

HEALTH

GP# G 10000191

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B1000 2987

Building Address 3306 Secretariat Way
Glenwood, MD 21723

Property Owner's Name Ryan Homes

Address

6031 University Blvd, Suite 250City Ellicott City State MD Zip Code 21043Phone 410.796.0980

Phone

Applicant's Name & Mailing Address, (if other than stated heron):

Phone

Fax

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision Neshawat PropertySection _____ Area _____ Lot 2001Tax Map 21 Parcel 138 Grid 21-5

Zoning RR-DEO Map Coordinates

Lot size

Existing

Use Vacant LotProposed Use Deck PermitEstimated Construction Cost \$7500Description of Work 14 FT X 20 FT DECK

Contractor Company

Ryan HomesContact Person Kevin BowserAddress 6031 University Blvd, Suite 250City Ellicott City State MD Zip Code 21043License No. 56Phone 410.796.0980Fax 410.796.7094Occupant or Tenant Ryan HomesContact Name Kevin BowserAddress 6031 University Blvd, Suite 250City Ellicott City State MD Zip Code 21043Phone 410.796.0980Fax 410.796.7094Engineer or Architect Company Benchmark EngineeringContact Person John CarneyAddress 8480 Baltimore National Pike, Suite 418City Ellicott City State MD Zip Code 21043Phone 410.465.6105Fax 410.465.6644**BUILDING DESCRIPTION - COMMERICAL****BUILDING DESCRIPTION - RESIDENTIAL****Building Characteristics****Utilities**

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use Group:

Construction Type:

☐ Reinforced Concrete☐ Structural Steel☐ Masonry☐ Wood Frame☐ State Certified Modular

Water Supply:

☐ Public☐ Private

Sewer Disposal:

☐ Public☐ PrivateElectric 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**Utilities**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

Water Supply:

☐ Public☒ Private

Sewer Disposal:

☐ Public☒ PrivateElectric 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

Ben Mucci

Print Name

Costing Manager

09/22/2010

Title/Company

Date

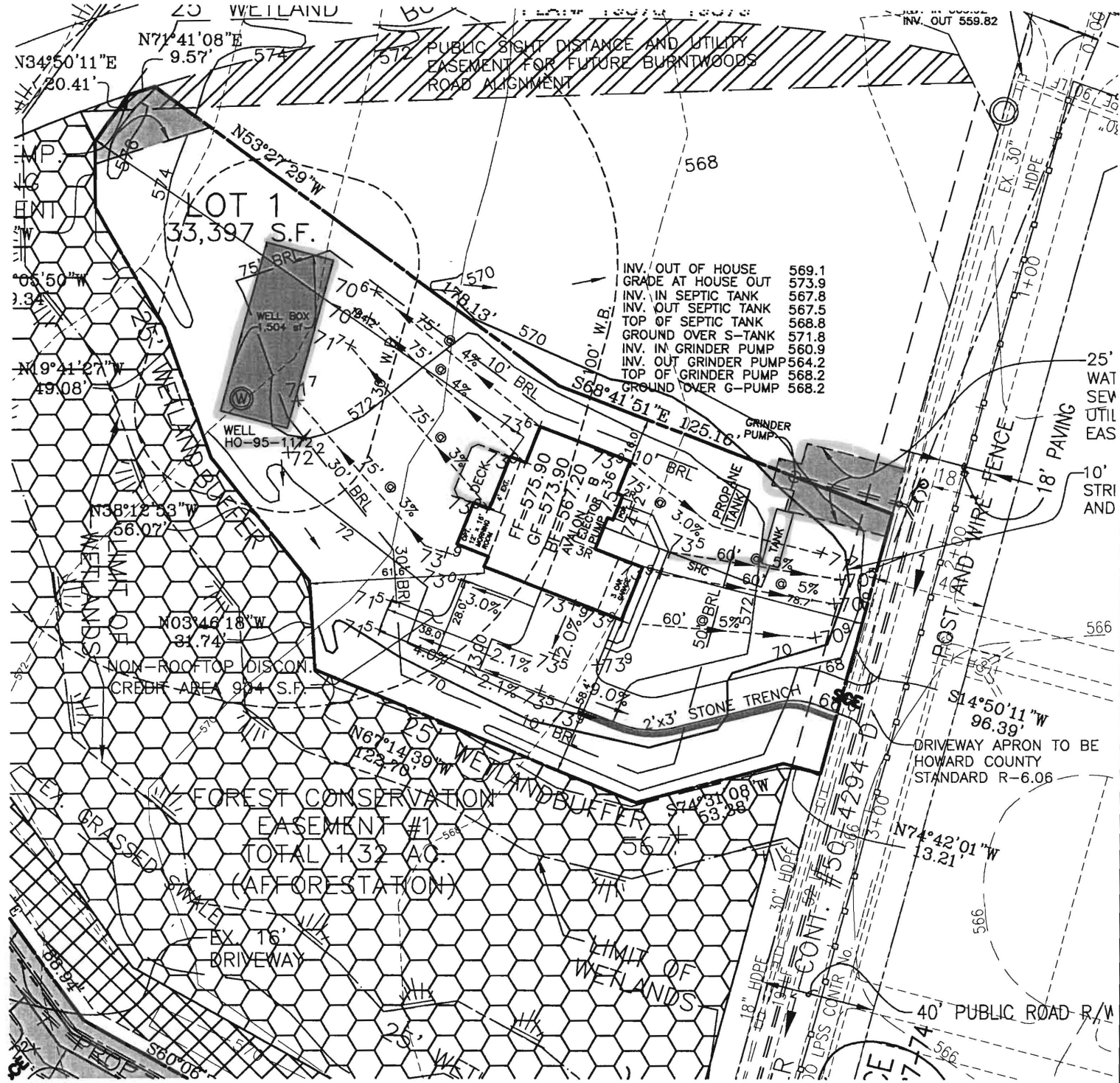
Checks payable: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
APPROVAL				
Land Development, DPZ			Front: _____	Filing Fee \$ _____
State Highways			Rear: _____	Permit Fee \$ <u>50.00</u>
Building Official			Side: _____	Excise tax \$ <u>5.00</u>
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health <u>10-5-10</u>		<u>Ben Mucci</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>55.00</u>
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot coverage for New Town Zone _____	Check # <u>623015</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 <u>Ben Mucci</u>	
T:\Forms\PERMIT.FRM				

Rev. 1/1/04/04



10-5-10
B10002987
deck OK
HS

Neshawat		
Lot - 1 Avalon		
ITEM DESCRIPTION	UNIT	QUANTITY
Driveway	SY	264
Leadwalk	SF	271
Public Sidewalk	SF	0
Seed	SF	44014
Mulched Area	SF	N/A
Water Connection	LF	N/A
Sewer Connection	LF	67
Frost	LF	N/A
Well Exit	No. of Risers	10
Silt Fence	LF	0
Super Silt Fence	LF	989

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-465-6105 • fax: 410-465-8644
email: Benchmark@cois.com

PROJECT:	NESHAWAT PROPERTY
TITLE:	LOT 1 DECK PERMIT PLAN
DATE:	SEPT. 9, 2010 PROJECT NO. 1662
DRAFT:	JC SCALE: 1" = 50'

Building Address
3306 S...
Suite/Apt. #: SDP/WP/Petition #:
Census Tract Subdivision
Section Area Lot
Tax Map 21 Parcel 138 Grid 5
Zoning Map Coordinates Lot Size 31401 P

Property Owner's Name
Address
City State Zip Code
Home Phone Work Phone
Applicant's Name & Mailing Address, (if other than stated herein):
Phone 410-313-1024 Fax
Contractor Company
Contact Person
Address
City State Zip Code 201
License No.
Phone 410-313-1024 Fax
Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

Existing Use
Proposed Use
Estimated Construction Cost \$
Description of Work
Occupant or Tenant
Contact Name
Address
City State Zip Code
Phone Fax

Contractor Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

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:
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
Email Address
Title/Company

Print Name
Date

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

AGENCY
Land Development, DPZ
State Highways
Building Officials
Dev. Engineering, DPZ
Health
Fire Protection

DATE
9-14-10

SIGNATURE APPROVAL
[Signature]

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES NO
Is Entrance Permit Required?
YES NO
Historic District?
YES NO
Lot Coverage for New Town Zone
SDP/Red-line approval date

PROPERTY ID #
Filing fee \$
Permit fee \$
Excise tax \$
Add'l per fee \$
TOTAL FEES \$
Sub-total paid \$
Balance due \$
Check #
Validation #

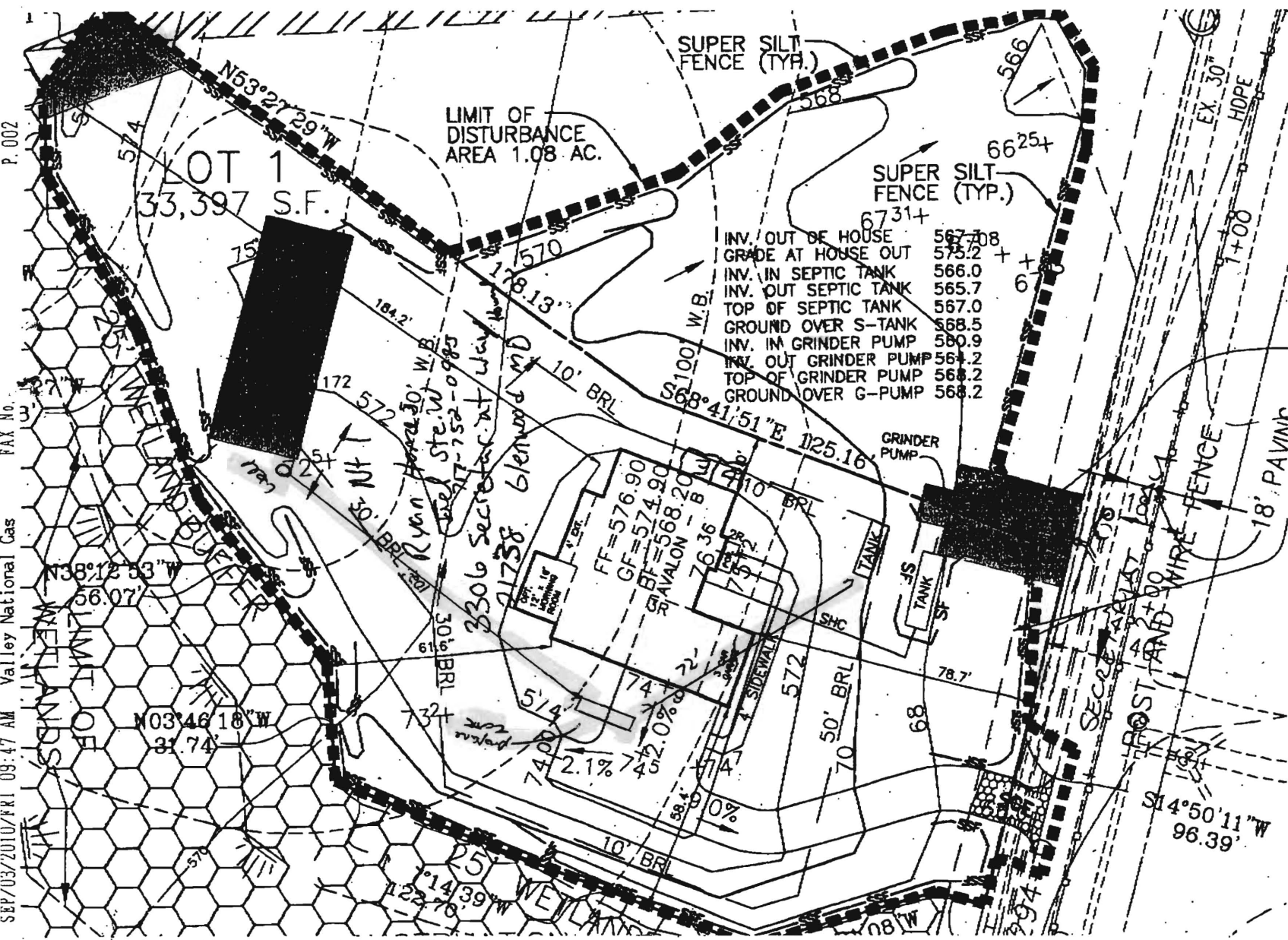
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Accepted by

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\Operations\Updated forms

STW 2001/9
not 2001/9


$$\text{Scale} = 1'' = 40'$$

Health

CPT# G1 0000191

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3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B1000 2010

Building Address 3306 Secretariat Way
Glenwood, MD 21723

Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract 604002 Subdivision Neshawat Property

Section _____ Area _____ Lot 2001

Tax Map 21 Parcel 138 Grid 21-5

Zoning RR-DEO Map Coordinates _____ Lot size _____

Existing Use Vacant Lot

Proposed Use New - Single Family Home

Estimated Construction Cost \$250,000

Description of Work Model Avalon w/Morn Rm, Fam Ext & 3Car
2 Story, Full Bsmt, 10R, 2FB, 1HB, FP
& 3 Car Garage (4-BR) w/Opt FP

Occupant or Tenant Ryan Homes

Contact Name Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Fax 410.796.7094

Property Owner's Name Ryan Homes
Address _____

6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Phone _____

Applicant's Name & Mailing Address, (if other than stated heron): _____

Phone _____ Fax _____

Contractor Company Ryan Homes

Contact Person Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

License No. 56

Phone 410.796.0980 Fax 410.796.7094

Engineer or Architect Company Benchmark Engineering

Contact Person John Carney

Address 8480 Baltimore National Pike, Suite 418

City Ellicott City State MD Zip Code 21043

Phone 410.465.6105 Fax 410.465.6644

BUILDING DESCRIPTION - COMMERICAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use Group: _____

Construction Type:

- ☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame

☐ State Certified Modular

Water Supply:

- ☐ Public
☐ Private

Sewer 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

Utilities

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1 st Floor:	58	54
2 nd Floor:	32	54
Basement:	40	54

Finished Basement ☒

Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms: 4

Height: 30

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

Water Supply:

- ☐ Public
☒ Private

Sewer 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: _____

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Applicant's Signature

Ben Mucci
Print Name

Project Manager
Title/Company

06/30/2010
Date

JUL 2 2010

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

**LICENSES & PERMITS
DIVISION**

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
APPROVAL				
✓ Land Development, DPZ			Front: _____	Filing Fee \$ <u>150.00</u>
✓ State Highways			Rear: _____	Permit Fee \$ _____
✓ Building Official			Side: _____	Excise tax \$ _____
✓ Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7-9-10</u>	<u>Kevin Bowser</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control Approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Lot coverage for New Town Zone _____	Check # <u>61616</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>61616</u>
ONE STOP SHOP <input type="checkbox"/>				Accepted by <u>ea</u>
Distribution of Copies -				
White: Building Official				
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

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Rev. 11/04/04

