DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3/30 COURT HOUSE DRIVE
ELLICOTT CITY, MO 2104
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY

	PERMIT NUMBER	١
13	PERMIT NUMBER	j

	1 15/03/11/74	TI LIOATION 1010	181 x 61 C	
Building Address 1021 Rug	a Ro	Property Owner's Name John	A. Wikmey	
SYKSSIICLE MD.		Address 102/ RIVER /		
Suite/Apt. #: SDP/WP/Pd	etition #:	City SYKSSVICES State	te <u>////</u> Zip Code- <u>2/78</u> /	
Census Tract 6030 Subdivision	n_ 19109 PARICES MAS	Home Phone 4/10 442-2093	Home Phone 410 442-2093 Work Phone	
Section Area		Applicant's Name & Mailing Address	s, (if other than stated hereon):	
Tax Map Parcel / 65	1			
Zening Map Coordinates 5 /		Phone Fax	,	
Existing Use Sirili FAM.		Contractor Company 1/55 BUILDINS IN		
Proposed Use Some w/	35,000	Contact Person Base Sone		
Description of Work Sixon タアカン		Address 2705 B Oco Wostman A		
		City Was T MINSTER State MD Zip Code 1157		
BREMENT INCCOME IBR+		License No. 171116 51169 19118 1068 Phone 411-840-9119 Fax 410-840-2441		
- (5	Time	50		
		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State	Zip Code	City State	Zip Code	
Phone Fax		Phone Fa	ах	
BUILDING DESCRIPTION - C	COMMERCIAL	BUILDING DESCRIPTION	- <u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling SF Townhouse Denth Width	Water Supply:Public	
No. of stories:	Private	lst floor: Depth / Width /	Private Sewage Disposal:	
	Sewage Disposal: Public	Basement: 16' × 15'	Public Private	
Gross area, sq. ft. per floor:	Private	Finished Basement Unfinished Basement		
Use group:	Electric Yes□ No□ Gas Yes□ No□	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms/	Electric Yes \(\text{No} \) \(\text{Gas} \) \(\text{Yes} \(\text{No} \) \(\text{D} \)	
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System: Electric □ Oil □	
Construction type: Reinforced Concrete	Electric □ Oil □ Natural Gas □	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐	
Structural Steel	Propane Gas			
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:	NFPA #13D	
	Full Partial	Footings:	NFPA #13R Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home		
The undersigned hereby certifies and acrees as follows: (1) to which are applicable thereto; (4) that the will perform no	WORK ON THE ABOVE REFERENCED PROPERTY NOT	NTON; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WI I SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE	ILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO	
THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTI	ED AND POSTING NOTICES.	16 cas	,	
Applicant's Signature		Print Name /		
SUISTINATION 1957	Burs inc	6/17/04		
Title/Company	- Helenar "Henne () 프라그리트 - " '' ()	Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **		
AGENCY DATE		ICE USE ONLY -	PROPERTY 1D#: 38473	
AGENCY DATE Land Development, DPZ	SIGNATURE ATTROVAL		Filing fee \$	
State Highways		Rear:	Permit fee S	
Building Official Dev. Engineering, DPZ	1		Excise tax \$Add'l per. fee \$	
Health 7/14/or	KABU	All minimum setbacks met?	TOTAL FEES \$	
Fire Protection Is Sediment Control approval required prior to issue	ance?		Sub-total paid \$Balance due \$	
YES NO	nero i	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Check # 9405	
			Validation # 7/305	
CONTINGENCY CONSTRUCTION : ONE STOP SHOP: □	START: LI	YES NO Laterage for NewTown Zone	1.	
OND DIOI.		SDP/Red-line approval date	-	
Distribution of Course White Duilding Office	vial Grann: LDD DB7 N	Vallow DED DD7 Pink Health	Cold. SUA	

