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

DILP 2017 AUG 14 08 10:0

Date Received: _

Permit No.: B17003017

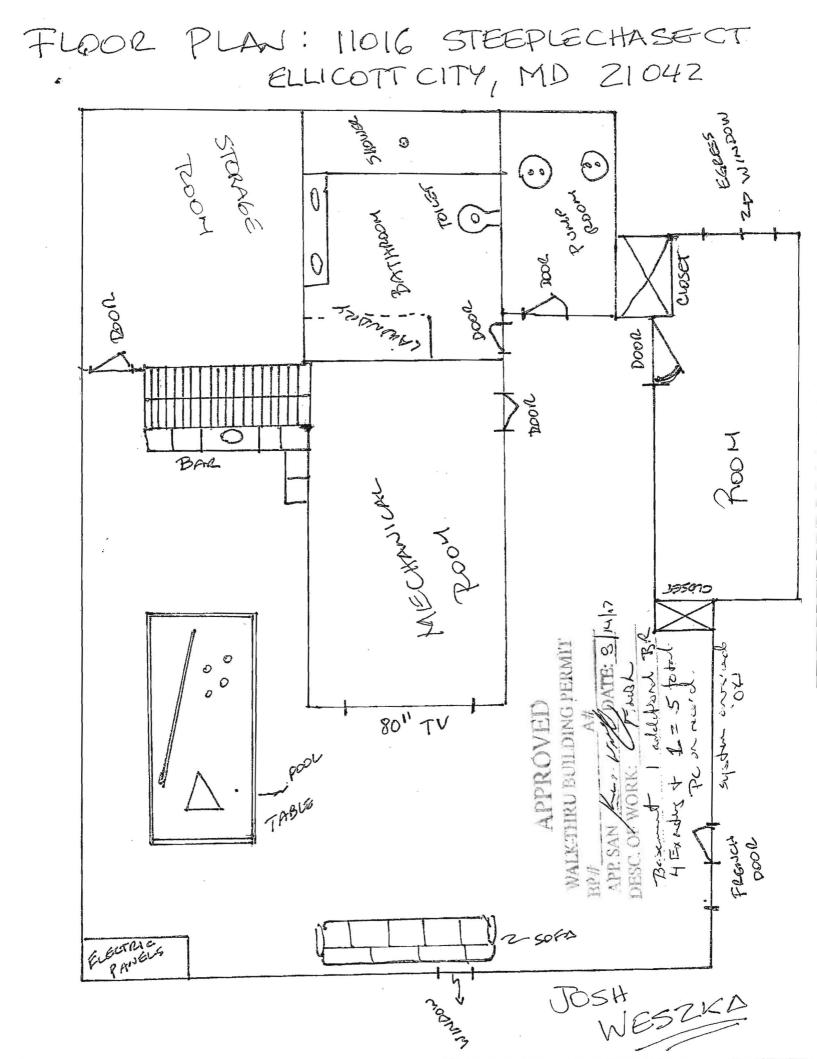
Building Address:	copterlass of			
City:State:	Zip Code: 4	Address: Zin Code:		
Suite/Apt. #SDF		City: State: Zip Code: Phone: Fax:		
Census Tract:		Email:		
Section: Area		Applicant's Name:		
Tax Map: Parcel:	Grid:	Address:		
Zoning: Map Coordina	tes: Lot Size:	City: State: Zip Code:		
The second second	SF.	Phone: Fax:		
Existing Use:		Email:		
Proposed Use:	- S. H- Fallbary F	Contractor Company: <u>HOMEOUNEC</u>		
Estimated Construction Cost: \$	(HPRON) 600	Contact Person:		
Description of Work:	ICMT. TO INCLU	Address: 1101/ STEEPLECHASE CT		
SILLA I SA	RECTURAT ROOM VI	city:		
BAR (1) FULL BI		Phone: 410 - 949 - 4164 Fax:		
		Emply HURES 122 G MELICUL (121413) ASAL		
Occupant/Tenant Name: 2.M. UN		51		
Was tehant space previously occupied		Engineer/Architect Company:		
Contact Name:	WESZKA	Responsible Design Prof.:		
Address: 11016 STEEPIE	HALE CT	Address:		
City: ELLICOTT CITY	State: MD Zin Code: 210			
Phone: 410-949-4104				
		Phone: Fax:		
Email: JWRSZKOR VISION	mancin/r cum	Email:		
Commercial Building Characteristics	Residential Building Characte	stics Utilities		
Height:	SF Dwelling SF Townhous	Electric: Yes No		
No. of stories:	Depth Widt	Gas: Yes No		
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:	Water Supply		
Area of construction (sq. ft.):	Basement:			
	Finished Basement	Private		
Use group:	Unfinished Basement	Sewage Disposal		
Construction type:	Crawl Space Slab on Grade			
Reinforced Concrete	No. of Bedrooms:	Private		
Structural Steel	Multi-family Dwelling	Heating System		
Masonry	No. of efficiency units:			
U Wood Frame	No. of 1 BR units: No. of 2 BR units:	Natural Gas Propane Gas Other:		
	No. of 3 BR units:	Sprinkler System:		
	Other Structure:	Ves No		
	Dimensions:			
Roadside Tree Project Permit Yes No	Footings: Roof:	Grading Permit Number:		
Roadside Tree Project Permit #	State Certified Modular			
	Manufactured Home	Building Shell Permit Number:		
WITH ALL REGULATIONS OF HOWARD COUNTY OF THIS APPLICATION; (5) THAT HE/SHE GRANTS COL Applicant's Signature Email Address	VHICH ARE APPLICABLE THERETO; (4) THA	RIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Print Name Date		
Title/Company	charl D. H.			
		TOR OF FINANCE OF HOWARD COUNTY ////////////////////////////////////		
Black in the second		OFFICE USE ONLY-		
AGENCY DATE S		SETBACK INFORMATION Filing Fee \$ 25.00		
State Highways	Fro			
Building Officials	Sid			
PSZA (Zoning)	Sid			
PSZA (Engineering)		inimum setbacks met? Yes No Guaranty Fund \$ trance Permit Required? Yes No Add'I per Fee \$		
Mealth Blutha	16 a plan His	ric District? Ves No Total Fees \$135.00		
Is Sediment Control approval required for	No. No.	overage for New Town Zone: Sub- Total Paid \$ Red-line approval date: Balance Due \$		
CONTINGENCY CONSTRUCTION STAR		Red-line approval date: Balance Due \$ Check # O(g		

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Juilding Address:	Steeplechase Cy	F	Property Owner's Name:05	hW(SZICO	- UVIGO CABIOU
1. The second	State: MD Zip Code: 21		Address: (10) 6 Steen	olechase	· c+
	SDP/WP/BA #:		City: Ellicott City st Phone: 410 949 1410	ate: <u>M ()</u>	Zip Code: <u>2 (042</u>
			Email: <u>j breszlas</u> (a	Vision	Financial. Com
			2		
	Area:Lot:		Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name:		
	Parcel:Grid:		Address:		
oning: Map Co	ordinates: Lot Size:		City: 5	State:	Zip Code:
			Phone:	+ax:	
				IOMEDI	INER
			Contractor Company: Contact Person: TOSE	+ WES	ZKA
Estimated Construction Cost: \$_			Address: 11016 STE	EPLECH	ASE CT
Description of Work:		(City: ELLICAT CITY State		
			License No. :		
			Phone: 410-949-4109	Fax:	<u> </u>
Occupant/Tenant Name:			Email: JWCSZKZ @	VISION	Lnancizi · com
Was tenant-space-previously or		□No	Engineer/Architect Company	/	
			Engineer/Architect Company:		
Contact Name:			Responsible Design Prof.:		
	<u> </u>	2	Address:		
	State: Zip Code:		City:State	e: Z	p Code:
Phone:	Fax:		Phone:	Fax:	
	1		Email:		
Commercial Building Characte	ristics Residential Building Char SF Dwelling □ SF Tow		<u>Utilities</u>	No	
Height: No. of stories:	Depth	Width		No No	a network the state
Gross area, sq. ft./floor:	1 st floor:		Gas: Water Supply		
	2 nd floor:		Public		
Area of construction (sq. ft.):	Basement:		Private		
Use group:	Finished Basement Onfinished Basement	<u> </u>	Sewage Disposal		
			Public		
Construction type:	□ Slab on Grade		X Private		
Reinforced Concrete	No. of Bedrooms: 4		Heating System	19	
Structural Steel Masonry	<u>Multi-family Dw</u> No. of efficiency units:	elling	☑ Electric □ Oil	1	
U Wood Frame	No. of 1 BR units:		XNatural Gas D Propane	Gas	
State Certified Modular	No. of 2 BR units:		Other:		
	No. of 3 BR units:		Sprinkler System		
	Other Structure:		□ Yes Ø No	-	
Roadside Tree Project Per	Dimensions: rmit Footings:				
	Roof:		Grading Permit	Number:	
Roadside Tree Project Pern	and the second se	ar		4	
	Manufactured Home		Building Shell Pern	nit Number:	
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WITH ALL REGULATIONS OF HOWARD THIS APPLICATION; (5) THAT HE/SHE GR Applicant's Signature	COUNTY WHICH ARE APPLICABLE THERETO;	; (4) THAT HE/SHE \ TER ONTO THIS PRO	PERTY FOR THE PURPOSE OF INSPECTING THE PURP	EFERENCED PROPE	RTY NOT SPECIFICALLY DESCRIBED
WITH ALL REGULATIONS OF HOWARD THIS APPLICATION; (S) THAT HE/SHE GR Applicant's Signature WT SZK G G) Email/Address	COUNTY WHICH ARE APPLICABLE THERETO; AVAILS COUNTY OFFICIALS THE RIGHT TO ENT	; (4) THAT HE/SHE \ TER ONTO THIS PRO	PERTY FOR THE PURPOSE OF INSPECTING THE PURP	EFERENCED PROPE	RTY NOT SPECIFICALLY DESCRIBED
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WITH ALL REGULATIONS OF HOWARD THIS APPLICATION; (S) THAT HE/SHE GR Applicant's Signature WT S Z (G (G) (Email/Address Title/Company AGENCY D. State Highways Building Officials PSZA (Zoning)	COUNTY WHICH ARE APPLICABLE THERETO; ANTSCHENTY OFFICIALS THE RIGHT TO ENT ISSUNFICACION CICLORY CONTRACTOR	(4) THAT HE/SHE V TER ONTO THIS PRO	PERTY FOR THE PURPOSE OF INSPECTING TH TOSH WE rint Name 08-11-17 Nate FINANCE OF HOWARD COUNTY ATLY & LEGIBLY** E USE ONLY- K INFORMATION Permit Required? Yes No	Filing Fee Permit Fee Excise Tax PSFS Guaranty Fu	RTY NOT SPECIFICALLY DESCRIBED D AND POSTING NOTICES.

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