

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BA9000159

Building Address 3649 SHARP RD.
GLENWOOD, MD. 21044
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60561 Subdivision GLENVALE OVERLOOK
Section _____ Area _____ Lot 2
Tax Map 21 Parcel _____ Grid 2142
Zoning RE-110 Map Coordinates _____ Lot size _____

Property Owner's Name BRUND REICH
Address 3649 SHARP RD
City GLENWOOD State MD. Zip Code 21738
Phone (410) 484-7584 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use RESIDENCE
Proposed Use RESIDENCE
Estimated Construction Cost \$ 15,000.00
Description of Work INSTALL ELECTRICAL,
PLUMBING & FINISHES AT EXISTING
SECOND FLOOR ROOMS, INSTALL BATH
ROOM. Install 54 sq. ft.

Contractor Company Owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Addition
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person BRUND REICH
Address 10106 HYLE BIRCH RD.
City COLUMBIA State MD. Zip Code 21044
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: 34
No. of stories: 2
Gross area, sq. ft. per floor: 11648
Use group: R
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
 Crawl space Slab on Grade
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

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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 BRUND REICH
Date 1/29/2009

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2/10/09</u>	<u>Brian Baker</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
SDP/Red-line approval date _____ Accepted by _____
T:\forms\PERMIT.FRM Rev. 11/4/04

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21045
 PERMITS (410) 313-3485
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

**808002492
 PERMIT NUMBER**

Building Address 3049 Sharp Rd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Reich Subdivision
 Section _____ Area _____ Lot 2
 Tax Map 21 Parcel 186 Grid 12
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Bruno Reich
 Address 3049 Sharp Road
 City Glenwood State MD Zip Code 21738
 Phone 410.904.7544 Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use House
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Construct Entry to the basement 32X10
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 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

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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.

Rebecca A. Reich
 Applicant's Signature

 Title/Company

Rebecca A. Reich
 Print Name
August 7, 2008
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -



<small>DEPARTMENT OF INSPECTION, LICENSES AND PERMITS 3100 COUNTY HOUSE DRIVE BILLCOTT CITY, MD 21043 PERMITS (410) 313-2458 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B08002302
Building Address <u>3649 SHARP RD</u> <u>GLENWOOD, MD 21738</u>		Property Owner's Name <u>BRUNO REICH</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>3649 SHARP RD</u>
Census Tract _____ Subdivision <u>GLENAIR OVERLOOK</u>		City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u>
Section _____ Area _____ Lot <u>2</u>		Phone <u>410 984 7564</u> Phone _____
Tax Map <u>21</u> Parcel <u>150</u> Grid <u>12</u>		Applicant's Name & Mailing Address, (if other than stated herein): _____
Zoning <u>RR</u> Map Coordinates _____ Lot size _____		Phone _____ Fax _____
Existing Use <u>RESIDENCE</u>		Contractor Company _____
Proposed Use <u>RESIDENCE</u>		Contact Person _____
Estimated Construction Cost \$ <u>2,000.00</u>		Address _____
Description of Work <u>MOVE SHED & INSTALL PERMANENT FOUNDATION 20'x28'</u>		City _____ State _____ Zip Code _____
Occupant or Tenant _____		License No. _____
Contact Name _____		Phone _____ Fax _____
Address _____		Engineer or Architect Company _____
City _____ State _____ Zip Code _____		Contact Person _____
Phone _____ Fax _____		Address _____
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____
Phone _____ Fax _____		Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: <u>20'</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>560 #</u> Use group: <u>R</u> Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

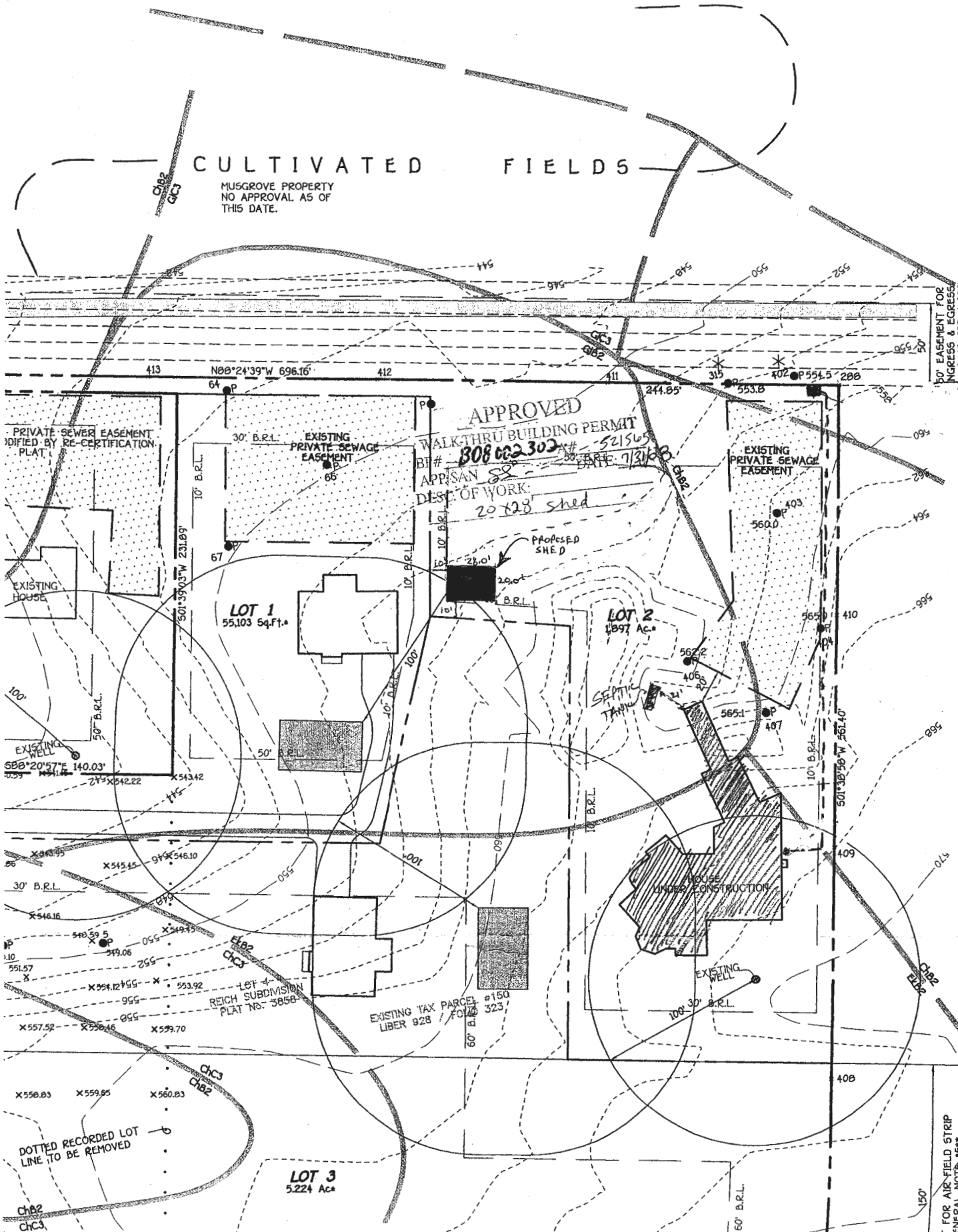
Applicant's Signature: [Signature] Print Name: BRUNO REICH
 Title/Company: _____ Date: 7/31/2008

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			Side Sl.: _____	Add'l per. fee \$ _____	
Health	<u>7/31/08</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
			Is Entrance Permit required?	Check # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____	
			Historic District?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for NewTown Zone		
			SDP/Red-line approval date	Accepted by _____	
Distribution of Copies:	White: Building Official	Green: LDO, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:Forms\PERMIT.ERM					

CULTIVATED FIELDS

MUSGROVE PROPERTY
NO APPROVAL AS OF
THIS DATE.



PRIVATE SEWER EASEMENT
MODIFIED BY RE-CERTIFICATION
PLAT

LOT 1
55,103 Sq. Ft.

LOT 2
1,897 AC.

LOT 3
5,224 Aca

APPROVED
WALK-THRU BUILDING PERMIT
BI# 808 002 302
APPISAN 521565
DATE 7/31/08
DEST. OF WORK:
20'x28' shed

EXISTING PRIVATE SEWAGE
EASEMENT

SEPTIC
TANK

HOUSE
UNDER CONSTRUCTION

EXISTING TAX PARCEL #150
LIBER 928 FC 140 323

LOT 4
REICH SUBDIVISION
PLAT No: 5858

DOTTED RECORDED LOT
LINE TO BE REMOVED

50' EASEMENT FOR
INGRESS & EGRESS
SCALE: 1"=40'

1" FOR AIR-FIELD STRIP
GENERAL NOTE #5**

PR
not receive

fee not required as
Note: Need to collect
amendment fee
\$2500
Thanks
Abd DPZ ac

ATTN:
AVIS CORBIN
HOWARD COUNTY DEPT. OF INSP., LIC. & PERMITS

10/23/2000

RE: PERMIT # B00121306, 3649 SHARP RD.

I WISH TO DELETE THE GARAGE FROM THE PERMIT
APPLICATION. ATTACHED IS A COPY OF THE MODIFIED
SITE PLAN.

BRAND V. REICHA, AIA.

OK
M. Rifkin
How. Co. Health
10/27/00

re: DPZ
Health Dept
Plan Review

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B300121306

Building Address 3689 Sharp Rd
Glenely MD 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6010 Subdivision GLENAIR
 Section _____ Area _____ Lot 2
 Tax Map 21 Parcel 150 Grid _____
 Zoning R-1 Map Coordinates 21 Lot size 5.5 AC

Property Owner's Name BRUNO W. REICH
 Address 4151 HOWARD RD
 City DAYTON State MD Zip Code 21136
 Home Phone (301) 596-9182 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use RES.
 Proposed Use RES.
 Estimated Construction Cost \$ 30,000.00
 Description of Work COMM. INDUSTRIAL GARAGE
CONCRETE LINE
REPLACEMENT PLAN

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant BRUNO REICH
 Contact Name BRUNO REICH
 Address 10106 HYLA BROOK RD
 City COLUMBIA State MD Zip Code 21044
 Phone (301) 596-4737 Fax (410) 772-0902 FAX

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

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics Height: <u>33'</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>7800 SF</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>24'</u> <u>32'</u> Basement: <u>30</u> <u>90</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms: <u>1</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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 BRUNO REICH
 Date 10/15/1999 11-10-99

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>10/25/00</u>	<u>M. Ripkin</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>1-8003</u>
Rear: _____	Filing fee \$ <u>50.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3401</u>
Accepted by _____	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA