DATE ACCEPTED:

RECEIVED



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION

C	www.howardcountymd.gov													
BUILDING			REQUIRE										3	
Street Address:	11706	Teril	unn I	rive						Unit:				
city: Fu Ho	n						State: MI)		Zip Co	de: 2	0750	1	
Subdivision/Villa	age/Comple	ex Name:	MUDITES	field					SDP/WP/BA #	:				
Lot: 7		Tax M	1ap:		Parcel:			Grading F	Permit #:					
DESCRIPTI	ON OF W	ORK .	REQUIRED	l.										
Existing Use:				Propos	ed Use: Ba	ser	nent	MAIKO	H	Estima	ted Co	st: \$ 9,0	500	
Trade Work to	Be Complet	ed <i>(Separa</i>	te Permits Re	equired):	☐ Mechanica	al (HV	ACR)	Electrical	□ Plumbing		lone	,		
			tair wo railing		baser	nei	nt W	ith sin	gle 36	inc	n d	, por	and_	
PROPERTY				REQUIR										
Owner(s) Name				COUNT	ard Wi-	SI	irrette	>		Primar	y Resid	ience: 🗆	Yes 🗆 No	
Owner's Street	Address: (1700	Teril	unn	Drive					,				
City: FUI	on			,			State: M	arylar	1d	Zip Co	de: 20	159		
Phone: (24	0)379	5-643	30		Email:	SU	rrsro	Da01.0	com					
APPLICANT	NAME	REQUI	RED - IND	IVIDUAL	WHO SIGN	IS TH	HIS APPLI	CATION						
Business Name	:						Contact Na	ame: Ed MI	and MI.	CUVI	rette			
Street Address:	117010	TPYI L	inh Dr	ive										
city: Fulto	n		7				State: M	arylan	d	Zip Co	de: 2	0759		
Phone: 124	01 37	5-104	30		Email:	Su		paol-co						
CONTRACT				UIRED										
Business Name			constr		0 (1)									
Licensee's Nam		YOCK		421101			License #	1: 2163	3					
Street Address:	211	Day												
C'1 A 1.	ecville		- MACA				State: N A	aryland	1	Zip Co	de: 2	1784		
Phone:	-	690-	8411	and during the	Email:		101	anguara	4	<u> </u>		, ,,,		
ARCHITECT				N TADI		40 5	IGNED PI	ANS TE AP	PLICABLE	- 1				
Business Name		LLIC ZIVI	OKMANIO	II INDI	VIDUAL WI		Name:	A115/ 11 A11	LICHDIL	- 49, -44-				
Street Address:							11011101							
						Т	State:			Zip Co	do.			
City:			*		Email:		State.			Zip CC	····			
BUILDING	CHADAC	TEDICTI	CE DEC	UIRED	Lillall.									
Primary Structu	- 1				Dunley D.M	ohile	Home DA	Aulti-Family D	welling (MF*)		Conc	lo: Yes	□ No	
Utilities: E Ele		Gas	Water Sup						sposal: Pi	ıblic I		ate (Septic)		
Heating System						DIL			Tree Project:					
Sprinkler System				☐ NFPA 1				Alarm System:		NO L	1 AOIC	e cvac		
ADDITION		DENTIAL	INFORM	ATION	(PLEASE S	ELEC	T/COMPL	ETE ALL TH	AT APPLY)					
Model Name &			w .								T			
# of Bedrooms	(SF): 4	# of effi	ciency units (# of 1	BR (N		# of 2 BR	(MF*):			3 BR (MF*)):	
# Rooms:		,	# Full Bath				# Half Bat	ths: (# Fir	eplaces	s: /		
Garage/Carport	t Info: 🖪	Attached G	arage 🗆 I	Detached C	Garage 🗆	Integr	ral Garage	☐ Carport	□ None					
Basement/Four	ndation Info	: 🛘 Slab	on Grade	□ Post &	Pier 🗆 Un	finish	ed Basemer		ed Basement:	☐ Full	or 🗆	Partial		
1st Fl Width:		1st FI Dept	h:	2 nd FI \	Width:		2 nd Fl Dep	th:	Bsmt Width	n:		Bsmt Dep	th:	
Energy Method	: D Prescr	iptive 🗆 F	Performance	□ UA Alte	ernative 🗆	ERI	Gross Area	a:	sq ft	Occup	iable A	rea:	sq	
AGREEMEN THE UNDERSIGNED WITH ALL REGULA THIS APPLICAT	HEREBY CERT	TFIES AND AGI WARD COUNT	REES AS FOLLOW Y WHICH ARE AP	S: (1) THAT H	RETO; (4) THAT I	IE/SHE	WILL PERFORM		HE ABOVE REFERE	NCED PRO	PERTY NO	OT SPECIFICAL	LY DESCRIBED	
5'/	1	1.2	Sund	A.				5-1	8-20	200				
APPLICANT'S O	RIGINAL SIGNA	ATURE	Jack					DATE SIGNED						
EOR OFFIC	E LICE OF	MIV					CUECKE DA	VARIE TO DIE	CTOD OF FINA	ICE OF I	OWARE	COLINEY		
FOR OFFIC						_	CHECKS PA	YABLE TO: DIRE	CTOR OF FINAL	VCE OF H	OWARL	COUNTY		
AGENCIES REC	OIKED/APP	KOVALS:						1		A se	+			
DEPR		12 DPZ			□ÚDED _			Health	6/4/202	MAL	□ SI	НА	□ CID	
CHEATTA	41	21 20		D41/045	- 17	ì		11				a.h.	None	

Stant PROPERTY LINES ey:38:40. 4 TERI LYNN DRIVE GARY DEAN SIMPSON No. 514 THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL

THE PROPERTY SHOWN HEREON IS LOCATED

B2000 1587

C 6/4/2020

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