DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313,2455

HOWARD COUNTY

PERMIT NUMBER

	The state of the s	Property Owner's Name	
- 5	(410) 313-3800 41 SpeakeBrook FA	Address	e NUM me
Suite/Apt. #:	SDP/WP/Petition #:	City	State Zip Code Work Phone (412) 379-393
		Home Phone Applicant's Name & Ma	work Phone (4.2) 379-394 ailing Address, (if other than stated herein):
	Subdivision		annig Address, (ii other man stated herein).
Section	_ Area Lot	3	
Гах Мар Раг	rcel Grid		
	ordinates Lot Size		
Existing Use	and the same of th	Phone	Fax
LIODOSCU USE		contractor company	
		Address	
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	er of section and the section of the	License No.	1
Carlotte Marian	O finish to the	Pnone	Fax
secupant of Tenant	manufacilipentus vis	Engineer or Architect Co	ompany
Contact Name			
		1	
	tateZip Code		StateZip Code
	Fax		
			rax
BUILDING DES	SCRIPTION – <u>COMMERCIAL</u>		DESCRIPTION – <u>RESIDENTIAL</u>
Building Characteristics leight:	<u>Utilities</u> Water Supply:	Building Characteris	stics <u>Utilities</u>
lo. of stories:	Public	SF Dwelling □ SF Townhouse Depth Width	Water Supply:
	Private Sewage Disposal:	1 st floor:	Private
ross area, sq. ft. per floor:	Public	Basement:	Sewage Disposal: Public
se group:	Private	Finished Basement Unfinished Base	ement Crawl Private
onstruction type:	Electric Yes \square No \square Gas Yes \square No \square	No. of Bedrooms	□ Electric Yes □ No □
Reinforced Concrete Structural Steel	Heating System:	Multi-family dwellings:	Gas Yes □ No □
Masonry	Electric Oil	No. of efficiency units:	Heating System:
Wood Frame	Natural Gas □ Propane Gas □	No. of 1 BR units: No. of 2 BR units:	Electric
State Certified Modular		No. of 3 BR units:	Propane Gas 🕞
	Sprinkler system: N/A Full	Other Structure:	Sprinkler system: N/A
	Partial	Dimensions:	NFPA #13D NFPA #13R
	Other Suppression # of Heads	Footings:Roof:	NFPA #13R Other:
	" OI IIOUGO	State Certified Modular	
	I	Manufactured Home	
ie undersigned hereby cer	TIFIES AND AGREES AS FOLLOWS: (1)	THAT HE/CHE IS AHTHODIZED TO MAKE T	
N THE ABOVE REFERENCED PRO- IIS PROPERTY FOR THE PURPOSE	RTIFIES AND AGREES AS FOLLOWS: (1) COMPLY WITH ALL REGULATIONS OF H DPERTY NOT SPECIFICALLY DESCRIBED E OF INSPECTING THE WORK PERMITTER) THAT HE/SHE IS AUTHORIZED TO MAKE THOWARD COUNTY WHICH ARE APPLICABLE THE TIN THIS APPLICATION; (5) THAT HE/SHE GRAND AND POSTING NOTICES. Print Name	THIS APPLICATION; (2) THAT THE INFORMATION FHERETO; (4) THAT HE/SHE WILL PERFORM NO WOR NTS COUNTY OFFICIALS THE RIGHT TO ENTER ONT
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