

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

600359564
BRANNE

Building Address 2931 GLENWOOD SPRINGS DR
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision GLENWOOD SPRINGS
Section _____ Area _____ Lot 6
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name BRANNE
Address 2931 GLENWOOD SPRINGS DR
City GLENWOOD State MD Zip Code _____
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 38K
Description of Work Rec Room
20 x 22

Contractor Company CRAFTON CONTRACTORS INC.
Contact Person ANDREW CRAFTON
Address 15024 KENWOOD CT.
City WOODSHE State MD Zip Code 21797
License No. 86369 Phone _____
Fax 443-745-7512

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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 HERETO; (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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company _____

Print Name _____
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 \$ _____
State Historical			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/30/00</u>	<u>[Signature]</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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
MT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

6-25-06

Ms. Corbin,

A38352

I would like to file an amendment for building permit # ~~55~~
The Birrane's have decided to build ~~at 2831 Glenwood Springs Dr.~~
with a bathroom. Please call me if there are any questions 443-745-7512.

THEIR ADDRESS IS 2831 GLENWOOD SPRINGS DR.

Thank you,

Arthur Crafton
Crafton Contractors Inc.

~~Arthur Crafton~~ Subject 8/3/06
CC: DPZ
AN ~~the~~
7/28/06

RECEIVED

JUN 26 2006

LICENSES & PERMITS
DIVISION



NOTES

1.0 GENERAL
 1.01 CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE LOCAL AND STATE CODES, ORDINANCES, REGULATIONS AND AMENDMENTS AND ALL OTHER AUTHORITIES HAVING JURISDICTION. CONSTRUCTION SHALL COMPLY WITH INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY.

1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS OR SPECIFICATIONS AND THE STRUCTURAL DRAWINGS, THE STRUCTURAL DRAWINGS SHALL TAKE PRECEDENCE.

1.03 DESIGN LOADS:

TYPE	LIVE LOAD (PSF)	DEAD LOAD (PSF)
ROOF	30	17
SLEEPING ROOMS	30	15
OTHER LIVING AREAS	40	15
GARAGE FLOORS	50	50
DECKS	40	10
EXTERIOR BALCONIES	60	15

2.01 SITE WORK IS NOT ADDRESSED IN THESE DOCUMENTS.

3.0 CONCRETE/FOUNDATIONS

3.01 ALL REINFORCED CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE AMERICAN CONCRETE INSTITUTE ACI 318, CURRENT EDITION, ALL PLAIN CONCRETE SHALL CONFORM TO ACI 318.1 AND ACI 338R GUIDE TO RESIDENTIAL CAST-IN-PLACE CONCRETE CONSTRUCTION.

3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH = 28 DAYS.

LOCATION OF CONCRETE	F _c (PSI)
BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER	2500
BASEMENT SLABS AND INTERIOR SLABS ON GRADE	2500
BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER	3000
DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS EXPOSED TO WEATHER	3500

3.03 THICKNESS AND REINFORCING OF CONCRETE FOUNDATION WALLS SHALL CONFORM TO THE INTERNATIONAL RESIDENTIAL CODE, CURRENT EDITION, TABLE R404.1.1 (14), OR WITH SEALED STRUCTURAL DRAWINGS SPECIFIC TO THE SITE SOIL AND GRADE CONDITIONS.

4.0 MASONRY

4.01 ALL MASONRY WORK SHALL CONFORM TO THE APPLICABLE REQUIREMENTS OF THE IBC AND NCMA SPECIFICATION FOR CONCRETE MASONRY CONSTRUCTION.

4.02 BRICK VENEER WALLS SHALL HAVE NON-CORROSIVE METAL TIES AT MINIMUM 16" O.C. VERTICALLY AND HORIZONTALLY, AND WEEP HOLES AT 24" O.C. AT BASE FLASHING AND CAVITY INTERRUPTIONS.

FRONT ELEVATION

T.M.E. = TO MATCH EXISTING
 E.T.R. = EXISTING TO REMAIN

5.0 METALS

5.01 FOUNDATION ANCHORS SHALL BE PROVIDED AT MAXIMUM 6'-0" O.C. AND 12" FROM THE END OF EACH SECTION, WITH MINIMUM TWO (2) ANCHORS PER SECTION OF PLATE.

5.02 ALL METAL ANCHORS, FASTENERS, HANGERS ETC. SHALL BE GALVANIZED. ALL STRUCTURAL STEEL SHALL CONFORM TO ASTM-A36 WITH MINIMUM STRENGTH F_y = 36 KSI.

5.03 ADJUSTABLE STEEL COLUMNS SHALL BE MINIMUM 11 GAUGE, ASTM A513 OR BETTER, AND SHALL MEET OR EXCEED ALLOWABLE LOADS FOR TAPCO'S "MONOPOST". COLUMNS SHALL HAVE A MINIMUM 8"x4"x1/4" BEARING PLATE. SCREW JACK SHALL BE ENCASED IN CONCRETE OR TACK WELDED AFTER INSTALLATION.

6.0 WOOD

6.01 SILL PLATES AND ALL WOOD IN CONTACT WITH MASONRY OR CONCRETE, AND ALL EXPOSED EXTERIOR LUMBER, SHALL BE PRESSURE TREATED TO MEET ALUMI STANDARDS.

6.02 MOISTURE CONTENT OF ALL LUMBER SHALL NOT EXCEED 19%.

6.03 WOOD BEAMS, JOISTS, HEADERS AND RAFTERS SHALL BE MINIMUM 5-P-F #1/2 OR EQUAL UNLESS OTHERWISE NOTED.

6.04 LVL MEMBERS SHALL BE 1 3/4" WIDE, DEPTH PER PLANS, GANGED PER MANUFACTURER'S SPECIFICATIONS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2600 PSI; F_c=150 PSI; F_v=285 PSI; E=1,900,000 PSI.

6.05 PSL MEMBERS SHALL BE SIZED PER PLANS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2300 PSI; F_c=150 PSI; F_v=290 PSI; E=2,000,000 PSI.

6.06 PREFABRICATED FLOOR JOISTS OR FLOOR TRUSSES SHALL BE DESIGNED TO CARRY ALL IMPOSED LIVE AND DEAD LOADS WITH THE LIVE LOAD DEFLECTION NOT TO EXCEED L/480. THE MANUFACTURER SHALL PROVIDE ALL REQUIRED HANGERS, SHEAR PANELS, BLOCKING/BRACING AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.07 PRE-ENGINEERED TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH TPI RECOMMENDATIONS TO CARRY ALL IMPOSED LIVE AND DEAD LOADS. THE MANUFACTURER SHALL SUPPLY ALL REQUIRED HANGERS, HOLD-DOWN STRIPS, SHEAR PANELS AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.08 JOISTS SHALL BE DOUBLED UNDER PARALLEL WALLS THAT EXCEED ONE-THIRD THE JOIST LENGTH. JOISTS SHALL BE SPACED CLOSER UNDER BATH TUBS, CERAMIC OR MARBLE TILE, POTENTIAL WATER BEDS AND SIMILAR ANTICIPATED LOADING CONDITIONS. JOISTS SHALL NOT BE CUT, NOTCHED OR DRILLED EXCEPT AS PERMITTED BY IRC 2000 R502.8 OR OTHER APPLICABLE CODE.

6.09 HEADERS OVER FRAMED OPENINGS IN BEARING WALLS SHALL BE MINIMUM 2-2X10 UNLESS OTHERWISE NOTED ON DRAWINGS, BUT SHALL IN NO EVENT BE LESS THAN SPECIFIED IN IRC 2000 TABLE R502.5 OR OTHER APPLICABLE CODE.

7.0 THERMAL AND MOISTURE PROTECTION

7.01 1/2" X 3-1/2" COMPRESSIBLE SILL SEAL SHALL BE PROVIDED BENEATH ALL EXTERIOR SILL PLATES.

7.02 INSULATION SHALL BE PROVIDED AS FOLLOWS:

- 2X4 WALLS: R-13 MINIMUM WITH INTEGRAL VAPOR BARRIER
- 2X6 WALLS: R-19 MINIMUM WITH INTEGRAL VAPOR BARRIER
- CEILING AT ROOF: R-38 MINIMUM, BLOUN OR BATT
- FLOOR OVER UNHEATED AREA: R-30 BATT
- UNFINISHED BASEMENT WALLS: R-11 MINIMUM FOIL-FACED
- FINISHED BASEMENT WALLS: R-13 MINIMUM W/INT. V.B.
- BASEMENT SLAB: R-7 MINIMUM RIGID EXTERIOR GRADE, EXTENDING 24" HORIZONTALLY AND/OR VERTICALLY OR PER LOCAL JURISDICTION

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME. ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN, AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.

3. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.

4. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.

5. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.

6. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL, AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED. BOX IN EXPOSED STANDPIPES.

7. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.

8. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS.

9. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

Handwritten notes:
 APPROVE
 1157-55-5555
 PERMIT #
 800 1599664

INDEX OF DRAWINGS

A-1: FRONT ELEVATION & NOTES
A-2: REAR, RIGHT & LEFT ELEVATIONS
A-3: FOUNDATION PLAN
A-4: FIRST FLOOR PLAN & WINDBRACING DETAILS
A-5: SECOND FLOOR PLAN & SECTION

DISK ID.

SCALE: 1/4" = 1'-0" OR AS NOTED

REVISIONS

DATE 05-15-06

SHEET NO.

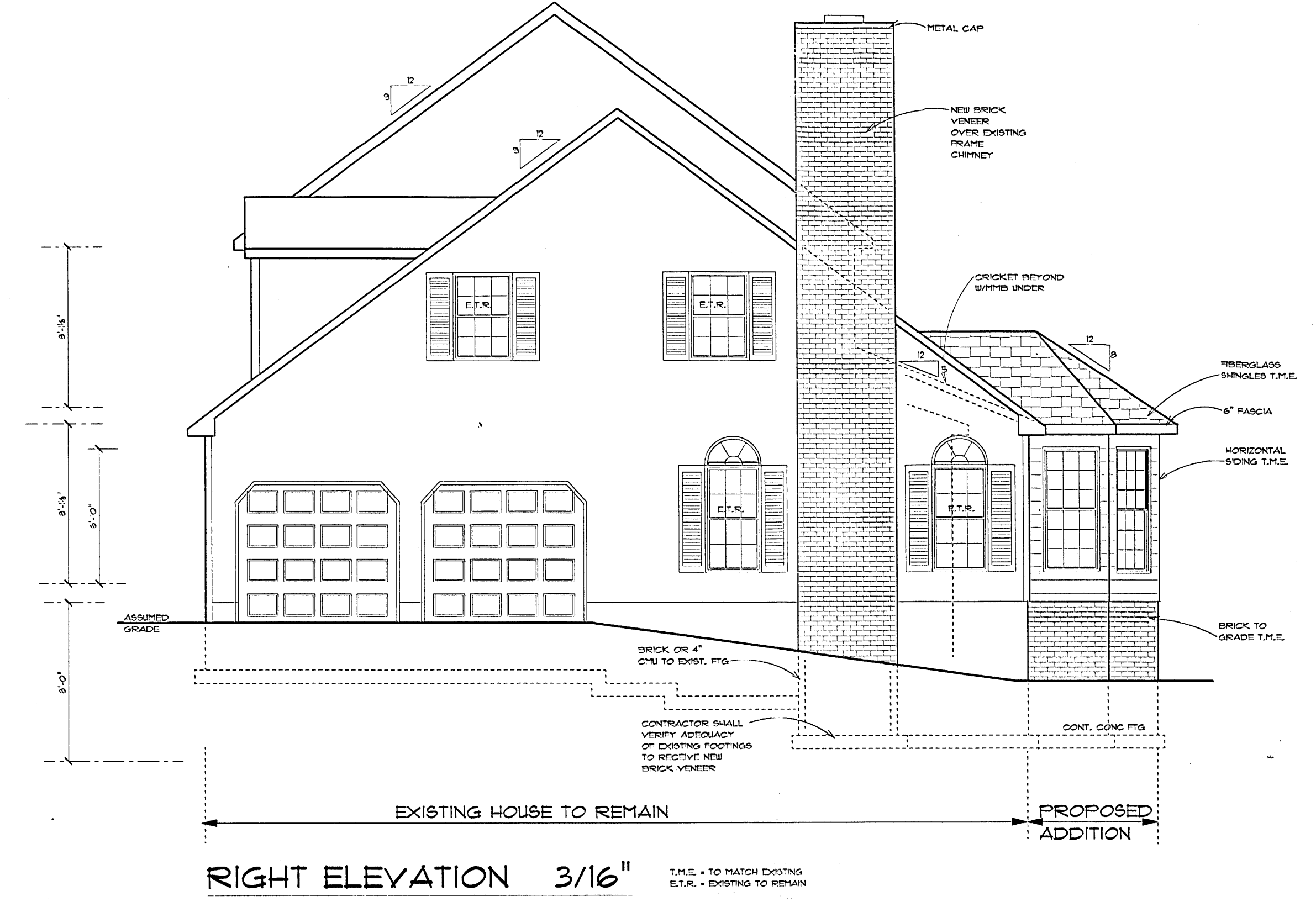
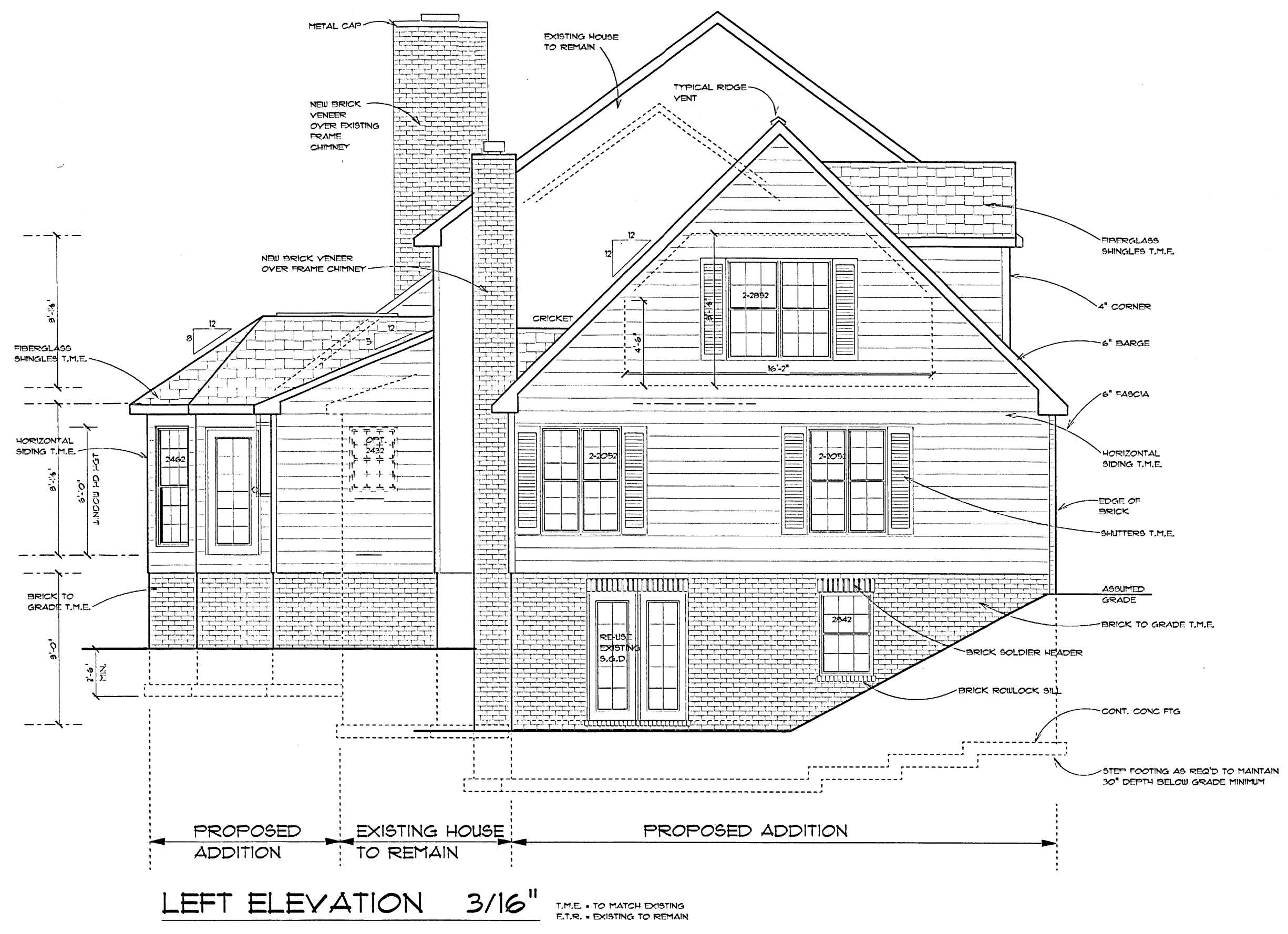
A-1

© 2006

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
 11407 BARLEY FIELD WAY
 MARRIOTTSVILLE, MD 21104
 o 410-442-3667

PROPOSED ADDITIONS AND ALTERATIONS TO THE
BIRREANE RESIDENCE
 PERMIT AND CHECK SET
 NOT FOR CONSTRUCTION UNLESS APPROVED

DISK I.D.
SCALE: 1/4" = 1'-0" OR AS NOTED
REVISIONS
DATE 05-15-06
SHEET NO.

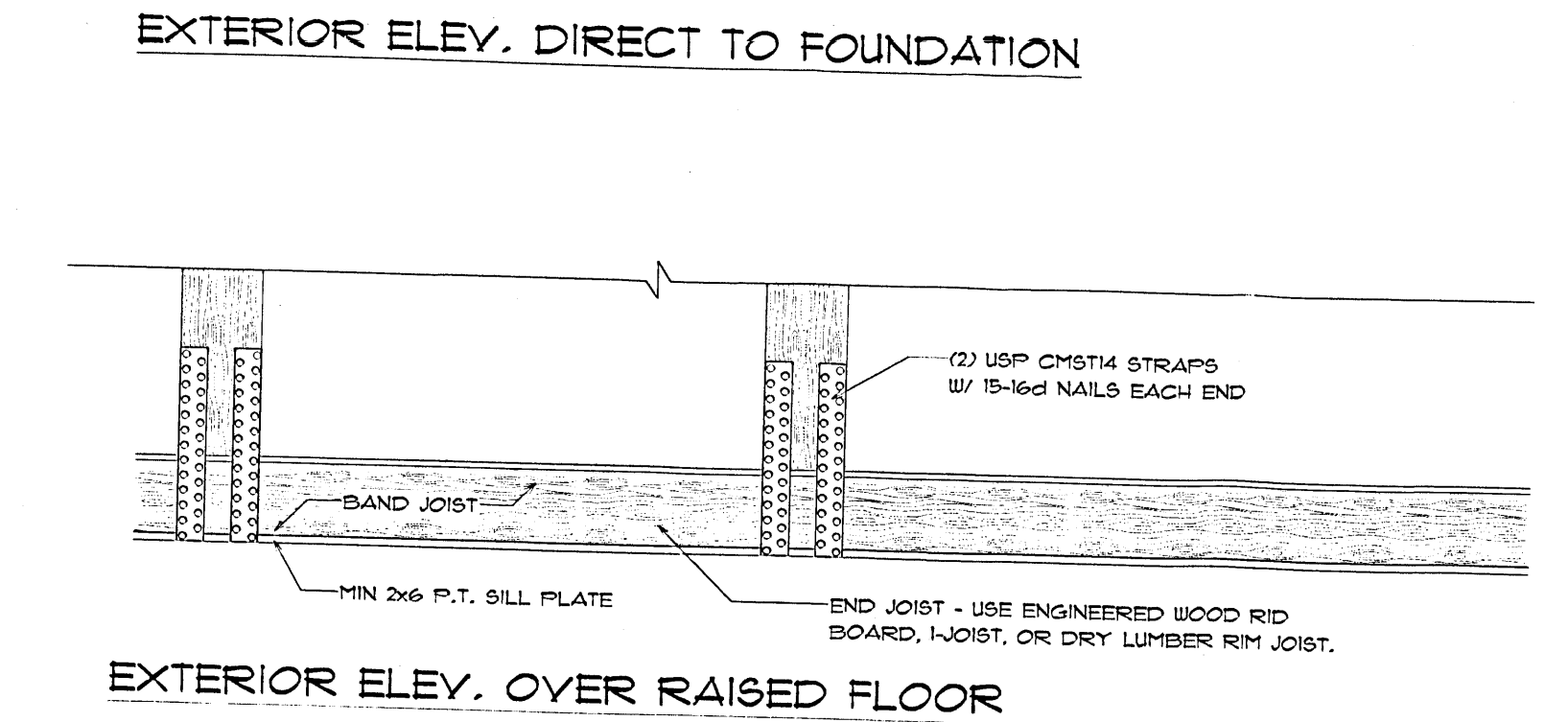
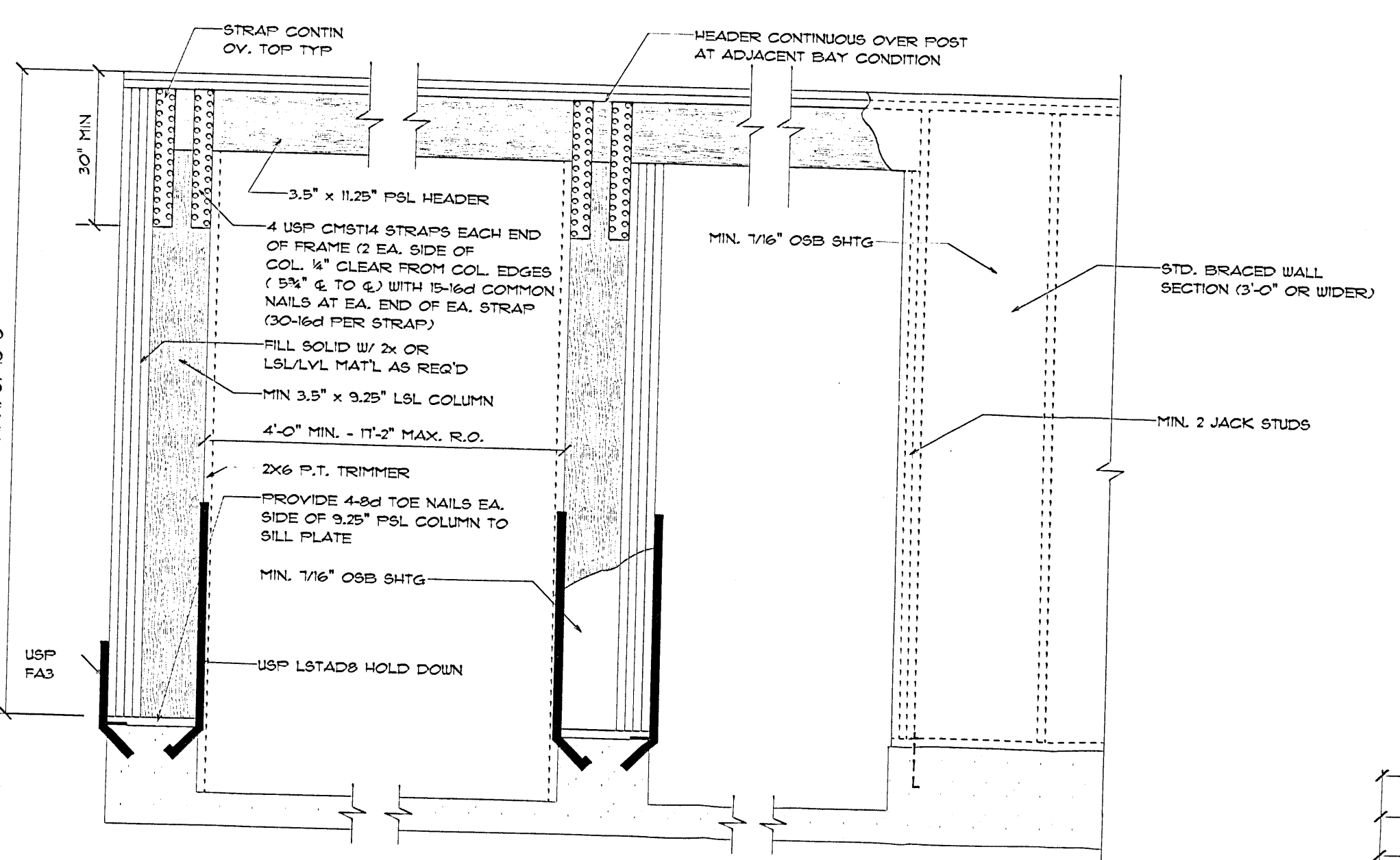
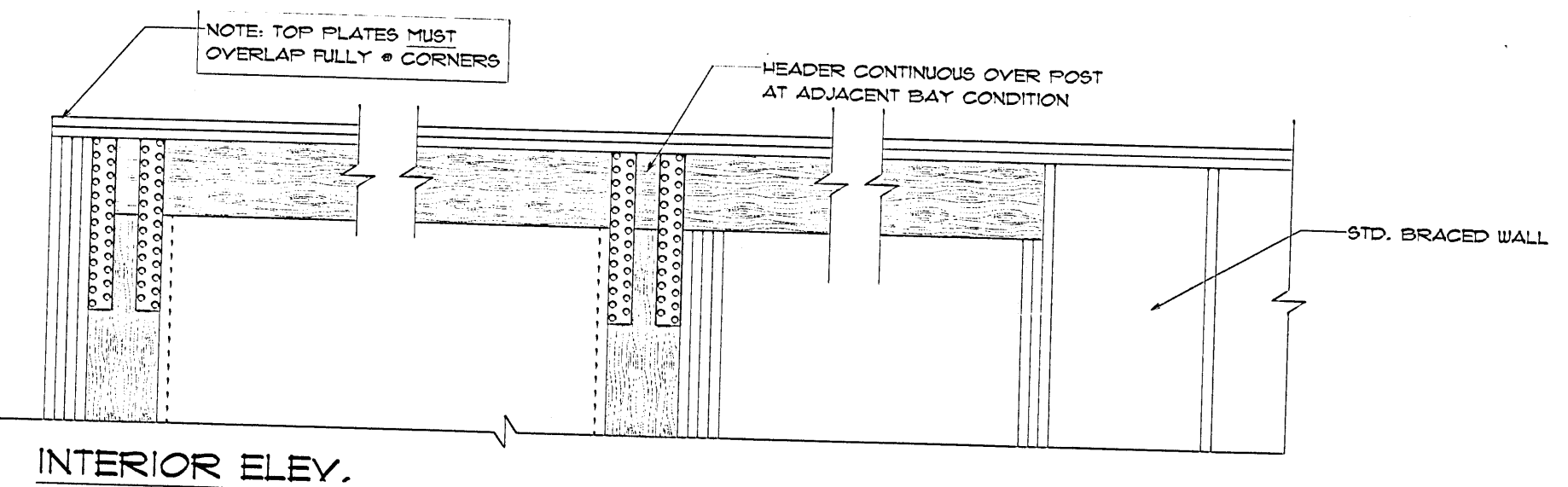


NOTE: END BRACING DESIGN AS REQUIRED BY SECTION 602.10 OF THE IRC HAS BEEN SATISFIED BY THE ALTERNATIVE CONTINUOUS STRUCTURAL PANEL SHEATHING METHOD (602.10.5) AND NARROW WALL PORTAL FRAMED BRACING PER APA FORM 745 - REFER TO MINIMUM CONSTRUCTION DETAILS THIS SHEET. ADDITIONALLY, ALL STRUCTURAL MEMBERS SHALL BE FASTENED IN ACCORDANCE WITH TABLE R602.3.1(1) OF THE INTERNATIONAL RESIDENTIAL CODE AND THE MANUFACTURER'S RECOMMENDATIONS. IN THE CASE OF ENGINEERED COMPONENTS, MINIMUM BRACED WALL LENGTHS ARE BASED ON THIS TABLE.

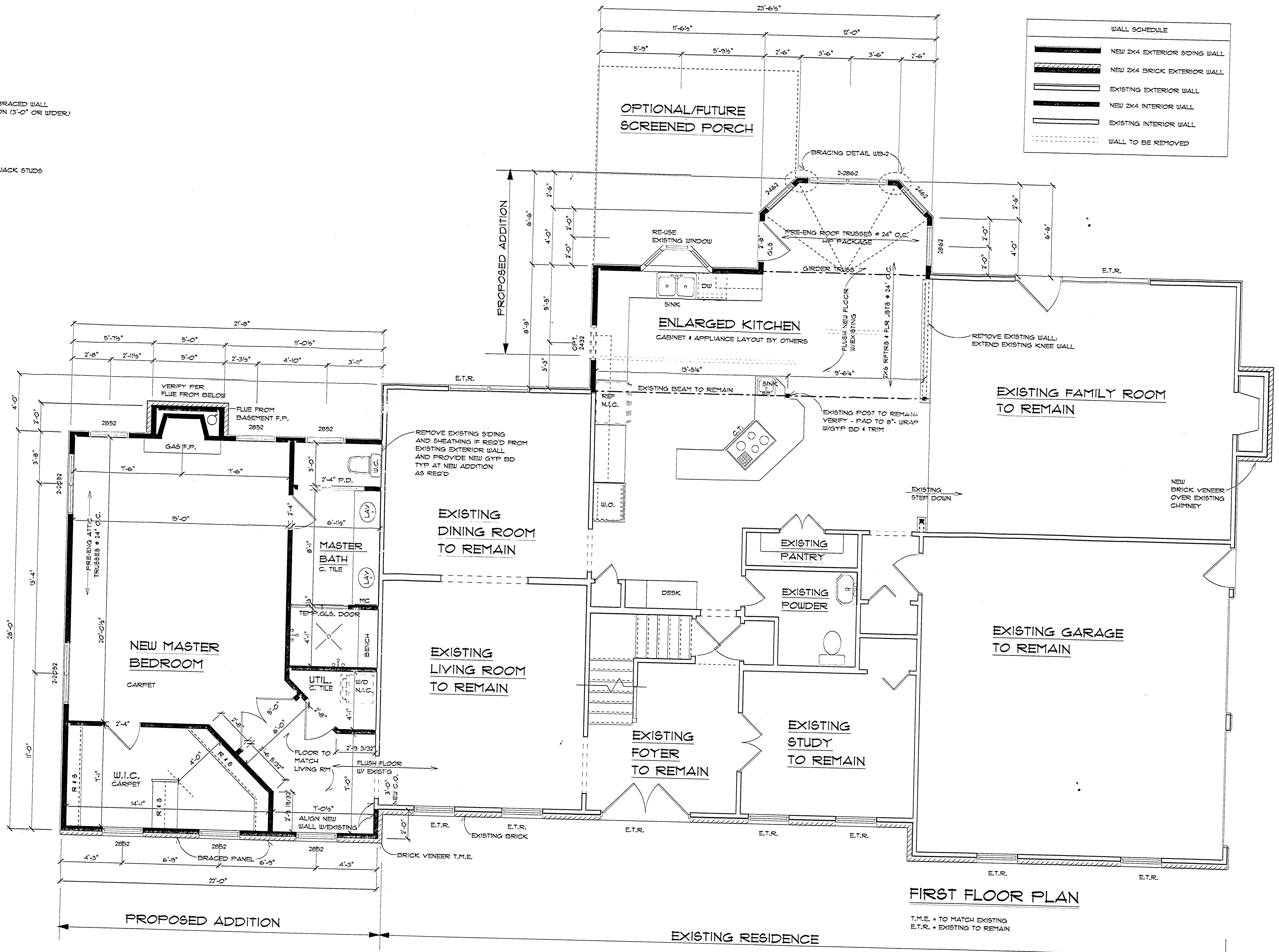
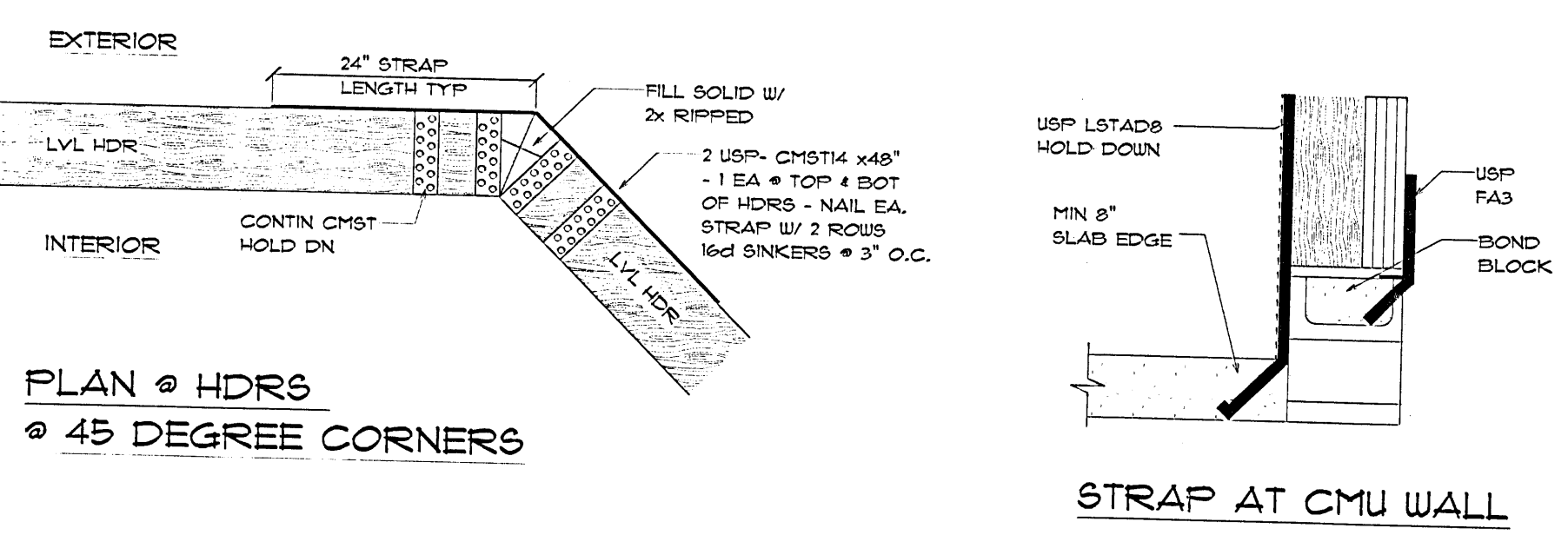
WALL HEIGHT	MINIMUM LENGTH OF BRACED WALL PANELS									
	6'0"	6'6"	6'8"	7'0"	7'6"	8'0"	8'6"	9'0"	10'0"	FULL HEIGHT
8' WALL	24"	26"	28"	28"	30"	32"	48"	N/A	48"	
9' WALL	27"	27"	27"	28"	31"	33"	39"	54"	54"	
10' WALL	30"	30"	30"	30"	31"	33"	38"	41"	60"	

ALL BRACED EXTERIOR WALLS SHALL BE MIN. 1/4" OSB PANEL SHEATHING ATTACHED TO FRAMING WITH 8# COMMON WALLS @ 16" O.C. AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE FRAMING MEMBERS. SOLE PLATES SHALL BE FASTENED TO JOIST OR SOLID BLOCKING WITH 2X6# NAILS @ 16" O.C. WITH JOIST TO PLATE OR 8# WITH 8# @ 6" O.C. TO NAIL.

INTERIOR BRACED WALLS SHALL BE MIN. 1/2" GYP. BD. APPLIED TO EACH SIDE OF FRAMING WITH ADHESIVE AND 8 OR 10 SCREWS @ 24" O.C. OR MINIMUM 4" LONG WHERE GYP BOARD IS APPLIED TO BOTH SIDES. MIN. 8" LONG WHERE GYP BOARD IS APPLIED TO ONE FACE ONLY.



WB-2 ALT. ENGINEERED LSL COLUMN PORTAL DETAILS FOR SIDEWALLS NARROWER THAN WB-1 PERMITS
(MINIMUM WIDTH REQUIRED 9.25")



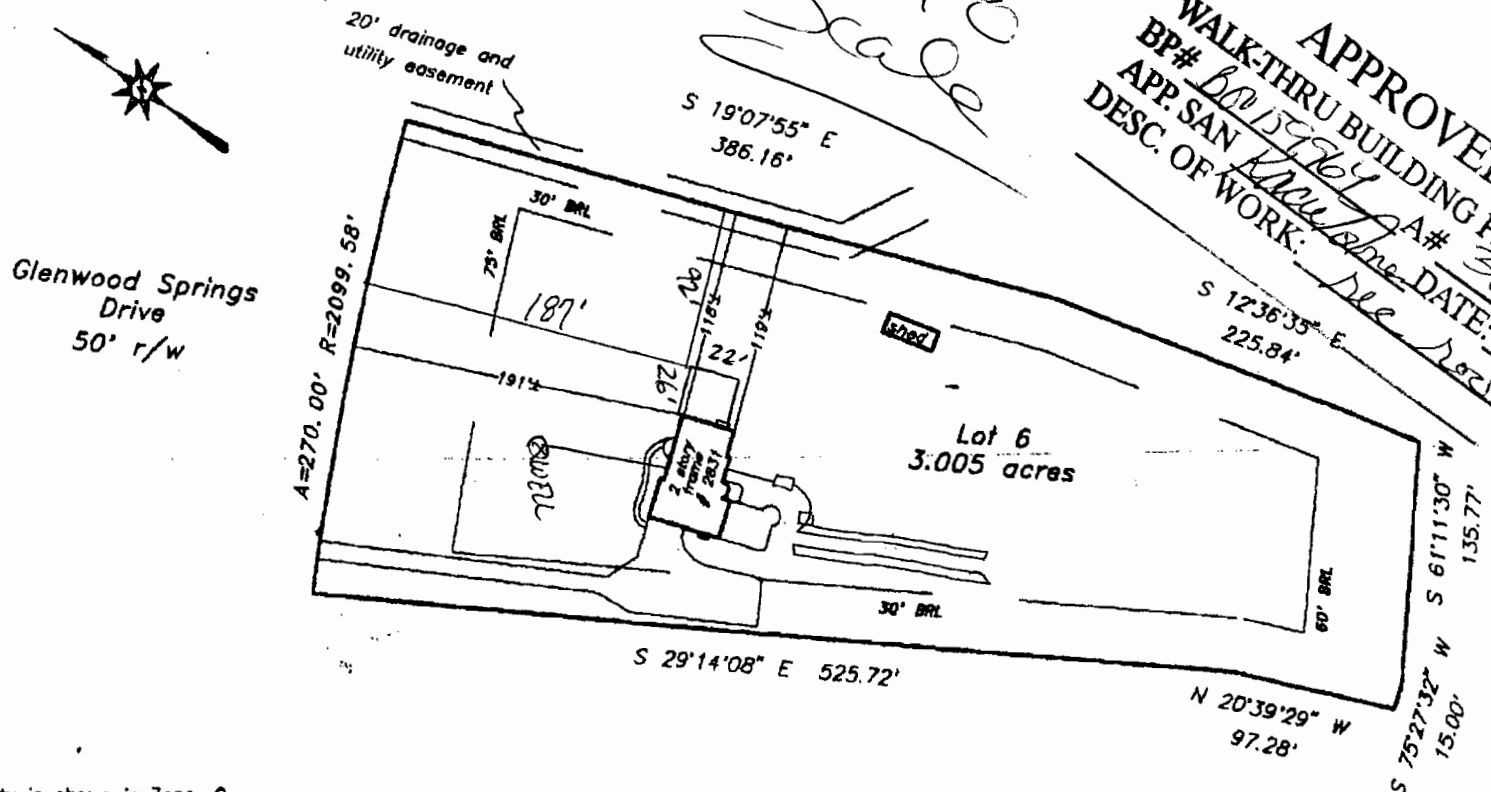
WALL SCHEDULE

- NEW 2X4 EXTERIOR SIDING WALL
- NEW 2X4 BRICK EXTERIOR WALL
- EXISTING EXTERIOR WALL
- NEW 2X4 INTERIOR WALL
- EXISTING INTERIOR WALL
- WALL TO BE REMOVED

FIRST FLOOR PLAN
T.M.E. = TO MATCH EXISTING
E.T.R. = EXISTING TO REMAIN

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1%.



PLAN TO Scale

APPROVED
WALK-THRU BUILDING PERMIT
 BP# *DD 159764* A# *38353*
 APP. SAN *Krawline* DATE: *5/30/00*
 DESC. OF WORK: *See notes*

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 14 of 45 Community Panel # 240044-0014 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as **Lot 6**
2831 Glenwood Springs Drive
 recorded in the Land Records of Howard County, Maryland in Plat Bk. **7680** Liber **Folio**
 for the purpose of locating the improvements thereon.



LOCATION DRAWING
2831 Glenwood Springs Drive
Glenwood Springs
4th election district
HOWARD COUNTY, MARYLAND

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315

Scale:	1" = 100'
Date:	May 4, 1999
Field by:	JLM
Drawn by:	JLM
Drawing #	12473CAT

1300134751 K0

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300134751

Building Address **2831 GLENWOOD SPRINGS DR**
GLENWOOD MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract **604002** Subdivision **Glenwood Springs**
Section **-** Area **-** Lot **6**
Tax Map **14** Parcel **229** Grid **17**
Zoning **RR** Map Coordinates _____ Lot size _____

Property Owner's Name **John W BIRANE**
Address **2831 GLENWOOD SPRINGS DR**
City **GLENWOOD** State **MD** Zip Code **21738**
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Call Nick
410-262-6312
Phone **410-262-6312** Fax _____

Existing Use **DWELLING**
Proposed Use **DWELLING**
Estimated Construction Cost \$ **1200.00**
Description of Work **TYPICAL 1-500 GALLON**
UNDERGROUND PROPANE TANK

Contractor Company **Positive Mechanical**
Contact Person **CHRIS KOLB**
Address **104 TENNEY DR CT**
City **ABINGDON** State **MD** Zip Code **21009**
License No. **15627**
Phone **413-677-3656** Fax _____

Occupant or Tenant **(OWNER)**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
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State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: **Chris Kolb**
Positive Mechanical

Print Name: **CHRIS KOLB**
Date: **3-7-02**

Title/Company: _____
Date: _____
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

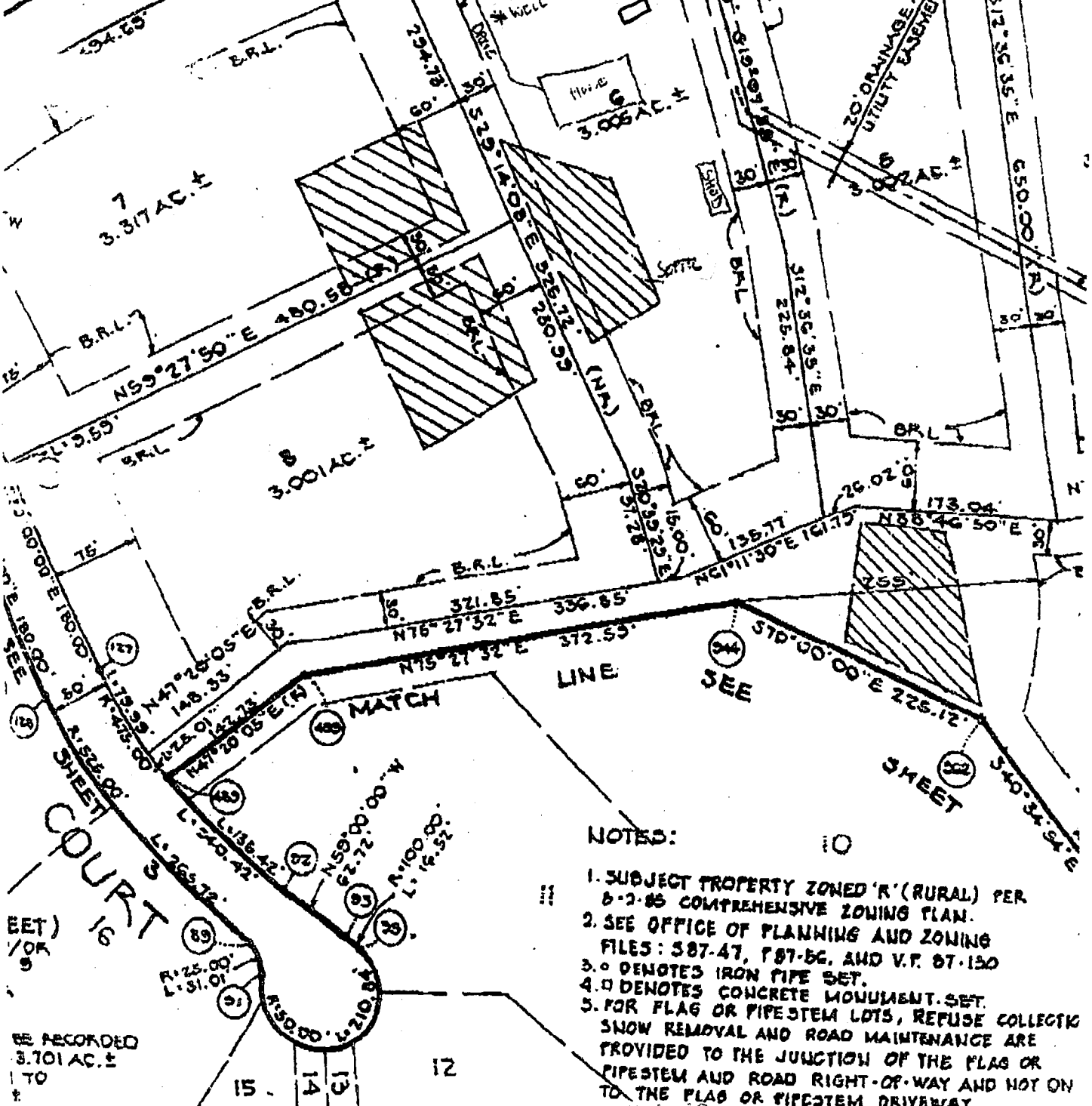
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ 100
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	3-11-02	Karel J. Jankovic	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # 7427
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # 11-1-01

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM Rev. 5/17/00

SEE SHEET 5
L-457.05

GLENWOOD SPRINGS DRIVE
L-270.00

SITE OK
3/11/02



COURT
SHEET 16

RECORDED
3.701 AC.±
TO

PRIVATE SEWERAGE
BY HEALTH

- NOTES:
1. SUBJECT PROPERTY ZONED 'R' (RURAL) PER 8-2-85 COMPREHENSIVE ZONING PLAN.
 2. SEE OFFICE OF PLANNING AND ZONING FILES: 387-47, 187-56, AND V.P. 87-150
 3. ○ DENOTES IRON PIPE SET.
 4. □ DENOTES CONCRETE MONUMENT SET.
 5. FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND ROAD RIGHT-OF-WAY AND NOT ON TO THE FLAG OR PIPESTEM DRIVEWAY.

OWNER'S CERTIFICATE:

WE, GLENWOOD SPRINGS PARTNERSHIP, A MARYLAND GENERAL PARTNERSHIP, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADVERTISE THIS PLAN