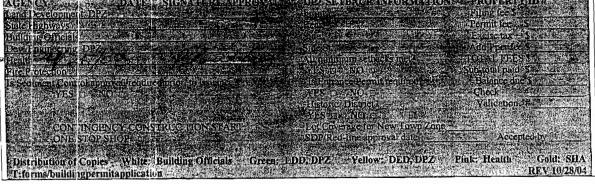
DEPT. OF INSPECTIONS, LICENSES 3430 COURT HOUSE DRIV ELLICOTT CITY, MD 210 PERMITS (410) 313-2455 INSPECTIONS (410) 313-15	HOWARD		COUNTY	BO & CO 1215	
AUTOMATED INFORMATION (41	(0) 313-3803	<u>PERMIT AP</u>	PLICATION		IT NUMBER
Building Address 13190		-1	Property Owner's	s Name TALV	Philippid Came
Styling Je. Ellice - Cary 21042			Address 13/9	6 Stayming 1	20 Zip Code 2/04/2
Suite/Apt. #: SDP/WP/Pet.tion #:			Phone 410 - 531	وية Phone	
Census Tract Subdivision			stated herein):	e & Maning Ado	dress, (if other than
Section Area	Lot				
Tax Map Parcel Grid			Phone	Fax	
Zoning Map Coo	ordinates 1	Lot Size	1 Hone	rax	
Evicting I lea Sin			Contractor Comp	pany Singles	5, - In C.
Proposed Use 3-1 wife anterm			Contact Person Place Filler		
Estimated Construction Cost \$ 18 500			Address 7800 Howalle AC 48		
Description of Work 16 112 Surviving			City <u>CATHERS have</u> State <u>14</u> Czip Code <u>168</u> License No. <u>1840</u> C 48/77 Phone 301-253 6522 Fax 301-253-5545		
Occupant or Tenant			Engineer or Architect Company		
Contact Name			Contact Person		
Address			Address		
CityStateZip Code			CityStateZip Code		
Phone	Fax		Phone	Fax	
BUILDING DESCRI	PTION - <u>CO</u>	MMERCIAL			N - <u>RESIDENTIAL</u>
Building Characteristics Height:	Water Supply:	<u>Itillties</u>	Building Char SF Dwelling SF		Utilities Water Supply:
neight.	Public		Depth Wie		Public
No. of sto;ies:	Private	. 1.	1st floor:		Private
Gross area, sq. ft. per floor:	Sewage Dispos	al:	2 nd floor: Basement:		Sewage Disposal; Public
Gross area, sq. 11. per 11001.	Private		Bascinent.		Private
Use group:			Finished Basement Crawl space		
Construction type: Reinforced Concrete		s □ No □ s □ No □	No. of Bedrooms		Electric Yes □ No : Gas Yes □ No :
Structural Stee	Heating System	n:	Multi-family dwelli	ngs:	Heating System;
Masenry	Electr c □	Oil 🕮	No. of efficiency ur No. of 1 BR units:	11(5:	Electric Oil
Wood Frame	Propage Gas		No. of 2 BR units:		Natural Gas □ Propane Gas □
State Certified Modular	Tropane Gas t		No. of 3 BR units:	-	Tropuno Gua
	Sprinkler syste	em: N/A 🗆	Other Structure:		Sprinkler system: N/A
	Full Partial		Dimensions:		NFPA #13D NFPA #13R
	Other Su # of Hea	ppression ads	Footings: Roof Height:		Other:
			State Certifie Manufactured		
THE UNDERSIGNED IT REBY CERT CORRECT; (3) THAT HE SHE WILL O NO WORK ON THE ABOVE REFER RIGHT TO ENTER ONTO THIS PROP	COMPLY WITH ALL ENCED PROPERTY	REGULATIONS OF HOV NOT SPECIFICALLY DE	HE/SHE IS AUTHORIZED TO WARD COUNTY WHICH ARI SCRIBED IN THIS APPLICA	MAKE THIS APPLICAT E APPLICABLE THERET TION; (5) THAT HE/SHE	O; (4) THAT HE SHE WILL PERF
MACLE			Mici	MACC FRAC Print Name	(6267
App	olicant's Signa	ature		Print Name	
,	Title/Company			/25/08 Date	
	l'itle/Compan	v		Øаtе	
	Title/Compan	le to: DIRECTOR	OF FINANCE OF HO	WARD COUNTY	



4,25 686

