C.O. 12-1pm
8/29/00
Septic Stage 10 Aug

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/3631

A 58589

DISTRICT

INDEXED

DATE 6/13/2000

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

DATE SYSTEM APPROVED 8/29/00

#03331601

INSPECTOR TD

SK Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant III LOT 6 ROAD 11155 Willow Green Way

PROPERTY OWNER ~~Trinity Builders~~ ROBERT HERMAN

ADDRESS 7320 Grace Drive, Columbia, MD 21044

COMPARTMENTED SEPTIC TANK REQUIRED

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4/5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

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

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 10 feet from the right lot line, and 10 feet from the rear lot line. Run trenches along contour toward opposite side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 3/1/00 O.K. (CB)

BUILDING PERMIT SIGNED AND RETURNED ~~$220~~

PUBLIC H_2O

B00138099-ADD BATHROOM

4-29-01 B00153398-IG POOL

PLANS APROVED BY Craig Williams, R.S. DATE 11-20-1999

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.

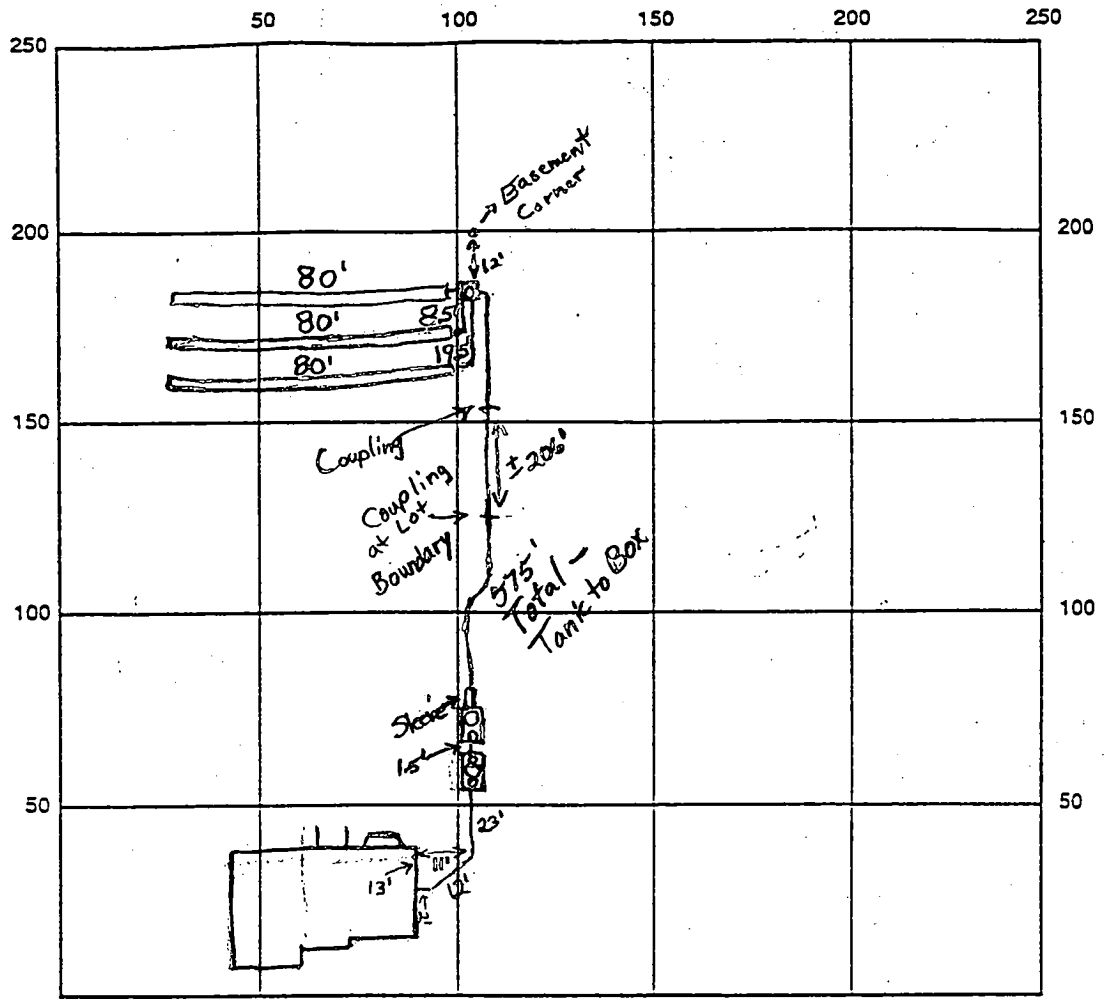
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG PERMIT SIGNED AND RETURNED 9/20/01
B00132487. Covered deck 14' x 27' app.) attached, wood, open

58589

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90) *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



Willow Green Way

SEPTIC TANK LEVEL 1500 TS, 1500 chamber pump CLEANOUTS 2 Manhole, 3 6" Inspection Ports

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0' FT. TOTAL LENGTH 3x80' FT. (240 Total)

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

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

ABSORBENT AREA / SQ. FT.

REMARKS: 6/16/00 Trenches within staked easement area. House connection made. O.K. to cover everything. Final approval pending pump and alarm test (BB)

8/29/00 FINAL INSP - pump performance test OK. DLS

DATE SYSTEM APPROVED 8/29/00 INSPECTOR DLS

APPLICATION

PERCOLATION TESTING

A 58589

P _____

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

DISTRICT _____

DATE 7/29/97

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 L D+D

ADDRESS 10805 Hickory Ridge Rd Suite 215 Col, MD 21044 PHONE 410-740-2600

AGENT OR PROSPECTIVE BUYER LAND Design + Development

ADDRESS 10805 Hickory Ridge Rd Suite 215 Columbia, MD 21044 PHONE 410-740-2600

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Rd

TAX MAP 10 PARCEL # 293

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

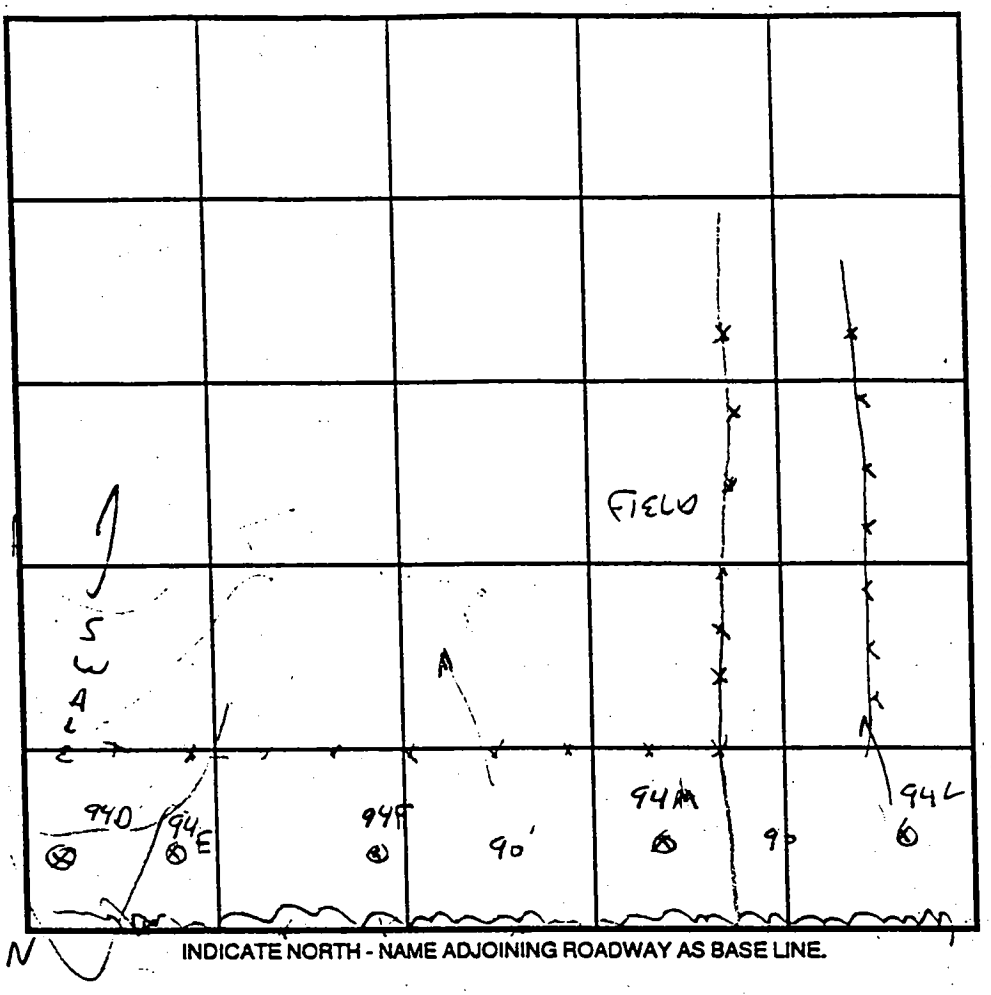
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

A 585 89
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

94F

0'
6"
1'
11'

TOPSOIL

BROWN RICH CLAY LOAM

BROWN SANDY MICA LOAM

15-20% PLATY MICA

SOIL PROFILE

0'

94M

BROWN CLAY LOAM

3

BROWN SANDY FINE MICA LOAM

11'

GREY BROWN + WHITE SANDY POWDERY LOAM

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/4/97	94F	3.5'/11	11:10:30	11:11	11:11	11:11:25	25 SEC
		6	11:13:17	11:13:47		11:14:33	46 SEC
	94M	11'					

REMARKS 2 OF 4

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT MIKE KAISER, CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 58589

P _____

DISTRICT _____

DATE 7/29/97

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 L D+D

ADDRESS 10505 Hickory Ridge Rd Suite 215 Col, MD 21044 PHONE 410-740-2600

AGENT OR PROSPECTIVE BUYER LAND Design & Development

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

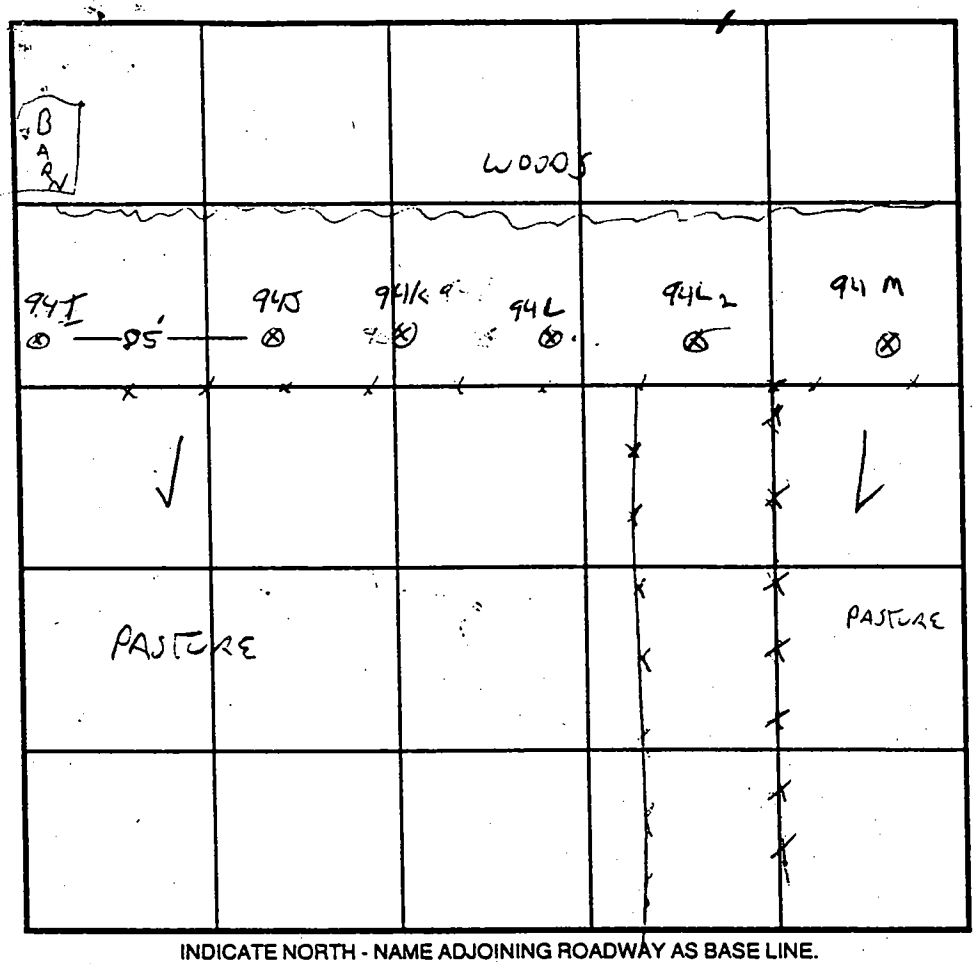
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

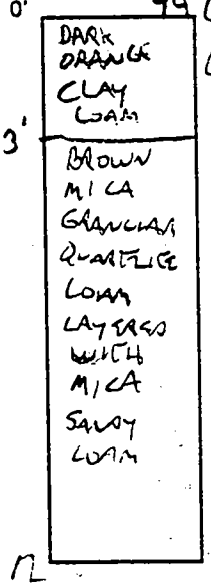
HD-216 (3/92)

A 58589
COUNTY #

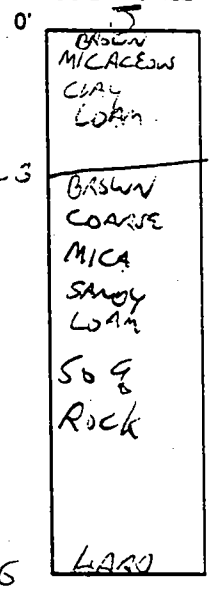


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

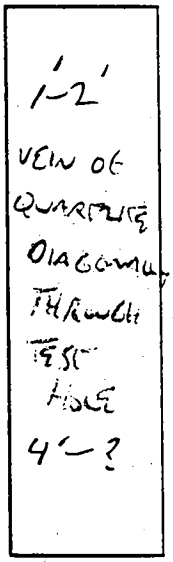
SOIL PROFILE



SOIL PROFILE



94 I



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/4/87	94K	4.5/12	12:13:35	12:16:30	12:21	12:24	5 MIN
		6.5	12:17:55	12:17:55	12:18:30	12:19:45	75 SEC
	~~94 M~~	11 V					
	94 L2	5/11 V	12:31:48	12:32:05	12:32:05	12:32:34	29 SEC
		7	12:33:30	12:34:21	12:34:21	12:35:29	68 SEC
	95	6'	NOT TESTED		-ROCK-		

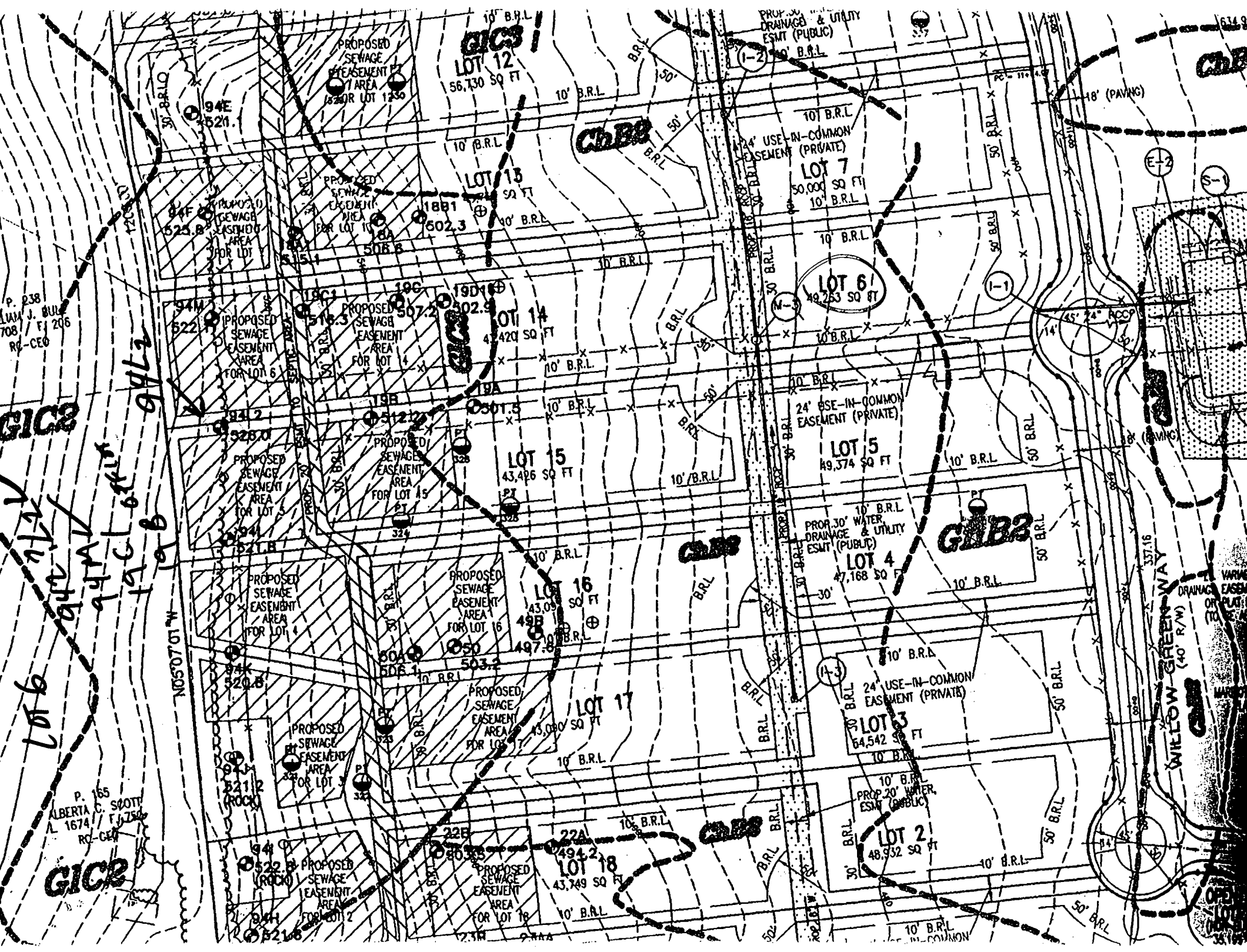
REMARKS 4 OF 4

TYPE OF SOIL EXTREMELY COARSE TEXTURED MICA

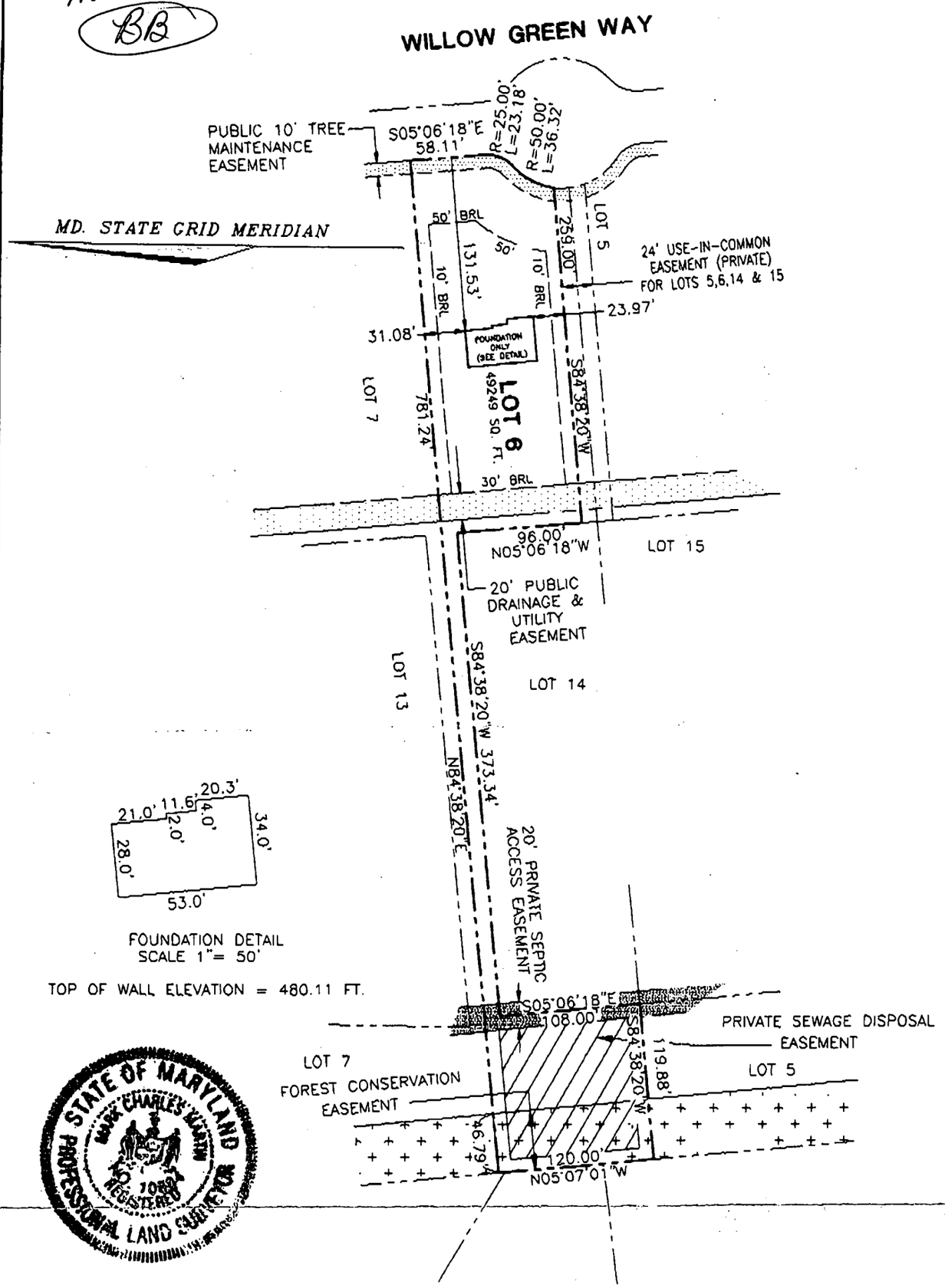
TESTED BY G. SAVAGE ALSO PRESENT MIKE KASPER, CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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


LOT 12
56,730 SQ FT
LOT 13
LOT 14
42,420 SQ FT
LOT 15
43,426 SQ FT
LOT 16
43,05 SQ FT
LOT 17
43,080 SQ FT
LOT 18
43,749 SQ FT
LOT 6
49,263 SQ FT
LOT 7
50,000 SQ FT
LOT 5
49,374 SQ FT
LOT 4
47,168 SQ FT
LOT 3
64,542 SQ FT
LOT 2
48,932 SQ FT
24' USE-IN-COMMON EASEMENT (PRIVATE)
PROP.30' WATER, DRAINAGE & UTILITY ESMT (PUBLIC)
PROP.20' WATER, ESMT (PUBLIC)
PROPOSED SEWAGE EASEMENT AREA FOR LOT
10' B.R.L.
50' B.R.L.
30' B.R.L.
18' (PAVING)
WILLOW GREEN WAY
(40' R/W)
45° 24" RCCP
GIC3
GIC2
GIB2
ChB2
94E
94F
94M
94K
94J
94H
94G
P. 238
LIAM J. BUL
708 F 206
RC-CEC
P. 165
ALBERTA C. SCOTT
L 1674 F 1750
RC-CEC

6/13/00
Wall Check O.K.
BB



STATE OF MARYLAND · MARK CHARLES MARTIN · 10884 · REGISTERED · PROFESSIONAL LAND SURVEYOR

RECORD REFERENCES	WALL CHECK OF	VOGEL & ASSOCIATES, INC.
LIBER/FOLIO	LOT 6	3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
PLAT BOOK	WOODFORDS GRANT III	TELEPHONE (410)461-5828 FAX (410)465-3966
PLAT NO./FOLIO 13801	HOWARD COUNTY	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
SCALE 1"=100'	MARYLAND	Mark C. Martin 4/27/2000
DATE 4/25/2000		MARK C. MARTIN PROFESSIONAL LAND SURVEYOR NO. 10884

9897LT6WLCK.DWG

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 B00122448

Building Address 11153 WILLOW CREEK WAY MARRIOTTSVILLE 21104

Suite/Apt. #: _____ SDP/WP/Petition #: SP-99-209

Census Tract 6030 Subdivision WOODFORDS GRANT

Section _____ Area _____ Lot 6

Tax Map 10 Parcel 293 Grid 22

Zoning RCDEO Map Coordinates 5K12 Lot size 49.249 AC

Property Owner's Name TRINITY BUILDERS

Address 7320 CRACL DR

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8722

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

Phone _____ Fax 410-313-8731

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost $ 100,000

Description of Work CUSTOM AMESBURY W/ CHANGES - 2 STORY, FULL BSMT, 9R, 2FB-1HB, FP, GARAGE (4BR)

Contractor Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company SAME

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:
X Public
____ Private

Sewage Disposal:
____ Public
X 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.

Sally L Hodge
Applicant's Signature

SALLY HODGE
Print Name

VP Operations - Trinity
Title/Company

2/16/00
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	2/25/00	Mark E Rifkin
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 NewTown Zone _____

SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 45020

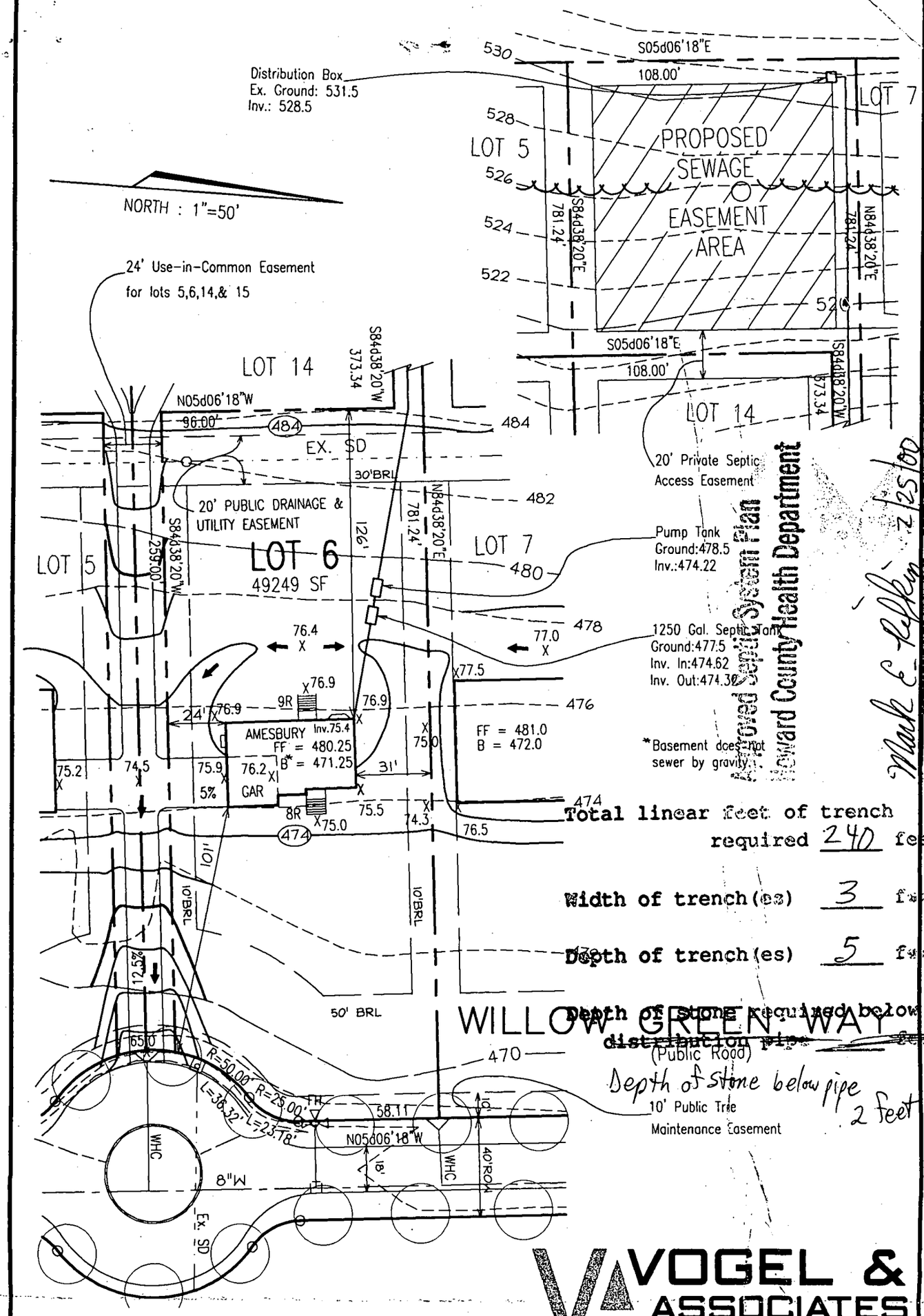
Filing fee	$	25
Permit fee	$	
Excise tax	$	
Sub-total paid	$	
Add'l permit fee	$	
TOTAL FEES	$	
Balance due	$	
Check	#	7102
Validation	#	27805

RECEIVED
2000 FEB 17 PM 3:01
HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH

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

s:\permit.frm

Rev. 10/15/98



Approved Septic System Plan
Howard County Health Department
Date 2/25/00
Mark E. Ryffel
Signature

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

~~Depth of stone required below distribution pipe~~ feet

Depth of stone below pipe 2 feet

PREPARED FOR
TRINITY HOMES, Inc.
7320 Grace Drive
Columbia, Maryland 21044

VOGEL & ASSOCIATES
ENGINEERS·SURVEYORS·PLANNERS
3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

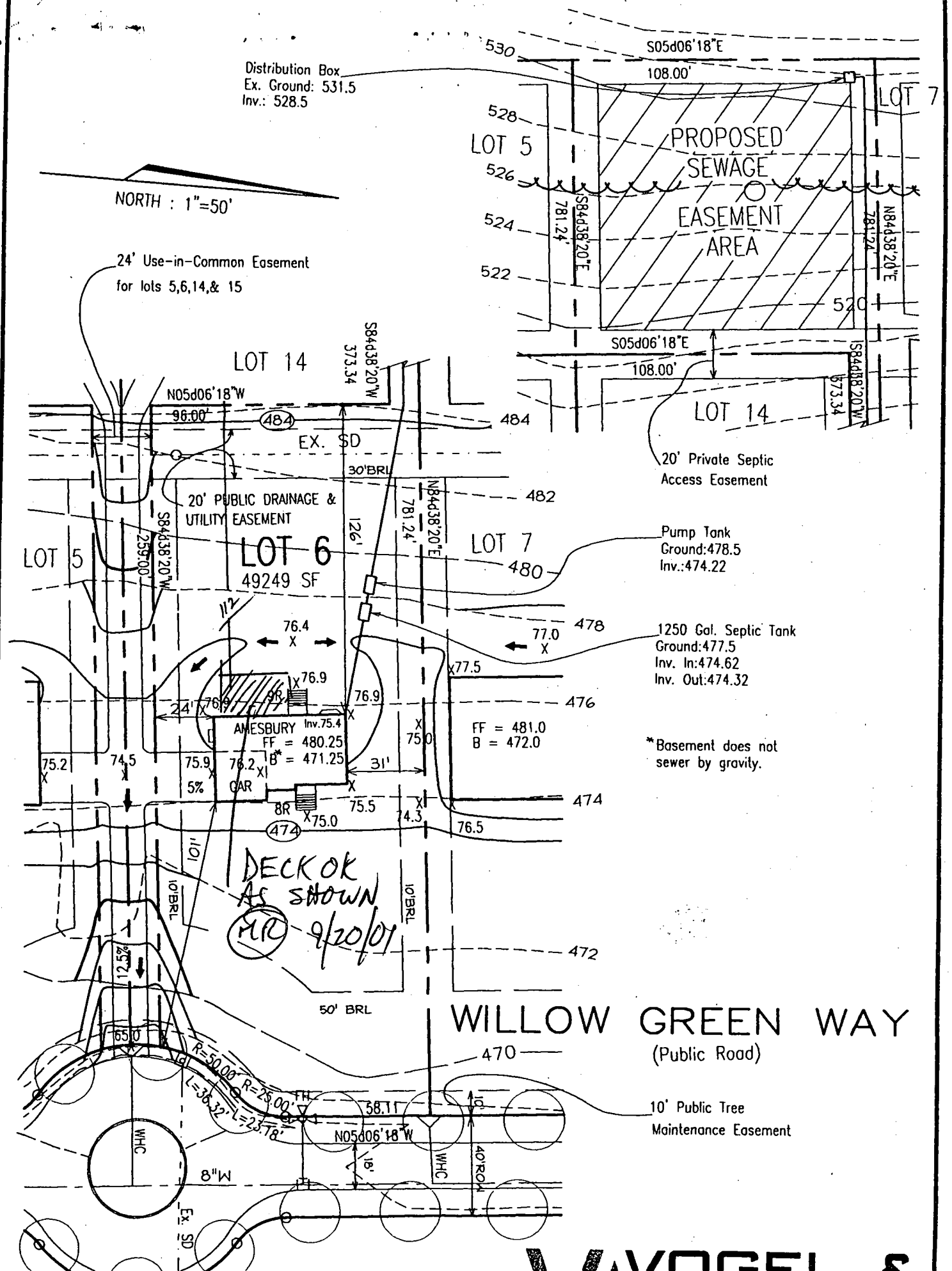
SCALE 1"=50'
DRAWN BY MM
CHECKED BY JCO
DATE Feb. 4, 2000
W. O. # 98-097

PLOT PLAN
LOT 6
WOODFORDS GRANT III

TAX MAP 10 BLOCK 22 REFERENCE PLAT'S 13800-13802
PARCEL 293 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND

c:\Land Projects\98-097\dwg\8021lot6.dwg-mm 02.04.00

GP 99-209


Distribution Box
Ex. Ground: 531.5
Inv.: 528.5
NORTH : 1"=50'
24' Use-in-Common Easement
for lots 5,6,14,& 15
S05d06'18"E
108.00'
LOT 7
LOT 5
PROPOSED
SEWAGE
EASEMENT
AREA
781.24'
S84d38'20"E
N84d38'20"E
530
528
526
524
522
520
LOT 14
S84d38'20"W
373.34
N05d06'18"W
96.00'
484
EX. SD
30'BRL
482
20' PUBLIC DRAINAGE &
UTILITY EASEMENT
LOT 6
49249 SF
255.00'
126'
480
478
476
474
472
470
20' Private Septic
Access Easement
Pump Tank
Ground:478.5
Inv.:474.22
1250 Gal. Septic Tank
Ground:477.5
Inv. In:474.62
Inv. Out:474.32
AMESBURY
FF = 480.25
B* = 471.25
Inv.75.4
FF = 481.0
B = 472.0
*Basement does not
sewer by gravity.
5%
CAR
24'
31'
11'
10'BRL
12.5%
50' BRL
DECK OK
AS SHOWN
MR 9/20/01
WILLOW GREEN WAY
(Public Road)
10' Public Tree
Maintenance Easement
R=50.00'
R=25.00'
L=36.32'
L=23.18'
58.11'
N05d06'18"W
18'
WHC
40'ROW
8"W
Ex. SD

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 B00132487

Building Address 11155 WILLOW GREEN WAY
MARRIOTTSVILLE, MD. 21104
Suite/Apt. #: ____ SDP/WP/Petition #: ____
Census Tract 6037 Subdivision Woodford's Forest
Section 3 Area ____ Lot 60
Tax Map 10 Parcel 293 Grid 22
Zoning RLDCU Map Coordinates 15K12 Lot size

Property Owner's Name ROBERT HERMAN
Address 11155 WILLOW GREEN WAY
City MARRIOTTSVILLE State MD Zip Code 21041
Home Phone 410-442-3283 Work Phone 410-765-2092
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone SAME AS ABOVE Fax 410-765-7414

Existing Use N/A SINGLE FAMILY DWELLING
Proposed Use RECREATIONAL PORCH
Estimated Construction Cost $ 5,000.00
Description of Work COVERED DECK - 14' x 27' APP. ATTACHED, WOOD, OPEN

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 ____
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: 378
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.

Applicant's Signature

Title/Company

ROBERT HERMAN
Print Name

19 SEPTEMBER 2001
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	9/21/01	
Dev. Engineering, DPZ		
Health	9/20/01	
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 NewTown Zone ____
SDP/Redline approval date ____

PROPERTY ID# 1-5020
Filing fee $ ____
Permit fee $ 25
Excise tax $ ____
Add'l. per. fee $ ____
TOTAL FEES $ 25
Sub-total paid $ 25
Balance due $ ____
Check # 1255 COUNTY
Validation # ____
Accepted by CWC

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

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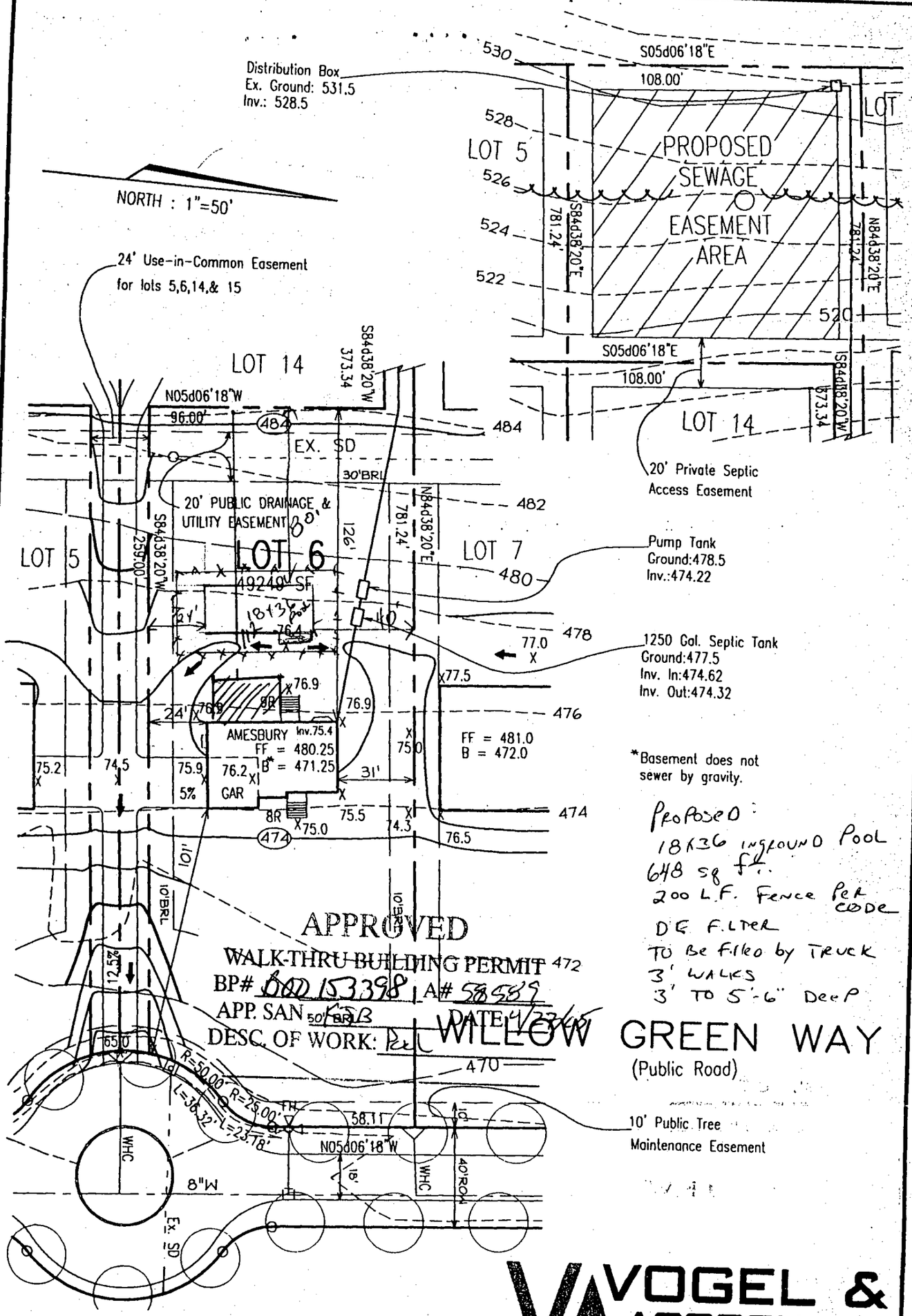

PREPARED FOR
TRINITY HOMES, Inc.
7320 Grace Drive
Columbia, Maryland 21044

VOGEL & ASSOCIATES
ENGINEERS · SURVEYORS · PLANNERS
3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

SCALE 1"=50'
DRAWN BY MM
CHECKED BY JCO
DATE Feb. 4, 2000
W. O. # 98-097

PLOT PLAN
LOT 6
WOODFORDS GRANT III

TAX MAP 10 BLOCK 22 REFERENCE PLAT'S 13800-13802
PARCEL 293 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND

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