

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-312570

P 511121

A REPAIR

DISTRICT _____

DATE 11-30-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/2/98

INSPECTOR M. Rifkin

INDEXED

Harold H. Holbrook, Jr. _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 301-854-5612

SUBDIVISION _____ LOT 5 _____ ROAD 3700 Woodbine Road

PROPERTY OWNER Harold H. Holbrook

ADDRESS 3700 Woodbine Road

Woodbine, Maryland 21797

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO EVALUATE EXISTING DRYWELL TO SUPPORT 3 BEDROOM EXPANSION - 2 BEDROOM DELETION (1 BEDROOM NET ADDITION) BUILDING PERMIT NUMBER: B00115069.

Call for inspection when ground is opened so sanitarian can recommend repair.

NO REPAIR INSTALLATION THIS DATE

ONLY D/W EVAL - D/W < 50% FULL

OK FOR ADDITION (MR) 12/2/98

PLANS APPROVED BY Mark E. Rifkin DATE 11-30-98

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)

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 **BLDG. PERMIT SIGNED**

PERMIT VOID AFTER TWO YEARS

AND RETURNED 12-2-98

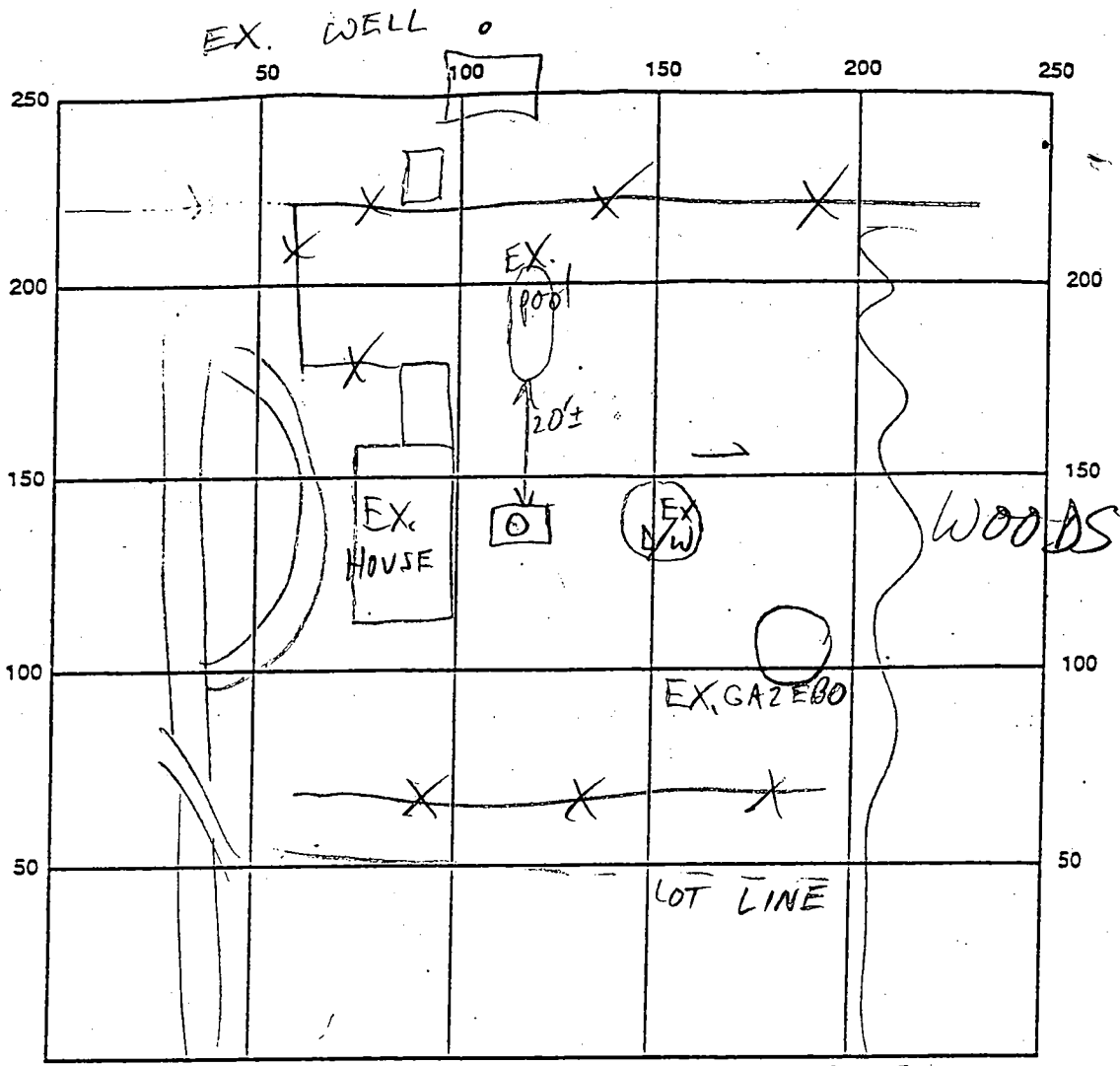
Serial # B00115069

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

511121



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT: 94

SEPTIC TANK LEVEL EX. 1000 GAL CLEANOUTS TO BE INSTALLED BY OWNER

DISTRIBUTION BOX LEVEL

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

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

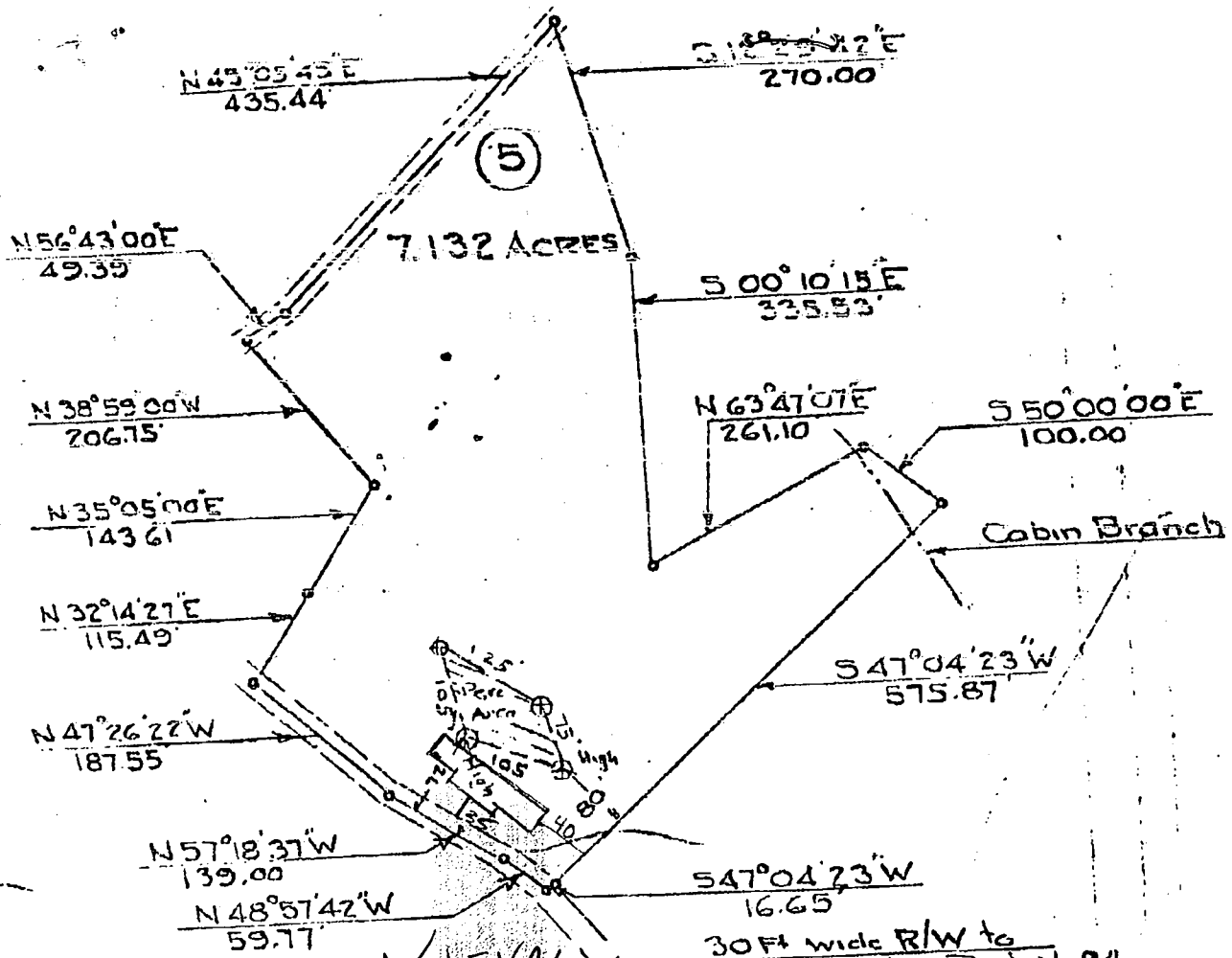
NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/2/98 EVAL OF EX. D/W FOR ADDITION REVIEW; EX. D/W BOT
12' DEEP. BELOW GRADE; 3 1/2' H₂O DEPTH INV @ 4 1/2' - 5' BELOW GRADE
DEPTH OF D/W 8 1/2', D/W IS < 50% FULL; OK TO SIGN BP FOR
3BR ADD'N (w/2 BR DELETION), 1BR NET GAIN (MR)
NO WORK DONE

DATE SYSTEM APPROVED 12/2/98 INSPECTOR M. Ripkin

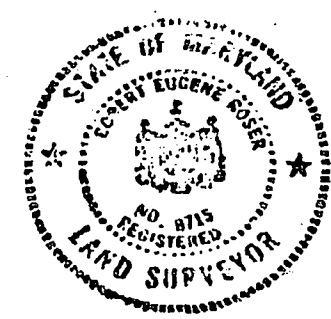


00015069
 OK FOR ADD'N
 (MR) 12/2/98
 D/W EVAL
 SEE SEPTIC
 REPAIR
 RECORDS

LOCATION SURVEY
 FOR
 DIANE CRUSENBERRY
 FOURTH ELECTION DIST. HOWARD COUNTY
 WOODBINE, MARYLAND
 SCALE: 1 IN = 200 FT APRIL 12, 1978

1 Denotes perc. test as field located
 Note: The lot shown hereon complies with the
 minimum ownership and lot area as required
 by the Maryland State Dept. of Health and
 Mental Hygiene

approved: Private Water & Private Sewer
 [Signature] 4-21-78
 Date



[Signature]

11/29/78 C.O.

~~System~~

file

PERMIT

P 28282

A 27686

11/29/78

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 6/27/78

Will Hopkins

~~Paul E. Crusenberry, Jr.~~

IS PERMITTED TO INSTALL ALTER

ADDRESS 3680 Route 94, Woodbine, Md. PHONE _____

SUBDIVISION _____ ROAD ³⁷⁰⁰ Route 94 LOT 5

PROPERTY OWNER ~~Paul & Diane Crusenberry~~ *Harold Holbrook*

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 150 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 80 FT. BELOW ORIGINAL GRADE. 100

LOCATE DISPOSAL AREA 72 FT. FROM ^{right} ~~left~~ LOT LINE AND 160 FT. FROM ^{R/W} LOT LINE AS SEEN WHEN

4/28/78

location changed
ok call per house plans
Facing lot from ~~left~~ ^{right} front corner of property when facing lot from Route 94. R/W

If dry well and trench are used, need a 5 ft. earth buffer between dry well and trench.

PLANS APPROVED BY Charles B. Streaker DATE 4/28/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

BLDG. PERMIT SIGNED AND RETURNED 6/29/78

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

Serial No. 36150

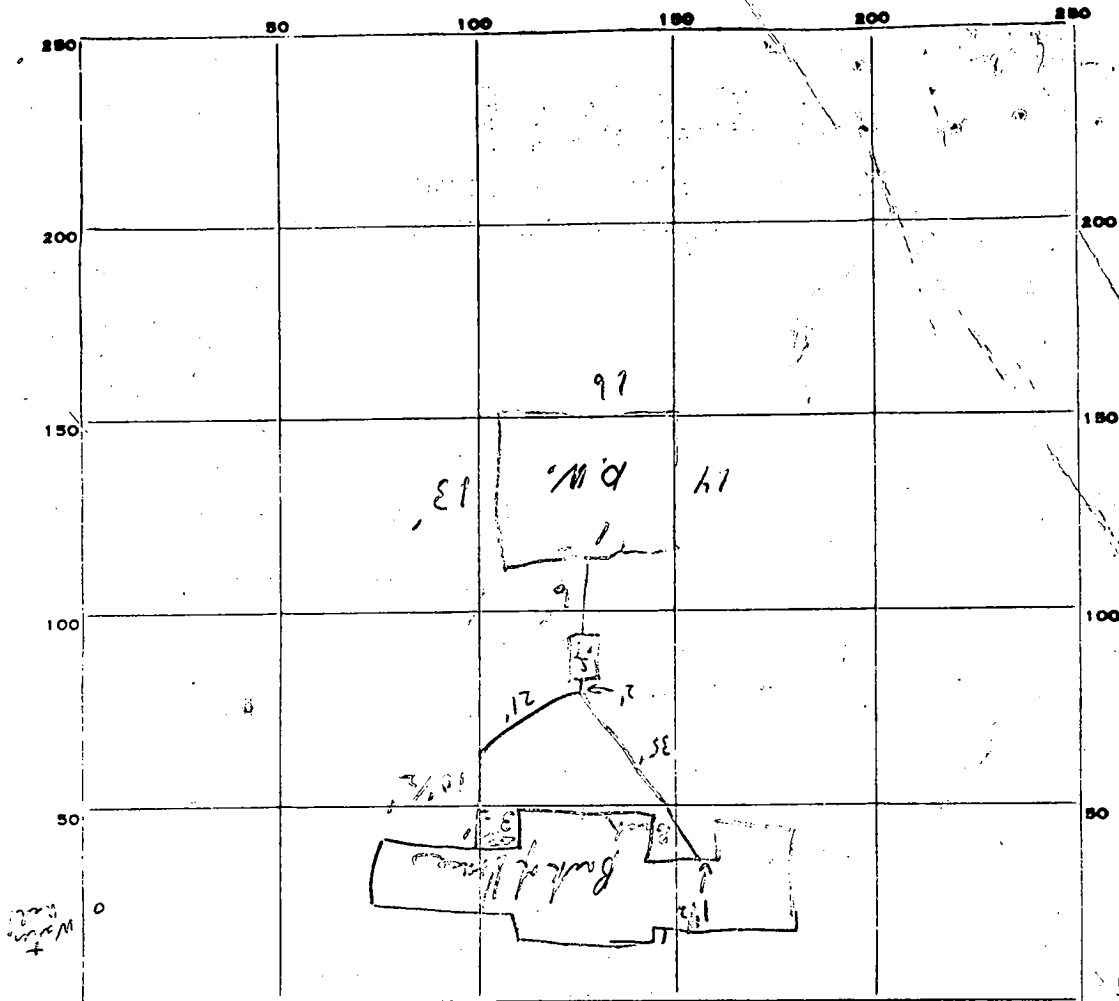
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED AND RETURNED 8/29/78
Serial # 13710 2020
Ingram's point

A 27686



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

(felt new car in window)

S.T. / D.V.

SEPTIC TANK, LEVEL _____

ok

CLEANOUTS _____

ok / ok

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER *outside diameter 58* FT. DEPTH BELOW INLET *8* FT.

ABSORBENT AREA *464* SQ. FT.

REMARKS _____

11/29/78 Cost run all the way. C.B.D.

DATE SYSTEM APPROVED _____

11/29/78 ooper above

INSPECTOR _____

C. B. Shaker

bring signed boundary plat

APPLICATION

A 27686

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1250 gallons
DATE 3/20/78

Septic Tank { 1-3 bedrooms }
Dig well to have 150 sqft effective

absorbant sidewalk area per bedroom below inlet

Inlet to be 3' and maximum depth 11'. Location per engineer plat 9' off property line and +100' from front corner of property when facing lot from Prec hole or other #7 hole

or if dig well + trench used - need:
(1) 5' earth buffer between dig well + trench
(2) 2 inspections of trench before and after stones/gravel installed

Recorded
11/21/73
Liber 661, Folio 402
3/29/78
9:30 A.M.

6/28/78
location changed to C.B.D.

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 PAULE & DIANE C CRUSENBERRY, JR

ADDRESS 3680 RT 94 WOODBINE, MD 21797 PHONE 489-4143

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION directions ROUTE 94 4 1/2 miles south of 144 & 94 intersection

SIZE OF LOT 7.132 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Diane C. Cruseberry

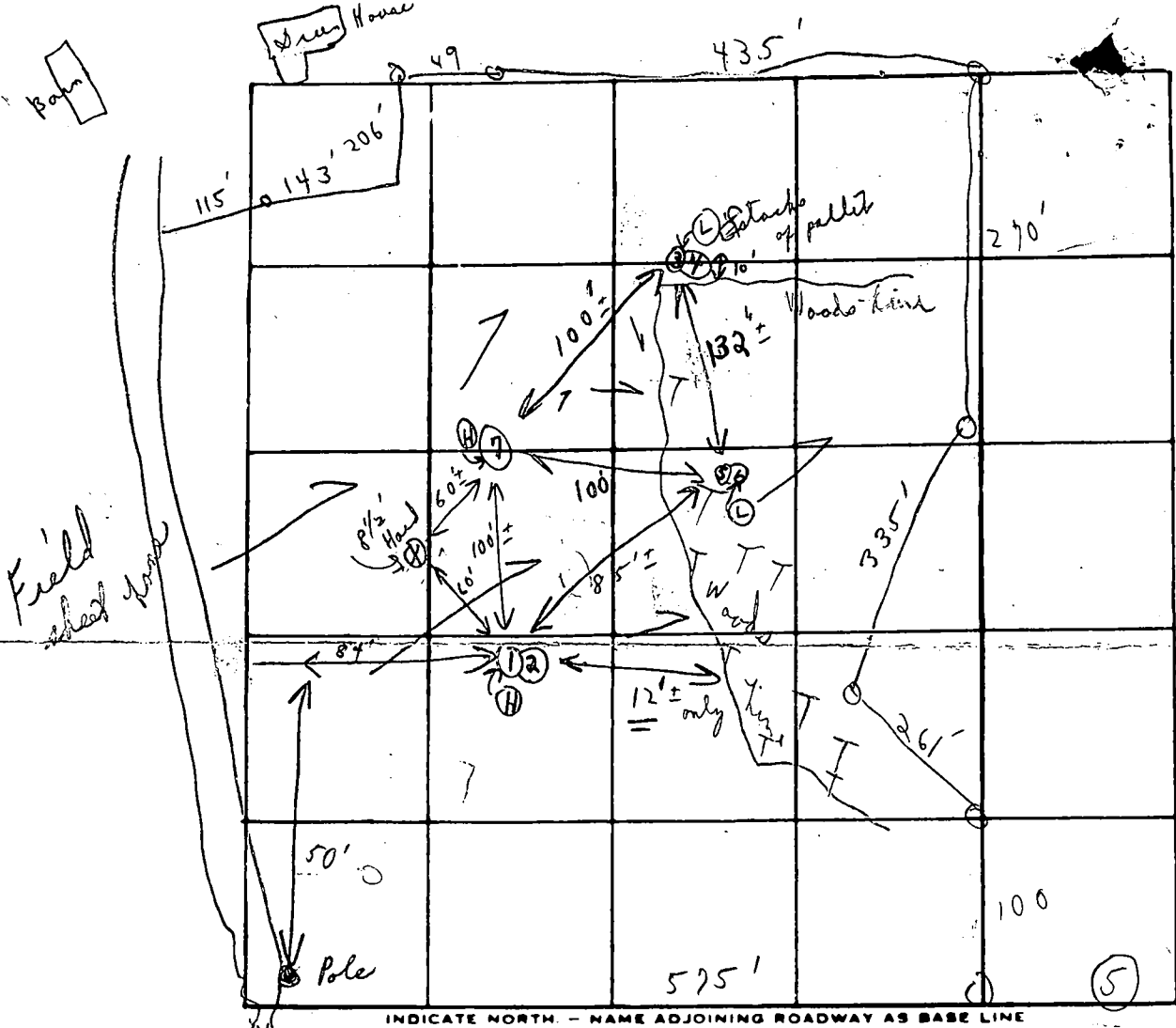
APPROVED BY C.B. Steaker FOR dig well + trench DATE 4/28/78
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/29/78 Hold for plat with certified hole.
4/10/78 Plat with holes does not agree with field sheet. Leach after discussion with D.W.M. C.B.D. 4/25/78 New plat with changes. C.B.D.

THIS IS NOT A PERMIT



Key
 slope →
 T woodskline

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/29/78	1	2 1/2' s	10:29	10:30	10:30	10:33	3m	
	2 (H)	12' d	10:29	10:37	10:37	10:50	13m	
	3	3'	11:47	11:48	11:48	11:50	2m	
	4 (L)	11'	11:45	11:55	11:53	12:13	18m	
	5	2 1/2'	10:55	11:04	11:04	11:20	16m	
	6 (L)	12'	10:54	10:56	10:56	10:59	3m	
	7 (H)	11'	Visual	similar to (1+2)			10m	
						h 55		
		(Open field for rest of holes)						

Below Jay

Loam
 ↓
 Weathered shale

More shaly
 consistency

REMARKS

Hold for certified holes - Officer copy Memos given

TYPE OF SOIL

1 hole in woods hole dug

TESTED BY

C. B. A.

ALSO PRESENT:

W. H. Hopkins digger

attached
 ① to own
 & engineer
 ② copy to own

C 1 **6425** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 6/16/78 DEPTH OF WELL 145 PERMIT NO. FROM "PERMIT TO DRILL WELL" MC-73-2776

DATE WELL COMPLETED 6/16/78 22 (TO-NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 42

OWNER CRUSENBURG, PAUL FIRST NAME WOODRINE, MD.

STREET OR RFD 3680 Rt 94 POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SHALE	3	15	
SHALE	15	50	
BROWN SLATE	50	95	
Blue SLATE	95	145	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY

NO. OF BAGS 17 NO. OF POUNDS 1400

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 55 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 1/2 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 145

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 61 TO 145

EACH SCREEN

SCREEN	DEPTH (FEET) FROM	TO
1	<u>61</u>	<u>145</u>
2		
3		

SLOTSIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 145 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

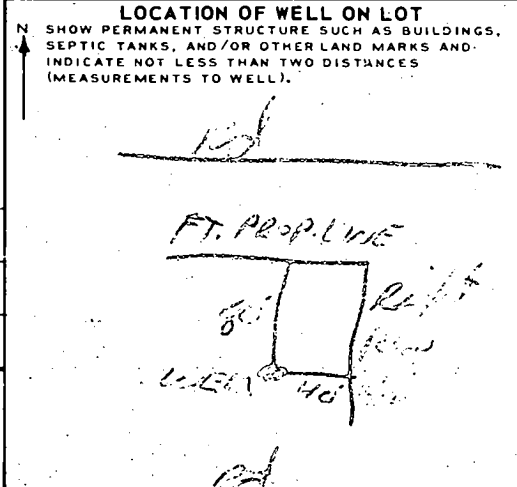
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE _____ (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED, "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) L.F. Easterday

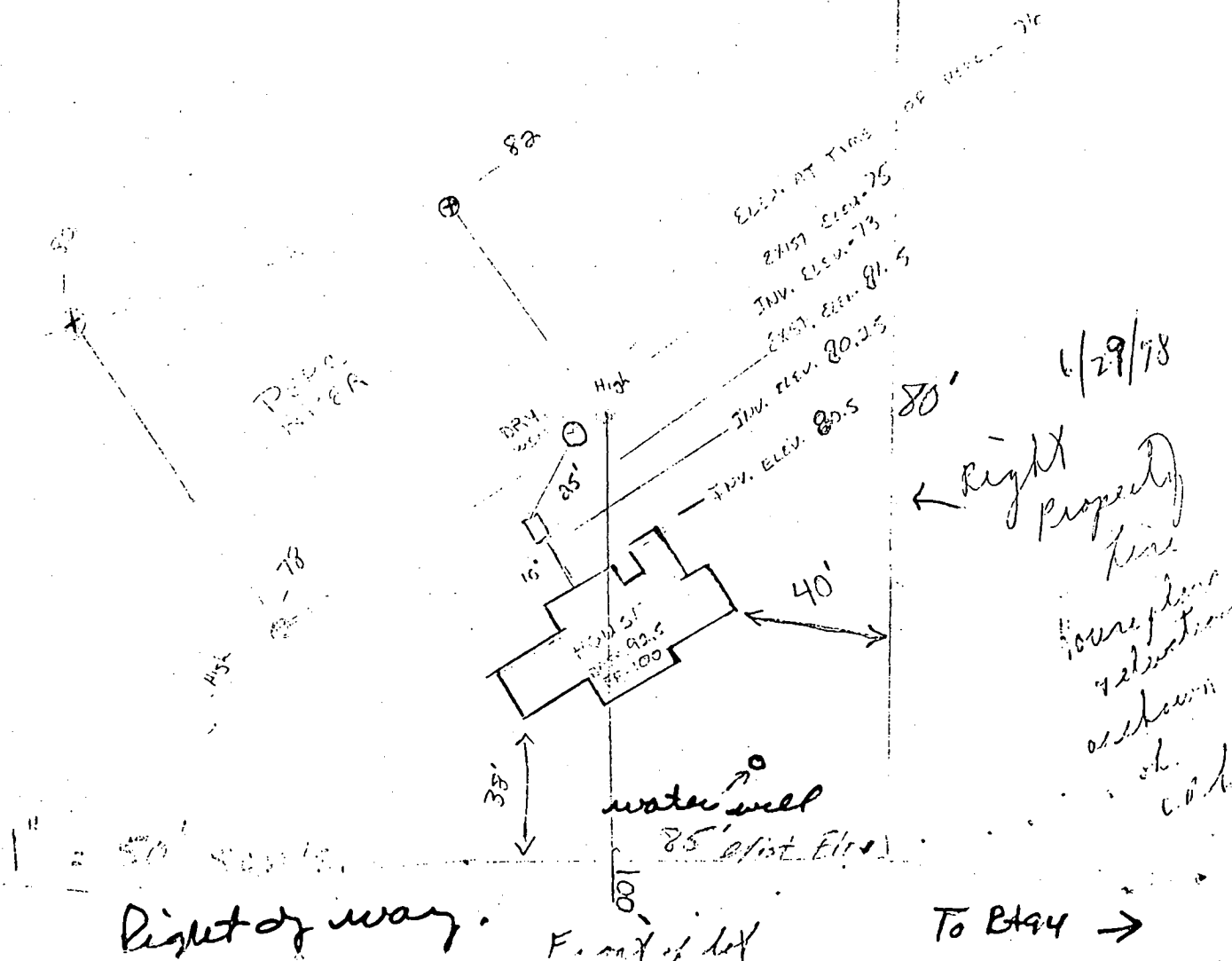
SIGNATURE L.F. Easterday

HIGH ELEVATION = 100

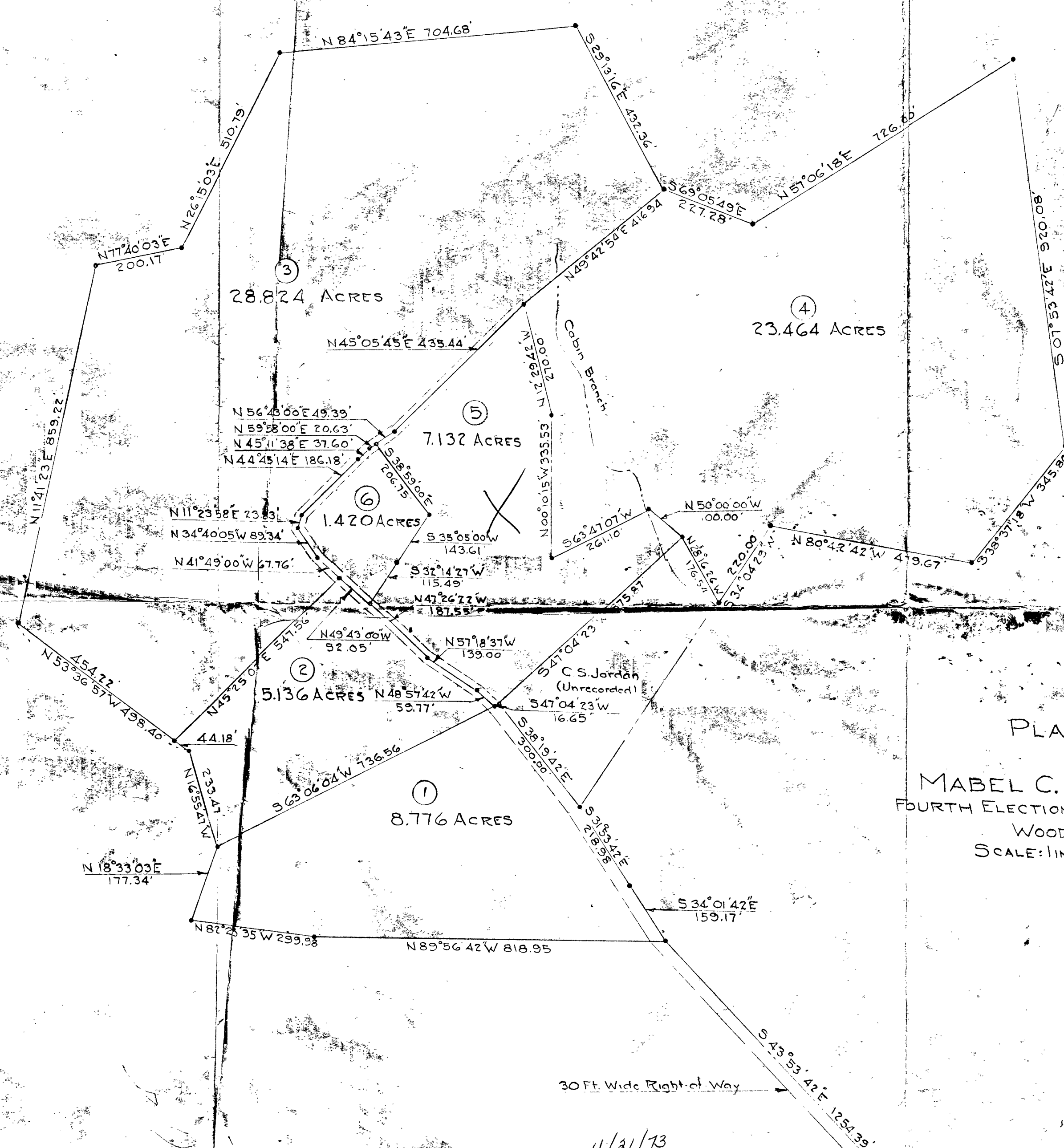
BASE POINT ELEVATION = 92.5

Paul E. C. [Signature]

I certify that the above measurements and elevations are actual + correct for this property.

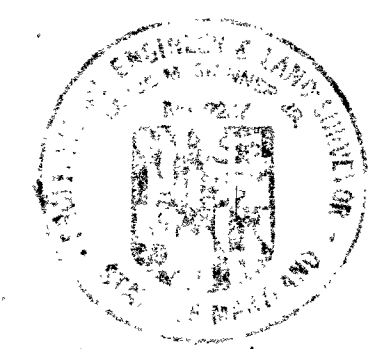


PLAT OF SURVEY
 OF THE
 MABEL C. WARFIELD ESTATE
 FOURTH ELECTION DISTRICT OF HOWARD COUNTY,
 WOODBINE, MARYLAND
 SCALE: 1IN = 200FT. OCT. 30, 1973.



Recorded 11/21/73
 Liber 661
 Folio 402

MARYLAND STATE
 ROUTE No. 94



Charles M. Skinning

FINISH FLOOR - 100
 BASEMENT FLOOR - 92.5



TRI-COUNTY POOLS, INC.
 13410 Moser Rd.
 Thurmont, MD 21788

Paul E. Conroy

I certify that the above measurements and elevations are actual & correct for this property

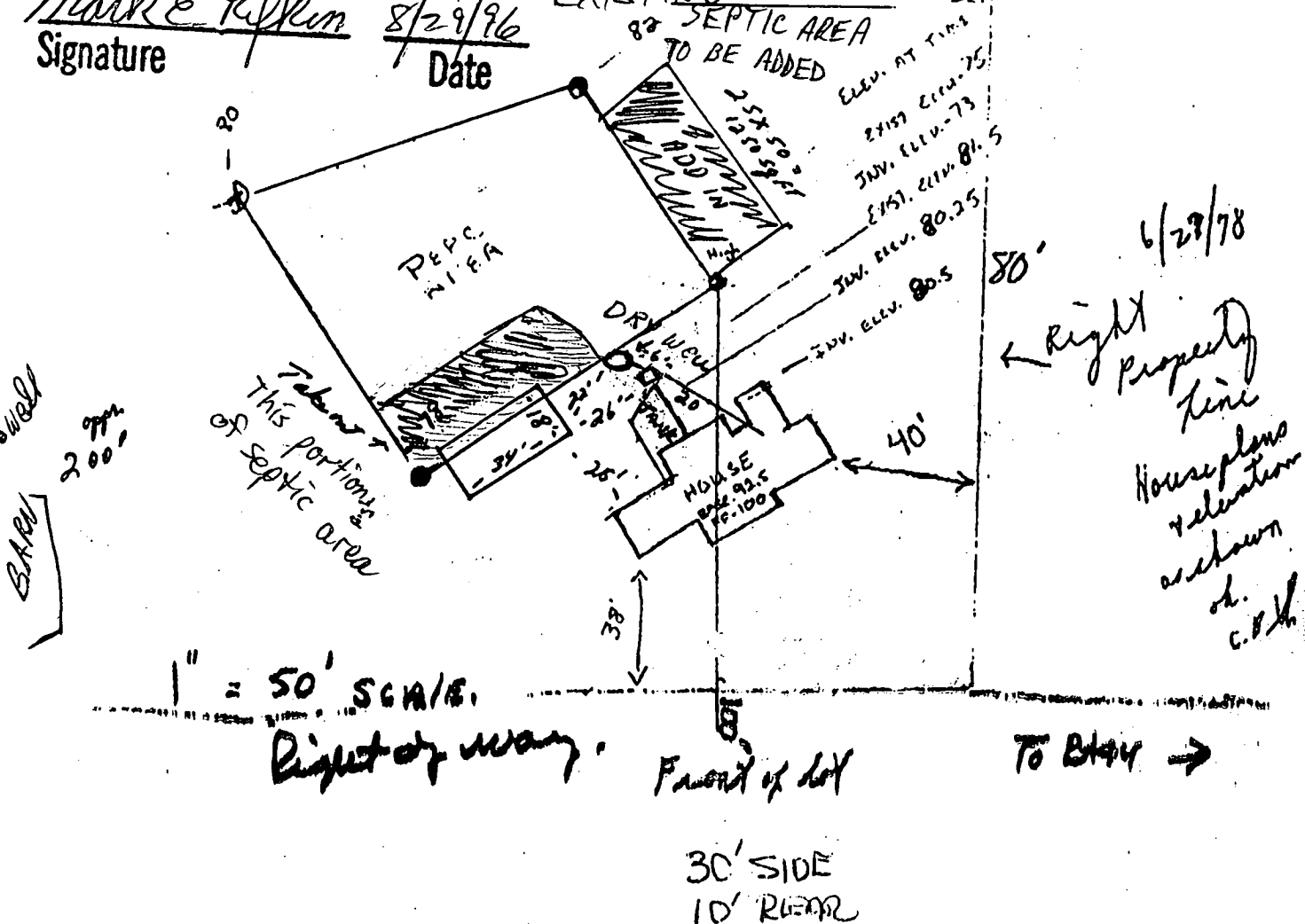
Pool 18 x 36
 25' From House
 26' From Tank
 22' From Driveway
 200' to well
 200' Left Side
 400' Rear
 100' Right Side
 100' Front

Post-it Fax Note: 7671	Date 8-29-96	# of pages 4
To MARK RIFKIN	From RAY STANCILL	
Co./Dept. Health	Co. TRI-COUNTY POOLS	
Phone # 312-2440	Phone # 301-898-3030	
Fax # 312-2648	Fax # 301-271-3616	

Approved Septic System Plan
 Howard County Health Department
 BP 00102020

BY COPY OF THIS PLAN
 THE HEALTH DEPT.
 ACCEPTS THIS
 MODIFICATION TO THE
 EXISTING SEPTIC AREA

Mark E. Rifkin 8/29/96
 Signature Date



1" = 50' SCALE

Right of way

Front of lot

To Bl44

30' SIDE
 10' REAR

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00015069

Building Address 3700 WOODBINE Rd
(2194) WOODBINE Md 21797

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

Census Tract 6040.0 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 12 Parcel 63 Grid 24

Zoning RD-100 Map Coordinates _____ Lot size _____

Existing Use Resident SF Home

Proposed Use Resident single w/h addition

Estimated Construction Cost \$ 20,000.00

Description of Work Add second story to existing home
3 BR + 2 BR + 1 1/2 Bath + Family Rm

Occupant or Tenant SAME / OWNER

Property Owner's Name Harold H. Holbrook Jr

Address 3700 WOODBINE Rd

City WOODBINE State MD Zip Code 21797

Home Phone (301) 545-5612 Work Phone 202-5140

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

Phone _____ Fax _____

Contractor Company Self

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Howard County Health Department

To: 3700 Woodbine Rd

Per ex. owner, prop. addn of 3 BR, 2 BR to be structurally eliminated not mentioned on B.P. Net increase of 1 BR, ok to eval. ex. D/W as is for sufficient capacity; owner should add written comment to elimination of 2 BR

From: _____

Date: MR 12/1/98

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public _____
1st floor: _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings:	Heating System: _____
No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

(2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO

Print Name HAROLD H. HOLBROOK JR

Date 11-6-98

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 Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>12/2/98</u>	<u>Mark E. Kiffin</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		

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 Zms _____

SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>25496</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>12526</u>
Validation #	<u>12526</u>