

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
BO052409 **KJB**

Building Address 3004 Harbin Field  
Ellicott City, MD 21043  
 Suite/Apt.#: n/a SDP/WP/Petition #: SDP-03-30  
 Census Tract 6030 Subdivision Homeland  
 Section n/a Area n/a Lot 84  
 Tax Map 16 Parcel \_\_\_\_\_ Grid 16  
 Zoning RCDEO Map Coordinates 11A2 Lot size \_\_\_\_\_

Property Owner's Name NVR, Inc. t/a Ryan Homes  
 Address 6085 Marshalee Dr. Ste# 140  
 City Elkridge State MD Zip Code 21075  
 Home Phone \_\_\_\_\_ Work Phone 410-796-0980  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave., Balto., MD 21222  
 Phone 410-477-9666 Fax 410-477-8437

Existing Use SFD  
 Proposed Use Same w/ Deck  
 Estimated Construction Cost \$ 2000.00  
 Description of Work Const open wood deck on rear of SFD  
w/ steps to grade 12'x 16'

Contractor Company NVR, Inc. t/a Ryan Homes  
 Contact Person Brain Peterson  
 Address 6085 Marshalee Dr. Suite# 140  
 City Elkridge State MD Zip Code 21075  
 License No. MHBR#56  
 Phone 410-796-0980 Fax 410-796-7094

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"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>12'</u> _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA#13R <input type="checkbox"/> Other:
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>Post &amp; Pier</u> 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 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 \_\_\_\_\_

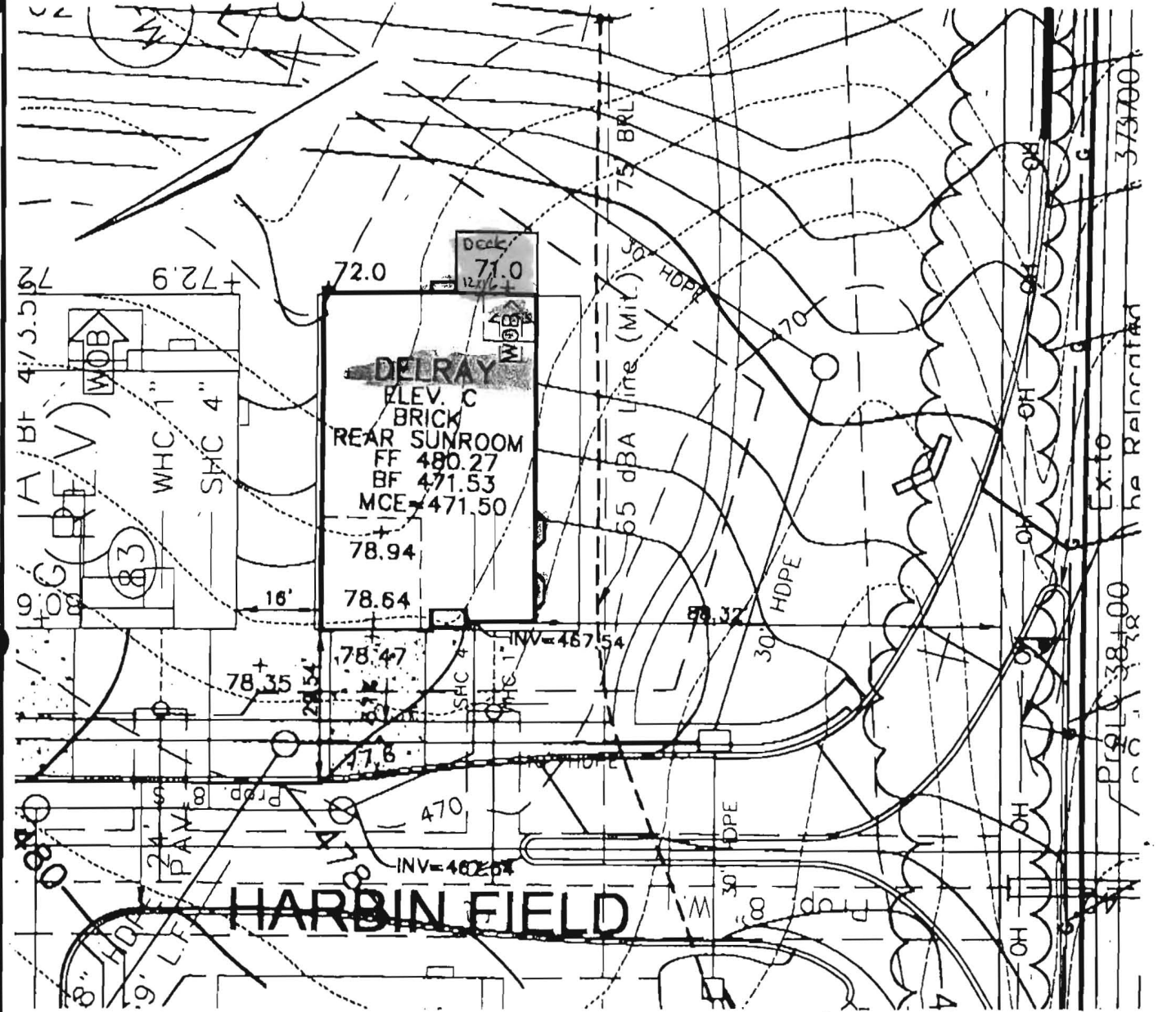
Building Permit Services, Inc. - Pat Orla  
 Print Name \_\_\_\_\_  
 2/25/05  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>2/25/05</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filling fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Subtotal paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line, approval date _____	Validation # _____
Accepted by _____	

*11/20/05 BOP 1.20.05*



*FP SURE.*



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

*3/3/05 Deck OK*  
*(KJB) BOD 152409*

NOTE:  
 ALL DIMENSION ARE FROM ARCHITECTURAL BRICK LEDGE.

SCALE \_\_\_\_\_ 1"=30'  
 DRAWN BY \_\_\_\_\_ JCO  
 CHECKED BY \_\_\_\_\_ RHV  
 DATE \_\_\_\_\_ JANUARY, 2005  
 W. O. # \_\_\_\_\_ 04-87.00  
 SHEET# \_\_\_\_\_ 1 OF 1

**RYAN HOMES  
 ELLICOTT MEADOWS  
 UNIT 84**

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

PARCEL 63,86,165&204  
 HOWARD COUNTY, MARYLAND

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
00052130

Building Address 3004 Harbin Field  
Ellicott City, MD 21043

Suite/Apt.#: n/a SDP/WP/Petition #: SDP-03-30

Census Tract 6030 Subdivision Homeland

Section n/a Area n/a Lot 84

Tax Map 16 Parcel \_\_\_\_\_ Grid 16

Zoning RCDEO Map Coordinates 11A2 Lot size \_\_\_\_\_

Property Owner's Name NVR, Inc. t/a Ryan Homes

Address 6085 Marshalee Dr. Ste# 140

City Elkridge State MD Zip Code 21075

Home Phone \_\_\_\_\_ Work Phone 410-796-0980

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave., Balto., MD 21222

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

Existing Use Vacant Lot

Proposed Use SFD- Condo

Estimated Construction Cost \$ 200,000.00

Description of Work Const SFD Condo "Delray" w/Sun.Rm.  
1-1/2sty, full bsmt, 10R, 3FB, & 2 car gar(2Br)optFP, Fin.L.L.w/  
w/bath

Contractor Company NVR, Inc. t/a Ryan Homes

Contact Person Brain Peterson

Address 6085 Marshalee Dr. Suite# 140

City Elkridge State MD Zip Code 21075

License No. MHBR#56

Phone 410-796-0980 Fax 410-796-7094

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"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Depth</td> <td style="text-align: center;">Width</td> </tr> <tr> <td>1st floor: <u>65'</u></td> <td><u>40'</u></td> </tr> <tr> <td>2nd floor: <u>29'</u></td> <td><u>40'</u></td> </tr> <tr> <td>Basement: <u>65'</u></td> <td><u>40'</u></td> </tr> </table>	Depth	Width	1st floor: <u>65'</u>	<u>40'</u>	2nd floor: <u>29'</u>	<u>40'</u>	Basement: <u>65'</u>	<u>40'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth	Width								
1st floor: <u>65'</u>	<u>40'</u>								
2nd floor: <u>29'</u>	<u>40'</u>								
Basement: <u>65'</u>	<u>40'</u>								
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>								
Other Structure: _____ Dimensions: _____ Footings: <u>16"x8'</u> Roof: <u>Asp/Gable</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA # 13R Other: _____								
<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 BY 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 HEREIN, (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 TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature \_\_\_\_\_  
 Agent

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

Building Permit Services, Inc. - Pat Orla

Print Name \_\_\_\_\_  
1/24/05 2-3-05  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 FOR OFFICE USE ONLY -

DATE	SIGNATURE	APPROVAL
<u>2/18/05</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>2/22/05</u>	<u>[Signature]</u>	<u>[Signature]</u>

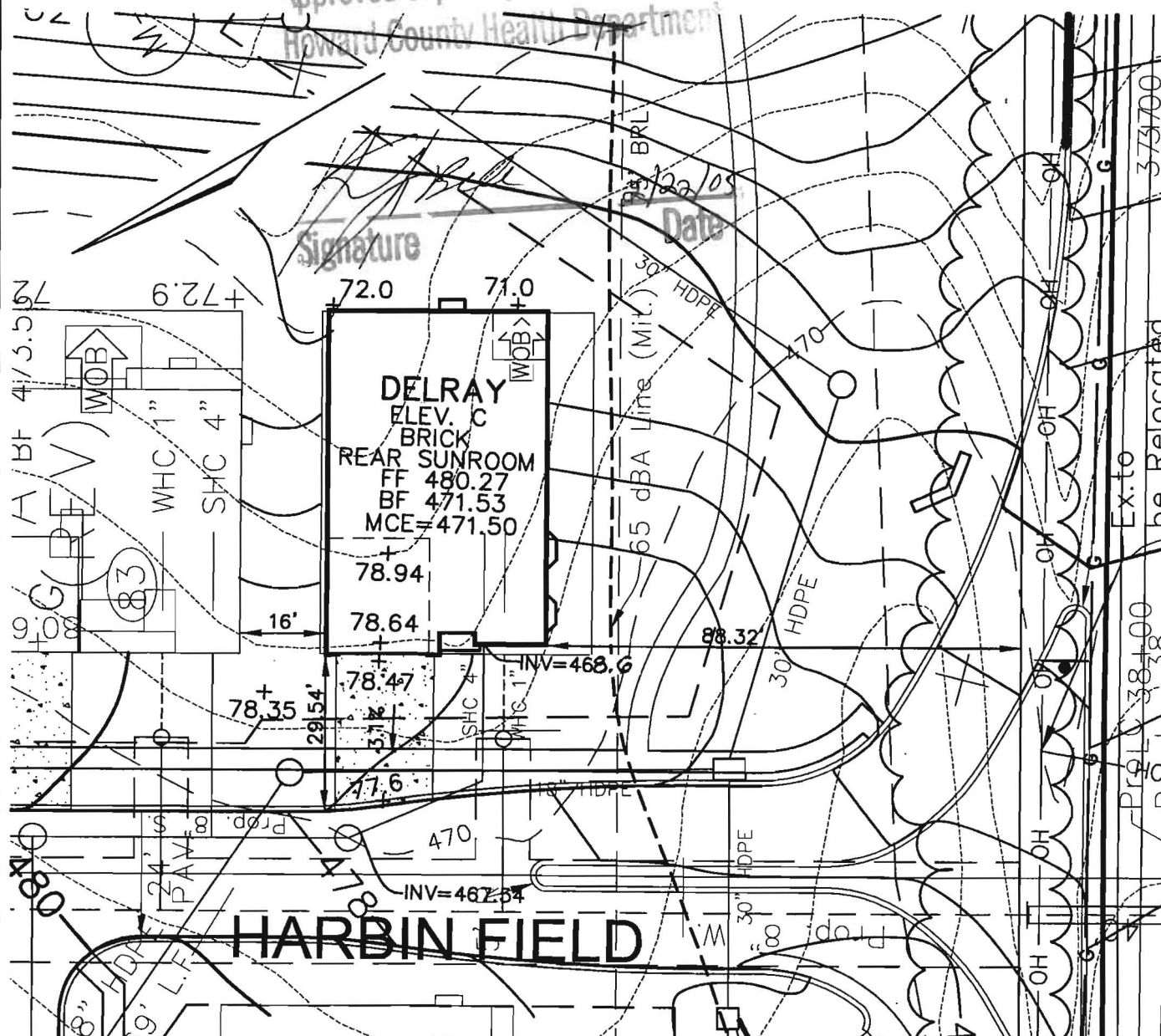
1 required prior to issuance?

CONSTRUCTION START:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>64602</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ <u>429</u>
Side St.: _____	Excise tax \$ <u>4130</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subtotal paid \$ <u>93</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ <u>5162</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line, approval date _____	Check # <u>193562</u>
Accepted by <u>[Signature]</u>	Validation # <u>85795</u>

Blue: Official
Green: LDD, DPZ
Yellow: DED, DPZ
Pink: Health
Gold: SHA

Approved Septic System Plan  
 Howard County Health Department



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

NOTE:  
 ALL DIMENSION ARE FROM  
 ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'  
 DRAWN BY JCO  
 CHECKED BY RHV  
 DATE JANUARY, 2005  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

**RYAN HOMES  
 ELLICOTT MEADOWS  
 UNIT 84**

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

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

hods.  
 er's Operation and Maintenance Manuals  
 provide operations and maintenance

and at least 60 days prior to the date set for  
 to the Owner five (5) Operation and  
 id electrical systems and equipment  
 include all installation, operation, start-up and  
 ed in the manuals shall consist of catalogs,  
 les, parts, lists, assembly drawings, wiring  
 re maintenance measures, approved working  
 ary for the Owner to establish an effective

und in 3-ring loose-leaf binders and indexed.  
 ove dimensions and placed in envelopes

e Operator and/or Owner in understanding the  
 nitations of the equipment as well as to  
 ance. Technical and maintenance information  
 and electrical components shall be included  
 but not limited to, Operation Responsibilities,  
 ss Design Criteria, Operational Modifications,  
 rponent Equipment O&M, System Equipment  
 and As-Built.

nce of the facilities will not be undertaken until  
 nuals have been submitted. Partial approvals.

NH <sub>3</sub> -N	35	mg/L
Alkalinity (as CaCO <sub>3</sub> )	100	mg/L
pH	6.0 - 9.0	S.U.
Water Temperature Min.	15	°C
Water Temperature Max	28	°C
Air Temperature Min.	0	°F
Air Temperature Max	100	°F
Site Elevation	442	ft
<b>Effluent Characteristics</b>		
BOD <sub>5</sub> (20°C)	30	mg/L
Total Suspended Solids	30	mg/L
NH <sub>3</sub> -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
<b>Influent Pumping</b>		
Average design rate in	15.3	gpm
Peak rate in	61.2	gpm @ 4 x Avg.
Pump rate provided	70	gpm 1 pump (28'TDh)

HOME LAND SENIOR CENTER  
 147 UNITS TOTAL  
 EACH UNIT CAN ONLY  
 BE A TOTAL OF 2 BEDROOMS

PUBLIC WATER +  
 PRIVATE SHARED SEPTIC  
 SYSTEM  
 SDP-03-030

Approved Septic System Plan MDE  
~~Howard County Health Department~~

*George M. [Signature]*  
 Signature Date 9-2-03

Approved Septic System Plan  
 Howard County Health Department

*Steven Roger King*  
 Signature Date 9/2/03

