Joels HII.

Rotarn to Jeanne Huneke

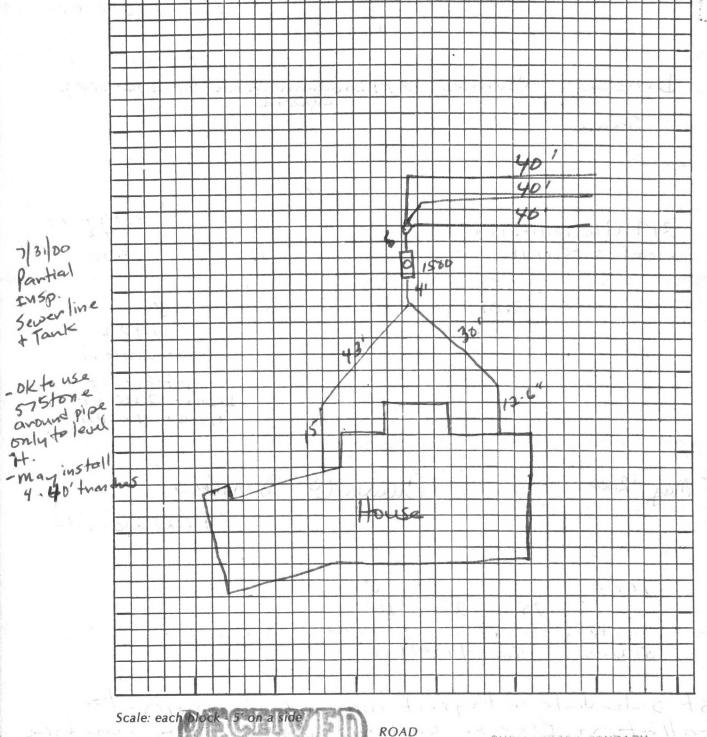
HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street • P.O. Box 191 • Bel Air, Maryland 21014

879-8322, 8322 / 838-1500 Ext. 244, 245

New System 300.00

	ON-SITE SE	WAGE DISPOSAL	☐ Correction/ Rep
APPLICATION:			734-6766
Owner Drasser	Chanles	329 Laburnham	Rd 410-676-6082
Builder or General Contractor	First Name	Address Exerced	Phone No.
Last Name	First Name	Address	Phone No.
Installer SELF		☐ Plumber ☐	Bonded Drainlayer Owner
		nded drainlayer. If the owner intends to	install the septic system he
must contact the Health Dept. prior to Exact Location of Building Site 219 Glenui	11 01		Tax ID # <u>03094847</u> Tax Map # <u>42</u>
Subdivision Joel 15 Kn	011	Lot #	Parcel # 470
Perc Tests Completed ☐ Yes ☐ No	Name Used on Test_	Year of	Test
For Non Sub-division Lots Size of Lotft. acreas	ge 3.01	Existing Septic System Yes No	Well Drilled Yes No
Building Use: 1. Residential No. o	of Bedrooms 3		Year Drilled 1982
🗹 A. Individual	☐ B. Multifamily	☐ C. Mobile Home	Driller
2. ☐ Commercial (Give ex	act use)		
			Depth - 225 +7
3. Other (Give exact use			Yield- 76Pm
Applicant must attach a lot plan, drawn to scale systems or wells within 100 feet of property line, Applicant must return both copies of the application DATE 15 Mag 2000 APPLICATION APPL	unless you are supplying t	he same with a building permit. y Health Department for issuance of per	
PERMIT - Office Use Only		Ruilding Parmit Numbe	er 97272B0180
1. Type of System: ☐ Septic Tank and Deep Tr	renches	☐ Septic Tank and Tile Field	
☐ Septic Tank and Seepage		□ Other	
Tank: A. Capacity 1000 Gallor		aterial Concrete Metal	Other
3. Disposal Requirements: Trenches: Length	75 Width 2'	Pepth 18' Seepage Pits: Number_	Diameter Depth
Distances: Maintain a minimum of	etween Disposal Area and	any drilled well, shallow well, spring or	stream.
Percolation Test: Date 5-28-91 Results	5min /12	01/10	_ Soil Type □ Wet □ Anytime
Special Requirements or Conditions:		Time/E.S.S.A./Max Depth	1
Must schedule Installation & layout. \$150 Please Note:	a layou	at inspection	a prior to
installation &	lease C	all 410-128-	8425 to schedul
la - + Dis	Installed	1.0-030.	723 76
199005.	ogal ran	Ted /	3.5 Sept.
Please Note:	0 × × × × × × ×	Ivenes	
1. Install septic system at approved contours of sewith 2 feet of cover.	eptic area	Permit Number	013650040
No filling or grading permitted in reserve area prior written approval of Health Department.	without	Pate Issued 3-1- Parties 7/31/20 9 Ut Inspected By 4	7-00 By Stunk



In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.

EXEMPE COLLEGIOUS

3:35 PM 3:35

INTERIM PERMIT

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.



HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street, P.O. Box 191, Bel Air, Maryland 21014 879-8322, 8322 / 838-1500 Ext. 244, 245

New System \$25.00

Correction/Rep \$15.00

ON-SITE SEWAGE DISPOSAL

Owner DRASSER	CHARLES	329 Laburnam	COGA	301-676-6082
Last Name Builder or General Contractor Same	First Name	Edgewood, Address		
Last Name Septic System	First Name	Address	-/	Phone No.
Installer			_ D Plumbe	er 🗆 Bonded Drainlayer 🗆 Own
the Health Dept. prior to the installed Exact Location of Building Site 219 Glendille	Road Churchvil	le Md zioz8 Jo	els knoll	Tax Map#
	apple to the state of the state	Lor# 11	K. The second	_ Parcel # _ 470
Perc Tests Completed ☐ Yes ☐ No Na For Non Sub-division lots	ime Used on Test		Year of Test	<u> </u>
Size of Lotft. Xft.	acreage 3,0	Existing Septic System	□ Yes □No	
Building Use: 1. Residential No.				ell Drilled 🔏 Yes 🗆 No
🕰 A. Individual 🛚 [B. Multifamily	C. Mobile Home		ar Drilled
	. 20			iller
			141	
2. Commercial (Give	.07		We	ell No
3. ☐ Other (Give exact us Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert	se) o scale, showing - well site, o y line, unless you are supp	lying the same with a buildi	area and septic sy	ystem layout, driveway, and any septi
3. ☐ Other (Give exact use Applicant must attach a lot plan, drawn to	se) o scale, showing - well site, c y line, unless you are supp e application to the Harfor	lying the same with a buildi d Count / Health Departme	area and septic sy	ystem layout, driveway, and any septi
3. □ Other (Give exact up Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991	se) o scale, showing - well site, c y line, unless you are supp e application to the Harfor	lying the same with a buildi d Count / Health Departme	area and septic syng permit. Int for issuance continued.	ystem layout, driveway, and any septi
3. Other (Give exact up Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank	oscale, showing - well site, or scale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATU	lying the same with a buildid County Health Departme	Building Po	ystem layout, driveway, and any seption of permit.
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank Septic Tank C. Tank: A. Capacity 1000 Gal	oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATE and Deep Trenches and Seepage Pit lons B. Tank Materia	Septic Tank and T Other Concrete	Building Po	of permit. www. ermit Number 91084801
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank Septic Tank C. Tank: A. Capacity 1000 Gal	oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATE and Deep Trenches and Seepage Pit lons B. Tank Materia	Septic Tank and T Other Concrete	Building Po	of permit. www. ermit Number 91084801
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank Septic Tank C. Tank: A. Capacity 1000 Gal 3. Disposal Requirements: Trenches: Len	oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATE and Deep Trenches and Seepage Pit lons B. Tank Material gth 75' Width 2'	Septic Tank and T Other Concrete Depth Depth Seepage Pits	Building Po	ystem layout, driveway, and any seption of permit. www. ermit Number 91084801 Other Diameter Depth
3. □ Other (Give exact up Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: □ Septic Tank □ Septi	se) oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATURANT SIGNATURAN	Septic Tank and T Other Depth Depth Seepage Pite	Building Po	of permit. ermit Number 9108480 Other Diameter Depth
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank Septic Tank C. Tank: A. Capacity Oo Gal B. Disposal Requirements: Trenches: Len Distances: Maintain a minimum of	se) oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATURANT SIGNATURAN	Septic Tank and T Other Depth Depth Seepage Pits Grea and any drilled well, sha	Building Poile Field Metal	of permit. continuous driveway, and any septing permit.
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank 2. Tank: A. Capacity 6 Gal 3. Disposal Requirements: Trenches: Len Distances: Maintain a minimum of 100 Percolation Test: Date 5-91 R	oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATURANT SIGN	Septic Tank and T Other Depth Depth Seepage Pits Grea and any drilled well, sha	Building Poile Field Metal	of permit. ermit Number 9108480 Other Diameter Depth
Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: Septic Tank 2. Tank: A. Capacity 1000 Gal 3. Disposal Requirements: Trenches: Len Distances: Maintain a minimum of 1000 Percolation Test: Date 5-91 R	oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATURANT SIGN	Septic Tank and T Other Depth Seepage Pits Trea, and any drilled well, sha What Depth Permit Number Date Issued Date Issued	Building Poile Field Metal	of permit. continuous driveway, and any septing permit.
3. □ Other (Give exact up Applicant must attach a lot plan, drawn to systems or wells within 100 feet of propert Applicant must return both copies of the DATE 25 March 1991 PERMIT - Office Use Only 1. Type of System: □ Septic Tank □ Septic Tank	se) oscale, showing - well site, or y line, unless you are supple application to the Harfor APPLICANT SIGNATURATION and Deep Trenches and Seepage Pit lons B. Tank Materia gth 75 Width 2 feet between Disposal A results 5min 12 Time/E.S.S.A./	Septic Tank and T Other Depth Concrete Depth Seepage Pits Trea, and any drilled well, share Max Depth Permit Number	Building Poile Field Metal	of permit. continuous driveway, and any septing permit.

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

Harford County, Maryland BUILDING PERMIT WORKSHEET

	100)	0	-	~ ~	-
Permit No	1000	00	0	\bigcirc	0

	E SIGNED	Grading Permit N	lo	Owner Authorizati	on Letter
Applicant - Com	plete Shaded Are	a <u>(Please Press Fir</u>	mly & Print Clear	ly) Application Date:_	20 Tempora 101
Address/Locatio	n of Work Site (i	nclude city): 219	Glesville	Road Cluster	wille. Als aleas
Subdivision:	iele kwoll		Pub Water No		pticPrivate Well
Permit Request t	for: Kainga	> Kononut +	-()+21;	HECOTO	Yor
Sungleyo	mily Hil	ghygonga	continual	od miamon	
Height of Structu	ure: <u>28</u> Numb	er of Stories: 2	Finished Basem	nent <u>Ycs</u> Constructi	on Cost: \$ 150K
Is this a condom	inium? Yes	No <u>_K</u>	If yes, is it:	Commercialo	r Residential
Is this permit ap	plication the resu	ılt of a Zoning Enfor	cement investig	ation or Stop Work Ord	er?
Applicant	Name: Out	eles Drose	<u> Phone: الر</u>	-971-0982 Fax:	(mail pm)
Information	Address: 329	Labrician	and Elga	ocal Mix 21	040-3571
Property	Street #	Street	City-J	State Phone	Zip
Owner Information	Address:				
Contractor	Street #	Street	City	State Phone	Zip
Information	Address:				head call to proper
<u></u>	Street #	Street	City	State	Zip
HIC#·	Varified 🗆	AUDD#	Varified -	Mirmotion of Landown	or Varified [
115	25	100		Affirmation of Landown	au.
ap: 40 G	rid: 2F P	arcel: <u>470</u> Lo	ot No.: 11	Section No.:	_Plat No.: 74/102
ap: G	rid: 2F P	arcel: 470 Lo	ot No.: 11 Tz: 899	Section No.: 2	_Plat No.: 74/102
ap: G uilding Use: creage/Lot Size:	rid: 2F P	arcel: 470 Loork: NOI Census Tract Nur	t No.: 11 TZ: 899 mber: 3031	Section No.: Tax ID#:	Plat No.: 74/102 03-094847 01293
ap:G uilding Use: creage/Lot Size:_ ectricity:	rid: 2F P	arcel: 470 Lo	t No.: 11 TZ: 899 mber: 3031	Section No.: 2	Plat No.: 74/102 03-094847 01293
ap:G uilding Use: creage/Lot Size:_ ectricity: oning District:	rid: 2F P	arcel: 470 Loork: NOI Census Tract Nur Plumbing:	t No.: 11 TZ: 899 mber: 3031	Section No.: Tax ID#: Field Card: Type Hopeals Reference	Plat No.: 74/102 03-094847 01293
ap: 40 G	rid: 2F P 98 Type W 3.01	arcel: 470 Loork: NO Loork: NO Loork: Plumbing: d: Mo	t No.:	Section No.: Tax ID#: 13- Field Card: 1 Type Hopeals Reference Number of	Plat No.: 74/100
ap:G uilding Use: creage/Lot Size:_ lectricity: oning District:	rid: 2F P	arcel: Loork: Loork: Loork: Normalize	t No.: TZ: 899 mber: 3031, Board of Apdel:	Section No.: Tax ID#: 13- Field Card: 1 Type Hopeals Reference Number of	Plat No.: 74/102
ap:G uilding Use: creage/Lot Size:_ ectricity: oning District: an formation	rid: 2F P P P P P P P P P P P P P P P P P P	arcel: Loork: Loork: Loork: Plumbing: Mo Bathrooms: Nur	TZ: 899 mber: 3031 mber: Board of Apdel: mber of Half Bath	Section No.: Tax ID#: Field Card: Type Hopeals Reference Number of prooms: Number of	_Plat No.:
ap:G uilding Use: creage/Lot Size:_ ectricity: oning District: an formation	rid: 2F P P 98 Type W 3.01 A 6 Plans Submitte Number of Full Width X	arcel: Loork: Loork: Loork: Plumbing: Mo Bathrooms: Num Length X F	TZ: 899 mber: 3031 mber: Board of Apdel: mber of Half Bath	Section No.: Tax ID#: Field Card: Type Hopeals Reference Number of nrooms: Number of Square Feet X	Plat No.:
ap:G uilding Use: creage/Lot Size:_ ectricity: oning District: an formation	Plans Submitte Number of Full Width X	arcel: Loork: Loork: Loork: Loork: Plumbing: Mo Bathrooms: Nur Length X F	TZ: 899 mber: 3031 mber: Board of Apdel: mber of Half Bath	Section No.: Tax ID#: 13- Field Card: 1 Type Fopeals Reference Number of Prooms: Number of Square Feet X	Plat No.: 74//02 03-094847 010-03 Heat: Bedrooms: Fireplaces: Rate = Fee = =

until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Print Name

Signature

CAUTION: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

W+5/5

2/05

RECEIVED

JUN 29 2010

HARFORD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH

329 Laburnum Road Edgewood, MD 21040-3511 27 June 2010

Harford County Health Department ATTN: Mr. Paul Heckel, R.S. 120 S. Hays Street P.O. Box 797 Bel Air, Maryland 21014-0797

Dear Mr. Heckel:

Reference is made to my letter to you of 14 May 2010, a pending Building Permit #10020B0050, and the house I am building at 219 Glenville Road, Edgewood, Maryland.

In a letter from you dated February 18, 2010 you requested a scale drawing of the finished portion of the basement area at the referenced house. I provided that as an attachment to my mid-May letter. Is there any other information I can provide? In the alternative, can you provide me with the status of my permit re-issue application?

Thank you.

Joels Kooll

Sincerely,

Chuck Drasser

Albanog .



MAY 17 2010

HARFORD COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH

329 Laburnum Road Edgewood, MD 21040-3511 14 May 2010

Harford County Health Department ATTN: Mr. Paul Heckel, R.S. 120 S. Hays Street P.O. Box 797 Bel Air, Maryland 21014-0797

Dear Mr. Heckel:

Reference is made to your letter of February 18, 2010 (copy attached), BP#10020B0050, and the house I am building at 219 Glenville Road, Churchville MD.

First, an explanation for the delay in responding is due. Your letter found me at my winter residence in Cape Coral, Florida. Although my assistant in Harford County, recognized the official return address, opened the letter and read it to me over the phone, I didn't have the data or the resources in Florida necessary to prepare the response. My return to Harford County was delayed because my wife of 38 years passed-way in January while we were in Florida. This, understandably, delayed my return while I grieved and began unwinding her affairs. And, in fact, by the time you get this I will be on my way back to Florida for about three weeks to continue that process.

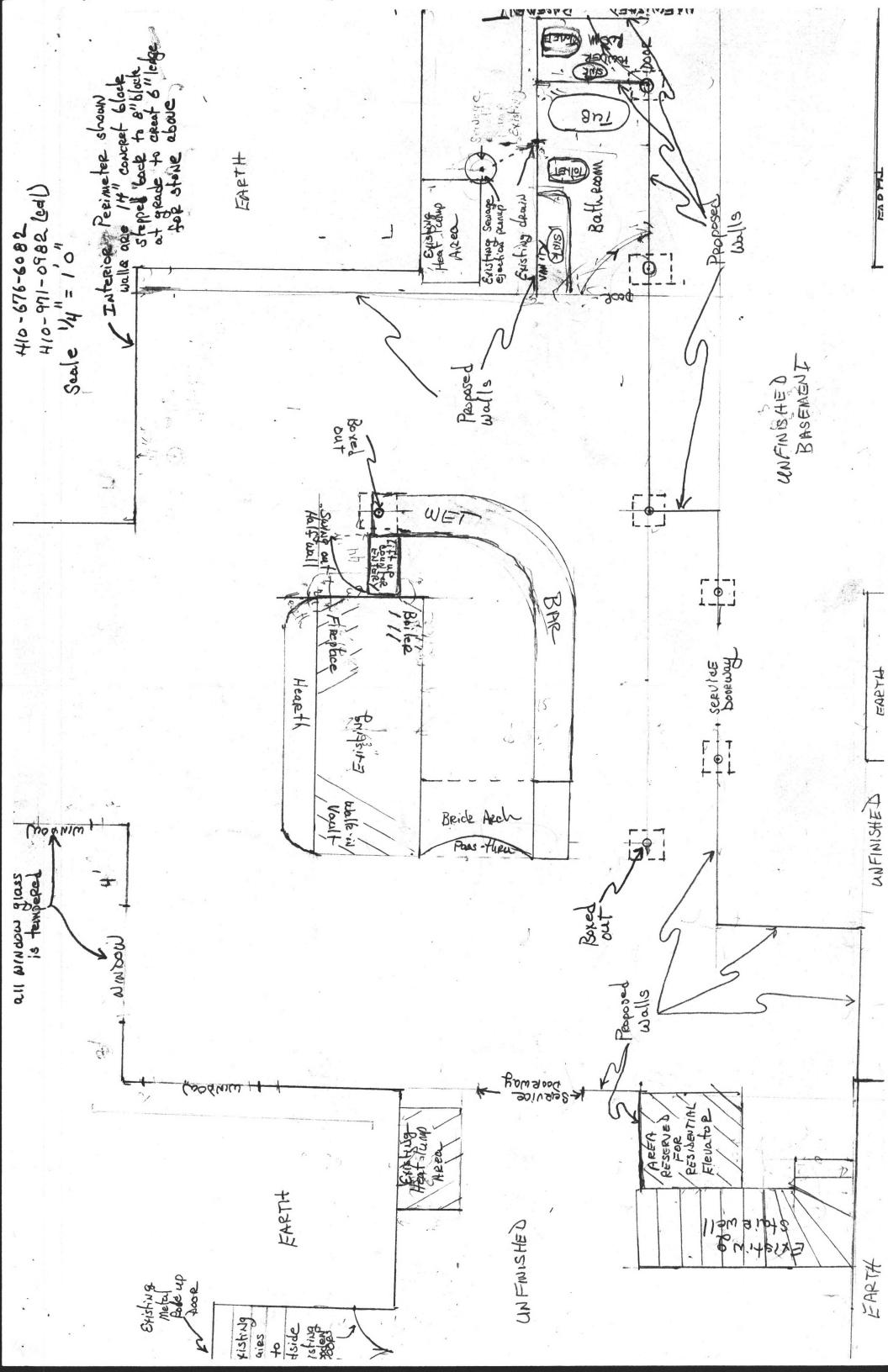
Although I am baffled by a 'Resources Protection' Division within the Health Department, I believe the attached addresses the requirements you've outlined. If it does not, you may try to reach me on my cell phone 410-971-0982, but I have to tell you that my reception both in Florida and in Churchville is poor – I have to go outside the building to make a call and often don't receive calls when I am inside. If it can wait, I should be back in Harford County by early June. You can reach me by mail either at the construction site address or the above residence address.

Thank you for your understanding.

1 encl as stated

Sincerely,

Chuck Drasser





HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

Bel Air. Maryland 21014-0797

Susan C. Kelly, R.S. Health Officer

410-877-2329/ 410-879-2684 FAX 443-643-0333 February 18, 2010

Mr. Charles Drasser 219 Glenville Rd. Churchville, MD 21028

Re: BP# 10020B0050

Joel's Knoll, lot 11 219 Glenville Rd. Churchville MD 21028 M-42, G-2F, P-470 Tax ID# 03094847

Dear Mr. Drasser:

The Health Department has received the above referenced permit application. In order to complete the review of the building permit application, floor plans drawn to scale for the proposed basement must be submitted to this office for review. Show all rooms, corridors, windows, and doors. Once this information is received we can continue evaluation of your building permit application.

If you have any questions, I may be reached at the above referenced phone number.

Sincerely,

Paul Heckel, R.S.

Resource Protection Division

PH/lw

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

F1F

Permit No. 0421980070

WORKSHEET MUST BE SIGNED Grading Permit No. **Owner Authorization Letter** Applicant - Complete Shaded Area (Please Press Firmly & Print Clearly) **Application Date:** Address/Location of Work Site (include city): Height of Structure: Number of Stories: 2 Finished Basement Is this permit application the result of a Zoning Enforcement investigation or Stop Work Order? Does this request violate your covenants or restrictions for your property? Property Owner Information addre Contractor Name: Information Address Zio MHIC#: Verified MHBR# Verified Parcel: 470 Lot No.: Section No.: Acreage/Lot Size: 3.01 A Census Tract Number: Field Card: Electricity: Plumbing: Type Heat: **Zoning District: Board of Appeals Reference** Plans Submitted: Plan Model: Number of Bedrooms: Number of Full Bathrooms: Number of Half Bathrooms: Number of Fireplaces: Information

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION

Floors

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Print Name & CHARLES DRASSER

Fee

Calculation

CAUTION: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

Square Feet

Signature X Charles Diase date 6 Aug of

Lenath

REPLACES 9727280186

Rate

Fee

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON ONLY 50 % OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

	Owner Authorization Letter
Applicant - Complete Shaded Area (Please Print Clearly) Address/Location of Work Site (include city): 29 Gleaville	Application Date: 29 Septences 1991
Permit Request for: Det Single Family 2016 al Gardo	Sewer SepticWell
Height of Structure: 22 Number of Stories: 2 Finish Basemen	Construction Cost: \$ 150 000
Is this permit application the result of a zoning enforcement investigation	n or Stop Work Order? No
Does this request violate your covenants or restrictions for your property	r. No
Applicant Name: Close es G Seassee Phone:	10-67K-6082 Fax:
Information Address: 329 haburevary Road Ele	reward MB 21040-3511
Street # Street	City State Zip
Property Owner	Phone:
Information Address:	g: 0 B
Street # Street Contractor Name: SQUE	City State Zip Phone:
Information Address:	
Street # Street	City State Zip
MD Home Improvement License #: Verified	Contractor's #:
Map: 42 Grid: 2 Parcel: 470 Lot No.: Section	
Building Use: 010 Type Work: NO TZ: 2162 Tax ID:	-0:5:16
Acreage/Lot Size: 3.0/A Census Tract Number: 303/	
Electricity: Plumbing:	Type Heat: H.P
Zoning District: AC Board of Appeals Refere	ence:
Zoning District: Board of Appeals Reference Forest Conservation: Grandfathered Exempt	Approved Plan
Forest Conservation: Grandfathered Exempt Plan Plans Submitted: Model:	
Forest Conservation: Grandfathered Exempt	Approved PlanNumber of Bedrooms:
Forest Conservation: Grandfathered	Approved PlanNumber of Bedrooms: hrooms:Number of Fireplaces:
Forest Conservation: Grandfathered Exempt Plan Information Plans Submitted: Model: Number of Full Bathrooms: Number of Half Bat	Approved PlanNumber of Bedrooms: hrooms:Number of Fireplaces:
Forest Conservation: Grandfathered Exempt Plan	Approved PlanNumber of Bedrooms:
Forest Conservation: Grandfathered Exempt	Approved PlanNumber of Bedrooms:
Forest Conservation: Grandfathered	Approved PlanNumber of Bedrooms:
Forest Conservation: Grandfathered Exempt	Approved Plan Number of Bedrooms: hrooms: Number of Fireplaces: Feet X Rate = Fee X = X = X = ED BASED ON THIS SITE PLAN APPLICATION. No San on H2 D Request the best of my knowledge and belief. In doing this work, all with, whether specified or not. I will notify the Department for inspections. No work will be concealed until approved.
Forest Conservation: Grandfathered	Approved Plan Number of Bedrooms: hrooms: Number of Fireplaces: Feet X Rate = Fee X = X = X = ED BASED ON THIS SITE PLAN APPLICATION. Po San on Had Request the best of my knowledge and belief. In doing this work, all with, whether specified or not. I will notify the Department for inspections. No work will be concealed until approved.
Plan Plans Submitted:	Approved Plan Number of Bedrooms: hrooms: Number of Fireplaces: Feet X Rate = Fee X = X = X = ED BASED ON THIS SITE PLAN APPLICATION. No San on H2 D Request with, whether specified or not. I will notify the Department for inspections. No work will be concealed until approved. the of Occupancy. A permit will expire one (1) year from date
Forest Conservation: Grandfathered	Approved Plan Number of Bedrooms: hrooms: Number of Fireplaces: Feet X Rate = Fee X = X = X = ED BASED ON THIS SITE PLAN APPLICATION. No San on Had Request to the best of my knowledge and belief. In doing this work, all with, whether specified or not. I will notify the Department for inspections. No work will be concealed until approved. the of Occupancy. Expired & San Hadry Feet X Rate = Fee X = X = X = ED BASED ON THIS SITE PLAN APPLICATION. No San on Had Request to the best of my knowledge and belief. In doing this work, all with, whether specified or not. I will notify the Department for inspections. No work will be concealed until approved. The of Occupancy. Expired & San Hadry Feet X Rate = Fee A = A =



Health Officer

Beverly Stump, M.D., MPH Deputy Health Officer HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

638-8425

October 8, 1997

Mr. Charles Drasser 329 Laburnum Road Edgewood, Maryland 21040

Re: Building Permit Application #97272B0180

Joel's Knoll Lot #11 219 Glenville Road Map 42, Parcel 470 Tax ID #1303094847

Dear Mr. Drasser:

The above referenced permit has been released by this office. The original Sanitary Construction Permit, however, expired on February 28, 1993. A new Sanitary Construction Permit Application will need to be issued. Enclosed is an application form which has been partially filled out. Please complete the application portion, sign in the appropriate space and return both copies with a check for \$300.00 made payable to Harford County, Maryland. When the application has been received by this office the permit portion will be completed and then the issued permit will be sent to you. You must have your copy of the new sanitary permit prior to any excavation for the system.

When the system has been installed, but prior to covering, you must contact Matt Watkins of this office to inspect the work. He can be reached at 410-638-8495 between 8:00 A.M. and 9:30 A.M. the day you want the inspection or if you have any questions concerning the installation.

Enclosed you will also find an application for a water sample for which there is a \$20.00 fee. Please fill out the information requested on the form and return it to this office with another check made payable to Harford County, Maryland. When the plumbing has been installed and the system has been chlorinated and flushed you should contact Jennifer Pruitt at 410-638-8430 to arrange for sampling.

If you have any questions, please feel free to contact this office.

Sincerely,

Jeanne Huneke, R.S.

Sanitarian

Permit & Plan Review

Community Health Protection

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50 % OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

Permit No. 91084B0190

WORKSHEET	MUST	BB	SIGNET
-----------	------	----	--------

Owner Authorization Letter _

Address/Loca	tion of Work Sit	e: 219 Gle	e Print Clearly)	d: Churchui	lle, M	te: <u>25 MAR</u>	210 Private	28
	Joel's Knol		dential hom	Public Water alla	Sewer		tic_X_W	/ell_X
ettiiit Kedae	at 101. <u>40 are</u>	V			7			
leight of Str	ucture: ~ 28 /	N	umber of Stories	s: 2	Constru	ection Cost:	\$ 2.40,0	ooo(e
Does this req	uest violate your	covenants o	or restrictions for	r your property?	No			
Applicant	Name: Cho	irles G.	Deasser	Phor	ie: 301 -	616-608	2_	
nformation	Address: 32	9 Labur	NUM Poad	EDG	Ewood	MIX	21040	- 35
	Street 4		Street	1 / /	City	State		Zip
roperty	Name:	ame	1 /		Phone:			1
Owner nformation	Address:		177					
	Street 1		Street	V / Property	City	State		Zip
Contractor	Name: Sc	ime.		/	Phone:			
nformation -	Address:	- N/- 11			City	State		Zip
	Street :	ense #:	Street No.	Verified Section N	Contract		29/19	4 4
Map: 42 Building Use	mprovement Lice Grid:	ense #:Parcel:T	├ <u>70</u> Lot No.	:Section N	Contracto	at No.:	29/19	48
Map: 42 Building Use	mprovement Lice	ense #:Parcel:T	├ <u>70</u> Lot No.	:Section N	Contracto	at No.:	29/19 3 09 293	48
Map: 42 Building Use	mprovement Lice Grid: 2F : 010 Size: 3.01	Parcel:T	├ <u>70</u> Lot No.	:Section N	Contracto	at No.:	29/19 3 09 293	4.8
Map: 42 Building Use Acreage/Lot	mprovement Lice Grid: 2F Size: 3.01	Parcel:T	⊢70 Lot No. ype Work: No. ract Number: Iumbing:	:Section N	Contractors: Pl Tax ID Field (Type He	at No.:	29/19 3 09 293	48
Map: 42 Building Use Acreage/Lot Electricity:	mprovement Lice Grid: 2F Size: 3.01	Parcel:T	⊢70 Lot No. ype Work: No. ract Number: Iumbing:	: 11 Section N	Contractors: Pl Tax ID Field (Type He	at No.:	29/19 3 09 3 9 3	48
Map: 42 Building Use Acreage/Lot Electricity:	mprovement Lice Grid: 2F Size: 3.01	Parcel:T Census T	⊢70 Lot No. ype Work: No. ract Number: Iumbing:	: 11 Section N	Contractors: Pl Tax ID Field (Type He	at No.:	29/19 3 09 293	48
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr	mprovement Lice Grid: AC Size: AC Plans Submit	Parcel:T Census T P	Dot No. ype Work: ract Number: lumbing: Board of Model:	: 11 Section N	Contractors: O.: 2 Pl Tax ID Field (Type He	at No.:		
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr	mprovement Lice Grid: AC Size: AC Plans Submit	Parcel:T Census T P	Dot No. ype Work: ract Number: lumbing: Board of Model:	Section N	Contractors: O.: 2 Pl Tax ID Field (Type He	at No.: DE Card: OF THE PROPERTY OF THE PROP		
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr	mprovement Lice Grid: AC Size: 3.01 Plans Submit Number of F	Parcel: T Census T P ted: Tull Bathroon	Dot No. ype Work: ract Number: Board of Model: ns: Numl	Section N	Contractors o.: 2 Pl Tax ID Field (Type He	at No.: DE Card: OF THE PROPERTY OF THE PROP		
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr	mprovement Lice Grid: 2F Grid: 3 O O Size: 3 O O Plans Submit Number of F	Parcel: Parcel: T Census T P ted: Tull Bathroon Length	Dot No. ype Work: ract Number: lumbing: Board of Model: ns: Numl X Floors X	Section N Solution N Appeals Reference ber of Half Bathroo	Contractors o.: 2 Pl Tax ID Field (Type He	at No.: Card: Olat: H.F Number of Number of		9
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr	mprovement Lice Grid: Grid: Figure 3.01 Size: Plans Submit Number of F Width X	Parcel:TCensus TP ted: Length	Dot No. ype Work: ract Number: lumbing: Board of Model: Numl X Floors	Section N Solution N Appeals Reference ber of Half Bathroo	Contractors.: 2 Pl Tax ID Field (Type He	at No.: Card: Olat: H.F Number of Number of	Fireplaces:	9
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr Plan Information Foe Calculation	mprovement Lice Grid:	Parcel: T Census T P ted: Length	Dot No. ype Work: ract Number: lumbing: Board of Model: ns: Numl X Floors X 2 X 4	Section N Solution N Appeals Reference ber of Half Bathroo	Contractors	at No.: Card: Olat: H.F Number of Number of	Fireplaces:	9
Map: 42 Building Use Acreage/Lot Electricity: Zoning Distr Plan Information Foe Calculation	mprovement Lice Grid: AC Size: 3.01 Plans Submit Number of F Width X 39 X 4 X 24 X	Parcel: Parcel: The Census To percent the percent that	Dot No. ype Work: ract Number: lumbing: Board of Model: Numl X Floors X 2 X 4 X 0	Section N Solution N Appeals Reference ber of Half Bathroo	Contractors.: Pl Tax ID Field Contractors. Type Head	at No.: DESCARDE: OF THE POSSIBLE OF THE POS	Fireplaces:	9

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

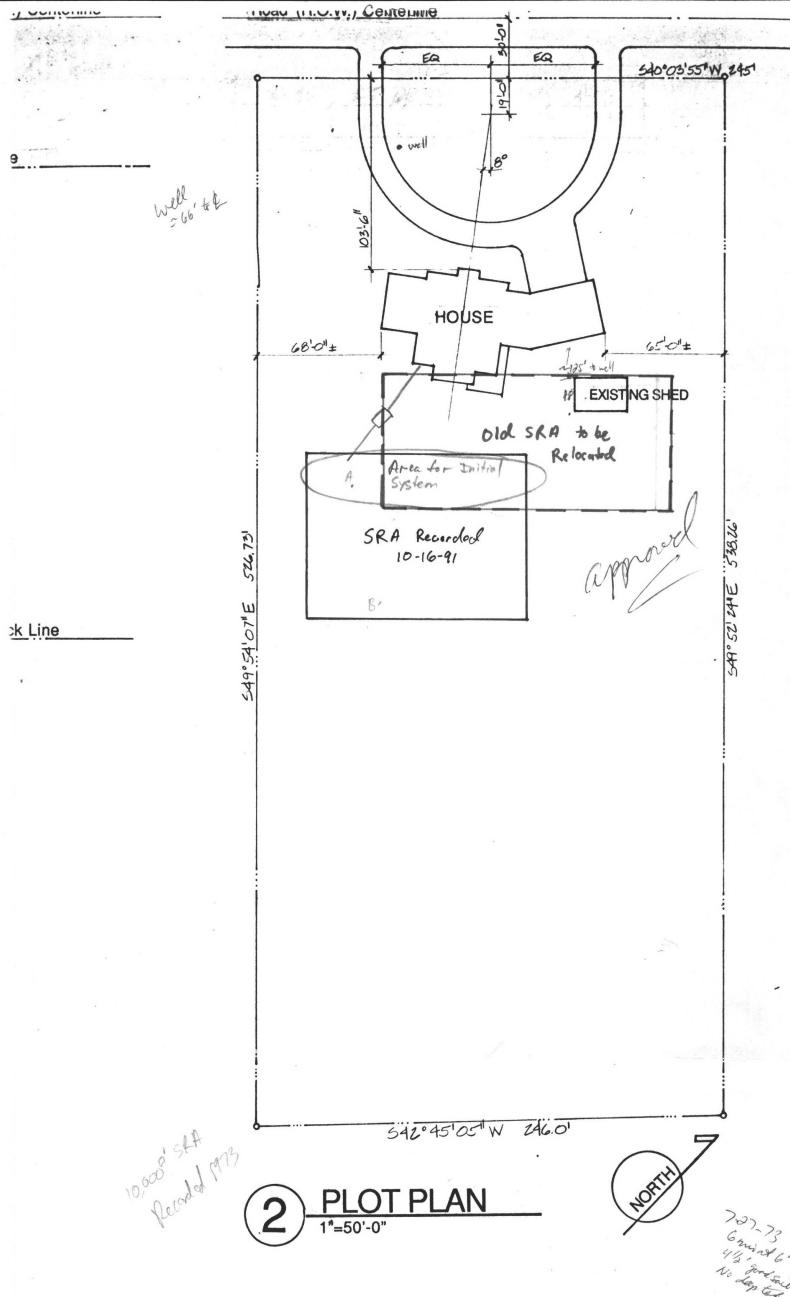
Okarles G. Diosser 15 March 91 Signature Date Age

Caution: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

App 2/28/92 Hab

Gr 82

-#-94 Dec



GLENVILLE ROAD Existing Electrical Service Property L 540 °05 55 W 245.00 EXIST'S U.G. COHOUT San Canal FOR WELL EXTEND AS REQUIL CONNECT EXIST'S, CORE HEXITE UC ELEC COLOUTED PROVIDE CARDER, EXTENDS CONHECT 0 K Exterts case the confidence of the case TOP OF WEB 0 CRANEL PRINEWAY SURFACE BY OWNER 360.38 of a general many was 0 0 0 '100' Set 360 0 360.00 HOUSE Cround .vl. el. 361:29 Lower Lvl. el. 361:63 EXITE US ELEC CATO IT TO STED-PROMPE CALLE EXTERIORS REQUOI CONTRECT COMPANY 0 DECK Percolation Area 3500 Stratuck troop eL 361.00 0 0 Stormwater holding tank-existing EXISTY U.G. CONDUIT FOR STORMWATER EXTEND: CONHECT AS REQ'D. 0 355 Existing Graden 0 0



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500

Ext. 246

Thomas M. Thomas Health Ottor Beverly Stump, M.D., MPH Deputy Health Officer

April 16, 1991

Mr. Charles G. Drasser 329 Laburnum Road Edgewood, Maryland 21040

> Re: B.P.#91/084/B0190 219 Glenville Rd. Churchville, Md. 21028 Joel's Knoll, lot #11

We have your Building Permit Application, processing of which is being held up pending additional information by reason of:
A well shall be drilled and shall be approved by the Harford County Health Department. We have been unable to locate any record of a well on your lot. If the well has been drilled, please contact this office.
Submit a plat plan with the Sanitary Application that indicates the approved well site, proposed dwelling site, proposed sewage system area and existing wells and/or sewage systems, located within 100 feet of the boundary of the lot.
XX Other: Our office could not locate any information concerning the
relocation of the septic reserve area. (SRA) It appears that a portion of the proposed house & the existing shed are located within the recorded septic reserve
area. State regulations require a 30 ft. separation from any building foundation
to the SRA. To re-record the SRA perc tests may be required. Please contact an
engineer or surveyor to initiate the re-recordation process. I have enclosed a
plat with the approximate location of the SRA from our files. Should you any
questions do not hesitate to contact our office. Kindly submit the above checked information required so that your Building
Permit Application can be processed. Sincerely,

Community/Health Protect

Gary M. Browning, R.S.

GMB/br Encl. (1)

Γ	BILEGAC SEQUENCE NO.	OTATE O	E-MADW AND	OEP PERMIT NUMBER
-	(OEP USE ONLY)		F [*] MARYLAND O DRILL WELL	41-81-0142
1	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	[44] [16] 전 [46] [16] [16] [16] [16] [16] [16] [16] [1	print or type	fill in this form completely
İ	Date Received 5 0	612121		TION OF WELL
	8 (OEP Use		COUNTY 6	lord.
2	OWNER INFO	PLIES IN	8 Inell	KNINT 1
1	Last Name 15 Owner	34 Name	SUBDIVISION	# / / 42
Lan h	3 2 9 LABURNAA 36 Street or RFD	u RD 1 1 55	NEAREST TOWN Chu	RCh VILE 50
11	ADGEWOOD MD Town 57 State	1 2 1 0 40 76 Zip	MILES FROM TOWN (enter o if in tow	71 M I 73 76 77 78
D.	B 1 Continued DRILLER INFO	ORMATION	B 4 6	210 ho
	CHAPLES H. HAMILTO	77 License No. 80	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 3 0 NORTH
	PRESTON AND HAMILTON	¥		ON WHICH SIDE OF ROAD
5	115 N. Paradise Rd.	H de G MD 2107		(CIRCLE APPROPRIATE BOX) WEST EAST
	Address hailer 11.	7, 00. 2107	(10WN) E	S SOUTH
1	Signature	Date		39 FT
	B 2 WELL INFO	RMATION		34 DISTANCE FROM ROAD 37
	APPROX. PUMPING RATE (GAL. PER MIN.)	70	0 3-50 K s 8-7	(CIRCLE APPROPRIATE BOX) 38 39
53.3	AVERAGE DAILY QUANTITY NEEDED (GAL. I	8	SHOW MAJOR FEATURES OF BOX & LOCATE WELL	
	USE FOR WATER (CIRCLE	T. 3 404. 200 Mars	WITH AN X SOURCES OF DRILLING WATER	
	D HOME (SINGLE OR DOUBLE HO	DUSEHOLD UNIT ONLY)	1. \	
	FARMING (LIVESTOCK WATERII		2.	
		ATE AND EEDERAL COV	3 Lke Mid	
	22 INDUSTRIAL, COMMERCIAL, ST. OTHER (REQUIRES APPROPRIA		WRITE THE BOX NUMBER FROM THE MAP HERE	
	PUBLIC OR PRIVATE WATER CO			7 / 6
	APPROVAL)		1010	000
	TEST, OBSERVATION, MONITOR APPROPRIATION PERMIT)	AING (MAT REQUIRE	N 630] — [👑
	APPROXIMATE DEPTH OF WELL 24	150 FEET 28	DRAW A SKETCH BELOW SHOW RELATION TO NEARBY TOWN DISTANCE FROM WELL TO NEAR	S AND ROADS AND GIVE
	APPROXIMATE DIAMETER OF WELL	6 NEAREST INCH	N	, o
	METHOD OF DRILLII	NG (circle one)		3
	BORED (OR AUGERED) JETT	TED JETTED & DRIVEN		si it id
	30- AIR ROTARY AIR PERCUSSION	ROTARY (HYDRAULIC ROTARY)		
	CABLE REVERSE ROTA	ARY DRIVE POINT	3	Wo I ever
-	other		k	70'En. Pd
	REPLACEMENT OR DE	EEPENED WELLS RIATE BOX)	D	39 From Rd
	THIS WELL WILL NOT REPLACE A THIS WELL WILL REPLACE A WEI	AN EXISTING WELL		74 From Jos
	ABANDONED AND SEALED			See Plat PROP. LINE
	39 S THIS WELL WILL REPLACE A WEI	LL THAT WILL BE USED	B 4 NC	OT TO BE FILLED IN BY DRILLER
	THIS WELL WILL DEEPEN AN EXI			ALTH DEPARTMENT APPROVAL
	PERMIT NUMBER OF WELL TO BE (IF AVAILABLE) 41	REPLACED OR DEEPENED	COUNTY NAME	COUNTY NO.
+	Not to be filled in by drille	r (OEP USE ONLY)	OEP	
	APPROP. PERMIT NUMBER	GAP	SIGNATURE DATE ISSUED	STATE HEALTH S CIRCLE BOX 41
	54	63	050682 +41	illiams 5/6/82
	FORCE WRITE INITIALS PERMIT NO. IN BOX	70 71 72 73 74 75 76 77 78 79	43 48 CO SIGNATURE NORTH GRID 50 EAST GRID 57	3 (63 EXPIRES) 1
	SPECIAL CONDITION	ONS 8-63		
L				

C-11 3524 SEQUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN		
(OEP USE ONLY)	WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.		
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER		
Date-Received (OEP use only) 5 - 14 - 82	Depth of Well	PERMIT NO.		
DATE WELL COMPLETE	D Deptil of Well	FROM PERMIT TO DRILL WELL		
8-13 15 20	22 (TO NEAREST FOOT) 2	28 29 30 3) 32 33 34 35 36 37		
OWNER Drasser, Ch	arles			
STREET OR RFD	LABURNAM RA- TOWN Edg	rewood Md. 21040		
SUBDIVISION Joel'S KNO	SECTION	LOT		
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED YES NO	C 3 Meets 10,17.13		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH.	(Circle Appropriate Box)	1 2 3 (seq no) 6		
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
additional sheets if needed) FROM TO if water bearing	19-24-27	(included included)		
	GALLONS OF WATER	PUMPING RATE (gal. per min. to nearest gal.)		
BROWN	DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	METHOD USED TO		
SANLY	from $\frac{\text{ft. to}}{48 \text{ TOP}} = \frac{52}{\text{(enter O if from surface)}} = \frac{54}{\text{surface}} = \frac{60}{58} \text{ ft.}$	WATER LEVEL (distance from land surface)		
5016 0 30	casing CASING RECORD	BEFORE PUMPING 20		
	insert ST CO	WHEN PUMPING L /2 5 1		
	steel concrete code below STEEL CONCRETE P L OT	TYPE OF PUMP USED (for test)		
SOFT BROWN -	PLASTIC OTHER	A air P piston T turbine		
SOFT BROWN 30 78 WEATHERED	MAIN Nominal diameter Total depth	27 27		
MEHINERED	CASING top(main)casing of main casing	C centrifugal R rotary O other (describe		
Kock	TYPE (nearest inch) (nearest foot)	27 27 below)		
	60 61 62 64 66 70	S submersible		
	E OTHER CASING (if used)			
HARD GRAY 78 DOS	A diameter depth (feet) to			
HARD GRAY 78 225	ç	PUMP INSTALLED YES NO		
OKANITE STATES	S	CIRCLE APPROPRIATE BOX) Y N		
	6	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS		
	screen type <u>SCREEN_RECORD</u> or open hole	EXCEPT HOME USE		
	Insert ST BR HO	TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE:		
	(appropriate) STEEL BRASS, OPEN BRONZE HOLE	(A, C, J, P, R, S, T, O) CAPACITY:		
	below PL OT	GALLONS PER MINUTE		
	PLASTIC OTHER	(to nearest gallon)		
	C 2	PUMP HORSE POWER L		
	E ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	47		
	C 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
		+ above LAND SURFACE		
	S 2 2 3 24 26 30 32 36 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	(nearest		
CIRCLE APPROPRIATE BOX	Ē N ₃	below toot)		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	39 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 23	BUILDING, SEPTIC TANKS, AND/OR		
P TEST WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
WELL	OF SCREEN INCH)	(MEASUREMENTS TO WELL)		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUC- TION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED	from to			
IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS			
110	FLOWING WELL CIRCLE BOX	39-1/12 11		
DRILLERS IDENT. NO.	OEP USE ONLY	FN! Youse		
DRILLERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER)	NAME TO SE		
(MUST MATCH SIGNATURE ON APPLICATION	T (E.R.O.S.) W Q	al France H		
CUTE CUPEOUSOD () () () ()	70 72	00,7		
SITE SUPERVISOR (sign.of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	1 74.		

O 120 120 120 172 172 100 70

Charles B. Drasser Lot #11 Joek's KNOLL GLENNVILLE Rd. Church VILLE, Md.

RECEIVED

MAY 0 6 1982

HARFORD COUNTY. HEALTH DEPT, SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED.

PERMIT APPLICATION AND ZONING CERTIFICATE

HARFORD COUNTY

PERMIT NUMBER	
143-63	

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

12.00

OF	219 Glen	ville Rd.	Churchvill	le, Nd.	(unimp	roved p	roperty)	
CO AR TA	SUBDIVISION Joel & K	noll - Sect	ion 2			LOT NO.	SEC. NO.	HDPLAT. NO	CENSUS TRACT NO
11-	ELECTION DIST.	INDEX	USE MAP	BLOCK	PAR	CEL	AUV YI	ACREAGE/	A MINISTRAL MANAGEMENT OF THE PROPERTY OF THE
	PROPERTY OWNER &					,,		3097	PHONE
ONF	Charles	G. & Janis	Drasser 3:	29 Labor	nom Rd.	. Edge	wood, M	d.	676-6082
V T O	APPLICANT & ADDRES	S							PHONE
AA	CONTRACTOR & ADDI	DECC							PHONE
0 R	Same	NE33							PHONE
	DESCRIPTION OF WOR	RK					NO	D. PLANS SHEMIT	CONST. COST
DNE	Construc	t shed/barn	-1 story	on concre	ete pa	d with		4 plat	2.200.00
100	BASEMENT SIZE	1ST FLOOR SIZE	2ND FLOOR SIZE	3RD FLOOR	R SIZE	GARAGE SIZ	E CAI	RPORT SIZE	FIRE PLACE
RR	EVERNOR SIM	DD55757444 5175	-	40.404	THE STATE OF THE S	-	CHARGON BURNEY CONTRACTOR		-
PATT	EXTERIOR FIN.	BREEZEWAY SIZE	DECK/PORCH	HEIGHT		NO. OF STOR	IES		
0	NO. BEDROOMS NO. FUL			SEWER	200 E	SEPTIC	GAS ELEC.	TYPE HEAT	AIR COND. OTHER
202			PUBL		PRIVATE	WELL	- Yes	SEventu	ally)
	ZONING DISTRICT	BD. OF APPEALS RE	F. NEW BLDG. ADD	OITION ALTERATION	OTHER		V: A PERMIT	WILL EXPIRE	(1) YEAR FROM
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				DATE OF IGENTLY P	SSUE, UNLES	S WORK IS ST	TARTED AND DIL-
	AG	3123	X			AGENCY APPROVALS	OKSOLD.	NAMES	DATE
	TYPE OF STRUCTURE A	AND/OR USE					0	Ont	1 1/2.1-
	Shed/bar		tractoe & c		1-	ZONING	Man	Aller	and 1-97
N	LOT WIDTH	ELEVATION (IF IN	CLUCEDE &	der agus re	OOLS	WATER &	1	sity discussion	
ZO		FLOOD PLAIN)	SIG	NS		SEWER	0		
ORM	246*					HEALTH DEPT.	01/4	noh	131/75
N A G T	FRONT YARD SETBACK	REAR YARD SETBACK				SEDIMENT	700		
1	123	3.3851 0	SIZE	TYPE		CONTROL			建
0 1	RIGHT SIDE	LEFT SIDE	LENGTH OF BLDG.	ROAD FRON	TAGE	PLANS REVIEW			
	YARD SETBACK	YARD SETBACK	LENGTH OF BEDO.	KOAD TROM	IAOL				(A)
	50 1/6	50*	28*	246	5*	STATE ROADS			
	ZONING CERTIFIC	ATION FOR THIS PE	RMIT IS APPROVED	BASED ON TH	IIS SITE				
		MATION SUBMITTE							
L	have		2 14	2 322					
know	wledge and belief. In a	ed and read this applica loing this work, all provis	ions of the Harford Cour	ity Codes and law	s of the State				
Lice	nses and Permits twent	lied with, whether specify four (24) hours in adva	ance, when I am ready f	or inspections. No	work will be				
Cert	realed until approved.	Consent is given for the e	ntry of authorized inspec	tors until the job ho	as received a	USE			
1	W. C. 19	None		Mr. Wash	weil	OCCUPANCY	0154	62	
-	O CHARACT	J. HOLLER		11 July	1157	PERMIT ADMIN.			
PECIA		NATURE		DAT					
OND	ITIONS Shall n	ot be used fo	to HERRICAL CONTRACTOR OF THE PARTY OF THE P		storage	e of con	tractors		
	equipa	ent or conduc	ting of any b	us 111255.	And the second				
	No	te: Vaca	ant lot	- No	Dlum	bing	REC	EIVE	D
					a transfer of	J			
								1 0 1 1005	
		1					10	L 3 1 1985	

FORM NO. BP1

HARFORD COUNTY HEALTH DEPT.