

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:

B12000545

Building Address: 12220 RUNNING FENCE LA.
CLARKSVILLE MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: Deck, Porch & Studio/Sun Room

Estimated Construction Cost: \$ 43,000

Description of Work: 32'x14' - 26'x6' AND 12'x5'

IRREGULAR SHAPED DECK w/STEPS TO GROUND.

20'x10' SCREENED PORCH & 22'x14' SUN ROOM.

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: XIAOBO YAO

Address: 12220 RUNNING FENCE LA.

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: (410) 270 5795 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: CLASSIC DESIGN GROUP INC.

Contact Person: LUIS BALDERAMA

Address: 533 WOODSIDE RD

City: WOODSIDE State: MD Zip Code: 21797

License No.: 83116

Phone: (410) 549 5059 Fax: (410) 549 5449

Email: LUISBALMEN@HOTMAIL.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|------------------------------------------------------------------|---------------------------------------------------------------------------|
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| Roadside Tree Project Permit # | No. of Heads: |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input checked="" type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | Roadside Tree Project Permit # |
| <input type="checkbox"/> Manufactured Home | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

LUIS BALMEN@HOTMAIL.COM

Email Address

President

Title/Company

Print Name

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required for issuance? ☐ Yes ☒ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

| DPZ SETBACK INFORMATION |
|---------------------------------------------------------------------------------------|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |
| SDP/Red-line approval date: |

| | |
|-----------------|----------------|
| Filing Fee | \$ <u>2500</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

Check 4022

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: 12720 Running Fence Lane

Fire/Apt. # _____ SDP/WP/BA #: _____

Status Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Index Map: _____ Parcel: _____ Grid: _____

Mapping: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| BUILDING DESCRIPTION - COMMERCIAL | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Building Characteristics | Utilities |
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| <u>Roadside Tree Project Permit #</u> | No. of Heads: |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Building Characteristics | Utilities |
| <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | <u>Roadside Tree Project Permit #</u> |
| <input type="checkbox"/> Manufactured Home | |

I, THE UNDERSIGNED, HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name _____

mail Address _____

Date _____

title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

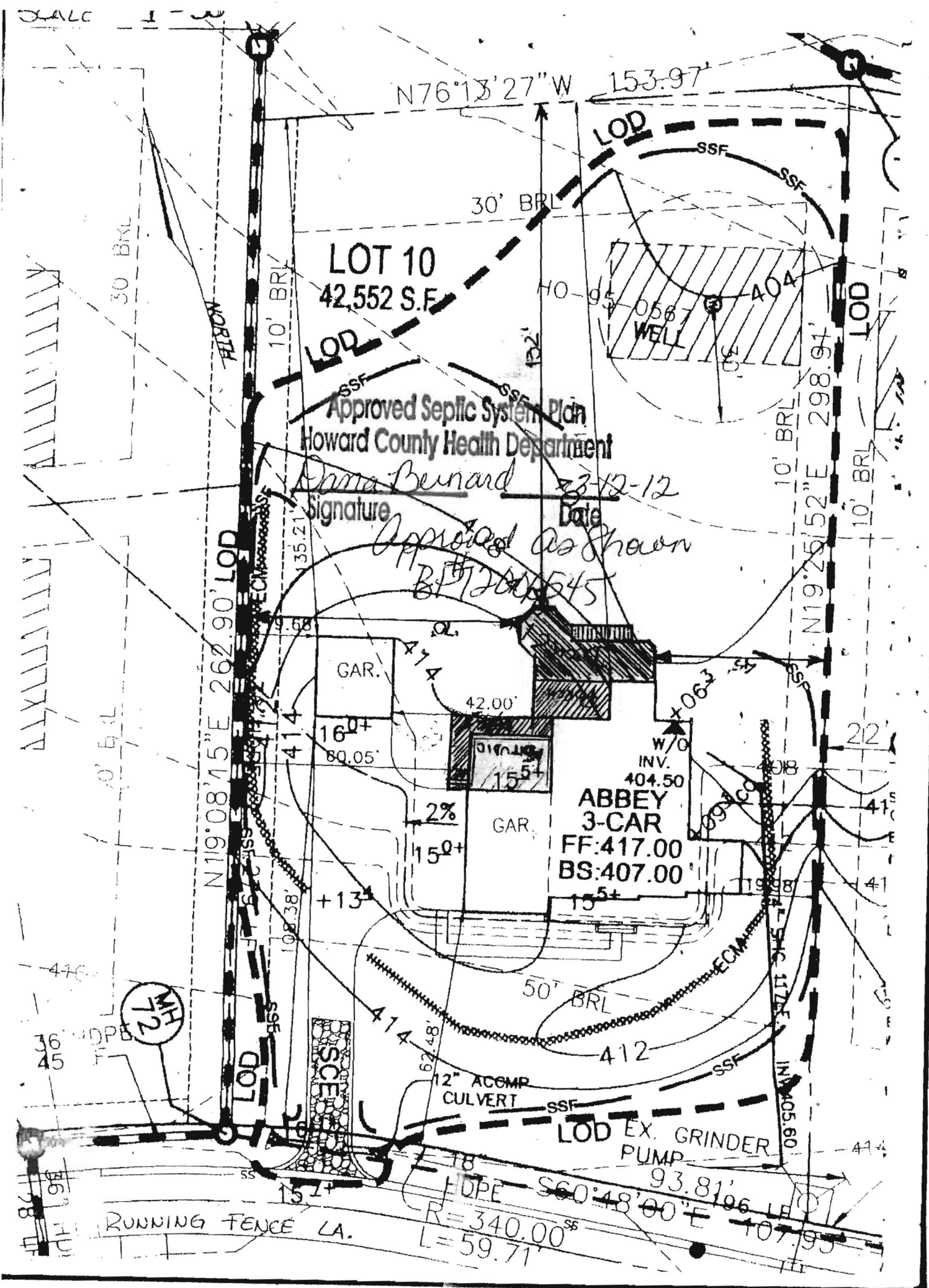
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------------------------------------------------------------------------------------------------|------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | <u>B-D-Bana Bana</u> |
| Fire Protection | | |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | |
| <input type="checkbox"/> ONE STOP SHOP | | |

| DPZ SETBACK INFORMATION |
|---------------------------------------------------------------------------------------|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |
| 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 | \$ |



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:

B12000545

Building Address: 12220 RUNNING FENCE LA.
CLARKSVILLE MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFO

Proposed Use: DECK, PORCH & STUDIO/SUN ROOM

Estimated Construction Cost: \$ 43,000

Description of Work: 32'x14' - 26'x6' AND 12'x5'

IRREGULAR SHAPED DECK w/STEPS TO GROUND.

20'x10' SCREENED PORCH & 22'x14' SUN ROOM.

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: XIAOBO YAO

Address: 12220 RUNNING FENCE LA.

City: CLARKSVILLE State: MD Zip Code: 21029

Home Phone: (410) 290 5795 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: CLASSIC DESIGN GROUP INC.

Contact Person: LUIS BALDERAMA

Address: 5933 WOODSIDE RD.

City: WOODSIDE State: MD Zip Code: 21797

License No.: 83116

Phone: (410) 549 5059 Fax: (410) 549 5449

Email: LUISBALMEN@HOTMAIL.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| <u>Roadside Tree Project Permit #</u> | No. of Heads: _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input checked="" type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | |
| Roof: | |
| <input type="checkbox"/> State Certified Modular | |
| <input type="checkbox"/> Manufactured Home | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____

LUIS BALDERAMA

Email Address: LUISBALMEN@HOTMAIL.COM

Signature: _____

Title/Company: _____

Print Name: LUIS BALDERAMA

Date: 2/23/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required for issuance? ☐ Yes ☒ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

| DPZ SETBACK INFORMATION |
|---------------------------------------------------------------------------------------|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |
| SDP/Red-line approval date: |

| | |
|-----------------|----------------|
| Filing Fee | \$ <u>2500</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

Check 4022



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

DECK ATTACHMENT AFFIDAVIT OF COMPLIANCE

Building Permit Serial Number: B12000545

To: The Building Official of Howard County, Maryland

I, LOUIS BALDERAUNA, the undersigned, am the owner, builder, deck contractor, or owner's agent of the dwelling located at: 12220 RUNNING FENCE LA.
CLARKSVILLE MD 21029

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 only 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 only 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 [Signature]
(Owner, Owner's Agent, Builder, Deck Contractor)

Date 2/23/12

Print Name LOUIS BALDERAUNA

Address: 5433 WOODSIDE RD. WOODSIDE

White: Department

Yellow: Inspector

Pink: Owner

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