

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57260C

A 49914-S

DISTRICT _____

DATE 09/05/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

DATE SYSTEM APPROVED 9/18/96

INSPECTOR DKS

INDEXED

03-319806

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ☒ ALTER _____

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

SUBDIVISION Sobus Farms LOT 13 ROAD 2841 Wynfield Road

PROPERTY OWNER Altieri Homes, Inc. Mr. & Mrs. Brian Baum

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

Tap this up

LOG. PERMIT SIGNED
AND RETURNED 12-16-99
Serial # B70121827
Surrendered

TRENCHES - Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 220 feet up the right (331.36) line and 120 feet off that same lot line. Run trenches on contour toward 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. 7/18/96 OK ALM

PLANS APPROVED BY Amy McMillen DATE 6/24/96

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

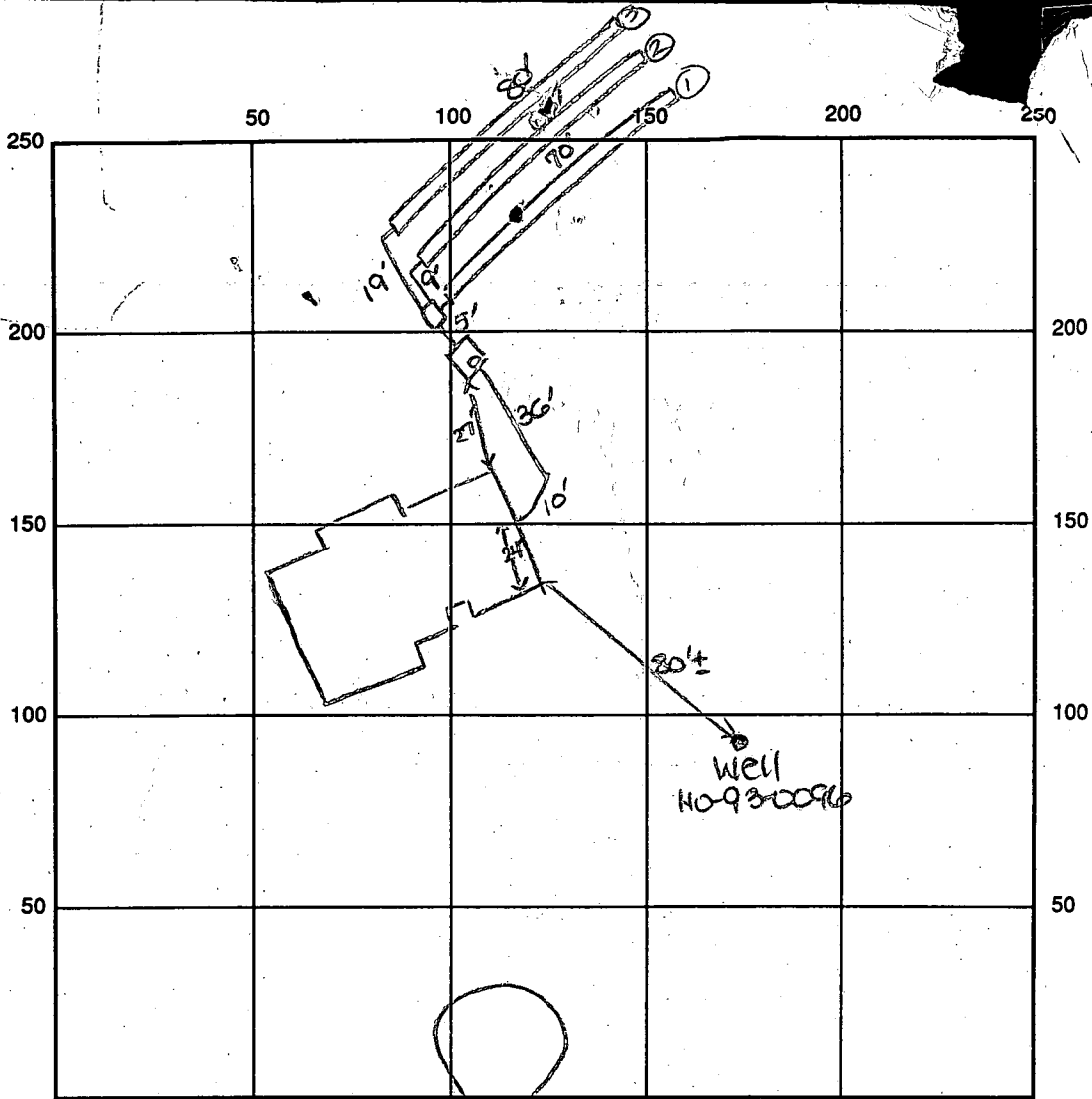
PERMIT VOID AFTER TWO YEARS

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

A 49914-S



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Wynfield Road

SEPTIC TANK LEVEL OK - 1500 gal

CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT.

TOTAL LENGTH ① 70 ③ 80 ② 75 FT. → 225

NUMBER OF TRENCHES 3

ONE SIDEWALL 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 9/18/96 OK to start trenches and continue. DKS

9/18/96 FINAL - OK to cover all work. DKS

9/19/96 P.A. & well line 4' below grade. OK to cover. DKS

DATE SYSTEM APPROVED 9/18/96

INSPECTOR Donna K. Gore

APPLICATION

PERCOLATION TESTING

A 499145

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 Allen 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. 12¹³ (twelve)

ROAD AND DESCRIPTION at the end of Winfield Rd.
2041 Wyafield Road

TAX MAP 15 PARCEL # 9264154

SIZE OF LOT 3 acres + TYPE BLDG. S.F.D - 5 BRMS
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 6-24-96

Serial # 1300100519

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.

(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

A499145

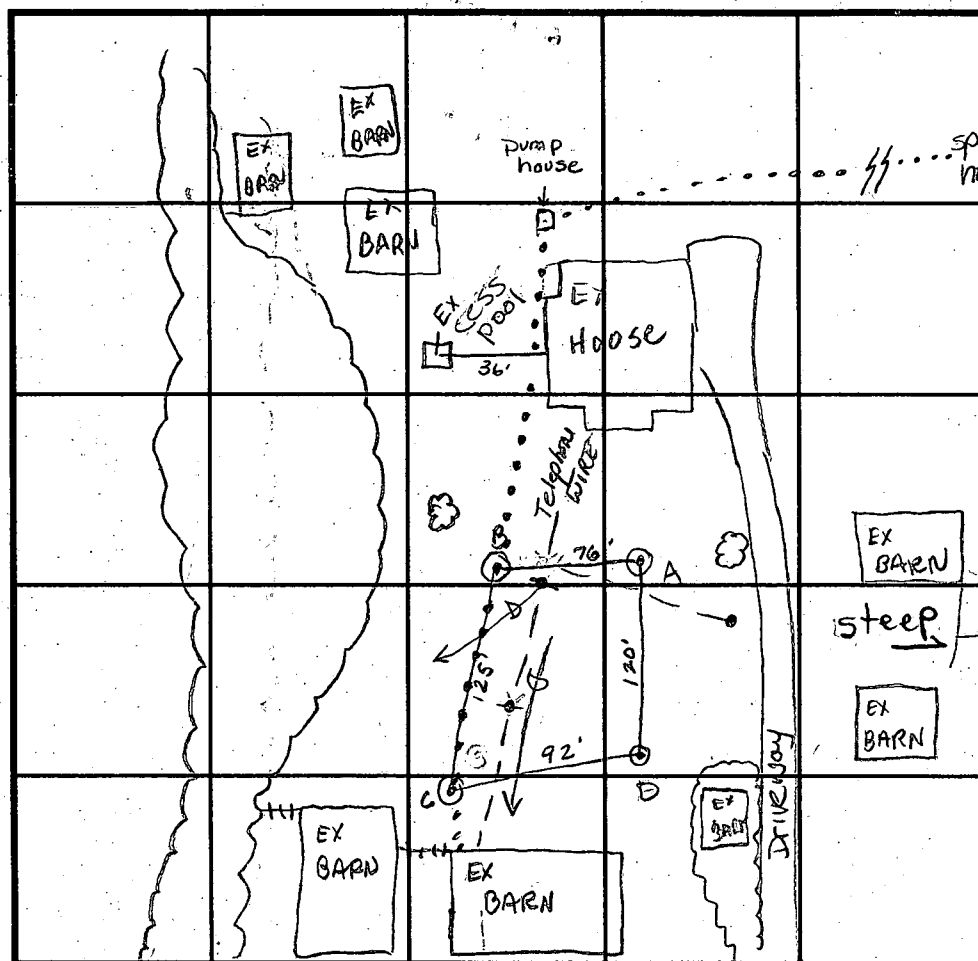
COUNTY #

SOIL PROFILE

0' A/B
1 1/2' red
CL
2 1/2' dk
brn
SSIL
mica
some
large
shale
chunks
4" dia
10%

2' C
red
CSL
11' dk
brn
SL
mica
<5%
mica
rock
mix metal
line running
w/ telephone
wire
w/ electrical wire

D
1 1/2' 1st
brn
almost
tan
SL
mica
5%
shale
OK



SOIL PROFILE

0' STREAM
275' EX WELL
NO TAG #

...old line
from spring to
spring
house to
barn

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/30/94	A	3' V 1 1/2'	10:04	10:06 ⁴⁵	10:06 ⁴⁵	10:11	4 1/4 min
	B	5' V 1/2'	10:08 ²⁰	10:09	10:09	10:11	2 min
		3' V 1/2'	10:09 ¹⁵	10:11 ⁴⁵	10:11 ⁴⁰	10:16 ¹⁵	30 sec
	C	2 1/2' V 1 1/2'	10:18 ³⁰	10:19 ¹⁵	10:19 ¹⁵	10:25	5 3/4 min
	D	5' V 1 1/2'	10:22	10:23 ³⁰	10:23 ³⁰	10:26 ³⁰	3 min
		2' V 1 1/2'	10:25 ³⁰	10:26 ¹⁰	10:26 ¹⁰	10:27	50 sec
		repour	10:27 ¹⁵	10:28	10:28	10:29 ¹⁵	1 1/4 min

REMARKS spring now dried up & not in use

TYPE OF SOIL CgC₂ Chester Gravelly Silt Loam

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

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 2'

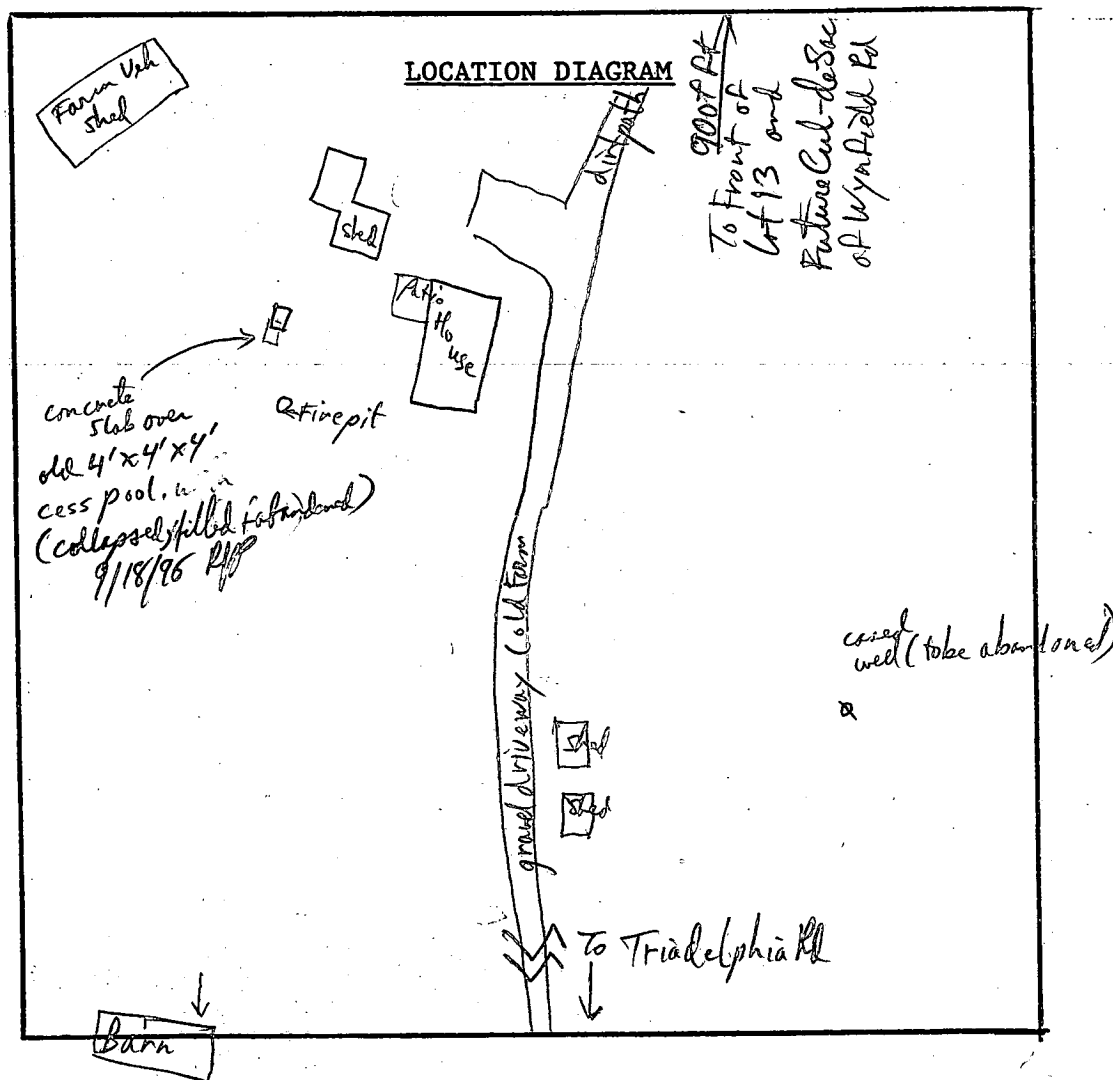
INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 180 ft²

SITE INSPECTION SHEET

OWNER: Hilltop Development
 (Richard Demitt)
 PHONE #: Sobastarm
 ADDRESS: 12144 Triadelphia Rd

DATE REQUESTED: 9/18/95
 CONTRACTOR: Richard Demitt
 WELL TAG #: NA
 COUNTY #: NA

PROPOSAL: Well & Septic Abandonment
Cased well No tag #



COMMENTS:

No well abandonment planned today, Septic was collapsed + filled with soil during my presence.

DATE: 9/18/95

INSPECTOR: RJP

4:30

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9/18/95 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Joseph R. Mayne

WELL DRILLERS LICENSE NUMBER: 34

* OWNER'S NAME: Richard Demmitt

* WELL LOCATION: Sobus Farm 12144 Triadelphia Rd

COUNTY: Howard
NEAREST TOWN: West Friendship
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

BOX NUMBER E 810
N 530

000	X
000	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 260 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement & gravel	0	260

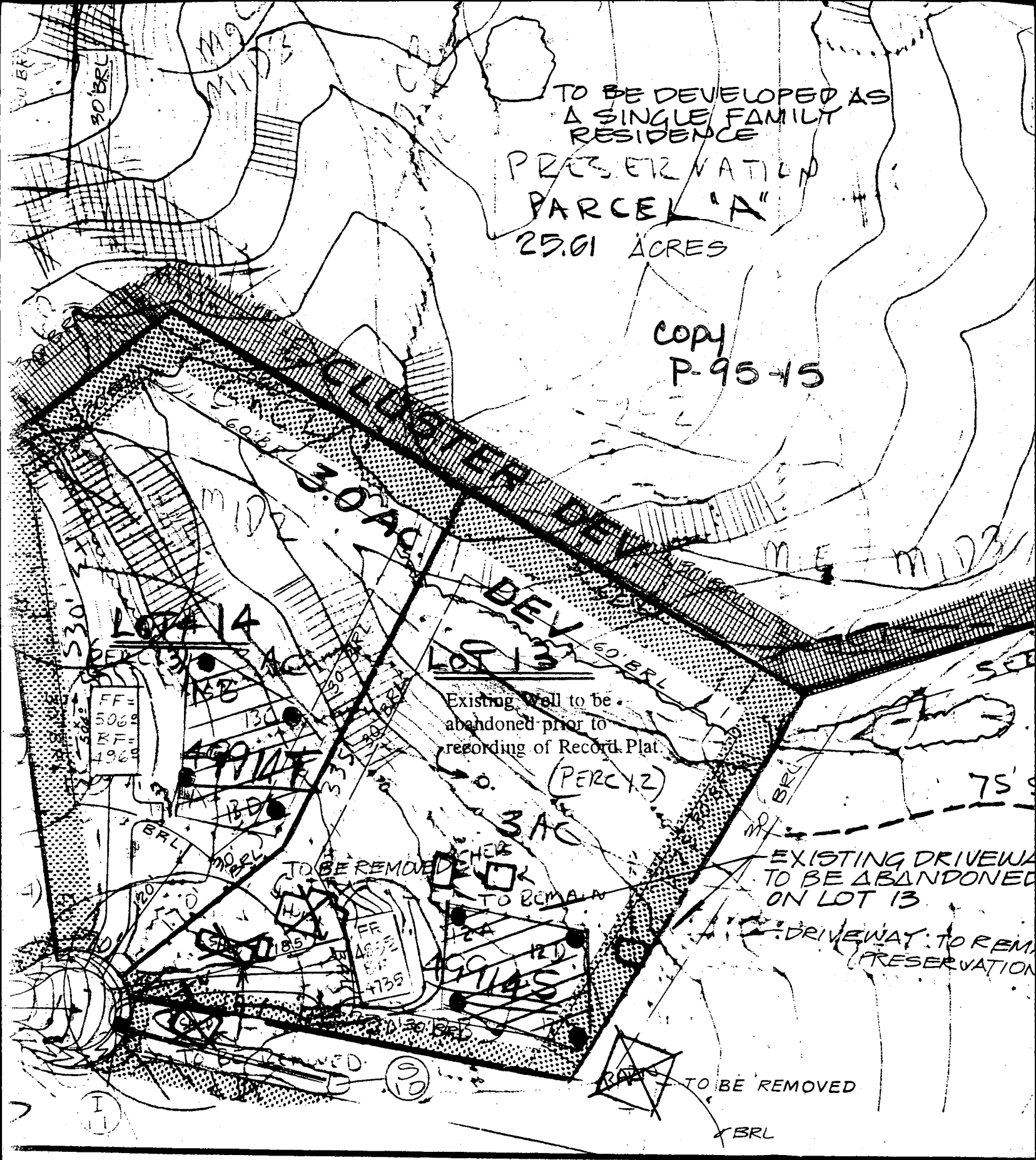
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 34

DATE 9/18/95

DENV 828 JULY 1993

COPY
P-95-15



17904 GEORGIA A
OLNEY, MARYLAND
301- 924-4570

copy of signed
per cert plat
11-3-95

W.O. A.C.

~~CONFIDENTIAL~~

~~LOT 13~~
(PER C-12) 3AC

EXISTING
WELL TO
BE ABANDONED
PRIOR RECORDING
OF RECORD PLAT

TO REMAIN

TO REMAIN

12A 12D
499/45

TO REMAIN

Ground Water Permits
As of October 20, 1994



**DEVELOPMENT
CONSULTANTS
GROUP, INC.**

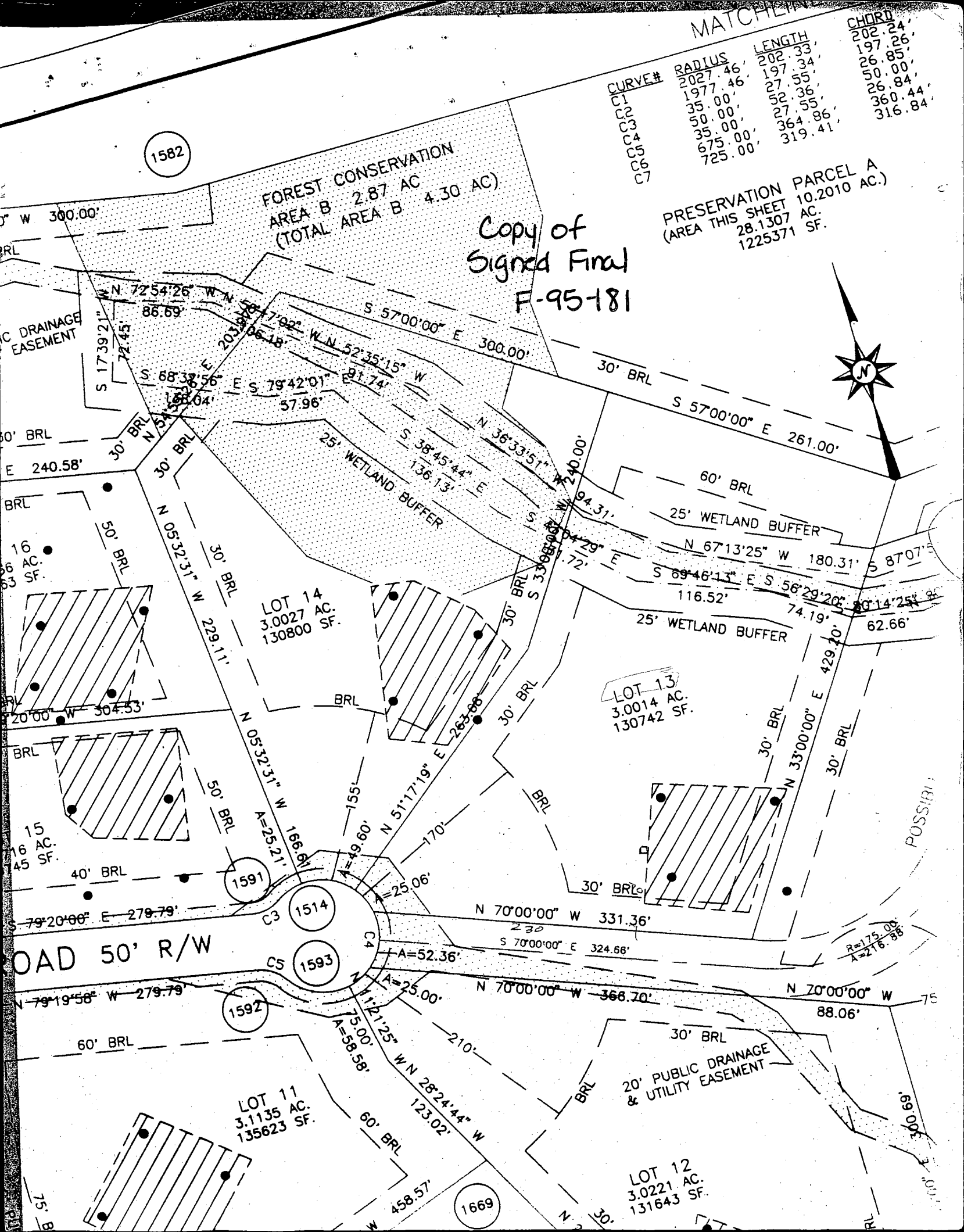
17904 GEORGE
OLNEY, MAR
301- 924-457

MATCHLINE

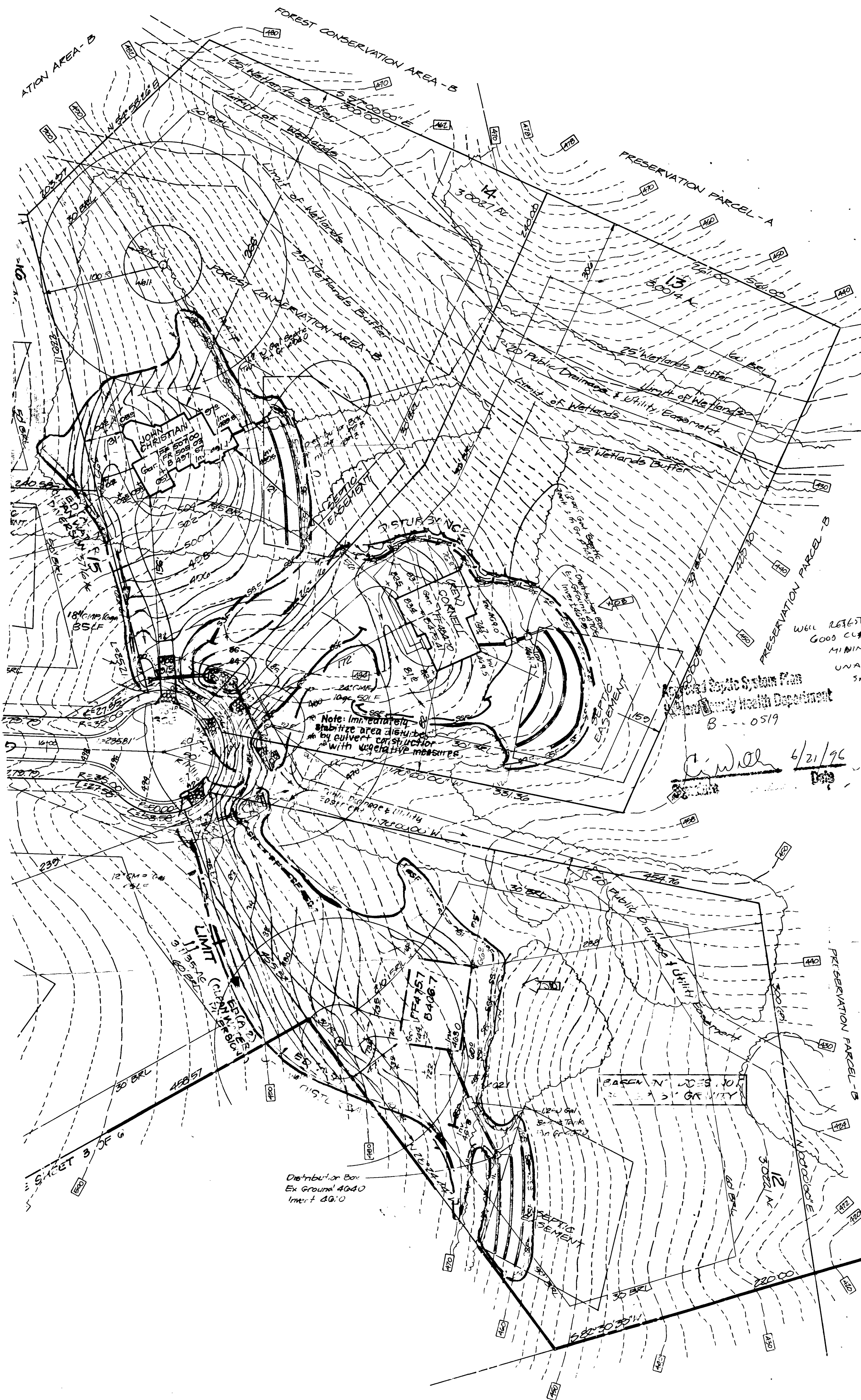
CURVE #	RADIUS	LENGTH	CHORD
C1	2027.46'	202.33'	202.24'
C2	1977.46'	197.34'	197.26'
C3	35.00'	27.55'	26.85'
C4	50.00'	52.36'	50.00'
C5	35.00'	27.55'	26.84'
C6	675.00'	364.86'	360.44'
C7	725.00'	319.41'	316.84'

PRESERVATION PARCEL A
(AREA THIS SHEET 10.2010 AC.)
28.1307 AC.
1225371 SF.

Copy of
Signed Final
F-95-181



No	REVISIONS	Date
1	Rev. hse. & grad. lot 14 from Box to John Christian	3-5-86
2	Rev. hse. & grad. lot 11 from Generic Box to Gorman Res.	4-16-86
3	Rev. hse. & grad. lot 13 from Generic Box to Gorman Res.	6-4-86
4	Rev. hse. & grad. lot 32 from Generic Box to Gullison Res.	6-7-86



Reviewed for **HOWARD** S.C.D.
and meet Technical Requirements
J. A. Wehild *2/27/96*
Signature Date
U.S. Natural Resources
Conservation Service

This Development Plan is Approved
for Soil Erosion and Sediment
Control by The Howard Soil
Conservation District
John R. Rutter *2/27/96*
Approved Date

WELL TEST SHOWS
GOOD CLAY
MINIMAL SEEDMENT
UNABLE TO GET
SAMPLE TO LAB
FOR TEST
CONFIRMATION. (C)

C. Will *6/21/96*
Signature Date
B-0519

DEVELOPER'S/BUILDERS CERTIFICATE

"I/we certify that all development and construction will be done
according to this plan of development and plan for erosion and sediment
control and that all responsible personnel involved in the construction
project will have a Certificate of Attendance at a Dept. of the Environment
Approved Training Program for Erosion Control and Sediment and Erosion before
beginning the project. I also authorize periodic on-site inspection by
Howard Soil Conservation District or their authorized agencies, as are deemed
necessary."

Fig. 8 *1-19-96*
Signature Date

ENGINEER'S CERTIFICATE

"I hereby certify that this plan for Erosion and
Sediment Control represents a practical and workable
plan based on my personal knowledge of the site
conditions and that it was prepared in accordance
with the requirements of the Howard Soil Conserva-
tion District."

G. Nelson Clark *1-19-96*
Signature Date
G. NELSON CLARK

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.		
DESIGNED JME DRAWN KIWM CHECKED BAL DATE 1-19-96	SEDIMENT and EROSION CONTROL PLAN 1-B AND 10-33 SOBUS FARMS TAX MAP 15 PARCELS 26 & 154 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR ALTIERI HOMES INC 3409 Gardenview Drive Elkridge, MD 21227	SCALE 1" = 50' DRAWING 2 of 6 JOB NO. 95-209 FILE NO. 95-209X

S57°00'00"E

261.00'

LOT 13
3.0014 AC.
130,742 #

60'

BRL

25' Wetlands Buffer

Limit of Wetlands

20' Public Drainage & Utility Easement

Limit of Wetlands

25' Wetlands Buffer

30' BRL

BRL

30'

DECK OR
NO IMPACT
MR 8/12/98

PRESERVATION MARCEL B

Priv
see
Plat

263.08' N33°00'00"E

55'

Macadam Driveway

LOC WELL
⊕

30' BRL

331.36'

S33°00'00"W

S51°17'19"E

N70°00'00"W

Public Drainage & Utility

LOT 12

Building Address 2841 WYNFIELD RD
West Friendship MD 21794

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

Census Tract 6030 Subdivision Gobus Farm

Section Area Lot 13

Tax Map 15 Parcel 26 Grid 24

Zoning RR-Deo Map Coordinates 1065 Lot size

Property Owner's Name ~~Stewart~~ Brian Baun

Address 2841 Wynfield Rd

City West Friendship State MD Zip Code 21794

Home Phone 410-442-5557 Work Phone

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

Phone Fax

Existing Use SFU

Proposed Use SFU Porch Screened

Estimated Construction Cost \$ 10,000 -

Description of Work 20x16' Screen Porch
on Rear of house on top of existing
Deck

Contractor Company D.D. Building Systems

Contact Person Stewart Baun

Address P.O. Box 119

City Clarksville State MD Zip Code 21029

License No. 35024

Phone 410-997-4363 Fax

Occupant or Tenant Mr. + Mrs. Brian Baun

Contact Name

Address 2841 Wynfield Rd

City West Friendship State MD Zip Code 21794

Phone 410-442-5557 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: ☒ Manufactured Home
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.

Applicant's Signature *Stewart Baun*

Title/Company D.D. Building Systems

Print Name Stewart Baun

Date 12/16/99

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 12/16/99 *Brian Baun*

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is 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 New Town Zone

SDP/Red-line approval date

Accepted by

PROPERTY ID# 23215

Filing fee \$ 25.00

Permit fee \$ 32.00

Excise tax \$

Sub-total paid \$

Add'l permit fee \$

TOTAL FEES \$ 57.00

Balance due \$

Check # 3947

Validation #

A49914-S

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

B00123586

Building Address 2841 WYNFIELD RD
WYOMING FRIENDSHIP MD 21794

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

Census Tract 6050 Subdivision Subdiv. Farm

Section _____ Area _____ Lot 15

Tax Map 15 Parcel 26 Grid 24

Zoning R1 D-20 Map Coordinates 125 Lot size _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use INGROUND POOL ONLY

Estimated Construction Cost \$ 20,000

Description of Work CONCRETE INGROUND

VINYL POOL 15 X 30 Call by Phone

5' DEEP FENCE PER CODE

Occupant or Tenant SAME

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name ERIAN BAUM

Address 2841 WYNFIELD RD

City WYOMING FRIENDSHIP State MD Zip Code 21794

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Contractor Company Soleira Construction

Contact Person REN HIBERT

Address 1055 TAYLOR AVE Suite 105

City BALTIMORE State MD Zip Code 21286

License No. 27076

Phone 410 494 7946 Fax 410 494 7950

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
2nd floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐ Crawl-space ☐ Slab on Grade ☐ No. of Bedrooms _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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.

Applicant's Signature

Title/Company

Print Name

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone _____	Check # <u>57677</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

Distribution of Copies

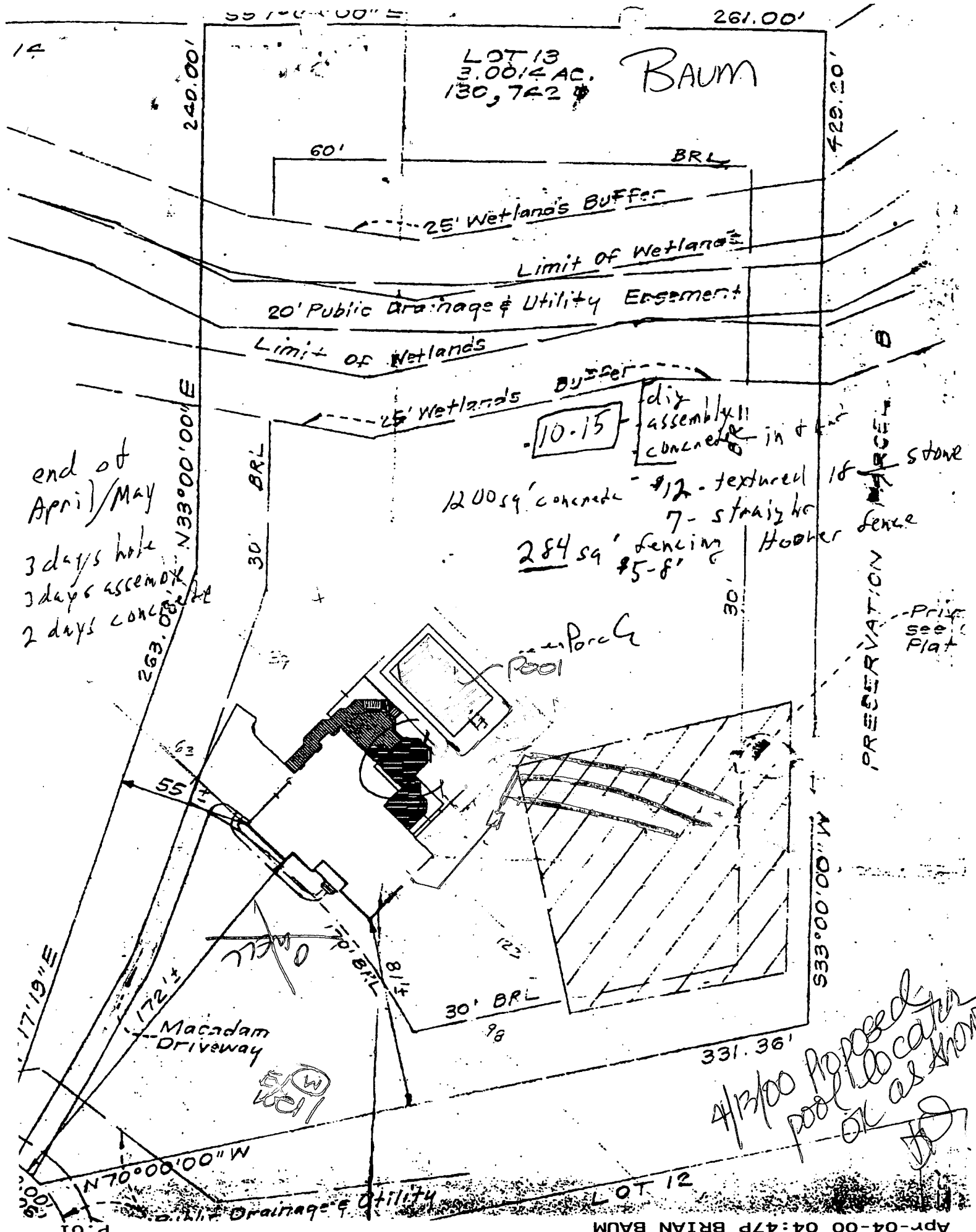
White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA



end of April/May
3 days hole
3 days assemox
2 days concrete

10-15

diy assembly
concrete in & out

1200 sq' concrete - \$12 - textured 18' stone
7 - straight

284 sq' fencing \$5-8' Hooker fence

PRESERVATION

-Prior see Flat

4/13/00 Proposed pool location OK as shown