

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
BOV52749

Building Address 11983 Gayton Rd. - Grayton Place  
 Ellicott City, MD 21043

Suite/Apt.#: n/a SDP/WP/Petition #: SDP-03-30

Census Tract 6030 Subdivision Homeland

Section n/a Area n/a Lot 39

Tax Map 16 Parcel \_\_\_\_\_ Grid 16

Zoning RCDEO Map Coordinates 11A2 Lot size \_\_\_\_\_

Property Owner's Name NVR, Inc. t/a Ryan Homes

Address 6085 Marshalee Dr. Ste# 140

City Elkrige State MD Zip Code 21075

Home Phone \_\_\_\_\_ Work Phone 410-796-0980

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave., Balto., MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot

Proposed Use SFD- Condo

Estimated Construction Cost \$ 200,000.00

Description of Work Const SFD Condo "Delray" w/Sun.Rm.  
1 1/2sty, full bsmt, 10R, 3FB, Sunroom & gar (2Br) opt FP, Fin.  
L/L w/bath

Contractor Company NVR, Inc. t/a Ryan Homes

Contact Person Brain Peterson

Address 6085 Marshalee Dr. Suite# 140

City Elkrige State MD Zip Code 21075

License No. MHBR#56

Phone 410-796-0980 Fax 410-796-7094

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: Depth <u>65'</u> Width <u>40'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>29'</u> <u>40'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'</u> <u>40'</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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>	Sprinkler system: <u>N/A</u> <input 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: _____	State Certified Modular Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: <u>16' x 8'</u> Roof: <u>Asp/Gable</u>	

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 HERETO; (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 \_\_\_\_\_  
 Agent

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

Building Permit Services, Inc. - Pat Orla  
 Print Name \_\_\_\_\_  
3/22/05  
 Date \_\_\_\_\_

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

**FOR OFFICE USE ONLY -**

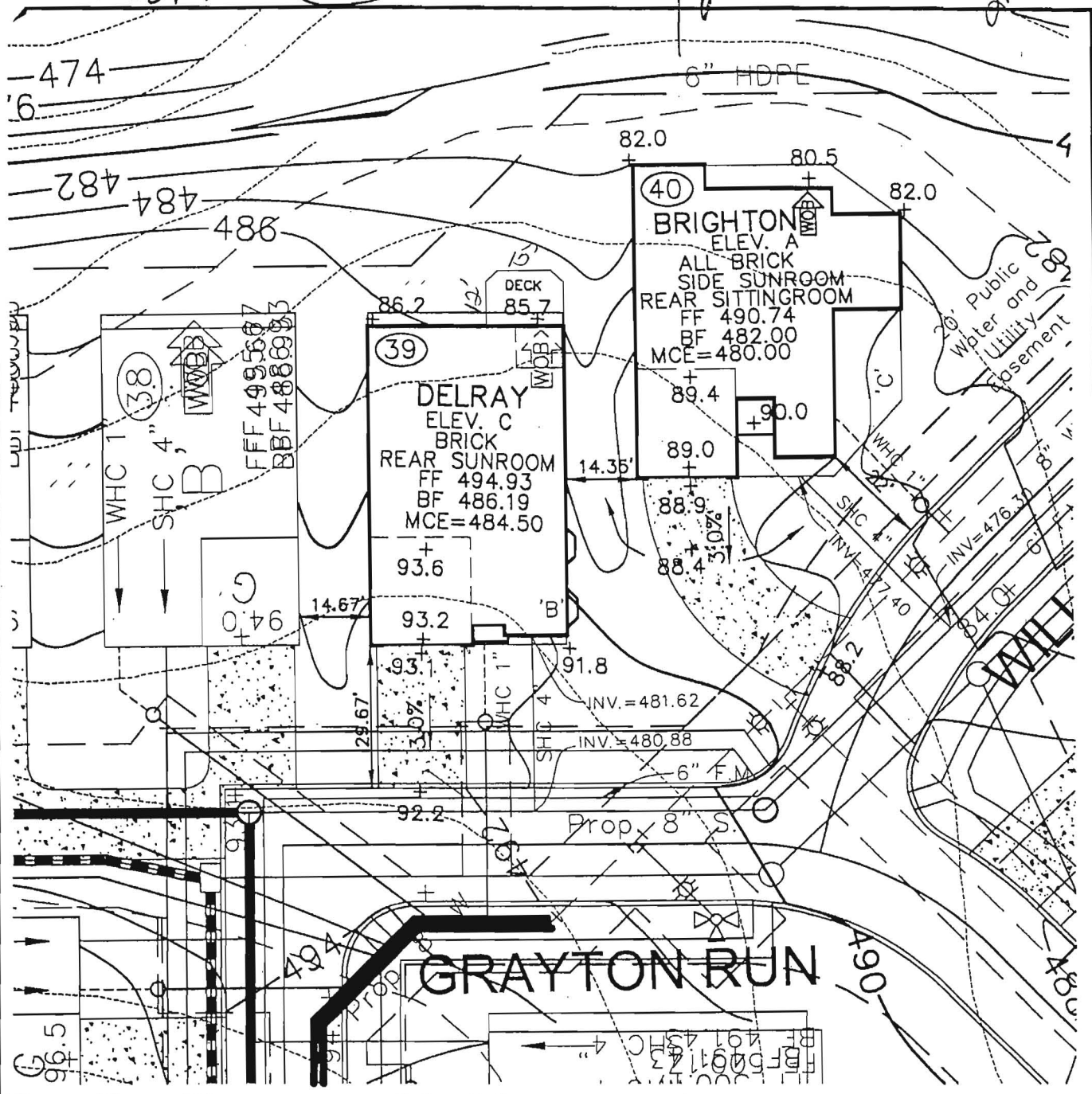
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>3/25/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Subtotal paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>2133</u>
SDP/Red-line, approval date _____	Validation # _____
Accepted by _____	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

4/22/05 Proposed Deck OK  
 B00153217 (KTB)

Jim 3/18/05



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

NOTE:  
 ALL DIMENSION ARE FROM ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'  
 DRAWN BY JCO  
 CHECKED BY RHV  
 DATE MARCH, 2005  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

**RYAN HOMES  
 ELLICOTT MEADOWS  
 UNIT 39**

HOMELAND SDP-03-30  
 TAX MAP 16  
 3RD ELECTION DISTRICT

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