DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3M30 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-3458 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800 **HOWARD COUNTY** PERMIT NUMBER B07002767 PERMIT APPLICATION Decination Property Owner's Name MT. A, RY 21771 Address Suite/Apt. #: SDP/WP/Petition #: Census Tract _ _ Subdivision__ City _ _ State Zip Code _ Area Section Lot Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated hereon): _ Parcel _ Grid Zoning Map Coordinates Lot size Fax Deck 1. Contractor Company _ Existing Use Proposed Use DUN Contact Person Estimated Construction Cost \$___ Kenoving Description of Work Address MOOTANE City_ State ____ _Zip Code_ License No. _ Fax Phone Engineer or Architect Company Occupant or Tenant Contact Person Contact Name_ Address Address ____ Zip Code State ___ City_ City _ State ___ ___ Zip Code_ Phone Phone Fax **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL** Utilities Utilities **Building Characteristics Building Characteristics** SF Dwelling □ SF Townhouse □ Water Supply: Height: Water Supply: _ Public Public Depth Width Private Private No. of stories: Sewage Disposal: Sewage Disposal: 2nd floor: Public Public Basement: _ Private Private Gross area, sq. ft. per floor: Finished Basement ☐ Unfinished Basement☐ Crawl space

Slab on Grade

No. of Bedrooms Electric Yes □ No □ Electric Yes □ No □ Yes □ No □ Use group: Gas Yes □ No □ Multi-family dwellings: Heating System: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Heating System: Construction type: Electric
Oil Reinforced Concrete Natural Gas No. of 3 BR units: Propane Gas Structural Steel Propane Gas Masonry Other Structure: Sprinkler system: N/A □ Sprinkler system: N/A □ Wood Frame NFPA#13D Footings: Fuli NFPA #13R Roof Height: Partia! Other: State Certified Modular Other Suppression State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH 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 OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Applicant's Signature Print Name Title/Company Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY.

FOR OF	FICE USE ONLY -		
AGENCY DATE SIGNATURE APPROVAL	DPZ SETBACK INFORMATION		PROPERTY ID#:
Land Development, DPZ	Front	Filing fee	.\$
State Highways	Rear	Permit fee	\$
Building Official	Side	Excise tax	
Dev. Engineering, OPZ	Side St	Add'l per. fee	\$
Health 7/3/2007 Duhil ACX	All minimum setbacks met?	TOTAL FEES	A-\$
Fire Protection	YES D NO D	Sub-total paid	•
Is Sediment Control approval required prior to issuance?	is Entrance Permit required?	Balance due	\$
YES D NO D	YES D NO D	Check	
	Historic District?	Validation	***
CONTINGENCY CONSTRUCTION START:	YES CI NO CI		
ONE STOP SHOP: CI	Lot Coverage for NewTown Zone		
	SDP/Red-line approval date	· 医多种性 对对性 等	Accepted by

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White: Building Official

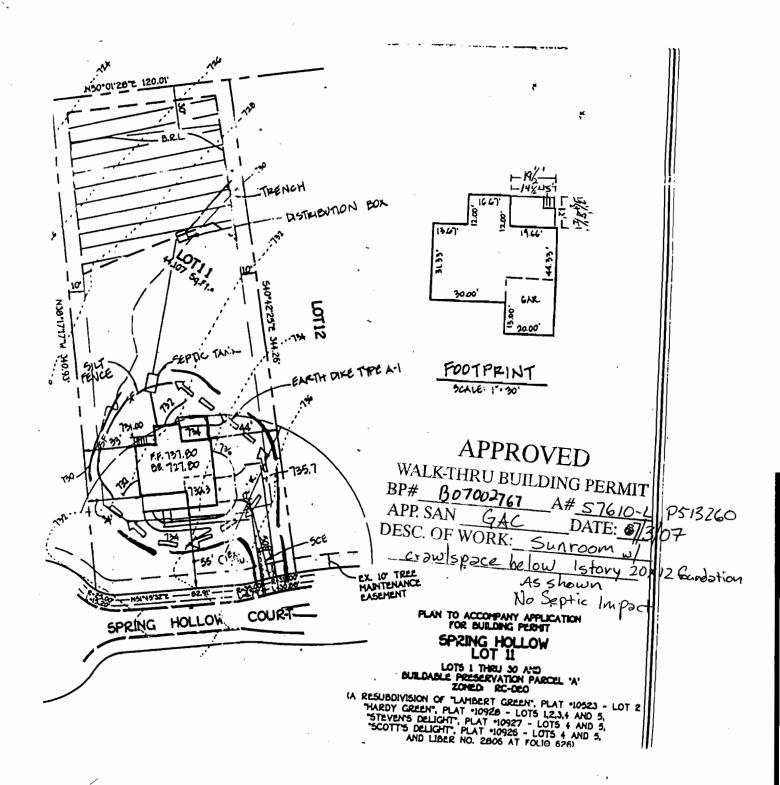
Green: LDD, DPZ

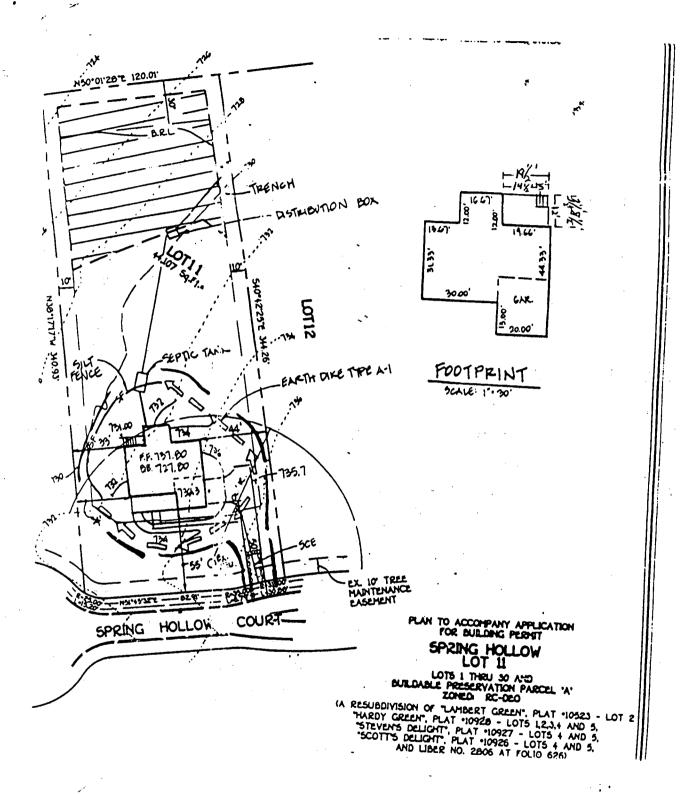
Yellow: DED, DPZ

Pink: Health

Gold: SHA

Rev. 11/4//04





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