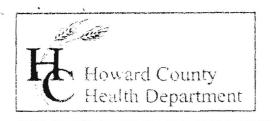
HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B == 150 740

Building Address Same 14 - 104 Lessing Hay		Property Owner's Name Wayne + Faula Ga. Their	
Woodburn 10 / 21797 Fil		Address 14861. Bus Hy Hark KI.	
Suite/Apt. #: SDP/WP/Petition #:		City Wood 16. N. State MI, Zip Code 2179 7	
Census Tract Subdivision_		Home Phone 410-449-9744 Work Phone 443-250-0570 Applicant's Name & Mailing Address, (if other than stated hereon):	
SectionArea	MANUFACTURE AND SHOULD AND AND AND AND AND AND AND AND AND AN		
Tax Map Parcel 89 Grid 22			
Zoning L) Map Coordinates 4 9 13 Lot size		Phone 410-441-9844 Fax 410-441-9845 Contractor Company OUN PV	
Proposed Use Proposed Use			
Estimated Construction Cost \$ 77,000.		. Contact Person	为"智慧·斯特"的"克里里斯克斯西斯"的"克斯斯克"。
Description of Work Ustry 600/12		Address	加加尼亚州岛 国际建筑的40条条件
ADDING family & 20x30		City StateState	Zip Code
roome		Phone Fax	
Occupant or Tenant		Engineer or Architect Company	
Contact Name		Contact Person	
Address		Address	
CityState	Zip Code	City State	Zip Code
Phone Fax		Phone Fax	
BUILDING DESCRIPTION - C	OMMERCIAL	BUILDING DESCRIPTION - A	RESIDENTIAL
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height.	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply: Public Private
No. of stories:	Private Sewage Disposal:	2nd floor:	Sewage Disposal:
Gross area, sq. ft. per floor:	/Public Private	Basement: Finished Basement □ Unfinished Basement□	Private
	Electric Yes No	Crawl space Slab on Grade No. of Bedrooms	Electric Yes \(\text{No} \(\text{I} \) Gas Yes \(\text{No} \(\text{II} \)
Use group:	Gas Yes No 🗆	Multi-family dwellings: No. of efficiency units;	Heating System:
Construction type:	Heating System: Electric □ Oil □	No. of 1 BR units:	Electric Oil Oil Natural Gas
Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 3 BR units:	Propane Gas Sprinkler system: N/A
Masonry Wood Frame	Sprinkler system: N/A	Other Structure: Dimensions: Footings:	NFPA #13D NFPA #13R
	Full Partial	Roof	Other:
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE DIDDRESSING RESULTS CELTISHES AND ACREES AS FOLLOWS: (1) TO WHICH ARE APPLICABLE THERETO, (4) THAT RESSHE WILL PREFORM NO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORL PROMITTS	WORK ON THE ABOVE REPERENCED PROPERTY NOT SP	RI, (2)THAT THE INPORMATION IS CORRECT, (3) THAT HE/SHE WELL CO ECUPICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANT	MPLY WITH ALL REGULATIONS OF HOWARD COUNTY IS COUNTY OFFICIALS THE RESET TO ENTER ONTO
+ Wann m. Harth	4	WAYNE M. GA: Th	eR .
Applicant's Signature LUMY M. M. BM TA- P.		Print Name DC + DC+ Ober 13, 2004	
Title/Company	4	Date	
1 Klint	Checks payable to: DIRECTOR OF A	TLY AND LEGIBLY. **	Sel TAX COUR
AGENCY DATE	- FOR OFFICE		PERTYID# 6#\$#
Land Develorment DPZ State Highways	(a) 自然的问题程则对为对于国际的主义的问题的对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对	A Company Transport (1) 在 Company Transport (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	g fec \$ 2 f
Building Official (1) U		Side: Exci	setax \$ 450
Hentils 10-14-05	THE RESIDENCE OF STREET STREET, WITHOUT STREET	All-minimum setbucks met?	Tiper fee \$ / / / / / / / / / / / / / / / / / /
Fire Protestion // Is Sediment Control approval required prior to list on	cet 1		total paid \$nce due \$
YES DINO D		YEST NO TO Che Historic District? Valid	dation # 79563 N
CONTINGENCY CONSTRUCTION ST	ART D STATE OF THE	YES CI NO.ID	4
ONE STOP SHOP		ot Coverage for NewTown Zone	
Distribution of Copies- White Building Office	u Green LDD, DPZ Yello	w: DED, DPZ Pink: Health Gold: S	HA
T! forms PERMIT FRM			Rev.5/17/00
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

410-442-9844 home 443-250-0890 all

January 2, 2004

Mr. Wayne Gaither 14866 Bushy Park Road Woodbine, MD 21797

> Re: Pole Barn Permit # 00145570 14866 Bushy Park Road Tax Map #8 Parcel #89

Dear Mr. Gaither:

Our office received a building permit application for the construction of a pole barn for the above referenced property. Because of the age of the house and a lack of evidence supporting past septic repairs, we are unable to approve the building permit at this time. Please read the enclosed COMAR regulations 26.04.02.02 (D) stating that any proposed construction on a property allows the Approving Authority to assess the functionability of the existing septic system in order to prevent groundwater contamination, ground surface pollution, and/or nuisances prior to permit approval.

If you have records of a septic repair in the recent past and/or regular septic tank maintenance via pumping out the sludge, please submit the information to our office to help support the process of the permit. However, if you do not have records, our office requests a septic contractor to contact our office for an appointment to assess the existing septic system and soils. If you need a list of septic contractors, we have one available to you. Please note the list is not all-inclusive but includes the septic contractors we typically issue permits to for Howard County installations and repairs. If you choose not to continue with the permit process, we strongly urge you to have your septic system assessed and possibly repaired/upgraded at your earliest convenience.

Thank you for your time in this important matter. If you have any questions or need further assistance, contact our office at 410-313-1771.

Sincerely,

Kacie Moonan

Sanitarian

KN

Enclosures

Cc: DHLP file

Discussion w/ supervisor

OK'd pole barn permit with

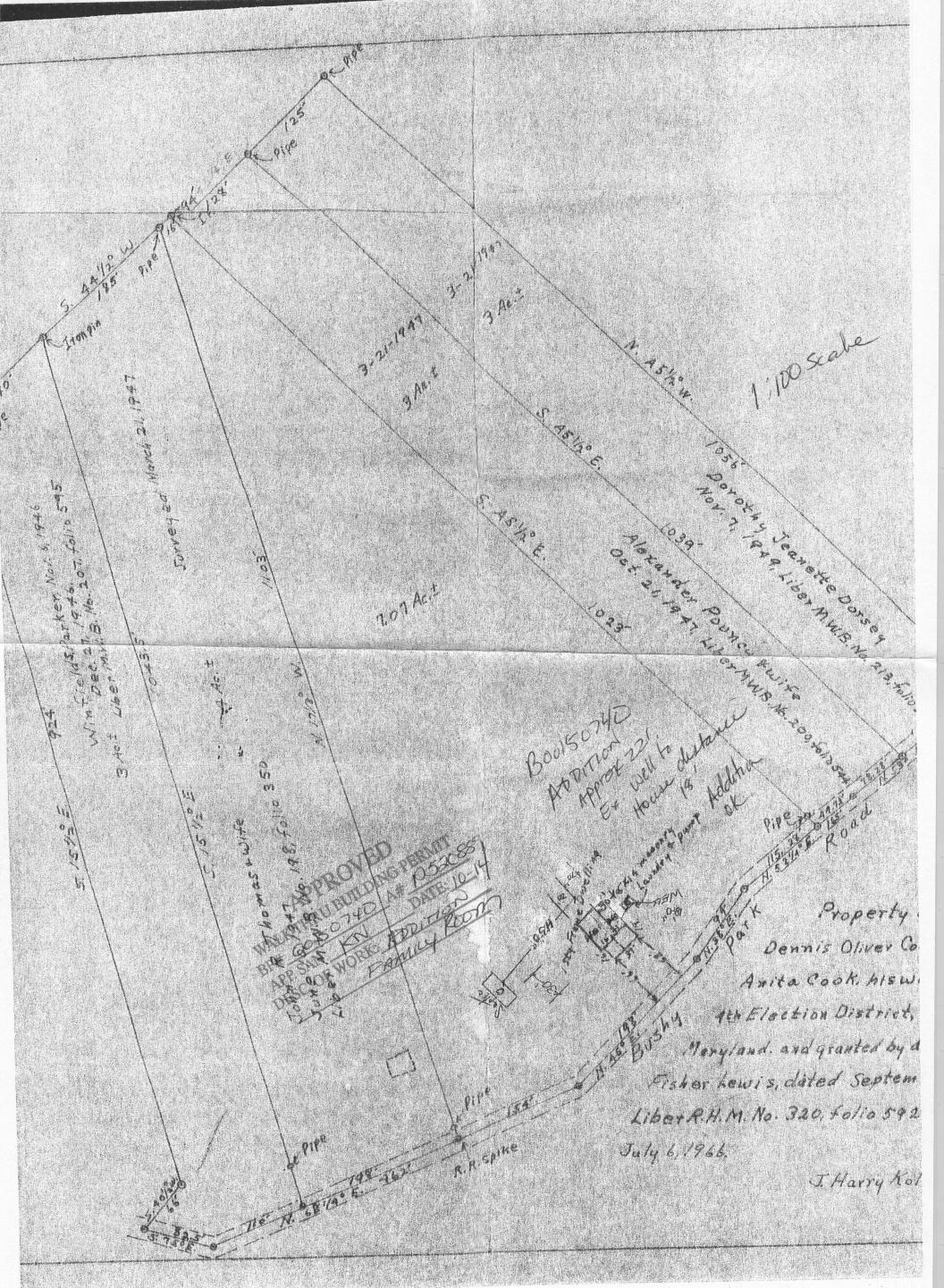
instence of septic tank

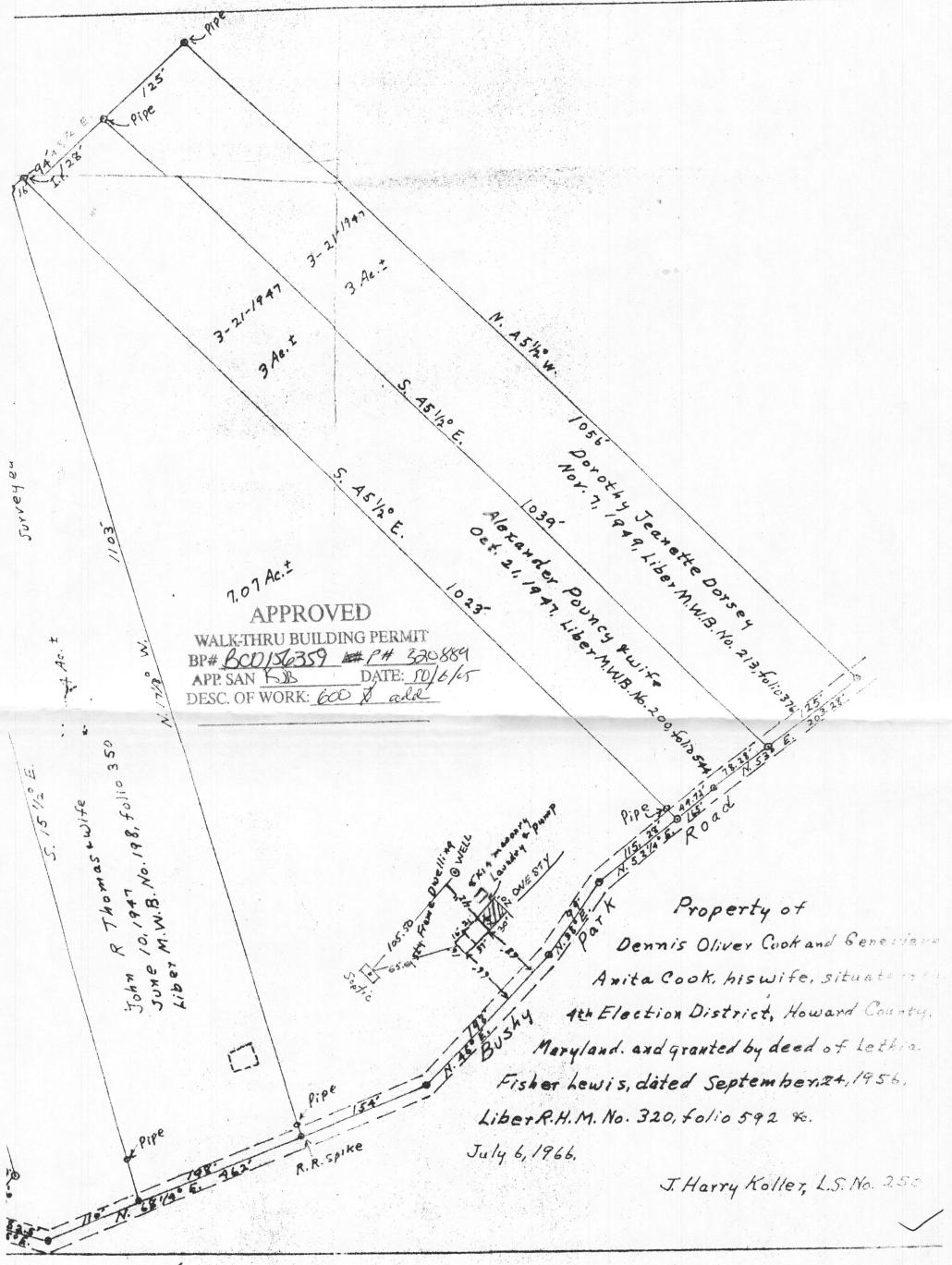
DEPARTMENT OF PROPECTIONS, LICENSES AND PERMITS 3030 COURT HOUSE DRIVE BLELOUT CITY, IND 27003 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810

HOWARD COUNTY

B == 145570 W

	FERWIN AF	LIOATION	V17 1
Building Address 14866 BUSHY PARK ROAD		Property Owner's Name	
WOODBINE, MARYLAND 4797		Address 14866 BUSHY PARK FOAT	
Suite/Apt.#: SDP/WP/Petition #:		City WOODBINE State MD. Zip Code 21797	
		Home Phone 40)442-9844 Work Phone NONE	
Census Tract Land Subdivision_		Applicant's Name & Mailing Addr	ess, (if other than stated hereon):
SectionArea			
Tax Map Parcel Grid Grid			
Zoning Map Coordinates 4 5/3	Lot size 1,07 ACRES	AND DESCRIPTION OF THE PERSON	ax
Existing Use RESIDENTIM		Contractor Company OW	NEK
Proposed Use CHANTER 5701.4GE Estimated Construction Cost \$ 17,500		Contact Person WAYA	IE GAITHER
· 图象的图像的图像的图像的图像图像图像图像图像图像图像图像图像图像图像图像图像图像		Address	
Description of Work 46 X 64 POLE BAFA) Top		City	ate Zip Code
CAMPER QUILLIT'S STORAGE		License No.	ax
DATE COLTHER			<u> </u>
Occupant or Tenant 14/ANNE GATTHER		(NEMBERCO) 1	
Address 14866 BUSHY PARK COAD		Contact Person 77 7	
	THE PARTY OF THE P	Address	
City WOODBINE State	()D Zip Code 2/74	CitySt	ateZip Code
Phone 410442 - 9844 Fax	是是有影響。此時的	Phone	Fax
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION	ON - <u>RESIDENTIAL</u>
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height: 12'	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply: Public
No. of stories: ONE	Private Sewage Disposal:	1st floor: 64' 40'	Private Sewage Disposal:
	Public	2nd floor: Basement:	Public Private
Gross area, sq. ft. per floor:	Private ,	Finished Basement Unfinished Basement Crawl space Slab on Grade	Electric Yes□ No ■
Use group:	Electric Yes No Gas Yes No	No. of Bedrooms	Gas Yes 🗆 No 🖸
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System:
Construction type: Reinforced Concrete	Electric Oil Natural Gas	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐
Structural Steel Masonry	Propane Gas	Other Structure: Pole AREN Dimensions: 45 8 6	Sprinkler system: N/A
Wood Frame	Sprinkler system: N/A Full	Pootings: SONCE SEE	NFPA #13D NFPA #13R
	Partial	Roof CARRUGATED ME	Other:
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE UNDERSKINED HEALBY CLEATIFIES AND AGREES AS FOLLOWS: (1) TO WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO	WORK ON THE ABOVE REFERENCED PROPERTY NOT SP		
THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERSONS	D AND POSTING NOTICES.	WHYNE CH	THER
Applicant's Signature		Print Norma	
OWNER		12-22-03	
Title/Company	Checks payable to: DIRECTOR OF I		
	** PLEASE WRITE NEA - FOR OFFICE		
AGENCY DATE STATE Land Development, DPZ		DPZ SETBACK INFORMATION	PROPERTY ID#: 605/1
State Highways		Front: Rear:	Permit fee \$
Building Official S		Side:	Excise tax \$Add'l per. fee \$
Health 1/7/04 Kace Thoman		All minimum setbacks met?	TOTAL FEES \$
Fire Protection Is Sediment Control approval required prior to issuance? Let The Protection I be a sequired prior to issuance?		YES NO 1	Sub-total paid \$
YES D NO D		YES D NO D	Check # Casu
		Historic District?	Validation #_367/5
		Lot Coverage for NewTown Zone	r (a) -
		SDP/Red-line approval date	Accepted by
Distribution of Copies- White: Building Offici	al Green: LDD, DPZ Yel	low: DED, DPZ Pink: Health	Good SHA
T:\forms\PERMIT.FRM	= 4		RIM. 5/17/00





10/3/05 - Site Inspectio ~ 12:30

- well site location -