

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
674051
B00155018 *KTB*

Building Address 12114 Windsor Moss
Ellicott City, MD 21043

Suite/Apt.#: n/a SDP/WP/Petition #: SDP-03-30

Census Tract 6030 Subdivision Homeland

Section n/a Area n/a Lot 131

Tax Map 16 Parcel 204 Grid 16

Zoning RCDEO Map Coordinates 6A7 HA2 Lot size _____

Property Owner's Name NVR, Inc. t/a Ryan Homes

Address 6085 Marshalee Dr. Ste# 140

City Elkridge State MD Zip Code 21075

Home Phone _____ Work Phone 410-796-0980

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot

Proposed Use SFD- Condo

Estimated Construction Cost \$ 200,000.00

Description of Work Const SFD Condo. "Springbrook" w/Mor.R.
4'Ext-1sty.full bsmt.RR.2FB,& 2 car gar(2Br)optFP.Fin.L.L.w
w/bath-Deck 16'x12'

Contractor Company NVR, Inc. t/a Ryan Homes

Contact Person Bryan Peterson

Address 6085 Marshalee Dr. Suite# 140

City Elkridge State MD Zip Code 21075

License No. MHBR#56

Phone 410-796-0980 Fax 410-796-7094

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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: Depth <u>62'</u> Width <u>50'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>62'</u> <u>50'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFA # 13D <input type="checkbox"/> NFA # 13R Other: <u>See 4085</u>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: <u>16"x8"</u> Roof: <u>Asp/Gable</u>	

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 HERETO; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
Agent

Building Permit Services, Inc. - Pat Orla
Print Name
7/15/05
Date

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	<u>7/28/05</u>	<u>[Signature]</u>
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:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>66434</u>
Rear: _____	Filling fee \$ <u>100.00</u>
Side: _____	Permit fee \$ <u>806</u>
Side St: _____	Excise tax \$ <u>3384</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subtotal paid \$ <u>81</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ <u>4614</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line, approval date _____	Check # <u>232040</u>
Accepted by <u>[Signature]</u>	Validation # <u>90455</u>

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