

Summary HEALTH DEPT. 606009023
 Copy

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER BO 7002636	
Building Address <u>3005 John Bernauk</u> <u>Ellicott City, MD</u>			Property Owner's Name <u>Ryan Menes</u> Address <u>6085 Marshdale Dr</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Ellicott Meadows</u> Section _____ Area _____ Lot <u>1</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>Ellicott</u> State <u>MD</u> Zip Code <u>21035</u> Home Phone _____ Work Phone <u>410-746-0910</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>KSCent - PRRAD Kopp Services</u> Phone <u>413-944-9702</u> Fax <u>301-858-0432</u>		
Existing Use <u>Yard w/</u> Proposed Use <u>SPM</u> Estimated Construction Cost \$ <u>200,000</u> Description of Work <u>"Griffin" - need water</u> <u>meter</u>			Contractor Company <u>NVR Inc.</u> Contact Person <u>Kimberly Cecil</u> Address <u>11700 Plaza America Dr</u> <u>Boston</u> State <u>MA</u> Zip Code _____ License No. <u>56</u> Phone <u>413-944-9702</u> 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: <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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <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	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input checked="" 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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Ryan Menes
 Title/Company [Signature] 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	<u>3/14/08</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	\$ <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>379113</u>
SDP/Red-line approval date _____	Validation	# _____
		<u>CR 111200</u>

FREDERICK ROAD

LOD
40.0'
1/2 ROW

VEHICULAR ACCESS RESTRICTED

S81°59'08"E
238.36'

Approved Septic System Plan
Frederick County Health Department
Signature
Date 1/14/2008

PUBLIC WATER AND UTILITY EASEMENT

50' USE RESTRICTION LINE

PRIVATE DRIVE STA. D+83.02
T.C.=450.53 (MSHA & G)
R=18'

PRC = 0+83.02

NO BURB
30.6'
51.9'
30' BRL
444

NORTH
S 28°41'03" W 507.00'

John Benard

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

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

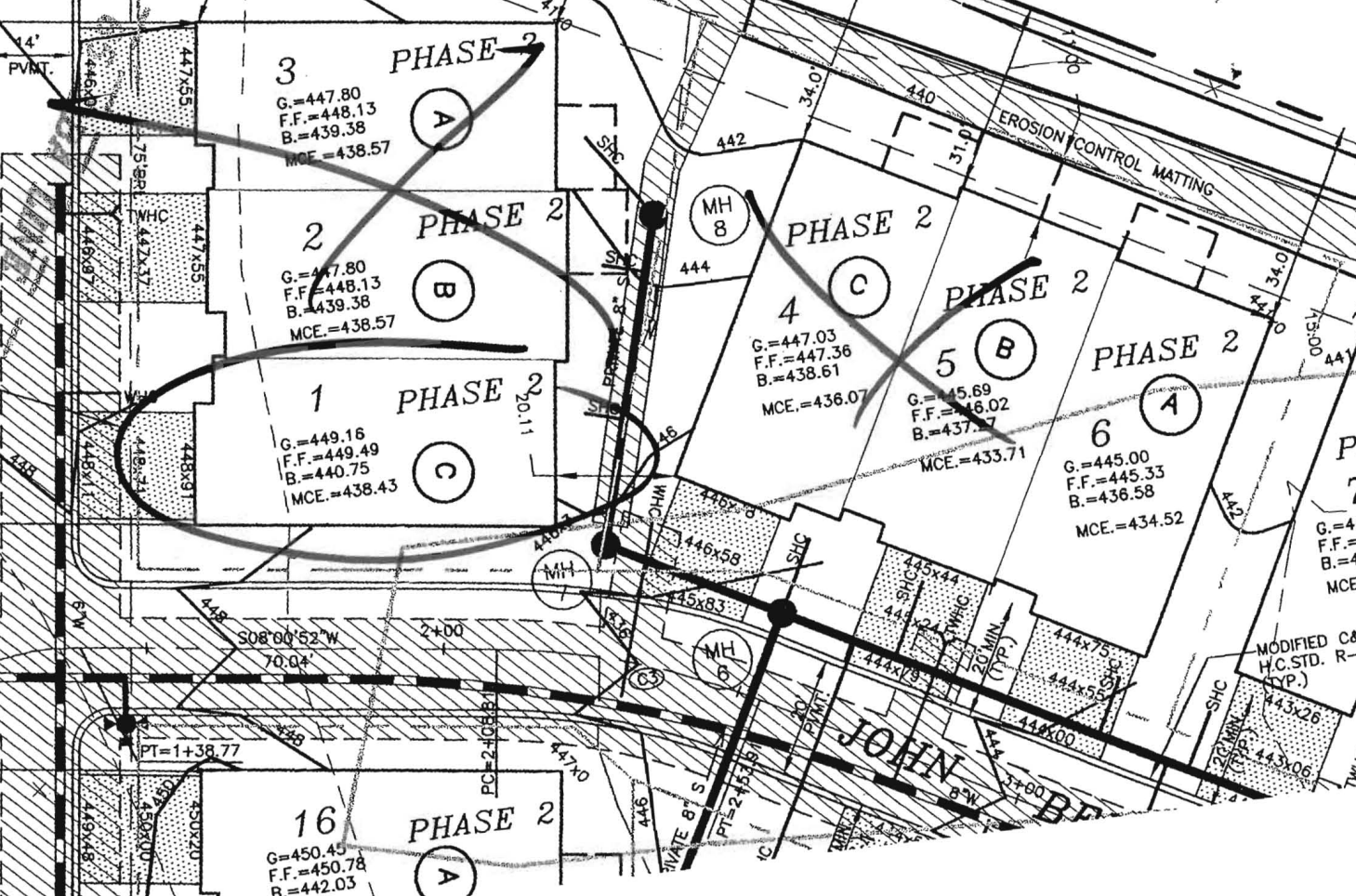
1 PHASE 2
G.=449.16
F.F.=449.49
B.=440.75
MCE.=438.43

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



EX

PH 7
G.=443
F.F.=44
B.=435
MCE.=

MODIFIED C&G
H.C.STD. R-3
(TYP.)

443x26
443x06

JOHN

BE

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as G# 1C and located in the Ellicott Meadows Community (the "Property").

3005 ~~3007~~ John Bernini

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: _____

Date: 6-15-07

B07002636

Building Address 325 Tenth Street
Ellicott City, MD

Suite/Apt. #: _____ SDP/WP/Petition #: 0570

Census Tract _____ Subdivision Ellicott City

Section _____ Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John H. ...

Address ...

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone ...

Applicant's Name & Mailing Address, (if other than stated hereon):
...

Phone _____ Fax _____

Existing Use ...

Proposed Use ...

Estimated Construction Cost \$ 5000

Description of Work ...

Contractor Company _____

Contact Person _____

Address _____

City _____ State VA 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ 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 type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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 _____

Title/Company _____

Print Name _____

Date _____

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

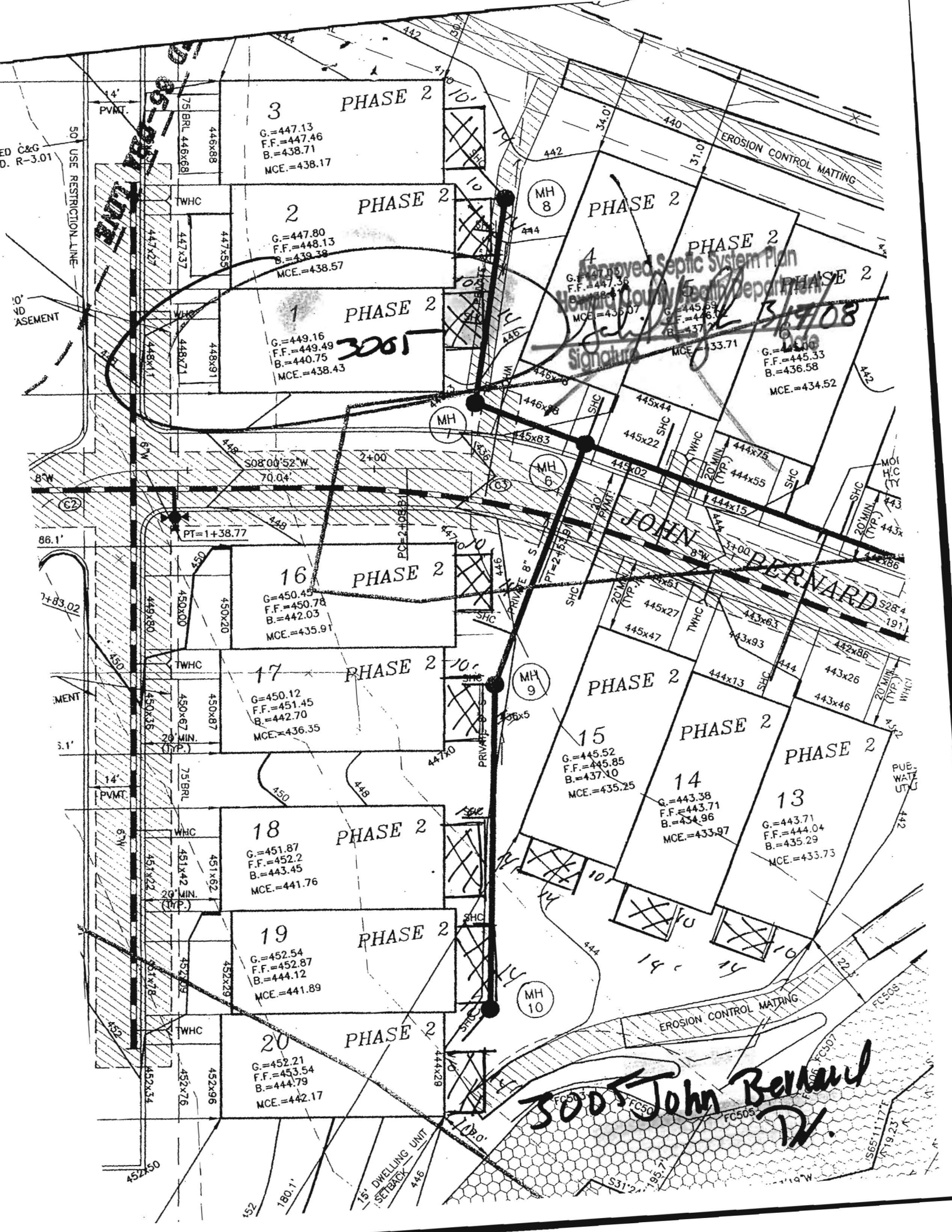
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering/DPZ	<u>3/17/08</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

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 \$ _____
Historic District?	Validation \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:



3 PHASE 2
 G.=447.13
 F.F.=448.46
 B.=438.71
 MCE.=438.17

2 PHASE 2
 G.=447.80
 F.F.=448.13
 B.=439.39
 MCE.=438.57

1 PHASE 2
 G.=449.16
 F.F.=449.49
 B.=440.75
 MCE.=438.43

Approved Septic System Plan
 Howard County Health Department
 Signature
 3/7/08

4 PHASE 2
 G.=445.69
 F.F.=446.17
 B.=437.27
 MCE.=433.71

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

3005 John Bernard
 W.