

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

80053944

Building Address 11927 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 91
 Tax Map 16 Parcel _____ Gnd 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 "Brighton" w/Loft.
1 full bsmt, 6R, 2FB, & 2 car gar(2Br) & 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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>56'</u> <u>40"</u> 2nd floor: _____ Basement: <u>56'</u> <u>40'</u>	Water Supply: <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>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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	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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature _____
 Agent
 Title/Company _____

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	<u>5/10/05</u>	<u>[Signature]</u>	
Health			
Fire Protection			
Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>65753</u>
Rear: _____	Filling fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Subtotal paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for New Town Zone _____	
SDP/Red-line, approval date _____	Accepted by _____

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



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

7/12/2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 91
11927 Hampstead Green
Ellicott City, MD 21043
BP # B00153944
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 07/11/2005 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,

Brian Baker
Brian Baker, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File

Methods.
 Manufacturer'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
 noted 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

to Operator and/or Owner in understanding the
 operations of the equipment as well as to
 performance. 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
 final plans 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)	

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

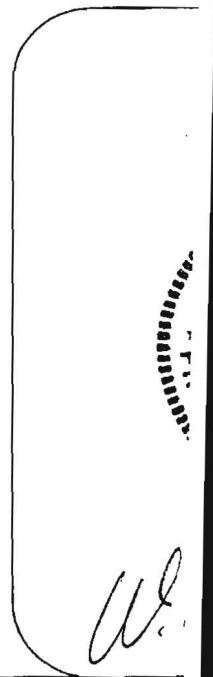
PUBLIC WATER +
 PRIVATE SHARED SEPTIC
 SYSTEM
 SDP-03-030

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



[Handwritten initials]