



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B15005253

1850

1850 Millers Mill Rd.

Building Address: 14500 Millers Mill Rd
 City: Woodrow State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 402
 Tax Map: _____ Parcel: 90 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 3 AC

Property Owner's Name: Gary Stapley
 Address: 14500 Millers Mill Rd
 City: Woodrow State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 7500
 Description of Work: _____
inst. of SFD propane tank

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

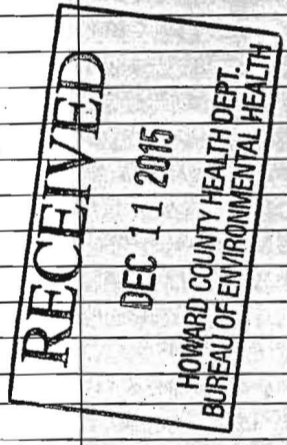
Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 12/2/15

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	<u>12/7/15</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110</u>
Sub-Total Paid	\$ <u>110</u>
Balance Due	\$
Check #	<u>4850</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



PROBLEM ADDRESS

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 4/7/15

Permit No.: B15001244

Building Address: 1850 MILLERS MILL ROAD
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Griffin Property
 Section: _____ Area: _____ Lot: 2
 Tax Map: 08 Parcel: 290 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: TRINITY QUALITY HOMES
 Address: 3675 PARK AVE
 City: ELLIOTT CITY State: MD Zip Code: 21043
 Phone: 410-480-0023 Fax: _____
 Email: MPPFAU@trinityhomes.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: VACANT LOT
 Proposed Use: S.F.D.
 Estimated Construction Cost: \$ 355,015
 Description of Work: 2 story, Full BSMT, 9R, 2 FB, 1 HB, FP + Garage 4BR
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: TRINITY QUALITY HOMES
 Contact Person: TIM KEARNE
 Address: 3675 PARK AVE #301
 City: ELLIOTT CITY State: MD Zip Code: 21043
 License No.: 699
 Phone: 410-480-0023 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G15000118</u>	
Building Shell Permit Number:	

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Sherry Mewshaw
 Applicant's Signature
sherry@trinityhomes.com
 Email Address
Selections, Trinityhomes
 Title/Company

SHELLY MEWSHAW
 Print Name
4/7/15
 Date
RECEIVED
 APR 07 2015
 LICENSES & PERMITS DIVISION

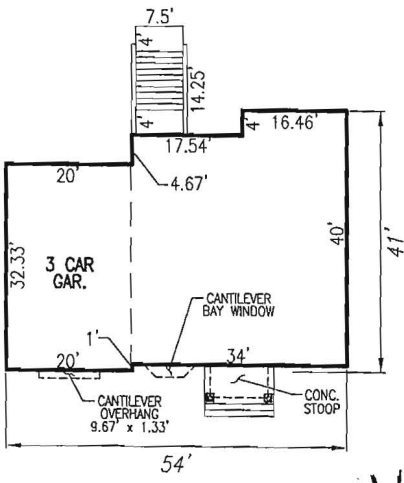
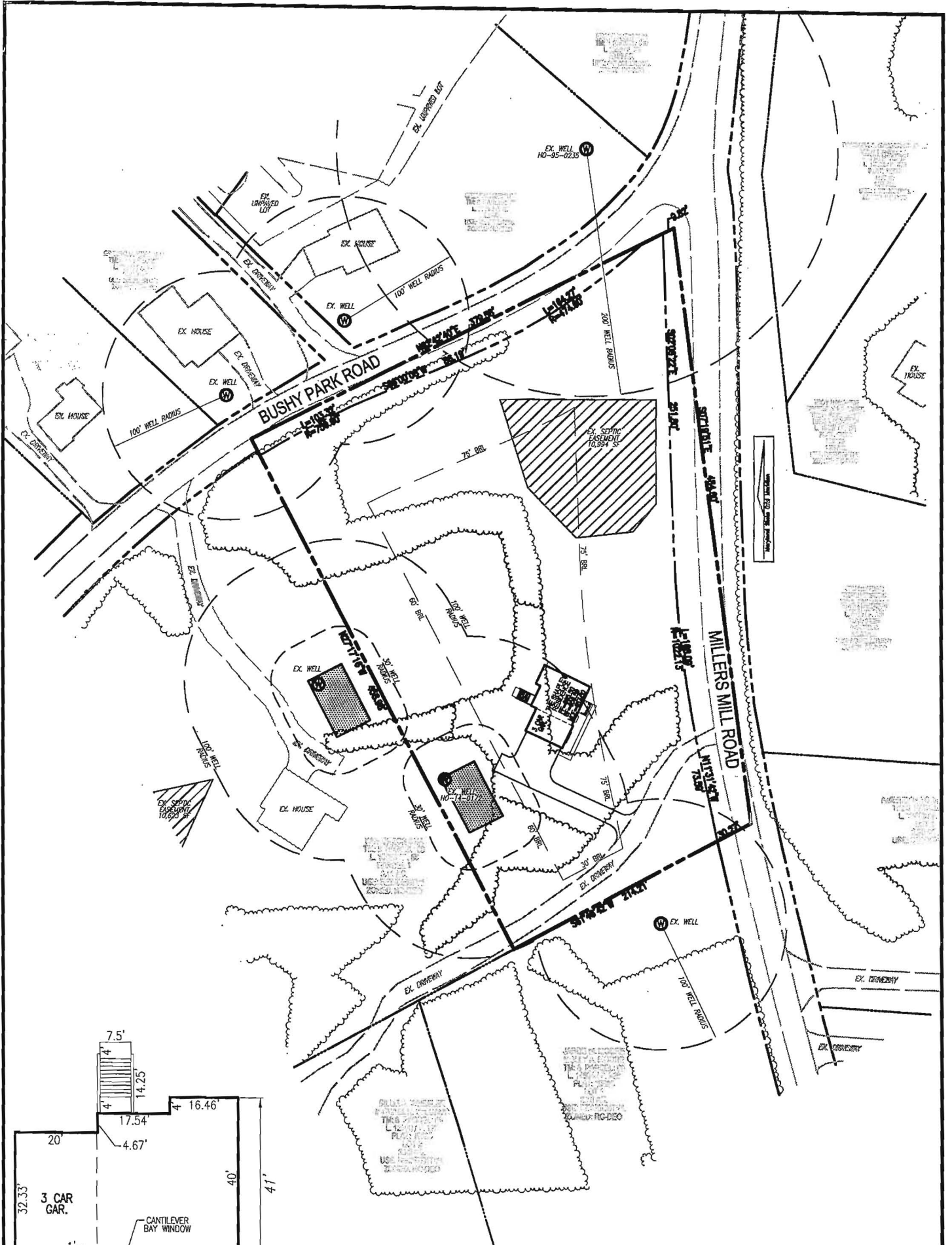
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
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AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 031644



THE SHAPLEY RESIDENCE
W/ SIDING VENEER
SCALE: 1"=30'

4/23/15
Plan approved for
B15001244 H.O.

SITE PLAN
SCALE: 1"=100'

SCALE:	AS SHOWN
DRAWN BY:	JMR
CHECKED BY:	RHV
DATE:	MARCH 2015
PROJECT #:	14-63
SHEET #:	1 OF 4

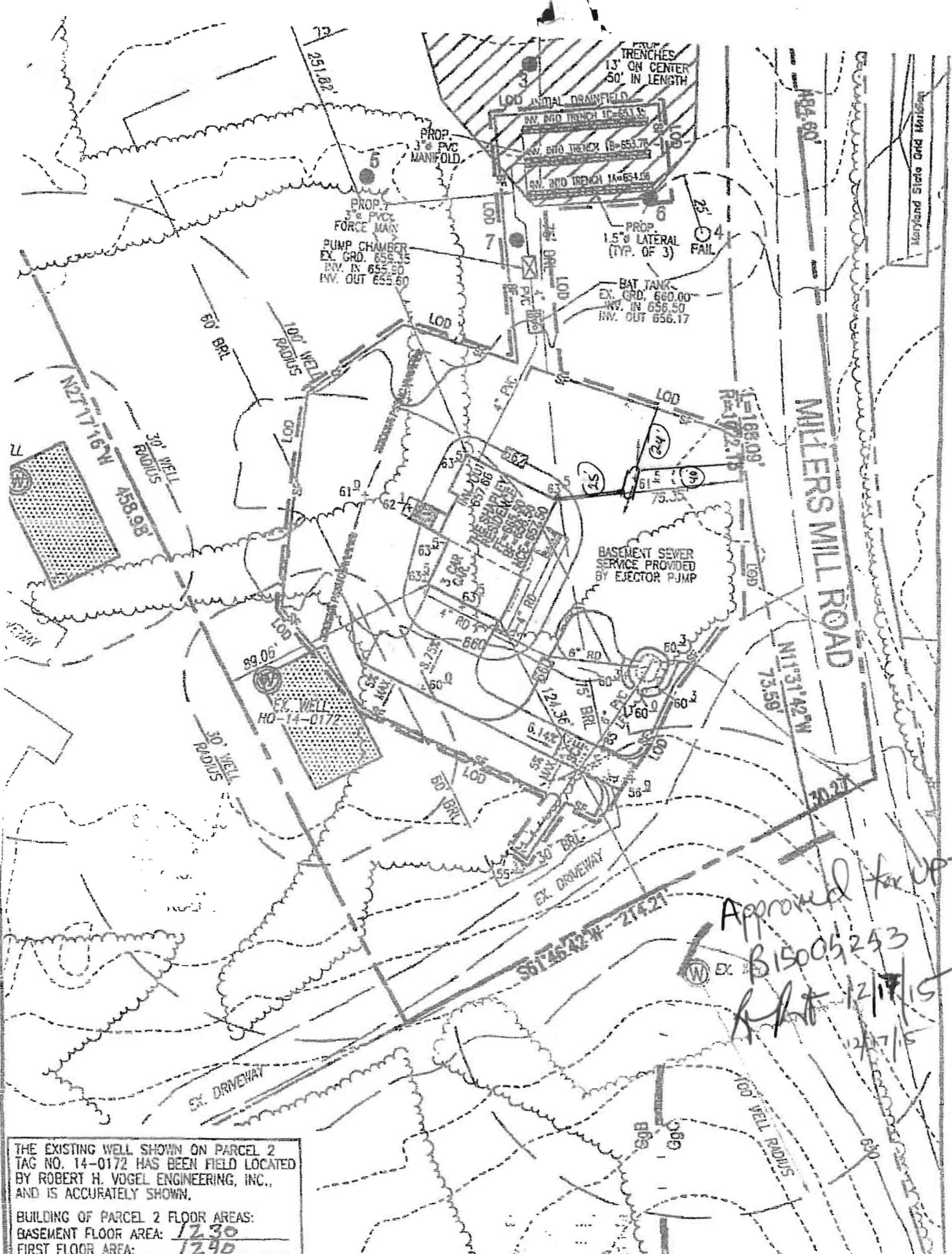
PLOT PLAN
GRIFFIN PROPERTY
PARCEL 2

TAX MAP 08 PARCEL 90
BLOCK 22
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ADDRESS
BUSHY PARK ROAD
WOODBINE, MD 21797

OWNER
TRINITY HOMES
3675 PARK AVENUE
SUITE 301
ELLCOTT CITY, MD 21043
(410) 480-0023

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELLCOTT CITY, MD 21043
TEL: 410.461.7666
FAX: 410.461.8961



Approved for JPT
 EX. \$15005243
 RHT 12/17/15
 2/17/15

THE EXISTING WELL SHOWN ON PARCEL 2 TAG NO. 14-0172 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.
 BUILDING OF PARCEL 2 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1230
 FIRST FLOOR AREA: 1290
 SECOND FLOOR AREA: 1530
 BEDROOMS: 5
 NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY ONE RAIN GARDEN (M-7), ROOFTOP DISCONNECT (N-1), AND NON-ROOFTOP DISCONNECT (N-2).
 BUILDING PERMIT NO. _____

SEDCON PLAN
 SCALE: 1"=50'

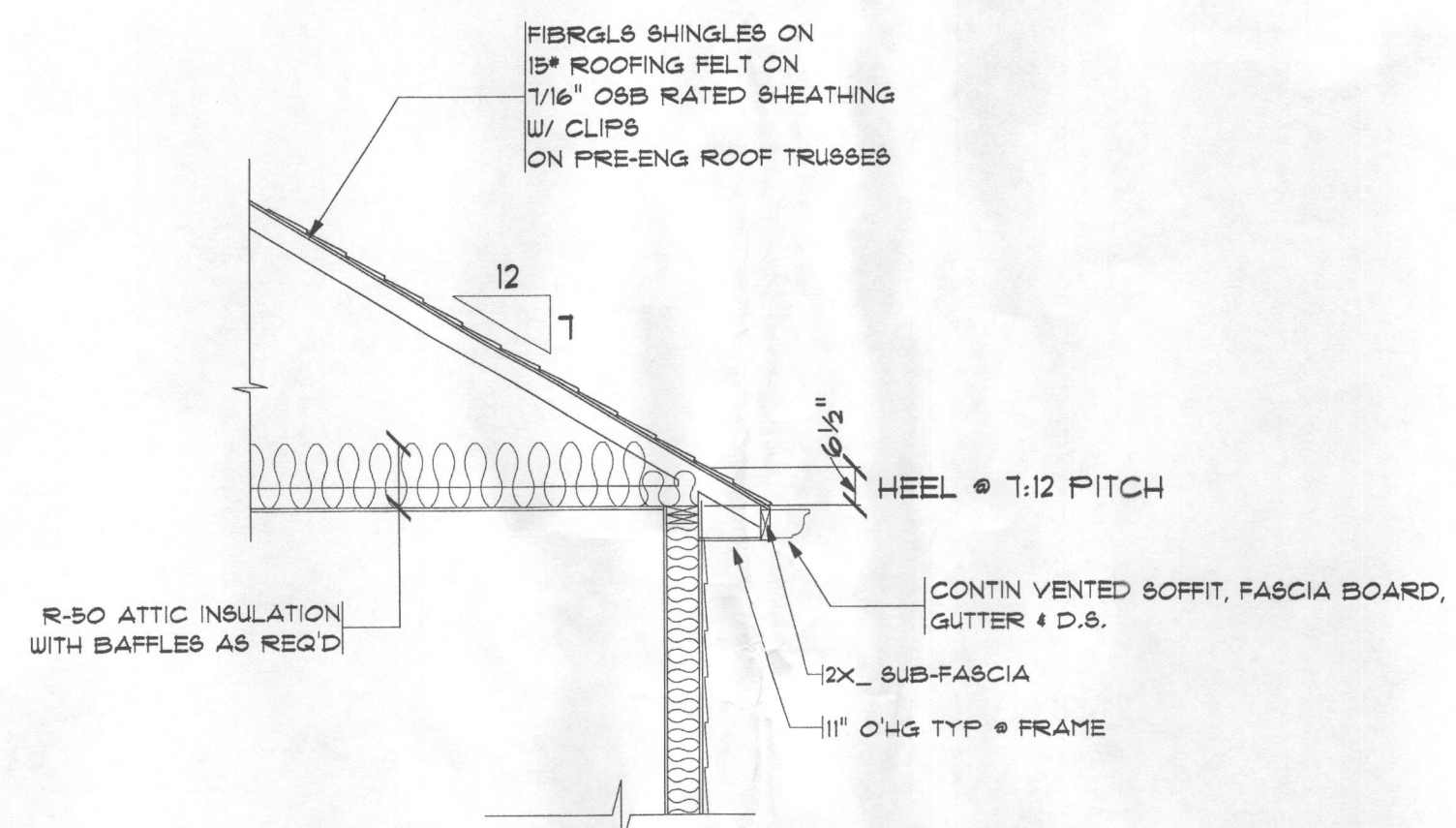
SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RRV
 DATE: MARCH 2015
 PROJECT #: 14-63
 SHEET#: 2 OF 4

PLOT PLAN
GRIFFIN PROPERTY
PARCEL 2
 TAX MAP 08 PARCEL 90
 BLOCK 22
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

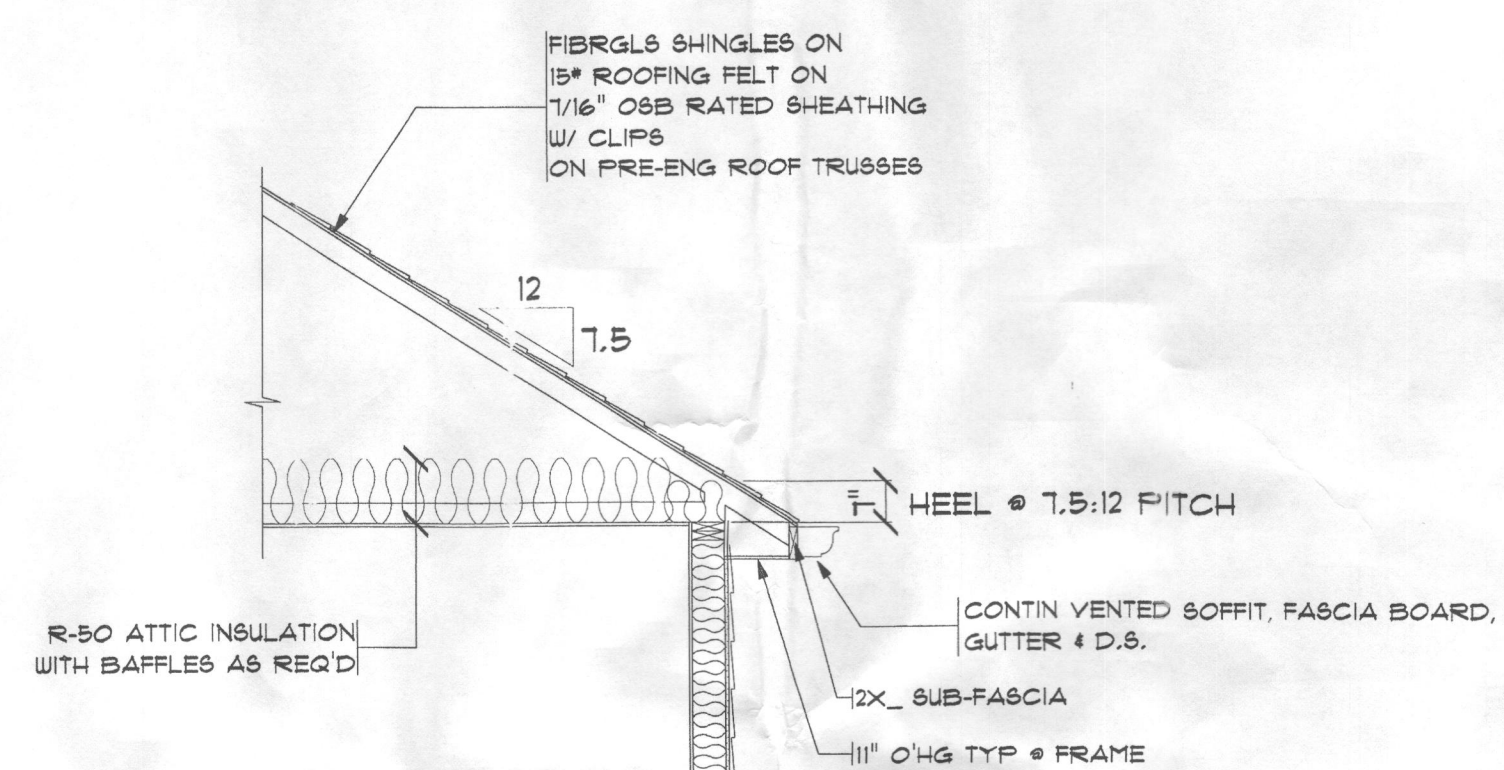
ADDRESS
 1850 Millers Mill Rd

OWNER
 TRINITY HOMES
 3675 PARK AVENUE
 SUITE 301
 ELLICOTT CITY, MD 21043
 (410) 480-0023

ROBERT H. VOGEL ENGINEERING, INC.
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 TEL: 410.461.7866
 FAX: 410.461.8961



ROOF PITCH @ MASTER BEDROOM & MASTER BATH



FLOOR SYSTEM CONSTRUCTION
FINISHED FLOOR ON
3/4\"/>

R-11 FOIL-FACED BLANKET INSUL @ UNFIN AREAS

R-10 RIGID PERIM. INSUL TO 24\"/>

BASEMENT SLAB
4\"/>

FRAME WALL SECTION
SCALE: N.T.S.



IECC 2012 ENERGY CODE COMPLIANCE REQUIREMENTS

THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2012 INTERNATIONAL ENERGY CONSERVATION CODE:

COMPLIANCE CERTIFICATE	REQUIREMENT
AIR LEAKAGE	ALL NEW CONSTRUCTION BUILDINGS SHALL BE CONSTRUCTED TO LIMIT THE THERMAL ENVELOPE AIR LEAKAGE TO 3 AIR CHANGES PER HOUR AT 50 PASCALS OF PRESSURE AND TESTED VIA A BLOWER DOOR TEST PER IECC R402.4 (IRC N102.4).
MAXIMUM PENETRATION U-FACTOR AND SHGC	THE MAXIMUM U-FACTOR ALLOWED USING EITHER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.1.4 (IRC N102.1.4) OR THE SIMULATED PERFORMANCE ALTERNATIVE PER IECC R405 (IRC N105) SHALL BE 0.48 FOR VERTICAL PENETRATION AND 0.19 FOR SKYLIGHTS PER IECC R403.9 (IRC N103.9).
HVAC CONTROLS	EACH HEATING AND COOLING SYSTEM SHALL HAVE AT LEAST ONE THERMOSTAT PER IECC R403.1 (IRC N103.1). IF THE PRIMARY HEATING SYSTEM IS A FORCED AIR FURNACE, A PROGRAMMABLE THERMOSTAT SHALL BE PROVIDED PER IECC R403.1.1 (IRC N103.1.1).
HEAT PUMP SUPPLEMENTARY HEAT	HEAT PUMPS WITH SUPPLEMENTARY ELECTRIC RESISTANCE HEAT SHALL HAVE CONTROLS THAT, EXCEPT DURING DEFROST, PREVENT SUPPLEMENTAL HEAT FROM OPERATING WHEN THE HEAT PUMP COMPRESSOR CAN MEET THE HEATING LOAD PER IECC R403.1.2 (IRC N103.1.2).
DUCT SEALING	ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IRC M1601.4.1. DUCT TIGHTNESS SHALL BE VERIFIED BY EITHER A ROUGH-IN OR POSTCONSTRUCTION TEST PER IECC R403.2.2 (IRC N103.2.2) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED ENTIRELY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR PLENUMS	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR PLENUMS PER IECC R403.2.3 (IRC N103.2.3).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 105°F OR BELOW 55°F SHALL BE INSULATED TO R-3 MINIMUM PER IECC R403.3 (IRC N103.3). PIPING INSULATION EXPOSED TO WEATHER SHALL BE PROTECTED FROM DEGRADATION AND DECAY PER IECC R403.3.1 (IRC N103.3.1).
CIRCULATING HOT WATER SYSTEMS	CIRCULATING HOT WATER SYSTEMS SHALL BE PROVIDED WITH AN AUTOMATIC OR READILY ACCESSIBLE MANUAL SWITCH TO TURN OFF THE CIRCULATING PUMP WHEN THE SYSTEM IS NOT IN USE PER IECC R403.4.1 (IRC N103.4.1).
MECHANICAL VENTILATION	THE BUILDING SHALL BE PROVIDED WITH VENTILATION PER IRC M307 OR OTHER APPROVED MEANS OF VENTILATION PER IECC R403.5 (IRC N103.5). WHOLE-HOUSE VENTILATION FANS SHALL MEET EFFICIENCY STANDARDS PER IECC TABLE R403.5.1 (IRC TABLE N103.5.1).
EQUIPMENT SIZING	HEATING AND COOLING EQUIPMENT SHALL BE SIZED IN ACCORDANCE WITH ACCA MANUAL S BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL J OR OTHER APPROVED HEATING AND COOLING CALCULATION METHODOLOGIES PER IECC R403.6 (IRC N103.6).
SYSTEMS SERVING MULTIPLE DWELLING UNITS	SYSTEMS SERVING MULTIPLE DWELLING UNITS SHALL CONFORM TO IECC SECTIONS C403 AND C404.
SNOW MELT SYSTEMS CONTROLS	SNOW AND ICE MELT SYSTEMS SUPPLIED THROUGH ENERGY SERVICE TO THE BUILDING SHALL INCLUDE AUTOMATIC CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE PAVEMENT TEMPERATURE IS ABOVE 50°F AND NO PRECIPITATION IS FALLING, AND AUTOMATIC OR MANUAL CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE OUTDOOR TEMPERATURE IS ABOVE 40°F PER IECC R403.8 (IRC N103.8).
POOLS AND INGROUND PERMANENTLY INSTALLED SPAS	POOLS AND INGROUND SPA HEATERS SHALL HAVE AN ACCESSIBLE ON-OFF SWITCH MOUNTED ON THE OUTSIDE OF THE HEATER THAT ALLOWS SHUT-OFF WITHOUT AFFECTING THE THERMOSTAT SETTING PER IECC R403.9.1 (IRC N103.9.1). GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE THE SWITCHES OR OTHER CONTROL METHODS TO AUTOMATICALLY TURN ON AND OFF PER A PRESET SCHEDULE PER IECC R403.9.2 (IRC N103.9.2). HEATED POOLS AND INGROUND SPAS SHALL BE PROVIDED WITH A VAPOR-RETARDANT COVER PER IECC R403.9.3 (IRC N103.9.3).
LIGHTING EQUIPMENT	A MINIMUM OF 75% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS OR A MINIMUM OF 75% OF THE PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL CONTAIN ONLY HIGH-EFFICACY LAMPS PER IECC R404.1 (IRC N104.1).
FUEL GAS LIGHTING EQUIPMENT	FUEL GAS SYSTEMS SHALL NOT HAVE CONTINUOUSLY BURNING PILOT LIGHT SYSTEMS PER IECC R404.1.1 (IRC N104.1.1).

PRESCRIPTIVE R-VALUE COMPLIANCE PATH

THE BUILDING SHALL ALSO CONFORM TO ONE OF THE FOLLOWING OPTIONS:

1. PRESCRIPTIVE

THE BUILDING CONFORMS TO THE PRESCRIPTIVE REQUIREMENTS DETAILED IN THE CHART BELOW PER IECC R402.1.1 & R402.1.2 (IRC N102.1.1 & N102.1.2). EQUIVALENT U-FACTORS MAY BE SUBSTITUTED FOR REQUIRED R-VALUES PER IECC R402.1.3 (IRC N102.1.3). THE BUILDING SHALL ALSO CONFORM TO THE DETAILED REQUIREMENTS OF IECC R402.2 (IRC N102.2).

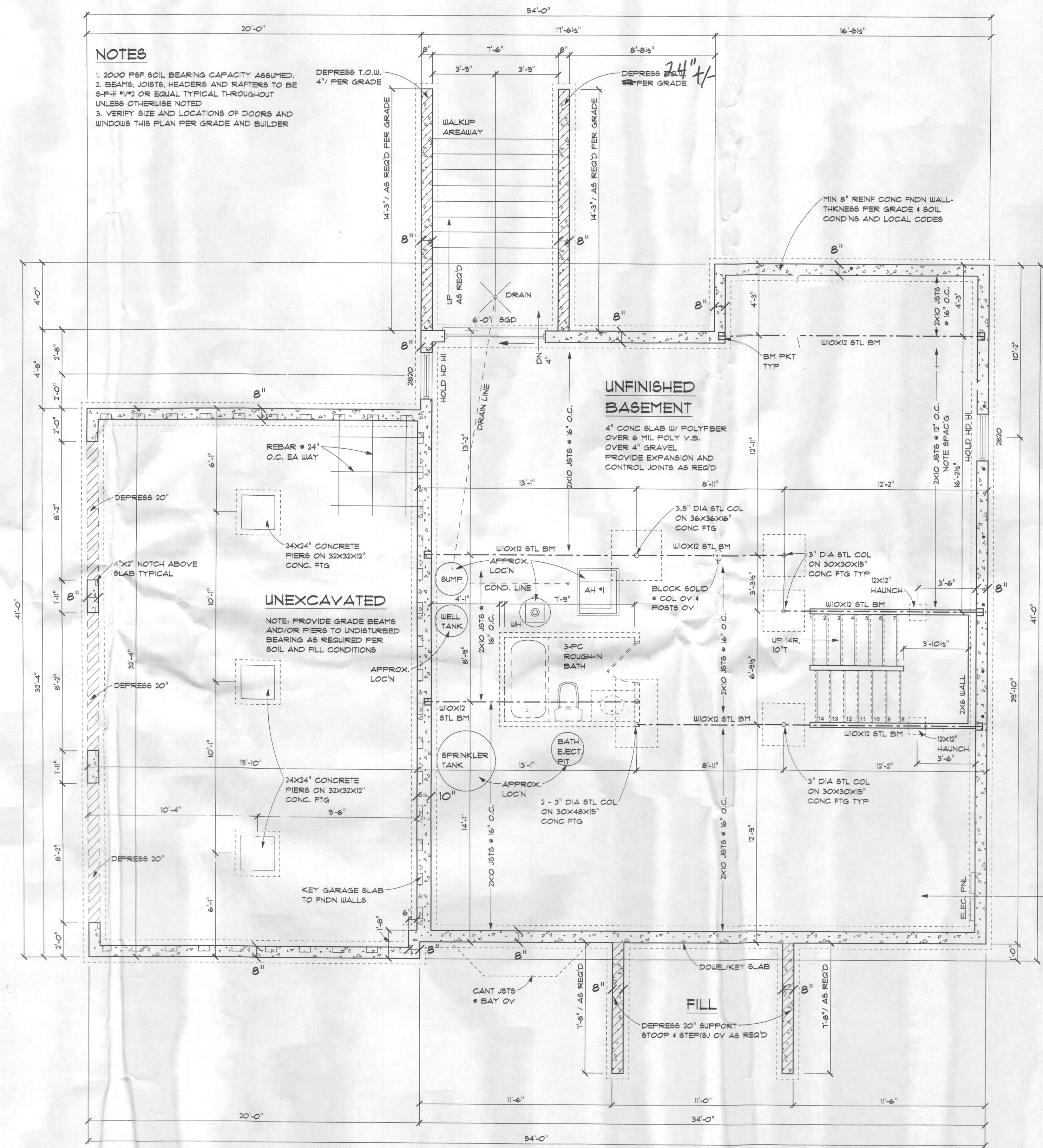
COMPONENT	REQUIRED VALUE
CEILING/ROOF	R-48 (COMPRESSED OVER WALL TOP PLATE AT EAVES) OR R-38 (UNCOMPRESSED OVER WALL TOP PLATE AT EAVES)
WALLS	R-20 CAVITY OR R-13 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-13 CAVITY
SLAB	R-10, 2\"/>
CRAWL SPACE WALL	R-10 CONTINUOUS OR R-13 CAVITY
OR FLOOR	R-9
DUCTS OUTSIDE CONDITIONED SPACE	R-6 FOR SUPPLY DUCTS IN ATTICS R-6 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.4.2 (IRC N103.4.2)
PENETRATION	U-FACTOR + 0.35 MAX; SHGC + 0.40 MAX
SKYLIGHTS	U-FACTOR + 0.55 MAX; SHGC + 0.40 MAX

2. TOTAL UA ALTERNATIVE

THE BUILDING THERMAL ENVELOPE'S TOTAL UA, CALCULATED PER THE ASHRAE HANDBOOK OF FUNDAMENTALS, IS LESS THAN OR EQUAL TO THE TOTAL UA OF AN EQUIVALENT BUILDING BUILT TO THE PRESCRIPTIVE REQUIREMENTS LISTED ABOVE PER IECC R402.1.4 (IRC N102.1.4). PRESCRIPTIVE SHGC REQUIREMENTS LISTED ABOVE SHALL BE MET.

3. SIMULATED PERFORMANCE ALTERNATIVE

A BUILDING ENERGY PERFORMANCE ANALYSIS IS PERFORMED PER IECC R405 (IRC N105) USING SOFTWARE APPROVED BY THE BUILDING OFFICIAL.



NOTES
 1. 2000 PSF SOIL BEARING CAPACITY ASSUMED.
 2. BEAMS, JOISTS, HEADERS AND RAFTERS TO BE S-P-F# 11/2 OR EQUAL TYPICAL THROUGHOUT UNLESS OTHERWISE NOTED.
 3. VERIFY SIZE AND LOCATIONS OF DOORS AND WINDOWS THIS PLAN PER GRADE AND BUILDER.

NOTE: PLUMBER
 PASSIVE RADON SYSTEM
 3" PVC PIPE VENTED THROUGH ROOF (LOCATION PER PLUMBER)

Gas:	- Propane
Gas Furnace Zones:	
ONE	YES
Range	PROANE YES

HYAC: EQUIPMENT - AMERICAN STANDARD or AMANA
 ZONE 1: 90% EFFICIENCY PROPANE FURNACE WITH 13 SEER A/C UNIT
 ZONE 2: 13 SEER HEAT PUMP

PROPANE ENTRANCE T.B.D.

NOTE: 8'-0" FOUNDATION WALLS

NOTE: PROPANE

FOUNDATION PLAN
 NOTE: 8'-0" FOUNDATION WALLS

SCALE: 1/4" = 1'-0"
 OR AS NOTED

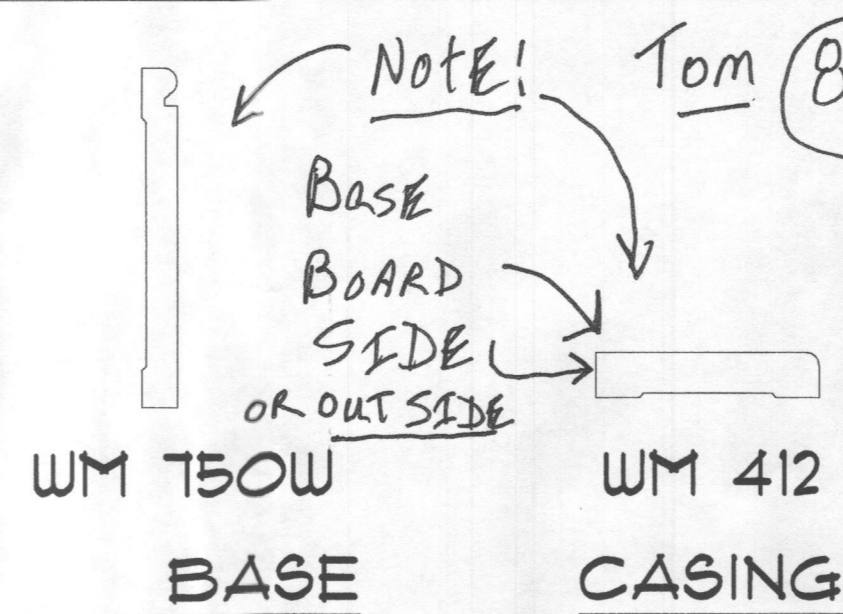
REVISIONS

DATE 02-25-2015

SHEET NO.

A-3

2012 CODE



TRIM PROFILES

SCALE: N.T.S.

INTERIOR TRIM PACKAGE, 1ST & 2ND FLOORS:
DOORS: 1ST & 2ND FLOORS - PREHUNG MASONITE, 3 PANEL GLENVIEW SMOOTH HOLLOW CORE
DOOR HARDWARE: SATIN NICKEL STOPS, KNOBS, HINGES, AND HANDLES
WINDOW DOOR TRIM: 1ST & 2ND FLOORS - 3/2" "SANITARY" CASING, WM 412 SQUARE EDGE ON OUT SIDE.
BASE: 1ST & 2ND FLOORS - WM 150W (5/4" BEADED)
DINING ROOM: 1 PC. 4 1/4" MDF CROWN, 1 PC. CHAIR RAIL, WM-302
LIVING ROOM: 1 PC. 4 1/4" MDF CROWN.

Tom (B4) IF POSSIBLE! MATCH FIRE CODE GARAGE DOOR TO 3 PANEL GLENVIEW

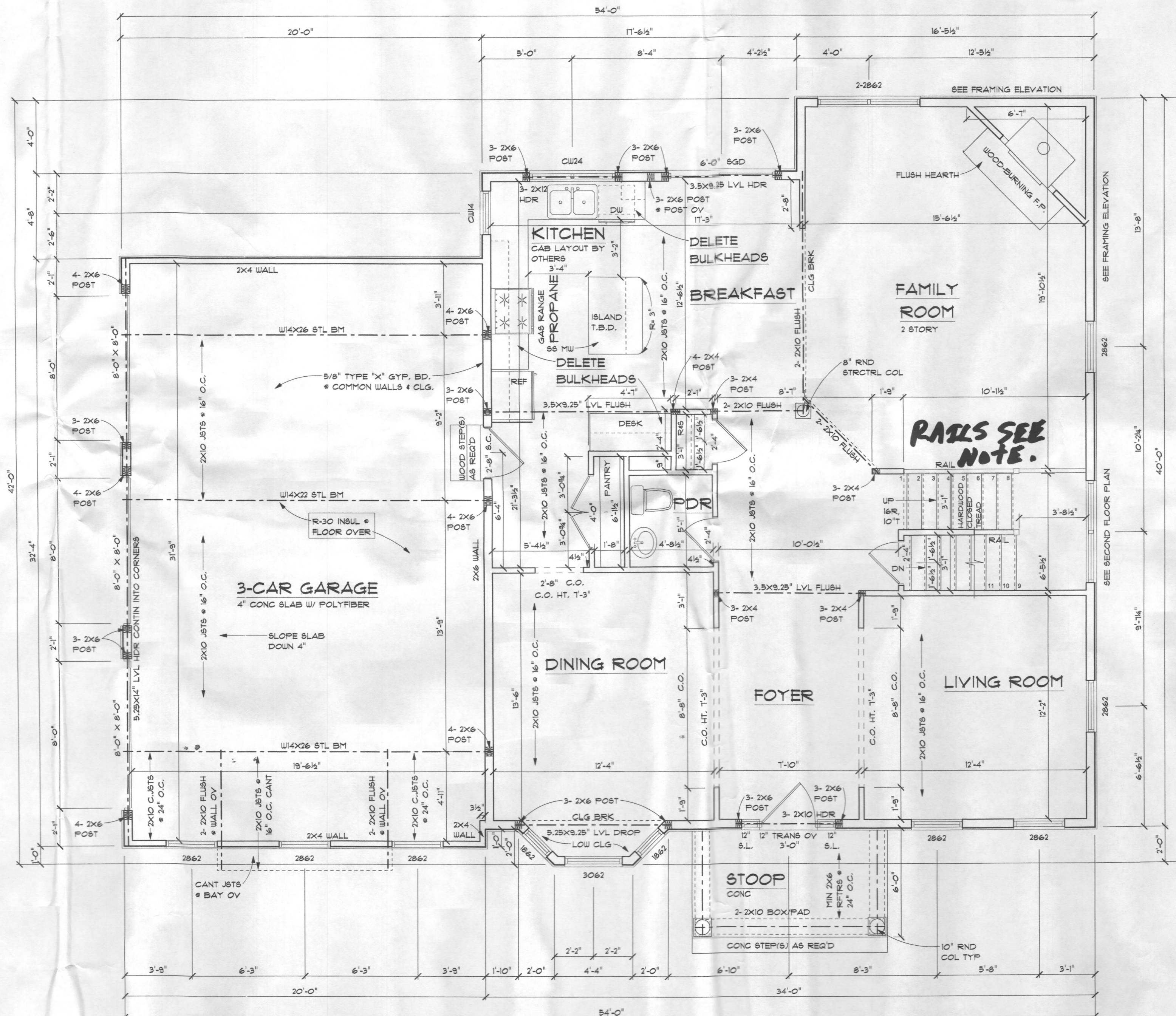
NOTE: CARPENTER
 ALLOW 4 1/2" FOR 3 1/2" CASING ON 1ST FLOOR & 2ND FLOOR

NOTE CARPENTER

NOTE: ELECTRIC BLOWER / TBD VERIFY

FAMILY ROOM FIREPLACE: PACIFIC FP30 WOOD BURNING FIRE ENGINEERED FIREPLACE
F.P. ROUGH OPENING, PACIFIC FP30: 50 1/2"W x 61 1/2"H x 26"D - SEE CUTSHEETS

BILL/JOE/JAMES.



FIRST FLOOR PLAN

NOTE: 9'-1/4" WALL HGT
 2X6 EXTERIOR WALLS U.O.N.
 45 DEG ANGLE WALLS U.O.N.

TYPICAL SPINDLES
 SQUARE STAIR POSTS AND SQUARE SPINDLES PAINTED WHITE, RAILING WITH SQUARE PROFILE

NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:

RISE HEIGHT 7.75" MAX
 TREAD DEPTH 10" MIN
 NOSING .75" MIN 1.25" MAX
 (NOTE: NOSING MAY BE OMITTED @ TREAD DEPTH OF 11" OR GREATER)

NOTE: JIM COLLINS CRAFT MARD

SCALE: 1/4" = 1'-0" OR AS NOTED

REVISIONS

DATE 02-25-2015

SHEET NO.

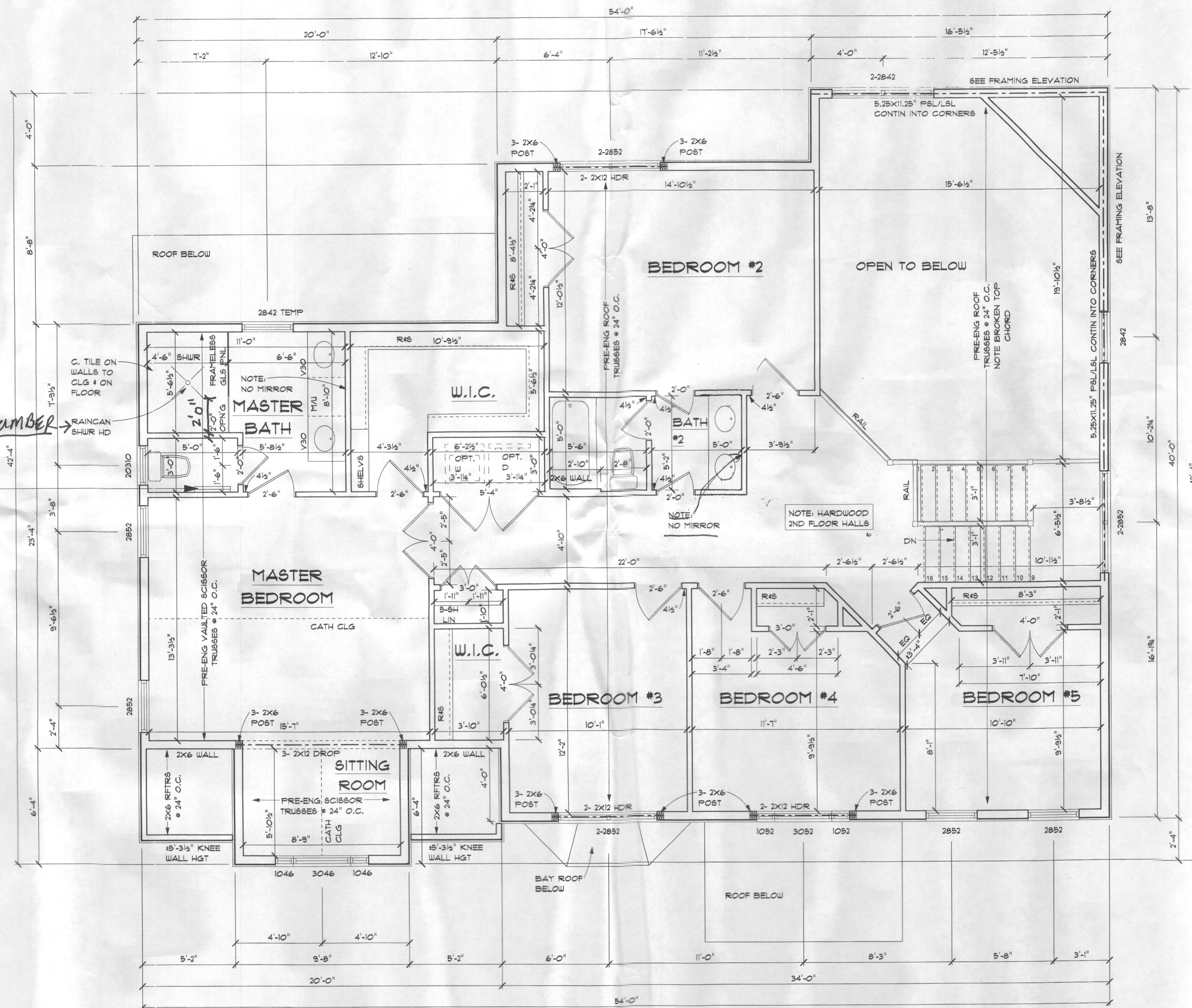
A-4

2012 CODE

SHAPLEY RESIDENCE

NOTE: ELECTRIC
 ADD 220V BASE HEAT, 2'
 LONG W/ WALL THERMOSTAT
 IN MASTER BATHROOM OVER
 GARAGE

NOTE: PLUMBER



NOTE: 8' CEILINGS
2X6 EXTERIOR WALLS

SECOND FLOOR PLAN

NOTE: 8-1/2" WALL HGT
 2X6 EXTERIOR WALLS
 45 DEG ANGLE WALLS U.O.N.

NOTE: NO MIRRORS IN BATHROOMS

2012 CODE

SCALE: 1/4" = 1'-0"
 OR AS NOTED

REVISIONS

DATE: 02-25-2015

SHEET NO.

A-5

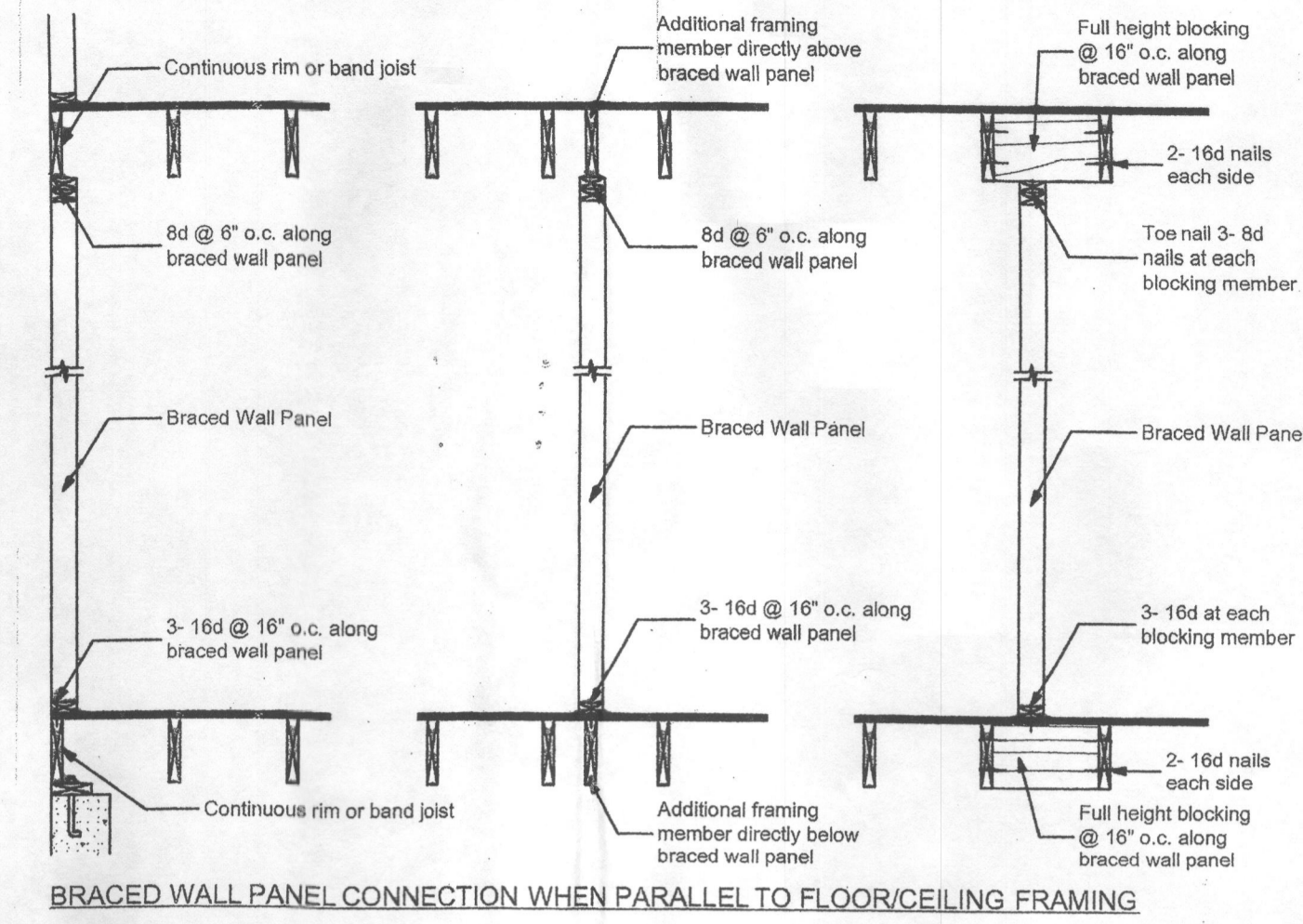
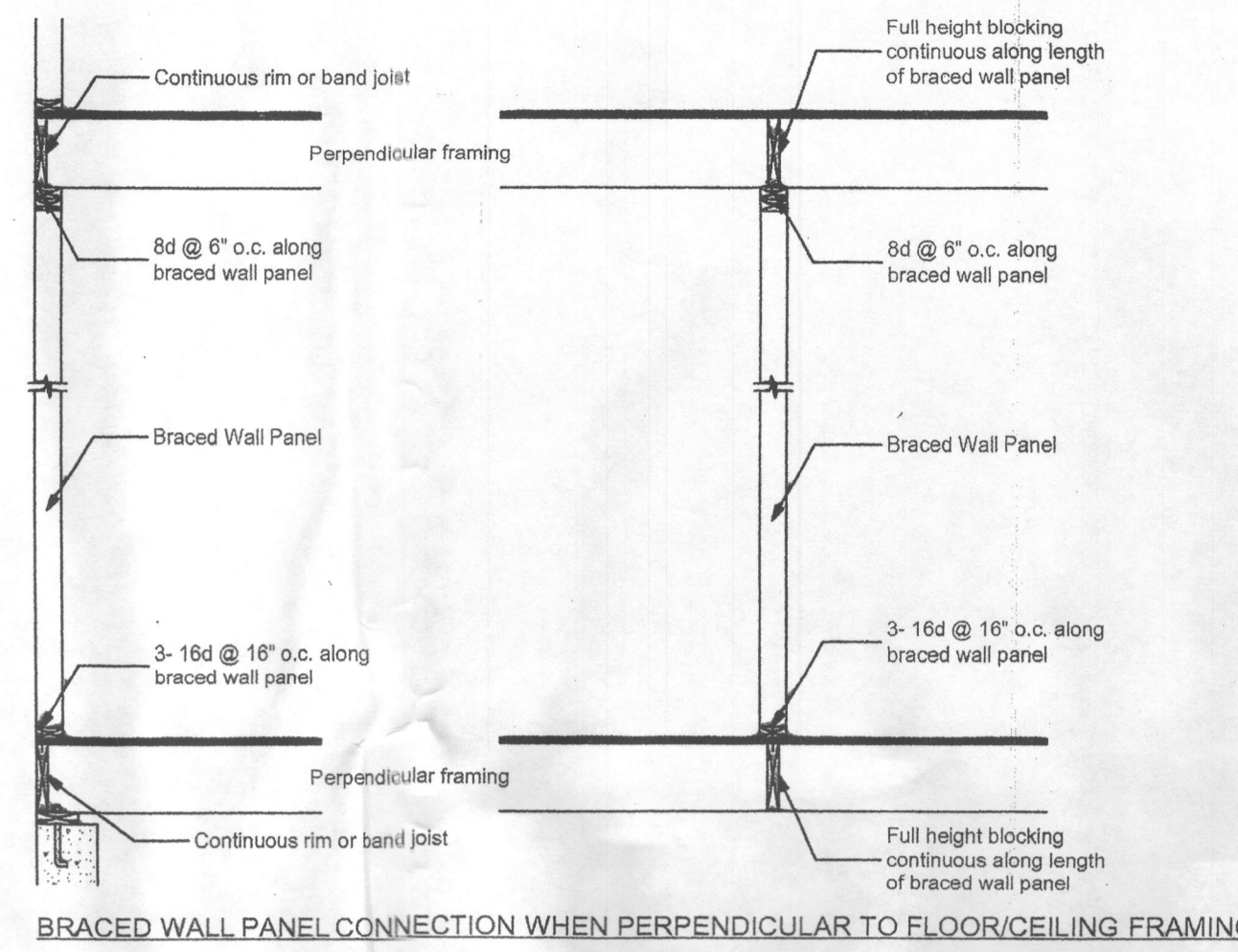
NOTES

Methods WSP & CS-WSP: Min. 7/16" OSB Wood Structural Panel sheathing attached to framing with 6d at 6" o.c. at panel edges and 12" o.c. at intermediate framing members.

Note: At Braced Wall Lines incorporating Continuously Sheathed bracing methods (CS-WSP & CS-PF), all exterior walls along the Braced Wall Line must be fully sheathed with min 7/16" OSB Wood Structural Panel sheathing fastened per IRC 2009 Tables R602.3(1), R602.3(2), and R602.3(3).

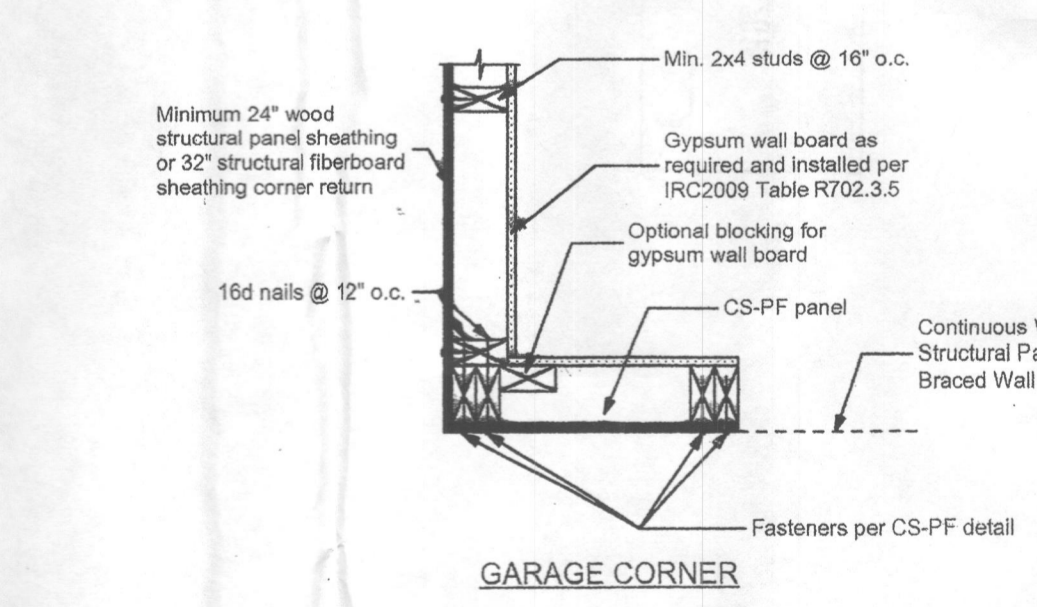
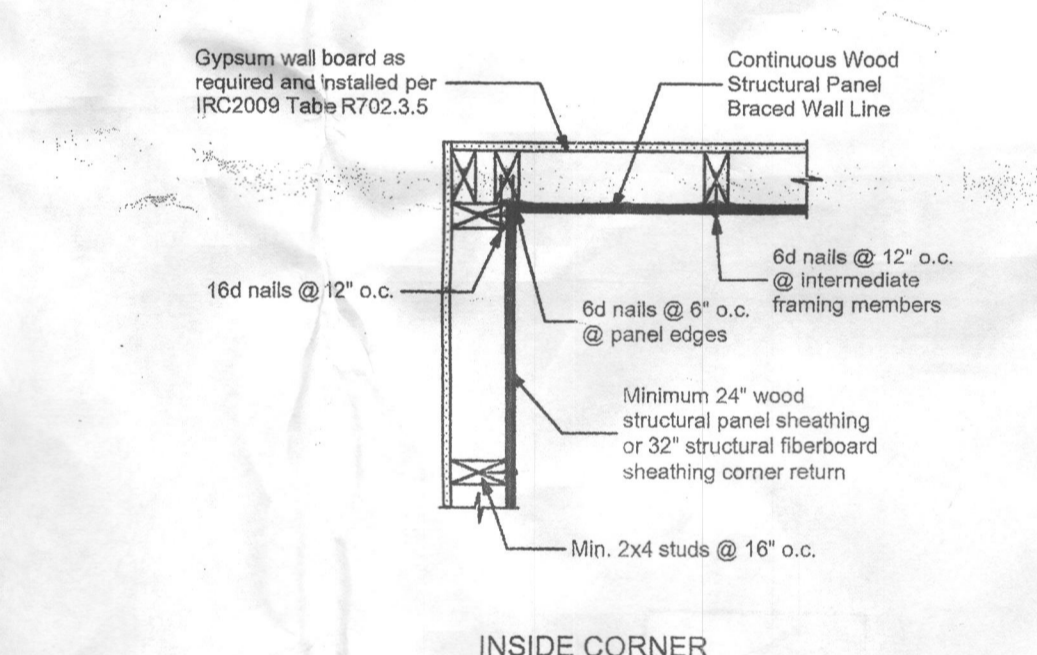
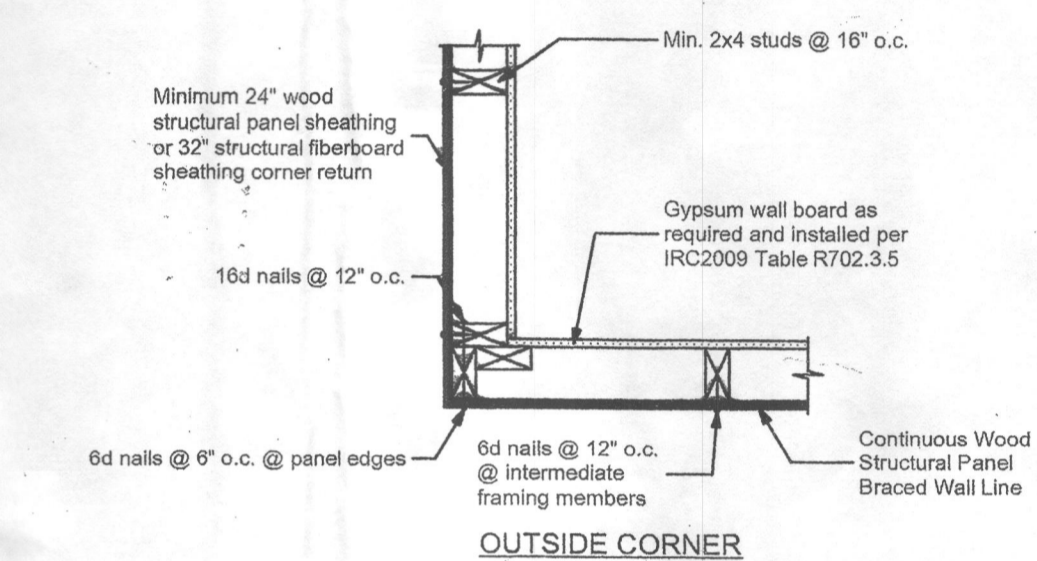
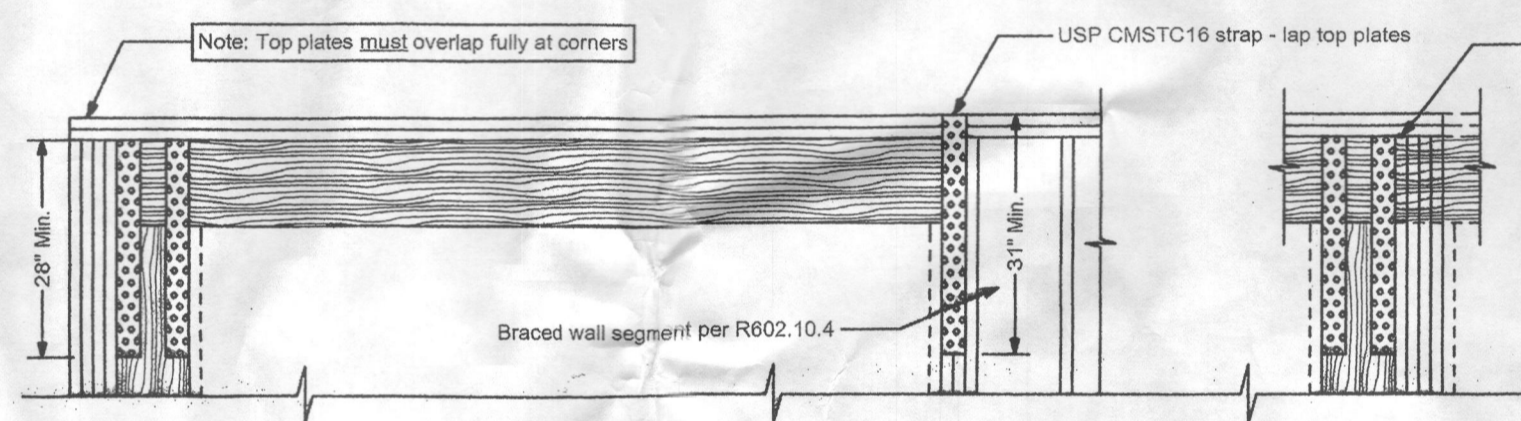
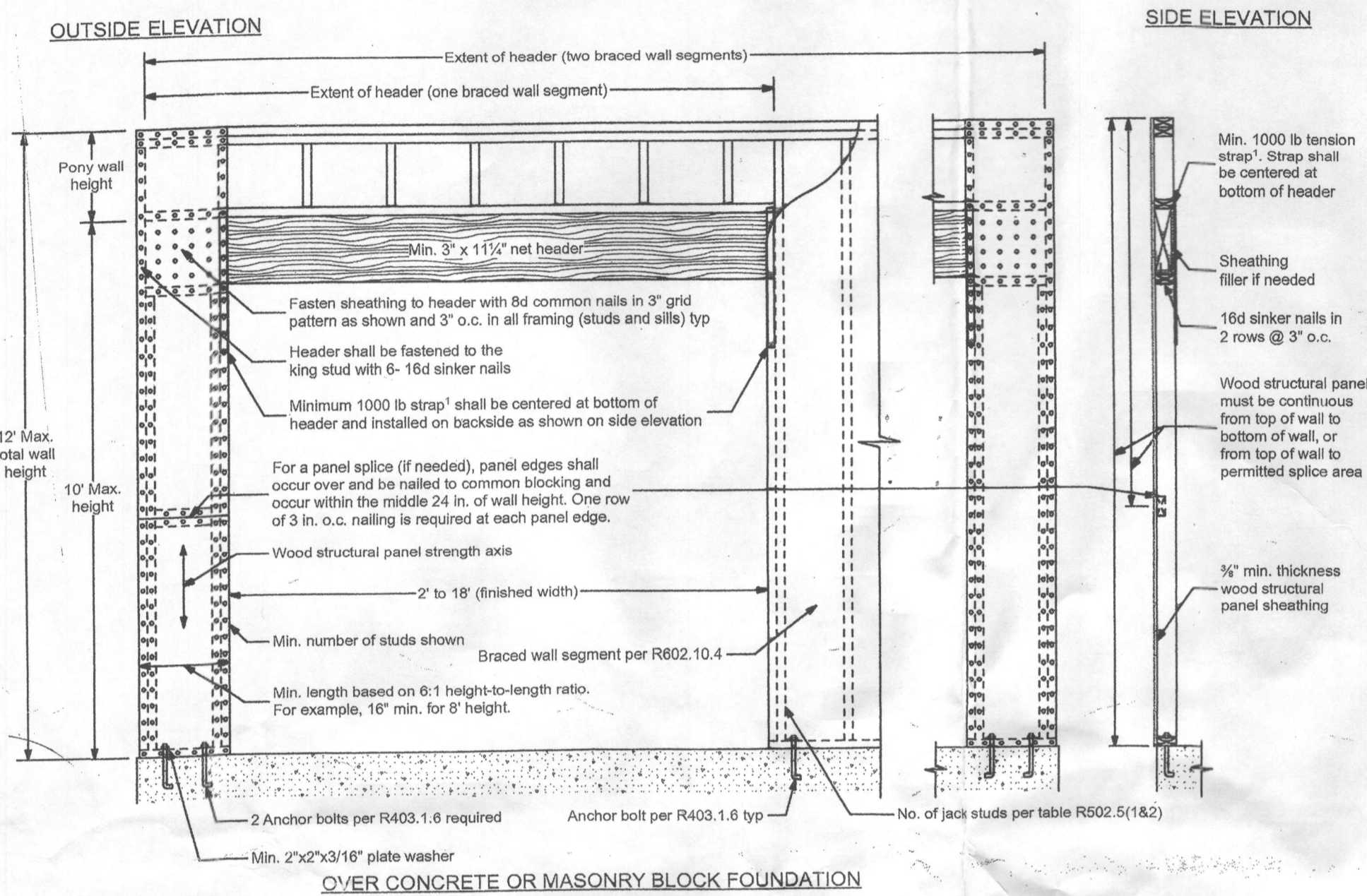
Method GB: Min. 1/2" gypsum board applied to each side of framing with adhesive and Type S or W screws @ 7" o.c. at panel edges and 24" o.c. at intermediate framing members or nails per IRC 2009 Table R702.3.5 @ 7" o.c. at panel edges and 16" o.c. at intermediate framing members.

Method LIB: Simpson WB/WBC straps installed in an "X" pattern on one face of wall; fasten with 2- 16d nails at top and bottom plates and 1- 8d nail per stud. 8' tall walls to use either WB106/WB106C installed at 60° from horizontal (4'-8" linear wall length) or WB126/WB126C installed at 45° from horizontal (8'-1" linear wall length); 9' tall walls to use WB126/WB126C installed at 53° from horizontal (6'-10" linear wall length); 10' tall walls to use WB143C installed at 45° from horizontal (10'-1" linear wall length).



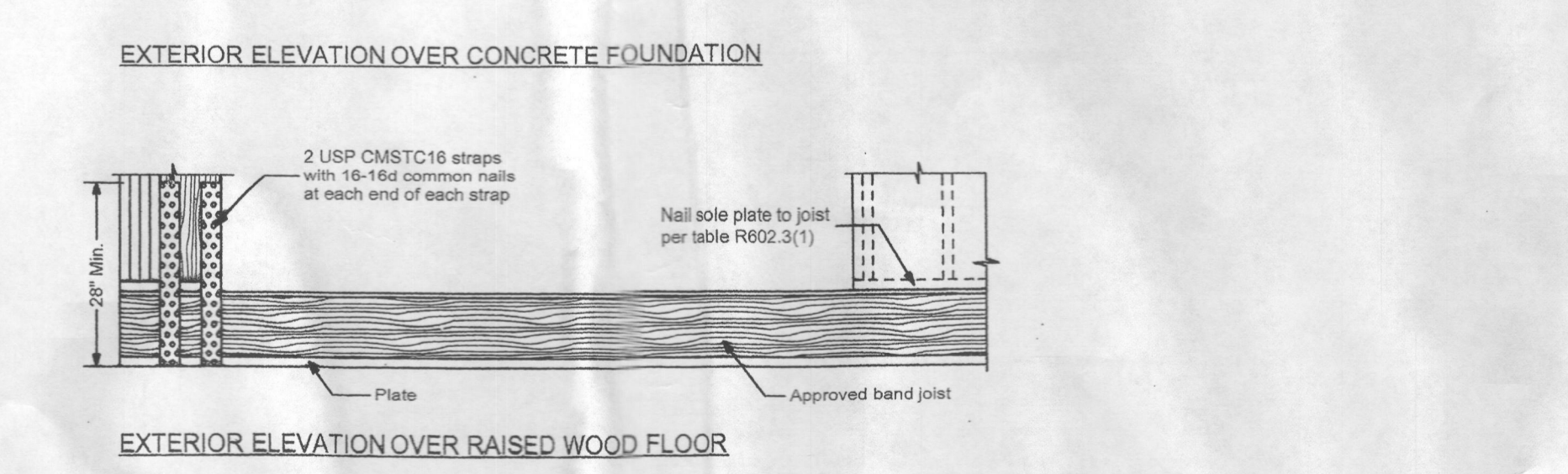
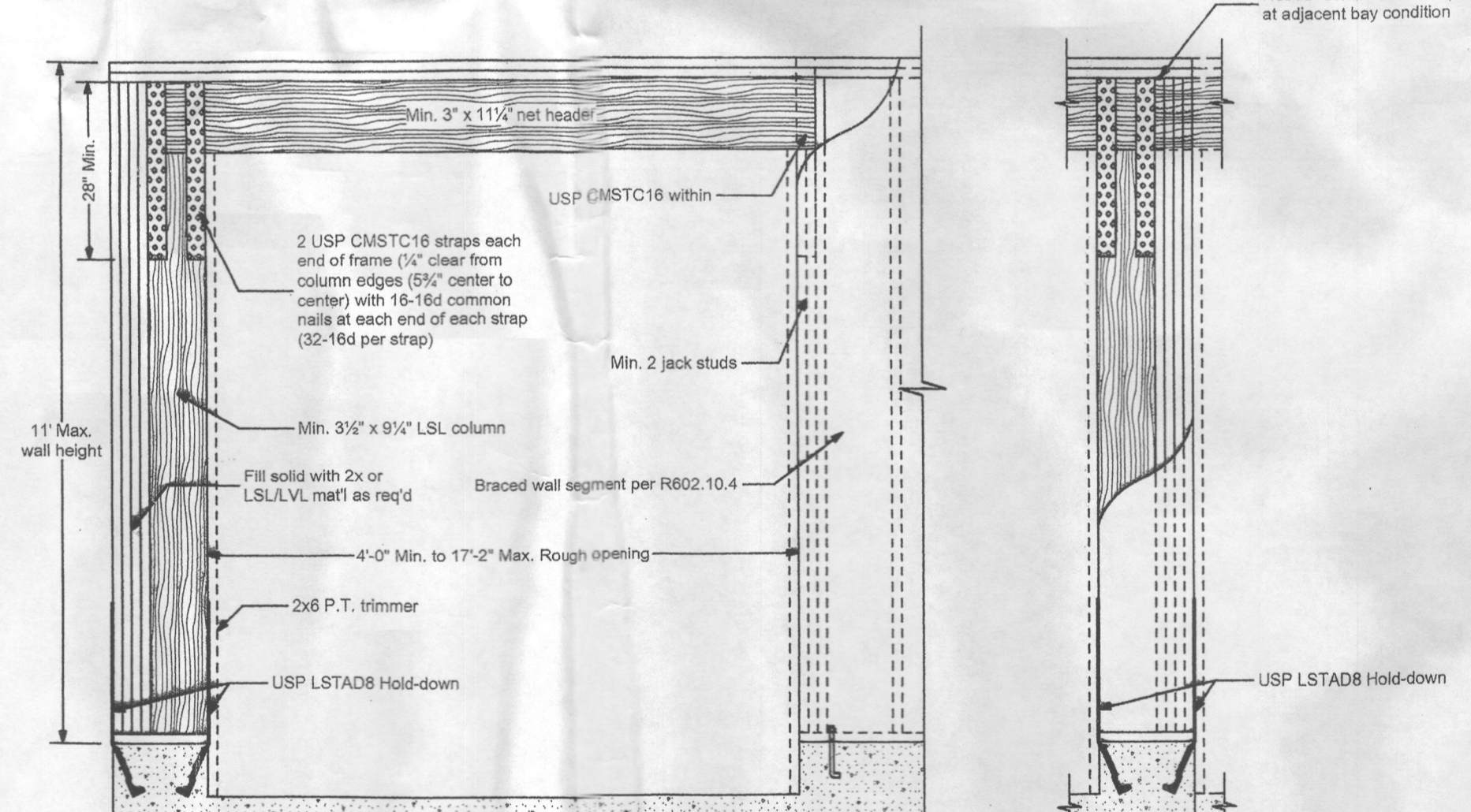
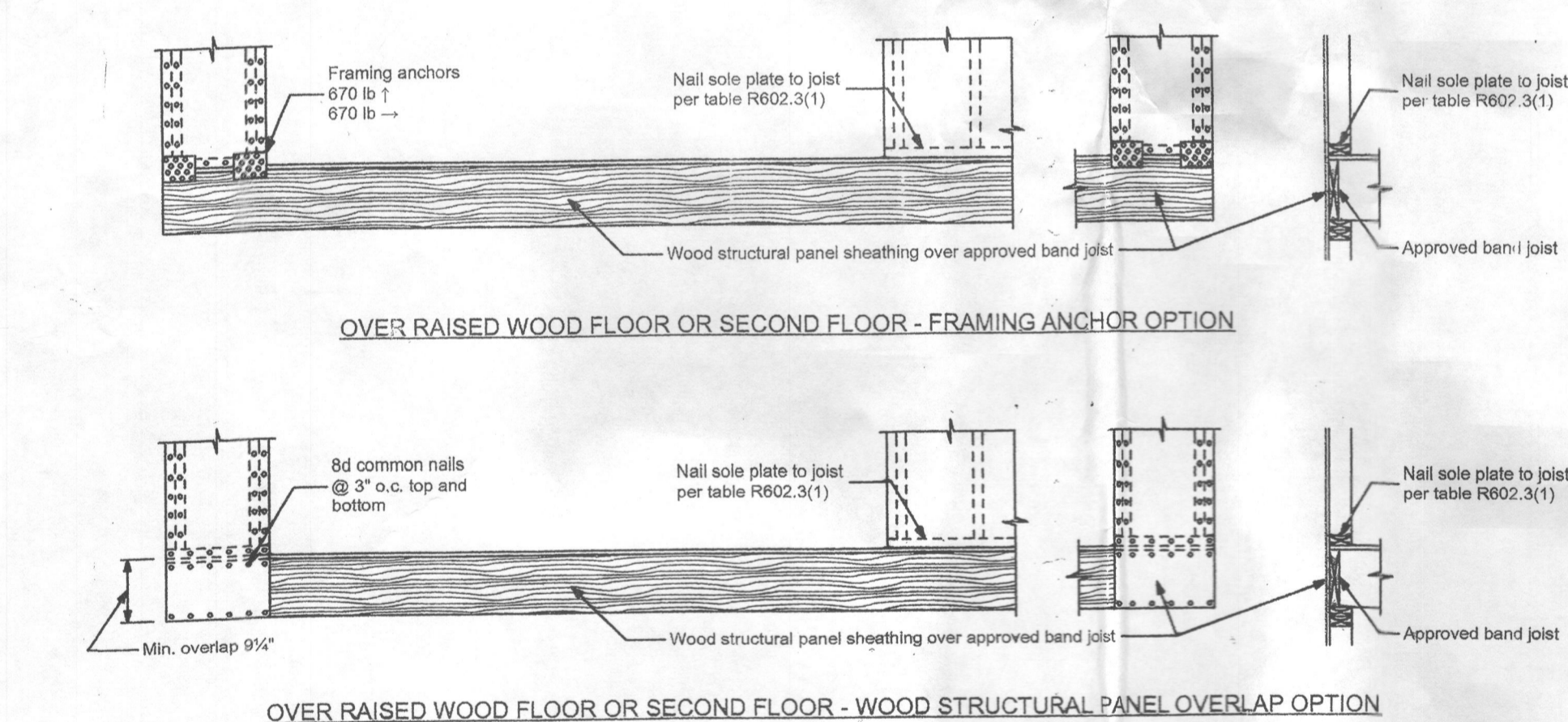
Braced Wall Panel Connections to Floor and Ceiling Framing

NOT TO SCALE



Corner Framing Details

NOT TO SCALE



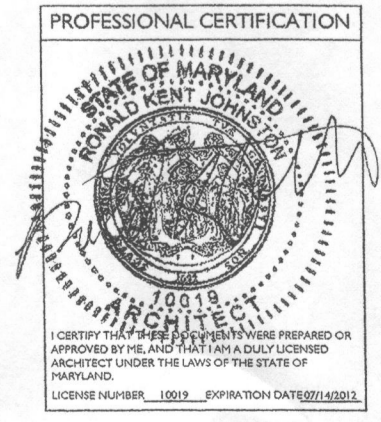
1 Tension Strap Capacity Required for Method CS-PF

Minimum Wall Stud Framing Nominal Size and Grade	Maximum Pony Wall Height (feet)	Maximum Total Wall Height (feet)	Maximum Opening Width (feet)	Wind Exposure	
				B	C
2x4 No. 2 Grade	0	10	18	1000	1000
			9	1000	1000
			16	1000	2325
			18	1200	2725
	2	10	9	1000	1550
			16	2025	3900
			18	2400	DR
			9	1200	2750
2x6 Stud Grade	2	12	16	3000	DR
			18	3850	DR
			9	2350	DR
			16	DR	DR
	4	12	9	1000	1750
			16	2050	3550
			18	2450	4100
			9	1500	2775
4	12	16	3150	DR	
		18	3675	DR	

Notes: 1. Basic Wind Speed of 90mph. For other Basic Wind Speeds, see IRC 2009 Table R602.10.4.1.1
2. DR = Design Required

CS-PF Continuous Portal Frame
NOT TO SCALE

EPF Engineered LSL Column Portal Frame
NOT TO SCALE

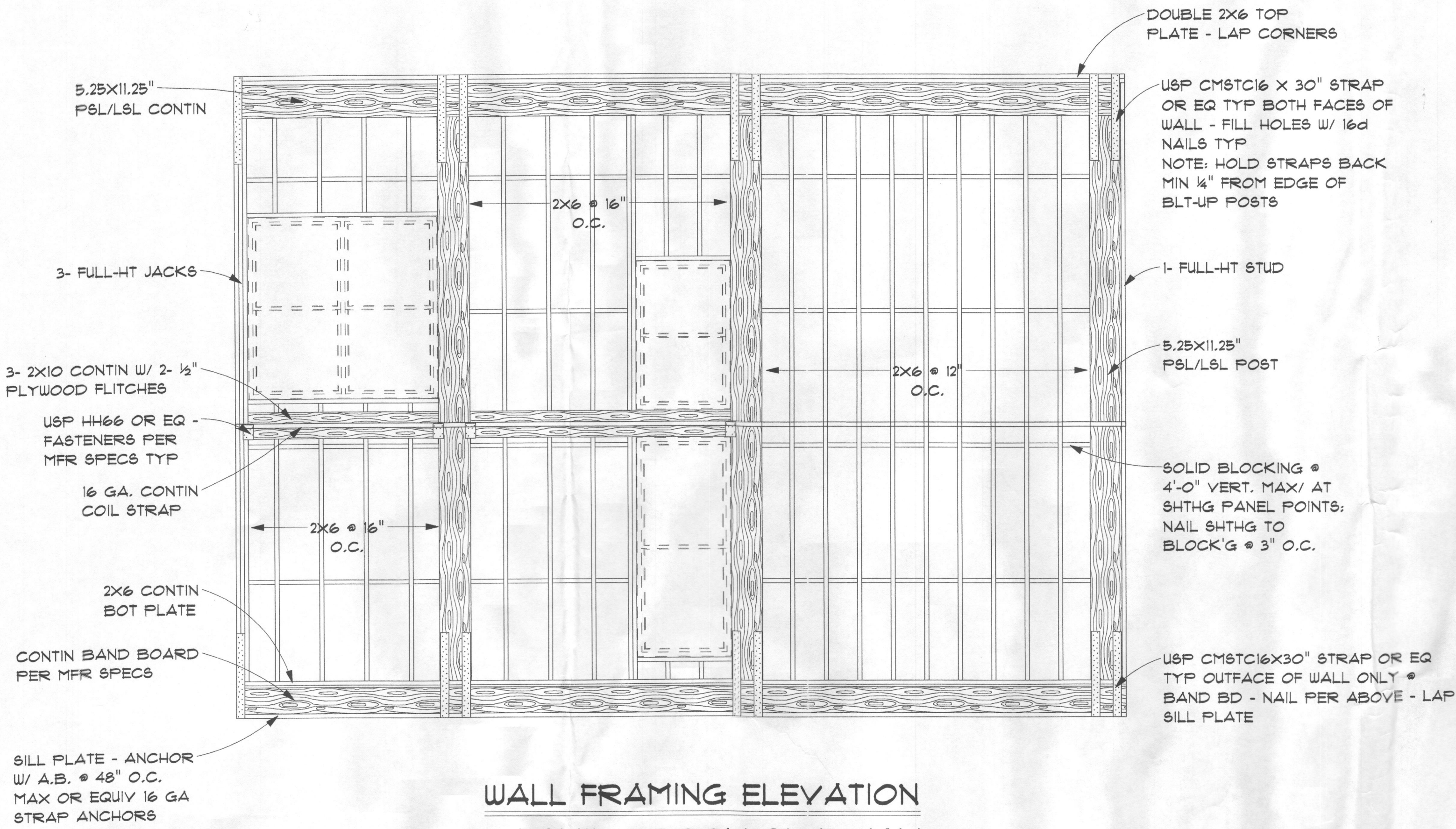


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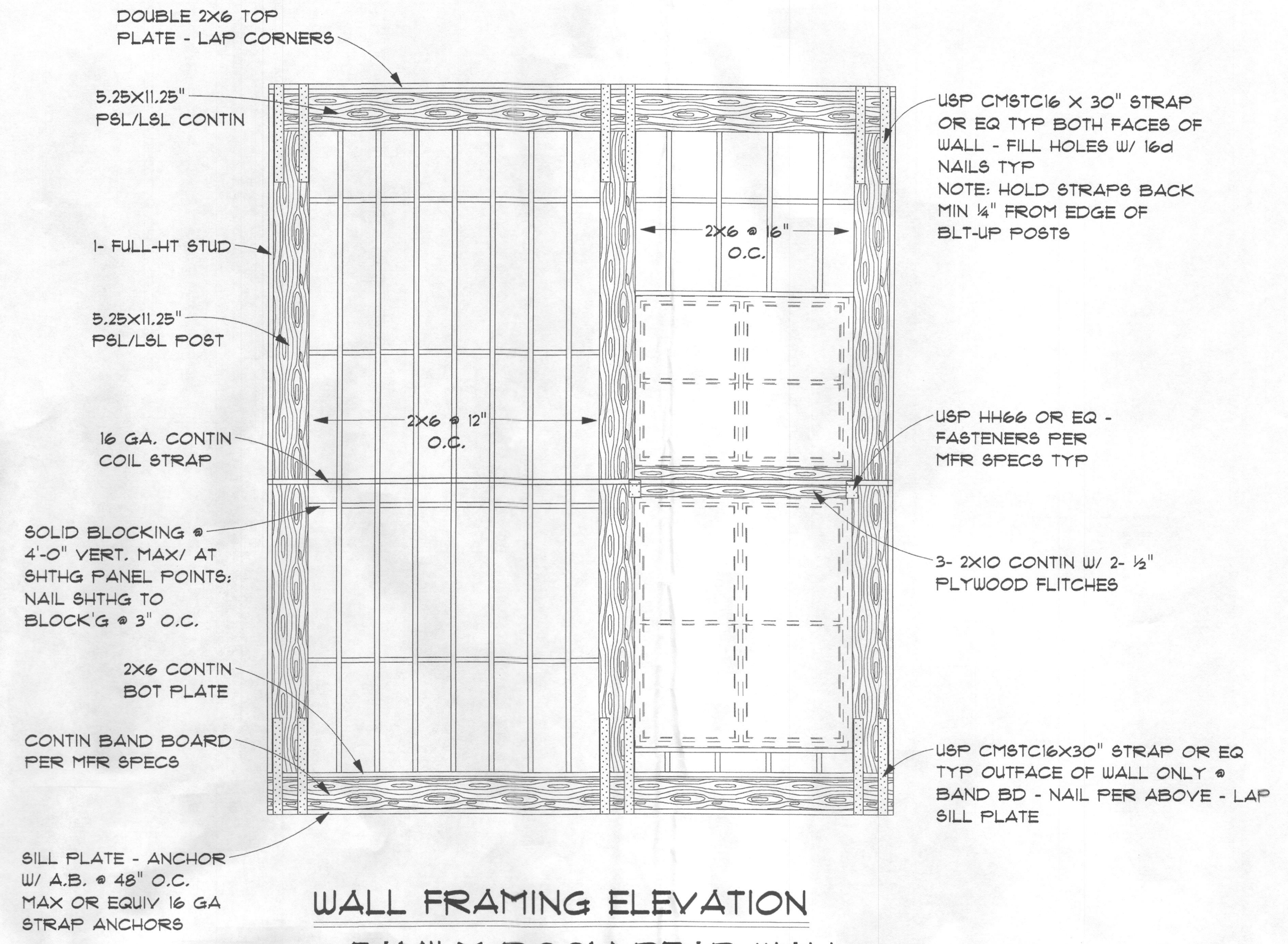
12/13/2010
04/10/2012

DATE: 08/16/2010

SHEET NO. W-1

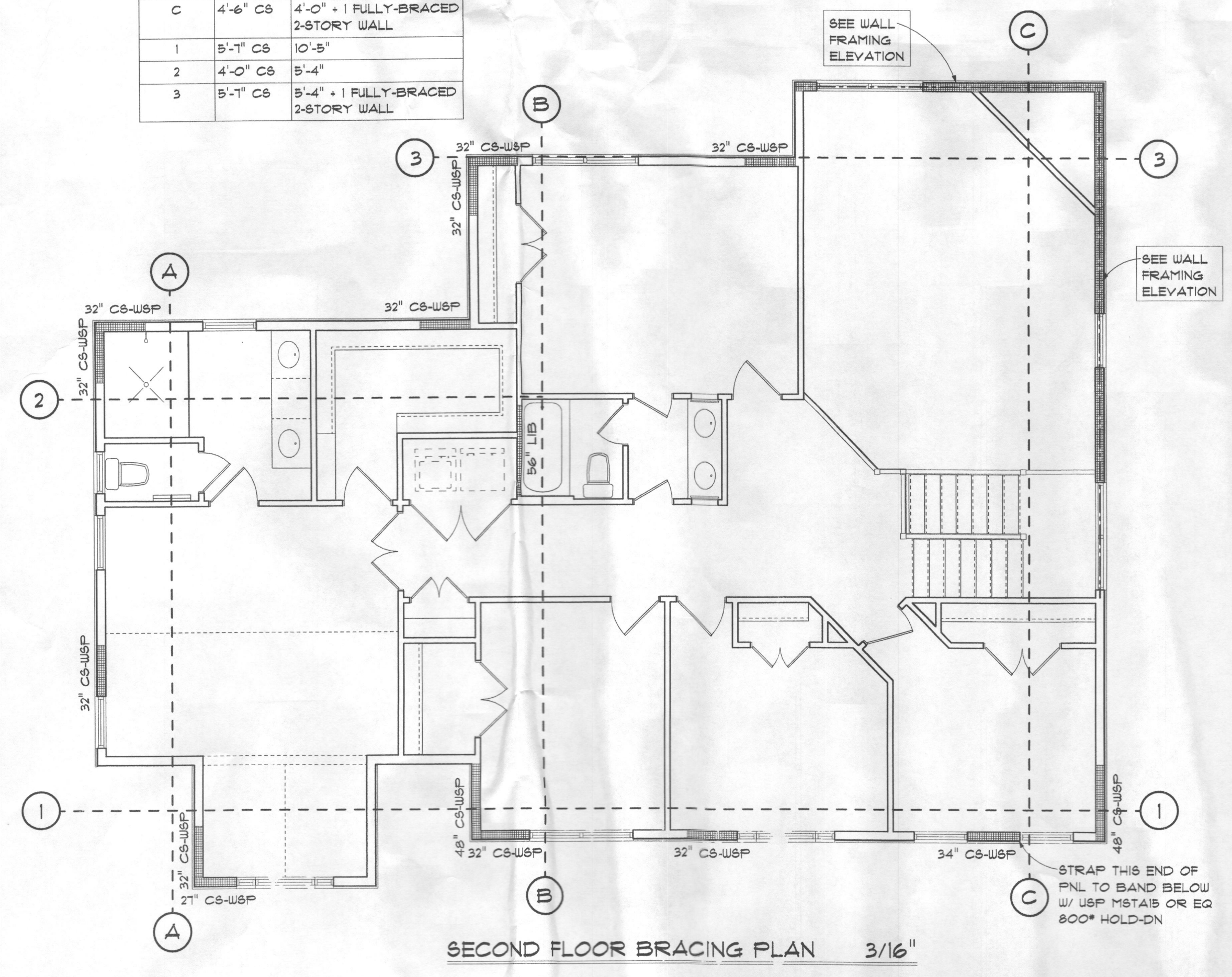


WALL FRAMING ELEVATION
@ FAMILY ROOM SIDE WALL
NO SCALE



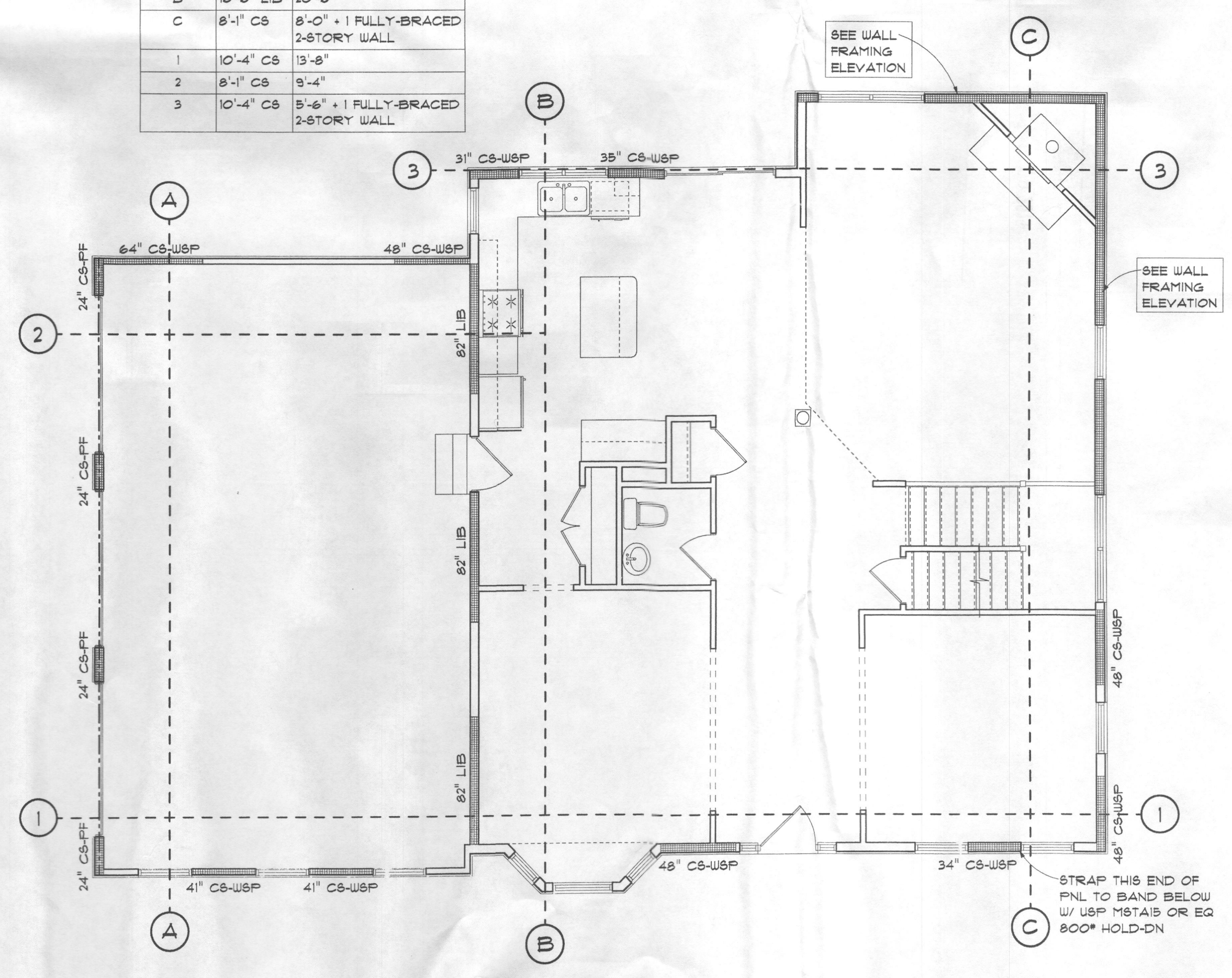
WALL FRAMING ELEVATION
@ FAMILY ROOM REAR WALL
NO SCALE

BRACED WALL LINE	BRACING REQUIRED	BRACING PROVIDED
A	4'-0" CB	8'-0"
B	8'-1" LIB	11'-4"
C	4'-6" CB	4'-0" + 1 FULLY-BRACED 2-STORY WALL
1	5'-1" CB	10'-5"
2	4'-0" CB	5'-4"
3	5'-1" CB	5'-4" + 1 FULLY-BRACED 2-STORY WALL



SECOND FLOOR BRACING PLAN 3/16"

BRACED WALL LINE	BRACING REQUIRED	BRACING PROVIDED
A	6'-1" CB	8'-0"
B	16'-6" LIB	20'-6"
C	8'-1" CB	8'-0" + 1 FULLY-BRACED 2-STORY WALL
1	10'-4" CB	13'-8"
2	8'-1" CB	9'-4"
3	10'-4" CB	5'-6" + 1 FULLY-BRACED 2-STORY WALL



FIRST FLOOR BRACING PLAN 3/16"

2012 CODE