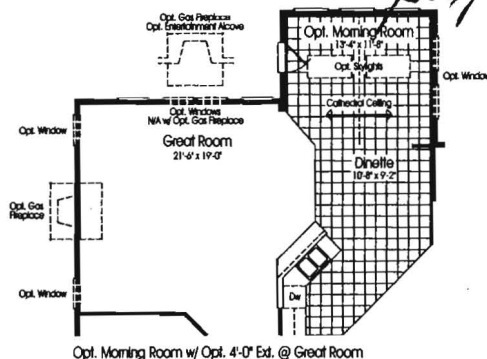


# THE SPRINGBROOK

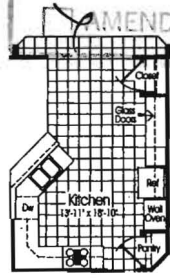
## MAIN LEVEL

*Rep*

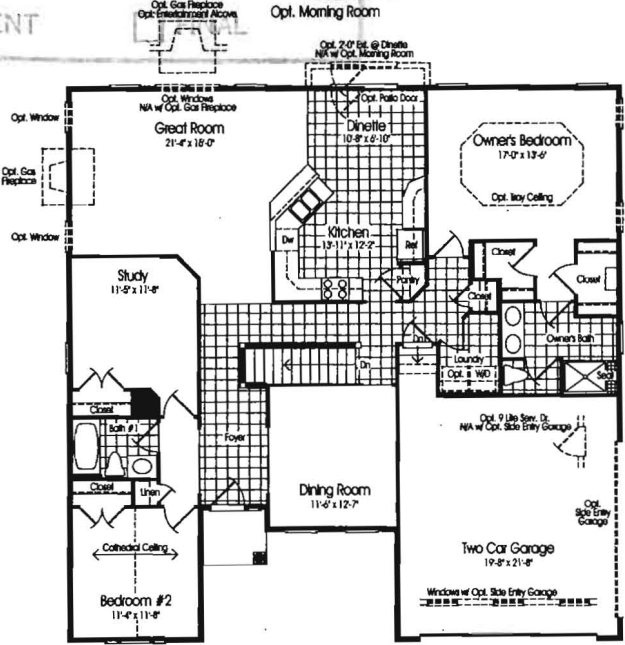
*Revised floor plan*



Opt. Morning Room w/ Opt. 4'-0" Ext. @ Great Room



Opt. Upgrade Kitchen w/ Opt. Richen Hutch



Note: Windows & Rooms May Vary of Elevators

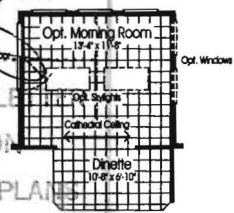
REVIEWED FOR  
CODE COMPLIANCE  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

LOT #80  
R00151445

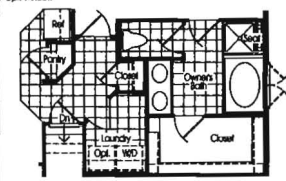
DATE: *12/21/07*

BY: *[Signature]*

- SUBJECT TO COMMENTS OF LE
  - SUBJECT TO FIELD INSPECTION
  - SUBJECT TO COMMENTS ON PLAN
- AMENDMENT

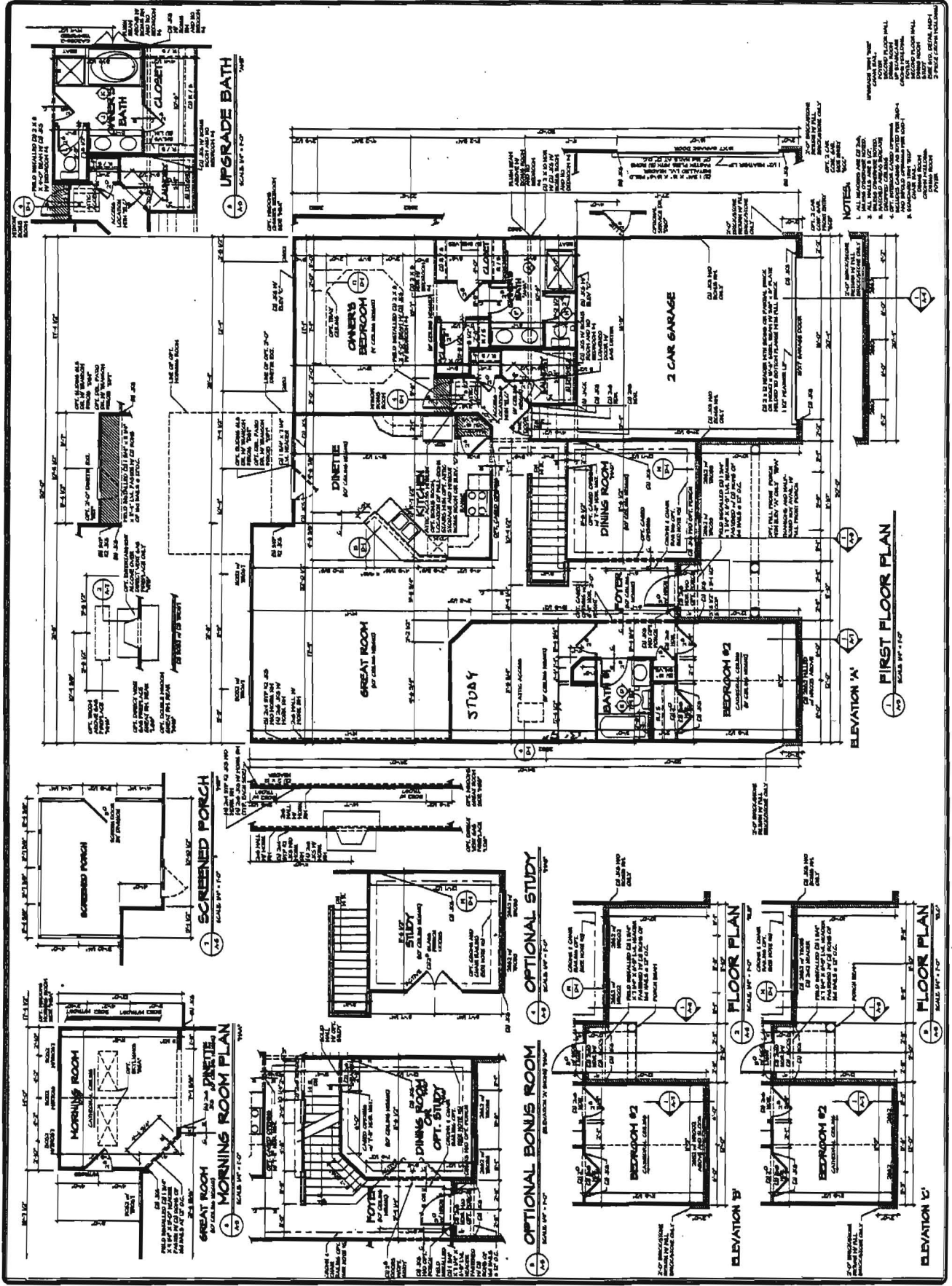


Opt. Morning Room

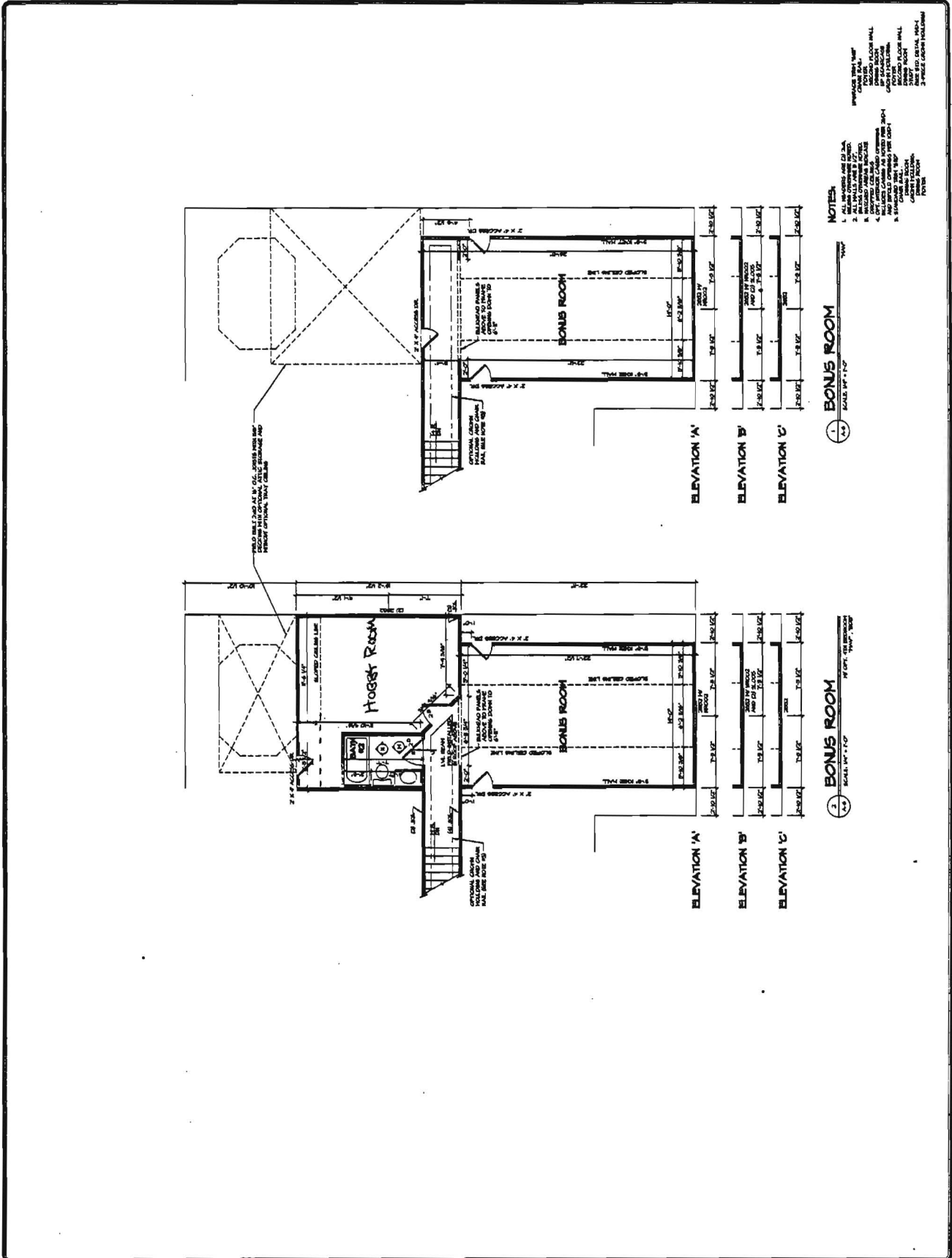


Opt. Upgrade Owner's Bath

<p><b>RYAN</b></p> <p>RESIDENTIAL ARCHITECTURE</p> <p>1000 N. 10TH ST. SUITE 100 DENVER, CO 80202</p> <p>TEL: 303.733.8888 WWW.RYANARCHITECTS.COM</p>	<p>DATE: 11/15/11</p> <p>SCALE: 1/8" = 1'-0"</p> <p>PROJECT: 1111111111</p> <p>CLIENT: J. &amp; K.</p>	<p>1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2009 IBC AND ALL APPLICABLE CODES.</p> <p>2. ALL DIMENSIONS SHALL BE TO FACE UNLESS OTHERWISE NOTED.</p> <p>3. ALL FINISHES SHALL BE AS NOTED OR AS SHOWN ON THE FINISH SCHEDULE.</p> <p>4. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT PRIOR TO ORDERING.</p> <p>5. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.</p> <p>6. ALL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.</p> <p>7. ALL WORK SHALL BE SUBJECT TO THE REQUIREMENTS OF ALL APPLICABLE PERMITS.</p> <p>8. ALL WORK SHALL BE SUBJECT TO THE REQUIREMENTS OF ALL APPLICABLE REGULATIONS.</p>
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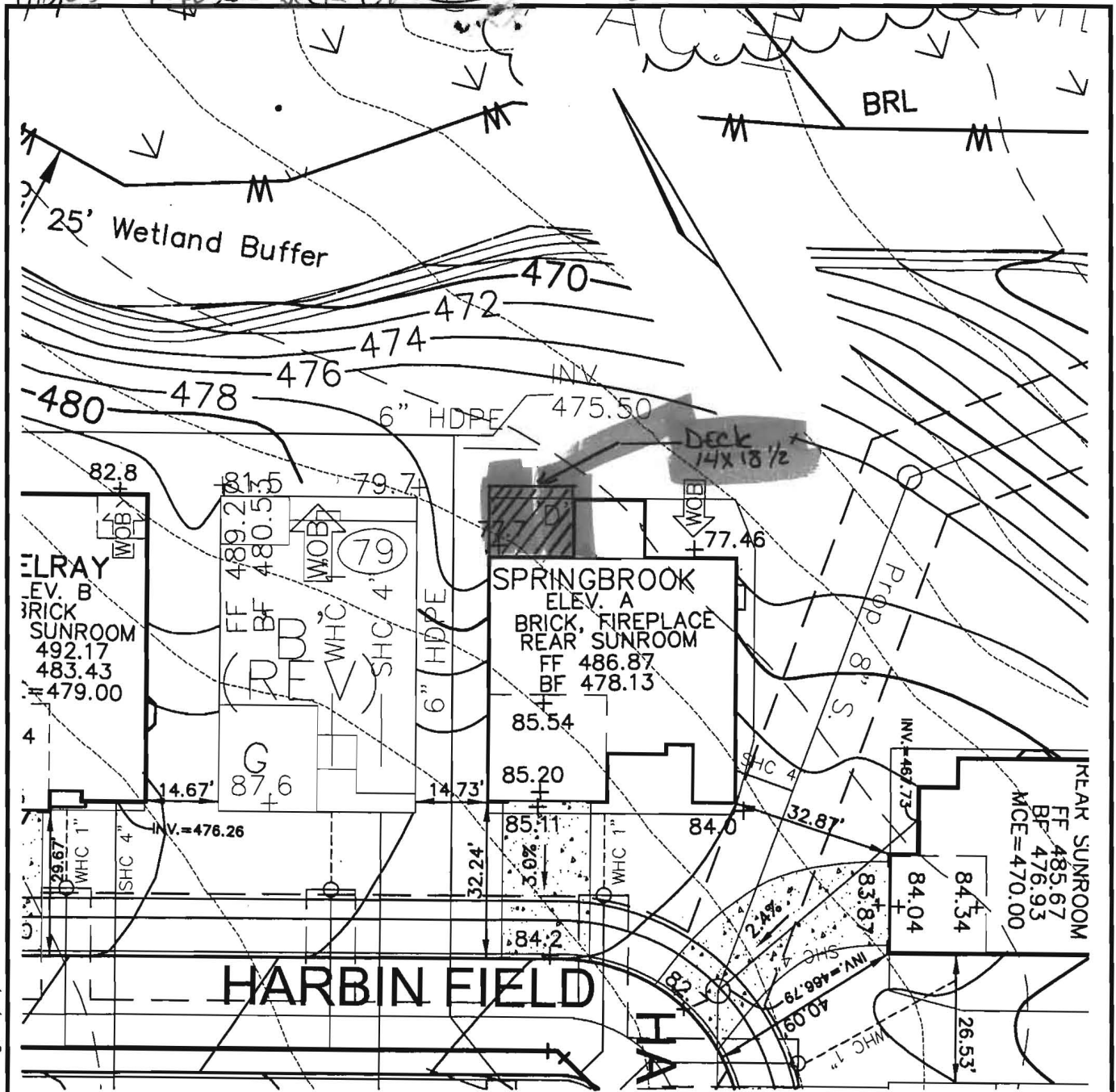


DATE: 08/11/2010	PROJECT: STRINGSBROOK	NO. OF SHEETS: 36
DESIGNED BY: [Signature]	DATE: 08/11/2010	NO. OF SHEETS: 36
CHECKED BY: [Signature]	DATE: 08/11/2010	NO. OF SHEETS: 36
APPROVED BY: [Signature]	DATE: 08/11/2010	NO. OF SHEETS: 36



4/13/05 Proposal Deck OK (KOS)

600152861



**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 DIMENSIONS ARE FROM  
 ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'  
 DRAWN BY JCO  
 CHECKED BY RHV  
 DATE DECEMBER 1, 2004  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

**RYAN HOMES**  
**ELLICOTT MEADOWS**

**UNIT 80**

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

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

K:\Projects\04-87\ENGR\dwg\resites\UNIT80.dwg, 2/8/2005 8:43:11 AM

G00009051

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00151445**

Building Address 3020 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 80  
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 "Springbrook" w/Morn.  
Rm& Bonus-1-1/2sty, full bsmt, 9R, 2 FB, 2 car gar (2Br) optFP, ]  
Fin. L.L. 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"/> Full _____ Partial _____ 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 1st floor: <u>62'</u> <u>50'</u> 2nd floor: <u>50'</u> <u>50'</u> Basement: <u>62'</u> <u>50'</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
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>  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA # 13D _____ NFPA#13R _____ Other:

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.

[Signature]  
Applicant's Signature Agent  
Title/Company \_\_\_\_\_

Building Permit Services, Inc. - Pat Orla  
Print Name  
12/2/04  
Date

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	<u>12/20/04</u>	<u>[Signature]</u>	
Health			
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
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 New Town Zone _____	Check # <u>193565</u>
SDP/Red-line, approval date _____	Validation # <u>82953</u>

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]

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