

11-23-99
ASAP 10:00
2/9/00 11:00
2/10/00 11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513131

A 58589

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

DATE 11/18/1999

DATE SYSTEM APPROVED 2/10/00

INSPECTOR S.R.K.

#33155

S K Backhoe & Septic Service IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1220 Francis Scott Key Hwy., Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Woodford's Grant III LOT 5 ROAD 11143 Willow Green Way

PROPERTY OWNER Trinity Builders DOUG & DAWN LASURE

ADDRESS _____

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 480

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 Gallon Top Seamed 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 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 10 feet off the rear (120') lot line and 60 feet off the right-rear (119.88') lot line as seen from Willow Green Way. Run trenches along contour towards the 119.88' lot line and 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 10/4/99 SRM

PLANS APPROVED BY Donna K. Soe DATE 9/14/1999

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMITS SIGNED
AND RETURNED 6/23/2000

BOO125057

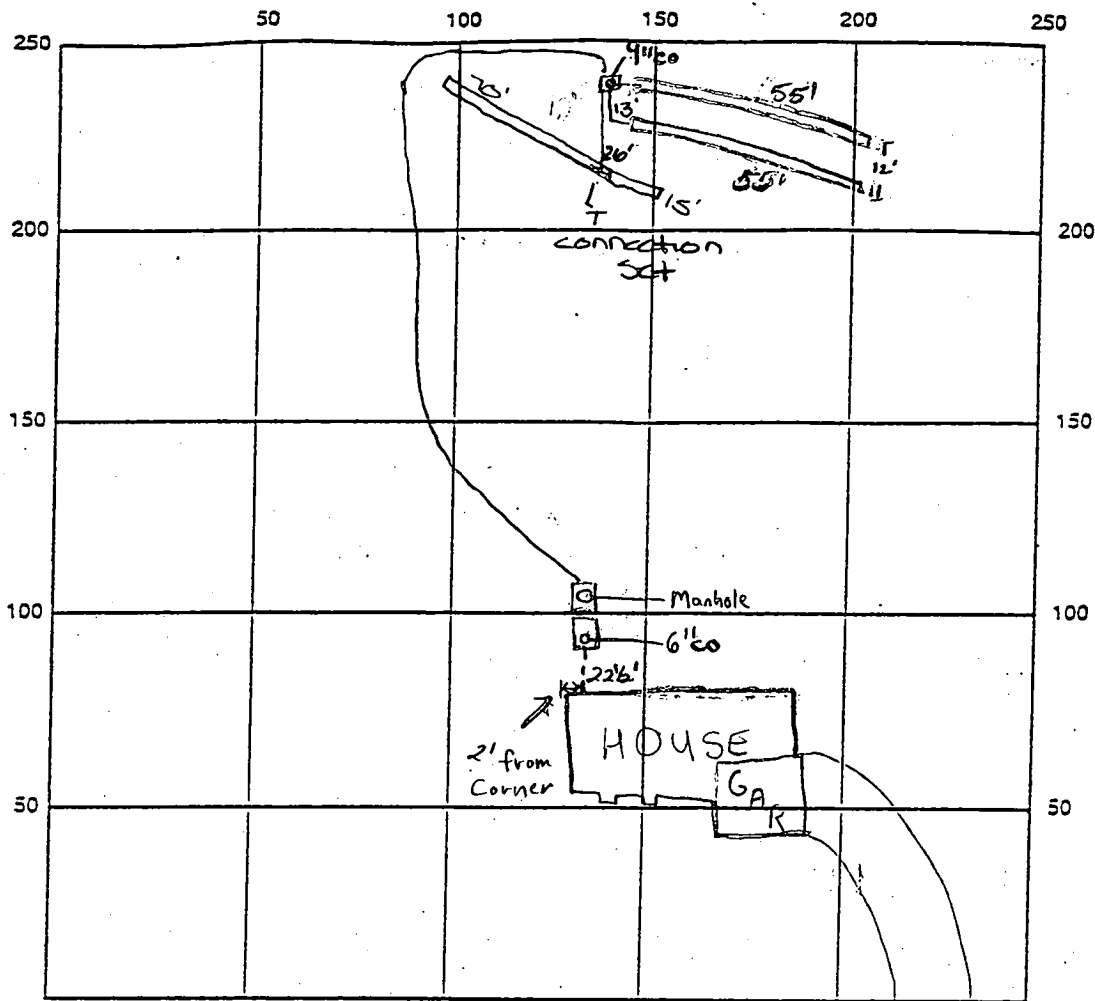
INGROUND POOL

BLDG. PERMITS SIGNED

AND RETURNED 9/26/01

BOO132569, install walk
up from basement, FINISH PART OF
BASEMENT

58589



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Willow Green Way

Tap Seamed { Septic Tank - 1250
 SEPTIC TANK LEVEL Pump Chamber - 1250

CLEANOUTS 6\" on S.T., Manhole on P.T., 4\" on DBOX

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 55/55/55 FT. = 195 total

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 780 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 4.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/23/99 Tanks are not. No baffles, connections. Trench soils look O.K.

(BB) 11/24/99 OK to cover all work - Septic pump performance
needed at 2/9/00 - SEPTIC PUMP TEST FAILED (HIGH WATER ALARM OK
BUT PUMP NOT OPERATING PROPERLY - SRK) 2/10/00 PUMP OPERATIONAL - (SRK)

DATE SYSTEM APPROVED 2/10/00 INSPECTOR Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 58589

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2840

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 S Trinity Builders

ADDRESS 10805 Hickory Ridge Rd Suite 215 Cal, MD 21047 PHONE 410-740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10805 Hickory Ridge Rd Suite 215 Cal, MD 21047 PHONE 410-740-2100

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. (5)

ROAD AND DESCRIPTION Marriottsville Rd (11143 Willow Green Way)

~~AND PERMIT~~

~~AND RETURNED~~ 9-14-99

Serial # B00120126

TAX MAP 10 PARCEL # 293

SIZE OF LOT 1 acre TYPE BLDG. SFD - 4 Brm
(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



1. *What is the purpose of the study?*
 2. *What are the research questions or hypotheses?*
 3. *What is the study design?*
 4. *What are the participants and settings?*
 5. *What are the interventions or exposures?*
 6. *What are the outcomes and measures?*
 7. *What are the results?*
 8. *What are the conclusions?*
 9. *What are the limitations?*
 10. *What are the implications for practice?*

1,339,500

602,750

N84°38'20"E

WILLOW GREEN WAY

PROPOSED SEWAGE EASEMENT AREA FOR LOT 9

LOT 10 40,900 SQ FT 499.6

PROPOSED SEWAGE EASEMENT AREA FOR LOT 10

LOT 11 501,000 SQ FT

LOT 9 50,969 SQ FT

PROPOSED SEWAGE EASEMENT AREA FOR LOT 8

PROPOSED SEWAGE EASEMENT AREA FOR LOT 11

LOT 12 56,130 SQ FT

LOT 8 48,936 SQ FT
PROP 30' WATER DRAINAGE & UTILITY ESMT (PUBLIC)

94E 521.1

PROPOSED SEWAGE EASEMENT AREA FOR LOT 12

LOT 13 50,000 SQ FT

LOT 7 50,000 SQ FT
10' B.R.L.

PROPOSED SEWAGE EASEMENT AREA FOR LOT 13

18B1 502.3

LOT 6 49,253 SQ FT

PROPOSED SEWAGE EASEMENT AREA FOR LOT 6

PROPOSED SEWAGE EASEMENT AREA FOR LOT 14

LOT 14 44,420 SQ FT

LOT 5 49,374 SQ FT

PROPOSED SEWAGE EASEMENT AREA FOR LOT 5

PROPOSED SEWAGE EASEMENT AREA FOR LOT 15

LOT 15 43,426 SQ FT

LOT 4

copy of signed plat sent out

P. 238
WILLIAM J. BULL
708 F. 206
RD-CEO

GIC2

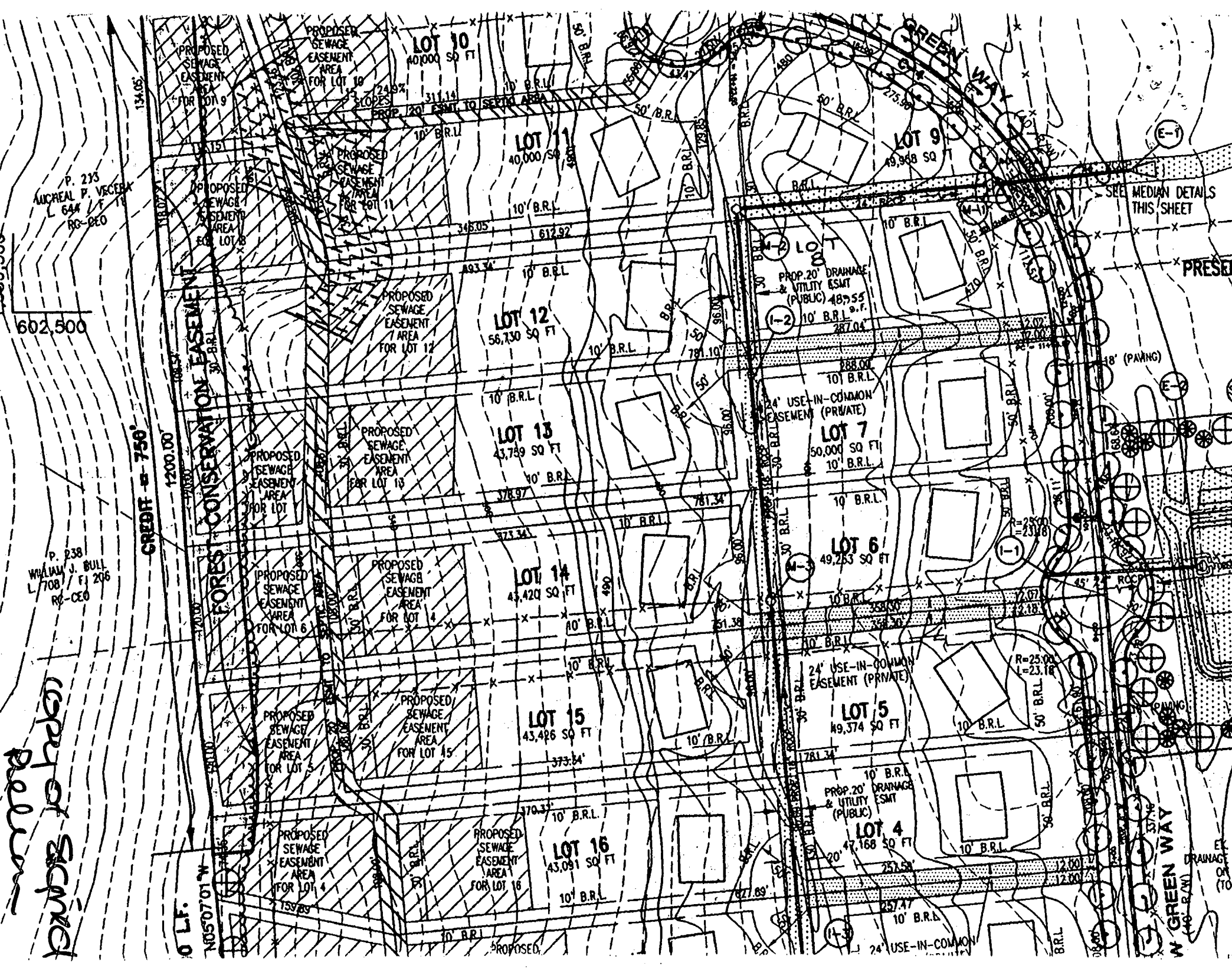
GAB2

GIC3

GAB2

GIC3

GAB2



P. 213
MICHAEL P. VECERA
644 L.F.
RG-CEO

P. 238
WILLIAM J. BULL
L 708 / F 206
RG-CEO

copy of Survey
Return

CREDIT = 750

0 L.F.

FOREST CONSERVATION EASEMENT

N 05°07'01\"/>

1200.00

134.05

602.500

LOT 10
40,000 SQ FT

LOT 11
40,000 SQ FT

LOT 9
49,968 SQ

LOT 12
56,730 SQ FT

LOT 13
43,789 SQ FT

LOT 7
50,000 SQ FT

LOT 14
43,420 SQ FT

LOT 6
49,263 SQ FT

LOT 15
43,426 SQ FT

LOT 5
49,374 SQ FT

LOT 16
43,091 SQ FT

LOT 4
47,168 SQ FT

PROPOSED SEWAGE EASEMENT AREA FOR LOT 10

PROPOSED SEWAGE EASEMENT AREA FOR LOT 10

PROPOSED SEWAGE EASEMENT AREA FOR LOT 11

PROPOSED SEWAGE EASEMENT AREA FOR LOT 8

PROPOSED SEWAGE EASEMENT AREA FOR LOT 12

PROPOSED SEWAGE EASEMENT AREA FOR LOT 13

PROPOSED SEWAGE EASEMENT AREA FOR LOT 1

PROPOSED SEWAGE EASEMENT AREA FOR LOT 6

PROPOSED SEWAGE EASEMENT AREA FOR LOT 4

PROPOSED SEWAGE EASEMENT AREA FOR LOT 5

PROPOSED SEWAGE EASEMENT AREA FOR LOT 15

PROPOSED SEWAGE EASEMENT AREA FOR LOT 4

PROPOSED SEWAGE EASEMENT AREA FOR LOT 16

PROP. 20' DRAINAGE & UTILITY ESMT (PUBLIC) 48,555 SQ FT

24' USE-IN-COMMON EASEMENT (PRIVATE)

24' USE-IN-COMMON EASEMENT (PRIVATE)

PROP. 20' DRAINAGE & UTILITY ESMT (PUBLIC)

24' USE-IN-COMMON

SEE MEDIAN DETAILS THIS SHEET

PRESERVE

N GREEN WAY

ET DRAINAGE ON 10'

Distribution Box
Ex. Ground: 528.0
Inv.: 525.0

NORTH : 1"=50'

Approved Septic System Plan Howard County Health Department

Signature

Date

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet

*Basement Will Not
Sewer By Gravity

WILLOW GREEN WAY
(Public Road)

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

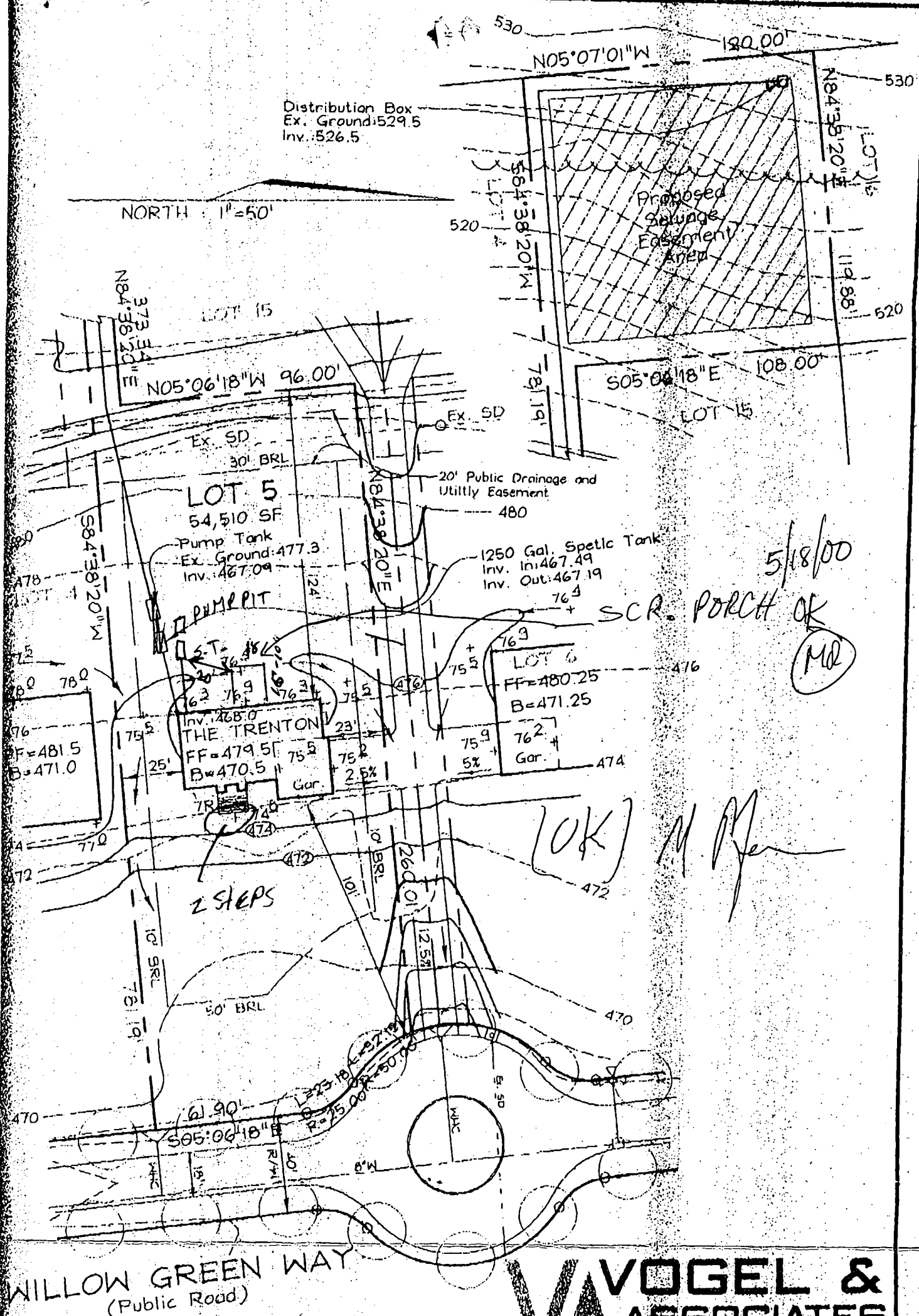
VOGEL & ASSOCIATES
ENGINEERS • SURVEYORS • PLANNERS

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3966

SCALE 1"=50'
DRAWN BY PS
CHECKED BY JCO
DATE Aug. 14, 1999
W. O. # 98-097

PLOT PLAN LOT 5 WOODFORDS GRANT III

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



WILLOW GREEN WAY
(Public Road)

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
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PLOT PLAN
LOT 5
WOODFORDS GRANT III

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER: B 00024309
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Building Address <u>11143 Willow Green Way</u> <u>Marriottsville, MD</u>	Property Owner's Name <u>Douglas N Lasure/Dawn R Wilson</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>11143 Willow Green Way</u>
Census Tract <u>6030</u> Subdivision <u>Woodford's Grant</u>	City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u>
Section <u>III</u> Area <u>N/A</u> Lot <u>5</u>	Home Phone <u>(410) 442-0188</u> Work Phone <u>(301) 931-3900</u>
Tax Map <u>10</u> Parcel <u>293</u> Grid <u>22</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>N/A</u>
Zoning <u>RC-DEO</u> Map Coordinates <u>5R12</u> Lot size	Phone Fax
Existing Use <u>Single Family Home</u>	Contractor Company <u>SELF</u>
Proposed Use <u>Single Family Home w/porch</u>	Contact Person
Estimated Construction Cost \$ <u>5000</u>	Address
Description of Work <u>Screen In Porch on</u> <u>11x15 rear of home</u> <u>w/steps</u>	City State Zip Code
Occupant or Tenant <u>SELF</u>	License No. Phone Fax
Contact Name	Engineer or Architect Company <u>N/A</u>
Address	Contact Person
City State Zip Code	Address
Phone Fax	City State Zip Code
	Phone Fax

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: ☐ Public ☐ Private	SF Dwelling ☒ SF Townhouse ☐ <u>Depth</u> <u>Width</u>	Water Supply: ☒ Public ☐ Private
No. of stories:	Sewage Disposal: ☐ Public ☐ Private	1st floor:	Sewage Disposal: ☐ Public ☒ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor:	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement:	Heating System: Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☒
Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame	Sprinkler system: <u>N/A</u> ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads	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:
☐ State Certified Modular		Other Structure: Dimensions: <u>270</u> Footings: Roof:	Sprinkler system: <u>N/A</u> ☒ ☐ NFPA #13D ☐ NFPA #13R ☐ Other:
		☐ 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.

<u>Douglas N Lasure</u> Applicant's Signature <u>DLN</u> Title/Company	<u>Douglas N Lasure</u> Print Name <u>5/18/00</u> Date
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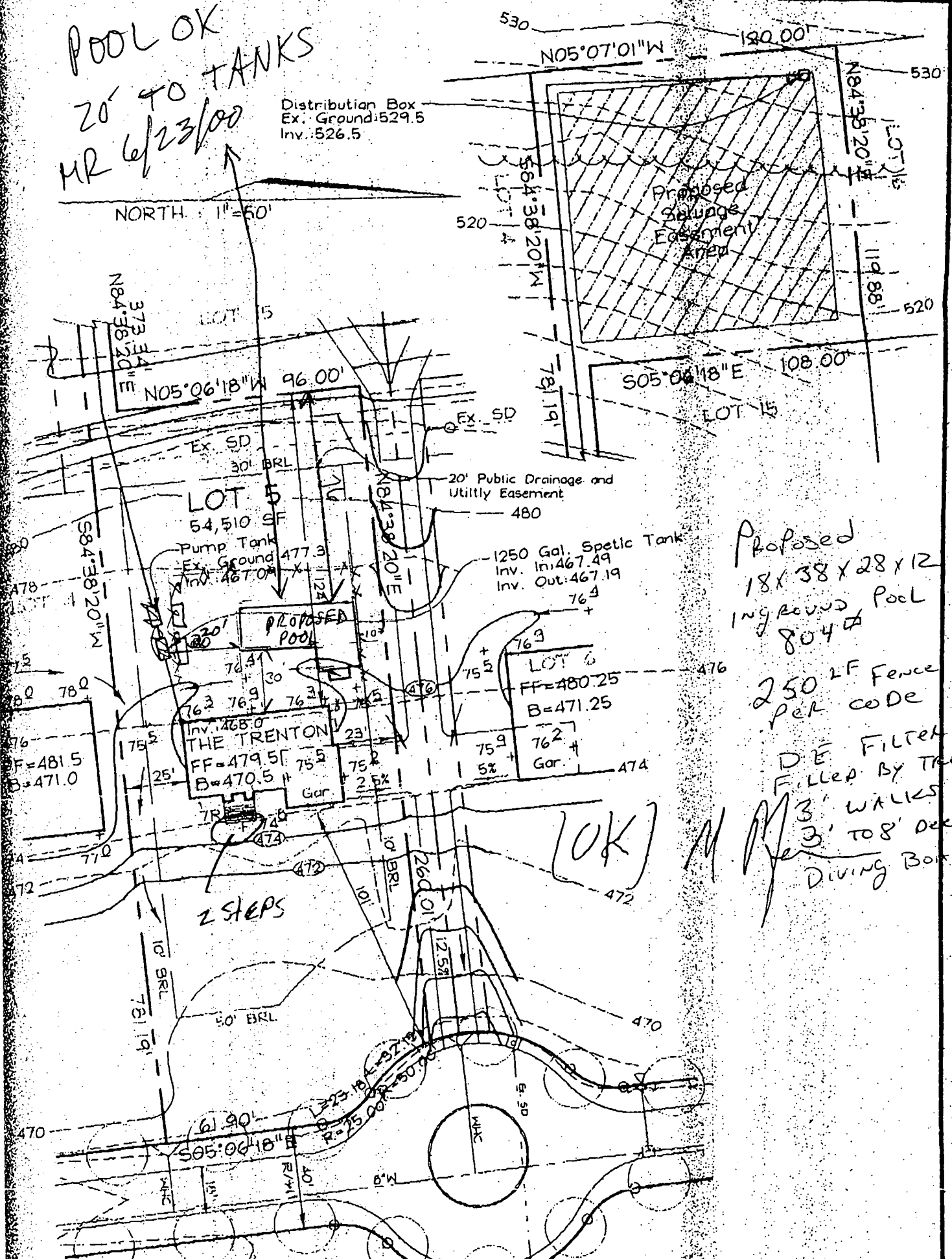
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY ☒ Land Development, DPZ ☒ State Highways ☒ Building Official ☒ Dev. Engineering, DPZ ☒ Health ☒ Fire Protection	DATE <u>5/18/00</u> <u>5/18/00</u>	SIGNATURE APPROVAL <u>[Signature]</u> <u>Mark E. Ripkin</u>	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 _____	PROPERTY ID# <u>42852</u> Filing fee \$ <u>25</u> Permit fee \$ <u>27</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>52</u> Balance due \$ _____ Check # <u>102</u> Validation # <u>31757</u>
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Accepted by <u>[Signature]</u>	
CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐				

POOL OK
20' 40' TANKS
MR 6/23/00

Distribution Box
Ex. Ground: 529.5
Inv. 526.5

NORTH 1"=50'



Proposed
18' x 38' x 28' x 12'
Inground Pool
804 sq ft

250 LF Fence
per code

D.E. Filter
Filled by Truck
3' WALKS
3' TO 8' DEEP
Diving Board

[OK]

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300 125057

Building Address **11143 Willow Green Way**
MARRIOTTVILLE MD, 21104
Suite/Apt. #: **N/A** SDP/WP/Petition #: **N/A**
Census Tract **6030** Subdivision **WOODFORD**
Section **TH** Area **N/A** Lot **5**
Tax Map **10** Parcel **293** Grid **22**
Zoning **RC100** Map Coordinates _____ Lot size _____

Property Owner's Name **DOUG & DAWN LASURE**
Address **11143 Willow Green Way**
City **MARRIOTTVILLE** State **MD** Zip Code **21104**
Home Phone **410-442-0188** Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use **SFD**
Proposed Use **SFD & Pool**
Estimated Construction Cost \$ **20000**
Description of Work **18x38x28x12 inground**
pool truck filled

Contractor Company **AMERICAN LAND DESIGN INC.**
Contact Person **JERRY WILLE**
Address **3605 N. FURNACE RD**
City **JARROTSVILLE** State **MD** Zip Code **21084**
License No. **33132**
Phone **410-557-7775** Fax **410-557-7775**

Occupant or Tenant **DOUG & DAWN LASURE**
Contact Name **DOUG LASURE**
Address **11143 Willow Green Way**
City **MARRIOTTVILLE** State **MD** Zip Code **21104**
Phone **410-442-0188** Fax _____

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 ☐ NFA #13D _____ NFA #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: Pool Dimensions: 18x38x28x12 804 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 THERE TO, (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 **Gerald F. Wille**
Title/Company **Pres. American Land Design Inc**

Print Name **GERALD F. WILLE, JR.**
Date **4-20-00**

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	6/23/00	Mark T. Rife
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 _____

PROPERTY ID#
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # _____
Validation # _____

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