

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D 04020120

Building Address 16579 Old Frederick Road
Mount Airy 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Lisbon Middle Trails
 Section _____ Area _____ Lot 1-B
 Tax Map 7 Parcel 434 Grid 4
 Zoning _____ Map Coordinates 3C8 Lot size 1.3 A

Property Owner's Name William Willet
 Address 16579 Old Frederick Road
 City Mount Airy State MD Zip Code 21771
 Home Phone 410 984-5070 Work Phone 301 570-2500
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SEA
 Estimated Construction Cost \$ 30,000
 Description of Work Build 16' x 30' addition
on rear of house

Contractor Company NA
 Contact Person William Willet Cell 410 984-7947
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER
 Contact Name William Willet
 Address 16579 Old Frederick Road
 City Mount Airy State MD Zip Code 21771
 Phone 410 984-7947 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>30' x 16'</u> 2nd floor: <u>NA</u> Basement: <u>30' x 16'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

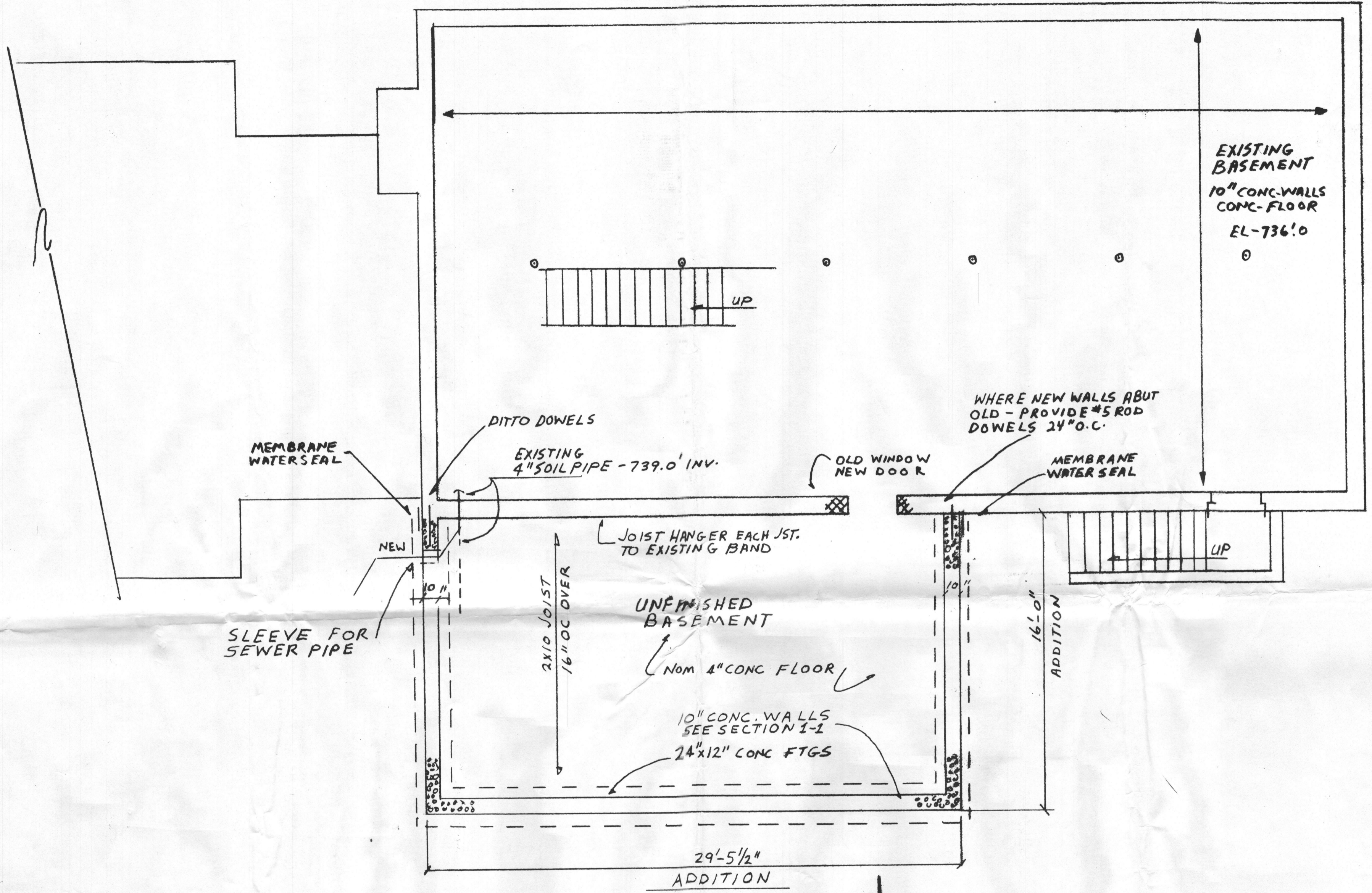
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

William H. Willet
 Applicant's Signature
OWNER
 Title/Company

William H. Willet
 Print Name
2/13/09
 Date

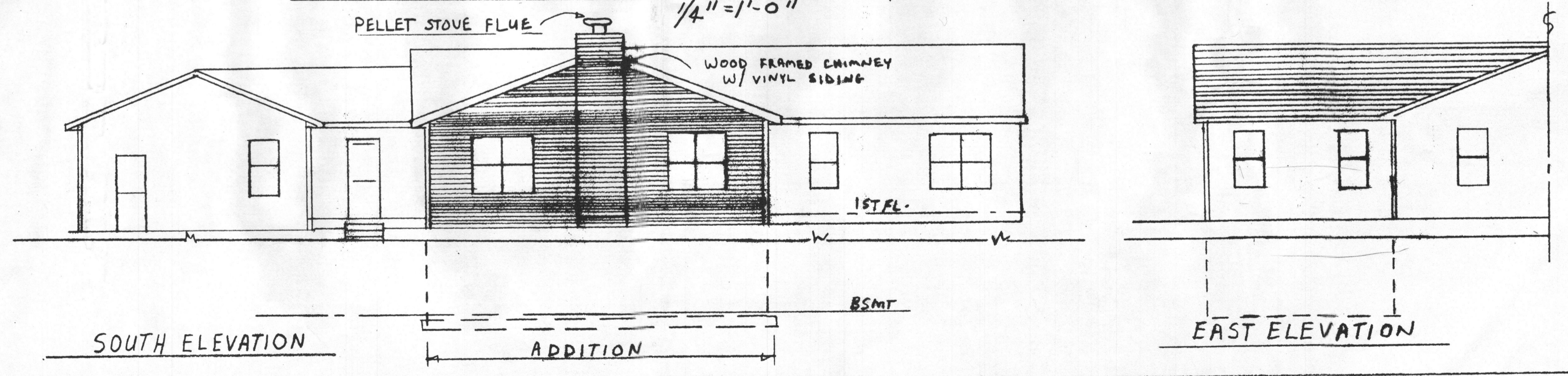
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

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>11-2-09</u>	<u>Dana Bernard</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"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

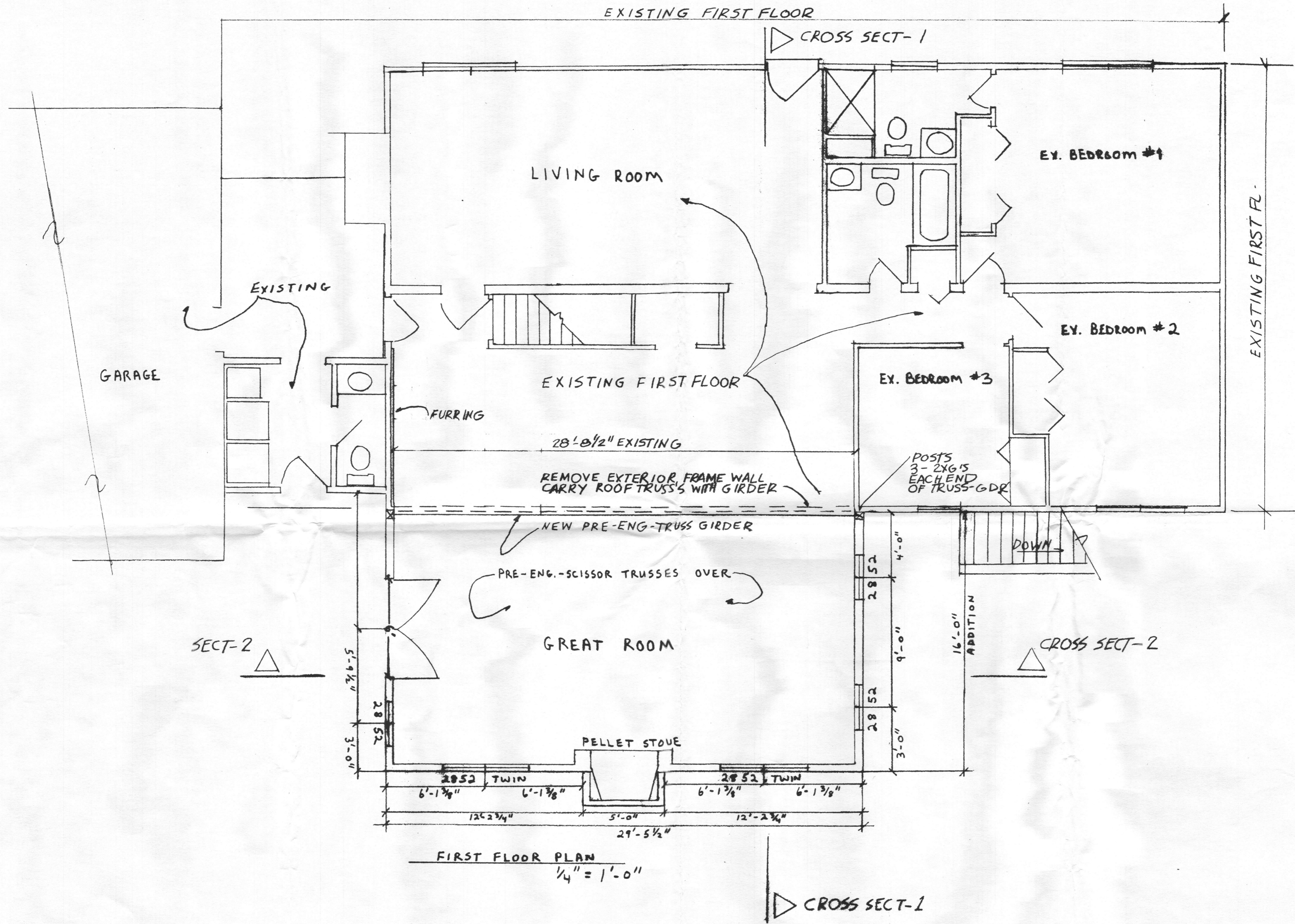


BASEMENT PLAN

CROSS SECTION-1



WILLIAM H. WILLET
16579 OLD FREDERICK RD. MT. AIRY MD 21771
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EXISTING FIRST FLOOR

CROSS SECT-1

EX. BEDROOM #1

LIVING ROOM

EX. BEDROOM #2

GARAGE

EXISTING

EXISTING FIRST FLOOR

EX. BEDROOM #3

FURRING

28'-0 1/2" EXISTING

REMOVE EXTERIOR FRAME WALL
CARRY ROOF TRUSS'S WITH GIRDER

POSTS
3-2x6'S
EACH END
OF TRUSS-GDR

NEW PRE-ENG-TRUSS GIRDER

PRE-ENG.-SCISSOR TRUSSES OVER

GREAT ROOM

DOWN

CROSS SECT-2

SECT-2

PELLET STOVE

FIRST FLOOR PLAN

1/4" = 1'-0"

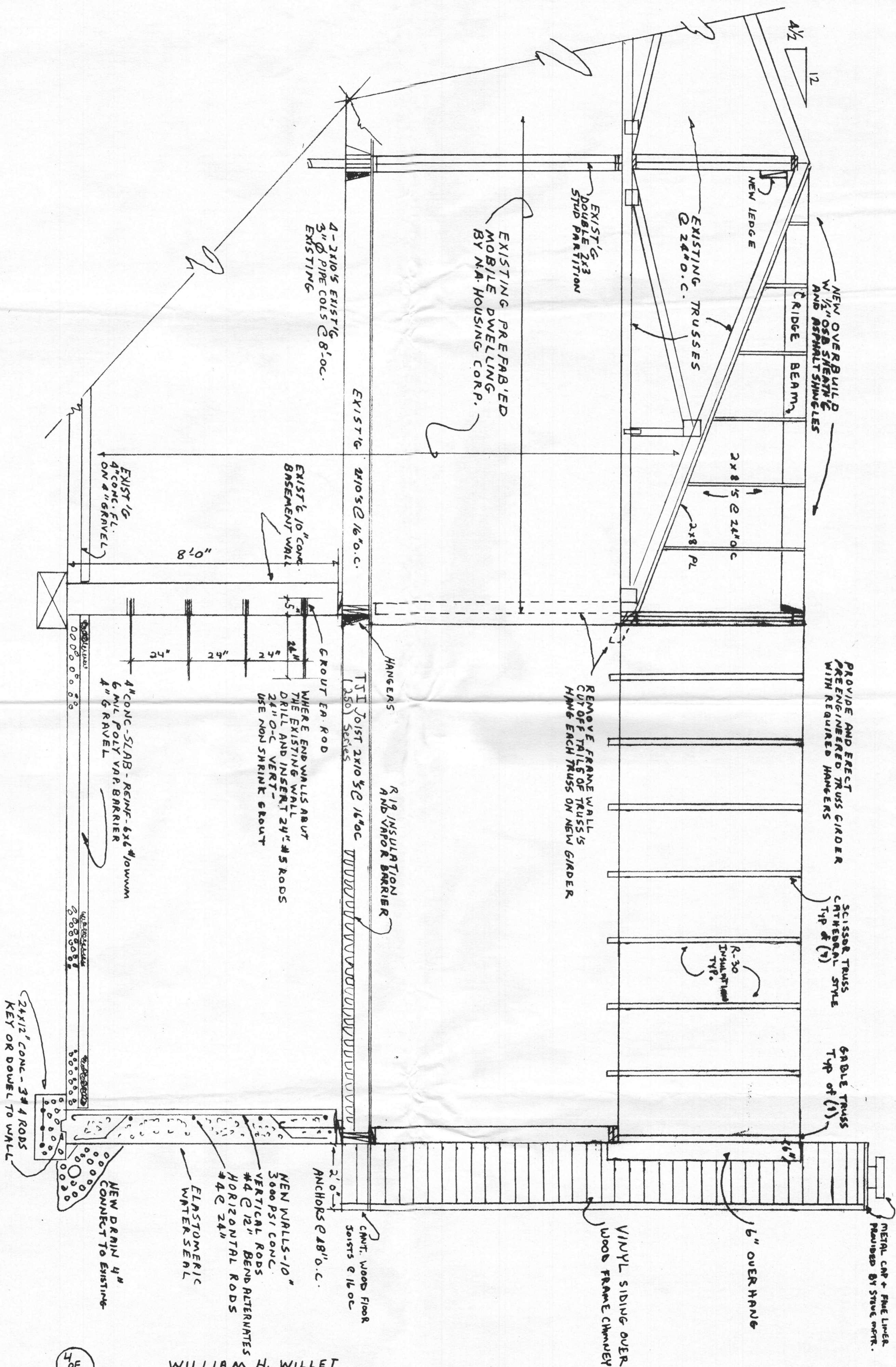
CROSS SECT-1

EXISTING FIRST FL.

16'-0" ADDITION

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SECTION 1-1
1/2" = 1'-0"

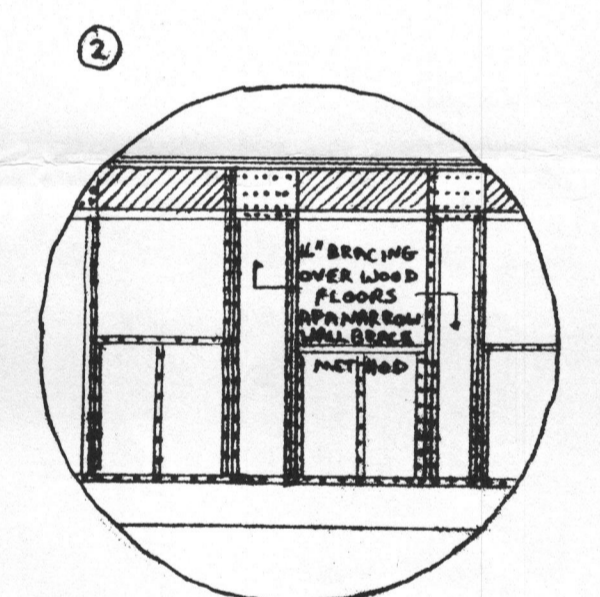
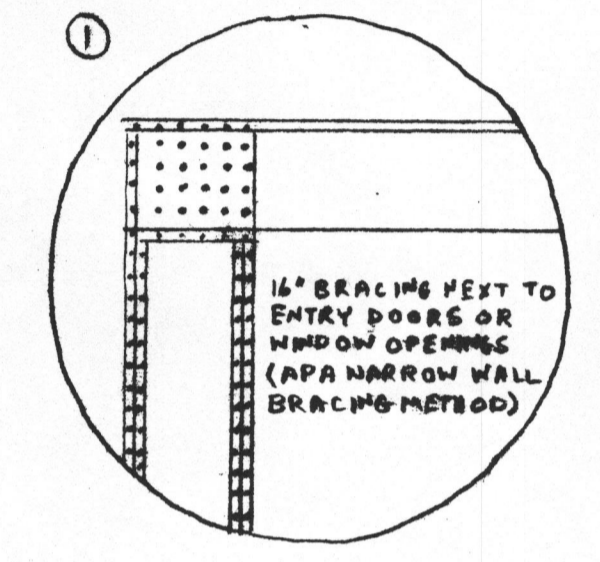
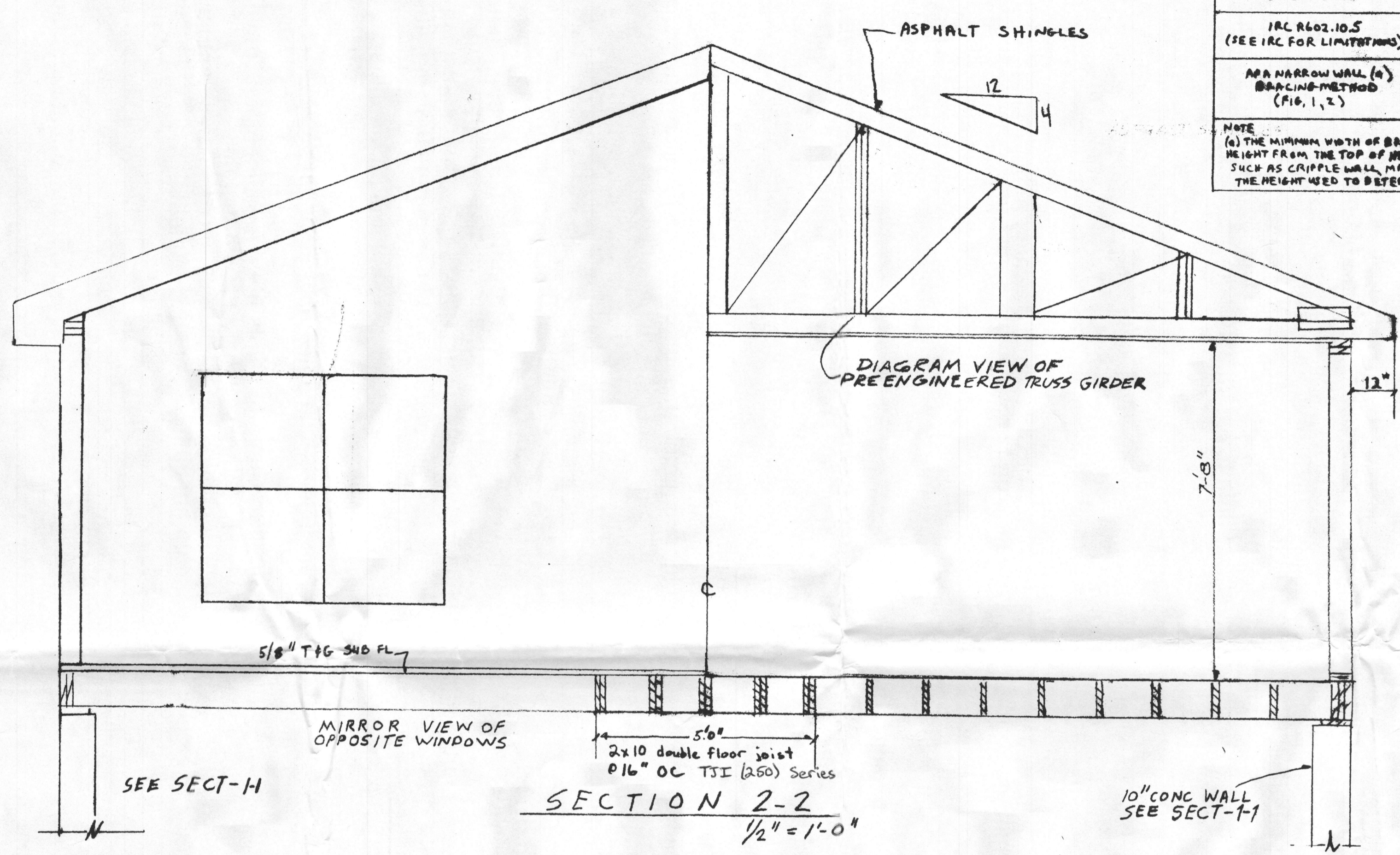
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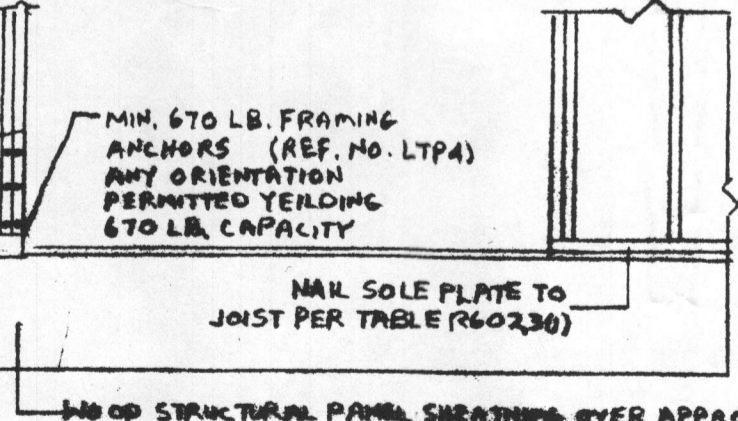
ALLOWABLE BRACING SEGMENT WIDTHS FOR FULLY SHEATHED HOMES

BRACING CONSTRUCTION	MINIMUM WIDTH OF BRACED WALL PANEL FOR WALL HEIGHT OF:			MAX. OPENING HEIGHT NEXT TO BRACED WALL
	8'	9'	10'	
IRC R602.10.5 (SEE IRC FOR LIMITATIONS)	32" 24"	36" 27"	40" 30"	95% WALL HEIGHT 65% WALL HEIGHT
APA NARROW WALL (A) BRACING METHOD (FIG. 1, 2)	16"	19"	20"	UP TO BOTTOM OF HEADER

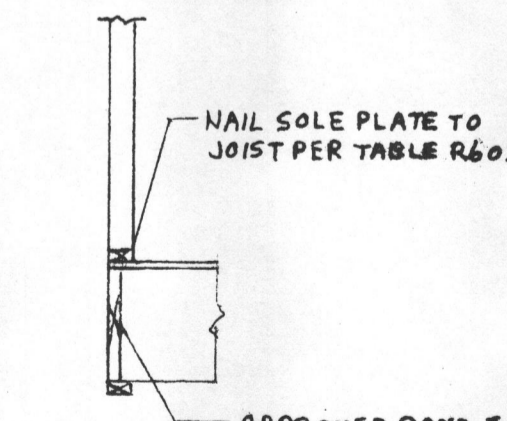
NOTE
(a) THE MINIMUM WIDTH OF BRACED WALL SEGMENT FOR THE APA METHOD IS BASED ON THE HEIGHT FROM THE TOP OF HEADER TO BOTTOM OF SILL PLATE, AS SHOWN IN FIG. 1. FRAMING, SUCH AS CRIPPLE WALL, MAY BE BUILT ON TOP OF THE HEADER BUT IT DOES NOT AFFECT THE HEIGHT USED TO DETERMINE THE MINIMUM BRACED WALL SEGMENT WIDTH.



OUTSIDE ELEVATION



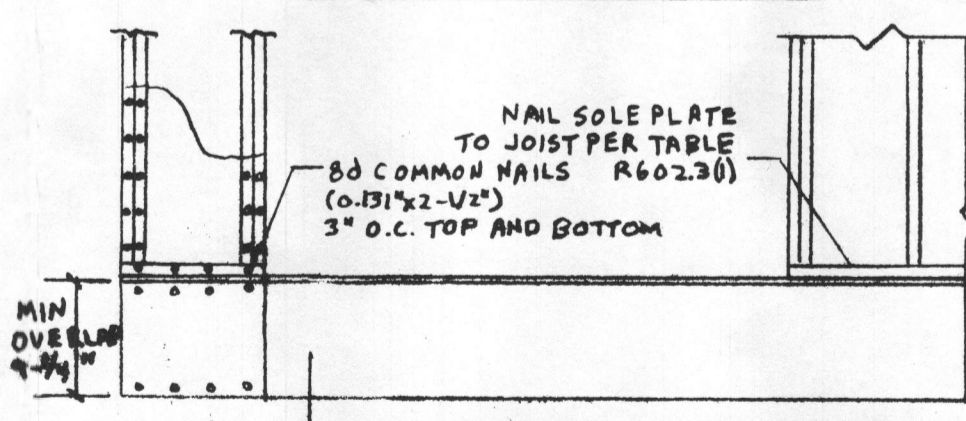
SIDE ELEVATION



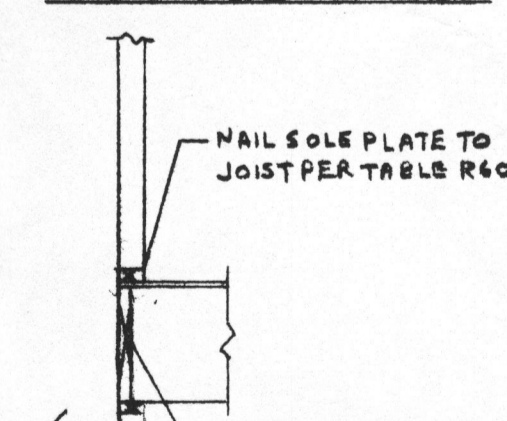
FRAMING ANCHORS INSTALLED PER THE ANCHOR MANUFACTURER'S RECOMMENDATION
USE ENGINEERED WOOD RIM BOARD, 1-JOIST OR DRY LUMBER RIM JOIST TO MINIMIZE POTENTIAL FOR BUCKLING OVER BAND JOIST

OPTION A
NO SCALE

OUTSIDE ELEVATION



SIDE ELEVATION



USE ENGINEERED WOOD RIM BOARD, 1-JOIST OR DRY LUMBER RIM JOIST TO MINIMIZE POTENTIAL FOR BUCKLING OVER BAND JOIST

OPTION B
NO SCALE

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