

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06007191

Building Address 3023 Hume Road Way
Ellicott City 21042

Suite/Apt. #: _____ SDP/WP/Petition #: 0230

Census Tract 602100 Subdivision Ellicott Meadows

Section _____ Area _____ Lot 117B5119

Tax Map 16 Parcel 53 Grid 53

Zoning 2C-D0 Map Coordinates 6A7 Lot size _____

Property Owner's Name NUR INC / RYN

Address 6666 Michael Drive

City Ellicott City State MD Zip Code 21075

Home Phone _____ Work Phone 410-796-0900

Applicant's Name & Mailing Address, (if other than stated hereon): -

Phone _____ Fax 410-796-7094

Existing Use Vacant lot

Proposed Use SFA

Estimated Construction Cost \$ 200,000

Description of Work W/ Deck

Contractor Company NUR INC / RYN

Contact Person AKH

Address 7001 Lantana RD

City Manassas State VA Zip Code 20112

License No. MURR #12

Phone 410-796-0900 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: _____
No. of stories: _____	Public _____
Gross area, sq. ft. per floor: _____	Private _____
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
Reinforced Concrete _____	Private _____
Structural Steel _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____
State Certified Modular _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input checked="" type="checkbox"/>
1st floor: _____	Private _____
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D _____
Other Structure: _____	NFPA #13R _____
Dimensions: _____	Other: _____
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
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 HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS A THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Adrian Bennett

Title/Company _____

Print Name Adrian Bennett

Date 11-2-06

Approved by Grabe in

Accelo

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	FEES
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: <u>18</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/8/06</u>	<u>Adrian</u>	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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>323399</u>
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 _____	Accepted by <u>Adrian</u>
		Yellow: DED, DPZ	SDP/Red-line approval date _____	
		Pink: Health		
		Gold: SHA		

Lot 117B(119) Block _____

Community Ellicott Meadows
(CEI)

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as EI 117B(119) 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: [Signature]

Purchaser: _____

Date: 4/4/07

