

69051

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

DUO 158291

Building Address 3019 AUBURN VIEW  
ELICOTT CITY 21042 MD

Property Owner's Name NVA INC / NYAN Homes  
Address 6085 MARYLAND DR

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 07-30

City FELTSDEN State MD Zip Code 21075

Census Tract 6030.00 Subdivision HOMELAND

Home Phone \_\_\_\_\_ Work Phone 410 716 0920

Section 16707-07 Area \_\_\_\_\_ Lot 15

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

Tax Map 16 Parcel 51,70,105 Grid 1622

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Zoning RC-00 Map Coordinates 11A2 Lot size \_\_\_\_\_

Existing Use WASHT LOT

Contractor Company NVA INC / NYAN Homes

Proposed Use SD

Contact Person HENRY JAMES

Estimated Construction Cost \$ 240,000

Address 7601 LEE-JESSIE RD

Description of Work MODEL CARPORT w/ PERM SURFING  
+ 1 CFT 2 STORY FULL BRNT GR SFIN, SURFING  
LOFT + GARAGE, (2IN) OPT FP, 150 L/H

City MELDAN State VA Zip Code 21011

License No. M1120 P 36

Phone 410 716 0920 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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

| Building Characteristics                                                                           | Utilities                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>                         | Water Supply: _____<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>                                                                              |
| Depth _____ Width _____                                                                            | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>                                                                           |
| 1st floor: <u>65</u> <u>40</u>                                                                     | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| 2nd floor: <u>15</u> <u>40</u>                                                                     | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Basement: <u>65</u> <u>40</u>                                                                      | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____                                                          |
| 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>                                                                           |                                                                                                                                                                                 |
| 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: <u>AS</u>                                                                                |                                                                                                                                                                                 |
| Roof Height: <u>20</u>                                                                             |                                                                                                                                                                                 |
| State Certified Modular <input type="checkbox"/>                                                   |                                                                                                                                                                                 |
| Manufactured Home <input type="checkbox"/>                                                         |                                                                                                                                                                                 |

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 \_\_\_\_\_

Print Name HENRY JAMES

Title/Company \_\_\_\_\_

Date 2-26-06

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

63789

| AGENCY                                                   | DATE                     | SIGNATURE APPROVAL |
|----------------------------------------------------------|--------------------------|--------------------|
| Land Development, DPZ                                    |                          |                    |
| State Highways                                           |                          |                    |
| Building Official                                        |                          |                    |
| Dev. Engineering, DPZ                                    |                          |                    |
| Health                                                   | <u>3606</u>              | <u>[Signature]</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                                         | Pink: Health             | Gold: SHA          |

| DFZ SETBACK INFORMATION                                                               | PROPERTY IDE            |
|---------------------------------------------------------------------------------------|-------------------------|
| Front: _____                                                                          | Filing fee \$ _____     |
| 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 \$ _____    |
| Lot Coverage for New/Town Zone _____                                                  | Check \$ _____          |
| SDP/Red-line approval date _____                                                      | Validation \$ _____     |
| Accepted by _____                                                                     |                         |

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 45 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: James David Wilhelm

Purchaser: Jinda E. Wilhelm

Date: 2/16/06