

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

00057879

Building Address 12022 Windsor Meadows
Elkridge, MD 21075
Suite/Apt. #: _____ SDP/WPI/Petition #: SDP03-030
Census Tract 603000 Subdivision Ellicott Meadows
Section _____ Area _____ Lot 102
Tax Map 16 Parcel A+B Grid 16/2C
Zoning RCD Map Coordinates 6A7 Lot size _____

Property Owner's Name NVR Inc.
Address 6085 Marshalee Dr. Ste 130
City Elkridge State MD Zip Code 21075
Home Phone _____ Work Phone 410-379-5856
Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil Agent NVR Inc.
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use SFMM
Estimated Construction Cost \$ 150,000
Description of Work "Bella Via" - 2 story duplex -
2R, 2FB, 1MB SunRm -
Loft - 2 Con Gys - 2BK) and PP

Contractor Company NVR Inc.
Contact Person Kimberly Cecil
Address 7601 Lewinville Mt
City Ellicott Meadows State MD Zip Code 2211
License No. 85
Phone 43-944-926 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: Depth <u>45</u> Width <u>32</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>45</u> <u>32</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>85</u> <u>32</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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: _____	
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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

KS Cecil Agent NVR Inc.
Print Name
1-26-06
Date

FEE DUE: 10508.00

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>2/21/06</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>2-23-06</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ <u>933</u>
Side: _____	Excise tax \$ <u>4145</u>
Side St.: _____	Add'l per. fee \$ <u>94</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>5336</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>280083</u>
SDP/Red-line approval date _____	Validation # <u>106914</u>

Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12022 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: Gay L M Dennis

Purchaser: Immett McDaniel

Date: 12-4-05



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

March 16, 2006

NVR Inc.
6085 Marshalee Drive, Suite 140
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-379-2430

RE: Homeland, Lot 102
12022 Windsor Moss
Ellicott City, MD 21042
BP # B00157879
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 03/15/2006 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

Brian Baker, R.S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File