approved 6/10/83 Staiger

(5)

PERMIT

P 32870

A 32187

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

6/10/83 a.m. please (ready now)

INDEX
06-405800

ELLICOTT CITY
DISTRICT 6th.

DATE 5/27/83

James W. Keatts & Bros. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 5819 Washington Boulevard, Elkridge, Md. 21227 PHONE 796-2585

SUBDIVISION Kindler Estates ROAD 7641 Woodstream Way LOT 5

PROPERTY OWNER Mr. & Mrs. Jack Adams
ADDRESS 12804 Fernwood Turn
Laurel, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

Drywell and Trench system to have 158 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell bottom is 9 ft. below original grade. Place the drywell 145 ft. from the front (Woodstream Way side of lot) lot line and 245 ft. from the left (Kindler Roadside) side line as seen when facing the lot from Woodstream Way. Start the trench after a 5 foot earth buffer with the drywell and proceed to dig trench on level ground running towards Kindler Road. NOTE: Call for inspection of trench before gravel is installed.

Inlet min. 3½ ft. deep S.F.

BLDG. PERMIT SIGNED
AND RETURNED 4-27-99
Sewer # B011078
attached 2-car garage

PLANS APPROVED BY Frank Skinner DATE 9/29/82

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

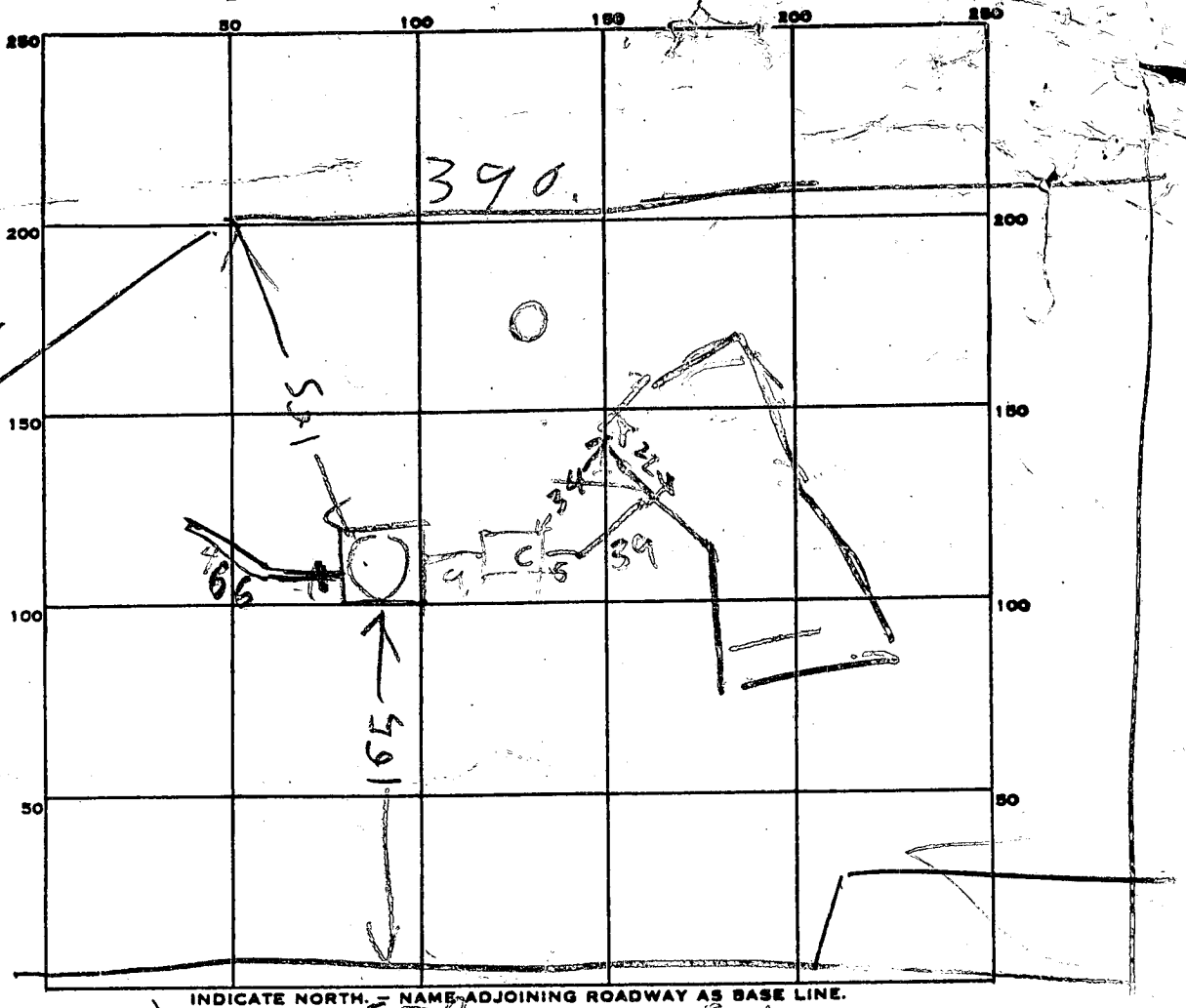
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 32187

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082



WOOD STREAM CT

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500 CLEANOUTS SI | DW / OK | NO 6/8/83

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2½ FT.

GRAVEL DEPTH 5½ IN. TOTAL LENGTH 66 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 333

SEEPAGE PITS, INSIDE ~~DIAMETER~~ REQUIRED 56 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 669 SQ. FT.

336 66 55 330 330 333 333

REMARKS 6/3/83 - DW INLET 3 FT 4 FT
OK TO COVER TANK & HOUSE SEWER & PART
OF DRY WELL .. DIG DITCH & CALL RH
6/8/83 - DITCH OK ADD STONE & CALL RH
6/10/83 OK to cover all work JS

DATE SYSTEM APPROVED 6/10/83 INSPECTOR Stamper

APPLICATION

A 27153

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/16/77 9:30 A.M.

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 6th

DATE 11/2/77

3 lots

Joyce Hoover Smith

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 Hayes Property Partnership

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Kindler Estates LOT NO. 1

ROAD AND DESCRIPTION Kindler Road

SIZE OF LOT 10/334 acres m/l TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ John C. Mellema, Land Surveyor

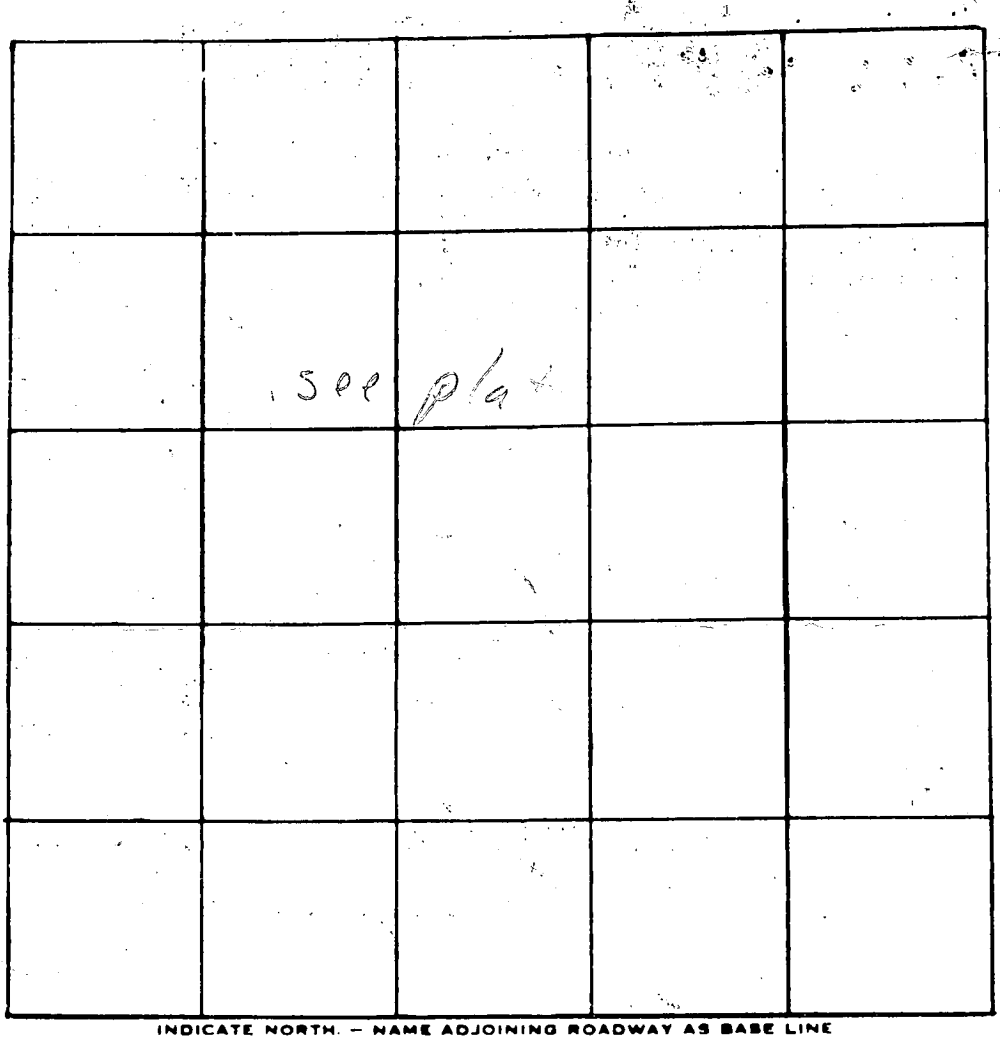
APPROVED BY Paul J. O'Neill FOR DW & Mound DATE 3/31/78
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/15/	1 c	3	10 18	10 30	10 30	10 49	19
	d	12	10 20	10 23	10 23	10 32	9
	2 s-d	4-12'	Sandy - Firm bo Hous.				
	3 s	3	10 30	10 40	10 40	10 59	19
	d	12	10 30	10 33	10 33	10 4 0	7
	4 s	4'	10 44	10 49	10 49	10 53	6
	d	13'	10 49	10 50	10 50	10 55	5

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Toevs ALSO PRESENT: _____

APPLICATION

A 32187

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

9/29/82 11:00 A.M.

4 Bedroom 1250 gallon septic tank
5 Bedroom 1500 gallon septic tank

DISTRICT 6th

DATE 9/20/82

Drywell and trench system to have 158 SQ. FT. effective sidewall absorption area per bedroom to begin below the first 3½ ft. of non-porous soil. Maximum depth permitted for drywell bottom is 9 ft. below original grade. Place the drywell 145 ft. from the front (Woodstream Way side of lot) lot line and 245 ft. from the left (Kindler Road side) side line, as seen when facing the lot from Woodstream Way. Start the trench after the 5 foot earth buffering with the drywell and proceed to dig trench on level ground running towards Kindler Road. Note: Call for inspection of trench before ground is installed

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 Mr. & Mrs Jack Adams

ADDRESS 12804 Fernwood Turn PHONE 776-8872
Laurel, MARYLAND

PROPERTY LOCATION:

SUBDIVISION Kindler Estates LOT NO. 5

ROAD AND DESCRIPTION Corner of Kindler road and woodstreamway
7641 Windstream Way

SIZE OF LOT 3acres TYPE BLDG. 4
(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. Charles Tracey (Gen Odbs contr Inc.)
(SIGNATURE OF APPLICANT) 799-4081

APPROVED BY F. Skinner FOR drywell & trench DATE 10/7/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Hold for elevation drawing F.S DATE 9/29/82

REASONS FOR REJECTION OR HOLDING _____

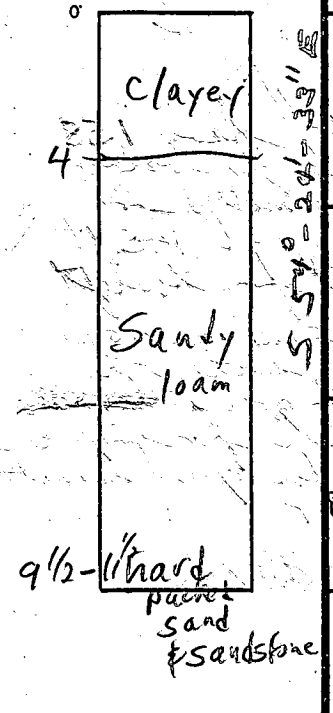
BLDG. PERMIT SIGNED AND RETURNED 4/5/83
Issued #53114
Post.

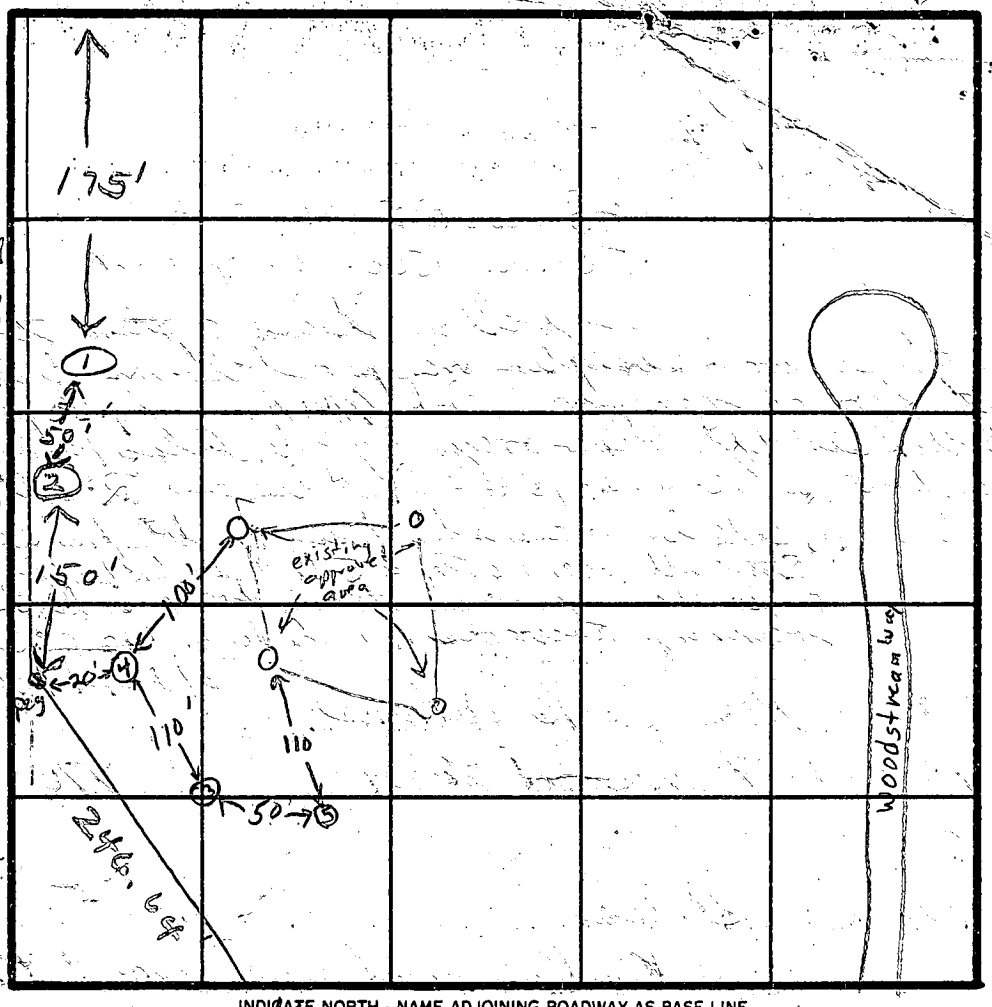
THIS IS NOT A PERMIT

BLDG. PERMIT SIGNED AND RETURNED 10/14/82
Issued #57312 SFD

3 & 4 & 5

SOIL PROFILE





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Rundler Rd.

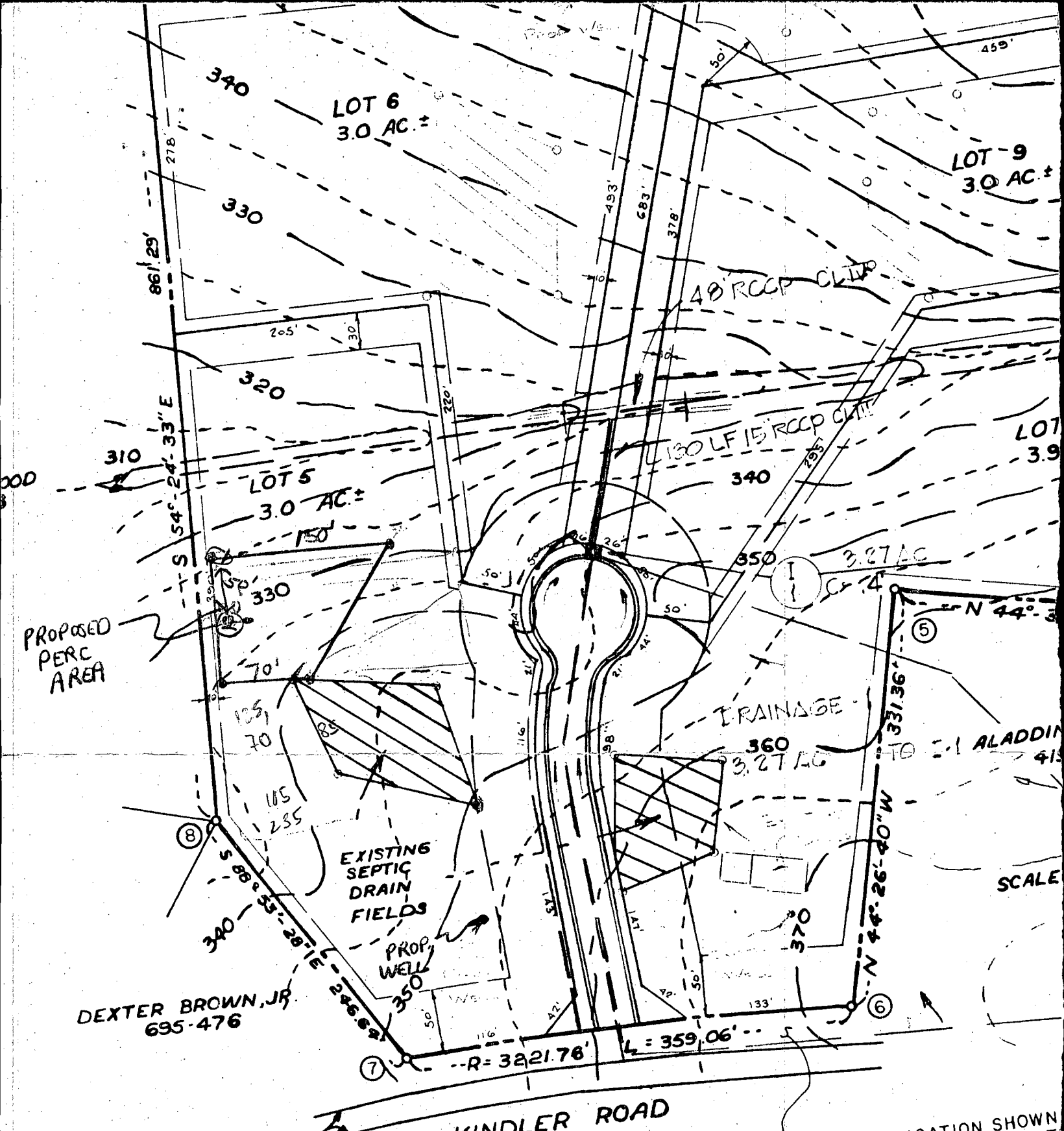
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/28/82	1	7'	Heavy sand		stone	solid at 7'	
	2	7'	same				
9/29/82	3	9 1/2'	Clayey to ~4';	Sandy below hard @ 9 1/2'			
"	3A	3 1/2'	11:28	Little	movement	still clayey	Fails
"	4	4 1/2'	12:06	12:08	12:08	12:11	3 min.
"	4A	11 1/2'	Clayey to 4'		Sand & Sandy loam below		
	5	12'	Clayey to ~		sand below		
	5A	4 1/2'	12:43	12:44	12:44	3rd inch 12:50	~3 min

EH-12-1079

REMARKS Heavy rain stopped work. Going to move to Rundler area. Mr Tracey will discuss with F S

TYPE OF SOIL

TESTED BY J.S. F. S. on 9/29/82 ALSO PRESENT Mr. Tracey



ROAD WIDENING DEDICATION SHOWN
OF "KINDLER ESTATES, LOTS 1 T
SHEET 1 OF 2," RECORDED IN HOW
ON PLAT NO. 3947.

NOTES

1. ▨ THIS AREA INDICATES A PRIVATE SEWAGE SYSTEM OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE & ANY RESIDENTAL STRUCTURES CONSTRUCTED ON THESE [illegible] AGREEMENT SHALL BECOME NULL AND VOID [illegible] SEWAGE SYSTEM.

LOT NO.	AVERAG IN MIN ITS HI
6	

Pump test to begin at 9:15 A.M. (6 hrs.)

EMERGENCY/TEMP. NO. IF ANY

B 1 1233 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 1-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-73-4290
fill in this form completely

Date Received 10/13/82 10:00 A.M. 10582 (OEP Use Only)

OWNER INFORMATION

ADAMS JACK
Last Name 15 Owner 34 Name

12804 FERNWOOD TURN
36 Street or RFD 55

LAUREL MD
Town 57 State 76 Zip

B 1 Continued DRILLER INFORMATION

Joseph L. Mayne 238
Driller's Name 77 License No. 80

Joseph L. Mayne
Firm Name

5515 Bridge Road Mt Airy Md
Address

Joseph L. Mayne Oct 4, 82
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 160 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN
30-37 AIR-ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE POINT
other

REPLACEMENT OR DEEPENED 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
39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
[D] THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE [F] [S] 64 68 WRITE INITIALS IN BOX

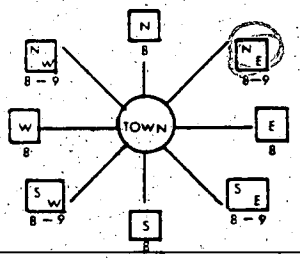
PERMIT No. HO-73-4290 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

COUNTY Howard 8
SUBDIVISION ~~Kendler Est.~~ Kendler Est. 21
SECTION ~ 23 LOT 5 42
NEAREST TOWN Dorsey ville 52 71
MILES FROM TOWN (enter o if in town) 1/10 73 M I 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodstream Way
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST [W] 32 [E] EAST [S] SOUTH

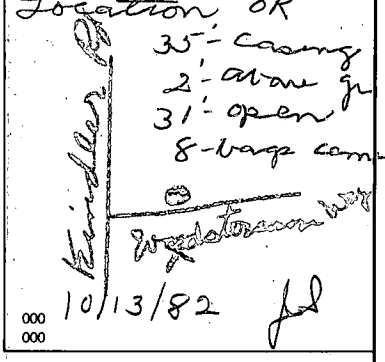
30
34 DISTANCE FROM ROAD 37
(CIRCLE APPROPRIATE BOX) [F] [I] 38 39

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

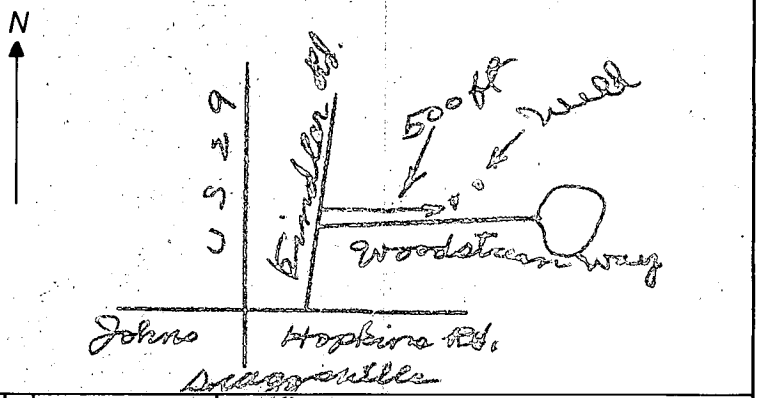
SOURCES OF DRILLING WATER
1. PRIVATE WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8304
N 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



B 4

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A32187 COUNTY NO.

OEP SIGNATURE
STATE HEALTH CIRCLE BOX [S] 41
DATE ISSUED 10782 43 48
CO SIGNATURE Frank Sleman

NORTH GRID 4802 000 50 55 EAST GRID 0834 000 57 63
EXPIRES 04083

B 5 SPECIAL CONDITIONS 8—63

HEALTH

C 1 · 4173 — 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 A32187

Date Received (OEP use only)

DATE WELL COMPLETED 10/13/81

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-23-4290

OWNER Adams (last name) Jack (first name)

STREET OR RFD Woodstream Way TOWN Saggsville

SUBDIVISION Kindler Estates SECTION — LOT 5

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 FROM	FEET TO	Check if water bearing
Brown Shale	0	31	
Gray granite	31	340	✓

CIRCLE APPROPRIATE BOX

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 10.17.13 "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. 238

Joseph L. Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL
CEMENT CM — BENTONITE CLAY BC

NO. OF BAGS 8 — NO. OF POUNDS 152

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 31 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing 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	35

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or openhole — insert appropriate code below
ST STEEL — BR BRASS, BRONZE — HO OPEN HOLE — PL PLASTIC — OT OTHER

C 2 (seq. no.)

EACH SCREEN		DEPTH (nearest ft.)	
	HO	33	340
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) from ____ to ____

GRAVEL PACK ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T — (E.R.O.S.) — W Q
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3 (seq no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
BEFORE PUMPING 29
WHEN PUMPING 36

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 APPROPRIATE BOX) YES Y / NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)

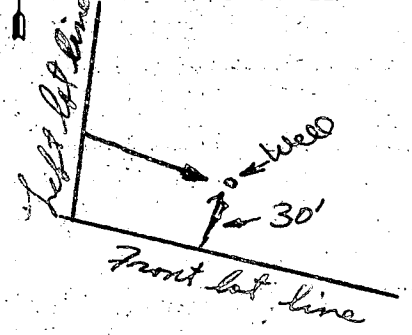
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

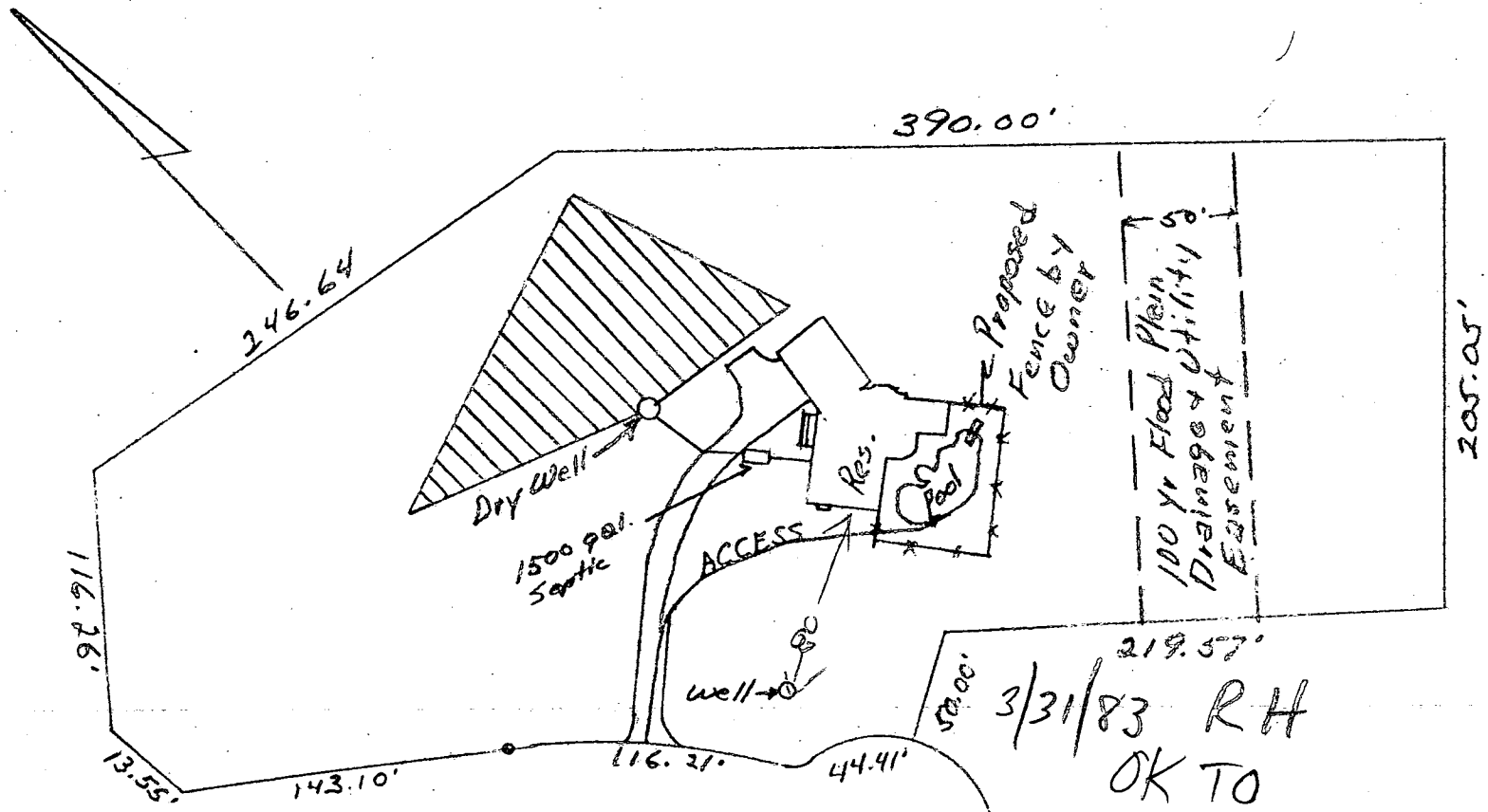
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
+ above / − below — LAND SURFACE — 2 (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)

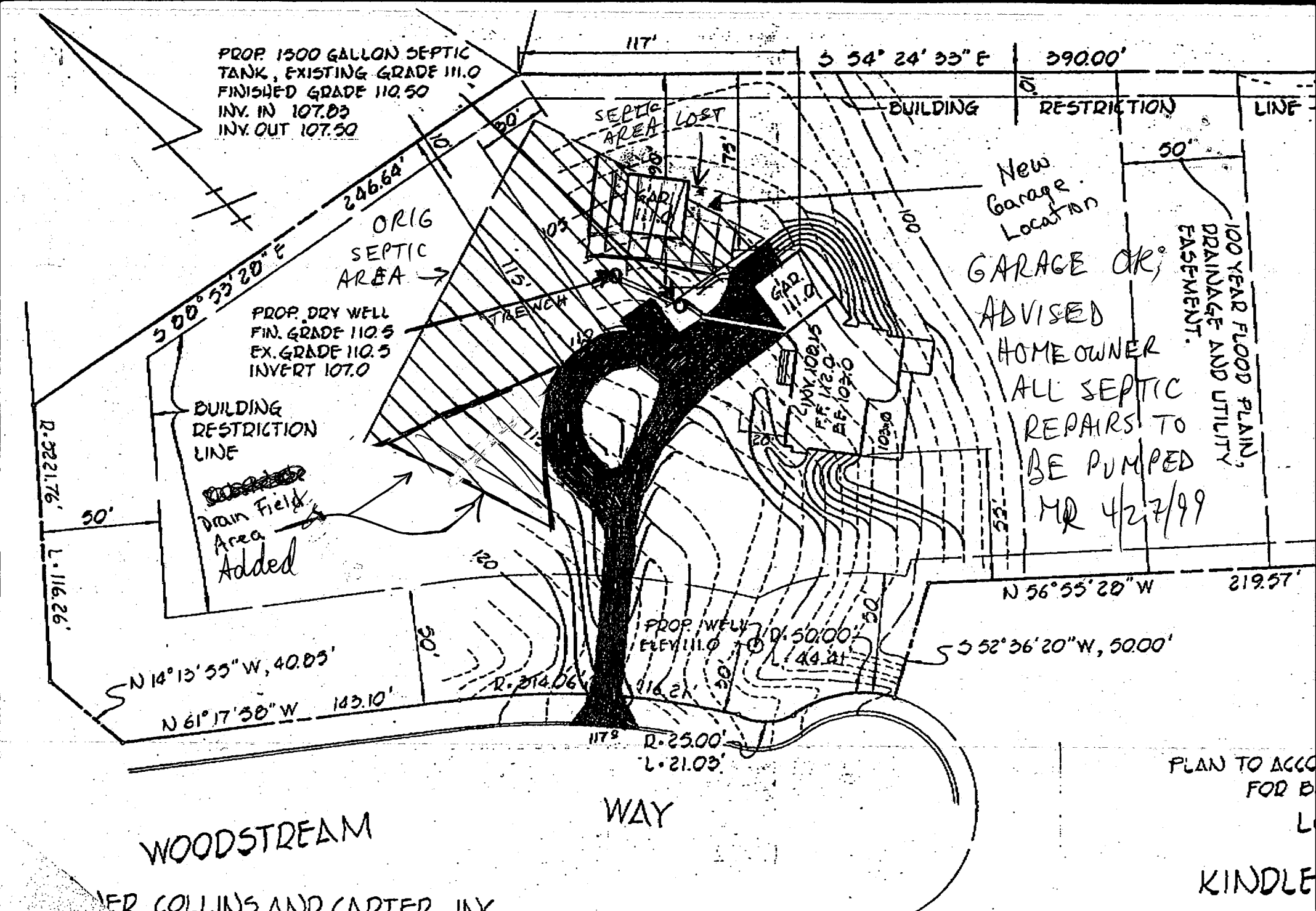


HEALTH



3/31/83 RH
OK TO SIGN

Woodstream Way
Scale 1" = 80'
Lot #5 Kindler Estates
6th. Election District
Howard Co. Md. Oct. 11. 1982



FER, COLLINS AND CARTER, INC.
NG ENGINEERS AND LAND SURVEYORS
AVENUE
MARYLAND 21043

PLAN TO ACCO
FOR B
L

KINDLE

6TH ELECTION DISTR
SCALE: 1" = 50'

Fw/ Cert 32187

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00117078

Building Address 7641 Woodstream Way Laurel MD 20707

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6069.02 Subdivision Kindler Estates

Section N/A Area N/A Lot 5

Tax Map 41 Parcel 424 Grid 16

Zoning R-20 Map Coordinates 19D3 Lot size

Property Owner's Name Jack Carol Adams

Address 7641 Woodstream Way

City Laurel State MD Zip Code ~~20763~~ 20707

Home Phone 301 776 8872 Work Phone

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

410-992-6660

Phone Fax 992-4129

Existing Use Single family home

Proposed Use Two car detached garage

Estimated Construction Cost $ 35,000.00

Description of Work Attach two car garage 24'x32' w/ storage area to rear of home

Contractor Company Ken Rest Contracting INC

Contact Person Ken Williams

Address 9864 Cemetery Ln

City Savage State MD Zip Code 20763

License No. 67322

Phone 301 725 6097 Fax

Occupant or Tenant owner

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company None

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:	26'0"	36'0"
2nd floor:	13'6"	36'0"

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.

Ken Williams
Applicant's Signature

Kenneth Williams
Print Name

Ken Rest Contracting Pres
Title/Company

4/15/99
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 Highway		
Building Official		
Dev. Engineering, DPZ	4/15/99	M. Sullivan
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 New Town Zone
SDP/Red-line approval date

PROPERTY ID#

Filing fee	$
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	#
Validation	$

Accepted by:

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