



Health

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B/1003026

Building Address: 11446 Rowley Rd
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Wesley Hills
Section: _____ Area: _____ Lot: 3
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____
Existing Use: residence
Proposed Use: residence
Estimated Construction Cost: \$ ~~100,000~~ 165,000
Description of Work: great room addition w/ 2nd
story bump out of 5' 930 sq ft.
Occupant/Tenant Name: Eric & Jot Grammer
Has tenant space previously occupied? ☒ Yes ☐ No
Contract Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>26' x 30'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>30' x 5'</u>
Use group: _____	Basement: ☒ Finished Basement
Construction type: _____	☐ Unfinished Basement
☐ Reinforced Concrete	☐ Crawl Space
☐ Structural Steel	☐ Slab on Grade
☐ Masonry	No. of Bedrooms: <u>4</u>
☐ Wood Frame	<u>Multi-family Dwelling</u>
☐ State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
☐ Roadside Tree Project Permit	☐ State Certified Modular
☐ Yes ☒ No	☐ Manufactured Home
Roadside Tree Project Permit # _____	

Property Owner's Name: Eric & Jot Grammer
Address: 11446 Rowley Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 240-535-2387 Fax: _____
Email: jotgrammer@gmail.com
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: home owner
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____
Contractor Company: home owner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____
Engineer/Architect Company: Jeff Housley Design
Responsible Design Prof.: Jeff Housley
Address: 699 Stonewall Jackson Hwy
City: Batonville State: VA Zip Code: 22610
Phone: 703-595-8391 Fax: _____
Email: jeffhousleydesign.com

Utilities
Electric: ☒ Yes ☐ No
Gas: ☐ Yes ☒ No
Water Supply
☐ Public
☒ Private
Sewage Disposal
☐ Public
☒ Private
Heating System
☐ Electric ☒ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other: _____
Sprinkler System:
☐ Yes ☒ No
Grading Permit Number: _____
Building Shell Permit Number: _____

RECEIVED
AUG 14 2017
LICENSES & PERMITS
DIVISION

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 UNTIL 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: jotgrammer@gmail.com

Title/Company: _____

Print Name: Jot Grammer

Date: 8/14/17

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>1-2-18</u>	<u>Beurard</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? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>27.00</u>
Check #	<u>27.00</u>

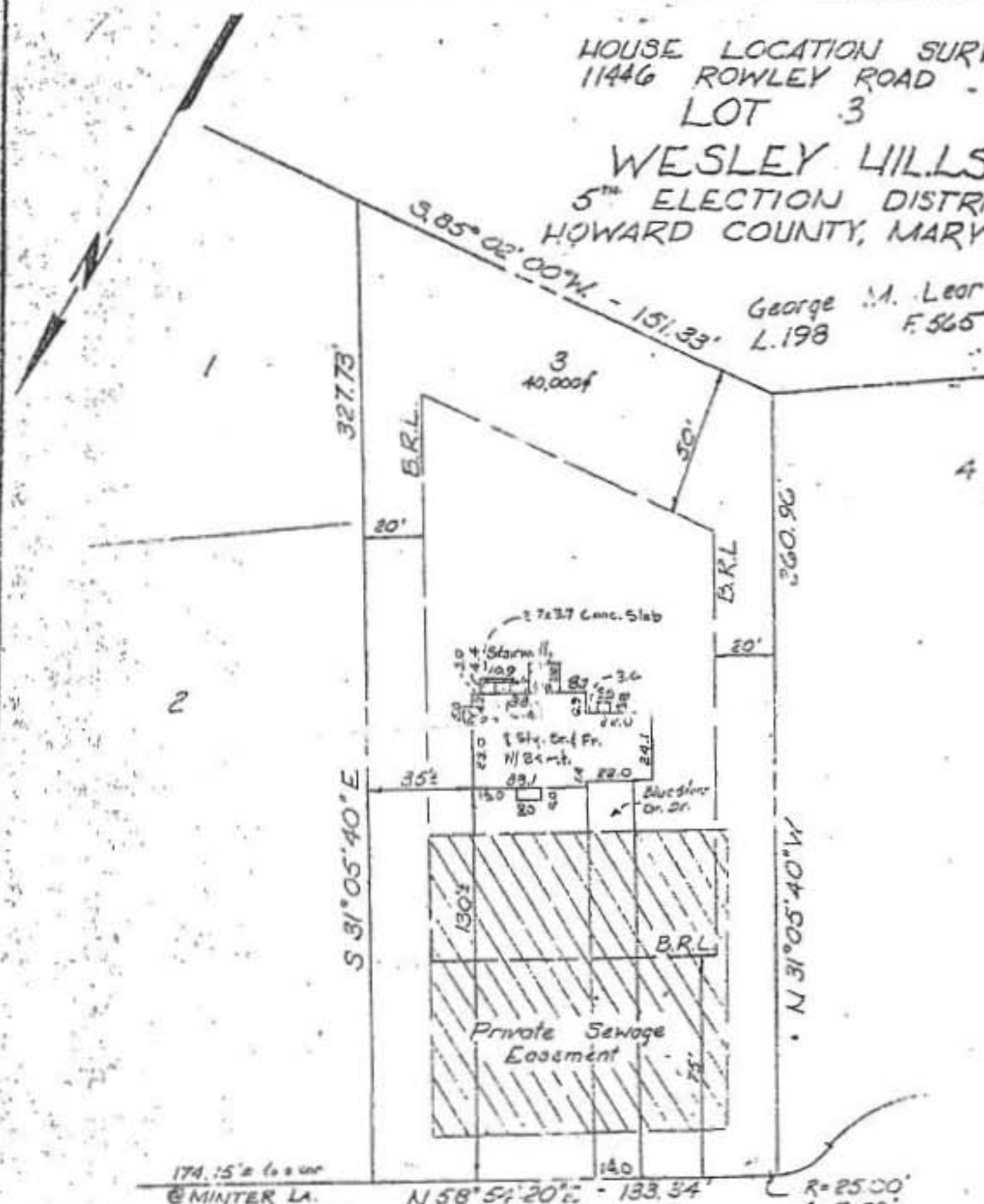
Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

HOUSE LOCATION SURVEY
11446 ROWLEY ROAD
LOT 3

WESLEY HILLS

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

George A. Lear
L. 198 F. 565



Final: 3-30-79 ROWLEY (50') ROAD
Wall Check: 11-29-78 (Linder Const.)

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Peter P. ... #10319

JOHNSON, McCORDIC & THOMPSON, P.A.

1620 ELTON ROAD, SILVER SPRING, MD. 20903 434-7000

ENGINEERS • PLANNERS • SURVEYORS

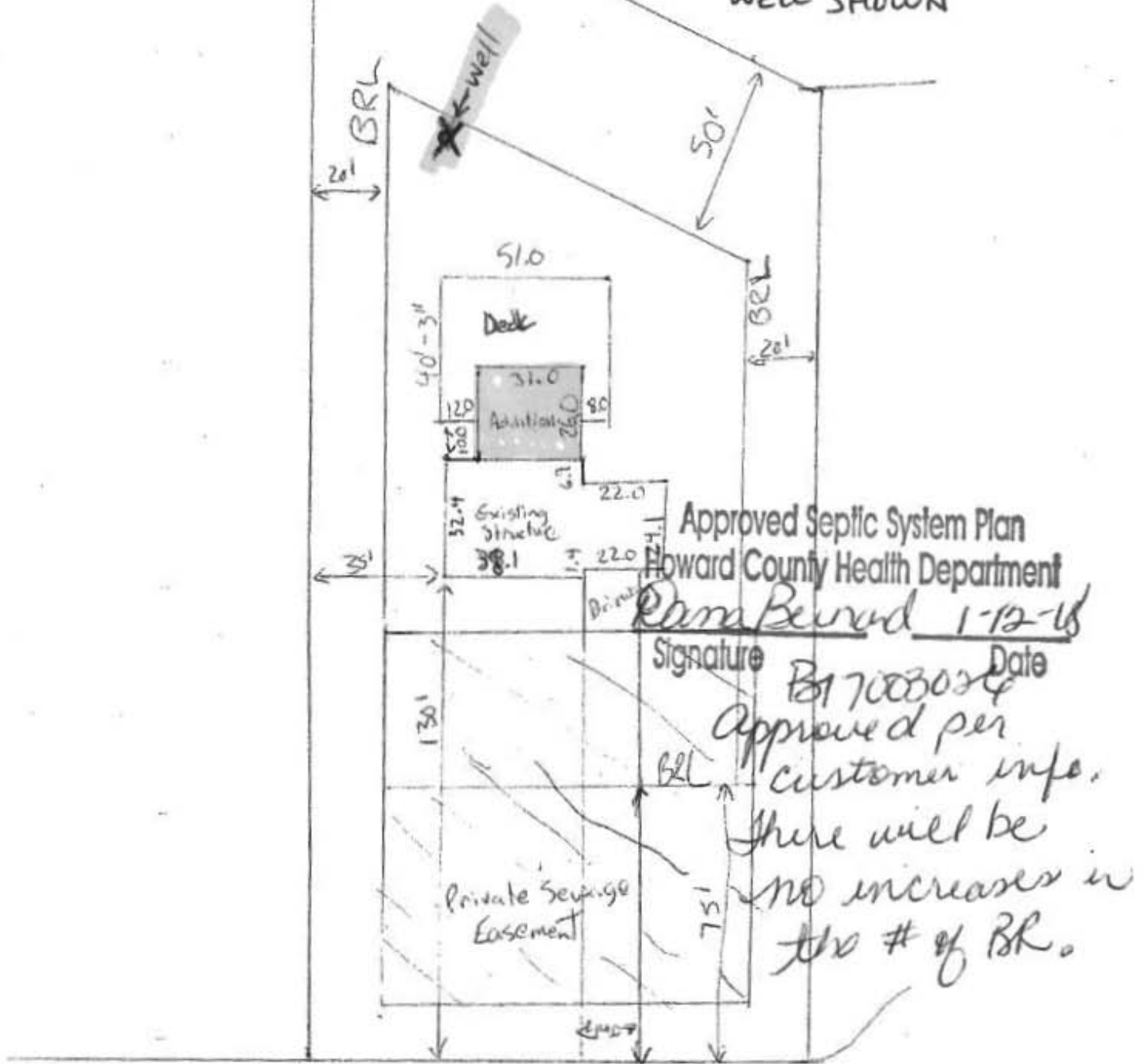
REFERENCE	Drawn by DBS	Checked by GCS
Plot Back	Date 11-30-78	Record No.
Plot 2220		8-111-53.034

REVISED

Date: 10/2/17

Comments: B17003026

WELL SHOWN



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

Date: 8/17/17

To: Annette Merson
(Person's Name and Division)

RECEIVED

AUG 18 2017

From: Jot Grammer (240)
(Your Name, Company Name and Telephone Number)

PLAN REVIEW DIVISION

Subject: Project name Addition GRAMMER RESIDENCE

Project site address 11446 Rowley Rd

Permit # B1700 3026

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

4 Copies of plot plan (be specific).

____ Health Department Request

☒ DPZ/DED Request

____ Applicant's Request

____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

____ Other _____

Contact Person Information: (Required)

Jot Grammer

Please Print Name

Telephone No: 240-535-2387

E-Mail Address: jotgrammer@gmail.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. 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

AKH

PER DPZ
CC: DET
Health
Bldg

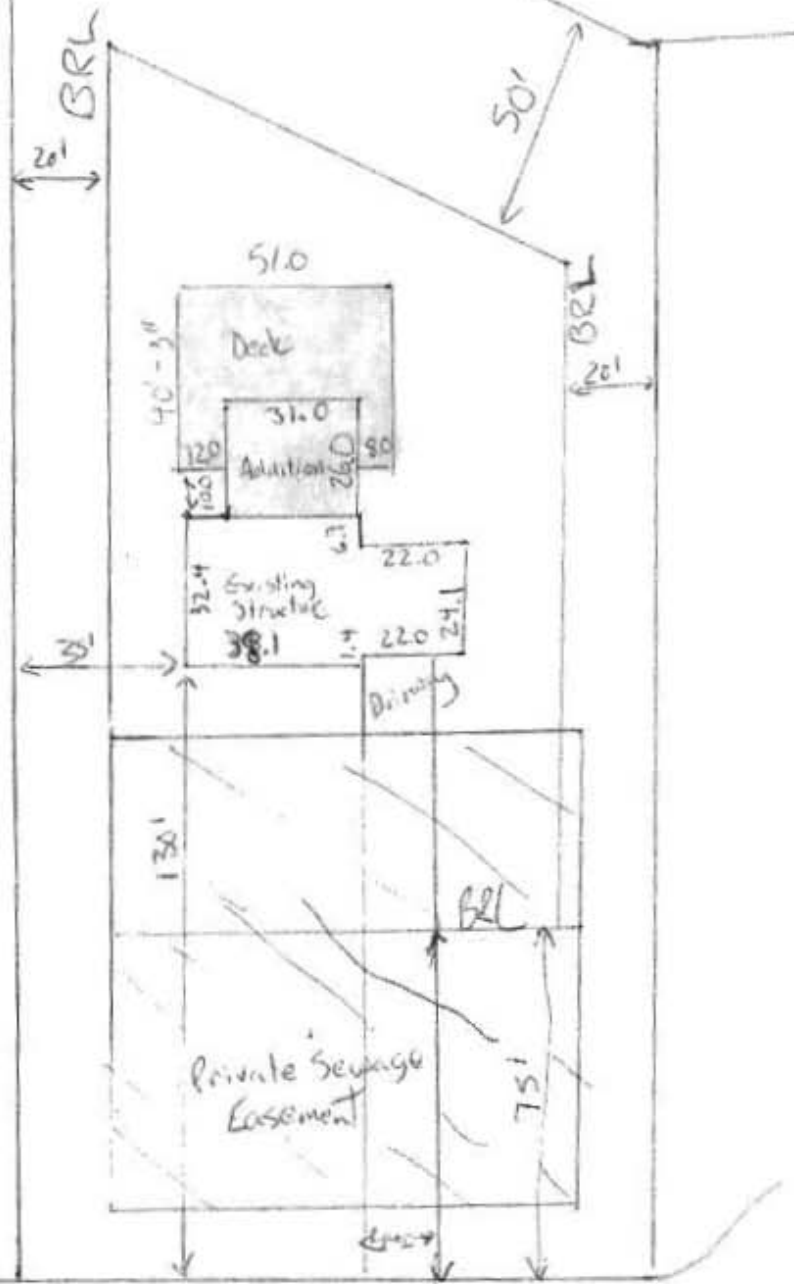
11446 Rowley Rd.

REVISED

Date: 8/17/17

Comments: B17003028

ADDITION SHOWN



Scale: 1" = 50'



11429 Rowley Rd
Clarksville, MD 21029

\$661,756
Redfin Estimate
2,432 Sq. Ft.
\$272 / Sq. Ft.

\$649,950
Sold Aug 1, 2017

4
Beds

2.5
Baths

Built: 1979
Status: Sold



Is This Your Home?



I'm the Owner

Track this home's estimate in our Home Report email.



Brandon Hoffman
Redfin Real Estate Agent

★★★★★
174 client reviews

Talk to Brandon About Selling

< 1 of 4 Redfin Agents in this area >

📞 (410) 983-6122

Questions? Call Brandon's Team



Office of the Health Officer
8930 Stanford Blvd., Columbia, 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

TO: Jeff Housley Design
Via e-mail: jotgrammer@gmail.com

FROM: Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program

RE: 11446 Rowley Road
Clarksville, Maryland 21029

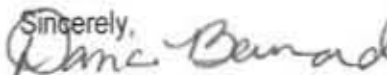
DATE: September 6, 2017

The following comments apply to the building permit application submitted by Jeff Housley Design. Applicant is advised to revise and resubmit.

Building Application

- ↓ Floor plans for the entire house and addition must be submitted with your application. This information will be used to determine if your current septic system can accommodate your proposed addition.
- ↓ Your plot plan must be revised to include the well location on the plan.

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Sincerely,

Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

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

Date: 8/17/17

To: Annette Merson **RECEIVED**
(Person's Name and Division) **AUG 18 2017**

From: Jot Grammer (240) **PLAN REVIEW DIVISION**
(Your Name, Company Name and Telephone Number)

Subject: Project name Addition GRAMMER RESIDENCE
Project site address 11446 Rowley Rd
Permit # B17003026 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
- 4 Copies of phot plan (be specific).
- ____ Health Department Request X DPZ/DED Request ____ Applicant's Request
- ____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ____ Other _____

Contact Person Information: (Required)

Jot Grammer
Please Print Name

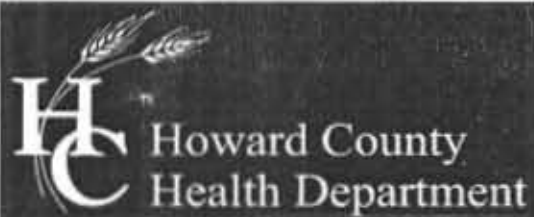
Telephone No: 240-535-2387

E-Mail Address: jotgrammer@gmail.com

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Received by AKH

PER DPZ
CC: DED
Health
Bldg.



Office of the Health Officer

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

TO: Jeff Housley Design
Via e-mail: jotgrammer@gmail.com

FROM: Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program

RE: Building Permit # B17003026
11446 Rowley Road
Clarksville, Maryland 21029

DATE: September 6, 2017

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Building Application

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Sincerely,

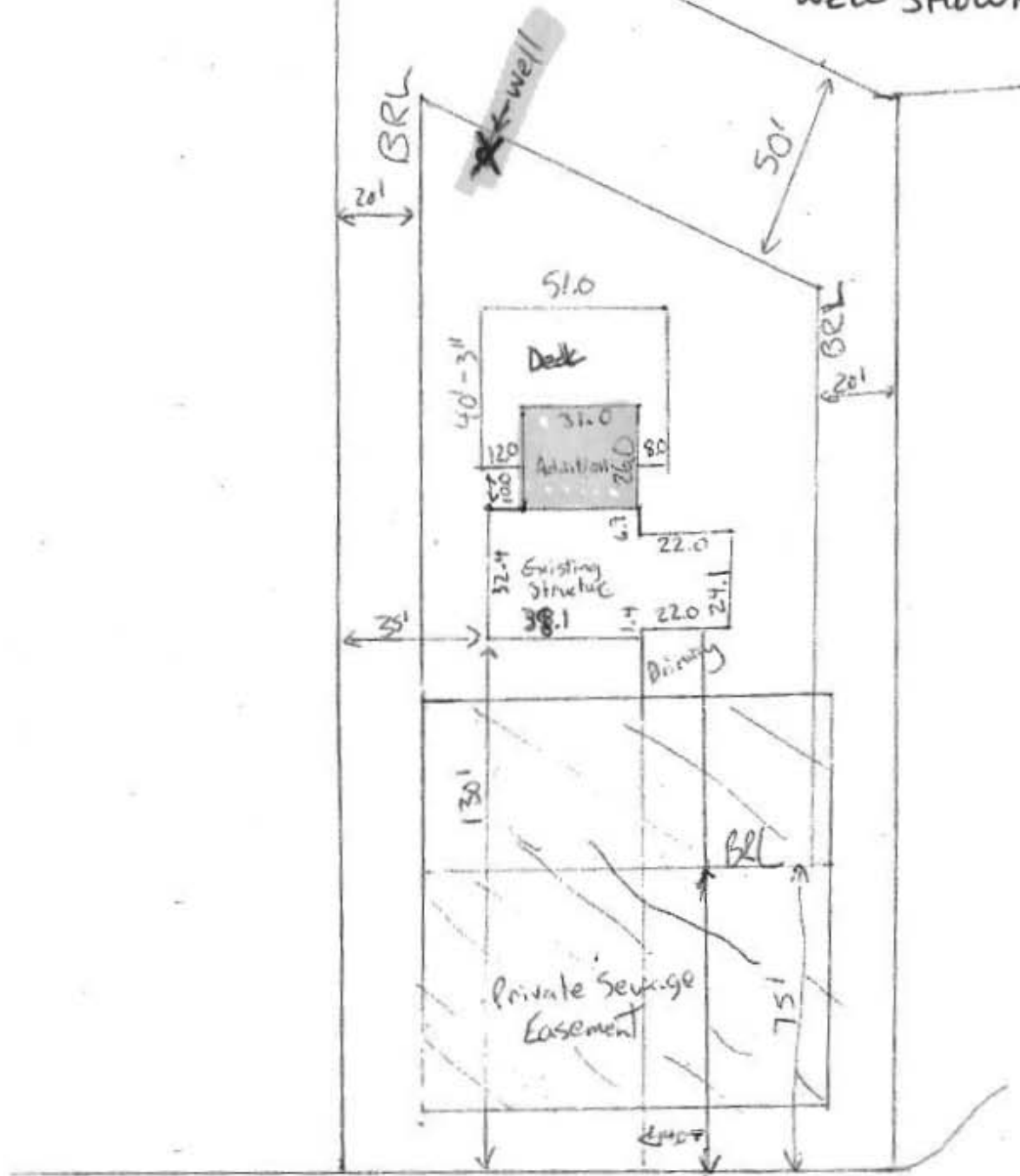
Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

REVISED

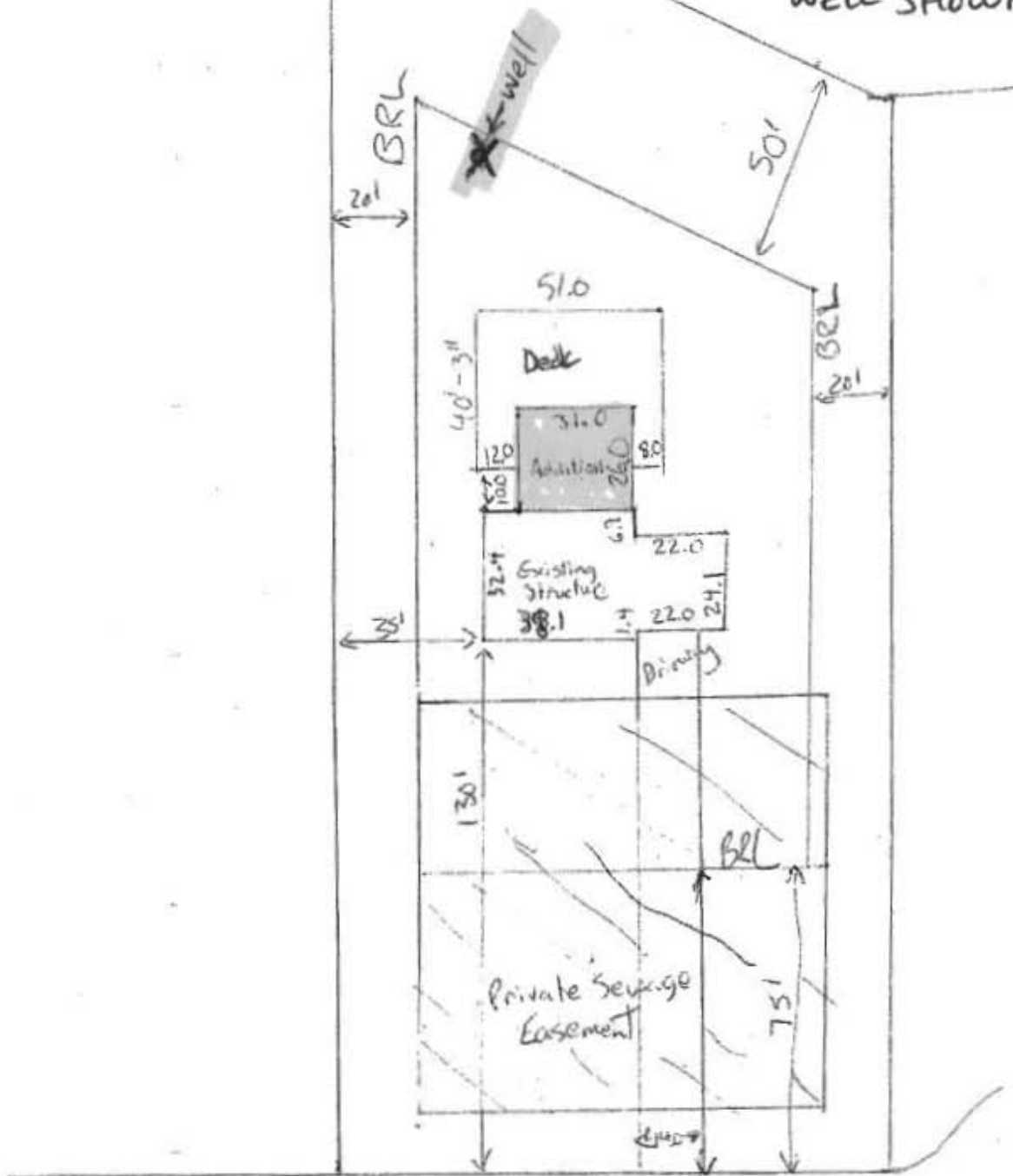
Date: 10/2/17

Comments: B17003026

WELL SHOWN



WELL SHOWN



Bernard, Dana

From: Bernard, Dana
Sent: Thursday, November 16, 2017 4:56 PM
To: jotgrammer@gmail.com
Subject: 11446 Rowley

Mr. Rowley, I have received floor plans for the house 11446 Rowley Road. However, The floor plans does not contain every floor of the existing house. Also your plot plan you submitted does not show the well in the correct location. Please revise and resubmit .

Thank you & Have a*""")

..*""") ..*""")

(..*""") * Wonderful Day !

Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

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

Date: 10/24/17
To: Don Swindel & Dana Bernard
(Person's Name and Division)
From: Jot Grammer (240) 535-2387
(Your Name, Company Name and Telephone Number)
Subject: Project name Great Room Addition
Project site address 11446 Rowley Rd
Permit # B17003026 SDP # _____
Other information pertinent to this project _____

RECEIVED
OCT 24 2017
PLAN REVIEW DIVISION

☒ 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 REVISED PLOT PLAN (be specific). WELL SHOWN
☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
☐ Other _____

Contact Person Information: (Required)

Jot Grammer
Please Print Name

Telephone No: 240-535-2387

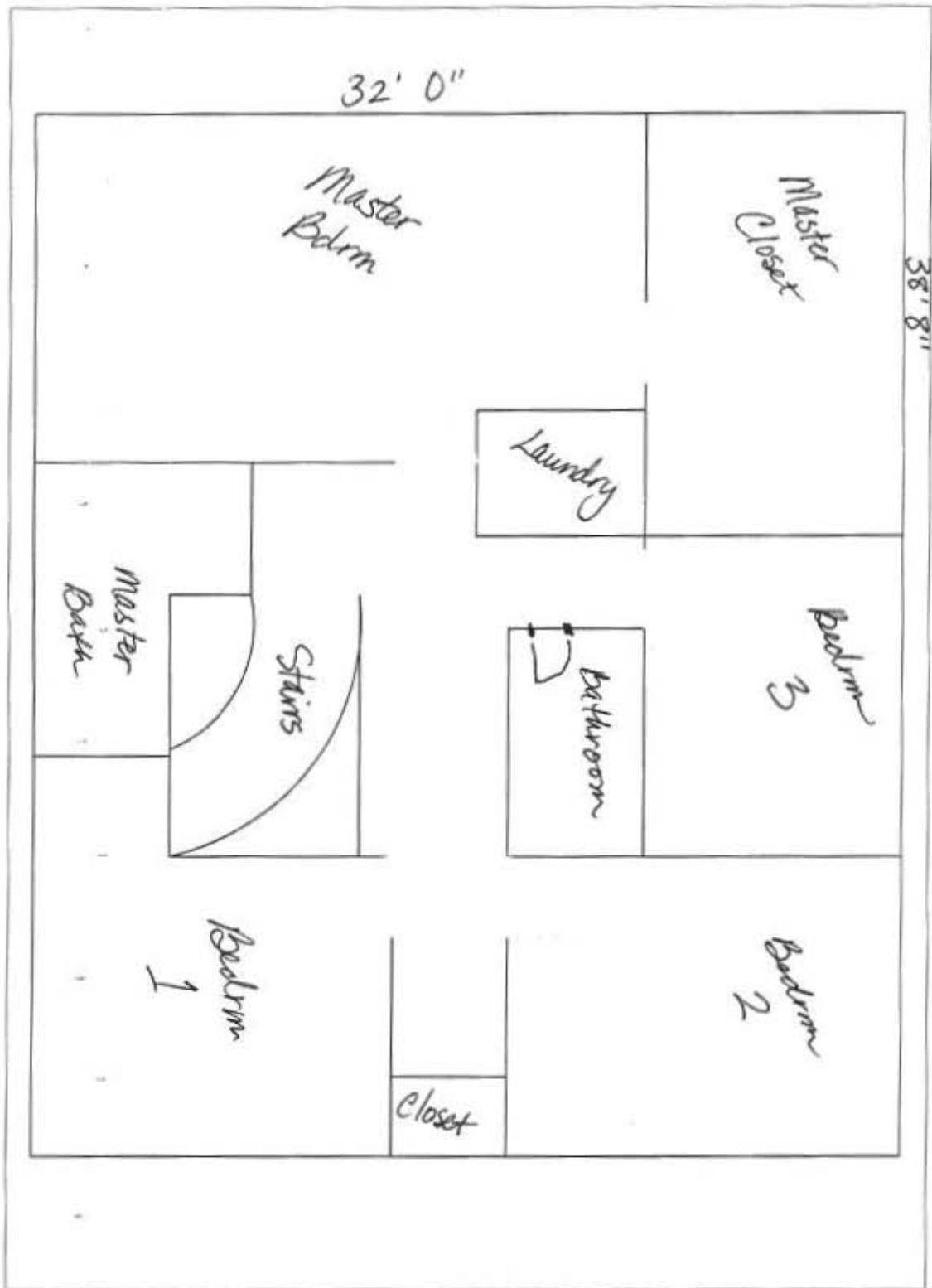
E-Mail Address: jotgrammer@gmail.com

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Received by AKH

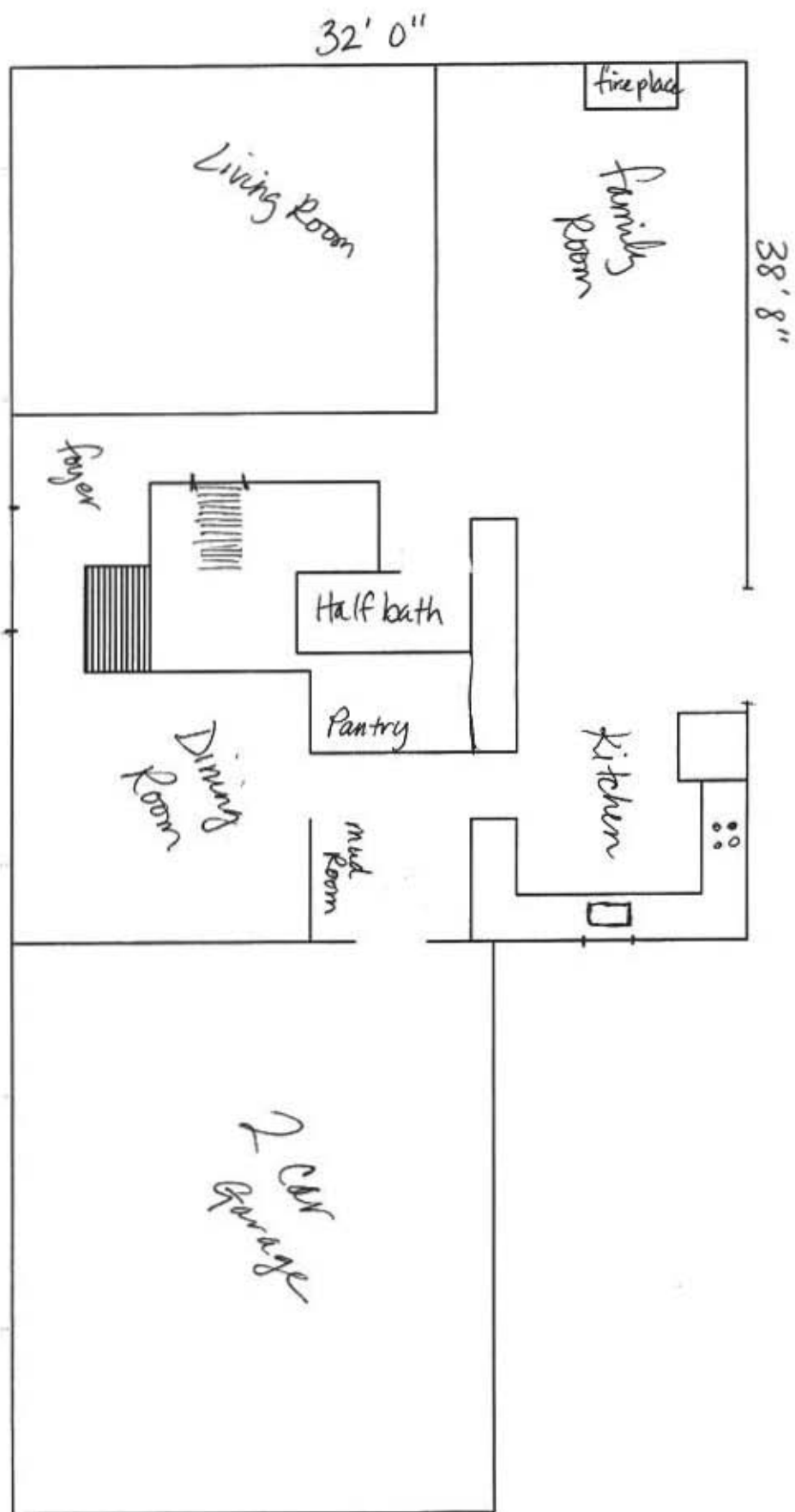
PER D. SWINDER - HEALTH

Health



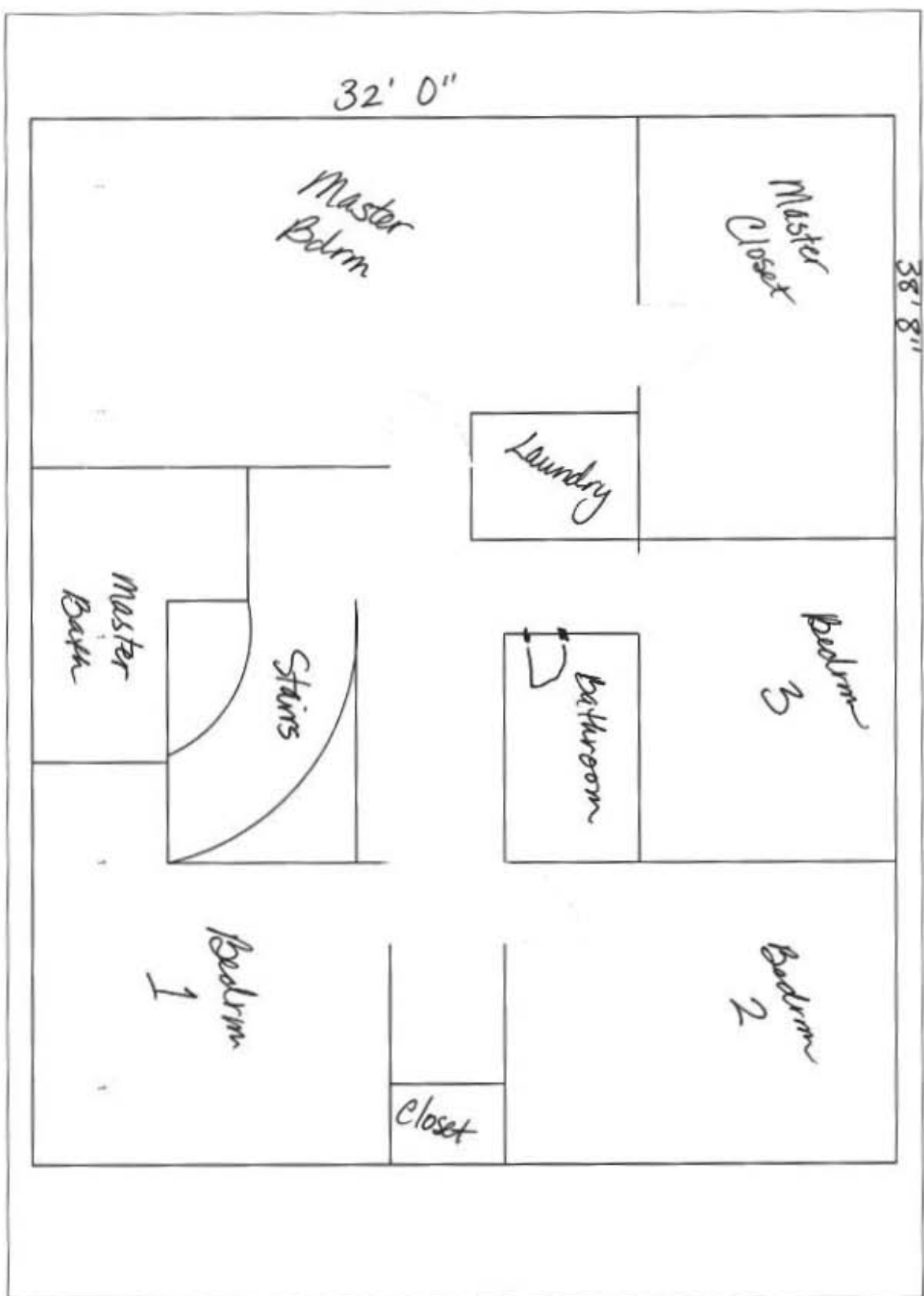
2nd Floor

Main Floor

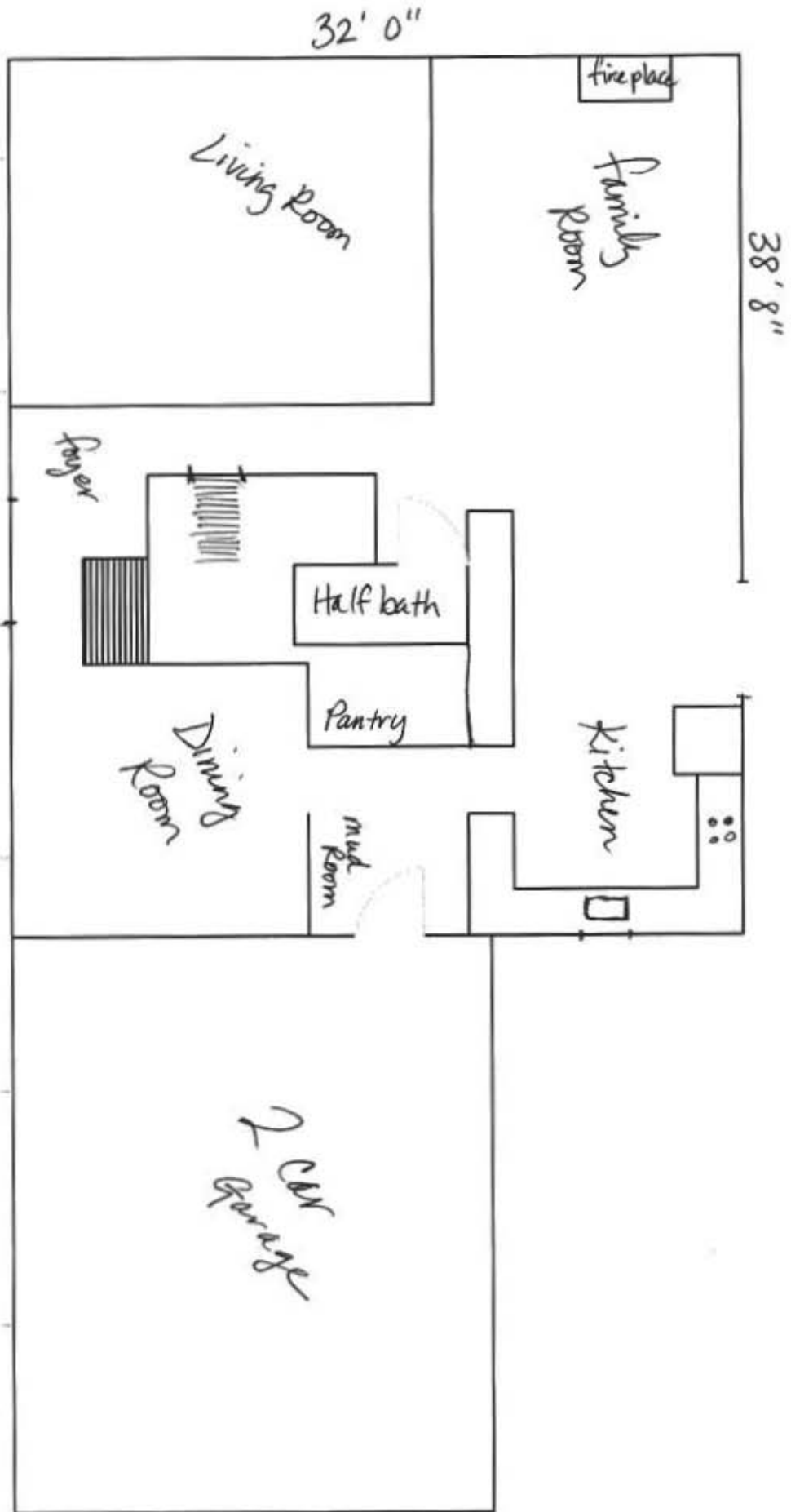




2nd Floor



Main Floor



38'8"

Basement level

Water
Closet

Storage

Family Room



Furnace
Room

Room

32'0"

A B C D E F G H I J K L M N

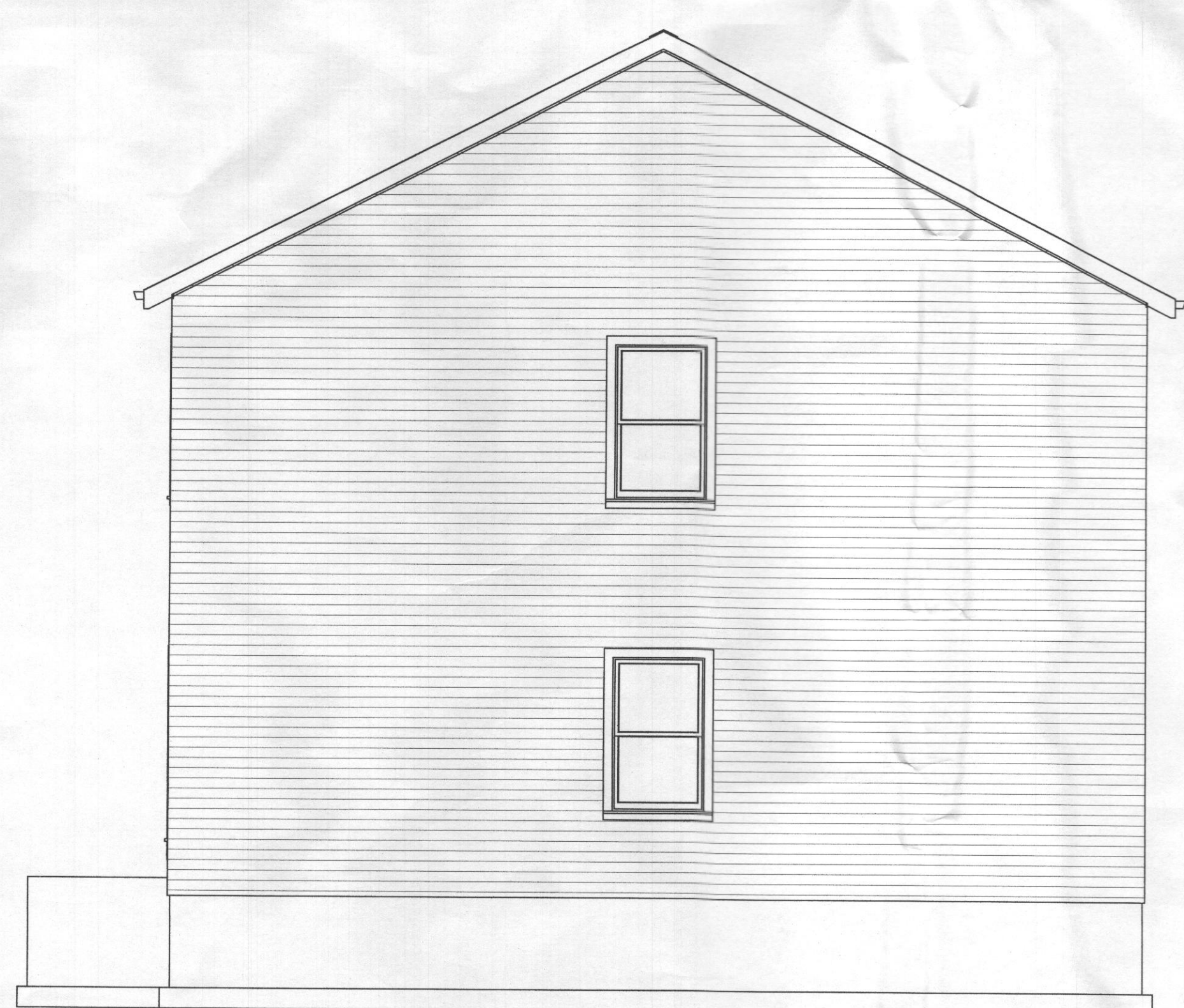
1
2
3
4
5
6
7
8
9
10
11



Rear Elevation
1/4"=1'-0"



Right Side Elevation
1/4"=1'-0"



Left Side Elevation
1/4"=1'-0"

jeff housley DESIGN
Architectural • Structural
JEFF HOUSLEY DESIGN
(703) 595-8391
JH@JeffHousleyDesign.com

CONSTRUCTION RELEASE

Drawing Dates

6/28/17
7/10/17

ADVERSE CONDITIONS
These plans shall be followed in their entirety and shall not be used as partial documents. The information contained on each sheet will reference other sheets making the plans a WHOLE DOCUMENT. It is the intent of these documents to provide sufficient information to the experienced building contractor to construct the project shown herein. Pre-Construction and During-Construction inspections and tests shall be made by other professionals to determine that no adverse conditions or defects exist or are found later in the life of the project. The BUILDING CONTRACTOR SHALL BE CONTACTED IMMEDIATELY for clarification if the conditions are determined to be different than shown and/or if discrepancies are found in the plans or notes, and/or if a question arises over the intent of these plans or notes. ADVERSE CONDITIONS shall be DEFINED as, but not limited to: Expansive soil, or soil having a load bearing capacity of less than 2000 PSF, or unsuitable structural building materials as specified in these plans, or incorrect installation or questionable installation methods of any structural components specified in these plans, or any other condition(s) deemed unsuitable for any other reason.

A Custom Design For:
ERIC AND JOT GRAMMER

ROOM ADDITION/KITCHEN RENOVATION				Checked By:
Project Name:	Scale:	Contract Date:	County:	
Lot Number:	A2 SHOWN 6/12/17	HOWARD		
Block Number:	U/A	Job No:	Site:	
		JMH	MARYLAND	

CONSTRUCTION RELEASE

Drawing Dates

6/28/17
7/10/17

ADVERSE CONDITIONS
These plans shall be followed in their entirety and shall not be used as partial documents. The information contained on each sheet will reference other sheets making the plans a whole. DOCUMENT, is to the intent of these documents to provide sufficient information to the experienced building contractor to construct the project shown herein. The Contractor and Building Construction Inspections and tests shall be made by others, not shown on these plans, and the contractor shall be responsible for determining that the structure complies with all applicable codes and standards. If any conditions are discovered that are different than shown and/or if discrepancies are found in the plans or notes, and/or if a question arises over the intent of these plans or notes, the contractor shall be contacted immediately for clarification. The BUILDING CONTRACTOR SHALL BE CONTACTED IMMEDIATELY for clarification. ADVERSE CONDITIONS shall be defined as, but not limited to: Expansion voids, or not having a load bearing capacity of less than 200 PSI, or unsuitable structural building materials as specified in these plans, or incorrect installation or questionable installation methods of any structural component specified in these plans, or any other condition(s) deemed unsuitable for any other reason.

A Custom Design For:
ERIC AND JOT GRAMMER

Project Name:
ROOM ADDITION/KITCHEN RENOVATION

Scale: AS SHOWN
Contract Date: 6/12/17
Job No: 17-21

Location: COUNTY: HOWARD
State: MARYLAND
Drawn By: JMH
Checked By: MARYLAUD

Sheet

A2

Page: 2 of 9



Rear Elevation
1/4"=1'-0"

CONTINUOUS RIDGE VENT
RIDGE VENTS MUST HAVE AN EXTERNAL Baffle TO DEFLECT WEATHER AWAY FROM THE ATTIC AND TO CREATE NEGATIVE PRESSURE OVER THE VENT TO HELP PULL AIR OUT OF THE ATTIC. PROVIDE SUFFICIENT VENTILATION AREA WITH ALL ROOFS. SEE MANF. SPECIFICATIONS AND INSTALLATION REQUIREMENTS.

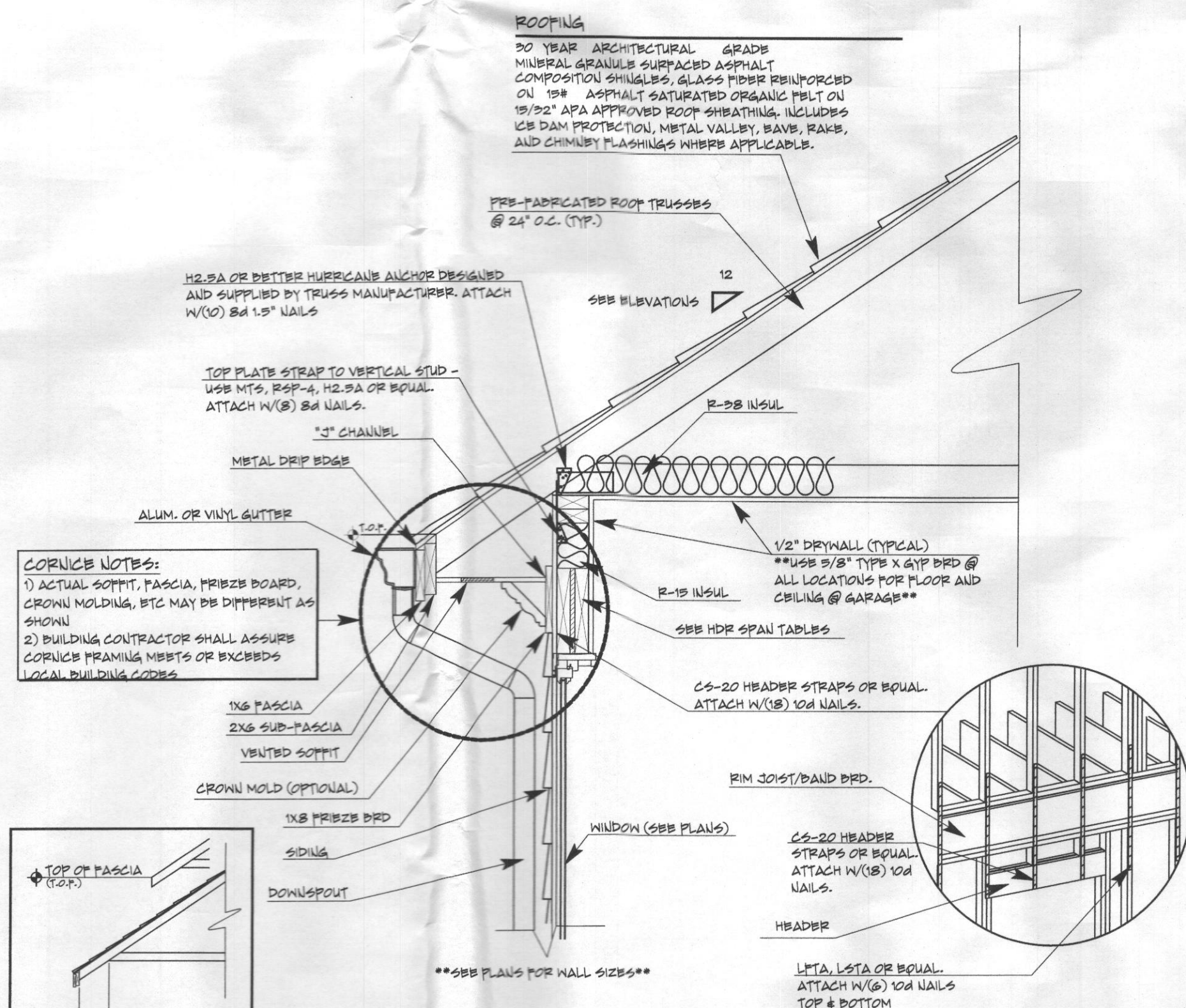
ROOFING
30 YEAR ARCHITECTURAL GRADE MINERAL GRANULES SURFACED ASPHALT COMPOSITION SHINGLES, GLASS FIBER REINFORCED ON 15# ASPHALT SATURATED ORGANIC FELT ON 15/32" APA APPROVED ROOF SHEATHING. INCLUDES ICE DAM PROTECTION, METAL VALLEY, DAVIS, RAKE, AND CHIMNEY FLASHINGS WHERE APPLICABLE.



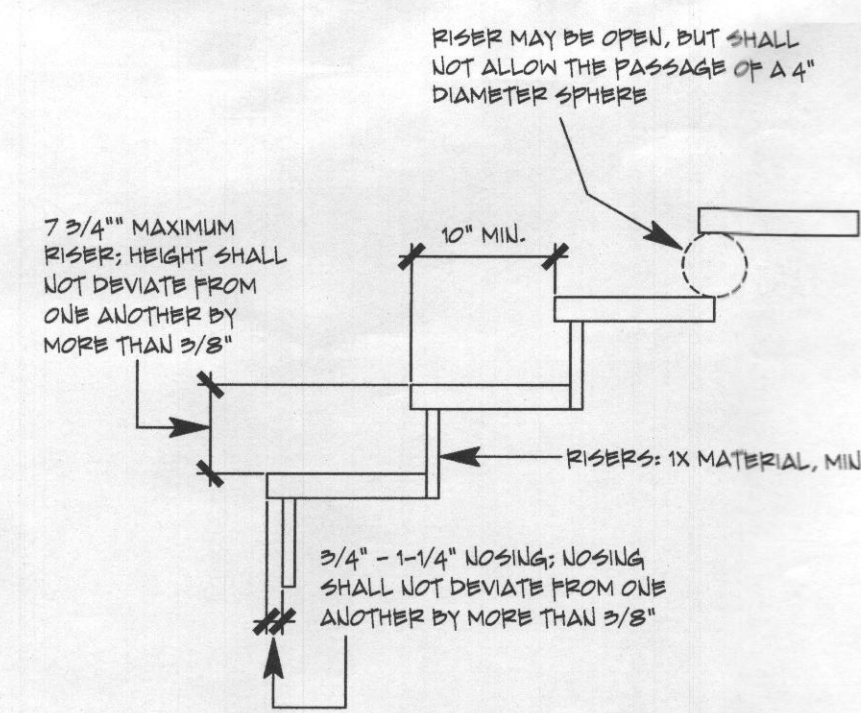
Right Side Elevation
1/4"=1'-0"



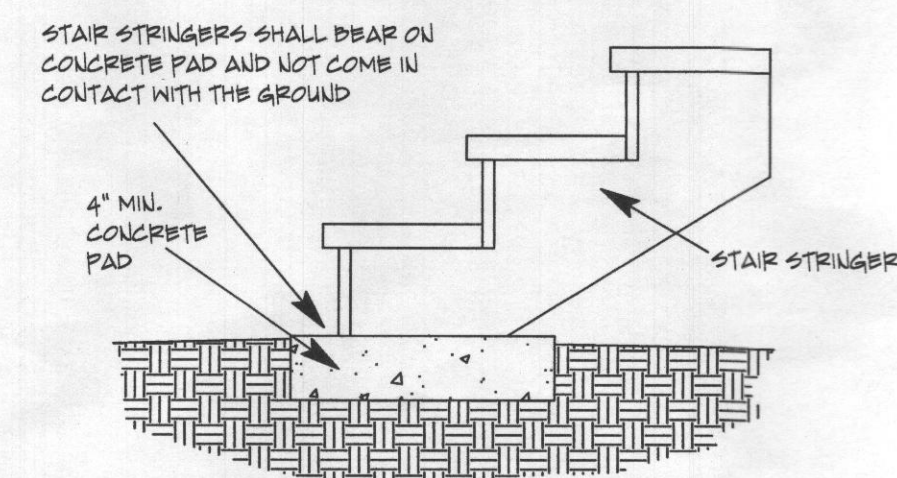
Left Side Elevation



Cornice Detail @ Typical Siding



Tread and Riser Detail



Stair Stringer Bearing at Grade



- BEAR PORCH NOTES:
1. STAIRS MIN. 3' WIDE, MAX. RISER HEIGHT 8", TREAD DEPTH MIN. 10"
 2. CONCRETE LANDINGS AT BOTTOM OF STAIRS, MIN. 36" WIDE AND MIN. 36" IN DIRECTION OF TRAVEL
 3. HANDRAIL ON ONE SIDE OF STEPS, CONTINUOUS WITH CIRCULAR IN PERIMETER BETWEEN 4" & 6 1/4" AND MAX. CROSS SECTION OF 2 1/4"
 4. 34" - 38" ABOVE STAIR NOSING, RETURNED TO POSTS
 5. GUARDS MIN. 34" FROM TREAD NOSING, MAX. BALLUSTER SPACING 4"
 6. PORCH GUARDS MIN. 36" ABOVE THE FLOOR
 7. MAX. 4" OPENING BETWEEN BALLUSTERS AND BETWEEN FLOOR AND BOTTOM OF GUARD

CONSTRUCTION RELEASE

Drawing Dates

6/28/17
7/10/17

ADVERSE CONDITIONS

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Project Name: ERIC AND JOT GRAMMER
Room Addition/Kitchen Renovation
Lot Number: U/A
Block Number: U/A
Scale: AS SHOWN
Contract Date: 6/12/17
Drawn By: JNH
Job No: 17-21
County: HOWARD
State: MARYLAND
Checked By:

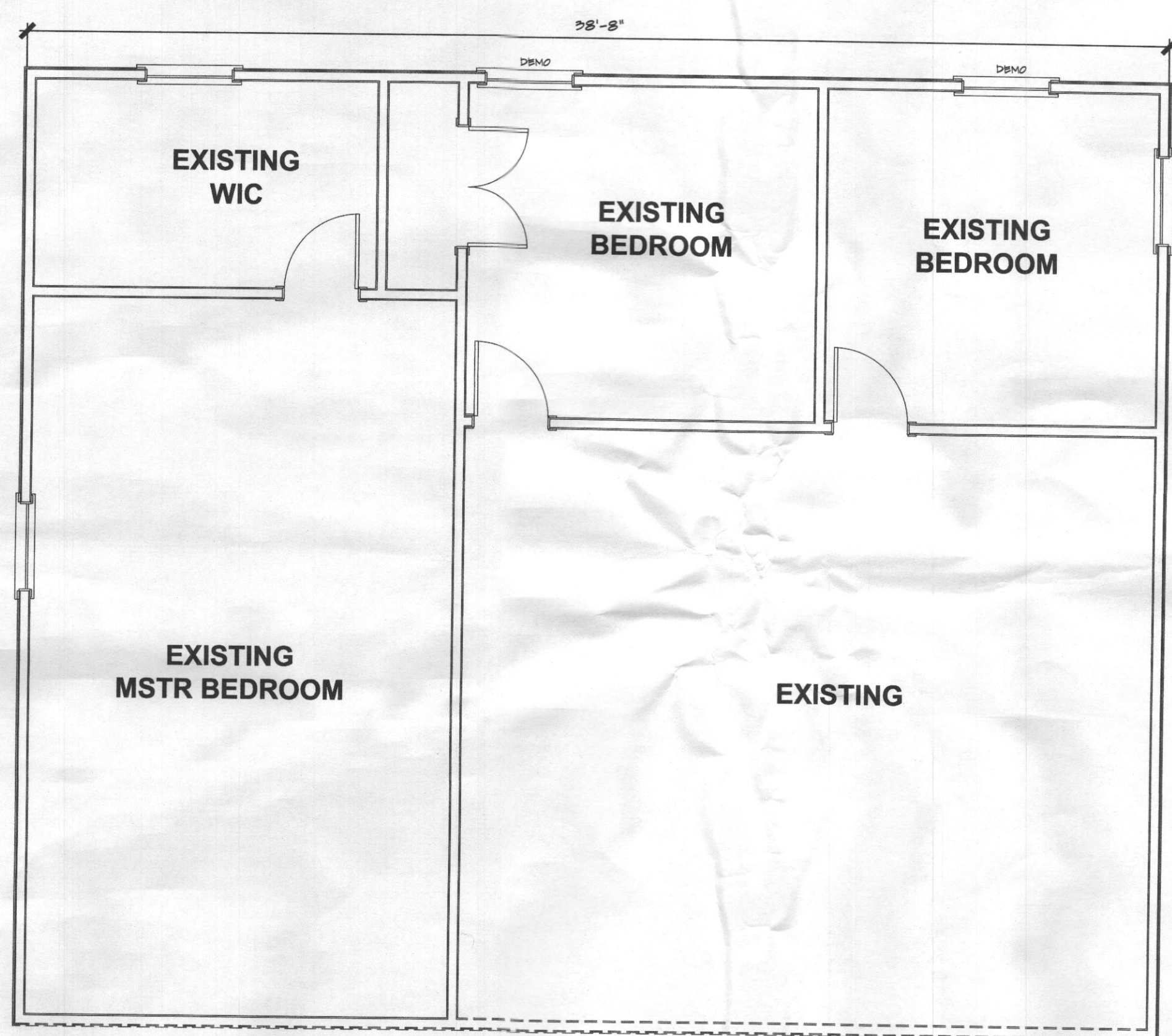
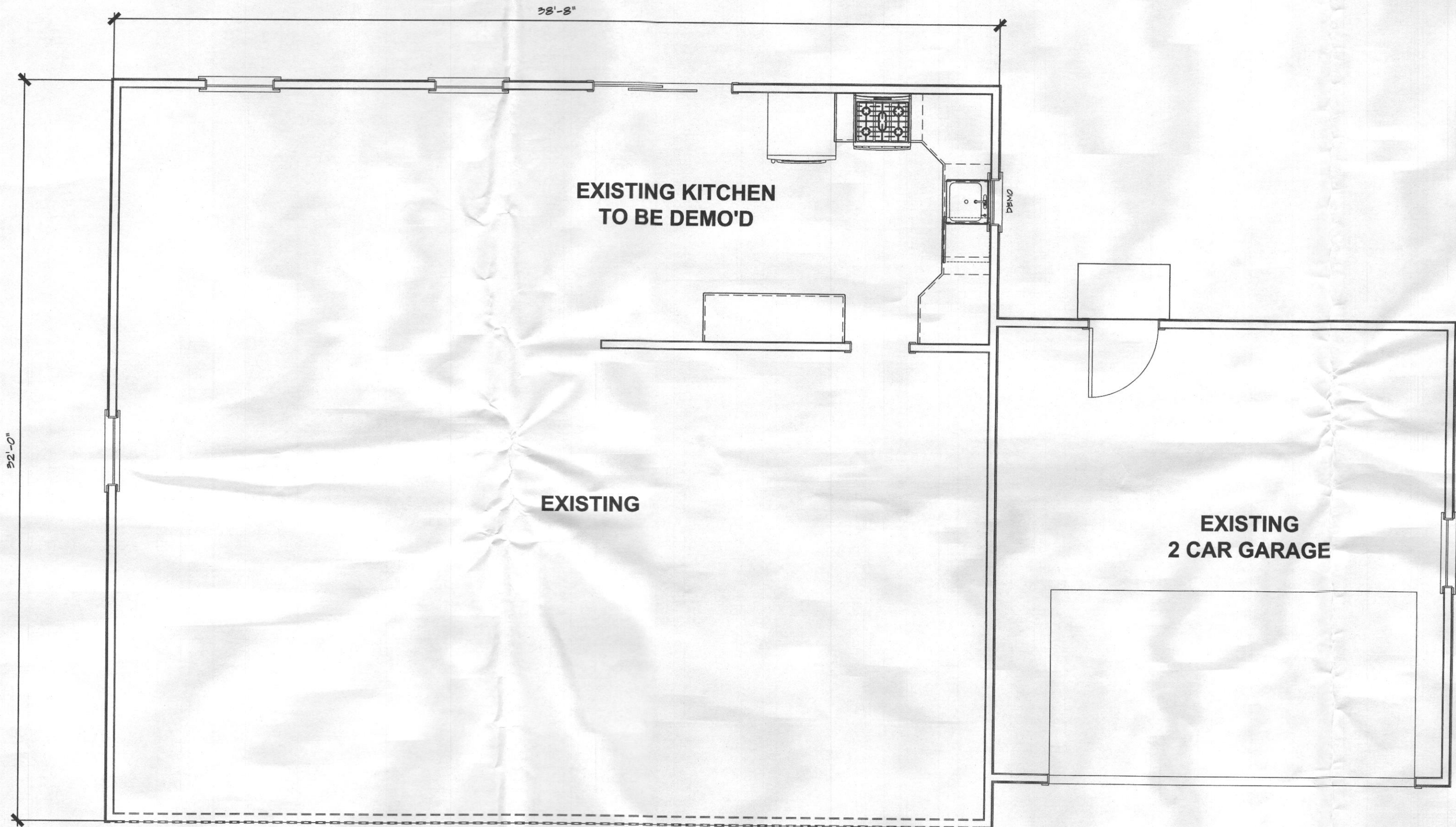
CONSTRUCTION RELEASE

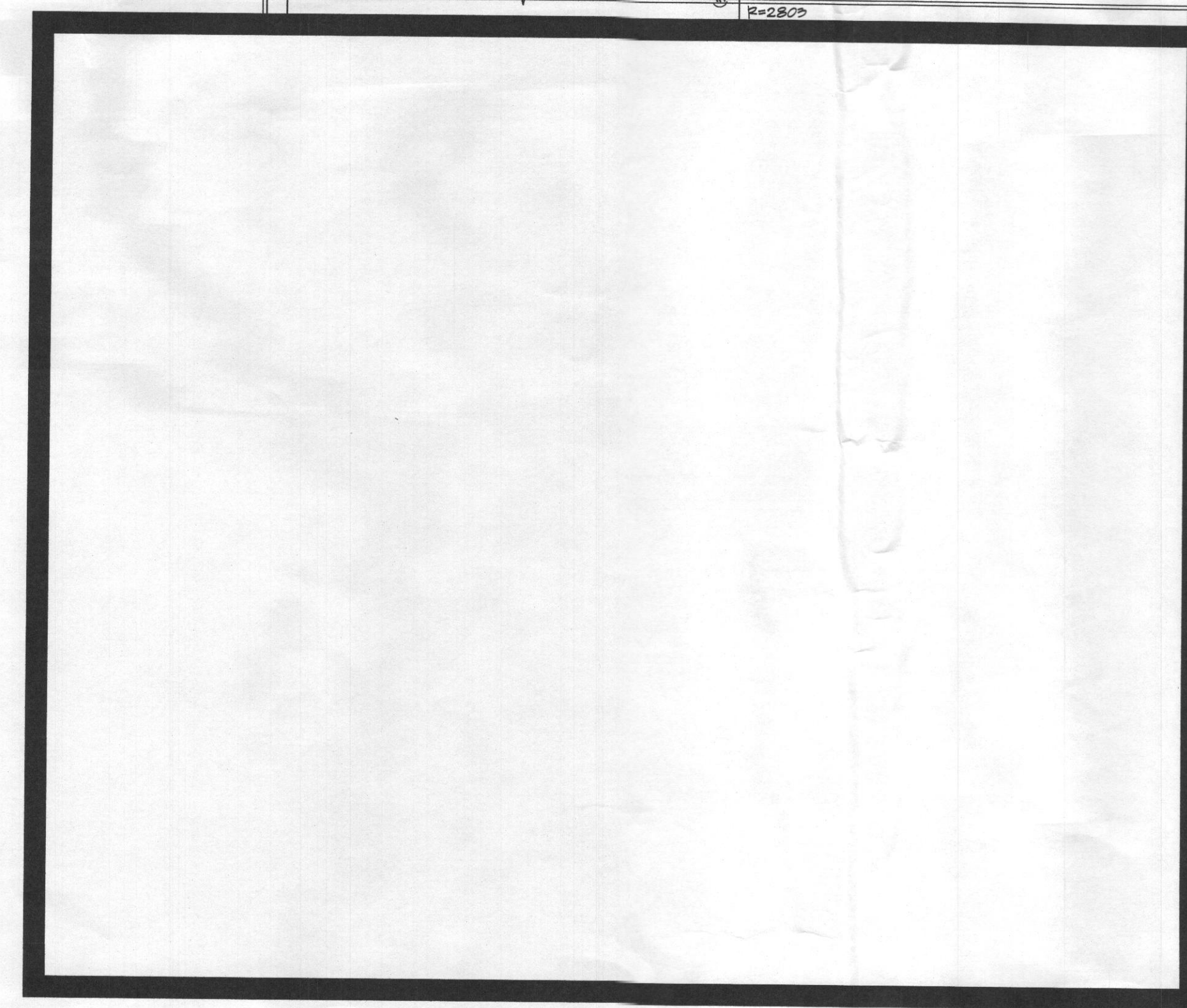
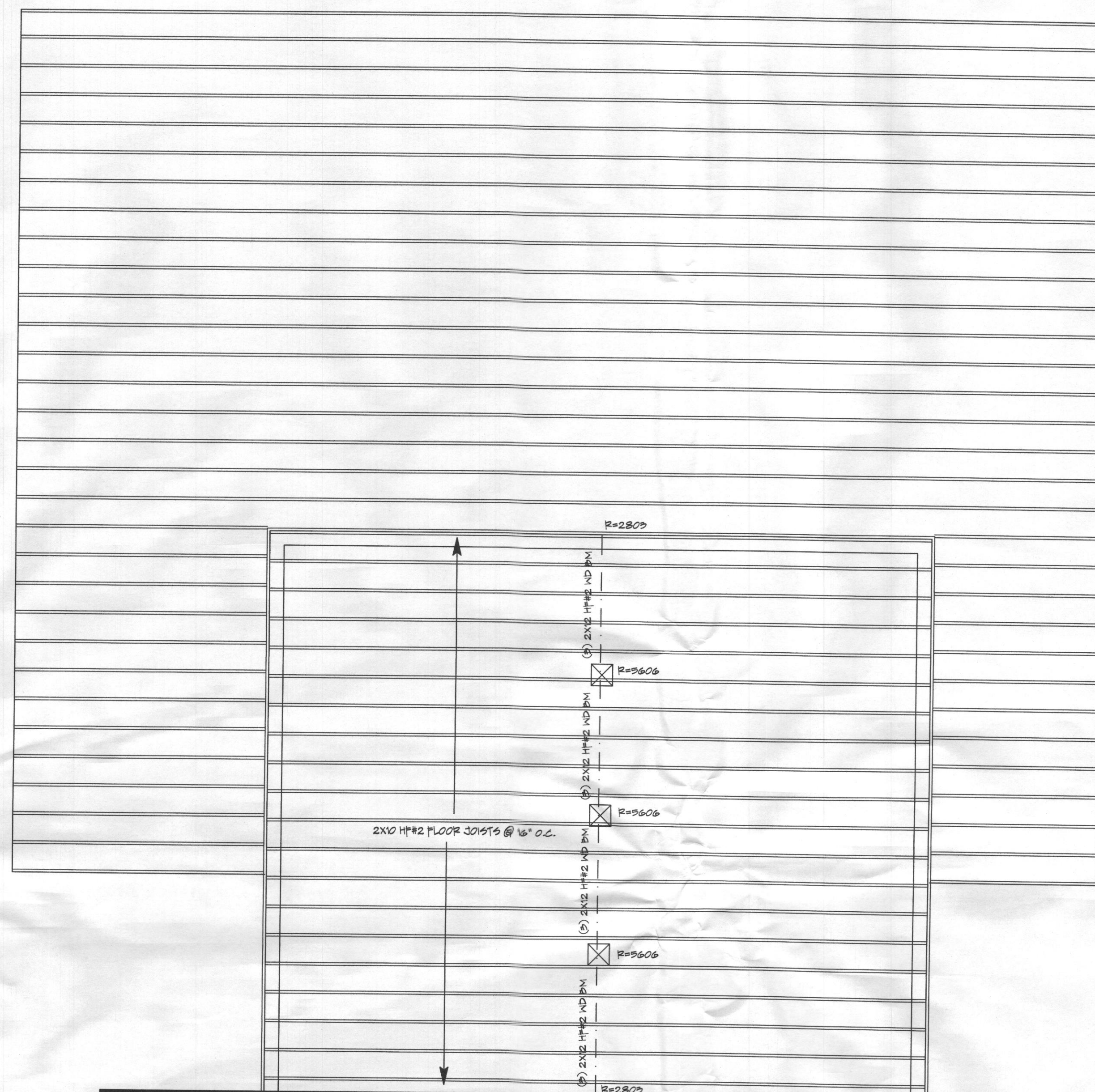
Drawing Dates

6/28/17	
7/10/17	

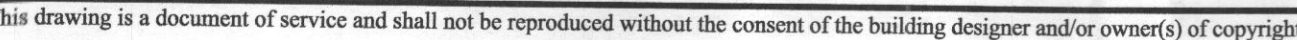
ADVERSE CONDITIONS
These plans shall be prepared in their entirety and shall not be used as partial documents. The information contained on each sheet represents other sheets making the plan set a WHOLE DOCUMENT. It is the intent of these documents to provide sufficient information to the experienced building contractor to construct the project shown herein. Pre-Construction and Design Construction inspections and tests shall be made by other professionals to determine that no adverse conditions or defects exist or are found here in the site of the proposed construction. The BUILDING DESIGNER SHALL BE CONTACTED IMMEDIATELY for clarification if the conditions are encountered that are different than shown and/or if discrepancies are found in the plans or notes, and/or if a question arises over the intent of these plans or notes. ADVERSE CONDITIONS shall be DEFINED as, but not limited to: Excessive soil, or soil having a load bearing capacity of less than 2000 PSL, or unsuitable structural building materials as specified in these plans, or incorrect installation or questionable installation methods of any structural component specified in these plans, or any other condition(s) deemed unsuitable for any other reason.

A Custom Design For:			
ERIC AND JOT GRAMMER			
ROOM ADDITION/KITCHEN RENOVATION			
Project Name:	Contract Date:	County:	Checked By:
Lot Number:	AS SHOWN 6/12/17	HONARD	
Block Number:	U/A	State:	MARYLAND
	Drawn By:	Job No:	
	JH/H	17-21	



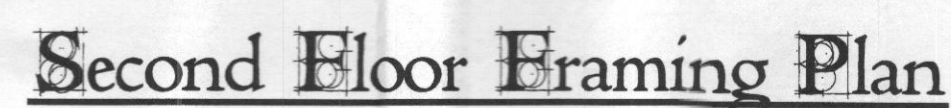


First Floor Framing Plan



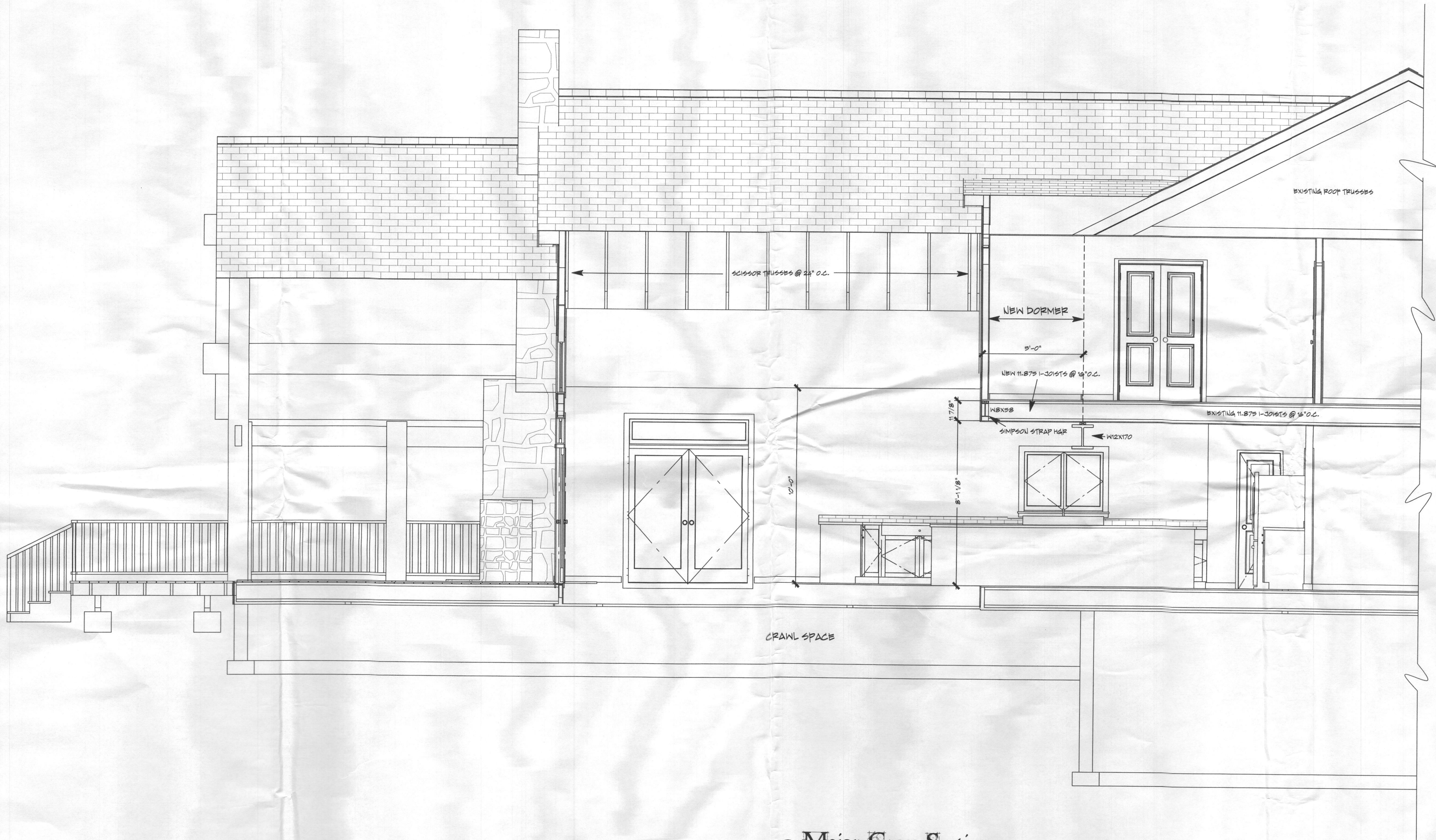
[illegible]

APA Panel Roof Sheathing



A B C D E F G H I J K L M N

1
2
3
4
5
6
7
8
9
10
11



1
AS Major Cross Section
3/8"=1'-0"

jeff housley DESIGN
Architectural • Structural
JEFF HOUSLEY DESIGN
(703) 595-8391
JH@JeffHousleyDesign.com

CONSTRUCTION RELEASE

Drawing Dates

6/28/17
7/10/17

ADVERSE CONDITIONS

These plans shall be followed in their entirety and shall not be used as partial documents. The information contained on each sheet will reference other sheets making the plan set a WHOLE. DISCREPANCY: It is the intent of these documents to provide sufficient information to the experienced building contractor to construct the project shown herein. Pre-Construction and During-Construction inspections and tests shall be made by other professionals to determine that the construction is in accordance with the plans and specifications or defective work is found. The BUILDING INSPECTOR SHALL BE CONTACTED IMMEDIATELY for clarification if the conditions are measured that are different than shown and/or if discrepancies are found in the plans or notes, and/or if a question arises over the intent of these plans or notes. ADVERSE CONDITIONS shall be DISTINGUISHED, but not limited to: Expansive soil, or soil having a local bearing capacity of less than 2,000 PSI, or unavailable structural building materials as specified in these plans, or incorrect foundation or questionable insulation methods of any structural component specified in these plans, or any other conditions deemed unfavorable for any other reason.

A Custom Design For:

ERIC AND JOT GRAMMER

ROOM ADDITION/KITCHEN RENOVATION

Project Name:	Scale:	Contract Date:	County:	State:
Room Addition/Kitchen Renovation	AS SHOWN	6/12/17	HOWARD	MARYLAND
Lot Number:	Drawn By:	Job No:	Checked By:	
U/A	JMH	17-21	MARYLAND	
Block Number:	U/A			

Sheet

A9

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