

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 59337
50560 AA
A 518664-D

DISTRICT _____

DATE 1/27/98

DATE SYSTEM APPROVED 9/15/00

INSPECTOR S.R.K.

INDEXED 03-325296

Patriot Homes IS PERMITTED TO INSTALL X ALTER _____
ADDRESS P.O. Box 1018 Columbia MD 21044 PHONE 410 515 1717
SUBDIVISION Lyndonbrook LOT 24 ROAD 2127 Whitman Way
PROPERTY OWNER Patriot Homes
ADDRESS P.O. Box 1018, Columbia, MD 21044

Number of bedrooms: 4

- 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.

OLD PERMIT SIGNED

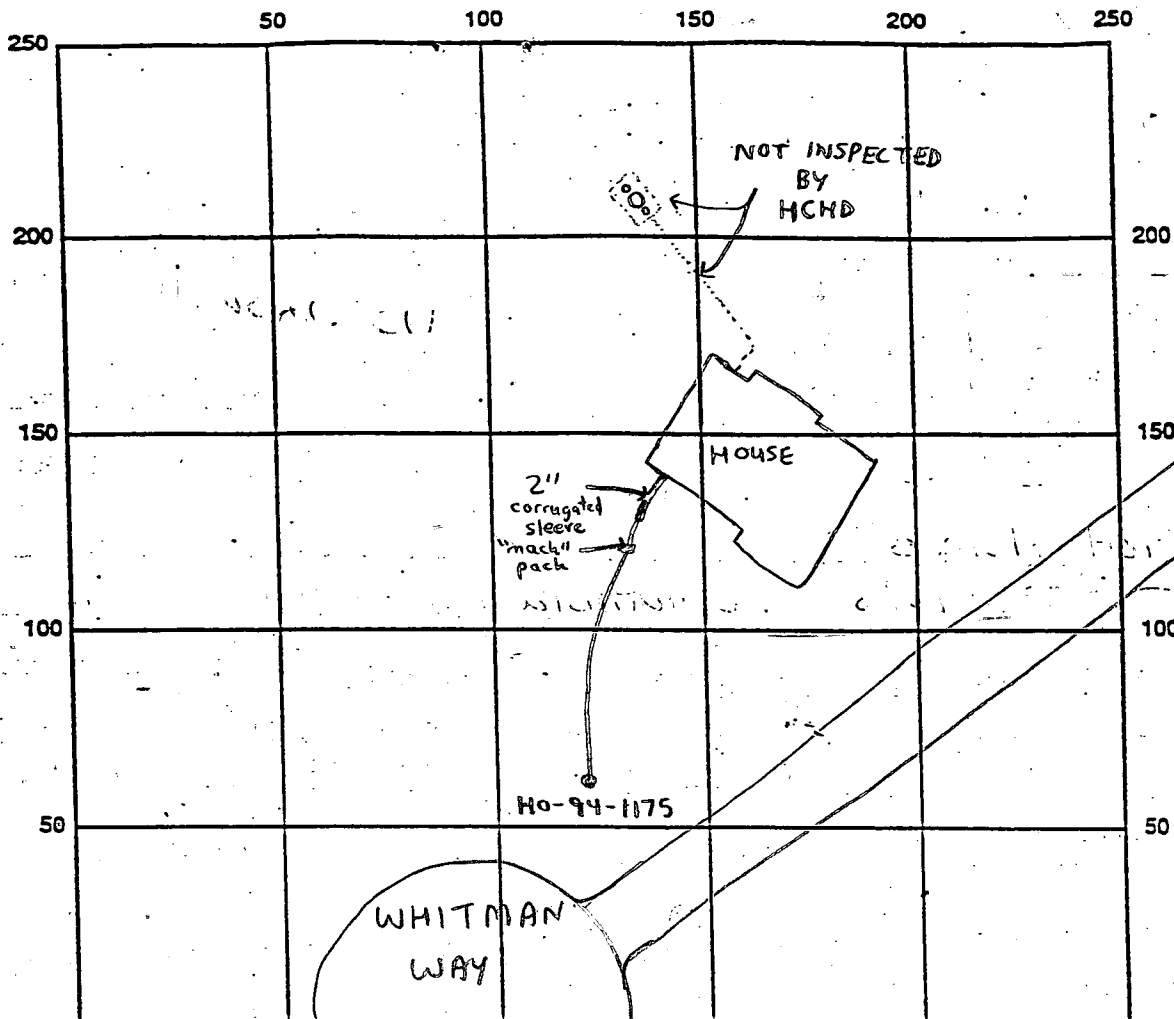
AND RETURNED 3-21-02

BOB 135022 12X10 + 18X10 DECK

Plans approved: Amy McMillen

Date: 4/28/2000

450560AA



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____

CLEANOUTS _____

REMARKS: 7/21/00 - WPI INSPECTION = NEEDS PROPER 1" or 3/4" PVC CONDUIT / ADAPTER FOR PROPER FIT INTO 2PC CAP. 2PC CAP ALSO NEEDS TO BE INSTALLED SECURELY TO CASING. PITLESS AND PIPING OK TO COVER. WELL LINE HOUSE CONNECTION OK (2" CORRUGATED PIPING USED AS SLEEVE, RUN UNDER FOOTER UNDER SLAB) "MACK PACK" COMPRESSION FITTING USED TO JOIN WELL LINE PIPE TOGETHER AT HOUSE. (APPEARS OK - PLUMBING INSP. WILL NOT INSPECT THIS SO I DO BECAUSE SOMEONE SHOULD) PUMP CHAMBER AND HOUSE SEWER ALREADY INSTALLED - ACCIDENTALLY INSPECTED BY HOWARD COUNTY PLUMBING INSPECTORS? (SRV) GRINDER PUMP PERFORMANCE TEST NEEDED (SRV) 9/15/00 - RECEIVED FAX FROM MATT TUDOR, SYSTEM OPERATIONAL (SRV)

DATE SYSTEM APPROVED _____

9/15/00

INSPECTOR _____

Steven R. King

FAX
cover sheet



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

To : Water & Sewer Program

Date : 9/15/00 Number of pages including this one one

Fax Number : 2648

From : Matt Tudor

Comments : Lyndonbrook Shred Septic

Adriatic Homes Lot #24 at
2127 Whitman Way

Passed U&O inspection on the
afternoon of 9/14/00. The dwelling has
been released for U&O. The grinder
pump has been placed in service with
the curbstop valve open.

3/25

7/21/00 Anytime
7/25/00 Anytime

7/21/00

4103132648

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

441-8833

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Ben Lewis

Telephone 4283900

License Number 11202

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Latrout

Telephone 1975522

Subdivision Lynbrook Lot # 24

Well Tag # HO-99-1175

Site Address 2127 Whitman Way

Pump

1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make Grundfos

3. Model # _____

4. Capacity _____ 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 1/3
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 42

Tank

1. Capacity _____
2. Pressure relief valve? yes

Piping

1. Type 200
2. Size 1/2
3. NSF and/or BOCA Code approved yes
4. Depth of supply line _____

Well data

1. Depth 235 ft.
2. Yield _____ GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? yes

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).

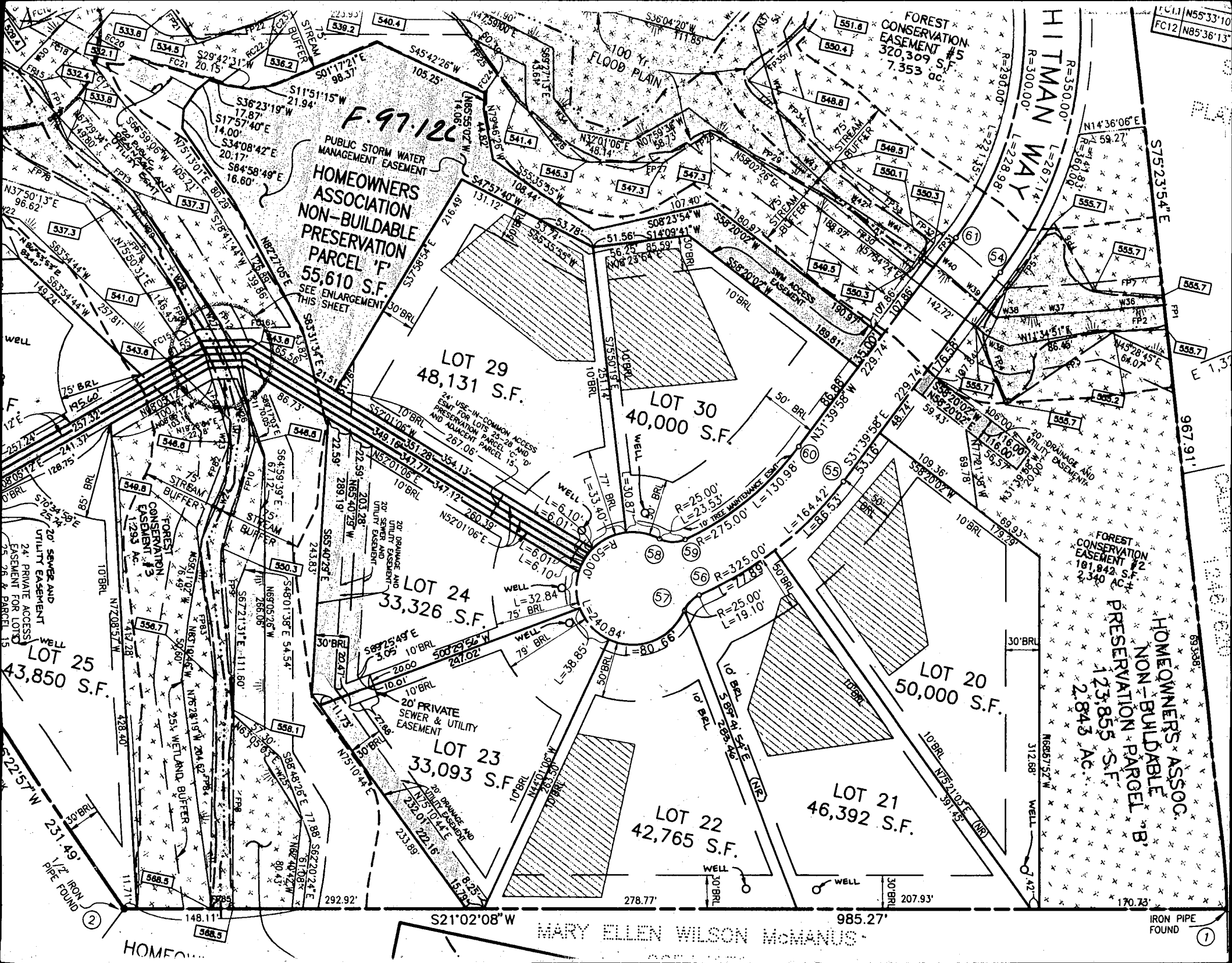
All information given above is true to the best of my knowledge.

Signature of Applicant: Ben Lewis

Date: 7/20/00

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

HD-215



C 1	9737	SEQUENCE NO. (MDE 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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					COUNTY NUMBER A 50560AA	
ST/CO USE ONLY DATE Received 7 8 97		DATE WELL COMPLETED MM DD YY 7 3 97		Depth of Well 22 360 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1175
8 13		15 20		28 29 30 31 32 33 34 35 36 37		

OWNER SDC		first name Whitman Way		TOWN West Friendship	
STREET OR RFD		SUBDIVISION S tiegler Property		SECTION 24	
				LOT 24	

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
Sand	0 54	
Gray mica Rock	54 360	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) (Y) (N)	
TYPE OF GROUTING MATERIAL (Circle one) (CM) CEMENT (BC) BENTONITE CLAY	
NO. OF BAGS 15	NO. OF POUNDS 1410
GALLONS OF WATER 90	
DEPTH OF GROUT SEAL (to nearest foot) from 8 ft. to 45 ft. 48 TOP 52 54 BOTTOM 58 (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) 59
60 61	63 64 66 70

E A C H C A S I N G	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 (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.

DRILLERS LIC. NO. MS DO 24
DRILLERS SIGNATURE Joseph L Mayne
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MS DO 27
DRILLERS SIGNATURE Joseph Mayne

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

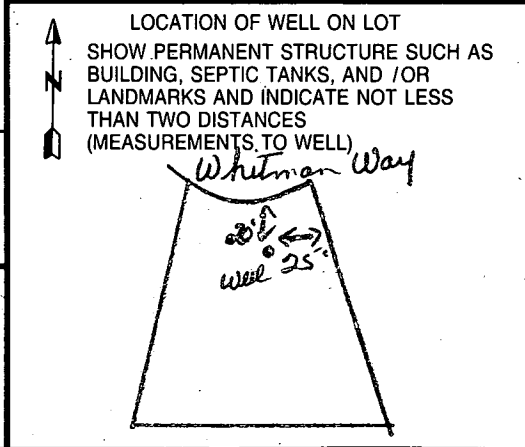
DEPTH (nearest ft.)	
1 HO 56 360	
8 9 11 15 17 21	
23 24 26 30 32 36	
38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to	

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

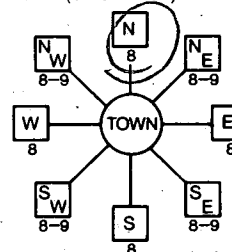
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70 72 74 75 76	
TELESCOPE CASING	LOG INDICATOR OTHER DATA

PUMPING TEST	
HOURS PUMPED (nearest hour)	3
PUMPING RATE (gal. per min.)	4
METHOD USED TO MEASURE PUMPING RATE	Bucket
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	54 ft.
WHEN PUMPING	210 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 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
PUMP HORSE POWER 37 41	
PUMP COLUMN LENGTH (nearest ft.) 43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
(+) above	LAND SURFACE
(-) below	3 (nearest foot)



B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">9409</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-94-1175</div>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>	
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">4/22/97</div>		8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">Stiegler Property</div>	
8 MM DD YY 13 <div style="border: 1px solid black; padding: 2px; display: inline-block;">SDC</div>		23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">West Friendship</div>	
15 Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">P.O. BOX 417</div>		SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div>	
Owner <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLcott City MD 21041</div>		LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div>	
First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLcott City MD 21041</div>		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">West Friendship</div>	
Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLcott City MD 21041</div>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	
Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">ELLcott City MD 21041</div>		73 76 77 78	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne M SD 024</div>			
Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne Well Drilling</div>			
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy Md. 21778</div>			
Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne 4/21/97</div>			
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Mayne 4/21/97</div>			
Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">4/21/97</div>			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">300</div> FEET APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT <input type="checkbox"/> other <input type="checkbox"/>			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT. LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">AM</div> PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-94-1175</div>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

 B 4
 DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)


LOCATION OF WELL

HOWARD

COUNTY

Stiegler Property

SUBDIVISION

SECTION

LOT

24

West Friendship

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

1

73 76 77 78

NEAR WHAT ROAD

Whitman Way

ON WHICH SIDE OF ROAD

(CIRCLE APPROPRIATE BOX)

NORTH

WEST

EAST

SOUTH

DISTANCE FROM ROAD

15

ENTER FT OR MI

TAX MAP: BLK: PARCEL:

 NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard Co.

COUNTY NAME

STATE

SIGNATURE

DATE ISSUED

05-27-97

CO SIGNATURE

NORTH GRID

538000

EAST GRID

814000

 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 8104

N 54038

 000
000

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

M D 99

West Friendship

Well

7-3-97

9:30

N

St James Rd

Whitman Way

West Friendship

Well

7-3-97

9:30

N

St James Rd

Whitman Way

West Friendship

Well

7-3-97

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St James Rd

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7-3-97

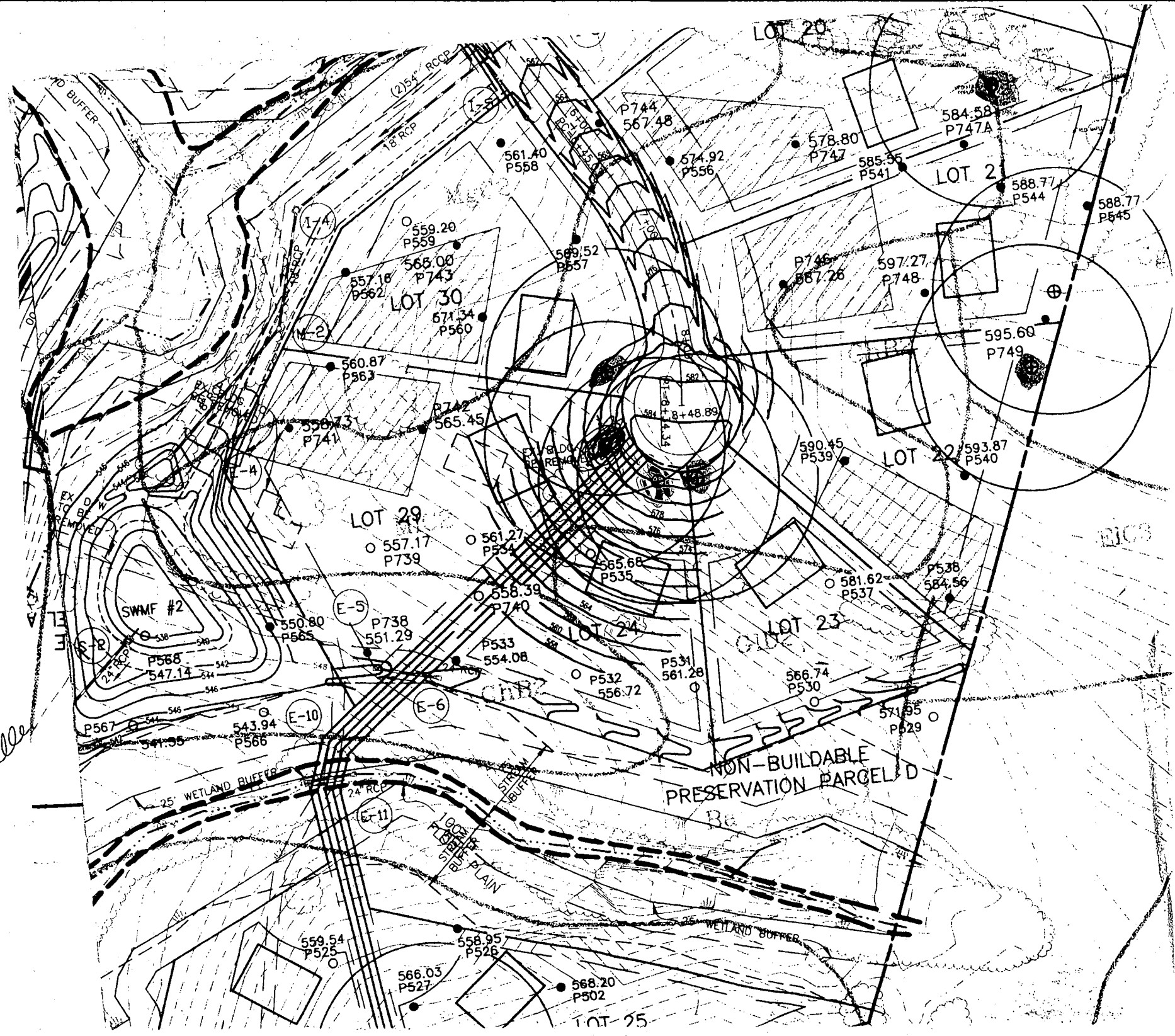
9:30

N

St James Rd

Whitman Way

5/8/97
Well site
OK as
staked
A McMiller



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 B00135022
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	----------------------------

Building Address <u>2127 Whitman Way</u> <u>Marriottsville, MD 21104</u>	Property Owner's Name <u>Lisa C. Plover</u>
Suite/Apt. # _____ SDP/WP/Petition # _____	Address <u>2127 Whitman Way</u>
Census Tract <u>603000</u> Subdivision <u>Lydon Brook</u>	City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u>
Section _____ Area _____ Lot <u>24</u>	Home Phone <u>410-442-9922</u> Work Phone _____
Tax Map <u>15</u> Parcel <u>50</u> Grid <u>5</u>	Applicant's Name & Mailing Address (if other than stated hereon) _____
Zoning <u>AD50</u> Map Coordinates <u>10D1</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>Single Family Dwelling</u>	Contractor Company <u>Blake Contractors</u>
Proposed Use <u>Deck</u>	Contact Person <u>Paul Blahut</u>
Estimated Construction Cost \$ <u>7800</u>	Address <u>4401 Wulther Ave</u>
Description of Work <u>12'x10' and 18'x14' deck with steps</u>	City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21214</u>
Occupant or Tenant _____	License No. <u>18140</u>
Contact Name <u>Same</u>	Phone <u>410-254-8447</u> Fax <u>Same</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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>PIER/POST</u> Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
		State Certified Modular _____ 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 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.

Applicant's Signature <u>Larry Tupis</u>	Print Name <u>Larry Tupis</u>
Title/Company <u>ASST</u>	Date <u>3/21/02</u>

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 Highways			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: SHA

DECKS OK
MR
3/21/02

NO. 3330 P.C. 2
BENCHMARK ENG.
MAR. 3. 2000 7:11PM

