

Building Address <u>9397 FURROW AVE</u> <u>ELLICOTT CITY, MD, 21042</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Mt. Hebron</u> Section <u>14</u> Area _____ Lot <u>6 E</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>MARK TRAGER</u> Address <u>9397 FURROW AVE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410 299-5966</u> Work Phone <u>SAME</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>2400</u> Description of Work <u>CONSTRUCT ON GROUND</u> <u>SWIMMING POOL w/ DECK</u>	Contractor Company <u>CROWN POOLS</u> Contact Person <u>JEFF WRYE</u> Address <u>5815 MORAVIA RD</u> City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21226</u> License No. <u>120727</u> Phone <u>410 325 2442</u> Fax <u>410 325 2624</u>
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Occupant or Tenant <u>MARK TRAGER</u> Contact Name _____ Address <u>9397 FURROW AVE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410 299-5966</u> Fax <u>NONE</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>				
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THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>[Signature]</u> <u>JOB COORDINATOR</u>	Print Name <u>JEFFREY WRYE</u> Date <u>2/21/02</u>
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Title/Company \_\_\_\_\_  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>3/13/02</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____