

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: 8918

Permit No.: B18002808

uilding Address: 12529		<i>†</i>	Property Owner's Name: _	WILLIAM	MSBURGING!
ty: Fulton State:		5759-	Address: Syr Hay	State: 77	Zip Code: 2/04/4
uite/Apt. #SDF	P/WP/BA #:		Phone: 417-647	- 0000 Fa	x:
ensus Tract:			Email: MACAAnn	11/5/0/11/1	11 another 11/10.00
The state of the s		10	Applicant's Name & Maille	a Address (If at	her than stated heroin)
ection:Are	a:Lot:		Applicant's Name & Mailin Applicant's Name:	ig Address, (if ot	ner than stated herein)
ax Map: 45 Parcel:		A VICE HITCH SECRETARISH AND A PARK	Address:	494 (Dill 25A)	
oning: RR-DEO Map Coordina	ites: Lot Size:		City:		
			Phone:	Fax:	
kisting Use: Va(ant	Lot		Email:		The second state of the second
roposed Use: SFH			Contractor Company:		
stimated Construction Cost: \$	57.593	The second secon	Contact Person:		
stimated Construction Cost: \$	The market		Address:		destrict of constant of
escription of Work: Welling	Tun-legion	21111	City:S	state:	_ Zip Code:
see attache			License No.: /55		
			Phone:	Fax:	Half a second trans to
	Name of the second		Email:		
ccupant/Tenant Name:					TO A STATE OF THE
las tenant space previously occupied	l?∖ □Yes		Engineer/Architect Compa	And the Control of the Annual State of the Control	
ontact Name:			Responsible Design Prof.: _	DECI	
ddress:	Type		Address:	MEU	CIVED
ity:		LOS CONTRACTOR OF THE PARTY OF	Disagraphic Control of the Control o	I Security of the Security Security	A MONDROW WATER ON WEST STATES OF THE STATES
			City:	AU6	0'9'2018
hone:	Fax:		Phone:	Fax:	& PERMITS
mail:			Email:		ISION
			Figure 1	instanto de altre	NOION
Commercial Building Characteristics		The second secon	<u>Utilities</u>		
leight:	SF Dwelling SF Tow	AND THE RESERVE OF SHIRLS AND THE RESERVE OF	Electric: Yes	□ No	
No. of stories:  Gross area, sq. ft./floor:	Depth 1 <sup>st</sup> floor:	<u>whath</u>	Gas: Yes		
nossarea, sq. it., noor.	2 <sup>nd</sup> floor:	47.580 00	Water Supp	<u>oly</u>	
Area of construction (sq. ft.):	Basement:	A consideration of	Public		
and the second transfer of the second second	☐ Finished Basement		☐ Private		
Jse group:	Unfinished Basement		Sewage Disp	<u>osal</u>	10 Acres
	☐ Crawl Space		Public		A THE STREET OF STREET OF STREET OF STREET OF STREET
Construction type:  Reinforced Concrete	☐ Slab on Grade  No. of Bedrooms:	Constitution of the	☐ Private	A STATE OF THE STA	
☐ Structural Steel	Multi-family Dwg	ellina	Heating Sys	<u>tem</u>	
☐ Masonry	No. of efficiency units:		☐ Electric ☐ Oil		
□ Wood Frame	No. of 1 BR units:	2 - 1 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1	☐ Natural Gas ☐ Prop	oane Gas	
☐ State Certified Modular	No. of 2 BR units:		☐ Other:		
	No. of 3 BR units:	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sprinkler Sys	tem:	
	Other Structure:		☐ Yes ☐ No		
Pondeide Tree Brojest Bormit	Dimensions: Footings:				
➤ Roadside Tree Project Permit  ☐ Yes ☐ No	Roof:	1. 1.6.6 EDEC	Grading Pe	rmit Number:	
Roadside Tree Project Permit #	☐ State Certified Modul	ar			
and the stage the same and an emission of the	☐ Manufactured Home		Building Shell	Permit Number:	
THE UNDERSIGNED HEREBY CERTIFIES AND AGE WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION; (5) THAT HE/SHE GRANTS CO  Applicant's Signature  Email Address  Title/Company	WHICH ARE APPLICABLE THERETO:	(4) THAT HE/SHE WILL TER ON TO THIS PROPER Prin	PERFORM NO WORK ON THE ABILTY FOR THE PURPOSE OF INSPECTI t Name	OVE REFERENCED PRO	OPERTY NOT SPECIFICALLY DESCRIBED
The state of the s	Checks Payable	o: DIRECTOR OF FIN	IANCE OF HOWARD COUNTY		
		PLEASE WRITE NEAT			
			LY & LEGIBLY**	The state of the s	15D5N
AGENCY DATE		PLEASE WRITE NEAT	IY & LEGIBLY**  JSE ONLY-	Filing Fee	

tribution of Copies: White: Building Officials

**Building Officials** 

PSZA (Zoning)

PSZA (Engineering)

Green: PSZA.Zoning

9/14/18 H. Osxuch

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone:

Is Entrance Permit Required? 🗆 Yes 🗆 No

All minimum setbacks met?

SDP/Red-line approval date:

Side:

Side St.:

**Historic District?** 

Check Pink: Health

☐ Yes ☐ No

☐ Yes ☐ No

**Excise Tax** 

**Guaranty Fund** 

**Sub- Total Paid** 

**Balance Due** 

\$

\$

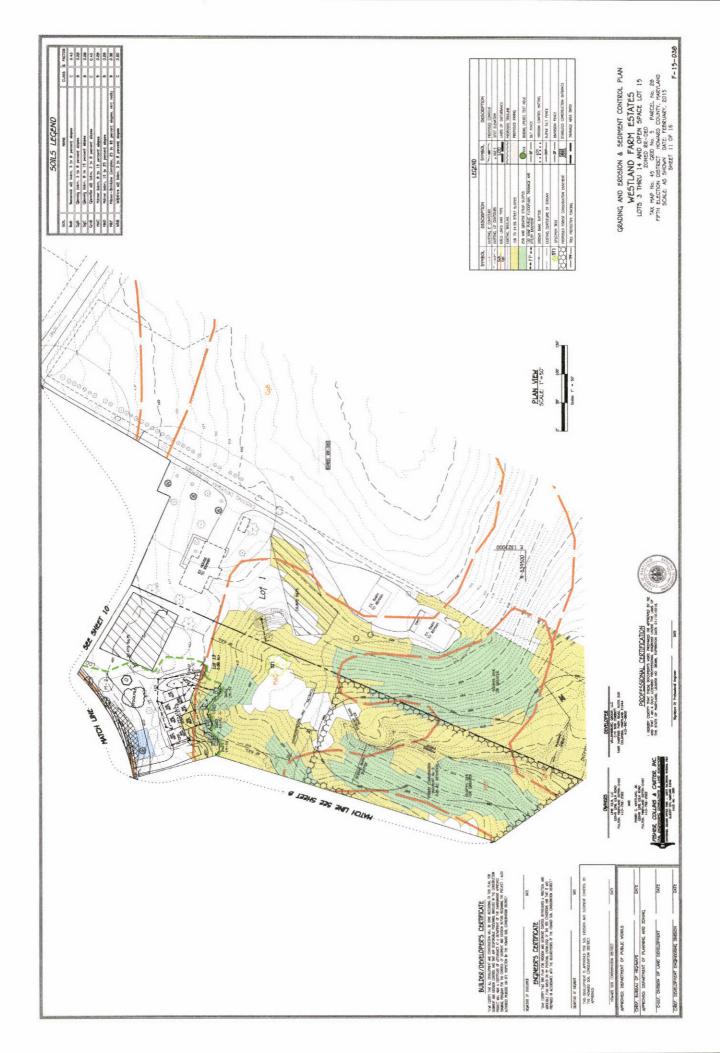
\$

Add'l per Fee

**Total Fees** 

Gold: SHA

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



# Theresa Miller

Full Name: Last Name: First Name: Job Title:

Stephanie Tuite Tuite Stephanie RLA, PE, LEED AP BD&C

Business:

office (410) 461-2855 cell (410) 491-5962

E-mail: E-mail Display As:

Stephanie@fcc-eng.com Stephanie Tuite (Stephanie@fcc-eng.com)



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:	

Permit No.:

Building Address: 12029	1155+land CT.	Property Owner's Name: 15 50	45/2
	201 - 20 25759	Address: 12521 W4572V	CT.
City: Till Ton State:	TIM . Zib Code O 2001	City: Tulton State:ma.	Zip Code: 20159
Suite/Apt. #SDP/	WP/BA #:	Phone: 202-420 Fax:	
Subdivision:		Email:	<u> </u>
Lot: Tax Map:	Parcel:	Applicant's Name & Mailing Address, (If other	r than stated herein)
		Applicant's Name:	
Existing Use: 5.4.0 -		City: State:	7in Code:
Proposed Use: 5 . F	0	Phone: Fax:	zip code
	000	Email:	
Estimated Construction Cost: \$ 0	,000		1
Description of Work: ConstR	ict NEW.	Contractor Company: Consys	the.
DECK. 55.4	5 × 1d-	Contact Person: 1	(A) (A) (.)
		1 Address: 150 KY101 SOU	21.10.M.
w strps +	0 617965	City AShir Gostate: DE	Zip Code:
		License No.: Idd 500	
		Phone: 202-439-42 Fax:	
		Email:	
Occupant/Tenant Name:			
Was tenant space previously occupied?	□Yes □No	Engineer/Architect Company:	
Contact Name:		Responsible Design Prof.:	
Address:		Address:	
City:Si			p Code:
City:	tatezip code	City: State: Zi	p code.
Phone:F	ax:	Phone: Fax:	
Email:		Email:	
Commercial Building Characteristics	Residential Building Characteristics	<u>Utilities</u>	
Height:	☐ SF Dwelling ☐ SF Townhouse	Electric: ☐ Yes ☐ No	
No. of stories:	Depth Width	Gas: ☐ Yes ☐ No	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	Water Supply	
	2 <sup>nd</sup> floor:	□ Public	
Area of construction (sq. ft.):	Basement:	₩ Private	
	☐ Finished Basement		
Use group:	☐ Unfinished Basement	Sewage Disposal	
	☐ Crawl Space	☐ Public	
Construction type:	☐ Slab on Grade	-X Private	
Reinforced Concrete	No. of Bedrooms:	Heating System	
Structural Steel	Multi-family Dwelling No. of efficiency units:	☐ Electric ☐ Oil	
☐ Masonry ☐ Wood Frame	No. of 1 BR units:	☐ Natural Gas ☐ Propane Gas	
☐ State Certified Modular	No. of 2 BR units:	Other:	
State certified Modular	No. of 3 BR units:		
	Other Structure:	Sprinkler System:	
	Dimensions:	Yes No	
> Roadside Tree Project Permit	Footings:		
□Yes □No	Roof:	Grading Permit Number:	
Roadside Tree Project Permit #	☐ State Certified Modular		
	☐ Manufactured Home	Building Shell Permit Number:	
WITH ALL REGULATIONS OF HOWARD COUNTY WH	ICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WIL RESCIALS THE RIGHT TO ENTER ONTO THIS PROPERTY	MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORR L PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY! Y FOR THA PURPOSE OF INSPECTING THE WORK PERMITTED AND FINE Name  ;	NOT SPECIFICALLY DESCRIBED IN THIS
		ENS/19	
Email Address	hman Douth ook	ate S S S S S S S S S S S S S S S S S S S	
Email Address	LOIN	/	
Ngm			
Title/Company			
	Checks Payable to: DIRECTOR OF	FINANCE OF HOWARD COUNTY	

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA ( Engineering )		1
Health	10/5	19 H.OSW

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 Zone:				
SDP/Red-line approval date:				

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

Gold: SHA



Building Fermit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive

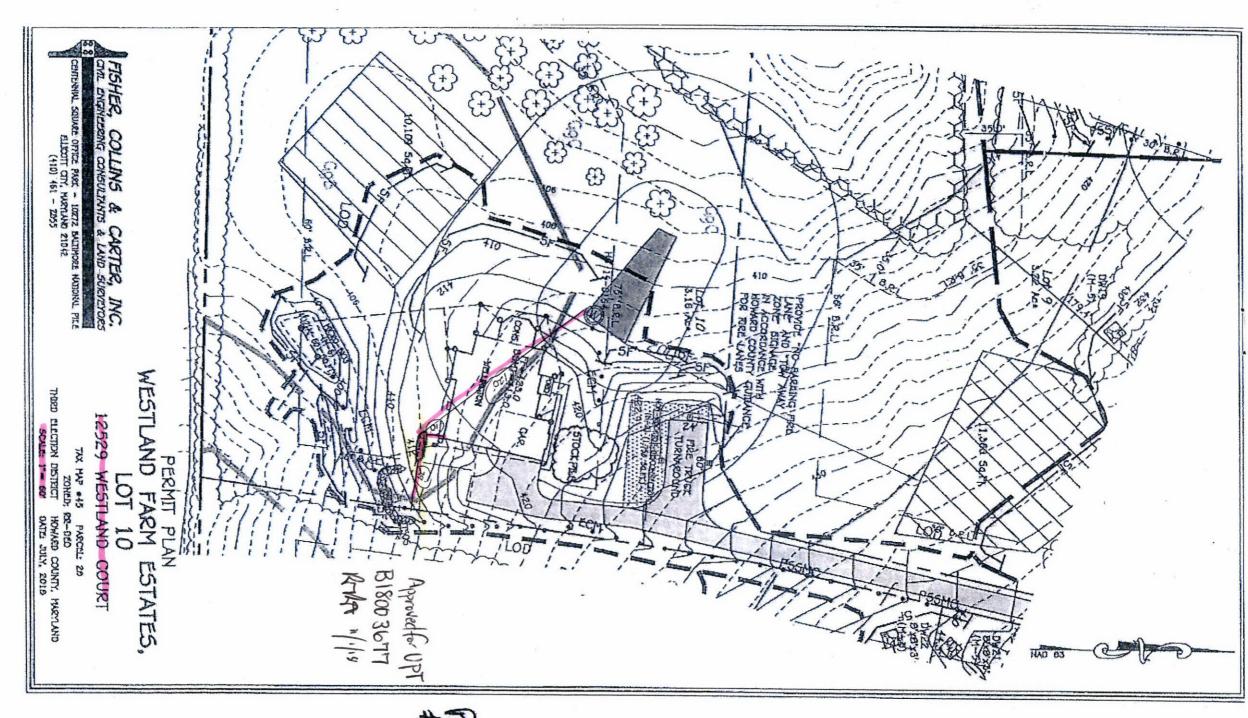
Permits: 410-313-2455

Date Received:	11 173 116

www.howardcountymd.gov

Permit No.:

Building Address:	ing tour	estand ca	T.	Property Owner's Name:	Va Conthin	and december he has
City: frot has	State	e: Zip Code: 🔔	0,116,44	Address:	House Part	you Leves
		DP/WP/BA #:		City:St		
		com Estates		Phone: 4/20 Carlos Cont	Fax: _	
		Parcel:				
LOT: TAX IVI	ар:	Parcel:		Applicant's Name & Mailing A Applicant's Name:	ddress, (If other	than stated herein)
Existing Use:	73.00			Address: 03 A.s. 313		
	made when the color	was more		City:	State:	Zip Code: Zif Z
	Considerable Section As	BANGERY AND RESERVED TO BE A PARTY OF THE PA		Phone: Market Cont.	Fax:	and the same of the same of
		1000	STORY OF THE PARTY OF THE		- Planting and the second	
			366.	Contractor Company:	And a state	
A Proposition of them is	11/20	Condition amount		Contact Person:	E many	
proposity officers	14	and the second		City:State		
				License No. : 3/2/5		
				Phone:		
Occupant/Tenant Name: _				Email:		
Was tenant space previous	a President			F - 1 /2 - 1 1 - 1 C		
			□No	Engineer/Architect Company: _		White the state of the state of the
				Responsible Design Prof.:		
Address:	Salt			Address:	232	
City:		_ State: Zip Code:		City:State	: Zip	Code:
Phone:		Fax:		Phone:	Fax:	
Email:		3		Email:		
	7					
Commercial Building Ch Height:	aracteristic	cs Residential Building C  ☐ SF Dwelling ☐ SF To		Electric:	No.	
No. of stories:		Depth Depth	Width		No	
Gross area, sq. ft./floor:		1st floor:		Water Supply	110	
A Part of the second	6.)	2 <sup>nd</sup> floor:		☐ Public		
Area of construction (sq.	π.):	Basement:		☐ Private		
Use group:		☐ Unfinished Basemen	t	Sewage Disposa	<u> </u>	
The second second second second second	and the state of	☐ Crawl Space		☐ Public		
Construction ty	rpe:	☐ Slab on Grade		☐ Private		
☐ Reinforced Concrete ☐ Structural Steel		No. of Bedrooms:  Multi-family Dv	vellina	Heating System		
☐ Masonry		No. of efficiency units:		☐ Electric ☐ Oil		
☐ Wood Frame		No. of 1 BR units:		☐ Natural Gas ☐ Propane	Gas	
☐ State Certified Modula	ar	No. of 2 BR units:		Other:		
		No. of 3 BR units: Other Structure:		Sprinkler System	i	
		Dimensions:		☐ Yes    No		
> Roadside Tree Proje	ect Permit	Footings:		Grading Permit	Number	
□Yes	□No	Roof:	1	Grading remine	Number:	
Roadside Tree Project	t Permit #	☐ State Certified Modu		Building Shell Pern	nit Number:	
		La Maridiactureu Home				
WITH ALL REGULATIONS OF HOWA	ARD COUNTY V	WHICH ARE APPLICABLE THERETO: (4	) THAT HE/SHE WILL NTO THIS PROPERTY F	MAKE THIS APPLICATION; (2) THAT THE INFO PERFORM NO WORK ON THE ABOVE REFERE FOR THE PURPOSE OF INSPECTING THE WOR	NCED PROPERTY NO	T SPECIFICALLY DESCRIBED I
Email Address	1	the second second	Da	te		
A STREET						
Title/Company	10000	61-1-2-11	DIRECTOR OF E	NANCE OF HOWARD COUNTY		
			LEASE WRITE NEA	NANCE OF HOWARD COUNTY TLY & LEGIBLY**		
			-FOR OFFICE			
AGENCY	DATE	SIGNATURE OF APPROVAL		CINFORMATION	Filing Fee	\$ manufactures
State Highways			Front:		Permit Fee Tech Fee	\$
Building Officials			Rear: Side:		Excise Tax	\$
			Side St.:		PSFS	\$
PSZA (Zoning)				setbacks met?	Add'l per Fee	d \$
PSZA ( Engineering )	v.I I. e.	0-44	Historic Distr		Total Fees	\$
Health Is Sediment Control appro	11/18	for issuance? \( \text{Vec}  \text{No}	Lot Coverage	for New Town Zone;	Sub- Total Pai	
☐ CONTINGENCY CONSTR			SDP/Red-line	e approval date:	Balance Due Check	\$ # 16 4 5 5 6
TOTAL TOTAL CONTRACTOR STATE OF THE STATE OF		201 - 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10				ALCOHOLD TO THE RESERVE OF THE PARTY OF THE





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:	

Permit No.:

Building Address: / SSY NEST ND. CT.  City: M Ton State: M. Zip Code: 20759  Suite/Apt. # SDP/NP/BA #: Phone: Fax:  Subdivision N EST And St. None: Phone: Fax:  Existing Use: SFD,  Proposed Use: SFD,  Proposed Use: SFD,  Estimated Construction Cost: \$ 35,000  Description of Work: None: Phone: Address: Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other than stated herein) Applicant's Name & Mailing Address; (If other	is self
State: M. Zip Code: O 759  Suite/Apt. # SDP/MP/BA #: Subdivision W 25 + And Farm State	yest akla
Suite/Apt. # SDP/NP/BA #:  Subdivision N ESH Am St.	akla
Subdivision N & ST Ann	akla
Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name & Mailing Address, (If other than stated herein)	akle
Existing Use: Selection of Work: State: Manager Selection of Work: Sel	
Existing Use: Selection of Work: State: Manager Selection of Work: Sel	
Existing Use: SEO,  Proposed Use: SEO,  Estimated Construction Cost: \$ 35,000  Description of Work: SA 5000  Contractor Company SEO	
Proposed Use: 5	
Proposed Use: 3 , State: State	
Description of Work: Ship Dasym 5.1  Contractor Company Contractor Company Contact Person: Ship Contact Person: Sh	
Contractor Company O S L SHAK Contact Person: Shak	
Contact Person: 23 SHAK Address: 32 KENDERY ST. W.W.  City: D. C. State: Zip Code: 20011  License No.: Phone 22 - 1/39 - 1/20 Pax: Email:	
Address: 32 KENEOU ST. W. City: D. C. State: Zip Code: 20011 License No.: Phone 22-439-420 Fax: Email:	
City: D. C. State: Zip Code: 200\\ License No.: Phone 202 - 439 - 120 Fax: Email:	
Occupant/Tenant Name:	
	*
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.**
Was tenant space previously occupied?   Yes   No   Engineer/Architect Company   Ymouth   Va - Nech   Ymouth	,
Contact Name: Responsible Design Prof.:	
Address: Address 40 Ply mouth Rd.	;
Phone:	
Email: Email:	
Commercial Building Characteristics Residential Building Characteristics <u>Utilities</u>	
Height:	
No. of stories: Depth Width Gas: Yes No	
Gross area, sq. ft./floor: 1 <sup>st</sup> floor: Water Supply	
2 <sup>nd</sup> floor: □ Public	
Area of construction (sq. ft.):  Basement:  Private	
D ritistico descritetti	
Reinforced Concrete No. of Redrooms:	
Structural Steel Multi-family Dwelling Heating System	
☐ Masonry No. of efficiency units: ☐ Electric ☐ Oil	_
™ Wood Frame No. of 1 BR units: □ Natural Gas □ Propane Gas	
☐ State Certified Modular No. of 2 BR units: ☐ Other:	
No. of 3 BR units: Sprinkler System:	
Other Structure:	
Dimensions:	
Roadside Tree Project Permit Footings:  Grading Permit Number:	
☐Yes ☐No Roof: Grading Permit Number:	
□ Yes □ No Roof: Grading Permit Number:  Roadside Tree Project Permit # □ State Certified Modular	
☐Yes ☐No Roof: Grading Permit Number:	
□ Yes □ No Roof:  Roadside Tree Project Permit # □ State Certified Modular □ Manufactured Home Building Shell Permit Number:	
□ Yes □ No Roof:  Roadside Tree Project Permit # □ State Certified Modular □ Manufactured Home  Suilding Shell Permit Number:  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	
□ Yes □ No Roof:  Roadside Tree Project Permit # □ State Certified Modular  □ Manufactured Home  Building Shell Permit Number:  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	
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.	
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 REQUIATIONS 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	
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.  **Print Name**  **Print Name*	
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 REQUIATIONS 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	
Grading Permit Number:	
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.  **Print Name**  **Print Name*	

-FOR OFFICE USE ONLY-

DPZ SETBACK INFORMATION

DATE SIGNATURE OF APPROVAL AGENCY State Highways **Building Officials** PSZA (Zoning) PSZA (Engineering) 5/23/15 Bat L- 12 Health

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

Green: PSZA,Zoning

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 Zone: SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
<b>Guaranty Fund</b>	\$
Add'I per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

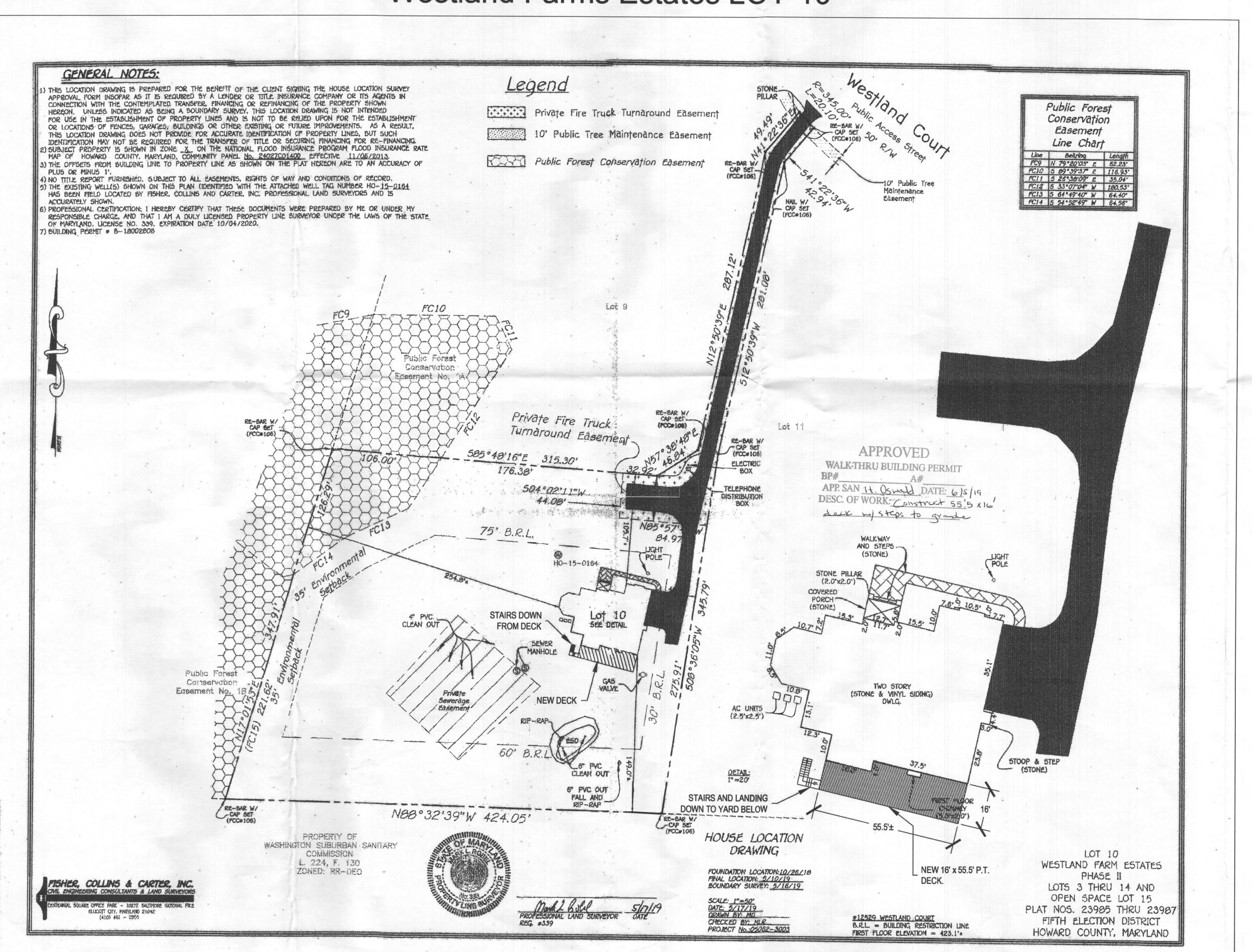
Yellow: PSZA,Engineering

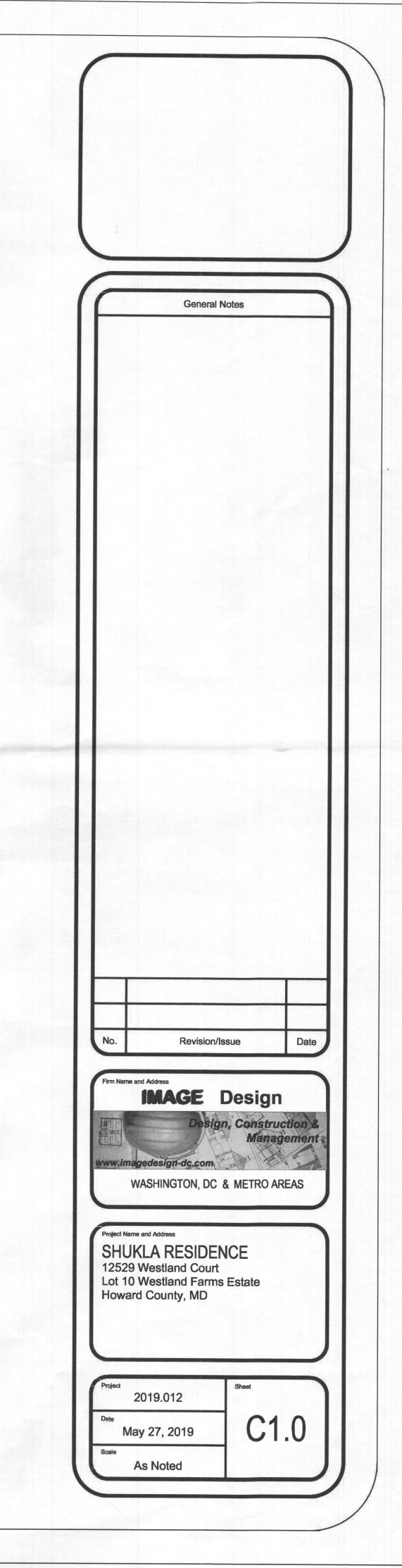
Pink: Health

Gold: SHA

# 12529 Westland Court Rear Deck Add

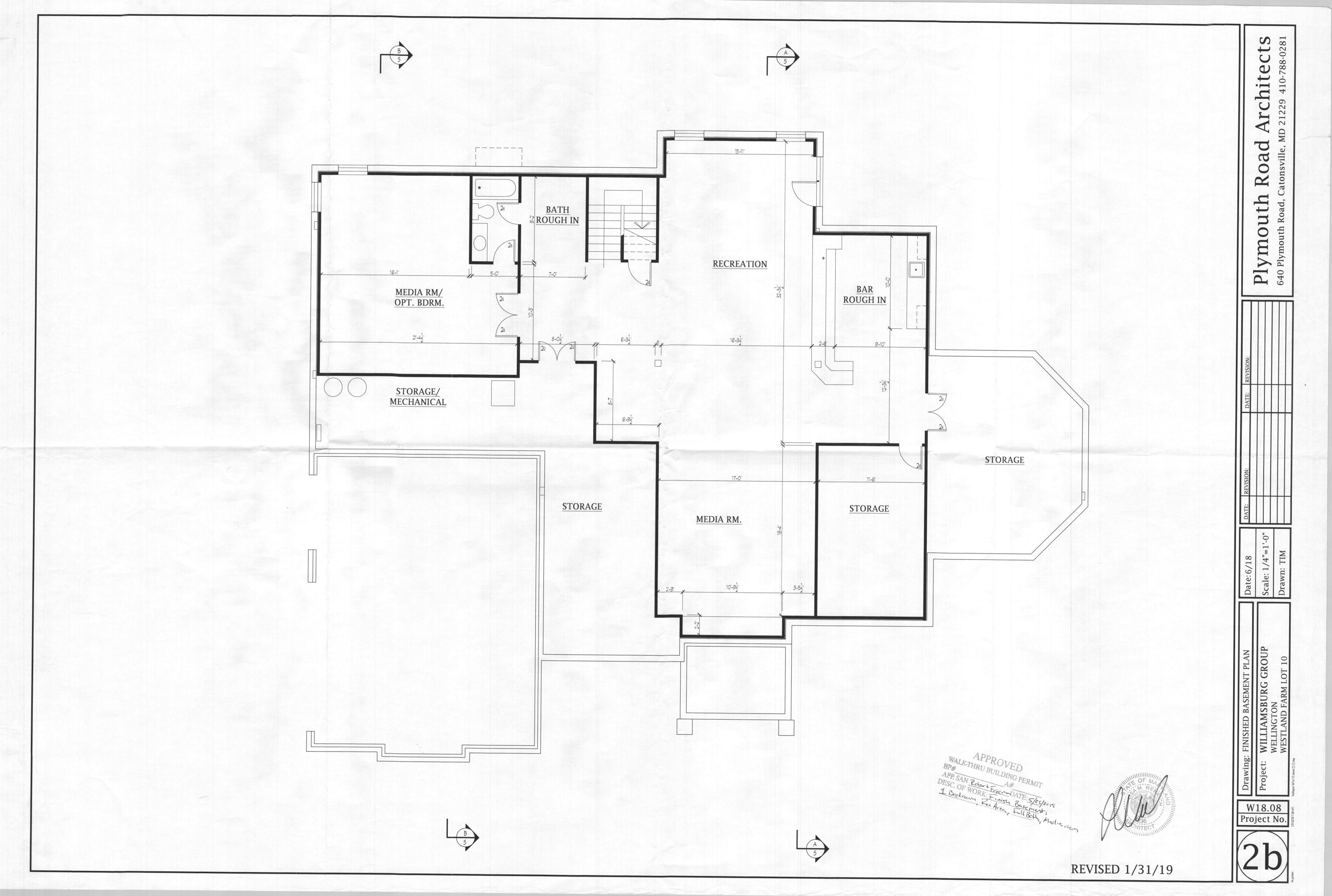
Westland Farms Estates LOT-10

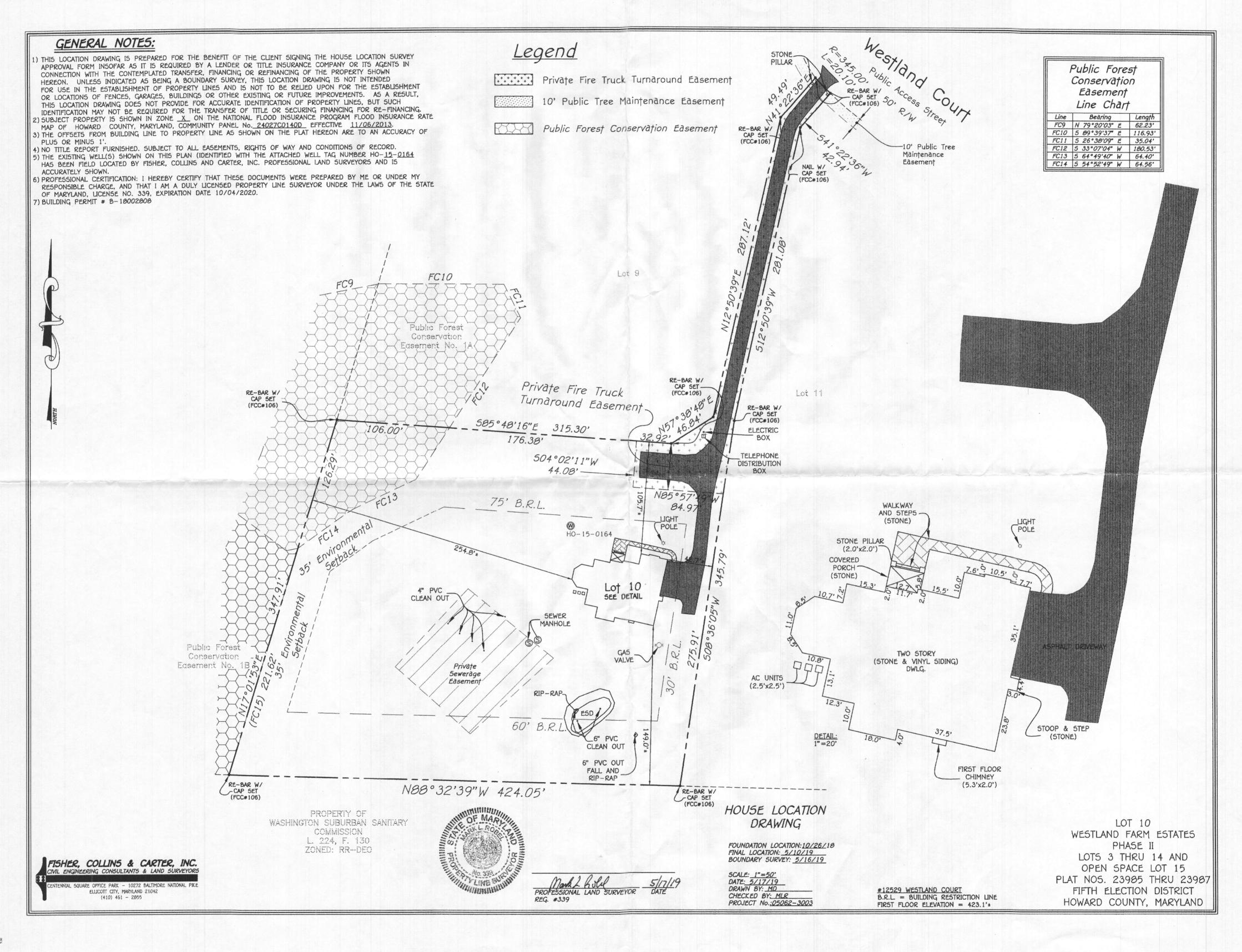




2019.012Arc

05/30/20





59062/dwg/tiSp62-2003 Ht LOT 10.dwg. S/17/2019 95252 AM. \USRV1.kc-eng-local;HP PageWide XL 5000