

4/22/94
elo 12:30

PERMIT ✓

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-35401

P 49829

A 43409

DISTRICT 4th

DATE 01/10/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 4/22/94

INSPECTOR ALM

INDEXED

*Time Expired ~~or~~
F.C.O.P. Compliance

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 30 ROAD 3200 Landcaster Court

PROPERTY OWNER Martin II, Inc. / Tom Parris

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

$$\begin{array}{r} 3 \\ 180 \\ \hline 720 \end{array}$$

$$\begin{array}{r} 240 \\ 3 \overline{)720} \\ \underline{6} \\ 12 \end{array}$$

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 170 feet from front (232.56') lot line and 130 feet from right (500.09') lot line as viewed from Landcaster Court. Install trenches on contour toward right lot line (Landcaster Court).

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/cw*

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED DATE 01/24/94

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

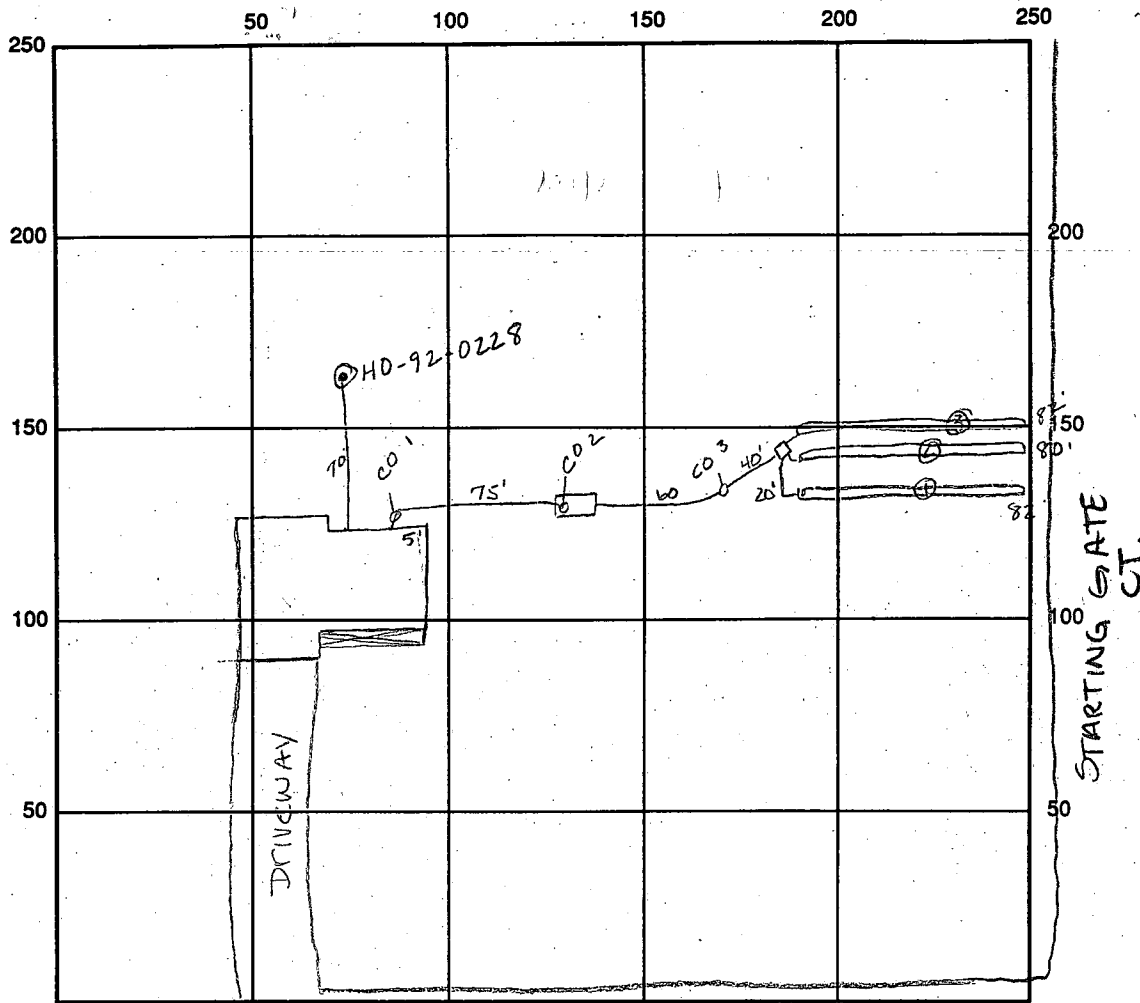
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

DUPLICATE PERMIT SIGNED AND RETURNED 2/15/2001
B00128515
BARN FOR STORAGE

A
43409
60757



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
LANCASTER CT.

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS #1 OK / #2 OK / #3 OK

DISTRIBUTION BOX LEVEL OK baffle 1510

DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 3' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH $\begin{matrix} \textcircled{1} 82 \\ \textcircled{2} 80 \\ \textcircled{3} 82 \end{matrix} = 244$ total $\frac{244}{3}$
732

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 4/22/94 Trenches 1, 2 & 3 OK to cover final. House connection made per

4/22/94 WPI OK AM

DATE SYSTEM APPROVED 4/22/94 INSPECTOR A. M. Miller

APPLICATION

PERCOLATION TESTING

A 43409

P _____

R _____

DISTRICT _____

DATE 12/19/88

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

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 ~~Oakton Associates, Inc.~~ Martin II, Inc.

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE (202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. 34/30

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East
from Damascus Road (3200 Landcaster Court)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG Single Family
(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.

James Hanna
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/26/89 - PERC OK HOLD FOR PLAT R11

BLDG. PERMIT SIGNED

AND RETURNED 1/29/94

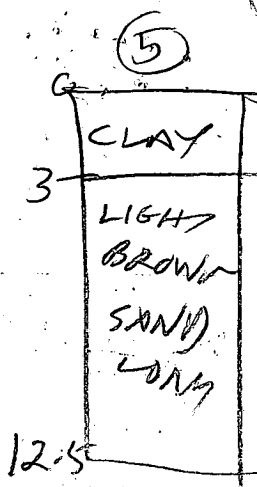
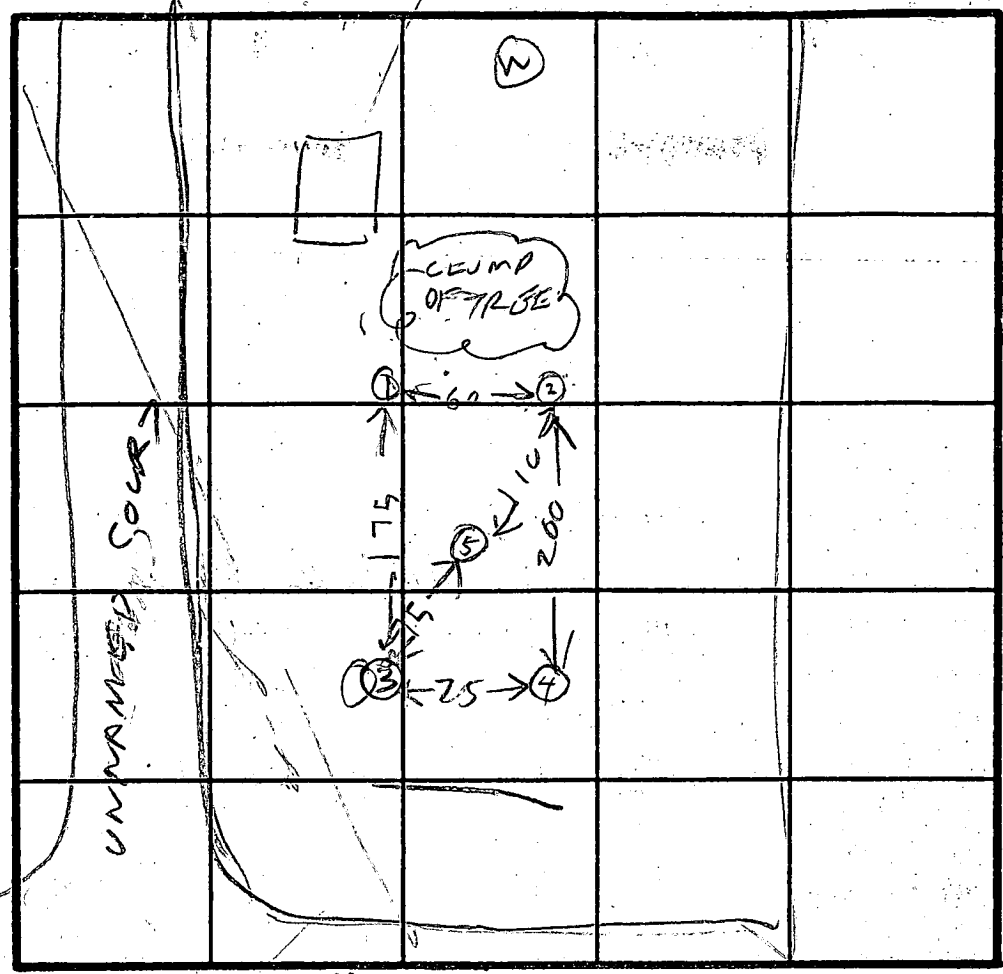
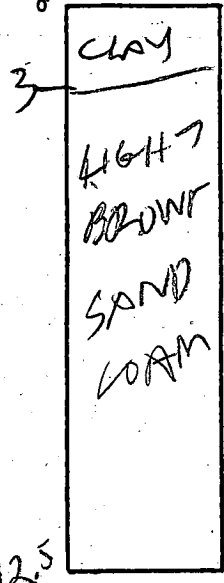
Serial # 52246 - STD
4/Bms

THIS IS NOT A PERMIT

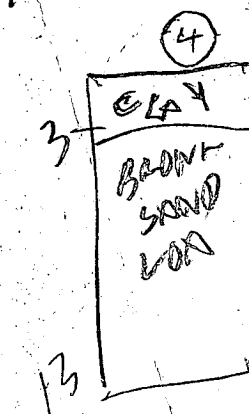
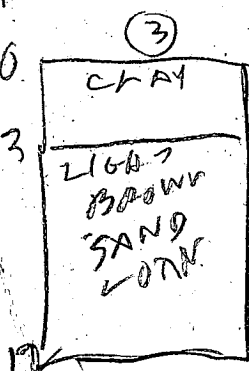
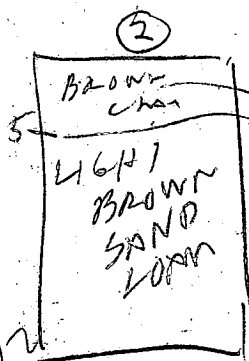
HD-216

Co 734
A93409

SOIL PROFILE



INLET 4' X 5 MIN



UNNAMED ROAD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/26/89	I S	5.5	1123	1127	1127	1135	8
	I D	8.5	1123	1124	1124	1127	3
4/26/89	IV	12.5	OK				
	2 S	6	1128	1038	1038	1133	3
	2 V	12	OK				
	3 S	5	1138	1140	1140	1146	6
	3 V	12	OK				
	4 V	13	OK				
	5 V	12.5	OK				

REMARKS: Hole 1, 2, 3, 4, 5 Dupl. Different from Test 1st

TYPE OF SOIL

TESTED BY: R. HODGES

ALSO PRESENT: James, Jeff

C1 **6632** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 43409**

ST/CO USE ONLY DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **12/3/92** Depth of Well **340** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-92-0228**

OWNER **Full Holdings** last name **Leal Carter** first name **CT** TOWN **Lisbon**
 STREET OR RFD **Cabin Branch Farm** SECTION **30** LOT **30**

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		Check if water bearing
	FROM	TO	
Green Shale	0	79	
Blue Rock	79	340	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **30** NO. OF POUNDS **1380**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

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) **84**

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	110	340
2	[]	[]
3	[]	[]

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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 IDENT. NO. **238**
 DRILLERS SIGNATURE **Joseph Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

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

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

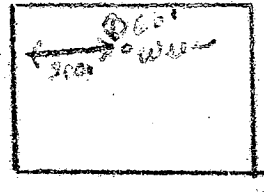
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] W Q []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA []

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2.5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **246**
 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 YES NO
 (CIRCLE) (YES or 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)
 (+) above } LAND SURFACE [] (nearest foot)
 (-) below }

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)



see RM note - 4/22/94

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

461-9933
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 0
Date 4/25/94
Name of Installer Plumbing, Heating & Supplies Telephone 410-848-5300
License Number 5165
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Masonry Contractors Telephone 410-239-8330
Subdivision Cabin Branch Lot # 30 Well Tag # 92-02-28
Site Address _____

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Jacuzzi
3. Model # T5BS479-S2
4. Capacity 5 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 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # B-300K
3. Depth 4

Tank
1. Capacity 7
2. Pressure relief valve? yes

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 4

Well data
1. Depth 340 ft.
2. Yield 2.5 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? no

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: Edgar E. Parry
Date: 4-22-94

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 14, 1995

Mr. Parris
3200 Landcaster Court
Woodbine, Maryland 21797

"SECOND NOTICE"

RE: Cabin Branch Farm, Lot #30
3200 Landcaster Court
Well Permit #HC-92-0228
Water Sample Date: **November 17, 1994**

Dear Mr. Parris:

The water sample recently submitted for testing was found to be free of coliform bacteria. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second consecutive bacteriologically safe sample must be obtained.

Please contact this office at (410) 313-2640 to schedule the final water sample appointment. It is recommended that this water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample.

Presently, there is no charge for this service.

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

PARCEL G

69 Ac. ±
Sept 4, O.A. 6/12
BLDG. RESTRICTION LINE

WATER QUALITY BASIN FOR PUBLIC ROADS
UTILITY BASIN

STARTING

GATE

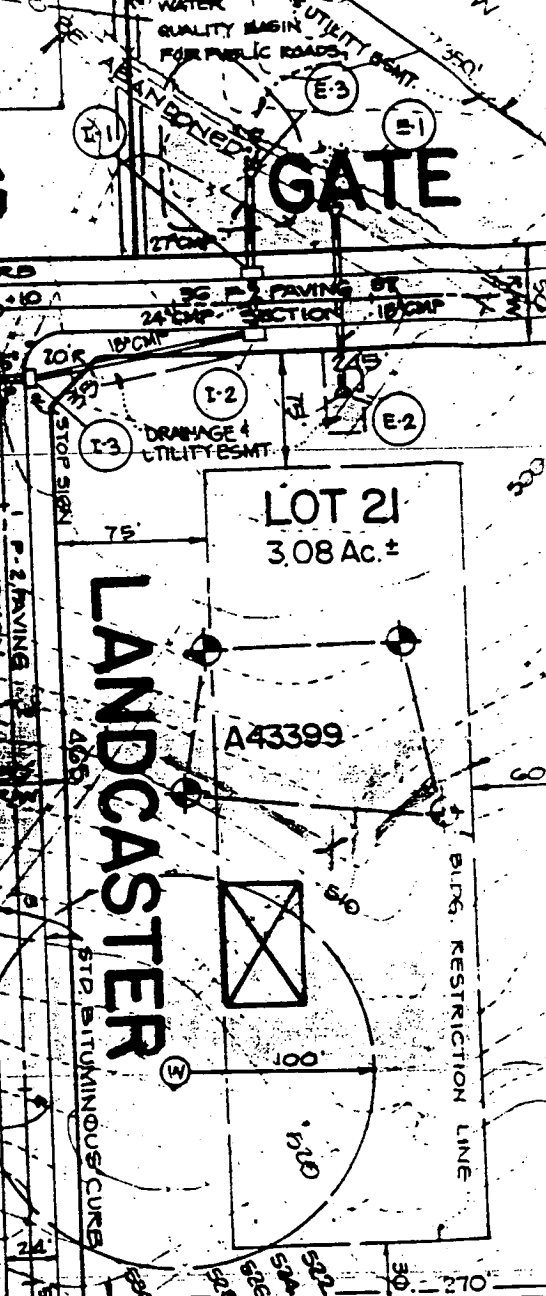
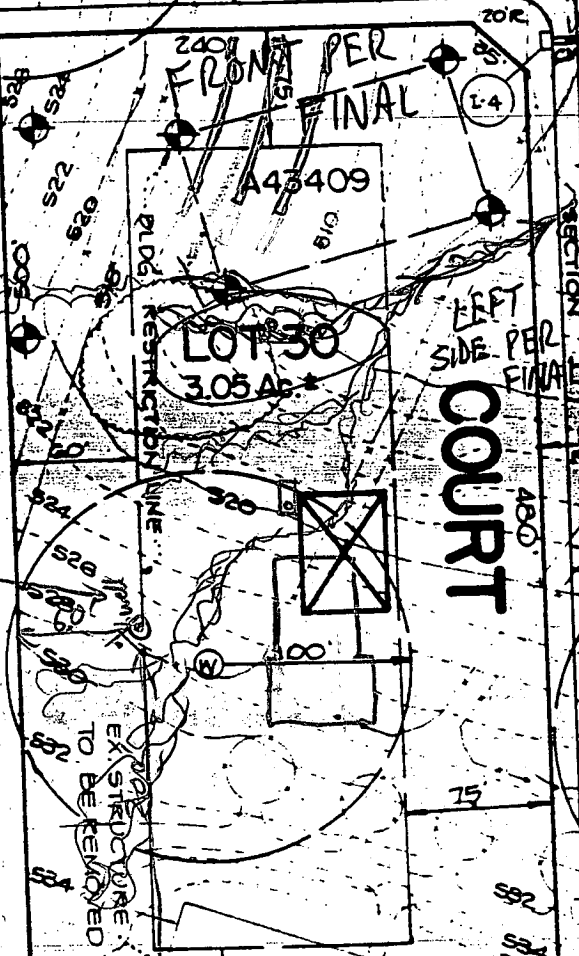
SEE SHEET
LINE

3200 Lancaster Court
Cabin Branch Farm lot 30
Rain - Surface water Flow path to road.
Septic location per field visit
and Septic permit
Well location per completion

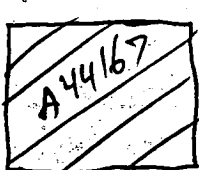
MATCH LINE

COURT

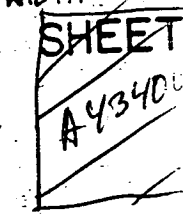
LANDCASTER



MATCH LINE SEE SHEET



Lot 29



Lot 22

PRIVATE WATER & PRIVATE SEWERAGE
RD COUNTY HEALTH DEPARTMENT



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
January 3, 1996

Mr. Tom Parris
3200 Lancaster Court
Woodbine, Maryland 21797

RE: 3200 Lancaster Court
Cabin Branch Farms - Lot 30

Dear Mr. Parris:

On January 2, 1996, while performing an inspection on a nearby property in your community, I happened to notice a rather large volume of surface water runoff crossing your property in the vicinity of your septic system. Upon closer inspection, and in your presence, I was able to determine that while no waste water was entering your septic tank, there was still a significant flow through the sewage supply line at the midpoint cleanout. This condition suggests surface water is leaking into the supply line somewhere between your septic tank and the above mentioned cleanout.

Since you had mentioned a history of sewage odors, there could also be sewage seepage from this point of leakage. A dye test of your septic system could confirm whether or not this is the case.

Additionally, you had expressed a concern with the proper functioning of your septic system. Please be assured, I did not see any evidence of sewage seepage in the area of your drainfield trenches, nor elsewhere on your property during my visit. However, a situation similar to the one described above, in which groundwater or surface water infiltrates the septic system in much greater flows than the design of that system had been calculated to handle, could result in the premature failure of that system.

If you are still concerned with finding a solution to the odor and/or septic problem we had discussed, please call me at 313-2640, any weekday between 8 a.m. and 5 p.m., to arrange for this dye test. Once the cause of this problem is located we can recommend whichever appropriate repair action, if any, would be necessary.

Respectfully yours,

Ronald J. Pinkley, R.S.
Water and Sewerage Program

RP:rc
cc: File

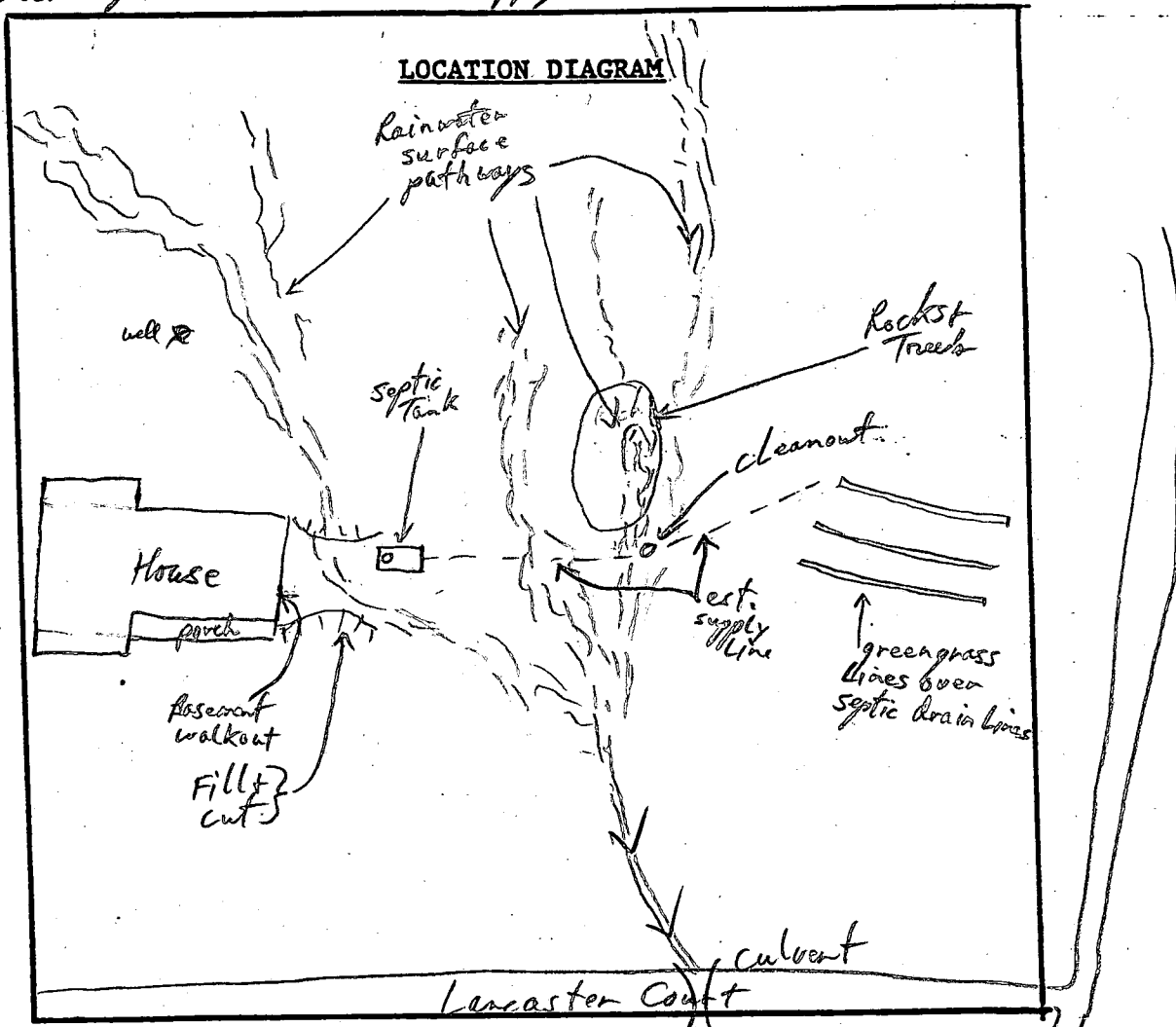
Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

SITE INSPECTION SHEET

OWNER: Tom Parris
PHONE #: 410-489-5362
ADDRESS: 3200 Lancaster Court
Woodbine MD

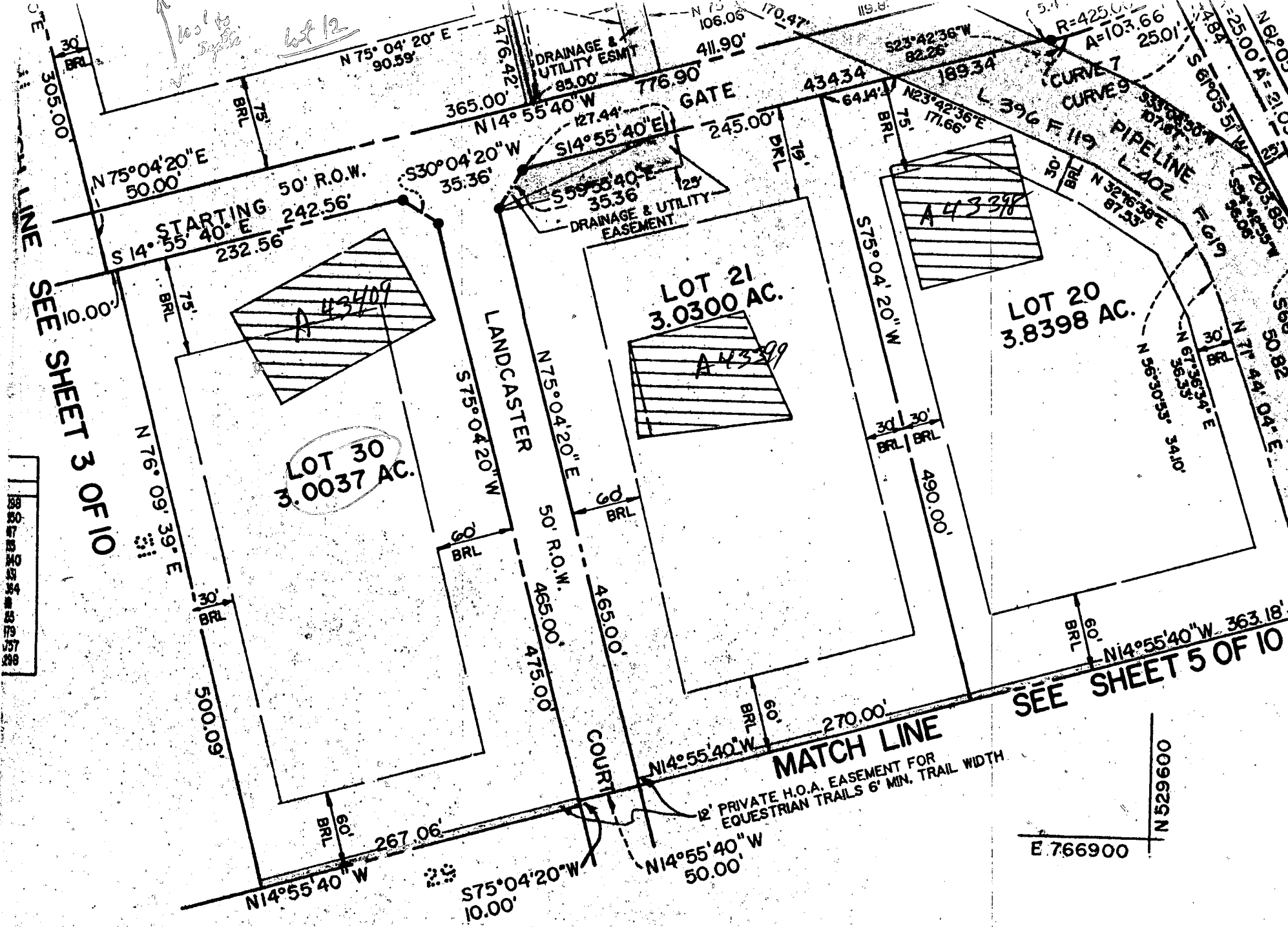
DATE REQUESTED: _____
CONTRACTOR: _____
WELL TAG #: 92-0228
COUNTY #: A43409

PROPOSAL: Owner complains of sewage odors and occasional septic problems.
No evidence of surface seepage in drainfield area, but strong evidence of ground water
infiltration into and possible sewage seepage from a possible break in supply
line between septic tank and mid supply line cleanout. Recommend Dye Testing System



COMMENTS: Surface water streaming in large quantities across lot passing over
supply line near septic tank and at mid supply line cleanout. Could hear
significant water flow in sewer line at mid cleanout but no water flow at
septic tank in lot, normal water level in ft. and only slow dripping sound.

DATE: 1/2/96 INSPECTOR: R. P. [Signature]



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY DEED DATED 10/20/00 FROM WATSON ASSOCIATES, INC., A MARYLAND CORPORATION TO CABIN BRANCH LIMITED PARTNERSHIP, A MARYLAND LIMITED PARTNERSHIP, BY DEED DATED 10/20/00.

OWNER'S CERTIFICATE

WE, CABIN BRANCH LIMITED PARTNERSHIP, A MARYLAND LIMITED PARTNERSHIP BY JOHN W. BOURNE, PRESIDENT AND PHILIP E. BOURNE, VICE PRESIDENT, OWNERS OF THIS PROPERTY "CABIN BRANCH LIMITED PARTNERSHIP", AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE BENEFIT TO BE DERIVED THEREFROM, HEREBY CERTIFY THAT WE HAVE CAUSED THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING ESTABLISHED BY THE

009629 N

E.766900

PARCEL "G"

69 Ac. ±
H.O.A. 6/12

STARTING

GATE

SEE SHEET

MATCH

COURT

LANCASTER

LOT 30
3.05 Ac. ±

LOT 21
3.08 Ac. ±

A43409

A43399

A4331

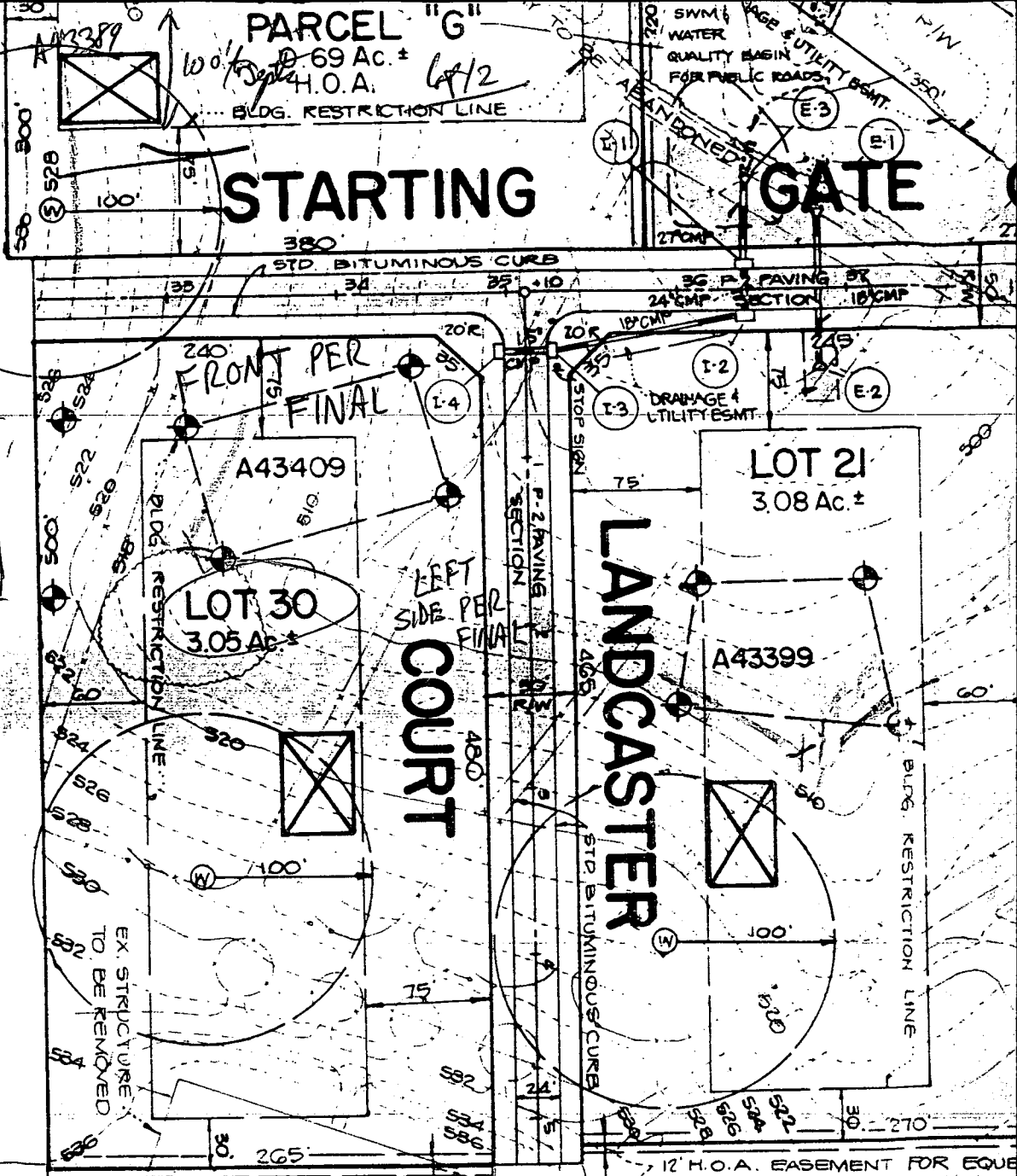
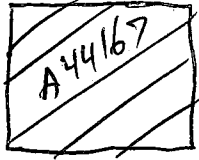
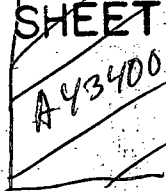
6/29

6/22

A44167

SEE SHEET
A43400

PRIVATE WATER & PRIVATE SEWERAGE
RD COUNTY HEALTH DEPARTMENT



LOT-30 CABIN BRANCH

REVISED 1/20/74

- INV. OUT OF HOUSE - 513.5
- INV. INTO TANK - 512.9
- INV. OUT OF TANK - 512.5
- INV. INTO BOX - 511.5
- INV. INTO TRENCH - 511

MAIN IN 20' BETWEEN HOUSE & FIELDS. THREE TRENCHES OF EQUAL LENGTH TO BE DETERMINED. MIN. OF 18" OF COVER ON TANK.

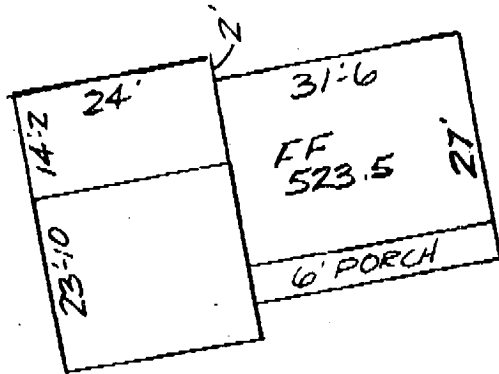
QUESTIONS: BILL COLEMAN
410 239-8330

EXISTING GRADE @

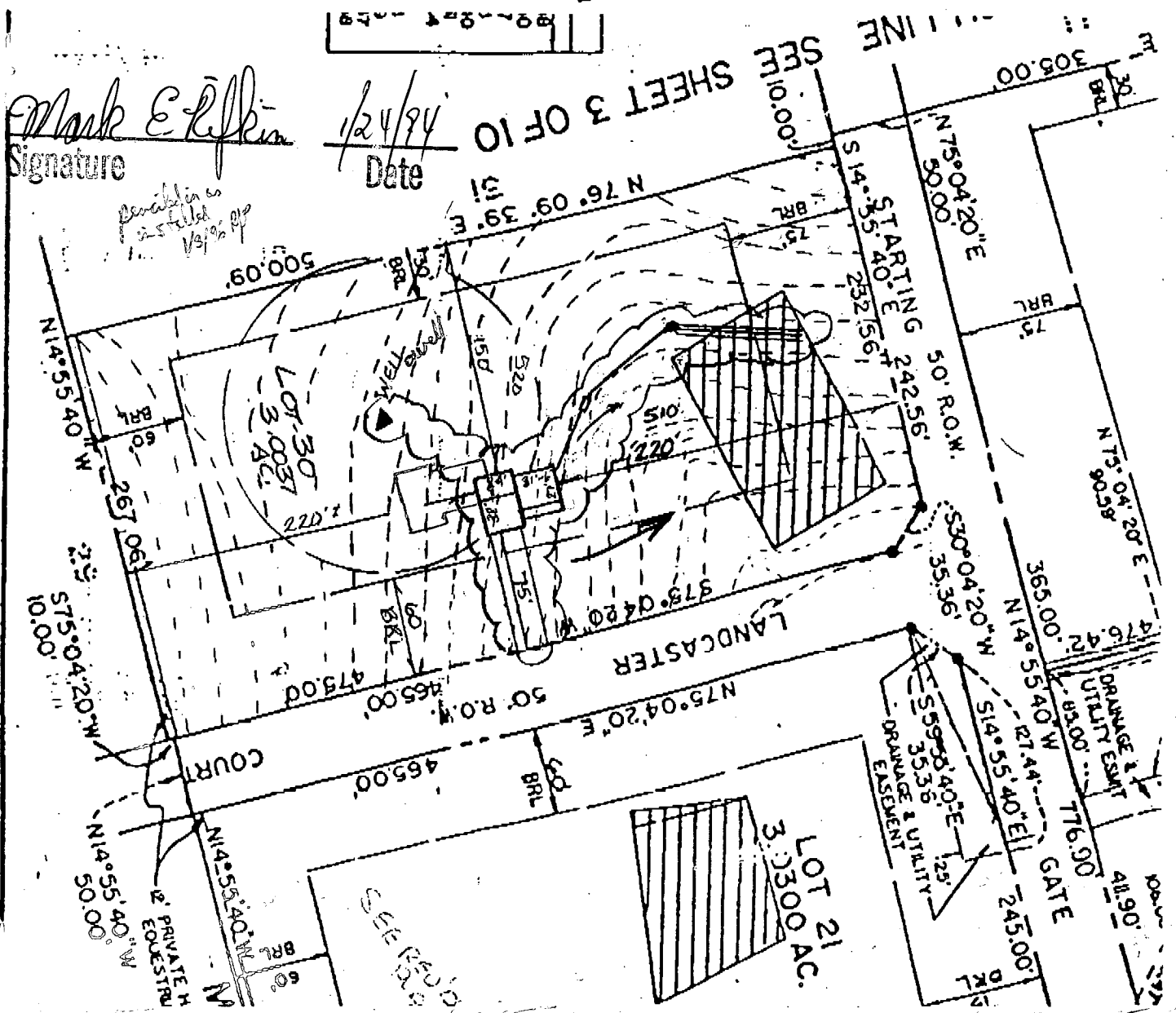
- TANK - 515
- BOX - 515
- TRENCH - 515

WELL ELEV. - 527

Approved Septic System Plan
Howard County Health Department



SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS
 THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED
 ON ASSOCIATES, INC., A MARYLAND CORPORATION TO CABIN BRANCH
 PARTNERSHIP A LIMITED LIABILITY PARTNERSHIP
 WE, CABIN BRANCH
 PRESIDENT AND PHILIP
 AND DESCRIBED HEREON



Mark E. Liffin
 Signature
 1/24/94
 Date

Building Address 3200 Landeaster Ct
Woodbine, Md. 21797

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

Census Tract 60910 Subdivision Cabin Branch

Section _____ Area 30 Lot 30 Farm _____

Tax Map 10 Parcel A+B Grid 17

Zoning RC Map Coordinates 755 Lot size _____

Property Owner's Name THOMAS B. PARRIS
 Address 3200 Landeaster Ct
 City Woodbine State Md Zip Code 21797
 Home Phone 410-449-5361 Work Phone 301-910-2111
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Same with Barn
 Estimated Construction Cost \$ 5,000

Description of Work 1 story 24' x 24'
Storage Barn For Tractor
+ misc Equipment

Contractor Company Tom Parris (owner)
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant 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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas B. Parris
 Applicant's Signature _____
 Title/Company owner

Thomas B. Parris
 Print Name _____
 Date 2/15/01

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	11302
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u> Permit fee \$ <u>65</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ <u>40</u> TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>5517</u> Validation # _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ	<u>2/15/01</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	
Fire Protection			Accepted by <u>[Signature]</u>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				