DEPT. 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 Walk- Three B09001530 PERMIT APPLICATION Building Address /2019 Sand Hill Mayer Dr PERMIT NUMBER Property Owner's Name_ Mariatte ville HWA YOUNG 2/104 Address 12019 Sand Hill Manor Dr

City Marietts ille State HD Zip Code 2/104

Home Phone 410, 442 Asol Work Phone 410, 669 +351 MD Suite/Apt. #: SDP/WP/Petition #: Subdivision The Estates Sand Hell Applicant's Name & Mailing Address, (if other than stated herein): Census Tract Section Area Lot Tax Map ____ Parcel ___ Grid Phone Fax Zoning Map Coordinates Lot Size Existing Use_ Back Yard Proposed Use Contractor Company_ Contact Person_ Estimated Construction Cost \$ 2,000 Address City_ Description of Work Building New Deck State Zip Code License No. Phone Fax 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 Height: **Building Characteristics** Water Supply: SF Dwelling 🗸 Utilities SF Townhouse Public Water Supply: Depth 1st floor No. of stories: Width Private ✓ Public 1st floor: 2nd floor: Sewage Disposal: Private Gross area, sq. ft. per floor: Sewage Disposal: Public Basement: Public Private Private Use group: Finished Basement Unfinished Basement VCrawl Electric Yes □ No □ space | Slab on Grade | Construction type: Yes W No 🗆 Electric Gas Yes 🗆 No 🗆 No. of Bedrooms Reinforced Concrete Gas Structural Steel Heating System: Multi-family dwellings: Masonry Electric Heating System: No. of efficiency units: Oil o Wood Frame Electric

Natural Gas

V No. of 1 BR units: Natural Gas Oil D Propane Gas No. of 2 BR units: State Certified Modular Propane Gas No. of 3 BR units: Sprinkler system: N/A Sprinkler system: N/A 😾 Full Other Structure: NFPA #13D NFPA #13R Partial Dimensions: _ Other Suppression Footings: _ Other: # of Heads Roof: State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (I) 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 HOWARD COUNTY 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 GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Manufactured Home Applicant's Signature Print Name Title/Company Date 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 Filling fee State Highways Rear: Permit fee **Building Officials** Side: Excise tax Dev. Engineering, DPZ Side St.: Add'l per fee \$ Health All minimum setbacks met? TOTAL FEES \$ Fire Protection YES D NO D Sub-total paid \$ Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES | NO | YES D NO D Check Historic District? Validation YES D NO D CONTINGENCY CONSTRUCTION START: [] Lot Coverage for New Town Zone ONE STOP SHOP: SDP/Red-line approval date Accepted by Distribution of Copies White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:\Operations\Updated forms

