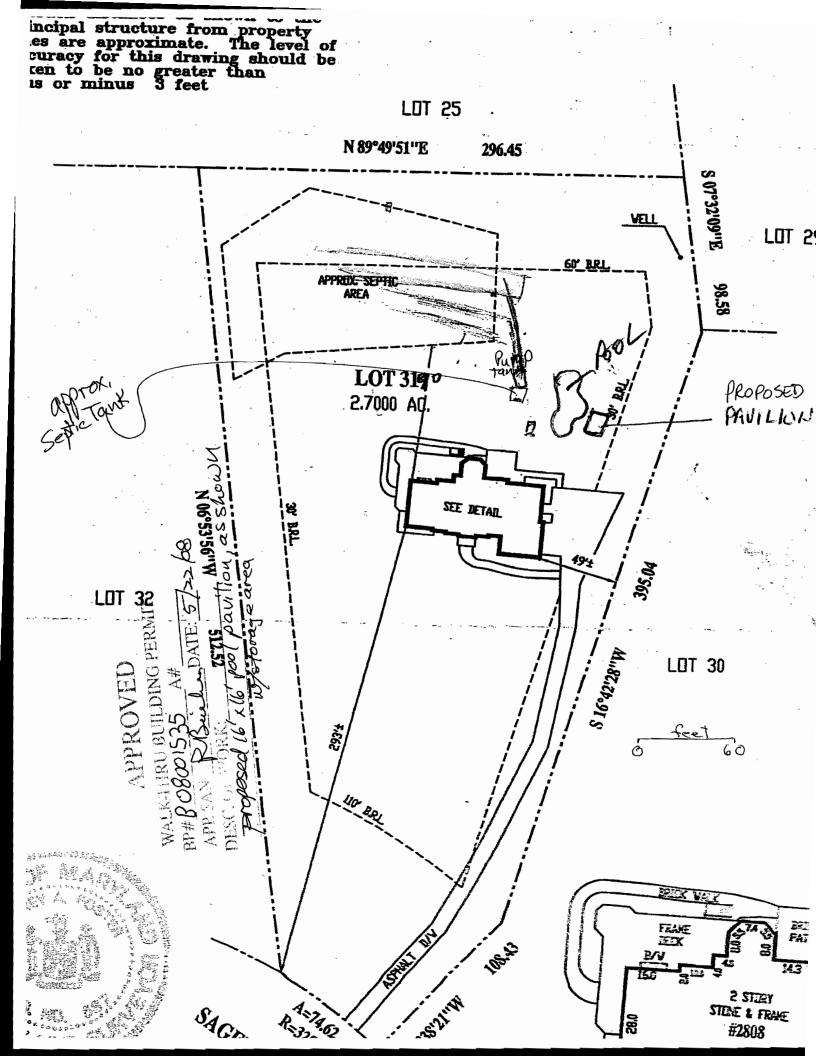
HOWARD COUNTY

PERMIT NUMBER

PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	PERMIT AP	PLICATION	B09001	535
Building Address 3808 5A	SEWOOD DRIVE	Property Owner's Name	CHRIS	DAVIS
GLENWOOD MD. 21738		Address 808 SAGEWOOD DR		
Suite/Apt. #: SDP/WP/Petition #:		City GLENWOOD State MD Zip Code 21738		
Census TractSubdivision		City GLENWOOD State 112 Zip Code 31 138 Phone 410 - 489 - 516 Phone		
Section Area Lot		Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map Parcel Grid		Phone Fax		
Zoning Map Coordinates Lot size				
Existing Use		Contractor Company KALES ENTERPRISES		
Proposed Use POOL PAULLION Estimated Construction Cost \$ 13,000.		Contact Rerson LEUPEN		
Description of Work CONSTRUCT 16 X 16		Address P. a. Box 1014		
OPEN PAULLION W/STORAGE				
AREA 5'XIS'		City SYKESUILE State MD. Zip Code 71784 License No. MHIC #89837 Phone 410 - 984-5334Fax 410-549-0172		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State Zip Code		City State Zip Code		
Phone Fax		Phone Fax		
BUILDING DESCRIPTION	- COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	Utilities	Building Charac		<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling ZV SF To	wnhouse Width	Water Supply: Public
No. of stories:	Private Sewage Disposal:	1st floor:		Private Sewage Disposal:
Gross area, sq. ft. per floor:	Public Private	Basement:	alahad Basamant	Public Private
Use group:	Electric Yes □ No □ Gas Yes □ No □	Finished Basement Unfin Crawl space Slab on No. of Bedrooms	Grade □	Electric Yes No Gas Yes No
	Heating System:	Height: Multi-family dwellings: No. of efficiency units:		Heating System:
Construction type: Reinforced Concrete	Electric	No. of 1 BR units: No. of 2 BR units:		Natural Gas ☐ Propane Gas ☐
Structural Steel Masonry	Propane Gas	No. of 3 BR units:		Sprinkler system: N/A
Wood Frame	Sprinkler system: N/A □ Full	Other Structure:		NFPA #13D NFPA #13R
State Certified Modular	Partial Other Suppression	Footings:Roof Height:		Other:
	# of Heads	State Certified Mo		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOW HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT H	IE/SHE WILL PERFORM NO WORK ON THE ABOVE R	EFERENCED PROPERTY NOT SPECIFICA	N IS CORRECT; (3) THAT HE	LEISHE WILL COMPLY WITH ALL REGULATIONS OF PLICATION; (5) THAT HE/SHE GRANTS COUNTY
OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE	PURPOSE OF INSPECTING THE WORK PERMITTED A	RANDY	LEUPE	
Applicant's Signalure RALES ENTER PRISES Print Name 1008				
Title/Company	Checks payable to: DIRECTOR O	Date F FINANCE OF HOWARD (ATLY AND LEGIBLY. **	COUNTY	
AGENCY DATE	The second secon	CE USE ONLY - DPZ SETBACK	INFORMATION	PROPERTY ID#
Land Development, DPZ State Highways		Front:Rear:	Filin Per	g fee \$mit fee \$
Building Official Dev. Engineering, DPZ	No. 10 PERSON NAMED IN STREET	Rear: Side: Side St.:	Exc	ise tax \$
Health 5/22/08	PRicha	All minimum setbacks met) TO	TAL FEES \$
Fire Protection Is Sediment Control approval required prior to	o issuance?	YES □ NO □ Is Entrance Per	mit required? Bala	a-total paid \$ance due \$
YES 🗆 NO 🗆	production of the	YES I NO I		eck #dation #
CONTINGENCY CONSTRUCTIO		Historic District?		
MALES STREET, MALES AND AND AND ADDRESS AN	NSTART:	Historic District? YES □ NO □	10 Sept. 18	医结膜 建压油油
ONE STOP SHOP: □	N START:	YES D NO D	10 Sept. 18	Accepted by
ONE STOP SHOP: Distribution of Copies- White: Building Tatorms/PERMIT.FRM		YES D NO D	10 Sept. 18	



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY

PERMIT NUMBER

	PERMIT AP	PLICATION D = 0	1000 94d	
Building Address	emood Dr.	Property Owner's Name M.	% * %	
Colenwood, MD 3		Address & Sacewood Dr.		
Suite/Apt. #: SDP/WP/Petition #:		City (State M) Zip Code 171%		
Census Tract Subdivision		Phone 301-345-4549 Phone Applicant's Name & Mailing Address, (if other than stated hereon):		
SectionAreaLot		Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map Parcel Grid		Phone 301-251-0606 Fax 301-251-0608		
Zoning Map Coordinates Lot size		4		
Existing Use Self Dwelling Bronged Use		Contractor Company Suburban Propane		
Proposed Use		Contact Person Same McKinney		
Description of Work		Address 31 Derwood Cr.		
propose took		City Rock 11 State WD Zip Code 20850		
		Phone 3-1-251-006 Fax 301-251-006		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address 280% Sugarood Dr.		Address		
City Classification State MD Zip Code 17738		City State Zip Code		
Phone 3 01 - 3 8 5 - 45 6 Fax		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPT	ION - <u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply:Public	SF Dwelling	Water Supply: Public	
No. of stories:	Private Sewage Disposal:	1st floor: 2nd floor:	Private Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Public Private	Basement:	Private	
	Private	Finished Basement Unfinished Basement	V	
Use group:	Electric Yes No Gas Yes No G	Finished Basement	Electric Yes □ No □ Gas Yes ☑ No □	
Use group:	Electric Yes No Gas Yes No Heating System:	☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes □ No □	
Use group: Construction type: Reinforced Concrete	Electric Yes No Heating System: Electric Oil Natural Gas	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Electric Yes □ No □ Gas Yes ☑ No □ Heating System:	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Electric Yes No Sas Yes No Heating System: Electric Oil Natural Gas Propane Gas	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A	
Use group: Construction type: Reinforced Concrete Structural Steel	Electric Yes No Sas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Sprinkler System: N/A Substituting	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:	Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Electric Yes No Sas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Sprinkler system: N/A Partial Other Suppression	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height:	Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A N/A N/A N/A N/A N/A N/A N/A	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Electric Yes No Sas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Partial	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:	Electric Yes No Sas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Sprinkler system: N/A NFPA #13D NFPA #13R	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOW	Electric Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No Sas Yes No	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home APPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT THE INFORMATION IS CORRECT; (3) THAT THE PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPRING POSTING NOTICES.	Electric Yes No Gas Yes No Gas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:	
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Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follow Howard County which are applicable Thereto, (4) That i officials the right to enter onto this property for the interpretation of the property for the property fo	Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full Partial Other Suppression # of Heads S: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS AUTHORI	Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 2 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home APPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE NO POSTING NOTICES. Print Name A	Electric Yes No Gas Nother: Natural Gas	
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- O. This plan is not to be relied upon for the establishment or location of fetroes, garages, buildings, or other existing or facile improvements.
- This plan does not provide for the sedurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-disposing.
- 4. Building line and/or Flood Lone information is taken from available sources and is subject to interpretation of originator.

Notas:

- Phood zome "C" per H.U.D. papel No. 240044-0014 B
- 2) Sathack distances as shown to the principal atructure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 3 feet

