

Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455 www.howardcountymd.gov

Permit No.:	
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	Stires Ingles		Property Owner's Name	197 1 191	Children Service
City: 12 /2 /12 /14	State: Zip Code:	600	City: (4)	State: ATA	Zip Code:
Suite/Apt. #	SDP/WP/BA #:		Phone:	Fax:	
Census Tract:	Subdivision:		Email:		
	Area: Lot:	LOT 100 3	Applicant's Name & Mailing	Address (If other th	an stated horoin)
Section:	Area: Lot:	51	Applicant's Name:	Mauress, (ii other ti	ian stated herein)
	Parcel: 656 Grid:		Address:		
Zoning: Map Co	ordinates: Lot Size	e: 1.34/1C	City:	State:	Zip Code:
			Phone:	Fax:	
Existing Use: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Email:		
Proposed Use: 2777	7) 41 124		Contractor Company: /// -	31.11	
		14	Contact Person: 7/01	4 6 11	Λ
Estimated Construction Cost: \$_			Address: / . 37 3 /	a consum/	Post A on A
Description of Work:	1 the least	- E	City: Sta	te: Ar Zip	Code:
in the state of	. Far. Alex 1.	EF PARIS	License No.: 27/3	6 14.	
			Phone: 1 7-7-15	7 Fax:	
			Email: + / + / + /	19 c . 2 e 8	THE PARTY
Occupant or Tenant:	(r_y				
Was tenant space previously oc	cupied? □Yes	□No	Engineer/Architect Company	JEA 15	1 44
Contact Name:			Responsible Design Prof.:		
* I I NO CONSTITUTO DE PRODUCCIONA DE CONTROL DE CONTRO			The state of the s	- Addison	
Address:	The same of the sa		Address:		
City:	State: Zip Code:		City:Sta	te: Zip C	ode:
Phone:	Fax:		Phone: 24 3 21 -	7 4 Fax:	
C 0.1111.C - C.			Email:		
Email:			Email:		12.4
Commercial Building Characte	ristics Residential Building Cl	haracteristics	Utilities		
Height:	☐'SF Dwelling ☐ SF To	The second secon	Water Supply		
No. of stories:	Depth	Width	□ Public		
Gross area, sq. ft./floor:	1 st floor:		Private		
	2 nd floor:				
Area of construction (sq. ft.):	Basement:		Sewage Dispose	21	
	☐ Finished Basement		☐ Public		
Use group:	Unfinished Basemen	t	Ø Private		
	Crawl Space		Electric: 🗆 Yes [□ No	
Construction type: ☐ Reinforced Concrete	No. of Bedrooms:	,	Gas: ☐ Yes	B'No	
☐ Structural Steel	Multi-family Dy		Heating System	2	
☐ Masonry	No. of efficiency units:	vening	☐ Electric ☐ Oil		
☐ Wood Frame	No. of 1 BR units:		☐ Natural Gas ☐ Propan	e Gas	
☐ State Certified Modular	No. of 2 BR units:		Other:	- 300	
	No. of 3 BR units:		Sprinkler System	n:	
	Other Structure:		☐ Yes ☐ No	114	
	Dimensions:		LI TES LIFNO		
Roadside Tree Project Per	rmit Footings:				
□Yes ��No	Roof:		Grading Per	mit Number:	
Roadside Tree Project Perm					
	☐ Manufactured Home	2	Building Shell Per	mit Number:	
WITH ALL REGULATIONS OF HOWARD THIS APPLICATIONS (S) THAT HE/SHE GR Applicant's Signature	AND AGREES AS FOLLOWS: (1) THAT HE/SH COUNTY WHICH ARE APPLICABLE THERETO IANTS COUNTY OFFICIALS THE RIGHT TO EI	O; (4) THAT HE/SHE WI NTER ONTO THIS PROPE Pri	IL PERFORM NO WORK ON THE ABOVE INTY FOR THE PURPOSE OF INSPECTING INTO NAME	REFERENCED PROPERTY THE WORK PERMITTED A	NOT SPECIFICALLY DESCRIBE
Email Address		Da	te		
1. 1.00	7000 115	15			
Title/Company					
		to: DIRECTOR OF FII *PLEASE WRITE NEA -FOR OFFICE			
AGENCY DA	ATE SIGNATURE OF APPROVAL	DPZ SETBACK I	NFORMATION	Filing Fee	52 4
AGENCY DI	JOHATURE OF APPROVAL	Front:		Permit Fee	S

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		, -D 1
Health	4/27	In x Dusb.

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	5 6 4
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	5
Guaranty Fund	5
Add'I per Fee	\$
Total Fees	\$
Sub-Total Paid	\$ -
Balance Due	\$
Check	11 /6/5

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



Building Permit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive
Permits: 410-313-2455

www.howardcountymd.gov

	as a train	
Date	Received:	

					article .	
Building Address: 13070	H Patricks			Richard		XT
City: 11 Ch (C) State	Zin Code OC			Year Oa		(4
Suite/Apt. # 50		City) 1 ()	MICELL	_ State(VI)	Zip Code:	21777
Census Tract:				ra	¥1	
Section:Ar				ing Address, (If ot		herein)
Tax Map: 34 Parcel		Address	190x 10	3/2/)	
Zoning: Map Coordin	nates: Lot Size	Phone:		State:		1120
Existing Use: 5-7		Email:				
Proposed Use: St D w/	TONK	Contractor	Company:	11 1012		
Estimated Construction Cost: \$ %	LUCE			al unch		
Description of Work: (1) > tall				nai S		1. 7
The state of the s	1			State:(1)	_Zip Codes	10 1
Bar Sura 60	ture and		1 7 7 2	3 3 2 Fax:		
		Email:	31 10 1	Je 3 PdX:		
Occupant or Tenant:	Sta 25	Littelli,				
Was tenant space previously occupie	id? □Yes	□No Engineer/A	Architect Comp	any:	0	
Contact Name:		Description of the second	o Dorien Oraf	(and 10	0, 9 1	
and the same of th		The same and the same				
Address:						
City:	_ State: Zip Code:	City:		_State:	Zip Code:	
Phone:	Fax:	Phone:		Fax:		
Email:		Email		117796		
1		Lindii,				
Commercial Building Characteristic	Residential Building Ch	aracteristics	Utilities	5	21000	HE THE LET
Height:	SF Dwelling SF Tov	vnhouse	Water Sup	ply	S. I. Fell F.	= 10.11
No. of stories:	Depth Depth	Width □ Public				1 11 10 10
Gross area, sq. ft./floor:	1 st floor:	□ Private				
	2 nd floor:	Fredage	C. C			
Area of construction (sq. ft.):	Basement:		Sewage Dis	<u>posal</u>		- 0
	☐ Finished Basement	☐ Public	<u> </u>		程士	Part I
Use group:	☐ Unfinished Basement	☐ Privati	e		जिल्ल	
	☐ Crawl Space	Electric:	☐ Yes	□ No	153 -	123
Construction type:	☐ Slab on Grade	Gas:	'D-Yes	□No	122 =	
☐ Reinforced Concrete	No. of Bedrooms:	- Cus	-		111111111111111111111111111111111111111	193
☐ Structural Steel	Multi-family Dw		Heating Sy		100	1.5.14
☐ Masonry	No. of efficiency units:	□ Electr			100	T all
☐ Wood Frame	No. of 1 BR units:	□ Natur	al Gas Pro	pane Gas	2	
☐ State Certified Modular	No. of 2 BR units:	□ Other			THE U	1-171
	No. of 3 BR units:		Sprinkler Sy	stem:	1-12	-
	Other Structure:	□Yes	□ No		123	74
	Dimensions:				12.5	
> Roadside Tree Project Permit	Footings:		Caratter	Dormit Number	1	
□Yes □No	Roof:		Grading	Permit Number:		
Roadside Tree Project Permit #	☐ State Certified Modu		4.1			
	☐ Manufactured Home		Building Shell	Permit Number:		
THE UNDERSIGNED HEREBY CERTIFIES AND AVENUE AND AUTHORISE APPLICATION; (5) THAT HE/SHE GRANTS	☐ Manufactured Home GREES AS FOLLOWS: (1) THAT HE/SHI TY WHICH ARE APPLICABLE THERETO	E IS AUTHORIZED TO MAKE THIS APPLI C; (4) THAT HE/SHE WILL PERFORM NO	CATION; (2) THAT	BOVE REFERENCED PRO	OPERTY NOT SPECIFIC	ALLY DESCRIBED I
Applicant's Signature C C C C C C C C C C C C C C C C C C C	cle clocous	Print Name Date	7/27	11)	4	
Title/Company		_				
3	Checks Payable	to: DIRECTOR OF FINANCE OF HO	WARD COUNTY	hia:		-
		PLEASE WRITE NEATLY & LEGIBLY -FOR OFFICE USE ONLY-		10		
AGENCY DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	V	Filing Fee	\$	125
extitle	シストランス・シストリティ (日本) アス・スタース・スタース・スタース・スタース・スタース・スタース・スタース・スタ	The state of the s		minimum transfer		

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	13/15	6-74

Is Sediment Control approval required for issuance? ☐ Yes ☐ No ☐ CONTINGENCY CONSTRUCTION START

Front:		
Rear:		
Side:		
5ide 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:	1	

Filing Fee	\$
Permit Fee	5
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	5
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#





