

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 H150000000

Building Address 15439 MAPLE RIDGE RD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work _____
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address rivera@jonathanyrivera.com
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE</u>	<u>APPROVAL</u>
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>4/22/15</u>	<u>R-RA</u>	
Fire Protection			

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

PROPERTY ID # _____

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

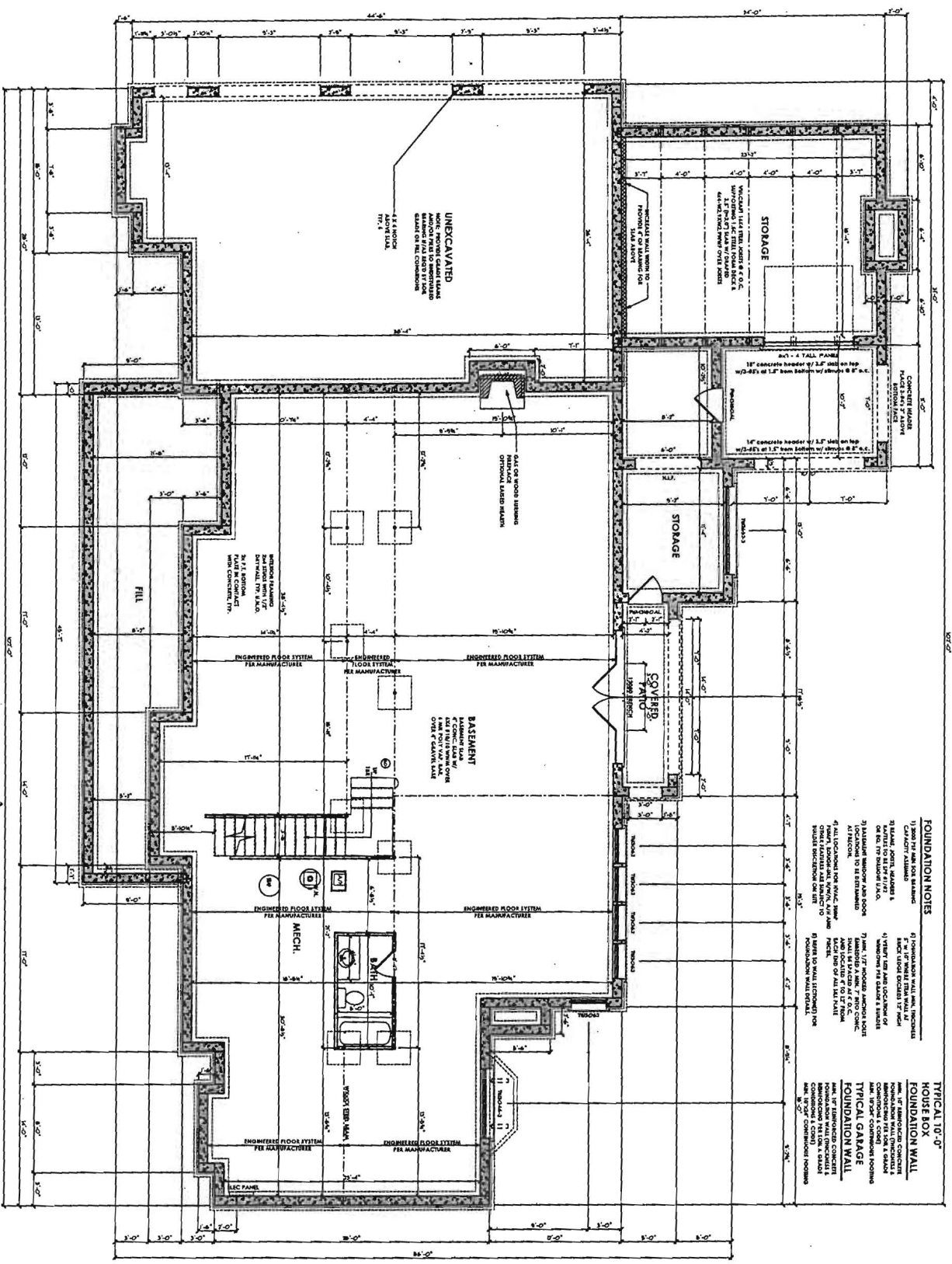
Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____



FOUNDATION NOTES

- 1) 2000 PSI AND 40% MAXIMUM CEMENTATION
- 2) 1" MINIMUM WALL THICKNESS
- 3) 1" MINIMUM WALL THICKNESS
- 4) 1" MINIMUM WALL THICKNESS
- 5) 1" MINIMUM WALL THICKNESS
- 6) 1" MINIMUM WALL THICKNESS
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- 99) 1" MINIMUM WALL THICKNESS
- 100) 1" MINIMUM WALL THICKNESS

Foundation Plan

2.01

ISSUE DATES:

NO.	DATE	REVISION
1	12-11-18	ISSUE FOR PERMITS
2	12-11-18	ISSUE FOR PERMITS
3	12-11-18	ISSUE FOR PERMITS
4	12-11-18	ISSUE FOR PERMITS
5	12-11-18	ISSUE FOR PERMITS
6	12-11-18	ISSUE FOR PERMITS
7	12-11-18	ISSUE FOR PERMITS
8	12-11-18	ISSUE FOR PERMITS
9	12-11-18	ISSUE FOR PERMITS
10	12-11-18	ISSUE FOR PERMITS

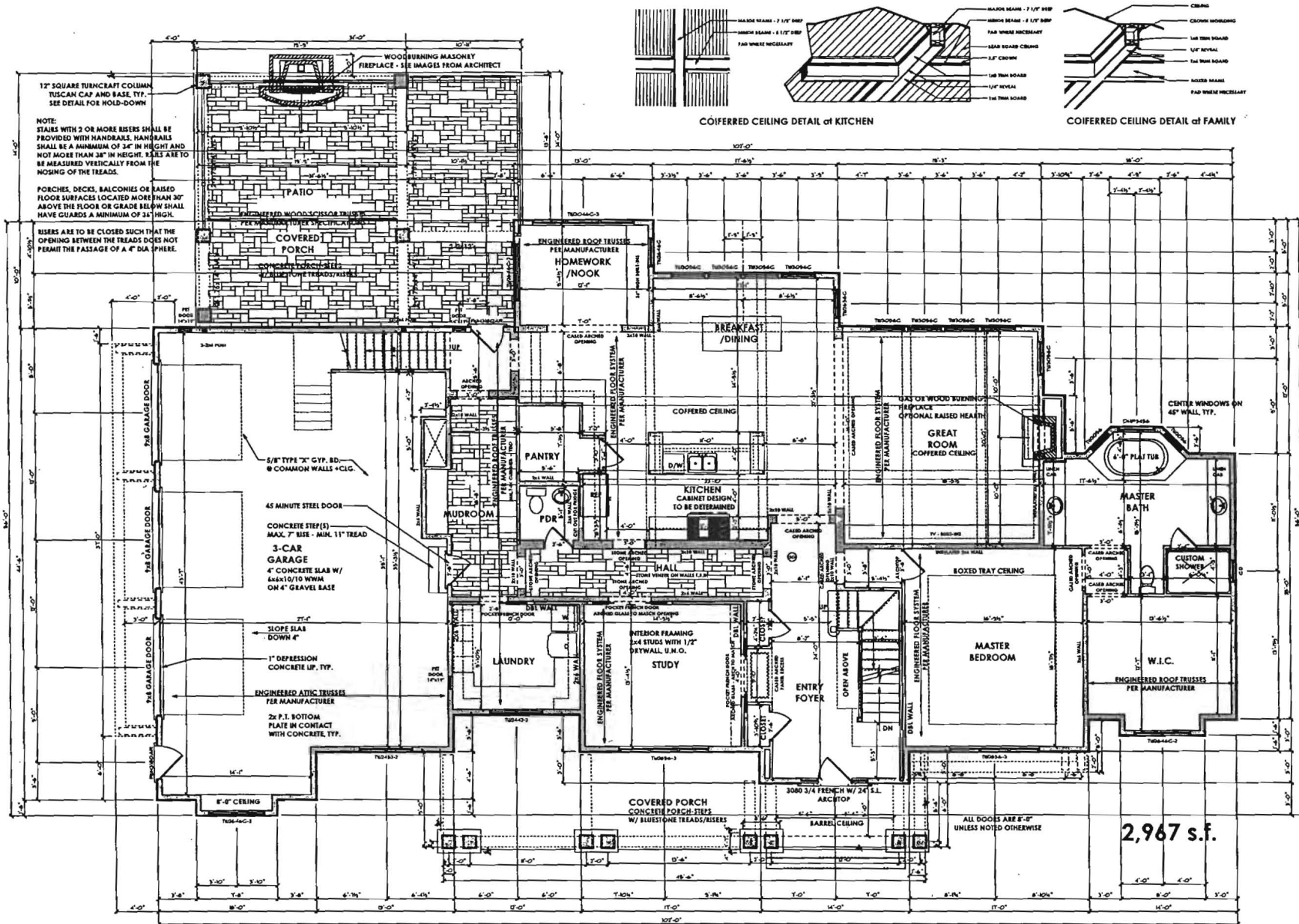
Spiegel Residence
 PROPOSED RESIDENCE
 15439 Maple Ridge Road, Woodbine, Maryland 21797

STEVENS BUILDERS

CONTACT:
 MARK STEVENS
 4711 L...
 D...
 (410) 531-2100
 www.stevensbuilders.com

JONATHAN RIVERA

15439 MAPLE RIDGE ROAD
 WOODBINE, MD 21797
 (410) 226-5743
 jonathan@rivera.com



PROJECT OF
JONATHAN RIVERA
 ARCHITECT
 (410) 226-3745
 JONATHANRIVERA.COM

PROFESSIONAL CERTIFICATION
 I certify that these documents were prepared or supervised by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
 License Number: #14478
 Expiration Date: 4/30/2014.

STEVENS BUILDERS

CONTACT:
MARK STEVENS
 4714 Dickinson Road
 Doyton, MD 21034-1002
 (410) 531-2100
 www.stevensbuilders.com

Spiegel Residence
 PROPOSED RESIDENCE
 15439 Maple Ridge Road, Woodbine, Maryland 21797

REVISIONS

▲	REVIEW SET	11-21-14
▲	REVIEW SET	12-11-14
▲	REVIEW SET	12-26-14
▲	REVIEW SET	2-1-16
▲	REVIEW SET	2-17-16
▲	REVIEW SET	2-28-16

ISSUE DATES:
 2-1-16 PERIOD SET
 SCALE: 1/8" = 1'-0"

1ST FLOOR
3.01
 PRINT DATE: April 07, 2016

TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL
 TYPICAL METHOD OF WALL CONSTRUCTION - 8602.10 LE
 CONTINUOUSLY SHEATHED - WOOD STRUCTURAL PANEL

1st Floor



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.: **B15005103**

Building Address: 15439 Maple Ridge dr.
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 0000
 Section: _____ Area: _____ Lot: PAR A
 Tax Map: 0008 Parcel: 0051 Grid: 0014
 Zoning: _____ Map Coordinates: _____ Lot Size: 18.16 AC

Property Owner's Name: Gregory Spiegel
 Address: 15439 Maple Ridge dr.
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410 984 5393 Fax: _____
 Email: philipstevensbuilders@gmail.com

Existing Use: Single family dwelling
 Proposed Use: fuel supply for house
 Estimated Construction Cost: \$ 5500.000 gal.
 Description of Work: Removal of propane tank and installation of gas line from tank to stub out.

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

Contractor Company: Suburban Propane
 Contact Person: Brent Stubbs
 Address: 31 Denwood Cir
 City: Rockville State: MD Zip Code: 20850
 License No.: 78263
 Phone: 301 251 0606 Fax: 301 251 0608
 Email: bstubbs@suburbanpropane.com

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	NOV 16 2015
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	LICENSES & PERMITS DIVISION
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
Sprinkler System:	
<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: Brent C. Stubbs Print Name: Brent C. Stubbs
 Email Address: bstubbs@suburbanpropane.com Date: 9/30/2015
 Title/Company: CSC Manager

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>11/4/15</u>	<u>R. [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	\$	<u>110.00</u>
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>17-303488881</u>

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

Building Address 15439 MAPLE RIDGE RD
WOODS PINN MD 21797

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

Census Tract _____ Subdivision 0000

Section _____ Area _____ Lot PAR A

Tax Map 0008 Parcel 0051 Grid 0014

Zoning _____ Map Coordinates _____ Lot Size 18.1600

Property Owner's Name SPIEGEL
 Address 15439 MAPLE RIDGE ROAD
 City WOODS PINN State MD Zip Code 21797
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
15031 RIVER / PARK
WOODS PINN MD 21797

Phone _____ Fax _____

Existing Use LAND
 Proposed Use SINGLE FAMILY DWELLING
 Estimated Construction Cost \$ 500,000
 Description of Work SEW
3 BEDROOM 2 1/2 BATH
2 CAR GARAGE
WELL WITH FULL SEWER

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company STEVENS BUILDERS, INC
 Contact Person PHILIP
 Address 4829 TEN OAKS RD
 City DARTMOUTH State MD Zip Code 21030
 License No. RG
 Phone 410-531-2100 Fax 410-531-4900

Engineer or Architect Company JONATHAN RIVERA
 Contact Person JONATHAN RIVERA
 Address rivera@jonathanyrivera.com
 City _____ State _____ Zip Code _____
 Phone 443-226-5745 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>21674</u> 2 nd floor: <u>16504</u> Basement: <u>16154</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>1</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	ROADSIDE TREE AFFIDAVIT <input checked="" type="checkbox"/> NO DYES

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 _____
PHILIP STEVENS
 Email Address _____
PHILIP@STEVENSBUILDERS.COM
 Title/Company _____

Print Name PHILIP STEVENS
 Date 3/16/2015

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
Health <u>R-RA</u>	<u>4/22/15</u>	
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SH/T: Operations/Updated forms

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

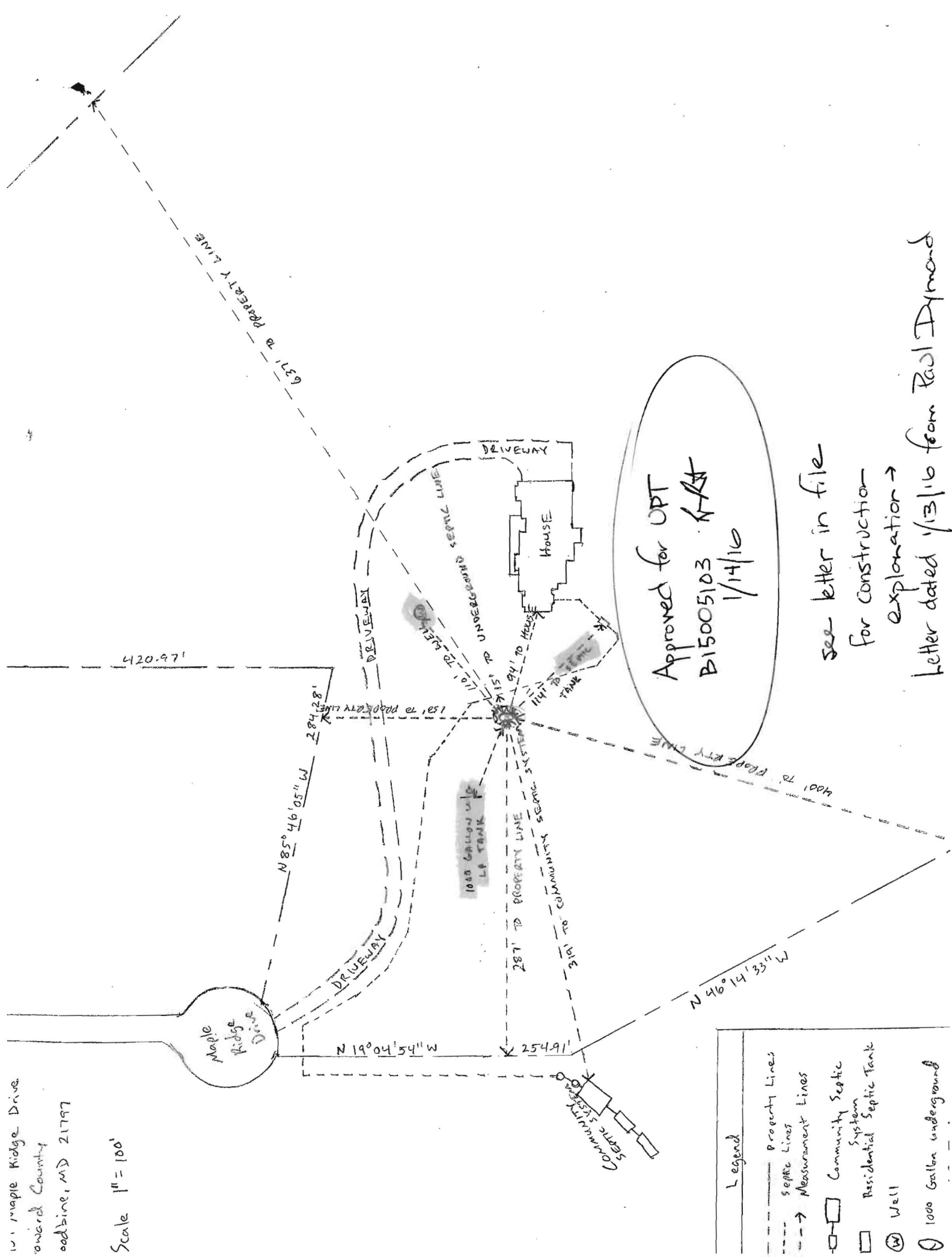
Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

Filing fee \$ 100
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 8382
 Validation # _____

11 Maple Ridge Drive
 Howard County
 Poolesville, MD 21797

Scale 1" = 100'



Approved for OPT
 B15005103 ~~NA~~
 1/14/16

see letter in file
 for construction
 explanation →
 letter dated 1/31/16 from Paul Dymond

Legend	
---	Property Lines
---	Septic Lines
→	Measurement Lines
□	Community Septic System
□	Residential Septic Tank
⊗	Well
○	1000 Gallon underground

Suburban Propane®

DC Metro Area

31 Derwood Circle ■ Rockville, MD 20850

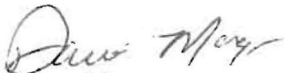
Phone: (301) 251-0606 / (301) 251-0608 ■ Fax: (703) 754-4141 / (703) 978-8500

www.suburbanpropane.com

Ryan Rapport

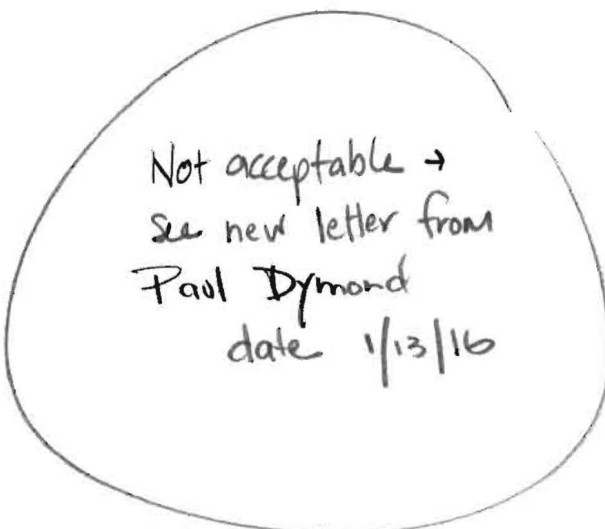
December 12, 2015

Regarding the property located at 15439 Maple Ridge Drive, Woodbine, MD 21797, the septic system will not be hit during the installation of the propane tank.



Dave Morgan
Project Estimator
Suburban Propane

301-418-2612



Not acceptable →
see new letter from
Paul Dymond
date 1/13/16



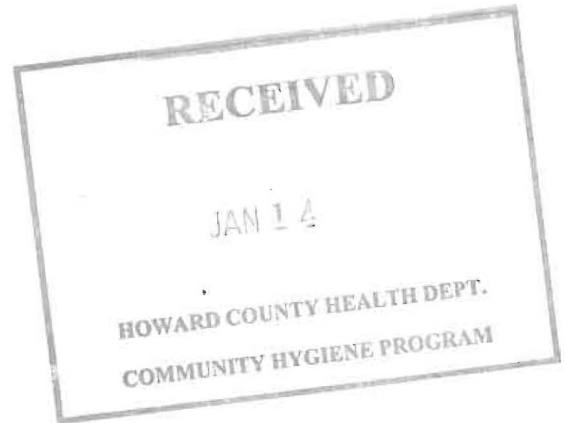
PAUL H. DYMOND CORP.

Jan. 13, 2016

Ryan Rappaport, LEHS
Howard County Health Dept
8930 Stanford Blvd.
Columbia, MD. 21045

Ref: 15439 Maple Ridge Rd., # B15005103

Good Morning Ryan;



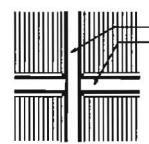
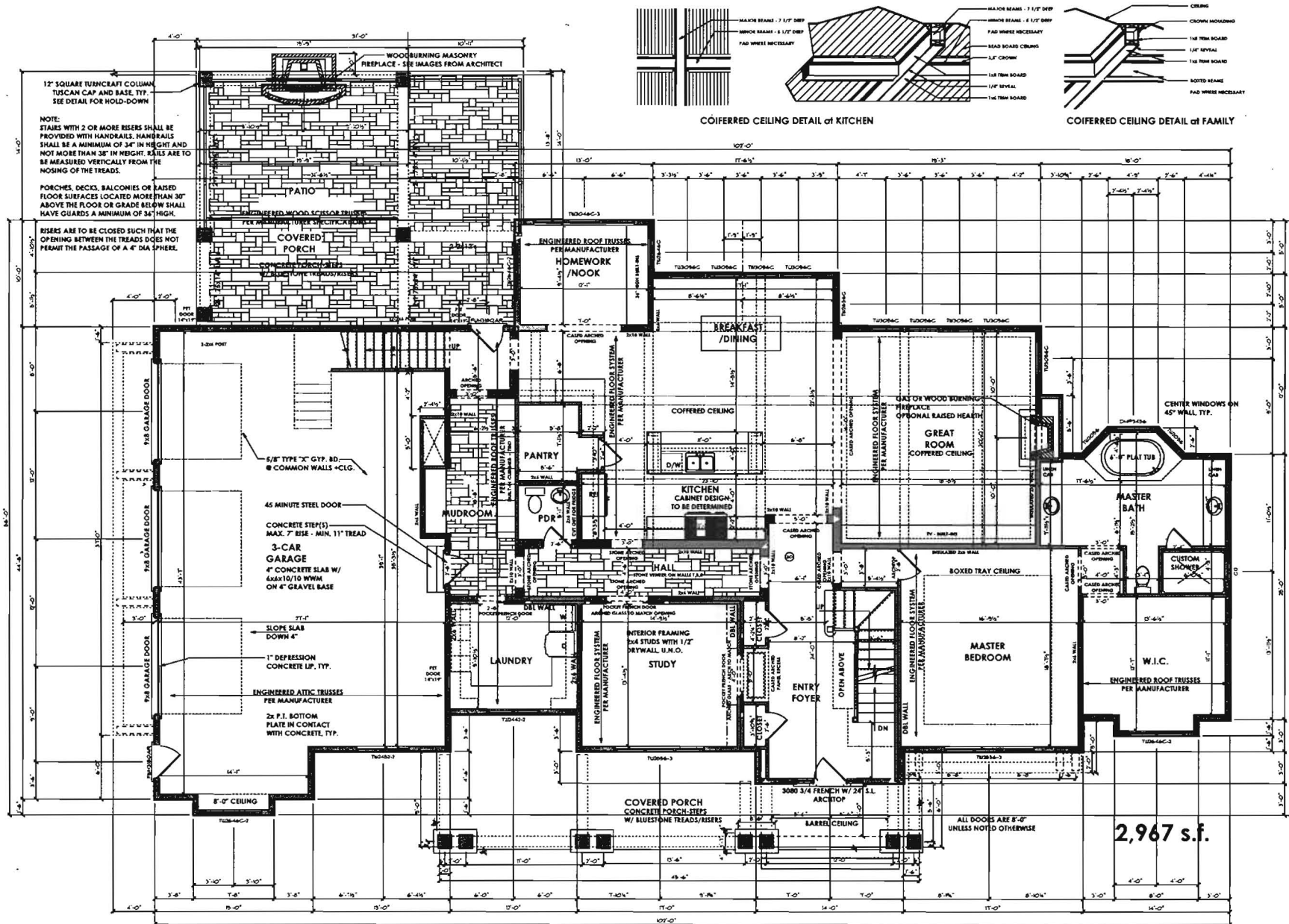
I am writing today to describe the precautions we will take when digging for the installation of a proposed propane tank and specifically, the trench from the tank to the house which will cross an existing 2" force main on the property. As we discussed, I installed the force main, which is between 44 – 48" deep. The main was installed recently and trenching is still clearly visible. Fortunately, the soil is a sandy loam, easy for hand digging. All digging onsite will be conducted by my company, as well as setting the tank.

First we locate the tank outside of the 100' well set-back, avoiding lines from BG&E, again clearly marked. With the force main at least 44" below grade and the propane line required to be between 18 – 24" below grade, there exists ample clearance. As the trenching approaches the force main, care will be used as we hand dig 4' on either side of the main, then continue on to the house for tie-in. We will call HoCo Health dept the day before digging to schedule a next day inspection. The trench will be left open all day for inspection. A length of locator tape will be installed over the main indicating caution for future contractors. After inspection, we will install "Gas Line Buried Below" tape approximately 1' above propane line, then backfill trenching.

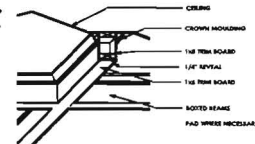
I believe these precautions will ensure the integrity of the main and create a safe environment. Please let me know if I may be of further service.

Paul H Dymond, President
443-250-9407

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COFFERED CEILING DETAIL of KITCHEN



COFFERED CEILING DETAIL of FAMILY

12" SQUARE TURNCAST COLUMN
TUSCAN CAP AND BASE, TYP.
SEE DETAIL FOR HOLD-DOWN

NOTE:
STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS. HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM THE NOSING OF THE TREADS.

PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 34" HIGH.

RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4" DIA SPHERE.

2,967 s.f.

TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL
TYPICAL METHOD OF WALL CONSTRUCTION - R402.10.5
CONTINUOUSLY WEATHED - WOOD STRUCTURAL PANEL

JONATHAN RIVERA
P.E. # 226-5743
JonathanRivera.com

PROFESSIONAL CERTIFICATION
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
License Number: #16478
Expiration Date: 4/30/2014.

STEVENS BUILDERS

CONTACT:
MARK STEVENS
4714 Luthicum Road
Dayton, MD 21034-1002
(410) 531-2100
www.StevensBuilders.com

Spiegel Residence
PROPOSED RESIDENCE
15439 Maple Ridge Road, Woodbine, Maryland 21797

REVISIONS

REVIEW SET	11-21-14
REVIEW SET	12-11-14
REVIEW SET	12-30-14
REVIEW SET	2-1-15
REVIEW SET	2-17-15
REVIEW SET	2-28-15

ISSUE DATES:
3-1-15 PERMIT SET

SCALE: 1/8" = 1'-0"

1ST FLOOR

3.01

PRINT DATE: APR 07, 2015

1st Floor