

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07004495

Building Address 1242 Crows Feet Road  
Marysville, MD  
Suite/Apt. #: --- SDP/WP/Petition #: MEADOWOOD  
Census Tract 603000 Subdivision ~~LOT 10-13~~  
Section 1 Area \_\_\_\_\_ Lot 13  
Tax Map 10 Parcel \_\_\_\_\_ Grid 10-1  
Zoning RD20P Map Coordinates \_\_\_\_\_ Lot size 3.15AC

Property Owner's Name Edward Puls  
Address 1242 Crows Feet Rd  
City Marysville State MD Zip Code 2104  
Home Phone 4104420028 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone same Fax 410465 5934

Existing Use SINGLE FAM. DETACHED RESID.  
Proposed Use SEED/Retain wall  
Estimated Construction Cost \$ 8,000  
Description of Work CONCRETE RETAINING  
WALL ADJACENT TO GARAGE  
ENGINEER CALCULATIONS  
ATTACHED

Contractor Company ITI Construction  
Contact Person Guy Carizzo Services Inc  
Address 8333 Main St Sherry  
City Ellicott City State MD Zip Code 21104  
License No. \_\_\_\_\_  
Phone 410465 5573 Fax 410465-5934

Occupant or Tenant ED PULS  
Contact Name GUY CARIZZO  
Address 8333 Main St  
City EC State MD Zip Code 21043  
Phone 410-465-5573 Fax 410-465-5934

Engineer or Architect Company John L. Schneider  
Contact Person John Schneider  
Address 100 N Rolling Road  
City Cotuitville State MD Zip Code 21228  
Phone 4107441945 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

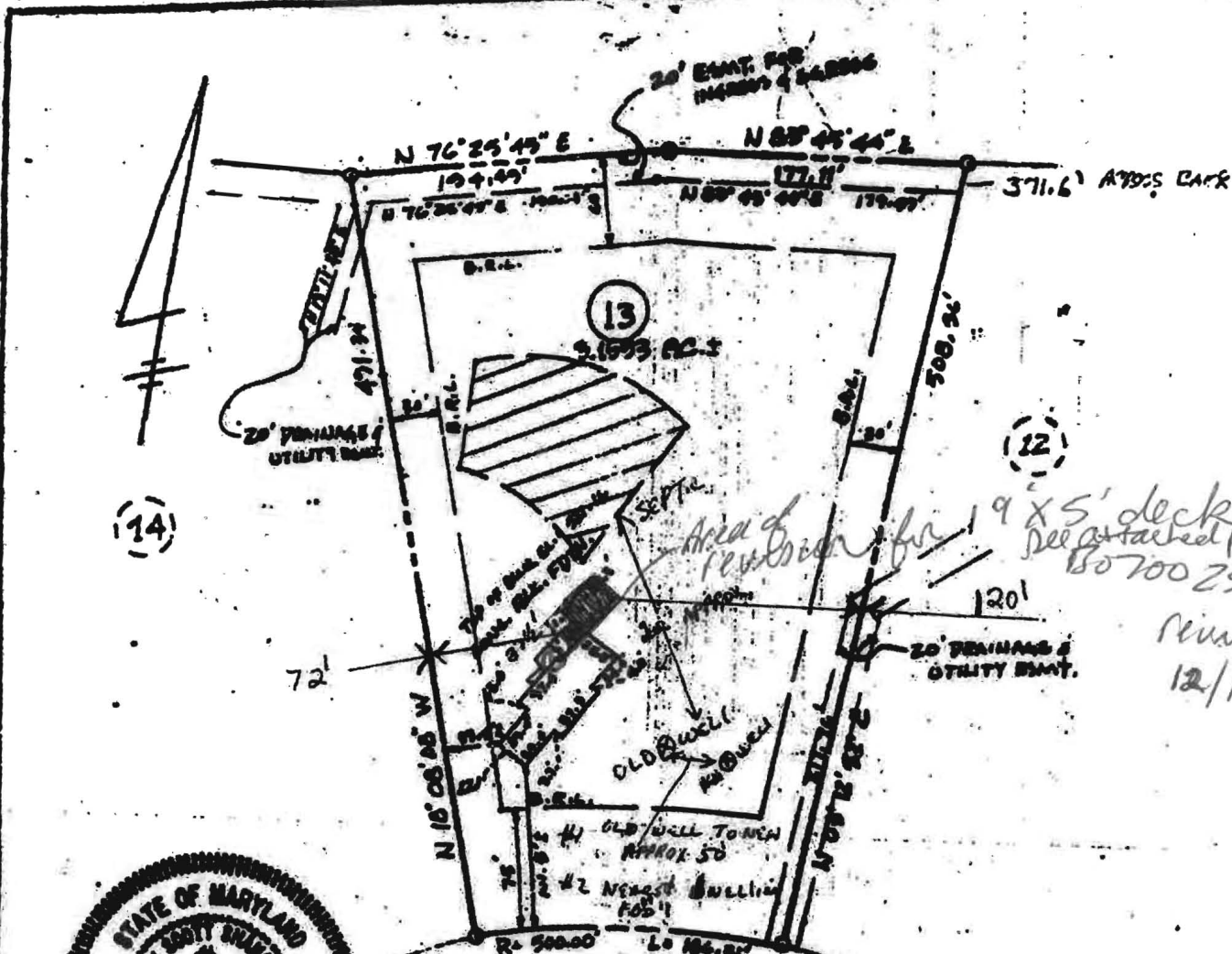
Applicant's Signature Guy Carizzo  
Title/Company ITI Construction Services Inc

Print Name GUY CARIZZO  
Date 11/2/07

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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>11/19/07</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 # <u>9618</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



(12)  
 19' x 5' deck  
 See attached plan  
 1507002547  
 revision  
 12/17/0  
 JS



**CROW'S FOOT ROAD**  
 (50' R/W)

EDWARD J. PULS 410-442-0028  
 1242 CROW'S FOOT RD  
 MARRIOTTVILLE, MD 21104

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY & CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

*Shanaberger* 7/11/09  
**SHANABERGER + LANE**  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 203  
 ELLICOTT CITY, MD. 21043  
 (301) 461-9563

**FOUNDATION CERTIFICATION**  
**LOT 13**  
**MEADOWOOD, SEC. 1**  
**PLAT # 7809**

Edward J. Puls  
 ELECTION DISTRICT: 3<sup>RD</sup>  
 COUNTY: HOWARD  
 SCALE: 1" = 100'  
 DATE: JULY 11, 1989





# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*B0700 4433*

Building Address 1242 Cross Foot Rd  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 250,000  
 Description of Work Install of 50' x 70' ...

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____
Other Structure: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

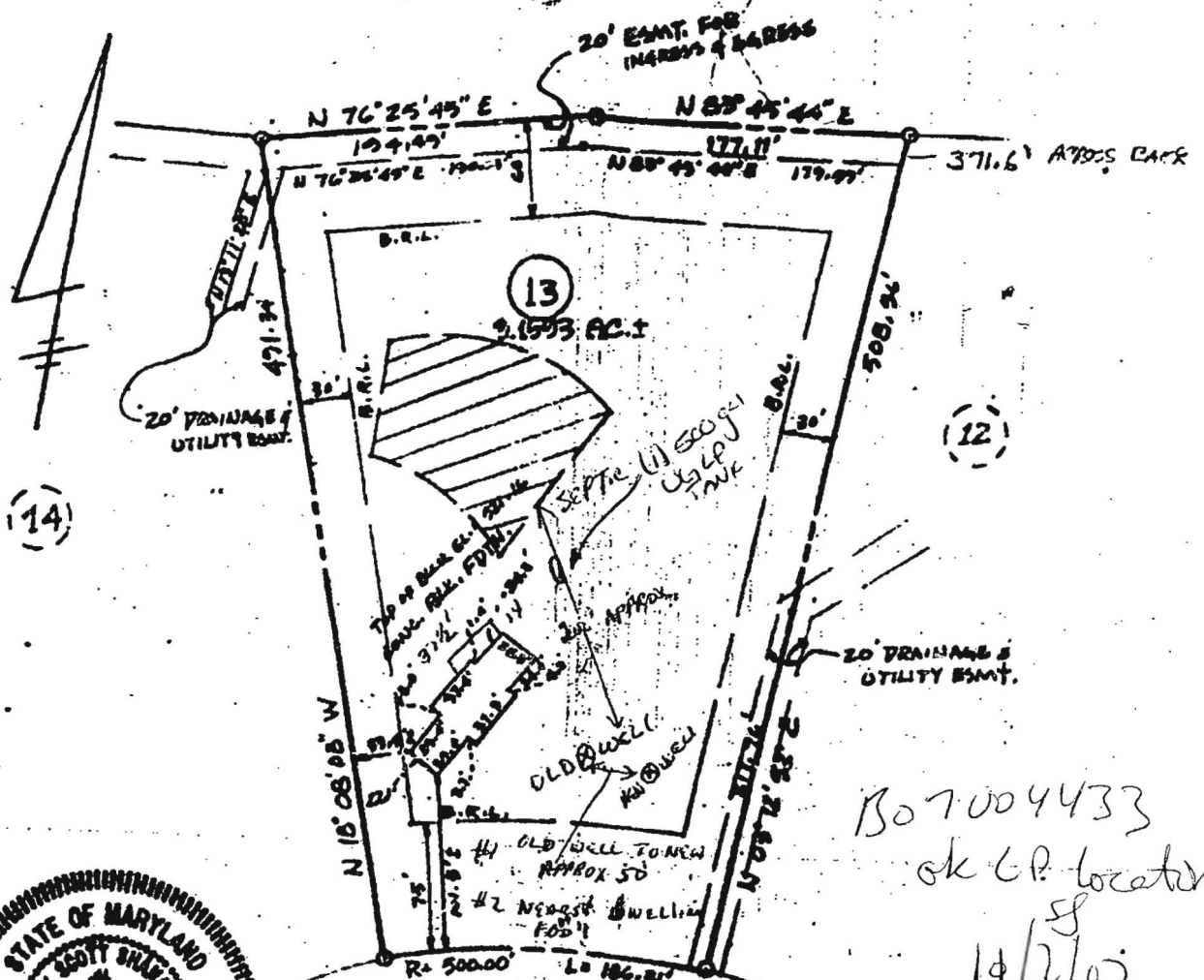
Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

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 \$ <u>100</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>11/2/07</u>	<i>[Signature]</i>	Side St.: _____	Add'l per. fee \$ <u>60</u>
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>160</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>110</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>50</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>60257</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	



B07004433  
ok GP location  
sf  
14/2/05



CROW'S FOOT ROAD  
(50' R/W)

EDWARD J. PULS 410-442-0028  
1242 CROW'S FOOT RD  
MARRIOTTVILLE, MD. 21104

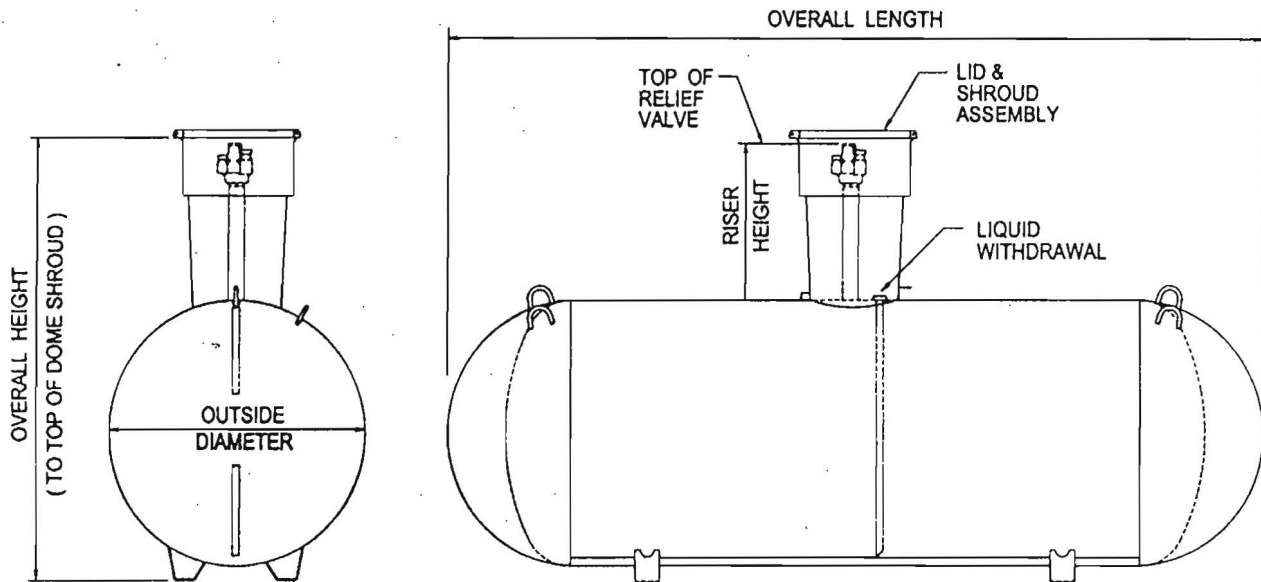
I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT IS NOT INTENDED TO REPRESENT A BOUNDARY SURVEY & CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

*Gregory Scott Shanaberger* 7/11/05  
SHANABERGER & LANE  
8726 TOWN & COUNTRY BLVD.  
SUITE 203  
ELLCOTT CITY, MD. 21043  
(301) 461-9863

FOUNDATION CERTIFICATION  
LOT 13  
MEADOWWOOD, SEC. 1  
PLAT # 7809

Edward J. Puls  
ELECTION DISTRICT : 3<sup>RD</sup>  
COUNTY : HOWARD  
SCALE : 1" = 100'  
DATE : JULY 11, 1989

# TRINITY CONTAINERS, LLC UNDERGROUND TANKS



## General Specifications

Conforms to the last edition and addenda of the ASME, Section VIII, Division 1. Complies with NFPA 58. The 28" Riser tank conforms to specifications set forth by the Railroad Commission of Texas.

Rated at 250 psig from -20° F. to 125° F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel finish: Coated with TGIC red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state, or local regulations.

UNDERGROUND VESSEL DIMENSIONAL INFORMATION							
All vessels dimensions are approximate							
WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				14" Riser Height	28"		
120 wg. 454.2 L	24" 609.6 mm	Ellip	5'- 5 7/8" 1673.2 mm	3'- 7 7/8" 1114.4 mm	5'- 0 3/8" 1533.5mm	252 lbs. 114.3 kg.	63
250 wg. 946.3 L	31.5" 800.1 mm	Hemi	7'- 2 1/2" 2197.1 mm	4'- 3 3/8" 1304.9 mm	5'- 7 3/8" 1711.3 mm	472 lbs. 214.1 kg.	35
320 wg. 1211.2 L	31.5" 800.1 mm	Hemi	8'- 11 3/4" 2736.9 mm	4'- 3 3/8" 1304.9 mm	5'- 7 3/8" 1711.3 mm	588 lbs. 266.7 kg.	28
500 wg. 1892.5 L	37.42" 950.5 mm	Hemi	9'- 10" 2997.2 mm	4'- 9 3/8" 1457.3 mm	6'- 1 7/8" 1863.7 mm	921 lbs. 417.8 kg	25
1000 wg. 3785.0 L	40.96" 1040.4 mm	Hemi	15'- 10 7/8" 4848.2 mm	5'- 0 7/8" 1546.2 mm	6'- 5 3/8" 1965.3mm	1731 lbs. 785.2 kg	15
1465 wg. 5545.0 L	46.614" 1184 mm	Ellip	17'- 7 1/4" 5365.8 mm	5'- 7 5/16" 1709.7 mm	6'- 11 1/16" 2109.8 mm	2745 lbs. 1245 kg	8
2000 wg. 7570.0 L	46.614" 1184 mm	Ellip	23'- 9 3/8" 7248.5 mm	5'- 7 5/16" 1709.7 mm	6'- 11 5/16" 2065.3 mm	3685 lbs. 1671.4 kg	6

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07002547

Building Address 1342 Crows Foot Rd  
Marysville, MD 21104  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 7669  
Census Tract 075000 Subdivision Northwood  
Section 1 Area \_\_\_\_\_ Lot 13  
Tax Map \_\_\_\_\_ Parcel 712 Grid 7  
Zoning RL Map Coordinates \_\_\_\_\_ Lot size 0.15

Property Owner's Name Puls / Mysel  
Address 1342 Crows Foot Rd  
City Marysville State MD Zip Code 21104  
Home Phone 4104420028 Work Phone 4104655573  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 443858858 Fax 4104655934

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ 250,000  
Description of Work ADDITION to EXISTING HOME, 2 STORY - 1ST FLOOR STICK BUILT GARAGE & 2ND STORY Modular DECK TO H.C. UNITS

Contractor Company ITI Construction  
Contact Person Guy Carizzo  
Address 8333 Main St  
City Ellicott City State MD Zip Code 21043  
License No. 124306  
Phone 4104655573 Fax 4104655934

Occupant or Tenant Randy & Sheri Mysel  
Contact Name Randy Mysel or Ed Puls  
Address 1342 Crows Foot Rd  
City Marysville State MD Zip Code 21104  
Phone 4104655573 - 4104420028  
3016860629 Fax 4104655934

Engineer or Architect Company ITA Design  
Contact Person Ash Shaker  
Address 6245 New South Lane  
City Columbia State MD Zip Code 21045  
Phone 4108720042 Fax 4108720442

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> WELL
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> SEPTIC
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> PRIME
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>1</u>	Propane Gas <input checked="" type="checkbox"/> BACK UP
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>29RSP</u>	
Dimensions: <u>52 X 31 IRREGULAR</u>	
Footings: _____	
Roof Height: <u>34'</u>	
<input checked="" type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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 Guy Carizzo  
President ITI Construction Services  
Title/Company \_\_\_\_\_

Print Name Guy A. Carizzo  
Date 26 June 2007

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>9/11/07</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 # <u>9520</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	