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

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits

Permit Number: 1 in mont

Automated Line: 410-313-3800	3	430 Court Hous Ellicott City, MD		Ĕ	3120	00545
Building Address: 12220	WHING FAX	= LA	Property Owner's Name:	XIAON	SO V	40
CLARKSVILLE MD		2.07	Address: 12220 R			
	•		City: CLARKSVILLE			
Suite/Apt. #SDP			Home Phone 410 270			
Census Tract:			Applicant's Name & Mailing			
Section: Are			Applicant's Marie & Mailing	Auuress,		
Tax Map: Parcel:	Grid:		·			
Zoning: Map Coordinat	tes: Lot Size	:	Phone:	Fa	x:	
Existing Use: SFO			Email:			
Proposed Use: Deek, Perch	& STUDIO/SUN	ROOM.	Contractor Company: <u>CCA</u>			
Estimated Construction Cost: \$	3,000		Contact Person:			
Description of Work: 32 x 44 -			Address: 5733 War City: War Asine Sta			
IRRECUENT SHAPED DE			License No. :		<u></u> zip co	
20'X 10' SOMEANED PORCH			Phone: (410) 5349 6	2050	ax: (410)	549 5449
Occupant or Tenant:	TELATION		Email: LUISE	3AL1	MENCI	HOTMAIL COM
Was tenant space previously occupied?	P □Yes		Engineer/Architect Company			
Contact Name:			Responsible Design Prof.:			
Address:						
			Address:			
City:			City:Sta			
Phone:			Phone: Fax:			
Email:			Email:			
	TON - COMMERCIAL				ION - RESIDEN	ITIAL
Building Characteristics	Utilities		Building Characteristi			Utilities
Height:	Water Suppl	¥	Depth V	Nouse Vidth		later Supply
No. of stories:	Public		1 <sup>st</sup> floor:		Private	
Gross area, sq. ft./floor:	Private     Sewage Dispo	<u></u>	2 <sup>nd</sup> floor:			vage Disposal
Area of construction (sq. ft.):			Basement:		Public Private	
	□ Private		Unfinished Basement		Electric:	Yes No
Use group:	Electric:  Yes	🗆 No	Crawl Space		Gas:	Yes No
	Gas: 🗌 Yes	□ No	Slab on Grade		Electric	ating System
Construction type:	Heating Syste	<u>em</u>	Multi-family Dwellin	a		
Reinforced Concrete	Electric Oil		No. of efficiency units:		🗆 Natural G	
Structural Steel		pane Gas	No. of 1 BR units:		Propane	Gas
Masonry     Wood Frame	<u>Sprinkler Syste</u>	<u>em:</u>	No. of 2 BR units: No. of 3 BR units:			
State Certified Modular			Other Structure:			
Roadside Tree Project Permit			Dimensions:			
	Other Suppression		Footings: Roof:			de Tree Project Bermit
Roadside Tree Project Permit #	No. of Heads:		State Certified Modular		A REAL PROPERTY AND A REAL	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 Applicant's Signature	HICH ARE APPLICABLE THERETO;	(4) THAT HE/SHE WIL ER ONTO THIS PROPER	L PERFORM NO WORK ON THE ABOVE	REFERENCE	D PROPERTY NO	T SPECIFICALLY DESCRIBED IN
$\sim$	141L, CORY.	Dat	2/23/12			
Title/Company		-				
-,,··,	Checks Payable t		ANCE OF HOWARD COUNTY			1.0
**PLEASE WRITE NEATLY & LEGIBLY**						
		4年後月1日秋山日日日1月1日日日日1日本町1日本町1日1日日1日日1日日1日日1日日1日日日1日日日1日				Martin
		-FOR OFFICE	USE ONLY-	Elling	y Foe	\$ 2000
	GNATURE OF APPROVAL	-FOR OFFICE	USE ONLY-	Filing	g F <del>ee</del> hit Fee	\$ 2500_ \$
AGENCY DATE SI State Highways Building Officials		-FOR OFFICE	USE ONLY-		nit Fee	\$ 25500_ \$ \$

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		
Is Sediment Control app	roval require	ed for issuance?

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

Side:		
Side St.:		
All minimum setbacks met?	C Yes	□No
Is Entrance Permit Required?	[] Yes	□No
Historic District?	C Yes	□ No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		
yellow: PSZA,Engineerin	g	Pink: Health

PSFS \$ **Guaranty Fund** \$ Add'l per Fee \$ **Total Fees** \$ Sub- Total Paid \$ Balance Due \$

Check 40 22 Gold: SHA

## Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

- NO			

	Eincott City, M	0 21043	0
ilding Address: 122-20 RI	unning fence Lang	Property Owner's Name:	
••		Address:	
			Zip Code:
iite/Apt. #SDP/	/WP/BA #:		2
ensus Tract:	Subdivision:	Home Phone:	
ection: Area	a:Lot:	Applicant's Name & Mailing Address	, (If other than stated herein):
ix Map: Parcel:	Grid:		
	es:Lot Size:	Phone: E	ax:
isting Use:		Email:	
oposed Use:	·	Contractor Company:	
timated Construction Cost: \$			
		Address:	
escription of Work:		11	Zip Code:
		Phone:	
ccupant or Tenant:		Email:	
'as tenant space previously occupied?		Engineer/Architect Company:	
ontact Name:		Responsible Design Prof.:	
dress:		Address:	
ty:	State: Zip Code:	City:State:	Zip Code:
ione:	Fax:	Phone:	Fax:
nail:		Email;	
BUILDING DESCRIPT	ION - COMMERCIAL	BUILDING DESCRIF	TION - RESIDENTIAL
Building Characteristics	Utilities	Building Characteristics	Utilities
leight:	Water Supply	SF Dwelling SF Townhouse	Water Supply
No. of stories:		1 <sup>st</sup> floor:	Public     Private
Sross area, sq. ft./floor:	Private	2 <sup>nd</sup> floor:	Sewage Disposal
	<u>Sewage Disposal</u>	Basement:	
Area of construction (sq. ft.):	Public	Finished Basement	Private
	Private	Unfinished Basement	Electric: Yes No
Jse group:	Electric: 🗌 Yes 🗌 No	Crawl Space	Gas: 🗌 Yes 🗌 No
hand a far and the second s	Gas: 🗌 Yes 🗌 No	Slab on Grade	Heating System
Construction type:	Heating System	No. of Bedrooms: Multi-family Dwelling	Electric     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:	an a second
Wood Frame		No. of 3 BR units:	
State Certified Modular	🗆 Full	Other Structure:	·
Roadside Tree Project Permit	🗆 Partial	Dimensions:	
	Other Suppression	Footings: Roof:	Roadside Tree Project Permit     DYes     DNo
Roadside Tree Project Permit #	No. of Heads:	State Certified Modular	Yes         No           Roadside Tree Project Permit #
		Manufactured Home	Hoadside HEE Flojett Permit #
E LINDERSIGNED HERERY CERTICLES AND ACRES	S AS EQUIONS: (1) THAT HE/SHE IS AUTHORIZED TO	) MAKE THIS APPLICATION; (2) THAT THE INFORMAT	
TH ALL REGULATIONS OF HOWARD COUNTY W	HICH ARE APPLICABLE THERETO; (4) THAT HE/SHE I NTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PRC	WILL PERFORM NO WORK ON THE ABOVE REFEREN SPERTY FOR THE PURPOSE OF INSPECTING THE WORK	CED PROPERTY NOT SPECIFICALLY DESCRIBED IN

mail Address

Date

itle/Company

## Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY & LEGIBLY\*\* 大山地市

-FOR OFFICE USE ONLY-

100	1. 一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
DATE	SIGNATURE OF APPROVAL
	~
3-0-12	Kana Bunard

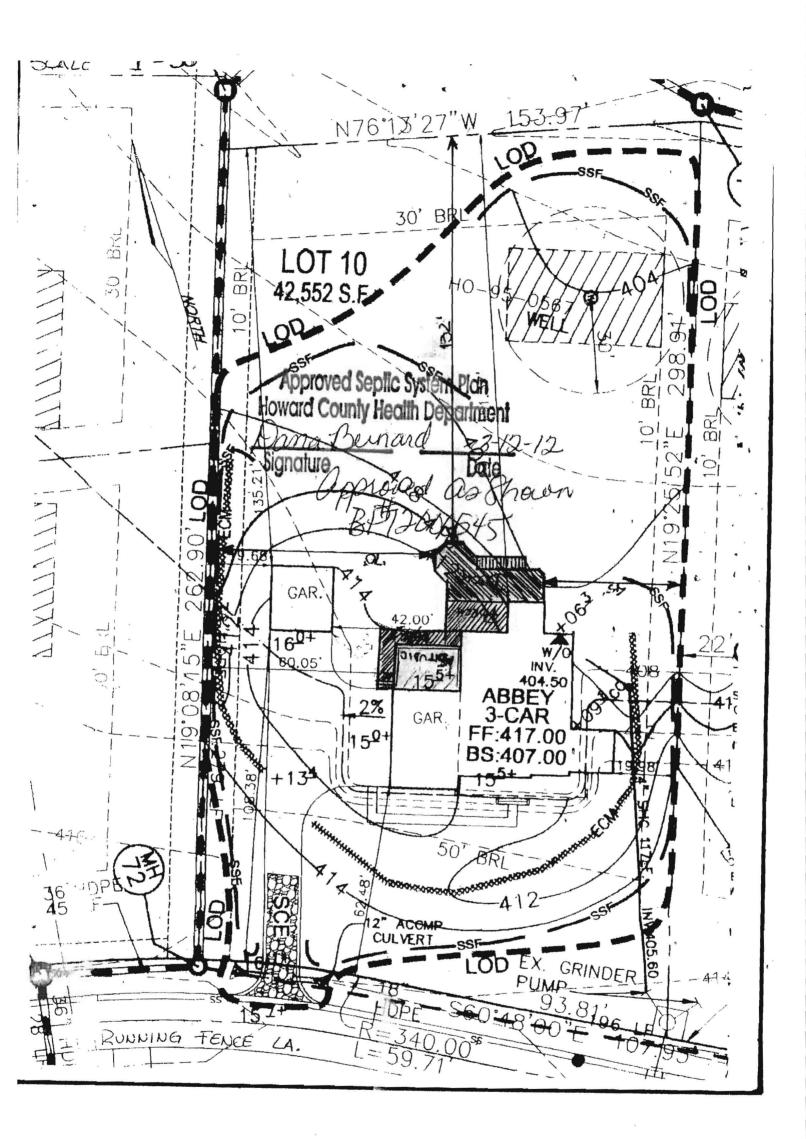
ONTINGENCY CONSTRUCTION START

ONE	STOP	SHOP	

Front:		
Rear:		
Side:		
Side St.:		
Ali minimum setbacks met?	🗆 Yes	
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 \$ Guaranty Fund \$ Add'l per Fee \$ Total Fees \$ Sub-Total Paid \$ Balance Due \$

Yellow: PSZA, Engineering Pink: Health Gold: SHA



Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800	Department of Inspe 3430 Cou	ing/Fire Permit Application ections, Licenses & Permits irt House Drive	Permit Number: B12.000 <b>5</b> 45
12220		Sity, MD 21043	
Building Address: 2220 P			
CLARKSVILLE MD	21029		DING FENCE LA.
Suite/Apt. #SDP,	/WP/BA #:		: <u>MD</u> Zip Code: <u>21029</u>
Census Tract:	Subdivision:	Home Phone 410 210 574	Work Phone:
Section: Are	a:Lot:	Applicant's Name & Mailing Addre	ss, (if other than stated herein):
Tax Map: Parcel:	Grid:		
Zoning: Map Coordinat		and the second states to be a second state of the second states and the second states an	Fax:
		Email:	
Proposed Use: Deck, Porch	15-10-15 Par		DESGN GROUP INC
			ALDERNAMA
Estimated Construction Cost: \$		Address: 3733 WOODS	we RD.
Description of Work: 32 x 4 - a		- City: Wood Since State:	40 Zip Code: 21797
IRREALES SHAPED DA			Hax: (410) 549 5449
20'X 10' 5276-24-5 Part CH Occupant or Tenant:	# 22' x 14 SUN KOO	Email: LUISBAL	MEN CHOTMAIL COM
Was tenant space previously occupied?	□Yes □No	Engineer/Architect Company:	
Contact Name:			
Address:			
City: S		Address: State:	Zip Code:
Phone:3			
			_rdx:
Email:		Email:	
BUILDING DESCRIPT			IPTION - RESIDENTIAL
Building Characteristics Height:	Utilities Water Supply	Building Characteristics	Utilities Water Supply
No. of stories:		Depth Width	Public
Gross area, sq. ft./floor:	Private		Bewage Disposal
	Sewage Disposal	Basement:	
Area of construction (sq. ft.):		Finished Basement	Private
	Private	Unfinished Basement	Electric: PYes No Gas: Yes No
Use group:	Electric: Yes No Gas: Yes No	Slab on Grade	Heating System
		No. of Bedrooms:	Electric
Construction type:	Heating System		
Construction type:	Heating System	Multi-family Dwelling	Oil     Natural Gas
		Multi-family Dwelling No. of efficiency units: No. of 1 BR units:	Oil
Reinforced Concrete     Structural Steel     Masonry	Electric Oil  Natural Gas Propane Gas  Sprinkler System:	Multi-family Dwelling           No. of efficiency units:           No. of 1 BR units:           No. of 2 BR units:	Oil     Natural Gas
Reinforced Concrete     Structural Steel     Masonry     Wood Frame	Electric Oil     Natural Gas Propane Gas     Sprinkler System:     N/A	Multi-family Dwelling No. of efficiency units: No. of 1 BR units:	Oil     Natural Gas
Reinforced Concrete  Structural Steel  Masonry Wood Frame State Certified Modular	Electric Oil  Natural Gas Propane Gas  Sprinkler System:	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:	Oil     Natural Gas
Reinforced Concrete     Structural Steel     Masonry     Wood Frame	Electric  Natural Gas  Propane Gas  Sprinkler System:  N/A  Full	Multi-family Dwelling           No. of efficiency units:           No. of 1 BR units:           No. of 2 BR units:           No. of 3 BR units:           Other Structure:	Oil     Natural Gas
Reinforced Concrete     Structural Steel     Masonry     Wood Frame     State Certified Modular     Rundings Track Project Permittee	Electric  Natural Gas  Propane Gas  Sprinkler System: N/A  Full Partial	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:	Oil     Natural Gas
Reinforced Concrete     Structural Steel     Masonry     Wood Frame     State Certified Modular     Torochies The Project Permit     Dress     Dress     Dress	Electric  Natural Gas  Propane Gas  Sprinkler System:  N/A  Full  Partial  Other Suppression No. of Heads:	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	Oil     Natural Gas     Propane Gas      Propane Gas      Rouddde Pran troject permit      Rouddde Tran troject permit      Rouddde Tran troject permit      Rouddde Tran troject permit      Rouddde Tran troject permit
Reinforced Concrete  Structural Steel  Masonry  State Certified Modular  State Certified Modular  Concentration Project Permit  Concentration  Resolution Project Permit  Resolution Project Permit  Resolution Project Permit  Resolution Project Permit  Resolution  Resol	Electric  Natural Gas  Propane Gas  Sprinkler System:  NA  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS AUTHOR HICH ARE APPLICABLE THERETO; (4) THAT H TY OFFICIALS THE RIGHT TO ENTER ONTO T	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	OII      Natural Gas      Propane Gas      Propane Gas      Resolds Txe trojet Book      Rosolds
	Electric  Natural Gas  Propane Gas  Sprinkler System:  NA  Full  Partial  Other Suppression No. of Heads:  Sas Follows: (1) THAT HE/SHE IS AUTHOR HICH ARE APPLICABLE THERETO; (4) THAT HE	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         EMoundactured Home         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORM/ E/SHE WILL PERFORM NO WORK ON THE ABOVE REFERE HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         Aut S       Baldemut August A	OII      Natural Gas      Propane Gas      Propane Gas      Resolds Txe trojet Book      Rosolds
Reinforced Concrete  Structural Steel  Structural Steel  Wood Frame  State Certified Modular  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Certifies AND AGREE  WITH ALL REGULATIONS OF HOWARD COUNTY W  Applicant e Stignature  Lui, Structure Defense Certifies AND AGREE  Current Address  Comparison of the County Address  Comparison of the County Address  Structure  Current Address  Current Address	Electric  Oil  Natural Gas  Propane Gas  Sprinkler System:  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS AUTHOR HICH ARE APPLICABLE THERETO; (4) THAT H MTY OFFICIALS THE RIGHT TO ENTER ONTO T  ALL, COLL	Multi-family Dwelling         No. of efficiency units:         No. of 1 BR units:         No. of 2 BR units:         Other Structure:         Dimensions:         Footings:         Roof:         State Certified Modular         Brondactured Home         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORM/ E/SHE WILL PERFORM NO WORK ON THE ABOVE REFERE         Is PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         Aut S         Print Name         2/23/12         Date	OII      Natural Gas      Propane Gas      Propane Gas      Resetted Txel trole Dente      Resetted Txel trole Dente
Reinforced Concrete  Structural Steel  Structural Steel  Wood Frame  State Certified Modular  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Certifies AND AGREE  WITH ALL REGULATIONS OF HOWARD COUNTY W  Applicant e Stignature  Lui, Structure Defense Certifies AND AGREE  Current Address  Comparison of the County Address  Comparison of the County Address  Structure  Current Address  Current Address		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         Brond Certified Modular         Brown Heiser Structured Home         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMA         E/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCE INS THE WOY         IS PROPERTY FOR THE PURPOSE OF INSFERENCE OF MOWER ON THE ABOVE REFERENCE THE WOY         DALLOCHIAMAS         Print Name         2/23/12         Date	OII      Natural Gas      Propane Gas      Propane Gas      Resetted Txel trole Dente      Resetted Txel trole Dente
Reinforced Concrete  Structural Steel  Structural Steel  Wood Frame  State Certified Modular  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Permit  Reinfolde The Project Certifies AND AGREE  WITH ALL REGULATIONS OF HOWARD COUNTY W  Reinfolde The Project Permit  Applicant() State Project Permit  State Project Permit  Applicant() State  Applicant() State Project Permit  Applicant() State		Multi-family Dwelling         No. of efficiency units:         No. of 1 BR units:         No. of 2 BR units:         Other Structure:         Dimensions:         Footings:         Roof:         □ State Certified Modular         □ Manufactured Home         Zeb to MAKE THIS APPLICATION; (2) THAT THE INFORMARE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCE         IS PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         ∠ut S       CALDEMATUAS         Print Name         Z/23/12         Date	OII      Natural Gas      Propane Gas      Propane Gas      Resetted Txel trole Dente      Resetted Txel trole Dente
		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         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMARE/SHE WILL PROMAN WORK ON THE ABOVE REFERSE         HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         Cut S         Print Name         Z/23/12         Date	
		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         □ Make THIS APPLICATION; (2) THAT THE INFORMARE/SHE WILL PREADED OF INSPECTING THE WORK ON THE ABOVE REFERENCE         PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         Cut S       Call Call Call Call Call Call Call Call	
		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         Banufactured Home         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION         PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK ON THE ADOVE REFERENCE         Print Name         Z/23/12         Date	
		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         □ State Certified Modular         □ MAKE THIS APPLICATION; (2) THAT THE INFORMATION         PROPERTY FOR THE PURPOSE OF INSPECTING THE WO         △ J S         Ø ALDERIAMS         Print Name         2/23/12         Date	
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         Producte Trop Project Permit         DYS         DYS         Producte Trop Project Permit         Producte Permit         Produ		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         □ State Certified Modular         □ MAKE THIS APPLICATION; (2) THAT THE INFORMATION         Print Name         2/23/12         Date	
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         Product True Project Permit         Product Permit     <		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         □ Make THIS APPLICATION; (2) THAT THE INFORMATION         Print Name         2/23/12         Date         Dr OF FINANCE OF HOWARD COUNTY         DTE NEATLY & LEGIBLY**         PTICE USE ONLY**         THE CONTY         TTEL         PROPERTY FOR THON ON COUNTY         Date	
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         Producte Trop Project Permit         Producte Trop Projection         Producte Trop Projection         Producte Trop Projection		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         □ MAKE THIS APPLICATION; (2) THAT THE INFORMATION         PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK ON THE ABOVE REFERENCE         Print Name         2/23/12         Date	□ Oil       □ Natural Gas       □ Propane Gas       □ Propane Gas       □ Rodel The trojection of tr
		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         Banufactured Home         ZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION; (2) THAT THE INFORMATION (2) THE INFORM	

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering T:\Operations\Updated Forms\New building app 11.10.2010.docx

Pink: Health

Check 40 22



## DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

## DECK ATTACHMENT AFFIDAVIT OF COMPLIANCE

Building Permit Serial Number: <u>B12000545</u>

To:	The Buildin	ng Official of How	vard County, Ma	ryland	l			
I,	in B	ALDEMA	uns ,	the unde	rsigned, am the own	er, builder, d	eck contractor, or ow	ner's agent of
		12220						
	CLA	MASVILLE	- MD	2	1029			

I understand and accept the responsibility for compliance with the Howard County Deck Attachment Guide procedure related to the construction and attachment of decks to existing dwellings.

FOR ALL NEW DECK CONSTRUCTION ONE OF THE FOLLOWING MUST BE CHECKED:

- YES\_\_\_\_\_ The dwelling has a conventional, solid sawn 2x\_\_ lumber floor framing system (including rim joist). The new or replacement deck will be attached directly to this conventional 2x\_\_ lumber rim joist. By checking this response, I understand that the deck may be attached using any of the deck attachment methods indicated on the Howard County Deck Attachment Guide) and agree to use one of these methods.
- NO\_\_\_\_\_ The dwelling does not have a conventional, solid sawn 2x\_\_ lumber floor framing system (including rim joist). By checking this response, I understand that <u>only</u> deck attachment method #2 (ledger supported by additional structural support, lagged into house foundation wall) or #3 (independent beam & column system) may be used, as indicated on the Howard County Deck Attachment Guide, and I agree to use one of these two methods.

NO\_\_\_\_\_ I do not know whether the dwelling has a conventional, solid sawn 2x\_\_\_ lumber floor framing system (including rim joint). By checking this response, I understand that <u>only</u> deck attachment method #2 (ledger supported by additional structural support, lagged into house foundation wall) or #3 (independent beam & column system) may be used, as indicated on the Howard County Deck Attachment Guide, and I agree to use one of these two methods.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

Signature (Owner; Owner's Agent; Builder; Deck Contr	ractor) Date 2/2	3/12
Print Name LUIS BADGENES	Address: 5433 V	LOODSING RU. LOODSING
White: Department	Yellow: Inspector	Pink: Owner

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