

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

500157083

Building Address 3027 Autumn View
Ellicott City MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: 03-30
Census Tract 603000 Subdivision Homelands
Section _____ Area _____ Lot 47
Tax Map 16 Parcel A-B Grid 16 22
Zoning DED Map Coordinates (off) Lot size _____

Property Owner's Name Ryan Homes
Address 5005 Marshalee Dr. Ste 170
City Ellicott City State MD Zip Code 21043
Home Phone _____ Work Phone 410-746-0900
Applicant's Name & Mailing Address, (if other than stated hereon):
Kimberly Cecil Paving & App. Serv. Inc
Phone 413-944-9702 Fax 301-253-0108

Existing Use Vacant Lot
Proposed Use SFD
Estimated Construction Cost \$ 150,000
Description of Work Williamson - 1 story full
bsmv. 7R - 2 BR + Garage
2 BR - off FP - 12'x16' Deck

Contractor Company NVR Inc.
Contact Person Kimberly Cecil
Address 7601 Lewinsville Rd.
City Mechanic State VA Zip Code 22103
License No. 20
Phone 434-439-9442 Fax _____

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: 60 47
2nd floor: 60 47
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on grade
No. of Bedrooms 2
Height: _____
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: _____
Roof Height: _____
 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 THERETO; (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.

Applicant's Signature Kimberly Cecil
Title/Company Paving & App. Serv. Inc

Print Name Kimberly Cecil
Date 4-18-06

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 Highway			
Building Official			
Dev. Engineering, DPZ			
Health	<u>5/8/06</u>	<u>M. D...</u>	
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"/>			
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ
Transmit PERMIT FILE			

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Let Coverage for New Town Zone _____	Check \$ <u>29,240.65</u>
SDP/Red-line approval date _____	Validation \$ <u>1106.5</u>
Accepted by _____	

69275

Lot 47 Block _____

Community Ellicott Meadows (MB)

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 47 and located in the Ellicott Meadows Community (the "Property").

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property:

The Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. Howard County will enforce this restriction and will not issue any building permits for modifications to any Unit where the number of bedrooms will be increased beyond two.

ACKNOWLEDGED BY PURCHASER:

Purchaser: *Christine Koukoulis*

Purchaser: _____

Date: 3/30/06