

B10003174

Building Address 7466 OAKLAND MILLS RD
Beltsville, Md. 20817

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 442 Parcel 11-488 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name John W. ...
 Address 7466 Oakland Mills Rd
 City Beltsville State Md Zip Code 20817

Home Phone _____ Work Phone _____

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

Phone 301-477-2411 Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 15,000
 Description of Work 30' x 40' - 402

Occupant or Tenant John W. ...

Contact Name John W. ...
 Address 7466 Oakland Mills Rd
 City Beltsville State Md Zip Code 20817
 Phone 301-477-2411 Fax _____

Contractor Company D.L. ...
 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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 Catherine H. ...
 Date 11-30-10

RECEIVED

OCT 14 2010

LICENSES & PERMITS DIVISION

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>11-3-10</u>	<u>D Bernard</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check # <u>221014</u>
	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11/1/10
 To: Plans Review
 (Person's Name and Division)
 From: James Killotte (202) 257-2237 NOV 02 2010
 (Your Name, Company Name and Telephone Number)
 Subject: Project name 7466 OAKLAND MILLS RD
 Project site address 7466 OAKLAND MILLS RD
 Permit Number B1000317C SDP # _____
 Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to Howard County plan review code letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Structural steel certification
 - Energy conservation calculations
 - Certification for _____ (be specific).
 - Copies of _____ (be specific).
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Is there anyone else that should be contacted regarding this project if there are questions?
 If so, please list that person's name and telephone number below:
 _____ (Person's name) _____ (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by 

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

CC: zoning
 Healy



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 28, 2010

TO: John and Catherine Myers
7466 Oakland Mills Road
Columbia, Maryland 21046

RE: **Building Permit #B10003176**
Building Site Plan

Dear Mr. and Mrs. Myers:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

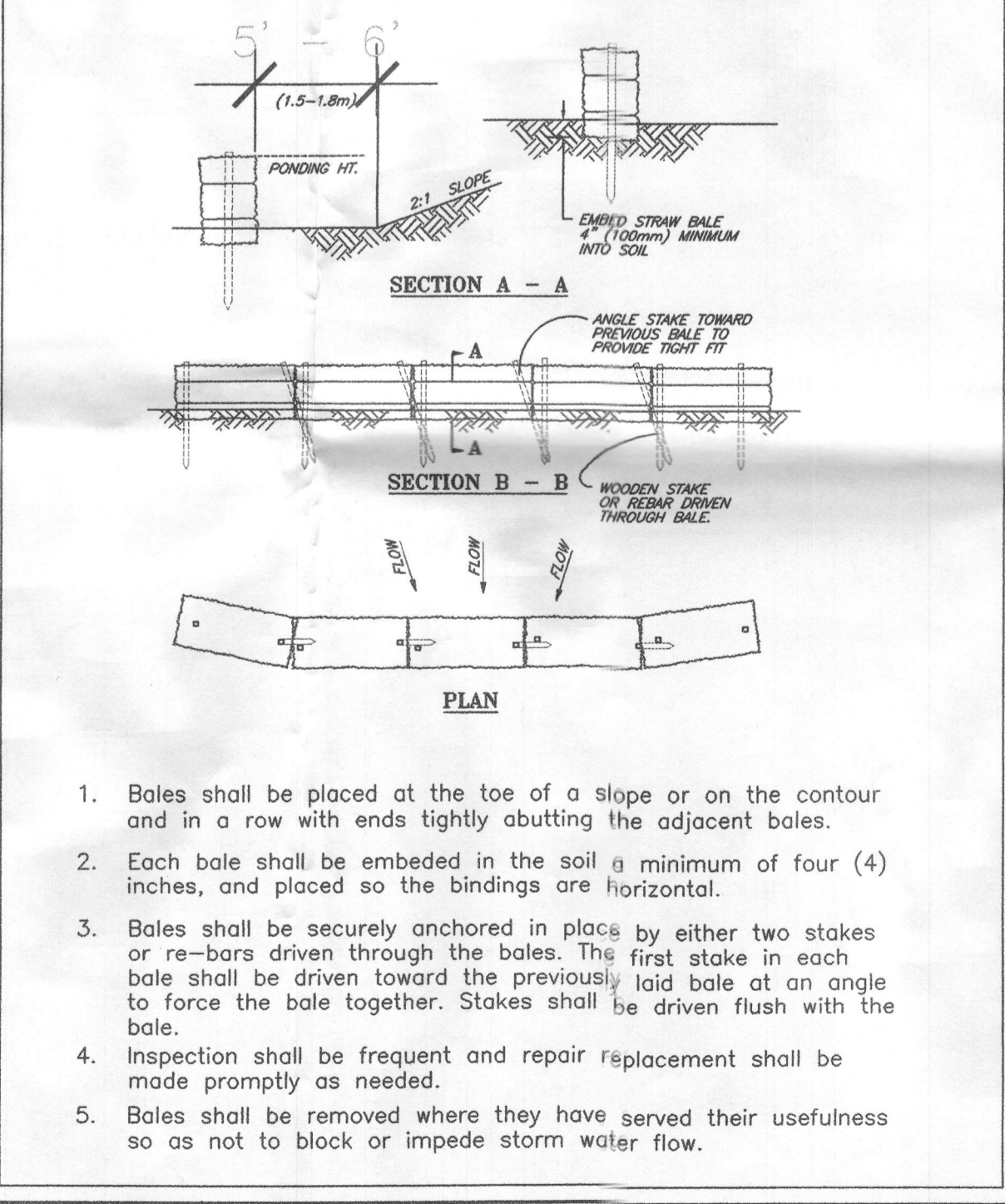
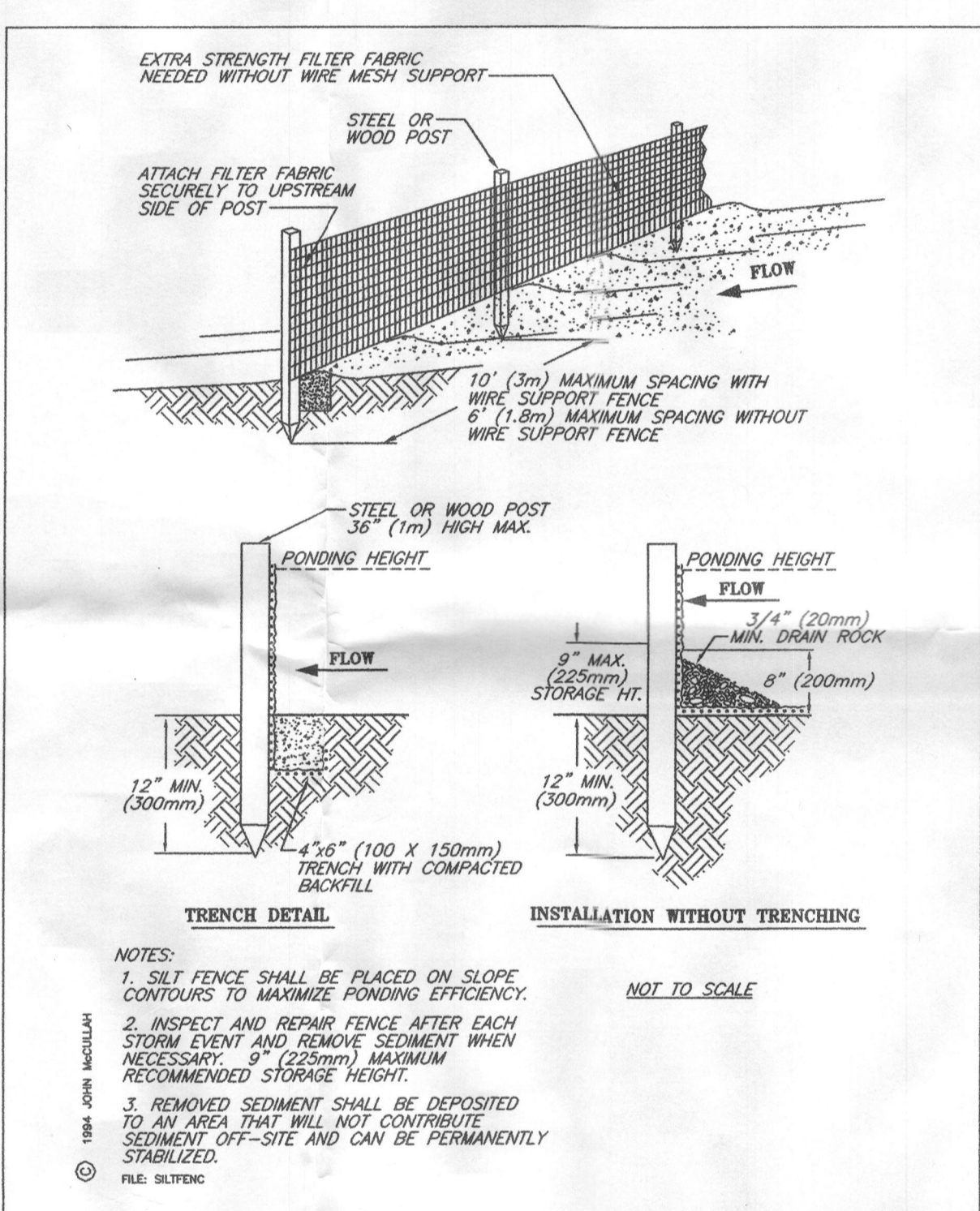
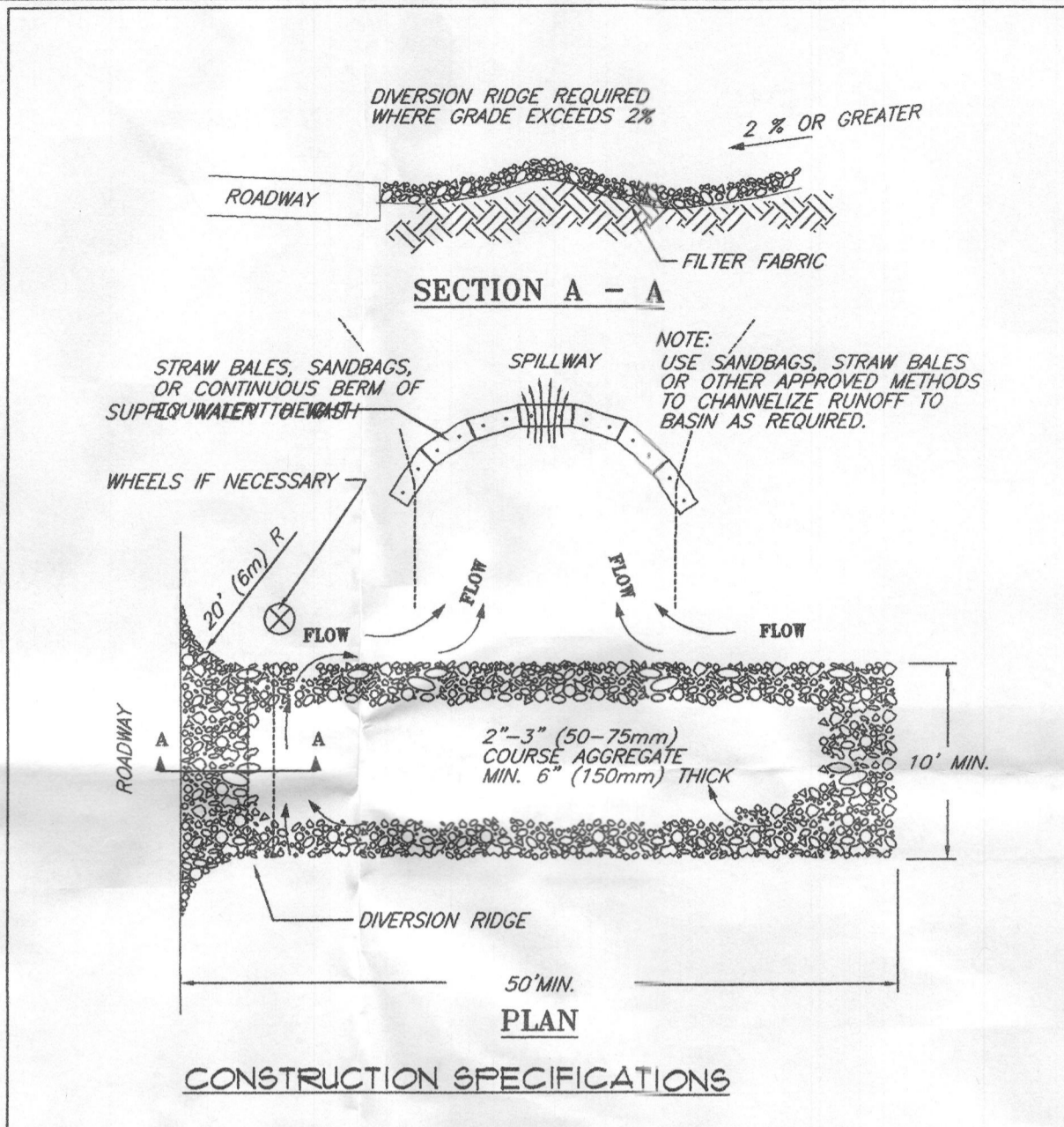
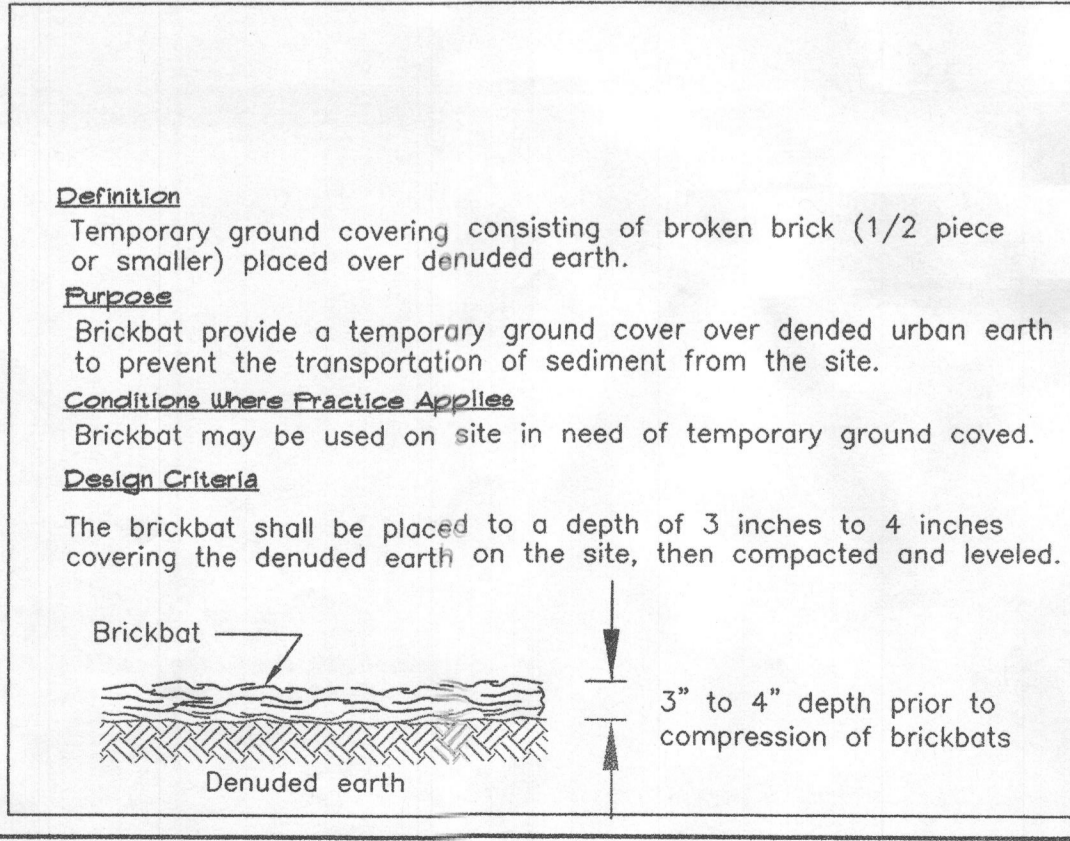
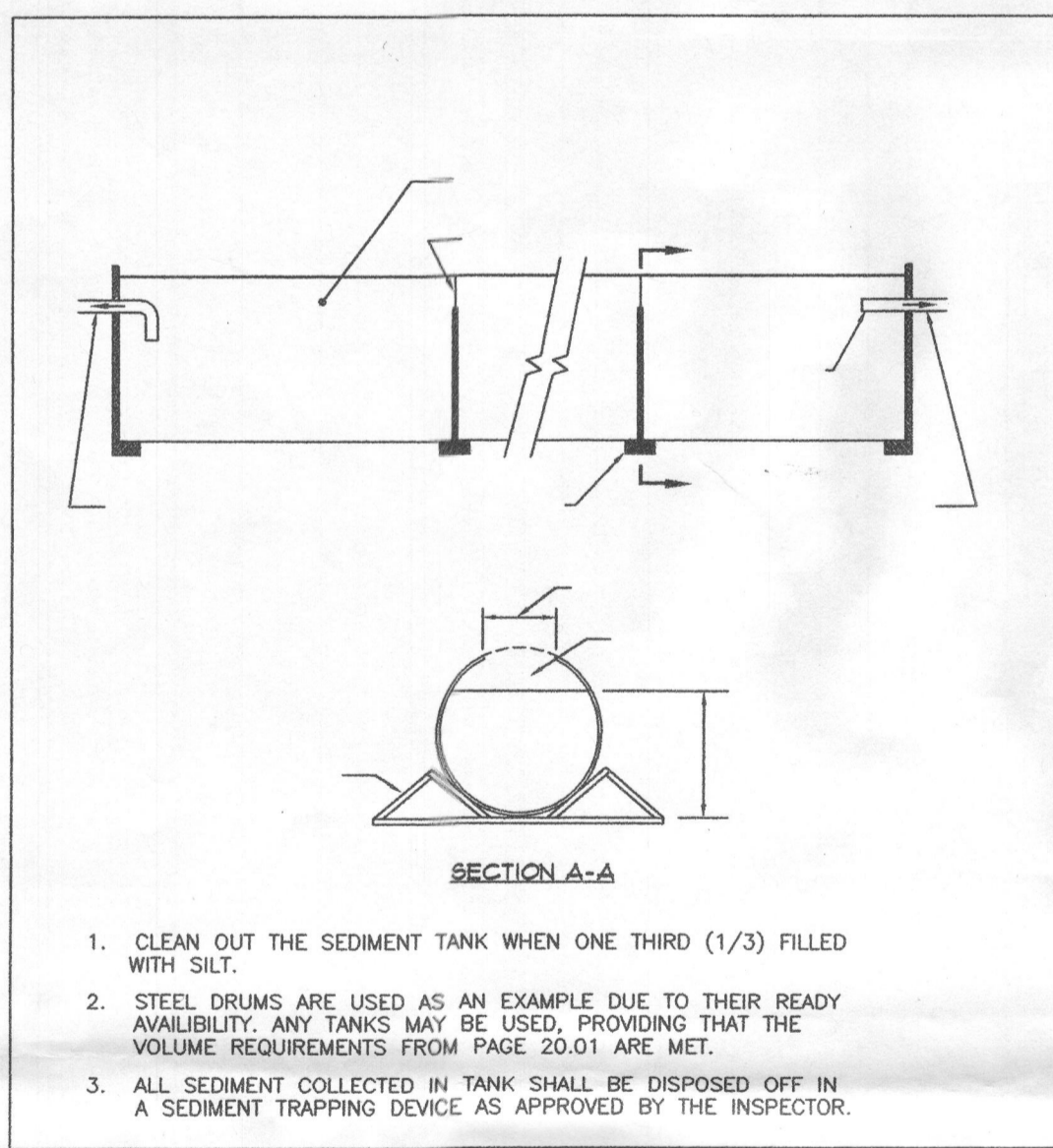
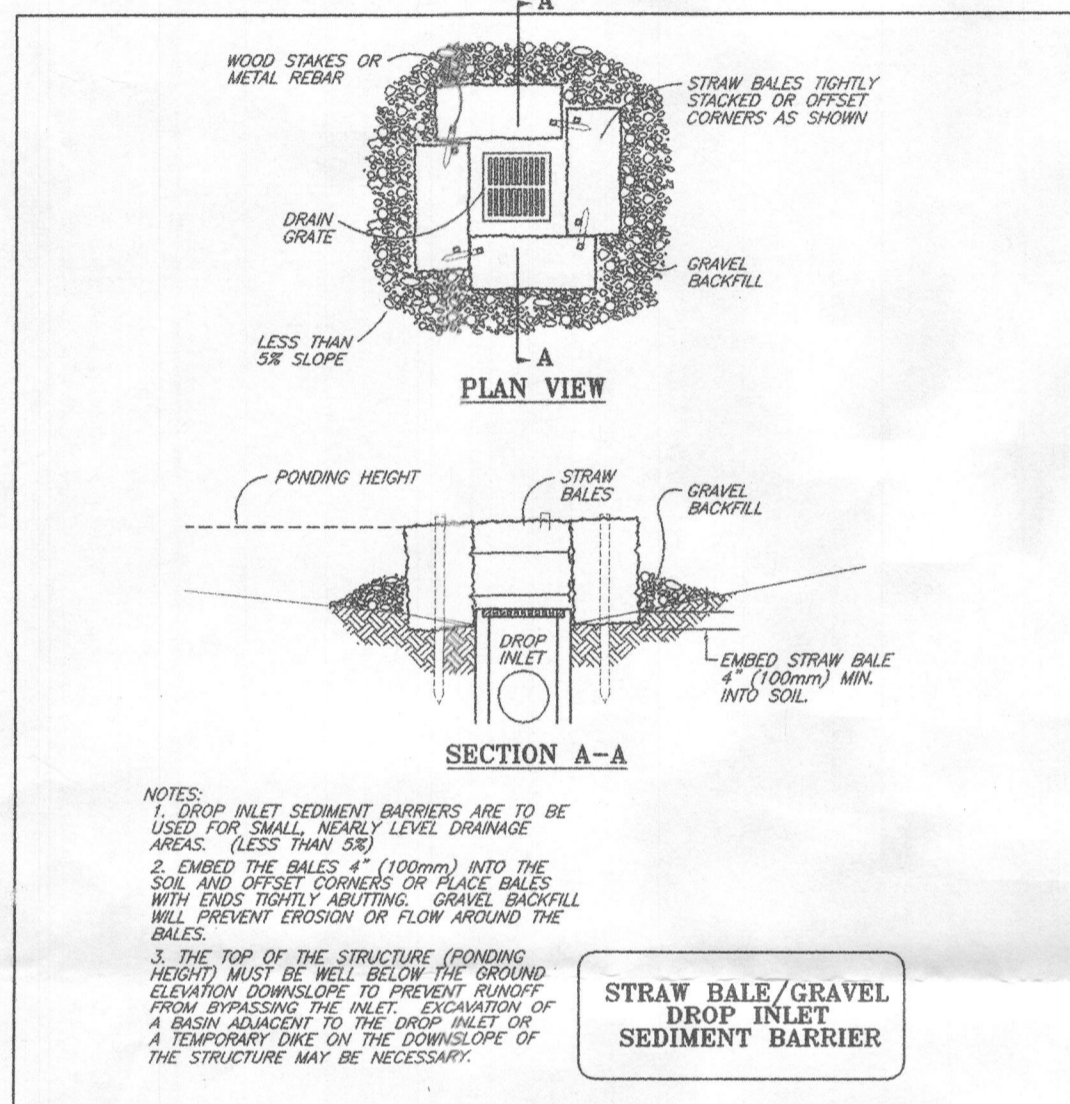
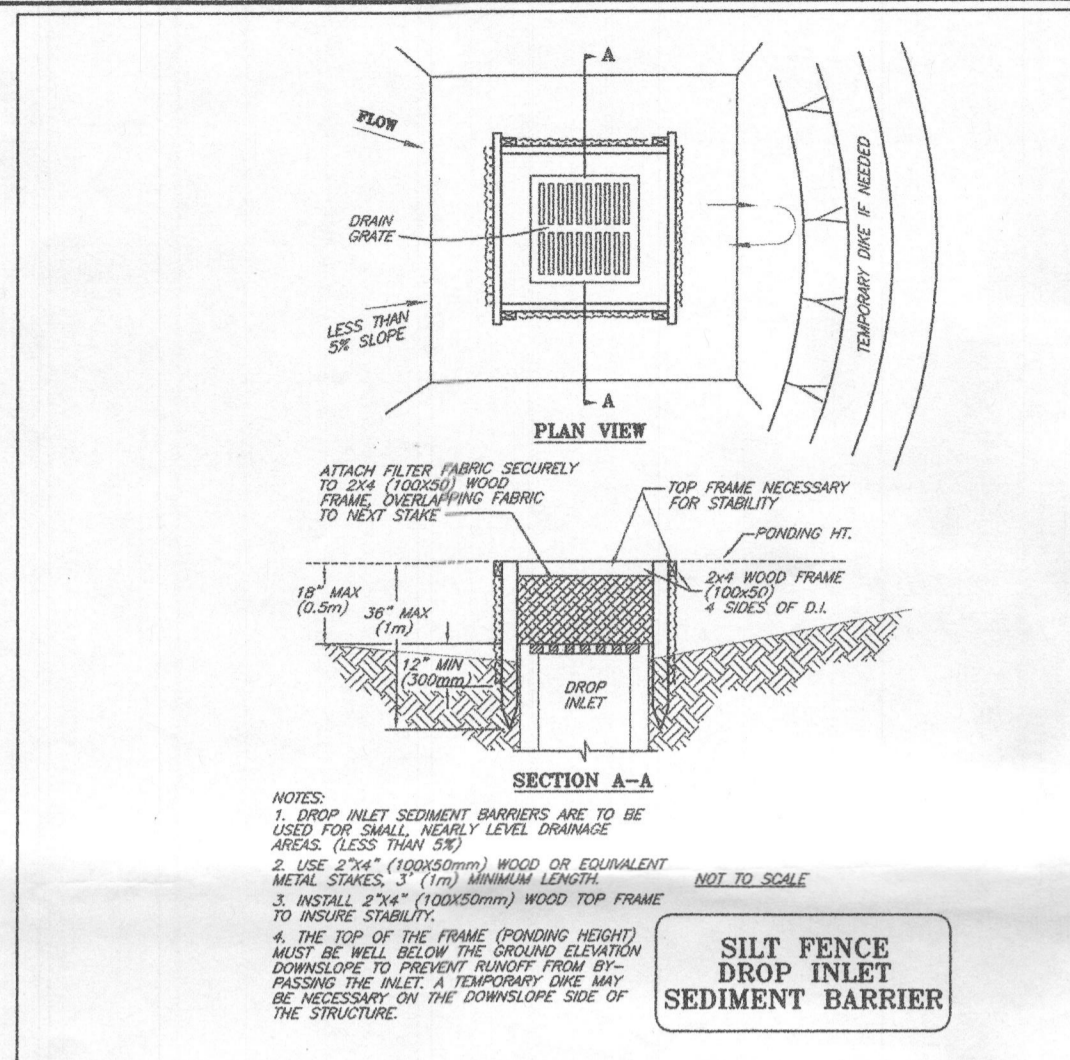
- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Label all structures on plan.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



EROSION AND SEDIMENT CONTROL STATEMENT

FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE, PERMANENT OR INTERIM STABILIZATION SHALL BE COMPLETED WITHIN SEVEN (7) CALENDAR DAYS AS TO THE SURFACE OF ALL PERIMETER CONTROLS, DIKES, SWALES, DITCHES, PERIMETER SLOPES, AND ALLSLOPES THAT THREE HORIZONTAL TO ONE VERTICAL (3:1); AND FOURTEEN (14) DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE, THE REQUIREMENTS OF THIS SUBPARAGRAPH DO NOT APPLY TO THOSE AREAS WHICH ARE SHOWN ON THE PLAN AND ARE BEING USED FOR MATERIAL STORAGE OTHER THAN STOCKPILING, OR FOR THOSE AREAS ON WHICH ACTUAL CONSTRUCTION ACTIVITIES ARE BEING PERFORMED. MAINTENANCE SHALL BE PERFORMED AS NECESSARY SO THAT STABILIZED AREAS CONTINUOUSLY MEET THE APPROPRIATE REQUIREMENTS OF THE DISTRICT OF COLUMBIA STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

'MISS UTILITY' NOTE

CALL "MISS UTILITY" AT 1-800-257-7777, 48 HOURS PRIOR TO THE START OF WORK. THE EXCAVATOR MUST NOTIFY ALL PUBLIC UTILITY COMPANIES WITH UNDERGROUND FACILITIES IN THE AREA OF PROPOSED EXCAVATION AND HAVE THOSE FACILITIES LOCATED BY THE UTILITY COMPANIES PRIOR TO COMMENCING EXCAVATION.

DISTURBED AREA

DISTURBED SURFACE AREA =

EARTHWORK VOLUME

VOLUME OF SOIL MATERIAL =
 VOLUME OF BORROW MATERIAL =

SOIL INFORMATION

PERMANENT SOILS TYPES AND GENERAL DESCRIPTION PER USDA NATURAL RESOURCES CONSERVATION SERVICE DATA - DC001, VERSION 5, SEPTEMBER 4, 2006

SEQUENCE OF CONSTRUCTION

1. PRECONSTRUCTION MEETINGS.
2. STAKEOUT LIMITS OF CLEARING AND GRADING.
3. INSTALL EROSION AND SEDIMENT CONTROL DEVICES AS SHOWN ON THE PLAN AND INSTRUCTED BY THE INSPECTOR
4. CLEAR & GRUB ONCE PERMISSION ISS OBTAINED FROM THE INSPECTOR.
5. CONSTRUCTION STAKEOUT.
6. STRIP TOPSOIL/EARTHWORK.
7. STABILIZE DISTURBED AREA WITH TEMPORARY SEEDING.
8. FOOTING/BASEMENT WALL CONSTRUCTION.
9. INSTALL FOUNDATION DRAINS AND BACKFILL.
10. WALL CHECK.
11. PROCEED WITH CONSTRUCTION WORK PER APPROVED PLANS.
12. PERMANENTLY STABILIZE ALL REMAINING DISTURBED AREA WITH PERMANENT SEEDING.
13. UPON RECEIPT OF SEDIMENT CONTROL INSPECTOR APPROVAL, REMOVE ALL SEDIMENT CONTROL DEVICES INCLUDING BUT NOT LIMITED TO SCE AND SILT FENCE.
14. FINAL SURVEY.

STANDARDS AND SPECIFICATIONS FOR DUST CONTROL

1. THE CONTRACTOR SHALL CONDUCT OPERATION AND MAINTAIN THE DUST CONTROL SHALL BE USED THROUGHOUT THE WORK AT THE SITE. PROJECT SITE AS TO MINIMIZE THE CREATION AND DISPERSION OF DUST.
2. THE CONTRACTOR MUST PROVIDE CLEAN WATER, FREE FROM SALT, OIL AND OTHER DELETERIOUS MATERIAL TO BE USED FOR ON-SITE DUST CONTROL.
3. THE CONTRACTOR SHALL SUPPLY WATER SPRAYING EQUIPMENT CAPABLE OF ACCESSING ALL WORK AREAS.
4. THE CONTRACTOR SHALL IMPLEMENT STRICT DUST CONTROL MEASURES DURING ACTIVE CONSTRUCTION PERIODS ON-SITE. THESE CONTROL MEASURES WILL GENERALLY CONSIST OF WATER APPLICATIONS THAT SHALL BE APPLIED A MINIMUM OF ONCE PER DAY DURING DRY WEATHER OR MORE OFTEN AS REQUIRED TO PREVENT DUST EMISSIONS.
5. FOR WATER APPLICATION TO UNDISTURBED SOIL SURFACES, THE CONTRACTOR SHALL APPLY WATER WITH EQUIPMENT CONSISTING OF TANK, SPRAY BAR, PUMP WITH DISCHARGE PRESSURE GAUGE.
 - B. ARRANGE SPRAY BAR HEIGHT, NOZZLE SPACING AND SPRAY PATTERN TO PROVIDE COMPLETE COVERAGE OF GROUND WITH WATER.
 - C. DISPERSE WATER THROUGH NOZZLES ON SPRAY BAR AT 20 PSI (137.8 K Pa) MINIMUM. KEEP AREAS DAMP WITHOUT CREATING NUISANCE CONDITIONS SUCH AS PONING.
6. FOR WATER APPLICATION TO SOIL SURFACES DURING DEMOLITION AND/OR EXCAVATION, THE CONTRACTOR SHALL:
 - A. APPLY WATER WITH EQUIPMENT CONSISTING OF A TANK, PUMP WITH DISCHARGE GAUGE, HOSES AND MIST NOZZLES.
 - B. LOCATE TANK AND SPRAYING EQUIPMENT SO THAT THE ENTIRE EXCAVATION AREA CAN BE MISTED WITHOUT INTERFERING WITH DEMOLITION AND/OR EXCAVATION EQUIPMENT OR OPERATIONS. KEEP AREAS DAMP WITHOUT CREATING NUISANCE CONDITIONS SUCH AS PONING.
 - C. APPLY WATER SPRAY IN A MANNER TO PREVENT MOVEMENT OF SPRAY BEYOND THE SITE BOUNDARIES.

Definition

An on site area where tires and carriage of vehicles can be washed.

Purpose

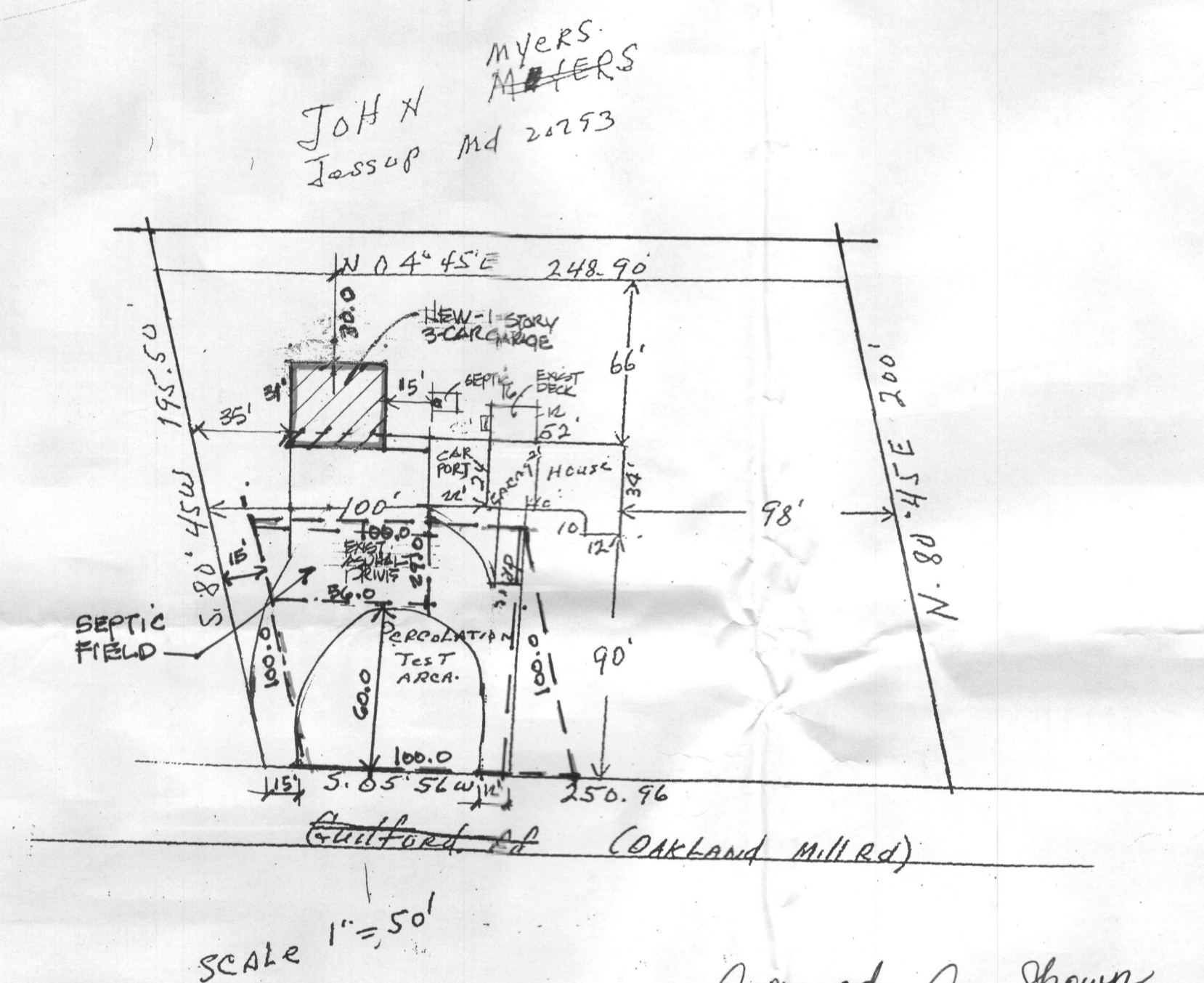
deposited on public space by vehicles leaving the site.

Conditions Where Practice Applies

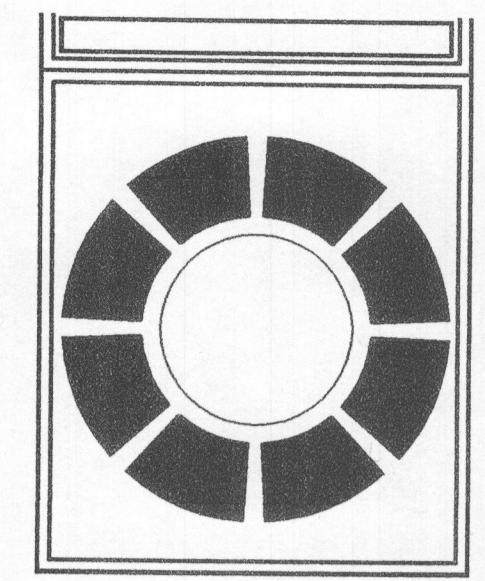
The "vehicle wash area" will be required on any site where vehicle can enter onto unimproved surfaces.

Design Criteria

The Vehicle Wash Area: shall be provided on site and drained on-site. the area may be constructed of rubble, or other porous material. A working water hose must be located in the area during all construction activity.

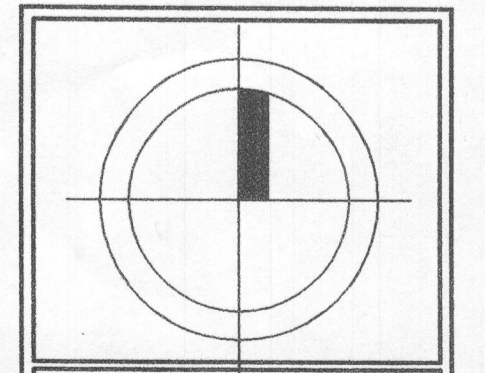


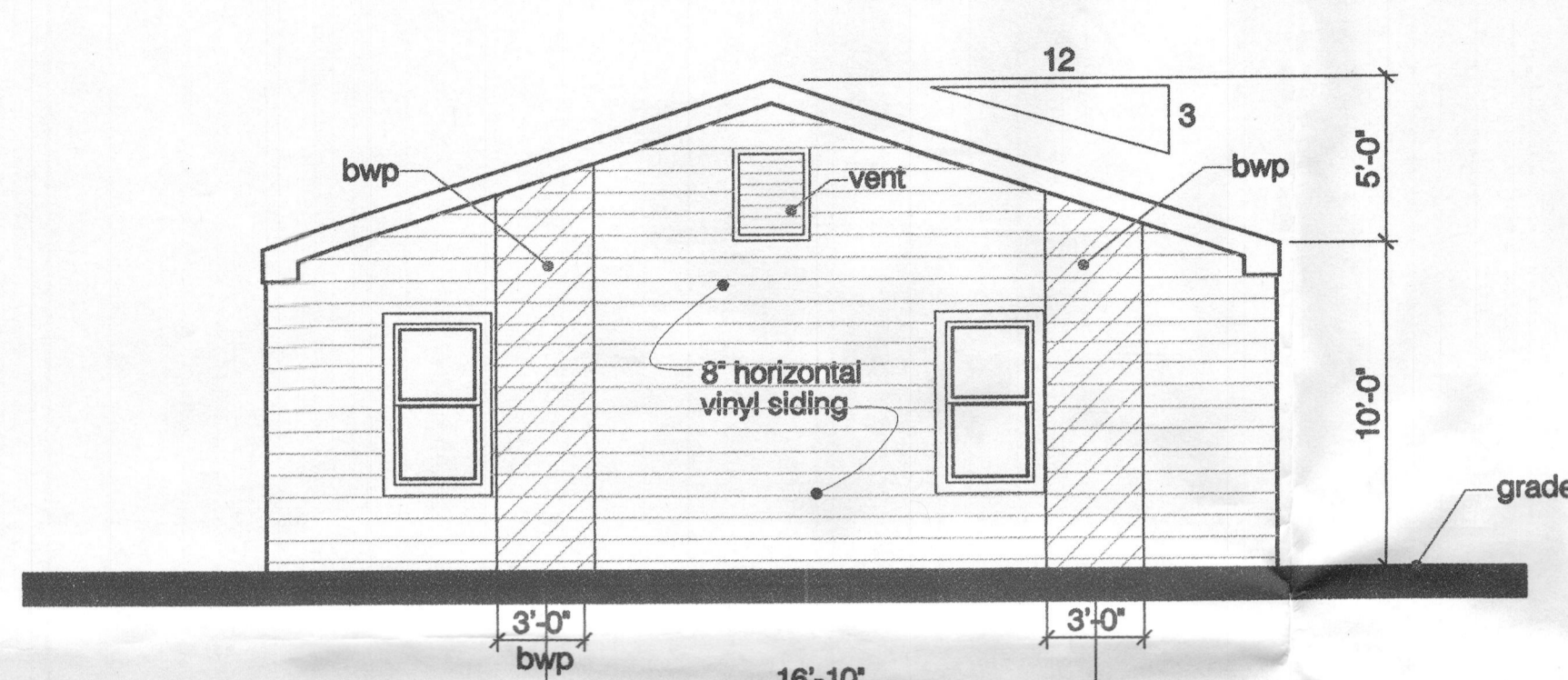
Approved As Shown
 BP# 10003176
 Customer on public H₂O



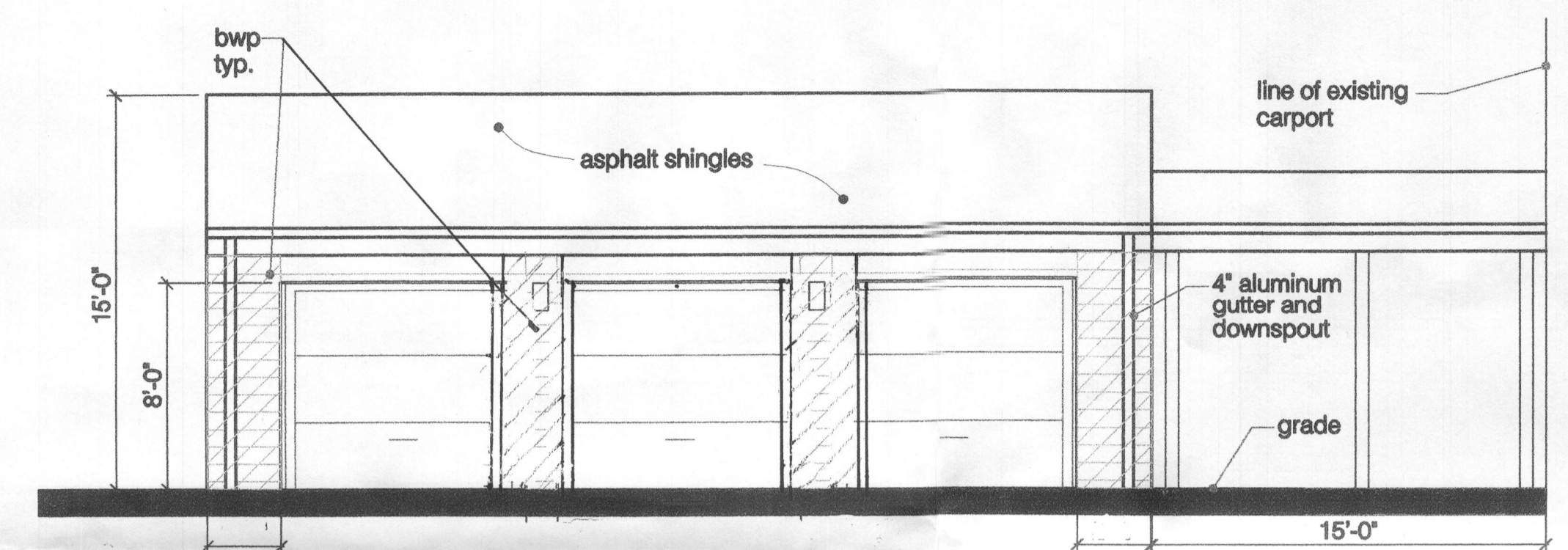
DISCLAIMER:
 WRITTEN DIMENSIONS ON THESE DRAWINGS SHALL HAVE PRECEDENCE OVER SCALE DIMENSIONS. CONTRACTORS SHALL VERIFY AND BE RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS ON THE JOB AND THIS OFFICE MUST BE NOTIFIED OF ANY VARIATION FROM THE DIMENSIONS AND CONDITIONS.

KILLETTE AND ASSOCIATES
 ARCHITECTURAL CONSULTANT / 209K HUD CONSULTANT
 WASHINGTON, DC 202-257-2237
 JAMES W. KILLETTE
 KYM KILLETTE
 ALTERATIONS TO A RESIDENCE
 7466 OAKLAND MILLS ROAD
 COLUMBIA, MD



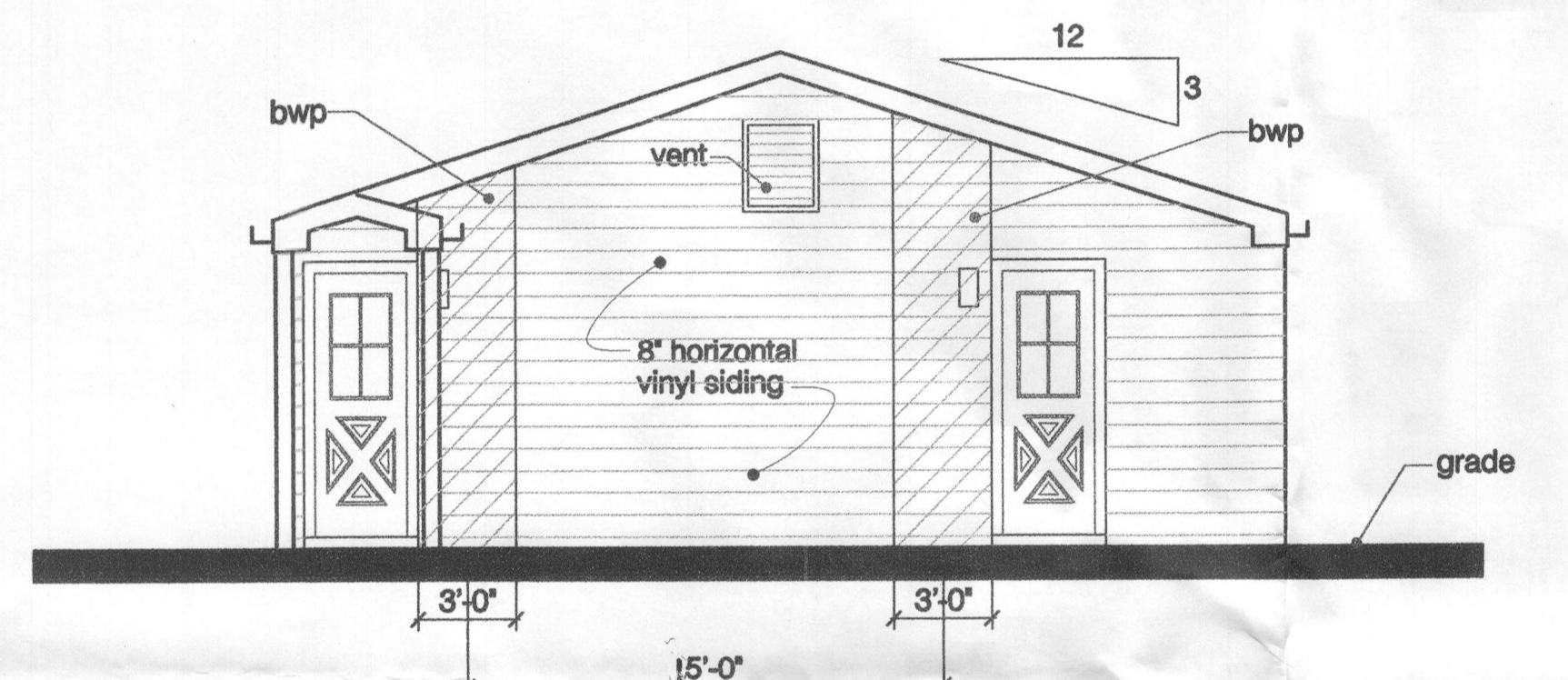


side elevation

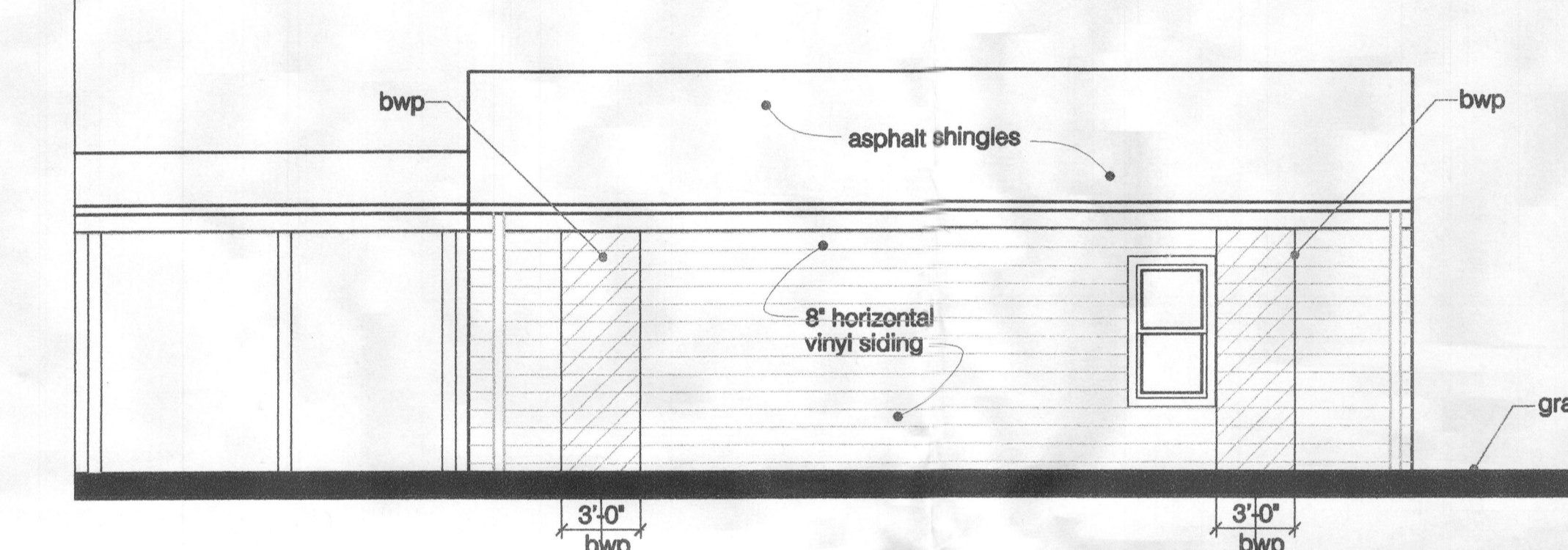


front elevation

SCALE: 3/16"=1'-0"



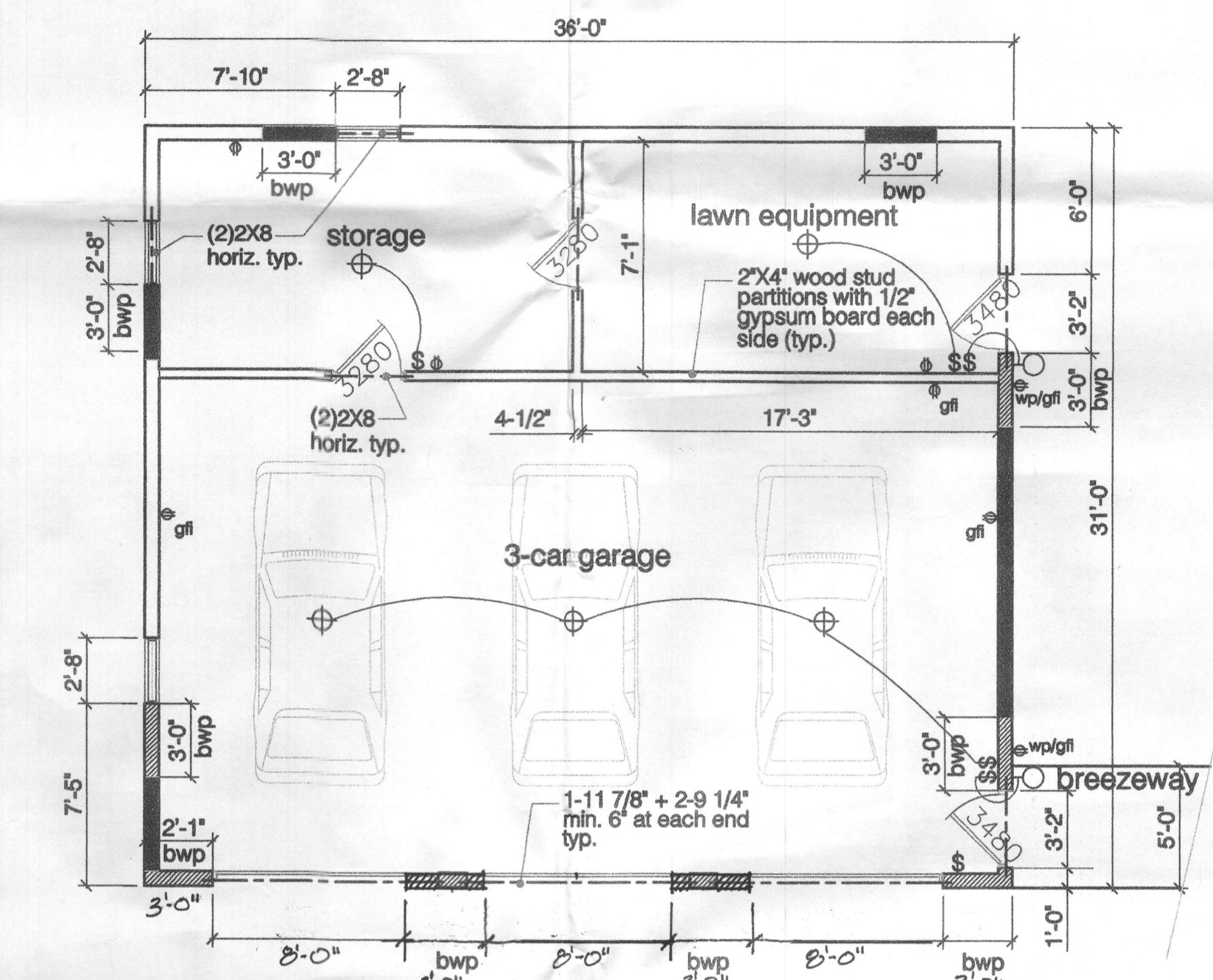
side elevation



rear elevation

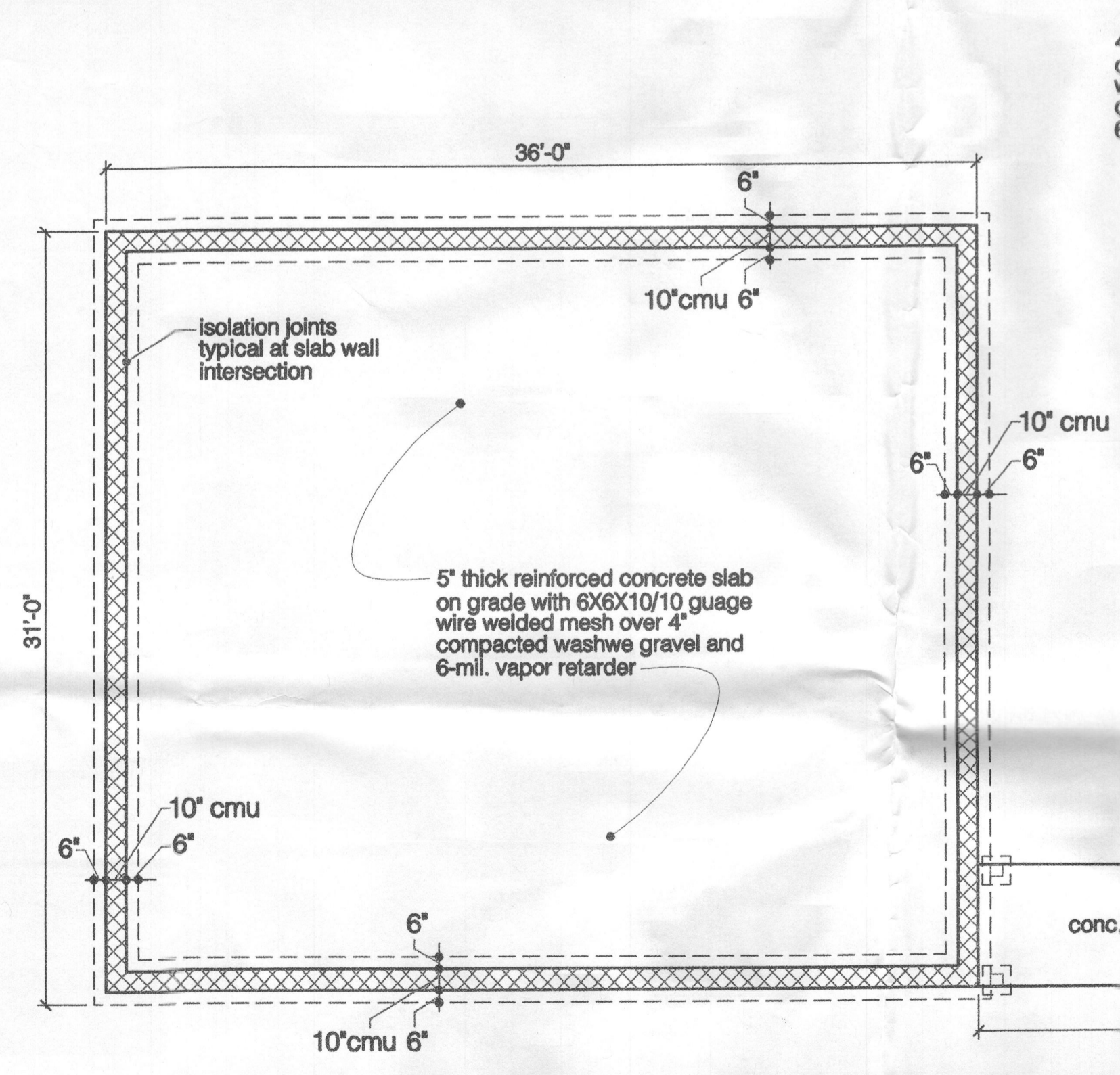
SCALE: 3/16"=1'-0"

NOTE:
nailing requirements: All braced wall panels shall be fastened in accordance with table R-602.3 (1) of the IRC, 2003 Edition, which requires 8d common nails @ 6" on center at all panel edges and 12" on-center at intermediate framing. Sole plates shall be fastened to joist or solid blocking with 16d nails @ 16" on center; rim-joist to plate, or sill with 8d @ 6" on center. All exterior wall corners shall be framed per figure R-602.10.5 of the IRC.

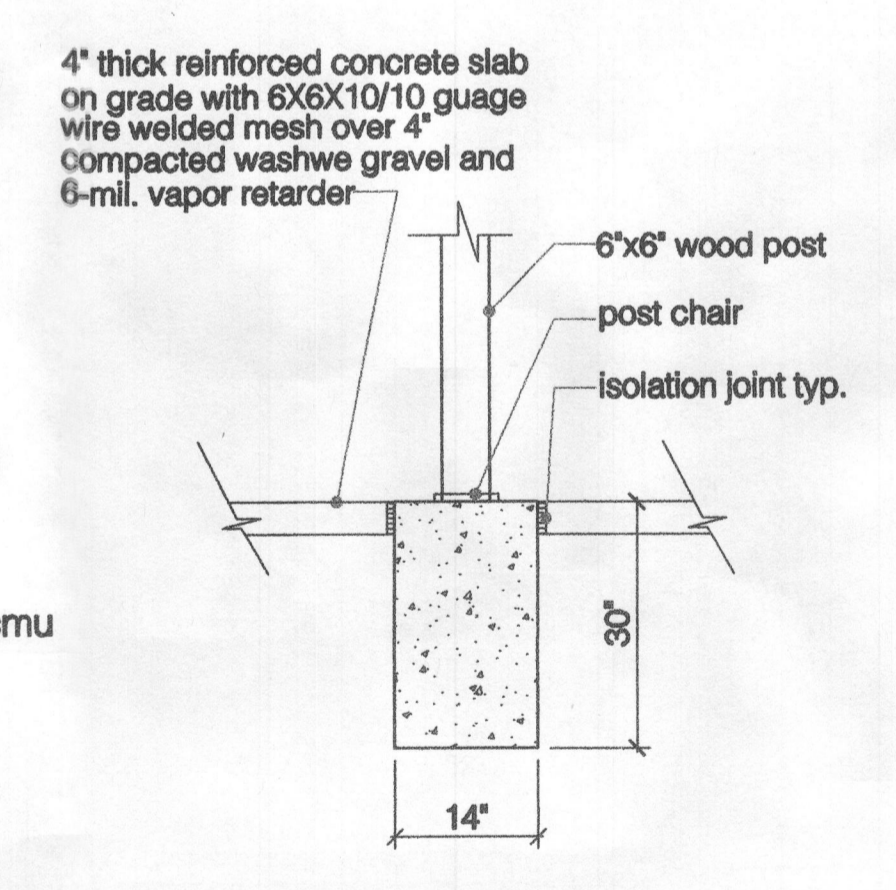


garage proposed and wall bracing plan

SCALE: 3/16"=1'-0"

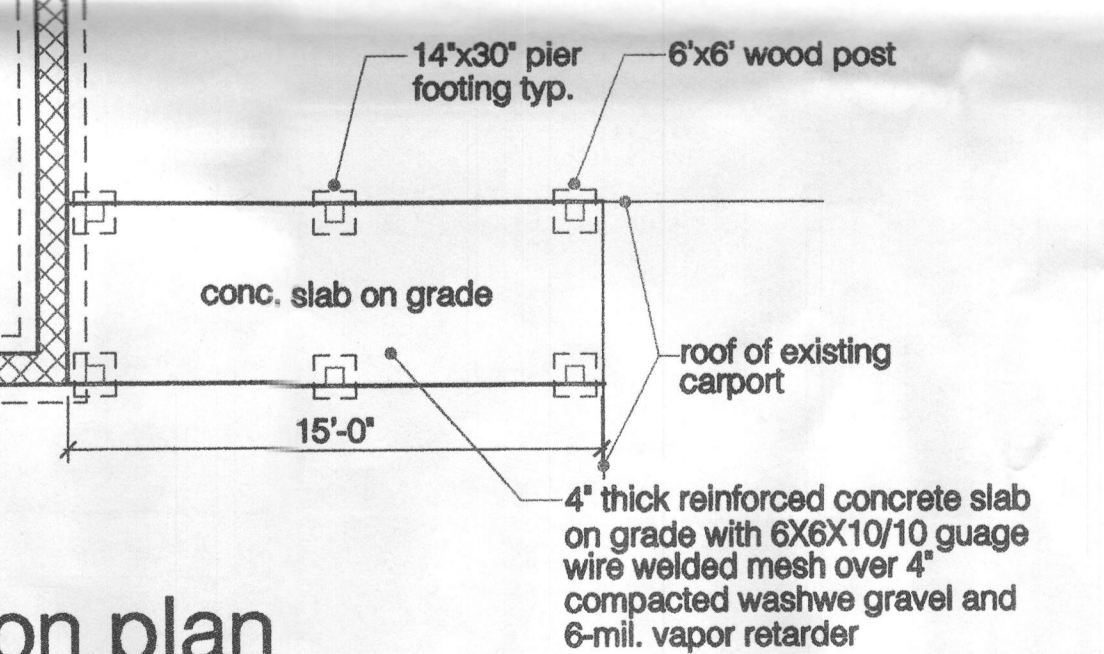


foundation plan

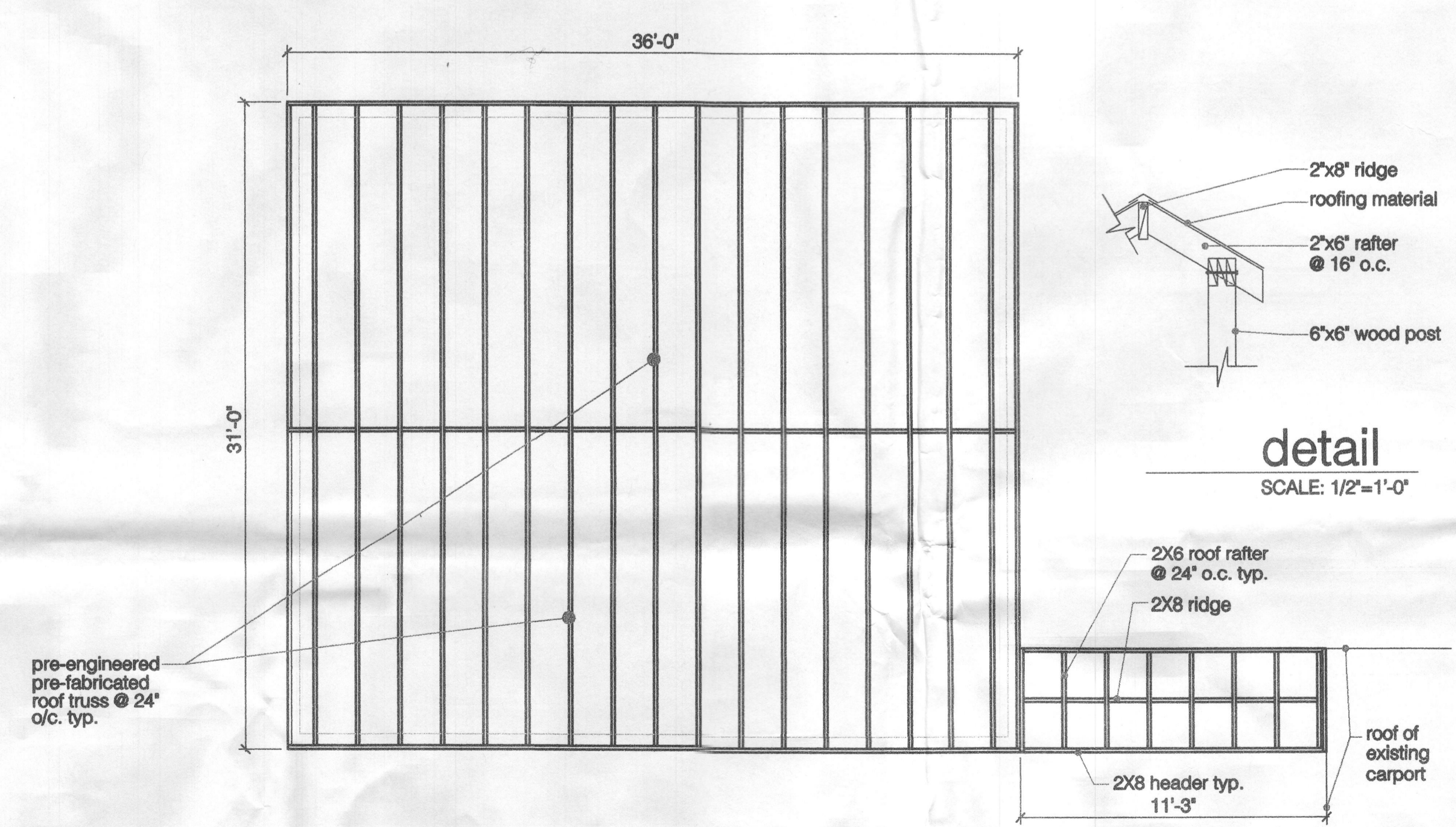


detail

SCALE: 1/2"=1'-0"

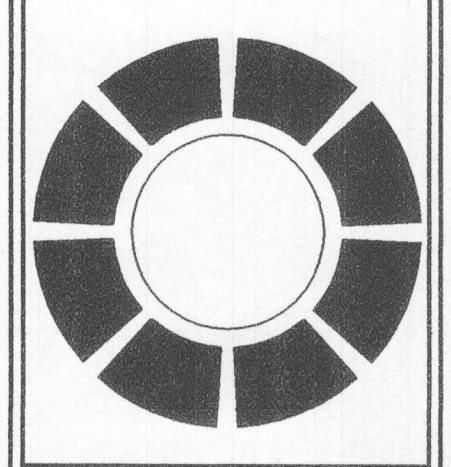


wall section



roof framing plan

SCALE: 3/16"=1'-0"



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