Permits: 410-313-2455

Howard County Building/Fire Permit Application

Inspections: 410-313-1810 Automated Line: 410-313-3800	Department of Inspection 3430 Court Ho Ellicott City, N	buse Drive B /c	003431
Building Address: 1483 6	oxpury ite.	Property Owner's Name:	
	• •	Address:	
Suite/Apt. #S	DP/WP/BA #:	City: State:	Zip Code:
Census Tract:		Home Phone:	Work Phone:
	Area: Lot:	Applicant's Name & Mailing Address, (I	f other than stated herein):
Tax Map: Parce	el: Grid:		
Zoning: Map Coordi	nates: Lot Size: /	Phone: Fax	· · · · · · · · · · · · · · · · · · ·
Existing Use:		Email:	· 47 11 ·
-			
Proposed Use: S		Contractor Company: Contact Person:	
Estimated Construction Cost: \$ 2	00,000	Address:	
Description of Work:		City:State:	Zip Code:
		License No. :	法事
		Phone: Fa	x:
Occupant or Topant:		Email:	3
Occupant or Tenant:			
Was tenant space previously occupie		Engineer/Architect Company:	
Contact Name:		Responsible Design Prof.:	
Address:		Address:	
	State:Zip Code:	City:State:	Zip Code:
Phone:	Fax:	Phone: Fa	x:
Email:		Email:	·
	RIPTION - COMMERCIAL	BUILDING DESCRIPTI	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply	SF Dwelling SF Townhouse	Water Supply
No. of stories:		<u>Depth</u> Width	
Gross area, sq. ft./floor:	Private	- 1 st floor:	Private
	Sewage Disposal	2 nd floor: Basement:	Sewage Disposal
Area of construction (sq. ft.):		□ Finished Basement	Private
	Private	Unfinished Basement	Electric: Yes No
Use group:	Electric: Yes No	Crawl Space	Gas: 🗋 Yes 🗌 No
	Gas: Yes No	- Slab on Grade	Heating System
Construction type:	Heating System	No. of Bedrooms:	
Reinforced Concrete		No. of efficiency units:	Oil Natural Gas
□ Structural Steel	□ Natural Gas □ Propane Gas	No. of 1 BR units:	Propane Gas
	Sprinkler System:	No. of 2 BR units:	
U Wood Frame		No. of 3 BR units:	
State Certified Modular		Other Structure:	
	Partial	Dimensions: Footings:	· · · · · · · · · · · · · · · · · · ·
	Other Suppression	Roof:	
	No. of Heads:	State Certified Modular	
		Manufactured Home	
WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION; (5) THAT HE/SHE GRANTS	TY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PR	TO MAKE THIS APPLICATION; (2) THAT THE INFORMATIO E WILL PERFORM NO WORK ON THE ABOVE REFERENCE ROPERTY FOR THE PURPOSE OF INSPECTING THE WORK P	D PROPERTY NOT SPECIFICALLY DESCRIBED IN
Applicant's Signature		Print Name	
		<u>1</u> ' .	

Email Address

Date

....

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGIBLY** -FOR OFFICE USE ONLY-

DPZ SETBACK INFORMATION

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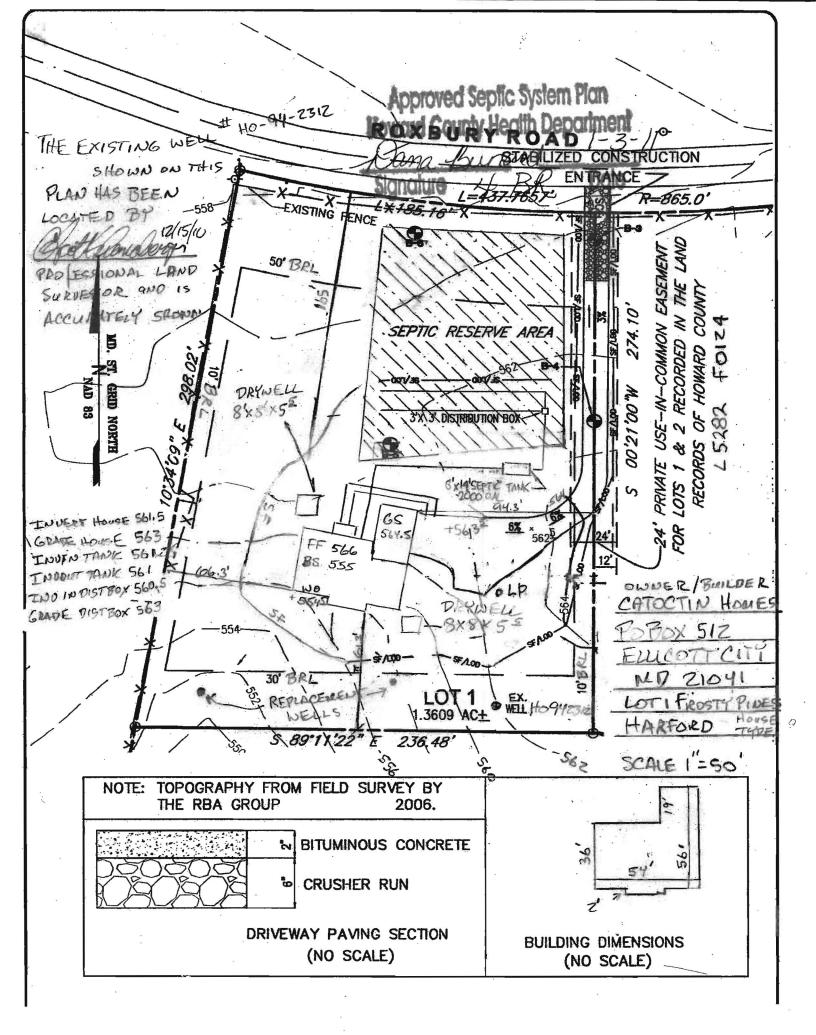
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		1
Health	1-3-11	Dana Bernand
Fire Protection		,

□ ONE STOP SHOP

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 Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$ _ > >
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials T:\Operations\Updated Forms\Building App. 6/2010 Yellow: PSZA,Engineering



3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043		D COUNTY PPLICATION	PERMIT NUM	and the second state	
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 31		I LIGATION	DHO	00158	
	Lever 1 1	Property Owr		the set of the	
brand sale not	15.7	Address	State	Zip Code	
10		Home Phone	Work Work	rk Phone	
Suite/Apt. #: SDF	P/WP/Petition #:	Applicant's N	lame & Mailing Address	s, (if other than stated herein):	
Census Tract	Subdivision				
SectionAr	Lot				
Гах Map Parcel	Grid 1 * 27.				
Zoning Map Coordin	nates Lot Size	Phone 14	<u> 777 - 7804</u> F	ax	
Existing Use 194 9 11		Contractor Co	ompany	сы, к 	
Existing Use 777 7777777777777777777777777777777		Address	8-4-1 C		
		City	Contact Person Address Address Zip Code City State		
Description of Work	1 Son and and a son	License No. Phone	(antista) Fairt Fa	x 1	
	to alla har and				
Occupant or Tenant		Engineer or A	Architect Company		
Contact Name		Contact Perso	on		
Address					
	Zip Code			Zip Code	
Phone Fax	х	Phone		Fax	
BUILDING DESCH	RIPTION - <u>COMMERCIAL</u>		JILDING DESCRIPTI		
Building Characteristics Height:	Utilities Water Supply:		ng Characteristics SF Townhouse	Utilities Water Supply:	
No. of stories:	Public Private		Width	Public Private	
Gross area, sq. ft. per floor:	Sewage Disposal: Public	2 nd floor: Basement:		Sewage Disposal: Public	
Use group:	Private		Unfinished Basement Crawl	Private	
Construction type:	Electric Yes □ No □ Gas Yes □ No □		Slab on Grade	Electric Yes 🗆 No 🗆 Gas Yes 🗆 No 🗆	
Reinforced Concrete Structural Steel	Heating System:	Multi-family dw		Heating System:	
Masonry Wood Frame	Electric Oil Natural Gas	No. of efficiency No. of 1 BR unit	s:	Electric Natural Gas	
State Certified Modular	Propane Gas	No. of 2 BR unit No. of 3 BR unit	s:	Propane Gas .	
State Certified Midullar	Sprinkler system: N/A □ Full	Other Structure:		Sprinkler system: N/A NFPA #13D	
	Partial Other Suppression	Dimensions: Footings:		MFPA #13D MFPA #13R Other:	
,	Uther Suppression # of Heads	Roof:		Dither:	
a basis	<i>x</i>	State Certi Manufactu	fied Modular red Home	the second states of	
THE UNDERSIGNED HEREBY CERTI	FIES AND AGREES AS FOLLOWS: (I)	. I	1. W VV	ATION: (2) THAT THE INFORMATION	
CORRECT; (3) THAT HE/SHE WILL CO ON THE ABOVE REFERENCED PROPE	OMPLY WITH ALL REGULATIONS OF HO RTY NOT SPECIFICALLY DESCRIBED IN	WARD COUNTY WHICH AR N THIS APPLICATION; (5) TH	E APPLICABLE THERETO; (4)	THAT HE/SHE WILL PERFORM NO WO	
THIS PROPERTY FOR THE PURPOSE C	OF INSPECTING THE WORK PERMITTED	AND POSTING NOTICES.	8		
	1 lla	Print Na	ne		
Applicant's Signature			· .		
Applicant's Signature	111 Car				
Applicant's Signature Title/Company	en Ce	Date			
N. JARRINGO	Checks payable to: DIREC	CTOR OF FINANCE OF H			
Title/Company	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H RITE NEATLY AND LEG FOR OFFICE USE ONLY	BLY.**		
Title/Company	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H RITE NEATLY AND LEG	BLY.** - ORMATION	Filing fee S	
Title/Company AGENCY DATE Land Development, DPZ	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY DPZ SETBACK INF	BLY.** ORMATION		
Title/Company AGENCY DATE Land Development, DPZ State Highways	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY <u>DPZ SETBACK INF</u> Front:	BLY.** ORMATION	Filing fee \$ Permit fee \$ Excise tax \$	
Title/Company AGENCY DATE Land Development, DPZ State Highways Building Officials	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY DPZ SETBACK INF Front: Rear:	BLY.** ORMATION	Filing fee \$	
Title/Company	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY DPZ SETBACK INF Front: Rear: Side:	BLY.**	Filing fee \$ Permit fee \$ Excise tax \$	
Title/Company <u>AGENCY</u> <u>DATE</u> Land Development, DPZ <u>State Highways</u> <u>Building Officials</u> <u>Dev. Engineering, DPZ</u>	Checks payable to: DIREC **PLEASE W	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY DPZ SETBACK INF Front: Rear: Side: Side St.:	BLY.**	Filing fee \$ Permit fee \$ Excise tax \$ Add'l per fee \$	
Title/Company AGENCY DATE_ Land Development, DPZ State Highways Building Officials Dev. Engineering, DPZ Health 4/13/11 Fire Protection Is Sediment Control approval require	Checks payable to: DIREC **PLEASE W SIGNATURE APPROVAL	CTOR OF FINANCE OF H /RITE NEATLY AND LEG FOR OFFICE USE ONLY DPZ SETBACK INF Front: Rear: Side: Side St.: All minimum setbacl YES □ NO □ Is Entrance Permit F	ORMATION 	Filing fee \$ Permit fee \$ Excise tax \$ Add'l per fee \$ TOTAL FEES \$ Sub-total paid \$ Balance due \$	
Title/Company AGENCY DATE Land Development, DPZ State Highways Building Officials Dev. Engineering, DPZ Health 4//3/// Fire Protection	Checks payable to: DIREC **PLEASE W SIGNATURE APPROVAL	CTOR OF FINANCE OF H (RITE NEATLY AND LEG) FOR OFFICE USE ONLY DPZ SETBACK INF Front: Rear: Side: Side St.: All minimum setback YES □ NO □	ORMATION 	Filing fee \$ Permit fee \$ Excise tax \$ Add'l per fee \$ TOTAL FEES \$ Sub-total paid \$	

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