

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B0052407 *KSB*

Building Address <u>3028 Harbin Field</u> <u>Ellicott City, MD 21043</u>	Property Owner's Name <u>NVR, Inc. t/a Ryan Homes</u>
Suite/Apt. #: <u>n/a</u> SDP/WP/Petition #: <u>SDP-03-30</u>	Address <u>6085 Marshalee Dr. Ste# 140</u>
Census Tract <u>6030</u> Subdivision <u>Homeland</u>	City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u>
Section <u>n/a</u> Area <u>n/a</u> Lot <u>78</u>	Home Phone _____ Work Phone <u>410-796-0980</u>
Tax Map <u>16</u> Parcel _____ Grid <u>16</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u>
Zoning <u>RCDEO</u> Map Coordinates <u>11A2</u> Lot size _____	<u>7806 Deboy Ave., Balto., MD 21222</u>
	Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>

Existing Use <u>SFD</u>	Contractor Company <u>NVR, Inc. t/a Ryan Homes</u>
Proposed Use <u>Same w/ Deck</u>	Contact Person <u>Brain Peterson</u>
Estimated Construction Cost \$ <u>2000.00</u>	Address <u>6085 Marshalee Dr. Suite# 140</u>
Description of Work <u>Const open wood deck on rear of SFD</u>	City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u>
<u>w/ steps to grade 12'x 26'</u>	License No. <u>MHBR#56</u>
	Phone <u>410-796-0980</u> Fax <u>410-796-7094</u>

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

<b>Building Characteristics</b>		<b>Utilities</b>	
Height: _____	No. of stories: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Use group: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	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: <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<b>Building Characteristics</b>		<b>Utilities</b>	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth <u>12'</u> Width <u>26'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <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 <input type="checkbox"/> Other:
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: _____	_____ State Certified Modular _____ Manufactured Home		

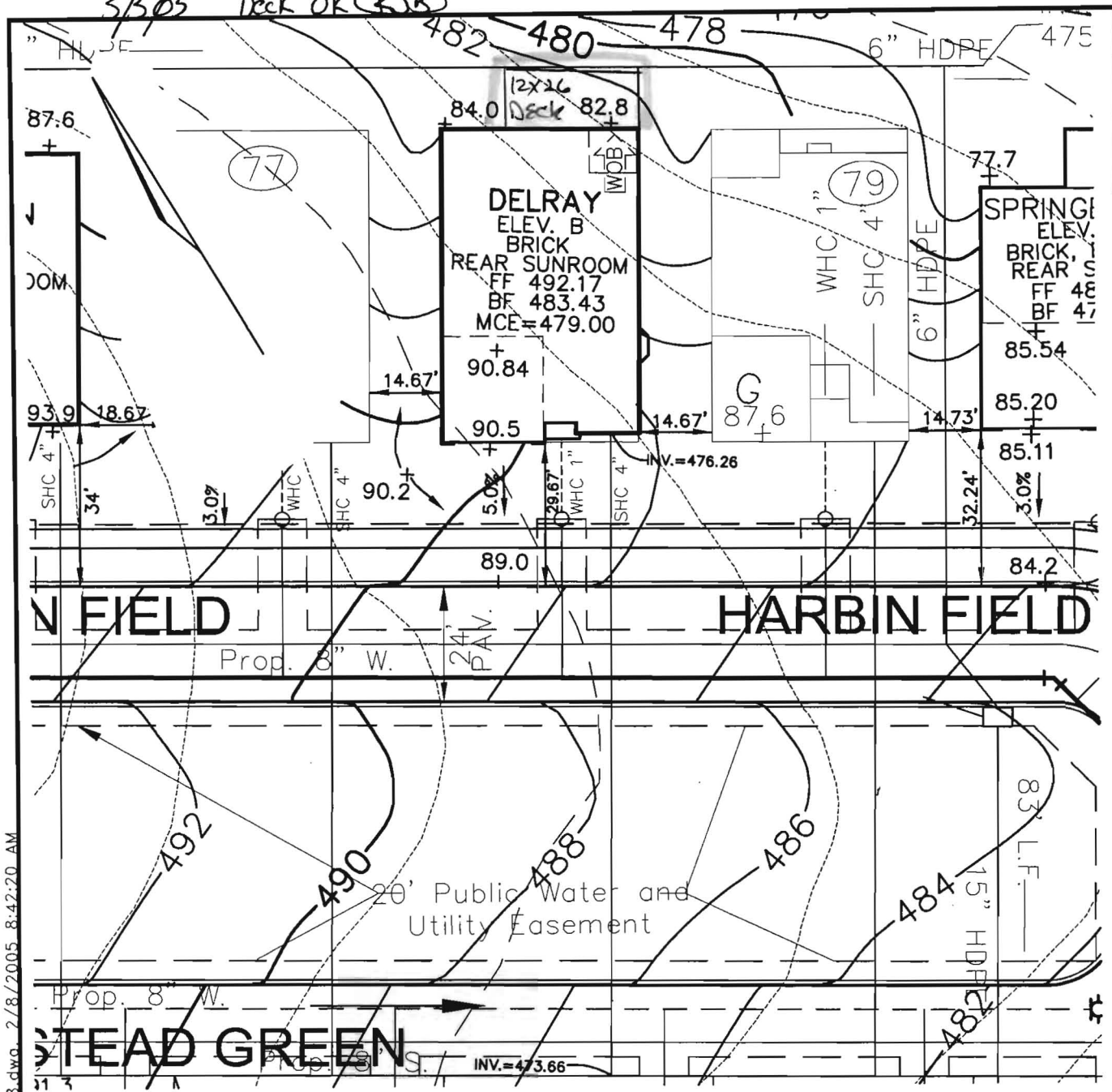
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 <u>[Signature]</u> Agent	Building Permit Services, Inc. - Pat Orla
Title/Company _____	Print Name _____ Date <u>2/25/05</u>

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

<b>AGENCY</b>	<b>DATE</b>	<b>SIGNATURE APPROVAL</b>	<b>DPZ SETBACK INFORMATION</b>	<b>PROPERTY ID#:</b> <u>104534</u>
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filling fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	Subtotal paid \$ _____
<input checked="" type="checkbox"/> Health <u>3/3/05</u> <u>[Signature]</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

3/3/05 Deck OK (KJB) BOB 152407



**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 78**

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

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

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**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

1307, 2003

Building Address 3028 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 78  
Tax Map 16 Parcel 3 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**

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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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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>65'</u> <u>40"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>29'</u> <u>40"</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>65'</u> <u>40"</u>	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 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>	
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>16"x8'</u> Roof: <u>Asp/Gable</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Building Permit Services, Inc. - Pat Orla  
Print Name Pat Orla  
1-25-05  
Date

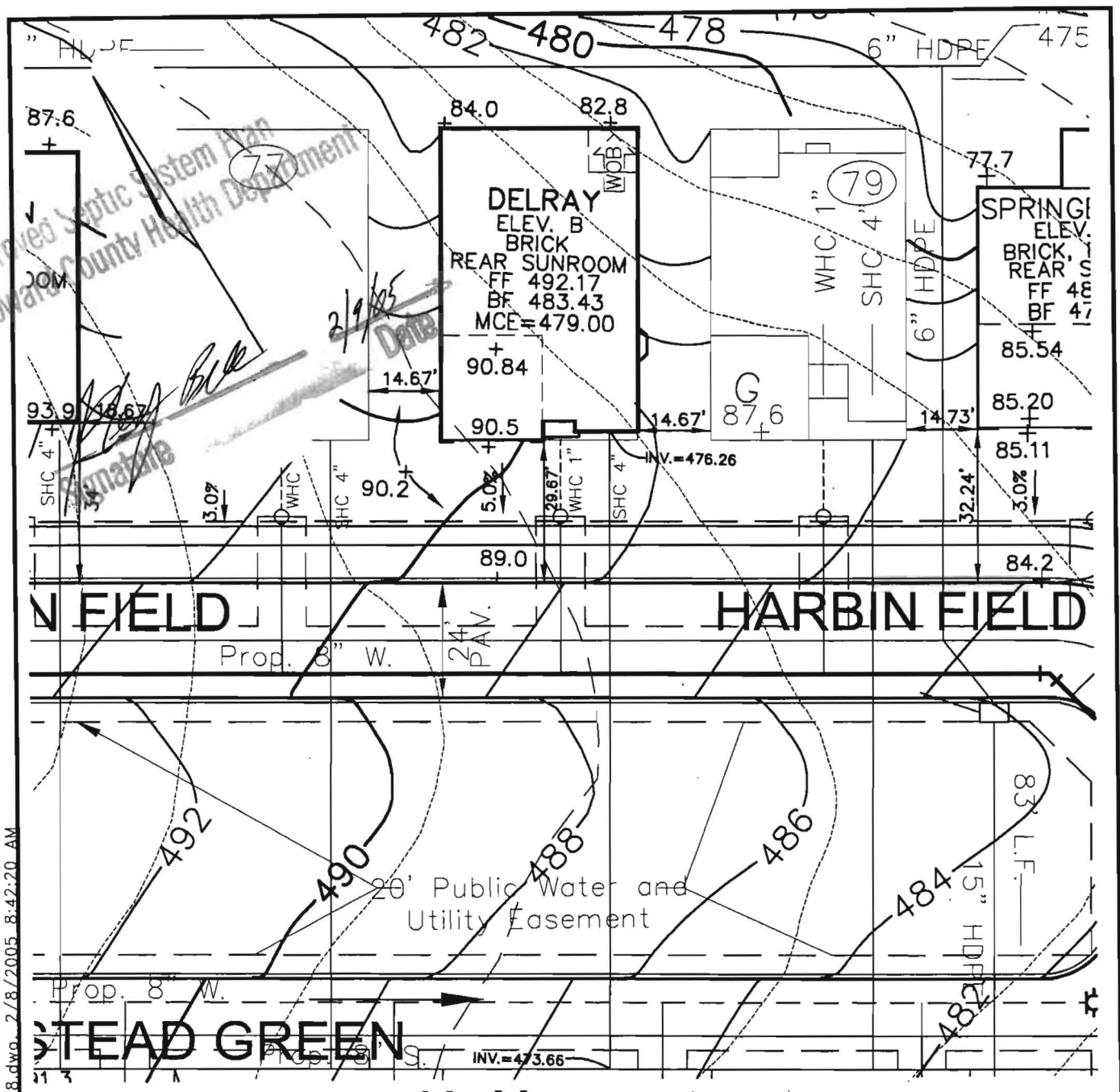
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AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official	<u>1-25-05</u>	<u>[Signature]</u>	
Dev. Engineering DPZ			
Health	<u>2/9/05</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required 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: _____	<u>61534</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ <u>4.9</u>
Side St.: _____	Excise tax \$ <u>4.50</u>
All minimum setbacks met?	Subtotal paid \$ <u>152.40</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ <u>5.10</u>
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>193568</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>54943</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line, approval date _____	Accepted by <u>[Signature]</u>

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

4-Primes Septic System Plan  
 Howard County Health Department



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