PERMIT NUMBER DEPARTMENT OF AS PECTIONS, SCIENCES AND PLEMITS 3300 COURT HOUSE DRIVE 541 °C TOTO (MO 2001) 11-3540'S (10) 313-345 NISPECTIONS (410) 113-1810 ALCOMATED INCOMATION (410) 1313-3800 HOWARD COUNTY B 0800a5a3 PERMIT APPLICATION Property Owner's Name TINUM JUNG. Chal & N JUNG Building Address 12065 SAZE HOH MARCHATISUINE, MO. 21604 Sand hill Manor Pr SDP/WP/Petition #: State HD Zip Code ZIOV city Marriotsville Census Tract ___ Subdivision_ Home Phone 410-1412-2465 Work Phone 30-133-1917 Area Applicant's Name & Mailing Address, (if other than stated hereon): Parcel __ Grid Tax Map Fax Map Coordinates Lot size Phone Zoning SFD Contractor Company _ Existing Use_ \$/-Proposed Use Contact Person 11500.00 Estimated Construction Cost \$__ Description of Work _____35 Address City State Zip Code License No. Fax Phone Engineer or Architect Company Occupant or Tenant Contact Person Contact Name Address Address State _ Zip Code City_ City State Zip Code Phone Phone BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities** Building Characteristics Water Supply: SF Dwelling □ SF Townhouse □ Water Supply: Height: Public Width Public Depth 1st floor Private No. of stones: Private Sewage Disposal: Sewage Disposal: 2nd floor: Public Public <u></u> Private Private Gross area, sq. ft. per floor: Finished Basement D Unfinished BasementD Crawl space ☐ Si No. of Bedrooms ___ Slab on Grade 🗆 Electric Yes ☑ No □ Electric Yes □ No □ Yes Ø No □ Use group: Gas Yes ☐ No ☐ Height: Multi-family dwellings: Heating System: Heating System: No. of efficiency units: No. of 1 BR units: Construction type: Electric
Oil Natural Gas Reinforced Concrete Natural Gas III No. of 3 BR units Propane Gas Structural Steel Masonry Other Structure: Sprinkler system: N/A Wood Frame Sprinkler system: N/A □ NFPA #13D Footings: Full NFPA #13R Roof Height: Partial Other: State Certified Modular Other Suppression State Certified Modular # of Heads Manufactured Home 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 COMMIT 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 GRAVITS COUNTY OFFICIALS HE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. July JUNG. (Tung Applicant's Signature Print Name Date Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY * PLEASE WRITE NEATLY AND LEGIBLY. . FOR OFFICE USE ONLY -PROPERTY ID#: SIGNATURE APPROVAL DPZ SETBACK INFORMATION AGENCY DATE Land Development, DPZ Filling fee State Highways Rear Permit fee **Building Official** Side: Dev. Engineering, DPZ Side St.: Add'I per, fee 25/08 TOTAL FEES All minimum setbecks mel? Health YES D NO D Sub-total paid Fire Protection is Sediment Control approval required prior to liseuance? is Entrance Permit required? Balance due YES D NO D YES D NO D Chack Historic District? Validation CONTINGENCY CONSTRUCTION START: [] YES I NO I Lot Coverage for NewTown Zone ONE STOP SHOP: D SDP/Red-line approval date

Green LDD DP7

White: Building Official

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