

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07004652

Building Address 3620 Woodbine Rd.
Woodbine MD 21797
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision ELlicott Farm
Section _____ Area _____ Lot 9C
Tax Map _____ Parcel 38 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Eric Broderick
Address 3620 Woodbine Rd.
City Woodbine State MD Zip Code 21797
Home Phone 301 854 5984 Work Phone 240 276-2000
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 240-471-5662

Existing Use Single family dwelling
Proposed Use Single family dwelling
Estimated Construction Cost \$ 30,000
Description of Work Construction of great room addition & porch 26'x26'6" 679 sq. ft.

Contractor Company home owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Eric Broderick
Contact Name Eric Broderick
Address 3620 Woodbine Rd.
City Woodbine State MD Zip Code 21797
Phone 301 854-5984 Fax _____

Engineer or Architect Company Joe Corliss
Contact Person Joe Corliss
Address 23508 Sugar View Dr.
City Clarksburg State MD Zip Code 20871
Phone 301 540-1267 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	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"/> 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>26'</u> Width <u>26'6"</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>0</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Eric Broderick
Applicant's Signature

Eric Broderick
Print Name
Nov 19, 2007
Date

Title/Company

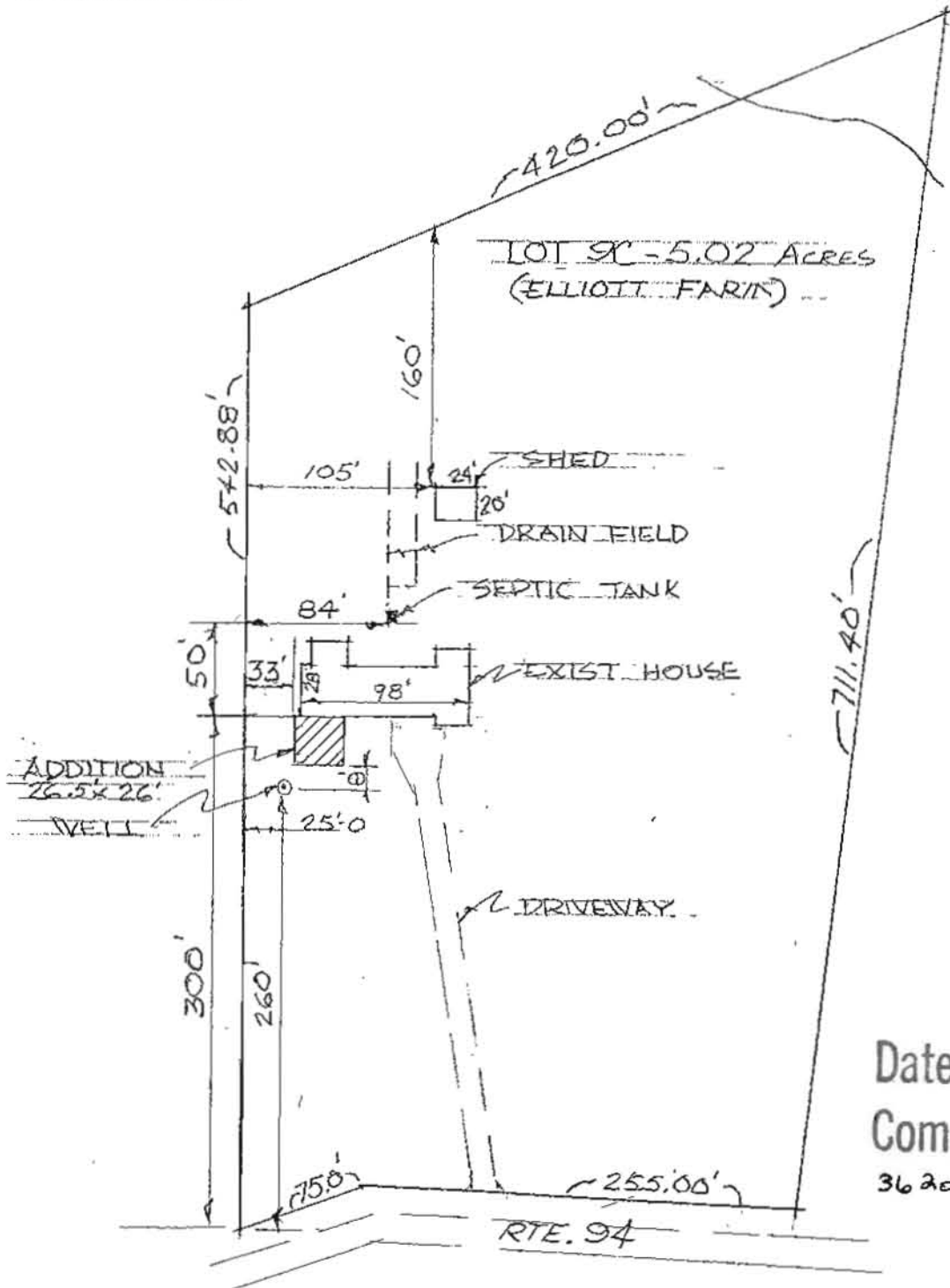
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highway		
<input checked="" type="checkbox"/> Building Official	<u>11/20/07</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ <u>100.44</u>
Side: _____	Excise tax \$ <u>378.40</u>
Side St.: _____	Add'l per. fee \$ <u>10.04</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone	Check # <u>CASH</u>
SDP/Red-line approval date _____	Validation # _____

SITE NOTES:

1. Parcel 38- #3620 Rte. 94, Howard County, MD,
4th Election District, Recorded in Liber: 0836/Folio: 114.
2. Proposed Building-26 ft by 26.5 ft addition including
porch and entry.
3. No public water or sewer at site.
4. Zoned residential.



REVISED
Date: 11/27/07
Comments: B07004652
3620 Woodbine Rd

Eric Broderick
3620 Woodbine Rd.

SITE PLAN
SCALE 1"=

Asst 518044-A 1428334

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
2400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B07004652

Building Address 2520 Woodbine Rd.
3620 Woodbine Rd. 21797
Suite/Apt #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision ELICOTT FARM
Section _____ Area _____ Lot 9C
Tax Map _____ Parcel 32 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Eric Broderick
Address 3620 Woodbine Rd.
City Woodbine State MD Zip Code 21797
Home Phone 301 854 5984 Work Phone 240 276-2000
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single family dwelling
Proposed Use Single family dwelling
Estimated Construction Cost \$ 20,000
Description of Work Construction of second room
addition & porch 76' x 20'6"
679 sq ft.

Contractor Company Home Depot
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____ Phone _____ Fax _____

Occupant or Tenant Eric Broderick
Contact Name Eric Broderick
Address 3620 Woodbine Rd.
City Woodbine State MD Zip Code 21797
Phone 301 854-5984 Fax _____

Engineer or Architect Company Joe Corliss
Contact Person Joe Corliss
Address 23508 Sugar View Dr.
City Clarksburg State MD Zip Code 20871
Phone 301 540-7207 Fax _____

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BUILDING DESCRIPTION - RESIDENTIAL

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No. of stories: <u>1</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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Eric Broderick
Applicant's Signature
Title/Company _____

Eric Broderick
Print Name
Nov 19, 2007
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>5/30/08</u>		<u>R. Bisher</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2007</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T: Home/PERMIT.FRM				Gold: SHA

March 8, 2008

Mike Davis
Bureau of Environmental Health
Howard County Health Department
7178 Columbia Gateway Dr.
Columbia, MD 21046-2147

Dr. Mr. Davis

Re; Building Permit #B07004652

I am responding to a letter you sent me on December 21, 2007 regarding my request for variance of the requirement for a 30 foot setback for my well from the proposed construction.

The existing well is approximately 8 feet from the proposed subject addition. The following safeguards are incorporated in the construction and ownership responsibilities to protect the well from groundwater contamination.

Well Setback

Subsequent to my earlier letter I have continued to consult with my engineer and developed this revised plan to protect the existing well from contamination both during and after construction. The plan is as follows:

- Prior to excavation, construct a barrier to protect the well from contamination.
- Dig the foundation in a manner that keeps equipment away from the well casing.
- Remove overburden to north side of the construction site and contain it within an erosion barrier to prevent contamination of the well from runoff during construction.
- During the construction phase, excavate a drainage ditch that will drain water away from the well that may collect around the foundation prior to backfilling.
- Construct a French drain 30 feet north of the well to collect water run off from the completed structure.
- Test the well periodically during construction and 6 months following completion of the project. If the well is contaminated and cannot be cleared of contamination, it will be moved to a location that meets the 30 foot setback requirement.
- I agree not to apply any pesticides around the site in the vicinity of the foundation for control of termites. Present control of termites is restricted to approved termite bait traps.

The present and future owners shall be advised and follow the applicable safeguards to protect the existing well from groundwater contamination.

If you have questions about this request for variance please do not hesitate to contact me at (240) 421-5662.

Sincerely,



Eric B. Broderick

March 8, 2008

Mike Davis
Bureau of Environmental Health
Howard County Health Department
7178 Columbia Gateway Dr.
Columbia, MD 21046-2147

Dr. Mr. Davis

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The present and future owners shall be advised and follow the applicable safeguards to protect the existing well from groundwater contamination.

If you have questions about this request for variance please do not hesitate to contact me at (240) 421-5662.

Sincerely,



Eric B. Broderick



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

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

December 11th, 2007

Eric Broderick
3620 Woodbine Rd.
Woodbine, MD 21797

Re: **Building Permit**
#B07004652

Dear Mr. Broderick,

This office has recently received the above referenced building permit application for an addition of a porch and great room. However, we are unable to recommend approval of your application at this time.

Prior to building permit approval a septic easement must be established with the Health Dept. According to our records there is no septic easement established on your property nor are there any sufficient percolation test notes or data. Therefore, prior to consideration for Health Dept. approval percolation testing must be completed to determine sufficient sewage disposal area on the property to accommodate an appropriate increase in the existing septic system, plus room for two future septic repairs. I have enclosed the application required for testing which must be submitted to this office along with a percolation plan and a fee of \$506. Please also note that an addition must maintain a 30' setback from an existing well. The proposed addition as shown on the submitted plan is too close to the existing well. Either the location of the well or the addition must move to accommodate this setback requirement.

Upon completion of percolation testing submittal of a Percolation Certification Plan will also be required per Howard County Code Sec. 3.805. The purpose of this plan is to formally describe a septic easement on your property that will be approved by the Health Officer and will remain on file with the Health Department. I have also enclosed the requirements for this plan with this letter. Your building permit will be placed on hold until all Health Dept. requirements are met.

If you have any questions or concerns regarding this matter please call our office at 410-313-1771 or you may contact me directly at 410-313-6287.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heidi Scott', written over a horizontal line.

Heidi Scott
Well & Septic Program
Development Coordination Section

Enclosures
Cc: File

3620 Woodbine Rd

December 21, 2007

Mike Davis
Bureau of Environmental Health
Howard County Health Department
7178 Columbia Gateway Dr.
Columbia, MD 21046-2147

Dr. Mr. Davis

Re; Building Permit #B07004652

This is in response to a letter sent to me by Heidi Scott on December 11, 2007 in reference to the subject building permit application.

In her letter Ms. Scott stated that my request for permit could not be approved for two reasons. 1) Lack of a septic easement on my property and 2) insufficient setback for the existing well from the proposed construction. I am writing to request a variance from both these requirements.

Septic Easement

I bought my home in September 1989 from the original owner who developed the lot. During the negotiations for purchase of the home we discussed both the well certification and the septic easement. The fact that Howard County no longer has the percolation test results associated with the original building permit is unfortunate. However, I have lived in this home for the past 18 years and have had regular maintenance performed on the septic system. I have experienced no problems with the septic system during that time.

The permit application I submitted is for a porch and great room addition. The habitable space associated with the project is 416 sq ft (this does not include the porch). The added space will not increase the capacity of my home to support additional residents as no additional bedrooms or bathrooms are included. Because the current septic field performs well and the added space will not support additional residents I believe a variance is justified.

Well Setback

I have consulted with my engineer and developed the following plan to protect the existing well from contamination both during and after construction. The plan is as follows:

- Prior to excavation, construct a barrier to protect the well from contamination.
- Dig the foundation in a manner that keeps equipment away from the well casing.
- Remove overburden to north side of the construction site and contain it within an erosion barrier to prevent contamination of the well from runoff during construction.

Page 2 – Mike Davis

- During the construction phase, excavate a drainage ditch that will drain water away from the well that may collect around the foundation prior to backfilling.
- Construct a French drain 30 feet north of the well to collect water run off from the completed structure.
- Test the well periodically during construction and 6 months following completion of the project. If the well is contaminated and cannot be cleared of contamination, it will be moved to a location that meets the 30 foot setback requirement.

I believe this plan will protect the well and justifies a variance from the setback requirement.

If you have questions about this request for variance please do not hesitate to contact me at (240) 421-5662.

Thank you,



Eric B. Broderick

Broderick

3620 Woodbine Rd.
Woodbine, MD 21797

SUBURBAN MD 208

21 DEC 2007 PM 1 T



Mike Davis
Bureau of Environmental Health
Howard County Health Department
7178 Columbia Gateway Dr.
Columbia, MD 21046-2147

21046+2381





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: 10-22-14

Permit No.: B14003878

Building Address: 3020 Woodbine Rd
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Jacquelin Falke
 Address: 3020 Woodbine Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410-533-5582 Fax: _____
 Email: kmedec@yahoo.com

Existing Use: Residential Single family
 Proposed Use: Same
 Estimated Construction Cost: \$ 606,000
 Description of Work: Master Suite Renovation
about 700 S.F.
 Occupant or Tenant: Jacquelin Falke
 Was tenant space previously occupied? Yes No
 Contact Name: Jacquelin Falke
 Address: 3020 Woodbine Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410 533 5582 Fax: _____
 Email: kmedec@yahoo.com

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Jerry Eason
 Address: 8415 Progress Drive Suite D
 City: Fredrick State: MD Zip Code: 21701
 Phone: 240-651-5096 Fax: 240-651-5098
 Email: Jerry@DorcanHomeRemodeling.com

Contractor Company: Dorcan Home Remodeling
 Contact Person: Jerry Eason
 Address: 8415 Progress Dr Suite D
 City: Fredrick State: MD Zip Code: 21701
 License No.: MHC 44942-01
 Phone: 240 315 7235 Fax: 240-651-5098
 Email: Jerry@DorcanHomeRemodeling.com

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:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>25</u>	<u>50</u>
Area of construction (sq. ft.):	2 nd floor: <u>25</u>	<u>50</u>
Use group:	Basement:	
	<input checked="" type="checkbox"/> Finished Basement <u>?</u>	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>3</u>	
<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:	
<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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<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 checked="" 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: Jerry Eason Print Name: Jerry Eason
 Email Address: Jerry@DorcanHomeRemodeling.com Date: 10/9/14
 Title/Company: Production Manager Dorcan Home Remodeling

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front:	Permit Fee	\$
Building Officials			Rear:	Tech Fee	\$
PSZA (Zoning)			Side:	Excise Tax	\$
PSZA (Engineering)			Side St.:	PSFS	\$
Health		<u>W/10/20/14 [Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$ <u>135</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone:	Sub- Total Paid	\$
			SDP/Red-line approval date:	Balance Due	\$
				Check #	<u>21788</u>

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

*mail issued + permit to contractor

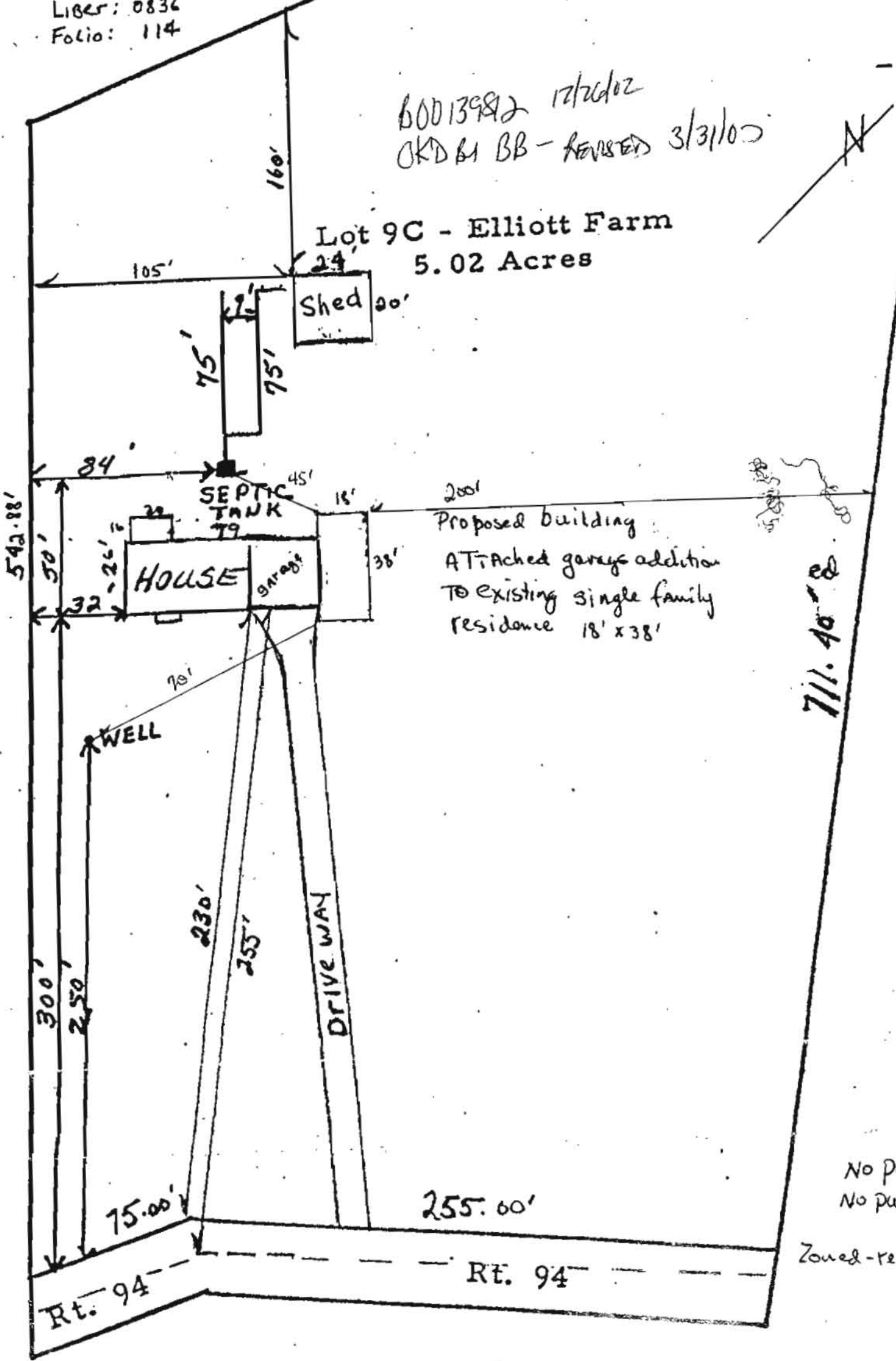
PARCEL 38
#3620 Route 94
Howard County
4th Election District

Recorded in
Liber: 0836
Folio: 114

420.00'

600139812 12/26/02
OK'D BY BB - REVERSED 3/31/05

Lot 9C - Elliott Farm
5.02 Acres

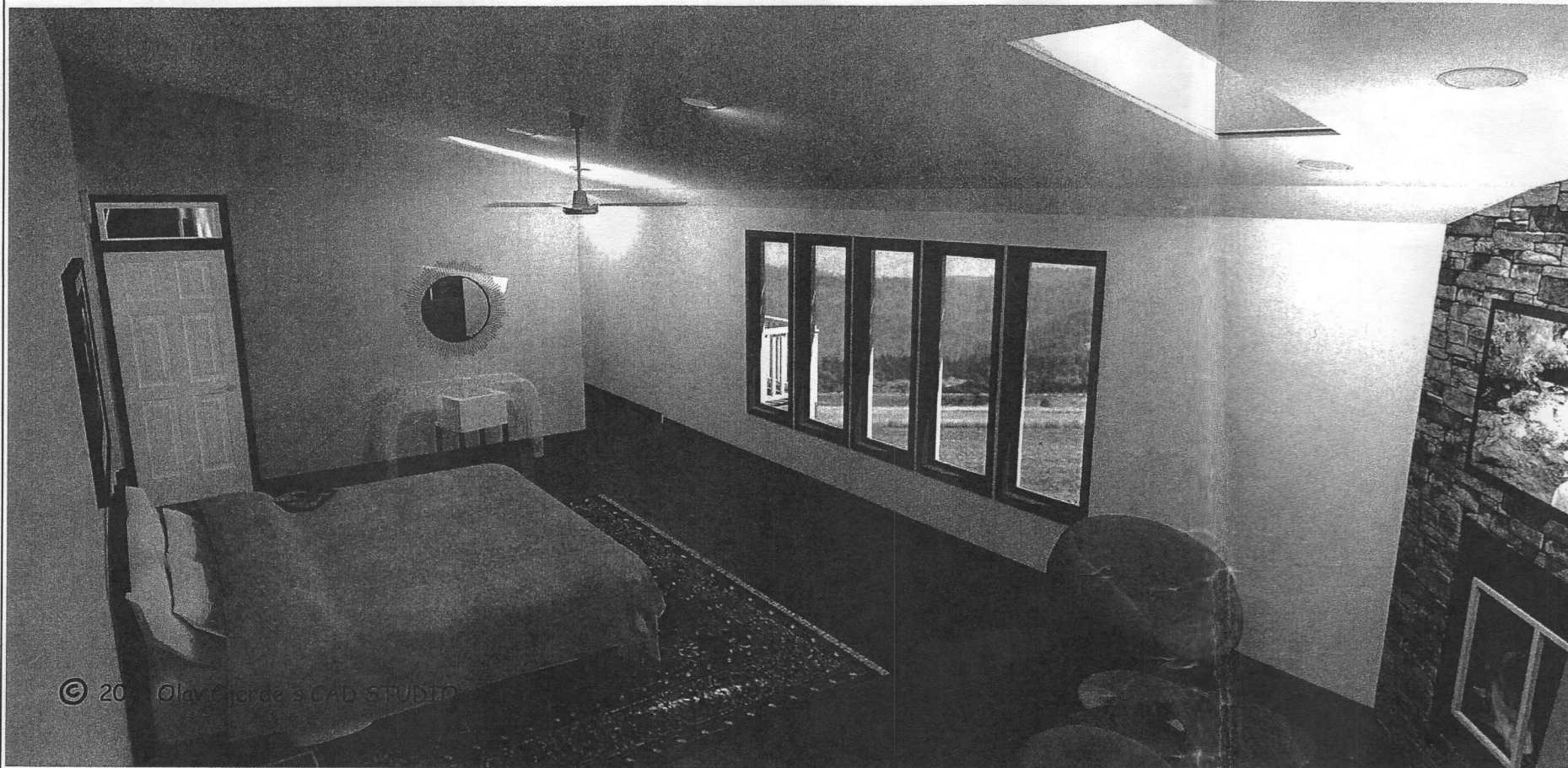


2001
Proposed building
ATTACHED garage addition
TO existing single family
residence 18' x 38'

No pub
No pub

Zoned-resi

These Plans, Renderings, Sketches and/or Designs are the property of Olav Gjerde's CAD STUDIO and are Copyright Protected According to U.S. and International Copyright Laws. Any unauthorized use of these Plans, Renderings, Sketches and/or Designs is prohibited. Reproduction of these Plans, Renderings, Sketches and/or Designs, In Part or In Whole, including any form of copying and/or preparation of derivative works thereof, without prior written permission, is strictly prohibited



Proposed Partial
Renovation of the

FALKE RESIDENCE

3620 Woodbine Rd.
Woodbine, MD. 21797

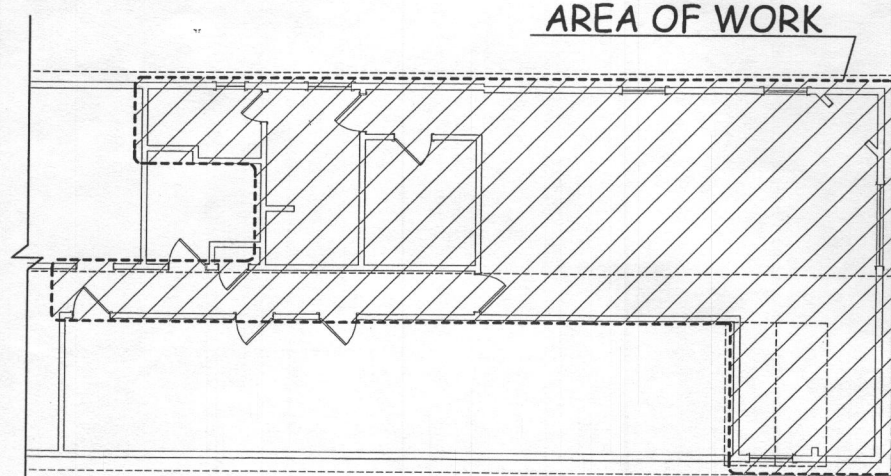
Dorman
Home
REMODELING, INC.

Proposed Partial Renovation of the
FALKE RESIDENCE
3620 Woodbine Rd. Woodbine, MD. 21797

*Floor Plan
Approved
Dr B 14003878
K Bunker
11/12/14*

AREA OF WORK

AREA OF WORK



FRONT OF STRUCTURE

1 | PLAN: Existing Second Floor
A | Scale: N.T.S

Stats

First Floor Additional Area : 0 sq'
Second Floor Additional Area : 0 sq'
First Floor Renovation Area : 0 sq'
Second Floor renovation Area : 939 sq'
Roof Surface Additional' sq' : 0 sq'
Project total Area : 939 sq'

Scope Of Work

Renovate Existing master Suite Area as per Renovation Plan. Existing Dormer area to be converted to W.I.C.
New areas to be designed according to IRC 2012 and Montgomery County amendments

Page Index

Page A : COVER SHEET w/Stats
Page 2 : PLAN : Extn' Second Floor
 PLAN : Second Floor Demolition Plan
Page 3 : PLAN : Second Floor Remodeling Plan
 SCHEDULES: Door and Window Schedule
Page 4 : PLAN : Lower Level Plan
Page 5 : SECTION(s) : General Sections
Page 6 : ELEVATION(s) : Rear Elevation
Page 7 : LAYOUT PLAN : First Floor Rafter Layout
 First Floor Joist Layout
Page 8 : General Notes & Design Parameter, -Misc.
Page 9 : SUPPORTING DOCUMENTS:
 Beam-load Schedule and G.P. Uniformed Load Table
 G.P. Multiple Beam Fastening requirements

DESIGN PARAMETERS AS PER IRC 2012

IRC 2009 Table R301.2(1) Climatic and Geographic Design Criteria											
Ground Snow Load	Wind Speed	Sismic Design Category	Weathering	Frost Line Depth	Termite	Decay	Winter Design temp	Ice Shield under layment required	Flood Hazard	Air freezing index	Mean annual temp
30 psf	90 mph	B	Severe	30 in	Moderate to heavy	Slight to moderate	13deg/F	Yes	July 2 1979	300	55deg/F

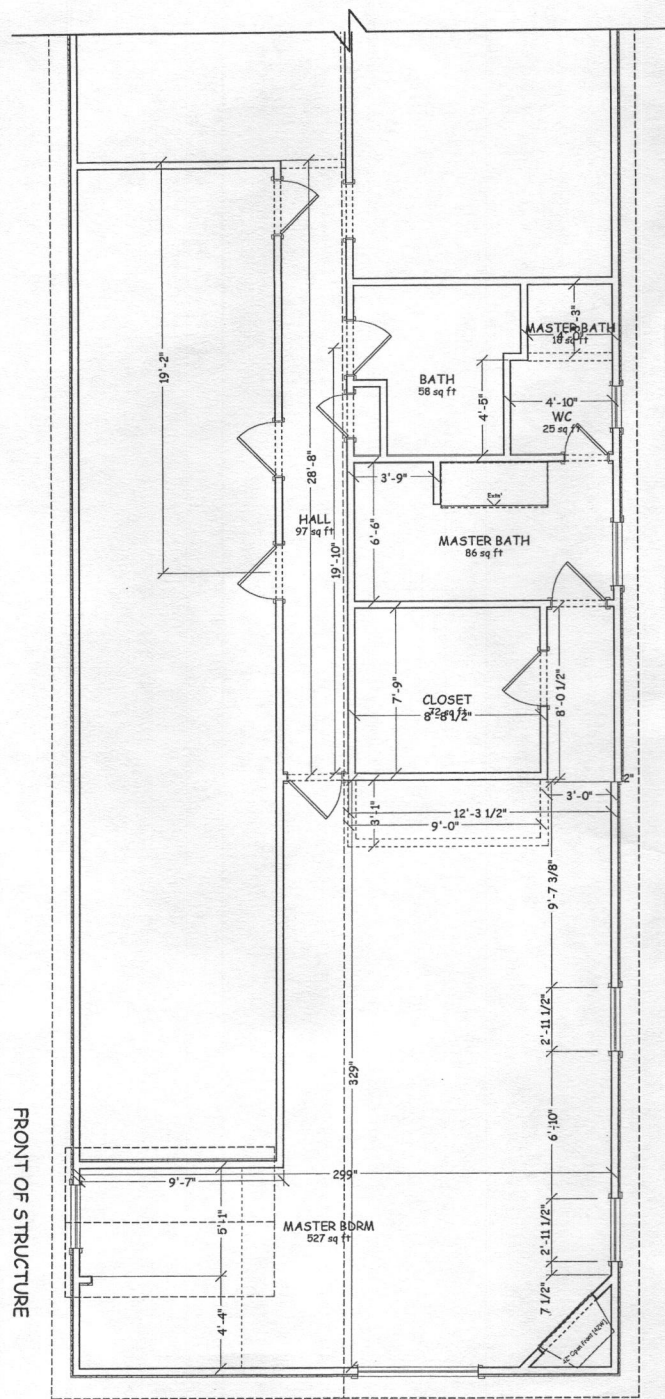
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N.A.R.T. REGISTERED ARCHITECT

Concept Plan June 2/2014
Final Plan August 11/2014
Concept Plan September 15/2014

REVISED FINAL PLAN October 13/2014
Drawn by Olav Gjerde

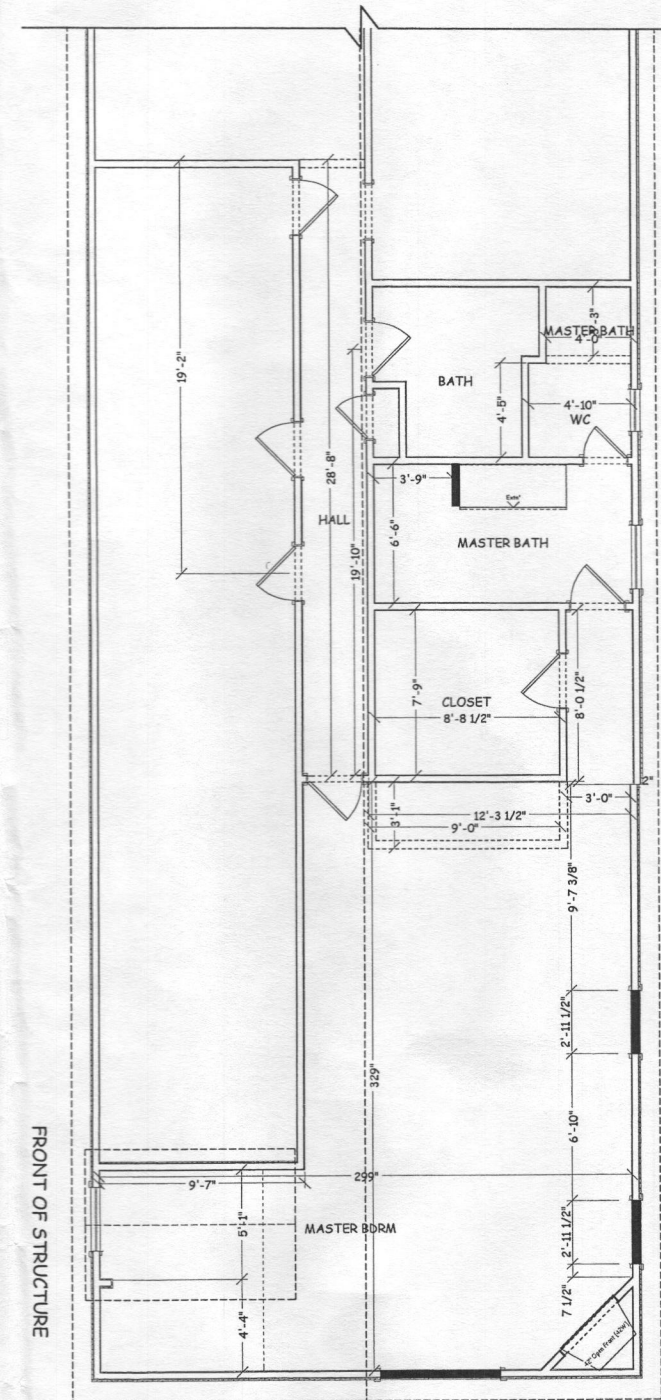
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FRONT OF STRUCTURE

1 | PLAN: Extn' Master Suite Floor Plan
 2 | Scale : 1/4" = 1' -0"



FRONT OF STRUCTURE

2 | DEMOLITION PLAN: Extn' Master Suite Demolition Plan
 2 | Scale : 1/4" = 1' -0"

Approved
 MB 11/21/2014

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NOTE
All interior and exterior stairways shall be provided with a means to illuminate the stairs, including landings and treads, as per applicable Local Building Codes

GENERAL NOTE:
Fasteners and connectors for preservative-treated wood shall be of hot dipped, zinc-coated galvanized steel, stainless steel, silicon bronze or copper. (IRC 2012 R317.3.1)

TRUSS NOTES:

1. ALL TRUSS SHALL CARRY MANUFACTURERS STAMP.
2. ALL TRUSSES SHALL BE INSTALLED & BRACED TO MANUFACTURERS SPECIFICATIONS.
3. ALL FIELD ALTERED TRUSSES SHALL HAVE ENGINEERING DESIGN DETAILS & DRAWINGS ON SITE FOR FRAMING INSPECTION.
4. ALL TRUSSES SHALL HAVE DESIGN DETAILS & DRAWINGS ON SITE FOR FRAMING INSPECTION.
5. ALL CONNECTIONS OF RAFTERS, JACK OR HIP TRUSSES TO MAIN GIRDER TO BE PROVIDED BY TRUSS MANUFACTURE.
6. ALL TRUSS FRAMING 24" O.C.
7. ALL EAVE OVERHANGS 12" UNLESS NOTED OTHERWISE
GABLE OVERHANGS AT 3" UNLESS NOTED OTHERWISE

PROVIDE 2" MIN. AIR GAP AT EAVES WITH INSULATION BAFFLES TYP. AT ALL TRUSS BAYS.

GENERAL CONTRACTOR TO VERIFY HEIGHT OF EXISTING ROOF IF APPLICABLE PRIOR TO ORDERING TRUSSES. NEW TRUSS HEIGHT AND PITCH MAY BE ADJUSTED TO ALIGN RIDGES

NOTE:
ALL RAFTER TO RAFTER, -RAFTER TO GIRDER, -OR RAFTER TO HIP OR RIDGE BEAM, TO BE INSTALLED WITH HANGERS THROUGHOUT, AND TO BE SUPPLIED BY TRUSS MANUFACTURER

DESIGN PARAMETERS AS PER IRC 2012

IRC 2009 Table R301.2(1) Climatic and Geographic Design Criteria

Ground Snow Load	Wind Speed	Sesmic Design Category	Weathering	Frost Line Depth	Termite	Decay	Winter Design temp	Ice Shield under layment required	Flood Hazard	Air freezing index	Mean annual temp
30 psf	90 mph	B	Severe	30 in	Moderate to heavy	Slight to moderate	13deg/F	Yes	July 2 1979	300	55deg/F

ABBREVIATIONS

ADJ.	Adjustable
AFF	Above Finished Floor
BFF	Below Finished Floor
B.M	Black Melamine
B.O	By Others
B.S	Back Splash
BSS	Brushed Stainless Steel
CLMN	Column
CONC	Concrete
CONT	Continuous
CRNR	Corner
C.S	Control Sample
C.TOP	Counter Top
E.B	Edge band
EXT	Exterior
EXTN'	Existing
EXP	Exposed
EQ	Equal
F.E	Finished End
F.S	Field Seam
FP	Fire place
HDR	Header
HGT	Height
LBW	Load Bearing Wall
MANUF	Manufactured
MAX	Maximum
MIN	Minimum
MIRR	Mirrored
NIC	Not in contract
OPT	Optional
PAN	Pantry
P.B	Particle board
P.G	Paint Grade
PL-	Plastic Laminate
PNL	Panel
R/O	Rough Opening
SCHED	Schedule
SCR.	Scribe
SHWR	Shower
SIM.	Similar
TBD	To Be Determined
TPH	Tiolet Paper Holder
TWLS	Towels
TYP	Typical
U.C	Under Cabinet
UON	Unless Otherwise Noted
W.A	Where Applicable
WC	Water Closet
W.M	White Melamine
→	Grain Direction

GENERAL NOTES (as per IRC 2012)

- General Info
- 1 All Work shall comply with IRC 2012 for One and Two-family Dwellings, and all amendments by Applicable County
 - 2 Sections and details shown are typical for similar conditions throughout the project
- Dimensions
- 1 All dimensions are to the face of studs or masonry unless otherwise noted
 - 2 Dimensions and notes for a given condition are typical for similar conditions throughout the project
 - 3 Contractors shall verify all dimensions including field verifications, prior to starting the construction
 - 4 It is the Contractor responsibility to verify all field dimensions and the relation to new products, prior to ordering such items -and prior to starting the construction
- Structural Notes
- The structure is designed to be self-supporting and stable upon completion of all work. It is the Contractors responsibility to verify construction loading, bracing, procedures and sequence in accordance with IRC 2012, OSHA, and local codes, etc., and to insure the safety of the building and it's components, and persons on-site before, during and after construction.
- 1 Loads: As per IRC 2012
- | | | |
|----------------|------------|------------|
| | Live Loads | Dead Loads |
| Living Area: | 40 psf | 10 psf |
| Sleeping Area: | 30 psf | 10 psf |
| Roof: | 30 psf | 17 psf |
| Decks | 40 psf | 15 psf |
| Stairways | 100 psf | 15 psf |
| Wind | 20 psf | |
- Wood Framing:
- 1 All wood wall framing shall comply with IRC 2012, Sect 602
 - 2 All wood materials shall be Spruce-Pine-Fir No.1/No.2 (north) or better.
 - 3 All exterior studs to be 2x4" or 2x6" @ 16" O/C. unless otherwise noted
 - 4 Fire stopping shall be provided to cut of all concealed draft openings and to form an effective fire barrier
 - 5 All untreated wood to be a minimum of 8" above finished grade. All lumber in contact with concrete or CMU shall be pressure treated
 - 6 Fasteners and connectors for preservative-treated wood shall be of hot dipped, zinc-coated galvanized steel, stainless steel, silicon bronze or copper. (IRC 2012 R317.3.1)
- Roof
- 1 All Roofs and Girder Trusses to be designed by Truss-manufacturer to carry required loads, and shall be installed and braced in accordance to Manufacturers specifications
 - 2 All new roofs to have (min) 3/8" of Ice Shield underlayment at eave edges
- Floor
- 1 All Engineered Floor joists to be designed by Manufacturer to carry required loads, and shall be installed and bridged in accordance to Manufacturers specifications
FiberStrong Rim board are to be used on all perimeters perpendicular to Engineered Joists
 - 2 Wood Joists are to be in accordance with IRC 2012 Sect R-502.3.1 (1) and R-502.3.1 (2) and comply with IRC 2012 sect R-501 thru R-504.3

- Concrete/Foundations
- 1 Concrete shall be of regular aggregate design and compressive stress at 28 days shall be 2500PSI
 - 2 All concrete footings to be minimum 30" below finished grade
 - 3 All Foundation walls to comply with IRC 2012 Sect R-401 thru R-404
 - 4 Foundation drainage shall comply with IRC 2012 Sect R-405
 - 5 Foundation water proofing shall comply with IRC 2012 Sect R-406
 - 6 Concrete floors shall comply with IRC 2012 Sect R-506.1 thru R-506.2.4
 - 7 All Concrete to be 150 PCF and conform to the latest A.C.I. 318 specifications. Porches, Garages, Slabs and Steps exposed to weather, to be 3000 PSI air entrained concrete. Foundation walls and other vertical concrete work to be 2500 PSI air entrained Concrete. All other concrete to be 2500 PSI
 - 8 All CMU used in foundation walls shall be load bearing units conforming to A.S.T.M C90-70 for hollow units. At wood posts and wood bearing locations, CMU cells shall be solid filled with concrete for the (min) top two courses
 - 9 All CMU walls shall have standard truss type DUR-O-WALL (or SIM) bed joint-reinforcing at a maximum 16" vertical spacing
 - 10 Chimneys and Fireplaces shall be constructed in accordance to IRC 2012 Ch 10 and fig. R-1001.1
 - 11 Slabs on grade (except where otherwise noted) shall be 4" thick, reinforced with WWF6x6-WV1.9xWV1.9 wire mesh. Overlap mesh 6" in each direction. Slabs shall be laid on a layer of 6 mil. polyethylene over a 4" layer of compacted washed gravel. Grade beam(s) may be required at fill condition if so noted.
 - 12 Exterior slabs on grade shall be air-entrained cement with entrained air of 4% of equivalent air-entraining agent. Provide control joints at 10'-0" on center each way
 - 13 Reinforcing bars shall conform to A.S.T.M A-615. Welded Wire Fabric shall conform to A.S.T.M A-185.
- Windows and Door Headers
- 1 2x4" walls to have (2) 2x10's w/1/2" plywood spacer, unless otherwise noted
 - 2 2x6" walls to have min. (2) 2x10's w/1/2" plywood spacer and blocking, unless otherwise noted
- Jack and King Studs as per IRC 2012 sect. R-603.7 (1)
- | | | |
|--------------------|----------------|----------------|
| 0' - 3' - 6" | (1) Jack Stud | (1) King Stud |
| 3' - 6" to 5' - 0" | (1) Jack Studs | (2) King Stud |
| 5' - 0" to 5' - 6" | (2) Jack Studs | (2) King Studs |
| 5' 6" to 8' - 0" | (2) jack Studs | (2) King Studs |
| 8' 0" to 10' - 6" | (2) jack Studs | (3) King Studs |
| 10' 6" to 12' - 0" | (3) jack Studs | (3) King Studs |
| 12' 0" to 13' - 0" | (3) jack Studs | (3) King Studs |
| 13' 0" to 14' - 0" | (3) jack Studs | (4) King Studs |
| 14' 0" to 16' - 0" | (3) jack Studs | (4) King Studs |
| 16' 0" to 18' - 0" | (4) jack Studs | (4) King Studs |
- All posts, Double Studs, etc. are to continue to foundation or be supported by floor beams meeting Manufacturers specifications and loads

Steel Lintel Schedule

Steel Angle Size	No Story Above	One Story Above	Two Stories Above
3 1/2 x 3 1/2 x 1/4	6'-0"	4'-6"	3'-0"
4 x 3 x 1/4	8'-0"	6'-0"	4'-6"
5 x 3 1/2 x 5/16	10'-0"	8'-0"	6'-6"
(2) 6 x 3 1/2 x 5/16	20'-0"	12'-0"	9'-6"

- Soil
- 1 Soil Bearing to be minimum 2000 PSF

Approved
RSG
11/17/14

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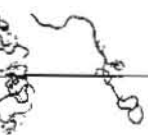
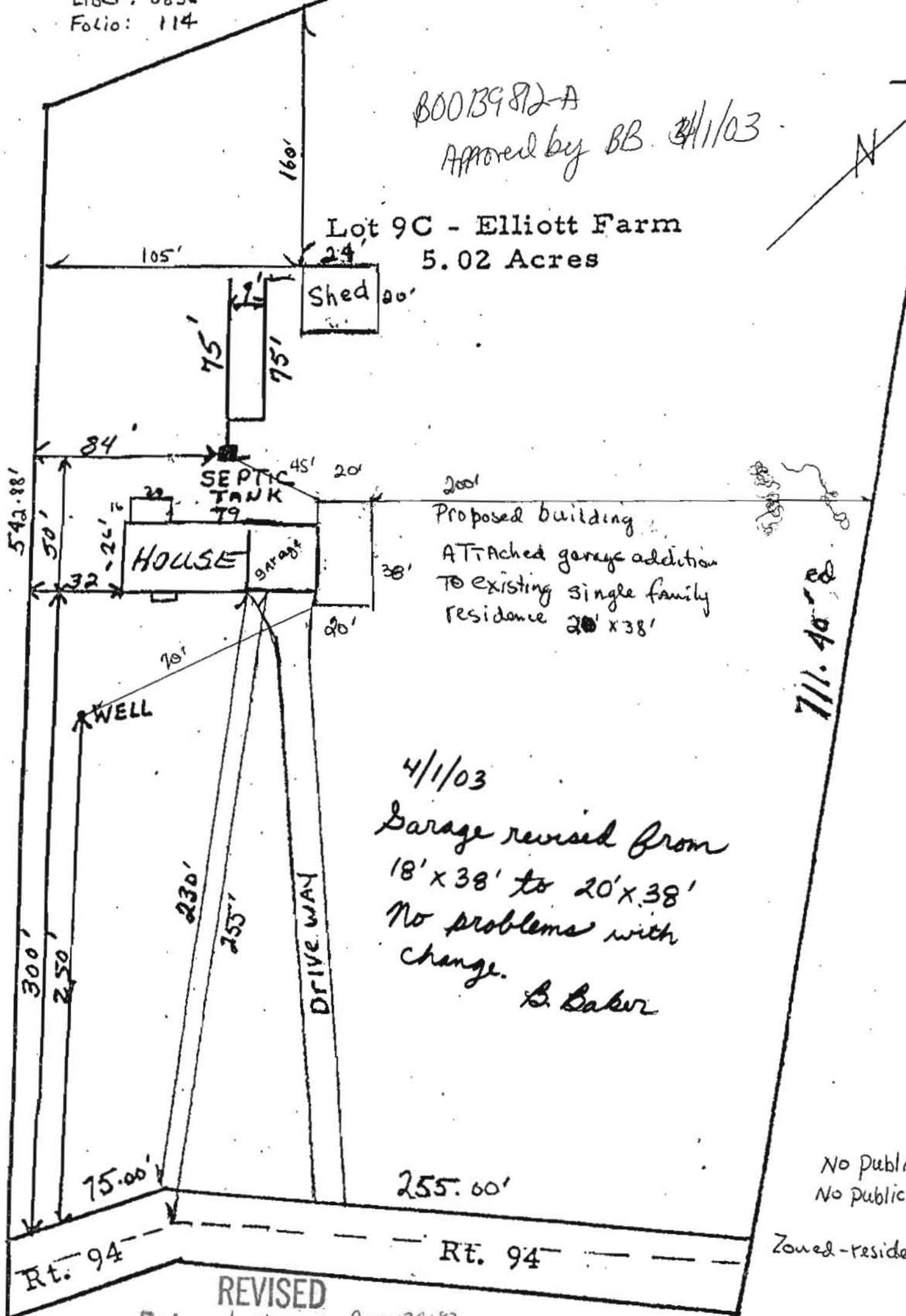
PARCEL 58
#3620 Route 94
Howard County
4th Election District

Recorded in
Liber: 0836
Folio: 114

420.00'

B0013982-A
Approved by BB. 4/1/03

Lot 9C - Elliott Farm
5.02 Acres



4/1/03
Garage revised from
18' x 38' to 20' x 38'
No problems with
change.
B. Baker

No public
No public
Zoned-residen

Rt. 94

Rt. 94

REVISED

Date: 3/27/03 B-00139182
3620 Woodbine Rd.

Comments: Enlarge Deck

AMENDED