DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY. MD 2104 PERMITS (410) 313-2495 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800

Distribution of Copies-T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Rev. 11/4//04

## HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

	1 =1 (((1)) / ((	DUTION	141
Building Address 6982 Westcott Pl		Property Owner's Name Jeffery + Lavi, Newman	
Clarksville MD 21029		Address 6982 Westcott Pl	
Suite/Apt. #: SDP/WP/Petition #:		City Clarks ville State MO Zip Code 31039	
Census Tract Subdivision As hleigh Greene  Section Area 873 b Lot 4		Phone 301-854-7364 Phone	
		Applicant's Name & Mailing Address, (if other than stated hereon):	
Tax Map Parcel Grid  Zoning Map Coordinates Lot size		Phone Fax	
Existing Use		Contractor Company Residential Selutions Construction	
Proposed Use  Estimated Construction Cost \$ 3, 300		Contact Person James Zoller	
Description of Work Installation of 60 SalFt		Address 11696 Carroll Mill Rd	
Deck 4' off ground with sctof			
Steps 10x8 done w/stops		City E11; co++ Ci+y State MD Zip Code 21042 License No	
Occupant or Tenant Jefferg Newman (Owner		Engineer or Architect Company	
Contact Name		Contact Person	
Address		Address	
City State Zip Code		City State	Zip Code
Phone Fax		Phone Fax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>
Height: Wa	ater Supply:	SF Dwelling  SF Townhouse	Water Supply:
	Public	Depth Width	Public
No. of stories:	Private ewage Disposal:	1st floor: 2nd floor:	Private Sewage Disposal:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Private	1st floor: 2nd floor: Basement:	Private
Gross area, sq. ft. per floor:	Private ewage Disposal: Public Private  Private  ectric Yes □ No □	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms	Private Sewage Disposal: Public
Gross area, sq. ft. per floor:  Ele Use group:  He	Private ewage Disposal: Public Private  ectric Yes □ No □ eating System:	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings:	Private Sewage Disposal: Public Private  Electric Yes  No
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete	Private ewage Disposal: Public Private ectric Yes  No  eas Yes No  eating System: ectric Oil  eatural Gas	1st floor: 2nd floor: Basement: Finished Basement  Unfinished Basement Crawl space  Slab on Grade  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Private Sewage Disposal: Public Private  Electric Yes  No Gas Yes No Heating System:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry	Private ewage Disposal: Public Private ectric Yes □ No □ eas Yes □ No □ eating System: ectric □ Oil □ eatural Gas □ opane Gas □	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units:	Private Sewage Disposal: Public Private  Electric Yes  No  Heating System: Electric Oil Natural Gas Propane Gas  Sprinkler system: N/A
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  See See Electory He Electory Na Pro Na Sorry Sp	Private ewage Disposal: Public Private ectric Yes   No   as Yes   No   eating System: ectric   Oil   atural Gas   opane Gas   Full	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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:	Private Sewage Disposal: Public Private  Electric Yes  No  Heating System: Electric Oil Natural Gas Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Private ewage Disposal: Public Private ectric Yes □ No □ eating System: ectric □ Oil □ eatural Gas □ orinkler system: N/A □ Full Partial Other Suppression	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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:	Private Sewage Disposal: Public Private  Electric Yes  No  Heating System: Electric Oil Natural Gas Propane Gas  Sprinkler system: N/A  NFPA #13D
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Private ewage Disposal: Public Private ectric Yes □ No □ eating System: ectric □ Oil □ eatural Gas □ copane Gas □ prinkler system: N/A □ Full Partial Other Suppression # of Heads	1st floor: 2nd floor: Basement: Finished Basement  Unfinished Basement Crawl space  Slab on Grade  No. of Bedrooms Height: 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	Private Sewage Disposal: Public Private  Electric Yes  No  Heating System: Electric Oil Natural Gas Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Private ewage Disposal: Public Private  ectric Yes □ No □ as Yes □ No □ eating System: ectric □ Oil □ atural Gas □ ropane Gas □ orinkler system: N/A □ Full Partial Other Suppression # of Heads	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Unter Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP	Private Sewage Disposal: Public Private  Electric Yes  No  Heating System: Electric Oil Natural Gas Propane Gas  Propane Gas  No  NFPA #13D NFPA #13D NFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned Hereby Certifies and agrees as Follows: (1) Thoward County which are applicable thereto; (4) That he/she officials the right to enter onto this property for the purpose	Private ewage Disposal: Public Private  ectric Yes  No  ectric Yes  No  ectric Yes  No  ectric Yes  No  ectric Oil  extural Gas  ectric  N/A  errorance Gas  ectric  N/A  errorance Gas  extural Gas  ex	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Unter Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP	Private Sewage Disposal: Public Private  Electric Yes  No  Sas Yes No Sas Yes No Sas Yes No Sas Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  The undersigned Hereby Certifies and agrees as Follows: (1) Thoward County which are applicable Therefor, (4) That He/she officials the right to enter onto this property for the purpose of the purpose o	Private ewage Disposal: Public Private  ectric Yes   No   as Yes   No   eating System: ectric   Oil   eating Gas   copane Gas   porinkler system: N/A   Full Partial Other Suppression # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A WILL PERFORM NO WORK ON THE ABOVE RE USE OF INSPECTING THE WORK PERMITTED AN	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.    Dame   Date   Date	Private Sewage Disposal: Public Private  Electric Yes  No  Sas Yes No Sas Yes No Sas Yes No Sas Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose of the	Private ewage Disposal:  Public Private  ectric Yes   No   as Yes   No   eating System: ectric   Oil   eating System: ectric   Oil   eating Gas   copane Gas   copane Gas   entered Gas	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: □ State Certified Modular Manufactured Home  PPLICATION: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.  Print Name □ Date FINANCE OF HOWARD COUNTY ITLY AND LEGIBLY.**  EUSE ONLY	Private Sewage Disposal: Public Private  Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose of the	Private  Private  Private  Public Private  Pectric Yes   No    Peating System:  Pectric   Oil    Popane Gas    Porinkler system: N/A    Partial Other Suppression # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS AND WORK ON THE ABOVE RE USE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESE OF INSPECTING THE WORK PERMITTED AND WORK ON THE ABOVE RESERVED THE WORK PERMITTED AND WORK ON THE ABOVE RESERVED THE WORK PERMITTED AND WORK ON THE ABOVE RESERVED THE WORK PERMITTED AND WORK ON THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE ABOVE RESERVED THE WORK PERMITTED AND WORK OF THE WORK PERMITTED AND WORK OF THE WORK PERMITTED T	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIC POSTING NOTICES.    Date   Print Name   O	Private Sewage Disposal: Public Private  Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A MFPA #13D NFPA #13R Other:    Sprinkler System: N/A MFPA #13R Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward County which are applicable thereto; (4) That he/she officials the right to enter onto this property for the purpose applicant's Signature President Signature President Signature President Signature President Signature President Signature President Signature Signature President Signature President Signature President Signature Signature Signature President Signature Signature President Signature Signature Signature Signature Signature President Signature Sign	Private  Private  Public Private  Public Private  Pectric Yes   No    Peating System: Pectric   Oil    Patural Gas    Porinkler system: N/A    Pull Partial Other Suppression # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  WILL PERFORM NO WORK ON THE ABOVE RE POSE OF INSPECTING THE WORK PERMITTED AN  Seks payable to: DIRECTOR OF  ** PLEASE WRITE NEA  FOR OFFICE  NATURE APPROVAL	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.    Date   Print Name   O	Private Sewage Disposal: Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:    Other:
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose applicant's Signature President Response Personal County Which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose applicant's Signature President Signature President Signature Signature President Signature Signature President Signature Signature Signature President Signature Signatu	Private  ewage Disposal:  Public  Private  ectric Yes   No    as Yes   No    eating System:  ectric   Oil    atural Gas    opane Gas    orinkler system: N/A    Full  Partial  Other Suppression  # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  EWILL PERFORM NO WORK ON THE ABOVE RE USE OF INSPECTING THE WORK PERMITTED AN  Seks payable to: DIRECTOR OF  *** PLEASE WRITE NEA  FOR OFFICE  NATURE APPROVAL	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.  Print Name □ Date FINANCE OF HOWARD COUNTY ITLY AND LEGIBLY.**  EUSE ONLY-  DPZ SETBACK INFORMATION Front: Filling Rear: Side: Exci Side: Exci Side: Exci	Private Sewage Disposal: Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:  //SHE WILL COMPLY WITH ALL REGULATIONS OF LICATION; (5) THAT HE/SHE GRANTS COUNTY  PROPERTY ID#: g fee \$ Init fee \$
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose of the	Private  Provate  Public Private  Public Private  Pectric Yes   No    Peating System:  Pectric   Oil    Peating System:  Perivate  Perivate  Perivate  Perivate  Perivate  Petric   Oil    Patial    Porinkler system: N/A    Full Partial Other Suppression # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  WILL PERFORM NO WORK ON THE ABOVE RE  SISE OF INSPECTING THE WORK PERMITTED AN  SISE SPAYABLE TO SERVICE OF SER	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.  Tames Zoller  Print Name □ Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. ** EUSE ONLY-  DPZ SETBACK INFORMATION Front: Rear: Perm Side: Exci Side St.: Add All minimum setbacks met? TOT YES □ NO □ Sub-	Private Sewage Disposal: Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:  PROPERTY ID#: g fee \$ nit fee \$ se tax \$ Tiper. fee \$ AL FEES \$ Itolal paid \$ Serious   Serious
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose of the	Private  Provate  Public Private  Public Private  Pectric Yes   No    Peating System:  Pectric   Oil    Peating System:  Perivate  Perivate  Perivate  Perivate  Perivate  Petric   Oil    Patial    Porinkler system: N/A    Full Partial Other Suppression # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  WILL PERFORM NO WORK ON THE ABOVE RE  SISE OF INSPECTING THE WORK PERMITTED AN  SISE SPAYABLE TO SERVICE OF SER	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES.  Tames Zoller  Print Name □ Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. ** EUSE ONLY- DPZ SETBACK INFORMATION Front: Rear: Side: Side: Side: Side: Sides St.: Add All minimum setbacks met?	Private Sewage Disposal: Public Private  Electric Yes No Gas Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward Country which are applicable thereto; (4) That He/Sheed Greek as the Right To enter onto this property for the purpose of t	Private  Ewage Disposal:  Public  Private  Exectric Yes   No    Easting System:  Exectric   Oil    Eatural Gas    Opane Gas    Orinkler system: N/A    Full  Partial  Other Suppression  # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  EWILL PERFORM NO WORK ON THE ABOVE RE USE OF INSPECTING THE WORK PERMITTED AN  Seks payable to: DIRECTOR OF  *** PLEASE WRITE NEA  FOR OFFICE  NATURE APPROYAL	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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  PPLICATION: (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APP ID POSTING NOTICES. □ DA C 5 Zollcr  Print Name □ Date FINANCE OF HOWARD COUNTY ITLY AND LEGIBLY.**  EUSE ONLY □ DPZ SETBACK INFORMATION Front: □ Filling Front: Side: □ Exci Side: □ Exci Side: □ Exci Side: □ Sub- Is Entrance Permit required? Baia YES □ NO □ Che- Historic District? Valid	Private Sewage Disposal: Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:  PROPERTY ID#: glee \$ nit fee \$ se tax \$ I' per. fee \$ AL FEES \$ Iotal paid \$ Ince due \$
Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry  Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (1) Thoward County which are applicable thereto; (4) that he/she officials the right to enter onto this property for the purpose of	Private  Ewage Disposal:  Public  Private  Exectric Yes   No    Easting System:  Exectric   Oil    Eatural Gas    Opane Gas    Orinkler system: N/A    Full  Partial  Other Suppression  # of Heads  THAT HE/SHE IS AUTHORIZED TO MAKE THIS A  EWILL PERFORM NO WORK ON THE ABOVE RE USE OF INSPECTING THE WORK PERMITTED AN  Seks payable to: DIRECTOR OF  *** PLEASE WRITE NEA  FOR OFFICE  NATURE APPROVAL	1st floor: 2nd floor: Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height: □ State Certified Modular Manufactured Home  PPLCATION: (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES.    Date   FINANCE OF HOWARD COUNTY	Private Sewage Disposal: Public Private  Electric Yes No Gas Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye

DULEY & ASSOC.

N30.54 .55 E 214.56

APPROVE WALK-THRU BUILDING

Dana Bernard 2-1209 60' BRL WORK Deck 10 X 8 approved as Distributions Tank 32 Clean out 6.5 #6982 10: D/W 75 BRI

530'54'55"W 214.56

## WESTCOTT PLACE

LOCATION SURVEY OF:

#6982 WESTCOTT PLACE

101 4

SECTION 1

ASHLEIGH GREENE SUBDIVISION

5TH ELECTION DISTRICT

PLAT NUMBER 8726

HOWARD COUNTY. MD

DATE: 7-17-98 CASE # ......

A LAND SURVEYING AND DESIGN COMPANY



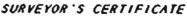
DULEYAND ASSOCIATES, INC.



HOUSE LOCATION SURVEYS BOUNDARY SURVEYS - ALTA SURVEYS TOPOGRACHIC SURVEYS - SITE PLANS

9450 PENNSYLVANIA AVE. UPPER MARLBORO, NU 20772

PHONE : SOLEBBE HILL PHONE : 1-889-98-DULEY



MERERY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BELL CANT LLY ESTABLISHED BY ACCUPILD METHODS AND THAT THE IMPROVEMENTS APPEAR TO LLE WITHIN LOOD 2002 C IS SERVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHENT OF ANY FENCE. BUILDING OR CHINE MOVEMENTS THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES IS SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF LITTLE OR SECURING LIMANCIMO OR ALL CHOS. THIS PLAT IS OU BUILDING OF ACOUSTER OMY LINES AS IT IS ALOURED BY A LENGTH OR A LITTLE SURANCE COMPANY OR ITS AGENT IN COMMECTION WITH THE CONTINUE AND FORMERS. FINANCING OR RELINANCIAL SURANCE COMPANY OR ITS AGENT IN COMMECTION WITH THE CONTINUE AND FORMERS. FINANCING OR RELINANCIAL PLANY, SALD PROPERTY SUBJECT TO ALL NOTES. RESTRICTIONS AND EASEMENTS OF RECORD BUILDING RE-VICTION LINES AND EASEMENTS NOT SHOWN ON RECORD PLAT HAY NOT BE SHOWN HEREON

