3430 COURT HOUSE DRIV ELLICOTT CITY, MD 210	VE		2737 630		1/2	710-54	
PHRMITS (410) 313-2455 HOW			COUNTY PLICATION	609	609101909		
Building Address 11-12		PULIFIER SHIPE	Property Owner	'e Name	RMITNU	MBER	
FULTON, NAJ	10159		Address \\	25 V 170 VC L	106.5 6	7/77	
Suite/Apt. #: SDP/WP/Petition #:				City TULION State MD Zip Code 70759			
1			Applicant's Nan	Home Phone 3-1 12 Work Phone Applicant's Name & Mailing Address, (if other than stated herein):			
Census Tract Subdivision Mod (55) 1121			1 Applicant s Han	y dates, (if other than stated herein).			
0	Area	Lot 1	- - - - - - - - - -				
Tax Map Parcel Grid Grid			_ Phone Fax				
Zoning Map Coord Existing Use	dinates	Lot Size	EC	5.4			
Proposed Use Estimated Construction Cost \$ 2 - 10 - 10			Contactor Company We whole the Contact Person Address 1951 Address 195				
Description of Work Colors Colors Colors			City State State Zip Code 2107 9				
	HELL TIL		License No. # 17307- Phone 201. 174 - 5394 Fax 501-754-3414				
Occupant or Tenant	A			itect Company	CURLIN	1 3 DED	
Contact Name_MAXX	Welny	NV TOV		Contact Person (LACER + DXAHES TOKE)			
Address 5 1800	Pily	KEAD	Address 10319 CHATION, WAY				
City Chille State	Zip Co	ode 21029	¥ 67	City LANGL State NO Zip Code 20123			
	XXXX V	3449	Phone 301-362-1031Fax (410) 88024762				
BUILDING DESC Building Characteristics	RIPTION -		BUILI	DING DESCRIPTI	ON - RESI	DENTIAL	
Height:	Water Supply	<u>Utilities</u>	SF Dwelling SF 7	haracteristics Fownhouse □	Water Supply	Utilities	
No. of stories:	Public Private		Depth Widt	a	Public		
	Sewage Disp	osal:	2 nd floor:	X 37 0	✓ Private Sewage Disp	osal:	
Gross area, sq. ft. per floor:	Public Private		Basement:	J 302/1 214	Public Private		
Use group:	Electric Y	es □ No □	space □ Sla	finished Basement ⊌ Crawl bon Grade □	Electric Y	es a No a	
Construction type: Reinforced Concrete	The state of the s	es 🗆 No 🗆	No. of Bedrooms			'es □ No □	
Structural Steel	Heating Syste		Multi-family dwelling No. of efficiency units		Heating Syste		
Masonry Wood Frame	Electric (2) Natural Gas	Oil 🗈	No. of 1 BR units:		Electric O	Oil 🗈	
State Certified Modular	Propane Gas		No. of 2 BR units: No. of 3 BR units:		Propane Gas	0	
		em: N/A 🗆	Other Structure:		Sprinkler syst	tem: N/A □	
	Full Partial		Dimensions: Footings:		NFPA #		
	Other S # of He	uppression ads	Roof:		Other:		
			State Certified M	ALCO CONTRACTOR OF THE PARTY OF			
THE UNDERSIGNED HEREBY CERT CORRECT; (3) THAT HE/SHE WILL C	CAN ADDE AS AMJUSTED A	LI DECLU ATIONS OF HOWA	T HE/SHE IS AUTHORIZED T	TO MAKE THIS APPLICA	THAT HE OHE	ATEL LEIGHTORN LOCALOR	
ON THE ABOVE REFERENCED PROP THIS PROPERTY FOR THE PURPOSE	ERTY NOT SPEC	"IFICALLY DESCRIBED IN TH	IIS APPLICATION; (5) THAT H	E/SHE GRANTS COUNTY	OFFICIALS IN	E RIGHT TO ENTER ON	
	OF INSPECTING	THE WORK PERMITTED AND	MARK	S ALCWHO	with the		
Applicant's Signature	HINKE	(A.	Print Name	5. MOWHO		71. 46	
Manhovated Du	KY Walder	1.6 110.	July	16 2009		1/2/1/17	
Title/Company	War 120 8 1 12 1	TANCE TO BE CO	Date			1	
The company	CI	necks payable to: DIRECTO	OR OF FINANCE OF HOW. TE NEATLY AND LEGIBLY	ARD COUNTY			
AGENCY DATE	SIGNATI	- FOI RE APPROVAL	R OFFICE USE ONLY - DPZ SETBACK INFORM	MATION		PROPERTY ID#	
AGENCY DATE Land Development, DPZ	SIGNATO	TE ATTROTTE	Front:		Filing fee	S TO	
State Highways			Rear:		Permit fee	S	
Building Officials			Side:		Excise tax	\$	
Dev. Engineering, DPZ			Side St.:	de St.: Add'i per fee \$		\$ 13 1/1	
Health 8/3/09 Men Acut			All minimum setbacks me	1 minimum setbacks met? TOTAL FEES \$		S \$	
Fire Protection			YES D NO D	NO □ Sub-total paid \$		1 \$	
Is Sediment Control approval required prior to issuance?				Chrrance Permit Required? Balance due \$ 2049 Check #			
YES NO D			YES D NO D Historic District? YES D NO D	istoric District? Validation #			
CONTINGENCY CONSTRUCTION START:			Lot Coverage for New To SDP/Red-line approval da		Ac	cepted by	
Distribution of Copies T:\Operations\		hite: Building Officials	Green: LDD, DPZ Yel	llow: DED, DPZ Pi	nk: Health	Gold: SHA	