

60516 PERMIT # 00009051

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2450 INSPECTIONS (410) 313-1910  
AUTOMATED INFORMATION (410) 313-3600

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

000156101 **KTB**

Building Address 12024 GLENN EUN  
LITTLE ROCK RD. #1013  
Suite/Apt. #: N/A SDP/WP/Petition #: 03-30  
Census Tract 6030 Subdivision HEMELAND  
Section N/A Area N/A Lot 134  
Tax Map 16 Parcel 204 Grid 16  
Zoning PD100 Map Coordinates 11A2 Lot size

Property Owner's Name MR & MRS J. & K. HARRIS  
Address 615 MANSFIELD DRIVE SUITE 110  
City LITTLE ROCK State MD Zip Code 21075  
Home Phone \_\_\_\_\_ Work Phone 410 796-0900  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410 796-2191

Existing Use VACANT LOT  
Proposed Use SFD - CONDO  
Estimated Construction Cost \$ 200,000  
Description of Work CONDO "DELTA" 2 BR  
711 SQ. FT. FULL BL. 9P, 3TB, GARAGE,  
2 BATHROOMS, S/P, DECK

Contractor Company MR & MRS J. & K. HARRIS  
Contact Person JOHN HARRIS  
Address 615 MANSFIELD DR SUITE 110  
City LITTLE ROCK State MD Zip Code 21075  
License No. MD150256  
Phone 410 796-0900 Fax 410 796-2191

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>65'</u> <u>21'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>29'</u> <u>16'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>65'</u> <u>16'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	NFPA #13D _____
No. of Bedrooms <u>Two</u>	NFPA #13R _____
Height: _____	Other: _____
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>15x15</u>	
Robt Height: <u>disposal</u>	
State Certified Modular _____	
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 [Signature]  
Title/Company MR & MRS J. & K. HARRIS

Print Name JOHN HARRIS  
Date 9.24.05

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>10/14/05</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
T. Permit PERMIT FROM	Yellow: DED, DPZ	Pink: Health
	Gold: SHA	

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee: \$ <u>100</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 New Town Zone _____	Check: \$ <u>2547.95</u>
SDP/Red-line approval date _____	Validation: \$ <u>97701</u>
Accepted by: _____	

67213

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB 134, 12024 GRAYSON RUN 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: [Signature]

Purchaser: [Signature]

Date: 10/18/05