

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00158105

Building Address 3011 AUBURN VIEW
ELLSWORTH CITY MD 21042

Suite/Apt #: _____ SDP/MWP/Petition #: 07-20

Census Tract 60300 Subdivision Hamletown

Section _____ Area _____ Lot 483

Tax Map 16 Parcel 53 Grid 16A22

Zoning CC-D10 Map Coordinates 11A2 Lot size _____

Property Owner's Name MUR J. W. / RYAN J. HARRIS

Address 6085 MARSHALL DR

City ELLSWORTH State MD Zip Code 21075

Home Phone _____ Work Phone 410-796-0920

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

Phone _____ Fax 410-796-7094

Existing Use VACANT LOT

Proposed Use SID

Estimated Construction Cost \$ 200,000

Description of Work REMOVE 1/2 FULL BMT 1 1/2 STORY
FULL BMT, 98, 300+ CARAGE (200) OPT
FP + DECK 12 X 16

Contractor Company NORTHVIEW / RYAN J. HARRIS

Contact Person Henry Johnson

Address 7601 ELLSWORTH RD.

City ELLSWORTH State VA Zip Code 21112

License No. MICHAE R56

Phone 410-796-0980 Fax 410-796-7054

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <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"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>65</u> Depth <u>70</u> Width <u>70</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>SEPTIC</u>
2nd floor: <u>19</u> <u>70</u> <u>70</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65</u> <u>70</u> <u>70</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>2</u>	Propane Gas <input type="checkbox"/>
Height: <u>29'</u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>16x16</u>	
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 [Signature]

Title/Company CCO / RYAN J. HARRIS

Print Name Henry Johnson

Date 7-5-06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
Public Works			Rear: _____	Permit fee \$ _____
Public Safety			Side: _____	Excise tax \$ _____
Public Works DPZ	<u>2-21-06</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Public Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Business Council approval required prior to issuance?			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Let Coverage for New Town Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Map area approval date _____	Validation \$ _____
City Council	Water Building Official	Green, LEO, DPZ	Accepted by _____	
			Water, DED, DPZ	
			Public Health	
			Gold SNA	

Lot 43 Block _____

Comm. Ellicott Meadows (HB)

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB43 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: Wayne DeHart

Purchaser: Polly DeHart

Date: 1-20-06