

Building Permit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive

Permits: 410-313-2455

www.howardcountymd.gov

Date	Received:	

Permit No.:

City: Suite// Subdiv Lot:	Apt. #Tax Map:	State: _/ SDP/V	r'adelphia Ral MD zip Code: 219 VP/BA #:	042	Property Owner's Name: Ye Address: 12504 Triage City: 571 20th (144 St. Phone: 240 - 3/9 3 Email: Wang 509 @ Applicant's Name & Mailing Adapplicant's Name: Jia Address: 12504 Triage	delinha	Zip Code: 2/0 + 2
Propos	g Use: <u>Residentia</u> sed Use: <u>Residentia</u>	al			City: Wint City 5 Phone: 740-319-1309 Email: Warg 509	Fax:	Zip Code: 2/0+2
Estima	ted Construction Cost: \$_	20,00	00/	-, '-	Ellian. W/A/9/130/	TOUTHER J. CO	
Descri	ption of Work:	deck	in the ba	ck	Contractor Company:		
	of the house				Contact Person:		
	THE NOVE	<u> </u>			Address:		
	•				City:State	::Zip	Code:
					License No. :		
					Phone:	Fax:	
					Email:		
Occup	ant/Tenant Name:				Liliali.		
					- · / · · · · · · · · · · · · · · · · ·		
Was to	enant space previously occu	upled?	□Yes	□No	Engineer/Architect Company: _		
Conta	ct Name:				Responsible Design Prof.:		
			•		Address		
Addre	ss:				Address:		
City:		Sta	ate: Zip Code:		City:State	: Zip C	ode:
Phone	·	F	ax:		Phone:	Fax:	
Email:					Email:		
Con	nmercial Building Characte	eristics	Residential Building Cha	aracteristics	Utilities		
Heig	ht:		☐ SF Dwelling ☐ SF Tow	nhouse	Electric:	No	
No.	of stories:		Depth	Width	Gas: ☐ Yes ☐	No	
Gro	ss area, sq. ft./floor:		1st floor:			2110	
			2 nd floor:		Water Supply		
Area	of construction (sq. ft.):		Basement:		☐ Pyblic		
Aice	or construction (sq. re.).	-	☐ Finished Basement		Private		
Hee	Grauni		☐ Unfinished Basement		Sewage Disposal		
OSE	group:		☐ Crawl Space		□ Public		<u> </u>
-	Construction tone.						
	Construction type:		☐ Slab on Grade		Private		
	einforced Concrete		No. of Bedrooms:		Heating System	2	
☐ Structural Steel		Multi-family Dwelling		☐ Electric ☐ Oil		A MARINE AND A STATE OF THE STA	
Masonry		No. of efficiency units:		☐ Natural Gas ☐ Propane Gas			
	Vood Frame		No. of 1 BR units:			e das	
LUS	tate Certified Modular		No. of 2 BR units:		☐ Other:		
			No. of 3 BR units:		Sprinkler System	<u>n:</u>	
			Other Structure:		☐ Yes ☐ No		
-			Dimensions:				
>	Roadside Tree Project Per		Footings:		Grading Permi	it Number:	Carrier Street, Street
	□Yes □No		Roof:				
F	loadside Tree Project Perm	nit#	☐ State Certified Modula	ar			
			☐ Manufactured Home		Building Shell Per	mit Number:	
APPLIC	LL REGULATIONS OF HOWARD CO	COUNTY WHI	CH ARE APPLICABLE THERETO; (4) FFICIALS THE RIGHT TO ENTER ONT	THAT HE/SHE WILL PE TO THIS PROPERTY FO	KE THIS APPLICATION; (2) THAT THE INFO REFORM NO WORK ON THE ABOVE REFER RETHE PURPOSE OF INSPECTING THE WO TO A WAY Name	RENCED PROPERTY NOT PRK PERMITTED AND PO	SPECIFICALLY DESCRIBED IN THIS
Tist-							
i itie.	Company						
i itie,	/Company		,	DIRECTOR OF FIN. EASE WRITE NEATH			
Title	Company		,	-FOR OFFICE U	Y & LEGIBLY**	Filing Fee	\$

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	7/24	2019 Frut fant

☐ CONTINGENCY CONSTRUCTION START

Rear: Side: Side St.: ☐ Yes ☐ No All minimum setbacks met? Historic District? Lot Coverage for New Town Zone: SDP/Red-line approval date:

Tech Fee Excise Tax PSFS **Guaranty Fund** Add'l per Fee **Total Fees** Sub- Total Paid Balance Due Check

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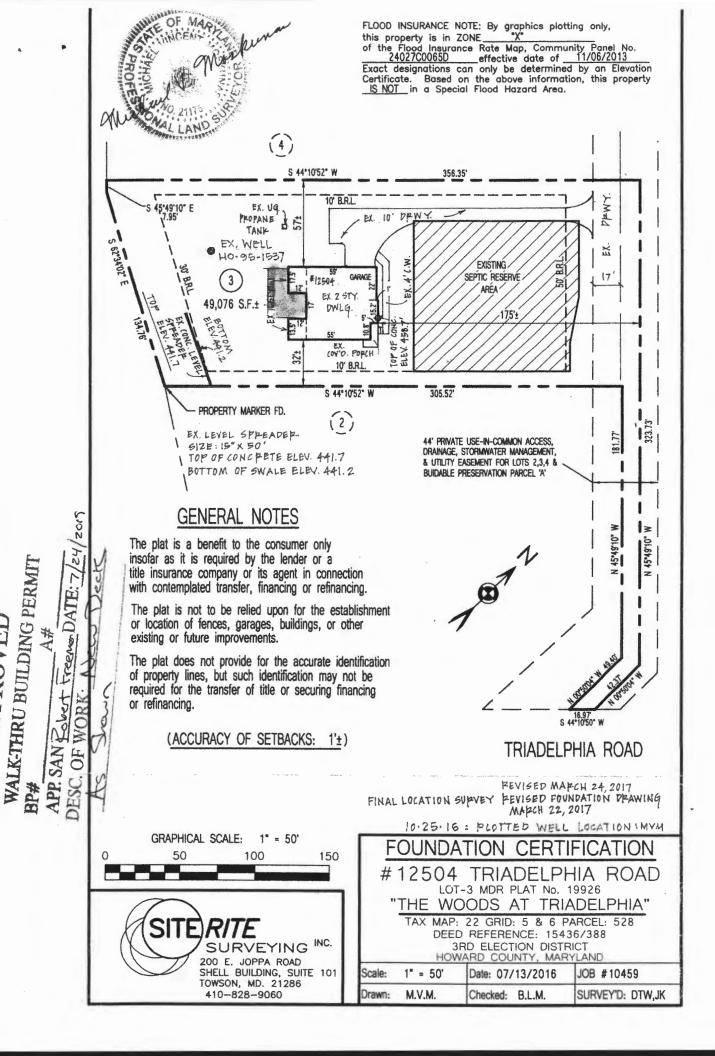
White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



TROVED