3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455	PERMIT API	PLICATION	ALLOGA	BER 12U	
INSPECTIONS (410) 313-181 AUTOMATED INFORMATION (410) Building Address		Property Owner's Nar	ne 7 RINIS	HOUALNY HOME	
CLARKSVILLE 21029		Address 36 75 P	ARK AVE	Zip Code 21043	
Suite/Apt. #: SDP/WP/Petition #:		Home Phone Applicant's Name & N	Applicant's Name & Mailing Address (if other than stated herein)		
	Subdivision WALNUT	EROVE			
	AreaLotLot				
Tax Map <u>28</u> Parcel <u>74</u> Grid					
Zoning Map Coordinates Ky Lot Size 42, 8570				ax 410-313-5731	
Proposed Use  Estimated Construction Cost \$ 322,195  Description of Work  15 500  10 8 10 8 10 8 10 8 10 8 10 8 10 8 1		Contact Person Address City Lucense No.	Contractor Company Contact Person Address City License No. Phone P		
Occupant or Tenant N/A		Engineer or Architect	Engineer or Architect Company WIA		
Contact Name_		Contact Person	Contact Person_		
Address		Address	Address		
City State	eZip Code	City	State	Zip Code	
Phone	Fax	Phone_		Fax	
BUILDING DESC	BUILDING	BUILDING DESCRIPTION – RESIDENTIAL			
Building Characteristics Height:	Water Supply:	Building Charac SF Dwelling SF Townh	teristics	Utilities Water Supply:	
No. of stories:	Public Private	Depth Width		Public Private	
Gross area, sq. ft. per floor:	Sewage Disposal:  Public  Private	2 <sup>nd</sup> floor: Basement:		Sewage Disposal:  Public Prints	
Use group:	Private  Electric Yes   No	Finished Basement  Unfinished space  Slab on C	d Basement Crawl	✓ Private  Electric Yes ➤ No □	
Construction type: Reinforced Concrete	Gas Yes   No	No. of Bedrooms		Gas Yes P No D	
Structural Steel Masonry	Heating System: Electric □ Oil □	Multi-family dwellings: No. of efficiency units:		Heating System: Electric  Oil  □	
Wood Frame	Natural Gas □ Propane Gas □	No. of 1 BR units: No. of 2 BR units:		Natural Gas   Propane Gas □	
State Certified Modular	Sprinkler system: N/A □	No. of 3 BR units:  Other Structure:		Sprinkler system: N/A	
	Full Partial Other Suppression	Dimensions: Footings:			
	# of Heads	Roof:		Outc.	
		State Certified Modul Manufactured Home	lar		
CORRECT; (3) THAT HE/SHE WILL ON THE ABOVE REFERENCED PRO	TIFIES AND AGREES AS FOLLOWS: (I) THE COMPLY WITH ALL REGULATIONS OF HOW, PERTY NOT SPECIFICALLY DESCRIBED IN T E OF INSPECTING THE WORK PERMITTED AN	ARD COUNTY WHICH ARE APPLICATION; (5) THAT HE/SHIND POSTING NOTICES.	BLE THERETO; (4) E GRANTS COUNTY	THAT HE/SHE WILL PERFORM NO WORL	
Applicant's Signature	7	Print Name			
Email Address	MHUMES. COM				
DP DPLRMID.	NS-TRINITY	12/14 Date	110		
Title/Company	**PLEASE WRI	OR OF FINANCE OF HOWARD TE NEATLY AND LEGIBLY.** OFFICE USE ONLY -	COUNTY		
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATI	ON	Filing fee S // ( )	
		Rear:		Permit fee \$	
		Side:		Excise tax \$	
1 26.11 Ch au Can		Side St.:  All minimum setbacks met?		Add'l per fee \$	
		YES D NO D		Sub-total paid \$	
Is Sediment Control approval required prior to issuance? Is E YES NO D YES		Is Entrance Permit Required? YES  NO		Balance due \$ Check #	
YES		Historic District? YES D NO D Lot Coverage for New Town Zo	one	Validation #	
		Lot Coverage for New Town Zo SDP/Red-line approval date		Accepted by	
Distribution of Copies T:\Operations\Updated forms	s - White: Building Officials		DED, DPZ Pi	nk: Health Gold: SHA	

N. C.



