		11	Ø,	(ie	
-	Į/	Ĩ			
•	+	4	١		
ł	1	-	1		

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

LP 2020 CER 28 DRUGE Date Received:

Permit No. Banc

Building Address:	16210 6	M Thirl K Mr	Se 102.
City: Level wing	State: Me	Zip Code:	21753
Suite/Apt. #	SDP/WP/	BA#:	
Census Tract:	Sub	division:	
Section:	Area:	Lot:	
Tax Map:	Parcel:	Grid:	
Zoning:	Map Coordinates:	Lot Size	:
Existing Use:			
Proposed Use:	Add Science	A forch outs	
Estimated Construction	Cost: \$ 2.0,	3.00.00	
Description of Work:			A.t.
existing .	Dark 16X	2.0	na n
Occupant or Tenant:	Stive and C	Aritis Chin	bor losia
Was tenant space previo	ously occupied?	□Yes	No
Contact Name:	· LAWPERS W	4164, the	
Address: 1125	Frank Dring	<u>Al</u>	
City: Jukes the			
Phone:	Fax:	116- 1 15- 17	71
Email:			

Residential Building Characteristics	
SF Dwelling SF Townhouse	
Depth Width	
1 st floor:	
2 nd floor:	
Basement:	
Finished Basement	
🗆 Unfinished Basement	
Crawl Space	
🗆 Slab on Grade	
No. of Bedrooms:	
Multi-family Dwelling	
No. of efficiency units:	
No. of 1 BR units:	
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
State Certified Modular	
La state del tillea illoadalai	

Property Owner's Name:	lond , lon
Address:	set a
City: State: Ma	Zip Code:
Address: <u>Address</u> <u>Address</u> City: <u>City: <u>City</u> State: <u>Mi</u> Phone: <u>Alfond State</u>: <u>Mi</u></u>	Fax:
Email:	ter half be seen and a got all regardless of the section of the best of the section of the best of the best of
Applicant's Name & Mailing Address, (If Applicant's Name: J. Commenced Address: The Friend Decay In	non the -
City:Ktr	Zip Code: <u>Z Try</u>
Phone: 116- (71 272) Fax:	
Email:	9954
Contractor Company:	
Contact Person:	
Address:	
City:KState:	Zip Code:
License No. :	1.5 million
Phone: 110 177 2674 Fax:	110- 23 (1)
Email:	
Engineer/Architect Company:	
Responsible Design Prof.:	
Address:	and the second
City:State:	Zip Code:
Phone: Fax:	and ferrar and an instantion in a second string of an a guardenia in second and a string of a sum
Email:	
Utilities	
Water Supply	
R Private	
Sewage Disposal	
	and the second state of the second state
I Private	
Electric: Yes No	
Gas: 🗌 Yes 🗌 No	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Heating System	
Electric Oil	A start of the sta
🗆 Natural Gas 🖹 Propane Gas	
Other:	
Sprinkler System:	
🗆 Yes 🔅 No	
1	

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.

Stade + The Applicant's Signature

Print Name

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY *PLEASE WRITE NEATLY & LEGIBLY** -FOR OFFICE USE ONLY-DPZ SETBACK INFORMATION

Front:

Rear:

Side:

Side St.:

Historic District?

Email Address

Contracting Liber Unatr 16

Title/Company

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3151:	H. OSWAL

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

tion of Copies: White: Building Officials Green: PSZA,Zoning Lot Coverage for New Town Zone:

SDP/Red-line approval date:

All minimum setbacks met? Yes No Is Entrance Permit Required? Yes No Historic District

Yes No

Pink: Health

Filing Fee Ś **Permit Fee** \$ \$ Tech Fee Excise Tax \$ PSFS \$ **Guaranty Fund** Ś Add'l per Fee \$ \$ **Total Fees** Sub-Total Paid \$ **Balance** Due \$ Check #

