

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000/58113

Building Address 11808 WILKINSON BLVD
ELICOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: 01-20
Census Tract 60300 Subdivision HAMILTON
Section _____ Area _____ Lot 51
Tax Map 16 Parcel 446 Grid 22
Zoning RI-010 Map Coordinates 11A2 Lot size _____

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 200,000
Description of Work LITIGATION / PLUMBING
1 STORY FULL BSMT, 7K, 2 CAR GARAGE (200)
4/12X16 DECK

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name NOTICE / RYAN HARRIS
Address 6085 HANOVER DR

City ELICOTT CITY State MD Zip Code 21075
Home Phone _____ Work Phone 410-756-0900
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company NOTICE / RYAN HARRIS
Contact Person HEAVY DUTY

Address 7601 LEBANON RD
6085 HANOVER DR
City ELICOTT CITY State MD Zip Code 21042
License No. MICH 136
Phone 410-756-0900 Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>60</u> <u>17</u> 2nd floor: <u>60</u> <u>17</u> Basement: <u>17</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" 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: _____ Footings: <u>11-00</u> Roof Height: <u>10</u> State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____ Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ 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 RYAN HARRIS
Title/Company CCM RYAN HARRIS

Print Name HEAVY DUTY
Date 2-6-06

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 INFO	
Land Development DPZ			Front: _____	Filing fee \$ _____	
State Highway			Rear: _____	Permit fee \$ _____	
Planning Office			Side: _____	Excise fee \$ _____	
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>2-21-06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Submittal Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Let Covered by New Town Zone _____	Check \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Notice approved date _____	Valuation \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____		
Division of Capital	Water Building Official	Green, LDD, DPZ	Yellow, DED, DPZ	Pink, Health	Gold, SGA
Division of Capital					

Lot 51 Block _____

Community Ellicott Meadows (17B)

BEDROOM RESTRICTION ACKNOWLEDGMENT

Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as H351 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 Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. Howard County will enforce this restriction and will not issue any building permits for modifications to any Unit where the number of bedrooms will be increased beyond two.

ACKNOWLEDGED BY PURCHASER:

Purchaser: John B. Hendon

Purchaser: Conetta M. Hendon

Date: 1/27/06