

10/12/00 layout 10:00

10/16/00 C.O. AM

10/13/00 Work in Progress

10-12-00 am

12/14/00 ASAP

RPS# 331423

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 514252 A

A 58589

DISTRICT

DATE 9/14/2000

DATE SYSTEM APPROVED 12/14/00

INSPECTOR M. Ritkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

S K Backhoe & Septic Service

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Woodford's Grant III LOT 2 ROAD 11123 Willow Green Way

PROPERTY OWNER Trinity Builders

ADDRESS 7320 Grace Drive Columbia, MD 21044

COMPARTMENTED SEPTIC TANK REQUIRED

PUMPED SEPTIC SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1500 GALLONS INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

NUMBER OF BEDROOMS 4 180 SQUARE FEET PER BEDROOM NOTES: - Septic pump detail as provided by installer. - Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 240

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 154.29 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. 5/18/00 OK AM

PLANS APPROVED 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 A2S

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

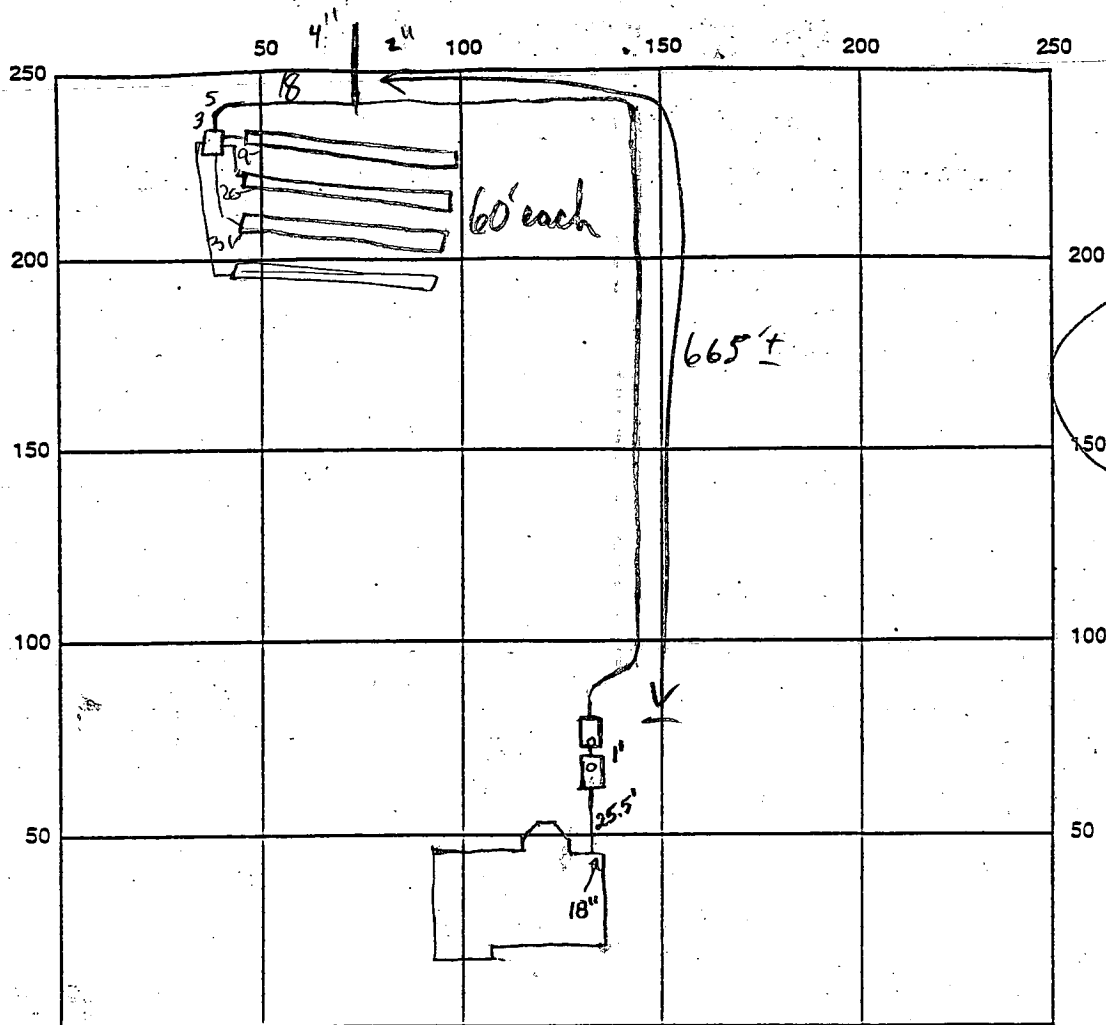
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(5-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BUILDING PERMIT SIGNED AND RETURNED 4/24/02 BOD 1356/14 ENE. POREA

PS 14252A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Willow Green Way

SEPTIC TANK LEVEL 2-1500 Compartmented CLEANOUTS 2-6"

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/12/00 House connection made. Tanks set (BB) 10/13/00 #1 OK TO

CONTINUE (MR) 10/13/00 #2 CONTINUE w/ LAST TRENCH & CONNECTIONS

TO D. BOX ADVISED INSTALLER TO BE MORE MINDFUL OF TRENCH DEPTH SPECS (MR)

10/16/00 OK to cover all septic work - need pump performance

test for final approval. DLE 12/6/00 PUMP & ALARM OK (MR)

DATE SYSTEM APPROVED 12/14/00

INSPECTOR M. Ripkin

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 10505 Hickory Ridge Rd Suite 215 Cal MD 21047 PHONE 410-740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10505 Hickory Ridge Rd Suite 215 Cal MD 21047 PHONE 410-740-2100

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. _____

ROAD AND DESCRIPTION Marriottville 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 _____

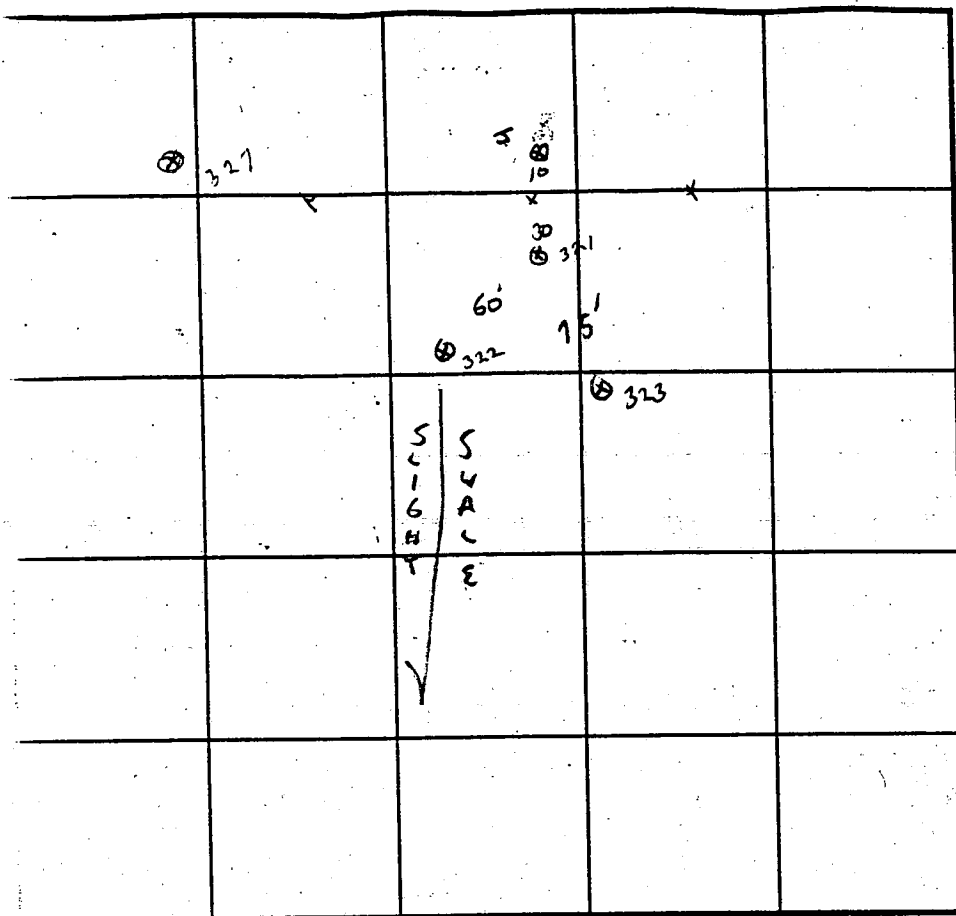
REASONS FOR REJECTION OR HOLDING _____

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

A 58589
COUNTY #



SOIL PROFILE 322
0' 1.5' 13'
Brown Loam
SYR 46
MICACEOUS
LOAM
REDUCTION ADH
CEATING
OCEO

SOIL PROFILE 323
0' 8-10' 2.5-3' 13'
Top Soil
Brown
Loam
Reddish
Brown
Sandy
Silt
Loam
Fe Oxidation
Accumulation
Mg Accumulation
76.5

321
12' 4'
Top Soil
LT. BR
CL
Pinkish
BR
FINE
SSL
SOFT
PARENT
MATERIAL
(208)

327
3'
Brown
Loam
Brown
MICACEOUS
SANDY
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/98	322	13V	ok				
	323	13V	ok				
	321	13V	ok				
	327	12V					

REMARKS SUPPLEMENTAL TESTING TO SUPPORT CURRENT ANALYSIS

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT BOE STEADY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

4 min

12

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 205 Cal, MD 21047 PHONE 410-740-2400

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10805 Hickory Ridge Rd Suite 205 Cal, MD 21047 PHONE 410-740-2400

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 _____

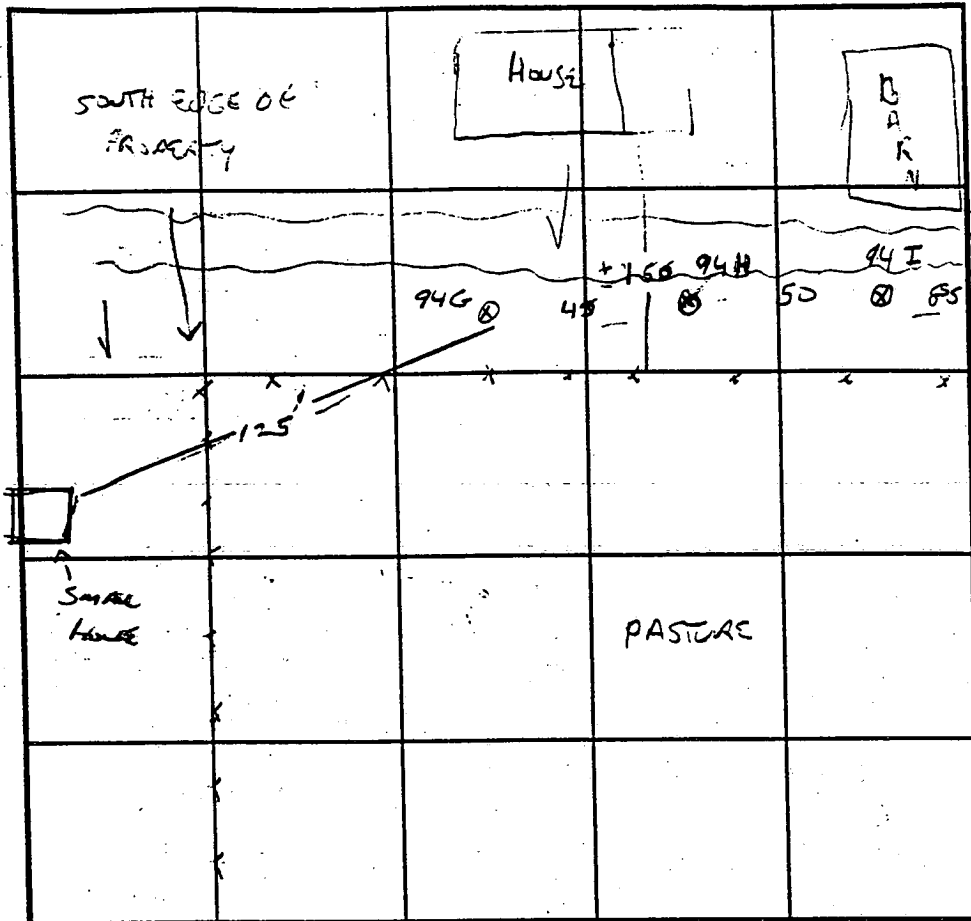
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

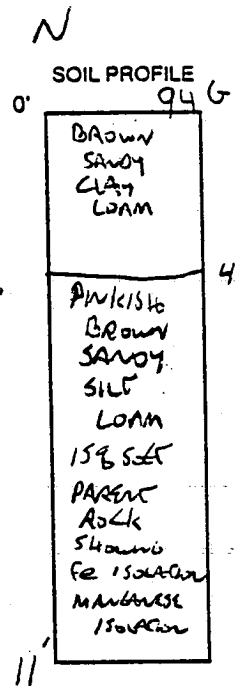
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

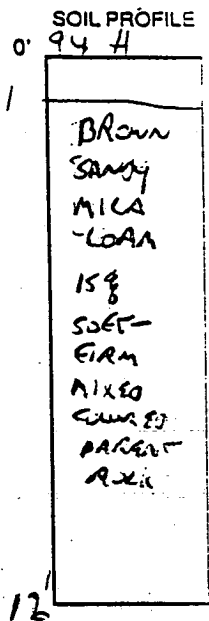
THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



A52539
COUNTY #



94I

COARSE MICA SANDY LOAM

5' 50"

QUARTZITE ROCKS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/97	94G	11V					
	94H	35/12V	11:52:22	11:54	11:54	11:56	2MIN
		6.5	11:58:25	11:59:11	11:59:11	12:00:22	71 SEC
	94I	12V	SIMILAR TO 94A				
	94G	5.5	1:46	1:49	1:49	1:57	8MIN

REMARKS FAST PERC TESTS - NOTE ADJACENT WELLS + SEPTICS 3 OF 4

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT MIKE KATNER

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH MIKE KATNER, CREW

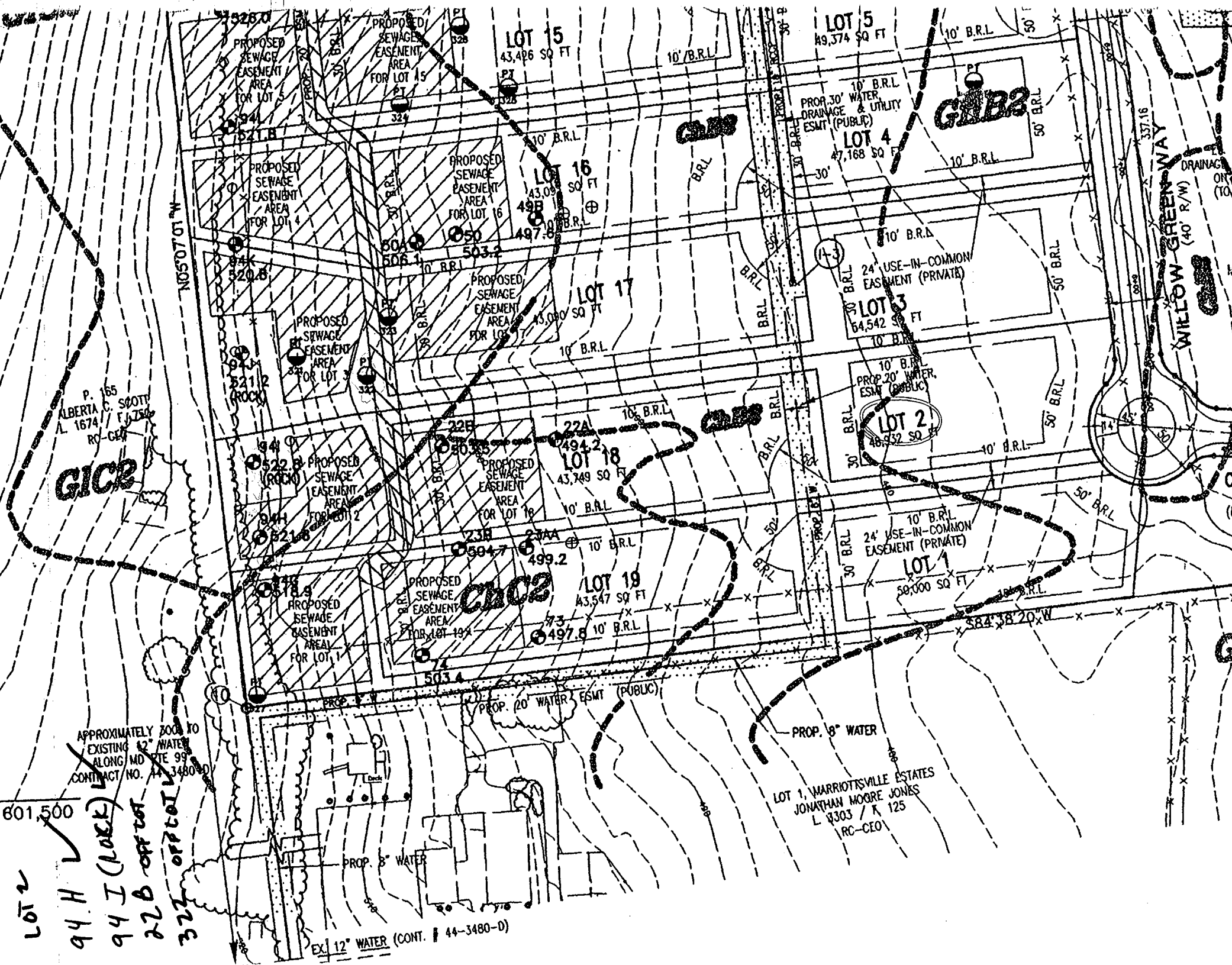
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

LOT 2
94 H ✓
94 I (LOCK)
22 B OFFICE
322 OFFICE

601,500

APPROXIMATELY 200' TO
EXISTING 12" WATER
ALONG MD RTE 99
CONTRACT NO. 44-3480-D

EX 12" WATER (CONT. # 44-3480-D)



LOT 1, WARRIOTTSVILLE ESTATES
JONATHAN MOORE JONES
L 8303 / K 125
RC-CED

RF - OUG

MD. GRID:

TAX MAP/B/P: 10 P293

SUBDIVISION: L. Looosefop's GRANT

DATE: 11/18/97

BY: G. SALAGE / DK / CW / OR

LOT 10 SECTION 2

I TIMES

5.5' DEATH

1:27:55

1:29:02

1:29:50

4855C

↓ REASON

1:30:34

1.31:57

1.33; 51

1:54

@ 16"

1:34:00

→ slow

D-3 4171

GRAUFL +

25.5 SMALL ROCK

1:42:30

14315

14415 (14415)

Reply

1955

1.46.15 = (1.10)

1:47:20

6'6" NO ROCKS

221:18

7:21:58

$$2:23:05 = 1:07$$

Repair $\rightarrow 2:23:25$

224.31
226.22

11

100

MARYLAND DEPT. OF THE ENVIRONMENT ONSITE SEWAGE DISPOSAL PERMIT SITE EVALUATION REPORT PERCOLATION TEST DATA					FILE NO. MD GRID: COUNTY: TAX MAP/B/P: SUBDIVISION:	
LOT SECTION						
METHOD		BY:				
DATE		SOIL -		WEATHER:		
DEPTH		HOLE DIA.(in.)		CONV. FACTOR		
TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS
TEST RATE						
METHOD		BY:				
DATE		SOIL -		WEATHER:		
DEPTH		HOLE DIA.(in.)		CONV. FACTOR		
TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS
TEST RATE						
METHOD		BY:				
DATE		SOIL -		WEATHER:		
DEPTH		HOLE DIA.(in.)		CONV. FACTOR		
TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS
TEST RATE						
AVE. RATE						

N05°07'01"W

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

LOT 2

510

520

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

PROPOSED
SEWAGE
EASEMENT
AREA

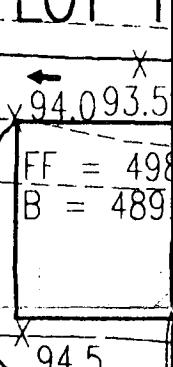
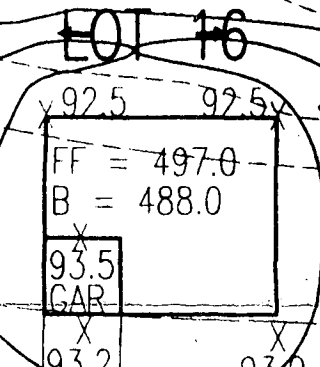
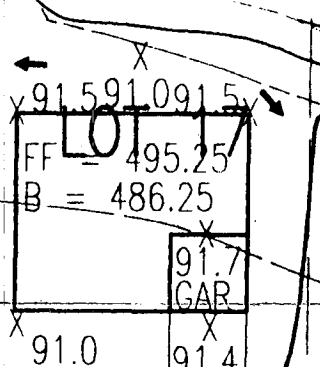
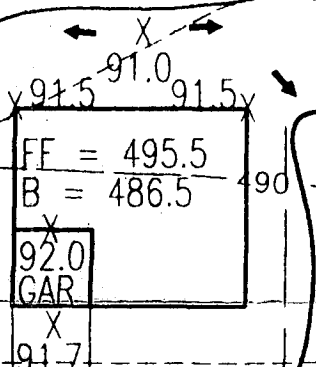
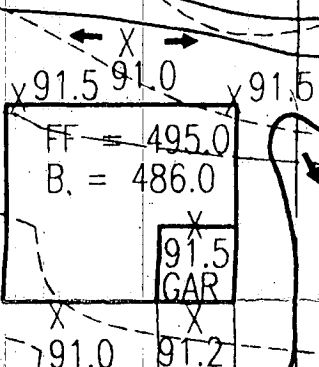
PROPOSED
SEWAGE
EASEMENT
AREA

500

LOT 19

LOT 18

LOT 17



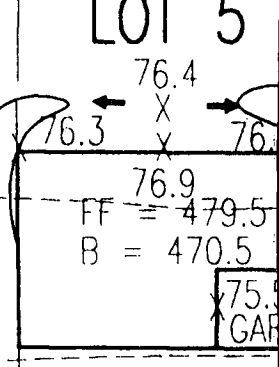
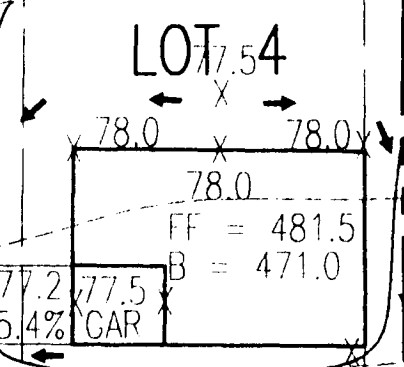
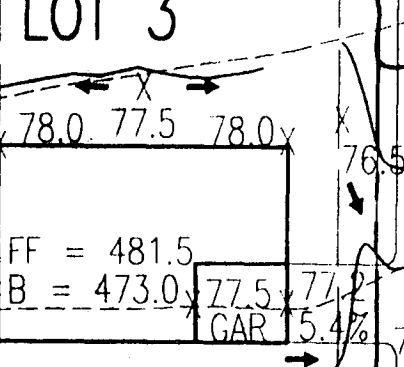
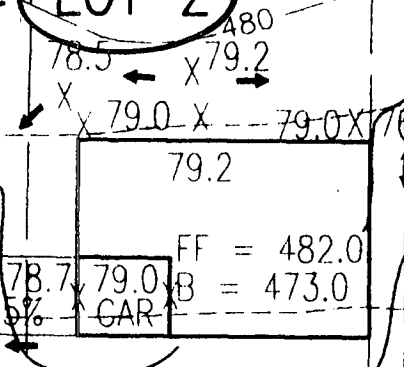
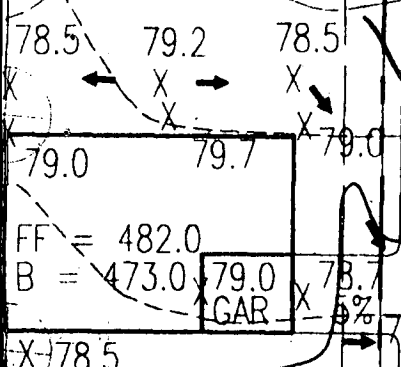
LOT 1

LOT 2

LOT 3

LOT 4

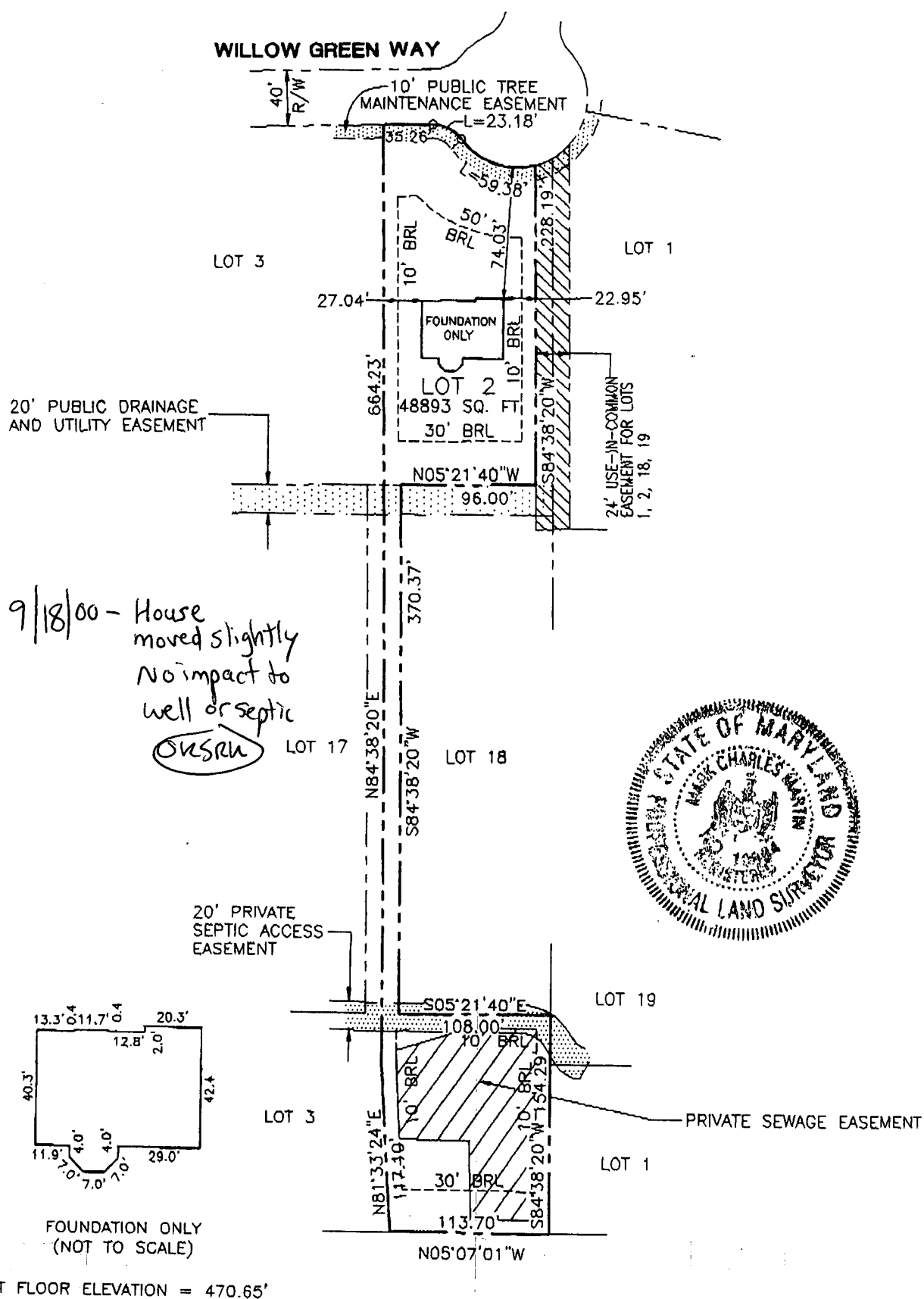
LOT 5



EX. 470 BOTTOM PITCH
PROP DN 471.5

470

MD. STATE GRID MERIDIAN



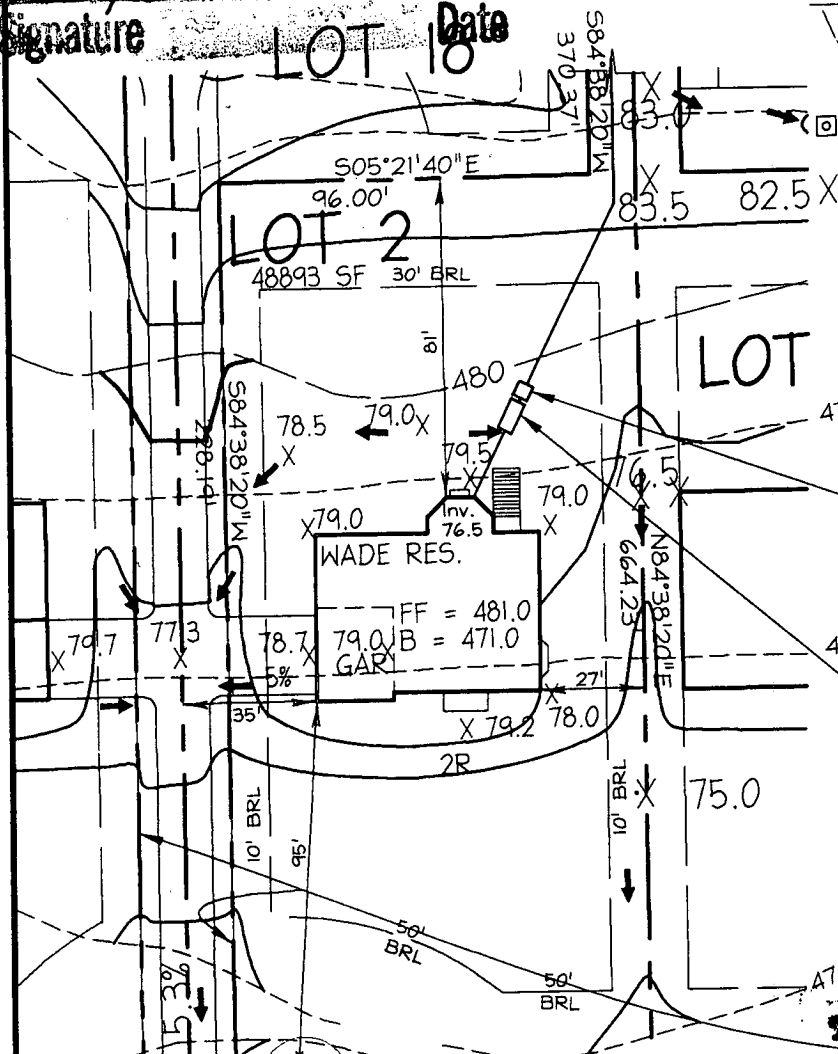
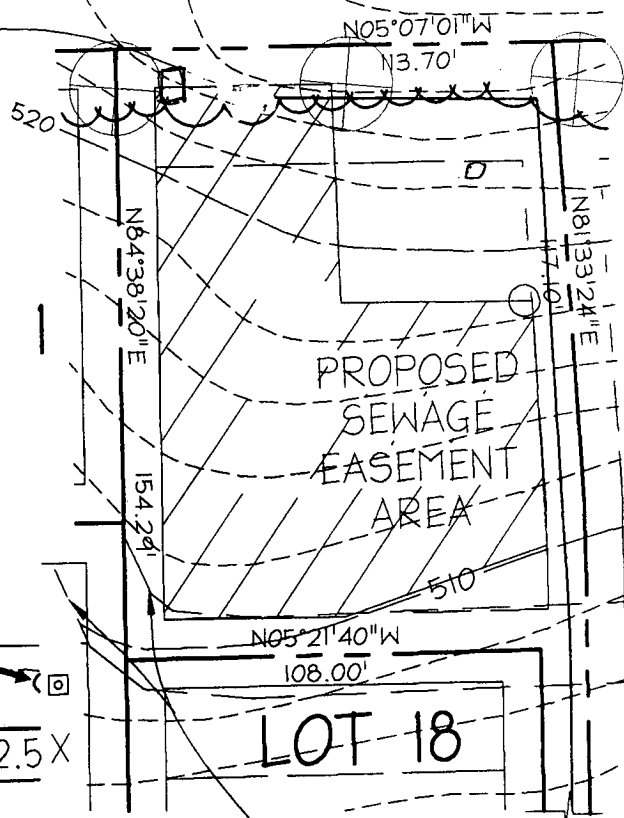
RECORD REFERENCES	WALL CHECK OF	VOGEL & ASSOCIATES, INC.
LIBER/FOLIO _____	OF	3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
PLAT BOOK _____	LOT 2	TELEPHONE (410)461-5828 FAX (410)465-3966
PLAT NO./FOLIO 13801	WOODFORDS GRANT III	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
SCALE 1"=100'	HOWARD COUNTY	<i>Mark C. Martin</i> 9/6/2000
DATE 9/6/2000	MARYLAND	MARK C. MARTIN PROFESSIONAL LAND SURVEYOR NO. 10884

Distribution Box
Ex. ground: 525.0
Inv: 522.0

Approved Septic System Plan Howard County Health Department

LOT 1

Angie M. Mullen 5/1/00
Signature Date



20' Private Septic Access Easement

Pump Tank
Ground: 479.5
Inv: 475.7

1250 Gal. Septic Tank
Ground: 479.0
Inv. In: 476.1
Inv. Out: 475.8

*Basement does not sewer by gravity

Total linear feet of trench
24' Private Use-In-Common Easement
for Lots 1,2,18 **required 240 feet**

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

**Depth of stone required below
distribution pipe 2.0 feet**

**VOGEL &
ASSOCIATES**
ENGINEERS SURVEYORS PLANNERS

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

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

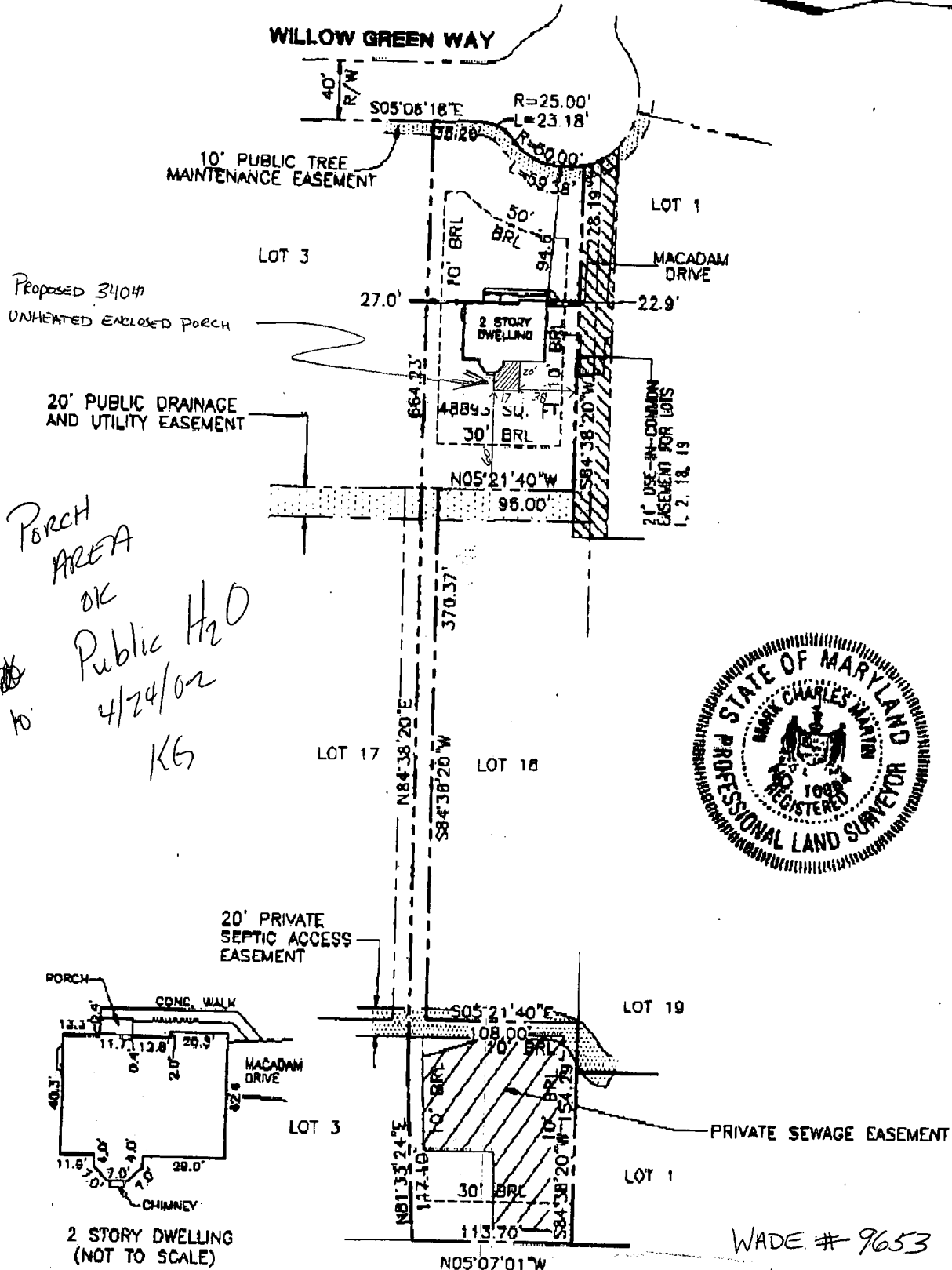
SCALE 1"=50'
DRAWN BY MM
CHECKED BY JCO
DATE April 20, 2000
W. O. # 98-097

PLOT PLAN
LOT 2
WOODFORDS GRANT III

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

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

MD. STATE GRID MERIDIAN



RECORD REFERENCES

LIBER/FOLIO
PLAT BOOK
PLAT NO./FOLIO 13801

SCALE 1"=100'
DATE 12/26/2000

LOCATION SURVEY

LOT 2

WOODFORDS GRANT III

HOWARD COUNTY

MARYLAND

VOGEL & ASSOCIATES, INC.

3891 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)451-5825 FAX (410)455-3955

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.

Mark C. Martin 12/26/00
MARK C. MARTIN PROFESSIONAL LAND SURVEYOR NO. 10884

0897LT2WALL.DWG

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
APPLICATION

PERMIT NUMBER
B00135614

Building Address: 11123 Willow Green Way
Address: 8302 GLENDALE RD
Suite/Apt. #: SDP/WP/Petition #:
City: ELICOTT CITY State: MD Zip Code: 21043
Census Tract: 6030 Subdivision: Woodson Grant III
Home Phone: 410 301-0662 Work Phone:
Section: 3 Area: Lot: 2
Applicant's Name & Mailing Address, (if other than stated hereon):
Tax Map: 10 Parcel: 293 Grid: 22
Zoning: R600 Map Coordinates: SK13 Lot size: 1.12 AC.
Phone: Fax:
Existing Use: SED
Contractor Company: PATIO ENCLOSURES, INC.
Proposed Use: SED1 UNHEATED ENCLOSED PORCH
224 8th AVENUE, N.W.
Estimated Construction Cost: \$20,477
Contact Person: GLEN BURNIE, MD 21061
Address: 410-760-9322 X25
Description of Work: 5x12 REAR EXISTING WOOD
MHI #12744
Foundation: CONSTRUCT AN UNHEATED 17x20x8'
ENCLOSED PORCH (3400') CLASS F GREEN.
City: State: Zip Code:
License No. Phone: Fax:
Occupant or Tenant: OWNER
Engineer or Architect Company:
Contact Name:
Contact Person:
Address:
City: State: Zip Code:
Phone: Fax:

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
Reinforced Concrete
Structural Steel
Masonry
Wood Frame
State Certified Modular
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

Utilities

SF Dwelling ☒ SF Townhouse ☐
Depth: 20' Width: 17'
1st floor:
2nd floor: 3400'
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:
Roof:
State Certified Modular
Manufactured Home
Water Supply:
Public ☒ Private ☐
Sewage Disposal:
Public ☐ Private ☒
Electric Yes ☐ No ☒
Gas Yes ☐ No ☒
Heating System: N/A
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
NEPA #13D
NEPA #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.

Signature: Gregory A. Falter
Applicant's Signature
Title/Company:
Date: 4.19.02
Print Name: Gregory A. Falter

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY: Planning and Development, DPZ
State Highways
Building Official
Dev. Engineering, DPZ
Health
Fire Protection
DATE: 4/24/02
SIGNATURE APPROVAL: Kacie Hordely
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#: 466-924
Filing fee: \$
Permit fee: \$
Excise tax: \$
Add'l per. fee: \$
TOTAL FEES: \$
Sub-total paid: \$
Balance due: \$
Check: # 1234
Validation: # 466-924

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM
Rev. 5/17/00