DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

## HOWARD COUNTY PERMIT APPLICATION

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	1 4 4 7 4		CA A J I TV		
Building Address 12080 W.	sin Wright Rd	Property Owner's Name _ + 1 w	ain weight		
Highland MO 20177		Address PO Box 87			
Suite/Apt. #: SDP/WP/Petition #:		City High Land State MD Zip Code 20777			
Census Tract Subdivision					
	2	Home Phone \ Applicant's Name & Mailing Address	s, (if other than stated hereon):		
Section Area Lot					
Tax Map : 4/0 Parcel 3 ( Grid		4			
Zoning Map Coordinates Lot size // . 3 6 /4		Phone Fax	301 654-1091		
Existing Use Vala. T LoT		Contractor Company Win Thomas Thomas			
Proposed Use \$ F D Estimated Construction Cost \$ \$ D D D		Contact Person Kong Siche h. fie:			
Description of Work We we flow		Address PO Box 279			
		City #1 - Jane State MO Zip Code 20777			
Whed-own 31 both + Porch		Phone 201 854 1044 Fax 301 x54-1491			
		Engineer or Architect Company			
Occupant or Tenant		-			
Contact Name		Contact Person			
Address	,	Address	Address		
City State	Zip Code	City State	Zip Code		
Phone Fax	Phone Fax		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>		
Height:	Water Supply: Public	SF Dwelling ☐ SF Townhouse ☐ Depth Width	Water Supply: Public		
No. of stories:	Private	1st floor:	Private Sewage Disposal:		
	Sewage Disposal: Public	2nd floor: Basement:	Public Private		
Gross area, sq. ft. per floor:	Private	Finished Basement Unfinished Basement	Electric Yes No 🗆		
Use group:	Electric Yes \( \text{No} \) \( \text{No} \) \( \text{Cas} \)	No. of Bedrooms Gas Yes No. K.			
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System: Electric M Oil □		
Construction type:	Electric  Oil  Natural Gas	No. of 1 BR units:  No. of 2 BR units:  Natural Gas			
Reinforced Concrete Structural Steel	Propane Gas	No. of 3 BR units:			
Masonry Wood Frame	Sprinkler system: N/A □	Dimensions:NFPA #13D			
	Full Partial	Footings: NFPA #13R			
State Certified Modular	Other Suppression # of Heads	State Certified Modular			
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) TO WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO	THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION	Manufactured Home on; (2) That the information is correct; (3) That he/she w	ILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNT		
WHICH ARE APPLICABLE THERETO, (4) THAT HE SHE WILL PERFORM IN THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITT					
Applicant's Signature Print Name					
for Man Man	1 mas - got to	- DO Y			
Title/Company  Date  Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY					
S. Alexandra	** PLEASE WRITE NEA	ATLY AND LEGIBLY. ** CE USE ONLY -			
		DPZ SETBACK INFORMATION PROPERTY ID#:			
		Front:	Filing fee \$		
Building Official		Side:	Excise tax \$		
		Side St.: All minimum setbacks met?	Add'l per. fee \$TOTAL FEES \$		
Fire Protection		YES□ NO□	Sub-total paid \$		
Is Sediment Control approval required prior to issuance?  YES □ NO □		Is Entrance Permit required?  YES □ NO □	Balance due \$		
· · · · · · · · · · · · · · · · · · ·		Historic District?	Validation #		
		YES □ NO □  Lot Coverage for NewTown Zone			
SDP/Red-line approval date Accepted by					
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
Tame to the way of the continuity Office					

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