of curry DEPT. OF INSPECTIONS, LICENSES AND PERMITS 9890 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION Property Owner's Name Building Address 15005 Seathwood ch Address 15005 se off Pris air midboow City Wood Lowe State M. Zip Code 217 Home Phone 413 444 A Work Phone 445 644 254 SDP/WP/Petition #: Applicant's Name & Mailing Address, (if other than stated herein): Suite/Apt. #: \_ Census Tract Subdivision Contra Section Area Parcel Grid Tax Map Phone Fax Map Coordinates Lot Size Zoning Revident FAMIL Existing Use\_ Contractor Company Worker Contact Person Ment Line Proposed Use 30 × 70 Estimated Construction Cost \$ Address 716 Santa Santa City 5 W NAVA State Ph Zip Code Description of Work License No.\_\_ Phone Fax , 918 WHE -ASIS Occupant or Tenant Engineer or Architect Company Contact Name Contact Person Address Address State Zip Code State Zip Code\_ City\_ Phone Fax Fax BUILDING DESCRIPTION - RESIDENTIAL **BUILDING DESCRIPTION - COMMERCIAL Utilities Building Characteristics Building Characteristics** Utilities Water Supply: SF Dwelling  $\Box$  SF Townhouse  $\Box$ Height: 14 Water Supply: Public Private Depth 1<sup>st</sup> floor: 2<sup>nd</sup> floor: Width Public No. of stories: 1 Private Sewage Disposal: age Disposal: Gross area, sq. ft. per floor: Public Basement: Public Private Private Finished Basement 

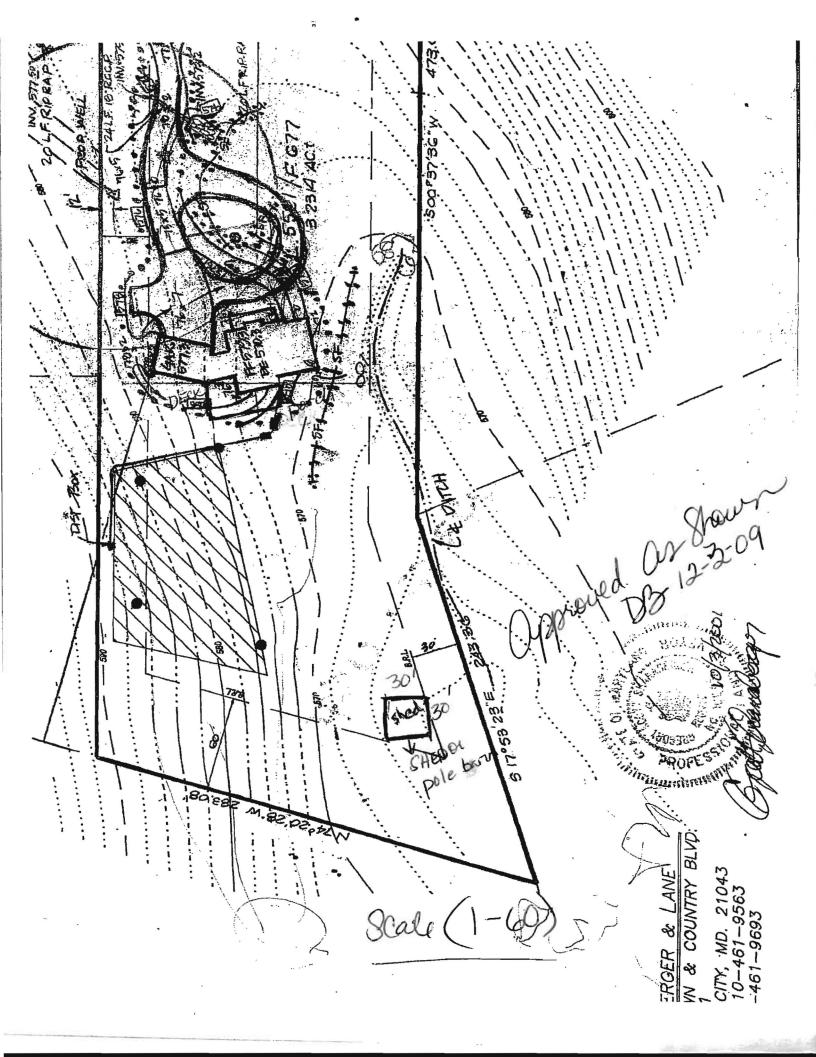
Unfinished Basement 

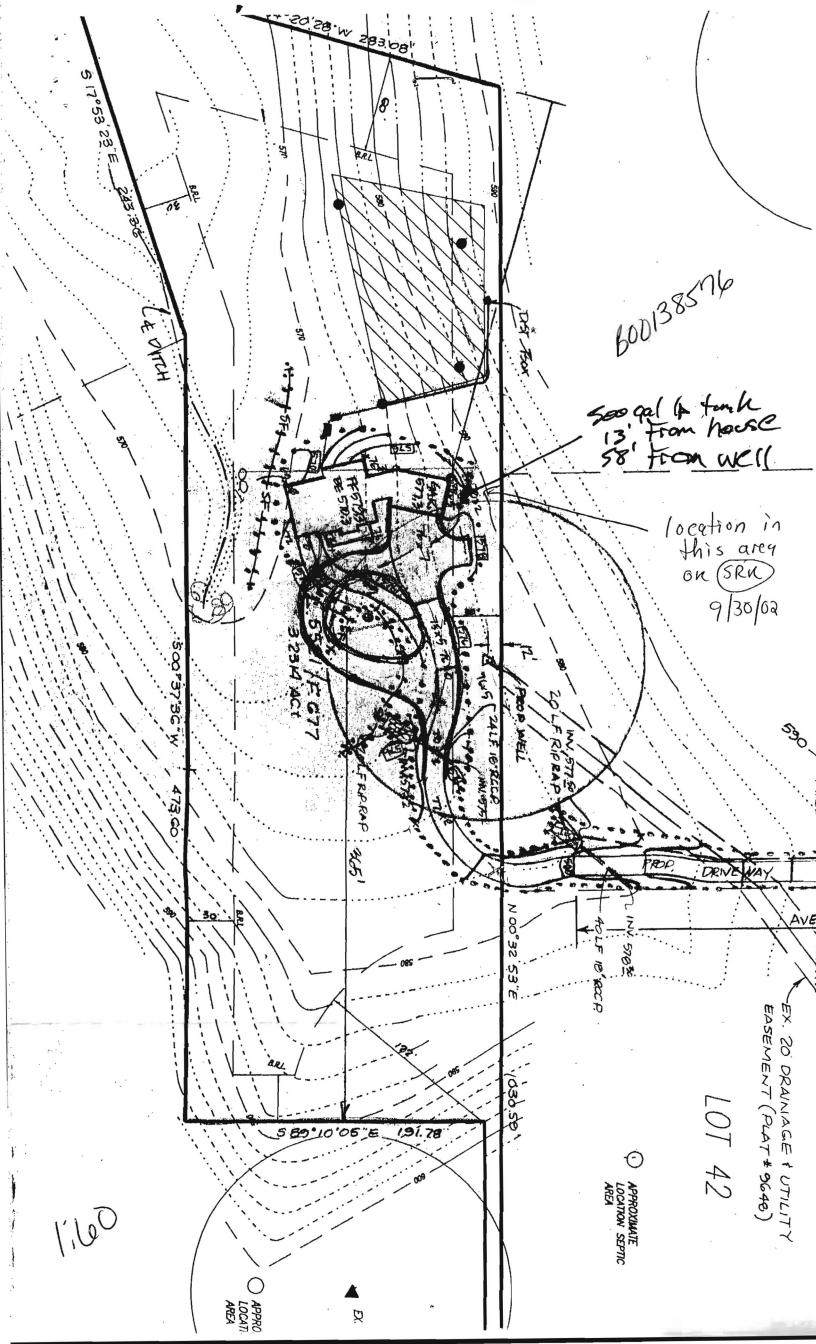
Crawl space 

Slab on Grade Use group: Electric Yes □ No □ Electric Yes □ No: □ No. of Bedrooms Construction type:
Reinforced Concrete Yes □ No □ Gas Yes D No 🖪 Gas Multi-family dwellings: Structural Steel Heating System: Heating System: No. of efficiency units: Masonry Electric Oil 🗆 Electric Oil No. of 1 BR units: \_ Natural Gas Wood Frame Natural Gas No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A □ NFPA #13D Sprinkler system: N/A Other Structure: Full Dimensions: Partial NFPA #13R Footings: Other Suppression Other: Roof: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (I) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION I CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WOR ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONT THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. (utroneo Applicant's Signature Print Name Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*
- FOR OFFICE USE ONLY -PROPERTY ID# DATE SIGNATURE APPROVAL **DPZ SETBACK INFORMATION** AGENCY Land Development, DPZ Filing fee State Highways Rear: Permit fee Building Officials Side: Excise tax Dev. Engineering, DPZ Side St.: Add'l per fee \$ Health 12-3-09 TOTAL FEES \$ All minimum setbacks met? YES 🗆 NO D Sub-total paid \$ **Fire Protection** Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES D NO D YES 🗆 NO 🗅 🖔 Check Historic District? Validation YES 🗆 NO 🗆 CONTINGENCY CONSTRUCTION START: Lot Coverage for New Town Zone ONE STOP SHOP: SDP/Red-line approval date \_\_\_\_ Accepted by Yellow: DED, DPZ Gold: SHA **Distribution of Copies** White: Building Officials Green: LDD, DPZ Pink: Health T:\Operations\Updated forms

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capacity supports
Stodem of Mo 600138576 500 gal in tonk location in this area on (SRN 9/30/02 APP. SAN / OC DESC. OF WOR

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