

ACC054452

Building Address 12080 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 123  
 Tax Map 16 Parcel 204 Grid 16  
 Zoning RCDEO Map Coordinates 11A2 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 "Delray" w/Sun.Rm.  
1-1/2sty, full bsmt, 10R, 3 FB, & 2 car gar(2Br)optFP, Fin.L.L.w  
w/bath-Deck 12'x15' 16'

Contractor Company NVR, Inc. t/a Ryan Homes  
 Contact Person Brain Peterson  
 Address 6085 Marshalee Dr. Suite# 140  
 City Elkrige 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  
 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  
 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"x8"  
 Roof: Asp/Gable  
 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:

I, THE UNDERSIGNED HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT I, SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT I, SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT I, SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT I, 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  
 Title/Company \_\_\_\_\_

Building Permit Services, Inc. - Pat Orla  
 Print Name \_\_\_\_\_  
 6/16/05  
 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			
Dev. Engineering DPZ	<u>11/10/05</u>	<u>[Signature]</u>	
Health			
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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone	_____
SDP/Red-line, approval date	_____

**PROPERTY ID#:** 66084

Filling fee	\$ 100.00
Permit fee	\$ _____
Excise tax	\$ _____
Subtotal paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>223963</u>
Validation	# <u>72624</u>

Accepted by [Signature]