



Propane App

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: _____

G14000305

Permit No.: B18002692

Heating

Building Address: 12349 Point Ridge Drive
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: Highland Reserve aka Regan Property
 Lot: 6 Tax Map: 34 Parcel: 200

Existing Use: Vacant
 Proposed Use: Install Propane Tank
 Estimated Construction Cost: \$ 3500.00

Description of Work: Install 1000 Gallon Propane Tank; In-Ground
1 Tank only 1000 WG

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

Property Owner's Name: MB Highland Reserve
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Marc Quint - MB Highland Reserve LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Contractor Company: National Propane Buyers Co-op
 Contact Person: David Jaray
 Address: 22318 Clarksburg Rd.
 City: Boyd's State: MD Zip Code: 20841
 License No.: 67631
 Phone: 301-515-0098 Fax: _____
 Email: NPBC@NPBCgas.net

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

Vicky Meyer

MD BIG PERMITS @ COMCAST.NET

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: 58'	76'
Area of construction (sq. ft.):	2 nd floor: 58'	76'
Use group:	Basement: 58'	76'
<u>Construction type:</u>	<input checked="" type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: 5	
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>	
	No. of efficiency units:	
	No. of 1 BR units:	
	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:	
<u>Roadside Tree Project Permit #</u>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input 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:	G14000305
Building Shell Permit Number:	

RECEIVED
JUL 25 2018
LICENSES & PERMITS DIVISION

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 THERE TO; (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.

V. Meyer
 Applicant's Signature
MD BIG PERMITS @ COMCAST.NET
 Email Address
AGENT
 Title/Company

Vicky Meyer
 Print Name
7/25/18
 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	<u>8/10/18</u>	<u>[Signature]</u>

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	\$ 110
Permit Fee	-\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 002845

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



HEALTH

G14000305

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: 6/14/18

Permit No.: B18002130

Building Address: 12349 Point Ridge Drive
City: Highland State: MD Zip Code: 20777
Suite/Apt. # _____ SDP/WP/BA #: F-13-112
Subdivision: Highland Reserve aka Regan Property 6P15-008
Lot: 6 Tax Map: 34 Parcel: 200

Existing Use: Vacant
Proposed Use: Single Family Dwelling
Estimated Construction Cost: \$ 400,000

Description of Work: Hawthorne - Elev. D - ; 10R; 5BR; 4FB; 1HB; fireplace
3 car side entry garage; Rear Covered Porch
2' front ext. - 4' Family Room Ext.- Areaway W/ Fwd Bsmt
(No In-Law Suite In this home) (AddS BDRM #5)

Seeking Silver Level Certification of the NGBS-3rd party verification by Pando Alliance

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

Property Owner's Name: MB Highland Reserve
Address: 1686 E. Gude Drive
City: Rockville State: MD Zip Code: 20850
Phone: 301-762-9511 Fax: 301-610-9564
Email: MQuint@mitchellbest.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Marc Quint - MB Highland Reserve LLC
Address: 1686 E. Gude Drive 1602 Pinnacle Rd 217
City: Rockville 410 State: MD Zip Code: 20850
Phone: 301-762-9511 296-6800 Fax: 301-610-9564
Email: MQuint@mitchellbest.com MD BLDG PERMITS

Contractor Company: MB Highland Reserve LLC @COMCAST
Contact Person: Marc Quint Ne
Address: 1686 E. Gude Drive
City: Rockville State: MD Zip Code: 20850
License No.: 7316
Phone: 301-762-9511 ext. 318 Fax: _____
Email: MQuint@mitchellbest.com

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

RECEIVED
JUN 14 2018
LICENSES & PERMITS
DIVISION

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: 58'	76'
Area of construction (sq. ft.): _____	2 nd floor: 58'	76'
Use group: _____	Basement: 58'	76'
	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>5</u>	
<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: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input 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:	G14000305
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: V. Meyer
Print Name: Vicky Meyer
Date: 5/14/18
Email Address: MD Bldg Permits @ Comcast.net
Title/Company: Agent MD BLDG. Permits, Inc.

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>7-31-18</u>	<u>D. Bernard</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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:	

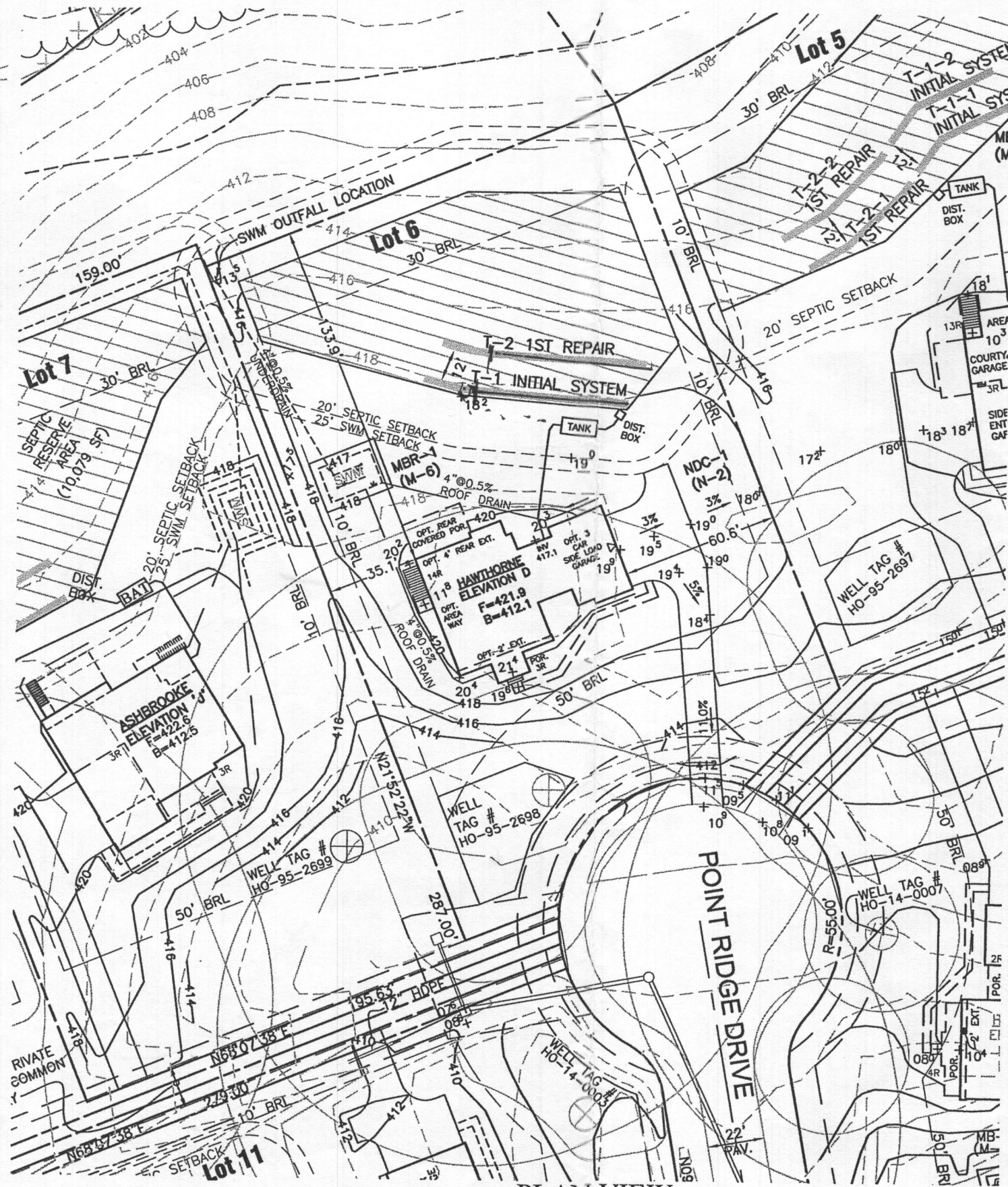
Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>007846</u>

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

Needs redline for JW

LEGEND

- SOILS CLASSIFICATION *ChB2*
- SOILS DELINEATION
- EXISTING CONTOURS
- PROPOSED CONTOURS
- LIMIT OF WETLANDS
- 25' WETLANDS BUFFER
- CENTERLINE OF STREAM
- STREAM BUFFER
- PROPOSED STRUCTURE
- SEPTIC RESERVE AREA
- PRIVATE WELL BOX



PLAN VIEW
1" = 50'

Approved Septic System Plan
Howard County Health Department
Deburand
Signature
8-12-18
Date
B18202130

BUILDING PERMIT PLAN NOTES:

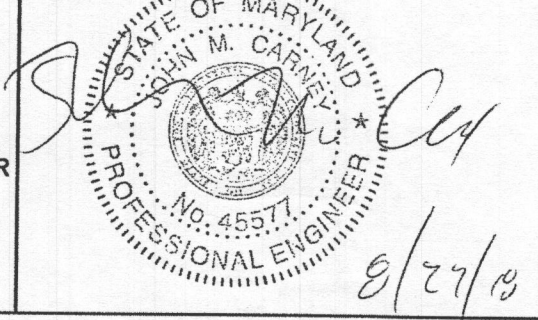
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR REGAN PROPERTY, PLAT Nos. 23063-23074. REFER TO THE PLATS FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND CONDITIONS.
2. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND TOPOGRAPHIC INFORMATION PROVIDED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT JANUARY, 2012.
4. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
5. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS EXCEPT AS WAIVED.
6. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-2698, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.
7. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
8. ANY CHANGES TO A PRIVATE SEWAGE DISPOSAL AREA OR WELL BOX SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
9. STORMWATER MANAGEMENT FOR THIS LOT WAS DESIGNED AND PROVIDED BY ONE MICRO-BIOTENTATION FACILITY (MDE M-6), DRY WELL FACILITY (MDE M-5) AND ONE NON-ROOFTOP DISCONNECTION (MDE N-2).
10. MICRO-BIOTENTATION SHALL HAVE EITHER A 4" OR 6" ROOF LEADER DEPENDING ON ROOF-TOP AREA.
11. THE HOUSE IS PLANNED TO BE 5 BEDROOMS.

THIS PLAN IS FOR SEPTIC DESIGN ONLY

SEE MANUFACTURERS SPECIFICATIONS FOR DETAILS.
WWW.MAYERPRECAST.COM
EQUIVALENT FROM OTHER MANUFACTURERS CAN BE SUBSTITUTED.

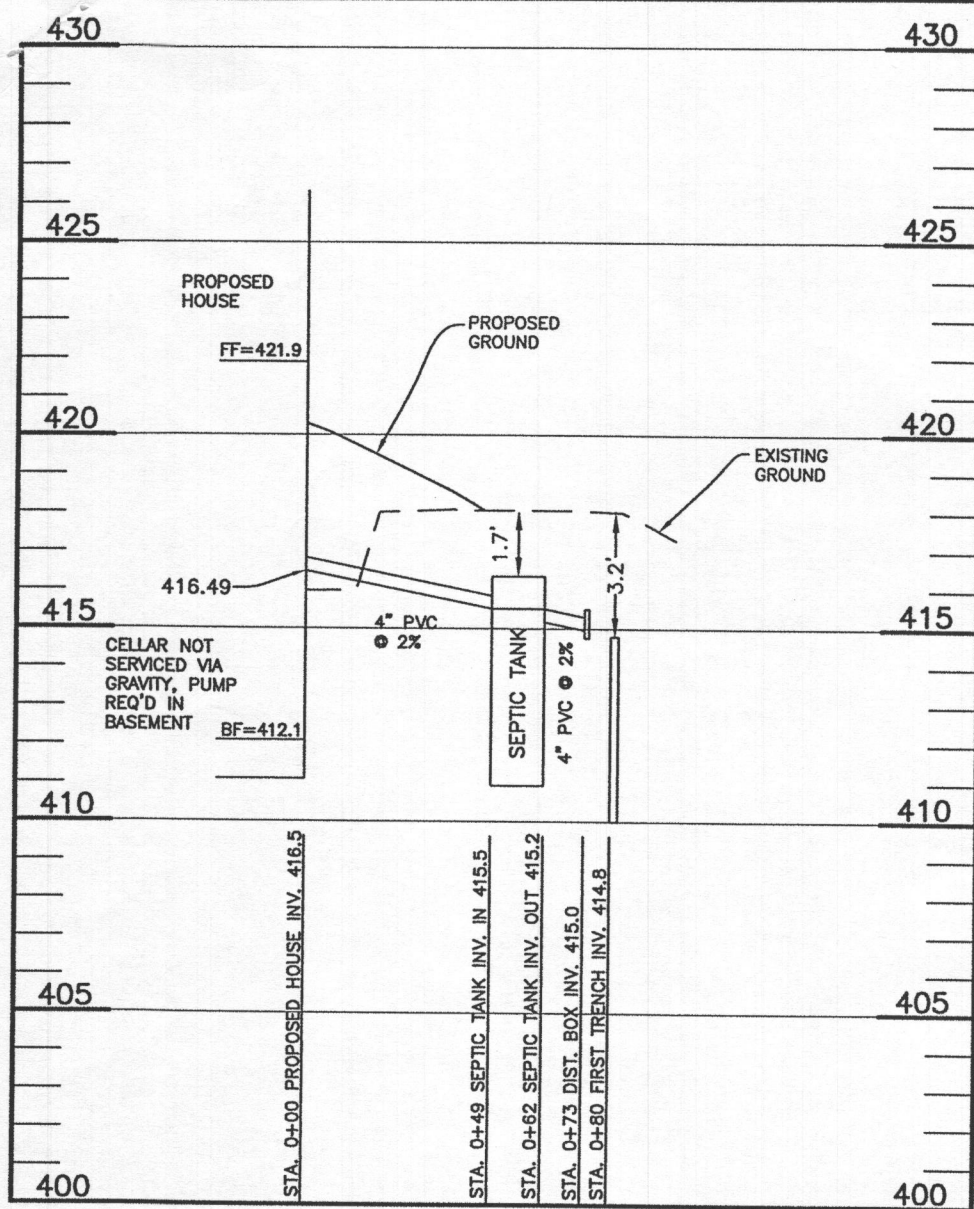
SIGNATURE AND SEAL ARE FOR SEPTIC PROFILE AND CALCULATIONS ONLY, TANK AND DETAILS WERE NOT DESIGNED OR REVIEWED BY THE ENGINEER:

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 45577, Expiration Date: 06-08-2018.



OWNER/BUILDER:	BENCHMARK ENGINEERS LAND SURVEYORS PLANNERS
MB HIGHLAND RESERVE, LLC 1686 EAST GUDE DRIVE ROCKVILLE, MD 20850 301-762-9511	ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE SUITE 315 ELLCOTT CITY, MARYLAND 21043 (P) 410-465-6105 (F) 410-465-6644 WWW.BEI-CIVILENGINEERING.COM

PROJECT:	REGAN PROPERTY		
	LOT 6		
LOCATION:	12349 POINT RIDGE DRIVE HIGHLAND, MD 20777 TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200 5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597439		
TITLE:	ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN		
HOUSE TYPE:	HAWTHORNE - ELEVATION D		
DATE:	APRIL, 2018	PROJECT NO.	2171
SCALE:	AS SHOWN	DRAWING	1 OF 2



LOT 6 OSDS PROFILE
SCALE: 1"=50' HORIZ., 1"=5' VERT.

TRENCH INFORMATION

INITIAL SYSTEM

TRENCH T-1

TRENCH LENGTH	80 LF
GROUND ELEVATION	418.0
INVERT ELEVATION	414.8
MAX. BOTTOM ELEV.	410.0

FIRST REPAIR

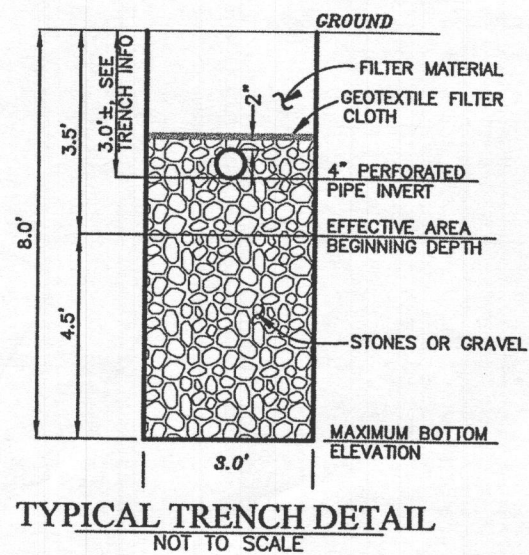
TRENCH T-2

TRENCH LENGTH	80 LF
GROUND ELEVATION	416.8
INVERT ELEVATION	413.8
MAX. BOTTOM ELEV.	408.8

SECOND REPAIR

TRENCH T-3

TRENCH LENGTH	80 LF
GROUND ELEVATION	415.9
INVERT ELEVATION	412.9
MAX. BOTTOM ELEV.	407.9



TYPICAL TRENCH DETAIL
NOT TO SCALE

INV. OUT OF HOUSE	416.5
INV. IN SEPTIC TANK	415.5
INV. OUT SEPTIC TANK	415.2
TOP OF SEPTIC TANK	416.3
GROUND OVER SEPTIC TANK	418.0
INV. IN DIST. BOX	415.0
INV. OUT DIST. BOX	414.9
GROUND OVER DIST. BOX	418.0

INITIAL SYSTEM

Number of Bedrooms	5	
Application Rate	1.2	gpd/sf
Effective Area Beginning Depth	3.5	ft
Bottom Max Depth	8	ft
Design Flow	750	gpd
Drainage Field square footage	625	sf
Sidewall reduction credit	0.38	
Trench width	3	
Effective Area Depth	4.5	
Linear Length of trench Required	80	lf

1st REPLACEMENT SYSTEM

Number of Bedrooms	5	
Application Rate	1.2	gpd/sf
Effective Area Beginning Depth	3.5	ft
Bottom Max Depth	8	ft
Design Flow	750	gpd
Drainage Field square footage	625	sf
Sidewall reduction credit	0.38	
Trench width	3	
Effective Area Depth	4.5	
Linear Length of trench Required	80	lf

2nd REPLACEMENT SYSTEM

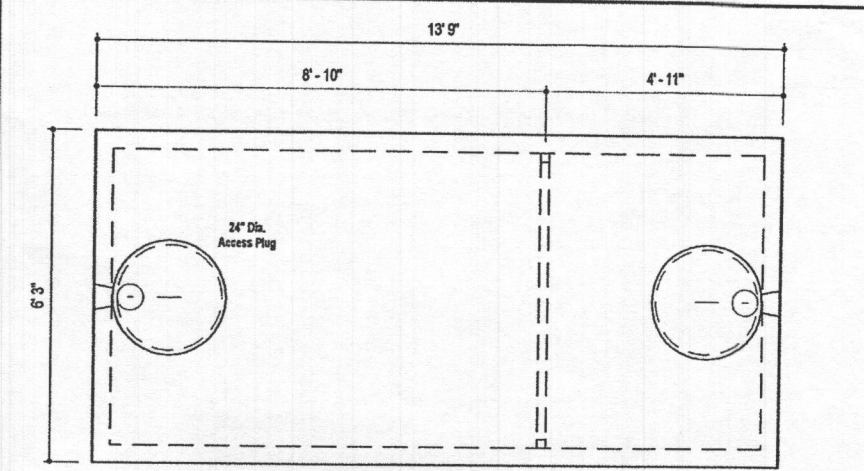
Number of Bedrooms	5	
Application Rate	1.2	gpd/sf
Effective Area Beginning Depth	3.5	ft
Bottom Max Depth	8	ft
Design Flow	750	gpd
Drainage Field square footage	625	sf
Sidewall reduction credit	0.38	
Trench width	3	
Effective Area Depth	4.5	
Linear Length of trench Required	80	lf

THIS PLAN IS FOR SEPTIC DESIGN ONLY

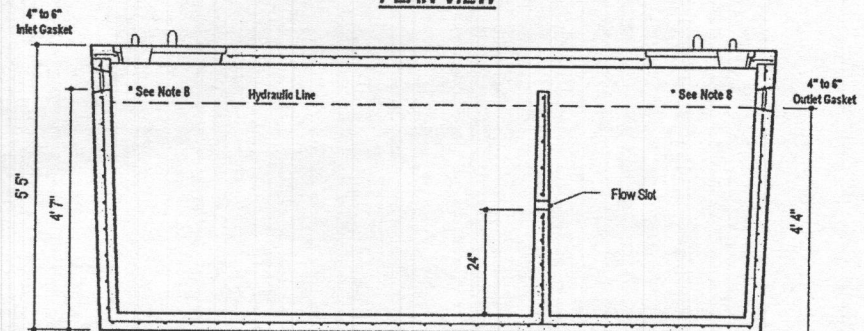
SEE MANUFACTURERS SPECIFICATIONS FOR DETAILS. EQUIVALENT FROM OTHER MANUFACTURERS CAN BE SUBSTITUTED.

SIGNATURE AND SEAL ARE FOR SEPTIC PROFILE AND CALCULATIONS ONLY, TANK, PUMP, AND DETAILS WERE NOT DESIGNED OR REVIEWED BY THE ENGINEER:

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 45577, Expiration Date: 06-08-2018.



PLAN VIEW



SECTION A-A

DESIGN DATA & GENERAL NOTES

- [1] Concrete strength Fc=4,000 p.s.i. @ 28 days. Density = 150 pcf.
- [2] Cement - Portland Type III per ASTM C 150-92.
- [3] Admixtures & plasticizers per ASTM C 260-96 & C 494-92.
- [4] Reinforcing per ASTM A196, Min. 1-1/2" cover.
- [5] Top slab sealed with butyl rope mastic.
- [6] 4" wall, 4" base, & 6" top thickness.
- [7] Max 3" of cover
- [8] Depending on use of tank, Inlet & Outlet baffles may be required by code.

MBI
Mayer Bros., Inc.
6264 Race Road
Elkridge, Maryland 21015
Tel. 410.796.1434
Fax. 410.796.1438
www.mayerbrosprecast.com

2,000 GALLON SEPTIC TANK
2-Compartment
Stock Item [Approx. 19,900 lbs]
Dwg. No. 2000-2C No Scale Aug 11, 2008

OWNER/BUILDER: MB HIGHLAND RESERVE, LLC
1686 EAST GUDE DRIVE
ROCKVILLE, MD 20850
301-762-9511

BENCHMARK ENGINEERS, LAND SURVEYORS, PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE & SUITE 315
ELLCOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
WWW.BEI-CMLENGINEERING.COM

PROJECT: REGAN PROPERTY
LOT 6

LOCATION: 12349 POINT RIDGE DRIVE
HIGHLAND, MD 20777
TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597439

TITLE: ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN

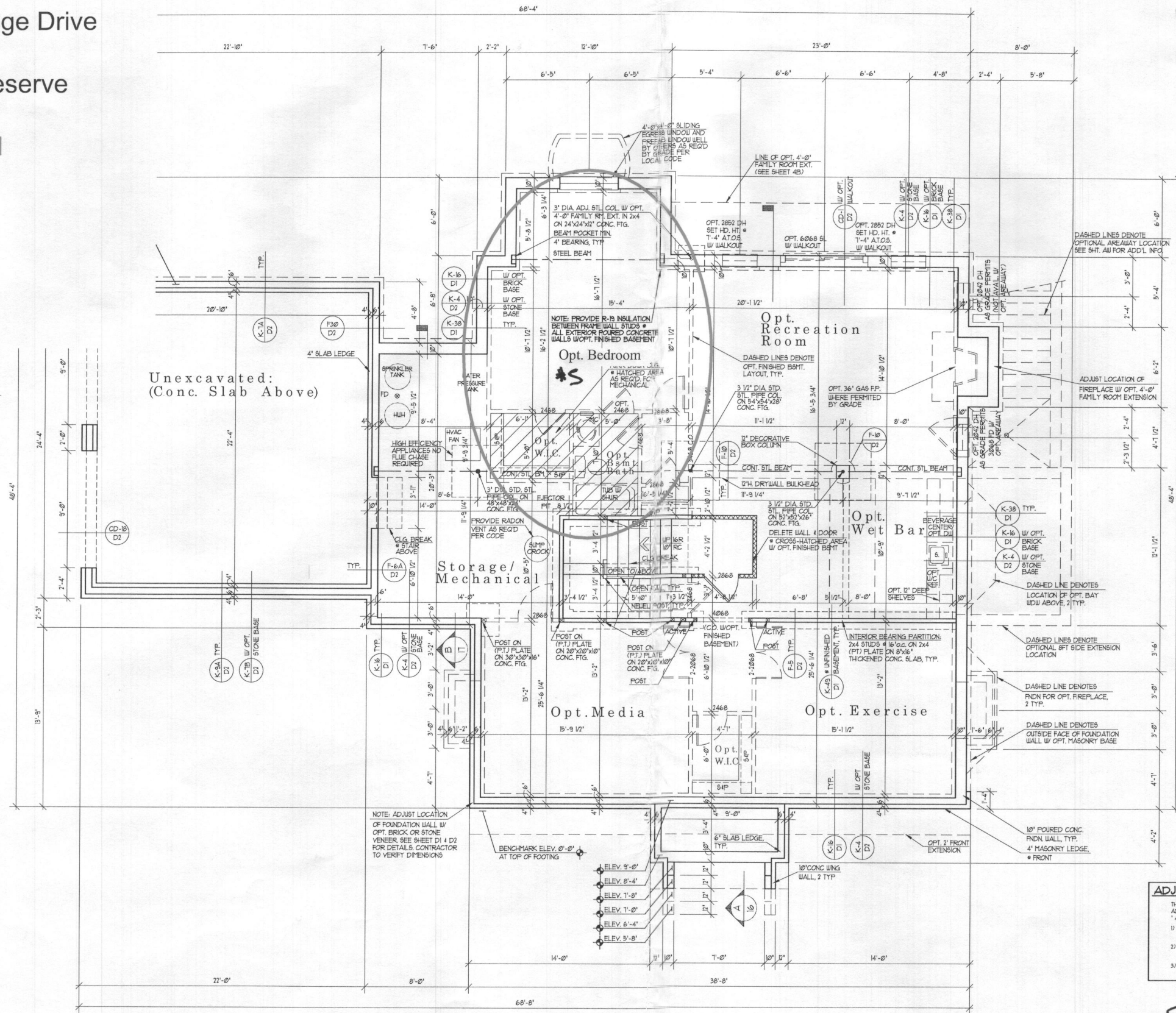
HOUSE TYPE: HAWTHORNE - ELEVATION D

DATE: APRIL, 2018 **PROJECT NO.** 2171

SCALE: AS SHOWN **DRAWING** 2 **OF** 2

To: Health Dept.
 Re: 12349 Point Ridge Drive
 Fulton, MD 20759
 Lot 6 at Highland Reserve
 5 Bedroom Septic
 1 on Basement level
 4 on Upstairs level

HEALTH
 DEPT



ADJUSTABLE STEEL COLUMNS
 THE FOLLOWING ARE APPROVED 1 GAUGE (G336) ADJUSTABLE STEEL COLUMNS FOR USE AS SPECIFIED AS "ADJ. STL. COL." IN THESE CONSTRUCTION DRAWINGS:
 1) AFCD - 72" ADJUSTABLE COLUMN (CC-85 REPORT: ESR-2452)
 2) AKRON - FIXED & ADJUSTABLE COLUMNS (CC-85 REPORT: ESR-181)
 3) MARSHALL - EXTEND-O-COLUMN (ATI-ES CODE COMPLIANCE REPORT: CCR-0145)

FOUNDATION/BASEMENT PLAN
 W/ELEVATION "A"

UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS TO BE 3/4" UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT TO BE 8'-0" AT.O.S.

1/4" = 1'-0"

As this lot is limited with a 5 Bedroom limitation, any future building permit for converting all or a portion of the basement into finished living space may be denied by the Health Dept. if the total of proposed bedrooms in the dwelling exceeds 5.

Date	REV.	BY	CHK.
AC. 10/15/07 BSB	REV. 07/20/12 JG	REV. 07/20/12 JG	REV. 07/20/12 JG
AC. 11/02/10 JH	REV. 07/17/10 JG	REV. 07/17/10 JG	REV. 07/17/10 JG
AC. 12/01/09 JH	REV. 04/20/10 JG	REV. 04/20/10 JG	REV. 04/20/10 JG
PS. 12/15/10 JH	PS. 05/09/10 JG	PS. 05/09/10 JG	PS. 05/09/10 JG
CS. 07/15/11 JH/CS	PS. 06/16/11 JG	PS. 06/16/11 JG	PS. 06/16/11 JG
REV. 06/16/11 DG	REV. 12/15/11 JG	REV. 12/15/11 JG	REV. 12/15/11 JG
	REV. 10/29/14 JR	REV. 10/29/14 JR	REV. 10/29/14 JR

Project Number: 0106-01

HAWTHORNE
MITCHELL BEST HOMES

Architect

SUTTON
YANTIS
ASSOCIATES
ARCHITECTS

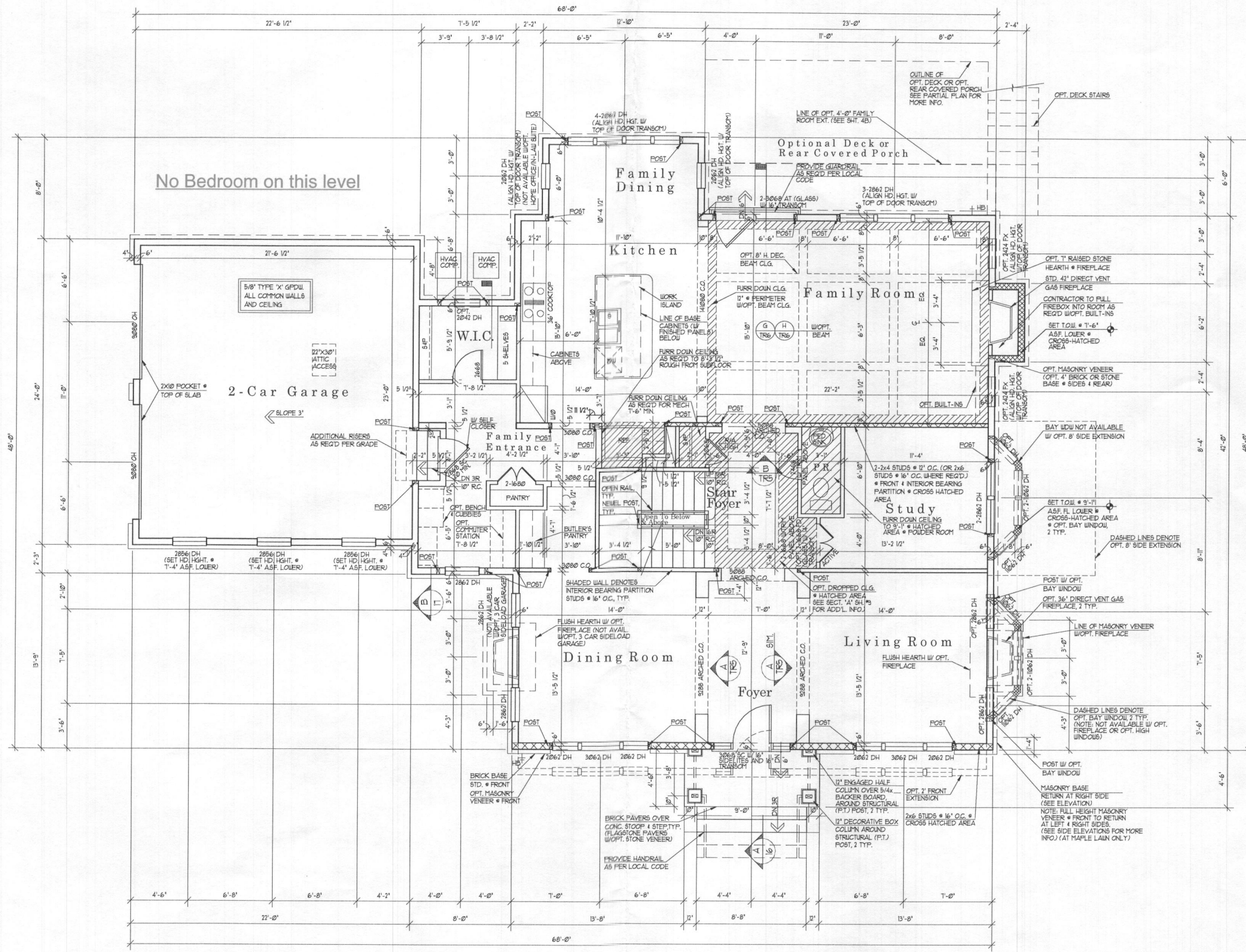
8500 BOBROW DR. TEL: 703.234.0733
 VENTNOR, VA 22182 FAX: 703.847.0171

WWW.SYSGR.COM

Sheet Number

2

FOR Lot 6
 12349 Point Ridge DR
 Health Dept



LOWER FLOOR PLAN
W/ELEVATION "A"
 1/4" = 1'-0"

UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS TO BE 3 1/2"
 UNLESS OTHERWISE NOTED WINDOW HEAD HEIGHT TO BE 8'-0" AS.F.
 UNLESS OTHERWISE NOTED PROVIDE 2x46 POSTS BETWEEN ALL MULTIPLE WINDOWS.

As this lot is limited with a 5 Bedroom limitation, any future building permit for converting all or a portion of the basement into finished living space may be denied by the Health Dept. if the total of proposed bedrooms in the dwelling exceeds 5.

Date	REV.	BY	CHK.
AC. 10/15/07	BEB		
AC. 11/10/07	J1		
AC. 2/10/08	J1		
PS. 2/10/08	J1		
CS. 07/15/11	J1/JC3		
REV. 02/03/11	J1/JC3		
REV. 06/10/11	DG		
REV. 01/25/16	J5		
REV. 02/03/16	J5		
REV. 04/15/16	J5		
REV. 06/09/16	J5		
REV. 07/29/16	JR		
REV. 08/19/16	JR		

Project Number: 0706-03

HAWTHORNE
MITCHELL BEST HOMES

Architect

SUTTON
YANTIS
ASSOCIATES
ARCHITECTS

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