



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.: B19003183

Building Address: 5014 Grape Ridge Court
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: 1-15039 GP
Census Tract: _____ Subdivision: Walnut Creek
Section: Phase 4 Area: _____ Lot: 158
Tax Map: 28 Parcel: 49 Grid: _____
Zoning: CR-P60 Map Coordinates: _____ Lot Size: 33000

Property Owner's Name: Williamburg
Address: PO Box 482
City: Ellicott City State: MD Zip Code: 21760
Phone: 410 Fax: _____
Email: See below

Existing Use: Vacant lot
Proposed Use: Single family Home
Estimated Construction Cost: \$ 60,648
Description of Work: Building 4,000 sq. ft. single-story garage, morning room, unfinished CSuit
5 1/2" x 4.5 Panels, 5860 sqft

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Contractor Company: Williamburg Group LLC
Contact Person: Christine
Address: 5451 Krippe Farm Rd #20
City: Columbia State: MD Zip Code: 21044
License No.: 155
Phone: 410-977-8000 Fax: 410-977-4356
Email: Christine@williamburgllc.com

Engineer/Architect Company: FCC
Responsible Design Prof.: Dave Harward
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-461-2855 Fax: _____
Email: Dave@fccc-eng.com

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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private <u>CCCCCCCC Well</u>
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private <u>Hard Septic</u>
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 type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: <u>B19000075</u>
Building Shell Permit Number: <u>(315)</u>

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: Christine Wine
Email Address: Christine@williamburgllc.com
Title/Company: _____

Print Name: CHRISTINE WINE
Date: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

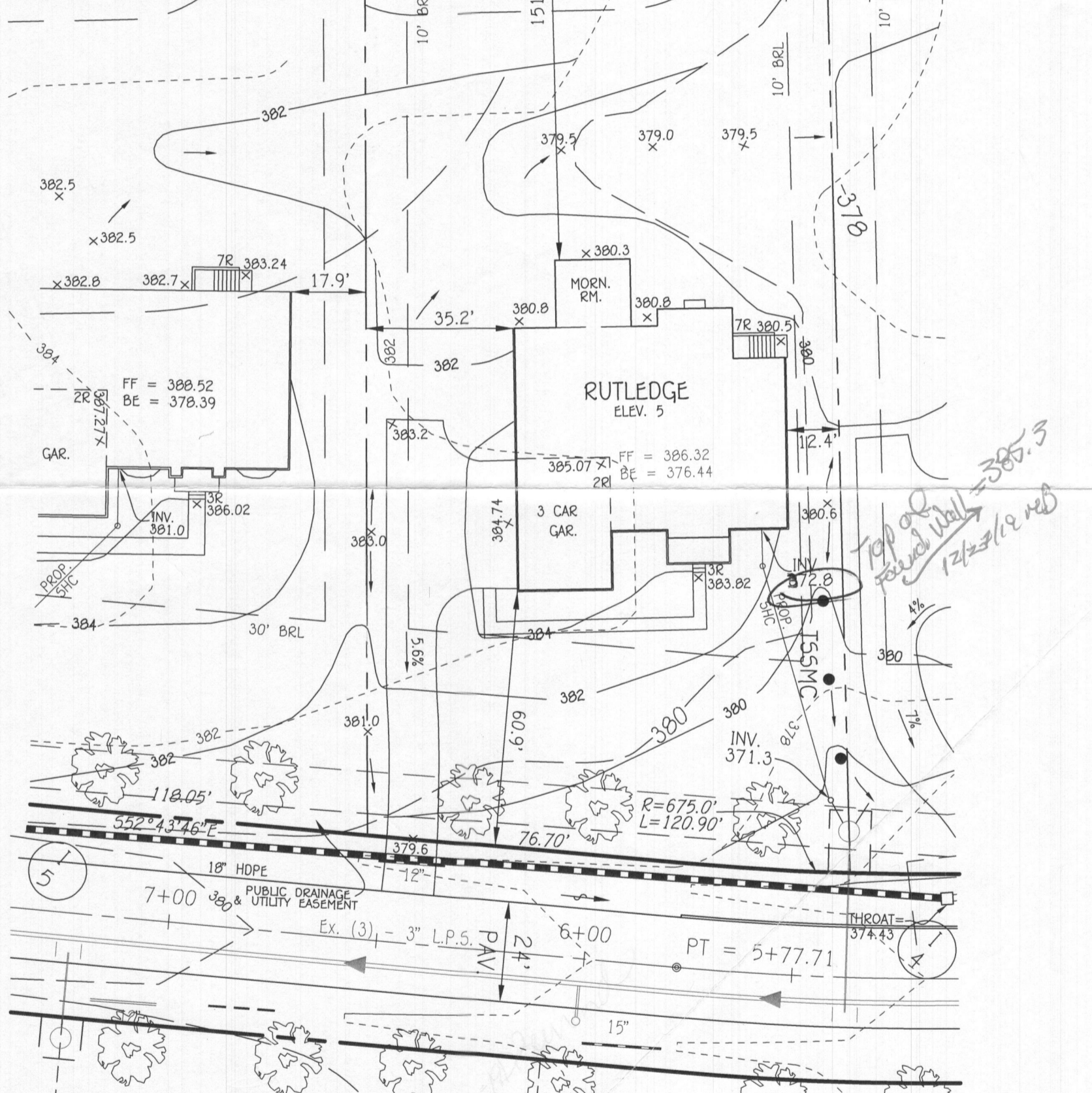
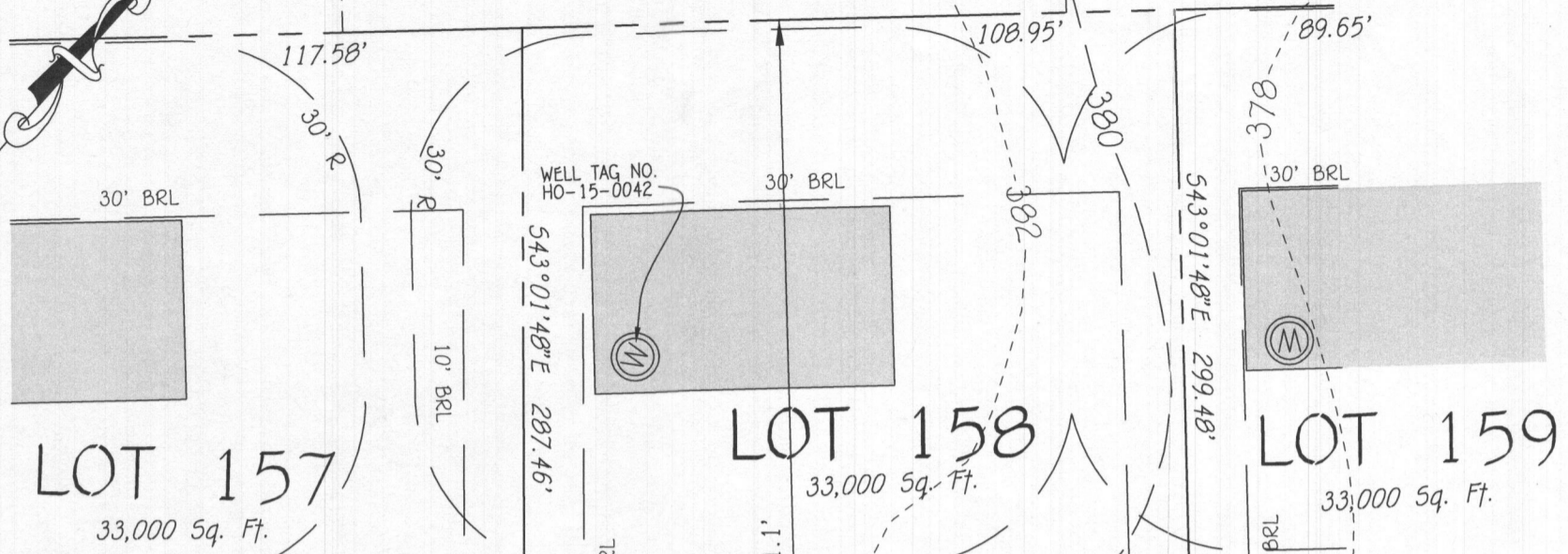
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10-22-19</u>	<u>D. Harward</u>

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>30.00</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ <u>130.00</u>
Balance Due	\$ _____
Check #	<u>2022</u>

WELL CERTIFICATION:
 THE EXISTING WELL, TAG NO. HO-15-0042, HAS BEEN
 FIELD LOCATED AND IS ACCURATELY SHOWN.



*Top of
 Finished Well = 385.3
 12/23/19 red*

BUILDER
 CRAFTMARK HOMES
 1355 BEVERLY ROAD
 SUITE 330
 McLEAN, VIRGINIA 22101
 703-928-6535

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

Approved Septic System Plan
Howard County Health Department
Dana Beard 10-22-19
 Signature Date

PERMIT SITE PLAN
 LOT 158
 5014 CRAPE MYRTLE COURT
 WALNUT CREEK

B 19003183
Approved for 5/22

PLAN
 SCALE: 1" = 30'

ZONED: RC-DEO
 TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: SEPT. 20, 2019

