

G9221

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
B00158481

Building Address 1205 Windsor Road
Ellicott City, MD 21042
Suite/Apt. # _____ SDP/Petition # 03-030
Census Tract 603000 Subdivision Homeland
Section _____ Area _____ Lot 13
Tax Map 16 Parcel 204 Grid 122
Zoning RC Map Coordinates CA 7 Lot size _____

Property Owner's Name NVR Inc
Address 6085 Marshdale Dr. #130
City Elkridge State MD Zip Code 21075
Home Phone _____ Work Phone 379-5956
Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil - Permaid App. Service
Phone 443-994-9702 Fax _____

Existing Use Vacant Lot
Proposed Use SFTM
Estimated Construction Cost \$ 150,000
Description of Work "Bella Via" - 2 story -
full kind, 4R, 2 FB, 1 MB, 1 BR
lot - 2 Car Garage - 2 BR - 7P

Contractor Company NVR Inc
Contact Person Kimberly S. Cecil
Address 7601 Lewinville Rd
City Mekeem 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
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: 28 95 32
2nd floor: 24 44 32
Basement: 85 75 32
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 2
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

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
NFFA #13D
NFFA #13R
Other: See 9940

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

Applicant's Signature [Signature]
Title/Company Agent 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>5/30/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ <u>802</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>5088</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 # <u>109061</u>

BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12051 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: Joseph B. [Signature]

Purchaser: Anne R. [Signature]

Date: 1/10/06



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

September 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 13
12051 Windsor Moss
Ellicott City, MD 21042
BP # B00158481
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 09/20/2006 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