PERMIT NUMBER

PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410)	0 313-3800	PERMIT APPLI	CATION			
Building Address 2205 Clarks U. W.E. M	THU 11.	N= WAY	Property Owne	r's Name SA	E/BM LARA Cohon	
Clack SVILLE, 11:3			Address 7205 TALE PLANE CIAY City (1 AZKSV.LLE State M.) Zip Code			
Suite/Apt. #:SDP/WP/Petition #:			Home Phone 30/-3/6-9/6-Work Phone			
Census Tract			J			
Section Area Lot						
Tax Map Parcel Grid						
Zoning Map Coordinates Lot Size			Phone Fax			
Existing Use OPEN DECK			Contractor Company ELITE DECKS Contact Person BAD BOWLING			
Proposed Use OPEN SECK Estimated Construction Cost \$ 14,000			Address 148 BAZONE 75 CT			
Description of Work Constitute NEW 12' X2 Y'			City WESTHESTER State MID Zip Code 21157			
of SED STAIRS TO GRADE NO REAL				License No. 128703 Phone 443-324-5338 Fax		
			Engineer or Architect Company			
Occupant or Tenant						
Contact Name			Contact Person			
Address			Address			
CityStateZip Code					Zip Code	
Phone	Fax		Phone		_Fax	
BUILDING DESCRIPTION - COMMERCIAL			BUD	BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics Height:	Water Supply:	<u>Utilities</u>		Characteristics	Utilities Water Supply:	
_	Public		Depth W	idth	Public	
No. of stories:	Private Sewage Disposal:		1" floor: 2 <sup>nd</sup> floor:		Private Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private		Basement:		Public Private	
Use group:				Unfinished Basement  Crawl Slab on Grade	_	
Construction type:	Electric Yes C Gas Yes C	No 🗆	No. of Bedrooms		Electric Yes No C	
Reinforced Concrete Structural Steel	Heating System:		Multi-family dwelli	ings:	Heating System:	
Masonry	Electric 🗆	Oil 🗆	No. of efficiency un No. of 1 BR units:		Electric Oil O	
Wood Frame	Natural Gas   Propane Gas		No. of 2 BR units: No. of 3 BR units:		Natural Gas  Propane Gas	
State Certified Modular	Sprinkler system:	N/A □	]	7	Sprinkler system: N/A	
	Full Partial		Other Structure:	JC4C	NFPA #13D NFPA #13R	
	Other Suppre	ssion	Footings:		Other:	
	# of Heads		State Certified	1 Madular		
			Manufactured	Home		
CORRECT; (3) THAT HE/SHE WILL CO	MPLY WITH ALL RE	GULATIONS OF HOWARD C LLY DESCRIBED IN THIS A	OUNTY WHICH ARE A PPLICATION; (5) THAT	PPLICABLE THERETO; (4)	ATION: (2) THAT THE INFORMATION IS THAT HE/SHE WILL PERFORM NO WORK OFFICIALS THE RIGHT TO ENTER ONTO	
Bal 1915.	-6-		5/2	AD M 150	LLING	
Applicant's Signature Print Name						
Bada)ELITEI	X450	VLUNE-COM				
Email Address	1-1171	FILES	10	101/13		
Title/Company	Charles	payable to: DIRECTOR OI	Date FEINANCE OF HOW	VARD COUNTY		
or me only the two		**PLEASE WRITE NE			State of the same	
AGENCY DATE Land Development, DPZ	SIGNATURE A		Z SETBACK INFOR	MATION 1	PROPERTY ID #	
State Highways Rear:					Permit fee S	
Building Officials Side			e:	A Company	Excise tax S	
Dev. Engineering, DPZ			de St.:	A STATE OF THE STA	Add'l per fee S	
Health 10-24-13 - Laspathernaid All			minimum setbacks m		TOTAL FEES \$	
Fire Protection			ם מעם בי		Sub-total paid S	
			intrance Permit Requ		Balance due S	
P. Carlotte and Car			S D NO D toric District?		Check # Validation #	
			Coverage for New To	wn Zone		
ONE STOP SE		/Red-line approval de		Accepted by		

Distribution of Copies

White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

