· . Go8.	>>> 18canned by_	Mg GR-01	3-07-1				
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS MAD COURT HOUSE DRIVE ELLCOTT CITY MO 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD	COUNTY P	ERMIT NUMBER				
CLANKSVILLE MD Suite/Apt. #: SDP/WP/PG	EET MEADOW LANG 21029 06 031 19225 etition#: 19225	Property Owner's Name William Address 12208 Su City CLANKSVIIIE SI	MMER Sky Path				
Census Tract (aOSIO) Subdivision WAInut GrovE Section Area Lot 177 Tax Map 28 Parcel 74 Grid 18		Phone Phone Applicant's Name & Mailing Address, (if other than stated hereon):					
Zoning RC Map Coordinates Lot size 1 Acre		Phone 301-350-609Fax					
Existing Use Proposed Use SINGE FAMILY DWELLING Estimated Construction Cost \$ 985,000 Description of Work 4 BR 5FB 1 HB 3 Pre-tal F/P 3 CAY GAYAGE 1 MASONY F/P Occupant or Tenant Contact Name Address		Contractor Company JAMES H. SEHRIGE Buildes I. Contact Person TIM RAJEN Address ATBI TEN OAKS ROAD City DAY TON State MD Zip Code 21036 License No. T24 Phone 40-531-6430 Fax Engineer or Architect Company					
				Contact Person Address			
				City State Zip Code		City Sta	teZip Code
				Phone Fax		Phone Fax	
		BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics Height:	<u>Utilities</u> Waler Supply: Public	Building Characteristics SF Dwelling ☑ SF Townhouse □ Depth Width	<u>Utilities</u> Water Supply: Public				
No. of stories: Gross area, sq. ft. per floor:	Sewage Disposal: —— Public —— Private	1st floor: 42 2nd floor: 42 Basement: 42 Finished Basement Unfinished Basement	Private Sewage Disposal: Public Private				
Use group:	Electric Yes No Gas Yes No Gas Yes No Gas No Gas Peating System: Nelectric Gas Gas No Gas	Crawl space Slab on Grade Mo. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units:	Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas				
Structural Steel Masonry Wood Frame	Propane Gas Sprinkler system: N/A Full	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:	Sprinkler system: N/A				
State Certified Modular	Partial Other Suppression # of Heads	Footings: Roof Height: State Certified Modular Manufactured Home	Other:				
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOW HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT H OFFICIALS THE RIGHTTO DITTER ONTO THIS PROPERTY FOR THE H	E/SHE WILL PERFORM NO WORK ON THE ABOVE RI	EFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN TI					
Applicant's Signature Builder	s Tur	Print Name 5/9/08					
Title/¶ompany ()	** PLEASE WRITE NE		Selfnor 1027				
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATIO	PROPERTY ID#: Filing fee \$				
State Highways Ling Official 4 (2408) Dev. Engineering, DPZ Health		Rear:Side:Side St.:All minimum setbacks met?	Excise tax \$ \$204.85 Add'l per. fee \$ 183.94 TOTAL FEES \$				
Fire Protection Is Sediment Control approval required prior to YES NO	issuance?	YES □ NO □ Is Entrance Permit required? YES □ NO □	Check # 34246				
CONTINGENCY CONSTRUCTION START: ONE STOP SHOP:		Historic District? YES □ NO □ Lot Coverage for NewTown Zone SDB/Red line server of data	Validation #				
		SDP/Red-line approval date	Accepted by				

