

Building Address 3009 John Bernard Dr  
Ellicott City, MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Ellicott Meadows

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Ryan Homes

Address 6085 Marshakee Dr

City Elkridge State MD Zip Code 2105

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

Applicant's Name & Mailing Address, (if other than stated hereon):  
KSCecil-Permit App Services

Phone 443-994-9702 Fax 301-858-0433

Existing Use Years to

Proposed Use store

Estimated Construction Cost \$ 200,000  
410x14 deck

Description of Work Griffin - need watershed  
plan

Contractor Company NVR Inc

Contact Person Kimberly Ceul

Address 11700 Plaza America Dr

City Reston State VA Zip Code \_\_\_\_\_

License No. 50

Phone 443-994-9702 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 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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>
No. of Bedrooms <u>2</u>	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature] Applicant's Signature  
Apr Ryan Moore Title/Company

Ryan Homes Print Name  
6/12/08 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>3/14/2008</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

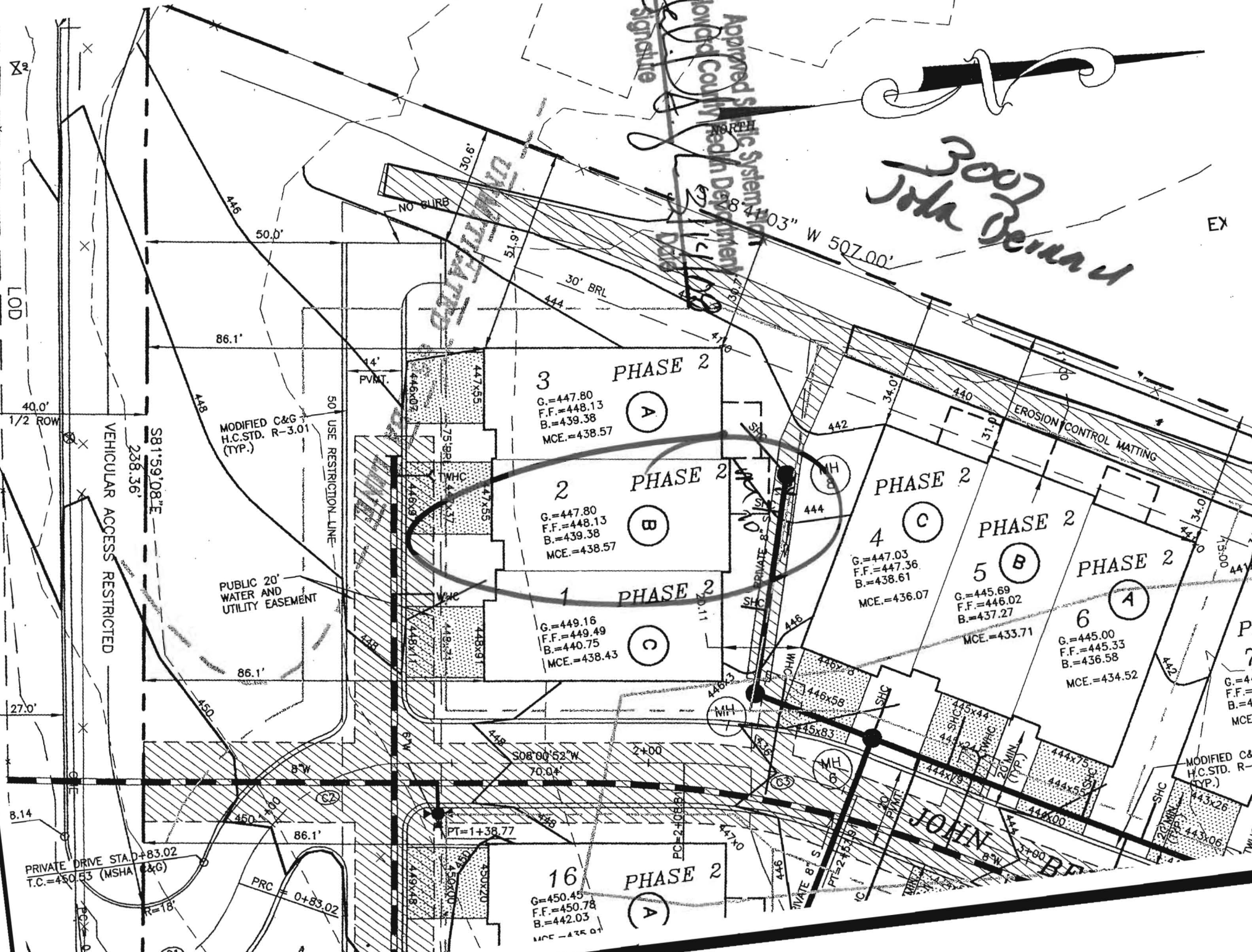
CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	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 # _____
SDP/Red-line approval date _____	Validation # <u>379113</u>
	Accepted by <u>CP 111199</u>

FREDERICK ROAD

Approved Site Specific System Plan  
Howard County Health Department  
Signature  
Date

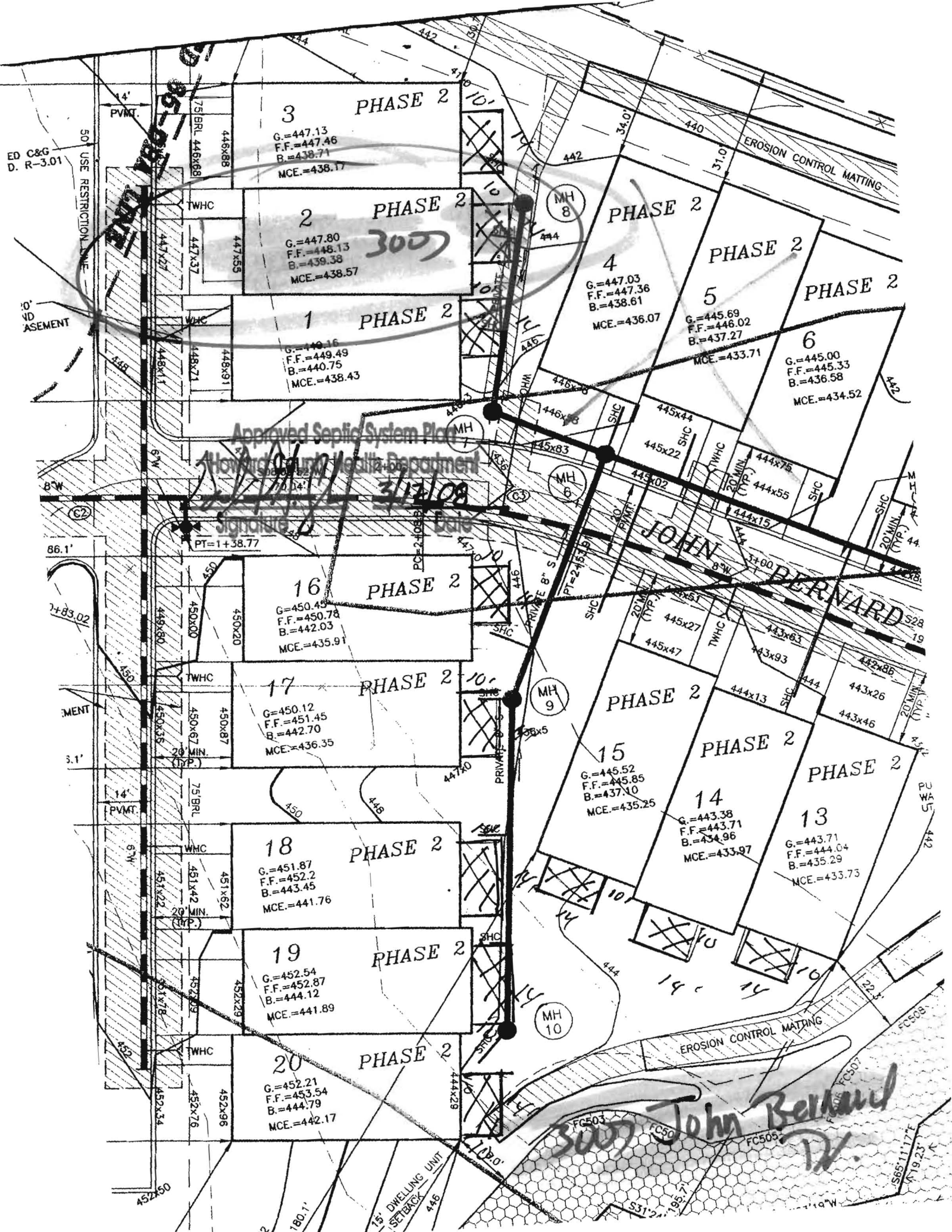
3007  
John Bernard



PRIVATE DRIVE STA. D+83.02  
T.C.=450.53 (MSHA C&G)

16 PHASE 2  
G=450.45  
F.F.=450.78  
B=442.03  
MCE=435.04

JOHN



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

2 PHASE 2  
 3000  
 G.=447.80  
 F.F.=448.13  
 B.=439.38  
 MCE.=438.57

1 PHASE 2  
 G.=448.16  
 F.F.=449.49  
 B.=440.75  
 MCE.=438.43

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

Approved Septic System Plan  
 Howard County Health Department  
 Signature: [Signature]  
 Date: 3/17/08

John Bernard  
 3000  
 W.

Lot 2 Block \_\_\_\_\_

Comm. Ellicott Meadows (GH)

BEDROOM RESTRICTION ACKNOWLEDGMENT  
Hearthstone at Ellicott Meadows


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

3007 John Benul

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: 

Purchaser: \_\_\_\_\_

Date: 6-15-07

307002635

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

B08000560

Building Address 3007 John Beas Dr  
Beltsville, MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WB/Petition #: 05722  
Census Tract \_\_\_\_\_ Subdivision Elmwood Manor  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Paul...  
Address \_\_\_\_\_  
City \_\_\_\_\_ State MD Zip Code 20855  
Home Phone \_\_\_\_\_ Work Phone 410-296-2983  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Paul...  
Phone 410-991-472 Fax \_\_\_\_\_

Existing Use SFTH  
Proposed Use SFTH  
Estimated Construction Cost \$ 5000  
Description of Work Deck 12' x 12' in 1  
12' x 12' in 1  
RO700 ... SF4

Contractor Company ...  
Contact Person ...  
Address 11700 Phoebe Avenue  
City Peta State VA Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone 703-944-472 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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Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
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Manufactured Home _____	

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Applicant's Signature \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name Paul...  
Date 3/13/08

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Building Official		
Dev. Engineering, DPZ	<u>3/17/08</u>	<u>[Signature]</u>
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