

64221

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
30058660

Building Address 12064 Windsor Moss
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/W/P/Petition #: 03-30

Census Tract 603000 Subdivision Homeland

Section _____ Area _____ Lot 111

Tax Map 16 Parcel 53, 96, 165 Grid 16 & 22
& 204

Zoning RCDED Map Coordinates 6A7 Lot size _____

Property Owner's Name MVR Inc.

Address: 6085 Marshakee Dr. Ste 130
Ellicott City, MD 21077

City Ellicott City State MD Zip Code 21077

Home Phone _____ Work Phone 410-379-5956

Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil - Permit App. Services

Phone 443-944-9702 Fax _____

Existing Use Vacant Lot

Proposed Use SFM

Estimated Construction Cost \$ 175000

Description of Work Bella Via - 2 story
full bsmt. 4R - 2FB, 1MB
Sun Room - Loft, 2 Car Garage
(2 BR) w/ P/W Cavity Wall & PFP

Contractor Company MVR Inc.

Contact Person Kimberly Cecil

Address 7601 Lewinsville Rd.

City Metz State VA Zip Code 2214

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

Building Characteristics	Utilities				
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____				
1st floor: <table border="1"><tr><td>Depth</td><td>Width</td></tr><tr><td>85</td><td>32</td></tr></table>	Depth	Width	85	32	Sewage Disposal: _____ Public _____ Private _____
Depth	Width				
85	32				
2nd floor: <table border="1"><tr><td>Depth</td><td>Width</td></tr><tr><td>44</td><td>32</td></tr></table>	Depth	Width	44	32	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Depth	Width				
44	32				
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>				
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>				
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____				
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: _____					
Other Structure: _____					
Dimensions: _____					
Footings: _____					
Roof Height: _____					
State Certified Modular _____					
Manufactured Home _____					

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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature] Permit App. Serv
Applicant's Signature
[Signature]
Title/Company

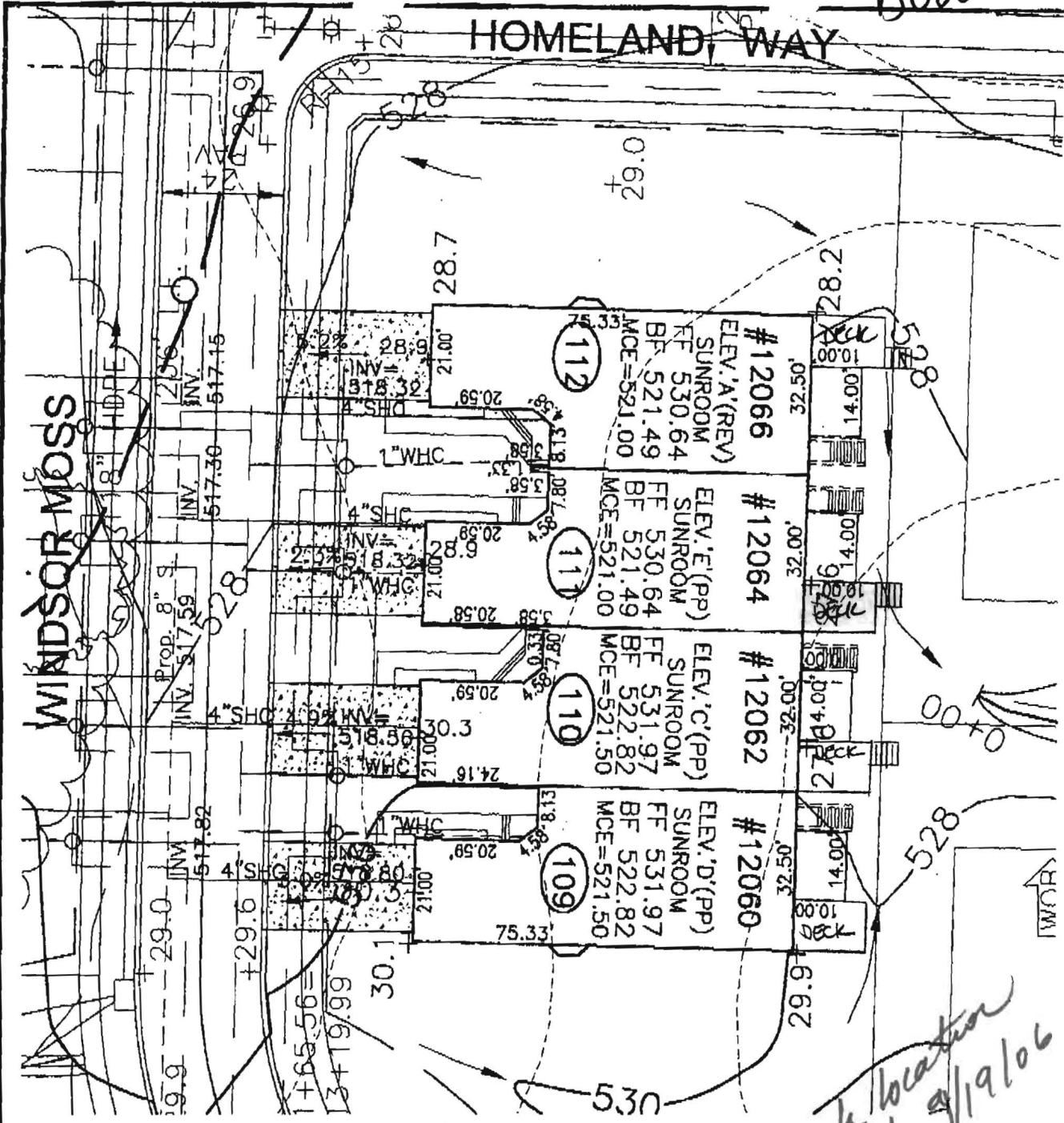
KS Cecil Agent MVR Inc
Print Name
3/23/00
Date

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		
Health	<u>3/8/00</u>	<u>M. Dan</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? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 New/Town Zone _____	Check # <u>294113</u>
SDP/Red-line approval date _____	Validation # <u>109231</u>

B06004336



**ROBERT H. VOGEL
ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8981

SCALE 1"=30'
DRAWN BY MY
CHECKED BY RHV
DATE FEB. 2006
W. O. # 04-87.00
SHEET# 1 OF 1

**NV HOMES
ELLCOTT MEADOWS
UNITS 109-112**

*RSA
3-13-06*

HOMELAND SDP-03-30
TAX MAP 16
3RD ELECTION DISTRICT

PARCEL 53,96,165&204
HOWARD COUNTY, MARYLAND

Robert Vogel
Doc: 3/18/06

APPROVED FOR CONSTRUCTION

BD 158660

Lot 111 Block -

Community ELLICOTT MEADOWS


BEDROOM RESTRICTION ACKNOWLEDGMENT Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12064 Windsor Moss 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 Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. The Declaration of Covenants, Conditions and Restrictions recorded against the Units at Ellicott Meadows, as amended, states that "...no Condominium Unit shall be constructed or modified to contain more than two (2) bedrooms." The Condominium Association is the entity which enforces the terms of the Declaration.

ACKNOWLEDGED BY PURCHASER:

Purchaser: 

Purchaser: _____

Date: 4/26/04