Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits

3430 Court House Drive Ellicott City, MD 21043

Permit Number:

		11112	Tio
Building Address: 1,2411 Wat		Property Owner's Name:	
Clarksville M	D 21029	Address: 6085 Mashale	
Suite/Apt. #SDP,	/\A/D / R A #+	City: EKridge State:	1D zip Code: 21075
Suite/Apt. #SUP/	12 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	Home Phone: W	ork Phone:
Census Tract:		Applicant's Name & Mailing Address, (If	•
Section:Are	a:Lot: <u>41</u>) Dan to D. M.
Tax Map: Parcel:_		Phone: 11/3-369-7792 Fax:	1 Sauces
Zoning: Map Coordinate		Phone: 443-369-7792 Fax:	
Existing Use:		Email:	
Proposed Use:		Contractor Company: NY HOn	nes
		Contact Person: Ryan 30	hason
Estimated Construction Cost: \$		Address:	
Description of Work:		State:	Zip Code:
		License No. :	
		Phone:Fax	« :
Occupant or Tenant:		Email:	
Was tenant space previously occupied	P □Yes □No	Engineer/Architect Company:	
Contact Name:		Responsible Design Prof.:	
Address:		_ Address:	
City:	State: Zip Code:	_ City:State:	Zip Code:
Phone:	_Fax:	Phone: Fat	K:
Email:		Email:	
* RUMDING DESCRIP	TION - COMMERCIAL	BUILDING DESCRIPTION	ON RESIDENTIAI
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply	☐ SF Dwelling ☐ SF Townhouse	<u>Water Supply</u>
No. of stories:	☐ Public	<u>Depth</u> <u>Width</u>	☐ Public
Gross area, sq. ft./floor:	☐ Private	1 st floor:	☐ Private Sewage Disposal
	Sewage Disposal	Basement:	□ Public
Area of construction (sq. ft.):	Public	☐ Finished Basement	☐ Private
	☐ Private	☐ Unfinished Basement	Electric: ☐ Yes ☐ No
Use group:	Electric: ☐ Yes ☐ No	☐ Crawl Space	Gas: ☐ Yes ☐ No
	Gas: ☐ Yes ☐ No	□ Slab on Grade	Heating System
Construction type:	Heating System	No. of Bedrooms: Multi-family Dwelling	☐ Electric ☐ Oil
☐ Reinforced Concrete	☐ Electric ☐ Oil	No. of efficiency units:	☐ Natural Gas
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas	No. of 1 BR units:	☐ Propane Gas
☐ Masonry	Sprinkler System:	No. of 2 BR units:	
☐ Wood Frame	□ N/A	No. of 3 BR units:	-
☐ State Certified Modular	□ Full	Other Structure: Dimensions:	
	☐ Partial	Footings:	
	☐ Other Suppression	Roof:	
	No. of Heads:	☐ State Certified Modular	
		Manufactured Home	
WITH ALL REGULATIONS OF HOWARD COUNTY	WHICH ARE APPLICABLE THERETO; (4) THAT HE/S	D TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PI	PROPERTY NOT SPECIFICALLY DESCRIBED IN
Applicant's Signature		Print Name	
Email Address		Date	
Title/Company			

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGIBLY**
-FOR OFFICE USE ONLY-

The second secon		
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	1-24-1	DRunard
Fire Protection		
Is Sediment Control app	roval require	ed for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

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[7]	ONE	CTOD	SHO	D

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		
g Yellow: PSZA.Engineerin	ø	Pink: Healt

Filing Fee	\$ /:
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'I per Fee	\$
Total Fees	\$
Sub- Total Pald	\$
Balance Due	\$



