

000009221

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELKBRIDGE CITY, MD 21075
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00053086

Building Address 11983 Windor Mass
Elkridge, MD 21075
Suite/Apt. #: _____ SDP/WP/Petition #: 03-030
Census Tract 6030 Subdivision Elkridge Meadows
Section _____ Area _____ Lot 67
Tax Map 16 Parcel ATB 304 Grid 16/22
Zoning RC Map Coordinates CA7 Lot size _____

Property Owner's Name NVR Inc.
Address 6085 Marshalee Dr. Ste 130
21075
City Elkridge State MD Zip Code 21075
Home Phone _____ Work Phone 379-5956
Applicant's Name & Mailing Address, (if other than stated hereon):
Permit App. Services - Kimberly Cecil
1547 Grays Ford Rd. Odenton, MD 21118
Phone 443-944-9702 Fax _____

Existing Use Vacant Lot
Proposed Use SFTM
Estimated Construction Cost \$ 80,000
Description of Work Construct "Belle Via" -
Plans Attached To Be Placed
On file

Contractor Company NVR Inc.
Contact Person Kimberly Cecil
Address 11460 Lewinsville Rd.
City McLean State VA Zip Code 22102
License No. 56
Phone 443-944-9702 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: <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 type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

I, 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.

Kimberly Cecil Permit App. Services
Applicant's Signature
NVR Inc.
Title/Company

NVR Inc.
Print Name
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ		
ate Highways		
ilding Official	<u>5/16/05</u>	<u>[Signature]</u>
ev. Engineering, DPZ		
alth	<u>5/19/05</u>	<u>[Signature]</u>
re Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
Form PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ <u>882</u>
Side: _____	Excise tax \$ <u>3921</u>
Side St.: _____	Add'l per. fee \$ <u>89</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>4901</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>210789</u>
SDP/Red-line approval date _____	Validation # <u>89026</u>
	Accepted by <u>[Signature]</u>

05252

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
500053086

Building Address 11983 Windsor Moss
Elkridge, MD 21075
Suite/Apt. #: _____ SDP/WP/Petition #: 03-030
Census Tract 6030 Subdivision Elkwood Meadows
Section _____ Area _____ Lot 67
Tax Map 16 Parcel A15209 Grid 16122
Zoning RC Map Coordinates CA7 Lot size _____

Property Owner's Name NVR Inc.
Address 6085 Marshalee Dr. Ste 130
21075
City Elkridge State MD Zip Code 21075
Home Phone _____ Work Phone 410-379-5956
Applicant's Name & Mailing Address, (if other than stated hereon):
Permit App. Services - Kimberly Cecil
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Phone 443-944-9702 Fax _____

Existing Use Vacant
Proposed Use SFTM
Estimated Construction Cost \$ 80,000
Description of Work Construct "Belle Via" -
Plans Attached To Be Placed
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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: _____
2nd floor: _____
Basement: _____
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: _____
 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:

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Kimberly Cecil Permit App. Serv.
Applicant's Signature
NVR Inc.
Title/Company

NVR Inc.
Print Name
Date _____

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AGENCY DATE SIGNATURE APPROVAL
and Development, DPZ
State Highways
Building Official 5/16/05
Env. Engineering, DPZ
Health 5/19/05
Fire Protection
Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies - White: Building Official Green: LDD, DPZ
Forms PERMIT.FRM

DPZ SETBACK INFORMATION
Front: _____ Filing fee \$ 100
Rear: _____ Permit fee \$ 882
Side: _____ Excise tax \$ 3921
Side St.: _____ Add'l per. fee \$ 89
All minimum setbacks met? TOTAL FEES \$ 4901
YES NO
Is Entrance Permit required? Balance due \$ _____
YES NO
Historic District? Check # 210789
YES NO
Lot Coverage for New Town Zone Validation # 89026
SDP/Red-line approval date _____ Accepted by _____

05252



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

September 9, 2005

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

SENT VIA FACSIMILE 410-796-0980

RE: Homeland, Lot 67
11983 Windsor Moss
Ellicott City, MD 21042
BP # B00153086
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 06/17/2005 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,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File