TIMENT OF INSPECTIONS, LICENSES AND PERMIT 3450 COURT HOUSE DRIVE ELLCOTT CITY, MO 21048 MTS (410) 313-3455 NSPECTIONS (410) 313-1810 AUTOMATED NFORMATION (410) 313-3800 PERMIT NUMBER PM HOWARD COUNTY PERMITAPPLICATION 15917 ing Address hille 1. ma Property Owner's Name Toll MDZ ectione. MD. 21797 Address 3130 Licenze Lone 04-30790 50 PANP/Retition #: # 16160 4102 Subdivision Nourand Firms City_Woodbac State MD Zip Code 21797 Lot Home Phone Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): 20 139 Parcel Grid Map Coordinates R(-D) 7 Lot size / 2 / Arn D Phone 411 489 6 292 Fax S/~ 017 tina Use Contractor Company _____ MDZ Residential posed Use Let timated Construction Cost \$ Contact Person Urr 141 Natha Bardent cription of Work Chan Decsalles Address 7164 Colombia GAMWay Dr. #230 YBIM 41 Altan Charbia 16 State MD Zip Code 7/141 City_ Fontyko License No. Phone UIL USA 6292 Fax UIL USA 629 P TOU MDZ nt or Tenant Engineer or Architect Company FSH Associate Nathan Brandenburg Contact Person ZAch 21 78 Wreelbige Address 8318 Fornet ST. State MO Zip Code 21797 City Ellart City State MD Zip Code 71143 hone 4/1 469 6292 Fax 410 489 6293 Phone 411 751 7251 Fax 411 751 7351 BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Utilities Building Characteristics Utilities int Water Supply: _____Public SF Dwelling D SF Townhouse D Water Supply: 1st floor:). of stories: Width Public Private Sewage Disposal: Private Sewage Disposal: 2nd floor: Public oss area, sq. ft. per floor: Basement: Public Private X Private Finished Bee Finished Besement D Unfinished Be Crawl space D Slab on Grade D No. of Bedrooms Electric Yes D No D Electric Yes I No I Gas Yes No I e group: Gas Yes D No D Heating System: Electric D Oil Heating System: Electric Oil Di Natural Gas D Propane Gas J struction type: Reinforced Concrete Natural Gas Structural Steel Propane Gas Masonry Wood Frame r Structure: Sprinkler system: N/A Sprinkler system: N/A Dimension _ Full NFPA #13D Footings: _____ Roof Height: Partial NFPA #13R State Certified Modular Other Suppression Other: State Certified Modular # of Heads Manufactured Home LERGIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE TH IS COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ADD HIT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POS (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRAVITS COUNTY OF Ner Bazi Nathen Brandenher t's Signature Oll Brether Print Name 11/105 mpany Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** 01



