



**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 DIMENSIONS ARE FROM  
 ARCHITECTURAL BRICK LEDGE.

K:\Projects\04-87\ENCR\dwg\resites\UNIT42\_DELRAY.dwg, 11/22/2006 4:16:19 PM

SCALE 1"=20'  
 DRAWN BY HED  
 CHECKED BY MR  
 DATE NOV. 22, 2006  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

**RYAN HOMES**  
**ELLICOTT MEADOWS**  
**UNIT 42**

REV. 3/22/05  
 HOMELAND SDP-03-30  
 TAX MAP 16  
 3RD ELECTION DISTRICT

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ 100.00
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	12/18/06	<i>[Signature]</i>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # 33482
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\norm\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by: <i>[Signature]</i>
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Lot 42 Block \_\_\_\_\_

Community Ellicott Meadows  
(CHB)

Bo6008163- 3007 Auburn View

**BEDROOM RESTRICTION ACKNOWLEDGMENT**  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as  
HB 42 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: *Ann P. Kelly*

Purchaser: *May Lou McEudy*

Date: *11-15-06*

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B06003163

Building Address 3007 A. L. J. V. Rd  
FINDLAY, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 10030  
 Census Tract 1030 Subdivision FINDLAY  
 Section N/A Area \_\_\_\_\_ Lot 412  
 Tax Map 11 Parcel 33 Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Russell H. Hays  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone 410-751-0300  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot  
 Proposed Use CRD  
 Estimated Construction Cost \$ 200,000  
 Description of Work 1 1/2 story F.H. 100 3FB  
12 x 11 Deck

Contractor Company NVA Inc. / R. Hays  
 Contact Person Alex Bennett  
 Address 7601 Leesville Rd  
 City Malden State VA Zip Code 21112  
 License No. MHR 901  
 Phone 410-751-0300 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	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 _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Height: _____	Sprinkler system: <u>N/A</u> <input checked="" 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: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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 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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Alex Bennett  
 Date 10-28-06

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

- FOR OFFICE USE ONLY -

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Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>33482</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
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				Gold: SHA