HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION Building Address 3270 SLARD RO Glenwood MD 21738 270 Shapp RO SDP/WP/Petition # Suite/Apt. #: State MD Zip Code 21738 Census Tract Subdivision Home Phone 410.489-0519 Work Phone 449-275-53-8 Applicant's Name & Mailing Address, (if other than stated hereon) 209 Parcel Map Coordinates Lot size 40,000 50 4 Phone Zoning Contractor Company Sepanty Home Improvements Existing Use_ Proposed Use ___ Estimated Construction Cost \$ 3C, 8/0 Venalish existing Pear Description of Work State MD Zip Code 31738 License No. 133077 Fax 410-489-2892 Phone410-489-6220 OWNER Occupant or Tenant _ Engineer or Architect Company Contact Name Contact Person Address City_ State Zip Code_ Phone Fax Phone Fax **BUILDING DESCRIPTION - COMMERCIAL** BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics Building Characteristics** SF Dwelling X SF Townhouse Water Supply Height: Water Supply Public _ Public Depth 1st floor Private No. of stones. Private Sewage Disposal Sewage Disposal: 2nd floor Public Public ___ Private Gross area, sq. ft. per floor Private Finished Basement | Unfinished Basement |
Crawl space | Slab on Grade |
No. of Redrooms. Electric Yes □ No □ Electric Yes D No D Yes □ No □ Use group. Yes ☐ No ☐ Heating System
Electric □ Oil □ Heating System: No. of efficiency units. No. of 1 BR units: Construction type. Electric D Oil Natural Gas Reinforced Concrete Natural Gas. III No. of 3 BR units Propane Gas Structural Steel Propane Gas Masonry Other Structure Sprinkler system №/A □ Dimensions. ____ Footings. ____ Wood Frame Sprinkler system. N/A NFPA#13D _ Full NEPA #13R Roof Height. Partial Other: State Certified Modular Other Suppression State Certified Modular # of Heads Manufactured Home Y CERTIFIES AND AGREES AS FOLLOWS: (1) THAT ME/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF 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 OF JOHN SPICE OF THE PROPERTY FOR THE PURPOSE OF INSPECTMENT THE WINNEY THE W ant's Signature Print Name Paesicant 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 State Highways Rear Permit fee **Building Official** Excise tax Dev. Engineering, DPZ Side St. 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 I NO I YES D NO D Historic District?

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ONE STOP SHOP:

White: Building Official

CONTINGENCY CONSTRUCTION START:

Green: LDD, DPZ

Lot Coverage for NewTown Zone_ SDP/Red-line approval date

Yellow: DED, DPZ

YES D NO D

Pink: Health

Rev. 11/4//04

Gold: SHA

SITE PLAN

Les & Julia Montgomery

5 30 212
3270 Sharp Road

5 11/20/Gienwood, MD 21738

34 16 dack 410-489-0513

