

03-305767

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

P 28968

A ~~26048~~

26046

ELLICOTT CITY

DISTRICT 3rd

DATE 10/3/78

INDEXED

1/25/79
trench
final
insp
- a.m.
- p.m.

Liberty Bakkhoe Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7331 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Friendship Manor ROAD 2590 Wellworth Way LOT 24

PROPERTY OWNER Rembrandt Builders J. Kenneth & Joan A. Roberts

ADDRESS 9051 Baltimore National Pike, Ellicott City, Md. Phone: 465-3000

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. absorbent sidewall area per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 190 FT. FROM frpnt LOT LINE AND 105 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM Wellworth Way.

Begin the trench after a 5 ft. earth buffer from the edge of the dry well and follow the contour of the land. Trench will be 2 ft. wide, 10 ft. deep and contain 7 ft. of stone. Run trench the necessary distance to make up for total sidewall area in the system.

PLANS APPROVED BY R. T. Moorefield & Donald W. Monaghan DATE 6/30/77

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.

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

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

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 TERRAZO ACCEPTED.

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

PERMIT SIGNED AND RETURNED 7/10/78
38829 Gadden
Trench storage

PERMIT SIGNED AND RETURNED 10/25/78
Serial # 22050 Greenhouse

A 26046

S.T. : 3 BR - 1000 gal, 4 BR - 1250 gal

DW & Trench

The system will contain no less than 125 # of absorbant sidewall area per bedroom. Locate the DW. 190 ft from front lot line and 105 ft from left side as seen when facing from 'Wellworth Way'. The inv. will enter the DW @ 3 ft. below O.G. and the max depth of the D.W. will not exceed 10 ft below O.G. Begin the trench 5 ft from the edge of the DW. and follow the contour of the land. The trench will be 2 ft wide, 10 ft deep, and contain 7 ft of stone.

2 Inspections

APPLICATION

A 26046

P _____

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 3rd

DATE 6/7/77

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 William B. Ridgely

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark

PROPERTY LOCATION: 531-5115

SUBDIVISION Ridgely Property (Friendship Manor) LOT NO. 24 ~~33 34 35~~ 23

ROAD AND DESCRIPTION Rte. 144 - Rte. 32
2590 Wellworth Way

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

BLDG. PERMIT SIGNED AND RETURNED 10/3/78
Serial No. 37000

SIGNATURE OF APPLICANT 1st Albert Scheel

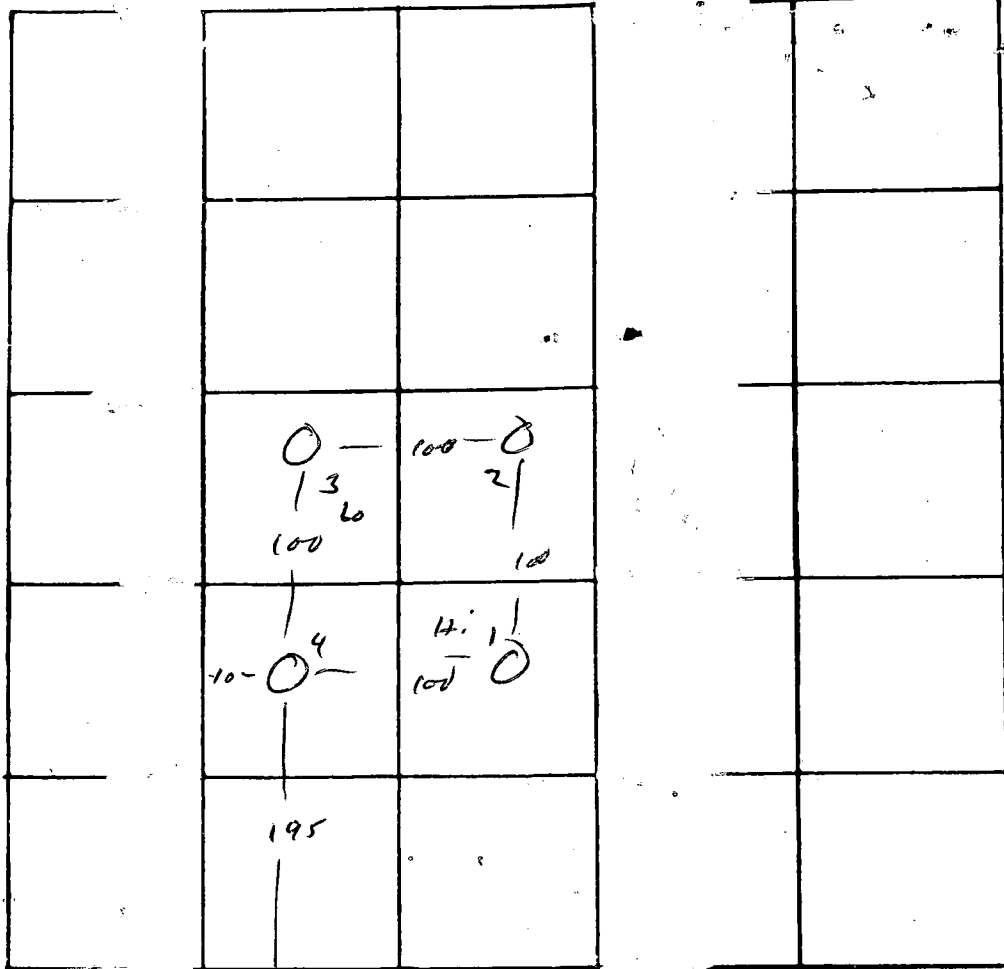
APPROVED BY R M + D O' M FOR Albert Trunk DATE 6-30-77-2738
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



ICATE NORTH. NAME ADJOINING ROAD. BASE LINE

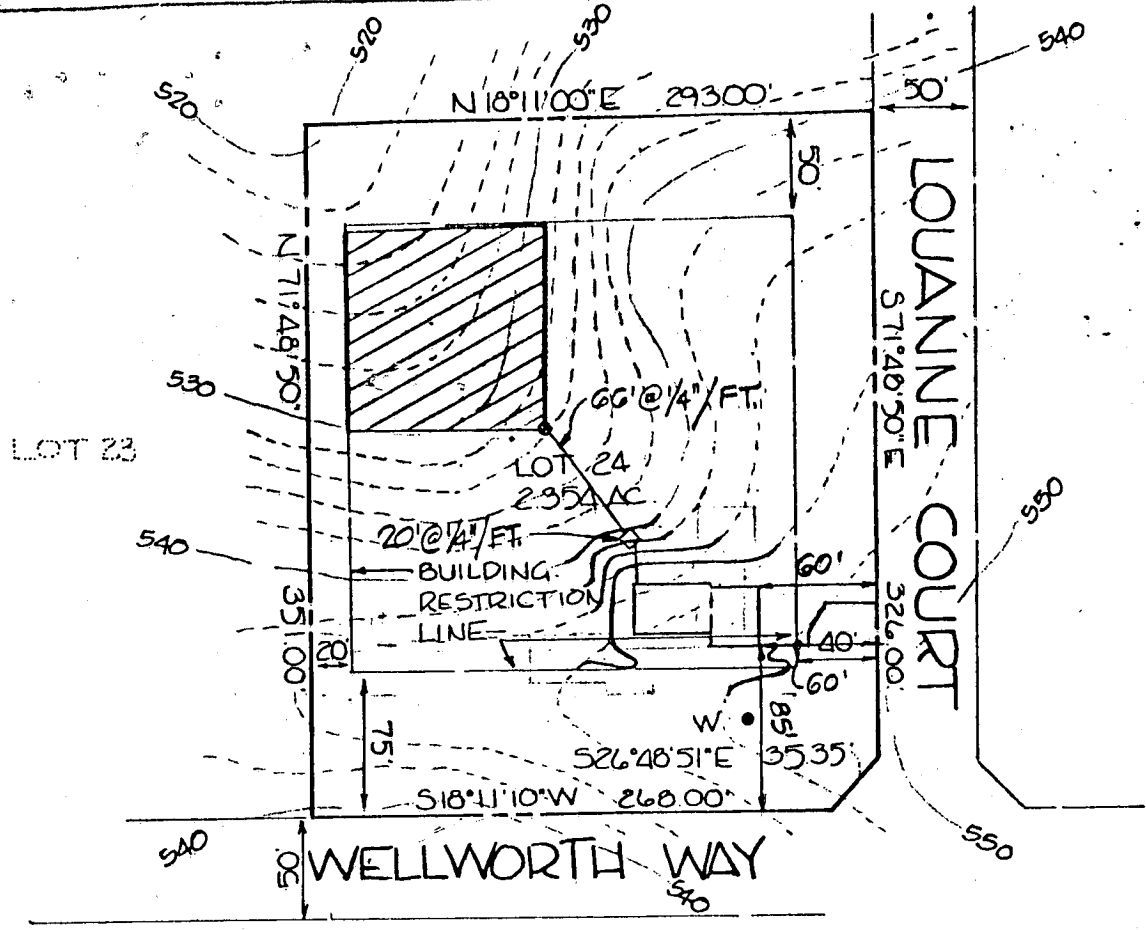
C R W

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
30/2/77	1	2½	2 ⁵⁵	2 ⁵⁸	2 ⁵⁸	2 ⁵⁸	2
	1A	13	2 ⁵⁵	2 ⁵⁹	2 ⁵⁹	3 ⁰⁶	7
	2	2	3 ⁰¹	3 ⁰⁴	3 ⁰⁴	3 ⁰⁹	5
	2A	13	3 ⁰²	"	"	"	5
	3	2½	3 ¹⁴	3 ¹⁸	3 ¹⁸	3 ²²	5
	3A	13	3 ¹⁴	3 ¹⁸	3 ¹⁸	3 ²³	5
	4	12	ur's				

REMARKS _____

TYPE OF SOIL sandy loam

TESTED BY M ALSO PRESENT: _____



*OK 07/03
10/03/78*

HOUSE:
 F.F. ELEV. 548.7
 BSMT. ELEV. 548.2
 INV. OUT 533.0

DRYWELL:
 EX. GRADE 534.0
 PROP. GRADE 534.0
 INV. IN 531.0

SEPTIC TANK:
 EX. GRADE 540.0
 PROP. GRADE 542.0
 INV. IN 532.6
 INV. OUT 532.3

WELL:
 EX. GRADE 548.5
 PROP. GRADE 548.5

NOTE: Topography shown hereon is based on Howard County Aerial Topography Maps. Contractor is to set grades in the field.

TITLE			
GRADING STUDY			
PROJECT			
FRIENDSHIP MANOR - SECTION 2 - LOT 24			
LOCATION			
THIRD ELECTION DISTRICT - HOWARD COUNTY, MARYLAND			
DATE:	DESIGN BY:	DRAWN BY:	CHECKED BY:
AUGUST, 1978	WHN	DHH	WHN
SCALE:	JOB NO.:	DRAWING NO.:	
1" = 100'	78205	1 of 1	

boender associates

engineers
 surveyors
 planners

B 1	4434	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-20-2962 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 9/27/78 9:30 A.M.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OWNER</td> <td colspan="2" style="font-size:18pt; font-family: cursive;">Chateaux Builders</td> </tr> <tr> <td></td> <td style="font-size:8pt;">COL 15 LAST NAME</td> <td style="font-size:8pt;">FIRST NAME COL. 34</td> </tr> <tr> <td>STREET OR RFD</td> <td colspan="2" style="font-size:18pt; font-family: cursive;">8654 Balt. Natl. Pike</td> </tr> <tr> <td></td> <td style="font-size:8pt;">COL 36</td> <td style="font-size:8pt;">COL. 55</td> </tr> <tr> <td>POST OFFICE</td> <td colspan="2" style="font-size:18pt; font-family: cursive;">Ellicott City Md.</td> </tr> <tr> <td></td> <td style="font-size:8pt;">COL 57</td> <td style="font-size:8pt;">COL. 76</td> </tr> </table>	OWNER	Chateaux Builders			COL 15 LAST NAME	FIRST NAME COL. 34	STREET OR RFD	8654 Balt. Natl. Pike			COL 36	COL. 55	POST OFFICE	Ellicott City Md.			COL 57	COL. 76
OWNER	Chateaux Builders																		
	COL 15 LAST NAME	FIRST NAME COL. 34																	
STREET OR RFD	8654 Balt. Natl. Pike																		
	COL 36	COL. 55																	
POST OFFICE	Ellicott City Md.																		
	COL 57	COL. 76																	

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	8-25-78	LICENSE NUMBER 40
	77	80
FIRST NAME	H. F. Easterday	
DRILLER	George F. Easterday	
LAST NAME		
SIGNATURE	George F. Easterday	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	Howard
	8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	Friendship Manor
	23 42
SECTION	24
	44 46 48 50
NEAREST TOWN	West Friendship
	52 54 56 58 60 62 64 66 68 70 72 74 76 78
MILES FROM TOWN (ENTER 0 IF IN TOWN)	0
	79 81 83 85 87 89 91 93 95 97 99

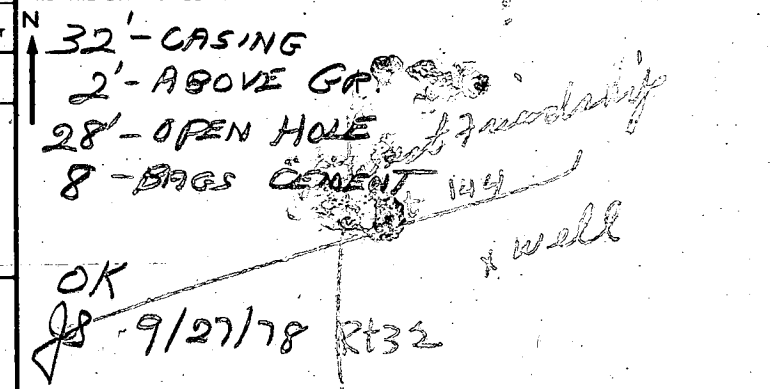
B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	5
	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	600
	14 20

B 4	DIRECTION FROM TOWN		
1 2 3 (SEQ. NO.) 6			
(CIRCLE APPROPRIATE BOX)			
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input checked="" type="checkbox"/> SE SOUTHEAST
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
NEAR WHAT ROAD Rt. 144			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 400			
34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100			

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> P PRIVATE WATER COMPANY	
<input type="checkbox"/> T TEST	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL	150	24 26 FEET
APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)



METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69	ENGINEER REVIEW DISTRICT NO. 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79
FORCE 67 68	CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER	E	810	N	530				
					0/5	5/5		
NORTH COORDINATE	80 81 82 83 84 85							
EAST COORDINATE	57 58 59 60 61 62 63							
ELEVATION AT WELL HEAD (FEET)	65 66 67 68							
	0/0							5/0

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
		Howard
		128767
	<input checked="" type="checkbox"/> STATE HEALTH (CIRCLE BOX)	COUNTY NAME
		COUNTY NO.
		Donald W. Monaghan, Sanitarian
		APPROVED BY
		DATE 032373
		43 48

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

C 1 2571 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____
 DATE WELL COMPLETED 9/29/78

15 20

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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

PERMIT NO. FROM "PERMIT TO DRILL WELL" HCE-14-11003
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 40

OWNER: Chateau Builtex
 LAST NAME FIRST NAME

STREET OR RFD: 8654 BALTO. NATIONAL AVE POST OFFICE: ELlicott city

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	
topsoil	0	2	
shaly	2	20	
sandstone	20	38	
openings	38	39	✓
sandstone	37	41	
openings	41	42	✓
sandstone	42	50	
11114	50	80	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT CM BENTONITE CLAY BC
 45-46 45-46

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 28 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE 54 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 32
 60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLES (CIRCLE APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM 30 TO 80
 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

DIAMETER OF SCREEN 4 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 60

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 35 (NEAREST FOOT) 17 20
 WHEN PUMPING 80 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

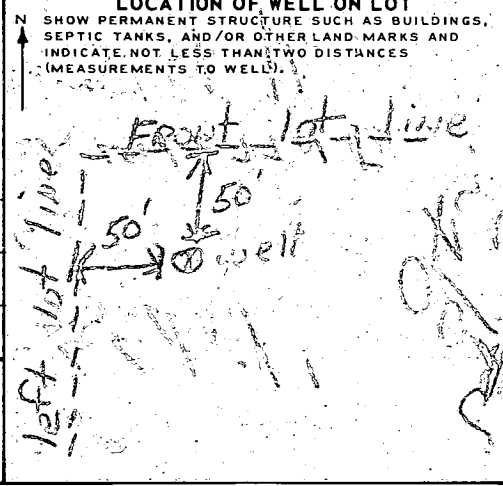
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW } 49 50 51



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: Charles F. Eastwood
 (PLEASE PRINT)

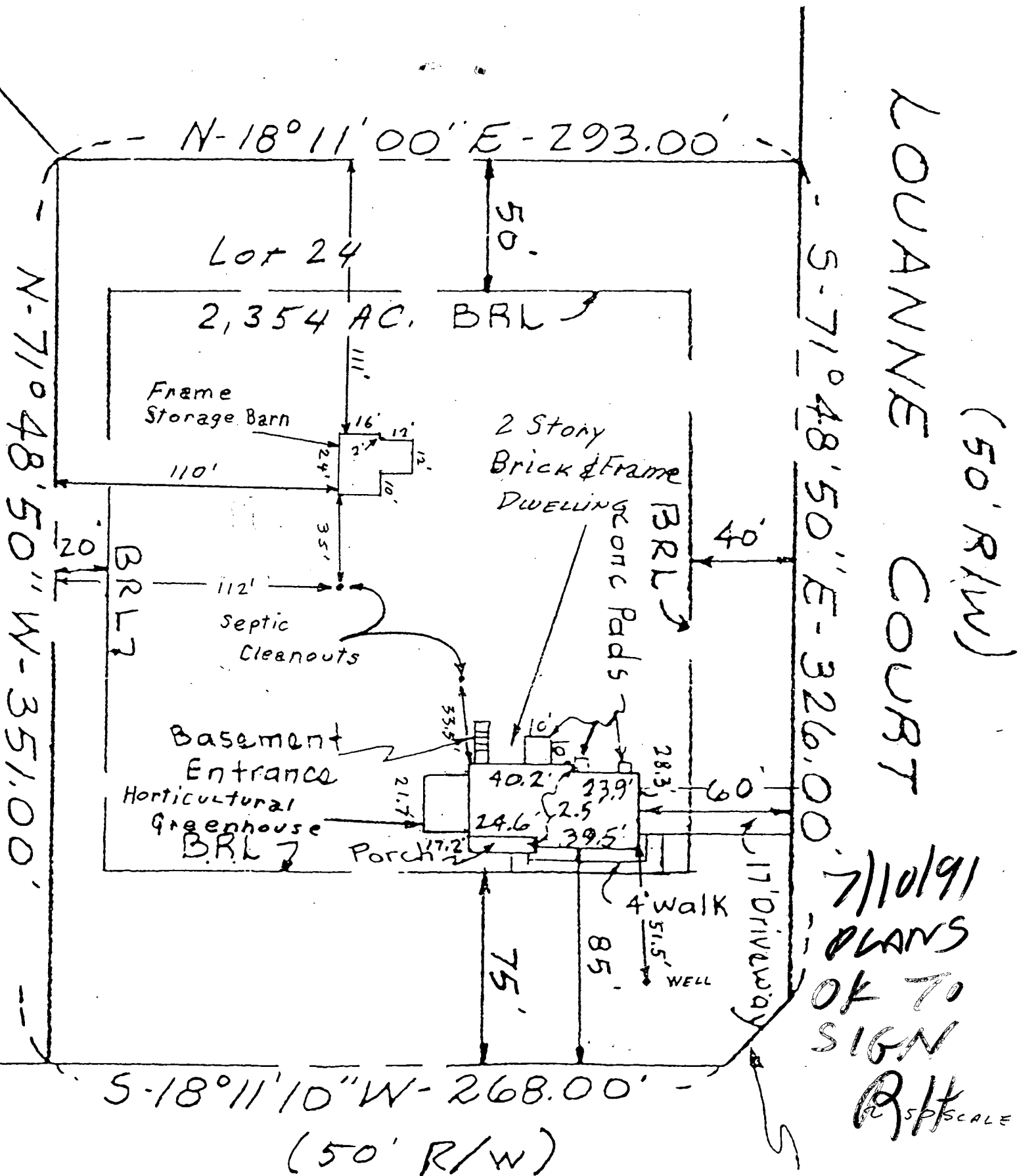
SIGNATURE: George A. Eastwood

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) - (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

RESIDENCE OF:
 J. KENNETH & JOAN A. ROBERTS
 2590. WELLWORTH WAY
 WEST FRIENDSHIP 21794

LOT 25



7/10/91
 PLANS
 OK TO
 SIGN
 R/H
 1/8" = 1' SCALE

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER
38829

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

2596 WELLWORTH WY
WEST FRIENDSHIP

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

CONSTRUCT FRAME STORAGE
BARN STYLE BUILDING 4/LOF
12' X 24' X 12' 6" HIGH
FOR LAWN GARDEN
WFT 12X24

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
24	235	NIL		17		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
FRIENDSHIP MANN	15		3	6030

OWNER'S NAME AND ADDRESS
JENNETH & JOHN ALDOR
2590 WELLWORTH WY
WEST FRIENDSHIP MD 21794

PHONE NO.
412-1197

OCCUPANT'S NAME AND ADDRESS
OWNER

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NONE

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
TOLAN DESIGN INC
P.O. BOX 350
WEST FRIENDSHIP MD 21794

PHONE NO.
551-5737

EXISTING USE	PROPOSED USE
RES	EX REVEAL TRAILER

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
24500	23478	

SIZE OF BLDG	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			SHINGLE

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES

WATER	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

[Signature]
TITLE: _____ DATE: 1/19/91

W/S CODE _____ FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET BACK _____ (CORNER LOT ONLY)

CONDITIONS (IF ANY) _____ SDP # _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/19/91	B. Hodge
FIRE PROTECTION		
STORM WATER MGMT		

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69 Revised

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.