DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELECTRIC OFF, AND 21043 PERMITS (410) 313-458 REPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

## HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 06005947

	FERIVITI AF	PLICATION	Doos	2711
Building Address 6923 WE	STOOT PLACE	Property Owner's Name	POK 1	loraces
PLAKUKSMILLE M	Address / Co			
Suite/Apt. #: SDP/WP/Petition #:		Address 6923 WESTLETT PLACE		
		A (100/6 ) 5 1 2 1030		
Census Tract Subdivision		City CLARKS VILLE State MD Zip Code 21029		
SectionLotLot		Home Phone (3c1) 354 0504 Work Phone Applicant's Name & Mailing Address, (if other than stated hereon):		
Tax Map Parcel Grid		,		
Zoning Map Coordinates Lot size		Phone Fax		
Existing Use 5 F.D		Contractor Company COTATION ( LESSINGS) & DESIGN		
Proposed Use DECK & PORCH SFD		0 1 12		
Estimated Construction Cost \$ 46,000		Contact Person LUIS BALDERRADINA		
Description of Work 24 X 16 Deck & 16 x 24		Address		
SOCIAUTO MICH WITH STOPS		TIZAZ SCHOGOVILLE RI		
TO GROUND BOTH PONCY & KG		City ANRICL State Mn Zip Code 20723		
ARE CHIATED 6 OF THE GROUND.		Phone (301) 6170808 Fax (301) 6170909		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address				
	Address			
City State _	Zip Code			
Phone Fax		City	State	Zip Code
TIME TAX		Phone	Fax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics	Utilities	Building Chara	acteristics	Utilities
Height:	Water Supply:	SF Dwelling & SF To		Water Supply:
No. of stories:	Private	Depth 1st floor:	Width	Public Private
	Sewage Disposal: Public	2nd floor:		Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Basement:  Finished Basement □ Unfinished Basement□  Verivate		
	Electric Yes □ No □	Crawl space ☐ Slab or No. of Bedrooms		Electric Yes 12 No 🗆
Use group:	Gas Yes□ No□	Height: Multi-family dwellings:		
Construction type:	Heating System: Electric □ Oil □	No. of efficiency units: No. of 1 BR units:		Electric 🗆 Oil 🗆
Reinforced Concrete	Natural Gas	No. of 2 BR units: Natural Gas □ No. of 3 BR units: Propane Gas □		
Structural Steel Masonry	Propane Gas	Other Structure:		Sprinkler system: N/A 🗇
Wood Frame	Sprinkler system: N/A  Full	Dimensions: NFPA #13D		
	Partial	Roof Height:		NFPA #13R Other:
State Certified Modular	Other Suppression # of Heads	State Certified Me Manufactured Ho		150 100 100
THE UNDERSKINED AFREBY CERTIFIES AND AGREES AS FOLLOWS:	(1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS AP	PLICATION: (2)THAT THE INFORMATION IS	S CORRECT: (3) THAT HE/SHE V	WILL COMPLY WITH ALL REGULATIONS OF KIN: (5) THAT HE/SHE GRANTS COUNTY OFFICIAL
HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE THE RIGHT TO PATTER ONTO THIS PROPERTY FOR THE PURPOSE OF	FINSPECTING THE WORK PERMITTED AND POSTING	NOTICES.		
Applicant's Signature		Print Name	ALDGERAU	-(~),
		10/11/01	6	
Title/Company	Checks payable to: DIRECTOR O	Date / / / OF FINANCE OF HOWARD	COUNTY	
THE REPORT OF THE PROPERTY ASSESSMENT OF THE PROPERTY.	** PLEASE WRITE N	EATLY AND LEGIBLY. **	TENCH DESIGNATION OF THE PERSON OF THE PERSO	ETHIOLOGICAL PROCESSION AND A CHECK
AGENCY DATE	SIGNATURE APPROVAL	<b>1927年中国中央共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共</b>	KINFORMATION	PROPERTY ID#:
Land Development, DPZ		Front:	ALTERNATION OF THE PERSON OF T	g fee \$
State Highways Building Official		Rear:	CONTRACTOR STATE OF THE PARTY O	mit fee \$ise tax \$
Dev. Engineering, DPZ		Side St.:	NAME OF THE PARTY OF THE PARTY.	1'l per. fee \$
Health /6/12/06	Sarafrel	All minimum setbacks met		TAL FEES \$
Fire Protection Is Sediment Control approval required prior to	issuance?	YES I NO I		o-total paid \$ance due \$
YES D NO D		YES I NO	Che	ock #
CONTINGENCY CONSTRUCTION START. IS		'Historic District?	Vall	dation #
CONTINGENCY CONSTRUCTION START:  ONE STOP SHOP:				
ONE STOP SHOP:	N STAKE L	YES □ NO □  Lot Coverage for NewTown	n Zone	
ONE STOP SHOP: D	NSIARI: U		THE RESIDENCE OF THE PROPERTY OF THE PERSON	Accepted by

