

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Woodsdale Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x120 FT. → 240

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/6/96 layout check confirmed - OK to

BUILDING PERMITTED

AND RETURNED

11/12/96 OK to cover from tank to d.b. and
trenches. Line from house to sit. needed. DCS,

11/12/96 House connection made ALM

11/12/96 WPI OK to cover ALM

DATE SYSTEM APPROVED 11/12/96 INSPECTOR Amy Mc Miller

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 41057
P _____
DISTRICT 4TH
DATE December 18, 1987

*7/12/88
perc OK'd pending
approved plan
@*

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 ~~C. Oliver Goldsmith, et ux~~ Mark + MELISSA STERINSKY
ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: Wellington Sect 1 Area LOT 18 Preliminary Sec. 1
SUBDIVISION Longwood Farm LOT NO. E 18

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and
Union Chapel Road (2910 Woodside Road) BLDG. PERMIT SIGNED AND RETURNED

SIZE OF LOT 3+ Acres TYPE BLDG. SFD Residential
(NUMBER OF BEDROOMS) *
* Undetermined at this time

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. I ALSO AGREE TO COMPLY

WITH ALL MOSMA REQUIREMENTS IN TESTING THIS LOT. By [Signature] Secretary Development Corp
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] 8/26/96 FOR _____ DATE _____
BLDG. PERMIT SIGNED AND RETURNED

REJECTED BY SFD-4Bm FOR _____ DATE _____

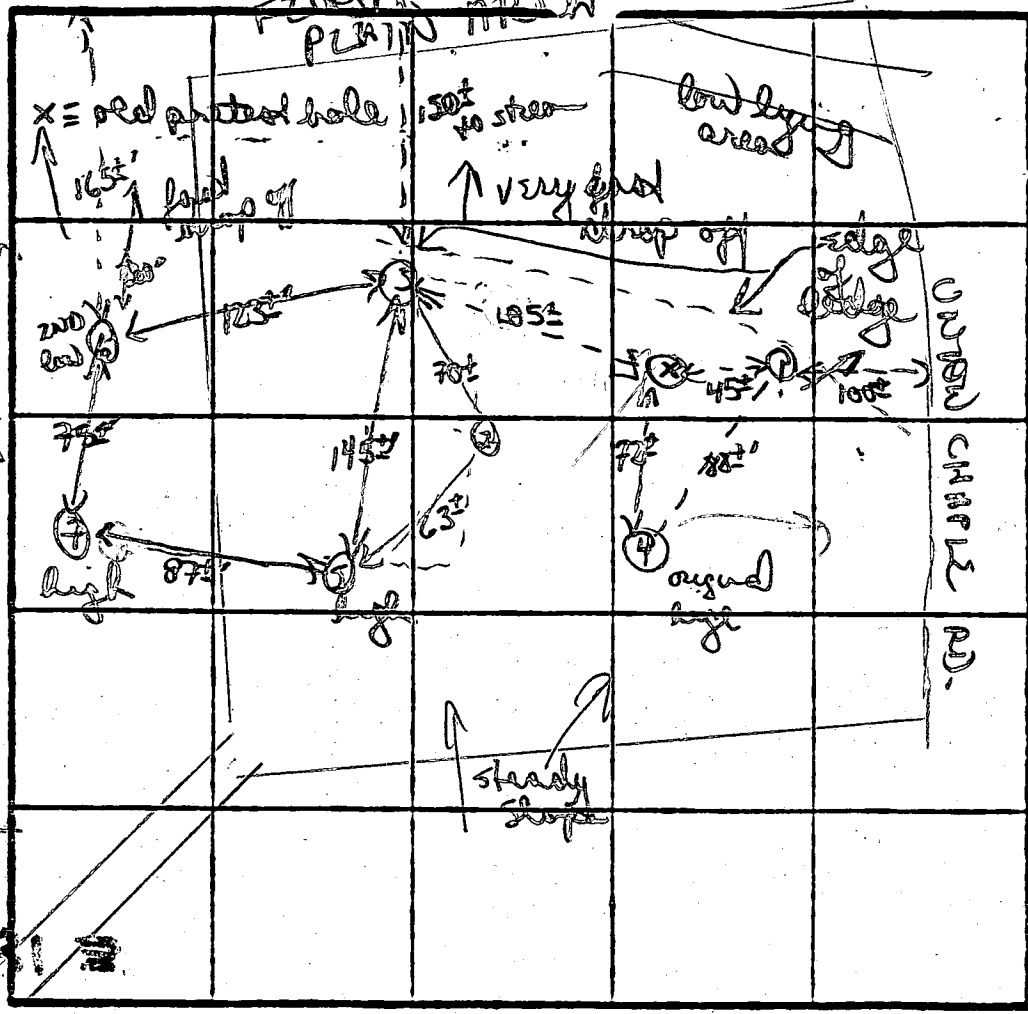
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes s/d plan

THIS IS NOT A PERMIT

③
SOIL PROFILE

orange/brown
silty clay
loam 4"
to gritty silty
loam
(to orange)
w/ patches
red/eye
frags
4 1/2 - 8'
to 1/2" small
red
9' hard bottom



④
yellow/brown
patchy w/
mostly orange
chunky gritty
clay/clay
loam 4 1/2'
w/ patchy +
layered
areas in
red rock
15% to 20%
by 8' +
9' hard
⑤
bright orange
clay/clay silty
loam 6'
to orange then
brown/orange
chunky clay
2 1/2'
patchy chunky
clay w/
orange silty
loam
patchy
red frags
rock
(15%)
9 3/4' hard

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑥
brown/orange
chunky clay
2 1/2'
patchy chunky
clay w/
orange silty
loam
patchy
red frags
rock
(15%)
9 3/4' hard

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------------|---------|---------|------------------------------|------|---------------------------|
| | | | START | STOP | START | STOP | |
| 11/2/88 | ① | ROCK | +5" | RUFUSAC | have covered | | |
| | ① | ROCK | 5" | RUFUSAC | (hole already covered) | | |
| | x | OLD road hole | | | (red/eye rock frags in pile) | | |
| | ② | 3' S | 1145 | 1147 | 1147 | 1150 | 3MIN |
| | | 9' D | | | | | hard bottom (see profile) |
| | ③ | 3' S | 1147 | 1149 | 1149 | 1152 | 5MIN |
| | | 9 3/4' D | | | | | hard bottom (see profile) |
| | ④ | 3 1/2 S | 1150 | 1153 | 1153 | 1158 | 5MIN |
| | | 12' D | | | | | bottom (see profile) |
| | ⑤ | 3 S | 1209 | 1211 | 1211 | 1214 | 3MIN |
| | | 9 1/2' D | | | | | hard bottom (see profile) |

REMARKS: perc flipped & combined w/ test 19. Hole closest to stream = 150' (though 30' w elevation difference)
 TYPE OF SOIL: orange/yellow brown chunky clays/clay loams to 4-6'; mostly silty loams w/ chipping and w/ rock frags
 TESTED BY: B N / for ALSO PRESENT: chip Kern

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 18 on 2

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

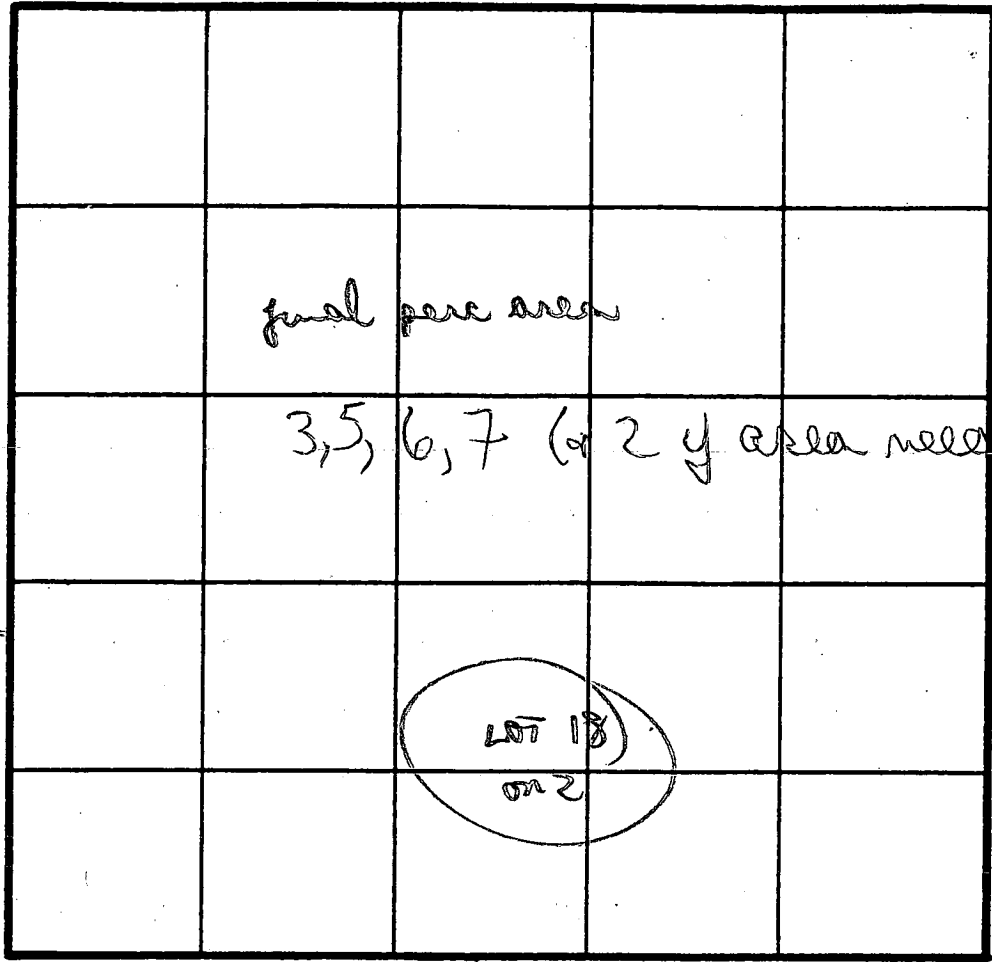
THIS IS NOT A PERMIT

2

SOIL PROFILE

0'
 orange / tan
 clay loam
 w/ patches
 red frags
 rock 4 1/2"
 to silty
 tan / grey
 silty loam
 ↓

11 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHALLOW
 SYSTEM ONLY
 $\bar{X} = 3 \frac{1}{2}$ MIN
 BURET $3 \frac{1}{2}$
 MAX $5 \frac{1}{2}$

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------------|--------------------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 11/2/88 | 2 | VISUAL ONLY | (ground soaked) | | 3 1/2 - 4' | | |
| | | 1 1/2' D | (NOT hand drilled) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

soils seem to improve on lower holes (less rocky)
 However part of that may be compromised

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

C1 **4176** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON A&L CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 41057**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
041096

Depth of Well
400
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0737

OWNER **SAC Contractors**
 STREET OR RD **Woodsdale Rd** TOWN **Glenwood**
 SUBDIVISION **Wellington** SECTION _____ LOT **18**

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 | |
| <i>Sand</i> | 0 | 18 | |
| <i>Coarse Miss Rock</i> | 18 | 400 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS **6** NO. OF POUNDS **564**
 GALLONS OF WATER **36**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **19** ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main casing) (nearest inch!) **6** Total depth of main casing (nearest foot) **22**

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS BRONZE **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. **24**

DRILLERS SIGNATURE *Joseph L. Wiggins*
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

C 2

DEPTH (nearest ft.)

| | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| H | 0 | 2 | 0 | 4 | 0 | 0 |
| 8 | 9 | 11 | 15 | 17 | 21 | |
| 2 | | | | | | |
| 23 | 24 | 26 | 30 | 32 | 36 | |
| 3 | | | | | | |
| 38 | 39 | 41 | 45 | 47 | 51 | |

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T _____ W Q _____
 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **006.5**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **45** ft.
 WHEN PUMPING **258** 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) **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 **_____**

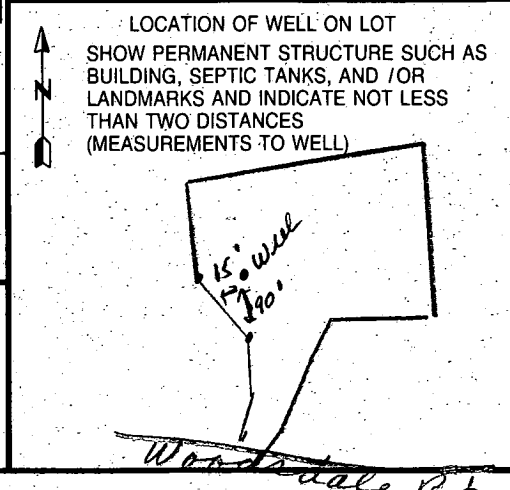
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **2** (nearest foot)
- below



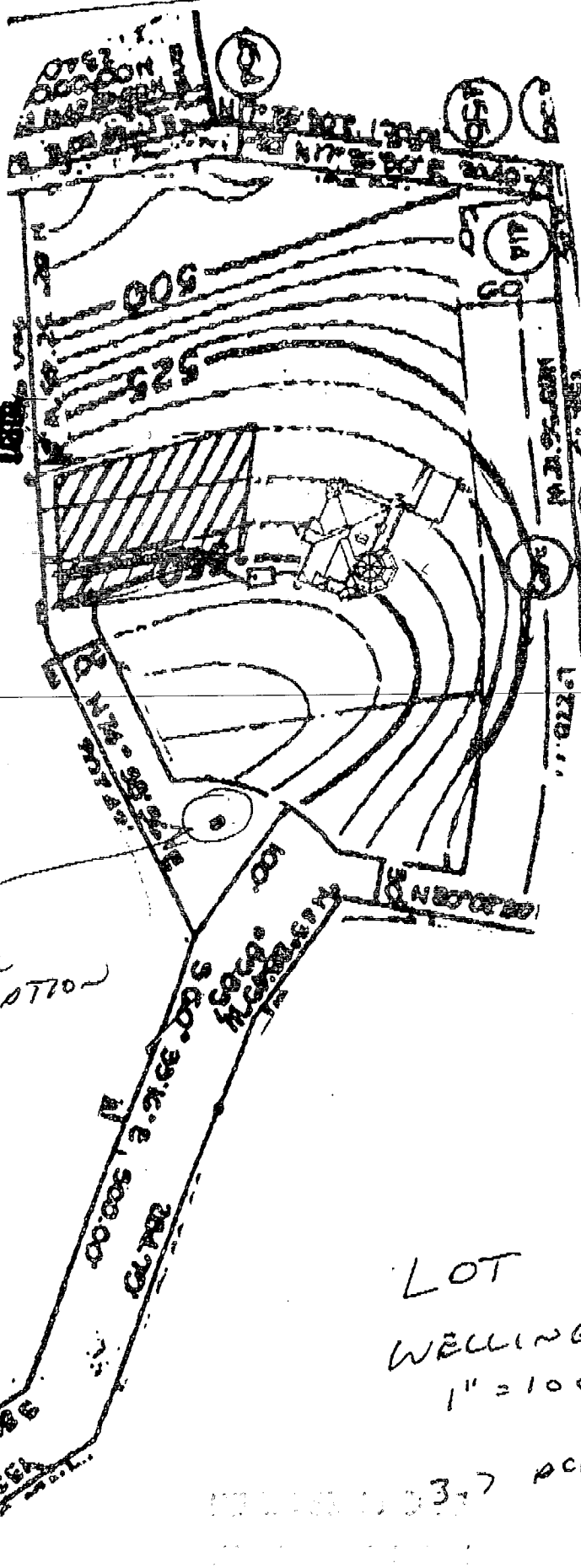
EXISTING TOPOGRAPHY -

WELL LOCATION
ELEVATIONS

Approved Septic System Plan
Howard County Health Department
000101862

Date 8/26/96
Signature

WELL LOCATION



ELEVATIONS

FIRST FLOOR 556.3

BASEMENT 548.3

INVERT OUT OF TANK 547.5 552.00

INVERT INTO TANK 551.00

EXISTING ELEVATION AT TRENCH 555.00

INVERT OUT OF TANK 550.5

INVERT INTO TRENCH 547.00

EXISTING ELEVATION AT DISTRIBUTION BOX 550.00

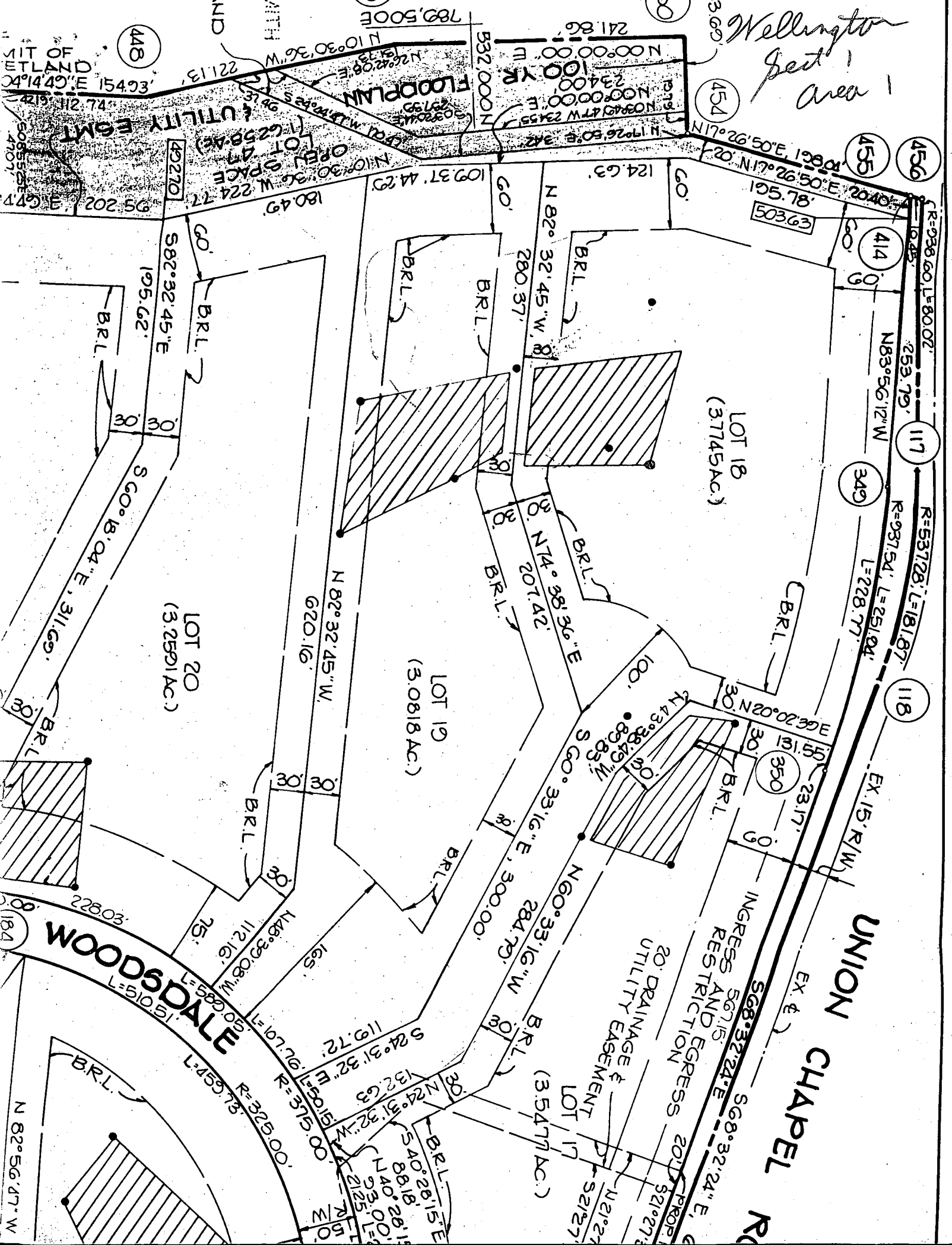
EXISTING ELEVATION AT TRENCH 550.00

LENGTH & TRENCH TO BE DETERMINED BY

LOT 18
WELLINGTON SUBDIVISION
1" = 100 LF.

33.7 ACRES

Wellington
East Area



448
N 10° 30' 36" W
789.500 E
N 26° 42' 08" E
503.000 E
N 00° 00' 00" E
234.000 E
N 03° 49' 47" W
235.551 E
N 17° 26' 50" E
342.124 E

UTILITY EGMT
OPN SPACE
LOT 47
N 10° 30' 36" W
180.49 E
N 09° 37' 44" E
109.37 E

582.32 45" E
195.62 E
S 60° 18' 04" E
311.69 E

LOT 20
(3.2591 AC.)

LOT 19
(3.0818 AC.)

LOT 18
(3.7745 AC.)

LOT 17
(3.5477 AC.)

WOODSDALE
L=510.51
R=325.00

UNION CHAPEL ROAD
EX. 15. R/W
EX. 4

INGRESS AND EGRESS RESTRICTION
20' DRAINAGE & UTILITY EASEMENT

456
R=537.28
L=181.87
R=937.54
L=251.84
L=228.77

414
N 83° 56' 12" W
259.79

349
R=537.28
L=181.87
R=937.54
L=251.84
L=228.77

350
N 20° 02' 39" E
231.17

350
S 68° 32' 24" E
567.15

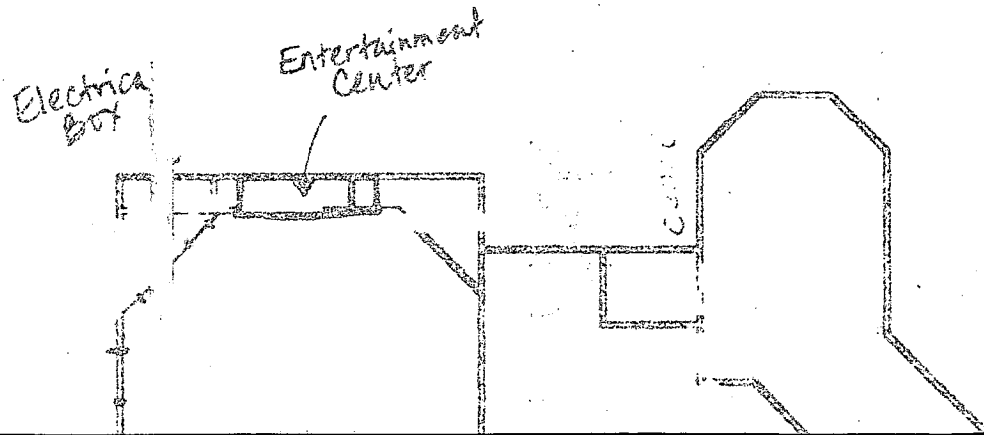
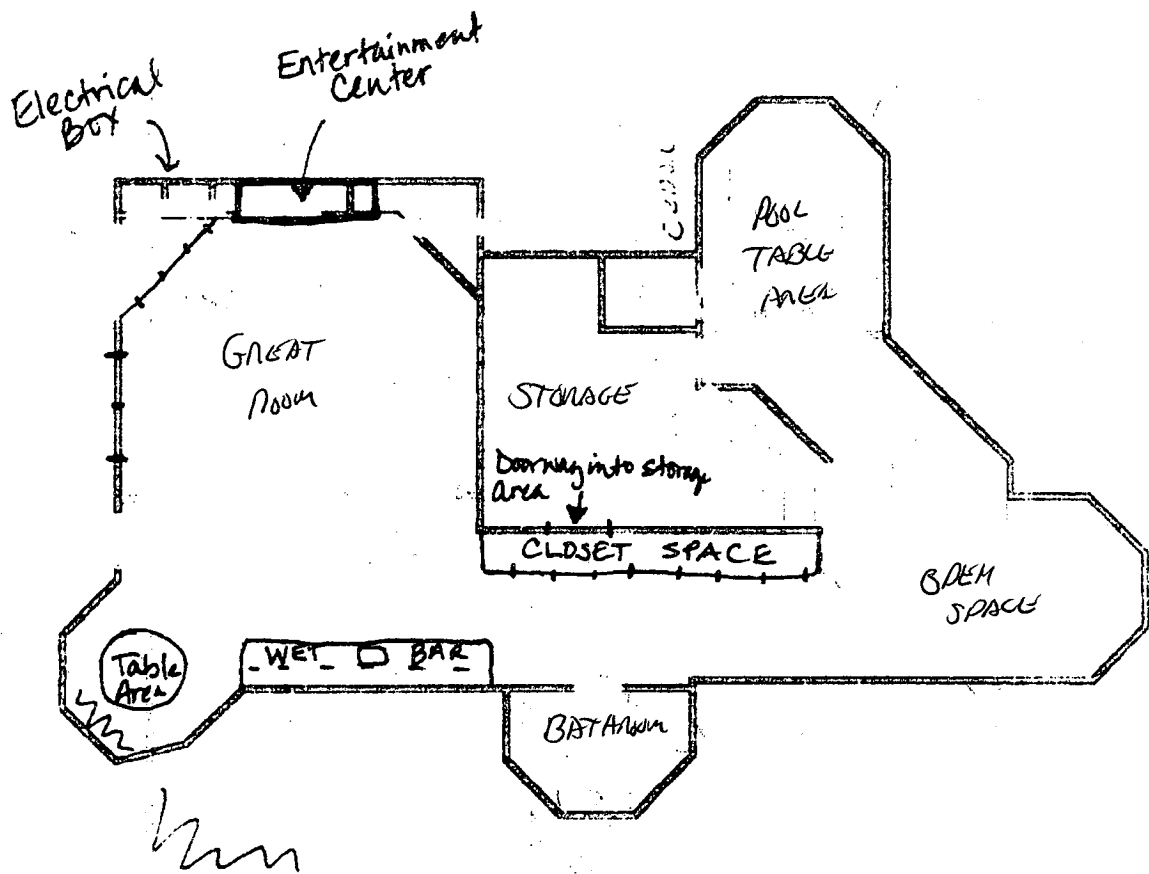
350
S 68° 32' 24" E
568.32 24" E
568.32 24" E

350
S 68° 32' 24" E
568.32 24" E
568.32 24" E

350
S 68° 32' 24" E
568.32 24" E
568.32 24" E

350
S 68° 32' 24" E
568.32 24" E
568.32 24" E

6/12/02 BSMT FINISHING OK
NO BR USES
APPARENT
MR



Building Address 2810 WOODSDALE RD.
CLEWOOD MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision WELLINGTON
 Section 1 Area 1 Lot 18
 Tax-Map 14 Parcel 239 Grid 21
 Zoning RC Map Coordinates 9A5 Lot size _____

Property Owner's Name MARK & MELISSA STAZINSKY
 Address 2810 WOODSDALE RD.
 City CLEWOOD State MD Zip Code 21738
 Home Phone 301-854-5593 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS CONTRACTOR
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use FINISHED BASEMENT
 Estimated Construction Cost \$ 15,000.00
 Description of Work GARAGE ADD, WET BAR,
PATHWAY POOL TABLE AIO, STORAGE
AREA DECKWOODS DRIVE

Contractor Company DOISEY CUSTOM CONSTRUCTION
 Contact Person JOSEPH H DOISEY
 Address 14767 JUSTIFIABLE CT.
 City WOODBINE State MD Zip Code 21797
 License No. MHC 69878
 Phone 410-489-7636 Fax 410-489-7075

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement:
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 3
 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 5 X PC
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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.

Joseph H. Doisey
 Applicant's Signature
Mr. Joseph H. Doisey
 Title/Company

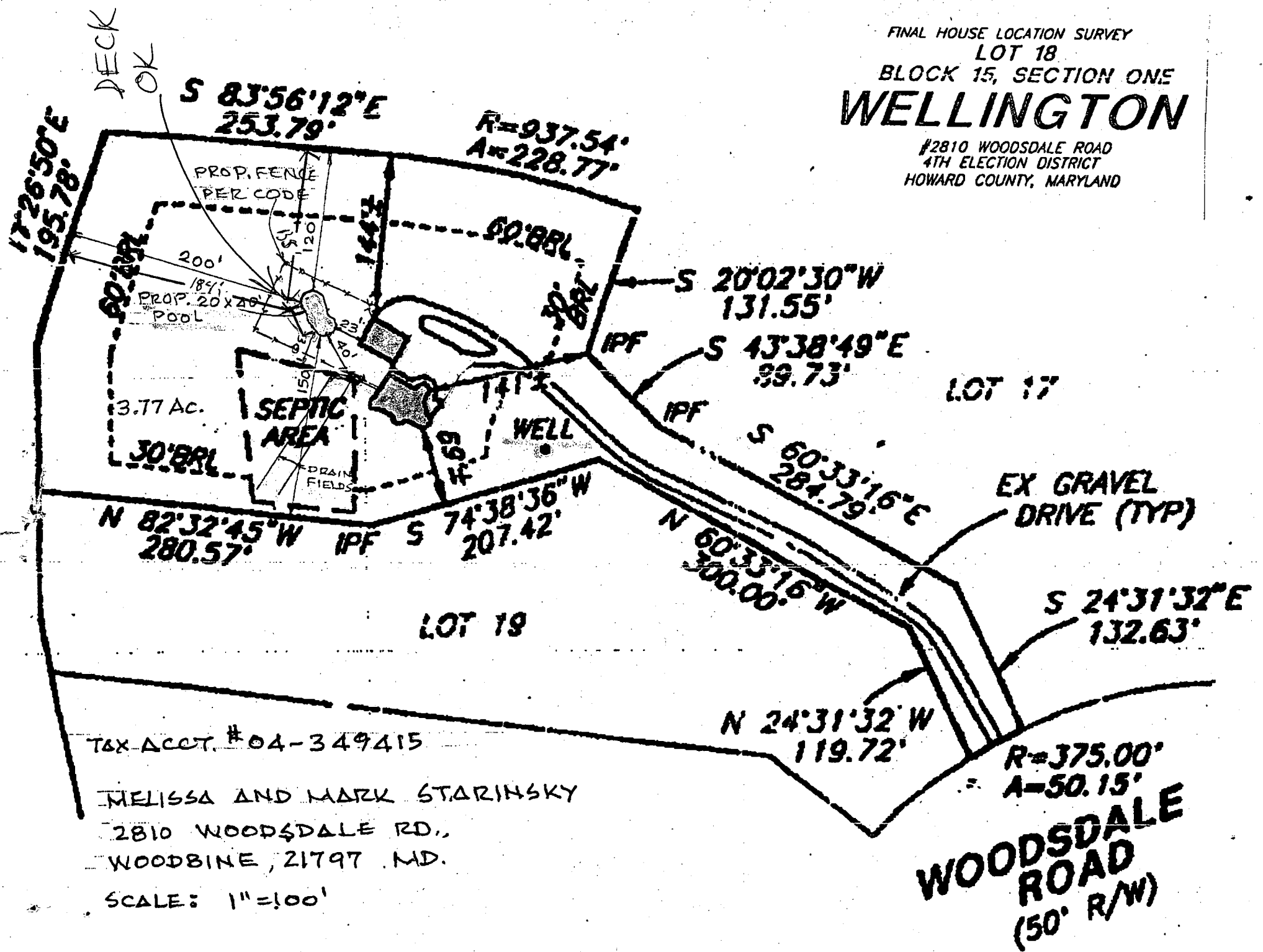
JOSEPH H DOISEY
 Print Name
6/10/02
 Date

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

FOR OFFICE USE ONLY

FINAL HOUSE LOCATION SURVEY
 LOT 18
 BLOCK 15, SECTION ONE
WELLINGTON

#2810 WOODSDALE ROAD
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



TAX ACCT. # 04-349415

MELISSA AND MARK STARINSKY
 2810 WOODSDALE RD.,
 WOODBINE, 21797 MD.

SCALE: 1"=100'

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

P00141696

Building Address 2810 WOODS HALL ROAD
CLEARWOOD MD 21228

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision McClellan

Section 1 Area 1 Lot _____

Tax Map 14 Parcel 239 Grid 21

Zoning R1D2P Map Coordinates _____ Lot size _____

Existing Use SFD

Proposed Use Swamp Deck

Estimated Construction Cost \$ 8500

Description of Work 16 X 25 PIPES TO BE INSTALLED
UNDER DECK GROUND LEVEL

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name MARK SZERZYNSKY

Address 2810 WOODS HALL ROAD

City CLEARWOOD State MD Zip Code 21228

Home Phone 301-854-5078 Work Phone _____

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

Phone _____ Fax _____

Contractor Company 6-ROCK DESIGN & BUILD CORP

Contact Person RON CECILIANI/ROSK

Address 4321 BARNHART RD

City SUNNYSIDE State MD Zip Code 21154

License No. 52-070

Phone 410-526-6508 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling SF Townhouse
Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 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: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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.

Mark Szerynsky
 Applicant's Signature
 Title/Company _____

RON CECILIANI/ROSK
 Print Name
5/16/03
 Date

ME 5/7/03
 Title/Company _____

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____ PERCENT SETBACK INFORMATION _____ PROPERTY ID# 25072

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