Automated Line: 410-313-3800

Permits: 410-313-2455

Howard County Building/Fire Permit Application
Inspections: 410-313-1810

Department of Inspections Vices 200

3430 Court House Drive B12001154 Ellicott City, MD 21043

Permit Number:

B12001919

	weltilly street	<u>-</u> -	Property Owner's Name:	in Chapel Ital UC		
1200 by an 21797			Address: 9025 Chevre let Drive			
Suite/Apt. #SDP			City: Ellicot Cinstate:	MD Zip Code! OUL		
Census Tracts	Subdivision to Val hiou		Home Phone:			
Centract,	ea: Lot:	2	, Applicant's Name & Mailing Address	, (If other than stated herein):		
Section: Are	:a:Lot:	- ]	JERHING Claser P	0 Box 1253		
Tax Map: Parcel:	$\bigcirc$ Grid: $\bigcirc$ $\bigcirc$ $\bigcirc$			Eldersburg and 2/789		
Zoning: Map Coordinat	tes: Lot Size 1718	d	Phone: 443-340-1229 F	ax:		
Existing Use: 5FT)			Email: JEREMY @ Applied	and Approved. com		
Proposed Use: SFI) W/ On	plane Tank		Contractor Company: Valley	Motional Cas		
Estimated Construction Cost: \$ 60	D		Contact Person: (Allian (no	,		
Description of Work:			Address: 7201 Monte vie			
	1 Daineas	.	License No. : (07.793	d Zip Code: 20794		
Install 500 (red po	My MONEY PROPERTY	.	Phone: 410-799-1114	Fav		
Tank		-	Email:			
Occupant or Tenant:	· · · · · · · · · · · · · · · · · · ·	-				
Was tenant space previously occupied?	P □Yes □No		Engineer/Architect Company:			
Contact Name:		.	Responsible Design Prof.:			
Address: 0 W/W/			Address: CONTICE	toc		
City:		,	Clty:State:	2.7720/31		
Phone:				Fax:		
Email:			Email:			
Linaii.		_	CITIALI:			
	TION - COMMERCIAL	_	100 TO 10	TION – RESIDENTIAL		
Building Characteristics	Utilities	_	Building Characteristics	Utilities		
Height:	Water Supply	_	☐SF Dwelling ☐ SF Townhouse  Depth Width	Water Supply  ☐ Public		
No. of stories:	☐ Public	_	1 <sup>st</sup> floor:	Private		
Gross area, sq. ft./floor:	☐ Private	_	2 <sup>nd</sup> floor:	Sewage Disposal		
	Sewage Disposal	_	Basement:	☐ Public		
Area of construction (sq. ft.):	□ Public	_	☐ FinIshed Basement	(D) Private		
	□ Private	_	☐ Unfinished Basement ☐ Crawl Space	Electric: ☐ Yes ☐ No  Gas: ☐ Yes ☐ No		
Use group:	Electric: Yes No	_	☐ Slab on Grade	Heating System		
	Gas: Yes No	_	No. of Bedrooms:	☐ Electric		
Construction type:	<u>Heating System</u>		Multi-family Dwelling	□ Oil		
☐ Reinforced Concrete	☐ Electric ☐ Oil		No. of efficiency units:	☐ Natural Gas		
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas	_	No. of 1 BR units:	☐ Propane Gas		
☐ Masonry	Sprinkler System:	_[	No. of 2 BR units:	-		
☐ Wood Frame	□ N/A	_	No. of 3 BR units: Other Structure:			
☐ State Certified Modular	□ Full	_	Dimensions:			
> Roadside Tree Project Permit	☐ Partial	_	Footings:	> Roadside Tree Project Permit		
☐Yes ☐No	☐ Other Suppression	-1	Roof:	□Yes □No		
Roadside Tree Project Permit #	No. of Heads:	4	☐ State Certified Modular	Roadside Tree Project Permit #		
			☐ Manufactured Home	·		
WITH ALL REGULATIONS OF HOWARD COUNTY W	ES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED OF THE AREA PPLICABLE THERETO; (4) THAT HE/SH JUTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PI	ROPE	LL PERFORM NO WORK ON THE ABOVE REFEREN	CED PROPERTY NOT SPECIFICALLY DESCRIBED IN		
Linuit Muut Coo	ad And Approved . 2001	Dat	6/4/12			
Title/Company						
пие/сотрапу	Checks Payable to: DIRECTOR C	OF FI	NANCE OF HOWARD COUNTY			
ж	**PLEASE WRITE	NEA				

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	21-19	Dana Beina
Fire Protection		

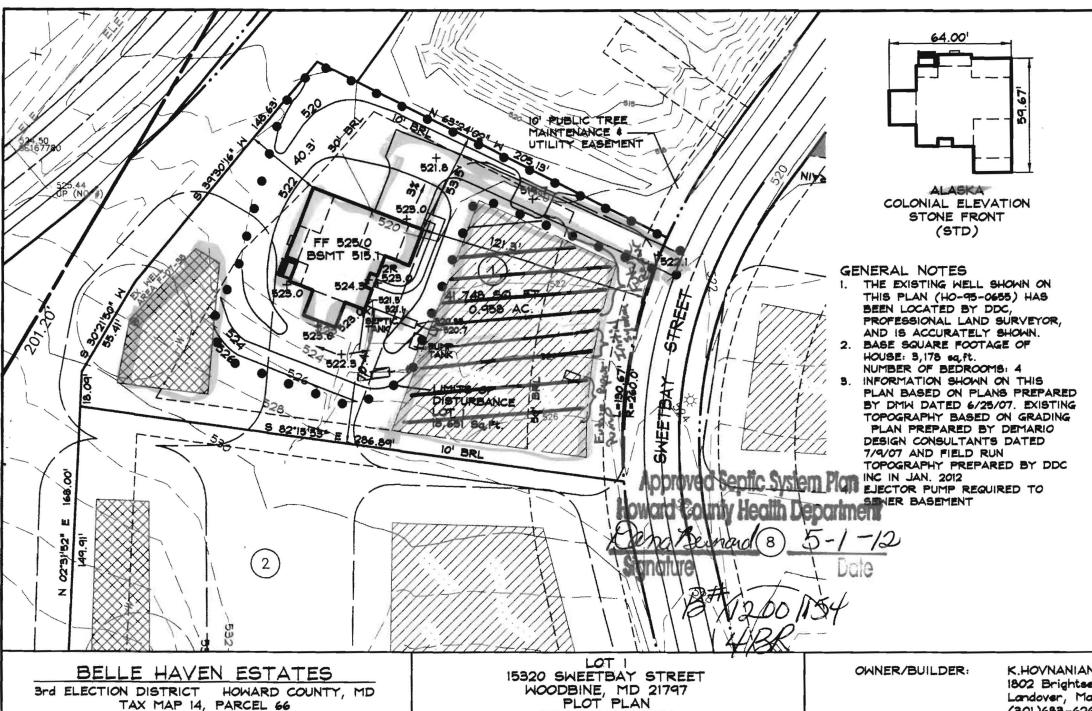
☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

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	\$100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ 10
Balance Due	5 -0

Check 2914



KHOV ELEVATION

TAX MAP 14, PARCEL 66

Development Design Consultants **Planners** Surveyors Engineers Landscape Architects 192 East Main Street Westminster, MD 21157 410.386.0560 410.386.0564 (Fax)

DDC JOB#: 06116.5

DDC @ DDCinc.us

www.DDCinc.us

DATE: 3/27/12

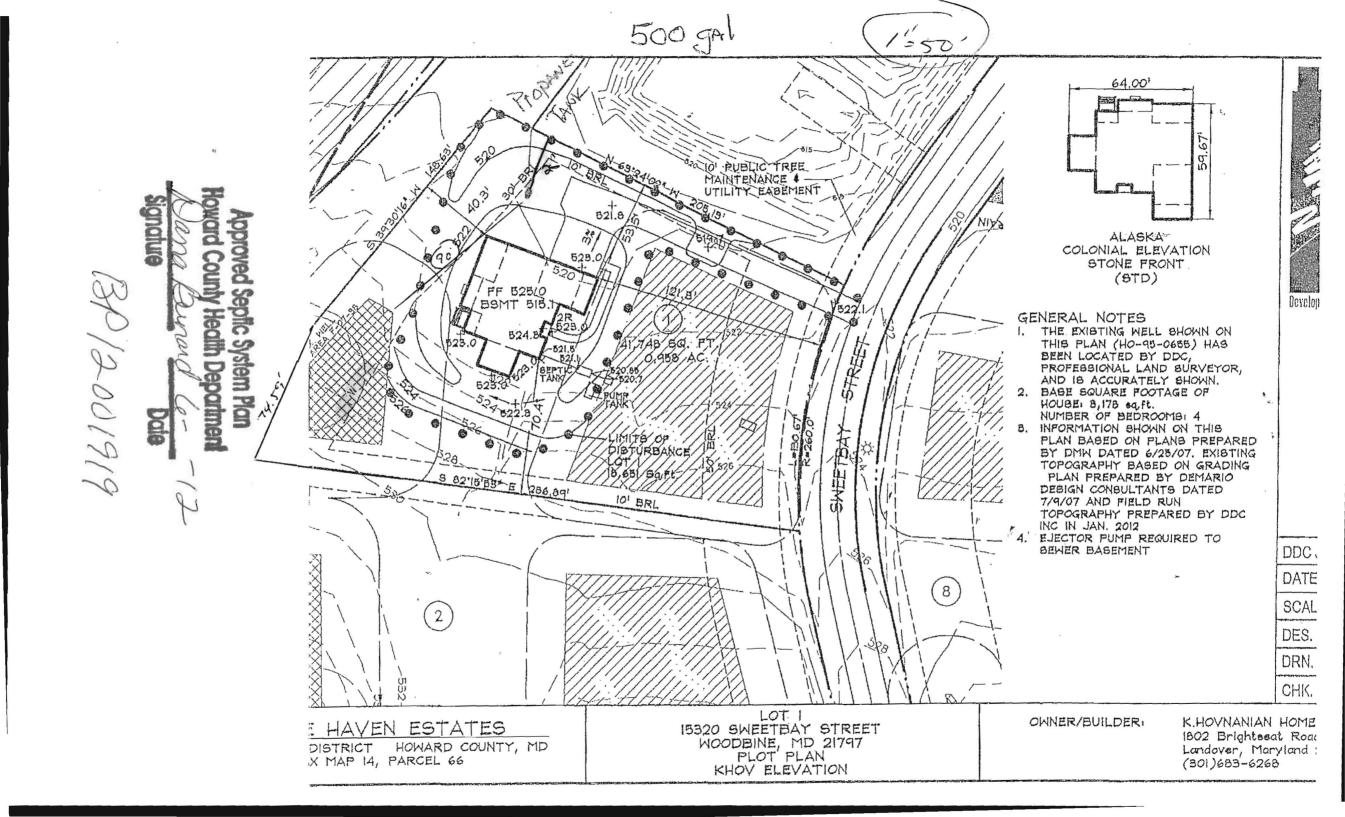
SCALE: 1" = 50"

DES. BY: BKC

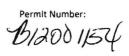
DRN. BY: BKC

CHK. BY: JLM

K.HOVNANIAN HOMES 1802 Brightseat Road Landover, Maryland 20785 (301)683-6268



Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043



Building Address: 13520			D.,	W ~ 11.	ANOW DAMA II	
WOODLINE, MD 21797			Property Owner's Name: Belle HAVEN BAKEN LLC			
WOODLINE, MD 21797			Address: 10751 Falls Rp, Ste, 405			
Suite/Apt. #SDP/WP/BA #:			City: Lutherville State: MD zip Code: 21093			
Census Tract: Subdivision: Belle Haven			Home Phone: Work Phone:			
			Applicant's Name & Mailing Address, (If other than stated herein):			
Section: Area: Lot:			VICEY Meyer			
Tax Map: Parcel:	66 Grid:					
Zoning: Map Coordinates: Lot Size:			Phone: 410-296-6900 Fax:			
		AC	Email: Mdbld6 PerHits@comcast.net			
Existing Use: VACHAT						
Proposed Use: Hew S, E,	D		Contractor Company: K. HOVNANIAN HOMES			
Estimated Construction Cost: \$ 400	0,000		Contact Person: Chester of Maky (Above)  Address: 1802 Brightseat RD.			
Description of Work: Alaska		Sym	Address: 1802 Brightseat RD			
For Day Fred	11000 € 171€ 1-	1	City: LAND OVET State: MD Zip Code: 20785			
THE LAND TO SELL	GKM, CONSERVA	PE SWITT	License No. : 3149 Phone: 301-683-6268 Fax:			
EXT. LIBRARY BEDRING	COMBO, 3 CAN GAN	Age,"	Email:	PO_ Fax:		
FAM, RM, EXT, MORNIN EXT, LIGHTHY BEDRM. ( 4 BDEMS 4 1/2 BATHRMS Occupant or Tenant: Sec OW.	VEL LL' FIN	PM PALLE	Liben .	,		
Was tenant space previously occupied?	Yes	□No	Engineer/Architect Company: _	DI	PC	
Contact Name:			Responsible Design Prof.: B	na in		
5-4-1 - 27D 5032 DE 1291	· · · · · · · · · · · · · · · · · · ·					
Address:			Address: 192 E, M			
City:	State: Zip Code:		City: WESTMIASTCI State	ND	Zip Code: _ <b>2115</b>	
Phone:	Fax:		Phone: 410 386-09	Fax:		
Email:			Email:			
BUILDING DESCRIPT Building Characteristics	TION - COMMERCIAL		BUILDING DE Building Characteristics		I – RESIDENTIAL Utilities	
Height:	Utilities Water Supply		SF Dwelling  SF Townhou	use		
No. of stories:	□ Public		Depth Wid		Public	
Gross area, sq. ft./floor:	□ Private		1 <sup>st</sup> floor:	<b>×</b>	Private	
01033 4124, 34. 11., 11001.	Sewage Disposal		2 <sup>nd</sup> floor:		Sewage Disposal	
Area of construction (sq. ft.):	□ Public		Basement: Finished Basement		Public Private	
rued or constituction (sq. re.).	Private		☐ Unfinished Basement		ectric: Yes 🗆 No	
Use group:	Total Stranger	□ No	☐ Crawl Space		is: Yes No	
		□ No	☐ Slab on Grade		<u>Heating System</u>	
			No. of Bedrooms:		Electric	
Construction type:	Heatina System					
Construction type:  ☐ Reinforced Concrete	Heatina System  ☐ Electric ☐ Oil		Multi-family Dwelling		Oll	
	☐ Electric ☐ Oil					
☐ Reinforced Concrete	☐ Electric ☐ Oil ☐ Natural Gas ☐ Propar	ne Gas	Multi-family Dwelling No. of efficiency units:		OII Natural Gas	
☐ Reinforced Concrete ☐ Structural Steel	☐ Electric ☐ Oil	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:		OII Natural Gas	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry	☐ Electric ☐ Oil ☐ Natural Gas ☐ Propar  Sprinkler System:	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:		OII Natural Gas	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame	☐ Electric ☐ Oil ☐ Natural Gas ☐ Propar  Sprinkler System: ☐ N/A	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:	\(\frac{1}{2}\)	OII Natural Gas Propane Gas	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	☐ Electric ☐ Oil ☐ Natural Gas ☐ Propar  Sprinkler System: ☐ N/A ☐ Full	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:	)	OII Natural Gas	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ➤ Roadside Tree Project Permit	☐ Electric ☐ Oil ☐ Natural Gas ☐ Propar  Sprinkler System. ☐ N/A ☐ Full ☐ Partial	ne Gas	Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:	D   X   C   C   C   C   C   C   C   C   C	OII Natural Gas Propane Gas Roadside Tree Project Permit	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ➤ Roadside Tree Project Permit ☐ No ☐ Roadside Tree Project Permit #	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:	ne Gas	Multi-family Dwelling 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 Modular Manufactured Home	D Xi	Oll Natural Gas Propane Gas  Roadside Tree Project Permit  Ves Roadside Tree Project Permit #	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  No Roadside Tree Project Permit 8	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFO	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Roadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ➤ Roadside Tree Project Permit ☐ Yes ☐ No ☐ Roadside Tree Project Permit #  THE UNDERSIGNED HERBBY CERTIFIES AND AGREE WITH ALL REGULATIONS, OF HOWARD COUNTY W THIS APPLICATION; (S) THAT HE/SHE GRANTS COU	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A	ne Gas	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFO  AFFORM THE PURPOSE OF INSPECTING THE	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Coadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ☐ Roadside Tree Project Permit ☐ Wes ☐ The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (S) THAT HE/SHE GRANTS COU	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A	LUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPER	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 3 BR units:  No. of 3 BR units:  Other Structure:  Dimensions: Footings: Roof:  Manufactured Modular Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLD PERFORM NO WORK ON THE ABOVE REF	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Coadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY WITHIS APPLICATION; (S) THAT HE/SHE GRANTS COUNTY Applicant's Signature	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER C	AUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFO  AFFORM THE PURPOSE OF INSPECTING THE	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Coadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Wes No Roadside Tree Project Permit  THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION; (S) THAT HE/SHE GRANTS COUNTY  Applicant's Signature  Applicant's Signature	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO, (4) NITY OFFICIALS THE RIGHT TO ENTER CO	AUTHORIZED TO MITHAT HE/SHE WILL DONTO THIS PROPEI	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLE PERFORM NO WORK ON THE ABOVE REFRITY FOR THE PURPOSE OF INSPECTING THE INTOLE PERFORM THE PURPOSE OF INSPECTING THE INTOLE PERFORM NO WORK ON THE ABOVE REFRITY FOR THE PURPOSE OF INSPECTING THE	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Coadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN	
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Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Wes No Roadside Tree Project Permit  THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION; (S) THAT HE/SHE GRANTS COUNTY  Applicant's Signature  Applicant's Signature	□ Electric □ Oil □ Natural Gas □ Propar  Sprinkler System: □ N/A □ Full □ Partial □ Other Suppression No. of Heads:  S AS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER C	AUTHORIZED TO MITHAT HE/SHE WILL DONTO THIS PROPEI	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLE PERFORM NO WORK ON THE ABOVE REFRITY FOR THE PURPOSE OF INSPECTING THE INTOLE PERFORM THE PURPOSE OF INSPECTING THE INTOLE PERFORM NO WORK ON THE ABOVE REFRITY FOR THE PURPOSE OF INSPECTING THE	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Coadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  Wes  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS, OF HOWARD COUNTY WHIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  Maladerss  AGENT MD BIMS	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial     Other Suppression     No. of Heads:     SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     NTY OFFICIALS THE RIGHT TO ENTER COMMITS OF ITEM	NUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI  Prin  Dat  C , DIRECTOR OF FIR	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLE PROPERTY FOR THE PURPOSE OF INSPECTING THE UNITY OF THE NAME  AND THE PURPOSE OF INSPECTING THE UNITY OF THE PURPOSE OF INSPECTING THE UNITY OF THE UN	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Roadside Tree Project Permit # CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN HITTED AND POSTING NOTICES.	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  Wes  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS, OF HOWARD COUNTY WHIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  Maladerss  AGENT MD BIMS	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial   Other Suppression     No. of Heads:     S AS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     NITY OFFICIALS THE RIGHT TO ENTER COMMENT     S PCOMCAST     Checks Payable to: D     Checks Payable to: D     PERMITS   TA	AUTHORIZED TO M THAT HE/SHE WILL  DON'TO THIS PROPEI  C  DORECTOR OF FIRE  ASE WRITE NEAL	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  ARE THIS APPLICATION; (2) THAT THE INFO  LEPRFORM NO WORK ON THE ABOVE REF RTY FOR THE PURPOSE OF INSPECTING THE  THE NAME  NAM	RMATION IS	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves Roadside Tree Project Permit #  CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN HITTED AND POSTING MOTICES.	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  Wes  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  Mad blade Permit  Email Address  KGENT, MD BLAG  Title/Company	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial     Other Suppression     No. of Heads:     SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO, (4)     NTY OFFICIALS THE RIGHT TO ENTER CONTINUE OF THE	NUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI  Prin  Dat  C , DIRECTOR OF FIR	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  ARE THIS APPLICATION; (2) THAT THE INFO  LEPRFORM NO WORK ON THE ABOVE REF RTY FOR THE PURPOSE OF INSPECTING THE  THE NAME  NAM	RMATION IS: FERENCED PR WORK PERM	OII Natural Gas Propane Gas  Roadside Tree Project Permit  Tes Correct; (3) That He/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN HITTED AND POSTING NOTICES.	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  Wes  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  Mad D d Permit  Email Address  AGENCY  DATE SK	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial     Other Suppression     No. of Heads:     SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     SPECIALS THE RIGHT TO ENTER COMMAND     SPECIALS THE RIGHT TO ENTER COMMAND     Checks Payable to: D	AUTHORIZED TO M THAT HE/SHE WILL  DON'TO THIS PROPEI  C  DORECTOR OF FIRE  ASE WRITE NEAL	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLE PROPERTY FOR THE PURPOSE OF INSPECTING THE INFOLE PURPOSE OF INSPECTING THE INFORMATION THE INFORMA	RAMATION IS. FERENCED PRESENCED PRES	OII Natural Gas Propane Gas  Roadside Tree Project Permit Ves CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN NITTED AND POSTING NOTICES.	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  Wes  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  Mad blade Permit  Email Address  KGENT, MD BLAG  Title/Company	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial     Other Suppression     No. of Heads:     SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     THY OFFICIALS THE RIGHT TO ENTER COMMANDER COMMAND	NUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI  C ONRECTOR OF FIRE OFFICE OF	Multi-family Dwelling  No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  AKE THIS APPLICATION; (2) THAT THE INFOLE PROPERTY FOR THE PURPOSE OF INSPECTING THE INFOLE PURPOSE OF INSPECTING THE INFORMATION THE INFORMA	RAMATION IS: FERENCED PREMIUM  Filling Fee Permit Fee	OII Natural Gas Propane Gas  Roadside Tree Project Permit (a) Yes CORRECT; (3) THAT HE/SHE WILL COMPLY ROPERTY NOT SPECIFICALLY DESCRIBED IN MITTED AND POSTING NOTICES.  TO SEE \$ 150	
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Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  Roadside Tree Project Permit  The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION; (S) THAT HE/SHE GRANTS COU  Applicant's Signature  MD BING  Title/Company  AGENCY DATE SIGNED HEREBY CERTIFIES AND AGREE  AGENTY DATE SIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS, (S) THAT HE/SHE GRANTS COU  Applicant's Signature  MD BING  Title/Company  Building Officials  PSZA (Zoning)  DSA (Engineering)  Health  Fire Protection  Is Sediment Control approval required for	Electric   Oil     Natural Gas   Propar     Sprinkler System:     N/A   Full     Partial     Other Suppression     No. of Heads:     SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4)     THY OFFICIALS THE RIGHT TO ENTER COMMANDER OF APPROVAL     Checks Payable to: Description     Checks Payable to: Description	AUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI  C ORECTOR OF FIR ASE WRITE NEAF FOR OFFICE  DPZ SETBACK II Front: Rear: Side: Side St.: All minimum se Is Entrance Pen	Multi-family Dwelling  No. of efficiency units:  No. of 2 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  ARE THIS APPLICATION; (2) THAT THE INFOLITY FOR THE PURPOSE OF INSPECTING T	Filing Fee Permit Fe Tech Fee Excise Ta; PSFS Guaranty	OII Natural Gas Propane Gas  Roadside Tree Project Permit Lyes Correct; (3) That He/she will Comply Roperty Not specifically Described in HITTED AND POSTING NOTICES.  T 2 8 22 6  S 5 5 5  Fund \$ Fee \$ S \$	
☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular ☐ Roadside Tree Project Permit ☐ Yes ☐ No ☐ Roadside Tree Project Permit IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Electric   Oil   Natural Gas   Propar   Sprinkler System:   N/A   Full   Partial   Other Suppression   No. of Heads:   SAS FOLLOWS: (1) THAT HE/SHE IS A HICH ARE APPLICABLE THERETO; (4) NITY OFFICIALS THE RIGHT TO ENTER COMMANDE COMMAND   Permitted Command Com	AUTHORIZED TO M THAT HE/SHE WILL ONTO THIS PROPEI  C ORECTOR OF FIR ASE WRITE NEAD FOR OFFICE  DPZ SETBACK II Front: Rear: Side: Side St.: All minimum se Is Entrance Per	Multi-family Dwelling  No. of efficiency units:  No. of 2 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof:  Manufactured Home  ARE THIS APPLICATION; (2) THAT THE INFOLITY FOR THE PURPOSE OF INSPECTING T	Filing Fee Permit Fe Tech Fee Excise Ta; PSFS Guaranty Add'l per Total Fee:	Propane Gas  Roadside Tree Project Permit  Ves  Correct; (3) That He/she will Comply Roperty not specifically described in Mitted and Posting Notices.  The Second	

Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800

## Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive

Ellicott City, MD 21043

Permit Number:

Building Address:	E		Property Owner's Name:			
			Address:			
Suite/Apt. #SDP/	/WP/BA #:		City: State	11	Zip Code:	
Census Tract:	Subdivision:		Home Phone:	Work Phone:		
Section: Are			Applicant's Name & Mailing Address, (If other than stated herein):			
Tax Map: Parcel:						
			Dhana	Гочи		
Zoning: Map Coordinat	es: tot size: _		Phone:			
Existing Use:			Email:			
Proposed Use:			Contractor Company:			
Estimated Construction Cost: \$	*		Contact Person:			
Description of Work:			Address:State:State:	Zip C	ode:	
			License No. :			
			Phone:	Fax:		
Occupant or Tenant:			Email:			
Was tenant space previously occupied?		□No	Engineer/Architect Company			
			Engineer/Architect Company:			
Contact Name:			Responsible Design Prof.:			
Address:			Address:			
City:			City:State:	Zip Co	de:	
Phone:	Fax:		Phone:	Fax:		
Email:			Email:			
BUILDING DESCRIPT	ION - COMMERCIAL		BUILDING DESC	RIPTION – RESIDEI	TIAL	
Building Characteristics	Utilities		Building Characteristics		Utilities	
Height:	Water Supply		☐ SF Dwelling ☐ SF Townhouse		Nater Supply	
No. of stories:	☐ Public		1 <sup>st</sup> floor: SET 153	☐ Public☐ Private		
Gross area, sq. ft./floor:	☐ Private		1 <sup>st</sup> floor: S457153		wage Disposal	
	Sewage Dispose	<u>al</u>	Basement:	☐ Public		
Area of construction (sq. ft.):	☐ Public		☐ Finished Basement	☐ Private		
	☐ Private		Unfinished Basement	Electric:	☐ Yes ☐ No	
Use group:	Electric:	□ No	☐ Crawl Space ☐ Slab on Grade	Gas:	☐ Yes ☐ Noeating System	
	Gas: Yes	□ No	No. of Bedrooms:	☐ Electric	cuting system	
Construction type:	Heating System	<u> </u>	Multi-family Dwelling	□ Oil		
☐ Reinforced Concrete	☐ Electric ☐ Oil		No. of efficiency units:	☐ Natural (		
☐ Structural Steel	□ Natural Gas □ Propa		No. of 1 BR units: No. of 2 BR units:	☐ Propane	Gas	
☐ Masonry ☐ Wood Frame	Sprinkler Systen  □ N/A	<u>#</u>	No. of 3 BR units:	-		
☐ State Certified Modular	☐ Full		Other Structure:			
> Roadside Tree Project Permit	☐ Partial		Dimensions:	N 0	tile # Burit at Burit	
□Yes □No	☐ Other Suppression		Footings: Roof:	➤ Roads	ide Tree Project Permit	
Roadside Tree Project Permit #	No. of Heads:		☐ State Certified Modular		Tree Project Permit #	
			☐ Manufactured Home			
THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU	HICH ARE APPLICABLE THERETO; (4	I) THAT HE/SHE WI R ONTO THIS PROPE	ILL PERFORM NO WORK ON THE ABOVE REFER ERTY FOR THE PURPOSE OF INSPECTING THE W	ENCED PROPERTY N	OT SPECIFICALLY DESCRIBED IN	
Applicant's Signature		Pri	int Name			
Email Address		Da	ite			
Title/Company						
	24 B W COM A SECURE OF SECURE		INANCE OF HOWARD COUNTY ITLY & LEGIBLY** USE ONLY-			
AGENCY DATE SI	GNATURE OF APPROVAL	DPZ SETBACK	INFORMATION	Filing Fee	\$	
State Highways		Front:		Permit Fee	\$	
Building Officials	-	Rear:		Tech Fee	Ś	
PSZA (Zoning)		Side:		Excise Tax	\$	
PSZA ( Engineering )				PSFS	\$	
	ano Bunard	Side St.:		Guaranty Fund	\$	
Fire Protection	w wyww	17.00.00 0 0000 0000 0000 0000 0000000000		Add'l per Fee	\$	
Is Sediment Control approval required for	or issuance?  Yes No	Is Entrance Pe		Total Fees	\$	
☐ CONTINGENCY CONSTRUCTION STAR		Historic Distric	Ct: Lies Livo	Sub- Total Paid	\$	
ONE STOP SHOP		Lot Coverage	for New Town Zone:	Balance Due	\$	

Distribution of Copies: White: Bullding Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Lot Coverage for New Town Zone: SDP/Red-line approval date:

Pink: Health

Gold: SHA