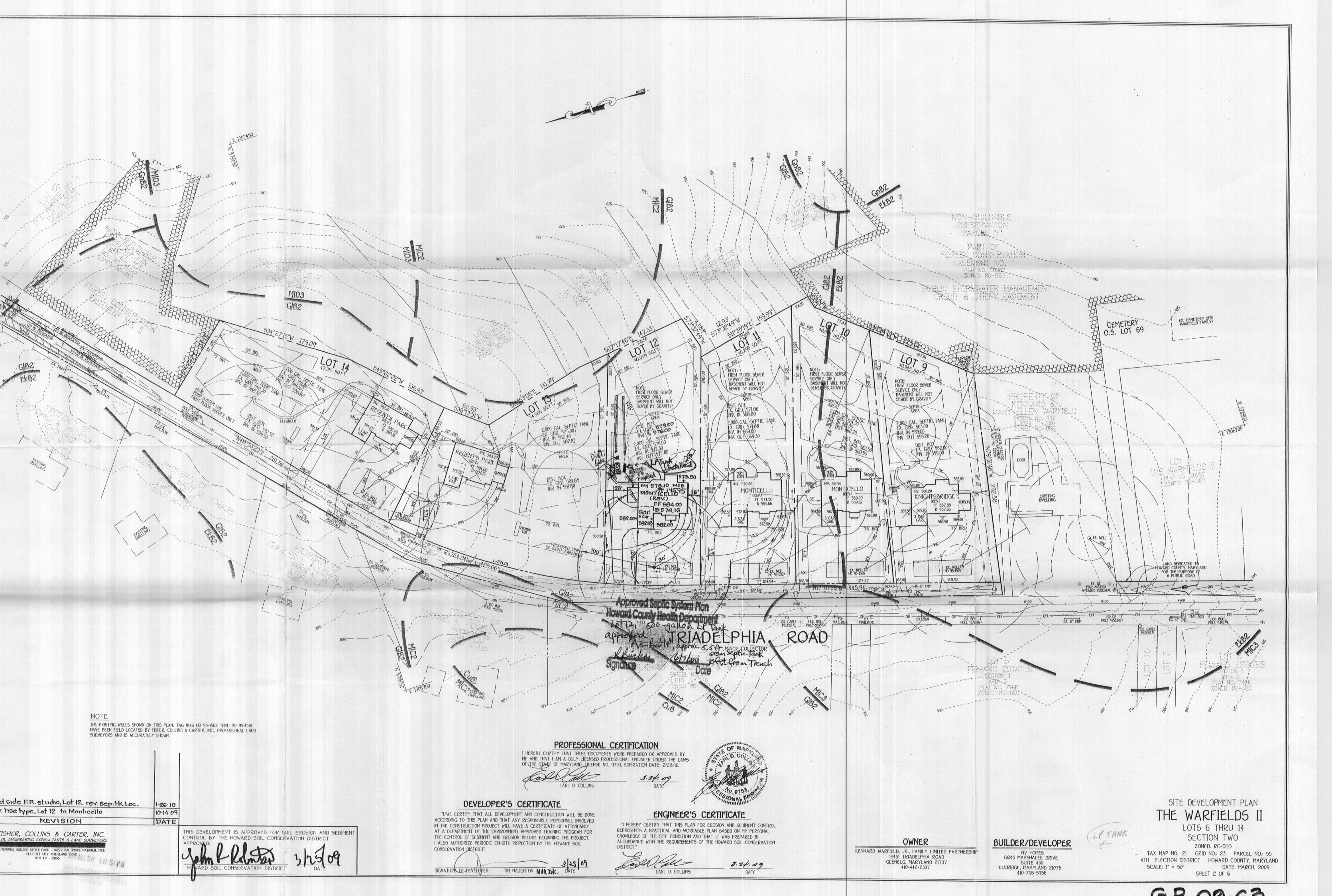
DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B/000/389

AUTOMATED INFORMATION (410) 3				
Building Address 14595 Translation (Children and Children		Property Owner's Name NV 1011- Address OS5 1111 Strate No. 7 in Code NV 15		
Suite/Apt. #: SDP/WP/Petition #:		City State Work Phone Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated herein):		
Census Tract Subdivision Subdi		T		
Section Area Lot 2		443.340.1229 212.16 12.16		
Tax Map 21 Parcel	55 Grid 23	7 570 122	2 7 100	
Zoning Map Coordinates Lot Size		Phone 410 119 5956 F	Phone 410 179 5956 Fax 410 179 2430	
Proposed Use Propo		Contractor Company	A HUMAN COLS	
Estimated Construction Cost \$ \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Address 301 (1) Address		
Description of Work		City T State	Zip Code 2019	
CHARLEGUAS PROPERTY THE THE IN		City State State		
STIKEL GIV LINE TO HOUT.		Phone - Tig- III Fa	Phone 41 799 1114 Fax 41 799 0832	
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
CityState	Zip Code	City State	Zip Code	
PhoneFax		Phone	PhoneFax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTI	BUILDING DESCRIPTION – RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply:Public	SF Dwelling	Water Supply: Public	
No. of stories:	Private	1 st floor:	Private	
Gross area, sq. ft. per floor:	Sewage Disposal: Public	2 nd floor: Basement:	Sewage Disposal: Public	
I lea groups	Private	Finished Basement Unfinished Basement Crawl	Private	
Use group:	Electric Yes No	space □ Slab on Grade □ No. of Bedrooms	Electric Yes □ No □	
Construction type: Reinforced Concrete	Gas Yes 🗆 No 🗆		Gas Yes 🗆 No 🗆	
Structural Steel	Heating System:	Multi-family dwellings: No. of efficiency units:	Heating System: Electric □ Oil □	
Masonry Wood Frame	Electric □ Oil □ Natural Gas □	No. of 1 BR units:	Natural Gas	
	Propane Gas □	No. of 2 BR units: No. of 3 BR units:	Propane Gas	
State Certified Modular	Sprinkler system: N/A □	Other Structure:	Sprinkler system: N/A □	
	Full Partial	Dimensions:		
*	Other Suppression	Footings:Roof:	Other:	
	# of Heads	State Certified Modular		
		Manufactured Home		
THE UNDERSIGNED HEREBY CERT	TIFIES AND AGREES AS FOLLOWS: (1) THAT	HE/SHE IS AUTHORIZED TO MAKE THIS APPLIC	ATION; (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 WORLD 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.				
THIS PROPERTY FOR THE PURPOSE	OF INSPECTING THE WORK PERMITTED AND	POSTING NOTICES.	2	
- lefter	- k	Print Name	s · · · · · · · · · · · · · · · · · · ·	
Applicant's Signature		Print Name	,	
Email Address				
PRUMPIL IN	VALUET	5/16/10		
Title/Company		Date		
* * *		R OF FINANCE OF HOWARD COUNTY E NEATLY AND LEGIBLY.**		
	- FOR O	FFICE USE ONLY -		
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION Front:	Filing fee \$	
State Highways R		Rear:	Permit fee \$	
Building Officials Si		Side:	Excise tax \$	
Dev. Engineering, DPZ S		Side St.:	Add'l per fee \$	
		All minimum setbacks met?	TOTAL FEES \$	
Fire Protection		YES □ NO □	Sub-total paid \$	
		Is Entrance Permit Required? YES □ NO □	Balance due \$Check #	
I.		Historic District? YES □ NO □	Validation #	
CONTINGENCY CONSTRUCTION START: L		Lot Coverage for New Town ZoneSDP/Red-line approval date	Accepted by	



G.P. 09-63

DEPT. OF INSPECTIONS, LICENSES AND PERMITS PERMIT NUMBER HOWARD COUNTY PI. OF INSPECTIONS, LICENSES AND PERMIT 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 PERMIT APPLICATION Property Owner's Name NY Building Address 14595 TRIADelphia Address 6085 marsha 1) 1. City Elkridge Zip Code State Glenely mp Work Phone 410 3 Home Phone Applicant's Name & Mailing Address, (if other than stated herein): SDP/WP/Petition #: Suite/Apt. #: Census Tract Subdivision WARE CIAS To. Kerwin Area_ Section Lot MD 21797 Parcel Tax Map Map Coordinates Lot Size Zoning Existing Use Vreant list Contractor Company_ sme Atwel Contact Person Model
Address Color S McC
City Claractor S
License No. 50
Phone 443 379-59 Proposed Use Sungle Franks Ilee. marsha Estimated Construction Cost \$ State M Zip Code 2 10 5 Description of Work New 2 542 Montreallo 5956 Fax 410 Occupant or Tenant Engineer or Architect Company_ Contact Name Contact Person Address Address City_ Zip Code State ____ Zip Code State City_ Phone Phone Fax Fax BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION – RESIDENTIAL** Building Characteristics
SF Dwelling □ SF Townhouse □ **Building Characteristics** Utilities **Utilities** Height: Water Supply: Water Supply: Public Width <u>Depth</u> **Public** Depth 1st floor: 2nd floor: Basement: Private No. of stories: Private Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor: Public 20 Public Private Private Finished Basement @ Unfinished Basement
 Crawl Use group: space □ Slab on Grade □ Yes □ No □ Yes no □ Electric No. of Bedrooms Electric Construction type: Yes □ No □ Yes ₺ No 🗆 Gas Reinforced Concrete Multi-family dwellings: Structural Steel Heating System: Heating System: No. of efficiency units: No. of 1 BR units: Oil 🗆 Oil 🗆 Masonry Electric Electric Wood Frame Natural Gas Natural Gas No. of 2 BR units: Propane Gas W No. of 3 BR units: State Certified Modular Sprinkler system: N/A Sprinkler system: N/A Other Structure: __ NFPA #13D Dimensions: Partial NFPA #13R 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. Hervin Applicant's Signature Print Name Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.**
- FOR OFFICE USE ONLY -SIGNATURE APPROVAL DATE **DPZ SETBACK INFORMATION** PROPERTY ID # Land Development, DPZ Filing fee Front: State Highways Permit fee **Building Officials** Side: Excise tax Dev. Engineering, DPZ Add'l per fee TOTAL FEES \$ All minimum setbacks met? Fire Protection YES D NO D Sub-total paid \$ Is Entrance Permit Required? Is Sediment Control approval required prior to issuance? Balance due YES D NO D Check

Distribution of Copies T:\Operations\Updated forms

White: Building Officials

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Green: LDD, DPZ

Historic District?

YES D NO D

Lot Coverage for New Town Zone

SDP/Red-line approval date

Yellow: DED, DPZ

Pink: Health

Validation

Gold: SHA

Accepted by

19.17.79

