

[illegible]

BP # 202468

8-2-12

608080027

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2855 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09001789

Building Address 16322 COTTAGE RIVER DR
WOODBINE 21797

Suite/Apt. #: _____ SDP/WP/Petition #: LV-7-77

Census Tract 604001 Subdivision CHASE AT SHILOH

Section _____ Area _____ Lot 7

Tax Map 7 Parcel 133 Grid _____

Zoning RC-PLO Map Coordinates 4691 Lot size 53,712

Property Owner's Name THOMAS J. HODGE

Address 3675 PARK AVE #201

City ELLICOTT CITY State MD Zip Code 21043

Home Phone _____ Work Phone 410-313-1111

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax 410-313-1111

Existing Use VACANT LOT

Proposed Use SEW

Estimated Construction Cost \$ 222,400

Description of Work 12'x10' - 2 SIDED
FULL BENT 9R, 2TD, 1NB, FPD
CONCRETE (4BR) FINISHED
BENT W/PAVIN

Contractor Company TRINITY QUALITY HOMES

Contact Person JOHN HODGE

Address 3675 PARK AVE #201

City ELLICOTT CITY State MD Zip Code 21043

License No. 699

Phone 410-313-5722 Fax 410-313-5731

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIALBUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: <u>1440</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>1740</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>1410</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
State Certified Modular _____ Manufactured Home _____	

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.

John L. Hodge

Applicant's Signature

John L. Hodge

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health <u>8-25-09</u>		<u>Roma Bennett</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>17915</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies-
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White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Rev. 11/4/04

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B12002468

Building Address: <u>16327 Cattail River Drive</u> <u>Woodbine, MD 21797</u>		Property Owner's Name: <u>Sean Andrew Baldwin</u>	
Suite/Apt. #: _____ SDP/WP/BA #: _____		Address: <u>16327 Cattail River Drive</u>	
Census Tract: _____ Subdivision: _____		City: <u>Woodbine</u> State: <u>MD</u> Zip Code: <u>21797</u>	
Section: _____ Area: _____ Lot: _____		Home Phone: <u>301-639-9268</u> Work Phone: _____	
Tax Map: _____ Parcel: _____ Grid: _____		Applicant's Name & Mailing Address, (If other than stated herein): _____	
Zoning: _____ Map Coordinates: _____ Lot Size: _____		Phone: _____ Fax: _____	
Existing Use: <u>SFD</u>		Email: _____	
Proposed Use: <u>SFD</u>		Contractor Company: <u>Stratus Masonry Co</u>	
Estimated Construction Cost: \$ <u>\$44,000</u>		Contact Person: <u>Tracy Clark</u>	
Description of Work: <u>a 17'x17' deck & ceiling</u> <u>wa 16'x20' deck. Steps from deck</u> <u>to a brick patio landing</u>		Address: <u>4220 Glover Road Rd</u>	
Occupant or Tenant: <u>Occupant</u>		City: <u>Manassas</u> State: <u>MD</u> Zip Code: <u>21102</u>	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		License No.: <u>MHC 80422</u>	
Contact Name: _____		Phone: <u>410-375-0127</u> Fax: <u>410-374-8067</u>	
Address: _____		Email: <u>tracy@stratusmasonry.com</u>	
City: _____ State: _____ Zip Code: _____		Engineer/Architect Company: _____	
Phone: _____ Fax: _____		Responsible Design Prof.: _____	
Email: _____		Address: _____	
		City: _____ State: _____ Zip Code: _____	
		Phone: _____ Fax: _____	
		Email: _____	

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u>
Use group: _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<u>Roadside Tree Project Permit</u>
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: Tracy Clark Print Name: Tracy Clark
Email Address: tracy@stratusmasonry.com Date: 7/13/12
Title/Company: Pres. Stratus Masonry Co.

RECEIVED

JUL 13 2012

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

LICENSES & PERMITS
DIVISION

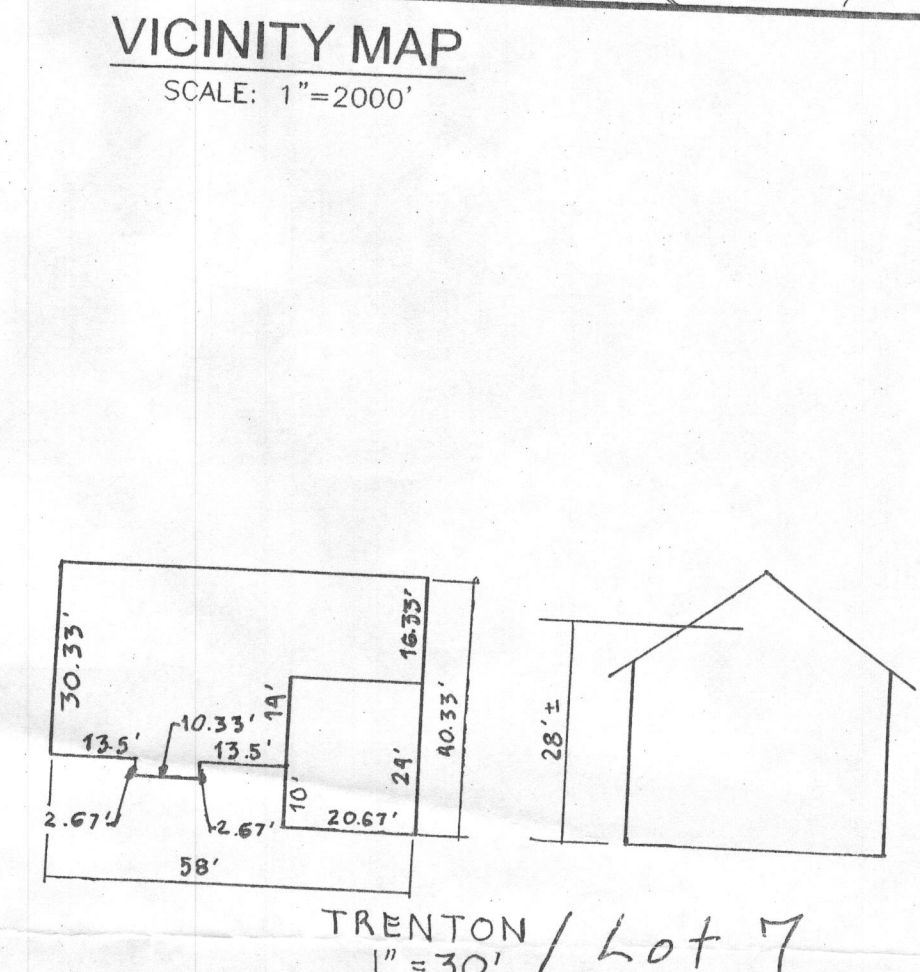
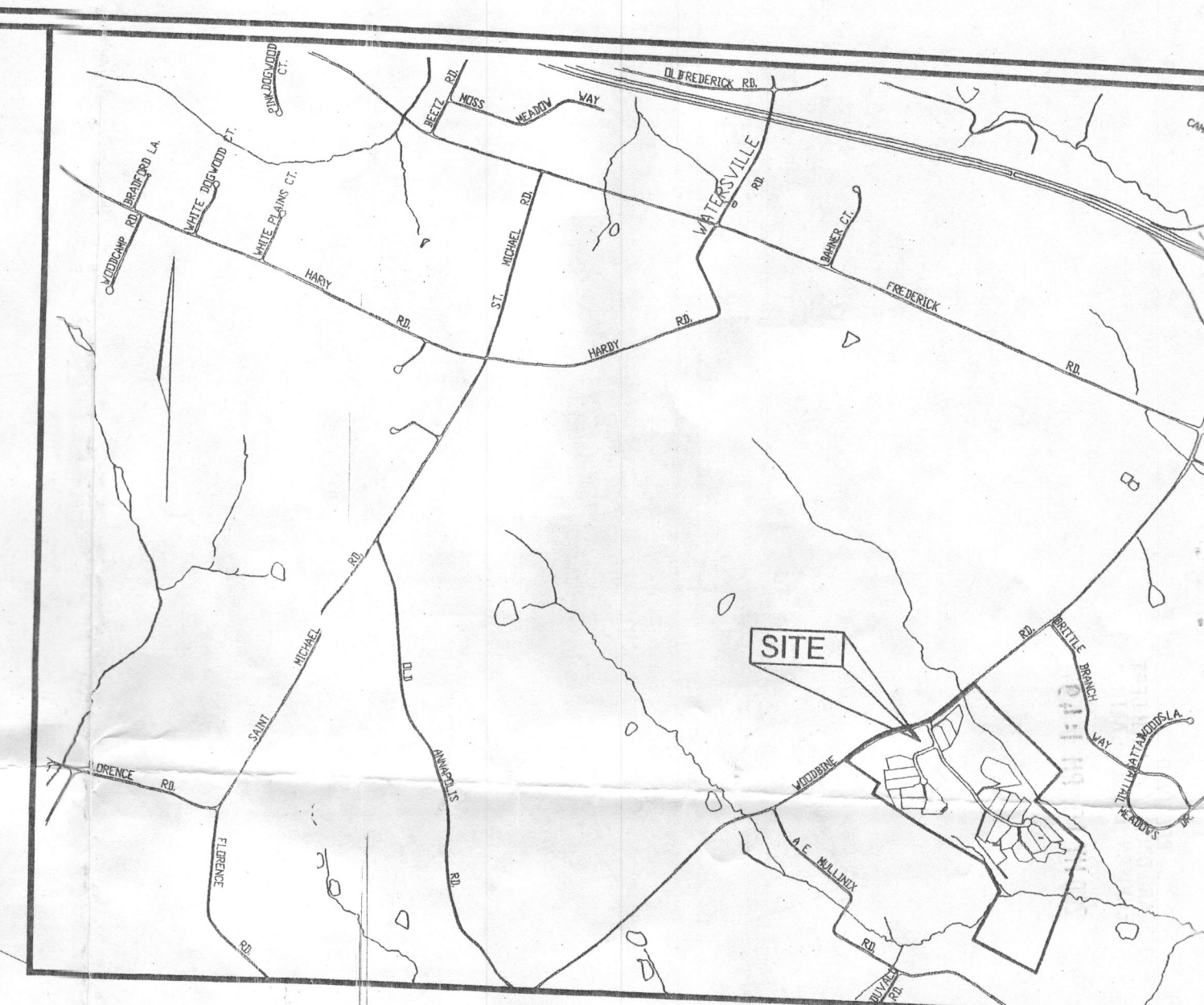
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

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	\$	25
Permit Fee	\$	52.50
Tech Fee	\$	5.20
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	

CK# 3111



THE EXISTING WELL SHOWN ON LOT 7 TAG NO. H0-95-0110 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 7 FLOOR AREAS:

BASEMENT FLOOR AREA:	1410
FIRST FLOOR AREA:	1440
SECOND FLOOR AREA:	1940

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170.

LEGEND	
---	EXISTING 2 FT CONTOUR
---	EXISTING 10 FT CONTOUR
---	LIMIT OF DISTURBANCE
---	SUPER SILT FENCE

BUILDING PERMIT NO.

GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEY BROOK
PHASE II LOTS 2, 4, 7, 11 & 15

REF: S-01-21, P-05-001, F-05-170
ZONED: RC-DEO

TAX MAP: 7, BLOCK: 17
4TH ELECTION DISTRICT

PARC
HOWARD COUNTY, MAR

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELICOTT CITY, MD 21043
TEL: 410.461.7
FAX: 410.461.8

DESIGN BY: RJ
DRAWN BY: RJ
CHECKED BY: RHV
DATE: JANUARY 2007
SCALE: 1"=50'
W.O. NO.: 06-34.00

OWNER / DEVELOPER
TRINITY QUALITY HOME
3675 PARK AVENUE, SU
ELICOTT CITY, MARYLAND
(410) 480-0023

STATE OF MARYLAND PROFESSIONAL ENGINEER
ROBERT H. VOGEL, PE #16193

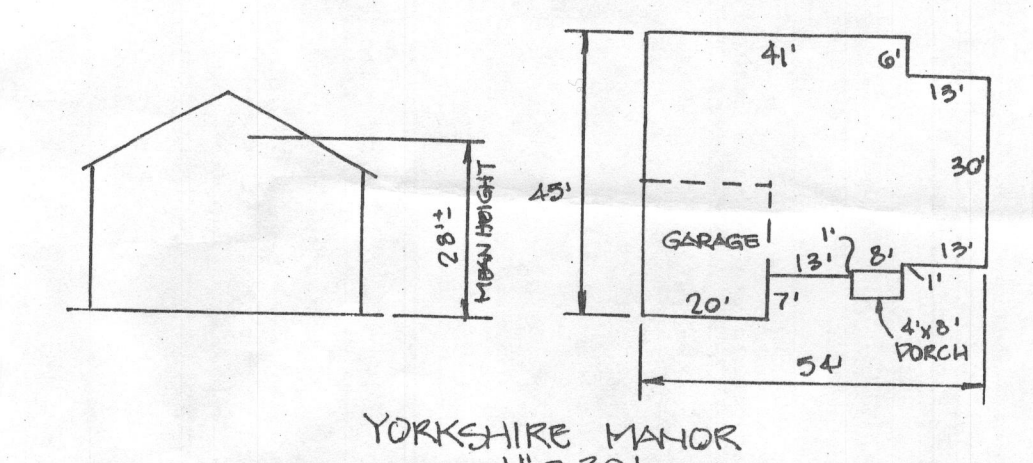
1 SHEET OF

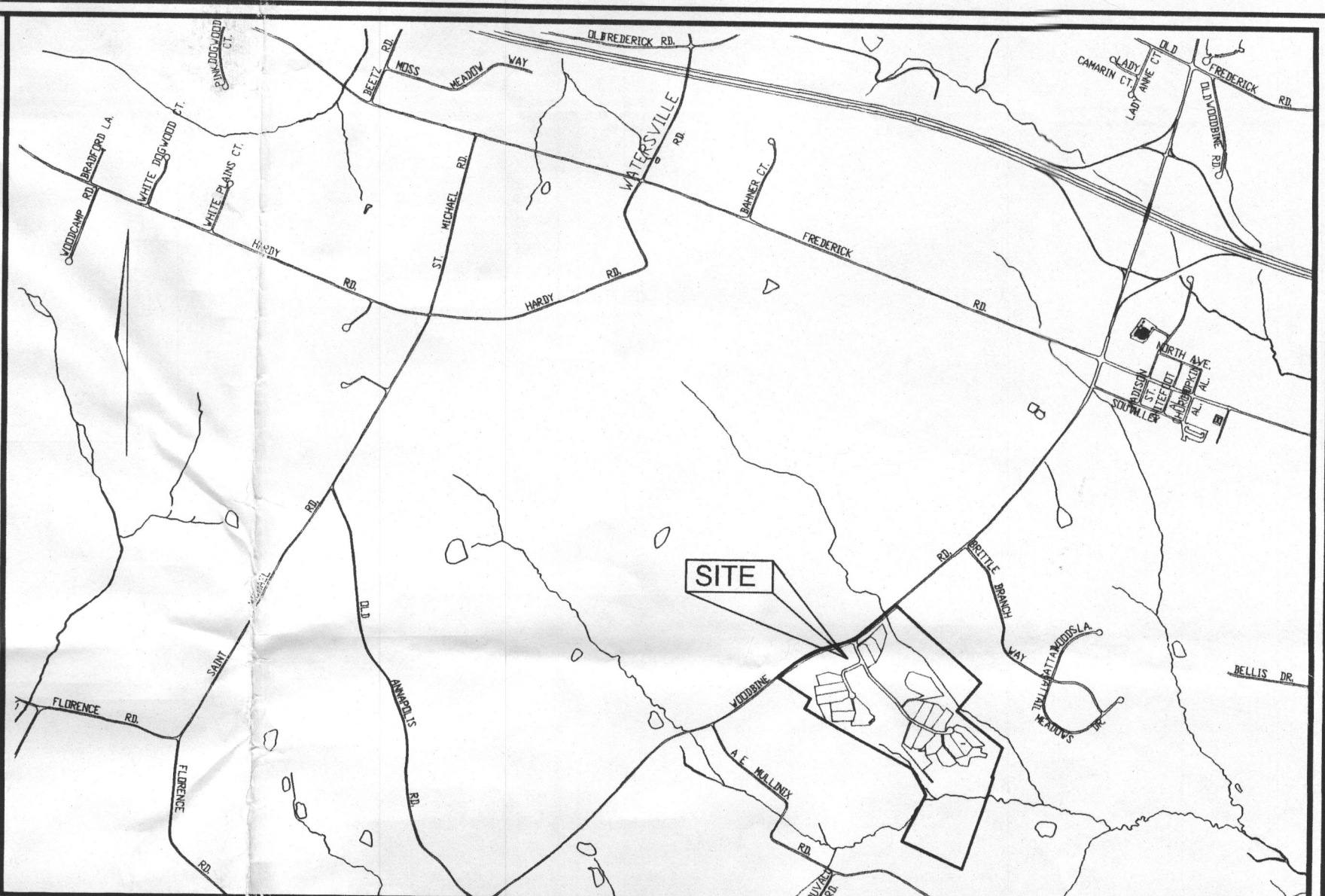
TECHNICAL REQUIREMENTS
7/16/07
DATE

ENGINEER'S CERTIFICATE
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
7/16/07
DATE
ROBERT H. VOGEL, PE #16193

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
7/16/07
DATE
MICHAEL L. PFAU

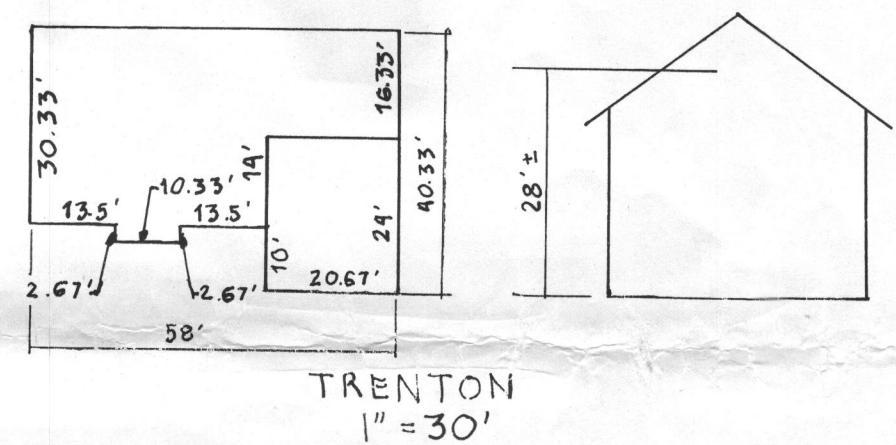
PLAN
SCALE: 1"=50'





VICINITY MAP
SCALE: 1"=2000'

NOTE: THE SAND MOUND AREAS DELINEATED AND IDENTIFIED ON THIS PLAN MUST BE PROTECTED BY A FIXED BARRIER AT ALL TIMES DURING DEMOLITION, GRADING, AND CONSTRUCTION ACTIVITIES. THEREAFTER PROTECTIVE MEASURES SHOULD BE IMPLEMENTED TO PROTECT THESE AREAS FROM EROSION AND ENCROACHMENT BY WHEELED VEHICLES. SUBSEQUENT BUILDING PERMIT APPLICATIONS MAY BE DENIED SHOULD THE MOUND AREAS BE EVALUATED AND FOUND TO BE UNSATISFACTORY FOR THE INTENDED USE.



THE EXISTING WELL SHOWN ON LOT 7 TAG NO. 40-49-010 WAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 7 FLOOR AREAS:
BASEMENT FLOOR AREA: _____
FIRST FLOOR AREA: _____
SECOND FLOOR AREA: _____

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170.

LEGEND	
---	EXISTING 2 FT CONTOUR
---	EXISTING 10 FT CONTOUR
---	L.O.D.
---	SUPER SILT FENCE

BUILDING PERMIT NO. _____

GRADING AND SEDIMENT EROSION CONTROL PLAN THE CHASE AT STONEY BROOK

PHASE II LOTS 2, 4, 7, 11 & 15

REF: S-01-21, P-05-001, F-05-170
ZONED: RC-DEO

TAX MAP: 7 BLOCK: 17
4TH ELECTION DISTRICT

PARCEL 133
HOWARD COUNTY, MARYLAND

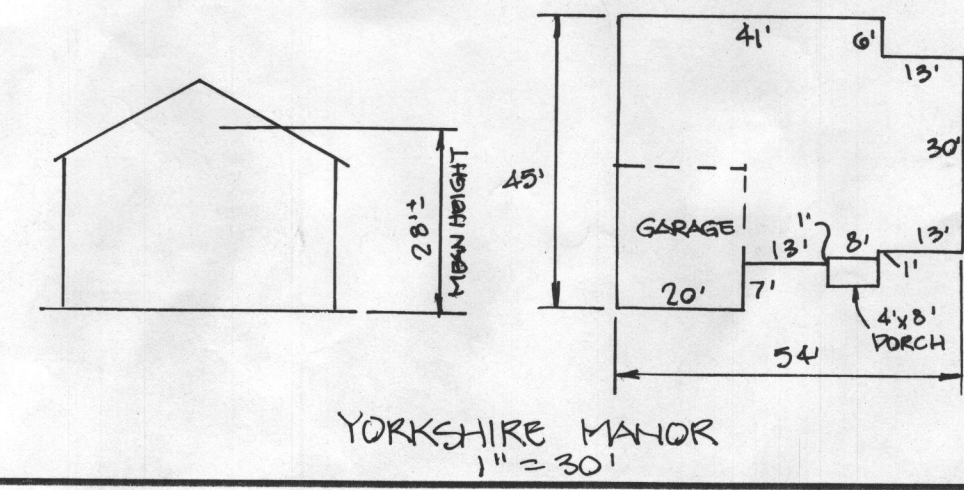
ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELLICOTT CITY, MD 21043
TEL: 410.461.7866
FAX: 410.461.8961



DESIGN BY: RJ
DRAWN BY: RJ
CHECKED BY: RHV
DATE: JANUARY 2007
SCALE: 1"=50'
W.O. NO.: 06-34.00

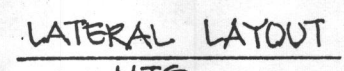
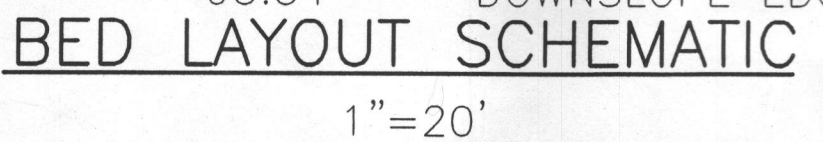
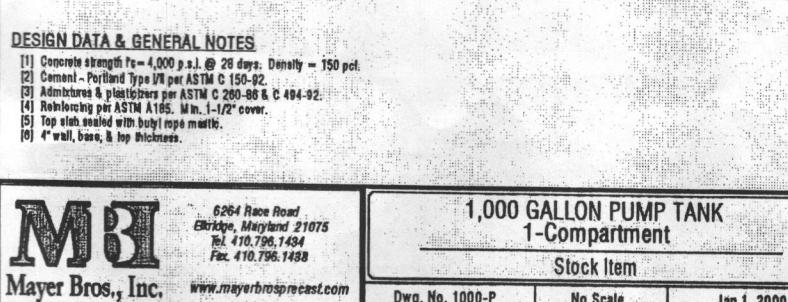
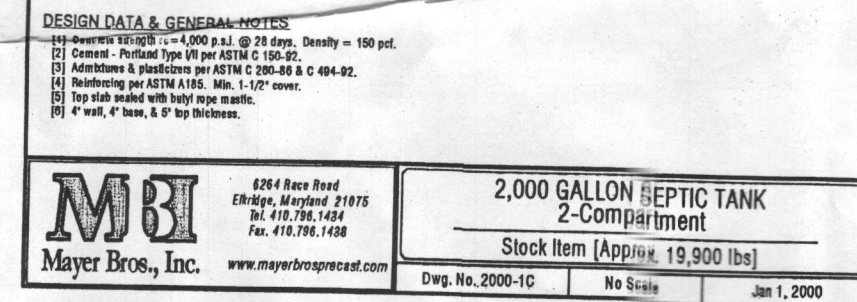
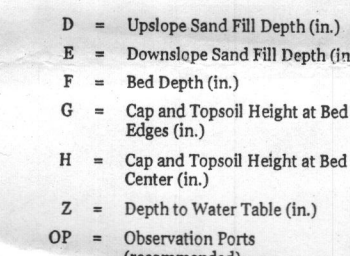
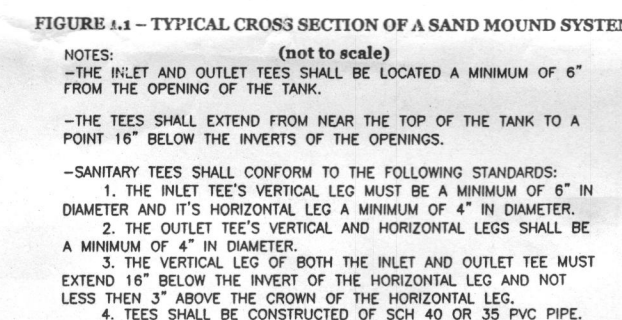
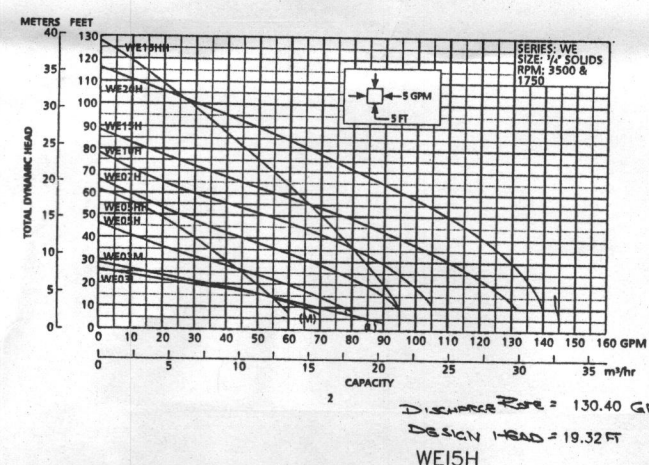
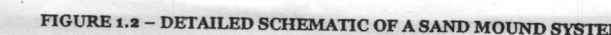
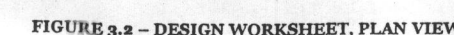
REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS	ENGINEERS CERTIFICATE	DEVELOPER'S CERTIFICATE
<p>Jim Meyer 7/6/07</p> <p>USDA-NATURAL RESOURCES CONSERVATION SERVICE</p> <p>THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT</p> <p>John R. Rhoton 7/6/07</p> <p>HOWARD SCD</p>	<p>I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.</p> <p>Robert H. Vogel, PE #16193 7/6/07</p>	<p>I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.</p> <p>Michael L. Pfau 7/6/07</p>

PLAN
SCALE: 1"=50'



OWNER / DEVELOPER

TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLICOTT CITY, MARYLAND 21043
(410) 480-0023




4	Number of Bedrooms	
600	god Design Flow	
1	Design Infiltration Rate (in)	
600	Minimum Absorption Bed SF	
Remember a minimum 2ft wide area <i>downslope</i> of the mound should be designated to be protected from compaction and fire of structures (driveways, buildings, etc.)		
AxB=	600.3	Absorption Bed SF
A=	66.70	Bed Length (feet)
B=	9.00	Bed width (feet)
D=	24	Upstand and fill depth (inches)
E=	35.34	Downslope and fill depth (inches)
F=	10	Bed seath (inches)
G=	12	Cap + lysisol at bed edge (inches)
H=	18	Cap + lysisol at bed center (inches)
I =	270.074	Downslope setback (inches)
J=	100.74	Upslope setback (inches)
K=	173.01	Setback (inches)
L=	1146.48	Total length of mound (inches)
M=	0.188	Depth of the site
N=	476.8114	Total width of mound (inches)
Z=	24	Depth to water table (inches)
LOADING RATE AND BASAL AREA CALCULATIONS		
Linear Loading Rate: Design Flow/BG Length Soil infiltration rate based on percolation rate Basal area required: Design Flow/linear infiltration rate Basal area provided with preliminary width (A+B)x(B		6 0.26 2550 2102
Resize Basal Area (increase Downslope Setback)		2550/8= 318.75 Basal Area= 2550.00
Central Manifold Distribution Network		
10	Perforations per Lateral	
31.86	Lateral Length in feet	
4	Laterals @ 3.26' Apart	
1.28	Minimum Lateral Diameter (inches) for Plastic Pipe with 3.36' Perforation Spacing And 6.61" Perforation Diameter.	
120	3" Force Main and Manifold Length (feet)	
100.00	Minimum Dose with PVC Sch. 40 Rigid Pipe (gallons)	
700.00	Minimum Capacity Pumping Chamber (gallons)	
16.30	Lateral Discharge Rate (gallons per minute)	
130.40	Total Discharge Rate (gallons per minute)	
4	3" 45 Degree Bend Total (4 Typically)	
1	3" Tee Total (1 Typically)	
27	Pipe Fitting Friction Loss (linear feet)	
147	Total Equivalent Length of Pipe	
2.88	Friction Head (feet)	
14.48	Static Head (distance between highest set point - pump off switch elev. in feet)	
2	Distal Head (feet)	
18.32	Design Head (feet)	
1.69	Horsepower Required	

7
State of Maryland
Department of the Environment
Water Management Administration
On-Site Systems Division
June 2003 (4th Edition)

TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 480-0023

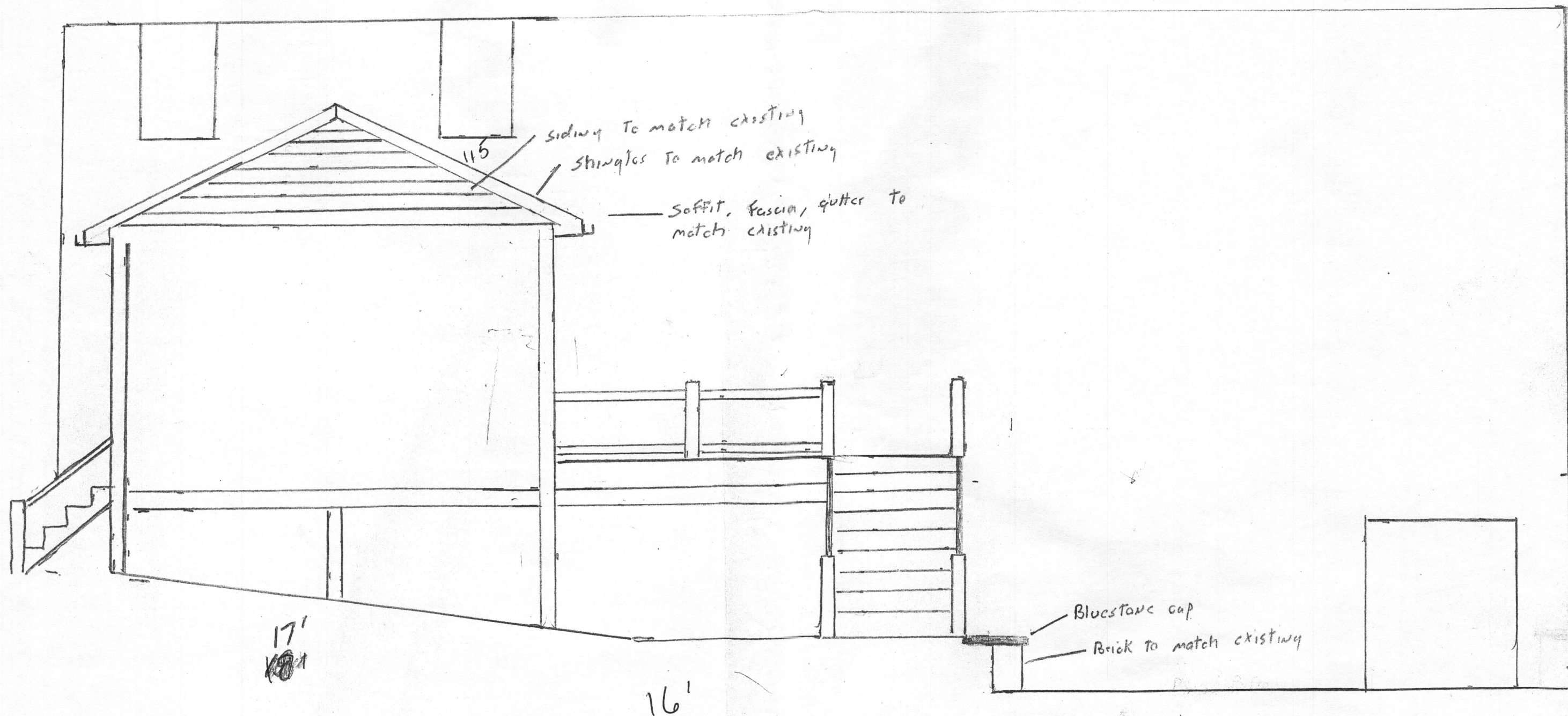
V **ROBERT H. VOGEL**
ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET TEL: 410.461.7666
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

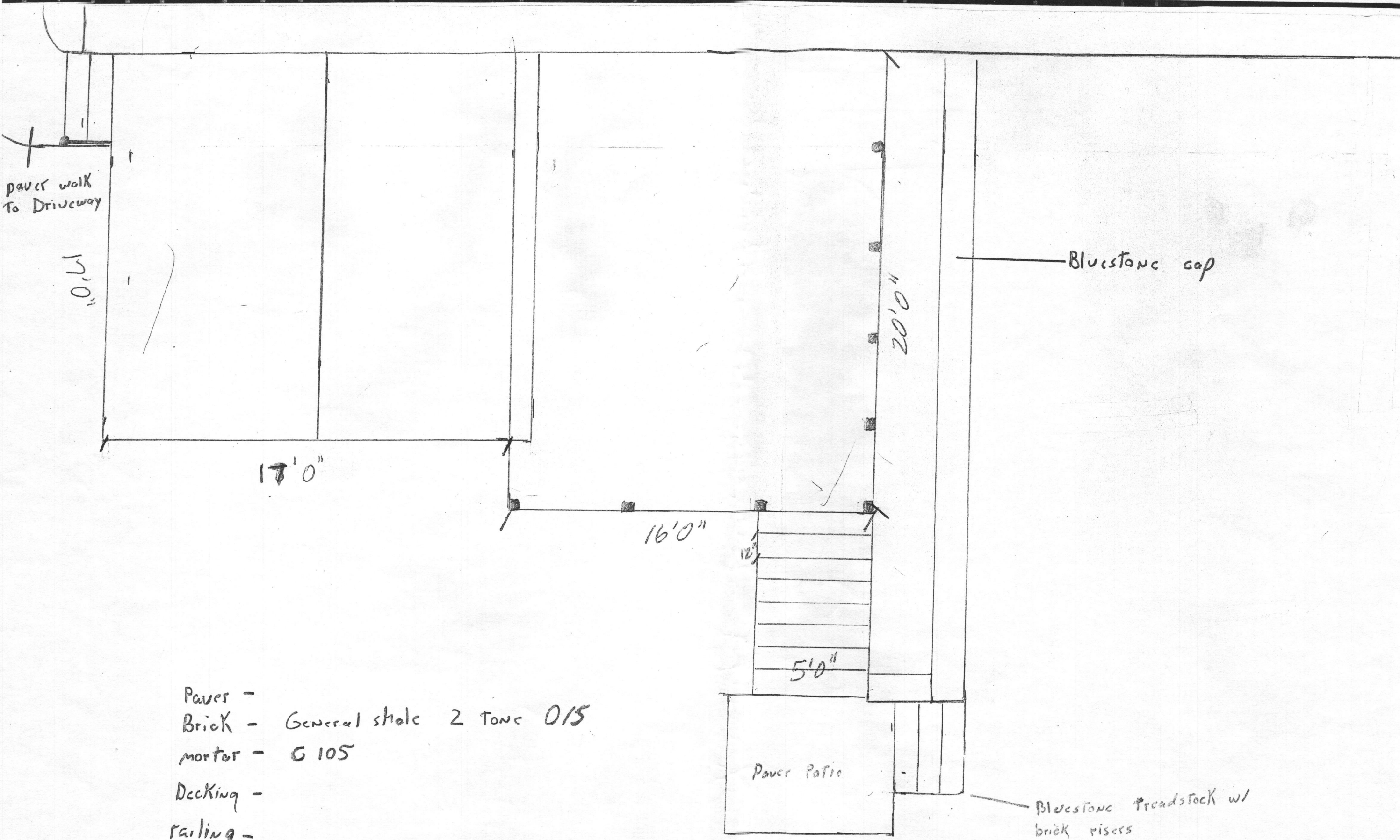

 DESIGN BY: RJ
 DRAWN BY: HD
 CHECKED BY: RHH
 DATE: 8.12.09
 SCALE: 1"=60"
 W.O. NO.: 08-34.00

 3A SHEET 3
 OF

GP-07-94



Baldwin Res.
scale $\frac{1}{4}" = 1'$



- Paver -
- Brick - General shale 2 tone 0/5
- mortar - G 105
- Decking -
- railing -