

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

R.D.

S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffles in in)

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 166 FT. ^{86' + 80' Need 9' more}

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 913 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 913 SQ. FT.

REMARKS 8/15/29 ① OK FOR STONE IN TRENCH #① ONLY. C.B.A

② OK TO COVER #① TRENCH ONLY; NO CEMENT ANYWHERE ON PIPES; ONLY 30" ± #② Trench ok for stones; PARTIAL; NOTE: WATER WELL LINE * COVERED - NEEDS TO BE CLEANED OUT AROUND CASING. C.B.A HOLD.; * LINE AT 4" NEAR WELL; OK TO COVER FROM HOUSE TO 1' OF SEPTIC TANK ALSO HOLD FOR A CALL. C.B.A

③ AM 8/16 OK FOR STONE IN #② TRENCH & TO COVER FROM HOUSE TO D.B. Box Partial

DATE SYSTEM APPROVED 8/16/29 INSPECTOR Charles Bayan Whelan

④ P.M. - FINAL

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 33521

P _____

DISTRICT 5

DATE 1-30-84

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 ADINA MacCarty Jones Gilbert 465-4893

ADDRESS 4100 Cathedral Ave DC 20016 PHONE 202-363-2825

PROPERTY LOCATION: BRIGHTON PINES II

SUBDIVISION Prepper prep LOT NO. 22 / 32

ROAD AND DESCRIPTION Nichols Dr 13797 Lakeside Dr.

SIZE OF LOT 3 A TYPE BLDG. SFD
(NUMBER OF BEDROOMS)

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.

Richard J. [Signature] 465-0842
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR deep funds DATE 5-4-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BOG. PERMIT SIGNED
AND RETURNED 5-4-89
BP 25361 [Signature]

THIS IS NOT A PERMIT

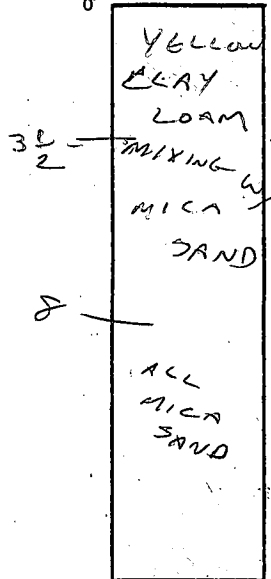
#3

LOT 36

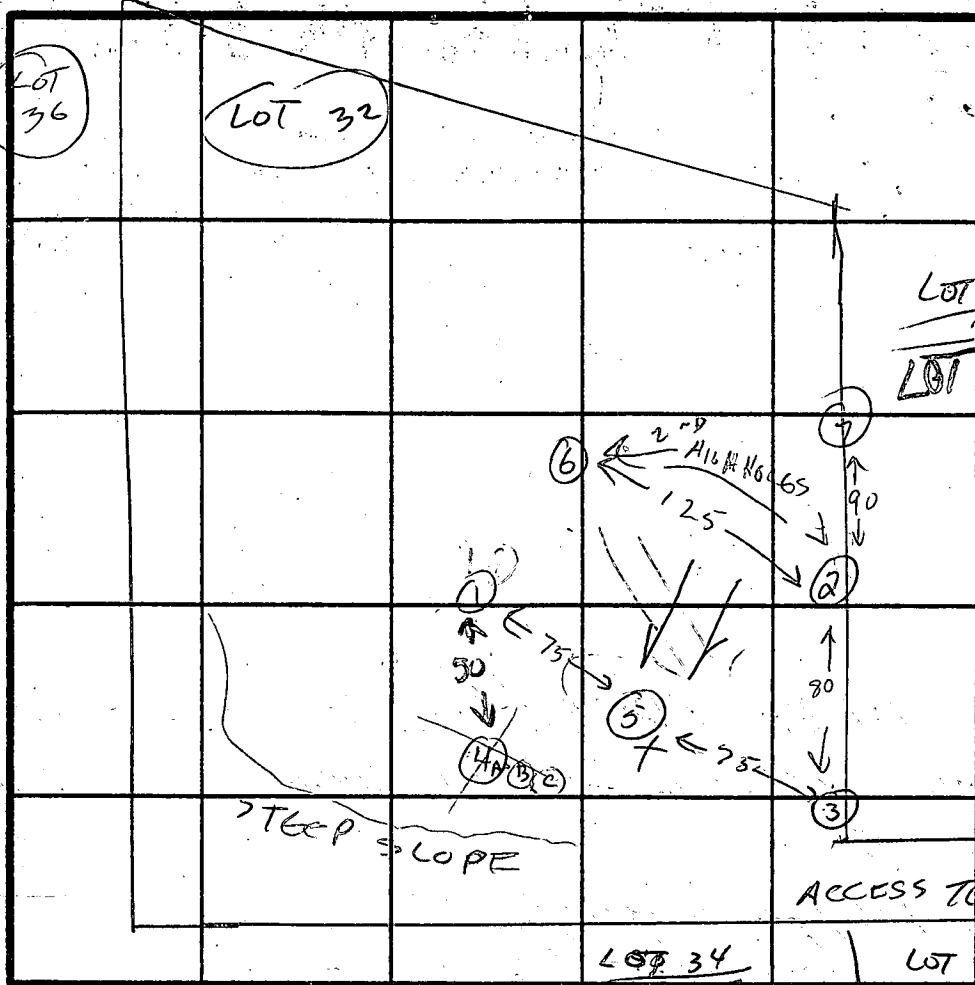
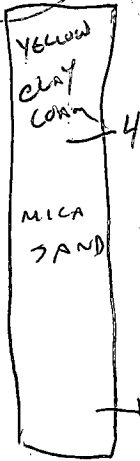
LOT 32

#1-6-2

SOIL PROFILE

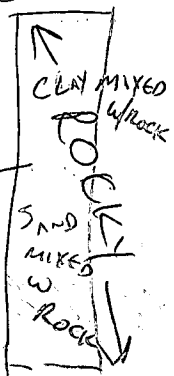


LOT 31
LOT 21



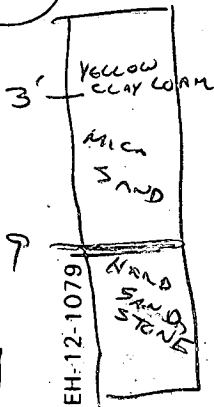
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#4



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-16-84	1	4	10:41	11:43	11:43	10:47	4 min
		8	10:48	10:50	11:50	11:52	2 min
2-16-84	2	5	10:39	11:42	11:42	11:46	4 min
		9	11:49	11:51	11:51	11:53	2 min
2-16-84	3	4	11:44	11:54	11:54	12:04	10 min
		8	12:14	12:16	12:16	12:18	2 min
		12					
2-16-84	4	4 X ROCKY		DIGGABLE, FRACTURED		CHUNKY ROCK TO 12'	
	5	VISUAL	YELLOW CLAY SANDY 4'	LOAM TO 9'	4'	HARD SANDSTONE AT 9'	
2-16-84	6	4	12:00	12:02	12:02	12:04	2 min
		8	12:00	12:02	12:02	12:04	2 min
		12	VISUAL	MICA SAND			
	7	4	11:13	11:17	11:17	11:22	5 min
		8	11:13	11:15	11:15	11:17	2 min
		12					

#5



REMARKS

BEST TYPE OF SOIL HOLES 1-6-2 ALL CLAY LOAM TO 3 1/2-4' THEN MICA SAND TO 12'

TESTED BY C. Williams ALSO PRESENT Cisse, Phil

EH-12-1079

B 1 5287

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

MD-81-1730

fill in this form completely

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

Date Received

7 2 8 8

OWNER INFORMATION

GILBERT JAMES

70212 SEACOVILLE AD

LAWRENCE MD 21070

B 3

LOCATION OF WELL

HOWARD COUNTY

REICHTON PLOTS

SECTION 2 LOT 22 Area 2

DAYTON

MILES FROM TOWN (enter 0 if in town) 2.2 MI

DRILLER INFORMATION

Joseph J. Mynarski 238

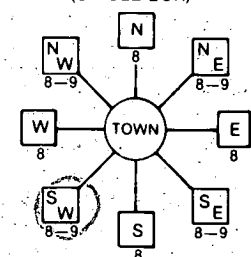
Joseph J. Mynarski Well Drilling

5512 Killee Rd. Mt. Airy 21117

Signature: Joseph J. Mynarski Date: 10/9/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Killee Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 466 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A 33521 COUNTY NO.

OEP SIGNATURE: B. Nijon DATE ISSUED: 10 25 86

CO-SIGNATURE: B. Nijon EXP. DATE: 04 28 88

NORTH GRID: 501000 EAST GRID: 0901000

APPROXIMATE DEPTH OF WELL 210 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
AIR-ROTARY
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTARY
DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

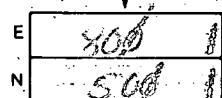
FORCE: AA PERMIT No. MD-81-1730

SPECIAL CONDITIONS

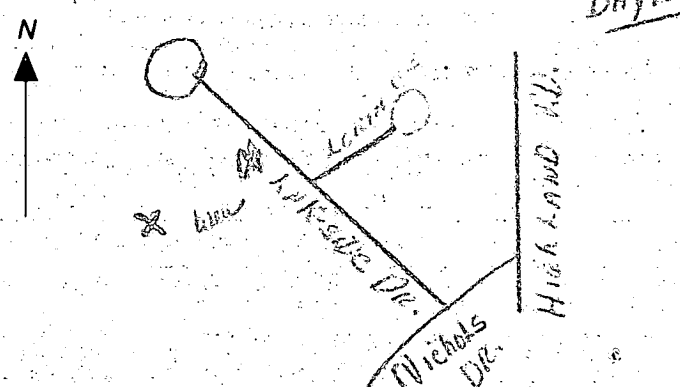
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



285' DEGP
STATIC 53

START 12:00
3 AMAG 12/5

Howland Mill
145'

START 9:30

STATIC 38

9:6 PM 3 MAG

DEPARTMENT OF
ENVIRONMENTAL
HEALTH

AT 7 11 41 AM '80

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

C1 5365

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 33521

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

Grid for date well completed

Grid for depth of well

Grid for permit number

OWNER: GILBERT JAMES (last name, first name) STREET OR RFD: LAKESIDE DRIVE TOWN: DAYTON SUBDIVISION: BRIGHTON PINES SECTION 1 AREA T LOT 22

WELL LOG

Not required for driven wells

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 138

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

Grid for depth of grout seal

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)

Grid for main casing details

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

Grid for screen depth

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING

WHEN PUMPING

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)

Diagram showing well location on lot with measurements to driveway and other structures.

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: SAND (0-48), GRAY MICHA Rock (48-285).

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

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

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

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

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

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

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

11/2/89 Partial

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Name of Installer Arthur M. Black Telephone 796 7520
License Number 1557 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner James Gilbert Telephone 465-4893
Subdivision Brighton Pines Lot # 22 Well Tag # 40-81-1731
Site Address 13797 Lakeside Dr

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Gould
3. Model # SES
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 3/4
2. RPM
3. Voltage
a. 110
b. 220
Pitless Adapter
1. Make
2. Model #
3. Depth
Tank
1. Capacity 42
2. Pressure relief valve?
Piping
1. Type Plastic
2. Size 1
3. NSF and/or BOCA Code approved
4. Depth of supply line 42 +
Well data
1. Depth 300 ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? No

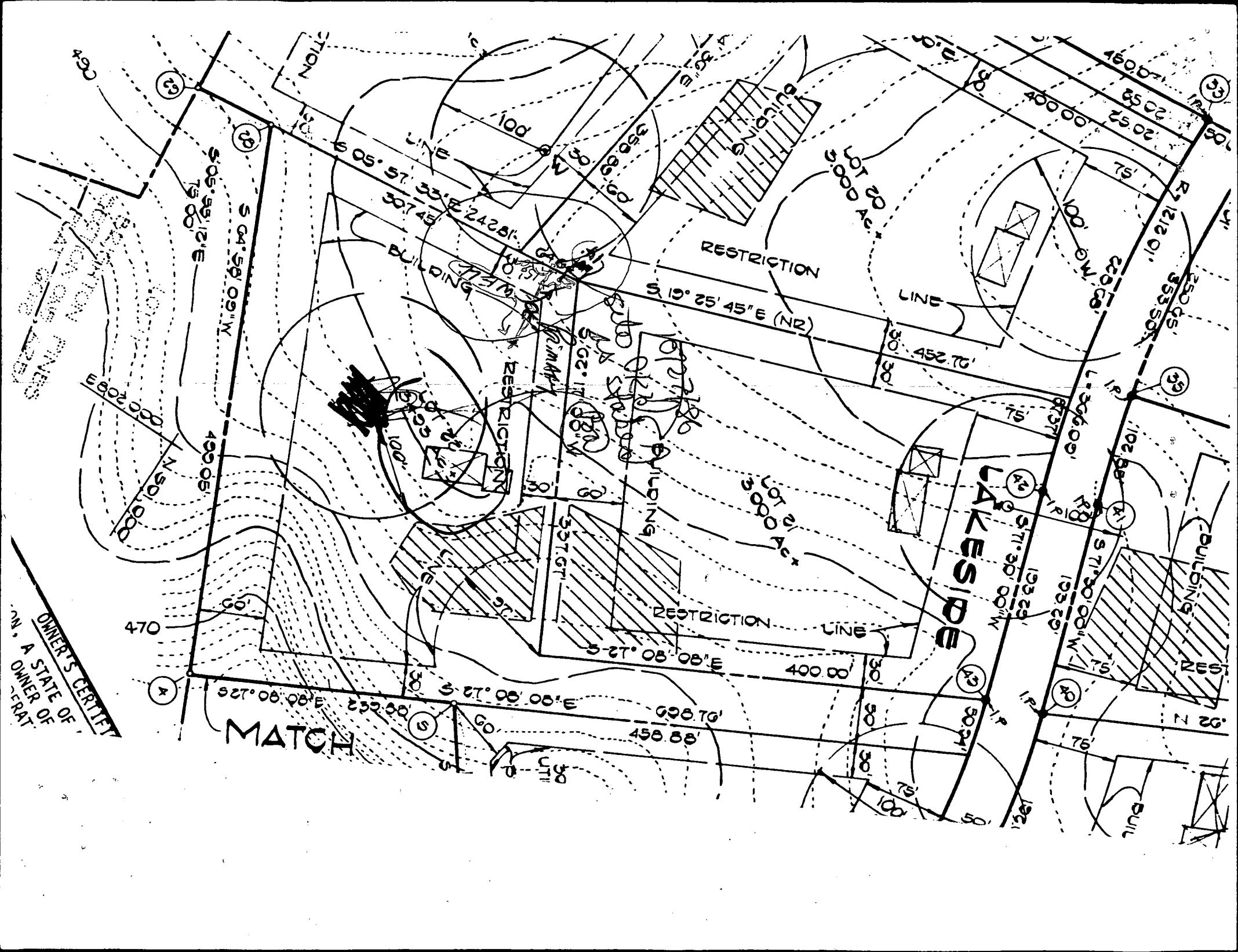
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Arthur M. Black
Date: 11/1/89

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

HD-215 Note: 11/2/89 Partial ① OK to cover pitless adapter and line only
② Partial 11/2/89 C.B.S. Line thru wall



OWNER'S CERTIFICATE
I, A STATE OF
OWNER OF
FRAT.

MATCH

LAKESIDE

RESTRICTION

RESTRICTION LINE

BUILDING

BUILDING

BUILDING

BUILDING

LOT 20 AC.

LOT 2 AC.

OWNER'S CERTIFICATE
I, A STATE OF
OWNER OF
FRAT.

470

(X)

(28)

(29)

(33)

(39)

(A1)

(A2)

(A3)

(S)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

(37)

(38)

(39)

(40)

(41)

(42)

(43)

(44)

(45)

(46)

(47)

(48)

(49)

(50)

(51)

(52)

(53)

(54)

(55)

(56)

(57)

(58)

(59)

(60)

(61)

(62)

(63)

(64)

(65)

(66)

(67)

(68)

(69)

(70)

(71)

(72)

(73)

(74)

(75)

(76)

(77)

(78)

(79)

(80)

(81)

(82)

(83)

(84)

(85)

(86)

(87)

(88)

(89)

(90)

(91)

(92)

(93)

(94)

(95)

(96)

(97)

(98)

(99)

(100)

(101)

(102)

(103)

(104)

(105)

(106)

(107)

(108)

(109)

(110)

(111)

(112)

(113)

(114)

(115)

(116)

(117)

(118)

(119)

(120)

(121)

(122)

(123)

(124)

(125)

(126)

(127)

(128)

(129)

(130)

(131)

(132)

(133)

(134)

(135)

(136)

(137)

(138)

(139)

(140)

(141)

(142)

(143)

(144)

(145)

(146)

(147)

(148)

(149)

(150)

(151)

(152)

(153)

(154)

(155)

(156)

(157)

(158)

(159)

(160)

(161)

(162)

(163)

(164)

(165)

(166)

(167)

(168)

(169)

(170)

(171)

(172)

(173)

(174)

(175)

(176)

(177)

(178)

(179)

(180)

(181)

(182)

(183)

(184)

(185)

(186)

(187)

(188)

(189)

(190)

(191)

(192)

(193)

(194)

(195)

(196)

(197)

(198)

(199)

(200)

(201)

(202)

(203)

(204)

(205)

(206)

(207)

(208)

(209)

(210)

(211)

(212)

(213)

(214)

(215)

(216)

(217)

(218)

(219)

(220)

(221)

(222)

(223)

(224)

(225)

(226)

(227)

(228)

(229)

(230)

(231)

(232)

(233)

(234)

(235)

(236)

(237)

(238)

(239)

(240)

(241)

(242)

(243)

(244)

(245)

(246)

(247)

(248)

(249)

(250)

(251)

(252)

(253)

(254)

(255)

(256)

(257)

(258)

(259)

(260)

(261)

(262)

(263)

(264)

(265)

(266)

(267)

(268)

(269)

(270)

(271)

(272)

(273)

(274)

(275)

(276)

(277)

(278)

(279)

(280)

(281)

(282)

(283)

(284)

(285)

(286)

(287)

(288)

(289)

(290)

(291)

(292)

(293)

(294)

(295)

(296)

(297)

(298)

(299)

(300)

(301)

(302)

(303)

(304)

(305)

(306)

(307)

(308)

(309)

(310)

(311)

(312)

(313)

(314)

(315)

(316)

(317)

Building Address 13797 Lakeside ~~Dr~~ Dr
Suite/Apt. #: N/A SDP/WP/Petition #: F-85-99
Census Tract 60051.0 Subdivision Brighton Pines
Section 1 Area 2 Lot 22
Tax Map 34 Parcel 110 Grid 1
Zoning RR-D10 Map Coordinates N/A Lot size 3,493AC

Property Owner's Name Robert & Sue Gallagher
Address 13797 Lakeside Ave
City Clarksville State MD Zip Code 21029
Home Phone 301 854-3620 Work Phone 410-854-6424
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use interior alteration
Estimated Construction Cost \$ ~~55,000~~ 56,000
Description of Work To finish attic space to create a bedroom & bathroom & sitting RA & balcony

Contractor Company WHEATLEY ASSOC. INC.
Contact Person GARY WHEATLEY (8750)
Address 17415 Wesley Chapel Rd.
City Montgomery State MD Zip Code 21111
License No. 11470
Phone 410-329-8242 Fax 410-357-4777

Occupant or Tenant SAME
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company MARK MABLEY ARCHITECTURE
Contact Person MARK MABLEY
Address 11 1/2 W. Chase St
City Baltimore State MD Zip Code 21201
Phone 410-385-8570 Fax SAME

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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: 2nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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"/>
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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<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 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.

Gary C. Wheatley
Applicant's Signature

GARY C. WHEATLEY
Print Name

Title/Company _____ Date _____
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ-SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	2-6038
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>303</u>
Building Official <u>3/21/01</u>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ <u>3/22/07</u>		<u>Mark K. Flynn</u>	Lot Coverage for NewTown Zone _____	Excise tax \$ _____
Health			SDP/Red-line approval date _____	Add'l per. fee \$ _____
Fire Protection				TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # <u>12504</u>
				Validation # <u>37317</u>
				Accepted by <u>L</u>

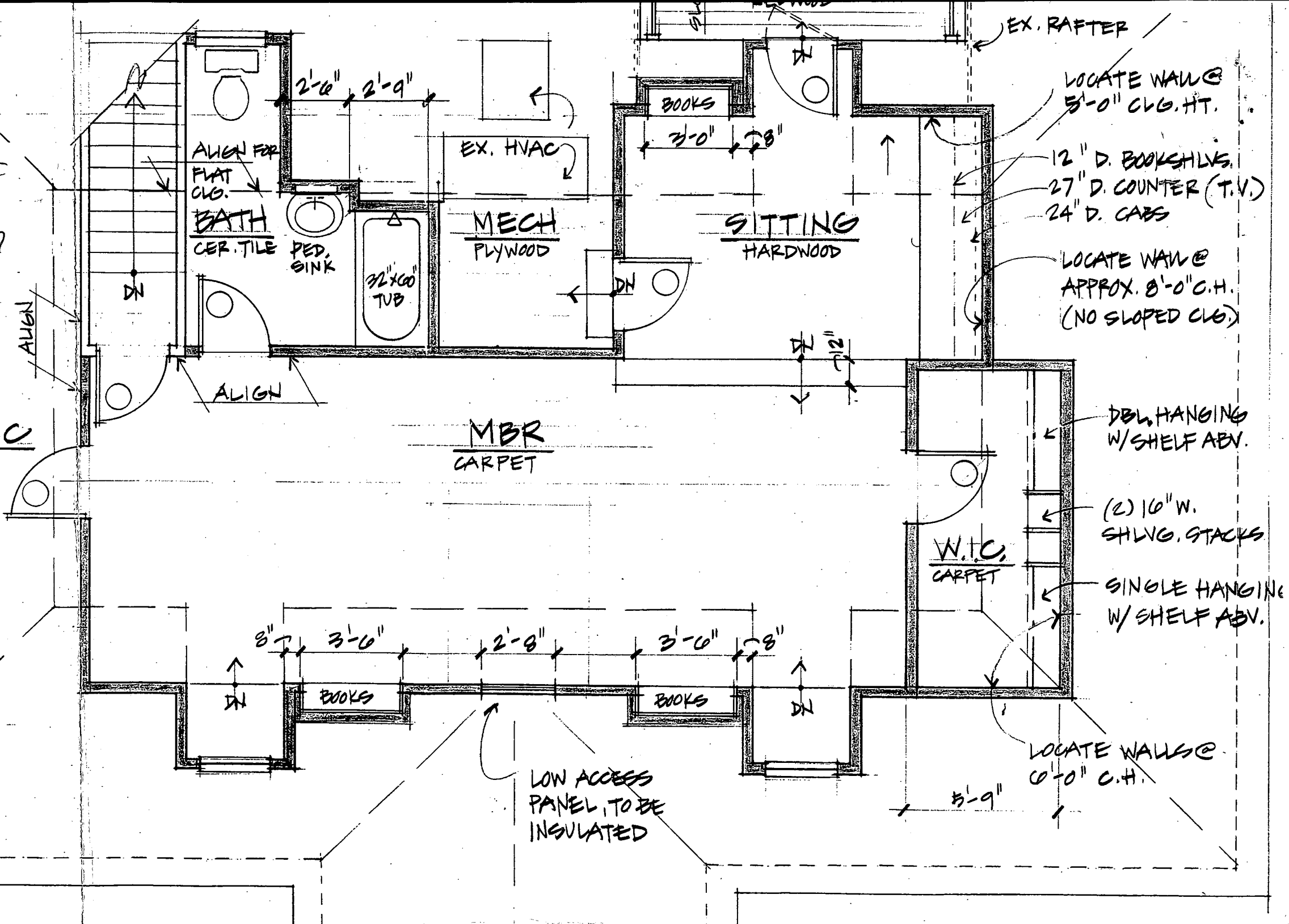
3/22/01

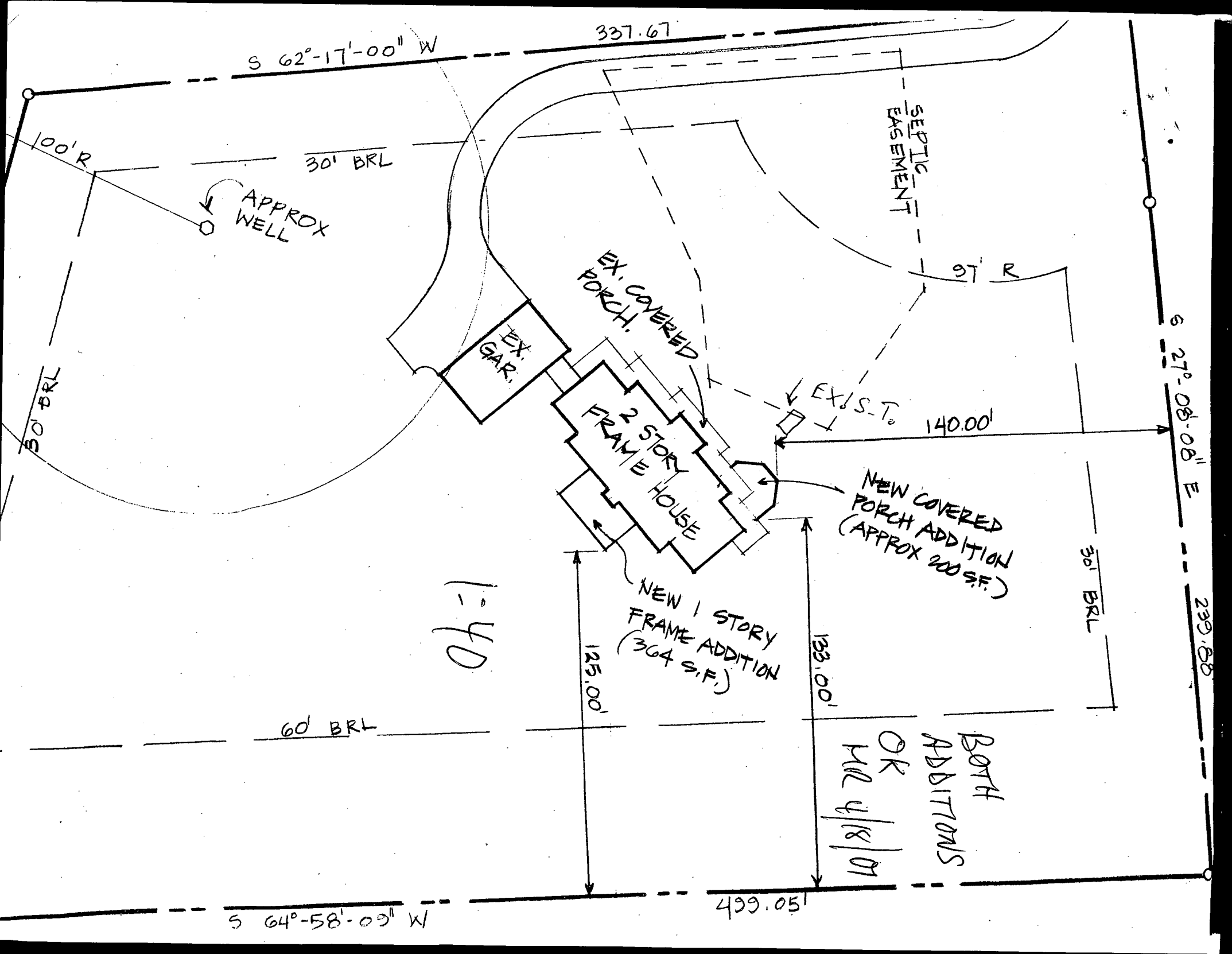
ADD'N OF
5th BR in
attic -
sufficient
absorption
capacity

LOW ATTIC

EX. PLYWOOD
installed in
ex. septic
system

OK (MR)





13797

Building Address <u>13797 Lakeside Dr</u> <u>Clarksville, MD 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision <u>Brighton Pines</u> Section <u>1</u> Area <u>2</u> Lot <u>22</u> Tax Map <u>34</u> Parcel <u>110</u> Grid <u>1</u> Zoning <u>RR-100</u> Map Coordinates <u>13117</u> Lot size _____	Property Owner's Name <u>Robert & Susan Pollock</u> Address <u>13797 Lakeside Dr</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>301-854-3600</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>CRKY WAREHOUSE WASHINGTON ASSOC. INC</u> <u>17415 WASHBY CHURCH RD</u> <u>WASHINGTON MD 21111</u> Phone <u>410-329-9242</u> Fax <u>410-357-4777</u>
--	--

Existing Use <u>Single Family Det</u> Proposed Use <u>Same</u> Estimated Construction Cost \$ <u>100,000</u> Description of Work <u>REAR SUNROOM 304 sq ft 15' high</u> <u>plus in Johnsons Branch - front octagonal</u> <u>Front Porch Extension - 210 sq ft addition</u>	Contractor Company <u>WHEATLEY ASSOC INC</u> Contact Person <u>CRKY WAREHOUSE</u> Address <u>17415 WASHBY CHURCH RD</u> City <u>Washington</u> State <u>MD</u> Zip Code <u>21111</u> License No. <u>11470</u> Phone <u>410-329-9242</u> Fax <u>410-357-4777</u>
---	--

Occupant or Tenant <u>same as owner 25415</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Mark Mabley P.E. Inc.</u> Contact Person <u>Mark Mabley</u> Address <u>1112 West Chest St</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21201</u> Phone <u>410-725-8270</u> Fax <u>410-727-4600</u>
--	---

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" 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"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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.

<u>[Signature]</u> Applicant's Signature	<u>CRKY WAREHOUSE</u> Print Name
<u>WASHINGTON ASSOC. INC</u> Title/Company	<u>4/18/01</u> Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>26038</u> Filing fee \$ _____ Permit fee \$ <u>60</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>60</u> Balance due \$ _____ Check # _____ Validation # _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for NewTown Zone _____	
Fire Protection			SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				