



Walk Thru 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: _____

Permit No.: _____

Building Address: 13190 Skyway Dr
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 22 Parcel: 393 Grid: 15
Zoning: _____ Map Coordinates: _____ Lot Size: 1.06 A.

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 15,000
Description of Work: Add A garage to existing

Occupant or Tenant: Occupant
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
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 st floor: <u>60 x 55</u>
	2 nd floor: _____
Area of construction (sq. ft.):	Basement:
	<input 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:
<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:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Kevin Zdrale
Address: 13190 Skyway Dr.
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-827-3039 Fax: _____
Email: KZdrale@verizon.net

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: self
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Applicant's Signature: Kevin Zdrale
Email Address: KZdrale@verizon.net
Title/Company: Home Owner

Print Name: Kevin Zdrale
Date: 3/16/16

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		
Is Sediment Control approval required for issuance? <input 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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

13190 Sky Way Drive

ORMANE SNOWBERGER, JR.
SHARON P. SNOWBERGER
LIBER MDR 5524, FOLIO 509
PARCEL #1



PIPE
FOUND

18LOC IPF

67.58'

26.3'

24.2'

10.4'

N 41°55'52" E 167.19'

76.57'

STAKE SET
ON LINE

STAKE SET
ON LINE

BLACKTOP DRIVEWAY

WELL

CONC. WALK

1 STORY HOUSE
BRICK AND VINYL SIDING

AC

RAMP

DECK

AC

BASEMENT
ENTRANCE

AC

28.1'

134.70'

STEEL PIN & CAP
SET ON LINE

KEVIN M. ZDRALE
MEGAN D. ZDRALE
LIBER MDR 13098, FOLIO
1.078 ACRES ±

STEEL PIN & CAP
SET ON LINE

CT TO AND TOGETHER WITH THE
S IN COMMON WITH OTHERS TO
IGHT-OF-WAY SPECIALLY ALLOTTED IN
CMP 665, FOLIO 161

APPROVED

WALK-THRU BUILDING PERMIT

BP#

APP. SAN

DATE: 3-16-16

DESC. OF WORK:

Garage
Approved as shown

BETTY M. RIPPEL &
GEORGE E. RIPPEL, JR.
LIBER MDR 7746, FOLIO 685



LANDTECH ASSOCIATES, INC.

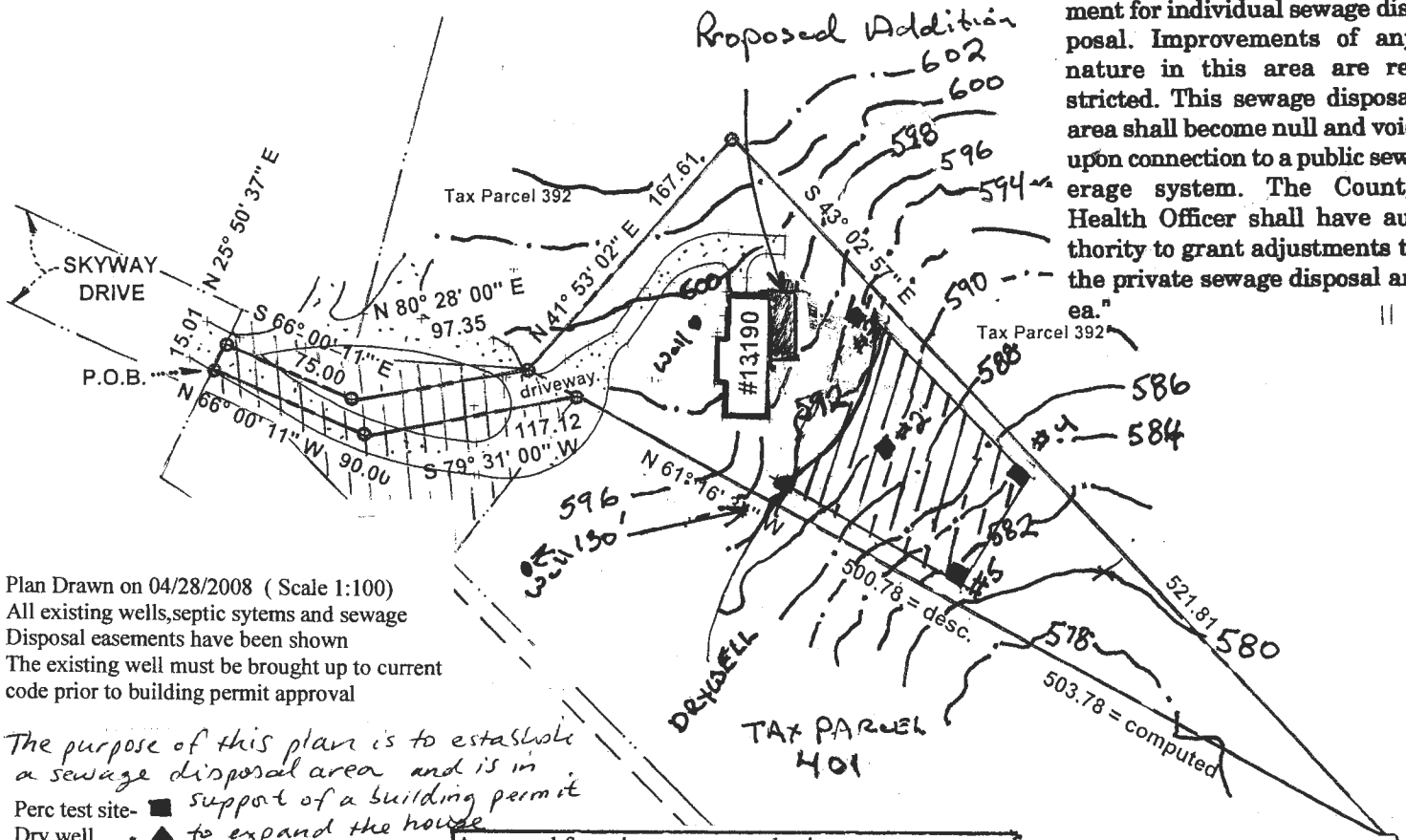
10260 OLD COLUMBIA ROAD SUITE J
COLUMBIA, MARYLAND 21046-1721

PHONE: 410-290-8099 TOLL FREE: 888-290-1920

FAX: 410-290-8299 TOLL FREE 888-290-1920



"MDE sewage disposal area statement for lots created before March 1972. This area designates a private sewage disposal area as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This sewage disposal area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage disposal area."



Approved for private sewer and private water system

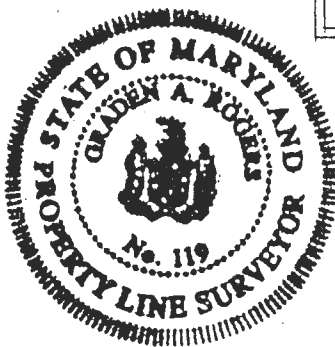
Health Officer Ho.Co. Signature *W. A. Gorman III* Date *5/16/2008*

"I certify that the information shown hereon is based on field work performed by me or under my direct supervision and is correct, to the best of my knowledge and belief."
Owner, *William A. Gorman III*

"Any changes to a private sewage private sewage easement shall require a revised Perc Certification Plan" "Topography taken from Howard County GIS"

13190 Skyway Drive
Ellicott City, Md. 21042
Lot Parcel 393
Subdiv.- Sheperds Glen

Plan preparer William A. Gorman III
13190 Skyway Dr.
Ellicott City, MD 21042
240-755-0293



Perculation Certification Plan

Location Survey of:	LOT: Parcel 393	BLOCK: none
#13190 Skyway Drive	PLAT BK: N/A	PLAT#: N/A
Liber 745	DATE: 11-09-07	SCALE: 1"= 100'
Folio 348	CASE NUMBER: 3840-07-05161	
Anne Arundel Co., MD	FILE NUMBER: LT-2073064	

NOTES:

1. This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Property line survey recommended to determine the exact location of improvements and/or encroachments, if any.
5. Property subject to any/all rights-of-way, easements, and/or covenants of record and/or imposed by law.
6. This plat is not to be used for the issuance of permits.
7. No title report furnished.

CERTIFICATION: I hereby certify that the position of the significant visible improvements on the above described property has been carefully established in compliance with the "Minimum Standards of Practice" for the State of Maryland.

Graden A. Rogers
GRADEN A. ROGERS - M.D. PROP. L.S. LIC. NO. 119



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

March 4, 2008

William Gorman
13190 Skyway Drive
Ellicott City, Maryland 21042

RE: B08000383
13190 Skyway Dr.

Dear Mr. Gorman,

Building permit application #B08000383 for the referenced property has been reviewed by our office and has been placed "On Hold." Please submit floor plans of the proposed renovations to the Health Department. In addition, the *Howard County Code Subtitle 8, Section 3.805* requires a Percolation Certification Plan for an increase in living space over 250ft² and the establishment of a sewage disposal area. Percolation testing will be required in order to establish this area. A portion of your property is located in wet season soil and testing will need to occur during that time; wet season occurs approximately between February and April.

In order to proceed, a Percolation Test Application and \$506 application fee along with a scaled site plan of the property, including the area to be tested, will need to be submitted to the Health Department.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm

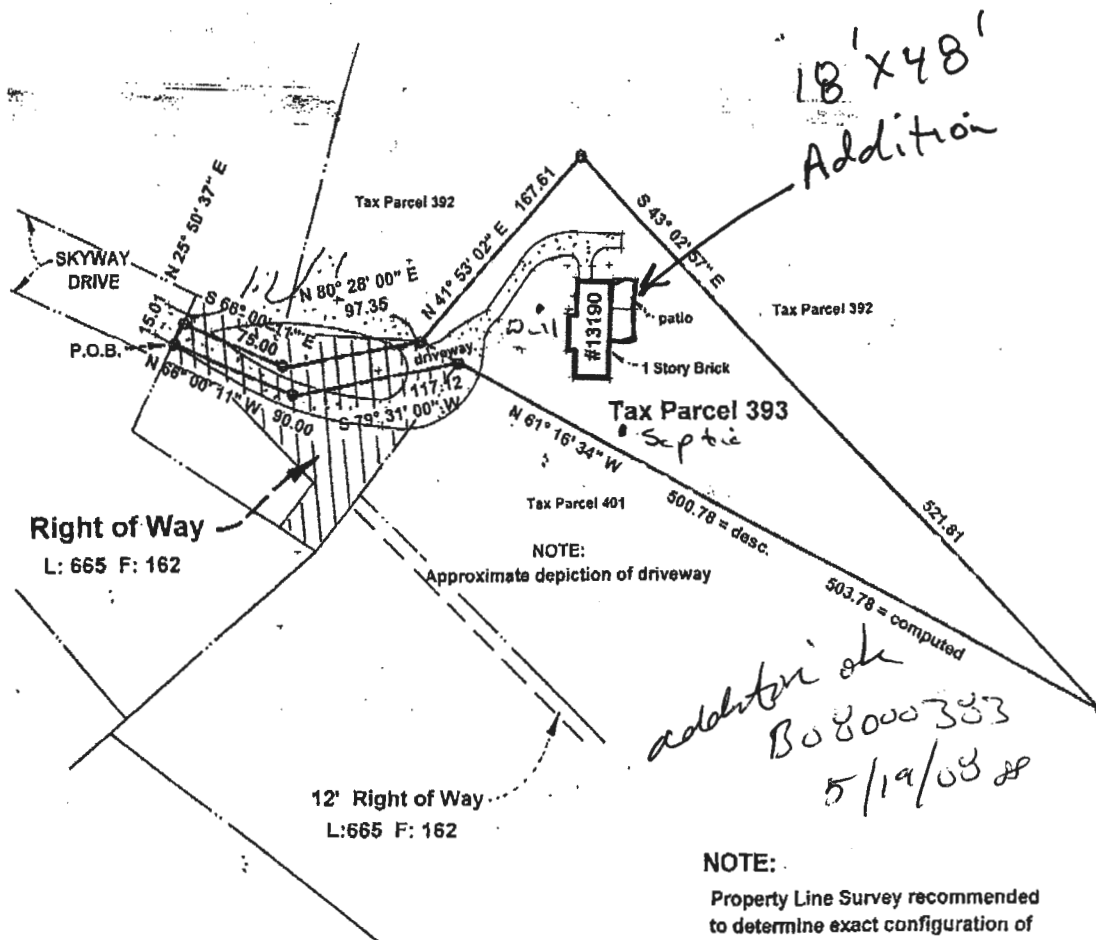
Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

*Spoke to Gorman
about the application*

LANDTECH ASSOCIATES, INC.

10260 OLD COLUMBIA ROAD SUITE J
COLUMBIA, MARYLAND 21046-1721
PHONE: 410-290-8099 TOLL FREE: 888-290-1920
FAX: 410-290-8299 TOLL FREE 888-290-1922



addition of
B08000333
5/19/03

NOTE:

Property Line Survey recommended to determine exact configuration of property, exact location of improvements, and extent of encroachments, if any.



Location Survey of:	LOT: Parcel 393	BLOCK: none
#13190 Skyway Drive	PLAT BK: N/A	PLAT#: N/A
Liber 745	DATE: 11-09-07	SCALE: 1"= 100'
Folio 348	CASE NUMBER: 3840-07-05161	
Anne Arundel Co., MD	FILE NUMBER: LT-2073064	

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Graden A. Rogers - M.D. PROP. L.S. LIC. NO. 119

need more info
- need more info
- need more info

H 22
Parcel 393
G 15
lot B

1966

1403300914

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 315-2455 INSPECTIONS (410) 315-1610
AUTOMATED INFORMATION (410) 315-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B08000383

Building Address 12190 Skyway Dr
Elliott City MD 21042

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

Census Tract Subdivision

Section Area Lot

Tax Map Parcel 393 Grid

Zoning Map Coordinates Lot size 1 Ac

Property Owner's Name William A Gorman III

Address 12190 Skyway Dr

City Elliott State MD Zip Code 21042

Phone 301-247-3473 Phone

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use

Proposed Use

Estimated Construction Cost \$

Description of Work

Contractor Company

Contact Person

Address

City State Zip Code

License No. Phone Fax

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: 17'

No. of stories: 1

Gross area, sq. ft. per floor: 864

Use group:

Construction type:
Reinforced Concrete
Structural Steel
Masonry
X Wood Frame
State Certified Modular

Water Supply: Public Private
Sewage Disposal: Public Private
Electric Yes X No
Gas Yes No X
Heating System: Electric Oil X
Natural Gas Propane Gas
Sprinkler system: Full Partial Other Suppression # of Heads

SF Dwelling SF Townhouse
Depth Width
1st floor: 27 62
2nd floor:
Basement:
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms
Height: 17.3
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 Height:
State Certified Modular
Manufactured Home

Water Supply: Public Private
Sewage Disposal: Public Private
Electric Yes X No
Gas Yes No
Heating System: Electric Oil X
Natural Gas Propane Gas
Sprinkler system: N/A X
NFA #13D
NFA #13R
Other:

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Applicant's Signature

Print Name

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

DPZ SETBACK INFORMATION

PROPERTY ID#

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

CONTINGENCY CONSTRUCTION START: ONE STOP SHOP:

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

Front: Rear: Side: Side St.: All minimum setbacks met? YES NO Is Entrance Permit required? YES NO Historic District? YES NO Lot Coverage for NewTown Zone SDP/Red-line approval date

Filing fee Permit fee Excise tax Add'l per. fee TOTAL FEES Sub-total paid Balance due Check Validation

Accepted by

Rev. 11/4/04



Menu | Favorites | Help | Logout

User ID: CURTIS

Admin Tools

Daily

ACCE

SmartManager

Application

Property

People

Fees

Cashier

Workflow

Attachments

Inspection

Rep

Application - Detail

Application #: B08000383

Submit

Application Type: Building / Residential / Addition / SFD

Address: 13190 SKY WAY, ELLICOTT CITY, MD 21042

Tracking #: 142389209740

File Date: 02/19/2008

Total Fee Assessed: \$25.00

Total Fee Invoiced: \$25.00

Balance: \$0.00

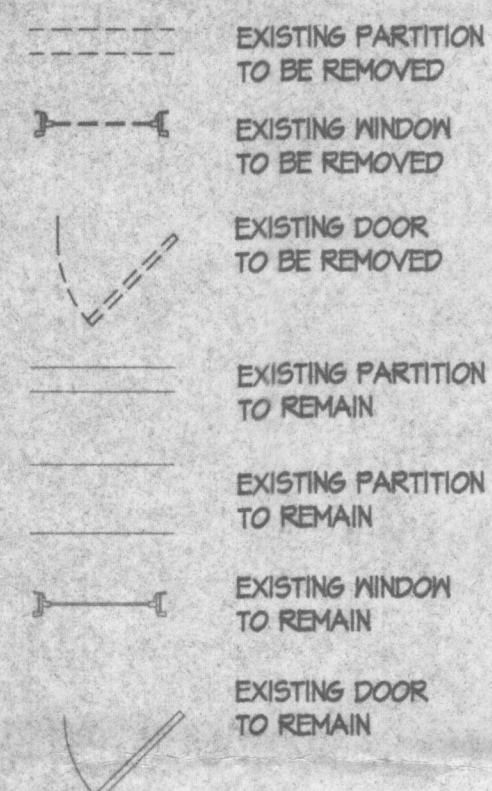
Additional Info:	Job Value:	\$80,000.00
	Work Description:	SFD-ADDITION TO REAR OF SFD 18X49
	Housing Units:	0
	Number of Buildings:	0
	Public Owned:	N
	Construction Type:	434 - Additions, Alterations, and Conver

Application Spec Info:

BLDRADD

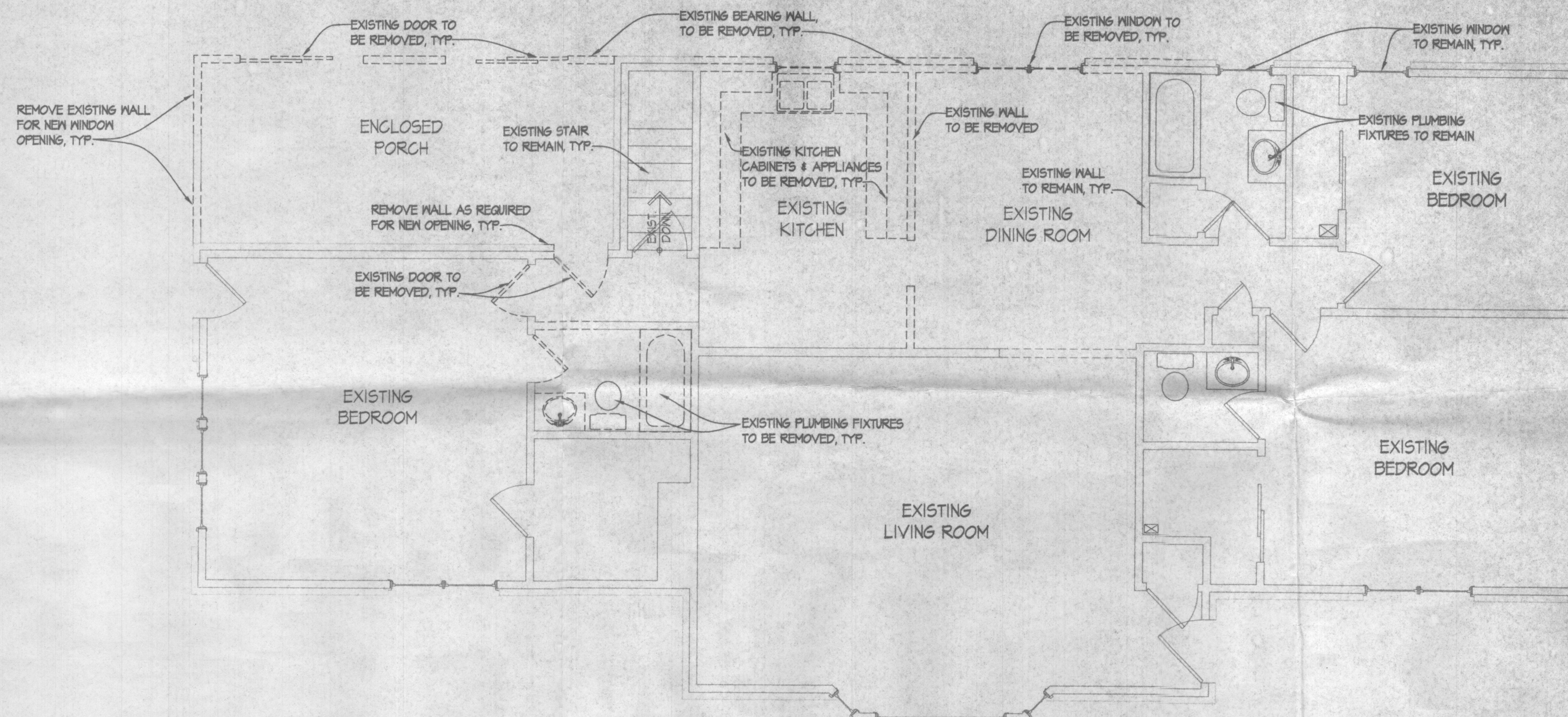
Capital Project-No Fee:	No
Change In Use:	No
Existing Use:	Other - See Description of Work
1st Floor Depth:	
1st Floor Width:	
2nd Floor Depth:	
2nd Floor Width:	
Basement Depth:	
Basement Width:	
Height:	
Total Square Footage:	0
Occupiable Square Footage:	0
No of Bedrooms:	0
No of Full Baths:	
No of Half Baths:	
Foundation:	
Basement:	
Other Structure:	
W & S Fees Paid:	No
Water Supply:	Private
Sewage Disposal:	Private
Utilities:	Electric
Heating System:	Electric
Sprinkler System:	None
No of Fireplaces:	

DRAWING SYMBOL LEGEND



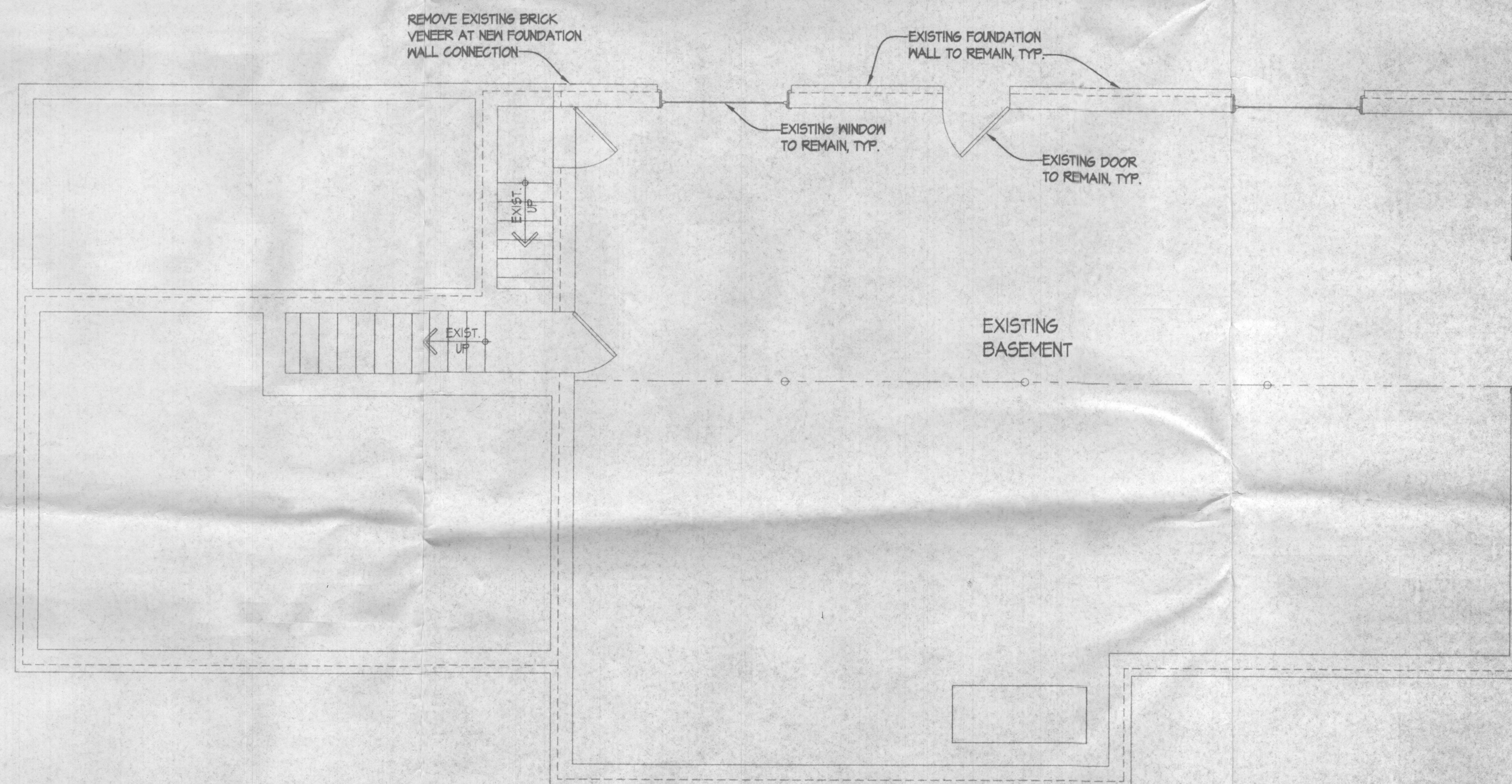
DEMOLITION NOTES

1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH CURRENT BUILDING CODES
2. CONTRACTOR SHALL OBTAIN A BUILDING PERMIT FOR THE CONSTRUCTION OF THE SPACE. SUB-CONTRACTORS SHALL OBTAIN REQUIRED TRADE PERMITS PRIOR TO COMMENCING WORK AT THE SITE AND PROVIDE COPIES OF ALL PERMITS TO THE GENERAL CONTRACTOR
3. CONTRACTOR AND SUB-CONTRACTOR SHALL VISIT THE SITE PRIOR TO COMMENCING CONSTRUCTION AND FIELD VERIFY CONDITIONS. SHOULD DISCREPANCIES EXIST BETWEEN FIELD CONDITIONS AND REPRESENTATIONS SHOWN ON DRAWINGS, CONTRACTOR SHALL RESOLVE ISSUES AND REPORT AND NECESSARY CHANGES TO THE ARCHITECT PRIOR TO BIDDING AND CONSTRUCTION
4. PREPARE EXISTING SURFACES TO RECEIVE NEW FINISHES, REMOVE EXISTING FINISHES AND ADHESIVE THE MOULD PROHIBIT PROPER APPLICATION OF NEW SURFACES. FLASH PATCH AS REQUIRED TO PROVIDE SUITABLE SUBSURFACE FOR NEW FINISHES
5. ALL MATERIALS TO BE DEMOLISHED SHALL BE PROMPTLY REMOVED FROM THE PREMISES AND THE SPACE LEFT BROOM CLEAN EACH DAY
6. ALL DEMOLITION TO INCLUDE ELECTRICAL, MECHANICAL AND PLUMBING LOCATED WITH-IN WALLS, CEILINGS AND FLOORS TO BE DEMOLISHED
7. CONTRACTOR TO PROVIDE TEMPORARY SHORING AND BRACING AS REQUIRED FOR DEMOLITION
8. CONTRACTOR SOLELY RESPONSIBLE FOR JOB SAFETY ON THE JOB SITE DURING CONSTRUCTION. CONTRACTOR TO ABIDE BY ALL INDUSTRY REGULATIONS INCLUDING MSHA AND OSHA REQUIREMENTS
9. CONTRACTOR TO COORDINATE WITH OWNER TO DETERMINE DEMOLISHED MATERIALS TO BE SALVAGED
10. THE RESIDENCE WILL REMAIN OCCUPIED DURING RENOVATIONS, CONTRACTOR TO DEVISE MEANS AND MAINTAIN LIFE SAFETY MEASURES DURING CONSTRUCTION
11. WHEN CUTTING NEW OPENINGS IN EXISTING WALLS, CONTRACTOR TO PROVIDE TEMPORARY BRACING AND NEW HEADERS
12. PROVIDE TEMPORARY PROTECTION FOR EXISTING RESIDENCE DURING DEMOLITION
13. IN AREAS WHERE DEMOLITION IS OUTSIDE OF NEW WORK AREAS OR AREAS DEMOLISHED FOR ACCESS TO NEW WORK, CONTRACTOR TO PATCH, REPAIR AND PAINT ALL ADJACENT SURFACES TO MATCH EXISTING
14. CONTRACTOR TO PROVIDE AIR TIGHT TEMPORARY MEANS TO CONTAIN CONSTRUCTION DUST AND DEBRIS DURING DEMOLITION AND NEW WORK
15. EXISTING SMOKE DETECTOR TO REMAIN OPERATIONAL DURING CONSTRUCTION



1 FIRST FLOOR DEMOLITION PLAN

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



2 FOUNDATION DEMOLITION PLAN

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

02-18-08: ISSUED FOR CONSTRUCTION

DEMOLITION PLANS & NOTES

ARCHITECTURAL CONCEPTS GROUP, INC.
COMMERCIAL ARCHITECTS RESIDENTIAL
3280 URBANA PIKE, SUITE 101
JAYSVILLE, MARYLAND 21154
Telephone: 301/831-8900 Facsimile: 301/831-8978
E-MAIL: info@architecturalconceptsgroup.com

GORMAN RESIDENCE
ADDITION / RENOVATION
13190 SKYWAY DRIVE
ELLICOTT CITY, MARYLAND 21042

SCALE: NOTED

PROJ#: 0755

D-1

DRAWING SYMBOL LEGEND

- EXISTING PARTITION TO REMAIN
- EXISTING PARTITION TO REMAIN
- EXISTING WINDOW TO REMAIN
- EXISTING DOOR TO REMAIN
- NEW CMU FOUNDATION WALL
- NEW INTERIOR PARTITION - 2x4 WOOD STUDS AT 16" O.C. MAX. W/ 1/2" GYP. BD. EACH SIDE
- NEW EXTERIOR WALL - 2 X 4 WOOD STUDS AT 16" O.C. MAX. WITH R-15 BATT INSULATION, O.S.B. SHEATHING, W/ TYVEK BUILDING WRAP AND SIDING AS SELECTED
- NEW WINDOW TO MATCH EXISTING, TYP.
- NEW DOOR TO MATCH EXISTING, TYP.

PLAN NOTES

- EXTERIOR DIMENSIONS ARE FROM FACE OF SHEATHING TO FACE OF STUD. INTERIOR DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD. DIMENSIONS ARE FROM FINISH FACE OF EXISTING SURFACES TO FACE OF STUD OF NEW CONSTRUCTION.
- WINDOWS ARE ANDERSON TILT-WASH DOUBLE HUNG WINDOWS UNLESS NOTED OTHERWISE. ANDERSON UNIT DESIGNATIONS ARE INDICATED ON PLAN, SEE MFG. SPECIFICATION FOR ROUGH OPENING SIZES AND INSTALLATION INSTRUCTIONS. ALL WINDOWS TO BE FLASHED IN ACCORDANCE W/ MFG. SPECIFICATION. IF ALTERNATE WINDOWS ARE USED, CONTRACTOR COORDINATE SIZES AND ROUGH OPENINGS IN THE FIELD.
- FLOORING TO BE SELECTED BY OWNER.
- EXTERIOR WALLS ARE 2X4 WOOD STUDS AT 16" O.C. W/ 7/16" OSB SHEATHING, TYVEK BUILDING WRAP AND 1/2" GYPSUM BOARD.
- INTERIOR WALLS ARE 2 X 4 WOOD STUDS AT 16" O.C. W/ 1/2" GYP. BD. EA. SIDE.
- PROVIDE 1/2" DUROCK CEMENT UNDERLAYMENT UNDER ALL CERAMIC TILE, TYP.

INTERIOR FINISH NOTES

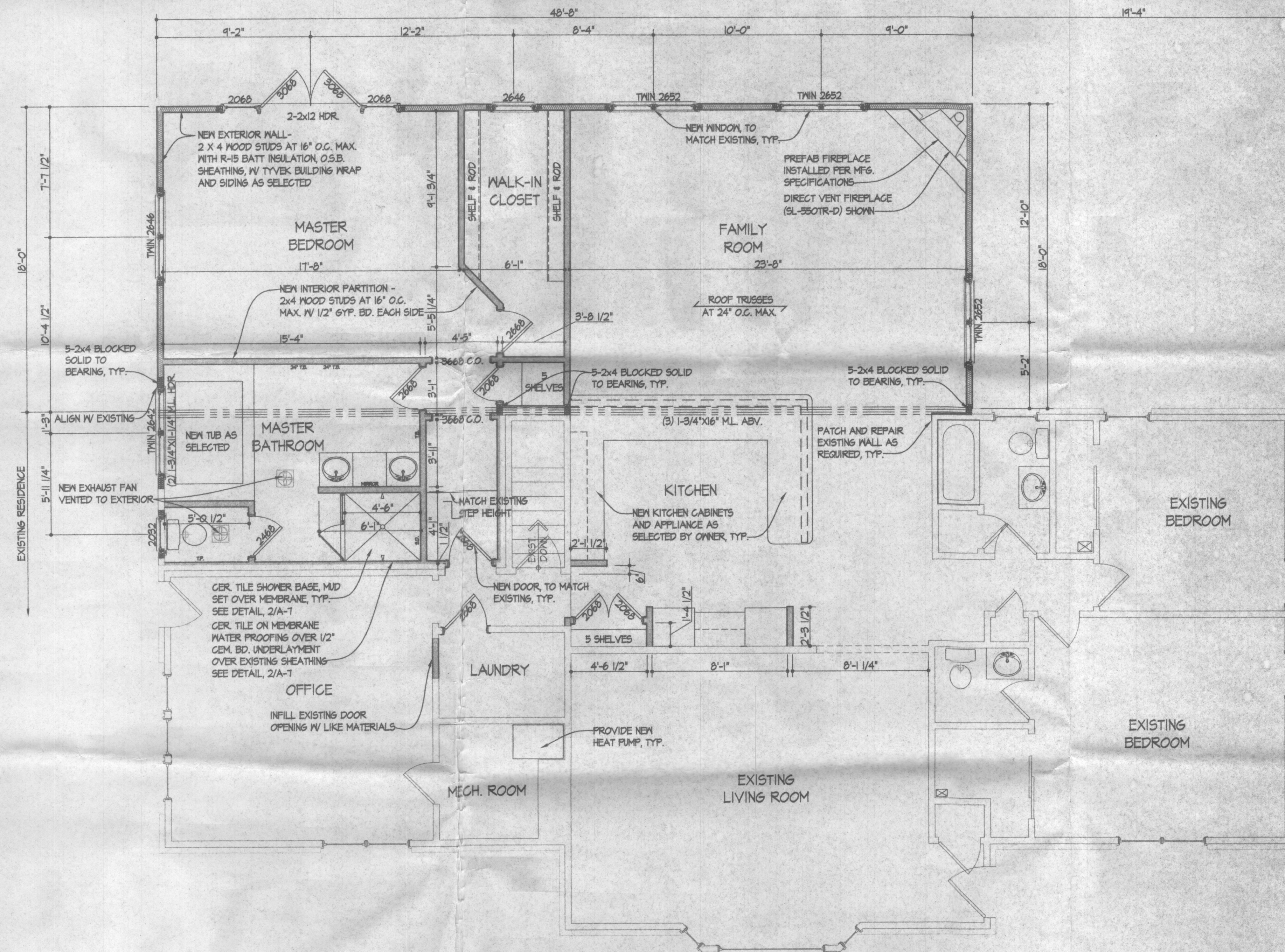
ALL DRYWALL WALLS TO BE SANDED AND FINISHED W/ 1 PRIMER COAT AND 2 FINISH COATS OF EGGSHELL SHEEN PAINT. CEILING TO GET FLAT SHEEN. DOORS AND TRIM TO RECEIVE SEMI-GLOSS SHEEN. COLORS TO BE SELECTED BY OWNER.

BASE, WINDOW, DOOR, AND CROWN MOULDING TO BE STAIN GRADE TO MATCH EXISTING.

NEW INTERIOR DOORS TO BE PANEL MASONITE TO MATCH EXISTING.

NEW DOOR HARDWARE TO MATCH EXISTING

WOOD LINTEL SCHEDULE			
MAX. CLEAR SPAN	PARTITION FRAME	NUMBER & SIZE	MIN. BEARING
UP TO 4'-4"	2 X 4 PARTITION	2-2 X 8 + 2-1/2" PLYWOOD FLITCH	2 X 4 JACK POST + STUD
UP TO 5'-4"	2 X 4 PARTITION	2-2 X 10 + 2-1/2" PLYWOOD FLITCH	2 X 4 JACK POST + STUD
UP TO 7'-7"	2 X 4 PARTITION	2-2 X 12 + 2-1/2" PLYWOOD FLITCH	2-2 X 4 JACK POST + STUD



1 FIRST FLOOR PLAN

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

02-18-06: ISSUED FOR CONSTRUCTION

FLOOR PLAN & NOTES

ARCHITECTURAL CONCEPTS GROUP, INC.

COMMERCIAL ARCHITECTS RESIDENTIAL

3200 URBANA PIKE SUITE 101
JANESVILLE, MARYLAND 21754
Telephone: 301/831-8400 Facsimile: 301/831-8418
EMAIL: info@architecturalconceptsgroup.com

GORMAN RESIDENCE
ADDITION / RENOVATION
13140 SKYWAY DRIVE
ELLICOTT CITY, MARYLAND 20422

SCALE: NOTED

PROJ#: 0755

A-2