



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.: 516004332

Building Address: _____
City: 5000 4th State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____
Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 40,000
Description of Work: 2nd story addition and interior alteration
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Michael J. & Karen A. Kern
Address: 4105 4th Ave
City: Hyattsville State: MD Zip Code: 21042
Phone: _____ Fax: _____
Email: _____
Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Michael J. Kern
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____
Contractor Company: J. W. Kern
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: _____
➤ 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
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input 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 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 _____

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	12/28/16	J. O. S. W. A. J.

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	#

(Person's Name and Division)
From: Zucke CKO (202) 487-6199
(Your Name, Company Name and Telephone Number)
Subject: Project name
Project site address 3956 View Top Road, Ellicott City, MD
Permit # B16004332 SDP #
Other information pertinent to this project SHU Office Revised

✓ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
☐ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be
☐ Letter Summarizing Changes
☐ Energy conservation calculations
☒ Copies of Office Floor Plan (be specific).
☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's
☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
☐ Other

Contact Person Information: (Required)

Zucke CKO
Please Print Name

Telephone No: 202-487-6199

E-Mail Address: ZuckeCKO@...

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SE
NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSU
INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEP
OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN A
ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER R
SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT
WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT
INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QU
AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410
PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE RE
THANK YOU.**

Received by mf

Renzi

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\forms\transmit.frm - Rev. 04/2014

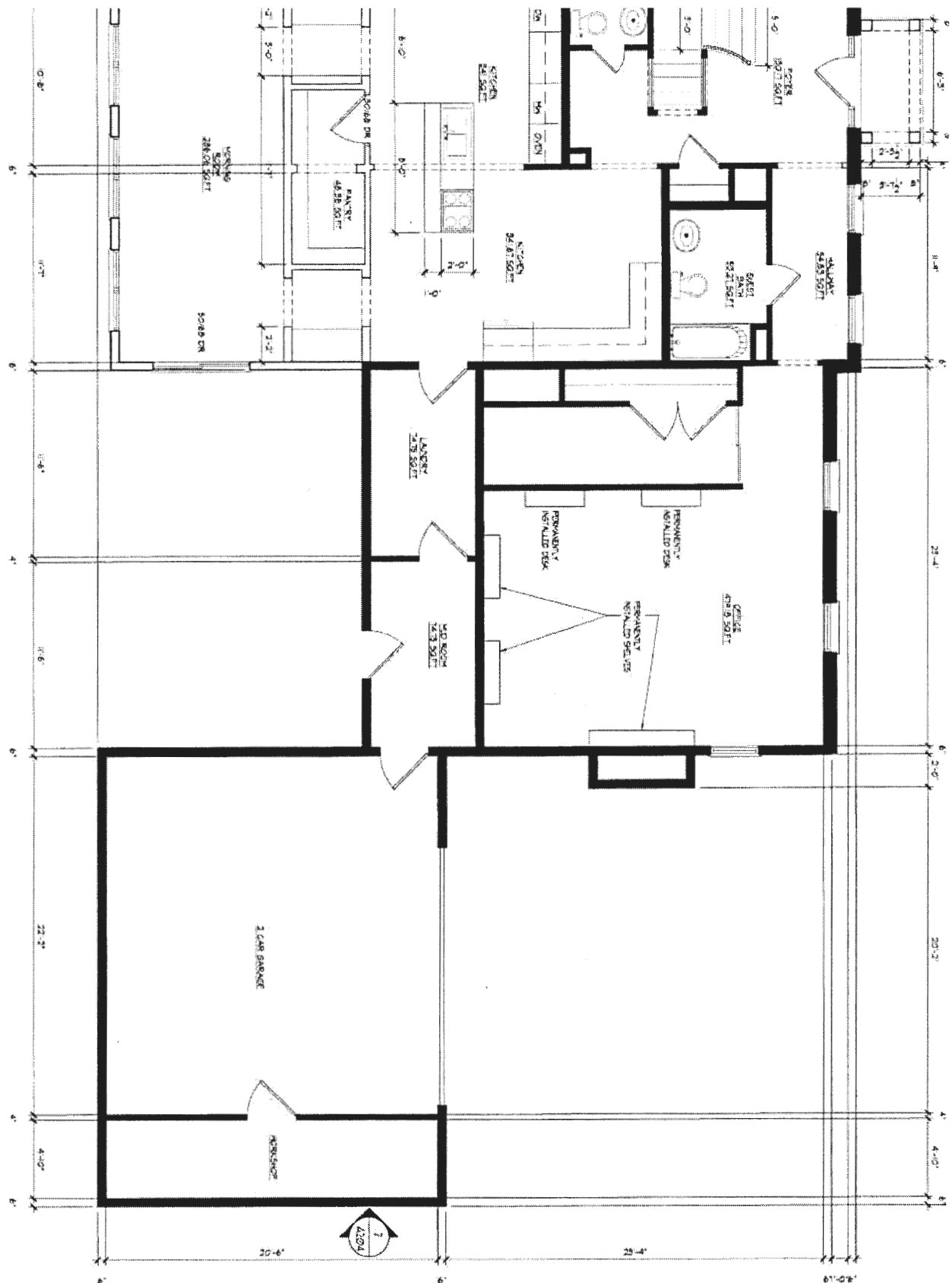
REVISIONS	

ADDITION, ALTERATION AND INTERIOR RENOVATION 3986 VIEW TOP ROAD ELLICOTT CITY, MD 21042

THIS IS A PROPOSED PLAN FOR THE ADDITION, ALTERATION AND INTERIOR RENOVATION OF THE EXISTING 1,000 SQ. FT. SINGLE-FAMILY RESIDENTIAL DWELLING AT 3986 VIEW TOP ROAD, ELLICOTT CITY, MD 21042. THE PROPOSED WORK INCLUDES THE ADDITION OF A 2,000 SQ. FT. ADDITION TO THE EXISTING DWELLING, THE REMOVAL OF THE EXISTING PORCH, AND THE INTERIOR RENOVATION OF THE EXISTING DWELLING. THE PROPOSED WORK IS SUBJECT TO THE APPROVAL OF THE ELLICOTT CITY DEPARTMENT OF PLANNING AND ZONING.

DATE	12/1/2010
DESIGNED BY	ARCHITECT
CHECKED BY	ARCHITECT
IN CHARGE	ARCHITECT
PROJECT NO.	100-1000-001
SHEET TITLE	FIRST FLOOR PLANS (PROPOSED)
SHEET	1

A106



(PROPOSED)

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 12/25/16

To: Jeff Williams - Department of Health
(Person's Name and Division)

From: Zuke C Koro (202) 457-6199
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 39186 View Top Road, Ellicott City MD 21042
Permit # 616004332 SDP # _____
Other information pertinent to this project SHU Office Revised

☒ Please check the attachments below that you are submitting with this transmittal:

____ Letter of response to address plan review comment letter

____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

____ Letter Summarizing Changes

____ Energy conservation calculations

☒ Copies of Office Floor plan (be specific).

☒ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request _____

____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

____ Other _____

Contact Person Information: (Required)

Zuke C Koro
Please Print Name

Telephone No: 202-457-6199
E-Mail Address: ZukeCKoro@gmail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by mf

Kenison



**766 MD ROUTE - 3 N
Gambrills, MD 21054
410-SAMEDAY
(410) 726-3329**

SERVICE ORDER
INVOICE
Nº 1163

DATE OF ORDER

10/7/16

CUSTOMER ORDER NO.	PHONE	MECHANIC <i>Ryan</i>	HELPER <i>✓</i>	STARTING DATE <i>10/7/16</i>
BILL TO ORDER TAKEN BY <i>Zooke Okoro</i>				ORDER TAKEN BY <i>Shirana</i>
ADDRESS <i>3986 View Top RD</i>				<input checked="" type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> WARRANTY
CITY <i>Ellicott City, MD</i>				
JOB NAME AND LOCATION				
				JOB PHONE
DISPATCHED TIME	ARRIVAL TIME <i>8:30 AM</i>		DEPARTURE TIME <i>11:00 AM</i>	

[illegible]



ARCTIC
PLUMBING · HVAC · ELECTRIC
410-SAMEDAY

766 MD ROUTE - 3 N
Gambrills, MD 21054
410-SAMEDAY
(410) 726-3329

SERVICE ORDER

INVOICE

Nº 1394

DATE OF ORDER

10/7/16

CUSTOMER ORDER NO.	PHONE 202-487-6199	MECHANIC Ryan	HELPER ✓	STARTING DATE 10/7/16
BILL TO ORDER TAKEN BY Zukro Okoro				ORDER TAKEN BY Spreeda
ADDRESS 3986 ViewTop RD				<input checked="" type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> WARRANTY
CITY Ellicott City, MD				
JOB NAME AND LOCATION				
				JOB PHONE
DISPATCHED TIME	ARRIVAL TIME 8:30 Am	DEPARTURE TIME 10:30 Am		

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
	Replacing Sewer line to Run out Front of House			Customer Requested to have Estimate on Either Replacing Sewer line or Septic Tank.
	Redoing Interior Waste pipes for Sewer.			Customer Requested price To Run new sewer main out the Front OF the Home to the Street.
	Excludes Asphalt Repair.			
	Approx. 5 day job or more			Estimate approx \$20,000.00 not including fees and/or Further Repairs, will give a more definitive Price once TAP Location is addressed as well as depth.
TOTAL MATERIALS				
HRS.	LABOR	RATE	AMOUNT	
	410-736-6339 PER O&E			
TOTAL LABOR				

☐ VISA ☐ MC ☐ DISCOVER ☐ AMEX

CREDIT CARD #

EXPIRATION DATE

NAME ON CARD

CVV/CVC

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove and equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE

[Signature]

10/7/16

DATE

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

☐ REGULAR ☐ COD ☐ WARRANTY

☐ SERVICE CONTRACT ☐ NO CHARGE

Thank You

TOTAL SUMMARY

TOTAL MATERIALS	-	-
TOTAL LABOR	-	-
	-	-
	-	-
TAX	-	-
TOTAL	-	-

BC CONTRACTORS 24 HOUR SERVICE
ELECTRICAL - PLUMBING - HOME REPAIRS

877-778-8515 OFFICE 410-975-6703

bc_contractors@aol.com www.bccontractors.webs.com



DATE: 10/11/2016

CLIENT INFO: ZUOKE OKORO

Cell: 202-423-0067

Home:

Email: zuokeokoro@gmail.com

Address: 7310 GREEN OAK TERR

Zip Code: 20706

WORK ORDER	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PAY PAL	
SEPTIC INSPECTION					

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	SEPTIC TANK INSPECTION 10/9/16 INSPECTED BY JASON ALLEN		
	STATUS OF INSPECTION / PASSED / GOOD WORKING CONDITION /DRAIN LEVELS ARE NORMAL / NO LEACKAGE/OR VISABLE PIPE DAMAGE/ RECOMENDATION EVERY 3 YEARS DO A COMPLETE CLEAN OUT		
		FEE	\$75
	PASSED INSPECTION 10/9/16		

Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, October 26, 2016 11:25 AM
To: 'Zuoke Okoro'
Cc: Oswald, Hank; Hank; Williams, Jeffrey
Subject: RE: Your response is appreciated.

Dear Zuoke,

I understand your frustration and the financial burden of connecting this property to public sewer. The requirement of determining the adequacy of the on-site sewage disposal system before the issuance of a building permit for an addition is in state regulation. The Health Department has the authority to issue a waiver to Howard County Code, but does not have the authority to issue a variance to state regulation. Although I do not think this will change the determination, I would like to Jeff Williams, Well and Septic Program Supervisor to go out to your property for a field review. I will have him reach out to you set up a site visit.

Mike

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department

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From: Zuoke Okoro [<mailto:zuokeokoro@gmail.com>]
Sent: Tuesday, October 25, 2016 3:48 PM
To: Davis, Michael J
Cc: Oswald, Hank; Hank
Subject: Your response is appreciated.

Iheanyichukwu and Zuoke Okoro
4968 Ellis Lane,
Ellicott City, MD 21043
October 25, 2016

Dear Mike,

RE: Request for a Waiver - Application Number: B16004332

Houses built in 1978; we realized had a different bedroom code then, when it came to septic tank today.

This house was built then and had 5 bedrooms; all we want to do is make one bedroom bigger and not change the number of bedrooms and still maintain the number of rooms. Since this was no fault of ours, can we not be penalized for what we did not do?

We have gone as far as getting Septic Tank Inspection to ensure it is not collapsed and have no health hazards; attached is the report.

We have also priced the cost of installing Public sewer, which the price is so high; for contractor bringing Public sewer into the house from the state line (which there **may** not be any) is \$20,000; attached is the quote.

We have done everything to show you we were thinking about it but the financial impact is a heavy burden that we cannot take on.

Asking us to go to Public Sewer because the number of bedrooms is 5 instead of 4 due to new code or reduce the size of the bedrooms to a 4 bedroom, feels like we are being penalized for a house that was built in 1978 with a 5 bedroom and a still working septic Tank, as though it's our fault.

We ask not because we don't know the new code but because it's no fault of ours, that you apply your goodwill to us and grandfather us a permit.

We sincerely know that you have kind gestures and it would nice for you to extend it to us.

We truly appreciate your heart felt support.

Please let us know what other things to do to get the waiver and your honest thoughts on the approval process is appreciated.

Thank you,

Iheanyichukwu and Zuokey Okoro

Application Number: B16004332

Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, October 26, 2016 11:25 AM
To: 'Zuokey Okoro'
Cc: Oswald, Hank; Hank; Williams, Jeffrey
Subject: RE: Your response is appreciated.

Dear Zuokey,

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Mike

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department

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From: Zuokey Okoro [<mailto:zuokeokoro@gmail.com>]
Sent: Tuesday, October 25, 2016 3:48 PM
To: Davis, Michael J
Cc: Oswald, Hank; Hank
Subject: Your response is appreciated.

Iheanyichukwu and Zuokey Okoro
4968 Ellis Lane,
Ellicott City, MD 21043
October 25, 2016

Dear Mike,

Oswald, Hank

From: Oswald, Hank
Sent: Friday, October 14, 2016 1:40 PM
To: 'Zuke Okoro'
Subject: RE: B16004332_2nd Story Addition/Int Alterations

Hi Zuke:

That is a coincidence. I don't run into too many people with my name.

Thanks for the floor plans. Since living space is being added to the house, and the private septic system is undersized for 5 bedrooms (including the office on the first floor per local code definition), the Health Department requires connection to public sewer prior to building permit approval. The septic system will also have to be properly abandoned.

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

Respectfully,

Hank

From: Zuke Okoro [<mailto:zukeokoro@gmail.com>]
Sent: Thursday, October 13, 2016 9:31 AM
To: Oswald, Hank; Hank
Subject: Re: B16004332_2nd Story Addition/Int Alterations

Hi Hank,

What a good coincidence! My Hubby's nick name is also Hank! Now I have to distinguish you two! And I can't use Hank O...because both of you have the same initials...wow!

Attached please find the requested Existing and Proposed plans.

Thanks

Zuke

On Thu, Oct 13, 2016 at 9:13 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

OKORO OMUMUZUO AND IHEANYICHUKWU:

This office is in receipt of a building permit for a 2nd story addition/Interior Alterations (3986 View Top Road). Please forward a copy of the existing house floor plans plus proposed changes directly to the Health Department.

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

Respectfully,

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)

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, October 13, 2016 9:13 AM
To: 'ZUOKEOKORO@GMAIL.COM'
Subject: B16004332_2nd Story Addition/Int Alterations

OKORO OMUMUZUO AND IHEANYICHUKWU:

This office is in receipt of a building permit for a 2nd story addition/Interior Alterations (3986 View Top Road). Please forward a copy of the existing house floor plans plus proposed changes directly to the Health Department.

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Respectfully,

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)

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

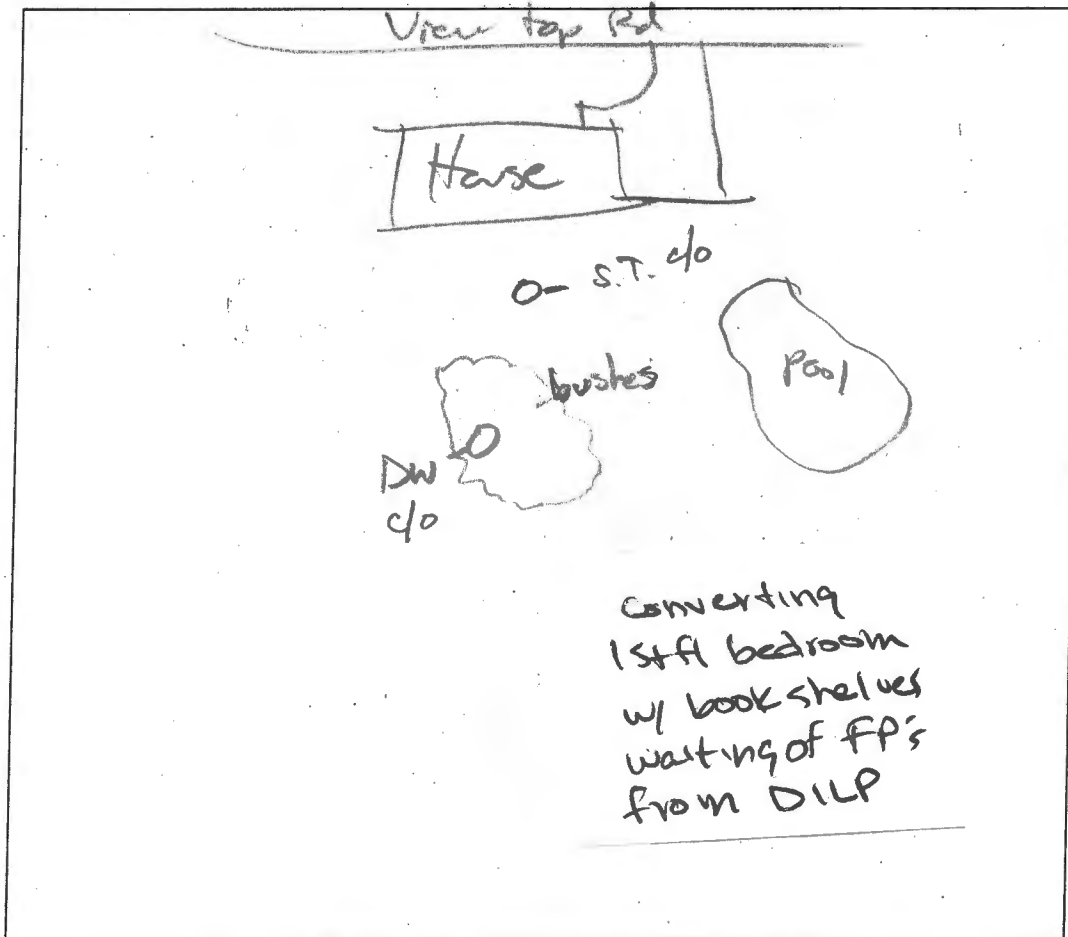
ADDRESS: 3986 View Top Rd CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: evaluate OSDS for public connection

LOCATION DIAGRAM



COMMENTS: - S.T. had operational liquid level. no sign of backups.
DW had no evidence of backups. appeared ~ half full - no sign
of soft soil or surfacing seepage from trench. I spoke to owner
about revising floor plan to show only 4 br so that system could be
adequate

DATE: 1/2/16 INSPECTOR: J. Williams

ISSUED	
07/28/2016	AT APPRAISAL
REVISIONS	

ADDITION, ALTERATION AND INTERIOR RENOVATION
3986 VIEW TOP ROAD
ELLICOTT CITY, MD 21042

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LAW.

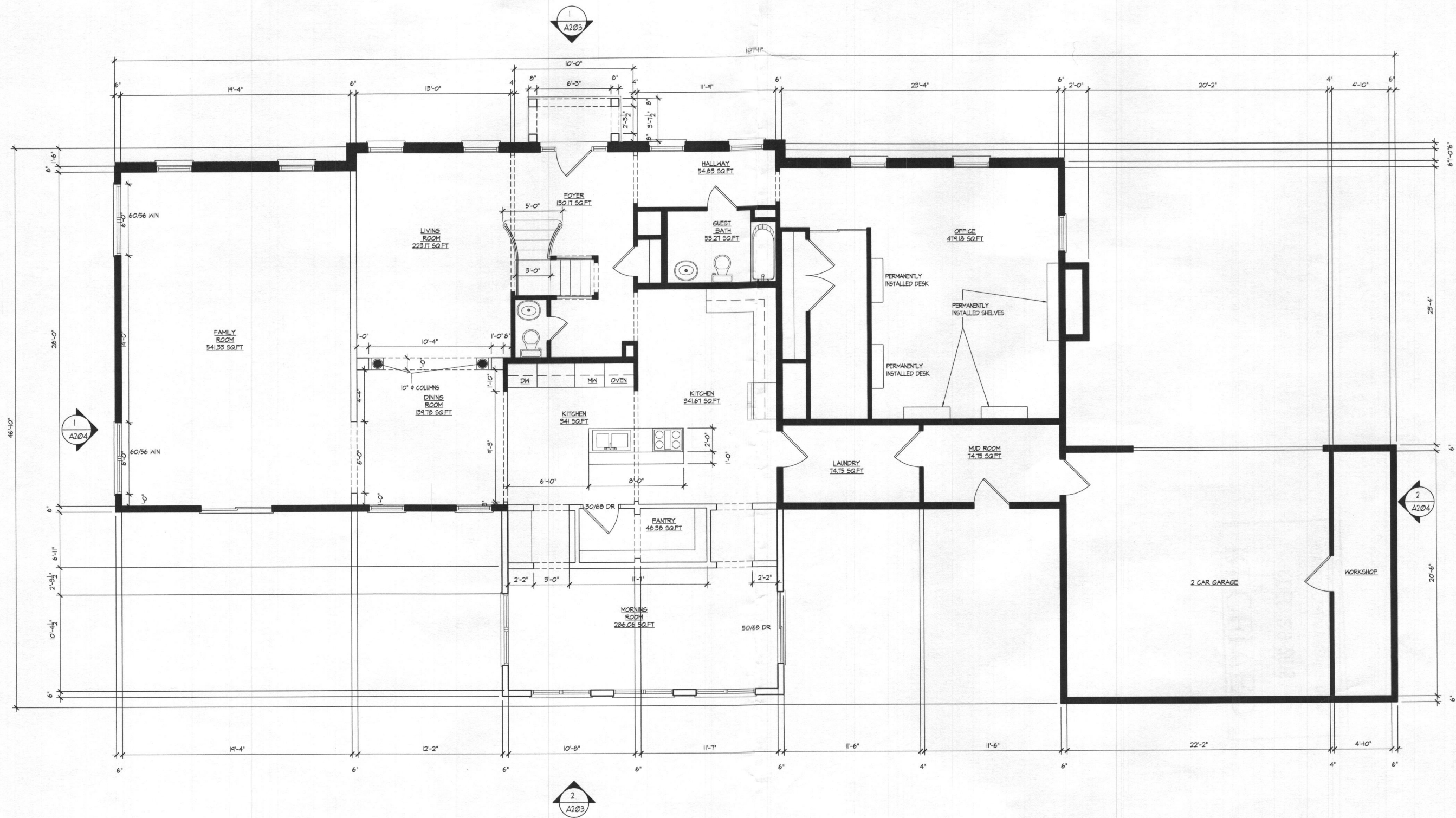
DRAWN	AT
CHECKED	AT
SCALE	1/4" = 1'-0"
PROJECT NO.	AT-25-2016-01

SHEET TITLE

FIRST FLOOR
PLANS (PROPOSED)

SHEET

A106



FIRST FLOOR PLAN (PROPOSED)
SCALE: 1/4" = 1'-0"

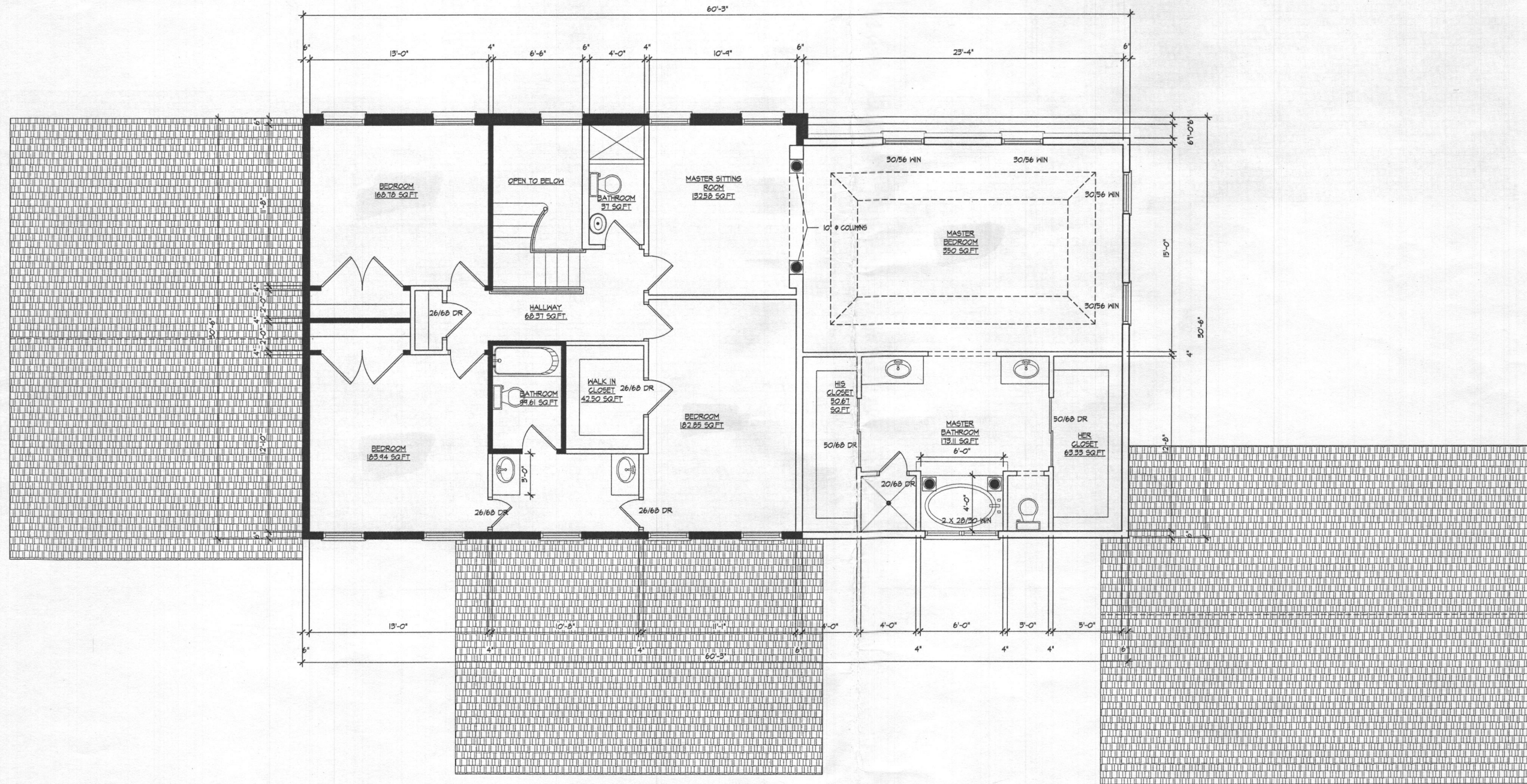
ISSUED	
6/12/2016	AT APPRAISAL
REVISIONS	

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1407



ADENIMI TALABI
3077 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM



SECOND FLOOR PLAN (PROPOSED)
SCALE: 1/4" = 1'-0"

ADDITION, ALTERATION AND INTERIOR RENOVATION
3986 VIEW TOP ROAD
ELLICOTT CITY, MD 21042

ISSUED
07/28/2014 AT APPRAISAL

REVISIONS

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DRAWN AT
CHECKED AT
SCALE 1/4" = 1'-0"
PROJECT NO. AT-09-2816-01

SHEET TITLE
SECOND FLOOR
PLANS (PROPOSED)

SHEET

ISSUED		
07/08/2016	AT	APPRAISAL
REVISIONS		

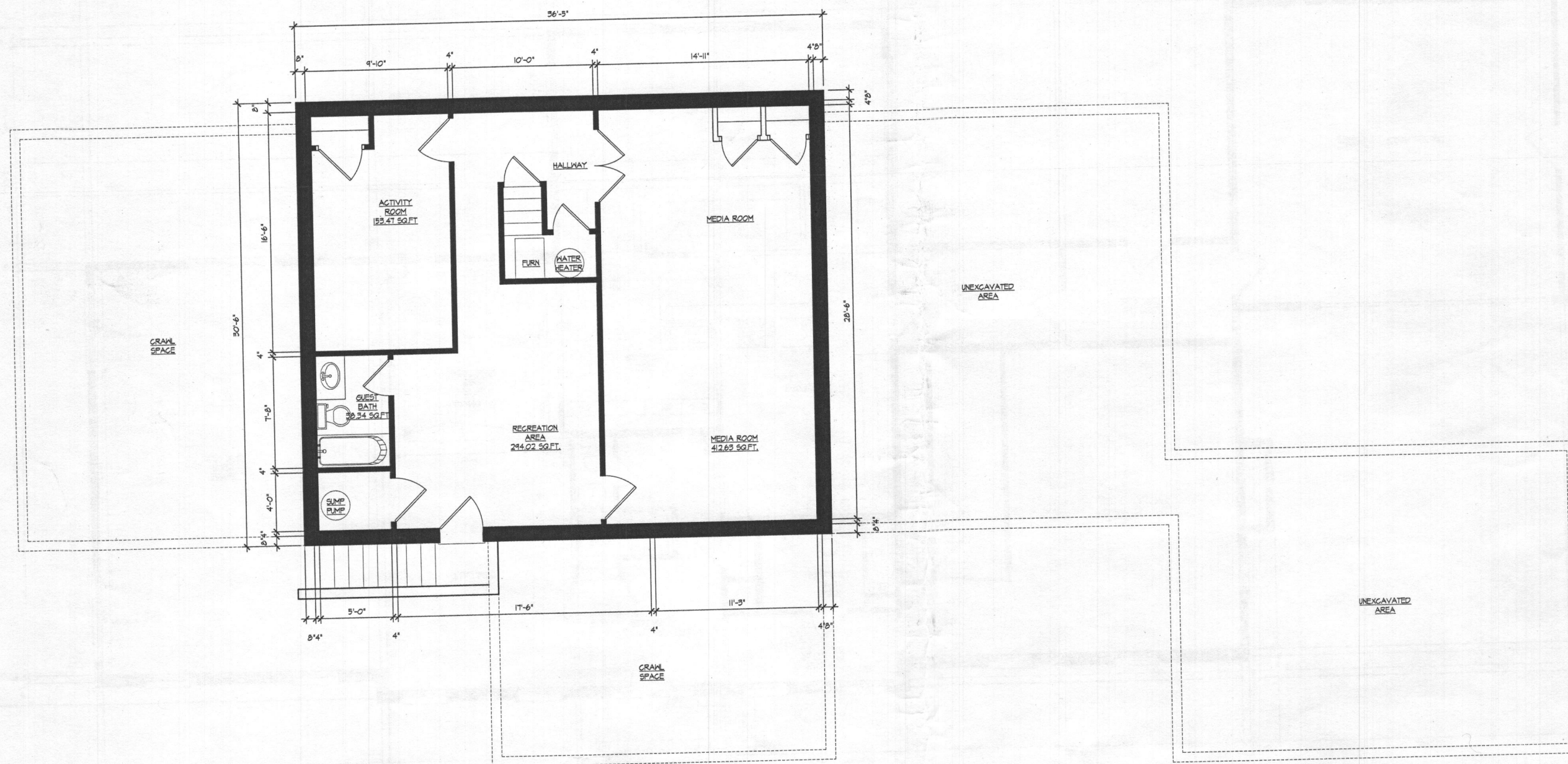
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FIRST FLOOR
PLANS (PROPOSED)

1405



ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM



SECOND FLOOR PLAN (PROPOSED)
SCALE: 1/4" = 1'-0"

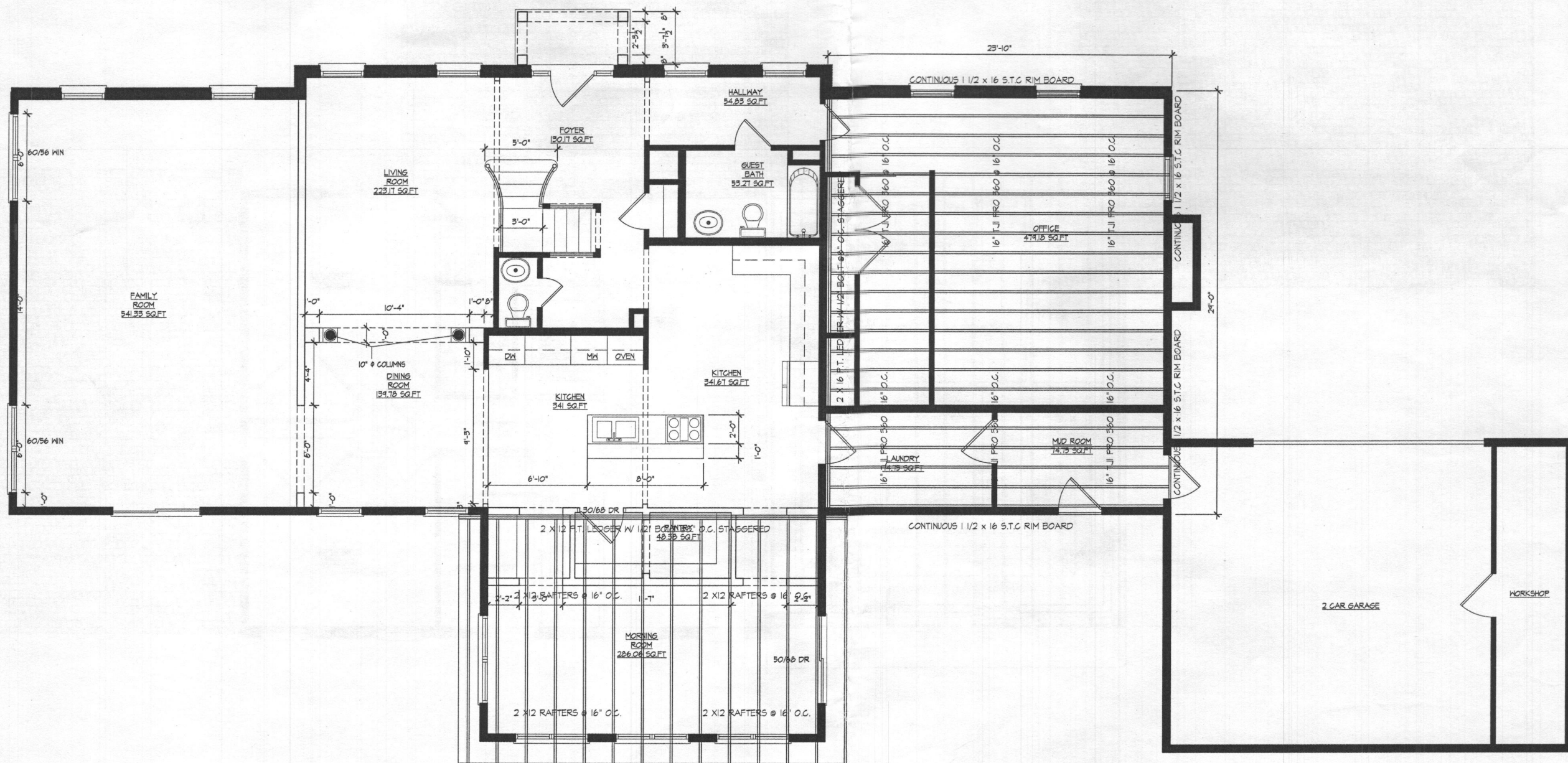
ADDITION, ALTERATION AND INTERIOR RENOVATION
3986 VIEW TOP ROAD
ELLCOTT CITY, MD 21042

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DRAWN	AT
CHECKED	AT
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PROJECT NO.	AT-09-2010-07
SHEET TITLE	

BASEMENT
PLANS (PROPOSED)

SHEET



FIRST FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"

ADENIMI TALABI
3077 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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SHEET TITLE
FIRST FLOOR
FRAMING PLANS

SHEET

ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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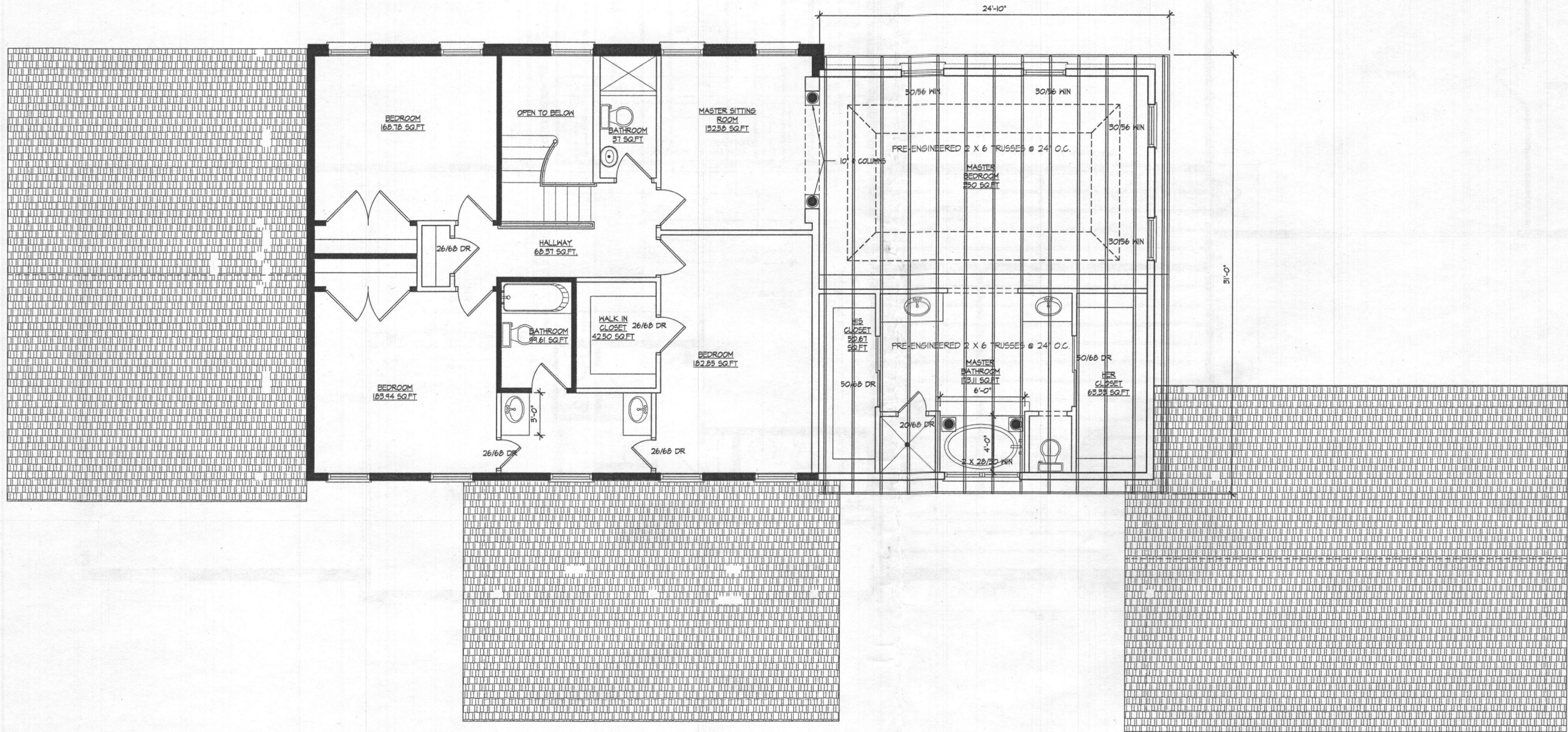
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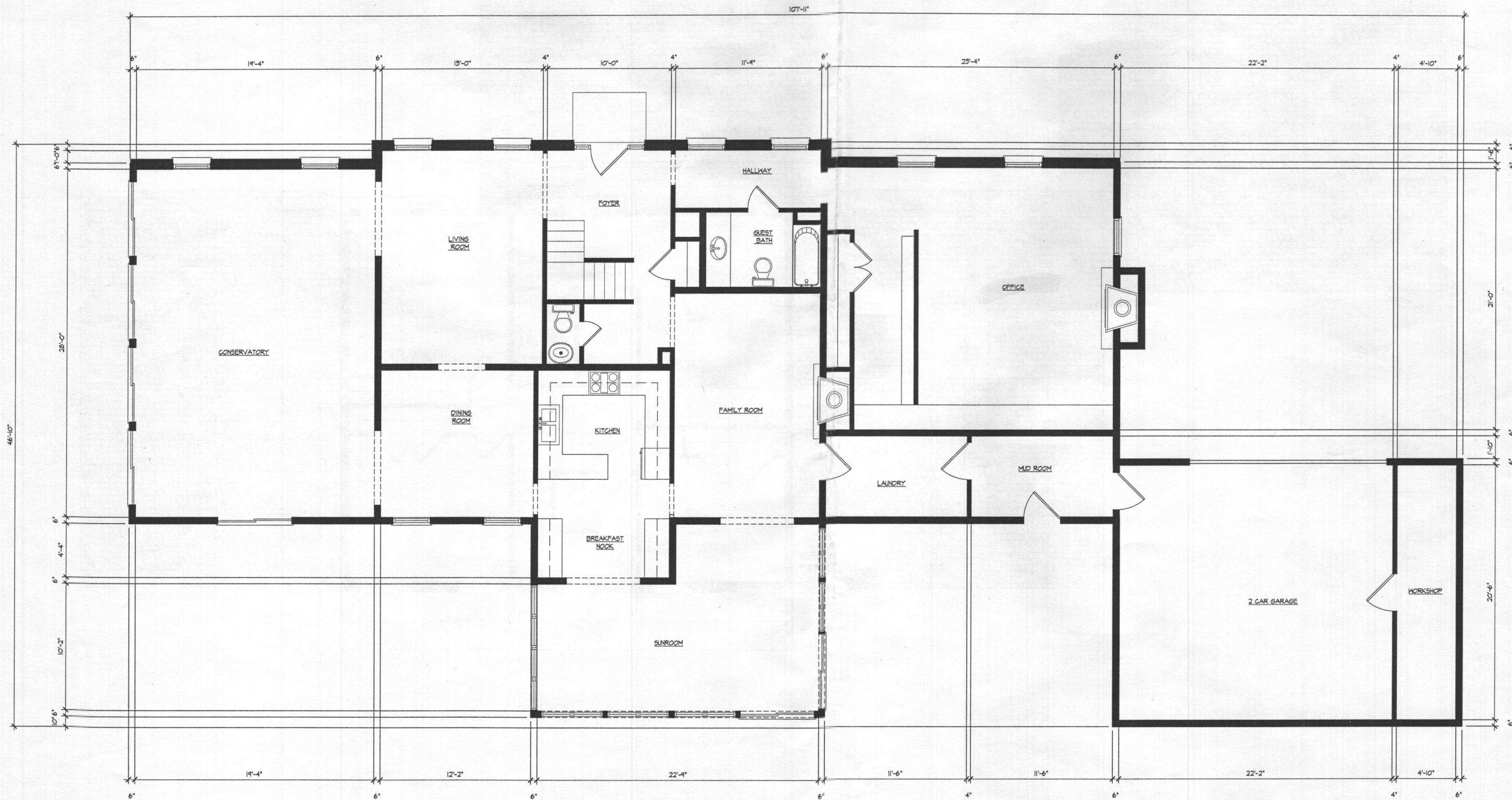
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SHEET TITLE
SECOND FLOOR
FRAMING PLANS

SHEET



SECOND FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"



EXISTING FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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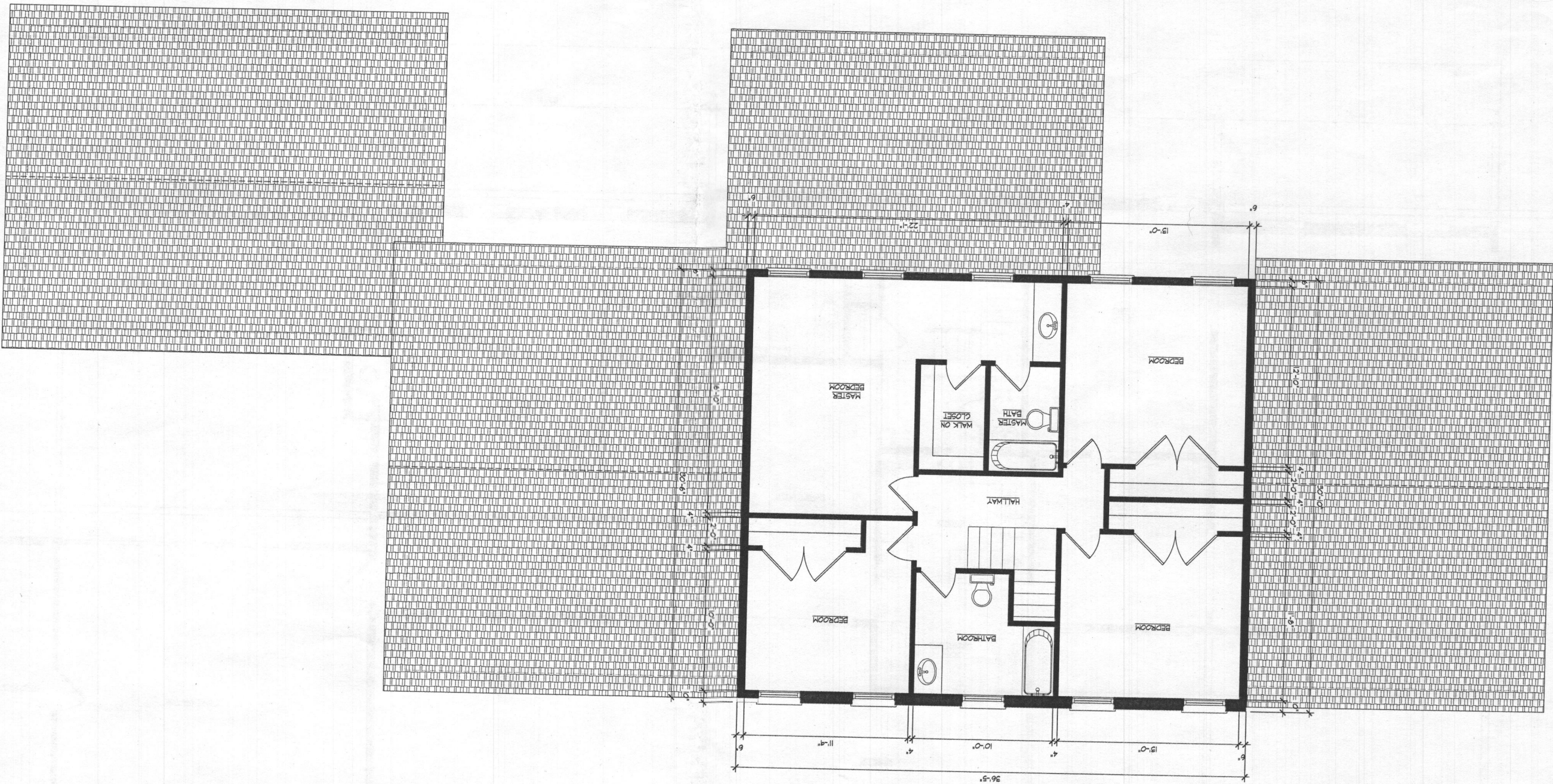
SHEET TITLE

EXISTING FIRST
FLOOR PLANS

SHEET

EXISTING SECOND FLOOR PLAN

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



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ADENYI TALABI
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LAUREL, MD 20724
(1) 240 460 2233
(E) ATALABI@GMAIL.COM

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AT-09-1016-01
SHEET TITLE
EXISTING SECOND
FLOOR PLANS

SHEET

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SCALE	1/4"=1'-0"

SHEET TITLE

EXISTING BASEMENT

FLANG

SHEET 1

101

ADDITION, ALTERATION & REPAIR

3986 VIEW TOP ROAD

ELLICOTT CITY, MD 21042

PROJECT NOTES

- ALL NEW EXTERIOR WALL ASSEMBLIES SHALL INCLUDE THE FOLLOWING:
1. BRICK VENEER TO MATCH EXISTING ON FRONT ELEVATION
 2. NEW 8" HARDIE PLANK FIBER CEMENT SIDING ON SIDES AND REAR ELEVATION
 3. 5/8" TYPE X GYPSUM WALL BOARD
 4. 2 X 6 NOMINAL SIZED LUMBER

NEW FLOOR ASSEMBLY ABOVE EXISTING STUDY SHALL INCLUDE:

1. 16" TJI 560 JOISTS SPANNING LEFT TO RIGHT (23'-4") @ 16" O.C
2. 3/4" T & G OSB SUBFLOOR
3. HARDWOOD AS SPECIFIED BY OWNER IN ALL FIRST FLOOR AND BASEMENT LIVING AREAS
4. CARPET IN ALL BEDROOMS
5. PORCELAIN TILE AS SPECIFIED BY OWNER IN ALL BATHROOMS, KITCHEN AND WET LOCATIONS ON SECOND FLOOR

INSULATION

1. R-20 IN NEW EXTERIOR WALL FRAMING
2. R-49 IN NEW CEILINGS, ATTICS AND R-38 IN FLOOR ASSEMBLIES

WALLS IN LIVING AREAS ARE TO BE PAINTED AND WALL PAPER WHERE PRESENT IS TO BE REMOVED

ADENIYI TALABI
3330 TEAGARDEN CIRCLE
SILVER SPRING, MD 20904
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

ADDITION, ALTERATION AND REPAIR

3986 VIEW TOP ROAD
ELLICOTT CITY, MD 21042

VICINITY MAP



OWNER & TENANT

CLIENT: ZUOKE & IHEANYICHUKWU OKORO
4968 ELLIS LANE
ELLICOTT CITY, MD 21043

DESIGN TEAM

DESIGNER:
ADENIYI TALABI
3011 BUTTON BUSH LANE,
LAUREL, MD 20714

SCOPE OF WORK & NOTES

1. 104 SQFT ADDITION TO 2 STOREY SINGLE FAMILY DWELLING

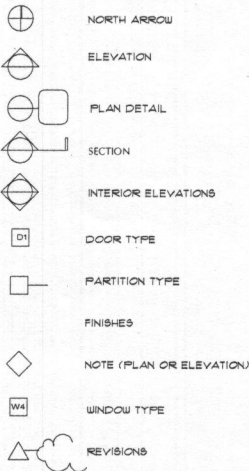
BUILDING CODE DESIGN INFORMATION

2012 ICC INTERNATIONAL BUILDING CODE (IBC)
MECHANICAL: 2012 ICC INTERNATIONAL MECHANICAL CODE (IMC)
PLUMBING: 2012 ICC INTERNATIONAL PLUMBING CODE (IPC)
ELECTRICAL: 2012 ICC INTERNATIONAL ELECTRICAL CODE NFPA NEC 2005
FIRE: 2012 ICC INTERNATIONAL FIRE CODE (IFC)
ENERGY: 2012 ICC INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
GAS: 2012 ICC INTERNATIONAL FUEL GAS CODE (IFGC)
ACCESSIBILITY: 2008 ICC INTERNATIONAL BUILDING CODE (IBC)
CHAPTER 11/ANSI A117.1 2012

ZONING DATA

SQUARE/ LOT	2307/ 0043
ZONING	R-4
LOT AREA	2384.20 SQFT
EXISTING BLDG. FOOTPRINT AREA	112.80 SQFT
PROPOSED BLDG. FOOTPRINT AREA	1008.15 SQFT
EXISTING LOT OCCUPANCY	32.41%
PROPOSED LOT OCCUPANCY	42.28%
MAX ALLOWED LOT OCCUPANCY	60%
GROSS FLOOR AREA	4032.60
ALLOWED F.A.R./ PROPOSED F.A.R	1.8/ 1.63

SYMBOLS



ABBREVIATIONS

1. AND	MAB. MASONRY
2. ANGLE	MABSP. MASONRY
3. AT	MET. METAL
4. BASH. BASEMENT	MFR. MANUFACTURER
5. CENTERLINE	MISC. MISCELLANEOUS
6. DIAMETER OR ROUND	MO. MASONRY OPENING
7. PERPENDICULAR	MTD. MOUNTED
8. ACCL. ACoustical	N.A. NOT APPLICABLE
9. AFF. ABOVE FINISH FLOOR	N/C. NOT IN CONTRACT
10. ALUP. ALUMINUM	NO. NUMBER
11. APPROX. APPROXIMATE	OA. OVERALL
12. ARCH. ARCHITECTURAL	OC. ON CENTER
13. BA. BATHROOM	OD. OUTSIDE DIAMETER
14. BO. BOARD	OF. OFFICE
15. BH. BULBHEAD	OH. OVERHEAD
16. BLDG. BUILDING	OPNG. OPENING
17. BLOC. BLOCKING	OR. OUTSIDE RADIUS
18. BOT. BOTTOM	OS. OVERALL
19. BR. BEDROOM	PL. PLATE
20. C. CHANCE	PL. LAM. PLASTIC LAMINATE
21. CAB. CABINET	PL. WOOD. PLYWOOD
22. CER. CERAMIC	PTD. PAINTED
23. CL. CEILING	R. RISER
24. CLO. CLOSET	RAD. RADIUS
25. CN. CONCRETE MASONRY UNITS	RD. ROOF DRAIN
26. COL. COLUMN	RECEP. RECEPTACLE
27. CONC. CONCRETE	REF. REINFORCED
28. CONST. CONSTRUCTION	REGD. REQUIRED
29. CONT. CONTINUOUS	RESIL. RESILIENT
30. CORN. CORNER	RF. ROOM
31. D. DEEP	RO. ROUGH OPENING
32. DEL. DOUBLE	S.C. SOLID CORE
33. DS. DOWNSPOUT	SCHED. SCHEDULE
34. DET. DETAIL	SD. SOAP DISPENSER
35. DIM. DIMENSION	SECT. SECTION
36. DN. DOWN	SH. SHEET
37. DO. DOOR OPENING	SPEC. SPECIFICATIONS
38. DIN. DINING ROOM	ST. STAINLESS STEEL
39. DRG. DRAWING	STD. STANDARD
40. EA. EACH	STL. STEEL
41. EL. ELEVATION	STOR. STORAGE
42. ELEC. ELECTRICAL	SUP. SUPPLIED
43. EQ. EQUIPMENT	T. TREAD
44. EXST. EXISTING	TEL. TELEPHONE
45. EXT. EXTERIOR	TK. TOP OF
46. FE. FIRE EXTINGUISHER	TPD. TYPICAL
47. FIC. FIRE EXTINGUISHER CABINET	UN. UNLESS OTHERWISE NOTED
48. FIN. FINISH FLOOR	V.C.T. VINYL COMPOSITION TILE
49. FIX. FIRE HOSE CABINET	VERT. VERTICAL
50. FXT. FIXTURE	W. WIDE
51. FL. FLOOR	WD. WOOD
52. FLU. FLUORESCENT	WT. WEIGHT
53. FT. FOOT OR FEET	WSP. WET SPOT WATER DAMAGED
54. GA. GAUGE	
55. GALV. GALVANIZED	
56. GL. GLASS	
57. GYP. GYPSUM	
58. H. HIGH	
59. HW. HARDWOOD	
60. HPL. HOLLOW METAL	
61. HORZ. HORIZONTAL	

DRAWING INDEX

SHEET #	SHEET DESCRIPTION
A001	COVER SHEET
A101	EXISTING CELLAR PLAN
A102	EXISTING FIRST FLOOR PLAN
A103	EXISTING SECOND FLOOR PLAN
A104	PROPOSED BASEMENT PLAN
A105	PROPOSED FIRST FLOOR PLAN
A106	PROPOSED SECOND FLOOR PLAN
A107	EXISTING ROOF PLAN
A108	PROPOSED ROOF PLAN
A201	FRONT AND REAR ELEVATION
A202	LEFT AND RIGHT SIDE ELEVATION
A301	BUILDING SECTION
S101	FIRST FLOOR FRAMING PLAN
S102	ROOF FRAMING PLAN

CODES, STANDARDS & PROCEDURES:

1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE DISTRICT OF COLUMBIA BUILDING CODE AND AMENDMENTS, AND ALL OTHER APPLICABLE FEDERAL, AND STATE LAWS AND ORDINANCES, ACCESSIBILITY CODES, STANDARDS, AND REGULATORY AGENCIES.
2. ALL WORK SHALL BE OF THE HIGHEST QUALITY FOLLOWING THE CONTRACT DOCUMENTS, PROJECT SPECIFICATIONS, MANUFACTURERS SPECIFICATIONS AND RECOMMENDATIONS, AND THE BEST ACCEPTED TRADE PRACTICES AND STANDARDS.
3. DETAILS SHOWN ARE INTENDED TO BE INDICATIVE OF THE PROFILES AND TYPES OF DETAILING REQUIRED FOR THE WORK. DETAILS NOT SHOWN ARE SIMILAR IN CHARACTER TO THOSE DETAILED.
4. EACH CONTRACTOR SHALL KEEP ACCURATE RECORDS OF ALL WORK WHICH DIFFERS FROM CONTRACT DOCUMENTS SO THAT ACCURATE RECORD DRAWINGS AND SPECIFICATIONS CAN BE KEPT AND PROVIDED BY THE CONTRACTOR TO THE OWNER AT PROJECT CLOSEOUT.
5. EACH CONTRACTOR SHALL VISIT THE SITE AND BE KNOWLEDGEABLE OF CONDITIONS THEREOF. FAILURE TO EXAMINE THE SITE AND DETERMINE EXISTING CONDITIONS OR NATURE OF NEW CONSTRUCTION, OR NATURE AND EXTENT OF WORK TO BE PERFORMED BY OTHER TRADES WILL NOT BE CONSIDERED A BASIS FOR GRANTING OF ADDITIONAL COMPENSATION.
6. THE CONTRACTOR SHALL INVESTIGATE, VERIFY AND BE RESPONSIBLE FOR ALL REQUIREMENTS OF THE PROJECT AND SHALL NOTIFY THE ARCHITECT OF ANY CONDITIONS CONTRARY TO THE CONSTRUCTION DOCUMENTS THAT REQUIRE MODIFICATION BEFORE PROCEEDING WITH THE WORK.
7. THE CONTRACTOR SHALL PROTECT ALL EXISTING SITE ELEMENTS, ADJACENT BUILDINGS AND STREETS FROM DAMAGE DUE TO THE CONSTRUCTION OPERATIONS, AND REPAIR OR REPLACE ANY ELEMENTS DAMAGED DURING THE PROJECT.

DIMENSIONS:

1. DO NOT SCALE THE DRAWINGS, DIMENSIONS SHALL GOVERN. LARGE SCALE DRAWINGS SHALL GOVERN OVER SMALL SCALE. WHERE A DISCREPANCY MAY EXIST BETWEEN DRAWINGS AND SPECIFICATIONS, THE MORE RESTRICTIVE OR EXPENSIVE REQUIREMENTS SHALL GOVERN.
2. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS ON SITE, AND SHALL NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES, OMISSIONS, AND/OR CONFLICTS BEFORE PROCEEDING WITH THE WORK.

COORDINATION:

1. REFER TO THE SPECIFICATIONS AND CIVIL, ARCHITECTURAL, STRUCTURAL, MECHANICAL, ELECTRICAL, AND PLUMBING DRAWINGS FOR FULL COORDINATION OF THE WORK.
2. THE CONTRACTOR SHALL COORDINATE ADDITIONAL SUPPORT OR CONCEALED BLOCKING REQUIRED FOR INSTALLATION OF HANDRAILS, MILLWORK, WALL PANELS, GRAB BARS, CABINETS AND ALL OTHER SURFACE MOUNTED COMPONENTS.
3. THE CONTRACTOR SHALL COORDINATE AND VERIFY THE EXACT SIZE AND LOCATION OF ALL FLOOR PENETRATIONS AND WALL OPENINGS WITH EACH OF THE RESPECTIVE MECHANICAL, ELECTRICAL, PLUMBING AND FIRE PROTECTION TRADES. CONTRACTOR SHALL PROVIDE CONCRETE SLAB PENETRATION SHOP DRAWINGS SHOWING THE LOCATION OF ALL OPENINGS.
4. THE CONTRACTOR SHALL COORDINATE LAYOUT OF CEILING MOUNTED FIXTURES, DEVICES, AND DUCTWORK, AND SHALL IDENTIFY POTENTIAL CONFLICTS INVOLVING ELEMENTS WITHIN THE CEILING CAVITY. ANY VARIATIONS OR CONFLICTS WITH LAYOUT OR CEILING HEIGHT SHOWN SHALL BE REVIEWED WITH THE ARCHITECT PRIOR TO INSTALLATION.
5. ALL CONDUIT, PIPING, DUCTWORK, AND MECHANICAL SYSTEMS SHALL BE INSTALLED WITHIN OR TIGHT TO THE UNDERSIDE OF STRUCTURE WHERE FEASIBLE, UNLESS NOTED OTHERWISE.
6. REFER TO MEPPF DRAWINGS FOR EXTENT OF CONCRETE EQUIPMENT PADS. THE CONTRACTOR SHALL COORDINATE THE SIZE AND LOCATION OF THE CONCRETE PADS WITH THE EQUIPMENT INSTALLER.

INSTALLATION:

1. PROVIDE EXPANSION AND/OR CONTROL JOINTS IN ACCORDANCE WITH SPECIFIED OR DRAWN REQUIREMENTS. IN THE ABSENCE OF SPECIFIED OR DRAWN REQUIREMENTS, PROVIDE JOINTS IN ACCORDANCE WITH ACCEPTED INDUSTRY STANDARDS. LOCATIONS SHALL BE REVIEWED AND ACCEPTED BY THE ARCHITECT PRIOR TO INSTALLATION.
2. ALL OPENINGS IN FIRE-RATED FLOORS AND FIRE-RATED WALLS INCLUDING SPACES BETWEEN DUCTS, PIPES, CONDUIT, ETC. SHALL BE CLOSED OFF BY APPROVED FIRE SAFING MATERIAL TO MAINTAIN FIRE

ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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PROJECT NO. AT-09-1016-07

SHEET TITLE

EXISTING FRONT AND
REAR ELEVATIONS

SHEET




EXISTING FRONT ELEVATION
SCALE: 1/4" = 1'-0"



2 EXISTING REAR ELEVATION
SCALE: 1/4" = 1'-0"

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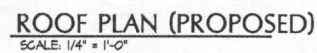


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ROOF PLAN
(PROPOSED)

SHEET



ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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SHEET TITLE

EXISTING LEFT AND
RIGHT SIDE ELEVATIONS

SHEET

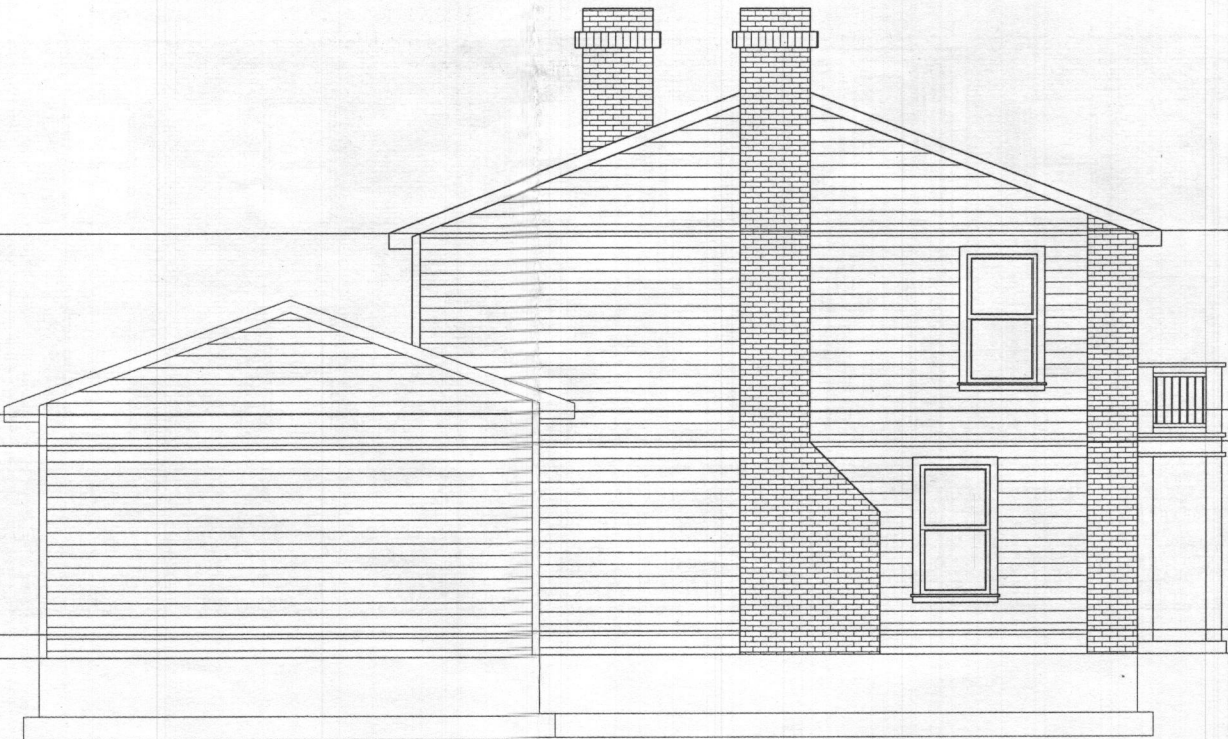
EXISTING RIGHT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



ROOF LEVEL

SECOND FLOOR

FIRST FLOOR



EXISTING LEFT SIDE ELEVATION

ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
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(E) ATALABI@GMAIL.COM

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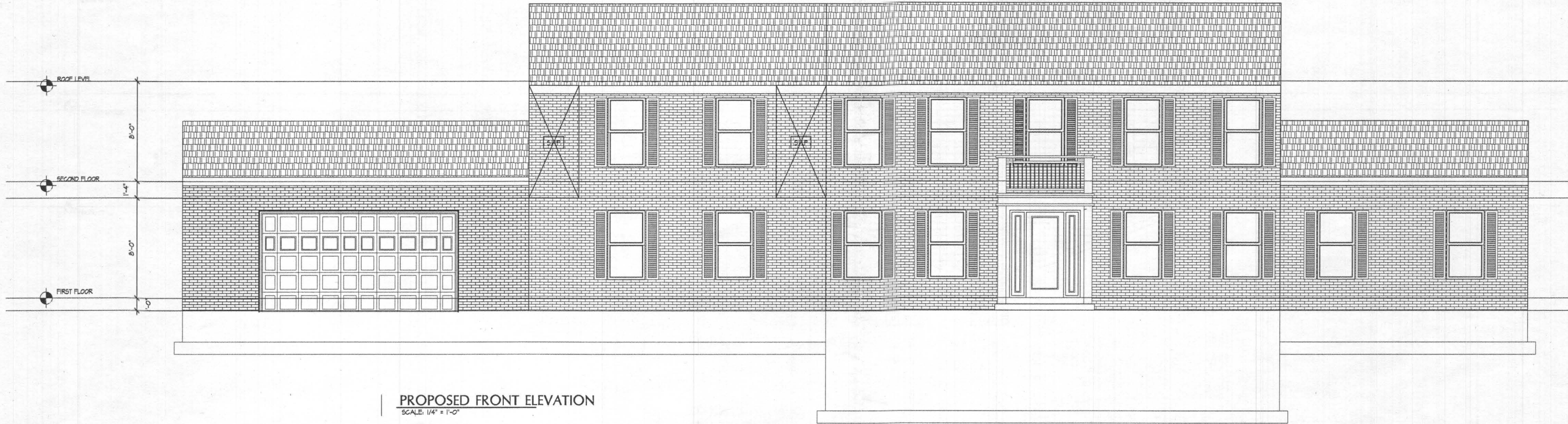
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SHEET TITLE
PROPOSED FRONT AND
REAR ELEVATIONS

SHEET



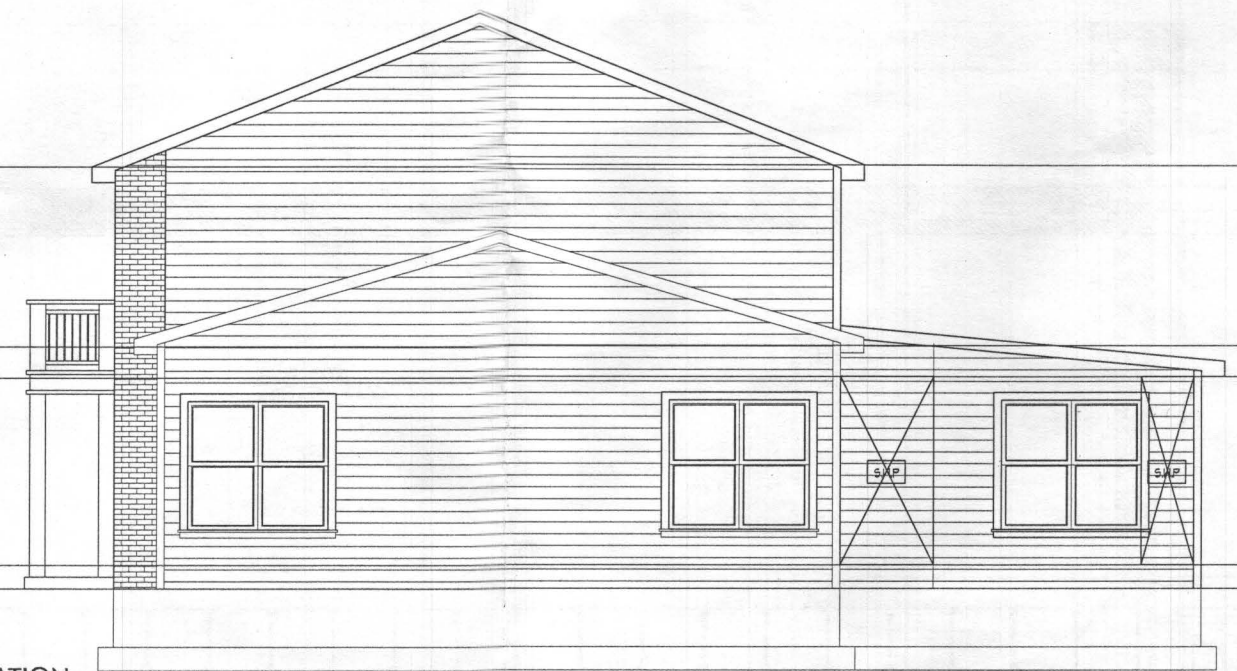
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(E) ATALABI@GMAIL.COM

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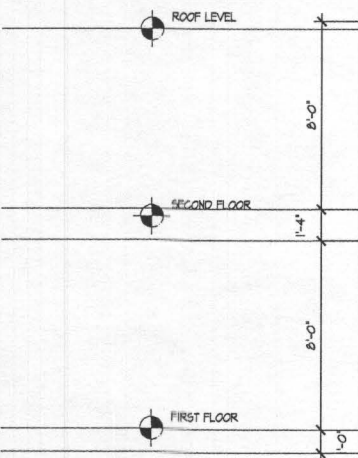
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SHEET TITLE	
PROPOSED LEFT AND RIGHT SIDE ELEVATIONS	
SHEET	

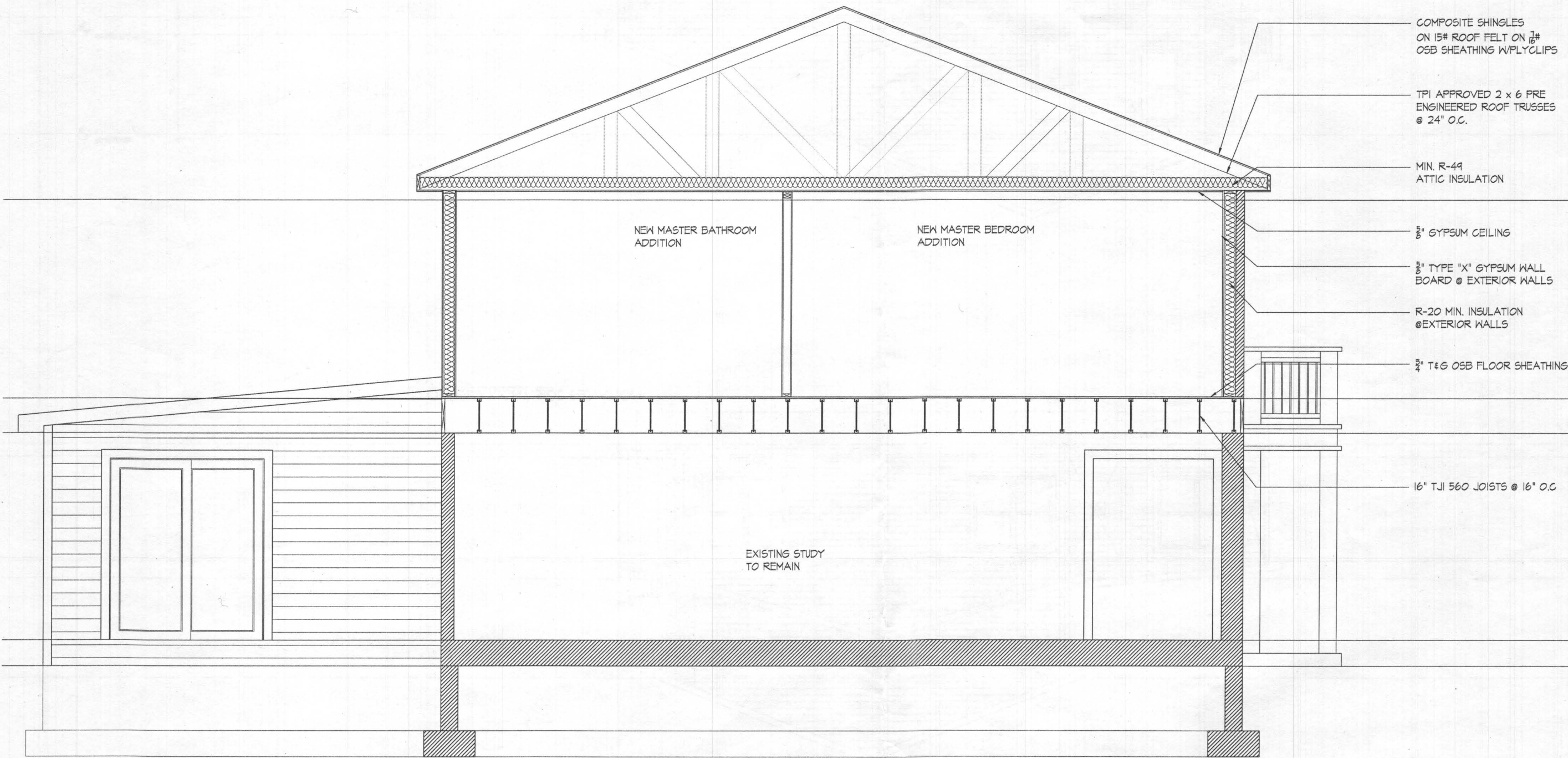


PROPOSED RIGHT SIDE ELEVATION
SCALE: 1/4" = 1'-0"



PROPOSED LEFT SIDE ELEVATION





ADENIYI TALABI
3017 BUTTON BUSH LANE
LAUREL, MD 20724
(T) 240 460 2233
(E) ATALABI@GMAIL.COM

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SCALE	1/2"=1'-0"
PROJECT NO.	AT-09-1016-071

SHEET TITLE

BUILDING
SECTION

SHEET

BUILDING SECTION