

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B06004862

Building Address 12053  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Ellicott Meadows  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 014  
 Tax Map 16 Parcel \_\_\_\_\_ Grid 16-22  
 Zoning RC-350 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NV Homes  
 Address 6085 Marshalee Drive #130  
 City Elkridge State MD Zip Code 21075  
 Home Phone \_\_\_\_\_ Work Phone 410 319 756  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SPD/Deck  
 Estimated Construction Cost \$ 6000  
 Description of Work 10x14 deck  
 NO STAIRS

Contractor Company \_\_\_\_\_  
 Contact Person Edward Pacylowski  
 Address **PRO-BUILT  
 CONSTRUCTION, INC.**  
13453 Long Days Court  
Highland, MD 20777-9757  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 20297  
 Phone 301-837-0274 Fax 301-837-7632

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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

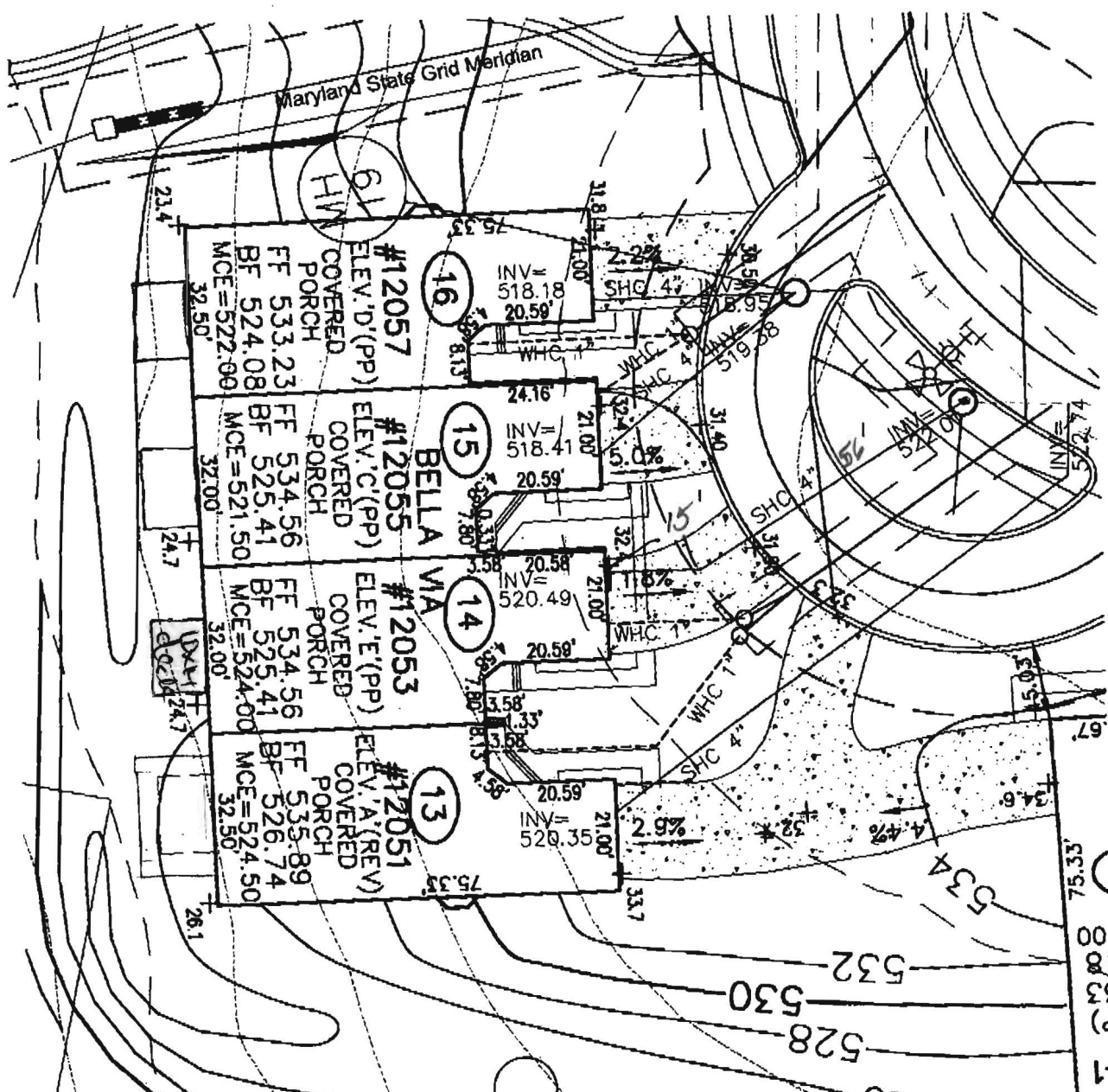
Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Edward Pacylowski  
 Date 9/15/06

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 ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>9/29/06</u>	<u>Michael A. G...</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\norm\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

K:\Projects\04-87\ENGR\dwg\resites\UNITS13-16.dwg, 8/1/2006 2:34:49 PM, PDF995



**ROBERT H. VOGEL  
ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET TEL: 410.461.7666  
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

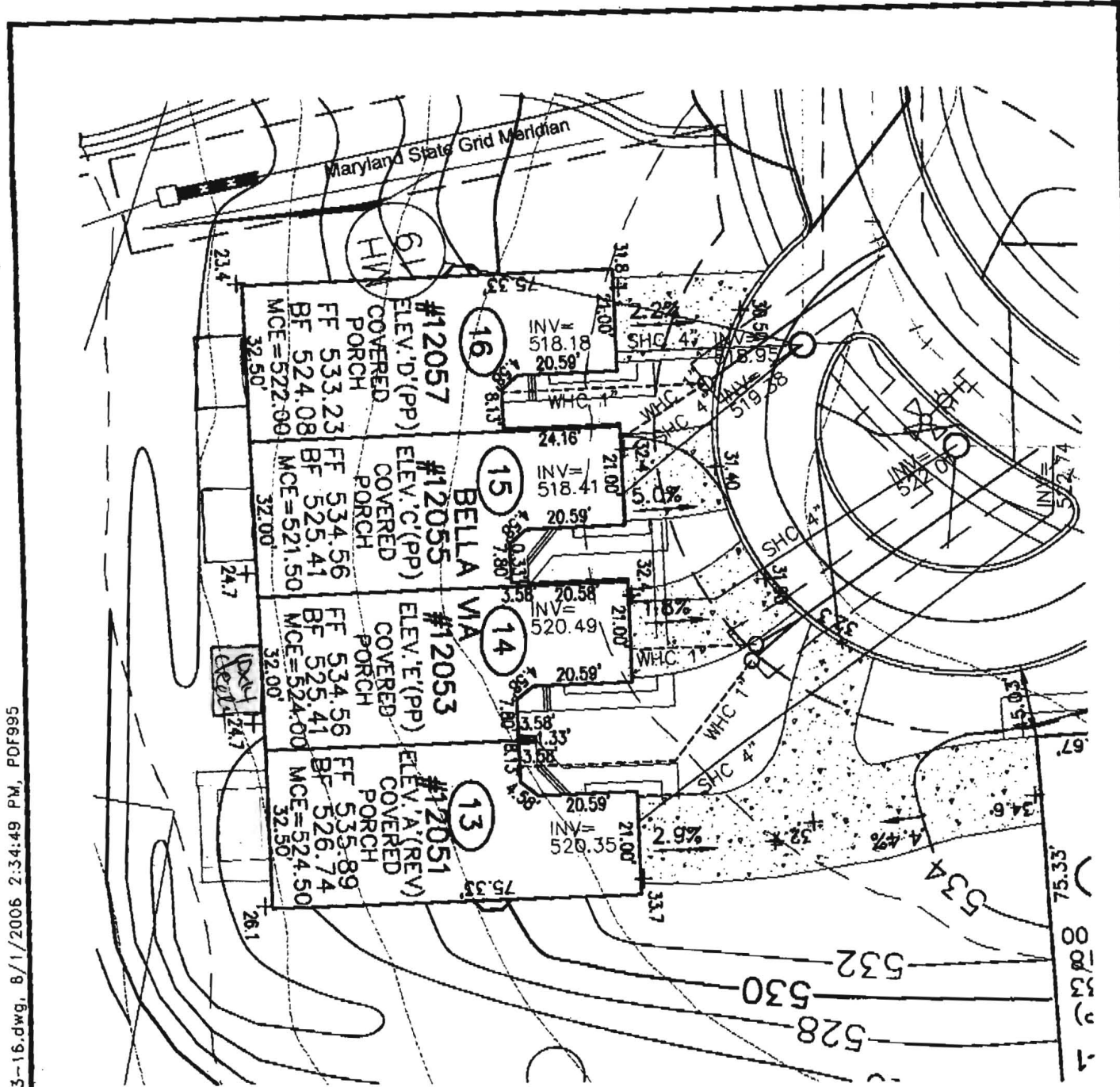
SCALE 1"=30'  
DRAWN BY MY  
CHECKED BY RHV  
DATE FEB. 2006  
W. O. # 04-87.00  
SHEET# 1 OF 1

**NV HOMES  
ELLCOTT MEADOWS  
UNITS 13-16**

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

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

K:\Projects\04-87\ENGR\dwg\resites\UNITS13-16.dwg, 8/1/2006 2:34:49 PM, PDF995



**VA 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 13-16**

HOMELAND SDP-03-30  
 TAX MAP 18  
 3RD ELECTION DISTRICT

PARCEL 53,98,165&204  
 HOWARD COUNTY, MARYLAND

G-922/

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  
**B00158482**

Building Address 12053 Windsor Moss  
Ellicott City, Md 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WPT Petition #: SDP-03-030

Census Tract 603000 Subdivision Hamelands

Section 4 Area \_\_\_\_\_ Lot 14

Tax Map 16 Parcel 209 Grid 122

Zoning RC Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NVR Inc.

Address 6085 Marshalee Dr. #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):  
KSCecil - Permit App. Services

Phone 443-994-9702 Fax \_\_\_\_\_

Existing Use Vacant Lot

Proposed Use SEIM

Estimated Construction Cost \$ 150,000

Description of Work "Bella Via" - 2 story -  
full bsmt - 7R - 2FB - 1MB -  
1st - 2 Car Garage - FP

Contractor Company NVR, Inc.

Contact Person Kimberly Cecil

Address 7601 Lewinville Rd.

City Meager State VA Zip Code 22101

License No. 56

Phone 443-994-9702 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>2575</u> <u>32</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>44</u> <u>32</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>2575</u> <u>32</u>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
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: _____	
Foatings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 INTO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company Appt NVR Inc.

Print Name KSCecil Appt 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>3/30/06</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>882</u>
Side: _____	Excise tax \$ <u>3924</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>5048</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 \$ <u>2990.59</u>
Lot Coverage for NewTown Zone _____	Check # <u>109062</u>
SDP/Red-line approval date _____	Validation # <u>109062</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\norma\PERMIT.FRM

Accepted by [Signature]

Lot 14 Block \_\_\_\_\_

Community Ellicott Meadows

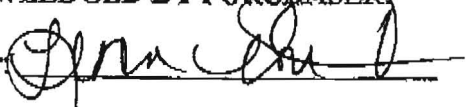
**BEDROOM RESTRICTION ACKNOWLEDGMENT**  
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12053 Windsor Court 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



## 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*

November 6, 2006

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

**SENT VIA FACSIMILE 410-531-9681**

RE: Homeland, Lot 14  
12053 Windsor Moss  
Ellicott City, MD 21042  
BP # B00158482  
**PUBLIC WATER**

Dear Sirs or Madam:

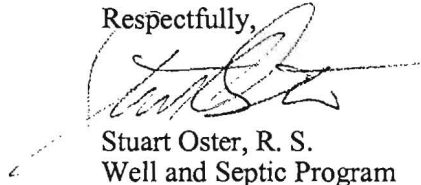
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 09/25/2006 by HCHD for the house connection.**

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 Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File