

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-00153676

Building Address 11907 Hampstead Green
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 86
 Tax Map 16 Parcel _____ Grd 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 "Delray" w/Sun RM.
1-1/2sty, full bsmt, 10R, 3 FB, & 2 car gar (2Br) opt FP, Fin. L.L.
w/bath & Deck

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"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>65'</u> Depth <u>40"</u> Width	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>29'</u> <u>40'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'</u> <u>40'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
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>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA # 13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: <u>16"x8"</u> Roof: <u>Asp/Gable</u>	

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 TO 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 _____
5/10/05
 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>5/18/05</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID: <u>65588</u>
Front: _____	Filling 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 \$ <u>211,296</u>
Lot Coverage for NewTown Zone _____	Check # <u>89979</u>
SDP/Red-line, approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

Methods.
 Operator's Operation and Maintenance Manuals

provide operations and maintenance
 and at least 60 days prior to the date set for
 to the Owner five (5) Operation and
 and electrical systems and equipment
 include all installation, operation, start-up and
 and in the manuals shall consist of catalogs,
 files, parts, lists, assembly drawings, wiring
 and maintenance measures, approved working
 drawings for the Owner to establish an effective
 and in 3-ring loose-leaf binders and indexed.
 above dimensions and placed in envelopes

Operator and/or Owner in understanding the
 operations of the equipment as well as to
 maintenance. Technical and maintenance information
 and electrical components shall be included
 but not limited to, Operation Responsibilities,
 Design Criteria, Operational Modifications,
 Component Equipment O&M, System Equipment
 and As-Builts.

Approval of the facilities will not be undertaken until
 drawings have been submitted. Partial approvals.

NH ₃ -N	35	mg/L	
Alkalinity (as CaCO ₃)	100	mg/L	
pH	6.0 - 9.0	S.U.	
Water Temperature Min.	15	°C	
Water Temperature Max	28	°C	
Air Temperature Min.	0	°F	SBR R
Air Temperature Max	100	°F	
Site Elevation	442	ft	
Effluent Characteristics			
BOD ₅ (20°C)	30	mg/L	M
Total Suspended Solids	30	mg/L	T
NH ₃ -N	1.0	mg/L	
Total Nitrogen (N)	10.0	mg/l	
Influent Pumping			
Average design rate in	15.3	gpm	Dosing
Peak rate in	61.2	gpm @ 4 x Avg.	
Pump rate provided	70	gpm 1 pump (28' TDH)	

PUBLIC WATER +
 PRIVATE SHARED SEPTIC
 SYSTEM

HOMELAND SENIOR CENTER
 147 UNITS TOTAL
 EACH UNIT CAN ONLY
 BE A TOTAL OF 2 BEDROOMS

SDP-03-030

Approved Septic System Plan MDE
 Howard County Health Department

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature Date 9-2-03

Steven Roger Krieg
 Signature Date 9/2/03

