DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455

HOWARD COUNTY

PERMIT NUMBER

PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	PERMIT APPLIC	CATION	B10002	524	
Building Address ///5/ WILL	ON GREEN WAY		's Name IQBAL	& SHEEBA DAR	
MARRIOTSVICE	mo 21/04	City marria	WILLOW G.	Zip Code 2/104	
Suite/Apt. #:SDP/WP/Petition #:		Home Phone 4/2 Applicant's Nan	o 926-6952 Wor ne & Mailing Address	k Phone, (if other than stated herein):	
Census Tract Subdiv	vision WOODFORDS GRANT				
Section Area	Lot/4				
Tax Map Parcel 320	6 Grid /6				
Zoning Map Coordinates Lot Size 43, 420		Phone Fax			
Existing Use SED	,	Contractor Com	pany PATIOEN	CLOSURES, INC.	
Proposed Use SFD & ADDITION		Contact Person	224 8th	AVENUE, N.W.	
Estimated Construction Cost \$ 25,000		Contact Person 224 8th AVENUE, N.W. Address GLEN BURNIE, MD 21061 City State 443-797-0351 Code License No. MHI # 12744 Phone Fax			
Description of Work 14 x 14 SUNROOM W/ LANDANG STEPS TO GRADE.		Phone Fax			
Occupant or Tenant OKA	UER	Engineer or Arc	hitect Company		
Contact Name			Contact Person		
Address		Address			
CityState	Zip Code	City	State	Zip Code	
Phone Fax		Phone Fax			
BUILDING DESCRIPTION Building Characteristics	N – <u>COMMERCIAL</u> Utilities		LDING DESCRIPTI Characteristics	ON – <u>RESIDENTIAL</u> Utilities	
Height: Water Su	pply:	SF Dwelling X S	F Townhouse □	Water Supply: Public	
No. of stories: Priv	rate	1 st floor:	14' = 196 #	Private Sewage Disposal:	
Gross area, sq. ft. per floor: Pub Priv	lic	Basement:		Public Private	
Use group:	Yes \(\sigma\) No \(\sigma\)		Unfinished Basement □ Crawl Slab on Grade □	Electric Yes No 🗆	
Construction type: Gas Reinforced Concrete	Yes D No D	No. of Bedrooms _		Gas Yes \(\sigma\) No	
Structural Steel Heating S Masonry Electric	System: Oil	Multi-family dwell No. of efficiency u	nits:	Heating System: A/A Electric Oil	
Wood Frame Propage	Gas 🗆	No. of 1 BR units: No. of 2 BR units:		Natural Gas □ Propane Gas □	
State Certified Modular	system: N/A 🗆	No. of 3 BR units:		Sprinkler system: N/A	
Ful		Other Structure: Dimensions:		NFPA #13D NFPA #13R	
Oth	ner Suppression of Heads	Footings: Roof: GABL	E	Other:	
	Titeaus		d Modular		
THE UNDERSIGNED HEREBY CERTIFIES AND	AGREES AS FOLLOWS: (1) THAT H	IE/SHE IS AUTHORIZE	D TO MAKE THIS APPLIC	ATION; (2) THAT THE INFORMATION	
CORRECT; (3) THAT HE/SHE WILL COMPLY WIT ON THE ABOVE REFERENCED PROPERTY NOT THIS PROPERTY FOR THE PURPOSE OF INSPECT	TH ALL REGULATIONS OF HOWARD (SPECIFICALLY DESCRIBED IN THIS A	COUNTY WHICH ARE APPLICATION; (5) THAT	APPLICABLE THERETO; (4) T HE/SHE GRANTS COUNT	THAT HE/SHE WILL PERFORM NO WOR Y OFFICIALS THE RIGHT TO ENTER ONT	
Mugny A Falte	= (agent)	GI	8-12-20	. FALTIER.	
Applicant's Signature	(0)	Print Nam	e	<i>(</i>)	
Title/Company		Date	8-12 201		
erre -	Checks payable to: DIRECTOR O			,	
	- FOR O	NEATLY AND LEGIB FFICE USE ONLY -			
AGENCY DATE SIGN Land Development, DPZ	ATURE APPROVAL D	PZ SETBACK INFO	RMATION	Filing fee \$	
State Highways		Rear:		Permit fee \$	
Building Officials		Side:		Excise tax \$	
Dev. Engineering, DPZ		Side St.:		Add'l per fee \$	
Health 8/12/2010 K	Bucken !	All minimum setbacks	TO SEPTEMBERS OF AREA OF AMOUNTS AND	TOTAL FEES \$	
Fire Protection		YES □ NO □		Sub-total paid \$	
Is Sediment Control approval required prior	HARLES AND	s Entrance Permit Re	quired?	Balance due S	
YES □ NO □ 1	Y	(ES NO Listoric District? (ES NO		Check # Validation #	
		ot Coverage for New		Accepted by	

Distribution of Copies T:\Operations\Updated forms

White: Building Officials

ONE STOP SHOP:

Green: LDD, DPZ

SDP/Red-line approval date

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by___

