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Building Address 15305 Rioge Wood St.		Property Owner's Name Michael Chistog		
ENTER OF MO 21000		Address 13345 P. Age wood day		
Suite/Apt. #: SDP/WP/Petition #: Census Tract Subdivision NDGF (2001)		City Ellevill City State M Zip Code 2 2002		
Section Area Lot		Home Phone 3/. 7) [33.7] Work Phone 3// 123//		
Tax Map 22 Parcel 160 Grid 15		Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning Map Coordinates	, -	Phone Fax		
Existing Use		Contractor Company Aman 305		
Proposed Use Estimated Construction Cost \$		Contact Person Vin Palm		
Description of Work 7 7 7 7 7 7 7 7 7 7 7 7 7		Address Word Ballows No work like		
TYS. C. C.		Phone W. Way night, Fax	4. ULTOWN	
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State Zip Code				
Phone Fax		City State Zip Code		
BUILDING DESCRIPTION - COMMERCIAL		Phone Fax BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	Utilities	Building Characteristics	Utilities	
Height:	Water Supply:	SF Dwelling SF Townhouse	Water Supply:	
	Public	Depth Width	Public	
No. of stories:	Private Sewage Disposal:	1st floor:	Private Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private	
· ·	Electric Yes □ No □	Finished Basement Crawl space Slab on Grade No. of Bedrooms	Electric Yes No Gas Yes No No	
Use group:	Gas Yes□ No□	Height: Multi-family dwellings:		
Construction type:	Heating System:	No. of efficiency units: No. of 1 BR units:	Electric Oil	
Reinforced Concrete	Natural Gas	No. of 2 BR units: No. of 3 BR units:	Natural Gas 🗆	
Structural Steel	Propane Gas □	No. of 3 DR dills.	Fropane Gas Li	
Suuciulai Sieei				
Masonry	0	Other Structure:	Sprinkler system: N/A	
	Sprinkler system: N/A 🗆	Other Structure: Dimensions: Footings: Roof Height:	NFPA #13D NFPA #13R	
Masonry		Dimensions: Footings: Roof Height: State Certified Modular	NFPA #13D	
Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows:	Full Partial Other Suppression # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP	Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home LICATION: (2)THAT THE INFORMATION IS CORRECT: (3) THAT HE/SHE	NFPA #13D NFPA #13R Other:	
Masonry Wood Frame State Certified Modular The Undersigned Hereby Certifies and Agrees as Follows:	Full Partial Other Suppression # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLISHED WORK ON THE ABOVE REFE	Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home Lication; (2)That The Information is correct; (3) That He/she RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT	NFPA #13D NFPA #13R Other:	
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DEPARTMENT OF REPECTIONS, LICENSES AND PERMITS AND COURT HOUSE DRIVE FERNATS (110 315 AND RESPECTIONS (410 315 1810) ALTOMATED BY ORMATION (410 315 3800)	HOWÂRD PERMIT AF	COUNTY	300/69	MBER KW
Building Address Ellicoff City MD Suite/Apt. #: SDP/WP/Pe Chylop H 05-400 Subdivision Section Area Tax Map ZZ Parcel 16 O Zoning MD: Map Coordinates Existing Use Proposed Use State Estimated Construction Cost \$ Description of Work Dew Co AH 3 CM// GA W/CI SB/C III Occupant or Tenant Contact Name Address City State Phone Fax Building Characteristics Height: No. of stories:	21042 Ridgewood Lot 18 Grid X 14 Lot size 5.27 VACHINI LOT MILY HOME 25+0M SFD 16, UNITINES B Zip Code Zip Code	Property Owner's Name Address 19207 City LAUICE Home Phone 301-7 Applicant's Name & Ma Phone Contractor Company Contact Person Ni License No. 493 Phone 301-637 Engineer or Architect Contact Person Bo Address 7135 Mi City Lothian City Lothian Phone 410-351 BUILDING DE Building Charact SF Dwelling M SF Town Depth List floor 70	State MD Zip Co 3398 Fax company Enginee 5 Thompso NSTREI WAY State MD Zip Co 7500 Fax SCRIPTION - RESIDENT Servage Die Width 70' Sewage Die Sewage Die State MD Zip Co	de 20723 01-533-1/5/ stated hereon): Bort der Li ive de 2-1045 Ode 2-1045 Ode 2-1045 Ode 3-1045
Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Public Private Electric Yes No Gas	2nd floor: 10 Basement: Finished Basement: Unfinish Crawl space Slab on Grad No. of Bedrooms Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modu Manufactured Home	Publi Priva Bed Basement Electric Y Gas Y Heating Sy Electric E Natural Ga Propane Ga Sprinkler S NFI Oth	cest No
	Checks payable to: DIRECTOR OF PLEASE WRITE NEW FOR OFFICE ICONATURE APPROVAL Green LDD, DPZ Yell	Print Name Print Name Print Name FINANCE OF HOWARD COATLY AND LEGIBLY. ** CE USE ONLY IPZ SET BACK INFORMATIO Front Side: Side: Side: Side: Side: All minimum sethacks met? YES D NO C Is Entrance Permit required? YES D NO C Historic District? YES D NO C Lot Coverage for NewTown 20th SDP/Red-lifte approval data. OW: DED, DPZ Pink: He	OUNTY PROPERTY ID: Filing fee \$ Excise tax Add'l per fee TOTAL FEES Sub-total paid Balance due Check Validation ie eath Gold: SHA	Accepted by

