10-2-16-99
am c.o

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/1335

A 50368-R

DISTRICT

DATE 1-5-99

HOWARD COUNTY HEALTH DEPARTMENT #360397

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 2/16/99

INDEXED

INSPECTOR TACS

Walter King Plumbing & Heating Constractors, Inc., IS PERMITTED TO INSTALL X ALTER

ADDRESS 5305 King's Court, Frederick, Maryland 21703-6981 PHONE 301-662-6990

SUBDIVISION Riggs Property LOT 22 ROAD 1941 Sycamore Spring Court

PROPERTY OWNER ~~Ryan Homes~~ James & Suzanne Shaw

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

1/22/99 dw

TRENCHES - Trench to be 3 feet wide. Inlet ~~2.5~~ 3.0 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 230 feet down the left 378.48' lot line and 70 feet off that same lot line as seen when facing the lot from Sycamore Spring Court. Run trenches on contour 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 KM 12.14.98

PLANS APROVED BY Amy McMillen DATE 12/09/98

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)

BLDG. PERMIT SIGNED AND RETURNED 5/17/2000

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

B00124256

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

DECK W/STEPS TO GRADE

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.

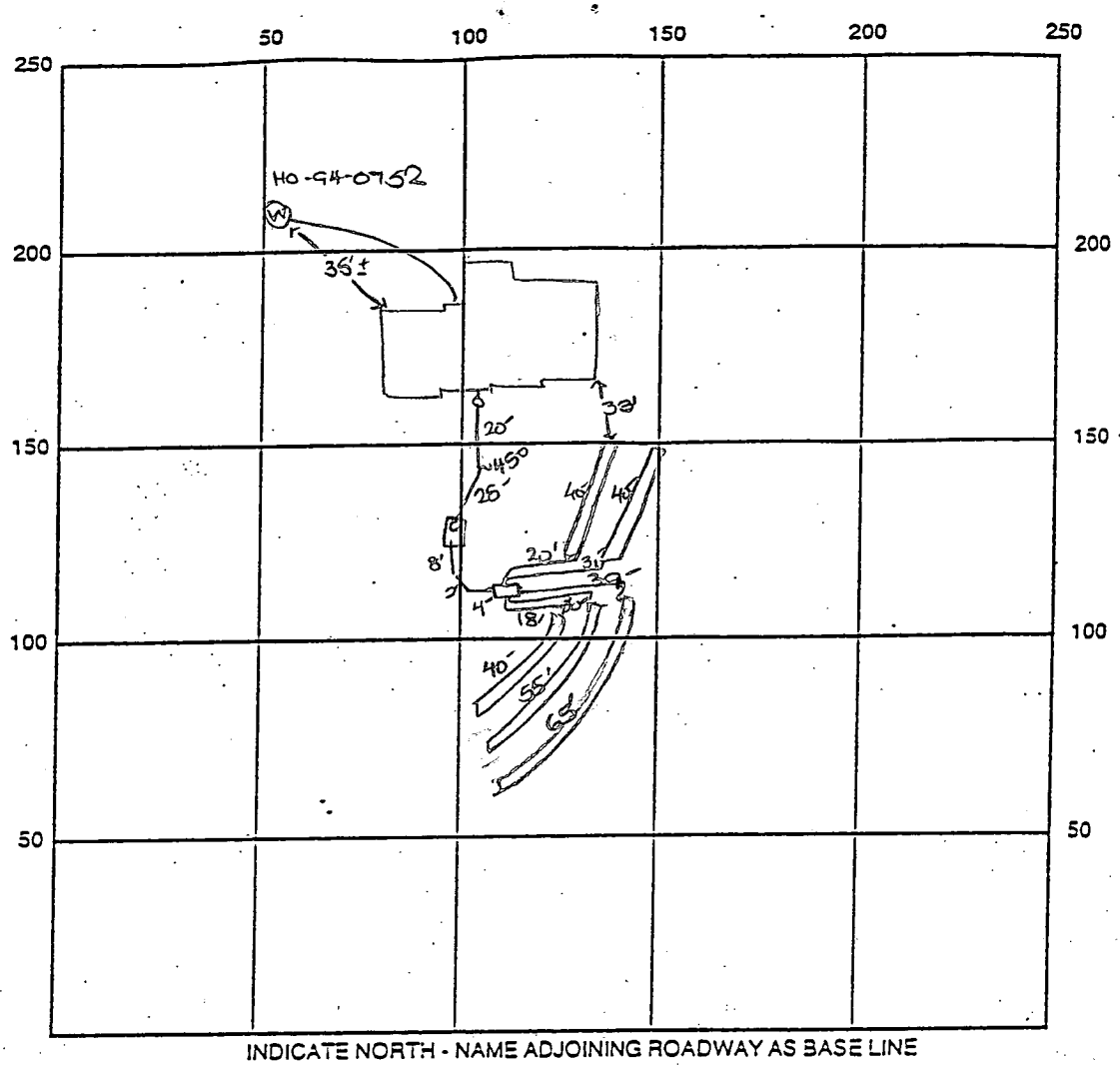
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(5-90)

A 50368-R



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK -1250 gl , CLEANOUTS one at house, one on SL.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3x40 1x55 1x65 FT. = 240

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/22/99 OK to come into trench @ 3.0' below grade & install 1.5' of stone giving 6" of stone makes gravity service for the basement AW

2/16/99 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 2/16/99 INSPECTOR [signature]

Septic elevations

Inv. into trench	677.5
Inv. out of septic tank	678.0
Inv. into septic tank	678.3
Inv. out of house	679.3

Approved Septic System Plan
Howard County Health Department

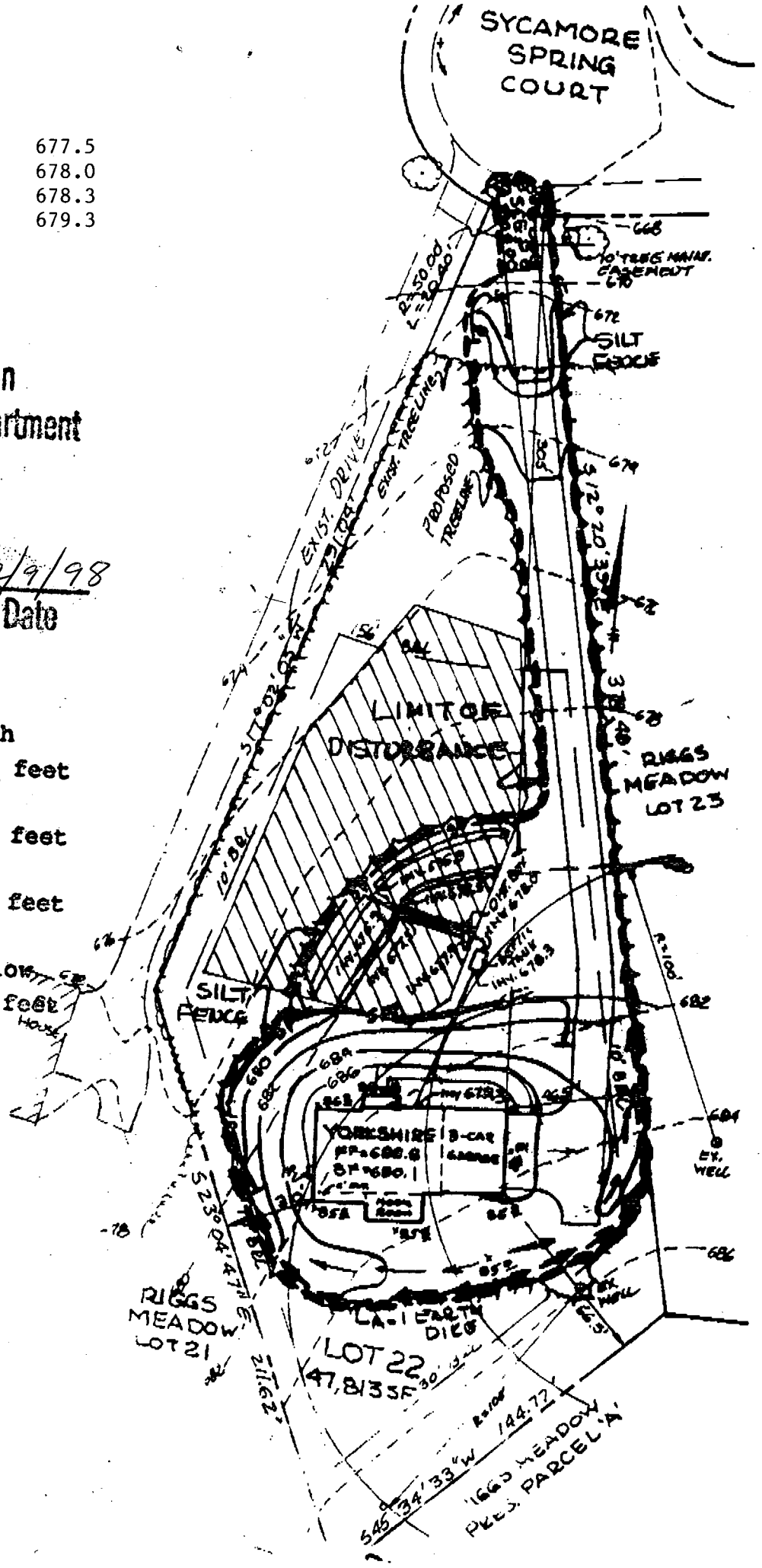
Amy McMell 12/9/98
Signature Date

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2.0 feet



C 1 | 4193 | 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 A-50368-X

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 12/23/96

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0752

OWNER SDC

STREET OR RFD R.D. 3 North (last name / first name) TOWN COOKSVILLE

SUBDIVISION RIGGS PROPERTY SECTION 1 LOT 22

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	0	16	
Gray Mica rock	16	320	✓

Drywell 440' filled in with cement & drilling materials

NUMBER OF UNSUCCESSFUL WELLS: 1

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 E Marple

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 87

Larry Marple

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 6 NO. OF POUNDS 364

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 20 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)
ST	6	22

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	20	320
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

	from	to
GRAVEL PACK		
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.) 005.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 179 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

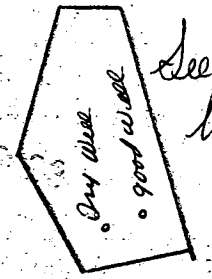
PUMP COLUMN LENGTH (nearest ft.)

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



See attached location

COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 — 3932 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0752
fill in this form completely

Date Received (APA): 04/09/96

OWNER INFORMATION
Last Name: SOE — First Name: Owner
Street or RFD: BOX 417
Town: ELLICOTT CITY — State: MD — Zip: 21043

DRILLER INFORMATION
CIRCLE: MSD/MGD/MWD
Driller's Name: Joseph L. Mayne — License No. 80: 24
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy MD 21771
Signature: Joseph L Mayne — Date: 4/9/96

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 560

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)

APPROXIMATE DEPTH OF WELL: 280 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)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: AM (WRITE INITIALS IN BOX) — PERMIT No. HO-94-0752

LOCATION OF WELL
COUNTY: HOWARD
SUBDIVISION: RIGGS PROPERTY
SECTION: — LOT: 22
NEAREST TOWN: COOKSVILLE
MILES FROM TOWN (enter 0 if in town): 1 MI

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: Road B North
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) / WEST (W) / 32 / EAST (E) / SOUTH (S)
DISTANCE FROM ROAD: 400
ENTER FT. OR MI: FT

TAX MAP: 14 BLK: — PARCEL: 96

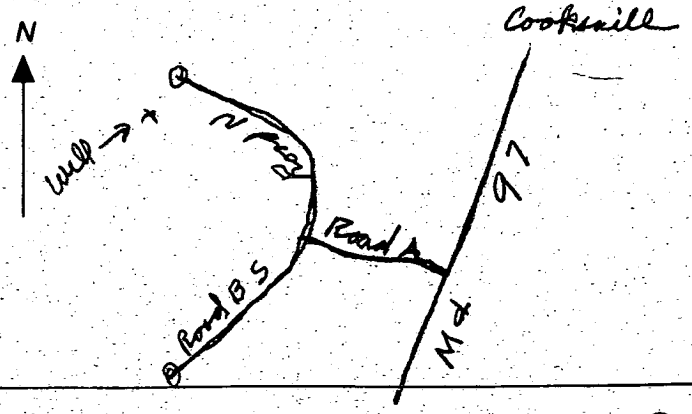
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
COUNTY NAME: HOWARD COUNTY — COUNTY NO.: A-50368-X
STATE SIGNATURE — INSERT S
DATE ISSUED: 04/19/96 — CO SIGNATURE: A. McMillen — EXP. DATE: 4/11/97
NORTH GRID: 549000 — EAST GRID: 0198000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
12/20/96 11AM 3 HOURS

SOURCES OF DRILLING WATER
1. WELL
2.
3.

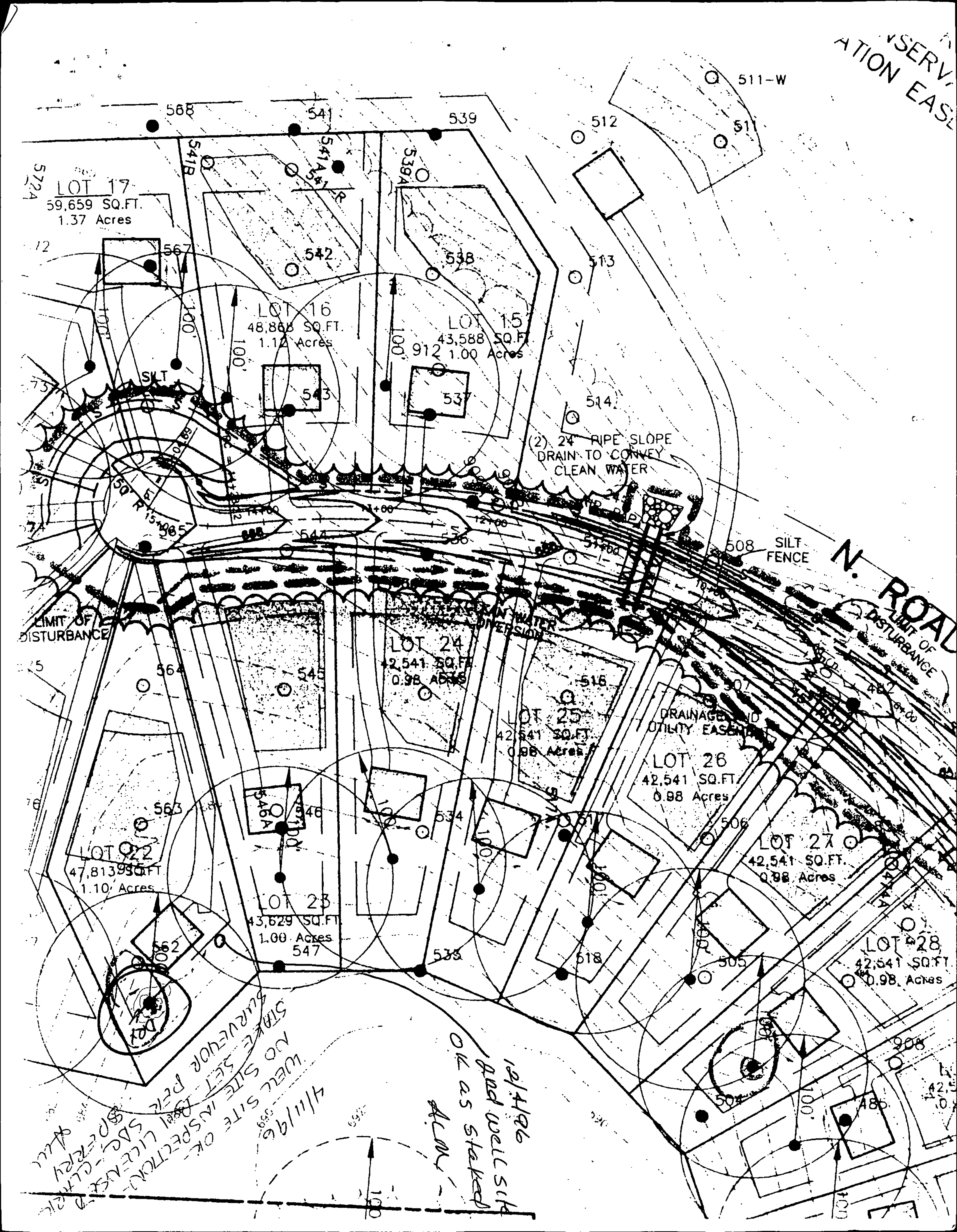
WRITE THE BOX NUMBER FROM THE MAP HERE
E 7 88
N 5 40 000 000

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



N. ROAD
LOT 17
59,659 SQ.FT.
1.37 Acres
LOT 16
48,868 SQ.FT.
1.12 Acres
LOT 15
43,588 SQ.FT.
1.00 Acres
LOT 24
42,541 SQ.FT.
0.98 Acres
LOT 25
42,541 SQ.FT.
0.98 Acres
LOT 26
42,541 SQ.FT.
0.98 Acres
LOT 27
42,541 SQ.FT.
0.98 Acres
LOT 28
42,541 SQ.FT.
0.98 Acres
LOT 22
47,813 SQ.FT.
1.10 Acres
LOT 23
43,629 SQ.FT.
1.00 Acres
(2) 24" PIPE SLOPE DRAIN TO CONVEY CLEAN WATER
SILT FENCE
LIMIT OF DISTURBANCE
CLEAN WATER DIVERSION
DRAINAGE AND UTILITY EASEMENT
50' R
SILT
12/4/96
and well site OK as staked

APPLICATION

A 50368 ~~R~~

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4th

DATE 9/30/94

TO: 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 Amalia Riggs, c/o SDC Group, Inc. Ryan Homes
8480 Baltimore-National Pike

ADDRESS PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6105

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riggs Property LOT NO Grd. 1 22

ROAD AND DESCRIPTION Located @ SW Corner of the intersection of
Roxbury Mill (Rte. 97) & Frederick Rd (Rte 144)

TAX MAP 8 & 14 PARCEL # 96 (1941 Sycamore Spring Ct)

BLDG. PERMIT SIGNED AND RETURNED 12-9-94

SIZE OF LOT 55000± S.F. TYPE BLDG Single Family Dwelling - 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. James R. Morley III V. Pres.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

914

0' red brn clay

4' reddish brn micaceous silty some sand 5% 2"-3" dia rock bags OK

11.5

581

4 brn orange sa clay

4 pink sa silty <5% rock bags

9 yellow orange sa silty

11

575

4 lgt red sa clay

4 lgt red sa silty gravelly very friable and dry 10-15% saprolite

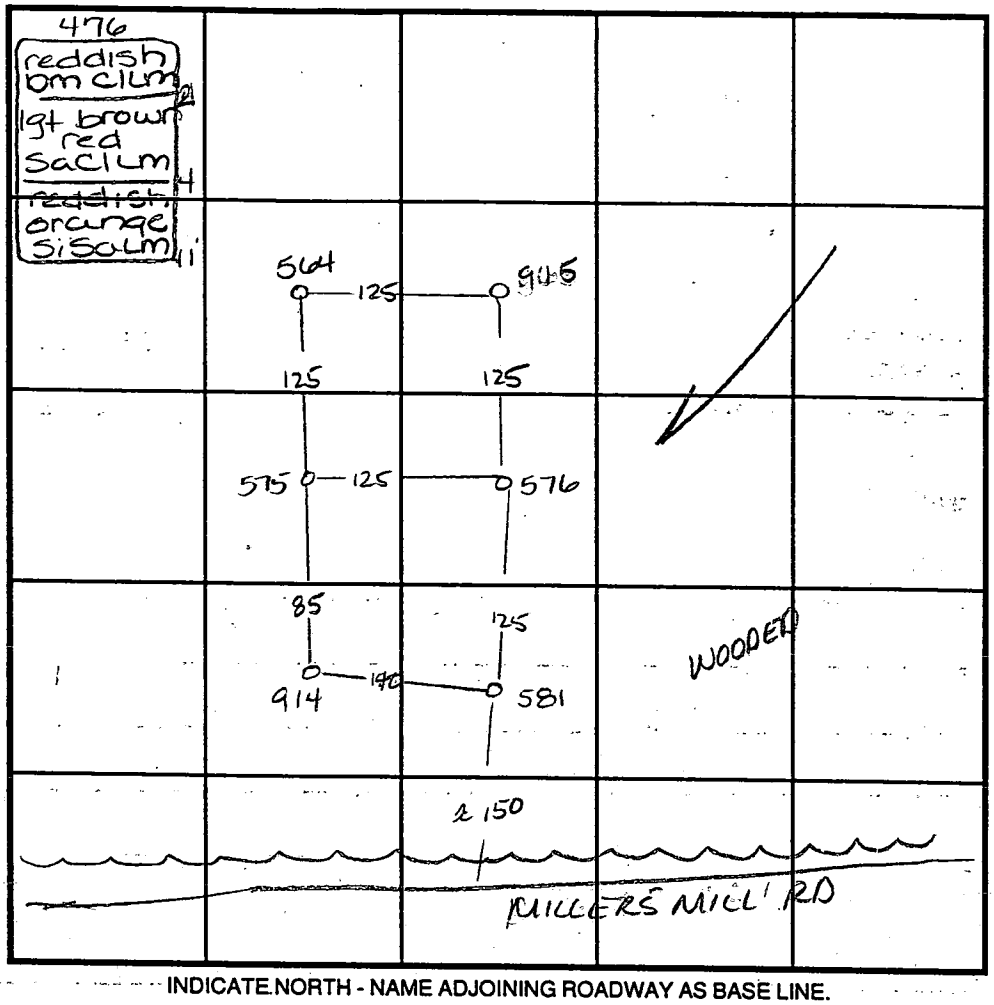
12

476

reddish brn clay 2

lgt brown red sa clay 4

reddish orange si sa silty 11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

564

0' tan c sa clay

3' orange sa silty some saprolite OK

8.5 - pocket of rock stay 4' off shallow system only

11.5

915

orange brown si clay 3

red silty 10% rock bags refusal 11

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-26-95	914	Visual	to 11.5	—	see profile -		OK
11-17-94	581	4.5 / VII	8:28 30	8:29 30	8:29 30	8:31 30	2 min
	576	4.5 / VII	6:21	6:22 30	6:22 30	6:28 30	6 min
	575	4.5 / VI2	7:40 15	7:40 45	7:40 45	7:46	5 1/4 min
	564	3.5 / VII.5	9:54	9:58	9:58	10:01	3 min
4-26-95	915	Visual	to 11.0	—	—	—	OK

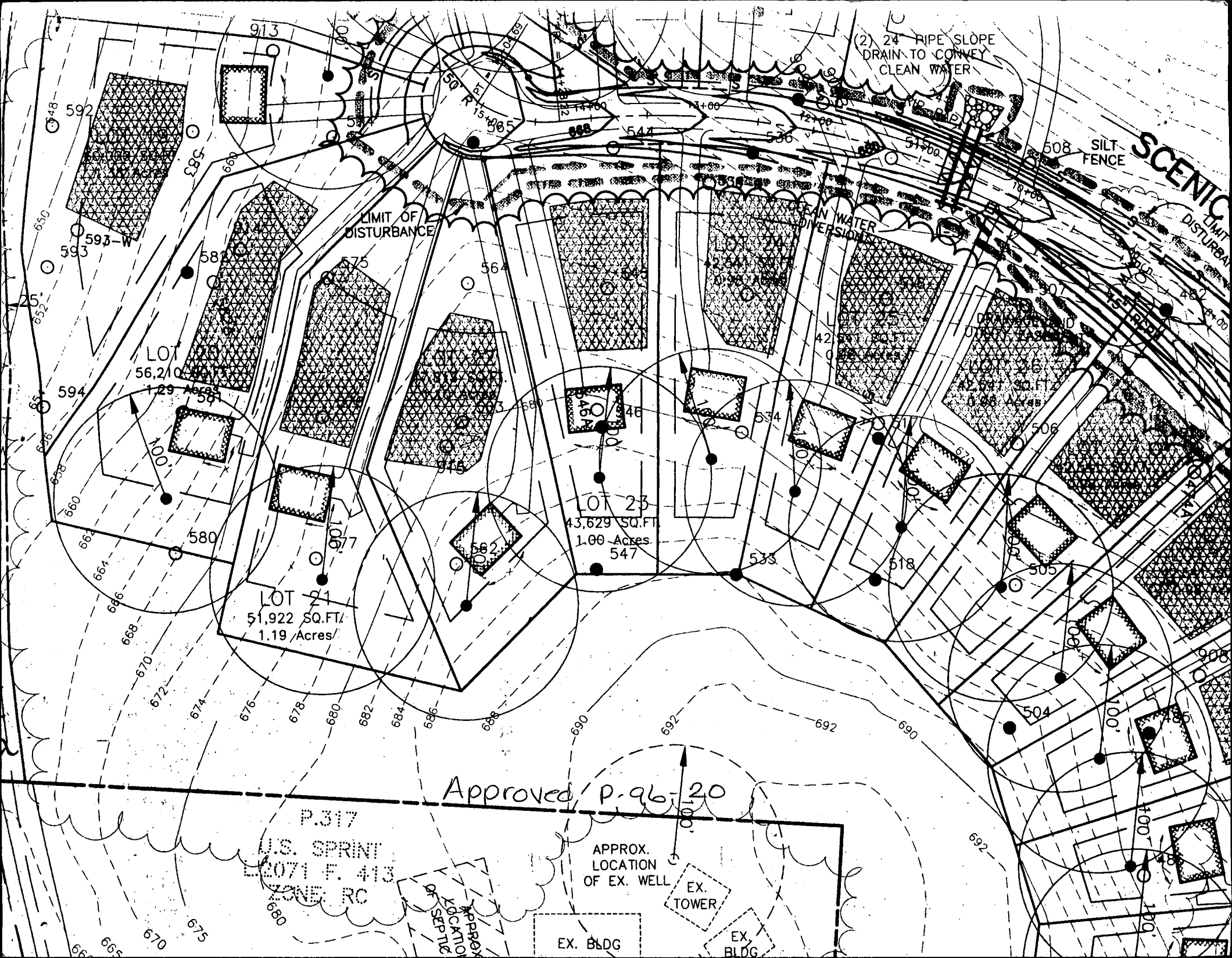
REMARKS _____

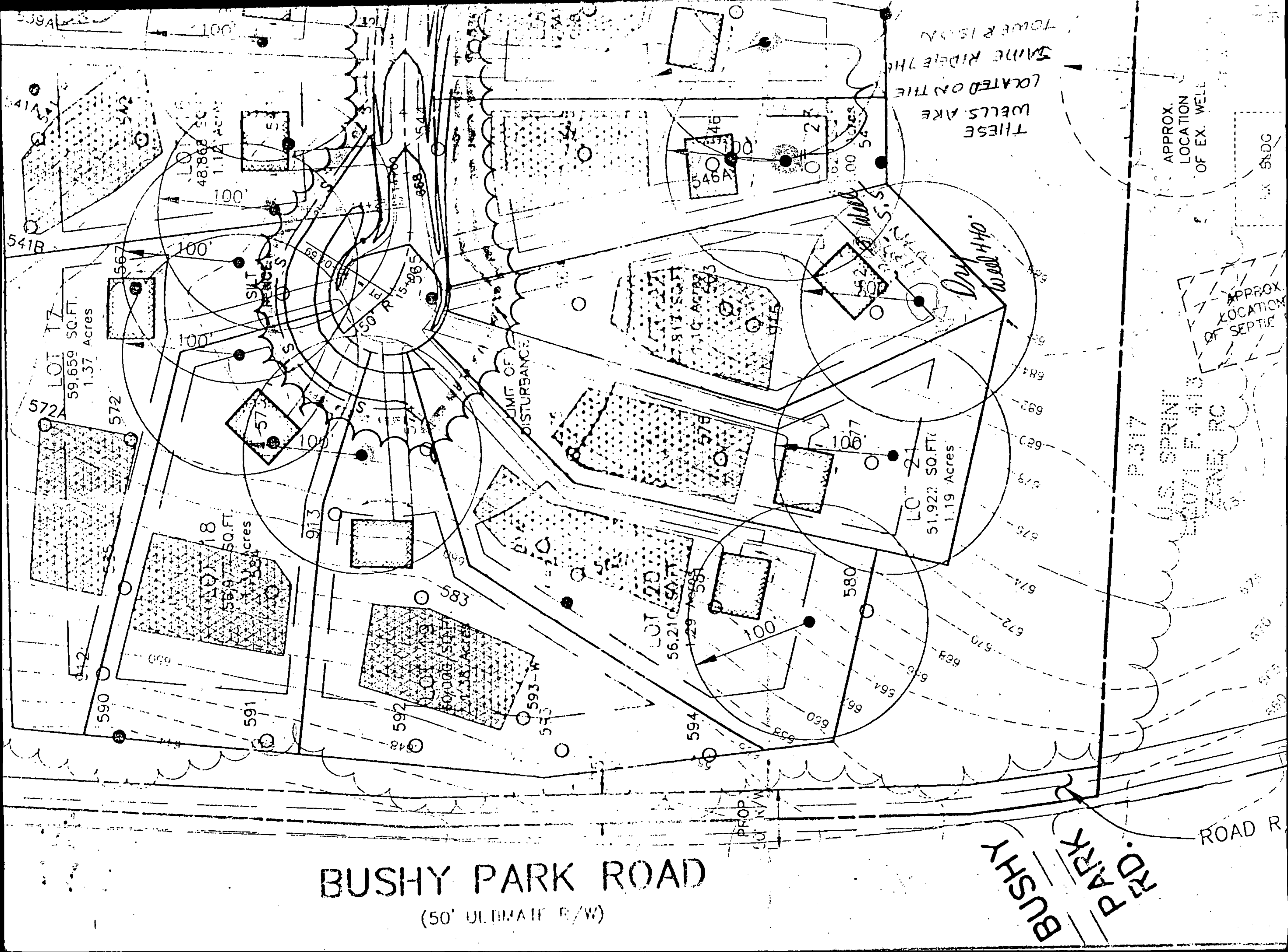
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


(2) 24" PIPE SLOPE DRAIN TO CONVEY CLEAN WATER
SILT FENCE
LIMIT OF DISTURBANCE
CLEAN WATER DIVERSION
LOT 20
56,210 SQ.FT.
1.29 Acres
LOT 21
51,922 SQ.FT.
1.19 Acres
LOT 23
43,629 SQ.FT.
1.00 Acres
547
LOT 24
42,641 SQ.FT.
0.98 Acres
LOT 25
42,641 SQ.FT.
0.98 Acres
LOT 26
42,641 SQ.FT.
0.98 Acres
DRAINAGE AND UTILITY EASEMENT
SCENIC
Approved P-96-20
P.317
U.S. SPRINT
L.2071 F. 413
ZONE: RC
APPROX. LOCATION OF EX. WELL
EX. TOWER
EX. BLDG
EX. BLDG
APPROX. LOCATION OF SEPTIC
100'
50' R
25'



BUSHY PARK ROAD
(50' ULTIMATE R/W)
BUSHY PARK RD.
ROAD R
THESE WELLS ARE LOCATED ON THE SAME RIDGE THE TOWER IS ON
APPROX. LOCATION OF EX. WELL
APPROX. LOCATION OF SEPTIC
LIMIT OF DISTURBANCE
SILT FENCE
LOT 17 59,659 SQ.FT. 1.37 Acres
LOT 21 51,922 SQ.FT. 1.19 Acres
LOT 20 56,210 SQ.FT. 1.29 Acres
P.317 U.S. SPRINT L.4071 F.413 ZONE RC
Dry well 440'
100'

410-254-7601

10/7

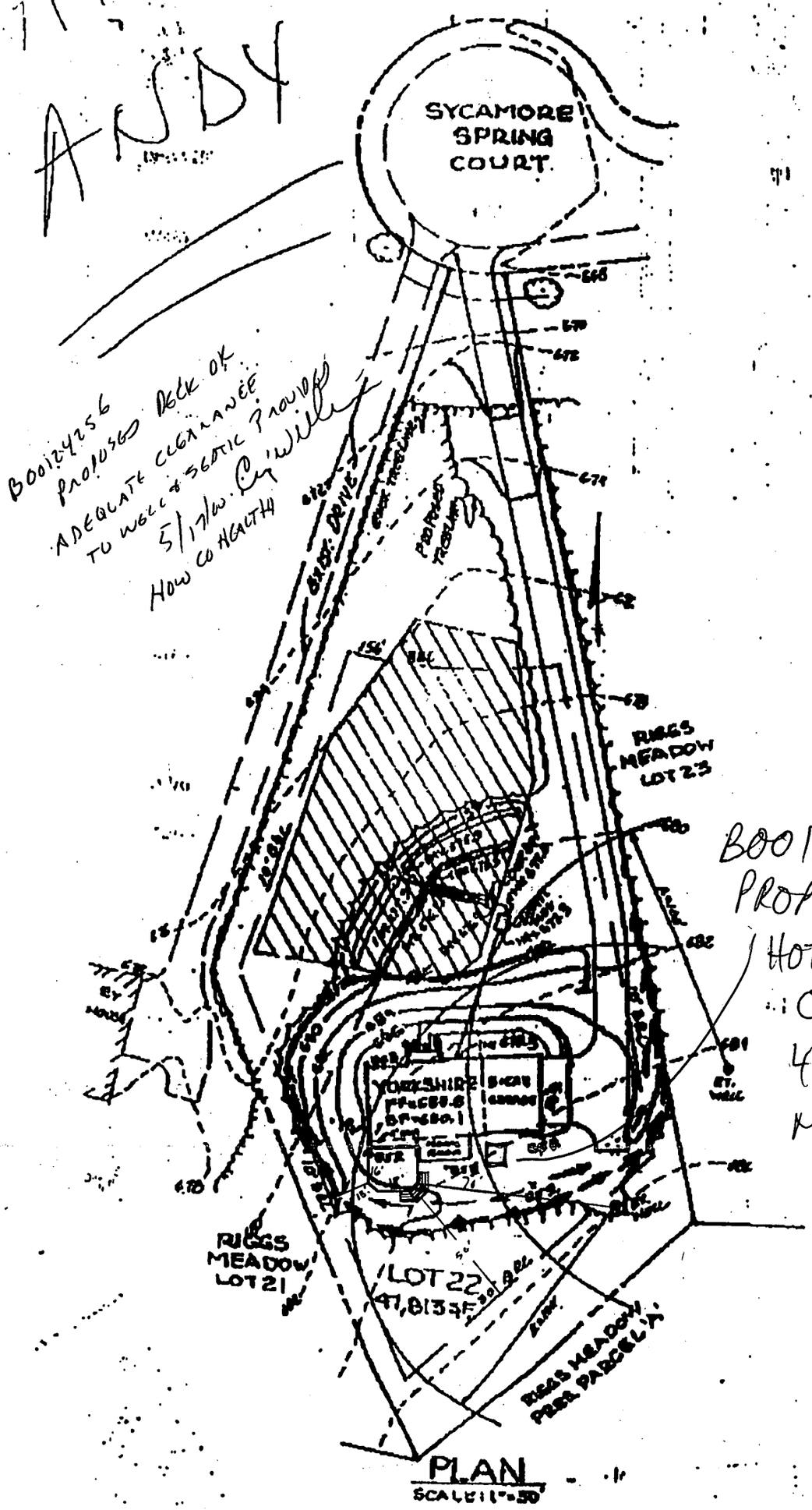
RM 0022

A.F. STAKE DRIVE

SCOTT 10/7

ATTN

ANDY



B0012456 BACK OF PROPOSED ADEQUATE CLEARANCE TO WELL & SEPTIC PROVIDED 5/17/00. Roy Williams HOWARD COUNTY HEALTH

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2000 MAY 17 PM 2:12

B0012457 3
PROPOSED 8'x8'
HOT TUB
OK
42' TO WELL±
MR 6/1/00

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 B00124256

Building Address 1941 Sycamore Springs Ct
Cooksville MD 21723

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

Census Tract Subdivision Riggs M[illegible]

Section Area Lot 71

Tax Map Parcel Grid

Zoning Map Coordinates Lot size

Property Owner's Name James Shaw

Address 1941 Sycamore Springs Ct

City Cooksville State MD Zip Code 21723

Home Phone 410-[illegible] Work Phone 410-[illegible]

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

6503 R BELAIR ROAD
BALTO, MD 21206
Phone 410-254-7260 Fax 410-254-7601

Existing Use SFD

Proposed Use SFD / deck [illegible]

Estimated Construction Cost $ 5000.00

Description of Work Construct 16'x18' [illegible] deck in rear of SFD w/ steps to grade

Contractor Company American Deck Inc

Contact Person David A Lombardi

Address 6503 R Belair Rd

City Balto State MD Zip Code 21206

License No. 35565

Phone 410-254-7260 Fax 410-254-7601

Occupant or Tenant SAME

Contact Name

Address

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: PIER + POST
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 [signature] *Print Name* David A Lombardi

Title/Company Project Manager *Date* 5/17/2000

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		
✓ Building Official	5/17/00	[signature]
Dev. Engineering, DPZ		
✓ Health	5/17/00	[signature]
Fire Protection		

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

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#: 38752

Filing fee $
Permit fee $ [illegible]
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $ [illegible]
Balance due $
Check # [illegible]
Validation # 31072

Accepted by [signature]

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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

Rev. 10/15/98

a:\permit.frm