Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits

Permit Number:

Inspections: 410-313-1810 Automated Line: 410-313-3800

3430 Court House Drive Ellicott City, MD 21043

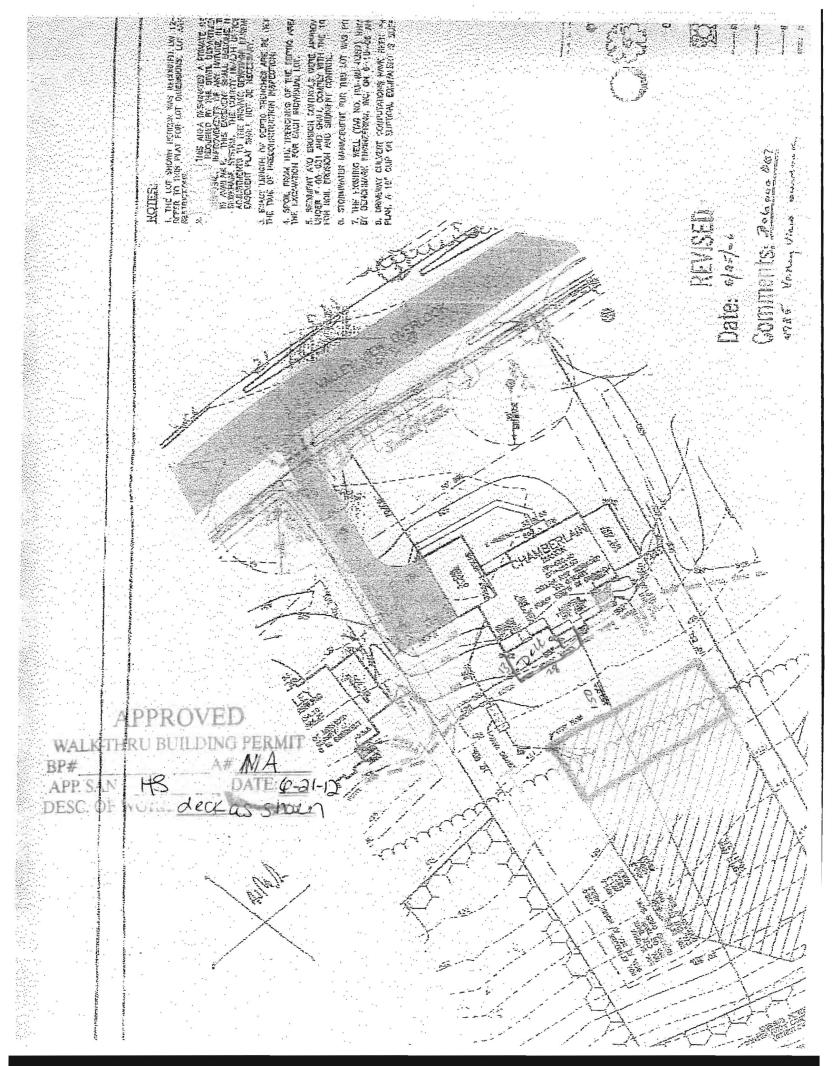
Building Address: 493	5	Valley View	Ovoplock	Property Owner's Name:	villis	m 50	temport	
Ellicott 0	itu	ml 2100		Address: 4935				
Suite/Apt. #		A CALL		city Ellicott City	/			
Census Tract:	Subdivision Ht as							
				Applicant's Name & Mailing	Address, (If	other than state	ed herein):	
Section:		Area:Lot:_	2000					
Zoning: Map	Coordi	nates: Lot Siz	e:	Phone:	Fax: _			
Existing Use:				Email:				
Proposed Use:				Contractor Company: 1/2	Atver	Consta	votion Sta	
Estimated Construction Cost:	\$	\$10,000		Contact Person: Rick Matrey				
Description of Work:	T	eck of	REAR	Address: PO NOK	Address: PO Box 10/8			
	- 1			City: 177 19174 State: 19 2 Zip Code: 21771 License No.: 89780				
				Phone: 301-854-47	12 Fax:	410-63	- 2964	
				Email: Rive Dm	phip	Constant	w beauty,	
Occupant or Tenant:				3219 1971				
Was tenant space previously			□No	Engineer/Architect Company	y:			
Contact Name:				Responsible Design Prof.:				
Address: P.C Bex				Address:				
City: MT AIRY		_ State: Zip Code:	21771	City:Sta	ate:	Zip Code:		
Phone: 301 \$54-48	12	Fax: 410 -635 -	2964	Phone: Fax:				
Email: Rick (3 mar				Email:				
Building Characterist		PTION - COMMERCIAL Utilities		BUILDING Building Characteristi		V - RESIDENTIAL	ities	
Height:	165	Water Supp	dy	☐ SF Dwelling ☐ SF Townh		Water		
No. of stories:		□ Public			Vidth 🗆	Public		
Gross area, sq. ft./floor:		Brivate		1 st floor:	(3	Private		
2004 (C. 1930 - Aprophility 1991 - 19 19 19 19 19 19 19 19 19 19 19 19 19		Sewage Dispo	osal	2 nd floor: Basement:		<u>Sewage</u> Public	<u>Disposal</u>	
Area of construction (sq. ft.)	:	☐ Public		☐ Finished Basement		Private		
422		Private		☐ Unfinished Basement	Ele	ectric: 🗆 Ye	s 🗆 No	
Use group:		Electric:	□ No	Crawl Space	Ga	os: □ Ye		
		Gəs: 🗆 Yes	□No	☐ Slab on Grade No. of Bedrooms:		Heating Electric	System	
Construction type:		Heating Syste	<u>em</u>	Multi-family Dwelling		Oil		
☐ Reinforced Concrete		☐ Electric ☐ Oil		No. of efficiency units:		Natural Gas		
☐ Structural Steel		☐ Natural Gas ☐ Pro		No. of 1 BR units:		Propane Gas		
Masonry		Sprinkler Syste	em:	No. of 2 BR units: No. of 3 BR units:				
☐ Wood Frame		□ N/A		Other Structure:				
☐ State Certified Modular		☐ Full		Dimensions:				
➤ Roadside Tree Project I		☐ Partial ☐ Other Suppression		Footings:	4		e Project Permit	
Roadside Tree Project Pe	The state of the s	No. of Heads:		Roof: State Certified Modular		□Yes	□No Project Permit #	
				☐ Manufactured Home		Noauside ITEE F	Toject Fermit #	
WITH ALL REGODATIONS OF HOWARD	COUNTY REMTS CO	WHICH ARE APPLICABLE THERETO;	(4) THAT HE/SHE W TER ONTO THIS PROP	MAKE THIS APPLICATION; (2) THAT THE IN ILL PERFORM HIS AVORK ON THE ABOVE ERTY FOR THE BURPOSE OF INSPECTING T INT Name	REFERENCED PI	ROPERTY NOT SPEC	FICALLY DESCRIBED IN	
тие/сотрану				NANCE OF HOWARD COUNTY				
			PLEASE WRITE NEA	TLY & LEGIBLY**				
			-FOR OFFICE	USE UNLY-				
	ATE	SIGNATURE OF APPROVAL	DPZ SETBACK	INFORMATION	Filing Fee			
State Highways			Front:		Permit Fe			
Building Officials			Pane		Tech Fee	5	1	

PSZA (Zoning) PSZA (Engineering) Health Fire Protection

Is Sediment Control approval required for issuance? ☐ Yes ☐ No ☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

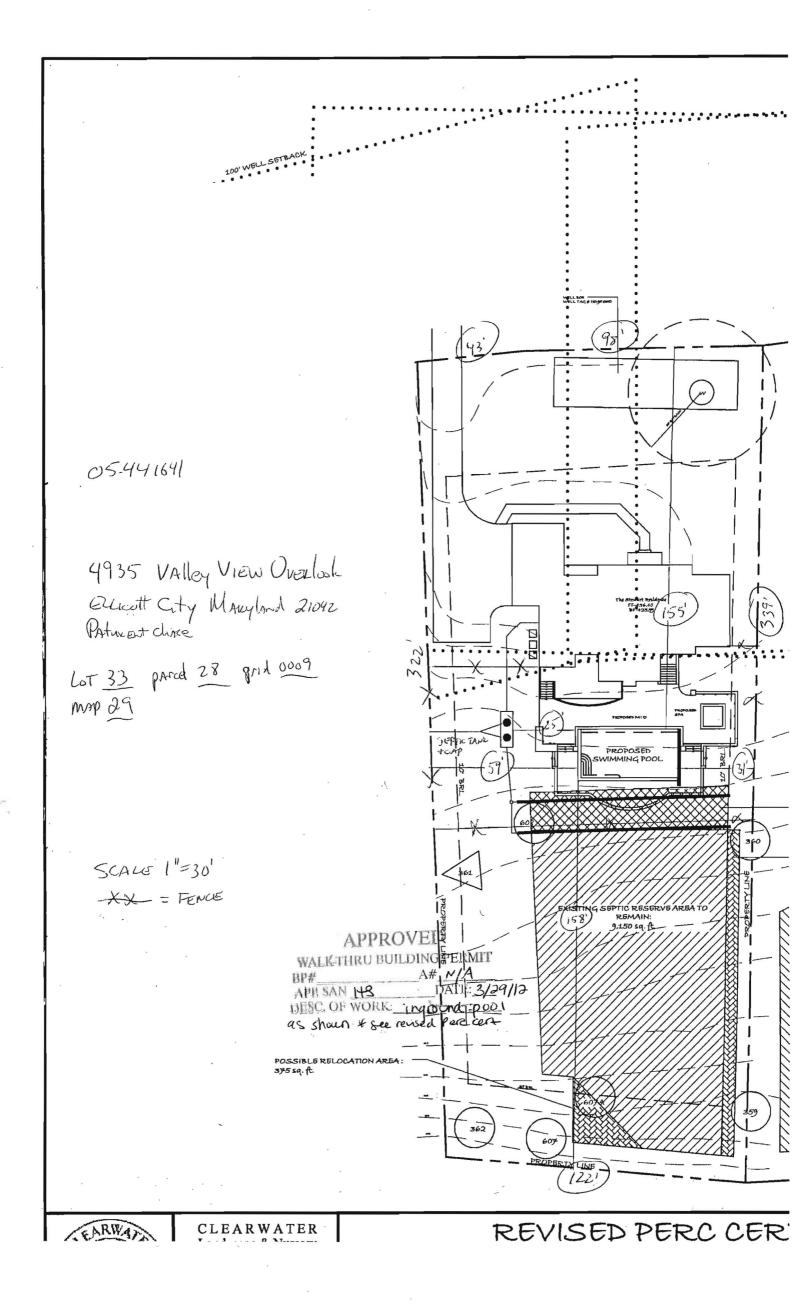
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
5DP/Red-line approval date:		

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



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:

Building Address:	1935	VALLEY VIEW OVER	LDC/L	Addr	ess: <u>4935</u>	lame: WILL	VIEW	overtale	
c :- 1				City/	TLLICOTT	ty State:	MD	Zip Code: 2/	047
Suite/Apt. #		DP/WP/BA #:		1 -				-18.350	
Census Tract:		Subdivision:							
Section:		rea: Lot:	53_		cant's Name 8 <u>みたに Sh. A</u>	Mailing Address	, (If other tha	n stated herein):
Tax Map: 29	Parce	. 28 Grid.		1 -1/4	AFIL JUA	4)-03/			
7	Ann Consulta	nates: Lot Size	1/17 1.	Dhar	410 40	32505 F			
			1.0240	139/11/10/19/201					
Existing Use:	.SED					he Eli	, ,		
Proposed Use:	34	')		Contr	actor Compar	y: 6210	5 Dools		
Estimated Construction C		20000		Conta	act Person:	MIKE St	tA PREV	24	
				Addr	ess: 1503	WINDWOOM	120		
		t 20x40 11	ground	City:	3e/ AIR	State: _ <i>W</i>	Zip (Code: Alpis	
CONCRETE VIDE	11	ence - ade.		Licen	se No. : [1] HI	L 41753			
1	1			Phon	e410663	1946	Fax:		
Occupant or Tenant:	the	ne owner		Emai	I: MIKE	. CELTED	sols.cal		
Was tenant space previou	usly occupie	d? □Yes	□No	Engin	eer/Architect	Company:			
Contact Name:									
Contact Name:				Respo	onsible Design	Prof.:			
Address:				Addr	ess:				
City:		_ State: Zip Code:		City:		State:	Zip Co	ode:	
Phone:		Fax:		1					
				1			Tax		
Email:				Emai	l:				
BUIL	DING DESCRI	PTION - COMMERCIAL				BUILDING DESCRIP	TION – RESIDE	NTIAL	
Building Characte		Utilities				racteristics		Utilities	
Height:		Water Suppl	y	₩s	F Dwelling 🗆	SF Townhouse		Water Supply	
No. of stories:		☐ Public			Depth	Width	☐ Public		
Gross area, sq. ft./floor:		☐ Private			loor:		Private		
		Sewage Dispo	sal		floor:			wage Disposal	
Area of construction (sq	f+ \.	□ Public	307	_	ement:		Public		
Area of construction (sq	. 11.):	100-100-100-100-100-1			inished Basem Infinished Base		Private	Yes 🗆	No
		☐ Private			rawl Space	ement	Electric: Gas:		No
Use group:		Electric: Yes	□No		lab on Grade			leating System	INO
		Gas: Yes	□No		of Bedrooms:		☐ Electric	esting system	
Construction t	ype:	Heating Syste	<u>m</u>		Multi-family	Dwelling	□oil		
☐ Reinforced Concrete		☐ Electric ☐ Oil		No.	of efficiency u	nits:	☐ Natural	Gas	*
☐ Structural Steel		☐ Natural Gas ☐ Pro	oane Gas	No.	of 1 BR units:		☐ Propane	Gas	
☐ Masonry		Sprinkler Syste	<u>rm:</u>		of 2 BR units:				
☐ Wood Frame		□ N/A			of 3 BR units: er Structure:				
☐ State Certified Modu	lar	□ Full			ensions:				
> Roadside Tree Pro	ject Permit	☐ Partial			tings:		> Roads	ide Tree Projec	t Permit
□Yes	□No	☐ Other Suppression		Roc	of:		□Ye		
Roadside Tree Project	t Permit #	No. of Heads:			tate Certified	Modular	Roadside	Tree Project Po	ermit#
					Manufactured	Home	न्याम विद्यालय	THE DIRECTOR	. 3
WITH ALL REGULATIONS OF HOTHIS APPLICATION; (S) THAT HE, Applicant's Signature MALL'E	WARD COUNTY SHE GRANTS C	REES AS FOLLOWS: (1) THAT HE/SHE WHICH ARE APPLICABLE THERETO; OUNDY OFFICAL THE RIGHT TO ENT	(4) THAT HE/SHE W ER ONTO THIS PROP	ERTY FOR T	M NO WORK ON HE PURPOSE OF IN	THE ABOVE REFERENCE ISPECTING THE WORK	CED PROPERTY N	OT SPECIFICALLY DE	SCRIBED IN
Title/Company									
4		Checks Payable to	: DIRECTOR OF F LEASE WRITE NE -FOR OFFICE	TLY & LEC	SIBLY**	JNTY	Manuel E	12	
AGENCY	DATE	SIGNATURE OF APPROVAL				E:II.	ng Fee	\$	
	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK	INFORIVIA	ATION		mit Fee	\$	
State Highways			Front:			1 1 1 1 1 1 1 1 1 1	h Fee	\$	
Building Officials			Rear:				ise Tax	\$	
PSZA (Zoning)			Side:			PSF		\$	
PSZA (Engineering)			Side St.:			-	aranty Fund	\$	
Health	3/29/12	Heir Carl	All minimum	etbacks	net? 🗆 Yes	Cu.	d'I per Fee	\$	
Fire Protection	1 111	1- 4							-
	oval required	I for issuance? ☐ Yes ☐ No			uired?		al Fees	\$	
☐ CONTINGENCY CONSTRUCTION START		Historic Distr	ct?	☐ Yes		- Total Paid	\$		
□ ONE STOP SHOP			Lot Coverage	for New 1	own Zone:	Bal	ance Due	\$	
		*	SDP/Red-line	approval	date:				
				-					



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3/430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 2/1043
PERMITS (4/10) 313-2455 INSPECTIONS (4/10) 313-1810

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White: Building Official

HOWARD COUNTY PERMIT APPLICATION

PE	rmit	NU	JMŁ	るヒト
-				

AUTOMATED BE CHANGE (410) 313-3800	PERMIT AF	PRLICATION	-		
Building Address 4935 VAIL	View overlank	Property Owner's Name		42.	
Citize to Division	7,000	Property Owner's Name			
Ellicott City	1042	Address			
Suite/Apt. #: 05-441 GSP/WP/Pe	tition #:				
	Control of the contro	04.	Ctata	7in Codo	
Census Tract Subdivision	33 4	City			
SectionArea	Lot 3 3	Home Phone	Work	Phone	
Tax Map <u>29</u> Parcel <u>29</u>	erid 9	Applicant's Name & Mailing	Address, (if other	r than stated hereon):	
Zoning (20) Map Coordinates		Phone	Fax	till til Still Berger med bleggerende for Still Berger med bergerende for der bergerende for der bergerende for der bergerende for det betydere bet	
127	*				
Existing Use		Contractor Company			
Proposed Use Estimated Construction Cost \$		Contact Person			
		1			
Description of Work	*	Address			
	·				
*		City	State	Zip Code	
		License No	Fax	8	
		FINIR	гах	· · · · · · · · · · · · · · · · · · ·	
Occupant or Tenant	* *	Engineer or Architect Comp	any	· · ·	
Contact Name		Contact Person			
X	(6)				
Address	· · · · · · · · · · · · · · · · · · ·	Address			
City State _	Zip Code	1	* * 1	e at x	
		City	State	Zip CodeC//	
Phone Fax	* :	At the same of the			
	w ·	Phone	Fax	the the transfer of the terms o	
BUILDING DESCRIPTION	- <u>COMMERCIAL</u>	BUILDIN	IG DESCRIPTION	ON - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Character	ristics	Utilities	
Height:	Water Supply:	SF Dwelling D SF Town		Water Supply:	
_ ,	Public	<u>Depth</u>		Public	
No. of stories:	Private Sewage Disposal:	1st floor:	7	Private Sewage Disposal:	
	Public	Basement:	· ·	Public Private	
Gross area, sq. ft. per floor:	Private	Finished Basement D Onfinish	ed Basement[]		
	Electric Yes No	Crawl space Slab on/Gra	alde □	Electric Yes □ No □ Gas Yes ⊠ No ⊅	
Use group:	Gas Yes□ No□	Height: Multi-family dwellings:		34.5	
	Heating System:	No. of efficiency units: No. of 1 BR units:		Heating System: Electric ☑ Oil □	
Construction type: Reinforced Concrete	Electric Oil	No. of 2 BR units:		Natural Gas M	
Structural Steel	Propane Gas	No. of 3 BR units:		Propane Gas III	
Masonry Wood Frame	Sprinkler australia 11/4 F	Other Structure:		Sprinkler system: N/A □	
VVOO FIAME	Sprinkler system: N/A 🗆	Footings:		NFPA #13D NFPA #13R	
State Certified Medula	Partial Other Suppression	Roof Height:		Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modula Manufactured Home	ar		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS:	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS API	PLICATION: (2)THAT THE INFORMATION IS CORE	RECT; (3) THAT HE/SHE W	ILL COMPLY WITH ALL REGULATIONS OF	
HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE, THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF	SHE WILL PERFORM NO WORK ON THE ABOVE REFE	ERENCED PROPERTY NOT SPECIFICALLY DESCRIPTION	RIBED IN THIS APPLICATION	N; (5) THAT HE/SHE GRANTS COUNTY OFFICIAL	
<u></u>			· · · · · · · · · · · · · · · · · · ·	#s	
Applicant's Signature		Print Name			
8		¥			
Title/Company	Checks payable to: DIRECTOR O	Date F FINANCE OF HOWARD COL	INTY	1	
ymm 4 J g = 255	** PLEASE WRITE N	EATLY AND LEGIBLY. **	ly and a strain of	1	
AGENCY DATE	- FOR OFFI	CE USE ONLY-	CODINATION		
	SIGNATURE APPROVAL	DPZ SETBACK INI	CONTRACTOR OF THE PARTY OF THE	PROPERTY ID#:	
State Highways		Reer:		it fee \$	
Building Official		Side:		e tex S	
Onv. Engineering, DPZ	2 0	Side St.:		per fee \$	
	Racu Donna	All minimum selbecks met?		AL FEES \$	
Fire Protection	YES I NO I		total paid \$		
is Sediment Control approval required prior to i		la Entrance Permit		nce due S	
ALC L		YES D NO D		# # *** **** **** **** ***** # ********	
CONTINGENCY CONSTRUCTION	N START: D	YES D NO D			
ONE STOP SHOP: D		I of Common for Nam/Town 7or			

SDP/Red-line approval date Yellow: DED, DPZ

Green: LDD, DPZ

Accepted by_