



# 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: 01/11/15

Permit No.: 15-0000075

Building Address: 5043 CRANE MURKIN CT  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Willow Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 145  
 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: \_\_\_\_\_  
 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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:	
<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:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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		<i>[Signature]</i>

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:

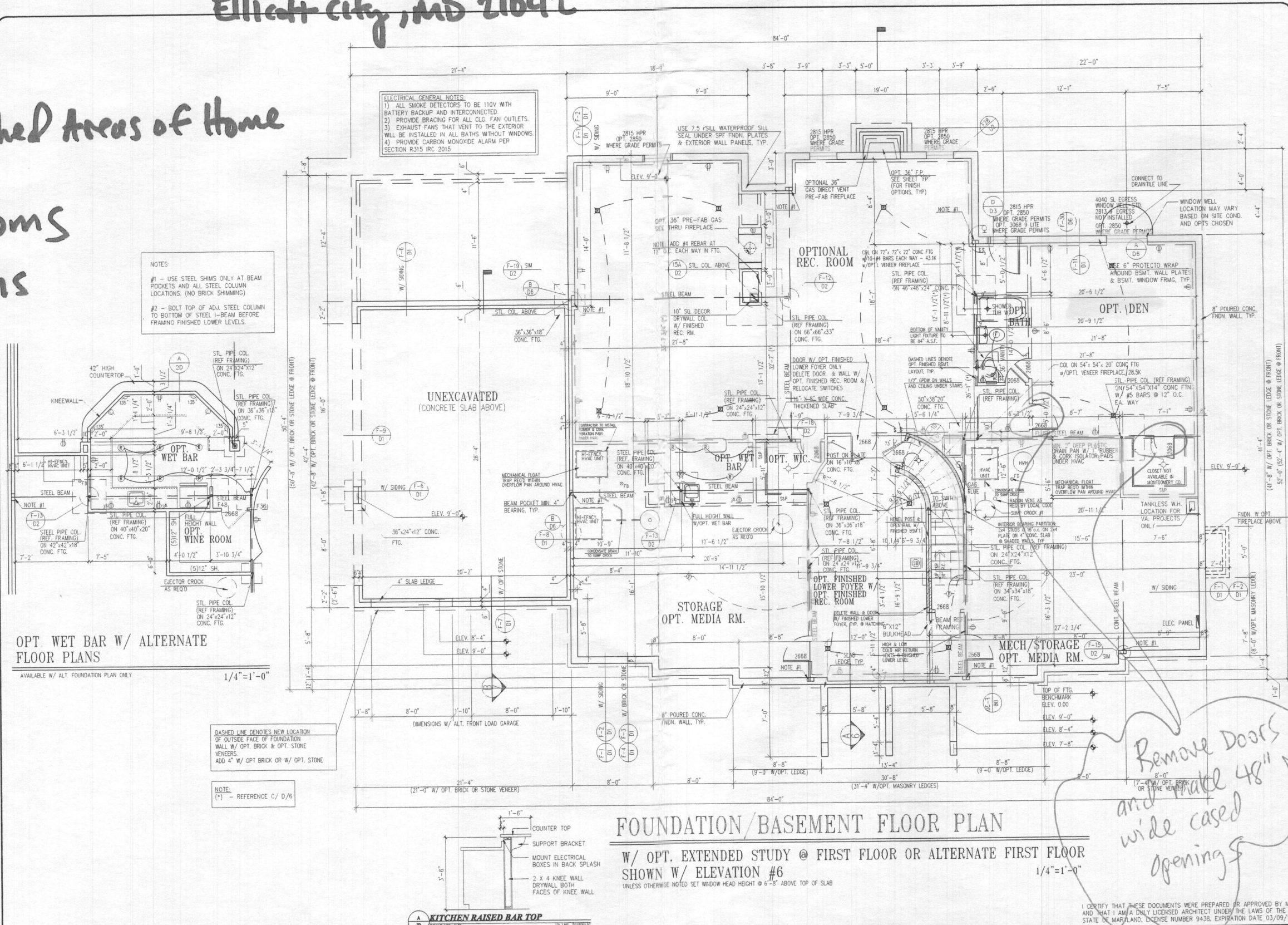
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	#

Walnut Creek - lot 145  
 5043 Cape Myrtle Ct.  
 Ellicott City, MD 21042

Health Dept.

☐ = Finished Areas of Home

5 Bedrooms  
 6 1/2 Baths



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 11111 PINE BLVD. SUITE 100  
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CLIENT INFORMATION:  
**FNDN / BSMT PLAN w/ ALT. EXT. STUDY**  
**CRAFTMARK HOMES / KENWOOD II**

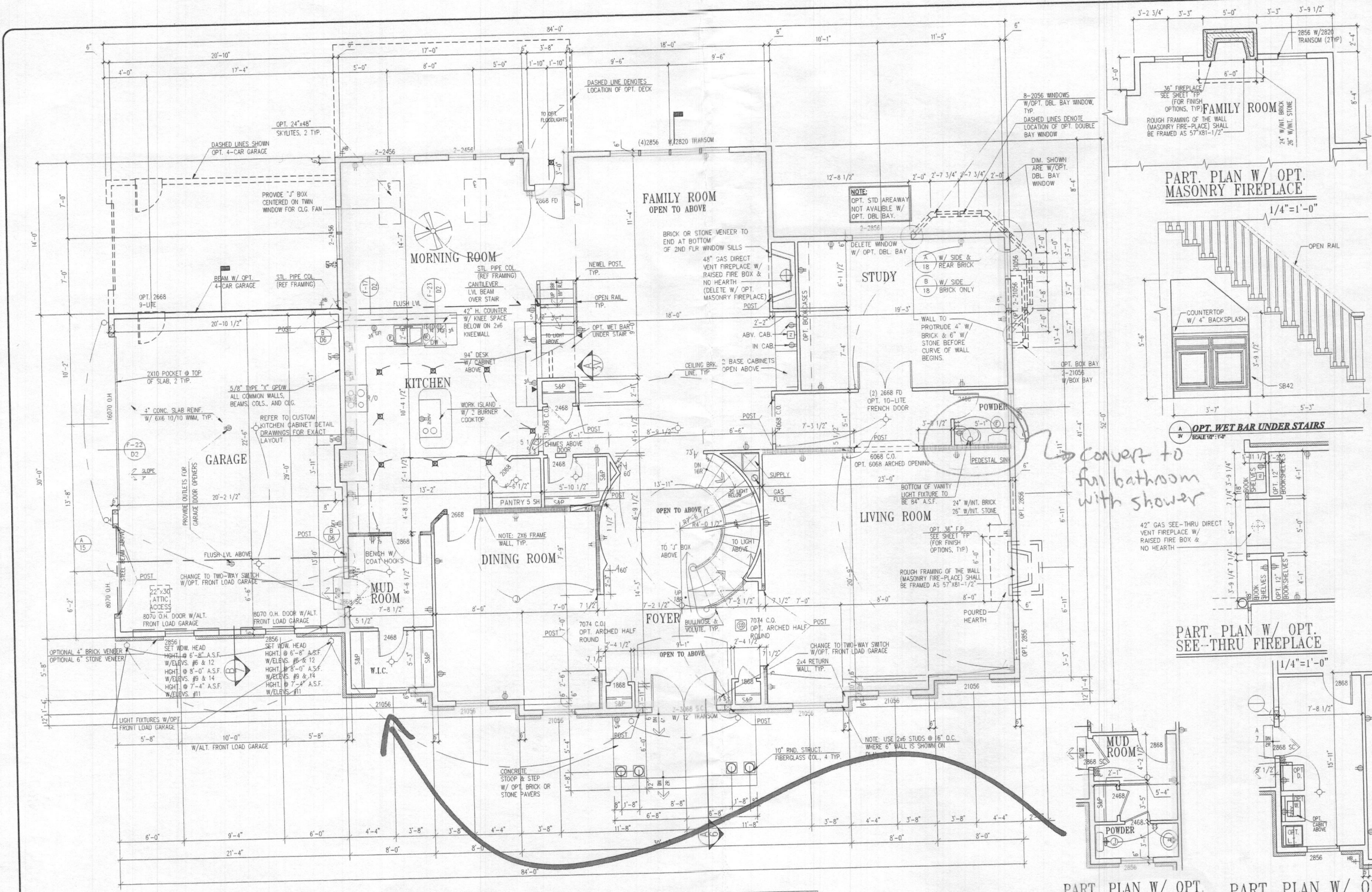
DATE: 1/4/2001

REV. NO.	DATE
REV. #1	10/09/2012
ACR #101	10/09/2012
REV. #2	07/08/2013
ACR #102	08/20/2013
REV. #3	08/27/2013
ACR #103	10/22/2013
REV. #4	03/13/2014
REV. #5	10/19/2014
REV. #6	08/05/2015

PS40022

SHEET NO.  
**20**

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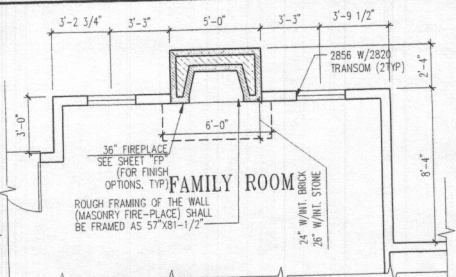
**ALT. LOWER FLOOR PLAN**

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

1/4"=1'-0"

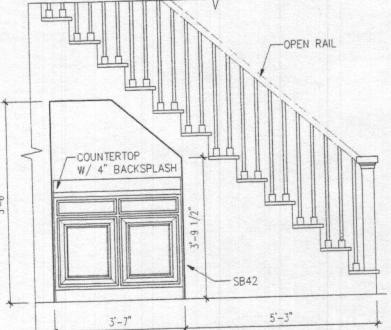
NOTE:  
WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 72" ABOVE THE GRADE OR SURFACE BELOW SHALL HAVE THE LOWEST PART OF THE CLEAR OPENING A MINIMUM OF 24" (OR PER LOCAL CODE) ABOVE THE FINISHED FLOOR UNLESS EQUIPPED WITH AN APPROVED OPENING LIMITING OR FALL PREVENTION DEVICE.

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



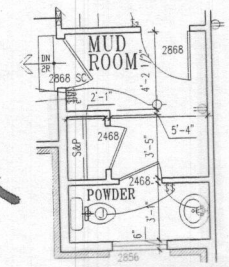
**PART. PLAN W/ OPT. MASONRY FIREPLACE**

1/4"=1'-0"



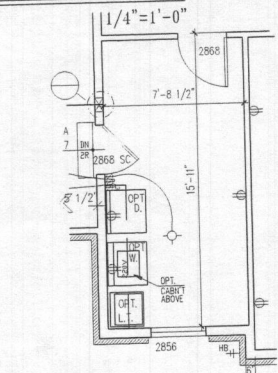
**PART. PLAN W/ OPT. SEE-THRU FIREPLACE**

1/4"=1'-0"



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

1/4"=1'-0"



**PART. PLAN W/ OPT. 1ST FLR LAUNDRY**

1/4"=1'-0"

*Convert to full bathroom with shower*

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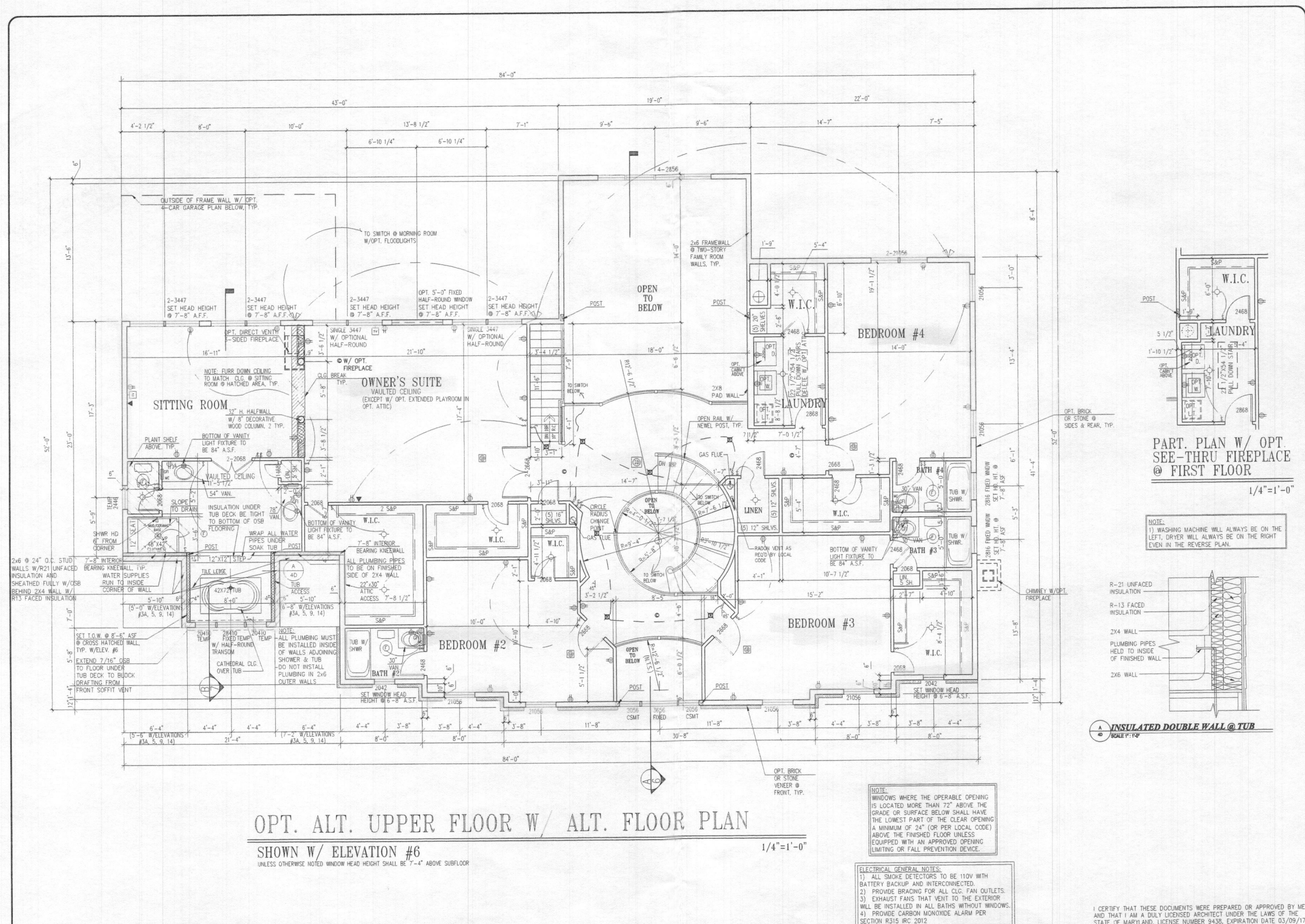
**ALT. LOWER FLOOR PLAN**  
**OPT. ALTERNATE LOWER FLOOR PLAN**  
**CRAFTMARK HOMES / KENWOOD II**

DATE	DESCRIPTION
1/4/2001	RTS
REV. #3	10/05/2012
ACR #1001	10/05/2012
REV. #4	07/20/2013
ACR #1019	06/22/2013
REV. #5	09/27/2013
ACR #1024	10/22/2013
ACR #1028	03/13/2014
REV. #6	06/21/2014
REV. #8	10/10/2014
REV. #10	05/05/2015

PS64020Y  
SHEET No. **34**

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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.

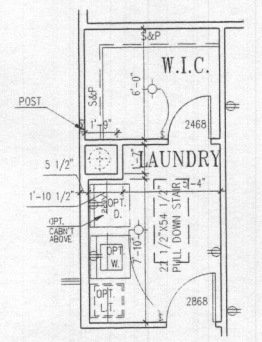


**OPT. ALT. UPPER FLOOR W/ ALT. FLOOR PLAN**  
 SHOWN W/ ELEVATION #6  
UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR

1/4"=1'-0"

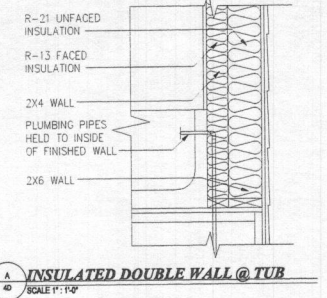
**NOTE:**  
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**ELECTRICAL GENERAL NOTES:**  
 1) ALL SMOKE DETECTORS TO BE 110V WITH BATTERY BACKUP AND INTERCONNECTED.  
 2) PROVIDE BRACING FOR ALL CLG. FAN OUTLETS.  
 3) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT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



**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 @ TUB**  
 SCALE 1/4"=1'-0"

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**ALT. UPPER FLOOR W/ ALT. FLOOR PLAN**  
 CRAFTMARK HOMES / KENWOOD II

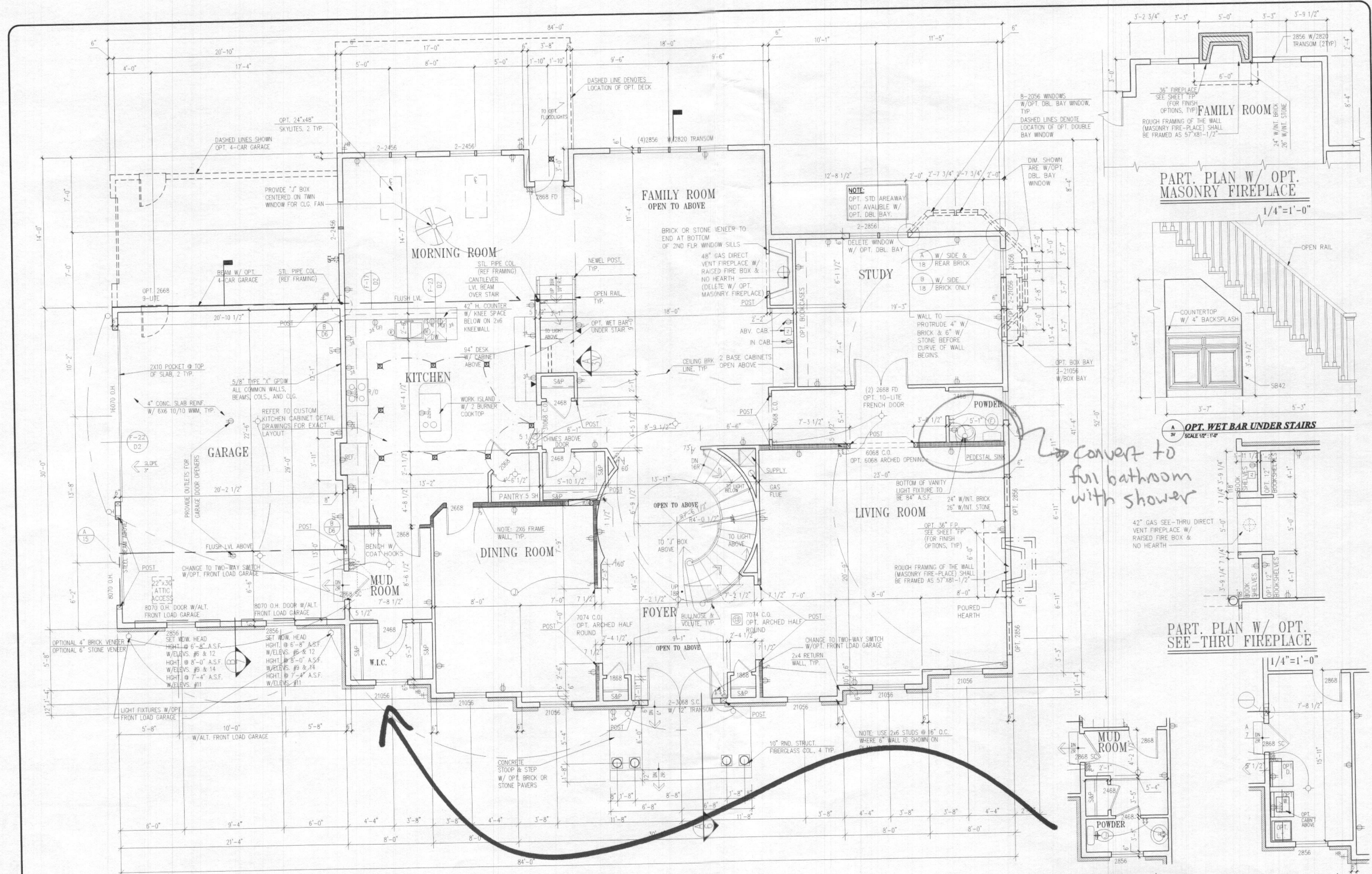
REV. NO.	DATE
REV. 01	10/05/2012
ACR #1001	10/05/2012
REV. 04	01/29/2013
ACR #1010	08/20/2013
REV. 05	09/27/2013
ACR #1024	10/22/2013
ACR #1038	03/13/2014
REV. 06	08/21/2014
REV. 08	10/02/2014
REV. 09	08/05/2015

**4D**

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**ALT. LOWER FLOOR PLAN**  
 SHOWN W/ ELEVATION #6  
 UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 8'-0" ABOVE SUBFLOOR

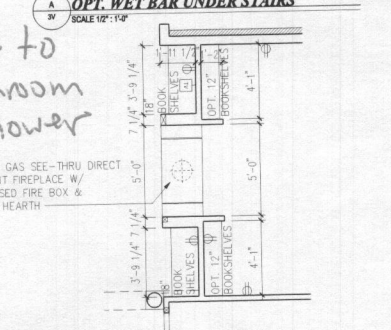
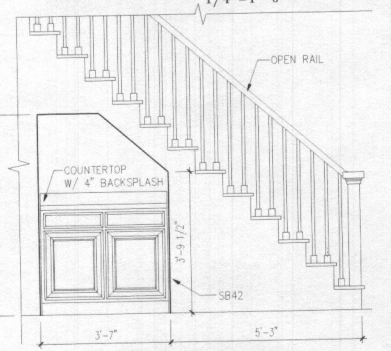
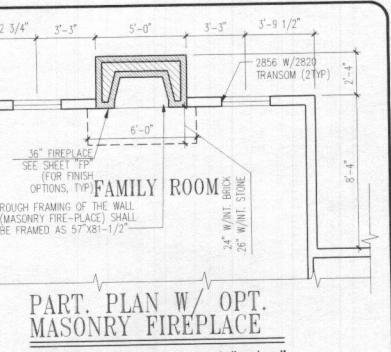
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**PART. PLAN W/ OPT. 1ST FLR POWDER @ MUD ROOM**  
 1/4"=1'-0"

**PART. PLAN W/ OPT. 1ST FLR LAUNDRY**  
 1/4"=1'-0"



Convert to full bathroom with shower

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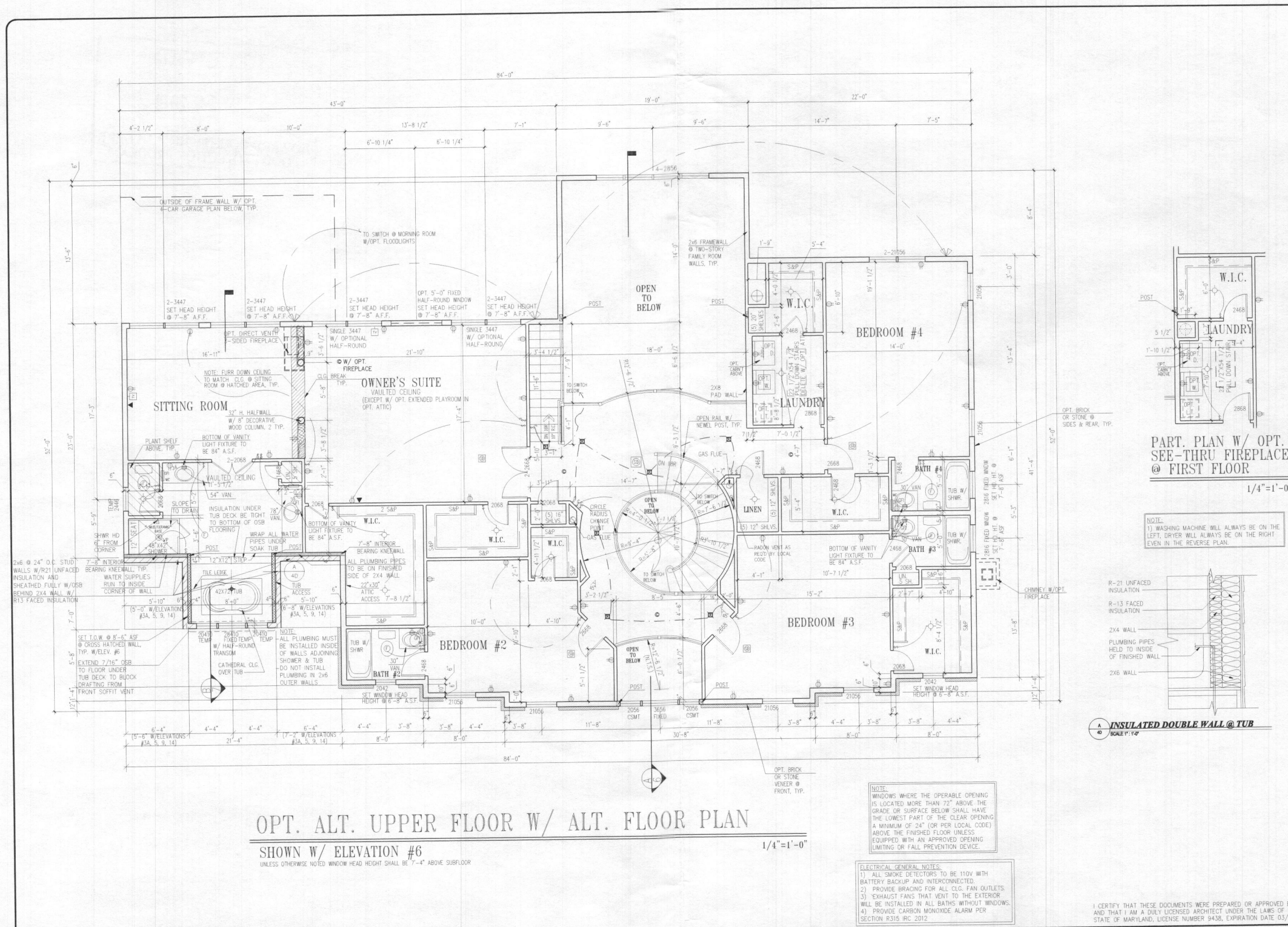
**OPT. ALTERNATE LOWER FLOOR PLAN**  
 CLIENT INFORMATION  
**CRAFTMARK HOMES / KENWOOD II**

REV. NO.	DATE	DESCRIPTION
REV. #1	10/05/2012	
ACR #1901	10/05/2012	
REV. #4	07/28/2013	
ACR #1910	06/29/2013	
REV. #5	06/27/2013	
ACR #1924	10/22/2013	
ACR #1928	03/19/2014	
REV. #6	04/01/2014	
REV. #8	10/10/2014	
REV. #10	06/05/2015	

SHEET No. **46**

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**ALT. UPPER FLOOR W/ ALT. FLOOR PLAN**  
 CLIENT INFORMATION:  
**CRAFTMARK HOMES / KENWOOD II**

REV. #	DATE
RTS	1/4/2001
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REV. #5	08/27/2013
ACR #1024	10/22/2013
ACR #1038	03/13/2014
REV. #6	08/12/2014
REV. #6	10/10/2014
REV. #10	08/05/2015

SHEET NO.  
**4D**