

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

**B00135051**

Building Address 7212 WOLVERIN CT.  
CLARKSVILLE, MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605102 Subdivision ACHLIGH KNALLS  
 Section 4 Area 2 Lot 86  
 Tax Map 41 Parcel 475 Grid 7  
 Zoning RR 6F0 Map Coordinates 13E1 Lot size 33,000 sq ft

Property Owner's Name MARY J. AUDETTE  
 Address 7212 WOLVERIN CT  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone (301) 950-9599 Work Phone (301) 410-3312  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone (301) 950-9599 Fax (301) 950-9599

Existing Use SINGLE FAMILY DWELLING  
 Proposed Use SINGLE FAMILY DWELLING  
 Estimated Construction Cost \$ 3000  
 Description of Work FINISH EXISTING EASEMENT  
DRIVE / DRIVE / REAR / FAMILY /  
ONE FULL BATH / LUST BAR

Contractor Company OWNER  
 Contact Person \_\_\_\_\_  
 Address AME AS ABOVE  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant GARY J. AUDETTE  
 Contact Name GARY J. AUDETTE  
 Address 7212 WOLVERIN CT  
 City CLARKSVILLE State MD Zip Code 21029  
 Phone (301) 950-9599 Fax (301) 950-9599

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>32</u> <u>60</u> 2nd floor: <u>32</u> <u>60</u> Basement: <u>32</u> <u>60</u>	Water Supply: _____ _____ Public _____ Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ _____ Public _____ Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:

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.

Gary J. Audette  
 Applicant's Signature

GARY J. AUDETTE  
 Print Name  
3/22/02  
 Date

Title/Company

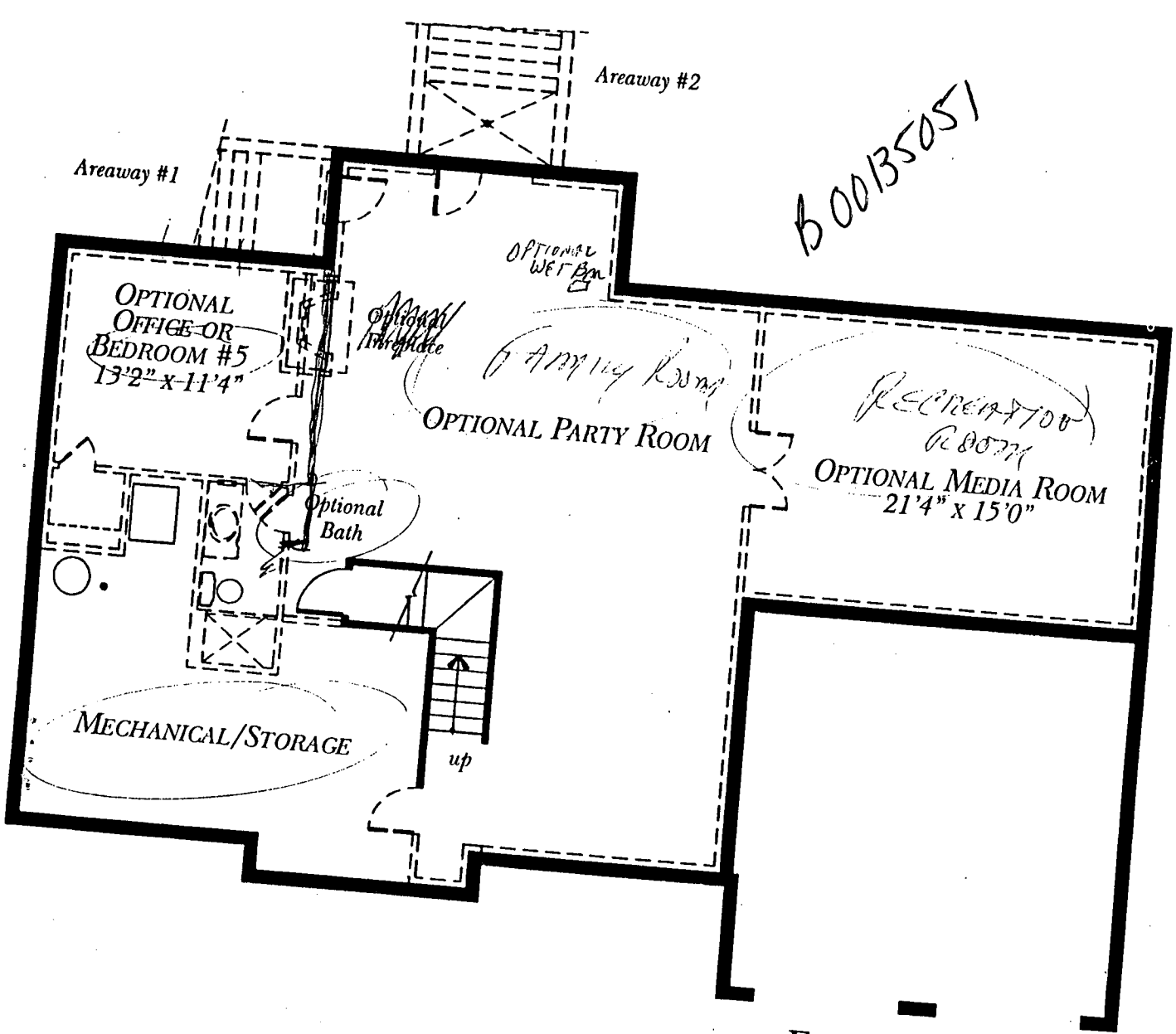
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

*[This section contains a large, dark, illegible stamp or signature area.]*

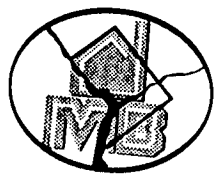
J. Audette X974

# Basement

B00135051



ELEVATION 'A'



**Mitchell & Best**  
If It's Mitchell... It's Best!

"We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin."

10/14/97  
cotw/PE/ASH

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58585

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 07/24/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

410-313-2640

INDEXED #  
05-420326

INDEXED

DATE SYSTEM APPROVED 2/12/98

INSPECTOR *[Signature]*

Mitchell & Best Homes, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 1686 E. Gude Drive, P.O. Box 6014, Rockville, Md. 20850 PHONE 301-762-9511

SUBDIVISION Ashleigh Knolls LOT 86 ROAD 7212 Wolverton Court

PROPERTY OWNER Mitchell & Best homes, Inc.

1686 E. Gude Drive

ADDRESS P. O. Box 6014

Rockvills, Maryland 20850

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- This portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.

- Contact Health Department for inspection before covering the installation.

- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

BLDG. PERMIT SIGNED AND RETURNED 3-25-02

BDD 135031 - FINISH BASEMENT

BLDG. PERMIT SIGNED

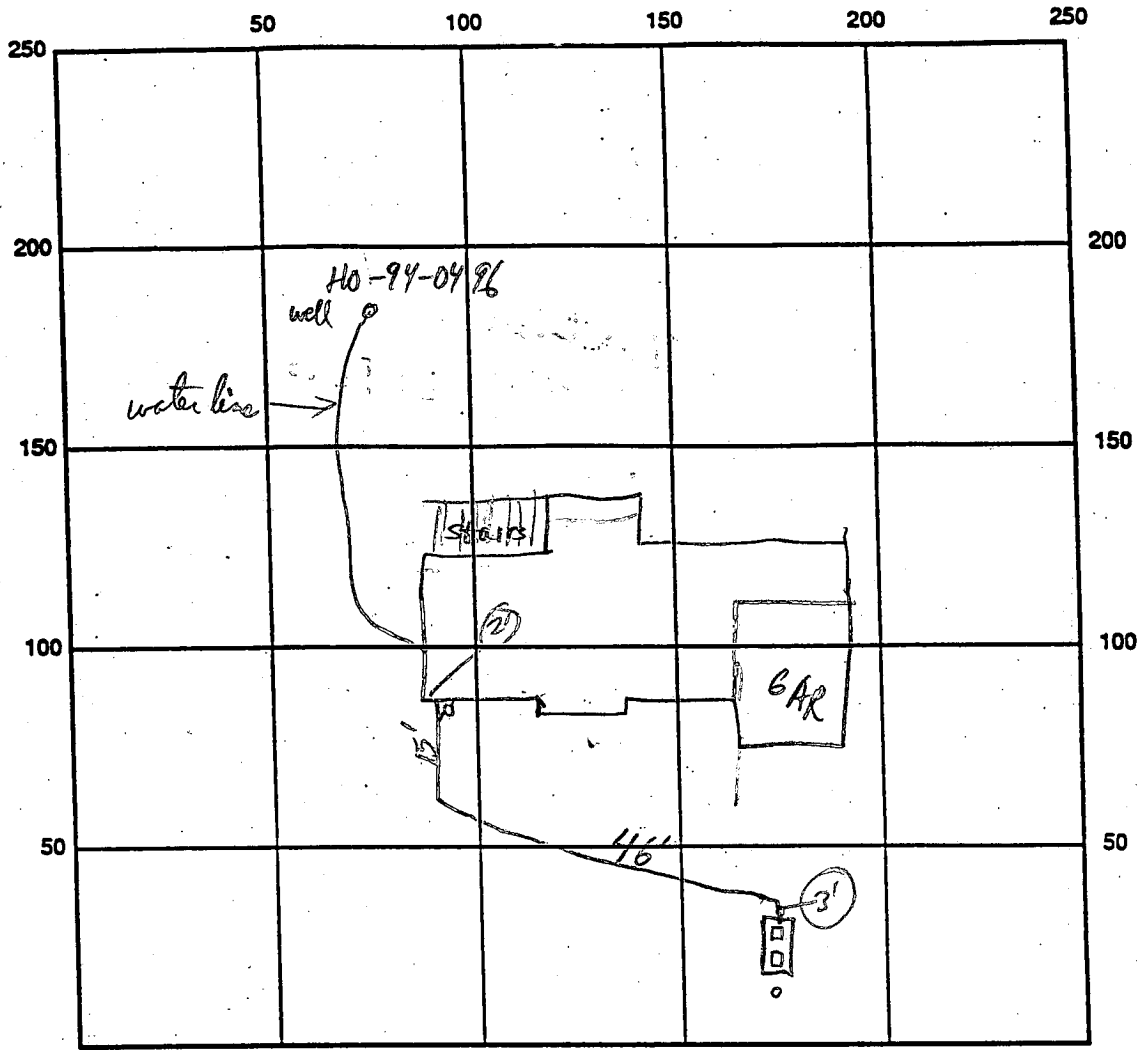
AND RETURNED 10-14-97

Serial # B10120877  
Interior Alteration - Basement

2  
58585

Plans Approved By: *[Signature]*

Date: 8/4/97



Wolverton Ct INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

REMARKS: House connection OK to area - call for Pump Test, RP 10/14/97  
 1/29/98 11:00 am No-one onsite to conduct Pump test - well line not installed  
 At 1/29/98 1:00 pm Alarm not sounding or blinking - appears that floats are mixed up - not working properly when I left site. ALM.  
 1/29/98 Jim Miller certified pump test OK, site ready for test

WPI - Piller adapter OK at 3 1/2 ft below grade RP 10/14/97

DATE SYSTEM APPROVED 2/12/98 INSPECTOR Lowell Peckley

C-12 0057 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13-

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 400 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0496

OWNER WINCHESTER HOMES last name WOLVERTON CT first name TOWN HIGHLAND SUBDIVISION ASHLEIGH KNOLLS SECTION LOT 86

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
TOP Soil	0	2	
red Clay	2	20	
Sand Stone	20	40	
Mica	40	45	
Sand Stone	45	49	
Mica	49	60	
Sand Stone	60	61	✓
Mica	61	100	✓
Mica & Flint mixed	100	105	✓
Mica	105	400	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 14 NO. OF POUNDS 140

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

caseing types insert appropriate code below

ST STEEL  CO CONCRETE

PL PLASTIC  OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 79

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE

PL PLASTIC  OT OTHER

DEPTH (nearest ft.)

1 40 70 400

2 8 9 11 15 17 21

3 23 24 26 30 32 36

4 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.0

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 20.2 ft.

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 (CIRCLE) (YES OR NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

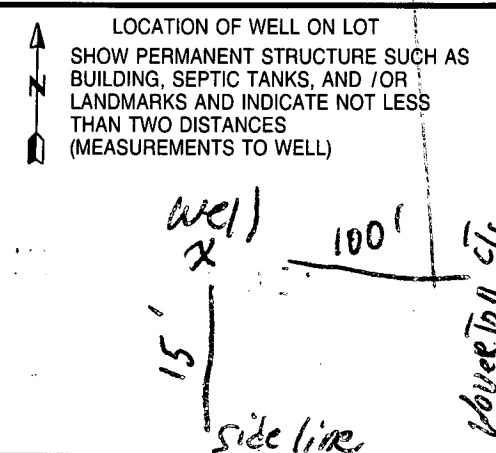
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: \_\_\_\_\_

WELL HYDROFRACTURED YES NO  Y  N

CIRCLE APPROPRIATE LETTER

A 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 26.04.04 "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 LIC. NO. 1 MW D 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 501

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

12/13/96

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0496  
Location of property (road) Wolverton Court  
Subdivision Ashleigh Knolls Lot 86 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller G. Easterday Owner Winchester Homes

Depth of well 400 39pm  
Distance of measuring point (M.P.) above ground 3'  
Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 8:40 Pumping rate 15 G.P.M.  
Total time 35 min to reach pumping water level 202 ft. below M.P.

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

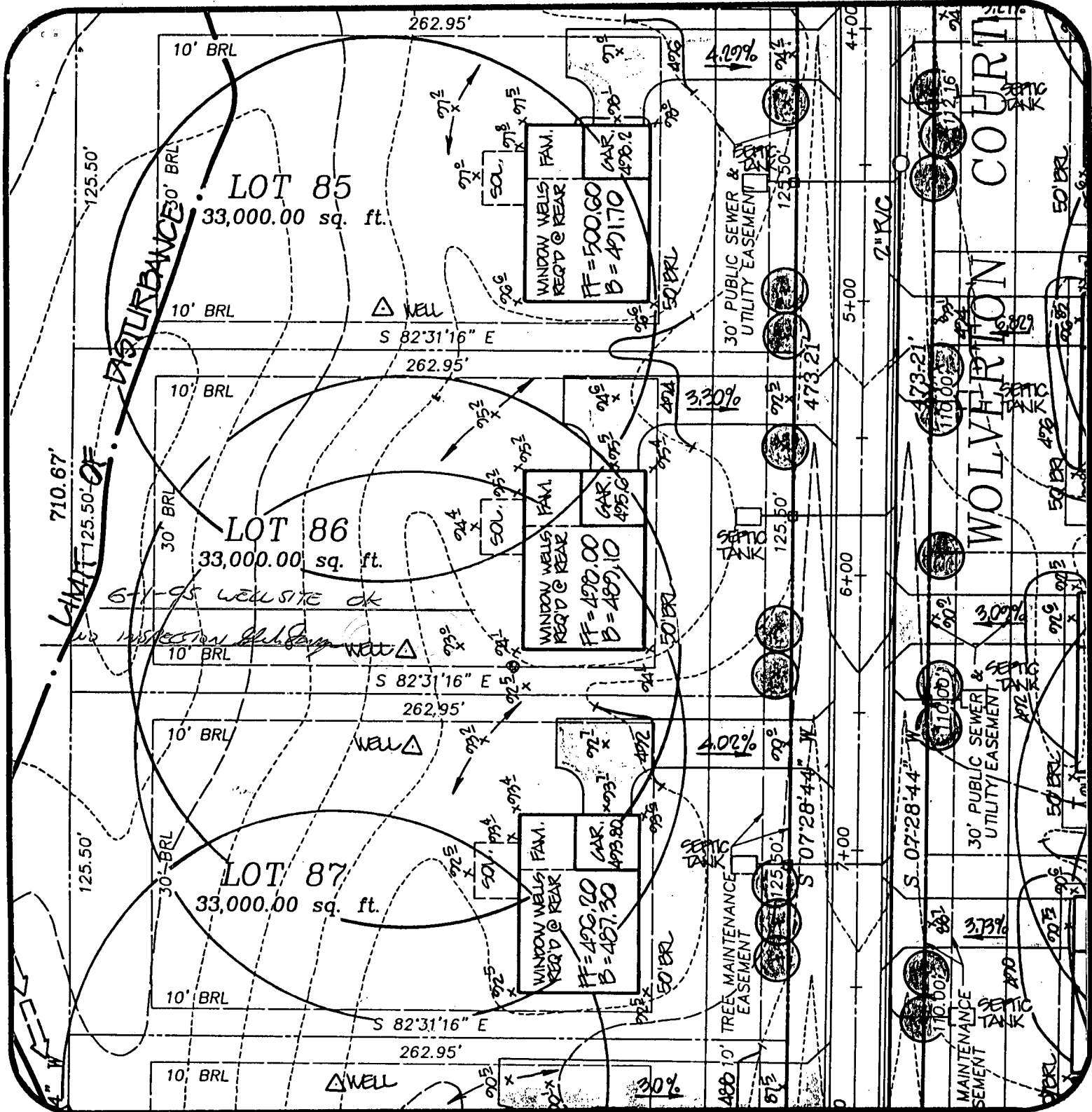
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	202	16	PUMP	3
9:30	202	16	370'	3
9:45	202	16	A.E.	3
10:00	202	16		3
10:15	202	16 -		3
10:30	202	16		3
10:45	202	16		3
11:00	202	16		3
11:15	202	16		3
11:30	202	16		3
11:45	202	16		3
12:00	202	16		3
12:15	202	16		3
12:30	202	16		3
12:45	202	16		3
1:00	202	16		3
1:15	202	16		3
1:30	202	16		3
1:45	202	16		3
2:00	202	16		3
2:15	202	16		3
2:30	202	16		3
2:45	202	16		3
3:00	202	16		3

HD-224315

202-

16

3



Ashleigh Knolls  
Lot 86

DATE: 5/2/95

PROJECT NO.: 80027.01

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS  
LAND SURVEYORS

PLANNERS  
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043-3305

(410) 461-0079  
Fax: (410) 750-6340

N 50695-5/17/95

B 1 **9033**

SEQUENCE NO.  
(DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

**40-94-0496**  
fill in this form completely

Date Received (APA)

**05/17/95**

OWNER INFORMATION

**Winchester Homes**  
Last Name Owner First Name

**6305 Ivy Lane**  
Street or RFD

**Greenbelt Md 20770**  
Town State Zip

DRILLER INFORMATION

MSD/MGD/MWD

**George F. Easterday**

**40**  
License No. 80

**L. Franklin Easterday, Inc.**

Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**

Address

*George F. Easterday*  
Signature

Date

B 3

LOCATION OF WELL

**Howard**  
County

**Asheleigh Knolls**  
Subdivision

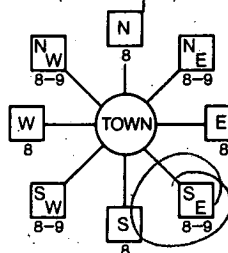
SECTION **44** LOT **86**

**Highland**  
Nearest Town

MILES FROM TOWN (enter 0 if in town) **1** MI

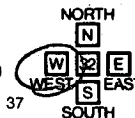
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**WOLVERTON CT**  
Near What Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **100**

ENTER FT OR MI **FT**

TAX MAP: **40** BLK: **12** PARCEL: **174**

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

**HOWARD 13-**  
County Name

County No.

STATE SIGNATURE

INSERT S

DATE ISSUED

**060195** *Blair Sharp* **6-1-95**  
CO SIGNATURE EXP. DATE

NORTH GRID **483000**

EAST GRID **-775000**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTary
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVerse-ROTary
- Drive-POINT

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - D THIS WELL WILL DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41**

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **40-94-0496**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

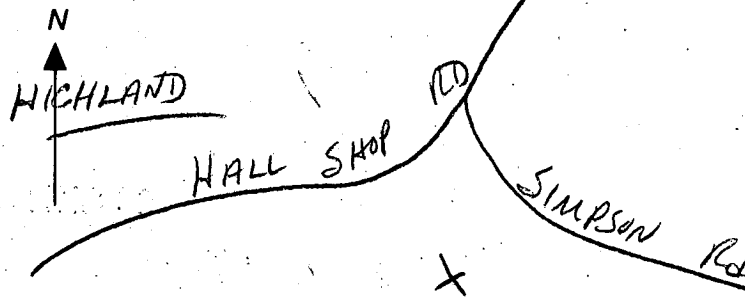
SOURCES OF DRILLING WATER

1. **Well**
- 2.
- 3.

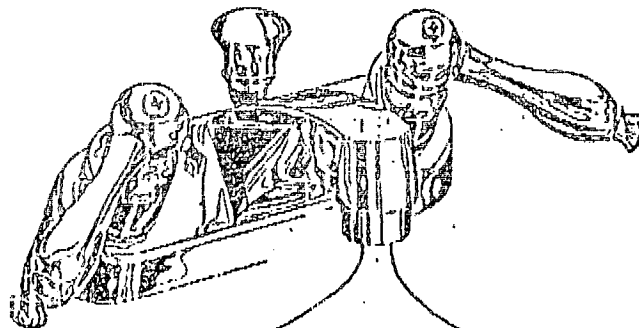
WRITE THE BOX NUMBER FROM THE MAP HERE

**80775**  
**4803**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



HOWARD COUNTY  
BUREAU OF UTILITIES  
8250 OLD MONTGOMERY ROAD  
COLUMBIA, MD 21045  
(410) 313-4900



**FAX  
COVER  
SHEET**

FAX # (410) 313-4919

Number of Pages: 1  
(Including this sheet)

DATE: 1/29/98

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS:

Fewer Pump test for Ashley's Kaddis  
lot 86 7212 Wdverton Ct Cont 3783  
is OK for U+O

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

300107077

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

7212 Wolverton Court  
Clarksville MD 21029

31120

GRADING/SEDIMENT CONTROL  YES  NO 3338 SDP #

DESCRIPTION OF WORK AUTHORIZED

2 story, full bsmt, 10 rms., 3 FB, 1 HB,  
fp & garage (4 bdrms)

RADCLIFF

LOT NO. 86	PARCEL NO. 4172	SEC. 11A	AREA 2	BLOCK NO. 712	LIBER	FOLIO
SUB DIVISION Ashleigh Knolls		ZONE RR	ZONE MAP 417	ELEC. DIST. 5	CENSUS TR. 6051.02	

OWNER NAME AND ADDRESS  
Mitchell & Best @ Ashleigh Knolls LLC (301) 762-9511  
1636 East Gude Drive Rockville MD 20850

OCCUPANT'S NAME AND ADDRESS  
VACANT

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
Sutton-Yantis (703) 734-9733  
1952 Gallows Road #100  
Vienna VA 22182

CONTRACTOR'S NAME AND ADDRESS  
Same as owner

EXISTING USE VACANT lot	PROPOSED USE residential single family home
----------------------------	--

EST. CONSTRUCTION COST 140,000	LICENSE NUMBER 049307	PERMIT FEE 535
-----------------------------------	--------------------------	-------------------

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	62	44	10
2	62	40	10
3	62	40	10
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			asp. gable
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS		FOUNDATION	S. WALLS
16"x3"		8" conc.	frm/sid

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
		y	y	gas
				AC
				x

I have carefully examined and read this application and know the same is true and correct, and that is 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 Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application and that no work will be covered up until such inspections have been completed with.

V P land dv. SIGNATURE 7/24/97  
TITLE DATE

## 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)

TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK \_\_\_\_\_ (CORNER LOT ONLY) \_\_\_\_\_ SDP # \_\_\_\_\_

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**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-89-591

ck 1320

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7-28-97	Jim Meisto
FIRE PROTECTION		
STORM WATER MGMT		

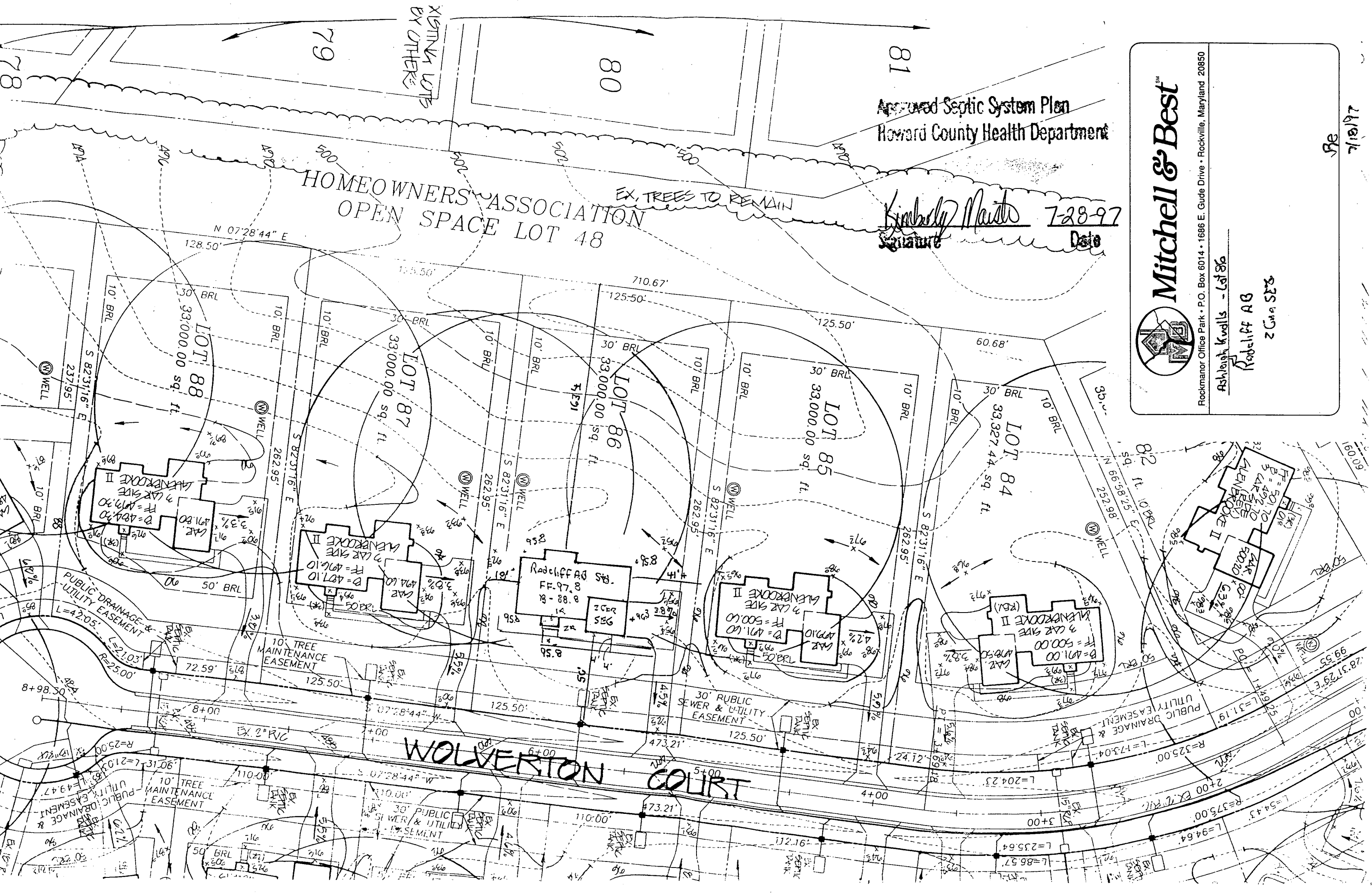
APPROVED

DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

CPA



Approved Septic System Plan  
 Howard County Health Department

*Kimberly Martin* 7-28-97  
 Signature Date

**Mitchell & Best**  
 Rockmanor Office Park • P.O. Box 6014 • 1686 E. Gude Drive • Rockville, Maryland 20850

Ashleigh Kwalls - CFS  
 Radcliff AB  
 2 Cur SES

7/18/97

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**300120877**

Building Address 7212 WOLVERTON CT  
CLARKVILLE, MD. 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6051.02 Subdivision ASHLEIGH KNILLS  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 816  
 Tax Map 40 Parcel 475 Grid 12  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot size 125X2000  
33000 SF

Property Owner's Name GARY J. HUQUETTE  
 Address 7212 WOLVERTON CT  
 City CLARKVILLE State MD Zip Code 21029  
 Home Phone: (301) 954-9599 Work Phone (301) 954-9599  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax (301) 954-9599

Existing Use RESIDENTIAL  
 Proposed Use RESIDENTIAL  
 Estimated Construction Cost \$ 3000  
 Description of Work FINISH FINISHING BASEMENT

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 City CLARKVILLE State MD Zip Code 21029  
 Phone (301) 954-9599 Fax (301) 954-9599

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private } <u>COMMUNITY</u>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

Gary J. Audette  
 Applicant's Signature

GARY J. AUDETTE  
 Print Name

\_\_\_\_\_  
 Title/Company

12/14/99  
 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		
Building Official	<u>12/14/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>10/14/99</u>	<u>[Signature]</u>
Fire Protection		

**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#: 31120**

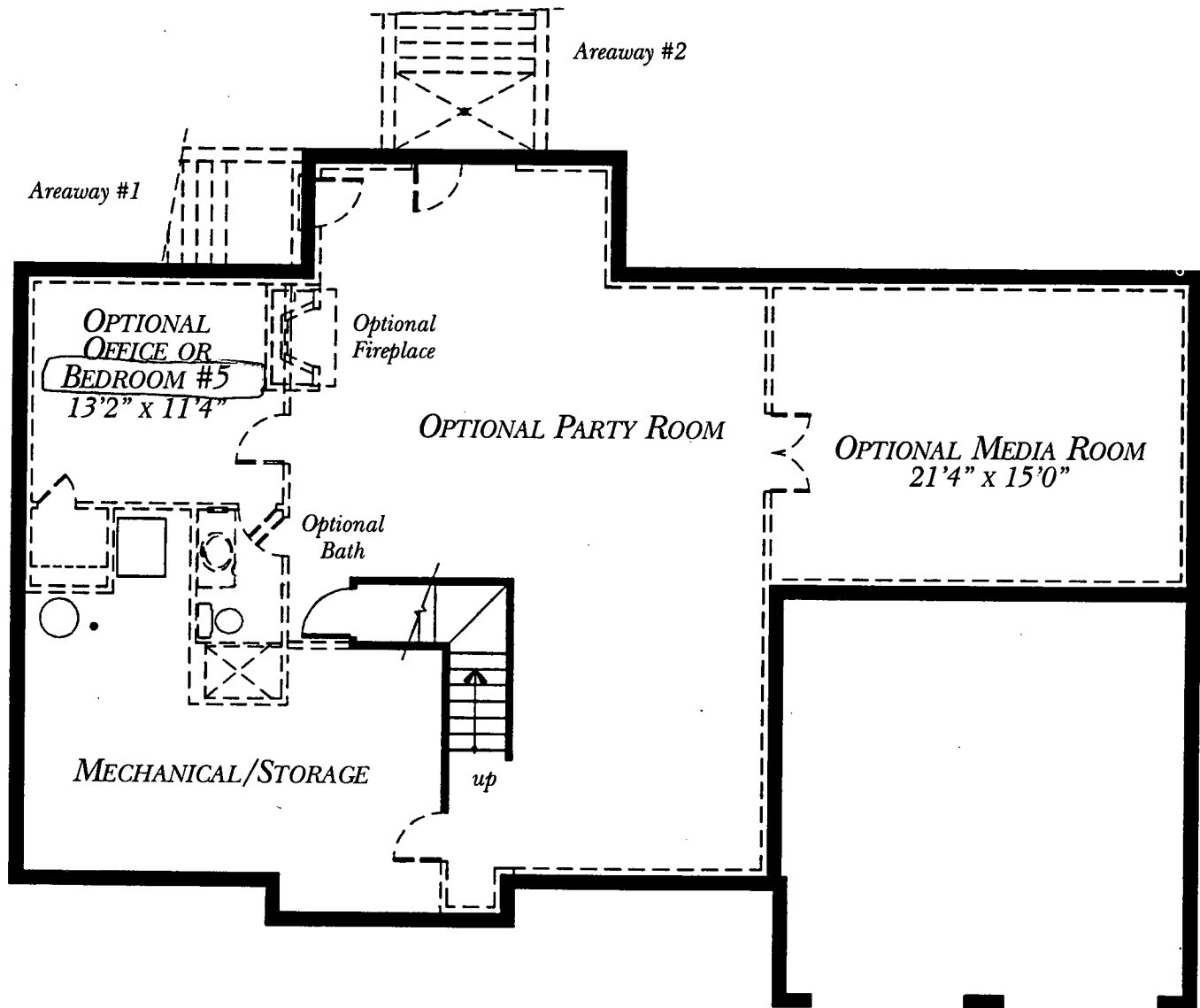
Filing fee	\$ _____
Permit fee	\$ <u>38</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>38</u>
Balance due	\$ _____
Check	# <u>6662</u>
Validation	# <u>24059</u>

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

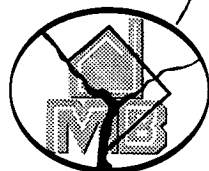
# Basement



ELEVATION 'A'

10/14/99

Proposed finished basement  
plan as presented.



**Mitchell & Best**<sup>SM</sup>  
If It's Mitchell...It's Best!

"We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin."