Howard County Maryland

Permits Application

Howard County Maryland

Permits 3430 Court House Drive

Permits: 410-313-2455

www.howardcountymd.gov

Date Received:	

B20000218 Permit No.:

in Civil Culle State W	or Mill Kd	11	Address to the state of the	7	te.Deldeman
States	UD Zip Code: 217	23	Address: 2121 Make 1) i	te: Lind	7in Code: Ai >22
Suite/Apt. #SDP/WP/BA #:			Phone: 31 3-245-L 474 Fax:		
ubdivision: 1003			Email: Men geldeman	egno	il.com
ot: PAN 1 Tax Map: 0014	Parcel: (~)		Applicant's Name & Mailing Ad	drass (If oth	or than stated herein)
Tax Iviap. COTT	T di cei.		Applicant's Name:		er thatt stated tiesenij
xisting Use: SFO			Address:		
roposed Use: Hot tub			City:St		
roposed use: 110 F 100	7 0×3		Phone: Fax: Email:		
stimated Construction Cost: \$ 163	7 11	1		-	
escription of Work: 1.5 x 9		00	Contractor Company: Bran	as Cin	Shutho Colnic
arcueta pad. B	X 10		Contact Person: Leticia		
			Address: 23731 ficts City(Tymentern State:	CO	Tin Code: 2 Chi 7/
			License No.: 137)	- KG.	2-4-21
			Phone 240-4704		
			Email: 16tician & bru		
ccupant/Tenant Name:		_	10.10.10.10.10	Jr	
Vas tenant space previously occupied?	□Yes	□No	Engineer/Architect Company:		
	ntact Name:				
ddress:			Address:		
ity:St	ate:Zip Code:	'	City:State:	2	Tip Code:
hone:F	ах:		Phone:	Fax:	
mail:		11	Email:		
Commercial Building Characteristics	Residential Building Cha		<u>Utilities</u>		
Height:	SF Dwelling SF Town			No	
No. of stories: Gross area, sq. ft./floor:	Depth 1st floor:	Width		No	
0.033 area, 34. 11./ 11001.	2 <sup>nd</sup> floor:		Water Supply		L('EIV/ER
Area of construction (sq. ft.):	Basement:		Public	1 1	LULIVED
7	☐ Finished Basement		R Private		14 X 2 1 0000
Use group:	☐ Unfinished Basement		Sewage Disposal		JAN 2 1 2020
C-1-1-1-1-1-1	☐ Crawl Space	-105	☐ Public		ALIANA OLIVANIS
Construction type:	No. of Bedrooms:	10	☐ Private		ENSES & RERMITS
☐ Structural Steel	Multi-family Dwe	lling	Heating System		Dividion
☐ 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: Other Structure:		Sprinkler System		
	Dimensions:		☐ Yes ☐ No	-	
> Roadside Tree Project Permit	Footings:				
	1		Conding December	Mumber	
□Yes □YNo	Roof:		Grading Permit	Number:	
☐Yes ☐YNo Roadside Tree Project Permit #	☐ State Certified Modula	r			
		r	Grading Permit  Building Shell Perm		
	State Certified Modular Manufactured Home  S AS FOLLOWS: (1) THAT HE/SHE IS A	AUTHORIZED TO MAK	Building Shell Pern  EE THIS APPLICATION; (2) THAT THE INFO  RFORM NO WORK ON THE ABOVE REFERE	nit Number:	NOT SPECIFICALLY DESCRIBED IN THIS
Roadside Tree Project Permit #  THE UNDERSIGNED HEREBY CERTIFIES AND AGREES WITH AN REGULATIONS OF HOWARD COUNTY WH APPLICATION; (5) THAT HE/SHE-SRANTS COUNTY OF  Applicant's Signature  CHICAL AND MARKET COUNTY OF  Email Address  Title/Company	SAS FOLLOWS: (1) THAT HE/SHE IS A FO	AUTHORIZED TO MAKE MAT HE/SHE WILL PER OTHIS PROPERTY FOR Print I Date	Building Shell Perm  EE THIS APPLICATION; (2) THAT THE INFO  AFORM NO WORK ON THE ABOVE REFERE  THE PURPOSE OF INSPECTING THE WOR  THE PURPOSE OF INSPECTING	NIT Number:	NOT SPECIFICALLY DESCRIBED IN THIS ND POSTING NOTICES.
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Distribution of Copies:

White: Building Officials

Green: PSZA,Zoning

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Sub- Total Paid Balance Due Check Pink: Health

