DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810 HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION AUTOMATED INFORMATION (410) 313-3800 Property Owner's Name Dew ?' MAURISEA Building Address_ Address 1201 SHADY CREEK 201 SHADY CREEK P.D. MARRIOTTSVILLE MD 2110 City Morrion Stucke State MD Zip Code 21/04 Home Phone 4/0 449 7806 Work Phone 4/0 299 866 7 Suite/Apt. #: SDP/WP/Petition #: Applicant's Name & Mailing Address, (if other than stated herein): Census Tract _____ Subdivision ____ ____ Area ___ Section Lot Tax Map Parcel Grid Map Coordinates Lot Size Phone Existing Use SINGLE FAMILY HOME
Proposed Use SAME WITH DETICHED GARAGE
Estimated Construction Cost \$ 20,000 Contractor Company COSSENTIND REMODELING
Contact Person WAYNE COSSENTINO Address 12107 MAYASPLE TRAIL City///hrs/o/7 SV/14 State // License No. 080/00/16414
Phone 410 977578/ Fax-Description of Work MD Zip Code 21/09 DETACHED GARAGE THRISE CAR Fax 410442 5765 Occupant or Tenant Dow "MAUDISTEN STEBIER Engineer or Architect Company ALSA SCHMIDT MICHITECT Contact Name SAME Contact Person ALSA SCHMIDT 201 SHADY CREEK ROAD 2739 THORNBROOK POND TOVECEState MD Zip Code 21104 City ELLICOTT CITY State_ Zip Code 21042 442,9806 Fax BUILDING DESCRIPTION - RESIDENTIAL BUILDING DESCRIPTION - COMMERCIAL Building Characteristics
SF Dwelling SF Townhouse **Building Characteristics** Utilities Water Supply: Height: Water Supply: Public
Private
Sewage Disposal: Width No. of stories: Private 2nd floor. ARAGE Sewage Disposal: Basement: Gross area, sq. ft. per floor. Public SIE PLANS Private Finished Basement O Unfinished Basement O Crawl Use group: space | Slab on Grade | No. of Bedrooms _____ Electric Yes D No D Electric Yes
No Construction type: Yes □ No □ Yes □ No □ Gas Gas Reinforced Concrete Multi-family dwellings: Heating System: Structural Steel Heating System: No. of efficiency units: Oil 🗆 Masonry Oil Electric Electric □ No. of 1 BR units: Wood Frame Natural Gas Natural Gas No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A ₽ Sprinkler system: N/A Other Structure: _NFPA #13D Fuli Dimensions: **Partial** NFPA #13R Footings: Other: Other Suppression Roof: # of Heads State Certified Modular Manufactured Home 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. Applicant's Signature Print Name Email Address Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY. - FOR OFFICE USE ONLY -DPZ SETBACK INFORMATION AGENCY DATE SIGNATURE APPROVAL PROPERTY ID# Filing fee Land Development, DP2 State Highways Rear: Permit fee **Building Officials** Side: Excise tax Dev. Engineering, DPZ Add'l per fee \$ Health All minimum setbacks met? TOTAL FEES \$

CONTINGENCY CONSTRUCTION START: ONE STOP SHOP:

Is Sediment Control approval required prior to issuance?

YES D NO D

T:\Operations\Updated forms

Distribution of Copies

Fire Protection

White: Building Officials

YES - NO -

YES D NO D

Historic District?

YES D NO D

Is Entrance Permit Required?

Lot Coverage for New Town Zone

SDP/Red-line approval date

Green: LDD, DPZ Yellow: DED, DPZ Pink: Health

Sub-total paid \$

Balance due

Validation

Check

Gold: SHA

Accepted by_

