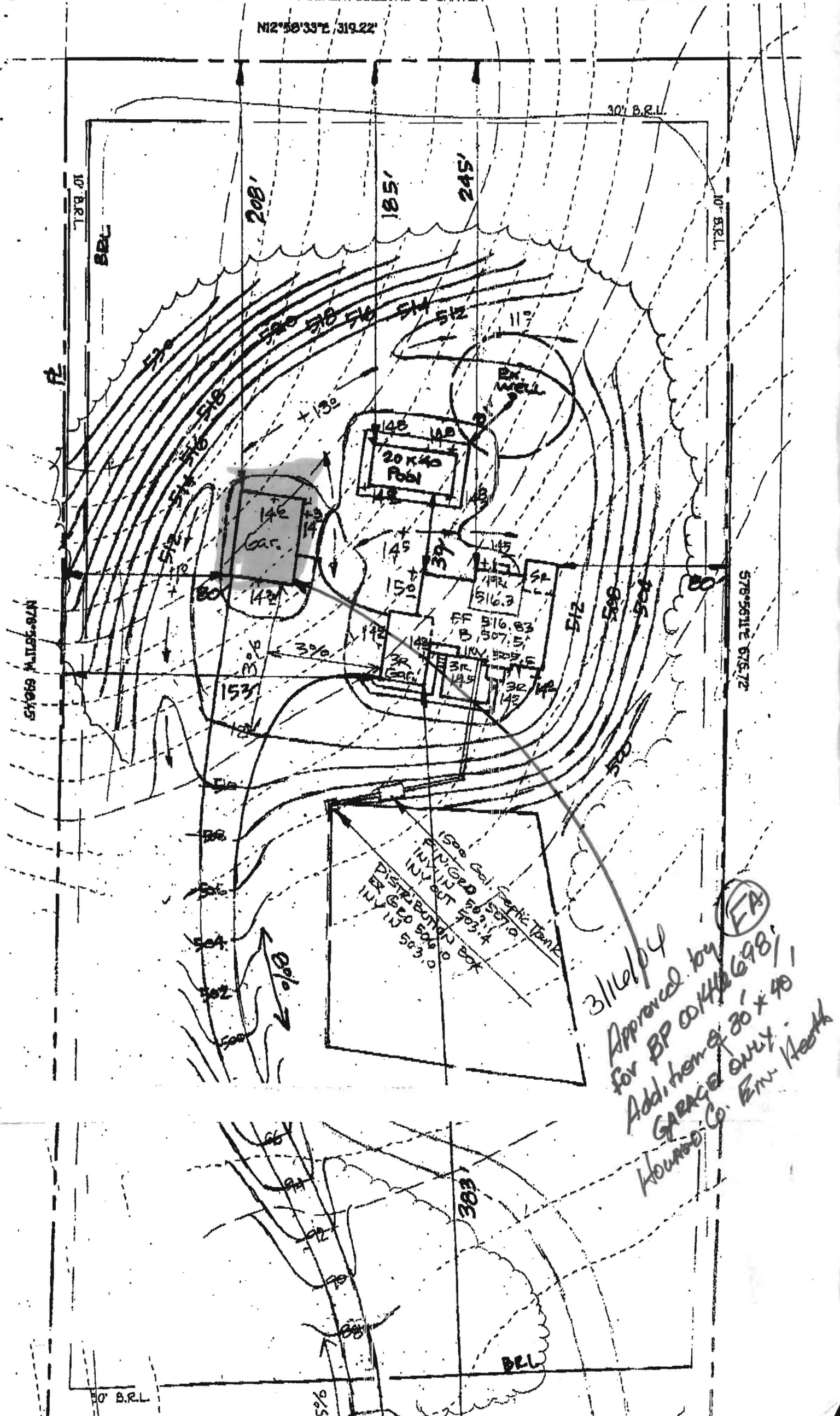


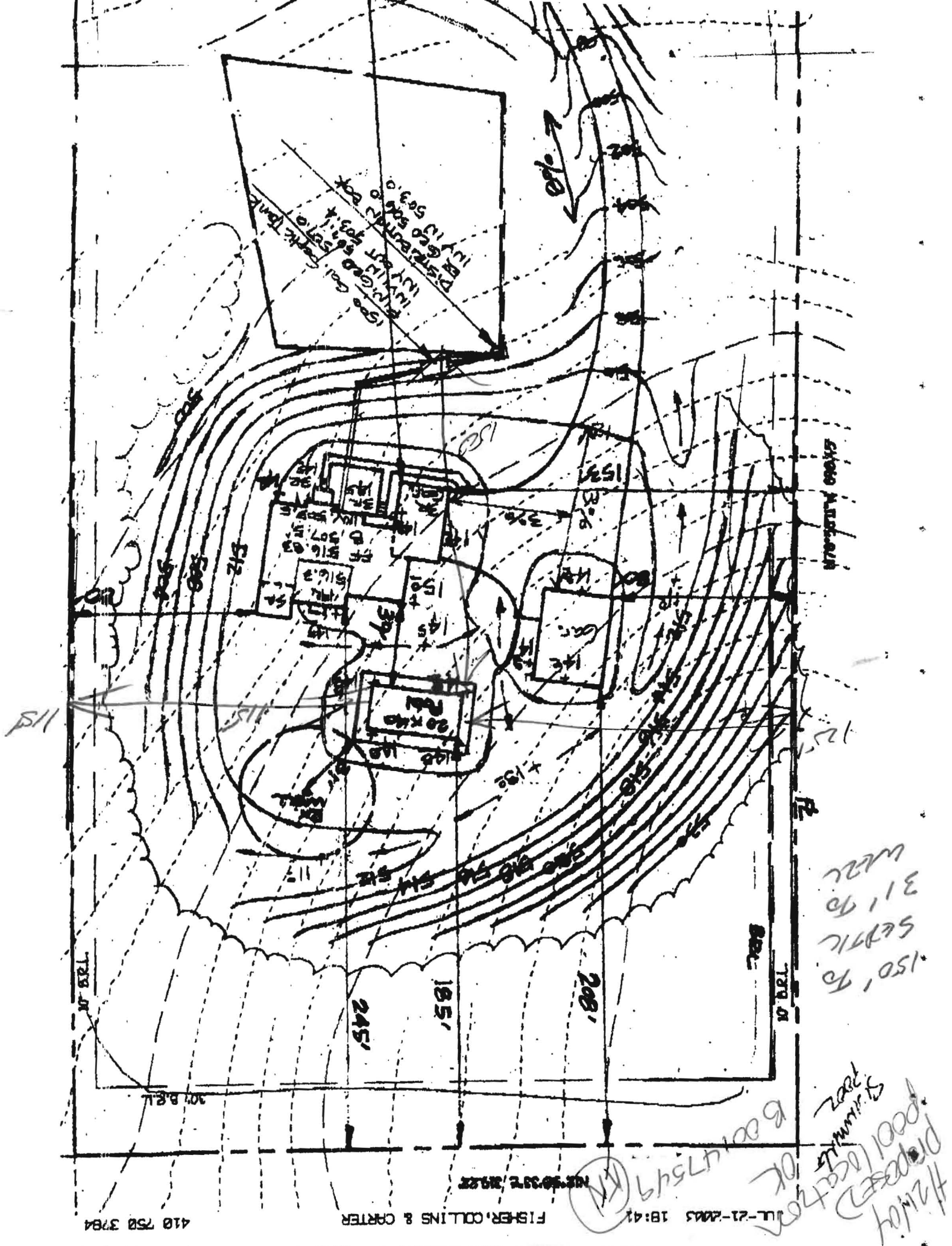
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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455, INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B 46698	
Building Address <u>13945 RIVER MILL RD</u> <u>WESTFRIENDSHIP, MD</u>		Property Owner's Name <u>WILLIAM G. FOULIS</u>			
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>1420 WATTS AVE</u>			
Census Tract <u>6030</u> Subdivision <u>ROVER MILL EST</u>		City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21144</u>			
Section _____ Area _____ Lot <u>5</u>		Home Phone <u>410 570 272</u> Work Phone <u>410 353 7643</u>			
Tax Map <u>15</u> Parcel <u>217</u> Grid <u>13</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____			
Zoning _____ Map Coordinates <u>167</u> Lot size _____		Phone _____ Fax <u>410 674 3187</u>			
Existing Use <u>VACANT LOT</u>		Contractor Company <u>SAME AS ABOVE</u>			
Proposed Use <u>GARAGE</u>		Contact Person _____			
Estimated Construction Cost \$ <u>40,000</u>		Address _____			
Description of Work <u>GARAGE - 2 CAR</u> <u>GARAGE - 30'x40' detached</u>		City _____ State _____ Zip Code _____			
Occupant or Tenant <u>Owner</u>		License No. _____ Phone _____ Fax _____			
Contact Name _____		Engineer or Architect Company _____			
Address _____		Contact Person _____			
City _____ State _____ Zip Code _____		Address _____			
Phone _____ Fax _____		City _____ State _____ Zip Code _____			
Phone _____ Fax _____		Phone _____ Fax _____			
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics		Utilities		Building Characteristics	
Height: _____		Water Supply: _____		SF Dwelling ☐ SF Townhouse ☐	
No. of stories: _____		Public ☐ Private ☐		Depth _____ Width _____	
Gross area, sq. ft. per floor: _____		Sewage Disposal: _____		1st floor: _____	
Use group: _____		Public ☐ Private ☐		2nd floor: _____	
Construction type: _____		Electric Yes ☐ No ☐		Basement: _____	
Reinforced Concrete ☐		Gas Yes ☐ No ☐		Finished Basement ☐ Unfinished Basement ☐	
Structural Steel ☐		Heating System: _____		Crawl space ☐ Slab on Grade ☐	
Masonry ☐		Electric ☐ Oil ☐		No. of Bedrooms _____	
Wood Frame ☒		Natural Gas ☐		Multi-family dwellings:	
State Certified Modular ☐		Propane Gas ☐		No. of efficiency units: _____	
		Sprinkler system: N/A ☐		No. of 1 BR units: _____	
		Full ☐		No. of 2 BR units: _____	
		Partial ☐		No. of 3 BR units: _____	
		Other Suppression _____		Other Structure: _____	
		# of Heads _____		Dimensions: _____	
				Footings: _____	
				Roof: _____	
				State Certified Modular ☐	
				Manufactured Home ☐	
				Heating System:	
				Electric ☐ Oil ☐	
				Natural Gas ☐	
				Propane Gas ☐	
				Sprinkler system: N/A ☐	
				NFA #13D ☐	
				NFA #13R ☐	
				Other: _____	
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 <u>WGP</u>		Print Name <u>WILLIAM G. FOULIS</u>			
Title/Company _____		Date <u>4/5/03 3-10-04</u>			
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY **					
- FOR OFFICE USE ONLY -					
AGENCY		DATE		SIGNATURE APPROVAL	
Land Development, DPZ		3/10/04		[Signature]	
State Highways					
Building Official					
Dev. Engineering, DPZ					
Health					
Fire Protection					
Is Sediment Control approval required prior to issuance?					
YES ☐ NO ☐					
CONTINGENCY CONSTRUCTION START: ☐					
ONE STOP SHOP: ☐					
Distribution of Copies-		White: Building Official		Green: LDD, DPZ	
Yellow: DED, DPZ		Pink: Health		Gold: SHA	
T:\forms\PERMIT.FRM		104347			
				Rev. 5/17/00	

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