

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00155491

G-000009221

Building Address 12037 Windsor Mass
Ellicott City MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: 03-030
Census Tract 603000 Subdivision Homeland
Section _____ Area _____ Lot 10 #17325
Tax Map 16 Parcel A130146 Grid 22
Zoning RC-DEP Map Coordinates 647 Lot size _____

Property Owner's Name NVR Inc
Address 6005 Marshalee Dr. Ste 130
City Ellicott City State MD Zip Code 21075
Home Phone _____ Work Phone 314-595-410
Applicant's Name & Mailing Address, (if other than stated hereon):
Kylee - Permit App. Service
1547 Grayford Rd
Ellicott City MD 21075
Phone 410-994-9732 Fax _____

Existing Use Various lot
Proposed Use SFTH
Estimated Construction Cost \$ 105000
Description of Work Bella Via - 4 Sunita
2 story - full - brick - GR - 2 BR
1115 - 604 - 2 Ca - Garage - 2 BR

Contractor Company NVR Inc
Contact Person Kimberly Coit
Address 7601 Leesville Rd
City Mechanic State VA Zip Code 22114
License No. 56
Phone 443-994-9732 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: _____ 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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>2</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____	State Certified Modular _____ Manufactured Home _____
Dimensions: _____ Footings: _____ Roof: _____	

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.

[Signature]
Applicant's Signature

Title/Company

Kimberly Coit
Print Name

Date Feb 29 2005

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>2/29/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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#: 66816

Filing fee \$ 100

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

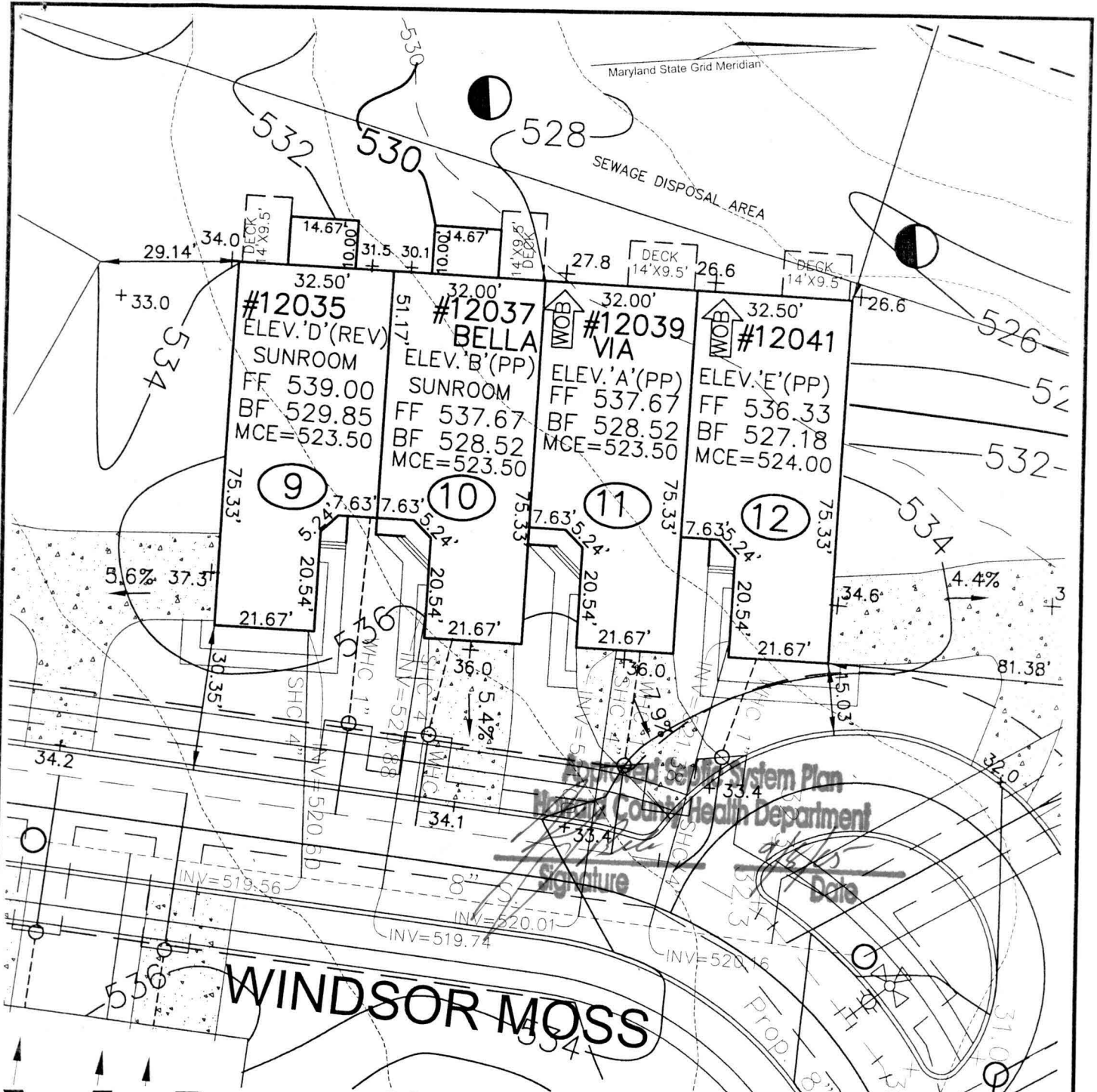
Check # 237454

Validation # 96531

Accepted by [Signature]

Maryland State Grid Meridian

SEWAGE DISPOSAL AREA



Agreement Sewer System Plan
 Howard County Health Department

Signature

Date

WINDSOR MOSS

VE **ROBERT H. VOGEL**
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

NV HOMES
ELLICOTT MEADOWS
UNITS 9-12

SCALE 1"=50'
 DRAWN BY JCO
 CHECKED BY RHV
 DATE AUGUST, 2005
 W. O. # 04-87.00
 SHEET# 1 OF 1

HOMELAND SDP-03-30
 TAX MAP 16
 3RD ELECTION DISTRICT

PARCEL 53,96,165&204
 HOWARD COUNTY, MARYLAND



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

12/29/2005

NVR Inc. t/a Ryan Homes
6085 Marshalee Drive, Suite 140
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-796-7094 & 410-379-2430 & 410-531-9681

RE: Homeland, Lot 10
12037 Windsor Moss
Ellicott City, MD 21043
BP # B00155491
PUBLIC WATER

Dear Sirs or Madam:

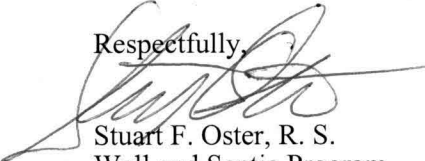
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 11/14/2005 by HCHD for the house connection.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,



Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File