

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

D00153800

Building Address 10005 Greenleaf Place
Elkridge MD
 Suite/Apt. #: _____ SDP/WP/Petition #: 03-130
 Census Tract 603000 Subdivision Elkridge Millway
 Section _____ Area _____ Lot 60
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc.
 Address 6005 Mountain View Drive
 City Elkridge State MD Zip Code 21027
 Home Phone _____ Work Phone 410-379-5956
 Applicant's Name & Mailing Address, (if other than stated hereon):
Kim Peck, Permit App. Sec.
1541 Grays Ford Rd
Elkridge MD 21027
 Phone 410-994-9100 Fax _____

Existing Use Yard
 Proposed Use _____
 Estimated Construction Cost \$ 40,000
 Description of Work Bill. Yard - 2' x 10' x 10'
Bill. - 1' x 2' x 10' - 1' x 10' - 2' x 10'
Bill. - 1' x 10' x 10'

Contractor Company NVR Inc.
 Contact Person Kim Peck
 Address 7001 Lewisville Rd
 City Milford State MD Zip Code 21077
 License No. _____
 Phone 410-994-9100 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
 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
 Depth _____ Width _____
 1st floor: 85 _____
 2nd floor: 4 _____
 Basement: 8 _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 2
 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: _____
 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kim Peck
 Title/Company NVR Inc.

Print Name Kim Peck
 Date 6-17-05

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Local Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/25/05</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 65653
 Filing fee \$ 100.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 221972
 Validation # 90057
 Accepted [Signature]

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

Methods.
 Operator's Operation and Maintenance Manuals

provide operations and maintenance

and at least 60 days prior to the date set for
 to the Owner five (5) Operation and
 and electrical systems and equipment
 include all installation, operation, start-up and
 and in the manuals shall consist of catalogs,
 files, parts, lists, assembly drawings, wiring
 and maintenance measures, approved working
 drawings for the Owner to establish an effective

and in 3-ring loose-leaf binders and indexed.
 above dimensions and placed in envelopes

Operator and/or Owner in understanding the
 operations of the equipment as well as to
 performance. Technical and maintenance information
 and electrical components shall be included
 but not limited to, Operation Responsibilities,
 Design Criteria, Operational Modifications,
 Component Equipment O&M, System Equipment
 and As-Builts.

Approval of the facilities will not be undertaken until
 all manuals have been submitted. Partial approvals

NH ₃ -N	35	mg/L
Alkalinity (as CaCO ₃)	100	mg/L
pH	6.0 - 9.0	S.U.
Water Temperature Min.	15	°C
Water Temperature Max	28	°C
Air Temperature Min.	0	°F
Air Temperature Max	100	°F
Site Elevation	442	ft
Effluent Characteristics		
BOD ₅ (20°C)	30	mg/L
Total Suspended Solids	30	mg/L
NH ₃ -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
Influent Pumping		
Average design rate in	15.3	gpm
Peak rate in	61.2	gpm @ 4 x Avg.
Pump rate provided	70	gpm 1 pump (28"TDH)

SBR R

M

T

D

Dosinc

PUBLIC WATER +
 PRIVATE SHARED SEPTIC
 SYSTEM

SDP-03-030

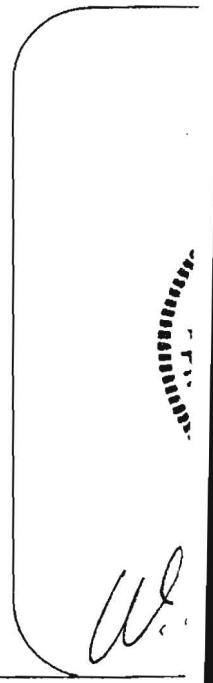
HOMELAND SENIOR CENTER
 147 UNITS TOTAL
 EACH UNIT CAN ONLY
 BE A TOTAL OF 2 BEDROOMS

Approved Septic System Plan MDE
 Howard County Health Department

Approved Septic System Plan
 Howard County Health Department

Robert [Signature] 9-2-03
 Signature Date

Steven Roger King 9/2/03
 Signature Date





HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

September 9, 2005

NVR Inc.
6085 Marshalee Drive, Suite 140
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 60
12005 Grayton Run
Ellicott City, MD 21042
BP # B00153800
PUBLIC WATER

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 08/04/2005 by HCHD for the house connection.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,



Brian Baker, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File