DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810 HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION Building Address 229 Russian Property Owner's Name 72 Address \_\_\_\_ City LALKATT Citt State In 12 Zip Code 21043 SDP/WP/Petition #:6P-11+35 Suite/Apt. #: Work Phone 410-313-812 Home Phone Applicant's Name & Mailing Address, (if other than stated herein): Census Tract Subdivision WA Section Area Parcel Grid Tax Map Map Coordinates Lot Size 4 Phone 410-313-8722 Fax 410-313-5731 Zoning Existing Use Unenny Contractor Company JEIN 17 QUALITY Contact Person Solet Hones Address 3675 FORK ONE Proposed Use Estimated Construction Cost \$ City License No. L99 State MI Description of Work WL 524 1611 MANOR -Zip Code 2164 BSMIGR Flatel. 4/13/2 Phone 4/10 - 3/3 2 Fax410-313-8 Engineer or Architect Company\_ 11/61 Contact Name Contact Person Address Address City State Zip Code City State Phone Fax Fax **BUILDING DESCRIPTION - COMMERCIAL** BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics Building Characteristics Utilities Utilities** SF Dwelling SF Townhouse Depth Width Water Supply: Water Supply: Height: Public
Private Depth 1<sup>st</sup> floor: 2<sup>nd</sup> floor: Public Private No. of stories: Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor: Public Basement: Public ✓ Private Private Finished Basement 

Unfinished Basement 

Crawl space 

Slab on Grade Use group: Yes □ No □ Yes M No 🗆 Electric Electric No. of Bedrooms Construction type:
\_\_\_\_\_ Reinforced Concrete Gas Yes □ No □ Gas Yes I No 🗆 Multi-family dwellings: Structural Steel Heating System: Heating System: No. of efficiency units: Oil 🗆 Electric 🔳 Oil 🗆 Masonry Electric No. of 1 BR units: Wood Frame Natural Gas □ Natural Gas, No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A □ Sprinkler system: N/A Other Structure: Full NFPA #13D Dimensions: NFPA #13R Partial Footings: Other Suppression Other: Roof: # of Heads State Certified Modular 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. I Hodge 214664 Print Name Applicant's Signature IRINITY HOMES. Email Address DELK Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*
- FOR OFFICE USE ONLY -AGENCY SIGNATURE APPROVAL **DPZ SETBACK INFORMATION** DATE PROPERTY ID# and Development, DPZ Filing fee State Highways Rear: Permit fee **Building Officials** Side: Excise tax Dev. Engineering. Side St.: Add'l per fee \$ TOTAL FEES \$ All minimum setbacks met? YES D NO D Sub-total paid \$ Fire Protection Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES D NO D YES D NO D Check **Historic District?** Validation

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\Operations\Updated forms

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

YES D NO D

Lot Coverage for New Town Zone

Accepted by\_

SDP/Red-line approval date

