



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 702 WOODBINE CROSSING PARK
 City: MOUNT AIRY State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SINGLE FAMILY HOME
 Proposed Use: SINGLE FAMILY HOME w/ DECK
 Estimated Construction Cost: \$ 10,000
 Description of Work: 361 SQ FT OF DECKING w/ STAIRS - 15 x 23 w/ 4x4 LANDING - COMPOSITE.
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: JASON GROGAN
 Address: 702 WOODBINE CROSSING PARK
 City: MOUNT AIRY State: MD Zip Code: 21797
 Phone: 413-742-6212 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: ABBOT POWER & DECK
 Contact Person: JASON TRY
 Address: 4113 ADAMANT PLACE
 City: BALTIMORE State: MD Zip Code: 21215
 License No.: 577
 Phone: 410-344-2575 Fax: _____
 Email: JASON_TRY @ ABBOT_POWER_AND_DECK.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

Applicant's Signature: JASON TRY
 Email Address: JASON_TRY @ ABBOT_POWER_AND_DECK.COM
 Title/Company: CONSULTANT - ABBOT POWER & DECK

Print Name: JASON TRY
 Date: 2/27/19

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>2-27-19 Bernard</u>

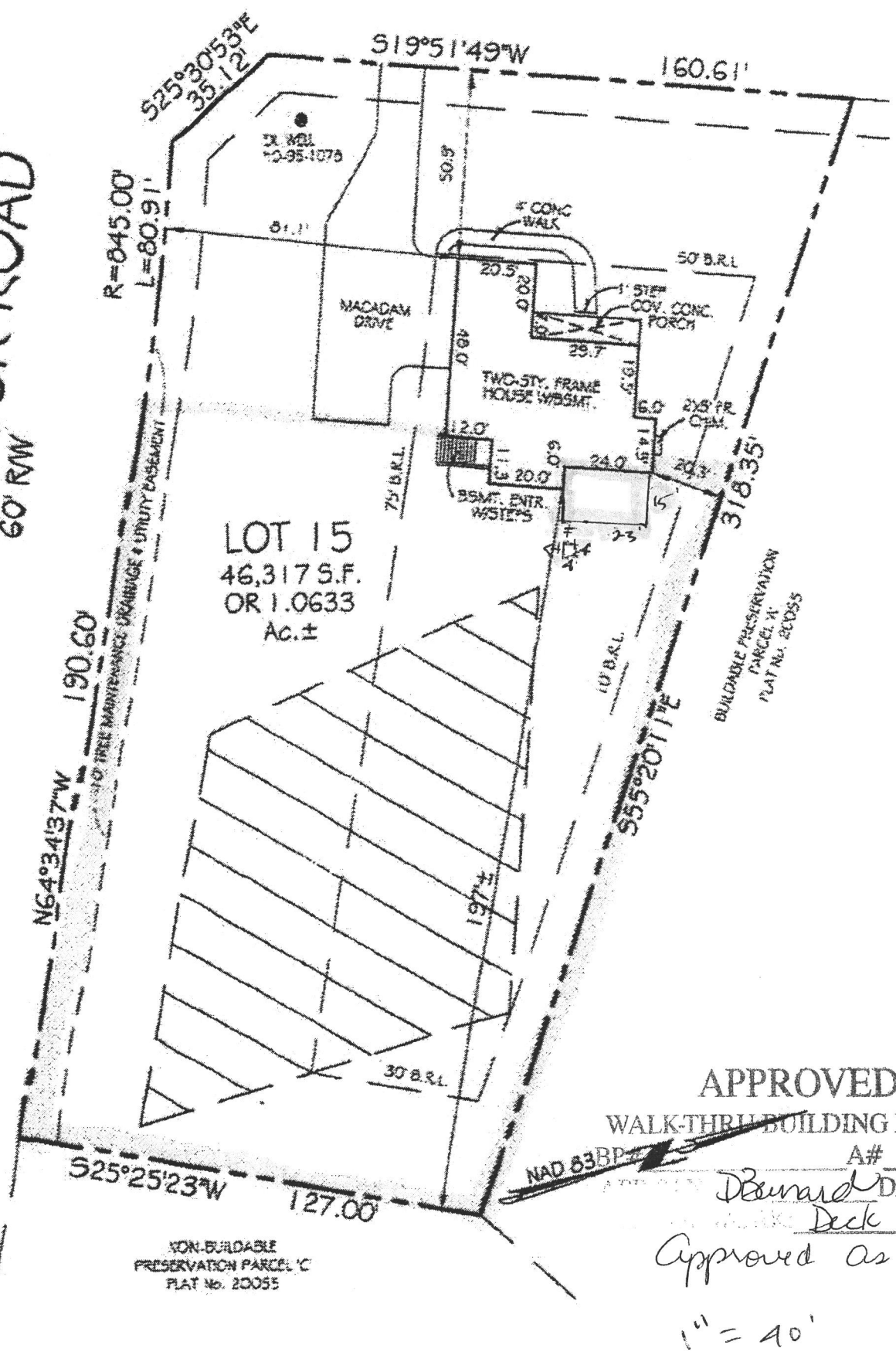
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

... CADDEN
CROSSING ROAD
 50' RW

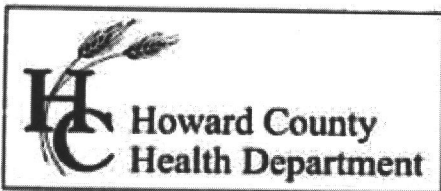
VLL FREDERICK ROAD
 60' RW



APPROVED
 WALK-THRU BUILDING PERMIT

A# _____
 Date: 2-27-19
 Approved as shown

1" = 40'



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 11/8/17 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 562328
 A _____

APPROVAL DATE: 11/21/2017 **PERMIT: CONSTRUCTION**

PROPERTY ADDRESS: 702 Woodbine Crossing Road

SUBDIVISION: Woodbine Crossing LOT: 15 TAX ID: 04-374541

CONTRACTOR: WTC Contractors EMAIL: _____

CONTRACTOR ADDRESS: 3033 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-458-7024

PROPERTY OWNER: LDG Inc. EMAIL: _____

OWNER ADDRESS: 8601 Georgia Avenue, Silver Spring, MD 20110 PHONE: 301-585-7000

SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: _____

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

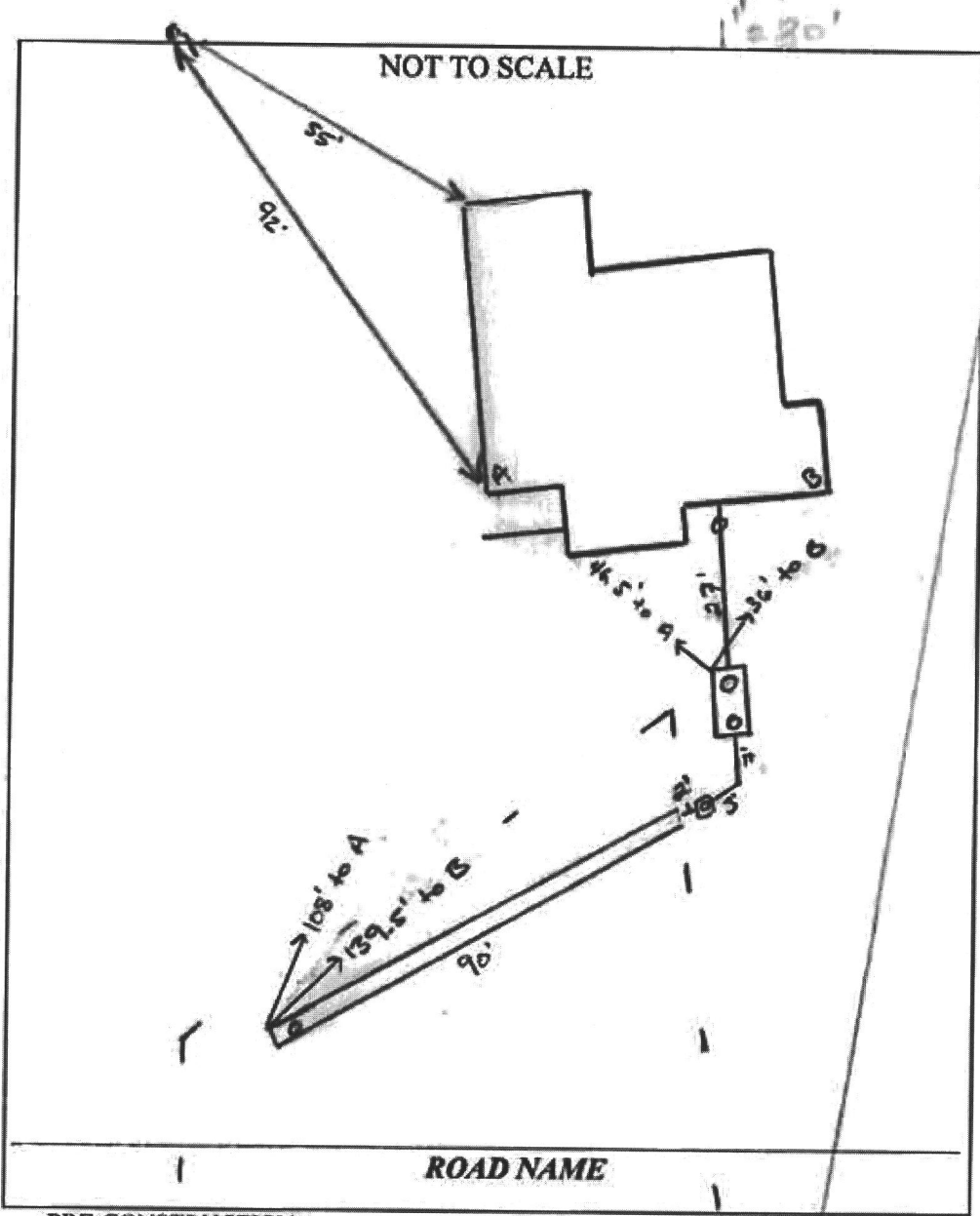
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>88</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION. <i>Aprx Stone: 62 tons</i>	
NOTES:	Sewer line Spec: 4" Crestline Coextruded Cellular core PVC Pipe Duv IPS SCH 40 Sewers NSF Duv ASTM F 891-16 PPFA 0917143M4X 0522 For Drain Waste and Vent only * Solvent Welded	

ISSUED BY: Hank Oswald ISSUE DATE: 11/8/17 EXPIRATION DATE: 11/8/18

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES	1	
TOTAL LENGTH	90'	
ABSORPTION AREA	270sqft	
DISTRIBUTION BOX LEVEL	yes	
DISTRIBUTION BOX BAFFLE	yes	
DISTRIBUTION BOX PORT	yes	

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	yes
MANUFACTURER	Baldwin
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	2.5'
BAFFLES	yes
BAFFLE FILTER	No
MANHOLE LOC	F/B
6" PORT LOC	Inlet
WATERTIGHT TEST	-
SLOTTED	yes
DATE ON LID	10/1/17
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

11/20/17 slot excavation for 12 40' trench. OK to install tank and finish as per plan. could not man system up till now at this deep. (15w)

INSTALLATION: 11/20/2017 (PM) House connection under footer. Tank set and D. Box set. (D) 11/21/2017 Trench complete OK to backfill (D).

FINAL INSPECTOR [Signature] DATE OF APPROVAL 11/21/2017

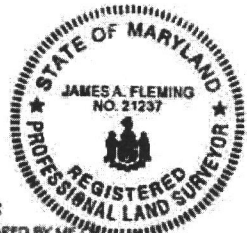
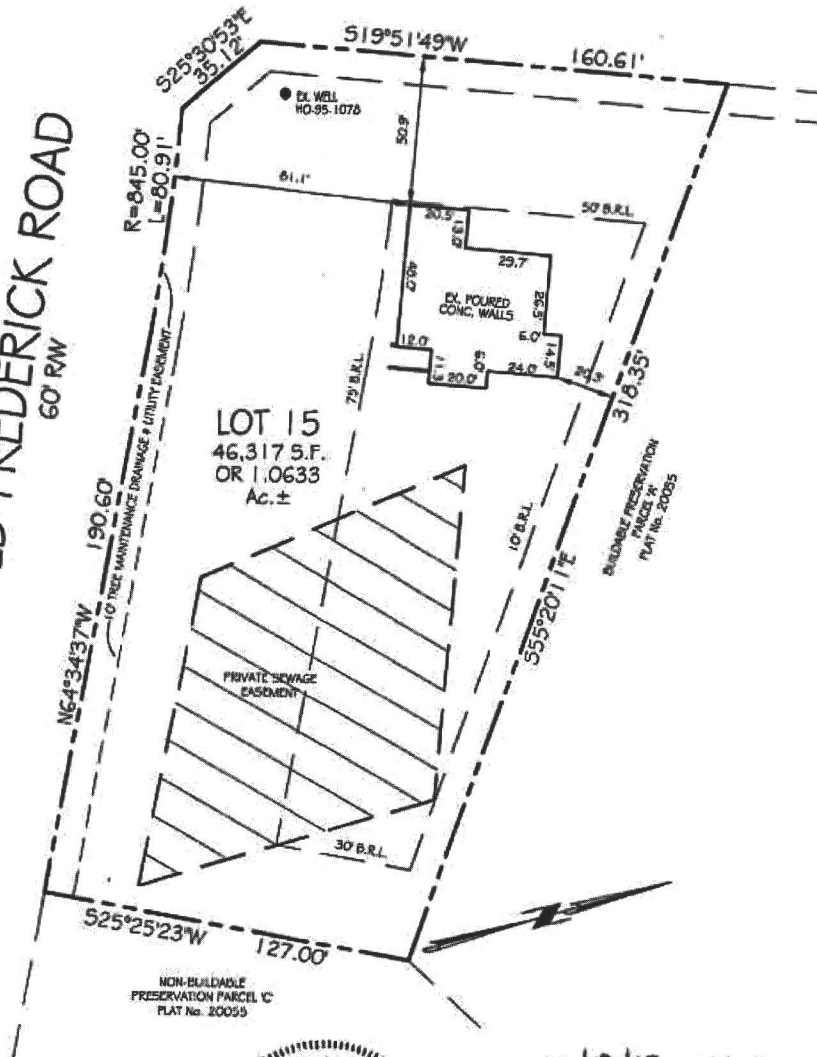
NOTES:

- 1) FOUNDATION AND FOOTINGS ARE IN PLACE AS SHOWN HEREON.
- 2) BUILDING TIES ARE ±0.5' UNLESS OTHERWISE NOTED.
- 3) TOP OF WALL ELEVATION = 665.2'

WOODBINE CROSSING ROAD

50' RW

OLD FREDERICK ROAD
60' RW



11/0/17 - wall
check okay.
H.O.

PROFESSIONAL CERTIFICATION:
I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21237, EXPIRATION DATE JANUARY 18, 2019, IN ACCORDANCE WITH COMAR 09.13.06.12.

James A. Fleming 10-11-2017
For VanMar Associates, Inc. Date
James Alden Fleming, Prof. Land Surveyor

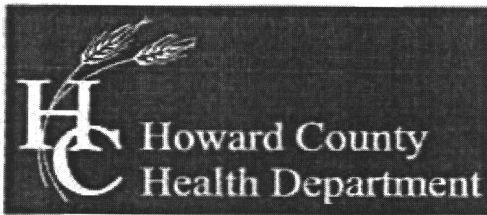
WALL CHECK DRAWING
LOT 15
WOODBINE CROSSING
PLAT No. 20055
706 WOODBINE CROSSING ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' OCTOBER, 2017

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT NO. 20055	B4-5416



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751
©Copyright, Latest Date Shown



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 28 day of May, 2014, among LDG, Inc., hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at TBD Woodbine Crossing, Woodbine, MD 21797 (Lot 15), in the 04 Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 1988 Folio 258.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
- D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
- E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

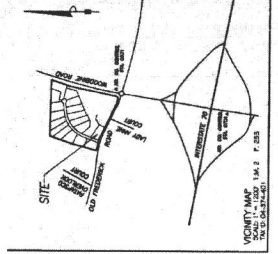
Owner

Date

Ben H. Lee
Owner

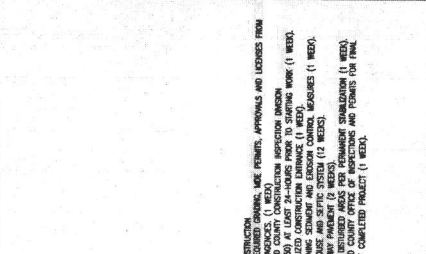
6/9/14
Date

Michael J. Davis
Howard County Health Department



GENERAL NOTES:

1. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND LOCATIONS OF EXISTING UTILITIES AND STRUCTURES. VERIFY ALL DIMENSIONS AND LOCATIONS OF EXISTING UTILITIES AND STRUCTURES. VERIFY ALL DIMENSIONS AND LOCATIONS OF EXISTING UTILITIES AND STRUCTURES.
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ENGINEER'S CERTIFICATE:

I, the undersigned, being duly licensed as a Professional Engineer in the State of Maryland, do hereby certify that the above described project has been prepared in accordance with the provisions of the Professional Engineers and Architects Act of 1967, and that the same complies with the requirements of the Maryland Code, Title 17, Subtitle 10, and that the same is in accordance with the provisions of the Maryland Code, Title 17, Subtitle 10, and that the same is in accordance with the provisions of the Maryland Code, Title 17, Subtitle 10.

DATE: 12/17/17

ENGINEER: [Signature]

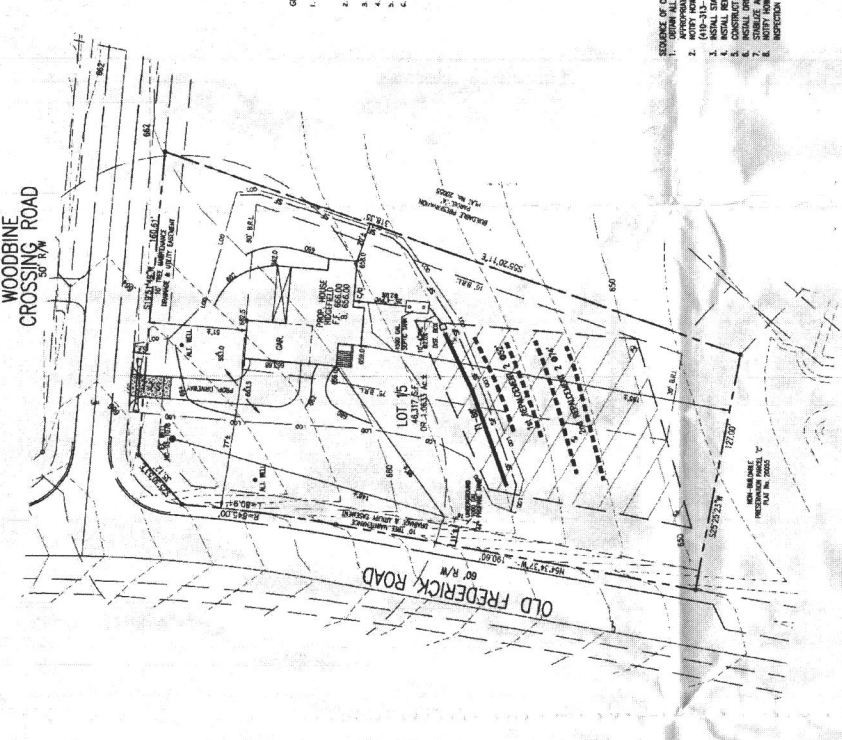
WOODBINE CROSSING

LOT 15
 PLAN NO. 200205

THE MARYLAND ENGINEERING AND ARCHITECTS BOARD
 1000 EAST BALTIMORE STREET
 BALTIMORE, MARYLAND 21202

SCALE: 1" = 40'

W.A. ASSOCIATES, INC.
 Engineers Surveyors Planners
 1000 EAST BALTIMORE STREET
 BALTIMORE, MARYLAND 21202
 (410) 528-3800 (301) 831-3075 (410) 546-2771
 FAX: (410) 528-3803



GENERAL NOTES:

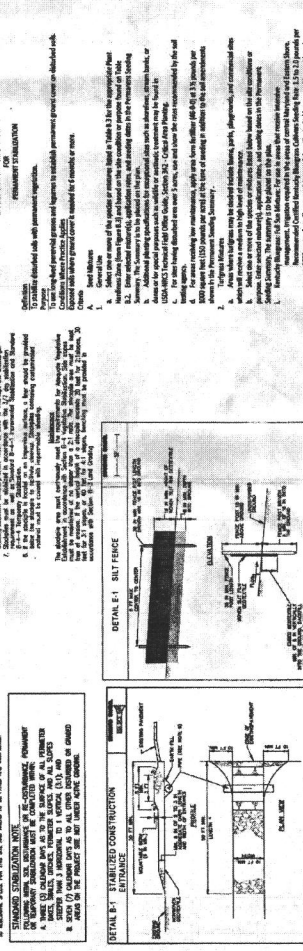
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DATE: 12/17/17

ENGINEER: [Signature]



WOODBINE CROSSING

LOT 15
 PLAN NO. 200205

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 1000 EAST BALTIMORE STREET
 BALTIMORE, MARYLAND 21202

SCALE: 1" = 40'

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