

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-0-159738

Building Address 12002 Winesboro Rd
MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: 16702
 Census Tract 603000 Subdivision Humble
 Section 11 Area 4.4 Lot 917
 Tax Map 10 Parcel 53.76.165.201 Grid 22
 Zoning RC20P Map Coordinates 607 Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 15000
 Description of Work SFTIF
2" x 12" x 24" x 12"
2" x 12" x 24" x 12"
2" x 12" x 24" x 12"

Contractor Company _____
 Contact Person ROB Gaumer
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone 410-379-5956 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

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 _____
 Title/Company _____

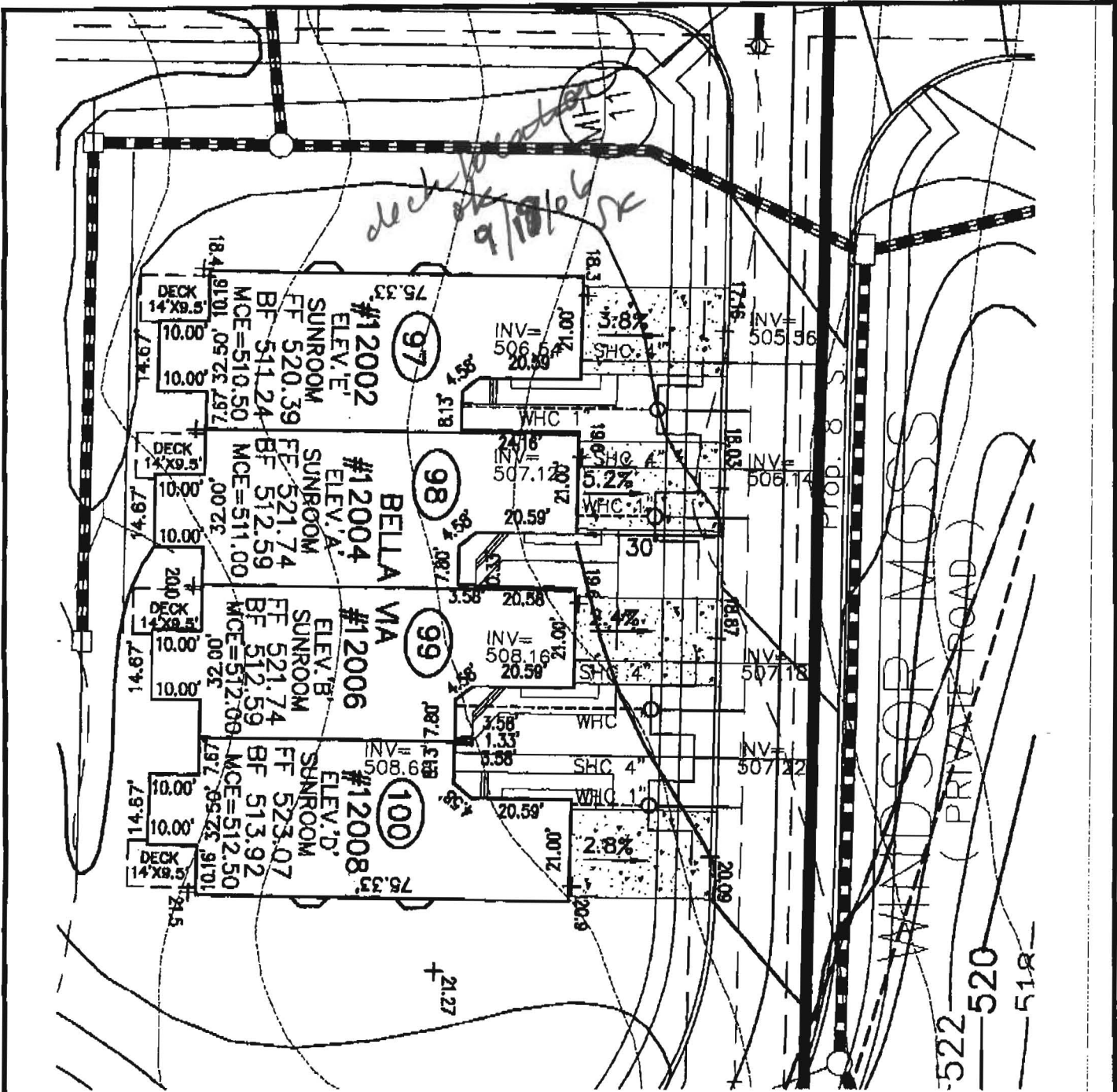
Print Name _____
 Date _____

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 Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/1/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side SL: _____	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>9300.344</u>
SDP/Red-line approval date _____	Validation # <u>119-22</u>
Accepted by <u>[Signature]</u>	

306004329



**ROBERT H. VOGEL
ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

SCALE 1"=30'
DRAWN BY MY
CHECKED BY RHV
DATE FEB. 2006
W. O. # 04-87.00
SHEET# 1 OF 1

**NV HOMES
ELLICOTT MEADOWS
UNITS 97-100**

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

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

BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12002 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: Patricia A. Knapp

Purchaser: Charles A. Knapp

Date: 3/25/06



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

July 21, 2006

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 97
12002 Windsor Moss
Ellicott City, MD 21042
BP # B00159738
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 7/19/2006 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, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File