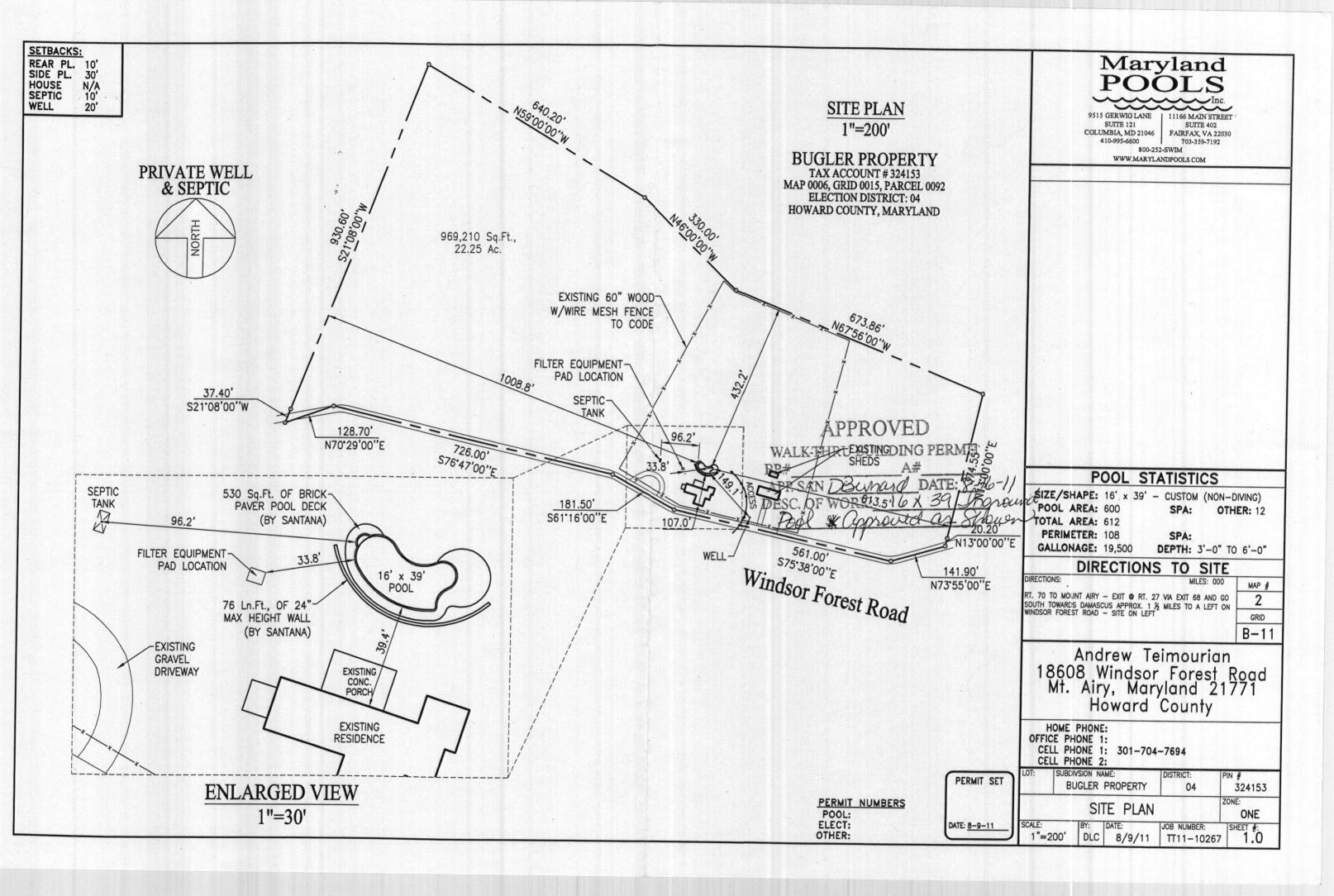
INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 PERMIT NUMBER Property Owner's Name Hydrew 7C

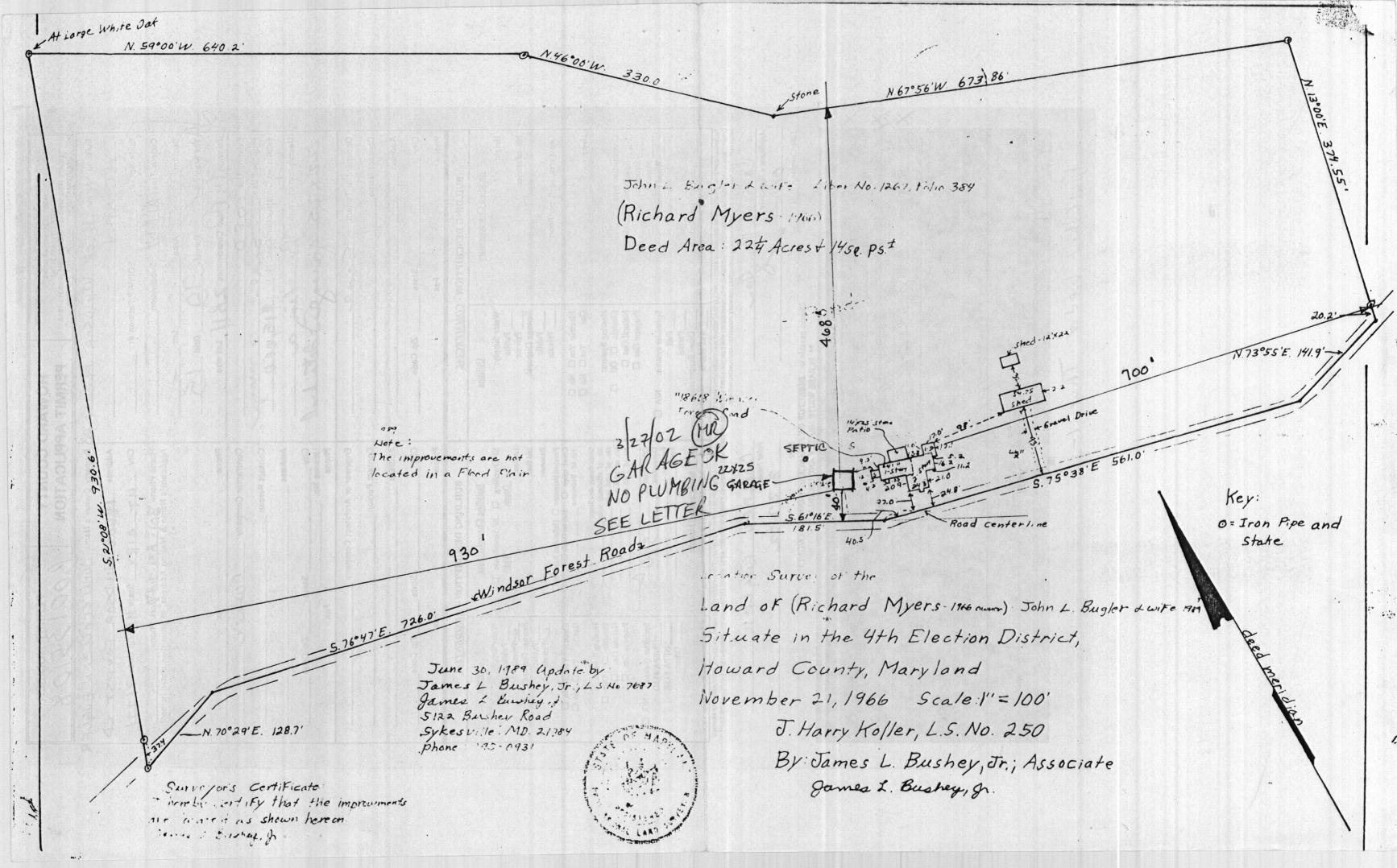
Address 7668 Wind Sor F

City 11+ Air State

Home Phone 201- 704-769 Work Phone

WP/Petition #: Home Phone & Mailing Address, (if other Building Address 360 imour Fores-Zip Code Suite/Apt. #: _____ SDP/WP/Petition #: Applicant's Name & Mailing Address, (if other than stated herein): Subdivision Bugler Prup Census Tract Tax Map 00() 6 Parcel 0092 Grid 0015 Zoning Map Coordinates Lot Size Phone Fax Existing Use 5(70)
Proposed Use 5(70) Contractor Company MACY IAN & Contact Person
Address 9515 State My Zip Code 21046 Estimated Construction Cost \$_ Description of Work Thereon de Could X 39 Jin City Count A State
License No. Count concre-License No.
Phone CEAC YAA 15-6600 Fax Occupant or Tenant dode Engineer or Architect Company Contact Name Contact Person Address Address __ State ____ Zip Code_ State___ Zip Code Phone Fax BUILDING DESCRIPTION - RESIDENTIAL BUILDING DESCRIPTION - COMMERCIAL **Building Characteristics Utilities Building Characteristics** Height: Water Supply: SF Dwelling □ SF Townhouse □ Water Supply: Public Private Width Public Depth 1st floor: 2nd floor: No. of stories: Private Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor: Basement: Public Public Private Private Finished Basement
Unfinished Basement
Crawl space
Slab on Grade Use group: Electric Yes No D Electric Yes □ No □ No. of Bedrooms Construction type: Yes □ No 🗷 Gas Yes D No D Gas Reinforced Concrete Multi-family dwellings: Structural Steel Heating System: Heating System: No. of efficiency units: Masonry Oil II Electric Oil 🗆 Electric No. of 1 BR units: Natural Gas Wood Frame Natural Gas No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A □ Sprinkler system: N/A Other Structure: NFPA #13D _ Full Dimensions: NFPA #13R Partial Footings: _ Other Suppression Other: Roof: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Applicant's S ignature **Print Name** Email Address Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.**
- FOR OFFICE USE ONLY -SIGNATURE APPROVAL **DPZ SETBACK INFORMATION** PROPERTY ID# Land Development, DP2 Filing fee State Highways Permit fee Rear: **Building Officials** Side: Excise tax Dev. Engineering, DPZ Add'l per fee \$_ Side St.: Ø All minimum setbacks met? TOTAL FEES \$ **Fire Protection** YES D NO D Sub-total paid \$ Is Sediment Control approval required prior to issuance? Is Entrance Permit Required? Balance due YES D NO D YES D NO D Check **Historic District?** YES D NO D CONTINGENCY CONSTRUCTION START: Lot Coverage for New Town Zone ONE STOP SHOP: SDP/Red-line approval date Accepted by **Distribution of Copies** White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:\Operations\Updated forms





CONTINGENCY CONSTRUCTION START: ONE STOP SHOP: Distribution of Copies- White: Building Official Green: LDD, DPZ Twforms/PERMIT.FRM UMALLHALL Live of Marketing Mark	pment, DPZ avs fotal on On Control approval required prior to is FES [] NO []	REBY CERTIFIES AND AGREES AS FOLLOWS: (1) UPILICABLE THERETO; (4) THAT HE/SHE WILL P PERCY FOR THE PURPOSE OF INSPECTING THE W PRICE A		BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Height: Water Supply: Private Private Sewage Disposal:	Description of Work ZZXZS Occupant or Tenant Contact Name Address State State Zip Code Fax	SDP/WP/Petition #: SDP/WP/Petition #: Subdivision Lot Parcel Grid Coordinates 28 Lot size Coordinates 28 Lot size	SES AND PERMITS AND PERMITS AND PERMITS BY (410)313-1810 BY (410)313-1810 BY (410)313-1800 PERMIT BY (410)313-1800
Cot Coverage for New Town Zone Lot Coverage for New Town Zone SDP/Red-line approval date Accepted by Yellow: DED, DPZ Pink: Health Gold: SHA Rew 5/17/100	Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY *** PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY - DPZ SETBACK INFORMATION Fruing fee Rear: Side St. All minimum setbacks met? YES □ NO □ Historic District? Validation Total Fees Sub-total paid Sub-total p	PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICAL THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICAL THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRANTS COUNTY OFFICIALS THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED IN THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIPTION OF THE PROPERTY NOT SPECIFICALLY DESCRIPTION OF THE RIGHT TO PROPERTY NOT SPECIFICALLY DESCRIBED TO PROPERTY NOT SPECIFICALLY DESCRIPTION OF THE RIGHT TO PRO	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: State Certified Modular Manufactured Home Manufactured Home	BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics SF Dwelling	NoSt	Address 13608 WILLDSOR FOR STEP SUBLE COLLEGE BOWLE COLLEG	COUNTY PERMIT NUMBER PLICATION 80013510

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