Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard county Building/Fire Permit Application
Department of Inspections, Licenses & Permits

Permit Number:

3430 Court House Drive Ellicott City, MD 21043

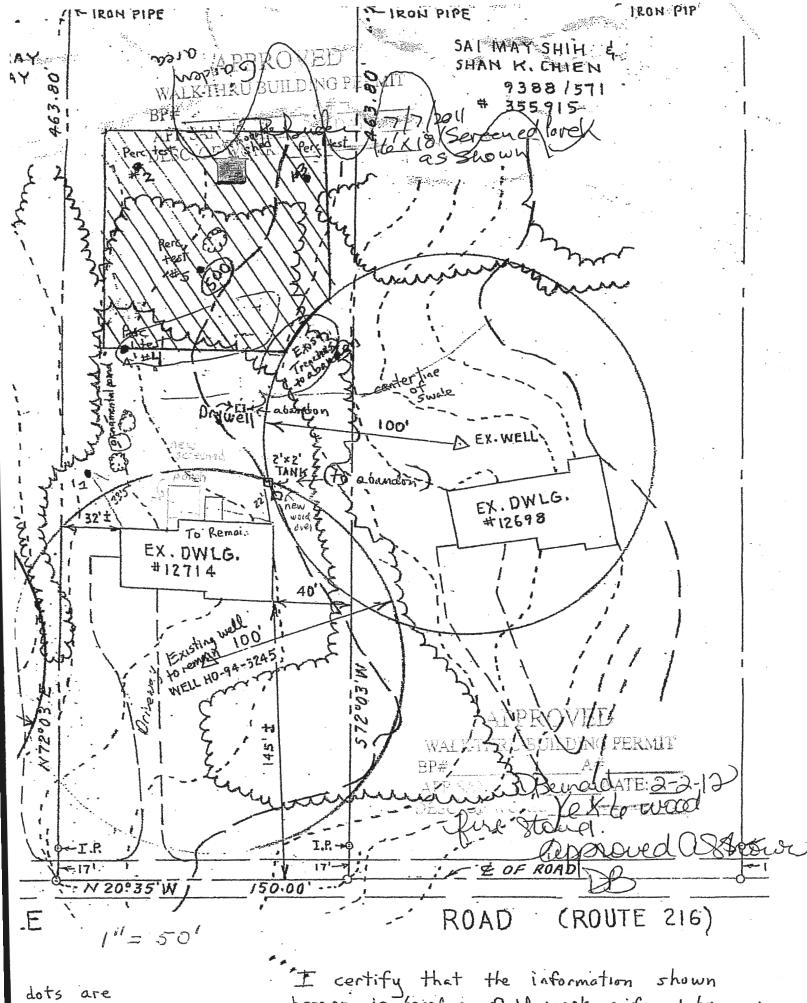
Tes Divo	Lot: Grid: 40 E Lot Size: Fired out n	Address: 12713 Singus City: Highland State: Home Phone: 301-520-2139 Applicant's Name & Mailing Address Phone: Final: Coult's plumbing (Contractor Company: Contact Person: Address: City: State: License No.: Phone: Final: Email: Engineer/Architect Company: Company: Contact Person: Address: City: State: City: State: City: State: City: State: City: Contact Person: City: State: City: State: City: Contact Person: City: Cit	wilk Rd. MD zip Code: 207 Work Phone: 301-520-7 G, (If other than stated herein): ax: yahoo, wan Zip Code: Fax:
City: Highland State: DND Zip Code: ZD Home Phone: 301-520-2139 Work Phone: 301-520 Zide: DND State: DND Zide: DND State: DND Zide: DND	Lot: Grid: 40 E Lot Size: Fired out n	City: Highland State: Home Phone: 301-520-2139 Applicant's Name & Mailing Address Phone: F Email: Coutts flumbing (contractor Company: Contact Person: Address: City: State: License No.: Phone: Email: Email: Engineer/Architect Company: Company: Company: Contact Person: City: State: City: State: City: State: City: State: City: State: City: Company: Contact Person: City: State: City: State: City: Company: City: Company: City: Ci	Zip Code: 2.07 Work Phone: 30(-520-2) (If other than stated herein): 22 Color Color Fax:
Home Phone: 301-520-2139 Work Phone: 301-520 Applicant's Name & Mailing Address, (If other than stated herein) Contractor Company:	Lot: Grid: 40 E Lot Size: Fired over	Applicant's Name & Mailing Address Phone:	Work Phone: 301-520-7 (If other than stated herein): ax: yahoo, wan Zip Code:
Home Phone: 301-520 Work Phone: 301-520 Applicant's Name & Mailing Address, (If other than stated herein)	Lot: Grid: 40 E Lot Size: Fired over	Applicant's Name & Mailing Address Phone: F Email: Coult's plumbing (e) Contractor Company: Contact Person: Address: City: State: License No.: Phone: Email: Engineer/Architect Company:	zip Code:
Applicant's Name & Mailing Address, (If other than stated herein) Contractor Company:	Lot: Grid: 40 E Lot Size: fixed over	Phone: F Email: Coult's plumbing (@ Contractor Company: Contact Person: Address: City: State: License No.: Phone: Email: Engineer/Architect Company: Contact Person: Address: City: State: License No.: Phone: Email: Contact Person: Address: City: State: License No.: Phone: Email: Contact Person: Architect Company: Contact Person:	Zip Code:
Dot Size:	Grid: 406 Lot Size: fired over	Phone: F Email: Coult's plumbing (@ Contractor Company: Contact Person: Address: City: State: License No.: Phone: Email: Engineer/Architect Company: Contact Person: Address: City: State: License No.: Phone: Email: Contact Person: Address: City: State: License No.: Phone: Email: Contact Person: Architect Company: Contact Person:	Zip Code:
Phone:	Lot Size:	Phone: F Email: Coult's plumbing (e) Contractor Company: Contact Person: Address: City: State: License No.: Phone: Email: Engineer/Architect Company:	Zip Code:
Email:	fixed oven	Email: Contractor Company: Contractor Company: Contact Person: Address: City: State: License No. : Phone: Email: Engineer/Architect Company:	Zip Code:
Contractor Company: Contact Person: Address: City: State: Zip Code: License No.: Phone: Fax: Email: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Address: City: State: Zip Code: Phone: Fax: Email: BuilLDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities Fax: Email: Building Characteristics Utilities Fax: Email: Building Characteristics Utilities Fax: Email: Fax: Email: Building Characteristics Utilities Fax: Email: Finished Basement Private Unfinished Basement Electric: Yes Unfinished Basement Electric: Yes	fired over	Contractor Company: Contact Person: Address: City:State: License No. : Phone: Email: Engineer/Architect Company:	Zip Code:
Contact Person: Address: City: State: Zip Code: License No.: Phone: Fax: Email: Zip Code: 20 7 77 City: State: Zip Code: License No.: Phone: Fax: Email: Zip Code: 20 7 77 City: State: Zip Code: Zip Code: 20 7 77 City: State: Zip Code: Phone: Fax: Email: BuilLDING DESCRIPTION - RESIDENTIAL Building Characteristics Vater Supply Depth Width Public 1st floor: Sewage Disposal Basement: Private Contact Person: Address: Zip Code: Zip Code: BuilLDING DESCRIPTION - RESIDENTIAL Building Characteristics Vater Supply Depth Width Public 1st floor: Sewage Disposal Basement: Public Finished Basement Unfinished Basement Contact Person: Address: Zip Code: Zip Code: License No.: Basement: Public Finished Basement Contact Person: Address: City: State: Zip Code: License No.: Basement: Vater Supply Depth Width Contact Person: Address: City: State: Zip Code: License No.: Basement: Public Contact Person: City: State: Zip Code: License No.: Depth Width Contact Person: Address: City: State: Zip Code: License No.: Email: BuilLDING DESCRIPTION - RESIDENTIAL	fired over	Contact Person: Address: City: License No.: Phone: Email: Engineer/Architect Company:	Zip Code:Fax:
Address: City:	s □No	Address:State:	Zip Code:
City:	s □No	City:State: License No. : Phone: Email: Engineer/Architect Company:	Zip Code:Fax:
License No.: Phone: Email: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Email: Dill DING DESCRIPTION - RESIDENTIAL Water Supply Building Characteristics Utilities Water Supply Depth Width Public 1st floor: 2nd floor: Basement: Private 2nd floor: Basement: Private Unfinished Basement Unfinished Basement Crawl Space Crawl Space City: State: Zip Code: Zip Code: Basement: Dull DING DESCRIPTION - RESIDENTIAL Water Supply Depth Width Public 1st floor: Sewage Disposal Unfinished Basement Deptivate Crawl Space Gas: Ves	s □No	License No.: Phone: Email: Engineer/Architect Company:	Fax:
Phone:		Phone: Email: Engineer/Architect Company:	Fax:
Email:		Email: Engineer/Architect Company:	
Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: SIAL Utilities Vater Supply Depth Width Public 1st floor: 2nd floor: 2nd floor: 3sewage Disposal Basement: Private 2nd floor: 3sewage Disposal Basement: Private Unfinished Basement Electric: Yes Crawl Space Crawl Space Gas: Yes		- []	
Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: SIAL Utilities Vater Supply Depth Width Public 1st floor: 2nd floor: 2nd floor: 3sewage Disposal Basement: Private 2nd floor: 3sewage Disposal Basement: Private Unfinished Basement Electric: Yes Crawl Space Crawl Space Gas: Yes		- []	
Address: Zip Code: 20777	Zip Code: 20777	Responsible Design Prof.:	
City:State:Zip Code:	Zip Code: 20777		
Phone:	Zip Code: 20777	Address:	
Phone:		. City:State:	Zip Code:
BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities SF Dwelling SF Townhouse Water Supply Depth Width Private 1st floor: Sewage Disposal Basement: Private 2nd floor: Sewage Disposal Basement: Public Finished Basement Private Unfinished Basement Electric: Yes Crawl Space Gas: Yes		11	Fax:
BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities Separater Supply Depth Width Private 2nd floor: 2nd floor: 3sewage Disposal Basement: Finished Basement Unfinished Basement Crawl Space BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities Water Supply Water Supply Depth Width Private Sewage Disposal Private Unfinished Basement Electric: Yes Crawl Space Gas: Yes			
Building Characteristics Utilities SF Dwelling SF Townhouse Water Supply	****	PLIII DING DESCRI	DTION - PESIDENTIAL
SF Dwelling			
1st floor: Private 2nd floor: Sewage Disposal Basement: Public Finished Basement Private Unfinished Basement Electric: Yes Yes No Crawl Space Gas: Yes			
2nd floor: Sewage Disposal Basement: Public Finished Basement Private Unfinished Basement Electric: Yes Crawl Space Gas: Yes			
Basement:			
☐ Finished Basement ☐ Private ☐ Unfinished Basement ☐ Lectric: ☐ Yes ☐ Crawl Space ☐ Gas: ☐ Yes ☐	age Disposal		□ Public
☐ Yes ☐ No ☐ Crawl Space ☐ Gas: ☐ Yes ☐			
Tes Divo			
	☐ Yes ☐ No		Gas: Yes No Heating System
☐ Yes ☐ No. of Bedrooms: ☐ Electric			
ating System Multi-family Dwelling Oil			
☐ Oil No. of efficiency units: ☐ Natural Gas		No. of efficiency units:	
No. of 1 BR units: Propane Gas			☐ Propane Gas
- · · - III I No of 7 VP uniter	nkler System:		
mikier system.		Other Structure:	
No. of 3 BR units:		Dimensions:	
No. of 3 BR units: Other Structure:	rossion	Footings:	> Roadside Tree Project P
No. of 3 BR units: Other Structure: Dimensions: Footings: Roadside Tree Project	1 E221011		☐Yes ☐No Roadside Tree Project Perm
No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: No. of 3 BR units: Other Structure: Dimensions: Footings: Roadside Tree Project		☐ Manufactured Home	Noduside Tree Project Petit
cating System Oil Propane Gas	Yes No ating System Oil S Propane Gas		☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms:
No. of 2 PP units:	nkler System:		
mikier system.			
No. of 3 BR units:		Dimensions:	
No. of 3 BR units: Other Structure:	rossion		The state of the s
No. of 3 BR units: Other Structure: Dimensions: Footings: Roadside Tree Project	ression		
No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: No. of 3 BR units: Other Structure: Dimensions: Footings: Roadside Tree Project			noauside free Project Pern
15		Utilities ater Supply age Disposal Yes No Yes No Oil Sing System Oil Propane Gas akler System:	Building Characteristics SF Dwelling SF Townhouse Depth Width

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	7-2-1	2 Dervarg
Fire Protection		

☐ ONE STOP SHOP

DPZ SETBACK INFORMATION		
Front:		١.
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'I per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



here on is based on field work performed by

Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive

ermits ermits

Permit Number:

, tatomatea Line. 410 313-300	,,	E	llicott City, MD	21043 BILOO 10	196	·
Building Address: 12014	Sc	nggsville Rd. Rt.	2,16	Property Owner's Name:		115
Highland, MD)	20777		Address: 12714 Scage		
			1	City: Highland Sta		
Suite/Apt. #		*		Home Phone: 30/-520-213	Work Phone	306-500-2139
Census Tract:		Subdivision:		1		
Section:	A	rea:Lot:		Applicant's Name & Mailing Add	iress, (ii other tha	n stated hereinj.
Tax Map:P	arcel	: Grid:				
Zoning: Map Co	ordir	ates:Lot Size	:	Phone: 301-570-2139		
Existing Use: Resident	1, ail	House		Email: coults phinhi	ng @ yaho	C. Cray
Proposed Use: Reguler			:	Contractor Company: Homes	wines as c	ontracto-
Estimated Construction Cost: \$_		20,000.		Contact Person: Darel		
Description of Work: 52		· *′.	dition	Address: 12714 Taga City: Highland State:	1011 F-((-	Code: 20272
16'X18'- me 5	tor	y NE cornero	f house	License No. :	Zip C	.oue
		3	. ,,,,,,,	Phone:	Fax:	
Occupant or Tenant:		Contts		Email:		
					0 > 1 - 6 -	A
Was tenant space previously occ		• •	□No	Engineer/Architect Company: _		
Contact Name: Darel				Responsible Design Prof.:		
Address: 12714 Sca				Address: 8808 QVisi		
City: Highland				City: Poternet State:	Zip Co	ode: <u>20중5년</u>
Phone: 301-520-2139			122	Phone: 301-213-2520	Fax:	
Email: Coutts plumbing	(0)	yahoo, com		Email:		
		IPTION - COMMERCIAL		BUILDING DE	SCRIPTION – RESIDE	NTIAI
Building Characteristics		Utilities		Building Characteristics	SCRIPTION - RESIDE	Utilities
Height:		Water Supp	ly V	☐ SF Dwelling ☐ SF Townhou	ise	Water Supply
No. of stories:		☐ Public		<u>Depth</u> <u>Wid</u>		
Gross area, sq. ft./floor:		☐ Private		1 st floor: 2 nd floor:	[☑*Private	ewage Disposal
		Sewage Dispo	sal	Basement:	☐ Public	ewaye Disposar
Area of construction (sq. ft.):		☐ Public		☐ Finished Basement	☑ Private	
		☐ Private		☐ Unfinished Basement	Electric:	☐ Yes ☐ No
Use group:		Electric: ☐ Yes	□ No	☐ Crawl Space ☐ Slab on Grade	Gas:	☐ Yes ☐ No ☐ No ☐ ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Gas: ☐ Yes	□ No	No. of Bedrooms:	☐ Electric	euting System
<u>Construction type:</u>			<u>em</u>	Multi-family Dwelling	□ Oil	
☐ Reinforced Concrete		☐ Electric ☐ Oil		No. of efficiency units:	□ Natural	
☐ Structural Steel			pane Gas	No. of 1 BR units: No. of 2 BR units:	☐ Propane	e Gas
☐ Masonry ☐ Wood Frame		Sprinkler Syste	em:	No. of 3 BR units:		
☐ State Certified Modular		□ Full		Other Structure:		
> Roadside Tree Project Pe	rmit	□ Partial		Dimensions:		
□Yes □No		☐ Other Suppression		Footings:	> Roads □Ye	side Tree Project Permit
Roadside Tree Project Pern	nit#	No. of Heads:		☐ State Certified Modular		Tree Project Permit #
	¥,			☐ Manufactured Home		
WITH ALL REGULATIONS OF HOWARD C	OUNT ANTS C	Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT	(4) THAT HE/SHE W TER ONTO THIS PROP Pr	MAKE THIS APPLICATION; (2) THAT THE INFO PILL PERFORM NO WORK ON THE ABOVE REF ERTY FOR THE PURPOSE OF INSPECTING THE DAME 1 J. Co PINTENDED TO THE PURPOSE OF INSPECTING THE	ERENCED PROPERTY N WORK PERMITTED ANI	IOT SPECIFICALLY DESCRIBED IN
Title/Company	-		_			
, company		Checks Payable (to: DIRECTOR OF F	INANCE OF HOWARD COUNTY		
		•	PLEASE WRITE NEA	ATLY & LEGIBLY** E USE ONLY-	ann an Air Seal Seal Air a Na Chairtean an Air an Air a	영화한 교육는 경험의 원급
i i i i i i i i i i i i i i i i i i i	ATE	SIGNATURE OF APPROVAL	DPZ SETBACK	INFORMATION	Filing Fee	\$
State Highways	\neg		Front:		Permit Fee	\$
State Highways Building Officials			Front:		Permit Fee Tech Fee	\$

histribution of Copies:

PSZA (Engineering)

Fire Protection

☐ ONE STOP SHOP

Health

White: Building Officials

Is Sediment Control approval required for issuance? ☐ Yes ☐ No ☐ CONTINGENCY CONSTRUCTION START

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Is Entrance Permit Required? $\ \square$ Yes $\ \square$ No

All minimum setbacks met?

Side St.:

Historic District?

Pink: Health

☐ Yes ☐ No

☐ Yes ☐No

Gold: SHA

Guaranty Fund

Sub- Total Paid

Balance Due

Add'l per Fee

Total Fees

PSFS

\$

\$

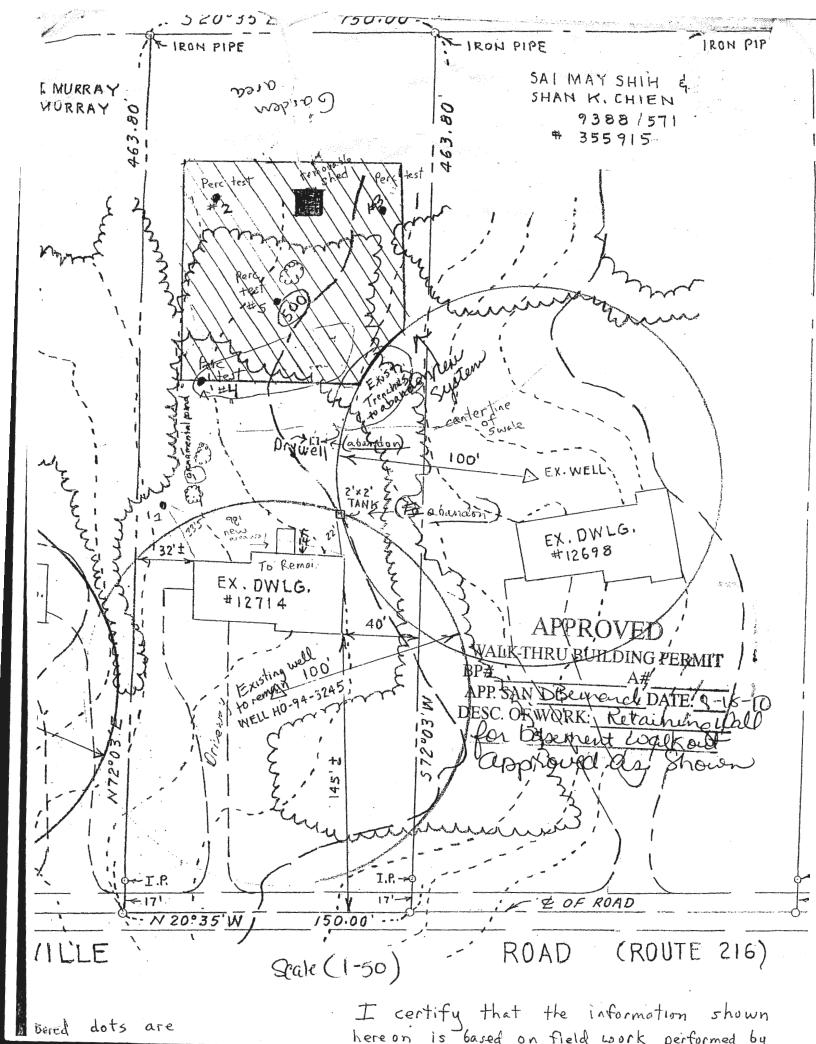
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DEPT. OF INSPECTIONS, LICENSES AND 3430 COURT HOUSE DRIVE	PERMITS	HOWARD CO	DUNTY	PERMIT NUMI	BER
ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 3	13-3800	PERMIT APPLI	K-SMU	B1002:	579
Building Address 12714 Highland M	Rt. 216	Suggesville Rd.	Property Owner	's Name <u>Parel</u> 14 Rt. 216 Sc	J. Coutts
Highland M	<u>U</u>	2011)		$\frac{14 \text{Kr. 216} \text{JC}}{\text{State} \text{N}}$	10 Zip Code 20777
Suite/Apt. #: SDI			Home Phone 3	01-520-2139 Wor	rk Phone 301-520-2139 s, (if other than stated herein):
Census Tract 605102		•			
Section A					
Tax Map 40 Parcel					
Zoning RK-DEOMap Coordin	nates	Lot Size	Phone	Fa	ax
Existing Use Single Proposed Use Single	Family	Residence		npany Coults	
Estimated Construction Cost \$	Family	Residence	Contact Person	Darel Cour	V3
Description of Work Cons			City Highlan	State W	Rd, 2ip Code 20777
finishing of part	w areawa	y to basement,	License No.		x 301-854- 04.25
Occupant or Tenant Dar			Engineer or Arc	chitect Company_Jo	nn L. Schneider PE
Contact Name Darel	J. Cout	3	Contact Person	John L. Sch	ne.de.
Address 12714 Suggs	ا عان	2.4.	Address 100	North Rolling	g Pd.
City Highland State	mo	Zip Code 20777		· ·	0 Zip Code <u>21228</u>
Phone 301-520 - 2139	Fax_3	301-854-0422	Phone 410-	744-1945	Fax
BUILDING DESCI	RIPTION -	- COMMERCIAL	BUI	LDING DESCRIPTI	ON – <u>RESIDENTIAL</u>
Building Characteristics		<u>Utilities</u>	Building	Characteristics	Utilities
Height:	Water Supp		SF Dwelling S S	idth 60'	Water Supply: Public
No. of stories:	Private Sewage Dis		1 st floor: 2 nd floor:		Private Sewage Disposal:
Gross area, sq. ft. per floor:	Public	•	Basement:		Public
Use group:	Private	2	Finished Basement	Unfinished Basement Crawl.	Private Private
Construction type:		Yes □ No □ Yes □ No □	space □ No. of Bedrooms _	Slab on Grade	Electric Yes ≅ No □ Gas Yes 1x No □
Reinforced Concrete			Multi-family dwell	,	
Structural Steel Masonry	Heating Sys Electric □	item: Oil □	No. of efficiency u	nits:	Heating System: Electric □ Oil □
Wood Frame	Natural Gas Propane Ga		No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	1.5	Natural Gas ♥ Propane Gas □
State Certified Modular	Sprinkler sy	vstem; N/A □	Other Structure:		Sprinkler system: N/A
	Full Partie	ıl ·	Dimensions:		NFPA #13D NFPA #13R
	Other # of I	Suppression Heads	Footings: Roof:		Other:
			State Certifie Manufacture		
THE UNDERSIGNED HEREBY CERT	TIFIES AND A	GREES AS FOLLOWS: (1) THAT I	HE/SHE IS AUTHORIZE	D TO MAKE THIS APPLIC	ATION; (2) THAT THE INFORMATION
CORRECT; (3) THAT HE/SHE WILL CO	OMPLY WITH	ALL REGULATIONS OF HOWARD	COUNTY WHICH ARE	APPLICABLE THERETO; (4)	THAT HE/SHE WILL PERFORM NO WOI Y OFFICIALS THE RIGHT TO ENTER ON
THIS PROPERTY FOR THE PURPOSE			OSTING NOTICES.		
Dallht			\Box	arel J. Cout	(3
Applicant's Signature			Print Nam	e	
Coutts plumbing Email Address	@ yah	.00, com			RECEIVED
				3-12-10	AUG 1 6 2010
Title/Company	(Checks payable to: DIRECTOR	Date OF FINANCE OF HO	OWARD COUNTY	
	`	**PLEASE WRITE 1	NEATLY AND LEGIB		LICENSES & PERMITS
AGENCY DATE Land Development, DPZ	SIGNAT	URE APPROVAL I	FICE USE ONLY - OPZ SETBACK INFO Front:		PROPERTY ID # Filing fee \$
State Highways			Rear:		Permit fee \$
Building Officials			Side:	·	Excise tax \$
Dev. Engineering, DPZ		<u></u>	Side St.:		Add'l per fee \$
Mealth 8-18-10	17	sevend	All minimum setbacks	met?	TOTAL FEES \$
Fire Protection			YES D NO D		Sub-total paid \$
Is Sediment Control approval req YES □ NO □	uired prior to	3	s Entrance Permit Re YES	quired?	Balance due \$ Check # Validation #
CONTINGENCY ONE STOP		TION START: 🗆 L	YES 🗆 NO 🗆	Town Zone	Accepted by
Distribution of Copies T:\Operations\Updated forms			•	Chapter (Westerney)	nk: Health Gold: SHA



HOWARD COUNTY PERMIT APPLICATION EO 100 Sun 5

PERMIT NUMBER

Building Address 12719 50	30 04 01 711.	Property Owner's Name Dard	Courts	
			COURT	
A Company of the contract		Address 12714 A 216		
Suite/Apt. #: SDP/WP/Pe	tition #:	· · · · · · · · · · · · · · · · · · ·		
Census Tract Subdivision		City State Zip Code		
Section Area	Lot	Home Phone 391 = 854 0408 W. Applicant's Name & Mailing Address, (if	/ork Phone	
Tax Map Parcel	Grid	Applicant s Name & Maning Address, (ii	outer than stated hereony.	
Zoning Map Coordinates	Lot size	Phone 301-520-2139: Fax	1 2 2	
Existing Use	and the state of t	Contractor Company	management and a second and a s	
Proposed Use	· Secretary	Contact Person		
Description of Work 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Address		
1. ~ ~ ~ ~ .			Tin Onda	
Cond.		City State License No		
· ·		Phone Fax		
Occupant or Tenant 100001 Co		Engineer or Architect Company	w ^r	
Contact Name Do ct (A.T	14	Contact Person	**	
Address 27111 2 211		Add		
City State	110 Zip Code 20777	Address		
*	ais.	City State	Zip Code	
Phone 520-2139 Fax 33	54-0422	Phone Fax	· /	
BUILDING DESCRIPTION		BUILDING DESCR	IPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities	
Height:	Water Supply:	SF Dwelling 🖸 SF Townhouse 🗆	Water Supply:	
No. of stories:	Public Private	Depth Width 1st floor:	Public Private	
	Sewage Disposal: Public	2nd floor:	Sewage Disposal:Public	
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement Unfinished Basement	Private	
Use group:	Electric Yes No Gas Yes No	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes □ No □ Gas Yes □ No □	
ose group.		Height:	Heating System:	
Heating System: Construction type: Electric Oil		No. of 1 BR units: No. of 2 BR units:	Electric Oil Natural Gas	
Reinforced Concrete Structural Steel	Natural Gas []	No. of 3 BR units:	Propane Gas	
Structural Steel	Propane Gas 🗆	Other Structure:	Sprinkler system: N/A	
Wood Frame	Sprinkler system: N/A Full	Footings:	NFPA #13D NFPA #13R	
	Partial	Roof Height:	Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home		
HE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS	: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API	PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE	SHE WILL COMPLY WITH ALL REGULATIONS OF	
OWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE HE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE O	FINSPECTING THE WORK PERMITTED AND POSTING	NOTICES.	Section, to the reservoire country Offic	
A P. of States		D V		
Applicant's Signature	and the second s	Print Name	•	
litle/Company	Checks payable to: DIRECTOR O	Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.**		
and the state of t	- FOR OFFI	CE USE ONLY-		
AGENCY DATE and Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATIO	N PROPERTY ID#:	
State Highware			Permit fee \$	
Building Official	375 31	Side:	Excise tax \$	
Dev. Engineering, DPZ	1 10	SALE OF THE PROPERTY OF THE PR	Add'I per. fee \$	
12/20/07	Hadyth		TOTAL FEES \$	
Fire Protection	UOO		Sub-total paid \$	
s Sediment Control approval required prior to	Insurros?	la Entrance Permit required? YES D NO D	Balance due \$Check #	
YES D NO D		Historic District?	Validation #	
CONTINGENCY CONSTRUCTIO	N START: D	YES D NO D		
ONE STOP SHOP:		Lot Coverage for NewTown Zone	ALCOHOLD STREET	
		SDP/Red-line anormal data		

White: Building Official Green: LDD, DPZ Yellow: DED, DPZ

Distribution of Copies-

T:NormalPERMIT.FRM

Pink Health

Gold: SHA

Rev. 11/4/04