

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510594

A REPAIR

DISTRICT _____

DATE 7-30-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

05-352908

Zepp Plumbing & Heating, Inc. _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 12447 Route 108, Clarksville, MD 21029 PHONE 410-531-6712

SUBDIVISION Cabin Hill LOT 8, Blk A ROAD 12922 Kentbury Road

PROPERTY OWNER Brian Stephens

ADDRESS 12922 Kentbury Rd, Clarksville, MD 21029

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for an inspection when the ground is opened so a sanitarian can recommend repairs. 7-30-98.

PLANS APPROVED BY _____ DATE _____

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

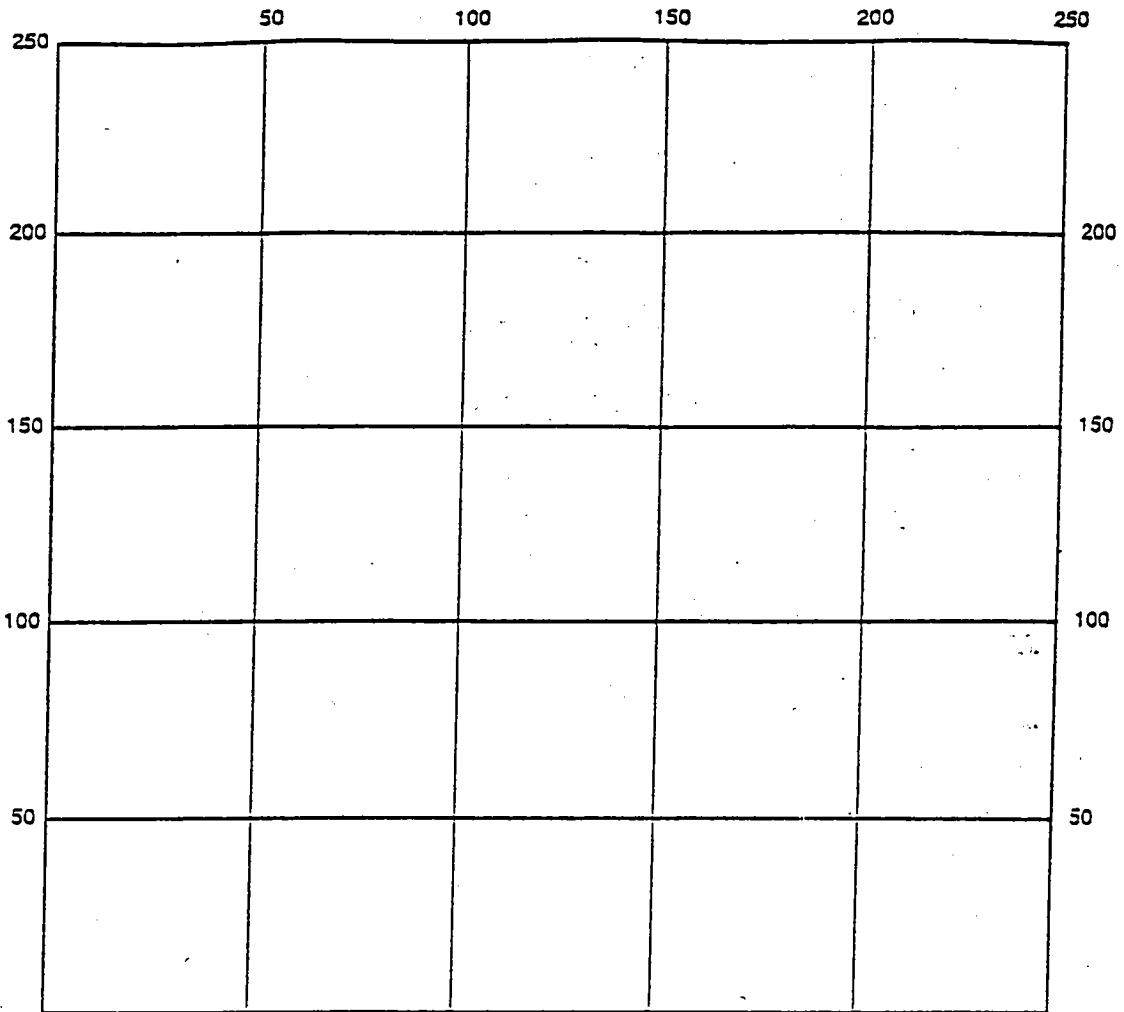
PERMIT VOID AFTER TWO YEARS

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

P 510594



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 510594

A REPAIR

DISTRICT _____

DATE 7-30-98

DATE SYSTEM APPROVED 7-20-98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

EO 2 EPP

~~C & G Utility Service~~

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6344 Ten Oaks Rd Clarksville
~~26710 Howard Chapel Drive, Damascus, MD 20872~~ PHONE 410-549-4987 5316712

SUBDIVISION Cabin Hill, Sect. 2 LOT 8, B.K.A ROAD 12922 Kentburry Road

PROPERTY OWNER _____

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for an inspection when the ground is opened so a sanitarian can recommend repairs.

7-10-98

7-10-98 Install a 75' trench, inlet @ 3.0, bottom @ B.O of

PLANS APPROVED BY _____ DATE _____

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

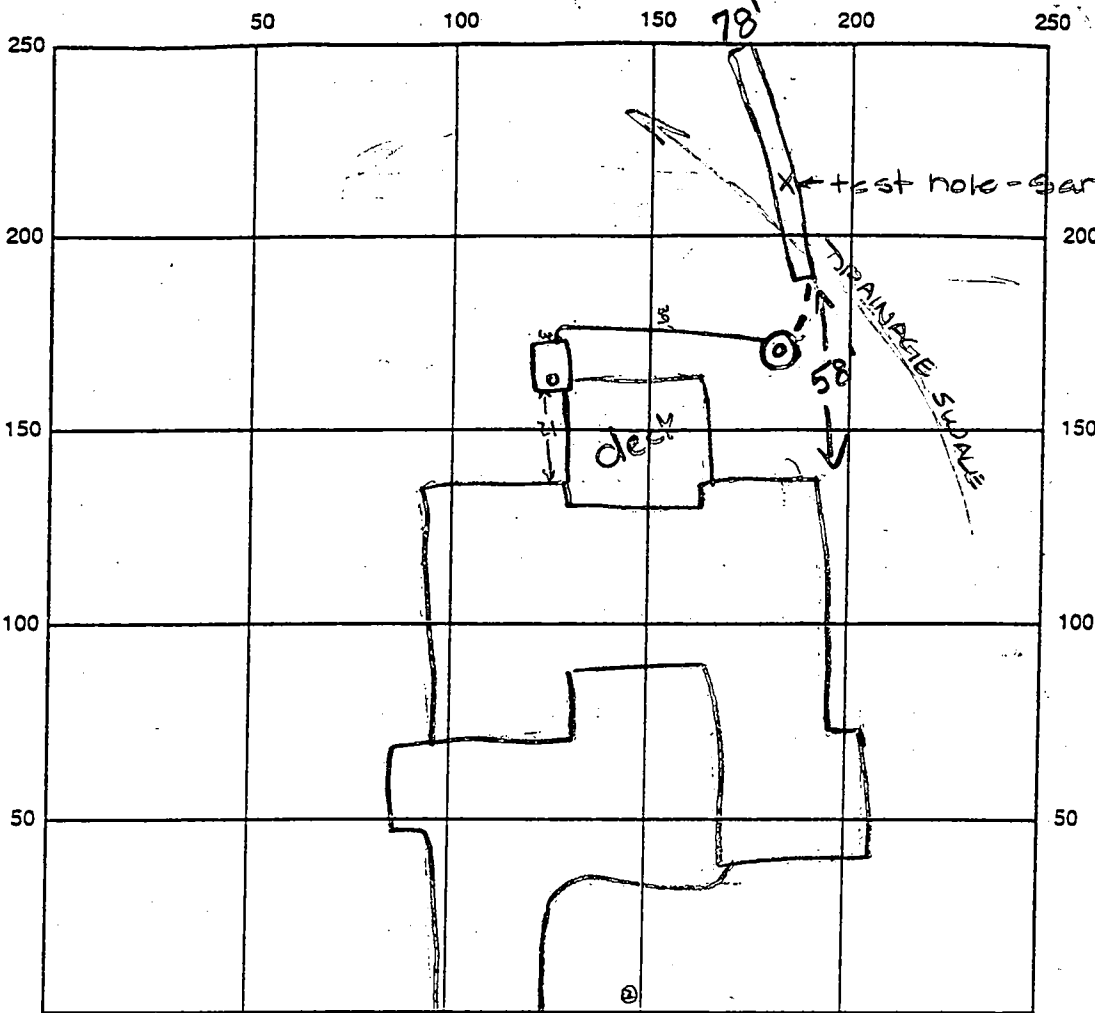
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

P510594



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Kentbury Dr.

SEPTIC TANK LEVEL N/A

CLEANOUTS 1 on tank, 1 on drywell

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 8 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT.

TOTAL LENGTH 78 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 390 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 7/10/98 cast iron wres replaced

7.20.98 trench completed and mostly covered, line connecting trench to drywell already covered, no one at site (KM)

DATE SYSTEM APPROVED 7.20.98

INSPECTOR Kim Maisto

7/2/74

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 9th

DATE 6/27/73

16675 16673

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Maryland

PHONE 286-2939

SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Cabin Hill

ROAD 12928 Kentbury Drive

LOT 8, Blk. A, Sec. 2

PROPERTY OWNER ~~Cabin Hill Corporation~~ BRIAN STEPHENS

ADDRESS Sharp Road, Glenwood, Maryland

Phone: 489-4903

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - To have 125 sq. ft. effective absorbent sidewall area per bedroom, below first 1/4 ft. of original soil. Inlet can come in at 4 ft. and maximum depth 12 1/2 ft. Locate dry well 130 ft. from front of property and 20 ft. in from right property line when facing lot from road. (Per hole 6 & 7).

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

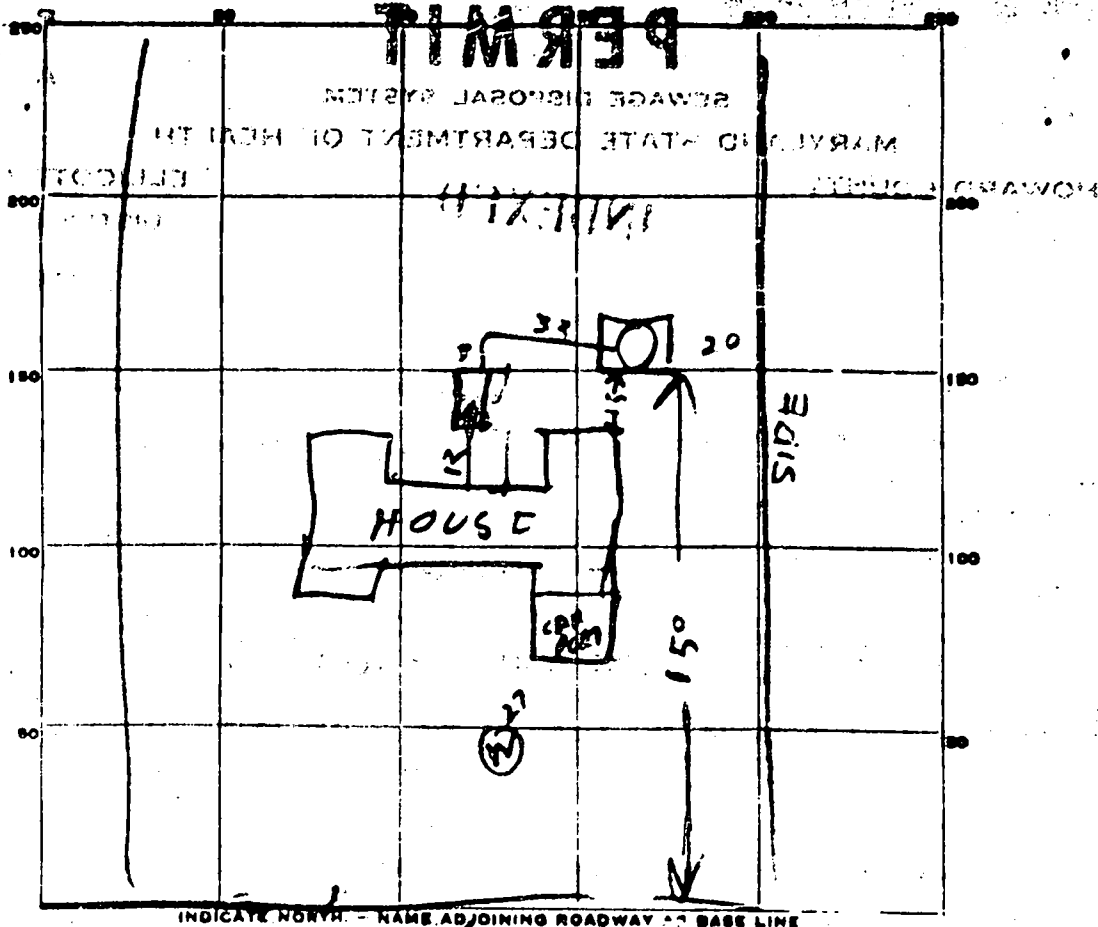
PLANS APPROVED BY Charles B. Streaker

DATE 9/27/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

16673



PERMIT CARD YES

SEPTIC TANK, LEVEL OK CONCRETE CLEANOUTS OK

TOP 2 FT BELOW GRADE

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

PERIMETER 64

SEEPAGE PITS, INSIDE DIAMETER 11 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 248 SQ. FT. COUNTING STONE

REMARKS 7/12/74 - DWZ ALL 1 3 FT BELOW ORIGINAL GRADE

4 FT BELOW IN ACCORD WITH ILLINOIS PE

BB = 37 125 = 375 sq ft

DATE SYSTEM APPROVED 7/12/74 INSPECTOR Raymond Hodges

APPLICATION

A 16673

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE Jan 1972

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Cabin Hill Corp.

ADDRESS Sharp Rd., Glenwood, Md. PHONE 489-4303

PROPERTY LOCATION:

SUBDIVISION Cabin Hill LOT NO. 8, Blk. A, Sect. 2

ROAD AND DESCRIPTION Unnamed road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 139' x 331' x 113' x 318' TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Jack Devereux

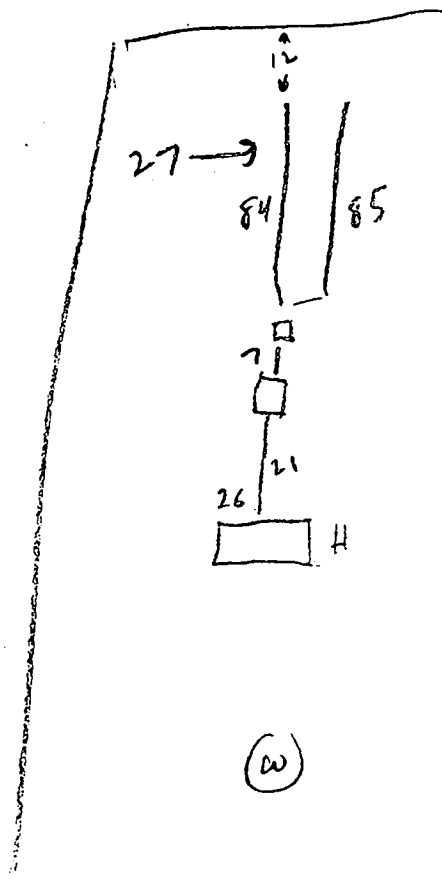
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A 16673

P _____

ELLICOTT CITY

DISTRICT 5

DATE 1/24

THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Cabin Hill Corp.

ADDRESS Sharp Rd., Glenwood, Md. PHONE 489-4303

PROPERTY LOCATION

DIVISION Cabin Hill LOT NO. 8, Blk. A, Sect. 2

ROAD AND DESCRIPTION Unnamed road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 139' x 331' x 113' x 318' TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

NATURE OF APPLICANT /B/ Jack Devereux

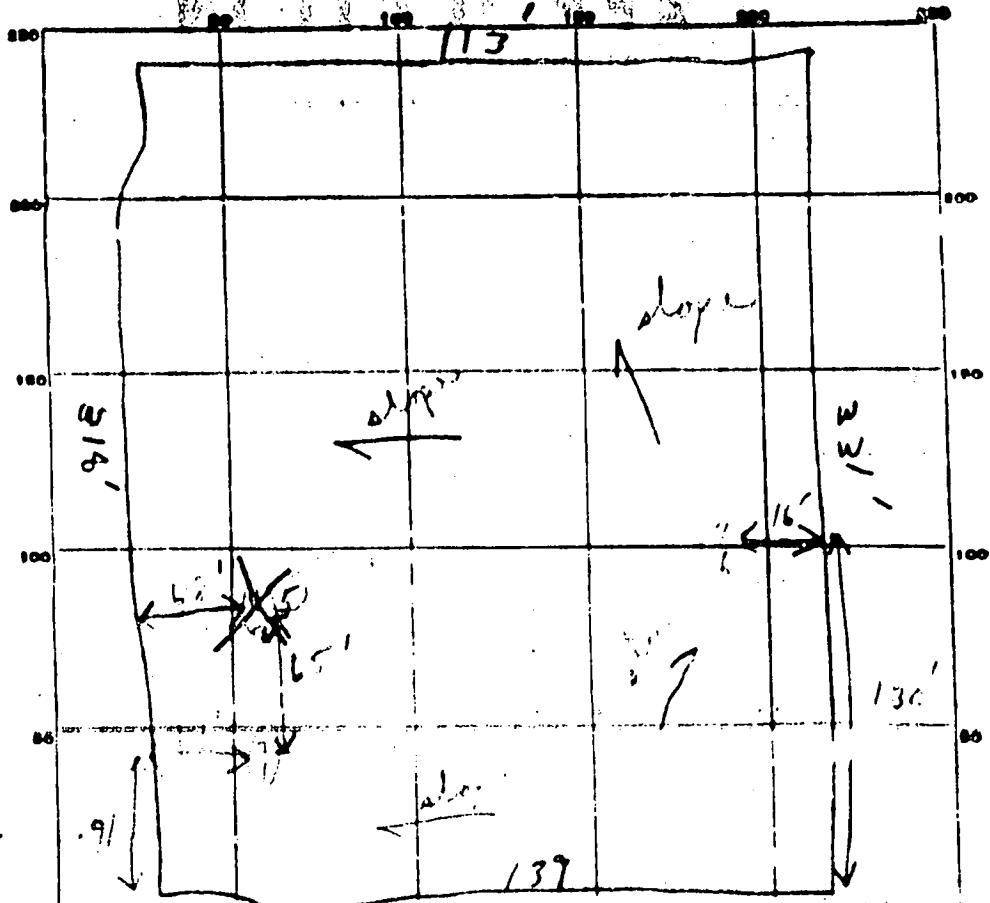
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

IF PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Keathen Rd Lot 28

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/15/72	1	6 1/2'	11:30	11:45	11:45	12:03	11 min	
	2	12 1/2'	11:01	11:03	11:03	11:05	2 min	
	3	4 1/2'	11:04	11:04	11:04	11:04	11:04	11:04
	4	12'	11:14	11:20	11:20	11:24	11:24	11:24
	5	8 1/2'	11:30	11:30	11:30	11:30	11:30	11:30
	6	5 1/2'	11:37	11:40	11:42	11:42	2 min	
	7	12 1/2'	11:37	11:41	11:41	11:45	2 min	
						4	24	

6.12 min
 24

SOIL AUGER FINDING _____
 TESTED BY H.S.
 REMARKS _____

(V. 1000)
 11/15/72
 11/15/72

4100

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAVES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
COUNTY NUMBER Alle 673

RECEIVED
DATE WELL COMPLETED

June 19, 74

DEPTH OF WELL
140

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-7-762

DRILLERS IDENTIFICATION NO. 42

OR RFD

LAST NAME 3310 Sharp Rd.

POST OFFICE Wilmington

WELL DESCRIPTION

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 700

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 40 FT.

ENTER 0 IF FROM SURFACE

CASING RECORD

INSERT APPROPRIATE CODE BELOW
STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE ST NOMINAL DIAMETER TOP OF MAIN CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 48

OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW
STEEL ST BRASS OR BRONZE BR HO

PLASTIC PL OTHER OT

DEPTH (NEAREST WHOLE FOOT)
140

SCREEN NUMBER
1

DIAMETER OF SCREEN 2 1/2 (NEAREST INCH)

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

TELESCOPE CASING T

LOG INDICATOR L

W S AVAILABLE W S

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 1.0

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 10 (NEAREST FOOT)

WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TUBING
 C CENTRIFUGAL N NARY O OTHER (DESCRIBE BELOW)
 J JET B SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSEPOWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) 47

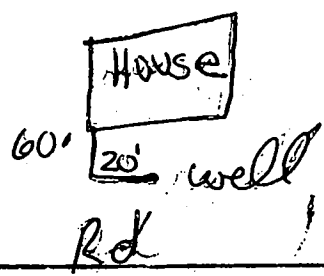
CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE 2 (NEAREST FOOT)

BELOW 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



DESCRIPTION (IF NECESSARY)	FEET	
	FROM	TO
topsoil	0	2
Sandy	2	40
Sandstone	40	60
Granite	60	140

CIRCLE APPROPRIATE BOXES

WELL HAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

WELL CONVERTED TO PRODUCTION WELL

I CERTIFY THAT I HAVE COMPLIED WITH ALL REQUIREMENTS OF THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME

Easterday

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00124270

Building Address 12922 KENTURRY DR
CUMESVILLE MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision _____
 Section _____ Area _____ Lot 8 Cabin Hill
 Tax Map 34 Parcel 300 Grid 16
 Zoning RP-DED Map Coordinates 14B7 Lot size _____

Property Owner's Name DAVID FORTNER
 Address 12922 KENTURRY DR
 City CUMESVILLE State MD Zip Code 21029
 Home Phone 301-854-0147 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SUN ROOM
 Estimated Construction Cost \$ 20,000
 Description of Work ADD GLASS/ENCLOSURE
TO REAR OF HOUSE / 18x9 SUNROOM
over existing deck

Contractor Company THE SUN ROOM INC
 Contact Person JOHN STORZ
 Address 9455 BETHMAN DR
 City CC State MD Zip Code 21042
 License No. 36412
 Phone 410-750-2029 Fax 410-750-3574

Occupant or Tenant _____
 Contact Name DAVID FORTNER
 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	Utilities
Height: <u>9'0"</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>162</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <input checked="" type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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: _____
 Title/Company _____

Print Name David Fortner
 Date _____

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

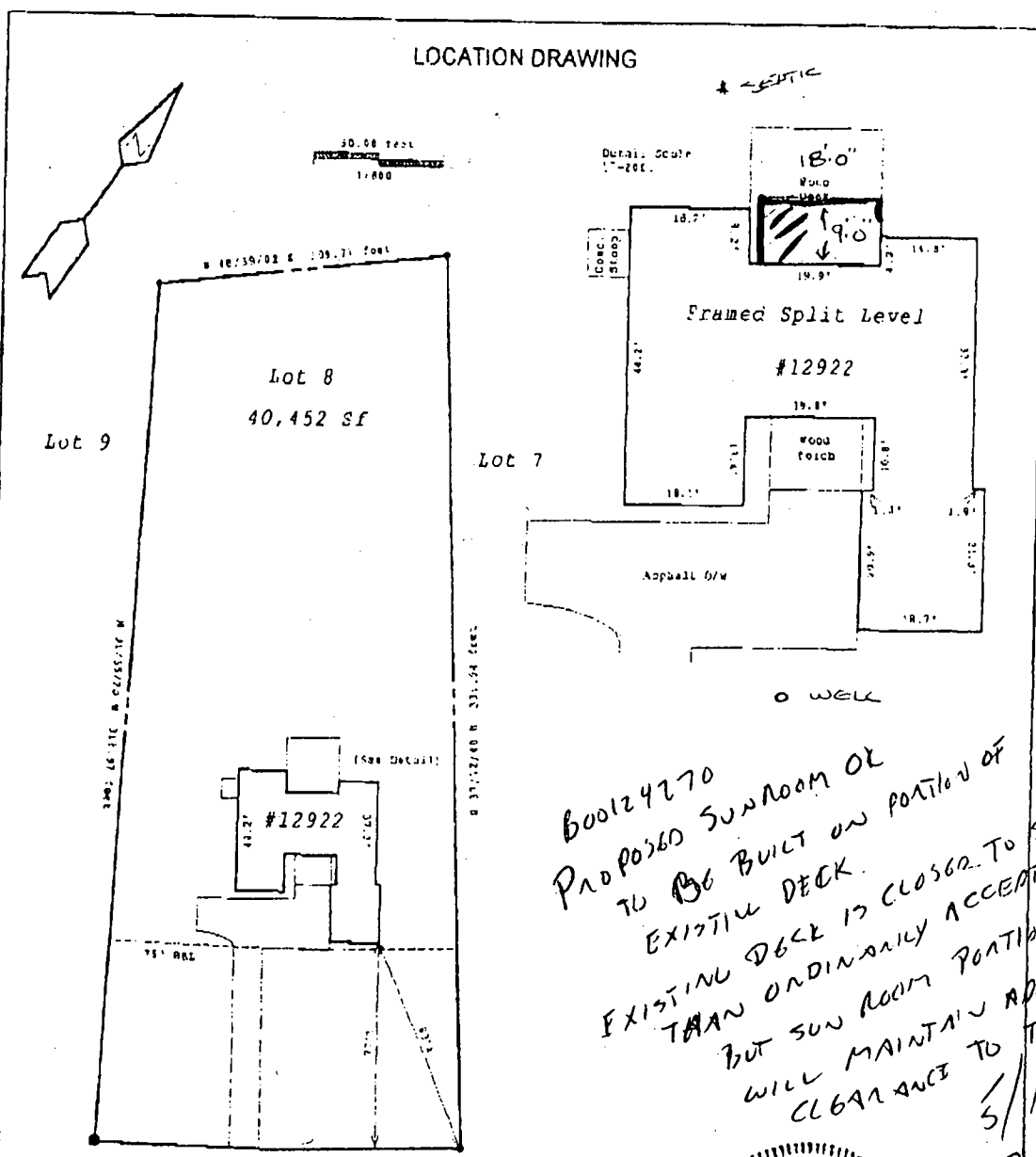
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>5/17/00</u>	<u>[Signature]</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION
Front: <u>30'</u>
Rear: <u>15'</u>
Side: <u>15'</u>
Side St: <u>15'</u>
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 _____

PROPERTY ID#	46253
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>1800</u>
Balance due	\$ _____
Check	# <u>41399</u>
Validation	# <u>28605</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

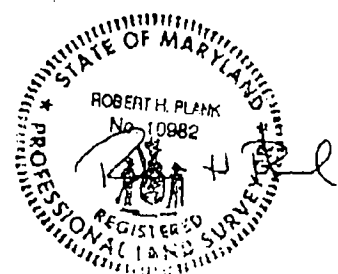
LOCATION DRAWING



00124270
 Proposed Sunroom OK
 to be built on portion of
 existing deck is closer to scotic tank
 than ordinary accepted
 but sun room portion
 will maintain adequate
 clearance to tank,
 5/17/06
Carwell

HOWARD COUNTY RECEIVED
 ENVIRONMENTAL HEALTH DEPT
 08/00 MY 17 PM 3:14

KENTBURY DRIVE
 (50' R/W)



Location survey measurements are +/- 1'
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED.
 This plat is of benefit to a consumer only insofar as it is required by a lender or a life insurance
 company or its agent in connection with contemplated transfer, financing or re-financing.
 This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or
 other existing or future improvements.
 This plat does not provide for the accurate identification of property boundary lines, but such
 identification may not be required for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE
 CONDUCTED A LOCATION SURVEY
 OF THE IMPROVEMENTS AND THAT
 THEY ARE LOCATED AS SHOWN HEREON

Professional Land Surveyor
 Registered—No. 10982

CLS And Associates P.O. Box 190 Webon, MD 21785 Office: (410) 442-5117 Fax: (410) 442-5175	Date: 8/30/99 Scale: 1"=50ft File: LT 98-1708	Project: 12922 KENTBURY DRIVE Clarksville, Maryland 21029 Howard County Title Deed Liber: 2473, Folio: 403 Plat Ref: Lot No. A, Block A, Plat Book 25, Folio 90 CABIN HILL Section Two
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