

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B0058661

Building Address 12066 Windsor Moss  
Elliot City, MD 21042

Property Owner's Name NVR Inc.  
Address 6085 Marshalee Dr. Ste 130

Suite/Apt. #: \_\_\_\_\_ SDP/AVR/Petition #: 03-030

Census Tract 603000 Subdivision Homeland

City Elkridge State MD Zip Code 21045

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 112

Home Phone \_\_\_\_\_ Work Phone 410-379-5956

Tax Map 16 Parcel 53 96 165 204 Grid 16 22

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning REAR DEO Map Coordinates 6A7 Lot size \_\_\_\_\_

KS Cecil - Permit App. Service  
Phone 443-994-9702 Fax \_\_\_\_\_

Existing Use Vacant Lot

Contractor Company NVR Inc.

Proposed Use SFPM

Contact Person Kimberly Cecil

Estimated Construction Cost \$ 175000

Description of Work Bella Vita - 2 story - full bath

Address 7601 Lewinsville Rd.

TR, 2 FB, 1 MB - 3 bedrooms, 2 car

City McLean State VA Zip Code 22102

Garage - (2 BR) - granite - FP

License No. 36

plus curbing wall

Phone 443-994-9702 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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

Utilities

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: 85 32  
2nd floor: 44 32  
Basement: 85 32  
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

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: \_\_\_\_\_

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.

KS Cecil - Permit App. Serv

KS Cecil Agent NVR Inc.

Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
Date 3-21-06

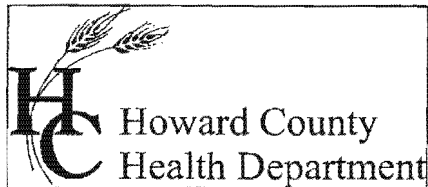
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>5/8/06</u>	<u>M. T. Davis</u>
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	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>294113</u>
Historic District?	Validation # <u>109232</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New/Town Zone _____	
SDP/Red-line approval date _____	

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



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 28, 2006

NVR, Inc.  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

RE: Homeland, Lot 112  
12066 Windsor Moss  
Ellicott City, MD 21042  
BP# B00158661  
**PUBLIC WATER**

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 06/21/2006.**

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.

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

mlb  
cc: Building Inspector's Office  
File

30015866

112  
Lot ~~120~~ Block ~~---~~

Communi. ELLCOTT MEADOWS

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as  
~~3021 Homeland Way~~ and located in the Ellicott Meadows Community (the "Property").  
12066 Windsor Mass

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: Mary Bull

Purchaser: Kathleen R. Williams

Date: 10-14-2005