



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 6/19/14

Permit No.: B14002008

\*PROBLEM ADDRESS\*

5003 Grape Myrtle Court

Building Address: 5003 Grape Myrtle Court  
 City: Ellicott City State: MD Zip Code: 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Walnut Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 61  
 Tax Map: 28 Parcel: 49 Grid: 11  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3529 SF

Existing Use: Vacant Lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 250,000  
 Description of Work: Model on Plan - Kenwood II, Elev 6, Alt. Upper + Lower Floor Plans, unfinished AMC, 3 Car S, de-load garage, walled exit from bsmt.  
 Occupant/Tenant: owner  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: BV Business Trust  
 Address: PO Box 482  
 City: Lisbon State: MD Zip Code: 21765  
 Phone: 703-898-6377 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address (If other than stated herein)  
 Applicant's Name: Rachel Carr, CPS  
 Address: 6957 Baltimore Ln.  
 City: Charlottesville State: VA Zip Code: 22919  
 Phone: 941-488-7709 Fax: \_\_\_\_\_  
 Email: carrocacheg@gmail.com

Contractor Company: Craftman Homes  
 Contact Person: Dan Schen  
 Address: 1355 Beverly Rd., Ste. 330  
 City: McLean State: VA Zip Code: 22101  
 License No.: 451-102  
 Phone: 703-898-0377 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement: <u>L</u>	
Use group:	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure: <u>unfinished/rough in AMC</u>	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000175</u>	
Building Shell Permit Number:	

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: Rachel Carr Print Name: Rachel Carr  
 Email Address: carrocacheg@gmail.com Date: 6/6/14  
 Title/Company: owner/CPS

**RECEIVED**  
 JUN 09 2014  
 LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/30/14</u>	<u>H. Oswald</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>60760070582</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA  
 T:\Operations\Updated Forms\Building applmp 8.2012.docx



**Bureau of Environmental Health**

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

**Maura J. Rossman, M.D., Health Officer**

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June 30, 2014

Rachel Carr  
CARR PERMITTING SOLUTIONS  
6557 BALLYMORE LANE  
Clarksville, MD

*Sent via email to: CARRRACHE@GMAIL.COM*

**RE: B14002008  
5003 Crape Myrtle Court  
Ellicott City, MD 21042**

Ms. Carr:

This letter is in response to building permit B14002008. The floor plan for this project shows 5 bedrooms which is the maximum bedroom capacity for this site. If the full bath in the attic is roughed-in, it cannot be finished without first converting an existing bedroom into something else.

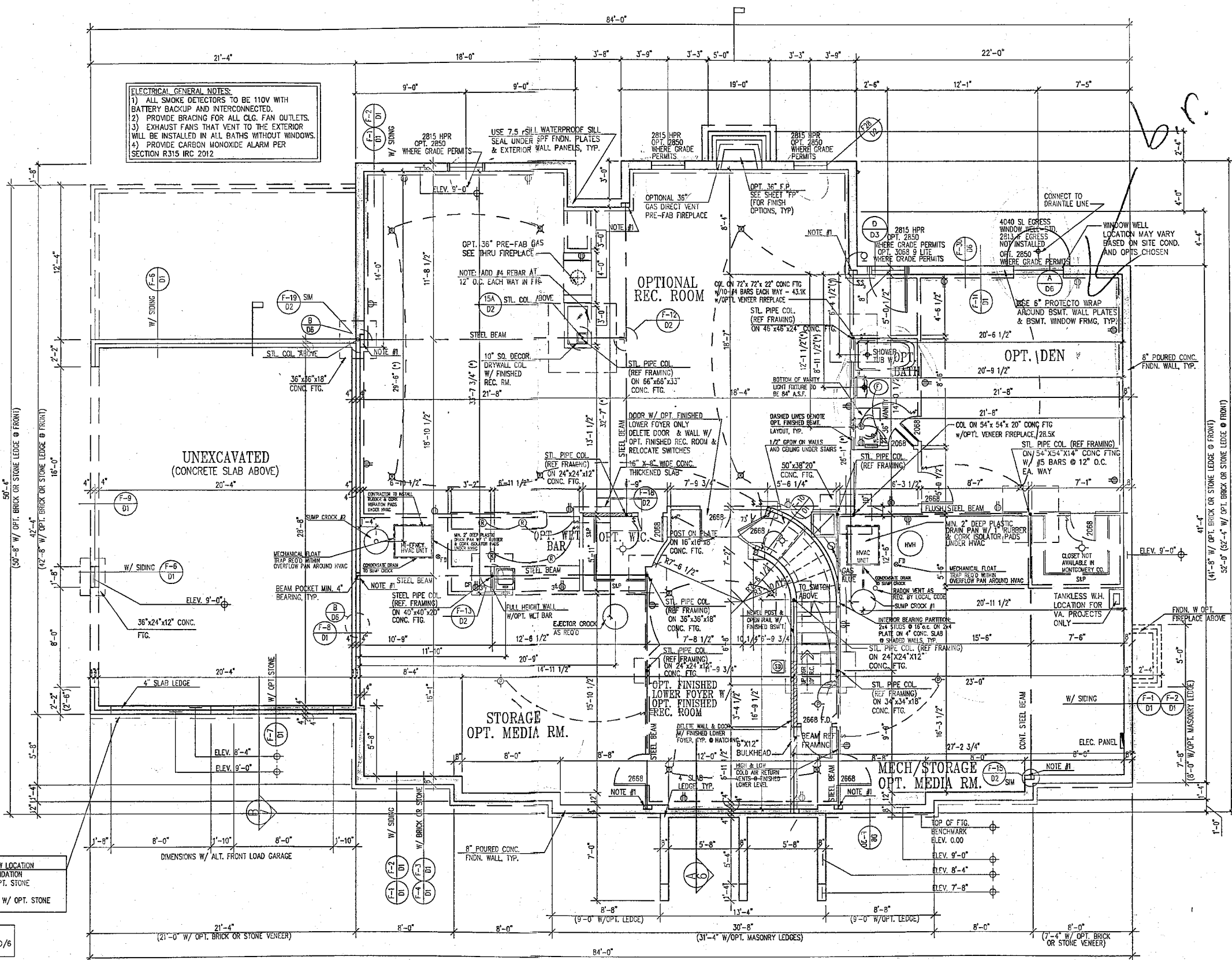
Building permit approval has been granted by the Health Department. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

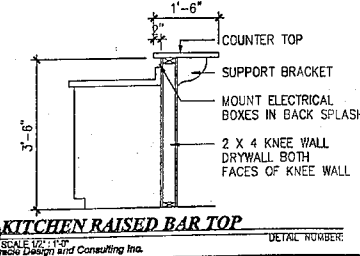
*Hank Oswald*

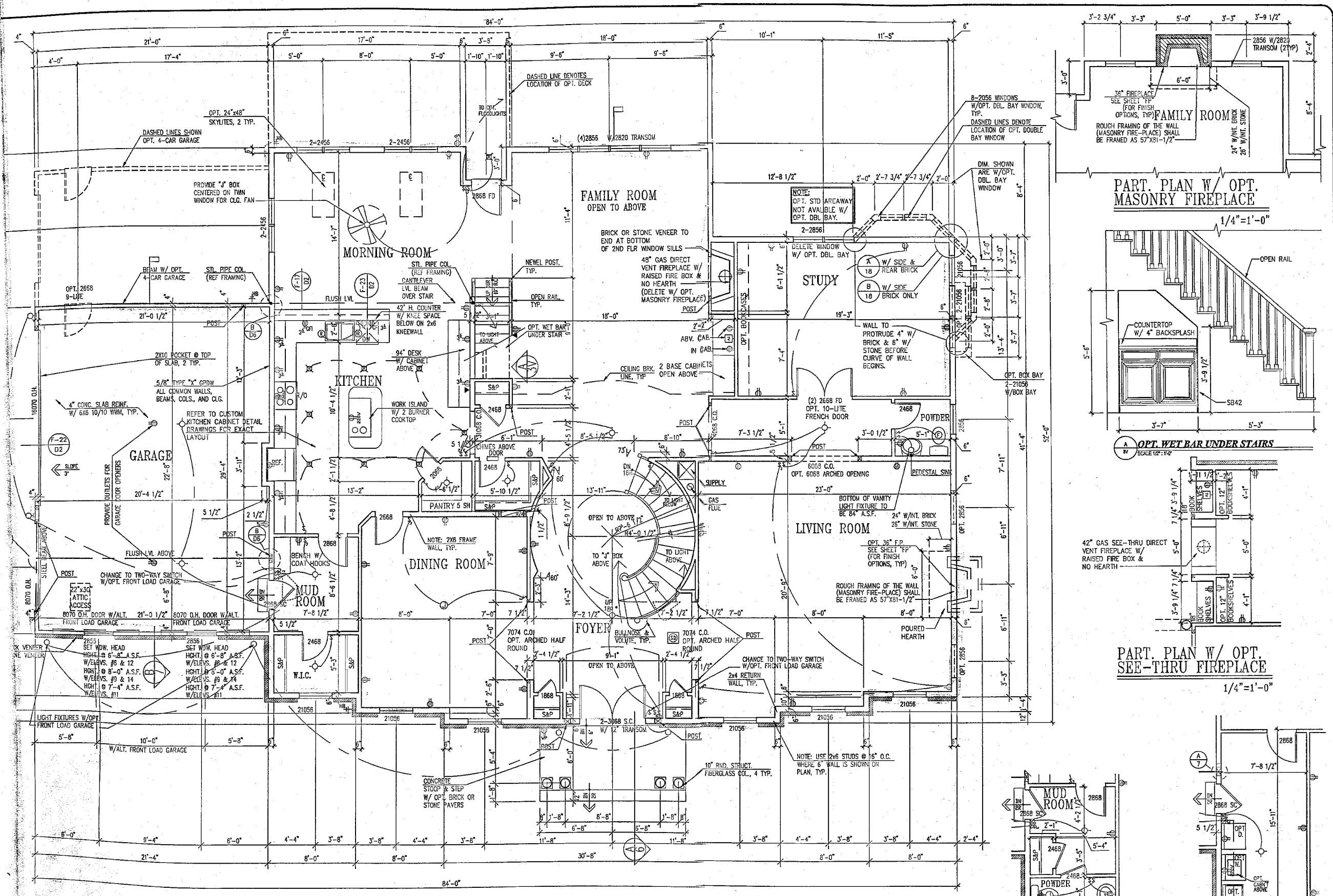
Hank Oswald, L.E.H.S  
Bureau of Environmental Health  
Well & Septic Program

REV#	DATE
1/4/2011	
REV #3	10/05/2012
ACR#1001	10/05/2012
REV #4	07/29/2013
ACR #1010	06/20/2013
REV #5	05/21/2013
ACR #1024	10/22/2013
REV #6	10/24/2013
ACR #1028	10/28/2013
ACR #1023	10/09/2013
REV #7	11/13/2013



Lot 61





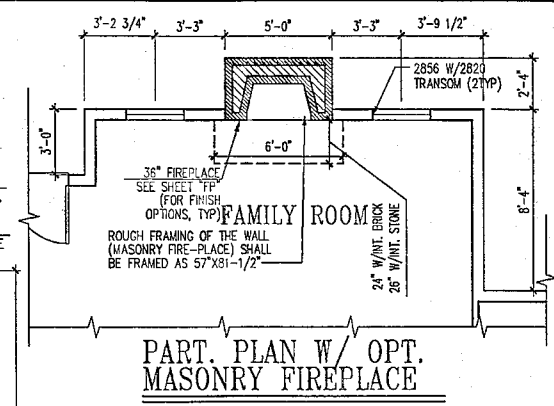
**ALT. LOWER FLOOR PLAN**

SHOWN W/ ELEVATION #6  
UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 8'-0" ABOVE SUBFLOOR

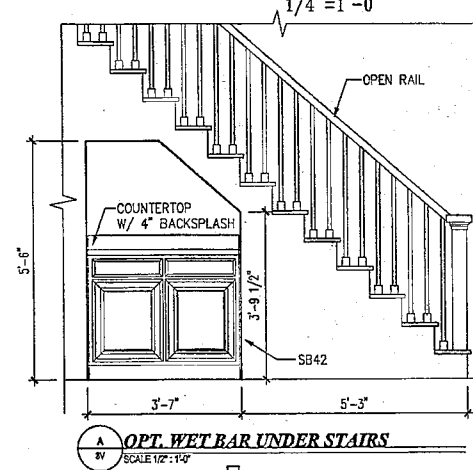
1/4" = 1'-0"

NOTE: WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 72" ABOVE THE GRADE OR SURFACE BELOW SHALL HAVE THE LOWEST PART OF THE CLEAR OPENING A MINIMUM OF 24" (OR PER LOCAL CODE) ABOVE THE FINISHED FLOOR UNLESS EQUIPPED WITH AN APPROVED OPENING LIMITING OR FALL PREVENTION DEVICE.

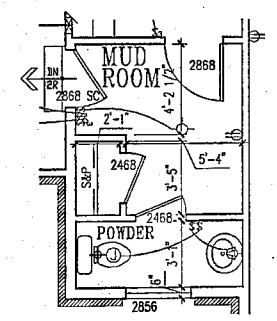
NOTE: 1) WASHING MACHINE WILL ALWAYS BE ON THE LEFT, DRYER WILL ALWAYS BE ON THE RIGHT EVEN IN THE REVERSE PLAN.



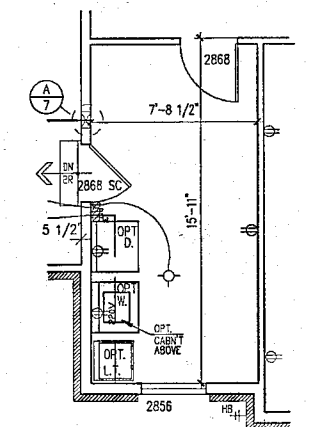
PART. PLAN W/ OPT. MASONRY FIREPLACE



PART. PLAN W/ OPT. SEE-THRU FIREPLACE



PART. PLAN W/ OPT. 1ST FLR POWDER @ MUD ROOM



PART. PLAN W/ OPT. 1ST FLR LAUNDRY

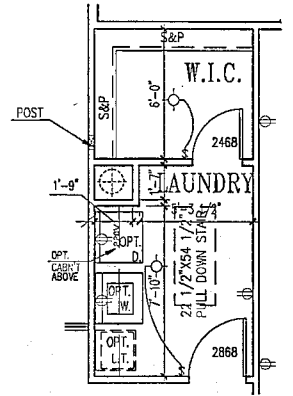
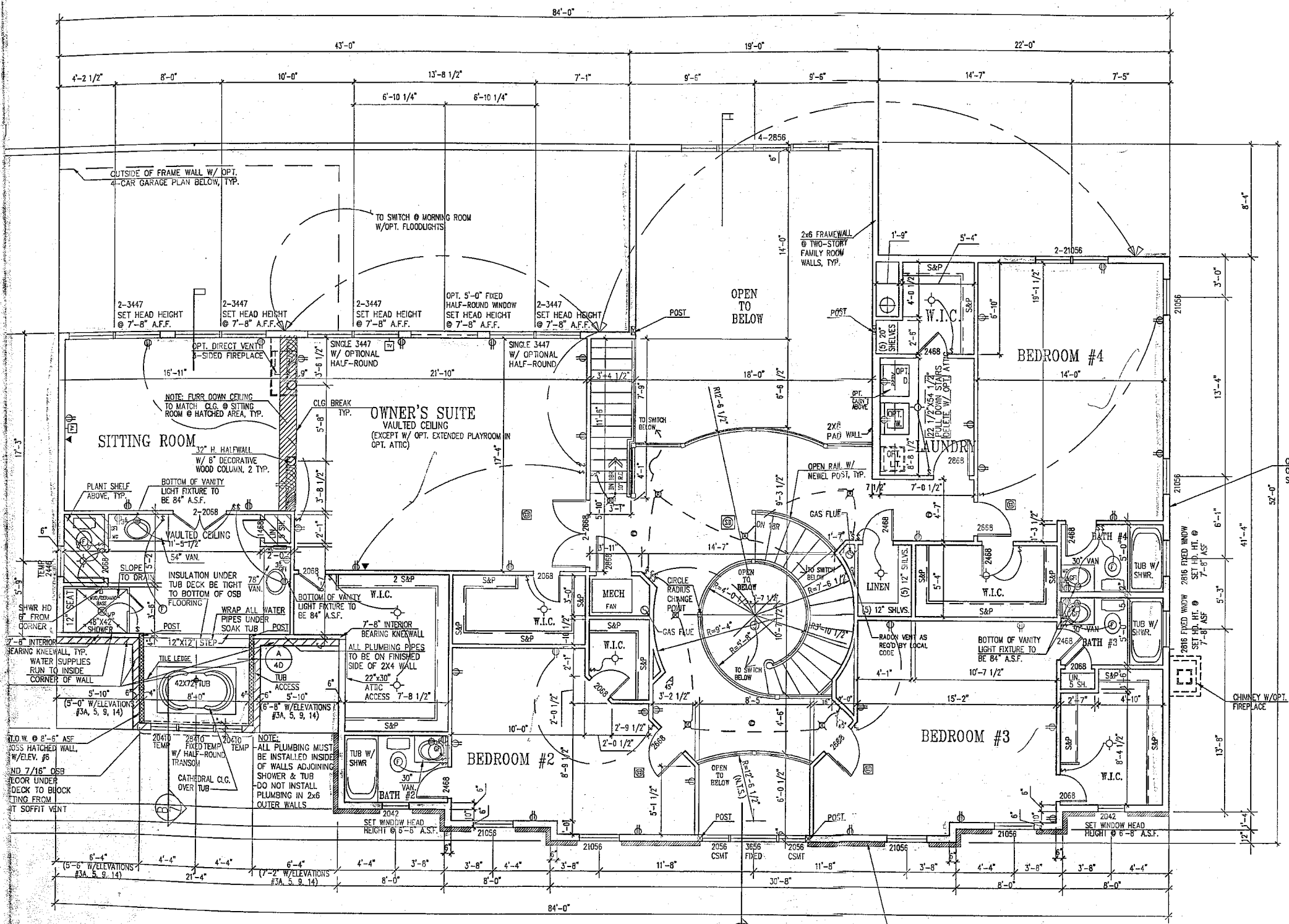
**Pinnacle Design & Consulting Inc.**  
ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • BROCKURES  
11150 Fairfax Blvd. • Suite 402 • Fairfax, Virginia 22030  
PH: 703.218.3400 • Fax: 703.218.3407 • Web Site: www.pdc-home.com

**OPT. ALTERNATE LOWER FLOOR PLAN**  
CLIENT REFERENCE: **CRAFTMARK HOMES / KENWOOD II**

REV#	DATE
RTS	1/14/2001
REV#3	10/05/2012
ACR#1001	10/05/2012
REV#4	07/25/2013
ACR#1010	09/20/2013
REV#5	08/22/2013
ACR#1024	10/22/2013
REV#6	10/24/2013
ACR#1028	10/29/2013
ACR#1023	10/30/2013
REV#7	11/13/2013

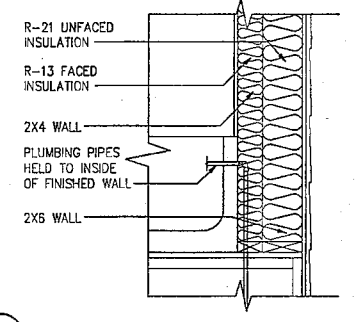
SHEET # **34**

Lot 61



PART. PLAN W/ OPT. SEE-THRU FIREPLACE @ FIRST FLOOR  
1/4"=1'-0"

NOTE:  
1) WASHING MACHINE WILL ALWAYS BE ON THE LEFT, DRYER WILL ALWAYS BE ON THE RIGHT EVEN IN THE REVERSE PLAN.



INSULATED DOUBLE WALL @ TUR  
SCALE 1/4"=1'-0"

OPT. ALT. UPPER FLOOR W/ ALT. FLOOR PLAN

SHOWN W/ ELEVATION #6  
UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR

1/4"=1'-0"

NOTE:  
WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 72" ABOVE THE GRADE OR SURFACE BELOW SHALL HAVE THE LOWEST PART OF THE CLEAR OPENING A MINIMUM OF 24" (OR PER LOCAL CODE) ABOVE THE FINISHED FLOOR UNLESS EQUIPPED WITH AN APPROVED OPENING LIMITING OR FALL PREVENTION DEVICE.

ELECTRICAL GENERAL NOTES:  
1) ALL SMOKE DETECTORS TO BE 110V WITH BATTERY BACKUP AND INTERCONNECTED.  
2) PROVIDE BRACING FOR ALL C.L.G. FAN OUTLETS.  
3) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.  
4) PROVIDE CARBON MONOXIDE ALARM PER SECTION R315 IRC 2012

REV #	DATE
1/1/2001	
REV #1	10/05/2012
ACR#1001	13/05/2012
REV #4	07/28/2013
ACR #1019	06/22/2013
REV #5	06/27/2013
ACR #1024	10/22/2013
REV #6	10/24/2013
ACR #1025	10/29/2013
ACR #1023	10/09/2013
REV #7	11/15/2013

PS04020  
SHEET NO.  
40

Lot 61

