

1/6/94 3:00 p.m.  
1/10/93 12:00 a.m.

25-404 878

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### HOWARD COUNTY HEALTH DEPARTMENT

##### BUREAU OF ENVIRONMENTAL HEALTH

461-9933X

(410) 313-2640

INDEXED

P 49765

A 37252

DISTRICT 5th

DATE 1/29/93

DATE SYSTEM APPROVED 1/10/94

INSPECTOR M. Rifkin

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Thistledown LOT 11 ROAD 7213 Tall Pines Way

PROPERTY OWNER John J. Moynihan and Lenice C. Moynihan

ADDRESS 14910 Ashford Ct., Laurel, MD 20707

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED  
AND RETURNED 3-14-00  
B00128931-POOL**

TRENCHES - Trench to be 3 ft. wide. Inlet 3.5 ft. below original grade. Bottom maximum depth 5.0 ft. below original grade. Effective area begins at 3.5 ft. below original grade. 1.5 ft. of stone below distribution pipe.

LOCATION - Place the distribution box 150 ft. down the right (318 ft.) lot line and 100 ft. off the right lot line as seen when facing the lot from Tall Pine Way. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 ft. in length. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 1/9/87

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

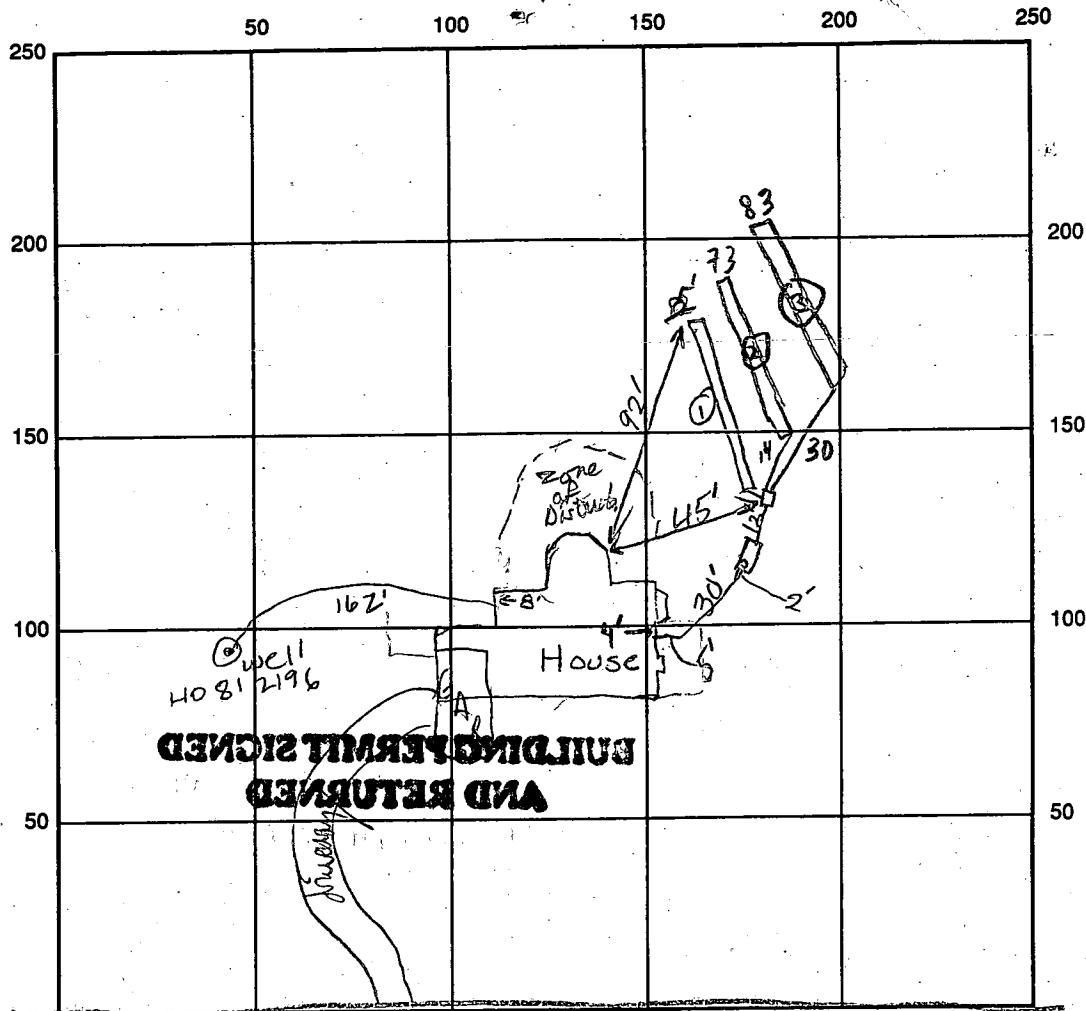
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Addition - Deck  
BLDG. PERMIT  
AND RETURNED 8-25-95  
Serial # 61383

A 37252



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
TALL PINE WAY

SEPTIC TANK LEVEL 1500 gal (10 1/2' long) CLEANOUTS ST.  
DISTRIBUTION BOX LEVEL OK - BAFFLE IN  
DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.  
EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 1 1/2' 3' 85' 83' FT.  
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 0255 @ 219 @ 249 SQ. FT.  
DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
ABSORBENT AREA 723 SQ. FT.

REMARKS: OK to cover HSE connection, ST, line to db and last trench 1/6/94 RP  
1/10/94 OK TO COVER ALL MR

11/11/93 WPI OK to cover final ALM

DATE SYSTEM APPROVED 1/10/94 INSPECTOR M. Rifkin

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37252

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 4/25/86

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 Estate of Grace E. Iager John J. Moynihan  
c/o Tom Lloyd  
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE 301-470-2302  
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 1211 on Prelim

ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.  
(7213 TALL PINES WAY)

SIZE OF LOT 3.1 acres TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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 Sidney Abel FOR Shelton Tele Field DATE 1-9-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 71481 REC SATISFACTORY; HOLD FOR subdivision PERC; SHALLOW Syste.

only S. Abel

BLDG. PERMIT SIGNED

AND RETURNED 8/16/83

Serial # 49755

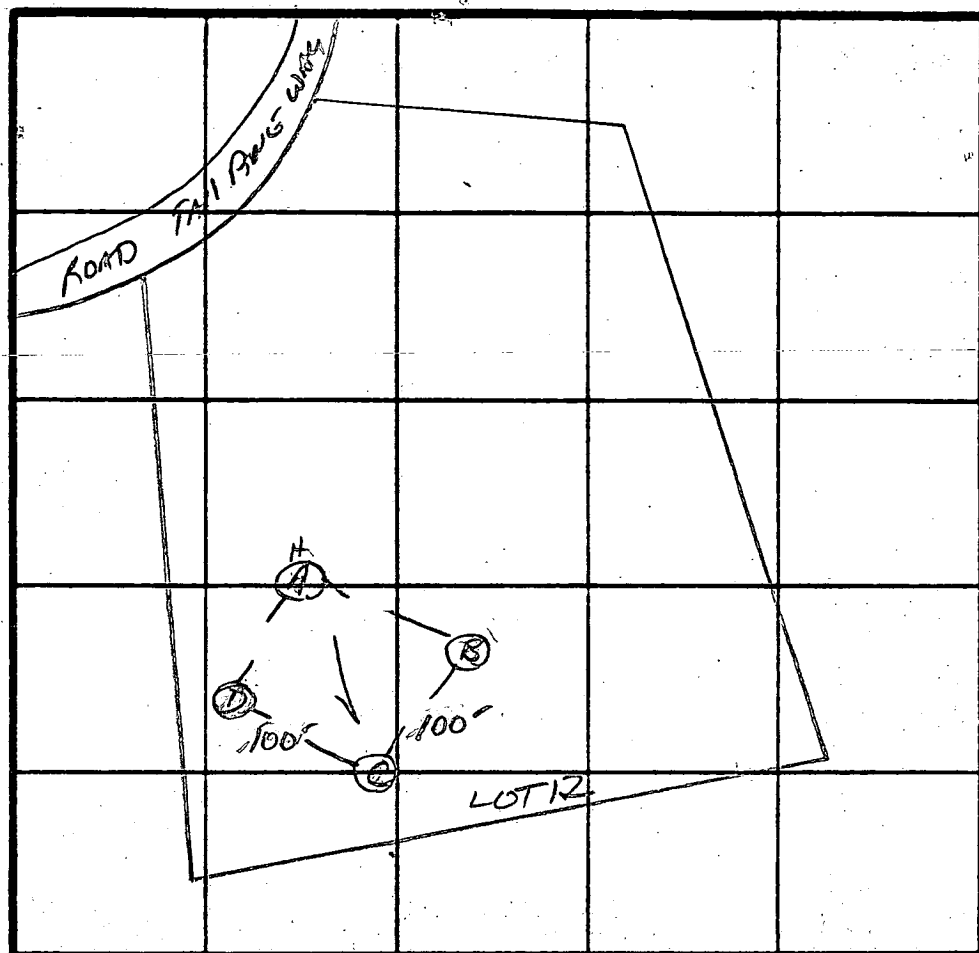
SFD-4Bum

## THIS IS NOT A PERMIT

③  
① ②  
SOIL PROFILE

0'  
4"  
3.0'  
13"

A-3  
Yellow BR  
Silt SAND  
LOAM < 10%  
FRAGMENTS  
< 9% CLAY  
Yellow BR.  
Highly  
MICACEOUS  
Silt LOAM  
CLAY  
FRAGMENTS  
FEW PINK  
CAST VEINS  
HEAVY ROOT  
ZONE TO  
8'-9"



7 PERC  
5 MIN  
180  $\phi$  / BR  
INLET 3.5  
BOTTOM 5.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

URE 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/86	A S	4"	OUT OF WATER	N 5-MIN PERC	SAME AS OTHER		
	A M	8.5'	3:37	3:39	3:39	3:43	4 MIN SINGLES
	A V	13'	SAME AS D				
	B S	4"	3:02	3:07	3:07	3:18	11 MIN
	B V	12.5'	SAME AS D w/ SMALL VEIN OF WEATHER ROCK AT 3-3.5'				
	C S	4"	2:38	2:39:30	2:39:30	2:42	2.5 MIN
	C V	13'	SAME AS D w/ FEW SMALL SHALLOW ROCKS				
	D S	4"	2:16	2:17	2:17	2:18	1 MIN
	D V	13'	UNIFORM SOIL COMP. Below 3"				

REMARKS HOLE PER PLAT.

TYPE OF SOIL CHESTER/GLENOLG

TESTED BY S. ABEL

ALSO PRESENT JAN, MARK, & AVEN  
BROOKHOLM

EN 12 10/9

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 37252

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 4/25/86

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 Estate of Grace E. Iager  
c/o Tom Lloyd  
ADDRESS Lloyd, Kane and Wieder 2716 Court Place PHONE \_\_\_\_\_  
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Thistledown LOT NO. 12

ROAD AND DESCRIPTION South Guilford Road between Hall Shop and Pindell School Road.

SIZE OF LOT 3.1 acres TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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 \_\_\_\_\_

## THIS IS NOT A PERMIT

SOIL PROFILE


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EN-12-10/9

C1 5999  
SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL 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-37252

DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-81-2196

OWNER PUSHE ELIZABETH  
STREET OR RFD last name first name TOWN CLARKSVILLE  
SUBDIVISION THISTLE DOWN SECTION 1 LOT 11

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	
Topsoil	0	2	
Br. Mica	2	40	
Tan Mica	40	71	
Gray Mica	71	130	
Tan Mica	130	135	
Gray Mica	135	140	
Tan Mica	140	143	
Gray Mica	143	200	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 14 NO. OF POUNDS 1400  
GALLONS OF WATER 30  
DEPTH OF GROUT SEAL (to nearest foot)  
from 48 ft. to 58 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL ST CONCRETE CO  
PLASTIC PL OTHER OT  
MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch)  
Total depth of main casing (nearest foot)  
ST 6 58

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
STEEL ST BRASS BR OPEN HOLE HO  
PLASTIC PL OTHER OT

DEPTH (nearest ft.)  
H0 30 200  
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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) WQ  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 8  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 43  
WHEN PUMPING 127  
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 YES NO  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
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 - below  
LAND SURFACE (nearest foot)

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)

5' to well  
150'

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 10.47.13, 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 IDENT. NO. 40  
DRILLERS SIGNATURE  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

[illegible]





7/31/87

location as per  
approved

52' casing

45' open hole

14 bags cement

H<sub>2</sub>O sample taken

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
JUL 13 2 56 PM '87  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

11/1/93

ON 21 - P58

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # 78  
Date 9/29/93

Name of Installer ATM Plumbing

Telephone 875-2395

License Number 3426

Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner John & Moynihan

Telephone 937-9108

Subdivision Thistle Down

Lot # 11

Well Tag # 110-41-2196

Site Address 7217 Tall Pine way

FULTON MD

Pump

1. Type

- a. Deep well jet ☐  
b. Shallow well jet ☐  
c. Submersible ☒

2. Make Miyota

3. Model # AT-22-1040

4. Capacity 12 GPM

5. Pump exceeds well capacity Yes ☐ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

1. Horsepower 1/2

2. RPM ☐

3. Voltage ☐

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make Morjima

2. Model # AD-102

3. Depth 42"

Tank

1. Capacity 62

2. Pressure relief valve? ☒

Piping

1. Type Hard 1/2"

2. Size 1"

3. NSF and/or BOCA Code approved ☒

4. Depth of supply line 42"

Well data

1. Depth 400.0 ft.

2. Yield 12 GPM

3. Static water level 42" ft.

4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Frank A. Brown

Date: 9/29/93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

# SEPTIC SYSTEM

TRENCH • EL. • 66.0

TRENCH • EL. • 67.0

TRENCH • EL. • 67.1

4" SOLID PVC

4" SOLID PVC

INV ELEV INTO DIST BOX • 67.2

EXIST INV ELEV INTO AT DIST BOX • ~~67.2~~ 70.7

INV ELEV OUT OF SEPTIC TANK • 69.0

30 GAL SEPTIC TANK

INV ELEV INTO SEPTIC TANK • 69.0

4" SOLID PVC

CLEANOUT INV ELEV (OUT) • 71.4

CLEANOUT INV ELEV (IN) • 71.5

PERMIT #  
AND ELEVATION=477.0

PROPOSED WELL

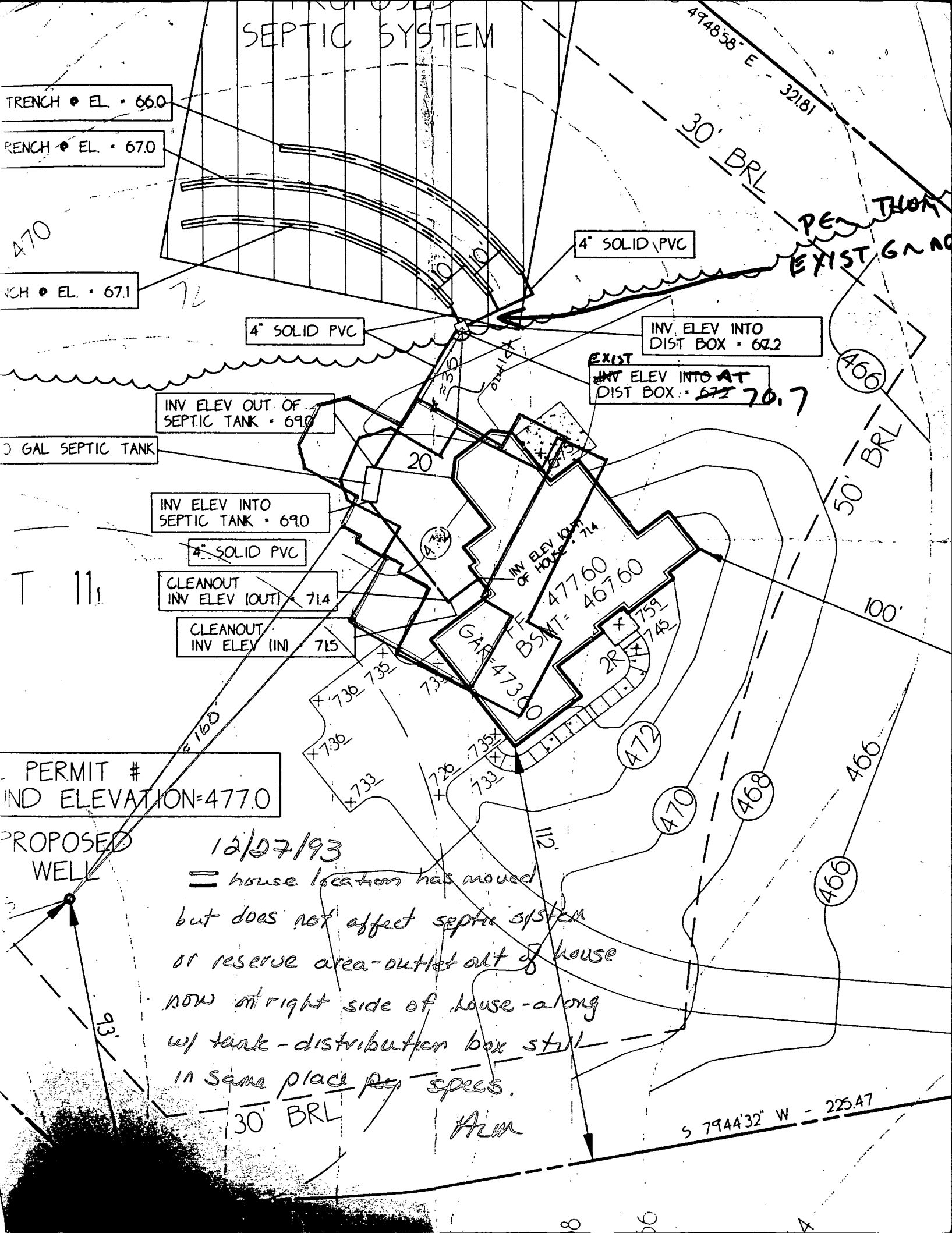
12/27/93

house location has moved  
but does not affect septic system  
or reserve area-outlet out of house  
now on right side of house-along  
w/ tank-distribution box still  
in same place per specs.

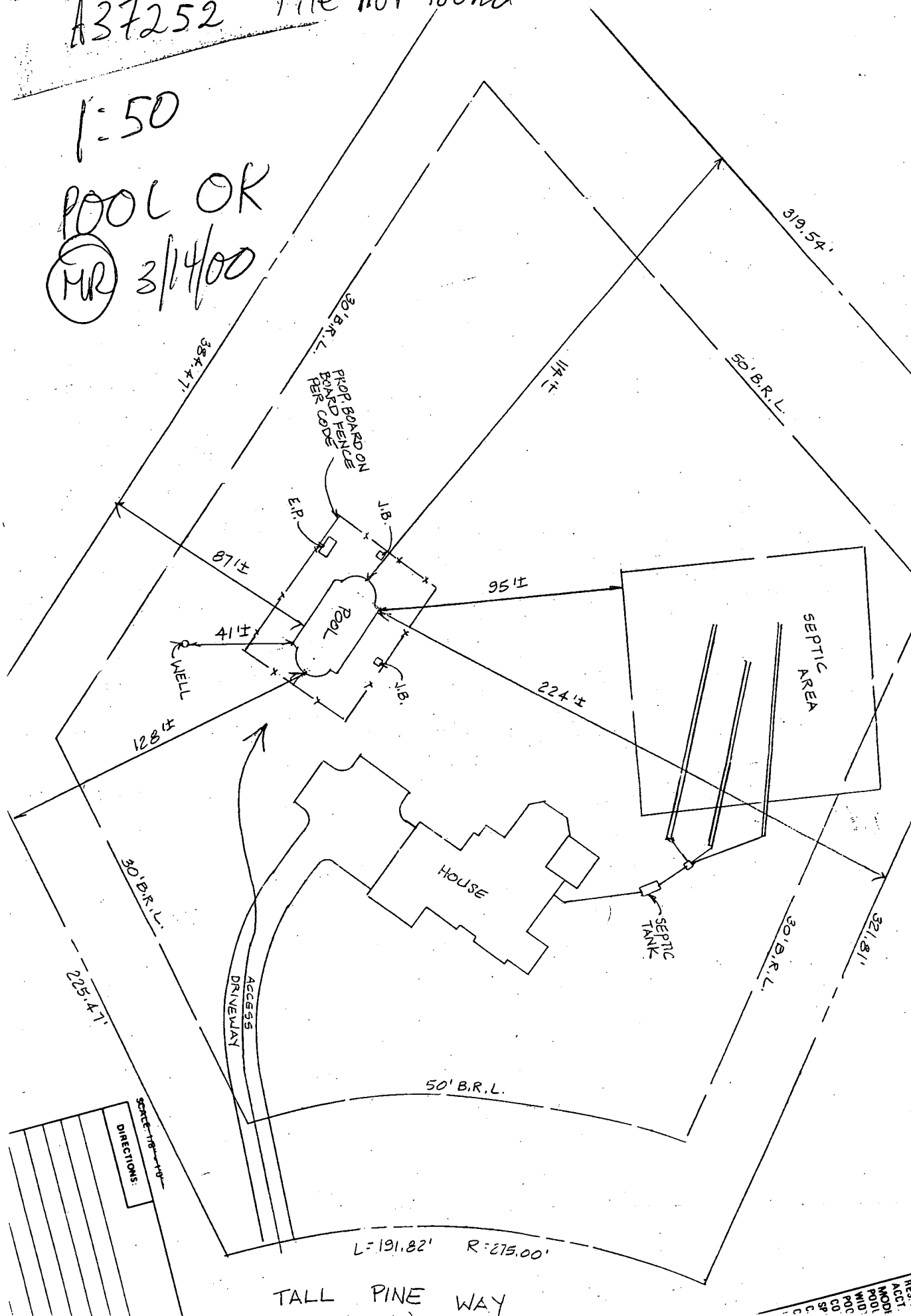
30' BRL

ARM

S 79°44'32" W - 225.47



MR 3/14/00



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) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <b>800128931</b>
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Building Address <u>7213 TALL PINE WAY</u> <u>CLARKSVILLE, MARYLAND 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>THISTLEDOWN</u> Section <u>ONE</u> Area _____ Lot <u>11</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>DR. JOHN MOYNIHAN AND KENNY MOYNIHAN</u> Address <u>7213 TALL PINE WAY</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>(301) 470-7372</u> Work Phone <u>(301) 937-4448</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY DWELLING</u> Proposed Use <u>SAME, WITH POOL</u> Estimated Construction Cost \$ <u>20,500.00</u> Description of Work <u>CONCRETE INGROUND POOL WITH D.E. FILTER 21' WIDE BY 43' LONG, 3' TO 8' DEEP WITH 8' DIVING BOARD TOTAL SQ.FT. = 750 250 L.F. OF 48" HIGH BOARD ON BOARD FENCE, PERCLOS</u>	Contractor Company <u>ANTHONY &amp; SYLVAN PELS, INC.</u> Contact Person <u>GEORGE A. SCHWEICH - CONTRACTOR</u> Address <u>10840 GUILFORD ROAD, SUITE 407</u> City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>20701</u> License No. <u>19347</u> Phone <u>(301) 490-1930</u> Fax <u>(410) 792-2818</u> Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant <u>SAME AS OWNER</u> Contact Name <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>INGROUND POOL</u> Dimensions: <u>21' WIDE X 43' LONG</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

George A. Schweich  
 Applicant's Signature  
AGENT FOR CONTRACTOR  
 Title/Company

GEORGE A. SCHWEICH  
 Print Name  
MARCH 14, 2001  
 Date

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

<b>AGENCY</b> <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE</b> <u>3/14/01</u>	<b>SIGNATURE APPROVAL</b> <u>mark replin</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			<b>PROPERTY ID#:</b> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ _____ Check # _____ Validation # _____

