DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 HOWARD COUNTY PERMIT APPLICATION AUTOMATED INFORMATION (410) 313-3800

Building Address Z8Z5 Sage (2000) Property Owner's Name JAMES Address ZS ZS Sugerood Dr City Steamers State ND Zip Code 21738 Home Phone 40 49 46/5 Work Phone Zo 2 383 6000 GENWOOD WW __ SDP/WP/Petition #: Suite/Apt. #: Applicant's Name & Mailing Address, (if other than stated herein): Subdivision Census Tract Area Section Parcel Grid Phone Fax Tax Map Zoning Map Coordinates Lot Size Contractor Company MASTER CARPENTRY WORKS Existing Use DECK / exterior Contact Person Paul Mcaldon ST Proposed Use Siere Estimated Construction Cost \$ = 15,000 0 Address 14820 Trical depution City General License No. 93891 State Mb Zip Code 217 37 Description of Work reve existing Fax reis deck Phone 410 489 2625 410 292 7800 Occupant or Tenant Engineer or Architect Company Contact Person Contact Name Address Address State Zip Code Zip Code City City State Fax Phone Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics
SF Dwelling SF Townhouse **Building Characteristics** Water Supply: Height: Water Supply: Depth 1st floor: 2nd floor: Public Width Public Private Private No. of stories: Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor. Public Basement: Public Finished Basement @ Unfinished Basement @ Crawl Use group: space C Slab on Grade D Electric Yes D No D Electric Yes □ No □ No. of Bedrooms Yes □ No □ Yes D No D Construction type: Gas Reinforced Concrete Multi-family dwellings: Heating System: Electric □ Heating System: Electric Structural Steel No. of efficiency units: Oil D Masonry Oil D No. of 1 BR units: Wood Frame Natural Gas □ Natural Gas No. of 2 BR units: Propage Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A Sprinkler system: N/A □ Other Structure: Full NFPA #13D Dimensions: Partial **NFPA #13R** Footings: _ Other Suppression Other: Roof: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (I) THAT HESHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HESHE SILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HESHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (3) THAT HESHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY SOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. AN E. WM Applicant's Signature Print Name 29-09 Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -AGENCY DATE SIGNATURE APPROVAL DPZ SETBACK INFORMATION PROPERTY ID# Land Development, DPZ Filing fee State Highways Rear: Permit fee

Building Officials Dev. Engineering, DPZ Side St.: Add'l per fee S All minimum setbacks met? Health TOTAL FEES \$ Fire Protection YES O NO O Sub-total paid \$ Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES D NO D YES D NO D Check Historic District? Validation YES D NO D CONTINGENCY CONSTRUCTION START: 0 Lot Coverage for New Town Zone ONE STOP SHOP: Accepted by

Distribution of Copies White: Building Officials T:\Operations\Updated forms

Green: LDD, DPZ Yellow: DED, DPZ Pink: Health

SDP/Red-line approval date

Gold: SHA

