

Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455

Date Received:	 	
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	<u>wwv</u>	v.howardcountymd.gov Permit No.:
Building Address:	radelphia Ra	11 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Property Owner's Name: M. charl + MEE Kum  Address: 14611 TRIADELPhra Po
City: Glenela State:	Zip Code:	737 City: Glevels State: MD Zip Code: 2/737
Suite/Apt. #SDP	/WP/BA #:	City: Glevels State: MT Zip Code: 2/737  Phone: 4/0 297~ 4079 Fax:
Census Tract:	Subdivision:	Email:
Section: Area		Applicant's Name & Mailing Address, (If other than stated herein)
SectionArea	a:	Applicant's Name: Claid STPM TON
Tax Map: <b>00 2 7</b> Parcel:	6717 Grid:	Address: 903 Timber RUN RD
Zoning: Map Coordina	tes: Lot Size:	City: (Seis: ASTOWN) State: Mr Zip Code: 213 F
		Phone: 443 847 4086 Fax:
Existing Use: SFD		Email:
Proposed Use: SFウ w/	Deck	Contractor Company: STANION HOME CONTRACTOR
Estimated Construction Cost: \$ 6	,000 -	Contact Person: CRAG STAUTON
Description of Work: ERECT	12' x20' 0 PC	Address 903 TIMBER RUN RD
Description of Work: Creek	م کا م مالادان	
		A Cell H. N
TO GIMBE M P	ear of Ducili	Phone: 443 841-408 (Fax:
Occupant or Tenant:		Email: CRAGBUITE GMAN . COM
Was tenant space previously occupied		□No Engineer/Architect Company:
Contact Name:		Responsible Design Prof.:
Address:		Address:
City:	State: Zip Code:	City: State: Zip Code:
Phone:		
Email:		Email:
Commercial Building Characteristics	Residential Building Chara	cteristics Utilities
Height:	☐ SF Dwelling ☐ SF Townh	
No. of stories:		idth Public
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	Private
	2 <sup>nd</sup> floor:	Sewage Disposal
Area of construction (sq. ft.):	Basement:	Public
Use group:	☐ Unfinished Basement	□ Private/
	☐ Crawl Space	Electric:
Construction type:	☐ Slab on Grade	
☐ Reinforced Concrete	No. of Bedrooms:	2000 No. 21 and 2 No. 21 and 2
☐ Structural Steel	<u>Multi-family</u> Dwelli	
Masonry	No. of efficiency units:	☐ Electric ☐ Oil ,
☐ Wood Frame ☐ State Certified Modular	No. of 1 BR units:  No. of 2 BR units:	□ Natural Gas □ Propane Gas
State Certified Modular	No. of 3 BR units:	Other:
	Other Structure:	Sprinkler System:
	Dimensions:	———
Roadside Tree Project Permit	Footings:	
□Yes <b>☑</b> No	Roof:	Grading Permit Number:
Roadside Tree Project Permit #	☐ State Certified Modular	
	☐ Manufactured Home	Building Shell Permit Number:
WITH ALL REGULATIONS OF HOWARD COUNTY THIS PPLICATION (S) THAT HE SHE GRADES CO Applicant's Signature  LALB UILT  Email Address	WHICH ARE ADDUCABLE THERETO, (4)	AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED TOO PASTING NOTICES.  Print Name
SIMUTONITION	DOLLI COLON	
Title/Company		
		DIRECTOR OF FINANCE OF HOWARD COUNTY ASE WRITE NEATLY & LEGIBLY**

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIG	NATURE OF APPROVAL
State Highways			
Building Officials			
PSZA (Zoning)			
PSZA ( Engineering )			
Health	11/13/	14	H. Oswalf.

Is Sediment Control approval required for issuance? ☐ Yes ☐ No ☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
<b>Guaranty Fund</b>	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

= 50 NOTE: NOR SEWER SERVICE ONLY:
BASEMENT WILL NOT SEWER BY GRAVITY
ARE

NOTE: NO SEWER
SERVICE ONLY:
BASEMENT WILL NOT SEWER BY GRAVITY
ARE

NOTE: NO SERVICE

NOTE: NO SEWER
SERVICE

NOTE: NO SEWER

NO SE 图 RECEIVED -550 12+20 W/SIEDS W/SIEDS 000 GAL SEPTIC TANK EX ORD. 571.80 NV. IN 569.00 NV. OUT 569.30 APPROVED S K-THRU BUILDING PERMS 363.0 LOD BP# APP. SAN DATE DESC OF WORK: 112x20' ground. 572 5R 567.50 ROUN RN. 570.20 PENINGTON PLACE (REY) ELEV. A FF 574.50 TO 20 (BRICK FRONT) 00 507 EX WELL & -574-- 18° 50 18 30 10+00 <17'-12" CHP MALLBOX -- OH --MALEO ROAD

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## DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

## **DECK ATTACHMENT AFFIDAVIT OF COMPLIANCE**

	Building Per	rmit Serial Number:	
To: The B	7	, the undersigned, am the over the over the control of the control	wner, builder, deck contractor, or owner's agent of
	Glev	rdg MD 2173	7
	accept the responsibility for con feets to existing dwellings.	npliance with the Howard County Deck Attack	hment Guide procedure related to the construction
FOR ALL NEW D	ECK CONSTRUCTION ONE C	OF THE FOLLOWING MUST BE CHECKED	:
YES	deck will be attached directly	to this conventional 2xlumber rim joist. But the deck attachment methods indicated on	stem (including rim joist). The new or replacement y checking this response, I understand that the deck the Howard County Deck Attachment Guide) and
NO	this response, I understand to into house foundation wall) of	that only deck attachment method #2 (ledger	r framing system (including rim joist). By checking supported by additional structural support, lagged may be used, as indicated on the Howard County
NO	checking this response, I und lagged into house foundation	derstand that only deck attachment method #	Imber floor framing system (including rim joint). By 2 (ledger supported by additional structural support, system) may be used, as indicated on the Howard thods.
solemnly affirm	under the penalties of perju	iry and upon personal knowledge that the	e contents of the foregoing paper are true.
Signature Print Name	(Owner; Owner's Agent; Builder; De	Date Date Address:	11/13/2014 3 Tunsa Ren RO ELSKUSTOON M) 21/36
White:	Department	Yellow: Inspector	Pink: Owner

T:\Updated Forms\deck attachment affidavit of compliance.wpd – June 2008