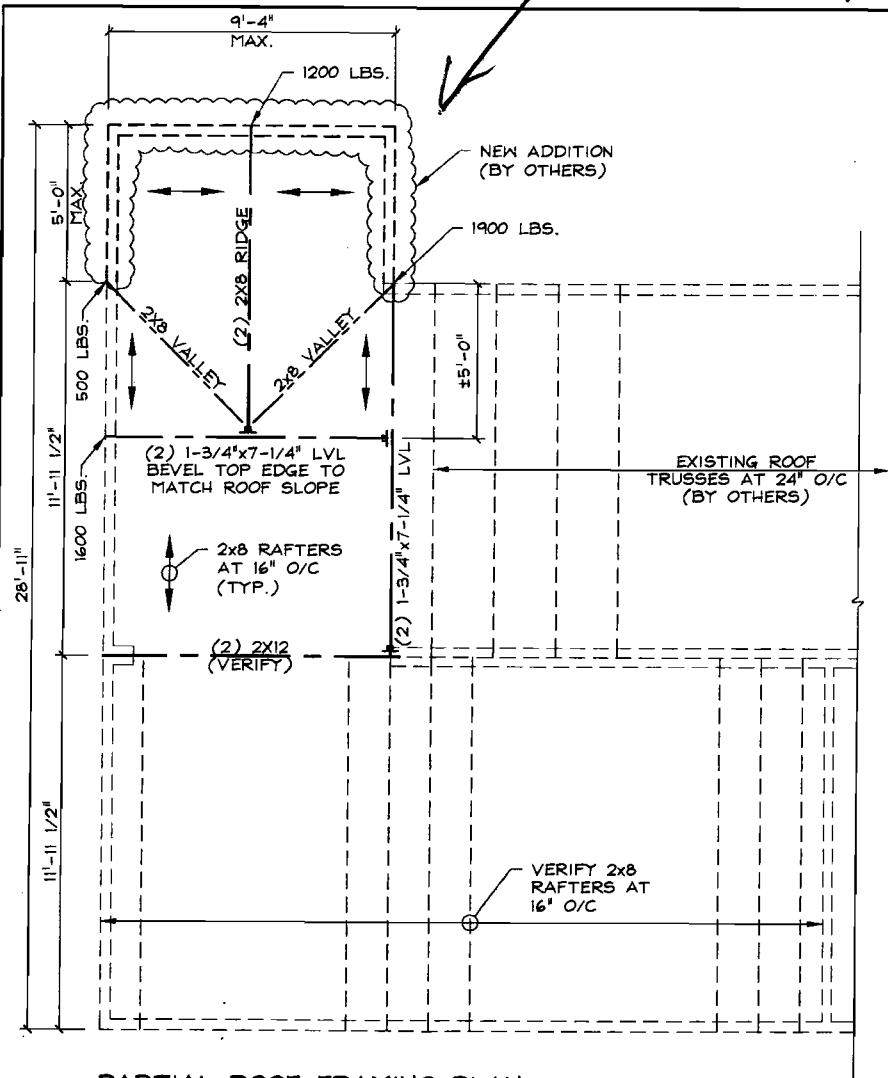


5' x 9' Dining area extension
 approved ReB 10/17/07



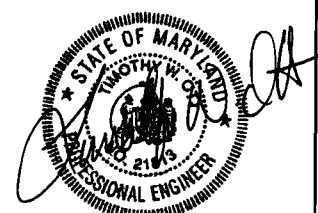
PARTIAL ROOF FRAMING PLAN
 N.T.S.

GENERAL NOTES AND SPECIFICATIONS:

1. THE DETAILS CONTAINED HEREIN ARE RECOMMENDATIONS FOR PARTIAL ROOF FRAMING ONLY FOR THE PROPOSED 5'-0" x 9'-0" APPROX.) ADDITION AT THE KLEINMEIER RESIDENCE, 950 HENRYTON ROAD, MARRIOTSVILLE, MD 21104. ALL OTHER STRUCTURAL ASPECTS OF THE ADDITION (I.E. WALLS, FLOOR, FOUNDATION, ETC.) AND REQUIRED CONNECTIONS ARE ASSUMED TO BE DESIGNED AND PROVIDED BY OTHERS. THESE DETAILS SHALL NOT BE USED FOR ANY OTHER EXISTING OR FUTURE UNITS.
2. ALL MATERIALS AND METHODS OF CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2003 IRC AND ALL APPLICABLE STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS. IT IS RECOMMENDED THAT A LICENSED CONTRACTOR INSTALL THE REPAIRS SHOWN.
3. THE CONTRACTOR SHALL VERIFY THE ASSUMED CONDITIONS BY ACTUAL FIELD MEASUREMENTS AND INSPECTIONS PRIOR TO FABRICATION OF ANY MATERIALS AND START OF CONSTRUCTION WORK. ANY DISCREPANCIES SHALL BE REPORTED TO THE ENGINEER FOR CORRECTIVE MEASURES.
4. WARNING: CONTRACTOR RESPONSIBLE FOR ALL TEMPORARY SHORING AND BRACING REQUIRED THROUGHOUT DURATION OF WORK.
5. UNLESS OTHERWISE NOTED, LUMBER SHALL BE NO.2 HEM-FIR OR SPRUCE-PINE FIR WITH SIZES AS INDICATED. ALL LAMINATED VENEER LUMBER (LVL) SHALL BE 1.9E MICROLLAM AS MANUFACTURED BY TRUSJOIST.
6. ROOF SHEATHING SHALL BE 7/16" APA RATED SHEATHING 32/16, EXPOSURE 1.
7. PROVIDE SIMPSON "H2.5" HURRICANE TIE AT EACH RAFTER/BEAM AT BEARING WALLS (BY OTHERS).
8. UNLESS NOTED OTHERWISE, MINIMUM CONNECTION FOR ROOF MEMBERS SHOWN SHALL BE (3) 16d COMMON NAILS, DIRECT. BEAM-TO-BEAM CONNECTIONS SHALL BE IN ACCORDANCE WITH THE FOLLOWING TABLE:

(2) 2x8 RIDGE TO 2-PLY LVL BEAM	SIMPSON "U26-2"
2-PLY LVL BEAM TO 2-PLY LVL RAFTER	SIMPSON "HU48"
2-PLY LVL RAFTER TO (2) 2x12 RIDGE	SIMPSON "HU48" - SLOPED

9. CONTRACTOR RESPONSIBLE FOR PROVIDING ADEQUATE BEARING, CONNECTION AND TRANSFER OF BEAM REACTIONS INDICATED TO THE FOUNDATION BELOW.



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. 21813, Expiration Date: 12-19-2007.

CALLAHAN ASSOCIATES, INC.
 Consulting Engineers
 (Structural Engineering Associates, Inc. in VA)
 57 West Timonium Road, Suite 300
 TIMONIUM, MD 21083
 Phone: (410) 561-1980
 Fax: (410) 561-9522

RESIGNED BY: _____
 JOB NUMBER: 07-0039
 DATE: 10-5-07
 SCALE: AS NOTED
 DRAWN BY: _____
 CHECKED BY: _____

**PROPOSED ADDITION
 RECOMMENDED ROOF
 FRAMING**
 950 HENRYTON ROAD
 MARRIOTSVILLE, MD 21104

REVISIONS

DWG. **S1**
 OF 1

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B07004a58

Building Address 950 Henryton Road
Marriottsville MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot PAR D
 Tax Map 10 Parcel 246 Grid Z
 Zoning _____ Map Coordinates _____ Lot size 10 acres

Property Owner's Name Daria Kleinmeier
 Address 950 Henryton Road
 City Marriottsville State MD Zip Code 21104
 Home Phone 410 442 1430 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use Dining
 Estimated Construction Cost \$ 12,000.00
 Description of Work Small extension
of dining area with
cathedral ceiling

Contractor Company Highpoint Home Improvement
 Contact Person Josh Rimmel
 Address 900 Henryton Rd.
 City Marriottsville State MD Zip Code 21104
 License No. 123972
 Phone 410 402 3257 Fax _____

Occupant or Tenant Kleinmeier
 Contact Name Daria Kleinmeier
 Address 950 Henryton Rd.
 City Marriottsville State MD Zip Code 21104
 Phone 410 442 1430 Fax _____

Engineer or Architect Company Callahan Associates
 Contact Person Tim Ott
 Address 57 W. Timonium Rd., Suite 300
 City Timonium State MD Zip Code 21093
 Phone 410 561 1980 Fax 410 561 9522

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>53'</u> Width <u>23'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>53'</u> <u>23'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>3</u>	
Height: <u>16'</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>dining addition</u>	
Dimensions: <u>9' x 5'</u>	
Footings: <u>per 16'</u>	
Roof Height: <u>16'</u>	
_____ 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.

JSR
 Applicant's Signature
 President Highpoint Home Imp.
 Title/Company

Joshua S. Rimmel
 Print Name
10/17/07
 Date

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

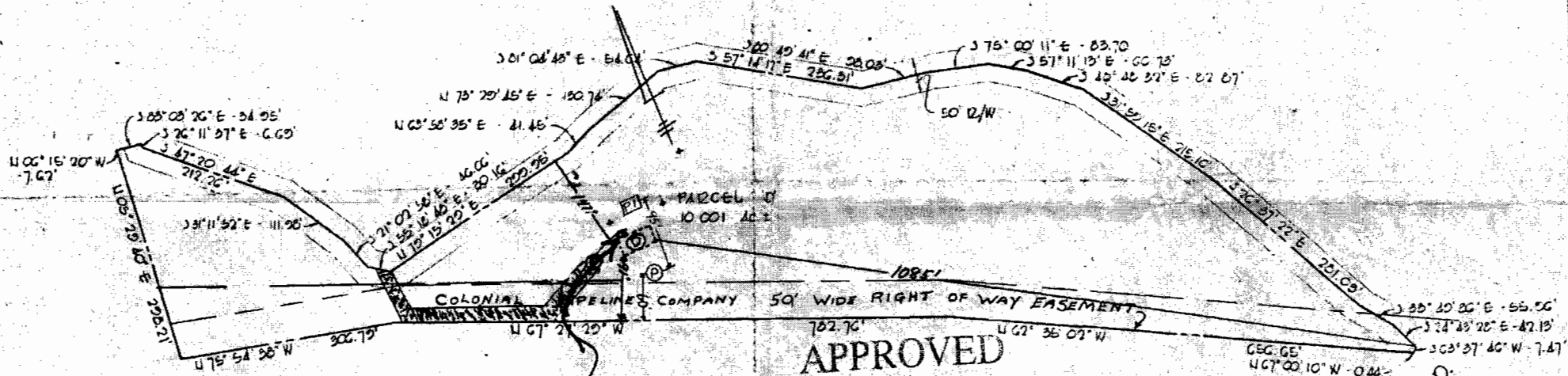
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>10/17/2007</u>	<u>R. Bialer</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

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

County Health Officer _____ Date _____

NOTE: The lot shown hereon complies with minimum ownership width and lot area as required by the Maryland State Department of Health Regulations.

OK for Septic System First PD04 3/11/99



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07004258 A#
 APP. SAN R. Bricker DATE: 10/17/2007
 DESC. OF WORK: 5' x 9' Dining room extension as shown

Scale ~ 1" = 20'



William G. Casch II 3/6/96
 William G. Casch II Reg. No. 4575 Date

PARCEL D
 PROPERTY OF
 MARK JOSEPH BELISLE, ET AL.
 THIRD ELECTION DISTRICT HOWARD COUNTY, MD
 March 4, 1976 Scale: 1" = 100'

PURDUM & JESCHKE
 CONSULTING ENGINEERS
 AND LAND SURVEYORS
 1028 N. Calvert Street
 Baltimore, Maryland 21202

5' x 9' proposed bumpout