

3/18/94
Friday
@ Noon
(1 of 2)
in Subdivision
4/8/94
1 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353978

Needs Pump test
HSE Connection OK

Pump test OK
4/8/94 DKS

P 49796D
A 44165
DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE 12/10/93

DATE SYSTEM APPROVED 4/8/94

INSPECTOR DKS

INDEXED

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 410-239-8330

SUBDIVISION Cabin Branch Farm LOT 27 ROAD 3212 Landcaster Court

PROPERTY OWNER ~~Martin II, Inc.~~ Felix Michael Perez

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

INSTALL:

PUMP SYSTEM

NUMBER OF BEDROOMS 3

1-1000 Gal. Pump Chamber with Single Effluent Pump and Controls with Alarm. Contractor to supply pump detail prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet down the right (526.58') lot line and 85 feet off this same right lot line. Install trenches on contour in both directions away from distribution box.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 2/23/94

PERMIT SIGNED
AND RETURNED 9-24-98
Serial # 54114225
Sumner

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin

REVISED DATE 12/28/93

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

BLDG. PERMIT SIGNED
AND RETURNED 5/25/94
Serial # 54128-210122

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

BLDG. PERMIT SIGNED
AND RETURNED 11-4-99

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

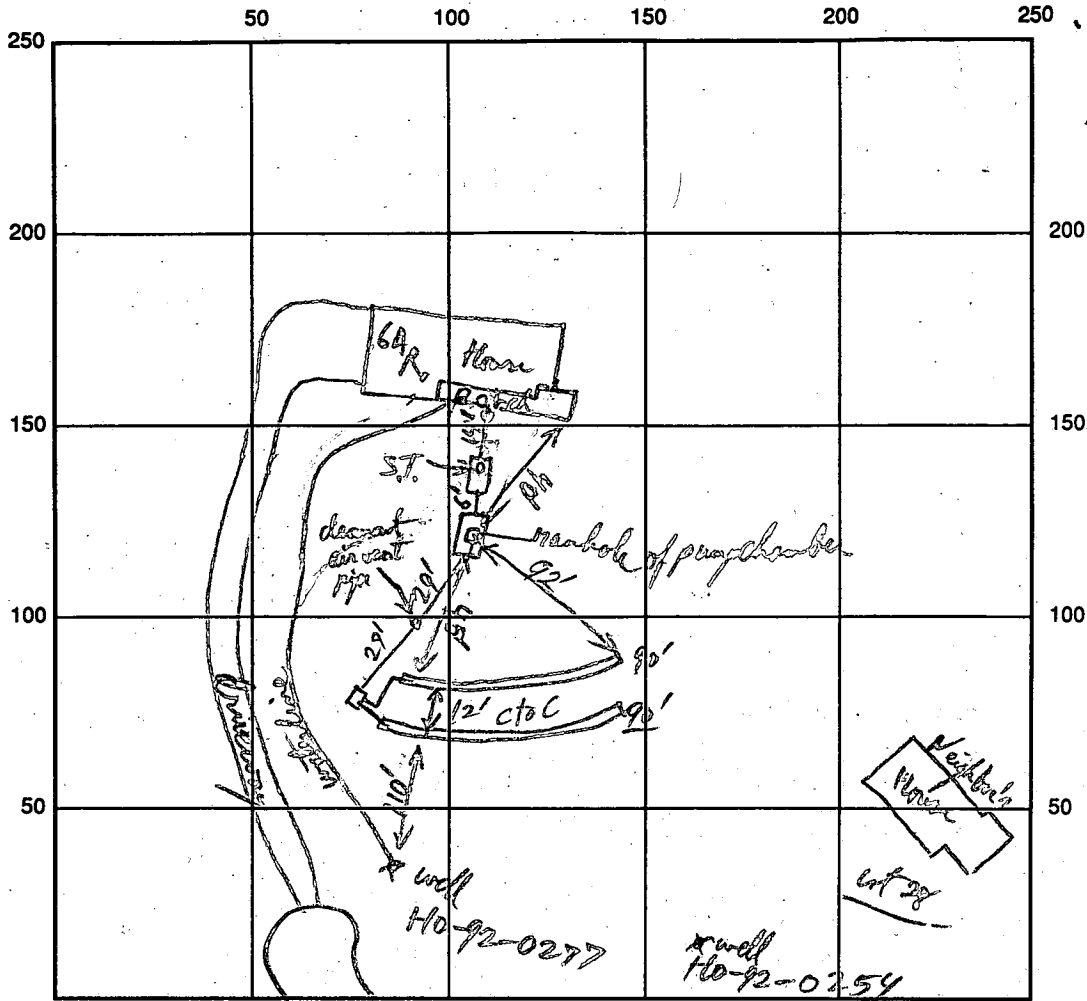
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Serial # 54121209
Ground prl

A 44165

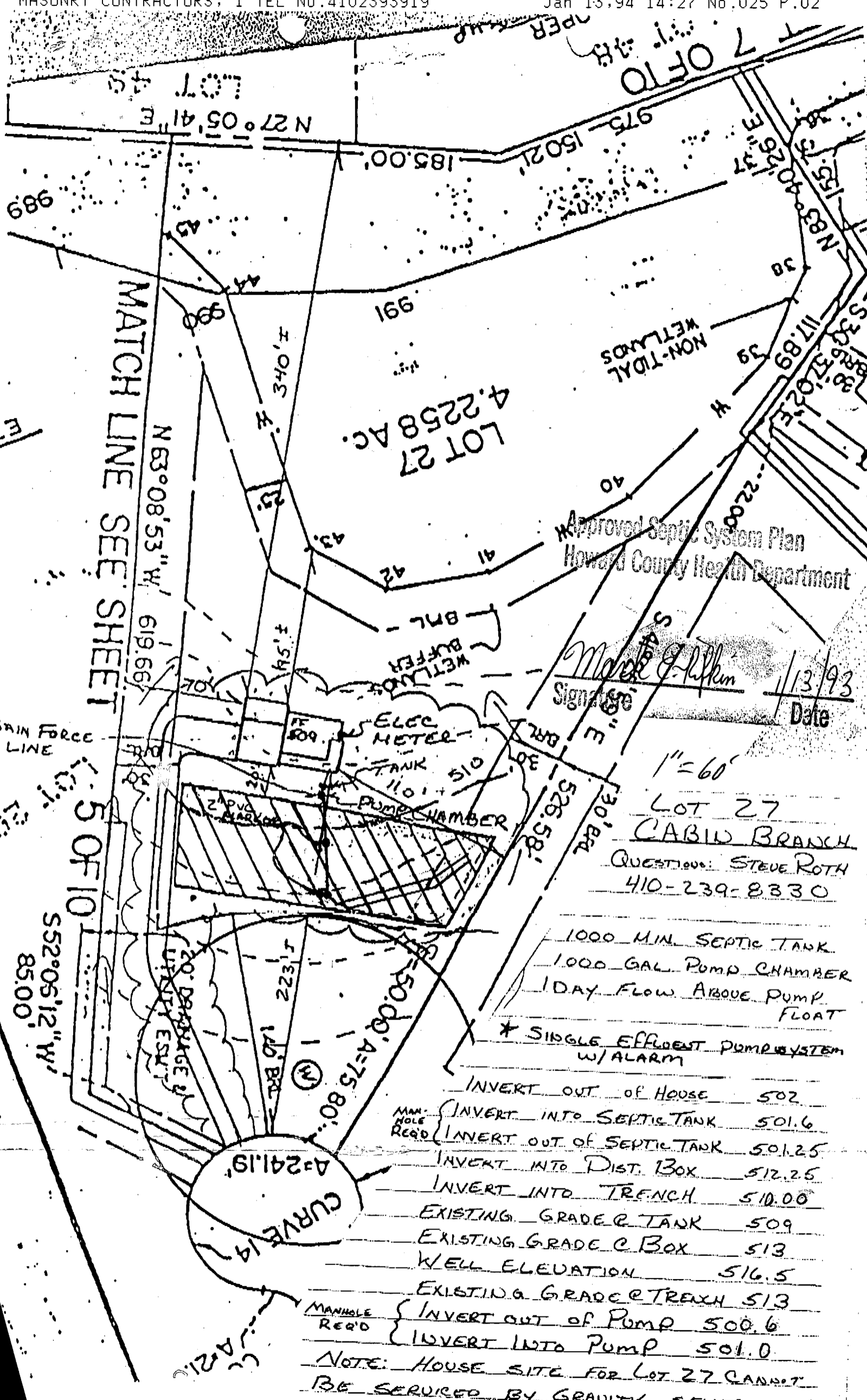


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2 1000 gal 1000 gal CLEANOUTS HSE + S.T., Manhole on pump chamber
 DISTRIBUTION BOX LEVEL ✓ decom (air vent) on pressure line midway between p.c. & d.b.
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1/2 90/90 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Trenches, pipes, trenches & k to cover except d.b. open + manhole of p.c.
open for pump test. RP 3/18/94
OK to cover all work. Pump test OK. 4/8/94 DKS

DATE SYSTEM APPROVED 4/8/94 INSPECTOR Gonna + See
Water line Poles in depth @ 4' OK to cover RP 3/18/94



Approved Septic System Plan
Howard County Health Department

Mark J. Luffkin
Signature
1/13/93
Date

1" = 60'

LOT 27
CABIN BRANCH

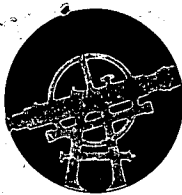
QUESTIONS: STEVE ROTH
410-239-8330

- 1000 MIN. SEPTIC TANK
- 1000 GAL. PUMP CHAMBER
- 1 DAY FLOW ABOVE PUMP
- FLOAT

* SINGLE EFFLUENT PUMP SYSTEM
W/ ALARM

	INVERT OUT OF HOUSE	502
MANHOLE REQ'D	INVERT INTO SEPTIC TANK	501.6
	INVERT OUT OF SEPTIC TANK	501.25
	INVERT INTO DIST. BOX	512.25
	INVERT INTO TRENCH	510.00
	EXISTING GRADE @ TANK	509
	EXISTING GRADE @ BOX	513
	WELL ELEVATION	516.5
	EXISTING GRADE @ TRENCH	513
MANHOLE REQ'D	INVERT OUT OF PUMP	500.6
	INVERT INTO PUMP	501.0

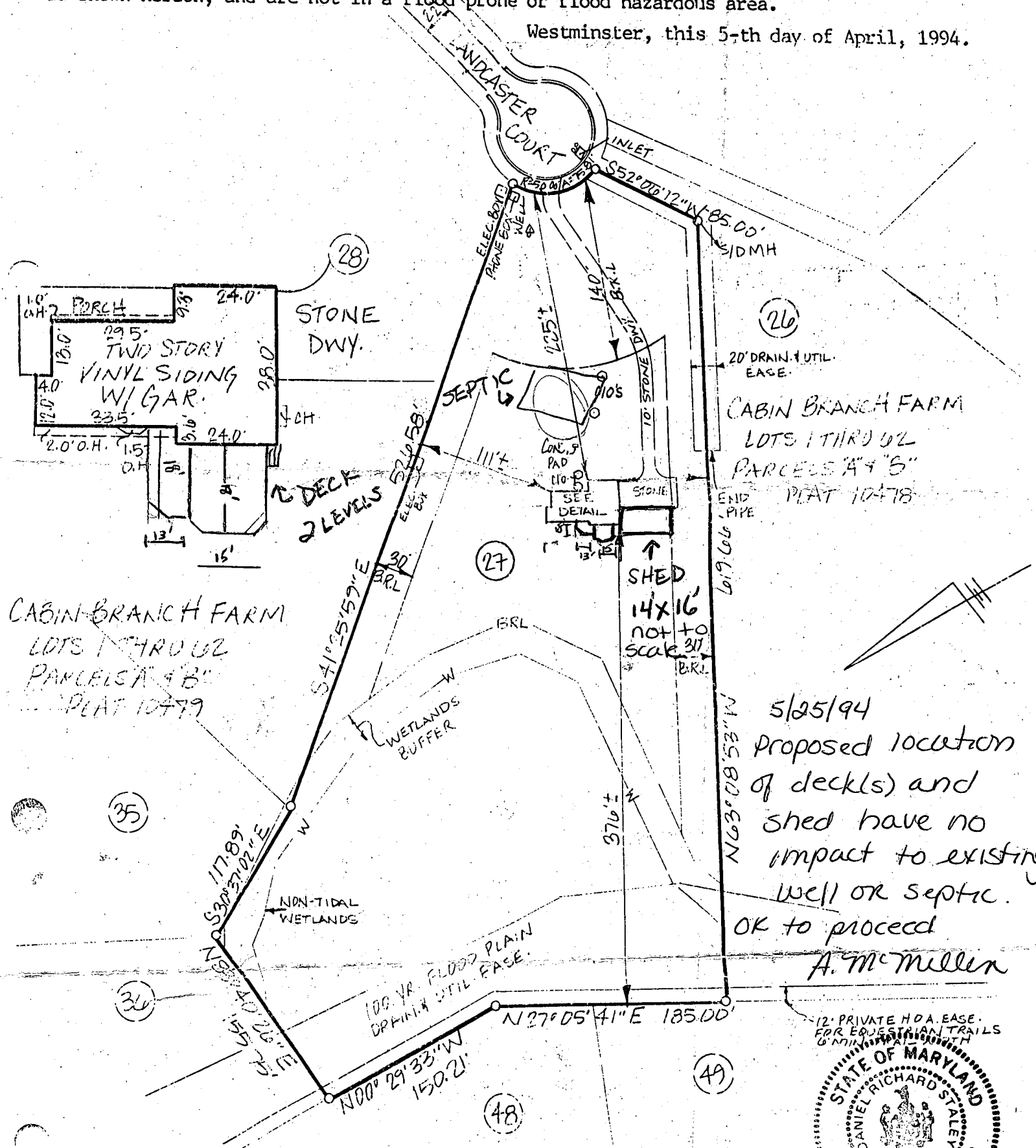
NOTE: HOUSE SITE FOR LOT 27 CANNOT
BE SERVED BY GRAVITY SEWER,
THEREFORE A PUMPED SEPTIC WILL
BE REQUIRED



DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 27, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3212 Landcaster Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

Westminster, this 5-th day of April, 1994.



5/25/94
Proposed location
of decks) and
shed have no
impact to existing
well or septic.
OK to proceed
A. McMiller



Daniel R. Staley
DANIEL R. STALEY, L.S. #10735

APR 13 11:3:22

SCALE 1" = 100'

APPLICATION

PERCOLATION TESTING

A 44165

P _____

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

DISTRICT R

DATE 5/3/89

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. Retest Lot 31 27

ROAD AND DESCRIPTION Rte 94 (Ellicott Road), Approximately 2 miles North East
from Damascus Road (3212 LANCASTER 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 6/2/89 Perc OK Hold for Plat B&H

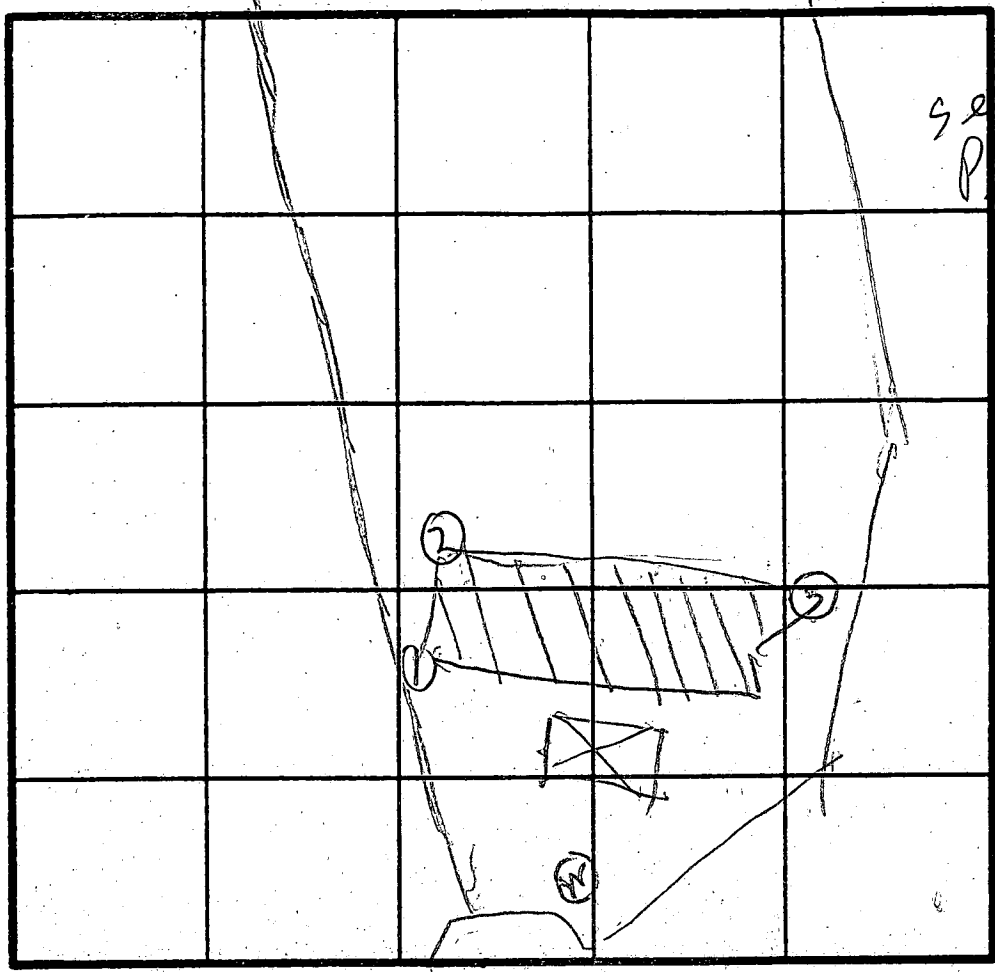
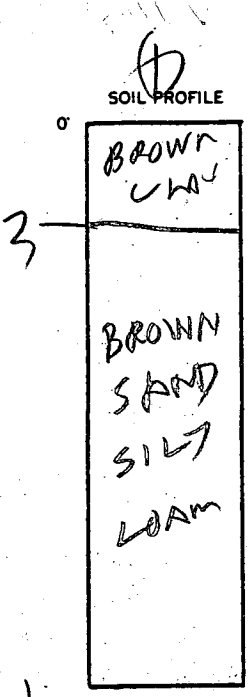
BLDG. PERMIT SIGNED
AND RETURNED 12/28/93
Serial # 57919 SFD
3 Bedroom

THIS IS NOT A PERMIT

HD-216

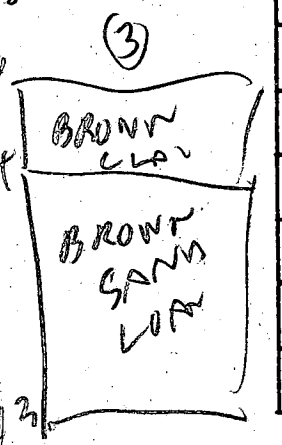
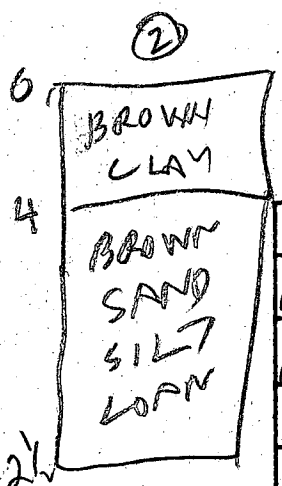
LA 31

See Postest Plot



INLET 3'
X 5 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/2/89	1 ✓	3.5	1154	1157	1157	1203	
	1 ✓	10	OK				
6/2/89	2 ✓	4	1155	1158	1158	1202	4
	2 ✓	12.5	OK				
	3 ✓	13	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Hodges

ALSO PRESENT Jimmie Rocky Jambel

APPLICATION

PERCOLATION TESTING

A 43406

P _____

DISTRICT R

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.

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. 3127

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

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 _____

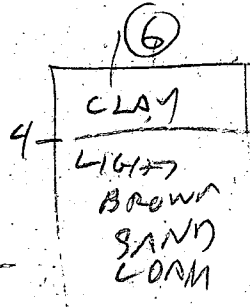
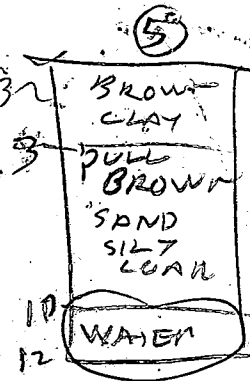
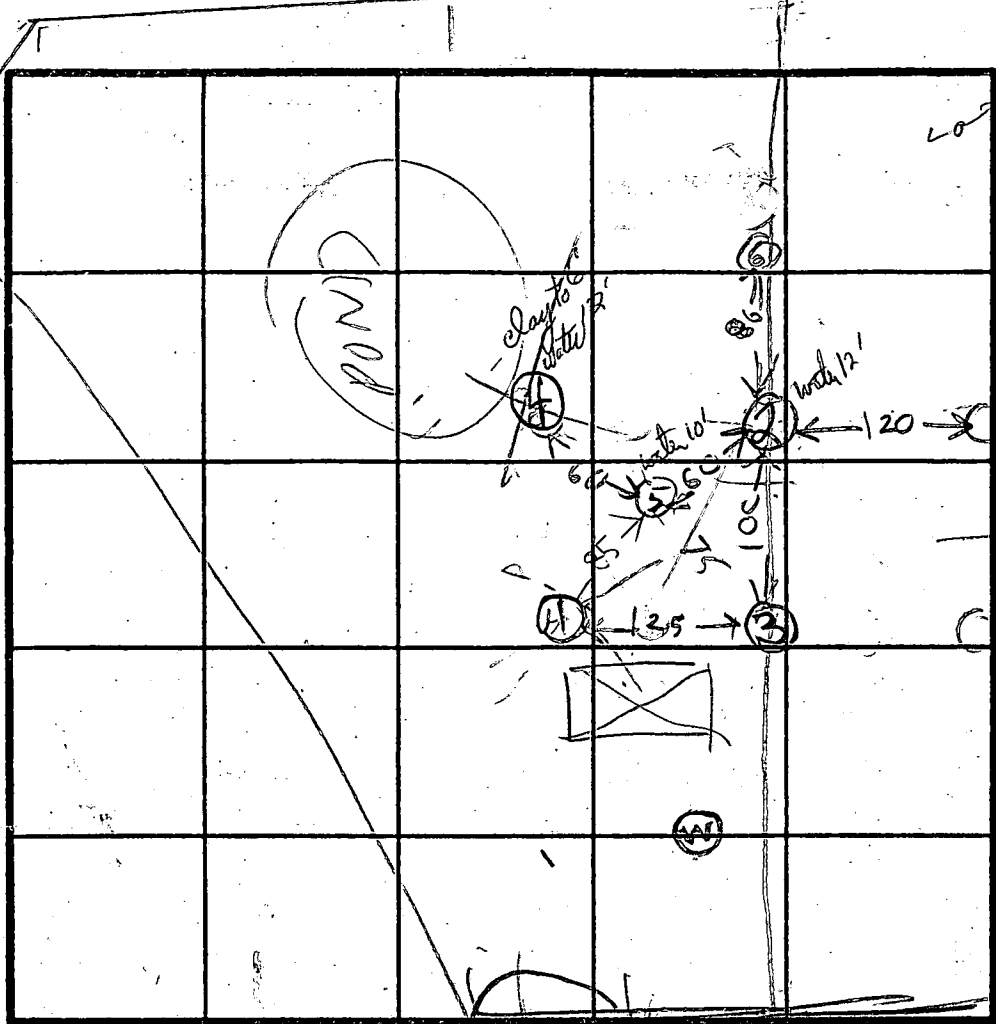
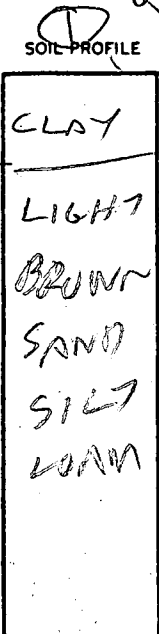
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/25/89 Per OR 1 hold for Plat P/H may be
necessary to change lot lines slightly. P/H

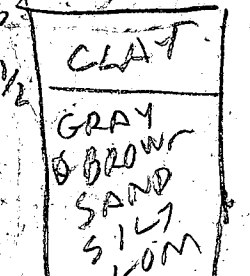
HD-216

THIS IS NOT A PERMIT

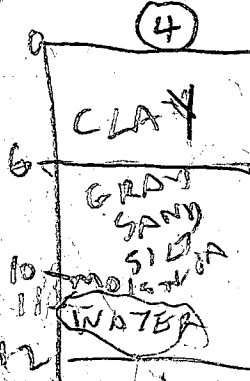
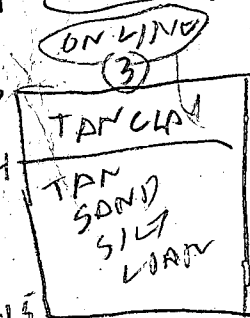
LOT 3
A43406



ON LINE (2)



ON LINE (3)



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/25/89	1 S	4.5	1153	1156	1156	1159	1203
	1 D	7	1153	1154	1154	1159	1203
4/25/89	1 V	11.5	OK				
	2 S	5	1128	1037	1031	1038	7
	2 V	12 1/2	OK SHALLOW				
	3 S	5	1129	1132	1132	1131	7
	3 V	11.5	OK				
	4 V	12	WATER	11 F7	CLAY	FAIL	
	* 5 S	4	117	132	131	131	
	5 V	12	OK	SHALLOW			
	5 ES	5.5	215	219	219	223	4
	6 V	11.5	OK				

ON LINE LOT 31832

ON LINE LOT 31832

ON LINE

REMARKS * DIRT PUL IN HOLE BEFORE 2ND INCH FINISHED
Hole 1 Per test report - Hole (2) & (3) are On Line Holes

TYPE OF SOIL HOLE (4) Extra

TESTED BY R Hodge

ALSO PRESENT James Jeff S. Hodge Jim

SEE SHEET 3 OF 10
S17°07'05"E=247.85'

LOT 29
3.0027 Ac

LOT 34
3.0392 Ac

LOT 35
3.0197 Ac

LOT 28
3.2314 Ac

LOT 36
3.0016 Ac

LOT 27
4.2258 Ac.
(REF: GENERAL NOTE #12)

12' PRIVATE H.O.A. EASEMENT FOR
EQUESTRIAN TRAILS 6' MIN. TRAIL
WIDTH.

CURVE 13
R=25.00 A=21.03'
R=50.00 A=50.00'

CURVE 14
A=241.19'

WETLANDS
BUFFER

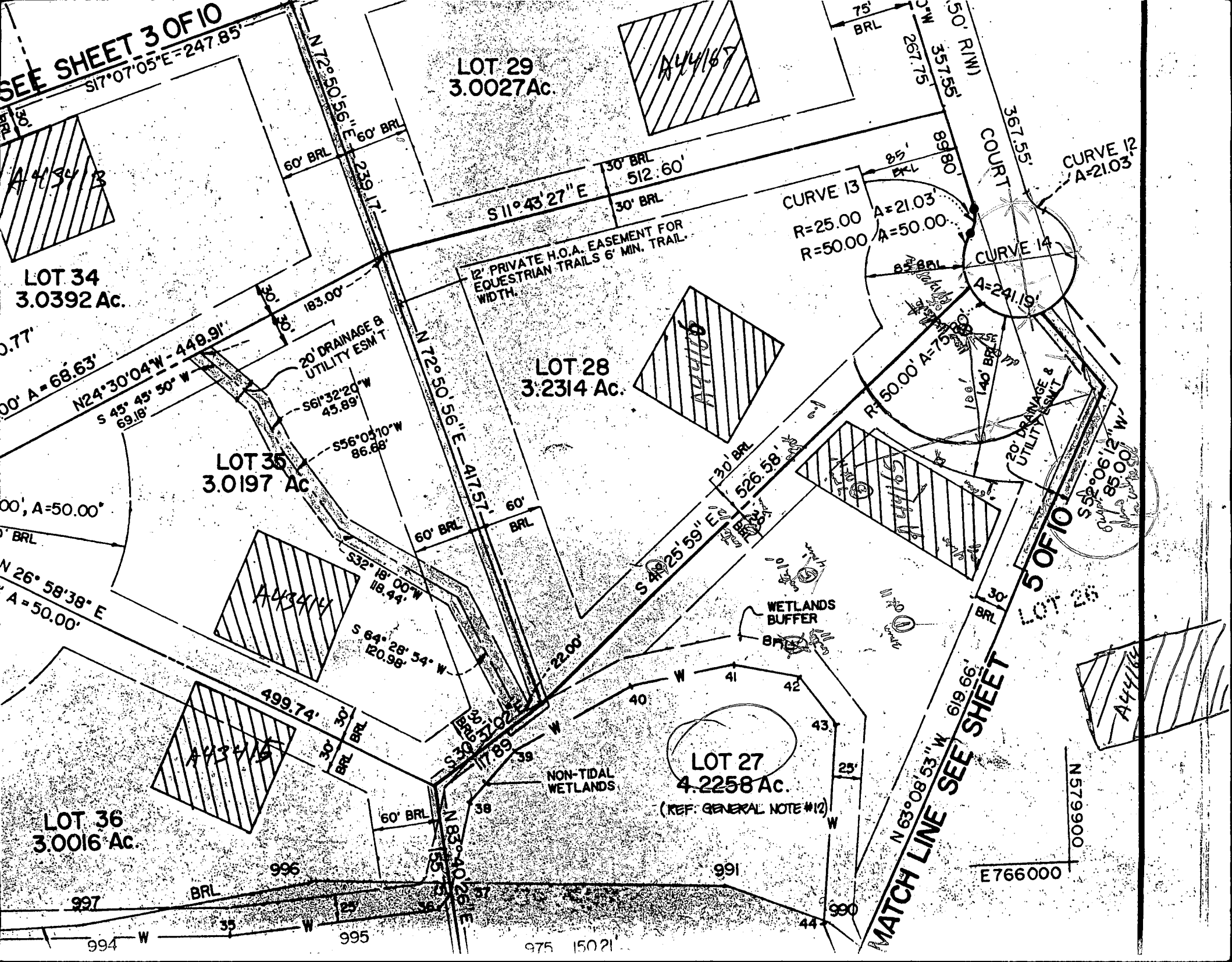
NON-TIDAL
WETLANDS

MATCH LINE SEE SHEET
N 63°08'53" W 619.66'

SEE SHEET 5 OF 10

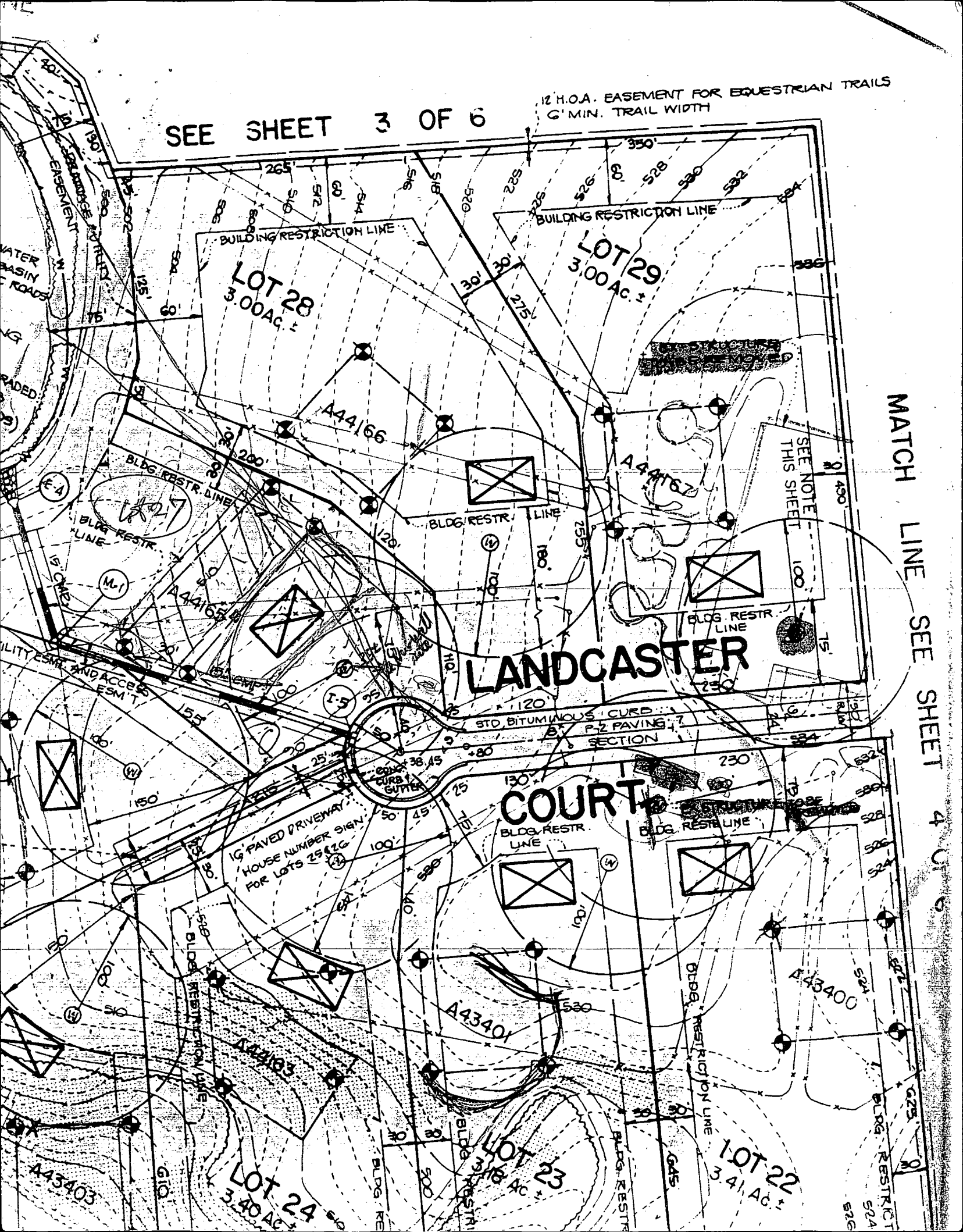
N 579900

E 766000



SEE SHEET 3 OF 6

12' H.O.A. EASEMENT FOR EQUESTRIAN TRAILS
6' MIN. TRAIL WIDTH



MATCH LINE SEE SHEET 4 OF 6

SEE NOTE THIS SHEET

LANDCASTER

COURT

LOT 24
3.40 AC

LOT 29
3.00 AC

LOT 28
3.00 AC

LOT 22
3.41 AC

A44165

A44166

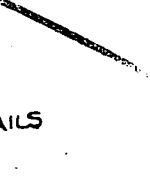
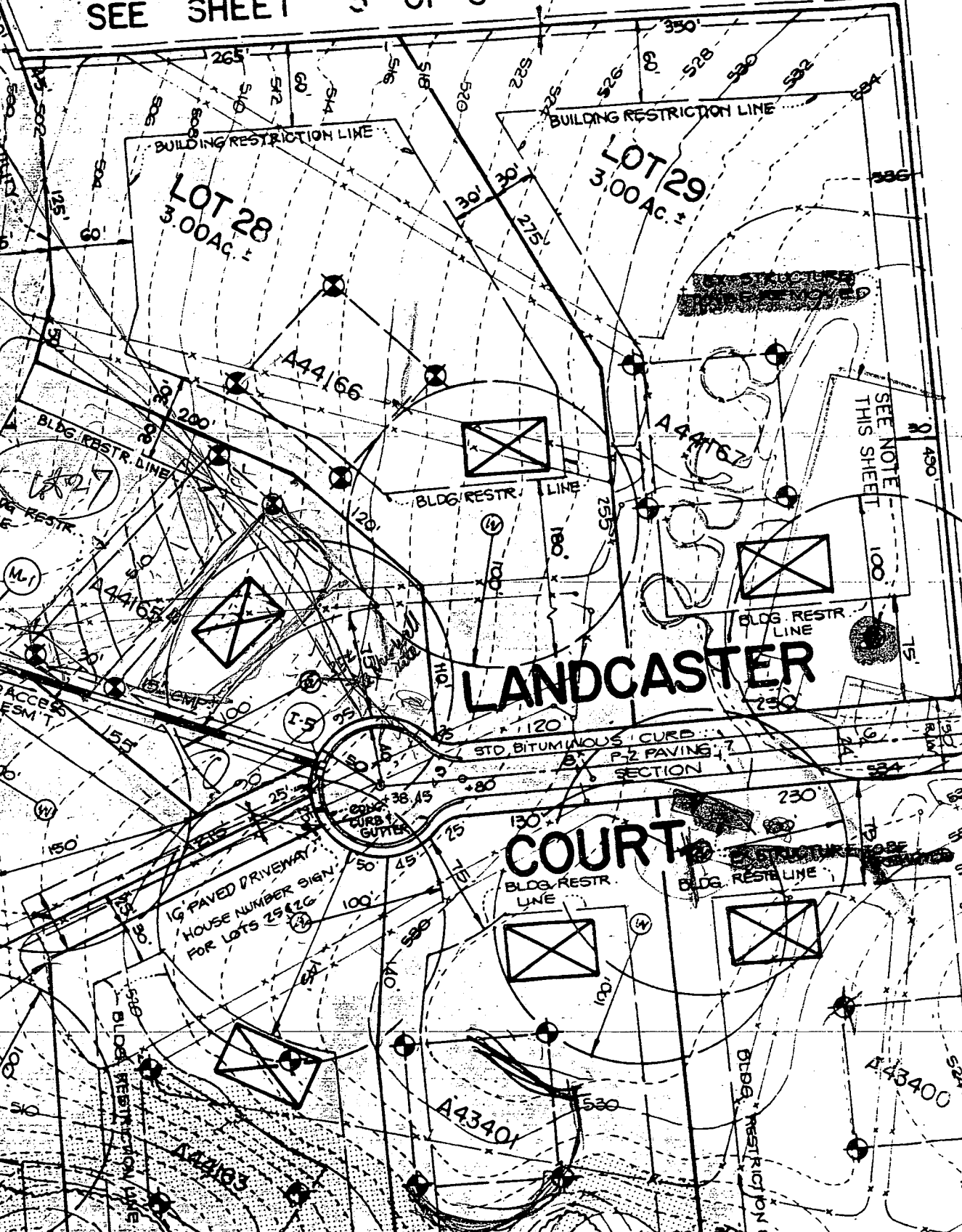
A44167

A43401

A43400

A44163

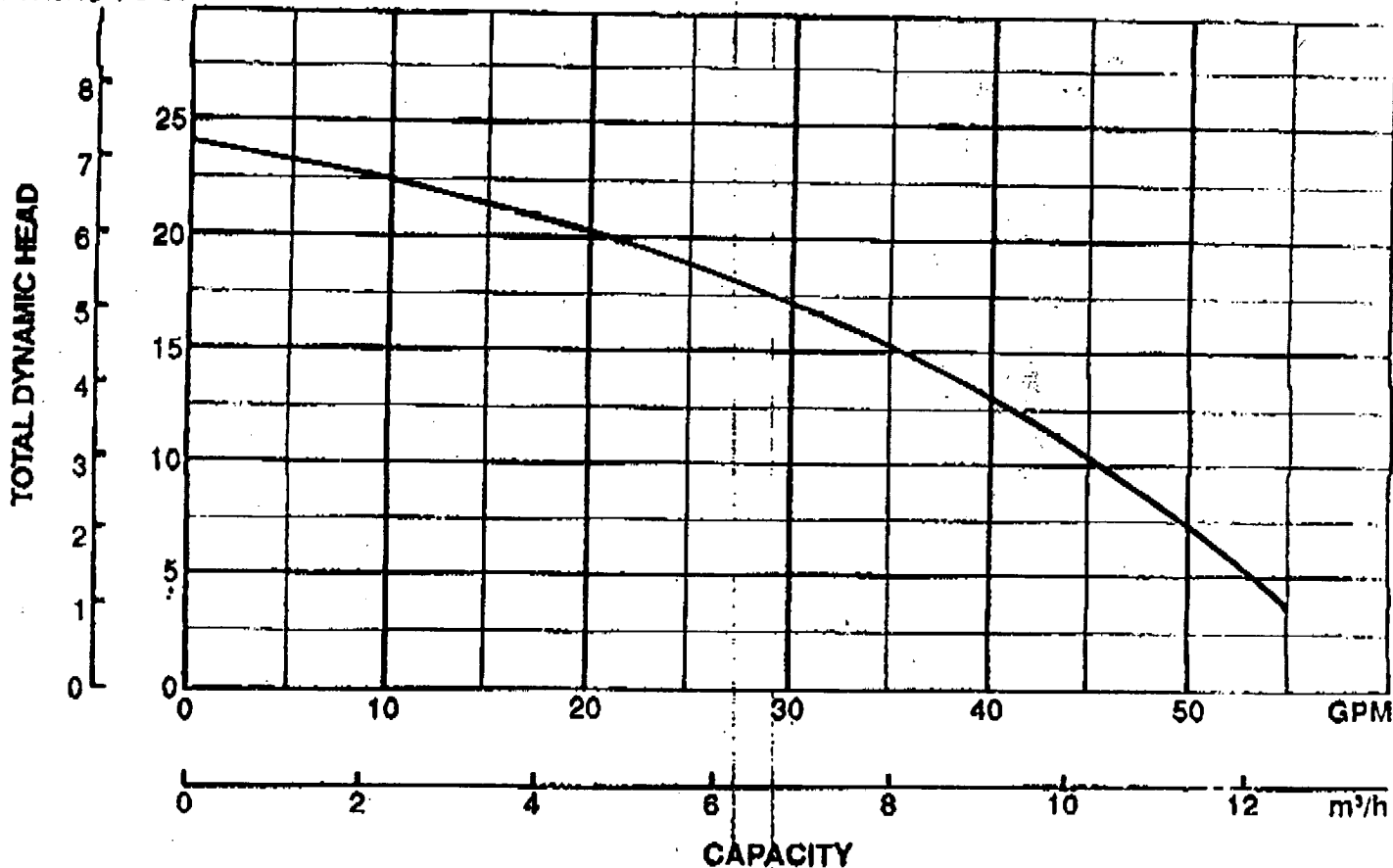
A445403



Submersible Effluent Pump

MODEL: 3871
SIZE: 3/4" SOLIDS
RPM: 1550
HP: 0.4

METERS FEET



GOULDS PUMPS, INC.
SENECA FALLS, NEW YORK 13149

C1 6694 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 A44/65

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 04 18 93

Depth of Well 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-93-0277

OWNER Froll Developers last name Land Cleton Ct first name TOWN Lisbon SUBDIVISION Cabin Branch Farm SECTION LOT 27

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: Brown Shale 0 58, Blue Rock 58 125.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 13 NO. OF POUNDS 1700

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) SH 6 62

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 OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) H 0 60 125

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 (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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 30 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 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)

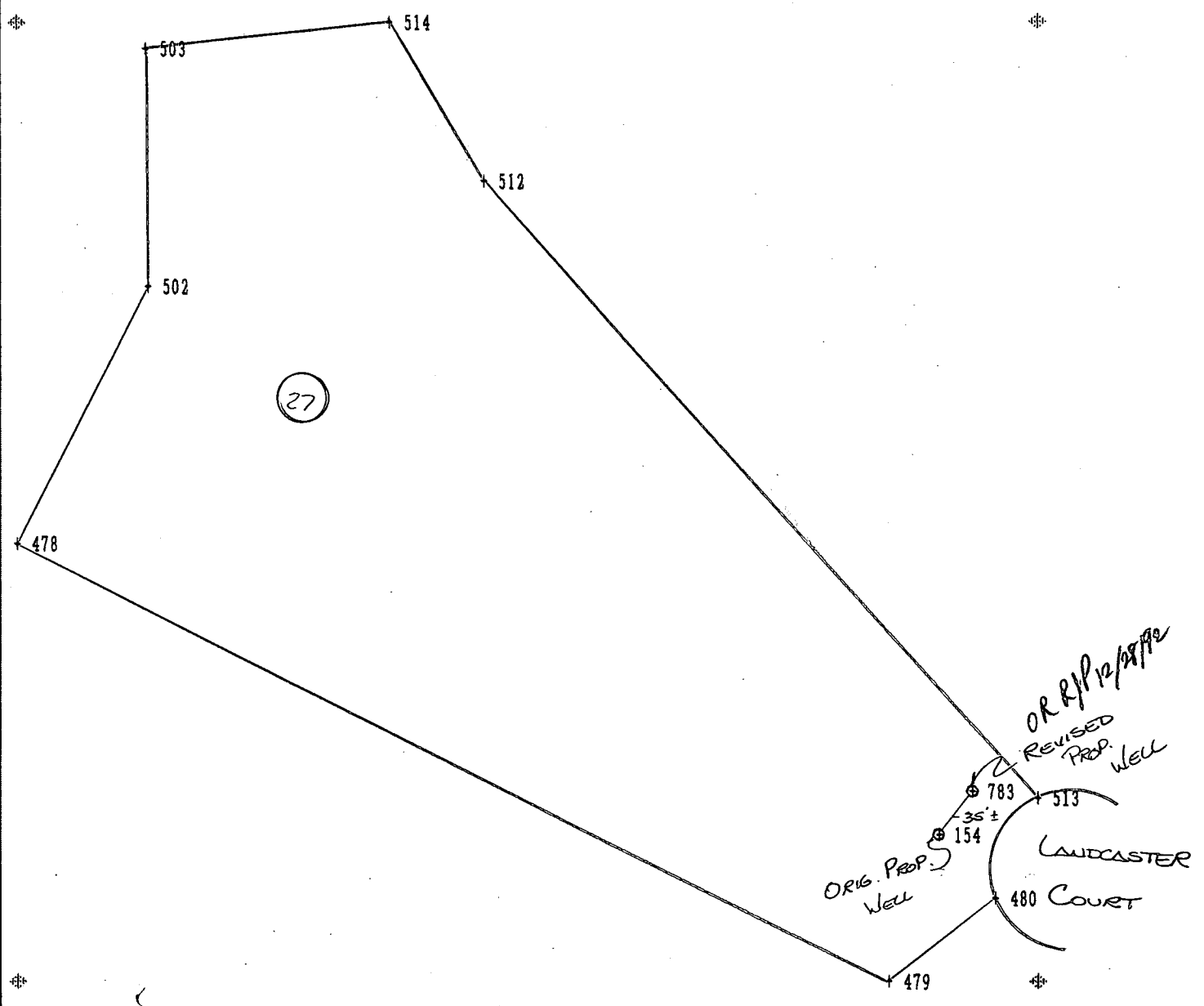
See attached Well Location

LIBERTY SURVEY, INC.
4140 RIDGE RD., TAYLORSVILLE, MD. 21157

JOB NUMBER: 92-46
CABIN BRANCH FARM
MARTIN II
HOWARD COUNTY, MD.

SCALE: 1 INCH = 100 FEET

COORDINATE BOUNDARIES:
NORTHING = 529854.8295 TO 530466.7875
EASTING = 765855.4243 TO 766501.7104



Amy

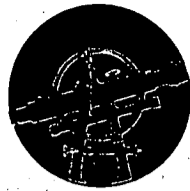
JAN SAUER
410-549-1428

A/C 0008 362912

CUST. SERVO NO

1 800 848 9136

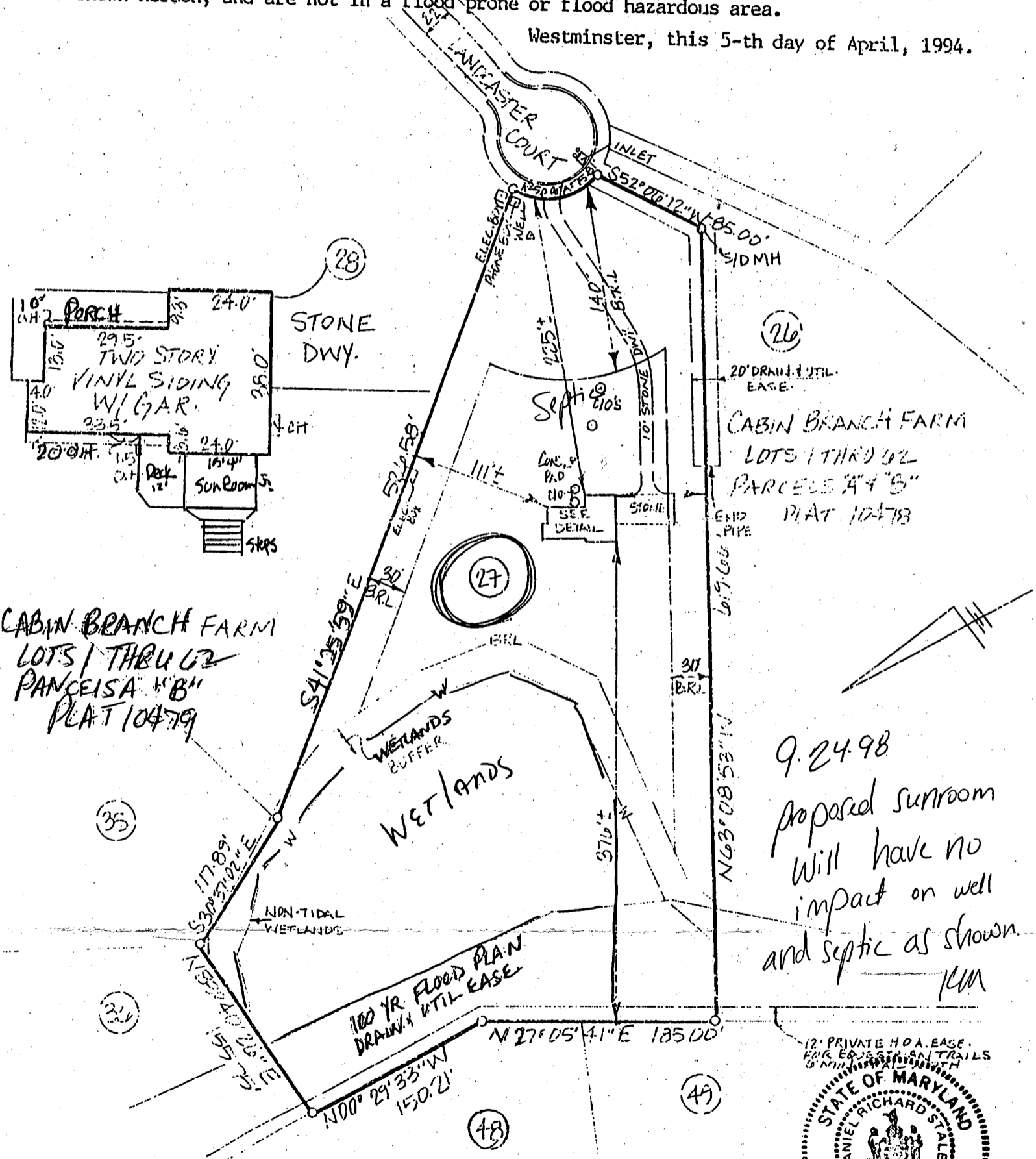
CHASE MANHATTAN



DRS & ASSOCIATES
LAND DESIGN CONSULTANTS

This is to certify that I have surveyed the property shown hereon, known as Lot # 27, Lots 1 thru Lots 62, Parcels "A" & "B", "Cabin Branch Farm", located at 3212 Landcaster Court, in the 4-th Election District of Howard County, Maryland for the purpose of locating the improvements only, and that the improvements are located as shown hereon, and are not in a flood prone or flood hazardous area.

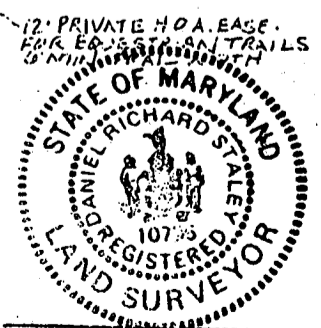
Westminster, this 5-th day of April, 1994.



CABIN BRANCH FARM
LOTS 1 THRU 62
PARCELS "A" & "B"
PLAT 10479

9.24.98
Proposed sunroom
Will have no
impact on well
and septic as shown.
JCM

Niel R. Staley
NIEL R. STALEY L.S. # 10735



SCALE 1" = 100'

A4465 P49796D

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
B00121209

Building Address 3212 LANCASTER CT
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision CABIN BRANCH FARM
Section _____ Area _____ Lot 27
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size 4.2259 AC

Property Owner's Name MIKE & SUE PEREZ
Address 3212 LANCASTER CT
City WOODBINE State MD Zip Code 21797
Home Phone 301-854-5696 Work Phone 301-881-5052
Applicant's Name & Mailing Address, (if other than stated hereon):
John Krawczyk - MD POOLS INC
9515 GERWIG LANE SUITE 119
COLUMBIA, MD 21046
Phone 410-995-6600 Fax 301-621-3331

Existing Use SED
Proposed Use SED w/POOL
Estimated Construction Cost \$15,000
Description of Work INSTALL 18'x38' INGROUND CONC POOL. @
632¢. POOL FILTERED BY A CARTRIIDGE SYSTEM. POOL
TO BE FILLED BY HOSE. INSTALL 291 W.F. 48" H FENCE TO CODE

Contractor Company MARYLAND POOLS INC
Contact Person JOHN KRAWCZYK
Address 9515 GERWIG LANE SUITE 119
City COLUMBIA State MD Zip Code 21046
License No. 6694
Phone 410-995-6600 Fax 301-621-3331

Occupant or Tenant DINNEEN
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
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.

John Krawczyk
Applicant's Signature

John Krawczyk
Print Name
11/4/99
Date

Title/Company _____

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

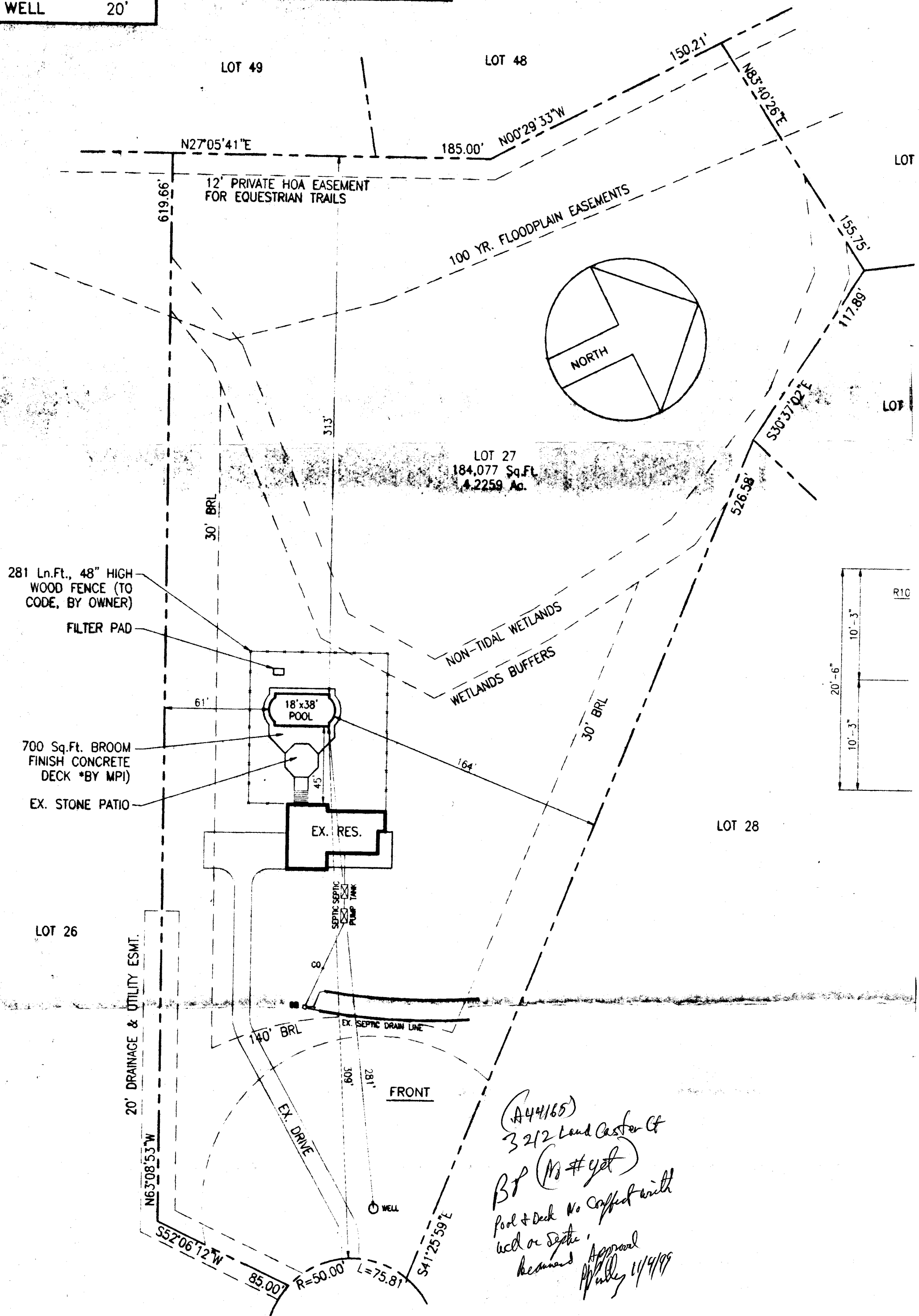
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>11/19/99</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total 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 # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

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

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	0'
SEPTIC	20'
WELL	20'

PRIVATE WELL & SEPTIC



(A44165)
 3212 Landcaster Ct
 BP (No # yet)
 Pool & Deck No Conflict with
 well or septic
 Recommended Approval
 11/9/99

SITE PLAN
 1"=50'

LANDCASTER COURT

LOT 27
CABIN BRANCH FARM
 LOTS 1-62
 PARCELS A & B
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

