

Healter

G9051

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B0059085	
Building Address <u>11803 Willow Branch</u> <u>Ellicott City MD 21042</u>			Property Owner's Name <u>Ryan James</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: <u>03-030</u>			Address <u>6085 Marshfield Dr.</u>		
Census Tract <u>603000</u> Subdivision _____			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>		
Section _____ Area _____ Lot <u>53</u>			Home Phone _____ Work Phone <u>410-796-0980</u>		
Tax Map <u>10</u> Parcel <u>A-B</u> Grid <u>16-LL</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Kimberly Cecil Reed Home Services</u>		
Zoning <u>DEO</u> Map Coordinates <u>6A7</u> Lot size _____			Phone <u>443-441-9202</u> Fax <u>301-853-0433</u>		
Existing Use <u>Vacant Lot</u>			Contractor Company <u>NVI & C</u>		
Proposed Use <u>SEF</u>			Contact Person <u>Kimberly Cecil Reed</u> <u>Henry Johnson</u>		
Estimated Construction Cost \$ <u>150,000</u>			Address <u>7601 Lewisville Rd.</u>		
Description of Work <u>Brighten 7 Side Sun Rm</u> <u>• Lot N - 1 1/2 story full brick - 812</u> <u>3 FB, FP & Garage (LBR) - 44</u> <u>12 16 Deck</u>			City <u>McLean</u> State <u>VA</u> Zip Code <u>22101</u>		
Occupant or Tenant _____			License No. <u>56</u>		
Contact Name _____			Phone <u>443-444-4106</u> Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>50</u> <u>53</u> 2nd floor: <u>15</u> <u>53</u> Basement: <u>50</u>	Sewage Disposal: _____ Public _____ Private <u>Private</u>
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 type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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: _____ 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 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: _____ Roof Height: _____	Sprinkler system: <u>N/A</u> <input 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.

<u>Kimberly Cecil Reed</u> Applicant's Signature <u>Kimberly Cecil Reed</u> Title/Company	<u>Kimberly Cecil Reed</u> Print Name <u>4/10/06</u> Date
--	--

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 INFO
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>3/8/06</u>	<u>M. J. Davis</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?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ <u>29280</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ <u>11065</u>
ONE STOP SHOP: <input type="checkbox"/>				Accepted by <u>[Signature]</u>
Distribution of Copies: _____	Writer: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
_____	_____	_____	_____	Gold: SHA

Lot 53 Block _____

Commu. Ellicott Meadows (HB)


BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows


The undersigned Purchaser has entered into a Purchase Agreement for the Property known as
HB 53 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: 

Purchaser: 

Date: 3/30/06



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

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

May 16, 2006

Rylea Homes
6085 Marshalee Drive
Elkridge, Maryland 21075

SENT VIA FACSIMILE 301-858-0433

RE: Homeland, Lot 53
11803 Willow Branch
Ellicott City, MD 21042
BP # B00159085
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 05/16/2006 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,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File