

SEPTIC TANK LEVEL (Existing) CLEANOUTS (Existing)
 DISTRIBUTION BOX LEVEL OK (Baffle is in)
 DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 60 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 420 SQ. FT. (+ old Dry Well etc.)
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 420 SQ. FT.
 REMARKS: Early A.M. 10/30/92 Viewed hole, 13 1/2' + dry + good soil; ok for trench; c.B.
10/30/92 Partial - trench dug - ok for stone; etc; c.B.; P.M. c.B.
10/30/92 Late P.M. - ok to cover as finish - Material on site; Final c.B.

DATE SYSTEM APPROVED 10/30/92 INSPECTOR C. B. Streaker

4/29/77 *app'd S.S.*

PERMIT

P 25729

SEWAGE DISPOSAL SYSTEM

A 23192

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 4/25/77

Jim Brittingham IS PERMITTED TO INSTALL ALTER

ADDRESS 3004 N. Rogers Ave., Ellicott City, Md. 21043 PHONE 461-1870

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 3801 Ivory Road LOT 4-D

PROPERTY OWNER John Rettaliata

ADDRESS 3696 Park Avenue, Ellicott City, Md. Phone: 465-3634

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 22% & TANK CAPACITY 50%.

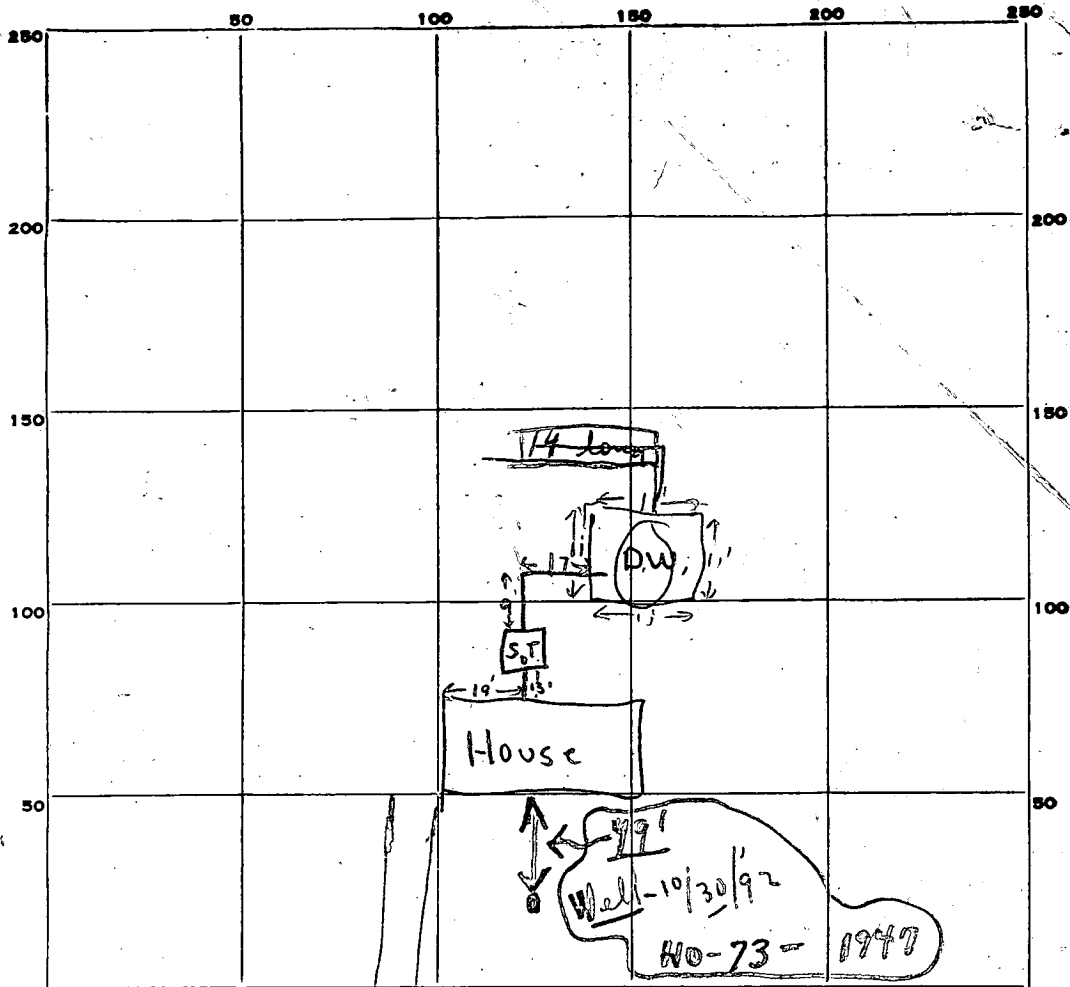
OTHER DRY WELL AND TRENCH - Dry well to have 336 sq. ft. effective sidewall area. Inlet at 4 ft. and maximum depth 11 ft. below original grade. Locate dry well 20 ft. from right side line as seen when facing the lot from Ivory Road and 135 ft. from front lot line. Trench to be 14 ft. long for a total sidewall area of 63 sq. ft. Inlet at 4½ ft. and maximum depth 11 ft. below original grade. Trench to follow land's contour and run parallel to Ivory Road. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING GRAVEL IN TRENCH. NOTE: IN NO CASE IS ANY DRY WELL TO EXCEED 15 FOOT IN DIAMETER. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. 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 ACCEPTED.

PLANS APPROVED BY Hal Benson DATE 11/24/76

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.

A 23192



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

IVORY ROAD

PERMIT CARD verbal O.K. given F.S.

S.T. | D.W.

SEPTIC TANK, LEVEL ✓ 1000 gal.

CLEANOUTS O.K. | O.K.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 14 FT.

NUMBER OF TRENCHES 1 1/2 SIDEWALL TOTAL BOTTOM AREA 98 sq ft

SEEPAGE PITS, OUTSIDE PERIMETER 44 FT. INSIDE DIAMETER DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 406 ± SQ. FT.

REMARKS continue working on system RB 27 apr >> 4/29/77 Not finished yet F.S.
4/29/77 O.K. 3 B.R @ 135¢/B.R. F.S.

DATE SYSTEM APPROVED 4/29/77

INSPECTOR F. J. Shinn

APPLICATION

A 23192
21835

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 40

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

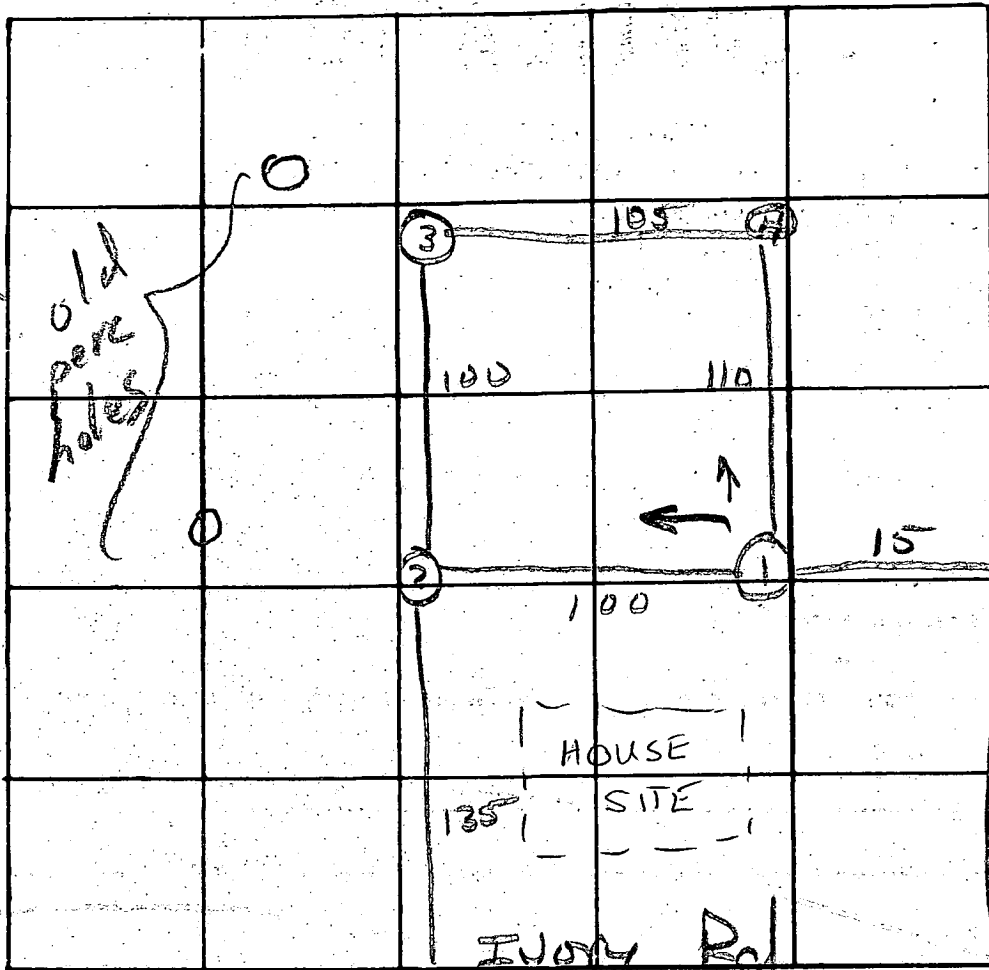
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

4 1/2 Red
CLAY
Red
SANDY
LOAM
B



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

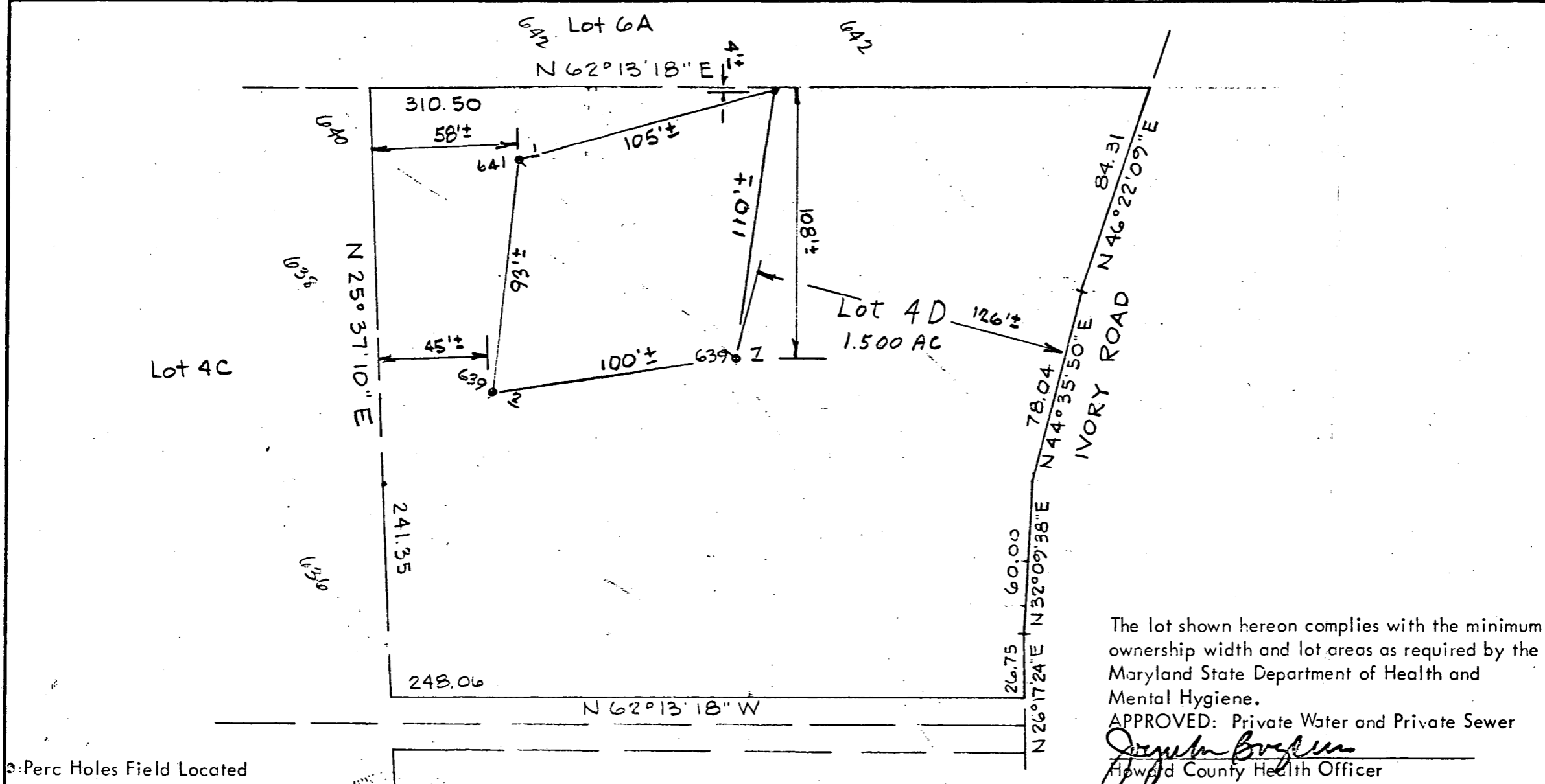
High

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
0/5/76	1 A	4	2:45	2:49	2:49	2:58	9
		13 1/2	2:45	2:59	2:58	3:06	9
	2 A	4	3:01	3:04		3:12	8
		13	3:01	3:04		3:12	8
	3 A	4 1/2	3:07	3:14	3:14	3:31	17
		13 1/2	3:06	3:15	3:15	3:22	7
	4 J	12 1/2	similar		soil - dry		

REMARKS Write spec for 20' from Rt side line

TYPE OF SOIL Sandy-loam

TESTED BY WWZ + HB ALSO PRESENT: Parletto Co

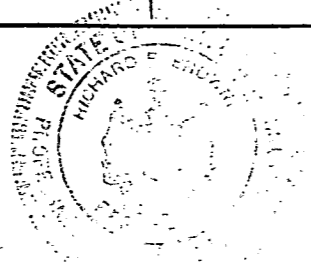


The lot shown hereon complies with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

APPROVED: Private Water and Private Sewer

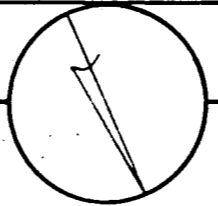
Joseph Brown
Howard County Health Officer

• Perc Holes Field Located



No. 5287

REFERENCE



MERIDIAN

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF
HOWARD ASSOC.

SITUATED IN

3rd Election Dist.

Howard Co., Md.

SCALE: 1" = 50'

DATE:

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION

A23192

WRA PERMIT NUMBER

HC-73-1947

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

B 1 9659

SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 5 6
(THIS NUMBER SHOULD BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

4/26/77
9:30 a.m.

OWNER: ROBERT L. DORSEY & SON, INC
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 9720 MARYLAND DRIVE
COL 36 COL. 55
POST OFFICE: ELLSWORTH CITY MARYLAND 21043
COL 57 COL. 76

B 1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
DATE: MARCH 7, 1977 LICENSE NUMBER: 120
80
G. EDGAR HARR SONS CORP.
FIRST NAME DRILLER LAST NAME
SIGNATURE: [Signature]

B 3

LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
COUNTY: HOWARD
(DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: 23 42
SECTION: 44 LOT: 40 50
NEAREST TOWN: GLENELEG 52
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 73 76 77 78

B 2

WELL INFORMATION

1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING, AGRICULTURE, IRRIGATION
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
- PRIVATE WATER COMPANY }
- TEST

B 4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6
 NORTH EAST NORTHEAST SOUTHEAST
 SOUTH WEST NORTHWEST SOUTHWEST
NEAR WHAT ROAD: 3801 IVORY ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 30 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- BORED (OR AUGERED) JETTED DRIVEN
- AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
- CABLE REVERSE-ROTARY DRIVE-POINT
- OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

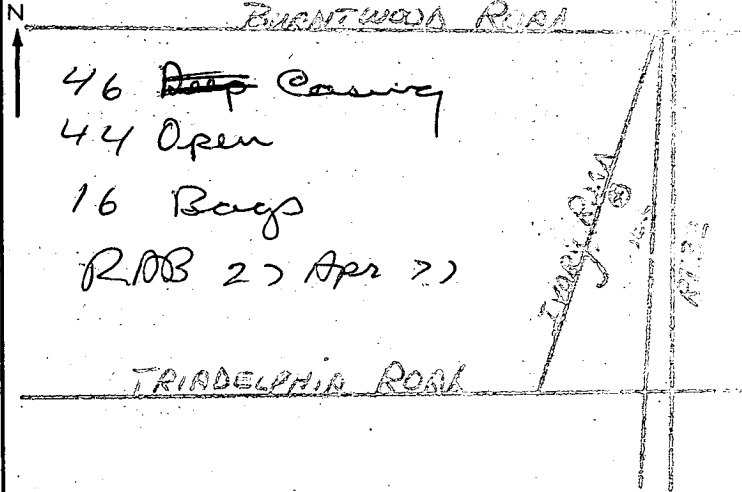
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63
FORCE: 67 WRITE INITIALS IN BOX: CLU CONDITIONS: 70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: W25443
DATE: 5 10 77 APPROVED BY: Fred Fremont, Sanitarian

NORTH COORDINATE: 500000
EAST COORDINATE: 0800000
ELEVATION AT WELL HEAD (FEET): 65 66 67 68

B 5

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

465-5739

C 1 **4467** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 4-19-77 DATE WELL COMPLETED 4-19-77 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-23-1997

8-13 15 20 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 120

OWNER ROBERT L. DORSEY & SON LAST NAME FIRST NAME ELLICOTT CITY, MARYLAND

STREET OR RFD 9926 CYPRESSMEAD POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>OVERBURDEN</u>	<u>0</u>	<u>8</u>	
<u>BROWN SHALE</u>	<u>8</u>	<u>44</u>	
<u>GRAY ROCK</u>	<u>44</u>	<u>125</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT: CM 45 46 BENTONITE CLAY BC 45 46

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 46 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST 6 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 46

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

ST STEEL BR OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 13

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 32 (NEAREST FOOT) 17 20

WHEN PUMPING 110 (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

J AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 49 50 51
 BELOW }

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) G. EDGAR HARE SONS' CORP.

SIGNATURE George Hare

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 46 TO 125

EACH SCREEN

1 HO 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOTS SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING T 70 LOG INDICATOR L 72 OTHER DATA AVAILABLE W 74 75 76

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).

PITLESS ADAPTER

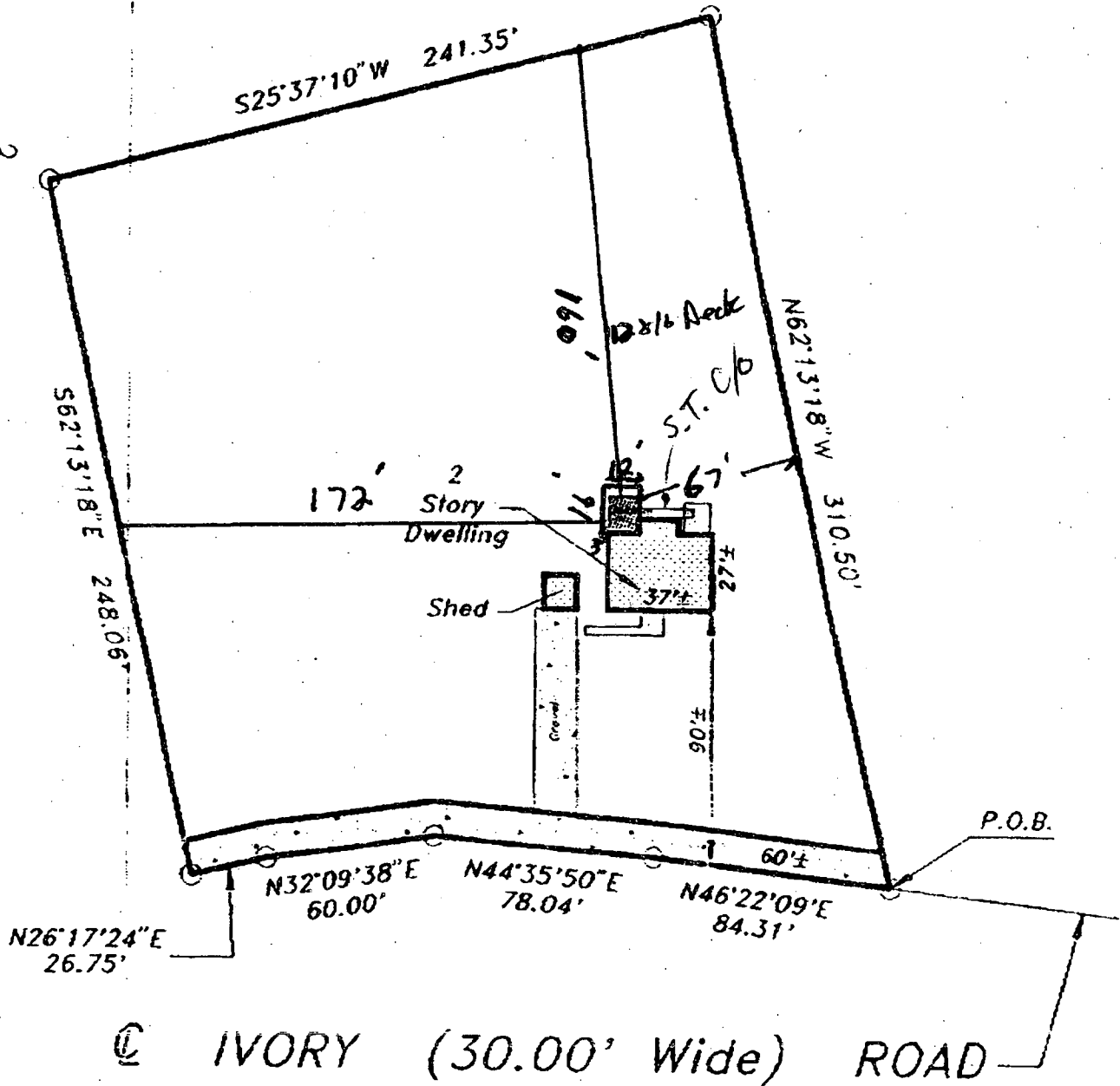
REVISED

Date: 2/23/01

3801 Ivory Rd
Comments: 300128520

revise deck per
Health Dept

MR
2/23/01
OK for deck
as amended



LOCATED THE
PROPERTY KNOWN AS

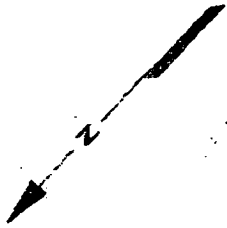
AND
LOCATED AS SHOWN.
REVISIONS FOR THE
PROPERTY LINES.

9/15/89

ING
COURT
1204

SCALE: 1" = 60'

IVORY (30.00' Wide) ROAD



REVISED

Date: 2/23/01
3801 Ivory Rd
Comments: 300128500

revise deck per
Health Dept



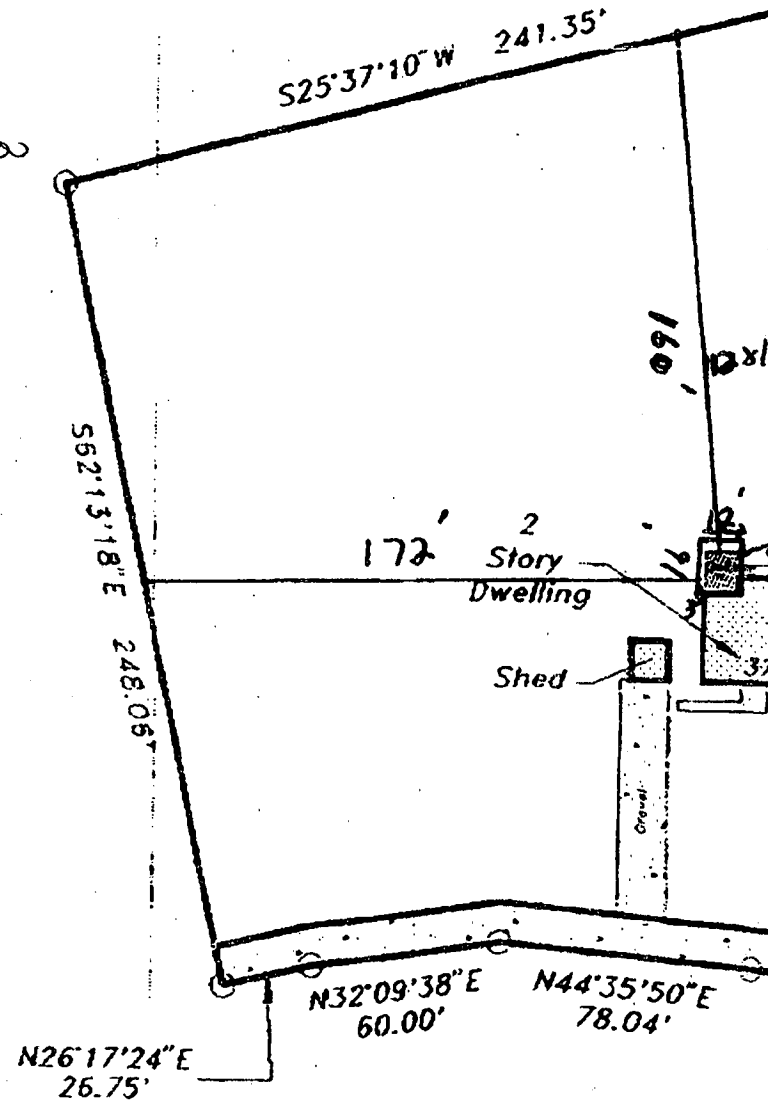
I HEREBY CERTIFY THAT I HAVE LOCATED THE
IMPROVEMENTS ON THE PROPERTY KNOWN AS
3801 IVORY ROAD
HOWARD COUNTY, MARYLAND
AND THE IMPROVEMENTS ARE LOCATED AS SHOWN.
THIS PLAT IS NOT TO BE USED FOR THE
PURPOSE OF ESTABLISHING PROPERTY LINES.

Russell R. Klages 9/15/89

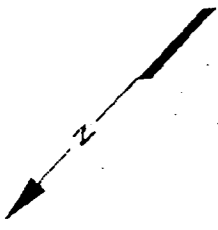
TEMPLAR ENGINEERING
8235 RUXTON CROSSING COURT
RUXTON, MARYLAND 21204
(301) 823-3567

SCALE: 1" = 60'

MR
2/23/01
OK for deck
as amended



© IVORY (30.00' W



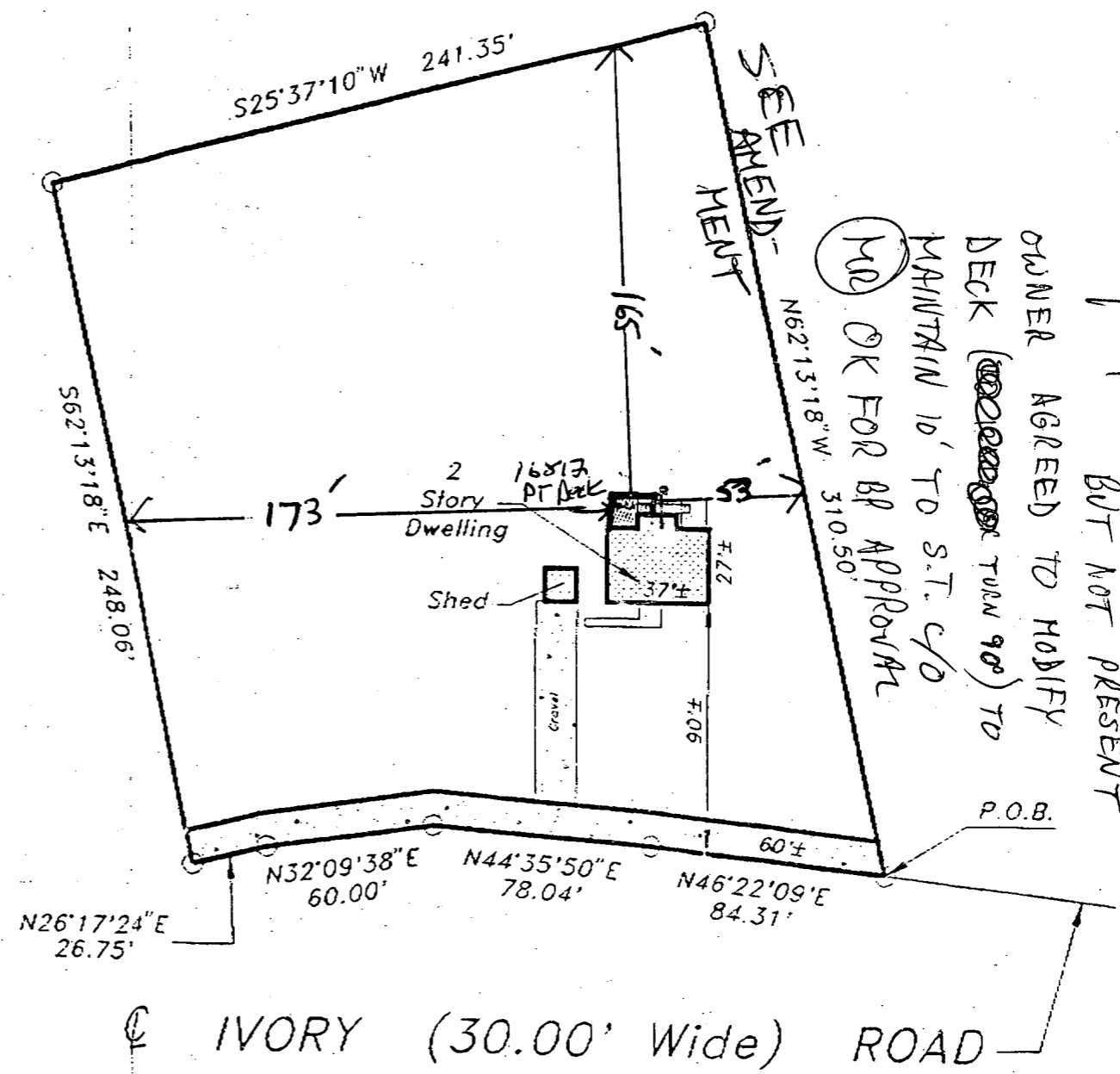
RECEIVED HEALTH DEPT.
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2001 FEB 20 AM 9:25



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS ON THE PROPERTY KNOWN AS 3801 IVORY ROAD HOWARD COUNTY, MARYLAND AND THE IMPROVEMENTS ARE LOCATED AS SHOWN. THIS PLAT IS NOT TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES.

Russell R. Klages 9/15/89

TEMPLAR ENGINEERING
8235 RUXTON CROSSING COURT
RUXTON, MARYLAND 21204
(301) 823-3567
SCALE: 1" = 60'



2/22/01 MTG w/OWNER, CONTRACTOR EXPECTED BUT NOT PRESENT
OWNER AGREED TO MODIFY DECK (~~REMOVE~~ TURN 90°) TO MAINTAIN 10' TO S.I. C/O MD OK FOR BP APPROVAL
P.O.B.

IVORY (30.00' Wide) ROAD

Building Address 3801 Ivory Road
Glenelg Md 21737

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 9H9 Lot size _____

Existing Use Deck

Proposed Use Deck

Estimated Construction Cost: \$ 3000

Description of Work replace existing
Deck with new 16x12 P.T
WOOD Deck

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Richcroft Inc

Address 9 Schillingway Road suite 302

City Balt State Md Zip Code 21031

Home Phone 4 Work Phone 410-785-3274

Applicant's Name & Mailing Address, (if other than stated hereon):
Accurate Builders Inc
3917 ESGARTH WAY
Dwings Mills Md 21117
 Phone 410-581-9539 Fax 410-356-9524

Contractor Company Accurate Builders Inc

Contact Person Charles Steinhäuser

Address 3917 ESGARTH WAY

City Dwings Mills State Md Zip Code 21117

License No. 18416

Phone 410-581-9539 Fax 410-356-9524

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>WOOD Deck</u> Dimensions: <u>16x12</u> Footings: <u>concrete</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 THEREOF; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Charles Steinhäuser
 Applicant's Signature

_____ Title/Company

Charles Steinhäuser
 Print Name

2/05/2001 215.01
 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	<u>2/23/01</u>	<u>Mark Piffkin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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

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# 19655

Filing fee \$ 30.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 12711

Validation # 31601

Accepted by _____