

12/29/97 MA  
12:00 C.O.  
12/31/97, Co  
V.002

4/9/98  
1100 Septic  
pump test

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59221

A \_\_\_\_\_

DISTRICT 5th

DATE 11/17/97

DATE SYSTEM APPROVED 4.14.98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 313-2640

TAXID#  
05-420474

## INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE \_\_\_\_\_

SUBDIVISION Ashleigh Knolls LOT 100 ROAD 7204 Fawn Crossing Drive

PROPERTY OWNER Winchester Homes, Inc. MIKE + MELISSA Holton  
6305 Ivy Lane, Suite 800  
ADDRESS Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

BLDG. PERMIT SIGNED  
AND RETURNED 11-18-97  
Serial # B70108828 STD-4Bm

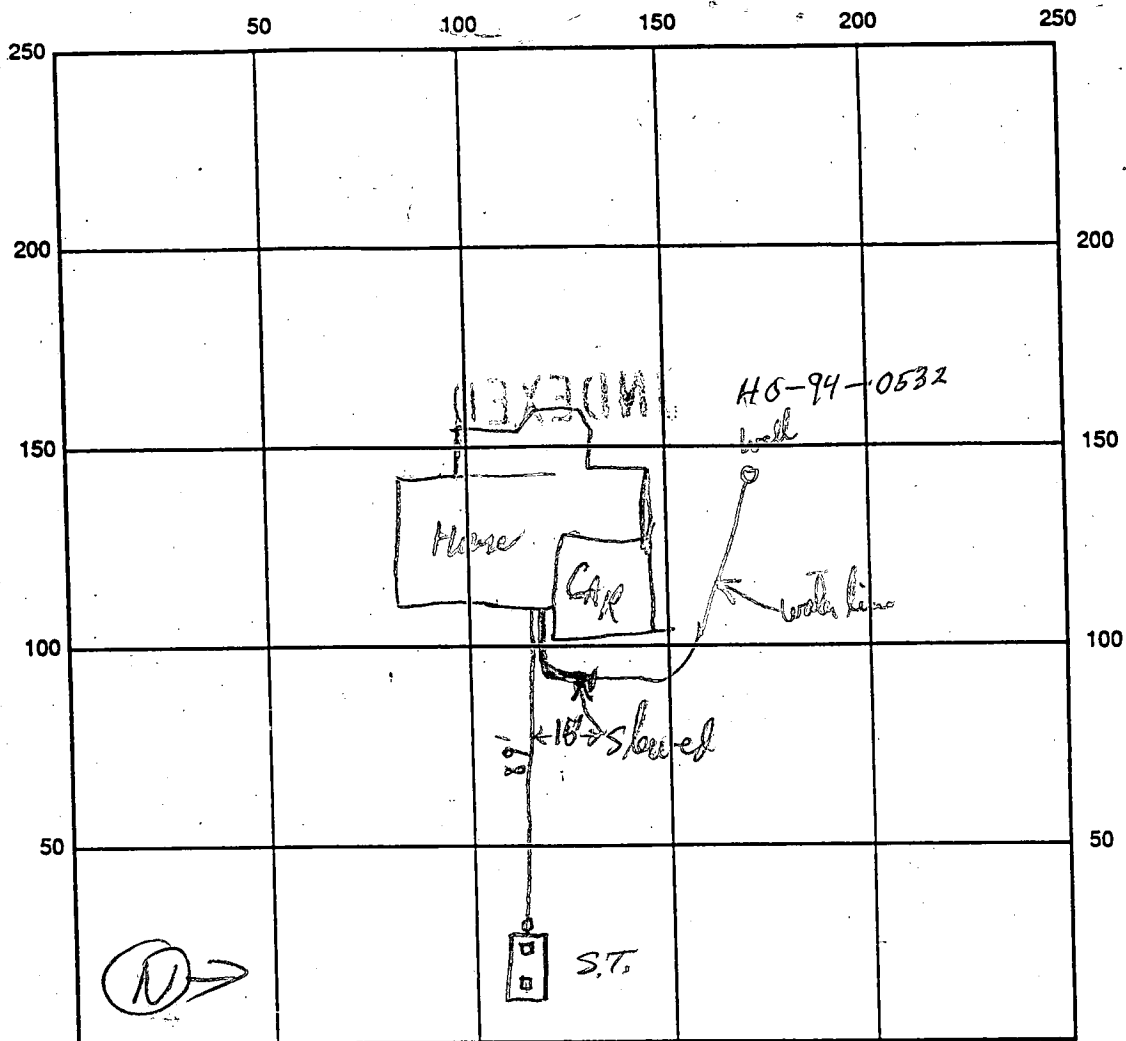
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.
- This 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 5-6-99  
Serial # B70117766  
2-level deck

59221

Plans Approved By Randall Kelly

Date: 11/21/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
*Farrow Crossing Way*

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

REMARKS: 12/29/97 @ 12:30 P.M. - No work has been done on this lot - only basement slab ready. P.P. 12/29/97

Part of septic line OK to cover. Need final house connection after ground covers. P.P. 12/31/97

House connection OK to cover - Call for septic pump test. P.P. 12/31/97

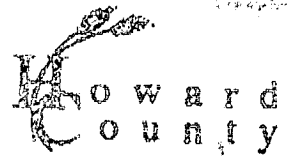
4/9/98 - Hatfield's did not show, reschedule pump test P.P.

4/14/98 Matt Tudor of Bureau of Utilities confirmed that pump test is OK for U & O (K.M.)

W.P.F. pattern adapter & water line OK to cover P.P. 12/31/97

DATE SYSTEM APPROVED 4/14/98 INSPECTOR Kimberly Maisto

**FAX**  
COVER SHEET



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel: (410) 313 4900  
Fax: (410) 313 4989

Date: 4/14/98 Number of pages including this one 1  
To: Kin  
Fax No.: 2648  
From: Matt Tudor

Comments: Ashleigh Koells WES 50-3383  
Sewer Pump test for Winchester Homes  
Lot # 100 7204 Fawn Crossing Drive  
okay for U&O

please call extension 4934 to confirm





APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

SERIAL NUMBER

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

*7625*

*800108828*

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
*7204 Fawn Crossing Dr 33146*  
*Clarksville, Md. 21229*

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED  
*House Type is: Browning w/lean to roof  
2 story, full bmt. 102, 3FB, 110  
4 BR, FF Garage four surfaces*

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
<i>100</i>	<i>475</i>	<i>-</i>	<i>2</i>	<i>7</i>	<i>-</i>	<i>-</i>
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
<i>Ashlark Knolls</i>		<i>RR</i>	<i>41</i>	<i>5</i>	<i>6051.02</i>	

OWNER NAME AND ADDRESS  
*Winchester Homes, Inc*  
*6305 Ivy Ln. Suite 400*  
*Greenbelt, MD 20770 301-474-4411*

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	<i>56'</i>	<i>52'</i>	<i>10'</i>
	<i>56'</i>	<i>48'</i>	<i>10'</i>
	<i>56'</i>	<i>48'</i>	<i>10'</i>

OCCUPANT'S NAME AND ADDRESS  
*Winchester Homes, Inc*  
*6305 Ivy Ln. Suite 400*  
*Greenbelt, MD 20770 301-474-4411*

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	<i>2202</i>		
ROOMS	<i>1670</i>		
BATHS			
FIREPLACES	<i>5633</i>		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
*R. M. ...*

FOOTINGS	FOUNDATION	S. WALLS
<i>16x8</i>		

CONTRACTOR'S NAME AND ADDRESS  
*Winchester Homes, Inc*  
*6305 Ivy Ln. Suite 400*  
*Greenbelt, MD 20770 301-474-4411*

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>GAS</i>
				AC
				<input checked="" type="checkbox"/>

I have carefully examined and read this application and know the same is true and correct, and that in 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.

EXISTING USE  
*Vacant*

PROPOSED USE  
*Res. Single Family*

SIGNATURE  
*Carol ...*  
TITLE  
DATE  
*11-17-97*

EST. CONSTRUCTION COST  
*160,000*

LICENSE NUMBER  
*15X-14160*

PERMIT FEE

W/S CODE

### 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)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	<i>11/18/97</i>	<i>Ann M. Melle</i>
FIRE PROTECTION		
STORM WATER MGM.	<input checked="" type="checkbox"/>	

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-69-591 *11-17-97*

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

*A*

C 2734

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 083096

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0532

OWNER Winchester Homes last name Wollingford Lane first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 100

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sand Silt Clay, boulders, Sand Stone mica, Sand Stone mica.

GROUTING RECORD YES NO (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 48 NO. OF POUNDS 4800 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (P) (L) (C) (O) (J) (S)

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 166

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (X) (N)

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 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.

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (Must match signature on application) George F. Eastert

LIC. NO. 501

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) H0 164 500

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) TELESCOPE CASING LOG INDICATOR OTHER DATA

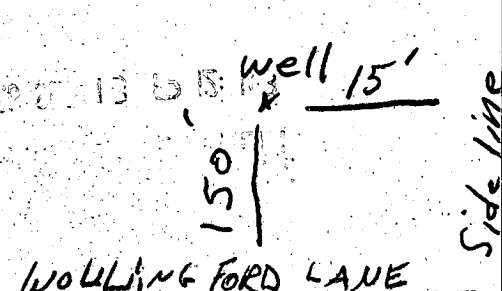
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 120 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 11 ft. WHEN PUMPING 89 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 2

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)





**B 1** 6408 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER H0-94-0532  
70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 05/27/95  
 15 Last Name Winstanley Owner Homes First Name  
 38 Street or RFD 6305 Ivy Lane  
 57 Town Greenbelt 70 State 72 MD Zip 76 20770

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD  
 Driller's Name George F. Easterday 40  
 Firm Name L. Franklin Easterday, Inc. 77 License No. 80  
 Address 9265 Brown Church Rd., MT. Airy, Md. 21771  
 Signature George F. Easterday Date 5-20-95

**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 NEAREST

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) AIR-ROTary JETTED ROTARY (Hydraulic Rotary)  
 AIR-PERCussion DRIVE-POINT  
 CABLE other

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE RA WRITE INITIALS IN BOX PERMIT No. H0-94-0532  
67 68 70 71 72 73 74 75 76 77 78 79

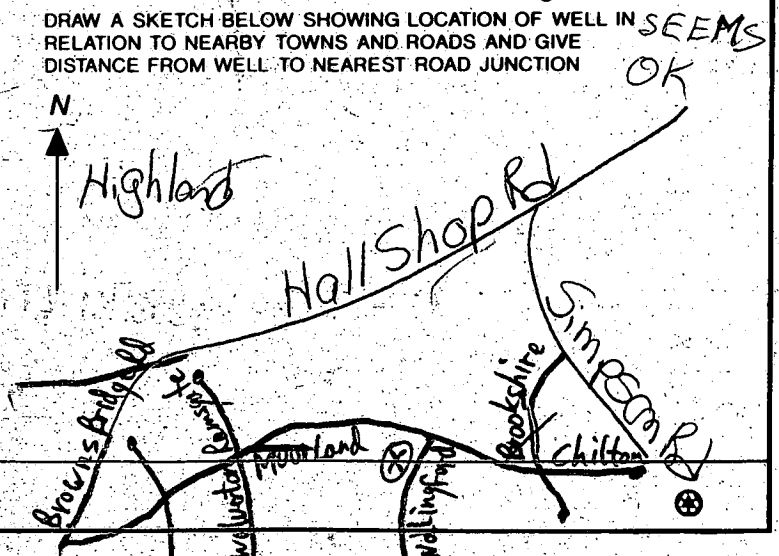
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
 COUNTY \_\_\_\_\_

**LOCATION OF WELL**  
 8 COUNTY Howard  
 23 SUBDIVISION ASHLEIGH KNOLLS  
 SECTION \_\_\_\_\_ LOT 100  
 52 NEAREST TOWN Highland  
 MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ M I

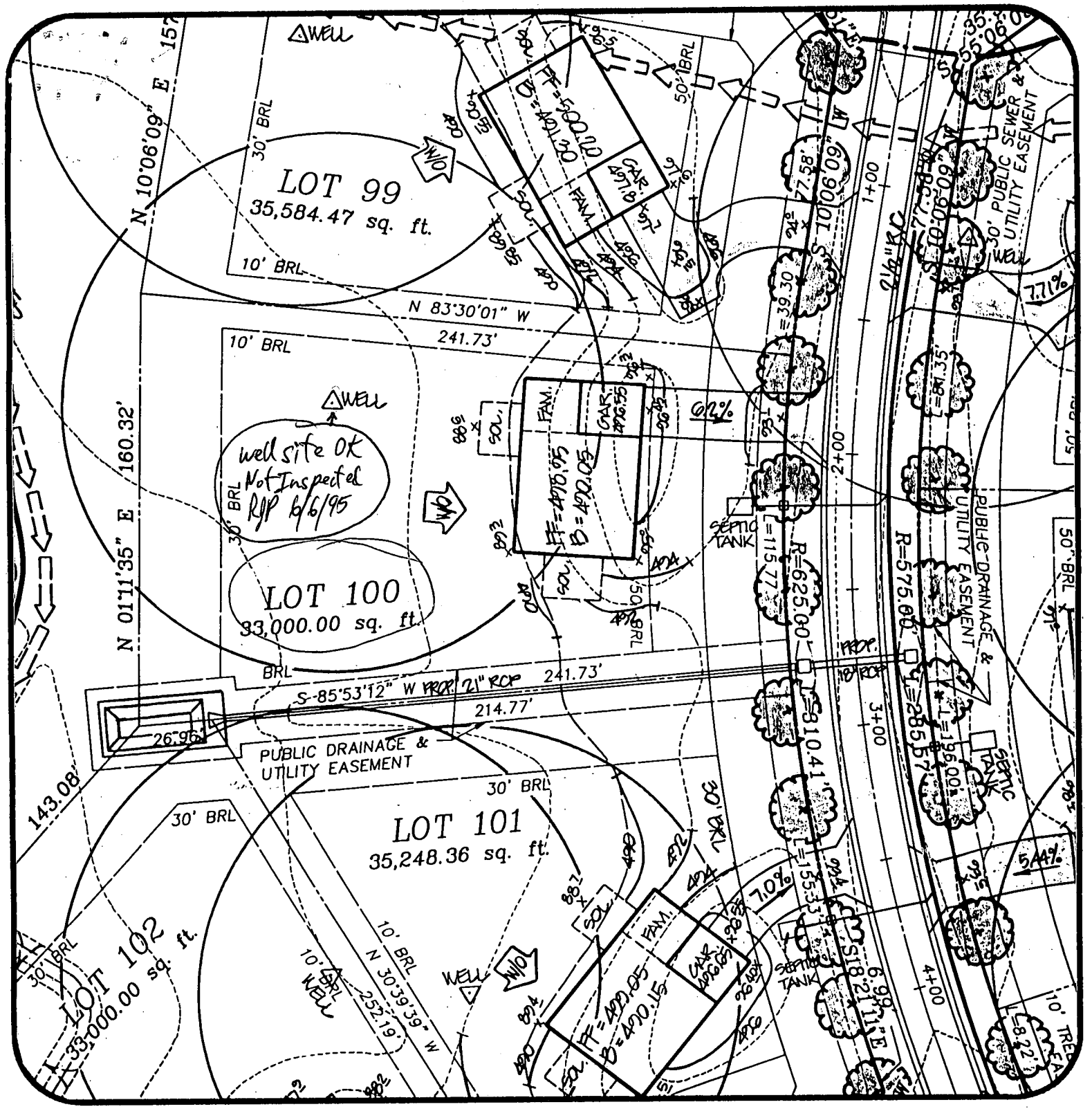
**DIRECTION OF WELL FROM TOWN** (CIRCLE BOX)  
  
 NEAR WHAT ROAD WOLLINGFORD LANE  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST  
 DISTANCE FROM ROAD 150 FT OR MI FT  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. 13  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED 06/06/95 INSERT S \_\_\_\_\_  
 CO SIGNATURE [Signature] EXPIR. DATE 6/6/95  
 NORTH GRID 487000 EAST GRID 0817000

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  
 E 8107  
 N 4827







Ashleigh Knolls  
Lot 100

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3600

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
PD00117766

Building Address: 7204 FAUN CROSSING DRIVE  
Clarksville 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract: 615602 Subdivision: ASHLEIGH KNOLLS

Section: 4 Area: \_\_\_\_\_ Lot: 100

Tax Map: 41 Parcel: 475 Grid: 7

Zoning: RR-DEP Map Coordinates: \_\_\_\_\_ Lot size: 33369 sq ft

Property Owner's Name: MIKE & MELISSA HOLTAN

Address: 7204 FAUN CROSSING DRIVE

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: 301-854-2493 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Existing Use: RESIDENCE SFD

Proposed Use: DECK ON REAR OF HOME

Estimated Construction Cost: \$ 3250.00

Description of Work: TWO LEVEL DECK  
12'x10, 12'x12 DECK W/STEPS Slope  
4'24 SLOTT TOTAL irregular

Contractor Company: SULLIVAN BLAKE REMODELING

Contact Person: JOHN SULLIVAN

Address: 9014 MANORDALE LN

City: ELLICOTT CITY State: MD Zip Code: 21042

License No.: 51011

Phone: 410-418-9166 Fax: SAME

Occupant or Tenant: MIKE & MELISSA HOLTAN

Contact Name: \_\_\_\_\_

Address: 7204 FAUN CROSSING DRIVE

City: CLARKSVILLE State: MD Zip Code: 21029

Phone: 301-854-2493 Fax: \_\_\_\_\_

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth: _____ Width: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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 <input type="checkbox"/> 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: <u>25' x 25'</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THEREIN; (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: [Signature]

Title/Company: SULLIVAN BLAKE REMODELING, INC.

Print Name: John Sullivan

Date: 5/5/99

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		
Dev. Engineering DPZ	<u>5/6/99</u>	<u>[Signature]</u>
Health		
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 NewTown Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

PROPERTY ID#:	AMOUNT
33146	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>2266</u>
Validation	# <u>21566</u>

Accepted by: [Signature]

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

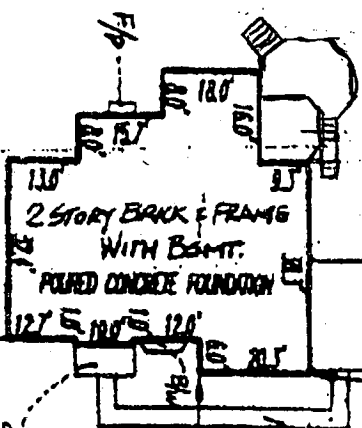
PRESERVATION PARCEL "D"

LOT 131

N01°11'36"E

160.32'

LOT 100



18' x 18'

12' x 10' 6"

4'

LOT 102

PUBLIC DRAINAGE AND UTILITY ESMT

241.79' S85°58'12"W

LOT 101

10' BR

32' 52"

50' BR

106' 12"

50' BR

10' BR

244.79'

S83°30'01"E

LOT 99

MAC DRIVE

50' PUBLIC SEWER & UTILITY EASEMENT

SEPTIC ACCESS

10' TREE MAINTENANCE EASEMENT

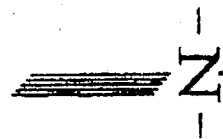
ELEC TRANSFORMER

R=625.00' L=115.77'

7204 FAWN CROSSING DRIVE 50' R/W PLAT No. 12255

Mike Holton

5/4/99  
 Proposed deck location shown - contractor to maintain 20' deck off wall



LEGEND