

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.: <u>B | 4 0 0 3 0 6 5</u>

	. 5			
Building Address: 13001 Wainwright Rogal		Property Owner's Name: Texter Address: 13001 WRINWIGH ROLD		
City: Fultar State: The Zip Code:		Address: 13001 Wainwright Road		
Suite/Apt. #SDP/WP/BA #:		City: Fulton State: MD Zip Code: Phone: Fax:		
Census Tract:		Email:		
Section: Are	a: Lot:	Applicant's Name & Malling A	ddress (If other than stated herein)	
Section: Area: Lot: Tax Map: 40 Parcel: 3 9 8 Grid: 8		Applicant's Name & Malling Address, (If other than stated herein) Applicant's Name: Stevens Builders Lice		
Zoning: Map Coordinates: Lot Size: C ACLTS		Address: State: Zip Code:		
Zonnigwap cooluma	1013/26: 9 74(16)	Phone:Fax:		
Existing Use: Sinsle Family Home		Email:		
Proposed Use: Same		Contractor Company: 512	vens Builders (CC	
Estimated Construction Cost: 5 \$ 380,000		Contact Person: Ron Stucker Address: 4714 Lindhitam Rd.		
Description of Work: AD 1 1940 K		City: 01/1- State: 10 Zip Code: 2/03 L License No.: 51537		
HAM IN SOURCE A COUNTY		License No. : 5153	7	
1 Add Two	rch & Deck	Phone: 410-531-0575 Fax: 410-531-4900 Email: 5=1500000000000000000000000000000000000		
Occupant or Tenant:				
Was tenant space previously occupied? □Yes □No		Engineer/Architect Company: _	JRA	
Contact Name:		Responsible Design Prof .: Jone Than River a		
Address:		Address: 242 Movigan Station Kol		
City:	State:Zip Code:	City: Woodbine State: 12'D Zip Code:		
Phone:	Fax:	Phone: 343-226, 574 fax:		
Email:		Email: WWW- JRA	design-lon	
Companied Building Champhainte	Could a which Coulding Change do sinding	Utilities		
Commercial Building Characteristics Height:	Residential Building Characteristics SF Dwelling SF Townhouse	Water Supply		
No. of stories:	Depth Width			
Gross area, sq. ft./floor:	1 st floor: 49 70	☐ Public		
areas area; sqr rey rear	2 nd floor: NIA	D Private		
Area of construction (sq. ft.):	Basement:	Sewage Disposal		
	☑ Finished Basement	☐ Pyblic		
Use group:	☐ Unfinished Basement	Private		
	☐ Crawl Space	Electric: Tres	No	
Construction type:	☐ Slab on Grade	Gas: Yes		
☐ Reinforced Concrete	No. of Bedrooms: 3	Heating System		
☐ Structural Steel	Multi-family Dwelling			
Masonry	No. of efficiency units:	☐ Electric ☐ Oil		
Wood Frame	No. of 1 BR units:	☐ Natural Gas ☐ Propane (
☐ State Certified Modular	No. of 2 BR units:	Other:	Grothermal	
	Other Structure:	Sprinkler System:		
	Dimensions:	☐ Yes ☐ No		
> Roadside Tree Project Permit	Footings:		7	
□Yes •No	Roof:	Grading Permi	t Number:	
Roadside Tree Project Permit #	☐ State Certified Modular			
	☐ Manufactured Home	Building Shell Permi	t Number:	
THE UNDERSIGNED HEREBY CERTIFIES AND AGRE	ES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO N	MAKE THIS APPLICATION: (2) THAT THE INFO	RMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY	
WITH ALL REGULATIONS OF MONARD COUNTY V	MICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WI	LL PERFORM NO WORK ON THE ABOVE RET	FERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN	
THIS APPUCATION; (5) THAT HE SHE GRANTS COL	THE RIGHT TO ENTER ONTO THIS PROPE		WORK PERMITTED AND POSTING NOTICES.	
Applicant's Signature	Prin	nt Name		
TONSWEEGER 3411 R	compast nel	8/21/14	(
Email Address	lens Builder LCC	te		
resident tree	ens builder CC			
Title/Company	Checks Payable to: DIRECTOR OF FI	NANCE OF HOWARD COUNTY		
	PLEASE WRITE NEA	TLY & LEGIBLY		
-FOR OFFICE USE ONLY-				
	GNATURE OF APPROVAL DPZ SETBACK INFORMATION Filing Fee \$			
State Highways	Rear; 37 (1) L3 Tech Fee \$			
Building Officials	Side: Excise Tax \$			
PSZA (Zoning)	All minimum setbacks met?			
PSZA (Engineering)	// // // // // // // // // // // // //			
Health Lot Coverage for New Yown Zone: Sub- Total Paid \$		Sub- Total Paid \$		
Is Sediment Control approval required for CONTINGENCY CONSTRUCTION STAR		epproval date:	Balance Due \$ Check # 7 4 4	

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

Date:	9/29/14
То:	Dan Swinter
10.	(Person's Name and Division)
From:	Ron Sweeter Stevens Bldrs (410) 531-0575 (Your Name, Company Name and Telephone Number)
Subject	
	Project site address 13001 Wainwright Road Highland ND
	Permit Number 8 1400 3061 / B 1400 3065 SDP #
	Other information pertinent to this project
✓ Pleas	se check the attachments below that you are submitting with this transmittal:
	Letter of response to Howard County plan review code letter
	Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
	Structural steel certification
	Energy conservation calculations
	Certification for (be specific).
	Certification for (be specific). Copies of SITE PLANS (be specific). Copies of SITE PLANS (be specific). On one Plan
	Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
	Other
	Is there anyone else that should be contacted regarding this project if there are questions?
	If so, please list that person's name and telephone number below:
	(Person's name) . (Telephone number)
PLEAS	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF
NECE.	SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT
	RMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF
	ECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED
	ATORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PERMIT DIVISION WILL
	FY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL
	RECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW
MININ	IRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.
	AVA PER DAN!

t:\Updated forms\transmit.frm - Rev. 5/08

white: Plan Review Division yellow: Applicant

pink: Permit Division



Office of the Health Officer

8930 Stanford Drive, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: September 9, 2014

TO: Stevens Builders LLC C/o Ron Swecker

Via E-mail: ronswecker3411@comcast.net and PHILIPSTEVENSBUILDERS@GMAIL.COM

RE: Building Permit # B14003061 13001 Wainwright Road Fulton, Maryland 20777

Mr. Swecker,

Further review is contingent upon submission of a revised building plan showing the following:

 Floor plans for the existing house and the proposed addition must be submitted to determine the number of bedrooms used. The number of bedrooms will be used to determine if the existing system can support the proposed addition.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

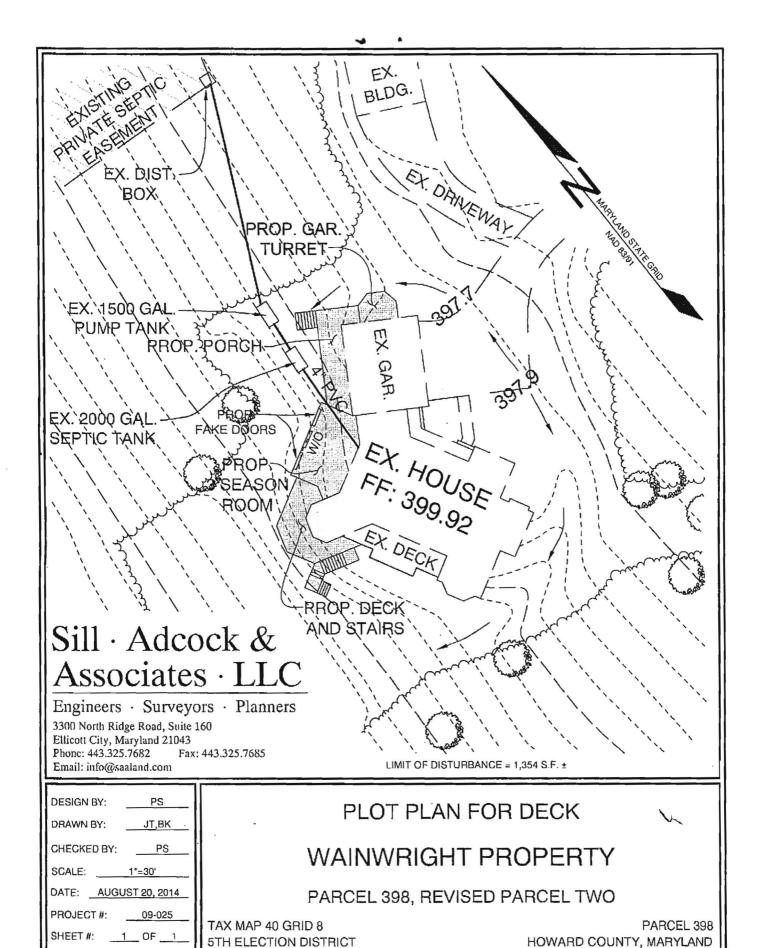
Respectfully

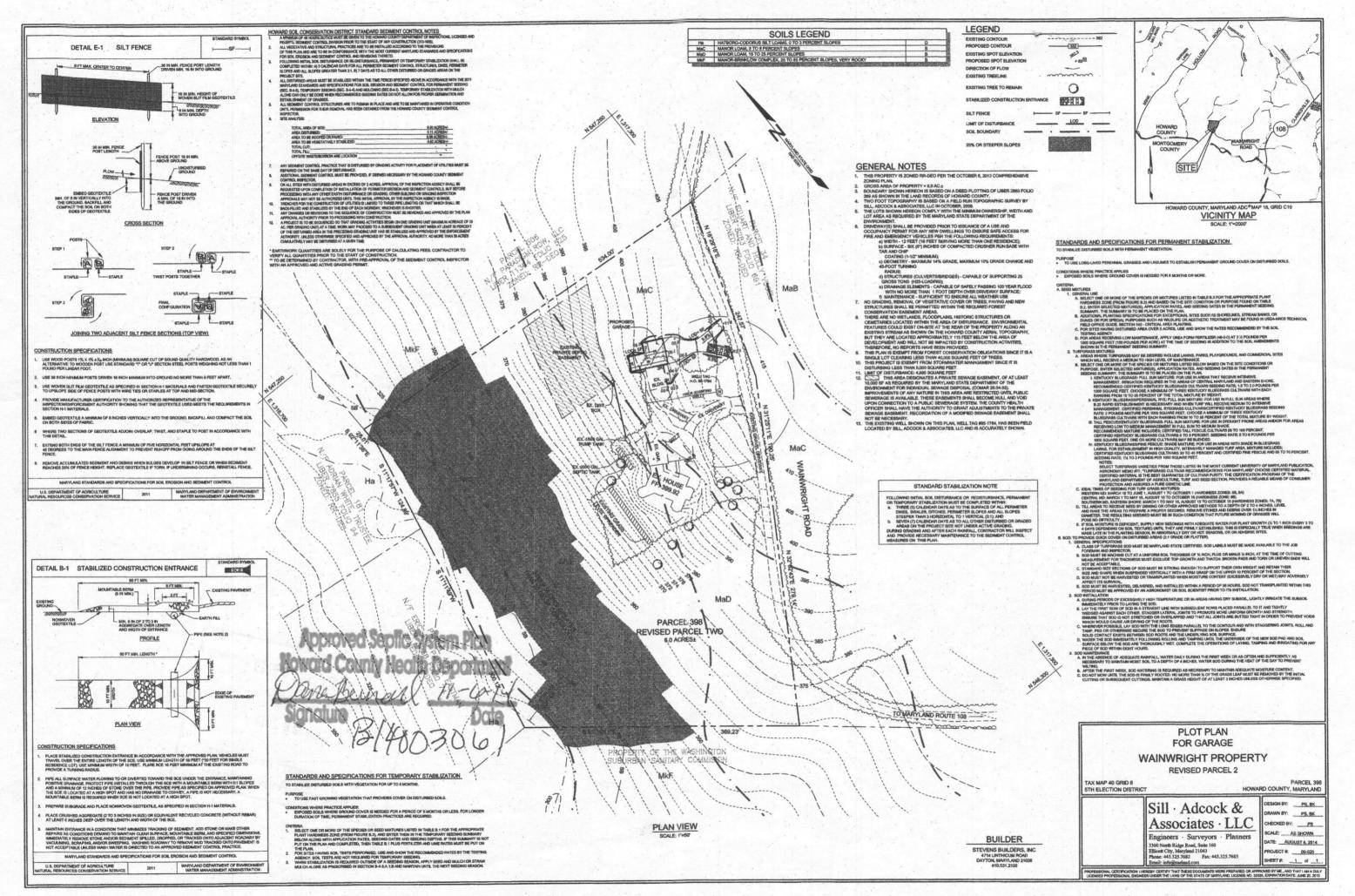
Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program

Phone (410) 313-2775

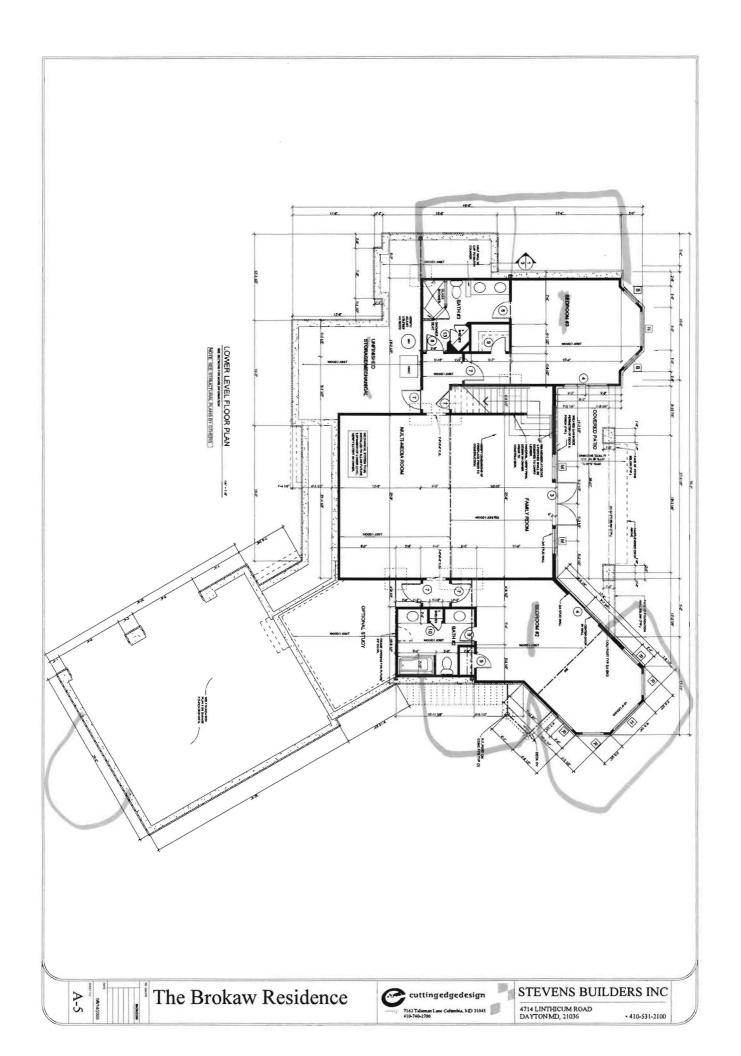
E-mail: DBernard@howardcountymd.gov

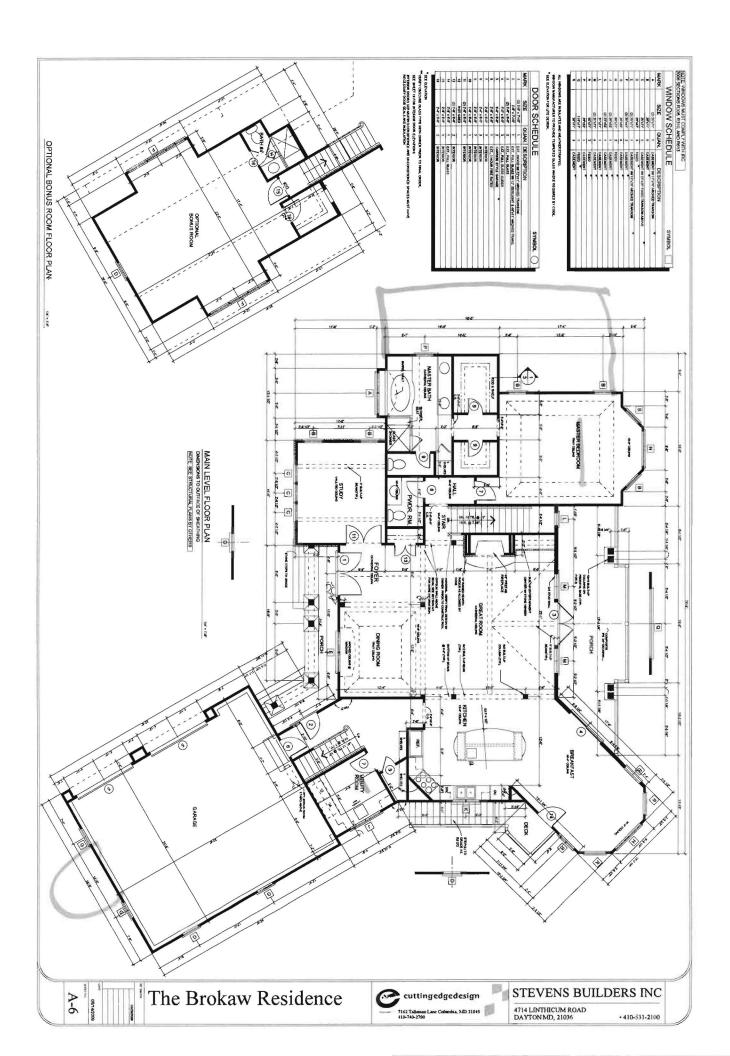
cc: Well & Septic program file www.JRAdesign.com

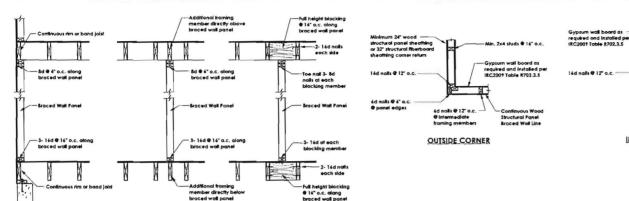




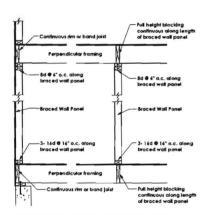
THE STATE OF THE S





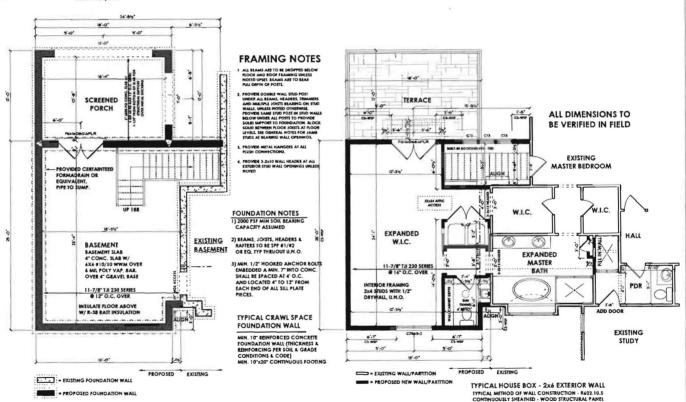


BRACED WALL PANEL CONNECTION WHEN PARALLEL TO FLOOR/CEILING FRAMING



BRACED WALL PANEL CONNECTION WHEN PERPENDICULAR TO FLOOR/CEILING FRAMING

Methods WSP & CS-WSP: Min. 7/14" OSB Wood Structural Panel shi Min. 7/14* OSB Wood Structural Panel sheathing attrached to traming with 6d of 4° o.c. of panel edges and 12° o.c. at Intermediate framing members. Note: At Broared Wolf Lines incorporating Continuously Sheothed bracking methods (CS-WSP & CS-PF), oil exterior would solong the Braced Wolf Line must be fully sheathed with min 7/14* OSB Wood Structural Panel sheathing fastened per IRC 2012 Tables R602.3(1), R602.3(2), and R602.3(3).



PROPOSED FOUNDATION

PROPOSED FIRST FLOOR PLAN 414 s.f.

6d na#s ● 12" o.c.

4d nats 0 4" o.c

Ainimum 24" wao structural panel sheathing or 32" structural fiberboord

sheathing corner return

INSIDE CORNER

Win. 2x4 studs @ 16" o.c.

443,226,5745 www.jra-design.com

PEOFESSIONAL CERTIFICATION I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland, Uconse Number #14475 Expiration Date: 4/34/2014

STEVENS



CONTACT MARK STEVENS 4714 Unthicum Road Dayton, MD 21036-1002 (410) 531-2100

www.StevensBuilders.com

Closet A D D I T I O N Highland, Maryland 20777 -In alk Q Wainwright Road, Э S rexler 0 Ь

REVISIONS

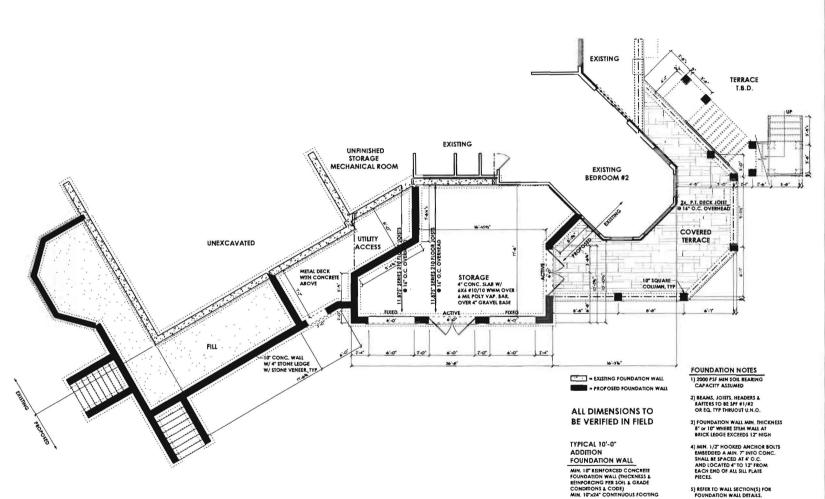
04-24-14 REVISION 2 08-28-14 REVISION ISSUE DATES: 07-24-14 REVISION

0

Ы

SCALE: 1/4" = 1'-0"

ADDITION



ARCHITECTURE

www.jra-design.com

PROFESSIONAL CERTIFICATION
I carefly that these documents
was prepared or approved
by me, and that it are duly
Ecensed professional
architect under the laws of the
State of Maryland,
Ucense Number 614478
Expiration Date: 4/30/2014.

STEVENS



CONTACT: 4714 Unthicum Road Dayton, MD 21036-1002 (410) 531-2100

www.StevensBuilders.com

esidence PROPOSED ADDITION 13001 Wainwright Road, Fulton, Maryland rexler

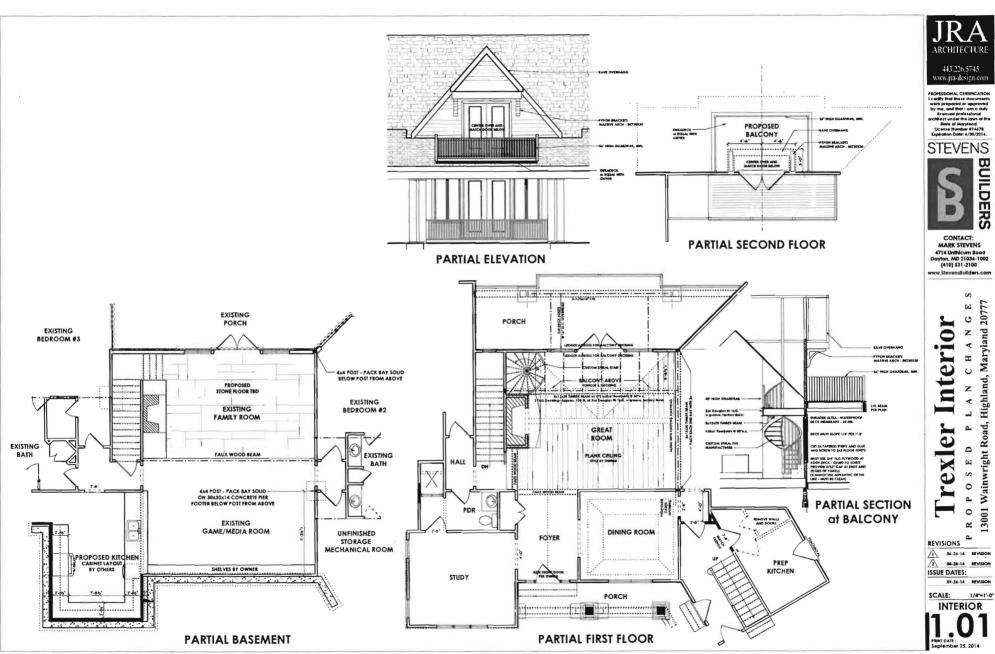
REVISIONS

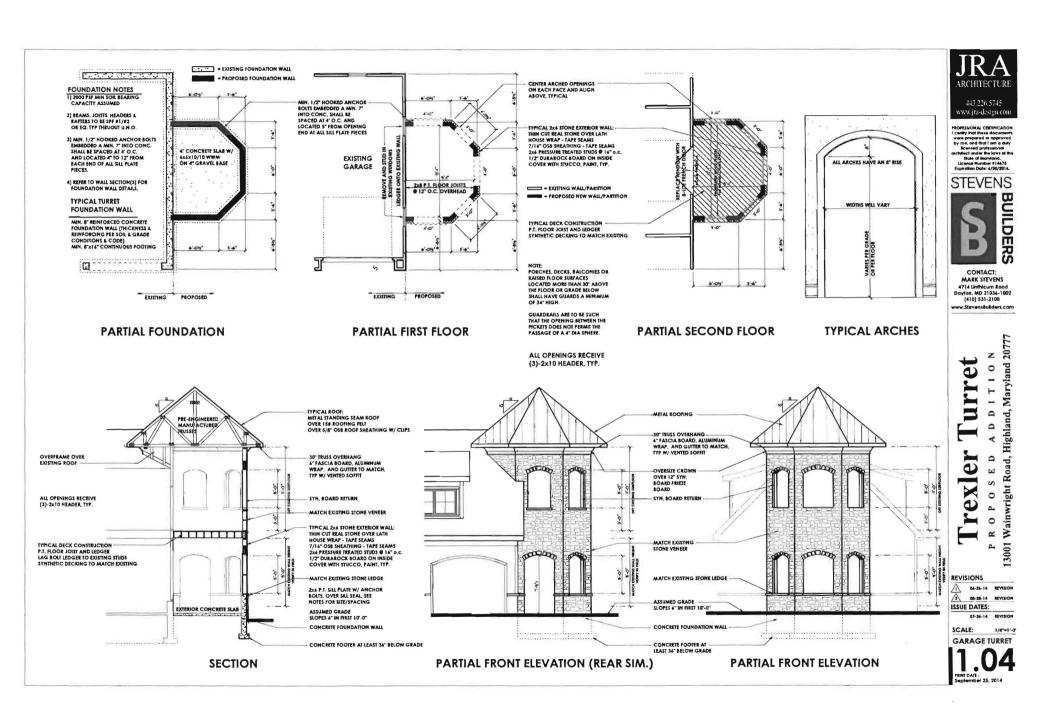
04-24-14 REVISION 2 08-28-14 REVISION ISSUE DATES:

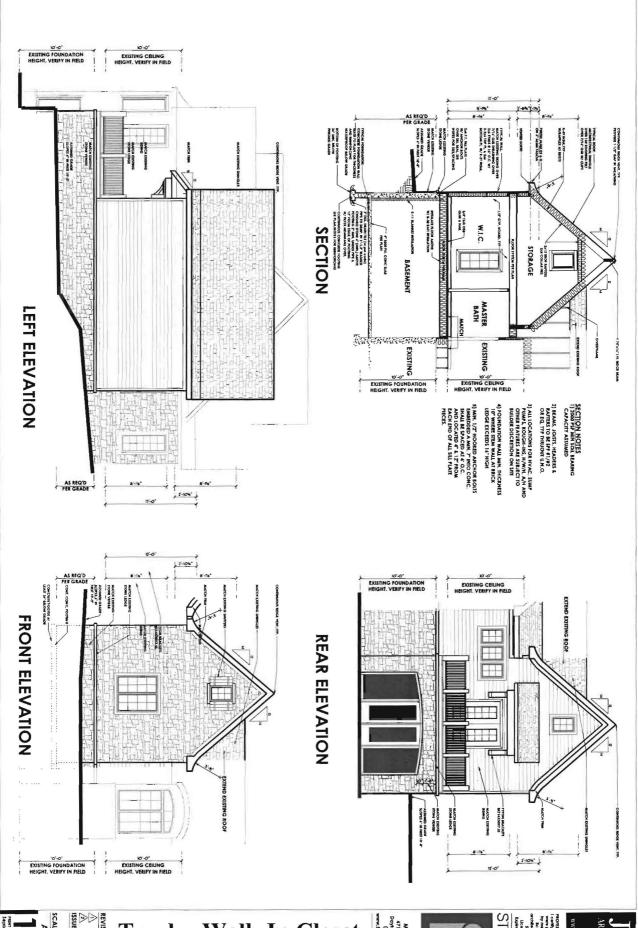
Д

07-24-14 REVISION

SCALE: 1/4" = 1'-0" **FOUNDATION**









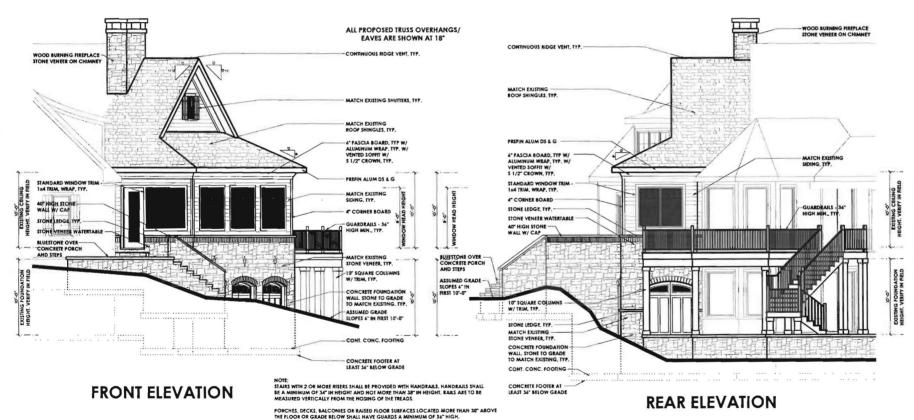
Trexler Walk-In Closet

PROPOSED ADDITION
13001 Wainwright Road, Highland, Maryland 20777









RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4° DIA SPHERE,

443.226.5745 www.jra-design.com

PROFESSIONAL CRETERICATION
I certify that these documents were prepared or approved by me, and that I am a duly is censed professional architect under the lows of the state of Maryland, License Number of Identification District 4/30/2014.

STEVENS



CONTACT: MARK STEVENS 4714 Unthicum Road Dayton, MD 21036-1002 (410) 531-2100

www.StevensBuilders.com

Residence PROPOSED ADDILLE... D I T I O rexler

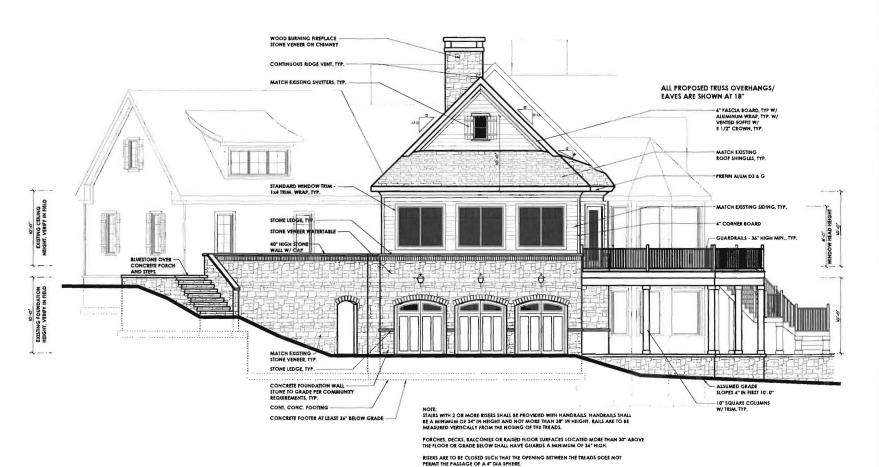
REVISIONS

1 04-24-14 REVISION 2 08-28-14 REVISION ISSUE DATES:

09-24-14 REVISION SCALE: 1/4" = 1'-0"

Ь

ELEVATIONS



443.226.5745 www.jra-design.com

PROFESHONAL CERTIFICATION
I certify find files a documents
were prepared or opproved
by me, and that I am a duly
ficensed professional
architect usder the lawn of the
State of Maryland,
License Number \$14478
Expiration Date: 6/30/2014.

STEVENS

BUILDERS

CONTACT: MARK STEVENS 4714 Unthicum Road Dayton, MD 21036-1002 (410) 531-2100

www.StevensBullders.com

Residence ON ON ONE DONE TO NOT STATE OF THE ONE TO STATE OF THE ONE OF THE rexler

REVISIONS

04-24-14 REVISION 2 08-28-14 REVISION ISSUE DATES:

07-26-14 REVISION

SCALE: 1/4" = 1'-0"

RIGHT ELEV

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

DEP	ARTMENT OF INSPECTIONS, LICENS	SES AND PERMITS COUNTER:		
Date:	12/4/14			
To:	DAN SWINDER / PERMIT, I (Person's Name and Division)	PLAN REVIEW		
From:	(Your Name, Company Name and Telephone Number)) 531· Z100		
Subject	t: Project name TRRXLR2/MEZSIKY			
_	Project name TRRXLR2/M62514CY Project site address 3001 WAWWRIGHT Permit P4003065 SDP#	RD HIGHLAND MD 20777		
	Permit #14003065 SDP#			
	Other information pertinent to this project			
✓ Pleas	se check the attachments below that you are submitting with this t	transmittal:		
	Letter of response to address plan review comment letter			
\mathbf{X}	Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.			
	Letter Summarizing Changes			
	Energy conservation calculations			
2	- Copies of PRVISRD PLANS (be specific).			
	· ·	DED Request Applicant's Request		
	Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #			
7	Other SITE PLAN	,		
	Contact Person Information: (Required)			
	RON SWECKER	Telephone No: 40 531 Z100		
	Please Print Name	E-Mail Address: RONSWKCKER3411 LOM		
	r.	E-IMAII Address. PONTANCE PICE 2411 EOM		
NECE. INFOR OF IN ONCE SIGNA WILL INQUI AND I PLEAS	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE ESSARY, BY A LICENSED ARCHITECT OR ENGINEER. RMATION MAY RESULT IN THE DELAY OF REVIEW BY ESPECTIONS, LICENSES AND PERMITS WILL CONTACT ETHE BUILDING PERMIT IS APPROVED BY THE PLAN RE ATORY AGENCIES, AND THE BUILDING PERMIT IS RE ENOTIFY THE APPROPRIATE CONTACT PERSON FOR VIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION OF PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE ESE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR	PLEASE BE ADVISED THAT INSUFFICIENT THE PLANS EXAMINER. THE DEPARTMENT YOU IF THERE IS A PROBLEM. IN ADDITION, EVIEW DIVISION AND ALL OTHER REQUIRED EADY FOR ISSUANCE, THE PERMIT DIVISION R PERMIT PICK UP. ALL PERMIT STATUS AT 410-313-2455. CODE RELATED QUESTIONS THE PLAN REVIEW DIVISION AT 410-313-2436.		
Receive	red by AKH PERMIT	issued		

White-Plan Review / Yellow-Applicant / Pink-Permit Division

t:\forms\transmit.frm - Rev. 04/2014