| | 11 | | the second |
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| Å | | ec. | 1012 |
| 1 | 7 | | |
| 11- | 1 | は大当 | |

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

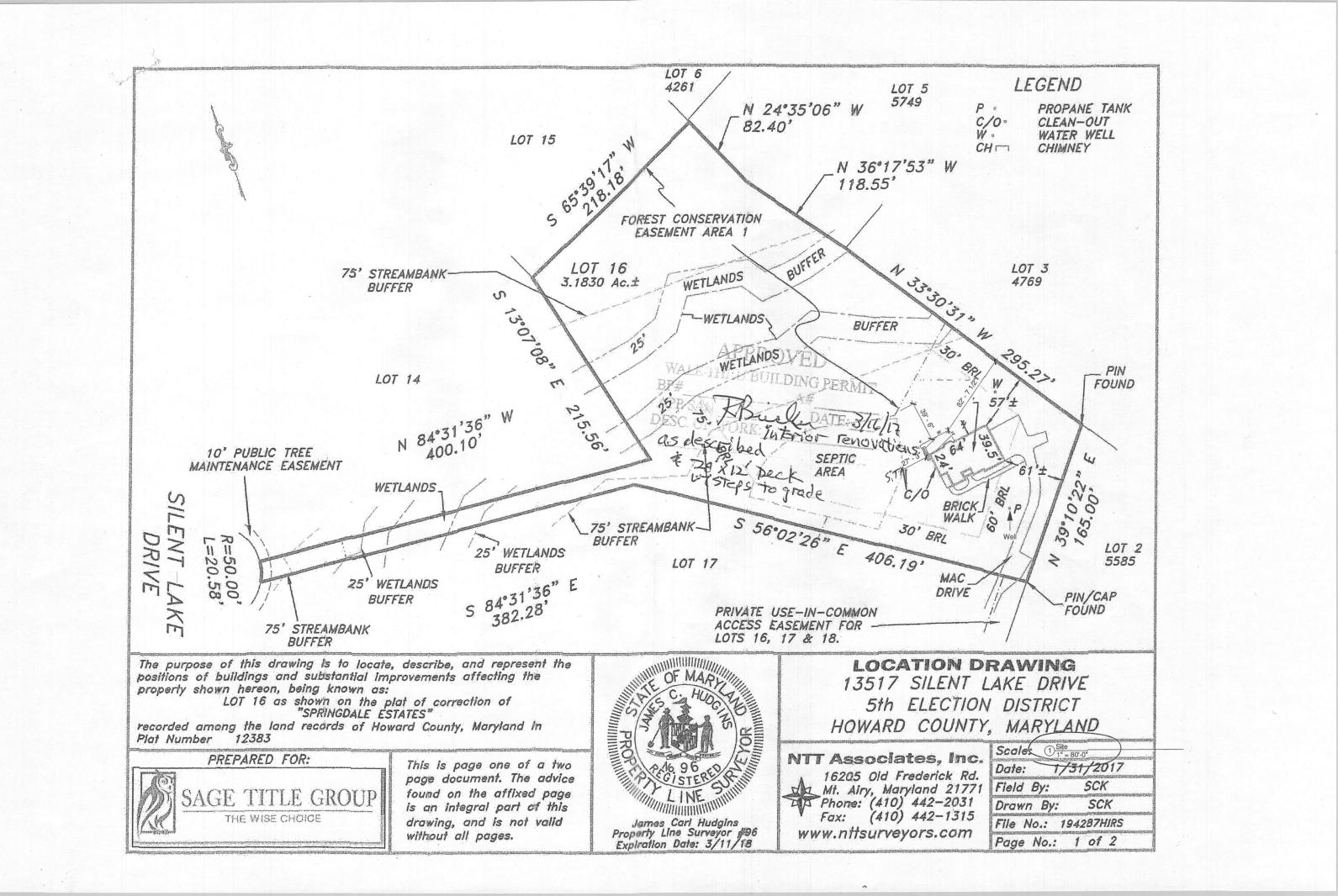
Date Received:

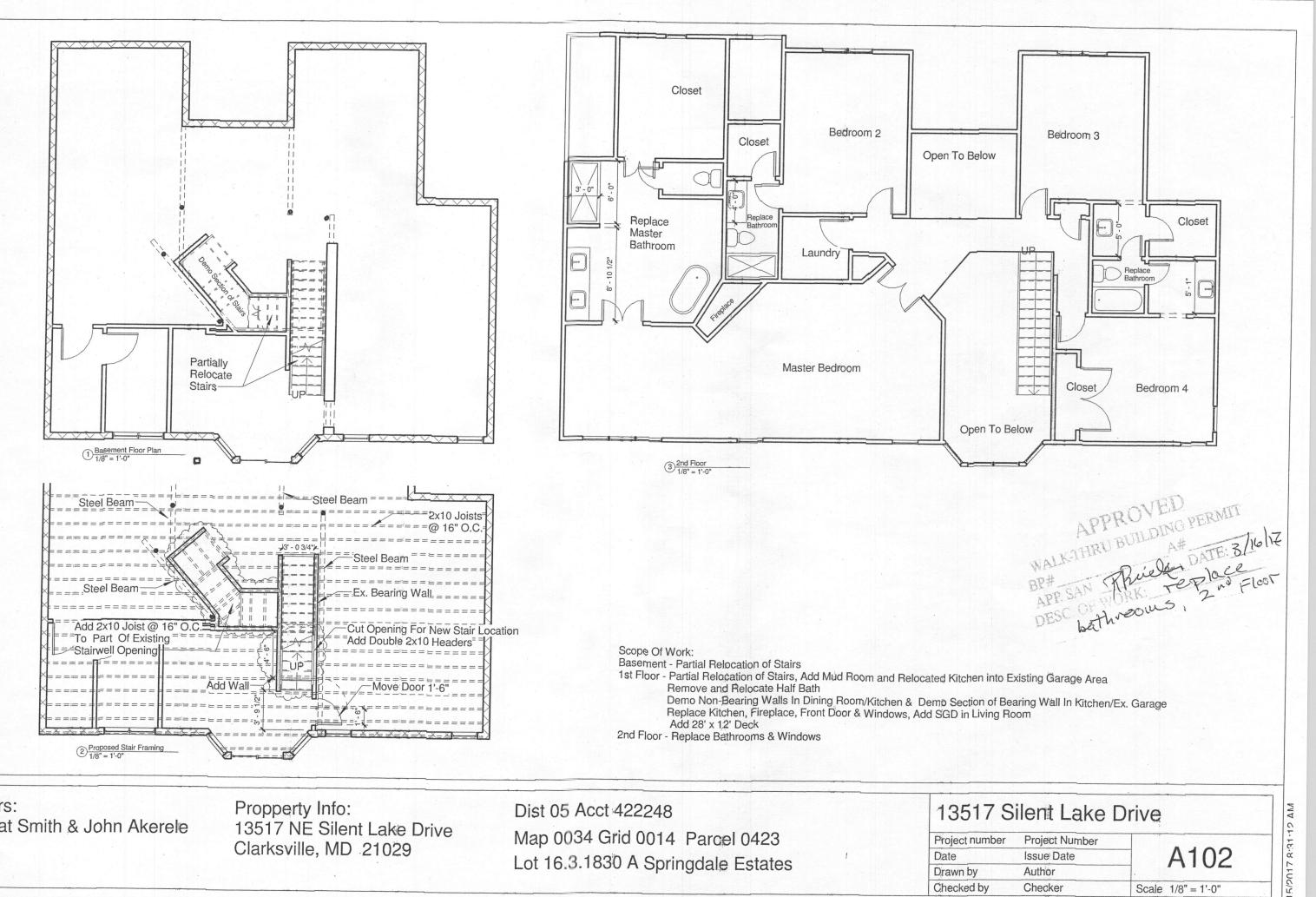
Permit No.: ____

| Building Address: 13517 NE Silen | t ake Drive | | Property Owner's Name: She | rifat Smith | & John A | kerele |
|---|--|---|--|--|---|--|
| | | | Address: 13571 NF Silent I | | | |
| City: Clarksville State: | | | City: Clarksville Sta | ate: MD | Zip Co | ode: 21029 |
| Suite/Apt. #SDP, | /WP/BA #: | ii | Phone: | Fax | x: | |
| Census Tract: | Subdivision: Springdale I | Estates | Email: | | | |
| Section: Area | | | Applicant's Name & Mailing Ac | idress (if ot | her than sta | ted herein) |
| | | 11 | Applicant's Name: Barbara | | | |
| Tax Map: <u>34</u> Parcel: | | | | | | |
| Zoning: Map Coordinal | tes: Lot Size: | 3.18AC | Address: <u>7905 Solley RD</u> City: <u>Glen Burnie</u> S | tate:MI | Zip | Code: 21060 |
| | |] | Phone: 410-733-0433 | | | |
| Existing Use:Single_Eamily_Dwell | ling | | Email: allaboutpermits@h | otmail.com | <u> </u> | |
| Proposed Use: _Single_Family_Dwe | elling | | Contractor Company: Home | Owners | <u></u> | |
| Estimated Construction Cost: \$ 75 | | | Contact Person: | | | |
| | • | | Address: | | | |
| Description of Work: Partial relo of base and relo kitchen to existing garage, rem | | | City:State | | | |
| in dining room/kitch & dama see hear w | all in kitch/ox garada Poptaga | kitobon 1 | License No. : | | · | |
| fireplace, front door, and windows. Add s bathrooms and windows. | SGD in liv room, add 28'x12'de | eck, replace | Phone: | +ax: | | |
| Occupant/Tenant Name: | | <i>r</i> | Email: | | | |
| | | | | | | |
| Was tenant space previously occupied | ? 🛛 🖓 Yes | □No | Engineer/Architect Company: _ | | | |
| Contact Name: | | | Responsible Design Prof.: | | | |
| Address: | ····· | | Address: | | | |
| City: | | | City:State | | | |
| | | | | | | |
| Phone: | _rax: | | Phone: | Fax: | | |
| Email: | | | Email: | | | |
| | | | | | - | 20. 12.29. |
| Commercial Building Characteristics Height: | Residential Building Char | | <u>Utilitles</u> | · · · | | |
| No. of stories: | | Vidth | | No | | |
| Gross area, sq. ft_/floor: | 1 st floor: | | Gas: Yes | NO | and the second | |
| | 2 nd floor: | | Water Supply | | | and a state of the |
| Area of construction (sq. ft.): | Basement: | · · · · · · · · · · · · · · · · · · · | | | n an ann an ann an an an an an an an an | |
| | Finished Basement | | Private | | | |
| Use group: | Unfinished Basement | | Sewage Disposal | | Contraction of the | |
| | Crawl Space | | Public | | | |
| <u>Construction type:</u> | Slab on Grade | | 🗆 Private | | | |
| Reinforced Concrete Structural Steel | Multi-family Dwell | ling | Heating System | | | |
| □ Masonry | No. of efficiency units: | <u></u> | | | | |
| U Wood Frame | No. of 1 BR units: | | 🗆 Natural Gas 🛛 Propane | Gas | | |
| State Certified Modular | No. of 2 BR units: | | 🗆 Other: | | | |
| | No. of 3 BR units: | | Sprinkler System: | | | |
| | Other Structure: | \} | 🗆 Yes 🗆 No | | | |
| Roadside Tree Project Permit | Dimensions: Footings: | | | | | |
| | Roof: | | Grading Permit | Number: | | |
| Roadside Tree Project Permit # | State Certified Modular | | | | | ana (Central Anna 🖓 |
| \sim 7 | Manufactured Home | | Building Shell Perm | it Number: | The first state of the second | and description in the second s |
| | | | | | | |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGRI WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION) (5) THAT HE/SHE GRANTS CO | WHICH ARE APPLICABLE THERETO; (4 |) THAT HE/SHE WI | LL PERFORM NO WORK ON THE ABOVE R | EFERENCED PRO | PERTY NOT SPE | ECIFICALLY DESCRIBED IN |
| Applicant's Signature | | Pri | Barbara Schaeffer | | | |
| allaboutpermits@hotmail.com | m | Da | 03/16/2017 te | ·-··· | | |
| All About Permits | | e | | | | |
| Title/Company | | | | | | |
| | CONTRACTOR OF A DESCRIPTION OF A DESCRIP | and a provide the set of the set | NANCE OF HOWARD COUNTY | | | |
| | **p[| EASE WRITE NEA | TLY & LEGIBLY** LISE ONUV | an a | | n in the state of the |
| ber eine alle alle eine stationer ander eine eine | | | | | | |
| AGENCY DATE S | SIGNATURE OF APPROVAL | DPZ SETBACK | INFORMATION | Filing Fee | \$ | |
| State Highways | | Front: Rear: | | Permit Fee | 2 \$ | · |
| Building Officials | | Side: | | Excise Tax | | |
| PSZA (Zoning) | | Side St.: | | PSFS | \$ | |
| | | All minimum s | rmit Required? Yes No | Guaranty I Add'l per f | | |
| PSZA (Engineering) | Tak · n | Historic Distric | | Total Fees | | |
| Health 3/16/17 | Kpueller | Lot Coverage f | or New Town Zone: | Sub- Total | Paid \$ | |
| Is Sediment Control approval required | | SDP/Red-line | approval date: | Balance D | ue \$ | |
| - construction SIM | | | | Check | tt | |

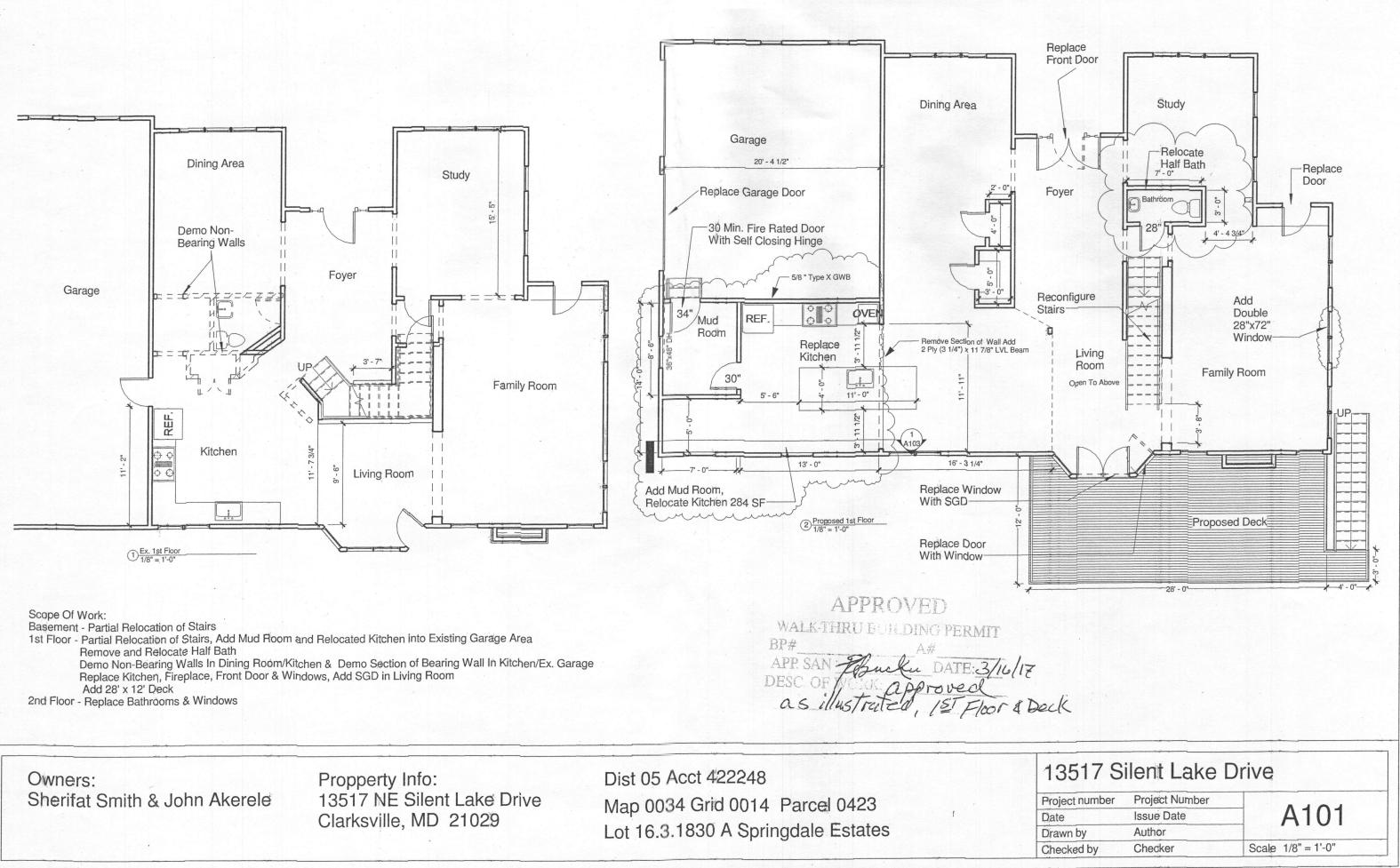
f.\Onerations\IIndated Forms\Ruilding annimo N9 12 2016 docy

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Owners: Sherifat Smith & John Akerele



| 13517 S | ilent Lake I | Drive | |
|----------------|----------------|--------------------|--|
| Project number | Project Number | | |
| Date | Issue Date | A101 | |
| Drawn by | Author | | |
| Checked by | Checker | Scale 1/8" = 1'-0" | |