RECEIVED

PERMIT NUMBER: B 2 | 202274

DATE ACCEPTED:

JUN 15 2021



RESIDENTIAL BUILDING PERMIT APPLICATION ERMITS

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED							3. 数之情
Street Address: 143 18 (COXBURY)	n EADO	in C	RIVE		Unit:		
City: GLEN WOOD PTD		State: MD	7		Zip Code:	× 17 38	?
Subdivision/Village/Complex Name:			S	SDP/WP/BA #		1 1 00	
Lot: Tax Map:	Parcel:		Grading Pe	ermit #:			
DESCRIPTION OF WORK REQUIRED							
Existing Use: NONE Proposed	d Use: Ther	ATER /	TU ROD	m	Estimated C	ost: \$ 50	,000
Trade Work to Be Completed (Separate Permits Required):	Mechanical (H)	VACR)	Electrical	□ Plumbing	□ None	- 00	,000
REMOVE 31' OF NON M	BEARINS	WALL	FIN	いろか、フ	50 F	TOF	
EXISTING UN FINISHED.	ARE, AS	NEU	ARE		BE	TUAR	EA
AND THEATER ROOM	B	ASEMI	1	,	MASEMO		
PROPERTY OWNER INFORMATION REQUIRE	D						
Owner(s) Name(s) (As it appears on tax records): GRE	3 40W	E			Primary Resi	idence: 🗷 Ye	es 🗆 No
Owner's Street Address: 14 318 ROX BUI			N DE	PIUE			
City: GUEN WOOD		State: M	0		Zip Code: o	2173	8
Phone: 443 472 1933	Email: 6	RESP) Lou	JEWE	タムナカー	com	
APPLICANT NAME REQUIRED - INDIVIDUAL I	WHO SIGNS T	HIS APPLIC	ATION				
Business Name: GRACE BROTHERS	CUIST	Contact Nan	ne: WILL	-1 AM	GRA	Œ	
Street Address: 13606 BROOKLINE RI	0						
City: BALD UIN		State:	10		Zip Code:	1/0/3	
Phone: 410 299 5760	Email: 13	LLSMA	CELIA	060			
CONTRACTOR INFORMATION REQUIRED							
Business Name: GPALE BROTHERS CU	STR.						
Licensee's Name: WILLIAM 6 PACE		License #:	870	38			
Street Address: 13600 BROOKLINE Y	S 10						
City: BALDUU		State: M	0		Zip Code:	1013	
Phone: 410 299 5760	Email: 13	1168	ACE d1	206A	MSN.	con	
ARCHITECT/ENGINEER INFORMATION INDIV.	IDUAL WHO S	IGNED PLA	NS, IF APP	LICABLE			
Business Name:		Name:					
Street Address:							
City:		State:			Zip Code:		
Phone:	Email:						
BUILDING CHARACTERISTICS REQUIRED							
Primary Structure: ☑ SF Dwelling ☐ SF Townhouse ☐ SF D						do: ☐ Yes 🖟	Z No
Utilities: ☑ Electric ☑ Gas Water Supply: □ Pub		(Well)		posal: 🗆 Pu		rate (Septic)	
Heating System: ☐ Electric ☐ Natural Gas 💆 Propane ☐				ee Project:			
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	NAME OF TAXABLE PARTY.	✓ Yes	No □ Void	e Evac	
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELEC	CT/COMPLE	TE ALL THA	T APPLY)			
Model Name & Options:	1						
# of Bedrooms (SF): # of efficiency units (MF*):	# of 1 BR (I		# of 2 BR (I	MF*):		f 3 BR (MF*):	
# Rooms: 14 # Full Baths: 4		# Half Baths			# Fireplace	s: X	
Garage/Carport Info:			□ Carport	□ None			
Basement/Foundation Info: Slab on Grade Post & Pi		ned Basement			□ Full or ☑		2.
1st Fl Width: SO . 1st Fl Depth: 3 4 2nd Fl Wi	0	2 nd FI Depth	: 34	Bsmt Width		Bsmt Depth	
Energy Method: Prescriptive Performance UA Alternative	native L ERI	Gross Area:	8	sq ft	Occupiable A	Area:	sq ft
AGREEMENT/ DISCALIMER REQUIRED THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/S	SHE IS AUTHORIZED T	O MAKE THIS APP	LICATION: (2) TH	AT THE INFORMA	TION IS CORRECT	: (3) THAT HE/SH	E WILL COMPLY
WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGH	ETO; (4) THAT HE/SHE	WILL PERFORM N	O WORK ON THE	ABOVE REFEREN	ICED PROPERTY N	IOT SPECIFICALLY	DESCRIBED IN
			- 11	1 2			
William,			G-//-	2/			
APPLICANT'S ORIGINAL SIGNATURE		D#	ATE SIGNED				
FOR OFFICE USE ONLY	1	CHECKS PAYA	ABLE TO: DIREC	TOR OF FINAN	CE OF HOWAR	D COUNTY	
AGENCIES REQUIRED/APPROVALS:							3 1
	□ DED		Health	7/8/2021 F12	_ 0	БНА	□ CID
SUBMITTAL FEEC. 417C 2	T. A.	771	CARGO PAGE		ACCEPTED 5	. \\	nner
SUBMITTAL FEES: PAYMEN	1: 35	15			ACCEPTED E	(C) (C)	JUDIC

