

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		Walk-Through <b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	B09001540 <b>PERMIT NUMBER</b>
Building Address <u>1050 St. Michaels Rd</u> <u>Mt. Airy MD 21771</u>		Property Owner's Name <u>Mashhood Esfanaaji</u> Address <u>1050 St. Michaels Rd</u> City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410-489-5613</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Phone <u>410-489-5613</u> Fax _____	
Census Tract _____ Subdivision <u>Poplar Heights</u>		Contractor Company <u>N/A</u>	
Section _____ Area <u>5.12 AC</u> Lot <u>H</u>		Contact Person <u>Self</u>	
Tax Map <u>7</u> Parcel <u>27</u> Grid <u>8</u>		Address <u>1050 St. Michaels Rd</u>	
Zoning _____ Map Coordinates _____ Lot Size <u>5.12 AC</u>		City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u>	
Existing Use _____		License No. <u>N/A</u>	
Proposed Use <u>Deck</u>		Phone <u>410-489-5613</u> Fax _____	
Estimated Construction Cost \$ <u>1,500.00</u>		Engineer or Architect Company <u>N/A</u>	
Description of Work <u>Deck 20x40</u>		Contact Person <u>Same as above</u>	
Occupant or Tenant <u>Mash + Mary Esfanaaji</u>		Address _____	
Contact Name <u>Mash + Mary Esfanaaji</u>		City _____ State _____ Zip Code _____	
Address <u>1050 St. Michaels Rd</u>		Phone _____ Fax _____	
City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u>			
Phone <u>410-489-5613</u> Fax _____			
<b>BUILDING DESCRIPTION - COMMERCIAL</b>		<b>BUILDING DESCRIPTION - RESIDENTIAL</b>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ ____ State Certified Modular ____ Manufactured Home	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> ____ NFPA #13D ____ NFPA #13R ____ Other:

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 M. Esfanaaji  
Title/Company OWNER

Print Name Mashhood Esfanaaji  
Date 6-25-2009

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

<b>AGENCY</b> <u>Land Development, DPZ</u>	<b>DATE</b> <u>6-25-09</u>	<b>SIGNATURE APPROVAL</b> <u>D. Bernard</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date _____	<b>PROPERTY ID #</b> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____
<b>State Highways</b>				
<b>Building Officials</b>				
<b>Dev. Engineering, DPZ</b>				
<b>Health</b>				
<b>Fire Protection</b>				
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Operations/Updated forms	