



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.: 1111111114

Building Address: 5315 CATALPA CT
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 910
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: C
 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input 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:	
<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:	
> 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 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 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: _____ Print Name: _____
 Email Address: _____ Date: _____
 Title/Company: _____

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>G. B. 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	# _____

Bernard, Dana

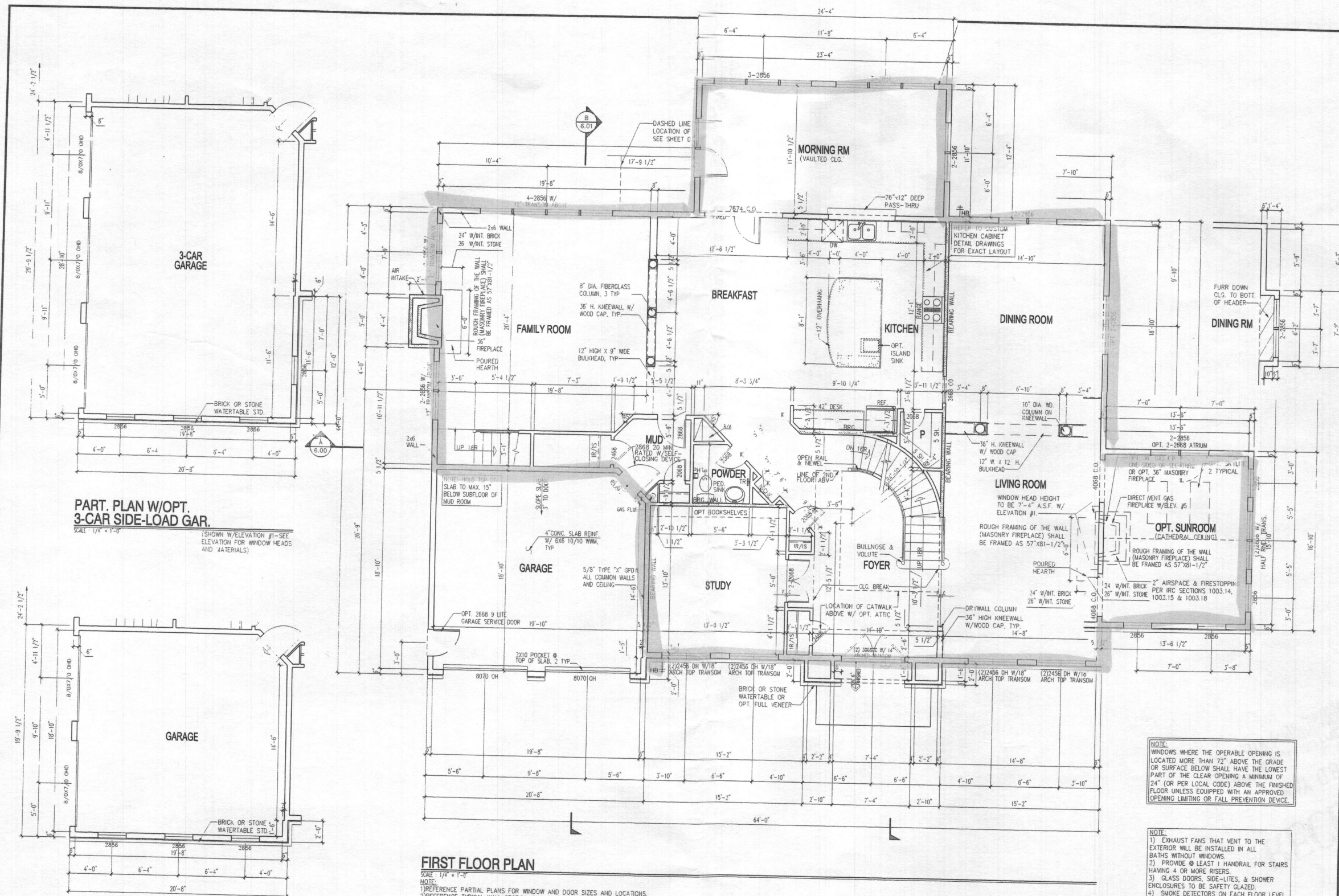
From: Bernard, Dana
Sent: Thursday, May 24, 2018 4:35 PM
To: 'DSCHOEN@CRAFTMARKHOMES.COM.'
Cc: 'CARRRACHE@GMAIL.COM'
Subject: 5315 Catalpa Court

Good Afternoon All,

In order to approve your building permit we need to resubmit your building plan to show the grinder pump along with elevations. You must also show the connection line and elevations into the house.

Thank you & Have a*")
,,,'*") ,,*")
(,,' (,,' * Wonderful Day !

Dana Bernard, R.E.H.S/L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov



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

(SHOWN W/ELEVATION #1-SEE ELEVATION FOR WINDOW HEADS AND MATERIALS)

PART. PLAN W/OPT. 2-CAR SIDE-LOAD GAR.
 SCALE: 1/4" = 1'-0"

(SHOWN W/ELEVATION #1-SEE ELEVATION FOR WINDOW HEADS AND MATERIALS)

FIRST FLOOR 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) UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR @ FRONT ELEVATION W/ELEV. #1. SIDE & REAR WINDOWS AND ALL OTHER FRONT ELEV'S. TO BE 8'-0" ABOVE SUBFLOOR.
 4) UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3'-1/2"

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) 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) ALL INTERIOR PARTITIONS 3 1/2" UNLESS NOTED OTHERWISE.

FIRST FLOOR PLAN

CRAFTMARK HOMES / OAKMONT
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SHEET TITLE: FIRST FLOOR PLAN
 CLIENT INFORMATION: CRAFTMARK HOMES / OAKMONT

REV. #	DATE
10/01/2005	
REV. #4	08/05/09
ACR #1001	08/12/09
ACR #1003	09/02/09
ACR #1006	01/08/09

DRAWN BY: WSP
 PROJECT NO: P090000
 SHEET NO. 3.00

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

Walnut Creek - Lot 96
 5315 Catalpa Ct.
 Ellicott City, MD 21042

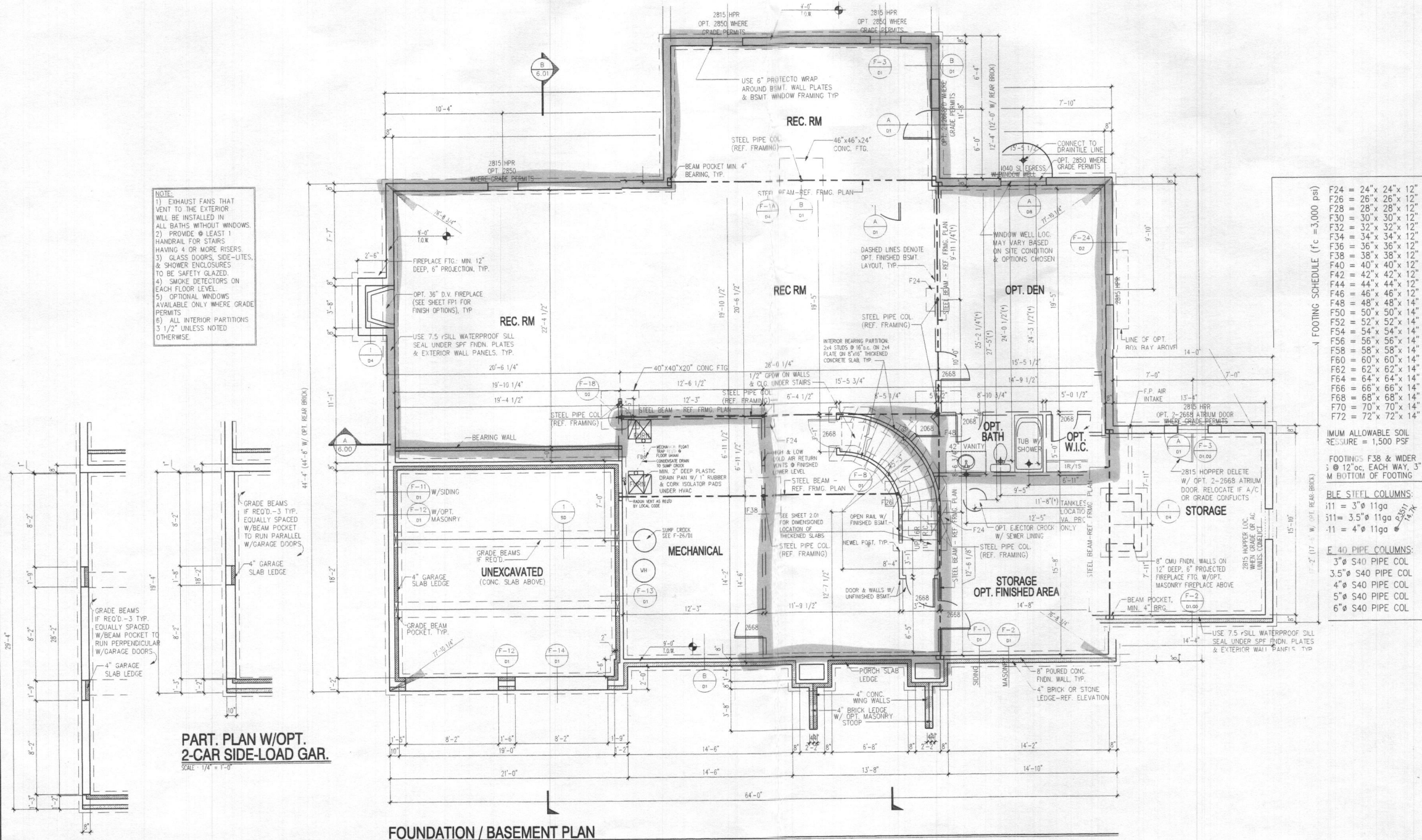
5 Bedrooms
 5 1/2 Baths

HEALTH DEPT

B18001464

■ = Finished Areas of Home

NOTE:
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 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) OPTIONAL WINDOWS AVAILABLE ONLY WHERE GRADE PERMITS.
 6) ALL INTERIOR PARTITIONS 3/4" UNLESS NOTED OTHERWISE.



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

PART. PLAN W/OPT. 2-CAR SIDE-LOAD GAR.
 SCALE 1/4" = 1'-0"

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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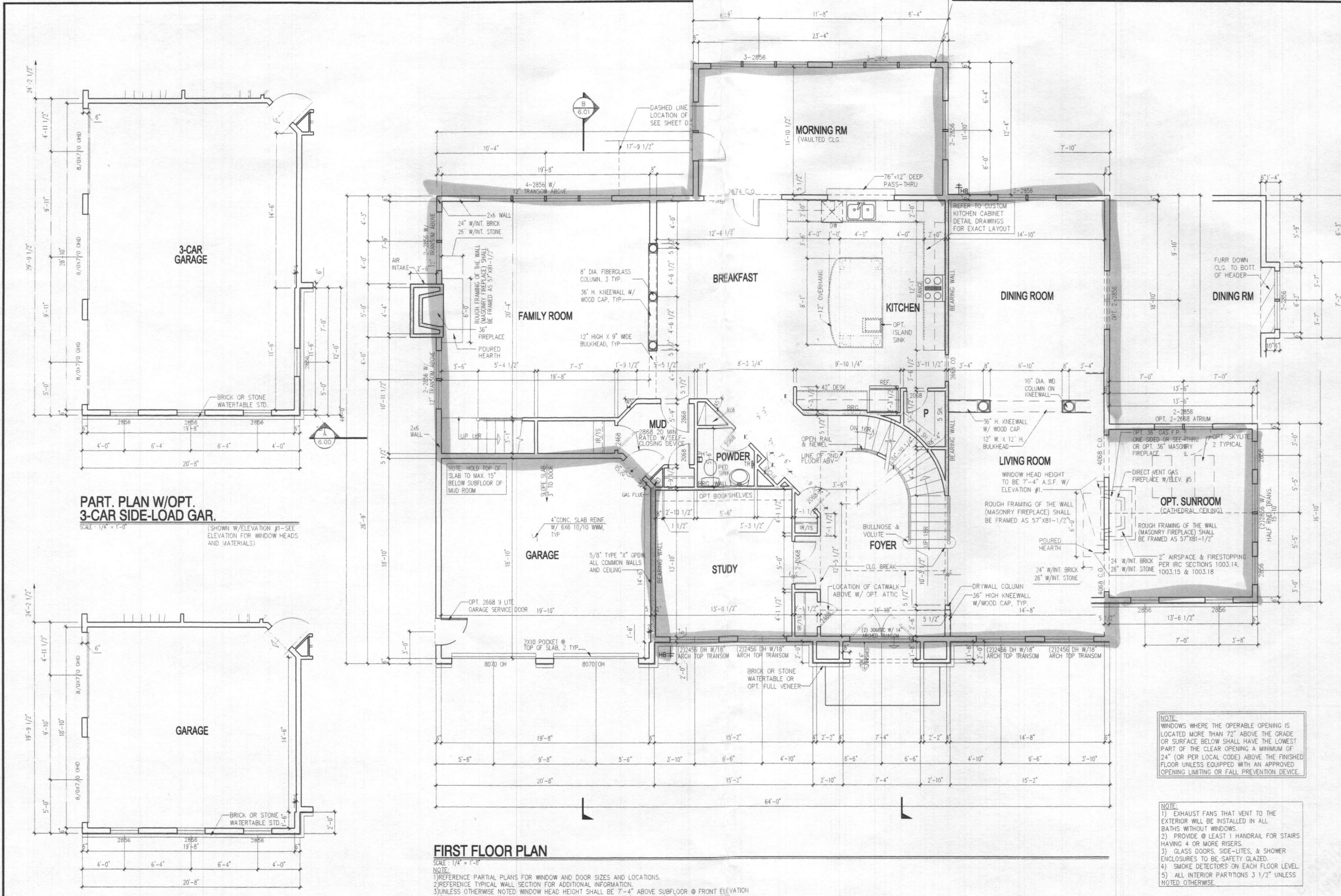
PINNACLE DESIGN & CONSULTING INC.
 ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • BROCKHURST
 1301 PARK BLVD. SUITE 100
 ELICOTT CITY, MD 21042
 PH: 703.210.4141 FAX: 703.210.4142 • Web Site: www.pinnacle.com

FOUNDATION / BASEMENT PLAN
 CLIENT INFORMATION
 CRAFTMARK HOMES / OAKMONT

DATE	10/01/2005
REV. #14	06/25/2015
ACR #1061	06/23/2015
ACR #1063	06/23/2015
ACR #1066	01/26/2017

2.00

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PART. PLAN W/OPT. 3-CAR SIDE-LOAD GAR.

SCALE: 1/4" = 1'-0"
 (SHOWN W/ELEVATION #1--SEE ELEVATION FOR WINDOW HEADS AND MATERIALS)

PART. PLAN W/OPT. 2-CAR SIDE-LOAD GAR.

SCALE: 1/4" = 1'-0"
 (SHOWN W/ELEVATION #1--SEE ELEVATION FOR WINDOW HEADS AND MATERIALS)

FIRST FLOOR PLAN

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

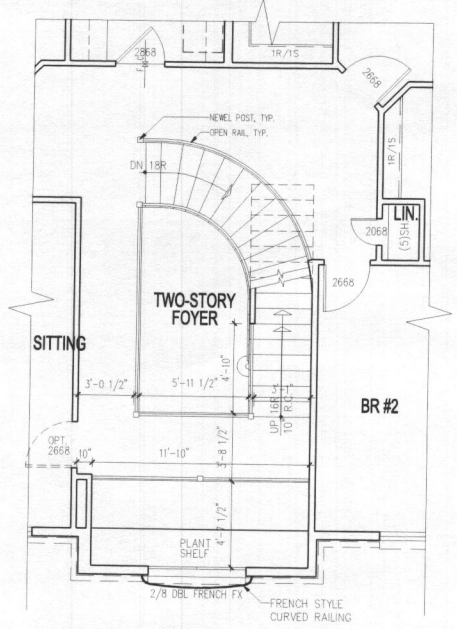
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FIRST FLOOR PLAN
 CLIENT: **CRAFTMARK HOMES / OAKMONT**
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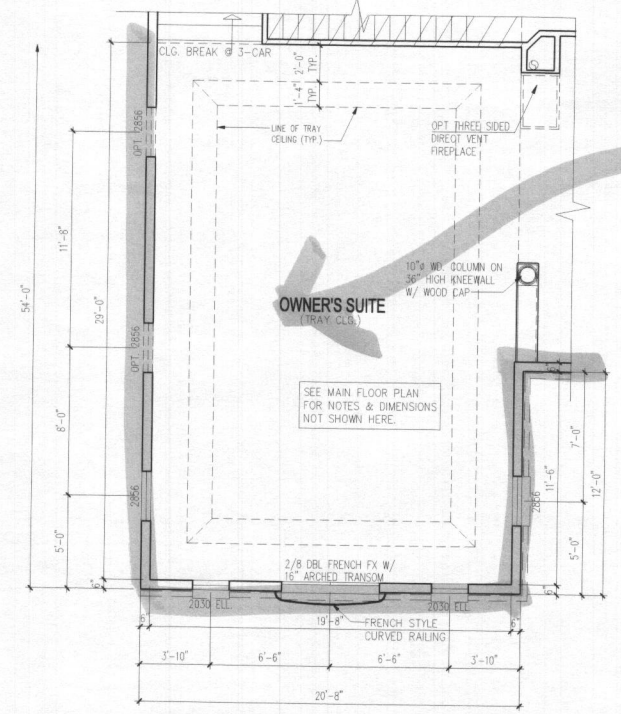
DRAWN BY:	WSP
REV. #	DATE
REV. #4	06/02/2015
ACR #1061	08/12/2015
ACR #1063	09/02/2015
ACR #1066	01/26/2017

P2060200
 SHEET No. **3-00**

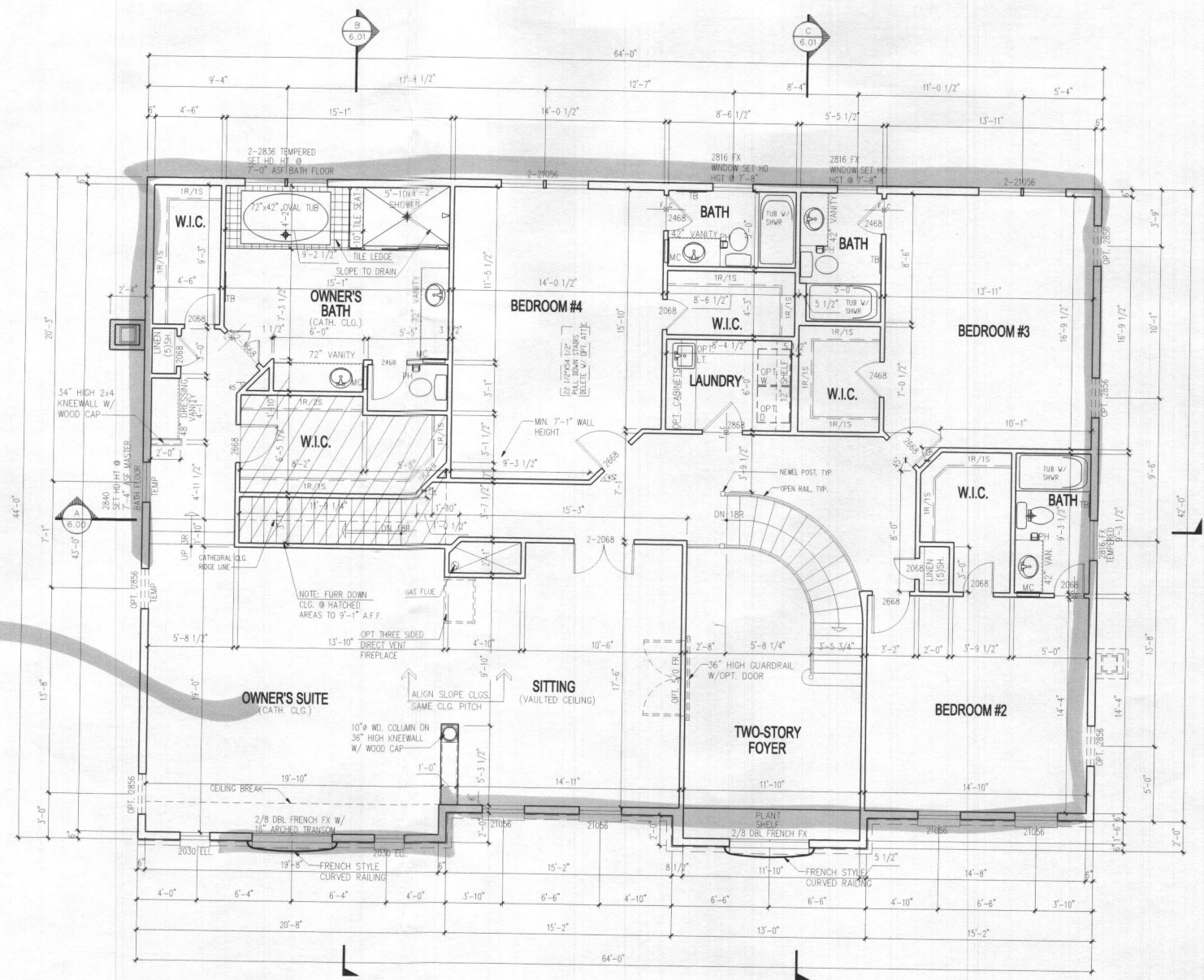
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PART. PLAN W/OPT. ATTIC
 SCALE: 1/4" = 1'-0"



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:
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SHEET TITLE: **SECOND FLOOR PLAN**
 CLIENT INFORMATION: **CRAFTMARK HOMES / OAKMONT**
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DRAWN BY: WSP	
100102005	
REV #4	06/02/2016
ACR #1001	08/01/2015
ACR #1003	06/02/2015
ACR #1006	01/26/2017

SHEET No. **3-01**

B180014004