\*HOWARD COUNTY PERMIT APPLICATION Do7000 567 Building Address ADIL II Sandle Brook PACATE Property Owner's Name SDP/WP/Petition #: State V 1 Zip Code 2 2 1 City M Novice 11/1/10 mi Subdivision 103-357 05 Work Phone Home Phone Applicant's Name & Mailing Address, (if other than stated hereon): 1043 60 Character 12 reventle to solve Grid Parcel Tax Map Phone 3/0-955-1309 Fax Map Coordinates Lot size Zoning FC Existing Use VIII (010 Contractor Company Contact Person Estimated Construction Cost \$ Description of Work New SF City \_ State V A Zip Code Phone The second (-2 Engineer or Architect Company Occupant or Tenant **Contact Name** Contact Person Address Address State \_ City Zip Code City State Zip Code Phone Fax Phone Fax **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities Building Characteristics Utilities** SF Dwelling SF Townhouse Water Supply: Height: Water Supply: Public \_ Public Width Depth No. of stories: Private 1st floor: Private CA Sewage Disposal: Sewage Disposal: 2nd floor: Public Public 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 | Electric Yes □ No □ Use group: Yes □ No □ Heating System: No. of efficiency units: Heating System: Electric Oil Oil Natural Gas Construction type: Electric 
Oil No. of 2 BR units Reinforced Concrete Natural Gas No. of 3 BR units Propane Gas Structural Steel Propane Gas Masonry Sprinkler system: N/A.D. Wood Frame Sprinkler system: N/A Dimensions: NFPA#13D Footings: \_\_ Roof Height: Full NFPA#13R Partial Other: 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 enter onto this property for the purpose of inspecting the work permitted and posting notices. Applicant's Signature Print Name Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\* FICE USE ONLY **AGENCY** DATE SIGNATURE APPROVAL **DPZ SETBACK INFORMATION** PROPERTY ID# Land Development, DPZ Front: Filina fee ate Highways **Building Official** Excise tax Dev. Engineering, DPZ Side St : Add'I per. fee 4160 All minimum setbacks met? TOTAL FEES YES I NO I Sub-total paid is Sediment Control approval required prior to issuance? Is Entrance Permit required? Balance due YES NO D Check YES | NO | **Historic District?** CONTINGENCY CONSTRUCTION START: YES | NO | ONE STOP SHOP: Lot Coverage for NewTown Zone

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