



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: JUN 25 PM 1:55

Permit No.: B1800236

Building Address: 13150 TRIADAPHA MIL RD
City: Chicksville State: MD Zip Code: 21029
Suite/Apt. #: SDR/WP/BA #:
Census Tract: Subdivision: NADU, TUAkli 7007
Section: Area: 3.0 AC Lot: 2
Tax Map: 0034 Parcel: 08 Grid: 003
Zoning: Map Coordinates: Lot Size: 3.0 AC

Existing Use: Building Lot
Proposed Use: New Single Family House
Estimated Construction Cost: \$ 429,000.00
Description of Work: Build new detached single family, 2 story, full basement, 3 car garage
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:	Depth Width
Gross area, sq. ft./floor:	1 st floor: 41-7 07-4 2 nd floor: 37-5 03-8
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input checked="" type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: 4
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Beechwood Drive LLC
Address: 142 Triadapha Lake Rd
City: Brookeville State: MD Zip Code: 20833
Phone: 410-267-9811 Fax: 301-570-0990
Email: hinds@bushers.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Joshua Hockstra
Address: 2002 Triadapha Lake Rd
City: Brookeville State: MD Zip Code: 20833
Phone: 410-267-9811 Fax: 301-570-0990
Email:

Contractor Company: Lindsay Builders LLC
Contact Person: Joshua Hockstra
Address: 2002 Triadapha Lake Rd
City: Brookeville State: MD Zip Code: 20833
License No.: 4579
Phone: 410-267-9811 Fax: 301-570-0990
Email: hinds@bushers.com

Engineer/Architect Company: Studio 2
Responsible Design Prof.: Mark
Address: 8120 Woodmont Avenue
City: Bethesda State: MD Zip Code: 20814
Phone: 301-951-4391 Fax: 301-951-1913
Email: Mark@studio2dc.com

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" 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: C18000159
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: Joshua Hockstra
Email Address: hinds@bushers.com
Title/Company:

Print Name: Joshua Hockstra
Date: 6/25/18

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	2/21/2020	R. Buehler

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 2860

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

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

MEMORANDUM

TO: *Joshua Hockstra, Lindsay Builders LLC*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*
Well & Septic Program

RE: *13150 Triadelphia Mill Road, Potential Basement Bedroom*

DATE: 7/25/2018

I have reviewed the floor plans in support of Building Permit **B18002363** for a new home at **13150 Triadelphia Mill Road** and noted that the basement floor plan includes an optional bedroom and rough-in for a full bathroom in what is currently proposed as an unfinished area. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the entire basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **four (4)** bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/New/SFD	B18002363	06/25/2018
Description of Work		
SFD/ 2-STORY FULL BSMT, 8R, 3FB, 1HB, 1FP, ENERGY CODE UA ALTERNATIVE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13150	TRIADELPHIA MILL	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96979	39.21502
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1089110	8	3	182500	182500	0	RURAL

Legal Description

LOT 2 3.00 A. [] 13150 TRIADELPHIA MILL R [] NADU A TUAKLI PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	2	605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405594473	NADU A TUAKLI PROP					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-3	RR-DEO	4933-E6					
SDP No.	Final Plan No.	WP File No.					
	ECP-11-042						
Record Plat No.	WS Contract No.	FDP No.					
22060							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner *(This section is not required.)*

Search Reset Clear

Name *		
BEECHWOOD DRIVE LLC		
Address Line 1		
6139 WHITE MARBLE CT		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029
Phone	Primary	
4102079811	Yes	
E-mail		
LINDSAYBUILDERS@COMCAST.NET		
Cell Number	Fax Number	
	3015700990	

Professionals *(This section is not required.)*

Search Reset Clear

License # *	Business Name		
4579	LINDSAY BUILDERS LLC		
License Type *	First Name	Middle Name	Last Name
Home Bldr	JOSHUA		HOCKSTRA
Primary	Address Line 1		
Yes	2612 TRIADELPHIA LAKE ROAD		
	Address Line 2		
	City	State	ZIP Code
	BROOKEVILLE	MD	20833
	Phone 1	Phone 2	Fax
	410-207-9811	410-409-0333	
	E-mail		
	LINDSAYBUILDERS@COMCAST.NET		

Applicant *(This section is not required.)*

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	JOSHUA		HOCKSTRA
Relationship	Full Name		
Applicant	JOSHUA HOCKSTRA		
Primary	Organization Name		
No	LINDSAY BUILDERS		
	Street Address		
	2612 TRIADELPHIA LAKE ROAD		
	Address Line 2		
	City	State	Zip Code
	BROOKEVILLE	MD	20833
	Phone	Cell	Fax
	4102079811		

E-mail *

LINDSAYBUILDERS@COMCAST.NET

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	JOSHUA		HOCKSTRA
Relationship	Full Name		
Agent for Owner	JOSHUA HOCKSTRA		
Primary	Organization Name		
Yes	LINDSAY BUILDERS		
Street Address			
2612 TRIADELPHIA LAKE ROAD			
Address Line 2			
City	State	Zip Code	
BROOKEVILLE	MD	20833	
Phone	Cell	Fax	
4102079811			
E-mail			
LINDSAYBUILDERS@COMCAST.NET			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
429000	1	1	No
Construction Type			
101 - Single Family Houses Detached			

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Guaranty Fund Required *	Roadside Tree Project Permit
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Roadside Tree Project Permit #	Condominium	Existing Use	1st Floor Width	1st Floor Depth
	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vacant Lot	68 FT	42 FT
2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
53 FT	39 FT	48 FT	33 FT	
Total Square Footage *	Occupiable Square Footage *	Bedrooms *		
5445 SQFT	5445 SQFT	4		
Full Baths	Half Baths	Foundation	Basement	Other Structure
3	1	Full Basement	Unfinished	Attached Garage
Building Construction Type	Conventional			
W&S Fees Paid *	Water Supply *	Sewage Disposal *	Utilities *	Heating System *
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private	Gas & Electric	Electric & Propane Gas
Sprinkler System *	NFPA #13D			
No of Fireplaces	Type of Fireplace	Entrance Permit Required	Road Frontage	Location Survey Approval Date
1	--Select--	<input checked="" type="radio"/> Yes <input type="radio"/> No	County	
Expiration Date	1/13/2019			
U&O Issued On	U & O Comments			
check spelling				

GRADING INFORMATION

Grading Permit No	Grading Certification Required	Grading Certification Received in DILP On	Grading Certification Received in CID On
G18000159	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Grading Certification Comments

[check spelling](#)

Seasonal Surety Comments

[check spelling](#)

Seasonal Grading Surety Depositor

Driveway Apron Surety Depositor

Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal

Check List Points Achieved

Date of Certification

PAYMENT INFORMATION

Check 1

Payee 1

Check 2

Payee 2

SAP Doc No

SAP Entered

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1

☐ Yes ☒ No

Permeable Pavements A2

☐ Yes ☒ No

Reinforced Turf A3

☐ Yes ☒ No

Disconnection of Rooftop Runoff N1

Disconnection of Non Rooftop Runoff N2

☐ Yes ☒ No

Sheetflow to Conservation Areas N3

☐ Yes ☒ No

Rainwater Harvesting M1

Submerged Gravel Wetlands M2

Landscape Infiltration M3

Infiltration Berms M4

Dry Wells M5

Micro Bioretention M6

Rain Gardens M7

Swales M8

Enhanced Filters M9

Related Records

1

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G18000159	Residential Grading Permit	Issued	13150	TRIADELPHIA MILL	06/25/2018	NADU A TUAKLI PROPERTY/ GRADING AND SEDIMENT CONTROLS FOR RESIDENTIAL LO...
B18002363	Residential New Single Family Dwelling Permit	Review In Process	13150	TRIADELPHIA MILL	06/25/2018	SFD/ 2-STORY FULL BSMT, 8R, 3FB, 1HB, 1FP, ENERGY CODE UA ALTERNATIVE

1

Submit

Cancel

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

Date: 2/21/2020

To: Robert Bricker Septic / Health Department
(Person's Name and Division)

From: Joshua Hockstra, Lindsay Builders (410) 2079811
(Your Name, Company Name and Telephone Number)

Subject: Project name Nadu A. TAKI
Project site address 13150 Triadelphia Mill Road
Permit # B18002303 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
- 1 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)

Joshua Hockstra
Please Print Name

Telephone No: 410 2079811

E-Mail Address: lindsaybuilders@comcast.net

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

MF

Revision

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE X ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24027C0130D EFFECTIVE 11/6/2013.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.3'.
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2180 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 6) PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/04/2020.
- 7) BUILDING PERMIT #B-18002363
- 8) THE ADJOINING DRIVEWAY FROM LOT #1 APPEARS TO ENCROACH ONTO LOT #2.

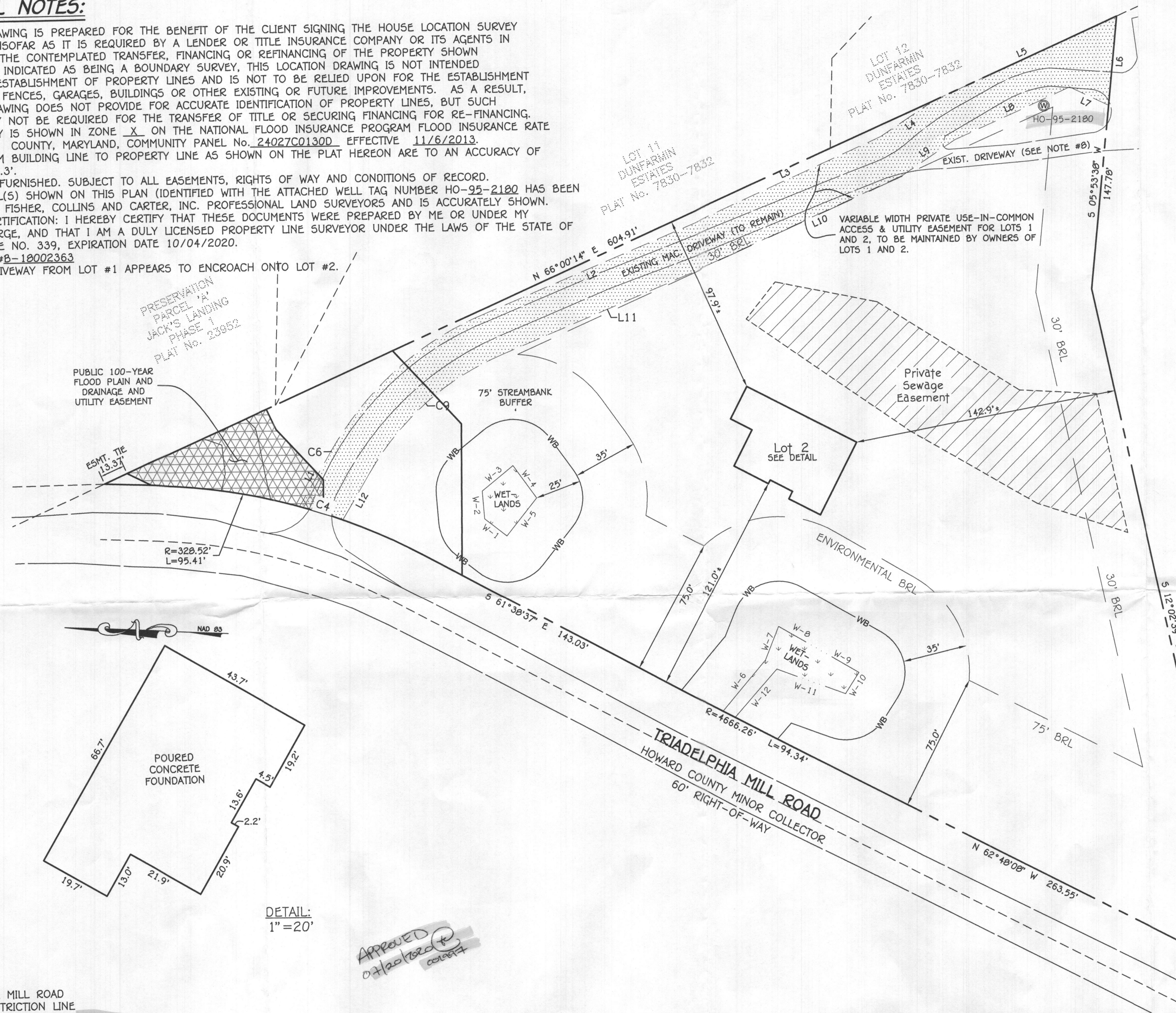
Legend

- Private Sewage Easement
- Variable Width Private Use-In-Common Access & Utility Easement For Lots 1 And 2, To Be Maintained By Owners Of Lots 1 And 2.
- Well
- Wetland Area
- Flood Plain Easement

WETLANDS LINE TABLE		
Line	Bearing	Distance
W-1	N 54°13'42" W	13.80'
W-2	S 06°40'31" E	16.63'
W-3	S 53°55'21" E	22.50'
W-4	S 33°18'14" E	20.70'
W-5	N 38°29'45" E	26.29'
W-6	N 40°19'32" E	35.93'
W-7	N 22°03'09" E	19.64'
W-8	S 59°13'09" W	28.51'
W-9	N 60°03'30" W	21.75'
W-10	S 32°53'31" W	13.53'
W-11	S 69°39'34" W	39.64'

EASEMENT LINE TABLE		
Line	Bearing	Length
L1	N 30°25'48" E	34.64'
L2	N 67°28'16" E	125.24'
L3	N 65°56'53" E	110.82'
L4	N 56°29'11" E	34.36'
L5	N 66°00'14" E	109.52'
L6	S 05°53'38" W	48.21'
L7	N 64°31'42" W	23.42'
L8	S 66°00'14" W	68.28'
L9	S 56°29'11" W	34.35'
L10	S 65°56'53" W	113.16'
L11	S 67°28'16" W	125.56'
L12	S 30°25'48" W	29.29'

CURVE DATA						
Curve	Radius	ARCH	Chord Bearing	Tan	Chord Bearing	Chord
C4	328.52'	149.23'	26°01'36"	75.92'	N 74°39'26" W	147.95'
C6	174.29'	112.68'	37°02'28" W	58.39'	N 48°57'02" W	110.73'
C9	150.29'	97.16'	37°02'28" W	50.35'	N 48°57'02" W	95.48'



#13150 TRIADAPHELIA MILL ROAD
B.R.L. BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEVATION = 520.3'

LOT 2
LOT 1 & 2
PROPERTY OF NADU A. TUAKLI
PLAT#22060
TAX MAP #34 GRID# 03 PARCEL #08
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

FOR Septic Permit
Building Permit B 18002363
CONTACT Josh 4102079844




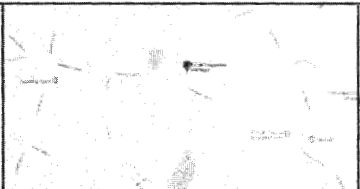
Mark L. Roberg
PROPERTY LINE SURVEYOR
REG. #339
DATE 3/18/20

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/17/2020
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=40'
DATE: 3/18/2020
DRAWN BY: MD
CHECKED BY: MLR
PROJECT No.: 180024-3001

Heath

TABLE OF CONTENTS					
0001	COVER			 <p>PRIVATE RESIDENCE</p>	
0002	GENERAL NOTES				
0003	GENERAL NOTES				
A001	DETAILS				
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A003	DETAILS				
A004	DETAILS				
A101	LOWER LEVEL PLAN				
A102	FIRST FLOOR PLAN				
A103	SECOND FLOOR PLAN				
A105	ROOF PLAN				
A201	FRONT ELEVATION				
A202	RIGHT ELEVATION				
A203	REAR ELEVATION				
A204	LEFT ELEVATION				
A301	SECTION				
EC001	ENERGY CODE COMPLIANCE	<p>CODE ANALYSIS</p> <p>2015 International Residential Building code for One and Two Family Dwellings WITH HOWARD COUNTY AMENDMENTS USE GROUP R CONSTRUCTION TYPE: COMBUSTIBLE, WOOD FRAME</p> <p>SPRINKLER SYSTEMS</p> <p>ALL SINGLE FAMILY DWELLINGS TO BE SPRINKLERED PER LOCAL JURISDICTION RULES IN ASSOCIATION WITH NFPA 13D SYSTEM REQUIREMENTS ALL WATER PRESSURE REQUIREMENTS FOR SPRINKLER SYSTEMS DESIGNED WILL BE TESTED AND CHECKED TO BE IN ACCORDANCE WITH DESIRED SYSTEMS NEEDS AND REQUIREMENTS AND ARE THE RESPONSIBILITY OF OTHERS.</p> <p>SQUARE FOOTAGE CALCULATIONS</p> <p>BASEMENT: 1041 (OPT.) SQUARE FEET (FINISHED) FIRST FLOOR: 1570 SQUARE FEET (FINISHED) SECOND FLOOR: 1352 SQUARE FEET (FINISHED) TOTAL SF * FIRST + SECOND: 3522 SQUARE FEET (FINISHED) TOTAL SF * ALL LEVELS: 4563 SQUARE FEET (FINISHED w/ OPT. FIN. BASEMENT) TOTAL SF COVERED: 5946 SQUARE FEET (INCLUDING GARAGES, COVERED PORCHES & UNFINISHED SPACE)</p>			
EC002	ENERGY CODE COMPLIANCE				
EC003	THERMAL DIAGRAM				
S001	1ST FLOOR FRAMING PLAN				
S002	2ND FLOOR FRAMING PLAN				
S003	ROOF FRAMING PLAN				
S101	BRACED WALL PLAN				
S102	BRACED WALL PLAN				
E001	LOWER LEVEL ELECTRICAL				
E002	1ST FLOOR ELECTRICAL				
E003	2ND FLOOR ELECTRICAL				
<p>CLIMATE ZONE 4A: MONTGOMERY CO., MD</p> <p>NOTE: ALL INSULATION "R/U" VALUES PER 2015 IECC SECTION 402 AS NOTED: ALL WINDOWS/DOORS TO HAVE U-FACTOR OF AT LEAST 0.35, TYP. R-38 BATT INSULATION AT CEILINGS, TYP. R-19 BATT INSULATION AT FLOORS, TYP. R-20 BATT INSULATION AT ALL EXTERIOR WALLS, TYP. R-13 BATT INSULATION AT ALL BASEMENT WALLS, TYP. R-10 INSULATION AT SLAB PERIMETER 2-Feet Deep, TYP. NOTE: ALL MECHANICAL DUCTS TO BE INSULATED TO A MINIMUM R-8, PER CODE REQUIREMENTS. ALL DUCTS TO BE SEALED ACCORDING TO THE METHODS PER IRC M1601.4.</p>				<p>HEIGHT CALCULATION</p> <p>MEAN HEIGHT OF ROOF MEASURED FROM FIRST FLOOR: 26'-1 1/2"</p> <p>BUILDER</p> <p>LINDSAY BUILDERS 2612 TRIADELPHIA LAKE RD. BROOKEVILLE, MD 410.409.0333</p>	
				<p>VICINITY MAP</p> 	
				<p>PERMIT SET</p> <p>NOT FOR CONSTRUCTION</p> <p>DATE: 04/17/2018</p>	

DATE	SUBMISSION
3/23/18	REVIEW
4/17/18	PERMIT
DATE	REVISIONS

STUDIO Z DESIGN CONCEPTS, LLC
 8000 ROCKCREEK AVENUE SUITE 300
 BETHESDA, MARYLAND 20814
 PHONE: 301-281-4000 FAX: 301-281-1933

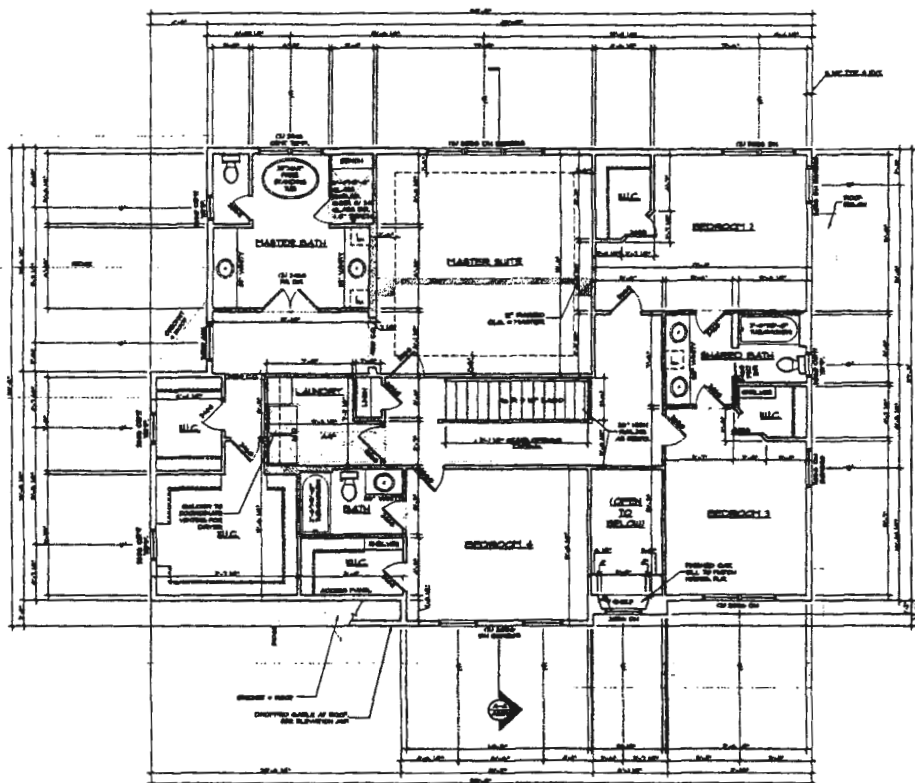


PRIVATE RESIDENCE
 2612 TRIADELPHIA LAKE RD
 CLARKSBURG, MD 20611

0001

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13150 Triadelphia Mill Rd.
 B1800 2363



SECOND FLOOR PLAN

SCALE = 1/4" = 1'-0"

GRAND BATH, 8'-0" x 10'-0" AT ALL
BATHROOMS, LANTERN, 8'-0" x 10'-0" AT ALL
BATHROOMS, LANTERN, 8'-0" x 10'-0" AT ALL
BATHROOMS, LANTERN, 8'-0" x 10'-0" AT ALL



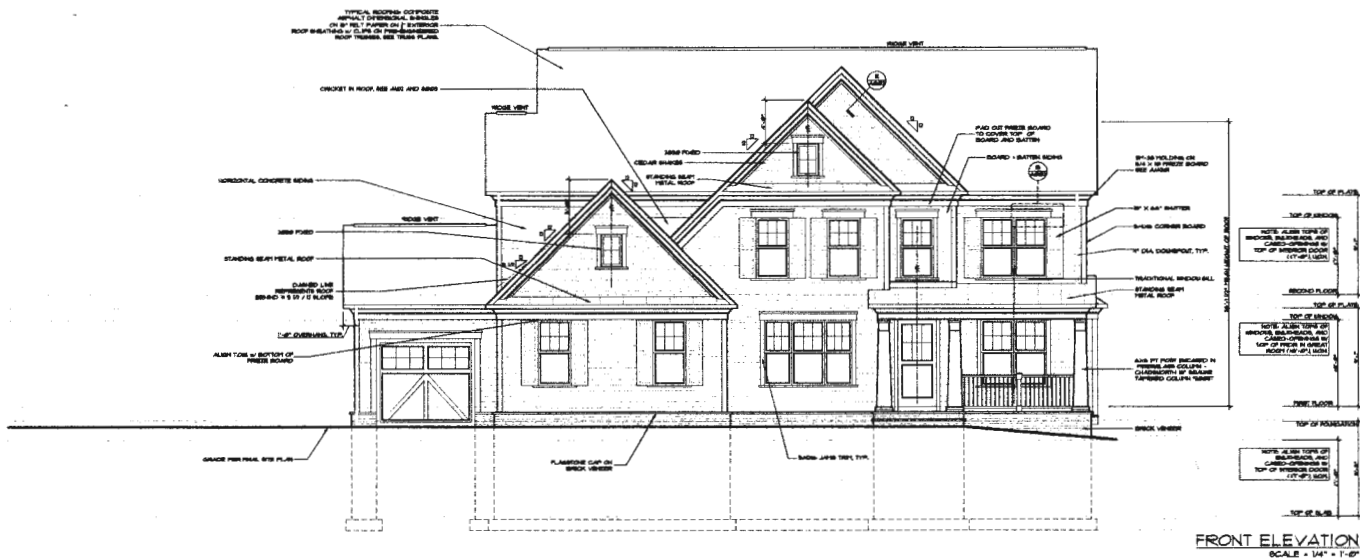
PLANT MATERIAL, 1/4" = 1'-0"



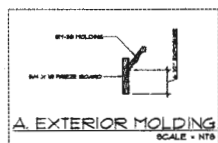
NOTE: ALIGN TOPS OF
WINDOWS, SILLINGS
AND CAMEL OPENINGS
TO R.O. OF INTERIOR
DOORS, UNLESS
NOTED.

13150 Triadelphia Mill Rd

B18002363



FRONT ELEVATION
SCALE = 1/4" = 1'-0"



DATE	REVISION
3/23/08	REVIEW
4/17/08	PERMIT
DATE	REVISION

STUDIO Z DESIGN CONCEPTS, LLC

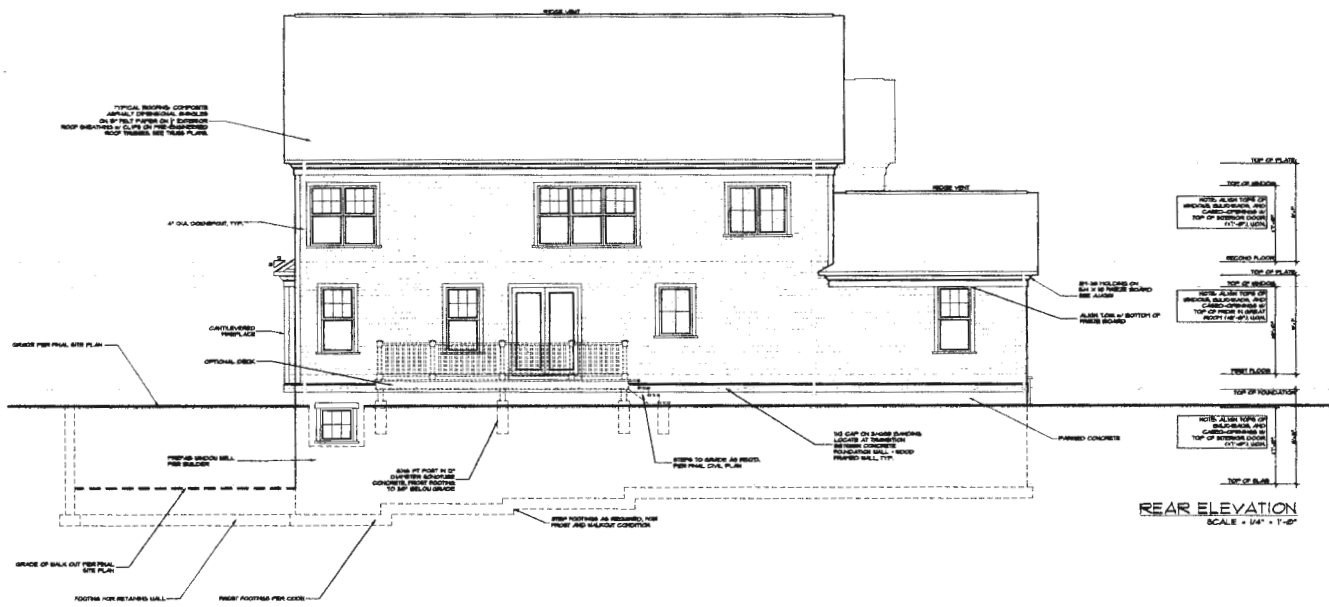
1015 WOODMONT AVENUE, SUITE 100
BETHESDA, MARYLAND 20814
PHONE: 301-961-4351 FAX: 301-961-1713

STUDIO
Z
DESIGN CONCEPTS

PRIVATE RESIDENCE
3940 TRACEDUPHILL ROAD
CLARKSVILLE, MD 21031

A201

PAGE 17 OF 21



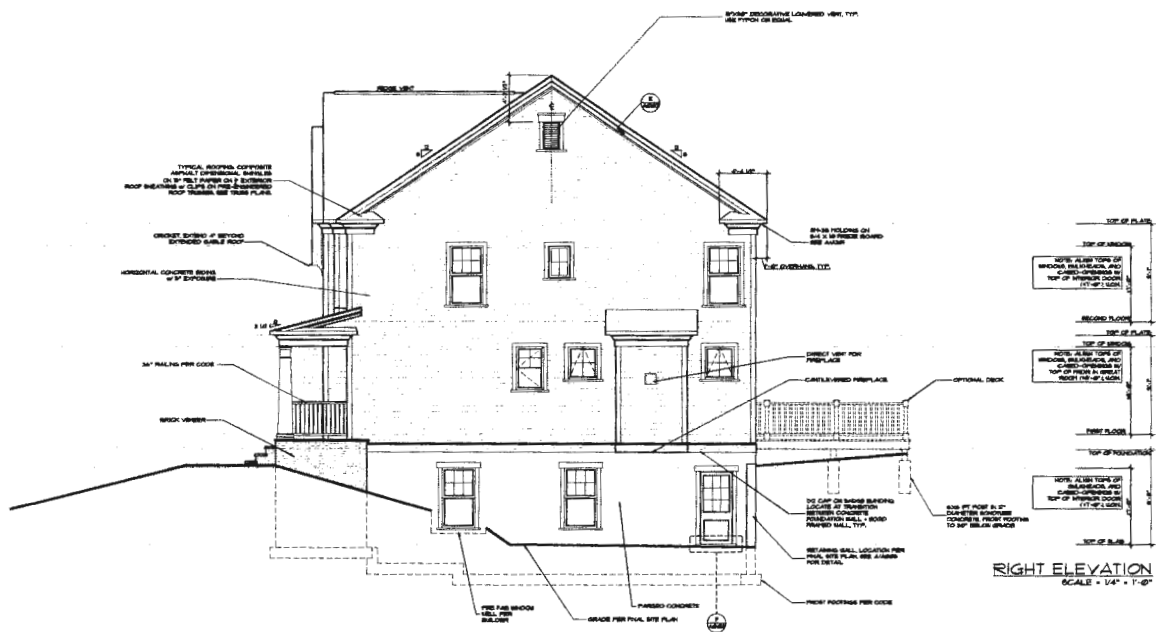
DATE	SUBMISSION
3/23/08	REVIEW 1
4/17/08	PERMIT
DATE	REVISIONS

STUDIO Z DESIGN CONCEPTS, LLC
 808 WOODBURY AVENUE SUITE 300
 BETHESDA, MARYLAND 20814
 PHONE: 301-981-4355 FAX: 301-981-1813



PRIVATE RESIDENCE
 1336 TRAILVIEW HILL ROAD
 CLARKSVILLE, MD 21031

A202



RIGHT ELEVATION
SCALE = 1/4" = 1'-0"

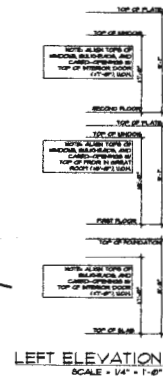
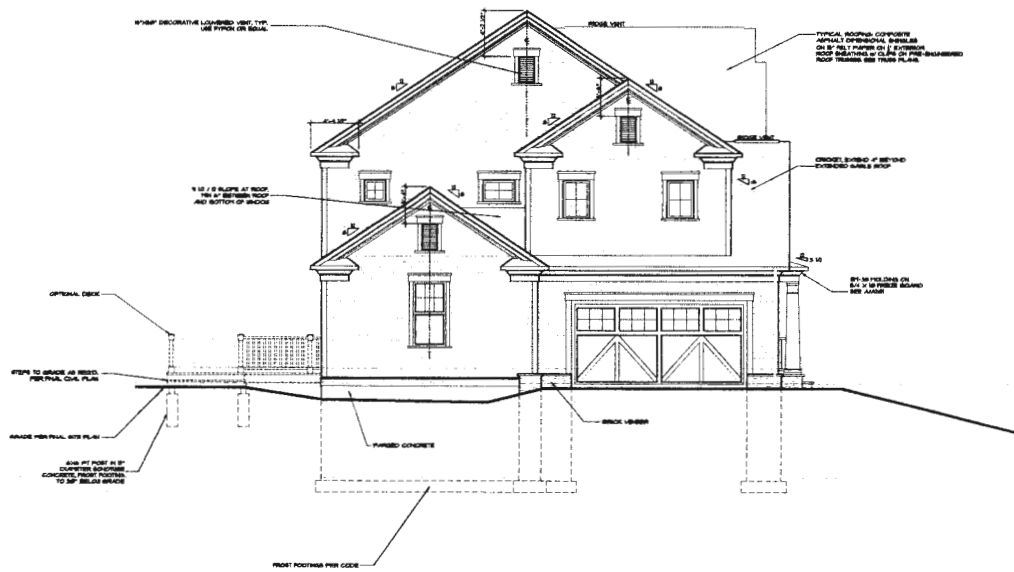
DATE	REVISION
3/23/08	REVISION 1
4/11/08	PERMIT
DATE	REVISION

STUDIO Z DESIGN CONCEPTS, LLC
 800 WOODCHURCH AVENUE SUITE 100
 BETHESDA, MARYLAND 20814
 PHONE (301) 981-4391 FAX (301) 981-7923



PRIVATE RESIDENCE
 1300 WOODCHURCH AVENUE, SUITE 100
 BETHESDA, MARYLAND 20814

A201



LEFT ELEVATION
SCALE = 1/4" = 1'-0"

DATE	SUBMISSION
3/23/08	REVIEW 1
4/27/08	PERMIT
DATE	REVISIONS

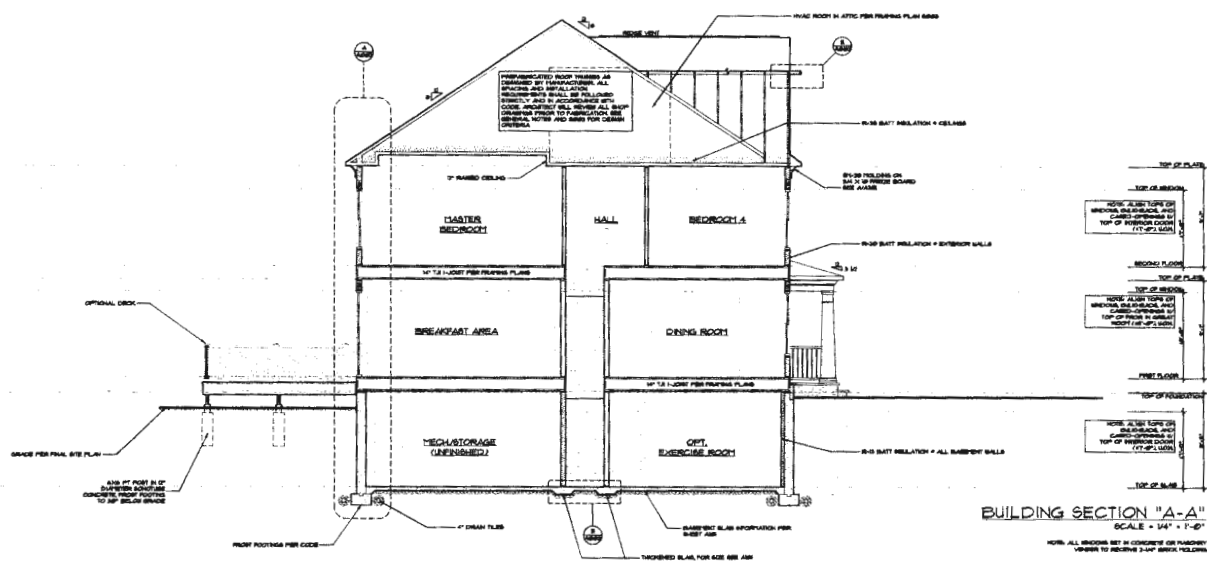
STUDIO Z DESIGN CONCEPTS, LLC

1000 WOODBURN AVENUE SUITE 100
BETHESDA, MARYLAND 20814
PHONE: (301) 981-4391 FAX: (301) 981-793



PRIVATE RESIDENCE
2800 TRINITY HILL ROAD
CLARKSVILLE, MD 21031

A203



BUILDING SECTION "A-A"
SCALE = 1/4" = 1'-0"

NOTE: ALL ROOMS SET IN CONCRETE OR MASONRY
UNLESS NOTED OTHERWISE

NOTE: ALL PERMANENT PARTS TO BE
RELATED TO A TYPICAL R-4 FOR
CODE REQUIREMENTS.
ALL PARTS TO BE RELATED ACCORDING
TO THE PERIODIC PERIOD FRAMES

NOTE: ALL INSULATION VALUES PER
SECTION WILL BE BASED ON
ALL INSULATIONS TO HAVE A FACTOR
OF AT LEAST R-10 TYP.
R-10 BATT INSULATION AT CEILING, TYP.
R-10 BATT INSULATION AT FLOOR, TYP.
R-10 BATT INSULATION AT ALL EXTERIOR
WALLS, TYP.
R-10 BATT INSULATION AT ALL BASEMENT
WALLS, TYP.
R-10 INSULATION AT BLIND PERIMETER
TYP. (SEE DETAIL)

DATE	SUBMISSION
3/23/08	REVIEW 1
4/11/08	PERMIT
DATE	REVISIONS

STUDIO Z DESIGN CONCEPTS, LLC
605 LEXINGTON AVENUE, SUITE 500
NEW YORK, NY 10022
PHONE: 212-361-4391 FAX: 212-361-4393



PRIVATE RESIDENCE
3800 TRACEDALE HILL ROAD
CLARKSVILLE, TN 37040

A301