| DEPARTMENT OF INSPICTIONS, LICENSES AND PERMITS 3430 COUNT HOUSE ORIVE ELLICOTT CITY AND 21063 PETINITS (10.1) 313-345 SINGERTONIS (14.1) 313-3610 AUTOMATED WINDOWN TON (13.1) 313-3500 | | HOWARD COUNTY PERMIT APPLICATION | | PERMIT NUMBER | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| AUTOMATED 14FORMATION (410) 313-3800 | PERMIT AF | | | 08002793 | |
| Building Address 13851 TO IDELANA MILL RO | | Property Owner's Name BIZENT BIZOCH OODER | | | |
| | | Address 13051 72 DELITHIA XXILL 1217 | | | |
| Suite/Apt. # SDP/WP/Petition #: | | City CLARKENILLE State XITZip Code 21029 | | | |
| Census Tract Subdivision | | Phone 202 · 439 · 3221 Phone | | | |
| Section Area Lot | | Applicant's Name & Mai | | ther than stated hereon): | |
| Tax Map Parcel Grid | | Phone | Fax | | |
| Zoning Map Coordinates Lot size | | rione rax | | | |
| Existing Use SFR | | Contractor Company | DVAN GED | DELIK DESIGN | |
| Proposed Use SI-V2- | | Contact Person STEVE SWEENSY | | | |
| Estimated Construction Cost \$ 10,400 | | | | | |
| Description of Work ORTN DEUL 31 X16 | | Address 5317 B2004EVILLE 12047 | | | |
| STEPS TO GRADE | | City GATTHERES 126 State MD Zip Code 20892 | | | |
| | | License No. 21770 Phone 301.947.5772Fax 301-947.5774 | | | |
| Occupant or Tenant | | Engineer or Architect Company | | | |
| Contact | | Contact Person | | | |
| Name | | | | | |
| Address | | Address | | | |
| City State Zip Code | | CityStateZip Code | | | |
| Phone Fax | | | | | |
| | | Phone Fax | | | |
| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | | | |
| Building Characteristics Height: | <u>Utilities</u> | Building Charac | | <u>Utilities</u> | |
| No. of stories: | Water Supply: —— Public | SF Dwelling 13 SF To Depth 1st floor. | wnhouse Width | Water Supply: Public | |
| No. of stories. | Private Sewage Disposal: | 2nd floor: | | Private Sewage Disposal: Public | |
| Gross area, sq. ft. per floor: | Public Private | Basement. Finished Basement Unfi | nished Rasement | Private | |
| Use group: | Electric Yes No Gas Yes No No G | Crawl space Slab on No. of Bedrooms | Grade □ | Electric Yes No Gas Yes No | |
| Construction type | Heating System: | Height, Multi-family dwellings: No of efficiency units: | | Heating System: Electric □ Oil □ | |
| Reinforced Concrete Structural Steel | Electric Oil II | No. of 1 BR units: No. of 2 BR units | | Natural Gas □ Propane Gas □ | |
| Masonry Wood Frame | Propane Gas | No of 3 BR units | | Sprinkler system: N/A 🖸 | |
| Wood Frame | Sprinkler system: N/A Full | Other Structure. Dimensions: Footings: | | NFPA #13D NFPA #13R | |
| State Certified Modular | Partial Other Suppression # of Heads | Roof Height: | | Other. | |
| | | State Certified Mo | ne | | |
| THE UNDERSIGNED HEREBY CERTIFES AND AGREES AS FOLLOWS: (1) THAT HEISHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HEISHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRAATS COUNTY DESCRIBED IN THIS APPLICATION; (5) THAT HEISHE GRAATS COUNTY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE GRAATS COUNTY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HEISHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. | | | | | |
| OFFICING THE DIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSITING NOTIFIED. L. COLISON | | | | | |
| Applicant's Signature | | Print Name 9 1903 | | | |
| Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY | | | | | |
| ACEYOU | - FOR OFFIC | ATLY AND LEGIBLY. ** CE USE ONLY - | | | |
| AGENCY DATE Land Development, DPZ | SIGNATURE APPROVAL | Front: | NFORMATION Filing | PROPERTY ID#: | |
| State Highways Building Official | | Rear: | Perm | nit fee \$ | |
| Dev. Engineering, DPZ | | Side:Side St.; | LATER STATE | se tax \$ | |
| Fire Protection | | All minimum setbacks mei? | TOT | AL FEES \$ | |
| Is Sediment Control approval required prior to issuance? | | YES NO I | Sub- nit required? Bala | total paid \$ | |
| YES 🗆 NO 🖸 | | YES - NO - | Che | ck # | |
| | | Historic District? Validation # YES □ NO □ | | | |
| ONE STOP SHOP: | | Lot Coverage for NewTown | | | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ | | SDP/Red-line approval date Yellow: DED, DPZ | Pink: Health | Accepted by Gold: SHA | |
| T:\forms\PERMIT,FRM | | | | Rev. 11/4//04 | |

LANDTECH ASSOCIATES, INC.

1410 CRAIN HIGHWAY, N.W. SCITTE 7B GLEN BURNIE, MD 21061 1410 788-2121 EAX 1410 553-0081 NOTE: NOT TO BE USED FOR THE ISSUANCE OF PERMITS.

