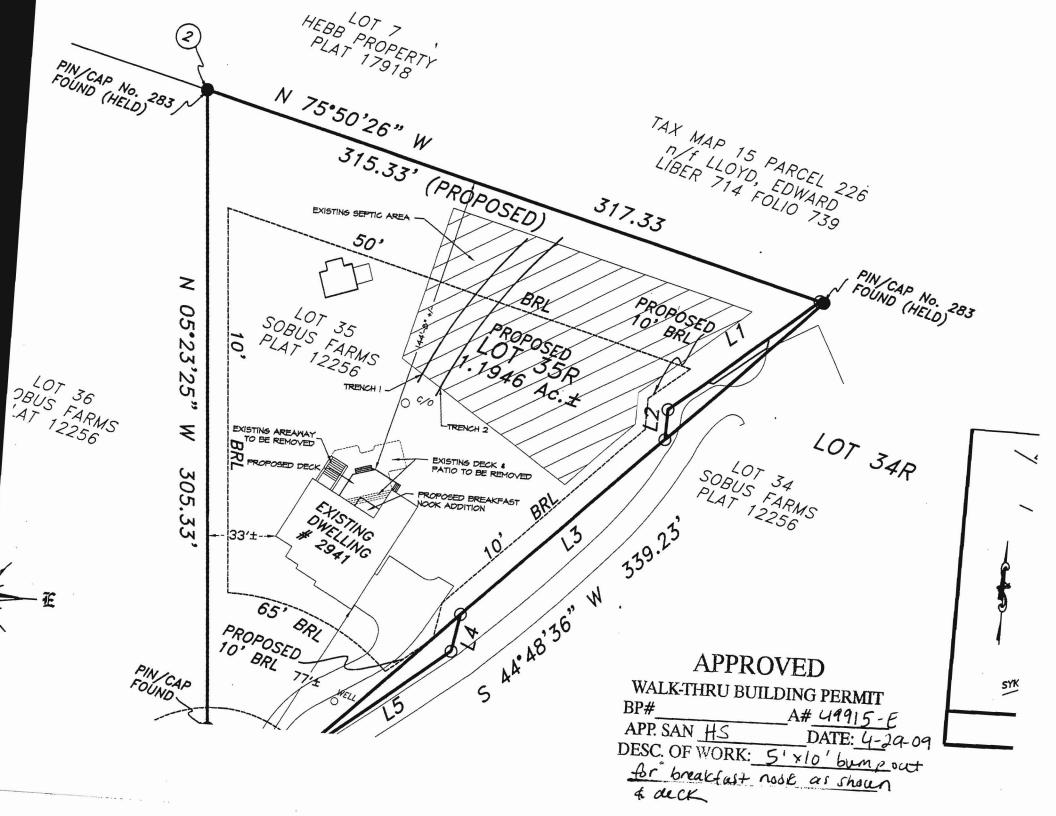
HOWARD COUNTY | PERMIT APPLICATION

PERMIT NUMBER

		101	3000
Building Address 2941 SUM	MER WILL DR.	Property Owners Name CAROLIM	ICHAEL SPICKLER
APTIS OM. 91424H3187 FREW		Address	
Suite/Apt. #: SDP/WP/Petition #:		SAAI SHWWEK HILL KD.	
Census Tract 603000 SubdivisionSOBUS FARM		City W. TRIENDS WY State WD Zip Code 21794	
Section Area \\95 Ac, Lot 35		Home Phone 10 - 189-0156 Work Phone	
Tax Map Parcel Grid 5 ~ \ 8		Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning Map Coordinates Lot size		Phone Fax *	
Existing Use . Proposed Use		Contractor Company MYERS HAHDYMAN CO.	
Estimated Construction Cost \$ 30,000.00		Contact Person WAYHE MYERS	
Description of Work ADD 5 x10 70700771		Address	
BREAKTAST 9'HIGH		SELE DHANT BUDD	
ADD DECK		City <u>We o D B 1 His</u> State <u>Y/D</u> Zip Code <u>2 1797</u> License No <u>O B O 1 O O B 7 B 6 C</u> Phone <u>4 10 - 4 89 - 4446</u> Fax	
Occupant or Tenant CARSL " PYICH NEL SPICKLER			
Contact Name MIEWAEL SPICKLER		Contact Person	
Address 3991 SNIIIER HILL BD			
City W. FRIEHDSKIR State MD Zip Code 21794		Address R.O.B 237	
		City <u>F / W K S B W R G</u> State <u>M Y D</u> Zip Code <u>2 / Q A B</u>	
Phone410-489-0156 Fax		Phone 410 - 833 - 8320Fax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	Utilities
Height:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply: Public
No. of stories:	Private	1st floor:	▼ Private
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement □ Unfinished Basement□	✓ Private
Use group:	Electric Yes D No D	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes No 🗆
		Multi-family dwellings: No. of efficiency units:	Heating System:
Construction type:	Heating System: Electric □ Oil □	No. of 1 BR units:	Electric 🗀 Oil 🖽
Reinforced Concrete	Natural Gas 🗆	No. of 2 BR units: No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐
Structural Steel Masonry	Propane Gas □	Other Structure:	
Wood Frame	Sprinkler system: N/A □	Dimensions:	Sprinkler system: N/A NFPA#13D
	Full	Footings: Roof Height:	NFPA #13R
State Certified Modular	Partial	Noor Freight.	Other:
	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	ISHE WILL PERFORM NO WORK ON THE ABOVE REFE	LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT	
Son My	INSPECTING THE WORK PERMITTED AND POSTING N	Warne Miner	
Applicant's Signature		Print Name	
	men Company LLC	A3811 29 7 NO	6
True/Company / t	Checks payable to: DIRECTOR OF	Date FINANCE OF HOWARD COUNTY	
ACENOV	- FOR OFFIC	ATLY AND LEGIBLY. ** CE USE ONLY -	7.70
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION Front: Filin	PROPERTY ID#:
		Mark to the large and a second or some fact than	mit fee \$
Building Official		Control of the Contro	ise tax \$
Dev. Engineering, DPZ		Side St Add	l'I per, fee \$
Health 4-29-09 Useu trutt		All minimum setbacks met? TOT	TAL FEES \$
Fire Protection		YES D NO D Sub	total paid \$
Is Sediment Control approval required prior to I	ssuance?	[마음·마음·마음·마음·마음·마음·마음·마음·마음·마음·마음·마음·마음·마	ance due \$
YES D NO D		YES D NO D Che	
CONTINCENCY CONCERNICATION	LOTADT T		dation #
		YES D NO D	Alm de la lessa
ONE STOP SHOP:		Lot Coverage for NewTown Zone	part of the state
Distribution of Copies- White: Building C	Official Green: LDD, DPZ	SDP/Red-line approval date Yellow: DED, DPZ Pinic Health	Gold: SHA
T:\forms\PERMIT.FRM	5.16. 是一个人的	AND THE PROPERTY OF THE PROPERTY OF	Rev. 11/4//04



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOLISE DRIVE ELLCOTT CITY, MO 21043 PERMITS (410) 312-3455 INSPECTIONS (410) 313-1810 INSPECTIONS (410) 313-1810

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 7941 Sil			/L-/-/
Building Address 7941 SUMMER HILL DR.		Property Owner's Name WICHRELSPICKIER	
PPTIS ON GINZANTIST W		Address	
Suite/Apt. #: SDP/WP/Petition #:		SOAI SUNHER HILL DR	
Census Tract 603000 Subdivision 508US FARK		City W. FRIENDS ALBState PLO Zip Code 21799	
SectionAreaLot3_5		Home Phone 10 - 189-C15 Work Phone	
Tax Map S Parcel Grid S - 18		Applicant's Name & Mailing Address, (if oth	er than stated hereon):
	Lot size	Phone Fax	
Existing Use SINGIE FAMILY Proposed Use SAWE		Contractor Company MYERI HANDY MAN CV	
Estimated Construction Cost \$	100	Contact Person WAYWE WYER	
Description of Work ADD 4'x 16'		Address	
THEIR OT WIGHT WAR		2375 DUVA	L ROAD
FULLOH QUI		City W C	
Occupant or Tenant National State of the Sta		Phone 410-489-444 Fax 410-489-6662	
Occupant or Tenant Watch Select ET		Engineer or Architect Company	
Contact Name 48 SRICKIER		Contact Person	
Address 2941 50 44 612 10 Code 21794		Address	
ON W. E. F. I. EUDAIL STATE	ДГ Соде <u>«Д. 1.1.4</u>	City State 7: 2 d	
Phone Fax		City State Zip Code Phone Fax	
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	
Height	Water Supply:	SF Dwelling SF Townhouse	<u>Utilities</u> Water Supply:
No. of stories:	Public Private	1st floor: 32' 5c'	Public Private
	Sewage Disposal: Public	2nd floor: 3 % 5 %	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Finished Basement ☑ Unfinished Basement□	Private
<u> </u>		Crawl space □ Slab on Grade □	Electric Yes M No 🗆
Use group:	Electric Yes 🗆 No 🖂 Gas Yes 🗔 No 🖂	No. of Bedrooms	Gas Yes 🗆 No 🗅
	Gas Yes ☐ No ☐ Heating System:	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units:	Gas Yes □ No □ Heating System:
Construction type:	Gas Yes I No I Heating System: Electric I Oil I	No. of Bedrooms A Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Gas Yes□ No□
Construction type: Reinforced Concrete	Gas Yes 🗆 No 🗆 Heating System: Electric 🗎 Oil 🗆 Natural Gas 🗇	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units:	Gas Yes 🗆 No 🗆 Heating System: Electric 🖼 Oil 🗆
Construction type:	Gas Yes I No I Heating System: Electric I Oil I	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units:	Gas Yes□ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □
Construction type: Reinforced Concrete Structural Steel	Gas Yes 🗆 No 🗆 Heating System: Electric 🗎 Oil 🗆 Natural Gas 🗇	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:	Gas Yes□ No □ Heating System: Electric ■ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A ■ NFPA #13D
Construction type: Reinforced Concrete Structural Steel Masonry	Gas Yes \(\) No \(\) Heating System: Electric \(\) Oil \(\) Natural Gas \(\) Propane Gas \(\) Sprinkler system: \(N/A \) Full Partial	No. of Bedrooms Height: Height: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:	Gas Yes□ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Gas Yes \(\) No \(\) Heating System: Electric \(\) Oil \(\) Natural Gas \(\) Propane Gas \(\) Sprinkler system: \(N/A \) Full Partial Other Suppression # of Heads	No. of Bedrooms Height: Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home	Gas Yes No No Heating System: Electric Oii Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13R Other:
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Gas Yes No Heating System: Electric Oil Matural Gas Propane Gas Sprinkler system: N/A Propane Gas Other Suppression of Heads # of Heads That HEASHE IS AUTHORIZED TO MAKE THIS APPLY SEE WILL PERSON NO WORK ON THE ABOVE REFER	No. of Bedrooms Height: Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home CATION, (2) THAT THE MFORMATION IS CORRECT, (3) THAT HE/SHE WILLIAM IN THIS ARRUNCH IN THIS ARRUNC	Heating System: Electric
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The underscene hereby certifies and agrees as follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO: (4) THAT HE THE RIGHT TO BYTER ONTO THIS PROPERTY EGRITHE PURPOSE OF	Gas Yes \(\) No \(\) Heating System: Electric \(\) Oil \(\) Natural Gas \(\) Propane Gas \(\) Sprinkler system: \(N/A \) Full Partial Other Suppression # of Heads	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certifled Modular Manufactured Home JUANTON, (2)THAT THE INFORMATION IS CORRECT; (3) THAT HEISHE WEIGHT PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.	Heating System: Electric
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The Indensicated Hereby Certifies and Agrees As Follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO: (4) THAT HE THE RIGHT TO DIFFER ONTO THIS PROPERTY FOR THE PURPOSE OF	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Soprinkler system: N/A Full Partial Other Suppression # of Heads (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATE WILL PERFORM NO WORK ON THE ABOVE REFER	No. of Bedrooms Height: Height: 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 Height: State Certified Modular Manufactured Home MATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE V ENERGED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATE OTTICES.	Gas Yes No Heating System: Electric No ii Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REGULATIONS OF ON, (S) THAT HE/SHE GRANTS COUNTY OFFICIALS
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned Hereby certifies and Agrees As FOLLOWS: THE RIGHT TO BATER ONTO THIS PROPERTY SON THE PURPOSE OF	Gas Yes No Heating System: Electric Oil Datural Gas Propane Gas Soprinkler system: N/A Datural Gas Control Gas Co	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home JCATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HEISHE VERMED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES. Print Name Date FINANCE OF HOWARD COUNTY	Gas Yes No Heating System: Electric No ii Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REGULATIONS OF ON, (S) THAT HE/SHE GRANTS COUNTY OFFICIALS
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	Gas Yes No Heating System: Electric Oil Datural Gas Propane Gas Sprinkler system: N/A Sprinkler system: N/A Datural Gas Gas Datural Gas	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home LOATION (2)THAT THE MFORMATION IS CORRECT, (3) THAT HEISHE WEBCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. Print Name Date FFINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.** E USE ONLY.	Gas Yes No Heating System: Electric No ii Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REGULATIONS OF ON, (S) THAT HE/SHE GRANTS COUNTY OFFICIALS
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto. (4) That He The Right to bifter onto this property for the purpose of Applicant's Signature Title/Company DATE Land Development. DPZ	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A S	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home LOATION, (2)THAT THE MFORMATION IS CORRECT, (3) THAT HEISHE MEDICED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.** E USE ONLY. DPZ SETBACK INFORMATION FRIST	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REGULATIONS OF ON, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS PROPERTY ID#: PROPERTY ID#:
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: HOWARD COUNTY WHICH ARE APPLICABLE THERETO: (4) THAT HE RIGHT TO EMFER ONTO THIS PROPERTY FOR THE PURPOSE OF Applicant's Signature Title Company AGENCY DATE Land Development, DPZ State Highways Building Official	Gas Yes No Heating System: Electric Oil Matural Gas Propane Gas Soprinkler system: N/A Soprinkler Suppression Head Soprinkler State State Soprinkler Suppression Head Soprinkler State State Soprinkler Suppression Head Soprinkler State State Soprinkler Suppression State Soprinkler State Soprinkler State Soprinkler Soprinkl	No. of Bedrooms Height: Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 2 BR units: No. of 3 BR units: No. of 2 BR units: No. of 2 BR units: No. of 3	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REQUILATIONS OF ONI (5) THAT HE/SHE GRAVITS COUNTY OFFICIALS PROPERTY ID#:
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follows: Howard County which are applicable thereto; (4) That He The RIGHT TO EMFER ONTO THIS PROPERTY FOR THE PURPOSE OF Applicant's Signature Title Company AGENCY DATE Land Development, DPZ State Highways	Gas Yes No Heating System: Electric Oil Matural Gas Propane Gas Soprinkler system: N/A Sopr	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home JEATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HEISHE WEBSED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. ** EUSE ONLY DPZ SETBACK INFORMATION Front Rear Pett Side: Si	Heating System: Electric
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The indersicated hereby certifies and agrees as follows: Howard County which are applicable therefor (4) that he may no property southie purpose of Applicant's signature Applicant's signature Title/Company AGENCY Land Development DPZ State Highways Building Official Dev. Engineering. DPZ Health Fire Protection	Gas Yes No Heating System: Electric Oil Datural Gas Propane Gas Soprinkler system: N/A Datural Gas Companies Gas C	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home JEATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HEISHE VERKED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONES. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.** EUSE ONLY. DPZ SETBACK INFORMATION Front Rear Petr Side: Side St. Add All minimum setbacks met/ TOT	Heating System: Electric
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The indersioned hereby certifies and agrees as follows: Howard County which are applicable thereto (4) that he therefore to after onto this property por the purpose of Applicans's Signature Title/Company Agency DATE Land Development DPZ State Highways Building Official Dev. Engineering, DPZ Health	Gas Yes No Heating System: Electric Oil Datural Gas Propane Gas Soprinkler system: N/A Datural Gas Companies Gas C	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home JEATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HEISHE VERKED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONES. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.** EUSE ONLY. DPZ SETBACK INFORMATION Front Rear Petr Side: Side St. Add All minimum setbacks met/ TOT	Heating System: Electric Oii Natural Gas Propane Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13D NFPA #13D Other: Other:
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Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The indensioned hereby certifies and agrees as follows howard County which are applicable therefor (4) that he howard County which are applicable therefor (4) that he howard County which are applicable therefor (5) that he howard County which are applicable therefor (6) that he howard County which are applicable to affect the purpose of applicable signature Applicable signature AGENCY DATE Land Development DPZ State Highways Building Official Dev. Engineering. DPZ Heelth Fire Protection la Sediment Control approved required prior to	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Propane Gas Sprinkler system: Sprinkler system: Full Partial Other Suppression # of Heads (1) That he/sel is Authorized to MAKE THIS APPL See will PERFORM NO WORK ON THE ABOVE REFER RESPECTING THE WORK PERMITTED AND POSTING IN THE CONTROL OF THE STREET OF THE STREE	No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: No. of 3 BR units: No. of 2 BR units: No. of 3 BR units: No. of 2 BR units: No. of 3 BR units: No. of 2 BR units: No. of 3 BR units: No. of 2 BR units: No. of 3 BR units: No. of 4 BR units: No. of 5 BR unit	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13D NFPA #13D NFPA #13R Other: MILL COMPLY WITH ALL REQUILITIONS OF ON, (S) THAT HE SHE GRANTS COUNTY OFFICIALS PROPERTY ID#: PROPERTY ID#: See the See

