



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.: B17003243

Building Address: 14671 VIBURUM DRIVE
City: DAYTON State: MD Zip Code: 21036
Sulte/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 20
Tax Map: 27 Parcel: 22 Grid: 16
Zoning: _____ Map Coordinates: _____ Lot Size: 18 ACRES

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 6000

Description of Work: _____

INSTALL (2) UNDERGROUND PROPANE TANKS

1000 gal

Occupant/Tenant Name: OWNER

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

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:
	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:
➤ 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

Property Owner's Name JONATHAN & ROSANNE CALURE
Address: 5227 SWEET MEADOW LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: MICHELLE CLANCY
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TEVIS OIL
Contact Person: C NEVIN HAINES
Address: 1618 N. MAIN STREET
City: HAMPSTEAD State: MD Zip Code: 21074
License No.: 468
Phone: 410-239-9515 Fax: _____
Email: _____

Engineer/Architect Company: N/A

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Utilities
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" 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 checked="" type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

RECEIVED
AUG 30 2017
LICENSES & PERMITS
DIVISION

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: _____

MICHELLE@APPLIEDANDAPPROVED.COM

Email Address

PERMITS

Title/Company

Print Name MICHELLE CLANCY

Date 8/28/17

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	9/8/17	K-14

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 10000

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

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.: P17000327

Building Address: 14671 Lakeside Dr
City: Dallas State: TX Zip Code: 75240
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Kalmar Forest
Section: 27 Area: _____ Lot: _____
Tax Map: 27 Parcel: 22 Grid: 16
Zoning: _____ Map Coordinates: _____ Lot Size: 18,136 sq ft
Existing Use: Office/Industrial (10% form)
Proposed Use: _____
Estimated Construction Cost: \$ 1,000,000
Description of Work: _____
Occupant/Tenant Name: Jones & Jones Inc.
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: Midway Construction, Inc.
Contact Person: Paula Williams
Address: 7500 S. 1st St. #101
City: Midway State: MD Zip Code: 21041
License No.: 12
Phone: 410-955-1677 Fax: 410-955-1640
Email: pw@midwayconstruction.com

Engineer/Architect Company: Walter E. Jones
Responsible Design Prof.: Thomas E. Jones
Address: 7700 S. 10th St. Suite 100
City: Phoenix, AZ State: Arizona Zip Code: 85041
Phone: 602-998-1111 Fax: 602-998-1110
Email: T.E.Jones@wej.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:
Area of construction (sq. ft.):	Basement:
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Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 1
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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:
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	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

<u>Utilities</u>		
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<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		
<u>Heating System</u>		
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other:		
<u>Sprinkler System:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
* Grading Permit Number:		
Building Shell Permit Number:		

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Applicant's Signature

Print Name _____

Email Address _____

Date _____

Title/Company	Address	City	State	Zip	Phone	Fax	E-mail
Title/Company	Address	City	State	Zip	Phone	Fax	E-mail

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/1/17	H. Oswald

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

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Rear:	
Side:	
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All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ 150.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 1016

Distribution of Copies: White: Building Officials

Green: PSZA Zoning

Yellow: PSZA.Engineering -

Pink: Health

Gold: SHA

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, October 10, 2017 1:46 PM
To: 'PAUL@MUELLERHOMES.COM'
Subject: B17003560_14671 Viburnum Drive_Pool House Floor Plans

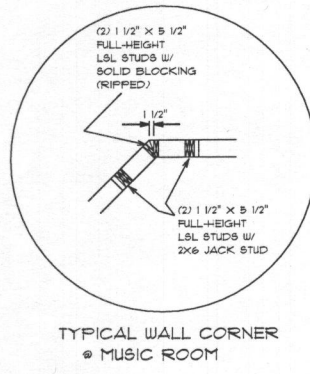
Hi Paul:

At your earliest convenience, would you forward a copy of the pool house floor plans for building permit # B17003560 (14671 Viburnum Drive).

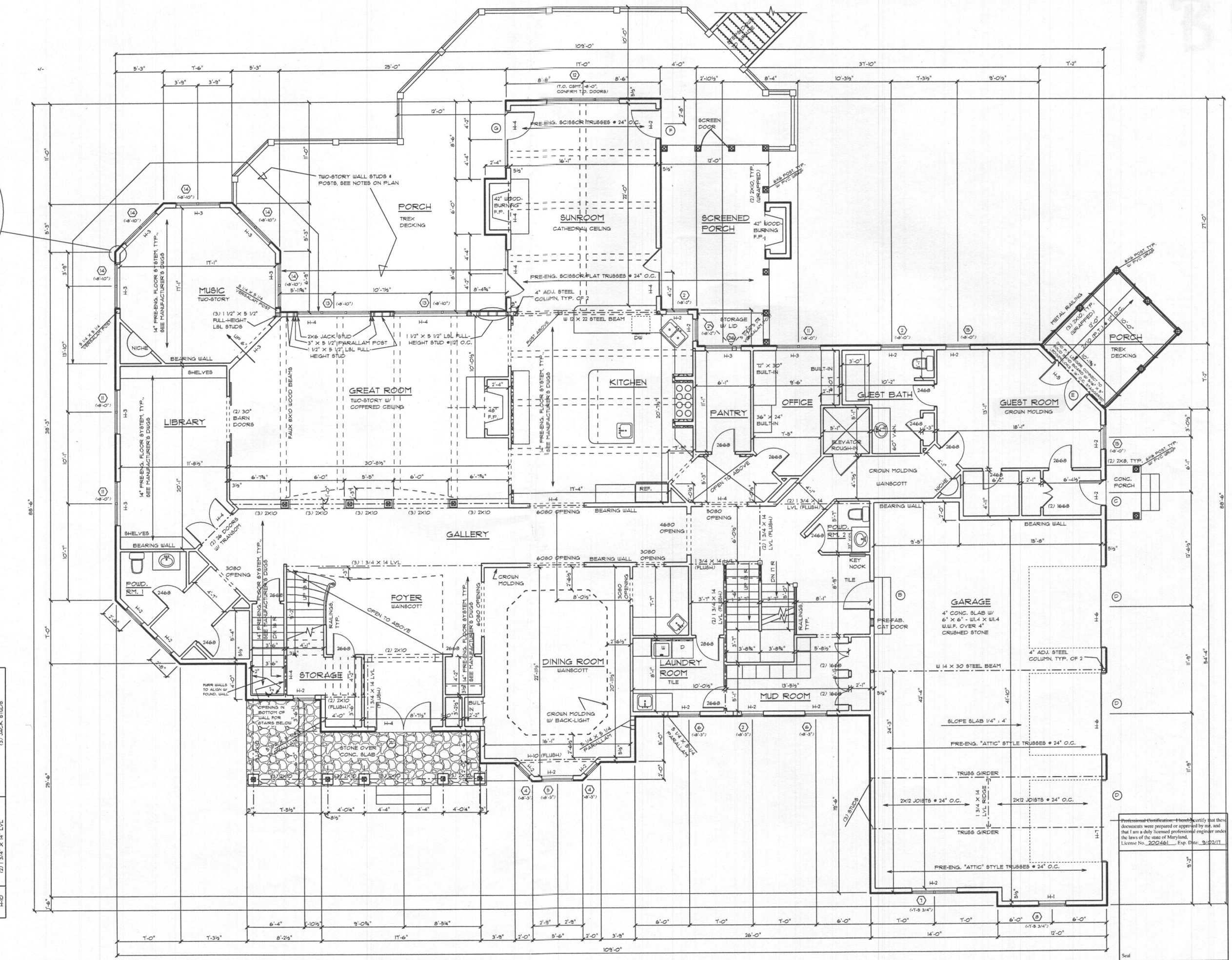
Thank you,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

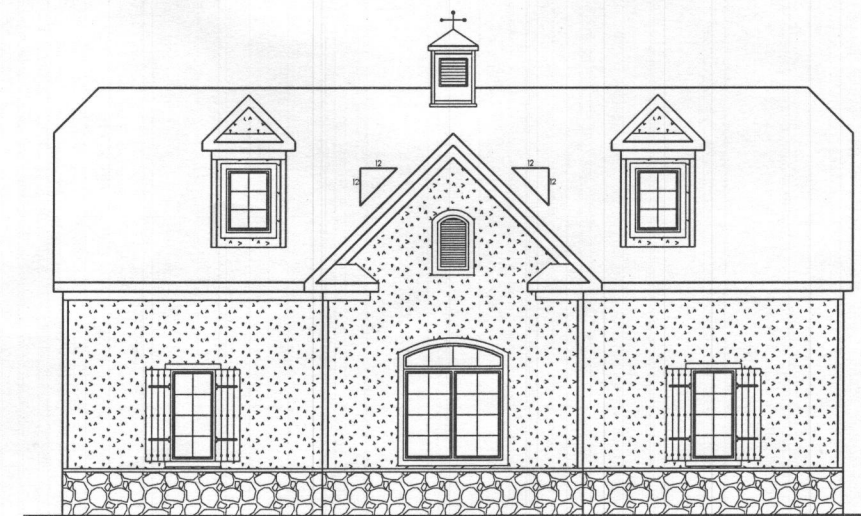
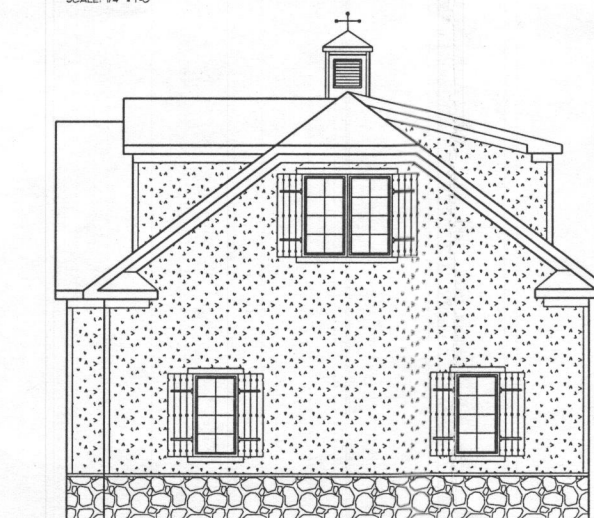
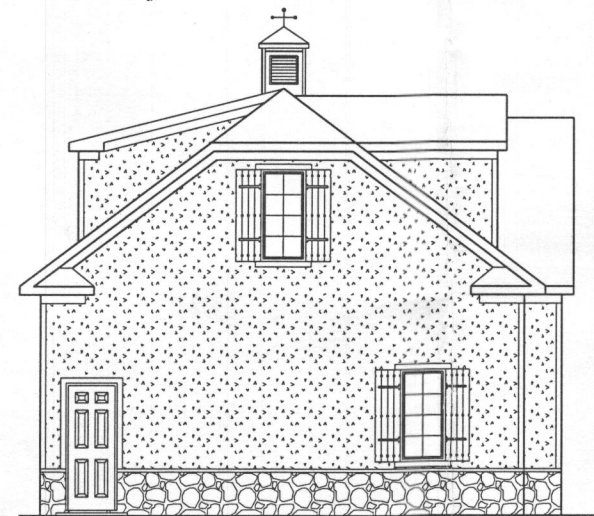
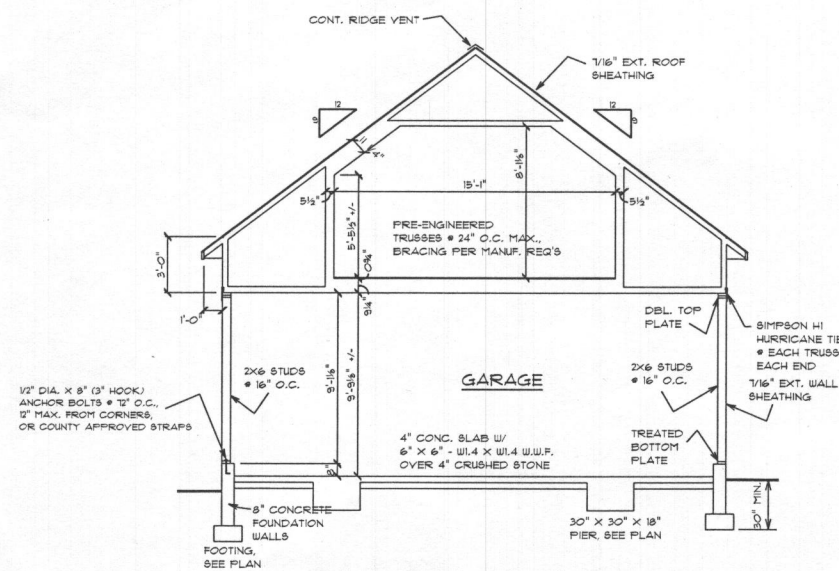
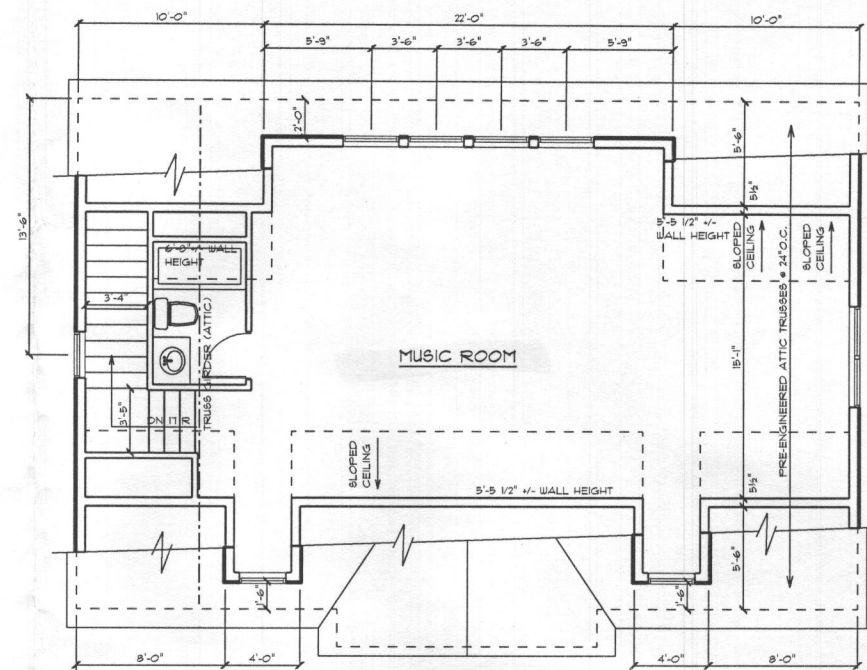
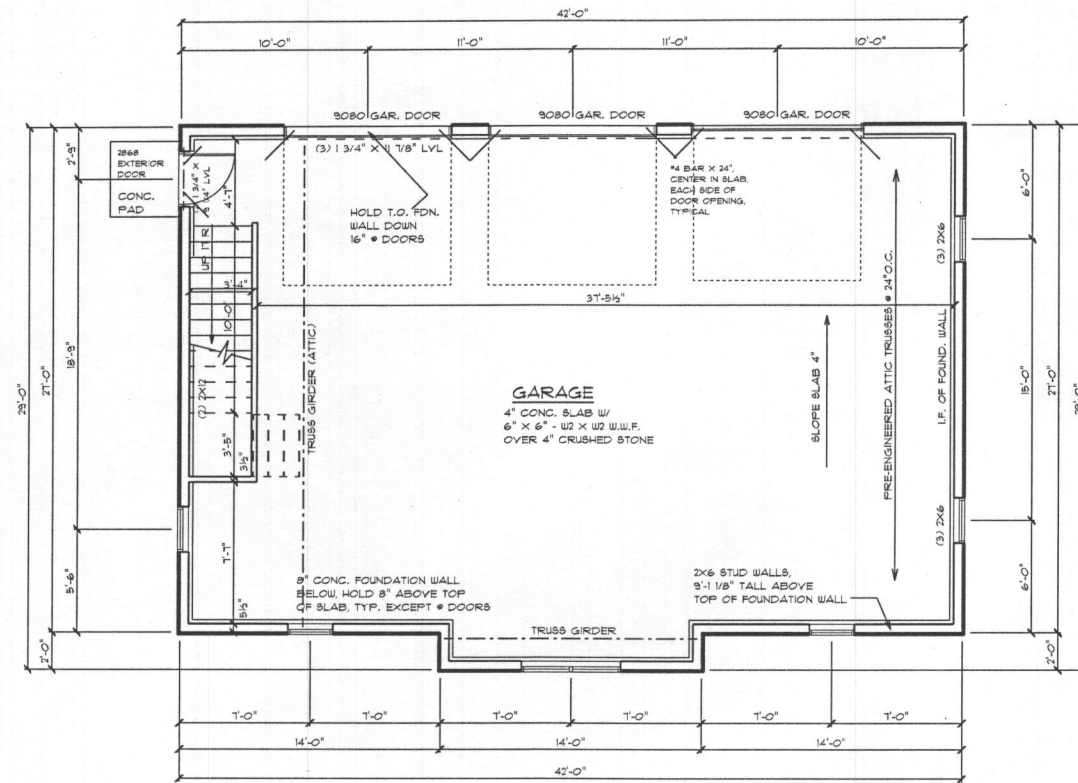


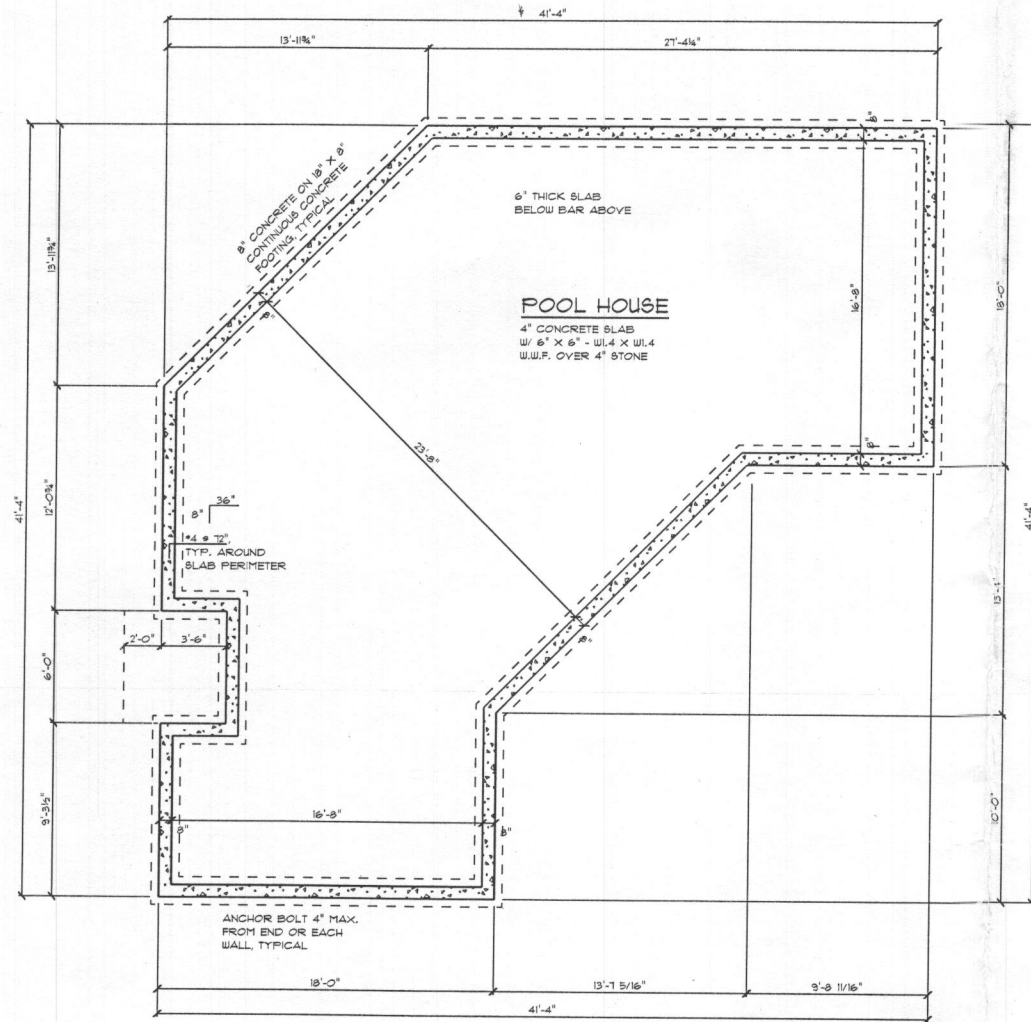
HEADER SCHEDULE	
MARK	SIZE
H-1	WALL CBL TOP PLATE
H-2	(1) JACK STUD
H-3	(3) 2x6
H-4	(2) JACK STUD
H-5	(3) 2x10
H-6	(3) 2x12
H-7	(3) 1 3/4" X 5 1/4" LVL
H-8	(3) JACK STUDS
H-9	(3) 1 3/4" X 5 1/4" LVL
H-10	(2) 1 3/4" X 5 1/4" LVL
H-11	(2) 1 3/4" X 5 1/4" LVL
H-12	(2) 1 3/4" X 5 1/4" LVL
H-13	(2) 1 3/4" X 5 1/4" LVL
H-14	(2) 1 3/4" X 5 1/4" LVL
H-15	(2) 1 3/4" X 5 1/4" LVL
H-16	(2) 1 3/4" X 5 1/4" LVL
H-17	(2) 1 3/4" X 5 1/4" LVL
H-18	(2) 1 3/4" X 5 1/4" LVL
H-19	(2) 1 3/4" X 5 1/4" LVL
H-20	(2) 1 3/4" X 5 1/4" LVL



Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the state of Maryland, License No. 222461, Exp. Date 9/30/21.

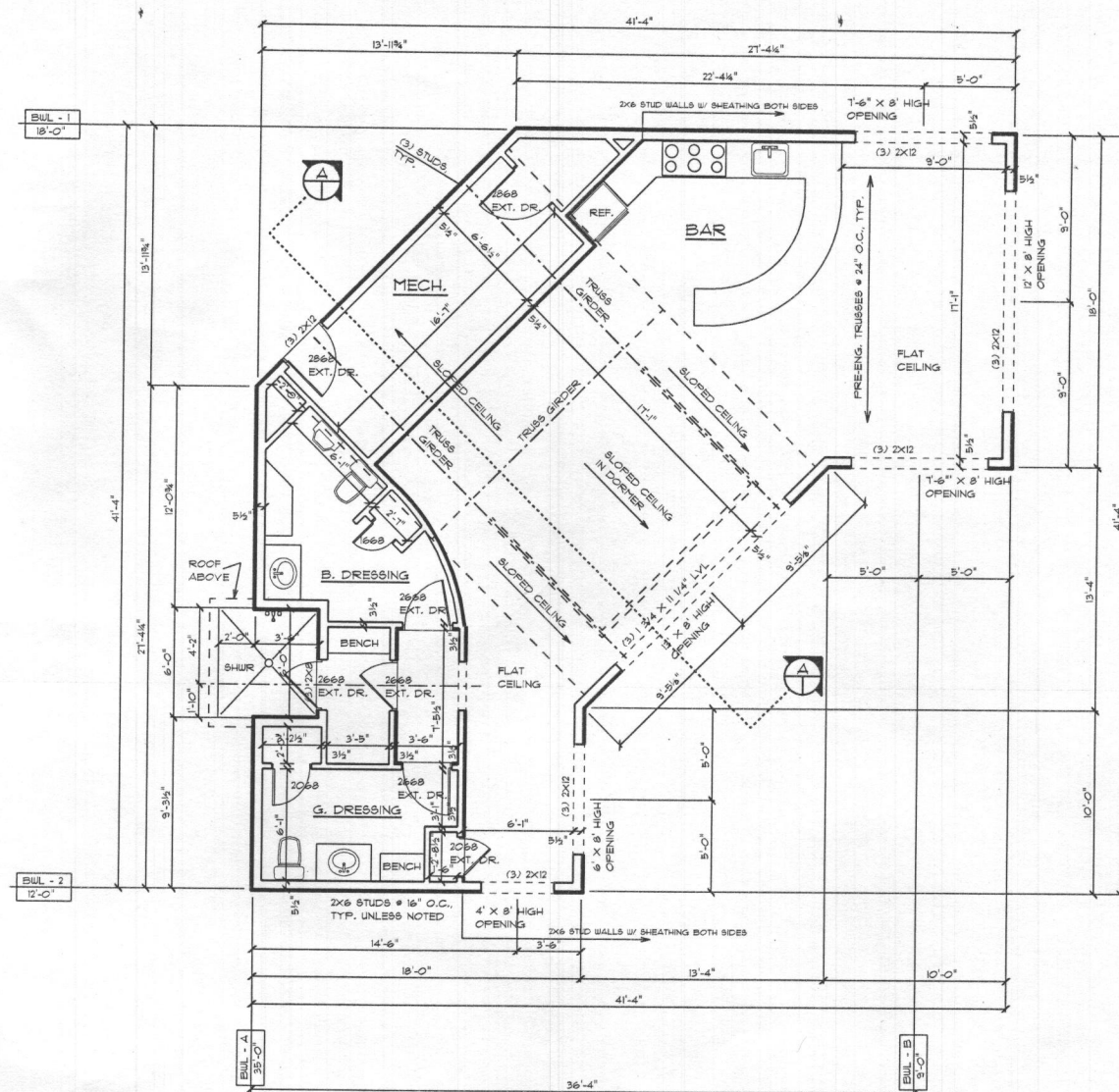
FIRST FLOOR PLAN





POOL PAVILION FOUNDATION PLAN

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



POOL PAVILION FLOOR PLAN

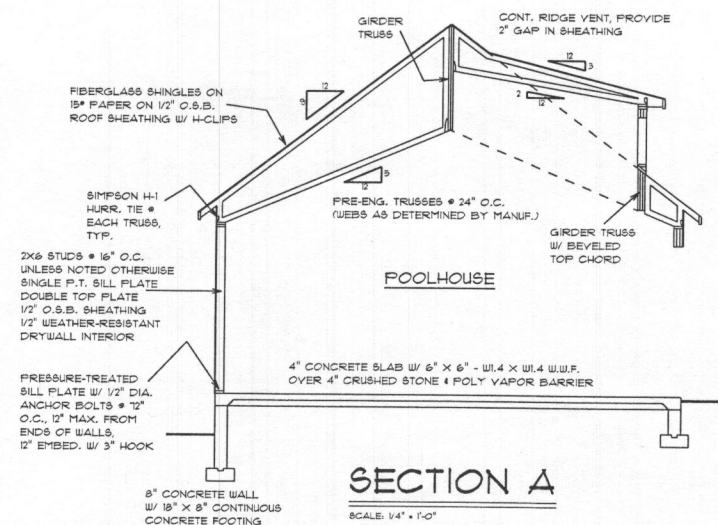
SCALE: 1/4" = 1'-0"

MAIN PLAN NOTES:

1. BEARING WALL HEIGHT = 9'-1 1/8" ABOVE TOP OF SLAB.

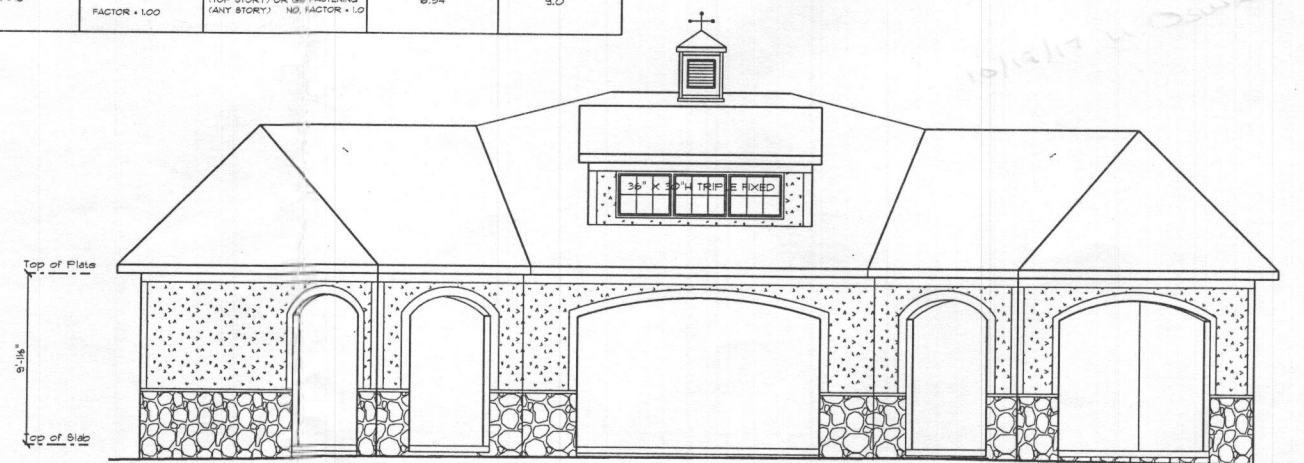
14671 Viburnum Dr.

BRACED WALL LINE (BULL-X)	STORY LOCATION	SPACING (feet)	MINIMUM LENGTH REQUIRED (feet) (per Table 602.10.3(1))	ADJUSTMENT FACTORS (per Table 602.10.3(2))	ADJUSTED MINIMUM LENGTH REQUIRED (feet)	ACTUAL LENGTH PROVIDED (feet)
FIRST FLOOR	1	BOTTOM OF ONE-STORY	41.33	6.20	6.20	18.0
	2	BOTTOM OF ONE-STORY	41.33	6.20	6.20	12.0
	A	BOTTOM OF ONE-STORY	36.33	5.45	5.45	35.0
	B	BOTTOM OF ONE-STORY	36.33	5.45	5.45	9.0



SECTION A

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



POOL PAVILION DIAGONAL ELEVATION

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

PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.
LICENSE NO. 200461 EXPIRATION DATE: 9/02/18

GENERAL NOTES

GENERAL:

1. ALL CONSTRUCTION SHALL CONFORM TO THE 2015 INTERNATIONAL BUILDING CODE, 2015 INTERNATIONAL RESIDENTIAL CODE, & ALL APPLICABLE SUPPLEMENTS.
2. THE DESIGN LIVE LOADS ARE AS FOLLOWS:

ROOF	30 PSF (TOP CHORD FOR TRUSSES)
	10 PSF (BOTTOM CHORD OF TRUSSES)
2nd FLOOR	30 PSF
1st FLOOR	40 PSF
STAIRS	40 PSF
INACCESSIBLE ATTIC	10 PSF
ACCESSIBLE ATTIC	20 PSF
WIND	90 MPH 3-sec GUST
3. THE DESIGN DEAD LOADS ARE AS FOLLOWS:

FRAMED FLOORS	10 PSF
FRAMED ROOF	10 PSF
4. THE CONTRACTOR SHALL NOT STORE ANY MATERIALS ON NEW FRAMING WHICH WILL EXCEED THE DESIGN VALUES SHOWN ABOVE.
5. THE STABILITY OF THE STRUCTURE IS DEPENDENT UPON THE DIAPHRAGM ACTION OF THE FLOORS AND ROOF. THE FRAMING CONTRACTOR IS RESPONSIBLE FOR ALL BRACING, SHORING, ETC. REQUIRED THROUGHOUT THE CONSTRUCTION PHASE.
6. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR VERIFYING THE LOCATION OF ALL UTILITIES IN THE VICINITY OF CONSTRUCTION. ANY DAMAGE TO EXISTING UTILITIES SHALL BE REPAIRED.
7. THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO CONSTRUCTION.
8. ALL PHASES OF CONSTRUCTION SHALL BE INSPECTED BY LOCAL ORDINANCES AS REQUIRED.
9. ALL PRE-ENGINEERED FLOOR AND OR ROOF SYSTEMS SHALL BE DESIGNED BY A LICENSED STRUCTURAL ENGINEER LICENSED IN THE STATE OF MARYLAND. SHOP DRAWINGS FOR SUCH ITEMS SHALL BE PROVIDED 4 WEEKS IN ADVANCE, FOR VERIFICATION AND COORDINATION WITH THESE PLANS.
10. PROVIDE TRANSITION STRIPS AT ALL CHANGES IN FLOORING MATERIAL.
11. ALL CLOSETS SHALL HAVE THE SAME FINISH AS ADJACENT ROOM OR AREA.
12. PROVIDE 22 1/2" X 30" ATTIC ACCESS W/ SWITCHED LIGHT, UNLESS NOTED OTHERWISE.
13. PROVIDE PLUMBING FIXTURE ACCESS PANEL AT EACH TUB AND SHOWER.
14. PROVIDE SOFFIT VENTS, RIDGE VENTS, OR GABLE VENTS AS SHOWN ON THESE DRAWINGS. MAINTAIN MINIMUM 1/300 FREE VENTILATION FOR HORIZONTALLY PROJECTED ROOF AREA. INSTALL PLASTIC OR CARDBOARD BAFFLES IN EACH TRUSS / RAFTER BAY TO MAINTAIN AIR FLOW.
15. MECHANICAL, ELECTRICAL, AND PLUMBING CONTRACTORS SHALL SEAL ALL PENETRATIONS IN FLOORS AND EXTERIOR WALLS CAUSED BY THEIR TRADES.
16. FRAMING CONTRACTOR SHALL SEAL ALL BUTT JOINTS AND PLATES AT FLOORS, CEILINGS, WINDOWS, DOOR FLANGES, AND JAMBS.
17. SLOPE ALL PORCHES, PATIOS ON GRADE, AND GARAGE SLABS 1/8" IN 12" AWAY FROM STRUCTURE.
18. CHIMNEYS SHALL EXTEND A MINIMUM OF 2' ABOVE ANY ROOF WITHIN 10 FEET, BUT NOT LESS THAN 3' AT POINT OF ROOF PENETRATION.
19. PROVIDE A GFI RECEPTACLE AT OUTSIDE CONDENSING UNIT.

FOUNDATION:

1. DO NOT BACKFILL AGAINST FOUNDATION WALLS UNTIL FIRST FLOOR DECKING IS IN PLACE AND COMPLETE.
2. EXCAVATION SHALL BE SUFFICIENT TO PROVIDE FULL DESIGN DIMENSIONS OR TO ALLOW FORMING AS REQUIRED.
3. ALL FOOTINGS SHALL BE CAST ON VIRGIN SOIL. ALL SOFT OR FROZEN SOIL SHALL BE REMOVED.
4. THE BOTTOM OF ALL FOOTINGS SHALL BE 30" BELOW FINISHED GRADE, MINIMUM.
5. ALL FOOTINGS HAVE BEEN DESIGNED FOR AN ASSUMED ALLOWABLE SOIL BEARING PRESSURE OF 2000 PSF. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE SOIL CAPACITY.
6. FOR BACKFILL AND COMPACTION USE ONLY CLEAN EARTH CONTAINING NO ORGANIC MATTER, GRADED DOWN AWAY FROM THE STRUCTURE. ALL FILL BENEATH STRUCTURE SHALL BE COMPACTED TO 90% DENSITY AS PER ASTM D1557 METHOD D.

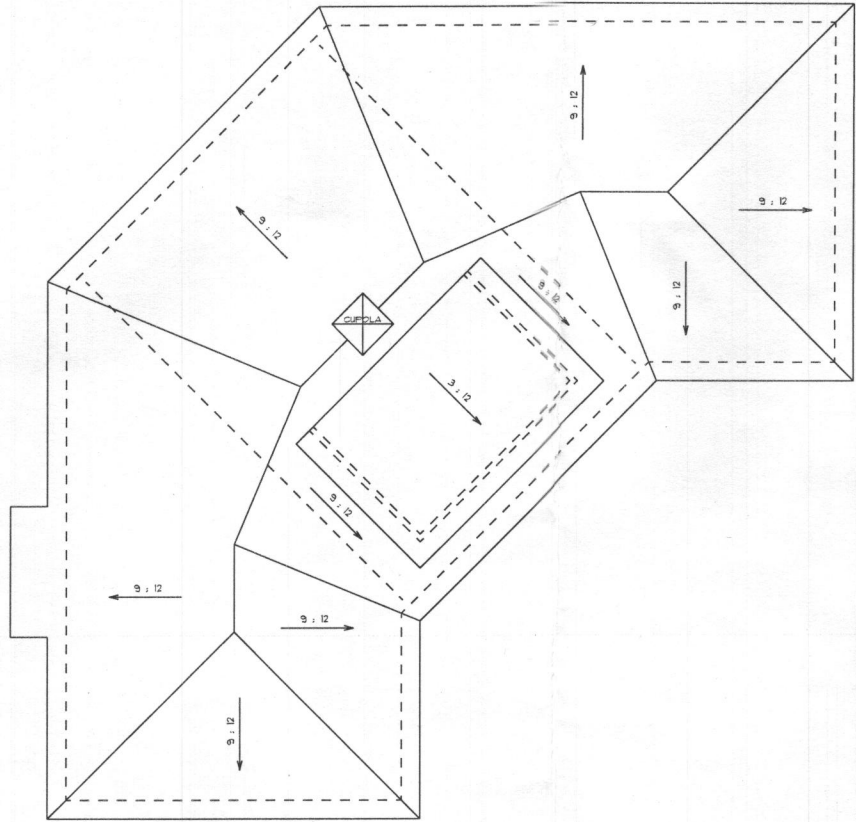
CONCRETE:

1. ALL CONCRETE WORK SHALL CONFORM TO ACI 318 - 14, BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE.
2. ALL CONCRETE SHALL BE STONE AGGREGATE CONCRETE HAVING A MINIMUM 28-DAY COMPRESSIVE STRENGTH OF 3,000 PSI, EXCEPT EXTERIOR SLAB ON GRADE SHALL BE 4,000 PSI.
3. ALL CONCRETE EXPOSED TO EARTH OR WEATHER, EXCEPT FOOTING, SHALL HAVE AN AIR-ENTRAIMENT OF 5% +/- 1%.
4. NO ADMIXTURES CONTAINING CALCIUM CHLORIDE SHALL BE PERMITTED.
5. MAXIMUM SLUMP SHALL BE 5". MAXIMUM AGGREGATE SIZE SHALL BE 1".
6. ALL REINFORCING BARS SHALL CONFORM TO ASTM A-615 GRADE 60. WELDED WIRE FABRIC SHALL CONFORM TO ASTM A-185.
7. ALL FORMWORK DESIGN IS THE RESPONSIBILITY OF THE CONTRACTOR.

WOOD:

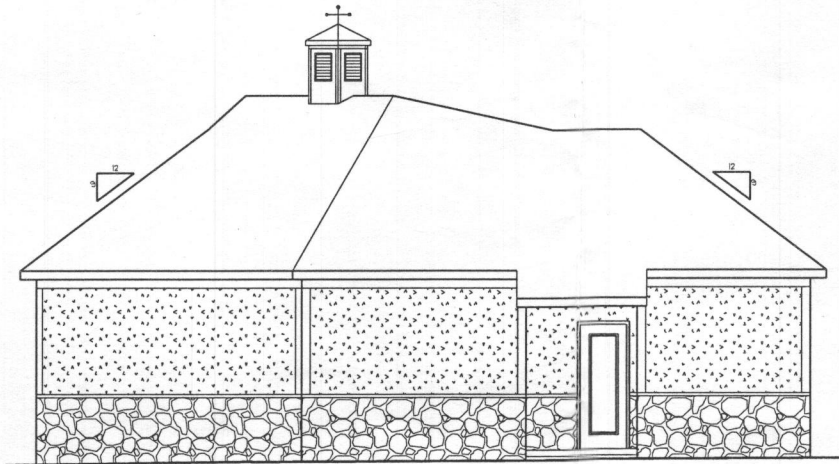
1. ALL LUMBER SHALL BE STAMPED IN ACCORDANCE W/ THE "CONSTRUCTION MANUAL" OF THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION.
2. PRESSURE TREATED WOOD IS TO MEET AMERICAN WOOD PRESERVERS INSTITUTE STANDARD LP-2 OR LP-4.
3. PROVIDE DOUBLE JOISTS BELOW ALL PARALLEL PARTITIONS OVER 5' IN LENGTH.
4. ALL LVL (LAMINATED VENEER LUMBER) OR PARALLAM SHALL HAVE THE FOLLOWING MINIMUM PROPERTIES:

F _b	2,700 PSI
F _v	285 PSI
E	2,000,000 PSI
5. ALL LUMBER SHALL BE SURFACED DRY W/ A MAXIMUM OF 19% MOISTURE CONTENT.
6. ALL LUMBER SHALL BE #2 OR BETTER.
7. ALL LUMBER FOR JOISTS (EXCEPT PRE-ENGINEERED) SHALL BE HEM-FIR, OR EQUAL, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b = 900 PSI F_v = 15 PSI E = 1,300,000 PSI
8. ALL LUMBER FOR STUDS SHALL BE SPRUCE-PINE-FIR.
9. ALL PLATES IN CONTACT W/ CONCRETE OR MASONRY SHALL BE PRESSURE-TREATED.
10. ALL PRE-ENGINEERED JOIST OR ROOF SYSTEMS SHALL BE DESIGNED BY MANUFACTURER, AND BRACED ACCORDING TO THE MANUFACTURER'S RECOMMENDATIONS.
11. IN ADDITION TO MANUFACTURER'S BRACING FOR ROOF TRUSSES, PROVIDE 2X4 DIAGONAL BRACING



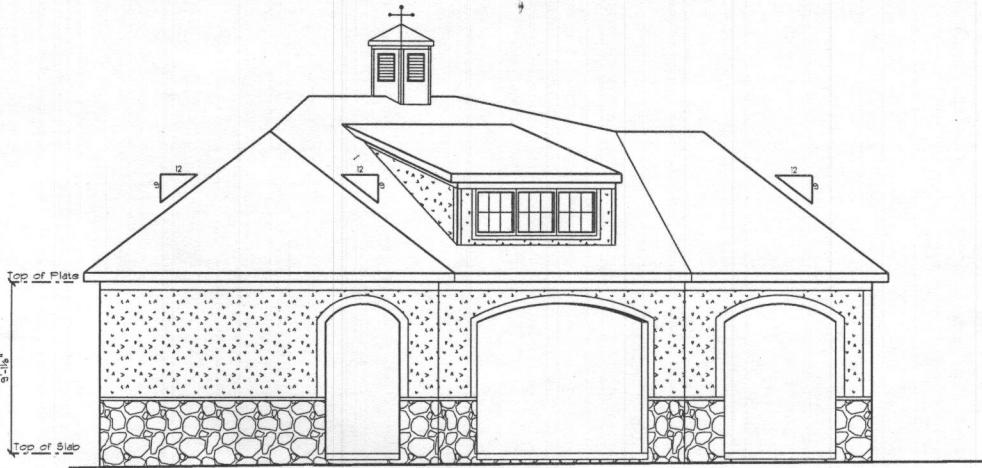
POOL PAVILION ROOF PLAN

SCALE: 1/4" = 1'-0"
PROVIDE ALL FLASHING & ICE GUARDS WHERE REQUIRED.



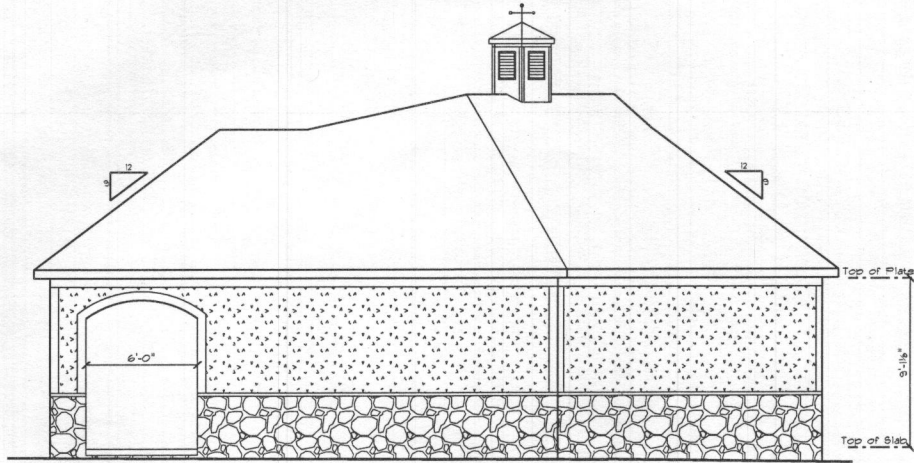
POOL PAVILION LEFT ELEVATION

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



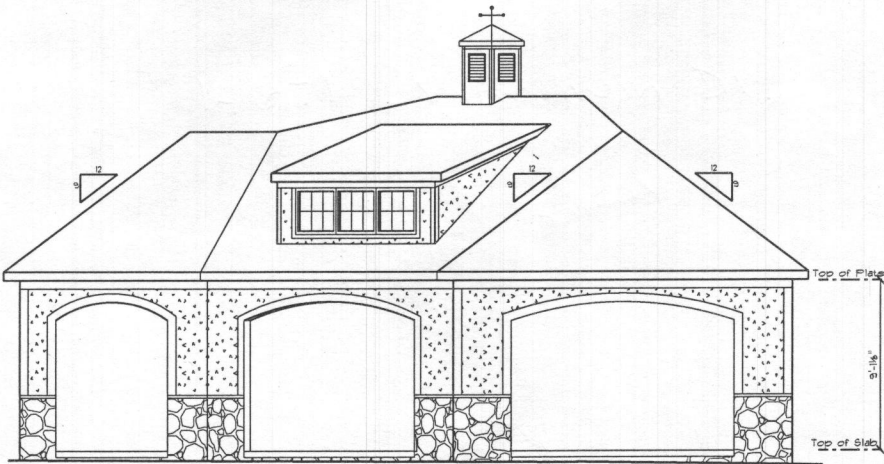
POOL PAVILION FRONT ELEVATION

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



POOL PAVILION REAR ELEVATION

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

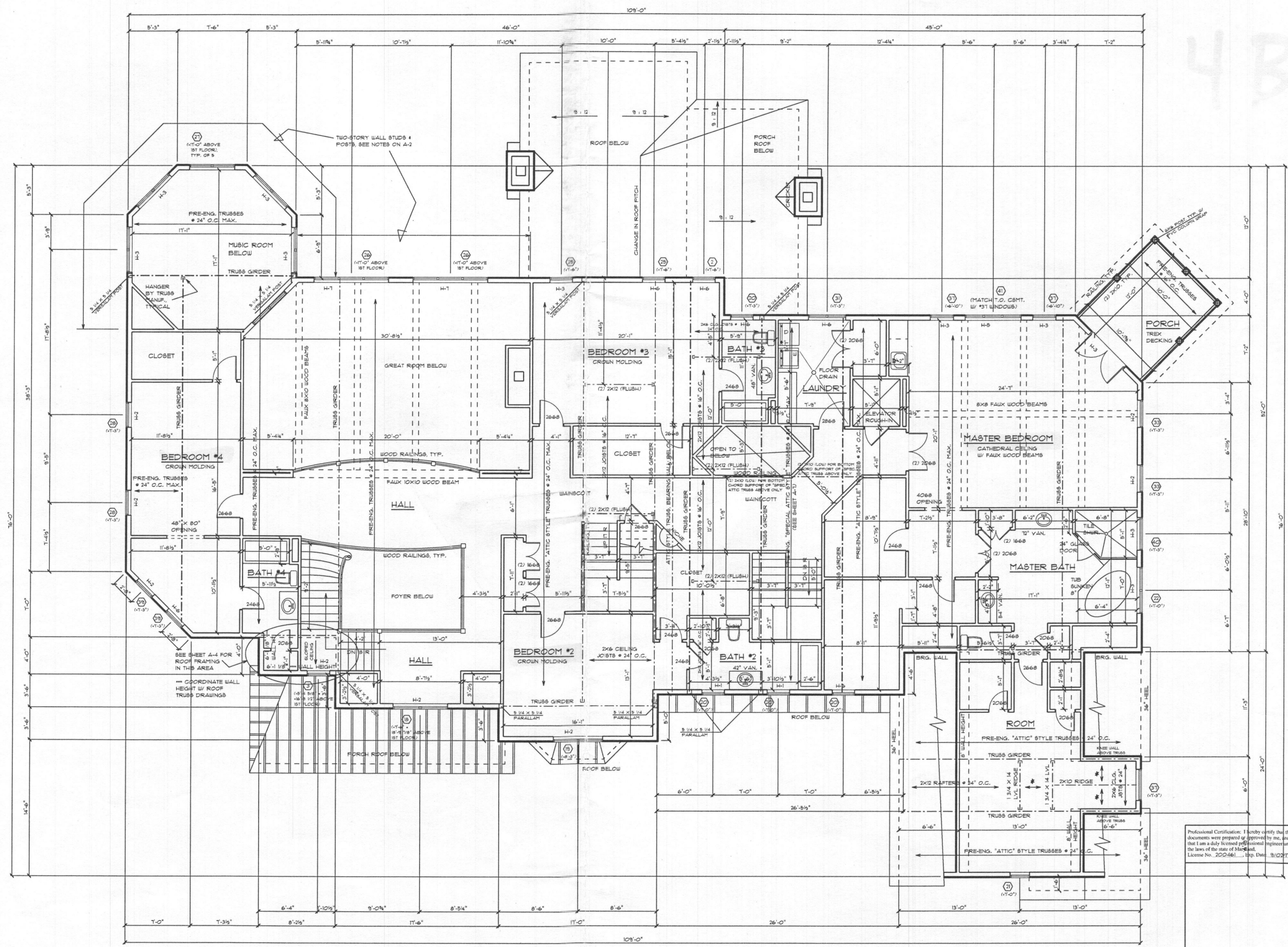


POOL PAVILION RIGHT ELEVATION

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

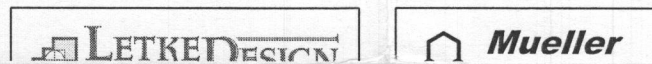
PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.
LICENSE NO.: 202461 EXPIRATION DATE: 9/02/25

4 BR



HEADER SCHEDULE		
MARK	SIZE	JACK STUDS (PLUS (1) KING STUD) EACH END, UNLESS NOTED OTHERWISE ON PLAN
H-1	WALL DBL TOP PLATE	(1) JACK STUD
H-2	(3) 2x6	(1) JACK STUD
H-3	(3) 2x8	(1) JACK STUD
H-4	(3) 2x10	(2) JACK STUDS

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
AREA: 4,320 +/- S.F. (FINISHED)



DATE	SUBMISSION
3/22/16	PRELIMINARY

Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the state of Maryland.
License No. 200461 Exp. Date: 9/02/17

LDE INC.
Historic Carriage House
7520 Main Street
Suite 203
Sykesville, MD 21784

LETTER OF TRANSMITTAL
2738

TO HOWARD CO. HEALTH DEPT. / ENW. HEALTH
8930 STANFORD BLVD.
COLUMBIA, MD 21045

DATE	2/15/17	JOB NO	
ATTENTION	HANK OSWALD		
RE:	KALMIA FARMS		
	SECTION 2 LOT 20		
	B#17000327		

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via DIRECT SUBMITAL the following items:

- ☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☒ Copy of letter ☐ Change order ☐

COPIES	DATE	NO.	DESCRIPTION
3		2	REVISED PLANS

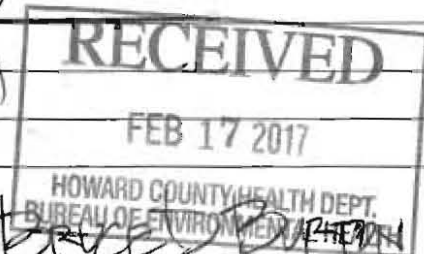
THESE ARE TRANSMITTED as checked below:

- ☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐
☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

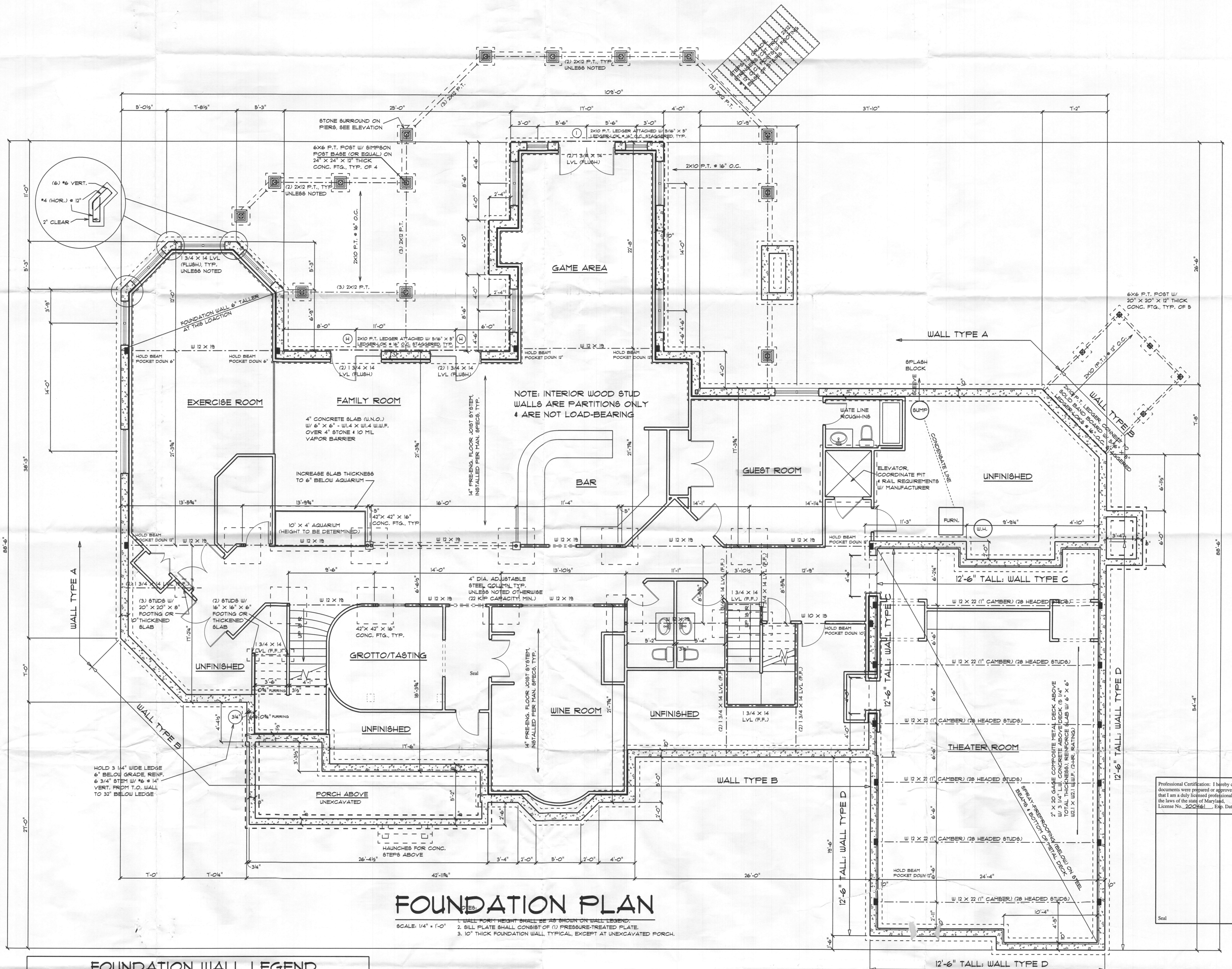
REC. BY

[Signature]



COPY TO MUELLER HOMES

SIGNED: *[Signature]*



FOUNDATION WALL LEGEND	
WALL TYPE A	10" THICK CONCRETE WALL W/ VERTICAL #6 @ 12" O.C. (CENTERED) FULL HEIGHT, #6 DOUGL. FROM FOOTING AT EACH VERTICAL BAR, #5 HORIZONTAL @ 16" O.C., 10" THICK X 20" WIDE FOOTING REINFORCED W/ (2) #4 CONTINUOUS #4 @ 32" O.C. TRANSVERSE
WALL TYPE B	10" THICK CONCRETE WALL W/ VERTICAL #6 @ 24" O.C. (CENTERED) FULL HEIGHT, #6 DOUGL. FROM FOOTING AT EACH VERTICAL BAR, #5 HORIZONTAL @ 16" O.C., 10" THICK X 20" WIDE FOOTING REINFORCED W/ (2) #4 CONTINUOUS #4 @ 32" O.C. TRANSVERSE
WALL TYPE C	10" THICK CONCRETE WALL W/ VERTICAL #6 @ 24" O.C. (CENTERED) FULL HEIGHT, #6 DOUGL. FROM FOOTING AT EACH VERTICAL BAR, #5 HORIZONTAL @ 16" O.C., 10" THICK X 24" WIDE FOOTING REINFORCED W/ (3) #4 CONTINUOUS #4 @ 24" O.C. TRANSVERSE
WALL TYPE D	10" THICK CONCRETE WALL W/ VERTICAL #6 @ 14" O.C. (CENTERED) FULL HEIGHT, #6 DOUGL. FROM FOOTING AT EACH VERTICAL BAR, #5 HORIZONTAL @ 16" O.C., 10" THICK X 32" WIDE FOOTING REINFORCED W/ (3) #4 CONTINUOUS #4 @ 12" O.C. TRANSVERSE



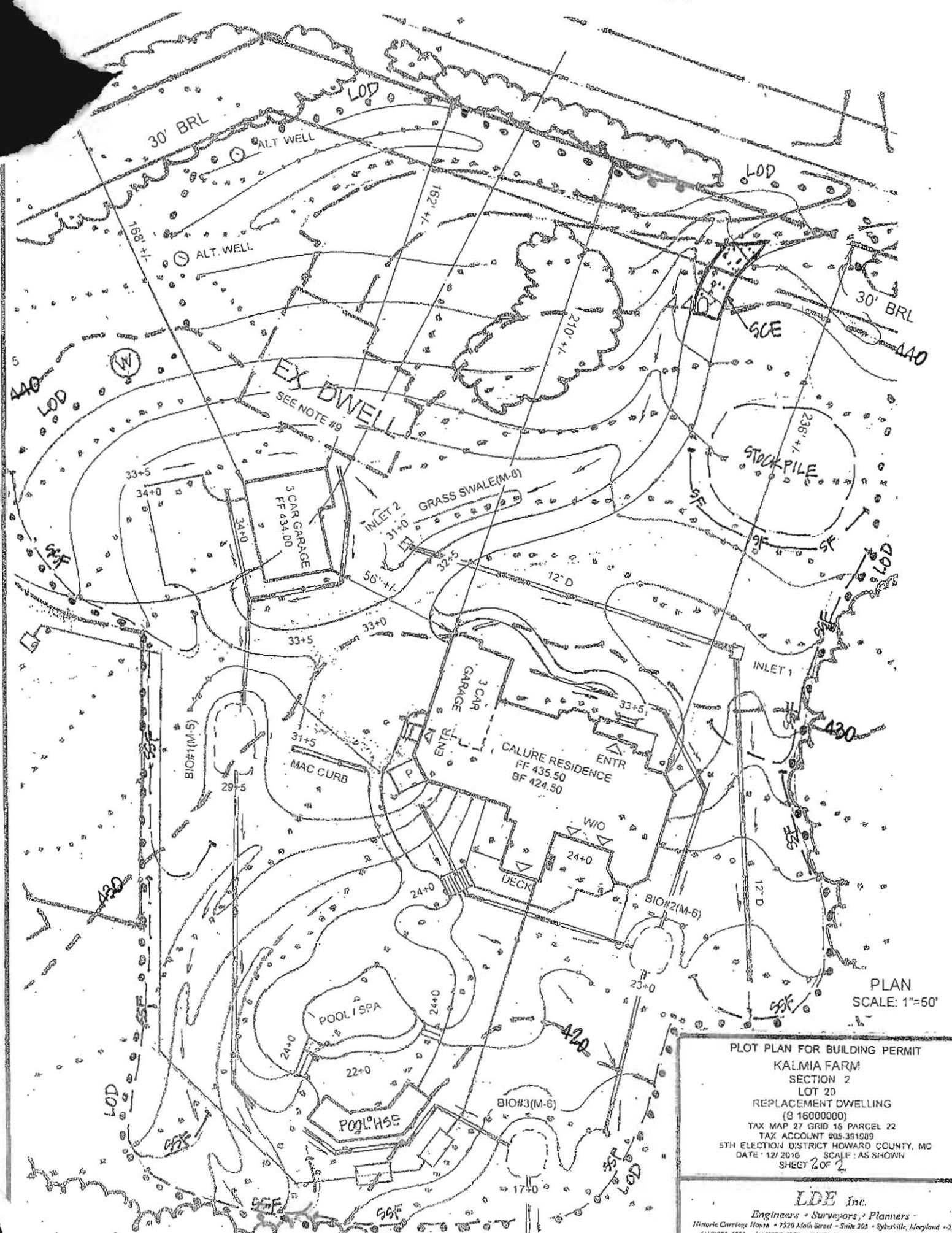
CALURE RESIDENCE
DAYTON, MD

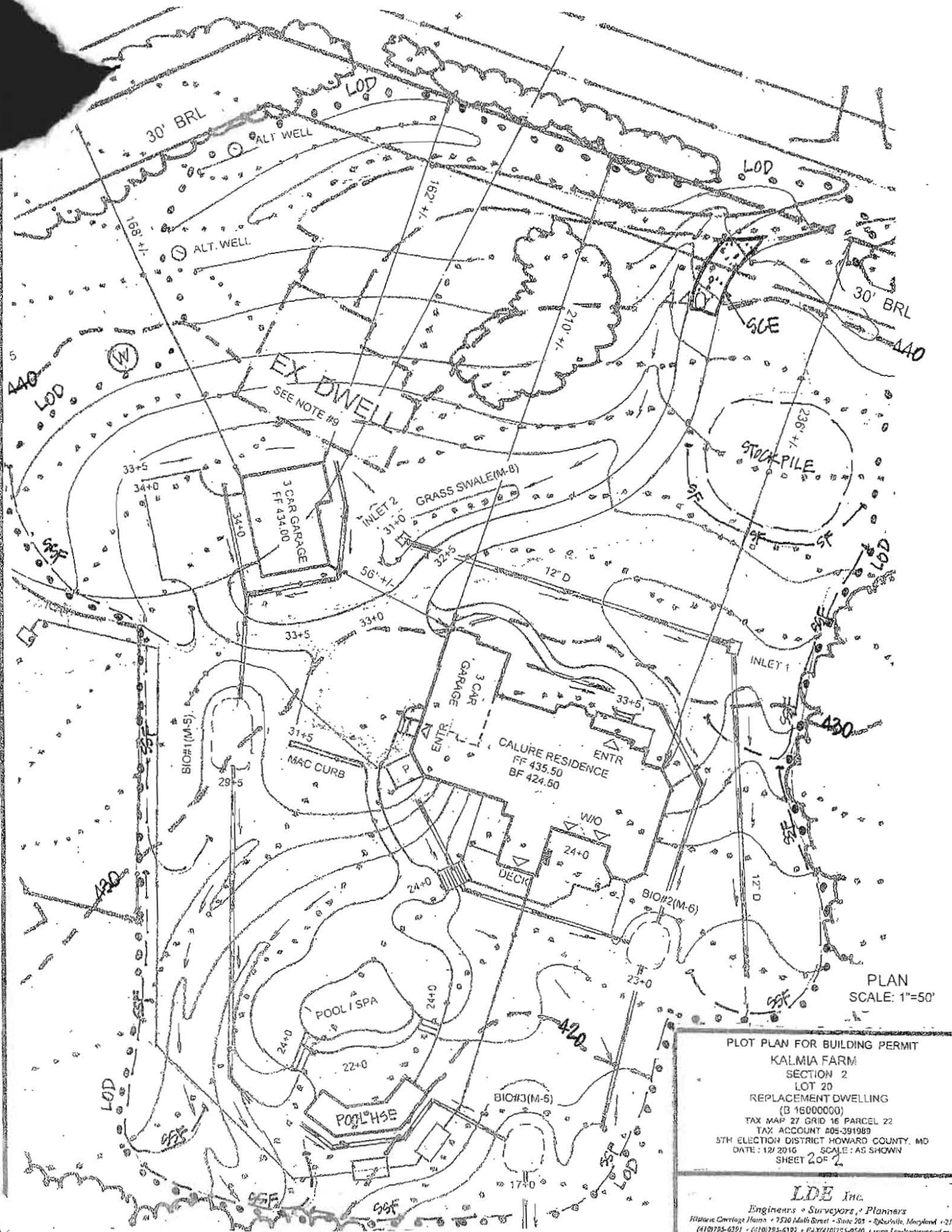
DATE	SUBMISSION
3/22/16	PRELIMINARY
8/15/16	REDESIGN PROGRESS
12/9/16	CONTRACT SET
12/30/16	PERMIT SET
1/25/17	PERMIT SET

A-1

FORWARDED TO
HEALTH DEPT
RE PERMIT LAYOUT
14671 VETERAN DRIVE
HEALTH DEPT COPY

#B17000327





PLAN
SCALE: 1"=50'

PLOT PLAN FOR BUILDING PERMIT
KALMIA FARM
SECTION 2
LOT 20
REPLACEMENT DWELLING
(B 16000000)
TAX MAP 27 GRID 16 PARCEL 22
TAX ACCOUNT #05-391989
5TH ELECTION DISTRICT HOWARD COUNTY, MD
DATE: 1/2/2016 SCALE: AS SHOWN
SHEET 2 OF 2

LDE Inc.
Engineers • Surveyors • Planners
Historic Carriage House • 7510 Multi Street • Suite 201 • Sykesville, Maryland • 21
(410)793-6191 • (410)793-6192 • FAX (410)793-6510 • www.LandSurveyandCo.com

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, February 09, 2017 8:42 AM
To: 'Paul Mueller Jr.'
Cc: bb121658@gmail.com
Subject: RE: B17000327_14671 Viburnum Drive_Floor Plans

Thanks Paul.

The septic plan that I recently reviewed was sized for 6 bedrooms. Based on the floor plans that you submitted yesterday, the room above the detached garage and the pool house will also be counted as bedrooms. The septic plan will have to be sized for 8 bedrooms unless you decide to make changes to the floor plans. Also, the building permit will need to be revised to indicate a total of 8 bedrooms.

Bedroom Count Summary:

Basement – 1 bedroom
First – 1 bedroom
Second – 4 bedroom
Detached Garage – 1 bedroom
Pool House – 1 bedroom

Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

From: Paul Mueller Jr. [<mailto:pauljr@muellerhomes.com>]
Sent: Wednesday, February 08, 2017 1:10 PM
To: Oswald, Hank
Subject: Re: B17000327_14671 Viburnum Drive_Floor Plans

Good Afternoon Hank,

Please find attached the plans for 14671 Viburnum Drive. Please let me know if you need any further information or if any questions come up.

Thanks Again,
Paul Jr.

On Wed, Feb 8, 2017 at 1:06 PM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Hi Paul:

The Health Department is in receipt of the build permit and basement floor plan for 14671 Viburnum Drive. At your earliest convenience, please forward a copy of the floor plans for the rest of the house. Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

8930 Stanford Boulevard

Columbia, MD 21045

410.313.1786 (Office)

410.313.2648 (Fax)

--

Paul Mueller Jr.

Mueller Homes, Inc

410-549-4444 ext. 37 (Office)

443-805-1677 (Cell)

www.MuellerHomes.com



Building Permit Application

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

DATE 2017 SEP 20 09:41

Date Received: _____

Permit No.: P17003-000

Building Address: 14011 VILLAGE LANE DE
City: GREENBELT State: MD Zip Code: 20826
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: K. J. M. Farm
Section: _____ Area: _____ Lot: 30
Tax Map: 27 Parcel: 22 Grid: 16
Zoning: _____ Map Coordinates: 492265 Lot Size: 12.12A

Existing Use: U/A
Proposed Use: Residential
Estimated Construction Cost: \$ 300,000
Description of Work: Removal of existing structure and construction of new 2-story detached garage with 2-car lift-up door.

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
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>44'</u> x <u>44'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>44'</u>
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>0</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

> **Roadside Tree Project Permit**
☐ Yes ☒ No
Roadside Tree Project Permit # _____

Property Owner's Name: Owner
Address: 5227 Westview Drive
City: GREENBELT State: MD Zip Code: 20826
Phone: 410-549-4115 Fax: _____
Email: 549-4115@comcast.net

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Paul M. Miller
Address: 7227 Westview Drive
City: GREENBELT State: MD Zip Code: 20826
Phone: 410-549-4115 Fax: _____
Email: 549-4115@comcast.net

Contractor Company: Miller Homes, Inc.
Contact Person: Paul M. Miller
Address: 7227 Westview Drive
City: GREENBELT State: MD Zip Code: 20826
License No.: MHIC 120369
Phone: 410-549-4115 Fax: 410-549-4115
Email: 549-4115@comcast.net

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-549-4115 Fax: _____
Email: _____

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" 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: <u>N/A</u>
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

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	10/19/17	H. O. O'Connell

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 checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 101

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