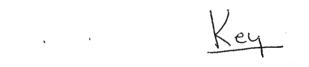
## PERMIT NUMBER: B20003278 DATE ACCEPTED: SEP 18 2020

12th atter	RESIDE	ENTIAL BUIL	DING P	ERMIT APPLI	CATION	8
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS						
3430 0	COURT HOUSE DRIVE,	ELLICOTT CITY, MD	21043 -	PHONE: (410) 313-	2455 OPTION #4	
BUILDING SITE AD		www.howarc	countyma.ge	<u>vo</u>		
					Unit:	
Street Address: 4521 1 City: Payton	CA COKS RD.	······································	State: MD		Zip Code: 210.36	
Subdivision/Village/Compl	ex Name:		1	SDP/WP/BA #:		
Lot:	Tax Map: 002	B Parcel: O(	90	Grading Permit #:		
DESCRIPTION OF V	NORK REQUIRED					
Existing Use:		Proposed Use:			Estimated Cost: \$	
	ted (Separate Permits Requ	<i>lired)</i> : D Mechanical (H		ectrical D Plumbing	D None	
	closet in M	or garage.	Build a		à the garage +	o be
used as t	he mow egro	is for the hou	ise. Duil	d door onto (c	Dom 50	
PROPERTY OWNER		EQUIRED				
	appears on tax records):				Primary Residence:	Yes X No
Owner's Street Address:	4521 Ton Oaks R	duna niun			Thinky Reduction E	
city: Davton	JOAT INT VIAN C		State: MC	)	Zip Code: 21036	
Phone: 301-437-	4348	Email:	1		210.00	
APPLICANT NAME	REQUIRED - INDIV	IDUAL WHO SIGNS	THIS APPLIC	ATION		
Business Name: Chest	thut Grove Ase	sisted Living	Contact Nan	ne: RIan L.Tall	CY	
	t Menwether (		1		•	
City: Gilenela	two die	22.4	State: M(		Zip Code: 21737	
Phone: 410-258			anlivisa	v@uanon.con	n/ Brinn Keith Fa	Hey (gna)
CONTRACTOR INFO		And the second state of the second state	"ol-n		ha	
Licensee's Name:	rea Home Impl	rovernenis	License #:	90640 MHIC		
	Johnsontow n F	Povid	LICCHSC #1	TOGTO NIMIC		
city: Pasadena			State: MC	)	Zip Code: 21122	
Phone: 443-	336 - 8886	Email:	readithe	offologyahoo	.c.om	
	NEER INFORMATION					
Business Name:			Name:			
Street Address:				۳ ۱۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰		
City:		1	State:		Zip Code:	
Phone:		Email:				
BUILDING CHARAG	CTERISTICS REQU Dwelling SF Townhouse			Iti-Eamily Dwelling (ME*)	Condo: 🗆 Yes	TT No
	Gas Water Supply			Sewage Disposal:		
	tric 🗖 Natural Gas 🗖 Pro			Roadside Tree Project:		
Sprinkler System: D NFI		NFPA 13D D None	Fire Al	arm System: 🗆 Yes 🗆	· · · · · · · · · · · · · · · · · · ·	
ADDITIONAL RESI	DENTIAL INFORMAT	ION (PLEASE SEL	CTACOMPLE	TE ALL THAT APPLY)		
Model Name & Options:						
# of Bedrooms (SF):	# of efficiency units (M		(MF*):	# of 2 BR (MF*):	# of 3 BR (MF	*):
# Rooms: 5	# Full Baths:		# Half Bath	······································	# Fireplaces: A	
	Attached Sarage D De			Carport None		
Basement/Foundation In			2 <sup>nd</sup> Fl Depth			
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:		n: Bsmt Widt		
	criptive 🗌 Performance 🗌	the second s	Gross Area:	sq ft	Occupiable Area: Occupiable Area:	sq ft
WITH ALL REGULATIONS OF HO	CALIMER REQUIR ITIFIES AND AGREES AS FOLLOWS: ( DWARD COUNTY WHICH ARE APPLI IT HE/SHE GRANTS COUNTY OFFICIA	1) THAT HE/SHE IS AUTHORIZED CABLE THERETO; (4) THAT HE/SH	E WILL PERFORM N	IO WORK ON THE ABOVE REFEREN	ATION IS CORRECT; (3) THAT HE/ ICED PROPERTY NOT SPECIFICA	LLY DESCRIBED IN
APPLICANT'S ORIGINAL SIGN	ATURE		D	TTE SIGNED		
		14				
FOR OFFICE USE O			CHECKS PAY/	ABLE TO: DIRECTOR OF FINAN	CE OF HOWARD COUNTY	
AGENCIES REQUIRED/AP				, ND.	./	
2 PR	E-OPZ			Health Beur	SHA	
SUBMITTAL FEES:		PAYMENT:	no chec	k	ACCEPTED BY:	
k					· · · ·	



Item A - Build a 25x 4A wall to be used as the MAIN egress into the home/residence

Item B - Build a Lock closet in the garage

Item ( - Buills a door to enter into Rm 5

11/1= work pres

