

69051

Health

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BCW/59465

Building Address 1807 WILLOW BRANCH
WINDSTOCK RD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: 03-30
Census Tract 6030.00 Subdivision ELLCOTT MEXUS
Section _____ Area _____ Lot 54
Tax Map 16 Parcel 204 Grid 22
Zoning RC-D6 Map Coordinates 3A7 Lot size _____

Property Owner's Name NVR INC / RYAN HUMES
Address 6085 MARSHALL DR

City ELLCOTT State MD Zip Code 21075

Home Phone _____ Work Phone 410-776-0120
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company NVR INC / RYAN HUMES

Contact Person HENRY JOHNSON

Address 7601 CENTREVILLE RD

City MCLEAN State VA Zip Code 21012

License No. MTGR 056

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 200,000

Description of Work MODIF SPRINGDALE W/ 1/2" +
MAIN ROOM 2 STORY FULL BSMT. BR, 2FB, 2
CM GARAGE (2 CR) OPT. FP + DECK 12X16
FOR L/A W/HB

Occupant or Tenant _____

Contact Name _____

Address _____

City PETIT State _____ Zip Code _____

Phone _____ Fax 570-210-4154

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☒ SF Townhouse ☐
1st floor: 62 Depth 30 Width 50
2nd floor: _____
Basement: 62 50
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: _____
Roof Height: 20'
☐ State Certified Modular
☐ Manufactured Home

Utilities
Water Supply:
☒ Public
☐ Private
Sewage Disposal:
☐ Public
☒ Private SEPTIC
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

CCM RYAN HUMES

Title/Company

Print Name

5/5/06

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 Highway

Building Official

Dev. Engineering DPZ

Health

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

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\karma\PERMIT.FRM

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 INFO

Filing fee

\$ 100

Permit fee

\$ _____

Excise tax

\$ _____

Add'l per. fee

\$ _____

TOTAL FEES

\$ _____

Sub-total paid

\$ _____

Balance due

\$ 301281

Check

\$ 110494

Validation

\$ _____

Accepted by WJ

Rev. 11/4/04



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

May 16, 2006

Ryan Homes
6085 Marshalee Drive
Elkridge, Maryland 21075

SENT VIA FACSIMILE 301-858-0433

RE: Homeland, Lot 54
11807 Willow Branch
Ellicott City, MD 21042
BP # B00159465
PUBLIC WATER

Dear Sirs or Madam:

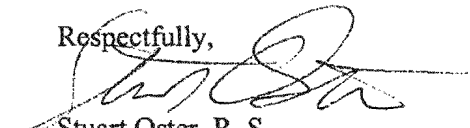
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 09/13/2006 by HCHD for the house connection.**

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 Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File