

Rob
 443-309
 7969

Building Address 3132 Argent Park
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Brandwood

Section 2 Area 1 Lot 10

Tax Map 16 Parcel 54 Grid 22

Zoning RDPEO Map Coordinates 11-A-10 Lot size 1.00 acre

Property Owner's Name NVR Inc.

Address 2200 Defense Hwy Ste 301

City Crofton State MD Zip Code 21114

Home Phone _____ Work Phone 410-721-2173

Applicant's Name & Mailing Address, (if other than stated hereon):
Kimberly S Cecil / Permit Application Services
1547 Grays Ford Rd
Odenton, MD 21113
 Phone 443-994-9702 Fax _____

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 150,000

Description of Work Potomac 4 Morning Room -
4 Bedrooms, 3 full bath, 1 H.B., 4" Ext F.R.
Side Conservatory - 3 Car Garage

Contractor Company NVR Inc.

Contact Person Kimberly Cecil

Address 2200 Defense Hwy Ste 301

City Crofton State MD Zip Code 21114

License No. 56

Phone 443-994-9702 Fax _____

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**

Building Characteristics		Utilities	
Height:	Water Supply:	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	Public <input type="checkbox"/> Private <input type="checkbox"/>	<u>Depth</u> <u>Width</u>	Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal:	1st floor:	Sewage Disposal:
Use group:	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor:	Public <input type="checkbox"/> Private <input type="checkbox"/>
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Structural Steel	Heating System:	Crawl space <input type="checkbox"/> Sub on Grade <input type="checkbox"/>	Heating System:
Masonry	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame	Natural Gas <input type="checkbox"/>	Multi-family dwellings:	Natural Gas <input checked="" type="checkbox"/>
State Certified Modular	Propane Gas <input type="checkbox"/>	No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 1 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	No. of 2 BR units: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 3 BR units: _____	NFPA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Other Structure: _____	Other: _____
	# of Heads _____	Dimensions: _____	
		Footings: _____	
		Roof: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 REQUIREMENTS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO, (4) THAT HE/SHE WILL BE RESPONSIBLE FOR ANY AND ALL REFERENCES PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COURTESY OFFICIALS THE RIGHT TO ENTER INTO THE PROPERTY AT ANY TIME FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

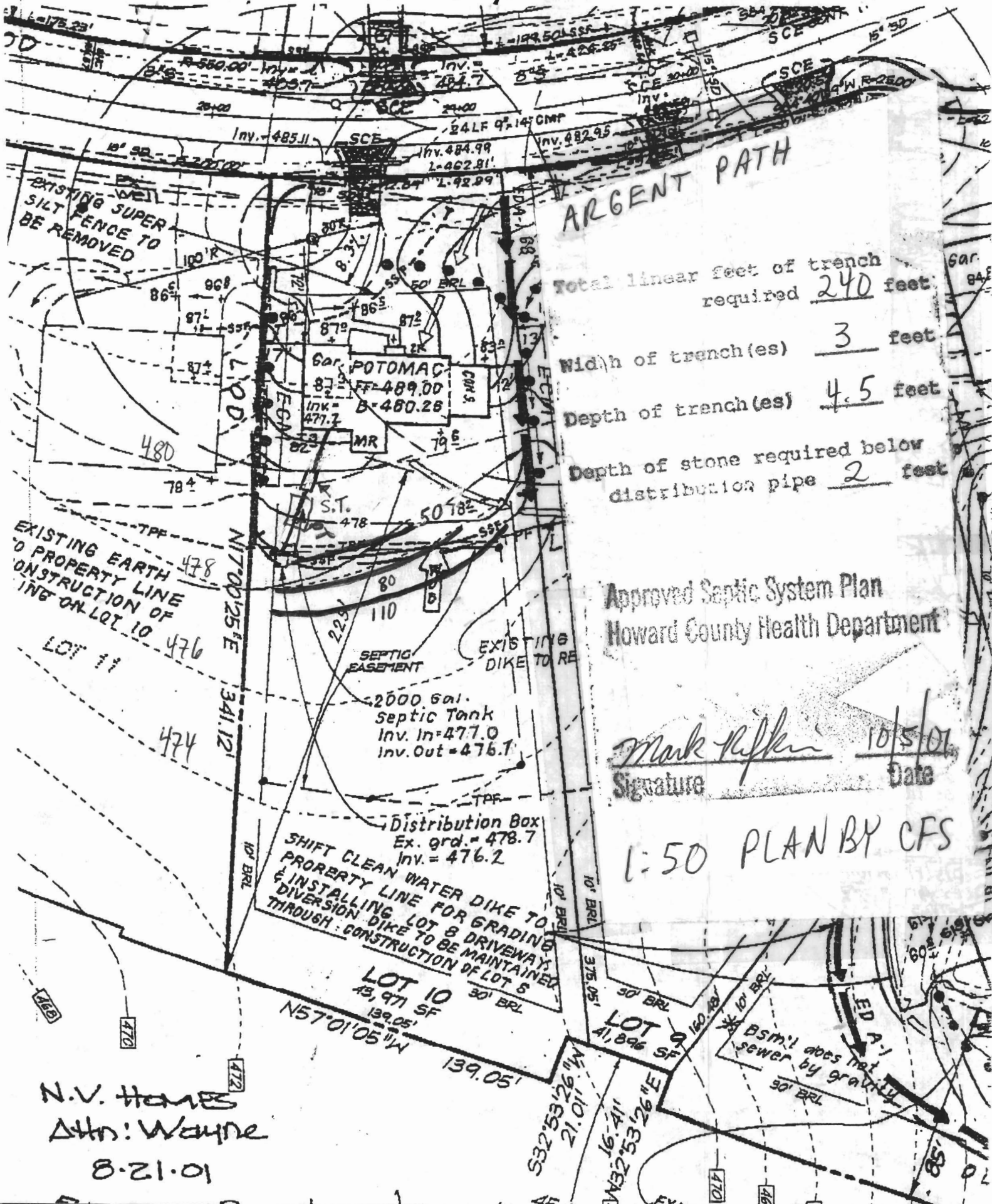
Applicant's Signature: Kimberly S. Cecil / Permit Application Services
 Agent for NVR, Inc.

Print Name: Kimberly S. Cecil / Permit Application Services
 Date: August 29, 2001

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>10/5/01</u>	<u>Mark A. P...</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>51036</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>702240</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for Newtown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>



ARGENT PATH

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark Ruffin 10/5/01
Signature Date

1:50 PLAN BY CFS

N.V. Homes
Attn: Wayne
8-21-01