

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:	<u></u>
Date Received.	

Permit No.: _

Property Owner's Name Castell Hunter Duble Flockets Cast			1
Substitution of the substi	Building Address: <u>13/2 SADO</u>	CE HERSE OF	Property Owner's Name: JOSEPH HIMATO DIANE FERGISE
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Subdivide Subd		57 53	City: (3-LEA/INICOD State: MD Zip Code: 2173.9
Section:	Suite/Apt. #SDP/	/WP/BA #:	Phone: 410-958-5009 Fax:
Section:	Census Tract:	Subdivision:	Email: JEAMATO J. @ CAMA1421 (M)
Tax Map: Parcek Grid: Applicant's Name: Address: Lot Size: Lot Siz			
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Contractor Company: State: Zip Code: Proposed Use: Contractor Construction Cost: \$ 31, 000 Contractor Company: Justic Person: Contractor Company: Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor	Tax Map: Parcel:_	Grid:	
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Contact Person: Address: Zip Code: City: State: Zip Code: Ci	Proposed Use:		Contractor Company: HOME OWNER
Description of Work: Tal Colored Distribution of Work: Distribution of Work: Tal Colored Distribution of Work: Distribution of	AND MAKE DESCRIPTION OF STREET	717 05171	Contact Person:
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Email: Email: Email: Email: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: City: State: Zip Code: Phone: Fax: Email: Emai			
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Was tenant space previously occupied?	Occupant/Tenant Name: Jessen	AMATO DIANE FERCUSEN	, cinan
Contact Name: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Height: Ø5 F Owelling SF Townhouse Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Height: Ø5 F Owelling SF Townhouse Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Height: Wys No Gas: Øys No		C 95-29-2 A15-30-5	HOLE M. DOWN AND MAKE MAKE
Address: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Phone: Fax: City: State: Zip Code: Phone: Fax: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics	was tenant space previously occupied	LITES LINO	Engineer/Architect Company:
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No. of stories: Depth Width Gross area, sq. ft./floor: 2" floor: 2"	Manager Value		
Gross area, sq. ft./floor: 2 rd floor: 2 rd floor:			l land
Area of construction (sq. ft.): Basement: □ Finished Basement □ Crawl Space □ Unfinished Basement □ Crawl Space □ Multi-family Dwelling □ Masonry □ No. of efficiency units: □ Structural Steel □ Multi-family Dwelling □ Masonry □ No. of 1 BR units: □ State Certified Modular □ No. of 3 BR units: □ Other Structure: □ Other Structure: □ Dimensions: □ Roadside Tree Project Permit # □ State Certified Modular □ Manufactured Home □ Manufactured Home □ Manufactured Home The undersigned Herrery 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 COMMITTIAL REGULATION; (3) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMMITTIAL REGULATION; (3) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMMITTIAL REGULATION; (3) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMMITTIAL REGULATION; (3) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMMITTIAL REGULATION; (3) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMMITTIAL REGULATION; (3) THAT THE WORK PERMITTED AND POSING NOTICES. Applicant's Signature Final Address Date		- WWY -	
Area of construction (sq. ft.): Ginished Basement	Gross area, sq. rc./noor.	The state of the s	<u>Water Supply</u>
Use group:	Area of construction (so ft):		□ □ Pyblic
Use group: Unfinished Basement Cyawl Space Construction type: Selab on Grade Reinforced Concrete No. of Bedrooms: Multi-family Dwelling Masonry No. of Efficiency units: No. of 1 BR units: State Certified Modular No. of 2 BR units: Other Structure: No. of 3 BR units: Other Structure: Dimensions: Roadside Tree Project Permit Footings: Project Permit # State Certified Modular Manufactured Home The Undersigned Hereay Certifies AND Agress AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT HE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMM WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM THE WORK PERMITTED AND POSTING NOTICES. Print Name Sewage Disposal Public Print Name Bellding System Sewage Disposal Public Print Name 1 1 3 - 2017 Date	Area or construction (sq. rc.).	The Allert And Company	☑ Private
Cyawl Space Public Public	Lica graup:		Sewage Disposal
Construction type:	Ose group.		
Reinforced Concrete Structural Steel Multi-family Dwelling	Construction type:	4	
Structural Steel Multi-family Dwelling Heating System			12/Private
Masonry			Heating System
Wood Frame			© Electric □ Oil
State Certified Modular No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: → Roadside Tree Project Permit Footings: Grading Permit Number: Grading Permit Number: The Undersigned Hereay 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 perform no work on the Above referenced property not specifically described This Application; (3) That He/SHE grant's Signature JEAMAT OLE Grading Permit Number: Grading Permit Number: Building Shell Permit Number: Other: Sprinkler System: Yes Dimonstruction of the Number: The Undersigned Hereau Certified Modular Manufactured Home Building Shell Permit Number: The Undersigned Hereau Certifies and Agrees as Follows: (1) That He/SHE will perform no work on the Above referenced property not specifically described this Application; (2) That The Information is correct, (3) That He/SHE will common the Above referenced property not specifically described this Application; (3) That He/SHE will perform no work on the Above referenced property not specifically described this Application; (3) That He/SHE will perform no work on the Above referenced property not specifically described this Application; (3) That He/SHE will perform no work on the Above referenced property not specifically described this Application; (2) That The Information is correct, (3) That He/SHE will common the Above referenced property not specifically described this Application; (2) That The Information is correct, (3) That He/SHE will common the Above referenced property not specifically described the Application; (2) That The Information is correct, (3) That He/SHE will common the Above referenced property not specifically described the Application; (2) That The Information; (2) That The Information is correct, (3) That He/SHE will common the Above referenced property not specifically described the Application; (2) That The Information is correct.			□ Natural Gas □ Propane Gas
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-FOR OFFICE USE ONLY-

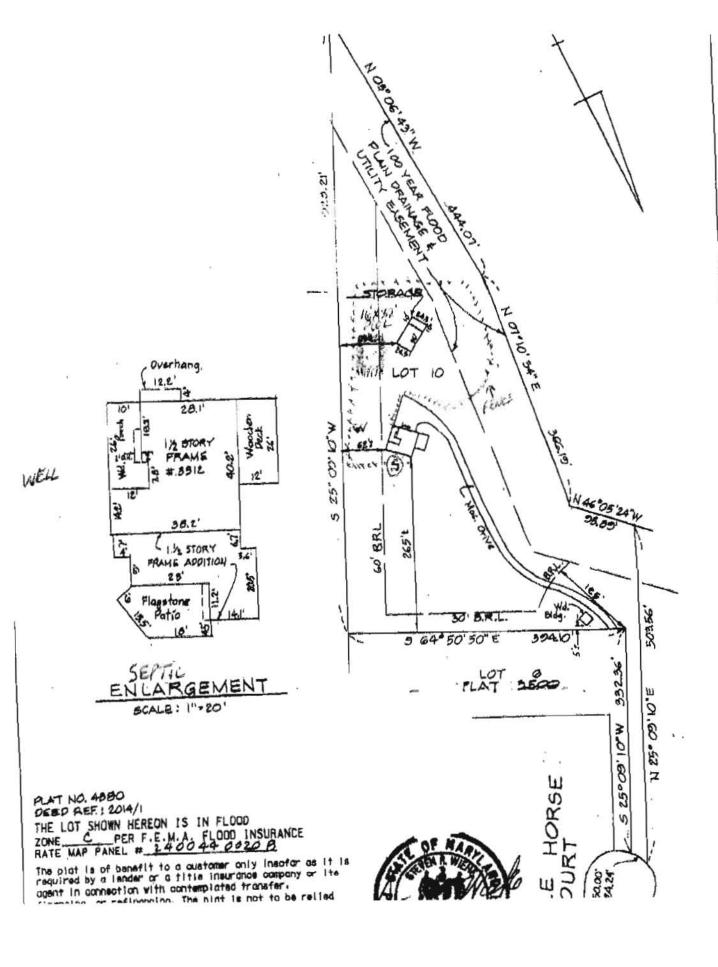
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		20 C C C C C C C C C C C C C C C C C C C
PSZA (Engineering)		
Health	11/14/	2 Roules

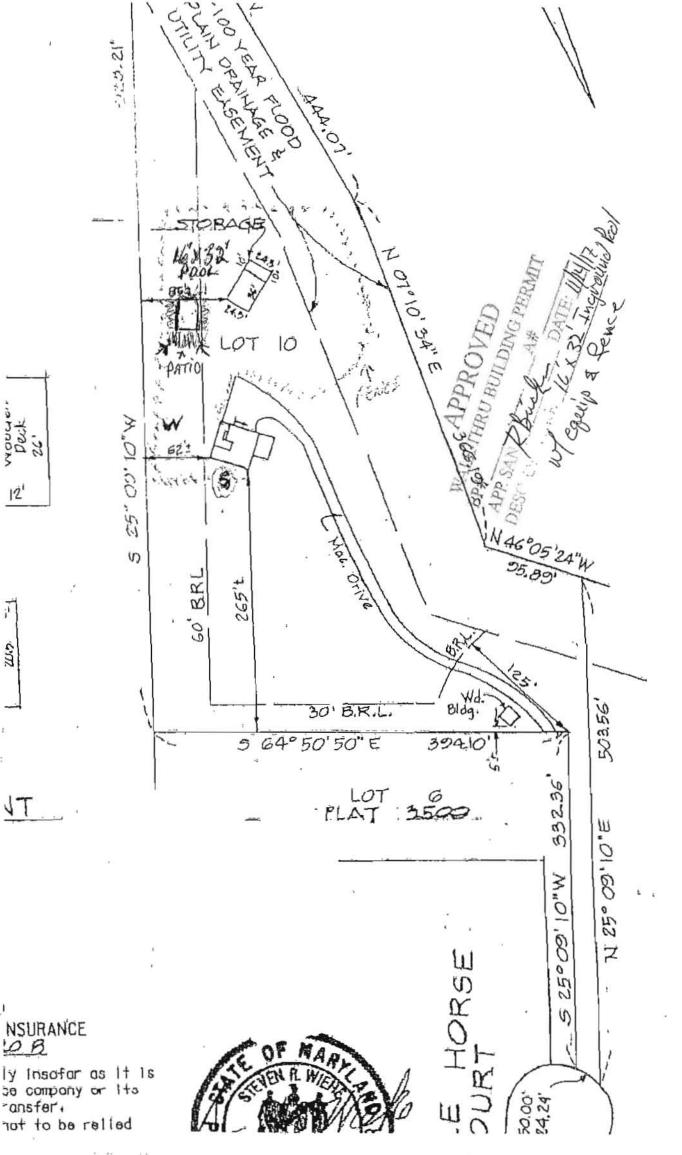
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1/14/17 Kbucken	
Control approval required for issuance? ☐ Yes ☐ No	_
SENCY, CONSTRUCTION START	

DPZ SETBACK INFORMATION		
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	15 25
Permit Fee	\$ 000
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#





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