FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
	Future Repairs of the Septic System requires that the existing well be replaced by a new well, and the existing well properly abandoned by a Licensed Well Driller.
2/25/2016	R Bruich per MJD
*	This document is to be included in all requests for P.I.A. pcB

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.ho[illegible]countymd.gov

Date Received: ______________

Permit No.: B14004891

Building Address: 12330 Scaggsville Rd	Property Owner's Name: [illegible]
City: Fulton State: MD Zip Code: 20759	Address: [illegible]
Suite/Apt. # ________ SDP/WP/BA #: ________	City: [illegible] State: MD Zip Code: [illegible]
Census Tract: ________ Subdivision: ________	Phone: [illegible] Fax: ________
Section: ________ Area: ________ Lot: ________	Email: [illegible]
Tax Map: ________ Parcel: ________ Grid: ________	**Applicant's Name & Mailing Address, (If other than stated herein)**
Zoning: ________ Map Coordinates: ________ Lot Size: ________	Applicant's Name: ________ Address: ________ City: ________ State: ________ Zip Code: ________ Phone: ________ Fax: ________ Email: ________

Existing Use: Living	Contractor Company: [illegible]
Proposed Use: Living	Contact Person: ________
Estimated Construction Cost: $ 200K	Address: ________
Description of Work: Second Floor Addition Garage & Room (First Floor) [illegible]	City: ________ State: ________ Zip Code: ________
	License No.: ________
	Phone: ________ Fax: ________
	Email: ________
Occupant or Tenant: ________	
Was tenant space previously occupied? ☐Yes ☐No	Engineer/Architect Company: [illegible]
Contact Name: ________	Responsible Design Prof.: ________
Address: ________	Address: [illegible]
City: ________ State: ________ Zip Code: ________	City: [illegible] State: ________ Zip Code: [illegible]
Phone: ________ Fax: ________	Phone: [illegible] Fax: ________
Email: ________	Email: [illegible]

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ **Roadside Tree Project Permit**	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Water Supply	
☐ Public	
☐ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☐ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☒ No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[signature] [illegible]

Applicant's Signature ***Print Name***

[illegible] 12-11-14

Email Address ***Date***

Owners

Title/Company

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	4/12/16	[signature]

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	☐ Yes ☐No
Is Entrance Permit Required?	☐ Yes ☐No
Historic District?	☐ Yes ☐No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	$ [illegible]
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:

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

1/8/2015

TO: Marcos Tamayo and Carla Luis, Applicants
cluis@p2cleaning.com ; mtamayo@p2cleaning.com

FROM: Robert Bricker, REHS/R.S., L.E.H.S., Environmental Sanitarian II
Well and Septic Program

RE: Building Permit Application B14004489; 12330 Scaggsville Road

Dear Mr. Tamayo and Ms. Luis,

The referenced building permit applications cannot be approved by the Health Department at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a sewage disposal area of "adequate area for an initial septic system and two 2 repairs". The location and configuration of a sewage disposal area is verified by the Approving Authority's signature on a Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B14004489) and any subsequent building permit applications. Percolation tests likely will be required in order to establish a sewage disposal area. Usually the percolation test data, well locations, and structures' footprints are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval.

Please be advised that Health Department records indicate that the existing septic system is designed for estimated maximum daily discharge from a 4-bedroom residence. Should your plans illustrate more than 4 bedrooms within the proposed structure, a septic system upgrade is required prior to Health Department approval of the building permit for the proposed addition. The upgrade must include a BAT unit.

In addition to an approved Percolation Certification Plan, the Health Department requires the following prior to approval of the building permit:

1. A revised Plot Plan that includes the entire parcel boundary, and on which is illustrated the locations for the well and the existing septic system components. Copies of this revised plan should be submitted to the Department of Inspections, Licenses, and Permits (DILP) only after the Percolation Certification Plan is signed by the Approving Authority.

2. A copy of the floor plans for the entire existing structure and for the proposed addition submitted directly to the Health Department, to my attention. (As DILP does not forward copies of floor plans to the Health Department.)
3. In the event that a septic system upgrade is required, 2 copies of a BAT Site Plan submitted directly to the Health Department, to my attention.

The Health Department maintains lists of excavation contractors/septic system installers, and engineers or surveyors who are known to offer their services in Howard County. You may contact me at the Bureau of Environmental Health, Well and Septic Program, 410-313-1771, if you have questions about these contents.

RB
Copy: file

RESIDENCE REMODELING

12330 SCAGGSVILLE RD. ▪ FULTON ▪ MD ▪ 20759

HOWARD COUNTY

For Health Dept

For Health Dept

CODE ANALYSIS

CODE: 2015 INTERNATIONAL RESIDENTIAL CODE (IRC)	
USE GROUP/MIXED USE	R3
TYPE OF CONSTRUCTION	5B
HEIGHT/No. OF STORIES	27'-2" HIGH 2-STORY
HOUSE TYPE	2-STORY COLONIAL
COVERED MALL (Y/N)	NO
FULLY SPRINGKLERED (Y/N)	NO

FLOOR AREA	EXIST.	NEW
BASEMENT	0.00 SQ.FT.	0.00 SQ.FT.
FIRST FL.	2,779.93 SQ.FT.	0.00 SQ.FT.
SECOND FL./ATTIC FL.	568.33 SQ.FT.	0.00 SQ.FT.
	0.00 SQ.FT.	
TOTALS	3,348.26 SQ.FT.	0.00 SQ.FT.

GENERAL NOTES

1. EMERGENCY EGRESS WINDOW SIZES TO CONFORM WITH SECTION R310 OF THE 2015 IRC. MAX. SILL HEIGHT OF EMERGENCY EGRESS WINDOWS TO BE 44" IN CONFORMANCE WITH 2015 INTERNATIONAL RESIDENTIAL CODE (IRC)
2. MAXIMUM RISER HEIGHT SHALL BE 7 3/4" AND MAX.TREAD 10" FOR ALL STAIRWAYS. HANDRAIL PROJECTION 3 1/2" MAXIMUM PER 2015 IRC
3. ROOF SHINGLES TO BE INSTALLED PER 2015 IRC
4. FIRESTOPPING SHALL BE PROVIDED PER 2015 IRC
5. ROOF VENTING SHALL BE INSTALLED PER 2015 IRC
6. GUARDRAIL HEIGHTS TO BE 36" MIN. ACCORDING WITH 2015 IRC
7. PROVIDE GALVANIZED WALL TIES IN ACCORDANCE WITH 2015 IRC
8. ALL GLAZED AREAS SUBJECT TO HUMAN IMPACT SHALL BE SAFETY GLASS IN CONFORMANCE WITH SECTION R308 OF THE 2015 IRC
9. ALL FIREPLACES TO BE U.L. RATED AND INSTALLED ACCORDING TO MANUFACTURERS SPECIFICATIONS AND 2015 IRC
10. ALL FOOTINGS TO EXTENDED AT LEAST 24 INCHES BELOW FINISH GRADE PER 2015 IRC
11. ALL FRAME BEARING WALLS TO CONFORM WITH 2015 IRC
12. PROVIDE WALL BRACING IN ACCORDANCE WITH 2015 IRC USING EITHER CONTINUOUS DIAGONAL BRACING OR APROVED 4'x8' SHEATHING PANELS APPLIED VERTICALLY.
13. PROVIDE FOUNDATION ANCHORAGE IN ACCORDANCE WITH 2015 IRC
14. ALL TRUSSES, BRIDGING, AND MICRO-LAM BEAMS SHALL BE INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS AND 2015 IRC
15. PLYWOOD USED FOR FLOOR AND ROOF SHEATHING SHALL CONFORM TO 2015 IRC
16. PROVIDE FLASHING AS REQUIRED PER 2015 IRC
17. PROVIDE SMOKE DETECTORS ON EVERY STORY INCLUDING THE BASEMENT OF EACH DWELLING UNIT, AND IN ALL BEDROOMS. THE DETECTORS SHALL BE WIRED IN SUCH A MANNER THAT THE ACTUATION OF ONE ALARM WILL ACTUATE ALL THE ALARMS IN THE INDIVIDUAL UNITS. PER 2015 IRC
18. SKYLIGHTS: SKYLIGHTS MAY BE GLAZED WITH ANY OF THE FOLLOWING MATERIALS SUBJECT TO THE NOTED LIMITATIONS AS SPECIFIED IN 2015 IRC: LAMINATED GLASS WIRED GLASS, ANNEALED GLASS, HEAT STRENGTHENED GLASS, TEMPERED GLASS, GLASS BLOCK AND LIGHT TRANSMITTING PLASTIC.
19. CONTRACTOR SHALL VERIFY ALL EXISTING DIMENSIONS AND ALL FIELD CONDITIONS PRIOR TO CONSTRUCTION, AND COMMUNICATE TO THE ARCHITECT ANY DISCREPANCIES WITH THESE DRAWINGS.

STRUCTURAL NOTES

DESIGN LOADS
1. LIVE LOADS
SLEEPING AREAS ..... 30 PSF
LIVING AREAS ..... 40 PSF
ROOFS (MINIMUM + SNOW DRIFT) ..... 30 PSF
2. SNOW LOADS
GROUND SNOW LOAD Pg = 25 PSF
SNOW EXPOSURE FACTOR Ce= 0.6
SNOW IMPORTANCE FACTOR I = 1.0

SOIL BEARING
1. ASSUMED 1500 PSF, SHALL BE VERIFIED IN THE FIELD

CONCRETE
1. ALL CONCRETE CONSTRUCTION SHALL CONFORM TO THE ACI CODE 318-05.
2. 28- DAY CONCRETE STRENGTH SHALL BE AS FOLLOWS: STONE CONCRETE: COURSE AGGREGATE SHALL CONFORM TO ASTM C33, F 'C = 3000 PSI.
3. WALL FOOTINGS SHALL BE 12" DEEP AND PROJECT 6" BEYOND EACH OF WALL, UNLESS NOTED.
4. ALL MASONRY WALLS FOOTING SHALL TO BE REINFORCED WITH 3 # 5 LONGITUDINAL CONTINUOUS TOP AND BOTTOM BARS, UNLESS NOTED.
5. ALL DISTURBED EARTH UNDER FOOTING SHALL BE REPLACES WITH CONCRETE F'C = 2000 PSI.
6. ALL BEARING STRATA SHALL BE CLOSER THAN AT A SLOPE OF 2:1 (2 - HORIZONTAL TO ONE VERTICAL) TO A FOOTING.
8. DO NOT PLACE CONCRETE OVER FROZEN SOIL.
9. THE OWNER SHALL RETAIN THE SERVICES OF A SOIL CONSULTANT APPROVED BY THE ARCHITECT TO CHECK AND VERIFY THE REQUIRED SOIL BEARING PRESSURE OF EACH FOOTING.

REINFORCEMENT STEEL
1. ALL REINFORCING STEEL SHALL CONFORM TO ASTM- A615, GRADE 60.
2. WELDED WIRE MESH TO CONFORM TO ASTM-A185.
3. FABRICATED AND PROVIDED STANDARD SUPPORTING ACCESSORIES IN ACCORDANCE WITH THE ACI MANUAL OF STANDARD PRACTICE FOR DETAILING REINFORCED CONCRETE STRUCTURES ACI 315- LATEST ADDITION.
4. ALL CONTINUOUS REINFORCING SHALL BE SPLICED WITH "B" SPLICE STAGGERED, UNLESS NOTED OTHERWISE.
5. SUBMIT FOR APPROVAL SHOP DRAWING SHOWING ALL REINFORCING STEEL AND LOCATIONS OF COLD JOINTS FOR EXTENT OF THE CONCRETE POUR.

CONCRETE PROTECTION FOR REINFORCEMENT
1. FOOTING AND OTHER CONCRETE POURED AGAINST EARTH -3"
2. FORMED CONCRETE EXPOSED TO EARTH -2" FOR BARS LARGER THAN #5, 1 1/2" FOR #5 AND SMALLER BARS.
3. SLABS ON GROUND, UNLESS OTHERWISE NOTED, TO HAVE REINFORCEMENT AT MID-DEPTH.

SLAB ON GRADE
1. EXCEPT WHERE OTHERWIST NOTED, SHALL BE 4" THICK, REINFORCED WITH 6" X 6" - W.4.0 X W4.0 W.W.F.
2. LAP MESH 6"IN EACH DIRECTION.
3. PROVIDED CONTROL JOINTS AT 20'-0" O.C. EACH WAY IN ALL SLABS ON GRADE.

MASONRY
1. SOLID CONCRETE MASONRY SHALL BE GRADE IN ACCORDANCE WITH ASTM C-145 AND MAY BE 75% SOLID, UNLESS OTHERWISE NOTED.
2. HOLLOW CONCRETE MASONRY UNITS SHALL BE GRADE IN CONFORMING TO ASTM C-90
3. ALL MORTAR SHALL BE TYPE "S" CONFORMING TO ASTM C-270 FOR ABOVE GRADE CONSTRUCTION. USE TYPE "M" FOR BELOW GRADE.

STRUCTURAL STEEL
1. SHALL BE IN ACCORDANCE WITH THE LATEST AISC SPECS. FOR "DESIGN, FABRICATION AND ERECTION OF STRUCTURAL STEEL FOR BUILDINGS."
2. ALL STRUCTURAL STEEL SHALL CONFORM TO ASTM A-36. STRUCTURAL TUBING SHALL CONFORM TO ASTM A500 GRADE B.
3. ALL WELDING SHALL BE DONE IN ACCORDANCE WITH THE AMERICAN WELDING SOCIETY STANDARD CODE FOR ARC AND GAS WELDING IN BUILDING CONSTRUCTION, LATEST CODE, AND SHALL BE PERFORMED BY CERTIFIED WELDERS ONLY.
4. SHOP AND FIELD CONNECTIONS SHALL BE WELDED OR MADE WITH 3/4" STEEL HIGH STRENGTH BOLTS IN ACCORDANCE WITH ASTM A325.
5. NO HOLES SHALL BE LOCATED IN FLANGES OF BEAMS UNLESS APPROVED BY THE ENGINEER.
6. THE OWNER SHALL RETAIN THE SERVICES OF A QUALIFIED INSPECTOR TO INSPECT ERECTED STEEL AND CONNECTIONS. ALL FULL PENETRATION WELDS SHALL BE TESTED BY ULTRASONIC METHOD.
7. NO FIELD CUTTING OF THE STEEL SHOP DRAWINGS AND CALCULATIONS SIGNED AND SEALED BY A PROFESSIONAL ENGINEER REGISTERED IN THE BUILDING'S JURISDICTION. ALLOW TWO WEEKS FOR THE REVIEW OF STRUCTURAL SHOP DRAWINGS.

LINTELS
1. FOR ALL OPENINGS AND RECESSES IN BRICK WALLS, PROVIDE ONE STEEL ANGLE FOR EACH 4" OF WALL THICKNESS AS FOLLOW:
A. L 3 1/2" X 3 1/2" X 1/4" FOR OPENINGS UP TO 4'-0"
B. L 4" X 3 1/2" X 1/4" FOR OPENINGS 4'-1" TO 5'-11"
C. W8X18 WITH SUSPENDED 1/4" PLATE SAME WIDTH AS WALL FOR OPENINGS GREATER THAN 6'-0", LESS THAT 8'-0", UNLESS NOTED. PROVIDE 6" MINIMUM BEARING AT EACH END.

WOOD FRAMING
1. FRAMING LUMBER FOR BEAMS AND JOISTS SHALL HAVE FB= 1100 PSI, E=1,300,000 PSI, AND FOR STUDS AND POSTS, FC= 500 PSI, E= 1,200,000 PSI.
2. PROVIDE 2-2 X 6 @ EACH SIDE OF OPENINGS UNLESS NOTED OTHERWISE.
3. ALL WOOD LINTEL SHALL BE 3-2 X 6 UNLESS OTHERWISE NOTED.
4. ALL WOOD LINTEL SHALL BE 3-2 X 10 UNLESS OTHERWISE NOTED.
5. PROVIDED CROSS-BRIDGING FOR JOISTS AT 8'-0" INTERVALS.
6. WOOD JOISTS AND BEAMS SHALL NOT BE CUT OR DRILLED UNLESS SO AUTHORIZED BY THE ARCHITECT.
7. PROVIDE APPROVED HURRICANE CONNECTIONS BETWEEN FRAMING MEMBERS.
8. NOT USED
9. LUMBER IN CONTACT WITH MASONRY OR CONCRETE SHALL BE PRESSURE TREATED AGAINST DECAY.
10. PROVIDED DOUBLE JOISTS BELOW NON-BEARING PARTITIONS PARALLEL TO JOISTS.
11. FRAMING LUMBER SHALL HAVE 19% MAXIMUM MOISTURE CONTENT.
12. BRUSH PRESERVATIVE SOLUTION ON ALL EDGES THAT ARE CUT IN MEMBERSTHAT ARE IN CONTACT WITH CONCRETE OR MASONRY.
13. PROVIDE MANUFACTURERS' STANDARD JOIST OR STANDARD BEAM HANGERS AT WALL WOOD TO WOOD CONNECTIONS THAT REQUIRE JOISTS OR BEAMS FRAMING INTO THE SIDE OR FACE OF THE SUPPORTING MEMBER. THE CAPACITY OF THE HANGER SHALL BE FOR THE REACTION SHOWN ON PLANS. IF NO REACTION IS SHOWN, THE CAPACITY OF THE HANGER SHALL BE FOR THE MAXIMUM SHEAR CAPACITY OF THE JOISTS OR BEAM.

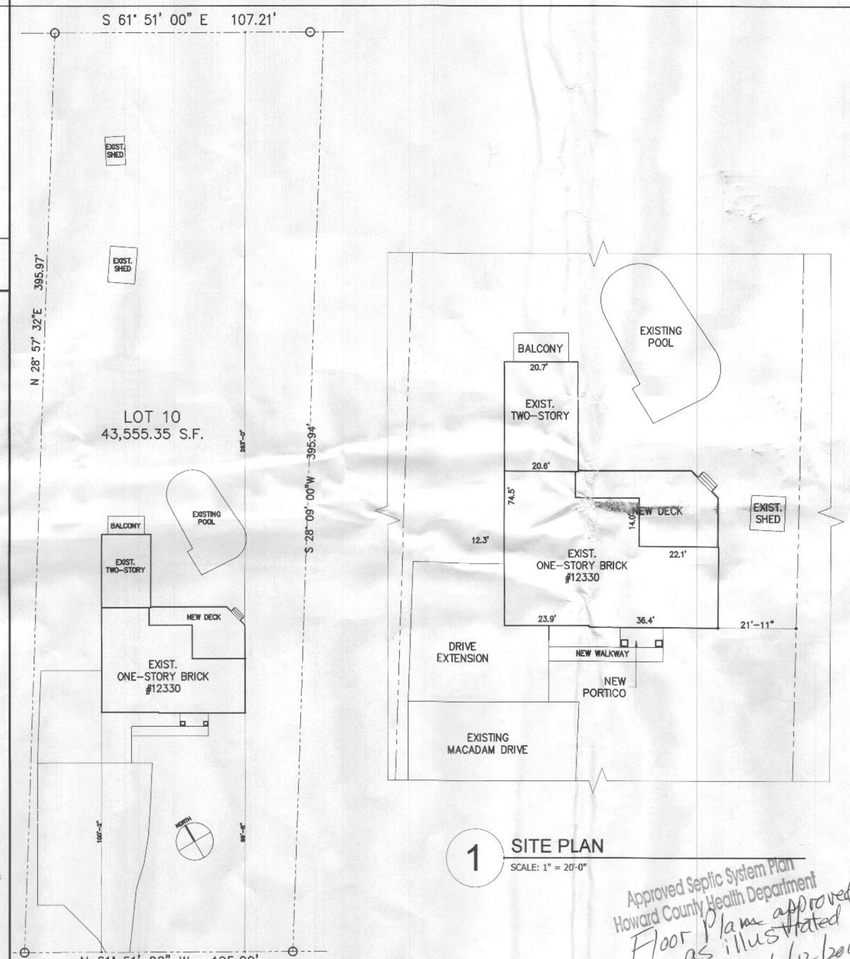
PLYWOOD SHEATHING
1. ALL PLYWOOD SHEATHING SHALL BE CD-GRADE, UNLESS OTHERWISE SHOWN, WITH EXTERIOR GLUE MANUFACTURED INACCORDANCE WITH PRODUCT STANDARD PS1&3, LATEST ADDITION. ROOF AND WALL SHEATHING
2. PLYWOOD SHEATHING SHALL BE LAID WITH END JOINT STAGGERED.
3. BLOCK ALL WALL SHEATHING WITH 2X4 FLAT BLOCKING AT ALL EDGES.
4. LAYOUT PLYWOOD TO ELIMINATED ANY WIDTH LESS THAN 1'-0".

TRUSS RAFTERS
1. SHALL BE DESIGNED TO SUPPORT THE REQUIRED DEAD AND LIVE LOADS AND MECHANICAL EQUIPMENT.
2. CONNECTIONS SHALL BE CAPABLE OF TRANSMITTING THE STRESSES PLUS ECCENTRICITIES. DESIGN SHALL CONFORM TO TRUSS PLATE INSTITUTE SPECIFICATIONS.
3. SHALL CONFORM TO THE NATIONAL DESIGN SPECIFICATIONS FOR STRESS GRADE LUMBER AND ITS FASTENING, LATEST EDITION.
4. WOOD TRUSSED RAFTERS SHALL BE FABRICATED WITH HYDRAULICALLY PRESSED METAL PLATES OR NAILED STEEL GUSSET PLATES.
5. PROVIDE CROSS-BRACING AT 8'-0" FOR JOISTS.
6. USE SHEETR PANEL BETWEEN JOISTS AT BEARING WALLS AND SOLID BLOCKING AT ALL POST SUPPORTS.
7. JOISTS SHALL HAVE AT LEAST 4" MINIMUM BEARING ON MASONRY, EVERY 2ND JOIST TO HAVE "T" SHAPED STEEL ANCHORS WHEN BEARING ON MASONRY.
8. JOIST RUNNING PARALLEL TO MASONRY WALL TO BE ANCHORED WITH 3/16" X 2" STEEL STRAP ANCHORS AT 4'-0" O.C. AND EXTENDED TO ENGAGE JOISTS.
9. WOOD PLATES RECEIVING TRUSS JOISTS ON MASONRY WALL TO BE BOLTED TO WALL WITH 5/8" BOLTS, 18" LONG AND 2'-0" O.C.
10. JOISTS SHALL NOT BE CUT OR DRILLED UNLESS SO AUTHORIZED BY ENGINEER. SUBMIT SHOP DRAWINGS AND DESIGN CALCULATIONS AND CATALOGUES FOR APPROVAL PRIOR TO FABRICATION.

SHOP DRAWINGS
1. SHOP DRAWINGS FOR ALL STRUCTURAL ELEMENTS SHOWN ON THE CONTRACT DOCUMENTS MUST BE SUBMITTED BY THE CONTRACTOR AND REVIEWED BY THE ENGINEER. IF CONTRACTOR OR OWNER FAILS TO SUBMIT THE SHOP DRAWINGS, SCA WILL NOT BE RESPONSIBLE FOR THE STRUCTURAL CERTIFICATION AND DESIGN OF.
2. THE CONTRACTOR SHALL REVIEW ALL SHOP DRAWINGS BEFORE SUBMITTING TO ENGINEER, MAKE ALL CORRECTIONS AS HE DEEMS NECESSARY AND SHALL CERTIFY ON EACH DRAWING AS FOLLOWS.
3. REPRODUCTIONS OF STRUCTURAL DRAWINGS FOR USE AS SHOP DRAWINGS SHALL NOT BE PERMITTED.

GENERAL
1. ALL DETAIL, SECTION, AND NOTES SHOWN ON DRAWINGS ARE INTENDED TO BE TYPICAL AND SHALL APPLY TO SIMILAR SITUATIONS ELSEWHERE UNLESS NOTED.
2. DO NOT SCALE DRAWINGS.
3. REFER TO ARCHITECTURAL, MECHANICAL DRAWINGS FOR LOCATIONS AND DIMENSIONS OF OPENINGS, SLEEVES, DRIPS, REVEALS, FINISHES, DEPRESSIONS, DOOR AND OTHER SUCH PROJECT REQUIREMENTS NOT SHOWN ON STRUCTURAL DRAWINGS.
4. CONTRACTOR SHALL PROVIDE TEMPORARY BRACING AS REQUIRED TO PROPERLY CONSTRUCT THE BUILDING.
5. ALL HANGERS FOR MECHANICAL PIPING, DUCTWORK, AND EQUIPMENT SHALL BE CONNECTED TO THE STRUCTURAL MEMBERS. THE HANGERS SHALL BE LOCATED SUCH THAT DO NOT PRODUCED EQUIVALENT UNIFORM LOAD OF MORE THAN 5 PSF. SUBMIT SHOP DRAWINGS FOR HANGERS SHALL BE LOCATED SUCH THAT DO NOT PRODUCE EQUIVALENT UNIFORM LOAD OF MORE THAN 5 PSF. SUBMIT SHOP DRAWINGS FOR HANGER TYPE AND LAYOUT FOR APPROVAL.
6. PROVIDE ALL CLIPS, INSERTS, TIES, ANCHOR STRAPS, HANGER, BOLTS AND OTHER FASTENERS REQUIRED FOR THIS SECTION.
7. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS PRIOR TO STARTING CONSTRUCTION AND ANY DISCREPANCY SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT.
8. NO PART OF THE BUILDING SHALL BE USED AS A STAGING AREA RESULTING IN A LOAD (UNDER THE LIMITED LOADED AREA) THAT EXCEEDS 75% OF THE DESIGN LIVE LOAD.
9. ALL FORMWORK AND SHORING DESIGN IS THE RESPONSIBILITY OF THE CONTRACTOR.

SITE PLAN



1 SITE PLAN
SCALE: 1" = 20'-0"

1 SITE PLAN
SCALE: 1" = 20'-0"

Approved Septic System Plan
Howard County Health Department
Floor Plans approved as illustrated
Signature
4/12/2016
Date
By 4004489
12330 Scaggsville Rd.
Sheet 1 of 2

LINTEL SCHEDULE

		SIZE	NOTES
L-1	ARCHITECTURAL PRECAST LINTEL	(3) 4" X 8" X 3'-5" (1 PRECAST & 2 MASONRY LINTELS)	
L-2	ARCHITECTURAL PRECAST LINTEL	(3) 4" X 8" X 5'-8" (1 PRECAST & 2 MASONRY LINTELS)	
L-3	ARCHITECTURAL PRECAST LINTEL	(3) 4" X 8" X 2'-8" (1 PRECAST & 2 MASONRY LINTELS)	
L-4	ARCH. PRECAST ARCH	(3) 4" X 8" CURVE (1 PRECAST & 2 MASONRY LINTELS)	
L-1	ARCHITECTURAL PRECAST LINTEL	(3) 4" X 8" X 3'-8" (1 PRECAST & 2 MASONRY LINTELS)	

LIST OF DRAWINGS

Sheet List Table

Sheet Number	Sheet Title
C-1	Cover Sheet
A-1	First Floor Plan
A-2	Second Floor Plan
A-3	Foundation Plan
A-4	Front & Left Elevations
A-5	Rear & Right Elevations
A-6	Framing Plans
A-7	Sections
B-1	Insulation Plans
WB-1	Wall Bracing Plans
WB-2	Wall Bracing Details

RAOUL LISSABET, A.I.A.
ARCHITECTS, LLC
19021 SEDLEY TERRACE
GAITHERSBURG, MD. 20879
TEL: (301) 948-3197
e-mail: rlissabet1@comcast.net

STATE OF MARYLAND
RAOUL LISSABET A.I.A.
6152
ARCHITECT

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 No. 6152 EXP. DATE 09-02-16

Revisions

#	Date

Client:
MARCO TAMAYO & CARLA LUIS

Location:
12330 SCAGGSVILLE RD.
FULTON, MD 20759

Project:
RESIDENCE REMODELING

Drawing Title:
COVER SHEET NOTES & ROOF PLAN

Drawn by
Arch. Camilo Garzon

Project No.

02/20/16 PERMIT

Drawing No:
C-1