Information only DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
: AUTOMATED INFORMATION (410) 313-3800 HOWARD COUNTY PERMIT NUMBER 130040263 PERMIT APPLICATION Property Owner's Name Aeric Building Address 1000 Address 1343 City German Jown State MD Zip Code SDP/WP/Petition #: Suite/Apt. #: Home Phone 301 - 353 - 115 | Work Phone Census Tract Subdivision Applicant's Name & Mailing Address, (if other than stated hereon): Grid Map Coordinates 3-A9 Zoning ( Phone Contractor Company **Existing Use** Proposed Use Contact Person CHRIS Estimated Construction Cost \$ Son city Abinadon License No. JCTK Fax **Engineer or Architect Company** Contact Person Contact Name Address Address State Zip Code City State Zip Code City Phone Fax **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics** Utilities **Building Characteristics** SF Dwelling □ SF Townhouse □ Water Supply: Height: Water Supply: Public Private Public Depth Width 1st floor: No. of stories: Private Sewage Disposal: Sewage Disposal: 2nd floor: \_ Public Basement: Private Gross area, sq. ft. per floor: Private Finished Basement ☐ Unfinished Basement☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms \_\_\_\_\_\_ Electric Yes No Gas Yes No G Electric Yes D No D Gas Yes □ No □ Use group: Multi-family dwellings: Heating System:
Electric Oil Natural Gas No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Heating System: Construction type: Electric Oil Reinforced Concrete Natural Gas No. of 3 BR units: Propane Gas Structural Steel Propane Gas Other Structure: Sprinkler system: N/A □ Masonry Dimensions: \_NFPA #13D Wood Frame Sprinkler system: N/A □ Footings: **NFPA #13R** Full Other: **Partial** State Certified Modular Other Suppression State Certified Modular # of Heads 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 COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Chris Applicant's Signature Date Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\* PLEASE WRITE NEATLY AND LEGIBLY. \* FOR OFFICE USE ONLY -DPZ SETBACK INFORMATION SIGNATURE APPROVAL PROPERTY ID# AGENCY DATE and Development, DPZ Front: Filing fee Permit fee Excise tax Side: Side St.:

State Highways Building Official Add'l per. fee Dev. Engineering, DPZ Health All minimum setbacks met? TOTAL FEES YES I NO I Sub-total paid Fire Protection Is Sediment Control approval required prior to issuance? Is Entrance Permit required? Balance due YES□ NO□ YES INO I Check Validation Historic District? CONTINGENCY CONSTRUCTION START: YES D NO D ONE STOP SHOP: Lot Coverage for NewTown Zone Accepted by L.D. SDP/Red-line approval date

Distribution of Copies- White: Building Official Green: LDD, DPZ

Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 5/17/00





