



Building Permit Application

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

DLP 2019 MAY 31 AM 11:00

Date Received: _____

B19001812

Permit No.: _____

OK
OK
5/31/19

Building Address: **5018 CRAPE MYRTLE**
 City: _____ State: **MD** Zip Code: **21765**
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: **157**
 Tax Map: **25** Parcel: **47** Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: **5300 Sq**
 Existing Use: **vacant lot**
 Proposed Use: **SFD**
 Estimated Construction Cost: \$ **250,000**
 Description of Work: **Mulch in front - back yard, 1st & 2nd floor side lot garage, in front - back yard 2012 SUPPLIED EXH**
 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: **Business**
 Address: _____
 City: _____ State: **MD** Zip Code: **21765**
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: **MD** Zip Code: **21765**
 Phone: _____ Fax: _____
 Email: _____
 Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: **VA** Zip Code: **22001**
 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 checked="" 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: _____
Use group: _____	<input type="checkbox"/> Finished Basement
	<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: 5
<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: _____
<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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" 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: 619000178	
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	6/12/19	H. Oswald

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	\$ 150.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 6007A 600930

B19001812

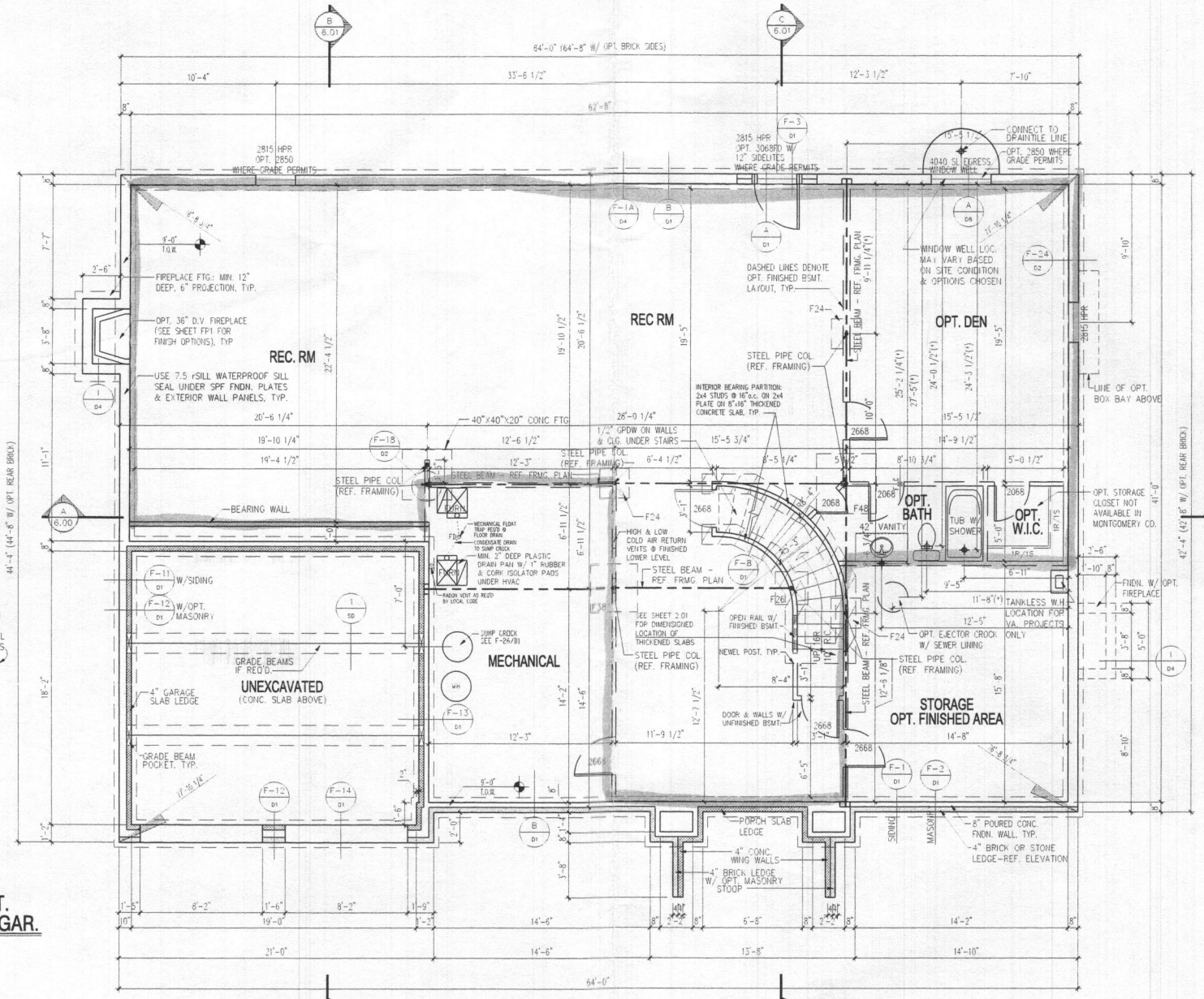
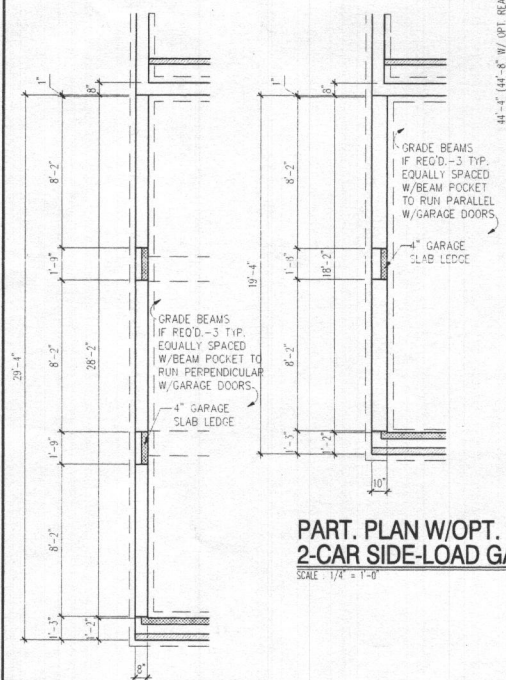
HEALTH DEPT

5 Bedrooms
5 1/2 Baths

Walnut Creek - Lot 157
5018 Grape Myrtle Ct.
Ellicott City, MD 21042

■ = Finished Areas of Home

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



CONCRETE COLUMN FOOTING SCHEDULE (f_c = 3,000 psi)

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" 11ga
 P3511 = 3.5" 11ga
 P411 = 4" 11ga

SCHEDULE 40 PIPE COLUMNS:
 P340 = 3" S40 PIPE COL
 P3540 = 3.5" S40 PIPE COL
 P440 = 4" S40 PIPE COL
 P540 = 5" S40 PIPE COL
 P640 = 6" S40 PIPE COL

FOUNDATION / BASEMENT PLAN
 SCALE: 1/4" = 1'-0"
 NOTE:
 1) PREFERENCE 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 • ARCHITECTURES
 11150 Falls Rd. • Suite 402 • Fairfax, Virginia 22030
 Ph: 703.218.3400 • Fax: 703.218.3407 • Web Site: www.pdc-home.com

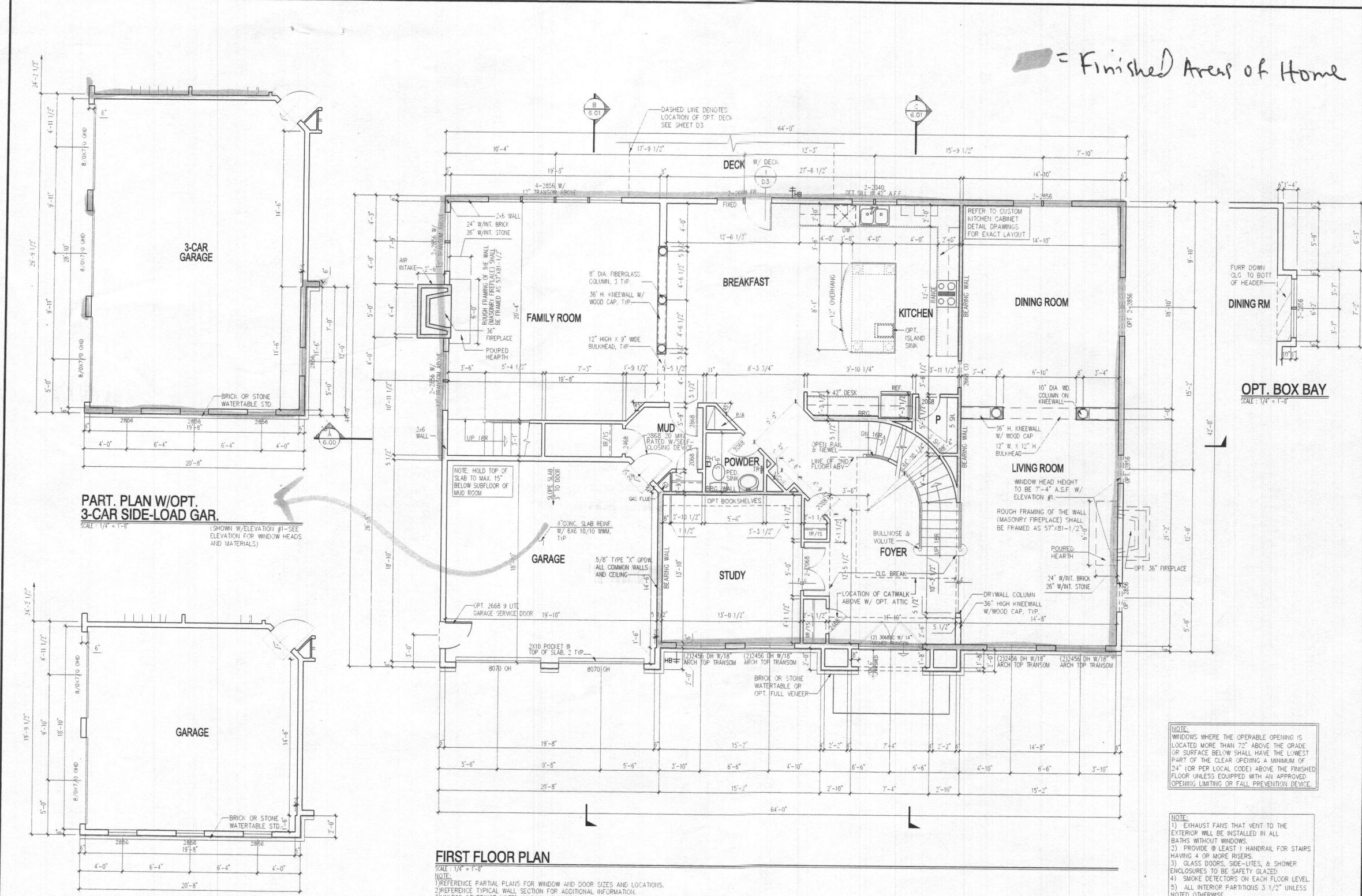
FOUNDATION / BASEMENT PLAN
 CRAFTMARK HOMES / OAKMONT

DATE	08/01/2005
REV. #14	08/05/2015
ACR #1081	08/01/2015
ACR #1083	08/02/2015
ACR #1086	01/28/2017

2.00

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

■ = Finished Areas of Home



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) PREFERENCE PARTIAL PLANS FOR WINDOW AND DOOR SIZES AND LOCATIONS.
 2) PREFERENCE 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:
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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) ALL INTERIOR PARTITIONS 3 1/2" UNLESS NOTED OTHERWISE.

FIRST FLOOR PLAN
 CLIENT INFORMATION:
CRAFTMARK HOMES / OAKMONT
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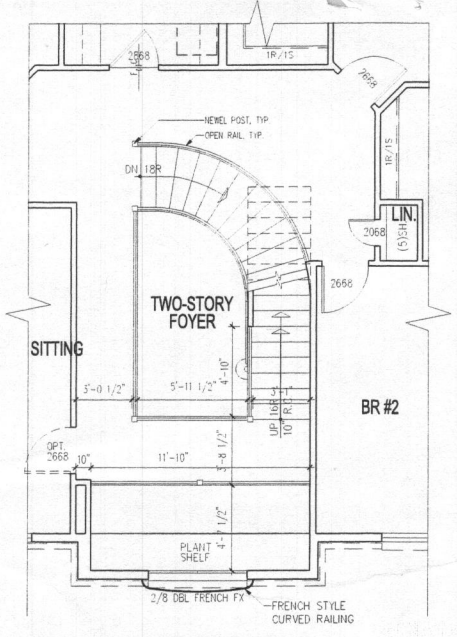
DRAWN BY:
WSP

REV. #	DATE
10/12/2005	
REV. #1	06/05/2015
ACR #1081	08/21/2015
ACR #1083	09/02/2015
ACR #1086	01/08/2017

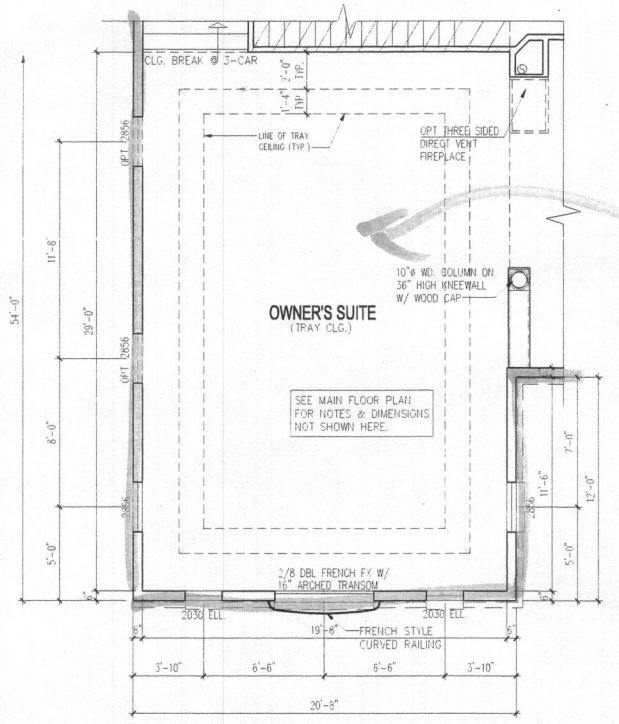
SHEET No.
3-00

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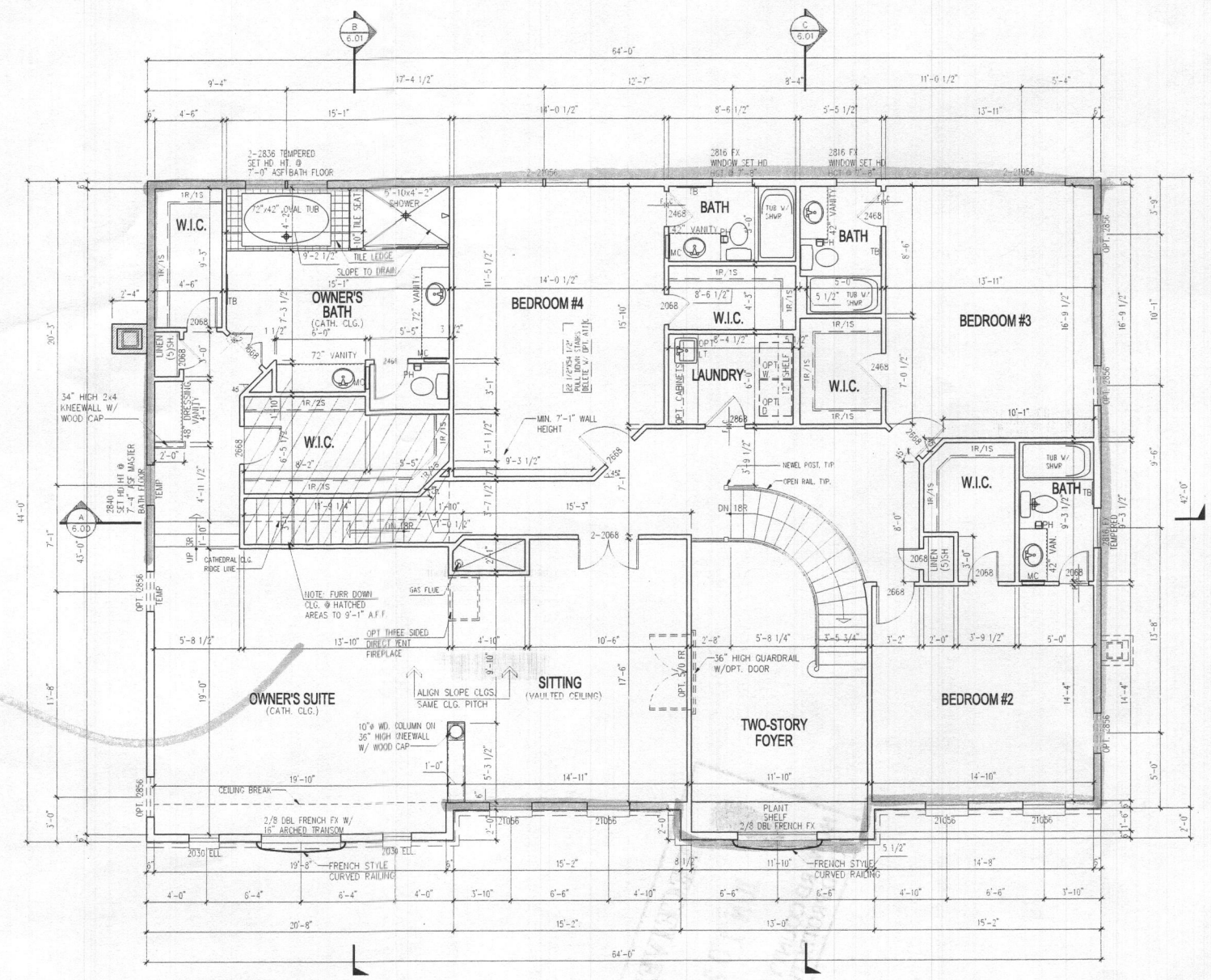
■ = Finished areas of home



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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 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:
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SECOND FLOOR PLAN
 CLIENT INFORMATION:
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DRAWN BY:
WSP

REV. #	DATE
10012005	
REV. #4	06/05/2015
ACR #1061	08/02/2015
ACR #1063	09/02/2015
ACR #1066	01/28/2017

SHEET No.
3-01