

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

BC0159575

Building Address 12099 Windsor Moss
LEWISTOWN, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: 03-30
 Census Tract 603000 Subdivision ELLICOTT MEADOWS
 Section _____ Area _____ Lot 531
 Tax Map 16 Parcel 5-3 411 Grid 22
 Zoning GA9 Map Coordinates GA9 Lot size .1914

Property Owner's Name NOR ENE / KAYAN HOMES
 Address 6005 MARSHALLS DRIVE
 City FLORISSA State MD Zip Code 21075
 Home Phone _____ Work Phone 410-756-0700
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SDP
 Estimated Construction Cost \$ 200,000
 Description of Work MOBILE HOME w/ SUNROOM
2 STORY FULL BATH, GR, KITCH, WINDOWS, LIFT
7 GARAGE (2 CAR) CON. LP w/ DECK
12X15.5'

Contractor Company NOR ENE / KAYAN HOMES
 Contact Person HENRY J. JONES
 Address 7601 LEWISTOWN RD
 City MELTAN State VA Zip Code 21012
 License No. MH001436
 Phone 410-756-0700 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
 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: 15 40
 Basement: 65 40
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 2
 Height: 10
 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 SEWER
 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 C. E. M. Ryan Homes
 Title/Company _____

Print Name Henry J. Jones
 Date 5-17-06

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		
Div. Engineering, DPZ		
Health	<u>6/1/06</u>	<u>[Signature]</u>
Fire Protection		
Is 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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>30250</u>
Historic District?	Validation # <u>115966</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

Distribution of Copies -
 White: Building Official
 Green: LDD, DPZ
 Yellow: DED, DPZ
 Pink: Health
 Gold: SHA

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 31 and located in the Ellicott Meadows Community (the "Property").

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property:

The Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. Howard County will enforce this restriction and will not issue any building permits for modifications to any Unit where the number of bedrooms will be increased beyond two.

ACKNOWLEDGED BY PURCHASER:

Purchaser: Christine Koukoulis

Purchaser: _____

Date: 3/30/06

PLEASE SEND TO HEALTH DEPT.