

Date Received:	Sept.	19	201	Q
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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

Date Received:	O(Pi	11,20

Permit No.:

Corp. State: Zip Code: Zip Zip Code: Zip Zip Code: Zip Zip Code: Zip	Building Address: 1220	06 C	arroll Mil Rd.		Property Owner's Name:	pet 2. Morri	SIL
Soldwide	city: Ellicot+ Cr	TState:	Md Zip Code: 204	112	Address: 12201 (G	eroll Ma 15d.	LINU O
Distinguise: SACE YARD Proposed Use: STORAGE SHED SHED State: Zip Code: Proposed Use: STORAGE SHED Sh					Phone: 740-539-	9853 Fax:	1072
Distinguise: SACE YARD Proposed Use: STORAGE SHED SHED State: Zip Code: Proposed Use: STORAGE SHED Sh		MAD	x /2035		Email: robed mol	MISZNO BYRMA	1.601
Applicant's Name: Address: Zip Code: Phone: Fax Email:	Subdivision.	200	12 ~ ~ ~	>		- 0	
Proposed Use: STORARE SHIPE Sestimased Construction Cost: \$7,000. Description of Wight: SLOCAL IL 'X 2 4 ! Contract Parameter Company: State: Contract Person: State: Zip Code: License No.: Phone: Fax: Email: Contract Name: Fax: Contract Name: Contract Name: Name: Fax: Contract Name: Name: Contract Name: Name: Contract Name: Name: Contract Name: Name: Contract Name	Lot: 5 Tax Map	100	Parcel: COO			ddress, (if other than stated here	in)
Proposed Use: STORARE SHIPE Sestimased Construction Cost: \$7,000. Description of Wight: SLOCAL IL 'X 2 4 ! Contract Parameter Company: State: Contract Person: State: Zip Code: License No.: Phone: Fax: Email: Contract Name: Fax: Contract Name: Contract Name: Name: Fax: Contract Name: Name: Contract Name: Name: Contract Name: Name: Contract Name: Name: Contract Name	Existing Use: 3ACI	E YA	RD		Address:		
Estimated Construction Cost \$ 3, 200 Description of Work: BAID Seed 16	STI	DAL	F SHEN				
Description of Work: BLICK Contact Person: Address: Contact Kanne: Was terrant space previously occupied? City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Email: Engineer/Architect Company: State: Email: Engineer/Architect Company: State: Sign Profit: Address: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Sign Profit: Address: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Phone: Fax: Email: Engineer/Architect Company: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Phone: Engineer/Architect Company: State: Sip Pone: Engineer/Architect Company: State: Zip Code: City: State: No. City: State: Individual Engineer/Architect Company: State: Sip Pone: Engineer/Architect Company: State: Sip Code: City: State: Sip Code: Sip Code: City: State: Sip Code: City: State: Sip Code: City: State: Sip Code: City: State: Sip Code: City: Sip Code	Proposed Use:	JIC 11 G	2000			rax:	
Counter Variant Name: Kobal T. Manu	Estimated Construction Cost	: \$	30			2/16	
Address: Zip Code:	Description of Work:				Contractor Company:	202	
Cocupant/Ferram Name: Rob DT Me Nu	Buld S	Led	16'x24'			JEIT	
License No. : Fax: Email: Emgineer/Architect Company: Gaster State: Contact Name: Address: Zip Code: Phone: Fax: Email: Emgineer/Architect Company: Gaster State: Zip Code: Phone: Fax: Zip Code: Phone: Z					City: State	. Zin Code:	
Phone: Fax: Email: Engineer/Architect Company: But Lu May Seriant space previously occupied? Chros. Chro						210 0000.	
Contact Name: Cohe						Fax:	
Was tenant space previously occupied?	- 7	7	T MA . TT				
Contact Name: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Fax: Zip Code:	Occupant/ Ferrant Name: K	OD DO	. J. WOMIZ	<u> </u>			
Contact Name: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Fax:	Was tenant space previously	occupied?	□Yes	□No	Engineer/Architect Company:	84 Lumber	
Address: City: State: Zip Code: City: State: Zip Code: Phone: Fax: Zip Code: Z	Contact Name:				Responsible Design Prof.:		
City:							
Phone: Fax: Phone: Fax: Email:							
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Commercial Building Characteristics Residential Building Characteristics Height: DSF Dwelling SF Townhouse Dspth Width SF Townhouse Dspth St Townhouse Dspth Dspth St Townhouse Dspth Ds	Phone:		Fax:		Phone:	Fax:	-
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Height No. of stories: Depth Width Gas: Ves No Gas: Ves No Water Supph						120	
No. of stories:		acteristics				TN-	
Gross area, sq. ft./floor: Second							
Area of construction (sq. ft.): Basement: Public		~~~~		- Idell		INO	
Area of construction (sq. ft.): Basement			2 nd floor:				
Unfinished Basement	Area of construction (sq. ft	:.):	Basement:				
Crawl Space							
Construction type: Siab on Grade Reinforced Concrete No. of Bedrooms: Structural Steel Multi-family Dwelling Masonry No. of efficiency units: State Certified Modular No. of 2 BR units: State Certified Modular No. of 3 BR units: Other Structure: Other Structure: Other Structure: Other Structure: Other Structure: The Understand Dimensions: The Understand Dimensions: The Understand Dimensions: The Understand Dimensions: The Understand Dimensions The Understan	Use group:						
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No. of 3 BR units: Other Structure: Dimensions: Proadside Tree Project Permit Footings: Grading Permit Number: Sprinkler System: Pes No Dimensions: Grading Permit Number: State Certified Modular 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 DEPOSED TO MAKE THIS APPLICATION, (2) THAT HE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL DEPOSED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) TH			73.			e Gas	
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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 OWN WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED APPLICATION S) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED APPLICATION S) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Applicant's Signature Print Name Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGIBLY** -FOR OFFICE USE ONLY- State Highways Building Officials PSZA (Zoning) PSZA (Engineering) THE UNDOESSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (3) THAT HE/SHE WILL OWN AND HEREBY CERTIFIES					Grading Permit	t Humber.	-
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (2) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL OR MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN A PRIVATION IS THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN A PRIVATION IS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Applicant's Signature Print Name	Roadside Tree Project'I	Permit #			Building Shall Days	mit Number	1001
WITH ALL REQUILATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETC; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED APPLICATION S) THAT HE SHE GRANTS COUNTY ON HOUSE STEER COUNTY ON HOUSE STEED TO HOUSE STEER COUNTY ON HOUSE STEER COUNT			☐ Manutactured Home		Building Shell Per	mic Number:	
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ***PLEASE WRITE NEATLY & LEGIBLY*** -FOR OFFICE USE ONLY- AGENCY DATE SIGNATURE OF APPROVAL State Highways Description: Building Officials Side: PSZA (Zoning) PSZA (Engineering) Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ***PLEASE WRITE NEATLY & LEGIBLY** -FOR OFFICE USE ONLY- Filling Fee \$ Permit Fee \$ Tech Fee \$ Excise Tax \$ PSFS \$ Side St.: All minimum setbacks met?	Applicant's Signature	NTS COUNTY WI	HICH ARE APPLICABLE THERETO; (4) TH.	THIS PROPERTY	PERFORM NO WORK ON THE ABOVE REFER FOR THE PURPOSE OF INSPECTING THE WO	ENCED PROPERTY NOT SPECIFICALLY DESCR RK PERMITTED AND POSTING NOTICES.	VILL COMPLY
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Front: Permit Fee \$			**PLEA	SE WRITE NEA	TLY & LEGIBLY**		
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Building Officials Side: Side St.: PSZA (Zoning) PSZA (Engineering) Building Officials Side St.: All minimum setbacks met?		DATE	PISTALIONE OF AFFROYAL	Front:		Permit Fee \$	
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PSZA (Zoning) All minimum setbacks met?			000				
	PSZA (Zoning)			All minimum		Guaranty Fund \$	
	PSZA (Engineering)					Add'l per Fee \$ Total Fees \$	
Health GIGH H. OSNOH Lot Coverage for New Town Zone: Sub- Total Paid \$		9/19	119 H.Oshah				
Is Sediment Control approval required for issuance? Yes No SDP/Red-line approval date: Balance Due \$ Check #						Balance Due \$	

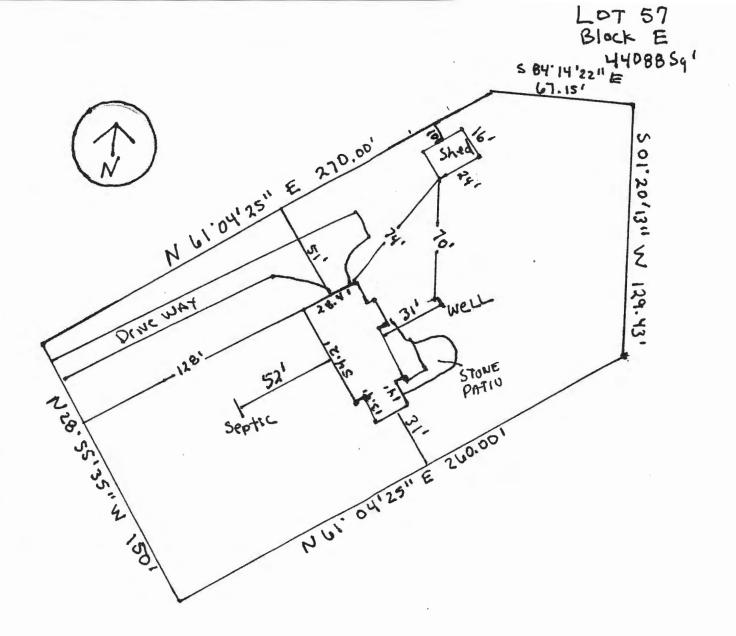
Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Check Pink: Health

Gold: SHA



12206 Carrell Mill Rd. Ellicott City, Md. 21042

Build a Storage Sted 16'x 24' in the back yard

APPROVED WALK-THRU BUILDING PERMIT BP# A# APP. SAN H. OswaldDATE: 9 19 19 DESC. OF WORK: Construct Storage shed