

012

Building Address 12057 Windsor Moss  
Ellicott City, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: SDP-03030  
 Census Tract 603000 Subdivision Homeland  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 16  
 Tax Map 16 Parcel 209 Grid 122  
 Zoning RC 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 410-374-5956  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
KS Cecil - Permit App. Services  
 Phone 443-444-9706 Fax \_\_\_\_\_

Existing Use Vacant Lot  
 Proposed Use SFIM  
 Estimated Construction Cost \$ 150,000  
 Description of Work "Bella Via" - 2 story -  
Sell bsm, 1R, 2FB, 1MB  
lot - 2 car garage - 2 BR  
FP

Contractor Company NVR Inc.  
 Contact Person Kimberly Cecil  
 Address 7601 Lewinsville Rd.  
 City McLean State VA Zip Code 22114  
 License No. 56  
 Phone 443-444-7202 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 _____
Depth Width	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>75</u> <u>32</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>44</u> <u>32</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30</u> <u>30</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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: _____	
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
 Title/Company 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			
Dev. Engineering DPZ			
Health	<u>5/30/06</u>	<u>MJD</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 \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 # _____

Lot 16 Block \_\_\_\_\_

Community \_\_\_\_\_

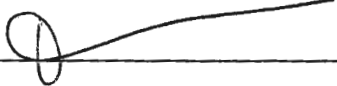
**BEDROOM RESTRICTION ACKNOWLEDGMENT**  
Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as 12057 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:

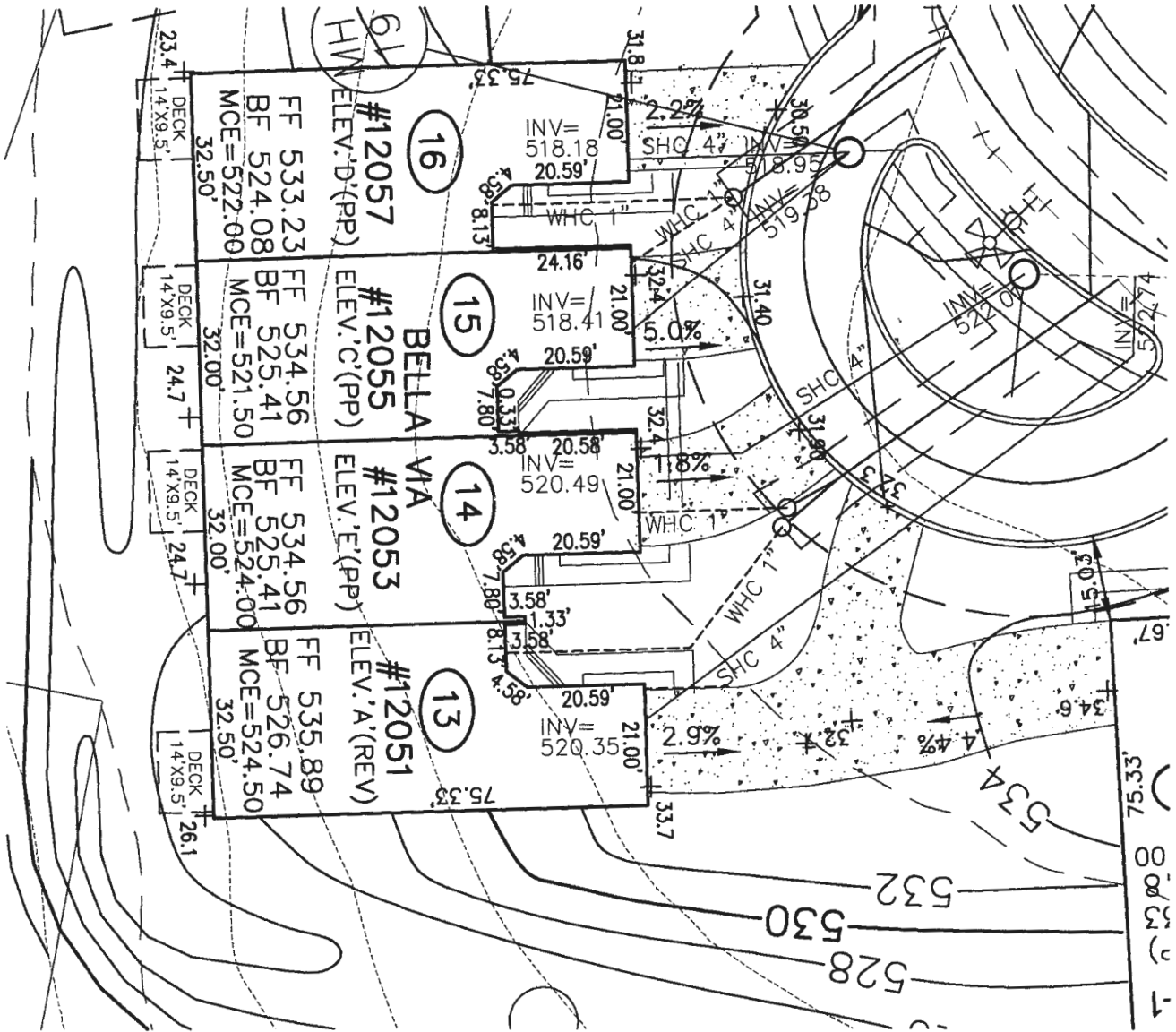
The Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. The Declaration of Covenants, Conditions and Restrictions recorded against the Units at Ellicott Meadows, as amended, states that "...no Condominium Unit shall be 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: 

Purchaser: \_\_\_\_\_

Date: 3/7/06



12057 Windsor Moss



**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 MY  
CHECKED BY RHV  
DATE FEB. 2006  
W. O. # 04-87.00  
SHEET# 1 OF 1

**NV HOMES  
ELLICOTT MEADOWS  
UNITS 13-16**

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

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

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B06004986

Building Address 12057 Windsor Moss  
Ellicott City MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
 Census Tract 603000 Subdivision Ellicott Meadows  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 016  
 Tax Map 16 Parcel \_\_\_\_\_ Grid 16-22  
 Zoning RC-DEU Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NU Homes  
 Address 6085 Marshalee Dr. # 130  
 City EIK ridge State MD Zip Code 21075  
 Home Phone \_\_\_\_\_ Work Phone 410-379-5956  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SEF  
 Proposed Use 11' wide deck  
 Estimated Construction Cost \$ 6,000  
 Description of Work 10x11 deck  
NO STAIRS

Contractor Company Edward Pacylowski  
**PRO-BUILT  
 CONSTRUCTION, INC.**  
 19453 Long Days Court  
 Highland, MD 20777-9757  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 20247  
 Phone 301-854-0821 Fax 301-854-9632

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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: <u>Deck</u>	
Dimensions: _____	
Footings: <u>post-pier</u>	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

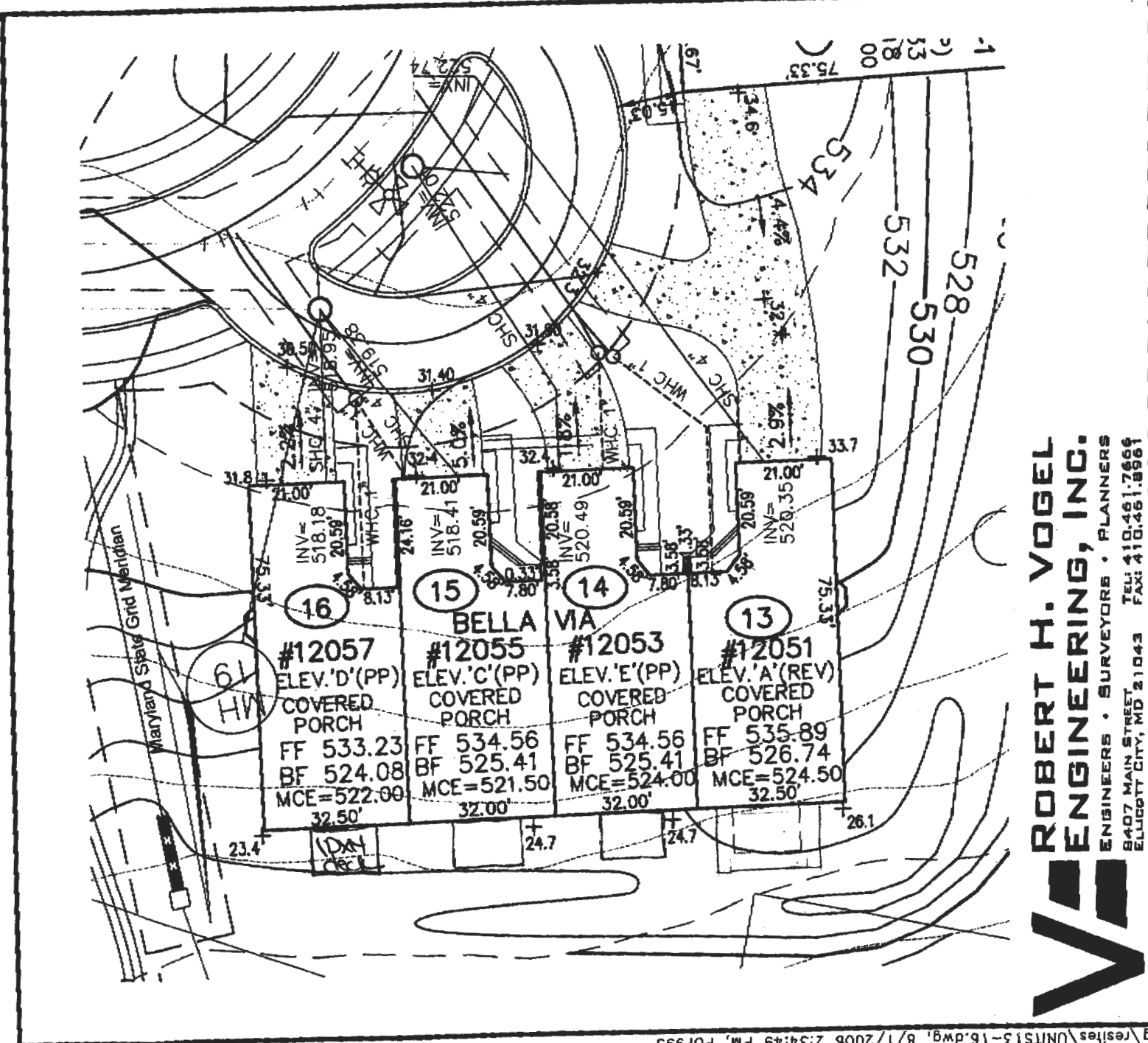
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature  
President  
 Title/Company

Edward Pacylowski  
 Print Name  
9/19/06  
 Date

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 ID#	
Land Development, DPZ			Front: _____ Filing fee \$ _____		
State Highways			Rear: _____ Permit fee \$ _____		
Building Official			Side: _____ Excise tax \$ _____		
Dev. Engineering, DPZ	<u>9/28/06</u>	<u>[Signature]</u>	Side St: _____ Add'l per. fee \$ _____		
Health			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 Sediment 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"/>			Lot Coverage for New Town Zone _____	Check # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Rad-line approval date _____	Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA



K:\Projects\04-87\ENGR\dwg\resites\UNIT13-16.dwg, 8/1/2006 2:34:49 PM, PDF995

**ROBERT H. VOGEL**  
**ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET, TEL: 410.461.7666  
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

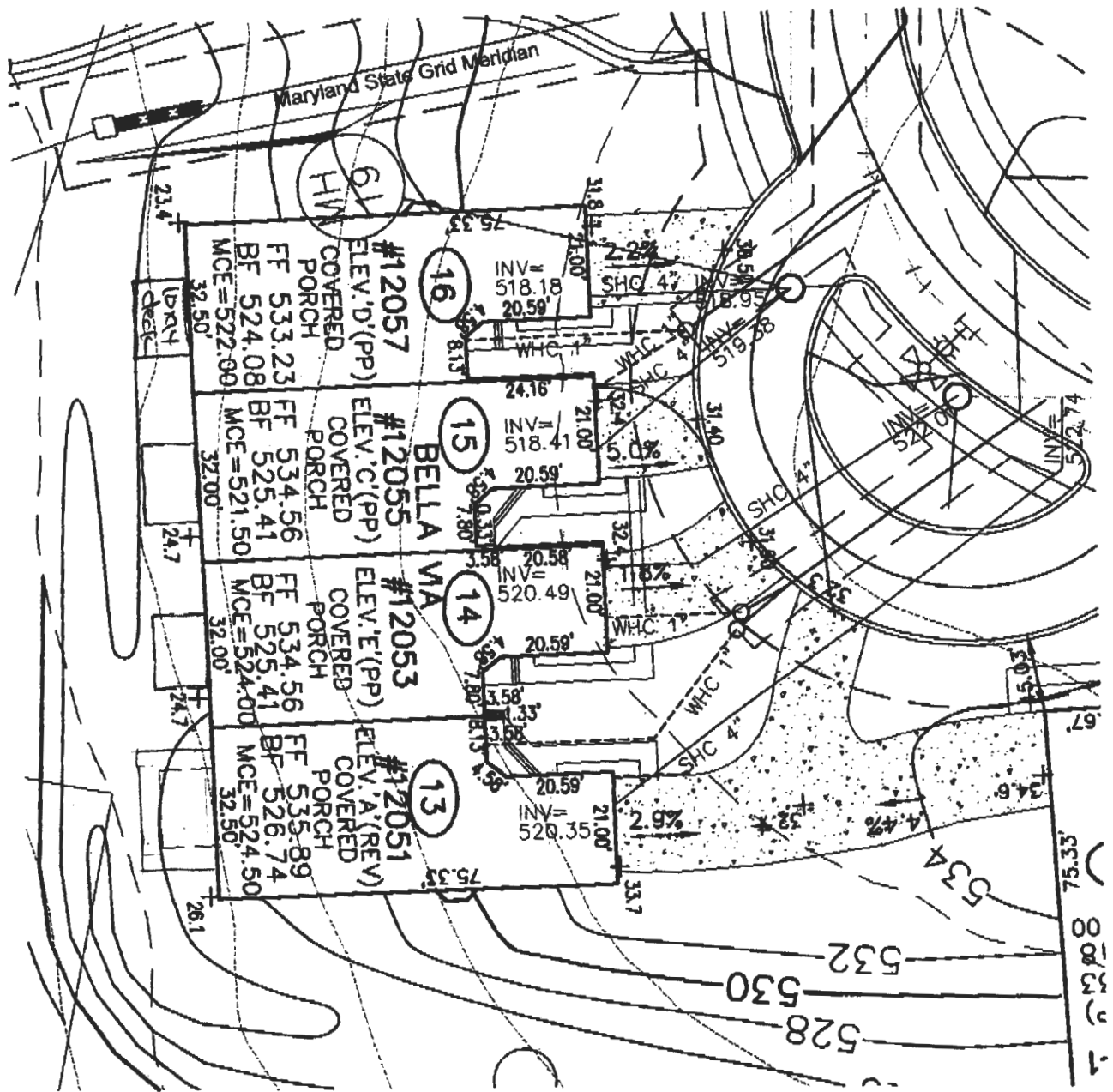


**NV HOMES**  
**ELLICOTT MEADOWS**  
**UNITS 13-16**

SCALE 1"=30'  
 DRAWN BY MY  
 CHECKED BY RHV  
 DATE FEB. 2006  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

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

PARCEL 53.96.165&204  
 HOWARD COUNTY, MARYLAND



**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET TEL: 410.461.7666  
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

**NV HOMES  
 ELLICOTT MEADOWS  
 UNITS 13-16**

SCALE 1"=30'  
 DRAWN BY MY  
 CHECKED BY RHV  
 DATE FEB. 2006  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

HOMELAND SDP-03-30  
 TAX MAP 18  
 3RD ELECTION DISTRICT

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

reduce the horizontal load capacity of the rim board provided that the 8d nail spacing (sheathing-rim board) is 6 inches o.c. and the 16d nail spacing (bottom plate-sheathing-rim board) is not less than 12 inches o.c.

• APA Performance Rated Rim Board to I-Joist – Use two 8d nails (box or common), one each into the top and bottom flanges. This is typical for rim board having a thickness up to 1-1/8 inches. A larger nail size may be required by the I-joist manufacturer or for thicker rim board products.

• APA Performance Rated Rim Board to Sill Plate – Toe-nail using 8d (box or common) at 6 inches o.c. or 16d (box or common) at 12 inches o.c.

• Attachment of 2x lumber ledgers to APA Performance Rated Rim Board – Use 1/2-inch-diameter lag screws with a minimum nominal length of 4 inches or 1/2-inch-diameter through-bolts with washers and nuts. In both cases, use a design value of 350 lbf per fastener if the rim board thickness is 1-1/8 inches or 300 lbf per fastener if the rim board thickness is 1 inch. *Caution: The lag screw should be inserted in a lead hole by turning with a wrench, not by driving with a hammer. Over-torquing can significantly reduce the lateral resistance of the lag screw and should therefore be avoided. See the 1991 National Design Specification for Wood Construction (NDS) published by the American Forest & Paper Association for the appropriate size of clearance and lead holes.*

• Lateral resistance of nails applied to the faces of APA Performance Rated Rim Boards – Calculate the lateral nail resistance based on the procedures given in the 1991 NDS and the following guidelines:

a) If the APA Performance Rated Rim Board is made of OSB, use the bearing strength equivalent to Douglas fir-Larch.

FIGURE 1

REVIEWED FOR  
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 8/23/01  
APA Rim Board

BY: [Signature]

SUBJECT TO COMMENTS OF LETTER

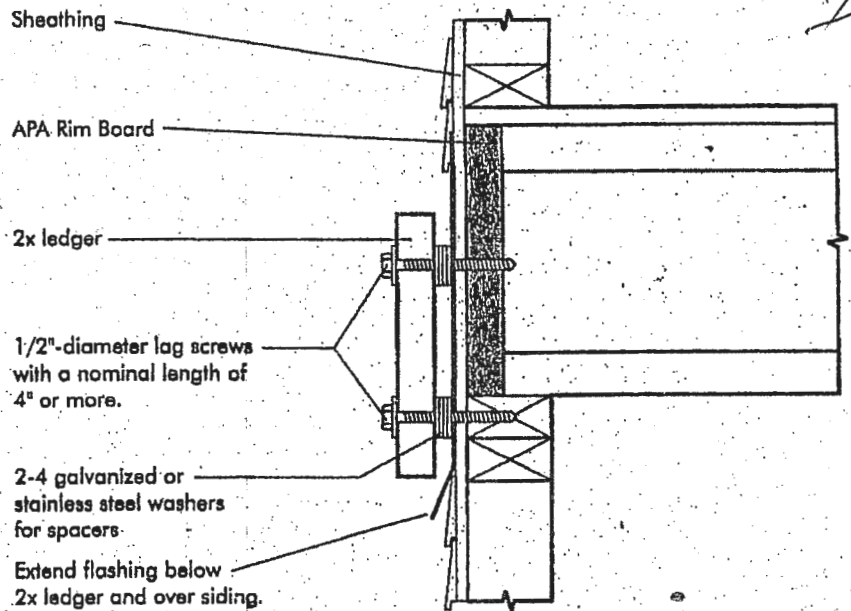
One 8d nail into each I-Joist flange

SUBJECT TO COMMENTS ON PLANS

AMENDMENT  FINAL

I-Joist

OK TO ATTACH TO RIM BOARD [Signature]



Note: This schematic drawing is a construction detail recommended for attachment of a ledger in order to avoid potential decay problems on either the ledger or other building components. After placing flashing, temporarily hang 2x ledger. Drill clearance and lead holes, remove 2x ledger, caulk holes with high quality caulking, immediately reapply 2x ledger and install the lag screws.