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.: B1800 0699

Building Address: 3255 ROSEMMON DR
City: GLENELG State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 9
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL
Proposed Use: RESIDENTIAL
Estimated Construction Cost: $ 30K
Description of Work: REMODEL BATHROOMS, CLOSETS
WINDOWS / DOORS, PAINT

Occupant/Tenant Name: N/A
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: ELEONORA DON - MINEVICH
Address: 3255 ROSEMMON DR
City: GLENELG State: MD Zip Code: 21737
Phone: 443-791-8881 Fax: (410) 912-9448
Email: ELEONORADON6@YAHOO.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor: ~ 80 ft x 28 ft
	2nd floor:
Area of construction (sq. ft.):	Basement: ~ 80 ft x 28 ft
	☐ Finished Basement
Use group:	☑ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ **Roadside Tree Project Permit**	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric: ☑ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☑ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☑ No	
Grading Permit Number:	
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 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.

Eleonora Don Minevich — *Applicant's Signature*
ELEONORA DON - MINEVICH — *Print Name*
ELEONORADON6@YAHOO.COM — *Email Address*
3/2/18 — *Date*
OWNER — *Title/Company*

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

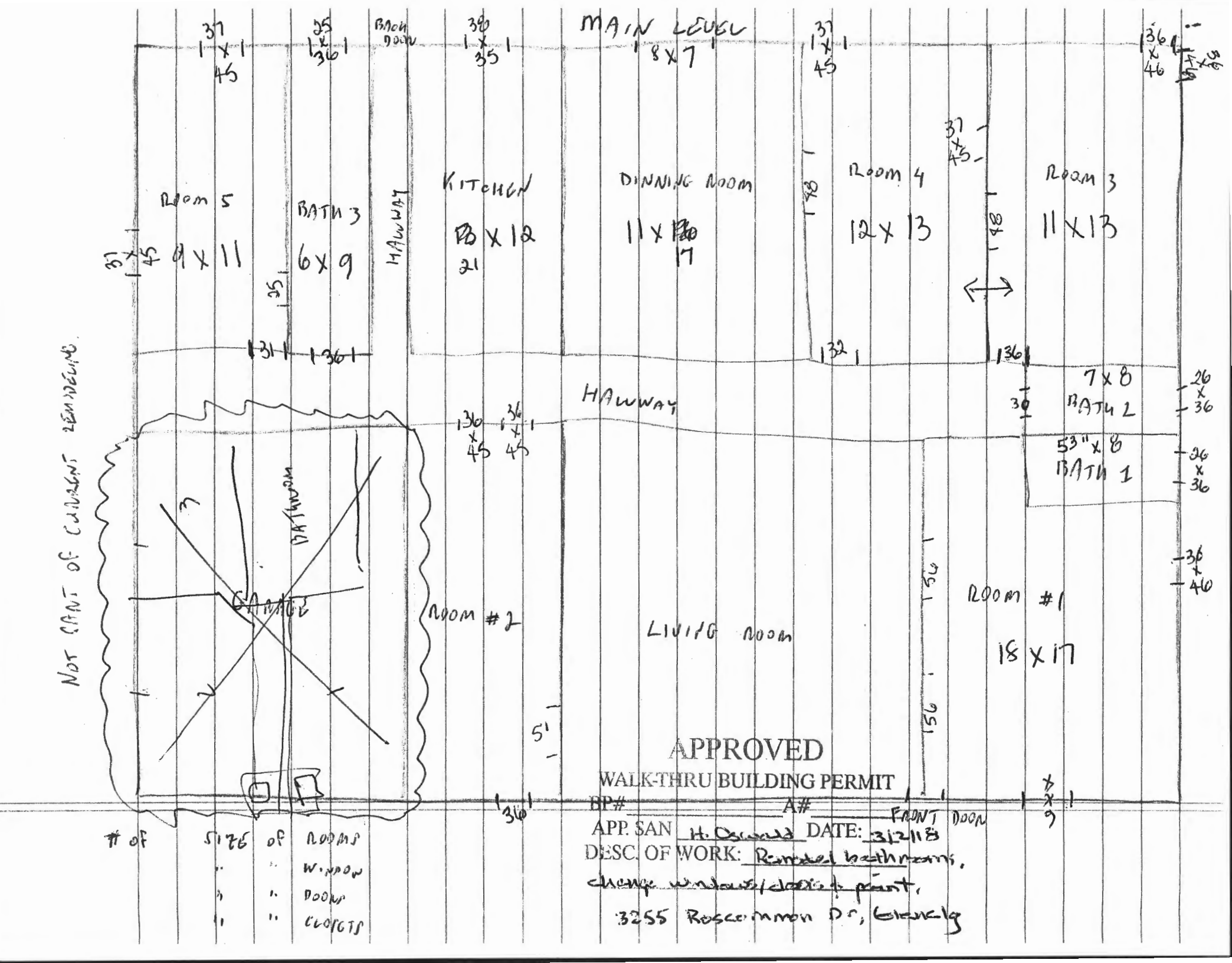
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/2/18	H. Oswald

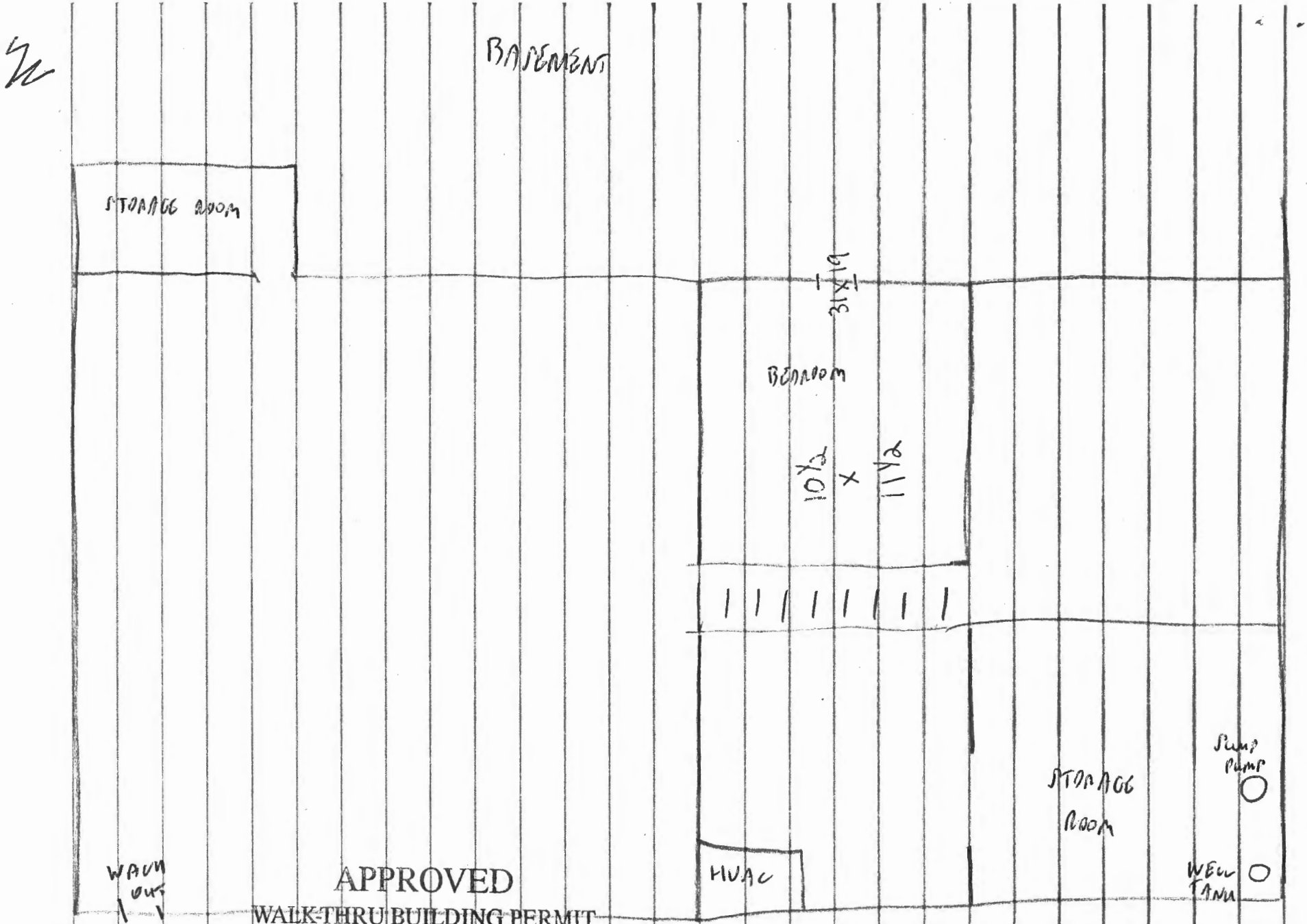
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	#

Distribution of Copies: **White: Building Officials** **Green: PSZA,Zoning** **Yellow: PSZA,Engineering** **Pink: Health** **Gold: SHA**


MAIN LEVEL
Room 5
9 X 11
BATH 3
6 X 9
HALLWAY
KITCHEN
DINNING ROOM
11 X 10
Room 4
12 X 13
Room 3
11 X 13
7 X 8
BATH 2
53" X 8
BATH 1
HALLWAY
BATHROOM
CLOSET
Room #2
LIVING ROOM
Room #1
18 X 17
BACK DOOR
FRONT DOOR
NOT PART OF CURRENT REMODEL
APPROVED
WALK-THRU BUILDING PERMIT
BP# A#
APP. SAN H. Oswald DATE: 3/2/18
DESC. OF WORK: Remodel bathrooms, change windows/doors & paint.
3255 Roscommon Dr, Elevelg
# of SIZE of ROOMS
WINDOW
DOOR
CLOSETS



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN M. Oswald DATE: 3/2/18

DESC. OF WORK: Remodel bathrooms, change windows/doors & paint

3255 Roscommon Dr., Clancy

Name: ELEONORA DON-MINEVICH

Street Address: 3255 ROSCOMMON DR

City, State, Zip: GLENELG MD 21737

Date: 4/10/19

Amendment, Permit # B18000699

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend **Permit #** B18000699 **at**

3255 ROSCOMMON DR, GLENELG MD 21737 **to**

CONVERT THE ATTACHED GARAGE TO LIVING SPACE, 3 BEDROOMS AND 1 BATH.

Enclosed:

✓ **Fee:** $50

____ **Plot Plans**

____ **Sets of Construction Drawings**

____ **Other:** _____

If there is anything we can do to assist you, please let me know.

Sincerely,

CC: Health
PTZ

RECEIVED
APR 10 2019
LICENSES & PERMITS DIVISION

Name: ELEONORA DON-MINEVICH

Title: OWNER

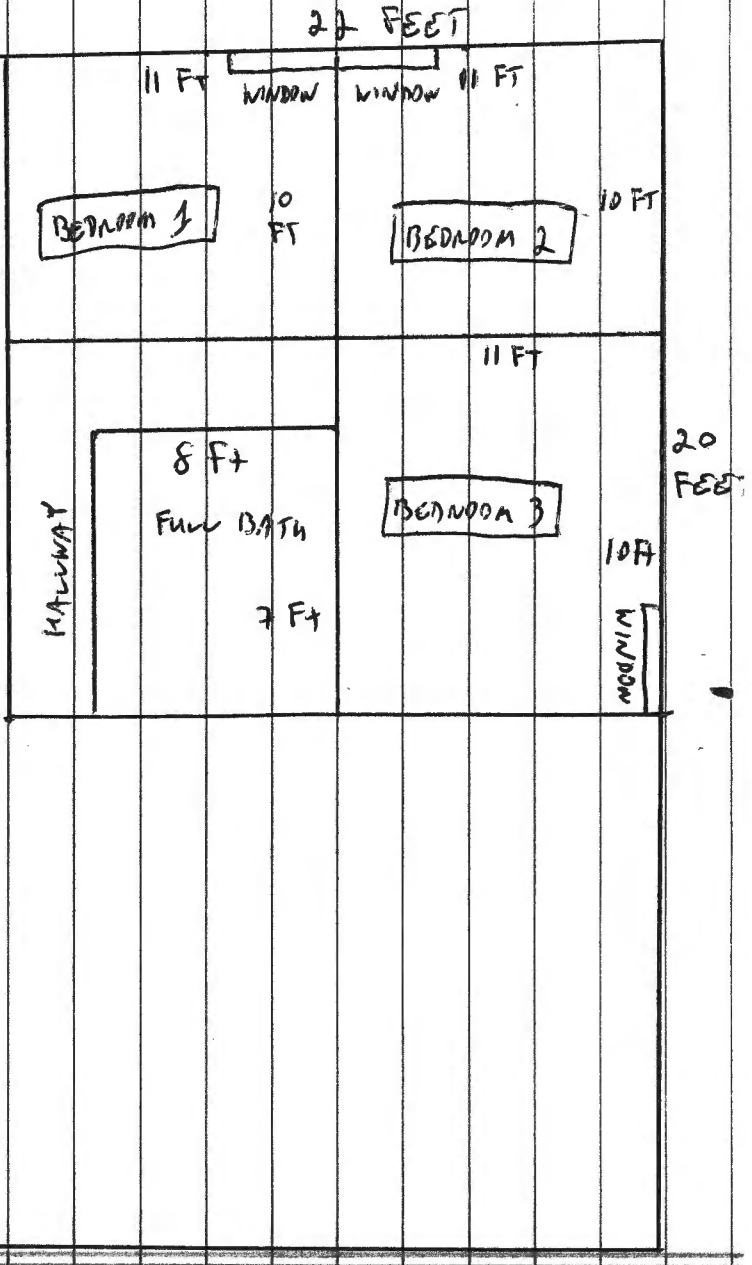
Phone: 410-404-0700

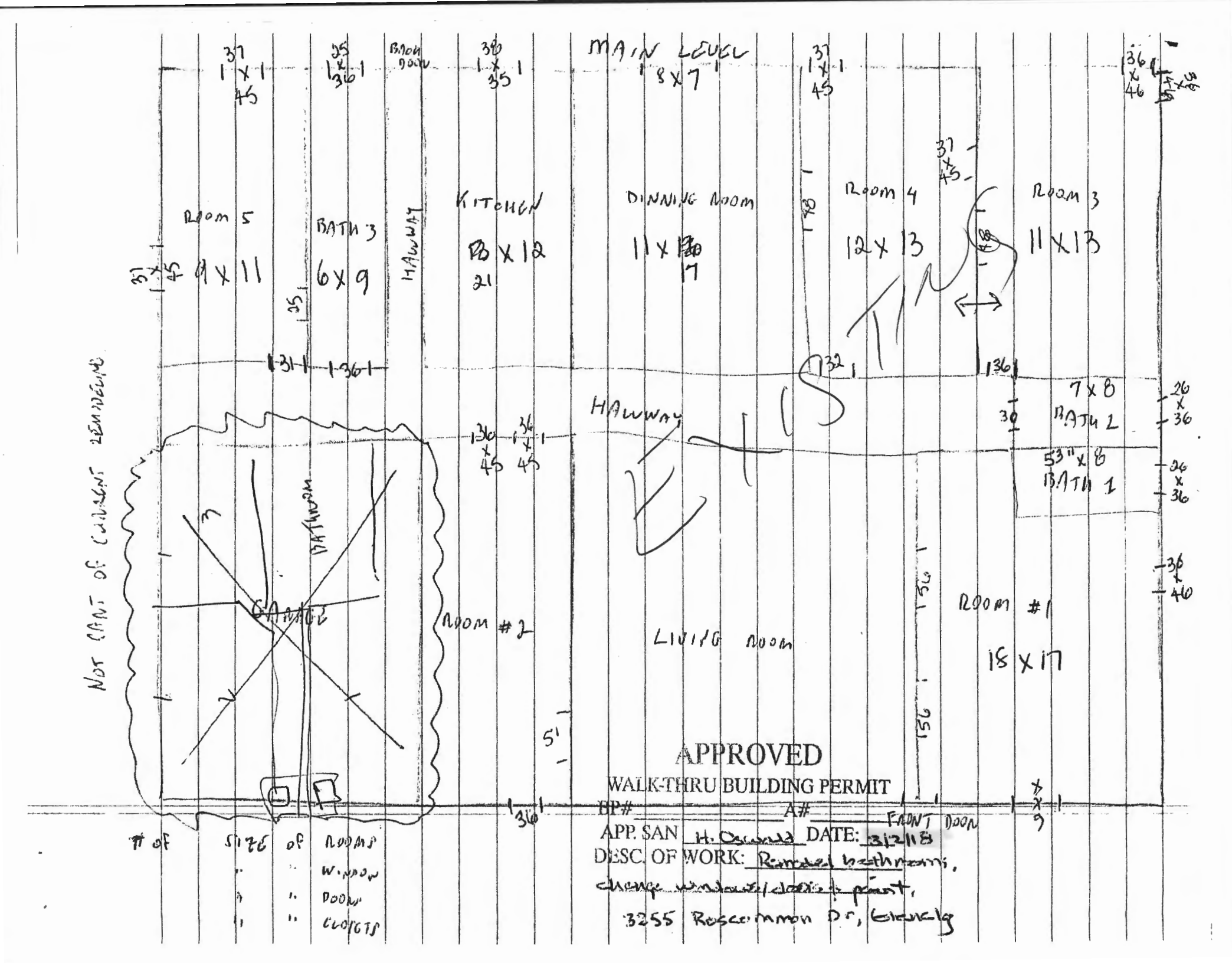
Email: ELEONORADONG@YAHOO.COM

3255 NORTHMOOR DR
GLEN ELG MD 21737 ⇒

PERMIT AMENDMENT

CURRENT
PERMIT
SR-B18000699




MAIN LEVEL
8 X 7
Room 5
9 X 11
BATH 3
6 X 9
HALLWAY
KITCHEN
8 X 12
DINNING ROOM
11 X 13
Room 4
12 X 13
Room 3
11 X 13
7 X 8
BATH 2
53" X 8
BATH 1
HALLWAY
BATHROOM
CLOSET
Room #2
LIVING ROOM
Room #1
15 X 17
NOT PART OF CURRENT DEMOLISH
APPROVED
WALK-THRU BUILDING PERMIT
BP# A#
APP. SAN H. Oswald DATE: 3/2/18
DESC. OF WORK: Remodel bathroom, change windows/doors & paint.
3255 Roscommon Dr, Elevlg
# of SIZE of ROOMS
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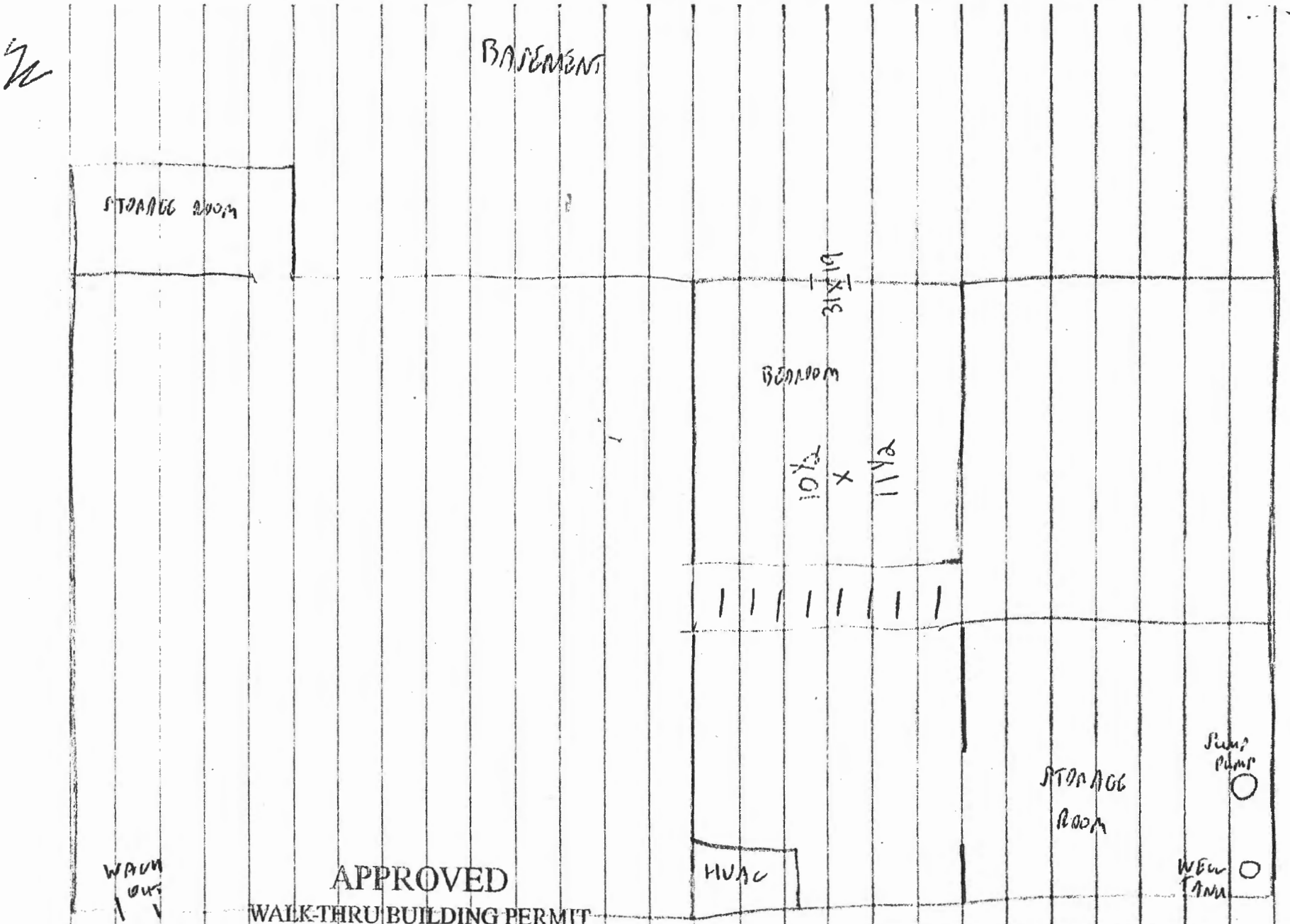
DOOR
CLOSETS



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN M. Osgood DATE: 3/2/18
DESC. OF WORK: Remodel bathrooms, closing windows/doors & paint
3235 Roscommon Dr., Clarkston

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: 11/13/19

Permit No.: B19003902

Building Address: 3255 NORTHERN DR
City: ELLICOTT CITY State: MD Zip Code: 21737
Suite/Apt. #: SDP/WP/BA #:
Subdivision:
Lot: Tax Map: Parcel:

Existing Use: SINGLE FAMILY DWELLING
Proposed Use: ASSISTED LIVING
Estimated Construction Cost: $ 300,000
Description of Work: CHANGE OF USE TO AN 8 BED ASSISTED LIVING, MOVING UP TO 8 RESIDENTS

Occupant/Tenant Name: SECOND FAMILY HOME LLC
Was tenant space previously occupied? ☐Yes ☐No
Contact Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Property Owner's Name: ELEONORA DON - MINCHICH
Address: 3255 NORTHERN DR
City: ELLICOTT CITY State: MD Zip Code: 21719
Phone: 443-791-8881 Fax:
Email: ELEONORADON6@YAHOO.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Contractor Company: OWNER
Contact Person:
Address:
City: State: Zip Code:
License No. :
Phone: Fax:
Email:

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ **Roadside Tree Project Permit**	Footings:
☐Yes ☑No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric: ☑ Yes ☐ No	
Gas: ☑ Yes ☐ No	
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☑ Electric ☐ Oil	
☑ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☑ Yes ☐ No	
Grading Permit Number:	
Building Shell Permit Number:	B18000099

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*: ELEONORA DON - MINCHICH

Email Address: ELEONORADON6@YAHOO.COM — *Date*: 11/13/19

Title/Company

RECEIVED
NOV 13 2019
LICENSES & PERMITS DIVISION

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)	11/13/19	Comments Sent
PSZA (Engineering)	11/13/19	Comments Sent
Health	11/14/19	H. Oswald

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

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	$ 50
Tech Fee	$ 5
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$ 55.00
Sub- Total Paid	$
Balance Due	$
Check	# 1055

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\BuildingPermitApplication03.29.2018.docx

PICK UP

AKH

Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Other	B19003902	11/13/2019

Description of Work

SECOND HOME LLC/ SFD/ CONVERT EXISTING DWELLING INTO ASSISTED LIVING HOME, TO BE LICENSED FOR (8) CLIENTS WITH (8) BEDROOMS

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
3255	ROSCOMMON	DR

Unit Type	Unit #	X-Coordinate	Y Coordinate
--Select--		-76.99608	39.28059

City	State	Zip Code	Primary
GLENELG	MD	21737	Yes

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
898076	549	3	220800	693100	472300	RURAL

Legal Description

IMPSLOT 9 3.000 A[ ]3255 ROSCOMMON DR[ ]ROSCOMMON ESTATES

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	9	603000	5				

Plan Area	State Tax Id	Subdivision Name
	1403287343	ROSCOMMON ESTATES

Section	Area	Tax Map
		22

Grid	Zoning District	ADC Map
22-1	RR-DEO	4813-A6

SDP No.	Final Plan No.	WP File No.	Primary
			Yes

Record Plat No.	WS Contract No.	FDP No.
8262		

Owner Occupied	Year Built	Historic District
○Yes ○No	1968	○Yes ◉No

Historic District Registry No.	Stat Area	Flood Plain
	3-04	○Yes ◉No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *

ELEONORA DON MINEVICH

Address Line 1

3225 ROSCOMMON DRIVE

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code

GLENELG | MD | 21737

Phone 443-791-8881 **Primary** Yes

E-mail ELEONORADON6@YAHOO.COM

Cell Number **Fax Number**

Professionals *(This section is not required.)*

Search **Reset** **Clear**

License # * 0 **Business Name** SECOND HOME LLC

License Type * Property Owner **First Name** ELEONORA **Middle Name** **Last Name** DON MINEVICH

Primary Yes **Address Line 1** 3225 ROSCOMMON DRIVE

Address Line 2

City GLENELG **State** MD **ZIP Code** 21737

Phone 1 443-791-8881 **Phone 2** **Fax**

E-mail ELEONORADON6@YAHOO.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type * Applicant **First Name** ELEONORA **MI** **Last Name** DON MINEVICH

Relationship Applicant **Full Name** ELEONORA DON MINEVICH

Primary Yes **Organization Name** SECOND HOME LLC

Street Address 3225 ROSCOMMON DRIVE

Address Line 2

City GLENELG **State** MD **Zip Code** 21737

Phone 443-791-8881 **Cell** **Fax**

E-mail * ELEONORADON6@YAHOO.COM

Addtl Info

Est Construction Cost 300000 ***Housing Units *** 0 **Number of Buildings** 0 ***Public Owned** No

Construction Type 649 - All Other Buildings and Structures

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFO

Capital Project-No Fee * ○ Yes ◉ No **Capital Project Number** **Fee Exempt *** ○ Yes ◉ No **Roadside Tree Project Permit *** ○ Yes ◉ No **Roadside Tree Project Permit #**

Existing Use SFD **Type of Structure** Change of Use to As: **Water Supply** Private **Sewage Disposal** Private **Expiration Date** 5/12/2020

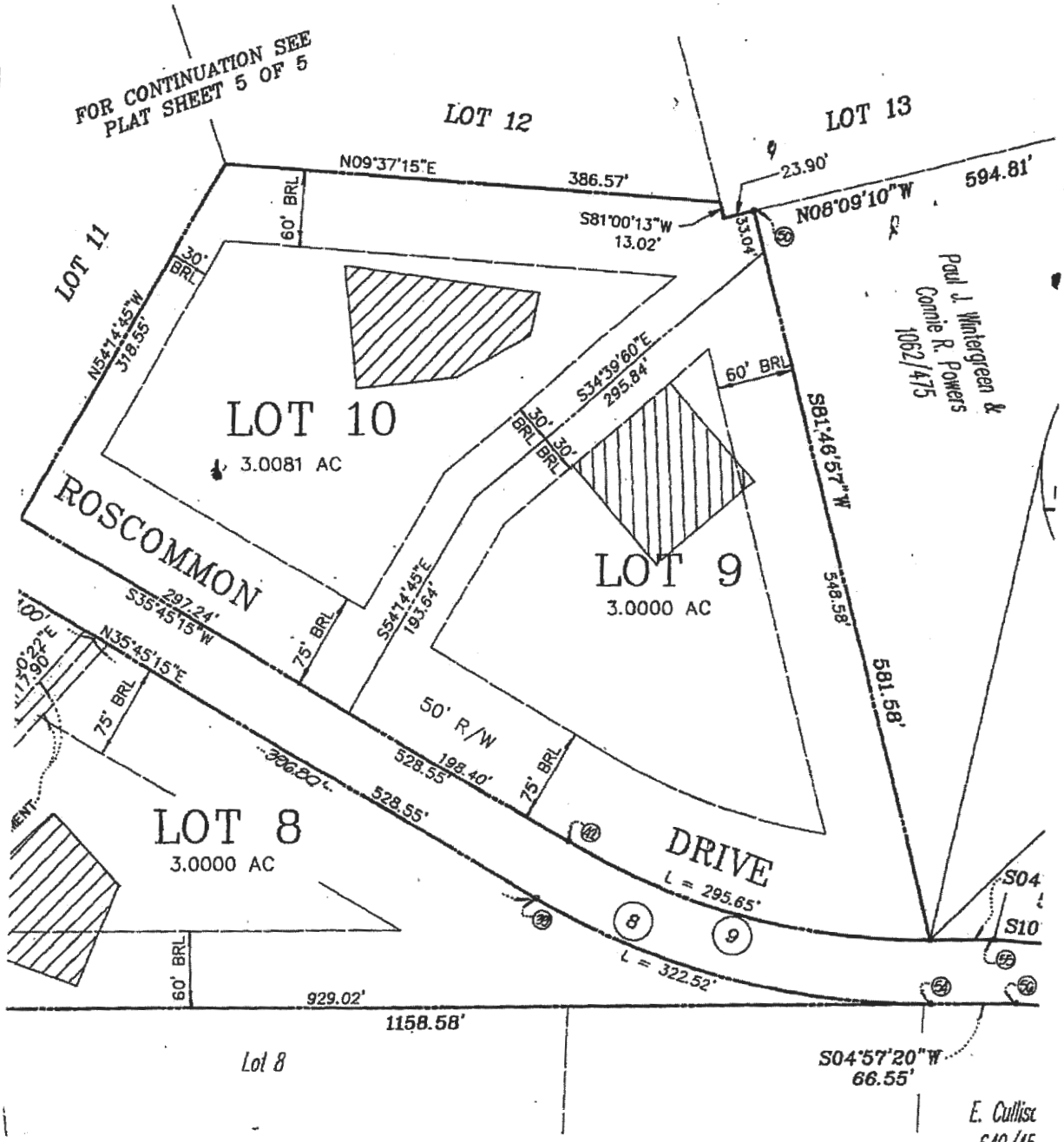
PAYMENT INFORMATION

Check 1 **Payee 1** **Check 2** **Payee 2** **SAP Doc No** **SAP Ente**

Submit **Cancel**

ROSCOMMON DR
ROSCOMMON DR
ROSCOMMON DR
9215
9215
6
10

8	600.00'	322.52'	165.26'			
9	550.00'	295.65'	151.49'	292.11'	S20°21'16"W	30°47'58"



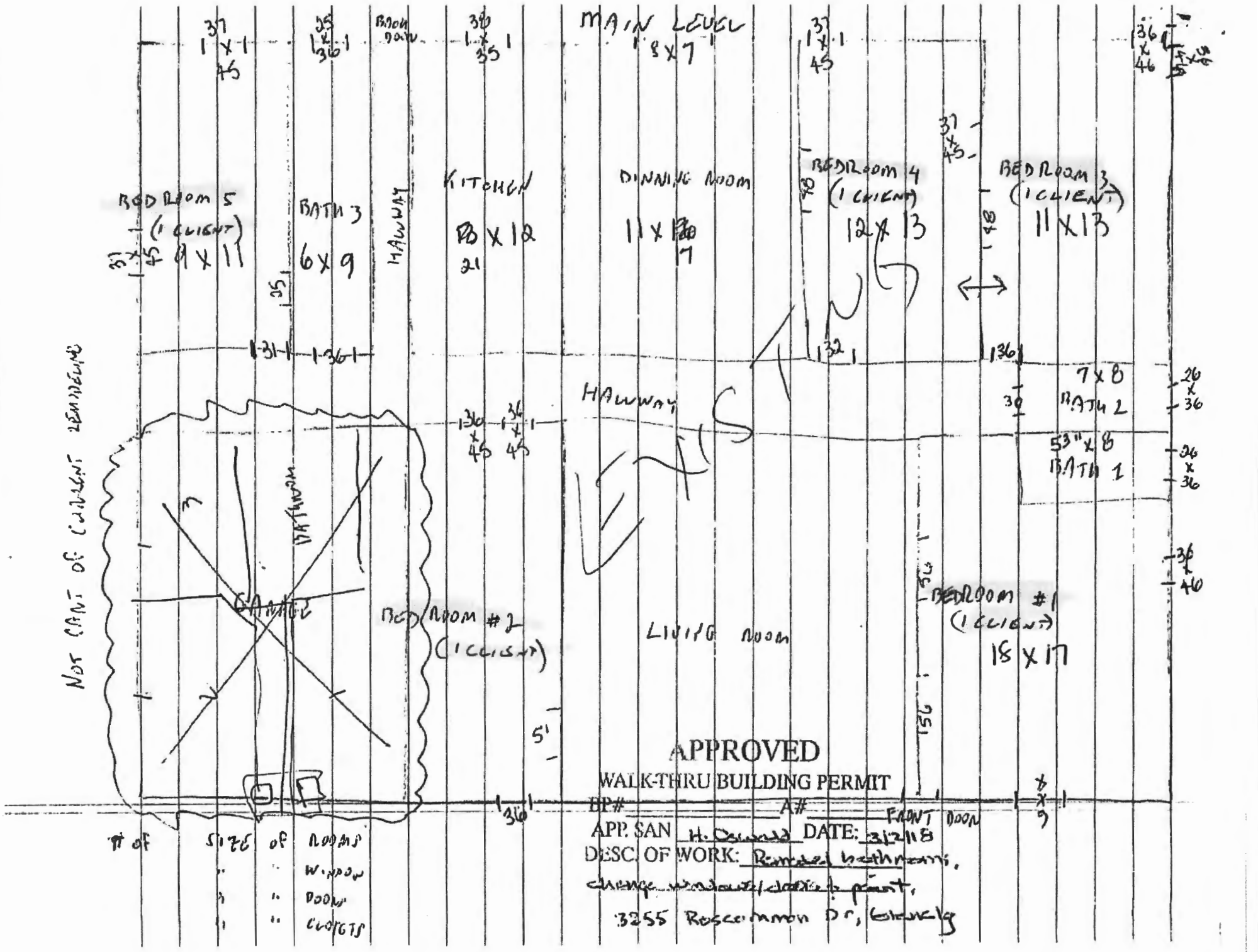
Revised per comments received from Howard County 6/20/88 - 6/28/88

SURVEYOR'S CERTIFICATE

hereby certify that the Final Plat shown hereon is
ct; that it is a subdivision of all of the lands conveyed
& F Property Partnership to S.F. Contractors, Inc. by

OWNER'S D

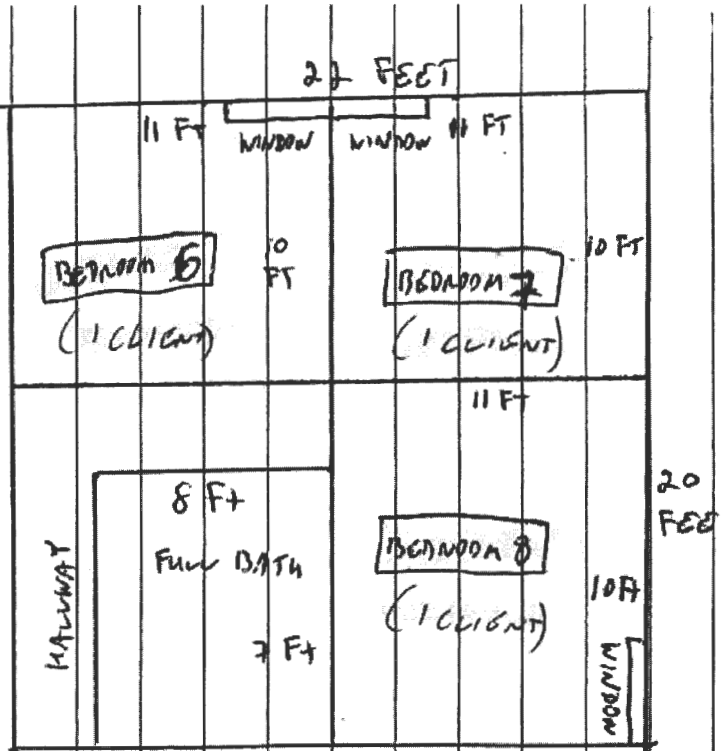
We, S.F. Contractors, Inc., owners
property shown and described hereon, hereby ad
consideration of the approval of this Final Plat
establish the minimum building restriction lines
Maryland, its successors and assigns, (1) the ri
sewers, drains, water pipes and other municipal
all roads and street right-of-ways and the spe

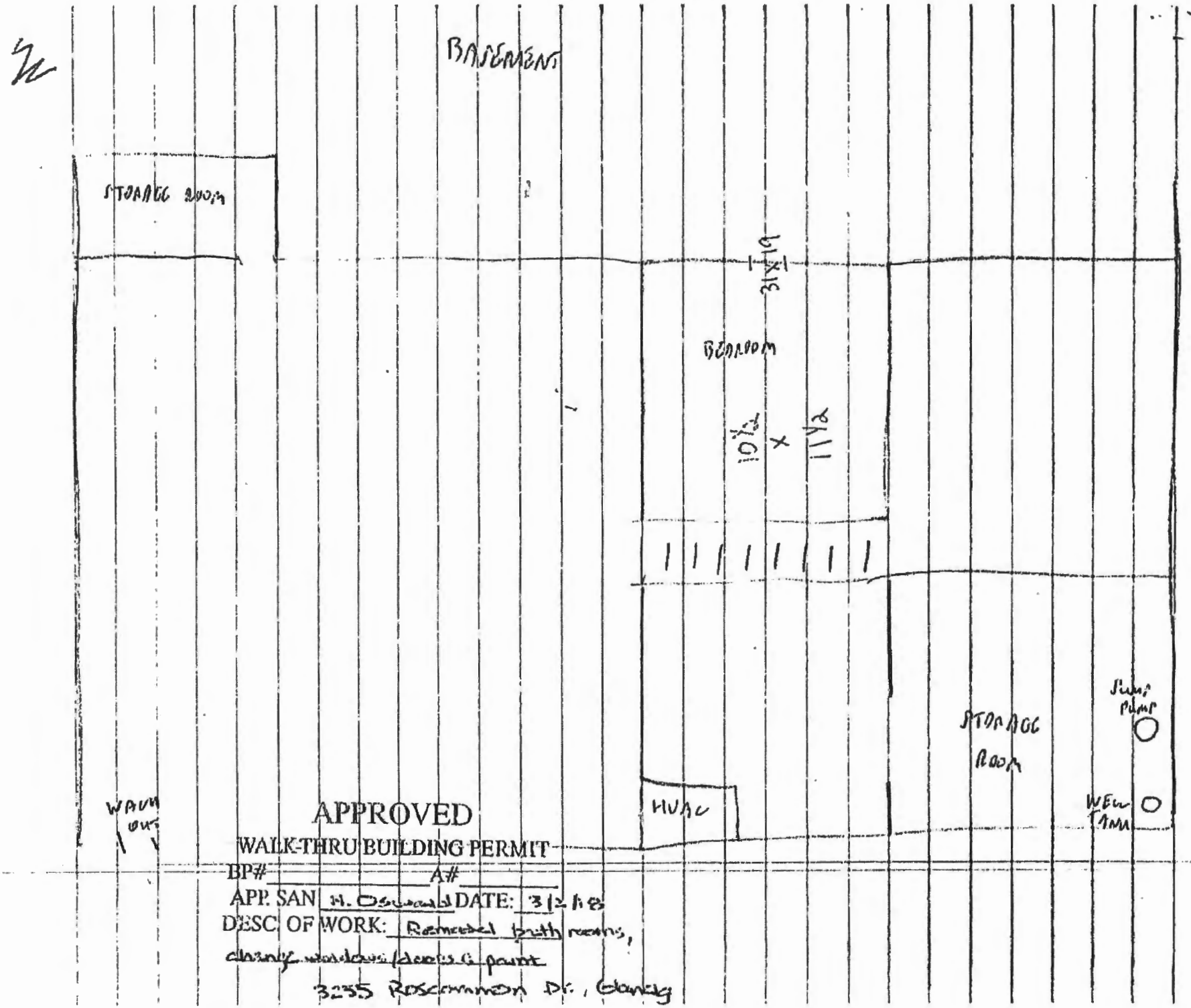

MAIN LEVEL
BEDROOM 5
(1 CLIENT)
9 X 11
BATH 3
6 X 9
HALLWAY
KITCHEN
DINNING ROOM
11 X 17
BEDROOM 4
(1 CLIENT)
12 X 13
BEDROOM 3
(1 CLIENT)
11 X 13
7 X 8
BATH 2
5 3" X 8
BATH 1
HALLWAY
BATHROOM
BEDROOM #2
(1 CLIENT)
LIVING ROOM
BEDROOM #1
(1 CLIENT)
18 X 17
FRONT DOOR
NOT PART OF CURRENT REMODEL
APPROVED
WALK-THRU BUILDING PERMIT
BP# A#
APP. SAN H. Dennis DATE: 3/2/18
DESC. OF WORK: Remodel bathrooms,
change windows/doors to paint,
3255 Roscommon Dr, Glendale
# of SIZE OF ROOMS
WINDOW
DOOR
CLOSETS

GLEN ELG MD 21737 =>

PERMIT AMENDMENT

CURRENT
PERMIT
SEE B 18000699





APPROVED
WALK-THRU BUILDING PERMIT
BP# A#
APP. SAN H. Osmond DATE: 3/2/18
DESC. OF WORK: Remodel bath rooms, clean windows/doors & paint
3255 Roscommon Dr., Clarkston

Building Permit Application

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

DILP 2019 MAY 10 PM 4:31
Date Received: _____

Permit No.: B19001479

Building Address: 3255 Rosemmon Dr
City: Ellicott City State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: Rosemmon Estates
Lot: 9 Tax Map: 23 Parcel: 549

Existing Use: SFD
Proposed Use: SFD w/ propane Tank
Estimated Construction Cost: $ 6000
Description of Work:
Install 500 gal underground propane Tank

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Eleanora Mincuci
Address: 3255 Rosemmon Dr
City: Ellicott City State: MD Zip Code: 21737
Phone: 443-299-1012 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Michelle Cleary
Address: PO Box 310
City: Perry Hall State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: michelle@applied-and-approved.com

Contractor Company: UT Pond Corp
Contact Person: Michael Underwood
Address: 3240 Main St
City: Laurel State: MD Zip Code: _____
License No. : 6024
Phone: 301-725-3242 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	**Multi-family Dwelling**
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> Roadside Tree Project Permit	Footings:
☐Yes ☑No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric:	☐ Yes ☑ No
Gas:	☐ Yes ☐ No
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☑ No	
Grading Permit Number:	
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 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* Michelle Cleary

Email Address michelle@applied-and-approved.com *Date* 5/3/19

Title/Company Owner

Checks Payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

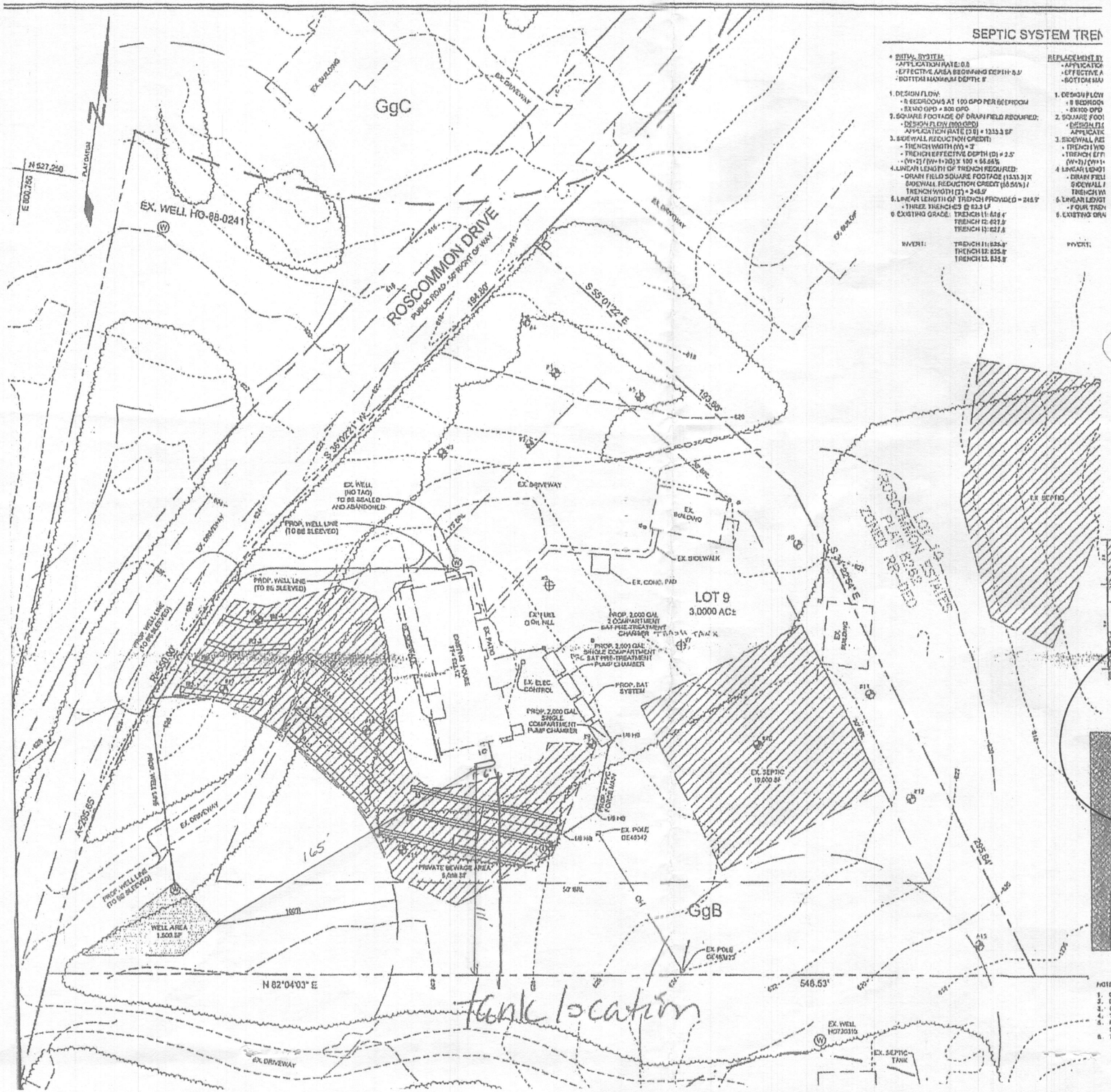
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	5/22/19	

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

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	$	100
Tech Fee	$	10
Excise Tax	$	
PSFS	$	
Guaranty Fund	$	
Add'l per Fee	$	110.00
Total Fees	$	
Sub- Total Paid	$	
Balance Due	$	
Check	#	7170

Distribution of Copies: **White: Building Officials** **Green: PSZA,Zoning** **Yellow: PSZA,Engineering** **Pink: Health** **Gold: SHA**



3255 Roscommon Dr

Lot 9

Roscommon Estates

1" = 60'

Approved for UPT
B19001479
[signature] 5/22/19

Tank location