DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 2104
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
ALICONATED IN-PORMATION (410) 313-3890

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HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
Boso 3373

Rev. 11/4//04

Building Address 14080 Piakiphia Rd		Property Owner's Name Talacelphia Farm Lie	
Glande ma 21737		Address	
Suite/Apt. #: SDP/WP/Pet	tition #:		
Census Tract (005/01 Subdivision Hep Kins Choice		Ceity State Zip Code	
Section Area Lot		Home Phone Work Phone	
Tax Map Parcel Grid		Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning Map Coordinates 13 6 1 Lot size		Phone Fax	
Existing Use Proposed Use		Contractor Company Dale Thompson Bldrs	
Estimated Construction Cost \$		Contact Person Carl Thompson	
Description of Work Place Sales Hair & & Grace		Address 6300 Woodside Ct A	
PARE forthing but exported T-			
eyesty divenesy. 12x 36		City State Zip Code 21046 License No Phone 410 995 6736 Fax	
Occupant or Tenant		Engineer or Architect Company	
Contact Name		Contact Person	
Address			
City State Zip Code // Zip Code //		Address	
Phone Fax //		City State Zip Code	
		Phone Fax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling	Water Supply: Public
No. of stories:	Private Sewage Disposal:	1st floor:	Private Sewage Disposal:
Gross area, sq. ft. per floor:	Private	Basement:	Public Private
Sisso area, eq. it. per noot.	Electric Yes No	Finished Basement ☐ Unfinished Basement☐ Crawl space ☐ Slab on Grade ☐	Electric Yes □ No □
Use group:	Gas Yes 🗆 No 🗆	No. of Bedrooms Height: Multi-family dwellings:	Gas Yes□ No□
Construction type:	Heating System:	No. of efficiency units:	Heating System: Electric □ Oil □
Reinforced Concrete	Natural Gas □	No. of 2 BR units: No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐
Structural Steel Masonry	Propane Gas □	Other Structure:	Sprinkler system: N/A □
Wood Frame	Sprinkler system: N/A Full	Dimensions: Footings:	NFPA #13D NFPA #13R
State Contilled Medular	Partial	Roof Height:	Other:
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: 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	LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT NOTICES.	WILL COMPLY WITH ALL REGULATIONS OF ION; (5) THAT HE/SHE GRANTS COUNTY OFFICIA
			,
Applicant's Signature	4	Print Name	
Title/Company	Checks payable to: DIRECTOR OF	Date F FINANCE OF HOWARD COUNTY	
	** PLEASE WRITE NE	EATLY AND LEGIBLY. **	大小公司等的人的第三人称单数的
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Orace Highways		Real,	mit fee \$
Building Official		Side: Exc	ise tax \$
Dev. Engineering, DPZ Health /2-5-68	This Wall	Side St.:Add	I'l per, fee \$TAL FEES \$
Fire Protection			o-total paid \$
Is Sediment Control approval required prior to issuance? YES □ NO □			ance due \$
CONTINGENCY CONSTRUCTION START:			dation #
ONE STOP SHOP:	NSIAKI: L	YES NO Lot Coverage for NewTown Zone	
		SDP/Red-line approval date	Accepted by
Upstrougon of Conjes- White Building (Junetal Green I DD DD7	Yellow DED DEZ Plot Health	COM SHA

