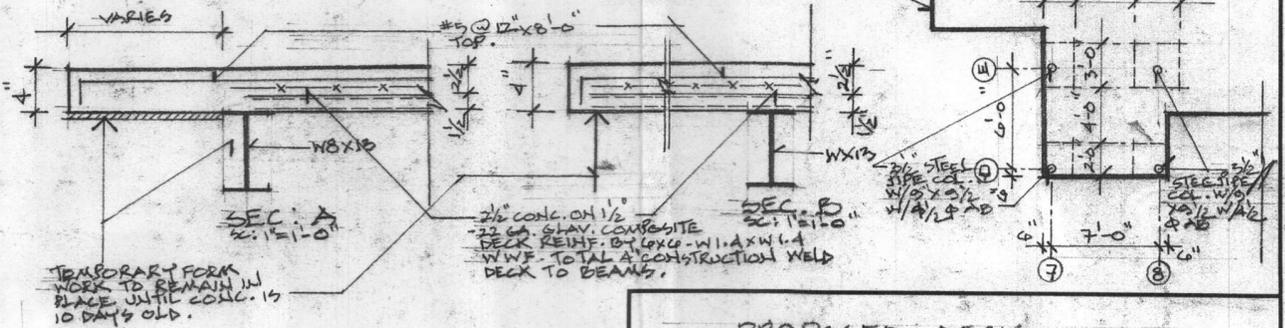
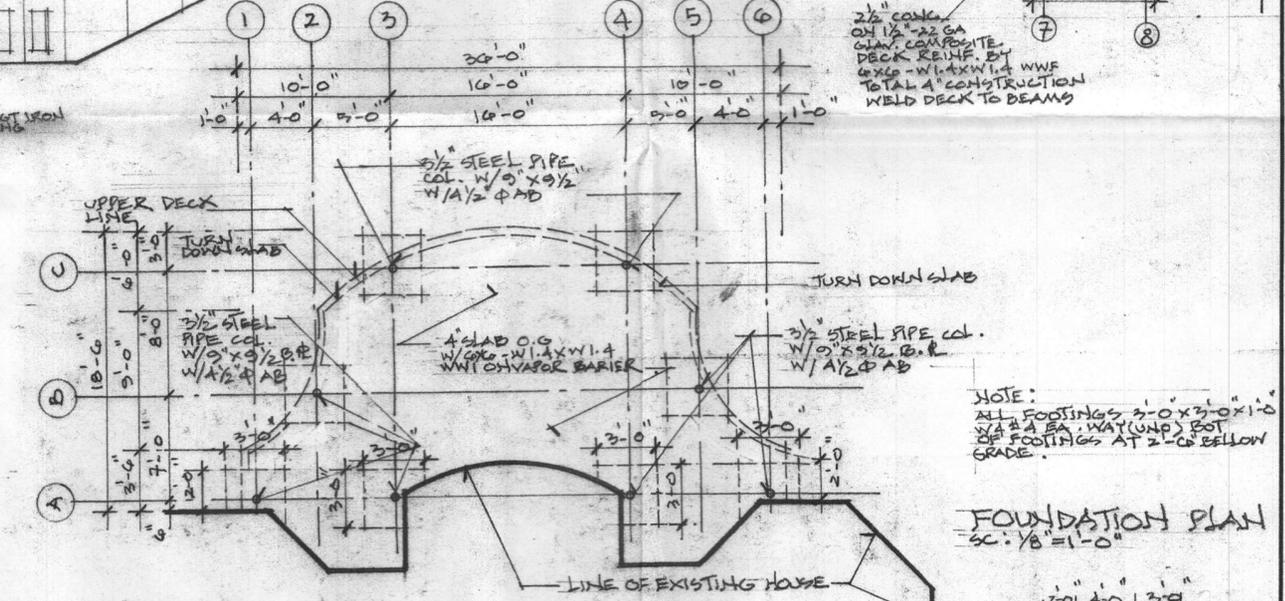
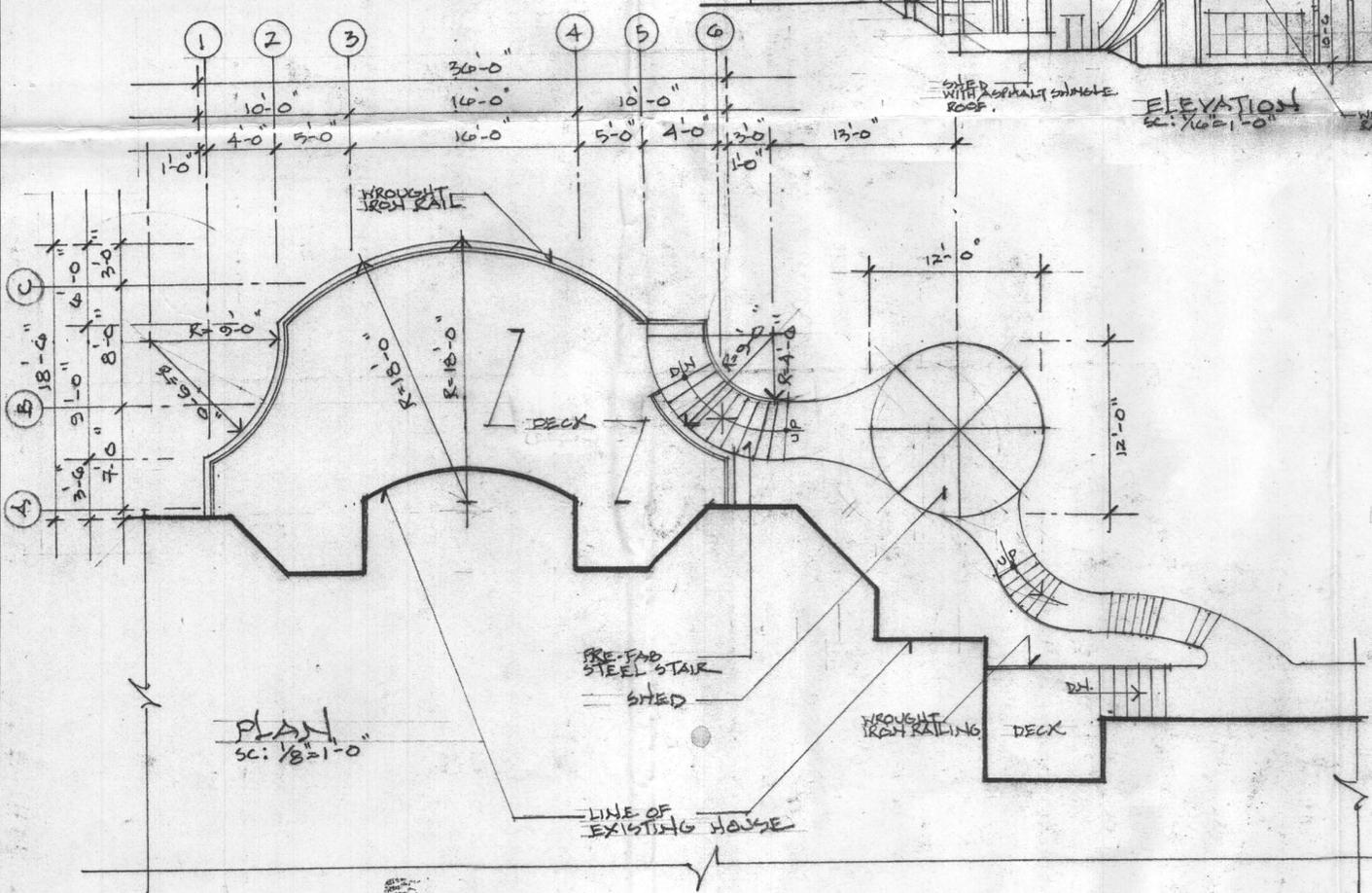
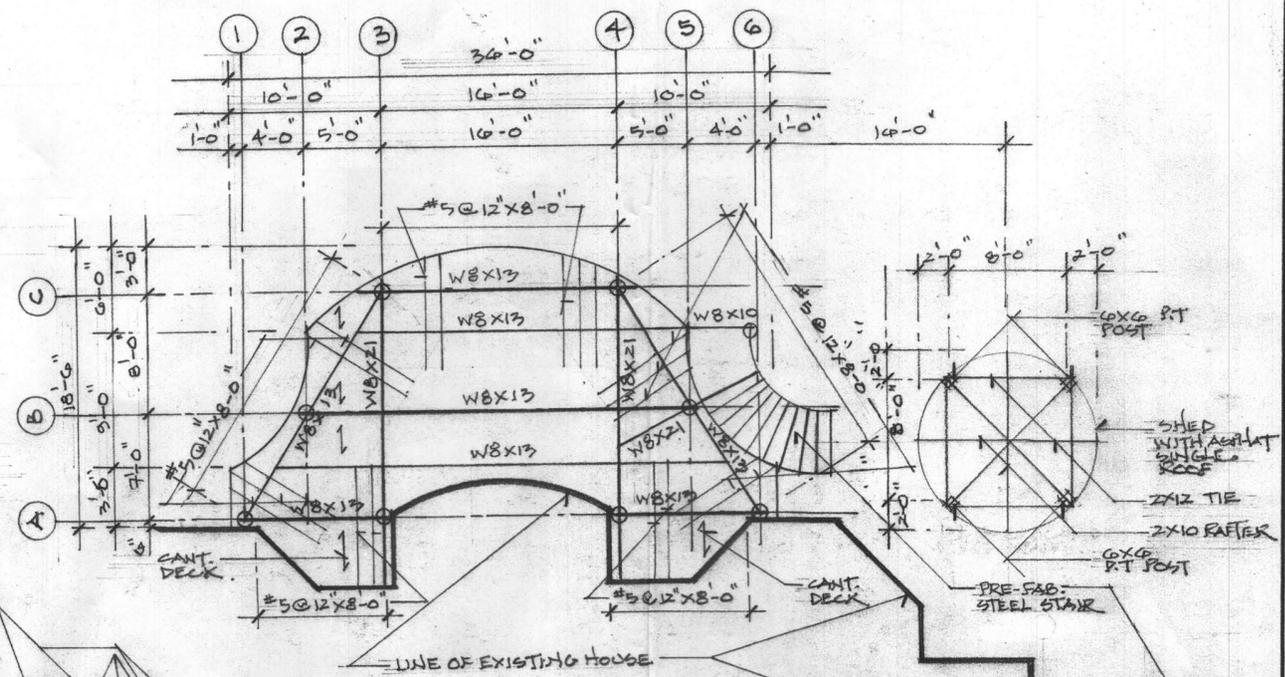


GENERAL NOTES:
LIVE LOADS: DECKS 40PSF
1. APPLICABLE CODES AND STANDARDS:
 (i) INTERNATIONAL RESIDENTIAL BUILDING CODE 2003 EDITION WITH APPLICABLE AMENDMENTS BY LOCAL GOVERNMENT.
 (ii) AMERICAN CONCRETE INSTITUTE - ACI
2. FOOTINGS ARE DESIGNED FOR AN ASSUMED BEARING CAPACITY OF 2000 PSF. FOOTINGS SHALL BEAR ON UNDISTURBED SOIL, 1'-0" BELOW ORIGINAL GRADE. BOTTOM OF EXTERIOR FOOTING SHALL BE 2'-0" BELOW FINISHED GRADE.
3. MATERIALS:
 (i) CONCRETE $f_c = 3000$ PSI. ALL EXPOSED CONCRETE SHALL BE AIR-ENTRAINED.
 (ii) RE-INFORCING STEEL $f_y = 60000$ PSI
 (iii) STRUCTURAL STEEL $f_y = 50$ KSI

APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN DEANARD DATE: 11-10-10
 DESC. OF WORK: 36'x18'x6' Deck w/steps
Approved as shown



NOTE:
 1. FLOOR CONSISTS - 2" CONC. ON 1/2" GA. GALV. COMPOSITE DECK REINF. BY 6X6-W14XW14 WWF TOTAL 4" CONSTRUCTION. WELD DECK TO BEAMS.
 2. ALL BEAMS - W8X13 (FY=50 KSI) UNO
 3. ALL COLUMNS 4" Ø HEAVY DUTY STEEL COL.
 4. USE MIN. 3000 PSI A.G. CONCRETE
 5. SLOPE DECK MIN. 1/8" / FT TO DRAIN.

PROPOSED DECK		
SCALE: AS NOTED	APPROVED BY:	DRAWN BY: AR
DATE: 11/8/10		REVISED:
13301 WICKLOW PLACE CLARKSVILLE, MD. 21029		
OWNER: ASIYA AHMED		DRAWING NUMBER:

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Engineer under the laws of the State of Maryland.
 License number 10081 Expiration Date: 11-1-12



Building Address 13301 WICKLOW PLACE
CLARKSVILLE, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name ASIYA AHMED
 Address 13301 WICKLOW PLACE
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410-531-9341 Work Phone 301-529-4895
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use VACANT
 Proposed Use NEW DECK
 Estimated Construction Cost \$ 65,000
 Description of Work STEEL FRAME CONC. DECK, WROUGHT IRON RAIL, WOODEN SITADE

Occupant or Tenant _____

Contact Name AFIQUUR RAHMAN
 Address 1403 MIMOSA LANE
 City SIL, SPG. State MD Zip Code 20904
 Phone 202-528-2131 Fax _____

Contractor Company OWER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 [Signature]

Print Name ASIYA AHMED

Email Address _____

Title/Company _____

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>11-10-10</u>	<u>DBessard</u>	
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Balance due \$ _____
 Check # _____
 Validation # _____

Accepted by _____