

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		69051 <b>HOWARD COUNTY PERMIT APPLICATION</b>		Health <b>PERMIT NUMBER</b> RCW/57608-159608	
Building Address <u>11811 WILLOW BLVD #</u> <u>ELICOTT CITY</u> <u>MONTGOMERY MD 21043</u>				Property Owner's Name <u>NVR INC / RYAN HOMES</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: <u>GS-30</u>				Address <u>6085 MARSHALL DR</u>	
Census Tract <u>60300</u> Subdivision <u>ELICOTT MEADOWS</u>				City <u>EICKLETON</u> State <u>MD</u> Zip Code <u>21045</u>	
Section _____ Area _____ Lot <u>55</u>				Home Phone _____ Work Phone <u>410 796-0960</u>	
Tax Map <u>16</u> Parcel <u>446</u> Grid <u>22</u>				Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning <u>RC-0</u> Map Coordinates <u>GA7</u> Lot size _____				Phone _____ Fax _____	
Existing Use <u>VACANT LOT</u>				Contractor Company <u>NVR INC / RYAN HOMES</u>	
Proposed Use <u>SFD</u>				Contact Person <u>HENRY JOHNSON</u>	
Estimated Construction Cost \$ <u>200,000</u>				Address _____	
Description of Work <u>MODEL DELRAY w/ FULL BSMT +</u> <u>SUNROOM 1 1/2 STORY FULL BSMT, 10R, 3FID,</u> <u>SUNROOM + GARAGE (2BR) OPT. FP DECK</u> <u>12'x15.5'</u>				City <u>MCFARLANE</u> State <u>VA</u> Zip Code _____	
Occupant or Tenant _____				License No. <u>MH13R #56</u>	
Contact Name _____				Phone <u>410-796-0960</u> Fax _____	
Address _____				Engineer or Architect Company _____	
City _____ State _____ Zip Code _____				Contact Person _____	
Phone _____ Fax _____				Address _____	
				City _____ State _____ Zip Code _____	
				Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>65</u> <u>40</u> 2nd floor: <u>29</u> <u>40</u> Basement: <u>65</u> <u>40</u>	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <u>SEPTIC</u> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Height: <u>30'</u> Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: <u>30' 8x8</u> Roof Height: <u>30'</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature CCM RYAN HOMES Print Name HENRY JOHNSON  
Title/Company \_\_\_\_\_ Date 5/15/06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/1/06</u>	<u>Robert J. Johnson</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>301282</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by <u>Dr</u>
T:\Name\PERMIT.FRM				Rev. 11/4/04

A . . . A

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 55 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.

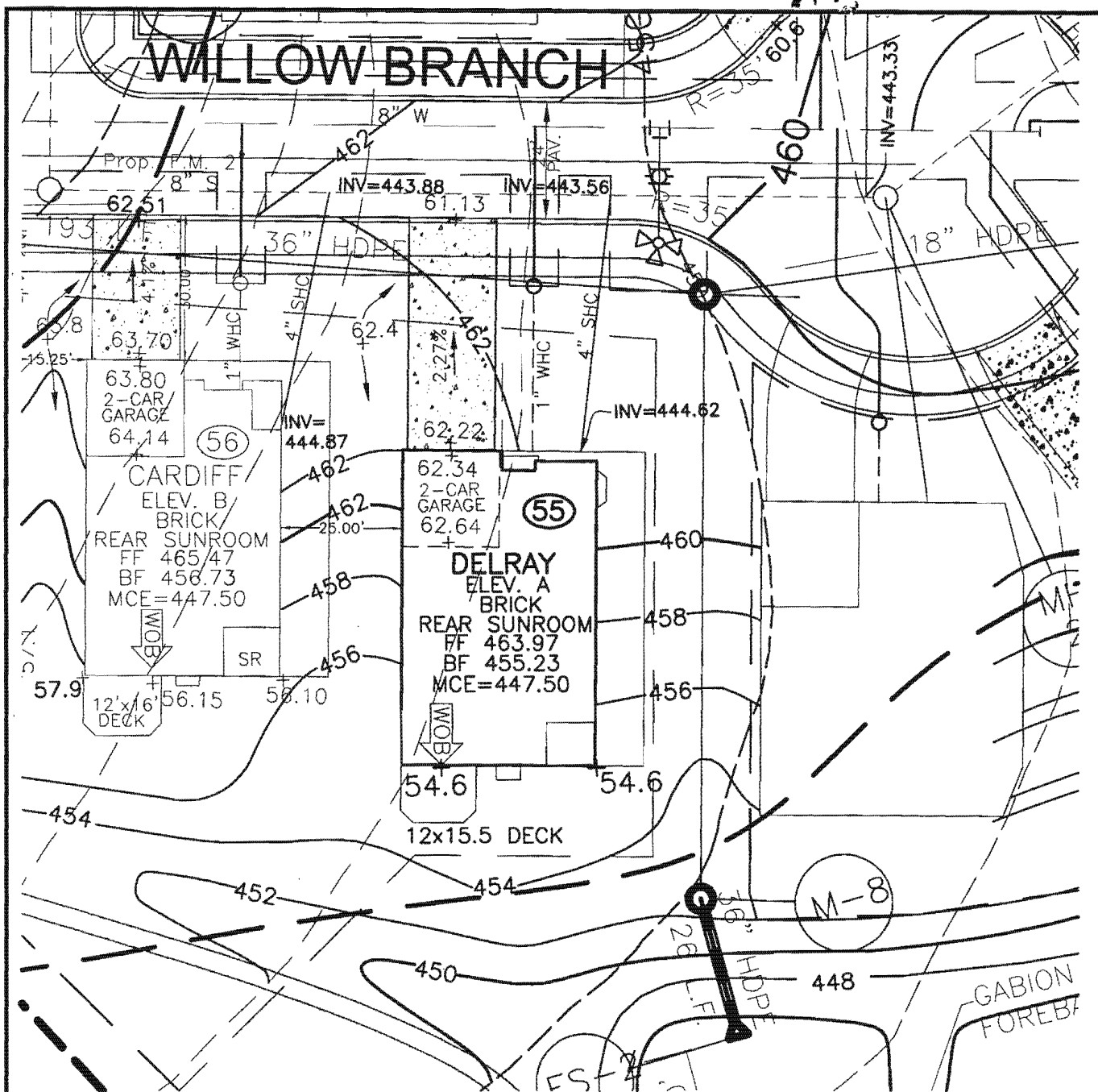
ACKNOWLEDGED BY PURCHASER:

Purchaser: [Signature]

Purchaser: Paul E. Joss

Date: 5-7-06

PLEASE SEND TO HEALTH DEPARTMENT  
THANK YOU.



**ROBERT H. VOGEL**  
**ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET  
 ELLICOTT CITY, MD. 21043 TEL: 410.461.7666  
 FAX: 410.461.8961

NOTE:  
 ALL DIMENSIONS ARE FROM  
 ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'  
 DRAWN BY DRN  
 CHECKED BY LJT  
 DATE MAY 11, 2006  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

## RYAN HOMES ELLICOTT MEADOWS UNIT 55

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

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