

50000 9051

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BOO/56591

*Handwritten initials*

Building Address 12107 WOODKRESS  
ELICOTT CITY MD 21043

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 03-30

Census Tract 6030 Subdivision HOMELAND

Section N/A Area N/A Lot 33

Tax Map 16 Parcel (53) 96.145.201 Grid 16322

Zoning PD-20 Map Coordinates 647 Lot size \_\_\_\_\_

Property Owner's Name FRAN HONES

Address 6027 MARSHFIELD DR SUITE 110

City ELICOTT CITY State MD Zip Code 21075

Home Phone \_\_\_\_\_ Work Phone 410 796 0980

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

Phone \_\_\_\_\_ Fax 410 796 7094

Existing Use VACANT LOT

Proposed Use SFD GARAGE

Estimated Construction Cost \$ 209,000

Description of Work 2 STALL, FULL FSMT, FINISHED LVL  
FR, SUPPLY, GARAGE, 2 BEDROOMS, 3 FB,  
DECK 12X16 - PLEASE PUT ON PERMIT - 1182  
ONE IN FSMT FB

Contractor Company FRAN HONES

Contact Person BRYAN PETERSON

Address 6027 MARSHFIELD DR SUITE 110

City ELICOTT CITY State MD Zip Code 21075

License No. 1182 #56

Phone 410 796 0980 Fax 410 796 7094

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: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| No. of stories: _____  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |
| 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: _____<br>Reinforced Concrete <input type="checkbox"/><br>Structural Steel <input type="checkbox"/><br>Masonry <input type="checkbox"/><br>Wood Frame <input type="checkbox"/><br>State Certified Modular <input type="checkbox"/> | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>                      |
|  | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>Full <input type="checkbox"/><br>Partial <input type="checkbox"/><br>Other Suppression <input type="checkbox"/><br># of Heads _____ |

| Building Characteristics   | Utilities  |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>   |
| Depth _____ Width _____  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> - SEPTIC   |
| 1st floor: <u>65'</u> <u>40'</u>   | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| 2nd floor: <u>29'</u> <u>40'</u>   | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Basement: <u>65'</u> <u>40'</u>  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                        |  |
| No. of Bedrooms <u>2</u> <u>TWO</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: <u>16x6</u>  |  |
| Footings: <u>12x12 @ 40'</u>   |  |
| Roof Height: <u>12/12 @ 16'</u>  |  |
| State Certified Modular <input type="checkbox"/>   |  |
| Manufactured Home <input type="checkbox"/>   |  |

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 FRAN HONES

Title/Company \_\_\_\_\_

Print Name BRYAN PETERSON

Date 10.15.07

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>11/3/07</u> | <u>[Signature]</u> |          |
| Fire Protection  |                |                    |          |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                    |          |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>   |                |                    |          |
| ONE STOP SHOP: <input type="checkbox"/>  |                |                    |          |
| Distribution of Copies: _____<br>White: Building Official<br>Green: LDD, DPZ   |                |                    |          |

| 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>254389</u>    |
| SDP/Red-line approval date _____  | Validation # _____       |
| Accepted by _____   |                          |

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 33: 12107 WINDYOL 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 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: William M. Adams

Purchaser: Coleen Adams

Date: 10/18/05

SE  
10/24/05



## 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

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

12/30/2005

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

*SENT VIA FACSIMILE 410-796-7094 & 410-379-2430 & 410-531-9681*

RE: Homeland, Lot 33  
12107 Windsor Moss  
Ellicott City, MD 21043  
BP # B00156591  
**PUBLIC WATER**

Dear Sirs or Madam:

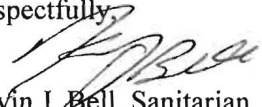
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 11/28/2005 by HCHD for the house connection.**

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,

  
Kevin J. Bell, Sanitarian  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File