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Walk Shen Permit Application

Howard County Maryland Department of Inspections, Licenses and Permits Date Received:

	Permits: 410 www.howardco	-313-2455 • • • • • • • • • • • • • • • • • •
Building Address: 3315 SA	VG RO	Property Owner's Name: Peter Estabrook
City: <u>GleNWOOD</u> State:		Address: 3315 SANG RD City: GIENWOD State: MO Zip Code: 21736
Suite/Apt. #SDP/	WP/BA #:	Phone: 443-744-10777ax:
Census Tract:	Subdivision	Email: Peter, Estabook @ G-MAIL, COM
	2	a
Section: Area: Tax Map: Parcel:	Lot:Cot:	Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name: SAME みみ みらい C
Zoning: Map Coordinate		Address: City: State: Zip Code:
zoning: Map coordinate	ES LOUSIZE	Phone: Fax:
Existing Use: Single Fr	mile Prin Illing	Email:
Proposed Use: SFD W	Deuk	Contractor Company: HOME OWNE
Estimated Construction Cost: \$	600	Contact Person:
Description of Work: BUID		Address:
		City:State:Zip Code:
	w/steps	License No. :
Open		Phone: Fax:
Occupant or Tenant: Occup	DANT	Email:
Was tenant space previously occupied?	□Yes □No	Engineer/Architect Company:
Contact Name:		Responsible Design Prof.:
Address:	·	Address:
City: 5	State: Zip Code:	City:State:Zip Code:
Phone:	Fax:	Phone: Fax:
Email:		Email:
Commercial Building Characteristics	Residential Building Characteristics	Utilities
Height:	SF Dwelling SF Townhouse	Water Supply
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 st floor:	Txt Private
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	<u>Sewage Disposal</u>
	Finished Basement	
Use group:	Unfinished Basement	Private
Ctime time t		Electric: 🗆 Yes 🗇 No
Construction type:	□ Slab on Grade	Gas: 🗆 Yes 🗆 No
Structural Steel	No. of Bedrooms: Multi-family Dwelling	Heating System
	No. of efficiency units:	
□ Wood Frame	No. of 1 BR units:	□ Natural Gas □ Propane Gas
□ State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	Sprinkler System:
	Other Structure:	Ves No
	Dimensions:	
Roadside Tree Project Permit	Footings:	
□Yes No	Roof:	Grading Permit Number:
Roadside Tree Project Permit #	State Certified Modular	
	Manufactured Home	Building Shell Permit Number:

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. ter Establos

t's Signature Applican brook @ GMDIL.COM e Email Address

Print Name

Yes No

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGIBLY**

DPZ SETBACK INFORMATION

-FOR OFFICE USE ONLY-

Historic District?

Front:

Rear:

Side:

Side St.:

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)	
Health	7:23-15	Deward
Is Sediment Control	approval requir	ed for issuance? Yes No

CONTINGENCY CONSTRUCTION START

White: Building Officials **Distribution of Coples:** T:\Operations\Updated Forms\Building appimp 8.2012.docx

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Is Entrance Permit Required?
Yes No

Check Pink: Health

Filing Fee

Permit Fee

Tech Fee

Excise Tax

Guaranty Fund

Sub-Total Paid

Balance Due

Add'l per Fee

Total Fees

PSFS

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Gold: SHA

