



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: 3-5-14

Permit No.: B14000626

Building Address: 3890 RT97
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family
 Proposed Use: Single Family
 Estimated Construction Cost: \$ 150,000
 Description of Work: Renovate 1st and 2nd story
Construct new master closet Demo And
Rebuild EXISTING Bathroom Demo Porch Rebuild
For closet and 1st floor living space
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Raphael Della Ratta
 Address: 3890 RT 97
 City: Glenwood State: MD Zip Code: 21738
 Phone: 301-509-1019 Fax: _____
 Email: JRPR70@ME.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Kevin Becraft
 Address: 12120 Carroll Mill Rd
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 443-370-2588 Fax: _____
 Email: KCBcraft@comcast.net

Contractor Company: KCBcraft Construction
 Contact Person: Kevin Becraft
 Address: 12120 Carroll Mill Rd
 City: Ellicott City State: MD Zip Code: 21042
 License No.: 91808
 Phone: 443-370-2588 Fax: _____
 Email: KCBcraft@comcast.net

Engineer/Architect Company: Ronald Johnston and Associates
 Responsible Design Prof.: _____
 Address: 11407 Barley Field Way
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 410-442-3667 Fax: _____
 Email: RON@RJArchitect.COM

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: <u>48</u>	<u>36</u>
	2 nd floor: <u>48</u>	<u>36</u>
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input checked="" type="checkbox"/> Crawl Space	
	<input checked="" type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>	
<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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input 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: Kevin Becraft
 Email Address: KCBcraft@comcast.net
 Title/Company: Owner KCBcraft Construction

Print Name: Kevin Becraft
 Date: 3/5/14

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>7-30-14 [Signature]</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>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>549</u>

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



Office of the Health Officer
8390 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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., Acting Health Officer

Date: April 4, 2014

TO: KC Becraft Construction
C/O Kevin Becraft
Via-e-mail: KCBECRAFT @ COMCAST.NET

RE: **Building Permit # B14000626**
3890 Route 97
Glenwood, Maryland 21738

Mr. Becraft,

Our department cannot verify percolation testing has been completed on your property and if a septic easement has been established. Soil profiles and an approved percolation certification plan are not in our records and will be required to approve your building permit. Percolation testing will be required to obtain soil profiles and information for your percolation certification plan. In order to support the addition you are proposing; your septic system will have to be upgraded and you must submit a percolation certification plan.

The Howard County Code (sec.3.0808) requires a Percolation Certification Plan for an increase in living space of 250sq.ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan and percolation testing can be found on our web site: www.hchealth.org. Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have completed percolation testing and submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.

As of January 1, 2013, all **new construction** is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a **BAT** site plan must be submitted along with your building application and building plan. You will be required to use the "**Best Available Technology**".

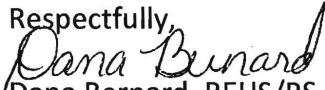
Your property falls under the category of **new construction** which includes the construction of an On Site Disposal System for a new home or non-residential building. New construction also includes any alteration to an existing home that requires a building permit review by the Howard County Health Department. The Howard County Health Department will determine if the existing On Site Disposal System is not

adequate and needs to be upgraded. The review of the existing OSDS includes the following:

- 1. Tank adequately sized and of water tight construction;**
- 2. Absorption system is adequately sized; and**
- 3. System is properly designed and not a public health concern.**

Your building permit will be placed "on hold" until all Howard County Health Department 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, REHS/RS

Environmental Specialist II

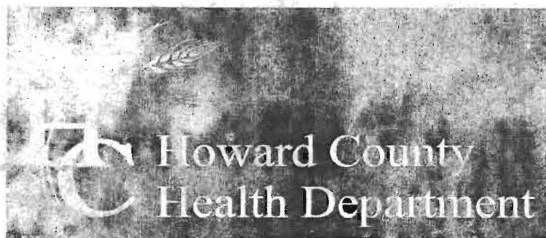
Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



Office of the Health Officer
8990 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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., Acting Health Officer

Date: March 24, 2014

TO: KC Becraft Construction
C/O Kevin Becraft
Via-e-mail: KCBECRAFT @ COMCAST.NET

RE: **Building Permit # B14000626**
3890 Route 97
Glenwood, Maryland 21738

Mr. Becraft,

Further review is contingent upon submission of a revised building plan showing the following:

- Floor plans for the existing house must be submitted.
- Floor plans for the proposed addition must be submitted.

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,

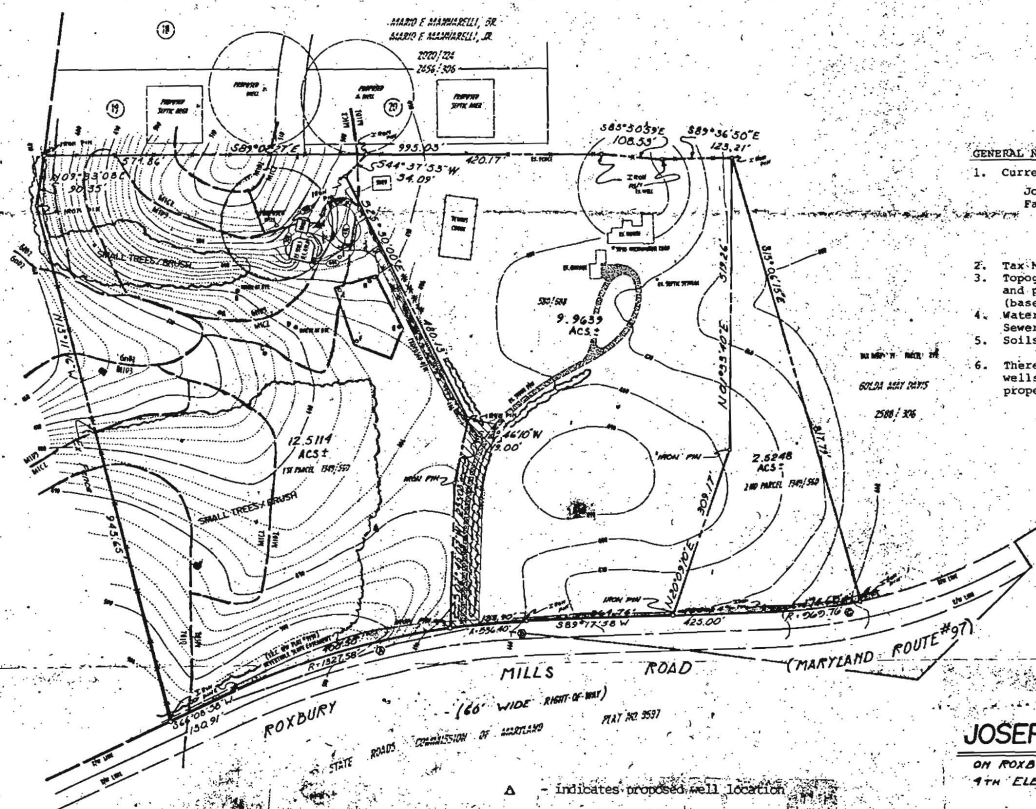
Dana Bernard
Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



VINEYARDS AT CATTAIL CREEK

MAP NO. 21 PARCEL 2
 ALVARO F. MARRASCELLI, SR.
 ALVARO F. MARRASCELLI, JR.
 2020/724
 2534/306



- GENERAL NOTES**
1. Current Title Reference:
 Joseph M. Della Ratta Liber 580/588 9.5639 acs.
 Faye C. Della Ratta Liber 1349/560 12.5114 acs.
 1-st Parcel Liber 1349/560 2.5248 acs.
 2-nd Parcel Liber 1349/560 2.5248 acs.
 TOTAL 25.0001 acs.
 2. Tax Map: 21 Block: 8.14 Parcel: 132
 3. Topography shown hereon is field run, dated July, 1996, and prepared by Leon A. Podolak and Associates.
 4. (based on Howard County datum.)
 5. Water: PRIVATE
 Sewer: PRIVATE
 6. Soils Classification Map No.: 12.13
 Howard County Soil Survey (July, 1968).
 7. There are no additional existing or proposed private wells or septic systems located within 100' of the property other than those shown hereon.

The property shown herein is subject to the historic ownership width and lot area as required by the Maryland State Department of the Environment.

This area designates a private sewage treatment system. Improvements of any nature in this area are restricted until public sewer is available. These assessments shall become null and void upon connection to a public sewer system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Reinstallation of a modified sewage assessment plan shall not be necessary.

The percolation tests shown are field-located and are at the locations shown herein.

MAP NO. 21 PARCEL 19
 CATHERINE B. REILLY, TRUSTEE
 3616/721

CURVE DATA

NO	DELTA	RADIUS	ARC	TANGENT	CHORD	BEARING
A	17°11'06"	1327.50	400.50	201.78	398.29	S11°03'00"W
B	25°51'35"	1327.50	133.90	68.0'	133.84	S86°42'00"W
C	10°19'14"	269.76	174.68	87.38	174.44	S89°08'28"W

PERCOLATION TEST RESULTS From October, 16, 1996

Test	Depth	Time	Result
A	4'	15 min.	not tested - too low
B	4'	15 min.	failed - seepage at 6.5 ft. (BT test)
C	4'	15 min.	not tested - too low
D	7 ft.	15 min.	failed - seepage at 6.5 ft. (BT test)
E	4 ft.	15 min.	passed (BT test)
F	4 ft.	15 min.	passed (BT test)
G	4 ft.	15 min.	passed (BT test)
H	4 ft.	15 min.	passed (BT test)
I	4 ft.	15 min.	passed (BT test)
J	4 ft.	15 min.	passed (BT test)
K	4 ft.	15 min.	passed (BT test)
L	4 ft.	15 min.	passed (BT test)
M	4 ft.	15 min.	passed (BT test)
N	4 ft.	15 min.	passed (BT test)
O	4 ft.	15 min.	passed (BT test)
P	4 ft.	15 min.	passed (BT test)
Q	4 ft.	15 min.	passed (BT test)
R	4 ft.	15 min.	passed (BT test)
S	4 ft.	15 min.	passed (BT test)
T	4 ft.	15 min.	passed (BT test)
U	4 ft.	15 min.	passed (BT test)
V	4 ft.	15 min.	passed (BT test)
W	4 ft.	15 min.	passed (BT test)
X	4 ft.	15 min.	passed (BT test)
Y	4 ft.	15 min.	passed (BT test)
Z	4 ft.	15 min.	passed (BT test)

- △ indicates proposed well location
- indicates passed percolation test
- indicates failed percolation test
- ⊙ indicates percolation test (not tested)
- ▨ indicates proposed 50' wide private Right-of-Way for access to the 1-st Parcel of Liber 1349/560

**PRELIMINARY PLAN OF
 JOSEPH M. DELLA RATTA PROPERTY**
 ON ROXBURY MILLS ROAD IN GLENWOOD
 4TH ELECTION DISTRICT IN HOWARD COUNTY, MARYLAND

FOR
JOSEPH M. DELLA RATTA
 1570 LAMBERTON DRIVE
 SILVER SPRING, MARYLAND 20910
 (410) 792-7556

APPROVED: For Private Water and Private Sewer System - Howard County Health Department
 [Signature] 1-15-96
 COUNTY HEALTH OFFICER

LEON A. PODOLAK AND ASSOCIATES

SURVEYING AND CIVIL ENGINEERING
 43 BAY VIEW PL. WASHINGTON, MD 20717 640-7277
 810 10th St. #100
 792-1700

DATE: 8/27/96
 SCALE: 1"=40'

Drawn by: No. 3304

PELLA RATTA



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.: B11000987

Building Address: 3890 RT 97
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Rachael Della Ratta
 Address: 3890 RT 97
 City: Glenwood State: MD Zip Code: 21738
 Phone: 301-509-7918 Fax: _____
 Email: JRDR70@me.com

Existing Use: Detached Garage
 Proposed Use: Detached Garage
 Estimated Construction Cost: \$ 80,000
 Description of Work: Remove 24'x20' Detached Garage Construct a new 26'x45' Detached Garage
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Kevin Becraft
 Address: 1220 Carroll Mill Rd
 City: Gillett City State: MD Zip Code: 21042
 Phone: 443-310-3588 Fax: _____
 Email: KBcraft@comcast.net

Contractor Company: McBcraft Construction
 Contact Person: Kevin Becraft
 Address: 1220 Carroll Mill Rd
 City: Gillett City State: MD Zip Code: 21042
 License No.: 91808
 Phone: 443-370-2588 Fax: _____
 Email: KBcraft@comcast.net

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:	
	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	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:	

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: Kevin Becraft
 Email Address: KBcraft@comcast.net
 Owner: _____
 Title/Company: _____

Print Name: Kevin Becraft
 Date: 4/3/14

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		

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	\$ <u>25</u>
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Add'l per Fee	\$
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PSFS	\$
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Date Received: 12/2/14

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City: Glenwood State: MD Zip Code: 21738
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Garage
Proposed Use: Garage
Estimated Construction Cost: \$ 113,000
Description of Work: Demo and Remove old Detached Garage 540 SqFT Build new Detached 1200 SqFT 3 bay Garage

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

Property Owner's Name: Raphael Della Ratta
Address: 3890 RT 97
City: Glenwood State: MD Zip Code: 21738
Phone: 301-509-1015 Fax: _____
Email: rdellaratta@drincmc.com

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

Contractor Company: KCBecraft Construction
Contact Person: Kevin Becraft
Address: 12126 Carroll Mill Rd
City: Ellicott City State: MD Zip Code: 21062
License No.: 91808
Phone: 443-370-2584 Fax: _____
Email: kcbecraft@comcast.net

Engineer/Architect Company: Ronald Johnston and Associates
Responsible Design Prof.: Ron Johnston
Address: 11407 Barley Field Way
City: Marriottsville State: MD Zip Code: 21104
Phone: 410-442-3667 Fax: _____
Email: ron@rjarchitect.com

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:	
	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 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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: NA	
Sprinkler System:	
<input 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 HIS/HER PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Kevin Becraft
Email Address: kcbecraft@comcast.net
Title/Company: President

Print Name: Kevin Becraft
Date: 12/2/14

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	12-18-14	Kevin Becraft

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 554

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

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

NOTES

1.0 GENERAL

1.01 CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE LOCAL AND STATE CODES, ORDINANCES, REGULATIONS AND AMENDMENTS AND ALL OTHER AUTHORITIES HAVING JURISDICTION. CONSTRUCTION SHALL COMPLY WITH INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY.

1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS OR SPECIFICATIONS AND THE STRUCTURAL DRAWINGS, THE STRUCTURAL DRAWINGS SHALL TAKE PRECEDENCE.

1.03 DESIGN LOADS:

TYPE	LIVE LOAD (PSF)	DEAD LOAD (PSF)
ROOF	30	20
SLEEPING ROOMS	30	15
OTHER LIVING AREAS	40	15
GARAGE FLOORS	50	50
DECKS	40	10
EXTERIOR BALCONIES	60	15

2.01 SITE WORK IS NOT ADDRESSED IN THESE DOCUMENTS. 2000 PSF SOIL BEARING CAPACITY ASSUMED.

3.0 CONCRETE/FOUNDATIONS

3.01 ALL REINFORCED CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE AMERICAN CONCRETE INSTITUTE ACI 318, CURRENT EDITION. ALL PLAIN CONCRETE SHALL CONFORM TO ACI 318.1 AND ACI 332R GUIDE TO RESIDENTIAL CAST-IN-PLACE CONCRETE CONSTRUCTION.

3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH • 28 DAYS:

LOCATION OF CONCRETE	F _c (PSI)
BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER	2500
BASEMENT SLABS AND INTERIOR SLABS ON GRADE	2500
BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER	3000
DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS EXPOSED TO WEATHER	3500

3.03 THICKNESS AND REINFORCING OF CONCRETE FOUNDATION WALLS SHALL CONFORM TO THE INTERNATIONAL RESIDENTIAL CODE, CURRENT EDITION, TABLE R404.1.2 (1-4), OR WITH SEALED STRUCTURAL DRAWINGS SPECIFIC TO THE SITE SOIL AND GRADE CONDITIONS.

4.0 MASONRY

4.01 ALL MASONRY WORK SHALL CONFORM TO THE APPLICABLE REQUIREMENTS OF THE BIA AND NCM "SPECIFICATION FOR CONCRETE MASONRY CONSTRUCTION."

4.02 BRICK VENEER WALLS SHALL HAVE NON-CORROSIVE METAL TIES AT MINIMUM 16" O.C. VERTICALLY AND HORIZONTALLY, AND WEAP HOLES AT 24" O.C. AT BASE FLASHING AND CAVITY INTERRUPTIONS.

5.0 METALS

5.01 FOUNDATION ANCHOR BOLTS SHALL BE PROVIDED AT MAXIMUM 6'-0" O.C. AND 12" FROM THE END OF EACH PLATE SECTION WITH MINIMUM TWO (2) ANCHORS PER SECTION OF PLATE. ANCHOR STRAPS SPACED TO ACHIEVE EQUIVALENT CAPACITY MAY BE SUBSTITUTED FOR ANCHOR BOLTS.

5.02 ALL METAL ANCHORS, FASTENERS, HANGERS ETC. SHALL BE GALVANIZED. ALL STRUCTURAL STEEL WIDE-FLANGE BEAMS SHALL CONFORM TO ASTM A-992 WITH MINIMUM STRENGTH F_y = 50 KSI. ALL STRUCTURAL STEEL CHANNELS, ANGLES, RODS AND BAR STOCK SHALL CONFORM TO ASTM A-36 WITH MINIMUM STRENGTH F_y = 36 KSI.

5.03 ADJUSTABLE STEEL COLUMNS SHALL BE MINIMUM 11 GAUGE, ASTM A513 OR BETTER, AND SHALL MEET OR EXCEED AISA PUBLISHED ALLOWABLE LOAD CAPACITY. STEEL PIPE COLUMNS SHALL CONFORM TO ASTM A53 GRADE B WITH MINIMUM STRENGTH F_y = 35 KSI. COLUMNS SHALL HAVE A MINIMUM 8"X4"X1/4" BEARING PLATE. SCREW JACK SHALL BE ENCASED IN CONCRETE OR TACK WELDED AFTER INSTALLATION.

6.0 WOOD

6.01 BILL PLATES AND ALL WOOD IN CONTACT WITH MASONRY OR CONCRETE, AND ALL EXPOSED EXTERIOR LUMBER, SHALL BE PRESSURE TREATED TO MEET AUIP STANDARDS.

6.02 MOISTURE CONTENT OF ALL LUMBER SHALL NOT EXCEED 19%.

6.03 WOOD BEAMS, JOISTS, HEADERS AND RAFTERS SHALL BE MINIMUM 8-P-F 1/2" OR EQUAL UNLESS OTHERWISE NOTED.

6.04 LVL MEMBERS SHALL BE 1-3/4" WIDE, DEPTH PER PLANS, GANGED PER MANUFACTURER'S SPECIFICATIONS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2,600 PSI; F_v=750 PSI; F_t=1,900,000 PSI.

6.05 PSL MEMBERS SHALL BE SIZED PER PLANS, WITH THE FOLLOWING MINIMUM PROPERTIES: F_b=2,900 PSI; F_v=750 PSI; F_t=2,900,000 PSI.

6.06 PREFABRICATED FLOOR JOISTS OR FLOOR TRUSSES SHALL BE DESIGNED TO CARRY ALL IMPOSED LIVE AND DEAD LOADS WITH THE LIVE LOAD DEFLECTION NOT TO EXCEED L/480. ALL LAMINATED BEAMS AND BUILT-UP JOISTS TO BE DESIGNED/VERIFIED BY MFR TYPICAL THROUGHOUT. THE MANUFACTURER SHALL PROVIDE ALL REQUIRED HANGERS, SHEAR PANELS, BLOCKING/BRACING AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.07 PRE-ENGINEERED TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH TPI RECOMMENDATIONS TO CARRY ALL IMPOSED LIVE AND DEAD LOADS. THE MANUFACTURER SHALL SUPPLY ALL REQUIRED HANGERS, HOLD-DOWN STRIPS, SHEAR PANELS AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.08 JOISTS SHALL BE DOUBLED UNDER PARALLEL WALLS THAT EXCEED ONE-THIRD THE JOIST LENGTH. JOISTS SHALL BE SPACED CLOSER UNDER BATH TUBS, CERAMIC OR MARBLE TILE, POTENTIAL WATER BODS AND SIMILAR ANTICIPATED LOADING CONDITIONS. JOISTS SHALL NOT BE CUT, NOTCHED OR DRILLED EXCEPT AS PERMITTED BY IRC 2012 R502.8 OR OTHER APPLICABLE CODE.

6.09 HEADERS OVER FRAMED OPENINGS IN BEARING WALLS SHALL BE MINIMUM 2-2X10 UNLESS OTHERWISE NOTED ON DRAWINGS, BUT SHALL IN NO EVENT BE LESS THAN SPECIFIED IN IRC 2012 TABLE R502.5 OR OTHER APPLICABLE CODE.

1.0 THERMAL AND MOISTURE PROTECTION

1.01 1/2" X 3-1/2" MIN COMPRESSIBLE BIL SEAL SHALL BE PROVIDED BENEATH ALL EXTERIOR BILL PLATES.

THE MECHANICAL CONTRACTOR SHALL BE RESPONSIBLE FOR SIZING HVAC UNITS IN FULL COMPLIANCE WITH IRC 2012 M1401.3. A COPY OF THE MANUAL J (OR APPROVED ALTERNATE METHOD) CALCULATIONS AND RESULTS SHALL BE MADE AVAILABLE ON SITE AT THE TIME OF INSPECTION FOR THE INSPECTOR'S REVIEW AND FILES.

THE BUILDER SHALL BE RESPONSIBLE AND LIABLE FOR FULL COMPLIANCE WITH ALL APPLICABLE BUILDING CODES, ORDINANCES, REGULATIONS AND AMENDMENTS, AND ALL OTHER AUTHORITIES HAVING JURISDICTION, WHETHER OR NOT SUCH CODES AND REQUIREMENTS ARE EXPLICITLY DOCUMENTED IN THESE DRAWINGS, INCLUDING BUT NOT LIMITED TO SECTION R602.10 OF THE INTERNATIONAL RESIDENTIAL CODE CURRENTLY IN EFFECT. CONSTRUCTION SHALL COMPLY WITH THE INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY. USE OF THESE DRAWINGS TO OBTAIN A BUILDING PERMIT OR TO CONSTRUCT THE HOUSE DOCUMENTED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THESE CONDITIONS BY THE BUILDER.

NOTE: WINDOWS MUST COMPLY W/ IRC 2012 SECTION R312.2 AS LOCALLY AMENDED

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.

2. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #3 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIATED BY THE CONTRACTOR.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.

4. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.

5. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.

6. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED. BOX IN EXPOSED STANDPIPE.

7. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.

8. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.

9. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.

NOTE: DRAWINGS BASED ON ORIGINAL CONSTRUCTION DRAWINGS DATED 11/22/2006. NO INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

H BR →
POSS. →
S BR →

IECC 2012 ENERGY CODE COMPLIANCE REQUIREMENTS

THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2012 INTERNATIONAL ENERGY CONSERVATION CODE:

COMPLIANCE CERTIFICATE	A PERMANENT CERTIFICATE APPROVED BY THE LOCAL JURISDICTION DESCRIBING THE R-VALUES, U-FACTORS, AND SHGC OF THE BUILDING COMPONENTS AND BUILDING AIR LEAKAGE TEST RESULTS SHALL BE AFFIXED TO THE ELECTRICAL DISTRIBUTION PANEL OR ANOTHER LOCATION APPROVED BY THE LOCAL JURISDICTION, PER IECC R401.3 (IRC N101.16).
MAXIMUM FENESTRATION U-FACTOR AND SHGC	THE MAXIMUM U-FACTOR ALLOWED USING EITHER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.1.4 (IRC N102.1.4) OR THE SIMULATED PERFORMANCE ALTERNATIVE PER IECC R403 (IRC N103) SHALL BE 0.48 FOR VERTICAL FENESTRATION AND 0.75 FOR SKYLIGHTS PER IECC R402.5 (IRC N102.5).
HVAC CONTROLS	EACH HEATING AND COOLING SYSTEM SHALL HAVE AT LEAST ONE THERMOSTAT PER IECC R403.1 (IRC N103.1). IF THE PRIMARY HEATING SYSTEM IS A FORCED AIR FURNACE, A PROGRAMMABLE THERMOSTAT SHALL BE PROVIDED PER IECC R403.1.1 (IRC N103.1.1).
HEAT PUMP SUPPLEMENTARY HEAT	HEAT PUMPS WITH SUPPLEMENTARY ELECTRIC RESISTANCE HEAT SHALL HAVE CONTROLS THAT, EXCEPT DURING DEFROST, PREVENT SUPPLEMENTAL HEAT FROM OPERATING WHEN THE HEAT PUMP COMPRESSOR CAN MEET THE HEATING LOAD PER IECC R403.1.2 (IRC N103.1.2).
DUCT SEALING	WHEN NEW FORCED AIR SYSTEMS ARE PROVIDED, ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IRC M601.4.1. DUCT TIGHTNESS SHALL BE VERIFIED BY EITHER A ROUGH-IN OR POSTCONSTRUCTION TEST PER IECC R403.2.2 (IRC N103.2.2) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED ENTIRELY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR FLENUMS	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR FLENUMS PER IECC R403.2.3 (IRC N103.2.3).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 105°F OR BELOW 55°F SHALL BE INSULATED TO R-3 MINIMUM PER IECC R403.3 (IRC N103.3). PIPING INSULATION EXPOSED TO WEATHER SHALL BE PROTECTED FROM DEGRADATION AND DECAY PER IECC R403.3.1 (IRC N103.3.1).
CIRCULATING HOT WATER SYSTEMS	CIRCULATING HOT WATER SYSTEMS SHALL BE PROVIDED WITH AN AUTOMATIC OR READILY ACCESSIBLE MANUAL SWITCH TO TURN OFF THE CIRCULATING PUMP WHEN THE SYSTEM IS NOT IN USE PER IECC R403.4.1 (IRC N103.4.1).
MECHANICAL VENTILATION	THE BUILDING SHALL BE PROVIDED WITH VENTILATION PER IRC M101 OR OTHER APPROVED MEANS OF VENTILATION PER IECC R403.5 (IRC N103.5). WHOLE-HOUSE VENTILATION FANS SHALL MEET EFFICIENCY STANDARDS PER IECC TABLE R403.5.1 (IRC TABLE N103.5.1).
EQUIPMENT SIZING	HEATING AND COOLING EQUIPMENT SHALL BE SIZED IN ACCORDANCE WITH ACCA MANUAL S BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL J OR OTHER APPROVED HEATING AND COOLING CALCULATION METHODOLOGIES PER IECC R403.6 (IRC N103.6).
SYSTEMS SERVING MULTIPLE DWELLING UNITS	SYSTEMS SERVING MULTIPLE DWELLING UNITS SHALL CONFORM TO IECC SECTIONS C403 AND C404.
SNOW MELT SYSTEMS CONTROLS	SNOW AND ICE MELT SYSTEMS SUPPLIED THROUGH ENERGY SERVICE TO THE BUILDING SHALL INCLUDE AUTOMATIC CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE PAVEMENT TEMPERATURE IS ABOVE 50°F AND NO PRECIPITATION IS FALLING, AND AUTOMATIC OR MANUAL CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE OUTDOOR TEMPERATURE IS ABOVE 40°F PER IECC R403.8 (IRC N103.8).
POOLS AND INGROUND PERMANENTLY INSTALLED SPAS	POOLS AND INGROUND SPA HEATERS SHALL HAVE AN ACCESSIBLE ON-OFF SWITCH MOUNTED ON THE OUTSIDE OF THE HEATER THAT ALLOWS SHUT-OFF WITHOUT AFFECTING THE THERMOSTAT SETTING PER IECC R403.9.1 (IRC N103.9.1); GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE TIME SWITCHES OR OTHER CONTROL METHODS TO AUTOMATICALLY TURN ON AND OFF PER A PRESET SCHEDULE PER IECC R403.9.2 (IRC N103.9.2). HEATED POOLS AND INGROUND SPAS SHALL BE PROVIDED WITH A VAPOR-RETARDANT COVER PER IECC R403.9.3 (IRC N103.9.3).
LIGHTING EQUIPMENT	A MINIMUM OF 15% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS OR A MINIMUM OF 15% OF THE PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL CONTAIN ONLY HIGH-EFFICACY LAMPS PER IECC R404.1 (IRC N104.1).
FUEL GAS LIGHTING EQUIPMENT	FUEL GAS SYSTEMS SHALL NOT HAVE CONTINUOUSLY BURNING PILOT LIGHT SYSTEMS PER IECC R404.1.1 (IRC N104.1.1).

THE BUILDING SHALL ALSO CONFORM TO ONE OF THE FOLLOWING OPTIONS:

1. PRESCRIPTIVE

THE BUILDING CONFORMS TO THE PRESCRIPTIVE REQUIREMENTS DETAILED IN THE CHART BELOW PER IECC R402.1.1 + R402.1.2 (IRC N102.1.1 + N102.1.2). EQUIVALENT U-FACTORS MAY BE SUBSTITUTED FOR REQUIRED R-VALUES PER IECC R402.1.3 (IRC N102.1.3). THE BUILDING SHALL ALSO CONFORM TO THE DETAILED REQUIREMENTS OF IECC R402.2 (IRC N102.2).

COMPONENT	REQUIRED VALUE
CEILING/ROOF	R-45 (COMPRESSED OVER WALL TOP PLATE AT EAVES) OR R-38 (UNCOMPRESSED OVER WALL TOP PLATE AT EAVES)
WALLS	R-20 CAVITY OR R-13 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-5 CAVITY
SLAB	R-10, 2" DEPTH
CRAWL SPACE, WALL or FLOOR	R-10 CONTINUOUS OR R-5 CAVITY
DUCTS OUTSIDE CONDITIONED SPACE	R-8 FOR SUPPLY DUCTS IN ATTICS R-6 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.4.2 (IRC N103.4.2)
FENESTRATION	U-FACTOR = 0.35 MAX; SHGC = 0.40 MAX
SKYLIGHTS	U-FACTOR = 0.55 MAX; SHGC = 0.40 MAX

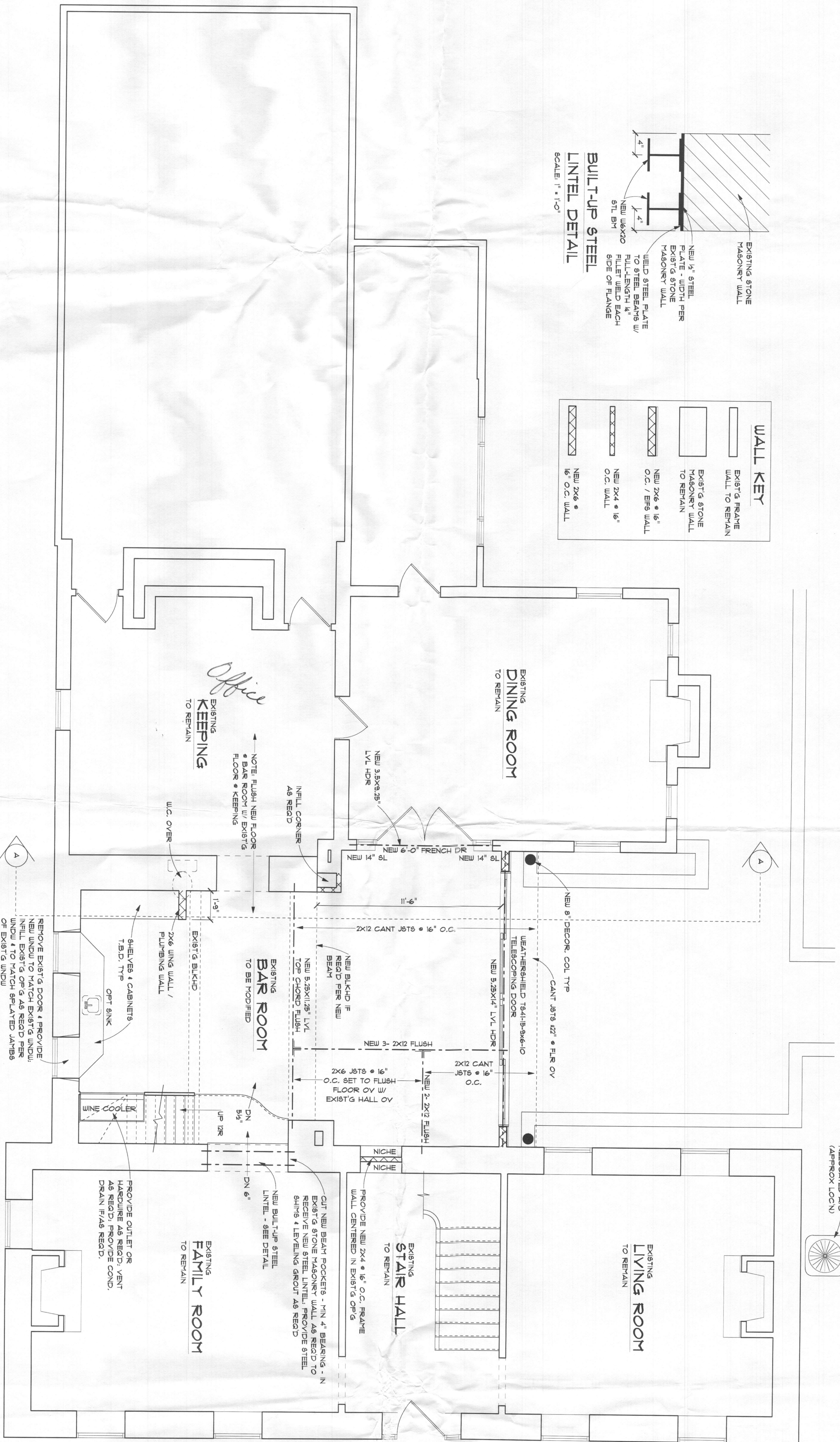
2. TOTAL UA ALTERNATIVE

THE BUILDING THERMAL ENVELOPE'S TOTAL UA, CALCULATED PER THE ASHRAE HANDBOOK OF FUNDAMENTALS, IS LESS THAN OR EQUAL TO THE TOTAL UA OF AN EQUIVALENT BUILDING BUILT TO THE PRESCRIPTIVE REQUIREMENTS LISTED ABOVE, PER IECC R402.1.4 (IRC N102.1.4). PRESCRIPTIVE SHGC REQUIREMENTS LISTED ABOVE SHALL BE MET.

3. SIMULATED PERFORMANCE ALTERNATIVE

A BUILDING ENERGY PERFORMANCE ANALYSIS IS PERFORMED PER IECC R403 (IRC N103) USING SOFTWARE APPROVED BY THE BUILDING OFFICIAL.

NO.	DATE	DESCRIPTION



PROPOSED FIRST FLOOR PLAN

THE DELLA RATTA RESIDENCE
 11407 BARLEY FIELD WAY
 MARRIOTTSTVILLE, MD 21104

PROPOSED ADDITIONS AND ALTERATIONS TO
THE DELLA RATTA RESIDENCE

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS

11407 BARLEY FIELD WAY
 MARRIOTTSTVILLE, MD 21104 • 410-442-3667

© 2014

SCALE: 1/4" = 1'-0"
 OR AS NOTED

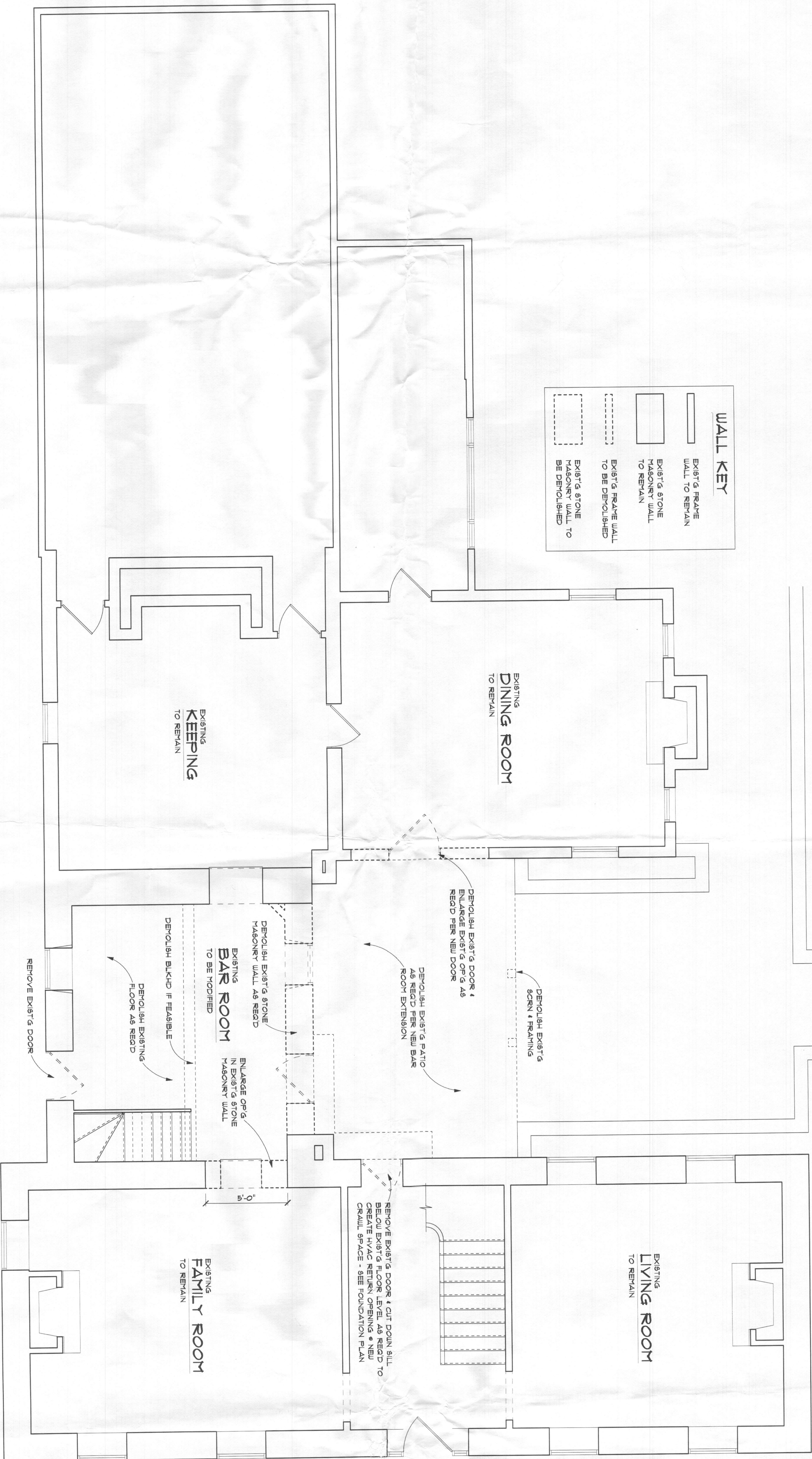
REVISIONS

DATE: 02-25-2014

SHEET NO.

A-2

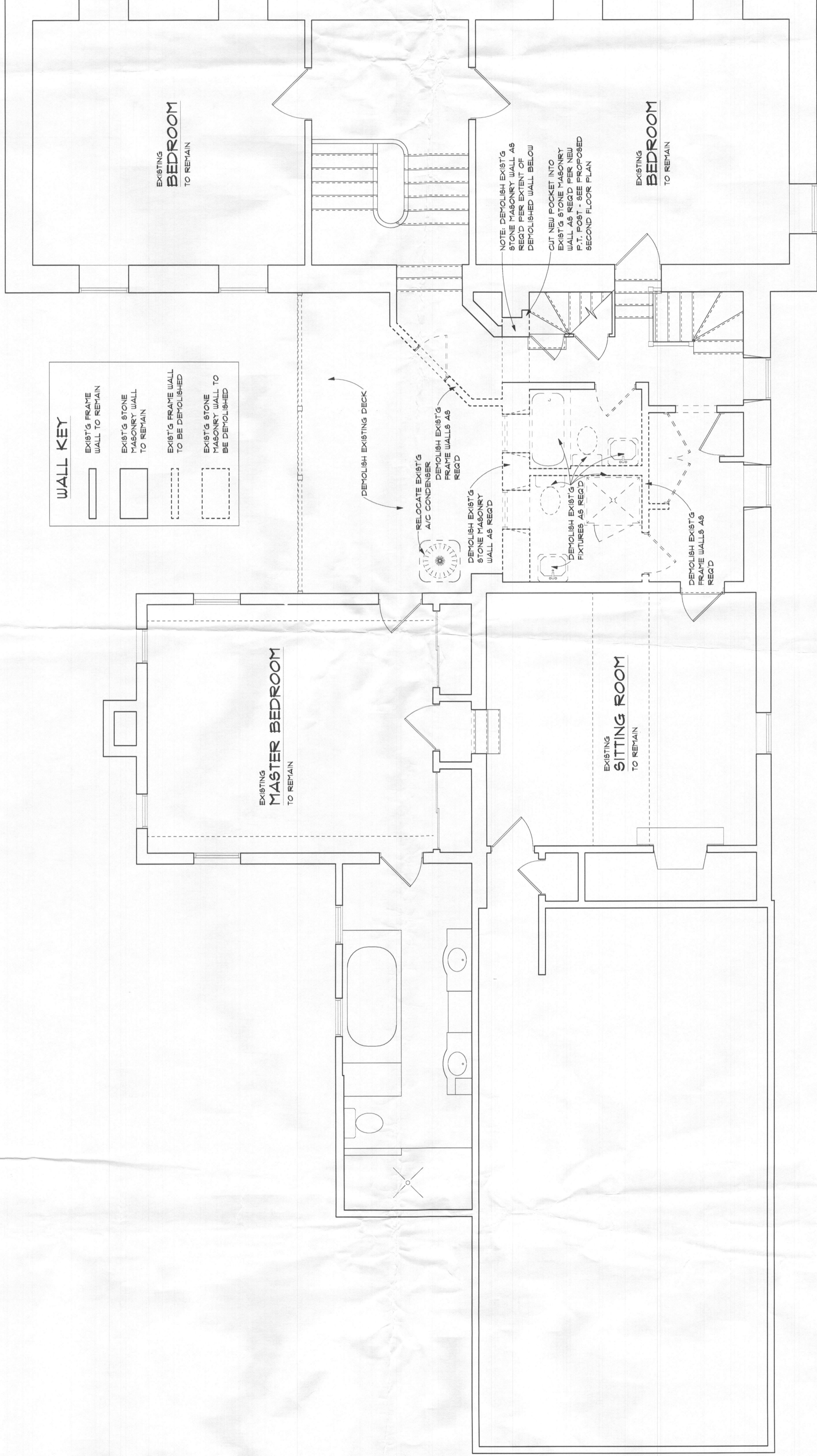
FIRST FLOOR DEMOLITION PLAN



WALL KEY

—	EXIST'G FRAME WALL TO REMAIN
—	EXIST'G STONE TO REMAIN WALL
- - -	EXIST'G FRAME WALL TO BE DEMOLISHED
- - -	EXIST'G STONE MASONRY WALL TO BE DEMOLISHED

RECORDED
 2014 FEB 25 10AM
 STATE DEPARTMENT OF GENERAL SERVICES
 ARCHITECTURAL RECORDS DIVISION



SECOND FLOOR DEMOLITION PLAN

