Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

Permit	Number:	
H. 112	-	- 2

Building Address: 101445	niel Zusa	Property Owner's Name:	on Su 240		
		City: State:	7in Code:		
Suite/Apt. #S		Home Phone:			
Census Tract:	Subdivision:				
Section:		Applicant's Name & Mailing Address,	(If other than stated herein):		
Tax Map: Parce	The state of the s	Verener Craning	relationship and		
Zoning: Map Coordi	nates: Lot Size:	Phone: 444 Phone: Fa	2 17564		
Existing Use:		Email:			
Proposed Use:		Contractor Company:	, National cos		
	2003	Contact Person:	NET LAND TO SEE		
Estimated Construction Cost: \$		Address:			
Description of Work:		City:State:	Zip Code:		
TATE TOUG	gal in ground pane	License No. :			
Took		Phone:	ax:		
Occupant or Tenant:		Email:			
		Fasings / Asshitagt Company			
Was tenant space previously occupie	edr Lifes Lino	Engineer/Architect Company:			
Contact Name:		Responsible Design Prof.:			
Address:		Address:			
City:	State: Zip Code:	City: State: Zip Code:			
Phone:	Fax:	Phone:F	ax:		
Email:		Email:			
		Lindii.			
	RIPTION - COMMERCIAL	BUILDING DESCRIPTION – RESIDENTIAL			
Building Characteristics	Utilities	Building Characteristics	Utilities Western Communication		
Height:	Water Supply	☐ SF Dwelling ☐ SF Townhouse  Depth Width	Water Supply  ☐ Public		
No. of stories:	Public	1 <sup>st</sup> floor:	☐ Private		
Gross area, sq. ft./floor:	☐ Private	2 <sup>nd</sup> floor:	Sewage Disposal		
	Sewage Disposal	Basement:	☐ Public		
Area of construction (sq. ft.):	☐ Public	☐ Finished Basement	Private		
	☐ Private	Unfinished Basement	Electric: Yes No		
Use group:	Electric: ☐ Yes ☐ No	☐ Crawl Space ☐ Slab on Grade	Gas: Yes No		
	Gas: ☐ Yes ☐ No	No. of Bedrooms:	Heating System ☐ Electric		
Construction type:	<u>Heating System</u>	Multi-family Dwelling	Oil		
☐ Reinforced Concrete	☐ Electric ☐ Oil	No. of efficiency units:	☐ Natural Gas		
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas	No. of 1 BR units:	☐ Propane Gas		
☐ Masonry	Sprinkler System:	No. of 2 BR units:			
☐ Wood Frame	□ N/A	No. of 3 BR units:			
☐ State Certified Modular	☐ Full	Other Structure: Dimensions:			
	☐ Partial	Footings:			
	☐ Other Suppression	Roof:			
	No. of Heads:	☐ State Certified Modular			
	No. of the second	☐ Manufactured Home			
WITH ALL REGULATIONS OF HOWARD COUNT	GREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED T TY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PR	WILL PERFORM NO WORK ON THE ABOVE REFERENCE	ED PROPERTY NOT SPECIFICALLY DESCRIBED IN		
Applicant's Signature		Print Name			
( And done	concert to the	17 first			
Email Address		Date			
000					
Title/Company					
	Checks Payable to: DIRECTOR OF	F FINANCE OF HOWARD COUNTY			

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<b>Building Officials</b>		
PSZA (Zoning)		
PSZA ( Engineering )		0 0
Health //	1/2011	Brian Bake
Fire Protection	/1	

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		100
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:		- 7

Filing Fee	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
<b>Guaranty Fund</b>	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

THIRD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

DEPT. OF INSPECTIONS, LICENSES AN 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043	:	. ,	OUNTY "	PERMIT NUM	BER	
PERMITS (410) 313-2455 PERIVIT APPLI INSPECTIONS (410) 313-1810		ICATION:	EATION 1000 3300			
Building Address // //	313-3800	letes & fram	Property Owner	's Name	70- 3	
24 1 1 1 108 Marie			Address	's Name	CANCEL AND	415
Suite/Apt. #: SI	OP/WP/Petition	on #:	Home Phone Applicant's Nan	State Worme & Mailing Address	rk Phone	an stated herein):
Census Tract	Subdivis	ion Faill ly a fac	m	1 - 12		
Section Area Lot			3 0			
Tax Map Parce	1	Grid		. March		
Zoning Map Coord	linates	Lot Size	Phone 43-	7717 7-F	ax Til	CHALL SIL
Existing Use Proposed Use Estimated Construction Cost Description of Work Occupant or Tenant	\$ 756	A Monents	Address City License No. Phone	State Fa	Zip	Code
Contact Name			Contact Person_	*		
Address			Address			14
CityStat	e	Zip Code	_ City	State	Zij	Code
Phone	Fax_		Phone		Fax	
			197			
BUILDING DESC Building Characteristics Height: No. of stories:	Water Suppl Public Private Sewage Disp	<u>Utilities</u> y: posal:	Building of SF Dwelling of SF Depth  I" floor: 2nd floor:	idth	Water Supply Public Private Sewage Dispo	<u>Utilities</u>
Gross area, sq. ft. per floor:	Public Private		Basement:		Public Private	, wh
Use group:  Construction type:	Companies Companies	Yes □ No □ Yes □ No □		Unfinished Basement   Crawl Slab on Grade		es □ No □
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Heating Syst Electric  Natural Gas Propane Gas	em: Oil	Multi-family dwelli No. of efficiency un No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:	nits:	Heating Syste Electric  Natural Gas Propane Gas Sprinkler syst NFPA #	em: Oil □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	Partial Other S # of H	Suppression	Dimensions: Footings: Roof: State Certified Manufactured	d Modular	NFPA#	13R
THE UNDERSIGNED HEREBY CER CORRECT; (3) THAT HE/SHE WILL CON THE ABOVE REFERENCED PROTHIS PROPERTY FOR THE PURPOSE Applicant's Signature	COMPLY WITH A PERTY NOT SPE OF INSPECTING	ALL REGULATIONS OF HOWARI CIFICALLY DESCRIBED IN THIS	D COUNTY WHICH ARE A S APPLICATION; (5) THAT	APPLICABLE THERETO; (4) THE/SHE GRANTS COUNTY	THAT HE/SHE V	VILL PERFORM NO WORK
Applicant s Signature	N	*	I IIII Ivaine		*	P.
Email Address	K W J	Line	•	ulsil.	()	
Title/Company	C	Thecks payable to: DIRECTOR **PLEASE WRITE	Date OF FINANCE OF HOW NEATLY AND LEGIBL			and the same
AGENCY DATE Land Development, DPZ	SIGNATI		FICE USE ONLY - DPZ SETBACK INFOR Front:	RMATION	Filing fee	PROPERTY ID #
State Highways			Rear:		Permit fee	\$
Building Officials			Side:		Excise tax	s
Dev. Engineering, DPZ			Side St.:		Add'l per fee	\$
Health 11-12-10	Alle	er Sout	All minimum setbacks n			s
Fire Protection			YES D NO D		Sub-total pald	<b>S</b>
Is Sediment Control approval req YES □ NO □	juired prior to i		Is Entrance Permit Req YES  NO  Historic District? YES  NO	uired?	Balance due Check Validation	* <u>462018</u> \
CONTINGENCY ONE STOP		TION START:	Lot Coverage for New T SDP/Red-line approval o		Acc	epted by
Distribution of Copies T:\Operations\Updated forms	s - V				nk: Health	Gold: SHA

