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

3430 Court House Drive

Automated Line: 410-313-3800 3430 Court House Drive Ellicott City, MD 21043

| Building Address: 12431 WATION DIRECTOR | | | Property Owner's Name: TOM & MINY MODE Address: | | |
|--|----------------------------------|---|--|--|------------------------------|
| Suite/Apt. #SDP/WP/BA #: | | | City: State: Zip Code: | | |
| Census Tract: Subdivision: WA Lout Care Ve | | | Home Phone: 410-463 2136 Work Phone: | | |
| | | 1 1 | | | |
| Section: | Area:Lot: | 64-161 | Applicant's Name & Mailing Addres | ss, (If other tha | n stated herein): |
| Tax Map: Parce | l: Grid: | 100 | | | |
| Zoning: Map Coordinates: Lot Size: | | | Phone: Fax: | | |
| MAZAAL | | | | rax | |
| Existing Use: | CEB | | Email: | | - 1 |
| 110003cu 03c. | | | Contractor Company: | 1.584.04 | in the Hale gran |
| Estimated Construction Cost: \$ | | | Contact Person: TIM TAGE N | | |
| Description of Work: (Water 1 2 at any 5 BK | | | Address: 4181 TEN DAY | | |
| CFD 3 HB. BEAR CAMAGE 1510 | | | City: State: Zip Code: | | |
| 1 or interior FIP 1 Alling HP Partiel Fin. | | | License No. : Phone: Fax: | | |
| T 01 | 24111 vol 15 130 | TISSU | Email: | Fax: | CARL TO THE TAIL |
| Occupant or Tenant: | | 1/5/- 11 | Email: | 15/11/11/1 | |
| Was tenant space previously occupie | d? □Yes | □No | Engineer/Architect Company: | N. John | 1 har 1/3/2 |
| Contact Name: | | | Responsible Design Prof.: | | |
| | | | Responsible Design Prof.: | IV Jers | 11/04 |
| Address: | | | Address: IIAOA LAIDY +151 WAY | | |
| City: State: Zip Code: | | | City: Zip Code: Zip Code: | | |
| Phone: | Fax: | | Phone: 11 442 3667 | Fax: | × |
| Email: | | | Email: | | |
| | | | Lillon, | | |
| | IPTION - COMMERCIAL | | BUILDING DESCRI | PTION – RESIDE | NTIAL |
| Building Characteristics | Utilities | | Building Characteristics | | Utilities |
| Height: | Water Supply | | SF Dwelling SF Townhouse Depth Width | □ Publiċ | Water Supply |
| No. of stories: | Public | | 1 st floor: | Private | |
| Gross area, sq. ft./floor: | ☐ Private | | 2 nd floor: | | wage Disposal |
| | Sewage Dispose | <u> </u> | Basement: | ☐ Public | P. |
| Area of construction (sq. ft.): | Public | | ☐ Finished Basement | ■ Private | |
| | ☐ Private | | ☐ Unfinished Basement ☐ Crawl Space | Electric: | |
| Use group: | Electric: ☐ Yes | □ No | ☐ Slab on Grade | Gas: | ☐ Yes ☐ No eating System |
| | Gas: Yes | □ No | No. of Bedrooms: | ☐ Electric | cuting system |
| Construction type: Heating System | | 2 | Multi-family Dwelling | □ofi | |
| ☐ Reinforced Concrete ☐ Electric ☐ Oil | | | No. of efficiency units: | ☑ Natural Gas | |
| ☐ Structural Steel | ☐ Natural Gas ☐ Propane Gas | | No. of 1 BR units: No. of 2 BR units: | ☐ Propane Gas | |
| ☐ Masonry ☐ Wood Frame | | | No. of 3 BR units: | | |
| ☐ State Certified Modular ☐ Full | | | Other Structure: | | |
| | | | Dimensions: | | |
| Account of the second of the s | | | Footings: | > Roadside Tree Project Permit | |
| □Yes □No □ Other Suppression Roadside Tree Project Permit # No. of Heads: | | | Roof: | ☐Yes ☐No Roadside Tree Project Permit # | |
| Roadside Hee Flojest Fernit W | The strategy | | ☐ State Certified Modular ☐ Manufactured Home | Koadside | Tree Project Permit # |
| WITH ALL REGULATIONS OF HOWARD COUNT | WHICH ARE APPLICABLE THERETO; (4 |) THAT HE/SHE WI R ONTO THIS PROPE | MAKE THIS APPLICATION; (2) THAT THE INFORMAL LL PERFORM NO WORK ON THE ABOVE REFEREI RTY FOR THE PURPOSE OF INSPECTING THE WORLD THE WOR | NCED PROPERTY N | OT SPECIFICALLY DESCRIBED IN |
| JULY Teller I. | 1701 301 | Du | 12 | | |
| Title/Company | | | | | |
| | Checks Payable to: | DIRECTOR OF FI | NANCE OF HOWARD COUNTY | | |
| | **PL | FOR OFFICE | | | |
| AGENCY DATE | SIGNATURE OF APPROVAL | DP7 SETBACK | INFORMATION Fi | ling Fee | 15/50 |
| State Highways | 113 | · | | rmit Fee | \$ |
| | | Front: | | | \$ |
| | | Rear: | Rear: | | \$ |
| | | Side: | Side: | | \$ |
| PSZA (Engineering) | | Side St.: | e St.: | | \$ |
| Health 7-27-1 Pang Benard All minim | | All minimum s | setbacks met? | dd'I per Fee | \$ |
| Fire Protection | | Is Entrance Permit Required? ☐ Yes ☐ No | | otal Fees | \$ |
| Is Sediment Control approval required ☐ CONTINGENCY CONSTRUCTION ST. | 4 | Historic District? ☐ Yes ☐ No | | ıb- Total Paid | \$ |
| ONE STOP SHOP | | Lot Coverage f | for New Town Zone: | alance Due | \$ |

SDP/Red-line approval date:

Yellow: PSZA,Engineering

Pink: Health

