



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: 12/14/17

Permit No.: B17004406

Building Address: 5020 CRAPEMYRTLE CT
 City: Mt Airy State: MD Zip Code: 21773
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Walden Creek
 Section: _____ Area: _____ Lot: 155
 Tax Map: 21 Parcel: 49 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: 3604 SF

Existing Use: Vacant lot
 Proposed Use: SID
 Estimated Construction Cost: \$ 250,000
 Description of Work: Build 1 1/2 story - 1100 sq ft, New 6, All-Season Pool, 3 car side load garage. Window on main house. Family Room. Security. Finished Attic - bed + bath.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Owner Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: W Business Trust
 Address: 3030 48th
 City: Urbana State: MD Zip Code: 21775
 Phone: 410-258-2377 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Harriet Hays, P/S
 Address: 6552 Gallatin Rd
 City: St Michaels State: MD Zip Code: 21629
 Phone: 410-258-2109 Fax: _____
 Email: hays@harriet-hays.com

Contractor Company: CRAFTMARK
 Contact Person: Dan Sullivan
 Address: 216 Beverly Rd, #330
 City: Mt Airy State: VA Zip Code: 22972
 License No.: 451 MMBR
 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 checked="" 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: <u>1-1/2 story</u>	
	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 checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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 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: <u>G11000379</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: _____ Print Name: _____
 Email Address: _____ Date: 12/14/17
 Title/Company: Owner/HPS

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

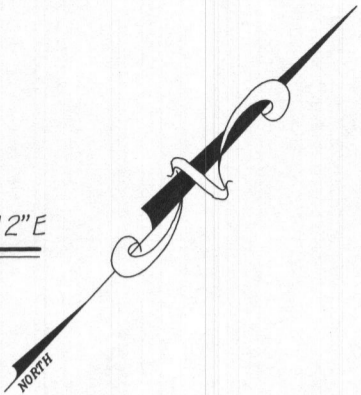
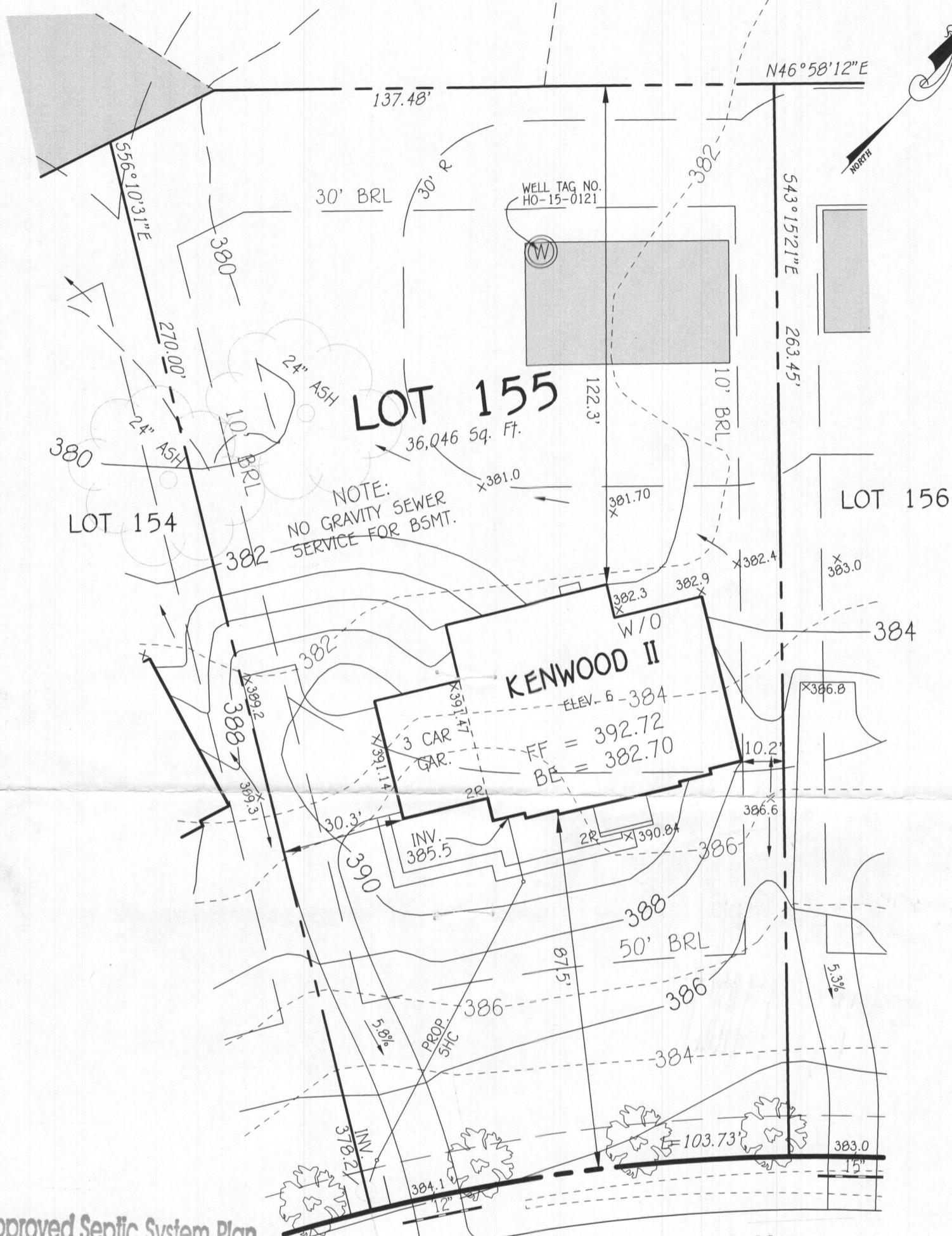
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1-8-18</u>	<u>[Signature]</u>

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	\$100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	<u>600078-100082709</u>

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



Approved Septic System Plan
 Howard County Health Department
Dana Bernard 1-8-18
 Signature Date

Approved Based **CRAPE MYRTLE COURT**
 on 5 Bedrooms Floor Plan
 with an Unfinished Basement
PLAN
 SCALE: 1" = 30'

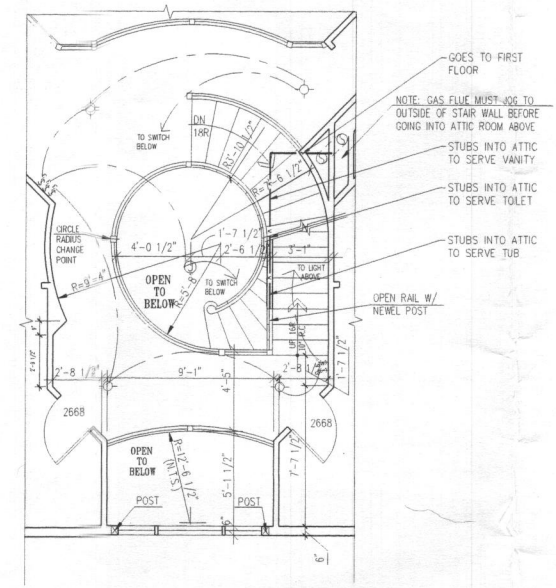
WELL CERTIFICATION:
 THE EXISTING WELL, TAG NO. HO-15-0121, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

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

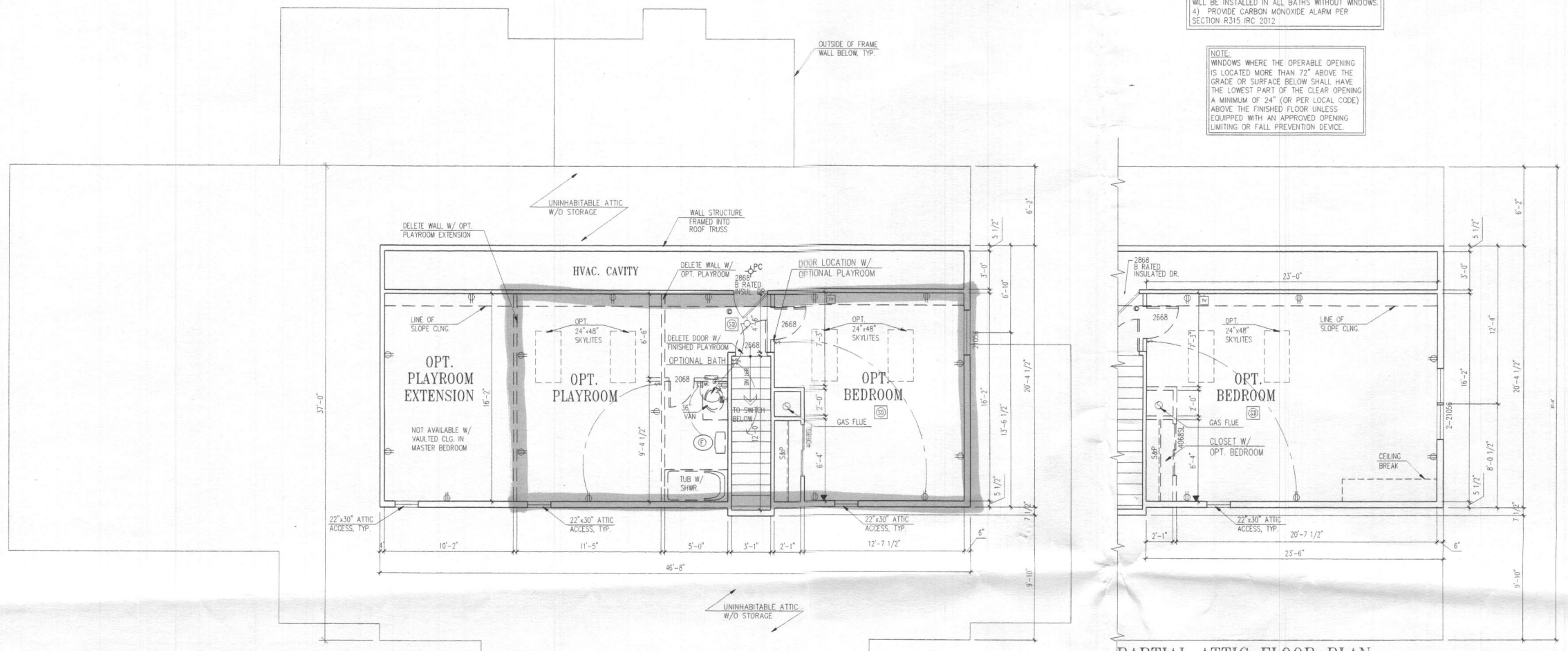
PERMIT SITE PLAN
 LOT 155
 5026 CRAPE MYRTLE COURT
WALNUT CREEK
 ZONED: RC-DEO
 TAX MAP NO.: 28 PARCEL NO.: 49 GRID NO.: 17 & 18
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: DEC. 11, 2017

UPPER HALL W/ OPT. ATTIC STAIR
 1/4"=1'-0"
 FOR ADDITIONAL NOTES SEE UPPER FLOOR PLAN SHEET 4



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.

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.



OPTIONAL ATTIC FLOOR PLAN
 1/4"=1'-0"

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-0" ABOVE SUBFLOOR

PARTIAL ATTIC FLOOR PLAN W/ OPT. STUDY
 1/4"=1'-0"

SHEET TITLE
OPT. ATTIC PLAN
 CLIENT INFORMATION
CRAFTMARK HOMES / KENWOOD II

REV. NO.	DATE
REV. #1	10/05/2012
ACR #1001	10/05/2012
REV. #4	01/09/2013
ACR #1019	06/20/2013
REV. #5	08/27/2013
ACR #1024	10/22/2013
ACR #1028	03/13/2014
REV. #6	08/21/2014
REV. #8	10/10/2014
REV. #10	06/05/2015

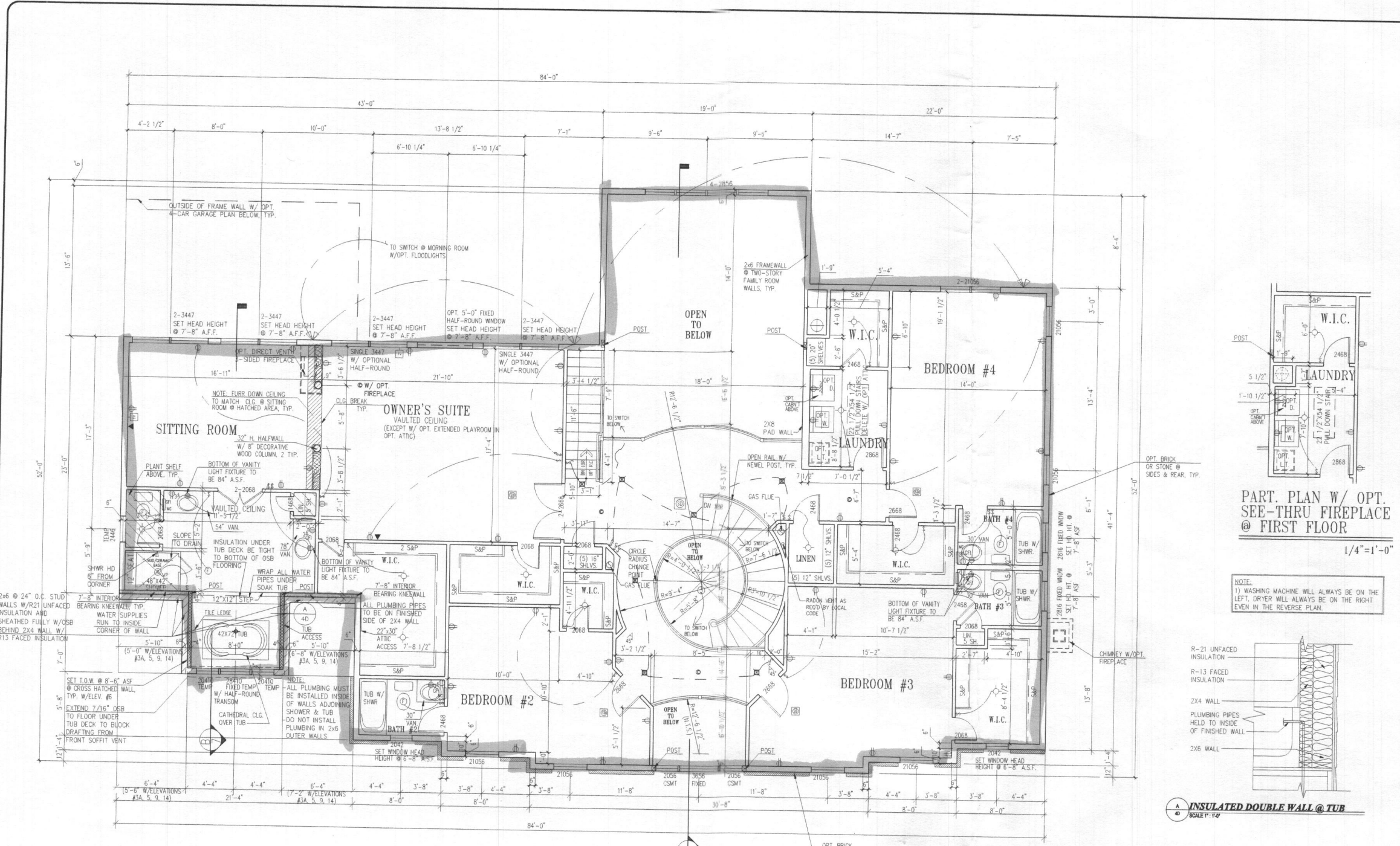
DESIGNED BY
 RTS
 1/4/2001
 SHEET No.
5

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[Shaded Area] = Finished Areas

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

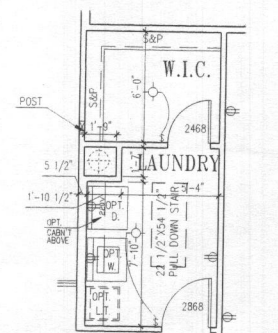


OPT. ALT. UPPER FLOOR W/ ALT. FLOOR PLAN
 SHOWN W/ ELEVATION #6
 UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR

1/4" = 1'-0"

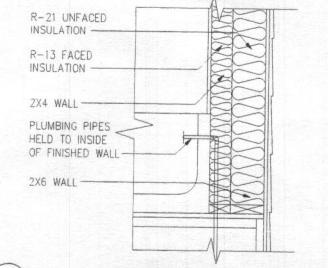
NOTE:
 WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 72" ABOVE THE GRADE OR SURFACE BELOW SHALL HAVE THE LOWEST PART OF THE CLEAR OPENING A MINIMUM OF 24" (OR PER LOCAL CODE) ABOVE THE FINISHED FLOOR UNLESS EQUIPPED WITH AN APPROVED OPENING LIMITING OR FALL PREVENTION DEVICE.

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"

PINNACLE DESIGN & CONSULTING INC.
 ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • RECONSTRUCTION
 1111 PINEWOOD BLVD. SUITE 402 • FAIRFAX, VIRGINIA 22030
 TEL: 703.251.0100 • FAX: 703.251.0100 • WWW.PDC-DC.COM

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

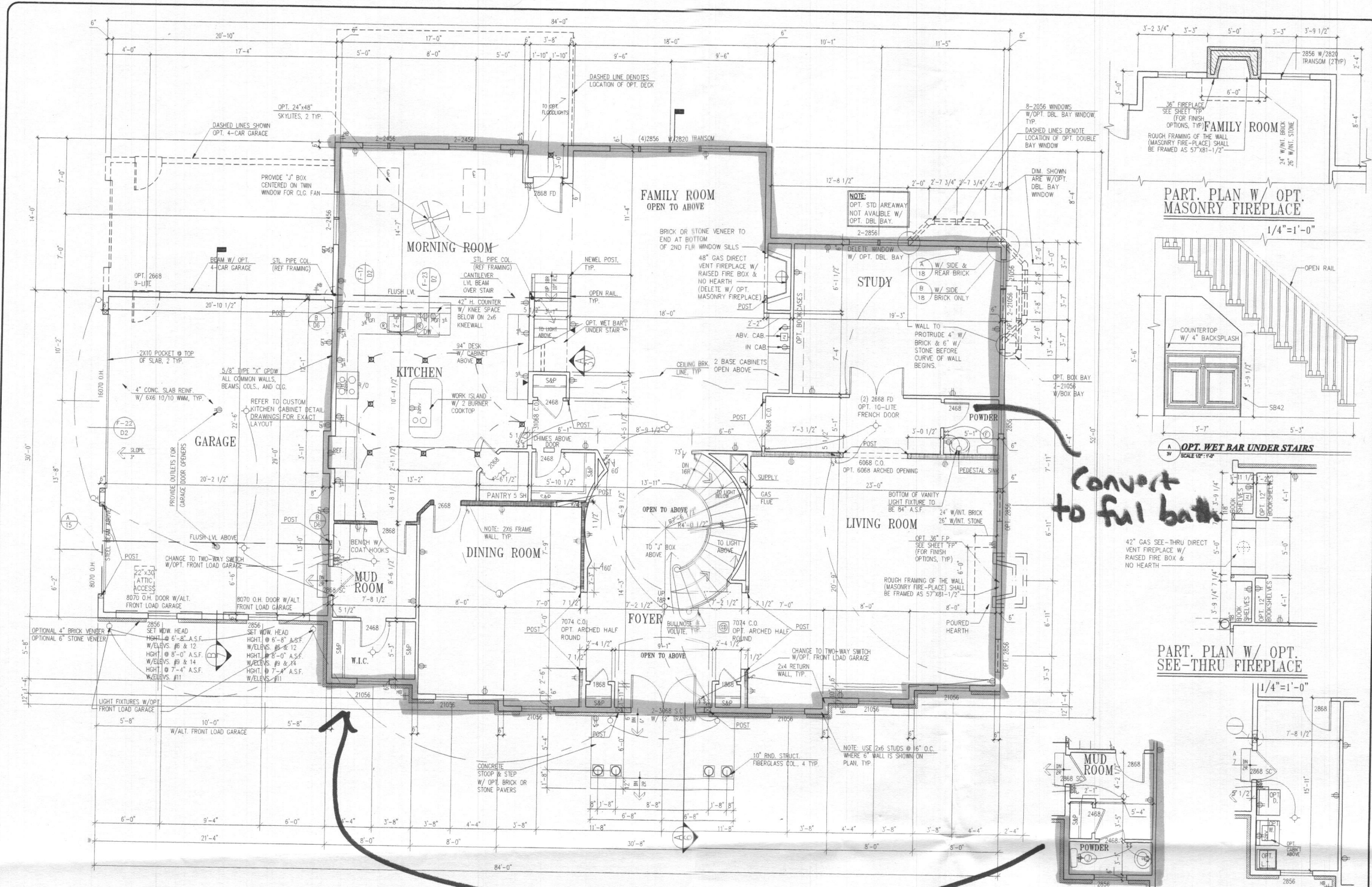
REV. NO.	DATE
REV. 00	10/05/2012
ACR #1001	10/05/2012
REV. #4	07/28/2013
ACR #1019	06/20/2013
REV. #6	06/21/2013
ACR #1024	10/22/2013
ACR #1038	08/15/2014
REV. #8	06/21/2014
REV. #9	10/10/2014
REV. #10	06/25/2015

SHEET No. **4D**

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[] = Finished Areas



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

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

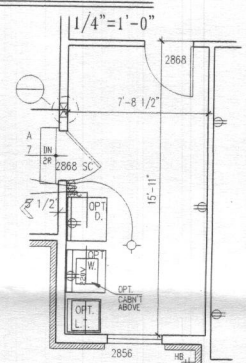
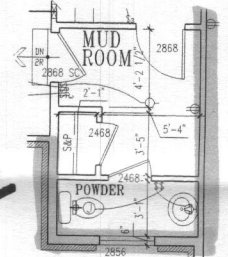
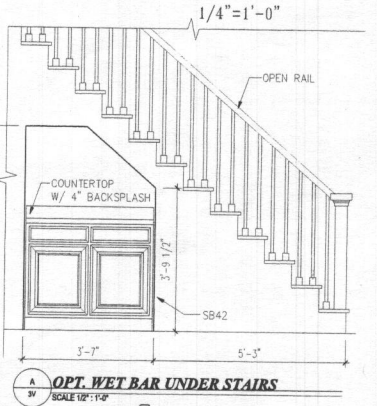
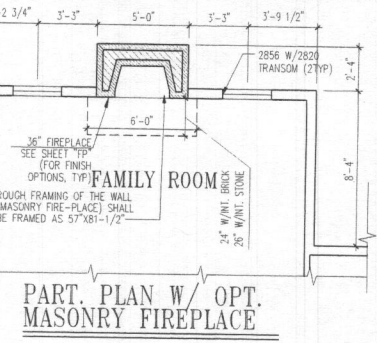
PART. PLAN W/ OPT. 1ST FLR POWDER @ MUD ROOM

1/4" = 1'-0"

PART. PLAN W/ OPT. 1ST FLR LAUNDRY

1/4" = 1'-0"

Convert to full bath



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 ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • BROCKHURST
 11150 Joffre Blvd. • Suite 402 • Fairfax, Virginia 22030
 P: 703.212.1200 • Web Site: www.pdc-homes.com

OPT. ALTERNATE LOWER FLOOR PLAN
CRAFTMARK HOMES / KENWOOD II

REV. #	DATE	DESCRIPTION
REV. #1	10/05/2012	
ACR #1001	10/05/2012	
REV. #4	07/28/2013	
ACR #1015	06/25/2013	
REV. #5	06/27/2013	
ACR #1024	10/22/2013	
ACR #1028	03/13/2014	
REV. #6	06/21/2014	
REV. #7	10/10/2014	
REV. #10	06/02/2015	

SHEET NO. **34**

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 9436, EXPIRATION DATE 03/09/17.

5026 Grape Myrtle Ct.
 Ellicott City, MD 21042

Walnut Creek - lot 155

HEALTH

B17004406

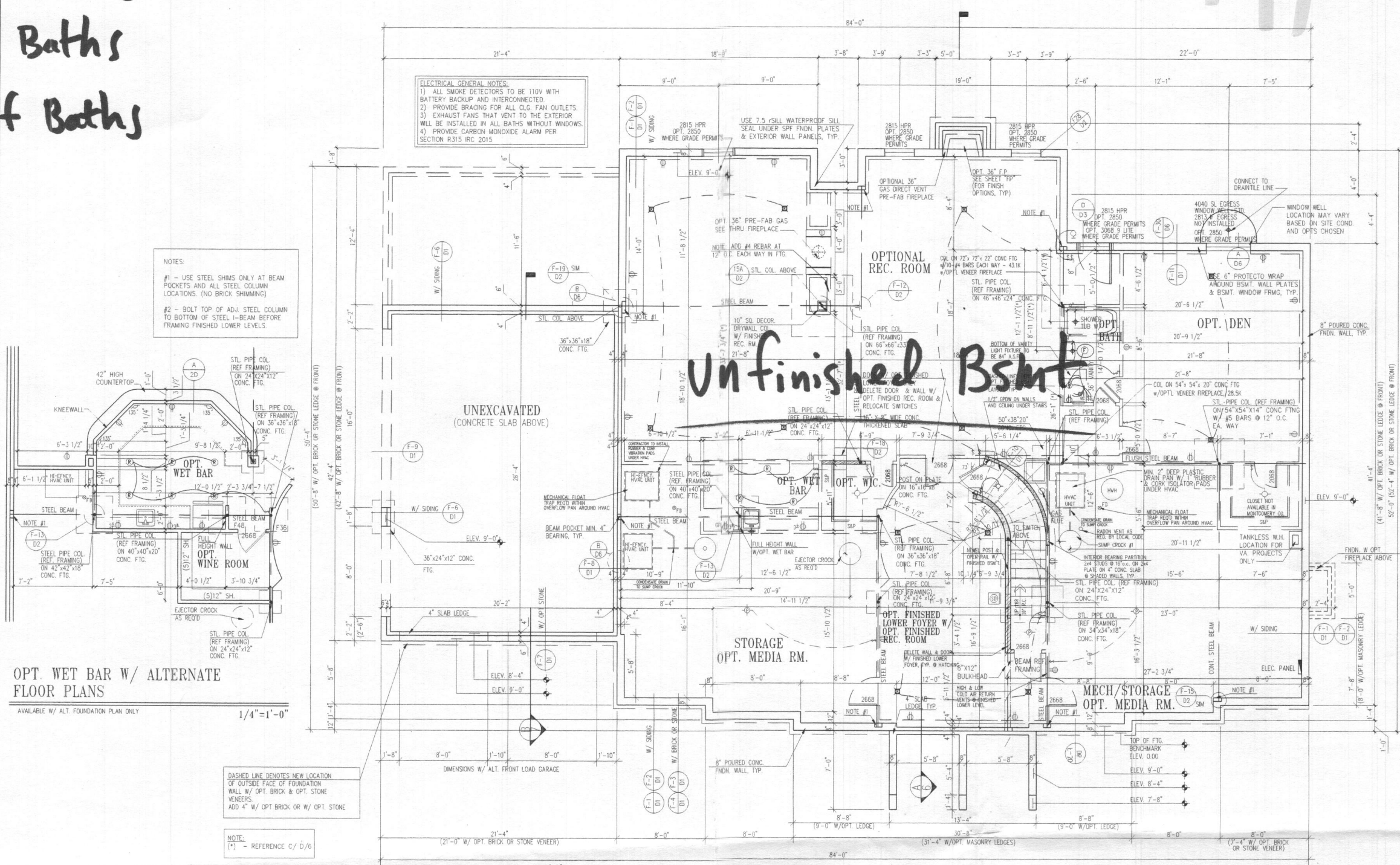
(5) Bedrooms
 (6) Full Baths
 (1) Half Bath

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 Ph: 703.218.3400 • Web Site: www.pdc-henn.com

FNDN / BSMT PLAN w/ ALT. EXT. STUDY
 CLIENT INFORMATION: CRAFTMARK HOMES / KENWOOD II

REV. #	DATE
1/4/2001	
REV. #1	10/05/2012
REV. #2	06/27/2013
REV. #3	06/28/2013
REV. #4	06/27/2013
REV. #5	06/27/2013
REV. #6	06/27/2013
REV. #7	06/27/2013
REV. #8	06/27/2013
REV. #9	06/27/2013
REV. #10	06/27/2013
REV. #11	06/27/2013
REV. #12	06/27/2013
REV. #13	06/27/2013
REV. #14	06/27/2013
REV. #15	06/27/2013
REV. #16	06/27/2013
REV. #17	06/27/2013
REV. #18	06/27/2013
REV. #19	06/27/2013
REV. #20	06/27/2013

2D



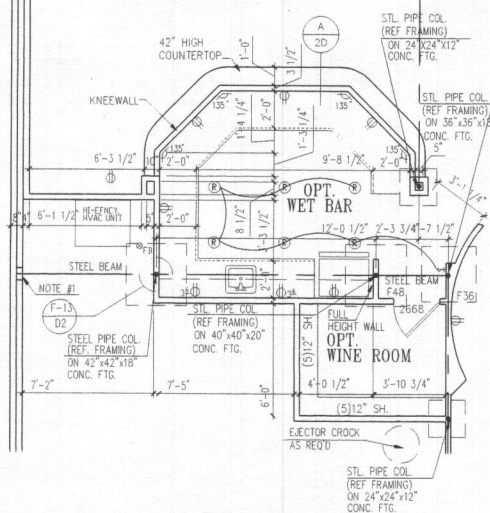
FOUNDATION/BASEMENT FLOOR PLAN

W/ OPT. EXTENDED STUDY @ FIRST FLOOR OR ALTERNATE FIRST FLOOR
 SHOWN W/ ELEVATION #6
 UNLESS OTHERWISE NOTED SET WINDOW HEAD HEIGHT @ 6'-8" ABOVE TOP OF SLAB

1/4"=1'-0"

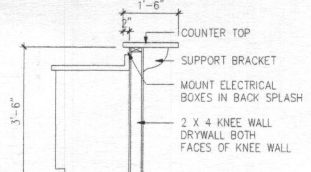
ELECTRICAL GENERAL NOTES:
 1) ALL SMOKE DETECTORS TO BE 110V WITH BATTERY BACKUP AND INTERCONNECTED.
 2) PROVIDE BRACING FOR ALL CLO. FAN OUTLETS.
 3) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
 4) PROVIDE CARBON MONOXIDE ALARM PER SECTION RJ315 IRC 2015.

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



DASHED LINE DENOTES NEW LOCATION OF OUTSIDE FACE OF FOUNDATION WALL W/ OPT. BRICK & OPT. STONE VENEERS.
 ADD 4" W/ OPT. BRICK OR W/ OPT. STONE

NOTE:
 (*) - REFERENCE C/ D/6



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