3-30 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INSPENMATION (410) 313-3800		HOWARD COUNTY		PERMIT NUMI	BER	
		PERMIT APPLI 60000 9430	CATION	B10002185		
Building Address 13924 Ryan Drug		Property Owner's Name Toll HIS IL LA				
			Address 7/64 Columna Grahuy Brien			
Suite/Apt. #: SDP/WP/Petition #: Census Tract Subdivision			City Oplows State Mrs Zip Code 21046 Home Phone 467 320-003 Work Phone			
			Applicant's Name & Mailing Address, (if other than stated herein):			
Section A Let					•	
Section Area Lot						
Tax Map Parcel Grid						
Zoning Map Coordinates Lot Size			Phone	Phone Fax		
Fristing Use Varuat lat				Contractor Company Toll Ms II (1		
Proposed Use \$ 14 hit Stray Shal Estimated Construction Cost \$ 500			Contact Person	Contact Person Mikes MAAN		
Estimated Construction Cost \$ 500			Address 7164 alumin Gatem Delic City Glum & State Mo Zip Code 21046			
Description of Work would 8'x 12' Uhlity Downe Shee				License No.		
				Phone 410-320-0223 Fax		
Occupant or Tenant Toll Mo I Cr			Engineer or Architect Company ESE			
Contact Name Mike Mark			Contact Person Millo Bree			
Address 7164 Colomosi Goten Daine			Address 7164 Columna Conteum Dri			
			Address 110	Ci Singal Cine		
City Coloursin State MO Zip Code 210 46			City Clum 5 State Mn Zip Code 2/646			
Phone 40-320-6223 Fax			Phone 410 -	872-9605	Fax 410-872-4870	
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics		Utilities		Characteristics	<u>Utilities</u>	
Height:	Water Supply: Public Private		Depth W	/idth	Water Supply: Public	
No. of stories:	Sewage Dispo	sal;	1 st floor: 2 nd floor:		Private Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private	NA	Basement:		Public Private	
Use group:				Unfinished Basement Crawl Slab on Grade		
Construction type:	Electric Y	es pa No □ es □ No pa	No. of Bedrooms		Electric Yes □ No □ Gas Yes □ No □	
Reinforced Concrete Structural Steel	Heating Syste	m.	Multi-family dwel	lings:	Heating System:	
Masonry Wood Frame	Electric □	Oil 👨	No. of efficiency to No. of I BR units:		Electric Oil Oil Natural Gas	
	Natural Gas D Propane Gas		No. of 2 BR units: No. of 3 BR units:		Propane Gas	
State Certified Modular	Sprinkler syst	em: N/A 🕊			Sprinkler system: N/A □	
	Full Partial	,	Other Structure:		NFPA #13D NFPA #13R	
	Other St	appression	Footings: Roof:		Other:	
1	# of He	ads				
			State Certifi Manufacture			
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WO ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.						
Applicant's Signature	- Acceptance of the Control of the C		Print Nam	ie	1	
Myprin 30 Tollbother line - con						
Email Address						
Toll Bother R117116						
Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY						
PLEASE WRITE NEATLY AND LEGIBLY. - FOR OFFICE USE ONLY -						
AGENCY DATE Land Development, DPZ	SIGNATU	RE APPROVAL	DPZ SETBACK INFO		Filing fee \$	
State Highways			Rear:	·	Permit fee \$	
Building Officials		w	Side:		Excise tax \$	
			Side St.:		Add'l per fee \$	
PIN IN INDICE SOH						
			All minimum setback	s met?	TOTAL FEES \$	
Fire Protection		YES D NO D		Sub-total paid \$		
			Is Entrance Permit Re YES □ NO □	equired?	Balance due \$ Check #	
. н			Historic District?		Validation #	
CONTINGENCY		YES □ NO □ Lot Coverage for New	Town Zone			
ONE STOP SHOP: SDP/Red-line approval date Accepted by						
Distribution of Capies	w	hite: Building Officials G	reen: LDD, DPZ	Vellow: DED, DPZ P	ink: Health Gold: SHA	

T:\Operations\Updated forms

