

GRADING PERMIT # 69051

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

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

**B00155544 KSB**

Building Address 10090 WINDSOR MOSS  
ELICOTT CITY MD 21043  
Suite/Apt. #: N/A SDP/W/P/Petition #: SDP 03-30  
Census Tract 6030 Subdivision HOWARD  
Section N/A Area N/A Lot 125  
Tax Map 16 Parcel 201 Grid 14  
Zoning R130 Map Coordinates 7442 Lot size

Property Owner's Name NVR INC 16 E 99th Ave  
Address LOT 11155 WINDSOR MOSS  
City ELICOTT CITY State MD Zip Code 21095  
Home Phone \_\_\_\_\_ Work Phone 410 796 0970  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410 796 0970 Fax 410 796 2091

Existing Use VEGETATION  
Proposed Use 51A - GARAGE  
Estimated Construction Cost \$ 210,000  
Description of Work CONSTR 510 GARAGE "12x12" 1/2 BR  
W/ 1 1/2 STAIRS, 1/2 BR, 1/2 BR, 3/4 BR, 3/4 BR,  
GARAGE, 2 BR, 1/2 P

Contractor Company NVR INC 16 E 99th Ave  
Contact Person EDWIN HENNING  
Address 11155 WINDSOR MOSS  
City ELICOTT CITY State MD Zip Code 21095  
License No. 11155  
Phone 410 796 0970 Fax 410 796 2091

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**  
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: 65' 40'  
2nd floor: 29' 40'  
Basement: 65' 40'  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 2  
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: 16" x 16"  
Roof Height: 15' 10" - 18'  
 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 [Signature]  
Title/Company NVR INC 16 E 99th Ave

Print Name EDWIN HENNING  
Date 7.17.05

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 Highway			
Building Official			
Dev. Engineering, DPZ			
Health	<u>8/10/05</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_ Filing fee \$ 10  
Rear: \_\_\_\_\_ Permit fee \$ \_\_\_\_\_  
Side: \_\_\_\_\_ Excise tax \$ \_\_\_\_\_  
Side St: \_\_\_\_\_ Add'l per. fee \$ \_\_\_\_\_  
All minimum setbacks met? TOTAL FEES \$ \_\_\_\_\_  
YES  NO  Sub-total paid \$ \_\_\_\_\_  
is Entrance Permit required? Balance due \$ \_\_\_\_\_  
YES  NO  Check # 320177  
Historic District? Validation # 9016  
YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_