

SYSTEM SYSTEM TO BE INSTALLED PRIOR TO THE ISSUANCE TO BUILDING PERMIT.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-384850

INDEX

ELLICOTT CITY

DISTRICT 5th.

DATE 12/02/83

Claude Cissel

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Allnutt Farm ROAD 13507 Allnutt Lane LOT 26, Section 4

PROPERTY OWNER Lawrence Graeber

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES: 178 sq. ft. per bedroom Inlet at 2 feet below original grade. Maximum depth 9 feet below original grade.

LOCATION: Length 160 feet. Trenches to start 30 feet from Allnutt Lane and 100 feet from left lot line. Run trenches on contour towards left side of lot

NOTE: If septic tank is 3' or more below grade, use manhole type cleanout to grade. If more than one trench is used space them parallel, twice the effective depth apart. Call office for inspection of trench before placing stone in trench. All pipe from house to disposal area cast iron. Install standpipe (6" min.) on septic tank.

See attached sheet Revised after Peter  
7 DEC 83

B.P. 12154  
Deek aff.

PLANS APPROVED BY David J. O'Neill

DATE 8/30/83 12/9/83

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

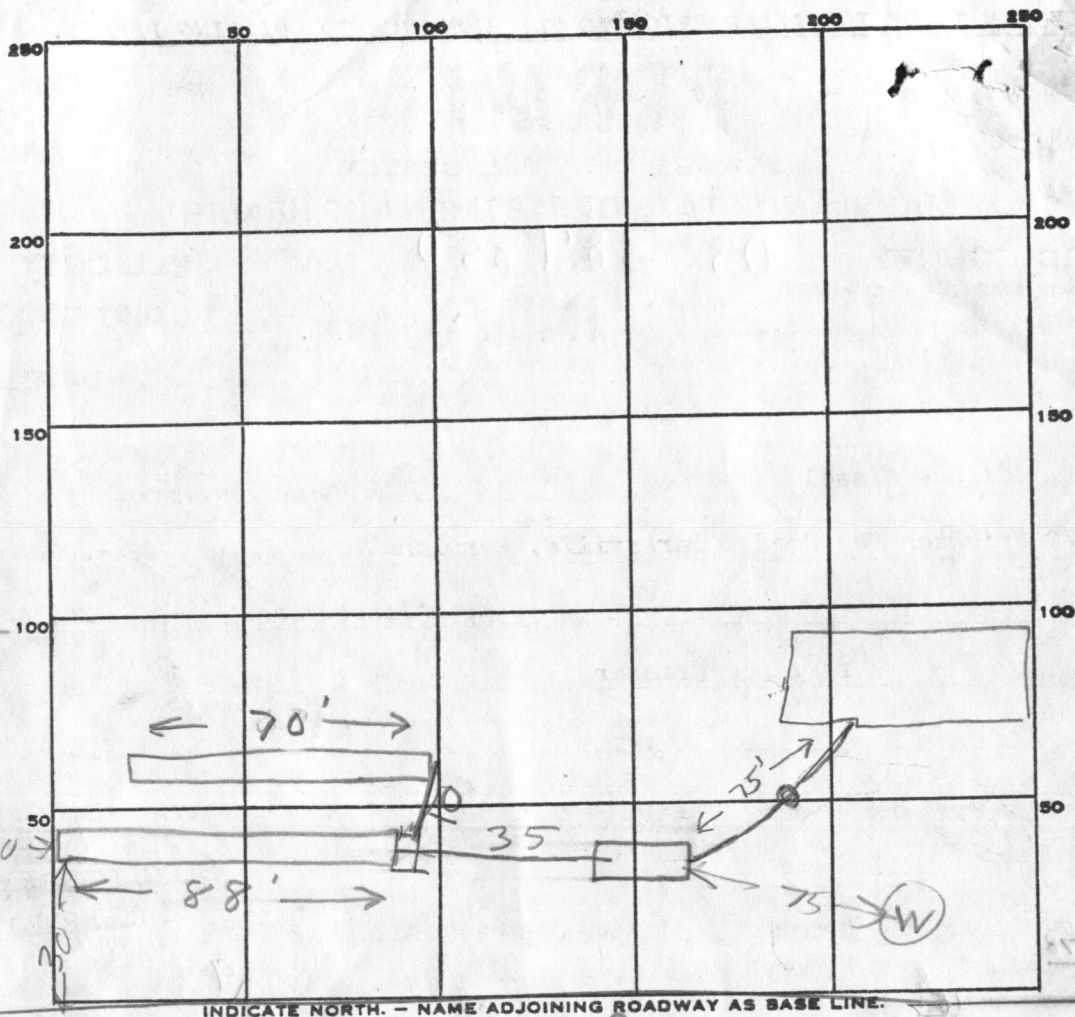
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*allnut Lane*

PERMIT CARD

SEPTIC TANK, LEVEL

*1500*

CLEANOUTS

*ST  
OK*

DISTRIBUTION BOX, LEVEL

*TOP 2 FT BOG*

TILE FIELD, DEPTH

*9*

FT.

TRENCH WIDTH

*2*

FT.

GRAVEL DEPTH

*5 1/2*

IN.

TOTAL LENGTH

*158*

FT.

NUMBER OF TRENCHES

*2*

TOTAL BOTTOM AREA

*869*

SEEPAGE PITS, INSIDE DIAMETER

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

SQ. FT.

REMARKS

*1/3/84 OK to add stone line trenches JS*

*1/4/83 - OK TO COVER SYSTEM. CALL FOR INSPECTION  
OF HOUSE HOOK UP WHEN READY. RH  
9/7/84 House Connection OK JS*

DATE SYSTEM APPROVED

*9/7/84*

INSPECTOR

*Stayer*

# APPLICATION

## 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

A. \_\_\_\_\_

P. \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. 26  
59-60 (61)

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_

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 \_\_\_\_\_

APPROVED BY R. J. O'Neil FOR new DATE 5/30/99  
(KIND OF SYSTEM)

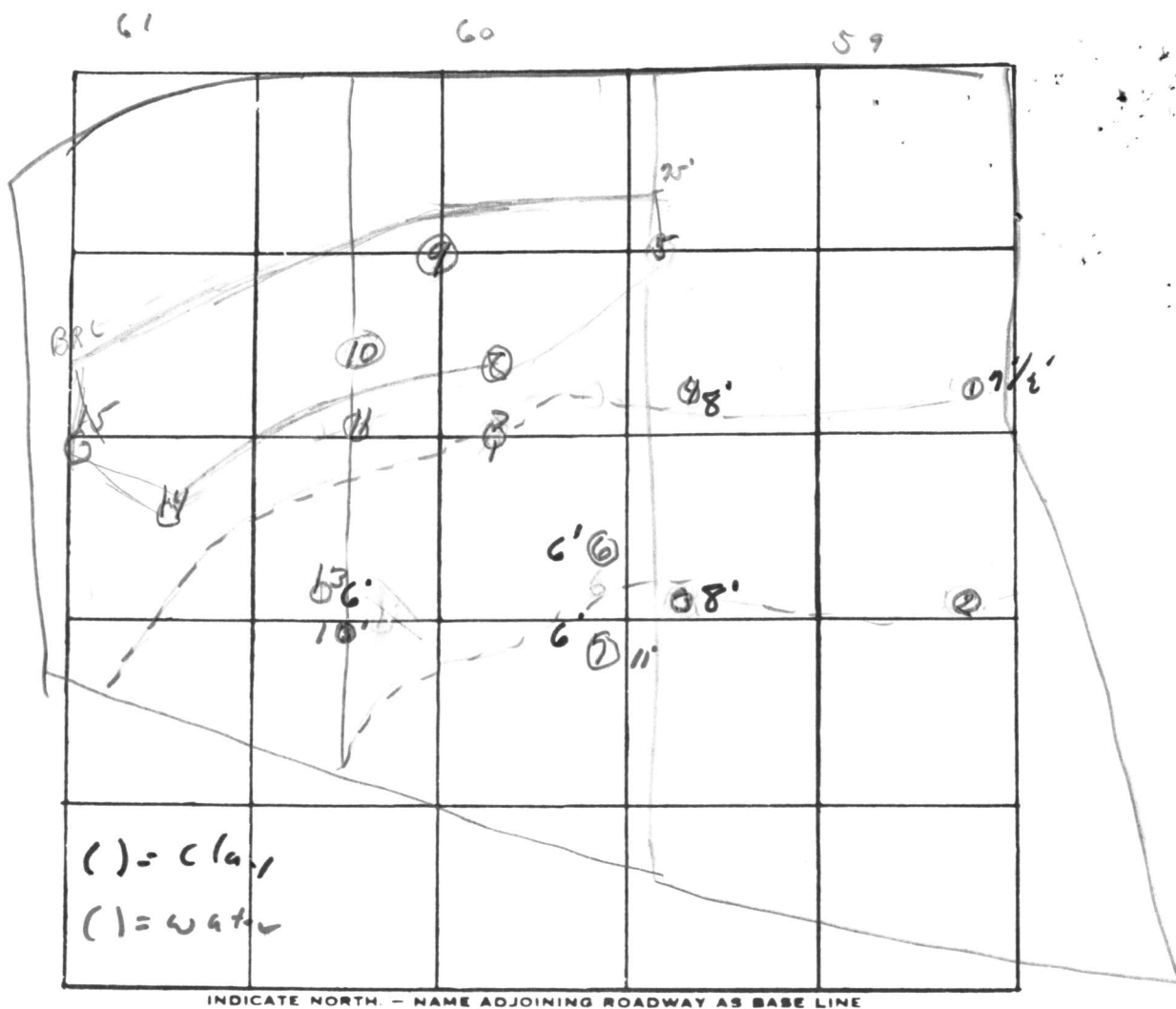
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT





From  
plot

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20	5	5' / 13'	154 / 154	200 / 201	200 / 201	210 / 215	10 / 14
	8	2' / 15'	220 / 220	240 / 240	240 / 240	310 / 310	30
	9.	5'	250	312	312	324	12
		13'	300	306	306	314	8
	10	5'	241	248	242	259	15
		15'	241	243	243	257	14
	14	5'	442	450	450	510	20
		13'	water at bottom of pot				
	15	6-14'	Visual.				

cam. back  
at 30 min  
out.

REMARKS \_\_\_\_\_

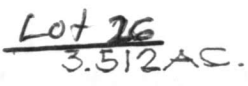
TYPE OF SOIL \_\_\_\_\_

TESTED BY D. J. M. M. ALSO PRESENT: \_\_\_\_\_



1. OK 7 1/2 - 15'
2. OK 5 1/2 - 13'
3. deep clay ~ 8' - 12'
4. " " ~ 8' - 12'
5. OK 5 1/2 - 13'
6. Clay to 6'
7. Clay to 6' water at 11'
8. ? probably water 13'
8. OK 7 - 15'
9. OK 5' - 13'
10. OK 5 - 13'
11. OK 6' - water 13'
12. Not dug
13. <sup>to</sup> Clay 6' water 13'
14. OK 5 - 13'
15. OK 6 - 14'

ALLNUTT LANE



RECORDED AS PLAT #  
ON  
THE LAND RECORDS OF  
COUNTY, MARYLAND

SHEET 2 SECTION FOUR  
LOTS 13 THRU 10

ALLNUTT FARMS EST.

ELECTION DISTRICT 5  
HOMER COUNTY

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.

OCT 14 9 50 AM '83

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

OCT 13 4 40 PM '83

DIVISION OF  
ENVIRONMENTAL  
HEALTH



12/17/13  
9:30 AM  
Retest

# APPLICATION

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: 992-2330

A 33360

P \_\_\_\_\_

DISTRICT 5th

DATE 12/14/13

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 Lawrence GRAEBER

ADDRESS 12405 Lime Kiln Rd PHONE 490-8264

PROPERTY LOCATION:

SUBDIVISION Alnut Farms LOT NO. Lot 26 ~~300~~ Sec 4

ROAD AND DESCRIPTION 13507 Alnut Lane Highland, md

SIZE OF LOT 63,443 TYPE BLDG. 4  
(NUMBER OF BEDROOMS)

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 \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

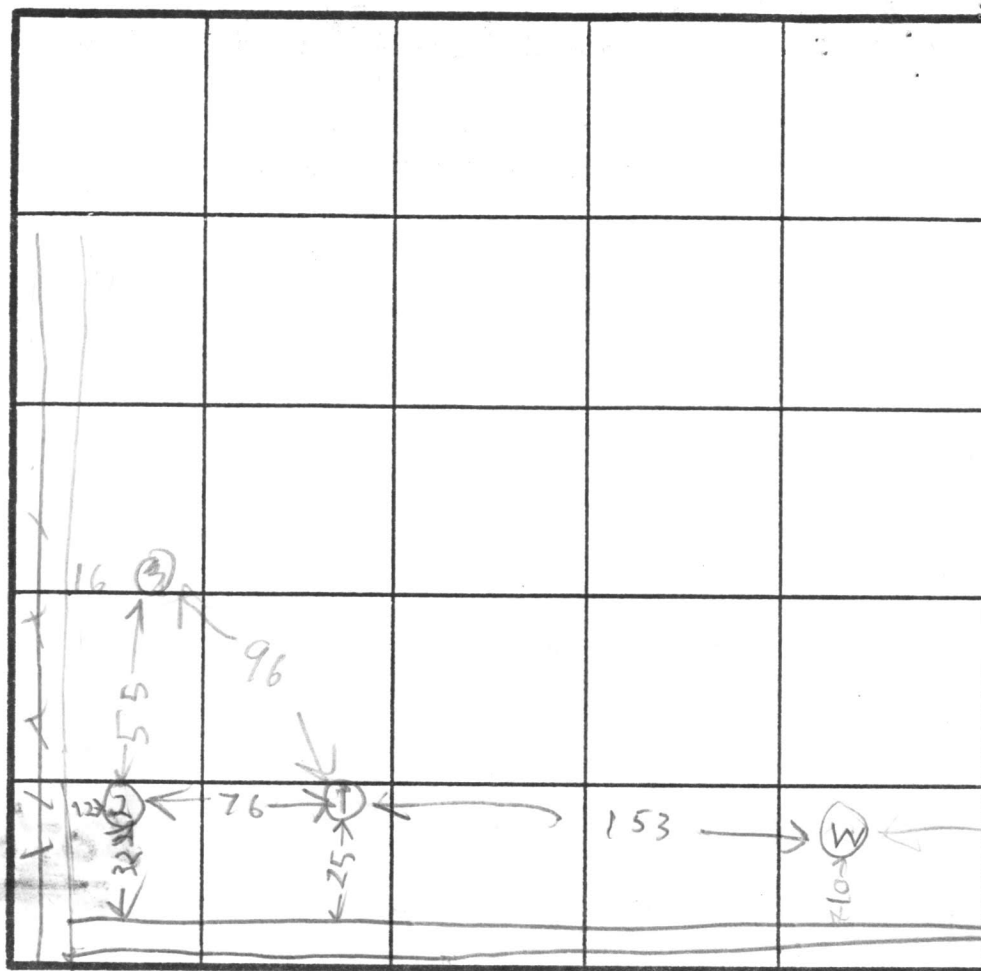
## THIS IS NOT A PERMIT

LIGHT  
BRUNN  
SAND  
LOAM

BEIGE  
SAND

BEIGE  
SAND  
LOAM

EH-12-1079



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ALL NOT LANC

[illegible]

HOLB  
BLBV

- ① HIGHEST
- ② MEDIUM
- ③ LOWEST

4 1/2  
a' better

REMARKS

AREA NEAR ①②③ ALMOST LEVEL

TYPE OF SOIL

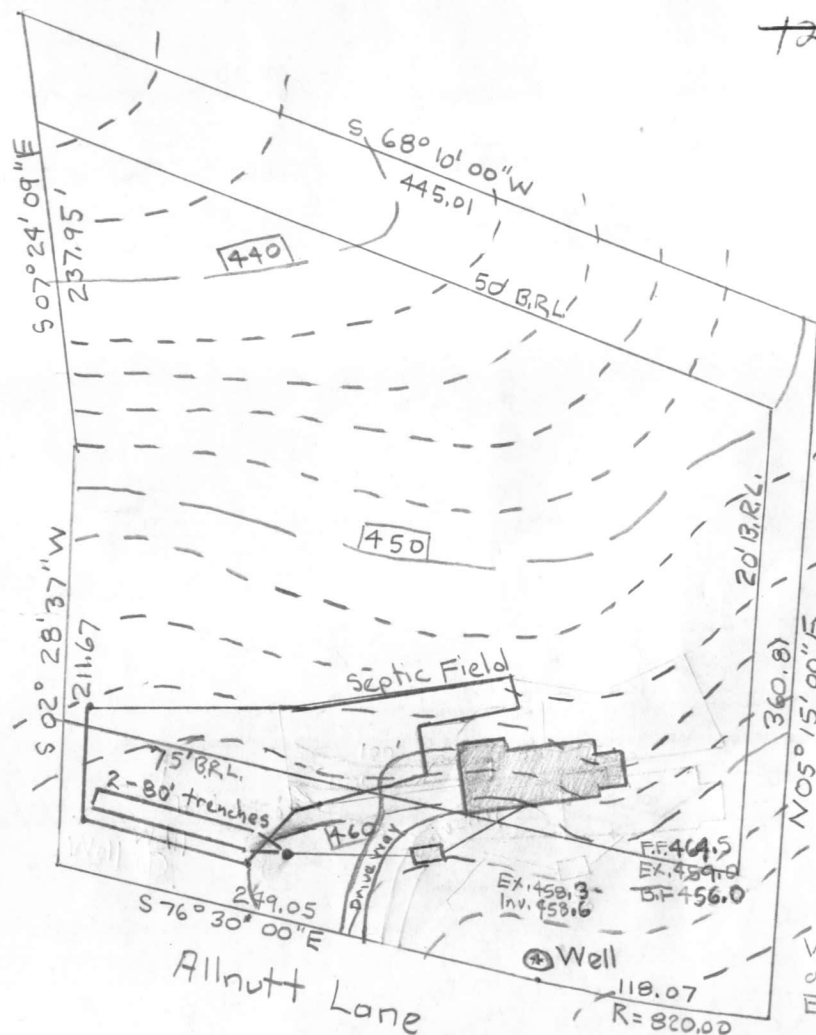
RAYMOND HODGES

Backlog C. C. ISSEL

### ALSO PRESENT

ALSO PRESENT  
Builder B122 W/47/4N S

12/9/83  
~~12/2/83~~  
 Sketch O.K.  
 T.S.



Lot 26  
 13507 Allnutt Lane  
 Scale 1"=100'  
 Contour Interval = 2'

2-trenches 9' deep  
 with 4 1/2' of stone  
 1st trench 80'  
 2nd trench 80'

without garbage grinder  
 1250 gallon tank  
 4 bedroom house

Well 12' from front line  
 and 110' from right  
 Existing Elev. at Well = 465.0

Trench length 160 ft. total

Basement Elev. = 456.0

Invert out of House = 459.0

1st Fl. Elev. = 464.5

Inv. into Tank = 458.6

Inv. out of Tank = 458.3

Existing Elev. at Tank = 460.7

Trench inlet = 455.5

Exist. Elev. at Trench = 460.0

Trench 30' from front line  
 and 100' from left line



C1	0855	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER		

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	15 20	22 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL"
OWNER		last name	first name
STREET OR RD		TOWN	LOT
SUBDIVISION		SECTION	LOT

WELL LOG Not required for driven wells			GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL		
FEET			CEMENT		
FROM TO			BENTONITE CLAY		
Check if water bearing			NO. OF BAGS		
			NO. OF POUNDS		
			GALLONS OF WATER		
			DEPTH OF GROUT SEAL (to nearest foot)		
			from ft. to ft.		
			(enter 0 if from surface)		
			CASING RECORD		
			casing types		
			insert		
			appropriate		
			code		
			below		
			STEEL		
			CONCRETE		
			PLASTIC		
			OTHER		
			MAIN		
			Nominal diameter		
			Total depth		
			top (main) casing		
			of main casing		
			(nearest inch)		
			(nearest foot)		
			TYPE		
			PL		
			6		
			42		
			60 61 63 64 66 70		
			OTHER CASING (if used)		
			diameter		
			depth (feet)		
			inch		
			from to		
			EACH CASING		
			SCREEN RECORD		
			screen type		
			or open hole		
			insert		
			appropriate		
			code		
			below		
			STEEL		
			BRASS		
			BRONZE		
			PLASTIC		
			OTHER		
			C2		
			DEPTH (nearest ft.)		
			H0		
			38		
			185		
			8 9 11 15 17 21		
			23 24 26 30 32 36		
			38 39 41 45 47 51		
			EACH SCREEN		
			CIRCLE APPROPRIATE LETTER		
			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 THIS WELL HAS BEEN CONSTRUCTED IN		
			ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"		
			AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE		
			ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION		
			PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST		
			OF MY KNOWLEDGE.		
			DRILLERS IDENT. NO.		
			273		
			Ralph Mayne		
			DRILLERS SIGNATURE		
			(MUST MATCH SIGNATURE ON APPLICATION)		
			Ralph E. Mayne		
			SITE SUPERVISOR (sign. of driller or journeyman		
			responsible for sitework if different from permittee)		

PUMPING TEST		
HOURS PUMPED (nearest hour)		
PUMPING RATE (gal. per min. to nearest gal.)		
METHOD USED TO MEASURE PUMPING RATE		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
WHEN PUMPING		
TYPE OF PUMP USED (for test)		
A air		
P piston		
T turbine		
C centrifugal		
R rotary		
O other (describe below)		
J jet		
S submersible		
PUMP INSTALLED		
DRILLER WILL INSTALL PUMP YES NO		
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
TYPE OF PUMP INSTALLED		
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:		
CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
PUMP HORSE POWER		
PUMP COLUMN LENGTH (nearest ft.)		
CASING HEIGHT (circle appropriate box and enter casing height)		
+ above		
- below		
LAND SURFACE (nearest foot)		
LOCATION OF WELL ON LOT		
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
ALLNUTT LA.		
5' 30' well		
PROP. LINE		





Date 11/14/83

Review 12/16/83 OK F.S.

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0334  
Location of property (road) Allnutt Lane  
Subdivision Allnutt Farms Estates Lot 26 Block        Plat        Sec. 4  
Well Driller Ralph Mayne Owner Lawrence Graeber

Depth of well 185 ft  
Distance of measuring point (M.P.) above ground 1 ft  
Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:30 Pumping rate 9 G.P.M.  
Total time 15 min to reach pumping water level 65 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



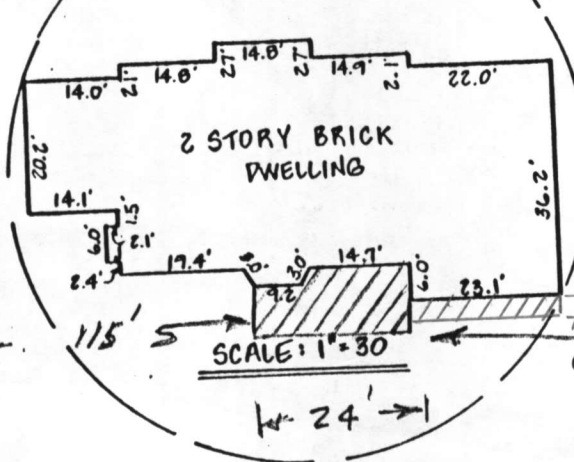
RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

DEC 13 3 47 PM '83

DIVISION OF  
ENVIRONMENTAL  
HEALTH

0.698  
066  
062  
55  
251

**(301) 953-1821 / 792-8086**



5/27/87  
NO PROBLEM  
OK TO SIGN  
DECK  
ADDITION  
R.I.  
12' X 24'  
B.P. 12154  
Deck app.  
GRAEBER

PLAT NO. 4622

**DATE** 3.25.87



I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

D. Wayne Keller 3/26/87



HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

000126347

Building Address 13507 ALLWITT LANE  
HIGHLAND MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision ALLWITT FARMS  
Section 4 Area \_\_\_\_\_ Lot 26  
Tax Map 34 Parcel 372 Grid 1409 16  
Zoning RR Map Coordinates 1489 Lot size \_\_\_\_\_

Property Owner's Name LAWRENCE R GRAEBER  
Address 13507 ALLWITT LANE  
City HIGHLAND State MD Zip Code 20777  
Home Phone 301 854 2023 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Existing Use SFD  
Proposed Use FINISH PART OF SDP to create office Bldg  
Estimated Construction Cost \$ 12,000 400 - \$4000  
Description of Work FOR ALTERATION ONLY W/SINK POSH W/SH FRIG  
So Part # B00126347

Contractor Company \_\_\_\_\_  
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	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30x40</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #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: _____ Dimensions: _____ 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 THEREON; (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

Print Name

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		
X Building Official	<u>4/7/00</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
X Health	<u>4/7/00</u>	<u>[Signature]</u>
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#: 90  
Filing fee \$ 25  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ 25  
Balance due \$ \_\_\_\_\_  
Check # 1379  
Validation # 35177

Accepted by [Signature]

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA