DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLIOTIT CITY, MO 21043 PERMITS (410) 313-2450 MSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

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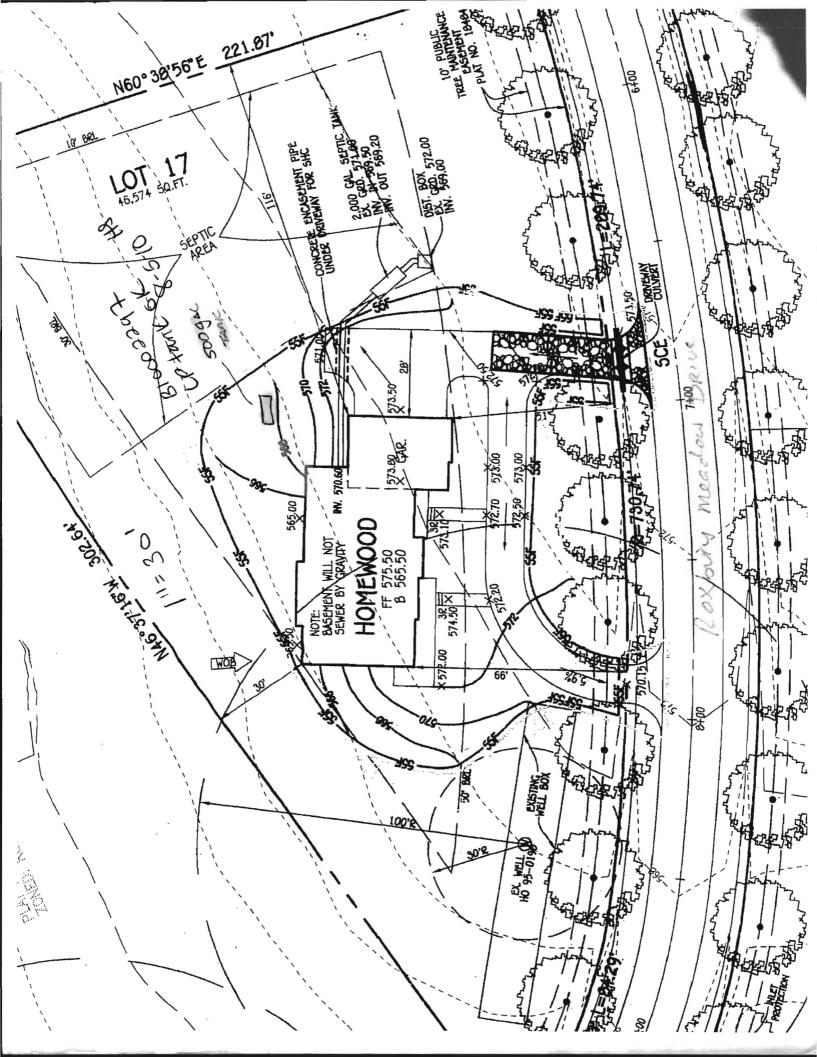
Gold: SHA

Rev. 11/4//04

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

		70-10	Se Se se e	
Building Address 14310 Pay 50	Mr. M. M.	Property Owner's Name		
Carrie W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address 11/5/0 Feeber Proceeding Dr		
Suite/Apt. #: SDP/WP/Pe	tition #:			
Census Tract Subdivision		City State Zip Code		
SectionAreaLot		Home Phone Work Phone		
Tax Map Parcel Grid		Applicant's Name & Mailing Address, (if other than stated hereon):		
		Jenny Charles "OST MACSON MAY		
Zoning Map Coordinates	Lot size	Phone of the state		
Existing Use	-120g-10	Contractor Company		
Proposed Use		Contact Person		
Description of Work		M.		
176 m 500 ml proposed propose		Address Tel 31 Association P.		
74 J		City State Zip Code		
		Phone Fax	Licerise No.	
Occupant or Tapant				
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address Sac AS Con:		
City State _	City State Zip Code			
Phone Fax		City State Zip Code		
>		Phone Fax		
BUILDING DESCRIPTION	N - <u>COMMERCIAL</u>	BUILDING DESCRIPT	ION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
% Height:	Water Supply: Public	SF Dwelling ☐ SF Townhouse ☐ Depth Width	Water Supply:Public	
No. of stories:	Private Sewage Disposal:	1st floor:	Private Sewage Disposal:	
	Public	2nd floor: Basement:	Public Private	
Gross area, sq. ft. per floor:	Private	Finished Basement ☐ Unfinished Basement☐ Crawl space ☐ Slab on Grade ☐		
Use group:	Electric Yes □ No □ Gas Yes □ No □	No. of Bedrooms	Electric Yes No Gas Yes No G	
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System:	
Construction type:	Electric Oil	No. of 1 BR units: No. of 2 BR units:	Electric □ Oil □ Natural Gas □	
Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 3 BR units:	Propane Gas	
Masonry		Other Structure:	Sprinkler system: N/A □	
Wood Frame	Sprinkler system: N/A Full	Dimensions:	NFPA #13D NFPA #13R	
State Certified Modular	Partial Other Suppression	Roof Height:	Other:	
	# of Heads	State Certified Modular Manufactured Home		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE O	ISHE WILL PERFORM NO WORK ON THE ABOVE REF	PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION.	WILL COMPLY WITH ALL REGULATIONS OF TION; (5) THAT HE/SHE GRANTS COUNTY OFFICIAL	
the City of		· ·		
Applicant's Signature		Print Name		
Title/Company	<u> </u>	Date		
	Checks payable to: DIRECTOR O	F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **		
AGENCY DATE	- FOR OFFI	CE USE ONLY - DPZ SETBACK INFORMATION	PROPERTY IN	
Land Development, DPZ	2000年10日本企工专项技		PROPERTY ID#:	
State Highways Building Official		Rear: Per	mit fee \$	
Dev. Engineering, DPZ		Side: Exc	ise tax \$	
Health 8/5/10 Made Cutt			1'I per, fee \$TAL FEES \$	
Fire Protection		YES D NO D Sul	o-total paid \$	
is Sediment Control approval required prior to YES NO			ance due \$eck # 1 # 1	
1905年			eck # <u>1 7 1//</u>	
CONTINGENCY CONSTRUCTIO				
ONE STOP SHOP:		YES D NO D		
ONE STOP SHOP:	NSIARI: U	Lot Coverage for NewTown Zone		



HOWARD COUNTY

PERMIT NUMBER

		PERMITA	TEIO/THOT	00 300	
	Building Address /43/0 Rox bu	y Meadow DI.	Property Owner's Name	Homes Inc	
	6 knuxed, MA 21738		Address		
	Suite/Apt. #: SDP/WP/Pe	tition #: 12484	3034 House 9 Hall We.		
	Census Tract 6/5/00 Subdivision	Chik's Meadour	City 1-1/17 CH CMY State MD Zip Code 7/04/2		
	Section Area	Lot	Home Phone 410 184 24 18 World	Phone 4/0 740 05C.	
4			Applicant's Name & Mailing Address, (if oth	er than stated hereon):	
	Zoning C- OF Map Coordinates	Lot size 46, 574 39, 4	Phone 4/0 981/- 2488 Fax 4	1 740-051 C	
ł	Existing Use Vacant 1st		Contractor Company Abouts How Inc -		
	Proposed Use Single family home		Contact Person		
	Estimated Construction Cost \$ 3/10		Carl Conzeman		
	Description of Work Harrie Word hour hype		Address 5034 Aors 4 Hall Arm		
	13FD, IHB, 4/3-dirams,		City Ethich City State MD Zip Code 21042		
	11 Ram, Full Bond, 3 Cor yor.		License No. 327 Phone 410 994-240 Fax 410 740-0525		
.e.	Occupant or Tenant		Engineer or Architect Company Do Taylor y Asc		
	Contact Name Carl Cunzeman		Contact Person		
	Address 5031/ Arresey	A	Address #		
	City Ellicott City State MR Zip Code 2042		Address 5024 Darsey Hall Mr. 203		
	910 114-2468 Fax 4	10 740-0525	City Ellite A City State /	City Ellisof City State MA Zip Code Z1042	
	rax /		Phone 410 964-1181 Fax 6	110 9917-2924	
	BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
	Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
	Height:	Water Supply: Public	SF Dwelling V SF Townhouse Depth Width	Water Supply: Public	
	No. of stories:	Private Sewage Disposal:	1st floor: 34 78	Private Sewage Disposal:	
order HTC	Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private	
_	6	Electric Yes □ No □	Finished Basement Unfinished Basement Crawl space Slab on Grade	Electric Yes ☑ No □	
	Use group:	Gas Yes□ No□	No. of Bedrooms / Height: Multi-family dwellings:	Gas Yes ☐ No ☐	
	Construction type:	Heating System: Electric □ Oil □	No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Heating System: Electric ☐ Oil □	
	Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 2 BR units:	Natural Gas □ Propane Gas ☑	
	Masonry Wood Frame		Other Structure:	Sprinkler system: N/A	
		Sprinkler system: N/A 🗆 Full	Footings: Roof Height:	NFPA #13D NFPA #13R	
	State Certified Modular	Partial Other Suppression	State Certified Modular	Other:	
	THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (HOWARD COUNTY WHICH ARE APPLICABLE THERETO: (4) THAT HE!	# of Heads 1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APE	Manufactured Home	WILL COMPLY VIA THE WAY	
			LICATION: (2)THAT THE INFORMATION IS CONDECT: (2) TITLE !		
	THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	SHE WILL PERFORM NO WORK ON THE ABOVE REFE INSPECTING THE WORK PERMITTED AND POSTING I	NOTICES.	ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
2	THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	SHE WILL PERFORM NO WORK ON THE ABOVE REFE INSPECTING THE WORK PERMITTED AND POSTING (NOTICES. Call Con 2 ch	ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
	Applicant's Signature	SHE WILL PERFORM NO WORK ON THE ABOVE REFE INSPECTING THE WORK PERMITTED AND POSTING I	NOTICES.	ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
	Applicant's Signature Willy Title/Company	Checks payable to: DIRECTOR OF	Print Name Date F FINANCE OF HOWARD COUNTY	ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
	Applicant's Signature Applicant's Signature Title/Company	Checks payable to: DIRECTOR OF	Print Name	ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
	Applicant's Signature Title/Company	Checks payable to: DIRECTOR OF	Print Name Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION	PROPERTY IDS	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways	Checks payable to: DIRECTOR OF PLEASE WRITE NE	Print Name Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Reer Perm	PROPERTY IDS	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Reer. Perm Side: Excite	PROPERTY ID#: If fee \$	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Reer. Side: Side St.: Add'	PROPERTY IDS	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Fire Protection	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Reer Perm Side: Excit Side St.: Add' All minimum setbacks met? YES D NO D Sub-	PROPERTY ID#: fee \$ / D 9 3 if the \$ if the \$	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Rear Permit Side: Excis Side St.: Add' All minimum setbacks met? TOTA YES □ NO □ Sub- Is Entrance Permit required? Balar YES □ NO □ Chec	PROPERTY ID#: I fee \$ / D 0 3 It fee \$ / D 0 5 It fee \$ / D 0 5 In fee \$ / D 0 5	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Bullding Official Dev. Engineering, DPZ Health Fire Protection Is Sediment Control approval required prior to is	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Reer: Perm Side: Excis Side St.: Add' All minimum setbacks met? TOT, YES D NO D Sub- is Entrance Permit required? Balar YES D NO D Chec Walld	PROPERTY ID#: Ifee \$	
	Applicant's Signature Applicant's Signature Title/Company AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Fire Protection Is Sediment Control approval required prior to in	Checks payable to: DIRECTOR OF PLEASE WRITE NE FOR OFFICE SIGNATURE APPROVAL	Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** DPZ SETBACK INFORMATION Front: Filing Reer. Perm Side: Excis Side St.: Add' All minimum setbacks met? YES □ NO □ Sub- Is Entrance Permit required? Balar YES □ NO □ Chec	PROPERTY ID#: Ifee \$	

Pinic Health

Gold: SHA

