DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 312-3458 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

	L CIZIVIII AL	FLICATION	100	0010
Building Address 2695 Thom	oson Dr	Property Owner's Name	Michael	Bon danzia Summer
Marriottsville MD 21104		Address 95 Thompson Dr		
Suite/Apt. #: SDP/WP/Petition #:		·		
Census Tract 60300 Subdivision		City ElliCott City State MD Zip Code 21042		
SectionAreaLot		Home Phone 410 442 0002 Work PhoneApplicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map 16 Parcel 413 Grid 16 - 14		Applicant's Name & Maili	ng Address, (it othe	er than stated hereon):
Zoning KK - D Map Coordinates Lot size		Phone Fax		
Existing Use Single Family hime		Contractor Company Starcom Design Buld		
Proposed Use San		Contact Persony (NVICKG On a not		
Description of Work build a 33' X 21.6'		- Porty Was genanty		
Screened-in porch off rear of home		2835M Columbia 100 PKury		
with hottub/see specisheet		City Columbia State MD Zip Code 2/045		
attached)		License Nd. <u>24247-01</u> Phone(4)09977700 Fax 4109977338		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State Zip Code		Address		
		City State Zip Code		
Phone Fax		Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	<u>Utilities</u>	Building Charac	teristics	<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling SF Too	wnhouse Width .	Water Supply:
No. of stories;	Private Sewage Disposal:	1st floor: 2 1 6	COROLO I	Private Sewage Disposal:
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement Unfin	. 11-7	Public Private
3.000 a.02, 64. 14. por 11001.	Electric Yes \(\) No \(\)	Crawl space X Slab on	Grade 🔼	Electric Yes No
Use group:	Gas Yes □ No □	No. of Bedrooms Height: Multi-family dwellings:		Gas Yes□ No□
Construction type:	Heating System: Electric □ Oil □	No. of efficiency units: No. of 1 BR units:		Heating System:
Reinforced Concrete	Natural Gas □ Propane Gas □	No. of 2 BR units:		Natural Gas ☐ Propane Gas ☐
Masonry Wood Frame	Sprinkler system: N/A	Other Structure:		Sprinkler system: N/A
	Full Partial	Roof Height:		NFPA #13D NFPA #13R Other:
State Certified Modular	Other Suppression # of Heads	State Certified Mod		Oulet.
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS:	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPL	Manufactured Hon	ORRECT; (3) THAT HE/SHE V	VILL COMPLY WITH ALL REGULATIONS OF
HOMARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/ THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	INSPECTING THE WORK PERMITTED AND POSTING N	OTICES.	ESCRIBED IN THIS APPLICATION	on; (5) THAT HEISHE GRANTS COUNTY OFFICIALS
Applicant's Signature		Print Name	WY CY	geraning
Stancton Alsign	Build	5-3	29-07	
	Checks payable to: DIRECTOR OF	Date Finance of Howard C ATLY AND LEGIBLY.**	COUNTY	
	- FOR OFFIC	EUSE ONLY-		
AGENCY DATE Land Development, DPZ		DPZ SETBACK Front;		PROPERTY ID#:
State Highways Building Official	Committee of the commit	Rear Skie:		nit fee 5 se tex 5
Dev. Engineering, DPZ	BAR-	Side St:	Add	i per, fee 5
Health 3/24/07 Fire Protection 4	yaqoru	All minimum settlecks met? YES [] NO []		ALFEES \$
la Sediment Control approval required prior to	enuo?	la Entrance Perr	nit required? Bala	nce due : S
YES (I NO (I	era a sur response a construction of the const	YES 🗆 NO 🖸	Che	
		Historic District?	Valk	detion #
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CONTINGENCY CONSTRUCTION ONE STOP SHOP:		The second secon	Zone	Accepted by

