



# Building Permit Application

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

PLP 2018 NOV 21 09:14:03

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

Permit No.: BK6003951

Building Address: 10505 Drachman Road  
City: Columbia State: MD Zip Code: 21044

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: 1 Area: \_\_\_\_\_ Lot: 13

Tax Map: 35 Parcel: 328 Grid: 13

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.13 AC

Existing Use: Variant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 240,000

Description of Work: Custom Home - see plans 4 Bedroom, finished basement, unfinished attic

Occupant or Tenant: Owner

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Angela ... Volc  
Address: 150 ...  
City: ... State: MD Zip Code: ...  
Phone: ... Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: MD Zip Code: ...  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: VA Zip Code: ...  
License No.: 491-H-26  
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 checked="" 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: <u>...</u>	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
<b>Construction type:</b>	<input type="checkbox"/> Unfinished Basement	
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> State Certified Modular	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: _____	
<b>Roadside Tree Project Permit #</b>	<input checked="" 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 checked="" type="checkbox"/> Private	
Electric: <input checked="" 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<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: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date: 11/22/18  
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>1/29/19</u>	<u>H. Oswalt</u>

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</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	<u>50</u>
Guaranty Fund	\$	
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



# 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.: B19001360

Building Address: 10365 Brackburn Dr  
 City: Columbia State: MD Zip Code: 21044  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: Brackburn  
 Lot: 13 Tax Map: 35 Parcel: 278

Existing Use: SD  
 Proposed Use: SD w/ propane tank  
 Estimated Construction Cost: \$ 3000  
 Description of Work: Install tank for propane tank

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

Property Owner's Name: Amelia Beverly Valley  
 Address: 10365 Brackburn Dr  
 City: Columbia State: MD Zip Code: 21044  
 Phone: 410-801-1902 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Mirabelle Clancy  
 Address: P.O. Box 310  
 City: Queenstown State: MD Zip Code: 21128  
 Phone: 410-326-7511 Fax: \_\_\_\_\_  
 Email: mirabelle@appliedandapproved.com

Contractor Company: \_\_\_\_\_  
 Contact Person: Dennis Brown  
 Address: 1625 Hampton Rd  
 City: Marriottsville State: MD Zip Code: 21104  
 License No.: 81215  
 Phone: 410-784-5281 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" 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"/> 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	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: \_\_\_\_\_ Print Name: Mirabelle Clancy  
 Email Address: mirabelle@appliedandapproved.com Date: 5/2/19  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		<u>S. B. Beard</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>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>6677</u>

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

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Friday, December 07, 2018 10:00 AM  
**To:** 'David Schoen'  
**Subject:** B18003951\_10865 Braeburn Drive

Hello David:

Good morning. This office is in receipt of the building permit for 10865 Braeburn Drive. I need clarification on the entrance into the Den in the basement. Is the entrance into the den a cased opening without a sliding door? What is the width of the cased opening?

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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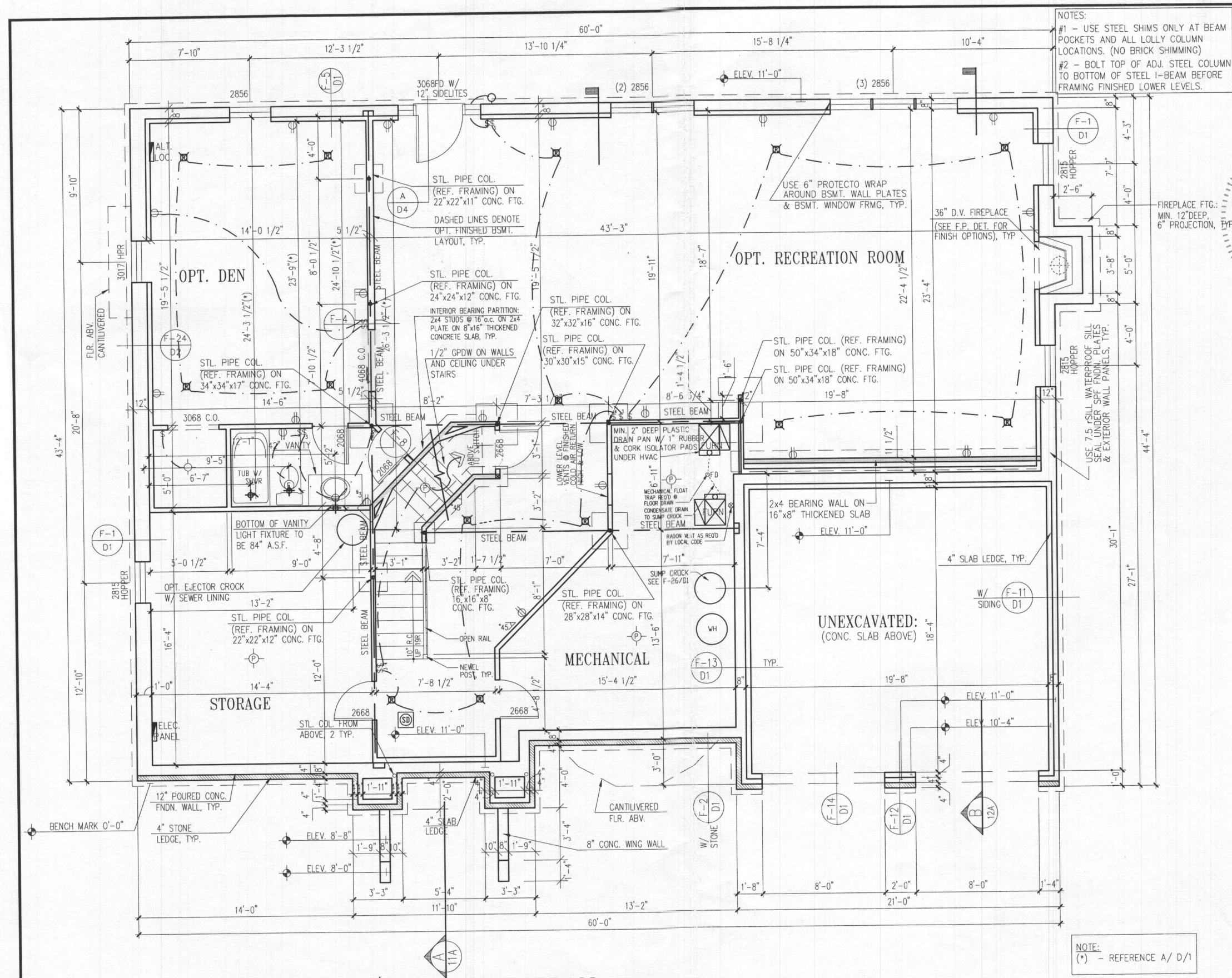
Please

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**FOUNDATION / BASEMENT PLAN**

**CLIENT INFORMATION**  
**CRAFTMARK HOMES / OAKTON - 10865 BRAEBURN RD.**  
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DRAWN BY: RTS	
11/23/05	
REV No.	DATE
REV.	XXXX/XXXX

P36702C	
SHEET No.	
20	

**FOUNDATION/BASEMENT PLAN**

UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3 1/2"  
 UNLESS OTHERWISE NOTED SET ALL DH WNDWS @ 6'-8".

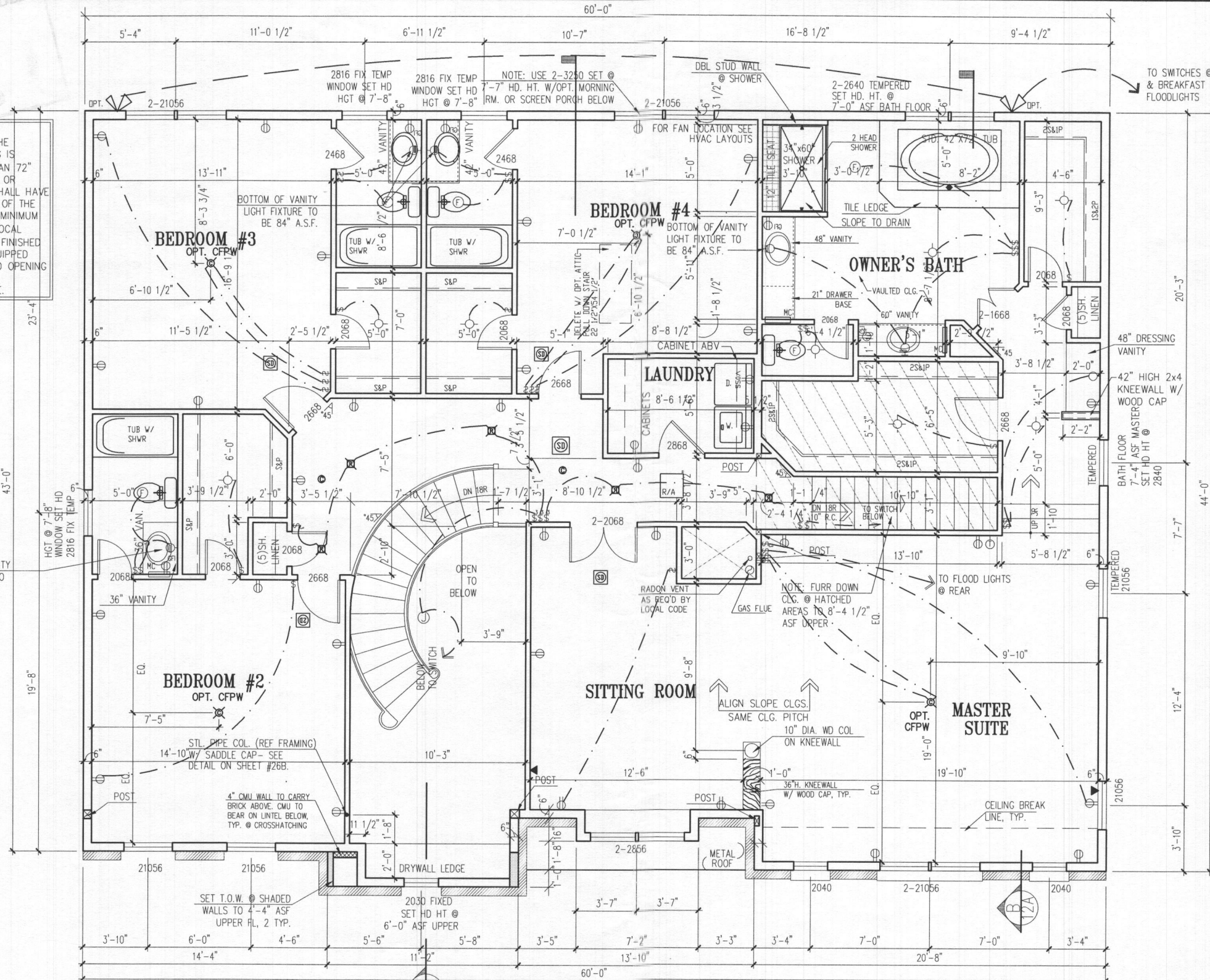
1/4" = 1'-0"

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 03/09/19



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.

BOTTOM OF VANITY LIGHT FIXTURE TO BE 84" A.S.F.



# UPPER FLOOR PLAN

1/4" = 1'-0"

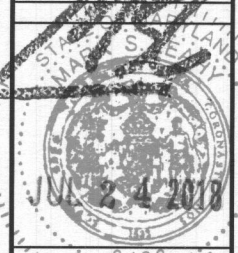
UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR  
UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3 1/2"

- NOTE #1:
- 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) PROVIDE CARBON MONOXIDE ALARM PER SECTION R315 2015 IRC.

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 03/09/19

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FAIRFAX, VA 22030  
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**UPPER FLOOR PLAN**  
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