

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**100152105** *KTB*

Building Address 3036 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 76  
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 Elkrigde 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 26'

Contractor Company NVR, Inc. t/a Ryan Homes  
Contact Person Brain Peterson  
Address 6085 Marshalee Dr. Suite# 140  
City Elkrigde 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**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system:  N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: 12' 26'  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
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: Post & Pier  
Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system:  N/A   
 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 ON 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 \_\_\_\_\_

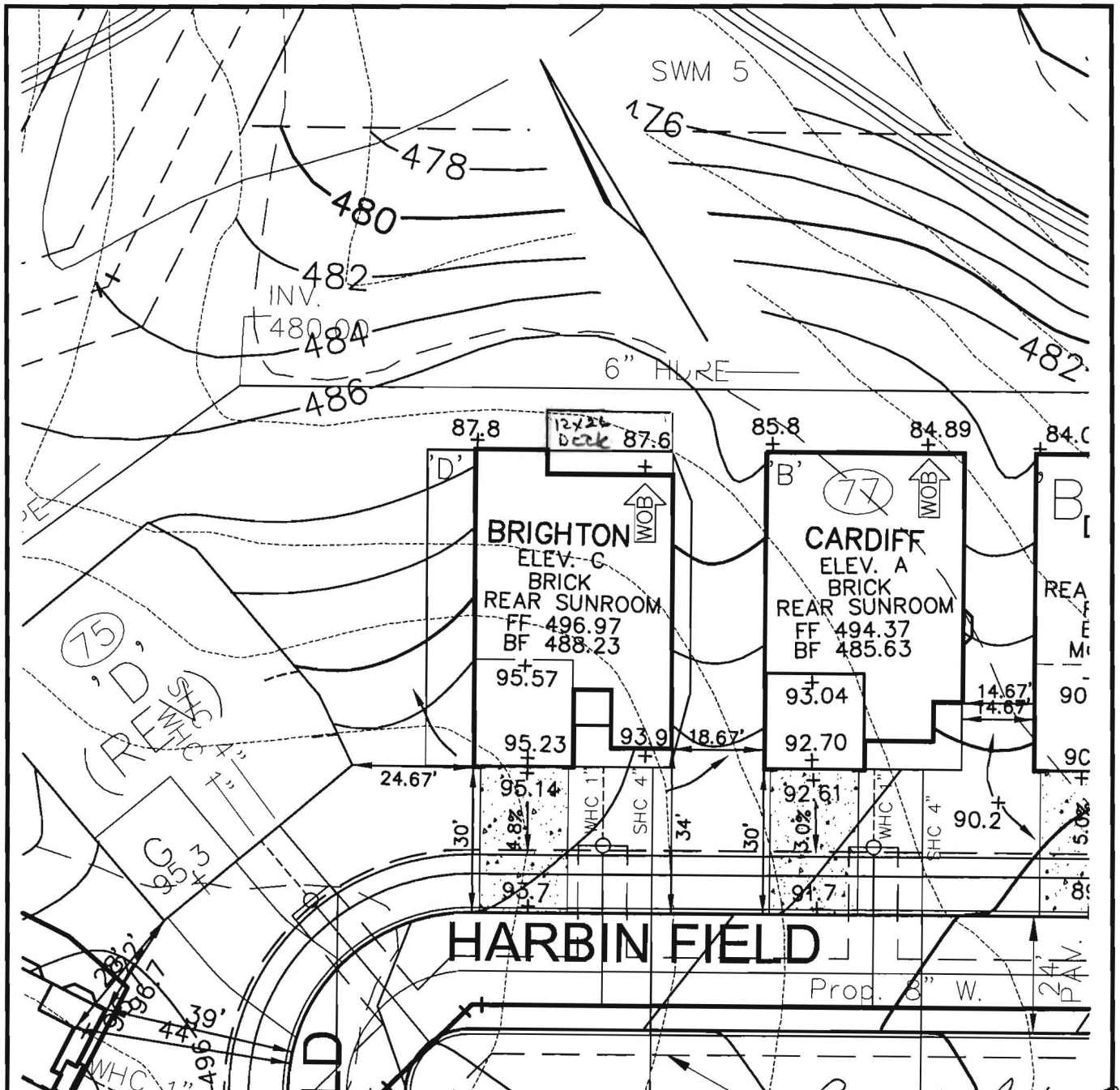
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official			
Dev. Engineering DPZ			
Health	<u>2/2/05</u>	<i>[Signature]</i>	
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  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line, approval date \_\_\_\_\_ Accepted by *[Signature]*

**PROPERTY ID#:** 64130  
Filing fee \$ \_\_\_\_\_  
Permit fee \$ 55  
Excise tax \$ \_\_\_\_\_  
Subtotal paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 41514  
Validation # 5577

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**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.

*Proposal Deck OK*  
*KJB*

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 76**

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

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

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) 313-3600	<b>HOWARD COUNTY PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 1.5em; font-weight: bold;">B0051443</span>
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Building Address <u>3036 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>76</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>
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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 "Brighton" w/Sun.Rm.</u> <u>1sty,full bsmt,7 R,2 FB,&amp; 2 car gar(2Br)optFP,Fin.L.L.</u> <u>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>
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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 _____
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<b>BUILDING DESCRIPTION - <u>COMMERCIAL</u></b>	<b>BUILDING DESCRIPTION - <u>RESIDENTIAL</u></b>
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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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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>60'</u> <u>40"</u> 2nd floor: _____ Basement: <u>60'</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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u><i>Pat Orla</i></u> Applicant's Signature _____ Agent	<u>Pat Orla</u> Building Permit Services, Inc. - Pat Orla Print Name <u>12/2/04</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
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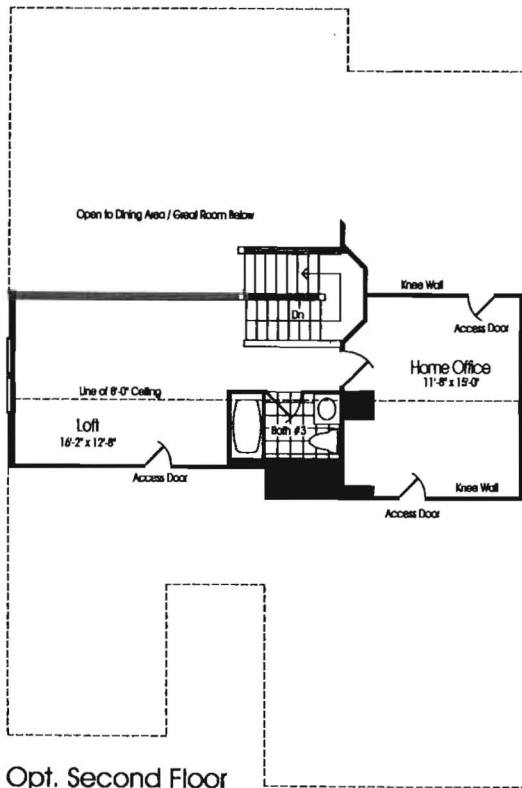
64130

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development DPZ State Highways Building Official Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>12/2/04</u>	<u><i>[Signature]</i></u>	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 _____	Filling fee \$ <u>100.00</u> Permit fee \$ _____ Excise tax \$ _____ Subtotal paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ <u>193563</u> Check # <u>82951</u> Validation # _____ Accepted by <u><i>[Signature]</i></u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA	

# THE BRIGHTON

## UPPER LEVEL

*Ref*



Opt. Second Floor  
w/ Home Office & Loft

Note: Windows & Rooms  
May Vary w/ Elevators

REVIEWED FOR  
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: *12/21/04*

BY: *[Signature]*

SUBJECT TO COMMENTS OF LETTER

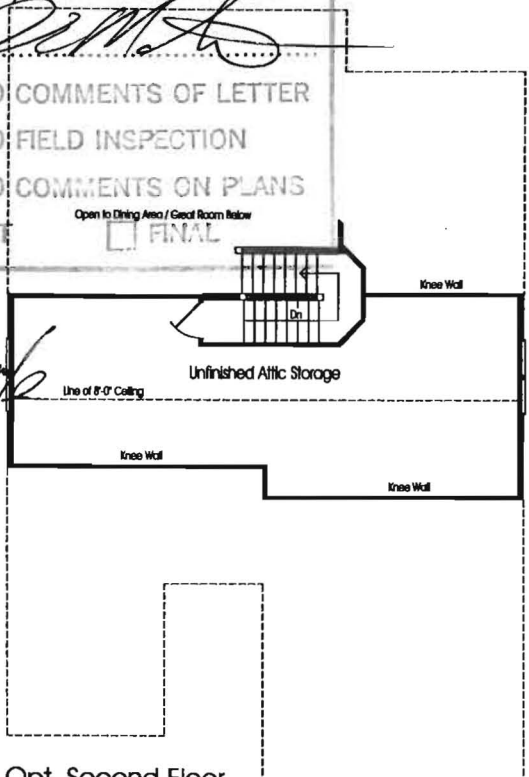
SUBJECT TO FIELD INSPECTION

SUBJECT TO COMMENTS ON PLANS

AMENDMENT

FINAL

*Revised  
floor plan*

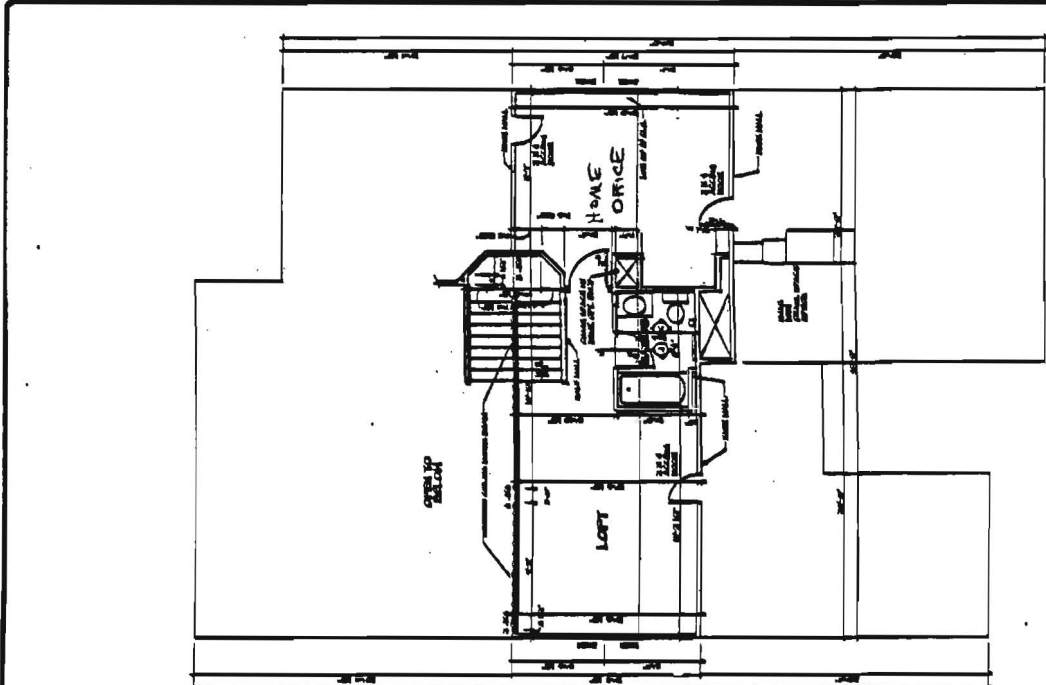


Opt. Second Floor  
Unfinished Attic Storage

Note: Windows & Rooms  
May Vary w/ Elevators

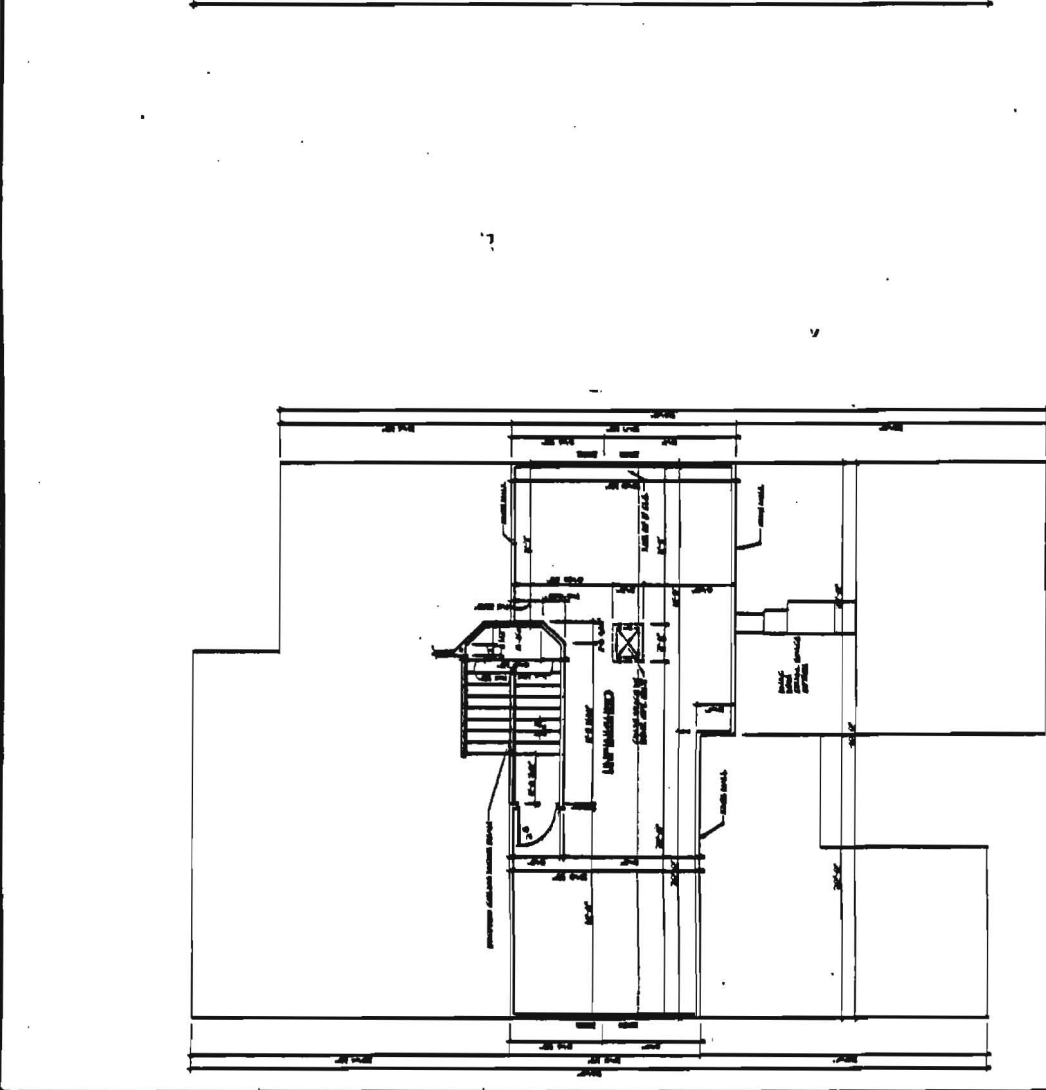
*LOT #76*  
*B00151443*

PROJECT NO.	DATE	BY	CHECKED
100-100-100	10/10/10	J. SMITH	M. JONES
DESCRIPTION	OPTIONAL SECOND FLOOR PLAN		
SCALE	AS SHOWN		
DATE	10/10/10		
BY	J. SMITH		
CHECKED	M. JONES		
APPROVED	[Signature]		
DATE	10/10/10		



OPTIONAL SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"

NOTE:  
 1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 2. ALL WALLS ARE 1/2" THICK UNLESS NOTED OTHERWISE.  
 3. ALL DOORS ARE 3'-0" WIDE UNLESS NOTED OTHERWISE.  
 4. ALL FLOORS ARE TO BE FINISHED WITH 3/4" PLYWOOD.



OPTIONAL SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"