

03-30

69051

DEPARTMENT OF INSPECTION, LICENSES AND PERMITS  
3410 COLLETT HERRICK DRIVE  
ELK RIDGE CITY, MD 21075  
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**BOO156772**

Building Address 12115 WASSUK MOSS  
ELK RIDGE CITY 21043

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

Census Tract 6030 Subdivision HOMELAND

Section        Area        Lot 35

Tax Map 16 Parcel 204 Grid 16

Zoning REBEO Map Coordinates 11A2 Lot size       

Property Owner's Name NVR INC. T/A RYAN HOMES

Address 6085 MARSHALEE DRIVE STE 140

City ELKRIDGE State MD. Zip Code 21075

Home Phone        Work Phone 410-796-0980

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

Phone        Fax       

Existing Use VACANT LOT

Proposed Use SFD - CONDO

Estimated Construction Cost \$ 200,000

Description of Work 2 STORY, FULL BSMT FIN-SITES  
1/4, HD BSMT, 3FB, 1 HB, 2 BEAROOM, SW2ROOM  
GARAGE, DECK 20'x12

Contractor Company NVR, INC RYAN HOMES

Contact Person BRYAN PETERSON

Address 6085 MARSHALEE DR. SUITE 140

City ELKRIDGE State MD. Zip Code 21075

License No. MHBR # 56

Phone 410-796-0980 Fax 410-796-67094

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: 65' 40'	Sewage Disposal: _____
2nd floor: 29' 40'	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Basement: 65' 40'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
No. of Bedrooms <u>TWO (2)</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Height: _____	Natural Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
No. of efficiency units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 1 BR units: _____	NFA #13D <input type="checkbox"/>
No. of 2 BR units: _____	NFA #13R <input type="checkbox"/>
No. of 3 BR units: _____	Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: <u>16" x 8"</u>	
Roof Height: <u>30'</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 Signature [Signature]

Title/Company CCM/BLH

Print Name BRYAN PETERSON

Date 10-28-05

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>11/3/05</u>	<u>[Signature]</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>25488</u>
Historic District?	Validation # <u>100851</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB35 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: Raele Yachin

Purchaser: \_\_\_\_\_

Date: \_\_\_\_\_

JF  
10/24/05