

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

Date: 4-29-2022 *plan review*

To: Gilmer Chasco *Health Dept*
(Person's Name and Division)

From: Clarksville Construction (443) 388 3116
(Your Name, Company Name and Telephone Number)

Subject: Project name Andrews

Project site address 9205 W Stayman Dr Ellicott City MD 21042

Permit # B22001435 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 *online permit plan drop off*

____ Copies of 2 (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)

Gilmer Chasco
Please Print Name

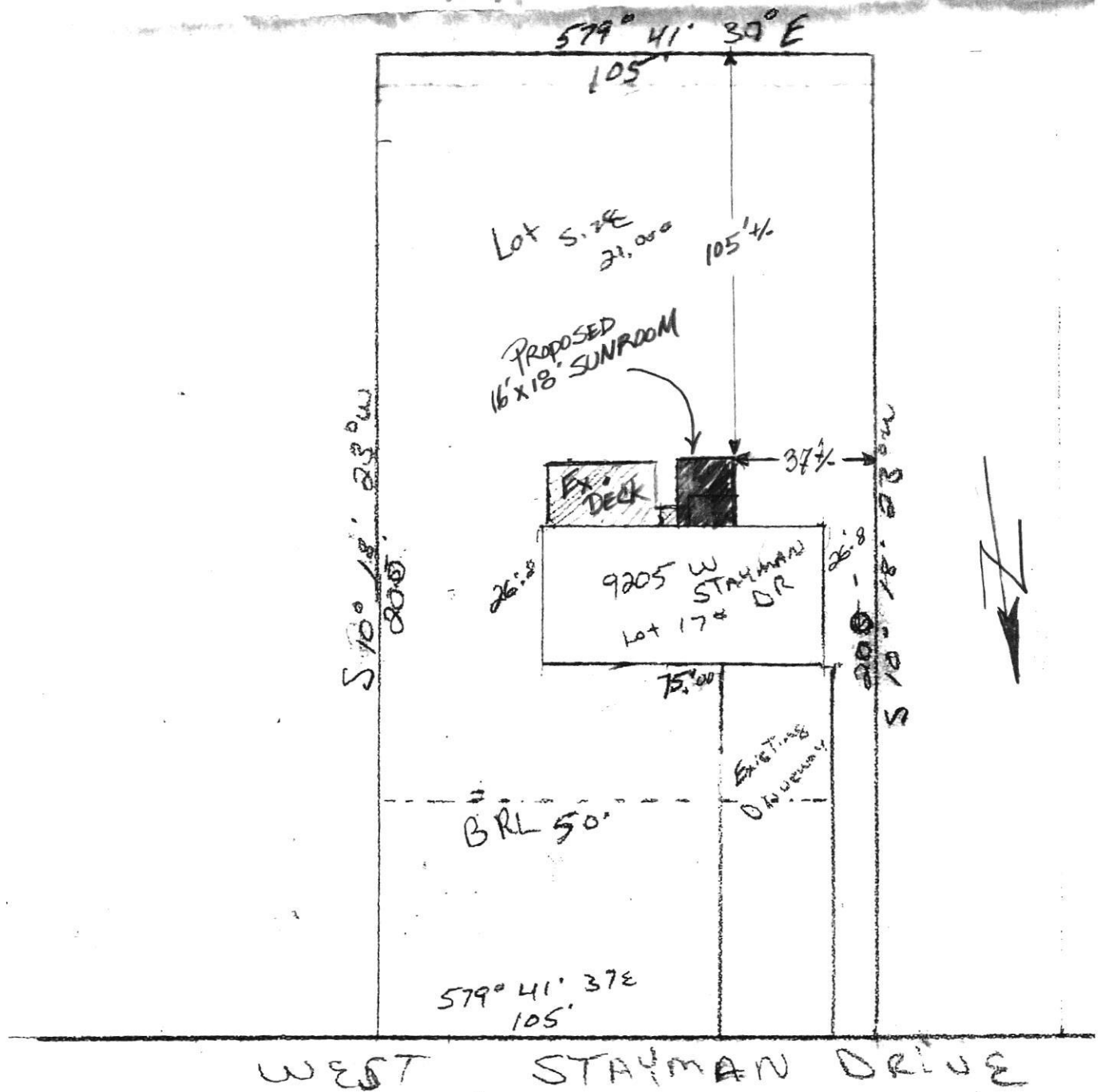
Telephone No: 443 388 3116

E-Mail Address: Gilmer@clarksvilleconst
ction.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.

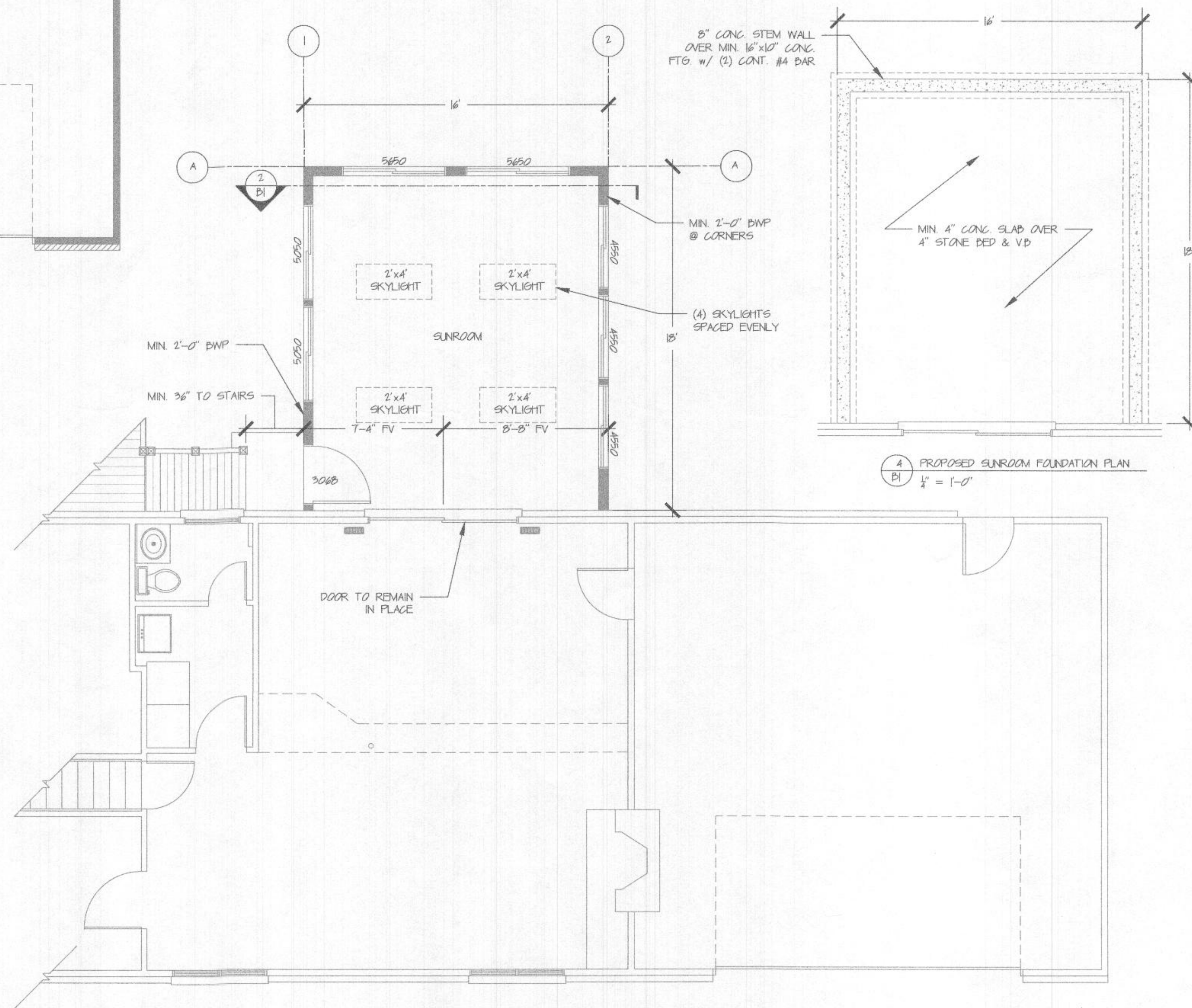
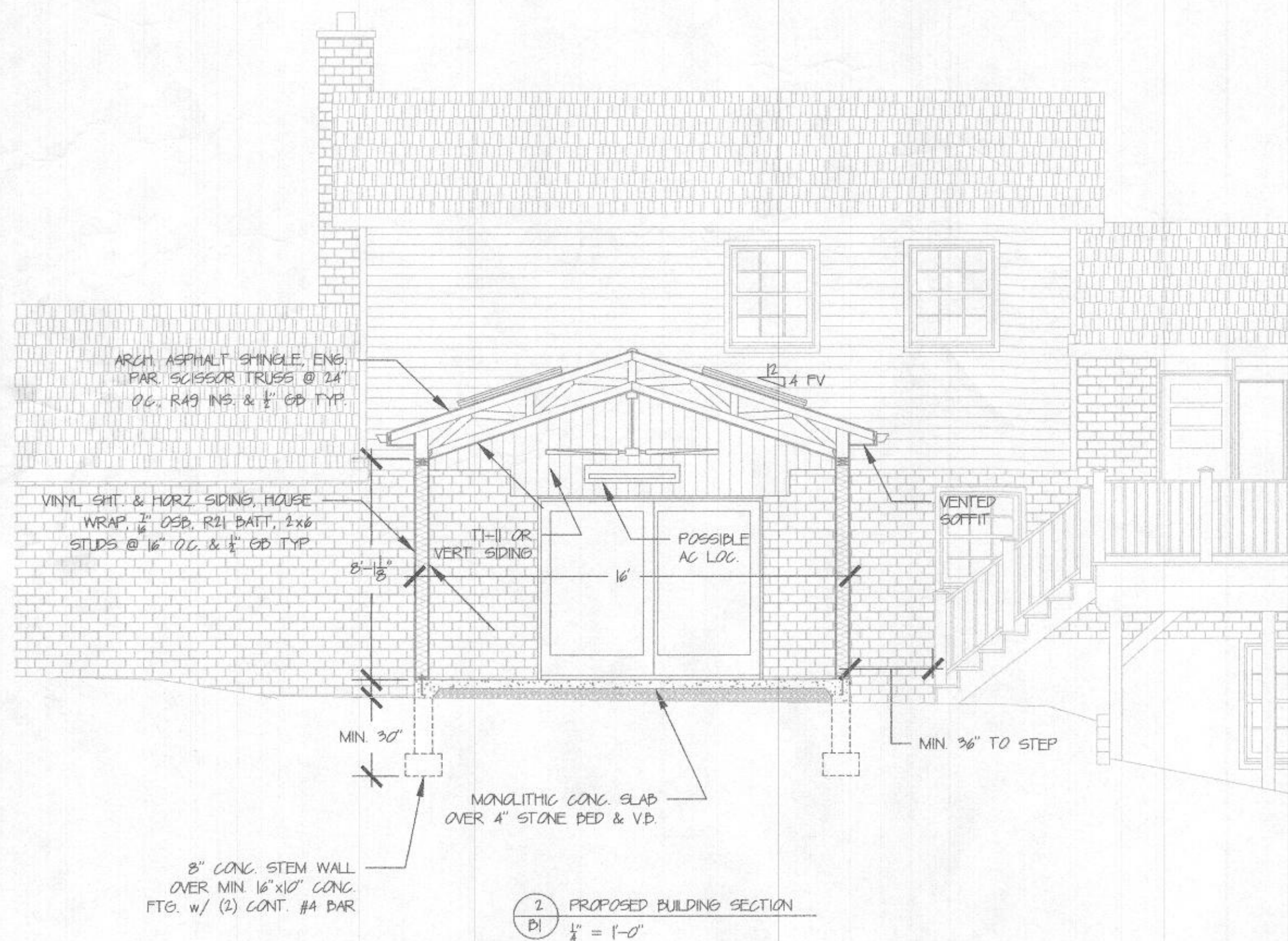
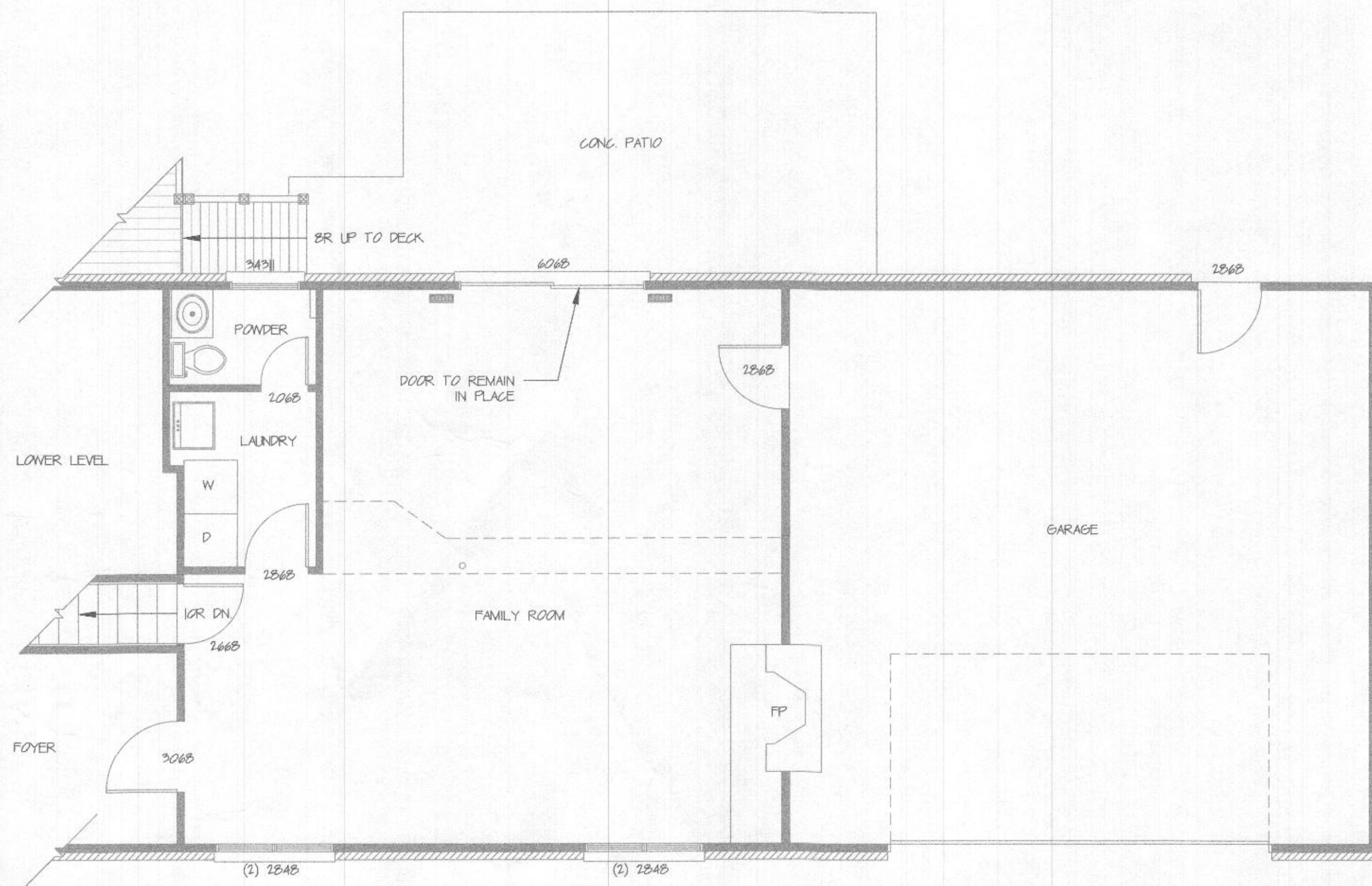
Received by [Signature]

*Approved, on public W&S.
JB 5/13/22*



ANDREWS R	
SCALE: 1" = 40'	APPROVED BY:
DATE: 4/11/22	
COVER SHEET ALL	
16'x18' SUNROOM	

322-1435



SUNROOM ADDITION BRACING CHART

BWL	WALL SPACING	WALL HEIGHT	METHOD	TABULATED BRACING REQUIRED	ADJUSTED REQUIRED BRACING	BRACING PROVIDED	NOTES
A	18'-0"	8'-0"	WSP	32 ft	14 ft	4'-0"	
1	16'-0"	8'-0"	WSP	29 ft	14 ft	4'-0"	
2	16'-0"	8'-0"	WSP	29 ft	14 ft	4'-0"	

GENERAL NOTES

- FIELD VERIFY ALL DIMENSIONS, DO NOT SCALE DRAWINGS
- CONFIRM EXACT FOUNDATION DIMENSIONS BEFORE STARTING FRAMING, REPORT ANY DISCREPANCIES TO THE DESIGNER
- UNLESS OTHERWISE NOTED, CEILING HEIGHT OF FAMILY ROOM IS 7'-9 1/2"
- ALL DIMENSIONS SHOWN ARE TO FRAMED WALLS
- UNLESS OTHERWISE NOTED, EXISTING FRAMED WALLS ARE 2x4 @ 16" O.C.

No. Revision/Issue Date



12011 GUILFORD RD. #101
ANNAPOLIS JUNCTION, MD. 20701

ANDREWS
RESIDENCE

9125 W. STAYMAN DR
ELLICOTT CITY, MD. 21042

PRELIMINARY
CONSTRUCTION
X PERMIT

PROJECT: DW15412

DATE: 01-25-22

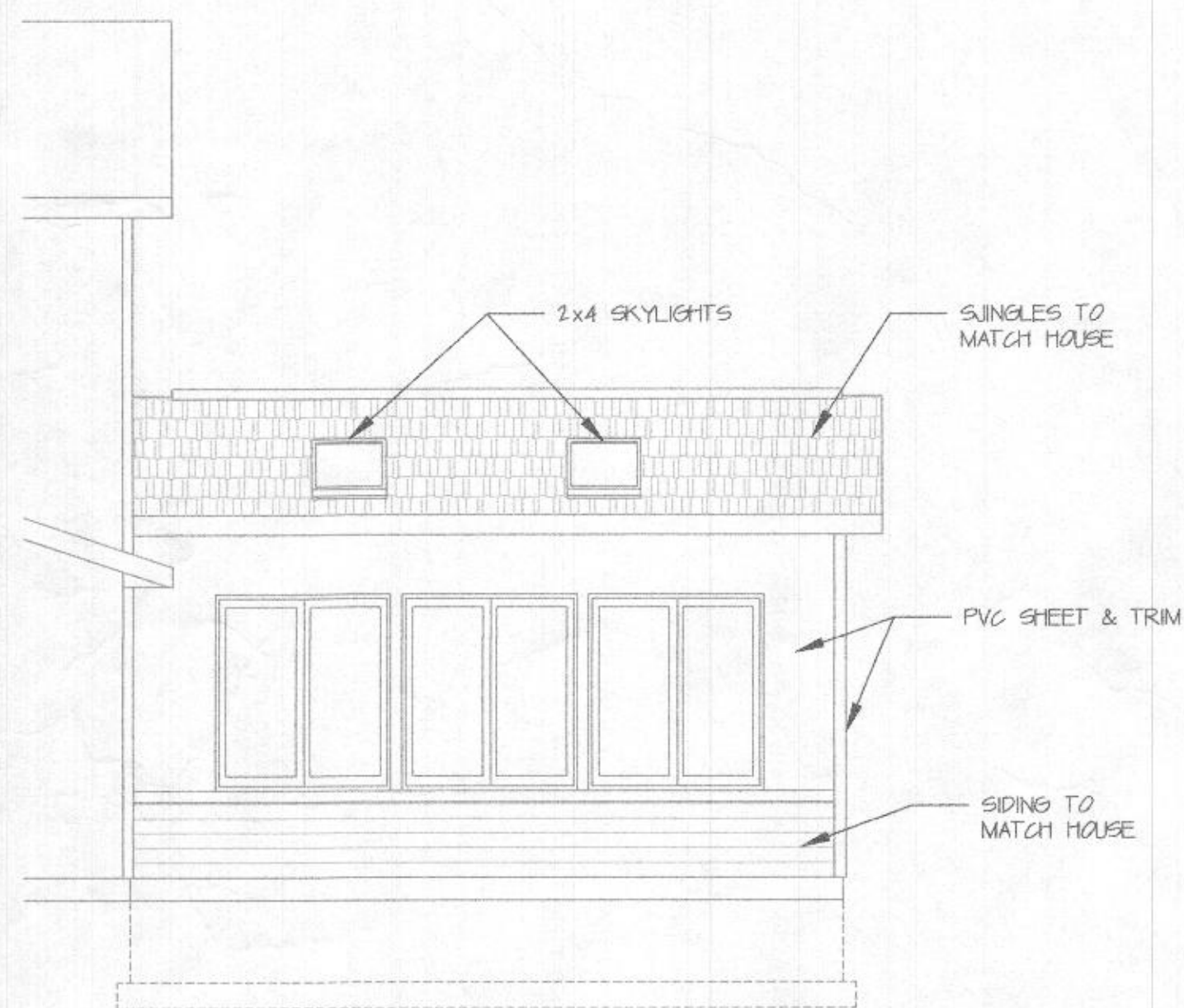
DRAWN BY: DNC

SHEET:

B1



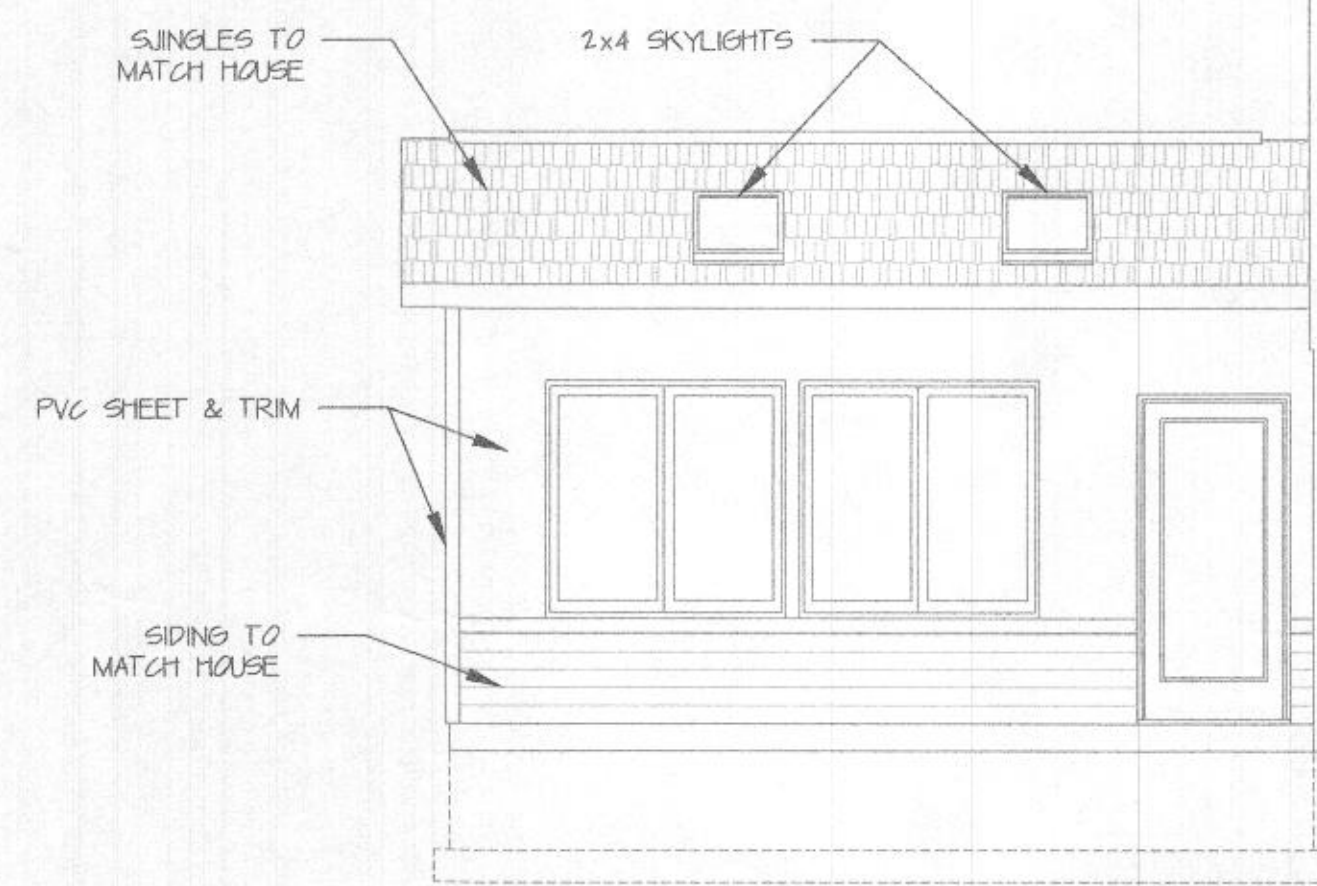
1 EXISTING REAR ELEVATION
1/4" = 1'-0"



2 PROPOSED RIGHT ELEVATION
1/4" = 1'-0"



4 PROPOSED REAR ELEVATION
1/4" = 1'-0"



3 PROPOSED LEFT ELEVATION
1/4" = 1'-0"

GENERAL NOTES

No.	Revision/Issue	Date



12011 GUILFORD RD. #101
ANNAPOLIS JUNCTION, MD. 20701

ANDREWS RESIDENCE

9205 W. STAYMAN DR.
ELLICOTT CITY, MD. 21042

PRELIMINARY
CONSTRUCTION
X PERMIT

PROJECT: DNE5420
DATE: 01-25-22
DRAWN BY: DNC

SHEET:

B2