



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: _____

Permit No.: B17000837

Building Address: 5020 Grape Myrtle Ct
 City: _____ State: MD Zip Code: 21215
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Walnut Creek
 Section: _____ Area: _____ Lot: 154
 Tax Map: 18 Parcel: 9 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 250,000
 Description of Work: add on to rear of house
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: BV Business L. SI
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ 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:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input checked="" type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>B17000837</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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 2/20/17

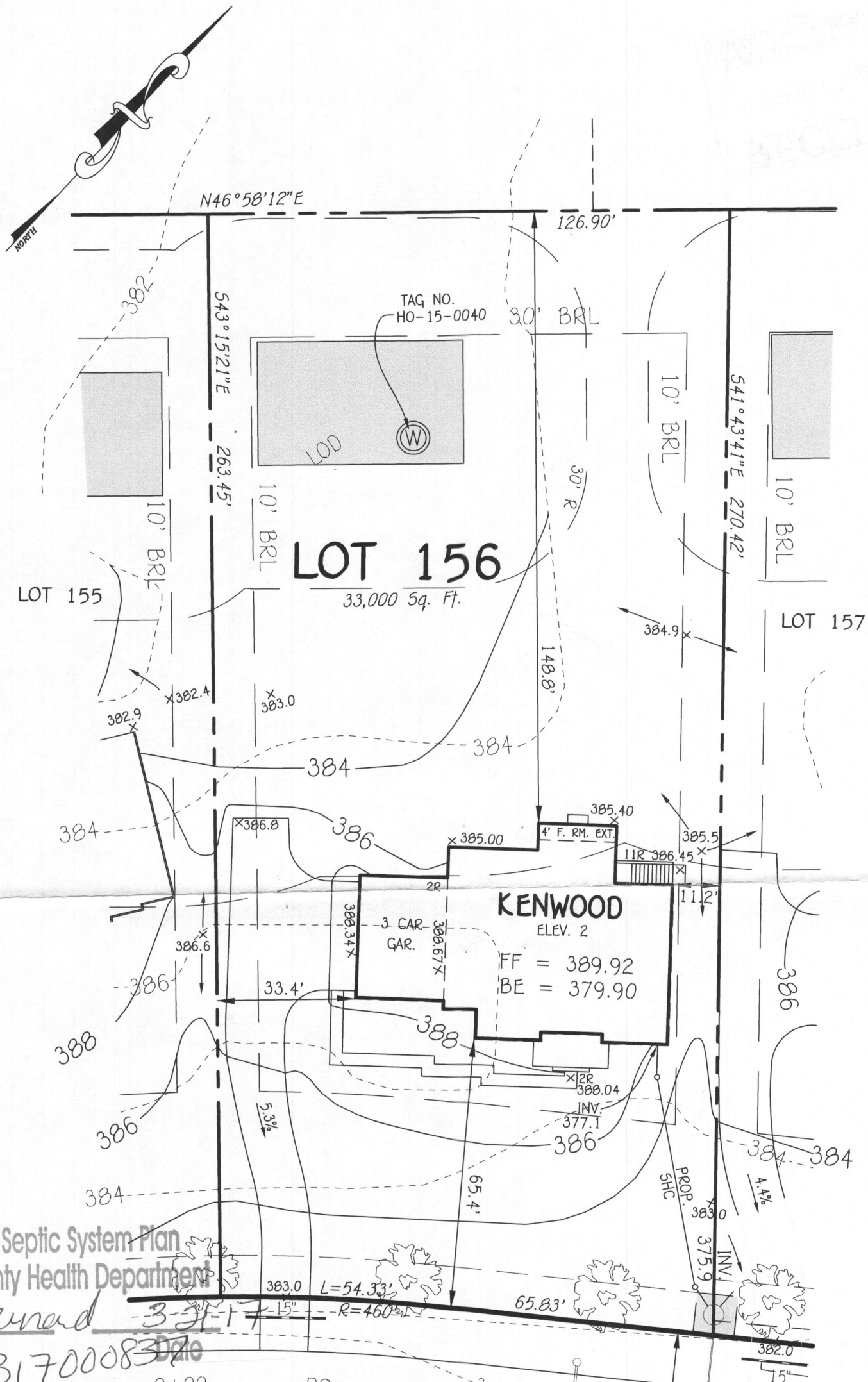
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>3/1/17 Bernard</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# _____



Approved Septic System Plan
 Howard County Health Department

Dana Bernard
 Signature *3-31-17*
 Date *31700083*

CRAPE MYRTLE COURT

*Approved for 5 BR
 only. Additional BR
 are not allowed*

WELL CERTIFICATION:

THE EXISTING WELL, TAG NO. HO-15-0040, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

PLAN

SCALE: 1" = 30'

OWNER

BV BUSINESS TRUST
 P.O. BOX 482
 LISBON, MARYLAND 21765-0482

PERMIT SITE PLAN

LOT 156

5022 CRAPE MYRTLE COURT

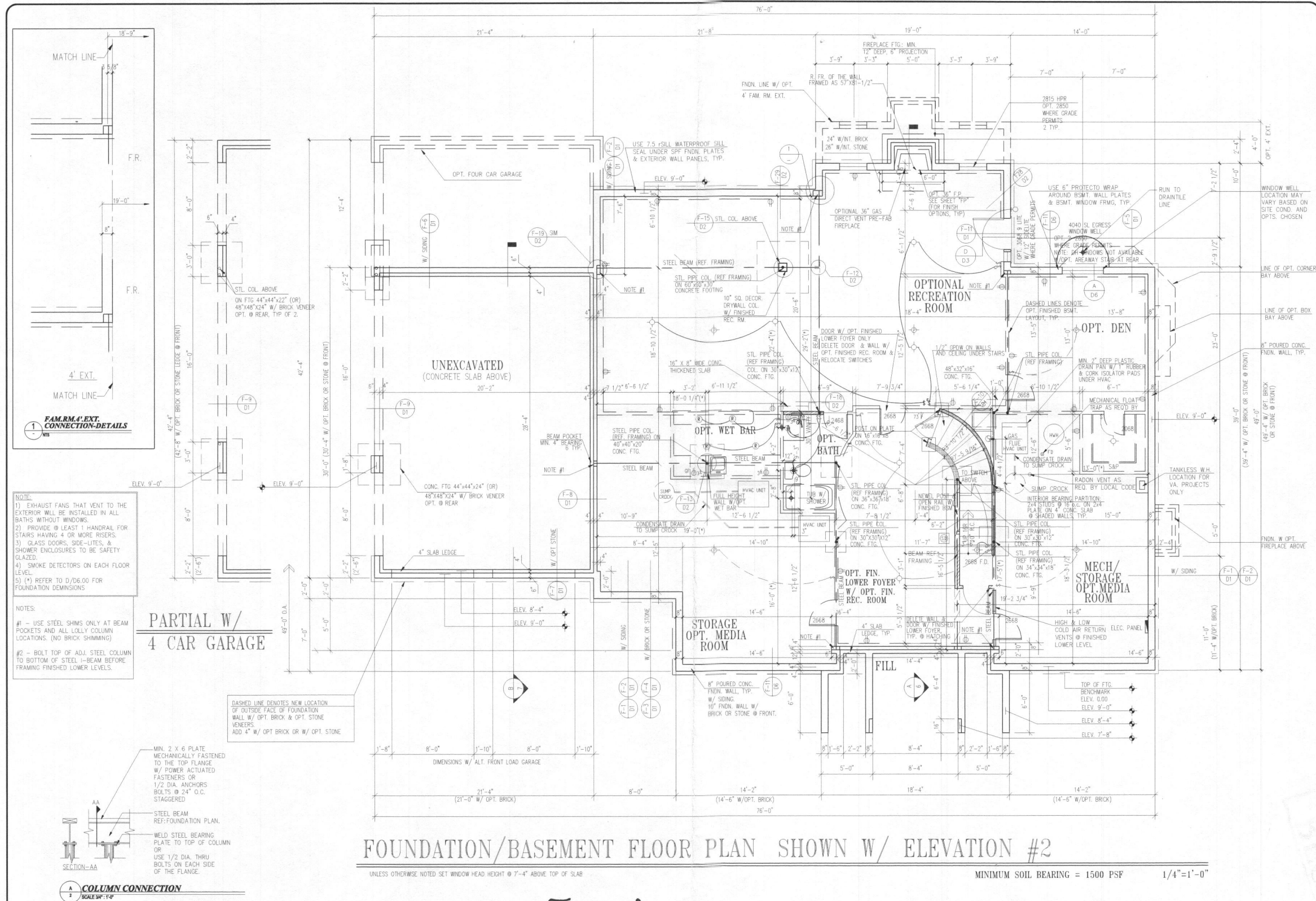
WALNUT CREEK

ZONED: RC-DEO

TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: FEB. 23, 2017

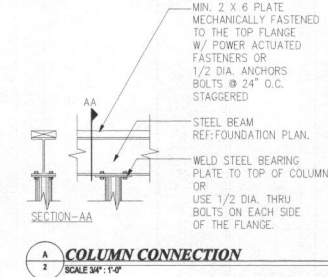
5022 Crape Myrtle Ct.
 Elliott City, MD 21042

Lot 156 - Walnut Creek



- NOTE:
- 1) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
 - 2) PROVIDE @ LEAST 1 HANDRAIL FOR STAIRS HAVING 4 OR MORE RISERS.
 - 3) GLASS DOORS, SIDE-LITES, & SHOWER ENCLOSURES TO BE SAFETY GLAZED.
 - 4) SMOKE DETECTORS ON EACH FLOOR LEVEL.
 - 5) (1) REFER TO D/06.00 FOR FOUNDATION DIMENSIONS

- NOTES:
- #1 - USE STEEL SHIMS ONLY AT BEAM POCKETS AND ALL LULLY COLUMN LOCATIONS. (NO BRICK SHIMMING)
 - #2 - BOLT TOP OF ADJ. STEEL COLUMN TO BOTTOM OF STEEL I-BEAM BEFORE FRAMING FINISHED LOWER LEVELS.



FOUNDATION/BASEMENT FLOOR PLAN SHOWN W/ ELEVATION #2

UNLESS OTHERWISE NOTED SET WINDOW HEAD HEIGHT @ 7'-4" ABOVE TOP OF SLAB
 MINIMUM SOIL BEARING = 1500 PSF 1/4"=1'-0"

5 Bedrooms
 □ = Finished Areas of Home

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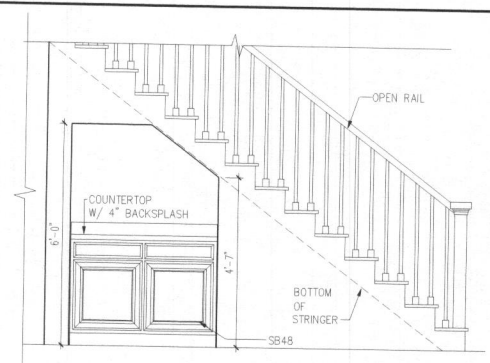
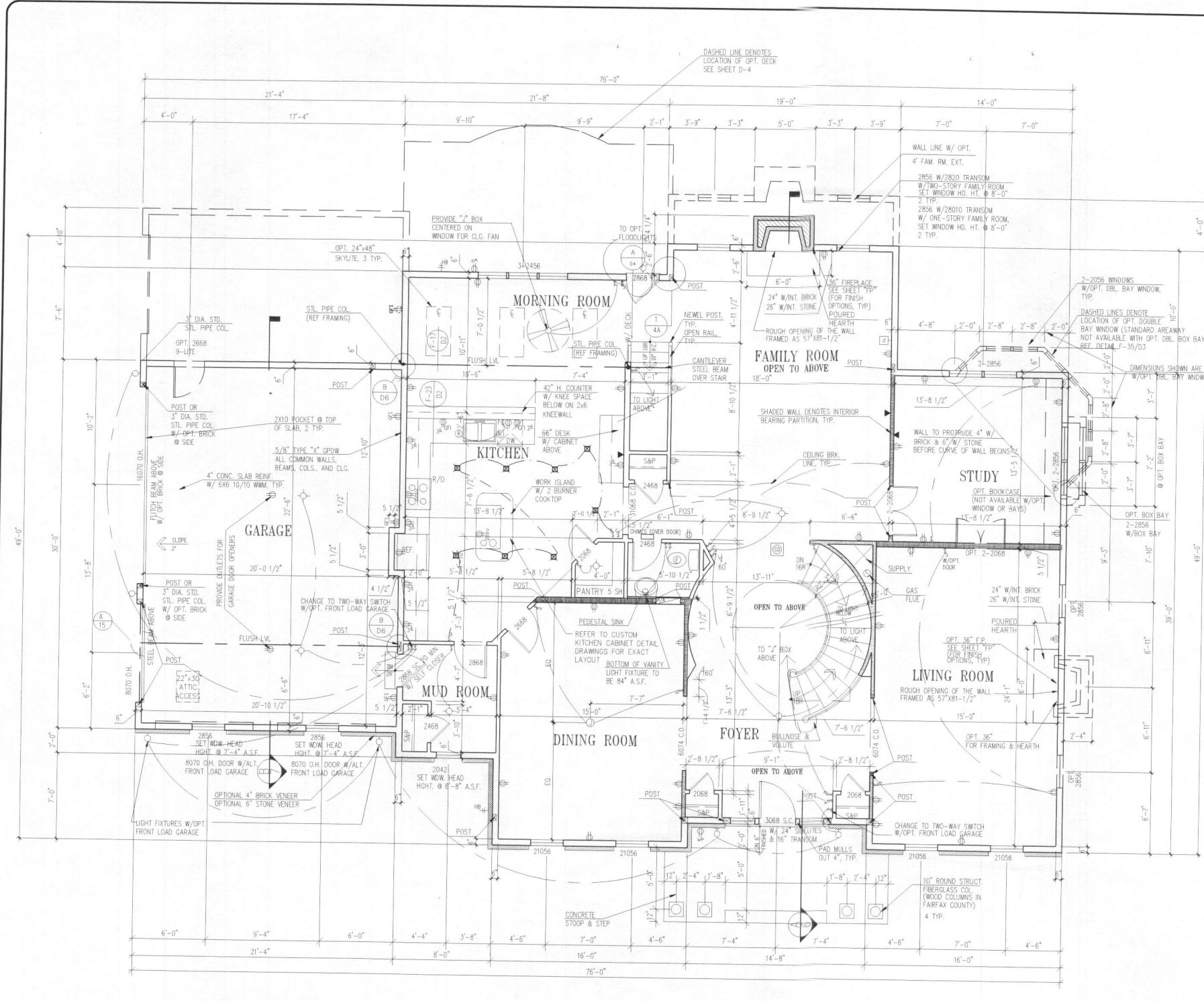
FOUNDATION / BASEMENT PLAN
 CRAFTMARK HOMES / KENWOOD

REV. NO.	DATE
14/2001	
ACR #1037	03/13/2014
REV. #6	06/25/2014
REV. #7	10/10/2014
ACR #1062	12/01/2014
REV. #8	06/05/2015

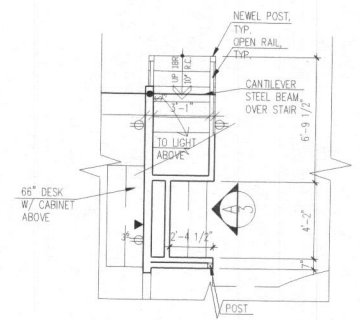
SHEET No. 2

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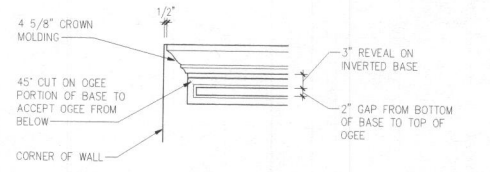
I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 9438, EXPIRATION DATE 03/09/17



OPT. WET BAR UNDER STAIRS
SCALE 1/4"=1'-0"



PARTIAL LOWER FLOOR PLAN
SHOWN W/ OPTIONAL WET BAR
1/4"=1'-0"



TRIM TERMINATION DETAIL
SCALE 1/4"=1'-0"

- NOTE:**
- 1) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
 - 2) PROVIDE AT LEAST 1 HANDRAIL FOR STAIRS HAVING 4 OR MORE RISERS.
 - 3) GLASS DOORS, SIDE-LITES, & SHOWER ENCLOSURES TO BE SAFETY GLAZED.
 - 4) SMOKE DETECTORS ON EACH FLOOR LEVEL.

- 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.

LOWER FLOOR PLAN SHOWN W/ ELEVATION #2

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 8'-0" ABOVE SUBFLOOR

1/4"=1'-0"

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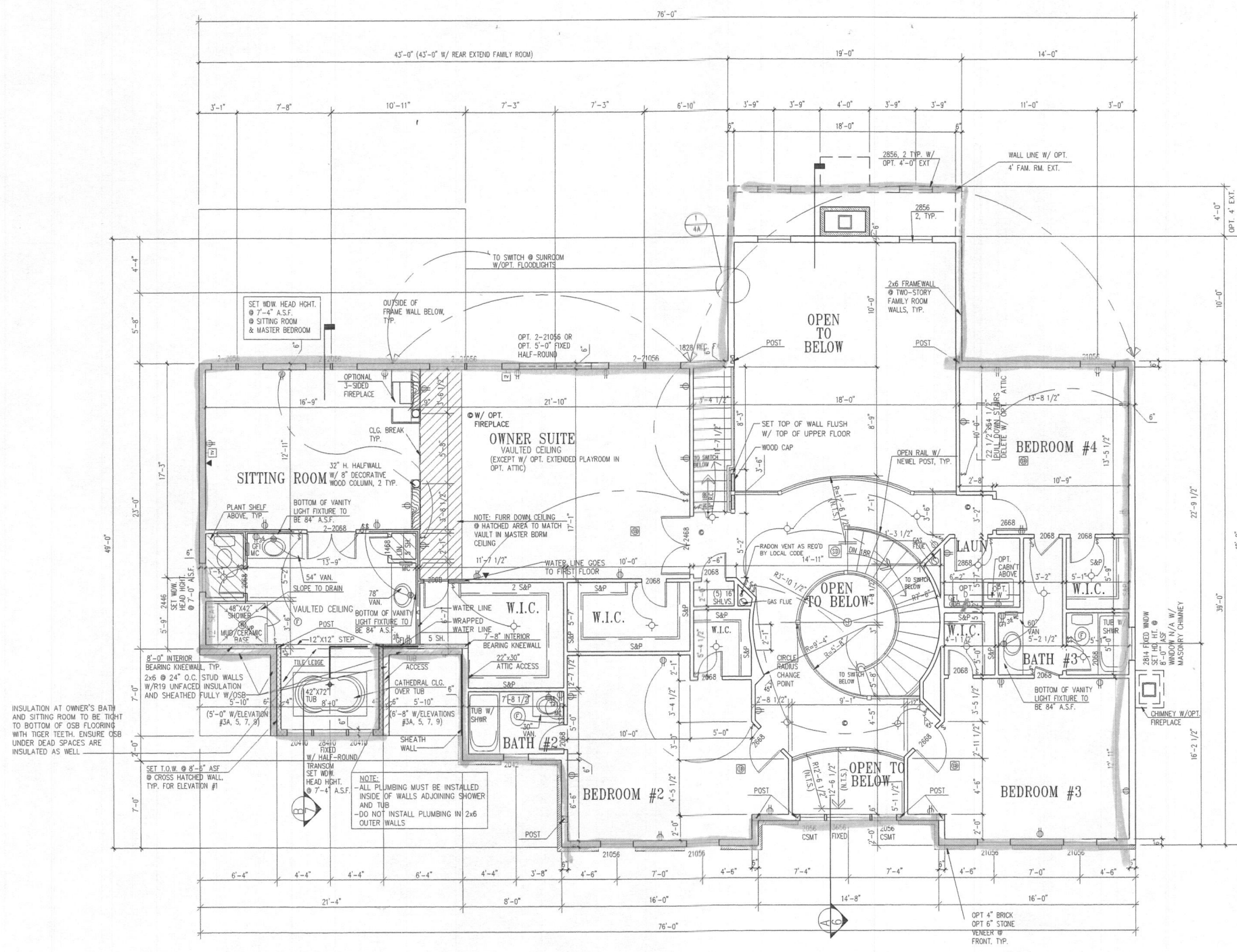
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ARCHITECTURE • PLANNING • CONSULTING
11150 Fairfax Blvd. • Suite 402 • Fairfax, Virginia 22030
PH: 703.218.3400 • Web Site: www.pdc-home.com

LOWER FLOOR PLAN
CLIENT INFORMATION
CRAFTMARK HOMES / KENWOOD

DATE	BY	DESCRIPTION
14/2001	RTS	
03/13/2014	ACR #1837	
08/21/2014	REV. #6	
10/10/2014	REV. #7	
12/01/2014	ACR #1932	
06/09/2016	REV. #8	

PS02003
SHEET No. **3**

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UPPER FLOOR PLAN SHOWN W/ ELEVATION #2

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.

NOTE #1:
1) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
2) PROVIDE AT LEAST 1 HANDRAIL FOR STAIRS HAVING 4 OR MORE RISERS.
3) GLASS DOORS, SIDE-LITES, & SHOWER ENCLOSURES TO BE SAFETY GLAZED.
4) SMOKE DETECTORS ON EACH FLOOR LEVEL.
5) PROVIDE CARBON MONOXIDE ALARM PER SECTION R315.2015 IRC.

NOTE #2:
1) WASHING MACHINE WILL ALWAYS BE ON THE LEFT, DRYER WILL ALWAYS BE ON THE RIGHT EVEN IN THE REVERSE PLAN.

PINNACLE DESIGN & CONSULTING INC.
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1111 PHOENIX BLVD. SUITE 200
PHOENIX, AZ 85016
PH: 703.318.2400 • WWW.PDC-DESIGN.COM

UPPER FLOOR PLAN
CRAFTMARK HOMES / KENWOOD

REV. NO.	DATE
ACR #1007	03/15/2014
REV. #6	08/20/2014
REV. #7	10/10/2014
ACR #1092	12/02/2014
REV. #8	06/20/2015

PROJECT NO. P502004
SHEET NO. 4

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