



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.: B17002584

Building Address: 12210 Hayland Farm Way
 City: 1.111111 State: MD Zip Code: 21111
 Suite/Apt. # _____ SDP/WP/BA #: 011111
 Census Tract: _____ Subdivision: 1.111111
 Section: _____ Area: _____ Lot: 79
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.1111
 Existing Use: 1.1111
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: 1.1111
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: 1.1111
 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: CRAFTMARK
 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	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 checked="" 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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" 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:	
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: _____

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

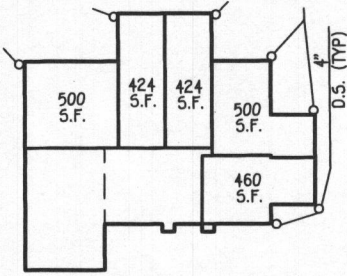
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>7-28-11 Beindel</u>

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

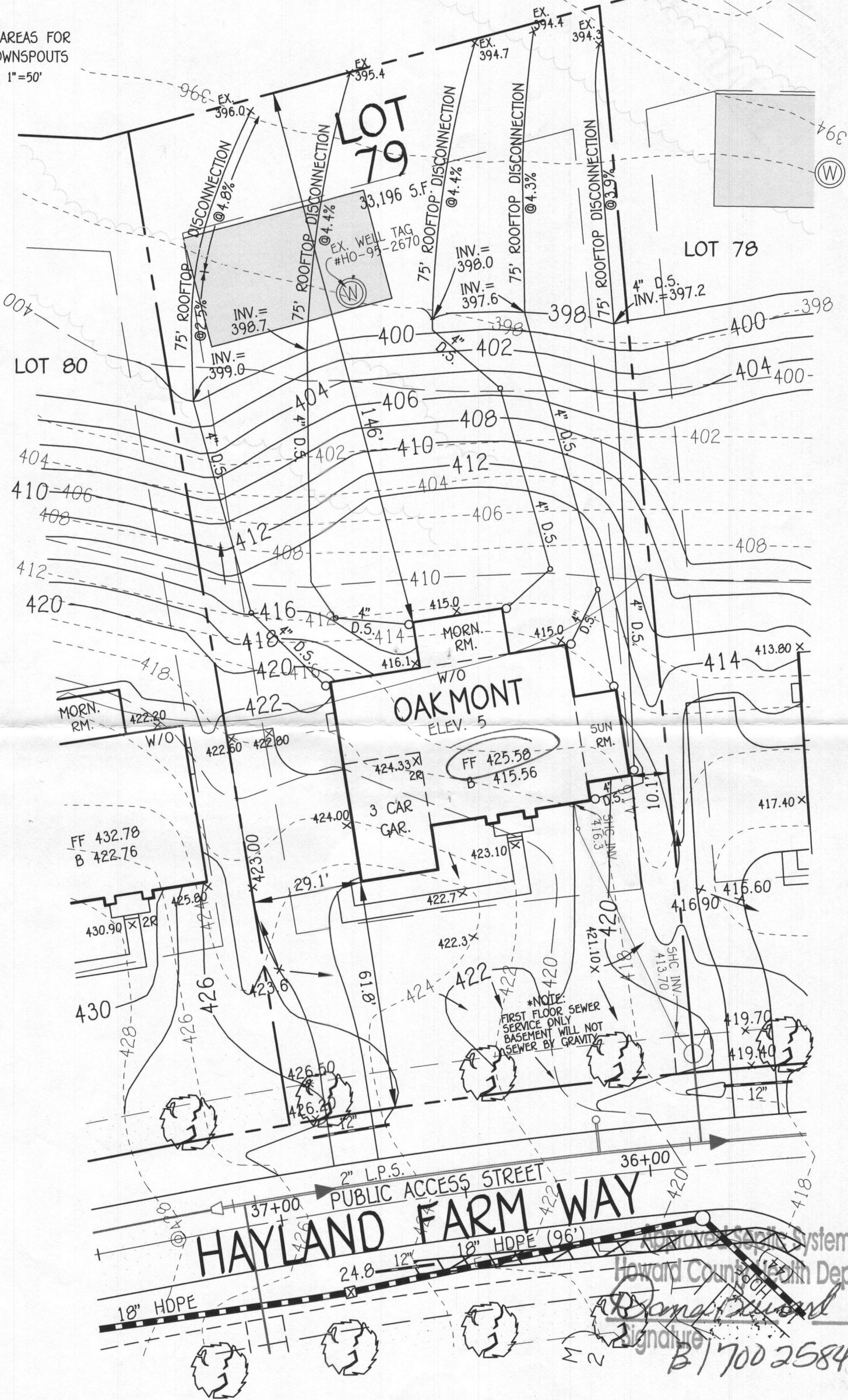
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No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

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



DRAINAGE AREAS FOR HOUSE DOWNSPOUTS
SCALE: 1"=50'



WELL CERTIFICATION:

THE EXISTING WELL, TAG NO. HO-95-2670, 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 79

12210 HAYLAND FARM WAY

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: JUNE 13, 2017

Approved Sept. System Plan
Howard County Health Department

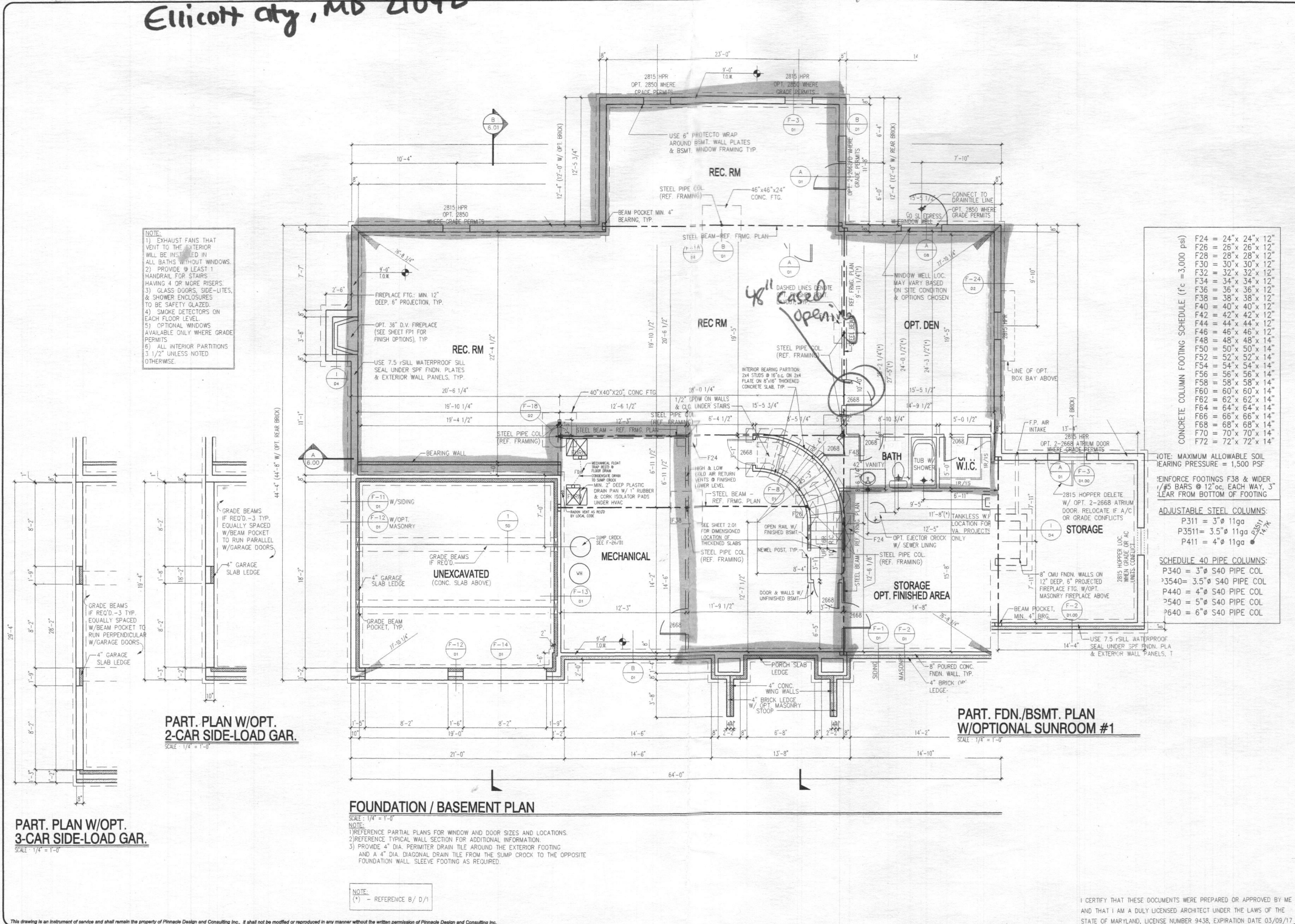
[Signature]
Signature Date
B/7002584

Walnut Creek - Lot 79
 12210 Hayland Farm Way
 Ellicott City, MD 21042

= Finished Areas of home
 5 Bedrooms / 6 1/2 Baths

HEALTH

B17002584



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.
 5) OPTIONAL WINDOWS AVAILABLE ONLY WHERE GRADE PERMITS.
 6) ALL INTERIOR PARTITIONS 3 1/2" UNLESS NOTED OTHERWISE.

CONCRETE COLUMN FOOTING SCHEDULE (f_c = 3,000 psi)

F24	=	24" x 24" x 12"
F26	=	26" x 26" x 12"
F28	=	28" x 28" x 12"
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F40	=	40" x 40" x 12"
F42	=	42" x 42" x 12"
F44	=	44" x 44" x 12"
F46	=	46" x 46" x 12"
F48	=	48" x 48" x 12"
F50	=	50" x 50" x 12"
F52	=	52" x 52" x 12"
F54	=	54" x 54" x 12"
F56	=	56" x 56" x 12"
F58	=	58" x 58" x 12"
F60	=	60" x 60" x 12"
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F68	=	68" x 68" x 12"
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F72	=	72" x 72" x 12"

NOTE: MAXIMUM ALLOWABLE SOIL BEARING PRESSURE = 1,500 PSF
 REINFORCE FOOTINGS F38 & WIDER 1/5 BARS @ 12" OC, EACH WAY, 3" CLEAR FROM BOTTOM OF FOOTING

ADJUSTABLE STEEL COLUMNS:
 P311 = 3" x 11ga
 P3511 = 3.5" x 11ga
 P411 = 4" x 11ga

SCHEDULE 40 PIPE COLUMNS:
 P340 = 3" x S40 PIPE COL
 P3540 = 3.5" x S40 PIPE COL
 P440 = 4" x S40 PIPE COL
 P540 = 5" x S40 PIPE COL
 P640 = 6" x S40 PIPE COL

FOUNDATION / BASEMENT PLAN
 SCALE: 1/4" = 1'-0"
 NOTE:
 1) REFERENCE PARTIAL PLANS FOR WINDOW AND DOOR SIZES AND LOCATIONS.
 2) REFERENCE TYPICAL WALL SECTION FOR ADDITIONAL INFORMATION.
 3) PROVIDE 4" DIA. PERIMETER DRAIN TILE AROUND THE EXTERIOR FOOTING AND A 4" DIA. DIAGONAL DRAIN TILE FROM THE SUMP CROCK TO THE OPPOSITE FOUNDATION WALL. SLEEVE FOOTING AS REQUIRED.

NOTE:
 (*) - REFERENCE B / D / 1

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FOUNDATION / BASEMENT PLAN
 CRAFTMARK HOMES / OAKMONT

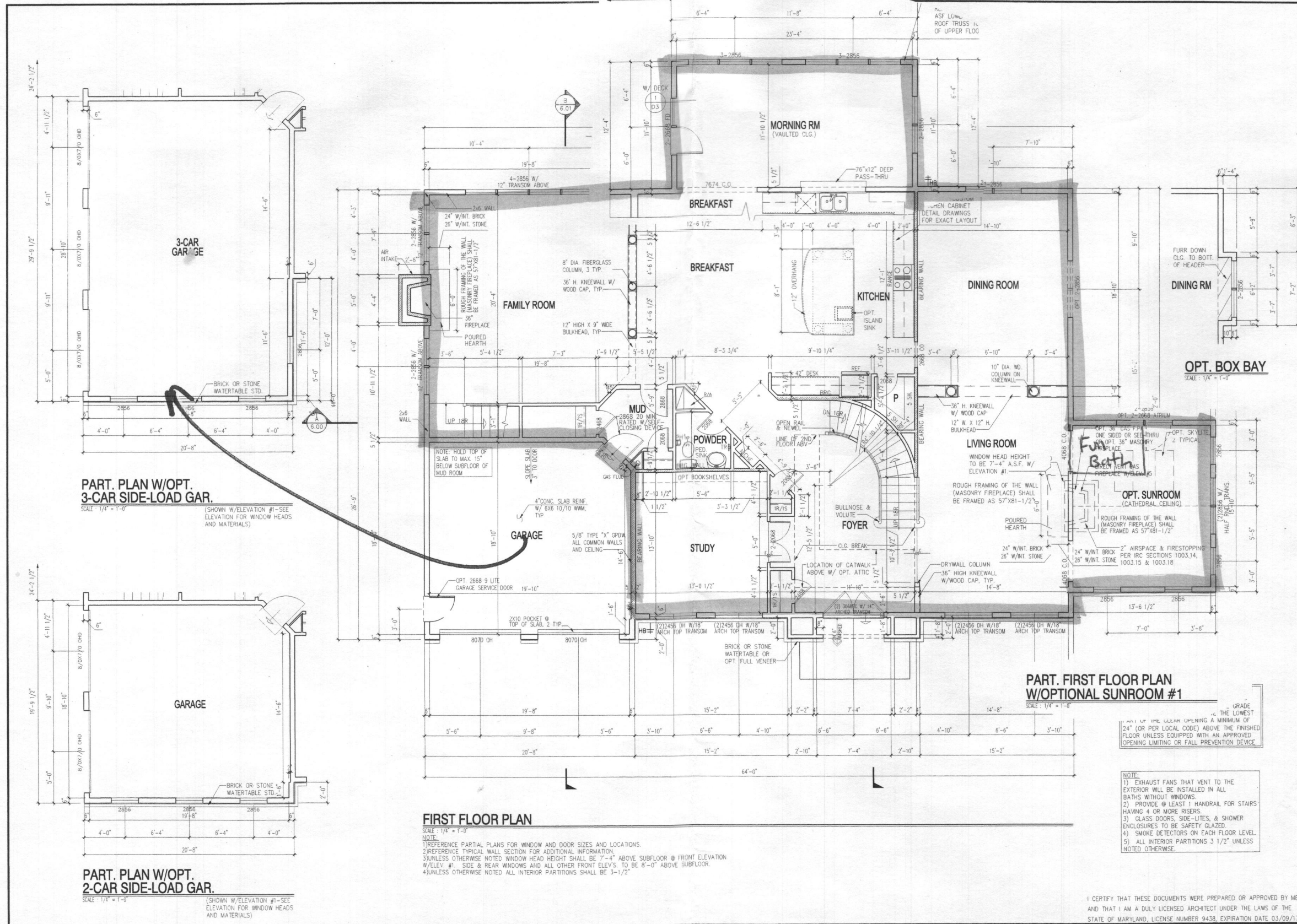
REVISIONS

REV.	DATE	DESCRIPTION
1	06/02/2015	
2	08/12/2015	
3	08/20/2015	
4	01/28/2017	

2-00

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

■ = Finished Areas of home



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SHEET TITLE
FIRST FLOOR PLAN


CLIENT INFORMATION
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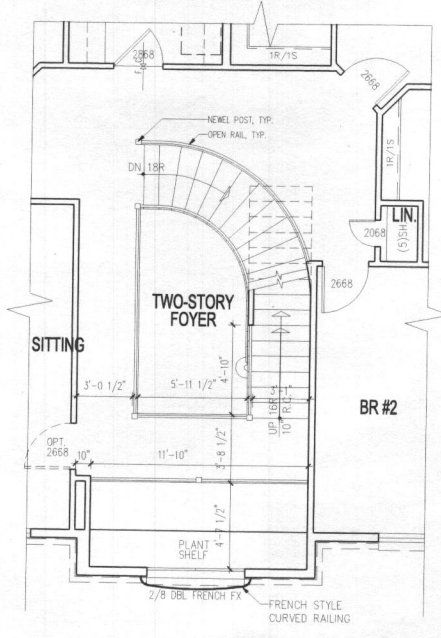
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REV. #	DATE
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ACR #1083	09/02/2015
ACR #1086	01/28/2017

P2890300

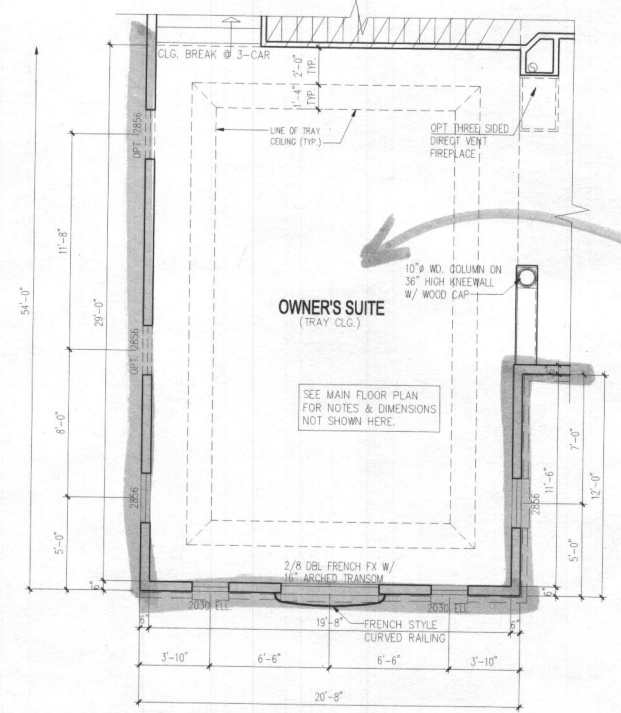
SHEET No.
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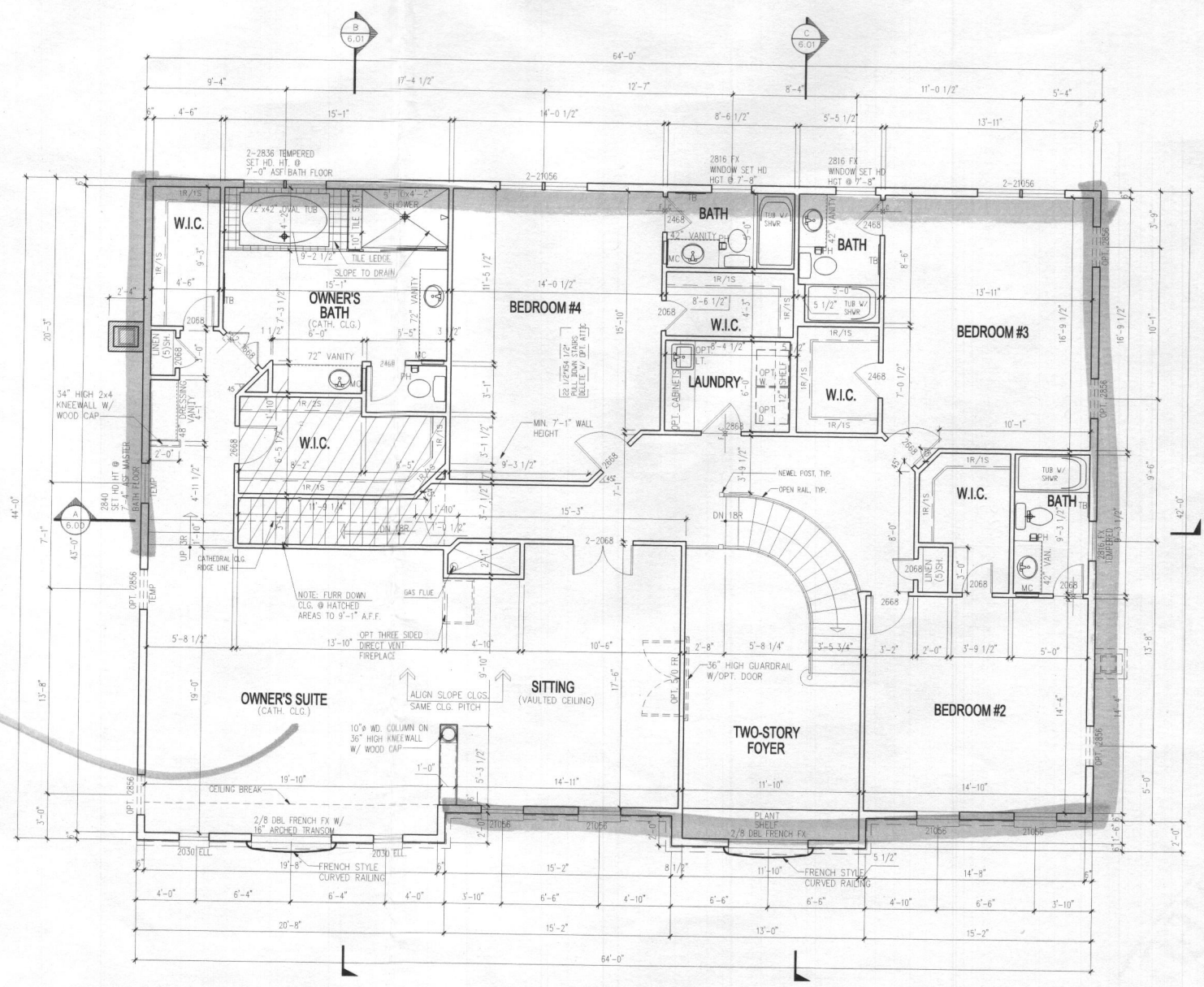
 = Finished Areas of home



PART. PLAN W/OPT. ATTIC
SCALE: 1/4" = 1'-0"



PART. PLAN W/OPT. 3 CAR SIDE LOAD GARAGE
SCALE: 1/4" = 1'-0"



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE:
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3) UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR.
4) UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3-1/2"

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

NOTE:
WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 7'-2" 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:
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REV #	DATE
REV #1	08/22/15
ACR #1001	08/21/15
ACR #1003	08/22/15
ACR #1006	01/28/2017

SHEET No. **3-01**

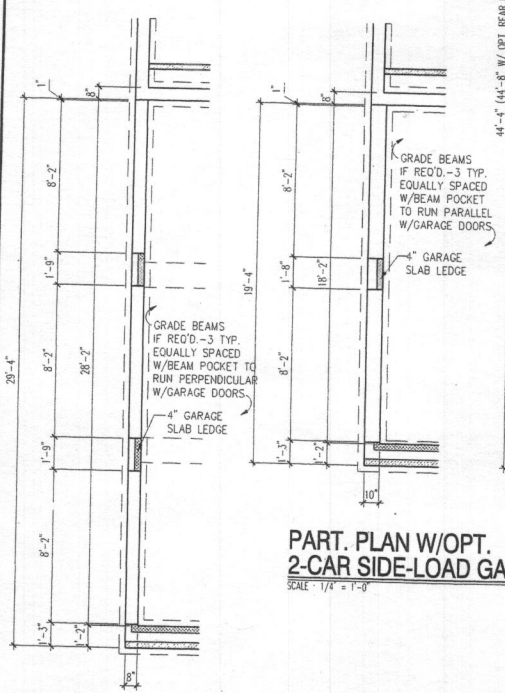
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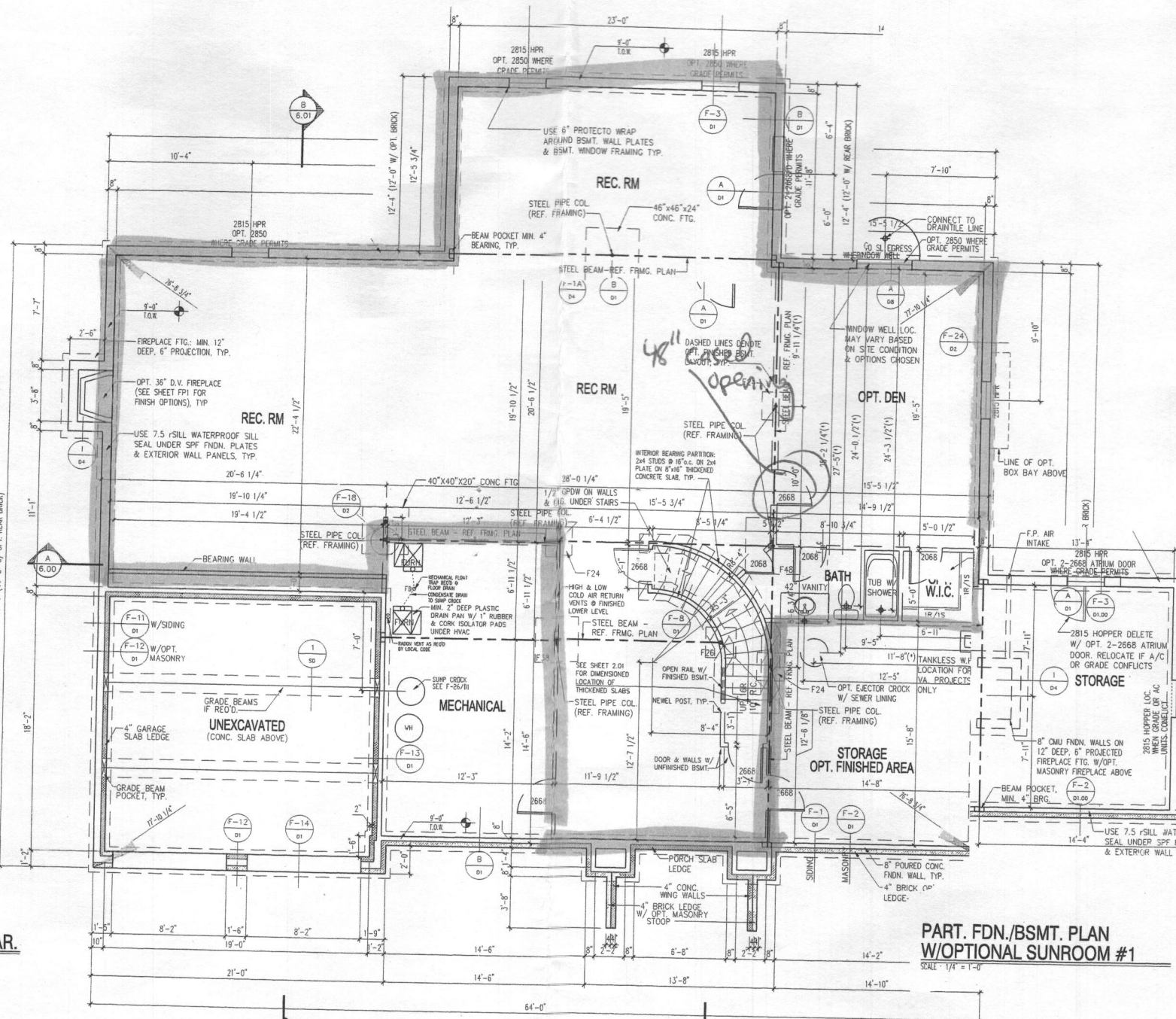
HEALTH B17002584

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PART. PLAN W/OPT. 3-CAR SIDE-LOAD GAR. SCALE 1/4" = 1'-0"



FOUNDATION / BASEMENT PLAN SCALE 1/4" = 1'-0

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
FOUNDATION / BASEMENT PLAN
 CRAFTMARK HOMES / OAKMONT

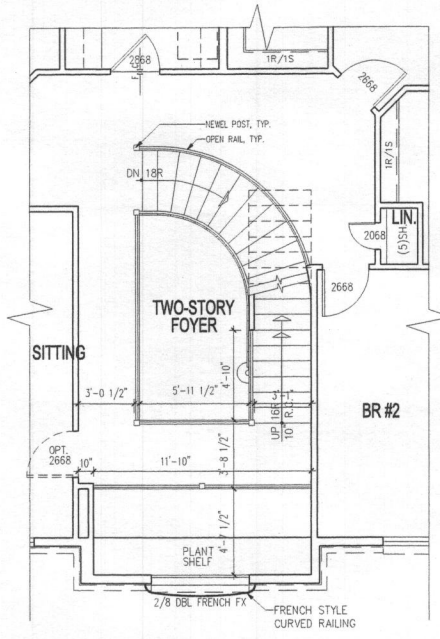
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REV. #	DATE
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ACR #1003	09/22/2015
ACR #1006	01/26/2017

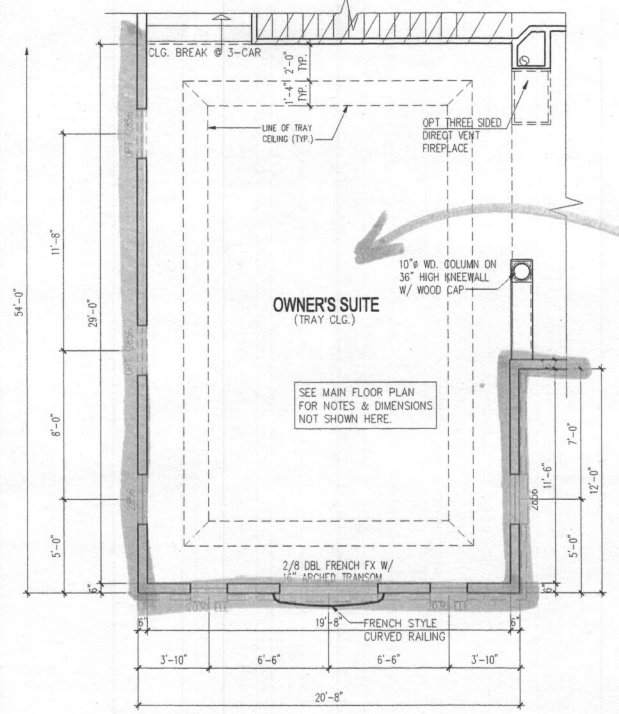
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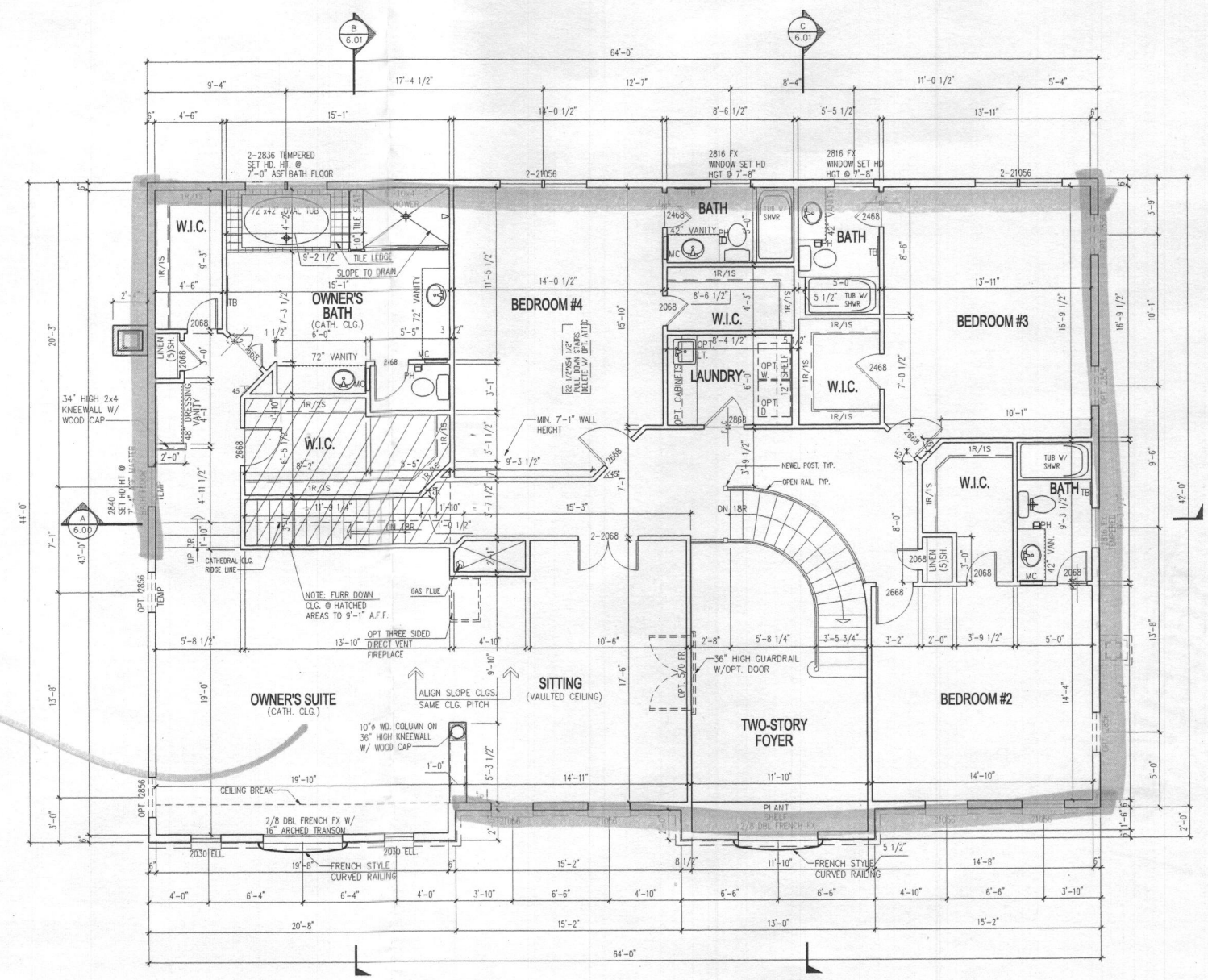
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SCALE: 1/4" = 1'-0"



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SECOND FLOOR PLAN
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DRAWN BY: WSP

REV. #	DATE
10012005	
REV. #4	06052015
ACR #1981	08012015
ACR #1983	08022015
ACR #1066	01282017

P20860301
SHEET No. **3-01**