



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: 5-16-14

Permit No.: B14001650

Building Address: 1483 Row 32
 City: Sylkesville State: MD Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Glencoe
 Section: _____ Area: _____ Lot: 7
 Tax Map: 9 Parcel: 360 Grid: 8
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.23

Property Owner's Name: Richard Vatz
 Address: 824 Staffordshire Rd
 City: Catonsville State: MD Zip Code: 21030
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 6000
 Description of Work: Install 500 gal Propane tank

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Sylkesville State: MD Zip Code: 21784
 Phone: 443-340-1229 Fax: _____
 Email: Jeremy@appliedandapproved.com

Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Gerung
 Address: 7201 MonteVIDEO Rd
 City: ESSEX State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410 799 1114 Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" 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: [Signature]
 Print Name: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com
 Title/Company: Permitto

Print Name: Jeremy Clancy
 Date: 5/16/14

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	<u>6/16/14</u>	<u>H. Oswald</u>

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	# <u>3056</u>



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: 2/7/14

Permit No.: B14000374

Building Address: 1483 Rt. 32
 City: Sykesville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: GP-13-050
 Census Tract: _____ Subdivision: Keane Property
 Section: _____ Area: _____ Lot: 7
 Tax Map: 9 Parcel: 41 Grid: 17&18
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 140,699

Existing Use: Vacant Lot
 Proposed Use: SFD
 Estimated Construction Cost: \$ 399,415
 Description of Work: 2 story, 2 car garage, FP, 8 rooms, 3 full baths, 1 half, 13x19 screened porch and 17x21 deck

Occupant or Tenant: _____
 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:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Trinity Quality Homes, Inc.
 Address: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 443-535-8516 Fax: _____
 Email: sherry@trinityhomes.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Trinity Quality Homes, Inco
 Contact Person: Sherry Mewshaw
 Address: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 License No.: 699
 Phone: 443-535-8516 Fax: _____
 Email: sherry@trinityhomes.com

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G13000207</u>
Building Shell Permit Number:	

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Sherry Mewshaw Sherry Mewshaw
 Applicant's Signature Print Name
sherry@trinityhomes.com
 Email Address
Trinity Homes
 Title/Company

RECEIVED
 FEB 07 2014

LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>Sherry Mewshaw</u>

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

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Front:	
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Side:	
Side St.:	
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:	

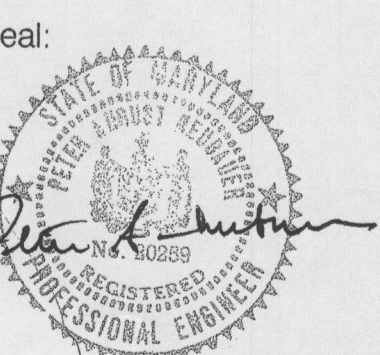
Filing Fee	\$ <u>160.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>028710</u>

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

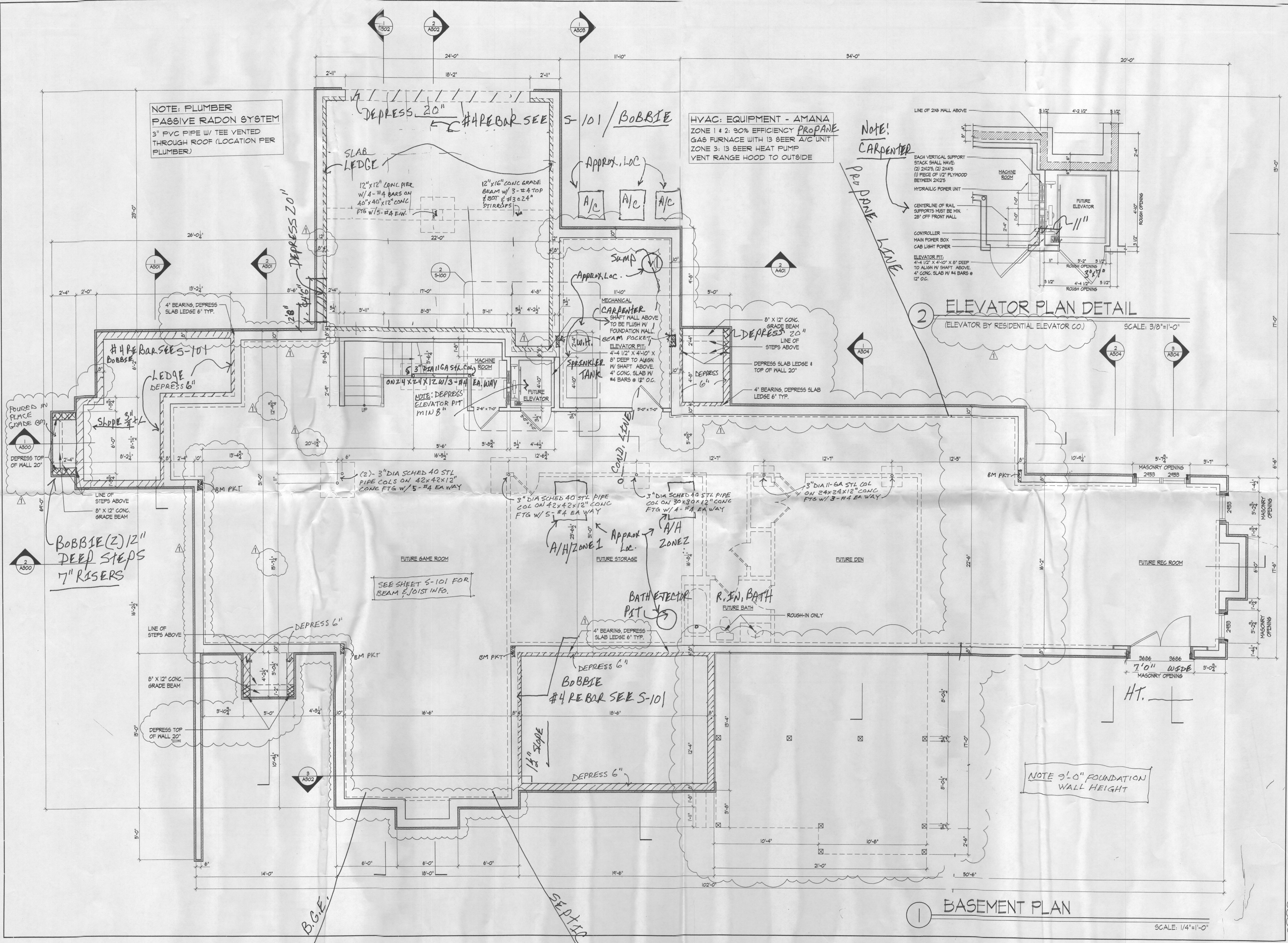
Project Name:
Drawing Name:

Issue	Dates:
PROGRESS	4.9.13
DD	5.8.13
PROGRESS	9.6.13
PERMIT SET	11.12.13
REVISIONS	1.14.14

Project Number:
1216
Drawn by:
MLB/SAS



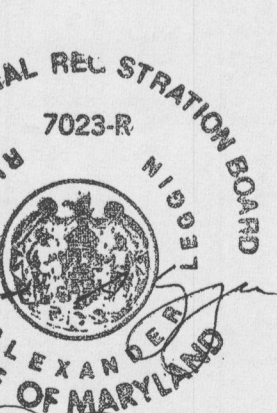
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S-100



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

Issue	Dates:
PROGRESS	4.9.13
DD	5.8.13
PROGRESS	9.6.13
PERMIT SET	11.12.13
REVISIONS	1.14.14

Project Number:
 1216
 Drawn by:
 MLB/SAS



IECC 2012 ENERGY CODE COMPLIANCE REQUIREMENTS

THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2012 INTERNATIONAL ENERGY CONSERVATION CODE:

COMPLIANCE CERTIFICATE	DESCRIPTION
AIR LEAKAGE	A PERMANENT CERTIFICATE APPROVED BY THE LOCAL JURISDICTION DESCRIBING THE R-VALUE, U-FACTORS, AND 645C OF THE BUILDING COMPONENTS AND BUILDING AIR LEAKAGE TEST RESULTS SHALL BE AFFIXED TO THE ELECTRICAL DISTRIBUTION PANEL OR ANOTHER LOCATION APPROVED BY THE LOCAL JURISDICTION PER IECC R402.3 (IRC N102.3).
MAJOR INFILTRATION UFACTOR AND 645C	ALL NEW CONSTRUCTION BUILDINGS SHALL BE CONSTRUCTED TO LIMIT THE THERMAL ENVELOPE AIR LEAKAGE TO 3 AIR CHANGES PER HOUR AT 50 Pascals of Pressure and TESTED VIA A BLOWER DOOR TEST PER IECC R402.4 (IRC N102.4).
HVAC CONTROLS	THE MAJOR UFACTOR ALLOWED UNDER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.4 (IRC N102.4) ON THE SUPPLEMENTED PERFORMANCE ALTERNATIVE PER IECC R403 (IRC N103) SHALL BE 0.48 FOR VERTICAL INFILTRATION AND 0.5 FOR SKYLIGHTS PER IECC R402.9 (IRC N103.9).
HEAT PUMP SUPPLEMENTARY HEAT	EACH HEATING AND COOLING SYSTEM SHALL HAVE AT LEAST ONE THERMOSTAT PER IECC R403 (IRC N103). IF THE PRIMARY HEATING SYSTEM IS A FORCED AIR FURNACE, A PROGRAMMABLE THERMOSTAT SHALL BE PROVIDED PER IECC R403.1 (IRC N103.1).
HEAT PUMP SUPPLEMENTARY HEAT	HEAT PUMPS WITH SUPPLEMENTARY ELECTRIC RESISTANCE HEAT SHALL HAVE CONTROLS THAT EXCEPT DURING DEFROST, PREVENT SUPPLEMENTAL HEAT FROM OPERATING WHEN THE HEAT PUMP COMPRESSOR CAN MEET THE HEATING LOAD PER IECC R403.3 (IRC N103.3).
DUCT SEALING	ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IECC R403.4.1 (IRC N103.4.1) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED EXTERIALLY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR PLENUMS	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR PLENUMS PER IECC R403.2.3 (IRC N103.2.3).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 50°F OR BELOW 50°F SHALL BE INSULATED TO R-3 (CONDENSATION AND CRYSTAL PER IECC R403.3) (IRC N103.3).
CIRCULATING HOT WATER SYSTEMS	CIRCULATING HOT WATER SYSTEMS SHALL BE PROVIDED WITH AN AUTOMATIC OR MANUALLY ACCESSIBLE MANUAL SWITCH TO TURN OFF THE CIRCULATING PUMP WHEN THE SYSTEM IS NOT IN USE PER IECC R403.4 (IRC N103.4).
MECHANICAL VENTILATION	THE BUILDING SHALL BE PROVIDED WITH VENTILATION PER IECC M507 OR OTHER APPROVED MEANS OF VENTILATION PER IECC R403.9 (IRC N103.9). SINGLE-SHADE VENTILATION SHALL MEET EFFICIENCY STANDARDS PER IECC TABLE R403.9.1 (IRC TABLE N103.9.1).
EQUIPMENT RATING	HEATING AND COOLING EQUIPMENT SHALL BE RATED IN ACCORDANCE WITH ACCA MANUAL 9 BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL 1 OR OTHER APPROVED HEATING AND COOLING CALCULATION METHODOLOGIES PER IECC R403.6 (IRC N103.6).
SYSTEMS SERVING MULTIPLE DWELLING UNITS	SYSTEMS SERVING MULTIPLE DWELLING UNITS SHALL CONFORM TO IECC SECTIONS C403 AND C404.
SNOW AND ICE MELT SYSTEMS CONTROLS	SNOW AND ICE MELT SYSTEMS SUPPLIED THROUGH ENERGY SERVICE TO THE BUILDING SHALL INCLUDE AUTOMATIC CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE FROSTFREEN TEMPERATURE IS ABOVE 50°F AND NO PRECIPITATION IS FALLING, AND AUTOMATIC OR MANUAL CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE OUTDOOR TEMPERATURE IS ABOVE 40°F PER IECC R403.8 (IRC N103.8).
POOLS AND INGROUND PERMANENTLY INSTALLED SPAS	POOLS AND INGROUND SPA HEATERS SHALL HAVE AN ACCESSIBLE ON/OFF SWITCH MOUNTED ON THE OUTSIDE OF THE HEATER THAT ALLOWS SHUT-OFF WITHOUT AFFECTING THE THERMOSTAT SETTING PER IECC R403.8.1 (IRC N103.8.1). GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE THE SWITCHES OR OTHER CONTROL METHODS TO AUTOMATICALLY TURN ON AND OFF PER A PRESET SCHEDULE PER IECC R403.8.2 (IRC N103.8.2). HEATED POOLS AND INGROUND SPAS SHALL BE PROVIDED WITH A VAPOR-RETARDANT COVER PER IECC R403.8.3 (IRC N103.8.3).
LIGHTING EQUIPMENT	A MINIMUM OF 75% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS OR A MINIMUM OF 75% OF THE PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL CONTAIN ONLY HIGH-EFFICACY LAMPS PER IECC R404 (IRC N104).
FUEL GAS LIGHTING EQUIPMENT	FUEL GAS SYSTEMS SHALL NOT HAVE CONTINUOUSLY BURNING PILOT LIGHT SYSTEMS PER IECC R404.1 (IRC N104.1).

THE BUILDING SHALL ALSO CONFORM TO ONE OF THE FOLLOWING OPTIONS:

1. PRESCRIPTIVE

THE BUILDING CONFORMS TO THE PRESCRIPTIVE REQUIREMENTS DETAILED IN THE CHART BELOW PER IECC R402.1.1 + R402.1.2 (IRC N102.1.1 + N102.1.2). EQUIVALENT U-FACTORS MAY BE SUBSTITUTED FOR REQUIRED R-VALUES PER IECC R402.1.3 (IRC N102.1.3). THE BUILDING SHALL ALSO CONFORM TO THE DETAILED REQUIREMENTS OF IECC R402.2 (IRC N102.2).

COMPONENT	REQUIRED VALUE
CEILING/ROOF	R-49 (COMPRESSED OVER WALL TOP PLATE AT BAYES) OR R-38 (UNCOMPRESSED OVER WALL TOP PLATE AT BAYES)
WALLS	R-20 CAVITY OR R-13 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-5 CONTINUOUS
SLAB	R-10 2" DEPTH
CRACK FACE: WALL OF FLOOR	R-10 CONTINUOUS OR R-5 CAVITY
DUCTS OUTSIDE CONDITIONED SPACE	R-4 FOR SUPPLY DUCTS IN ATTIC R-4 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.4.2 (IRC N103.4.2)
INFILTRATION	UFACTOR = 0.38 MAX; 645C = 0.40 MAX
SKYLIGHTS	UFACTOR = 0.38 MAX; 645C = 0.40 MAX

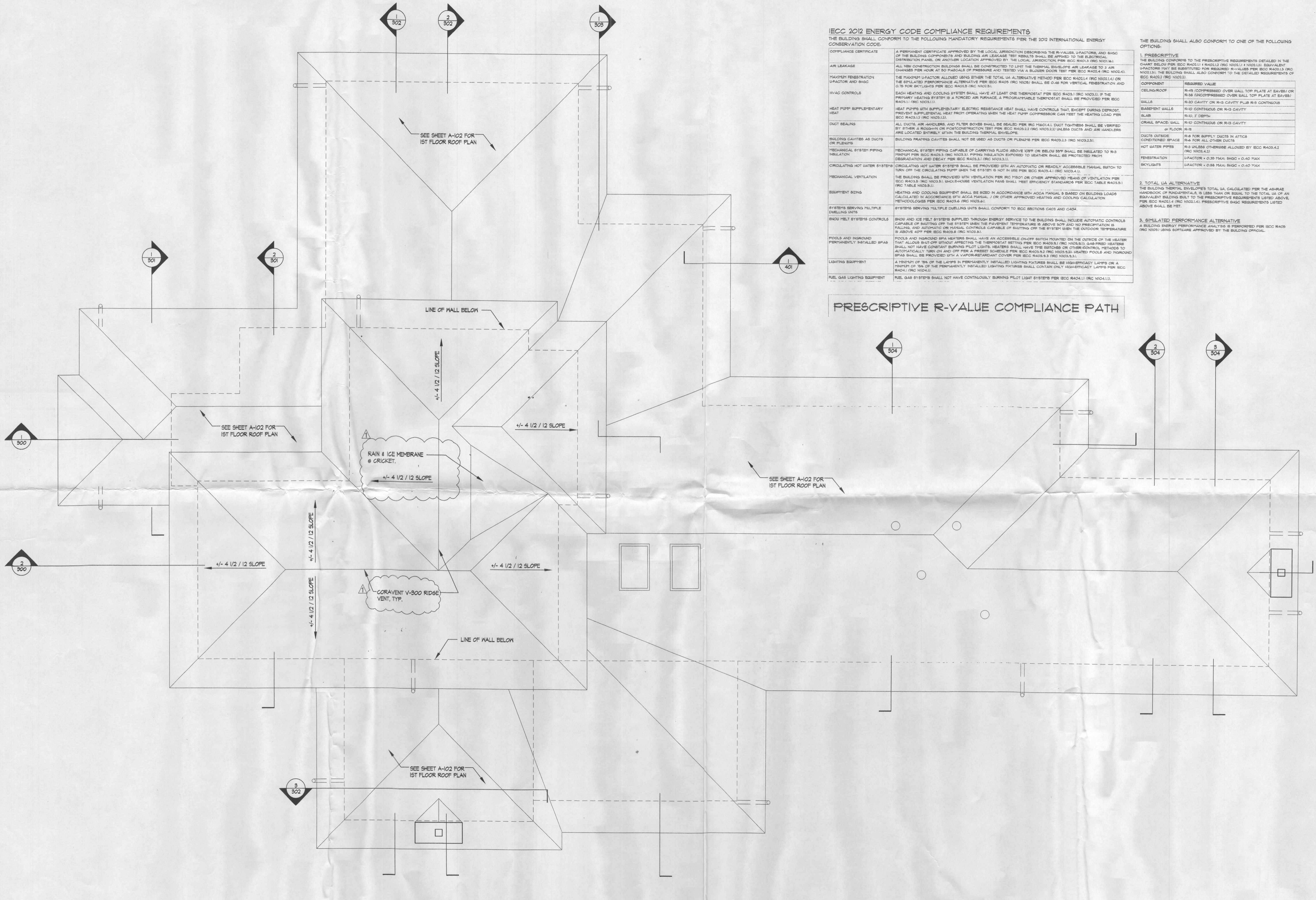
2. TOTAL UA ALTERNATIVE

THE BUILDING THERMAL ENVELOPE'S TOTAL UA, CALCULATED PER THE ASHRAE HANDBOOK OF FUNDAMENTALS, IS LESS THAN OR EQUAL TO THE TOTAL UA OF AN EQUIVALENT BUILDING BUILT TO THE PRESCRIPTIVE REQUIREMENTS LISTED ABOVE PER IECC R402.4 (IRC N102.4). PRESCRIPTIVE 645C REQUIREMENTS LISTED ABOVE SHALL BE MET.

3. SIMULATED PERFORMANCE ALTERNATIVE

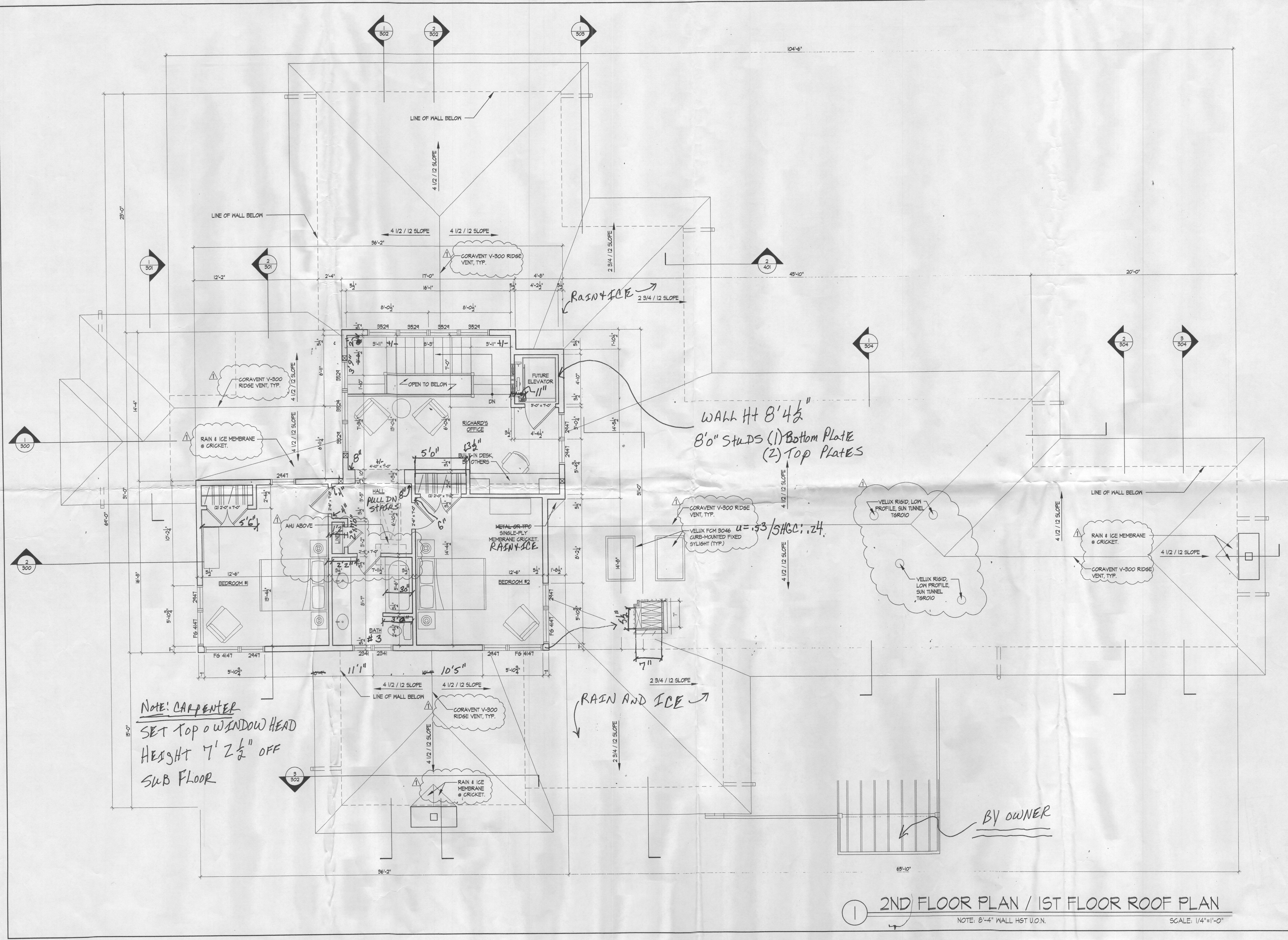
A BUILDING ENERGY PERFORMANCE ANALYSIS IS PERFORMED PER IECC R403 (IRC N103) USING SOFTWARE APPROVED BY THE BUILDING OFFICIAL.

PRESCRIPTIVE R-VALUE COMPLIANCE PATH



ROOF PLAN

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



NOTE: CARPENTER
 SET TOP OF WINDOW HEAD
 HEIGHT 7' 2 1/2" OFF
 S.W.B FLOOR

WALL HT 8' 4 1/2"
 8" STUDS (1) BOTTOM PLATE
 (2) TOP PLATES

BY OWNER

1 2ND FLOOR PLAN / 1ST FLOOR ROOF PLAN
 NOTE: 8'-4" WALL HGT U.O.N. SCALE: 1/4"=1'-0"

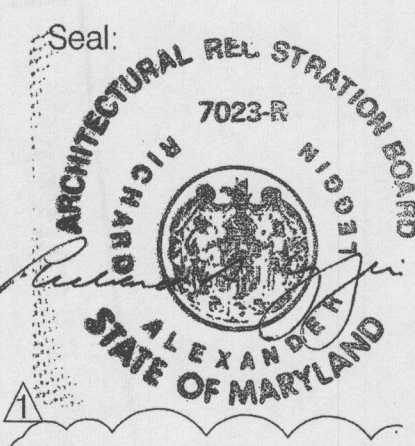
VATZ
 RESIDENCE

Richard Leggin Architects
 6110 Oberlin Avenue
 Glen Echo, MD 20812
 (301) 320-0107

VATZ RESIDENCE
 KEANE PROPERTY LOT 7, HOWARD COUNTY, MD
SECOND FLOOR PLAN
 Project Name:
 Drawing Name:

Issue	Dates:
PROGRESS	4.9.13
DD	5.8.13
PROGRESS	9.6.13
PERMIT SET	11.12.13
REVISIONS	1.14.14

Project Number:
 1216
 Drawn by:
 MLB/SAS

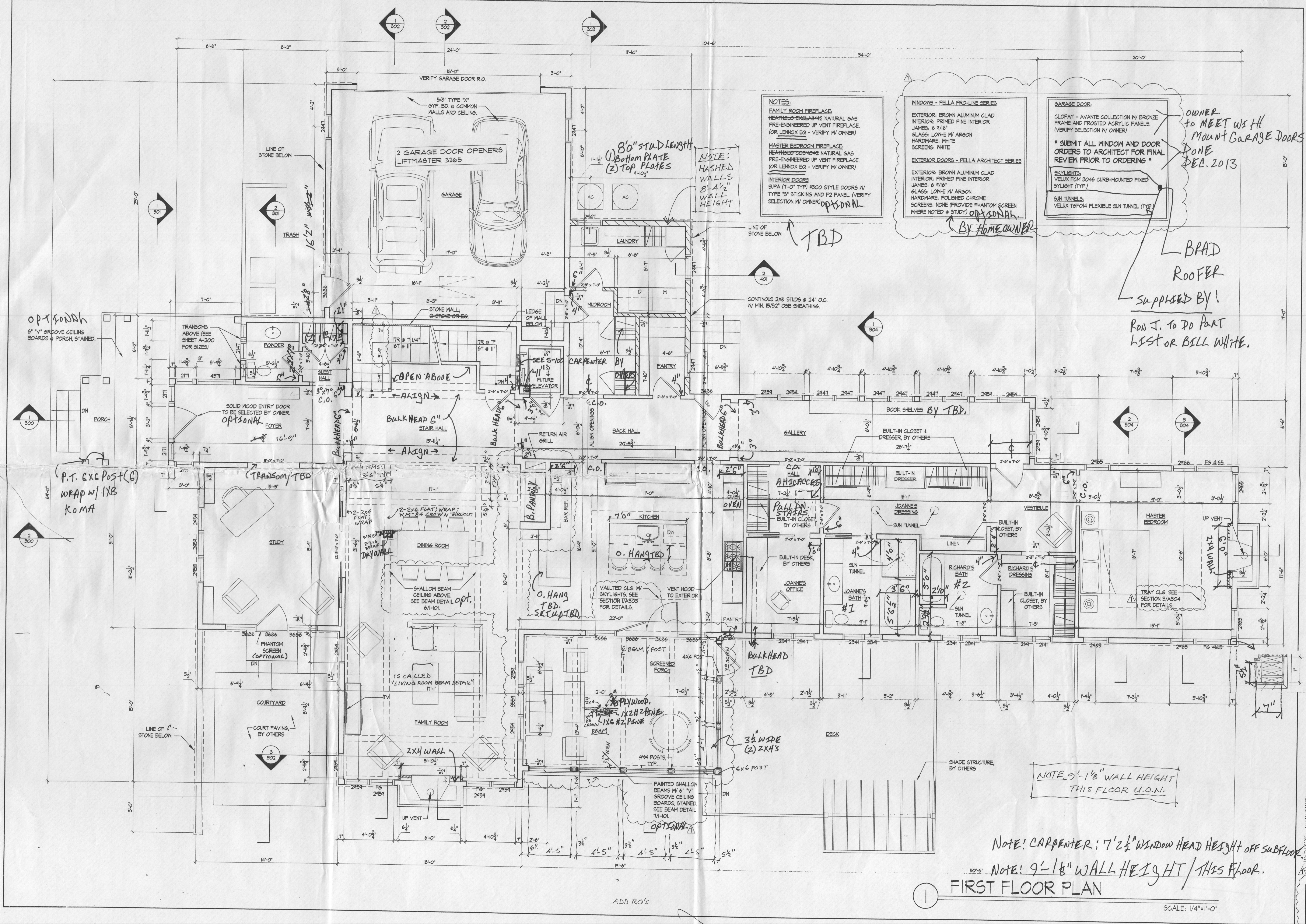
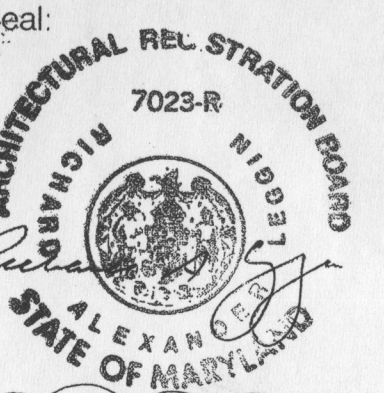


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A-101

PLOT STAMP: 01.27.14 4:03pm

Issue	Dates:
PROGRESS	4.9.13
DD	5.8.13
PROGRESS	9.6.13
PERMIT SET	11.12.13
REVISIONS	1.14.14

Project Number: 1216
 Drawn by: MLB/SAS



FIRST FLOOR PLAN

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

PLOT STAMP: 01.27.14 4:03pm