## DATE ACCEPTED:



## RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

Stake   Mo	Street Address: 15 2	90 Kidach	Unt Drive		A	Unit:		
SpiNor/Plas #:   SpiNor/Plas #:	100	TO THEORET	TOTAL DIME		,		I i i	
DESCRIPTION OF WORK		ex Name:			SDP/WP/		i	
DESCRIPTION OF WORK   Required   Proposed Use:   Estimated Cost: \$   Tade Work to be Completed   Separate Permits Required   Mechanical (HVACR)   Discription   Plumbing   None			Parcel:		1			
Easting Use:	DESCRIPTION OF V	CONTROL OF THE PARTY OF THE PAR						
Rechanical (HVACR)   Electrical   Plumbling   None		7.1	Proposed Use:			Estimated Cost: \$		
PROPERTY OWNER INFORMATION REQUIRED Owner(s) Name(s) (As it appears on fax records):    Primary Residence:		ted (Separate Permits Req	uired);   Mechanical (H	VACR) 🗓 I	Electrical  Plum	)		
PROPERTY OWNER INFORMATION REQUIRED Owner(s) Name(s) (As it appears on fax records):    Primary Residence:	400		THE LEGISLE				224112	
PROPERTY OWNER INFORMATION REQUIRED Owner(s) Name(s) (As it appears on fax records):    Primary Residence:	r\$						and the same of th	
Owner's Street Address:  Oty:    State:   Zip Code:		the second secon					+-1	
Owner's Street Address:  Oty:    State:   Zip Code:	PROPERTY OWNER	INFORMATION A	REOUIRED					
Owner's Street Address:  City:   Email:   Email:    APPLICANT NAME   REQUIRED - INDIVIDUAL WWO SIGNS THIS APPLICATION    Business Name:   Contact Name:    Street Address:   Zip Code:    Phone:   Email:    CONTRACTOR INFORMATION   REQUIRED    Business Name:   License #:    CONTRACTOR INFORMATION   REQUIRED    Business Name:   License #:   Zip Code:    CONTRACTOR INFORMATION   REQUIRED    Business Name:   License #:   Zip Code:    Phone:   Email:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   Email:   Zip Code:    Phone:   State:   Zip Code:    P	Annual Control of the	0.44 60 64 64 64 64 64 64 64 64 64 64 64 64 64	~ + / / / ·	T Trail	- 7	Primary Residence	e: 🖾 Yes 🖂 No.	
Phone:								
Phone:	City:			State:		Zip Code:	1	
Business Name:  Contract Name:  Street Address:  City:  State:  State:  Zip Code:  Phone:  Email:  Licensee's Name:  Licensee's Name:  Licensee's Name:  State:  Zip Code:  Phone:  Email:  Licensee's Name:  Licensee's Name:  Licensee's Name:  State:  Zip Code:  Phone:  Email:  ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF, APPLICABLE  Business Name:  Name:  State:  Zip Code:  Zip Code:  Zip Code:  Phone:  Email:  State:  Zip Code:  State:  Zip Code:  Phone:  Email:  Business Name:  Name:  Street Address:  City:  State:  Zip Code:  Phone:  Email:  Business Name:  Name:  Street Address:  City:  State:  Zip Code:  State:  Zip Code:  Phone:  Email:  Business Name:  Name:  Street Address:  City:  State:  Zip Code:  State:  Zip Code:  Phone:  Email:  Business Name:  Name:  Street Address:  City:  State:  Zip Code:  State:  Zip Code:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Zip Code:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Zip Code:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Zip Code:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Zip Code:  Street Address:  City:  State:  Zip Code:  Street Address:  City:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Signification of the Applicable Name:  Street Address:  City:  State:  Signification of the Applicable Name:  Street Address:  Signification of the Applicable Name:  Street Address:  Signification of the Applicable Name:  Street Address:  Signification of the Applicable Name:  Signification of the Ap		1 1 2	Email:	1 510101		2.p code:	1 8	
Business Name:   State:   Zip Code:		REQUIRED - INDI		HIS APPLIC	ATION			
Street Address:  City:   Email:   Email:		KEQUIKED INDI	TIPONE WING STONE !		to the Park of the Park of			
City:				Contact Hair				
Phone:				State		7in Code:		
Business Name:			Emails	State.		Zip code.		
Business Name:  Licensee's Name:  Licensee's Name:  City:  Street Address:  City:  State:  Name:  Street Address:  City:  State:  Name:  Street Address:  City:  State:  State	The second second	DMATION PEOU						
License #:   State:   Zip Code:		KMATION KEQUI	KED	<i>J. J.</i>				
Street Address:  City: State: Zip Code:  Phone: Email: Name:  Street Address:  City: State: Zip Code:  Business Name: Name: Name:  Street Address:  City: State: Zip Code:  Business Name: State: Zip Code:  Business Name: Name: State: Zip Code:  Business Name: State: Zip Code:  Build Ding CHARACTERISTICS REQUIRED  Primary Structure: St Sp Owelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Owellidies: Sewage Disposal: Public Private (Well) Sewage Disposal: Public Private (Septic)  Build Ding CHARACTERISTICS REQUIRED  Primary Structure: St Sp Owelling SF Townhouse SF Duplex Mobile Home Nulti-Family Dwelling (MF*) Condo: Yes No Owellidies: Sewage Disposal: Public Private (Septic)  Business Name: Sewage Disposal: Public Private (Well) Sewage Disposal: Public Private (Septic)  Private (Septic) Sewage Disposal: Public Private (Septic) Private (Septic)  Private (Septic) Sewage Disposal: Public Private (Septic) Private (Septic)  Private (Septic) Private (Septic) Public Private (Mell) Sewage Disposal: Public Private (Septic)  Private (Septic) Private (Septic) Public Public Private Public Public Private (Septic) Public Public Public Public Public Private (Septic) Public	P 20 20 20 20 20 20 20 20 20 20 20 20 20	b		License #				
City:   State:   Zip Code:				LICCHSC #1				
Phone:   Email:				State:		Zin Code:		
Business Name:    Name:   Name:   State:   Zip Code:				State.		Zip Code.	Zip Code.	
Business Name:    State   Stat		EER THEORMATION		TONED DIA	NC TE ABBUTCAB		******	
Street Address:  City:   State:   Zip Code:      Phone:   Email:		EER INFORMATION	I INDIVIDUAL WHO S		NS, IF APPLICAB	LE	444	
City:   State:   Zip Code:				Name.				
Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: Selectric SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: SF Dwelling SF Townhouse SF Dwelling SF Dwelling SF Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: Selectric SF Dwelling SF Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No Utilities: Selectric No Welling SF Mobile Twee Project: No Yes: # Sprinkler System: No Home Mobile Twee Project: No Yes: # Sprinkler System: No Yes:			4.00	Ctato		Zip Codo:		
BUILDING CHARACTERISTICS REQUIRED  Primary Structure: SF Dwelling SF Townhouse SF Duplex   Mobile Home   Multi-Family Dwelling (MF*)   Condo: Yes   No Utilities: SF Duveling   SF Townhouse   SF Duplex   Mobile Home   Multi-Family Dwelling (MF*)   Condo: Yes   No Utilities: SF Duveling   SF Townhouse   SF Duplex   Mobile Home   Multi-Family Dwelling (MF*)   Condo: Yes   No Utilities: SF Duveling   SF Townhouse   SF Duplex   Mobile Home   Multi-Family Dwelling (MF*)   Private (Septic)    ### Condo: Yes   No Utilities: Septic   No   Yes: # Septic   No			Emails	State.		Zip code.		
Primary Structure: SF Dwelling   SF Townhouse   SF Duplex   Mobile Home   Multi-Family Dwelling (MF*)   Condo:   Yes   No Utilities:   Electric   Gas   Water Supply:   Public   Private (Well)   Sewage Disposal:   Public   Private (Septic)	The second secon	TEDISTICS BEOW	and the second second					
Utilities:   Electric   Gas   Water Supply:   Public   Private (Well)   Sewage Disposal:   Public   Private (Septic)   Heating System:   Electric   Natural Gas   Propane   Other:   Roadside Tree Project:   No   Yes: #  Sprinkler System:   NFPA 13   NFPA 13R   NFPA 13D   None   Fire Alarm System:   Yes   No   Voice Evac    ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options:   # of efficiency units (MF*):   # of 1 BR (MF*):   # of 2 BR (MF*):   # of 3 BR (MF*):   # fireplaces:    # Rooms:   # Full Baths:   # Half Baths:   # Fireplaces:   # Fireplaces:    Garage/Carport Info:   Attached Garage   Detached Garage   Integral Garage   Carport   None    Basement/Foundation Info:   Slab on Grade   Post & Pier   Unfinished Basement   Finished Basement:   Full or   Partial    ## Fill Width:   1st Fl Depth:   2nd Fl Width:   2nd Fl Depth:   Bsmt Width:   Bsmt Depth:    Energy Method:   Prescriptive   Performance   UA Alternative   ERI   Gross Area:   sq ft   Occupiable Area:   sq ft    AGREEMENT / DISCALIMER   REQUIRED   NAME THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS on ONARGO COUNTY WHICH ARE 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.  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.  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.  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.  THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE	The state of the s	THE RESERVE OF THE PARTY OF THE	The state of the s	Home D Mu	lti-Family Dwelling (I	ME*) Condo: F	Ves D No	
Heating System:   Electric   Natural Gas   Propane   Other:   Roadside Tree Project:   No   Yes: #  Sprinkler System:   NFPA 13   NFPA 13R   NFPA 13D   None   Fire Alarm System:   Yes   No   Voice Evac  ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options:								
Sprinkler System:   NFPA 13				(AACII)			эерис)	
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options:  # of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):  # Rooms: # Full Baths: # Half Baths: # Fireplaces:  Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial  1* Fi Width: 1* Fi Depth: 2nd Fi Width: 2nd Fi Depth: Bsmt Width: Bsmt Depth:  Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft  AGREEMENT/ DISCALIMER REQUIRED  THE UNDERSIDED HERBEY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT THE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPL 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.  APPIBCANT'S ORIGINAL SIGNATURE:  DATE SIGNED  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY				Fire Ale				
Model Name & Options:  # of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):  # Rooms: # Full Baths: # Half Baths: # Half Baths: # Fireplaces:  Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Detached Garage Integral Garage Carport Basement: Full or Partial  1* Fi Width: I* Fi Depth: 2nd Fi Width: 2nd Fi Depth: Bsmt Width: Bsmt Depth:  Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft  AGREEMENT/ DISCALIMER REQUIRED  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 COMPL WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFRENCED 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.  APPLICANT'S ORIGINAL SIGNATURE:  DATE SIGNED  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE THE PARTY OF THE PA		average and a second	CONTRACTOR OF THE PARTY OF THE		ic	
# of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):  # Rooms: # Full Baths: # Half Baths: # Half Baths: # Fireplaces:  Garage/Carport Info: Attached Garage   Detached Garage   Integral Garage   Carport   None    Basement/Foundation Info:   Slab on Grade   Post & Pier   Unfinished Basement   Finished Basement:   Full or   Partial    1* Fl Width:   1* Fl Depth:   2* Fl Width:   2* Fl Depth:   Bsmt Width:   Bsmt Depth:    Energy Method:   Prescriptive   Performance   UA Alternative   ERI   Gross Area:   sq ft   Occupiable Area:   sq ft    AGREEMENT/ DISCALIMER   REQUIRED  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 DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS 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.  APPLICANT'S ORIGINAL SIGNATURE   DATE SIGNED    FOR OFFICE USE ONLY   CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY    AGENCIES REQUIRED/APPROVALS:   DED   Health DB DEPTH   Health DB DEPTH   Health DB DEPTH   CID		DENTIAL INFORMAT	ION (PLEASE SELE	CT/COMPLE	TE ALL THAT APP	LY)		
# Rooms: # Full Baths: # Half Baths: # Fireplaces:  Garage/Carport Info: Attached Garage Detached Garage Dintegral Garage Carport None  Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial  1* FI Width: I* FI Depth: Performance Date of Finished Basement Basement: Full or Partial  1* FI Width: Perscriptive Performance Date of Finished Basement: Full or Partial  AGREEMENT/ DISCALIMER REQUIRED  AGREEMENT/ DISCALIMER REQUIRED  WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY HOT 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.  APPLICANT'S ORIGINAL SIGNATURE  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DED  Health PROPERTY OF THE PURPOSE OF INSPECTING THE WORK PERMITTED AND COUNTY		# of officions : in the /A4	C*). # -£1 DD /	MC+).	# -5 2 DD (845*).	# -62.00	/same	
Garage/Carport Info:			***************************************				(MF*):	
Basement/Foundation Info:					A			
1* FI Width: 1* FI Depth: 2nd FI Width: 2nd FI Depth: Bsmt Width: Bsmt Depth:  Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft  AGREEMENT / DISCALIMER REQUIRED  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 COMPL WITH ALL REQUIATIONS 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.  APPLICATION: OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  Health PROPERTY OF FINANCE OF HOWARD CID				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Energy Method:   Prescriptive   Performance   UA Alternative   ERI   Gross Area:   sq ft   Occupiable Area:   sq ft    AGREEMENT/ DISCALIMER   REQUIRED    THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS POLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPL 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.  APPLICANT'S ORIGINAL SIGNATURE   DATE SIGNED    FOR OFFICE USE ONLY   CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY    AGENCIES REQUIRED/APPROVALS:   Health Brown   SHA   CID			1	1				
AGREEMENT / DISCALIMER REQUIRED  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 COMPL 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.  APPLICANT'S ORIGINAL SIGNATURE  DATE SIGNED  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DED  Health PR  DED  CID							it Depth:	
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 COMPL 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.  APPLICANT'S ORIGINAL SIGNATURE  DATE SIGNED  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DED  Health But Sugnature  CID	THE PERSON NAMED IN COLUMN	SEAL STATE OF STATE O	UA Alternative   ERI	Gross Area:	S	q ft Occupiable Area:	sq fi	
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.  APPLICANT'S ORIGINAL SIGNATURE  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DED  Health DBurn SHA CID	The second secon		The state of the s	O MAKE THIS ADD	UCATION, (2) THAT THE IN	EORMATION IS CORRECT, (2) TH	AT HE (SHE WILL SOME)	
APPLICANT'S ORIGINAL SIGNATURE  FOR OFFICE USE ONLY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  DED  Health Benad SHA CID								
FOR OFFICE USE ONLY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  Health Benach SHA CID	THIS APPLICATION; (5) THAT	HE/SHE GRANTS COUNTY OFFICE	ALS THE RIGHT TO ENTER ONTO T	HIS PROPERTY FOR	THE PURPOSE OF INSPECT	TING THE WORK PERMITTED AN	D POSTING NOTICES.	
FOR OFFICE USE ONLY  AGENCIES REQUIRED/APPROVALS:  DATE SIGNED  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:  Health Benach SHA CID					In I			
FOR OFFICE USE ONLY AGENCIES REQUIRED/APPROVALS:  DPZ DDD DED Health Bena SHA CID		No. 5" My har of Daylor	A STATE OF THE STA			N.		
AGENCIES REQUIRED/APPROVALS:  DPZ DED Health Proval SHA CID	APVEICANT'S ONIGINAL SIGN	ATURES N. A.	- 120 m	DA DA	TE SIGNED			
DPZ DED Health DBernach SHA CID	FOR OFFICE USE OF	NLY		CHECKS PAYA	BLE TO: DIRECTOR OF	FINANCE OF HOWARD COU	NTY	
	AGENCIES REQUIRED/APP	PROVALS:				,		
					· Da			
SUBMITTAL FEES: PAYMENT:	□ PR	□ DPZ	□ DED ·		□ Health4	SHA	□ CID	
	SUBMITTAL FEES:	11/3/1	PAYMENT:			ACCEPTED BY:		

