



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: 5-14-14

Permit No.: B14001550

Building Address: 12309 Autumn Tree Ln
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: GP-13-038
 Census Tract: _____ Subdivision: Walnut Creek
 Section: _____ Area: _____ Lot: 4
 Tax Map: 28 Parcel: 49 Grid: 17 & 18
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: 33,055 sq ft

Property Owner's Name: Trinity Quality Homes Inc.
 Address: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 Phone: _____ Fax: _____
 Email: _____

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

Existing Use: Vacant Lot
 Proposed Use: SPD
 Estimated Construction Cost: \$ 313,667
 Description of Work: 2 story, 2 FP, 3 car garage, 11 rooms, 5 bed rooms, 4 full baths, 1 half bath, full basement
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Trinity Quality Homes Inc.
 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: NA
 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: _____
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
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000238</u>	
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.

Sarah Jahng
 Applicant's Signature
 sarah@trinityhomes.com
 Email Address
 Selections Assistant
 Title/Company

Sarah Jahng
 Print Name
5/14/14
 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		

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

DPZ SETBACK INFORMATION

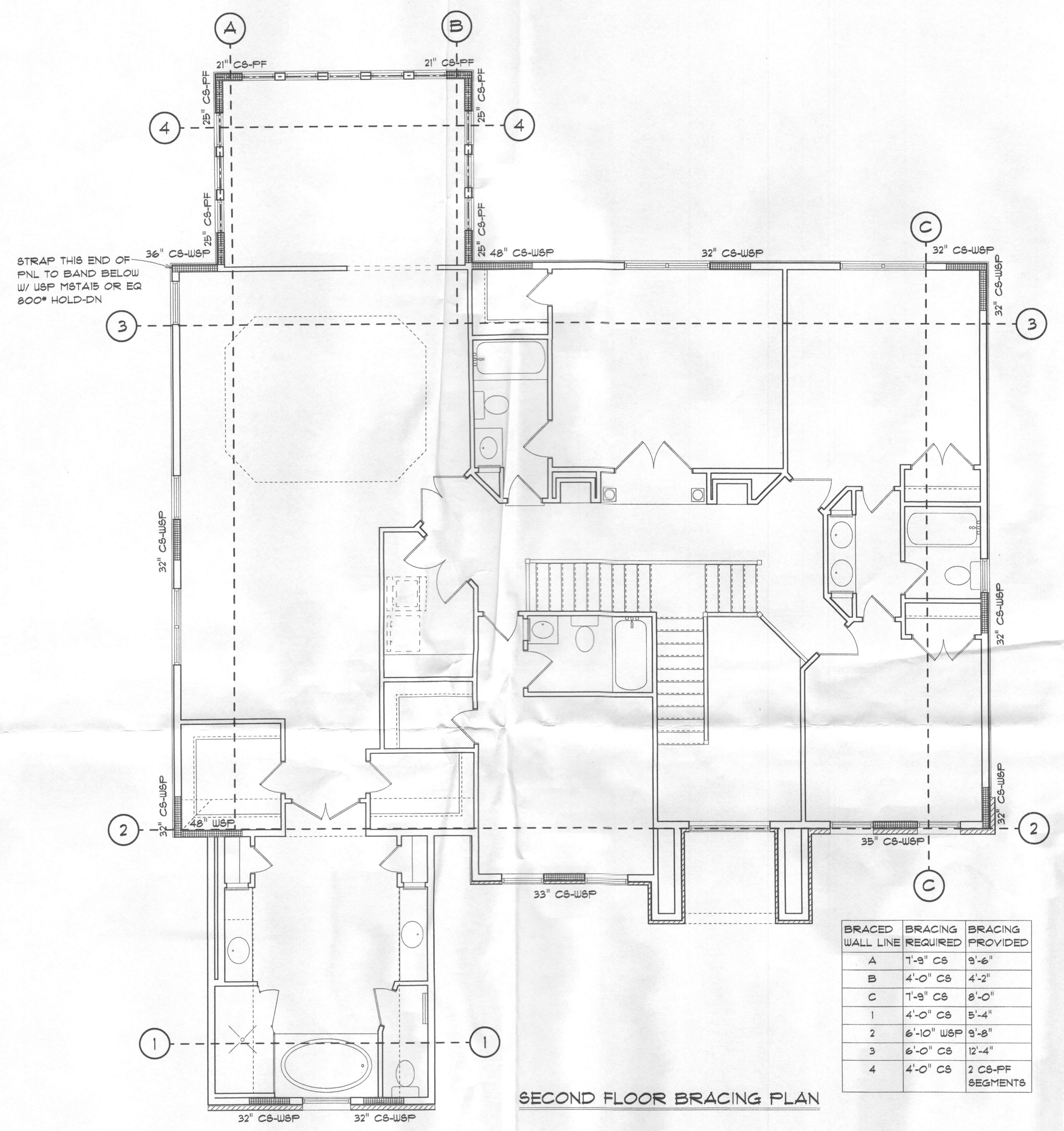
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

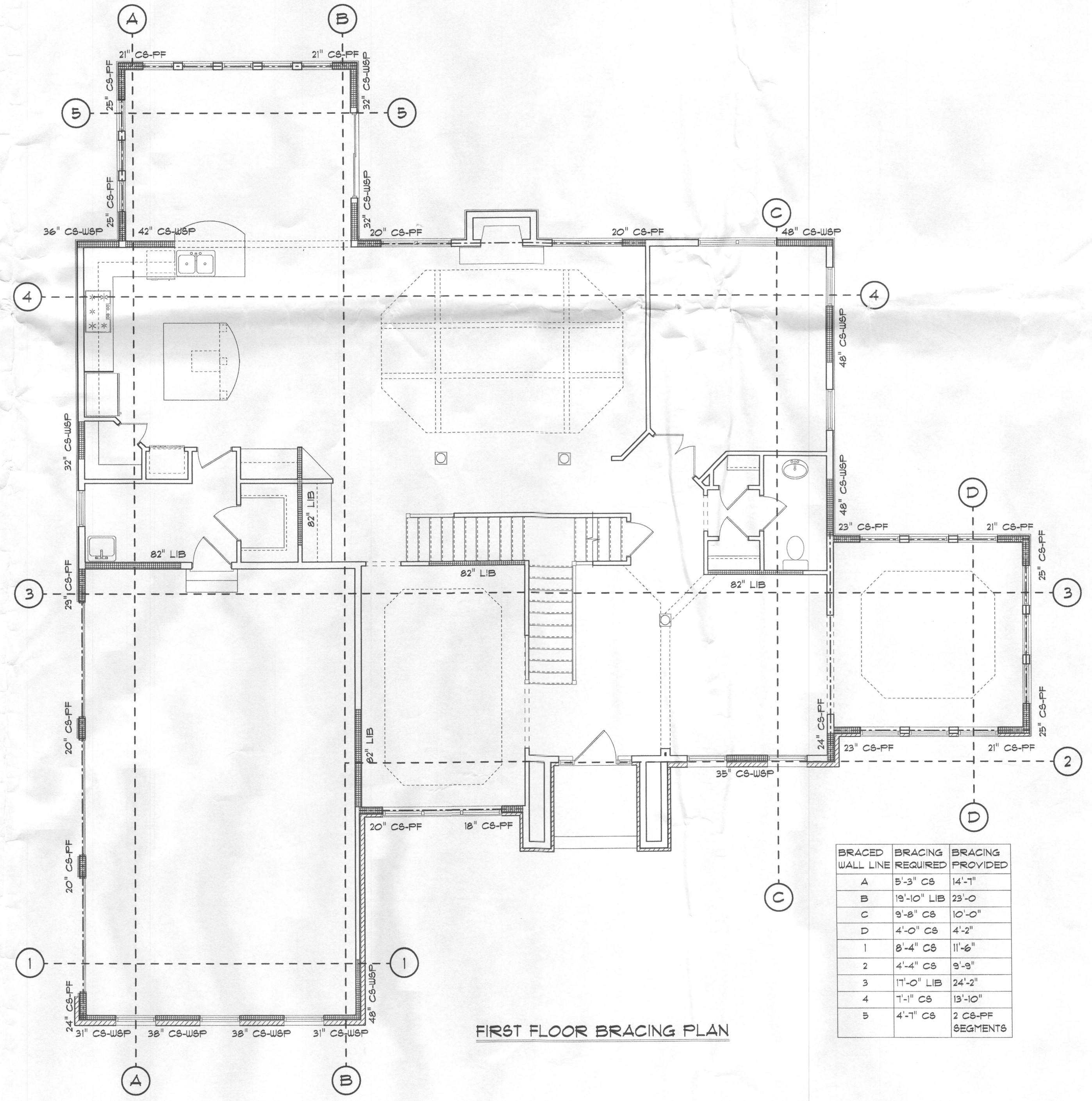
Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	<u>#030299</u>

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

2012 CODE



SECOND FLOOR BRACING PLAN



FIRST FLOOR BRACING PLAN

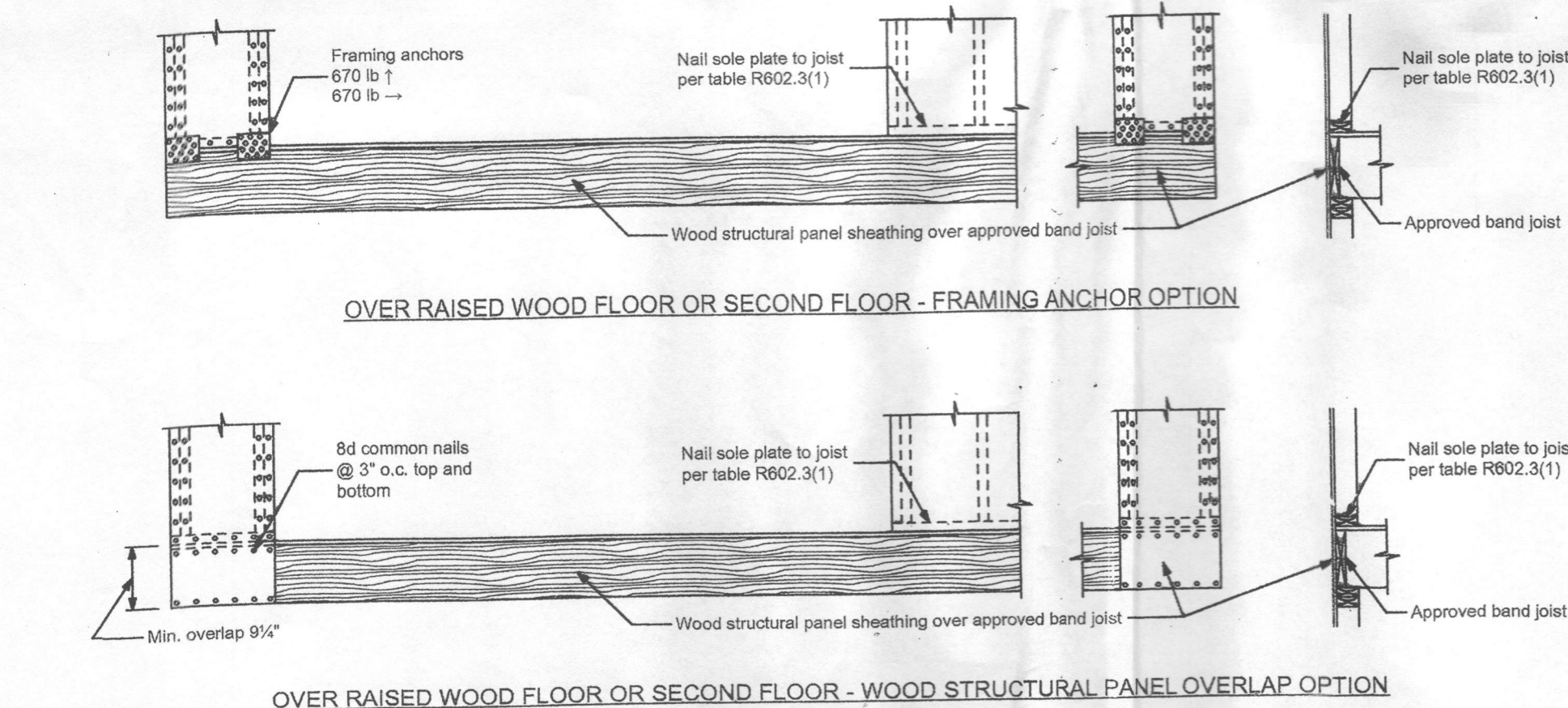
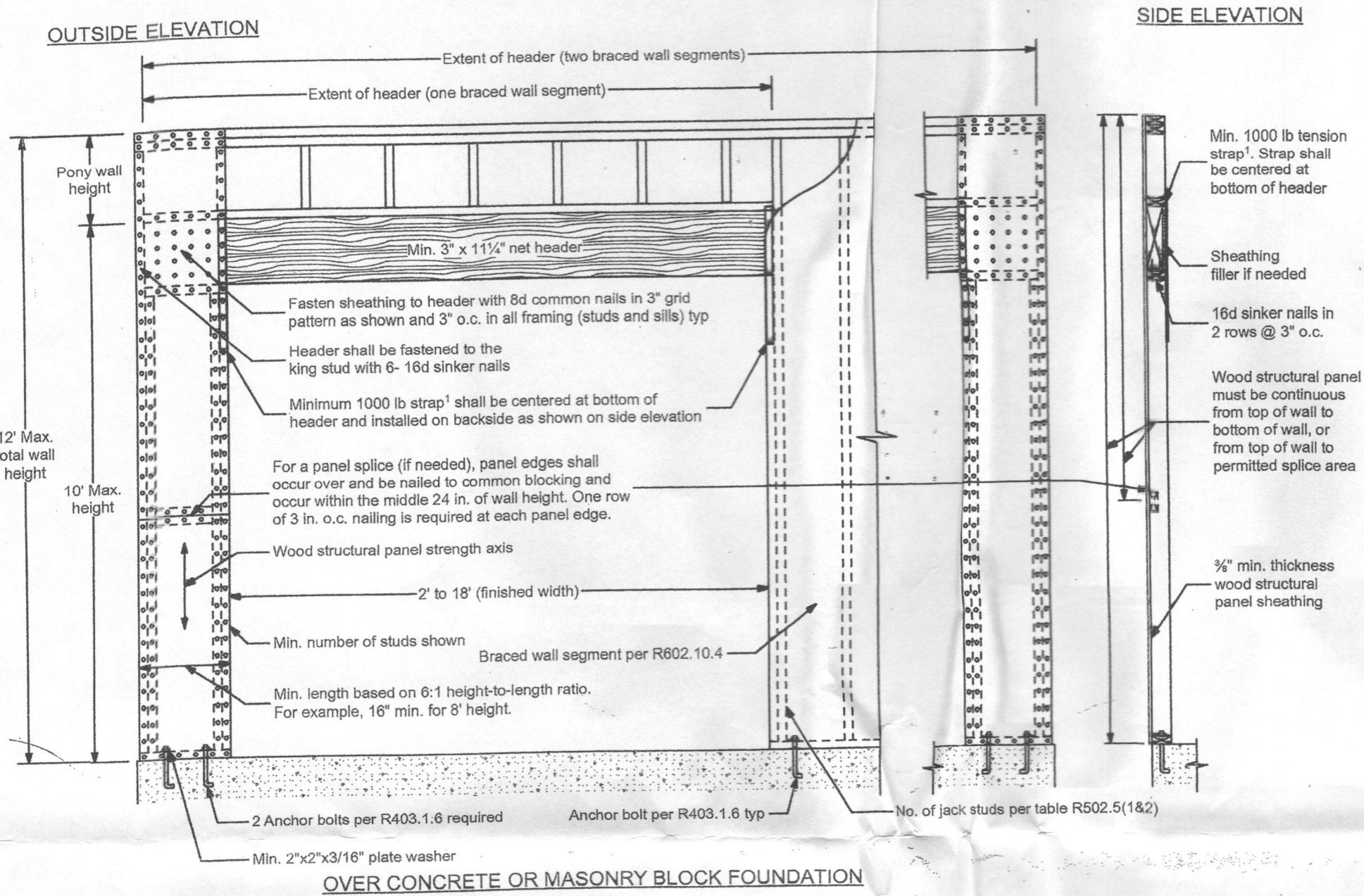
NOTES

Methods WSP & CS-WSP: Min. 7/16" OSB Wood Structural Panel sheathing attached to framing with 6d at 6" o.c. at panel edges and 12" o.c. at intermediate framing members.

Note: At Braced Wall Lines incorporating Continuously Sheathed bracing methods (CS-WSP & CS-PF), all exterior walls along the Braced Wall Line must be fully sheathed with min 7/16" OSB Wood Structural Panel sheathing fastened per IRC 2009 Tables R602.3(1), R602.3(2), and R602.3(3).

Method GB: Min. 1/2" gypsum board applied to each side of framing with adhesive and Type S or W screws @ 7" o.c. at panel edges and 24" o.c. at intermediate framing members or nails per IRC 2009 Table R702.3.5 @ 7" o.c. at panel edges and 16" o.c. at intermediate framing members.

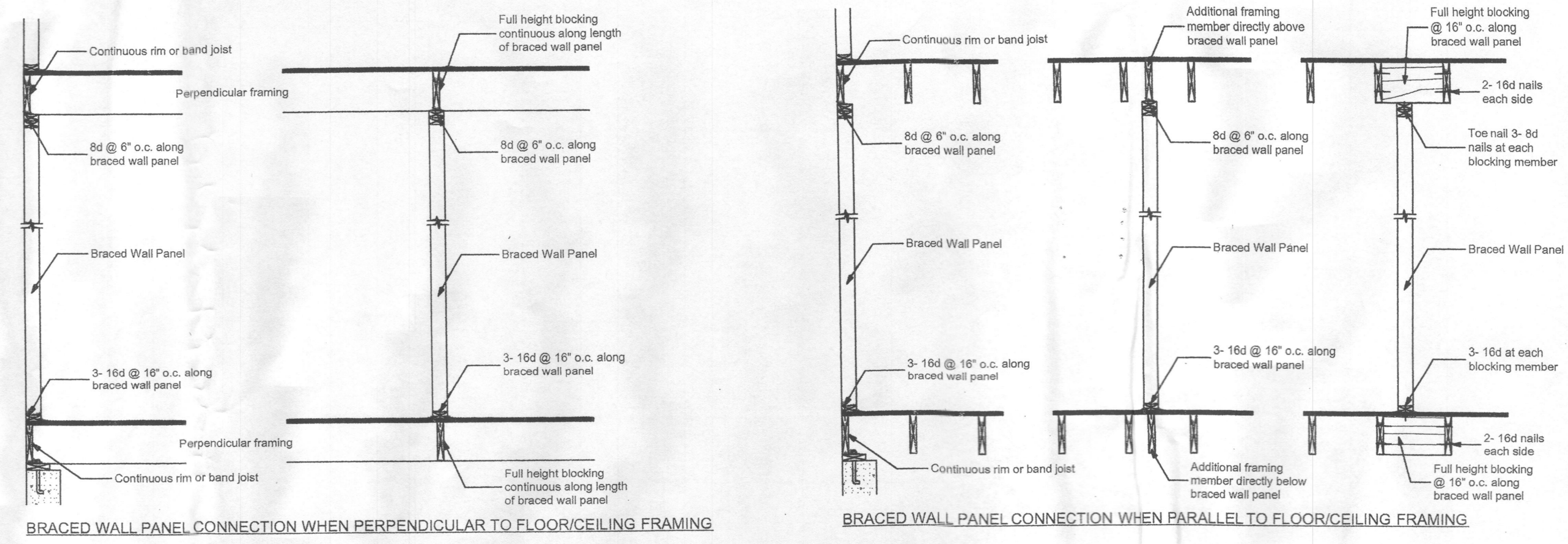
Method LIB: Simpson WB/WBC straps installed in an "X" pattern on one face of wall; fasten with 2- 16d nails at top and bottom plates and 1- 8d nail per stud. 8' tall walls to use either WB106/WB106C installed at 60° from horizontal (4'-8" linear wall length) or WB126/WB126C installed at 45° from horizontal (8'-1" linear wall length); 9' tall walls to use WB126/WB126C installed at 53° from horizontal (6'-10" linear wall length); 10' tall walls to use WB143C installed at 45° from horizontal (10'-1" linear wall length).



1 Tension Strap Capacity Required for Method CS-PF

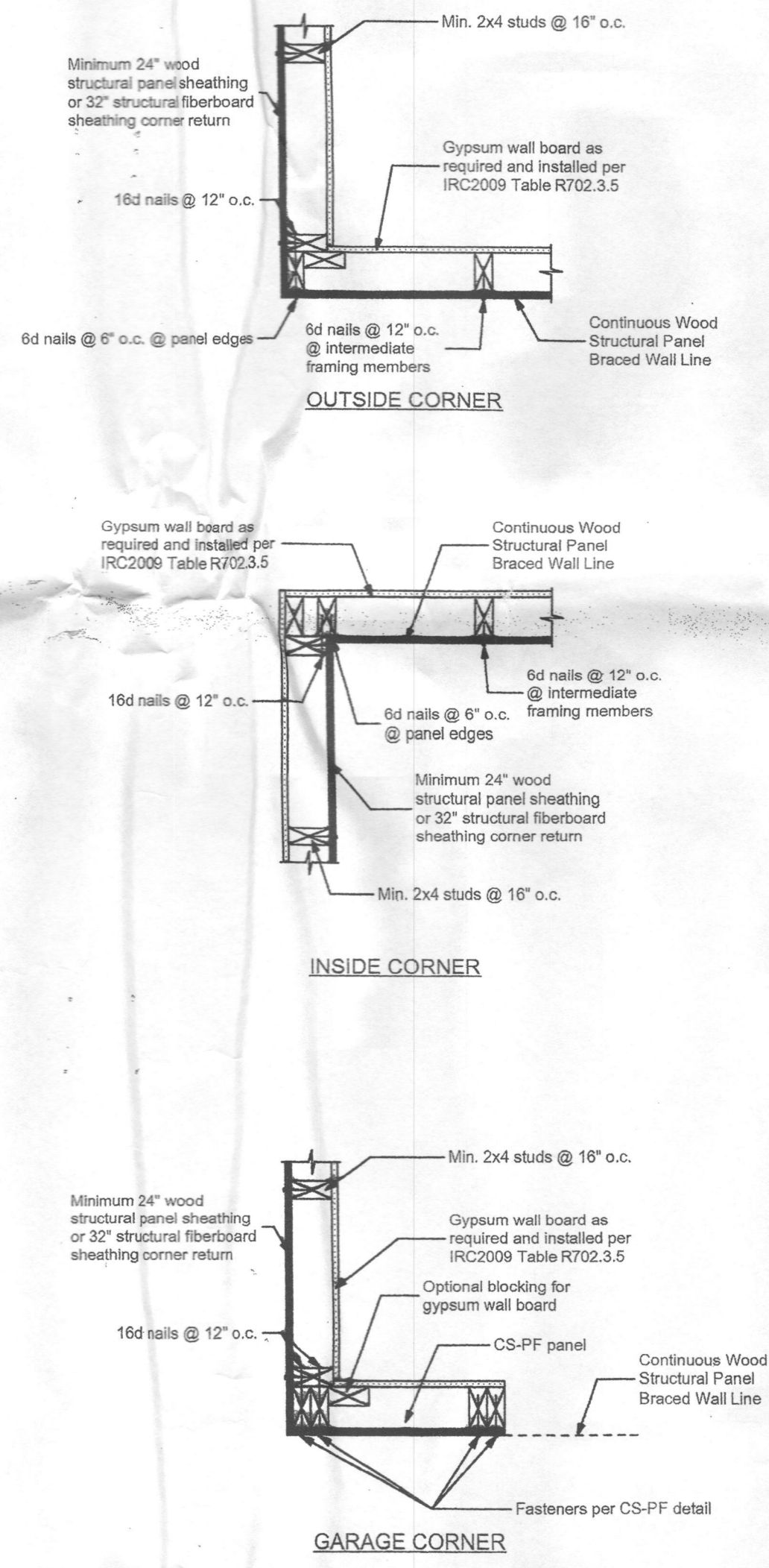
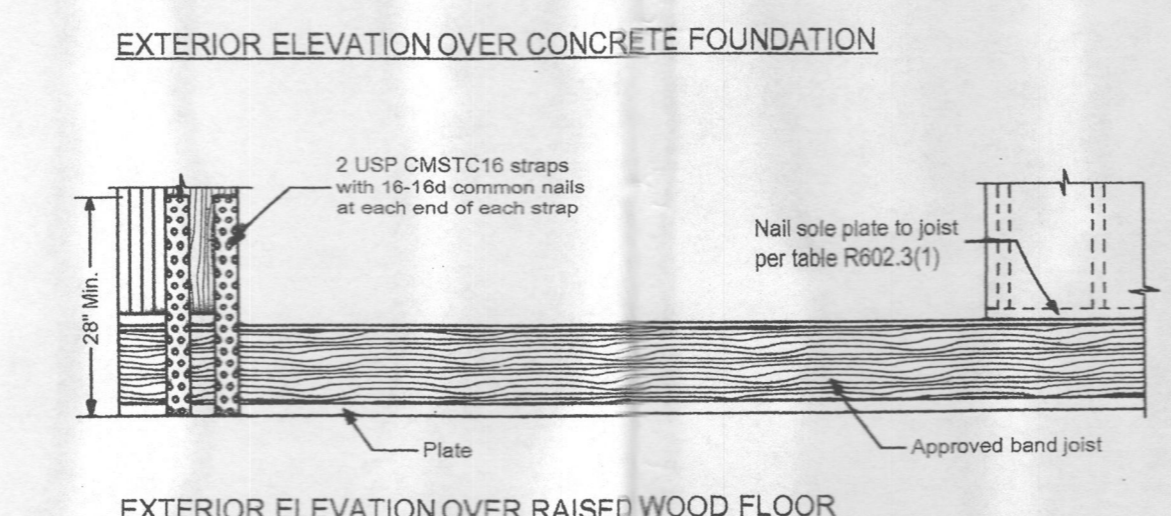
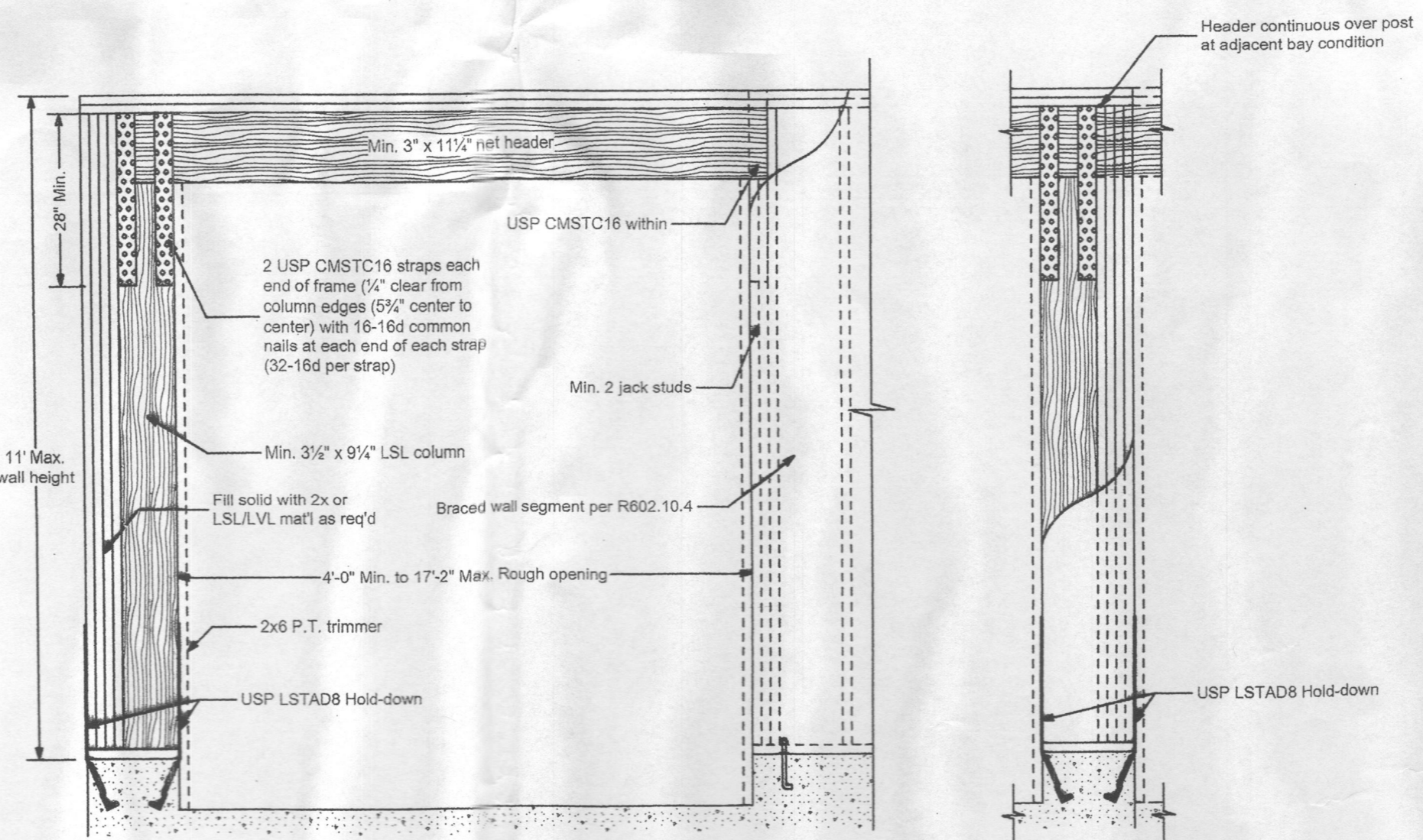
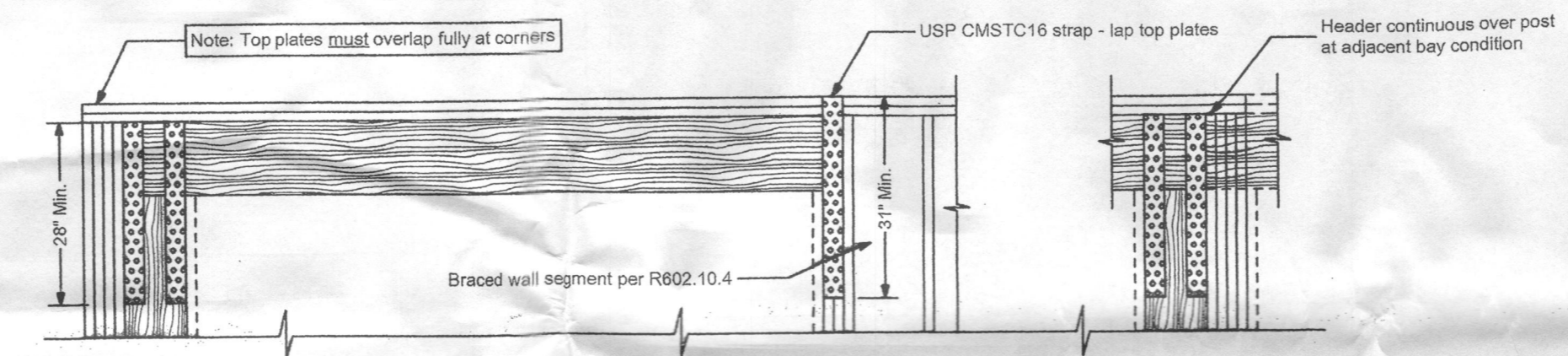
Minimum Wall Stud Framing Nominal Size and Grade	Maximum Pony Wall Height (feet)	Maximum Total Wall Height (feet)	Maximum Opening Width (feet)	Wind Exposure		
				B	C	
2x4 No. 2 Grade	0	40	18	1000	1000	
			9	1000	1000	
			16	1000	2325	
			18	1200	2725	
			9	1000	1550	
			16	2025	3900	
	2	10	18	9	1200	2750
				16	3200	DR
				18	3950	DR
				9	2350	DR
				16	DR	DR
				18	DR	DR
2x6 Stud Grade	2	12	9	1000	1750	
			16	2050	3550	
			18	2450	4100	
			9	1500	2775	
			16	3150	DR	
			18	3675	DR	

Notes: 1. Basic Wind Speed of 90mph. For other Basic Wind Speeds, see IRC 2009 Table R602.10.4.1.1
2. DR = Design Required



Braced Wall Panel Connections to Floor and Ceiling Framing

NOT TO SCALE



Corner Framing Details

NOT TO SCALE

CS-PF Continuous Portal Frame
NOT TO SCALE

EPF Engineered LSL Column Portal Frame
NOT TO SCALE



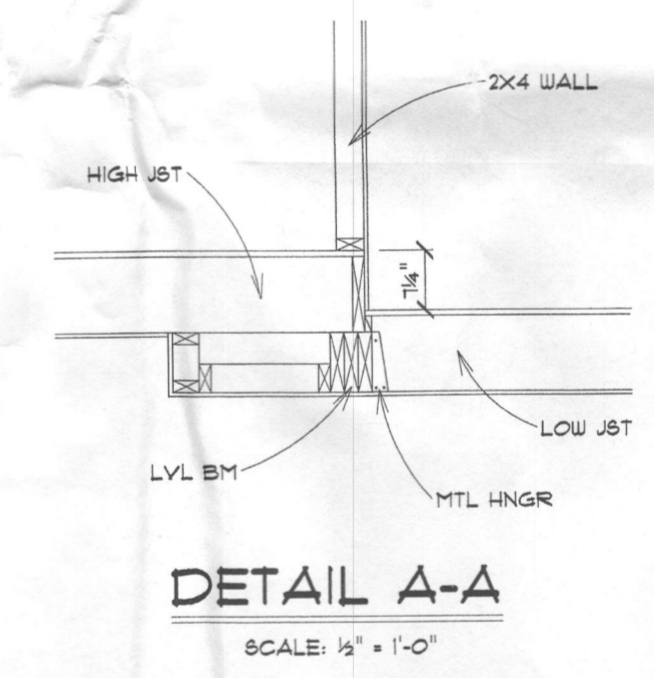
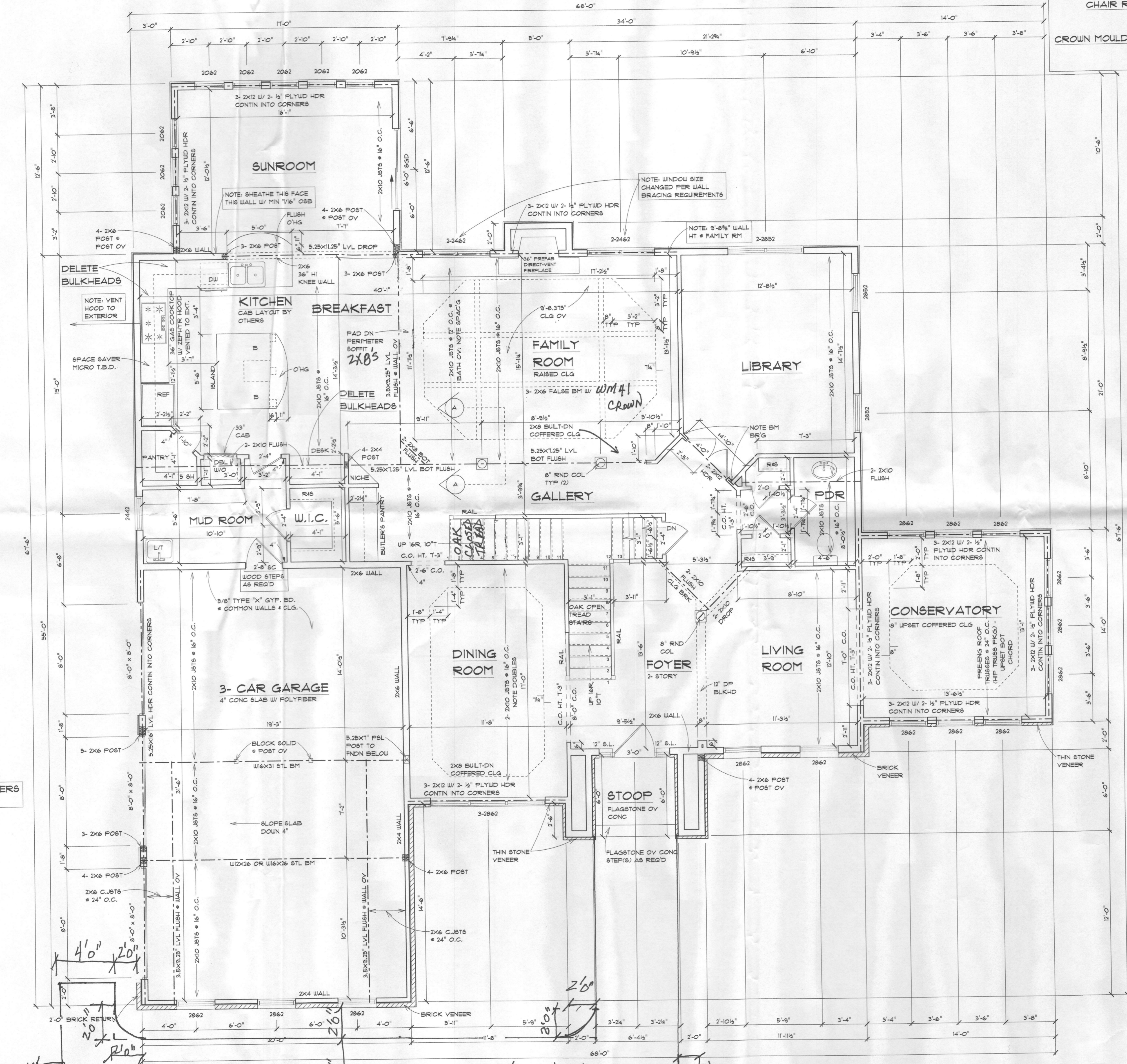
REVISIONS	12/13/2010
	04/10/2012
DATE	08/16/2010
SHEET NO.	W-1
	A-G

FAMILY ROOM FIREPLACE: LENNOX MILLIVOLT EDV4035 NATURAL GAS PRE ENGINEERED DIRECT VENT FIREPLACE
 F.P. ROUGH OPENING, LENNOX MILLIVOLT EDV4035: 41" W x 40 1/2" H x 23" D

WALNUT CREEK INTERIOR TRIM PACKAGE
 DOORS: 1ST & 2ND FLOORS - FRESHING MASONITE, RAISED CAMDEN
 DOOR HARDWARE: SATIN NICKEL STOPS, KNOBS, HINGES, AND HANDLES
 DOOR TRIM: 1ST & 2ND FLOORS - 3/4" BEADED EDGE CASING, FINGER JOINT
 BASE: 1ST & 2ND FLOORS - 5/8" WM-163E
 CHAIR RAIL: TWO PIECES WM-302 W/ 4 1/4" BEADED BOTTOM BACKER IN DINING ROOM
 * WOOD EXTENSIONS & CASINGS AROUND ALL WINDOWS EXCEPT IN THE GARAGE
 CROWN MOULDING: THREE PIECE 4 5/8" CROWN W/ BEADED BOTTOM BACKER W/ #183 TRIM IN LIVING ROOM, DINING ROOM, FOYER, SECOND FLOOR HALL, STUDY, AND CONSERVATORY
 COFFERED CEILING: TWO PIECE 4 5/8" CROWN W/ BOTTOM BACKER

NOTE: CARPENTER
 ALLOW 4" FOR 3/4" CASING ON 1ST FLOOR & 2ND FLOOR

WM 41 CROWN; FAMILY ROOM COFFERED CLG.



NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:
 STRAIGHT:
 RISER HEIGHT 7.75" MAX
 TREAD DEPTH 10" MIN
 NOSING .75" MIN 1.25" MAX
 (NOTE: NOSING MAY BE OMITTED @ TREAD DEPTH OF 11" OR GREATER)

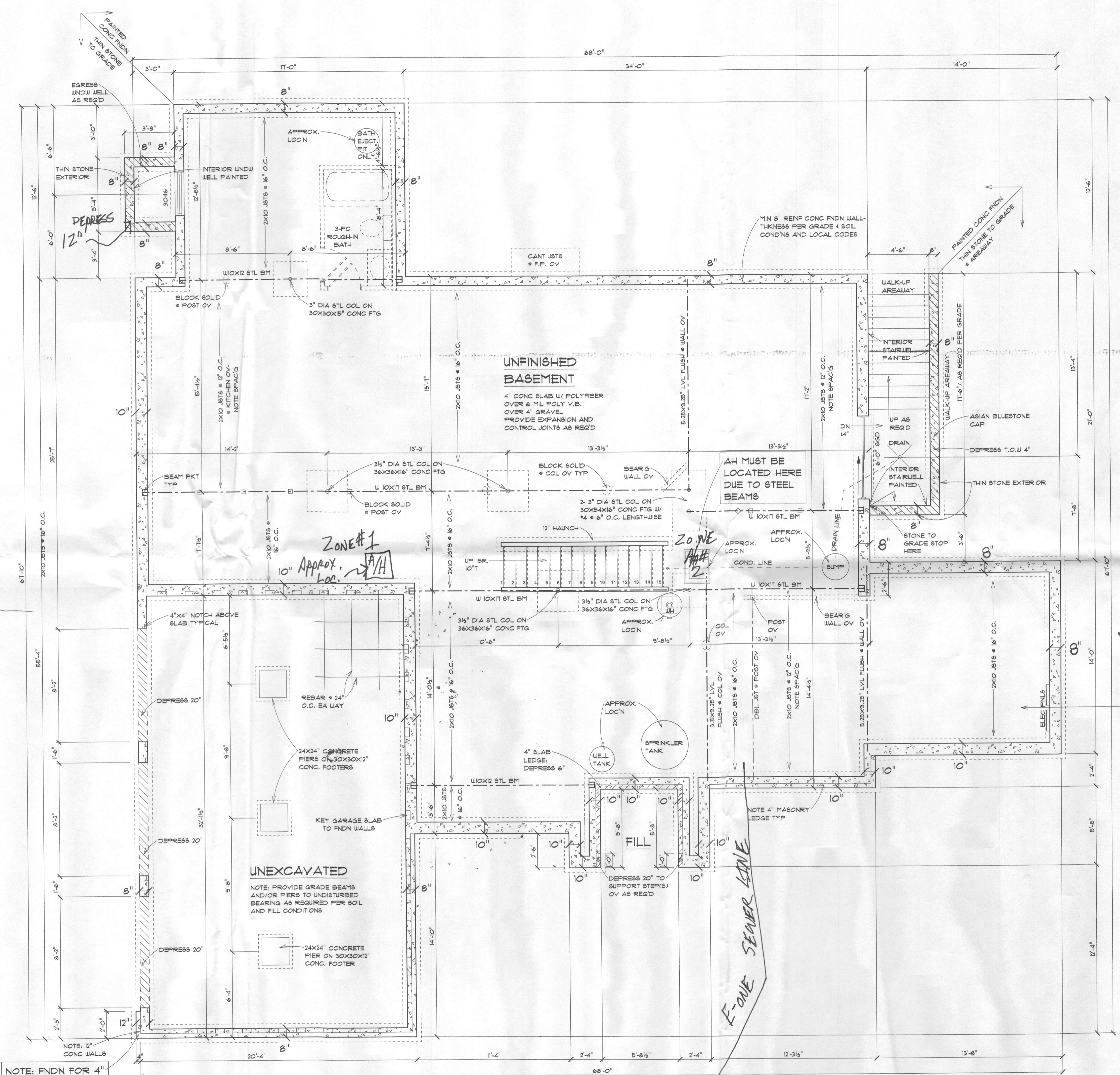
NOTE: 9' CEILING U.O.N.
 2X6 EXTERIOR WALLS U.O.N.

3 GARAGE DOOR OPENERS
 LIFTMASTER 3265

FIRST FLOOR PLAN

NOTE: 9'-11 1/2" WALL HGT
 ANGLES 45 DEGREES TYP U.O.N.

NOTE: BOBBIE CONC. WORKS
 4' WIDE CONC. S/WALK W/ROUND CORNERS



FOUNDATION PLAN
NOTE: 9'-0" FOUNDATION WALLS

NOTE: PLUMBER
PASSIVE RADON SYSTEM
3" PVC PIPE W/ TEE VENTED THROUGH ROOF (LOCATION PER PLUMBER)

ZONES 1 & 2

HYAC: EQUIPMENT - AMANA
ZONE 1: 90% EFFICIENCY NATURAL GAS FURNACE WITH 13 BEER A/C UNIT
ZONE 2: 13 BEER HEAT PUMP VENT RANGE HOOD TO OUTSIDE
FAN/HEAT MASTER BATH.
E-ONE SEPTIC SYSTEM

Gas: Natural	
NOTE: 2PD Gas Service	YES
Gas Service Zones: ONE & TWO	YES
Fire Place	YES
Cook Top	YES

NOTE: 2 PD. Nat. GAS FUTURE GENERATOR AND POOL HEATER.

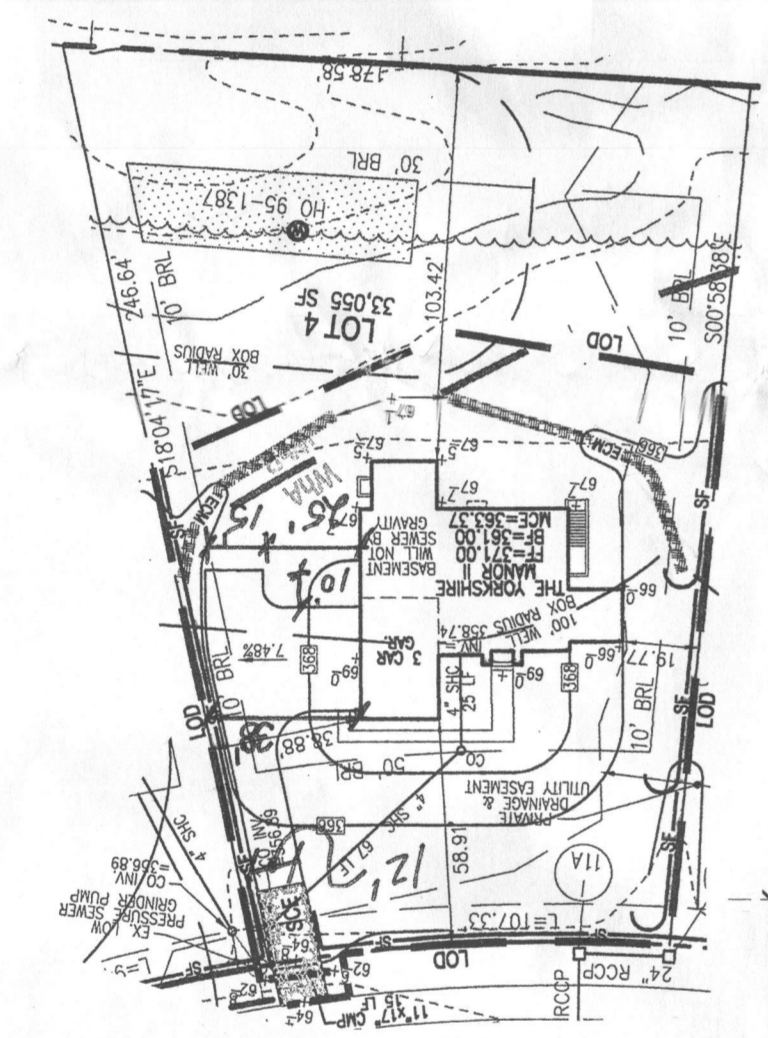
NOTES

1. 2000 PBF SOIL BEARING CAPACITY ASSUMED.
2. BEAM JOISTS, HEADERS AND RAFTERS TO BE S-P-F #1/2 OR EQUAL TYPICAL THROUGHOUT UNLESS OTHERWISE NOTED.
3. VERIFY SIZE AND LOCATIONS OF DOORS AND WINDOWS THIS PLAN PER GRADE AND BUILDER.

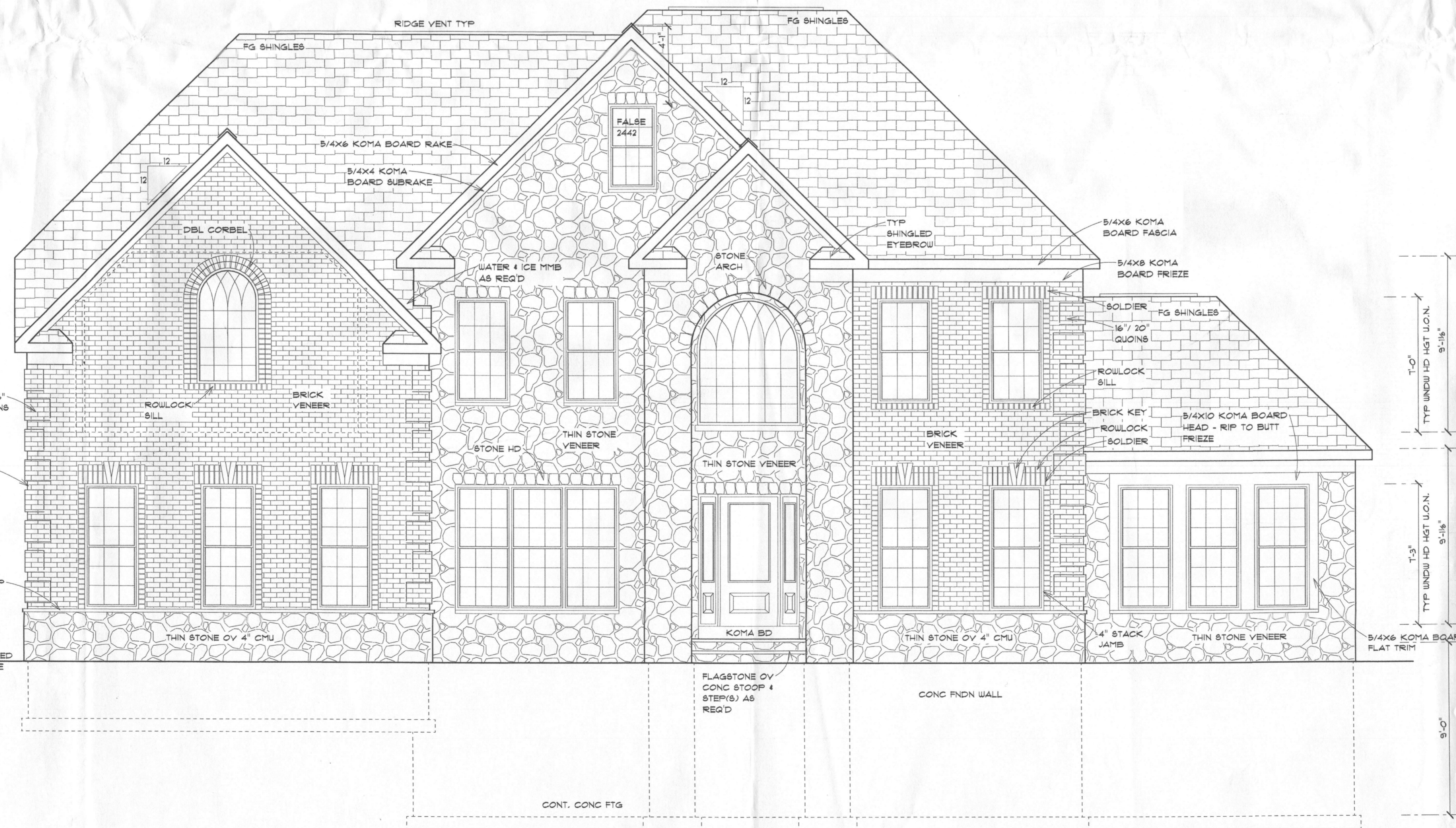
NOTE: 9'-0" FOUNDATION WALLS



HERITAGE 30 YEAR LAYERED ARCHITECTURAL SHINGLE BY TAMKO



SCALE
1"=50'



NOTE: INSULATOR
ANTI-AIR INFILTRATION SYSTEM:
CAULKING AT EXTERIOR JOINTS,
SEAMS, AND OPENINGS AROUND
DOOR AND WINDOW JAMBS, FOAM
SEALER AT OPENINGS ON
EXTERIOR WALLS.

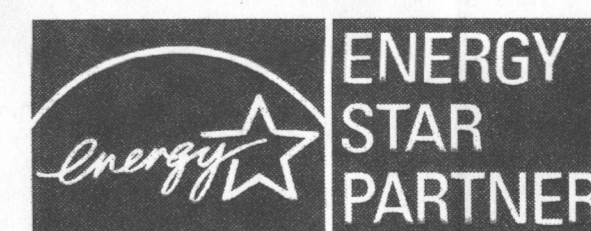
NOTE: CARPENTER
TYVEK HOUSE WRAP ALL 4 SIDES

UNITED DOUBLE-HUNG WINDOWS
5500 DOUBLE HUNG, LOW-E (U-VALUE OF
0.34) W/ GRILLES, SCREENS, WOOD
CASINGS & SIDE JAMBS EXCEPT GARAGE

NOTE: USE WINDOW DEVICES WHERE
REQUIRED PER IRC 2012 R312.2

INTERIOR SPRINKLER
CONCEALED HEADS

EXTERIOR LAMP POST



RECEIVED
MAY 27 2014
HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

LOT 4 WALNUT CREEK

NOTE BOBBIE
CONC. WORKS SEE A-4.

B740015500
2012 CODE