

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**B00159739**

Building Address 12004 Windsor Miss  
Ellick City, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: 16702  
 Census Tract 603002 Subdivision Homeland  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 98  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid 2C  
 Zoning 2000 Map Coordinates 607 Lot size \_\_\_\_\_

Property Owner's Name NVC Inc  
 Address 625 Mountain Drive  
 City Ellicott City State MD Zip Code 21041  
 Home Phone 410-377-7777 Work Phone 410-377-7777  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
15000 Branchburg Services  
 Phone 410-494-5200 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work Asst. - 1 BR - 2 1/2 Bath Full  
Unit - 1 BR - 2 1/2 Bath Full  
Unit - 1 BR - 2 1/2 Bath Full  
Unit - 1 BR - 2 1/2 Bath Full

Contractor Company NVC Inc  
 Contact Person Michael Cook  
 Address 701 Greenhill Rd  
 City Ellicott City State MD Zip Code 21042  
 License No. \_\_\_\_\_  
 Phone 410-494-5200 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Depth _____ Width _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
Footings: _____	
Roof Height: _____	
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.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name NVC Inc  
 Date 5/2/06

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 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
Transmit PERMIT FILE	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 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>\$302344</u>
SDP/Red-line approval date _____	Validation <u>\$14022</u>
Accepted by <u>[Signature]</u>	

**68676**

Lot 98 Block -

Community ELICOTT MEADOWS

## BEDROOM RESTRICTION ACKNOWLEDGMENT

Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12004 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: 5/31/06



## 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

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*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 98  
12004 Windsor Moss  
Ellicott City, MD 21042  
BP # B00159739  
**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.

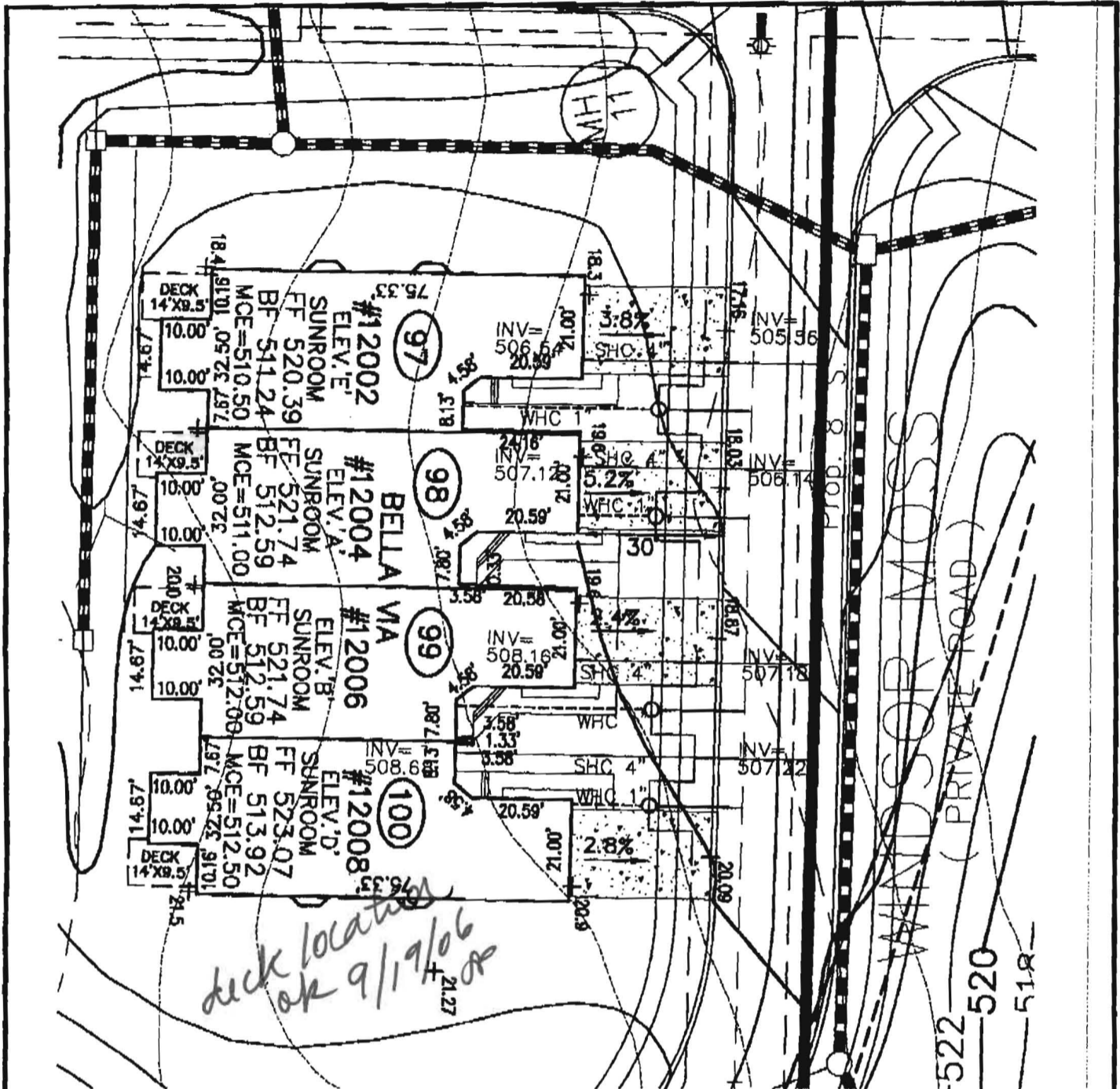
### RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,

Brian Baker, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File

606004331



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

ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET TEL: 410.461.7888  
ELLICOTT CITY, MD 21043 FAX: 410.461.8981

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