

Carolyn Skahill
240-357-6707

Bernard, Dana

From: Bernard, Dana
Sent: Friday, March 15, 2019 10:02 AM
To: mbholsinger@comcast.net
Subject: FW: 1450 Long Corner Road

B 18002782

Mold Contractor
Indus.

3 Bed Room
Skahill

This is the original letter we sent out to your engineer. I hope it helps.

From: Bernard, Dana
Sent: Thursday, August 23, 2018 9:51 AM
To: 'gibsocol@gmail.com' <gibsocol@gmail.com>
Cc: 'mtlolsinger@comcast.net' <mtlolsinger@comcast.net>
Subject: 1450 Long Corner Road

August 21, 2018

Roy Skahill
1450 Long Corner Road
Mount Airy, MD 21029

Sent via email to: mbholsinger@comcast.net 10/23/2018 10:51 AM

RE: B18002782
1450 Long Corner Road
Mount Airy, MD 21029

Roy Skahill:

This letter is in response to building permit **B18002782**. The existing system is considered inadequate for your proposed addition. To get started, percolation testing must occur on the property. Please submit a percolation test application, percolation test plan and fee of \$506 to the Health Department. The homeowner will be responsible for hiring an engineer to create a percolation test plan and a septic contractor with a backhoe to dig the percolation test holes.

Once the testing is completed a sewage disposal area (SDA) for the proposed house and future repairs must be established on a percolation certification plan." Since a percolation certification plan does not exist for this property, it will have to be created prior to building permit approval (Howard County Code Sec 3.805).

If the onsite well does not meet current regulations, it will have to be brought up to code prior to approval of a building permit. For example, if the well does not have casing extending above grade, the well casing must be extended by a licensed well driller with a pit less adaptor installed. Furthermore, if the well doesn't meet the required 20 foot setback to the house with basement, then the owner will have to ask for a Variance from the Maryland Department of the Environment (MDE) and receive approval prior to making any changes to the well. Please revise site plan to show all septic system components (per As-Built drawing).

Building permit approval has been placed on hold until floor plans (for the proposed house), a percolation certification plan, site plan and any necessary upgrades have been approved by the Health Department. Also, a demolition application must be submitted to demo the existing house. Should you have any questions, please don't hesitate to ask.

Respectfully,

Dana Bernard, L.E.H.S



HOWARD COUNTY HEALTH DEPARTMENT

64006

DATE

9/14/18

AS

Received From

Holsenyer Construction LLC

PHONE # 410-5657

For

Peric App/H50 Corp
Corner Rd.

☐ CASH

☒ CHECK

NO.

2987

Five Hundred Six

Dollars

\$

500.00

Received By

J. King

Dana Bernard <dbernard@howardcountymd.gov>

8/23/2018 9:59 AM

FW: 1450 Long Corner Road

To gigsocol@gmail.com <gigsocol@gmail.com> Copy mbholsinger@comcast.net <mbholsinger@comcast.net>

From: Bernard, Dana**Sent:** Thursday, August 23, 2018 9:51 AM**To:** 'gigsocol@gmail.com'**Cc:** 'mtlolsinger@comcast.net'**Subject:** 1450 Long Corner Road

August 21, 2018

Roy Skahill
1450 Long Corner Road
Mount Airy, MD 21029

Sent via email to: gigsocol@gmail.com; mbholsinger@comcast.net

RE: B18002782

1450 Long Corner Road
Mount Airy, MD 21029

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Respectfully,

Dana Bernard, L.E.H.S
Bureau of Environmental Health

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

1200
S16

Johns House

Bruce House

HEALTH DEPT ?

1200

Bernard, Dana

From: Bernard, Dana
Sent: Thursday, August 23, 2018 9:58 AM
To: 'gibsocol@gmail.com'
Cc: 'mbholsinger@comcast.net'
Subject: FW: 1450 Long Corner Road

*Resent E-mail Because E-mails Bounced Back
on second try on one bounced back
gibsocol. (Tried to use a different letter)*

From: Bernard, Dana
Sent: Thursday, August 23, 2018 9:51 AM
To: 'gibsocol@gmail.com'
Cc: 'mtlolsinger@comcast.net'
Subject: 1450 Long Corner Road

August 21, 2018

Roy Skahill
1450 Long Corner Road
Mount Airy, MD 21029

Sent via email to: gibsocol@gmail.com; mbholsinger@comcast.net

RE: B18002782
1450 Long Corner Road
Mount Airy, MD 21029

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Respectfully,

Dana Bernard, L.E.H.S

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

August 21, 2018

Roy Skahill
1450 Long Corner Road
Mount Airy, MD 21029

MBH

Sent via email to: gibsocol@gmail.com; mtlolsinger@comcast.net;


RE: B18002782
1450 Long Corner Road
Mount Airy, MD 21029

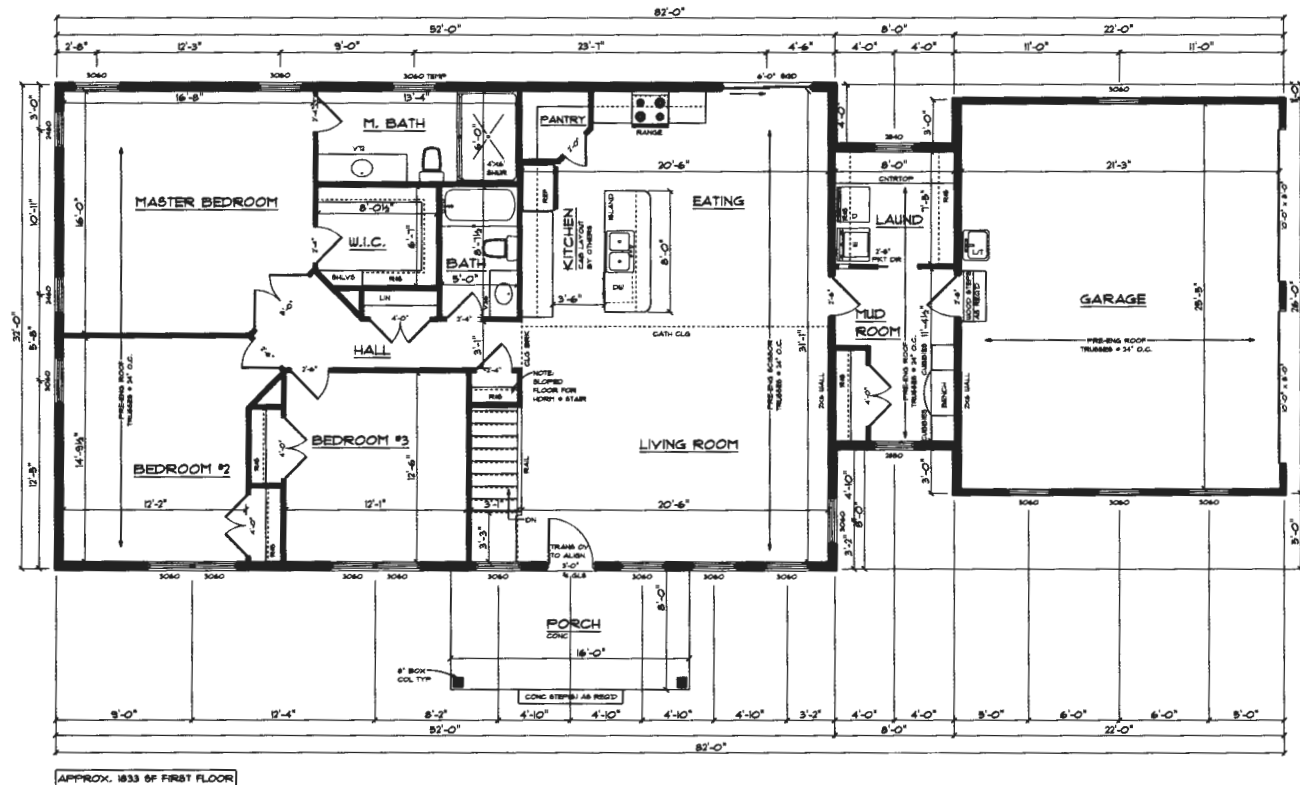
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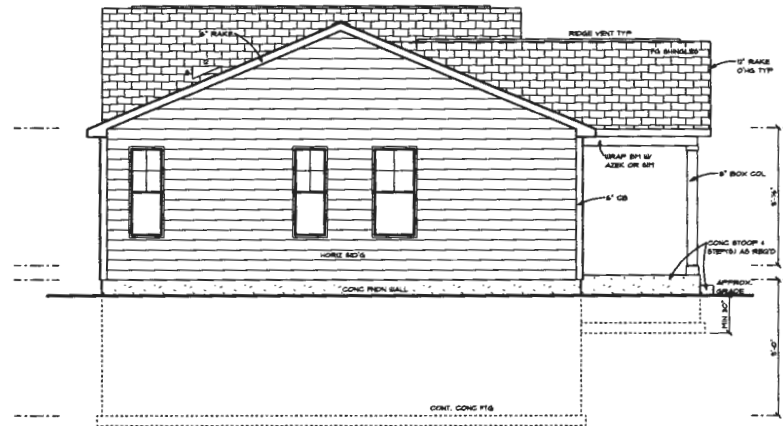
Respectfully,

Dana Bernard, L.E.H.S
Bureau of Environmental Health



APPROX. 1533 SF FIRST FLOOR

First Floor Plan

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



Left Elevation

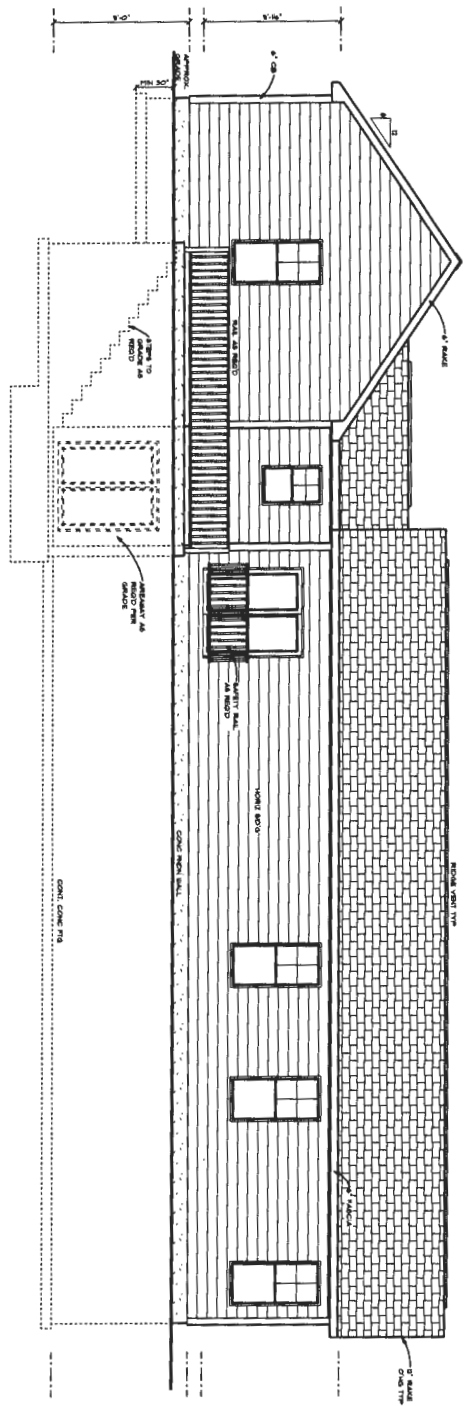
SCALE: 1/8" = 1'-0"



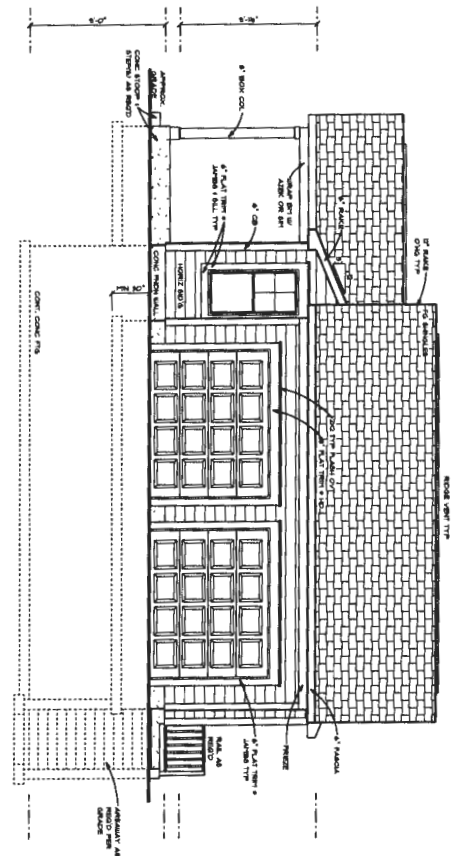
Front Elevation

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

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



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





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: **DILP 2018 AUG 7 AM 9:55**

Permit No.: **B18002782**

Building Address: **1450 Long Corner Rd**
City: **Mt. Airy** State: **MD** Zip Code: **21771**
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: **006** Parcel: **6077**

Existing Use: **SF0**
Proposed Use: **SF0**
Estimated Construction Cost: \$ **400,000**

Description of Work: **REMOVE OLD HOME AND CONSTRUCT NEW HOME. RANCHER STYLE HOME WITH THREE BEDROOMS UNFINISHED BASEMENT. ATTACHED THREE CAR GARAGE**

Occupant/Tenant Name: **Roy A Skahill Jr.**
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: _____
Address: **Same**
City: _____ State: _____ Zip Code: _____
Phone: **301-252-0906** Fax: _____
Email: _____

Property Owner's Name: **Roy A Skahill Jr.**
Address: **1450 Long Corner Rd**
City: **Mt. Airy** State: **MD** Zip Code: **21771**
Phone: _____ Fax: _____
Email: **gib50001@gmail.com**

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: **Robert Holsinger Jr.**
Address: **12034 Fingerboard Rd**
City: **Monrovia** State: **MD** Zip Code: **21770**
Phone: **240-674-5657** Fax: _____
Email: **MBHolsinger@comcast.net**

Contractor Company: **Holsinger Construction LLC**
Contact Person: **Robert Holsinger Jr.**
Address: **12034 Fingerboard Rd**
City: **Monrovia** State: **MD** Zip Code: **21770**
License No.: **7926**
Phone: **240-674-5657** Fax: **240-529-1331**
Email: **MBHolsinger@comcast.net**

Engineer/Architect Company: **RONNIE JOHNSTON AM ASSOCIATES**
Responsible Design Prof.: _____
Address: **11402 BAYVIEW FIELD WAY**
City: **MARLBOROUGH** State: **MD** Zip Code: **2104**
Phone: **410-442-3662** 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: _____	1st floor: 60' 2nd floor: 32
Area of construction (sq. ft.): _____	Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group: _____	<input type="checkbox"/> Slab on Grade
Construction type: _____	No. of Bedrooms: 3
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: TRUSS
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Other: _____
Sprinkler System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
NA
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: **Robert Holsinger Jr.**
Email Address: **MBHolsinger@comcast.net**
Title/Company: **HOLSINGER CONSTRUCTION.**

Print Name: **ROBERT HOLSINGER JR**
Date: **8/16/18**

RECEIVED
AUG 07 2018

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? ☒ Yes ☐ No
☐ 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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 3715

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

Red
New
OSPS
Get a permit
NOV
Junk
subject
for sewer
(301)
4/21
4/5
2 weeks
around
Lay pipe



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: 1450 Long Corner Road
City: Mount Airy State: MD Zip Code: 21771
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: 6 Parcel: _____

Existing Use: Single Family Home
Proposed Use: Single Family Home with underground propane tank
Estimated Construction Cost: \$ 3,325.00
Description of Work: Install 1,000 gallon underground propane tank

Occupant/Tenant Name: _____
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:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input checked="" 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: <u>3</u>
<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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Roy & Carolyn Skahill
Address: 1450 Long Corner Road
City: Mount Airy State: MD Zip Code: 21771
Phone: 301-252-0906 Fax: _____
Email: gibsoc01@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Terry E Conrad/Oak Hill Construction LLC
Address: 16910 Oak Hill Road
City: Silver Spring State: MD Zip Code: 20905
Phone: 301-421-4155 Fax: 301-421-9438
Email: terry.conrad@oakhillconstructionllc.com

Contractor Company: Oak Hill Construction LLC
Contact Person: Kitty Dalton
Address: 16910 Oak Hill Road
City: Silver Spring State: MD Zip Code: 20905
License No.: 120633/3316
Phone: 301-421-4155 Fax: 301-421-9438
Email: kitty.dalton@oakhillconstructionllc.com

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

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G18000202</u>	
Building Shell Permit Number: <u>B18002782</u>	

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.

Terry E Conrad Sr
Applicant's Signature
terry.conrad@oakhillconstructionllc.com
Email Address
Owner/Oak Hill Construction LLC
Title/Company

Terry E Conrad Sr
Print Name
03/02/2020
Date

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	2-4-20	DBennard
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	#

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

1. THE EXISTING WELL (HO-69-0101) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
2. FOOTING AND FOUNDATION ARE IN PLACE AS SHOWN HEREON.
3. TOP OF WALL = 821.79.
4. BUILDING TIES ARE $\pm 0.5'$ UNLESS OTHERWISE NOTED.

N 33°23'36" W 323.87'

~~MCS
(NAD 83/91)~~

TRUMAN L. KELLEY, SR.
LAVINIA W. KELLEY
L. 14253, F. 477

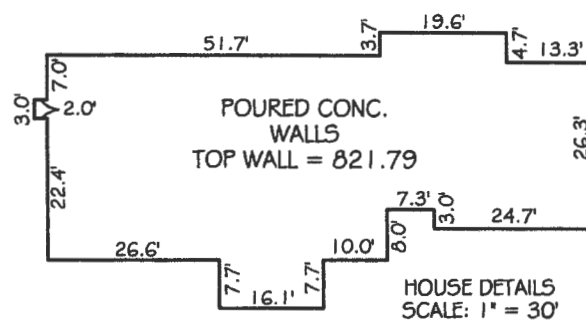
LANDS CONVEYED TO
ROY A. SKAHILL, JR.
LIBER 18361, FOLIO 462
135,826 SQ. FT.
OR 3.1181 AC.±

DAVID VINCENT MULLINIX
L. 1012, F. 434

LONG CORNER ROAD
S 2325 37th W
BL 30th RW
FUTURE 60th RW

JENNIFER M. DUKES
L. 16532, F. 097

THOMAS PATRICK REED
L. 16588, F. 286



APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP SAN

Bernard DATE: *2-4-20*

Propane Tank
Installation

2

5

6

7

820

3

1500 GAL
SEPTIC TANK

30' B.R.L.

Propane Tank

CONC.
PAD

30' B.R.L.

EX.
METAL
BLDG.

CONC.
PAD

N-1 ROOFTOP DISCONNECT

30' B.R.L.

ROOF DRAIN

AREAWAY

GARAGE
(3 RISERS)

EX. GRAVEL
PARKING

PROPOSED HOUSE
FF=822.75
B=812.40

PROP.
PORCH

EX. HOUSE (TO
BE REMOVED)

EX. WELL
HO69-0101

REPLACEMENT
WELLS

75' B.R.L.

EX. GRAVEL DRIVE

FUTURE R/W

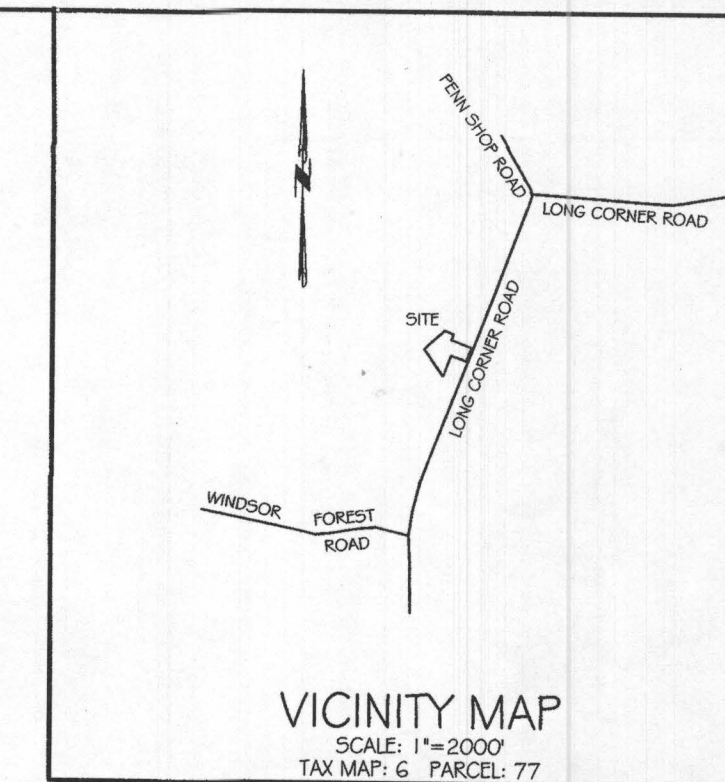
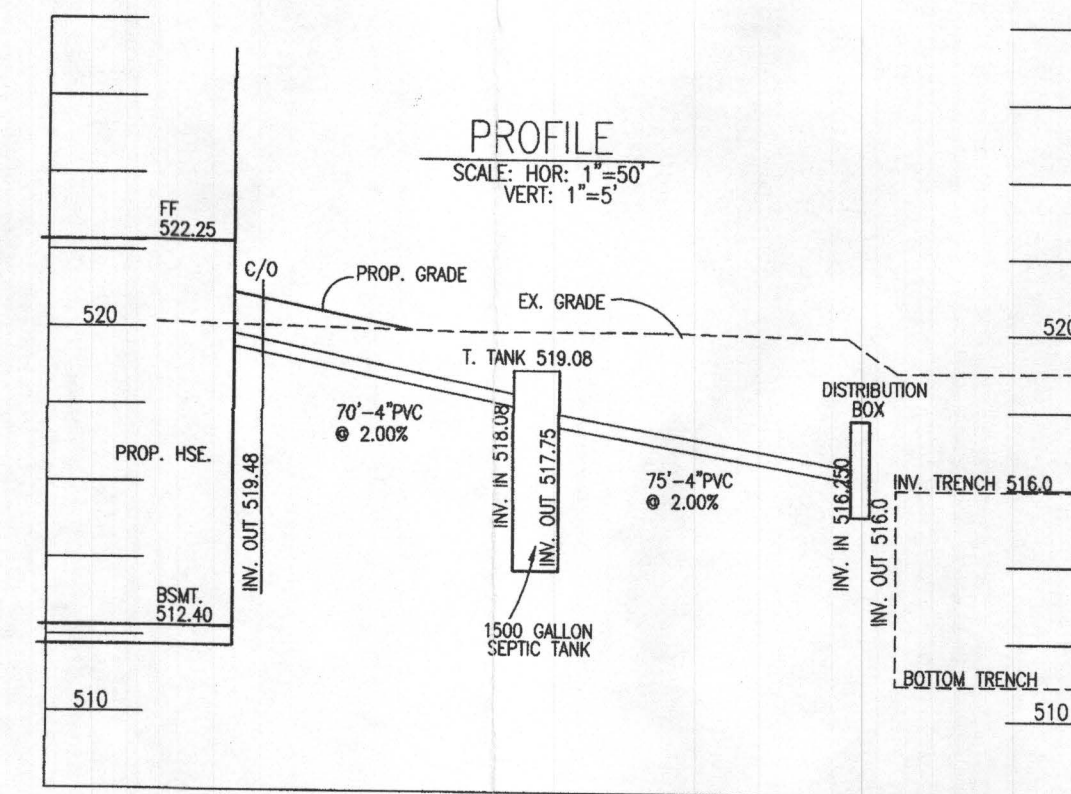
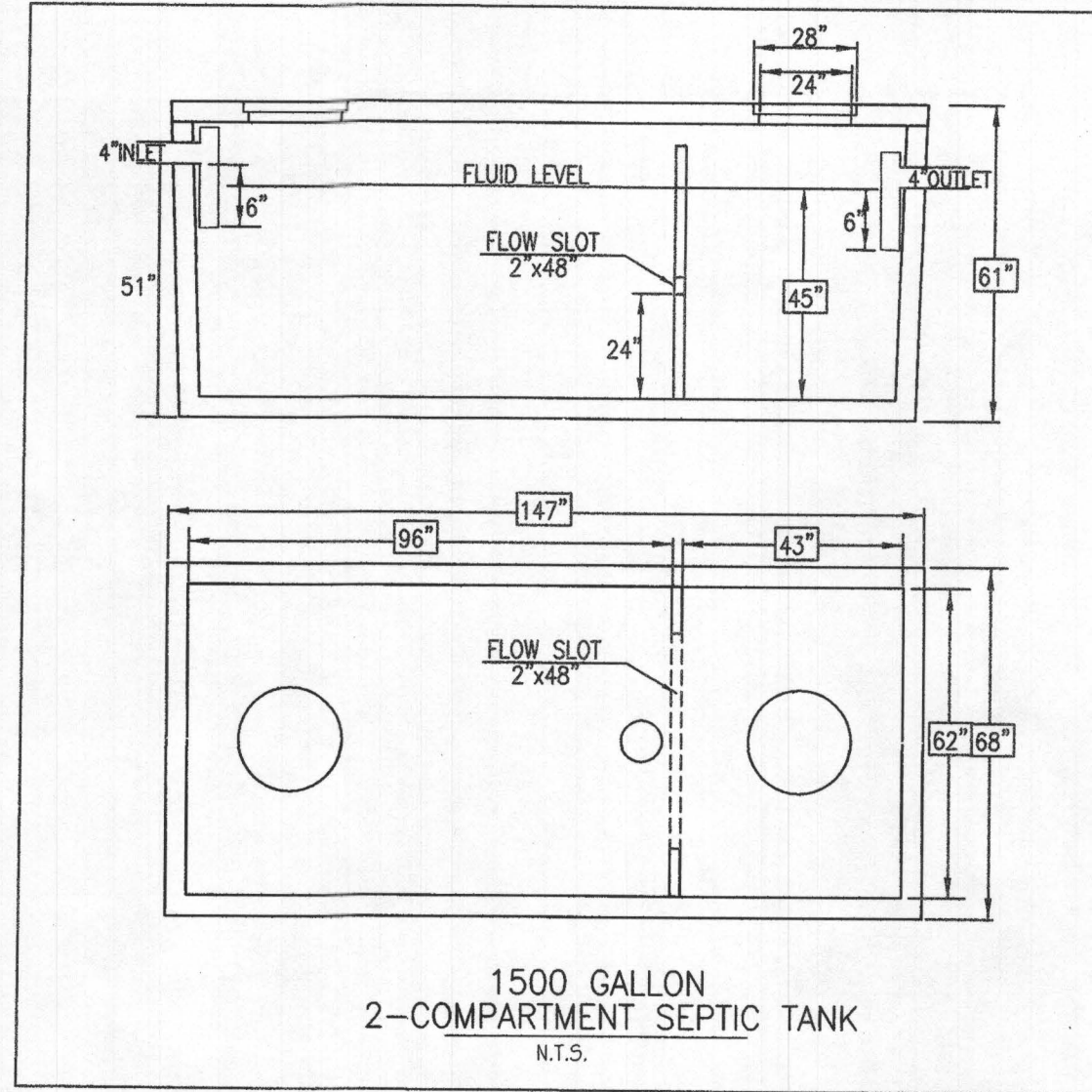
N 72°54'03" W 185.63'

N-1 ROOFTOP DISCONNECT

N-1 ROOFTOP DISCONNECT

N-1 ROOFTOP DISCONNECT

ENT MULLINIX
F. 434



GENERAL NOTES:

- TOPOGRAPHY & PLANNIMETRIC FEATURES SHOWN HEREON TAKEN FROM COPYRIGHTED GIS DATA FROM HOWARD COUNTY, SUPPLEMENTED WITH FIELD LOCATIONS BY VANMAR ASSOCIATES, INC. CONTOUR INTERVAL IS 2 FEET. VERTICAL DATUM IS NAVD83.
- THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
- ZONING DISTRICT: RC-DEO
- LIMIT OF DISTURBANCE (LOD) = 13,500 SQ. FT.
- THERE ARE NO STREAMS, PONDS, FLOODPLAINS OR WETLANDS ON THIS LOT.
- STORM WATER MANAGEMENT FOR THIS LOT IS PROVIDED BY N-1 ROOFTOP DISCONNECTION.

SEPTIC SYSTEM TRENCH DESIGN

INITIAL NUMBER OF BEDROOMS = 3
APPLICATION RATE = 0.8 GPD / sq.ft.
DESIGN FLOW: 150 GPD X 3 BEDROOMS = 450 GPD
450 GPD / 0.8 GPD/sq.ft. = 563 sq.ft.
563 sq.ft. / 3 ft. WIDE TRENCH = 188 LF TRENCH
188 LF TRENCH X 0.56 REDUCTION CREDIT = 105 LF TRENCH
TRENCH T1-1 EX. GRD=519.0 -INV. TRENCH=516.0 -B. TRENCH=511.0
TRENCH T1-2 EX. GRD=518.5 -INV. TRENCH=515.5 -B. TRENCH=510.5

1st REPLACEMENT

INITIAL NUMBER OF BEDROOMS = 3
APPLICATION RATE = 0.8 GPD / sq.ft.
DESIGN FLOW: 150 GPD X 3 BEDROOMS = 450 GPD
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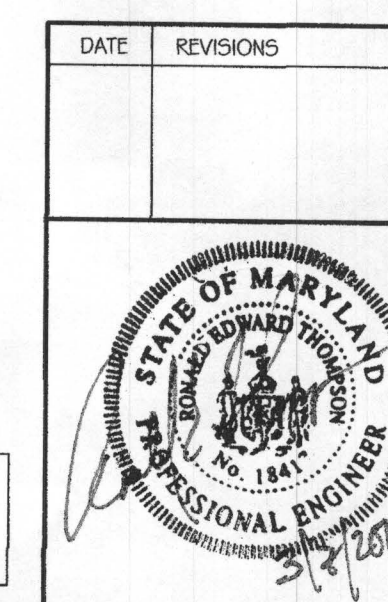
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Approved Septic System Plan
Howard County Health Department
Signature: *[Signature]* Date: 8-29-19

OWNER:
ROY A. SKAHILL, JR.
1450 LONG CORNER ROAD
MOUNT AIRY, MD. 21771

BUILDER:
HOLSINGER CONSTRUCTION, LLC
12034 FINGERBOARD ROAD
MONROVIA, MD. 21770
(240) 674 - 5657



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751
Fax (301) 831-5603 ©Copyright, Latest Date Shown

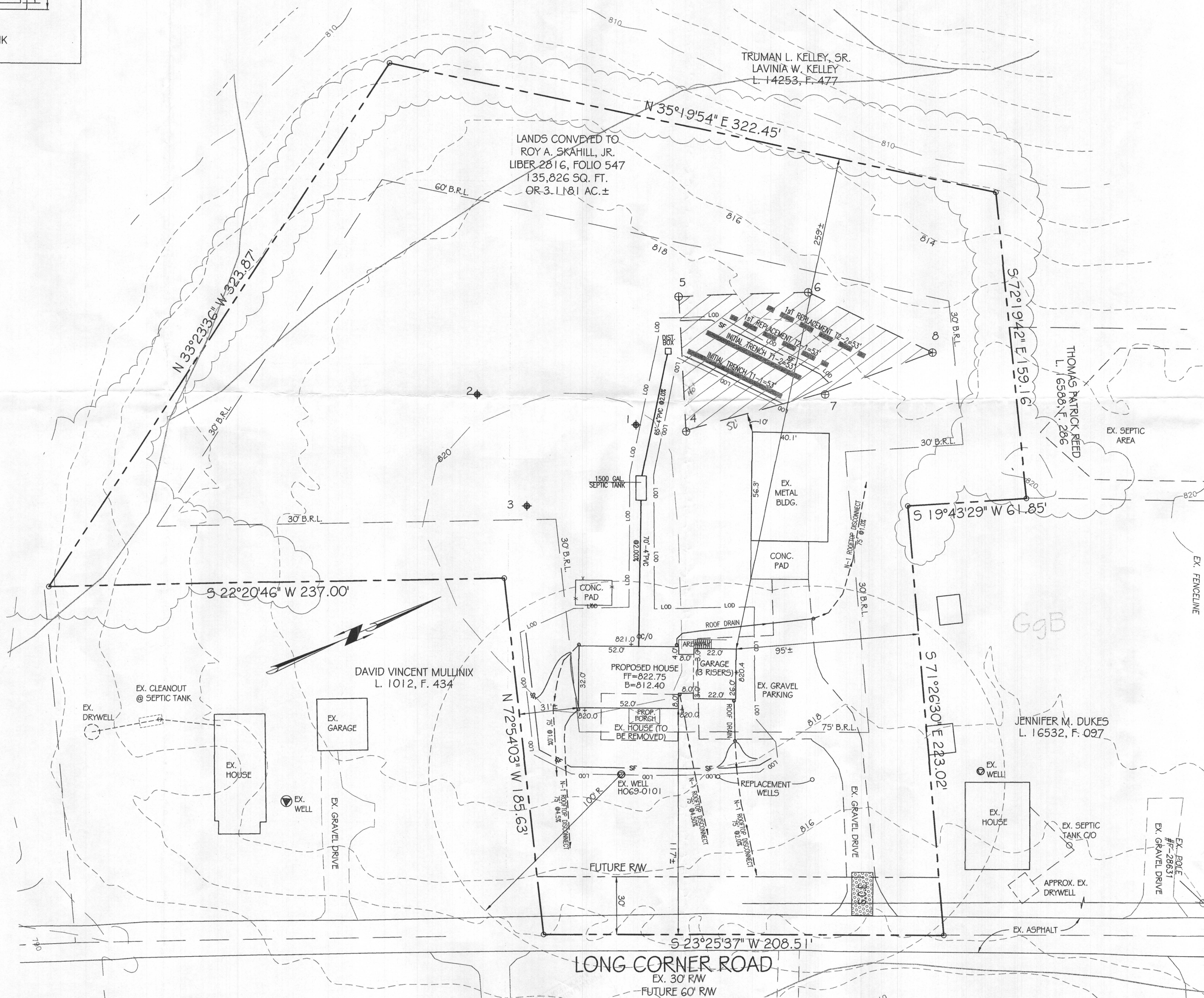
ON SITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN
LANDS CONVEYED TO
ROY A. SKAHILL, JR.

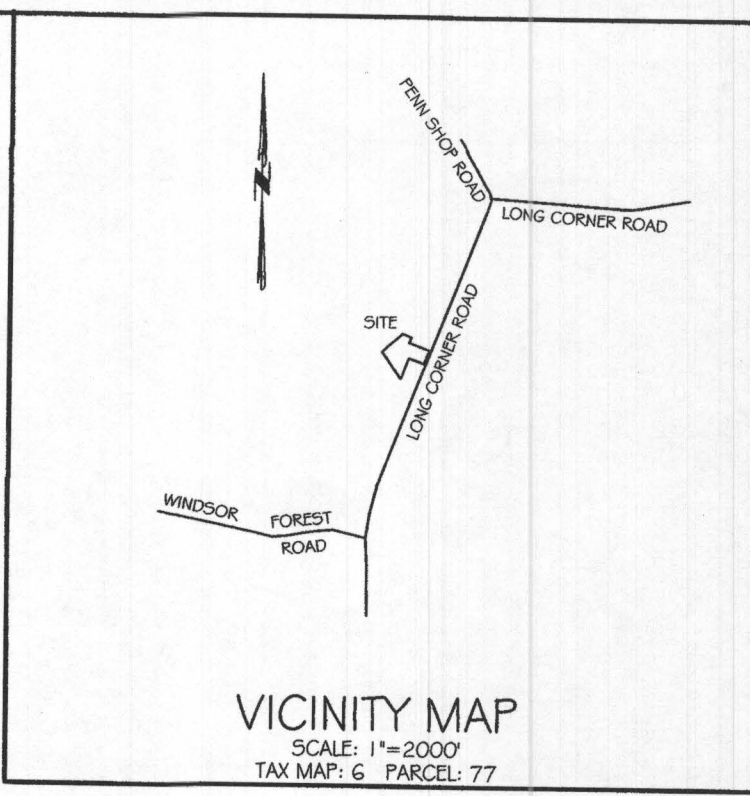
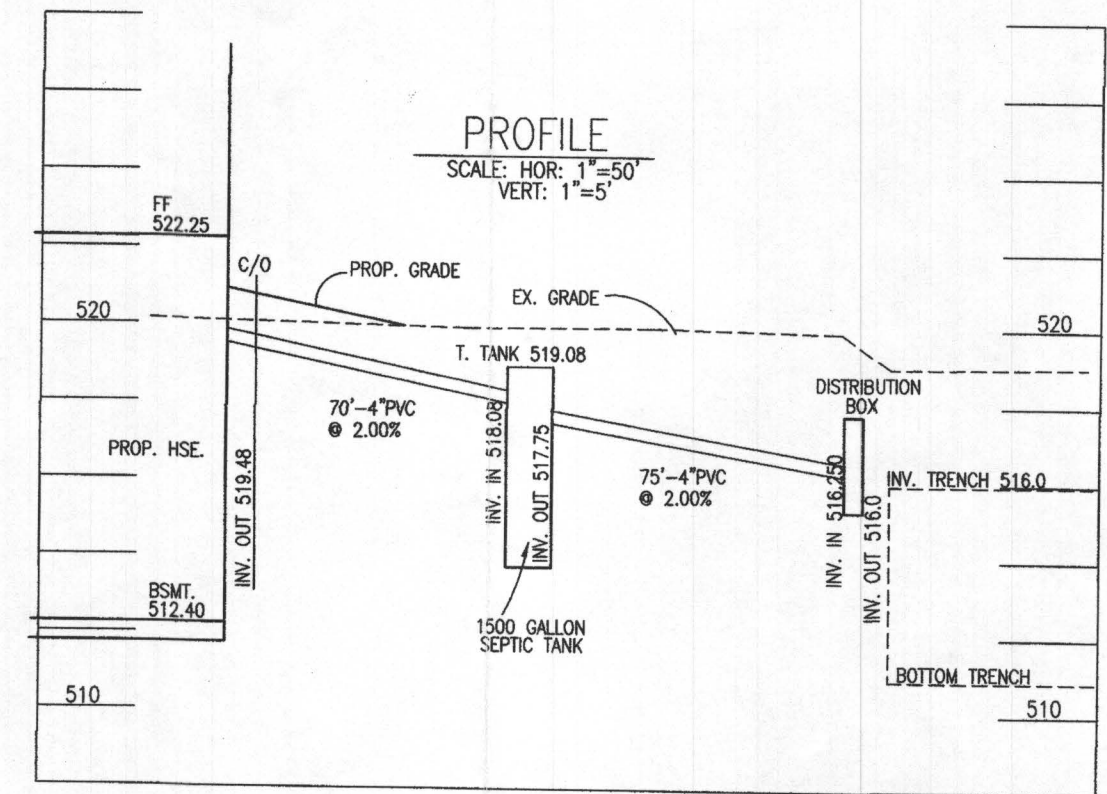
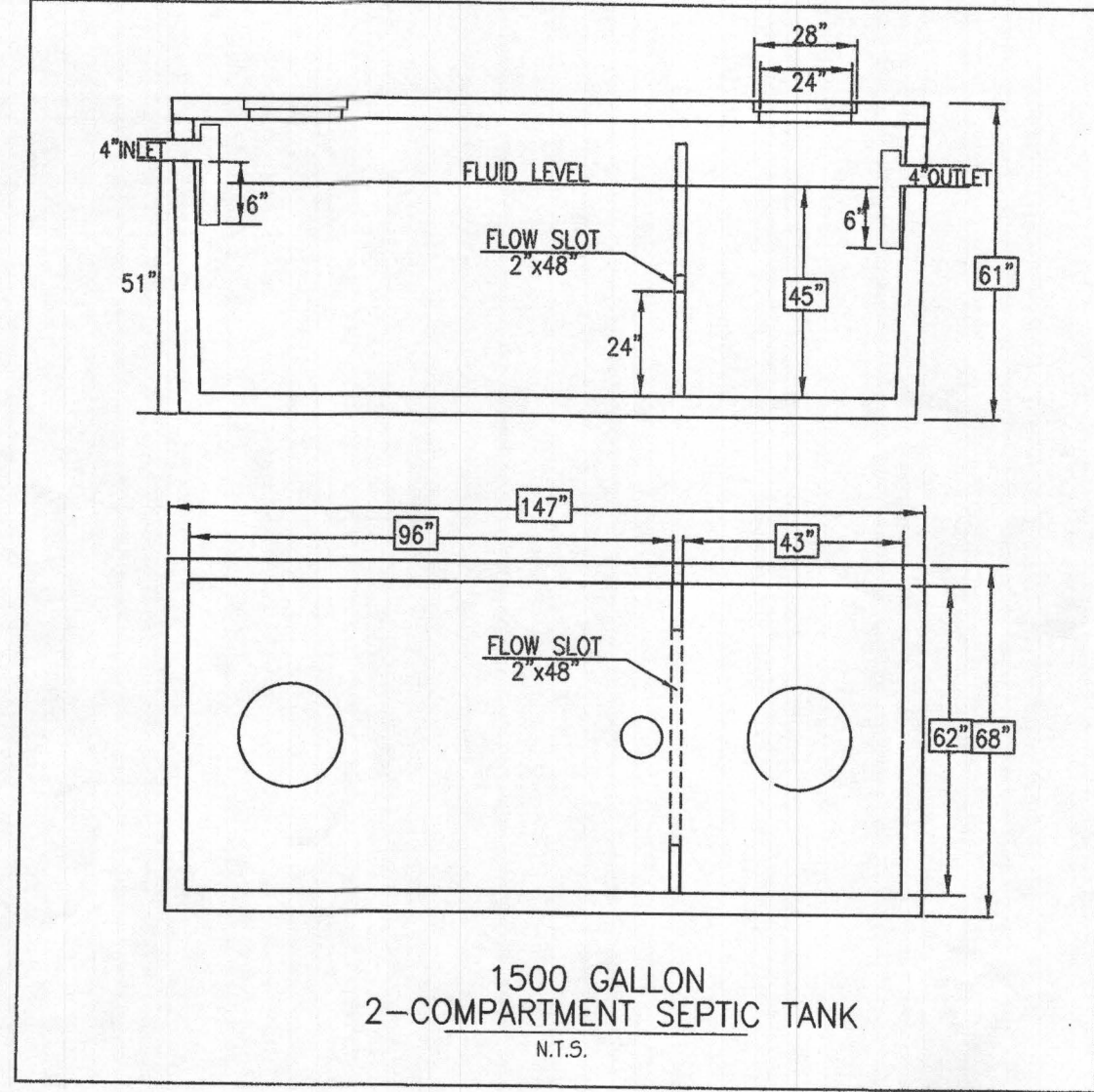
LIBER 2816 AT FOLIO 547
TAX ID No. 04-308629
1450 LONG CORNER ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' MARCH 2019

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 No. 18417, Expiration Date: 3-18-18.

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER DATE





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- TOPOGRAPHY & PLANIMETRIC FEATURES SHOWN HEREON TAKEN FROM COPYRIGHTED DATA FROM HOWARD COUNTY SUPPLEMENTED WITH FIELD LOCATIONS BY VANMAR ASSOCIATES, INC. CONTOUR INTERVAL IS 2 FEET. VERTICAL DATUM IS NAVD83.
 - THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
 - ZONING DISTRICT: RC-DEO
 - LIMIT OF DISTURBANCE (LOD) = 13,500 SQ.FT.
 - THERE ARE NO STREAMS, PONDS, FLOODPLAINS OR WETLANDS ON THIS LOT.
 - STORM WATER MANAGEMENT FOR THIS LOT IS PROVIDED BY N-1 ROOFTOP DISCONNECTION.

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1st REPLACEMENT

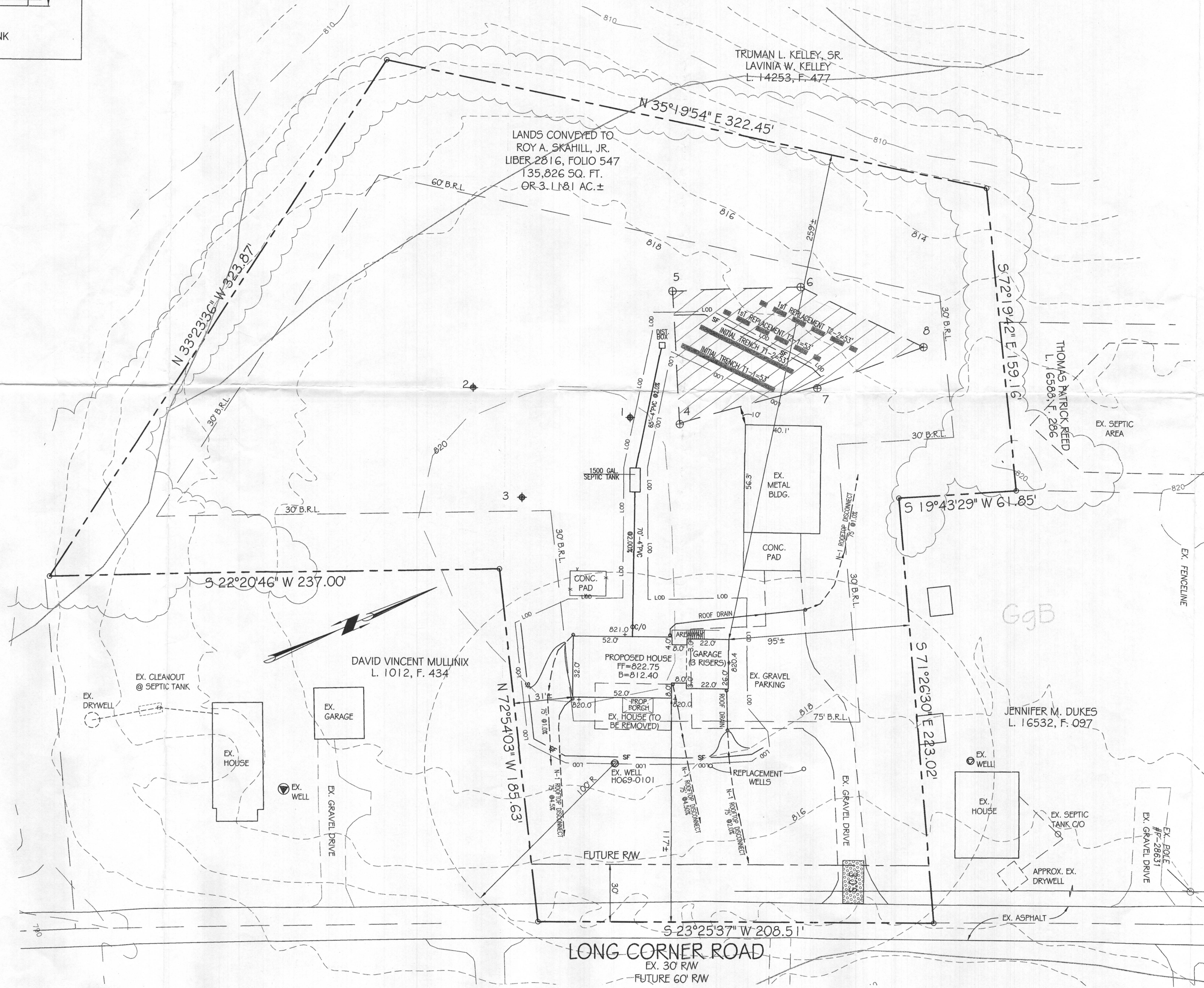
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Approved Septic System Plan
Howard County Health Department
Signature: *D. Blum* Date: *8-22-19*
B: 1800 2785

OWNER:
ROY A. SKAHILL, JR.
1450 LONG CORNER ROAD
MOUNT AIRY, MD. 21771

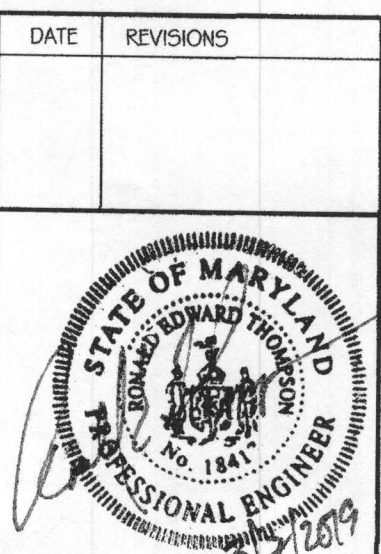
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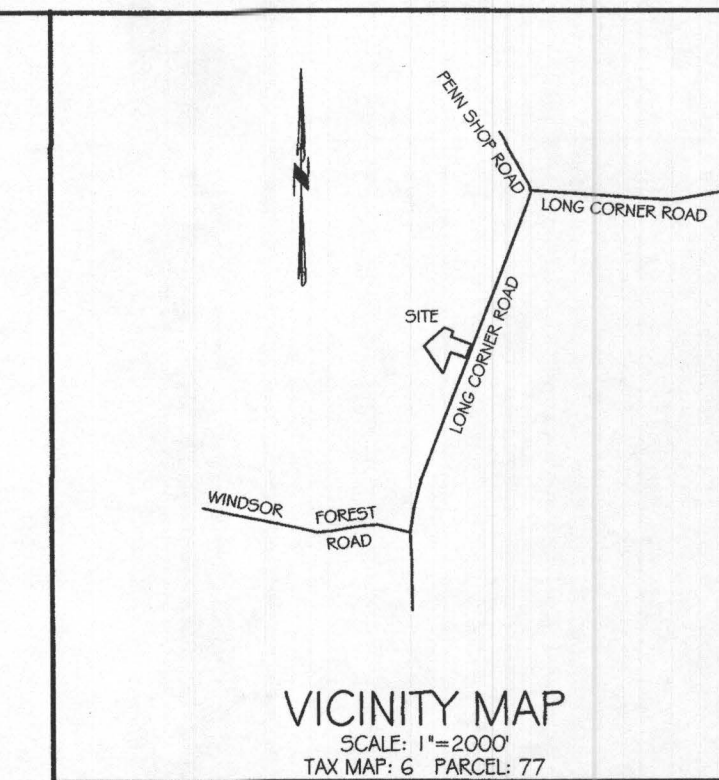
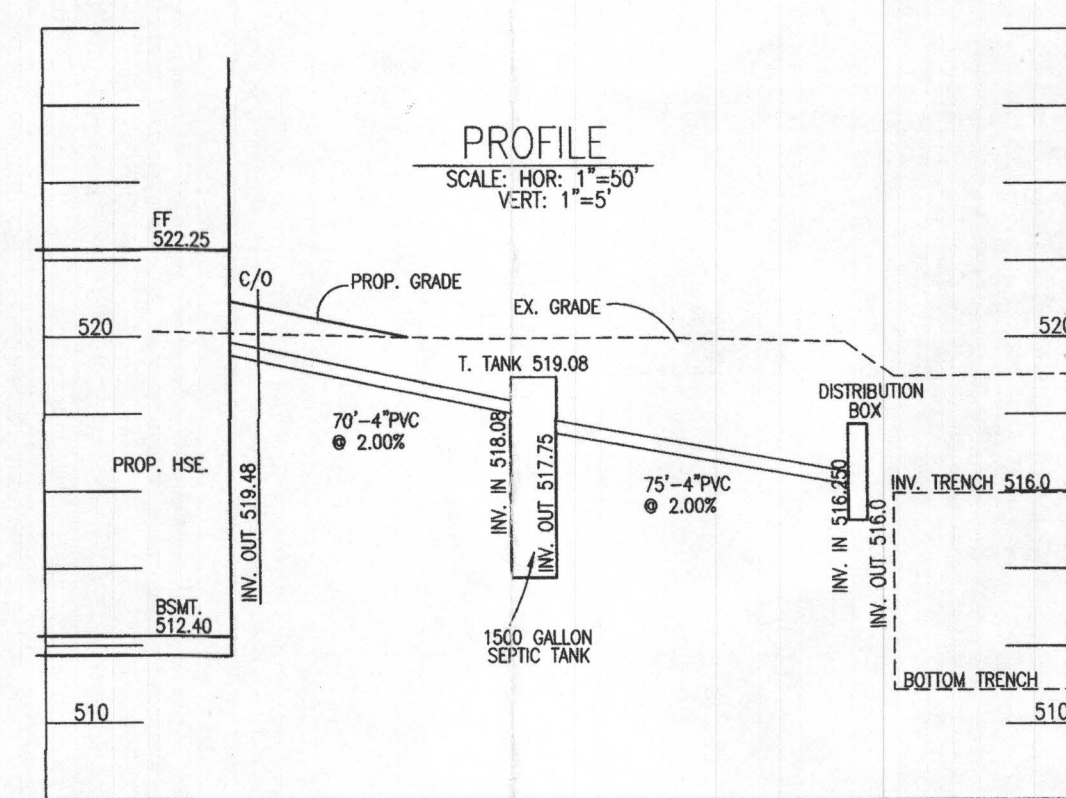
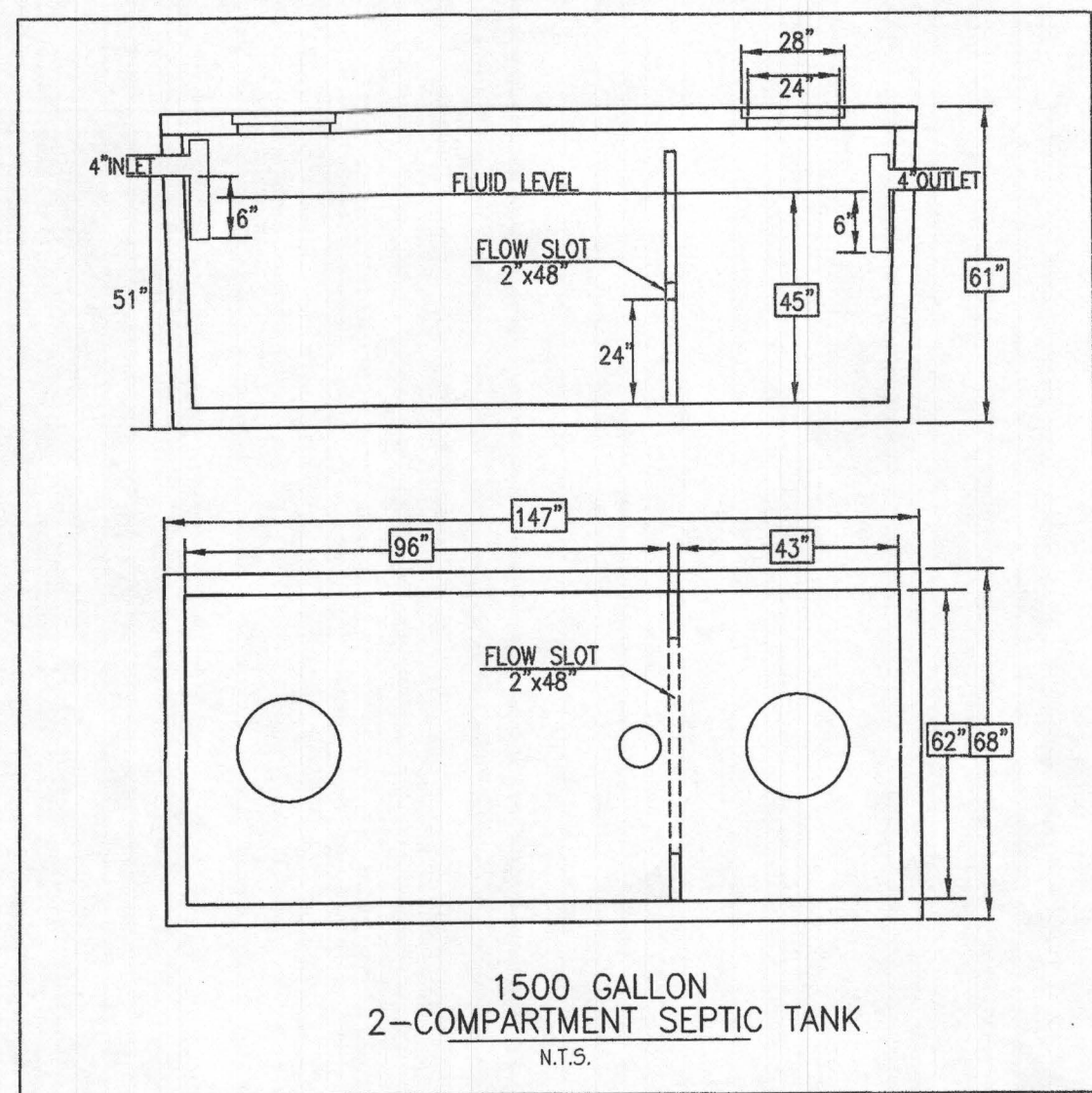
HOWARD COUNTY HEALTH OFFICER DATE

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ON SITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN
LANDS CONVEYED TO
ROY A. SKAHILL, JR.
LIBER 2016 AT FOLIO 547
TAX ID No. 04-306609
1450 LONG CORNER ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' MARCH 2019

VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751
Fax (301) 831-5603 ©Copyright, Latest Date Shown



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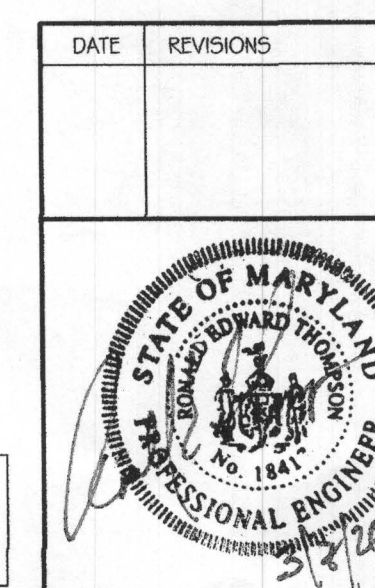
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Approved Septic System Plan
Howard County Health Department
Signature: *Beard* Date: *8-29-19*

Signature: *B18002782*

OWNER:
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1450 LONG CORNER ROAD
MOUNT AIRY, MD. 21771

BUILDER:
HOLSINGER CONSTRUCTION, LLC.
12034 FINGERBOARD ROAD
MONROVIA, MD. 21770
(240) 674-5657



ON SITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN LANDS CONVEYED TO ROY A. SKAHILL, JR.

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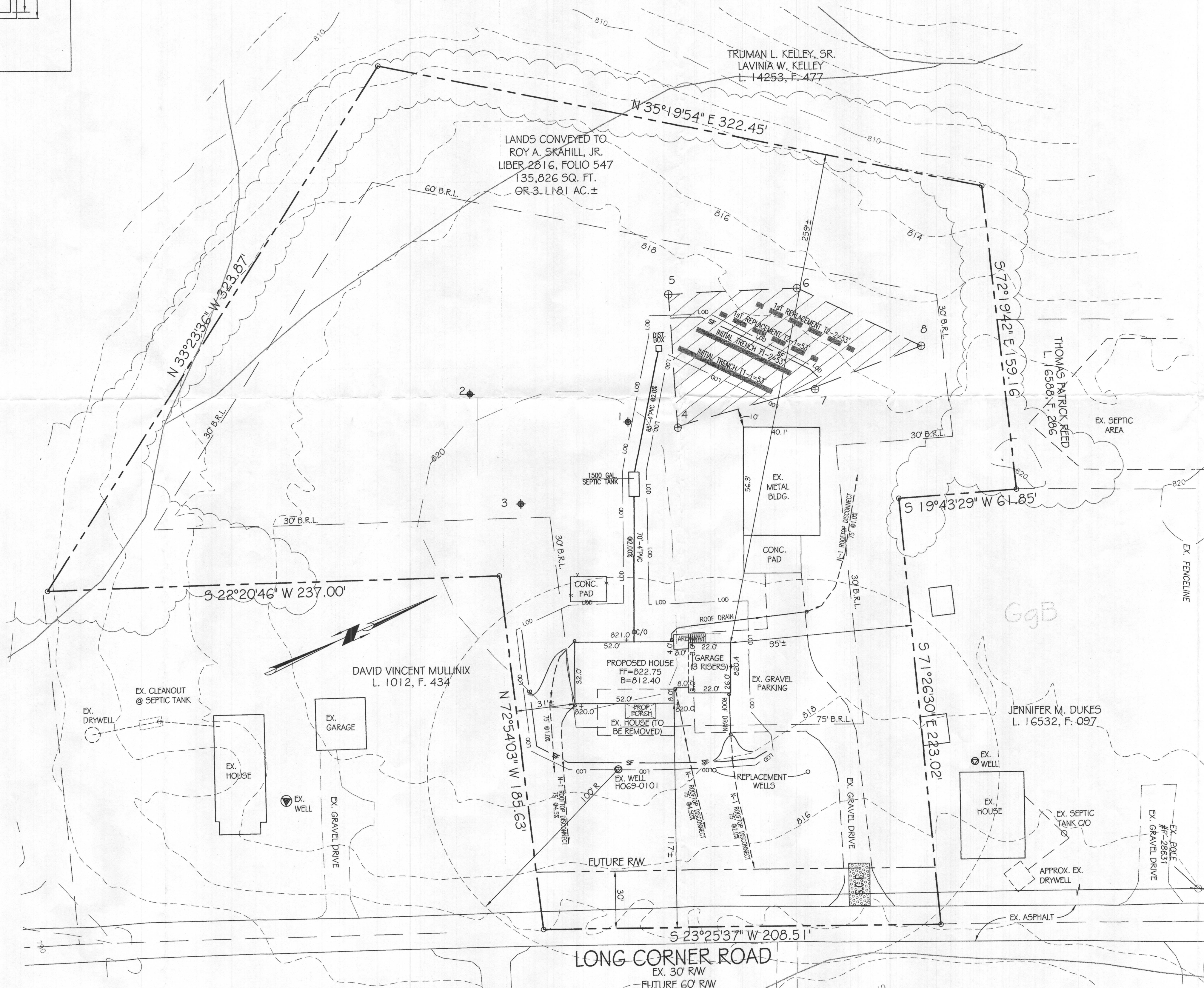


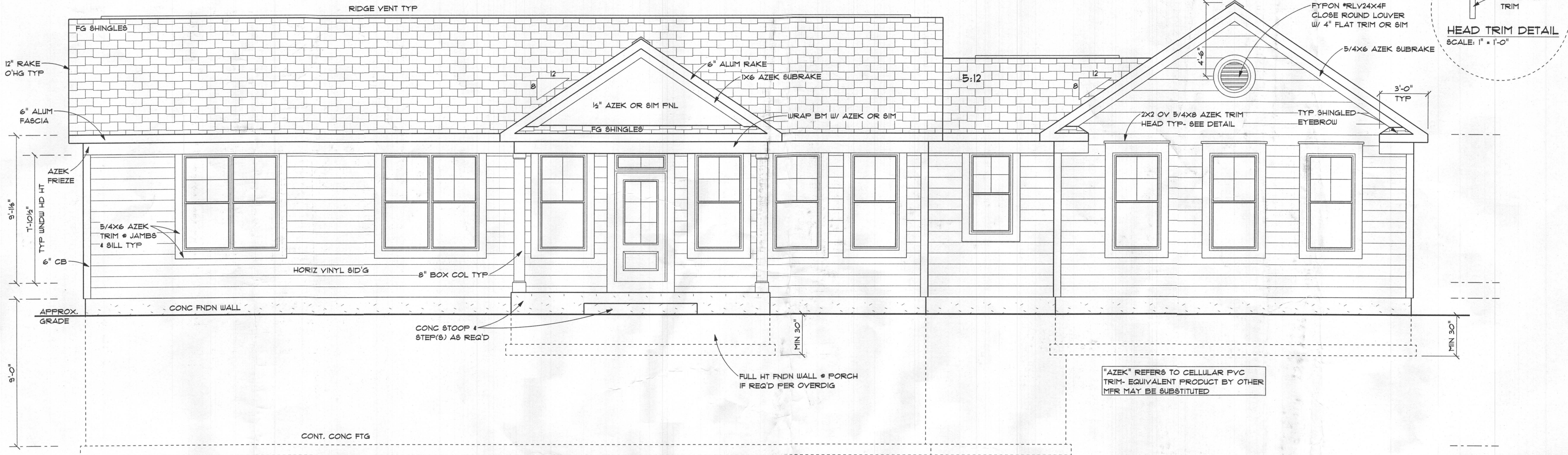
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vanmar.com Fax (301) 831-5603 ©Copyright, Latest Date Shown

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER: DATE:

PROFESSIONAL CERTIFICATION
I hereby certify that these documents were prepared or approved by me,
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State of Maryland, License No. 18417, Expiration Date: 3-18-19.





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

NOTES

1.0 GENERAL

1.01 THE BUILDER SHALL BE RESPONSIBLE AND LIABLE FOR FULL COMPLIANCE WITH ALL APPLICABLE BUILDING CODES, ORDINANCES, REGULATIONS AND AMENDMENTS, AND ALL OTHER AUTHORITIES HAVING JURISDICTION, WHETHER OR NOT SUCH CODES AND REQUIREMENTS ARE EXPLICITLY DOCUMENTED IN THESE DRAWINGS. CONSTRUCTION SHALL COMPLY WITH THE INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY. USE OF THESE DRAWINGS TO OBTAIN A BUILDING PERMIT OR TO CONSTRUCT THE STRUCTURE DOCUMENTED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THESE CONDITIONS BY THE BUILDER.

1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS OR SPECIFICATIONS AND THE STRUCTURAL DRAWINGS, THE STRUCTURAL DRAWINGS SHALL TAKE PRECEDENCE.

1.03 DESIGN LOADS:

TYPE	LIVE LOAD (PSF)	DEAD LOAD (PSF)
ROOF	30	20
SLEEPING ROOMS	30	15
OTHER LIVING AREAS	40	15
GARAGE FLOORS	50	50
DECKS	40	10
EXTERIOR BALCONIES	60	15

2.01 SITE WORK IS NOT ADDRESSED IN THESE DOCUMENTS. 2000 PSF SOIL BEARING CAPACITY ASSUMED.

3.0 CONCRETE/FOUNDATIONS

3.01 ALL REINFORCED CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE AMERICAN CONCRETE INSTITUTE ACI 318, CURRENT EDITION. ALL PLAIN CONCRETE SHALL CONFORM TO ACI 318.1 AND ACI 332R GUIDE TO RESIDENTIAL CAST-IN-PLACE CONCRETE CONSTRUCTION.

3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH • 28 DAYS:

LOCATION OF CONCRETE	F _c (PSI)
BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER	2500
BASEMENT SLABS AND INTERIOR SLABS ON GRADE	2500
BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER	3000
DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS EXPOSED TO WEATHER	3500

3.03 THICKNESS AND REINFORCING OF CONCRETE FOUNDATION WALLS SHALL CONFORM TO THE INTERNATIONAL RESIDENTIAL CODE, CURRENT EDITION, TABLE R404.1.2 (1-4), OR WITH SEALED STRUCTURAL DRAWINGS SPECIFIC TO THE SITE SOIL AND GRADE CONDITIONS.

4.0 MASONRY

4.01 ALL MASONRY WORK SHALL CONFORM TO THE THE APPLICABLE REQUIREMENTS OF THE BIA AND NCHMA "SPECIFICATION FOR CONCRETE MASONRY CONSTRUCTION."

4.02 BRICK VEENER WALLS SHALL HAVE NON-CORROSIVE METAL TIES AT MINIMUM 16" O.C. VERTICALLY AND HORIZONTALLY, AND WEEP HOLES AT 24" O.C. AT EASE FLASHING AND CAVITY INTERRUPTIONS.

5.0 METALS

5.01 FOUNDATION ANCHOR BOLTS SHALL BE PROVIDED AT MAXIMUM 6'-0" O.C. AND 1" FROM THE END OF EACH PLATE SECTION, WITH MINIMUM TWO (2) ANCHORS PER SECTION OF PLATE. ANCHOR STRIPS SPACED TO ACHIEVE EQUIVALENT CAPACITY MAY BE SUBSTITUTED FOR ANCHOR BOLTS.

5.02 ALL METAL ANCHORS, FASTENERS, HANGERS ETC. SHALL BE GALVANIZED. ALL STRUCTURAL STEEL WIDE-FLANGE BEAMS SHALL CONFORM TO ASTM A-992 WITH MINIMUM STRENGTH F_y • 50 KSI. ALL STRUCTURAL STEEL CHANNELS, ANGLES, RODS AND BAR STOCK SHALL CONFORM TO ASTM A-36 WITH MINIMUM STRENGTH F_y • 36 KSI.

5.03 ADJUSTABLE STEEL COLUMNS SHALL BE MINIMUM 11 GAUGE, ASTM A513 OR BETTER AND SHALL MEET OR EXCEED AISA PUBLISHED ALLOWABLE LOAD CAPACITY. STEEL PIPE COLUMNS SHALL CONFORM TO ASTM A53 GRADE B WITH MINIMUM STRENGTH F_y • 35 KSI. COLUMNS SHALL HAVE A MINIMUM 8"X4"X1/4" BEARING PLATE. SCREW JACK SHALL BE ENCASED IN CONCRETE OR TACK WELDED AFTER INSTALLATION.

6.0 WOOD

6.01 SILL PLATES AND ALL WOOD IN CONTACT WITH MASONRY OR CONCRETE, AND ALL EXPOSED EXTERIOR LUMBER, SHALL BE PRESSURE TREATED TO MEET AWPJ STANDARDS.

6.02 MOISTURE CONTENT OF ALL LUMBER SHALL NOT EXCEED 19%.

6.03 WOOD BEAMS, JOISTS, HEADERS AND RAFTERS SHALL BE MINIMUM 6-F-P 11/12 OR EQUAL UNLESS OTHERWISE NOTED.

6.04 LVL MEMBERS SHALL BE 1 1/4" WIDE, DEPTH PER PLANS, GANGED PER MANUFACTURER'S SPECIFICATIONS, WITH THE FOLLOWING MINIMUM PROPERTIES: Fb=2,600 PSI; Fc=150 PSI; Fv=285 PSI; E=1,300,000 PSI.

6.05 PSL MEMBERS SHALL BE SIZED PER PLANS, WITH THE FOLLOWING MINIMUM PROPERTIES: Fb=2,300 PSI; Fc=150 PSI; Fv=250 PSI; E=1,000,000 PSI.

6.06 PREFABRICATED FLOOR JOISTS OR FLOOR TRUSSES SHALL BE DESIGNED TO CARRY ALL IMPOSED LIVE AND DEAD LOADS WITH THE LIVE LOAD DEFLECTION NOT TO EXCEED L/480. ALL LAMINATED BEAMS AND BUILT-UP JOISTS TO BE DESIGNED/VERIFIED BY MFR TYPICAL THROUGHOUT. THE MANUFACTURER SHALL PROVIDE ALL REQUIRED HANGERS, SHEAR PANELS, BLOCKING/BRACING AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.01 PRE-ENGINEERED TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH TRJ RECOMMENDATIONS TO CARRY ALL IMPOSED LIVE AND DEAD LOADS. THE MANUFACTURER SHALL SUPPLY ALL REQUIRED HANGERS, HOLD-DOWN STRIPS, SHEAR PANELS AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.08 JOISTS SHALL BE DOUBLED UNDER PARALLEL WALLS THAT EXCEED ONE-THIRD THE JOIST LENGTH. JOISTS SHALL BE SPACED CLOSER UNDER BATH TUBS, CERAMIC OR MARBLE TILE, POTENTIAL WATER BEDS AND SIMILAR ANTICIPATED LOADING CONDITIONS. JOISTS SHALL NOT BE CUT, NOTCHED OR DRILLED EXCEPT AS PERMITTED BY IRC 2015 R502.2 OR OTHER APPLICABLE CODE.

6.09 HEADERS OVER FRAMED OPENINGS IN BEARING WALLS SHALL BE MINIMUM 2-2X10 UNLESS OTHERWISE NOTED ON DRAWINGS, BUT SHALL IN NO EVENT BE LESS THAN SPECIFIED IN IRC 2015 TABLE R602.1 OR OTHER APPLICABLE CODE.

7.0 THERMAL AND MOISTURE PROTECTION

7.01 1/2" X 3-1/2" MIN COMPRESSIBLE SILL SEAL SHALL BE PROVIDED BENEATH ALL EXTERIOR SILL PLATES.

7.02 PROVIDE APPROVED CORROSION-RESISTIVE FLASHING AT THE INTERSECTION OF MASONRY AND WOOD FRAME CONSTRUCTION OVER PROJECTING TRIM, WHERE DECKS, PORCHES, AND THE LIKE ARE ATTACHED TO WOOD FRAME CONSTRUCTION; AT ROOF TO WALL AND ROOF TO CHIMNEY INTERSECTIONS; IN ROOF VALLEYS; AT ALL ROOF PENETRATIONS; AT ALL WALL OPENINGS; AND AT ALL CAVITY INTERRUPTIONS AT MASONRY VENER.

7.03 PROVIDE EXTERIOR FINISHES AS SHOWN ON DRAWINGS. INSTALL PER MANUFACTURER'S INSTRUCTIONS AND SPECIFICATIONS OVER APPROVED WATER/WEATHER-RESISTANT BARRIER.

7.04 PROVIDE SOFFIT VENTS AND RIDGE VENTS AS SHOWN ON THE DRAWINGS, AND SUPPLEMENTAL ROOF VENTS IF/AS REQUIRED TO MAINTAIN MINIMUM 1500 FREE VENTILATION FOR HORIZONTALLY PROJECTED ROOF AREA. INSTALL PLASTIC OR CARDBOARD BAFFLES IN EACH TRUSS/RAFTER BAY TO MAINTAIN FREE AIR FLOW. ALL REVERSE GABLES SHALL BE OPEN TO MAIN ROOF ATTIC TO ALLOW FREE AIR FLOW.

THE MECHANICAL CONTRACTOR SHALL BE RESPONSIBLE FOR CALCULATING HEATING AND COOLING LOADS, EXTENDING EXISTING SYSTEMS, AND/OR SIZING NEW HVAC UNITS IN FULL COMPLIANCE WITH IRC 2015 M1401.3.

STAIR GEOMETRY REQUIREMENTS

INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY PER IRC 2015 R301.1:

STRAIGHT:
RISER HEIGHT 7.75" MAX
TREAD DEPTH 10" MIN
NOISING: 75" MIN 1.25" MAX
(NOTE: NOISING MAY BE OMITTED • TREAD DEPTH OF 11" OR GREATER)

WINDER & CURVED:
RISER HEIGHT 7.75" MAX
TREAD DEPTH 6" MIN • EDGE 10" MIN • 12" IN FROM EDGE
NOISING: 75" MIN 1.25" MAX

IECC 2015 ENERGY CODE COMPLIANCE REQUIREMENTS

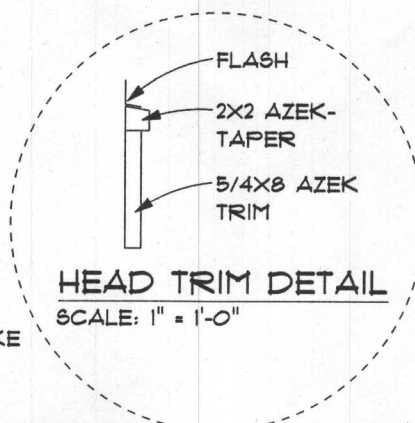
THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2015 INTERNATIONAL ENERGY CONSERVATION CODE:

COMPLIANCE CERTIFICATE	A PERMANENT CERTIFICATE APPROVED BY THE LOCAL JURISDICTION DESCRIBING THE R-VALUES, U-FACTORS, AND SHGC OF THE BUILDING COMPONENTS AND BUILDING AIR LEAKAGE TEST RESULTS SHALL BE AFFIXED TO THE ELECTRICAL DISTRIBUTION PANEL OR ANOTHER LOCATION APPROVED BY THE LOCAL JURISDICTION; PER IECC R401.3 (IRC N101.14).
MAXIMUM FENESTRATION U-FACTOR AND SHGC	THE MAXIMUM U-FACTOR ALLOWED USING EITHER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.1.4 (IRC N102.1.4) OR THE SIMULATED PERFORMANCE ALTERNATIVE PER IECC R405 (IRC N103) SHALL BE 0.48 FOR VERTICAL FENESTRATION AND 0.75 FOR SKYLIGHTS PER IECC R402.5 (IRC N102.5).
HVAC CONTROLS	EACH HEATING AND COOLING SYSTEM SHALL HAVE AT LEAST ONE THERMOSTAT PER IECC R403.1 (IRC N103.1). THE THERMOSTAT CONTROLLING THE PRIMARY HEATING AND COOLING SYSTEM SHALL BE A PROGRAMMABLE THERMOSTAT PER IECC R403.1.1 (IRC N103.1.1).
HEAT PUMP SUPPLEMENTARY HEAT	HEAT PUMPS WITH SUPPLEMENTARY ELECTRIC RESISTANCE HEAT SHALL HAVE CONTROLS THAT, EXCEPT DURING DEFROST, PREVENT SUPPLEMENTAL HEAT FROM OPERATING WHEN THE HEAT PUMP COMPRESSOR CAN MEET THE HEATING LOAD PER IECC R403.1.2 (IRC N103.1.2).
DUCT SEALING	WHEN NEW FORCED AIR SYSTEMS ARE PROVIDED, ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IRC M1401.4.1. DUCT TIGHTNESS SHALL BE VERIFIED BY EITHER A ROUGH-IN OR POSTCONSTRUCTION TEST PER IECC R403.3.3 (IRC N103.3.3) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED ENTIRELY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR PLENUMS	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR PLENUMS PER IECC R403.3.5 (IRC N103.3.5).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 105°F OR BELOW 55°F SHALL BE INSULATED TO R-3 MINIMUM PER IECC R403.4 (IRC N103.4). PIPING INSULATION EXPOSED TO WEATHER SHALL BE PROTECTED FROM DEGRADATION AND DECAY PER IECC R403.4.1 (IRC N103.4.1).
CIRCULATING HOT WATER SYSTEMS	CIRCULATING HOT WATER SYSTEMS SHALL BE PROVIDED WITH AN AUTOMATIC OR READILY ACCESSIBLE MANUAL SWITCH TO TURN OFF THE CIRCULATING PUMP WHEN THE SYSTEM IS NOT IN USE PER IECC R403.5.1 (IRC N103.5.1).
MECHANICAL VENTILATION	THE BUILDING SHALL BE PROVIDED WITH VENTILATION PER IRC M101 OR OTHER APPROVED MEANS OF VENTILATION PER IECC R403.6 (IRC N103.6). WHOLE-HOUSE VENTILATION FANS SHALL MEET EFFICIENCY STANDARDS PER IECC TABLE R403.6.1 (IRC TABLE N103.6.1).
EQUIPMENT SIZING	HEATING AND COOLING EQUIPMENT SHALL BE SIZED IN ACCORDANCE WITH ACCA MANUAL S BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL J OR OTHER APPROVED HEATING AND COOLING CALCULATION METHODOLOGIES PER IECC R403.7 (IRC N103.7).
SYSTEMS SERVING MULTIPLE DWELLING UNITS	SYSTEMS SERVING MULTIPLE DWELLING UNITS SHALL CONFORM TO IECC SECTIONS C403 AND C404.
SNOW MELT SYSTEMS CONTROLS	SNOW AND ICE MELT SYSTEMS SUPPLIED THROUGH ENERGY SERVICE TO THE BUILDING SHALL INCLUDE AUTOMATIC CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE PAVEMENT TEMPERATURE IS ABOVE 50°F AND NO PRECIPITATION IS FALLING, AND AUTOMATIC OR MANUAL CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE OUTDOOR TEMPERATURE IS ABOVE 40°F PER IECC R403.9 (IRC N103.9).
POOLS AND INGROUND PERMANENTLY INSTALLED SPAS	POOLS AND INGROUND SPA HEATERS SHALL HAVE AN ACCESSIBLE C- OFF SWITCH MOUNTED ON THE OUTSIDE OF THE HEATER THAT ALLOWS SHUT-OFF WITHOUT AFFECTING THE THERMOSTAT SETTING PER IECC R403.10.2 (IRC N103.10.2). GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE TIME SWITCHES OR OTHER CONTROL METHODS TO AUTOMATICALLY TURN ON AND OFF PER A PRESET SCHEDULE PER IECC R403.10.3 (IRC N103.10.3). HEATED POOLS AND INGROUND SPAS SHALL BE PROVIDED WITH A VAPOR-RETARDANT COVER PER IECC R403.10.4 (IRC N103.10.4).
LIGHTING EQUIPMENT	A MINIMUM OF 75% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS OR A MINIMUM OF 75% OF THE PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL CONTAIN ONLY HIGH-EFFICACY LAMPS PER IECC R404.1 (IRC N104.1).
FUEL GAS LIGHTING EQUIPMENT	FUEL GAS SYSTEMS SHALL NOT HAVE CONTINUOUSLY BURNING PILOT LIGHT SYSTEMS PER IECC R404.1.1 (IRC N104.1.1).

THE BUILDING SHALL ALSO CONFORM TO THE FOLLOWING PRESCRIPTIVE REQUIREMENTS:

THE BUILDING CONFORMS TO THE PRESCRIPTIVE REQUIREMENTS DETAILED IN THE CHART BELOW PER IECC R402.1.2 & R402.1.3 (IRC N102.1.2 & N102.1.3). EQUIVALENT U-FACTORS MAY BE SUBSTITUTED FOR REQUIRED R-VALUES PER IECC R402.1.4 (IRC N102.1.4). THE BUILDING SHALL ALSO CONFORM TO THE DETAILED REQUIREMENTS OF IECC R402.2 (IRC N102.2).

COMPONENT	REQUIRED VALUE
CEILING/ROOF	R-49 (COMPRESSED OVER WALL TOP PLATE AT EAVES) OR R-38 (UNCOMPRESSED OVER WALL TOP PLATE AT EAVES)
WALLS	R-20 CAVITY OR R-13 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-13 CAVITY
SLAB	R-10, 2" DEPTH
CRAWL SPACE WALLS	R-10 CONTINUOUS OR R-13 CAVITY
FLOORS OVER UNCONDITIONED SPACE	R-19
DUCTS OUTSIDE CONDITIONED SPACE	R-8 FOR SUPPLY DUCTS IN ATTICS R-6 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.5.3 (IRC N103.5.3)
FENESTRATION	U-FACTOR • 0.35 MAX; SHGC • 0.40 MAX
SKYLIGHTS	U-FACTOR • 0.55 MAX; SHGC • 0.40 MAX



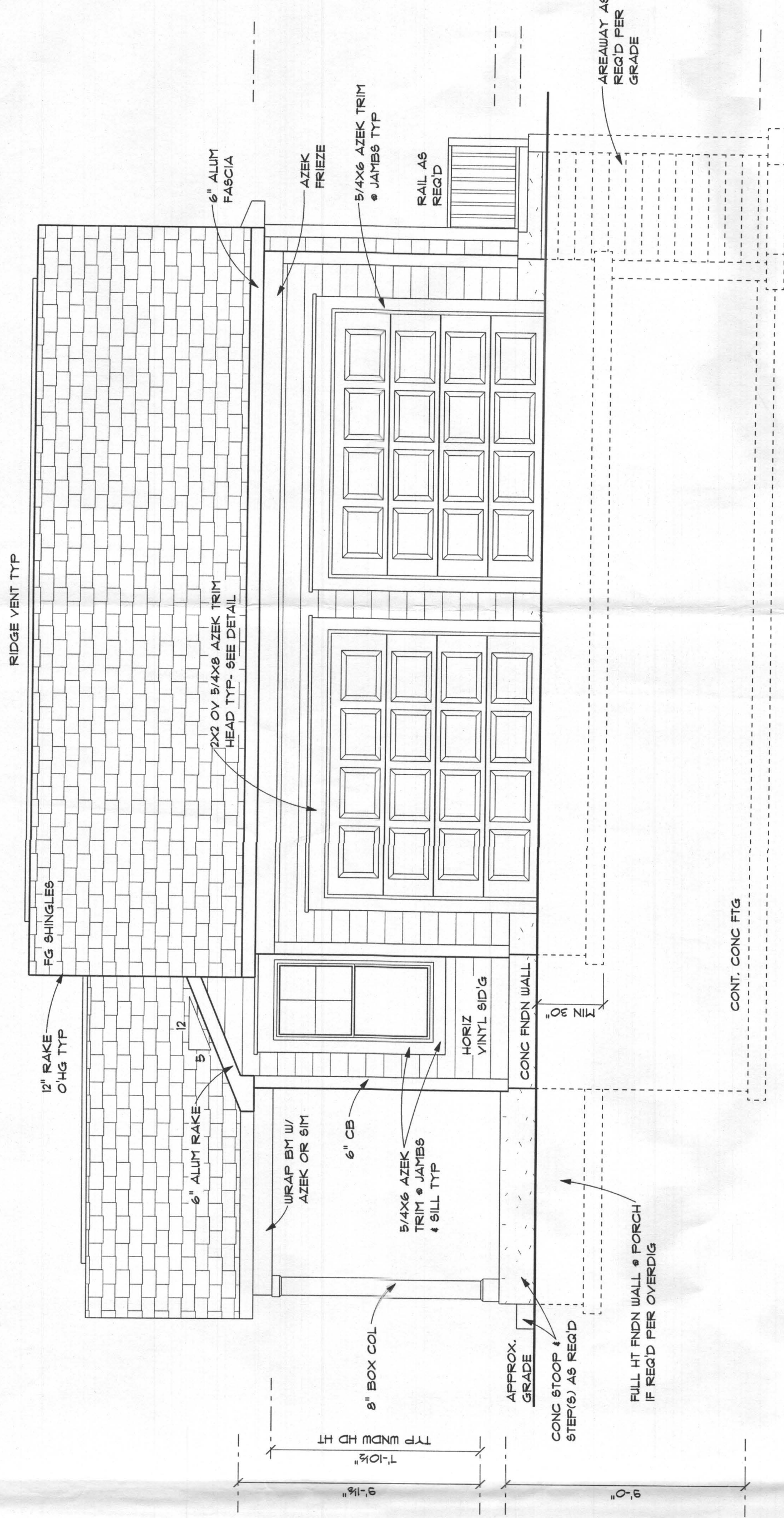
REVISIONS

DATE 06-05-2018

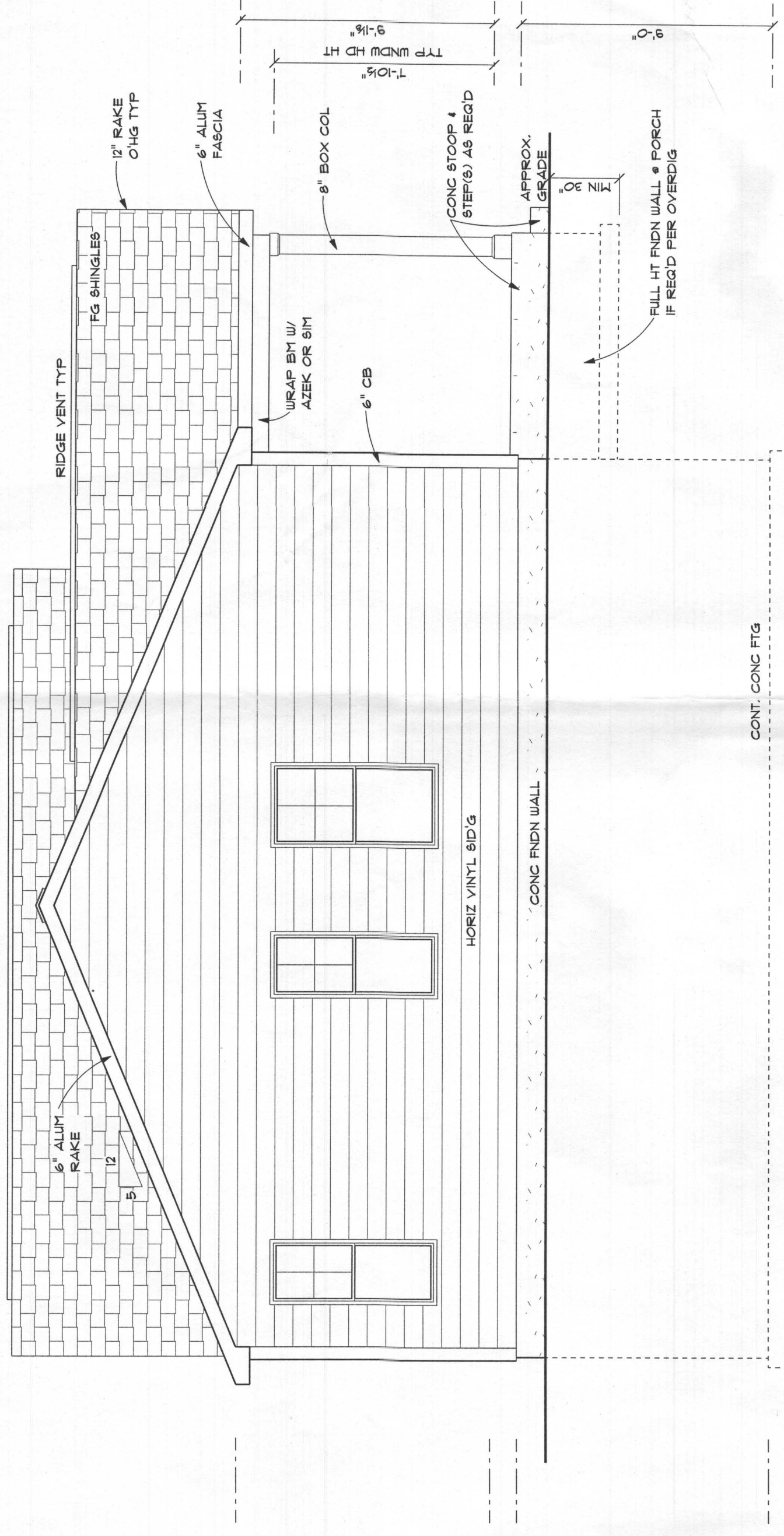
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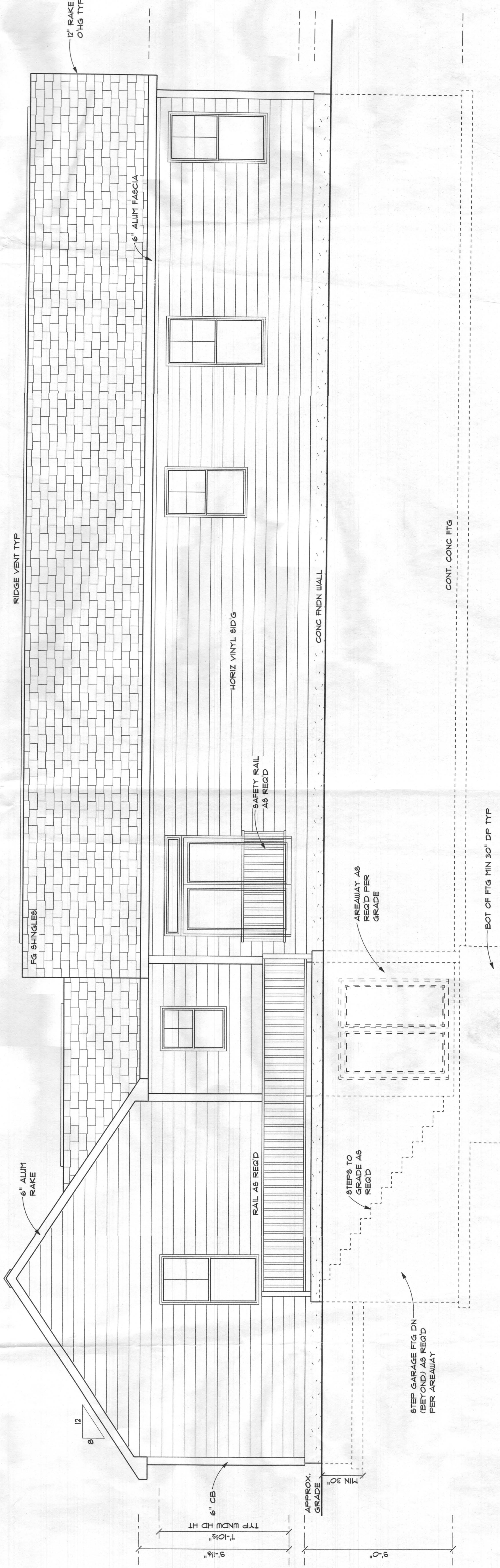
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Right Elevation
SCALE: 1/4" = 1'-0"

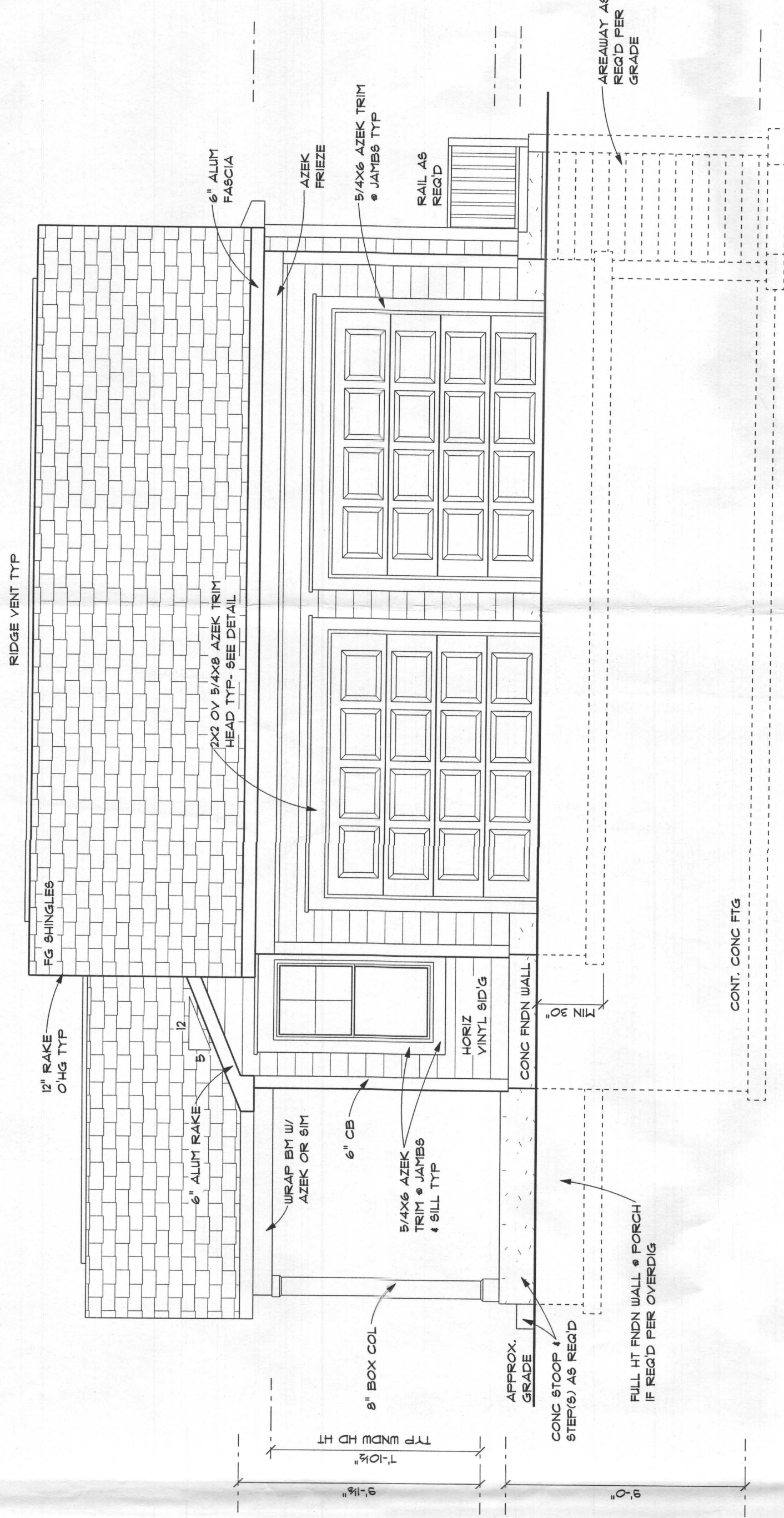


Left Elevation
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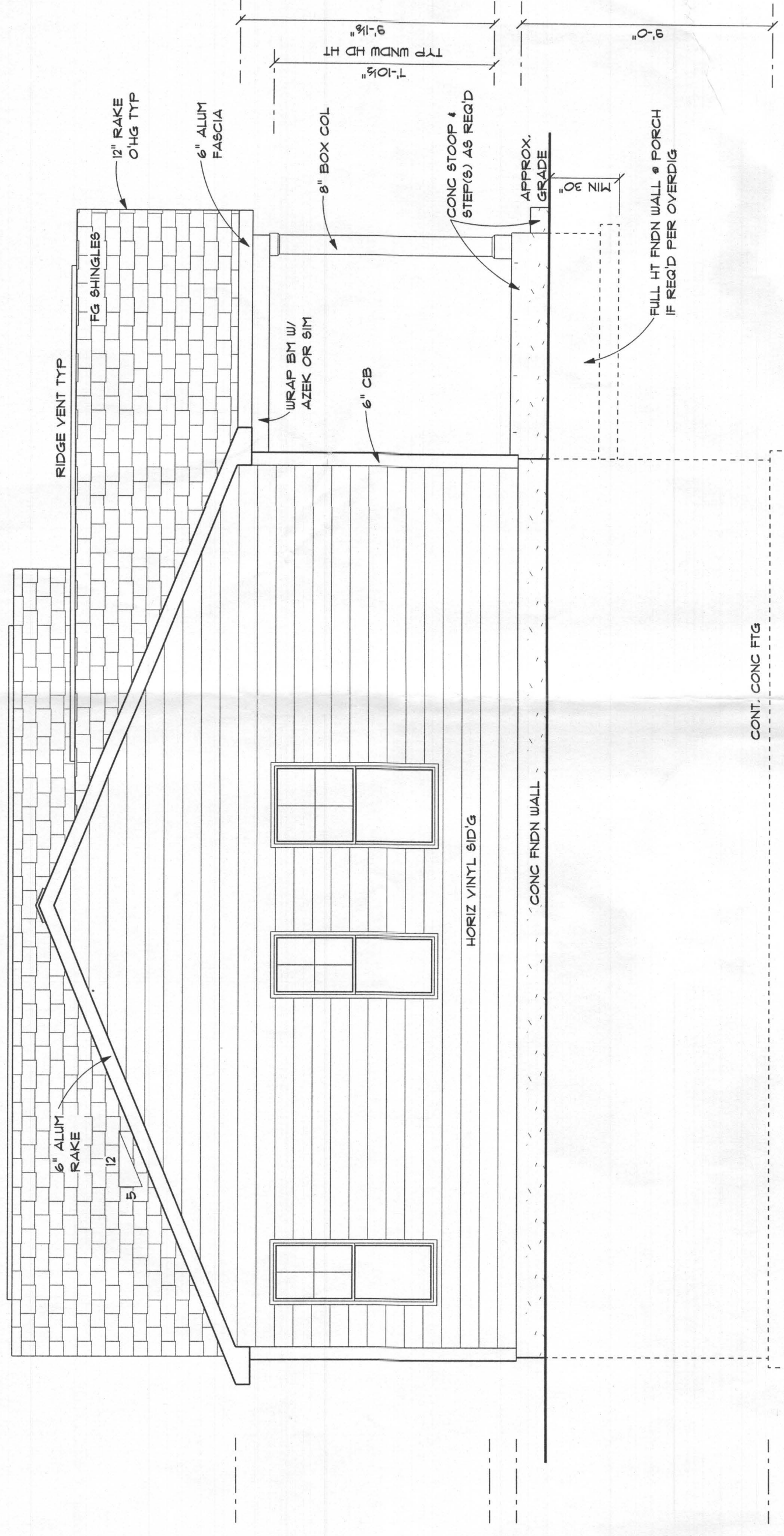


Rear Elevation
SCALE: 1/4" = 1'-0"

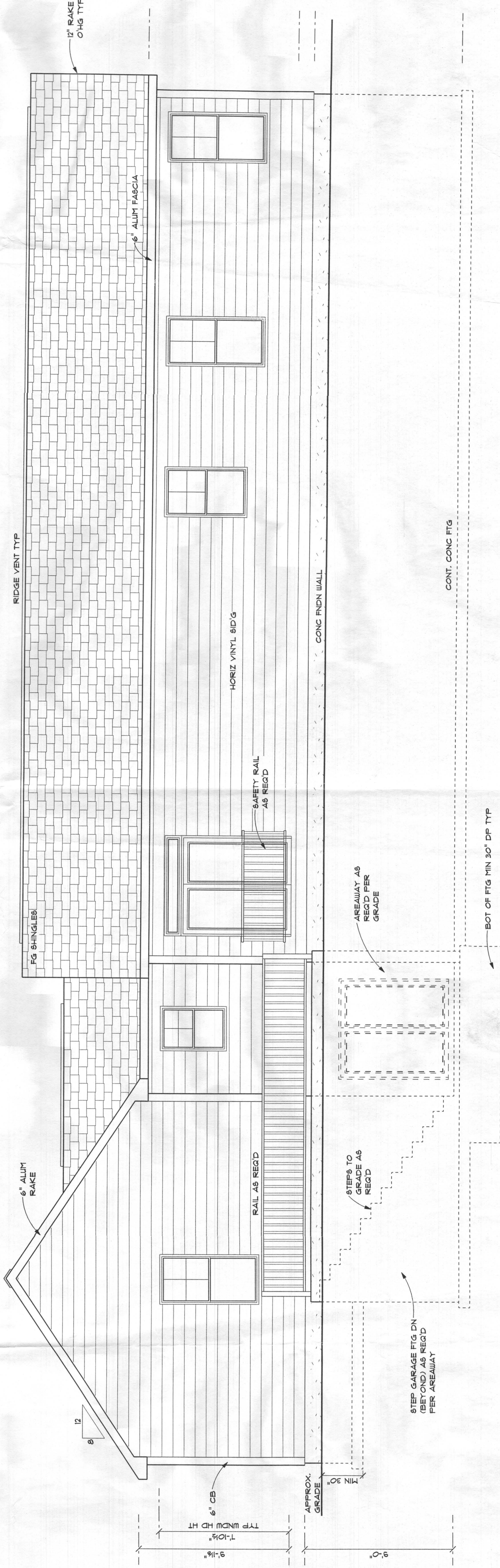
The Skahill Residence



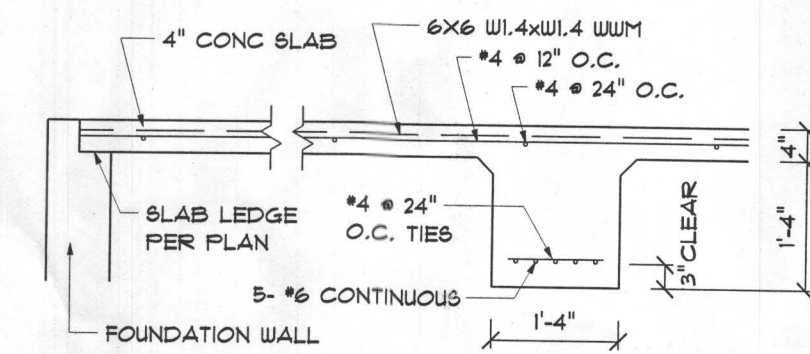
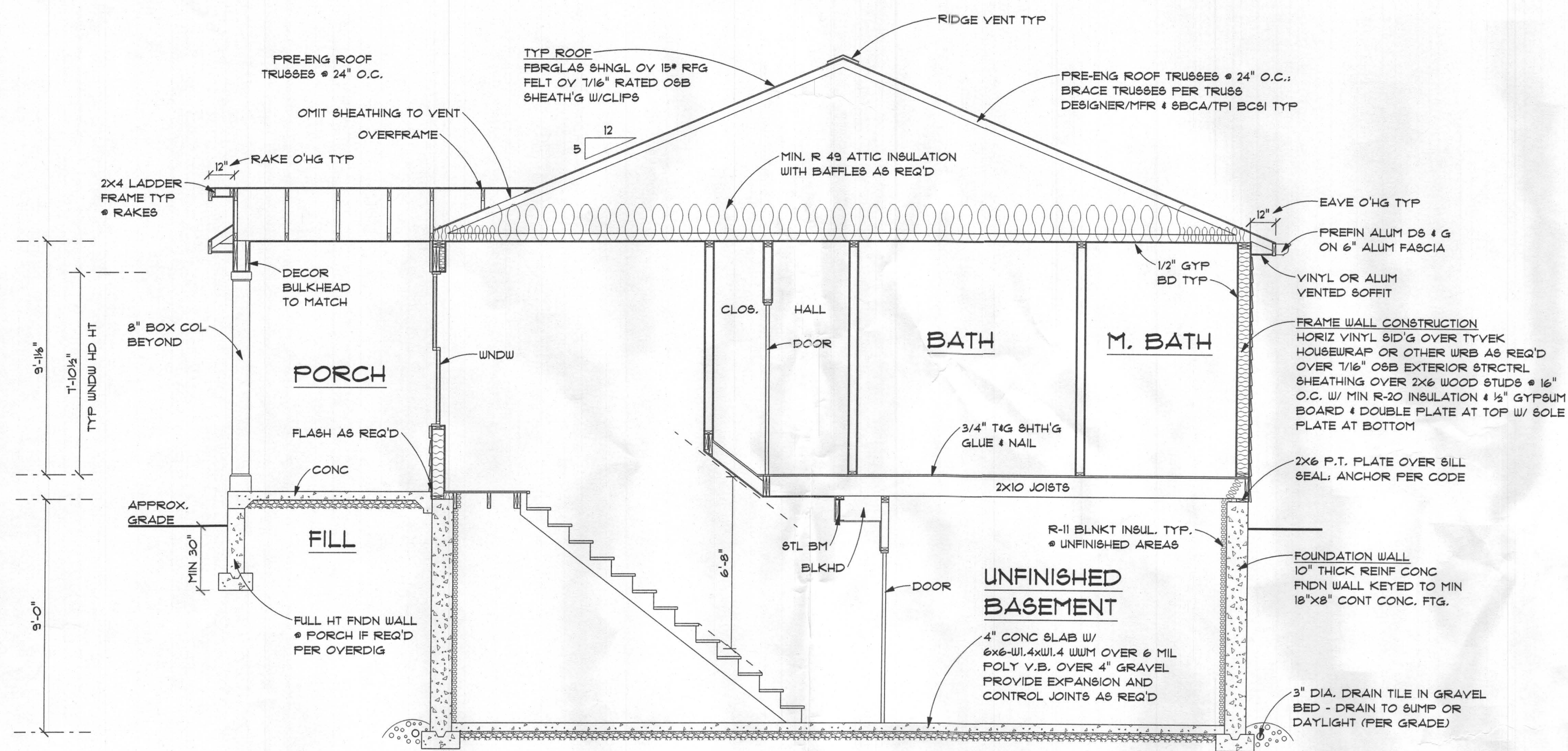
Right Elevation
SCALE: 1/4" = 1'-0"



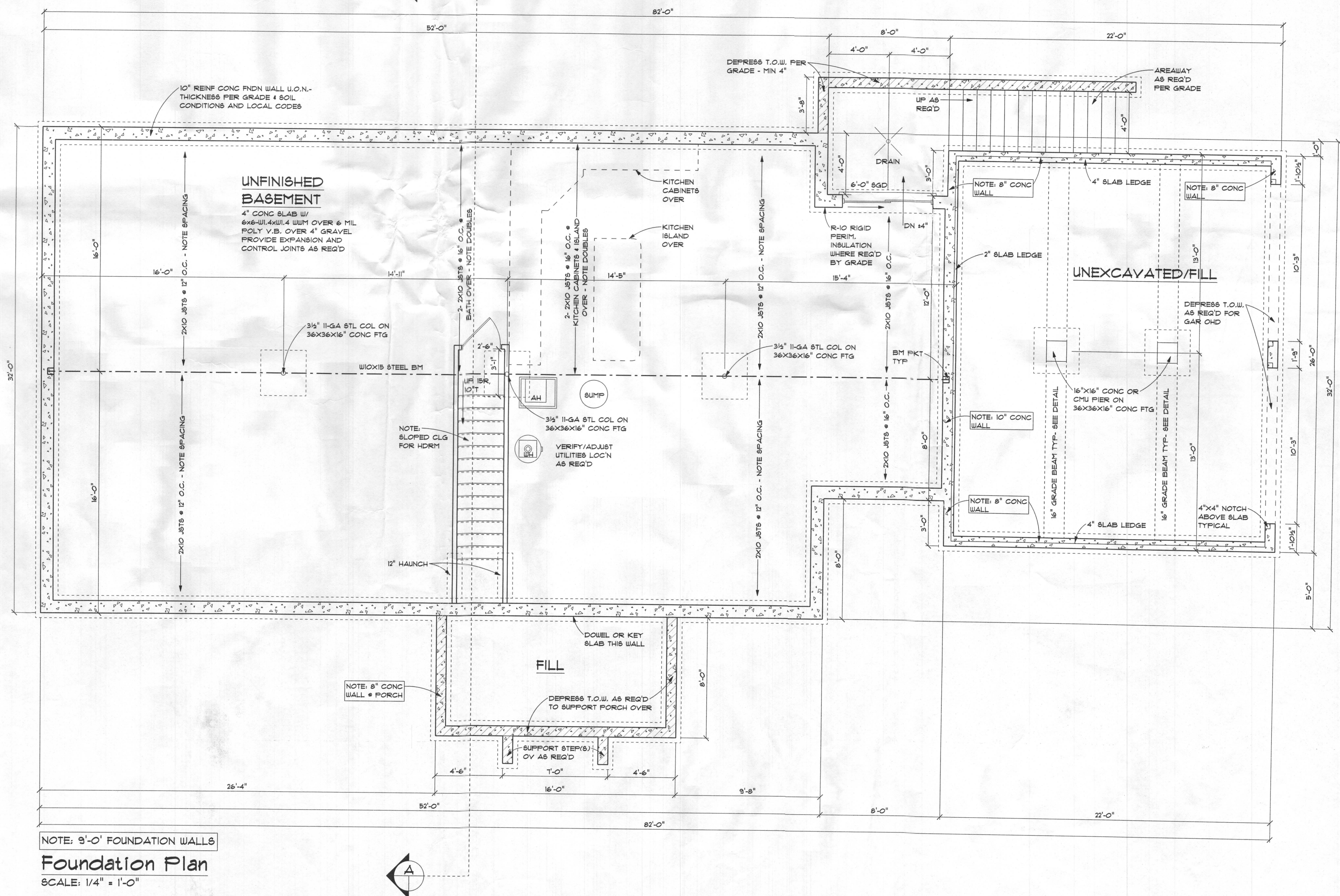
Left Elevation
SCALE: 1/4" = 1'-0"

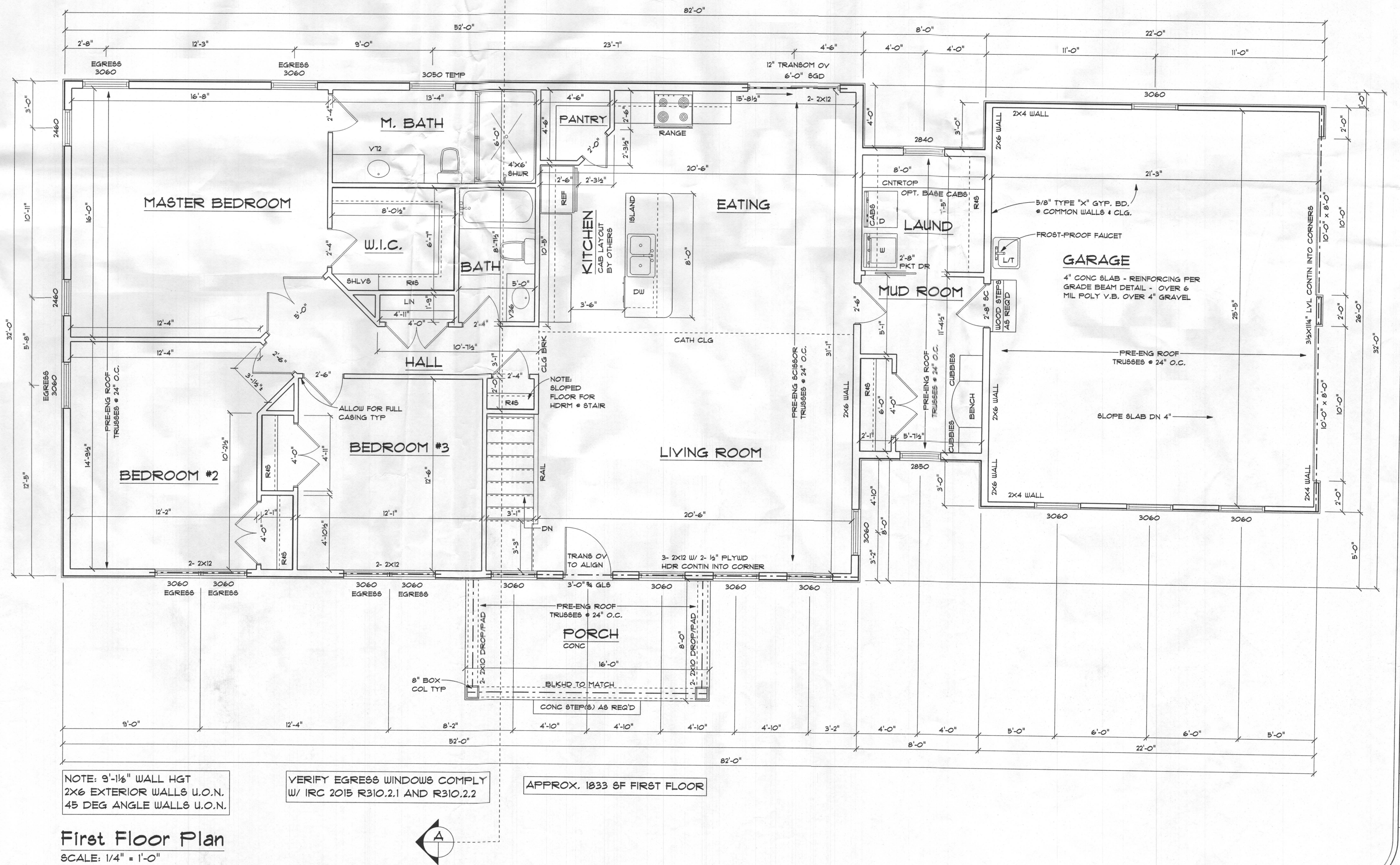
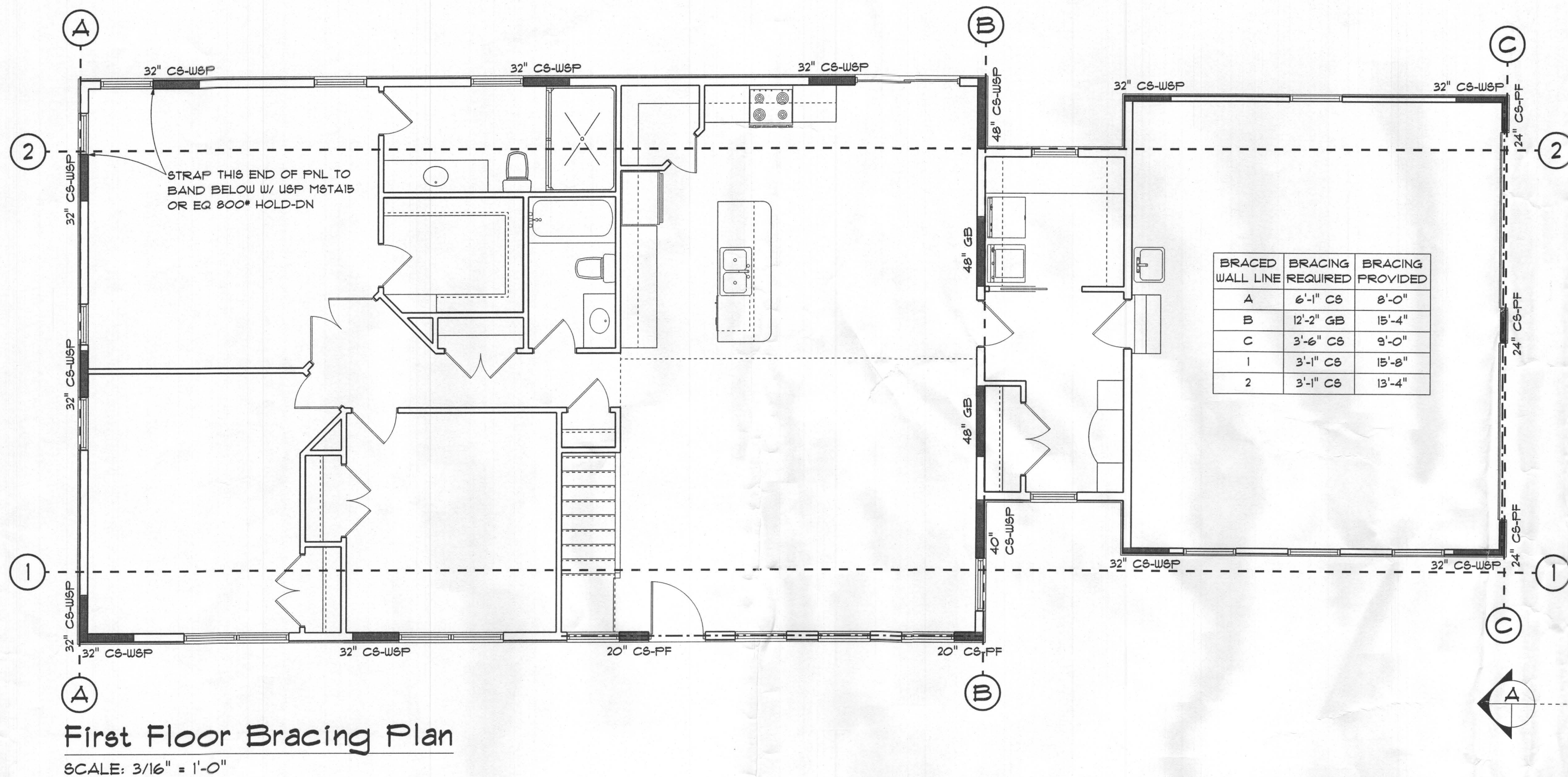


Rear Elevation
SCALE: 1/4" = 1'-0"



- NOTES:
1) CONCRETE TO BE 3500 PSI @ 28 DAYS, AIR ENTRAINED.
2) REINFORCING STEEL SHALL BE GRADE 60.
3) PROVIDE 4" SLAB LEDGE * PERIMETER WALLS TO SUPPORT EDGE OF SLAB.



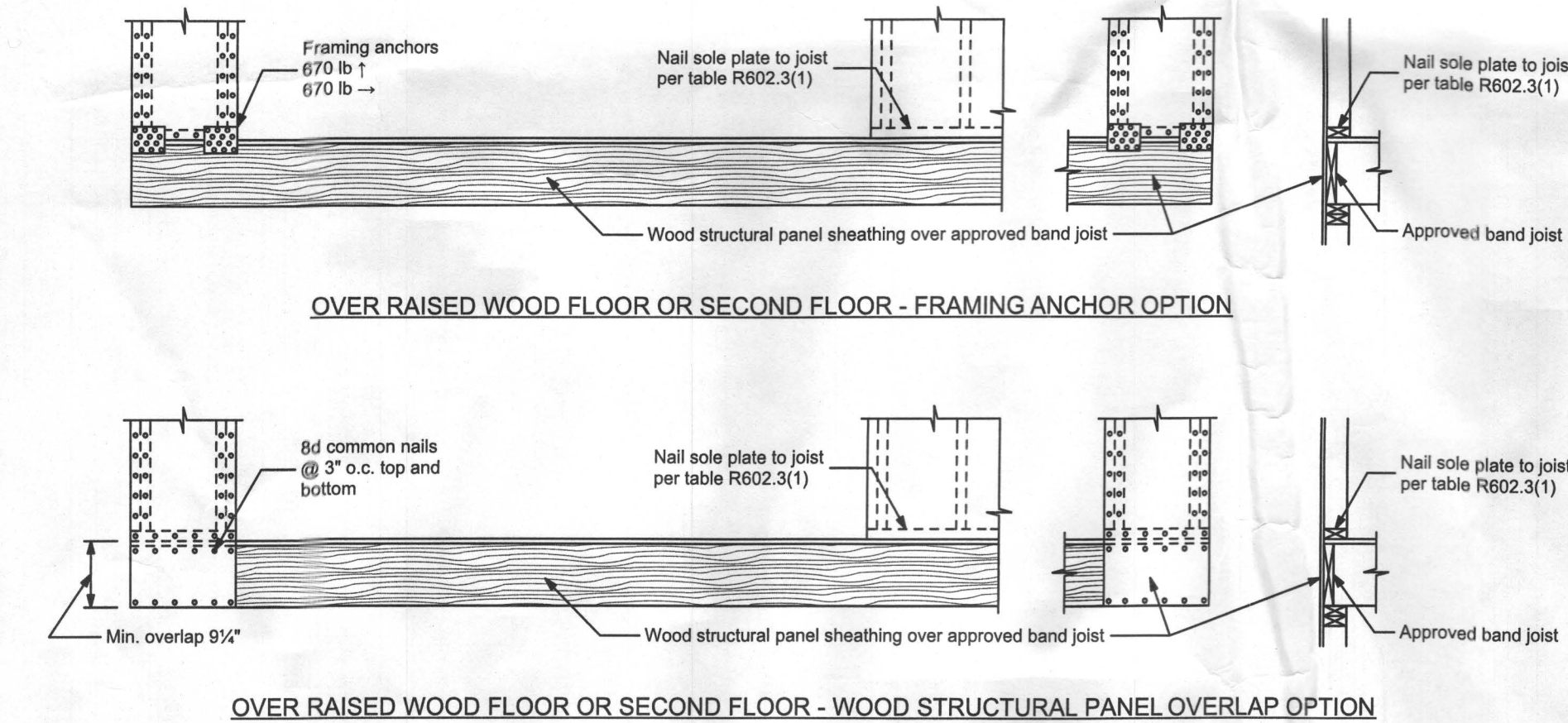
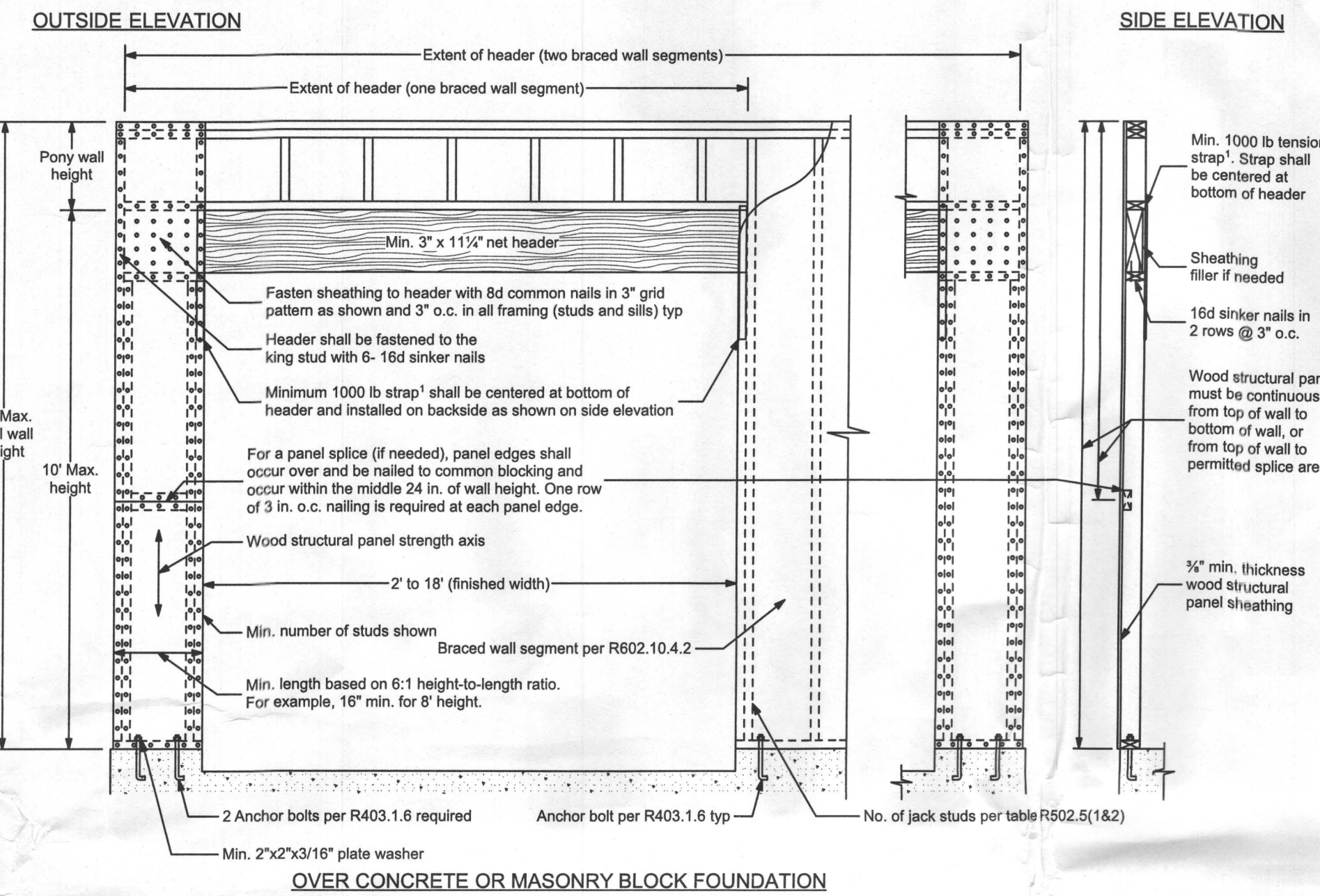


NOTES

Methods WSP & CS-WSP: Min. 7/16" OSB Wood Structural Panel sheathing attached to framing with 6d at 6" o.c. at panel edges and 12" o.c. at intermediate framing members.
Note: At Braced Wall Lines incorporating Continuously Sheathed bracing methods (CS-WSP & CS-PF), all exterior walls along the Braced Wall Line must be fully sheathed with min 7/16" OSB Wood Structural Panel sheathing fastened per IRC 2015 Tables R602.3(1), R602.3(2), and R602.3(3).

Method GB: Min. 1/2" gypsum board applied to each side of framing with adhesive and Type S or W screws @ 7" o.c. at panel edges and 24" o.c. at intermediate framing members or nails per IRC 2015 Table R702.3.5 @ 7" o.c. at panel edges and 16" o.c. at intermediate framing members.

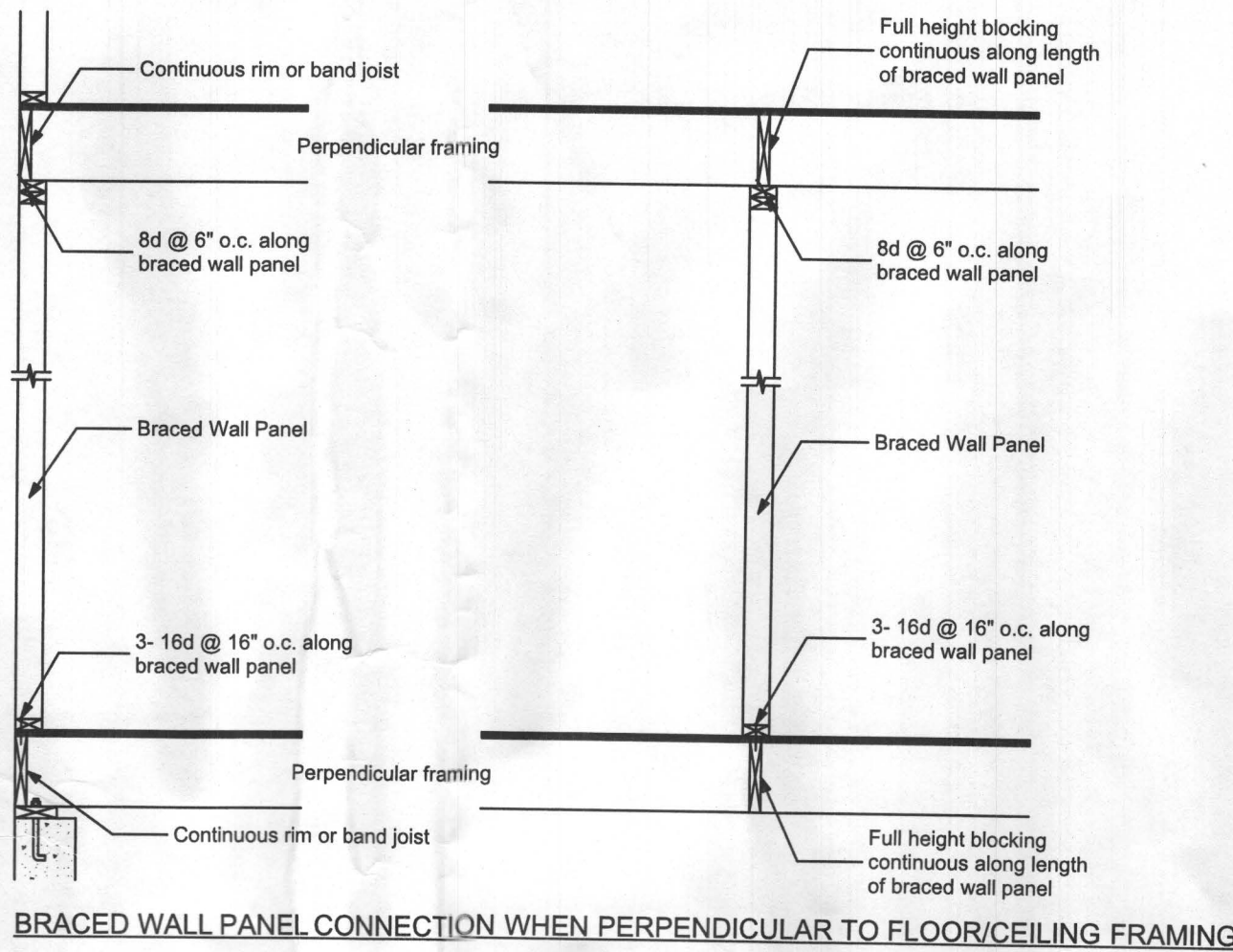
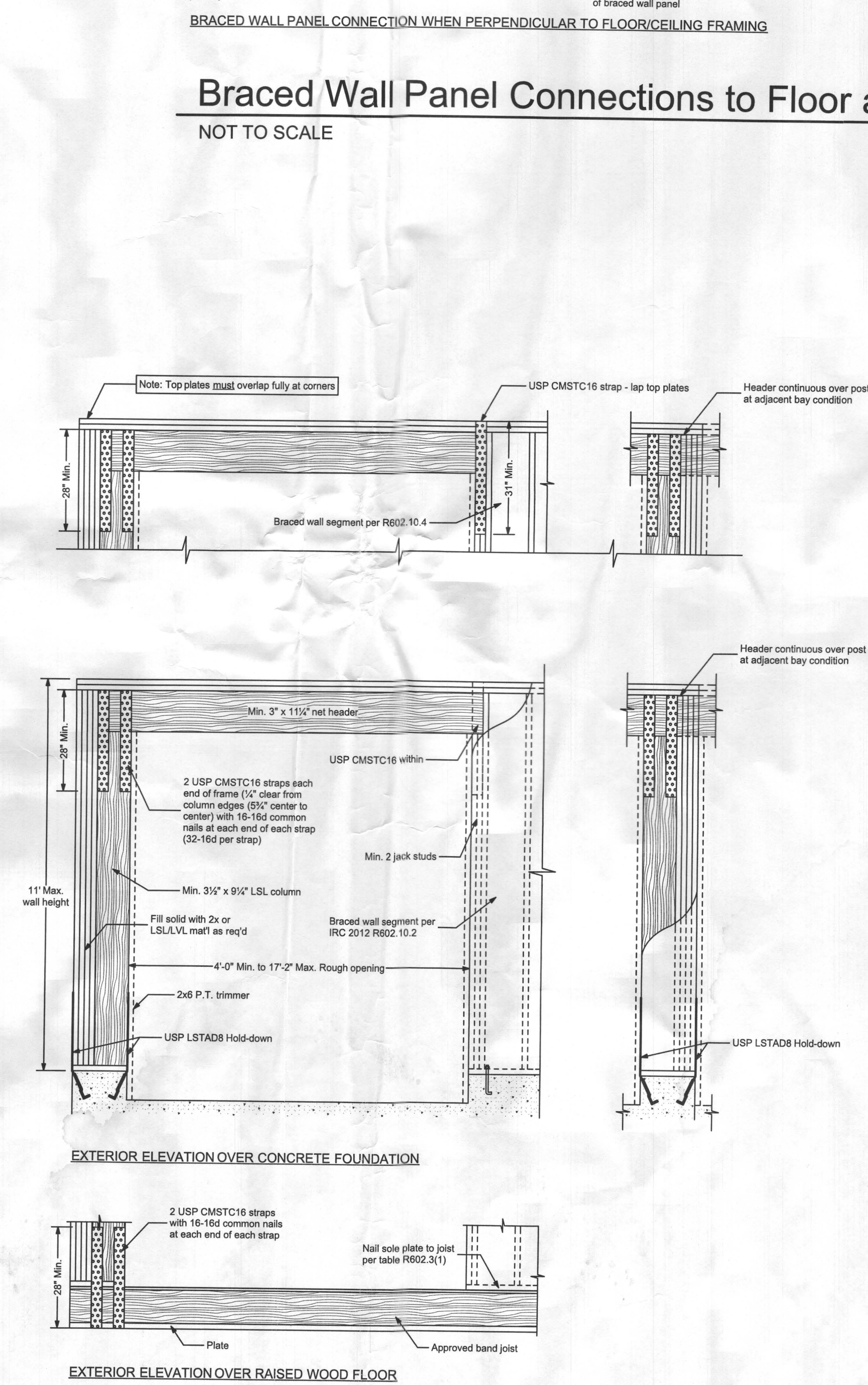
Method LIB: Simpson WB/WBC straps installed in an "X" pattern on one face of wall; fasten with 2- 16d nails at top and bottom plates and 1- 8d nail per stud. 8' tall walls to use either WB106/WB106C installed at 60° from horizontal (4'-8" linear wall length) or WB126/WB126C installed at 45° from horizontal (8'-1" linear wall length); 9' tall walls to use WB126/WB126C installed at 53° from horizontal (6'-10" linear wall length); 10' tall walls to use WB143C installed at 45° from horizontal (10'-1" linear wall length).



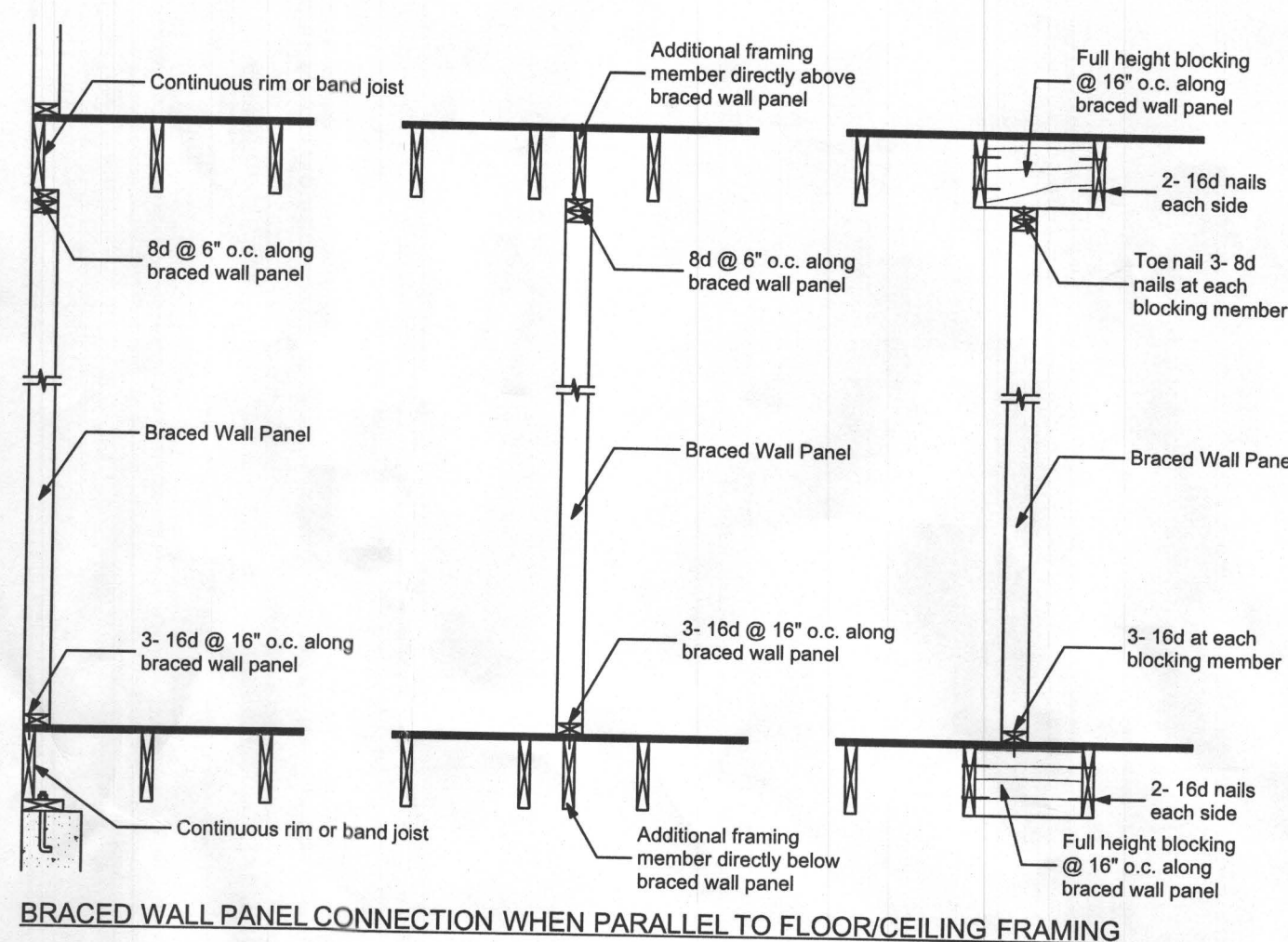
1 Tension Strap Capacity Required for Method CS-PF

Minimum Wall Stud Framing Nominal Size and Grade	Maximum Total Wall Height (feet)	Maximum Opening Width (feet)	Wind Exposure B Tension strap capacity required (lb)	Wind Exposure C Tension strap capacity required (lb)
2x4 No. 2 Grade	0	10	1000	1000
	1	10	1000	1000
	1	10	1025	2500
	1	10	1275	2850
	1	10	1000	1875
	2	10	2175	4125
	2	10	2500	DR
	2	10	1500	3175
	2	12	16	3375
	2	12	18	3975
2x6 Stud Grade	2	12	9	2750
	2	12	12	3775
	2	12	9	1000
	2	12	16	2150
	2	12	18	2550
	2	12	9	1750
	2	12	16	2400
	2	12	18	3800

Notes: 1. Ultimate Design Wind Speed of 115mph. For other Basic Wind Speeds, see IRC 2015 Table R602.10.6.4
2. DR = Design Required

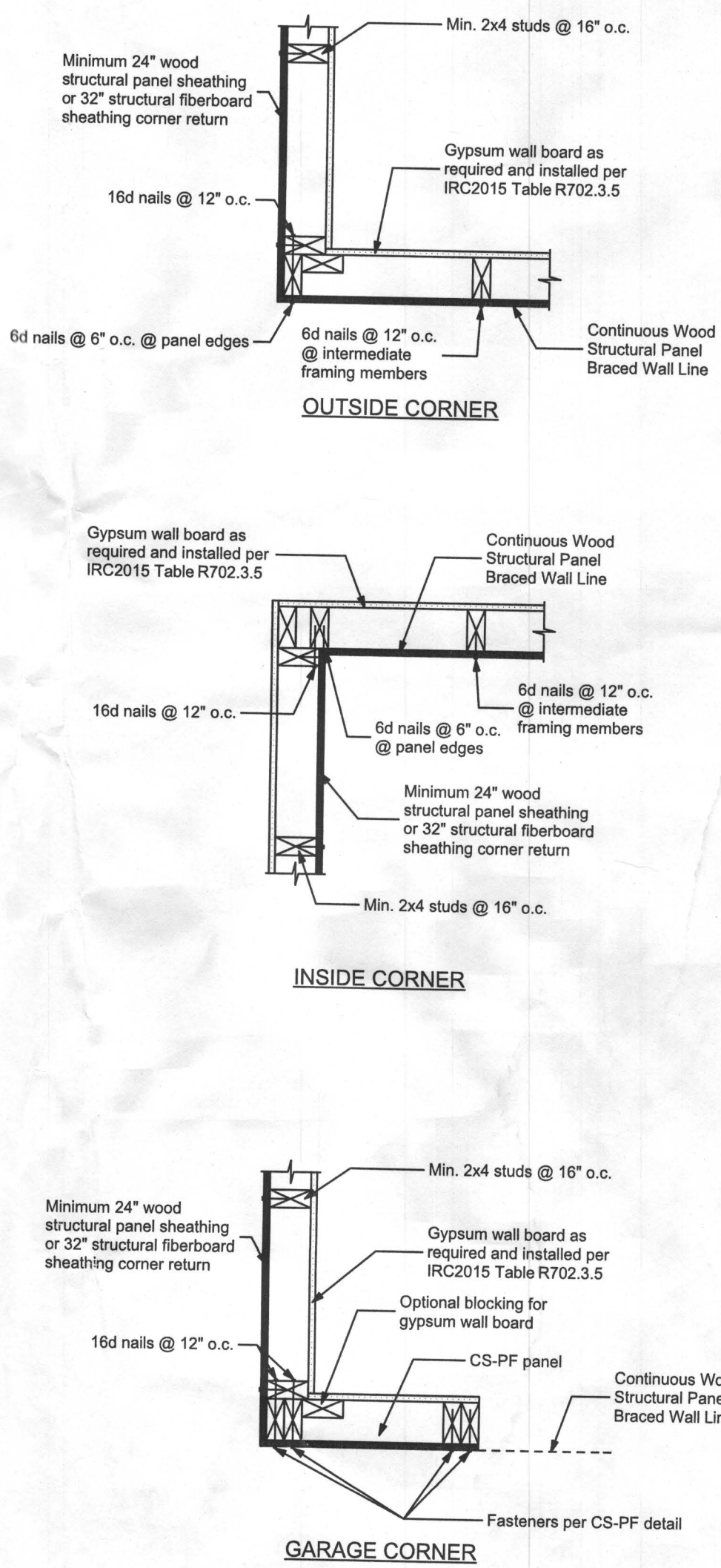


BRACED WALL PANEL CONNECTION WHEN PERPENDICULAR TO FLOOR/CEILING FRAMING



BRACED WALL PANEL CONNECTION WHEN PARALLEL TO FLOOR/CEILING FRAMING

Braced Wall Panel Connections to Floor and Ceiling Framing
NOT TO SCALE



Corner Framing Details
NOT TO SCALE

PROFESSIONAL CERTIFICATION

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A duly LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND.

LICENSE NUMBER: 0000000000 EXPIRATION DATE: 00/00/00