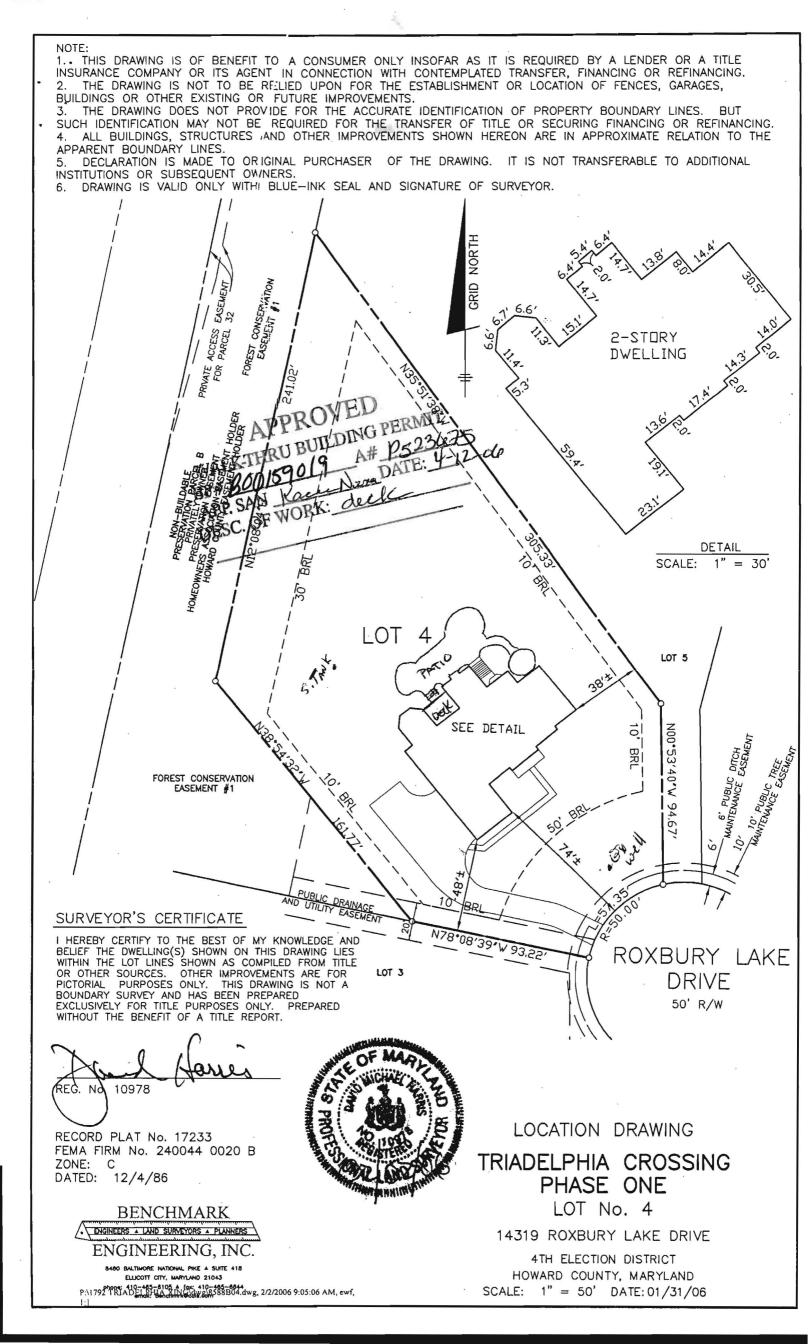
GOODAHI OF HISPECTIONS, LICENSEE AND PERMIT MADI COURT HOUSE UNIVE ELLICOTT CITY, NO 21943 0) 313,3455 RISPECTIONS (410) 313,1810 ANTED IN-ORMATION (410) 315,3800 PERMIT NUMBER HOWARD COUNTY B00154234 PERMIT APPLICATION Building Address 14319 Roxhury Lak-Di Property Owner's Name Tol Bi nig Glandy MO \$1737 Address 2/6-1 Clumbin Cotrue, 1. **《林王》**后, Suite/Apt #: 17:0 330 9-30909 SDP/WP/Petition #: PHACE to all State _____ Zip Code ant nitre Census Tract 60 400 Rsubdivision TA IA DELPHIA CLOSHICity Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Lot bot 4 97 Parcel 21 Tax Map_ Car 301 370 0835 Grid Zoning LC-D Map Coordinates 9012 Lot size 1.12 AC 114 / Fax 1/ Phone Existing Use Varan / Lot Contractor Company 701 8 A X Proposed Use Single Family Durt Contact Person 1828 134 Estimated Construction Cost \$_ 71 4 Description of Work Address S. State Zip Code 自建了法 City License No. North State C ANT Fax 11 Phone y Brinchmari Occupant or Tenant Tol Bio Inc Englishmillion Engineer or Architect Company Bit Rob Contact Name Contact Person The French to attes cl Cotran RIMITEL MADE Address Tall m Zip Code 10 16 City State City /// State 「たい」で Zip Code Phone // Fax 4% the state a free f Phone 11 Maria 15 Fax 1/C 4/2 State BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics** Utilities Building Characteristics Utilities Water Supply: SF Dwelling 💋 SF Townhouse 🗆 Height Water Supply: Public Width Public 1st floor: 76 2nd floor: 76 Private Sewage Disposal: Public No. of stories: Private Sk? Śe Sewage Disposal: 321 Public Basement: 76 × Private Gross area, sq. ft. per floor: Private Finished Basement D Unfinished Basement Crawl space Stab on Grade D No. of Bedrooms Electric Yes A No D Gas Yes No D Electric Yes I No I Gas Yes I No I Height: _______ Height: ______ Multi-family dwellings: No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Use group: Gas Heating System: Electric D Oil D Natural Gas D Propane Gas D Heating System: Electric 🗆 Oil 🔲 Construction type: Reinforced Concrete Structural Steel Natural Gas Propane Gas Masonry Other Structure: Sprinkler system: N/A NFPA #13D NFPA #13R Wood Frame Dimensions: _____ Footings: _____ Roof Height: ___ Sprinkler system: N/A C Full Partial Other: State Certified Modular Other Suppression State Certified Modular Manufactured Home # of Heads INDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT RE/SHE IS AUTHORIZED TO MAKE THIS A ARD COURTY WICH ARE APPLICASLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE RE NORT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTAK ATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF ICED PROBERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS DEUN F Applicant's Signature TIB. Print Name Dete Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY *** PLEASE WRITE NEATLY AND LEGIBLY. e/Company 65924 DPZ SETBACK INFORMATION nd Oewaksament, DPZ Filing fee 100.00 Permit ive Enel all an Statistic (Addil ber fe All minimum aetbedies met? YES II NO II TOTAL FEES Sub-toni paid is Entrance Permit requ mant Control approval migured prior to famo TES AND D Charle YES O NO D torio District? 1.1.202 CONTINGENCY CONSTRUCTION START: D TES DI NO DI Lot Courses for NewTown Zone SDP/Red-line approvel state Yellow: DED, DPZ Phil Acatepted by WIND BURGHICHICH In all of the second Green; LDD; DPZ Pinic Health CHIESIA



APK-06-2006(IHU) 12:19

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