

scanned MS 06/28/07 HEALTH DEPT. G06009123

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B0700264

Building Address 3014 John Bernard Dr
Ellicott City, MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Ellicott Meadows
Section _____ Area _____ Lot 4820
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Ryan Merritt
Address 6085 Marshalee Dr
City Ellicott City State MD Zip Code 21075
Home Phone _____ Work Phone 410 796-0910
Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil - Permit App. Services
Phone 443-994-9702 Fax 301-858-0433

Existing Use Vacant Lot
Proposed Use SFM
Estimated Construction Cost \$200,000
Description of Work Griffin - need work sheet please

Contractor Company NVR Inc.
Contact Person Kimberly Ceal
Address 11700 Plaza America Dr
City Rockville State MD Zip Code _____
License No. _____
Phone 443-994-9700 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	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____ 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 Ryan Merritt
Title/Company _____

Print Name Ryan Merritt
Date 6/29/07

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	<u>2/7/2008</u>	<u>Jahid A. Jh</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input 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.: _____	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 # <u>37910</u>
SDP/Red-line approval date _____	Validation # _____
	CR <u>111213</u>
	Accepted by _____

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B08000567

Building Address 301-1 John Bernard Dr
Ellicott City Md

Suite/Apt. #: _____ SDP/WP/Petition #: 0520

Census Tract _____ Subdivision PH - 11 Meadows

Section _____ Area _____ Lot 20

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Ryan Hume

Address 11255 Marchesa Dr

City Ellicott City State MD Zip Code 21117

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Collect - Permit Applicant Sean W.

Phone 410-441-9222 Fax _____

Existing Use SF01

Proposed Use SF01

Estimated Construction Cost \$ 30,000

Description of Work Deck 12' x 14' w/ railing

Contractor Company _____

Contact Person Michael [unclear]

Address 11700 Plaza America Dr

City Reston State VA Zip Code _____

License No. 57

Phone 403-441-9222 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 _____

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BUILDING DESCRIPTION - RESIDENTIAL

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Applicant's Signature Ryan Hume

Title/Company _____

Print Name Ryan Hume

Date 3/5/10

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>3/17/08</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		

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 _____	

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTY

RECEIVED

FEB 05 2008

PLAN REVIEW DIVISION

Revised on APPROVED 2/20/08 GAC

Date:

02/05/08

To:

Mr. Dan Swinder
(Person's Name and Division)

From:

LeRoy H. Hewitt, Jr. (410) 984-5637
(Your Name, Company Name and Telephone Number)

Subject:

Project name 13996/13998 Accessory Structure
Project site address 13998 Monticello Drive, Cooksville, MD 21723
Building permit # B-07004985 SDP #
Other information pertinent to this project updated drawings, update plat, engineering drawings with seal

✓ Please check the attachments below that you are submitting with this transmittal:


- Letter of response to Howard County plan review code letter
- ✓ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- ✓ Copies of 2 Engineering drawings, 2 eng drawing with seal, 2 plats, 1 engineering detail list (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by 

cc: Zoning Health DED

white: Plan Review Division
yellow: Applicant
pink: Permit Division

Lot _____ Block _____

Community

Ellicott Meadows

(GH)

Barry
307002641

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as
GH 18C(20) and located in the Hearthstone at 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. The Declaration of Covenants, Conditions and
Restrictions recorded against the Units at Hearthstone at Ellicott Meadows, as amended, states that "...no
Condominium Unit shall be constructed or modified to contain more than two (2) bedrooms." The
Condominium Association is the entity which enforces the terms of the Declaration.

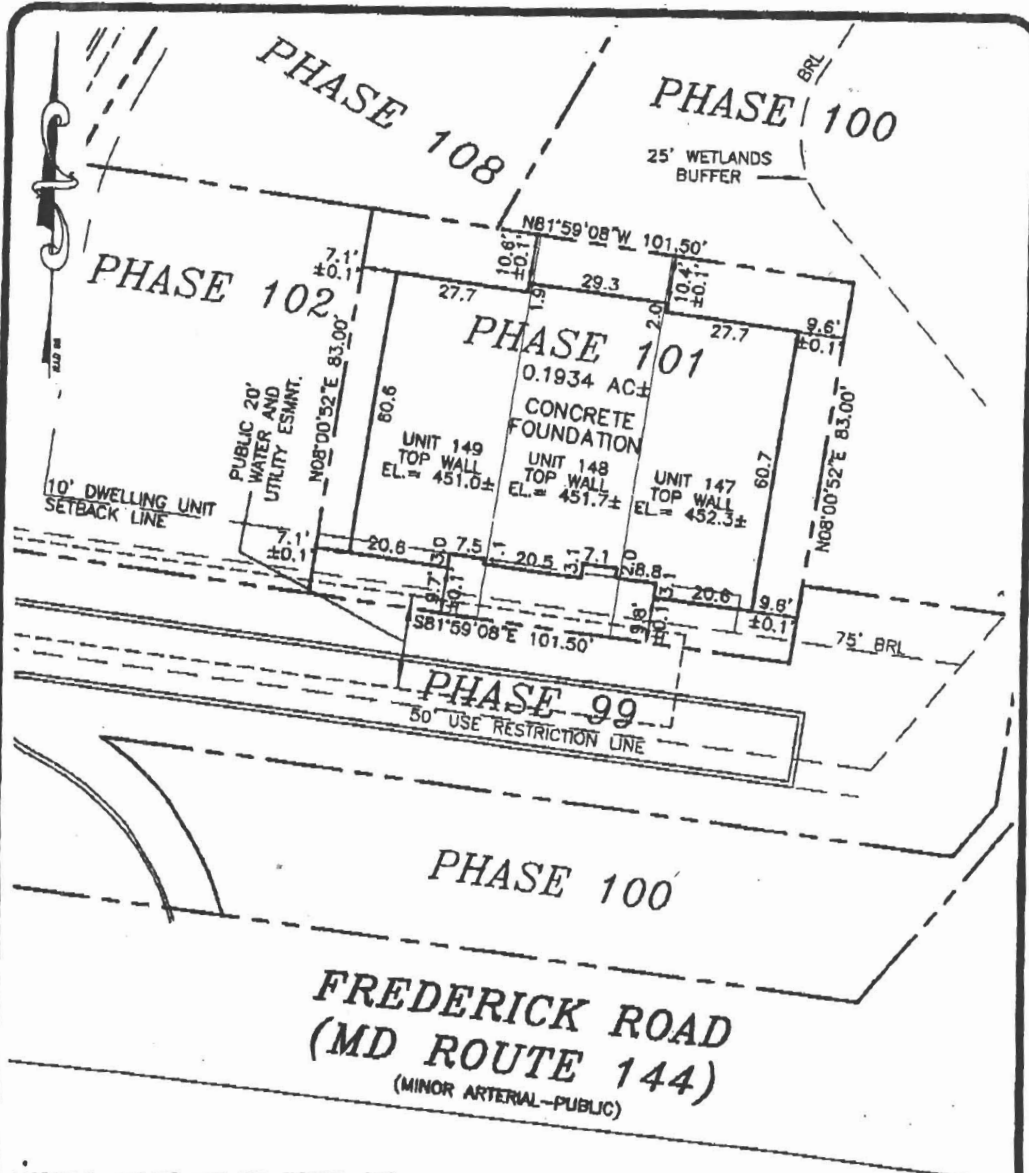
ACKNOWLEDGED BY PURCHASER:

Purchaser: Patricia B. Howard

Purchaser: Susan R. O'Connell

Date: 7-29-07

3014 John Bernard Dr.



B07002639
40
41

3010 John Bernard
Drive

12 U
14 U

3023-7A
25- B
29- 9A
31- B

ok
6/12/08
SS

ADDRESS No. Unit 147: 3014 JOHN BERNARD DRIVE
ADDRESS No. Unit 148: 3012 JOHN BERNARD DRIVE
ADDRESS No. Unit 149: 3010 JOHN BERNARD DRIVE

**ELLICOTT MEADOWS
CONDOMINIUM
ASSOCIATION, INC.**

RECORD PLATS 18496-18500
CONDOMINIUM PLATS 17688-17690
UNITS 147-149
ELECTION DISTRICT No. 3
HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0298 Balt. (301) 821-6521 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 06/02/08	FINAL	DATE:
DRAWN BY: MES	CHECKED BY: GSS	SCALE: 1" = 30'	
PROJECT NO.: 07-014	LOCATION DRAWING		