

PERMIT NUMBER

BI0002550

Building Address 100 S. H. E. Hwy Farm Tr.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision W. H. E. Hwy
 Section _____ Area _____ Lot (11)
 Tax Map 11 Parcel 11 Grid 12
 Zoning _____ Map Coordinates _____ Lot Size _____
 Existing Use 100 S. H. E. Hwy Farm Tr.
 Proposed Use 100 S. H. E. Hwy Farm Tr.
 Estimated Construction Cost \$ _____
 Description of Work 100 S. H. E. Hwy Farm Tr.
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Property Owner's Name John H. Hest
Address 1000 1st St. N.E.
City Albuquerque State NM Zip Code 87102
Home Phone 505-243-1114 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):
Selem, Clarence 7051 MacBride Ave. N.E.
Albuquerque, NM 87109
Phone 505-340-1821 Fax _____
Contractor Company V. H. H. Construction Co.
Contact Person Clarence Selem
Address 7051 MacBride Ave. N.E.
City Albuquerque State NM Zip Code 87109
License No. 7711
Phone 505-721-1114 Fax 505-721-1114
Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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

Print Name _____

Email Address

Date _____

Title/Company

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 Officials
Dev. Engineering, DPZ
Health 8-23-10 D. Beinaud
Fire Protection

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?

YES ☐ NO ☐

	PROPERTY ID #
Filing fee	\$
Permit fee	\$ 100.
Excise tax	\$
Add'l per fee	\$ 10.
TOTAL FEES	\$
Sub-total paid	\$
Balance due	\$
Check	#
Validation	#

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

Is Entrance Permit Required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date

Balance due

Check

Validation

100

CONCLUSIONS

Accepted by

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies

White: Building Officials

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

F:\Operations\Updated forms

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3806		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B/0001488	
Building Address 10153 SADDLE BROOK Farm WOODSTOCK MD 21163 TRG		Property Owner's Name NVR Inc Address 685 Marshall St Ste 130 City Elkridge State MD Zip Code 21075 Home Phone Work Phone 410- Applicant's Name & Mailing Address, (if other than stated herein): Jim Kerwin / Decatur P.O. Box 552 Buildings Woodbine, MD 21797 Phone 443-397792 Fax			
Suite/Apt. #: SDP/WP/Petition #:		Contractor Company Contact Person Address City State Zip Code License No. Phone Fax			
Census Tract Subdivision SADDLE BROOK FARM Section Area Lot 4		Engineer or Architect Company Contact Person Address City State Zip Code Phone Fax			
Tax Map Parcel Grid		Building Description - COMMERCIAL			
Zoning Map Coordinates Lot Size		Building Description - RESIDENTIAL			
Existing Use Vacant Lot Proposed Use Estimated Construction Cost \$ Description of Work		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			
Occupant or Tenant Contact Name Address City State Zip Code Phone Fax		Utilities Water Supply: Public Private Sewage Disposal: Public 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: N/A <input type="checkbox"/> Full Partial Other Suppression # of Heads			

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Print Name

Email Address

Title/Company

Date

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- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL
Land Development, DPZ
State Highways
Building Officials
Dev. Engineering, DPZ
Health 6-16-10 D. Bernard
Fire Protection

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES ☐ NO ☐

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

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone
SDP/Red-line approval date

Balance due \$
Check #
Validation #

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Accepted by

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White: Building Officials

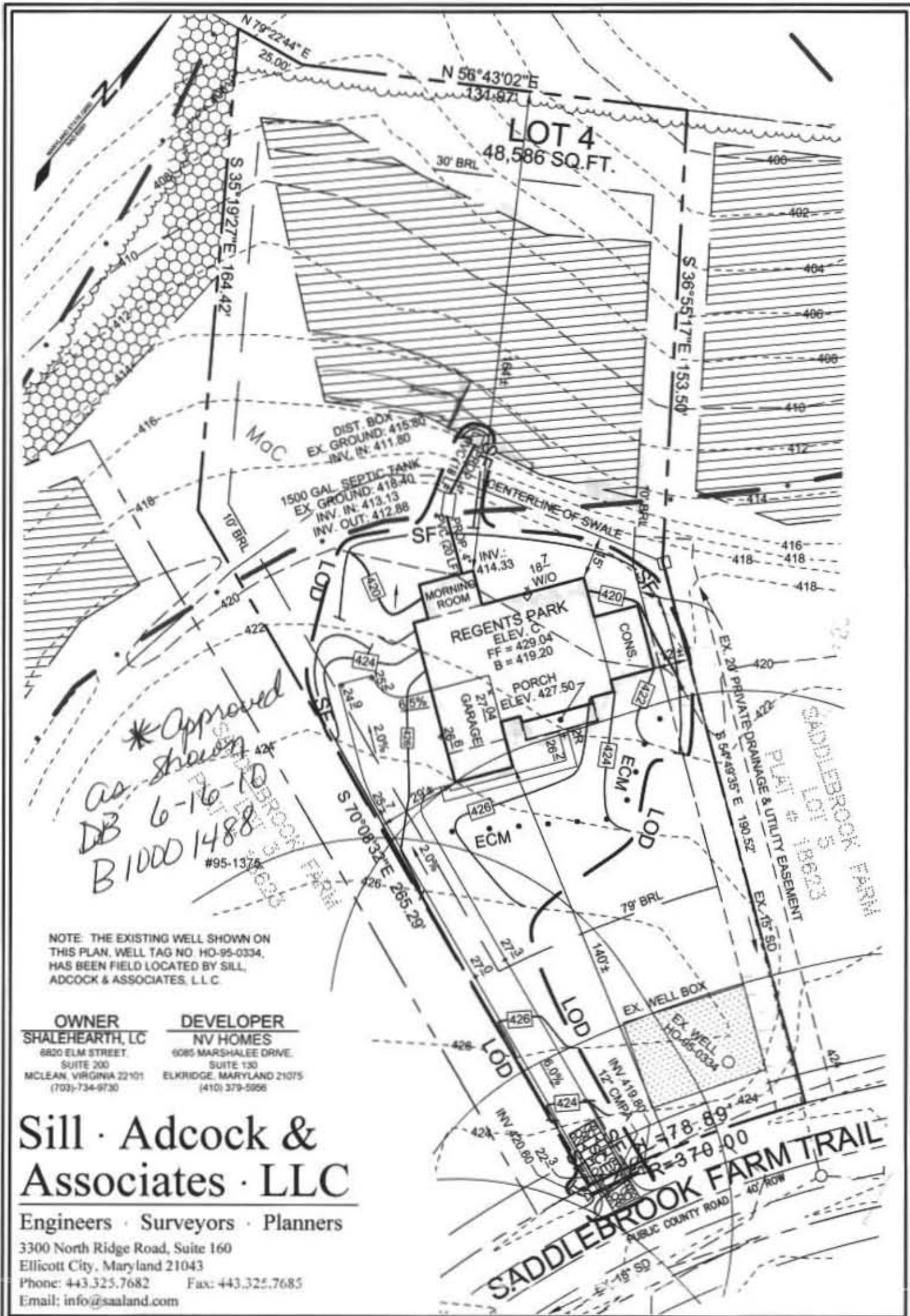
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T: Operations/Updated forms



NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, WELL TAG NO. HO-95-0334, HAS BEEN FIELD LOCATED BY SILL, ADCOCK & ASSOCIATES, L.L.C.

OWNER
SHALEHEARTH, LC
6820 ELM STREET,
SUITE 200
MCLEAN, VIRGINIA 22101
(703)-734-9730

DEVELOPER
NV HOMES
6085 MARSHALEE DRIVE,
SUITE 130
ELKRIE, MARYLAND 21075
(410) 379-5966

Sill · Adcock & Associates · LLC

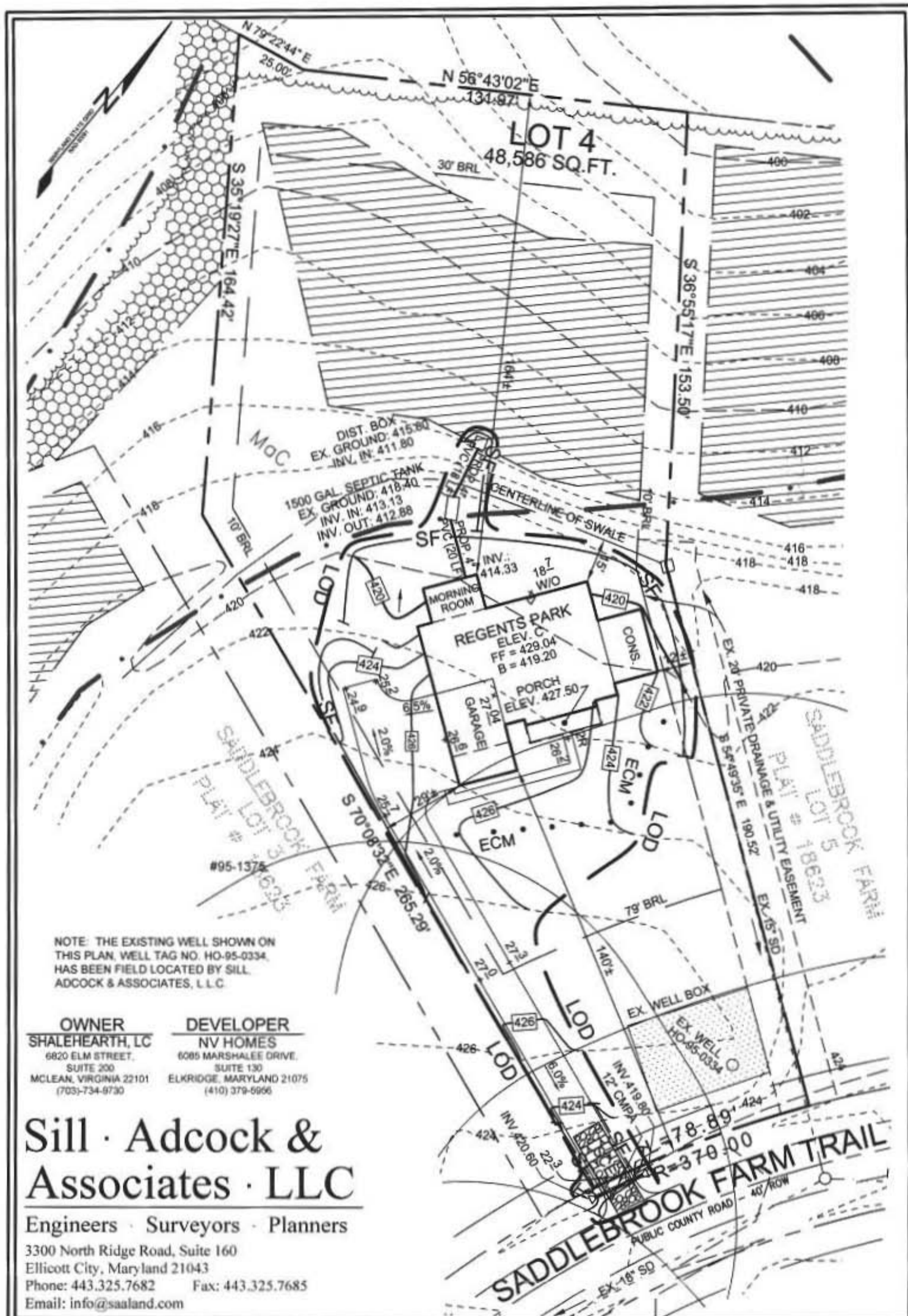
Engineers · Surveyors · Planners
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@saaland.com

DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY: PS
SCALE: 1"=40'
DATE: MAY 13, 2010
PROJECT #: 10-018
SHEET #: 1 OF 1

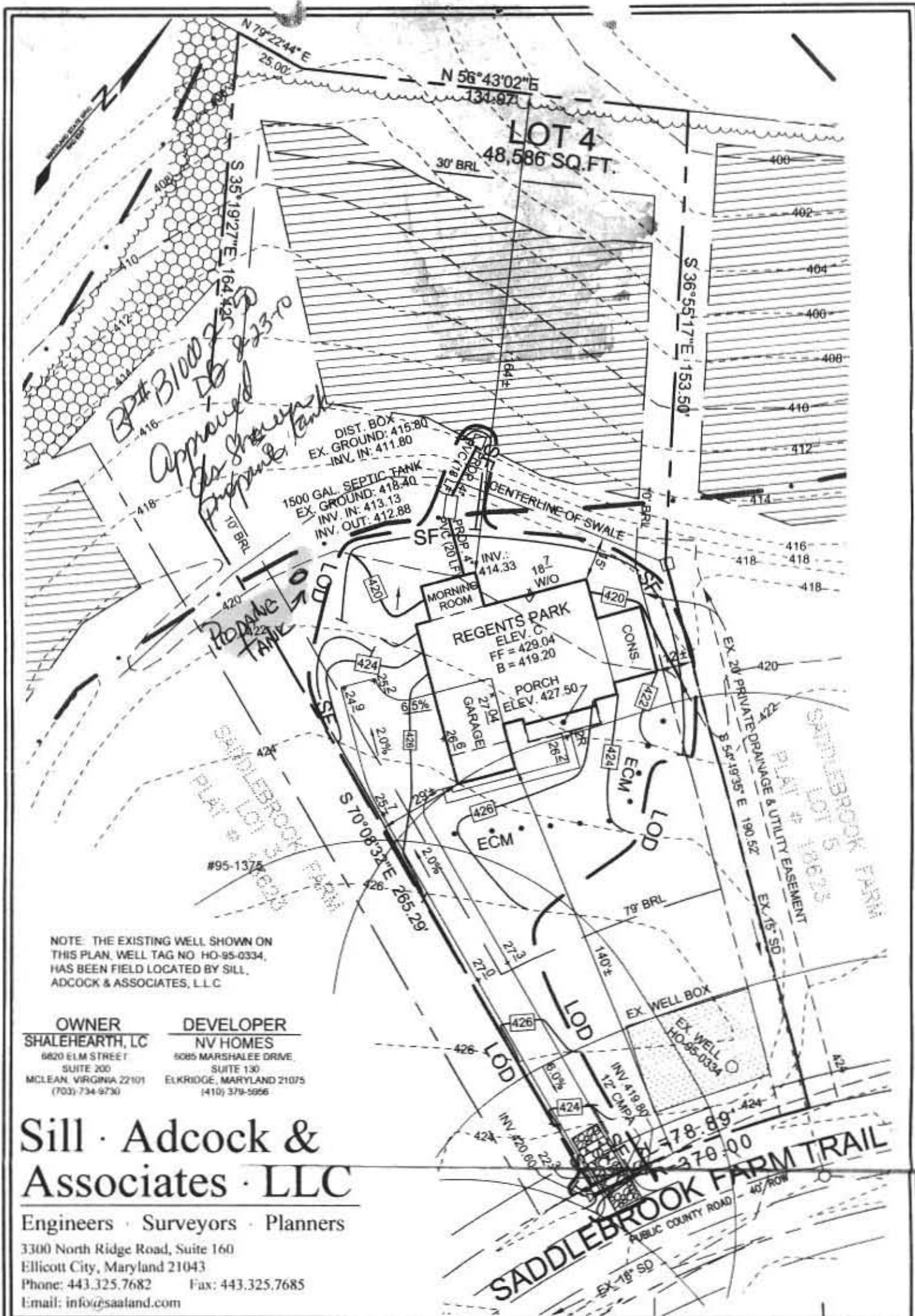
HOUSE SITE SADDLEBROOK FARM LOT 4 10153 SADDLEBROOK FARM TRAIL

TAX MAP 11 GRID 13
THIRD ELECTION DISTRICT

PARCEL 19
HOWARD COUNTY, MARYLAND



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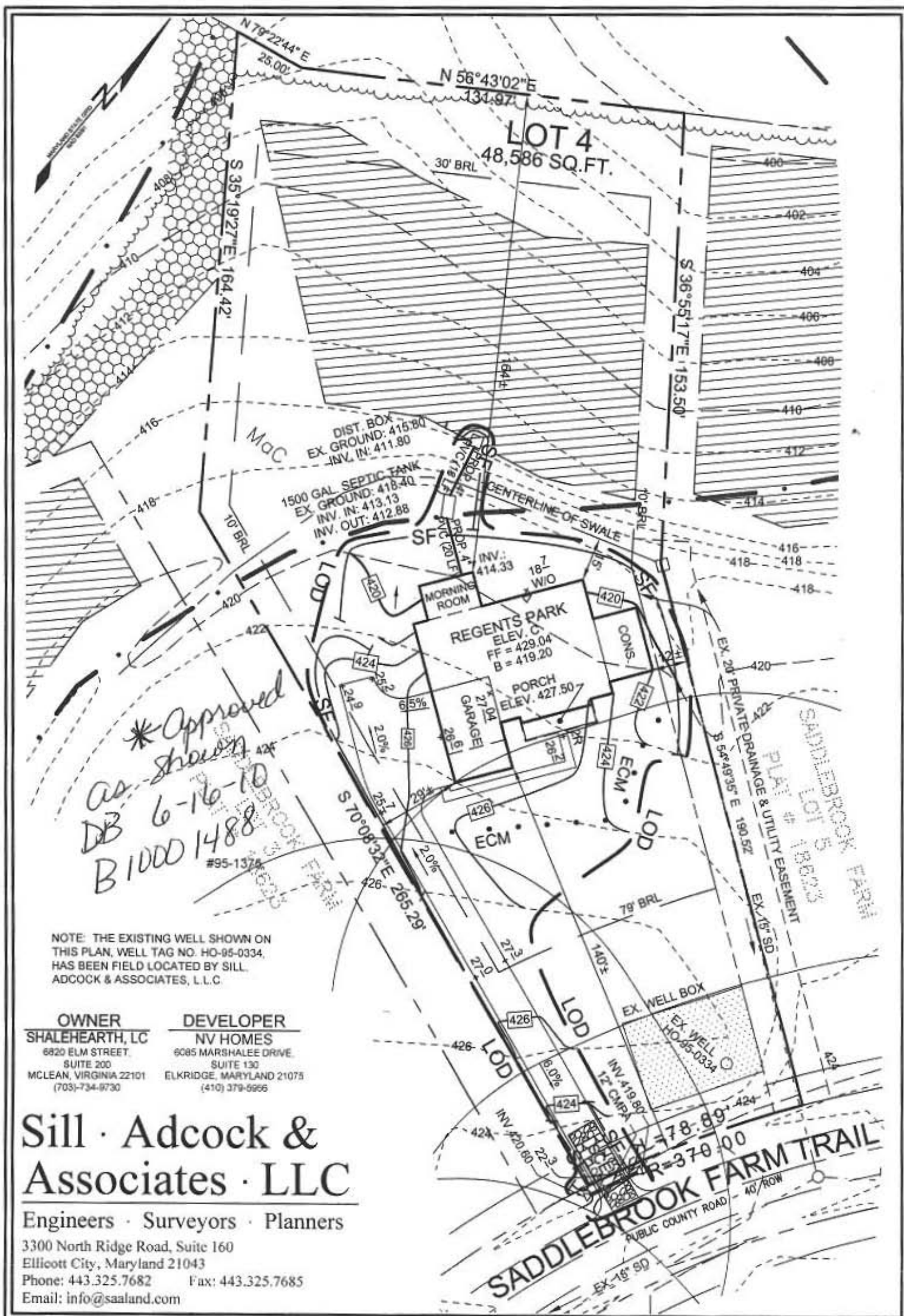
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HOUSE SITE SADDLEBROOK FARM

LOT 4
10153 SADDLEBROOK FARM TRAIL

TAX MAP 11 GRID 13
THIRD ELECTION DISTRICT

PARCEL 19
HOWARD COUNTY, MARYLAND



OWNER
SHALEHEARTH, LC
6820 ELM STREET,
SUITE 200
MCLEAN, VIRGINIA 22101
(703)-734-9730

DEVELOPER
NV HOMES
6085 MARSHALEE DRIVE,
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ELK RIDGE, MARYLAND 21075
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TAX MAP 11 GRID 13
THIRD ELECTION DISTRICT
PARCEL 19
HOWARD COUNTY, MARYLAND



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 2, 2010

RE: 10153 Saddle Brook Farm
Building Permit # B10001488
Building Site Plan



Decatur Building Services
C/o: Jim Kerwin,

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- General notes on building site plan must include the following statement, "The existing well(s) shown on this plan (identified with the attached well tag number. Ex: HO-95-0334) has been located by _____ (state the individual or company name)

Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

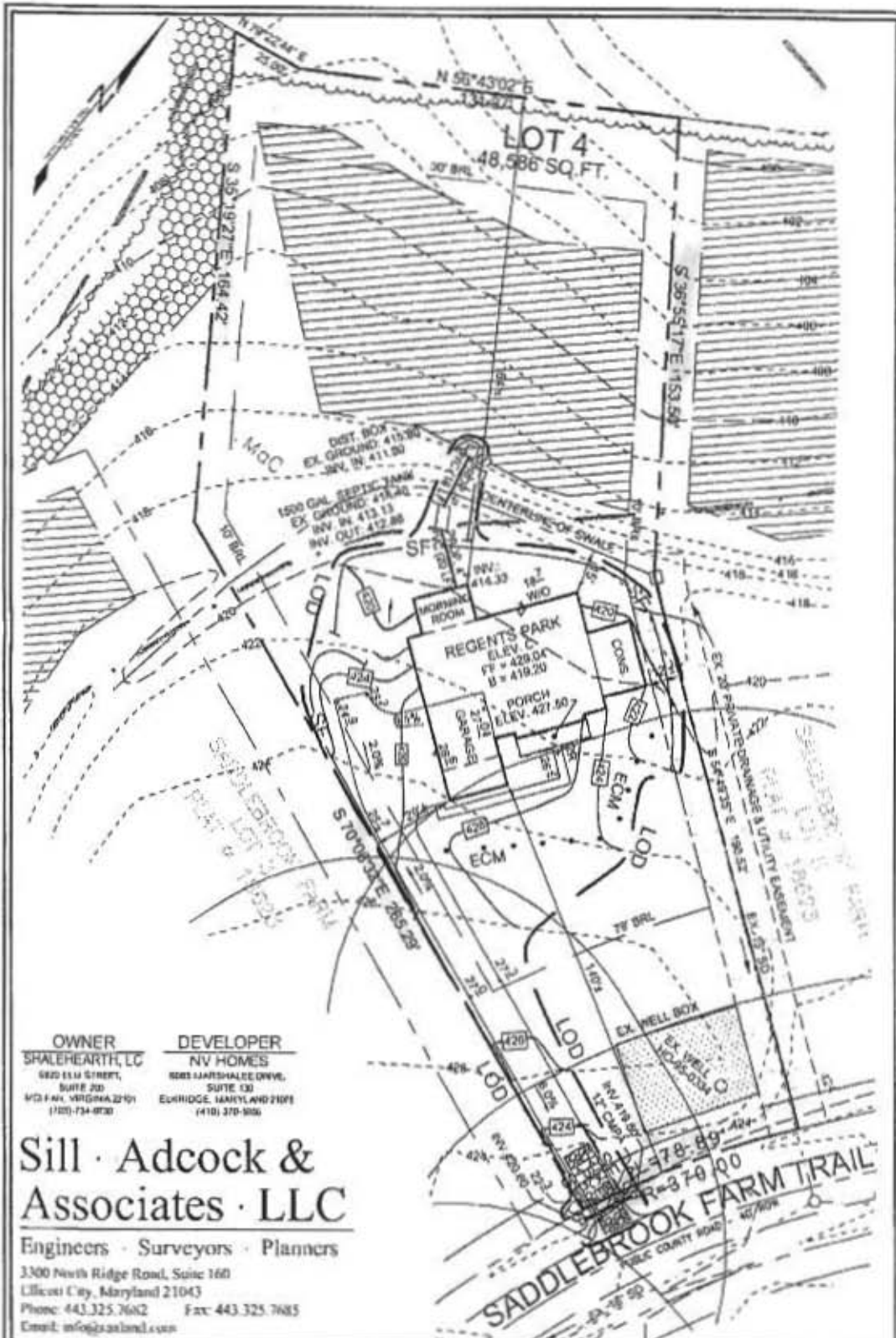
Respectfully,

Dana L. Bernard
Dana L. Bernard, Sanitarian

Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file
NVR Inc.



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SCALE: 1"=40'
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Will Statement needed

NTS



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Dana L. Bernard
Dana L. Bernard, Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file
NVR Inc.



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Peter L. Beilenson, M.D., M.P.H., Health Officer

June 10, 2010

RE: 10153 Saddle Brook Farm
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