



# Building Permit Application

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

DILP 2016 SEP 16 AM 10:3

Date Received: \_\_\_\_\_

Permit No.: B16004120

Building Address: 2202 Hayland Farm Way  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 21047  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-13-26  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 77  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Estimated Construction Cost: \$ 250,000  
Description of Work: \_\_\_\_\_  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact 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:	<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:	
	<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: <u>5</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:	
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Grading Permit Number:</b> <u>G160002102</u>	
<b>Building Shell Permit Number:</b>	

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>10/17/16</u>	<u>[Signature]</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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>66678-1118</u>

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

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/14/16  
To: ~~Cathy Anast~~ HEALTH DEPT  
(Person's Name and Division)  
From: Fisher, Collins, & Carter, Inc. (410) 461-2855  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Walnut Creek: Phase 3: Lot 77  
Project site address 12202 Hayland Farm Way  
Permit # B16004120 SDP # GP-16-28  
Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of Permit Site Plan (Plot A.) (be specific). Well Tag No. corrected in Well Certif. Note.
- Health Department Request  DPZ/ DED Request  Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

Robert Freeman (Health Dept.)  
Please Print Name

Telephone No: 410-313-2640

E-Mail Address: r.freeman@howardcountymd.gov

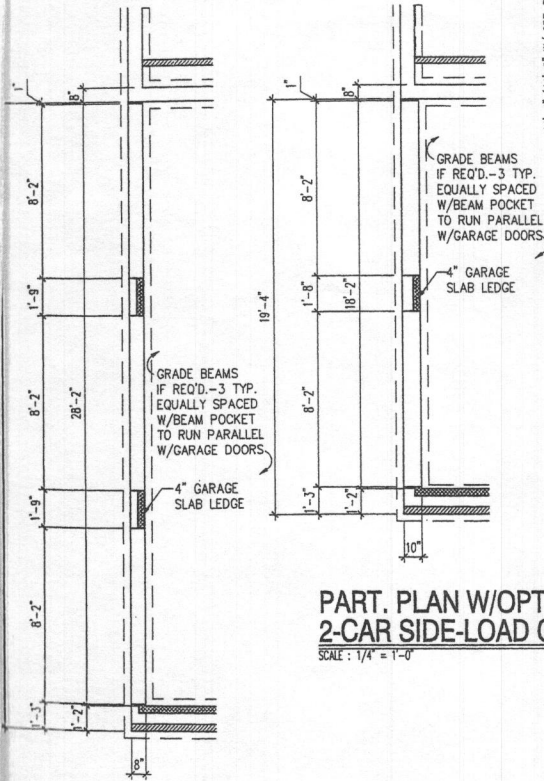
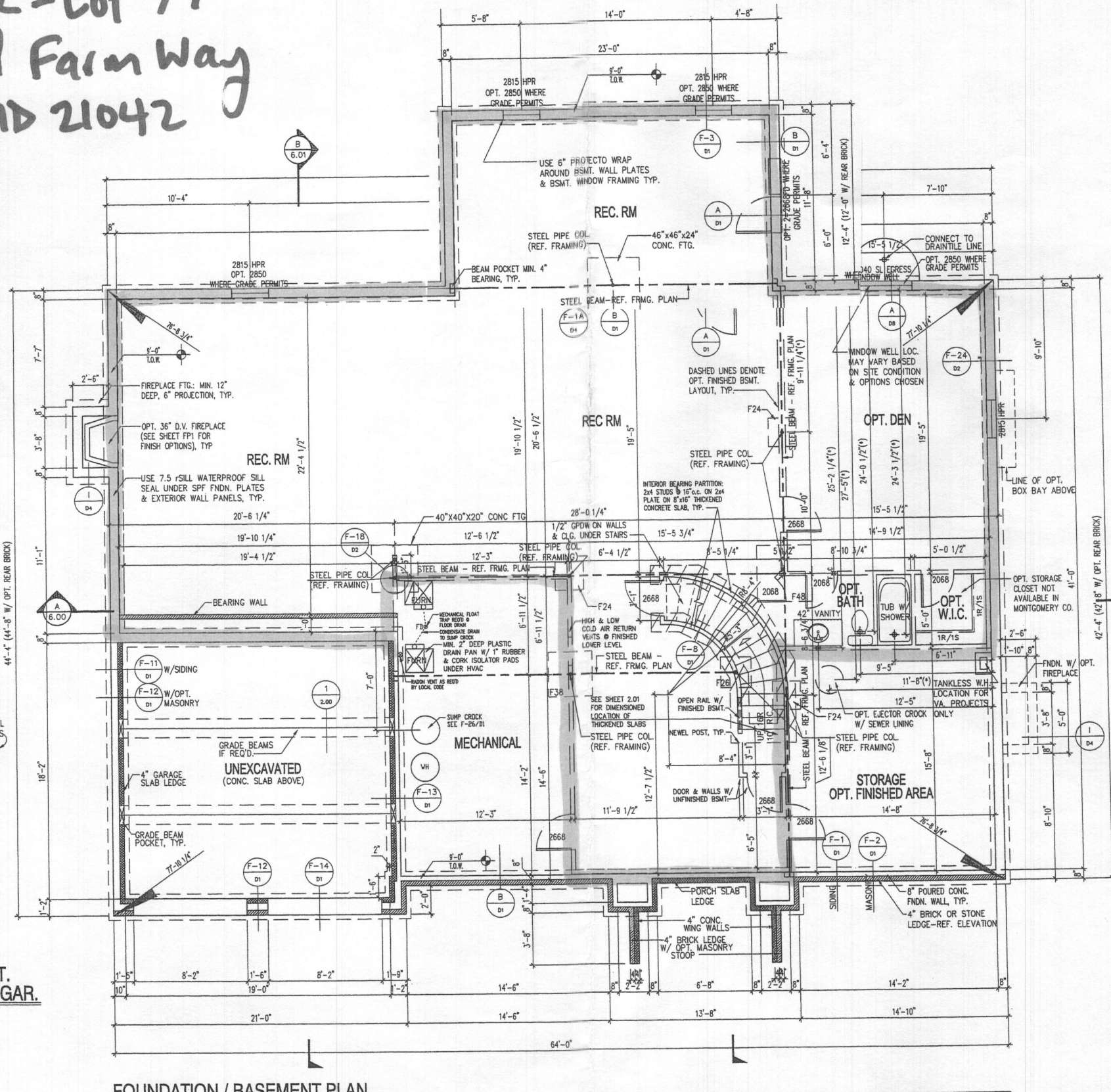
**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by AKH

PER HEALTH DEPT

Walnut Creek - Lot 77  
 12202 Hayland Farm Way  
 Elliot City, MD 21042

5 Bedrooms  
 5 1/2 Baths



**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

CONCRETE COLUMN FOOTING SCHEDULE (f'c = 3,000 psi)

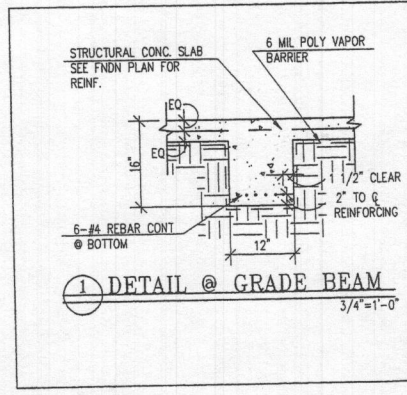
F24	=	24" x 24" x 12"
F26	=	26" x 26" x 12"
F28	=	28" x 28" x 12"
F30	=	30" x 30" x 12"
F32	=	32" x 32" x 12"
F34	=	34" x 34" x 12"
F36	=	36" x 36" x 12"
F38	=	38" x 38" x 12"
F40	=	40" x 40" x 12"
F42	=	42" x 42" x 12"
F44	=	44" x 44" x 12"
F46	=	46" x 46" x 12"
F48	=	48" x 48" x 14"
F50	=	50" x 50" x 14"
F52	=	52" x 52" x 14"
F54	=	54" x 54" x 14"
F56	=	56" x 56" x 14"
F58	=	58" x 58" x 14"
F60	=	60" x 60" x 14"
F62	=	62" x 62" x 14"
F64	=	64" x 64" x 14"
F66	=	66" x 66" x 14"
F68	=	68" x 68" x 14"
F70	=	70" x 70" x 14"
F72	=	72" x 72" x 14"

NOTE: MAXIMUM ALLOWABLE SOIL BEARING PRESSURE = 1,500 PSF

REINFORCE FOOTINGS F38 & WIDER W/ #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



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

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 Ph: 703.216.3400 • Fax: 703.216.3407 • Web Site: www.pdc-home.com

FOUNDATION / BASEMENT PLAN  
 CLIENT INFORMATION: CRAFTMARK HOMES / OAKMONT

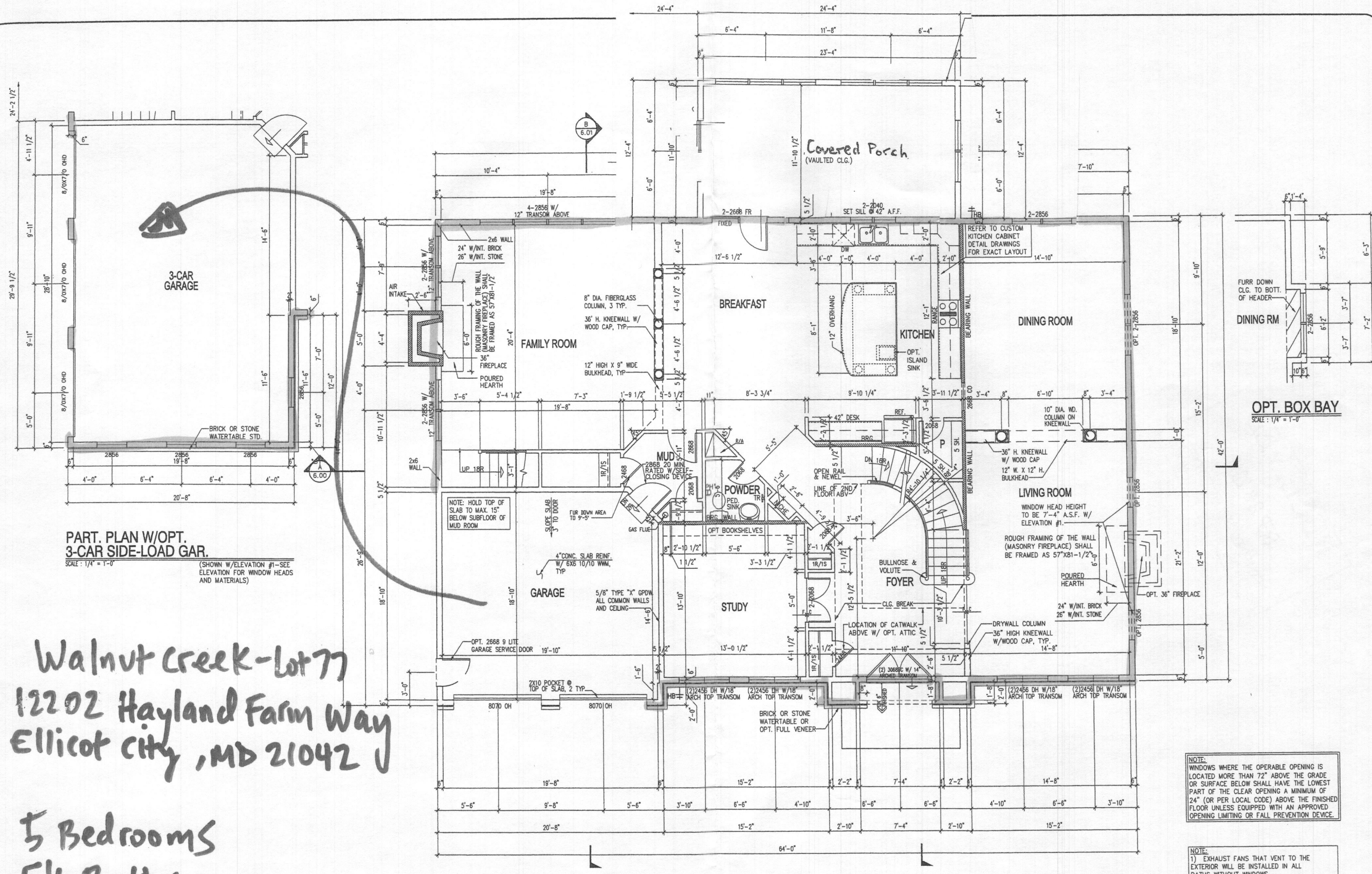
DATE: 10/01/2005  
 REV. #14 09/05/2015

2-00

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DATE:	WSP
10/01/2005	
REV. #14	06/05/2015

22060000  
 SHEET NO.  
**3-00**



**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.

Walnut Creek-Lot 77  
 12202 Hayland Farm Way  
 Ellicott City, MD 21042

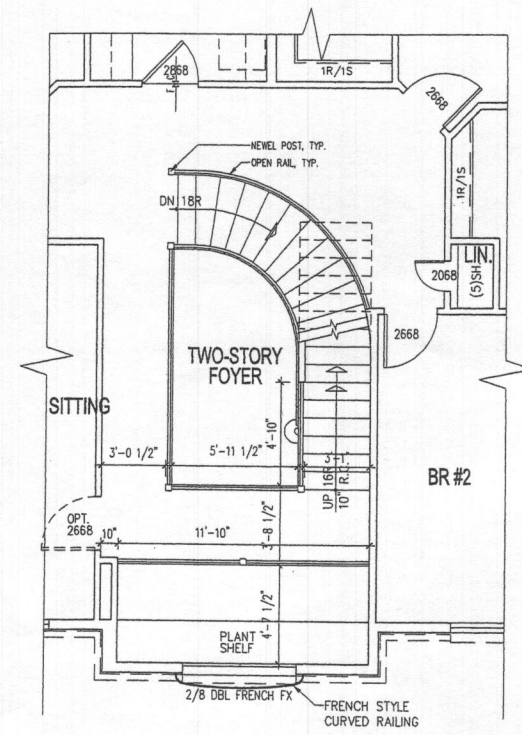
5 Bedrooms  
 5 1/2 Baths

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)

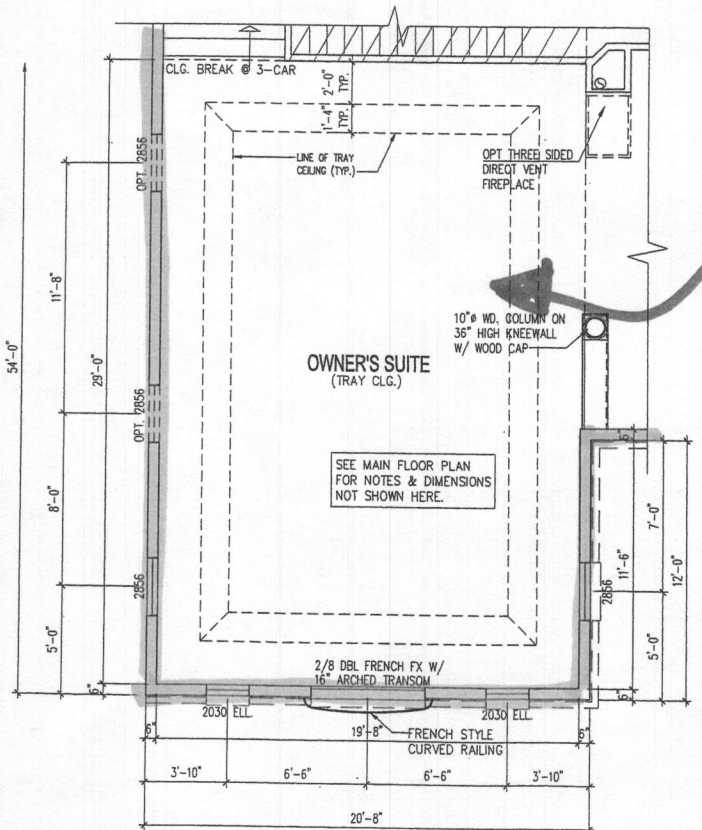
Walnut Creek - Lot 77  
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5 Bedrooms  
 5 1/2 Baths

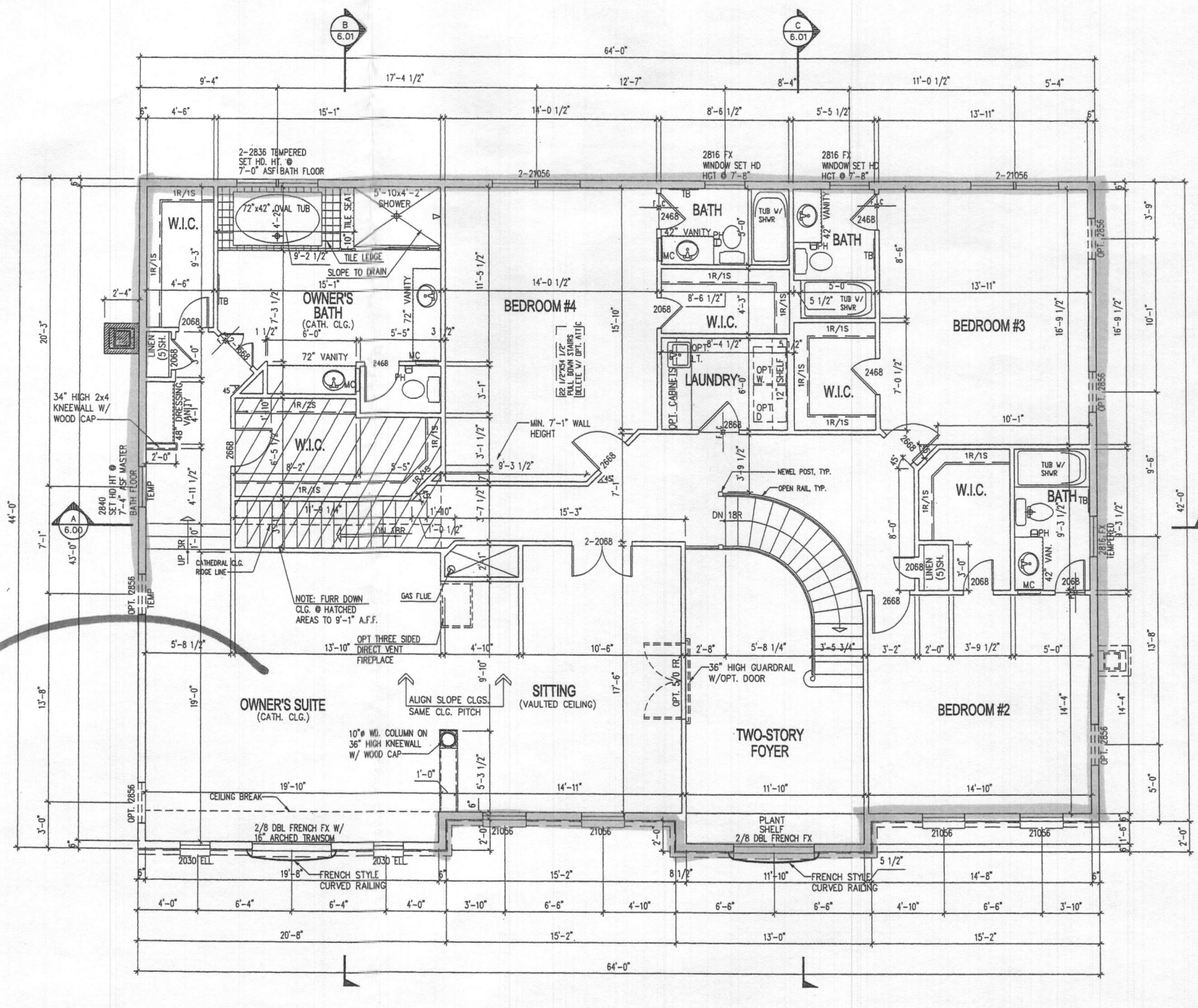
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PART. PLAN W/OPT. ATTIC  
 SCALE: 1/4" = 1'-0"



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



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

- NOTE:
- 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
  - 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 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:
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  - 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.

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SECOND FLOOR PLAN  
 CRAFTMARK HOMES / OAKMONT

DESIGNED BY	WSP
DATE	10/01/2005
REV. #1	06/05/2015

3.01





