PERMIT NUMBER: B 2 1001505 DATE ACCEPTED: 4 21 2021

lite Karan	RESID	ENTIAL BUI	LDING PERM	IT APPLICATION
TT	HOWARD COUNT	Y DEPARTMENT OF	INSPECTIONS, LICE	SES. AND PERMITS
12 2420 0				E: (410) 313-2455 OPTION #4
5450 0	OURT HOUSE DRIVE,		dcountymd.gov	
BUILDING SITE AD	DRESS REQUIRED		APRENIEL INCAP :	
Street Address: 300 g	and the second sec			Unit:
City: West Friend	Lil in	1	State: MD	Zip Code: 21794
Subdivision/Village/Comple				SDP/WP/BA #:
Lot: 3	Tax Map: 15	Parcel:	Gradin	g Permit #:
DESCRIPTION OF W	and the second se			
Existing Use: S PD		Proposed Use: S C	0	Estimated Cost: \$ 5000, 00
Trade Work to Be Complet	red (Separate Permits Reg			
				1
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PROPERTY OWNER	INFORMATION	REQUIRED		
		The state of the s		Primary Residence: Ares D N
Owner(s) Name(s) (As it a	d 1 V c C tecords):	scurity Deve	lopment LLC	Primary Kesigence: Lartes U N
Owner's Street Address:		National Pitz		7-0-1-0-1-0
City: Ellicott L:	++		State: MO	Zip Code: 21043
Phone: 410-465		Email:		
APPLICANT NAME	REQUIRED INDIV	IDUAL WHO SIGNS		a second second second second
Business Name: Thor	noson 695		Contact Name: A	thony Durio
Street Address: 1600				-
City: Baltimune			State: MO	Zip Code: 21219
Phone: 443-826	- 0506	Email: f	I durso @ Thomas	in 995, Long
CONTRACTOR INFO				
Business Name: Tho	m0500 695			
Licensee's Name: Rand			License #: 600	03
Street Address: \$ 2.60	Washeliew Or	#200		
City: Frederich	Westones VI.	4 100	State: MO	Zip Code: 21703
Phone: 443- 826-	-orob	Email: A	durso @ Thomas	
Toront and the second second second second	strated and include and include the later of the later			
ARCHITECT/ENGIN Business Name:			1	
Business Name:			Name:	
Business Name: Street Address:			Name:	Zin Code:
Business Name: Street Address: City:			1	Zip Code:
Business Name: Street Address: City: Phone:		Email:	Name:	Zip Code:
Business Name: Street Address: City: Phone: BUILDING CHARAC	TERISTICS REQU	Email:	Name: State:	
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: El SF D	TERISTICS REQUI	Email: IRED CSF Duplex D Mob	State:	Dwelling (MF*) Condo: 🗆 Yes 🕼 No
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: CISF D Utilities: CIElectric CI	TERISTICS welling SF Townhouse Gas Water Supply	Email: IRED SF Duplex I Mob V: I Public I Privat	Name: State: ile Home D Multi-Family te (Well) Sewage	Dwelling (MF*) Condo: Yes No Disposal: Public Private (Septic)
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