

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0800309B

Building Address 12715 Linn Rd
Ellicott City MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 5
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVC Inc
Address 1055 Monks Ln
City Ellicott City State MD Zip Code 21075
Phone 410 219 5951 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim K... MD 21043
Phone _____ Fax _____

Existing Use Warehouse
Proposed Use Warehouse
Estimated Construction Cost \$ 300,000
Description of Work Warehouse
with 2nd story addition
dividing rooms

Contractor Company NVC Holdings
Contact Person Mr. St. Howell
Address 1055 Monks Ln
City Ellicott City State MD Zip Code 21075
License No. 151
Phone 410 219 5951 Fax 410 219 2430

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
1st floor: _____
2nd floor: _____
Basement: _____
 Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
No. of Bedrooms _____
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.

[Signature]
Applicant's Signature
[Signature]
Title/Company

[Signature]
Print Name
7/21/08
Date

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 Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>7/21/2008</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		

DPZ SETBACK INFORMATION	PROPERTY ID#:
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 NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

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THE EXISTING WELL SHOWN ON THIS PLAN TAG HO-95-1199 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC AND IS ACCURATELY SHOWN

Approved Septic System Plan
Howard County Health Department
4 Bedroom SFD
approved as shown
7/21/2008
Date
R. Buch
S. Ruff

NOTE:
ALL DIMENSION ARE
FROM ARCH
BRICK LEDGE.

NO.	REVISION	DATE

NV HOMES
LIME KILN VALLEY II
RESITE LOT 5

HOMELAND SDP-30-30
TAX MAP 40 & 50
5TH ELECTION DISTRICT

PARCEL 114 & 12
HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET ELLICOTT CITY, MD 21043
TEL: 410.461.7666 FAX: 410.461.8961



DESIGN BY: JAR
DRAWN BY: JAR
CHECKED BY:
DATE: JUNE 2008
SCALE: 1"=50'
W.O. NO.: 04-21

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND LICENSE NO. 21774 EXPIRATION DATE 11-10-2008

JAMES A. RUFF, PE No.21774