DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

## HOWARD COUNTY PERMIT APPLICATION

<b>PERMIT I</b>	NUMBER
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	PERIVITI AF	PLICATION	1(hur 1/1)		
Building Address 24 11 1	12 Kil	Property Owner's Name	. Contra		
Address Address					
Suite/Apt. #: SDP/WP/Pe	etition #:	1	2641 Manthalia Cal		
Census Tract Subdivisio	n	City			
Pl		Phone Phone Phone Applicant's Name & Mailing Address, (if other than stated hereon):			
Tax Map Parcel		ipplicant s Name & Maining Address, the other than stated hereotry.			
	_	Phone Fax	· · ·		
	Zoning Map Coordinates Lot size				
Existing Use		Contractor Company			
Proposed Use		Contact Person			
Estimated Construction Cost \$		Contact Person			
		Address 202 colons hand			
		CityNess   State 1/2. Zip Code 17551			
i v		License No. 127-354-2613 Fax			
		Engineer or Architect Company			
Contact Name		Contact Person			
Address		Address			
City State Zip Code		City State M. Zip Code (6.00 1)			
Phone Act and I find Fax	*	Phone Fax			
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics	Utilities	Building Characteristics	<u>Utilities</u>		
Height: 14 2 14	Water Supply:	SF Dwelling ☐ SF Townhouse ☐	Water Supply:		
No. of stories:	Public Private	Depth Width  1st floor:	Private		
100.0100.00	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public		
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement  Unfinished Basement	Private		
Use group:	Electric Yes □ No □ Gas Yes □ No □	☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes □ No □ Gas Yes □ No □		
	Heating System:	Helght: Multi-family dwellings:	Heating System: Electric □ Oil □		
Construction type: Reinforced Concrete	Electric  Oil  Natural Gas	No. of efficiency units:	Natural Gas □		
Structural Steel	Propane Gas	No. of 2 BR units:	Propane Gas □		
Masonry Wood Frame	Sprinkler system: N/A	Other Structure:	Sprinkler system: N/A NFPA #13D		
	Full Partial	Dimensions:	NFPA #13R Other:		
State Certified Modular	Other Suppression # of Heads	Roof Height: / / / / / / / / / / / / / / / / / / /	Ouler.		
8		State Certified Modular Manufactured Home			
	HE/SHE WILL PERFORM NO WORK ON THE ABOVE RE	APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT H EFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS AP NO POSTING NOTICES.			
Description Manage Conde					
Applicant's Signature Print Name					
Title/Company		Date FINANCE OF HOWARD COUNTY			
	** PLEASE WRITE NEA		***		
AGENCY DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:		
Land Development, DPZ State Highways		Control Contro	ng fee \$ mit fee \$		
Building Official		Side: * Exc	ise taxs		
Dev. Engineering, DPZ Health (1/10/09)			I'l per, fee \$		
Health 1/0/09 FBucks Met? TOTAL FEES \$ All minimum setbacks met? TOTAL FEES \$ Fire Protection YES□ NO□ Sub-total paid \$					
Is Sediment Control approval required prior to issuance? Is Entrance Permit required? Balance due \$					
2.0 · · · · · · · · · · · · · · · · · · ·	o issuance?				
YES   NO		YES D NO D Che	eck #		
2.0 · · · · · · · · · · · · · · · · · · ·		YES D NO D Che			
YES   NO	N START: □	YES □ NO □ Che Historic District? Val YES □ NO □ Lot Coverage for NewTown Zone	dation #		
YES   NO   CONTINGENCY CONSTRUCTION	N START: []	YES□ NO □ Che Historic District? Vali YES□ NO □	dation #		

