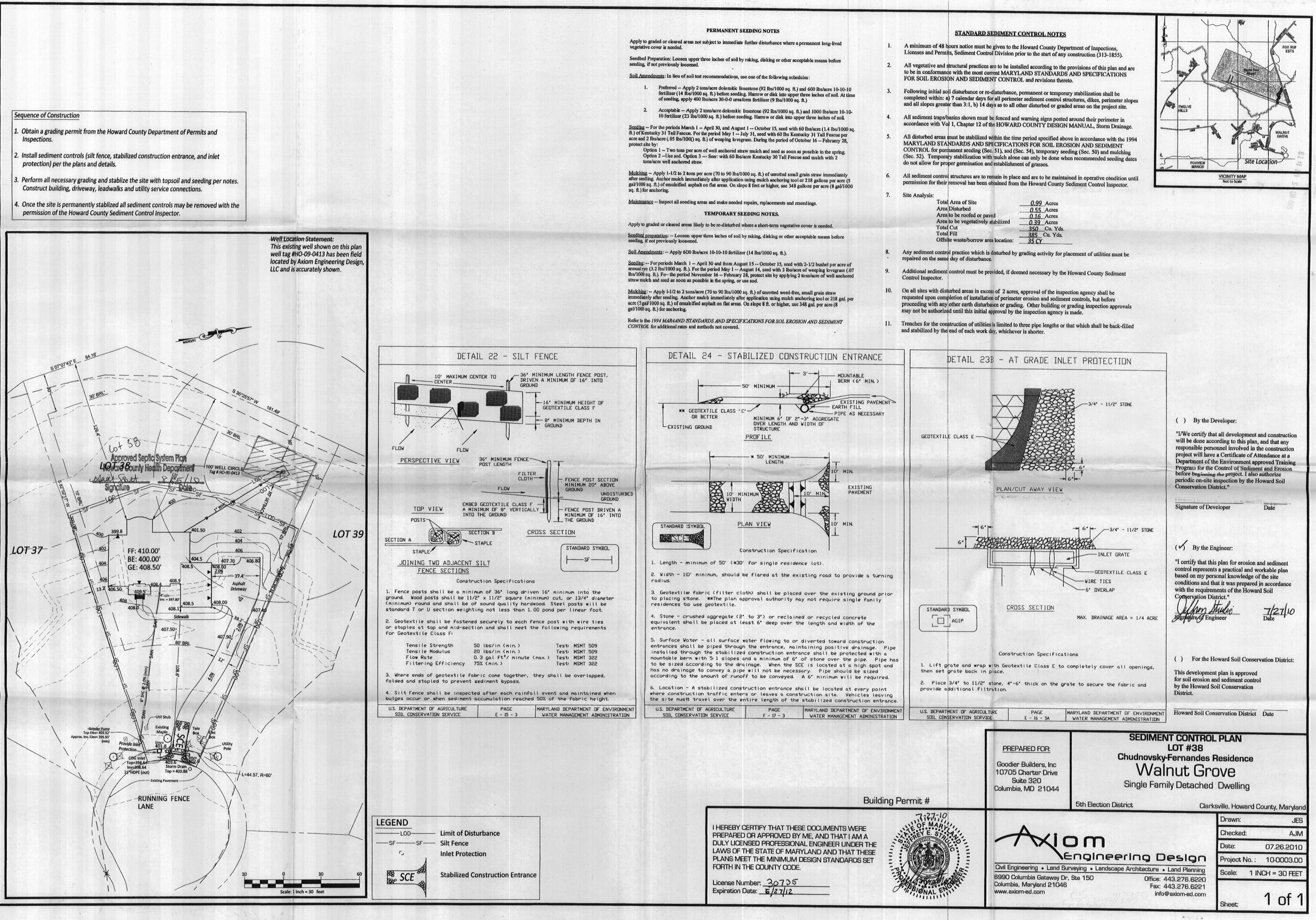
ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810		HOWARD COU ERMIT APPLIC		PERMIT NUMBER			
Building Address	1 Ruga be Fe	and has	Property Own	er's Name Chudo	augerit a	Alexander	
	, and the second s		Address,	5/3 Helms 1	) cu J		
			City Clarksville State MD Zip Code 2/029				
Suite/Apt. #:SDP/WP/Petition #:			Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated herein):				
Census Tract Subdivision Walnut C							
SectionAreaLot_38							
Tax Map Parce	el Grid	. *			а		
Zoning Map Coord	dinates Lot S	ize	Phone	· · · · · · · · · · · · · · · · · · ·	Fax		
Existing Use Vacat	Lot		Phone     Fax       Contractor Company     Fax				
Proposed Use Estimated Construction Cost \$			Contact Person				
Estimated Construction Cost Description of Work	t \$		Address       City     State       Zip Code				
	$\mathcal{F}_{1}^{(1)} = \mathcal{F}_{1}^{(1)} \mathcal{F}_{2}^{(1)}$	and the second	License No				
In the			Phone Fax				
Occupant or Tenant			Engineer or A	rchitect Company			
			Engineer or Architect Company				
Contact Name				n			
Address			Î				
CitySta				State			
Phone	Fax		Phone	с 	_ Fax		
	CRIPTION - <u>COMM</u>			ILDING DESCRIPT	ION – <u>RESII</u>		
Building Characteristics Height:	Water Supply:	lities		<u>g Characteristics</u> SF Townhouse □	Water Supply	<u>Utilities</u> :	
No. of stories:	Public Private			Vidth	Public Private		
	Sewage Disposal:		2 <sup>nd</sup> floor:		Sewage Dispo	osal:	
Gross area, sq. ft. per floor:	Public Private		Basement:		Public Private		
Use group:	Electric Yes D No			Unfinished Basement 🗆 Crawl Slab on Grade 🗆			
Construction type:	Gas Yes □ No		No. of Bedrooms	Zw		es 🗆 No 🗆 es 🗈 No 🗆	
Reinforced Concrete Structural Steel	Heating System:		Multi-family dwe	llings:			
Masonry Wood Frame	Electric 🗆 Oi		No. of efficiency No. of 1 BR units	units:	Heating Syste Electric □	Oil 🗆	
	Natural Gas □ Propane Gas □		No. of 2 BR units	;	Natural Gas D Propane Gas		
State Certified Modular	Sprinkler system: N/	<u>م</u> _	No. of 3 BR units	:			
	Full		Other Structure:		Sprinkler syst	13D	
	Partial Other Suppressio	n	Dimensions: Footings:		NFPA # Other:	13R	
	# of Heads		Roof:		Ouler.		
			State Certifi Manufacture				
THE UNDERSIGNED HEREBY CER CORRECT; (3) THAT HE/SHE WILL ( ON THE ABOVE REFERENCED PRO THIS PROPERTY FOR THE PURPOSE	PERTY NOT SPECIFICALL	Y DESCRIBED IN THIS APP	UNIY WHICH ARE				
Applicant's Signature							
. pprount o Dignarme	12		Print Nam	e			
Email Address							
Title/Company			Date	· · · · · · · · · · · · · · · · · · ·			
Water Balance Lines		ble to: <b>DIRECTOR OF</b> **PLEASE WRITE NEA	FINANCE OF HO	WARD COUNTY LY.**			
AGENCY DATE	SICNATURE ADD	- FOR OFFIC	E USE ONLY -			and an advertise	
Land Development, DPZ	SIGNATURE APP		SETBACK INFO	KIVIA FION	Filing fee	PROPERTY ID #	
State Highways	E Sant St					\$	
Building Officials			Side:			\$	
Dev. Engineering, DPZ			Side St.:			\$	
Health 8/5/10	deien Sat		inimum setbacks met?			\$	
Fire Protection		YES	S 🗆 NO 🗆			\$	
Is Sediment Control approval req	uired prior to issuance?	Is En	itrance Permit Re	quired?		\$	
YES D NO D		YES	D NO D	• 5 ×	Check	#	
		YES	oric District?		Validation	#	
CONTINGENCY ONE STOP	CONSTRUCTION STASHOP: $\Box$	RT: 🗆 Lot C		Cown Zone	<b>k</b>	atad has	
0.10 0101		SUP/I	iced-ime approval	ualt	Accej	oted by	

Q.1.



(bs/in (min.)		lest	MZWI	509
lbs/in (min.)		Testi	MSMT	509
gal ft <sup>2</sup> / minute (	max. )	Testi	MSMT	322
(min.)		Test	MSMT	355
come together, t	they sh	nall be	over	lapped

Site	0.99 Acres
	0.55 Acres
ed or paved	0.16 Acres
etatively stabilized	0.39 Acres
Constant Constant	350 Cu. Yds.
	385 Cu. Yds.
omore lagations	35 01