

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 D10000270

Building Address 2959 HOW VALLEY DR
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision THE WOODS AT WILMINGTON
 Section _____ Area _____ Lot 4
 Tax Map 14 Parcel 246 Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name TIM + LINDA PERSON
 Address 2959 HOW VALLEY DR
 City GLENMART State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone 410-642-5929 Fax _____

Existing Use STW-18 FAMILY DWELLING
 Proposed Use SMALL 2 STORY ADDITION
 Estimated Construction Cost \$ 550,000
 Description of Work 2 STORY 17' AVENUE
 Occupant or Tenant _____
 Contact Name ARTHUR CATION
 Address 15024 KENWOOD CT
 City WOODBRIDGE State MD Zip Code 21797
 Phone 443-745-7512 Fax _____

Contractor Company CATION CONSTRUCTION
 Contact Person ARTHUR CATION
 Address 15024 KENWOOD CT
 City WOODBRIDGE State MD Zip Code 21797
 License No. 96369
 Phone 443-745-7512 Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Depth _____ Width <u>36x49</u> | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1 st floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 nd floor: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | 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"/> | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| No. of Bedrooms <u>6</u> | |
| 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: _____ | |
| <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.

Applicant's Signature [Signature]
 Email Address _____
 Title/Company _____

Print Name ARTHUR CATION
 Date 2/1/10

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 # |
|--|------|--------------------|--|--------------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Officials | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per fee \$ _____ |
| Health <u>6-2-10</u> <u>Dana Bernard</u> | | | All minimum setbacks met? | TOTAL FEES \$ _____ |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>2377</u> |
| | | | Lot Coverage for New Town Zone _____ | Validation # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Accepted by <u>[Signature]</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | | |

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

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

Permit Number:

Building Address: 2959 Hunt Valley Dr
Cleverland MD 21738

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

Census Tract: _____ Subdivision: The woods of Wolf

Section: _____ Area: _____ Lot: 4

Tax Map: _____ Parcel: 246 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Tom Lane Paris

Address: 2959 Hunt Valley Drive

City: Cleverland State: MD Zip Code: 21738

Home Phone: 410-274-0150 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: tom.paris@verizon.net

Existing Use: Retaining wall & PATIO

Proposed Use: Open Air Pavillion & kitchen

Estimated Construction Cost: \$ 80000

Description of Work: Build Pavillion on to existing Retaining wall and footing on Boulder permit
Number: B10000270 or B10002011

Occupant or Tenant: _____

Contractor Company: Town Creek Landscaping

Contact Person: ZACH CASTO

Address: PO BOX 190

City: Cleverland State: MD Zip Code: 21738

License No.: 44950

Phone: 443-241-9707 Fax: 443-266-7095

Email: ZCASTO@towncreeklandscaping.com

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: _____

| 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 |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | 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 checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> | <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: | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | <u>Roadside Tree Project Permit #</u> |
| <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.

Applicant's Signature: Zach Casto Print Name: ZACH CASTO

Email Address: ZCASTO@TOWNCREEKLANDSCAPING.COM Date: 5/10/12

Title/Company: Designer/Town Creek Landscaping

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>5/10/12</u> | <u>Bernard</u> |
| 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? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes 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 | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

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: B11003011

Building Address: 157 New Valley Rd

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 4

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 10-11 1 UNIT 1/2 AC

Proposed Use: 10-11 1/2 AC

Estimated Construction Cost: \$ 50,000

Description of Work: 150' x 80' DRILL (CONCRETE)

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: STAN + DAN

Address: 157 New Valley Rd

City: Ellicott City State: MD Zip Code: 21118

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: 410-241-7117 Fax: _____

Email: _____

Contractor Company: CONCRETE CONSTRUCTION

Contact Person: STAN

Address: 157 New Valley Rd

City: Ellicott City State: MD Zip Code: _____

License No.: 30269

Phone: 410-241-7117 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

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 |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | 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 checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| Roadside Tree Project Permit # | No. of Heads: |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|---|
| <input 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 type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input 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: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | Roadside Tree Project Permit # |
| <input type="checkbox"/> Manufactured Home | |

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Applicant's Signature: [Signature]

Email Address: _____

Title/Company: _____

Print Name: [Name]

Date: 5/8/11

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>9-14-11</u> | <u>[Signature]</u> |
| 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? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes 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 | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

Blloodell retaining wall
9-14-11 HS

S 37° 50' 33" W 176.28'

510

520

530
540

TO BE
ED (PROP.)
0 S.F.

BC

BD

30' BRL

NEW TRENCH

EXISTING
S.R.A.
±10,800 S.F.

NEW 2,000 GAL
SEPTIC TANK & DB

EXISTING TRENCH
& REMAIN
YP (2)

245.10

S.R. & TRENCHES TO
BE ABANDONED (PROP.)
±1,907 S.F.

10' BRL

NEW
RETAINING
WALL

60° 06' 36" W

BE

PROPOSED
2-STORY
FRAME &
STONE
ADDITION
±2,959

INVS 58.8
BF = 524.0

EXISTING
ADJACENT
SRA

EXISTING 2-STORY
FRAME & STONE
DWELLING
±2,959

520

LOT 4

±50,000 SF

GAR

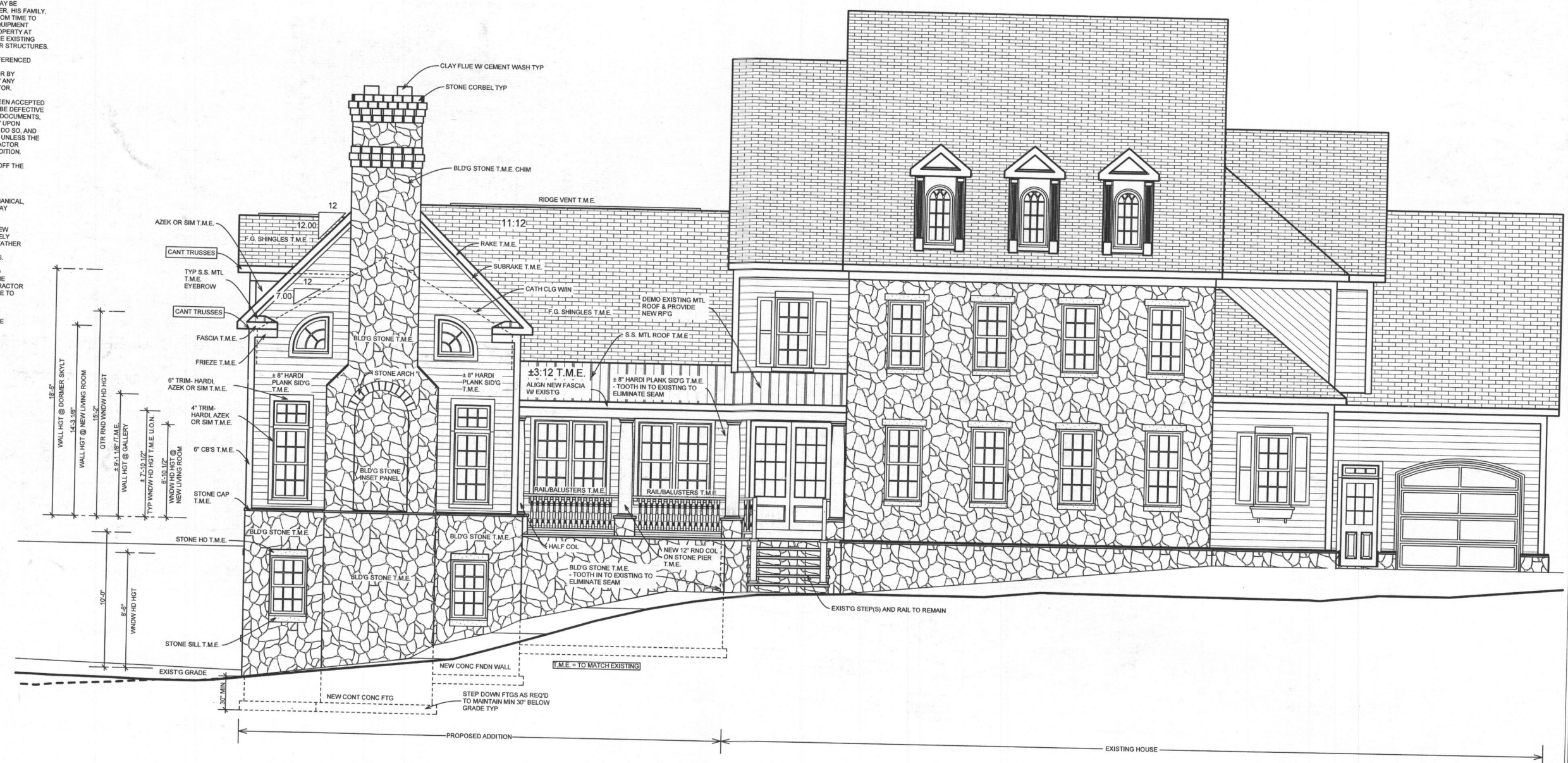
GAR

EXIST'G
DRIVE

50' BRL

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME. ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN, AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.
3. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.
4. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.
5. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.
6. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED.
7. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.
8. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.
9. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.



Proposed Front Elevation
SCALE: 1/4" = 1'-0"

NOTES

- 1.0 GENERAL**
- 1.01 CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE LOCAL AND STATE CODES, ORDINANCES, REGULATIONS AND AMENDMENTS AND ALL OTHER AUTHORITIES HAVING JURISDICTION. CONSTRUCTION SHALL COMPLY WITH INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY.
- 1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS OR SPECIFICATIONS AND THE STRUCTURAL DRAWINGS, THE STRUCTURAL DRAWINGS SHALL TAKE PRECEDENCE.
- 1.03 DESIGN LOADS:
- | TYPE | LIVE LOAD (PSF) | DEAD LOAD (PSF) |
|--------------------|-----------------|-----------------|
| ROOF | 30 | 20 |
| SLEEPING ROOMS | 30 | 10 |
| OTHER LIVING AREAS | 40 | 15 |
| GARAGE FLOORS | 50 | 50 |
| DECKS | 40 | 10 |
| EXTERIOR BALCONIES | 60 | 15 |
- 2.01 SITE WORK IS NOT ADDRESSED IN THESE DOCUMENTS. 2000 PSF SOIL BEARING CAPACITY ASSUMED.
- 3.0 CONCRETE/FOUNDATIONS**
- 3.01 ALL REINFORCED CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE AMERICAN CONCRETE INSTITUTE ACI 318, CURRENT EDITION. ALL PLAIN CONCRETE SHALL CONFORM TO ACI 318.1 AND ACI 309R GUIDE TO RESIDENTIAL CAST-IN-PLACE CONCRETE CONSTRUCTION.

- 3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH @ 28 DAYS:
- | LOCATION OF CONCRETE | F _c (PSI) |
|---|----------------------|
| BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER | 2500 |
| BASEMENT SLABS AND INTERIOR SLABS ON GRADE | 2500 |
| BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER | 3000 |
| DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS EXPOSED TO WEATHER | 3500 |
- 3.03 THICKNESS AND REINFORCING OF CONCRETE FOUNDATION WALLS SHALL CONFORM TO THE INTERNATIONAL RESIDENTIAL CODE, CURRENT EDITION, TABLE R404.1.1 (1-4), OR WITH SEALED STRUCTURAL DRAWINGS SPECIFIC TO THE SITE SOIL AND GRADE CONDITIONS.
- 4.0 MASONRY**
- 4.01 ALL MASONRY WORK SHALL CONFORM TO THE APPLICABLE REQUIREMENTS OF THE BIA AND NCMA "SPECIFICATION FOR CONCRETE MASONRY CONSTRUCTION".
- 4.02 BRICK VENEER WALLS SHALL HAVE NON-CORROSIIVE METAL TIES AT MINIMUM 16" O.C. VERTICALLY AND HORIZONTALLY AND WEEP HOLES AT 24" O.C. AT BASE FLASHING AND CAVITY INTERRUPTIONS.

- 5.0 METALS**
- 5.01 FOUNDATION ANCHOR BOLTS SHALL BE PROVIDED AT MAXIMUM 6'-0" O.C. AND 12" FROM THE END OF EACH PLATE SECTION, WITH MINIMUM TWO (2) ANCHORS PER SECTION OF PLATE. ANCHOR STRAPS SPACED TO ACHIEVE EQUIVALENT CAPACITY MAY BE SUBSTITUTED FOR ANCHOR BOLTS.
- 5.02 ALL METAL ANCHORS, FASTENERS, HANGERS ETC. SHALL BE GALVANIZED. ALL STRUCTURAL STEEL, WIDE-FLANGE BEAMS SHALL CONFORM TO ASTM A-992 WITH MINIMUM STRENGTH F_y = 50 KSI. ALL STRUCTURAL STEEL CHANNELS, ANGLES, RODS AND BAR STOCK SHALL CONFORM TO ASTM A-36 WITH MINIMUM STRENGTH F_y = 36 KSI.
- 5.03 ADJUSTABLE STEEL COLUMNS SHALL BE MINIMUM 11 GAUGE, ASTM A513 OR BETTER, AND SHALL MEET OR EXCEED ASIA PUBLISHED ALLOWABLE LOAD CAPACITY. COLUMNS SHALL HAVE A MINIMUM 6"x6"x1/2" BEARING PLATE. SCREW JACK SHALL BE ENCASED IN CONCRETE OR TACK WELDED AFTER INSTALLATION.
- 6.0 WOOD**
- 6.01 SILL PLATES AND ALL WOOD IN CONTACT WITH MASONRY OR CONCRETE, AND ALL EXPOSED EXTERIOR LUMBER, SHALL BE PRESSURE TREATED TO MEET AWPI STANDARDS.
- 6.02 MOISTURE CONTENT OF ALL LUMBER SHALL NOT EXCEED 19%.
- 6.03 WOOD BEAMS, JOISTS, HEADERS AND RAFTERS SHALL BE MINIMUM S-P-F #1#2 OR EQUAL, UNLESS OTHERWISE NOTED.
- 6.04 LVL MEMBERS SHALL BE 1-1/2" WIDE, DEPTH PER PLANS, GANGED PER MANUFACTURER'S SPECIFICATIONS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2,600 PSI, F_c=750 PSI, F_v=285 PSI, E=1,900,000 PSI.
- 6.05 PSL MEMBERS SHALL BE SIZED PER PLANS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2,900 PSI, F_c=750 PSI, F_v=290 PSI, E=2,000,000 PSI.

- 6.06 PREFABRICATED FLOOR JOISTS OR FLOOR TRUSSES SHALL BE DESIGNED TO CARRY ALL IMPOSED LIVE AND DEAD LOADS WITH THE LIVE LOAD DEFLECTION NOT TO EXCEED L/480. ALL LAMINATED BEAMS AND BUILT-UP JOISTS TO BE DESIGNED/VERIFIED BY MFR TYPICAL THROUGHOUT. THE MANUFACTURER SHALL PROVIDE ALL REQUIRED HANGERS, SHEAR PANELS, BLOCKING/BRACING AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.
- 6.07 PRE-ENGINEERED TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH TPI RECOMMENDATIONS TO CARRY ALL IMPOSED LIVE AND DEAD LOADS. THE MANUFACTURER SHALL SUPPLY ALL REQUIRED HANGERS, HOLD-DOWN STRAPS, SHEAR PANELS AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.
- 6.08 JOISTS SHALL BE DOUBLED UNDER PARALLEL WALLS THAT EXCEED ONE-THIRD THE JOIST LENGTH. JOISTS SHALL BE SPACED CLOSER UNDER BATH TUBS, CERAMIC OR MARBLE TILE, POTENTIAL WATER BEDS AND SIMILAR ANTICIPATED LOADING CONDITIONS. JOISTS SHALL NOT BE CUT, NOTCHED OR DRILLED EXCEPT AS PERMITTED BY IRC 2008 R502.8 OR OTHER APPLICABLE CODE.
- 6.09 HEADERS OVER FRAMED OPENINGS IN BEARING WALLS SHALL BE MINIMUM 2" x 10" UNLESS OTHERWISE NOTED ON DRAWINGS, BUT SHALL IN NO EVENT BE LESS THAN SPECIFIED IN IRC 2008 TABLE R502.5 OR OTHER APPLICABLE CODE.

7.0 THERMAL AND MOISTURE PROTECTION

7.01 1/2" x 3/4" MIN COMPRESSIBLE SILL SEAL SHALL BE PROVIDED BENEATH ALL EXTERIOR SILL PLATES.

7.02 INSULATION SHALL BE PROVIDED AS FOLLOWS:

| COMPONENT | MINIMUM R-VALUE REQUIRED |
|----------------------------|---|
| CEILING/ROOF | 38 (30 IF UNCOMPRESSED OVER TOP PLATE AT EAVES) |
| WALLS | 13 |
| BASEMENT WALLS | 10 CONTINUOUS / 13 CAVITY |
| SLAB | 10 |
| CRAWL SPACE, WALL OR FLOOR | 10 CONTINUOUS / 13 CAVITY |
| DUCTS OUTSIDE | 8 (MIN 6 FOR DUCTS IN FLOOR TRUSSES) |
| CONDITIONED SPACE | |

| COMPONENT | MAXIMUM U-FACTOR REQUIRED |
|--------------|---------------------------|
| FENESTRATION | 0.40 |
| SKYLIGHTS | 0.60 |

THE MECHANICAL CONTRACTOR SHALL BE RESPONSIBLE FOR SIZING HVAC UNITS IN FULL COMPLIANCE WITH IRC 2008 M1401.3.

THE BUILDER SHALL BE RESPONSIBLE AND LIABLE FOR FULL COMPLIANCE WITH ALL APPLICABLE BUILDING CODES, ORDINANCES, REGULATIONS AND AMENDMENTS, AND ALL OTHER AUTHORITIES HAVING JURISDICTION. WHETHER OR NOT SUCH CODES AND REQUIREMENTS ARE EXPLICITLY DOCUMENTED IN THESE DRAWINGS, INCLUDING BUT NOT LIMITED TO SECTION R902.10 OF THE INTERNATIONAL RESIDENTIAL CODE CURRENTLY IN EFFECT. CONSTRUCTION SHALL COMPLY WITH THE INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY. USE OF THESE DRAWINGS TO OBTAIN A BUILDING PERMIT OR TO CONSTRUCT THE HOUSE DOCUMENTED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THESE CONDITIONS BY THE BUILDER.

NOTE: WINDOWS MUST COMPLY W/ IRC 2008 SECTION R613.2 AS LOCALLY AMENDED

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• 410-442-3667

PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

REVISIONS
DATE 11/06/2009
SHEET NO. A-1



Proposed Left Elevation
SCALE: 3/16" = 1'-0"



Proposed Rear Elevation
SCALE: 3/16" = 1'-0"

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PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

REVISIONS

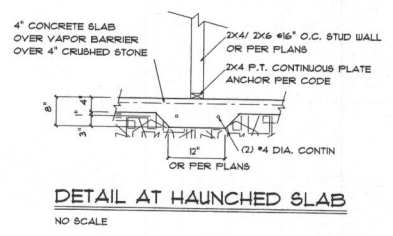
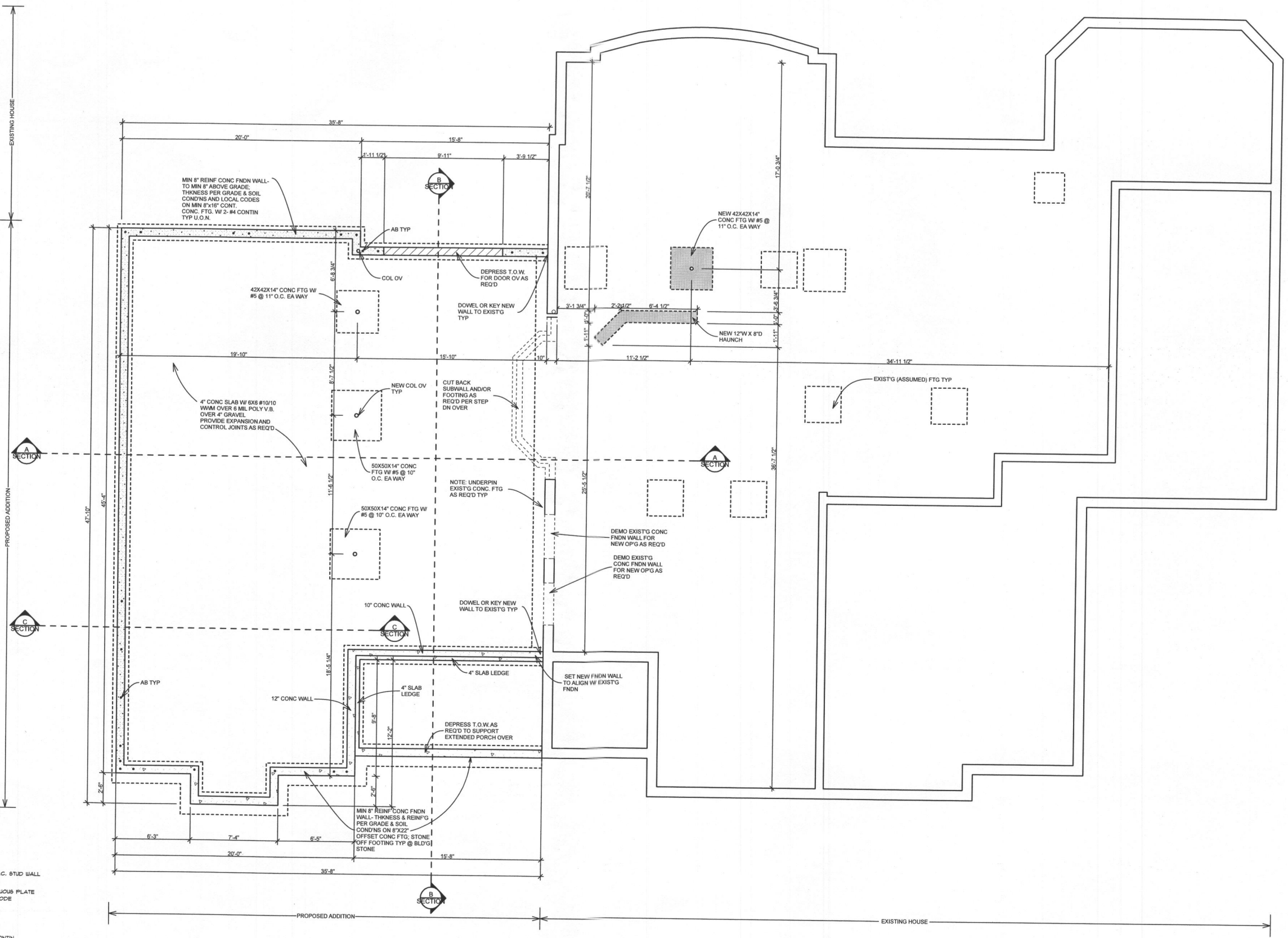
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DATE: 11/06/2009
SHEET NO.:

A-2

WALL KEY

| | |
|--|---|
| | EXISTING FNDN SUBWALL W/ MASONRY LEDGE |
| | EXISTING FNDN SUBWALL |
| | EXISTING FNDN SUBWALL W/ MASONRY LEDGE TO BE DEMOLISHED |
| | NEW 8" CONC FNDN SUBWALL |
| | NEW 10" CONC FNDN SUBWALL W/ 4" SLAB LEDGE |
| | NEW 12" CONC FNDN SUBWALL W/ 4" SLAB LEDGE |



Proposed Foundation Plan
SCALE: 1/4" = 1'-0"

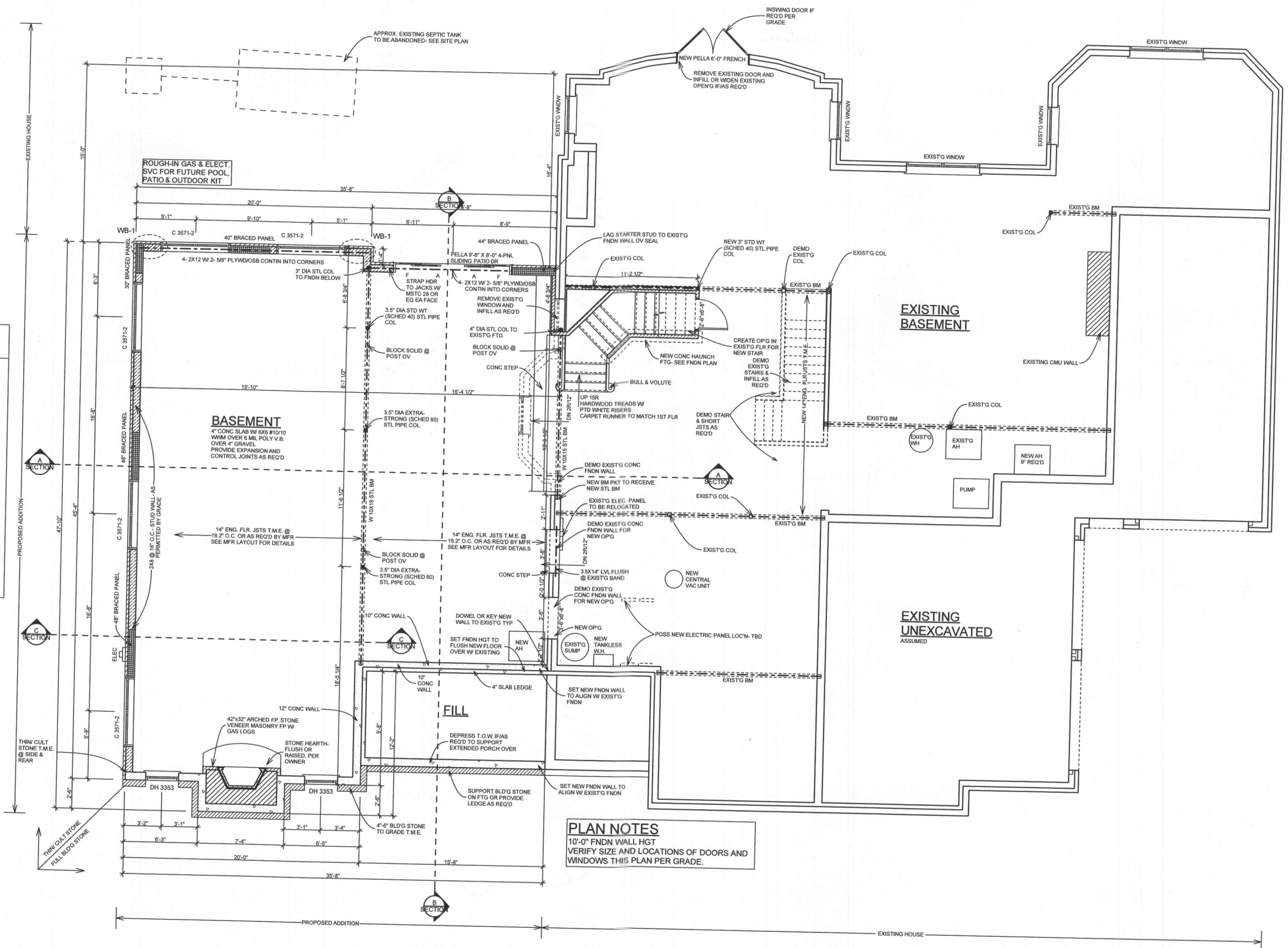
PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

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DATE 11/06/2009
SHEET NO. A-4

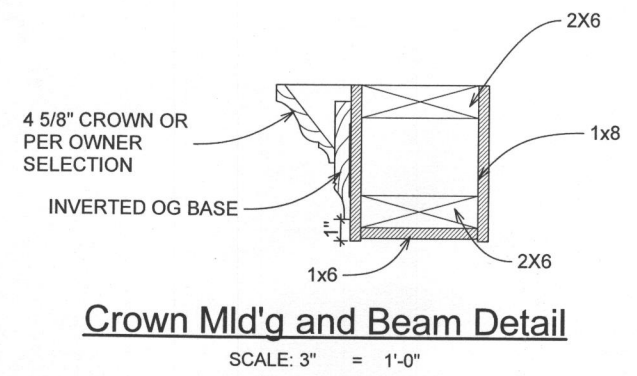
WALL KEY

| | |
|--|--|
| | EXISTING FNDN WALL W/ MASONRY LEDGE |
| | EXISTING FNDN WALL |
| | EXISTING 2X4 WALL |
| | EXISTING FNDN WALL W/ MASONRY LEDGE TO BE DEMOLISHED |
| | 2X4 WALL TO BE DEMOLISHED |
| | NEW 8" CONC FNDN WALL |
| | NEW 10" CONC FNDN WALL W/ 4" SLAB LEDGE |
| | NEW 12" CONC FNDN WALL W/ 4" SLAB LEDGE |
| | NEW 2X8 CULT STONE WALL |
| | NEW 2X4 WALL |



PLAN NOTES
10'-0" FNDN WALL HGT
VERIFY SIZE AND LOCATIONS OF DOORS AND
WINDOWS THIS PLAN PER GRADE.

Proposed Basement Plan
SCALE: 1/4" = 1'-0"

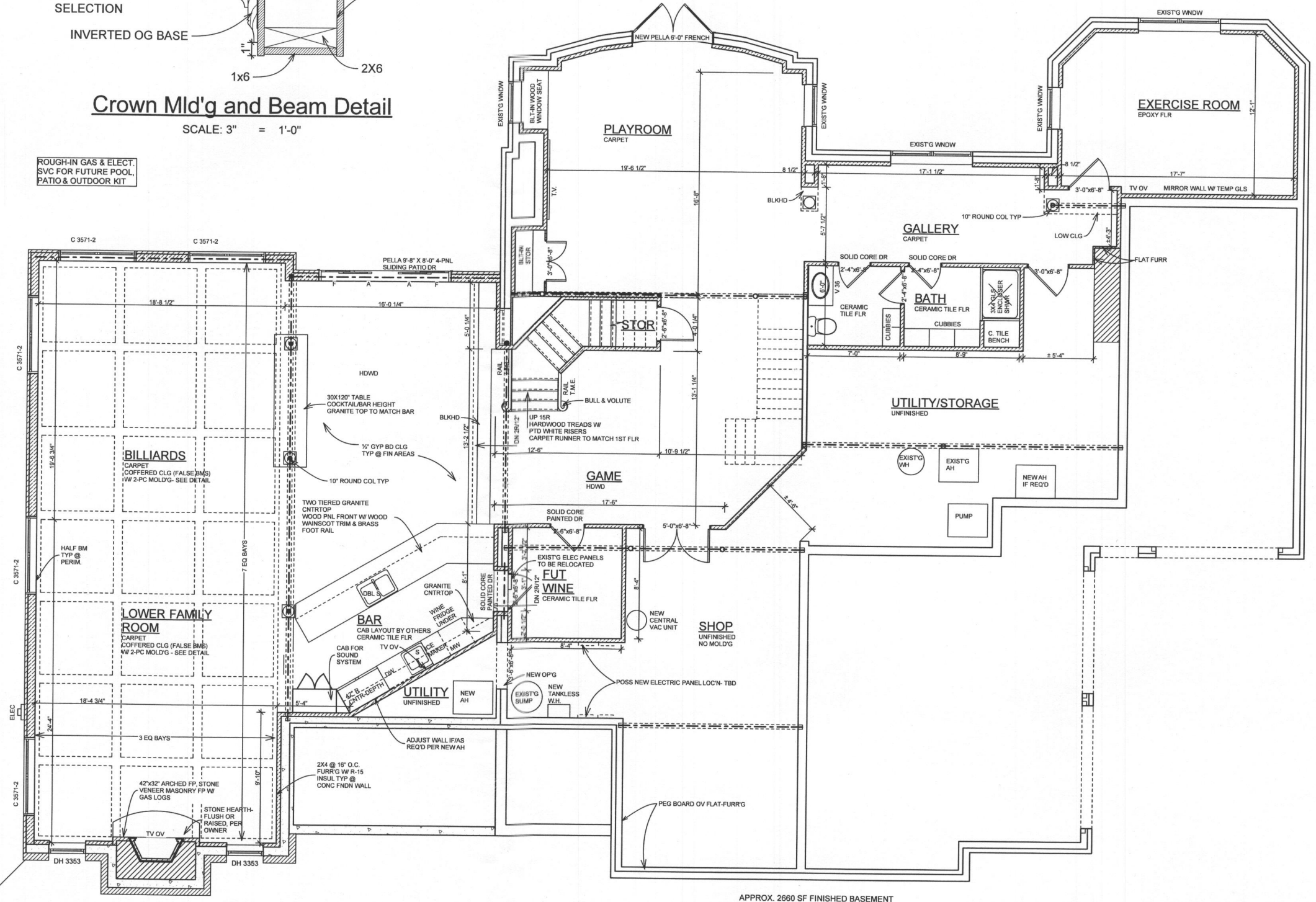


Crown Mld'g and Beam Detail
SCALE: 3" = 1'-0"

ROUGH-IN GAS & ELECT. SVC FOR FUTURE POOL, PATIO & OUTDOOR KIT

WALL KEY

| | |
|--|--|
| | EXISTING FNDN WALL W/ MASONRY LEDGE |
| | EXISTING FNDN WALL |
| | EXISTING 2X4 WALL |
| | EXISTING FNDN WALL W/ MASONRY LEDGE TO BE DEMOLISHED |
| | 2X4 WALL TO BE DEMOLISHED |
| | NEW 8" CONC FNDN WALL |
| | NEW 10" CONC FNDN WALL W/ 4" SLAB LEDGE |
| | NEW 12" CONC FNDN WALL W/ 4" SLAB LEDGE |
| | NEW 2X8 CULT STONE WALL |
| | NEW 2X4 WALL |



APPROX. 2660 SF FINISHED BASEMENT

PLAN NOTES
HARDWOOD TO BE INSTALLED OV 2x P.T. SLEEPERS @ 16" O.C. AND 6 MIL POLY SET IN MASTIC.

Proposed Finished Basement Plan
SCALE: 1/4" = 1'-0"

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PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

REVISIONS

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DATE: 11/06/2009
SHEET NO. A-5

PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

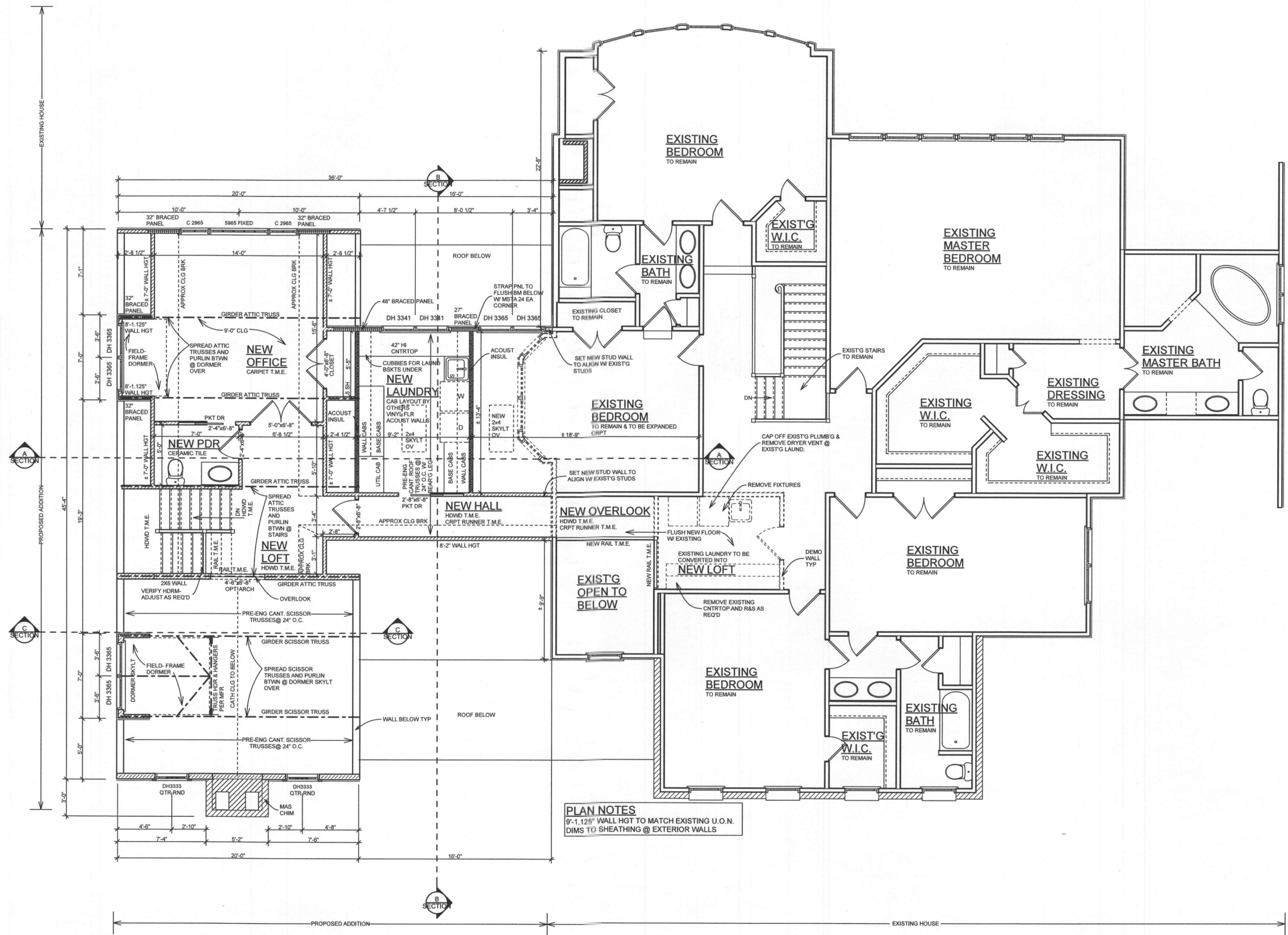
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DATE: 11/06/2009
SHEET NO.:

A-7

WALL KEY

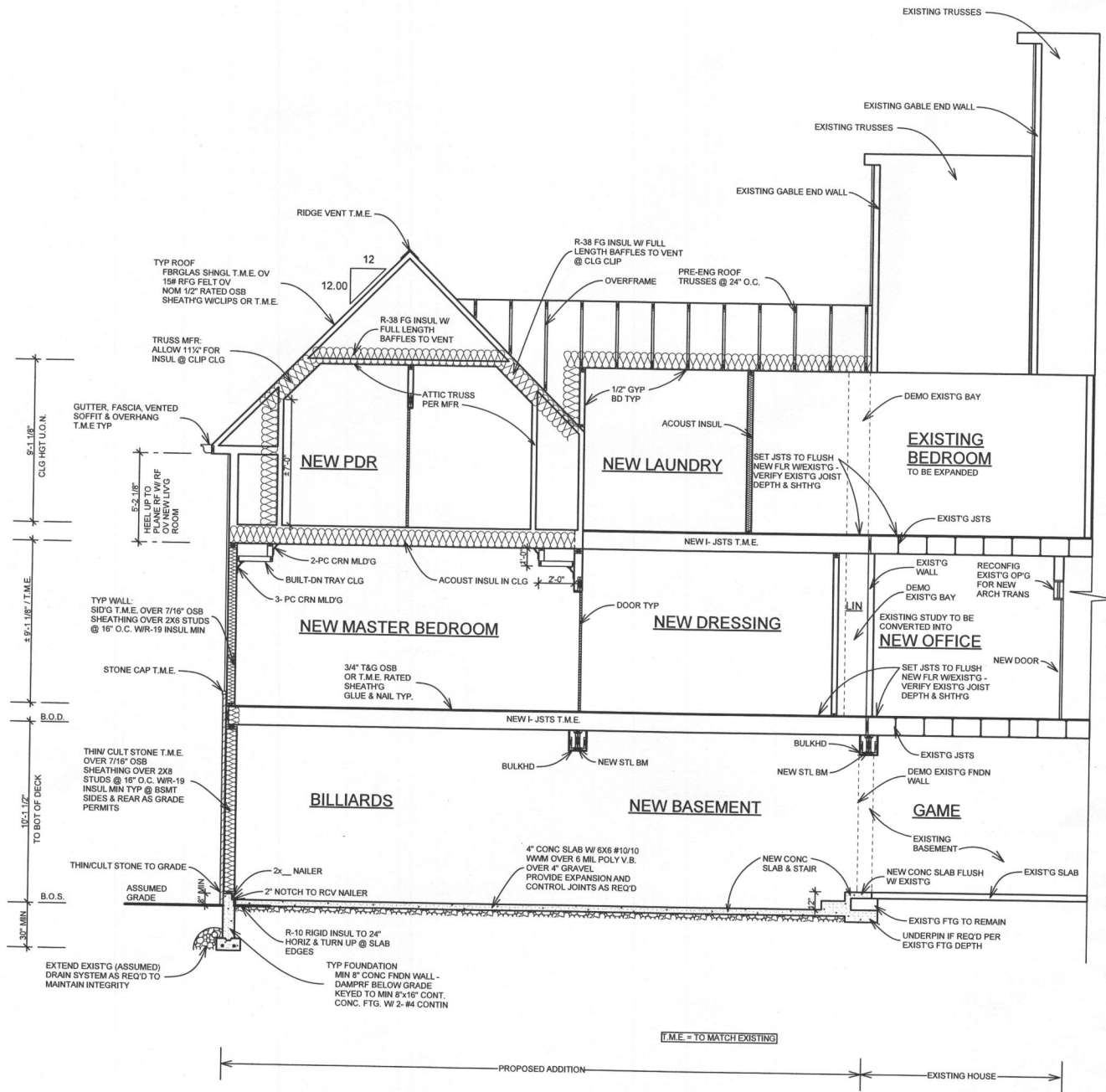
| | |
|--|---------------------------------|
| | EXISTING 2X4 STONE WALL |
| | EXISTING 2X6 SID'G WALL |
| | EXISTING 2X4 SID'G WALL |
| | EXISTING 2X4 WALL |
| | 2X4 SID'G WALL TO BE DEMOLISHED |
| | 2X4 WALL TO BE DEMOLISHED |
| | NEW 2X6 SID'G WALL |
| | NEW 2X4 SID'G WALL |
| | NEW 2X6 WALL |
| | NEW 2X4 WALL |



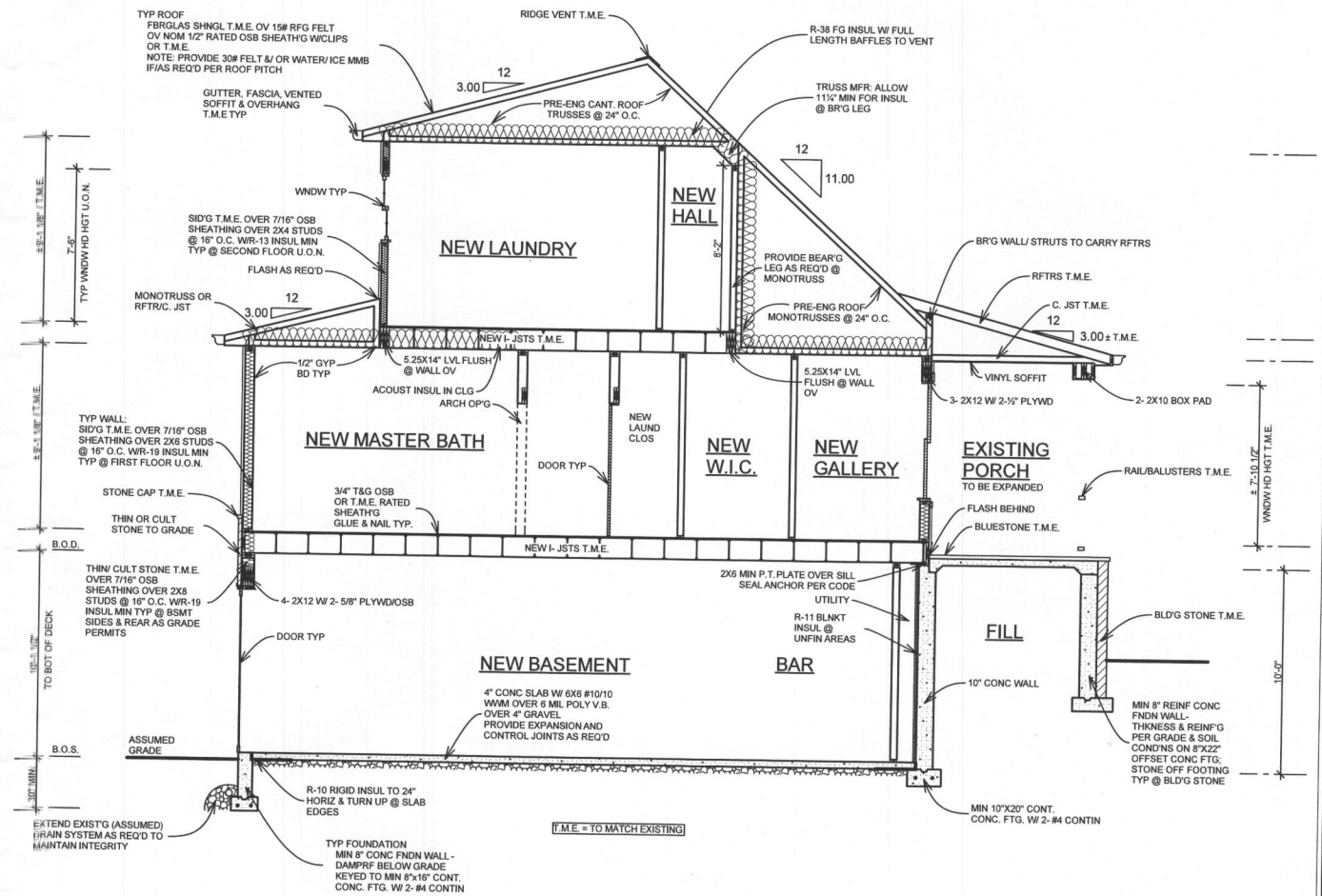
PLAN NOTES
 9'-1.125" WALL HGT TO MATCH EXISTING U.O.N.
 DIMS TO SHEATHING @ EXTERIOR WALLS

Proposed Second Floor Plan

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



SECTION A
SCALE: 1/4" = 1'-0"



SECTION B
SCALE: 1/4" = 1'-0"

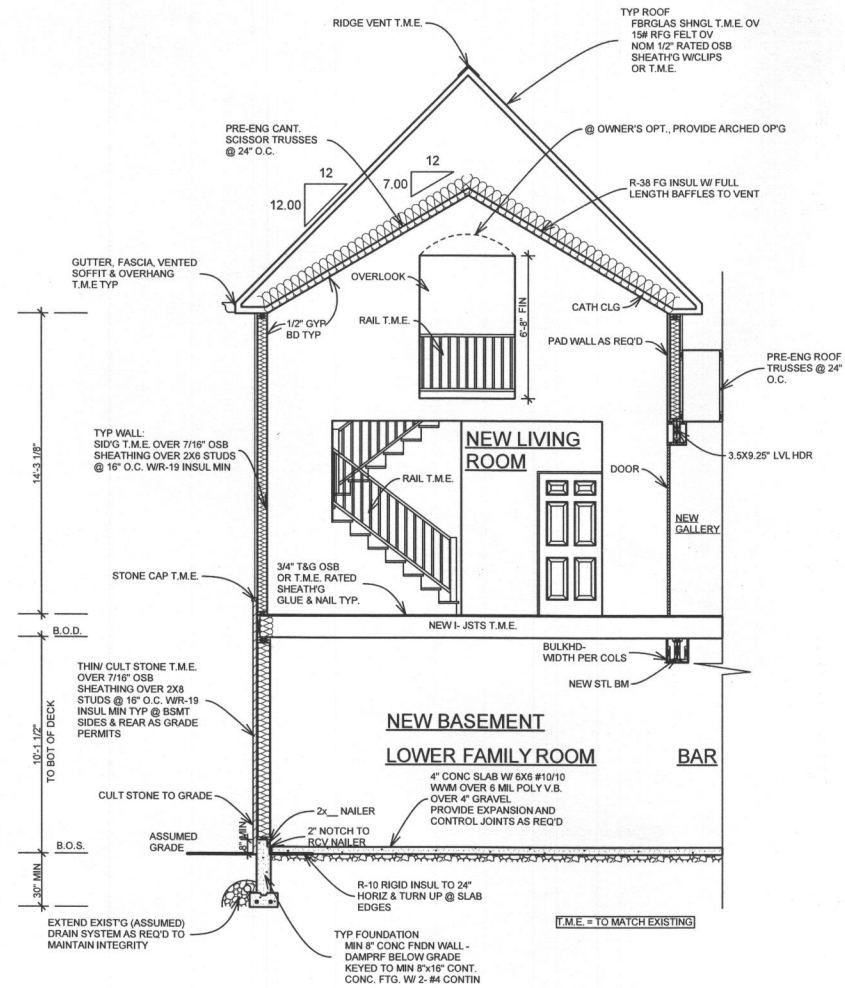
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PROPOSED ADDITION AND ALTERATIONS TO THE
PEARSON RESIDENCE

REVISIONS

| NO. | DATE | DESCRIPTION |
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DATE: 11/06/2009
 SHEET NO. **A-8**



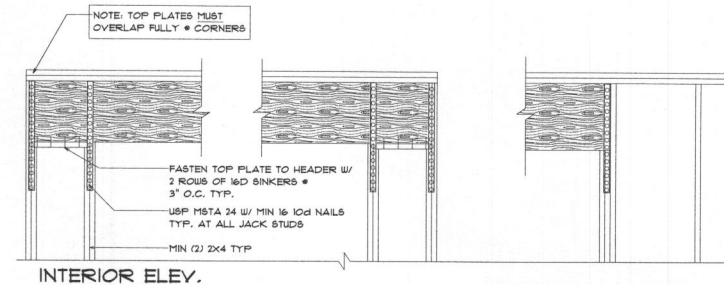
SECTION C
SCALE: 1/4" = 1'-0"

NOTE: WIND BRACING DESIGN AS REQUIRED BY SECTION 602.10 OF THE IRC HAS BEEN SATISFIED BY THE ALTERNATIVE CONTINUOUS STRUCTURAL PANEL SHEATHING METHOD (602.10.5) AND NARROW WALL (PORTAL FRAME) BRACING PER APA FORM #425 - REFER TO MINIMUM CONSTRUCTION DETAILS THIS SHEET. ADDITIONALLY, ALL STRUCTURAL MEMBERS SHALL BE FASTENED IN ACCORDANCE WITH TABLE R602.3(1) OF THE INTERNATIONAL RESIDENTIAL CODE, AND THE MANUFACTURERS' RECOMMENDATIONS IN THE CASE OF ENGINEERED COMPONENTS. MINIMUM BRACED WALL LENGTHS ARE BASED ON THIS TABLE:

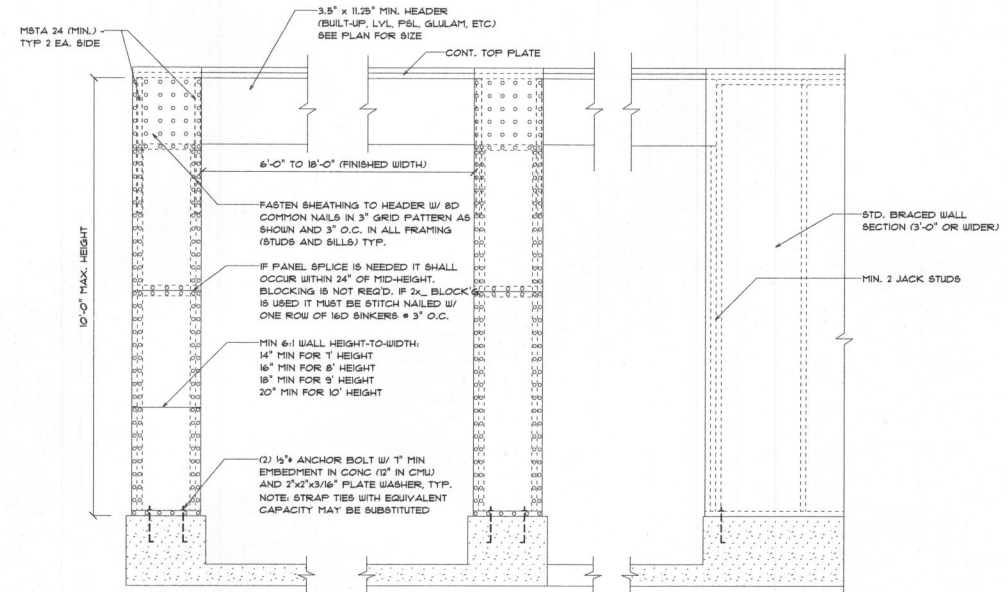
| MAX ADJACENT OPENING HEIGHT | MINIMUM LENGTH OF BRACED WALL PANELS | | | | | | | | |
|-----------------------------|--------------------------------------|------|------|------|------|------|------|-------|-------------|
| | 6'0" | 6'6" | 6'8" | 7'2" | 7'6" | 8'2" | 9'4" | 10'6" | FULL HEIGHT |
| WALL HEIGHT | | | | | | | | | |
| 8' WALL | 24" | 26" | 27" | 28" | 30" | 32" | 46" | N/A | 48" |
| 9' WALL | 27" | 27" | 27" | 28" | 30" | 32" | 39" | 52" | 54" |
| 10' WALL | 30" | 30" | 30" | 30" | 30" | 32" | 37" | 44" | 60" |

ALL BRACED EXTERIOR WALL PANELS SHALL BE MIN. 1/16" OSB PANEL SHEATHING ATTACHED TO FRAMING WITH 8d COMMON NAILS @ 6" O.C. AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE FRAMING MEMBERS. SOLE PLATES SHALL BE FASTENED TO JOIST OR SOLID BLOCKING WITH (3) 16d NAILS @ 16" O.C., RIM JOIST TO PLATE OR BILL WITH 8d @ 6" O.C., TOENAIL.

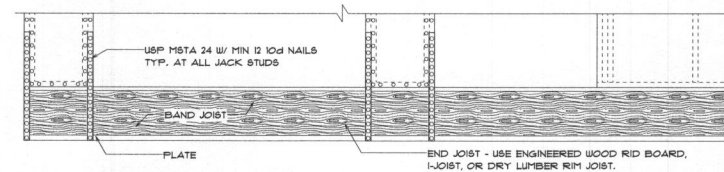
INTERIOR BRACED WALLS SHALL BE MIN. 1/2" GYP. BD. APPLIED TO EACH SIDE OF FRAMING WITH ADHESIVE AND 5 OR 6 W SCREWS @ 24" O.C. OR NAILS PER IRC2003 TABLE 102.3.5 @ 1" O.C. - MINIMUM 4'-0" LONG WHERE GYP BOARD IS APPLIED TO BOTH FACES; MIN 8'-0" LONG WHERE GYP BOARD IS APPLIED TO ONE FACE ONLY.



INTERIOR ELEV.



EXTERIOR ELEV. DIRECT TO FOUNDATION



EXTERIOR ELEV. OVER RAISED FLOOR

WB-1 APA NARROW WALL PORTAL DETAILS

