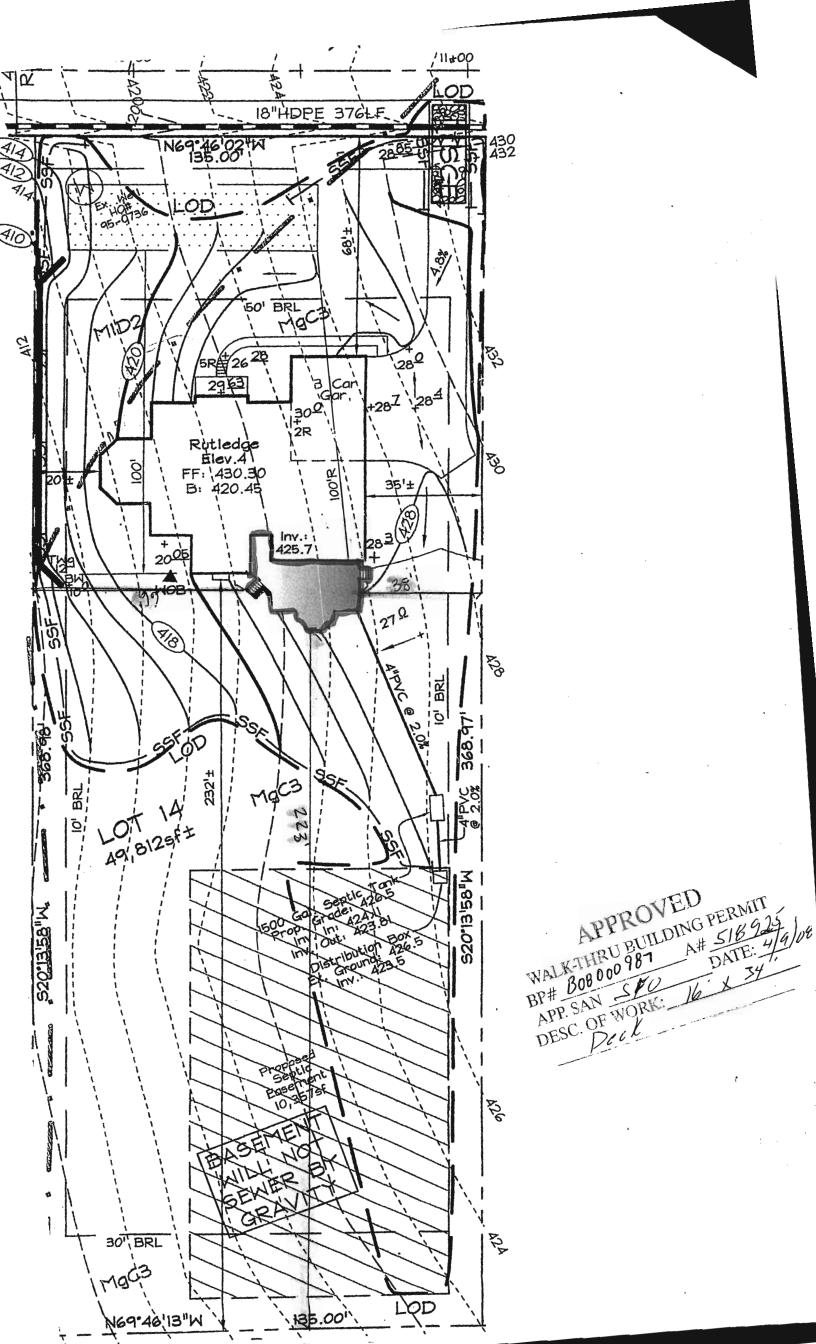
924 932	Plot Too Large	10 Scan G	070001	03
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS M30 COURT HOUSE DRIVE ELLICOTT CITY MO 21003 PERMITS (410) 313 2459 NESPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNTY	PERM	MIT NUMBER
Building Address 4626 SHEPPA	RAMANOR TRIVE	Property Owner's Name	VILLIAMS	BURGGROUP LLC
ELLICOTT CITY, M	21042	Address 5495	LARPERS 1	FARMEN # 200
Suite/Apt. #: SDP/WP/Petit	^	CityColumbia	sud)	1 Zip Code 21044
SectionArea	HEPPARD MANOR Lot 14	Home Phone Applicant's Name & Mail	Work	10- Phone 997-8800 XFS
Tax Map 29 Parcel 268 Grid Zoning C Map Coordinates 10 5/3 Lot size 49, 812		Phone Fax 410 -997-4358		
Existing Use VACANT LOT		Contractor Company SAME AS OWNER		
Proposed Use SFA Estimated Construction Cost \$ 300,000		Contact Person		
Description of Work MOSEL: RUTLENGE W/8 KITCHEN		Address		
EXT, CONSERVATORY, BEARGARAGE		City State Zip Code		
DESTORY FULL RESMT., LDR	YOLR HAY TEL	License No. 15/5 Phone Fax		
Occupant or I and SAME AS OWNER		Engineer PArchitect Company F5H ASSOC		
Contact Name		Contact Person ZACH FISCH		
AddressStateZip Code		Address 6329 Howard Lane		
City State Zip Code		City Elkridge_ State MD Zip Code 210'75		
Phone Fax		Phone 10-567-5200 Fax 410-796-1563-		
BUILDING DESCRIPTION	- COMMERCIAL	BUIL	DING DESCRIPT	ION - RESIDENTIAL
Building Characteristics	Utilities	Building Chara	cteristics	<u>Utilities</u>
Height:	Water Supply:	SF Dwelling SF To	ownhouse Width	Water Supply: Public
No. of stories:	Public Private	1st floor:	<u>vvidti</u>	Private
	Sewage Disposal: Public	2nd floor: Besement:		Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	_ Basement:	inished Basement©	Private
Use group:	Electric Yes No Gas Yes No	Crawl space Slab or No. of Bedrooms Height:		Electric Yes No Ci Gas Yes No S
Construction to	Heating System:	Multi-family dwellings: No. of efficiency units: No. of 1 BR units:		Heating System: Electric (Oil D
Construction type: Reinforced Concrete	Electric □ Oil □ Natural Gas □	No. of 2 BR units: No. of 3 BR units:		Natural Gas Propane Gas
Structural Steel Masonry	Propane Gas	Qther Structure:		Sprinkler system: N/A 20
Wood Frame	Sprinkler system: N/A □ Full	Dimensions:		NFPA #13D NFPA #13R
State Certified Modular	Partial Other Suppression # of Heads	State Certified Mo	odular	Other:
L THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SI THE BUGHT TO ENTER ONTO THIS PRODERTY FOR THE PURPOSE OF IN	HE WILL PERFORM NO WORK ON THE ABOVE REF	PLICATION; (2)THAT THE INFORMATION IS ERENCED PROPERTY NOT SPECIFICALLY	CORRECT: (3) THAT HE/SHE	WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANTS COUNTY OFFICIA
Japanet. Aguil		SUZALINE	EP. DA	VIS
Applicant's Signature AGENT/WGLLC		Print Name		
Title/Company	checks payable to: DIRECTOR O	Date OF FINANCE OF HOWARD EATLY AND LEGIBLY.**	COUNTY	
AGENCY DATE	- <i>FOR OFFI</i> SIGNATURE APPROVAL	CE USE ONLY - DPZ SETBACK	UNFORMATION	PROPERTY ID#:
Land Development, DPZ		Front	Fillio	ng fee \$100-
State Highways Building Official 9//3/67	Collo	Rear:	Por	mit fee \$ $\frac{160326}{52224}$
Dev. Engineering, DPZ		Side St:		l'i per fee \$ 160 33
Health 10/12/2007	Kbuck	All minimum setbacks met	A TOP OF THE	TALFEES \$ 93/7 32
Fire Protection Is Sediment Control approval required prior to inform YES NO	the Total Total	YES D NO D Is Entrance Per YES D NO D	mit required? Bak	Atotal paid \$ance due \$
CONTINGENCY CONSTRUCTION	START: D	Historic District?		dation #
ONE STOP SHOP:		Lot Coverage for Nev/Town	7	Accepted by
Distribution of Copies- White: Building Of ThorneyPERMT.FRM	licial Green: LDD, DPZ	Yellow: DED, DPZ	Pink Health	Gold: SHA Rev. 11/4//04
	the state of the s			(\CT. 1/4/U4



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY MD 21043

Distribution of Coples-T:Yorms\PERMIT.FRM

HOWARD COUNTY

PERMIT NUMBER

PERMITS (410) 313-2455 NOPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	PERMIT AP	PLICATION	ROS DOD	987
Building Address 4626 She	ppared manor Dr.	Property Owner's Name	Williams	burg Group LLC
Ellicott City	•			,
Suite/Apt. #: SDP/WP/Petition #:		Address 5485 Harpers Farm Rd. #200		
Consus Tract Subdivision Sheppard Manor		City Columbia State MD. Zip Code 21044-1146		
Section Area Lot		Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map 39 Parcel 368 Grid 1		Applicant s Name & Mail	ling Address, (if other	r than stated hereon):
Zoning Map Coordinates Lot size		Phone 410 -884-5500 ax		
Existing Use SFD W Deck		Contractor Company Pro-Bui H Construction, Inc.		
Estimated Construction Cost \$ 36,000.		Contact Person Edward Pacylows Ki		
Description of Work Approx 16x34 Deck		Address		
w Steps to grade		13330 CARRSVIILE TIKE		
		City 1+15h and License No. 3031	State Y	10. Zip Code 30777
		Phone-301-854-	083 Fax 30	1-854-9632
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address State	7in Code	Address		
CityState_	Zip Code	City State Zip Code		
Phone Fax		Phone Fax		
BUILDING DESCRIPTION	L COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL		
				Utilities
Building Characteristics Height	Utilities Water Supply:	Building Chara SF Dwelling SF To		Water Supply:
No. of stories.	Public Private	Depth 1st floor:		Public Private
	Sewage Disposal:	2nd floor: Basement:		Sewage Disposal:Public
Gross area, sq. ft. per floor:	Private	Finished Basement Unf		Private
Use group:	Electric Yes □ No □ Gas Yes □ No □	Crawl space Slab or No. of Bedrooms Height:	Grade Li	Electric Yes □ No □ 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
Structural Steel	Propane Gas	No. of 3 BR units: Other Structure: Dec		Propane Gas □
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions: Footings: OSTAN	y Deck	Sprinkler system: N/A □ NFPA #13D
	Full Partial	Roof Height:	pier	NFPA #13R Other:
State Certified Modular	Other Suppression # of Heads	State Certified Mo		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE	SHE WILL PERFORM NO WORK ON THE ABOVE REFE	PLICATION; (2) THAT THE INFORMATION IS ERENCED PROPERTY NOT SPECIFICALLY	CORRECT; (3) THAT HE/SHE W	 ILL COMPLY WITH ALL REGULATIONS OF DN; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS
THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	F INSPECTING THE WORK PERMITTED AND POSTING I	Edward	Pacylou	us Ki
Applicant's Signature		Print Name		
President Title/Company		Date		
		EATLY AND LEGIBLY. **	COUNTY	
AGENCY DATE	SIGNATURE APPROVAL	CE USE ONLY - DPZ SETBACI	CINFORMATION	PROPERTY ID#:
Land Development, DPZ		Front:		AND AND ADDRESS OF THE PROPERTY OF THE PROPERT
State Highways Building Official		Rear:		nit fee \$ se tax \$
Dev. Engineering. DPZ	19/	Side St.:		1 per. fee \$
Health 4/9/08	nyesh	All minimum setbacks met		AL FEES \$
Fire Protection Is Sediment Control approval required prior to	Issuance?	YES NO D		total paid \$
YES D NO D		YES I NO D] Chec	ck #
CONTINGENCY CONSTRUCTIO		Historic District?	Valid	fation #
	N START:	I ES LI NO LI		

Green: LDD, DPZ

White: Building Official

Yellow: DED, DPZ

Pinic Health

Gold: SHA

Rev. 11/4//04

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 4626 She Dards Manor De		Property Owner's Name () Hinnsh as have been		
Ellicat City 1 47		Address		
Suite/Apt. #: SDP/WP/Per	tition #:	- 4006 Shepper HA	81 de 118.	
Census Tract Subdivision		City E // 177 / 177 State // Zip Code /// 4/2		
Section Area Lot		Home Phone Work Phone		
Tax Map Parcel Grid		Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning Map Coordinates (513 Lot size		Phone 4/10-777-360 Fax 4/6-777-435		
Existing Use Name 1		Contractor Company Villey North and Cassiville		
Proposed Use Translation Cost &		Contact Person		
Description of Work have a large form to the large		California Santi		
Description of Work have a large to the larg		Address Co. Co.		
The sea to the state of the		City State ANN Zip Code A ANN License No.		
		Phone 4/10-7-1/14 Fax	1 · 290 • (0 · ≥ \$	
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address				
City State	Zip Code	Address		
		City State	Zip Code	
Phone Fax		Phone Fax		
BUILDING DESCRIPTION	- <u>COMMERCIAL</u>	BUILDING DESCRIPTI	ON - 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:	Public Private	
No. of stories.	Sewage Disposal:		Sewage Disposal:	
		2nd floor:		
Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private	
	Public Private Electric Yes No	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □	Private Electric Yes No	
Gross area, sq. ft. per floor: Use group:	Public Private	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings:	Public Private Electric Yes □ No □ Gas Yes □ No □	
Use group:	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System:	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units:	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Oil	
	Public Private Electric Yes No Gas Yes No G	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas	
Use group: Construction type: Reinforced Concrete Structural Steel	Public Private Electric Yes INO IGAS Yes INO IGAS Yes INO IGAS Heating System: Electric IGAS IGAS	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Oil	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Public Private Electric Yes INO IGAS Yes INO IGAS Yes INO IGAS IGAS IGAS IGAS IGAS IGAS IGAS IGAS	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas DYA	
Use group: Construction type: Reinforced Concrete Structural Steel	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13R	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full Partial Other Suppression	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height: State Certified Modular	Public Private Electric Yes No Gas Yes No No Notural Gas Gas Propane Gas No Notural Gas N	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as Follows:	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full Partial Other Suppression # of Heads	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home	Public Private Electric Yes No Gas Yes No	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ — Full □ — Partial □ — Other Suppression # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API (SHE WILL PERFORM NO WORK ON THE ABOVE REFI	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION.	Public Private Electric Yes No Gas Yes No	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: The right to enter onto this property for the purpose of	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ — Full □ — Partial □ — Other Suppression # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API (SHE WILL PERFORM NO WORK ON THE ABOVE REFI	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V. REPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V.	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Propane Historic NFPA #13D NFPA #13R Other:	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as Follows: The RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	Public Private Electric Yes No Sas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: Full Partial Other Suppression for Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCE INSPECTING THE WORK PERMITTED AND POSTING	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION.	Public Private Electric Yes No Gas Yes No	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full Partial Other Suppression # of Heads (1) That He/she is authorized to Make this API (SHE WILL PERFORM NO WORK ON THE ABOVE REFE ENSPECTING THE WORK PERMITTED AND POSTING	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OTICES. Print Name	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Propane Gas NFPA #13D NFPA #13R Other:	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full □ Partial □ Other Suppression □ # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP FINSPECTING THE WORK PERMITTED AND POSTING IS INSPECTING THE WORK PERMITTED AND POSTING IS INSPECTION OF PLEASE WRITE NI	Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OTICES. Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY: **	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas Propane Gas Propane Gas NFPA #13D NFPA #13R Other:	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) that he the right to enter onto this property for the purpose of Applicant's Signature Title/Company	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full □ Partial □ Other Suppression □ # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APP FINSPECTING THE WORK PERMITTED AND POSTING IS INSPECTING THE WORK PERMITTED AND POSTING IS INSPECTION OF PLEASE WRITE NI	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERNICED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OTICES. Print Name Date FINANCE OF HOWARD COUNTY	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas NFPA #13D NFPA #13R Other:	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) that he the right to enter onto this property for the purpose of Applicant's Signature Title/Company AGENCY DATE	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full □ Partial □ Other Suppression # of Heads (1) That He/SHE IS AUTHORIZED TO MAKE THIS APPLEASE WRITE NID POSTING! INSPECTING THE WORK PERMITTED AND POSTING! Checks payable to: DIRECTOR O PLEASE WRITE NI	Basement: Finished Basement Unfinished Basement No. of Bedrooms Height: No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION. (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OTHER NAME Print Name Date Finance of Howard County EATLY AND LEGIBLY. *** CE USE ONLY- DPZ SETBACK INFORMATION Front: Filing	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REGULATIONS OF ON, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) that he the right to enter onto this property for the purpose of Applicant's Signature Title/Company AGENCY DATE Land Constructed. DP7.	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full □ Partial □ Other Suppression # of Heads (1) That He/SHE IS AUTHORIZED TO MAKE THIS APPLEASE WRITE NID POSTING! INSPECTING THE WORK PERMITTED AND POSTING! Checks payable to: DIRECTOR O PLEASE WRITE NI	Basement: Finished Basement Unfinished Basement No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OTICES. Print Name Date F FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.** CE USE ONLY DPZ SETBACK INFORMATION Front: Reer: Page 1	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas NFPA #13D NFPA #13R Other: WILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS PROPERTY ID: PROPE	
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) that he the Right to enter onto this property for the purpose of Applicant's Signature Title/Company AGENCY DATE State Considerate DATE	Public Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ — Full □ Partial □ Other Suppression □ # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLE IS AUTHORIZED TO MAKE THIS APPLE INSPECTING THE WORK PERMITTED AND POSTING! Checks payable to: DIRECTOR O "PLEASE WRITE NI - FOR OFF! SKSNATURE APPROVAL.	Basement: Finished Basement Unfinished Basement No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home PLICATION (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE YERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION TOTICES. Print Name Date FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.** CE USE ONLY DPZ SETBACK INFORMATION Front: Filin Reser. Fait	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas NFPA #13D NFPA #13R Other: WILL COMPLY WITH ALL REGULATIONS OF ON, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS PROPERTY ID: PROPE	
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