

APPROVED
10/31/85
RN

P 35793

A 27297

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

01-185608

ELLICOTT CITY
DISTRICT 1st

DATE 7/19/85

INDEXED

L. E. Croft Company, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6221 Old Washington Road, Elkridge, MD 21227 PHONE 796-1864

SUBDIVISION Roy F. Emery ROAD 5287 5315 Kerger Road LOT 6B & 6C

PROPERTY OWNER Mr. & Mrs. Michael Zinkand

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the trench at perc hole (7)(8) and run the trench toward perc hole (1)(4). Perc hole (7)(8) is located 70 feet from the back lot line and 90 feet from the left side of the lot as seen when facing the lot from the back lot line. Perc hole (1)(2) is located 80 feet from the back lot line and 10 feet from the right side of the lot as seen when facing the lot from the back lot line and note the back lot line is the 208.37 ft. long lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY F. Frommelt / Ray Hodges DATE 3/29/85

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.

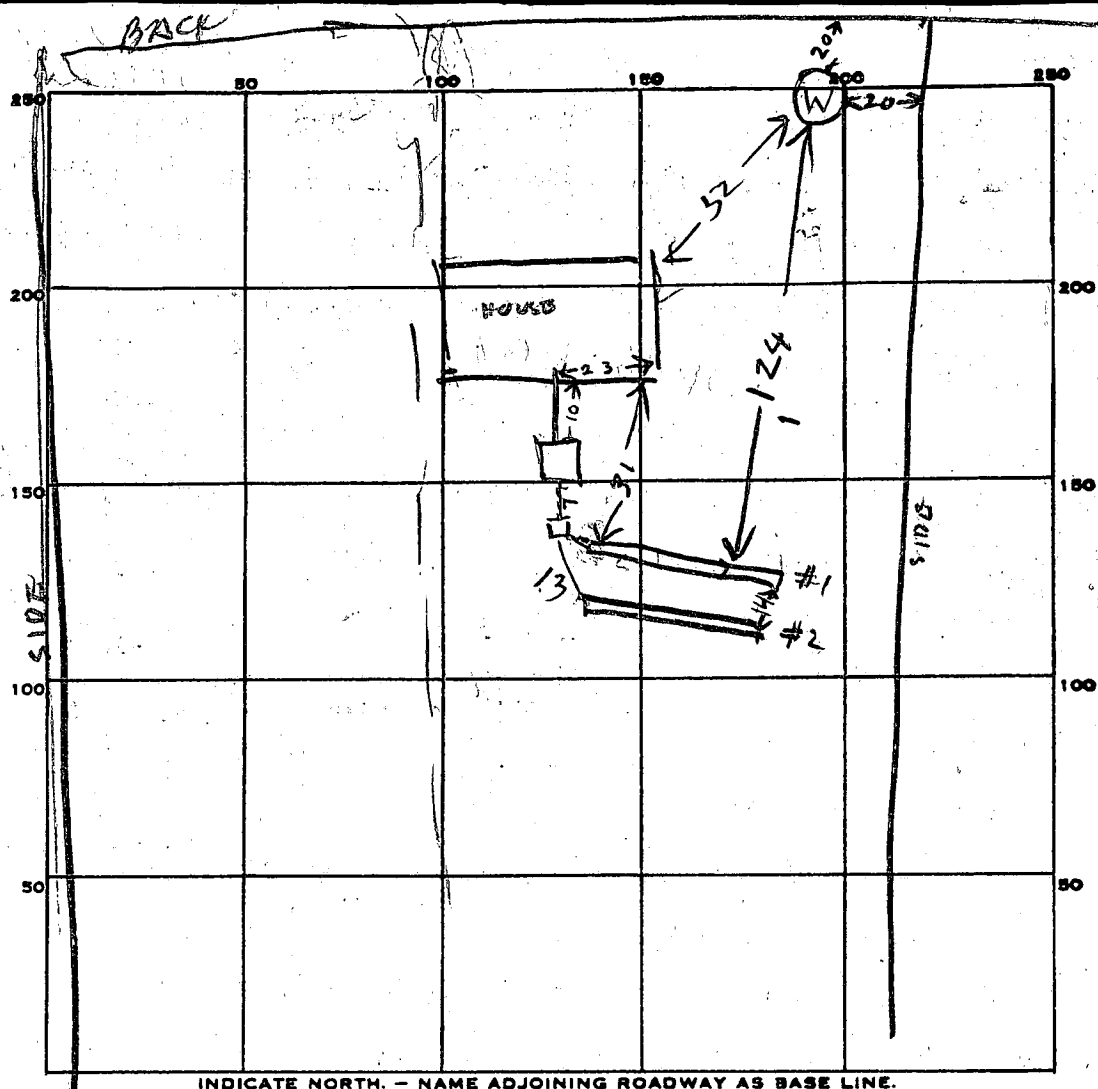
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

27297



PERMIT CARD _____

ST
NO

SEPTIC TANK, LEVEL 150.0 TOP 1 FT
below grad

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____ OK

TILE FIELD, DEPTH #1 8.5 / #2 8.2 FT. TRENCH WIDTH #1 2 / #2 2 FT.

#1	#2	TOTAL
GRAVEL DEPTH <u>5.5</u>	<u>5.2</u>	
TOTAL LENGTH <u>63</u>	<u>62</u>	<u>125</u>

#1	#2	TOTAL
NUMBER OF TRENCHES <u>2</u>		
TOTAL BOTTOM AREA <u>315</u>	<u>310</u>	<u>625</u>

8 IN SIDE BELOW TOP 3.5 FT

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/20/85 - ADD STONE BRIPS TO TRENCHES HOOK UP TANK
SCALL RH 10/30/85 - STONE ADDED & SYSTEM CONNECTED
FINISH PUTTING PAPER ON TRENCH & PUT CONCRETE
BLOCK SUPPORTS UNDER PIPE FROM TANK TO BOX.
THEN COVER

DATE SYSTEM APPROVED 10/31/85

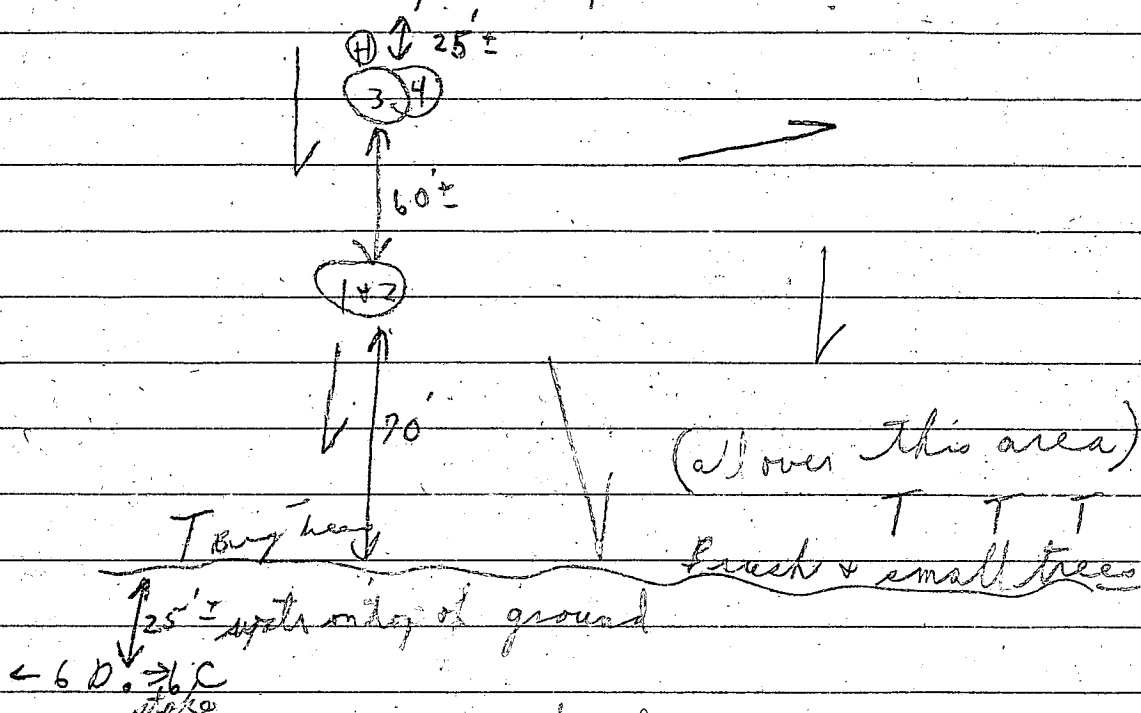
INSPECTOR Raymond Hodge

(Field sheet)

4/6/78

(rod 6.C)

Open corn field
1 back line



← 60. → 6.C
at 60

Open field

Soil Profile	Depth	1 st	2 nd	3 rd	Stream
Profile 1	1' ±	10:10	little or no pipe		
Below - 2	X 8 1/2'	10:10	10:14	X	X
clay sandy loam 3	2 1/2'	10:35	10:50 3/4"	X	X
+ clay 4	8'	10:34	10:40	X	X
5					
6					
7					

(3+4)
 1' ± higher than
 (1+2)
 Erickson house

Owner Rep - Don Reuver C.B.
 Erickson + men digging

RECORDED
0713/324

APPLICATION

A. 27297

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1st

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 12/7/77

**SYSTEM FIRST BEFORE
BUILDING PERMIT 1126184 RH**

*12 6 5
600*

*1584
1584*

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 ~~Roy F. Emery property~~ Michael Zinkand 604-3976

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____
ROAD AND DESCRIPTION # 5315 Kerger Road Using LOT NO. 6B & 6C application for 10/23/78 c.B.D.

SIZE OF LOT 1.328 acres m/1 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/ Donald Reuwer, Jr.

APPROVED BY Raymond Hodges FOR Trench DATE 1/26/84
(KIND OF SYSTEM) _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for certified holes BP # 63558
c.B.D.

BLDG. PERMIT SIGNED
AND RETURNED 3-29-85

THIS IS NOT A PERMIT

B 1 2 3 4 5 6
1619 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

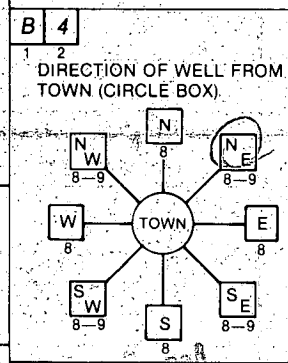
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
H0-81-0518
 fill in this form completely

Date Received **6/27/84 8:00 AM**
040784 OWNER INFORMATION
Zinkand Michael
1206 Haver Hill Road
Baltimore Md 21229

B 3 LOCATION OF WELL
Howard COUNTY
Emory Property SUBDIVISION
 SECTION **68** LOT **6B**
Brightfield NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
George F. Easterday Driller's Name License No. **40**
L.F. Easterday, Inc. Firm Name
9265 Brown Church Rd. Mt. Airy, Md. Address
George F. Easterday Signature Date **4/5/84**



Kerger Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **1000** FT
 ENTER FT or MI **FT**

B 2 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **A27297**
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **042484** CO SIGNATURE **Frank Shinn** EXP. DATE **10/24/84**
 NORTH GRID **505000** EAST GRID **0863000**

APPROXIMATE DEPTH OF WELL **200** FEET

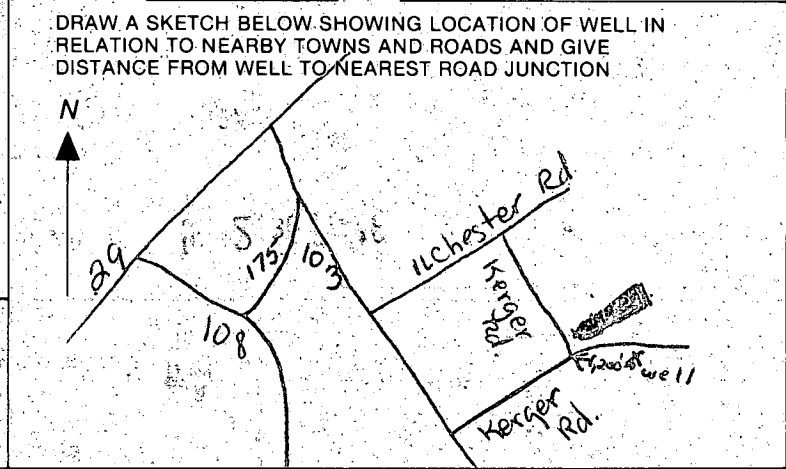
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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

 Location OK
 48' casing
 35' well open
 11' large cement
 6/27/84
 JS

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **4P-81-0518**

SPECIAL CONDITIONS

C1 3403 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.

COUNTY NUMBER A 27 297

DATE RECEIVED

DATE WELL COMPLETED 06 27 84

DEPTH OF WELL 2200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0518

OWNER ZINKAND MICHAEL last name KERGER RD first name TOWN BRIGHT FIELD SUBDIVISION EMERY PROPERTY SECTION 3 LOT 6B

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top soil, Clay, Sand stone, Granite, Flint, Granite, Quartz, Granite, Flint, Granite.

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 11 NO. OF POUNDS 1100 GALLONS OF WATER 58 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) [5] Total depth of main casing (nearest foot) [78] OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT] STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.) 1 40 2 46 3 200 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q [] [] [] TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 84 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

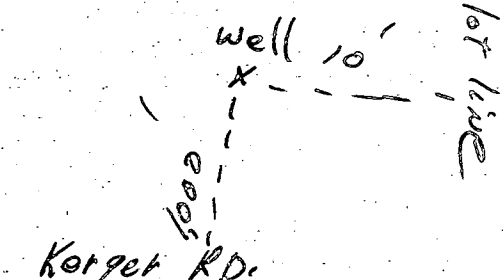
DRILLER WILL INSTALL PUMP YES [X] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [X] 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)

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

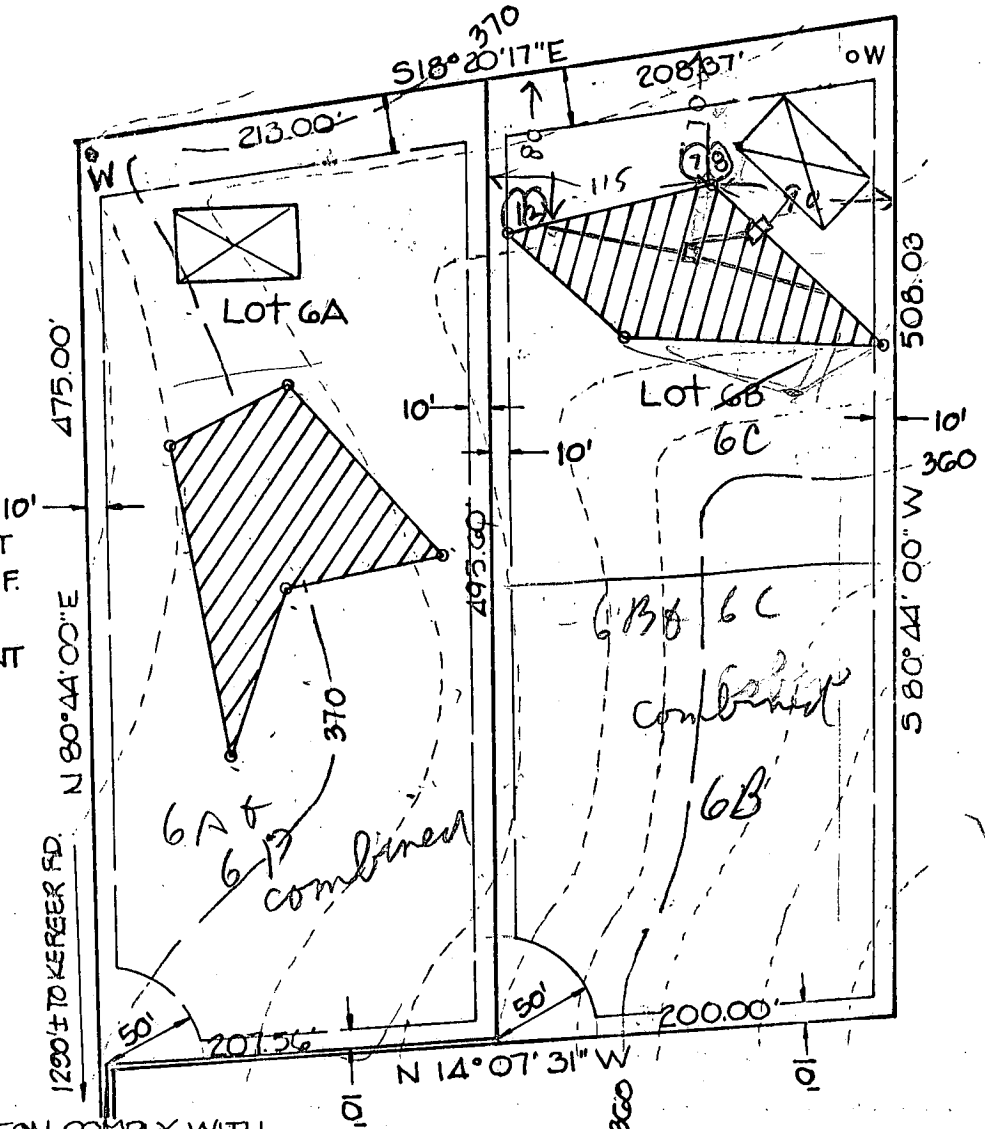
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

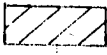
DRILLERS IDENT. NO. 40 George F. Easterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



ROY EMORY PROP
LOT 6A & 6B

K&E BALTIMORE 10 5155 ALBANY 9-78 MC8493*



 THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL.

NOTES:

1. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
2. PERCOLATION TEST HOLES HAVE BEEN FIELD LOCATED, AS SHOWN BY "o"

BOUNDARY SHOWN IS BASED ON SURVEY DATA BY JOHN C. MELLEMA SR., INC.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

Jacqueline Ford
COUNTY HEALTH OFFICER 1-16-79

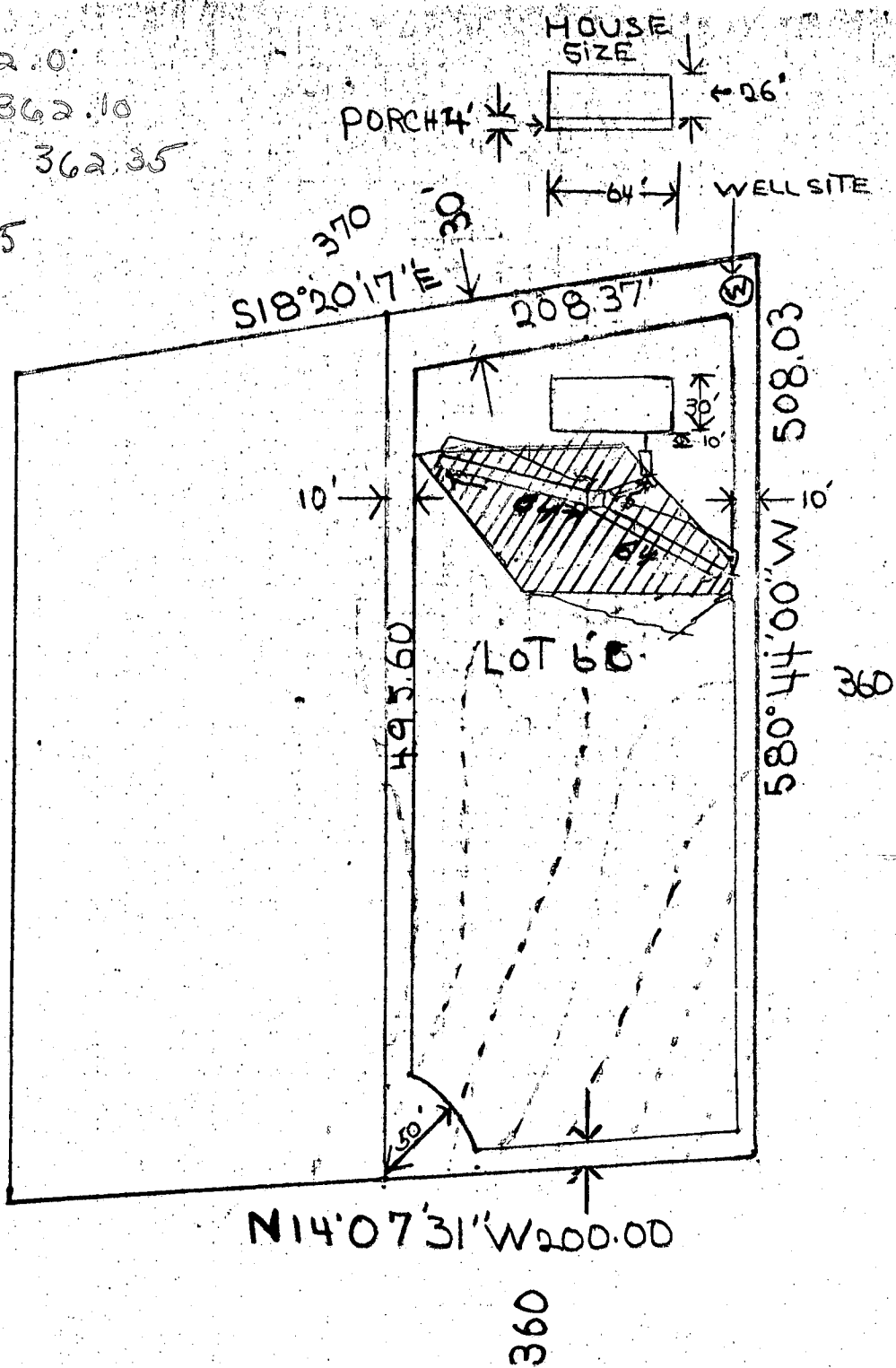
William G. Hartel
STATE OF MARYLAND
WILLIAM G. HARTEL
REGISTERED PROFESSIONAL LAND SURVEYOR
NO. 9436
11-8-78

TITLE PERCOLATION CERTIFICATION PLAT			
PROJECT EMORY PROPERTY - LOTS 6A AND 6B			
LOCATION 1ST ELECTION DIST., HOWARD CO., MARYLAND			
DATE: 11-78	DESIGN BY:	DRAWN BY: D.H.H.	CHECKED BY:
SCALE: 1"=100'	JOB NO.: 77175	DRAWING NO.: 1 OF 1	

boender associates

engineers
surveyors
planners

House out 362.0'
 Septic Tank in 362.10
 Septic Tank out 362.35
 Trench in 362.5
 Grade 366



1" = 100'

362.0 HOUSE OUT

362.10 SEPTIC TANK IN

362.35 " " OUT

362.5 TRENCH IN

366 GRADE

$$\begin{array}{r} 125 \\ 5 \\ \hline 625 \end{array}$$

$$\begin{array}{r} 63 \\ 5 \\ \hline 315 \end{array}$$

$$\begin{array}{r} 63 \\ 5 \\ \hline 310 \end{array}$$

[Signature]

63559

48

WELL PUMP INSPECTION

Owner's Name: Zinkhand
5315 Kerger Road

Address:

LOCATION OF PROPERTY:

WELL TAG NUMBER:

PLUMBER OR CERTIFIED PUMP INSTALLER:

Phone Number:

License Number:

Receipt Number:

Date:

Comments:

Inspection: 11-12-85

PITLESS 48" below GRADE; Well Line: 18" - 52" below GRADE;
PRESSURE TANK INSTALLED w/ Pressure Relief VALVE; SAKE

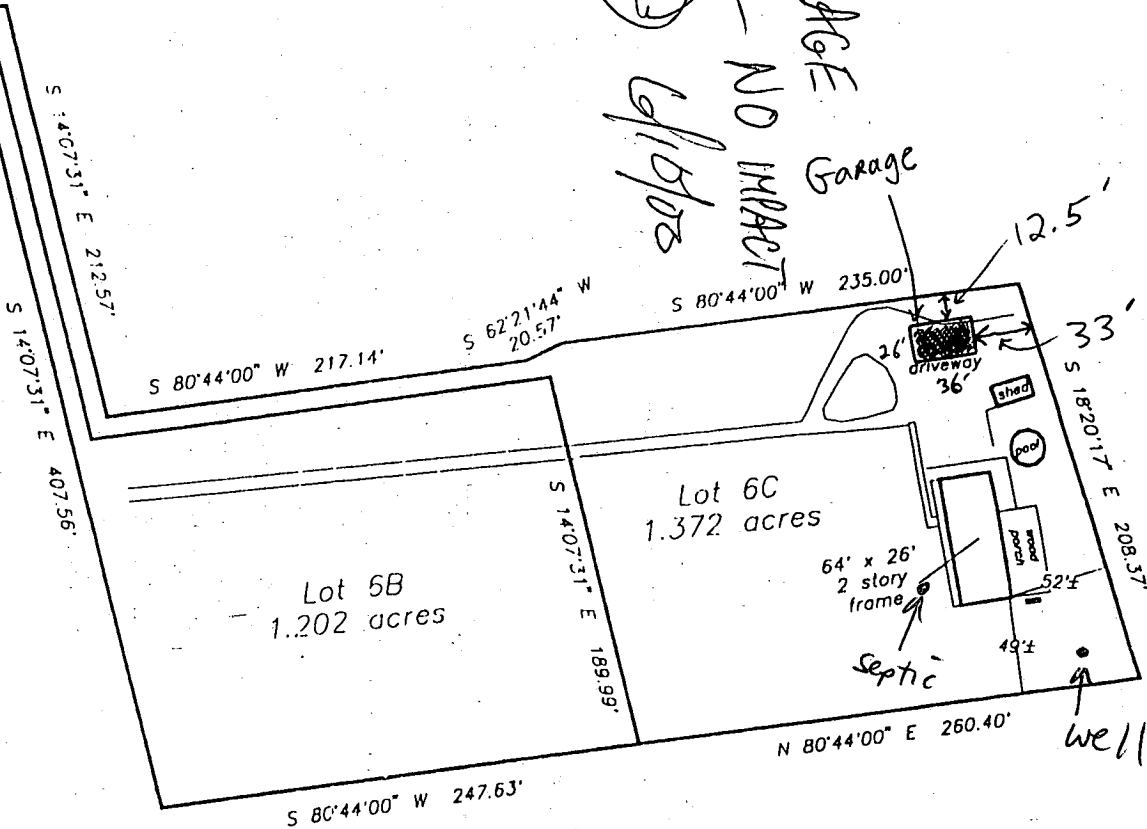
Date Well Pump Inspection Was Approved:

Inspector:

NOTES:

- 1) B.R.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1/2"

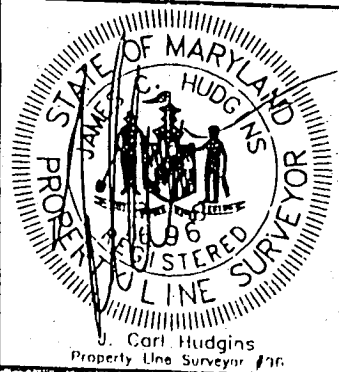
S 12°48'07" E N 80°44'00" E 1308.69'
5.00'
N 80°44'00" E 1288.35'
Kerger Road



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 29 of 45 Community Panel # 240044-0029 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as **Lots 5B and 6C** 5287 Kerger Road recorded in the Land Records of Howard County, Maryland in Plat Bk. Liber 1267 Folio 618 for the purpose of locating the improvements thereon.

This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes. This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures. 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 for securing financing or refinancing.



LOCATION DRAWING
5287 Kerger Road

1st election district
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale:	1" = 100'
Date:	May 16, 1998
Field by:	JLM
Drawn by:	JLM
Drawing #	09833430

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B 00124373

Building Address 5287 Kerger Road
Ellicott City MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 31 Parcel _____ Grid 22
Zoning R20 Map Coordinates 1654 Lot size _____

Property Owner's Name Larry Wagner
Address 5287 Kerger Road
City Ellicott City State MD Zip Code 21043
Home Phone 410 744 0631 Work Phone 410 744 0631
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Detached garage
Estimated Construction Cost \$ 17000
Description of Work 2 story detached garage
3 car w/ storage on second
(household belongings) floor

Contractor Company Same as owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Same as owner
Contact Name _____
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
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 Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
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 garage (detached)
Dimensions: 26 x 36 feet
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.

Larry Wagner
Applicant's Signature
Title/Company _____

Larry Wagner
Print Name
May 22, 2000
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
 Health 6/10/00 Mark Koffin
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# 16563
Filing fee \$ 75.00
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # 1451
Validation # _____
Accepted by _____