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<p>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</p>	<p>HOWARD COUNTY PERMIT APPLICATION</p>	<p>PERMIT NUMBER D07003011</p>
<p>Building Address <u>11054 Huntley Lane Rd.</u> <u>Ellicott City, MD. 21042</u></p> <p>Suite/Apt. #: _____ SDP/WP/Petition #: _____</p> <p>Census Tract <u>603000</u> Subdivision <u>Riverwood</u></p> <p>Section _____ Area _____ Lot <u>11</u></p> <p>Tax Map <u>29</u> Parcel <u>20</u> Grid <u>4</u></p> <p>Zoning <u>RCOEO</u> Map Coordinates _____ Lot size <u>50,400 sq</u></p>	<p>Property Owner's Name <u>W. Webster Adams</u></p> <p>Address <u>6905 Rockledge Dr #400</u></p> <p>City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20817</u></p> <p>Home Phone _____ Work Phone <u>301 803-4806</u></p> <p>Applicant's Name & Mailing Address, (if other than stated hereon): <u>410 Carol Uins</u></p> <p>Phone <u>279-1624</u> Fax _____</p>	
<p>Existing Use <u>11000 sq ft</u></p> <p>Proposed Use <u>SFD</u></p> <p>Estimated Construction Cost \$ <u>400,000.00</u></p> <p>Description of Work <u>Ashbourne / 2 story</u> <u>Finish & build Elevator side solarium</u> <u>2 car garage SFB 2 HB FP SBD</u> <u>Rear patio, porch</u></p>	<p>Contractor Company <u>W. Webster Adams</u></p> <p>Contact Person <u>Carol Uins</u></p> <p>Address <u>Same as above</u></p> <p>City _____ State _____ Zip Code _____</p> <p>License No. <u>57</u></p> <p>Phone _____ Fax _____</p>	
<p>Occupant or Tenant _____</p> <p>Contact Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Fax _____</p>	<p>Engineer or Architect Company <u>Bechtmark Engineers</u></p> <p>Contact Person <u>John Camp</u></p> <p>Address <u>8490 Ballou National Park</u></p> <p>City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u></p> <p>Phone <u>410 4165-6105</u> Fax <u>410 4165-6100</u></p>	

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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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Carol Uins Print Name Carol Uins

Title/Company _____ Date 2/23/07

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 Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/20/07</u>	<u>[Signature]</u>	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 # <u>19561</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Let Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
PERMIT.FRM				Gold: SHA