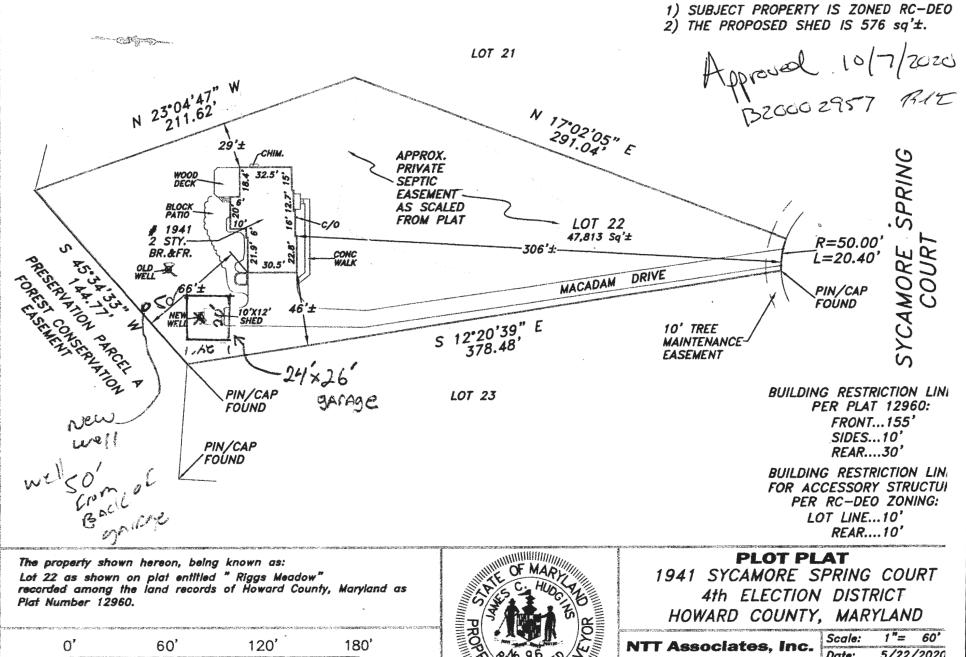
PERMIT NUMBER: B 20002957 DATE ACCEPTED:

AU3 3 1 AM

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  3430 COUNT HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  WINNEL HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  WINNEL HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  WINNEL HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  WINNEL HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  WINNEL HOUSE DRIVE, ELLICOTT CITY, NO 21043 - PHONE: (410) 313-2455 OPTION #4  Unit:  Subtriction Use:  Subtriction Use:  Proposed Use:  Propos		ATIONS	APPLICA	ERMIT	NG P	BUILD	<b>ENTIA</b>	RESID		in him
BUILDING SITE ADDRESS REQUIRED Street Address:   PH		The state of the s							но	
Street Address:   O   O   O   O   O   O   O   O   O									1	343
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CINY: LO CASSUMER  State: NO JUP ZID Code: 2/7/2: SDEWRYRA NE: SDEWRYR		3 . 126 4			*()		,	REQUIRE	ADDRESS	UILDING SITE
Subdivision/Village/Compiles Name:    Clear   Tax Map:   Parcel:   Grading Permit #:							c S	YCAM	1941	treet Address:
DESCRIPTION OF WORK REQUIRED  DESCRIPTION OF WORK REQUIRED  Proposed Use:	23	Code: 2/70			ate: MD	- !		/	Ksville	
DESCRIPTION OF WORK SEQUIRED  Proposed Use:										
PROPERTY OWNER INFORMATION REQUIRED  PROPERTY OWNER INFORMATION REQUIRED  Owner(s) Name(s) (As it appears on fax records): The Abolicat (NVACS) (Electrical) Plumbing None  None Stope Address: Py Sylvania (NVACS) (Stope About 1997) Plumbing None  PROPERTY OWNER INFORMATION REQUIRED  Owner(s) Name(s) (As it appears on fax records): The Abolicat (NVACS) (Stope About 1997) Plumbing None  Prome: Stope Address: Py Sylvania (Stope About 1997) Plumbing None  Prome: Py Sylvania (None About 1997) Plumbing None  Email: Product Name: Name: Name: Name: Name: Product Name: Na	TO NOT THE		mit #:	Grading Pen	- A X 7 5	el:		THE RESERVE	THE RESERVE OF	
PROPERTY OWNER INFORMATION REQUIRED  Owner(s) Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Kobict Wildelf Primary Residence: The Name(s) (As it appears on the records): Mrt., Name(s) (Mrt.,	- New Co	imated Costs & A.F.	Q and Entire	20,21	11	Delm	Drespond 4	REQUIRED	of WORK	
PROPERTY OWNER INFORMATION REQUIRED  Owner(s) Name(s) (As Rappears on tax records): MY, Robert Webder[] Primary Residence: The Comer's Street Address: 1941 Sylamics 2005  CID: Color Ethylic Property State: MD Zip Code: 2772  Prome: \$158te: MD Zip Code: 2774  State: MD Zip Code: 2774  CONTRACTOR INFORMATION Required  Business Name: \$1574 STATE  CONTRACTOR INFORMATION INDIVIDUAL WHO STORED PLANS IF APPLICABLE  Business Name: Name: \$1574 STATE  CONTRACTOR INFORMATION INDIVIDUAL WHO STORED PLANS IF APPLICABLE  Business Name: Name: STATE STATE STATE  CONTRACTOR INFORMATION INDIVIDUAL WHO STORED PLANS IF APPLICABLE  Business Name: Name: STATE S	7			Name .	ACCUSED THE REAL PROPERTY.	1	-	rate Permits Da	mnleted (Senai	No.
Owner's Street Address:		, tronc	Tiomong _			2 500		ote remission	The state of the s	Tool World to be con-
Owner's Street Address:						ALC	St			
Owner's Street Address:			20 20 20 20 20 20 20 20 20 20 20 20 20 2							MARINE ALLAN
Owner's Street Address:  City: Cy Eywilc  Business Name:  Required - Involvioual who stans this Application  Business Name:  Coffice and Jeck Care Contact Name: Lit & Hoskian  Street Address:  City: Cy Cy Cy Cy Cy Contact Name: Lit & Hoskian  Street Address:  City: Cy	S Voc S N	many Decidences &	Orim	11-11	6 10 1	2/2/				The second secon
City:	J Yes D No	mary Residence: D	Prima	dell	wea	T	mr,	tax records):	7 23	
PRONE: 4/3 1/4 5/8 0 Email: FOSCII/9 & VERZUA, DEF  APPLICANT NAME  REQUIRED INDIVIDUAL WHO STONS THIS APPLICATION  Street Address: 100/9 0/4 Prederick  GIV: 5-11 COURT CAPY  State: FTO, STONE (AMERICAN STONE)  Business Name: FOJESTO DAI 1 PECK CAPY  CONTRACTOR INEORMATION  REQUIRED  Business Name: FOJESTO DAI 1 PECK CAPY  CONTRACTOR INEORMATION  REQUIRED  Business Name: Lovii  CIP: COURT CAPY  Street Address: 00/9 0/9 0/9 Orderederick  CIV: FOJESTO DAI 1 PECK CAPY  Street Address: 00/9 0/9 0/9 Orderederick  CIV: FOJESTO DAI 1 PECK CAPY  Street Address: 00/9 0/9 0/9 Orderederick  CIV: FOLICATION INDIVIDUAL WHO STONE STONE FOR ADMITS IN APPLICABLE  Business Name:  Street Address: 00/9 0/9 0/9 Orderederick  CIV: FOLICATION INDIVIDUAL WHO STONE STONE FOR ADMITS IN APPLICABLE  Business Name:  Street Address: 0/9 0/9 0/9 Orderederick  CIV: FOLICATION INDIVIDUAL WHO STONE STONE FOR ADMITS IN APPLICABLE  Business Name:  Street Address: 0/9 0/9 0/9 0/9 0/9 0/9 0/9 0/9 0/9 0/9	123	Code: 2 17	7in C	D	COL	-	mure	1 240	- 11	77 100
Business Name:    Control								-100		111.3
Business Name:    Streek Address:   O O   F			nef	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,	THE RESERVE TO SERVE THE PARTY OF THE PARTY	VIOUAL W	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	The second secon	
Street Address:   COJ   CITY   State:   MIQ.   Zip Code: 2   COY.    CONTRACTOR INFORMATION REQUIRED   Email:   Products Court   gm/44   Com.    CONTRACTOR INFORMATION REQUIRED   Business Name:   Frode STOOD   Peck Care    Licensee's Name:   Frode STOOD   Peck Care    Licensee's Name:   Loy   Code:   Toy    Street Address:   O D   Peck   State:   MID.   H 77775    Street Address:   O D   Peck   State:   MID.   Zip Code:   Zip Code:   Zip Code:    Phone:   U 3-517-517-   Email:   Prode Care   Gm and Com.    RCHITTET/FINGIN EER INFORMATION INDIVIOUAL WHO SIGNED PLANS, IF APPLICABLE    Business Name:   Street Address:   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Builtoins Characteristics   Required   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Builtoins Characteristics   State:   Zip Code:    Phone:   State:   Zip Code:    Phone:   State:   Zip Code:    Builtoins Characteristics   State:   Zip Code:    Builtoins Characteristics   State:   Zip Code:    Builtoins Characteristics   State:   Zip Code:    Phone:   Builtoins Characteristics   State:   Zip Code:    Builtoins Characteristics   State:   Zip Code:    Phone:   Builtoins Characteristics   State:   Zip Code:    Phone:   Builtoins Characteristics   State:   Zip Code:    Builtoins Cha		Contract the	1/1004				/ \	- /	77	
City: CHILDEN CATY    State: MO   Zip Code: 2 ( 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		25	HORA	ne. CIIO	ontact Nan	- 1		7	0	
Phone: Y93-514-5160 Email: Product Care & gmul. Com  CONTRACTOR INFORMATION REQUIRED  Business Name:   1-0-6570-01   Peck   Care  Licensee's Name:   O   9 Old Grederick   State: MD   Zip Code: ZI-0 Y  Street Address:   O   9 Old Grederick   State: MD   Zip Code: ZI-0 Y  ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE  Business Name:   Name:   Name:   Name:   Name:   Street Address:   Name:   State: MD   Zip Code: ZI-0 Y  ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE  Business Name:   State:   Zip Code:   Zip Co	42.	Code: 2 /01	7in C	MO	ate.		Ca Cri	Lu V	alt Ca	7577
Business Name:   F-0_FST_0-0_0   DECE CAPE   Licensee #:   MMILE   DY-    CSCE   Licensee #:   MMILE	1-							5181	3 610	01110
Business Name:	Yes			-11".55%	1000	9 6 6	IRED	NAME OF TAXABLE PARTY.	NEORMATI	
Licensee's Name:				5-1'E-4'E	Sec. 181	Care				
Street Address:   0 0 19		7775	( # 77	mus	cense #:		P		T	
City: Email: Product Care grant Con Phone: U3-5-17-5-19 Email: Product Care grant Con ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE Business Name:  Street Address:  City: State: Zip Code: Phone: Email:  BUILDING CHARACTERISTICS REQUIRED  Primary Structure: Sp Dwelling S SF Townhouse S SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes  Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)  Heating System: Electric Name Propane Other: Roadside Tree Project: No Yes: #  Sprinkler System: NPPA 13 NPPA 13D None Fire Alarm System: Yes No Voice Evac  ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options: # Full Baths: # Fireplaces:  ## Formation of Proseculation Info: Slab on Grade Detached Garage: Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Detached Garage: Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Detached Garage: Unfinished Basement Finished Basement: Full or Partial  1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth  Energy Method: Prescriptive Performance Und Alternative ERI Gross Area: sq ft Occupiable Area:  AGREEMENT/ DISC ALIMER REQUIRED  THE UNDERSIGNED HERBY CERTIFIES AND AGREESA FOLLOWS: UT THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WITH ALL REGULATIONs (6) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTION THE WORK PERMITTED AND POSTIN  APPLICANT'S ORIGINAL SIGNATURE  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:		1,10				· Kal	moden	1		
Phone: 43-519-510 Email: Prodect Core & gmark dom  ARCHITECT/ENGIN EER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE Business Name:  Street Address:  City: State: Zip Code:  Phone: Email:  BUILDING CHARACTERISTICS REQUIRED  Primary Structure SP Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*)  Leading System: Electric Gas Water Supply: Public Private (Well)  Heating System: Bleeting System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Ves No Voice Evac  ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options: # Full Baths: # Half Baths: # Fireplaces:  Garage/Carport Info: Attached Garage Detached Garage: Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement: Finished Basement: Full or Partial  1º Fi Width: 1º Fi Depth: 2º Fromance U Alternative Requires  AGREEMENT/ DISC ALIMER REQUIRED  THE UNDERSIGNED HEART CERTIFIES AND AGREES AS FOLIOUS; ID THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT THE SHE WITH A LIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTIN  WITH ALL REGULATIONS OF HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTIN  APPLICANT'S ORIGINAL SIGNATURE  FOR OFFICE USE ONLY  AGENCIES REQUIRED/APPROVALS:  FIGOR FREQUIRED/APPROVALS:	47	Code: 7/0	Zip C	ND	ate: 17		Euch		1.1	1-11
Business Name:  Street Address:  City:  Primary Structure:  SF Dwelling			The second secon				v			
Business Name:  City:  City:  State:	DE 191-	THE VALUE OF	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME							
Street Address:  City: State: Zip Code:  Phone: Email:  BUILDING CHARACTERISTICS REQUIRED  Primary Structure SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*)  Condo: Yes  Utilities: Electric Sas Water Supply: Public Private (Well)  Sewage Disposal: Public Private (Septic)  Heating System: Readside Tree Project: No Yes: #  Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac  ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options:  # fof Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):  # Rooms: # Full Baths: # Full Baths: # Fireplaces:  Garage/Carport Info: Attached Garage Detached Garage: Integral Garage Carport None  Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement: Finished Basement: Full or Partial  1st FI Width: 1st FI Depth: 2st FI Width: 2st FI Depth: Bsmt Width: Bsmt Depth  Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area:  AGREEMENT/ DISC ALIMER REQUIRED  THE UNDERSIGNED HERBEY CERTIFIES AND AGREES AS FOLLOWS: (3) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCE PROPERTY NOT SPECIFICALLY  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 POSTIN  APPLICANT'S ORIGINAL SIGNATURE  FOR OFFICE USE ONLY  CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY  AGENCIES REQUIRED/APPROVALS:			ZCADLL	NO, III AFFE			INDIVID	OKITATIO	OTHER TH	
City: State: Zip Code: Phone: Email: BUILDING CHARACTERISTICS REQUIRED Primary Structure Forwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic) Heating System: Readside Tree Project: No No Yes: # Sprinkler System: NFPA 13 NFPA						1				
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BUILDING CHARACTERISTICS REQUIRED  Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes  Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)  Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #  Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac  ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)  Model Name & Options: # full Baths: # for 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*): # of 4 BR (MF*): # of 5 BR (MF*): # of				· · · · · · · · · · · · · · · · · · ·						
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The purpose of this drawing is to show the existing improvements and proposed shed for the purpose of acquiring a Bullding Permit on the property shown hereon.



James Carl Hudgins Property Line Surveyor #96 Expiration Date: 3/11/2022

## 16205 Old Frederick Rd. ☑ Mt. Airy, Maryland 21771 Phone: (410) 442-2031

Fax: (410) 442-1315 www.nttsurveyors.com

Scale:	1"=	60'
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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:	9/21/20	
То:	Health Department Re (Person's Name and Division)	evich
From: (	Your Name, Company Name and Telephone Nu	re ( 443) 514.5120 lamber)
Subject:		
	Project site address / 941 Sycame	re Spring Ct. Cooksulle, MD 21723
	Permit # B20002957	SDP #
	Other information pertinent to this project _	· · · · · · · · · · · · · · · · · · ·
✓ Please c	check the attachments below that you are submitting	g with this transmittal:
Le	etter of response to address plan review comment le	etter
Re	evised plans and/or revised details: When submitting	ng for a complete re-review, duplicate sets shall be submitted.
Le	etter Summarizing Changes	
	nergy conservation calculations .	
1 set co	opies of Construction Drawing (be spe	ecific).
	Health Department Request	DPZ/ DED Request Applicant's Request
Tw	wo sets of single family dwelling model plans to be	e placed on permanent file: Model name and/or #
Ot	ther	
Co	ontact Person Information: (Required)	
_	Lori Rose	Telephone No: 443-514-5180
Ple	lease Print Name	E-Mail Address: (10 Se/19@ Veri 20n. net
		frodeckcare e ýmail. com
NECESSA INFORMA OF INSPE ONCE TH SIGNATO WILL NO INQUIRIE AND PLA	ARY, BY A LICENSED ARCHITECT OR ENTATION MAY RESULT IN THE DELAY OF RESCRIPTIONS, LICENSES AND PERMITS WILL CHE BUILDING PERMIT IS APPROVED BY THE DRY AGENCIES, AND THE BUILDING PERMOTIFY THE APPROPRIATE CONTACT PERMITS SHALL BE DIRECTED TO THE PERMITS	SIONS ARE APPROPRIATELY SIGNED AND SEALED, IF GINEER. PLEASE BE ADVISED THAT INSUFFICIENT EVIEW BY THE PLANS EXAMINER. THE DEPARTMENT CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, IE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED MIT IS READY FOR ISSUANCE, THE PERMIT DIVISION ASON FOR PERMIT PICK UP. ALL PERMIT STATUS DIVISION AT 410-313-2455. CODE RELATED QUESTIONS TED TO THE PLAN REVIEW DIVISION AT 410-313-2436.
PLEASE A THANK Y	ALLOW A <u>MINIMUM OF FIVE (5) WORKING</u>	G DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.
THANK Y	ALLOW A <u>MINIMUM OF FIVE (5) WORKING</u> YOU.	ECE TO SUBMITTALS TO BE REVIEWED.

LICENSES & PERMITS

DIVISION

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#### GENERAL NOTES

These plans were designed to conform to the latest edition of the International Residential Code for One and Two Family Dwellings (exclusive of seismic and high wind regulations). Due to continuous changes in both local and national building codes, accommodating all building restrictions is impossible. Therefore, these plans are subject to local requirements and interpretations. If these plans are not signed and sealed by a registered architect, it becomes the responsibility of the user to make certain these plans comply with local code requirements. In the event of a conflict between specifications contained in this set of plans and applicable codes or regulations in your area, the more stringent provision shall apply and be followed during construction. Variations required by local building officials shall not be binding on the designer, the Garlinghouse Co. Inc. The Garlinghouse Co. Inc. is not responsible for the availability of any suggested manufactured products specified on these plans or material lists.

## BUILDER QUALIFICATIONS & CONSTRUCTION STANDARDS

These plans are intended for use only by persons knowledgeable in and familiar with generally accepted methods, techniques and industry standards for construction, and who are familiar with all applicable codes and other regulations that govern the construction of this type of structure. All construction is to be performed in accordance with these regulations and standards. If no building code ordinance has been locally adopted, then the International Residential Code should be used. The Garlinghouse Company Inc. cannot be responsible for any construction methods or procedures followed that are not specified or called out specifically in these plans and specifications.

#### DIMENSIONS

Written dimensions shall take precedence over scaled dimensions. ( DO NOT SCALE DRAWINGS ).

#### ERRORS AND OMISSIONS

Every effort has been made to insure that these plans are accurate and drawn to reflect all current national standards for safe and proper building practices. Any errors or omissions found should be reported to the Technical Services Department of the Garlinghouse Company. In addition to insuring that errors will be corrected for future purchasers, replacement copies of the plans will be provided to you free of charge once corrections are made.

### DESIGN LOADS

These plans were designed to meet the external load conditions noted below. However, design load specifications (especially for roofs) vary from region to region due to local codes and geographic conditions. If these plans are not signed and sealed by an architect, then user must consult with local building code officials to determine if these design load specifications are adequate. If the design loads do not meet local requirements, it becomes the user's responsibility to have these plans altered to conform to such requirements.

> Dead Loads Live Loads

Roof, with Shakes or Composition Shingles

20 psf (in areas where greater live loads are required by bidg codes, changes in some beam sizes may be required to properly support the required roof load.

## FOUNDATIONS

- 1. Footings shall bear on firm, undisturbed soil to a depth of 12" below finished grade or as deep as the local frost line, whichever is deeper. Where sloping grades are involved footing depths must always be measured from the point at the final finished grade line that is closest to the footing.
- 2. To ensure proper support for the footings and foundation walls, footings must always be poured with a flat bottom surface. Footings may be stepped where necessary to allow the footing to remain below frostline on a sloping grade, but the structure may not be built on a site where the finished grade line exceeds thirty degrees down from level. Sloping sites require special engineering for extended foundation walls and stepped footings.
- 3. A minimum 2000 psf soil bearing is required.

## CONCRETE

- 1. All concrete for walls, footings, shall develop and maintain a minimum compressive strength of 2500 psi at 28 days.
- 2. All concrete for garage slabs shall develop and maintain a minimum compressive strength of 3500 psi at 28 day strength.
- 3. Concrete forms, shoring and pouring methods shall conform to all current practices endorsed by the American Concrete Institution.

## FRAMING NOTES

The following is a list of procedures to accompany standard building practices and should be followed during the framing of the structure:

- All frame walls shall have stud framing placed at 16" o.c. except where noted otherwise.
- Top plates shall be doubled on all walls except where noted otherwise. Jack studs under all headers shall be continuous to sole plate.
- Block all stud walls as required for sheathing
- Solid blocking between all joists and rafters at supporting walls and beams except at
- Beams, girders, and joists supporting bearing walls or concentrated loads shall not be notched or drilled with holes larger than I" in diameter.
- The ends of all joists shall bear on not less than 1 1/2" on wood or metal and not
- less than 3" on masonry. The ends of all beams or girders shall bear on not less than 3". Mud sills and ledger boards at concrete walls shall have anchor bolts of the size and spacing shown on the drawings. Each board shall be secured with at least two bolts and each board shall have a bolt within 12" of each end.
- Contractor shall provide adequate bracing or otherwise support all portions of the structure until all members have been permanently joined together. All roof trusses shall be designed by a registered engineer for the truss manufacturer.
- that may be required. All wood in permanent contact with concrete shall be pressure treated with a water bourne preservative.

Submit sealed truss engineering drawings to the local Building Department Indicating bracing, etc.,

Nails and all metal connectors in contact with PT wood shall be not dipped galv. or stainless steel All slabs on grade shall be reinforced with 6x6 10/10 welded wire mesh.

## WOOD FRAMING

All solid sawn lumber shall be a minimum #2 grade or better with a Fiber Stress in Bending factor (Fb) of 875 psi BASE VALUE and a Modules of Elasticity (E) of 1,400,00 psi unless otherwise specified. All lumber shall have a moisture content of no more than 19%. Lumber shall be graded in accordance with the Western Wood Products Association and/or the Canadian Wood Council.

A. Post, Beams, & Headers #2 or Better (or LVL)

B. Floor, Ceiling Joists, & Rafters C. Plates & Blocking

D. Mud Sills Pressure Treated

E. Studs

Stud Grade

F. Roof & Wall Sheathing 5/8" C-D Plywood with exterior glue or properly rated OSB

G. Laminated Veneer Lumber (LVL) Fb 2800 psl, E=2,000,000

## WINDOW & DOOR REQUIREMENTS

- All windows are noted by window schedule in plan and elevation, with specific manufacturer selection by owner and/or contractor.
- Contractor must verify all required rough framing openings.
- All windows and doors with glass shall be double glazed, insulated units with wood or aluminum frame and sash.

## MISCELLANEOUS

- Owner is responsible for site location of all foundation and slab penetrations (i.e. sewer, water, underground power conduit stub-up).
- Prior to starting construction, the user of these plans must verify the availability of all manufactured products suggested or specified, herein.

Exterior doors are to be foam-core insulated steel doors unless otherwise noted.

- All manufactured articles, materials, and equipment shall be applied, installed, connected, erected, used, cleaned, etc., in accordance with the manufacturer's
- Structure is designed to carry the load of composition roof shingles or shakes. Should substantially heavier roof materials be contemplated, then the structure will need to be redesigned accordingly.
- The contractor is responsible for providing adequate temporary bracing or to otherwise support all portions of the structure until all members have been permanently fastened together and permanently braced.
- Refer to publication HIB-91, published by the Truss Plate Institute for important temporary bracing recommendations.

## STUCTURAL & MISCELLANEOUS METAL

Stuctural shapes, bars, and plates shall be steel meeting American Society for Testing & Materials (ASTM) standard A36. Pipe columns, where shown on plans, shall be standard weight meeting ASTM A53; type S, Grade B. Design and fabrication shall conform to the latest edition of American Institute of Steel Construction (AISC) specifications. Exposed welds shall be ground smooth and flush. Reinforcement shall be bent cold and shall not be welded. All Items except those to be encased with cast-in-place concrete shall be shop painted with rust primer. Erection shall conform to AISC specifications.

## CONNECTORS & FASTENERS

- All nailing and fastening shall comply with the IRC's table "Fastener Schedule for Structural Members."
- All flush beams and girders shall use joist hangers to support abutting joists and rafters.

## FLASHING

Install flashing and counter-flashing of 26-guage galvanized metal or aluminum wherever dissimilar building materials join or intersect at the roof of the structure. This includes all intersections of the roof with vertical walls, chimneys, and dormers, and as otherwise shown on the drawings. Flashing must also be installed above windows and doors, and at all horizontal joints in sheet siding.

All autters shall be made of aluminum or as otherwise shown on drawings. Gutters should be secured a minimum of evey 4'-0" with approved fasteners.

# ABBREVIATIONS

NFF NRCH	above finish floor architect (ural)	JST	Joist
RCH	architect (or ai)	LAM	laminato (d)
SMNT	basament	LL	laminate (d)
BRG	basement	LYL	Live Load Laminated Veneer Lumber
BD	bearing	LYL	Laminated veneer Lumber
	board	MEC	
BLDG	building	MFG	manufacturer
BM	beam	MAX	maximum
		MECH	mechanical
AB	cabinets	MIN	minimum
LG	celling	MT	metal threshold
TR	"center, centered"		
C	center to center	NO	number
LR	clear (ance)		
ONC	concrete	0.6.	on center
ONSTR	construction	OPT	optional
ONT	continuous		
		psi	pounds per square inch
	penny (nall size)	psf	pounds per square foot
L	Dead Load	Pe.	position por oction o root
MAI	diameter	QTY	quantity
RNG	drawing	<b>Ω</b> 11	quantity
		READ	required
M	each way	R.O.	rough opening
LEC	electric (al)	14.0.	1 orgin opening
LEV	elevation	S.C.	solid core
XT	exterior	5Q	
	OXIOI IOI	STD	square
IN	finished		standard
LR	floor	STOR	storage
D	floor drain	Tec	
TG		T&G	tongue # groove
DN	footing	TYP	typical
DN	foundation	INIO	
A		UNO	unless noted otherwise
A	gauge		
WB	gypsum wall board	VERT	vertical
nn.	1 4 - 4	lul e	
DR ODIZ	header	MC	water closet
ORIZ	horizontal	M	(steel section i.e. WI2x5)
В	hose bild	W	with
		MMM	welded wire mesh
IT	Intonios	MIC	

MOOD



Approved 10/7/2020
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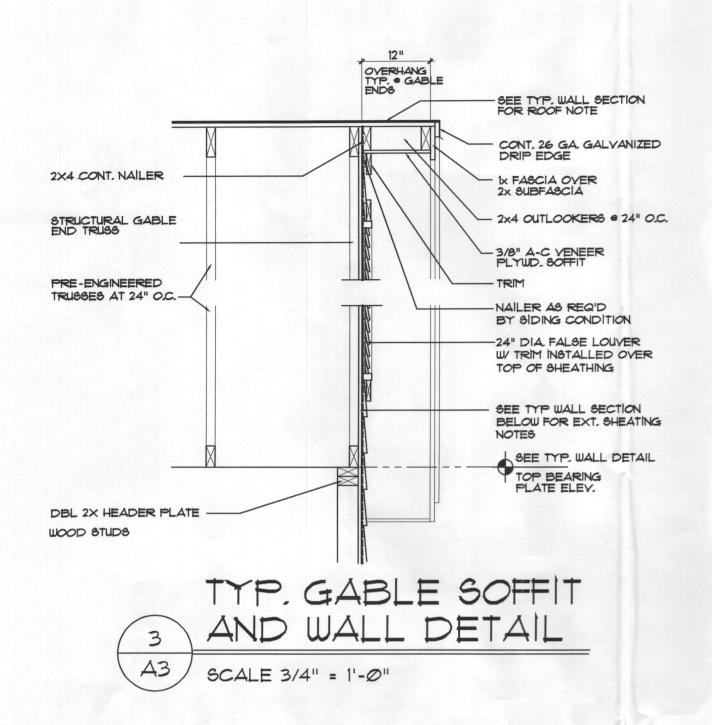


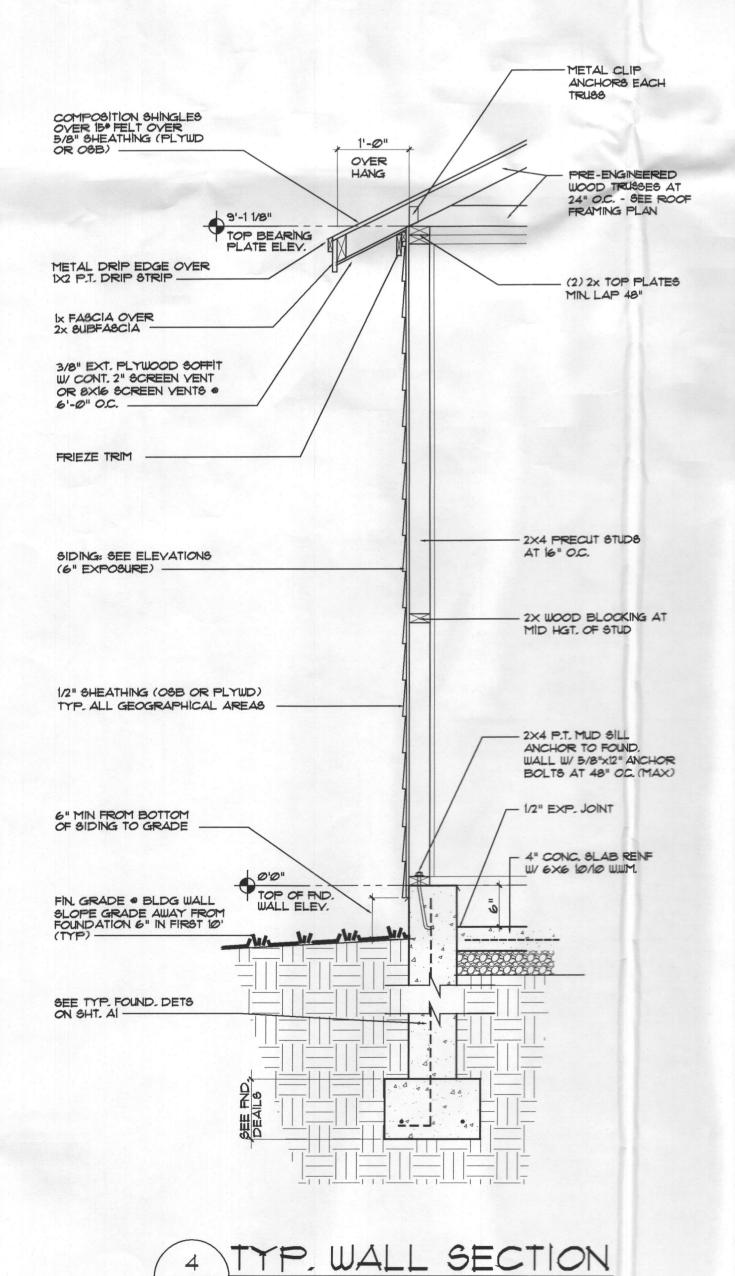
THE GARLINGHOUSE CO. 1-800-235-5700 WWW.GARLINGHOUSE.COM

Architectural Drawing Index CS COVER SHEET / GENERAL NOTES AT FND. PLAN, FLR PLAN, RF FRM'G PLAN, DETS A2 8' EXT. ELEYS., BLDG SECTS, DETAILS A3 9' EXT. ELEYS, BLDG SECTS, DETAILS

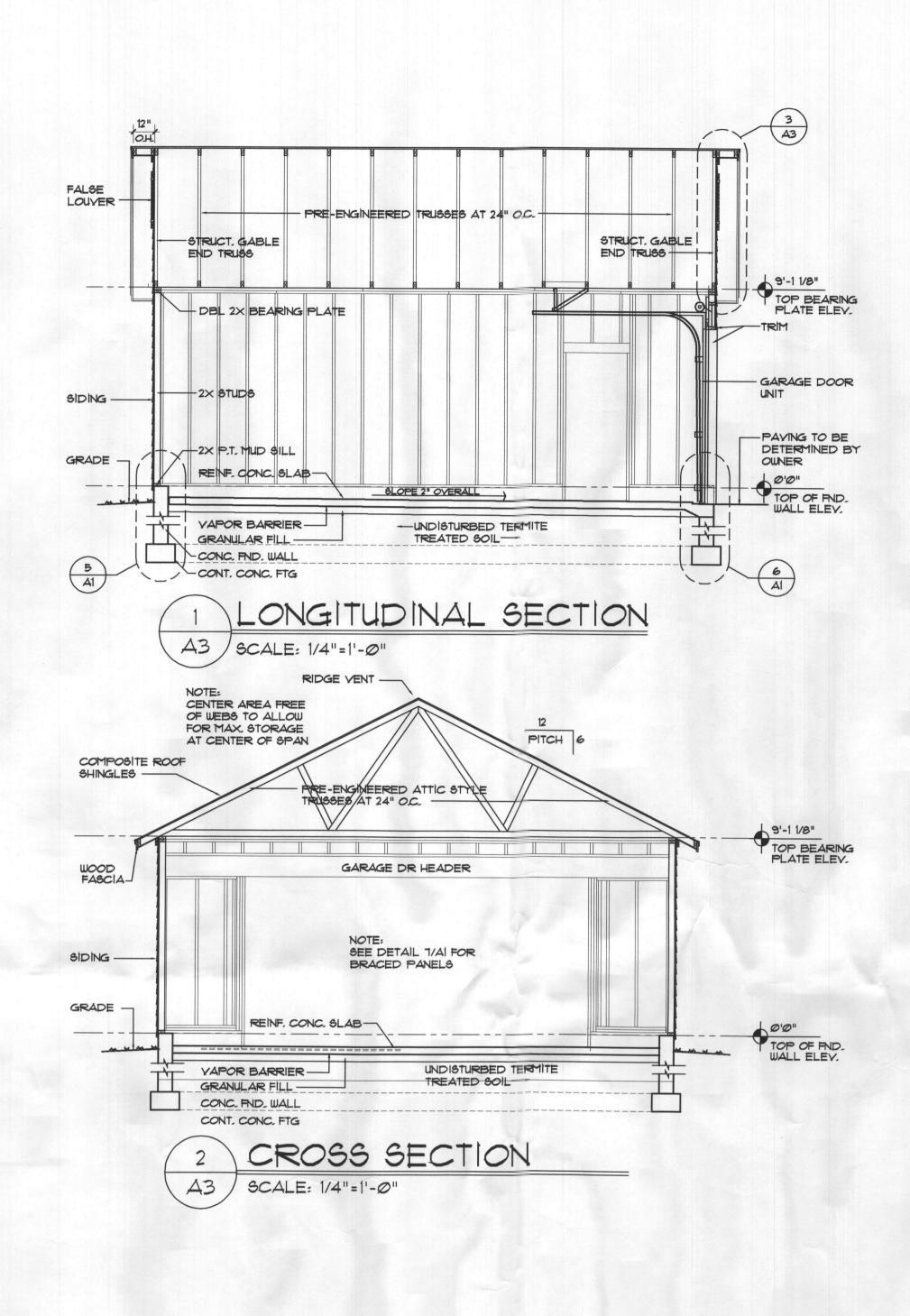
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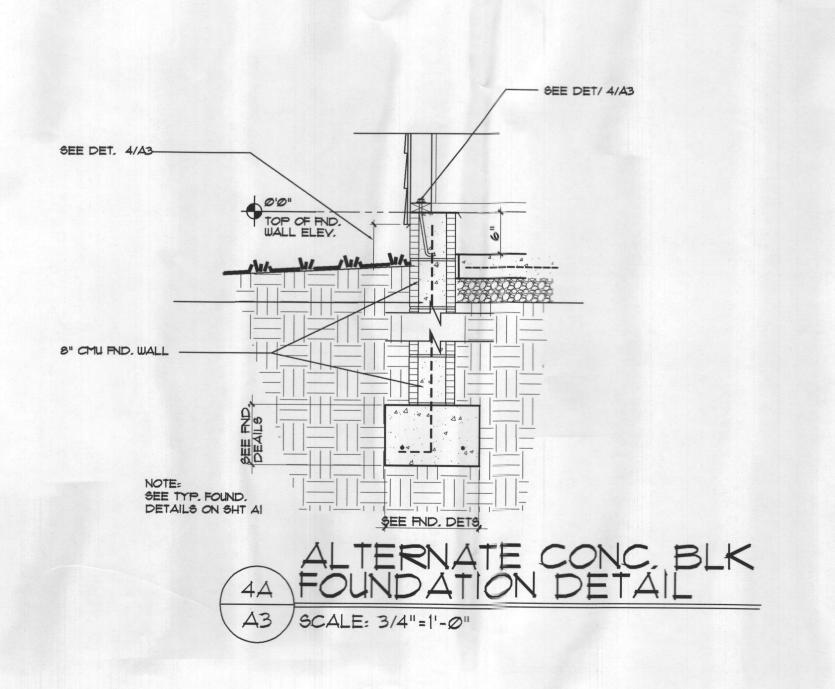
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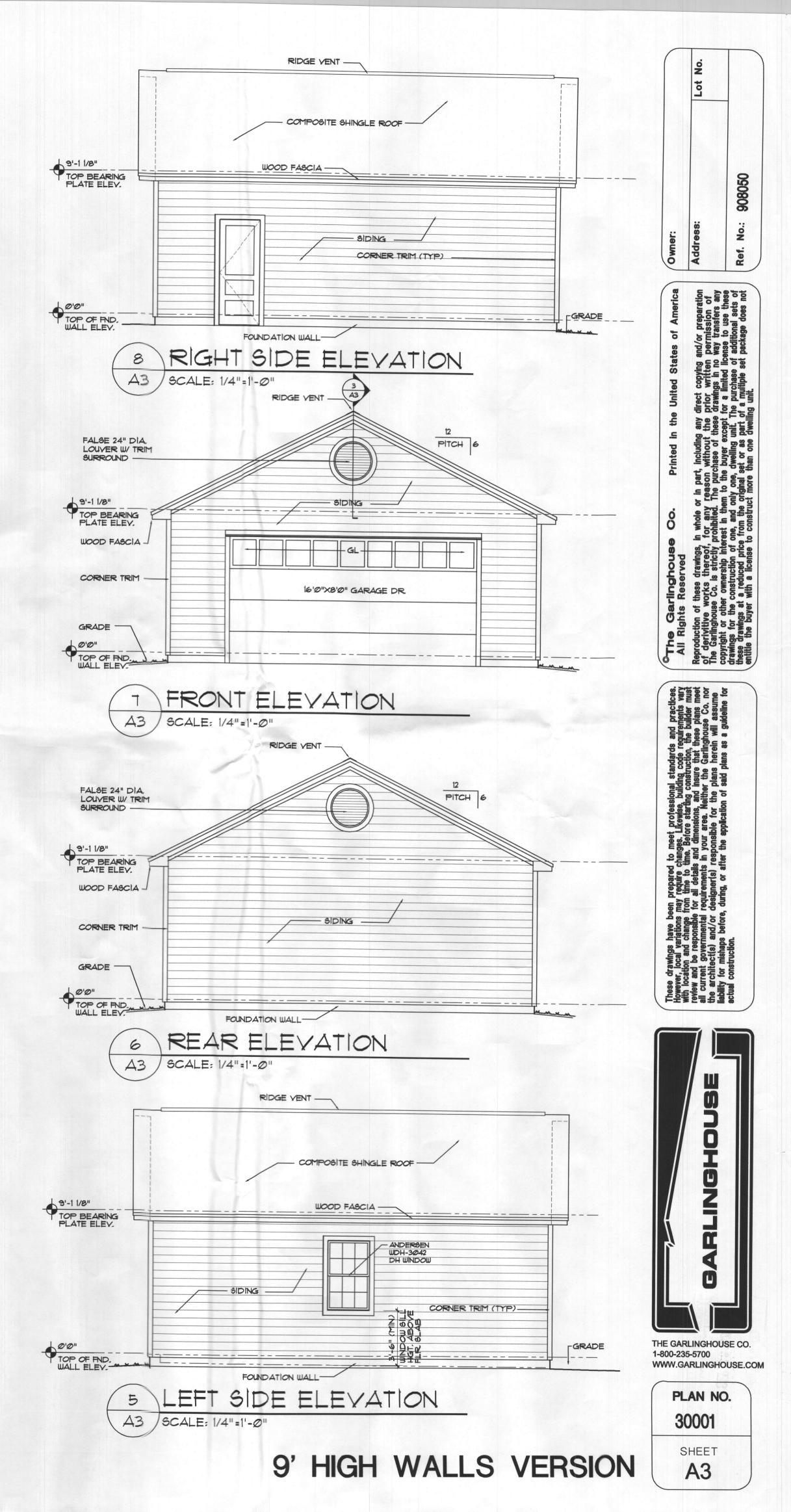


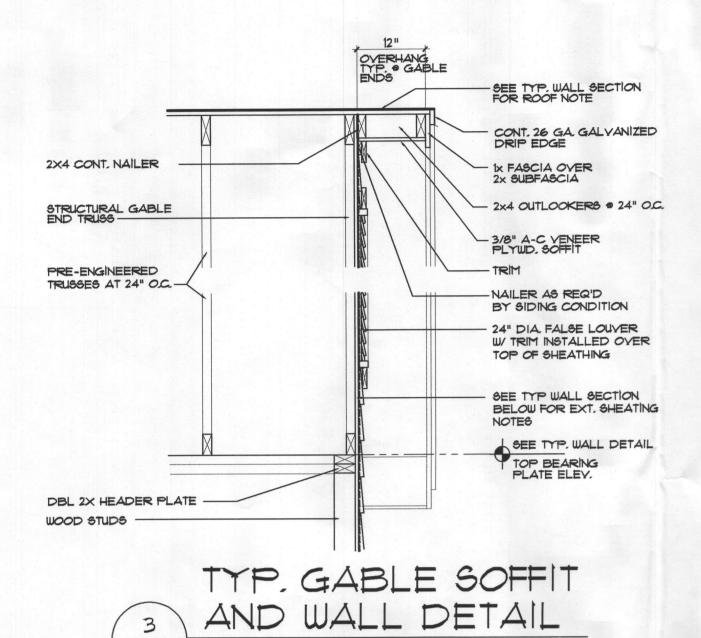


A3 SCALE: 3/4"=1'-0"

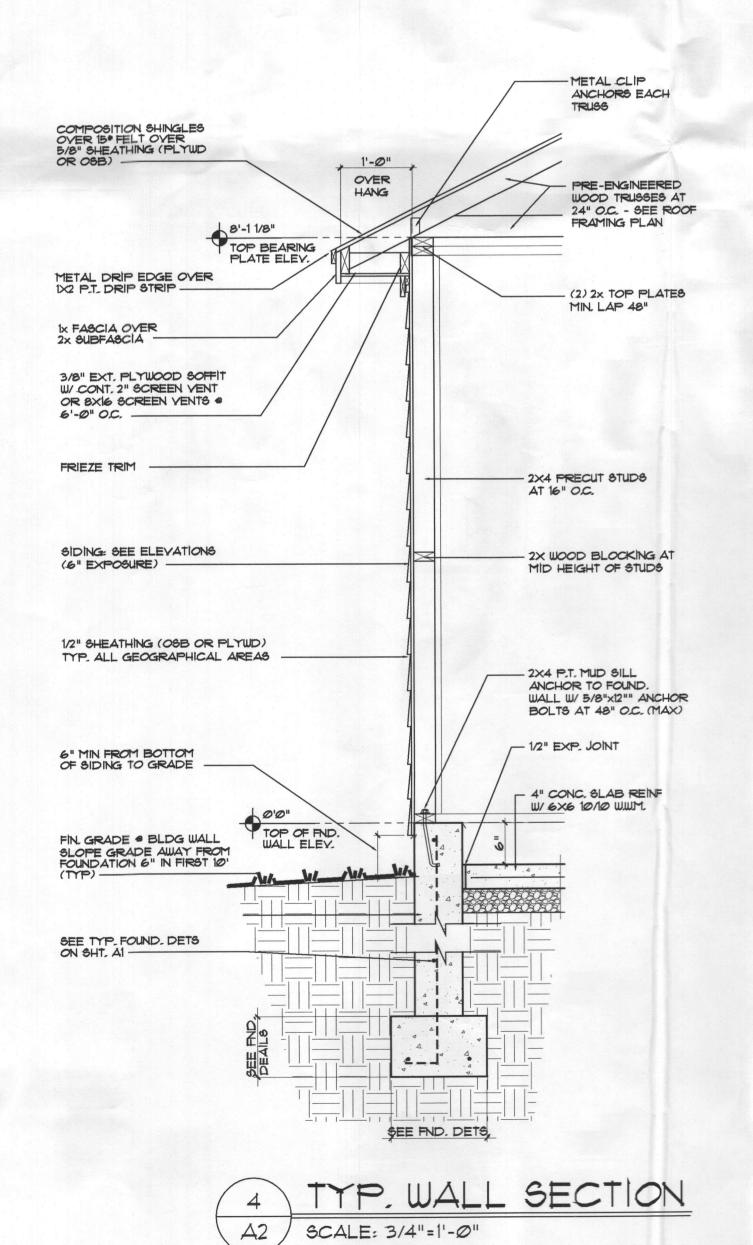


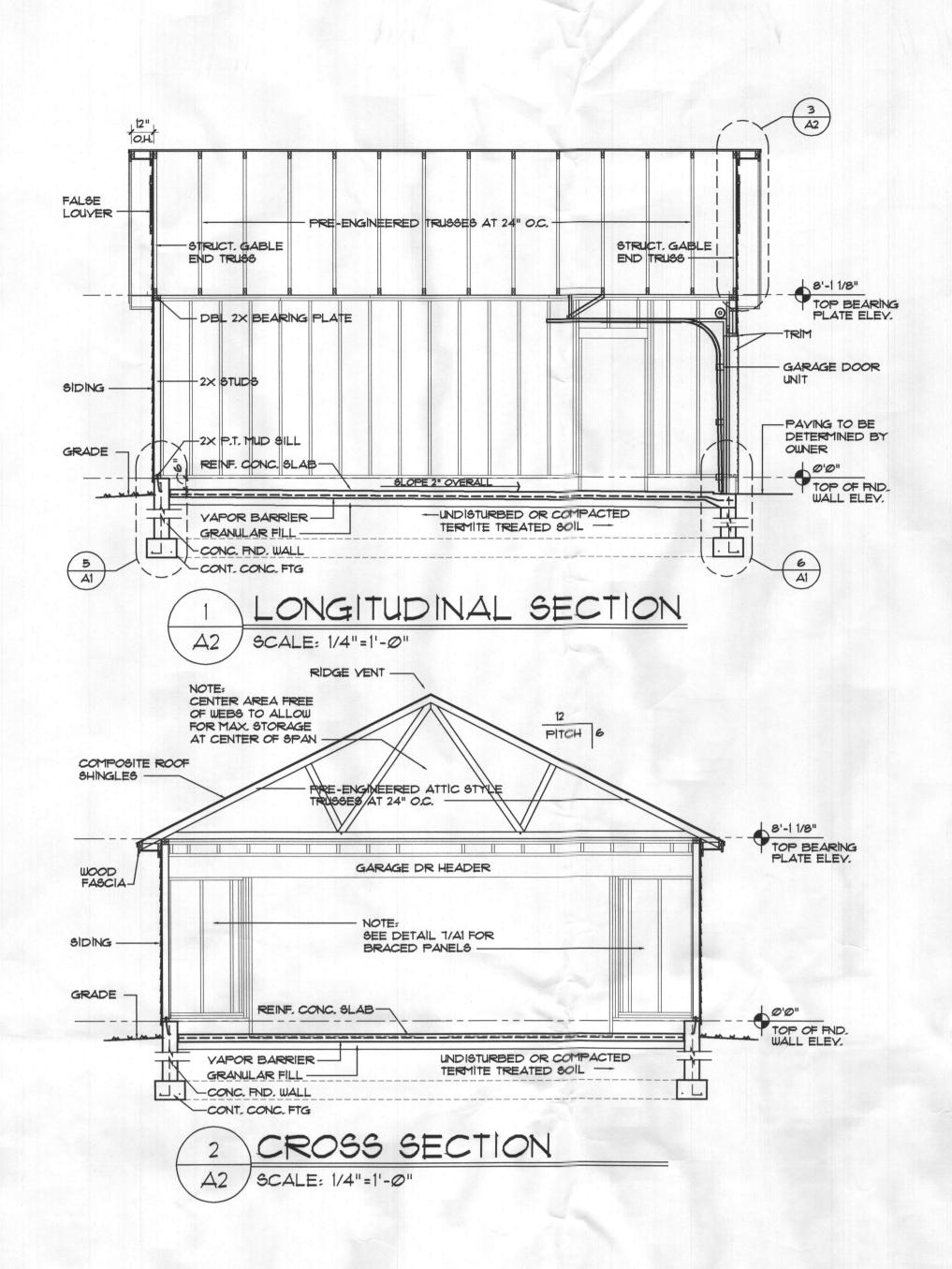


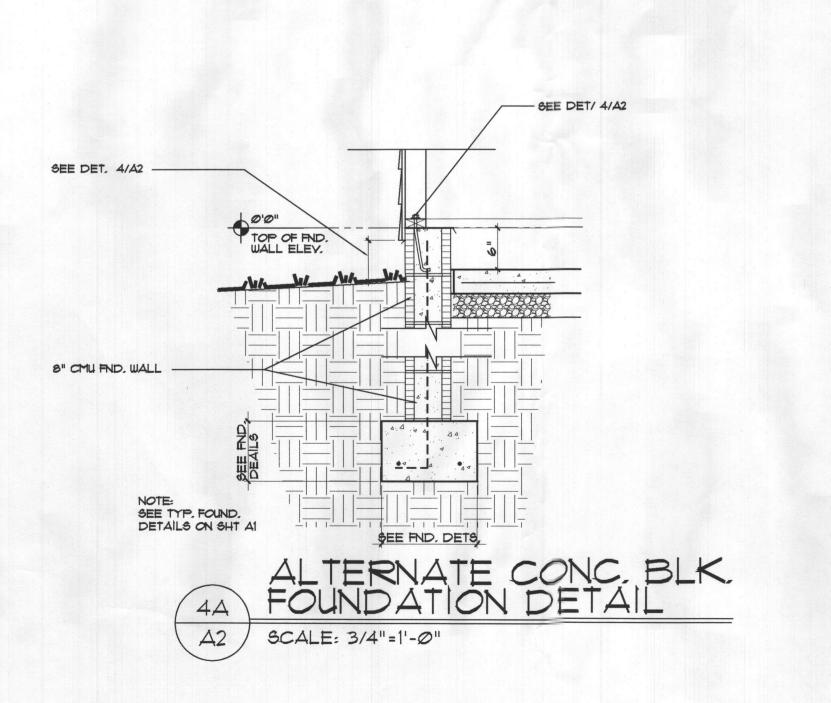


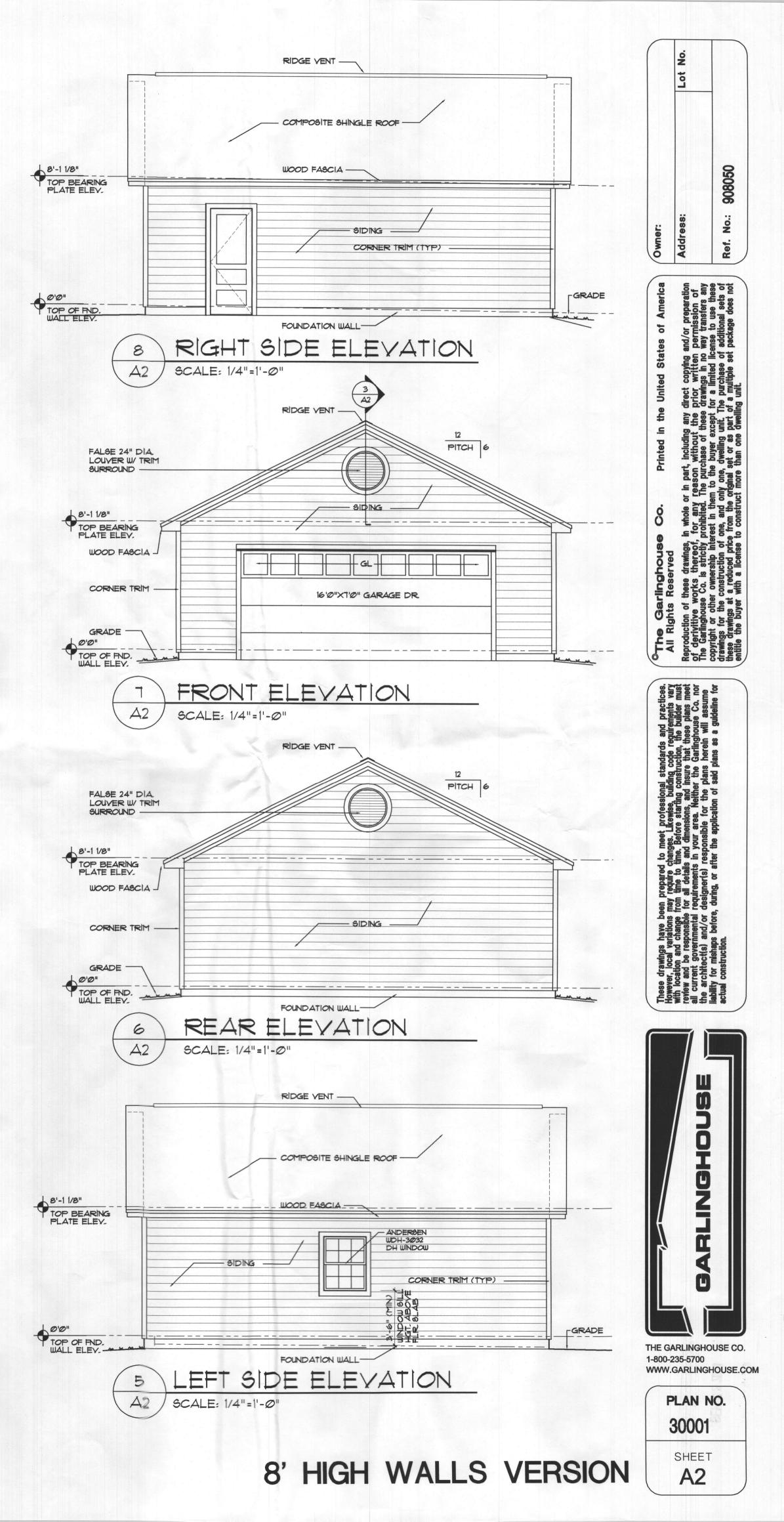


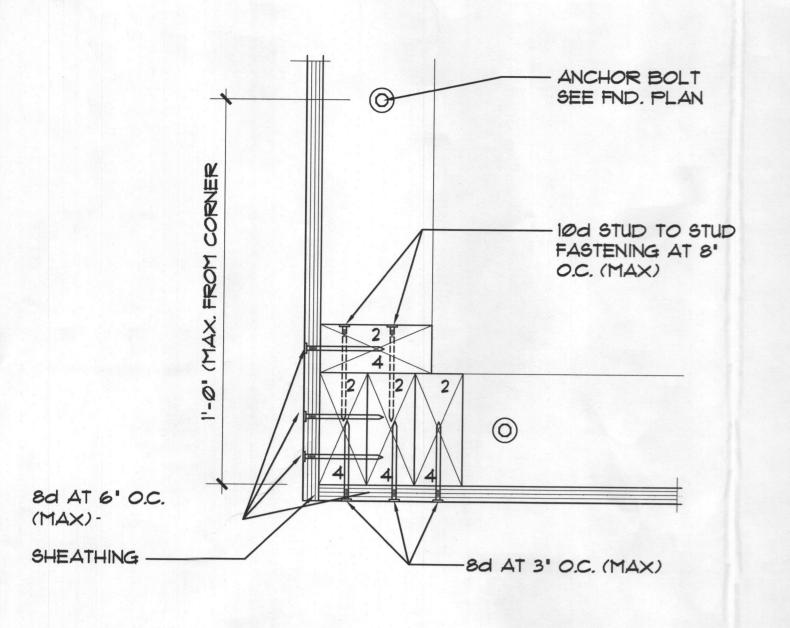
SCALE 3/4" = 1'-0"



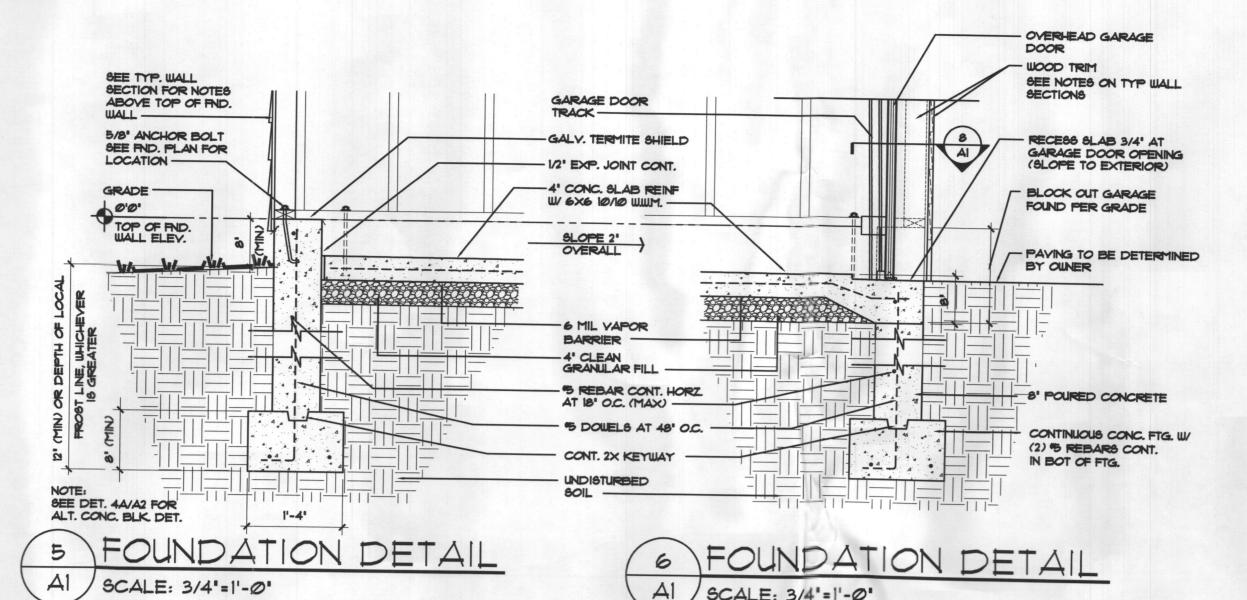






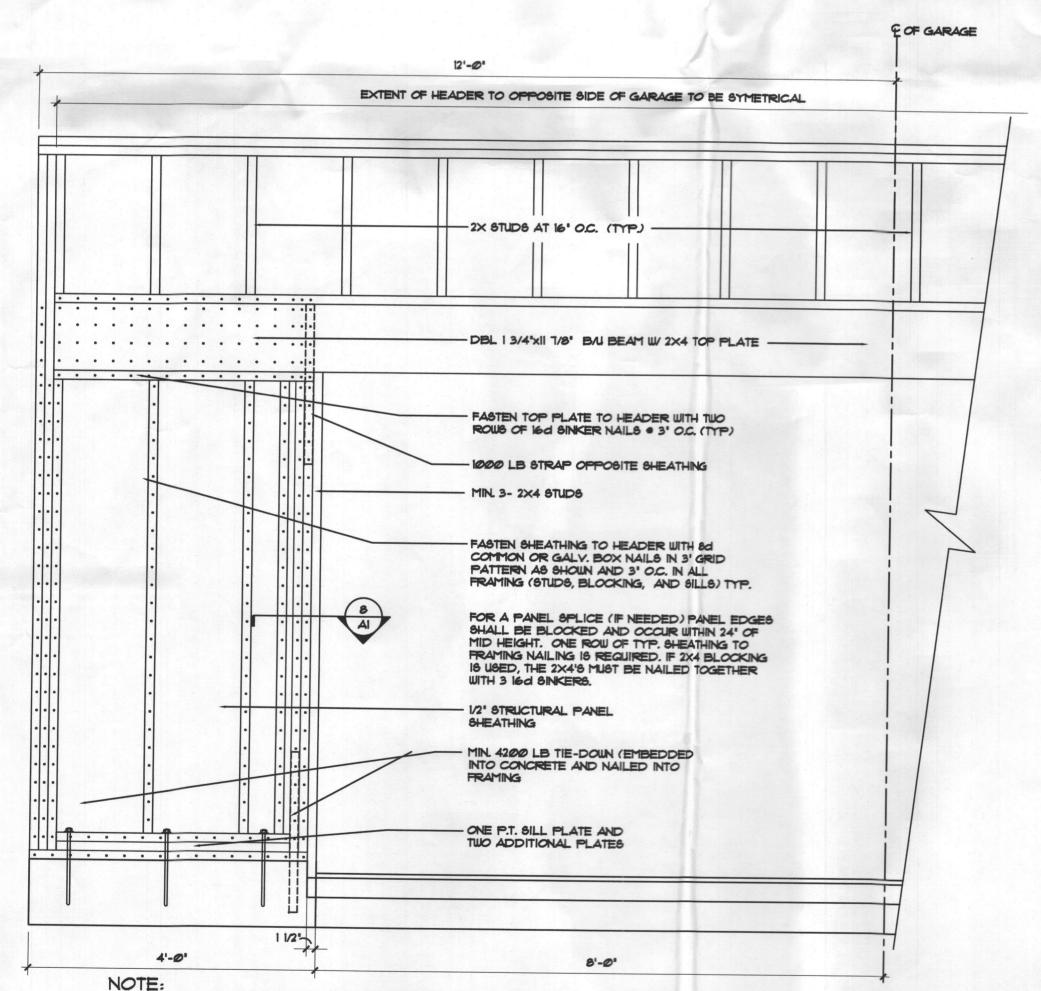


TYP. CORNER WALL STUDS PLAN DETAIL SCALE: 3"=1'-0"



THRESHOLD . ANCHOR BOLT SEE FND. PLAN -DOOR JAMB CONC. FND. led STUD TO STUD AND STOP CURB -FASTENING AT 8" O.C. (MAX) 1/2" EXP. GARAGE DOOR 1/4" SHIM -lød stud to stud SPACE -FASTENING AT 8" O.C. (MAX) ANCHOR BOLT TYP. GARAGE DR. TYP. PEDESTRIAN JAMB DETAIL DR. JAMB DETAIL SCALE: 1 1/2"=1'-@" SCALE: 1 1/2"=1'-0"

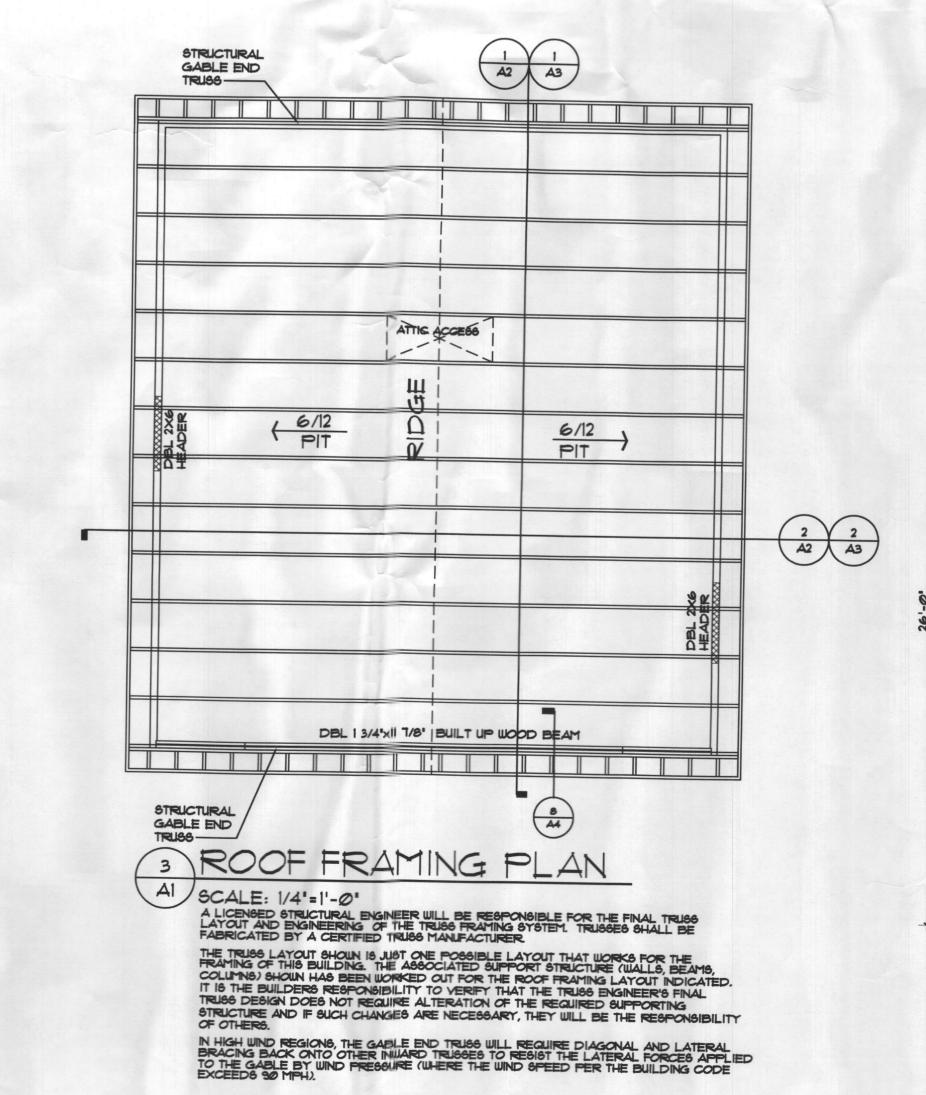
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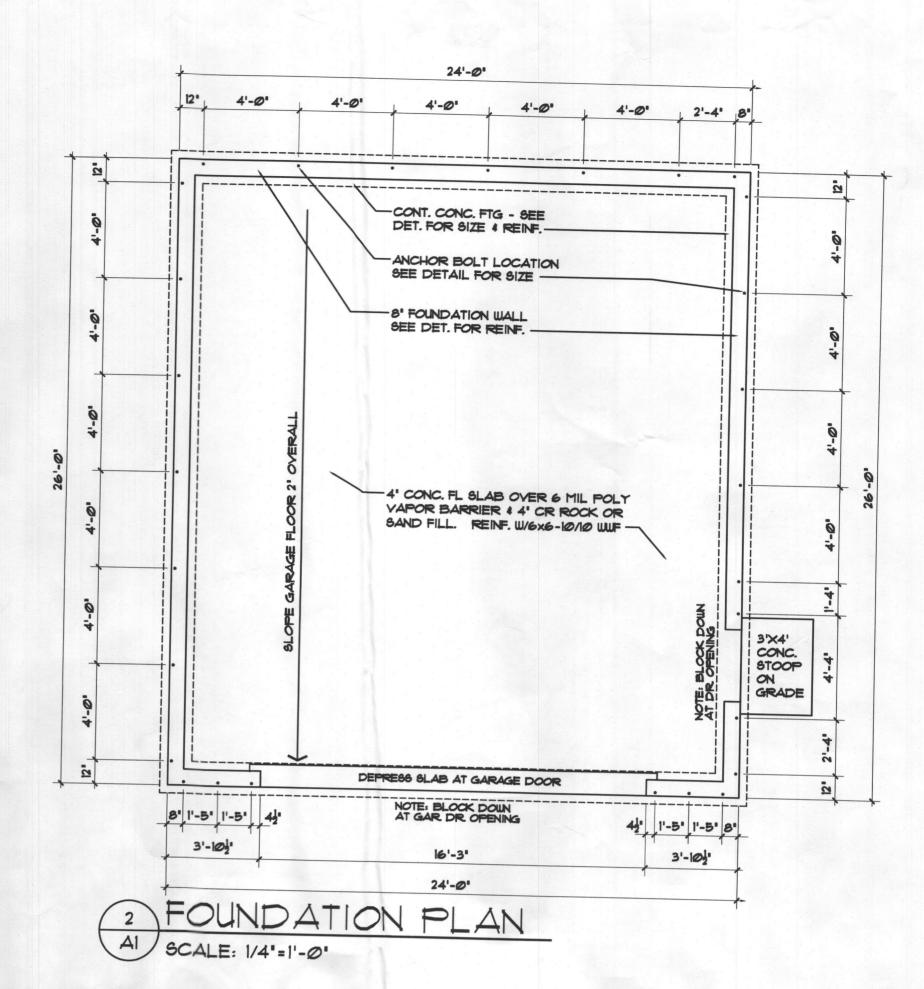


SEE PARAGRAPH R602.10.62 OF LATEST ADDITION OF INTERNATIONAL RESIDENTAL CODE FOR ADDITIONAL INFORMATION

BRACED WALL PANEL DETAIL a GARAGE DOOR OPENINGS

SCALE: 3/4'=1'-0' NOTE: FRONT WALL FRAMING SYMETRICAL ABOUT CENTER LINE OF GARAGE





SYMBOL LEGEND HOY RECEPTACLE . CEILING FOR GAR DOOR OPENER GROUND FAULT DUPLEX 110V RECEPTACLE WEATHERPROOF OUTLET SINGLE POLE SWITCH 3 WAY SWITCH CEILING LIGHT FIXTURE WALL FIXTURE

48' FLUORESCENT LIGHT FIXTURE

GARAGE DOOR OPENER BUTTON

ELECTRICAL NOTES:

ELECTRICAL LAYOUT IS GENERAL AND NOT REQUIRED BY CODE. OWNER SHALL HAVE OPTIONS AS TO INSTALLATION BY

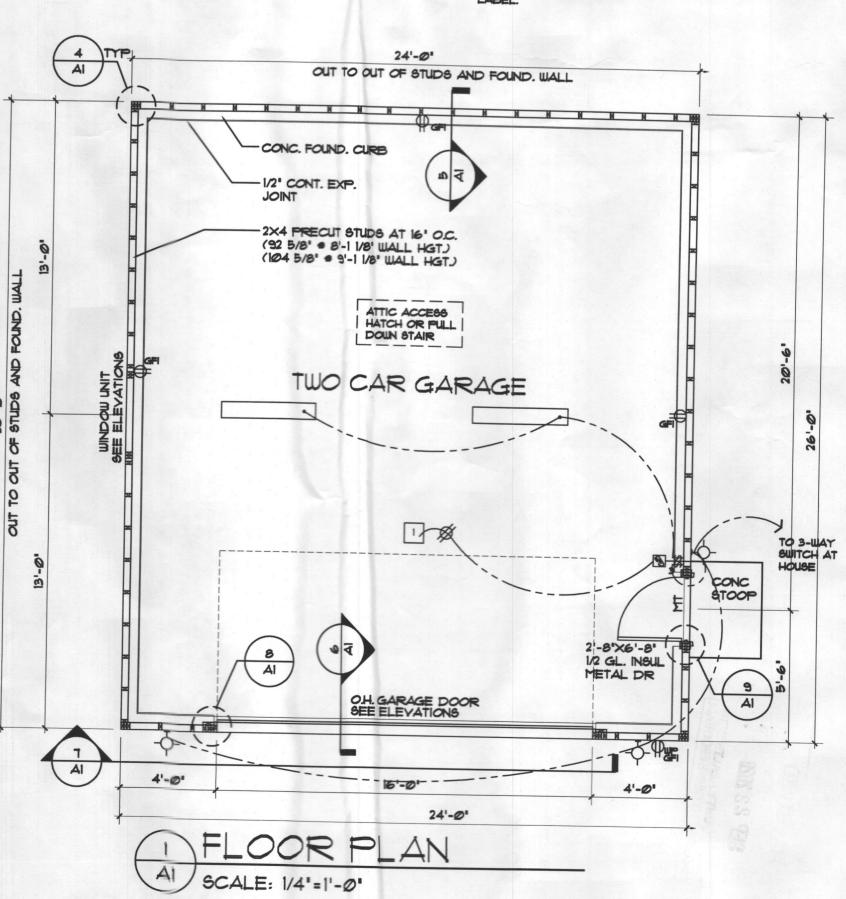
2. ALL WORK SHALL BE DONE IN ACCORDANCE WITH APPLICABLE ELECTRIC CODES, LATEST ADOPTED EDITION, AND SHALL COMPLY WITH ALL LOCAL RULES AND ORDINANCES. 3. IT IS NOT THE INTENT OF THESE PLANS TO SHOW EVERY DETAIL

OF ELECTRICAL INSTALLATION. THE CONTRACTOR IS EXPECTED TO FURNISH AND INSTALL ALL ITEMS FOR A COMPLETE ELECTRICAL SYSTEM IN PROPER WORKING ORDER

4. ALL WORK TO BE PERFORMED BY A LICENSED ELECTRICAL CONTRACTOR IN A WORKMAN LIKE MANNER.

5. COORDINATE ALL WORK WITH OTHER TRADES TO AVOID INTERFERENCE WITH THE PROGRESS OF CONSTRUCTION. 6. MEET ALL STANDARD REQUIREMENTS OF ELECTRIC COMPANY FOR INSTALLATION.

1. PROVIDE ALL NEW MATERIALS BEARING UNDERWRITER'S





PLAN NO.

SHEET

A1

and pract equirements the builder these plans ghouse Co. n will assur