

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**64051**  
**B00151 279**

Building Address 3044 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 74  
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 "Cardiff" w/Morn.Rm.  
2sty, full bsmt, 9 R, 3 FB, Loft & 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

### 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: 65' 40'  
2nd floor: 15' 40'  
Basement: 65' 40'  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 2  
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: 16"x8"  
Roof: Asp/Gable  
 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
Applicant's Signature \_\_\_\_\_  
Agent

Building Permit Services, Inc. - Pat Orla  
Print Name \_\_\_\_\_  
11/11/04  
Date

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

**FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE	APPROVAL
<u>Land Development, DPZ</u>			
<u>State Highways</u>			
<input checked="" type="checkbox"/> <u>Building Official</u>			
<input checked="" type="checkbox"/> <u>Dev. Engineering, DPZ</u>			
<input checked="" type="checkbox"/> <u>Health</u>			
<input checked="" type="checkbox"/> <u>Fire Protection</u>			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

**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 \_\_\_\_\_

**PROPERTY ID#:**

Filling fee \$ 100.00  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Subtotal paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 193514  
Validation # 77794

Accepted by [Signature]



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

*Penny E. Borenstein, M.D., M.P.H., County Health Officer*

4/27/2005

NVR Inc. t/a Ryan Homes  
6085 Marshalee Drive, Suite 140  
Elkridge, Maryland 21075

**SENT VIA FACSIMILE 410-796-7094**

RE: Homeland, Lot 74  
3044 Harbin Field  
Ellicott City, MD 21043  
BP # B00152101 151279  
**PUBLIC WATER**

Dear Sirs or Madam:

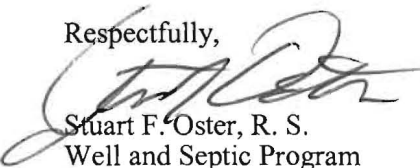
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 2/23/2005 by HCHD for the house connection.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

### RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,



Stuart F. Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File

# HOWARD COUNTY PERMIT APPLICATION

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600152101 *KTB*

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Suite/Apt #: n/a SDP/WP/Petition #: SDP-03-30

Census Tract 6030 Subdivision Homeland

Section n/a Area n/a Lot 74

Tax Map 16 Parcel \_\_\_\_\_ Grid 16

Zoning RCDEO Map Coordinates 11A2 Lot size \_\_\_\_\_

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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: <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"/>
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 # 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 _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>12'</u> _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	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"/>
Basement: _____	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 type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

*[Signature]*  
 Applicant's Signature \_\_\_\_\_  
 Agent

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

Building Permit Services, Inc. - Pat Orla  
 Print Name \_\_\_\_\_  
 2/2/05  
 Date \_\_\_\_\_

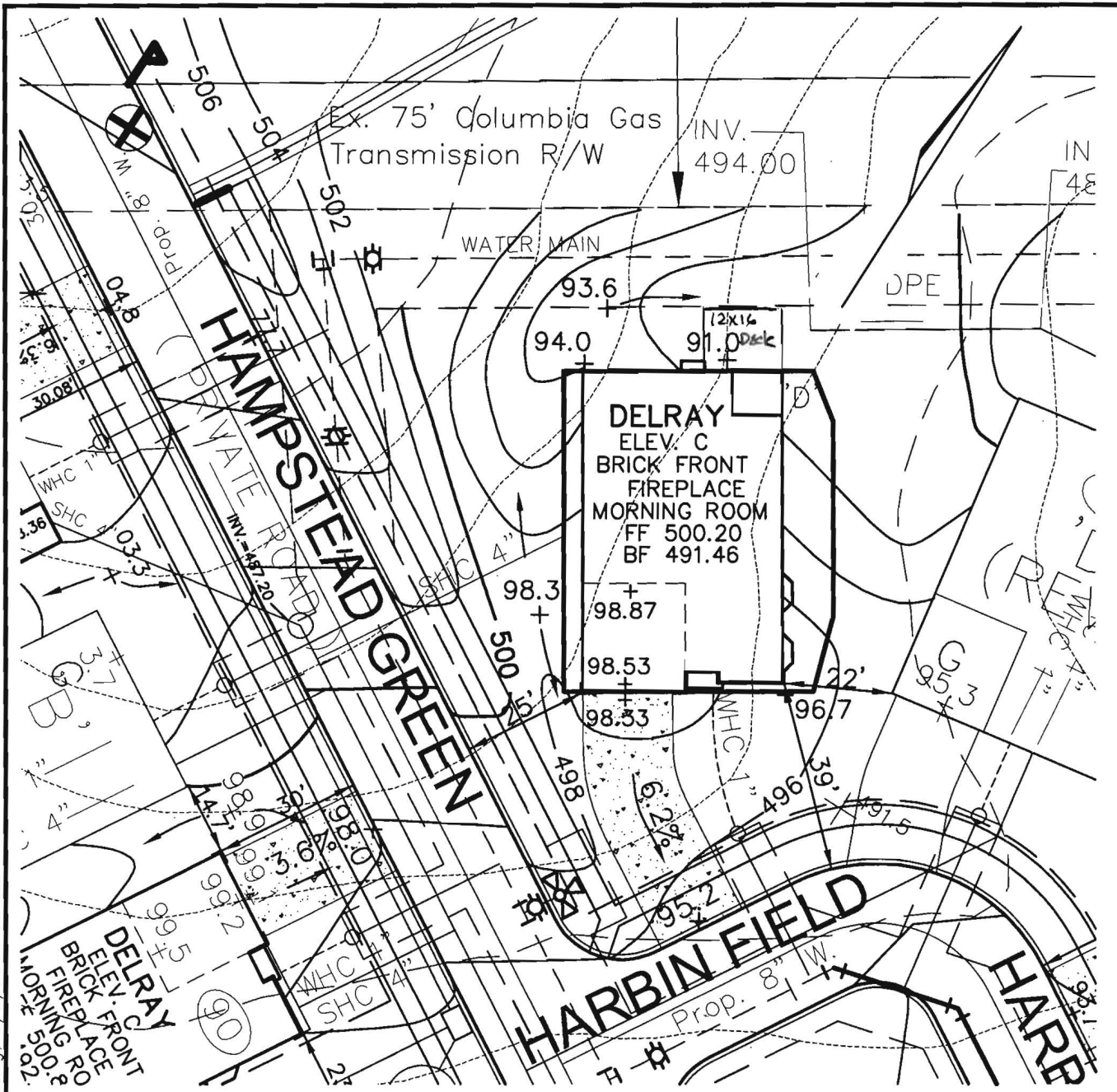
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ	<u>2/9/05</u>	<i>[Signature]</i>	
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	PROPERTY ID#:
Front: _____	<u>64045</u>
Rear: _____	<u>55</u>
Side: _____	Filing fee \$ _____
Side St.: _____	Permit fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Subtotal paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Lot Coverage for NewTown Zone _____	TOTAL FEES \$ _____
SDP/Red-line, approval date _____	Balance due \$ <u>905.149</u>
Accepted by <u>[Signature]</u>	Check # <u>55776</u>
	Validation # _____

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



K:\Projects\04-87\ENGR\dwg\resites\UNIT74.dwg, 2/8/2005 8:40:01 AM



**ROBERT H. VOGEL  
ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET TEL: 410.461.7666  
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

*Proposal Deck OK*  
*2/9/05* *(FSB)*

SCALE 1"=30'  
DRAWN BY JCO  
CHECKED BY RHV  
DATE NOVEMBER 4, 2004  
W. O. # 04-87.00  
SHEET# 1 OF 1

**RYAN HOMES  
ELLICOTT MEADOWS**

**UNIT 74**

REV. 1/05  
HOMELAND SDP-03-30  
TAX MAP 16  
3RD ELECTION DISTRICT

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

# THE CARDIFF

## UPPER LEVEL

*Ref*

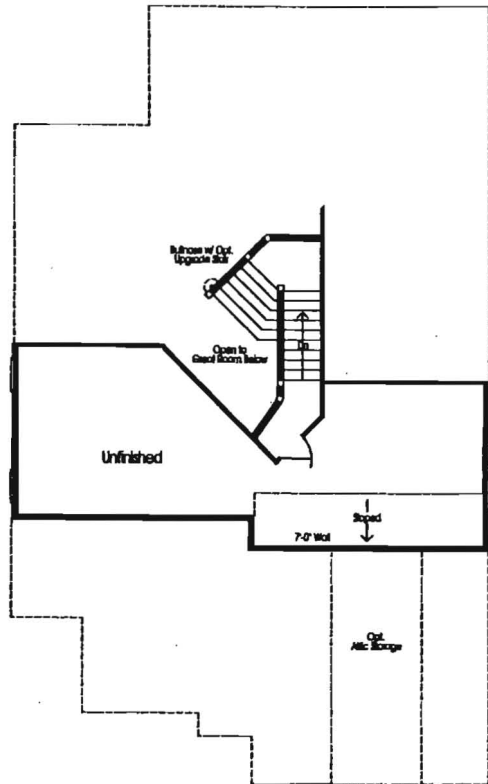
LOT # 77  
B00151444

REVIEWED FOR  
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: *12/21/09*  
BY: *[Signature]*

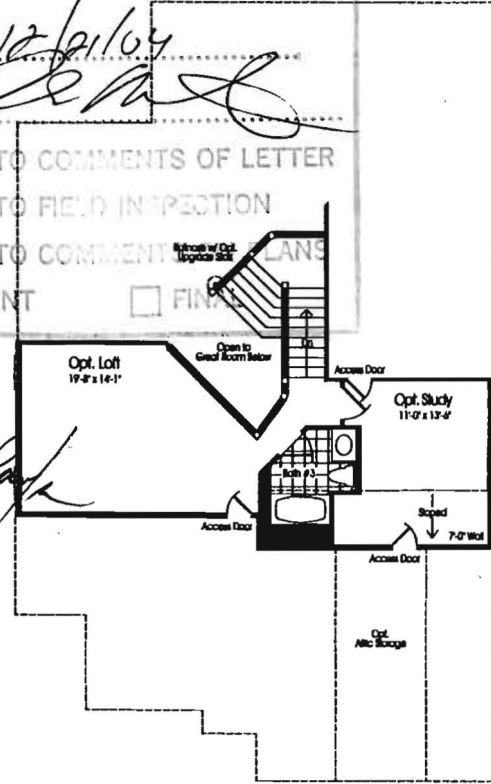
- SUBJECT TO COMMENTS OF LETTER
- SUBJECT TO FIELD INSPECTION
- SUBJECT TO COMMENT
- AMENDMENT
- FINAL



Opt. Second Floor - Unfinished

Note: Windows & Rooms  
May Vary w/ Elevators

*Revised  
floor plan*

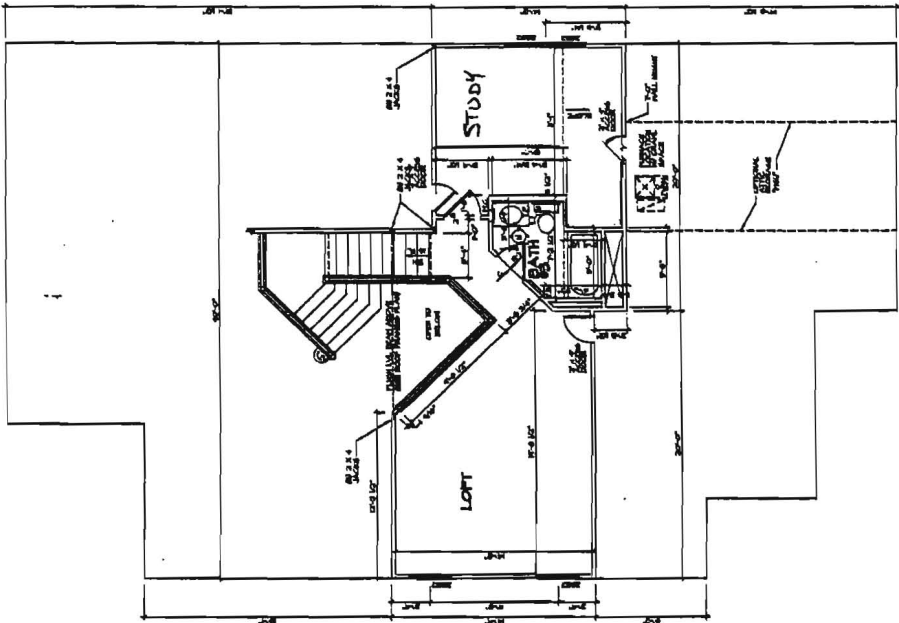


Opt. Second Floor w/ Opt. Loft & Opt. Study

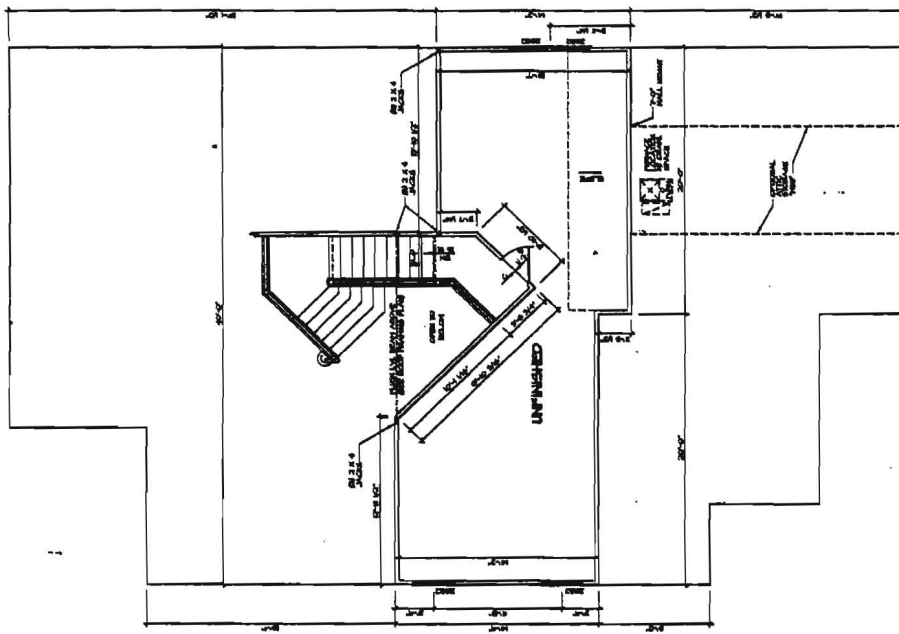
Note: Windows & Rooms  
May Vary w/ Elevators

27	SECOND FLOOR PLAN	DATE: 02/01/00
28	SECOND FLOOR PLAN	DATE: 02/01/00
29	SECOND FLOOR PLAN	DATE: 02/01/00
30	SECOND FLOOR PLAN	DATE: 02/01/00
31	SECOND FLOOR PLAN	DATE: 02/01/00
32	SECOND FLOOR PLAN	DATE: 02/01/00
33	SECOND FLOOR PLAN	DATE: 02/01/00
34	SECOND FLOOR PLAN	DATE: 02/01/00
35	SECOND FLOOR PLAN	DATE: 02/01/00
36	SECOND FLOOR PLAN	DATE: 02/01/00
37	SECOND FLOOR PLAN	DATE: 02/01/00
38	SECOND FLOOR PLAN	DATE: 02/01/00
39	SECOND FLOOR PLAN	DATE: 02/01/00
40	SECOND FLOOR PLAN	DATE: 02/01/00
41	SECOND FLOOR PLAN	DATE: 02/01/00
42	SECOND FLOOR PLAN	DATE: 02/01/00
43	SECOND FLOOR PLAN	DATE: 02/01/00
44	SECOND FLOOR PLAN	DATE: 02/01/00
45	SECOND FLOOR PLAN	DATE: 02/01/00
46	SECOND FLOOR PLAN	DATE: 02/01/00
47	SECOND FLOOR PLAN	DATE: 02/01/00
48	SECOND FLOOR PLAN	DATE: 02/01/00
49	SECOND FLOOR PLAN	DATE: 02/01/00
50	SECOND FLOOR PLAN	DATE: 02/01/00

**Ryan**  
Architects



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



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