## 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
-nstall [-100	a under graund	propone storage	TUNY & Lun	the to outside stub out.
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)
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: E SF D Utilities: Electric D Heating System: Electric	TERISTICS Welling SF Townhouse Gas Water Supply ic D Natural Gas D Pro	Email: IRED E SF Duplex Mob V: Public Privat opane Other:	Name: State: ile Home D Multi-Family te (Well) Sewage Roadsid	Dwelling (MF*) Condo:  Yes ANO Disposal: Public Private (Septic) Tree Project: Yes: #
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: E SF D Utilities: E Electric E Heating System: Electric Sprinkler System: NFP/	TERISTICS Accul welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 D NFPA 13R D	Email: IRED SF Duplex I Mob C Public I Privat opane I Other: NFPA 13D I None	Name: State: ile Home D Multi-Family te (Well) Sewage Roadsid Fire Alarm Syste	Dwelling (MF*) Condo:  Yes No Disposal: Public Private (Septic) Tree Project: No Voice Evac
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: ESF D Utilities: Electric E Heating System: Electric Sprinkler System: NFP/ ADDITIONAL RESID	TERISTICS Accul welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 D NFPA 13R D	Email: IRED SF Duplex I Mob C Public I Privat opane I Other: NFPA 13D I None	Name: State: ile Home D Multi-Family te (Well) Sewage Roadsid Fire Alarm Syste	Dwelling (MF*) Condo:  Yes No Disposal: Public Private (Septic) Tree Project: No Voice Evac
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options:	TERISTICS welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT	Email: IRED E SF Duplex Mob W Public Privat opane Other: NFPA 13D None ION PLEASE SEL	Name: State: ile Home D Multi-Family te (Well) Sewage Roadsid Fire Alarm Syste ECT, COMPLETE ALL	Dwelling (MF*) Condo:  Yes ANO Disposal: Public Private (Septic) Tree Project: No Yes: Tree Project: No Voice Evac HAT APPLY
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: E SF D Utilities: E Electric E Heating System: E Electr Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF):	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi	Email: IRED E SF Duplex Mob Mob Mopane Other: NFPA 13D None ION PLEASE SEL F*): # of 1 BR	Name: State: ile Home D Multi-Family te (Well) Sewage Roadsid Fire Alarm Syste ECT, COMPLETE ALL (MF*): # of 2 I	Dwelling (MF*)       Condo: I Yes I No         Disposal: I Public       Private (Septic)         e Tree Project: I No       Yes: #         m: I Yes       No         Voice Evac         'HAT APPLY         R (MF*):       # of 3 BR (MF*):
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Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: ESF D Utilities: Electric E Heating System: Electric Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms:	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (MI # Full Baths: Attached Garage D De	Email: IRED E SF Duplex Mob Mobic Privat opane Other: NFPA 13D None ION PLEASE SEL F*): # of 1 BR tached Garage Int	Name:         State:         ile Home       Multi-Family         ke (Well)       Sewage         Roadside       Fire Alarm Syste         ECT, COMPLETE ALL       Image: Complete all and the second se	Dwelling (MF*)       Condo:       Yes       No         Disposal:       Public       Private (Septic)         e Tree Project:       No       Yes: #         m:       Yes       No       Voice Evac         'HAT APPLY       # of 3 BR (MF*):       # Fireplaces:
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Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E a Basement/Foundation Info	TERISTICS Welling SF Townhouse Gas Water Supply ic Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Dee : Slab on Grade D 1* Fi Depth:	Email: IRED E SF Duplex Mob Mobic Privat opane Other: NFPA 13D None ION PLEASE SEL F*): # of 1 BR tached Garage Int Post & Pier I Unfin 2 <sup>rd</sup> Fl Width:	Name:         State:         ile Home       Multi-Family         ile Home       Multi-Family         te (Well)       Sewage         Roadsid       Rire Alarm Syste         ECT, COMPLETE ALL       Roadsid         Image: Sewage       Roadsid         Fire Alarm Syste       ECT, COMPLETE ALL         Image: Sewage       Image: Sewage         Image: Sewage       Image:	Dwelling (MF*)       Condo:        Yes       No         Disposal:        Public       Private (Septic)         e Tree Project:        No       Yes: #         m:        Yes       No       Voice Evac         (HAT APPLY)       # of 3 BR (MF*):       # Fireplaces:         rt       None       Shed Basement:        Full or        Partial
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: E SF D Utilities: E Electric E Heating System: E Electr Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E Basement/Foundation Info 1 <sup>ª</sup> Fl Width:	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Dee : D Slab on Grade D 1* FI Depth: iptive D Performance D	Email: IRED E SF Duplex Mob Mob Mob Public Privat Opane Other: NFPA 13D None ION PLEASE SEL F*): # of 1 BR tached Garage Int Post & Pier Unfin 2 <sup>rd</sup> Fl Width: UA Alternative IER	Name:         State:         ile Home       Multi-Family         ile Home       Multi-Family         te (Well)       Sewage         Roadsid       Rire Alarm Syste         ECT, COMPLETE ALL       Roadsid         Image: Sewage       Roadsid         Fire Alarm Syste       ECT, COMPLETE ALL         Image: Sewage       Image: Sewage         Image: Sewage       Image:	Dwelling (MF*) Condo:   Disposal: Public   Private (Septic)   e Tree Project: No   Yes: #   m: Yes:   No Voice Evac   HAT APPLY   R (MF*):   # Fireplaces:    nt None   shed Basement: Full or   Bsmt Width: Bsmt Depth:
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E Basement/Foundation Info 1 <sup>#</sup> FI Width: Energy Method: Prescr AGREEMENT/ DISC THE UNDERSIGNED HEREBY CERT	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi # full Baths: Attached Garage De : Slab on Grade 1 1 <sup>st</sup> FI Depth: hptive Performance C ALIMER REQUIRY	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA 14 N	Name:         State:         ile Home       Multi-Family         ile Home       Multi-Family         te (Well)       Sewage         Roadsid       Fire Alarm Syste         ECT, COMPLETE ALL       Fire Alarm Syste         ECT, COMPLETE ALL       Image: Complete All and the second state         Image: Main Baths:       Image: Complete All and the second state         Image: Main Baths:       Image: Complete All and the second state         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement       Image: Complete Basement       Image: Complete Basement       Image: Complete Basement         Image: Complete Basement	Dwelling (MF*)       Condo:        Yes       Yes         Disposal:        Public       Private (Septic)         e Tree Project:        Yo       Yes: #         m:        Yes       No       Yes: #         m:        Yes       No       Voice Evac         "HAT APPLY"       # of 3 BR (MF*):       # Fireplaces:         rt       None       Semt Vidth:       Besmt Depth:         sq ft       Occupiable Area:       Sq         ) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: D SF D Utilities: D Electric D Heating System: D Electr Sprinkler System: D NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: D A Basement/Foundation Info 1* Fl Width: Energy Method: D Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HOD	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (MI # Full Baths: Attached Garage Dee : Slab on Grade 1 1 <sup>st</sup> FI Depth: iptive Performance ALIMER REQUIRE ALIMER REQUIRE IFIES AND AGREES AS FOLLOWS: (MARD COUNTY WHICH ARE APPL)	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         ile Home       Multi-Family         ile Home       Multi-Family         te (Well)       Sewage         Roadsid       Rire Alarm Syste         ECT, COMPLETE ALL       Roadsid         I (MF*):       # of 2 I         # Half Baths:       Egral Garage         I Gross Area:       Fine         D TO MAKE THIS APPLICATION; (ME WILL PERFORM NO WORK OF	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       O'No       Yes: #         m:       Yes       No       Yes: #         m:       Yes       No       Voice Evac         'HAT APPLY       # of 3 BR (MF*):       # Fireplaces:         rt       None       semt Uidth:       Bsmt Depth:         sq ft       Occupiable Area:       sq         'THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM         'THAT ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED
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Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: D SF D Utilities: D Electric D Heating System: D Electr Sprinkler System: D NFP/ ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: D A Basement/Foundation Info 1* Fl Width: Energy Method: D Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HOD	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Del : D Slab on Grade D 1 <sup>st</sup> FI Depth: iptive Performance D ALIMER REQUIRA IFIES AND AGREES AS FOLLOWS: ( WAAD COUNTY WHICH ARE APPLE HE/SHE GRANTS COUNTY OFFICIU	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         Ile Home       Multi-Family         Roadsid         Roadsid         Fire Alarm Syste         ECT, COMPLETE ALL         (MF*):       # of 2 I         # Half Baths:         egral Garage       Carpo         Ished Basement       Fin         2 <sup>nd</sup> Fl Depth:         Gross Area:         D TO MAKE THIS APPLICATION; ( HE WILL PERFORM NO WORK OF THIS PROPERTY FOR THE PURPO	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       No       Yes: #         m:       Yes       No       Yes: #         m:       Yes       No       Voice Evac         HAT APPLY       # of 3 BR (MF*):       # Fireplaces:         rt       None       sent Or Partial         Bsmt Width:       Bsmt Depth:       sq         sq ft       Occupiable Area:       sq         THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM       THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: Electric Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E Basement/Foundation Info: 1 <sup>st</sup> Fl Width: Energy Method: Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HON THIS APPLICATION; (5) THAT	TERISTICS       REQUINATION         welling       SF Townhouse         Gas       Water Supply         ic       Natural Gas       Provide         A13       NFPA 13R       Provide         DENTIAL INFORMAT       # of efficiency units (Miner)       # full Baths:         Attached Garage       Deepth:       Provide         1ª Fl Depth:       Image: Stab on Grade       Provide         1ª Fl Depth:       Image: Stab on Grade       Provide         1ª Fl Depth:       Image: Stab on Grade       Provide         ALLIMER       REQUIR       Restore ARE APPLO         MAD COUNTY WHICH ARE APPLO       MAD COUNTY WHICH ARE APPLO       Provide         WARD COUNTY WHICH ARE APPLO       Image: Stab COUNTY OFFICINATION       Provide	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         Ile Home       Multi-Family         Roadsid         Roadsid         Fire Alarm Syste         ECT, COMPLETE ALL         (MF*):       # of 2 I         # Half Baths:         egral Garage       Carpo         Ished Basement       Fin         2 <sup>nd</sup> Fl Depth:         Gross Area:         D TO MAKE THIS APPLICATION; ( HE WILL PERFORM NO WORK OF THIS PROPERTY FOR THE PURPO	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       O'No       Yes: #         m:       Yes       No       Yes: #         m:       Yes       No       Voice Evac         'HAT APPLY       # of 3 BR (MF*):       # Fireplaces:         rt       None       semt Uidth:       Bsmt Depth:         sq ft       Occupiable Area:       sq         'THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM         'THAT ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: Electric Sprinkler System: Electric Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: Electric Basement/Foundation Info: 1* A Width: Energy Method: Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CENT WITH ALL REGULATIONS OF HOW THIS APPLICATION; (S) THAT APPLICANT'S ORIGINAL SIGN/	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic Natural Gas Pro A 13 NFPA 13R DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Dee : Slab on Grade D 1 <sup>st</sup> Fl Depth: iptive Performance ALLIMER REQUIRE ALLIMER REQUIRE IFIES AND AGREES AS FOLLOWS: ( MARD COUNTY WHICH ARE APPLY HE/SHE GRANTS COUNTY OFFICU	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         ile Home       Multi-Family         ile (Well)       Sewage         Roadsid       Fire Alarm Syste         ECT.       COMPLETE ALL         ile (MF*):       # of 2 li         # Half Baths:       egral Garage         egral Garage       Carpo         ished Basement       I Fine         2nd Fl Depth:       I         Grosss Area:       I         D TO MAKE THIS APPLICATION: (I         He will PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         DATE SIGNED       MULTE	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       No       Yes: #         m:       Yes       No       Voice Evac         'HAT APPLY       # of 3 BR (MF*):       # fireplaces:         rt       None       sent Depth:       sent Depth:         shed Basement:       Full or       Partial       Bsmt Width:       sent Depth:         sq ft       Occupiable Area:       sq       sq       ft       Occupiable Area:       sq         1'HAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM       THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED       se of INSPECTING THE WORK PERMITTED AND POSTING NOTICES.       18       21
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: Electric Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E Basement/Foundation Info: 1 <sup>st</sup> Fl Width: Energy Method: Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HON THIS APPLICATION; (5) THAT	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic Natural Gas Pro A 13 NFPA 13R DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Dee : Slab on Grade D 1 <sup>st</sup> Fl Depth: iptive Performance ALLIMER REQUIRE ALLIMER REQUIRE IFIES AND AGREES AS FOLLOWS: ( MARD COUNTY WHICH ARE APPLY HE/SHE GRANTS COUNTY OFFICU	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         ile Home       Multi-Family         ile (Well)       Sewage         Roadsid       Fire Alarm Syste         ECT.       COMPLETE ALL         ile (MF*):       # of 2 li         # Half Baths:       egral Garage         egral Garage       Carpo         ished Basement       I Fine         2nd Fl Depth:       I         Grosss Area:       I         D TO MAKE THIS APPLICATION: (I         He will PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         DATE SIGNED       MULTE	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       No       Yes: #         m:       Yes       No       Yes: #         m:       Yes       No       Voice Evac         HAT APPLY       # of 3 BR (MF*):       # Fireplaces:         rt       None       sent Or Partial         Bsmt Width:       Bsmt Depth:       sq         sq ft       Occupiable Area:       sq         THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM       THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric Electric Heating System: Electric Sprinkler System: Electric Sprinkler System: Electric Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: Electric Basement/Foundation Info: 1* A Width: Energy Method: Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CENT WITH ALL REGULATIONS OF HOW THIS APPLICATION; (S) THAT APPLICANT'S ORIGINAL SIGN/	TERISTICS ACOM welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mi # Full Baths: Attached Garage Dee : Slab on Grade D 1 <sup>st</sup> FI Depth: iptive Performance D ALIMER REQUIRE HE/SHE GRANTS COUNTY OFFICE MARD COUNTY WHICH ARE APPLY HE/SHE GRANTS COUNTY OFFICE ITURE	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None NFPA 14 NFPA	Name:         State:         ile Home       Multi-Family         ile (Well)       Sewage         Roadsid       Fire Alarm Syste         ECT.       COMPLETE ALL         ile (MF*):       # of 2 li         # Half Baths:       egral Garage         egral Garage       Carpo         ished Basement       I Fine         2nd Fl Depth:       I         Grosss Area:       I         D TO MAKE THIS APPLICATION: (I         He will PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         DATE SIGNED       MULTE	Dwelling (MF*)       Condo:       Yes       Yes         Disposal:       Public       Private (Septic)         e Tree Project:       No       Yes: #         m:       Yes       No       Voice Evac         'HAT APPLY       # of 3 BR (MF*):       # fireplaces:         rt       None       sent Depth:       sent Depth:         shed Basement:       Full or       Partial       Bsmt Width:       sent Depth:         sq ft       Occupiable Area:       sq       sq       ft       Occupiable Area:       sq         1'HAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM       THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED       se of INSPECTING THE WORK PERMITTED AND POSTING NOTICES.       18       21
Business Name: Street Address: City: Phone: BUILDING CHARAC Primary Structure: EISF D Utilities: Electric E Heating System: Electric Sprinkler System: Electric Sprinkler System: Electric ADDITIONAL RESID Model Name & Options: # of Bedrooms (SF): # Rooms: Garage/Carport Info: E Basement/Foundation Info 1* Fl Width: Energy Method: Prescr AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HOD THIS APPLICATION; (S) THAT APPLICANT'S ORIGINAL SIGN/	TERISTICS REQUI welling SF Townhouse Gas Water Supply ic D Natural Gas Pro A 13 NFPA 13R D DENTIAL INFORMAT # of efficiency units (Mil # Full Baths: Attached Garage Dee : D Slab on Grade D 1* FI Depth: iptive Performance D ALIMER REQUIRE IFIES AND AGREES AS FOLLOWS: ( WARD COUNTY WHICH ARE APPLS HE/SHE GRANTS COUNTY OFFICI ALIMER NO AGREES AS FOLLOWS: ( WARD COUNTY WHICH ARE APPLS HE/SHE GRANTS COUNTY OFFICI ALIMER	Email: IRED E SF Duplex Mob Mob Public Privat opane Other: NFPA 13D None ION PLEASE SEL F*): # of 1 BR tached Garage Int Post & Pier Unfin 2 <sup>rd</sup> Fl Width: UA Alternative E ERJ F0 3) That HE/SHE IS AUTHORIZED CABLE THERETO; (4) THAT HE/S NUS THE RIGHT TO ENTER ONTO	Name:         State:         ile Home       Multi-Family         ile (Well)       Sewage         Roadsid       Fire Alarm Syste         ECT.       COMPLETE ALL         ile (MF*):       # of 2 li         # Half Baths:       egral Garage         egral Garage       Carpo         ished Basement       I Fine         2nd Fl Depth:       I         Grosss Area:       I         D TO MAKE THIS APPLICATION: (I         He will PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         D TO MAKE THIS APPLICATION: (I         ME WILL PERFORM NO WORK OF       I         DATE SIGNED       MULTE	Dwelling (MF*)       Condo: I Yes I No         Disposal: I Public       Private (Septic)         e Tree Project: I No       Yes: #         m: I Yes No       Voice Evac         HAT APPLY         R (MF*):       # of 3 BR (MF*):         # Fireplaces:         t       None         shed Basement: I Full or I Partial         Bsmt Width:       Bsmt Depth:         sq ft       Occupiable Area:       sq         ) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COM         THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED         SE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.         18       21         Information of Information is county
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