

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
BO7002634

Building Address **3009 John Bernard Dr.
Ellicott City, Md Bernard Dr.**

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

Census Tract _____ Subdivision **Ellicott Meadows**

Section _____ Area _____ Lot **3**

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size: _____

Property Owner's Name **Ryan Means**

Address **6085 Mashabee Dr.**

City **Elkridge** State **MD** Zip Code **21071**

Home Phone _____ Work Phone **410 794 0410**

Applicant's Name & Mailing Address, (if other than stated hereon):
KS Cecil - Peirce Ann Secura

Phone **443-944-9702** Fax **301-858-0033**

Existing Use **Vacant lot**

Proposed Use **STM**

Estimated Construction Cost \$ **200000**

Description of Work **Grass - need watered
please 4/14/10 desk**

Contractor Company **NVR Inc.**

Contact Person **Kimi Cecil**

Address **4700 Plaza America Dr.**

City **Roxton** State **VA** Zip Code _____

License No. **SB**

Phone **443-944-9702** 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:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Sprinkler system: N/A <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 checked="" type="checkbox"/>	Depth _____ Width _____	Water Supply:	
1st floor:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Heating System:	
No. of Bedrooms 2		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
Height: _____		Natural Gas <input type="checkbox"/>	
Multi-family dwellings:		Propane Gas <input type="checkbox"/>	
No. of efficiency units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 1 BR units: _____		NFPA #13D <input type="checkbox"/>	
No. of 2 BR units: _____		NFPA #13R <input type="checkbox"/>	
No. of 3 BR units: _____		Other: _____	
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 Means**

Title/Company _____

Print Name **Ryan Means**

Date **6/26/07**

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		
Health	3/14/08	Tahira J. Gh
Fire Protection		

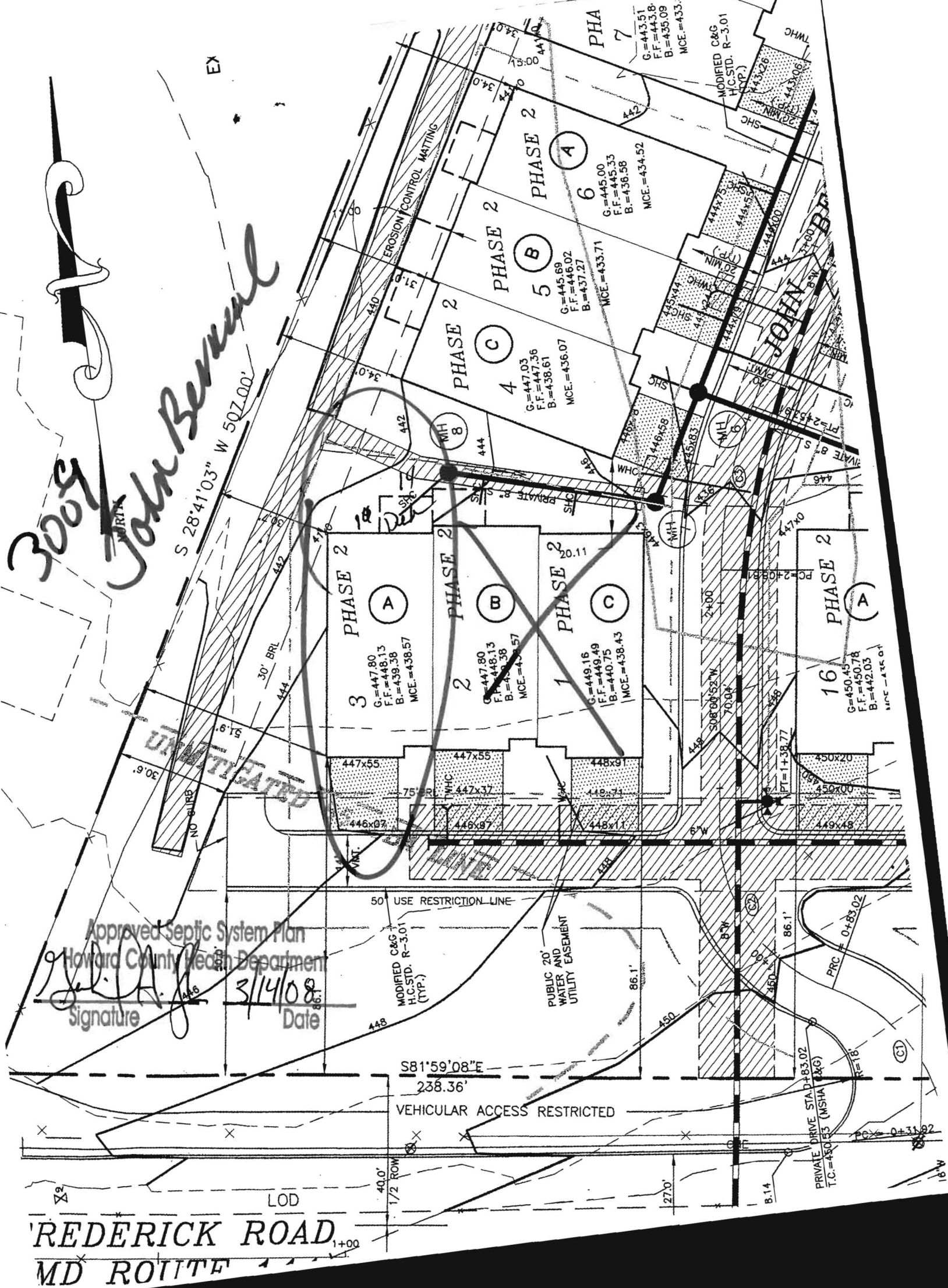
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DEP SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ 100
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# 379113
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone		CR 111197
SDP/Red-line approval date _____	Accepted by _____	

2009
John Bernall
 S 28°41'03" W 507.00'



Approved Septic System Plan
 Howard County Health Department
[Signature]
 Signature
 3/14/08
 Date

FREDERICK ROAD
 MD ROUTE

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as GHIA and located in the Ellicott Meadows Community (the "Property").

3009 John Bernard

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: Kathleen Smith

Purchaser: _____

Date: 6-15-07

B07002634

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B01000563

Building Address 3004 Tins Bend Rd
Howard MD
 Suite/Apt. #: _____ SDP/WP/Petition #: 05-70
 Census Tract _____ Subdivision 11th & Marlboro
 Section _____ Area _____ Lot 3
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name 1111 1111
 Address _____
 City _____ State MD Zip Code 21286
 Home Phone _____ Work Phone 716 1111
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use SEPH
 Proposed Use SEPH
 Estimated Construction Cost \$ 5000
 Description of Work Paint

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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: _____ <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: 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 _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature _____
 Title/Company _____

Print Name _____
 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>3/17/08</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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>579040</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

ED C&G
D. R-3.01

50' USE RESTRICTION LINE

10' W.D. ADJ. ASSESSMENT

Approved Septic System Plan
Howard County Health Department
John Bellard
Signature
3/12/2009

3009

3009 John Bellard
W.

3 PHASE 2
G.=447.13
F.F.=447.46
B.=438.71
MCE.=438.17

2 PHASE 2
G.=447.80
F.F.=448.13
B.=439.38
MCE.=438.55

4 PHASE 2
G.=447.03
F.F.=447.36
B.=438.61
MCE.=436.07

5 PHASE 2
G.=445.69
F.F.=446.02
B.=437.27
MCE.=433.71

6 PHASE 2
G.=445.00
F.F.=445.33
B.=436.58
MCE.=434.52

16 PHASE 2
G.=450.45
F.F.=450.78
B.=442.03
MCE.=435.91

17 PHASE 2
G.=450.12
F.F.=451.45
B.=442.70
MCE.=436.35

18 PHASE 2
G.=451.87
F.F.=452.2
B.=443.45
MCE.=441.76

19 PHASE 2
G.=452.54
F.F.=452.87
B.=444.12
MCE.=441.89

20 PHASE 2
G.=452.21
F.F.=453.54
B.=444.79
MCE.=442.17

15 PHASE 2
G.=445.52
F.F.=445.85
B.=437.10
MCE.=435.25

14 PHASE 2
G.=443.38
F.F.=443.71
B.=434.96
MCE.=433.97

13 PHASE 2
G.=443.71
F.F.=444.04
B.=435.29
MCE.=433.73

