

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:	
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Permit No.: <u>B1900 2063</u>

Building Address: 13465 CHAROLAIS COURT City: HIGHLAND	ANE
Suite/Apt. #SDP/WP/BA #:	
Email:	Zip Code: 21043
Area: Lot:	
Applicant's Name: MICHELLE CLAN Address: PO BOX 310 City: PERRY HALL State: MD Proposed Use: SFD Proposed Use: SFD W/PROPANE TANK Estimated Construction Cost: \$ 4,000 Description of Work: City: BALTIMORE State: MD Contractor Company: TECH AIR Contact Person: DENNIS FEAGA Address: 1560 A-D CATON CENTE City: BALTIMORE State: MD Zitcense No.: 81215 Phone: 410-984-5681 Fax: Email: Email: City: State: Zip Code: City: State: Z	
Address:	er than stated herein)
Existing Use:SFD Proposed Use:SFD W/PROPANE TANK Estimated Construction Cost: \$ 4,000 Description of Work:	Zip Code: <u>21128</u>
Proposed Use: SFD W/PROPANE TANK Estimated Construction Cost: \$ 4,000 Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK Occupant/Tenant Name: OWNER Was tenant space previously occupied? Yes	APPROVED.COM
Estimated Construction Cost: \$ 4,000 Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK Occupant/Tenant Name: OWNER Was tenant space previously occupied?	
Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK Occupant/Tenant Name: OWNER Was tenant space previously occupied? Contact Name: Address: City: State: Zip Code: Fax: Email: Commercial Building Characteristics Height: No. of stories: Depth Width Area of construction (sq. ft.): Basement: Address: ISOU A-D CATON CENTE City: BALTIMORE State: MD Zi License No.: 81215 Phone: 410-984-5681 Fax: Email: City: State: Zip Code: City: State: Zip Phone: Fax: Email: City: State: Zip Phone: Fax: Email: Email: City: State: Zip State: Zip Phone: Fax: Email: City: State: Zip Phone: State:	
INSTALL 1000 GAL UNDERGROUND PROPANE TANK Occupant/Tenant Name: OWNER Was tenant space previously occupied?	
Occupant/Tenant Name:OWNER Was tenant space previously occupied?	
Occupant/Tenant Name:OWNER Was tenant space previously occupied?	
Was tenant space previously occupied?	
Contact Name: Address: City: State: Tap Code: City: State: Tap Phone: Email: Email: Commercial Building Characteristics Height: No. of stories: Depth Width Gross area, sq. ft./floor: Tap Code: Tap Code: City: State: Tap Phone: Email: Email: Commercial Building Characteristics Fax: Email: Commercial Building Characteristics Height: Tap Code: Depth Width State: Tap Code: Depth Phone: Email: Commercial Building Characteristics Fax: Email: Commercial Building Characteristics Fax: Email: Depth Width Gas: Tap Code: Fax: Email: Depth Fax: Email: Depth Fax: Email: Fax: Email: Depth Fax: Fax: Email: Fax: Fax: Email: Fax: Fax: Fax: Email: Depth Fax: Fax: Fax: Email: Fax: Fax: Email: Depth Fax: Fax: Email: Fax: F	
Contact Name: Address: City: State: Tax: Email: Commercial Building Characteristics Height: No. of stories: City: State: Zip Code: Fax: Email: Email: Commercial Building Characteristics Residential Building Characteristics Height: No. of stories: Depth Width Gross area, sq. ft./floor: 2nd floor: Area of construction (sq. ft.): Basement: Responsible Design Prof.: Address: City: State: Zip Phone: Email: Email: Utilities Electric: Yes No Gas: Yes No Water Supply Public	FRACTOR
Address: City: State: Zip Code: City: State: Zip Phone: Fax: Phone: Fax: Email: Commercial Building Characteristics Residential Building Characteristics Height: SF Dwelling SF Townhouse No. of stories: Depth Width Gross area, sq. ft./floor: Sarea, sq. ft./floor: Water Supply Address: Zip Phone: Fax: Email: Email: Email: Electric: Yes No Gas: Yes No Water Supply Public	
City:State:Zip Code:City:State:Zip Phone:Fax:Phone:Fax:Phone:Fax:	
Phone:Fax:	
Email:	
Commercial Building Characteristics Height: ☒ SF Dwelling ☐ SF Townhouse No. of stories: Depth Width Gross area, sq. ft./floor: 1st floor: 2nd floor: Water Supply Area of construction (sq. ft.): Basement:	
Height: No. of stories: Depth Width Gross area, sq. ft./floor: 2 nd floor: Area of construction (sq. ft.): Basement: Electric: □ Yes ▼ No Gas: ▼ Yes □ No Water Supply □ Public	
No. of stories: Gross area, sq. ft./floor: 2 nd floor: Area of construction (sq. ft.): Basement: Basement: Basement: Public	
Gross area, sq. ft./floor: 2 nd floor: Area of construction (sq. ft.): Basement: Basement: Gds. XX res \(\) NO Water Supply Public	
2 nd floor: Area of construction (sq. ft.): Basement: Public	300 A
Area of construction (sq. ft.): Basement:	
Use group: Unfinished Basement Sewage Disposal	
☐ Crawl Space ☐ Public ☐ Public	JUN 2 1 2019
Construction type: ☐ Slab on Grade ☐ Private	
☐ Reinforced Concrete No. of Bedrooms: ☐ Structural Steel Multi-family Dwelling Heating System	ENSES & PERMITS
☐ Masonry No. of efficiency units: ☐ Electric ☐ Oil	DIVISION
☐ Wood Frame No. of 1 BR units: ☐ Natural Gas ☐ Propane Gas	The state of the s
☐ 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:	
Lites ANO ROOI:	
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 WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY THIS APPLICATION; (5) THAT HE/SHE GRACE BOOK OF FICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED A MICHELLE CLANCY Print Name	Y NOT SPECIFICALLY DESCRIBED IN
MICHELLE@APPLIEDANDAPPROVED.COM Email Address Date	
PERMITS	
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)		i i
PSZA (Engineering)		
Health	7/2/19	Row

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

White: Building Officials

Distribution of Copies:

Green: PSZA,Zoning

DPZ SETBACK INFORMATION Front: Rear: Side St.: All minimum setbacks met? ☐ Yes ☐ No Lot Coverage for New Town Zone: SDP/Red-line approval date:

1, 1	
Filing Fee	\$ 110.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Totai Paid	\$
Balance Due	\$
Check	# 4000

Pink: Health

Yellow: PSZA,Engineering

Gold: SHA



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: 911918

Permit No.: B18003293

Company of the Compan	Address: City: Phone: Email: Contractor Company: Contact Person: Address: City: State: Zip	solopus Co
1990 Large June	Contractor Company: Viking De Contact Person:	go laporat Ca
3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Contact Person:	20 284
(3) Baseria	. Many can his will	0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1310) 123510	Address: State: No Zip	27784
	City: S. Kesu III State.	ode: A A
	License No. : 1/85	
	1 77 AISO-	
	Email: Cary & Inking C45	tom WIMPS
The state of the s		
□Yes □No	Engineer/Architect Company:	<u> </u>
	Responsible Design Prof.:	
	Explorit State: MID Zip C	Code:
e: Zip Code:	City:	
C	Phone:Fax	
	Email:	
	Utilities	
Residential Building Characteristics		
	DV- DNo	11.0
	Water Supply	the second second
2 nd floor: 30 44	☐ Public	<u>'a</u>
Basement: 34 14	Private	
	Sewage Disposal	
The state of the s	□ Public ·	
100000000000000000000000000000000000000	Private	
No. of Bedrooms:	Heating System	4 2 2
	☐ Electric ☐ Oil	
	☐ Natural Gas ☐ Propane Gas	
	☐ Other:	
	Sprinkler System:	
No. of 3 BR units:	/ 3/4/4/4	
Other Structure:	Yes No	
Other Structure: Dimensions:	Yes No	
Other Structure: Dimensions: Footings:		alema
Other Structure: Dimensions:	Yes No	6180002
	e: Zip Code: Residential Building Characteristics SF Dwelling	Email:

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)	100	100
PSZA (Engineering)		1 72 - 01
Health	1019	d for issuance? Yes No

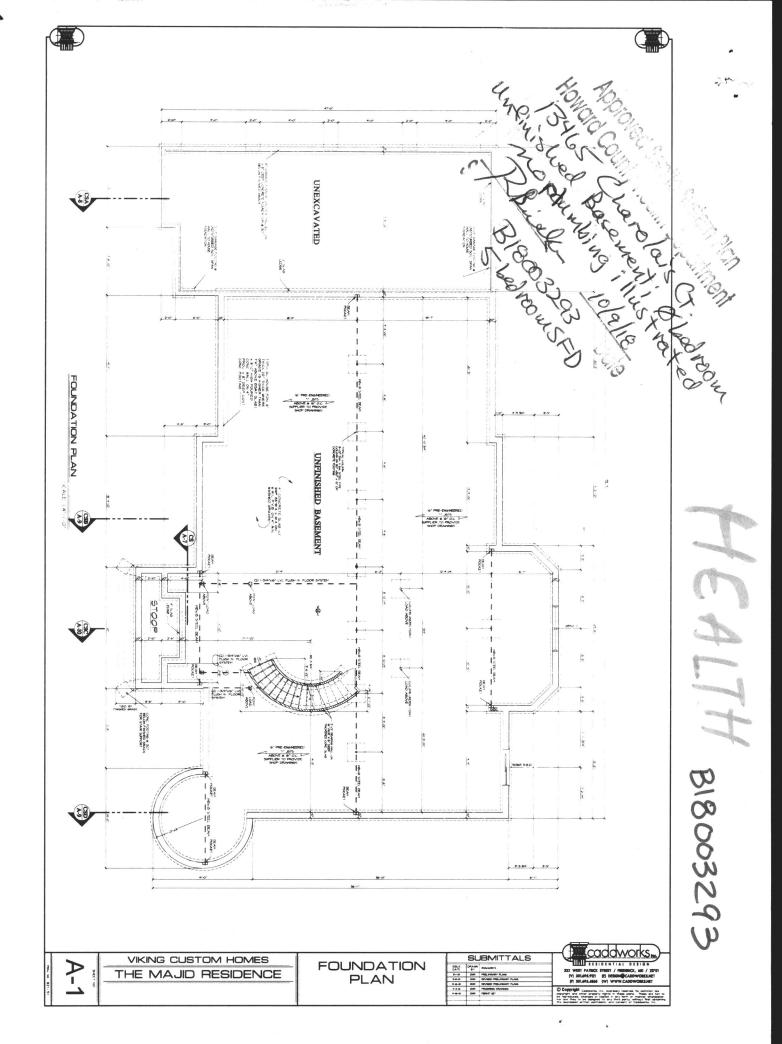
		The second secon
ng)		1 TO . A.
	10/9/	of for issuance? Yes No

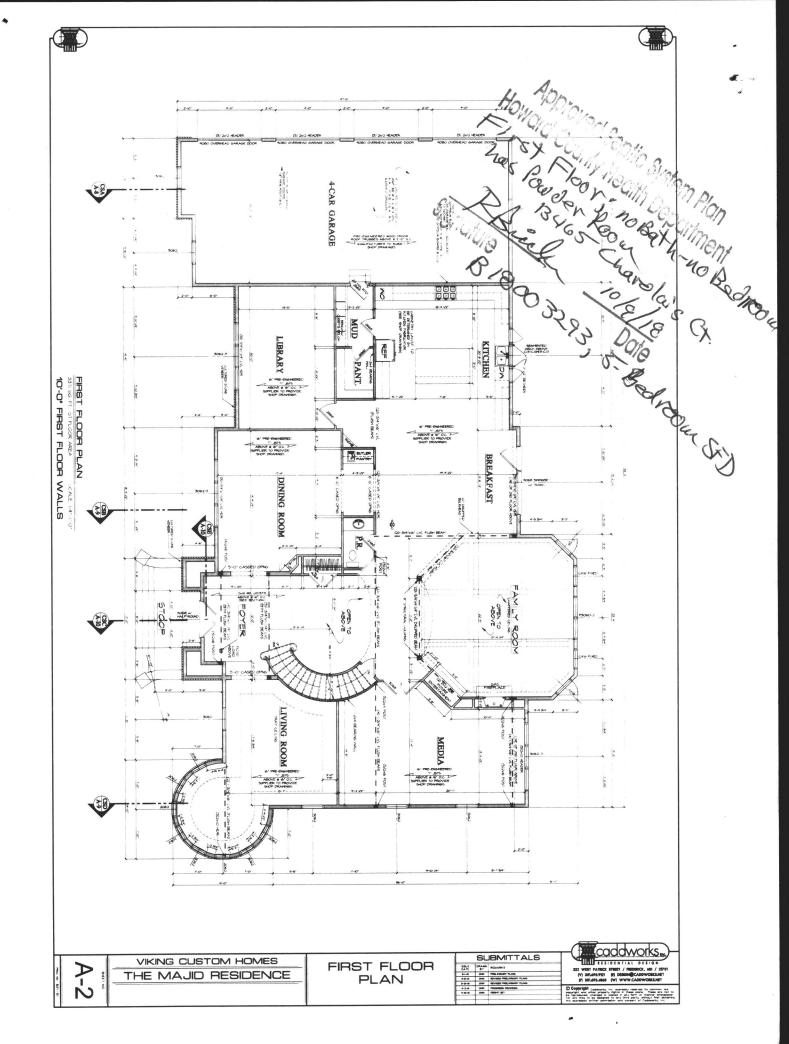
DPZ SETBACK INFORMATION		est partie
Front:	54	
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	KOR Karana
SDP/Red-line approval date:	-	Marin III

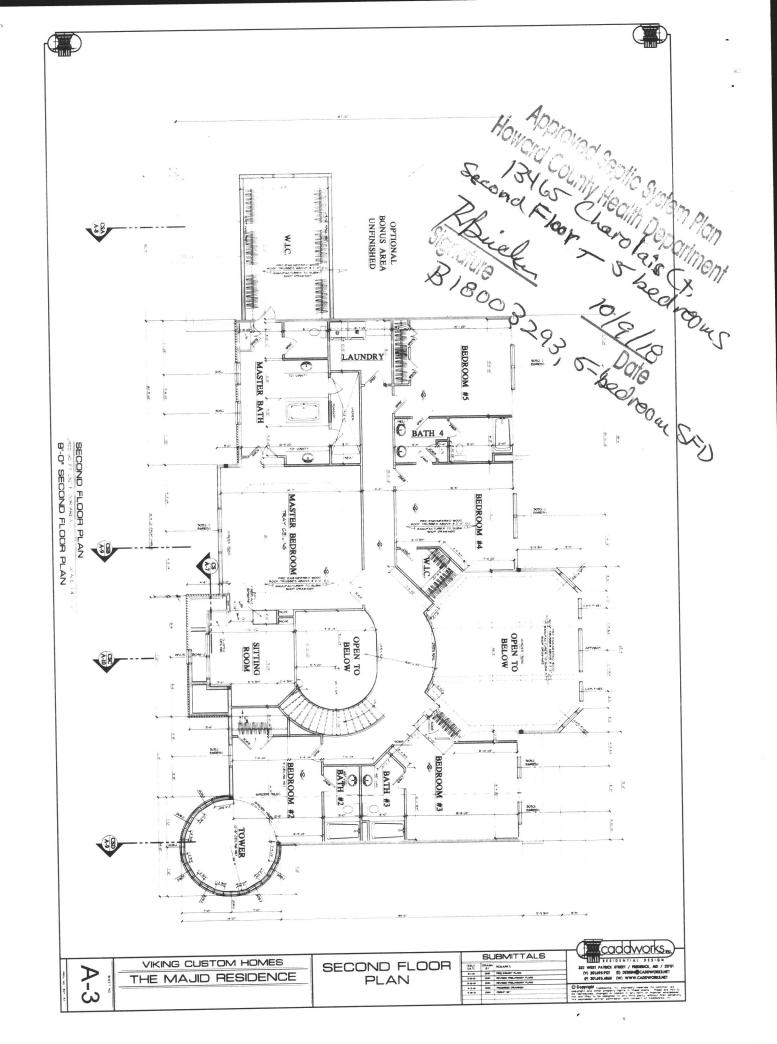
Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'I per Fee	\$
Total Fees	\$ 1 h h()1
Sub- Total Paid	\$ 1
Balance Due	\$
Check	# 13591

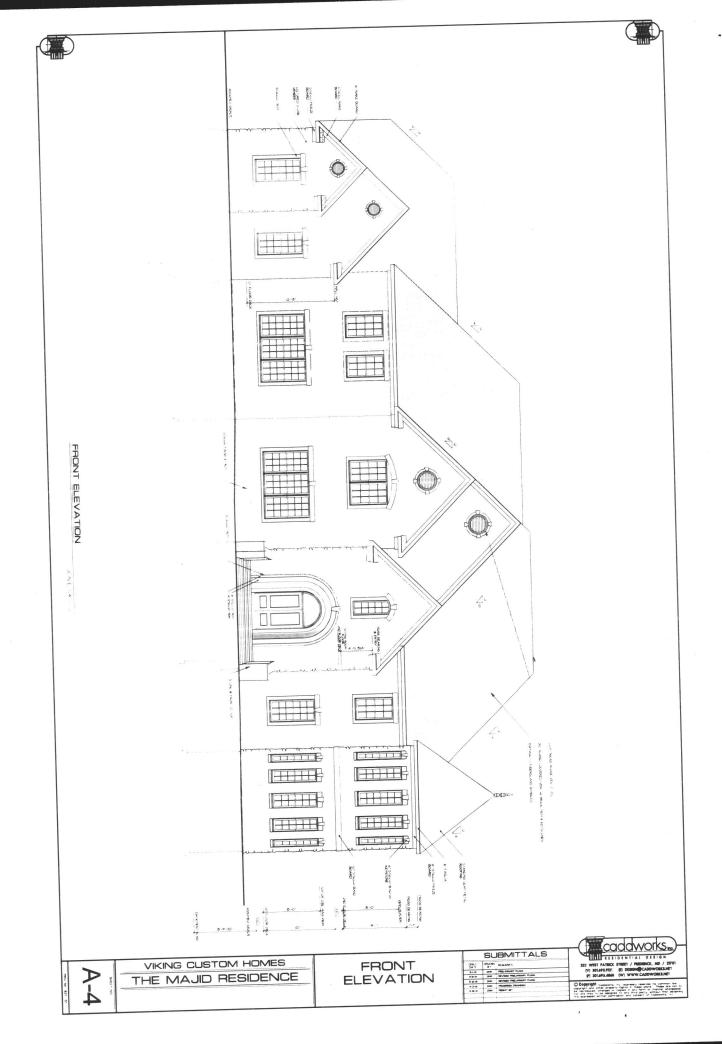
Pink: Health

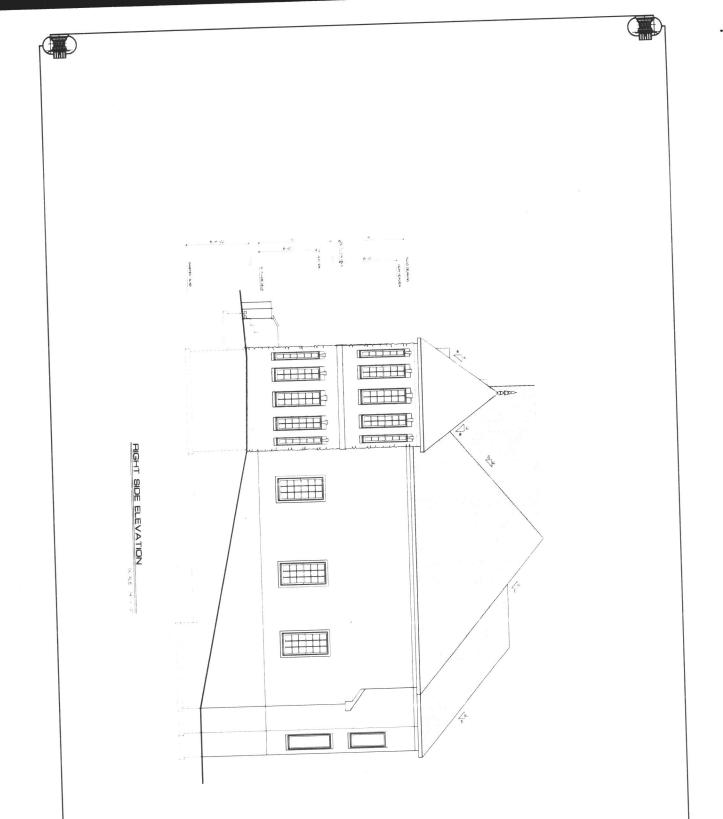
Gold: SHA







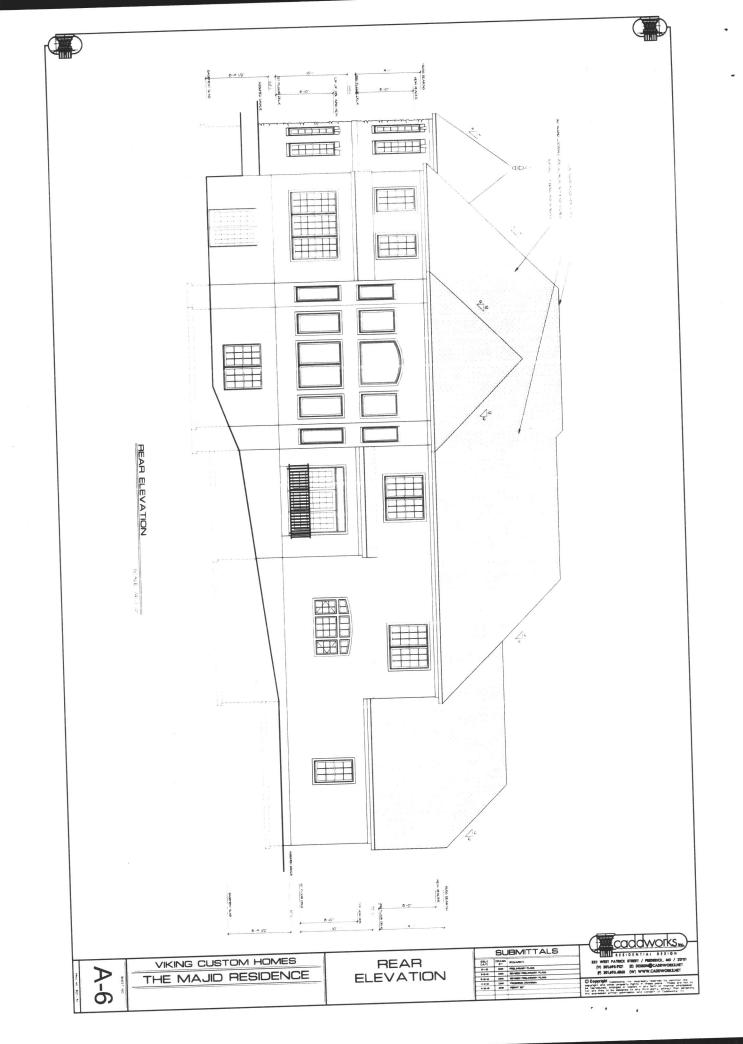


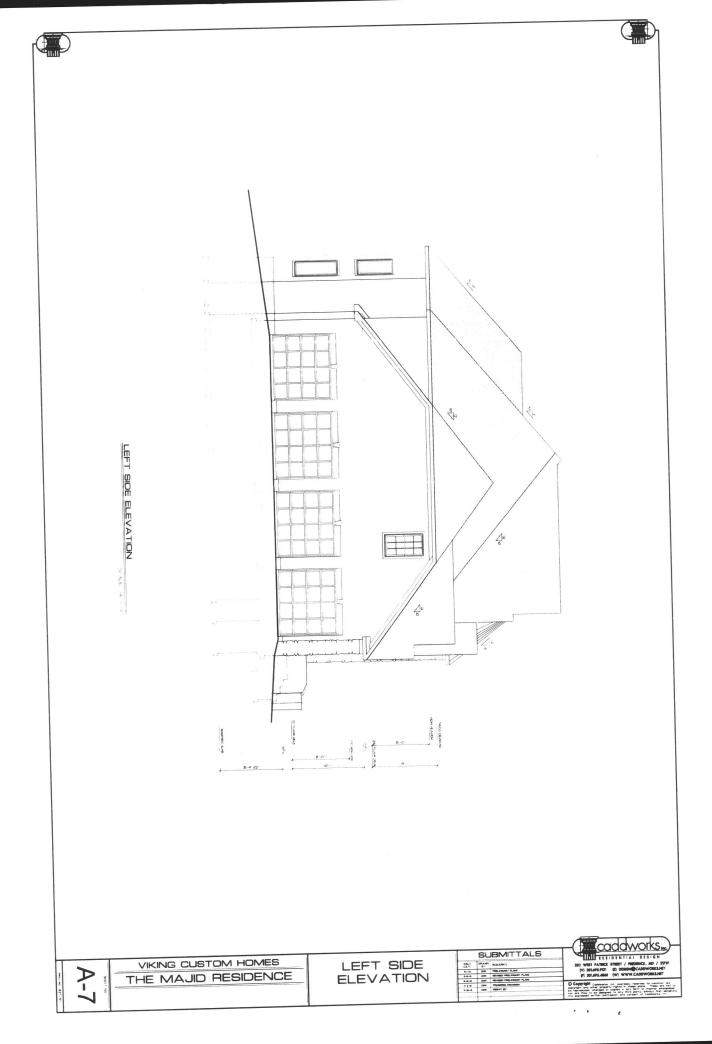


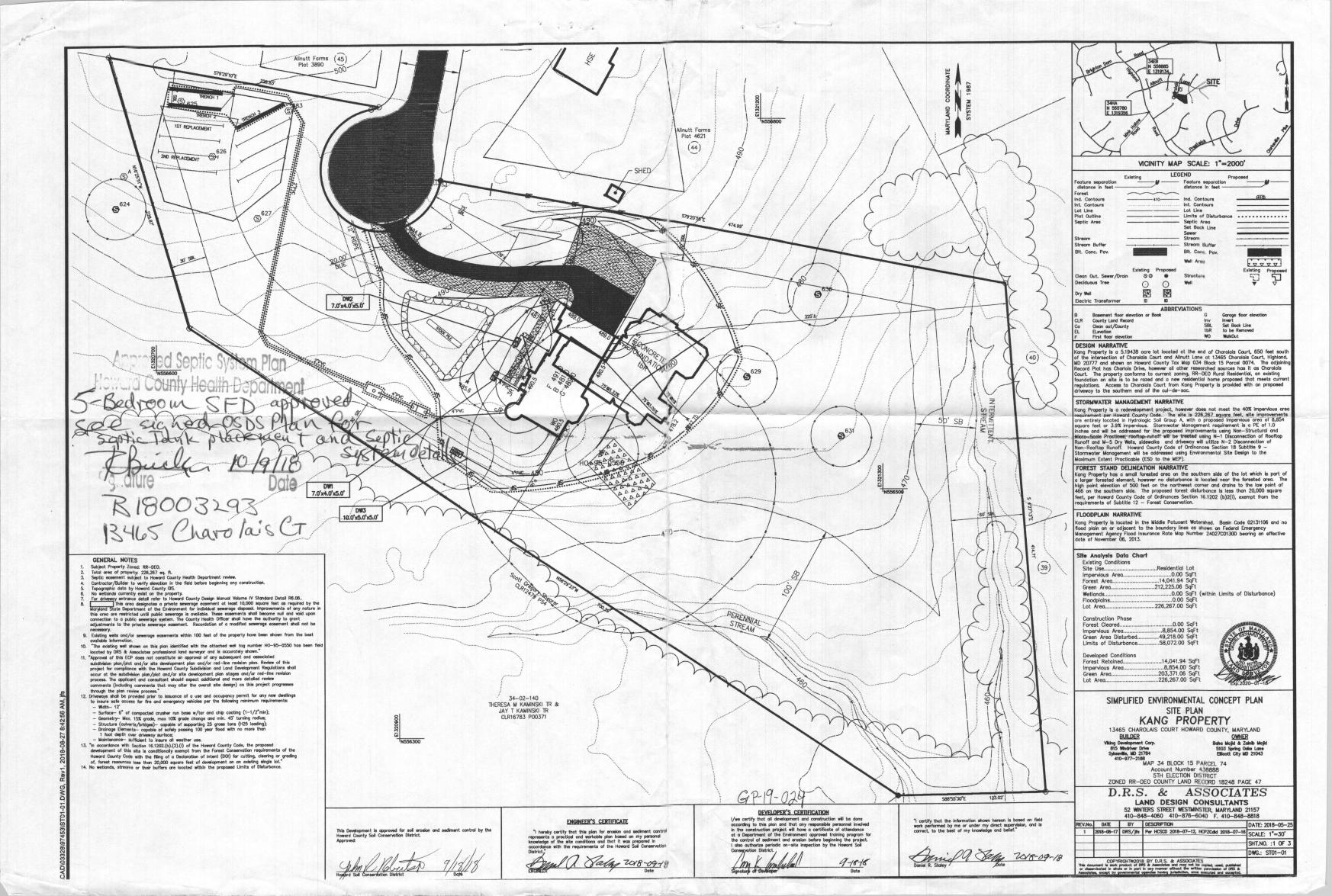
THE MAJID RESIDENCE

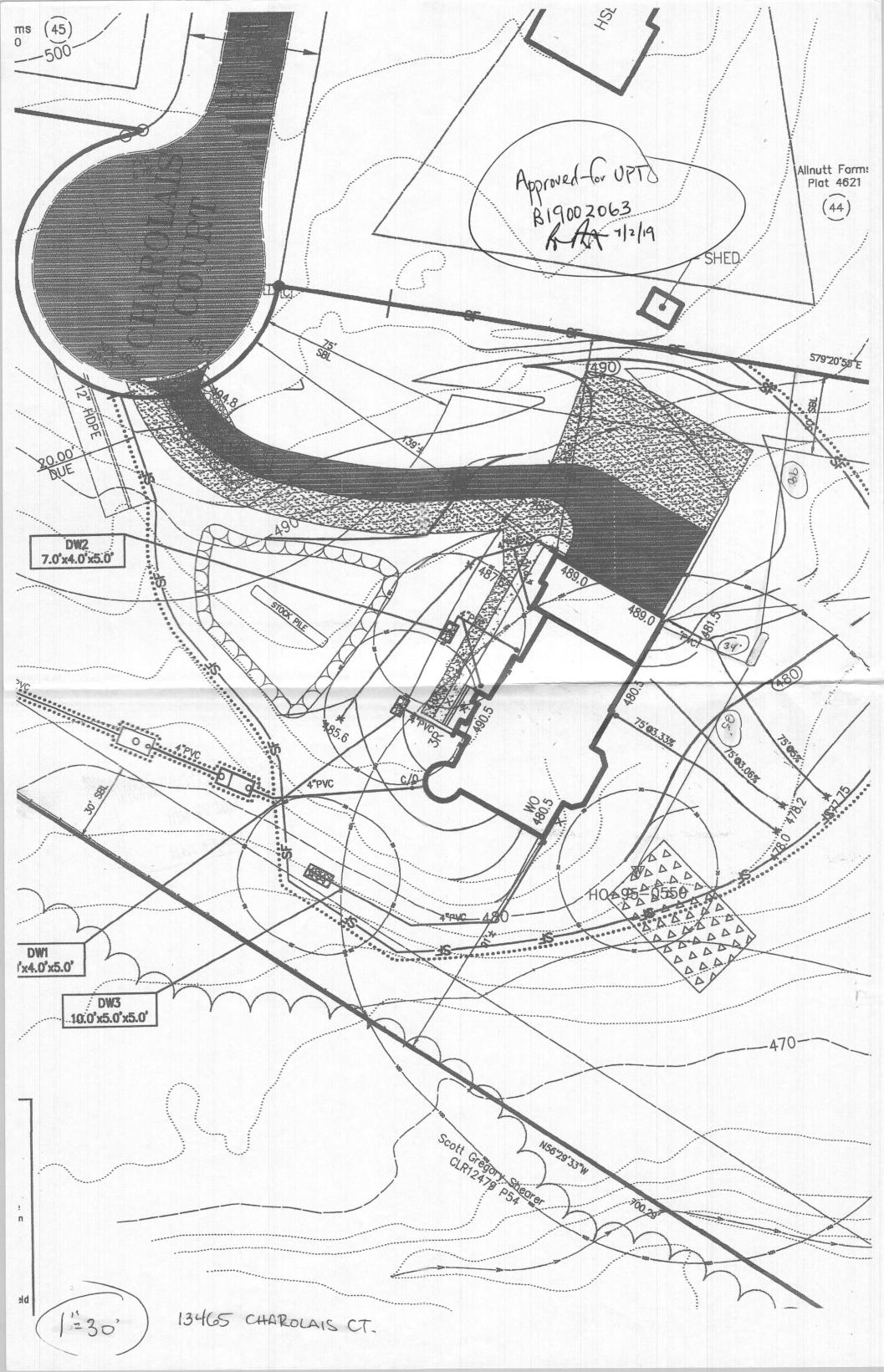
RIGHT SIDE ELEVATION 222 WEST FARRICK STREET / PROSEROCK, DO / 3290 (1) 30409-8970 (8) DEBROW-CADOWICHEASTER (9) 30409-8960 (4) WWW.CADOWICHEASTER (9) 30409-8960 (4) WWW.CADOWICHEASTER (5)

Occupying Cooperate, no expressly reserves its common top symptot and other property rights in these pains. These are not to reproduced, changes or covered to the common common extractions or as they in the parameters and control party, without first obtaining or as they in the parameters and common to the party.





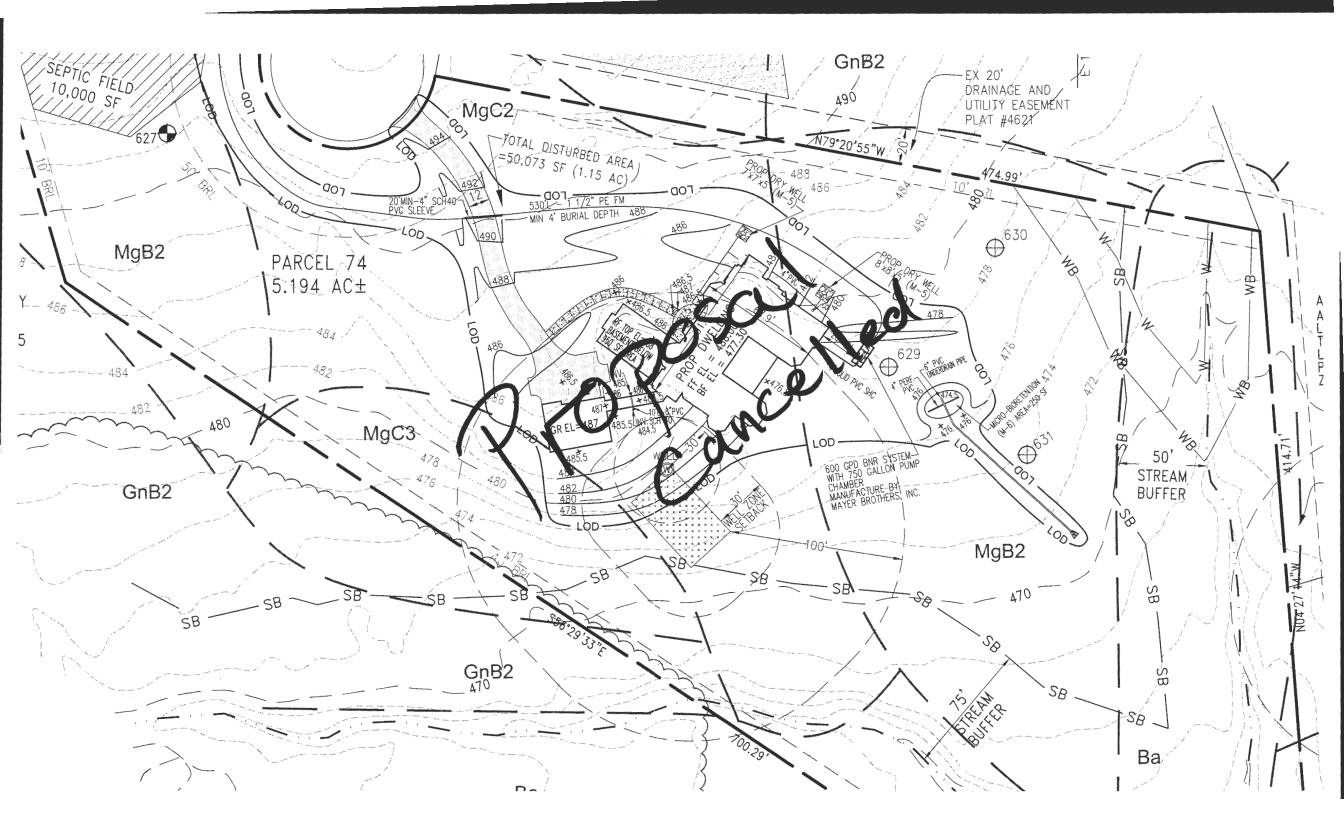




COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date:	6/01/2015
To:	DAN CWIMPER (Person's Name and Division)
From:	MIKADA DESIGN GROUP (301) 704 3776 (Your Name, Company Name and Telephone Number)
Subject:	Project name Ties SF Residence
	Project site address 6235 63467 13465 Charolois Dr.
	Permit# <u>B 5000 426</u> SDP#
	Other information pertinent to this project
✓ Please c	check the attachments below that you are submitting with this transmittal:
Le	etter of response to address plan review comment letter
X Re	evised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
Le	etter Summarizing Changes
Er	nergy conservation calculations .
_2 c	opies of (be specific).
	Health Department Request Applicant's Request
T	wo sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
O	ther
C	ontact Person Information: (Required)
	Ke Okoye Telephone No: 30 704 3776
P	lana Duint Manna d
	E-Mail Address: Mikadadesigngioup
	ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGNED AND SEALED</u> , IF ARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT
INFORM	IATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT
	PECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, HE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED
	ORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PERMIT DIVISION
WILL N	OTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS
	IES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436.
PLEASE	ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.
THANK	YOU.
Received I	Revision #1

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\forms\transmit.frm - Rev. 04/2014



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3490 COURT HOUSE DRIVE ELLICOTT CITY, MO 21043	HOWARD		and of the	MIT NUMBER
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	PERMIT AP	PLICATION	507A	03359
	ar as C+	Property Owner's Name	Georget	Acteros
Highland, MD 20	77	Address	3	Karvourus
		Address Watco	ate Rd	
Suite/Apt. #: SDP/WP/Petition #		440-		10 Zip Code 20905
Census Tract Subdivision	Estates	1		
SectionArea	Lot	Home Phone 501 45 Applicant's Name & Mai	ling Address, (if other	Phone 301 236 1241 er than stated hereon):
Tax Map 34 Parcel 44	Grid			
Zoning Map Coordinates Lot	size 5.194 ac	Phone 301 440 S	278 Fax 30	1 384-3990
Existing Use Vacant Lot		Contractor Company	SK Genera	1 Contracting ELC
Proposed Use SF Dwelling		Contact Person	<i>r</i>	-
Estimated Construction Cost \$ 600,0	200	George	Kayouns	
Description of Work New Horne		Address 1202 Cog	La Land	44
Full basement, 5 bedroom	ns, Suncoon,			1
7 bath Kitchen basement	3 half both	LICONED NOW 645 143		D Zip Code 21842
	* *			410-289-0882
Occupant or Tenant Seorge + Arte		1 // //	ompany (Pi)	Lyon Homes
Contact Name George Karvous		Contact Person	KISHEC_	
Address 152110 Watergate R	d	/	10	U
city Silver Spring state MI	Zip 00 2.0 05	Address Roll	sad Ro.	Box 27
		City Selves City	State P	A Zip Code 17870
Phone 301 440 527 Fax	1	Phone 510 314	Fax	70 574-6053
BUILDING DESCRIPTION - CO	WEDCIAL	101		ION - RESIDENTIAL
		1		
Building Characteristics Height: War	Utilities ter Supply:	Building Chan Dwelling K SF T		Utilities Water Supply:
	_ Public	Depth	Width	Public Private
No. of stories:	_ Private vage Disposal:	1st floor: 65	85	Sewage Disposal:
Gross area, sq. ft. per floor:	_ Public Private	Basement:	\$2	Public Private
Elec	ctric Yes□ No□	Finished Basement Un Crawl space Slab o No. of Bedrooms	n Grade 🗓	Electric Yes No 🗆
Use group: Gas	yes□ No □	Height: Multi-family dwellings:	10	Gas 🧍 Yes 🗋 No 🗆
	ating System:	No. of efficiency units: No. of 1 BR units:		Heating System: Electric □ Oil □
Reinforced Concrete Nat	ctric □ Oil □ tural Gas □	No. of 2 BR units: No. of 3 BR units:		Natural Gas Propane Gas
Structural Steel Pro	pane Gas 🗆	Other Structure:	-	Sprinkler system: N/A
Wood Frame Spr	rinkler system: N/A 🗆 Full	Dimensions:		NFPA #13D NFPA #13R
State Certified Modular	Partial Other Suppression	Roof Height:		Other:
	# of Heads	State Certified M Manufactured H		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPEC	HE/SHE IS AUTHORIZED TO MAKE THIS AP L PERFORM NO WORK ON THE ABOVE REF	PLICATION; (2)THAT THE INFORMATION ERENCED PROPERTY NOT SPECIFICALLY	IS CORRECT; (3) THAT HE/SHE O DESCRIBED IN THIS APPLICAT	WILL COMPLY WITH ALL REGULATIONS OF TION; (5) THAT HE/SHE GRANTS COUNTY OFFICE
THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF PISSPEC	TING THE WORK PERMITTED AND POSTING		· Karvo	att.
Applicant's Signature		Print Name		
GK General Contraction	J'ELC	8 13	7	
Title/Company Check	ks payable to: DIRECTOR C	Date OF FINANCE OF HOWARD	COUNTY	
		EATLY AND LEGIBLY. **		7 - 15 W
The second secon	NATURE APPROVAL	The second second second	KINFORMATION	PROPERTY ID#1
Land Development, OPZ. State Highways		Front:		mit fee \$
Building Official		Side:	Exc	ise tax \$
Dev. Engineering DPZ. Health /[/7/200]	Physican	Side St.: All minimum setbacks me	2015	1'I per, fee \$TAL FEES \$
Fire Protection		YES CI NO	□ Sut	o-total paid \$
is Sediment Control approval required prior to issues YES D NO D	1007	la Entrance Po YES II NO		ance due \$eck # /
		Historic District?		idation #
CONTINGENCY CONSTRUCTION STA	ART: D	YES NO Lot Coverage for NewTow	m Zone	
		SDP/Red-line approval da		Accepted by
of Copies- White: Building Officia	Green: LDD, DPZ	Yellow: DED, DPZ	Pinic Health	Gold: SHA



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

Date Received:

Building Address: 134	5 CHARLOIS	DRIVE Property Oy	vner's Name: KAH In	ISUK, TAKK CHAH KIK
city: HIGHLAND	State: Zip Code:	Address:	025 LABRADOR	Zip Code: 2404
	SDP/WP/BA #:	CILY: 300 1 3 54	43864 DASA	Fax:
		- Email: 6	namy 1964 1	amad, com
	Subdivision:			9
	Area: 5.2K4.ot.			, (If other than stated herein)
ax Map: 0054	Parcel: 0074 Grid:	Address:	1 A . F 53	I HEOVE
Coning: Map C	Coordinates:Lot Siz	e: City:	State:	Zip Code:
		Phone:	Fa	
xisting Use: Val a	ntlot	Email:		
Proposed Use: Single	Home Keside	Contractor	Company:	
Estimated Construction Cost: \$	600,000	Contact Pe	son:	
	mpletion of c	Address:		
~ F · 5	1 -	B B	State:	Zip Code:
	citting four			01
System.		Phone: Email:		ax:
Occupant or Tenant:	NA	Ellidii.		
Was tenant space previously o		□No Engineer/Ar	rchitect Company:	ada Signizion
	ocapica.			Loy & Pounts
Contact Name:	1	Responsible	Design Prof.:	
Address:			TOROS	
City:	State: Zip Code	City:	State	Zip Code: 2+243
Phone:	Fax:	Phone: 3	7 704 371GF	ax: 410 744 0336
Emails		Fmail: 3.4	water ocsique	your ful por
Commercial Building Charact			tilities	
Height:			Water Supply	
No. of stories: Gross area, sq. ft./floor:	Depth	Width Public		
Gross area, sq. raynoor.	2 nd floor: 70	Private	, ,	
Area of construction (sq. ft.):	First Alexander	90	Sewage Disposal	
1 (1) 01)	☐ Finished Basement	Public		Control of the land of the lan
Use group: Kesider	☐ Crawl Space	7		
Construction type:	☐ Slab on Grade	Electric:	Yes 🗆 No	
Reinforced Concrete	No. of Bedrooms:	Gas:	☐ Yes ☐ No	
Structural Steel	Multi-family D	velling	Heating System	
☐ Masonry	No. of efficiency units:	□ Electric		
Wood Frame State Certified Modular	No. of 1 BR units:	Natura	I Gas	
Li State Certified Modular	No. of 3 BR units:	Other:	Sprinkler System:	
	Other Structure:	D\(\text{ves}\)	□ No	
	Dimensions:	4		
Roadside Tree Project Pe			Grading Permit Num	sher:
☐Yes . ☑No Roadside Tree Project Peri	The state of the s	ilar	Grading Fermit Num	61400035
Roadside Tree Project Peri	☐ Manufactured Home		Building Shell Permit Num	ber:
	- Wight a country of the country of			
THE UNDERSIGNED HEREBY CERTIFIES	AND AGREES AS FOLLOWS: (1) THAT HE/SH	LE IS AUTHORIZED TO MAKE THIS APPLICA	ATION; (2) THAT THE INFORMATION	ON IS CORRECT; (3) THAT HE/SHE WILL COM
THIS APPLICATION; (5) THAT HE/SHE	RANTS COUNTY OFFICIALS THE RIGHT TO E	O (4) THAT HE/SHE WILL PERFORM NO V	POSE OF INSPECTING THE WORK	ED PROPERTY NOT SPECIFICALLY DESCRIBE PERMITTED AND POSTING NOTICES.
The state of the s		2	STAN A	1 1
Applicant's Signature		Print Name	12 77	
Email Address	porter of the same	Date / >/	415	
Email Address		Dute /- 1	1 13	
Title/Company			1.13	- 13 1
Title, company	Checks Payable	to: DIRECTOR OF FINANCE OF HOW	ARD COUNTY	
		*PLEASE WRITE NEATLY & LEGIBLY**		
		-FOR OFFICE USE ONLY-	and the same of	
AGENCY D	ATE SIGNATURE OF APPROVAL	OPZ SETBACK INFORMATION		g Fee \$
State Highways		Front:		nit Fee \$
Building Officials		Side:	Excis	se Tax / \$
PSZA (Zoning)		Side St.	PSFS	
PSZA (Engineering)	/	All minimum setbacks met?		ranty Fund \$
Health	/	Historic District?	☐ Yes ☐No ☐ Tota	l Fées \$
	required for issuance? Yes No	Lot Coverage for New Town Zo		Total Paid S
CONTINGENCY CONSTRUCT		SDP/Red-line approval date:	Chec	
			- Land	

White: Building Officials

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Green: PSZA,Zoning