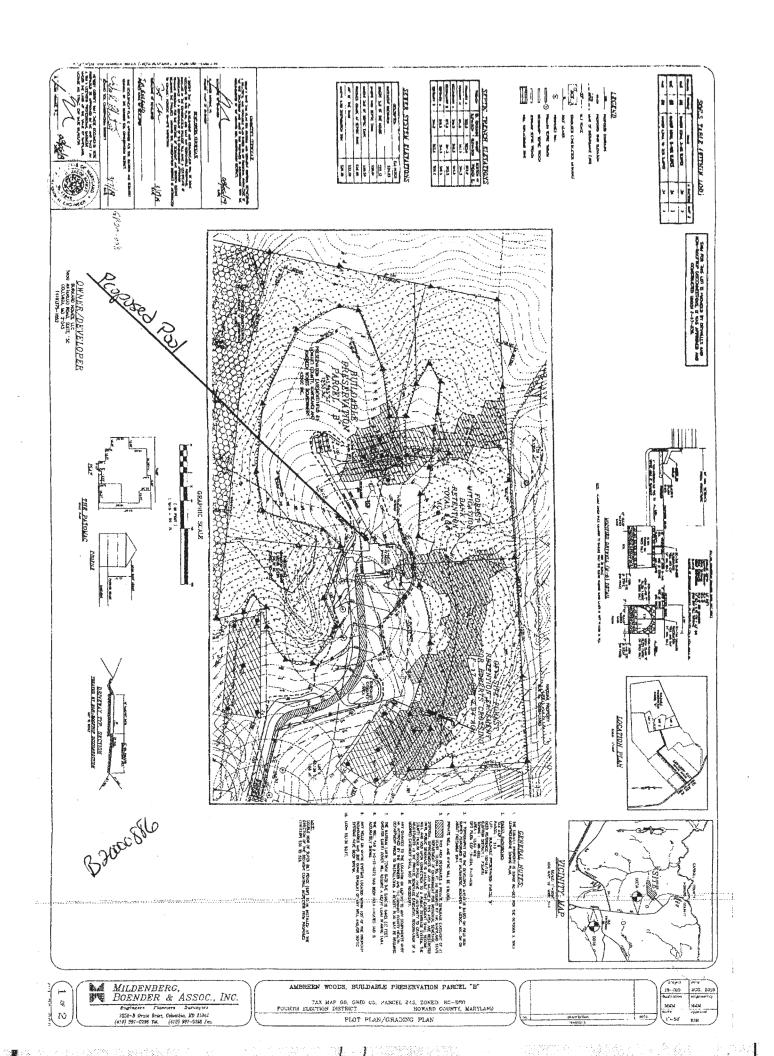
H

RESIDENTIAL BUILDING PERMIT APPLICATION

BUILDING SITE AD	DRESS REQUIRED						
Street Address:	1 2 4	are a whim			Unit:		
City:	which is a state of the state o		State: MD		Zip Code:		
Subdivision/Village/Complex Name: SDP/WP/BA #:							
Lot: (1) (4)	Tax Map:	Parcel:	Ś	Grading Permit #:			
DESCRIPTION OF V	WORK REQUIRED						
Existing Use:	5 F O	Proposed Use:	(- ()		Estimated Cos	st: \$ 4,000	
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVA)				Electrical 🗀 Plumbing	□ None		
, 'y	x 16' . The	1	t: 12	(1 4. 5)		tere to	
· · ·	.10	A			\$		
PROPERTY OWNER	INFORMATION A	REQUIRED					
Owner(s) Name(s) (As it a	appears on tax records):	Control	1 1 march	ì	Primary Reside	ence: Yes 🗆 No	
Owner's Street Address:	14 34 2 1/10	- William Commence					
City:			State:	W	Zip Code:	F-17 = =	
Phone: 26 4	167 1342	Email:					
APPLICANT NAME	REQUIRED - INDI	IDUAL WHO SIGNS T	HIS APPLIC	ATION			
Business Name:		, , , , , , , , , , , , , , , , , , ,	Contact Nar	ne:			
Street Address:					- 8		
City:			State:		Zip Code:		
Phone:	17163	Email: 1	1 his part	man Land	į.	4-	
CONTRACTOR INFO	RMATION REQUI	RED					
Business Name:	ITHE PROPERTY	i- Pects					
Licensee's Name:	1 ()		License #:	4,5446			
Street Address:	s:						
City:	ty:		State:		Zip Code:		
Phone:	11112	Email:					
ARCHITECT/ENGIN	EER INFORMATION	INDIVIDUAL WHO	SIGNED PLA	NS, IF APPLICABLE			
Business Name:			Name:				
Street Address:							
City:			State:		Zip Code:		
Phone:		Email:					
BUILDING CHARAC	TERISTICS REQU	IRED					
Primary Structure: SF D	Owelling	SF Duplex Mobile	Home □ Mu	ulti-Family Dwelling (MF*)	Condo	o: □ Yes □ No	
Utilities: ☐ Electric ☐ Gas Water Supply: ☐ Public ☐ Private ((Well) Sewage Disposal: Public Private (Septic)				
Heating System: ☐ Electric ☐ Natural Gas ☐ Propane ☐ Other: Roadside Tree Project: ☐ No ☐ Yes: #							
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ None Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac							
ADDITIONAL RESID	DENTIAL INFORMAT	ION (PLEASE SELEC	CT/COMPLE	TE ALL THAT APPLY)	7		
Model Name & Options:							
# of Bedrooms (SF):	# of efficiency units (Mi	# of 1, BR (MF*):	# of 2 BR (MF*):	# of 3	3 BR (MF*):	
# Rooms:	# Full Baths:		# Half Baths	5:	# Fireplaces:		
Garage/Carport Info:	Attached Garage De	tached Garage 🗆 Integ	ıral Garage	☐ Carport ☐ None		•	
Basement/Foundation Info	o: 🗆 Slab on Grade 🗆	Post & Pier Unfinish	ned Basement	☐ Finished Basement:	□ Full or □	Partial	
1st Fl. Width:	1st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth	: Bsmt Width	1:	Bsmt Depth:	
Energy Method: ☐ Prescr	iptive 🗆 Performance 🗆	UA Alternative ERI	Gross Area:	sq ft	Occupiable Are	ea: sq	
AGREEMENT/ DISC	ALIMER REQUIRE	FD .					
WITH ALL REGULATIONS OF HON	THES AND AGREES AS FOLLOWS: (WARD COUNTY WHICH ARE APPLIED HE/SHE GRANTS COUNTY OFFICIA	CABLE THERETO; (4) THAT HE/SHE	WILL PERFORM N	O WORK ON THE ABOVE REFEREN	NCED PROPERTY NOT	SPECIFICALLY DESCRIBED II	
- Kille	4 Noute	1		12/12			
APPLICANT'S ORIGINAL SIGNA	TURE		DA	TE SIGNED			
FOR OFFICE USE OF	NLY		CHECKS PAYA	ABLE TO: DIRECTOR OF FINAN	ICE OF HOWARD	COUNTY	
AGENCIES REQUIRED/APP	The state of the s				Λ	-	
				10			
□ PR	□ DPZ	. DED		□ Health Blu	nous SHI	A CID	
SUBMITTAL FEES:		PAYMENT:	0		ACCEPTED BY:	1 things	



remporary Fence around Septic ser en le Proposed Pool Equipment Proposed Pool 532 S&FT 16'x35' S&FT pool X=proposed Fence to code by owner Tempolary Fence Award well