



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: 9/29/15

Permit No.: B15004202

Building Address: 2153 HAYLAND FARM WAY
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 53
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Contractor Company: CRAFTMARK
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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 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 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:	
	Dimensions:	
➤ 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	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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 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>015000327</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 _____
 Email Address _____
 Title/Company _____

Print Name _____
 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>10-20-15</u>	<u>Dana Belmont</u>

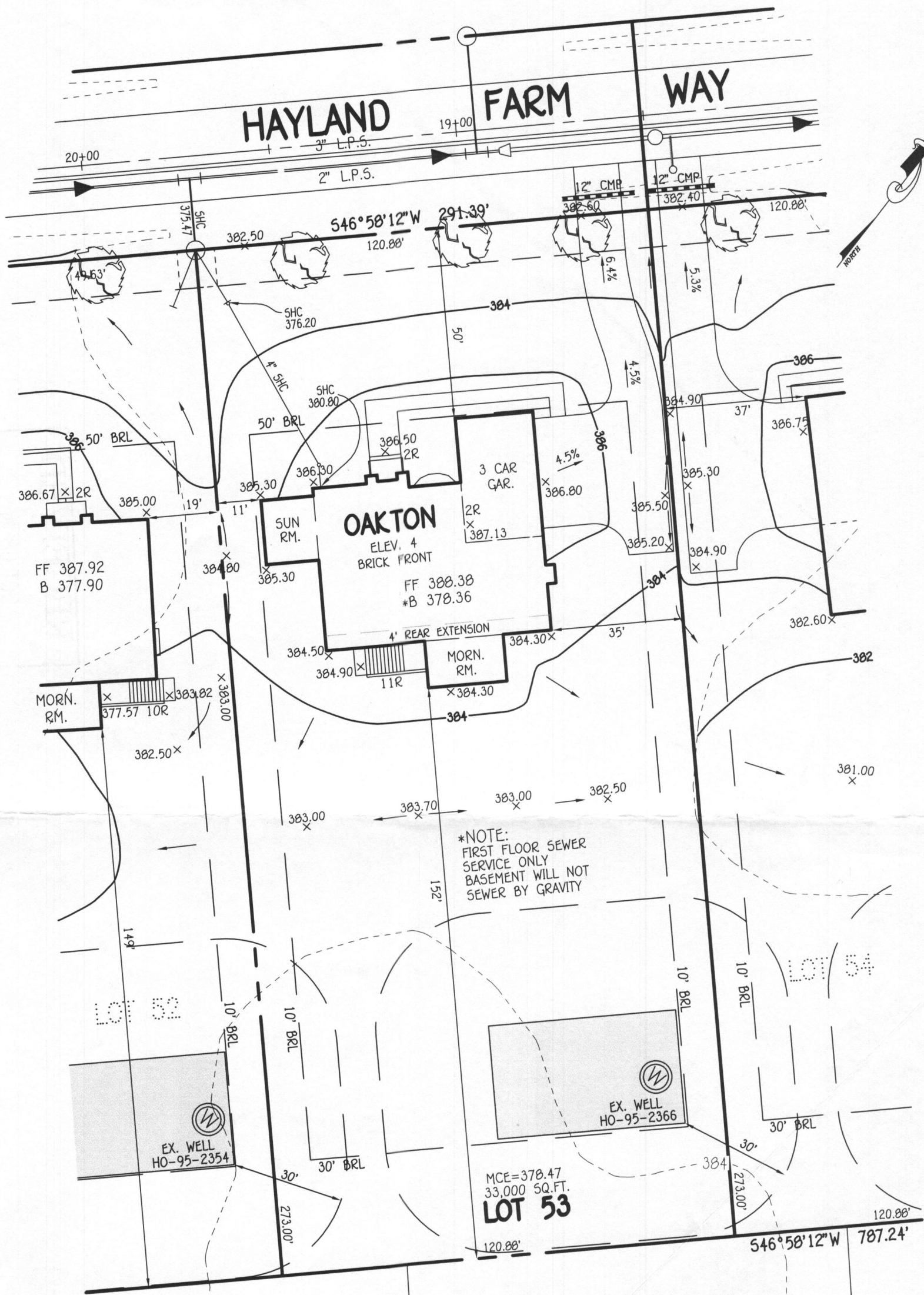
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>60078-</u>

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

I:\2004\04001\dwg\PHASE TWO FINALS\PermitSitePlans\04001-3001 Lot 53 (CRAFTMARK).dwg, 9/14/2015 11:13:37 AM, 1:30



PLAN

SCALE: 1" = 30'

WELL CERTIFICATION:

THE EXISTING WELL, TAG NO. HO-95-2366, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

Approved Septic System Plan

Howard County Health Department

Dane Beard 10-20-15
Signature Date

B15004203 PERMIT SITE PLAN
LOT 53

SBR
WALNUT CREEK

ZONED: RC-DEO

TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18
SIXTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: SEPT. 14, 2015

OWNER

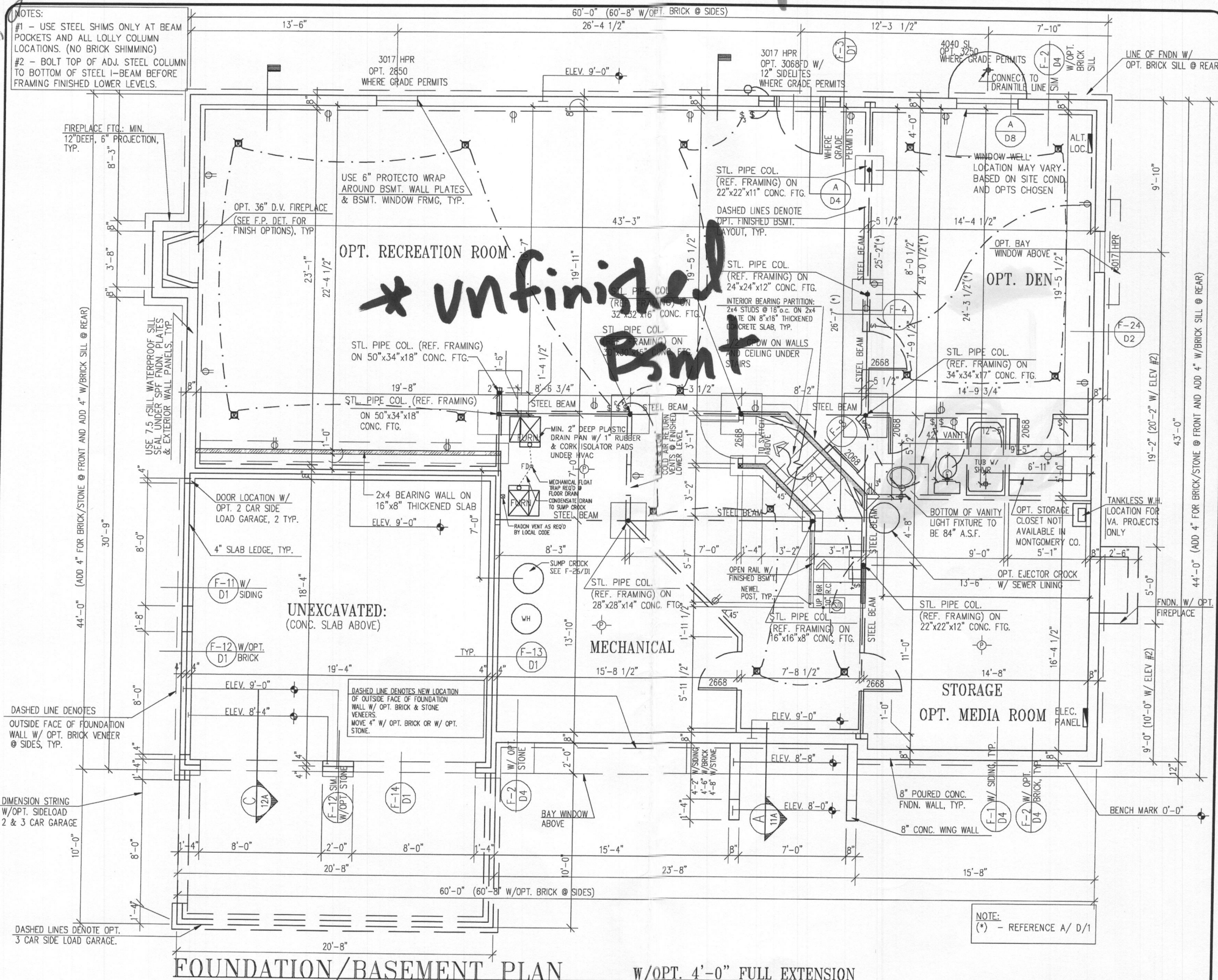
WALNUT CREEK TRUST
1355 BEVERLY ROAD
MCLEAN, VIRGINIA 22101

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2895

Walnut Creek - Lot 53
 12153 Hayland Farm Way
 Ellicott City, MD 21042

■ = finished Areas

Health Dept.



FOUNDATION/BASEMENT PLAN W/OPT. 4'-0" FULL EXTENSION

UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3 1/2"
 UNLESS OTHERWISE NOTED SET ALL DH WINDOWS @ 6'-8"
 1/4" = 1'-0"

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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

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 ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • BROCHURES
 11150 Fairfax Blvd. • Suite 402 • Fairfax, Virginia 22030
 Ph: 703.218.3400 • Fax: 703.218.3407 • Web Site: www.pdc-home.com

SHEET TITLE:
FND / BSMT PLAN W/ 4'-0" FULL EXT
 CLIENT INFORMATION:
CRAFTMARK HOMES / OAKTON

DRAWN BY:
 RTS

11/23/05

REV. #	DATE
REV. #15	04/23/2015
REV. #16	06/09/2015
ACR #1031	01/14/2014
REV. #12	01/22/2014
ACR #1042	06/04/2014
ACR #1043	07/03/2014
REV. #13	08/13/2014
REV. #14	10/02/2014
ACR #1051	12/02/2014
ACR #1055	02/23/2015

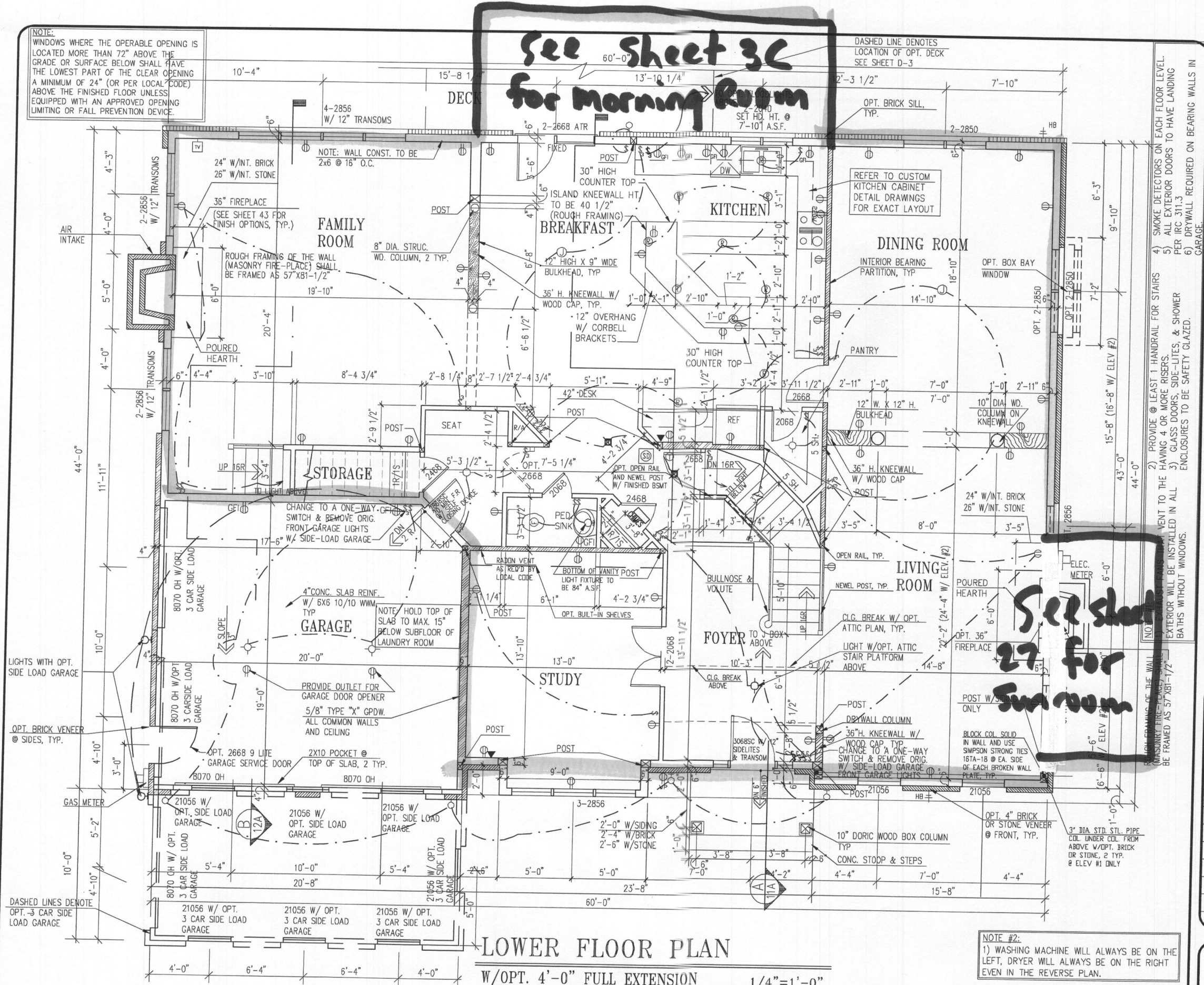
P36702C

SHEET No.
 20

■ = finished Areas

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.

See Sheet 3C for Morning Room



See sheet 27 for Sun room

LOWER FLOOR PLAN

W/OPT. 4'-0" FULL EXTENSION 1/4"=1'-0"

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

NOTE #2:
1) WASHING MACHINE WILL ALWAYS BE ON THE LEFT, DRYER WILL ALWAYS BE ON THE RIGHT EVEN IN THE REVERSE PLAN.

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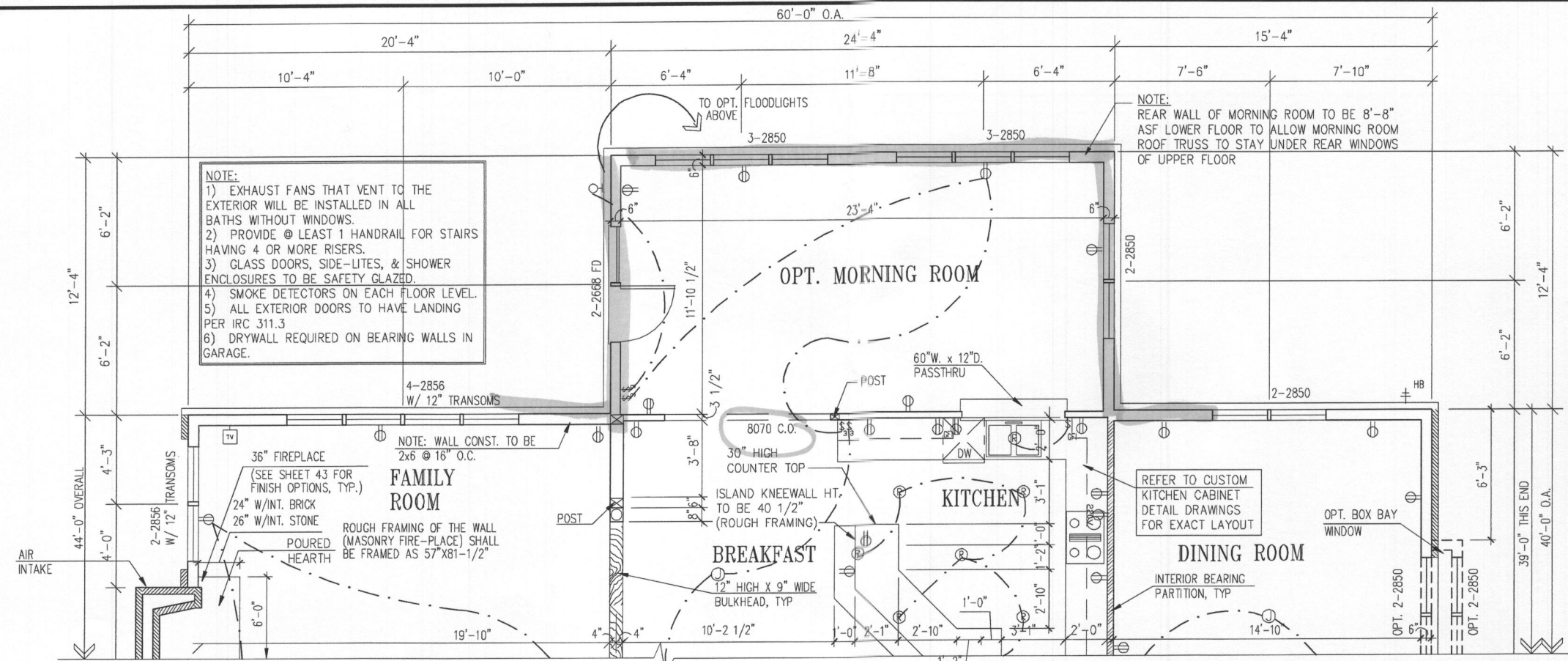
- 4) SMOKE DETECTORS ON EACH FLOOR LEVEL.
- 5) ALL EXTERIOR DOORS TO HAVE LANDING PER IRC 311.3
- 6) DRYWALL REQUIRED ON BEARING WALLS IN GARAGE.
- 2) PROVIDE @ LEAST 1 HANDRAIL FOR STAIRS HAVING 4 OR MORE RISERS.
- 3) GLASS DOORS, SIDE-LITES, & SHOWER ENCLOSURES TO BE SAFETY GLAZED.

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LOWER FLOOR PLAN W/ OPT 4'-0" FULL EXT
CLIENT INFORMATION:
CRAFTMARK HOMES / OAKTON

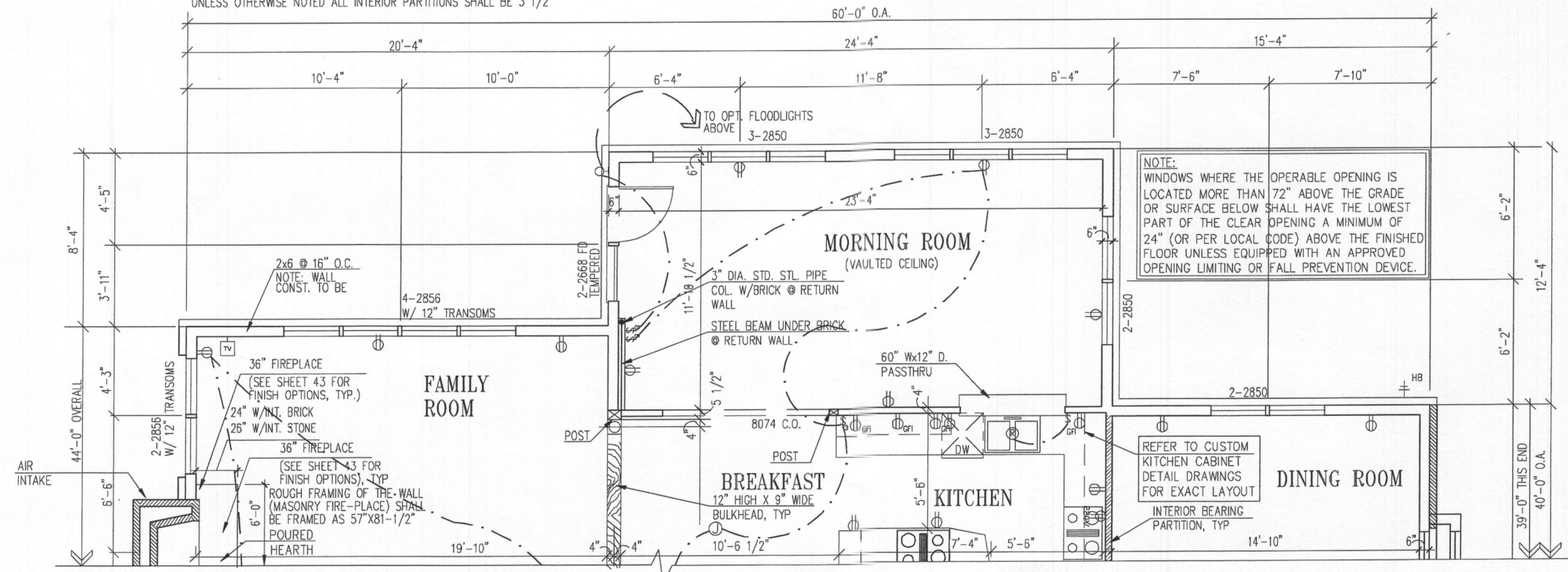
REV. #	DATE
REV. #15	04/23/2015
REV. #16	06/09/2015
ACR #1031	01/14/2014
REV. #12	01/22/2014
ACR #1042	08/04/2014
ACR #1043	07/03/2014
REV. #13	08/13/2014
REV. #14	10/02/2014
ACR #1051	12/02/2014
ACR #1055	02/23/2015

SHEET No. **3E**



PARTIAL LOWER FLOOR PLAN W/ OPT. FULL 4'-0" EXTENSION AND MORNING ROOM

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR ASF L.F.
UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3 1/2" 1/4" = 1'-0"



PARTIAL LOWER FLOOR PLAN W/ 4' FAMILY ROOM EXT. & OPT. MORNING RM.

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR ASF L.F.
UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3 1/2" 1/4" = 1'-0"

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LOW FL PLAN W/ FAM RM EXT & MORNING RM
CLIENT INFORMATION:
CRAFTMARK HOMES / OAKTON

DRAWN BY:
RTS

11/23/05

REV. #	DATE
REV. #15	04/23/2015
REV. #16	08/09/2015
ACR #1031	01/14/2014
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REV. #13	08/13/2014
REV. #14	10/02/2014
ACR #1051	12/02/2014
ACR #1055	02/23/2015

P96703C

SHEET No.
30

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