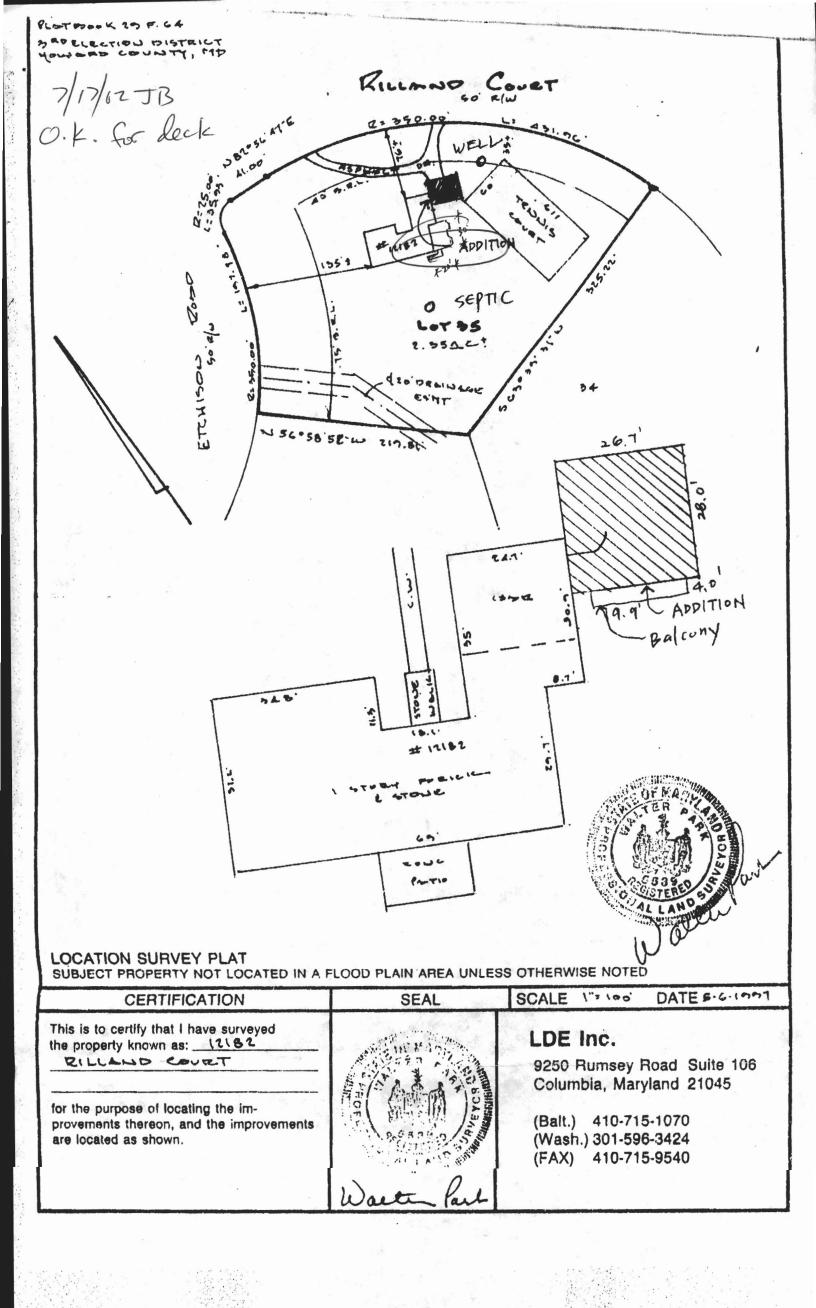
The state of the s DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800 PERMIT NUMBER HOWARD COUNTY PERMIT APPLICATION 12182 Ryland G **Building Address** Property Owner's Name Address 12182 Ralland Ct 1117 + City City City State A Zip Code 2104 SDP/WP/Petition #: Suite/Apt. #: Home Phone (411x) 51-944 Work Phone 410-1469 Subdivision Wordman Census Tract Applicant's Name & Mailing Address, (if other than stated hereon): Section Tax Map Parcel Zoning Map Coordinates () (1 Phone UP Renovation Inc Contractor Compan Existing Use Proposed Use eung : Contact Person Estimated Construction Cost \$ Hammonton Red 12813 Description of Work Dring State MD Zip Code 20904 License No. Fax (501)680 - 2797 Phone (3, Engineer or Architect Company Occupant or Tenant Remt Contact Person Contact Name Address State MD Zip Code City Zip Code State Fax 1501)3/1-014 1211311-9222 Fax Phone BUILDING DESCRIPTION - RESIDENTIAL **BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Utilities Building Characteristics** Utilities SF Dwelling SF Townhouse Water Supply: Water Supply: Height: Public Public Width Depth 1st floor: Private Private No. of stories: Sewage Disposal: Sewage Disposal: 2nd floor: Public Public Basement: Private Private Gross area, sq. ft. per floor: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Electric Yes □ No □ Yes □ No □ Use group: Multi-family dwellings: Heating System:
Electric Oil Oil Natural Gas No. of efficiency units
No. of 1 BR units: Heating System: Electric Oil Construction type: No of 2 BR units: Reinforced Concrete Natural Gas No. of 3 BR units: Propane Gas Structural Steel Propane Gas Other Structure: Sprinkler system: N/A Masonry Dimensions: Wood Frame Sprinkler system: N/A NFPA #13D Footings: NFPA #13R Full Roof: Other: Partial Other Suppression State Certified Modular State Certified Modular # of Heads Manufactured Home HE 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 DUNLY 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 TInin Kini Print Name Applicant's Signature Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY SIGNATURE APPROVAL DPZ SETBACK INFORMATION PROPERTY ID# AGENCY DATE Filing fee and Development, DPZ Permit fee ate Highways Side: uilding Official Add'll per, fee Side St. ev Engineering DPZ Brian Baker TOTAL FEES All minimum setbacks met? YES D NO D re Protection Balance due Is Entrance Permit required? Sediment Control approval required prior to issuance? YES I NO I Cheek YES | NO | CONTINGENCY CONSTRUCTION START: Lot Coverage for NewTown SDP/Red-line approval date secepted by ribution of Copies- White: Building Official Yellow: DED, DPZ Pink Health Gold SHA Green; LDD, DPZ



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HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

AUTOMATED INFORMATION (410) 313-380)O PENIVITI	APPLICATION	00	13/5/3	
Building Address 12182 /	Property Owner's Nam	e Tke	Kim		
ELLICOTT CITY		Address 12182 12, lland CT			
Suite/Apt. #: SDP/WP/Petition #:			City ELLICOTTCITY State MD Zip Code 21042		
Census Tract 6030 Subdivision		Home Phone	Home Phone Work Phone		
		Applicant's Name & Ma	Applicant's Name & Mailing Address, (if other than stated hereon):		
SectionAreaLot					
Tax Map Parcel Grid		7			
Zoning RR Map Coordinates 106 9 Lot size		Phone	Phone Fax		
Proposed Use Same w/ Deck		Contractor Company _	VII Lenov	ation. Inc	
Estimated Construction Cost \$ 6000.00		Contact Person Ch	Contact Person Charles Lee		
Description of Work Deck 20'X30'		Address 9519 (Address 9519 Georgia Ave (ROAR)		
irregular Same w/			City Silver Spring State MD Zip Code 20910 License No. 1-12-12-12-402		
steps to ground		Phone 201 CSS-0	Phone 301 588-0055 Fax 301-588-5568		
Occupant or Tenant Dwne R			Engineer or Architect Company		
Contact Name			Contact Person		
Address			Address		
City State Zip Code		,	City State Zip Code		
Phone Fax			Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DES	BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	<u>Utilities</u>	Building Characte		<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling A SF Town Depth	Width	Water Supply: Public	
No. of stories:	Private Sewage Disposal:	1st floor: 31	69	Private Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private	Basement:		Public Private	
Gross area, sq. re. per moor.	Electric Yes \(\text{No} \(\text{D} \)	Finished Basement Unfinishe Crawl space Slab on Grade		Electric Yes No	
Use group:	Gas Yes \(\text{No } \(\text{D} \)	No. of Bedrooms Multi-family dwellings:	- 1	Gas Yes□ No□	
	Heating System:	No. of efficiency units: No. of 1 BR units:	The state of the s	Heating System: Electric □ Oil □	
Construction type: Reinforced Concrete	Electric Oil	No. of 2 BR units: No. of 3 BR units:	7 6 13	Natural Gas ☐ Propane Gas ☐	
Structural Steel Masonry	Propane Gas	Other Structure:		Sprinkler system: N/A □	
Wood Frame	Sprinkler system: N/A Full	Dimensions:		NFPA #13D NFPA #13R	
	Partial	Roof:		Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modula Manufactured Home		9.5	
HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PE	ERFORM NO WORK ON THE ABOVE REFERENCED I	PLICATION; (2)THAT THE INFORMATION IS CORRESPROPERTY NOT SPECIFICALLY DESCRIBED IN THIS	CT; (3) THAT HE/SHE WILL CO APPLICATION; (5) THAT HE/S	OMPLY WITH ALL REGULATIONS OF HOWARD SHE GRANTS COUNTY OFFICIALS THE RIGHT TO	
NTER ONTO THIS PROPERTY DEVINE PORTOSE OF INSPECTING THE W	ORK PERMITTED AND POSTING NOTICES.	CharlesL	ee.		
Applicant's Signature	7.6	Print Name 7 - 17 - 02	1-950		
V.P. / VIP Renovation	in, In	Date	805 A 1 A 1	14.3	
Тите Сотрану	** PLEASE WRITE N	OF FINANCE OF HOWARD COUNTED TO A STATE OF THE STATE OF T	INTY		
AGENCY DATE S	GIGNATURE APPROVAL	FICE USE ONLY - DPZ SETBACK INFORMATION	N PROPE	ERTY ID#: 53085	
State Highways	and the second s	Front:Rear:	Filing for	THE RESERVE OF THE PROPERTY AND ADD AND ADDRESS OF THE PARTY OF THE PA	
Building Official 7//7/07 /		/ Side:			
		Side St.:	de St.: Add'l per. fee \$ 1 minimum setbacks met? TOTAL FEES \$ 3		
ire Protection		YES□ NO□	Sub-tota	tal paid \$	
s Sediment Control approval required prior to issuance? 1s I YES NO O		Is Entrance Permit required? YES □ NO □	Balance Check	e due \$ # 2.445	
		Historic District?	Validati	ion #	
ONE STOP SHOP: Lot		YES □ NO □ Lot Coverage for NewTown Zone	8		
		SDP/Red-line approval date		Accepted by	
istribution of Copies- White: Building Offi	icial Green: LDD, DPZ	Yellow: DED, DPZ Pin	k: Health Go	old: SHA	