

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00155823

Building Address 12021 WINDSOR MASS
E.C. 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: 03030
 Census Tract 603000 Subdivision Homelevel
 Section _____ Area _____ Lot 4
 Tax Map 16 Parcel 534415 TRAIL Grid 16 #22
 Zoning RCBPA Map Coordinates 6A5 Lot size _____

Property Owner's Name MUR INC
 Address 1005 Marshall Dr
 City Chesapeake State MD Zip Code 21031
 Home Phone _____ Work Phone 371 5416
 Applicant's Name & Mailing Address, (if other than stated hereon):
Kendall Court Blvd, #100
1371 Upper FJ RD
Chesapeake, MD 21031
 Phone 443-944-1122 Fax _____

Existing Use Warehouse
 Proposed Use _____
 Estimated Construction Cost \$ 14500
 Description of Work Building for storage

Contractor Company WJ LLC
 Contact Person Kendall Court
 Address 7001 Kendall Court Blvd
 City Chesapeake State MD Zip Code 21031
 License No. _____
 Phone _____ 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 _____
 Title/Company _____

Print Name Kendall Court
 Date _____

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		
<input checked="" type="checkbox"/> Building Official	<u>10/27/05</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health		
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
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#:	67034
Filing fee \$	<u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>251359</u>
Validation #	<u>91502</u>

Accepted by [Signature]

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

04 Blo* —

Community Ellicott Meadows

BEDROOM RESTRICTION ACKNOWLEDGMENT
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 3021 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: Andrew Polio

Purchaser: [Signature]

Date: 10/25/05

2/15/05
9/6/05

APPROVED

WALK-THRU BUILDING PERMIT

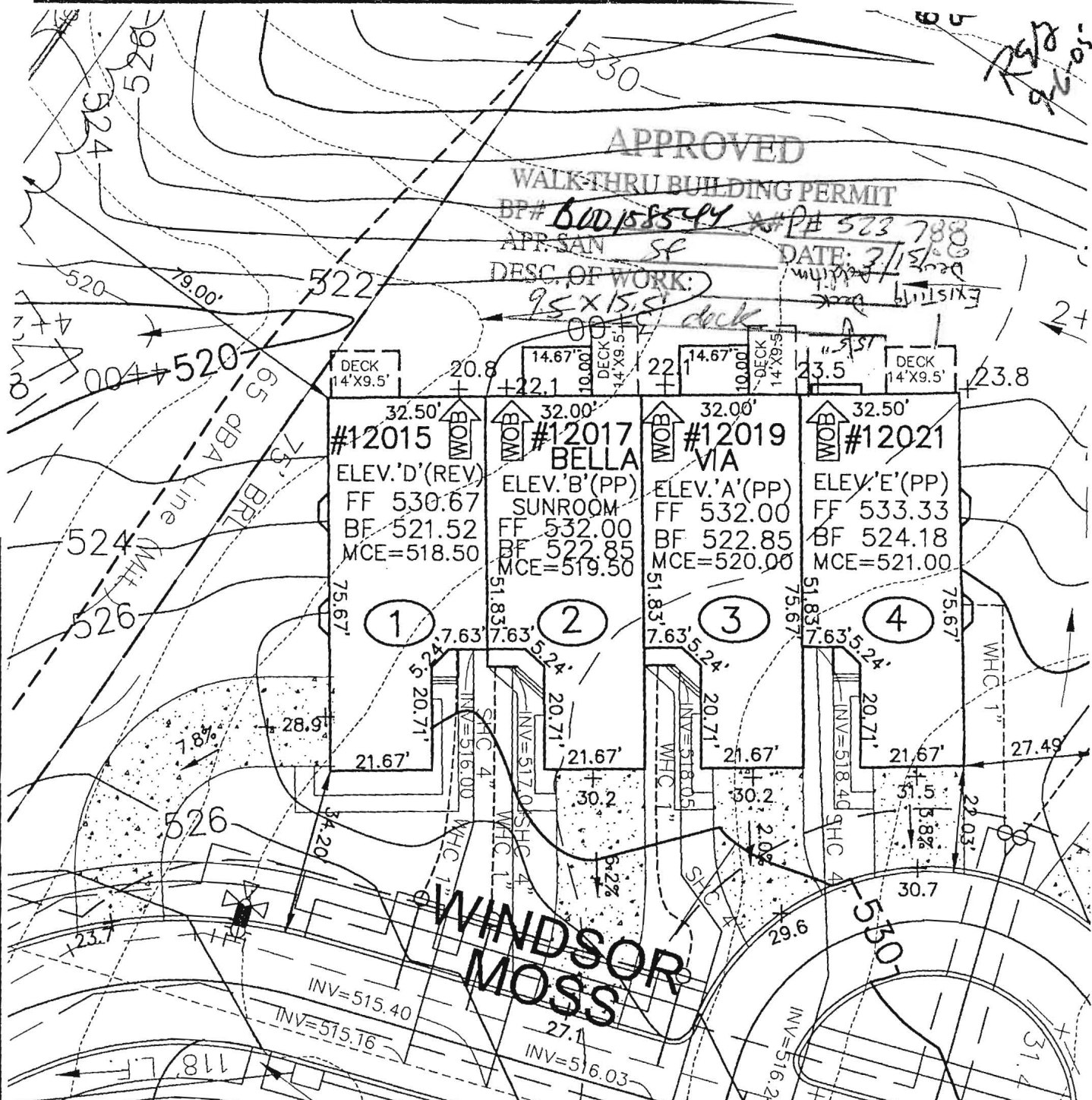
BP# 600158544 *#PA 523 788

APP. SAN SF

DATE: 2/15/05

DESC. OF WORK:

95' x 155' deck



**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 JCO
CHECKED BY RHV
DATE SEPT., 2005
W. O. # 04-139.00
SHEET# 1 OF 1

**NV HOMES
ELLICOTT MEADOWS
UNITS 1-4**

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

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