



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.: B18001216

Building Address: 12007 Catherine Close Rd
City: Clarksville State: MD Zip Code: 20829
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: Zihao Wang
Address: 12007 Catherine Close Rd
City: Clarksville State: MD Zip Code: 20829
Phone: 302-307-2777
Email: _____

Existing Use: Single Family Dwelling
Proposed Use: Single Family Dwelling
Estimated Construction Cost: \$ 18,000
Description of Work: Deck 24x31 Approx. w/steps

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Aday Gzindo
Address: 5850 Hubbard Drive
City: Rockville State: MD Zip Code: 20852
Phone: 301-425-2 Fax: _____
Email: info@mechanical-electrical-inc.com

Contractor Company: Removation Experts Inc.
Contact Person: Aday Gzindo
Address: 5850 Hubbard Drive
City: Rockville State: MD Zip Code: 20852
License No.: 131734
Phone: 301-525-2066 Fax: _____
Email: _____

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

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 type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<u>Construction type:</u>	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: <u>Deck</u>	
	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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" 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 checked="" type="checkbox"/> Other:	
Sprinkler System:	
<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: Aday Gzindo Print Name: Aday Gzindo
Email Address: info@mechanical-electrical-inc.com Date: 4/16/2018
Title/Company: Removation Experts Inc.

Check 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	<u>4/18/18</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/19/18</u>	<u>[Signature]</u>

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

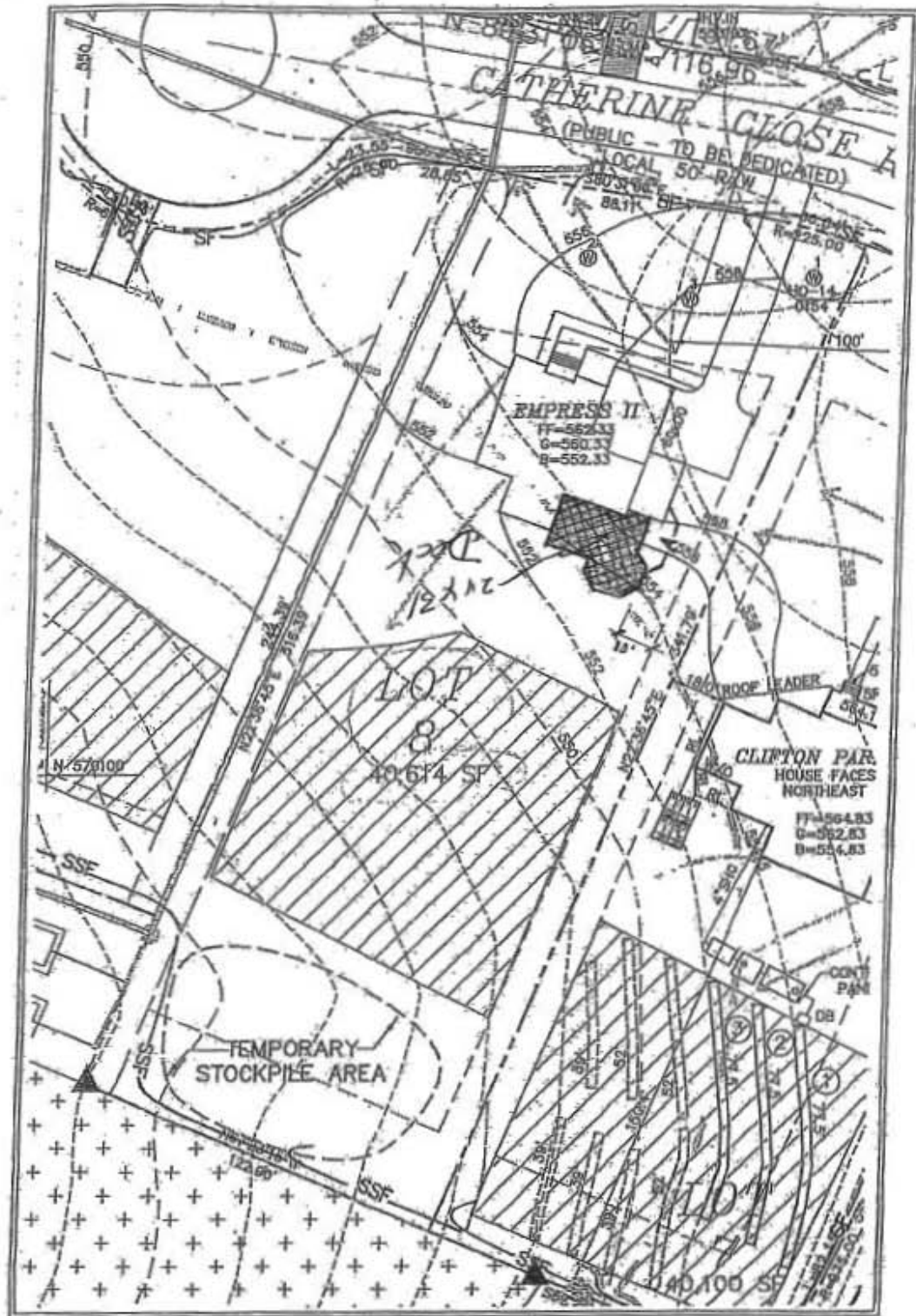
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No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

Filing Fee	\$
Permit Fee	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

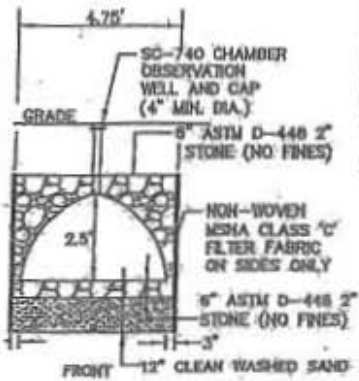
APPROVED
WALK-THRU BUILDING PERMIT

BP#
APP SAN Permit From DATE: 4/19/18
DESC. OF WORK: 24' x 31' PERK



ELL

CHAMBER
5' (W) x 3.5' (H)
1 SECTION)



GRAPHIC SCALE



(IN FEET)
1 inch = 50 ft.

DETAIL

SHED SAND





Building Permit Application

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

DILP 2016 APR 19 PM 12:11

Date Received: _____

Permit No.: BL6001702

Building Address: 12007 Catherine Close Rd.
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: GP 15-081
Census Tract: _____ Subdivision: Greenberry
Section: _____ Area: _____ Lot: 8
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: NVA Inc
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
Phone: 410-379-5956 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jim Kerwin
Address: PO Box 552
City: Woodbine State: MD Zip Code: 21797
Phone: 443-309-7792 Fax: _____
Email: Jim@DecaturBuildingServices.com

Contractor Company: NV Homes
Contact Person: Ryan Johnson
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
License No.: 56
Phone: 410-379-5956 Fax: _____
Email: _____

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

Existing Use: Vacant Lot
Proposed Use: Single family house
Estimated Construction Cost: \$ 230,000
Description of Work: New 2 story "Empress II" with 2 car side garage, 1 car attached garage, morning room, and finished lower level
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
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:	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	
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: <u>4</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input checked="" type="checkbox"/> Public
<input 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: <u>615000287</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.

Jim Kerwin
Applicant's Signature
Jim@DecaturBuildingServices.com
Email Address
AGENT
Title/Company

Jim Kerwin
Print Name
4/19/2016
Date

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>Stephan P. Baker</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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>917748</u>

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

Date: 5/27/2016

To: Robert Bricker Health Dept
(Person's Name and Division)

From: Jim Kerwin (443) 309-7792
(Your Name, Company Name and Telephone Number)

Subject: Project name NV HOMES
Project site address 12007 Catherine Close Road
Permit # B16001702 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
- Energy conservation calculations
- Copies of Site plan (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)

Please Print Name _____ Telephone No: _____
E-Mail Address: _____

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 AKH CHANGE HOUSE ~~TYPE~~ LOCATION PER HEALTH



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org


Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: *Taylor Faris, NVR, Inc.*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*
Well & Septic Program 

RE: *12007 Catherine Close Road, Potential Basement Bedroom*

DATE: *May 26, 2016*

I have reviewed the floor plans in support of Building Permit **B16001702** for a new home at **12007 Catherine Close Road** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **four (4)**- bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

12007 Catherine Close Rd
B16001702

EMPRESS II

Lot 8
4 Bedrooms

OK B 5/25/2014



NVR, Inc.
Architectural Services
Architects
21 Byte Court, Suite A
Frederick, MD 21702

	FULL BASEMENT						CRAWL SPACE						EXTENDED AND ADDITIONAL ROOMS/PORCH				STANDARD DETAILS	
	STD. DIMS.	ELEV. 'A'	ELEV. 'B'	ELEV. 'C'	ELEV. 'D'	ELEV. 'K'	ELEV. 'L'	STD. DIMS.	ELEV. 'A'	ELEV. 'B'	ELEV. 'C'	ELEV. 'D'	ELEV. 'K'	ELEV. 'L'	COVERED PORCH	MORNING ROOM		GARAGE ATTACHED
SPEC SHEET	2						2											D-1
ELEVATIONS		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	D-2
SIDE AND REAR ELEVATIONS		10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	D-3
FOUNDATION	14						15											D-3a
FOUNDATION HOLD DOWN DETAIL (90 MPH)	18						19											D-6
FOUNDATION HOLD DOWN DETAIL (100 MPH)	19						20											D-7
PLUMBING	20						21											D-8a
BASEMENT PLAN	22						23											D-11
FIRST FLOOR PLAN	23	24	24	24	25	25	26	24	24	24	25	25	27	26	27			D-12
SECOND FLOOR PLAN	28	30	30	30	31	31	32	30	30	30	31	31						D-12b
BUILDING SECTION AT FOYER	32						33											D-12c
BUILDING SECTION AT GARAGE	33						34											D-13
STAIR PLANS / SECTION - STANDARD	35						36											D-14
STAIR PLANS / SECTION - UPGRADE	36						37											D-15a
STAIR PLANS / SECTION - UPGRADE W/ METAL BALUSTER	37						38											D-16
KITCHEN PLANS / ELEVATIONS HOOD A	38						39											D-16a
KITCHEN PLANS / ELEVATIONS HOOD B	40						41											D-17
KITCHEN PLANS / ELEVATIONS HOOD B W/ ADDITIONAL OVEN BELOW COOKTOP	42						43											D-17a
CABINET PLANS AND ELEVATIONS	44						45											D-20
INTERIOR DETAILS	45						46											D-21
EXTERIOR DETAILS		46	47	48	49	50		46	47	48	49	50						D-22
BASEMENT ELECTRICAL PLAN	51						52											D-22a
FIRST FLOOR ELECTRICAL PLAN	52	53	53	53	54	54	55	53	53	53	54	54	56	55	56			D-23
SECOND FLOOR ELECTRICAL PLAN	56	56	56	56	57	57	58	56	56	56	57	57						D-24
FIRST FLOOR FRAMING PLAN	60						61						21	26				D-29
SECOND FLOOR FRAMING PLAN	62	64	64	64	64	64	65	64	64	64	64	64						D-30
ROOF FRAMING	65	65	65	65	66	66	67	65	65	65	66	66	27	28	27			D-31
TRUSS BRACING	71						72											D-34
FIRST FLOOR BRACED WALL PANEL DETAIL (90 MPH)	73						74											D-36
FIRST FLOOR BRACED WALL PANEL DETAIL (100 MPH)	74						75											D-37
SECOND FLOOR BRACED WALL PANEL DETAIL (90 MPH)	80						81											D-38a
SECOND FLOOR BRACED WALL PANEL DETAIL (100 MPH)	81						82											D-40
BASEMENT FLOOR HVAC LAYOUT	82						83											D-44
CRAWL SPACE HVAC LAYOUT																		D-45
FIRST FLOOR HVAC LAYOUT	84						85											WB-1
SECOND FLOOR HVAC LAYOUT	86						87											F-1

BASE SQUARE FOOTAGE

FIRST FLOOR	GROSS SQ. FT.	1509
SECOND FLOOR	GROSS SQ. FT.	1449
HOUSE TOTAL	GROSS SQ. FT.	2958

ELEVATIONS SQ. FT.

ELEVATION 'A'	GROSS SQ. FT.	+0
ELEVATION 'B'	GROSS SQ. FT.	+96
ELEVATION 'C'	GROSS SQ. FT.	+44
ELEVATION 'D'	GROSS SQ. FT.	+134
ELEVATION 'K'	GROSS SQ. FT.	+134
ELEVATION 'L'	GROSS SQ. FT.	+44

ADDITIONAL SQ. FT.

MORNING ROOM	GROSS SQ. FT.	+216
DINETTE EXTENSION	GROSS SQ. FT.	+20
OPT. BATHROOM #2	GROSS SQ. FT.	+68
OPT. SITTING AREA	GROSS SQ. FT.	+101

MAXIMUM FINISHED SQ. FT.

HOUSE TOTAL	GROSS SQ. FT.	3564
**MAXIMUM SQ. FT. DOES NOT INCLUDE BASEMENT		

FINISHED BASEMENT SQ. FT.

RECREATION ROOM	GROSS SQ. FT.	+100
OPT. MORNING ROOM	GROSS SQ. FT.	+216
OPT. HOME OFFICE	GROSS SQ. FT.	+18
OPT. BATH ROOM	GROSS SQ. FT.	+46
ADDITIONAL HALL W/ OPT. BATH OR HOME OFFICE	GROSS SQ. FT.	+11

FOOTPRINT

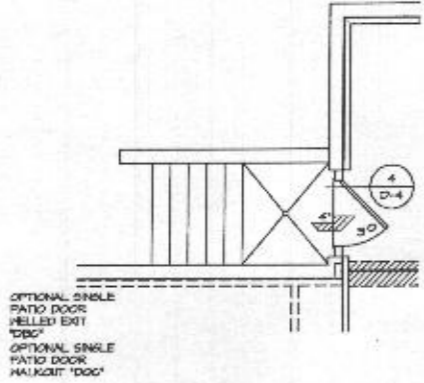
BASE HOUSE:	
WIDTH	52'-0"
DEPTH	44'-0"
MAXIMUM:	
WIDTH	61'-4"
DEPTH	61'-4"

SET - VERSION
11200-01 **CS-1**

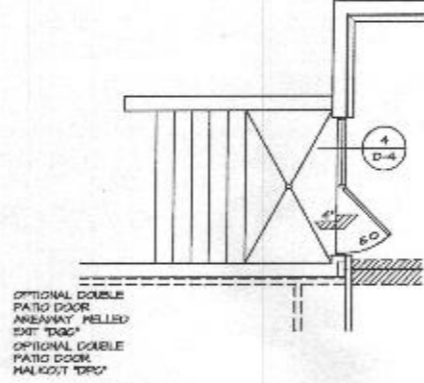
J:\Draws\11200\11200L01\CS1.dwg 12/08/14 - 9:54 am



OPTIONAL BASEMENT BATH
SCALE: 1/4" = 1'-0" "A-B"



OPTIONAL SINGLE PATIO DOOR HINGED EXIT "D-3"

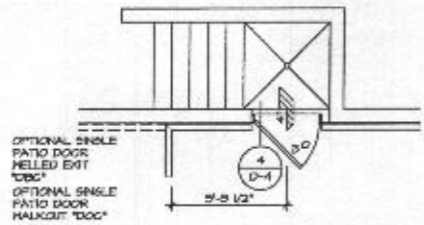


OPTIONAL DOUBLE PATIO DOOR HINGED EXIT "D-3"

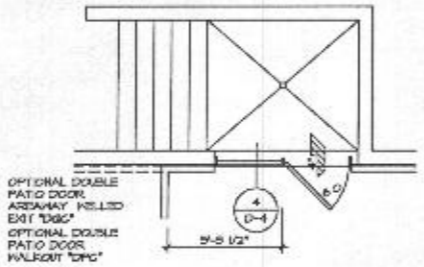
WITH OPTION "SC1" - DRYWALL UNFINISHED BASEMENT CEILING AREA

- NOTES:**
- 1/2" STYPHUM WALL BOARD REQUIRED ON CEILING IN UNFINISHED AREAS WHEN NO SPRINKLER SYSTEM IS INSTALLED
 - A MAXIMUM AREA OF 80 SQ. FT. MAY BE OMITTED AS NEEDED FOR INSTALLATION OF PLUMBING, ELECTRICAL, AND/OR HVAC (TYPICALLY AN 8'-0" x 8'-0" CEILING SPACE ABOVE MECHANICAL AREA)
 - PROVIDE FIRE BLOCKING AS REQUIRED AT PERIMETER OF ANY AREAS WHERE DRYWALL HAS BEEN OMITTED.

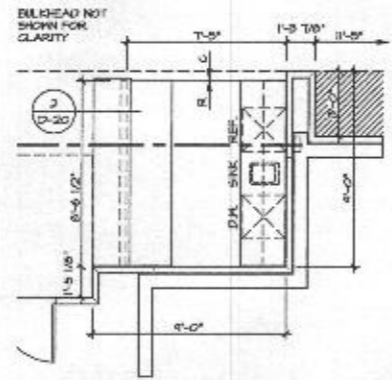
- NOTES:**
1. ALL HEADERS ARE 2x6, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.
 3. ALL INTERIOR WALLS ARE 5 1/2" UNLESS OTHERWISE NOTED.
 4. HATCHED AREAS INDICATE DROPPED CEILING.
 5. ALL CASED OPENINGS AT 1"11", UNLESS OTHERWISE NOTED.
 6. NUMBER ALWAYS ON THE LEFT FOR PLAN OR REVERSE PLAN (WHERE APPLICABLE).



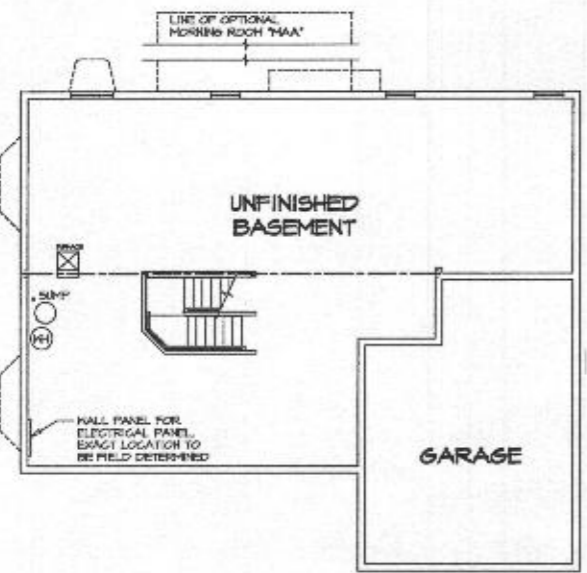
OPTIONAL SINGLE PATIO DOOR HINGED EXIT "D-3"



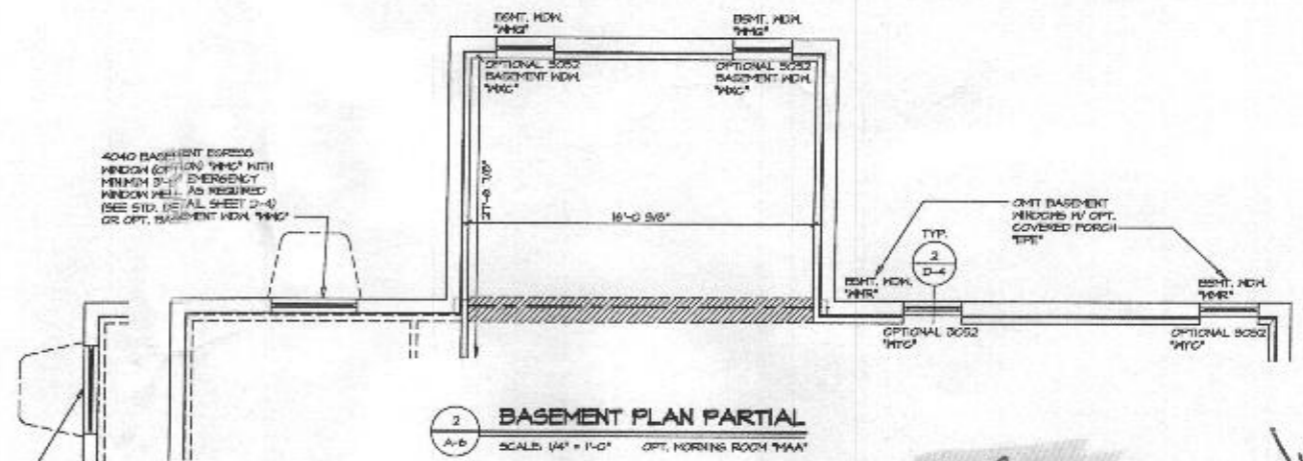
OPTIONAL DOUBLE PATIO DOOR HINGED EXIT "D-3"



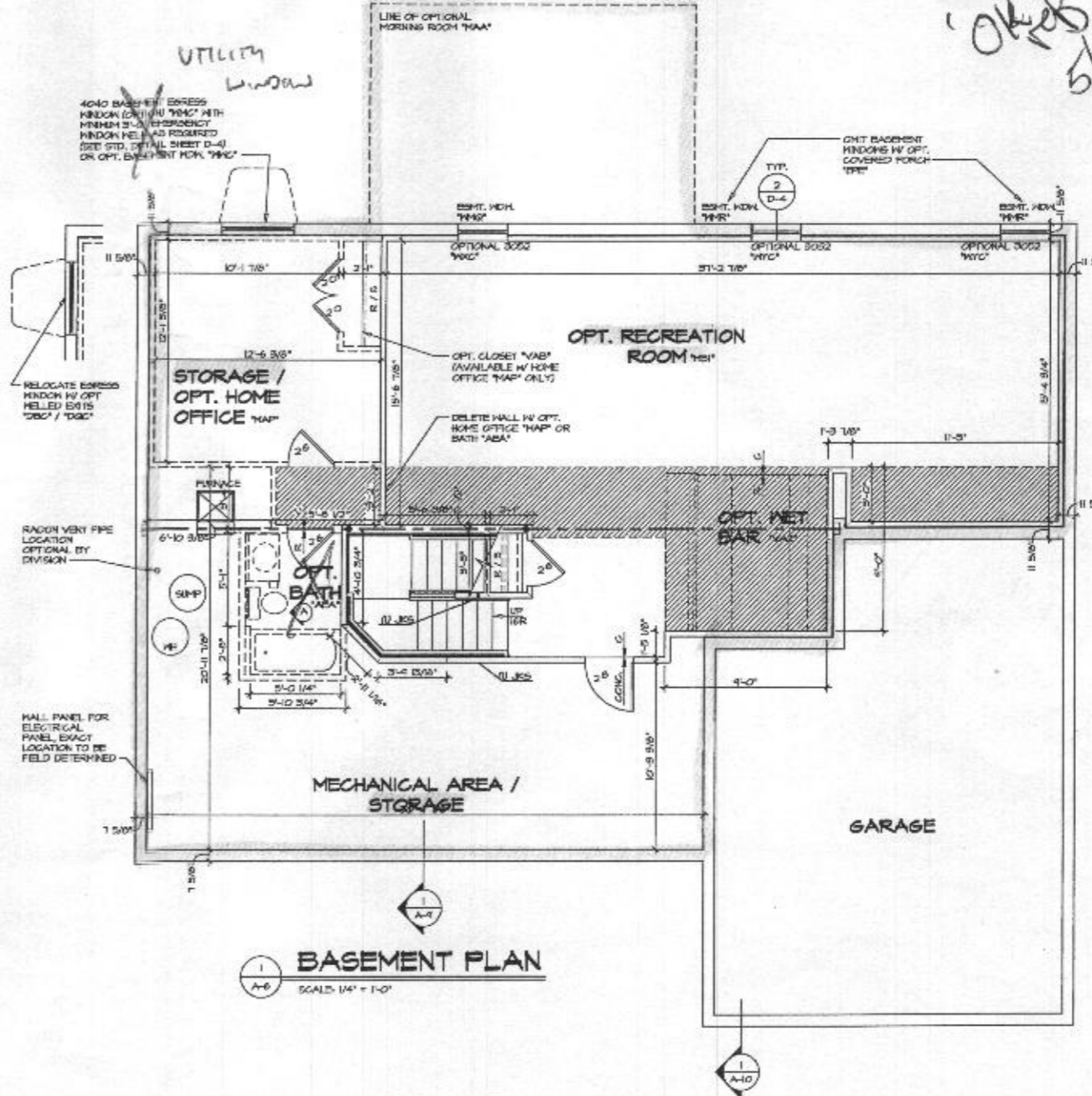
BASEMENT PLAN PARTIAL
SCALE: 1/4" = 1'-0" OPT. HORNING ROOM "M-A"



UNFINISHED BASEMENT PLAN
SCALE: 1/8" = 1'-0"



BASEMENT PLAN PARTIAL
SCALE: 1/4" = 1'-0" OPT. HORNING ROOM "M-A"



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

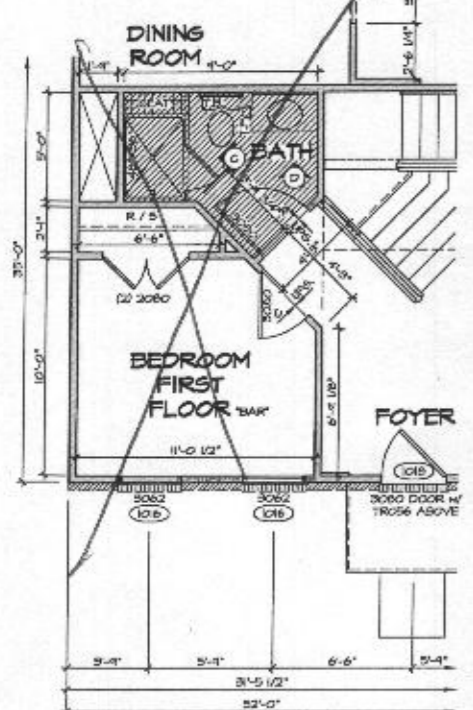
*0 Berrens
'OK' for 5/25/24*

REV.	NO.	DATE	DESCRIPTION
1	1	05/24/24	ISSUE FOR PERMIT
2	2	05/24/24	REVISIONS TO PERMIT
3	3	05/24/24	REVISIONS TO PERMIT
4	4	05/24/24	REVISIONS TO PERMIT
5	5	05/24/24	REVISIONS TO PERMIT
6	6	05/24/24	REVISIONS TO PERMIT

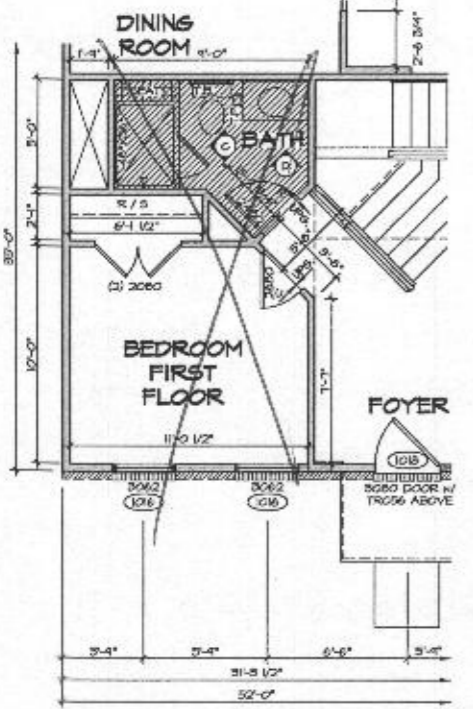


SHEET NO.	A-6
MODEL	EMPRESS II
DATE	12/04/2018
DESIGNED BY	CVS
DRAWN BY	CVS
DATE	12/04/2018
PROJECT	FOUNDATION
DESCRIPTION	BASEMENT FOUNDATION RECREATION ROOM
DATE	05/24/24
SCALE	1/4" = 1'-0"

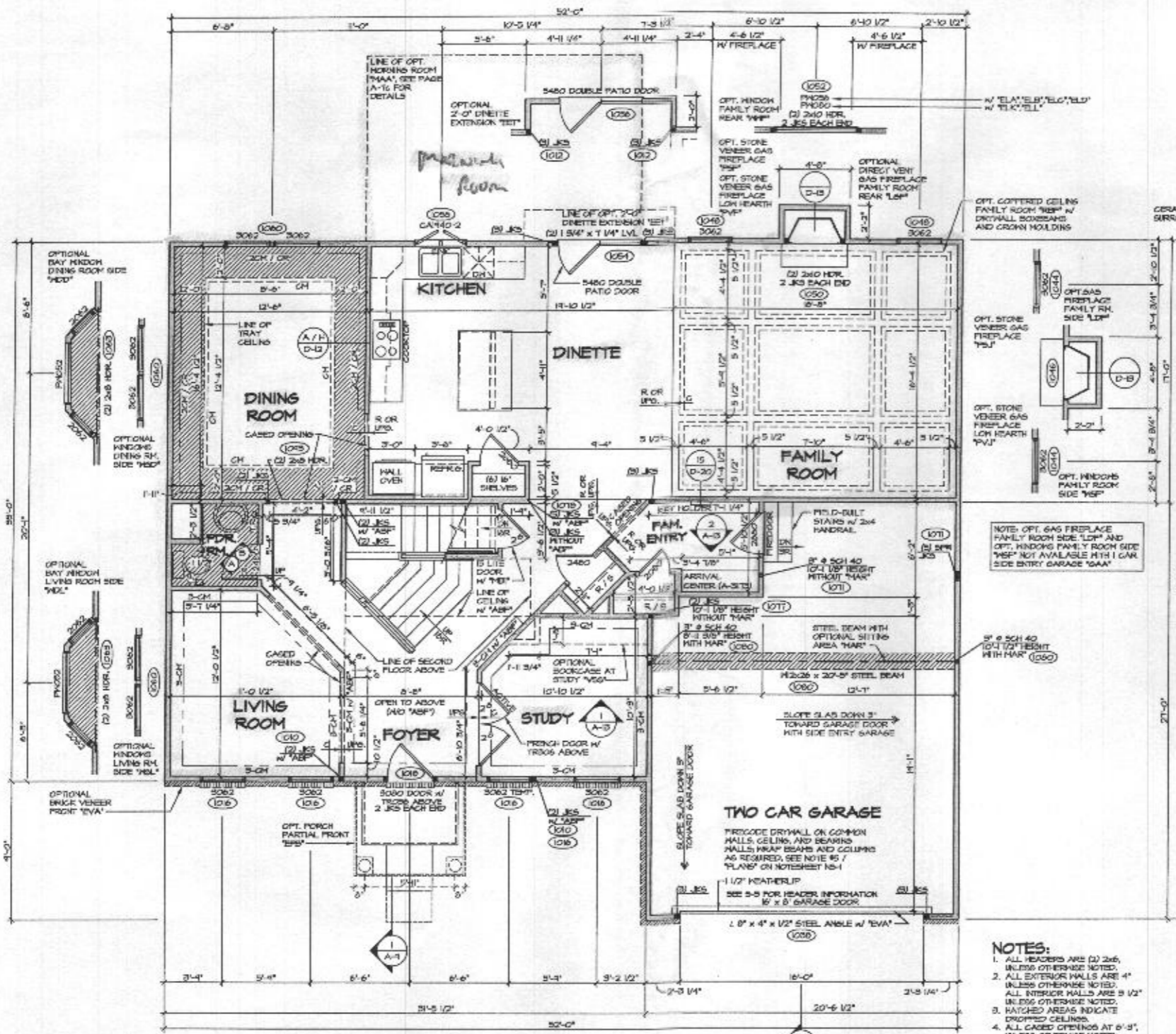
0 Bedrooms



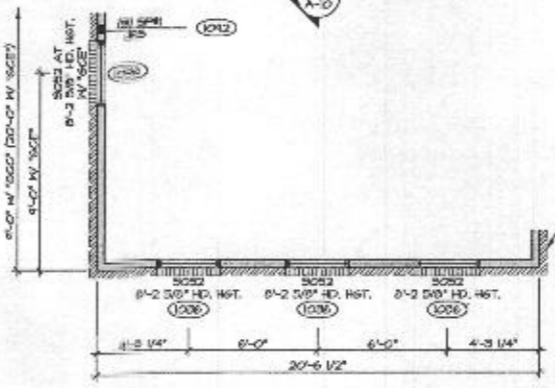
3 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPT. BEDROOM FIRST FLOOR "BAR" AND 2012 VAC VISIBILITY CODE SPECIFICATIONS "1211"



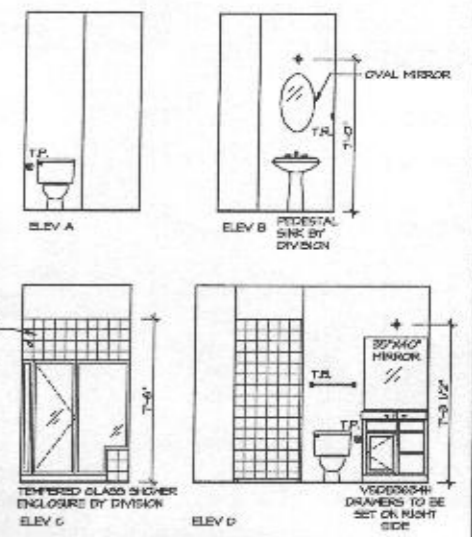
2 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPT. BEDROOM FIRST FLOOR "BAR" AND NO 2012 VAC VISIBILITY CODE SPECIFICATIONS "1211"



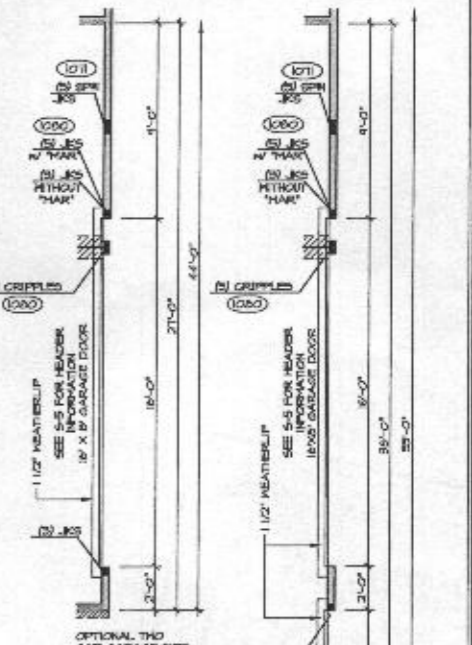
1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"



4 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
GRAVEL FOUNDATION "12A"



5 BATH ELEVATIONS
SCALE: 1/4" = 1'-0"



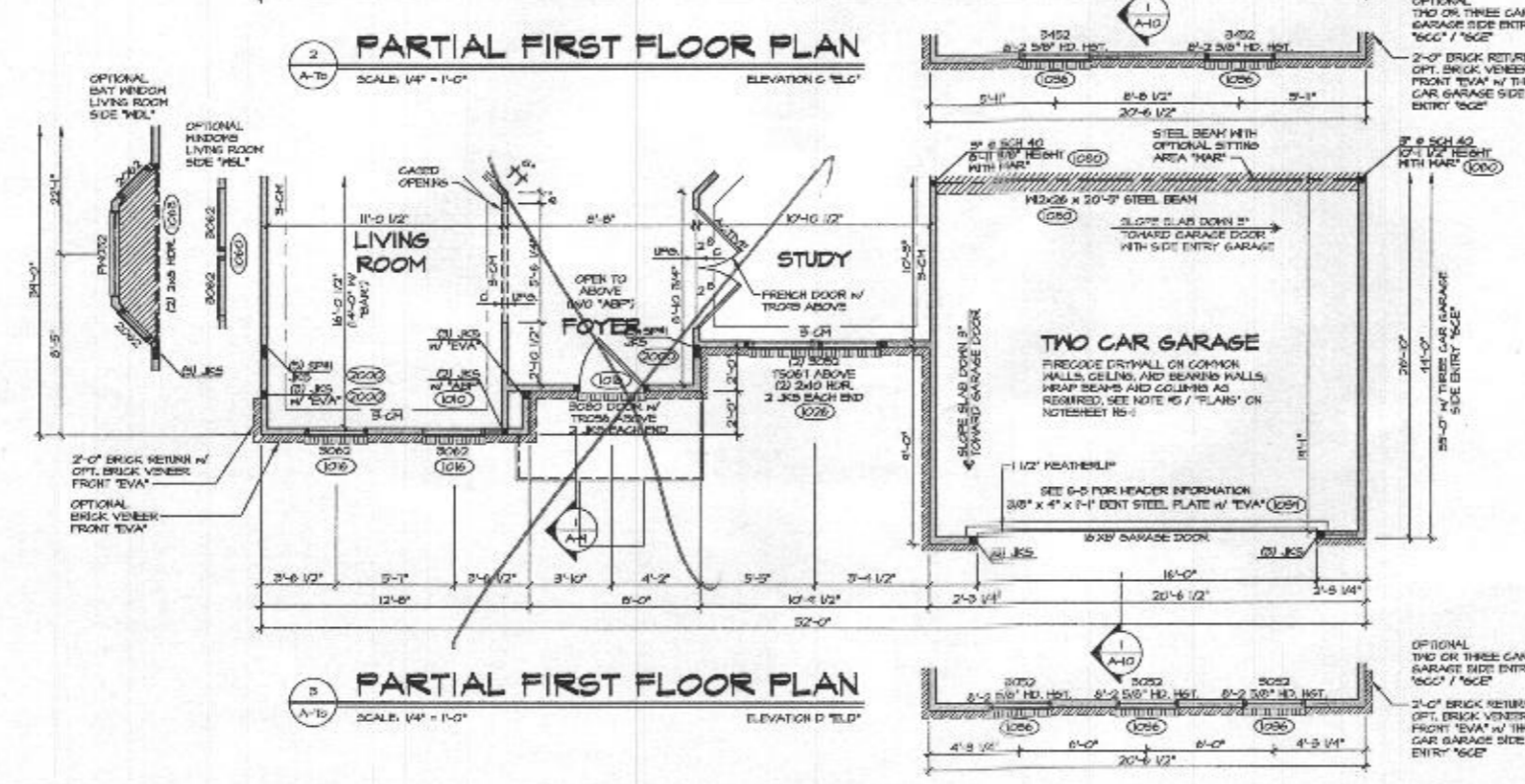
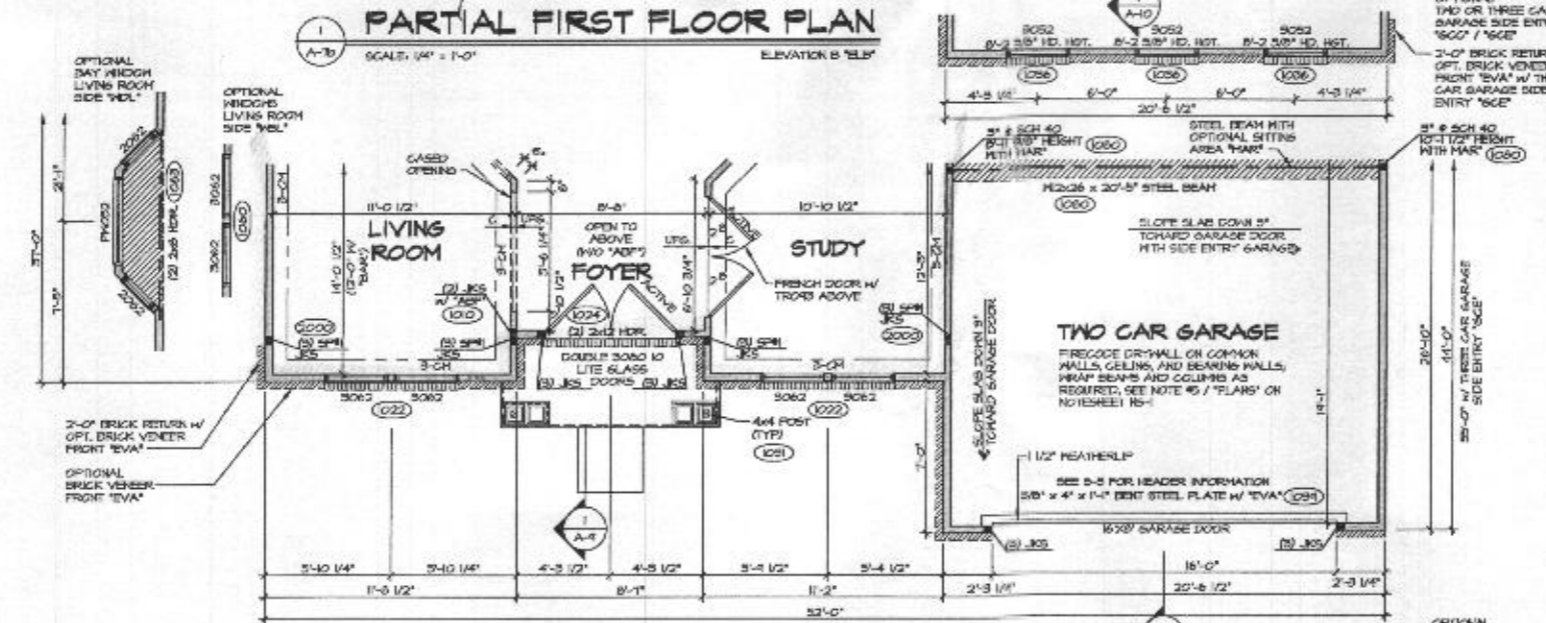
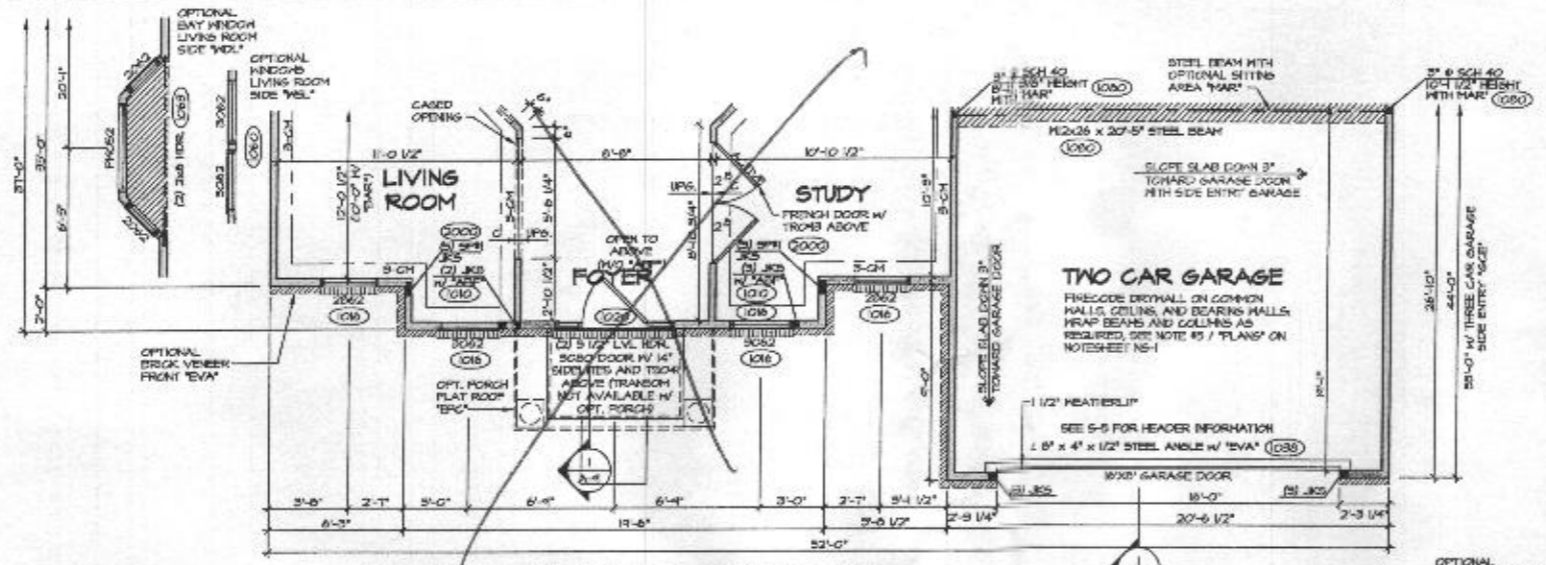
- NOTES:
1. ALL HEADERS ARE (2) 2x6, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED. ALL INTERIOR WALLS ARE 5/2" UNLESS OTHERWISE NOTED.
 3. HATCHED AREAS INDICATE DROPPED CEILINGS.
 4. ALL CAGED OPENINGS AT 6'-0", IN FDS OTHERWISE NOTED.
 5. HAZARDOUS AREAS ALWAYS ON THE LEFT PER PLAN OR REVERSE PLAN.

REV. NO.	DATE	DESCRIPTION
1	11/15/13	ISSUED FOR PERMITS
2	11/15/13	ISSUED FOR PERMITS
3	11/15/13	ISSUED FOR PERMITS
4	11/15/13	ISSUED FOR PERMITS
5	11/15/13	ISSUED FOR PERMITS
6	11/15/13	ISSUED FOR PERMITS
7	11/15/13	ISSUED FOR PERMITS
8	11/15/13	ISSUED FOR PERMITS
9	11/15/13	ISSUED FOR PERMITS



SET NO. 11200
VERSION 01
DRAWN BY JCS
DATE: 11/15/13
OFFICE

MODEL: EMPRESS II
DRAWING TITLE: FIRST FLOOR PLAN
OPTIONAL DESCRIPTION:
SHEET NO. A-7
23

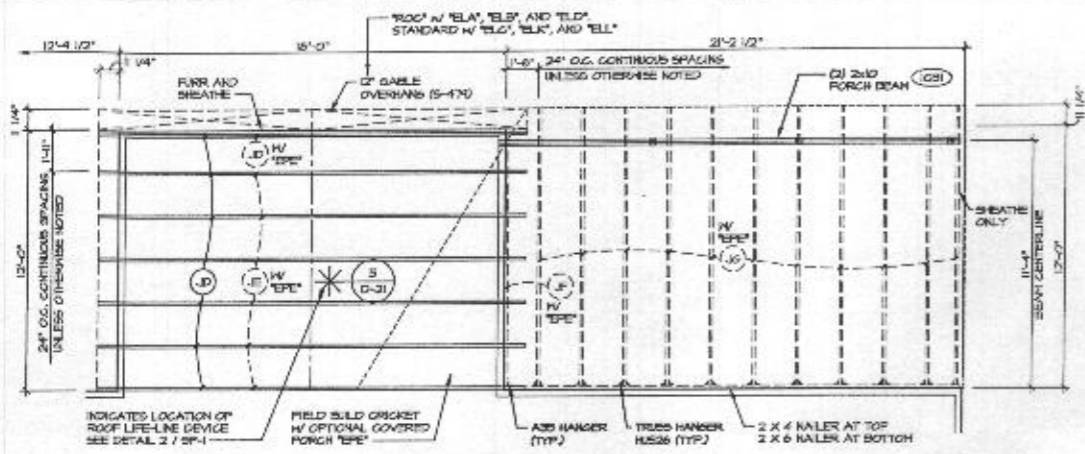


- NOTES:**
1. ALL HEADERS ARE (2) 2x4, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 6" UNLESS OTHERWISE NOTED.
 3. ALL INTERIOR WALLS ARE 5 1/2" UNLESS OTHERWISE NOTED.
 4. HATCHED AREAS INDICATE DROPPED CEILING.
 5. ALL CASSED OPENINGS AT 8'-0". UNLESS OTHERWISE NOTED.
 6. WASHER ALWAYS ON THE LEFT PER PLAN OR REVERSE PLAN.

SHEET NO. A-7b	MODEL EMPRESS II	DRAWING TITLE PARTIAL FIRST FLOOR PLANS	REV. NO. 1	DATE 10/14	BY JES
			REV. NO. 2	DATE 10/14	BY JES
			REV. NO. 3	DATE 10/14	BY JES
			REV. NO. 4	DATE 10/14	BY JES
OPTIONAL DESCRIPTION ELEVATION "B" ELEVATION "C" ELEVATION "D"			OPTIONAL DESCRIPTION ELEVATION "B" ELEVATION "C" ELEVATION "D"		
24			24		



FOR THE OWNER'S INFORMATION, THE CONTRACTOR SHALL VERIFY THE EXISTING CONDITIONS AND MAKE ANY NECESSARY CHANGES TO THE PLAN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.



4 PARTIAL ROOF FRAMING PLAN
SCALE: 1/4" = 1'-0"
OPT. MORNING ROOM "MAA"
WITH OR WITHOUT COVERED PORCH "EP"

TRUSS SCHEDULE

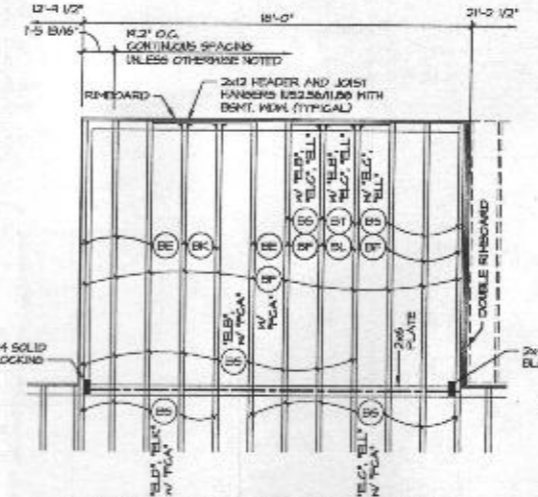
TRUSS NO.	01354	18'-0"	4.5/12	COI1
TRUSS NO.	01355	18'-0"	4.5/12	COI1
TRUSS NO.	01356	11'-6"	2.5/12	NOI2
TRUSS NO.	01357	11'-10 1/2"	2.5/12	NOI2

ROOF VENTILATION (A300)

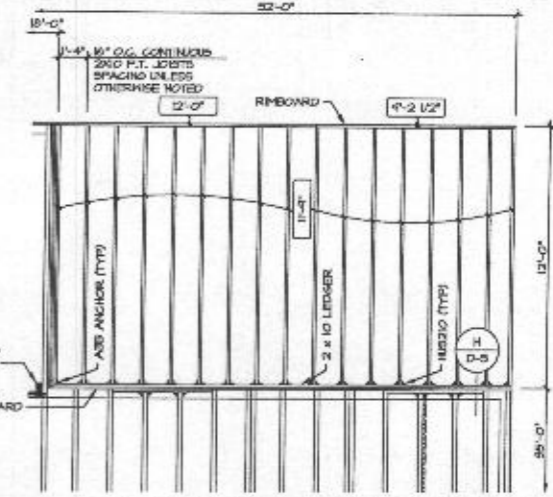
TOTAL PLAN AREA	34,325 SQ.FT.
TOTAL VENTILATION REQ'D.	144 SQ.FT.
ACTUAL VENTILATION	54 SQ.FT.
ROOF VENT - HIGH	277 SQ.FT.
ROOF VENT - LOW	50 SQ.FT.
ACTUAL VENTILATION TOTAL	241 SQ.FT.

ROOF VENTILATION (A300)

TOTAL PLAN AREA	12,096 SQ.FT.
TOTAL VENTILATION REQ'D.	240 SQ.FT.
ACTUAL VENTILATION	108 SQ.FT.
ROOF VENT - HIGH	920 SQ.FT.
ROOF VENT - LOW	50 SQ.FT.
ACTUAL VENTILATION TOTAL	428 SQ.FT.

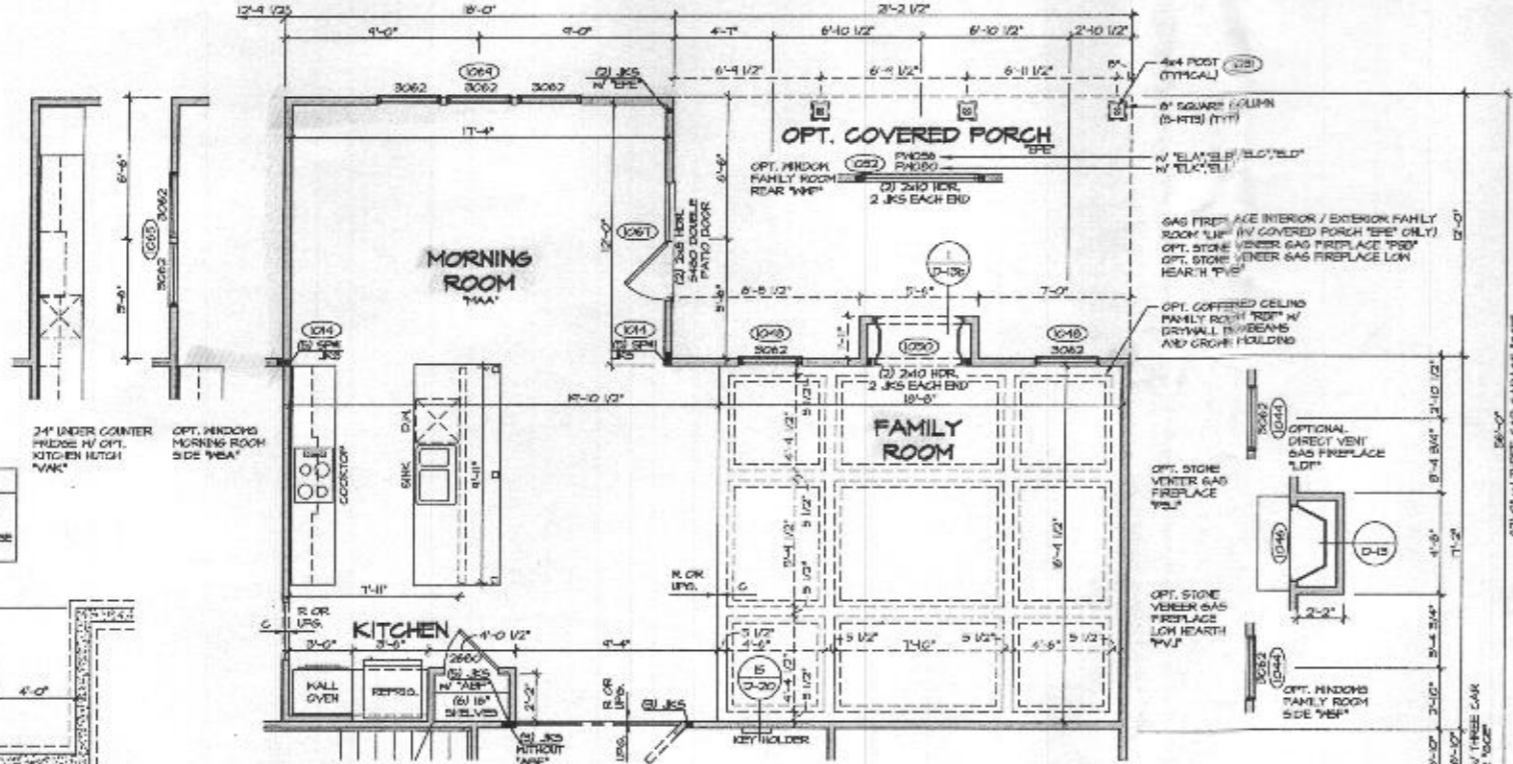


5 PARTIAL FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"
OPT. MORNING ROOM "MAA"



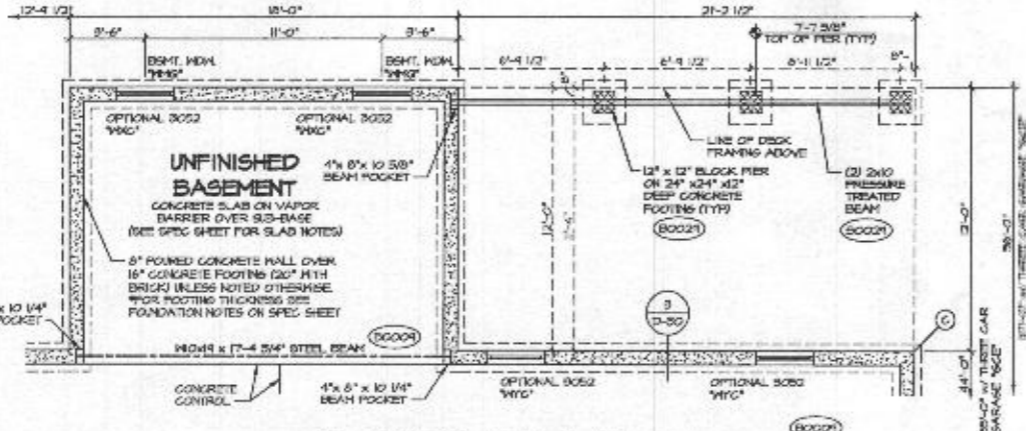
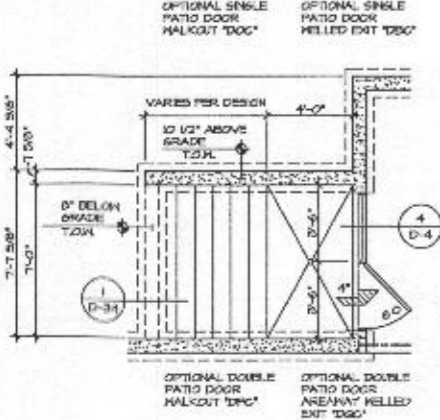
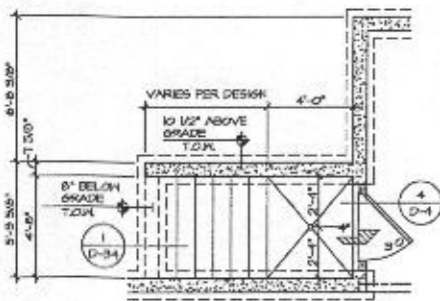
6 PARTIAL FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"
OPT. MORNING ROOM "MAA"
IN COVERED PORCH "EP"

- NOTES:**
1. ALL HEADERS ARE (2) 2x4, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.
 3. ALL INTERIOR WALLS ARE 3 1/2" UNLESS OTHERWISE NOTED.
 4. ALL CAVED OVERINGS AT 8'-0", MAX UNLESS OTHERWISE NOTED.
 5. HANGER ALWAYS ON THE LEFT PER PLAN OR REVERSE PLAN.

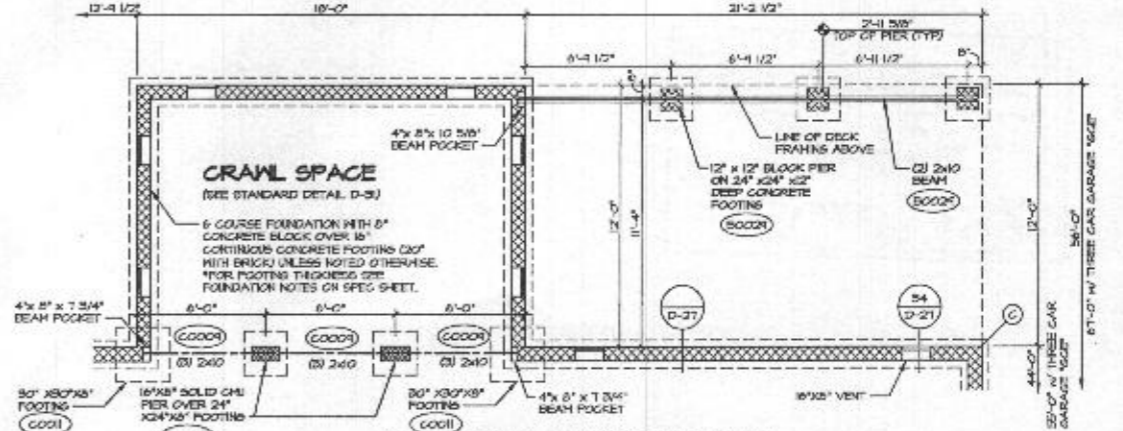


1 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPT. MORNING ROOM "MAA"
OPT. COVERED PORCH "EP"

STEEL COLUMNS
NOTE: GAUGE OF COLUMN IDENTIFIED ON PLAN ARE PER STRUCTURAL ENGINEERING CALCULATIONS (OPT. "SEA"). IN LIEU OF IDENTIFIED GAUGE COLUMN, USE 3/8" SCHEDULE 40 COLUMN (OPT. "SEA").



2 PARTIAL FOUNDATION PLAN
SCALE: 1/4" = 1'-0"
FULL BASEMENT "FBA"
OPT. MORNING ROOM "MAA"
OPT. COVERED PORCH "EP"



3 PARTIAL FOUNDATION PLAN
SCALE: 1/4" = 1'-0"
CRAWL FOUNDATION "FCA"
OPT. MORNING ROOM "MAA"
OPT. COVERED PORCH "EP"

- NOTES:**
1. 11 7/8" PFI 60 A.P.A. APPROVED L-LIST UNLESS OTHERWISE NOTED.
 2. REFER TO STANDARD DETAIL FPD-5 FOR HOLE CUTTING GUIDELINES.
 3. DO NOT CUT HOLES IN L-LIST WITHIN 48" OF HEADERS.
 4. DO NOT CUT, NOTCH, OR DRILL INTO THE L-LIST FLANGES.
 5. GABLE END JOISTS TO HAVE SHIPPED LOOSE 1/8" OSB APPLIED TO EXTERIOR.

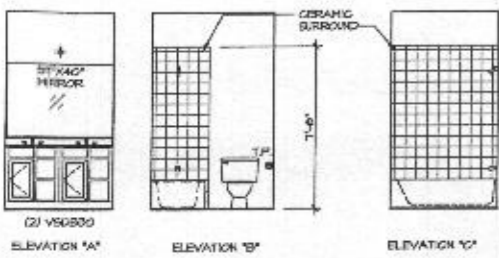
11 7/8" PFI 60 JOIST SCHEDULE

JOIST NO.	01358	28'-1 3/4"	01359	22'-5 3/4"
JOIST NO.	01360	16'-4 3/4"	01361	24'-5 3/4"
JOIST NO.	01362	15'-0 3/4"	01363	48'-1 3/4"
JOIST NO.	01364	25'-5 1/4"	01365	48'-5 1/4"
JOIST NO.	01366	46'-5 1/4"		

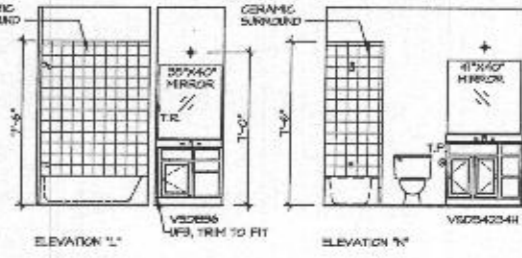
REV. NO.	DATE	REVISIONS
1	11/14/15	ISSUE FOR PERMIT
2		
3		
4		
5		
6		
7		



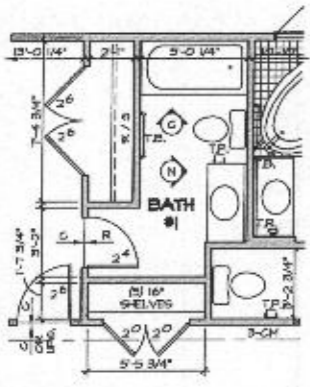
PROJECT NO.	11200
VERSION	01
DATE	11/14/15
PROJECT DESCRIPTION	PARTIAL FIRST FLOOR PLANS
OPTIONAL MORNING ROOM	OPTIONAL MORNING ROOM
OPTIONAL COVERED PORCH	OPTIONAL COVERED PORCH
SHEET NO.	A-7C
TOTAL SHEETS	26



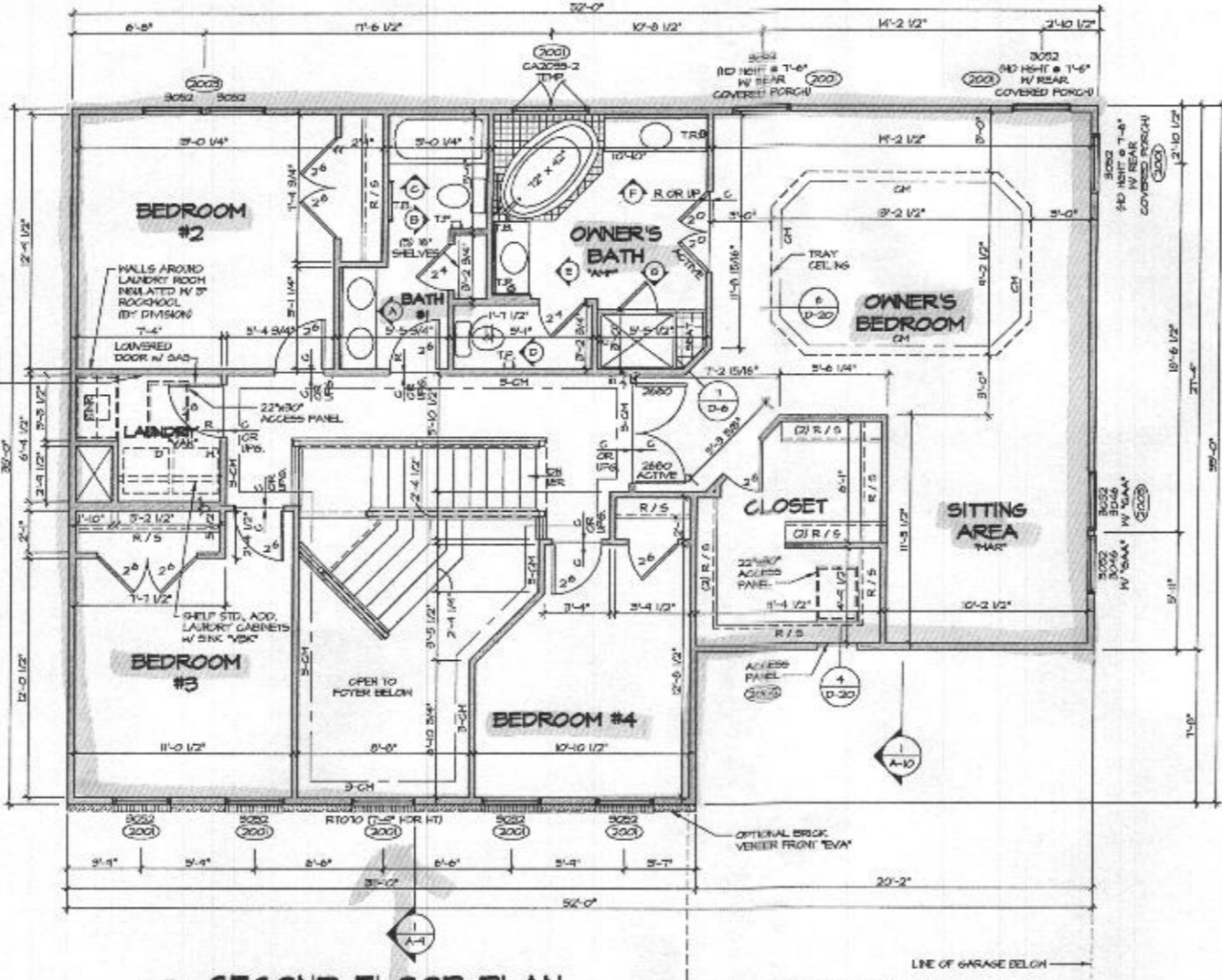
1 BATH ELEVATIONS
SCALE: 1/4" = 1'-0"



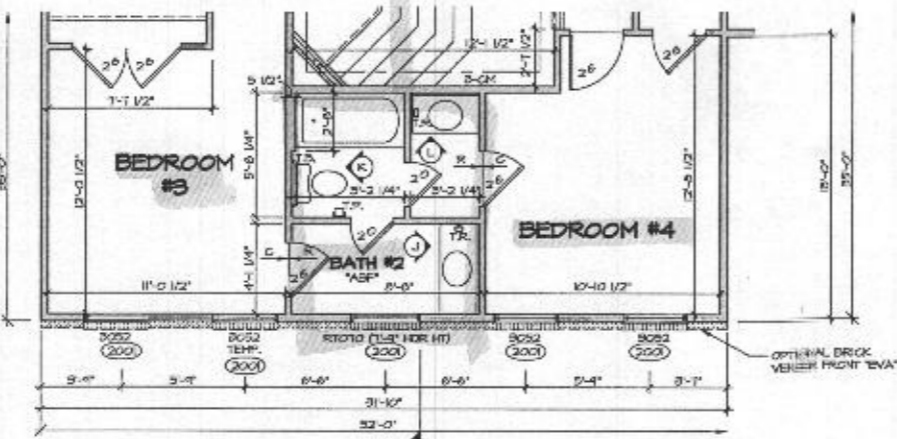
3 PARTIAL SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



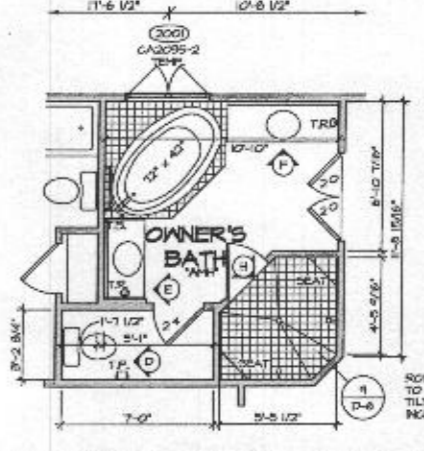
2 PARTIAL SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
BATH #1 LAYOUT W/ OPT. BATH #2 ALTERNATE DESIGN 'A#1'



1 SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPT. SITTING AREA 'A#1'



2 PARTIAL SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
BATHROOM #2 ALTERNATE DESIGN 'A#2'



4 PARTIAL SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"
OWNER'S BATHROOM TYPE H 'A#1'

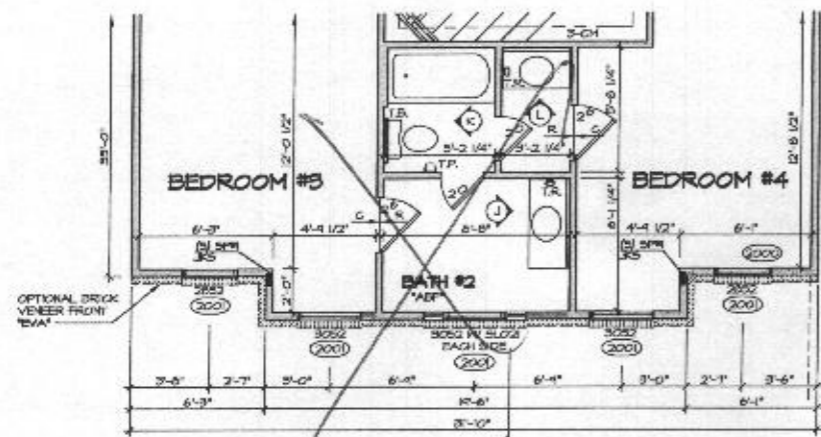
4 Bedrooms

OK RB 5/25/2014

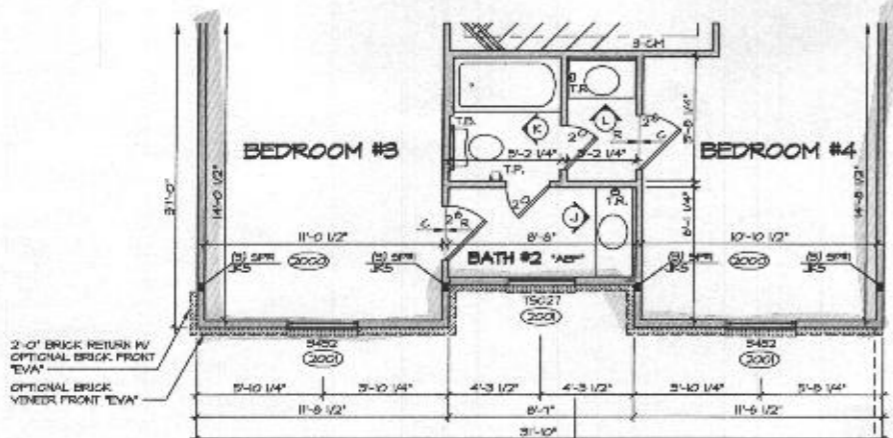
- NOTES:**
1. ALL READERS ARE TO USE, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.
 3. ALL INTERIOR WALLS ARE 5/8" UNLESS OTHERWISE NOTED.
 4. HATCHED AREAS INDICATE DROPPED CEILING.
 5. ALL CASED OPENINGS AT 7'-0", UNLESS OTHERWISE NOTED.
 6. WASHER ALWAYS ON THE LEFT FOR PLAN OR REVERSE PLAN (WHERE APPLICABLE).

<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>	<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>
<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>	<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>
<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>	<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>
<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>	<p>DATE: 11/19/15 DRAWN BY: JES PROJECT: SECOND FLOOR PLAN OPTIONAL SITTING AREA</p>

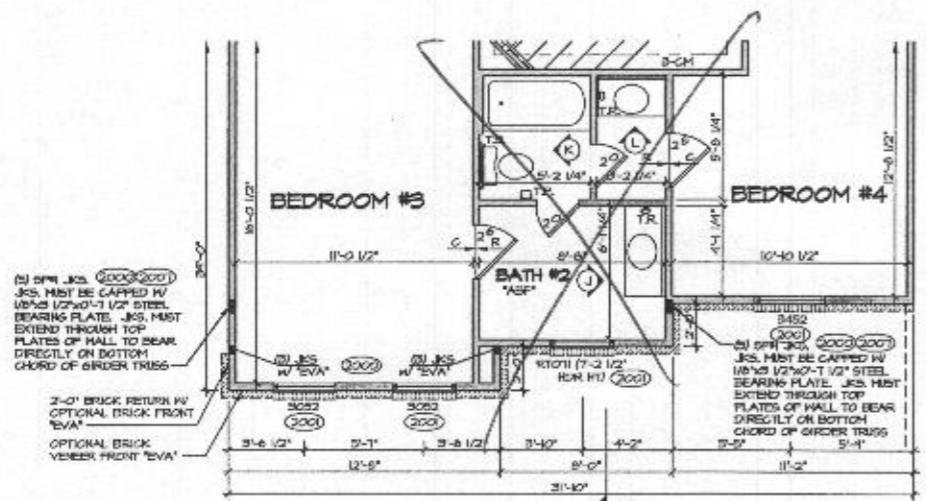




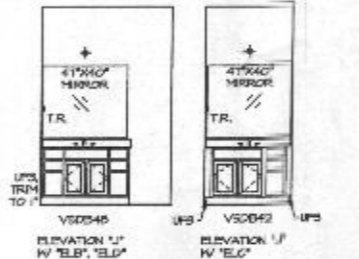
2 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELB'
OPTIONAL BATH #2 ALTERNATE DESIGN 'ABP'



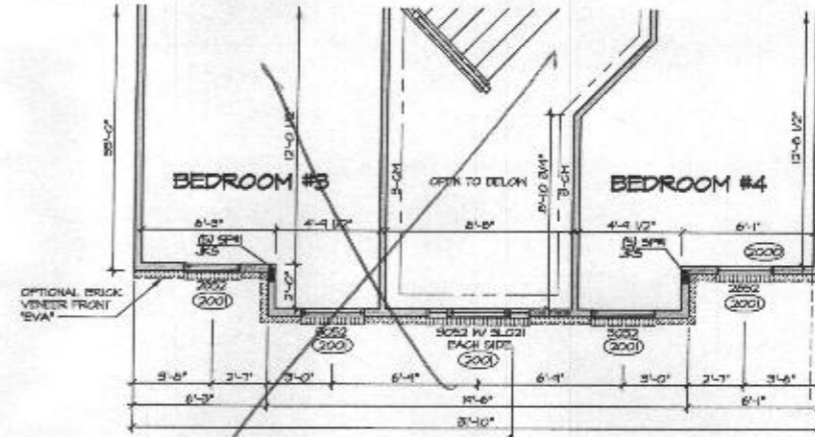
4 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELC'
OPTIONAL BATH #2 ALTERNATE DESIGN 'ABP'



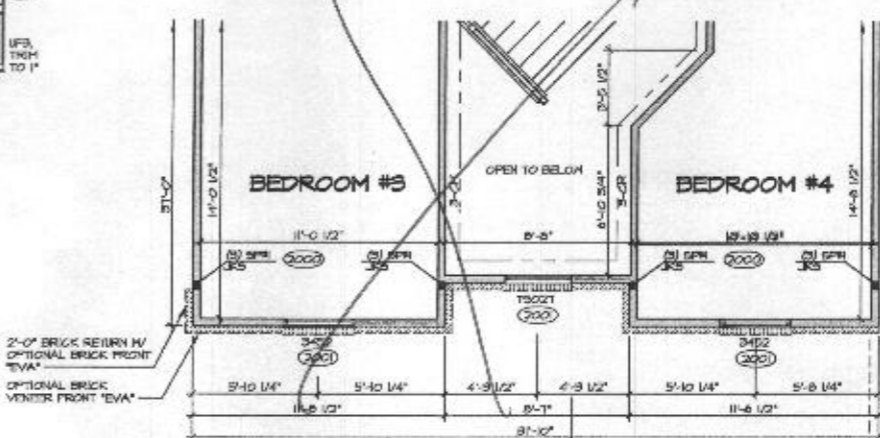
6 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELD'
OPTIONAL BATH #2 ALTERNATE DESIGN 'ABP'



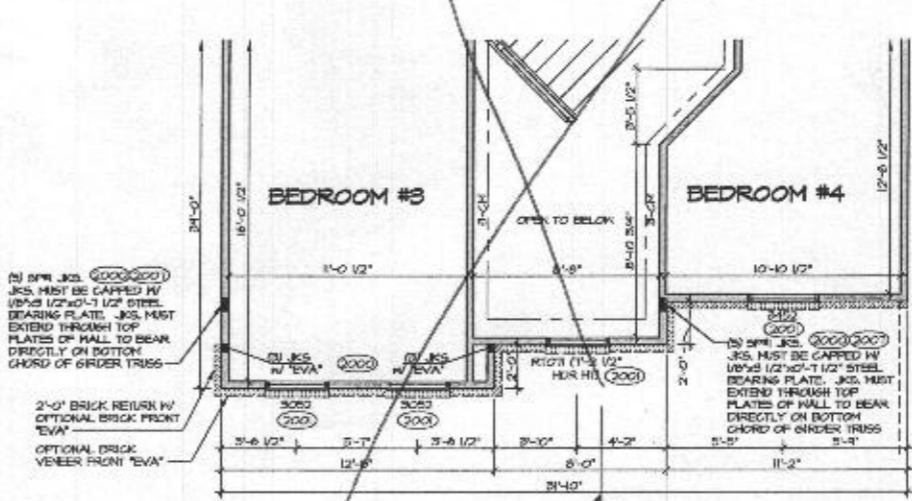
1 BATH #2 ELEVATIONS
SCALE: 1/4" = 1'-0"
OPTIONAL BATH #2 'ABP'



3 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELB'



5 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELC'



7 SECOND FLOOR PLAN PARTIAL
SCALE: 1/4" = 1'-0"
ELEVATION 'D' 'ELD'

- NOTES:**
1. ALL BEACONS ARE @ 2x6, UNLESS OTHERWISE NOTED.
 2. ALL EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.
 3. ALL INTERIOR WALLS ARE 3 1/2" UNLESS OTHERWISE NOTED.
 4. HATCHED AREAS INDICATE EXISTING CEILING.
 5. ALL GATED OPENINGS AT 1'-11", UNLESS OTHERWISE NOTED.
 6. HATCHER ALWAYS ON THE LEFT PER PLAN OR REVERSE PLAN (WHERE APPLICABLE).

<p>DATE: 11/14/13 DRAWN BY: JES CHECKED BY: JES DATE: 11/14/13</p>		<p>REV. NO. 3 DESCRIPTION: REVISED BATH ELEVATIONS</p>
<p>SET NO. 11200 VERSION 01 MODEL: EMPRESS II DRAWING TITLE: PARTIAL SECOND FLOOR PLANS</p>		
<p>SHEET NO. A-8b</p>	<p>OPTION: RECEPTION ELEVATION 'B' 'ELB' ELEVATION 'C' 'ELC' ELEVATION 'D' 'ELD'</p>	<p>30</p>

