DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810

HOWARD COUNTY PERMIT APPLICATION

Bobos 7/46

Building Address 1/189 1/1/15 Gers Way		Property Owner's Name		
Parish 1/4		Address 5 4 mA		
Suite/Apt. #: SDP/WP/Petition #: SDP/WP/Petition #: SUITE Subdivision SUITE SUITE SUBDIVISION SUITE			City State Zip Code	
			Home Phone Work Phone Applicant's Name & Mailing Address, (if other than stated hereon):	
Section Area				
Tax Map Parcel 30 Grid 16 Zoning C Map Coordinates Lot size 1				
		Phone Fax		
Existing Use S F D		Contractor Company	Contractor Company Warted Prolane	
Proposed Use		Contact Person	Contact Person Owo lay Publicat	
		Address 205 No. 1/1, 4 7, 4		
Description of Work 12	Organia Valle			
regard had not in the for		City State Zip Code Zip Code		
* Ø		Phone 9 977 9 Fax	10-1 987-5406	
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address		
City State _	Zin Codo	City State		
,				
Phone Fax		Phone Fax	X AND THE PROPERTY OF THE PROP	
BUILDING DESCRIPTION -	COMMERCIAL	BUILDING DESCRIPTION -	- RESIDENTIAL	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling ☑ SF Townhouse □ Depth Width	Water Supply: Public	
No. of stories:	Private	1st floor:	Private Sewage Disposal:	
	Sewage Disposal: Public	2nd floor: Basement:	Public Private	
Gross area, sq. ft. per floor:	Private	Finished Basement Unfinished Basement	Electric Yes 🗆 No 🗆	
Lies group.	Electric Yes \(\text{No} \) \(\text{No} \) \(\text{Gas} \) \(\text{Yes} \) \(\text{No} \) \(\text{D} \)	Crawl space Slab on Grade No. of Bedrooms	Gas Yes \(\) No \(\)	
Use group:		Multi-family dwellings: No. of efficiency units:	Heating System:	
Construction type:	Heating System: Electric □ Oil □	No. of 1 BR units: No. of 2 BR units:	Electric □ Oil □ Natural Gas □	
Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 3 BR units:	Propane Gas □	
Masonry Wood Frame		Other Structure:	Sprinkler system: N/A NFPA #13D	
wood Frame	Full	Footings:Roof:	NFPA #13R Other:	
State Certified Modular	Partial Other Suppression	State Certified Modular		
	# of Heads	Manufactured Home		
The undersigned hereby certifies and agrees as follows: () which are applicable thereto; (4) that he/she will perform this property for the purpose or inspecting the work permi	NO WORK ON THE ABOVE REFERENCED PROPERTY NO	ATION; (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WIL IT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE G	L COMPLY WITH ALL REGULATIONS OF HOWARD COUR RANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO	
In Imc		Dog M Kory		
Applicant's Signature		Print Name		
	- 10 JA	1 1/-12		
Title/Company	Checks payable to: DIRECTOR O	Date OF FINANCE OF HOWARD COUNTY		
	** PLEASE WRITEN	EATLY AND LEGIBLY. ** PICE USE ONLY		
AGENCY DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:	
State Highways		CONTROL OF THE PARTY OF THE PAR	Filing fee \$	
Building Official		Side:	Excise tax \$	
		Company of the Compan	Add'I per, fee \$ TOTAL FEES \$ //	
Fire Protection		YES TO NO CO	Sub-total paid 5	
YES - NO -			Balance due \$	
		经股票的增加的 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	Validation #	
ONE STOP SHOP:		YES CI NO CI Lot Coverage for NewTown Zone		
		SDP/Red-line a proval date		
Control of the Contro				

11199 Willow Ween Way Marriotts wille, Md. A) from Garage to proparetank = 50', B) From Home 11 " = 25' C) From Septie tank to Propose tenk D) From Well to propose tenk 2255' E) From Septic Relato propone tout = 371 Scale is

Marrotts 41/le, Md

Property NOO'52'51 E 52.20'