

11/24/78

APP. 11/24/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

02-247143

ELLICOTT CITY

DISTRICT 2nd

DATE 11/21/78

[INDEXED]

Jenkins Brothers

IS PERMITTED TO INSTALL ALTER X

ADDRESS Frederick Road, Wallas Park, Ellicott City, Md. PHONE 465-6646

SUBDIVISION ROAD 3578 Sylvan Lane LOT

PROPERTY OWNER Dr. & Mrs. Charles Suter

ADDRESS 3578 Sylvan Lane, Ellicott City, Md. 21043 Phone: 465-7823

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 SQ. FT.

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

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

Recommend 75 ft. trench, 9½ ft. deep, 7 ft. of stone. If rock limits length

50 ft. trench acceptable.

REG. PERMIT SIGNED

AND RETURNED 12-27-78

Serial # B 0121838
New Family Room

PLANS APPROVED BY Fred Frommelt

DATE 11/15/78

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.

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

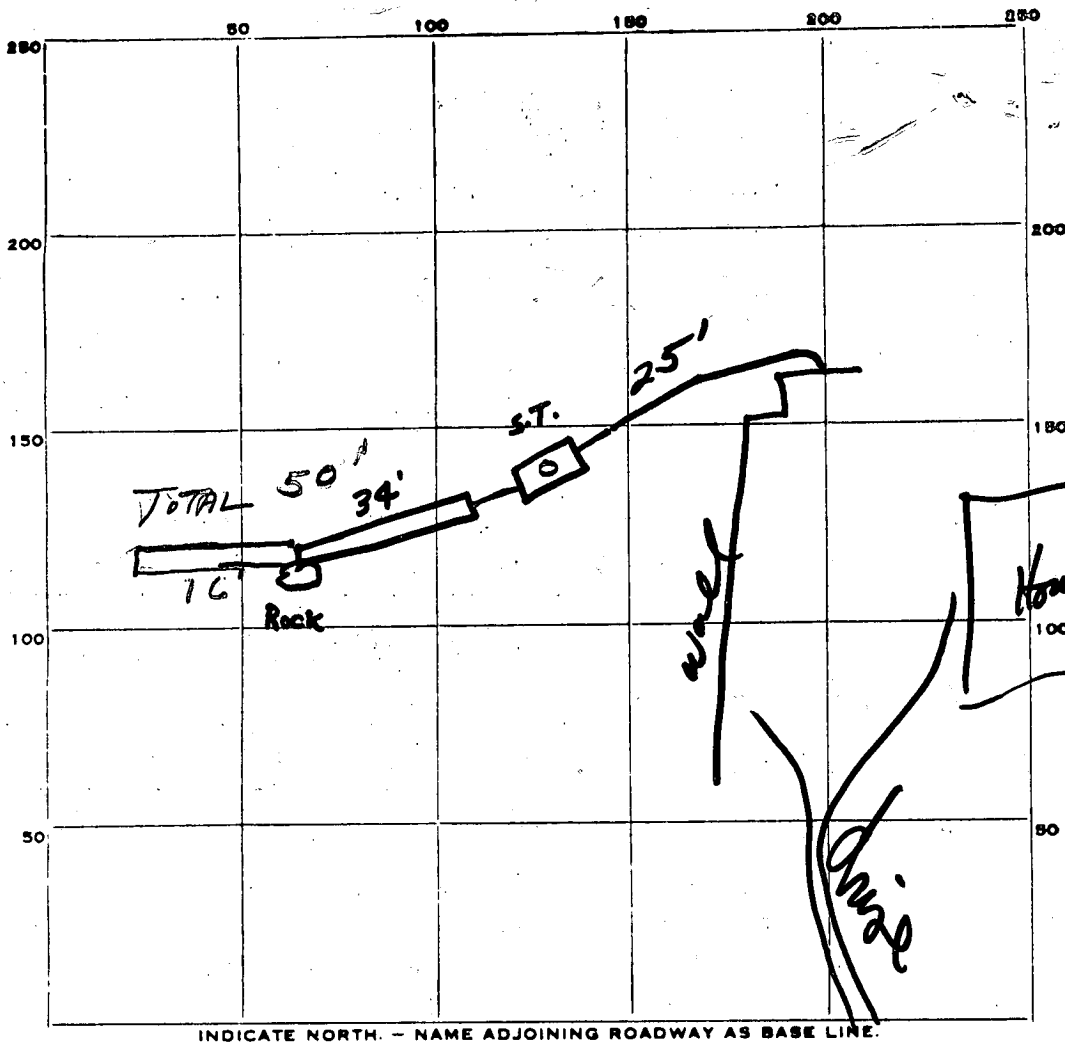
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRA COTTA ACCEPTED.

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

P29259



PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH $9\frac{1}{2}$ FT. TRENCH WIDTH $2\frac{1}{2}$ FT.

GRAVEL DEPTH $7\frac{1}{2}$ IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 375

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 375 SQ. FT.

REMARKS 11-22-78 OK to gravel trench, cement pipe into & out of septic tank, install pipe tank to ditch, to try to extend ditch to 50 ft. rock permitting it.
11/24/78 - OK TO cover work - JZ

DATE SYSTEM APPROVED 11/24/78 INSPECTOR J. Payer

11/15/78
1:30 p.m.
Jenkins

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A Repair

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 2nd

DATE 11/13/78

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 ~~Carter~~ Mr. & Mrs. Charles M. Suter

ADDRESS 3578 Sylvan Lane PHONE 465-7823

PROPERTY LOCATION: Ellicott City, Md. 21043

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 3578 Sylvan Lane

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

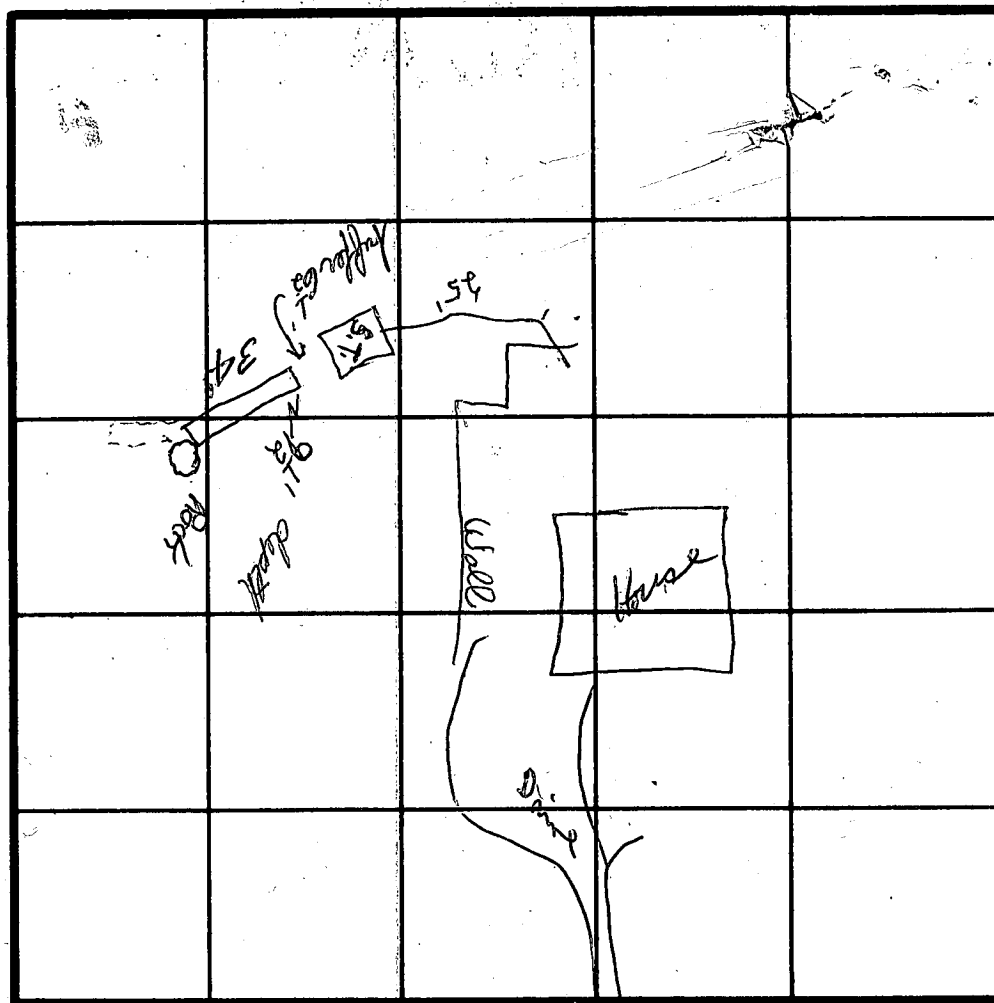
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

9 1/2' good after top 2', recommend 75', 9 1/2' deep, 75' stone to 8' stone
if rock limits length 50' acceptable, 1000 gal/hr

THIS IS NOT A PERMIT

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development and Research

29259

DATE: 5-31-96

P&Z File No. WP 96-127

Department of Planning and Zoning

- ☒ Transportation Planning
☒ Historic Preservation
☒ Comprehensive Planning and Zoning Administration
☒ Research
☒ Address Coordinator
☒ Agricultural Preservation
☒ Development Engineering Division
☒ Forest Conservation Planner
☒ File

Agencies

- | | |
|---|---|
| <input checked="" type="checkbox"/> Soil Conservation District | <input type="checkbox"/> Tax Assessment |
| <input checked="" type="checkbox"/> Department of Inspections, Licenses & Permits | <input type="checkbox"/> Bell Atlantic Telephone |
| <input checked="" type="checkbox"/> Department of Fire and Rescue Services | <input type="checkbox"/> BG&E |
| <input checked="" type="checkbox"/> State Highway Administration | <input type="checkbox"/> Cable TV |
| <input checked="" type="checkbox"/> Bureau of Environmental Health | <input type="checkbox"/> Police |
| <input checked="" type="checkbox"/> Board of Education | <input type="checkbox"/> MTA |
| <input checked="" type="checkbox"/> Recreation and Parks | <input type="checkbox"/> Finance |
| <input type="checkbox"/> | <input type="checkbox"/> DPW, Real Estate Services |
| <input type="checkbox"/> | <input type="checkbox"/> DPW, Construction and Inspection |

RE: Inter Property, lots 1+2

ENCLOSED FOR YOUR: ☐ Signature Approval ☒ Review and Comments ☐ Files
THE ENCLOSED: ☐ Original

Plans	No. of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> ASD/FCP Worksheet and Application
<input type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Drainage and/or Computation/Pond
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Safety Corps
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis

Applications

- ☒ Waiver Petition Applic/Exhibit
☐ Planning Board Applic
☐ ASDP/CSDP Application
☐ DED Application/Checklist
☐ DED Fee Receipt/Deeds/Cost Estimate
- ☐ Industrial Waste Survey (Dew)
☐ Road Poster Form Letter
☐ Response Letter
☐ Perc Plat
☐ Scenic Road Exhibits

WAS: ☒ Received ☐ Tentatively Approved ☐ Recorded
☐ Received and Revised ☐ Approved On 5-31-96

COMMENTS: _____ SRC/COMMENTS DUE BY: 6-27-96

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

Howard County Department of Planning and Zoning
Division of Land Development and Research

WAIVER PETITION APPLICATION

Date Submitted/Accepted _____ DPZ File Number _____

I. Site Description

Subdivision Name/Property Identification: SUTER PROPERTY

Location of property: 3578 SYLVAN LANE ELLICOTT CITY MD 21204

SINGLE FAMILY LOT SINGLE FAMILY 2 LOT SUB.
(Existing Use) (Proposed Use)

25 # 241 1
(Tax Map) (Parcel Number) (Election District)

RSC 2.89 AC
(Zoning District) (Total Area)

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

NO HISTORY EXISTS. PRIOR TO PERFORMING COSTLY BOUNDARY SURVEYS
ETC. THE OWNER WISHES TO DETERMINE IF A WAIVER TO LOT FRONTAGE
IS FEASIBLE.

II. Waiver Request

In accordance with Section 16.104 of the Howard County Subdivision and Land Development Regulations, the Department of Planning and Zoning, in conjunction with the Subdivision Review Committee, may grant waivers of modifications to the minimum requirements stipulated within the Regulations.

In the area below, the petitioner should enumerate the specific numerical section(s) from which a waiver is being requested and provide a brief summary of the regulation. Attach a separate sheet if additional information is appropriate.

<u>Section Reference No.</u>	<u>Summary of Regulation</u>
1. <u>16.120(c)(2)(i)</u>	<u>REQUIRES MINIMUM LOT FRONTAGE</u> <u>TO BE 20'.</u>
2. _____	_____
3. _____	<u>WE REQUEST PUBLIC ROAD FRONTAGE</u> <u>BE REDUCED TO 5'.</u>
4. _____	_____
5. _____	_____

III. Justification

All waiver requests must be fully justified by the petitioner. Justification must be specific to the subject property. The justification provided by the petitioner should include all factors which rationalize or substantiate the request in accordance with the following criteria:

- a. Summarize any extraordinary hardships or practical difficulties which may result from strict compliance with the Regulations.
- b. Verify that the intent of the Regulations will be served to a greater extent through the implementation of the alternative proposal.
- c. Substantiate that approval of the waiver will not be detrimental to the public interests.
- d. Confirm that approval of the waiver will not nullify the intent of the Regulations.

THIS PROPERTY WAS CREATED WITH ITS FRONTAGE JUST BARELY TOUCHING THE EXISTING SYLVAN LANE. IT ALSO HAS FRONTAGE ON THE REAR OF THE PROPERTY ON ~~THE~~ SYLVAN LANE. HOWEVER, DUE TO SEVERE TOPOGRAPHY, ACCESS CANNOT BE ACHIEVED FROM THE REAR OF THE SITE WHERE ADEQUATE FRONTAGE EXISTS.

THE OWNER HAS AN EXISTING DRIVEWAY IN PLACE SERVING THE EXISTING HOUSE. HE WISHES TO CREATE A 2ND LOT FOR HIS DAUGHTER. THAT LOT WOULD SHARE THE DRIVEWAY. THEREFORE THE AMOUNT OF FRONTAGE WOULD NOT BE CRITICAL.

ALLOWING THIS WAIVER WILL NOT CREATE ANOTHER ACCESS POINT AND WILL NOT IMPACT OTHERS. SINCE SHARED DRIVEWAYS ARE ACCEPTABLE THE WAIVER WILL NOT NULLIFY THE REGULATIONS.

IV. Plan Exhibit

A. Number of Copies Required

The waiver petition application must be accompanied by copies of a detailed plot plan, subdivision plat or site development plan (14 sets of the completed waiver form and plan exhibit if the subject property adjoins a County road; 18 sets for properties adjoining a State road). In instances where the waiver request concerns an approval extension, only 2 sets of plans are required along with 14 or 18 copies of the application form. Plans must be folded to a size no larger than 7-1/2" x 12".

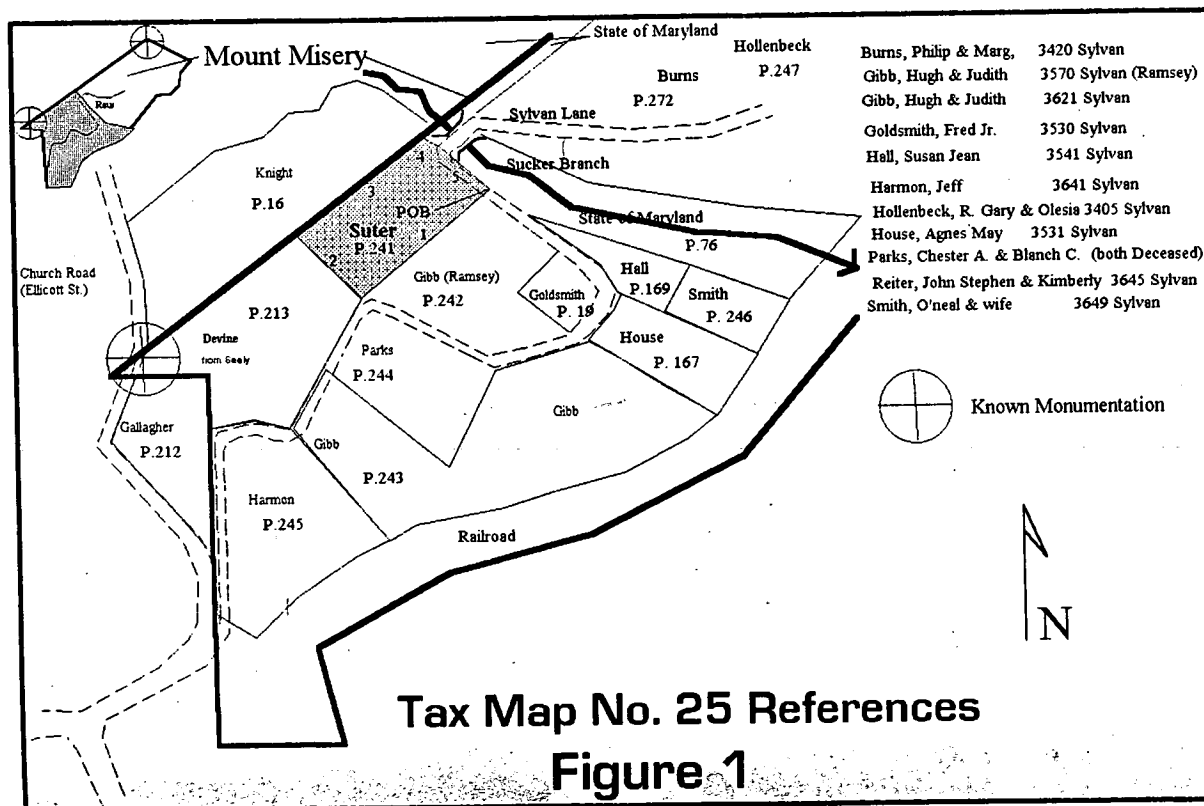
B. Plan Requirement Checklist

The detailed waiver petition exhibit, plot plan, subdivision plan or site development plan must indicate the following required information relevant to the waiver request to ensure acceptance of the waiver petition application for processing.

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
96 JUN - 3 P 12:16

History of Suter property (Howard Co. Tax Map 25 Parcel no. 241:)

Party	Liber/folio	Date	Action
Robert Miller Jr., William P Jenks & Elizabeth Jenks (wife)	Howard County LM 6/192		
	Baltimore County AWB 364/39	03/19/1846	Indenture of Lease from
Granite Manufacturing Co. of Maryland (West Ilchester and Mount Misery)			
Grafton L. Dulany & Robert Mickle?? trustees	(Balto. CO) AWB 331/378	04/01/1845	
<div> <div></div> = posses Deed </div>			



Legend:	<input checked="" type="checkbox"/> Information Provided	<input checked="" type="checkbox"/> Information Not Provided, Justification Attached
	NA Not Applicable	

- ☒ 1. Vicinity map scale 1" = 2,000'.
- ☒ 2. Bearings and distances of property boundary lines for the entire tract and size of tract area.
- ☒ 3. North arrow and scale of plan.
- ☒ 4. Location, extent, boundary lines and area of any proposed lots.
- ☒ 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on the subject and adjacent properties which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- ☒ 6. Delineation of building setback lines.
- ☒ 7. Delineation of all existing public road and/or proposed street systems.
- ☒ 8. Identification and location of all easements.
- ☒ 9. Approximate delineation of floodplain, wetland and forested areas, if applicable.
- ☒ 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- ☒ 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).
- ☒ 12. Photographs, perspective sketches or cross-sections as necessary to adequately portray the waiver request.
- ☒ 13. The exhibit plans should be highlighted to accurately illustrate the requested waiver(s) to allow proper evaluation (i.e. proposed grading, tree clearing or other disturbances within environmentally sensitive areas or buffers).

V. Fees

All checks shall be made payable to the *Director of Finance*. The petition will not be accepted for processing until the fee has been paid. Incomplete or incorrect information will result in the rejection of the application and could cause additional time to be required to revise the petition for resubmittal and re-review.

VI. Owner's/Petitioner's Certification

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. If the applicant is the owner's agent, written documentation from owner granting that authority is required.

Charles Suter 5/15/96 David Whessner 5/15/96
 (Signature of Property Owner) (Date) (Signature of Petition Preparer) (Date)
 (Fee Simple Owner Only)

CHARLES SUTER DAVID WHESSNER
 (Name of Property Owner) (Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)

3570 SYLVAN LN. 671 A MAIN ST.
 (Address) (Address)

ELLICOTT CITY MD. 21004 LAUREL MD. 20707
 (City, State, Zip Code) (City, State, Zip Code)

PLEASE CONTACT THRU ENGINEER 800-303-0800 3039
 (Telephone) (Telephone)

Howard County Department of Planning and Zoning
Division of Land Development and Research

INITIAL SUBMISSION
WAIVER PETITION WORKSHEET
(For DPZ Use Only)

Project Name: SUTER PROPERTY DPZ File No. _____

I. Application Requirements

Indicate Yes, No or N/A

Application is complete
Required number of plans and applications are provided
 _____ Plans (14 sets on County Road or
 _____ Applications 18 sets on State Road)
Supplemental Information is provided

II. Fee Computation

Fee

Number of waivers requested
* Base Fee for first two waiver sections (\$350)
Fee for each additional waiver section (____ additional waivers x \$50)
* (Maximum fee of \$350 for Agricultural Preservation parcels)

TOTAL _____

III. Certification

Cash Receipt No. _____ Account #011-005-4201 Amount _____

Check issued by _____

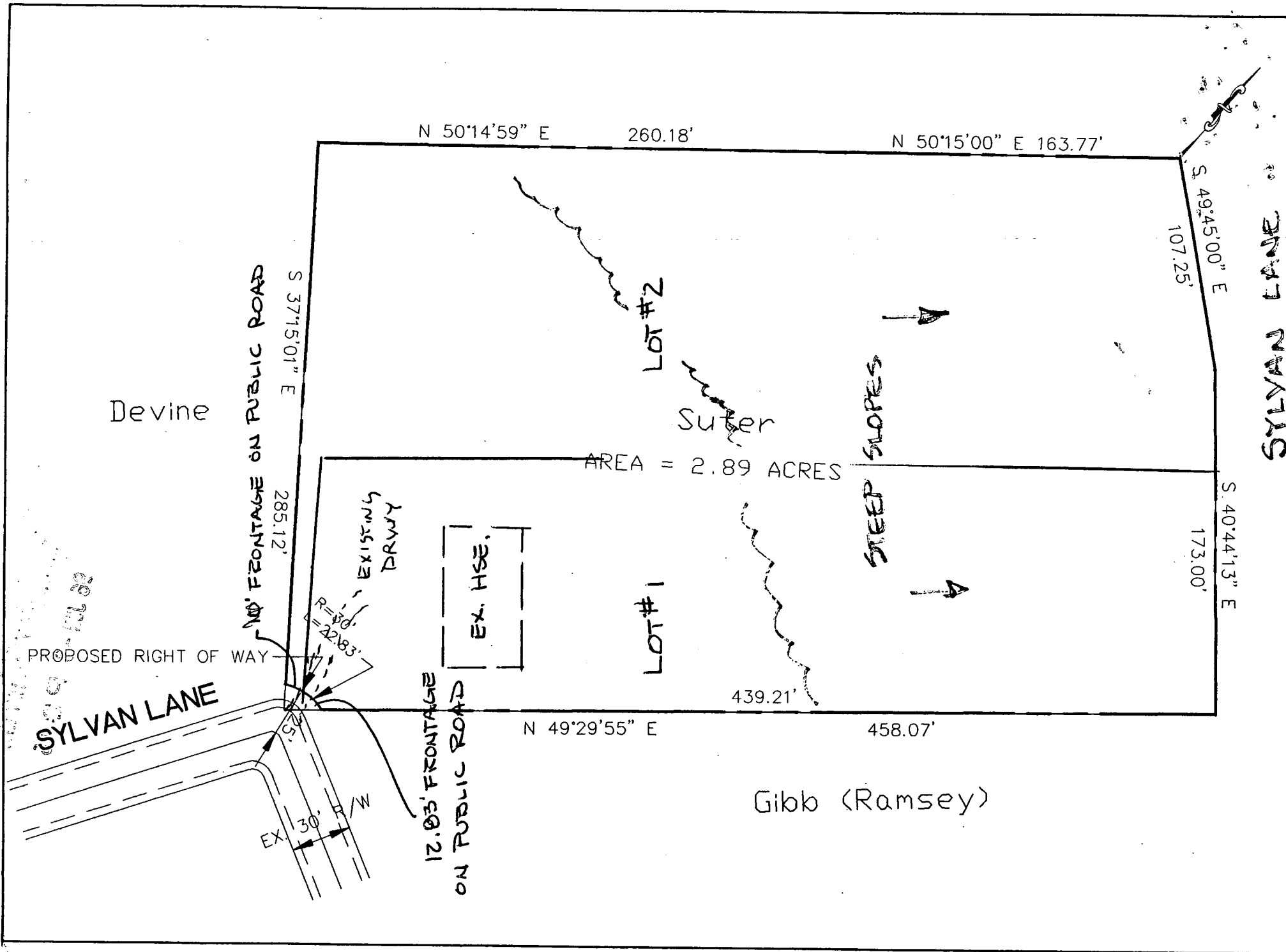
_____ Waiver petition application is accepted for processing.

_____ Scheduled SRC meeting date.

_____ Waiver petition application is rejected.

Reason: _____

_____ Resubmission is accepted. Date _____ Staff initials _____



19221

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BETHESDA CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B0001538</u>
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Building Address <u>3578 Sylvia Lane</u> <u>Ellicott City, Md 21043</u>	Property Owner's Name <u>Charlie Suter</u>
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>	Address <u>3578 Sylvia Lane</u>
Census Tract <u>629</u> Subdivision <u>N/A</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>
Section <u>N/A</u> Area <u>N/A</u> Lot <u>241</u>	Home Phone <u>410-465-3951</u> Work Phone _____
Tax Map <u>25</u> Parcel <u>241</u> Grid <u>8</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>R-ER</u> Map Coordinates <u>D69</u> Lot size _____	Phone _____ Fax _____

Existing Use <u>Residential Single Family</u>	Contractor Company <u>Transcon Const. Inc.</u>
Proposed Use <u>Single w/2nd</u>	Contact Person <u>Eugene Burgess</u>
Estimated Construction Cost \$ <u>#135,000</u>	Address <u>3662 Walden Rd</u>
Description of Work <u>New Family room, bedroom bathroom, & Garage addition</u>	City <u>MD</u> State <u>MD</u> Zip Code <u>21771</u>
	License No. <u>7306</u>
	Phone <u>410-975-5469</u> Fax <u>410-975-5469</u>

Occupant or Tenant <u>Owner</u>	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	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 <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>29'</u> <u>70'</u>	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	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 checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 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.

<u>Eugene F. Burgess</u> Applicant's Signature	<u>Eugene Burgess</u> Print Name
<u>President - Transcon Const. Inc.</u> Title/Company	<u>12-16-99</u> Date

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

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>12/21/99</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>40706</u> Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>3443</u> Validation # <u>3621</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Accepted by <u>KD</u>	



ASSUMED TRAVERSE COORDINATES

PT.	NORTH	EAST
101	100000.000	50000.00
102	100164.230	50005.735
103	100301.864	50012.497
104	100374.952	50110.979
105	100422.178	50307.566
1	100071.846	50110.860
2	100167.551	50079.480

MAGNETIC BEARING TRAV. 101 TO TRAV. 102
N 2° 26' 00" 00" E

SURVEYORS' CERTIFICATE

THIS MAP WAS PREPARED BASED ON THE FIELD SURVEYS PERFORMED UNDER MY SUPERVISION, AND MEETS THE MINIMUM STANDARDS OF PRACTICE OF COMAR REGULATION 09.13.06.04

GEORGE A. HADEL, JR. DATE

**TOPOGRAPHIC MAP
OF
SUTER PROPERTY**

HOWARD CO. TAX MAP 25 PARCEL 241
3578 SYLVAN LA. ELLICOTT CITY, MD. 21043
DEED REF: LIBER 570, FOLIO 412

DATE: 3/5/97 SCALE: 1" = 30' DWN: GAH

Tricentennial Construction, Inc
Mt. Airy, Md. 21771
(410) 875-5469

Site Plan
Scale 1" = 48'

Suter Addition
3578 Sylvan Lane
Ellicott City, Md. 21043

1332 DE 1.1 VM 2-1-1
HOWARD COUNTY RECEIVED