



# 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: 5/21/14  
Permit No.: B14001673

Building Address: 5009 Linder Ct.  
 City: Ellicott City State: MD Zip Code: 21765  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Walnut Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 69  
 Tax Map: 28 Parcel: 49 Grid: 11  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 37,148 SF

Existing Use: Vacant lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 250,000  
 Description of Work: Model in file - oak wood. Elev 1, Rear Man. Rm, 3 car side-load gar, finished - Rec, bath, well, etc.  
 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: BV Business Trust  
 Address: PO Box 482  
 City: Lynch State: MD Zip Code: 21765  
 Phone: 303-878-0377 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address (if other than stated herein)  
 Applicant's Name: Rachel Carr, CPS  
 Address: 1557 Ballymore Ln.  
 City: Charlottesville State: MD Zip Code: 21629  
 Phone: 940-988-7277 Fax: \_\_\_\_\_  
 Email: carr@chead@gmail.com

Contractor Company: Craftmark Homes  
 Contact Person: David Schoen  
 Address: 1305 Beverly Rd., Ste. 300  
 City: Melrose State: VA Zip Code: 22101  
 License No.: 461-113L  
 Phone: 703-878-6377 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 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" 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: <u>4</u>	
<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:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000153</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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Rachel Carr Print Name: Rachel Carr  
 Email Address: carr@chead@gmail.com Date: 5/21/14  
 Title/Company: owner/CPS

**RECEIVED**  
MAY 21 2014  
LICENSES & PERMITS DIVISION

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>H.H. Dana Howard</u>
Is Sediment Control approval required for issuance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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:	

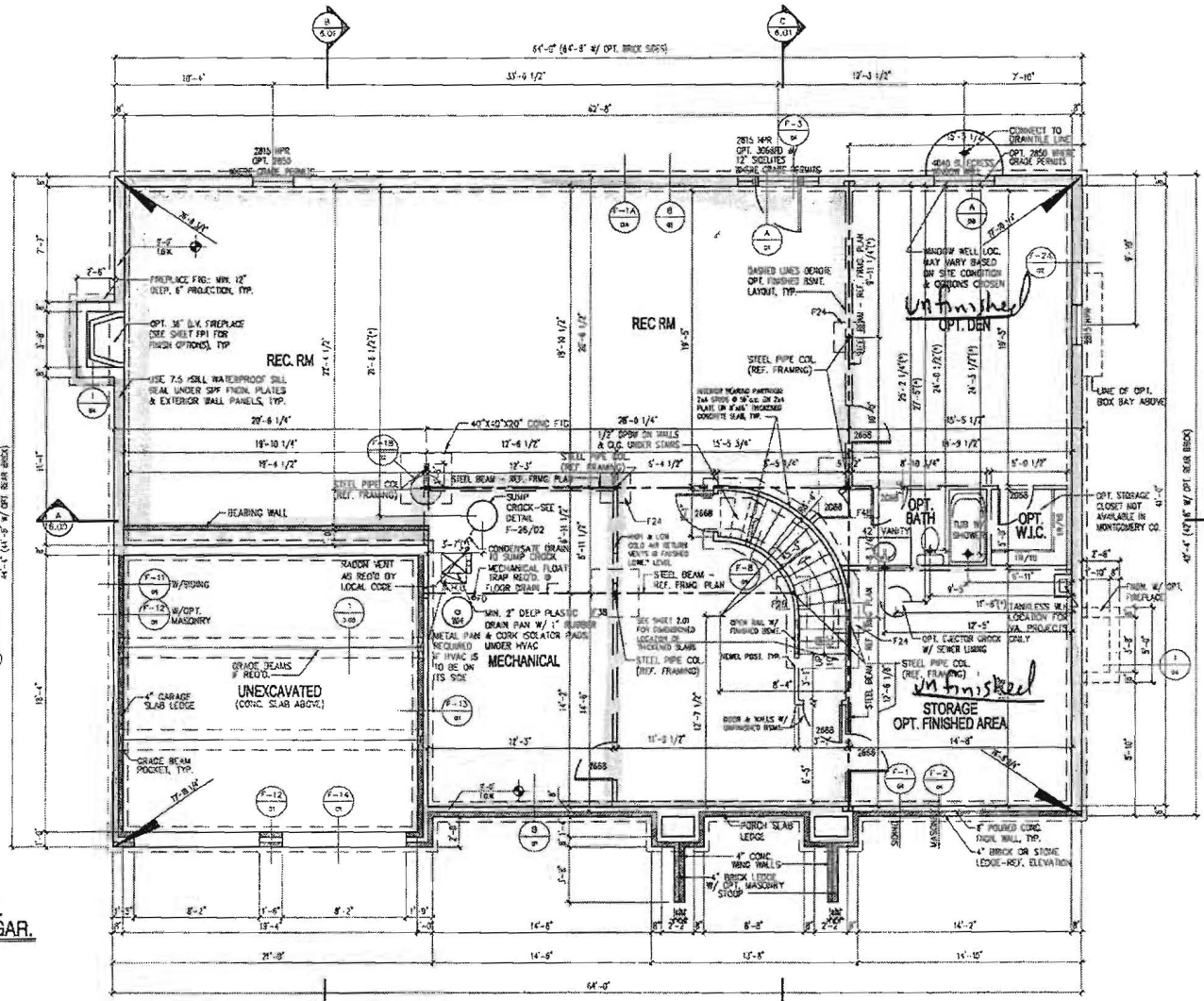
Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

**FOUNDATION / BASEMENT PLAN**  
**CRAFTMARK HOMES / OAKMONT**

B14001673

**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 3/2" UNLESS NOTED OTHERWISE.



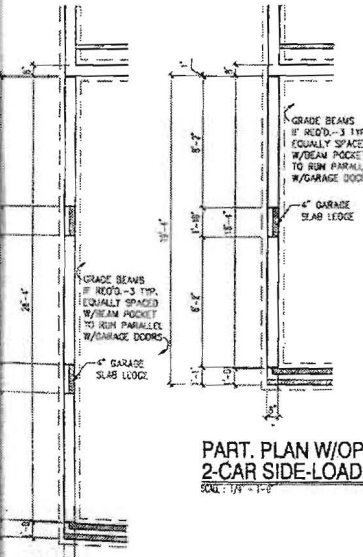
**CONCRETE COLUMN FOOTING SCHEDULE (F's = 3,000 psi)**

F24	24" x 24" x 12"
F28	28" x 28" x 12"
F28	28" x 28" x 12"
F30	30" x 30" x 12"
F32	32" x 32" x 12"
F34	34" x 34" x 12"
F36	36" x 36" x 12"
F38	38" x 38" x 12"
F40	40" x 40" x 12"
F42	42" x 42" x 12"
F44	44" x 44" x 12"
F46	46" x 46" x 12"
F48	48" x 48" x 12"
F50	50" x 50" x 12"
F52	52" x 52" x 12"
F54	54" x 54" x 12"
F56	56" x 56" x 12"
F58	58" x 58" x 12"
F60	60" x 60" x 12"
F62	62" x 62" x 12"
F64	64" x 64" x 12"
F66	66" x 66" x 12"
F68	68" x 68" x 12"
F70	70" x 70" x 12"
F72	72" x 72" x 12"

**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" x 11gs  
 P311i = 3.5" x 11gs  
 P411 = 4" x 11gs

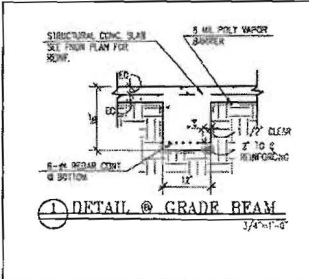
**SCHEDULE 40 PIPE COLUMNS:**  
 P340 = 3" S40 PIPE COL  
 P3540 = 3.5" S40 PIPE COL  
 P440 = 4" S40 PIPE COL  
 P540 = 5" S40 PIPE COL  
 P640 = 6" S40 PIPE COL



**PART. PLAN W/OPT. 2-CAR SIDE-LOAD GAR.**  
 SCALE: 1/4" = 1'-0"

**FOUNDATION / BASEMENT PLAN**  
 SCALE: 1/4" = 1'-0"  
**NOTE:**  
 1) REFERENCE 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 FOOTINGS AND A 4" DIA. DIAGONAL DRAIN TILE FROM THE SLUMP CROCK TO THE OPPOSITE FOUNDATION WALL. SLEEVE FOOTING AS REQUIRED.

*\* Finished Rec. room + bath*

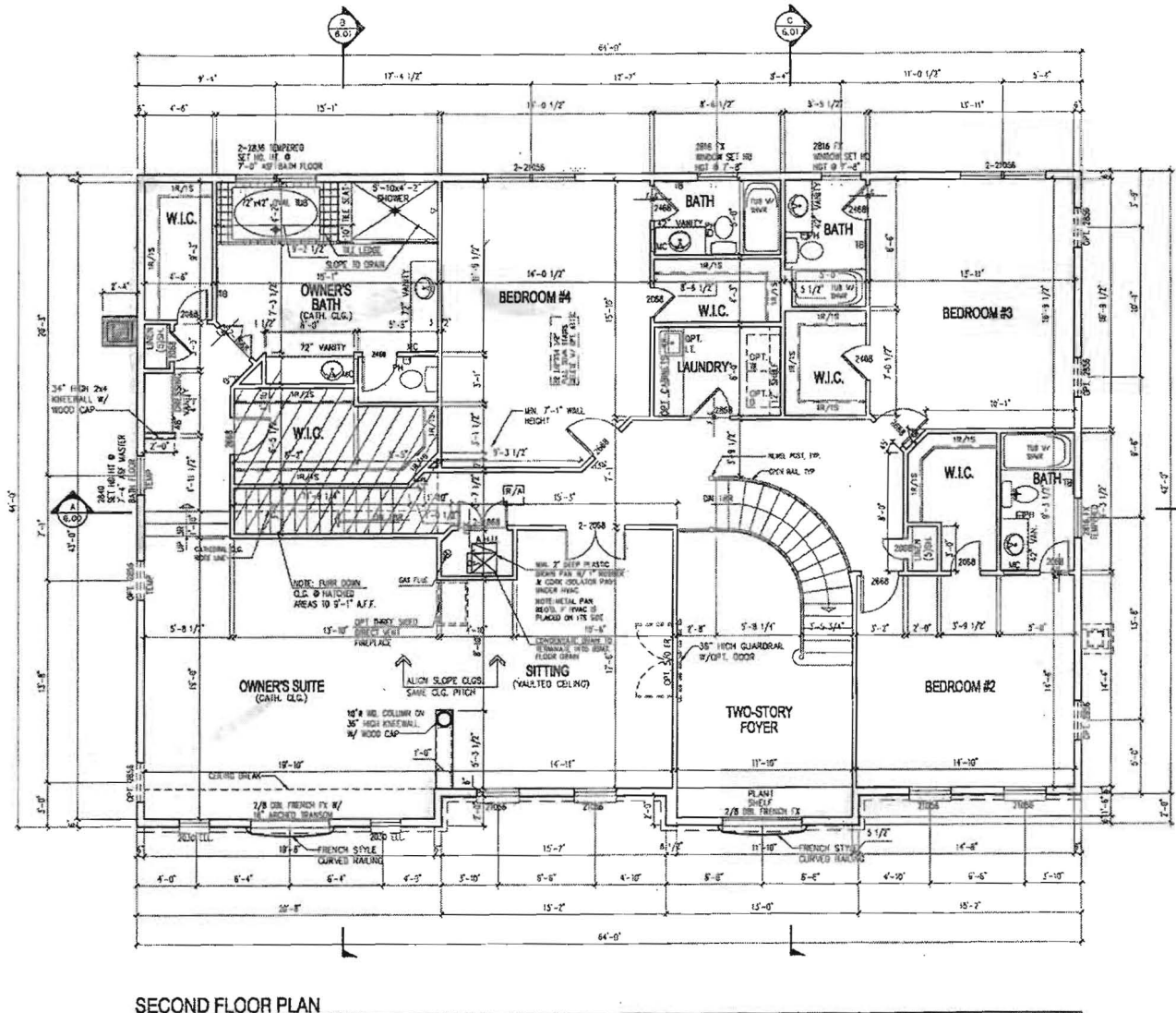
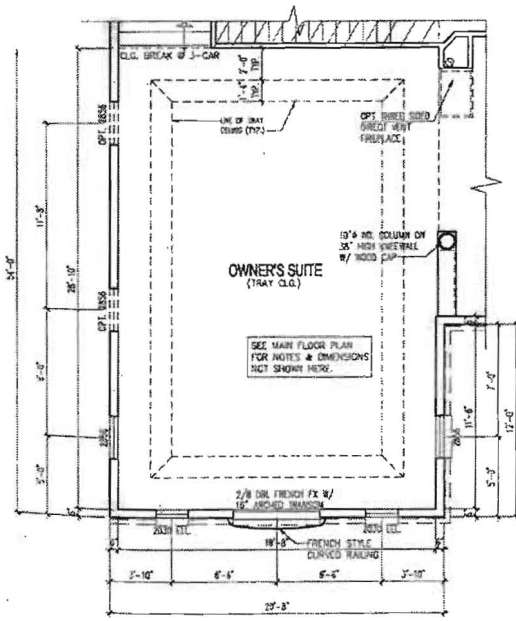
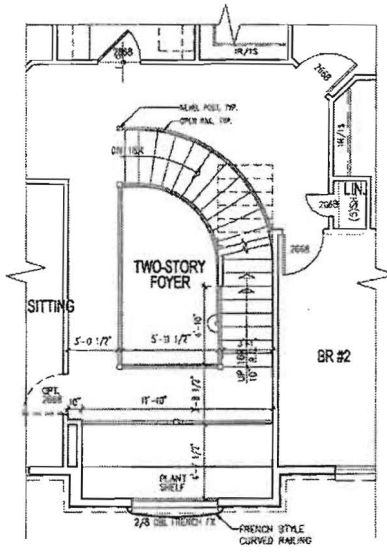


**DETAIL @ GRADE BEAM**  
 SCALE: 3/4" = 1'-0"

DATE:	WSP
NO:	K070206
REV. #1:	08/09/06
REV. #2:	08/22/07
REV. #3:	08/22/08
REV. #4:	08/22/08
REV. #5:	08/22/08
REV. #6:	08/22/08
REV. #7:	08/22/08
REV. #8:	08/22/08
REV. #9:	08/22/08
REV. #10:	08/22/08
REV. #11:	08/22/08
REV. #12:	08/22/08
REV. #13:	08/22/08
REV. #14:	08/22/08
REV. #15:	08/22/08
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REV. #97:	08/22/08
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REV. #99:	08/22/08
REV. #100:	08/22/08

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**SECOND FLOOR PLAN**

NOTE:  
1) REFERENCE PARTIAL PLANS FOR WINDOW AND DOOR SIZES AND LOCATIONS.  
2) REFERENCE TYPICAL WALL SECTION FOR ADDITIONAL INFORMATION.  
3) UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT SHALL BE 7'-6" ABOVE SUBFLOOR.  
4) UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS SHALL BE 3-1/2"

WASHING MACHINE SHALL ALWAYS BE ON THE LEFT, DRYER SHALL ALWAYS BE ON THE RIGHT EXCEPT IN THE REVERSE PLAN.

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) EXHAUST FANS THAT VENT TO THE EXTERIOR WILL BE INSTALLED IN ALL BATHS WITHOUT WINDOWS.
  - 2) PROVIDE AT LEAST 1 MANUAL 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.

**PINNACLE DESIGN & CONSULTING INC.**  
ARCHITECTS  
11100 FARM ROAD • Suite 400 • Falls Church, VA 22040  
PH: 703.271.3400 • FAX: 703.271.3402 • WWW.PDC-VA.COM

**SECOND FLOOR PLAN**  
CRAFTMARK HOMES / OAKMONT

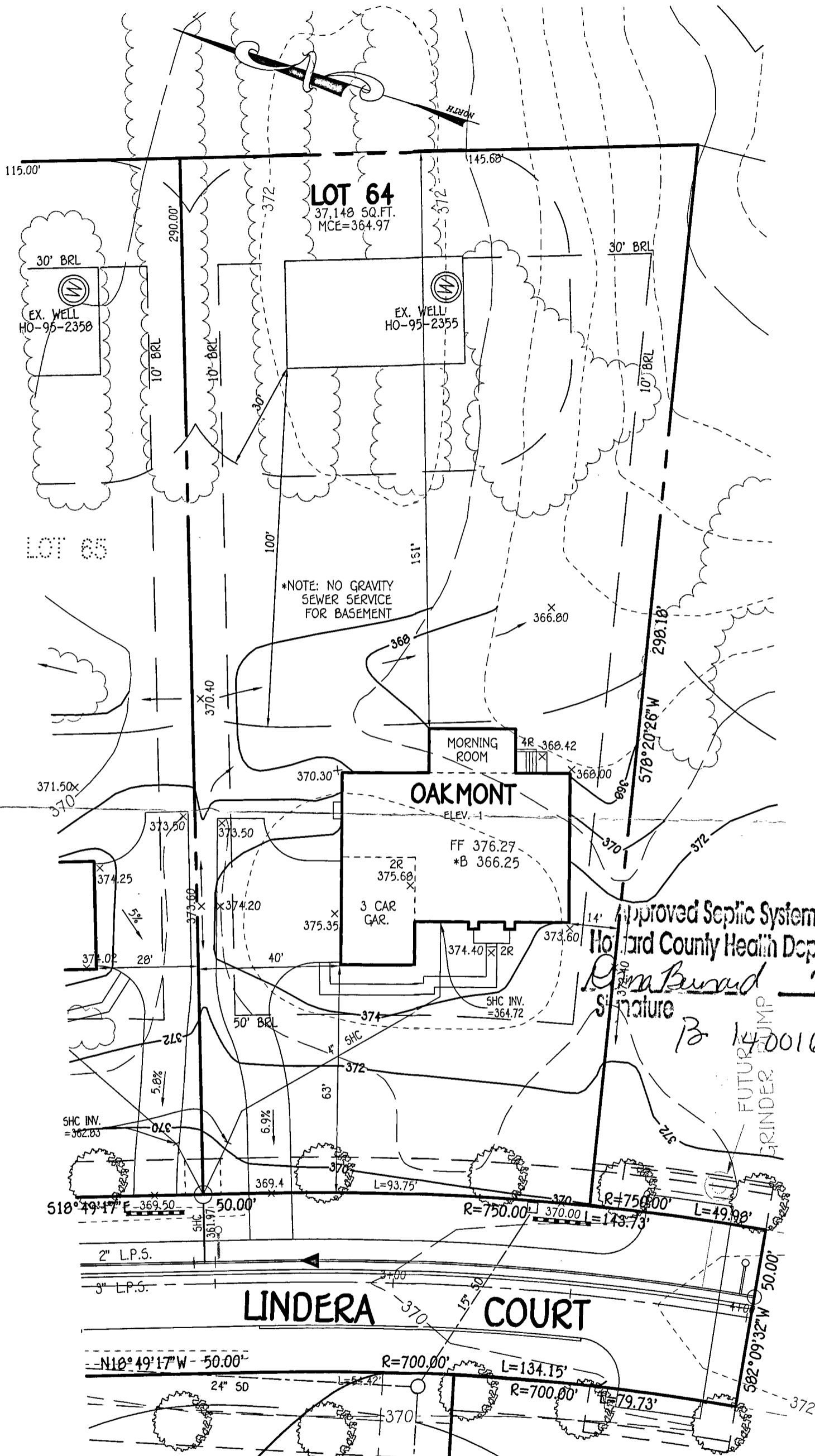
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REV. #3	
REV. #4	
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REV. #8	
REV. #9	
REV. #10	

**3.01**

B14001673

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Approved Septic System Plan  
 Howard County Health Department  
*R. B. Burd* 7-1-14  
 Signature Date  
 B 14001673

**LINDERA COURT**

**PERMIT SITE PLAN**  
**LOT 64**  
 5009 LINDERA COURT  
**WALNUT CREEK**

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461-2295

**WELL CERTIFICATION:**  
 THE EXISTING WELL, TAG NO. HO-95-2355, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

ZONED: RC-DEO  
 TAX MAP NO.: 28 PARCEL NO. 49 GRID NO.: 17 & 18  
 SIXTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30' DATE: MAY, 2014

