Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive

-		
Permit	Numb	201

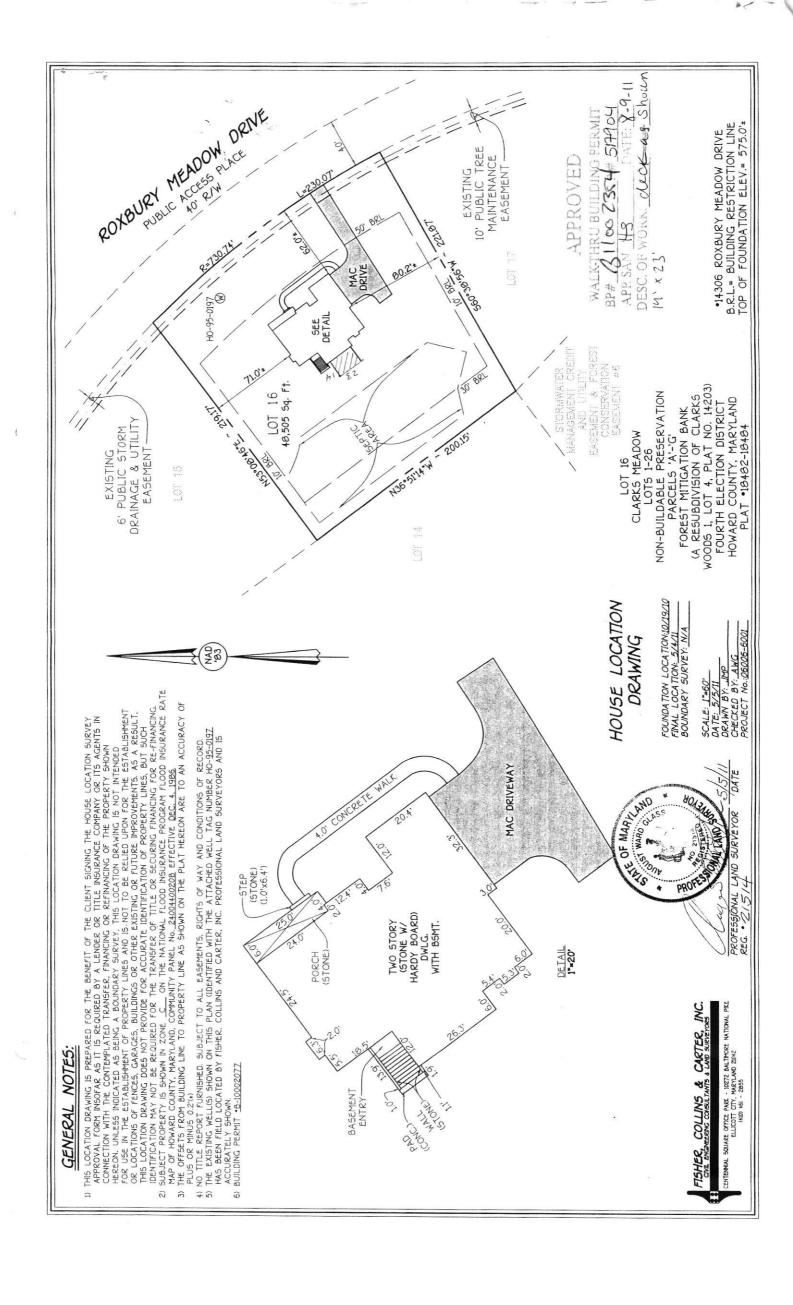
Automated Line: 410-313-3800		3430 Court Hou Ellicott City, MI	/ 1/ 1/	MQ36	54	
Building Address: 17306 2	oxtury Mear	10 is 20 1	Property Owner's Name:	. 4	Ci. s	
6/20200d No						
		VI. 1. J. C.	Address: 14760 To			
Suite/Apt. #SDF	City: 6-15-15-15-15 State: 10-15 Zip Code: 2175-2					
Census Tract:			Home Phone: 447 664297 Work Phone:			
Section: Are	ea: Lot:_		Applicant's Name & Mailing Address, (If other than stated herein):			
Tax Map: Parcel:	Grid:		407 5000 7600	40 500 C. WATUMADUN 7119		
Zoning: Map Coordina	tes: Lot Size	e:	Phone:		9	
Existing Use: 4FN			Email:			
Proposed Use: 5 F 0					- : .	
Proposed Use:	11		Contractor Company: TEMANNE TECKNOT			
Estimated Construction Cost: \$,		Address: 4137 Case La			
Description of Work: 1422	3 Deck w	2000 S	City: 15-77 Live To-State: 100 Zip Code: 2000)			
			License No.: をスラット			
			Phone: 1111. 901 7-37	Fax:		
Occupant or Tenant:			Email: Terlas (00)	36 18 (400	1- W-1	
Was tenant space previously occupied?		□No	Engineer/Architect Company:			
Contact Name:						
			Responsible Design Prof.:			
Address:			Address:			
City:			City:State: _	City: State: Zip Code:		
Phone:	.Fax:		Phone:	Fax:		
Email:			Email:			
BUILDING DESCRIPT	TION - COMMERCIAL		BUILDING DESC	RIPTION - RESID	FNTIAL	
Building Characteristics	Utilities		Building Characteristics		Utilities	
Height:	Water Supp	ly	☐ SF Dwelling ☐ SF Townhouse		Water Supply	
No. of stories:	☐ Public		Depth Width	Public Private		
Gross area, sq. ft./floor:	☐ Private		2 nd floor:		ewage Disposal	
	Sewage Dispo	osal	Basement:	☐ Public		
Area of construction (sq. ft.):	☐ Public		☐ Finished Basement	☐ Private		
	☐ Private		☐ Unfinished Basement ☐ Crawl Space	Electric: Gas:	☐ Yes ☐ No ☐ Yes ☐ No	
Use group:	Electric: ☐ Yes Gas: ☐ Yes	□ No	☐ Slab on Grade		Heating System	
Construction type:	Heating Syste		No. of Bedrooms:	☐ Electric		
□ Reinforced Concrete	☐ Electric ☐ Oil		Multi-family Dwelling No. of efficiency units:	☐ Oil ☐ Natural	Gas	
☐ Structural Steel	☐ Natural Gas ☐ Pro	pane Gas	No. of 1 BR units:			
Masonry	Sprinkler Syste	em:	No. of 2 BR units:			
☐ Wood Frame	□ N/A		No. of 3 BR units:			
☐ State Certified Modular	☐ Full		Other Structure: Dimensions:			
> Roadside Tree Project Permit	☐ Partial		Footings:	> Road	Iside Tree Project Permit	
Yes No	Other Suppression No. of Heads:		Roof:	□Ye		
Roadside Tree Project Permit #	No. of fleads.		☐ State Certified Modular ☐ Manufactured Home	Roadsid	e Tree Project Permit #	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY WITHIS APPLICATION; (5) THAT HE/SHE GRANTS COU. Applicant's Signature Territory of the County of the	HICH ARE APPLICABLE THERETO; NTY OFFICIALS THE RIGHT TO ENT	(4) THAT HE/SHE WIL TER ONTO THIS PROPE Prin	LL PERFORM NO WORK ON THE ABOVE REFER	RENCED PROPERTY	NOT SPECIFICALLY DESCRIBED IN	
Title/Company		=2				
			NANCE OF HOWARD COUNTY			
	•••	-FOR OFFICE				
AGENCY DATE SI	GNATURE OF APPROVAL	DPZ SETBACK INFORMATION Filin		Filing Fee	\$	
State Highways		Front:		Permit Fee	\$	
Building Officials		Rear:		Tech Fee	\$	
PSZA (Zoning)		Side:		Excise Tax PSFS	\$	
PSZA (Engineering)		Sido St.		PSFS Guaranty Fund	\$	
Health 8-9-11 1	Lill SALA	All minimum setbacks met? Yes No		Add'l per Fee	5	
Fire Protection	7 0,			Total Fees	\$	
Is Sediment Control approval required fo		Historic District		Sub- Total Paid	\$	
□ CONTINGENCY CONSTRUCTION START □ ONE STOP SHOP)			Balance Due	\$	

tribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Operations\Updated Forms\New building app 11.10.2010.docx

SDP/Red-line approval date:

Pink: Health

Gold: SHA



DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410, 313-245)

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810	PER	MIT APPLICATION	ON _			
Building Address 74	13-3800	Drone	rty Owner's Name			
Building Address 7.7 5.12				Ame or		
		City	City State Zip Code			
Suite/Apt. #: SDP/WP/Petition #:		Home	Home Phone 4 C			
Census Tract	Subdivision		Alegia, Consis	The		
Section A A	reaLot _	+4-	5:34 1100 4 1011 Nr.			
Tax Map Z / Parcel		7.4	Ellicot 11.	24, 11171 270 87		
Zoning Map Coordi	nates Lot Size	Phone	112 127748	Fax		
Existing Use Yacco	4 1 7		Contractor Company Contact Person			
Proposed Use	r 13	Conta	Contact I cison			
Proposed Use 5 F 13 Estimated Construction Cost \$ CO Description of Work M Home Management			Address State Zip Code Zip Code			
I have the same	m · miller	Phone	License No. Fax			
7 / . / . / . / / / /	100 11	1000	9480 A PARC D AMERICA AMERICA (MICHAEL MARINE MARINE) 64339 MARINA MARINA WAR WAR WAR WAR AND AMERICA MARINA MARIN			
Occupant or Tenant	***	Engin	Engineer or Architect Company			
Contact Name		Conta	Contact Person			
Address/	1111	Addre	ess	AND THE REPORT OF		
CityState	(e City_	State _	Zip Code		
Phone	Fax	Phone	e // 10 // 10 /	Fax 47		
	1 4/1		The second secon			
BUILDING DESCRIPTION - <u>COMMERCIAL</u>			BUILDING DESCRIPTION – RESIDENTIAL			
Building Characteristics Height:	Water Supply:		Building Characteristics relling □ SF Townhouse □	Utilities Water Supply:		
some il	Public	Depth	Width	Public		
No. of stories:	Private Sewage Disposal:	1 st floo 2 nd floo		Private Sewage Disposal:		
Gross area, sq. ft. per floor:	Public Private	Basem	ent:	Public Private		
Use group:	Private	Finished	Basement Unfinished Basement C	Crawl Private		
Construction type:	Electric Yes No Gas Yes No	No. of	space ☐ Slab on Grade ☐ Bedrooms	Electric Yes □ No □ Gas Yes □ No □		
Reinforced Concrete			family dwellings:	1		
Structural Steel Masonry	Heating System: Electric □ Oil □	No. of	efficiency units:	Heating System: Electric □ Oil □		
Wood Frame	Natural Gas	No. of	1 BR units:	Natural Gas □		
State Certified Modular	Propane Gas	No. of	3 BR units:	Propane Gas 📮		
	Sprinkler system: N/A	Other	Structure:	Sprinkler system: N/A		
2	Full Partial	Dimen	sions:	NFPA #13D NFPA #13R		
	Other Suppression # of Heads	Roof:	gs:	Other:		
	- Morriedas	S	State Certified Modular Manufactured Home			
CORRECT; (3) THAT HE/SHE WILL CO	OMPLY WITH ALL REGULAT ERTY NOT SPECIFICALLY D	TIONS OF HOWARD COUNTY WESCRIBED IN THIS APPLICATION	VHICH ARE APPLICABLE THERETO ON; (5) THAT HE/SHE GRANTS CO	PPLICATION; (2) THAT THE INFORMATION O; (4) THAT HE/SHE WILL PERFORM NO WOF JUNTY OFFICIALS THE RIGHT TO ENTER ONT		
			1511	LERMONT		
Applicant's Signature	The second of th	P	Print Name	77 6 7		
EXCHERING.	Karlin Santa	From Salvery	×1			
Email Address	V					
	1 . 10. 10 . 1 / 1	Many C	11/1/	1		
Title/Company	7 7	Ī	Date	<u> </u>		
9		to: DIRECTOR OF FINAN	CE OF HOWARD COUNTY			
		- FOR OFFICE USE	ONLY -			
AGENCY DATE Land Development, DPZ	SIGNATURE APPRO		ACK INFORMATION	Filing fee PROPERTY ID #		
State Highways R		Rear:	**************************************	Permit fee \$		
Building Officials S		Side:	# Total Transfer of the Prince	Excise tax \$		
Dev. Engineering, DPZ		Side St.: _		Add'l per fee \$		
Health 7-20-10	DBernard	All minimu	m setbacks met?	TOTAL FEES \$		
		YES 🗆	NO 🗆	Sub-total paid \$		
Is Sediment Control approval requ			Permit Required?	Balance due \$		
YES NO D		YES □ N Historic Dis	0 🗆	Check # // Validation #		
CONTINCENCY	CONSTRUCTION STARS	YES N	O 🗆			
ONE STOP S	CONSTRUCTION START SHOP:	SDP/Red-lin	ge for New Town Zone ne approval date	Accepted by		

Distribution of Copies T:\Operations\Updated forms

White: Building Officials

Green: LDD, DPZ Yellow: DED, DPZ

Pink: Health

Gold: SHA

