

G-9221

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000158484

Building Address 12057 Windsor Moss
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WRP/Petition #: SDP-03-030

Census Tract 603 000 Subdivision Homeland

Section _____ Area _____ Lot 16

Tax Map 16 Parcel 204 Grid 16/22

Zoning RC Map Coordinates 6A7 Lot size _____

Property Owner's Name NVR Inc.

Address 6085 Marshakee Dr. Ste 130

City Elkridge State MD Zip Code 21075

Home Phone _____ Work Phone 410-379-5956

Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil - Permit App. Services

Phone 443-994-9102 Fax _____

Existing Use Vacant Lx

Proposed Use SETH

Estimated Construction Cost \$ 150,000

Description of Work "Bella Via" - 2 story -
Sell bsmtd, 7R, 2FB, 1MB SETH
lot - 2 car garage - 2 BR
FP

Contractor Company NVR Inc.

Contact Person Kimberly Cecil

Address 7601 Lewisville Rd.

City McLean State VA Zip Code 22114

License No. 56

Phone 434-444-7202 Fax _____

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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"/>
Use group: _____	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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>75</u> Depth <u>32</u> Width <u>32</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>44</u> Depth <u>32</u> Width <u>32</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>80</u> Depth <u>32</u> Width <u>32</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Dimensions: _____
No. of Bedrooms <u>2</u>	Footings: _____
Height: _____	Roof Height: _____
Multi-family dwellings: _____	State Certified Modular _____ Manufactured Home _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company NVR Inc.

Print Name KS Cecil, Agent NVR Inc.
Date 3-10-06

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	<u>4/3/06</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/20/06</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ <u>822</u>
Side: _____	Excise tax \$ <u>3921</u>
Side St.: _____	Add'l per. fee \$ <u>89</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>6648</u>
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 NewTown Zone _____	Check # <u>294059</u>
SDP/Red-line approval date _____	Validation # _____



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

August 28, 2006

NVR Inc. t/a Ryan Homes
6085 Marshalee Drive, Suite 130
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 16
12057 Windsor Moss
Ellicott City, MD 21042
BP # B00158484
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 08/16/2006 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,

Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File

Lot 16 Block _____

Community Ellicott Meadows

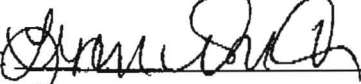
BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12057 Windsor 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 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: 

Purchaser: _____

Date: 5/18/06