

# 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: 10/10/15

Permit No.: B15004434



Building Address: 5250 Sweetbay Street  
 City: Greenbelt State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SF w/ utility Tank  
 Estimated Construction Cost: \$ 6000.00  
 Description of Work: Install 1x1000 underground  
Drainage Tank and run gas line  
15' deep to stem of house  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: KRoumanian Construction  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Contractor Company: Kronan Paving  
 Contact Person: Noble Ross  
 Address: 1301 Post 1733  
 City: Gillersville State: MD Zip Code: 21025  
 License No.: 93150  
 Phone: 410-723-1133 Fax: 410-223-1134  
 Email: noble.ross@kronan.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____	_____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____	_____
Use group: _____	Basement: _____	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Date: 10/10/15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

**-FOR OFFICE USE ONLY-**

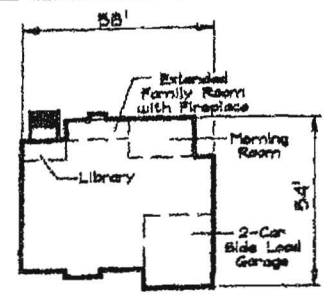
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/23/15</u>	<u>[Signature]</u>

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	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>6180</u>

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

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



COLORADO  
GEORGIAN ELEVATION  
BRICK FRONT  
REVERSE UNIT

- GENERAL NOTES**
1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-93-0644) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
  2. BASE SQUARE FOOTAGE OF HOUSE IS 530 sq. ft.
  3. NUMBER OF BEDROOMS: 4  
INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/23/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN, 2012
  4. PER THE APPROVED ROAD DRAWINGS P-07-38, A DRIVEWAY CULVERT IS NOT REQUIRED.

Approved for UPT  
B15004434  
RFA 10/23/15



Planner  
Surveyor  
Engineer  
Landscape Architect  
  
193 East Main Street  
Westminster, MD 21157  
410.366.8168  
410.764.0344 (Fax)  
DDC@DDCinc.net  
www.DDCinc.net

DDC JOB#	06116.5
DATE	7/21/15
SCALE	1" = 30'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	BKC

BELLE HAVEN ESTATES  
3rd ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 36  
15250 SWEETBAY STREET  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20785  
(301)683-6268

15' to stub at house



# 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: 6/16/14

Permit No.: B1400 2096

Health

Building Address: 15250 Sweetbay St  
 City: WOODBINE State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-07-38  
 Census Tract: \_\_\_\_\_ Subdivision: BELLE HAVEN  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 36  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: vacant lot  
 Proposed Use: new S. F. D.  
 Estimated Construction Cost: \$ 295,000  
 Description of Work: COLORADO - W/MONN. RM, 6 FT. FAM. & LIB, EXT. 2 STORY, FULL BSMT., 14R, 1 FB, 1NB, 2FP, & 2 CA GARAGE, (4BR) - FULL (SIDE LOAD)  
 Occupant or Tenant: 2 CA GARAGE, (4BR) - FULL (SIDE LOAD)  
 Was tenant space previously occupied?  Yes  No Rec. RM. AND FULL BATH  
 Contact Name: NOTE  
 Address: 3 FULL BATH ON (2ND FL.)  
 City: third BATH opt State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: AND BUDDY Fax: \_\_\_\_\_  
 Email: BATH

Property Owner's Name: BELLE HAVEN BAKER LLC  
 Address: 10751 Falls Rd. Ste. 405  
 City: LUTHERVILLE State: MD Zip Code: 21093  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Vicky Meyer  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-296-6900 Fax: \_\_\_\_\_  
 Email: MDBLDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANI TAN HOMES  
 Contact Person: Chester Willett  
 Address: 1802 Brightseat Rd.  
 City: Landover State: MD Zip Code: 20785  
 License No.: 3149  
 Phone: 301-772-8900 Fax: \_\_\_\_\_  
 Email: CWillett@KHOV.COM

Engineer/Architect Company: D. D. C.  
 Responsible Design Prof.: Brian Collins  
 Address: 192 E. Main St.  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410-386-0560 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000401</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.

Applicant's Signature: V. Meyer  
 Email Address: MDBLDGPERMITS@COMCAST.NET  
 AGENT  
 Title/Company

Print Name: Vicky Meyer  
 Date: 6/16/2014  
 RECEIVED JUN 16 2014  
 LICENSES & PERMITS DIVISION  
 ck# 15966

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

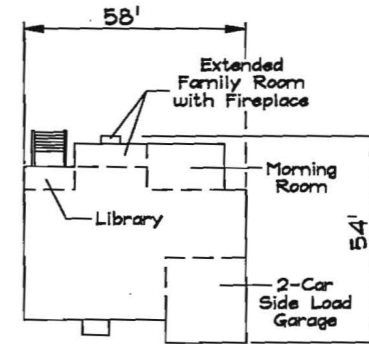
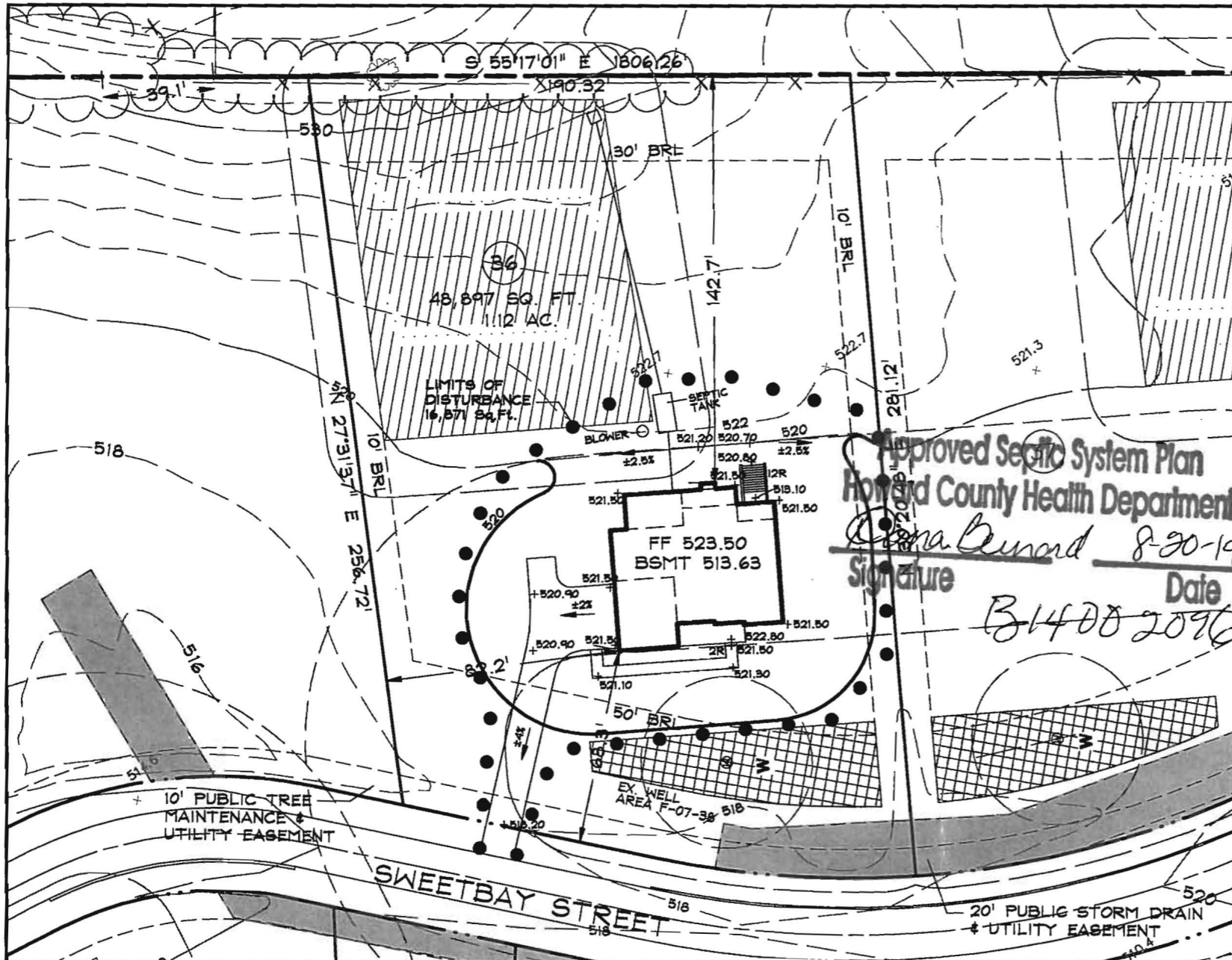
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA ( Zoning )		
<input checked="" type="checkbox"/> PSZA ( Engineering )		
<input checked="" type="checkbox"/> Health	<u>8/20/14</u>	<u>Dana Bedford</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	\$ <u>180.00</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>000157606</u>

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



COLORADO  
ELEVATION 'A'  
BRICK/STONE FRONT  
REVERSE UNIT

**GENERAL NOTES**

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0644) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 3,486 sq. ft.  
NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012
4. PER THE APPROVED ROAD DRAWINGS F-07-38, A DRIVEWAY CULVERT IS NOT REQUIRED.

Approved Septic System Plan  
Howard County Health Department  
*Donna Leonard* 8-30-14  
Signature Date  
B1400 2016



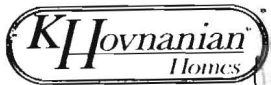
Planners  
Surveyors  
Engineers  
Landscape Architects  
192 East Main Street  
Westminster, MD 21157  
410.386.0560  
410.386.0564 (Fax)  
DDC@DDGinc.us  
www.DDGinc.us

DDC JOB#:	06116.5
DATE:	6/2/14
SCALE:	1" = 50'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	BKC

**BELLE HAVEN ESTATES**  
3rd ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 36  
15250 SWEETBAY STREET  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20785  
(301)683-6268



## **Chester Willett**

Permits Manager

K. Hovnanian Homes of Maryland, LLC

1802 Brightseat Road  
Landover, MD 20785

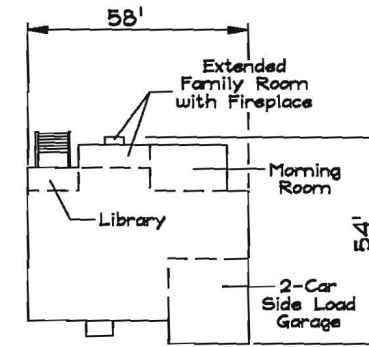
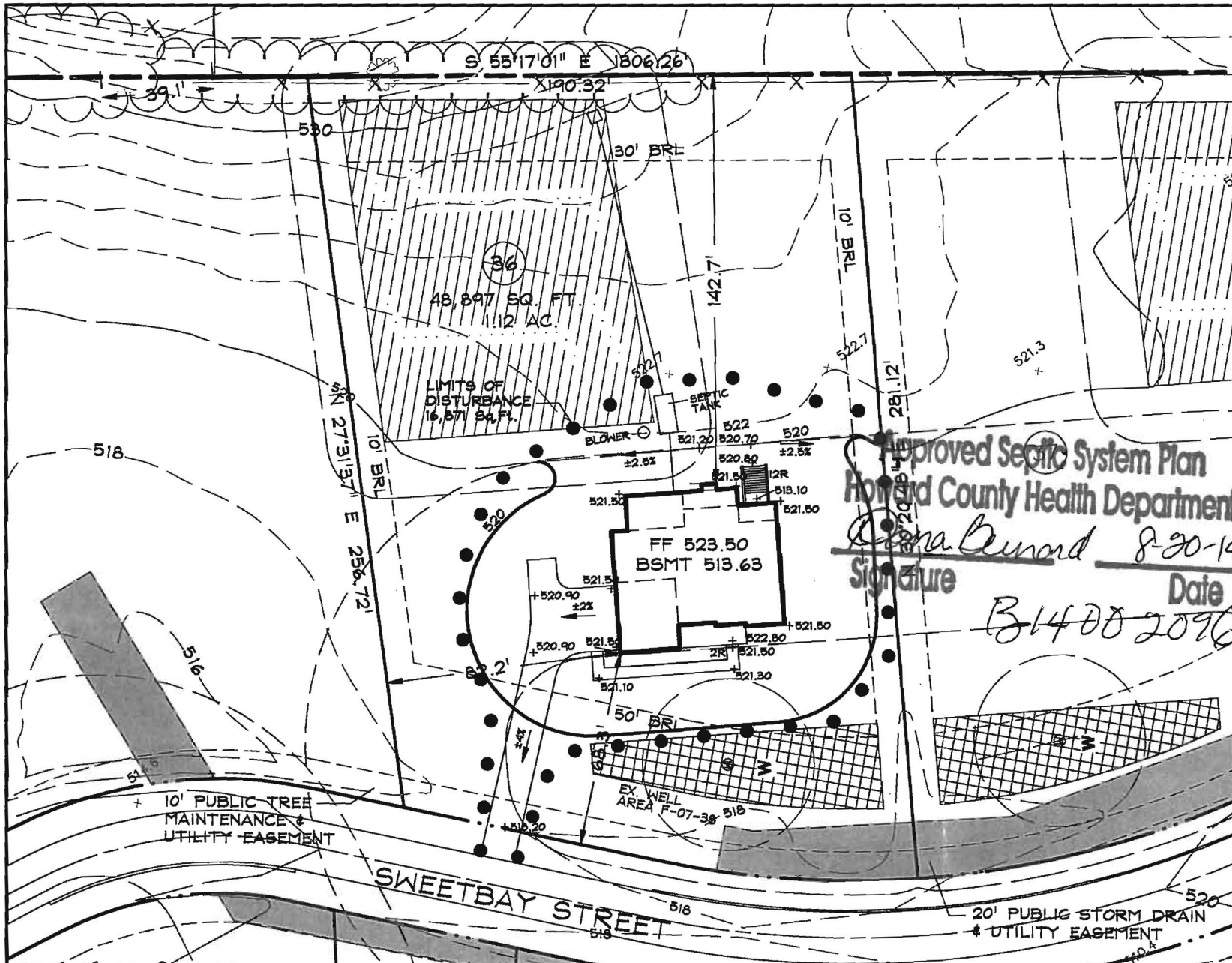
Direct: 301.683.6268

Fax: 301.683.6371

Cell: 240.375.4515

[cwillett@khov.com](mailto:cwillett@khov.com)

[khov.com](http://khov.com)

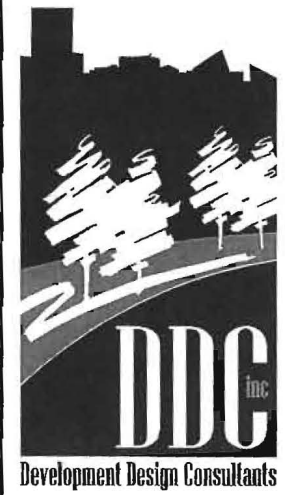


COLORADO  
ELEVATION 'A'  
BRICK/STONE FRONT  
REVERSE UNIT

**GENERAL NOTES**

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NUMBER OF BEDROOMS: 4
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4. PER THE APPROVED ROAD DRAWINGS F-07-38, A DRIVEWAY CULVERT IS NOT REQUIRED.

Approved Septic System Plan  
Howard County Health Department  
*Diana Leonard* 8-30-14  
Signature Date  
B1408 2096



Planners  
Surveyors  
Engineers  
Landscape Architects

192 East Main Street  
Westminster, MD 21157  
410.386.0560  
410.386.0564 (Fax)  
DDC@DDCinc.us  
www.DDCinc.us

<b>DDC JOB#:</b>	06116.5
<b>DATE:</b>	6/2/14
<b>SCALE:</b>	1" = 50'
<b>DES. BY:</b>	BKC
<b>DRN. BY:</b>	BKC
<b>CHK. BY:</b>	BKC

**BELLE HAVEN ESTATES**  
3rd ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 36  
15250 SWEETBAY STREET  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20785  
(301)683-6268

August 5, 2014

Ms. Dana Bernard, REHS/R.S.  
Environmental Specialist II  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045

Reference: Belle Haven Estates, Lots 36 & 40  
15250 & 15233 Sweetbay Street  
BAT Site Plan  
DDC Project No.: 06116.5

Lot 36  
B14002096

Ms. Bernard,

The following are responses to comments issued July 31, 2014 (via email) for the above referenced project.

### BAT Plan

**Comment 1:** Show the location of the initial absorption system and 2 replacements with perforated pipe elevations. All trenches should be equal in length and on contour. We prefer that all trenches are no longer that 50 feet  $\pm$  5 feet. This layout will allow more room for future replacements.

**Response:** The initial absorption system and 2 replacements with perforated pipe elevations have been included with the BAT Plans. Also, all trenches are of equal length and are on contour.

**Comment 2:** I have included a copy of the BAT site plan requirements to use for your revisions.

**Response:** Noted

### Building Site Plan

**Comment 3:** Your building site plan must show the location of the initial absorption system and 2 replacements with perforated pipe elevations. All trenches should be equal in length.

**Response:** The initial absorption system and 2 replacements with perforated pipe elevations have been included with the BAT Plans. Also, all trenches are of equal length.

### Building Application

**Comment 4:** Your building application does not reflect same number of bedrooms you are showing in your BAT plan. You can give DPZ a call to have this information changed in the computer system.

↳ DANA, I submitted  
an 8/5 AMENDMENT AT  
DPZ TO CHANGE THE  
PERMIT APPLICATION TO  
REFLECT 5 BEDROOMS  
WJF ☺



Planners  
Surveyors  
Engineers

Landscape Architects

192 East Main Street  
Westminster, MD 21157

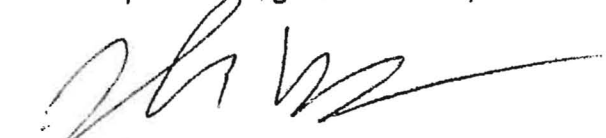
410 386 0560  
Fax 410 386 0564

DDC@DDCinc.us  
www.DDCinc.us

**Response:** Comment noted. The building permit application will be updated.

We believe these responses adequately address your comments. Should you have any questions please do not hesitate to contact this office.

Very truly yours,  
Development Design Consultants, Inc.



Josh Martin  
Engineer





MID-ATLANTIC AREA

COLORADO

REVISION DATE: 11-21-2013

1C0

B14002096

2012 INTERNATIONAL RESIDENTIAL CODE

\*\* THE LOCAL JURISDICTION SHALL FILL IN THIS TABLE WITH LOCAL CLIMATIC AND GEOGRAPHIC CRITERIA \*\*

2012 CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA:											
GROUND SNOW LOAD	WIND SPEED (mph)		SEISMIC DESIGN CATAGORY	SUBJECT TO DAMAGE FROM			WINTER DESIGN TEMP.	ICE BARRIER UNDERLAYMENT REQUIRED	FLOOD HAZARDS	AIR FREEZING INDEX	MEAN ANNUAL TEMP
	Speed (mph)	Topographic Effects		Weathering	Frost Line Depth	Termit#					
	30		A & B								

ACI

KV\_003\_3258\_COLORADO

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SCALE:  
 1/8" = 1'-0" @ 11 x 17  
 1/4" = 1'-0" @ 24 x 36

SHEET NUMBER  
3E

SCALE

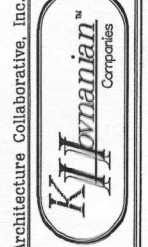
DRAWN BY  
ACI

DATE  
02-01-12

REV.#	DATE	REV.#	DATE	REV.#	DATE	REMARKS

REV.#	DATE	REV.#	DATE	REV.#	DATE	REMARKS
02-02-12		02-02-12		02-02-12		
02-02-12		02-02-12		02-02-12		
02-02-12		02-02-12		02-02-12		

MODEL  
COLORADO  
SET #

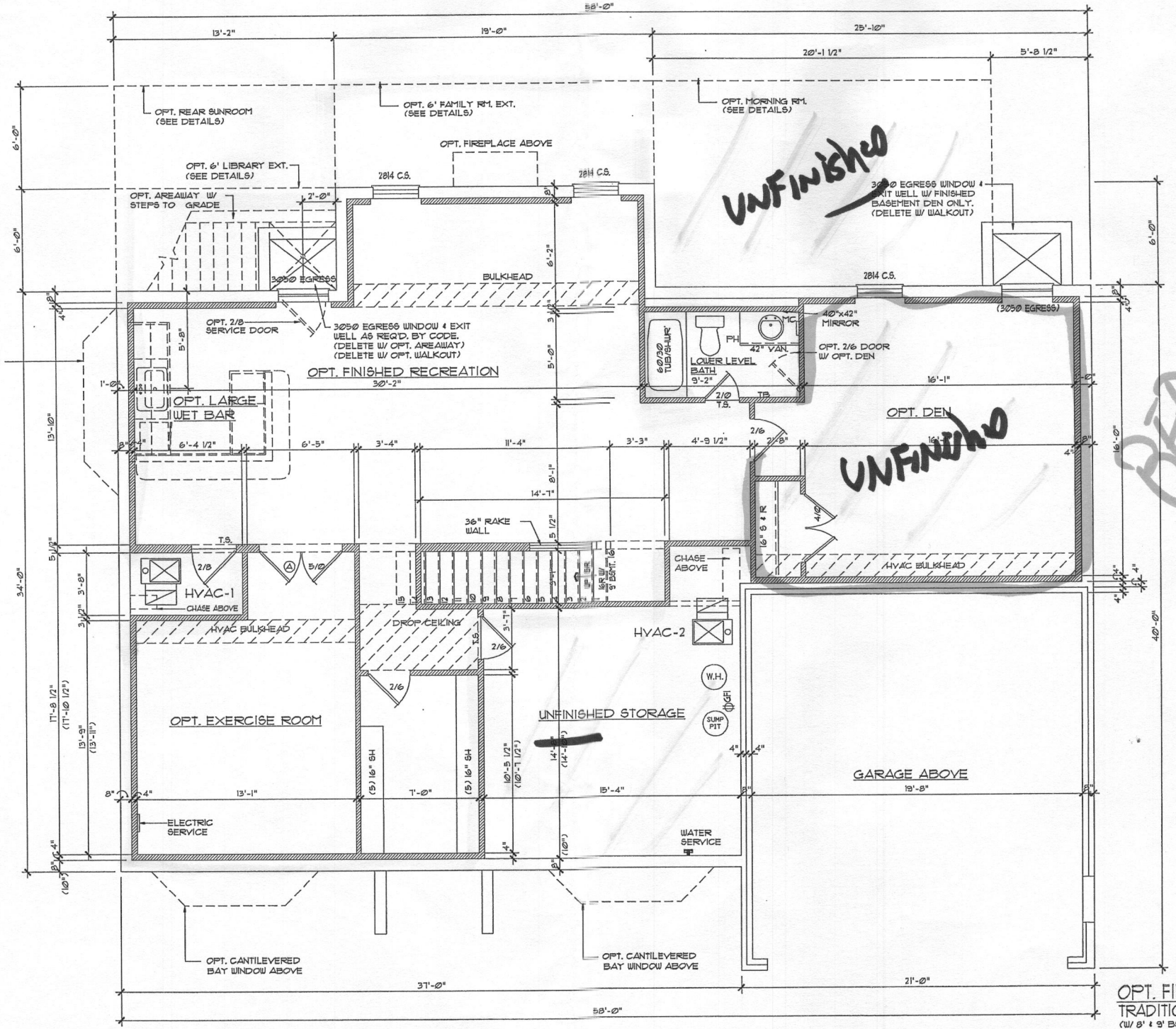
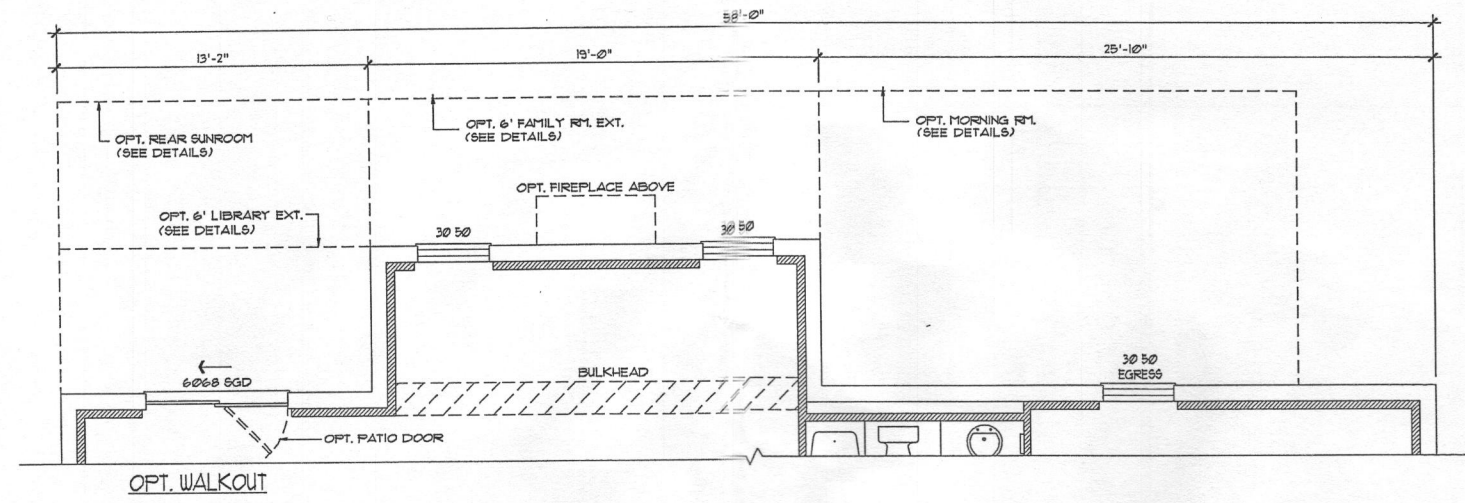


COLORADO  
KV\_003\_3E

3/22/2013 7:02:09 AM, Architecture Collaborative, Inc.

STAIR NOTES:  
 8' BASEMENT  
 1/4" FLOOR SYSTEM  
 HEIGHT = 9'-1 3/4" (3/4")  
 15 EQUAL RISERS  
 RISERS = 13 1/2" (MAX)  
 TREADS = 10"  
 DBL. GILL W/ 8' BASEMENT

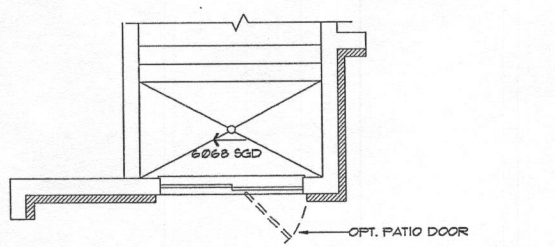
STAIR NOTES:  
 9' BASEMENT  
 1/4" FLOOR SYSTEM  
 HEIGHT = 10'-0 1/4" (3/4")  
 16 EQUAL RISERS  
 RISERS = 15 5/8" (MAX)  
 TREADS = 10"



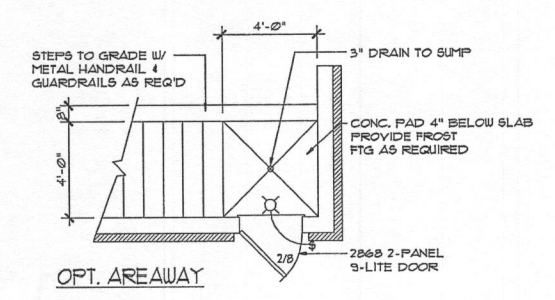
**UNFINISHED**

**UNFINISHED**

**BEDROOM**



OPT. 6068 SGD AREAWAY



OPT. AREAWAY

OPT. FINISHED LOWER LEVEL  
 TRADITIONAL ELEVATION  
 (W/ 8' x 9' 8 1/2")

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