

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Kennard Drive

SEPTIC TANK. LEVEL OK-1250 gal

CLEANOUTS one on tank

DISTRIBUTION BOX. LEVEL OK-baffle in

DRAIN FIELD/TILE FIELD. DEPTH 4.5 FT

TRENCH WIDTH 3 FT

INLET DEPTH 2.5 FT

EFFECTIVE GRAVEL DEPTH 2 FT

TOTAL LENGTH

240'

total

NUMBER OF TRENCHES 3

~~675~~ BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 5/24/94 OK to cover all work. JKS

5/27/94 WPI OK to cover 4' below grade ACM

DATE SYSTEM APPROVED 5/24/94

INSPECTOR

[Signature]

APPLICATION

PERCOLATION TESTING

A 39578

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 6-12-87

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 Kennard Warfield Jr. Crystal Clear General Partnership

ADDRESS 14663 Tridelphia Rd Glenely 21737 PHONE 442-2337
670-9114

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE LOT 20

PROPERTY LOCATION: _____

SUBDIVISION Crystal Clear LOT NO. 25
LOT 20 Preliminary

ROAD AND DESCRIPTION West side Ivory Rd North side Tridelphia Rd
(13895 Kennard Drive)

TAX MAP 22 PARCEL # 533

SIZE OF LOT 3 1/2 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Mal Skrin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

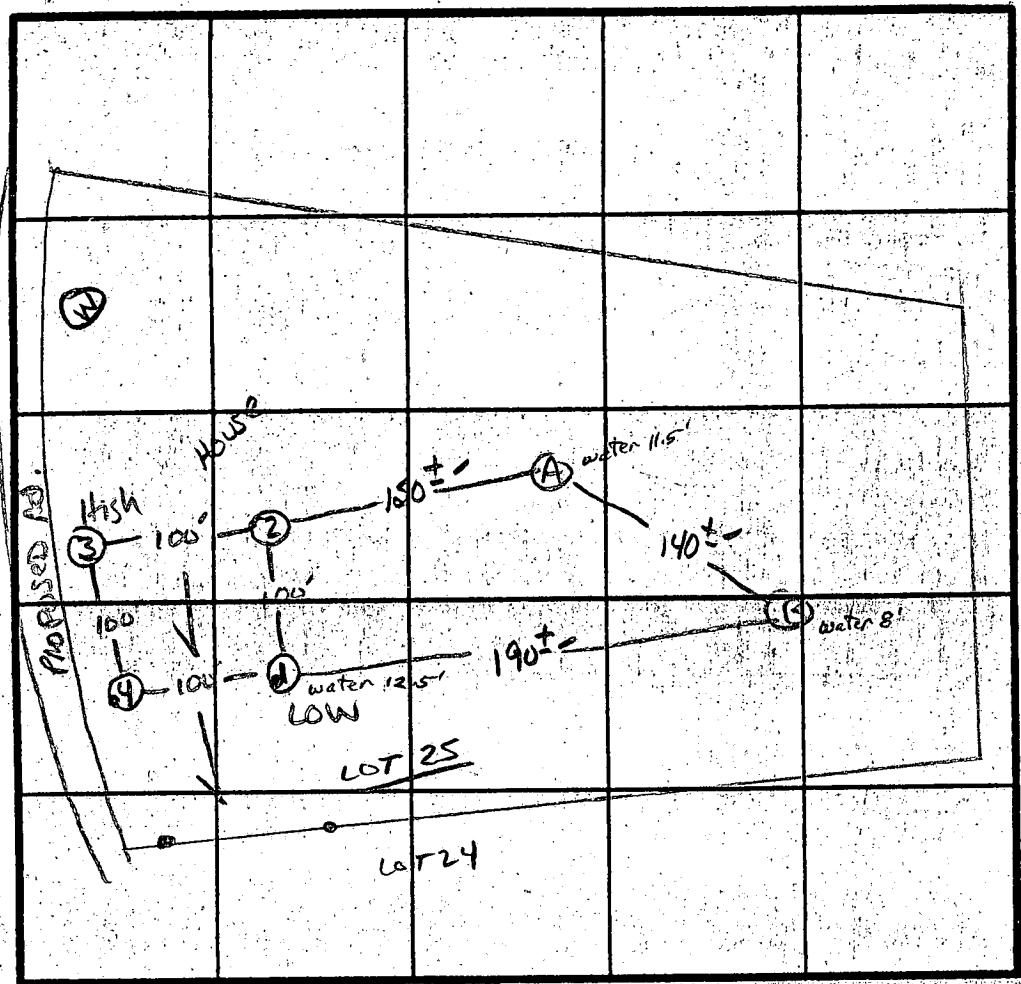
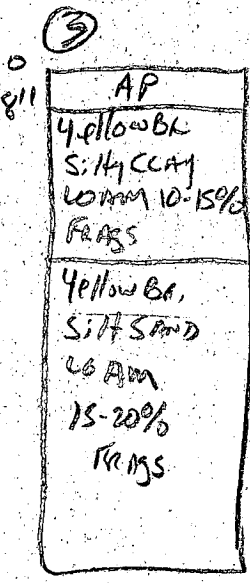
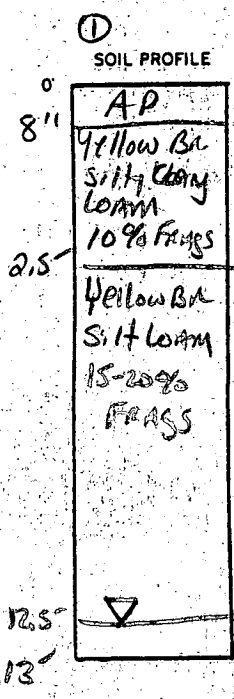
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/28/87 Perc Satisfactory - Hold for Subdivision Plat SFD

BLDG. PERMIT SIGNED AND RETURNED 3/16/94
Serial # 53796
SFD - YBum

BLDG. PERMIT SIGNED AND RETURNED 2/15/90
Serial # 209133 SFD

THIS IS NOT A PERMIT



2 Perc 6 min
180 ϕ /BR
Inlet 2.5
Bottom 4.5

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
TRINDELPHIA RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1' DROP		TIME	
			START	STOP	START	STOP		
7/28/87	1 S	3'	11:48	11:49	11:49	12:01	2 MIN	
	1 V	13'	WATER AT 12.5' UNIFORM below 2.5'					
	2 U	12.5'	UNIFORM Soil below 3'					
	3 S	3.5'	12:06	12:09	12:09	12:13	4 MIN	
	3 M	8.0'	12:07	12:09	12:09	12:15	6 MIN	
	3 V	13'	UNIFORM Soil below 3.0'					
	4 S	3.5'	12:11	12:14	12:14	12:23	9 MIN	
	4 V	13'	UNIFORM Soil below					
	A	WATER AT 11.5'						
	B	WATER AT 8.0' MOTTLES AT 9.5'						

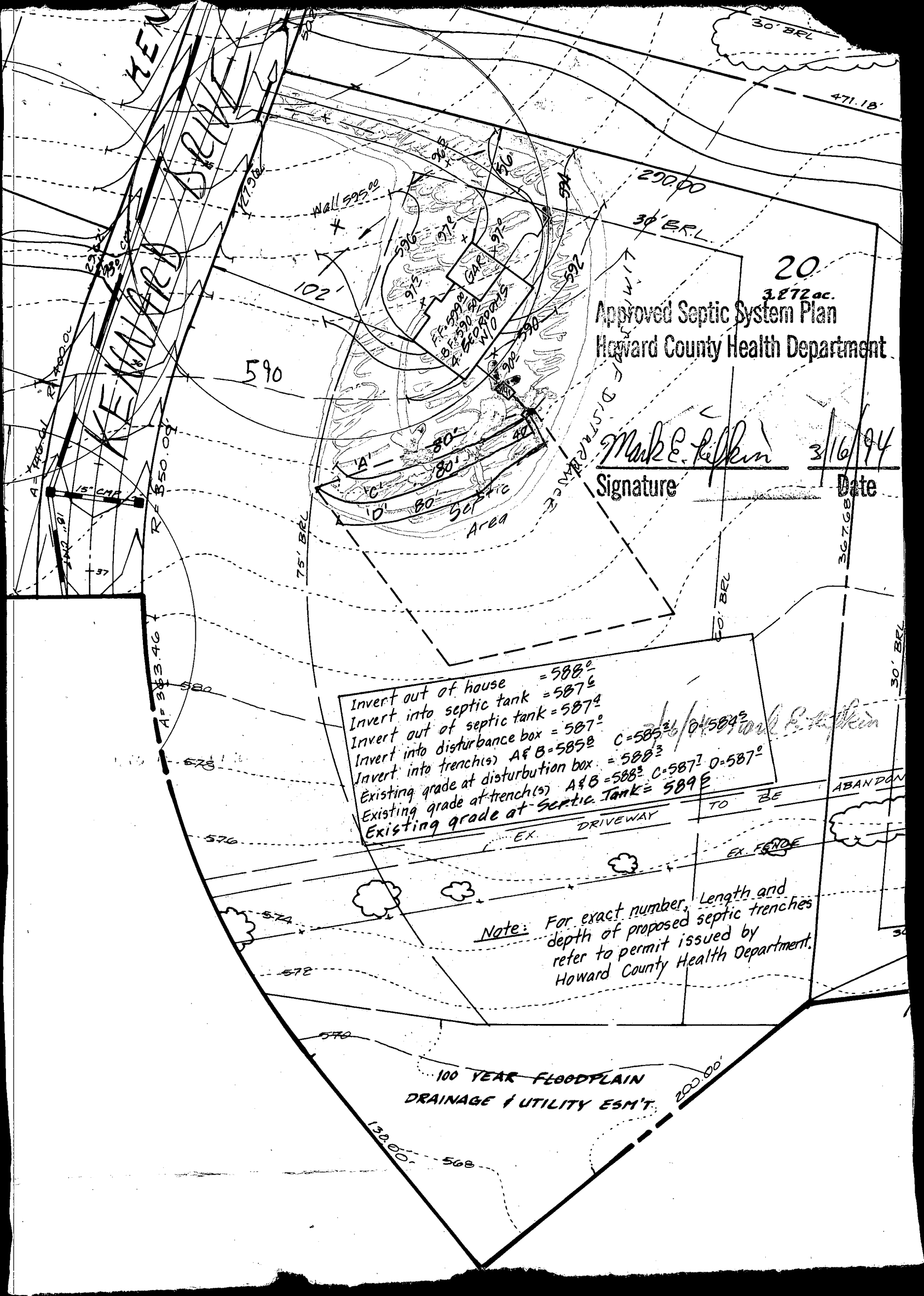
REMARKS: Holes Diff. Than Plat - Shallow Syst. Only

TYPE OF SOIL: Chester

TESTED BY: S. Abel

ALSO PRESENT: MAHLER, K & K

EH-12-1079



KENNARD DRIVE

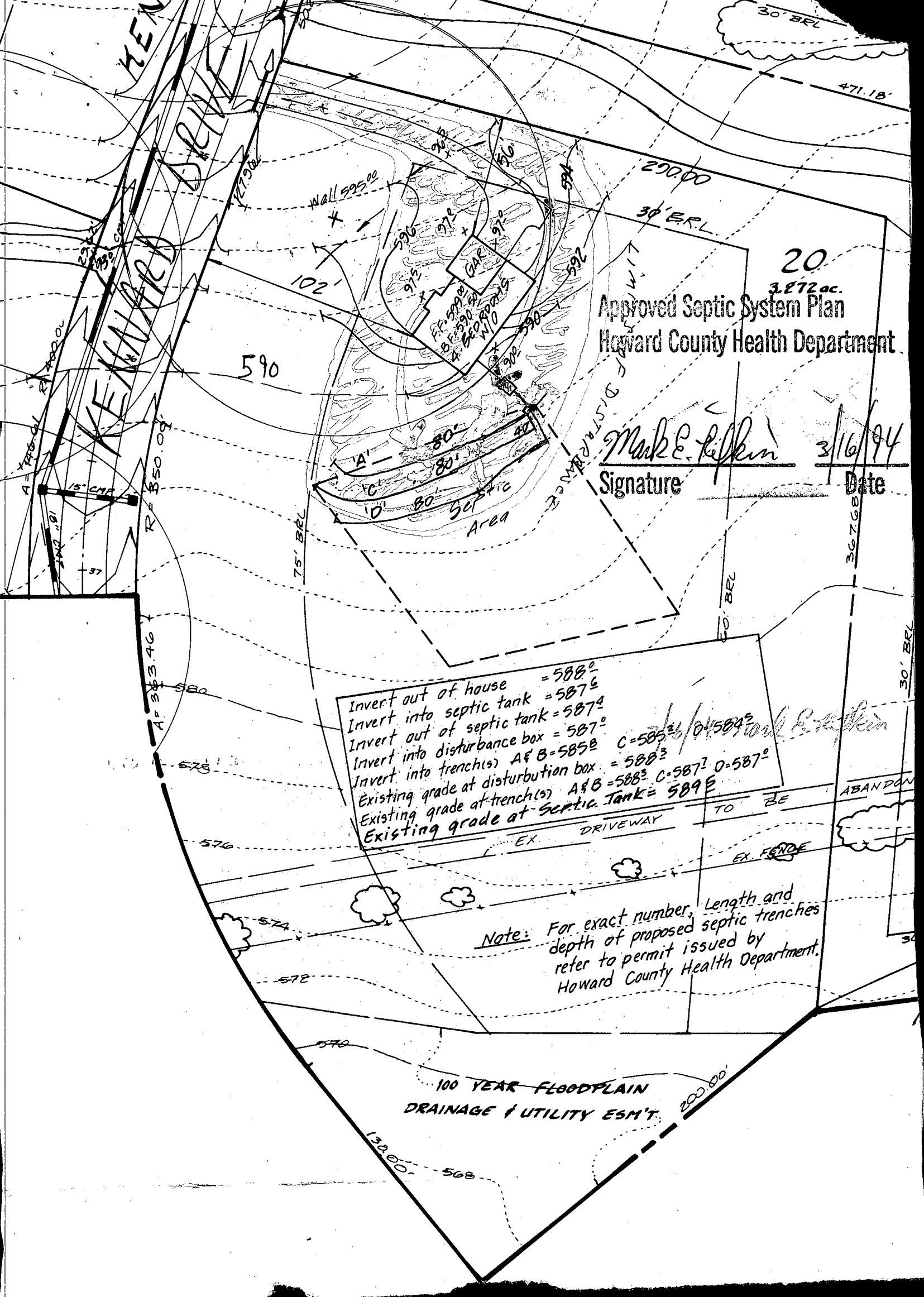
20
3.272 ac.
Approved Septic System Plan
Howard County Health Department

Mark E. Pelkin
Signature
3/16/94
Date

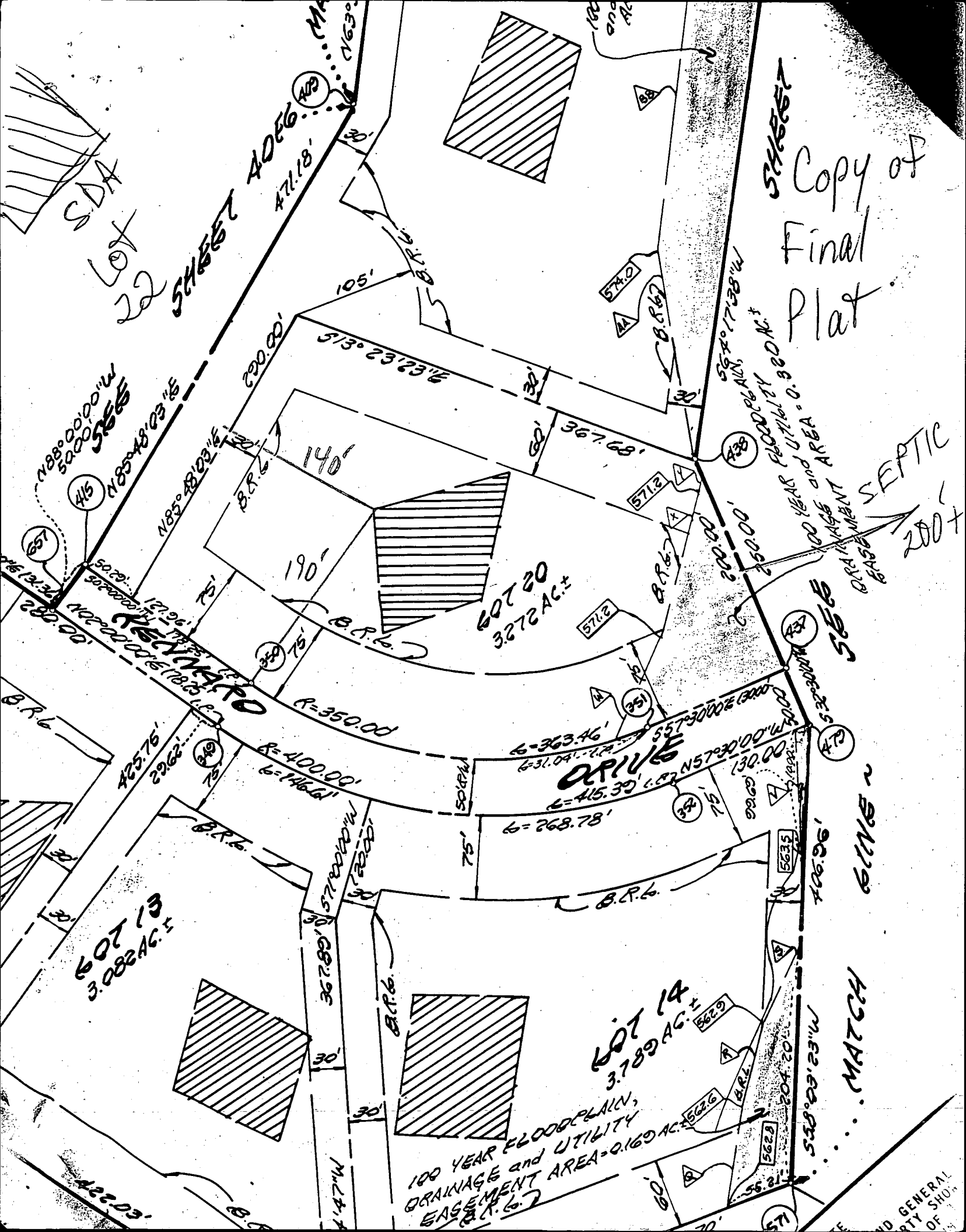
Invert out of house = 588°
 Invert into septic tank = 587°
 Invert out of septic tank = 587°
 Invert into disturbance box = 587°
 Invert into trench(s) A & B = 585°
 Existing grade at disturbance box = 588°
 Existing grade at trench(s) A & B = 588° C = 587° D = 587°
 Existing grade at Septic Tank = 589°

Note: For exact number, length and depth of proposed septic trenches refer to permit issued by Howard County Health Department.

100 YEAR FLOODPLAIN
DRAINAGE & UTILITY ESM'T.



SHEET
Copy of
Final
Plan



Lot
22

SHEET 4056

788°00'00"W
500.00'
575.66'

185°48'23"W
185°48'23"W

220.00'

513°23'23"W
632.23'

140'

190'

LOT 20
3.272 AC.±

DRIVE

6=268.78'

6=363.46'

6=415.39'

6=146.61'

6=146.61'

6=146.61'

6=146.61'

6=146.61'

6=146.61'

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6=146.61'

6=146.61'

6=146.61'

6=146.61'

LOT 13
3.082 AC.±

LOT 14
3.789 AC.±

100 YEAR FLOODPLAIN,
DRAINAGE and UTILITY
EASEMENT AREA - 0.169 AC.±

...MATCH

6116 ~

556

571.2

574.0

575.66

575.66

SEPTIC
200'

100 YEAR FLOODPLAIN,
DRAINAGE and UTILITY
EASEMENT AREA - 0.320 AC.±

575.66

...MATCH

558°00'00"W
558.00'

558°00'00"W
558.00'

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558°00'00"W
558.00'

C.1 9936

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 39578

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

072679

77

HO-88-0950

OWNER: GOSKIN LAND CO. last name: 13595 KENNARD DR. first name: GLENNY TOWN: GLENNY SUBDIVISION: CRYSTAL CLEAR SECTION: LOT: 20

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 (0-2), Clay (2-5), Shaley (5-12), Sand Stone (12-45), Mica (45-50), Sand Stone (50-60), GRAY Mica (60-77).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 315 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 1 ft. to 4 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 53

OTHER CASING (if used) diameter inch depth (feet) from to

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

DEPTH (nearest ft.) 1 HO 51 2 77 3 23 24 26 30 32 36 38 39 41 45 47 51

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO 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) LAND SURFACE (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)

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.

DRILLER'S IDENT. NO. 40 DRILLER'S SIGNATURE SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Handwritten notes: Well - 50, 320/3, Kennard DR, Right lot here

5/27/94 PM

5/27/94
OK to cover
4' below grade
AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3625-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Job # 14103132648 Craig Williams

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer Ben Lewis, Inc Telephone 4283900

License Number 11202

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Franklin Bledis Telephone _____

Subdivision Upper Clear Lot # 20 Well Tag # _____

Site Address 1 P14411

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/3</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # <u>1"</u>
b. Shallow well jet _____	3. Voltage <u>230</u>	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Goulos</u>	b. 220 _____	
3. Model # <u>10E703</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>10</u>	1. Type <u>200 PSI</u>	1. Depth <u>77</u> ft.
2. Pressure relief valve? <u>yes</u>	2. Size <u>1"</u>	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>22</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

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: [Signature]

Date: 5/27/94

Note: A sticker indicating approval/status of the installation will be placed

FINAL LOCATION PLAT LOT 20 CRYSTAL CLEAR

Howard County, Maryland
Scale: 1" = 100' April 13, 1994

PLAT NO. 8445
MACRIS, HENDRICKS and GLASCOCK, P.A.

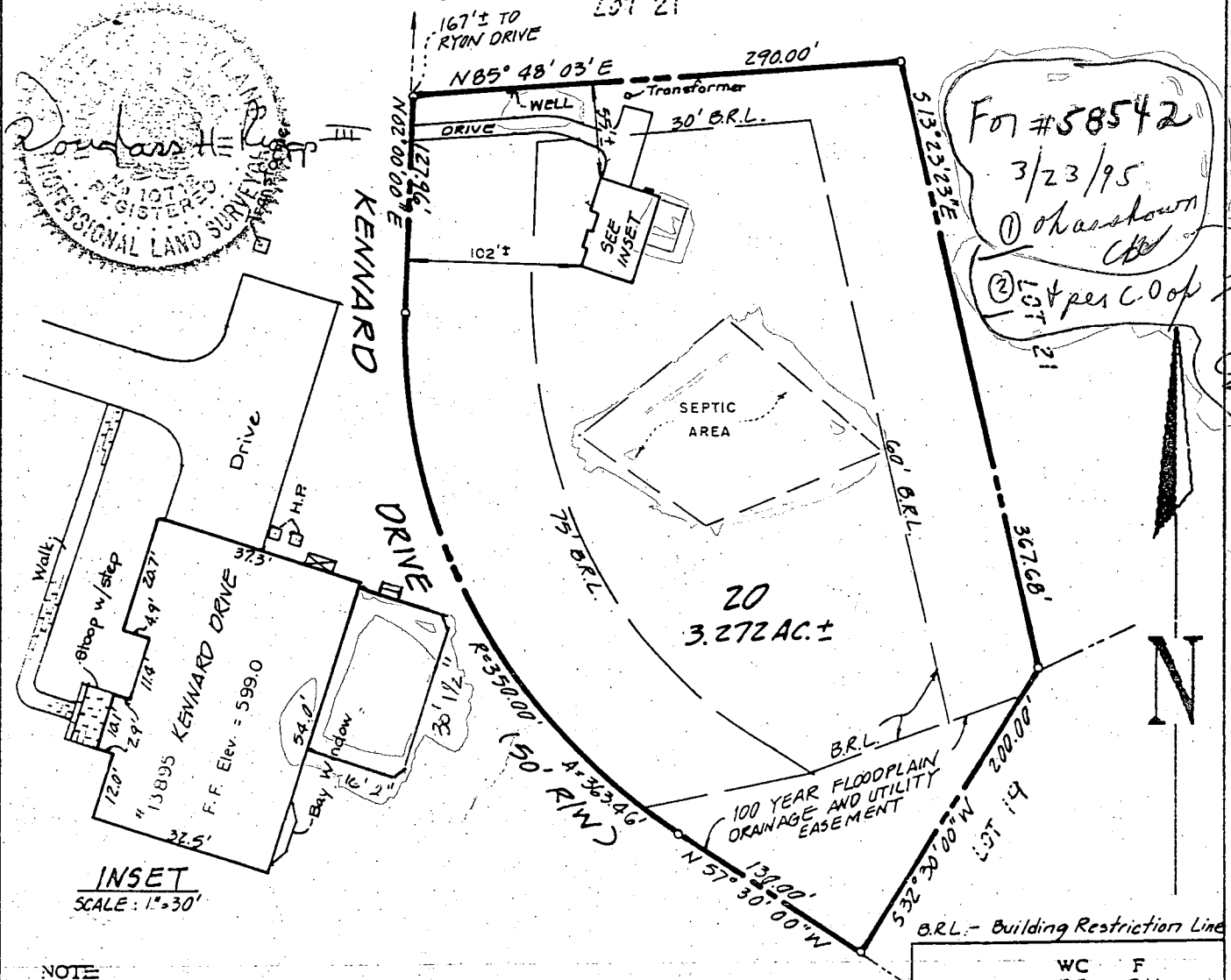
ENGINEERS • PLANNERS • SURVEYORS
9220 WIGEDON ROAD GAITHERSBURG, MD. 20879
(301) 670-0840

I hereby certify that the survey shown hereon is correct and the property is as delineated on the above stated plat as recorded among the Land Records of Howard County, Md. The improvements were located by a transit-tape survey made on April 12, 1994. Unless shown hereon, there are no visible encroachments. I further certify that no portion of the property lies within the designated 100 year flood plain as reflected on the Flood Insurance Rate Maps issued by the Federal Emergency Management Agency.

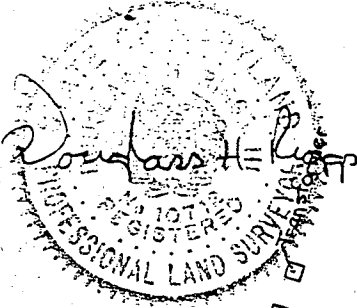
CERTIFIED CORRECT AS OF July 8, 1994

Douglas H. Riggs III
DOUGLASS H. RIGGS, III
Professional Land Surveyor, MD. NO. 10712

Douglas H. Riggs III
DOUGLASS H. RIGGS, III
PROFESSIONAL LAND SURVEYOR, MD. NO. 16712



For #58542
3/23/95
① Okashdown
② Lot 21 per C.O.P.
5/24/94
C.R.S.



INSET
SCALE: 1" = 30'

NOTE

EXISTENCE OF PROPERTY CORNER MARKERS NOT GUARANTEED BY THIS SURVEY, UNLESS INDICATED HEREON AS FOUND.

	WC	F
Field	K.F.	B.H.
Draft	C.W.	B.Y.
Check	Ed.	ED

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
500129296

Building Address 13895 Kennard Dr.
Glenelg, MD 21737

Suite/Apt.#: n/a SDP/WP/Petition #: n/a

Census Tract 6050 Subdivision Crystal Clear

Section n/a Area n/a Lot 20

Tax Map 22 Parcel 533 Grid 7

Zoning RRDEO Map Coordinates 9G9 Lot size _____

Property Owner's Name Richard A. & Mary Jo Coe

Address 13895 Kennard Dr.

City Glenelg State MD Zip Code 21737

Home Phone 301-854-6845 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Baltimore, MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use SFD

Proposed Use same w/ Roof over Deck

Estimated Construction Cost \$ 8000.00

Description of Work Constr. 16'x 16' roof over existing wood
freestanding deck(3yrs old)

Contractor Company Premier Window & Building

Contact Person Bob Valtin

Address 9515 Reisterstown Rd.

City Owings Mills State MD Zip Code 21117

License No. 20964

Phone 410-654-1711 Fax _____

Occupant or Tenant _____

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	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	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 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth Width 1st floor: <u>16'</u> <u>16'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: _____	
Other Structure: _____ Dimensions: _____ Footings: <u>post & pier</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 HERETO; (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.

[Signature]
 Applicant's Signature Agent
 Title/Company _____

Building Permit Services, Inc. - Pat Orla
 Print Name
3/29/01
 Date _____

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

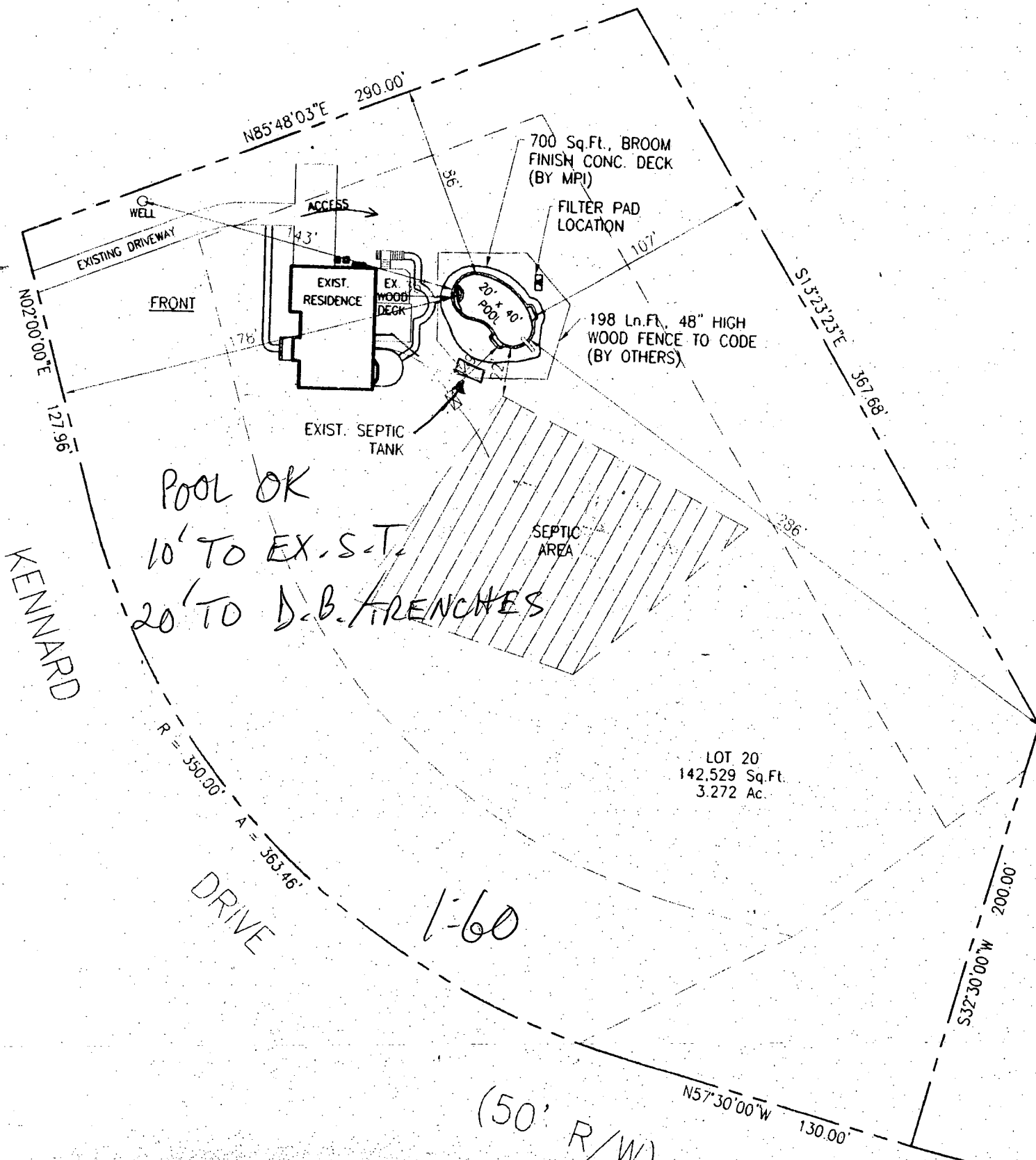
AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official			
Dev. Engineering DPZ			
Health	<u>3/29/01</u>	<u>Steven R. Krieg</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filling fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Subtotal paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>6943</u>
SDP/Red-line, approval date _____	Validation # <u>5780</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B 00140782

BP
C

Building Address 13895 Kennard Dr
Glendy MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Capital Clear

Section _____ Area _____ Lot 20

Tax Map 22 Parcel 533 Grid 7

Zoning RRBEC Map Coordinates _____ Lot size 3272 sq

Property Owner's Name Richard Inc

Address 13895 Kennard Dr

City Glendy State MD Zip Code 21737

Home Phone 3019211245 Work Phone _____

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

Dana Krawczyk
9515 Garrison Lane #119
Columbia MD 21046
 Phone 410 995 6600 Fax _____

Existing Use SFD

Proposed Use SFD w/Pool & fence

Estimated Construction Cost \$ 25,000

Description of Work Construct 2 x 4 w/c 72" x 10" rebar

conc. pool 3'-8" deep curd. like 1 1/2" dia. hole
enclosed by 1 1/2" high 4" high wood fence

Contractor Company Maryland Pools Inc

Contact Person Dana Krawczyk

Address 9515 Garrison Lane #119

City Columbia State MD Zip Code 21046

License No. 6654

Phone 410 995 6600 Fax _____

Occupant or Tenant Owner

Contact Name Dana Krawczyk

Address _____

City _____ State _____ Zip Code _____

Phone 410 995 6600 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

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: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

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: _____

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Dana Krawczyk
 Applicant's Signature

Dana Krawczyk
 Print Name

Agent
 Title/Company

3/19/03
 Date

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

FOR OFFICE USE ONLY

FINAL LOCATION PLAT LOT 20 CRYSTAL CLEAR

Howard County, Maryland
Scale: 1" = 100'
April 13, 1994
PLAT NO. 8445

MACRIS, HENDRICKS and GLASCOCK, P.A.
ENGINEERS • PLANNERS • SURVEYORS
9220 WIGGEMAN ROAD GAITHERSBURG, MD. 20879
(301) 670-0840

I hereby certify that the survey shown hereon is correct and the property is as delineated on the above stated plat as recorded among the Land Records of Howard County, Md. The improvements were located by a transit-tape survey made on April 12, 1994. Unless shown hereon, there are no visible encroachments. I further certify that no portion of the property lies within the designated 100 year flood plain as reflected on the Flood Insurance Rate Maps issued by the Federal Emergency Management Agency.

CERTIFIED CORRECT AS OF July 8, 1994
Douglas H. Riggs III
DOUGLASS H. RIGGS, III
Professional Land Surveyor, MD. NO. 10719

Douglas H. Riggs III
DOUGLASS H. RIGGS, III
PROFESSIONAL LAND SURVEYOR, MD. NO. 15712

