

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-311244

ELLICOTT CITY

DISTRICT 3rd

INDEX

DATE 5/28/82

Emerson Feaga & Sons

IS PERMITTED TO INSTALL X ALTER

ADDRESS Old Frederick Road, Woodstock, Maryland 21163 PHONE 465-5167

SUBDIVISION _____ ROAD 13151 Triadelphia Rd. LOT _____

PROPERTY OWNER ~~Bernard Feaga~~ WENDY & HAROLD FEAGA

ADDRESS 3807 Walt-Ann Dr., Ellicott City, Md.

SPECIFICATIONS 3 Bedroom

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

Trench to be 95 ft. long, 3 ft. deep, and 2 ft. wide with 5 ft. of gravel below distribution pipe. Inlet to be at 3 ft. below original grade. Place the trench on level ground at the location of the highest perc test hole #1. Call for inspection of trench before placing gravel in trench.

PLANS APPROVED BY Stayer/Skinner DATE 3/25/82

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 PLACING GRAVEL IN TRENCH.

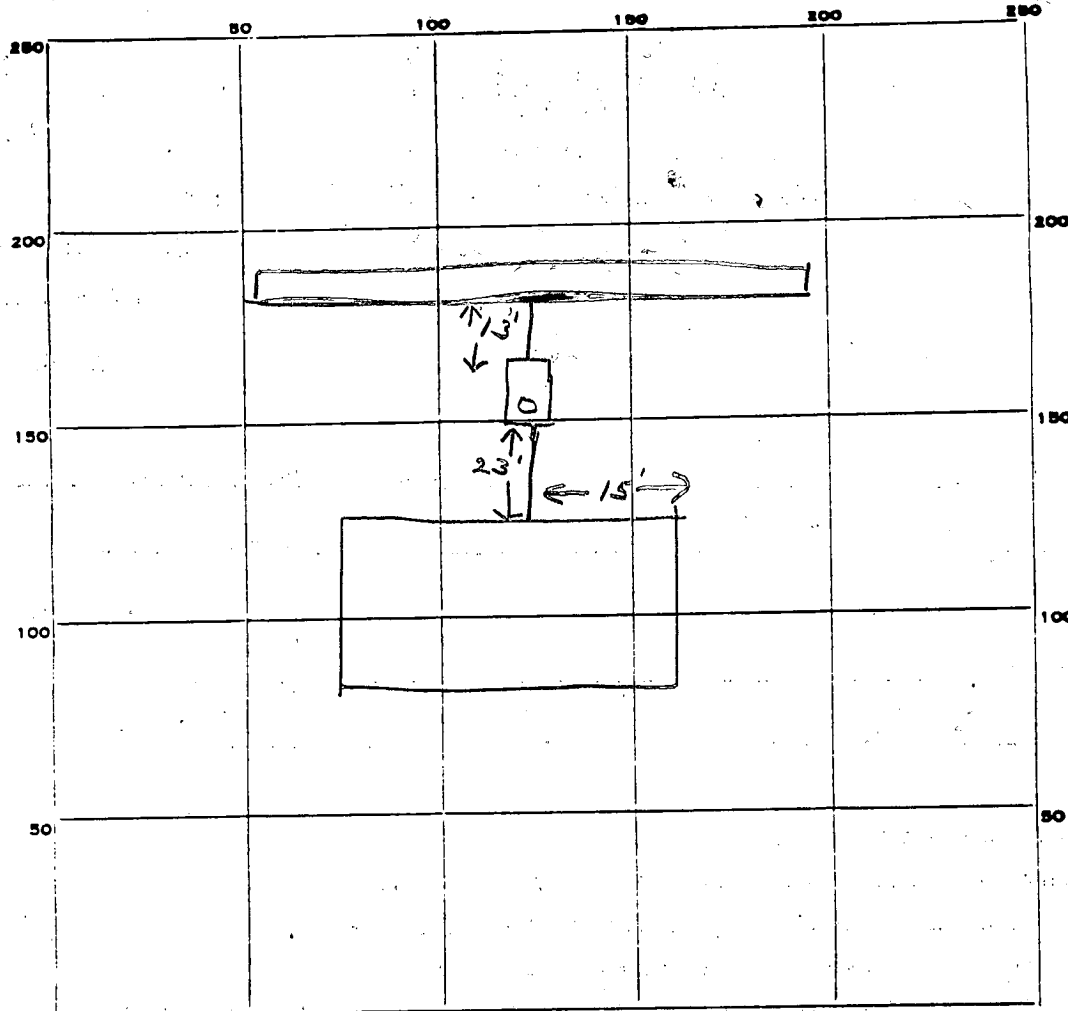
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZO ACCEPTED.

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



INDICATE NORTH: - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS 5T

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 95 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 475

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 475 SQ. FT.

REMARKS 7/16/82 OK to add stone in trench

7/16/82

DATE SYSTEM APPROVED 7/16/82 INSPECTOR Stayer

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

S. Tank 1000 gallons

DISTRICT

3rd.

DATE 3/22/82

with 5 feet of gravel below distribution pipe, hole to be at 3 ft. below original grade. Place the trench on level ground at the location of the highest perc test hole #1. Call for inspection of trench before placing gravel in trench.

Trench to be 95 ft long
8 ft deep 2 ft wide

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

Bernard Feaga

ADDRESS

3807 Walt-Ann Dr. Ellicott City

PHONE

286-2819

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

off Triadelphia Rd

SIZE OF LOT

3.00[±] proposed - 7D 107[±] Farm

TYPE BLDG.

3 - House without garbage grinder
(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.

W Harold Feaga

(SIGNATURE OF APPLICANT)

APPROVED BY

Stayer & F. Shier

FOR

Trenches

DATE

3/25/82

REJECTED BY

FOR

BLDG. PERMIT SIGNED

AND RETURNED

5/20/82

for S.F.D.

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

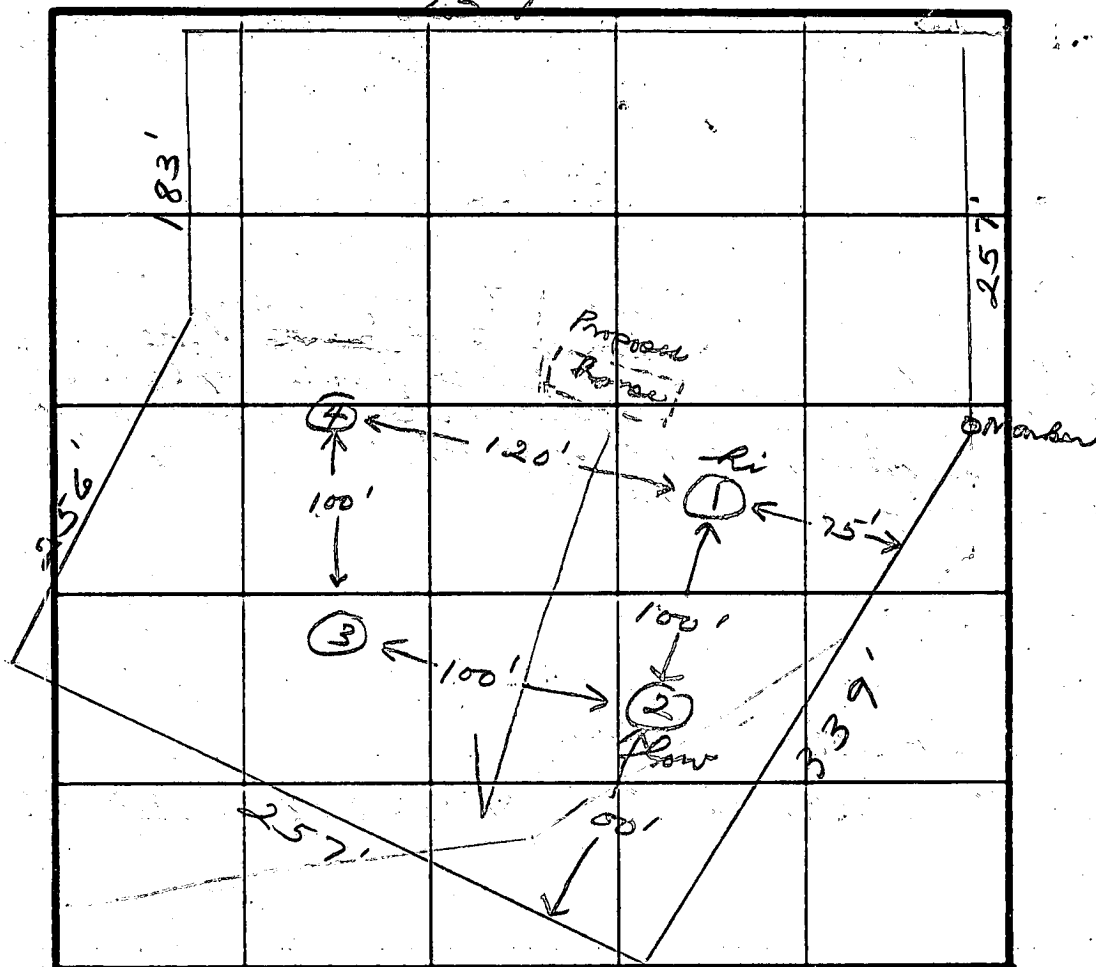
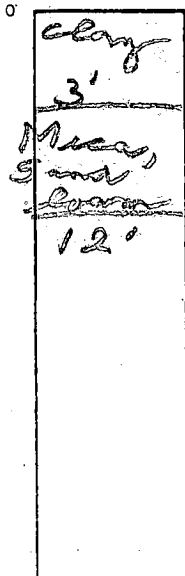
2 65 30 266)600

Trudolphia Rd

257'

① ② ③

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/24/82	1 S	4	1:36	1:41	1:41	1:50	9
	1 M	8	1:45	1:47	1:47	1:50	3
	2 S	3	1:52	1:55	1:55	1:59	4
	2 M	7	1:56	1:57	1:57	1:58	1
	3 S	3	2:02	2:06	2:06	2:14	8
	3 M	7	2:04	2:07	2:07	2:11	4
	4 ✓	12	soil correlation				

REMARKS _____

TYPE OF SOIL _____

TESTED BY  ALSO PRESENT *Harta Kegera*

EH 12 1079

Inlets 3'
Manp 8'

3 bedroom
trench

5/19/82 as given to Mrs. Bollinger

4229 SEQUENCE NO. (OEP USE ONLY) 5/19/82 STATE OF MARYLAND PERMIT TO DRILL WELL

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

OEP PERMIT NUMBER HO-73-4178

fill in this form completely

Date Received 5/19/82

OWNER INFORMATION

Last Name 15 FEAGA W. HAWAHD 34 Name

Street or RFD 36 13071-ATTRADE DELPHIA RD 55

Town 57 ELLICOTT CITY, MD 21043 State 76 Zip

DRILLER INFORMATION

Driller's Name 308 Stanley W. Bollinger Jr. 77 License No. 80

Firm Name ST. WELL DRILLING INC.

Address PO Box 2035 WEST, MD 21157

Signature 5/16/82 Date

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 105 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

other

REPLACEMENT OR DEEPEENED 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

☐ THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE FS WRITE INITIALS IN BOX 64 68

PERMIT No. HO-73-4178 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 8-63

LOCATION OF WELL

COUNTY 6 HOWARD 21

SUBDIVISION 23

SECTION 44 LOT 48 50

NEAREST TOWN 52 WEST FRIENDSHIP 71

MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD 30 TRIABELPHIA RD.

DISTANCE FROM ROAD 500 34 37 38 39

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1.

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

810

520

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

5/19/82

WELL OK

SEE OTHER SIDE R.H.

500'

WELL

TRIABELPHIA RD

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A31842

OEP SIGNATURE

DATE ISSUED 5/17/82

CO SIGNATURE

NORTH GRID 50 55 57 EAST GRID 63

EXPIRES 11/1/82

(H) (PT)



15



(3)

DIRT ROAD

(PT)

(PT)

- ① LOCATION OK
- ② 21 FT CASING 1 FT OUT OF GROUND
- ③ 19 FT OPEN HOLE
- ④ 4 BAGS USED
- ⑤ WELL OK

5/19/82
B. Hodges

review

Well Permit No. HO - 73-4178
Location of property (road) HAROLD W FEAGA 13071 TRIDELPHIA RD
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller S. BOLLINGER Owner HAROLD W FEAGA

Depth of well 310
Distance of measuring point (M.P.) above ground 1 FT
Static water level (S.W.L.) below M.P. 29

SAMPLE H 9049

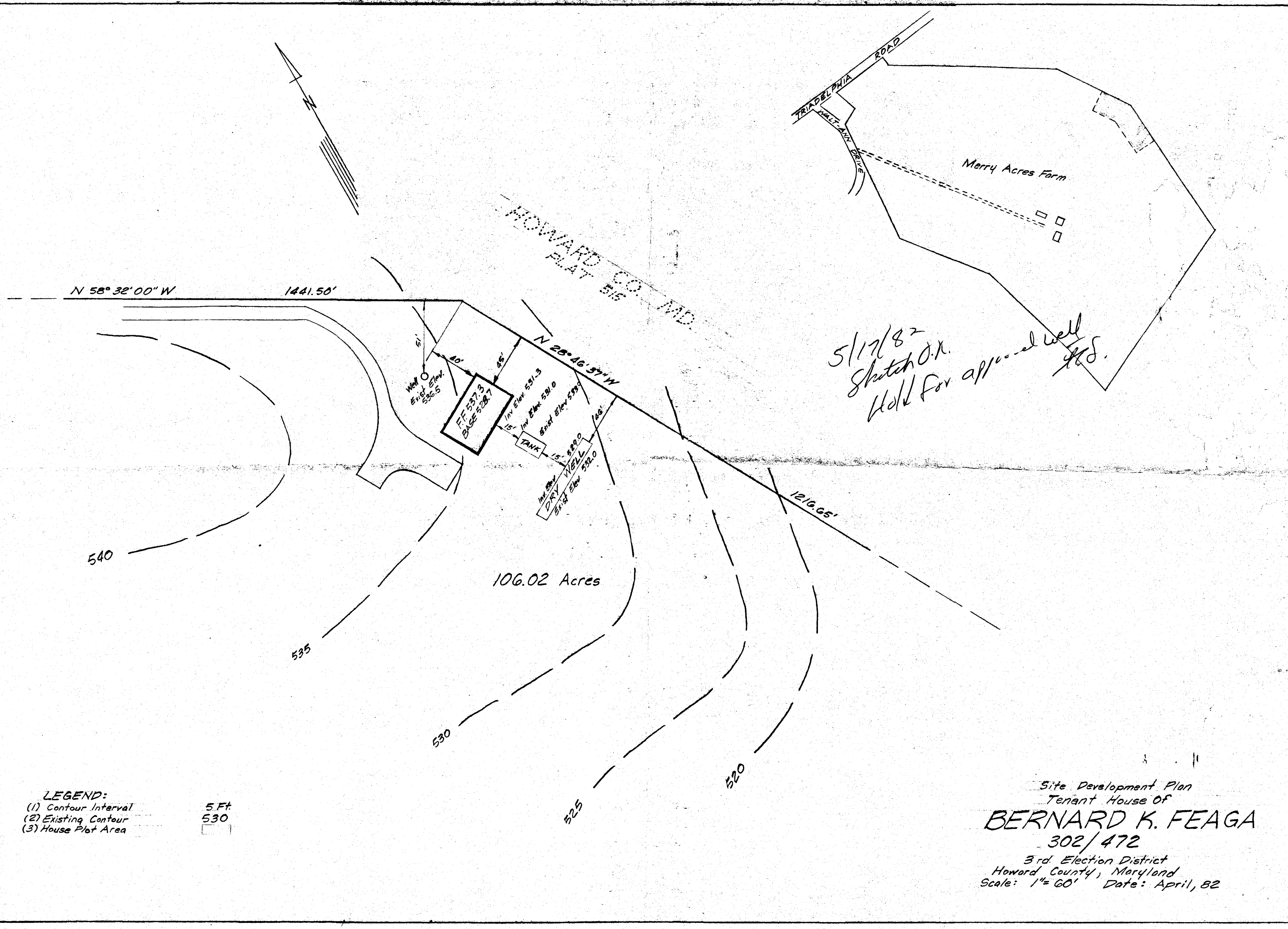
2.9 ppm
Labeled
M.P. 175

Pumping rate

Total time	to reach pumping water level	ft. below M.P.
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54

[illegible]



LEGEND:
(1) Contour Interval 5 Ft.
(2) Existing Contour 530
(3) House Plot Area

Site Development Plan
Tenant House of
BERNARD K. FEAGA
302/472
3rd Election District
Howard County, Maryland
Scale: 1"=60' Date: April, 82

C 1 3174	SEQUENCE NO. (OEP USE ONLY)	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.
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)		COUNTY NUMBER A 31842	

Date Received (OEP use only)	DATE WELL COMPLETED 5/17/82	Depth of Well 310 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-7344-178
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OWNER Feaga last name	Harold W. first name	TOWN West Friendship
STREET OR RFD Triadelphia		
SUBDIVISION	SECTION	LOT

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 TO	Check if water bearing
Top Soil	0 2	
Brown Shale	2 8	
Brown Mica	8 68	
Brown Mica	68 68	11
Blue Mica	68 310	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO	
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	
NO. OF BAGS 4 NO. OF POUNDS 316	
GALLONS OF WATER 24	
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft. (enter 0 if from surface) BOTTOM 58 ft.	
CASING RECORD	
casing types insert appropriate code below	ST CO
	STEEL CONCRETE
	PL OT
	PLASTIC OTHER
MAIN CASING TYPE	
Nominal diameter top(main) casing (nearest inch) 5 1/4 6	
Total depth of main casing (nearest foot) 21	

OTHER CASING (if used)	
depth (feet) from	to
5 1/4	6

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

C 2 (Seq. no.)	
DEPTH (nearest ft.) 20 310	
SLOT SIZE 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F	

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. 308
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

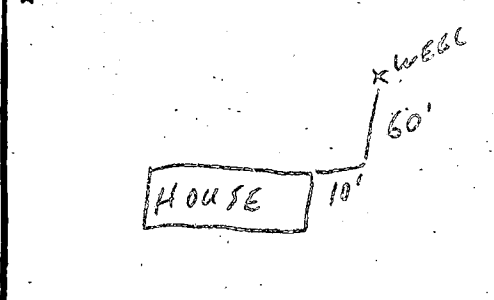
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)
--

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
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 BUCKET		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 28		
WHEN PUMPING 223		
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) Y 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	LAND SURFACE
± below	(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)	



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73-4178

Location of property (road) Triadelphia Rd.

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller Stan's Well Drilling Inc. Owner Harold W. Feaga

Depth of well 310'

Distance of measuring point (M.P.) above ground 1'

Static water level (S.W.L.) below M.P. 28'
I. High rate pumping -- reservoir drawdown

Time pump started 1000 Pumping rate 10 GPM
Total time 45 mins. to reach pumping water level 220 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1000	28'	30 6 SEC.		10 GPM
1015	106	6 SEC.		10
1030	174	6 SEC.		10
1045	220	5 MIN.		1 GPM
1100	220	5 MIN.		1
1115	223	5 MIN.		1
1130	223	5		1
1145	223'6"	5		1
1200	223'6"	5		1
1215	223'6"	5		1
1230	223'6"	5		1
1245	223'6"	5		1
1300	223'6"	5		1
1315	223'6"	5		1
1330	223'6"	5		1
1345	223'6"	5		1
1400	223'6"	5		1
1415	223'6"	5		1
1430	223'6"	5		1
1445	187	5		1
1500	184	5		1
1515	180	5		1
1530	179	5		1
1545	178	5		1
1600	178	5		1

PETITION: TO THE BOARD OF APPEALS OF HOWARD COUNTY

BA - 87-20E

CASE NO.

App@ N.C. ff
7-7-87

1. APPLICANT'S NAME: Dr. Wendy P. Feaga
ADDRESS: 13151 Triadelphia Road, Ellicott City, MD 21043
TELEPHONE: 531-3642
2. OWNER'S NAME: W. Harold Feaga and Wendy P. Feaga, his wife
ADDRESS: 13151 Triadelphia Road, Ellicott City, MD 21043
TELEPHONE: 531-3642
3. COUNSEL: Gary S. Peklo
ADDRESS: 3685 Park Avenue, Ellicott City, MD 21043
TELEPHONE: 461-1865
4. I, We, the Undersigned, hereby petition the Board of Appeals for approval, under Sections 125 & 126 of the Zoning Regulations for a Special Exception to operate an Animal Hospital in an R District.
5. Property located:
Tax Map No. 22 Block No. 10 Parcel No. 80
6. The Undersigned certifies that no petition for the same, or substantially the same, proposal as herein contained for the same premises as are the subject of this petition has been disapproved by the Board of Appeals within twelve (12) months of the date of this petition, unless so stated herein. Or twenty-four (24) months for special exception.
Yes _____ No ☒ X If yes, affidavit setting forth new and different grounds on which re-submittal is based must be attached.
7. The Undersigned agrees to furnish such additional plats, plans or other data as may be required by the Office of Planning and Zoning and/or the Board of Appeals in connection with the filing of this petition.
8. The Undersigned further agrees to pay all costs in accordance with the fees as established by the Office of Planning and Zoning in No. 10 below.
9. The Undersigned also agrees to post the property at least thirty (30) days prior to hearing and maintain the property posters as required and submit certifications of posting at or before the time of hearing. The Undersigned also agrees to insert legal notices (to be published once in at least two (2) newspapers of general circulation in Howard County), as prepared by the Office of Planning and Zoning, within at least thirty (30) days prior to the hearing and to pay for the advertising costs, and further agrees to submit two approved certifications of the text and publication date(s) of the advertisement at or before the time of hearing.
10. FEES: To be completed by Office of Planning and Zoning

LOWING QUESTIONS TO BE COMPLETED, ARE INTENDED TO BE
RED BY SUMMARY STATEMENTS, ADDITIONAL INFORMATION, AND
PERTINENT DATA AND SHOULD BE ATTACHED, WHEN NECESSARY, TO THIS
FORM.

12. The reason or reasons for request, identifying the specific need: See Attached Sheet
13. A statement as to how request of petitioner will affect surrounding and vicinal properties: There will be no adverse effect on surrounding and vicinal properties because of the isolated location of the property, the low volume of anticipated traffic, and the type of practice planned.
14. The intended use of the property in event the petition is granted: Animal Hospital only for rabbits (50%), farm animals (25%) and small animals, i.e. dogs and cats (25%) - No boarding kennels for dogs.
15. State the specific legal interest petitioner has in the subject property: Petitioner and husband own the subject property as Tenants by the Entireties.
16. Any other factors which the petitioner desires the Board to consider: My nearest neighbors have given their written approval as evidenced by the attached statement dated May 7, 1987. I have a particular expertise in the care and treatment of rabbits. My regular hours would be modest i.e. 9-12 a.m. and 6:30 p.m.-7:00 p.m. each day and closed on Sundays. Also by appointment as needed. **
17. The Board has the right to hold the record open for further review and comments of the Planning Board and/or County agencies for review and comment of any factors which are introduced during the hearing by the petitioner and are not submitted with the original petition.

** Also attached are the following for your consideration:

- a. Excerpt of Tax Map
- b. Sketch showing proposed interior of animal hospital in basement of existing residential structure.

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	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00130938
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Building Address <u>13151 Triadelphia Rd.</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6030</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u> Tax Map <u>22</u> Parcel <u>80</u> Grid <u>10</u> Zoning <u>RR-DDO</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Wendy & Harold Feaga</u> Address <u>13151 Triadelphia Rd.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>(410) 531-3642</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>SFO</u> Proposed Use <u>SFO w/ attached carport</u> Estimated Construction Cost \$ <u>45,000.00</u> Description of Work <u>Construct 22' x 22'</u> <u>carport attached to existing</u> <u>SFO</u>	Contractor Company <u>Barnard Bros. Const. Co. Inc.</u> Contact Person <u>Garry Barnard</u> Address <u>1612 Brittle Branch Way</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21792</u> License No. <u>MHEC # 17916</u> MABR # <u>104</u> Phone <u>(410) 489-7621</u> Fax <u>(410) 489-7621</u>
Occupant or Tenant <u>Same as</u> Contact Name <u>Owner</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>N/A</u> 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: <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	Utilities 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	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>22'</u> <u>22'</u> 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> 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: <u>Carport</u> Dimensions: <u>22' x 22'</u> Footings: <u>8" x 18"</u> Roof: <u>gable w/ 4:12 pitch shingles</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 THERE TO; (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, WITHOUT NOTICE.

Applicant's Signature: Garry M. Barnard Print Name: Garry M. Barnard
 Title/Company: Barnard Bros. Const. Co. Inc. Date: 6/21/01

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

FOR OFFICE USE ONLY

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

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