

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0700 3086

Building Address 13141 TALE OZ BLAND
Highland, MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Highland Lake

Section _____ Area _____ Lot 104

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 40,000

Property Owner's Name Joan Kim

Address 13141 TALE OZ BLAND

City Highland State MD Zip Code _____

Home Phone _____ Work Phone 801-3708

Applicant's Name & Mailing Address, (if other than stated hereon):
5550

Phone _____ Fax _____

Existing Use R.F.O.

Proposed Use _____

Estimated Construction Cost \$ 120,000

Description of Work Attached
ADD 2 P.O. SPACES
W/ 2ND STORY MASTER SUITE

Contractor Company By Owner

Contact Person Joan Kim

Address 13141 TALE OZ BLAND

City Highland State MD Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Joan Kim

Contact Name Joan Kim

Address 13141 TALE OZ BLAND

City Highland State MD Zip Code _____

Phone 301-370-3550 Fax _____

Engineer or Architect Company _____

Contact Person David Isaac

Address 2022 SILENT VALLEY LN

City ROKESBY State VA Zip Code 22131

Phone 703-204-4757 Fax 703-560-7339

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

[Signature]
 Applicant's Signature

 Title/Company

David A. Isaac
 Print Name

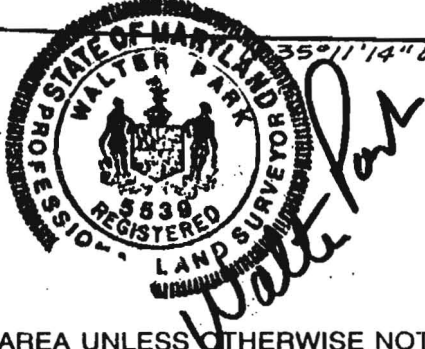
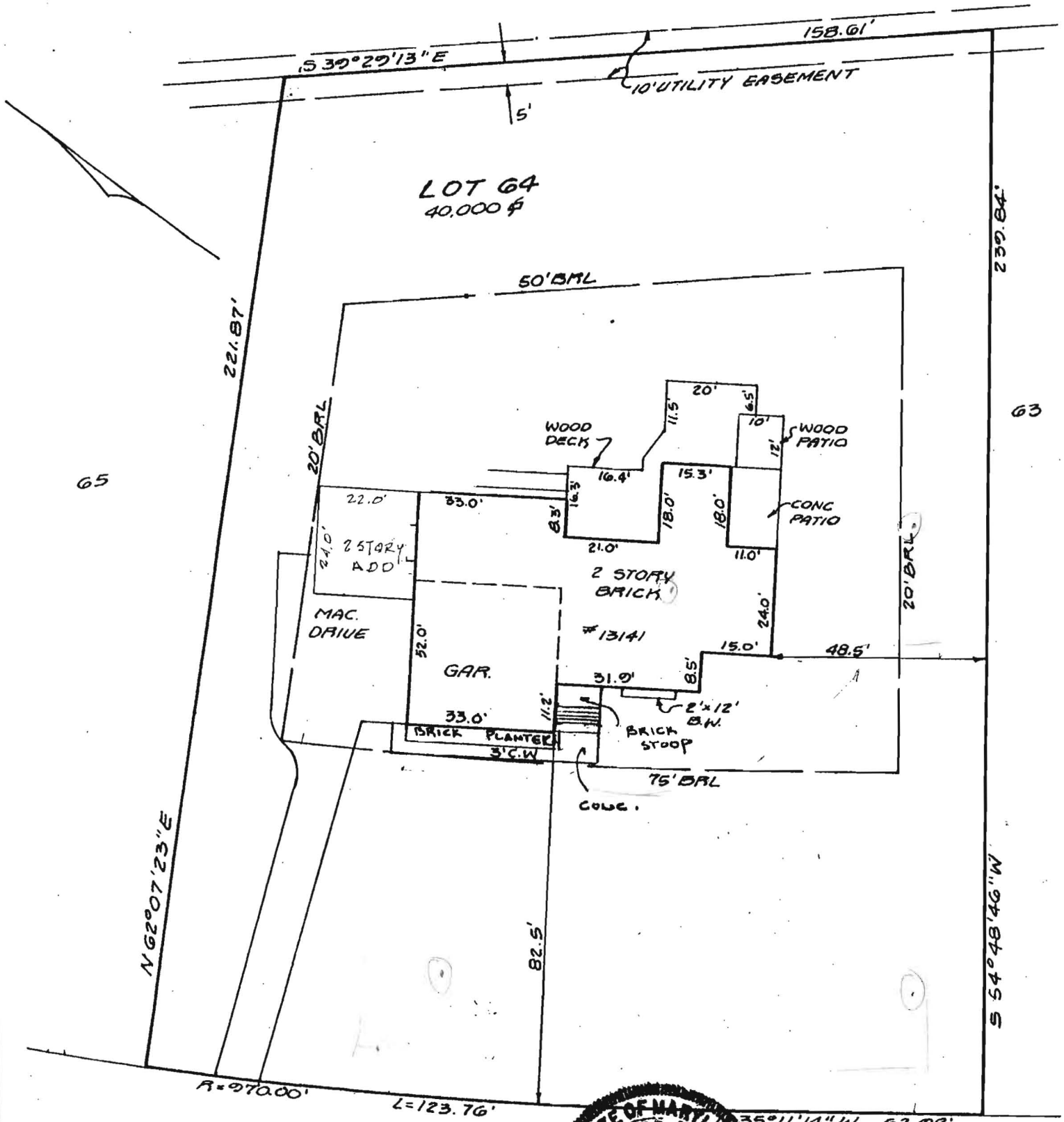
7-25-07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4195</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	

Property known as: LOT 64
 HIGHLAND LAKE
 SECTION II
 PLAT # 3875 SHEET 1 OF 3
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
 LINES OR CORNERS.



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

12.10.1998

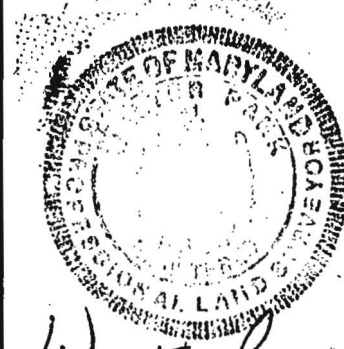
CERTIFICATION

SEAL

SCALE 1"=30' DATE

This is to certify that I have surveyed
 the property known as: 13141
ISLE OF MANN

for the purpose of locating the im-
 provements thereon, and the improvements
 are located as shown.



LDE Inc.

9250 Rumsey Road Suite 106
 Columbia, Maryland 21045

(410) 715-1070 (Balt.)
 (301) 596-3424 (Wash)
 (410) 715-9540 (Fax)



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 10, 2007

John Kim
13141 Isle of Mann
Highland, Maryland 20777

RE: B07003086
13141 Isle of Mann

Dear Mr. Kim:


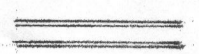
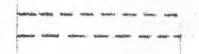
Review of building permit application #B07003086 for the referenced property has been completed by our office. Floor plans of the existing house and proposed addition need to be submitted to the Health Department for review. Also, an approved percolation certification plan indicating an approved septic easement is not on file with our office and is required prior to building permit approval (Howard County Code, Title 3 Buildings, Subtitle 8 On-site Sewage Disposal Systems 3.805 A(1) and A(2)). Please contact the office regarding this requirement. The building permit will be placed on hold until all Health Department requirements are met.

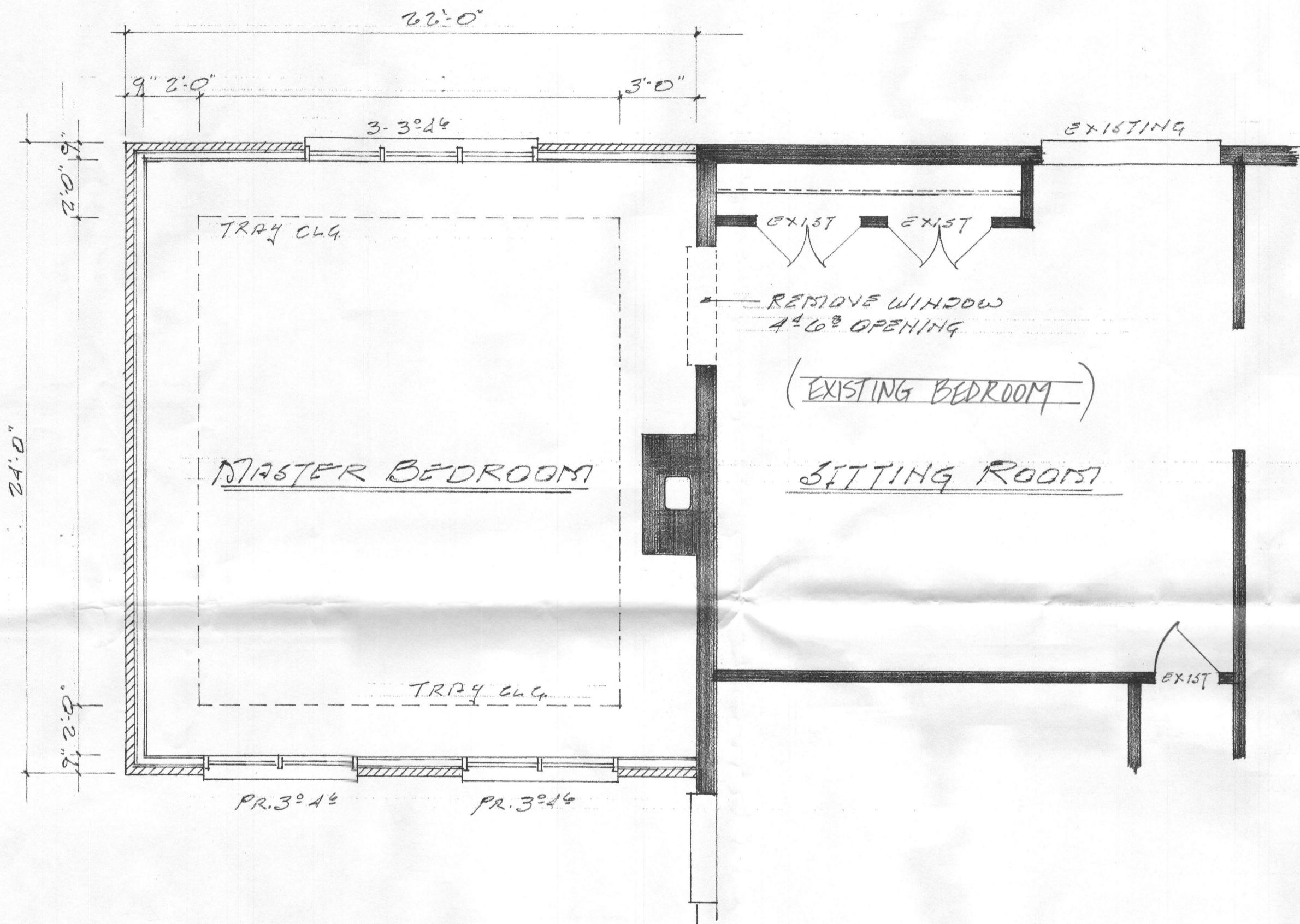
If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at www.hchealth.org.

Sincerely,

Sara Fegel, R.S.
Well and Septic Program
Development Coordination Section

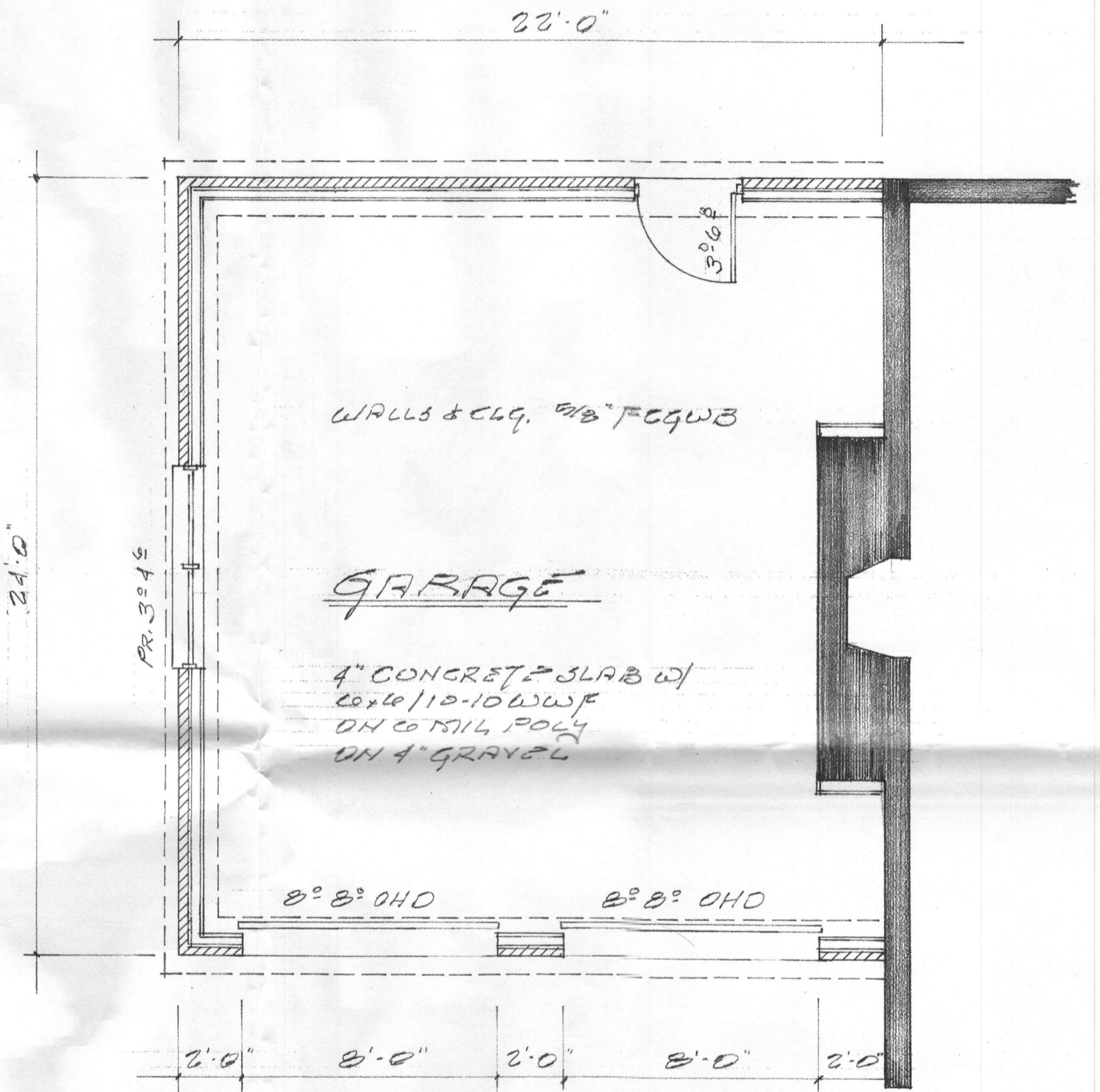
LEGEND

-  EXISTING WALL
-  NEW WALL
-  REMOVE WALL



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

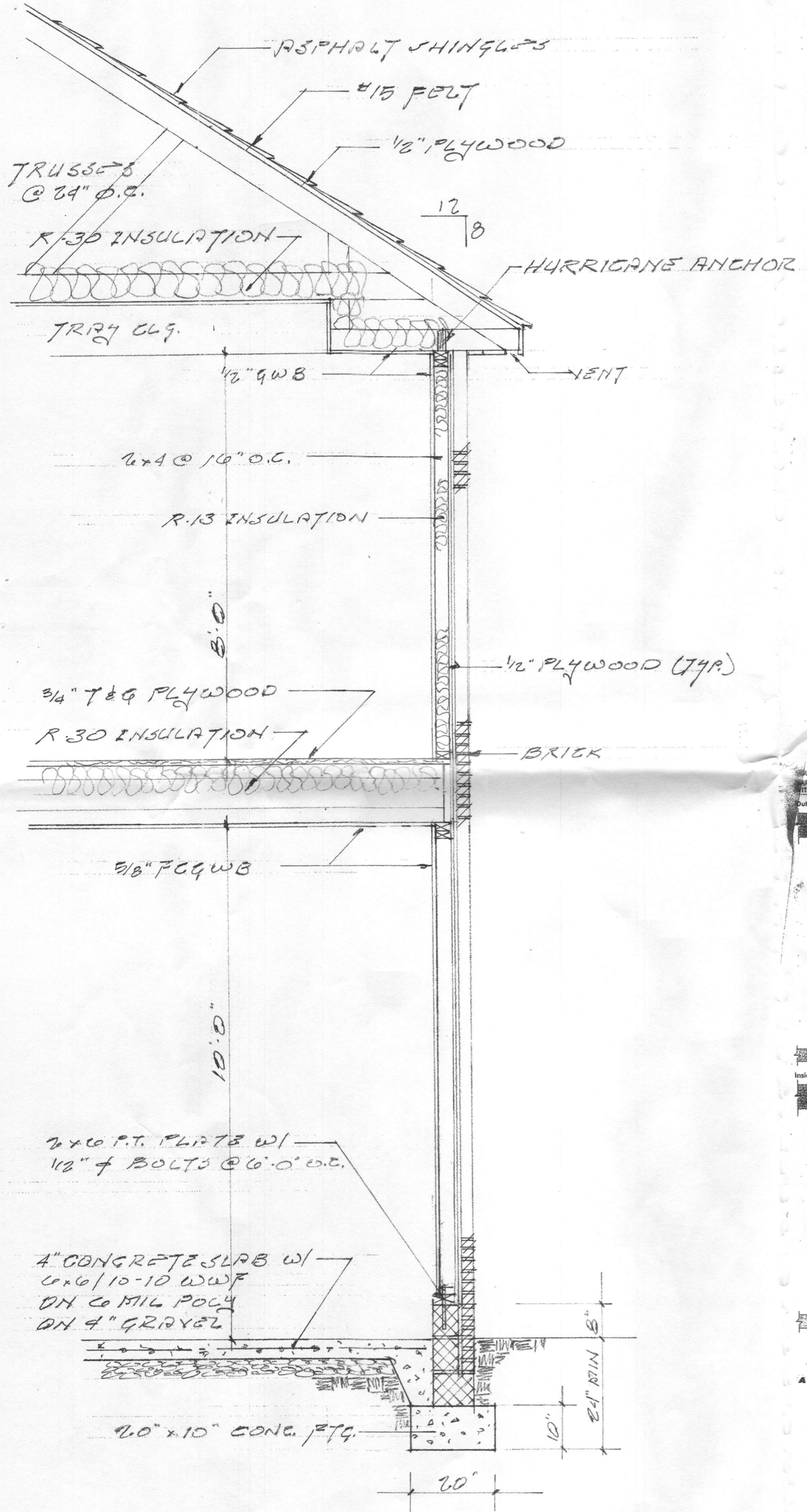


FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

13141 ISLE OF MANH
HOWARD COUNTY MARYLAND

DRAFTING BY DAVID ISAAC
3033 SILENT VALLEY DRIVE
FAIRFAX VA 703-204-4757



WALL SECTION SCALE 1/2" = 1'-0"

ALLOWABLE CLEAR SPANS FOR RFP-JOISTS - 40 PSF LIVE LOAD AND 20 PSF DEAD LOAD

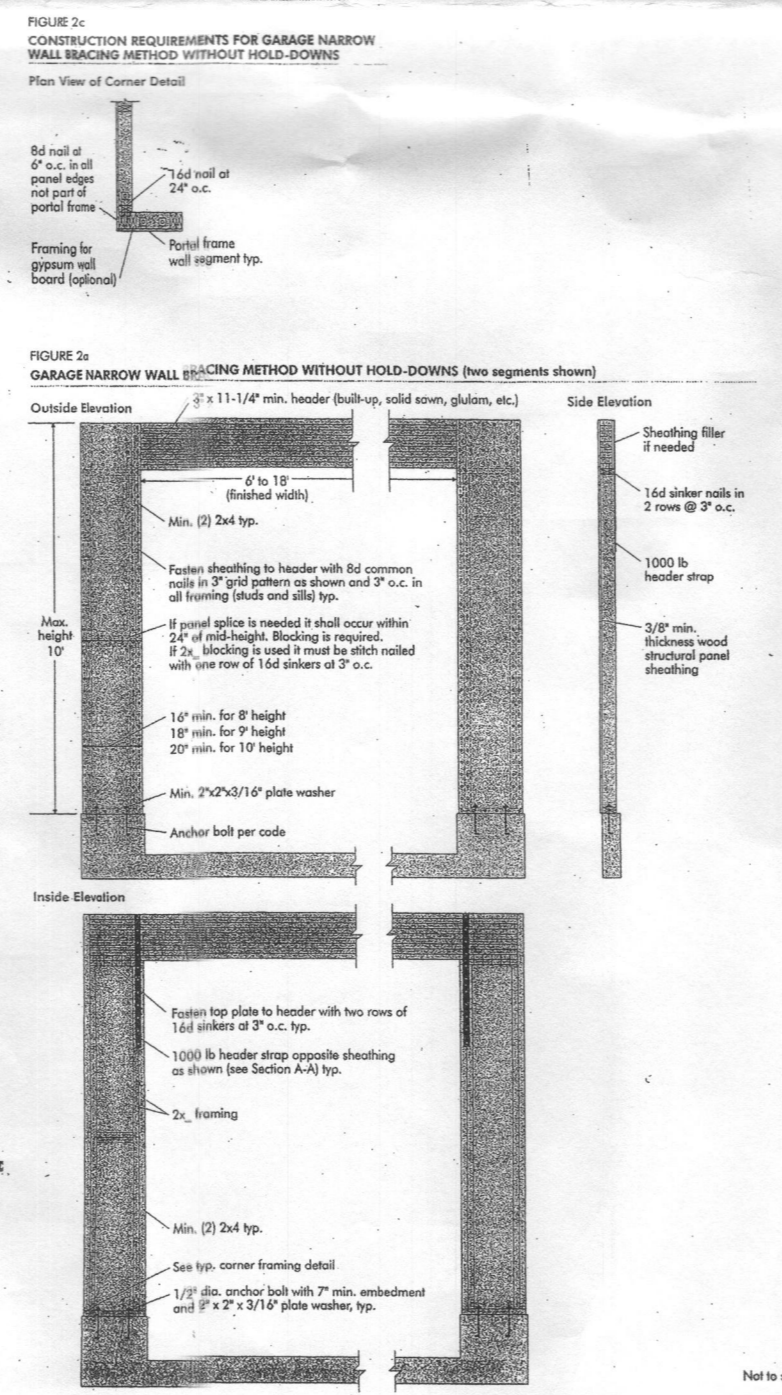
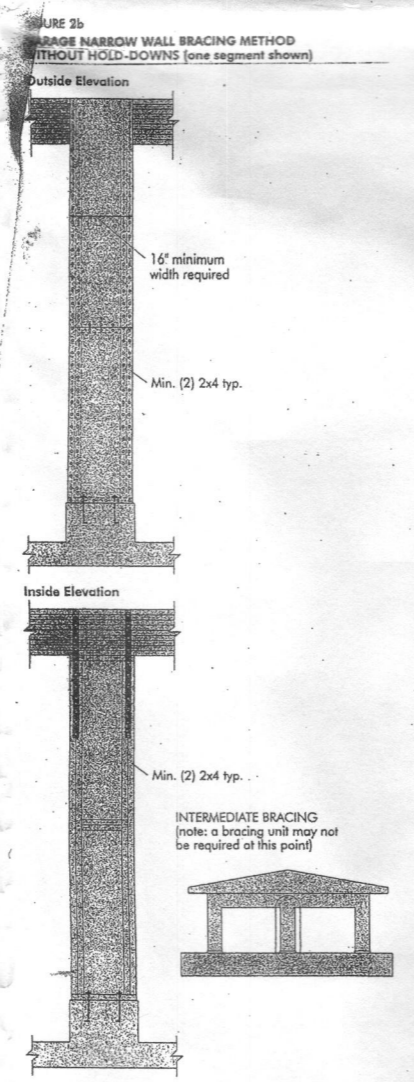
Roseburg Designation	APA PRI	40/20 SIMPLE Span			
		12" o.c.	16" o.c.	19.2" o.c.	24" o.c.
9 1/2" RFP 20	9 1/2" PRI 20	16'-7"	14'-11"	13'-7"	12'-2"
9 1/2" RFP 30	9 1/2" PRI 30	17'-1"	15'-8"	14'-10"	13'-9"
9 1/2" RFP 40	9 1/2" PRI 40	18'-0"	15'-9"	14'-4"	12'-10"
9 1/2" RFP 50	9 1/2" PRI 50	17'-10"	16'-4"	15'-5"	14'-5"
9 1/2" RFP 70	Not Applicable	19'-4"	17'-7"	16'-8"	15'-7"
11 1/4" RFP 20	11 1/4" PRI 20	19'-11"	17'-3"	15'-9"	13'-8"
11 1/4" RFP 30	11 1/4" PRI 30	20'-6"	18'-9"	17'-9"	15'-7"
11 1/4" RFP 40	11 1/4" PRI 40	21'-0"	18'-2"	16'-7"	14'-10"
11 1/4" RFP 50	11 1/4" PRI 50	21'-4"	19'-6"	18'-5"	16'-9"
11 1/4" RFP 70	11 1/4" PRI 70	23'-0"	21'-0"	19'-10"	18'-7"
13 1/4" RFP 90	13 1/4" PRI 90	25'-8"	23'-4"	22'-0"	20'-5"
14" RFP 40	14" PRI 40	23'-4"	20'-2"	18'-5"	16'-5"
14" RFP 50	14" PRI 50	24'-4"	22'-3"	21'-0"	18'-9"
14" RFP 70	14" PRI 70	26'-1"	23'-10"	22'-6"	19'-2"
14" RFP 90	14" PRI 90	29'-1"	26'-5"	24'-11"	23'-2"
16" RFP 40	16" PRI 40	25'-3"	21'-11"	20'-0"	17'-10"
16" RFP 50	16" PRI 50	27'-0"	24'-8"	21'-0"	18'-9"
16" RFP 70	16" PRI 70	29'-0"	26'-5"	24'-0"	19'-2"
16" RFP 90	16" PRI 90	32'-2"	29'-3"	27'-7"	23'-2"

- Notes:
- Spans are based on uniform loads as shown above. Use RFP-KeyBeam™ sizing software for other loading.
 - Web stiffeners are not required to develop spans but may be required for hangers.
 - Maximum deflection is limited to L/480 for live load and L/240 for total load.
 - A minimum of 1 3/4" is required for end bearing, 3 1/2" for intermediate bearing.
 - Spans include allowable increases for repetitive member use.

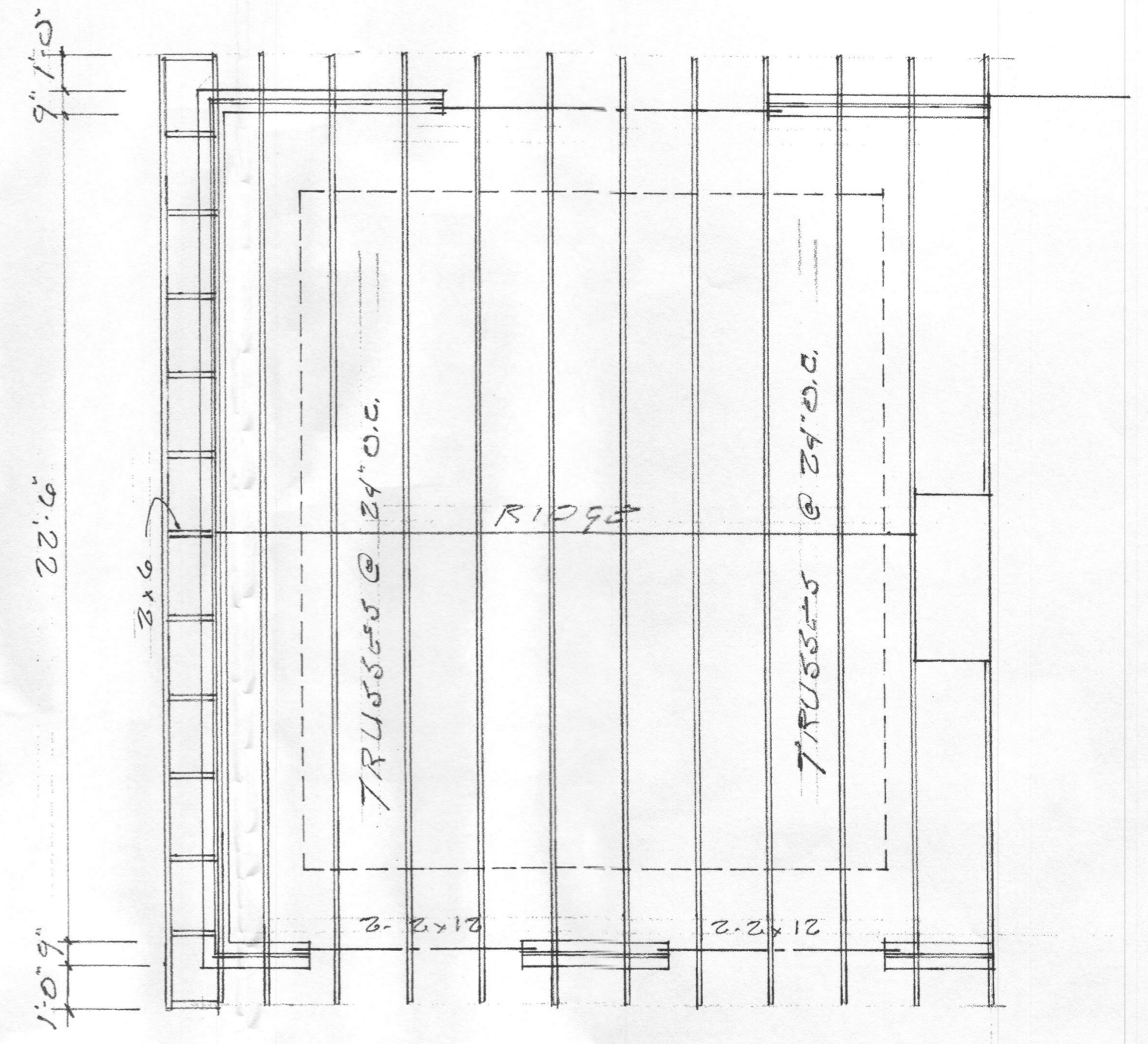
Spans are based on composite action with glued-nailed sheathing meeting the following APA requirements:

Rated Sheathing	Min. Thickness	Span Rating	Joist Spacing
Rated Sheathing	3/8"	(40/20)	19.2" or less
Rated Stued Floor	3/8"	(48/24)	24" or less
Rated Floor	3/8"	20" o.c.	19.2" or less
Rated Floor	3/8"	24" o.c.	24" or less
Rated Floor	3/8"	32" o.c.	24" or less

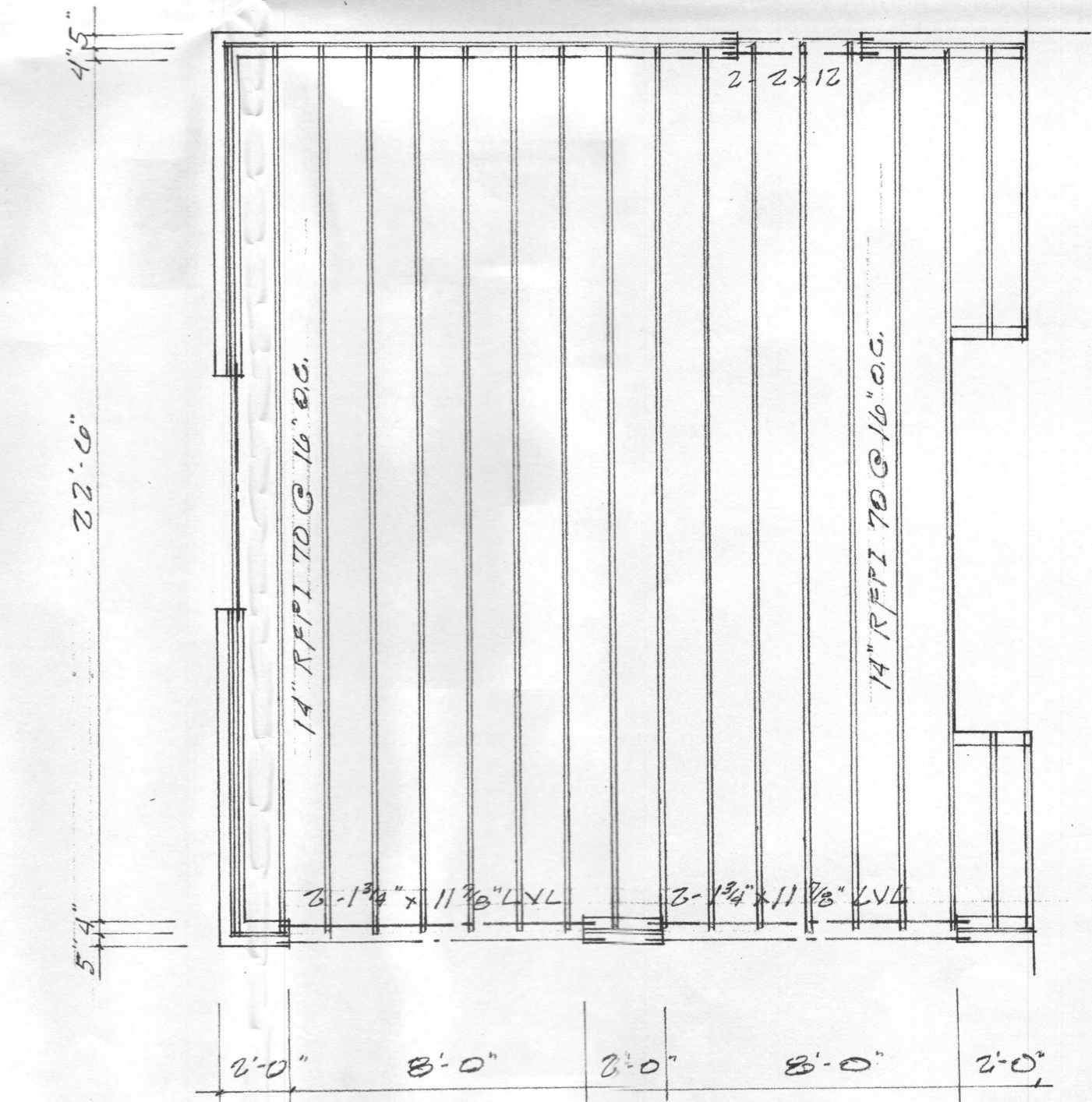
Adhesives shall meet APA Specification AFG-01. Spans shall be reduced by 12 inches when floor sheathing is nailed only.



A BETTER WAY TO BUILD.



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



SECOND FLOOR FRAMING SCALE 1/4" = 1'-0"

RESIDENTIAL GENERAL NOTES

LIVE LOADS:

ROOF 30 PSF
 FLOOR 40 PSF
 FLOOR (SLEEPING ONLY) 20 PSF
 DECKS 40 PSF

DEAD LOADS:

ROOF - 17 PSF
 FLOOR - 10 PSF

LATERAL LOADS:

WIND-

WIND SPEED - 90 MPH
 EXPOSURE C
 HEIGHT AND EXPOSURE ADJUSTMENT COEFFICIENT -
 ONE-STORY - 1.29
 TWO-STORY - 1.40

SEISMIC-

SEISMIC DESIGN CATEGORY - A

DESIGN SOIL BEARING VALUE -

2000 PSF (ASSUMED). THIS VALUE SHALL BE FIELD VERIFIED PRIOR TO POURING FOOTINGS.

FOOTINGS:

UNLESS OTHERWISE INDICATED ON THE DRAWINGS, ALL WALL FOOTINGS SHALL BE 24" WIDE X 12" THICK. ALL COLUMN FOOTINGS SHALL BE 36" X 36" X 12" THICK. BOTTOMS OF EXTERIOR FOOTINGS AND INTERIOR FOOTINGS LOCATED IN UNHEATED SPACES SHALL BE LOCATED 30" BELOW GRADE.

FOUNDATION ANCHORAGE:

ALL WOOD SILL PLATES SHALL BE ANCHORED TO THE FOUNDATION WITH 1/2" DIAMETER ANCHOR BOLTS SPACED 6'-0" ON CENTER (MAXIMUM OF 12" FROM END OF PLATE). BOLTS SHALL EXTEND A MINIMUM OF 7" INTO CONCRETE OR GROUTED MASONRY. FOUNDATION ANCHOR STRAPS, EQUIVALENT TO ANCHOR BOLTS, MAY BE USED.

FOUNDATION WALLS:

UNLESS OTHERWISE INDICATED ON THE DRAWINGS, FOUNDATION WALLS SHALL CONFORM TO TABLES R404.1.1(1), R404.1.1(2), R404.1.1(3) OR R404.1.1(4) OF THE IRC 2000 CODE FOR TYPE SM SOIL.

CONCRETE:

ALL CONCRETE SHALL BE 3000 PSI NORMAL WEIGHT EXCEPT SLABS WHICH SHALL BE 3500 PSI.

REINFORCING STEEL:

ASTM A615 GRADE 60.

STRUCTURAL STEEL:

A36.

LUMBER:

HEM-FIR NO. 2 (EXCEPT STUDS AND PRESSURE TREATED MATERIAL).

STUDS (LOAD BEARING WALLS) - SPRUCE-PINE-FIR S-DRY CONSTRUCTION GRADE Fb = 975 PSI E = 1350 PSI E = 1,300,000 PSI.

STUDS (NON-LOAD BEARING WALLS) - SPRUCE-PINE-FIR S-DRY STUD GRADE.

PRESSURE TREATED - SOUTHERN YELLOW PINE NO. 2.

EXTERIOR LOAD BEARING WALLS:

UNLESS OTHERWISE INDICATED ON THE DRAWINGS, STUD SIZE AND SPACING SHALL CONFORM TO TABLE R602.3(5) OF THE IRC 2000 CODE. WALLS SHALL HAVE A CONTINUOUS DOUBLE TOP PLATE AND A CONTINUOUS SINGLE SILL PLATE. WALLS SHALL HAVE CONTINUOUS SOLID 2 x BLOCKING AT MID-HEIGHT OR 4'-0" ON CENTER MAX. VERTICALLY. WALLS SHALL HAVE A MINIMUM OF 1/2" GYPSUM BOARD SHEATHING AND 15/32" OSB SHEATHING. WHERE LESS THAN 4'-0" OF SHEATHING IS PROVIDED AT A CORNER, REFER TO THE ATTACHED DETAIL.

CONNECTIONS:

UNLESS OTHERWISE INDICATED ON THE DRAWINGS, FRAMING CONNECTIONS SHALL BE PER TABLE R602.3(1) OF THE IRC 2000 CODE.

MASONRY LINTELS:

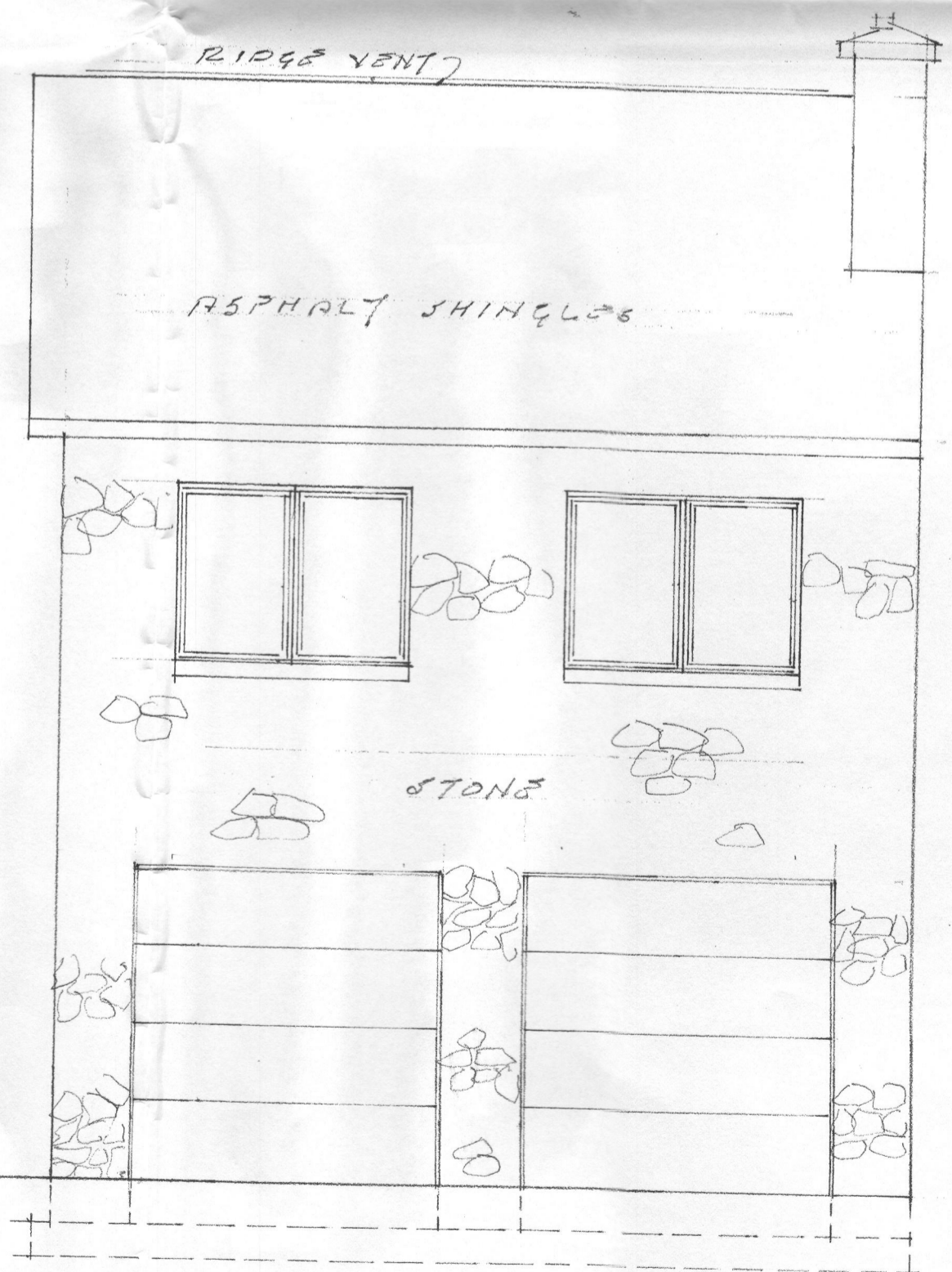
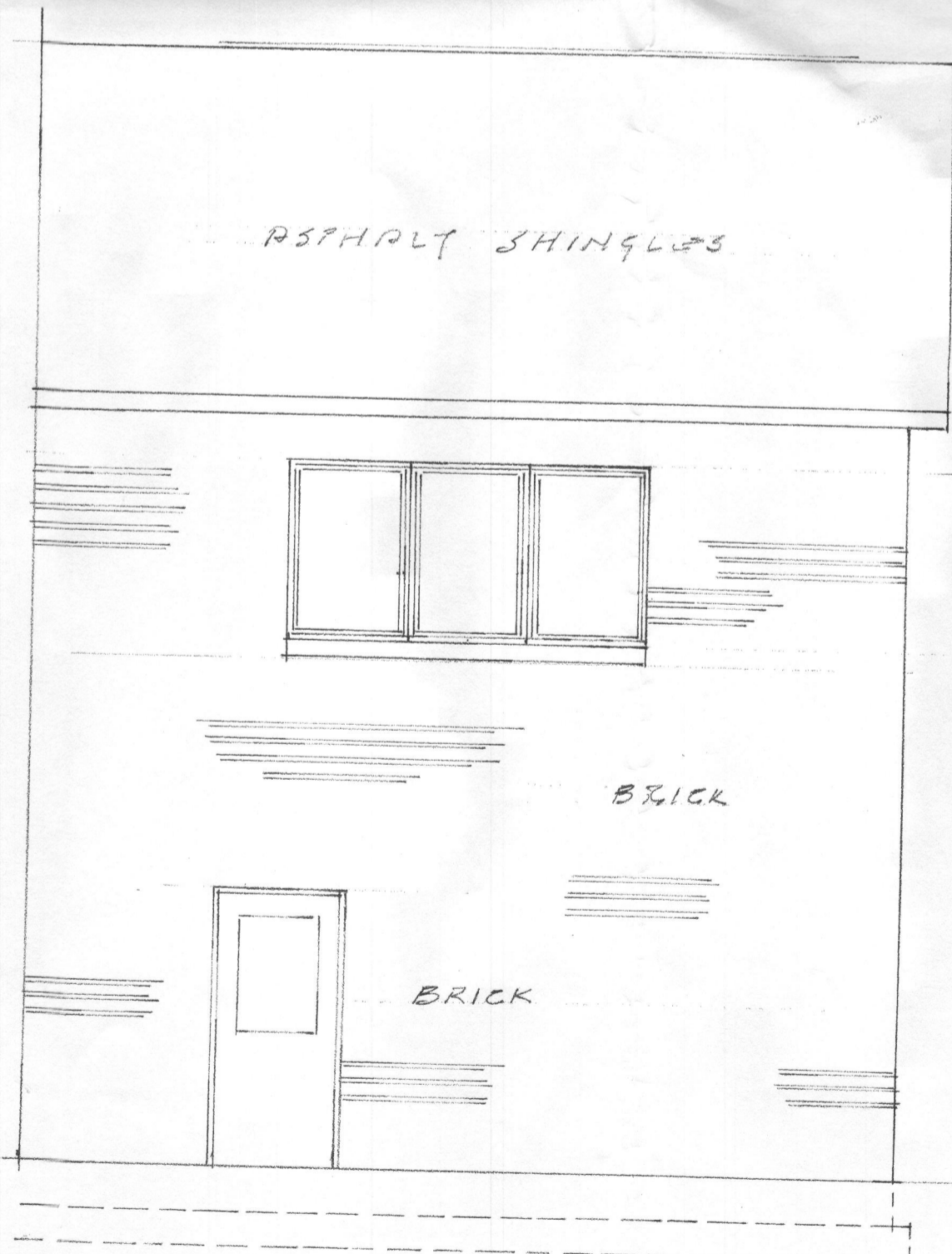
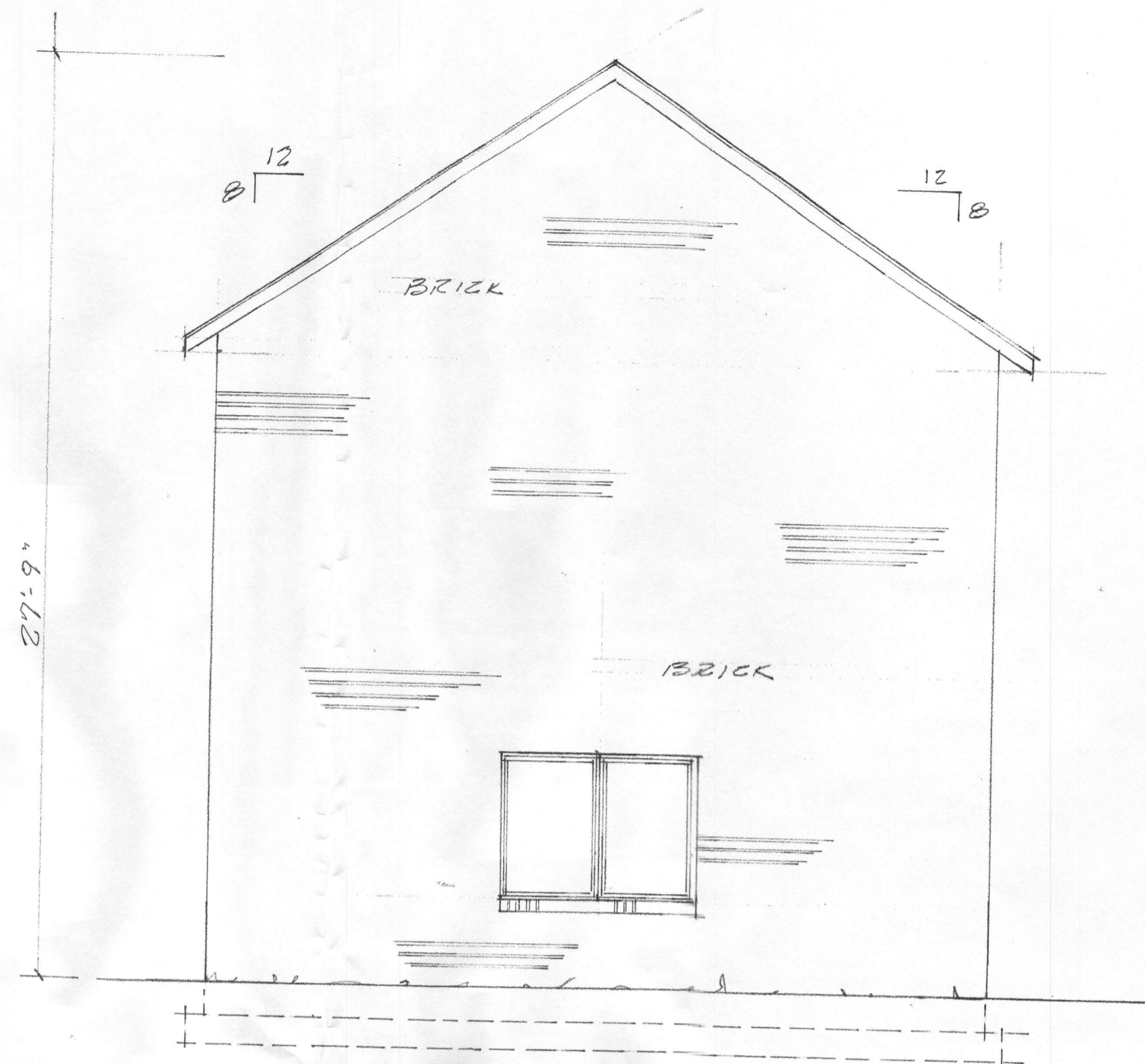
UNLESS OTHERWISE INDICATED ON THE DRAWINGS, PROVIDE ONE (1) STEEL ANGLE 5" x 3-1/2" x 5/16" LONG LEG VERTICAL FOR EACH 4" OF MASONRY WALL THICKNESS. LINTELS SHALL HAVE A MINIMUM OF 6" BEARING EACH END.

EXISTING CONDITIONS:

ALL EXISTING CONDITIONS DEPICTED ON THE DRAWINGS SHALL BE FIELD VERIFIED PRIOR TO STARTING CONSTRUCTION.

PREFABRICATED/PREENGINEERED ROOF AND FLOOR COMPONENTS:

SHOP DRAWINGS PREPARED BY A LICENSED ENGINEER SHALL BE SUBMITTED TO THE ENGINEER FOR APPROVAL PRIOR TO FABRICATION AND INSTALLATION.



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