



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: 9/16/16

Permit No.: B16004121

Building Address: 5513 Green BMDGE Rd.
 City: DAYTON, State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Tall Trees
 Section: _____ Area: _____ Lot: 2
 Tax Map: 27 Parcel: 26 Grid: 24
 Zoning: RC-DEO (Rural Res A) Map Coordinates: _____ Lot Size: 3.35
 Existing Use: VACANT LOT AC
 Proposed Use: New Single Fam. Dwelling
 Estimated Construction Cost: \$ 350,000 - 2 story w/BSMT.
 Description of Work: New Hse w/ 3 car Garage (side entry)
REAR SCREEN-IN PORCH, 4 BEDROOMS
3 FULL BATHS, 1 PR. FIN. BSMT. REC. RM
 Occupant or Tenant: (Fireplace, Farm Plan)
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Friedenick & Laura Frey
 Address: 7927 Red Jacket Way
 City: Jessup State: MD Zip Code: 20794
 Phone: 443-604-0090 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Victoria Meyer
 Address: 1602 Pinnacle Rd
 City: Towson State: MD Zip Code: 21286
 Phone: 410-296-6900 Fax: _____
 Email: MD Bldg Permits @ Comcast.net
 Contractor Company: JMB HOMES
 Contact Person: John Berger
 Address: 5880 Ten Estates Dr.
 City: Woodbine State: MD Zip Code: 21791
 License No.: 6141
 Phone: 240-372-3571 Fax: _____
 Email: JMB SMB @ MSN.COM
 Engineer/Architect Company: _____
 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 checked="" type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:
Area of construction (sq. ft.):	Basement: <input checked="" type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	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:	
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 Print Name: Victoria Meyer
 Email Address: MD Bldg Permits @ Comcast.net Date: 9/16/16 **(RECEIVED)**
 Title/Company: Authorized Agent SEP 16 2016

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY
 LICENSES & PERMITS DIVISION

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>10/17/16</u>	<u>H. O...</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>100</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	\$ <u>4267</u>
Check #	<u>4267</u>

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, September 29, 2016 8:59 AM
To: 'JMBSMB@MSN.COM'
Subject: B160904121_5513 Green Bridge Road

John Berger:

This office is in receipt of a building permit for a SFD located at 5513 Green Bridge Road, Dayton. Please forward a copy of the floor plans for this project.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

Oswald, Hank

From: Oswald, Hank
Sent: Monday, July 10, 2017 2:43 PM
To: MICHELLE@APPLIEDANDAPPROVED.COM
Subject: B17000648_Tank

Hello Michelle:

The revised tank location for B17000648 is too close to the well box. The tank cannot be closer than 50 feet away but preferably 100 feet from the well box. Please revise the plan to meet the setback.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

Name: Michelle Clancy
Street Address: PO Box 316
City, State, Zip: Perryman MD 21129
Date: 6/29/17

RECEIVED
JUN 30 2017
LICENSES & PERMITS
DIVISION

Amendment, Permit # B17000648

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend Permit # B17000648 at
5513 Greenbridge Rd Dayton MD 21034 to
Revise permit to reflect Amended toxic location only

Enclosed:

- Fee: \$ 25.00 CR#5963
- Plot Plans
- Sets of Construction Drawings
- Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,
CC: DPZ
DED
HEATLER

Name: Michelle Clancy
Title: Permit
Phone: 443-610-7514
Email: michelle @ AppliedAndApproved.com



Building Permit Application

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Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

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 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
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Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input 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:
<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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: _____
 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: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

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Applicant's Signature _____
Email Address _____
Title/Company _____

Print Name _____
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	3/21/17	H. Oswald

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

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

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, February 28, 2017 10:12 AM
To: MICHELLE@APPLIEDANDAPPROVED.COM
Subject: B17000648_5513 Green Bridge Road
Attachments: OSDS Plan_5513 Green Bridge.pdf

To Whom It May Concern:

The site plan for B17000648 (underground propane tank) does not match the approved septic plan on file for 5513 Green Bridge Road. The proposed propane tank may not meet the 5 foot setback to the septic system components. Please see attached septic plan for the location of the septic system components and revise the site plan to match.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

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

Date: 3/8/17

To: Hank Oswald (Health Dept.)
(Person's Name and Division)

From: Michelle Clancy (Applied & Approved) (443) 610-7514
(Your Name, Company Name and Telephone Number)

Subject: Project name JMB Homes Propane Tank

Project site address 5513 Greenbridge Rd Dayton 21036

Permit # B17000648 SDP # _____

Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes * Revising Tank location PER HEALTH COMMENTS
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Michelle Clancy Telephone No: 443-610-7514
Please Print Name

E-Mail Address: Michelle @ Applied and Approved
ccom

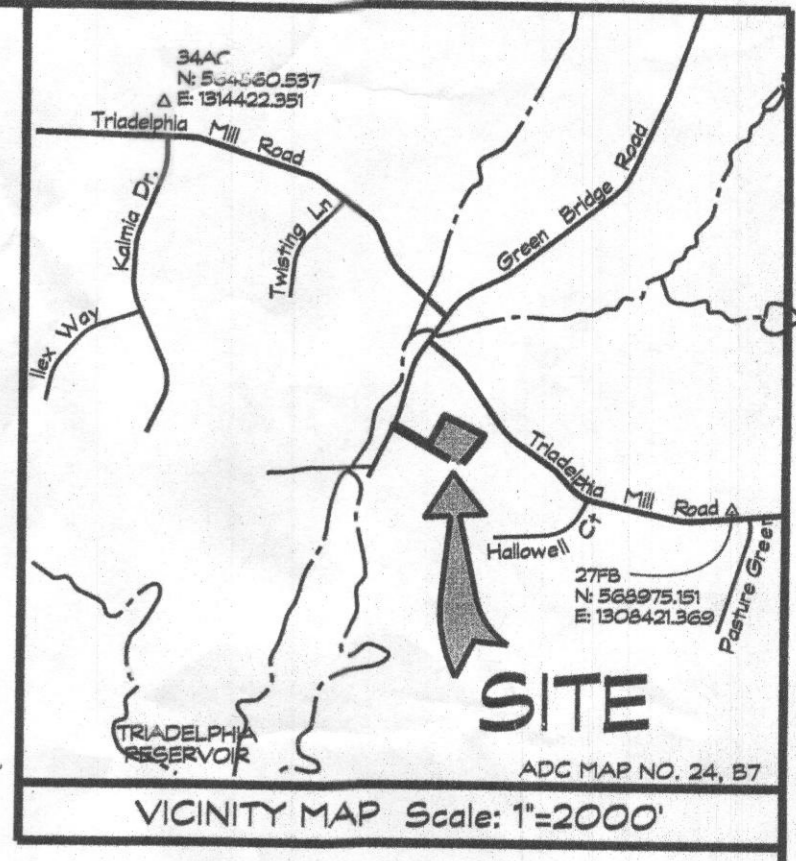
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 

REVISION CC: Bldg
PTZ
DED



Approved Septic System Plan
 Howard County Health Department
 Hank Oswald 2/22/17
 Signature Date



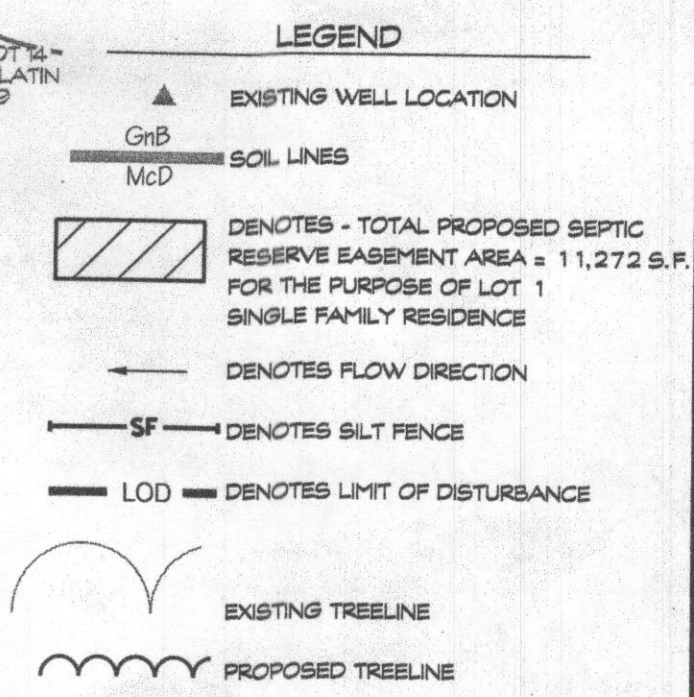
REVISED
 Date: 3/8/17
 Comments: B17000648
 CHANGE TANK LOCATION
 PR HEALTH DEPT

LOD DENOTES LIMIT OF DISTURBANCE
 TOTAL AREA = 28,502 S.F.

NOTE:
 SEPTIC DISPOSAL AREA AND PERCOLATION TEST LOCATIONS ARE FROM PERCOLATION CERTIFICATION PLAN OF THE BATEMAN PROPERTY DATED SEPTEMBER 24, 2013 AND SIGNED BY HOWARD COUNTY HEALTH DEPARTMENT OCTOBER 23, 2013.

TRENCH CHART

TRENCH	EX. GROUND	INV. ELEV.	BOTTOM OF TRENCH
1	453.0	448.0	446.0
2	452.0	447.0	445.0



SEE SHEET 2 FOR PUMP CHAMBER NOTES & DETAIL

OWNER/DEVELOPER
 FREDERICK & LAUREN FREY
 7927 RED JACKET WAY
 JESSUP, MD 20794-9010
 (443) 604-0090

ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN
 LOT2 - 5513 GREEN BRIDGE RD.
 TAX ACCOUNT NO: 414865
TALL TREES
 LOT 2
 FIFTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 WAR PLAT NO: 23533, TAX MAP: 27, GRID: 24, PARCEL: 26



439 East Main Street Westminster, MD 21157-5539
 (410) 848-1790 FAX (410) 848-1791

Linda D. Alexander
 Qualified Professional
 2-17-2017

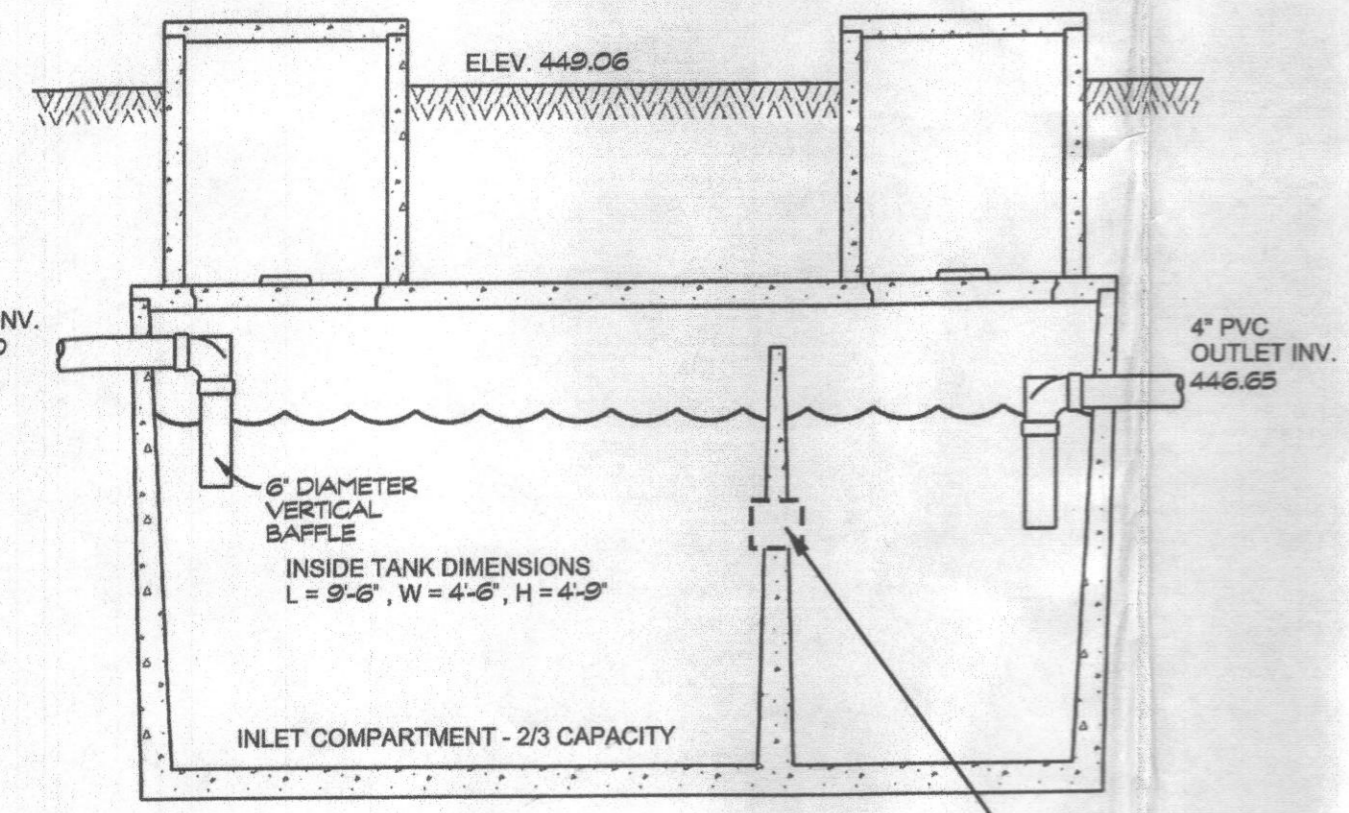
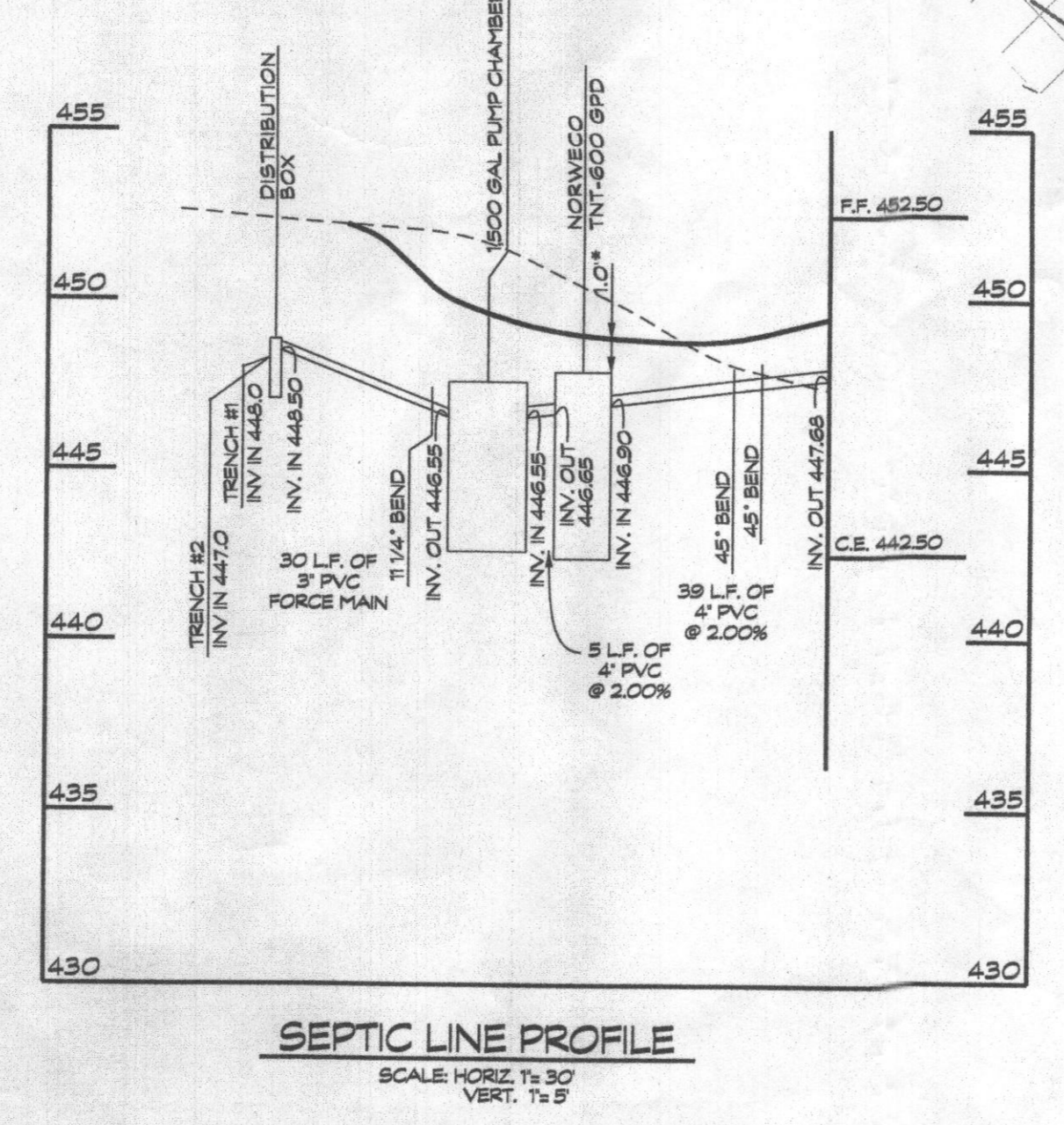
Date	Revisions	Drawn By:
6/17/16	REVISED PER HANK OSWALD EMAIL TO LINDA	BM
6/23/16	REVISED PER HEALTH DEPT. EMAIL	Designed By:
2/14/17	REV'D BAT TANK TO SEPTIC TANK	Date: 6/13/16
		Scale: 1" = 30'
		Job No: 2016079
		Sheet: 1 OF 2

SCALE: 1" = 50'

- PLAN NOTES
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 - THE MINIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
 - THE WELL (TAG # HO-95-2552) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
 - IF A BUILDING PERMIT IS SUBMITTED ANY TIME IN THE FUTURE, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED TO FINISH THE AREA CURRENTLY IDENTIFIED AS THE BASEMENT. AT THAT TIME A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED AS FINISHING THE BASEMENT COULD POSSIBLY CREATE A FIFTH BEDROOM PER HOWARD COUNTY CODE 3.60.1(B).
 - TANK MEASUREMENTS AND ELEVATIONS ARE BASED ON SEPTIC TANKS AS MANUFACTURED BY HANER BROS., ELKSDORF, MD 410-796-1434.
 - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100 FEET OF THE PROPERTY BOUNDARIES AND 200 FEET DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

- GENERAL NOTES
- THE STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY AN OVERLAND FLOW DISCONNECT.
 - THERE ARE NO STREAMS, PONDS, FLOODPLAINS, OR WETLANDS ON THIS LOT.
 - THERE ARE NO 20% OR GREATER SLOPES ON THIS LOT.

SEPTIC SYSTEM TRENCH DESIGN:
 PROPOSED NUMBER OF BEDROOMS = 4
 AVERAGE PERCOLATION TEST TIME =
 APPLICATION RATE = 1.2
 DESIGN FLOW: 150 GALS / 4 BEDROOM =
 600 GAL/DAY
 INITIAL SYSTEM
 600 GAL/DAY / 1/2 GAL/DAY/SQ. FT. =
 500 SQ. FT.
 500 SQ. FT. / 3 FT. = 166.6 USE 167 LF. OF TRENCH
 167 LF. x 0.63 = 106 LF.
 USE 2 - 53 LF. OF TRENCH FOR INITIAL SYSTEM
 REPLACEMENT SYSTEM
 600 GAL/DAY / 0.8 GAL/DAY/SQ. FT. =
 750 SQ. FT.
 750 SQ. FT. / 3 FT. = 250 LF. OF TRENCH
 USE 4 - 64 LF. OF TRENCH FOR EACH REPLACEMENT SYSTEM



TOP SEAM
 1250 GAL SEPTIC TANK
 (NOT TO SCALE)

NOTE:
 THE SEPTIC TANK RISERS TO TERMINATE AT LEAST 6" ABOVE FINAL GRADE.

NOTE:
 SLOT IS 2" HIGH BY 4" LONG IN CENTER OF LIQUID DEPTH

© copyright 2016 - CSE Designs, Inc.
 CSE Designs, Inc. EXPLICITLY RESERVES ITS COMMON
 LAW COPYRIGHT AND OTHER PROPERTY RIGHTS IN THESE PLANS. THESE
 PLANS ARE NOT TO BE REPRODUCED, CHANGED OR COPIED IN ANY FORM
 OR MANNER WHATSOEVER, NOR ARE THEY TO BE ASSIGNED TO ANY THIRD
 PARTY, WITHOUT FIRST OBTAINING THE EXPRESS WRITTEN PERMISSION OF
 CSE Designs, Inc.

Date
April 11, 2016

Revisions

- CONTRACTOR IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL BUILDING CODES AND ORDINANCES. CSE Designs, Inc. MAY NOT BE HELD RESPONSIBLE FOR THE SITE CONDITIONS OR FOR THE USE OF THESE DRAWINGS DURING CONSTRUCTION.
- THE OWNER AND BUILDER AGREE TO HOLD THE AUTHOR OF THESE DRAWINGS HARMLESS FOR ANY AND ALL ERRORS, OMISSIONS OR OTHER PROBLEMS ARISING FROM THE USE OF THESE PLANS.
- THESE DRAWINGS ARE ABBREVIATED AND ARE NOT INTENDED TO SPECIFY ALL STRUCTURAL DETAILS, MATERIAL SIZES OR CONDITIONS NECESSARY FOR CONSTRUCTION. THE BUILDER AND/OR THE OWNER WILL MAKE ANY AND ALL DECISIONS AND SELECTIONS NECESSARY FOR CONSTRUCTION.
- EXACT SIZE AND REINFORCEMENT OF ALL CONCRETE FOOTINGS MUST BE DETERMINED BY LOCAL SOIL CONDITIONS AND ACCEPTABLE PRACTICES OF CONSTRUCTION. VERIFY DEPTH WITH LOCAL ENGINEER.
- VERIFY ALL STRUCTURAL ELEMENTS FOR DESIGN AND SIZE WITH LOCAL ENGINEER AND BUILDING OFFICIALS.
- BOTTOM OF ALL FOOTINGS SHALL EXTEND BELOW FROST-LINE. VERIFY DEPTH.
- ALL CONSTRUCTION IS TO COMPLY WITH THE LATEST EDITIONS OF THE APPLICABLE BUILDING CODES AND ALL OTHER APPLICABLE REGULATIONS (FEDERAL, STATE AND LOCAL).

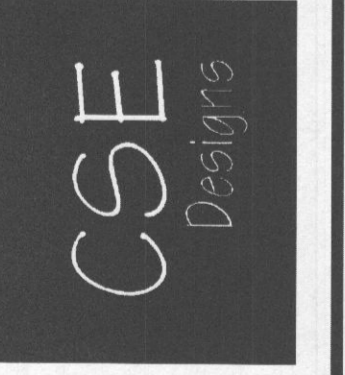
PLAN and FRAMING NOTES:
 IMPORTANT! PLEASE SEE ALL PLAN and FRAMING NOTES ON SHEET A-0 FOR ADDITIONAL CODE COMPLIANCE INFORMATION NOT SHOWN ON THIS SHEET. THE NOTES ON SHEET A-0 (AS APPLICABLE) MUST BE USED IN CONJUNCTION WITH THESE DRAWINGS TO ENSURE CODE COMPLIANCE.

SEE ATTACHED MANUFACTURER'S FLOOR AND ROOF FRAMING LAYOUT FOR MORE INFORMATION.

Product Name
JMB Homes
The Frey Residence

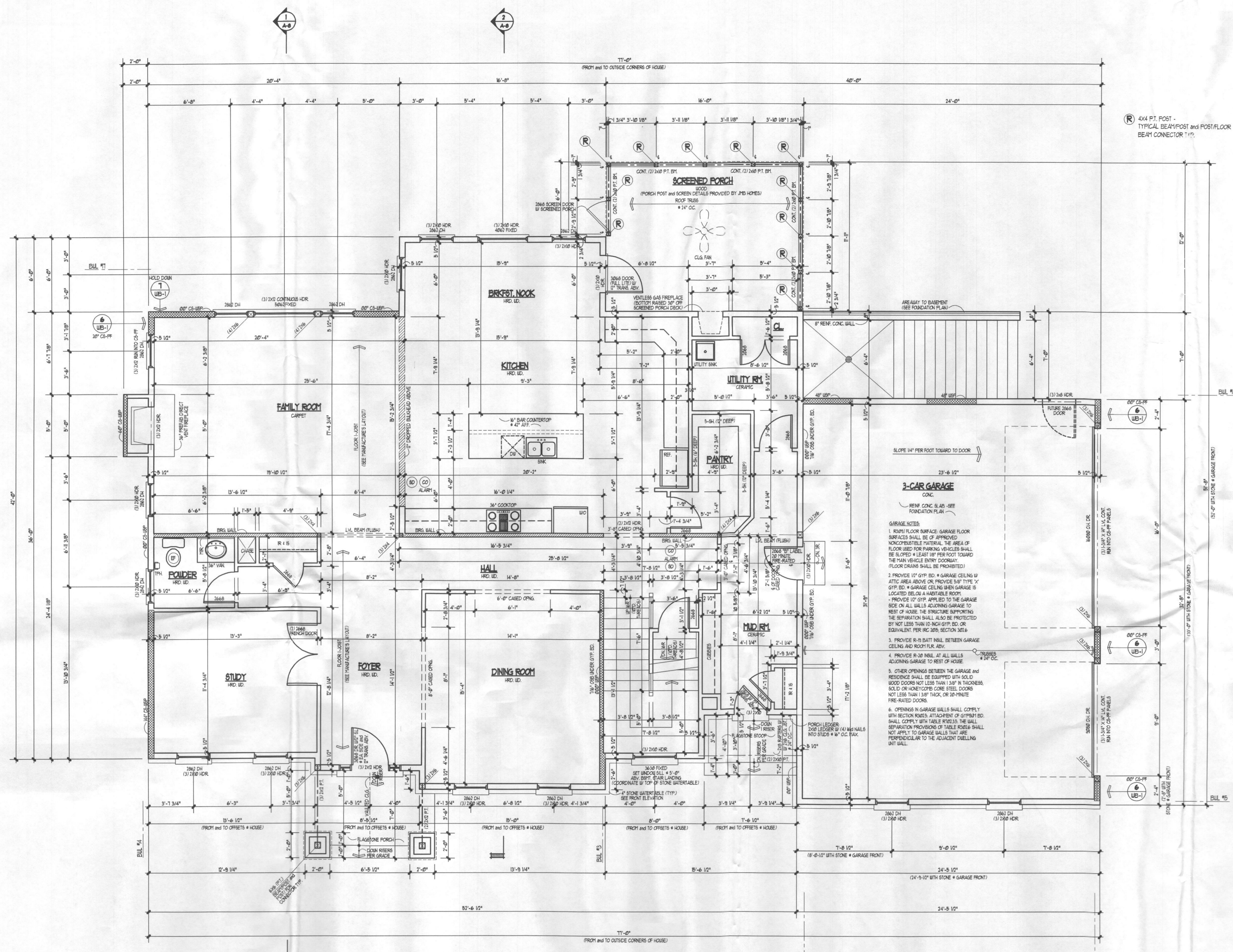
Sheet Title
First Floor Plan

CSE Designs, Inc.
 7571 Atlas Walk Way,
 Suite 110,
 Gainesville, Virginia 20155
 Ph: 703-969-2878
 Fax: 703-754-9317



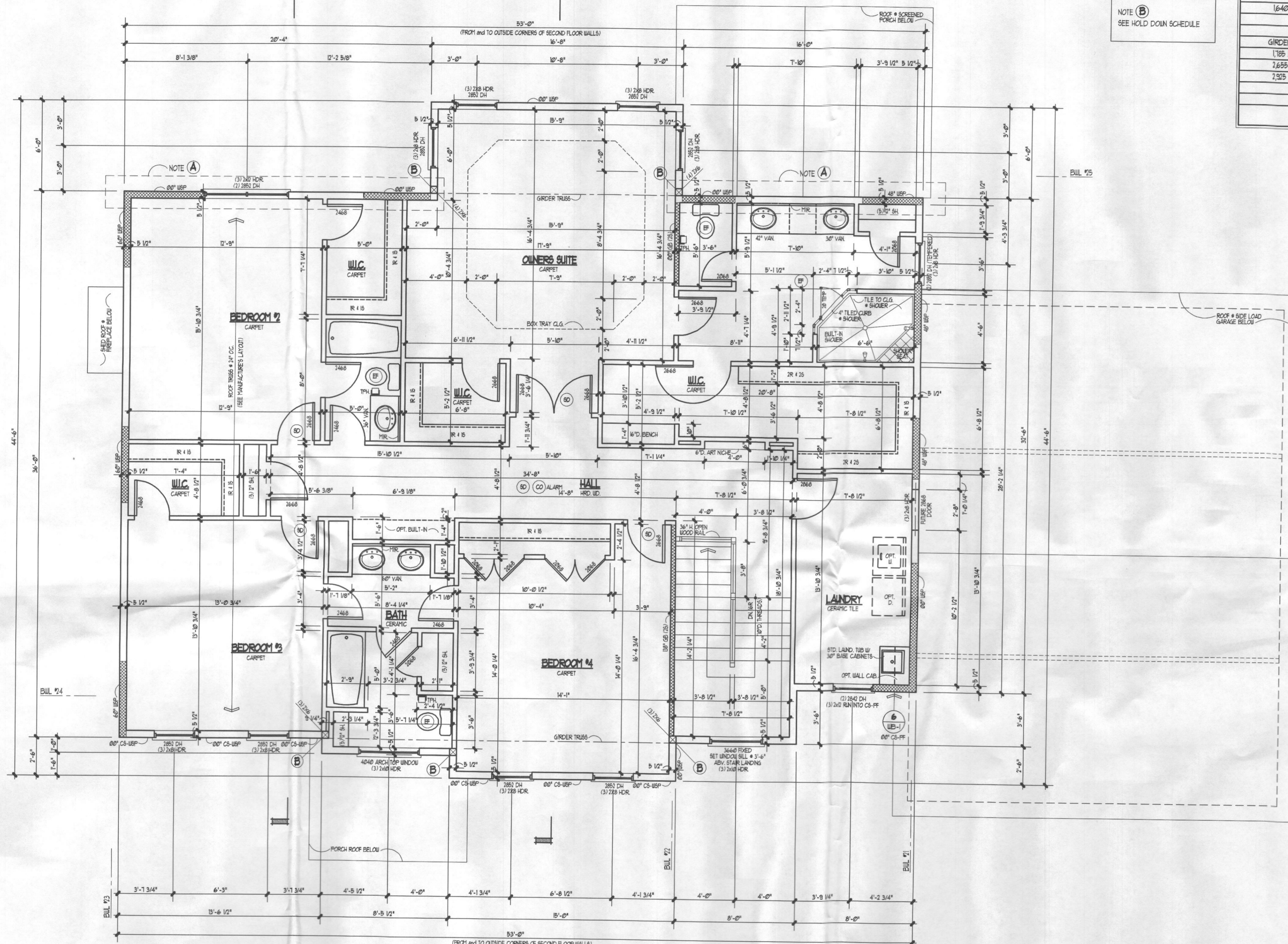
Soil

Drawing No.
A-2



FIRST FLOOR PLAN
 2,076 SQ. FT. (Garage 785 SQ. FT.)
 SCALE: 1/4" = 1'-0"

PROGRESS SET
 (NOT FOR CONSTRUCTION)



SECOND FLOOR PLAN
1947 SQ. FT. SCALE: 1/4" = 1'-0"

NOTE (A)
SIMPSON 1/2" SILL PLATE TO STUD CONNECTOR STARTING @ BOTH CORNERS PLACE 3 CONNECTORS @ 3" O.C. BALANCE SPACE @ 48" O.C. (PLACE ONLY ON CONTINUOUS STUDS THAT EXTEND FROM 2nd FLOOR PLATE TO DOUBLE TOP PLATES)

NOTE (B)
SEE HOLD DOWN SCHEDULE

UPLIFT LOAD (NOT TO EXCEED)	FASTENER (SIMPSON OR EQUAL)		
	ITEM #	TO RAFTERS/ TRUSS	TO PLATES/ STUDS
100 LBS.		2 - 16d TOE NAILS - PER CODE	
340 LBS.	H25A	5 - 8d	5 - 8d
680 LBS.	(2) H25A	10 - 8d	10 - 8d
800 LBS.	HT82	7 - 10d	7 - 10d
1240 LBS.	(2) LT82	12 - 10d	12 - 10d
1484 LBS.	(2) H10A	16 - 8d X 1-1/2	16 - 8d X 1-1/2
1640 LBS.	(2) HT82	TO WALL FRAMING TO TRUSS	14 - 10d
GRADER TRUSS			
1785 LBS.	L6T2 (2-PL.Y)	16 - 16d	14 - 16d
2655 LBS.	L6T3 (3-PL.Y)	12 - 505 1/2 X 3	26 - 16d
2925 LBS.	L6T4 (4-PL.Y)	12 - 505 1/2 X 3	30 - 16d
USE 16d SINKERS			

* LOADS MODIFIED FOR SPRUCE PINE FRAMING MATERIAL

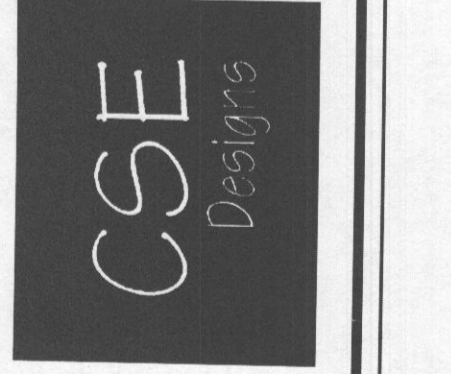
Date
April 11, 2016

Revisions

Product Name
JMB Homes
The Frey Residence

Sheet Title
Second Floor Plan

CSE Designs, Inc.
7871 Atlas Walk Way,
Suite 110
Gallopville, Virginia 20155
Ph: 703-969-9878
Fax: 703-704-9317



Seal

Drawing No.

PROGRESS SET
(NOT FOR CONSTRUCTION)

A-3

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- VERIFY ALL STRUCTURAL ELEMENTS FOR DESIGN AND SIZE WITH LOCAL ENGINEER AND BUILDING OFFICIALS.
- BOTTOM OF ALL FOOTINGS SHALL EXTEND BELOW FROST-LINE. VERIFY DEPTH.

1. ALL CONSTRUCTION IS TO COMPLY WITH THE LATEST EDITIONS OF THE APPLICABLE BUILDING CODES AND ALL OTHER APPLICABLE REGULATIONS, FEDERAL, STATE AND LOCAL.



FRONT ELEVATION
 (STONE WATERTABLE and SIDING) SCALE 1/4" = 1'-0"

PROGRESS SET
 (NOT FOR CONSTRUCTION)

Revisions

Product Name

JMB Homes

The Fray Residence

Sheet Title

Rear Elevation

CSE Designs, Inc.
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Scale

Drawing No.

A-5

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REAR ELEVATION
 (SIDING) SCALE: 1/4" = 1'-0"

PROGRESS SET
 (NOT FOR CONSTRUCTION)

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5. VERIFY ALL STRUCTURAL ELEMENTS FOR DESIGN AND SIZE WITH LOCAL ENGINEER AND BUILDING OFFICIALS.
6. BOTTOM OF ALL FOOTINGS SHALL EXTEND BELOW FROST-LINE. VERIFY DEPTH.
7. ALL CONSTRUCTION IS TO COMPLY WITH THE LATEST EDITIONS OF THE APPLICABLE BUILDING CODES AND ALL OTHER APPLICABLE REGULATIONS (FEDERAL, STATE AND LOCAL).

Date

April 11, 2016

Revisions

Product Name

JMB Homes

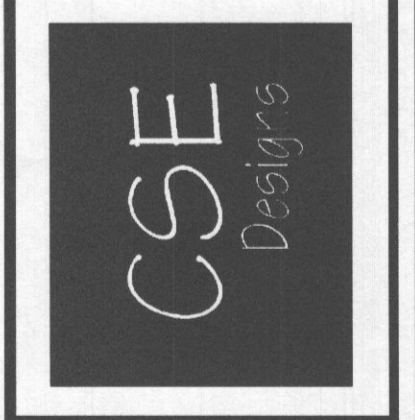
The Frey Residence

Sheet Title

Left Side Elevation

CSE Design, Inc.

7871 Atlas Walk Way,
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Seal

Drawing No.

A-6



LEFT SIDE ELEVATION
 (SIDING) SCALE: 1/4" = 1'-0"

PROGRESS SET
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5. VERIFY ALL STRUCTURAL ELEMENTS FOR DESIGN AND SIZE WITH
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 VERIFY DEPTH.

7. ALL CONSTRUCTION IS TO COMPLY WITH THE LATEST EDITIONS
 OF THE APPLICABLE BUILDING CODES AND ALL OTHER
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Date
April 11, 2016

Revisions

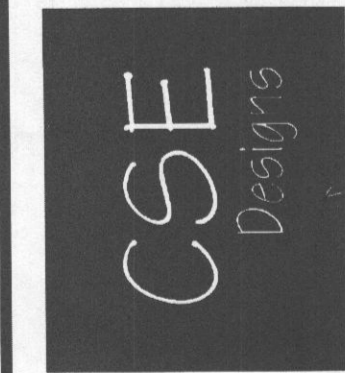
Product Name
JMB Homes
The Frey Residence



RIGHT SIDE ELEVATION
 (SIDING) SCALE: 1/4" = 1'-0"

Sheet Title
Right Side Elevation

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Seal

Drawing No.

PROGRESS SET
 (NOT FOR CONSTRUCTION)

A-7

