

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER **11B**
D-153063

Building Address **8125 WASHINGTON BLVD**
30350 MD 20794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract **60154** Subdivision _____
Section _____ Area _____ Lot _____
Tax Map **43** Parcel **604** Grid **14**
Zoning **CP-47** Map Coordinates _____ Lot size _____

Property Owner's Name **DATE INC.**
Address **8125 WASHINGTON BLVD**
City **30350** State **MD** Zip Code **20794**
Home Phone **(410) 250-8311** Work Phone **(410) 799-1410**
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone **(410) 799-1410** Fax **(410) 799-0145**

Existing Use **AUTO PARTS**
Proposed Use **RETAIL**
Estimated Construction Cost \$ **65,000**
Description of Work **RETAIL AUTO PARTS**
10,000 SQ FT

Contractor Company **BETTER HOMES & GARDENS**
Contact Person **JOHN GORLESKI**
Address **815 KID'S SCHOOL RD**
City **MILFORD** State **MD** Zip Code **21120**
License No. **102**
Phone **(410) 952-7053** Fax **(410) 329-6367**

Occupant or Tenant **DATE INC.**
Contact Name **JOE DUFF**
Address **8125 WASHINGTON BLVD**
City **30350** State **MD** Zip Code **20794**
Phone **(410) 799-1410** Fax **(410) 799-0145**

Engineer or Architect Company **JOHN D. ELLER, P.E.**
Contact Person **JOHN D. ELLER**
Address **5835 KILPATRICK AVE**
City **15115** State **MD** Zip Code **21237**
Phone **(410) 341-0582** Fax **(410) 341-0107**

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: 18' FT	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: 1	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: 3150 FS	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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

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 **JOHN D. ELLER**

Print Name **JOHN D. ELLER, P.E.**

Title/Company **JOHN D. ELLER & ASSOC.**

Date **20 DECEMBER 12 2007**

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 Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 _____

PROPERTY ID#

51223
Filing fee \$ **500.00**
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # **4891**
Validation # **10432**

Accepted by **11B**

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

4/27/05

I spoke w/ Terry
Gorlest & he was unaware
of a permit in the
office I am going to
write to New Bedford

(KTB)

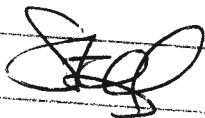
4/21/05

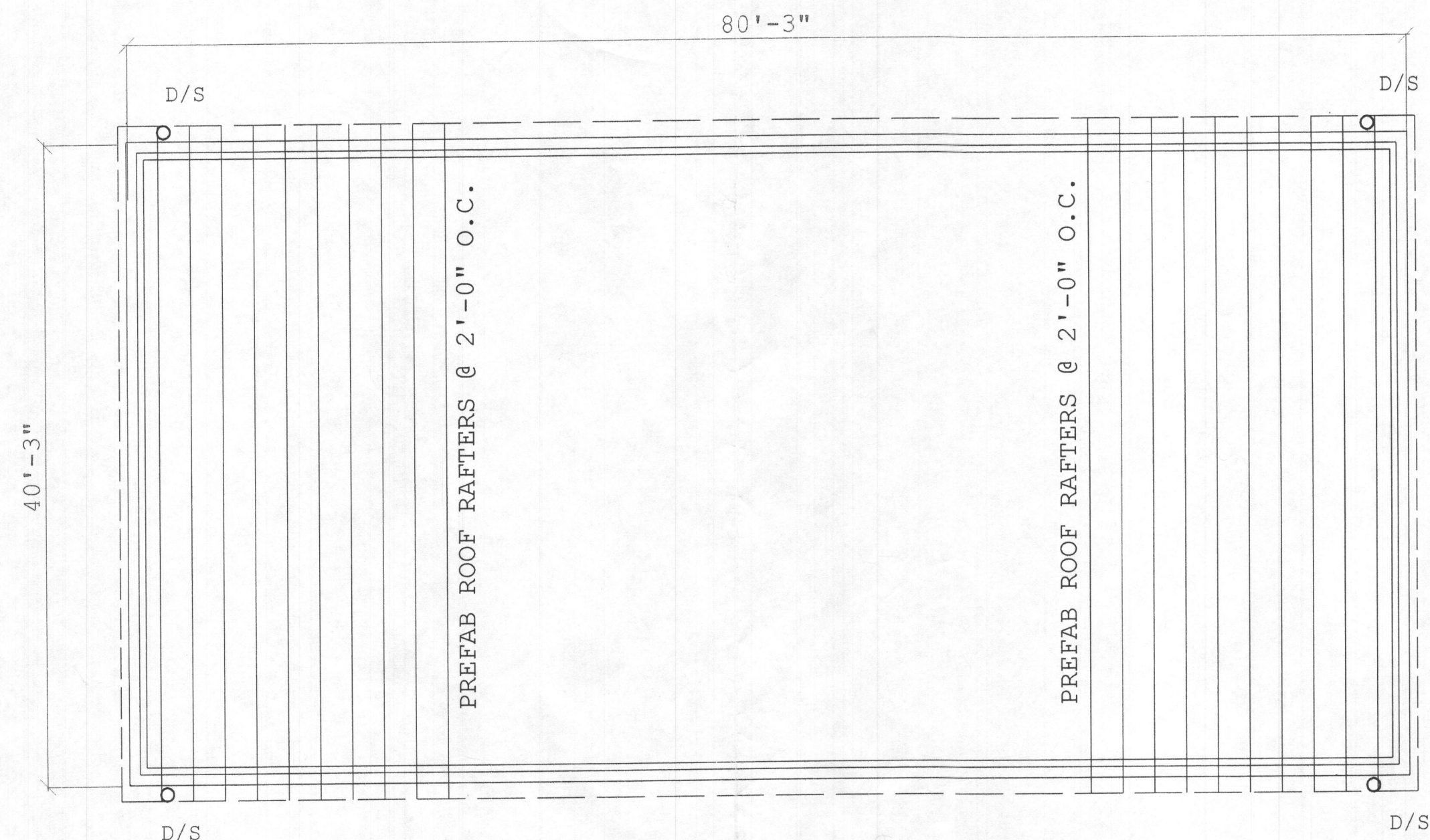
Kevin,

We don't seem to have a
file on this property. They
are hooked up to Public Water,
must still have a septic system.

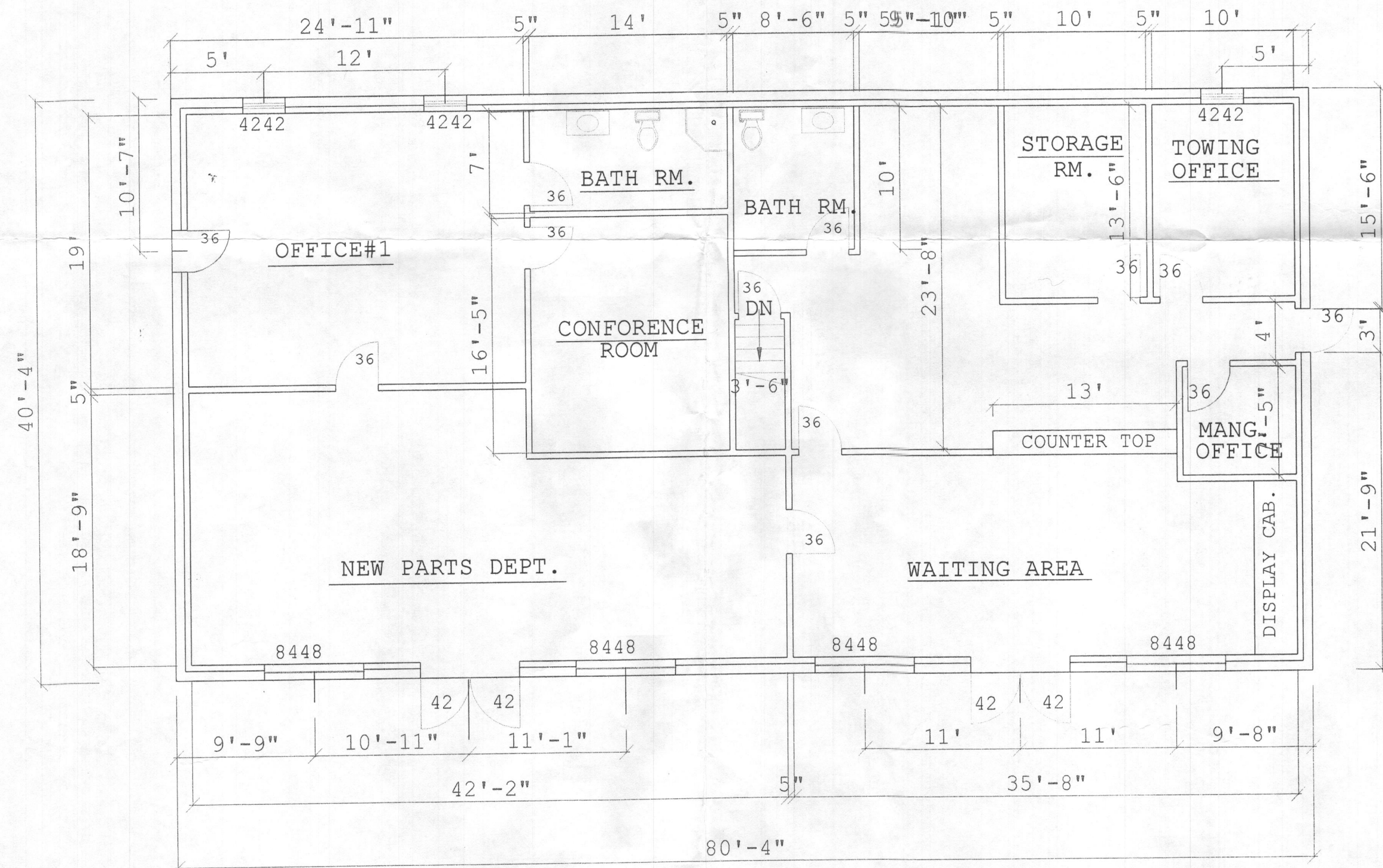
John said we may be able to
make them hook up to
Public Sewer.

Thank

A stylized, handwritten signature in black ink, possibly reading "J. J." or similar, with a large loop at the end.



ROOF PLAN



FLOOR PLAN

STRUCTURAL LUMBER, WOOD JOISTS, AND DECKING

- ALL STRUCTURAL LUMBER SHALL CONFORM WITH REQUIREMENTS OF NATIONAL FOREST PRODUCT ASSOCIATION AND AMERICAN INSTITUTE OF TIMBER CONSTRUCTION (AITC) WITH THE FOLLOWING DESIGN VALUES UNLESS NOTED OTHERWISE:
LINTELS: HEM FIR #2 OR BETTER
PLATES: SOUTHERN PINE #2 OR BETTER
STUDS: SPRUCE PINE #2 OR BETTER
OTHER: SOUTHERN PINE #2 OR BETTER
- PLYWOOD FLOOR DECK SHALL BE 3/4" PLYWOOD TONGUE AND GROOVE, APA RATED STURD-I-FLOOR WITH A SPAN RATING OR 24 O.C., EXPOSURE-1. GLUE AND NAIL PLYWOOD TO FLOOR TRUSS. PLYWOOD ROOF SHEATHING SHALL 5/8" THICK, APA RATED SHEATHING 32/16, EXPOSURE-1.
- MINIMUM FASTENING SHALL BE IN ACCORDANCE WITH BOCA CODE 1996 EDITION, TABLE 2305.2.
- WOOD TREATED WITH WATER BORING PRESERVATIVES OR FIRE-RETARDANT SHALL BE REDRIED AS FOLLOWS:
SAWN LUMBER - 19% MC
PLYWOOD SHEATHING AND STRUCTURAL COMPOSITE LUMBER - 15% HIGHER MOISTURE CONTENTS AT TIME OF DELIVERY ON SITE SHALL BE CAUSE FOR REJECTION. USE PRESSURE TREATED LUMBER WHERE WOOD IS IN CONTACT WITH EARTH OR CONCRETE.

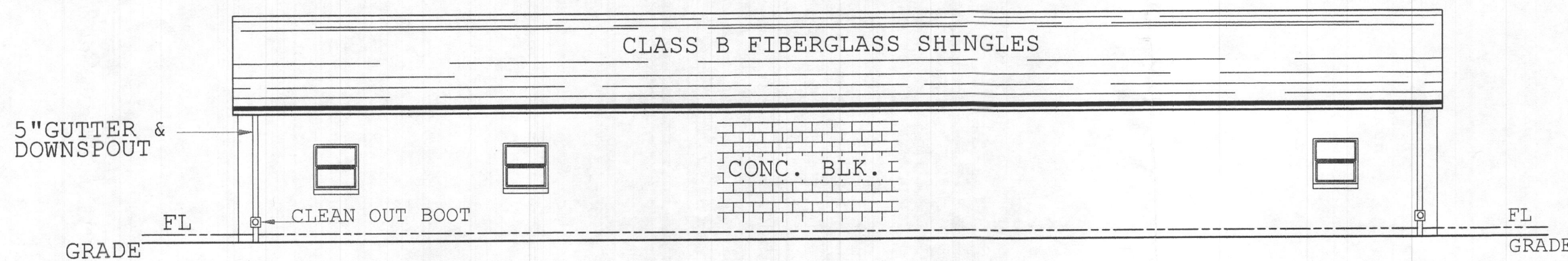
WOOD TRUSSES

- CONTRACTOR SHALL BE RESPONSIBLE FOR THE DESIGN, FABRICATION AND ERECTION OF THE WOOD TRUSSES. TRUSSES SHALL BE DESIGNED FOR THE LOADS INDICATED PLUS APPLICABLE SNOW DRIFT AS REQUIRED BY CODE. NO INCREASE IN ALLOWABLE STRESS WILL BE PERMITTED.
- TRUSS DESIGN SHALL INCLUDE TEMPORARY AND PERMANENT BRACING. PERMANENT BRACING TO BE ATTACHED TO THE WALLS EXCEPT AT EXPANSION JOINT. TRUSS CONFIGURATIONS SHOWN ARE EXAMPLES ONLY. DESIGN COMPUTATIONS AND SHOP DRAWINGS, SIGNED AND SEALED BY PROFESSIONAL ENGINEER REGISTER IN THE STATE OF MARYLAND, SHALL BE SUBMITTED FOR REVIEW. PROFESSIONAL ENGINEER SHALL VISIT THE SITE TO CONFIRM THAT THE TRUSSES, AS ERECTED, ARE IN ACCORDANCE WITH THE DESIGN.
- ALL TRUSS CONNECTIONS TO FULLY DEVELOP STRESSES IN MEMBER (NO ALLOWANCE FOR END BEARING WILL BE PERMITTED) PLUS ANY ECCENTRICITIES CAUSED BY CONNECTIONS. ALL CONNECTORS SHALL BE GALVANIZED AND AS MANUFACTURED BY TECO OR APPROVED EQUAL AND SHALL BE THE TYPE AS RECOMMENDED BY THE MANUFACTURER FOR THE INTENDED USAGE UNLESS OTHERWISE NOTED ON THE DRAWINGS.

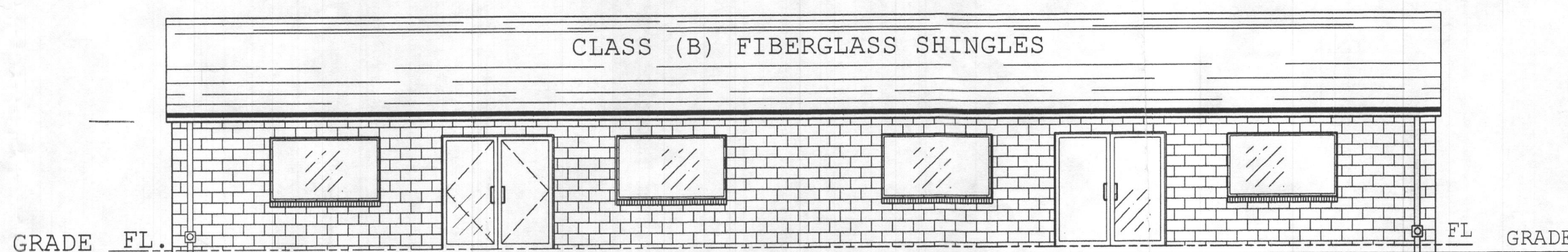
SHOP DRAWINGS

- SHOP DRAWINGS SHALL BE SUBMITTED FOR ARCHITECT/ENGINEER'S REVIEW FOR THE FOLLOWING ITEMS:

PREFABRICATED WOOD TRUSSES

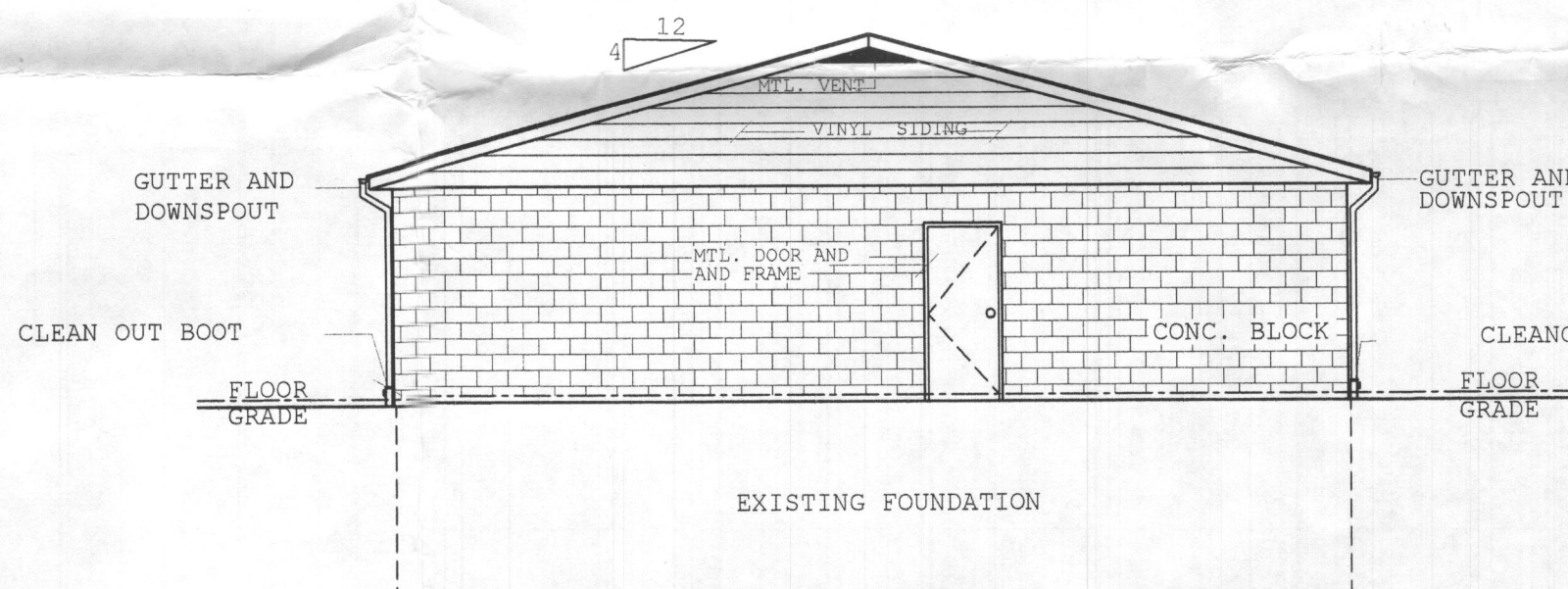


REAR ELEVATION

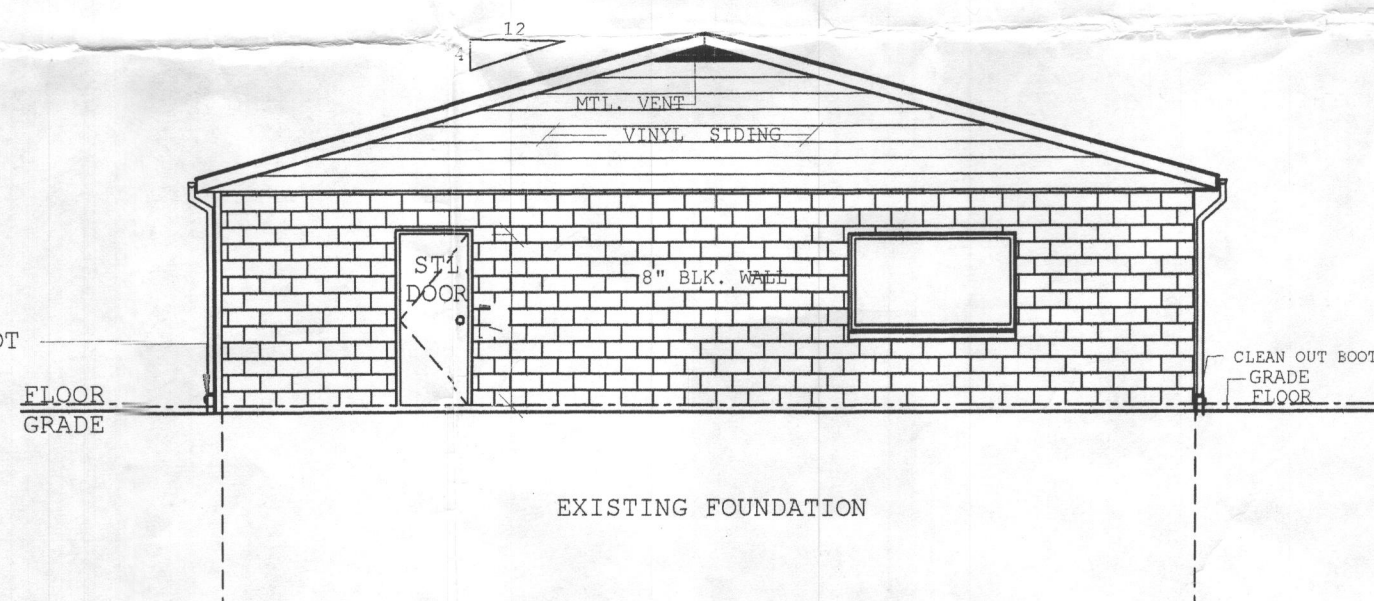


FRONT ELEVATION

SCALE 1/8"=1'-0"



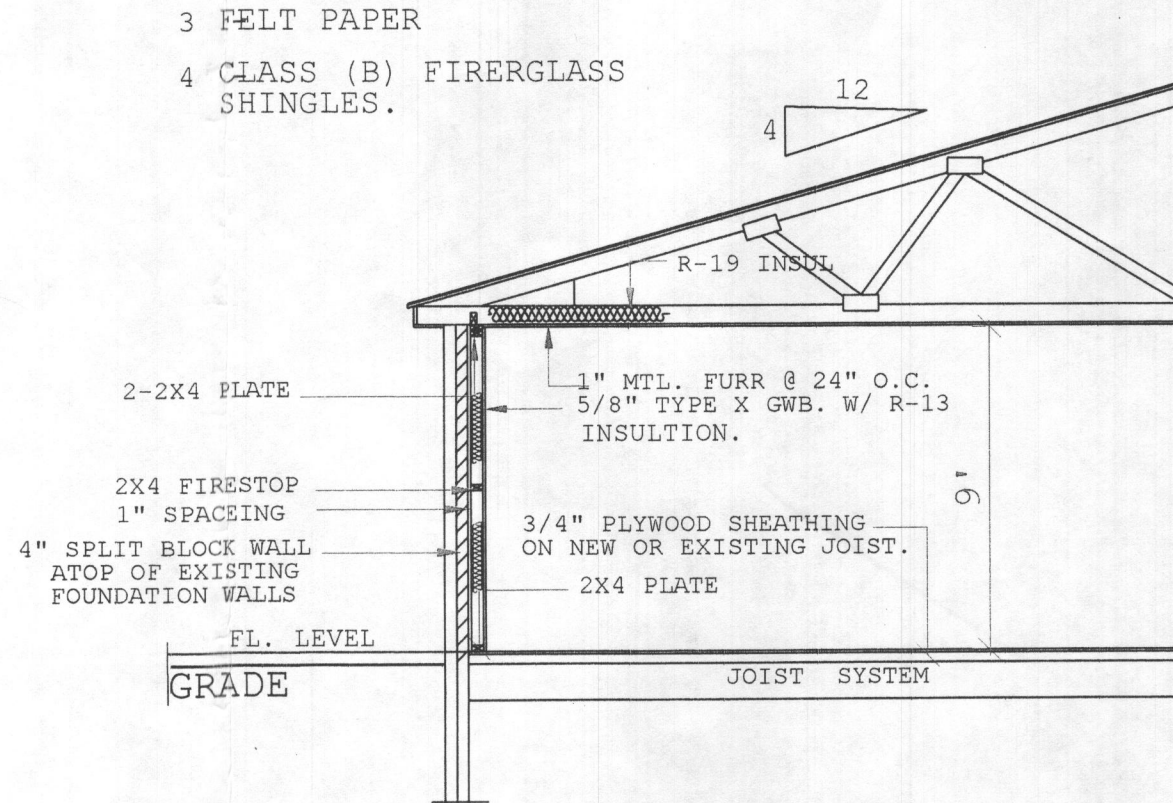
SIDE ELEVATION



SIDE ELEVATION

ROOF CONSTRUCTION

- PRE-ENGINEERED ROOF RAFTERS @ 2'-0" O.C.
- 5/8" EXTERIOR PLYWOOD SHEATHING MIN.
- FELT PAPER
- CLASS (B) FIBERGLASS SHINGLES.



CROSS SECTION

PROJECT TITLE:
8125 WASHINGTON BLVD.

SCALE: 1/8"=1'-0"

DATE: 12/28/04

DRAWN BY:
JOHN D ELDER

REVISIONS:

DRAWING TITLE:
INSTALL NEW
INTERIOR PARTITION

DRAWING NUMBER:

1 OF 1