## G1200005Z

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:

B12001926

<u> </u>		Lincott City, iv	21013		
Building Address: 483	1 WHARFF LA	ne	Property Owner's Name: BON	ME & BRYANT	O'KANE
			Address: 63/9 ARBO		
E1116017 C.79	md 21043		Address: 6377 AKB	A A	22
Suite/Apt. #SDP/WP/BA #:SDP 12 - 013			City: ElkRidge State: Md Zip Code: 21075		
			Home Phone:	Work Phone:	
	Subdivision:		Applicant's Name & Mailing Add		
Section:	Area: Lot	PARI	Applicant's Name & Mailing Add	iress, (ii other than sta	ted hereing.
Tax Man:	_ Parcel: 634 Grid:			-	
			Phone: 443 - 310 -827	11 -	
Zoning: Map	Coordinates: Lot 9	Size: SAFE	Phone: 473-370 827	/_ Fax:	
Existing Use: VACAA	+ CAN d	_	Email:		
Parent	Land SED		Contractor Company: MONR	nue Porte	Camp
Proposed Use:	1 400, WD		Contact Person: Andy	COMMINIS	Garage
Estimated Construction Cost:	5 7 400,000		Address: 12350 Wella	Spanne	
Description of Work: Ne	w modular Region	dence	City: Man and State:	Ma Zin Coda	2.020
	,		City: /// State:	Zip code.	4///
			License No. : 5965	Face	
	·		Phone: 4/8 - 4/8 - 8850	7 Pax:	
Occupant or Tenant:			Email: And 9300 (c	Ho! . 18#1	
Was tenant space previously	occupied? □Yes	□No	Engineer/Architect Company:		
Contact Name:			Responsible Design Prof.:		_
Address:			Address		
			Address:		-
City:	State: Zip Coo	le:	City:State:	Zip Code: _	
Phone:	Fax:		Phone:	Fax:	
Email:			Email:	947	
Ellian.			Ellian.		
BUILDIN	G DESCRIPTION - COMMERCIAL		BUILDING DES	CRIPTION - RESIDENTIAL	
Building Characterist	ics Utilitie	es .	Building Characteristics		illties
Height:	Water Su	pply	□ SF Dwelling □ SF Townhous	se <u>Wate</u>	r Supply
No. of stories:	☐ Public	-	Depth Widt		
Gross area, sq. ft./floor:	☐ Private		1 <sup>st</sup> floor:	<b>D</b> Private	
	Sewage Dis	enosal	2 <sup>nd</sup> floor:		: Disposal
Area of construction (sq. ft.		-	Basement:	☐ Public	
Area of construction (sq. 1t.	ALCOHOL STREET		☐ Unfinished Basement ☐ Unfinished Basement	Electric:	res □ No
\ <del>.</del>	☐ Private		Crawl Space	Gas:	1000
Use group:	Electric:		☐ Slab on Grade		a System
	Gas: ☐ Yes	i □ No	No. of Bedrooms: 3	☐ Electric	2.2.2.1.1.1.1
Construction type:	Heating Sy	<u>stem</u>	Multi-family Dwelling	□oil	
☐ Reinforced Concrete	☐ Electric ☐ C	Pil	No. of efficiency units:	☐ Natural Gas	
☐ Structural Steel	☐ Natural Gas ☐ F	ropane Gas	No. of 1 BR units:	☐ Propane Gas	
☐ Masonry	Sprinkler Sy	rstem:	No. of 2 BR units:		
☐ Wood Frame	□ N/A	The state of the s	No. of 3 BR units:		
☐ State Certified Modular	□ Full		Other Structure:		
	The state of the s		Dimensions:		ALL THE REST COME. THE
	Partial Partial	I			PAR WYCHOUT PARTIE
	Permit Partial	_	Footings:	Róadulde T	
Tyes	No Other Suppression		Roof:	No Dyes	SNO
	No Other Suppression		Roof: State Certified Modular		SNO
Roadside Tree Project Pe	No. of Heads:		Roof: State Certified Modular Manufactured Home	Start Star	Project Permit #
Roadside Tree Project Pe	No. of Heads:	SHE IS AUTHORIZED TO	Roof:    State Certified Modular   Manufactured Home	Roadside True	Project Permit #
Roadside Tree Project Po	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE	SHE IS AUTHORIZED TO	Roof: State Certified Modular Manufactured Home	Roadside Tree	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWAR THIS APPLICATION; (5) THE FISHER	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PRO	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORWILL PERFORM NO WORK ON THE ABOVE REFFERTY FOR THE PURPOSE OF INSPECTING THE VERTICAL PROPERTY FOR THE VERTI	Roadside Tree	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWART THIS APPLICATION; (5) THE FIRST Applicant's Signature	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PROI	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORM NO WORK ON THE ABOVE REFLERNY FOR THE PURPOSE OF INSPECTING THE	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWART THIS APPLICATION; (5) THE FIRST Applicant's Signature	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PROI	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORWILL PERFORM NO WORK ON THE ABOVE REFFERTY FOR THE PURPOSE OF INSPECTING THE VERTICAL PROPERTY FOR THE VERTI	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWART THIS APPLICATION; (5) THE FIRST Applicant's Signature	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PROI	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORWILL PERFORM NO WORK ON THE ABOVE REFFERTY FOR THE PURPOSE OF INSPECTING THE VERTICAL PROPERTY FOR THE VERTI	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWART THIS APPLICATION; (5) THE FIRST Applicant's Signature	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PROI	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORMUL PERFORM NO WORK ON THE ABOVE REFERRY FOR THE PURPOSE OF INSPECTING THE VIRTH Name	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWART THIS APPLICATION; (5) THE FIRST Applicant's Signature	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE	SHE IS AUTHORIZEO TO TO; (4) THAT HE/SHE V ENTER ONTO THIS PROI	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORMUL PERFORM NO WORK ON THE ABOVE REFERRY FOR THE PURPOSE OF INSPECTING THE VIRTH Name	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWAR THIS APPLICATION; (5) THE FISHER  Applicant's Signature  Part 9 300 C Final Address  DENNER	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SRANTS COUNTY OFFICIALS THE RIGHT TO I	SHE IS AUTHORIZED TO TO; (4) THAT HE/SHE VENTER ONTO THIS PROID	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORMUL PERFORM NO WORK ON THE ABOVE REFERRY FOR THE PURPOSE OF INSPECTING THE VIRTH Name	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWAR THIS APPLICATION; (5) THE FISHER  Applicant's Signature  Part 9 300 C Final Address  DENNER	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO I	ENTER ON TO THIS PROPERTY OF THE PROPERTY OF T	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORM IN OWNER ON THE ABOVE REFI VERTY FOR THE PURPOSE OF INSPECTING THE V  WINTER NAME  GG G G G G G G G G G G G G G G G G G	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWAR THIS APPLICATION; (5) THE FISHER  Applicant's Signature  Part 9 300 C Final Address  DENNER	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO I	ENTER ON TO THIS PROPERTY OF THE PROPERTY OF T	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORM  MILL PERFORM NO WORK ON THE ABOVE REFI PERTY FOR THE PURPOSE OF INSPECTING THE WITHIN THE PURPOSE OF	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWARS THIS APPLICATION; 151 THE FISHER  Applicant's Signature  Applicant's Signature  Dad 9 300 C  Email Address  Diwker  Title/Company	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S D COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO I	SHE IS AUTHORIZED TO TO; (4) THAT HE/SHE VENTER ONTO THIS PROID  PI  TO D  TO	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORM IN OWNER ON THE ABOVE REFI VERTY FOR THE PURPOSE OF INSPECTING THE V  WINTER NAME  GG G G G G G G G G G G G G G G G G G	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI	Project Permit if
THE UNDERSIGNED HEREBY CERTIFIES WITH ALL REGULATIONS OF HOWARS THIS APPLICATION; 151 THE FISHER  Applicant's Signature  Applicant's Signature  Dad 9 300 C  Email Address  Diwker  Title/Company	Other Suppression No. of Heads:  S AND AGREES AS FOLLOWS: (1) THAT HE/S DC COUNTY WHICH ARE APPLICABLE THERE SPANTS COUNTY OFFICIALS THE RIGHT TO  ACL. COM  Checks Payab	SHE IS AUTHORIZED TO TO; (4) THAT HE/SHE VENTER ONTO THIS PROID  PI  TO D  TO	Roof:  State Certified Modular  Manufactured Home  MAKE THIS APPLICATION; (2) THAT THE INFORMING PROPERTY FOR THE PURPOSE OF INSPECTING THE VARIABLE WITH Name  (6/6/26/1)  FINANCE OF HOWARD COUNTY  ATLY & LEGISLY**	MATION IS CORRECT; (3) THA ERENCED PROPERTY NOT SPE WORK PERMITTED AND POSTI SPENDED TO THE PROPERTY NOT SPENDED TO THE PERMITTED AND POSTI SPENDED TO THE PERMITTED AND POSTI SPENDED TO THE PERMITTED TO THE PER	THE/SHE WILL COMPLY CIFICALLY DESCRIBED IN NG NOTICES.

**Bullding Officials** PSZA (Zoning) PSZA ( Engineering ) Health Fire Protection

Is Sediment Control approval required for issuance? 

✓ Yes 

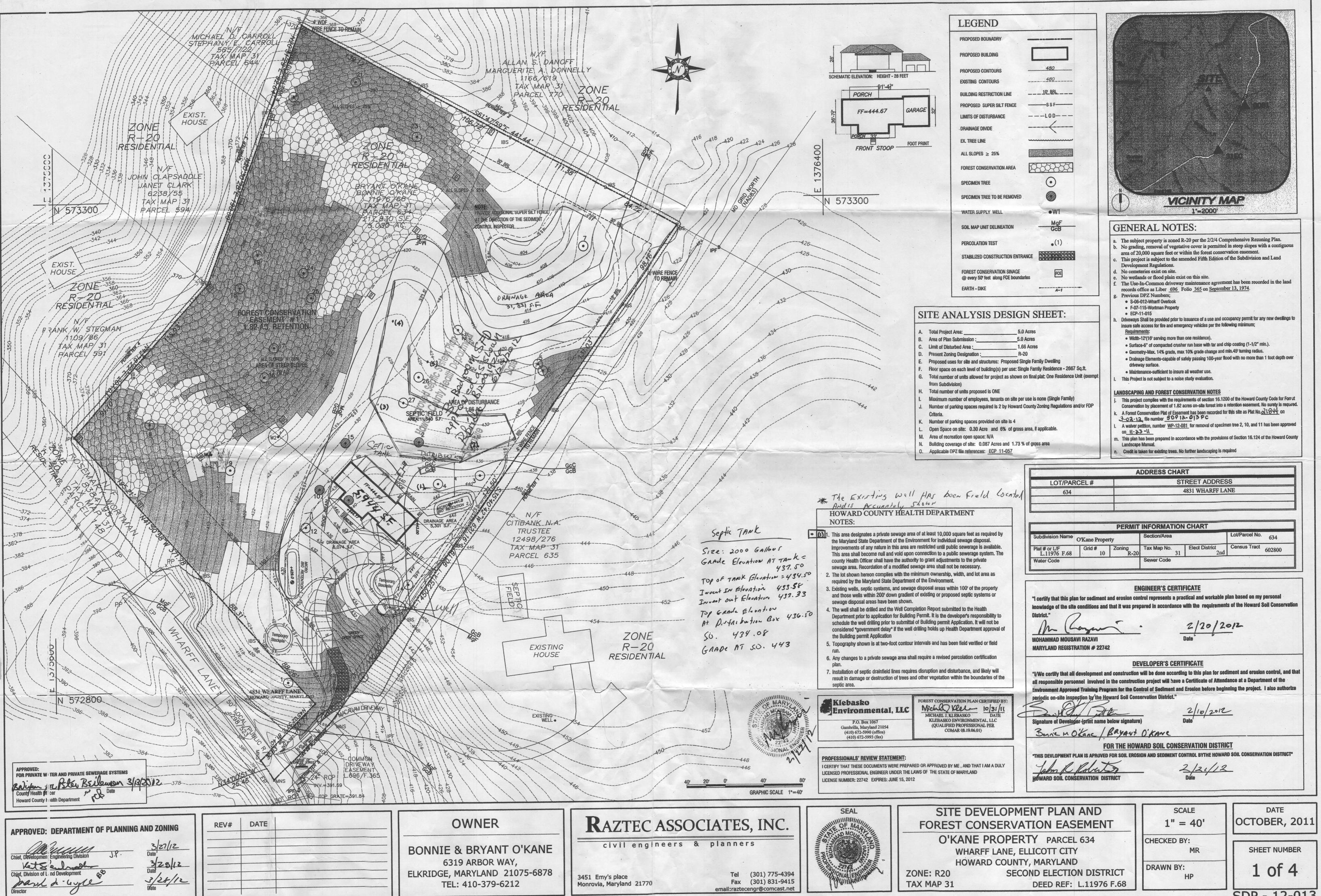
No

☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

	PZ SETBACK INFORMATION		
۳	PZ SEI BACK INFORMATION		
F	ront:		
R	ear:		
S	ide:		
S	lde St.:		
A	Il minimum setbacks met?	☐ Yes	□No
15	Entrance Permit Required?	☐ Yes	□No
Н	Istoric District?	☐ Yes	□No
L	ot Coverage for New Town Z	one:	
S	DP/Red-line approval date:		

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Gold: SHA



SDP - 12-013