PERMIT NUMBER HOWARD COUNTY PLICATION 808001958
Property Owner's Name WARY wall PERMIT APPLICATION Building Address 634 RWA RE skypesville and Address 34 River Road Suite/Apt. #: _____ SDP/WP/Petition #: city skykesvill ? State MC Zip Code ZI784 Census Tract Subdivision Phone 910-489-6586 Phone Section_ _ Area Applicant's Name & Mailing Address, (if other than stated hereon): Tax Map Parcel Grid Phone Zoning (Map Coordinates Lot size Existing Use DECK Proposed Use_ Contact Person Estimated Construction Cost \$ # 13,000.00 Description of Work 7804 ABONE GREWSO, 12' X45' City BER/IN Zip Code 2/8// Occupant or Tenant Engineer or Architect Company Contact Contact Person Name Address Address Citv State Zip Code City State Zip Code Phone Fax Phone Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics** <u>Utilities</u> **Building Characteristics Utilities** Water Supply: Water Supply: Height: SF Dwelling □ SF Townhouse □ ___ Public Public Depth 1st floor: No. of stories: Private Private Sewage Disposal: Sewage Disposal: 2nd floor: Public Public Basement: Private Gross area, sq. ft. per floor: Private Finished Basement | Unfinished Basement Electric Yes □ No □ Electric Yes □ No □ Crawl space
Slab on Grade Yes □ No □ Use group: Yes □ No □ No. of Bedrooms ___ Height: _____ Multi-family dwellings: Heating System: Heating System: Electric □ Oil □ Electric Oii Natural Gas No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Construction type: Reinforced Concrete Natural Gas Propane Gas Structural Steel Propane Gas No. of 3 BR units Masonry Sprinkler system: N/A □ Wood Frame Sprinkler system: N/A □ Other Structure: _ NFPA #13D Full NFPA #13R Partial Other: Roof Height: State Certified Modular Other Suppression # of Heads State Certified Modular Manufactured Home CERTIFES 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 THE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY OESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY THE ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Southwesth JesH Print Name 7/2/08 Applicant's Signature ressont Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY "PLEASE WRITE NEATLY AND LEGIBLY." FOR OFFICE USE ONLY AGENCY SIGNATURE APPROVAL DATE Filing fee and Development, DPZ State Highways Permit fee Building Official Excise tax Side: Dev. Engineering, DPZ Side St.: Add't per, fee Health # M/1/01 X - Ax X TOTAL FEES Fire Protection YES D NO D Sub-total paid

| Side |

