PERMIT NUMBER: B 20002508, DATE ACCEPTED: JUL 3 1 2020

with allow	RESIDENTIAL BUILDING PERMIT APPLICATION					
14	HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS					
C	3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4					
www.howardcountymd.gov BUILDING SITE ADDRESS REQUIRED						
	SITE ADDRESS REQUIRED				Unit:	
City: FULTON			State: MD		Zip Code: 20759	
·····	ge/Complex Name: WESTLAND F	ARM EST PH 2		SDP/WP/BA #	I	
Lot: 12	Tax Map: 45	Parcel:28		Grading Permit #:		
	ON OF WORK REQUIRED				1	
	ESIDENTIAL SFD	Proposed Use: RESIDE			Estimated Cost: \$25,	000.00
	Be Completed (Separate Permits Requ 20'X40' INGROUND CONCR			CALL PAVER SUR		CODE
			, 20000	OAL, TATER OOM		
	n an				· · · · · · · · · · · · · · · · · · ·	inter je Kurde
PROPERTY	OWNER INFORMATION R	EQUIRED				
	(s) (As it appears on tax records):R)	AN & JOYCE DAVI	S		Primary Residence:	Yes 🗆 No
	Address: 12517 WESTLAND CT				7. 0. 1. 00750	
City: FULTON Phone:		Email:	State: MD		Zip Code: 20759	
APPLICANT	NAME <u>REOUIRED - INDIV</u>	IDUAL WHO SIGNS 1	HIS APPLIC	ATION		
	SCHWALLENBERG'S PERM			ne: JAMES SCHWALI	LENBERG	
	1601 BISHOP RD					
City: EDGEW/	ATER		State: MD		Zip Code: 21037	
Phone: (410) 9		Email: DIA	NE.JAMESI	PERMITS@GMAIL.C	OM	
	OR INFORMATION REQUI					
	ANTHONY & SYLVAN CORP a: ALAN WALKER		License #:	05872		
	8260 PRESTON CT, STE 1		Literioe #1	3 30 1 L		
City: JESSUP			State: MD	· · · · · · · · · · · · · · · · · · ·	Zip Code: 20794	
Phone: (877) 7	29-7946	Email:			I	
ARCHITECT	/ENGINEER INFORMATION	INDIVIDUAL WHO	SIGNED PLA	NS, IF APPLICABLE		
Business Name:			Name:			
Street Address: City:			State:		Zip Code:	
Phone:		Email:	State.		Zip Code.	
	CHARACTERISTICS REQUI	1				
Primary Structu	re: 🔳 SF Dwelling 🛛 SF Townhouse	SF Duplex D Mobile	e Home 🗖 Mu	Iti-Family Dwelling (MF*)	Condo: 🗆 Ye	s 📕 No
Utilities: 🔳 Ele			(Well)	Sewage Disposal: D Pu		ic)
	: Electric D Natural Gas D Pro			Roadside Tree Project:		
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)						
Model Name & (ION (PLEASE SELE	CT/COMPLE	IE ALL THAT APPLY)		
# of Bedrooms		**): # of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MI	=*):
# Rooms:	# Full Baths:	· · · · · · · · · · · · · · · · · · ·	# Half Bath	5:	# Fireplaces:	
Garage/Carport	Info: D Attached Garage D Det	ached Garage 🛛 Inte	gral Garage	Carport D None		
			hed Basement	Finished Basement:	······	
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd FI Depth Gross Area:		h: Bsmt De Occupiable Area:	sq ft
	Prescriptive Performance T/ DISCALIMER REQUIRE		Gross Area.	sq ft	Occupiable Area.	
THE UNDERSIGNED WITH ALL REGULAT	HEREBY CERTIFIES AND AGREES AS FOLLOWS: (TIONS OF HOWARD COUNTY WHICH ARE APPLIC ION; (5) THAT HE/SHE GRANTS COUNTY OFFICIA	1) THAT HE/SHE IS AUTHORIZED CABLE THERETO; (4) THAT HE/SH	E WILL PERFORM N	O WORK ON THE ABOVE REFERE	NCED PROPERTY NOT SPECIFIC	ALLY DESCRIBED IN
THIS APPLICATI	ION; (5) THAT HE/SHE GRANTS COUNTY OFFICIA		HIS PROPERTY FOR	7 22/2020		
APPLICANT'S OR			DA	TE SIGNED		
·			CHECKS DAV	ABLE TO: DIRECTOR OF FINAL	NCE OF HOWARD COUNTY	
FOR OFFICE	UIRED/APPROVALS:			ADEL FOILDING, FOIL OF FINAN		
		DED		8/20/2020 12 Health R	2 🗆 SHA	
SUBMITTAL FEE	\$275.06	PAYMENT:		/	ACCEPTED BY:	<u></u>
			o checi	<u> </u>	Mail	
T:\\Operations\UpdatedForms\ResidentialBuildingPermitApp01.28.2020 *POOLAFDVT NOT CHECKEP						

