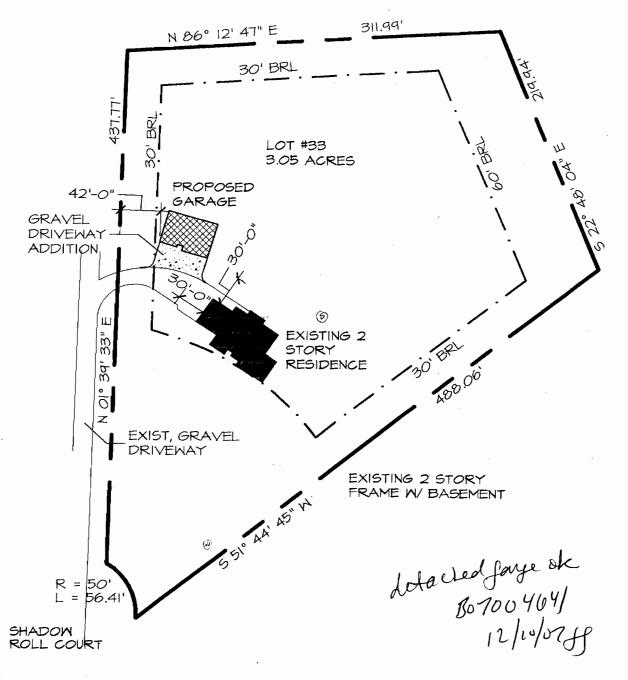
HOWARD COUNTY PERMIT NUMBER

PERMITS (410) 313-2450 NSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	PERMIT AP	PLICATION	7034641
Pullding Address & Settle State	200 D. 11 . 1	Property Owner's Name 38 #015	Y I WAUTH
Building Address 4534 Shipper College		Property Owner's Name SRADIFY I WALTH	
- 6/mineson MO 21738		Address 28 34 Sharpon Roll at	
Suite/Apt. #: SDP/WP/Petition #:			,
Census Tract Subdivision		City Cleaner State M. Lip Code 2:736	
Section Area Lot		Home Phone 20 17 762W Applicant's Name & Mailing Address, (if	other than stated hereon):
Tax Map Parcel Grid		<u>_</u>	
Zoning Map Coordinates Lot size		Phone Fax	
Existing Use Resuperation		Contractor Company	
Proposed Use		Contact Person	
Description of Work Do to had 3 and when e		Address	·
with second Hoor storage		Other Time Code	
by ware chap		City State Zip Code License No Phone Fax	
2942 8-35-4		110.00	
Occupant or Tenant		Engineer or Architect Company	
Contact Name		Contact Person	
Address City Zip Code		Address	
		City State	Zip Code
Phone Fax		Phone Fat	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	Utilities
Height:	Water Supply:	SF Dwelling SF Townhouse	Water Supply:
No. of stories:	Public Private	Depth Width 1st floor: 2 (2) 444 (12) 4 (4)	Public Private
ind. or otomos.	Sewage Disposal:	1st floor: 3 0 Mz 28 × 92 2nd floor: 24 × 25	Sewage Disposal:
Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private
	Electric Yes No	Finished Basement Unfinished Basement Crawl space Slab on Grade	□ Electric Yes □ No □
Use group:	Gas Yes 🗆 No 🗆	No. of Bedrooms	Gas Yes 🗆 No 🗆
	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System:
Construction type: Reinforced Concrete	Electric □ Oil □ Natural Gas □	No. of 1 BR units: No. of 2 BR units:	Electric □ Oil □ Natural Gas □
Structural Steel	Propane Gas	No. of 3 BR units:	Propane Gas □
Masoriry Wood Frame		Other Structure: 3 1044 Caretain	Sprinkler system: N/A
vvood Frame	Sprinkler system: N/A 🗆	Dimensions:	NFPA #13D NFPA #13R
State Certified Modular	Partial	Roof Height:	Other:
	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE!S THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF			SHE WILL COMPLY WITH ALL REGULATIONS OF ICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS
Carll and I	MOPEUTING THE WORK PERMITTED AND POSTING N		tina son d.E.
Applicant's Signature		Print Name	
Title/Company Date			
	Checks payable to: DIRECTOR OF ** PLEASE WRITE NE	FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. **	
		EUSE OKLY:	
AGENCY DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	· · · · · · · · · · · · · · · · · · ·
			Higgin 5 A 57 sp = 1
Des Brown Des 1975 State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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YOR∈ No o		September 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marce dans - 3
			test • CA-1
		YES CI NO CI.	AND PERSON
CONTRIGEROY CONSTRUCTION CHESTOPHOP		YES CI NO CI.	The second secon



SITE PLAN

SCALE: I" = 80'-0"

