

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	B08002876 PERMIT NUMBER																																																																														
Building Address _____		Property Owner's Name <u>John Miller</u> Address <u>13974 Tridolphia mill RD</u> City <u>Dorton</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>301-332-2988</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____																																																																															
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Phone _____ Fax _____																																																																															
Census Tract _____ Subdivision _____		Contractor Company <u>File project Services / Patrick unlimited</u> Contact Person <u>Tommy Love</u> Address <u>4440 muddy creek RD</u> City <u>Harwood</u> State <u>MD</u> Zip Code <u>20776</u> License No. _____ Phone <u>410-320-5595</u> Fax _____																																																																															
Section _____ Area _____ Lot _____		Engineer or Architect Company _____																																																																															
Tax Map _____ Parcel _____ Grid _____		Contact Person _____																																																																															
Zoning _____ Map Coordinates _____ Lot Size _____		Address _____																																																																															
Existing Use _____		City _____ State _____ Zip Code _____																																																																															
Proposed Use _____		Phone _____ Fax _____																																																																															
Estimated Construction Cost \$ _____																																																																																	
Description of Work <u>19'x16' Deck</u>																																																																																	
<u>Refurbish old Deck</u>																																																																																	
Occupant or Tenant _____																																																																																	
Contact Name _____																																																																																	
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL																																																																															
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	Utilities Water Supply: ____ Public ____ Private Sewage Disposal: ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ ____ State Certified Modular ____ Manufactured Home	Utilities Water Supply: ____ Public ____ Private Sewage Disposal: ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ NFPA #13D ____ NFPA #13R ____ Other:																																																																														
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.																																																																																	
_____ Applicant's Signature		_____ Print Name																																																																															
_____ Title/Company		_____ Date																																																																															
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** FOR OFFICE USE ONLY - <u>9/24/08</u>																																																																																	
<table border="1"><thead><tr><th>AGENCY</th><th>DATE</th><th>SIG</th><th>APPROVAL</th><th>DPZ SETBACK INFORMATION</th><th>PROPERTY ID #</th></tr></thead><tbody><tr><td>Land Development DPZ</td><td></td><td></td><td></td><td></td><td>Building</td></tr><tr><td>State Highways</td><td></td><td></td><td></td><td></td><td>Permit Fee</td></tr><tr><td>Building Officials</td><td></td><td></td><td></td><td></td><td>Excise tax</td></tr><tr><td>DPZ Engineering DPZ</td><td></td><td></td><td></td><td></td><td>Address Fee</td></tr><tr><td>DPZ</td><td></td><td></td><td></td><td></td><td>TOTAL FEES</td></tr><tr><td>DPZ</td><td></td><td></td><td></td><td></td><td>Submittal Fee</td></tr><tr><td>DPZ</td><td></td><td></td><td></td><td></td><td>Balance due</td></tr><tr><td>DPZ</td><td></td><td></td><td></td><td></td><td>Check</td></tr><tr><td>DPZ</td><td></td><td></td><td></td><td></td><td>Validation Fee</td></tr><tr><td colspan="4">CONTINGENCY CONSTRUCTION START IS _____</td><td>Lot Coverage for New Town Zone _____</td><td>Accepted by _____</td></tr><tr><td colspan="4">ONE STOP SHOP _____</td><td>SDP/Red line approval date _____</td><td></td></tr><tr><td colspan="4">Distribution of Copies - White: Building Official _____ Green: LDD, DPZ _____ Yellow: DSD, DPZ _____ Pink: Health _____ Gold: SHA _____</td><td colspan="2">REX 10/29/04</td></tr></tbody></table>				AGENCY	DATE	SIG	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #	Land Development DPZ					Building	State Highways					Permit Fee	Building Officials					Excise tax	DPZ Engineering DPZ					Address Fee	DPZ					TOTAL FEES	DPZ					Submittal Fee	DPZ					Balance due	DPZ					Check	DPZ					Validation Fee	CONTINGENCY CONSTRUCTION START IS _____				Lot Coverage for New Town Zone _____	Accepted by _____	ONE STOP SHOP _____				SDP/Red line approval date _____		Distribution of Copies - White: Building Official _____ Green: LDD, DPZ _____ Yellow: DSD, DPZ _____ Pink: Health _____ Gold: SHA _____				REX 10/29/04	
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