DEPT. OF INSPECTIONS, LICENSES 3430 COURT HOUSE DRI				0.00		
ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 HOWA		HOWARI	D COUNTY BOOK		355	
INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 PERMIT A		PLICATION	PERM	IIT NUMBER		
Building Address 12089 Sawol Hill MANDE		Property Owner's Name Grang Dave				
			Address 12089 SAND Hillmanor			
Control A mar His Composition of the			City MARROIHSVIlle State MO Zip Code 210			
Suite/Apt. #: SDP/WP/Petition #:			Phone Phone			
Census Tract Subdivision			Applicant's Name & Mailing Address, (if other than			
Consus Tract Subdivision			stated herein):			
Section Area Lot						
11104104						
Tax Map Parcel Grid						
			Phone	Fax		
Zoning Map Coordinates Lot Size						
Existing Use			Contractor Company			
Proposed Use			Contact Person Rob Sm. th			
Estimated Construction Cost \$			City Elino HCILY State mo Zip Code 21042			
Description of Work 20'X22' FAMILY RM			License No.			
<u> </u>	HI+ON	,	Phone Fax			
Occupant or Tenant			Engineer or Architect Company			
				Control D		
Contact Name	<u> </u>		Contact Person			
Address		,	Address			
Address		<u> </u>	Address			
CityStateZip Code			City	State	Zip Code	
Phone	Fax		Phone	Fax		
			_			
BUILDING DESCRIPTION - COMMERCIAL					N – <u>RESIDENTIAL</u>	
Building Characteristics Height:	Water Comple	Utilitles	Building Cha		Utilities Water Supply:	
Height:	Water Supply Public	:	SF Dwelling SF Depth Wic		Water Supply: Public	
No. of stories:	Private		1st floor:		Private	
Gross area, sq. ft. per floor:	Sewage Dispo	osal:	2 nd floor: Basement:		Sewage Disposal: Public	
Gross area, sq. rt. per moor,	Private		Basement,		Private	
Use group:	Floris Vo. 5 No. 5		Finished Basement Crawl space S			
Construction type:	Electric Yes No type: Gas Yes No		Crawl space Slab on Grade Electric No. of Bedrooms Gas			
Reinforced Concrete			Multi-family dwelling	200		
Structural Steel Masonry	Heating Syste Electric □	em: Oil □	No. of efficiency un	its:	Heating System:	
Wood Frame	Natural Gas	0	No. of 1 BR units: No. of 2 BR units:		Natural Gas □	
State Certified Modular	Propane Gas		No. of 3 BR units:		Propane Gas	
State Contined Modular	Sprinkler sys	tem: N/A 🗆			Sprinkler system: N/A	
	Full Partial		Other Structure: NFPA #13R			
		uppression	Footings: Roof Height:		Other:	
	# of He		Roof Height:			
	ľ		State Certified			
THE UNDERSIGNED HEREBY CERTIF	FIRS AND AGREE	TAPET (1) SWO I IOUR A	Manufactured	MAND THIS ABDITIONT	ON. (2) THAT THE INCORNATION IS	
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 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.						
Appl	Applicant's Signature			Print Name	**	
				10.00		
T	Title/Company			Date		
	Checks payal	ble to: DIDECTOR C	F FINANCE OF HOV	VADD COINTY		
	onocas paya	**PLEASE WRITE N	EATLY AND LEGIBL	Y,**		
and the same of th		- FOR O	FFICE USE ONLY -			
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Contract Military Contract Con						
11.0						
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