

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: 3/11/10

Permit No.: 610001034

Building Address: 4979 Wild Olive Ct
City: 110 State: 110 Zip Code: 31042
Suite/Apt. # _____ SDP/WP/BA #: F-13-26
Census Tract: _____ Subdivision: Wild Olive Creek
Section: _____ Area: _____ Lot: 110
Tax Map: _____ Parcel: 49 Grid: 11
Zoning: _____ Map Coordinates: _____ Lot Size: 3.3162

Existing Use: vacant

Proposed Use: 2FD

Estimated Construction Cost: \$ 250,000

Description of Work: Model and de-leasing of
1st & 2nd floors of the building
to be used as a warehouse for
the local business.

Occupant or Tenant: vacant

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

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
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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

Property Owner's Name: BOB BULLOCK
Address: 100 BULLOCK ST
City: CHICAGO State: IL Zip Code: 60615
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: _____

Utilities		
<u>Water Supply</u>		
<input type="checkbox"/> Public		
<input type="checkbox"/> Private		
<u>Sewage Disposal</u>		
<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		
<u>Heating System</u>		
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other:		
<u>Sprinkler System:</u>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grading Permit Number:		616-001-100
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	3/30/16	<i>Paul [Signature]</i>

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

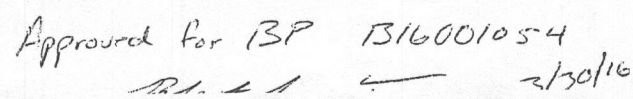
bution of Copies: **White: Building Officials**

Green: PSZA, Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



5 Bedrooms
5 1/2 Baths

Walnut Creek - lot 110
4979 Wild Olive Ct.
Ellicott City, MD 21042

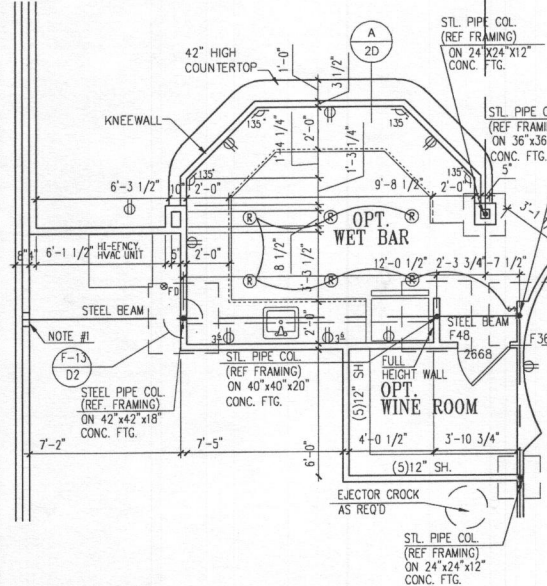
HEALTH DEPT.

— = Finished Areas

ELECTRICAL GENERAL NOTES:
1) ALL SMOKE DETECTORS TO BE 110V WITH BATTERY BACKUP AND INTERCONNECTED.
2) PROVIDE BRACING FOR ALL CLG. FAN OUTLETS.
3) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
4) PROVIDE CARBON MONOXIDE ALARM PER SECTION R315 IRC 2015

NOTES:

- #1 - USE STEEL SHIMS ONLY AT BEAM POCKETS AND ALL STEEL COLUMN LOCATIONS. (NO BRICK SHIMMING)
#2 - BOLT TOP OF ADJ. STEEL COLUMN TO BOTTOM OF STEEL I-BEAM BEFORE FRAMING FINISHED LOWER LEVELS.



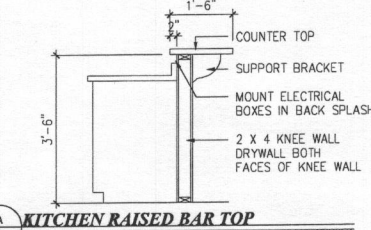
OPT. WET BAR W/ ALTERNATE FLOOR PLANS

AVAILABLE W/ ALT. FOUNDATION PLAN ONLY

1/4"=1'-0"

DASHED LINE DENOTES NEW LOCATION OF OUTSIDE FACE OF FOUNDATION WALL W/ OPT. BRICK & OPT. STONE VENEERS. ADD 4" W/ OPT. BRICK OR W/ OPT. STONE

NOTE:
(*) - REFERENCE C/D/6



FOUNDATION/BASEMENT FLOOR PLAN

W/ OPT. EXTENDED STUDY @ FIRST FLOOR OR ALTERNATE FIRST FLOOR
SHOWN W/ ELEVATION #6
UNLESS OTHERWISE NOTED SET WINDOW HEAD HEIGHT @ 6'-8" ABOVE TOP OF SLAB

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 03/09/17.

Pinnacle Design & Consulting Inc.
ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • INTERIORS
11150 Fairfax Blvd. • Suite 402 • Fairfax, Virginia 22030
PH: 703.218.3400 • Web Site: www.pdc-home.com

SHEET TITLE: FNDN / BSMT PLAN w/ ALT. EXT. STUDY

CLIENT INFORMATION: CRAFTMARK HOMES / KENWOOD II

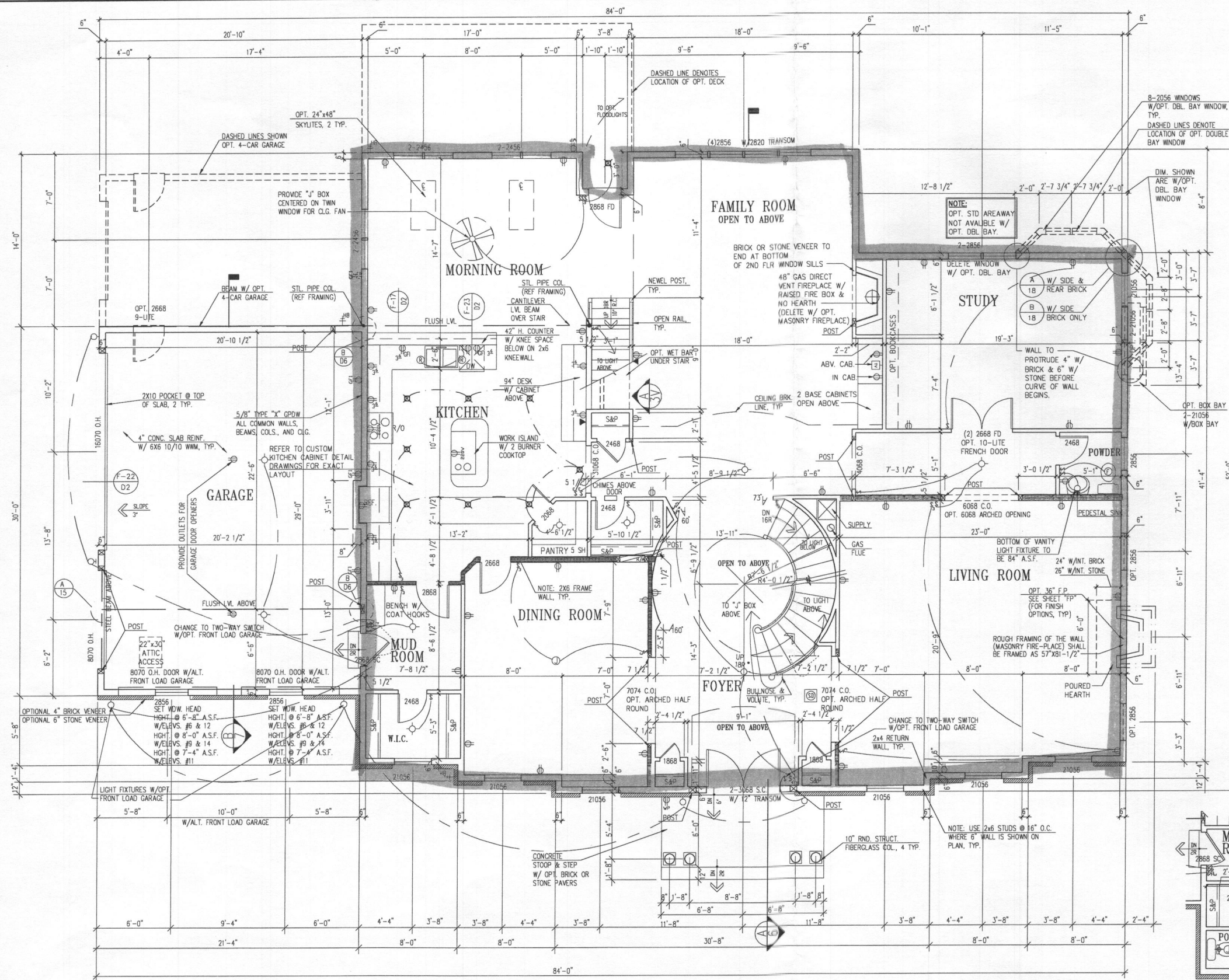
REVISION	DATE
REV. #1	10/05/2012
REV. #2	10/05/2012
REV. #3	07/26/2013
REV. #4	08/20/2013
REV. #5	08/27/2013
REV. #6	09/13/2014
REV. #7	08/21/2014
REV. #8	10/10/2014
REV. #9	06/05/2015
REV. #10	06/05/2015

SHEET NO.

2D

Approved For BP B16001054
Print for 3/24/16

■ = Finished Areas



ALT. LOWER FLOOR PLAN

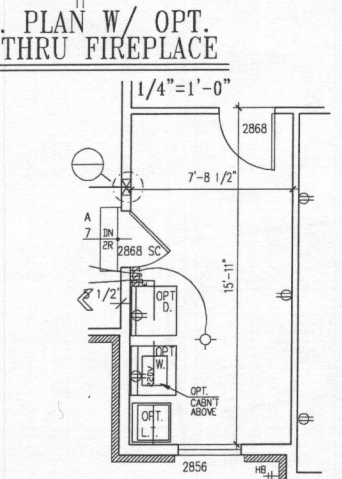
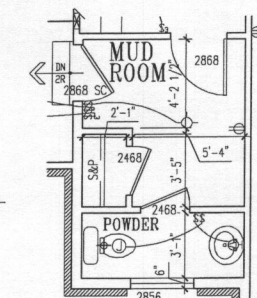
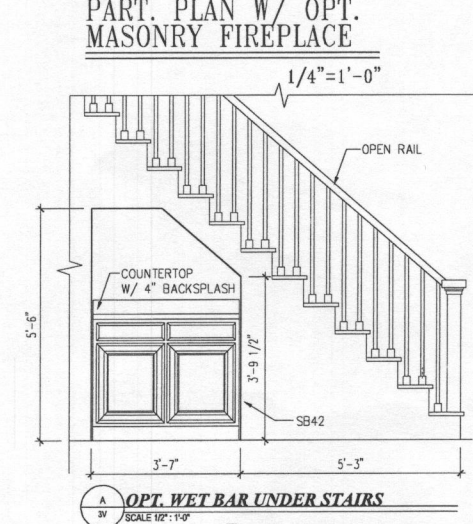
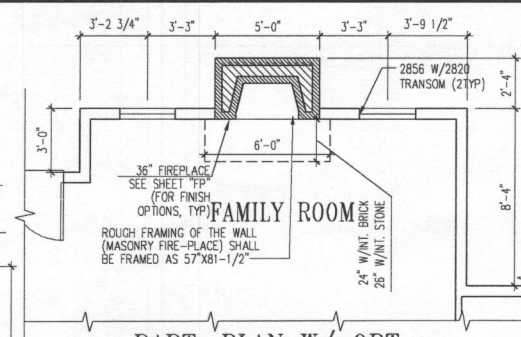
SHOWN W/ ELEVATION #6

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 8'-0" ABOVE SUBFLOOR

1/4"=1'-0"

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



PART. PLAN W/ OPT. 1ST FLR POWDER @ MUD ROOM

PART. PLAN W/ OPT. 1ST FLR LAUNDRY

1/4"=1'-0"

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 9436, EXPIRATION DATE 03/09/17.

PINNACLE DESIGN & CONSULTING INC.
ARCHITECTURE • PLANNING • CONSULTING • MARKET ANALYSIS • BROCHURES
11150 FARM ROAD • SUITE 200
PH: 703.218.3400 • Web Site: www.pdc-homes.com

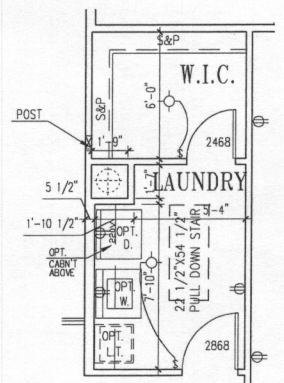
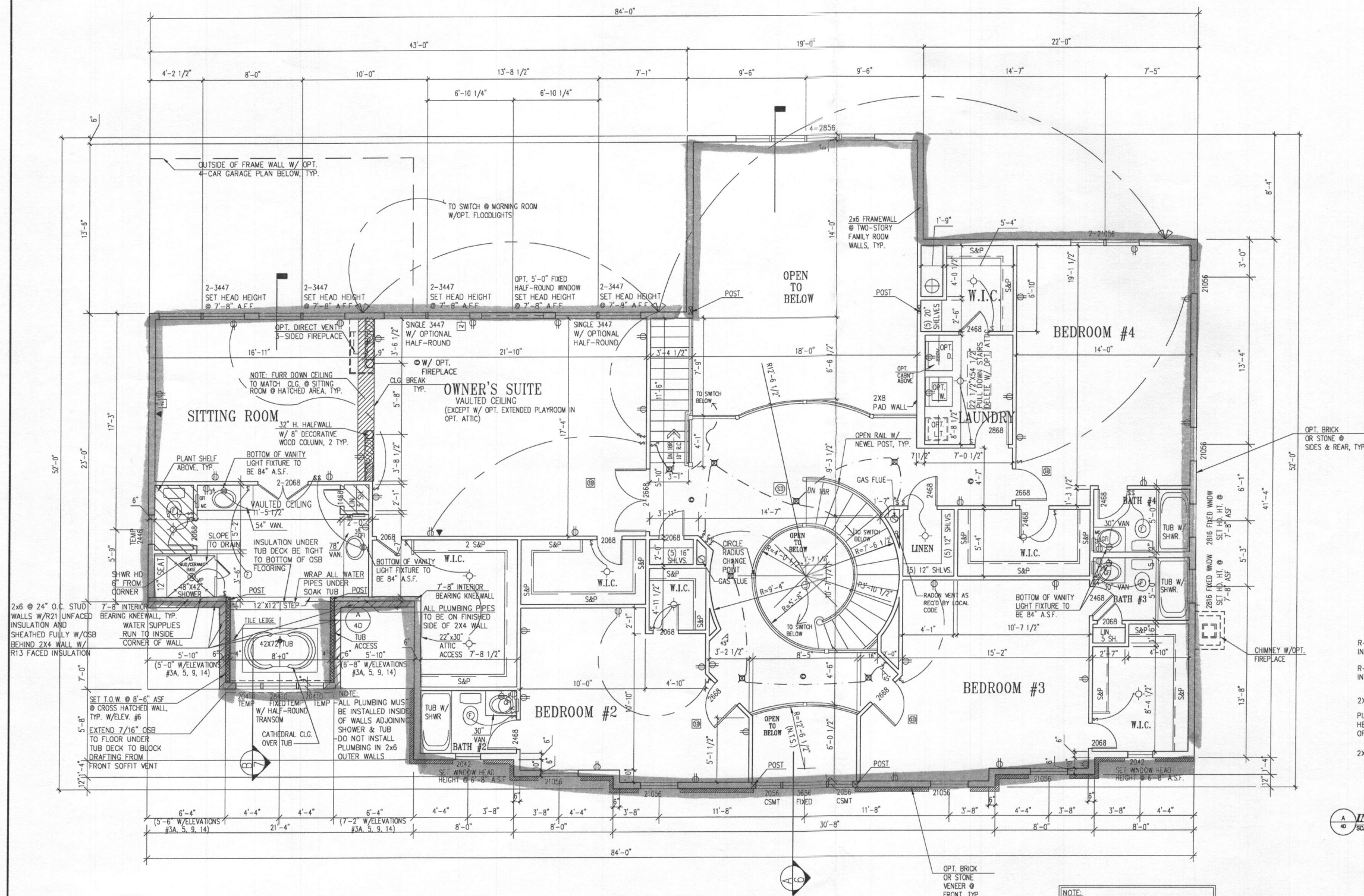
SHEET TITLE: **OPT. ALTERNATE LOWER FLOOR PLAN**

CLIENT INFORMATION: **CRAFTMARK HOMES / KENWOOD II**

DATE:	1/4/2001
REV. #3	10/05/2012
ACR #1001	10/05/2012
REV. #4	07/26/2013
ACR #1019	08/20/2013
REV. #5	08/27/2013
ACR #1024	10/22/2013
ACR #1038	03/13/2014
REV. #6	08/21/2014
REV. #9	10/10/2014
REV. #10	08/05/2016

PS04003V
SHEET No. **34**

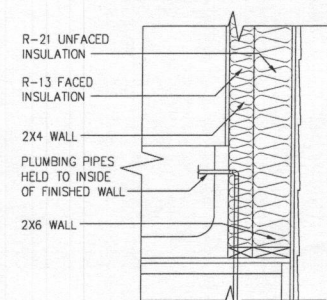
■ = Finished Areas



PART. PLAN W/ OPT. SEE-THRU FIREPLACE @ FIRST FLOOR

1/4"=1'-0"

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



INSULATED DOUBLE WALL @ TUB
SCALE 1/4"=1'-0"

OPT. ALT. UPPER FLOOR W/ ALT. FLOOR PLAN

SHOWN W/ ELEVATION #6

UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-4" ABOVE SUBFLOOR

1/4"=1'-0"

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.

ELECTRICAL GENERAL NOTES:
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2) PROVIDE BRACING FOR ALL CLG. FAN OUTLETS.
3) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
4) PROVIDE CARBON MONOXIDE ALARM PER SECTION R315 IRC 2012

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DRAWN BY:	
RTS	
1/4/2001	
REV. NO.	DATE
REV. #3	10/05/2012
ACR #1001	10/05/2012
REV. #4	07/29/2013
ACR #1019	08/20/2013
REV. #5	09/27/2013
ACR #1024	10/22/2013
ACR #1038	09/13/2014
REV. #6	09/21/2014
REV. #9	10/10/2014
REV. #10	06/05/2015

SHEET No.

40