



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: 2/28/17

Permit No. B17CC0811

Building Address: _____
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

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

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's 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: _____
	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
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: <u>16-0001177</u>	

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 _____

Print Name _____

Email Address _____

Date _____

Title/Company _____

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	3/14/17	H. Oswald

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: _____

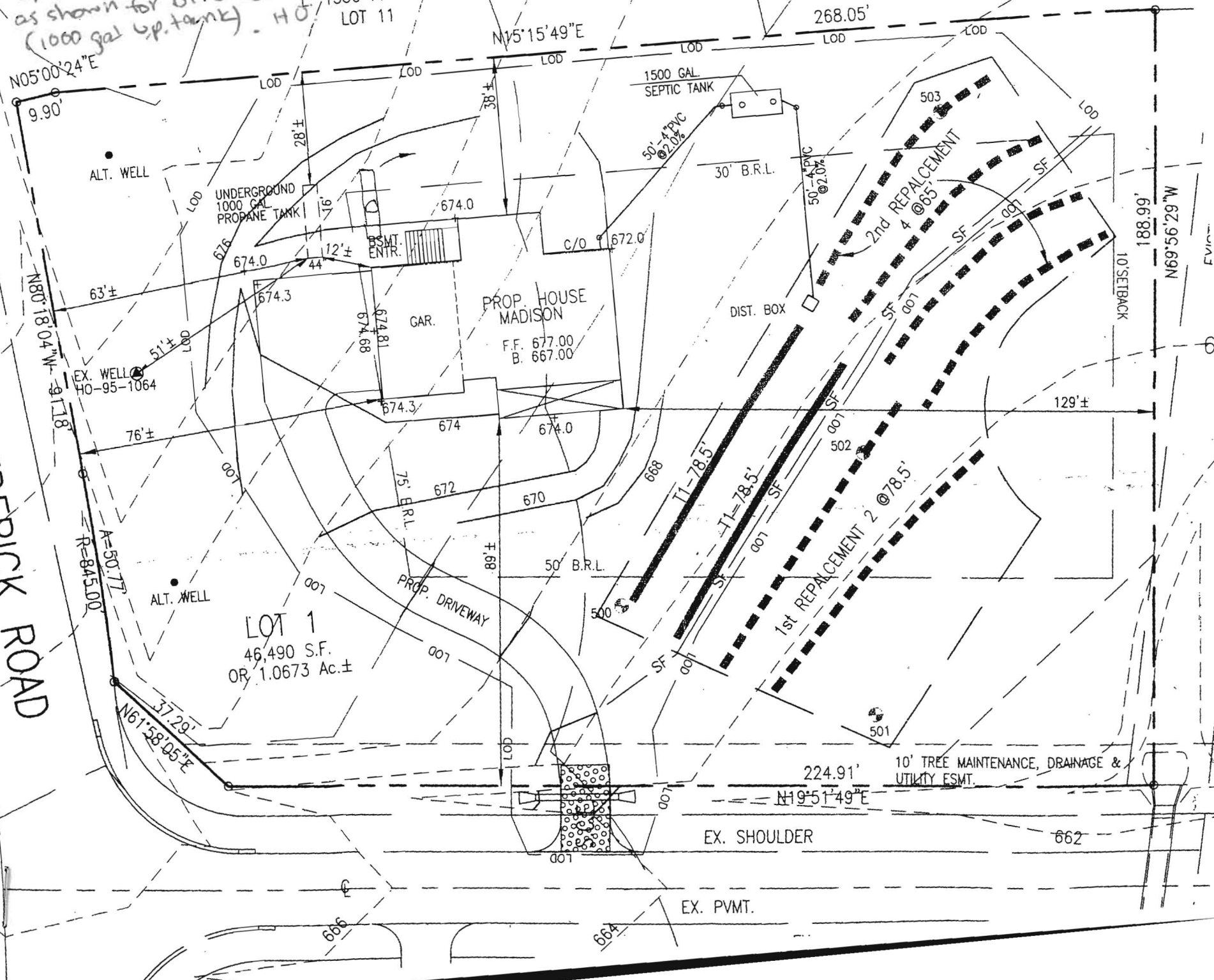
Filing Fee	\$
Permit Fee	\$100
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$100
Sub- Total Paid	\$
Balance Due	\$
Check	#

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

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

3/11/17. Site plan approved as shown for B1760081 MARGERY ZIMMERMAN 1536 F. 370 LOT 11 (1000 gal up.tank). HO

OLD FREDERICK ROAD
60' R/W





Building Permit Application

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

DILP 2016 DEC 1 AM 10:23

Date Received: _____

Permit No.: B/6005157

Building Address: 703 Washington Crossing Road
 City: MF Mill State: MD Zip Code: 21111
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Washington Crossing
 Section: _____ Area: _____ Lot: 1
 Tax Map: 0002 Parcel: 0053 Grid: 0024
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.0673/46.440'
 Existing Use: vacant
 Proposed Use: SFD
 Estimated Construction Cost: \$ 250,000
 Description of Work: Mudsign w/ Deck porch, 3 car sub had garage, 4 bedroom, 2 1/2 bath.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: LDG Inc 9600 Plaza
 Address: 9600 Gateway Avenue
 City: Silver Spring State: MD Zip Code: 20910
 Phone: 301-545-7000 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Catonsville Homes LLC
 Address: 11175 Stratford Circle F
 City: Manassasville State: MD Zip Code: 21104
 Phone: 410-442-5211 Fax: 410-442-2215
 Email: qualore@catonsvillehomes.com
 Contractor Company: Catonsville Homes LLC
 Contact Person: Frank E. Horgan III
 Address: 11175 Stratford Circle F
 City: Manassasville State: MD Zip Code: 21104
 License No.: 12014407 / MH PK # 9905
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: frank@catonsvillehomes.com
 Engineer/Architect Company: H. J. Smith P. Eng. Architects
 Responsible Design Prof.: Lisa Whittier
 Address: 640 H. J. Smith Road
 City: Catonsville State: MD Zip Code: 21229
 Phone: 410-796-0304 Fax: 410-796-1002
 Email: lwhittier@hjsmith.com

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	
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:	
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 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	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>C/1607346</u>	
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: _____

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>12/15/16</u>	<u>H. Oswald</u>

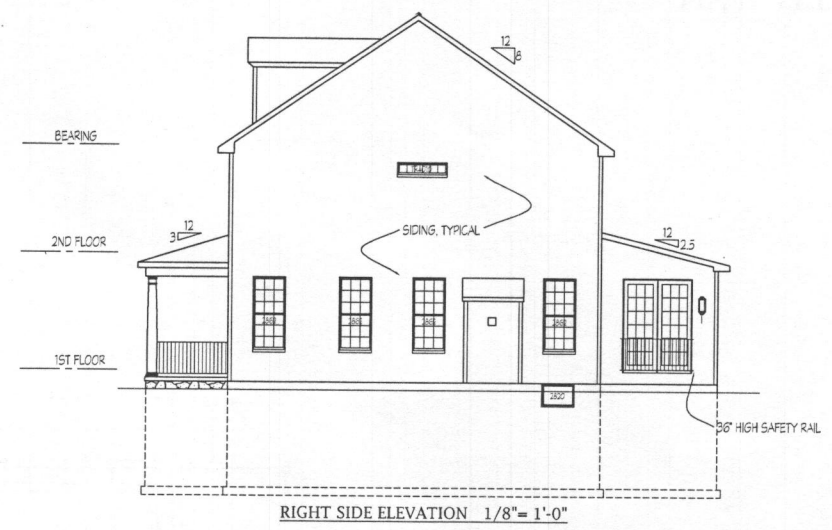
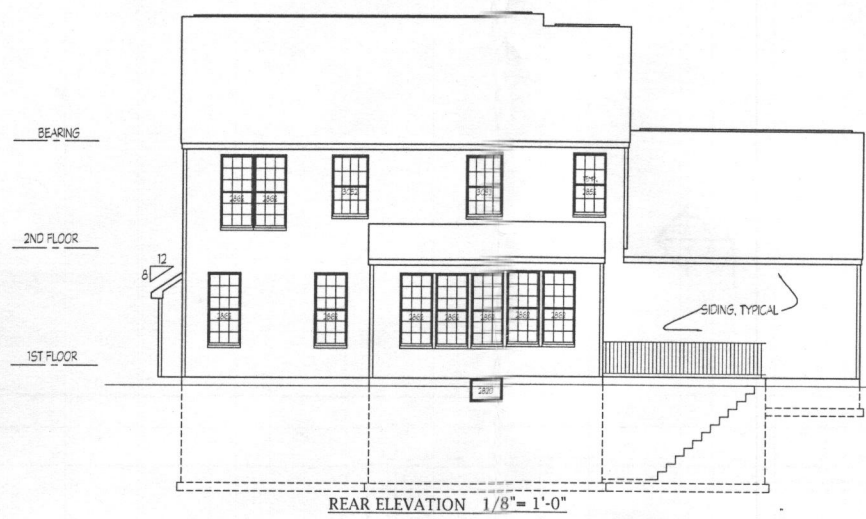
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START.

DPZ SETBACK INFORMATION	
Front:	<u>50</u>
Rear:	<u>50</u>
Side:	<u>10</u>
Side St.:	<u>75</u>
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	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>23511</u>

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

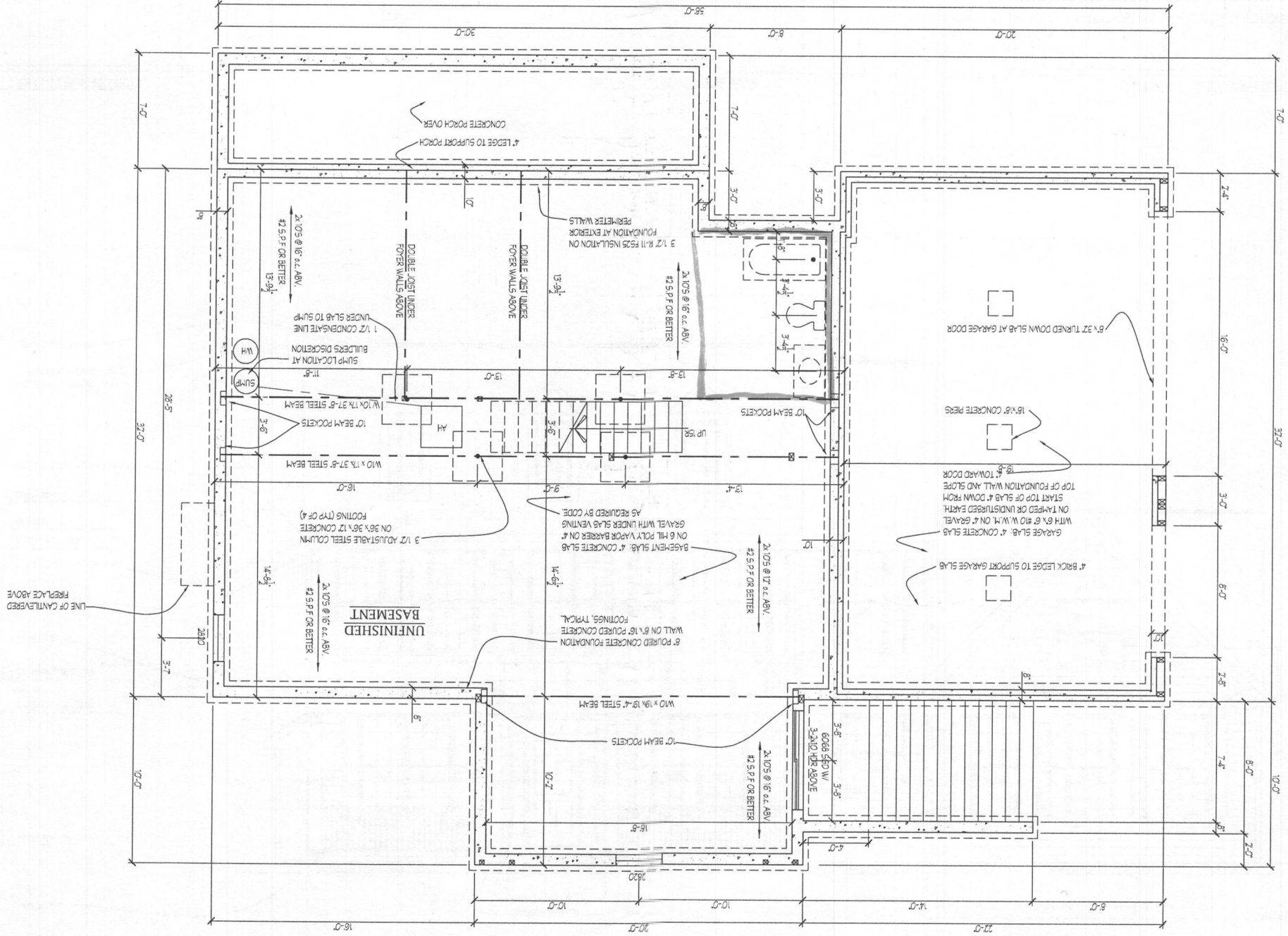
NO 01110



703 Woodbine Crossing Road

FINAL SET 11/21/16

NOTE: 9' BASEMENT WALLS !!



FINAL SET 11/21/16

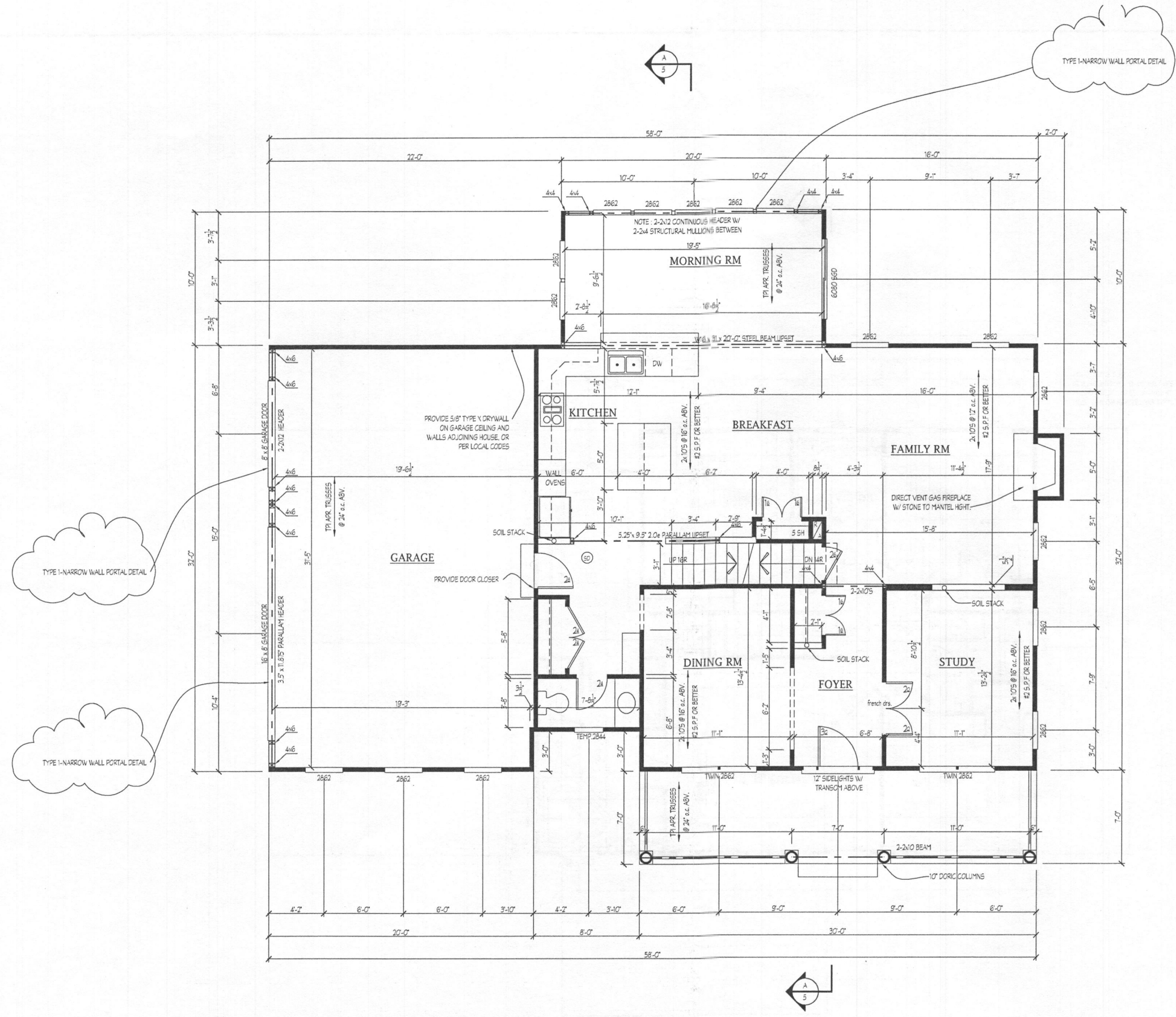
Project No.: C16.19

Drawing: BASEMENT / FOUNDATION PLAN

Notes:

Plymouth Road Architec

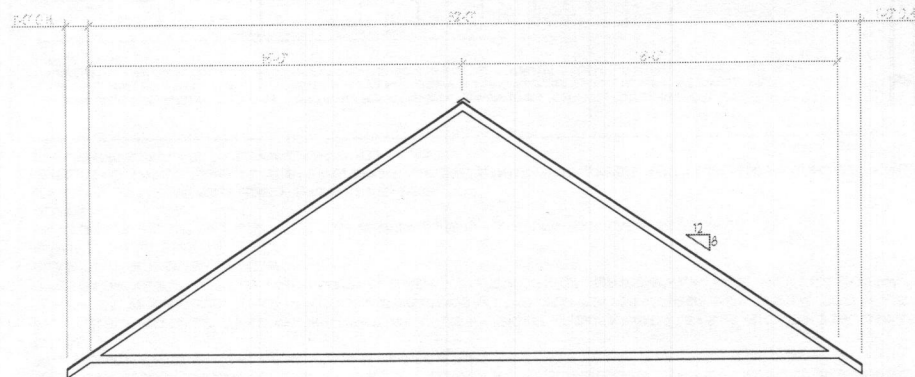
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 11/21/16
 Project: PATTONSVILLE HOME



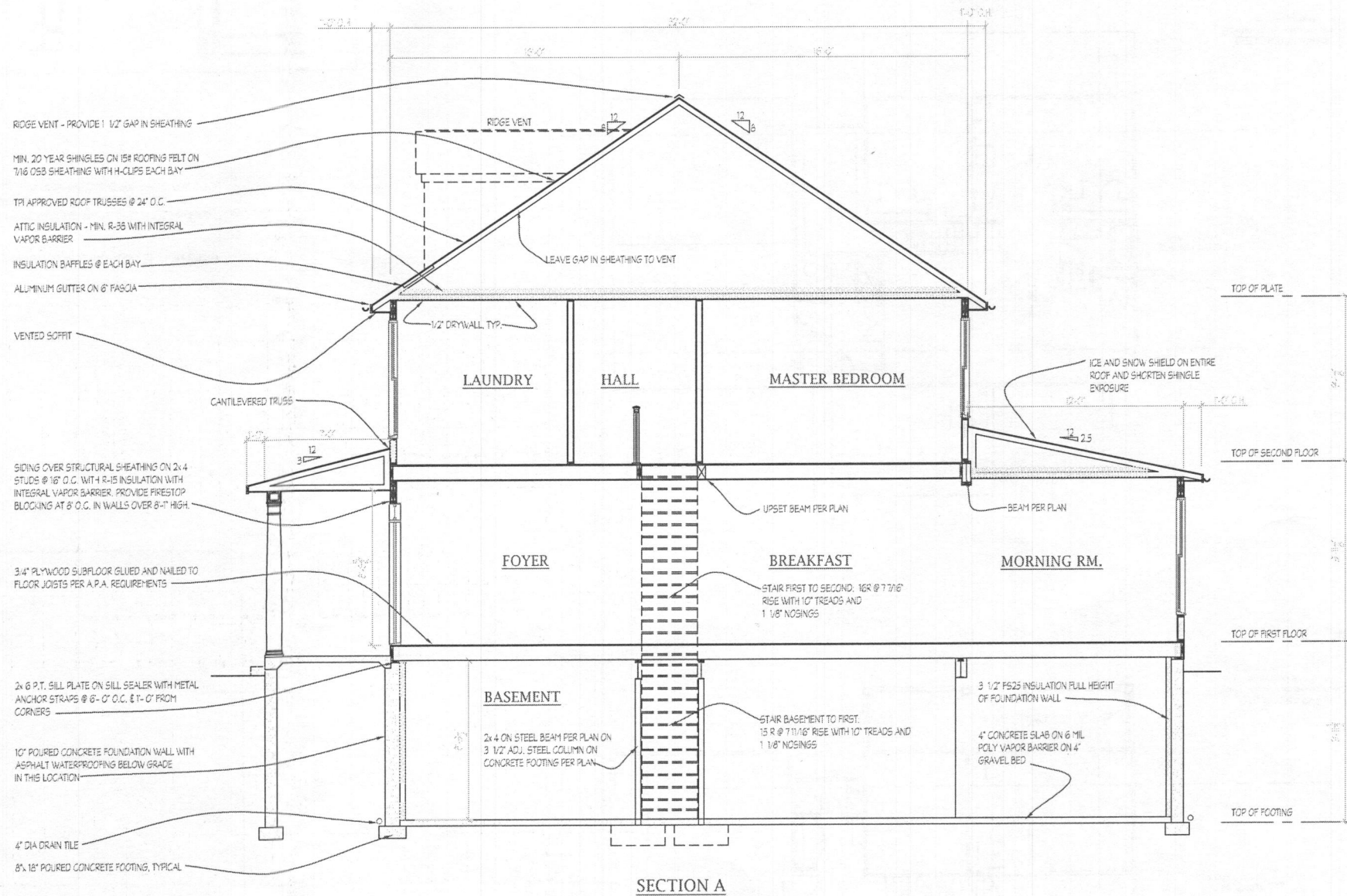
TYPE 1-NARROW WALL PORTAL DETAIL

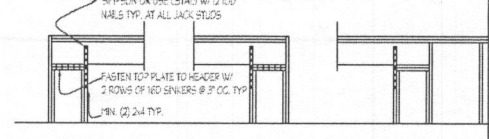
TYPE 1-NARROW WALL PORTAL DETAIL

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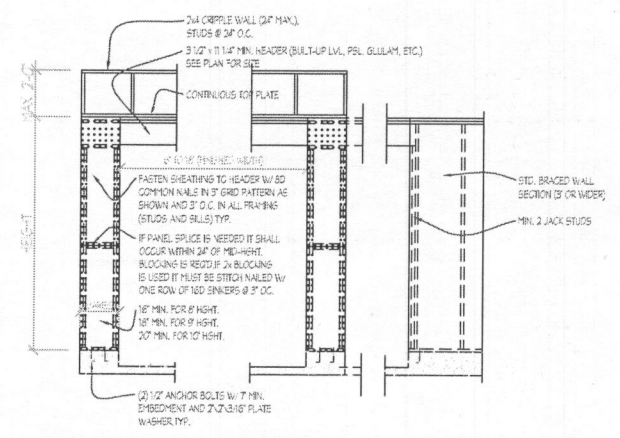


GARAGE TRUSS DIAGRAM

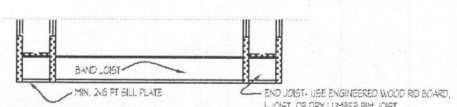




INTERIOR ELEVATION



EXTERIOR ELEV. DIRECT TO FOUNDATION



EXTERIOR ELEV. OVER RAISED FLOOR

NARROW WALL PORTAL DETAILS - TYPE 1

NARROW WALL BRACING DETAILS. SCALE: 1/4"=1'-0"

NOTE: PORTAL FRAME ARE DESIGNED TO REPLACE THE REQD. BRACED WALL SEGMENT UP TO 10' LONG. FOR 8' FT. WALL & 3' FT. FOR 10' FT. WALL. ADJACENT TO 88% OPENING. LOCATIONS AND SPACING TO FOLLOW IRC REQUIREMENTS.

LENGTH REQUIREMENTS FOR BRACED WALL PANELS IN A CONTINUOUSLY SHEATHED WALL.

A. LINEAR INTERPOLATIONS SHALL BE PERMITTED.

B. FULL-HEIGHT SHEATHED WALL SEGMENTS TO EITHER SIDE OF GARAGE OPENINGS THAT SUPPORT LIGHT FRAME ROOFS ONLY, WITH ROOF COVERING DEAD LOADS OF 30PSF OR LESS SHALL BE PERMITTED TO HAVE A 4:1 ASPECT RATIO.

MINIMUM LENGTH OF BRACED WALL PANEL (INCHES)			MAXIMUM OPENING HEIGHT NEXT TO THE BRACED WALL PANEL (% OF WALL HEIGHT)
48	54	60	
48	54	60	100%
32	36	40	85%
24	27	30	65%

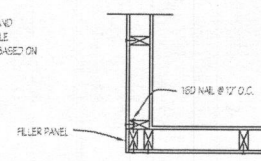
NOTE:

WALL BRACING:
 ALL EXTERIOR WALLS SHALL BE BRACED IN ACCORDANCE WITH THIS SECTION. IN ADDITION, INTERIOR BRACED WALL LINES SHALL BE PROVIDED IN ACCORDANCE WITH SECTION R602.10.1.1. FOR BUILDINGS IN SEISMIC DESIGN CATEGORIES, D1 AND D2, WALLS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE ADDITIONAL REQUIREMENTS OF R602.10.9, R602.10.11, AND R602.11 R602.10.1
 BRACED WALL LINES SHALL CONSIST OF BRACED WALL PANEL CONSTRUCTION METHODS IN ACCORDANCE WITH SECTION R602.10.3. THE AMOUNT AND LOCATION OF BRACING SHALL BE IN ACCORDANCE WITH TABLE R602.10.1 AND THE AMOUNT OF BRACING SHALL BE THE GREATER OF THAT REQUIRED BY THE SEISMIC DESIGN CATEGORY OR THE DESIGN WIND SPEED. BRACED WALL PANELS SHALL BEGIN NO MORE THAN 12.5' (3810 MM) FROM EACH END OF A BRACED WALL LINE. BRACED WALL PANELS THAT ARE COUNTED AS PART OF A BRACED WALL LINE, EXCEPT THAT OFFSETS OUT-OF-PLANE OF UP TO 4 FEET (1219 MM) SHALL BE PERMITTED PROVIDED THAT THE TOTAL OUT-TO-OUT OFFSET DIMENSION IN ANY BRACED WALL LINE IS NOT MORE THAN 8' (2438 MM). A DESIGNED COLLECTOR SHALL BE PROVIDED IF THE BRACING BEGINS MORE THAN 12' (3658 MM) FROM EACH END OF A BRACED WALL LINE.
 R602.10.1.1 SPACING:
 SPACING OF BRACED WALL LINES SHALL NOT EXCEED 35' (10,668 MM) ON CENTER IN BOTH THE LONGITUDINAL AND TRANSVERSE DIRECTIONS IN EACH STORY.
 EXCEPTION:
 SPACING OF BRACED WALL LINES NOT EXCEEDING 50' SHALL BE PERMITTED WHERE:
 1. THE WALL BRACING PROVIDED EQUALS OR EXCEEDS THE AMOUNT OF BRACING REQUIRED BY TABLE R602.10.1 MULTIPLIED BY A FACTOR EQUAL TO THE BRACED WALL LINE SPACING DIVIDED BY 35; AND
 2. THE LENGTH-TO-WIDTH RATIO FOR THE FLOOR/WALL DIAPHRAGM DOES NOT EXCEED 3:1.

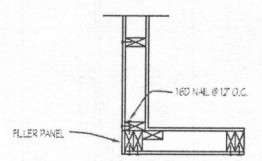
NOTE: WIND BRACING DESIGN AS REQUIRED BY SECTION 602.10 OF THE IRC HAVE BEEN SATISFIED BY THE ALTERNATIVE CONTINUOUS STRUCTURAL PANEL SHEATHING METHOD (R602.10.5) AND NARROW WALL (PORTAL FRAME) BRACING. REFER TO MIN. CONSTRUCTION DETAILS THIS SHEET. ADDITIONALLY, ALL STRUCTURAL MEMBERS SHALL BE FASTENED IN ACCORDANCE WITH TABLE R602.3(5) OF THE INTERNATIONAL RESIDENTIAL CODE, AND THE MANUFACTURERS RECOMMENDATIONS IN THE CASE OF ENGINEERED COMPONENTS. MINIMUM BRACED WALL LENGTHS ARE BASED ON THE TABLE BELOW.

MAX. ADJACENT OPENING HEIGHT EQUIVALENT TO	MINIMUM LENGTH OF BRACED WALL PANELS									
	50 WIND WINDOW	53 WIND WINDOW	55 WIND WINDOW	58 WIND WINDOW	63 WIND WINDOW	68 DOOR	88 DR W/ 10 TR	88 DR W/ 20 TR	100'	FULL HEIGHT
8' WALL	24"	26"	28"	30"	32"	37"	45"	N/A	N/A	45"
9' WALL	27"	29"	31"	33"	35"	39"	47"	48"	54"	54"
10' WALL	30"	32"	34"	36"	38"	42"	50"	51"	60"	60"

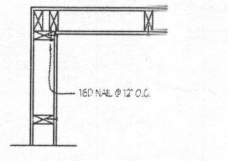
*PORTAL DESIGN MAY NOT BE SUBSTITUTED



OUTSIDE CORNER DETAIL
not to scale

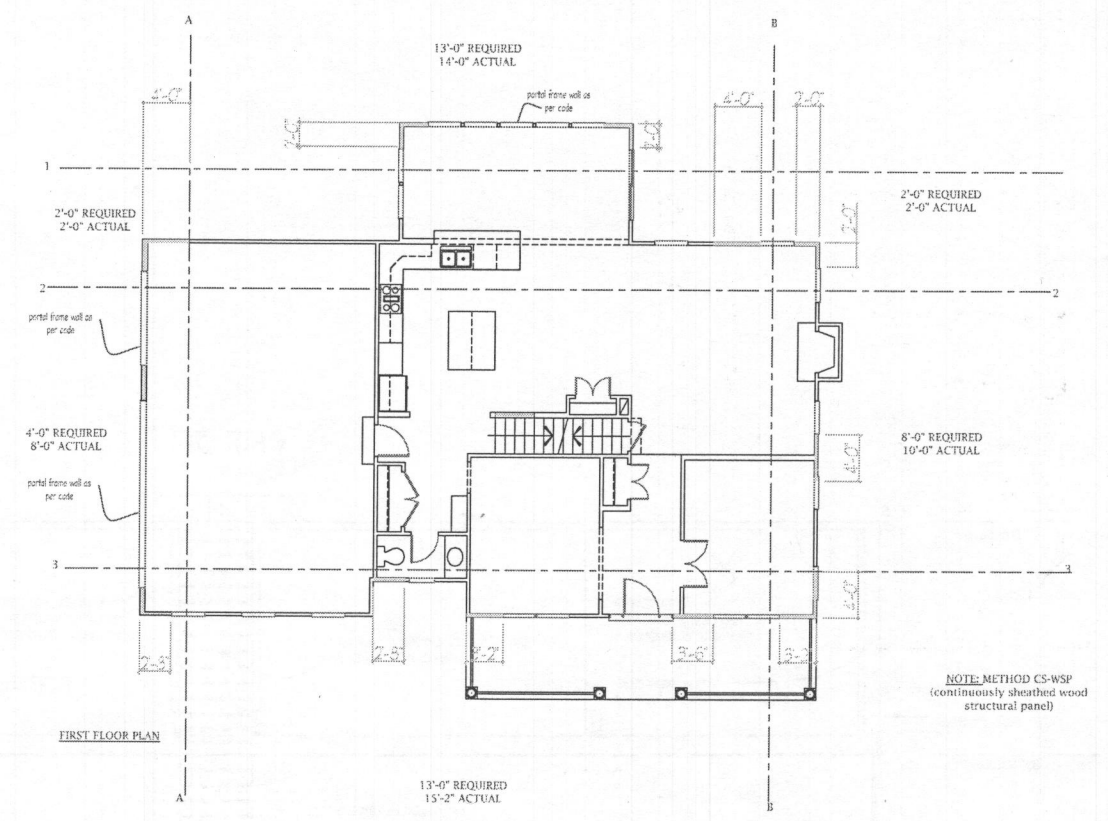


GARAGE CORNER DETAIL
not to scale



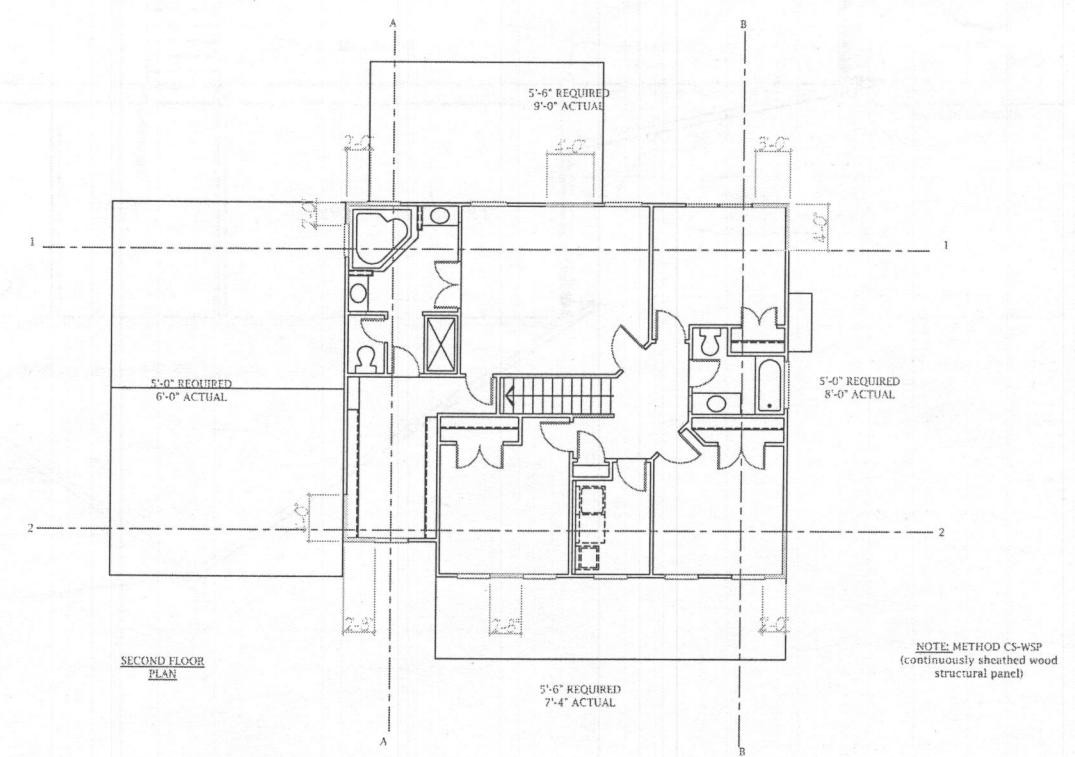
INSIDE CORNER DETAIL
not to scale

ALL BRACED EXTERIOR WALLS SHALL BE MIN. 7/8\"/>



FIRST FLOOR PLAN

NOTE: METHOD CS-WSP (continuously sheathed wood structural panel)



SECOND FLOOR PLAN

NOTE: METHOD CS-WSP (continuously sheathed wood structural panel)