

G9221

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3630 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313 2456 INSPECTIONS (410) 313 1810
AUTOMATED INFORMATION (410) 313 3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00156421

Building Address 12027 Windover Moss
Ellicott City, Md 21042

Suite/Apt. #: _____ SDP/WF Petition #: 03-030

Census Tract 603000 Subdivision Memorview

Section _____ Area _____ Lot 6

Tax Map 16 Parcel 204 Grid 16

Zoning RC-DEU Map Coordinates 6A7 Lot size _____

Property Owner's Name NVR A.

Address 6085 Marshalee Ln.

City Ellicott City State Md Zip Code 21075

Home Phone _____ Work Phone 379-5857

Applicant's Name & Mailing Address, (if other than stated hereon):
KSCeet - Permit App. Services
1547 Grass Field Rd
Denton, Md 21113

Phone 443-944-9702 Fax _____

Existing Use Vacant Lot

Proposed Use 3FM

Estimated Construction Cost \$ 90,000

Description of Work "Bella Via - 2 sty
Full bond - 6 R - 2 FB - 1 HB - Lot
2 Car Garage - (2 BR)

Contractor Company NVR Inc.

Contact Person Kimberly Ceet

Address 7601 Lewisville Rd.

City Mcchevy State VA Zip Code 21012

License No. _____

Phone 443-944-9702 Fax 703-761-2000

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/> <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 checked="" type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: Depth <u>75</u> Width <u>32</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>44</u> <u>32</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>55</u> <u>32</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>2</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 1 BR units: _____	<input checked="" type="checkbox"/> NFPA #13D
No. of 2 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 3 BR units: _____	Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature [Signature]
Title/Company Permit App Serv
NVR A.

Print Name KSCeet App NVR A.
Date 10/11/05

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		
Dev. Engineering, DPZ		
Health	<u>11/7/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>67414</u>	
Filing fee \$	<u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>2594</u>
Validation #	<u>99670</u>

Lot 06 Block —

Community Ellicott Meadows

BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12029 Windsor Mass 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: Anna Curley

Date: 10/22/2005

1300156421