

1000129515

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
 30122470

Building Address 11201 Frederick Rd.  
Ellicott City, MD 21042

Suite/Apt. #: n/a SDP/WP/Petition #: GP-99-89

Census Tract 6030 Subdivision Brantwood

Section 1 Area \_\_\_\_\_ Lot 3

Tax Map 16 Parcel 54 Grid 22

Zoning RCDEO Map Coordinates 11A6 Lot size \_\_\_\_\_

Property Owner's Name NVHomes

Address 2200 Defense Hwy.

City Crofton State MD Zip Code 21114

Home Phone \_\_\_\_\_ Work Phone 410-721-4703

Applicant's Name & Mailing Address, (If other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work Const. SFD-"Monticello"w/Morn. Rm,  
Conservatory,3Car Gar.2sty,Full bsmt,13R,3FB,1HB,FP, &  
Garage,(4Br)Opt.Fin.L.L.w/bath,Deck

Contractor Company NVR, Inc

Contact Person Juli Berardelli

Address 7601 Lewinsville Rd.

City McLean State Va Zip Code 22102

License No. MHBR# 56

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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: <u>70'</u> <u>81'</u> Depth Width	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>60'</u> <u>66'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>50'</u> <u>81'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input checked="" 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"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____ Partial _____	No. of 1 BR units: _____	NFPA # <u>13D</u>
	Other Suppression _____	No. of 2 BR units: _____	NFPA# <u>13R</u>
	# of Heads _____	No. of 3 BR units: _____	Other: _____
		Other Structure: _____	
		Dimensions: <u>16'x 8'</u>	
		Footings: <u>Asp/Gable</u>	
		Roof: _____	
		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 HERETO; (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 \_\_\_\_\_ Agent \_\_\_\_\_

Title/Company \_\_\_\_\_

Building Permit Services, Inc. - Pat Orla

Print Name \_\_\_\_\_

Date 4/10/01

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: _____	Filling fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>5/2/01</u>	<u>Mark Rippen</u>	Side St.: _____	Subtotal paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>222</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line, approval date _____	Accepted by _____

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

# Approved Septic System Plan Howard County Health Department

*Mark Riffin* 5/2/01  
Signature Date

24 LF with

