

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B20003772	10/30/2020
Description of Work		
CONSTRUCT A 1276 SQFT BASEMENT ADDITION FOR POOL ROOM, STORAGE & BATHROOM; 551 SQFT 1ST FLOOR ADDITION FOR 3 SEASON ROOM; 925 SQFT DECK PARTIALLY COVERED; REMODEL EX BASEMENT 1722 SQFT FOR APARTMENT, 1 STORY, Slab on Grade, 0R, 2FB, 0HB, 0FP, OTHER STRUCTURE = None, 1BR, PORCH/DECK = Open Porch and Deck, ENERGY METHOD = Prescriptive Method,		

check spelling

Renovate basement

OK

bedroom count remains at five (5) RB

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5046	CRAPE MYRTLE	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94732	39.23468
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1105347	49	35449	311000	311000	0	RURAL
Legal Description						
LOT 150, 35,449 SQ[]5046 CRAPE MYRTLE CT[]WALNUT CREEK PHASE 4						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	150	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405598903	Walnut Creek					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-11	RC-DEO	4933-J3					
SDP No.	Final Plan No.	WP File No.					
	F-07-076						
Record Plat No.	WS Contract No.	FDP No.	Primary				
23611-2362			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
REDDY FAMILY IRREVOCABLE TRUST		
Address Line 1		
21516 NEW HAMPSHIRE AVE		
Address Line 2		
SUITE 330		
Address Line 3		
Mail City	Mail State	Mail Zip Code

BROOKEVILLE	MD	20833
Phone	Primary	
443-694-6480	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010106698	LEWIS & ASSOCIATES CONTRACTING LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	PAUL		LEWIS
Primary	Address Line 1		
Yes	1618 PINE KNOB ROAD		
	Address Line 2		
	City	State	ZIP Code
	SYKESVILLE	MD	21044-0000
	Phone 1	Phone 2	Fax
	4435972657		0000000000
	E-mail		
	LEWISANDASSOCIATESCONTRACTING@GMAIL.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
No	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	Karen		Pitsley
Relationship	Full Name		
Licensed Professional	KAREN PITSLEY		
Primary	Organization Name		
Yes	Transforming Architecture		
	Street Address		
	7612 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666		
	E-mail		
	karen@transformingarchitecture.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
470000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Half Baths *	Existing Use
1	Slab on Grade	Full Finished	0	2	0	--Select--

Model *

CONSTRUCT A 1276 SQFT BASEMENT ADDITION FOR POOL ROOM, STORAGE & BATHROOM, 551 SQFT 1ST FLOOR ADDITION FOR

check spelling

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *
None	1	Open Porch and Deck	0	--Select--	Prescriptive Method

W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *
<input type="radio"/> Yes <input type="radio"/> No	Private	Private	Electric	Electric	None

1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
FT	FT	FT	FT	FT	FT	FT

Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding	Foundation Measurement	Footings
1827	1827	--Select--		

Walls	Roof	Change In Use	Grading Permit No
		<input type="radio"/> Yes <input checked="" type="radio"/> No	

Additional Description Info

Expiration Date

5/2/2021

check spelling

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

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

Date: 11/02/2020

To: DILP
(Reviewer/Requestor's Name) (Division)

From: MICHELLE CLANCY (443) 610-7514
(Your Name, Company Name) (Phone Number)

Subject: Project name 5046 CRAPE MYRTLE CT
Project site address 5046 CRAPE MYRTLE CT
Permit # B20003772 SDP # _____
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 _____ (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other PLANS FOR PERMIT ONLINE

Contact Person Information: (Required)

MICHELLE CLANCY
Please Print Name

Telephone No: (443) 610-7514

E-Mail Address: MICHELLE@APPLIEDANDAPPROVED.COM

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 _____

White-Plan Review / Yellow-Applicant / Pink-Permit Division
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

"The Reddy Residence"

