LE CB150	Building Permi Howard Count Department of Inspections 3430 Court H Permits: 410 www.howardco	y Maryland Date Received: Licenses and Permits ouse Drive 313-2455
Building Address: 13710 V	VYE RIVER DR	Property Owner's Name: SHANTI DABARE
City: DAYTON State:		Address: 13710 WYE REVER
Suite/Apt. #SDP/		City: DAYTON State: MD Zip Code: 21030 Phone: 4439830494 Fax:
		Email:
Census Tract:		410 525-1122
Section: Area:	Lot:	Applicant's Name & Mailing Address, (If other than stated herein)
.Tax Map: Parcel:	Grid:	Applicant's Name:Address:
Zoning: Map Coordinate	es: Lot Size:	City: State: Zip Code:
		Phone: Fax:
Existing Use:		Email:
Proposed Use:SFDWF	nished basement	Contractor Company:
Estimated Construction Cost: \$ 20	.000	Contact Person: Owner
Description of Work:		Address.
BATH Roome, Rest &		City: Zip Code: License No. : T Phone:
	oom birk me	Phone: Fax:
ORY WALLS		Email:
Occupant or Tenant:	<i>k</i> ,	
Was tenant space previously occupied?	□Yes □No	Engineer/Architect Company:
Contact Name:		Responsible Design Prof.:
Address:		Address:
	Zip Code:	Aduliess,
	V V	City:State: Code:
Phone:	Fax	Phone: Fax:
Email:		Email:
Commercial Building Characteristics	Posidetial Duilding Characteristics	Utilities
Height:	Residential Building Characteristics	Water Supply
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	Sewage Disposal
Area of construction (sq. ft.):	Basement:	
1050 SF	Finished Basement Unfinished Basement	
	Crawl Space	Private Electric: Yes No
Construction type:	□ Slab on Grade	
Reinforced Concrete	No. of Bedrooms:	
Structural Steel	Multi-family Dwelling	Heating System
Masonry Wood Frame	No. of efficiency units: No. of 1 BR units:	
State Certified Modular	No. of 2 BR units:	🔁 Natural Gas 🗆 Propane Gas
	No. of 3 BR units:	Other:
	Other Structure:	Yes No
	Dimensions:	
Roadside Tree Project Permit	Footings:	Grading Dormit Number
Poodsido Trop Project Pormit #	Roof:	Grading Permit Number:
Roadside Tree Project Permit #	State Certified Modular Manufactured Home	Building Shell Permit Number:
WITH ALL REGULATIONS OF HOWARD COUNTY Y	which are applicable thereto; (4) that he/she JNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PRO ac/. Com.	MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMF WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED PERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN rint Name MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMF PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN rint Name MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMF PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN rint Name MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMF PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN FILL PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. NILO NEGAPATAN PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.
	Checks Payable to: DIRECTOR OF	
	PLEASE WRITE N -FOR OFFIC	ATLY & LEGIBLY E USE ONLY-
ACENICY		CINFORMATION Filing Fee \$
	IGNATURE OF APPROVAL Front:	Permit Fee \$
State Highways	Rear:	Tech Fee \$ A D
Building Officials	Side: Side St.:	Excise Tax \$
PSZA (Zoning)		setbacks met? 🛛 Yes 🖄 No Guaranty Fund \$
PSZA (Engineering)	Is Entrance I	ermit Required? Yes No Add'l per Fee \$
Health 726	-RBuck Historic Dist	
Is Sediment Control approval required for	or issuance? Yes No SDP/Red-lin	e for New Town Zone: Sub-Total Paid \$ e approval date: Balance Due \$ (235)
CONTINGENCY CONSTRUCTION STAR	T	Check #

Distribution of Copies: White: Building Officials

T:\Operations\Updated Forms\Building appImp 8.2012.docx

Yellow: PSZA,Engineeri

Green: PSZA,Zoning

Balance Due > (2--Check # Pink: Health Check(7, Gold: SHA 1026

