

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
30052103 KTB

Building Address 3032 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 77
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 <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>12'</u> Width <u>16'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: <u>Post & Pier</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA#13R <input type="checkbox"/> 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 _____
2/2/05
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>2/9/05</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: _____	<u>64131</u>
Rear: _____	Filling fee \$ _____
Side: _____	Permit fee \$ <u>55</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subtotal paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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>205142</u>
Accepted by <u>[Signature]</u>	Validation # <u>5578</u>

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

THE CARDIFF

UPPER LEVEL

Rel

LOT # 74

REVIEWED FOR
CODE COMPLIANCE

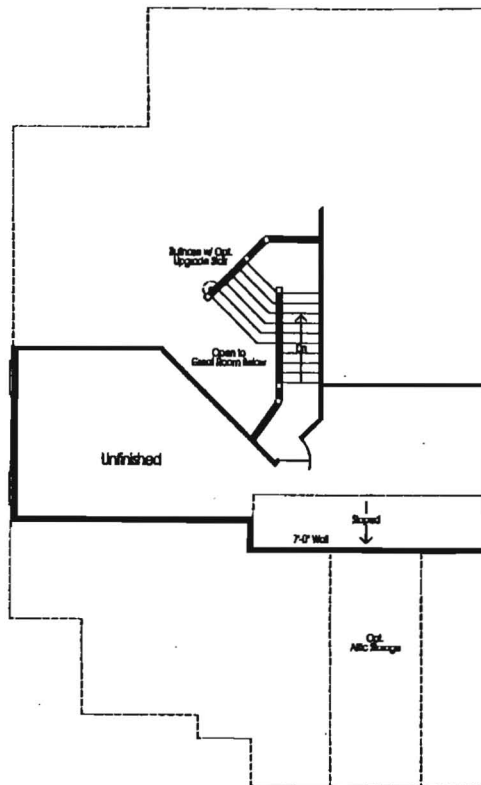
Boo151279

DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
HOWARD COUNTY

DATE: *12/2/04*

BY: *[Signature]*

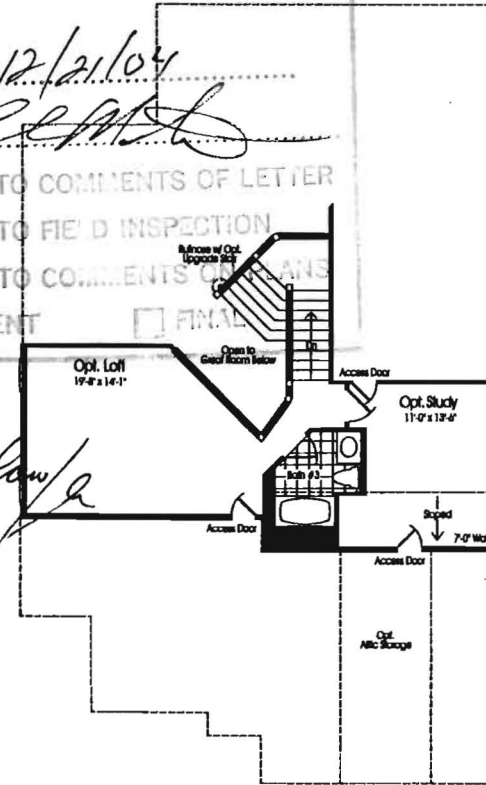
- SUBJECT TO COMMENTS OF LETTER
- SUBJECT TO FIELD INSPECTION
- SUBJECT TO COMMENTS OF PLANS
- AMENDMENT



Opt. Second Floor - Unfinished

Note: Windows & Rooms May Vary w/ Elevators

Revised floor plan



Opt. Second Floor w/ Opt. Loft & Opt. Study

Note: Windows & Rooms May Vary w/ Elevators

G9051

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 <u>1300151444</u>
---	---	---

Building Address <u>3032 Harbin Field</u> <u>Ellicott City, MD 21043</u> Suite/Apt.#: <u>n/a</u> SDP/WP/Petition #: <u>SDP-03-30</u> Census Tract <u>6030</u> Subdivision <u>Homeland</u> Section <u>n/a</u> Area <u>n/a</u> Lot <u>77</u> Tax Map <u>16</u> Parcel _____ Grid <u>16</u> Zoning <u>RCDEO</u> Map Coordinates <u>11A2</u> Lot size _____	Property Owner's Name <u>NVR, Inc. t/a Ryan Homes</u> Address <u>6085 Marshalee Dr. Ste# 140</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> Home Phone _____ Work Phone <u>410-796-0980</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u> <u>7806 Deboy Ave., Balto., MD 21222</u> Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>
---	---

Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD- Condo</u> Estimated Construction Cost \$ <u>200,000.00</u> Description of Work <u>Const SFD Condo "Cardiff" w/Sun.Rm.</u> <u>2sty,full bsmt,9R,3 FB,Sun Rm,Loft& 2 car gar(2Br)optFP,Fi</u> <u>Fin.L.L.w/bath</u>	Contractor Company <u>NVR, Inc. t/a Ryan Homes</u> Contact Person <u>Brain Peterson</u> Address <u>6085 Marshalee Dr. Suite# 140</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> License No. <u>MHBR#56</u> Phone <u>410-796-0980</u> Fax <u>410-796-7094</u>
--	---

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	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>65'</u> <u>40"</u> 2nd floor: <u>15'</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> 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	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" 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:

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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u><i>[Signature]</i></u> Applicant's Signature <u>Agent</u> Title/Company	<u>Building Permit Services, Inc. - Pat Orla</u> Print Name <u>12/2/04</u> Date
--	--

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY -

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AGENCY</th> <th>DATE</th> <th>SIGNATURE</th> <th>APPROVAL</th> </tr> </thead> <tbody> <tr> <td>Land Development DPZ</td> <td></td> <td></td> <td></td> </tr> <tr> <td>State Highways</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Building Official</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering DPZ</td> <td><u>12/2/04</u></td> <td><u>[Signature]</u></td> <td></td> </tr> <tr> <td>Health</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="4" style="text-align: center;"> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/> </td> </tr> </tbody> </table>	AGENCY	DATE	SIGNATURE	APPROVAL	Land Development DPZ				State Highways				Building Official				Dev. Engineering DPZ	<u>12/2/04</u>	<u>[Signature]</u>		Health				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 Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____ Accepted by <u>[Signature]</u>	PROPERTY ID#: <u>64131</u> Filing fee \$ <u>100.00</u> Permit fee \$ _____ Excise tax \$ _____ Subtotal paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>193564</u> Validation # <u>80952</u>
AGENCY	DATE	SIGNATURE	APPROVAL																																			
Land Development DPZ																																						
State Highways																																						
Building Official																																						
Dev. Engineering DPZ	<u>12/2/04</u>	<u>[Signature]</u>																																				
Health																																						
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"/>																																						