DEPARTMENT OF INSPECTIONS, LICENSES AND FERMITS 3/30/COURT HAVISE DRIVE ELLICOTT CITY, MO 2 (1/4) PERMITS (4/10) 313-2475 INSPECTIONS (4/10) 313-14/10 ALTICMATED INFORMATION (4/10) 313-34/00

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00156948

			1	
Building Address 12073 Sa	nd Hill Maron Dr	Property Owner's Name Man	les Caldwell	
Mandtrille, MD 21404		Address	12710 Alexander	
		Address 12073 Scan		
Suite/Apt. #: SDP/WP/P Census Tract 603000 Subdivisio	Estate at Soul 7	Hon Manatherla	State W 7 Zin Code 2 1109	
. 2		Home Phone 443 471 247 LWork Phone		
Section Area Lot 7		Applicant's Name & Mailing Address	s, (if other than stated hereon):	
Tax Map / C Parcel 3 Grid 3				
Zonin RAS Coordinates 10 H& Lot size		Phone Fa	ax	
Existing Use SSFD		Contractor Company		
Proposed Use		Contact Person		
Description of Work 16 X 30' deck ow				
,)	\	- Address		
rear of home with steps		CitySi	tate Zin Code	
·		_ License No		
0 000				
Occupant or Tenant Quality		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State _	Zip Code	Address		
		CityS	tate Zip Code	
Phone Fax		Phone	Fax	
BUILDING DESCRIPTION	N - COMMEDIAL	DI III DING DEG	ODIDTION DEGIDENTIAL	
			CRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height:	Utilities Water Supply:	Building Characteristics SF Dwelling SF Townhouse	<u>Utilities</u>	
No. of stories:	Public	Depth Width 1st floor:	Water Supply: Public Private	
TVO. OF Stories.	Private Sewage Disposal:	2nd floor:	Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private	
	Electric Yes 🗆 No 🗈	Finished Basement ☐ Unfinished Basem Crawl space ☐ Slab on Grade ☐	ent□ Electric Yes□ No □	
Use group:	Gas Yes□ No □	No. of Bedrooms Height: Multi-family dwellings:	Gas Yes□ No□	
Construction type:	Heating System:	No. of efficiency units: No. of 1 BR units:	Heating System:	
Reinforced Concrete	Electric	No. of 2 BR units: No. of 3 BR units:	Natural Gas Propane Gas	
Structural Steel Masonry	Propane Gas □	Other Structure:	•	
Wood Frame	Sprinkler system: N/A Full	Footings:	- NFPA #13D	
State Certified Modular	Partial	Roof Height:	NFPA #13R Other:	
otate definied wooddal	Other Suppression # of Heads	State Certified Modular Manufactured Home		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: OWARD COUNTY WHICH ARE APPLICABLE PHERETO; (4) THAT HE BE RIGHT TO ENTER ONTO THIS PROPERTY EART THE PURPOSE OF	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS A /SHE WILL PERFORM NO WORK ON THE ABOVE RE	PPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT	THE/SHE WILL COMPLY WITH ALL REGULATIONS OF	
E RIGHT TO ENTER ONTO THIS PROPERTY OF THE PURPOSE OF	INSPECTING THE WORK PERMITTED AND POSTING	S MOTICES.	~	
Applicant's Signature		MARKUS' (A Print Name	LINELL	
Ourse		Trua Ivane		
itle/Company	Checks payable to: DIRECTOR (Date OF FINANCE OF HOWARD COUNTY		
	** PLEASE WRITE N	IEATLY AND LEGIBLY. ** IFICE USE ONLY -	6/57/	
	SIGNATURE APPROVAL	DPZ SETBACK INFORMATI	ON PROPERTY ID#:	
and Development, DPZ tate Highways		Front:	Filing fee \$	
Building Official		Rear:Side:	Permit fee \$Excise tax \$	
ev. Engineering, DPZ	2118	Side St.:	Add'l per. fee \$	
tealth 4/9/05 Ministry		All minimum setbacks met?	TOTAL FEES \$	
s Sediment Control approval required prior to issuance?		YES NO II	Sub-total paid \$Balance due \$	
YES D NO D		YES NO	Balance due \$Check #	
CONTINGENCY CONSTRUCTION	CTART.	Historic District?	Validation #	
CONTINGENCY CONSTRUCTION START:		YES NO	The second of th	
Size of office.				
Vistribution of Copies- White: Building O	fficial Green: LDD, DPZ	SDP/Red-line approval date Yellow: DED, DPZ Pink: Heal		

