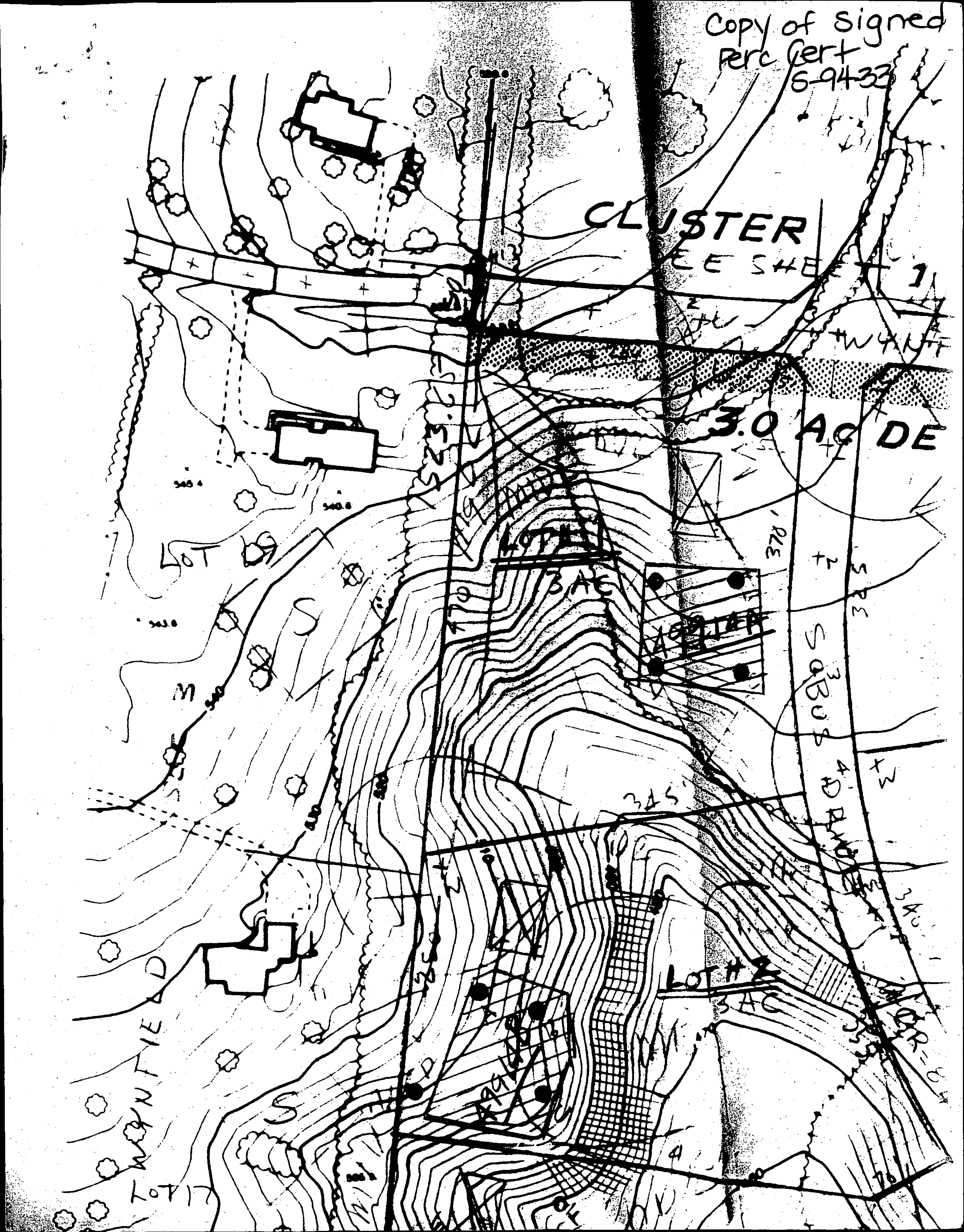
TYPE OF SOIL CHD2 Chester silt loam

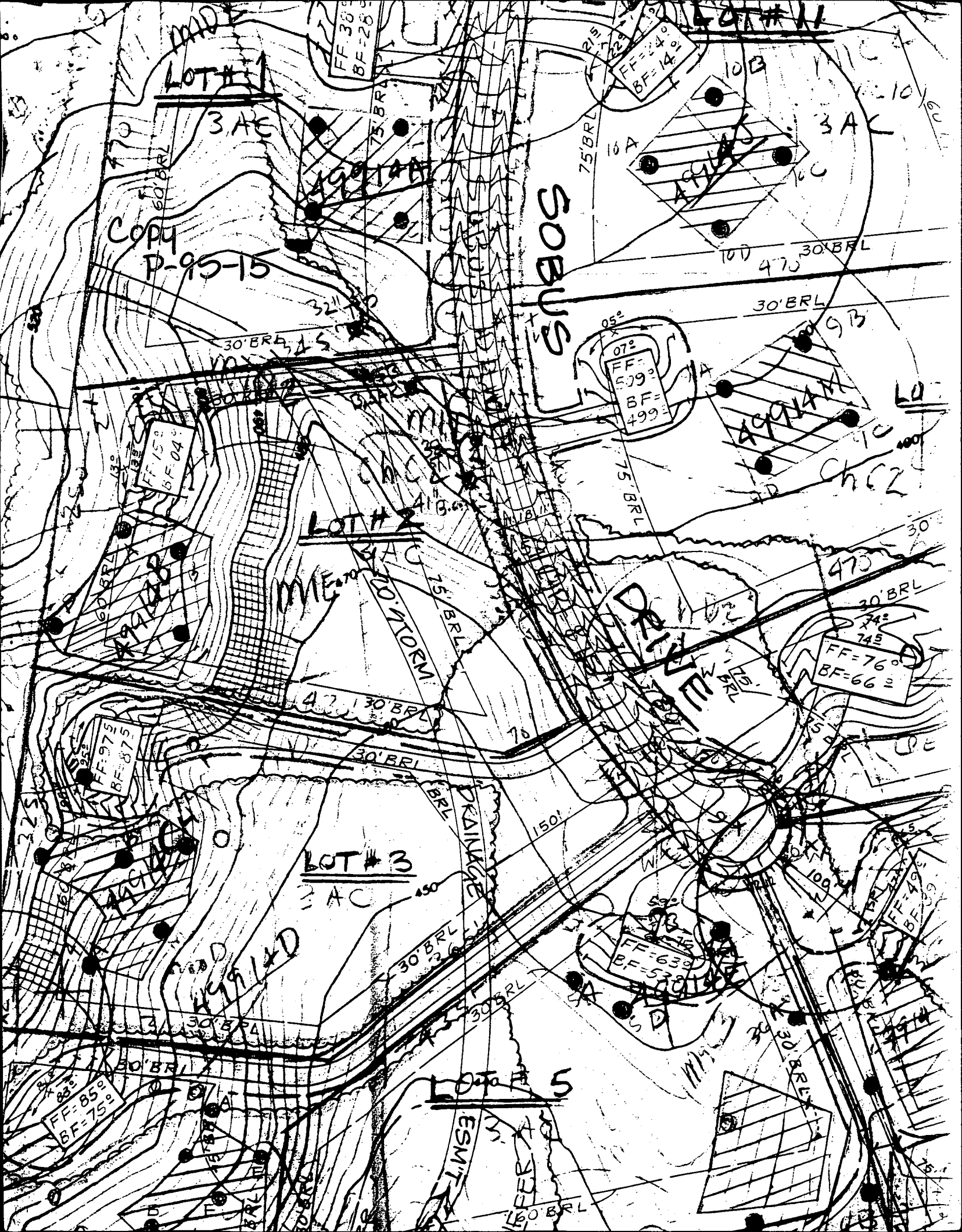
TESTED BY A. McMillan / M. Rifkin ALSO PRESENT R. Demitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME <2 min TRENCH WIDTH 3

INLET DEPTH 1½ MAXIMUM BOTTOM DEPTH 3½ SQ. FT/BEDROOM 180

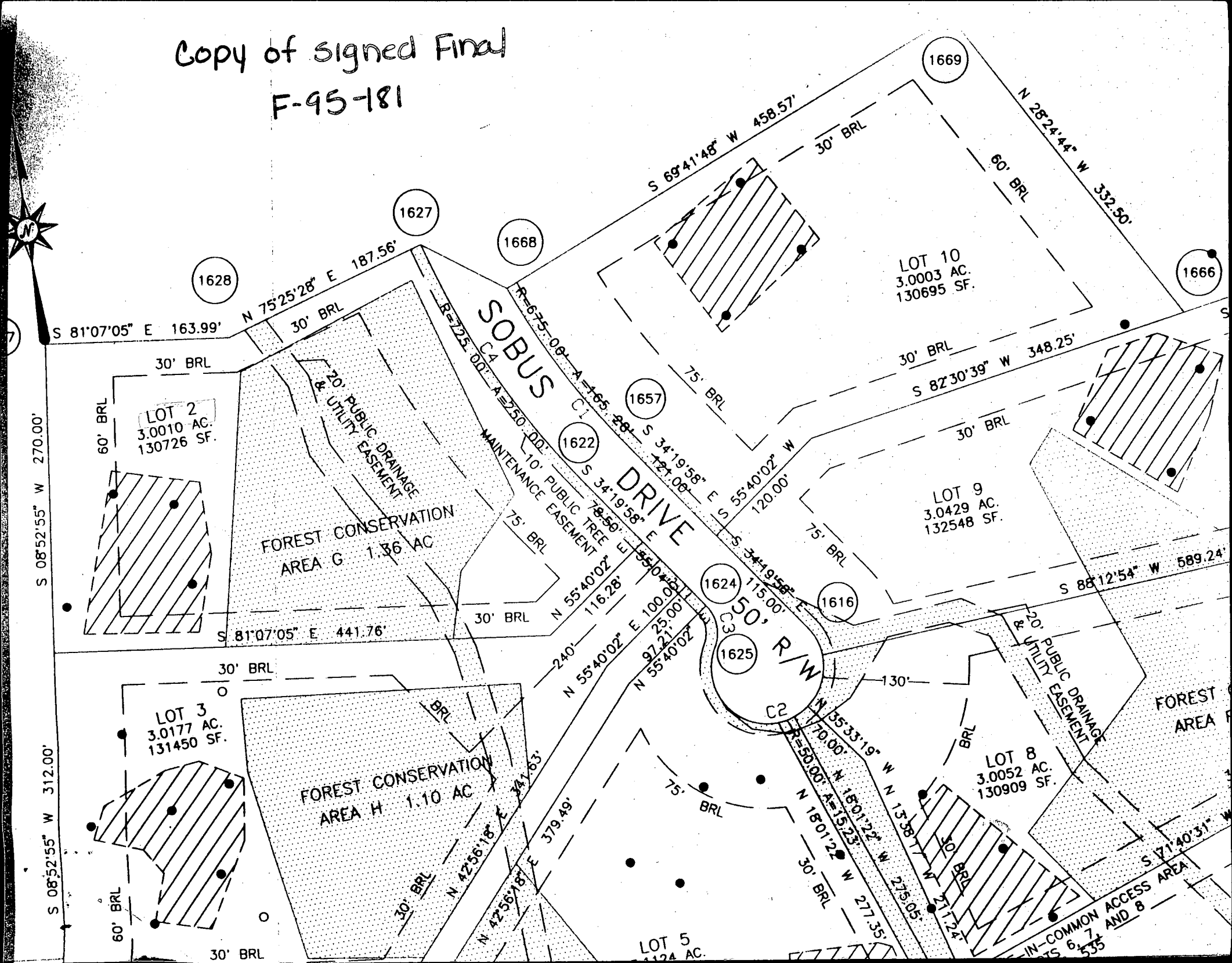
Copy of Signed Perc Cert 6-94-33




LOT #1
3 AC
LOT #2
4 AC
LOT #3
2 AC
LOT #5
LOT #11
Copy
P-95-15
DRIVE
DRAINAGE
ESM'T
30' BRL
75' BRL
60' BRL
20' STORM
150'
FF=85°
BF=75±
FF=97±
BF=87±
FF=76°
BF=66±
FF=63±
BF=53±
FF=50±
BF=49±
FF=509±
BF=499±
FF=40°
BF=14±
FF 15°
BF 04°
FF 30°
BF=28±

Copy of signed Final

F-95-181



Approved Septic System Plan
Howard County Health Department

To: Amy @ Hd. Co. Health Dept.
Fr: Altieri
Re: Sobus Farms
Lot 2

Total linear feet of trench required 240 feet

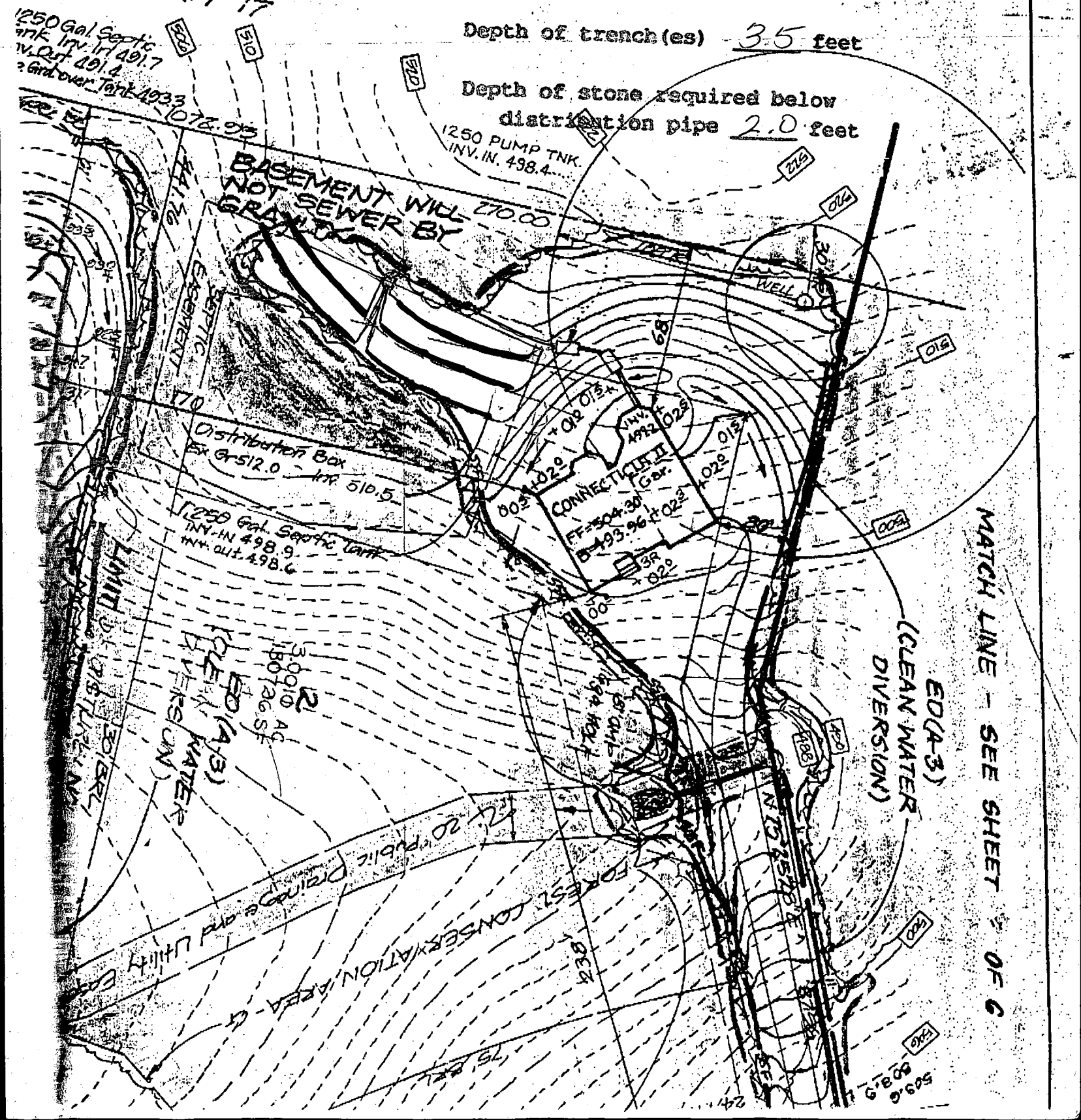
Width of trench(es) 3.0 feet

Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 2.0 feet

Amy McMillan 3/5/99
Signature Date

LOT 17



C 1 3635 — SEQUENCE NO. (DENV 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 A 49914 B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04/04/95

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0398

OWNER Demmitt (last name) Richard (first name)
STREET OR RFD Sobus Drive TOWN W. Friendship
SUBDIVISION SOBUS FARMS SECTION LOT 2

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
SAND Stone	0	26	
GRAY Mica Rock	26	185	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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.

DRILLERS IDENT. NO. 24
Joseph E. Wayne
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]
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 8 NO. OF POUNDS 752
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 26 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	29

EACH CASING — OTHER CASING (if used)

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.) from	to
1	HO	28	185
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

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

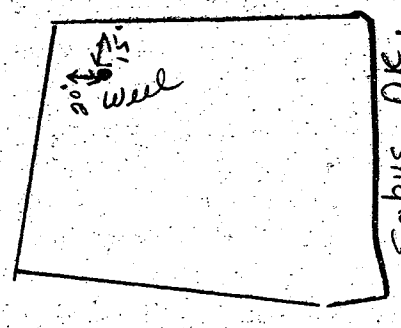
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 28
WHEN PUMPING 77

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 EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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 (nearest foot) 1

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 4424 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-94-0398
fill in this form completely

Date Received (APA)
02 23 95

OWNER INFORMATION
Demmitt, Richard
Last Name, Owner, First Name
PO Box 228
Street or RFD
Clarksville, MD 21029
Town, State, Zip

DRILLER INFORMATION
Joseph L. Mayne
Driller's Name
MSD/MGD/MWD
24
License No.
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph L. Mayne 2/20/95
Signature, Date

LOCATION OF WELL
B 3
Howard
COUNTY
SOBUS FARMS
SUBDIVISION
SECTION
LOT 2
West Friendship
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1½ 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

Sobus Farms
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, EAST E, SOUTH S
DISTANCE FROM ROAD 325
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)
(H) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
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)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard — COUNTY NAME
A 49914 B — COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED 03/16/95
Mark E. Riffin — CO SIGNATURE
3/16/96 — EXP. DATE
NORTH GRID 53000
EAST GRID 08170

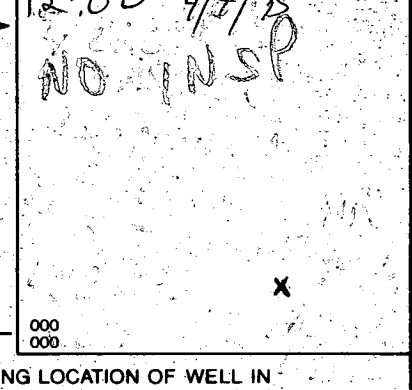
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

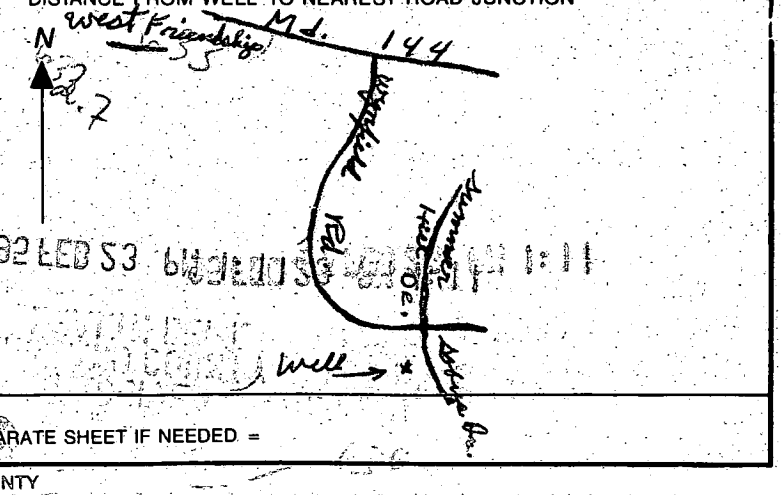
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other _____

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
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)

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 817
N 530



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



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE MR WRITE INITIALS IN BOX
PERMIT NO. HO-94-0398

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

COUNTY

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 B-00127898

Building Address 3004 SOBUS DRIVE
WEST FRIENDSHIP

Suite/Apt. #: — SDP/WP/Petition #:

Census Tract 6030 Subdivision SOBUS FARM

Section — Area — Lot 2

Tax Map 13 Parcel 24 Grid 24

Zoning RC-DEO Map Coordinates 1066 Lot size

Property Owner's Name IAN FIELDS.

Address 3004 SOBUS DRIVE

City WEST FRIENDSHIP State MD Zip Code 21794

Home Phone 410-442-4659 Work Phone 410-379-2500.

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

Phone Fax

Existing Use HOME

Proposed Use HOME.

Estimated Construction Cost $ ~~$26~~ 1,500

Description of Work BASEMENT CONVERSION
FINISH. - OFFICE, FAMILY ROOM.
BATH, STORAGE.

Contractor Company SELF.

Contact Person

Address

City State Zip Code

License No.

Phone Fax

Occupant or Tenant SAME.

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company NONE.

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 4

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 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

IAN FIELDS
Print Name

OWNER.
Title/Company

DECEMBER 27, 2000
Date

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	12/27/00	Steven R. Levy
Fire Protection		

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

PROPERTY ID#: 36798

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check #	
Validation	

Accepted by

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

T:\forms\PERMIT.FRM

Rev. 5/17/00