

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BOB001786

Building Address 6990 Mink Hollow Rd.
Highland MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Carl T. + Jacquelyn C. Edens

Address 6990 Mink Hollow Rd.

City Highland State MD Zip Code 20777

Phone 301/854-3999 Phone 301-830-3987

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use residential

Proposed Use unchanged

Estimated Construction Cost \$ 7500

Description of Work 10x36 run-in shed for horse

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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 _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
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>run-in shed</u>	
Dimensions: <u>10x36</u>	
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 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.

Jacquelyn C. Edens
Applicant's Signature
Title/Company _____

Jacquelyn C. Edens
Print Name
6-13-08
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 Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>6/13/08</u>		<u>R. Bucken</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"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Building Address 6990 MINK HOLLOW RD
HIGHLAND MD 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 148 Grid 2

Zoning _____ Map Coordinates _____ Lot Size 3.14

Existing Use RESIDENTIAL

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 3,000.00

Description of Work DECK ADDITION
TO EXISTING SCREENED
DECK. 12' X 14'

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name CARL
 Address 6990 MINK HOLLOW RD
 City HIGHLAND State MD Zip Code 20777
 Phone 301.830.3980 Phone 301.854.3999
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

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

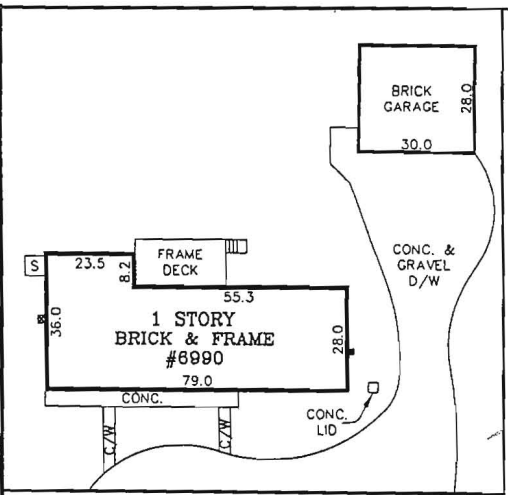
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Carl T. Edens
 Applicant's Signature
HOMEOWNER
 Title/Company

CARL T EDENS
 Print Name
8/12/09
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL	DEPT/SETBACK INFORMATION	PROPERTY ID #
Planning & Zoning - DPZ				Front _____	Rolling fee \$ _____
Public Health - DPZ				Side _____	Normal fee \$ _____
Building Official				Side - S _____	Expedite fee \$ _____
Development - DPZ				Side - E _____	Additional fee \$ _____
Health				All minimum setbacks met? _____	TOY/STAIRS \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-100 road \$ _____
Equipment 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 # _____
				Historic District? _____	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				ICC Coverage on New Town _____	
				SDP/Red line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START DATE _____					
ONE STOP SHOP <input type="checkbox"/>					
Distribution of Copies: White - Building Officials Green - LDD, DPZ Yellow - DED, DPZ Pink - Health Gold - SHS					
E:\forms\building\permit\application					



HOUSE DETAIL
1" = 40'

Notes:

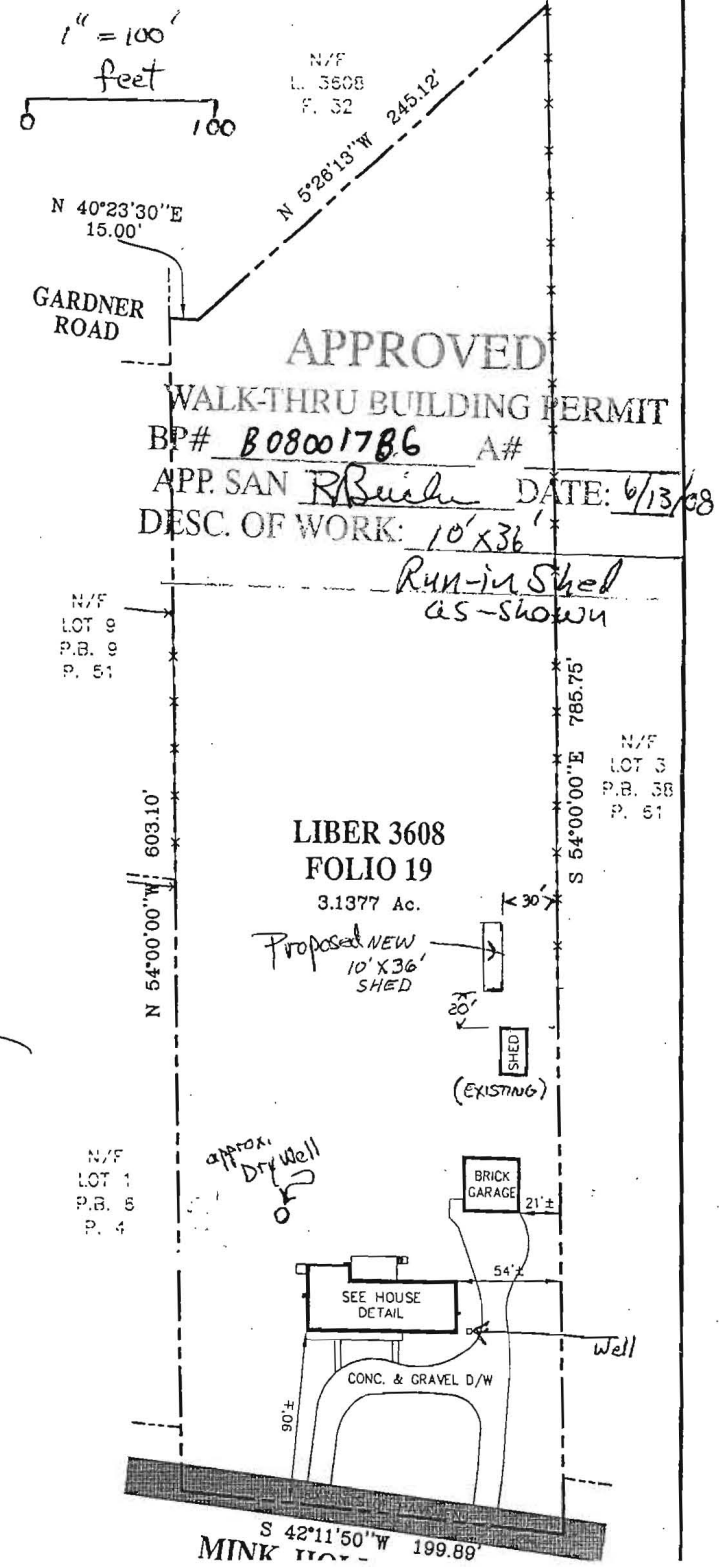
1. Flood zone "C" per H.U.D. panel No. 0037B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 3 feet to deed lines. Fences, if shown, have been located by approximate methods.

Me T. Elens

Jacques CD



LOCATION DRAWING
C.D. & M.B. GARDNER PROPERTY
#6990 MINK HOLLOW ROAD
L. 3608 F. 0019
HOWARD COUNTY, MARYLAND





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.: _____

Building Address: 6990 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0040 Parcel: 0148 Grid: 0002
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.14

Property Owner's Name: CARL T. & JACQUELYN C. EDENS
 Address: 6990 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301 830 3990 Fax: _____
 Email: CTEDENS @ VERIZON.NET

Existing Use: RESIDENTIAL
 Proposed Use: RESIDENTIAL
 Estimated Construction Cost: \$ _____
 Description of Work: COVERED FRONT PORCH
11' X 7'6"

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

Contractor Company: BEDROCK REMODELING
 Contact Person: Jason Holseu
 Address: 151 GARDEN RIDGE ROAD
 City: CATONSVILLE State: MD Zip Code: 21228
 License No.: 69169
 Phone: 410-905-9998 Fax: _____
 Email: BEDROCKREMODEL @ YAHOO.COM

Occupant or Tenant: CARL T. & JACQUELYN C. EDENS
 Was tenant space previously occupied? Yes No
 Contact Name: CARL T EDENS
 Address: 6990 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301 830 3990 Fax: _____
 Email: CTEDENS @ VERIZON.NET

Engineer/Architect Company: ADAM CARBALLO
 Responsible Design Prof.: ADAM CARBALLO
 Address: 1818 Aliceanna St.
 City: Balto State: MD Zip Code: 21231
 Phone: 443 745 1100 Fax: _____
 Email: adamcarballo@yahoo.com

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: <u>224</u>
Area of construction (sq. ft.): <u>98</u>	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement <u>1200</u>
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<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-

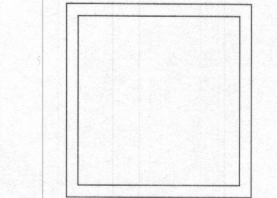
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/25/15</u>	<u>H. C. COOK</u>

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

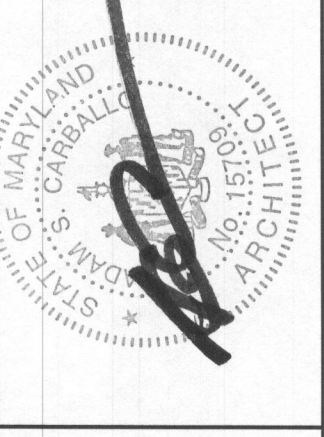
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filling Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

6990 MINK HOLLOW ROAD HIGHLAND, MD 20777 COVERED FRONT PORCH



PROFESSIONAL CERTIFICATION:
I CERTIFY THAT THESE DOCUMENTS
WERE PREPARED OR APPROVED BY ME,
AND THAT I AM A DULY LICENSED
ARCHITECT UNDER THE LAWS OF THE
STATE OF MARYLAND. LICENSE NUMBER
15709. EXPIRATION DATE 3/27/2015.
CONTRACT DOCUMENTS HAVE BEEN
PREPARED BY A LICENSED ARCHITECT
FOR BOTH ARCHITECTURE &
STRUCTURAL DESIGN. MD Lic # 15709.



CLIENT
MS. JACKI EDENS

ADAM CARBALLO, ARCHITECT
MD LIC# 15709
443-745-1100

GENERAL NOTES

- ALL CONSTRUCTION SHALL CONFORM TO THE 2012 INTERNATIONAL BUILDING CODE & 2012 INTERNATIONAL RESIDENTIAL RESIDENTIAL CODE AND ALL APPLICABLE LOCAL SUPPLEMENTS AND AMENDMENTS.
- THE DESIGN LIVE LOADS ARE AS FOLLOWS:
ROOF 40 PSF (TOP CHORD FOR TRUSSES)
10 PSF (BOTTOM CHORD OF TRUSSES)
2nd FLOOR 30 PSF
1st FLOOR 40 PSF
STAIRS 40 PSF
EXT. DECKS 60 PSF
INACCESSIBLE ATTIC 10 PSF
ACCESSIBLE ATTIC 20 PSF
GROUND SNOW LOAD 25 PSF
WIND 90 MPH 3-sec GUST
SEISMIC SHORT PERIOD SPECTRAL ACCELERATION (Ss FROM IBC FIG. 1613.5 (1)) = 0.16
SITE CLASS D (PER IBC 1613.5.2)
SEISMIC DESIGN CATEGORY B (Fa = 1.6, Sms = 0.256, Sds = 0.171)
(NOTE: PER IBC 1613.1, EXCEPTION 1: DETACHED 1 & 2 STORY DWELLINGS ASSIGNED TO SDC A,B, OR C, WHERE Ss < 0.4g. NEED NOT BE DESIGNED FOR EARTHQUAKE LOADS. ALSO PER SECTION R301.2.2 OF IRC, SEISMIC PROVISIONS OF THE IRC ONLY APPLY TO BUILDINGS CONSTRUCTED IN SEISMIC DESIGN CATEGORIES C, Dc, D, & D2.)
- THE DESIGN DEAD LOADS ARE AS FOLLOWS:
FRAMED FLOORS 10 PSF
FRAMED ROOF 10 PSF
- THE CONTRACTORS SHALL NOT STORE ANY MATERIALS ON NEW FRAMING WHICH WILL EXCEED THE DESIGN VALUES SHOWN ABOVE.
- THE STABILITY OF THE STRUCTURE IS DEPENDENT UPON THE DIAPHRAGM ACTION OF THE FLOORS AND ROOF. THE FRAMING CONTRACTOR IS RESPONSIBLE FOR ALL BRACING, SHORING, ETC., REQ'D THROUGHOUT THE CONSTRUCTION PHASE.
- THE GENERAL CONTRACTOR IS RESPONSIBLE FOR VERIFYING THE LOCATION OF ALL UTILITIES IN THE VICINITY OF CONSTRUCTION. ANY DAMAGE TO EXISTING UTILITIES SHALL BE REPAIRED.
- THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS PRIOR TO CONSTRUCTION.
- ALL PHASES OF CONSTRUCTION SHALL BE INSPECTED BY LOCAL ORDINANCE'S AS REQUIRED.
- ALL PRE-ENGINEERED FLOOR AND / OR ROOF SYSTEMS SHALL BE DESIGNATED BY A LICENSED STRUCTURAL ENGINEER LICENSED IN THE STATE OF MARYLAND. SHOP DRAWINGS FOR SUCH ITEMS SHALL BE PROVIDED 4 WEEKS IN ADVANCE, FOR VERIFICATION AND COORDINATION WITH THESE PLANS.
- PROVIDE TRANSITIONS STRIPS AT ALL CHANGES IN FLOORING MATERIALS.
- ALL CLOSETS SHALL HAVE THE SAME FINISH AS ADJACENT ROOM OR AREA.
- PROVIDE 22 1/2" x 30" ATTIC ACCESS w/ SWITCHED LIGHT, UNLESS NOTED OTHERWISE.
- PROVIDE PLUMBING FIXTURE ACCESS PANEL AT EACH TUB AND SHOWER.
- PROVIDE HANDRAILS 30" - 38" ABOVE NOSINGS ON ALL STAIRS w/ THREE OR MORE RISERS. RETURN RAILS TO NEWEL OR WALL. REQUIRED HANDRAILS SHALL BE CONTINUOUS THE FULL LENGTH OF THE STAIR. RAILS AT BALCONIES SHALL BE 36" ABOVE FLOOR. (VERIFY w/ LOCAL JURISDICTION). PICKETS SHALL BE SPACED SO THAT A 4" SPHERE CANNOT PASS THROUGH.
- PROVIDE A MINIMUM HEAD CLEARANCE OF 6'-10" IN ALL STAIRS. RISERS SHALL NOT EXCEED 7 1/4" TREADS SHALL BE AT LEAST 9" AND HAVE A 1" NOSING.
- PROVIDE SOFFIT VENTS, RIDGE VENTS, OR GABLE VENTS AS SHOWN ON THESE DRAWINGS. MAINTAIN MINIMUM 1 / 300 FREE VENTILATION FOR HORIZONTALLY PROJECTED ROOF AREA. INSTALL PLASTIC OR CARDBOARD BAFFLES IN EACH TRUSS / RAFTER BAY TO MAINTAIN AIR FLOW.
- MECHANICAL, ELECTRICAL, AND PLUMBING CONTRACTORS SHALL SEAL ALL PENETRATIONS IN FLOORS AND EXTERIOR WALLS CAUSED BY THEIR TRADES.
- FRAMING CONTRACTOR SHALL SEAL ALL BUTT JOINTS AND PLATES AT FLOORS, CEILINGS, WINDOWS, DOOR FLANGES, AND JAMBS.
- SLOPE ALL PORCHES, PATIOS ON GRADE, AND GARAGE SLABS 1/8" IN 12" AWAY FROM THE STRUCTURE.
- CHIMNEYS SHALL EXTEND A MINIMUM OF 2'-0" ABOVE ANY ROOF WITHIN 10 FEET, BUT NOT LESS THAN 3' AT POINT OF ROOF PENETRATION.
- PROVIDE A 4" MINIMUM STEP-DOWN INTO GARAGE FROM HOUSE.
- SMOKE DETECTORS SHALL BE LISTED IN ACCORDANCE WITH UL 217 & INSTALLED IN ACCORDANCE WITH THE 2012 IBC & 2011 NFPA 72. SMOKE DETECTORS SHALL BE IN EACH BEDROOM, OUTSIDE EACH SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS, AND A MINIMUM OF ONE ON EACH ADDITIONAL. ALL SMOKE DETECTORS SHALL BE INTERCONNECTED.
- THERE SHALL BE AN ARC FAULT BREAKER FOR EACH BEDROOM.
- PROVIDE A GFCI RECEPTACLE AT OUTSIDE CONDENSING UNIT.
- SOIL AROUND THE FOUNDATION SHALL HAVE TERMITE TREATMENT.

FOUNDATION

- DO NOT BACKFILL AGAINST FOUNDATION WALLS UNTIL FIRST FLOOR DECKING IS IN PLACE AND COMPLETE.
- EXCAVATION SHALL BE SUFFICIENT TO PROVIDE FULL DESIGN DIMENSIONS OR TO ALLOW FORMING AS REQUIRED.
- ALL FOOTINGS SHALL BE CAST ON VIRGIN SOIL. ALL SOFT OR FROZEN SOIL SHALL BE REMOVED.
- THE BOTTOM OF ALL EXTERIOR FOOTINGS SHALL BE 30" BELOW FINISHED GRADE, MINIMUM. THE BOTTOM OF ALL INTERIOR FOOTINGS SHALL BE 12" BELOW VIRGIN SOIL, MINIMUM.
- ALL FOOTINGS HAVE BEEN DESIGNED FOR AN ASSUMED ALLOWABLE SOIL BEARING PRESSURE OF 2,000 PSF. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE SOIL BEARING CAPACITY.
- FOR BACKFILL AND COMPACTION USE ONLY CLEAN EARTH CONTAINING NO ORGANIC MATTER. GRADED DOWN AWAY FROM THE STRUCTURE. ALL FILL BENEATH STRUCTURE SHALL BE COMPACTED TO 90% DENSITY AS PER ASTM D1557 METHOD D.
- MAXIMUM HEIGHT OF FILL SHALL NOT EXCEED THE FOLLOWING
8" PLAIN CONCRETE (x 9' HEIGHT) - 6'
10" PLAIN CONCRETE (x 9' HEIGHT) - 7'
10" CONCRETE REINFORCED w/ #6 VERT. @ 30" OC (x 9' HEIGHT) - 8'
(PLACE BARS IN CENTER OF WALL)

CONCRETE

- ALL CONCRETE WORK SHALL CONFORM TO ACI 318 - 05, BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE.
- ALL CONCRETE SHALL BE STONE AGGREGATE HAVING A MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 3,000 PSI.
- ALL CONCRETE EXPOSED TO EARTH OR WEATHER, EXCEPT FOOTING, SHALL HAVE AN AIR-ENTRAINMENT OF 5% +/- 1%.
- NO ADMIXTURES CONTAINING CALCIUM CHLORIDE SHALL BE PERMITTED.
- MAXIMUM SLUMP SHALL BE 5". MAXIMUM AGGREGATE SIZE SHALL BE 1".
- ALL REINFORCING BARS SHALL CONFORM TO ASTM A-615 GRADE 60. WELDED WIRE FABRIC SHALL CONFORM TO ASTM A-185.
- ALL FORM WORK DESIGN IS THE RESPONSIBILITY OF THE FOUNDATION CONTRACTOR.
- VERTICAL REINFORCING IN WALLS SHALL HAVE A 8" HOOK @ BOTTOM. SPLICES IN BARS SHALL BE LAPPED 30" MINIMUM, UNLESS NOTED OTHERWISE.
- IN SLABS ON GRADE, REINFORCEMENT SHALL BE SUPPORTED TO REMAIN IN PLACE FROM THE CENTER TO UPPER ONE-THIRD OF THE SLAB FOR THE DURATION OF CONCRETE PLACEMENT.

STEEL

- ALL STRUCTURAL STEEL SHALL CONFORM TO THE AMERICAN INSTITUTE OF STEEL CONSTRUCTION - "MANUAL OF STEEL CONSTRUCTION" 13th EDITION.
- ALL STRUCTURAL STEEL W-SHAPES SHALL CONFORM TO ASTM A-572 HAVING A MINIMUM YIELD STRESS OF 50,000 PSI.
- ALL WELDED CONNECTIONS SHALL BE DONE w/ E70XX ELECTRODES. ALL BOLTED CONNECTIONS SHALL BE MADE w/ 3/4" A325 HIGH STRENGTH BOLTS.
- ALL CONNECTIONS SHALL BE DESIGNED BY THE STEEL FABRICATOR PER AISC.
- NO OPENINGS IN STEEL BEAMS ARE PERMITTED.
- FOR STEEL COLUMNS NOTED AS "AISC STANDARD WEIGHT, SCHEDULE 40". THESE COLUMNS SHALL CONFORM TO ASTM A-501, FY = 36,000 PSI.
- WOOD PLATES SHALL BE BOLTED TO STEEL BEAMS w/ 3/8" DIAMETER BOLTS AT 24" OC STAGGERED. THE TOP FLANGED OF THE BEAM SHALL BE PRE-DRILLED BY THE FABRICATOR.
- ALL STEEL SHALL BE PAINTED w/ A CORROSION RESISTANT PRIMER.
- STRAP ANCHORS OR ANCHOR BOLTS SHALL BE APPROVED BY THE BUILDING CODE AND BUILDING INSPECTOR. MINIMUM OF (2) ANCHORS PER SECTION OF PLATE. 12" MAX FROM ENDS, 5" MAX SPACING.
- ALL METAL JOIST HANGERS SHALL BE 16 GAGE MINIMUM. FOR THE JOIST SIZE NOTED. USE ALL NAILS AS REQUIRED BY MANUFACTURER FOR MAXIMUM CAPACITY.

WOOD

- ALL LUMBER SHALL BE STAMPED IN ACCORDANCE w/ THE "CONSTRUCTION MANUAL" OF THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION.
- PRESSURE TREATED WOOD IS TO MEET AMERICAN WOOD PRESERVERS ASSOCIATION (AWPA) U1, AND SHALL BEAR THE LABEL OF AN ACCREDITED AGENCY.
- PROVIDE DOUBLE JOISTS BELOW ALL PARALLEL PARTITIONS OVER 5' IN LENGTH.
- ALL LVL (LAMINATED VENEER LUMBER) OR PARALLAM SHALL HAVE THE FOLLOWING MINIMUM PROPERTIES.
Fb - 2,700 PSI
Fv - 285 PSI
E - 1,900,000 PSI
- ALL LUMBER SHALL BE SURFACED DRY w/ A MAXIMUM OF 19% MOISTURE CONTENT.
- ALL LUMBER SHALL BE #2 OR BETTER.
- ALL LUMBER FOR JOISTS SHALL BE HEM-FIR OR EQUAL, w/ THE FOLLOWING MIN PROPERTIES: Fb = 900 PSI, Fv = 75 PSI, E = 1,300,000 PSI.
- ALL LUMBER FOR STUDS SHALL BE SPRUCE-PINE-FIR.
- ALL PLATES IN CONTACT w/ CONCRETE OR MASONRY SHALL BE PRESSURE-TREATED.
- ALL PRE-ENGINEERED JOIST OR ROOF SYSTEMS SHALL BE BRACED ACCORDING TO THE MANUFACTURER'S RECOMMENDATIONS.
- IN ADDITION TO MANUFACTURER'S BRACING FOR ROOF TRUSSES, PROVIDE 2x4 DIAGONAL BRACING @ 4' OC, @ APPROX A 45 DEGREE ANGLE, FROM THE BOTTOM CHORD OF THE LAST TRUSS EACH END OF A GABLED ROOF. UP TO THE TOP CHORD OF THE ADJACENT TRUSSES.
- PROVIDE ONE ROW OF JOIST BRIDGING AT MID-SPAN FOR JOIST SPANS OVER 12'.
- ALL NAILING OF WOOD MEMBERS SHALL BE AS PER THE 2012 IBC CODE (TABLE 602.3(1)), AT A MINIMUM.
- PROVIDE SOLID BRIDGING AT MID HEIGHT OF WALLS EXCEEDING 10' IN HEIGHT.
- WOOD PLATES ON TOP OF STEEL BEAMS SHALL BE BOLTED TO TOP FLANGE w/ 3/8" DIAMETER BOLTS @ 24" OC, STAGGERED EACH SIDE OF WEB. HOLES SHALL BE DRILLED BY FABRICATOR IN SHOP.
- FIELD CUT ENDS, NOTCHES, AND DRILLED HOLES OF PRESERVATIVE - TREATED WOOD SHALL BE TREATED IN THE FIELD w/ COPPERNAPHTHENATE (MIN 2% COPPER METAL) BY REPEATED BRUSHING, DIPPING, OR SOAKING UNTIL THE WOOD ABSORBED NO MORE PRESERVATIVE.
- FASTENERS FOR PRESSURE - TREATED WOOD SHALL BE OF HOT-DIPPED ZINC-COATED GALVANIZED STEEL OR STAINLESS STEEL. THE COATING WEIGHTS FOR ZINC-COATED FASTENERS SHALL BE IN ACCORDANCE w/ ASTM A153.
- SHOP DRAWINGS FOR WOOD TRUSSES SHALL CONTAIN ALL DESIGN INFORMATION NOTED IN SECTION 502.11.4 OF IBC 2012.
- FIRE BLOCKING SHALL BE REQUIRED AT ALL LOCATIONS NOTED IN SECTION 302.11 OF IBC 2012.
- DRILLING AND NOTCHING OF STUDS SHALL CONFORM TO SECTION 602.6 OF IBC 2012.

2012 IECC CODE COMPLIANCE

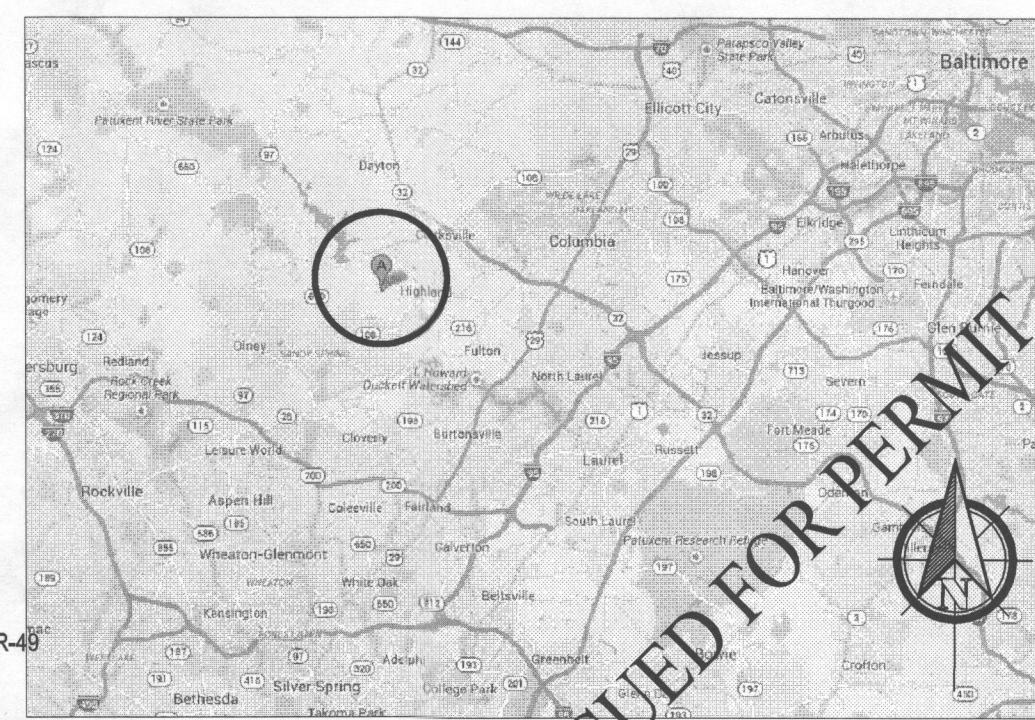
- | | |
|----------|--|
| R301.1 | CLIMATE ZONE 4 |
| R401.2 | COMPLIANCE METHOD: MANDATORY AND PRESCRIPTIVE PROVISIONS |
| R402.1.1 | ATTIC INSULATION = R-49
RAISED HEEL TRUSSES = R-38 |
| R402.1.1 | WOOD FRAME WALL: R-20 OR R-13 PLUS R5 CONT INSUL |
| R402.1.1 | BASEMENT WALL INSULATION: R-13 / R-10 FOIL FACED CONT. ,
UNINTERRUPTED BATT'S FULL HEIGHT |
| R402.1.1 | CRAWL SPACE WALL INSUL: R-13/R-10 FOIL FACED CONT. BATT'S
FULL HEIGHT EXTENDING FROM FLOOR ABOVE TO FINISH GRADE LEVEL
AND THEN VERT OR HORT AN ADDITIONAL 2'-0" |
| R402.1.1 | FLOOR INSULATION OVER UNCONDITIONED SPACE = R-19 BATT INSUL |
| R402.1.1 | WINDOW U-VALUE / SHGC .35 (U-VALUE) .40 (SHGC) |
| R402.2.9 | SLAB ON GRADE FLOORS LESS THAN 12" BELOW GRADE:
R-10 RIGID FOAM BOARD UNDER SLAB EXTENDING EITHER 2'-0" HORT OR VERT. |
| R402.2.4 | ATTIC ACCESS: ATTIC ACCESS SCUTTLE WILL BE WEATHERSTRIPPED AND INSULATED R-49 |
| R402.4 | BUILDING THERMAL ENVELOPE (AIR LEAKAGE)
EXTERIOR WALLS AND PENETRATIONS WILL BE SEALED PER THIS SECTION OF THE 2012 IECC
WITH CAULK, GASKETS, WEATHER STRIPPING OR AN AIR BARRIER OF SUITABLE MATERIAL |

- | | |
|----------|--|
| R402.4.1 | BUILDING ENVELOPE TIGHTNESS TEST: BUILDING ENVELOPE TIGHTNESS AND INSUL
INSTALLATION MUST MEET THE INSPECTION CRITERIA LISTED IN TABLE 402.4.1.2. A
BLOWER DOOR AIR INFILTRATION TEST SHALL BE PERFORMED IN ALL UNITS.
SEE ALSO SECTION R303.4 OF THE 2012 IRC |
| R402.4.2 | ALL WOOD BURNING MASONRY FIREPLACES WILL HAVE TIGHT-FITTING FLUE
DAMPERS AND OUTDOOR COMBUSTION AIR. FIREPLACES SHALL HAVE GASKETED
DOORS |
| R402.4.4 | RECESSED LIGHTING - RECESSED LUMINARIES INSTALLED IN THE BUILDING THERMAL
ENVELOPE SHALL BE SEALED TO LIMIT AIR LEAKAGE |
| R403.1.1 | THERMOSTAT ALL DWELLING UNITS WILL HAVE AT LEAST ONE (1) PROGRAMMABLE
THERMOSTAT FOR EACH SEPARATE HEATING AND COOLING SYSTEM AS PER 2012
IECC SECTION 403.1. WHERE A HEAT PUMP SYSTEM HAVING SUPPLEMENTARY
ELECTRIC RESISTANCE HEAT IS USED THE THERMOSTAT SHALL PREVENT THE
SUPPLEMENTARY HEAT FROM COMING ON WHEN HEAT PUMP CAN MEET HEATING
LOAD. |
| R403.2.1 | MECHANICAL DUCT INSUL - SUPPLY DUCTS IN ATTIC = R-8 MIN - SUPPLY DUCTS
OUTSIDE CONDITIONED SPACES = R-8 MIN ALL OTHER DUCTS EXCEPT THOSE
LOCATED COMPLETELY INSIDE THE BUILDING THERMAL ENVELOPE
= R-6 MIN. DUCTS LOCATED UNDER CONCRETE SLABS = R-6 MIN |
| R403.2.2 | DUCT SEALING ALL DUCT, AIR HANDLERS, FILTER BOXES WILL BE SEALED. JOINTS
AND SEAMS WILL COMPLY WITH SECTION M1601.41 OR THE IRC. A DUCT TIGHTNESS
TEST (DUCT BLASTER - DUCT TOTAL LEAKAGE TEST) WILL BE PERFORMED ON ALL
HOMES AND SHALL BE VERIFIED BY EITHER A POST CONSTRUCTION TEST OR A
ROUGH IN TEST. DUCT TIGHTNESS TEST IS NOT REQUIRED IF THE AIR HANDLER AND
ALL DUCTS ARE LOCATED WITHIN CONDITIONED SPACE |
| R403.5 | MECHANICAL VENTILATION OUTDOOR, MAKE UP AIR WILL BE BROUGHT INTO THE
HOME THRU A DUCT WITH AN AUTOMATIC OR GRAVITY DAMPER |
| R403.6 | EQUIPMENT SIZING SHALL COMPLY WITH R403.6 |
| R404.1 | LIGHTING EQUIPMENT: A MINIMUM OF 75% OF ALL LAMPS (LIGHTS) MUST BE
HIGH-EFFICIENCY LAMPS.
WATER HEATER: MIN EFFICIENCY ESTABLISHED BY NAECA.
MECHANICAL TESTING: ALL MECHANICAL TESTING TO BE PERFORMED BY LICENSED
TESTING AS PER IRC & IMC. |

DRAWING LIST

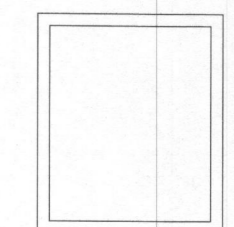
T-1	TITLE SHEET & DRAWING LIST
T-2	SITE PLAN
A-100	FOUNDATION PLAN & ROOF FRAMING PLAN
A-200	PORCH PLAN AND ROOF PLAN
A-300	FRONT ELEVATIONS
A-400	SIDE ELEVATIONS
A-500	SECTION

LOCATION PLAN



T-1
TITLE BLOCK

6990 MINK HOLLOW ROAD
JOB # 15-019
FEBRUARY 2015



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN H. Oswald DATE: 3/25/15
 DESC. OF WORK: Covered front porch
11' x 7'6"

#6958

PROPERTY INFORMATION:
 DISTRICT - 05
 ACCOUNT NUMBER: 350611
 OWNER: CARL T EDENS & JACQUELYN EDENS
 ARCHITECT: ADAM CARBALLO, ARCHITECT
 DEED REFERENCE: 11218 / 00185
 LEGAL DESCRIPTION: 3.1377 ACRES
 MAP: 0040
 GRID: 0002
 PARCEL: 0148
 PRIMARY STRUCTURE BUILT: C.1959
 ABOVE GRADE ENCLOSED AREA: 2,396 SF

#6972

#6990

EXISTING 1-STORY
DETACHED GARAGE

EXISTING 1-STORY
SINGLE FAMILY HOME

PROPOSED 8'x11'
COVERED PORCH

~70'-0" TO
PROP LINE

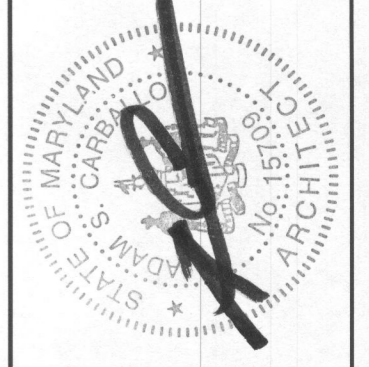
MINK HOLLOW ROAD

#7014

ISSUED FOR PERMIT



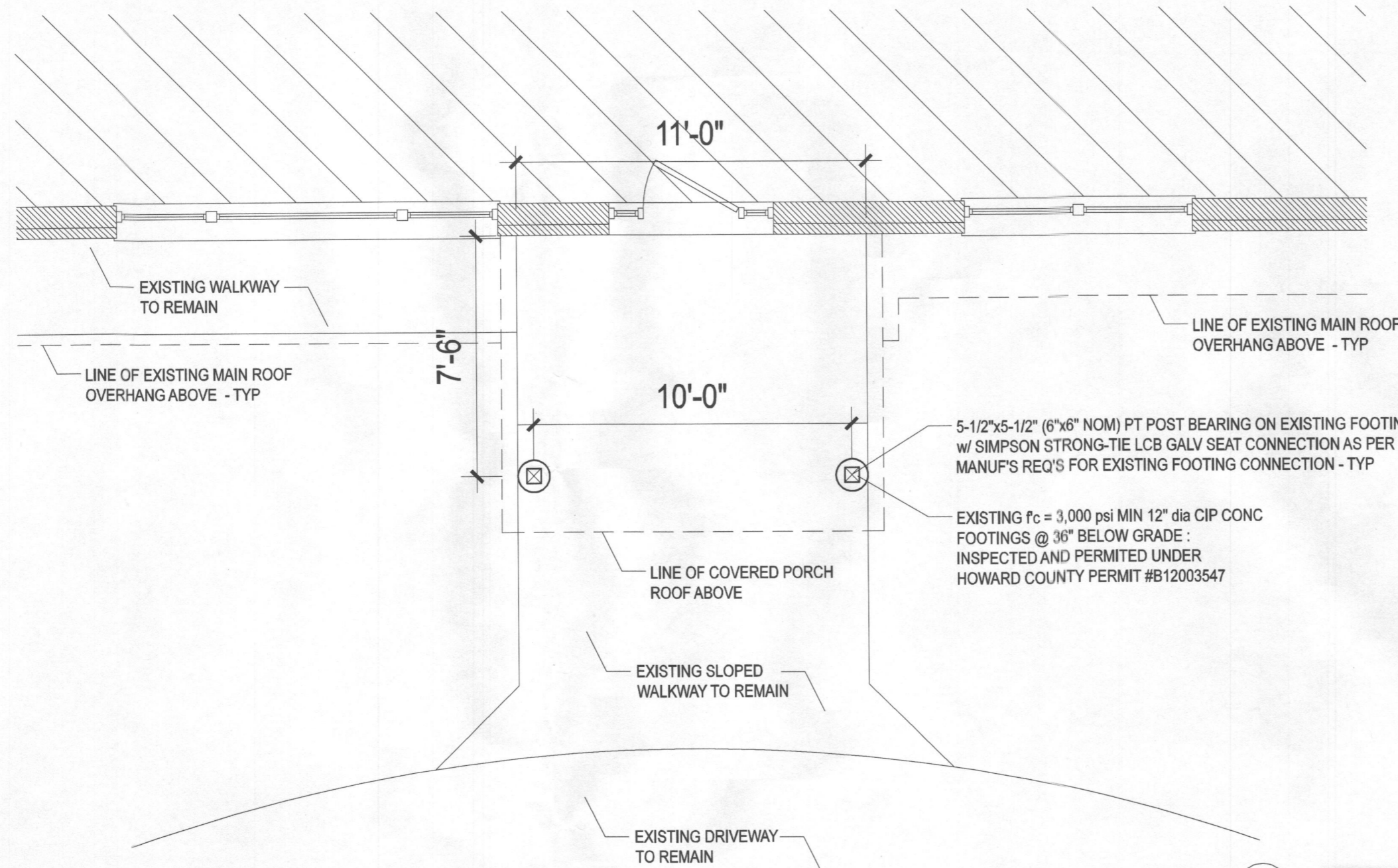
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 15709, EXPIRATION DATE 3/27/2015.
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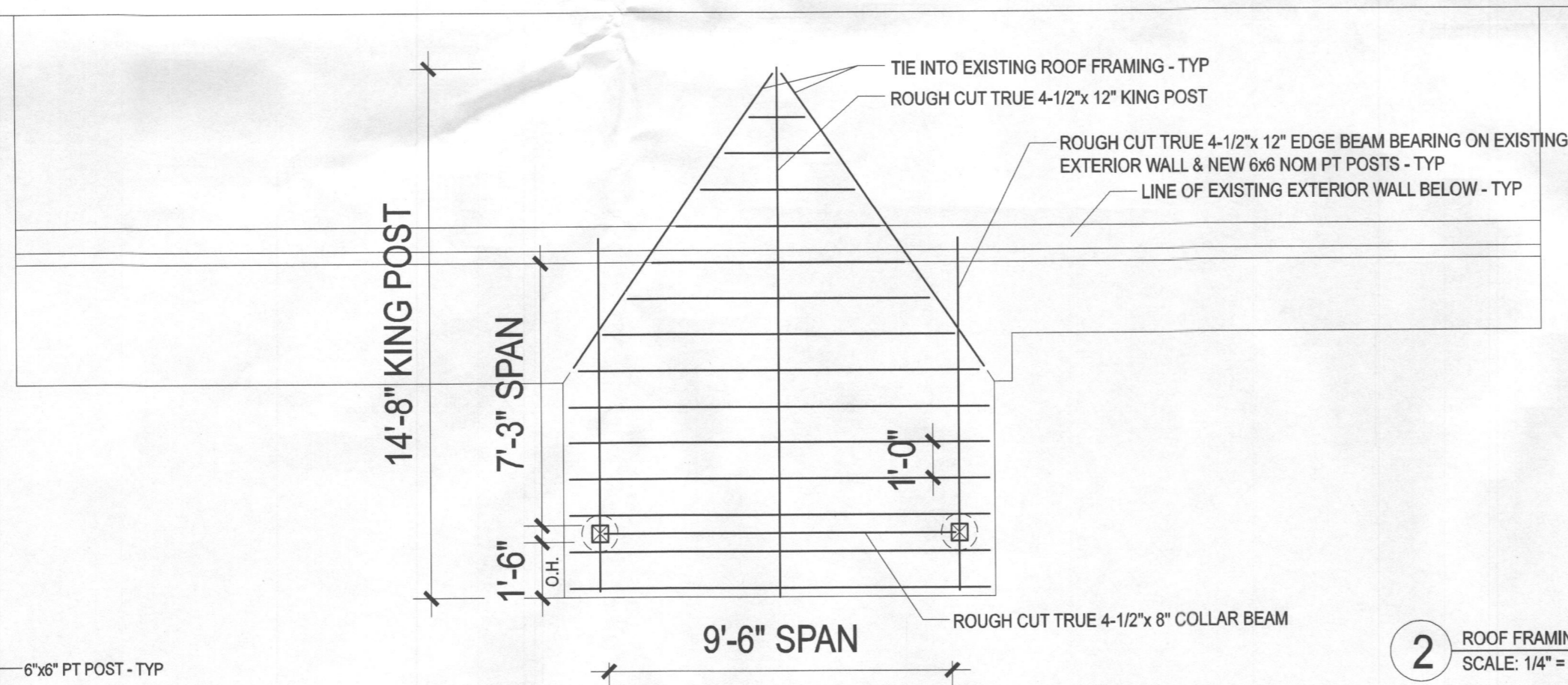
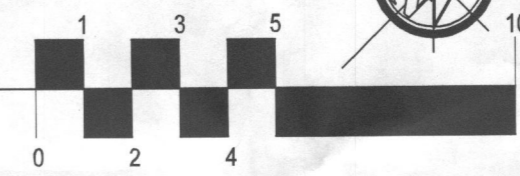
CLIENT
MS. JACKI EDENS

ADAM CARBALLO, ARCHITECT
MD LIC# 15709
443-745-1100

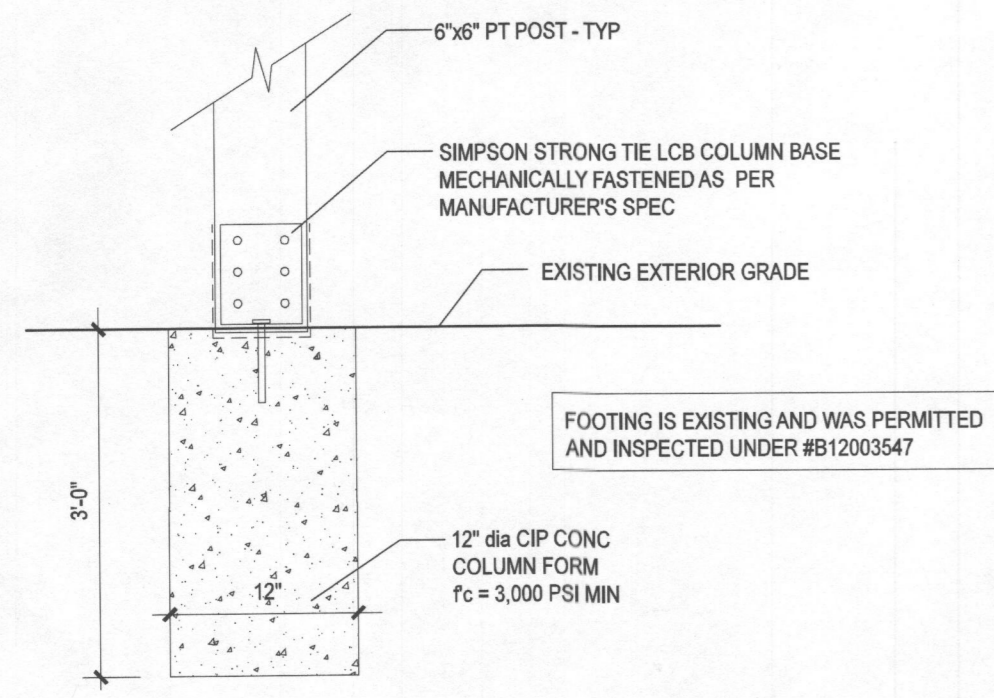
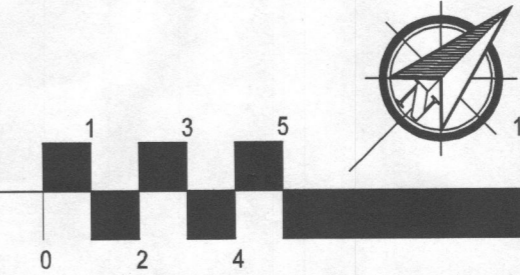
T-2
 SITE PLAN
 6990 MINK HOLLOW ROAD
 JOB # 15-019
 FEBRUARY 2015



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



2 ROOF FRAMING PLAN
SCALE: 1/4" = 1'-0"



3 TYPICAL FOOTING DETAIL

LEGEND	
	COLUMN LINE
	EXISTING PARTITION
	NEW PARTITION
	OVERHANG / OBSCURED
	ROOM NUMBER TAG
	SECTION CUT LINE
	CENTER LINE
	WINDOW TYPE

GENERAL NOTES

- DO NOT SCALE DRAWINGS.
- CONTRACTOR IS RESPONSIBLE FOR PULLING ALL PERMITS AND PAYING ANY ASSOCIATIVE FEES.
- CONTRACTOR SHALL COMPLY WITH ALL HEALTH AND LIFE SAFETY REQUIREMENTS AS DIRECTED BY HOWARD COUNTY AND THE STATE OF MARYLAND.
- FINISHES ARE CLIENT'S CHOICE
- LIGHTING FIXTURE SELECTION ARE CLIENT'S CHOICE

- DOOR TYPE SYMBOL **36"** DENOTES DOOR WIDTH, DOOR STYLE CLIENT'S CHOICE. INTERIOR DOOR HEIGHTS: ALL DOORS = 6'-8" U.O.N.

NOTE: WALL BRACING - PER 2012 IRC SECTION R602.10.3 (METHOD 3) USE 48" PANELS MIN

STRUCTURAL NOTES

Live Loads: Floor 40psf, Roof 30 psf

Construction Safety: Loads greater than the applicable design loads shall not be placed on the structure. Provisions shall be made for adequate bracing and support of adjacent construction, utilities and excavations. Job site safety and construction procedures are the responsibility of the Contractor.

Foundation Bearing: Assumed at 2,000 psf. Field verification shall be made by a qualified Soils Engineer prior to placing foundations. If excavation shows soil to be other than assumed, foundations will be subject to redesign.

Foundations: All foundations shall be placed on undisturbed soil not less than 1'-0" below existing grade, nor less than 2'-6" below adjacent finish exterior grade. Utility lines shall not be placed through or below foundations without the Structural Engineer's approval. Maintain 1:2 slope from the bottom edge of footing to the bottom of any adjacent excavation. All excavations shall be approved by proper authorities prior to the placing of foundations.

Backfill: All backfill shall be accomplished using material consisting of bank run gravel, crushed stone and/or material approved by the Soils Engineer, from site excavation with optimum moisture content for compacting and shall be free of any debris. The backfill shall be compacted to 95% of maximum density as determined by ASTM D698 Standard Proctor Test. No backfill material shall be placed against walls without provisions for adequate bracing of these walls.

Concrete: Shall be mixed and placed in accordance with the current "American Concrete Institute (ACI) Building Code Requirements for reinforced concrete". A copy of this code shall be available on the project at all times. All concrete to have a compressive strength (fc) of 3,000 psi, unless otherwise noted. All concrete exposed to the weather to have a compressive strength of fc = 4,000 psi (air entrained).

Framing Lumber: All framing, including floor and roof sheathing, shall be in accordance with the standards and specifications of the American Institute of Timber Construction (AITC). Framing lumber shall be as follows: rafters & joists - Hem Fir #2 Fb = 1,000 psi (single), E=1,400 ksi, studs-stud grade lumber. All lumber shall be graded in accordance with the applicable grading rules and shall be surfaced on four sides. Members shall be set with crown up and have a minimum of 4" bearing on masonry. Member framing anchors, unless otherwise noted or shown. All joists and rafters shall be rigidly bridged at intervals not exceeding 8 feet with metal bridging. Unless otherwise noted, all studs in bearing walls to be bridged (with solid members) at mid-height.

Roof Sheathing and Insulation: 1. Plywood roof sheathing to be 1/2" thick with APA grade trademark, identification index of 24/0 and C-DX. 2. Plywood shall be fastened to structural members with 6d common or better at 6" on center at panel points and 12" on center at intermediate points. 3. Blocking of unsupported edges of roof sheathing shall be by means of special corrosion resistant metal 'H' clips designed for this purpose. Use one 'H' clip for each truss space. 4. Leave 1/16" space at all panel end joints and 1/8" space at all panel edge joints.

RESIDENTIAL CODE NOTES

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2. Table R301.2 (1). The residential climatic and geographic design parameters are shown in the following table:

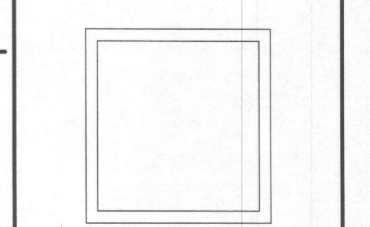
Climatic and Geographic design parameters:

Ground Snow Load	30 psf
Wind Speed	90 mph
Seismic Design	B
Subject Damage from Weathering	Severe
Subject Damage from Frost Line Depth	24" min
Subject Damage from Termite	Moderate to Heavy
Winter Design Temp.	13 degree F
Ice Shield Underlayment Req'd	Yes
Flood Hazard July 2, 1979	
Air Fz. Index	300
Mean Annual Temp.	55 degree F

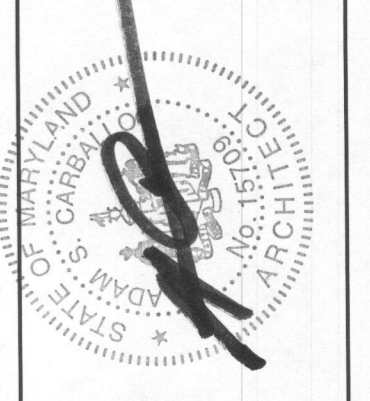
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TABLE R301.5 - MINIMUM UNIFORMLY DISTRIBUTED LIVE LOADS (In pounds per square foot)	
Use	Live Load
Attics with limited storage	20
Attics without storage	10
Decks	40
Exterior Balconies	60
Fire Escapes	40
Guardrails and Handrails	200
Guardrails in fill components	50
Passenger vehicle garages	50
Rooms other than sleeping rooms	40
Sleeping rooms	30
Stairs	40

ISSUED FOR PERMIT



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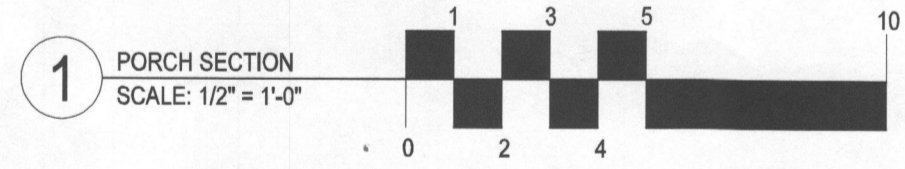
CLIENT
MS. JACKI EDENS

ADAM CARBALLO, ARCHITECT
MD LIC# 15709
443-745-1100

A-100
FOUNDATION & ROOF FRAMING PLAN
6990 MINK HOLLOW ROAD
JOB # 15-019
FEBRUARY 2015



PAINTED T-111 TRIM BOARD @
 REAR TRANSITION TO EXISTING ROOF
 & UNDERSIDE OF PORCH ROOF -TYP



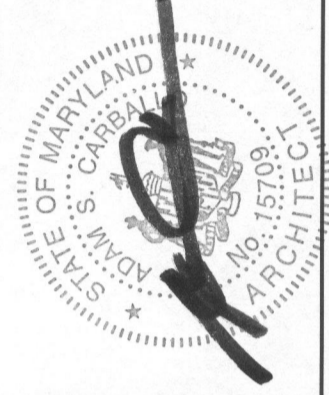
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A-500
SECTION

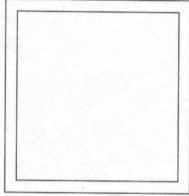
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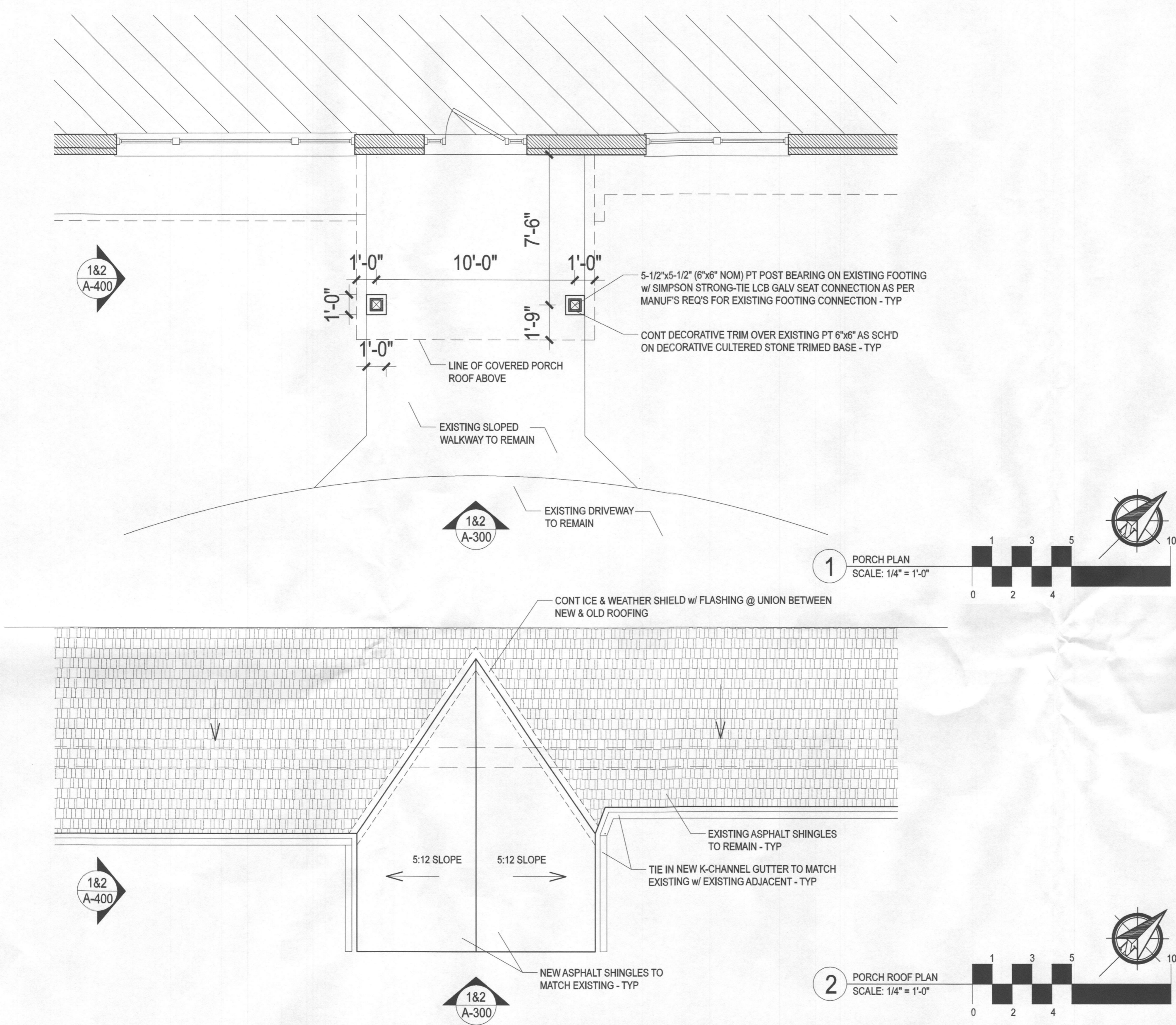
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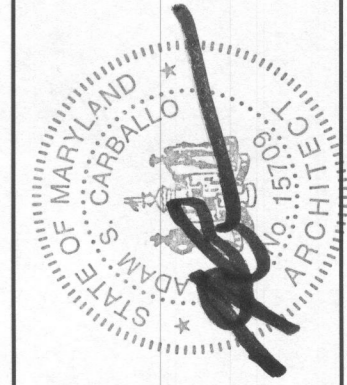
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2. Table R301.2 (1). The residential climatic and geographic design parameters are shown in the following table:

Climatic and Geographic design parameters:

Ground Snow Load 30 psf
Wind Speed 90 mph
Seismic Design B
Subject Damage from Weathering Severe
Subject Damage from Frost Line Depth 24" min
Subject Damage from Termite Moderate to Heavy
Winter Design Temp. 13 degree F
Ice Shield Underlayment Req'd Yes
Flood Hazard July 2, 1979
Air Fz. Index 300
Mean Annual Temp. 55 degree F

3. Table R301.5. Minimum Design Live Load values shall conform to the following values:

TABLE R301.5 - MINIMUM UNIFORMLY DISTRIBUTED LIVE LOADS (In pounds per square foot)

Use	Live Load
Attics with limited storage	20
Attics without storage	10
Decks	40
Exterior Balconies	60
Fire Escapes	40
Guardrails and Handrails	200
Guardrails in fill components	50
Passenger vehicle garages	50
Rooms other than sleeping rooms	40
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Stairs	40

LEGEND

	COLUMN LINE
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	NEW PARTITION
	OVERHANG / OBSCURED
	ROOM NUMBER TAG
	SECTION CUT LINE
	CENTER LINE
	WINDOW TYPE

GENERAL NOTES

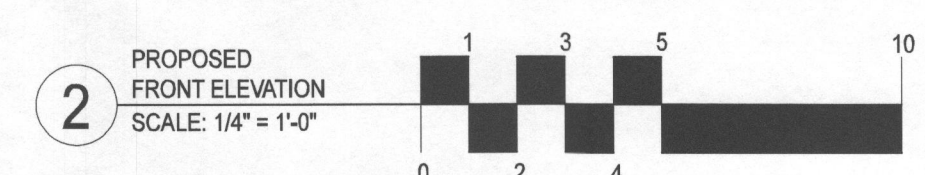
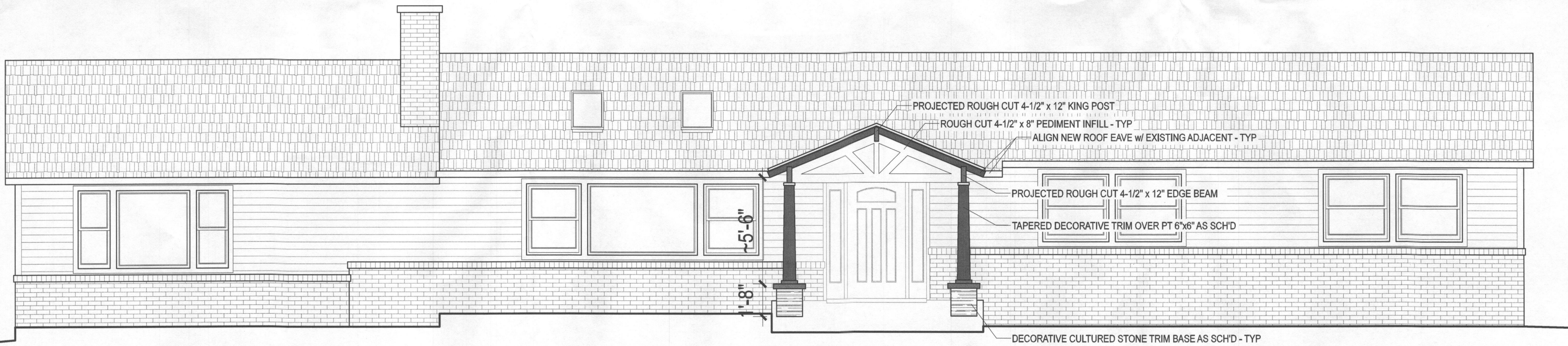
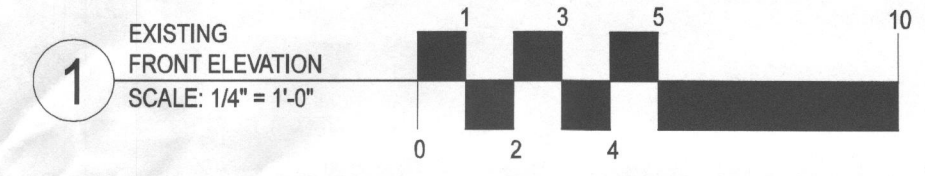
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NOTE: WALL BRACING - PER 2012 IRC SECTION R602.10.3 (METHOD 3) USE 48" PANELS MIN

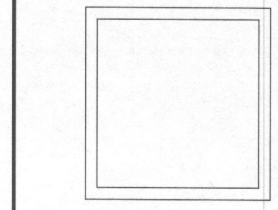
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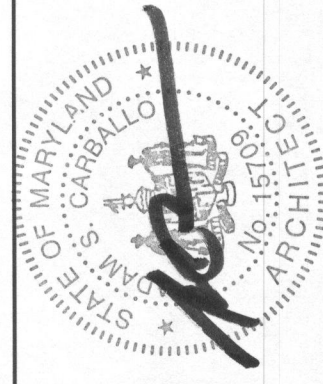
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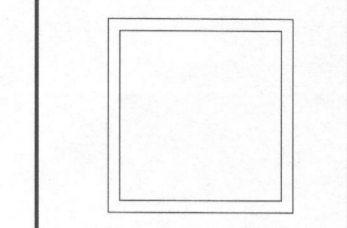
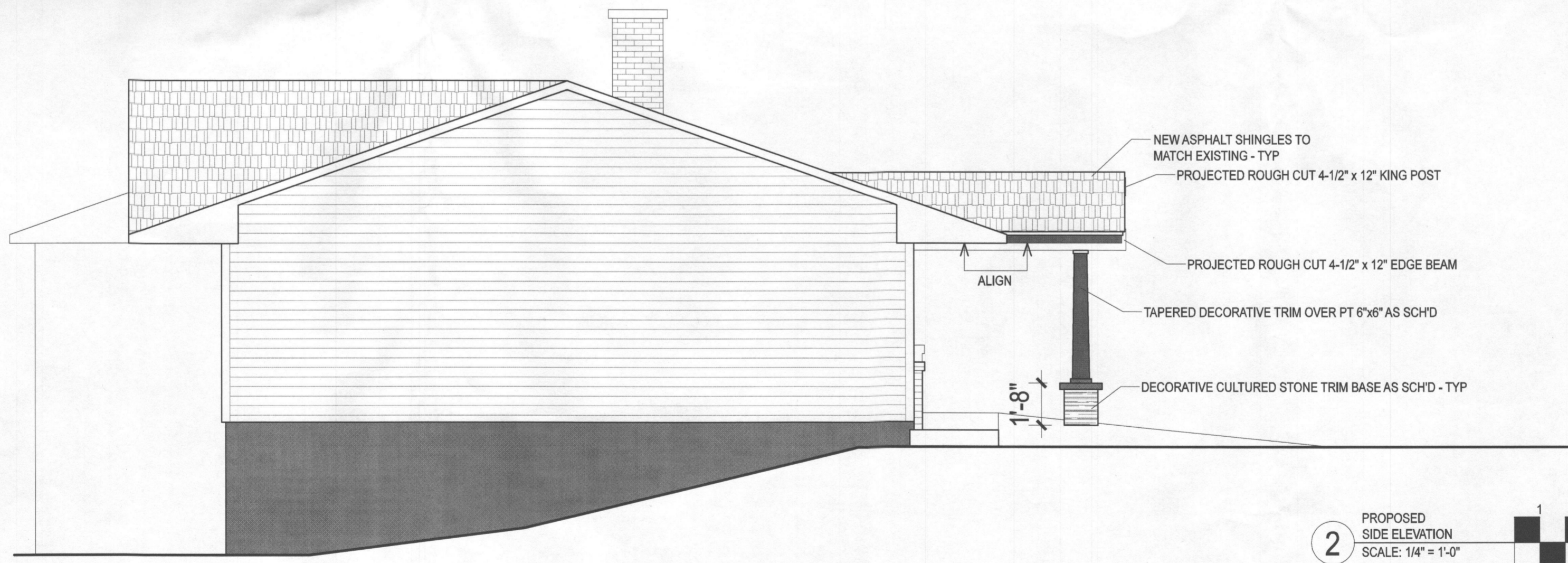
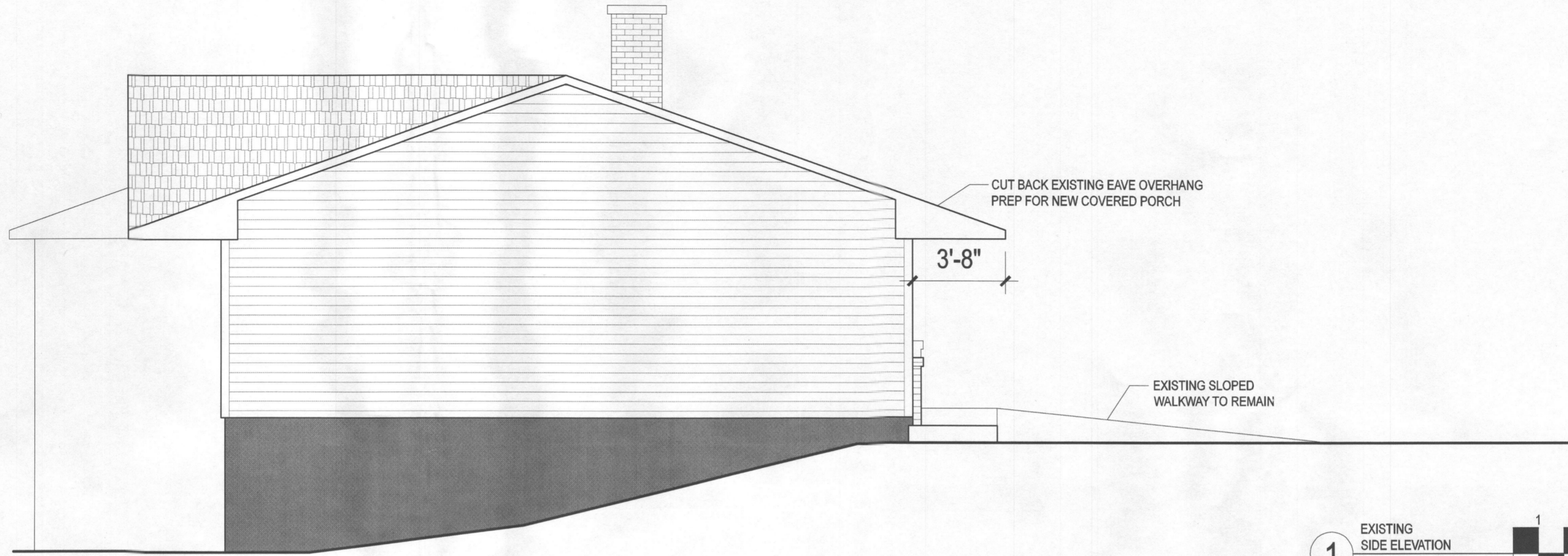
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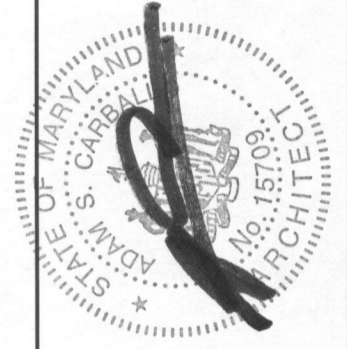
CLIENT
MS. JACKI EDENS

ADAM CARBALLO, ARCHITECT
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A-300
FRONT ELEVATIONS
6990 MINK HOLLOW ROAD
JOB # 15-019
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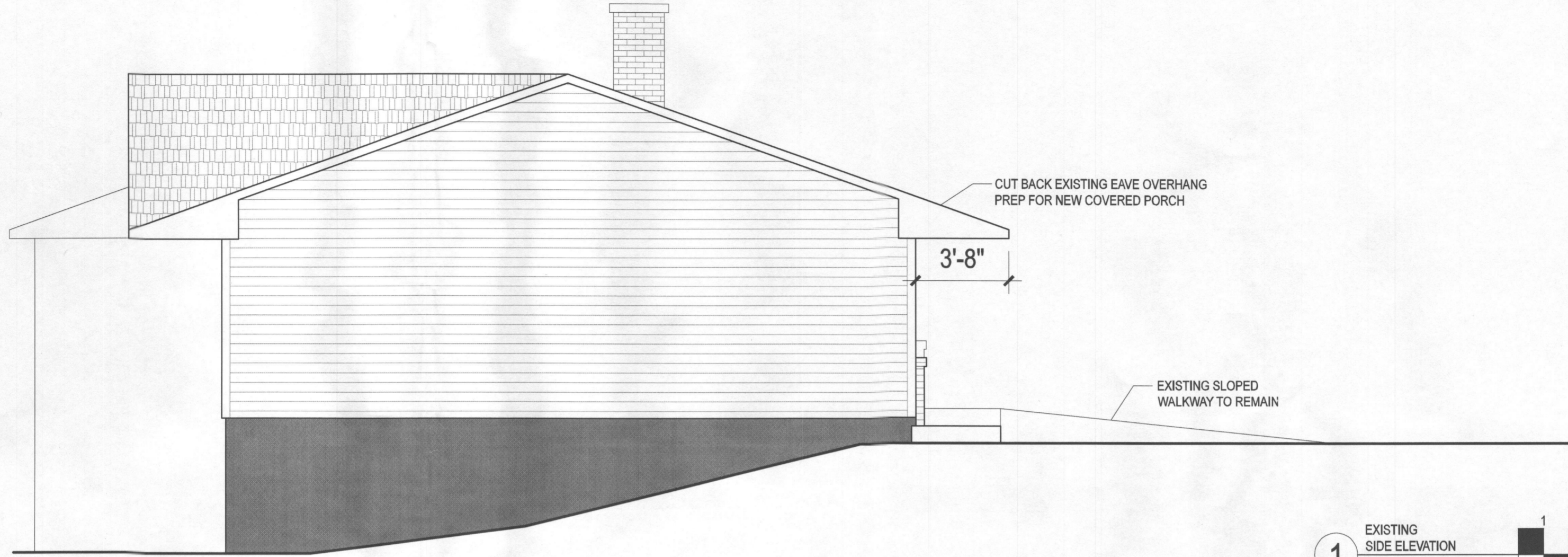


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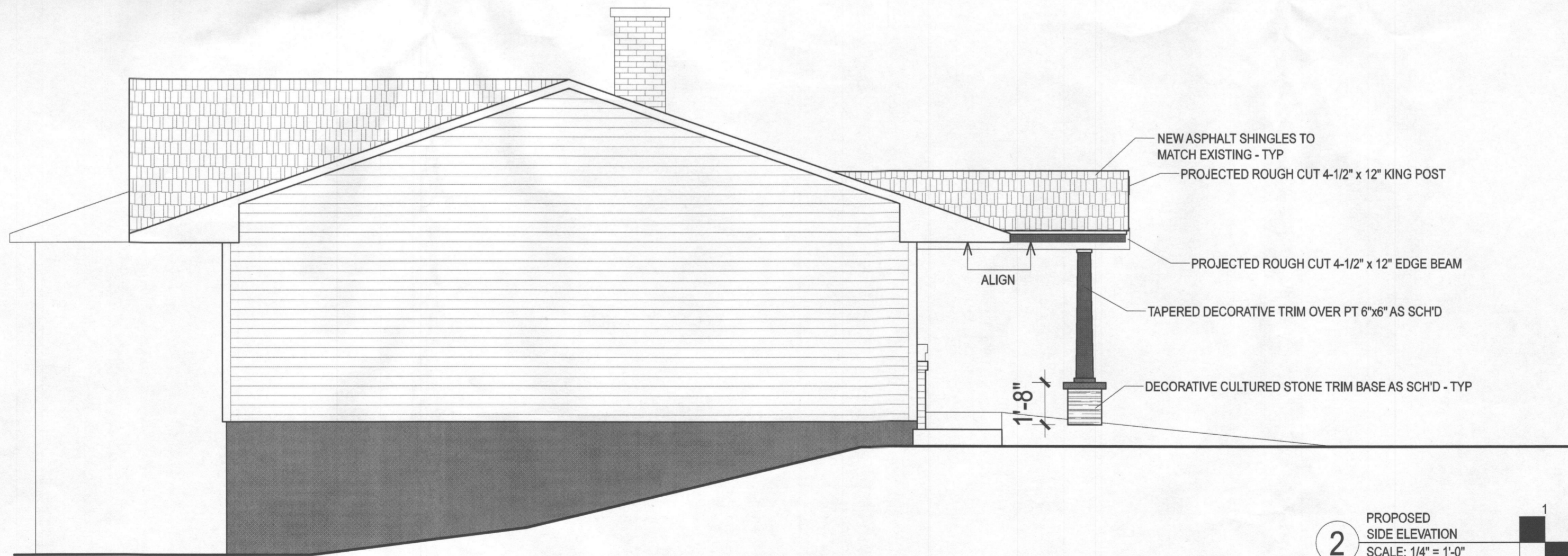
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 6990 MINK HOLLOW ROAD
 JOB # 15-019
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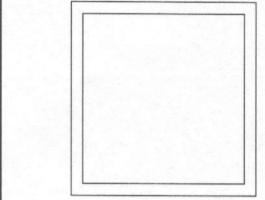
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1 EXISTING SIDE ELEVATION
SCALE: 1/4" = 1'-0"



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



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