

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B20002555	08/05/2020
Description of Work		
SFD//CONSTRUCT A 16'X14' SUNROOM ADDITION ON EXISTING/NEW DECK. NO STEPS, 1 STORY, Post & Pier, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method.		

check spelling

Online Submittal

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13709	BARBERRY	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.98813	39.34065
City	State	Zip Code	Primary
SYKESVILLE	MD	21784	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
830867	304	1.3	203000	453800	250800	RURAL
Legal Description						
IMPSLOT 2 1.308AR[]13709 BARBERRY WAY[]WESTCLIFFE MANOR						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	805601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404338774						
Section	Area	Tax Map					
		9					
Grid	Zoning District	ADC Map					
9-8	RC-DEO	4693-B6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1979	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-03	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
STOTT ALLEN R		
Address Line 1		
13709 BARBERRY WAY		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code

SYKESVILLE	MD	21784
Phone	Primary	
410-227-4283	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010048177	SUNQUEST INC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	MICHAEL		FRALEY
Primary	Address Line 1		
Yes	2902 BACK ACRE CIRCLE #2		
	Address Line 2		
City	State	ZIP Code	
MT. AIRY	MD	21771-0000	
Phone 1	Phone 2	Fax	
3012536822		3018291511	
E-mail			
MIKE@MARYLANDSUNROOMS.COM			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
No	APPLIED & APPROVED PERMITS LLC		
Street Address			
P.O. BOX 310			
Address Line 2			
City	State	Zip Code	
PERRY HALL	MD	21128	
Phone	Cell	Fax	
443-340-1229			
E-mail *			
MICHELLE@APPLIEDANDAPPROVED.COM			

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	APPLIED & APPROVED PERMITS LLC		
Street Address			
P.O. BOX 310			
Address Line 2			
City	State	Zip Code	
PERRY HALL	MD	21128	
Phone	Cell	Fax	
443-340-1229			
E-mail			
MICHELLE@APPLIEDANDAPPROVED.COM			

Addtl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned

Construction Type

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit Yes No Roadside Tree Project Permit #

No of Stories * Foundation * Basement * No of Rooms * Full Baths * Half Baths * Existing Use

Model *

[check spelling](#)

Other Structure * Bedrooms * Porch Deck * No of Fireplaces * Type of Fireplace Energy Code *

W & S Fees Paid Yes No Water * Sewage * Utilities * Heating System * Sprinkler System *

1st Floor Width FT 1st Floor Depth FT 2nd Floor Width FT 2nd Floor Depth FT Basement Width FT Basement Depth FT Height FT

Total Square Footage * SQFT Occupiable Square Footage * SQFT Affordable Housing Funding Foundation Measurement Footings

Walls Roof Change In Use Yes No Grading Permit No

Expiration Date

Additional Description Info

[check spelling](#)

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel

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

Date: 08/07/2020

To: DILP PERMITS
(Reviewer/Requestor's Name) (Division)

From: MICHELLE CLANCY (443) 610-7514
(Your Name, Company Name) (Phone Number)

Subject: Project name BRESLIN SUNRRROM
Project site address 13709 BARBERRY WAY
Permit # B20002555 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 _____ (be specific).
 Health Department Request DPZ/ DED Request Applicant's Request

Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____

Other plans for permit

RECEIVED
AUG 10 2020
LICENSES & PERMITS
DIVISION
Applicant's Request

Contact Person Information: (Required)

MICHELLE CLANCY Telephone No: (443) 610-7514
Please Print Name E-Mail Address: michelle@appliedandapproved.com

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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.

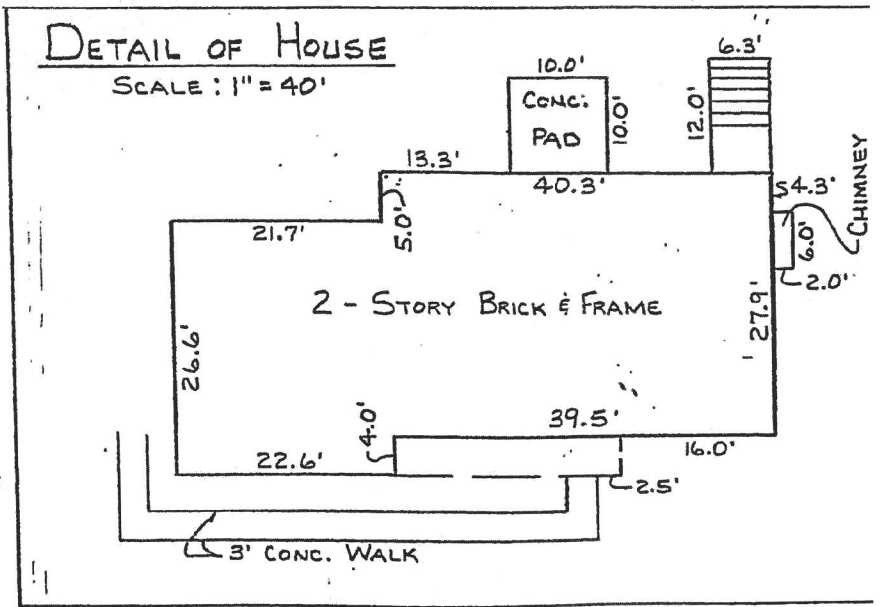
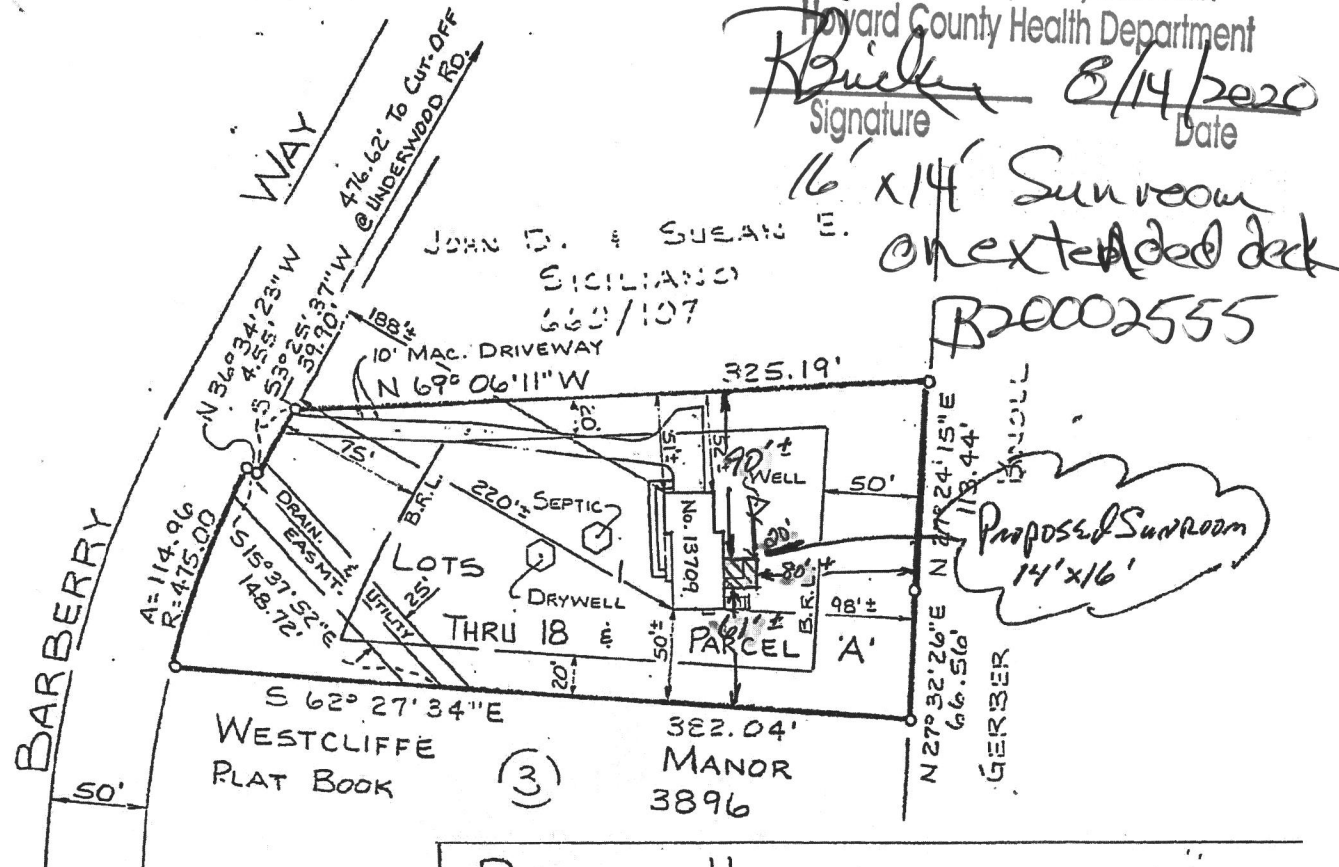
Received by Drop Box

LEON A. PODOLAK AND ASSOCIATES SURVEYING AND CIVIL ENGINEERING

63 EAST MAIN STREET, P.O. BOX 266
WESTMINSTER, MARYLAND 21157
TELEPHONES: WESTMINSTER 848-2229

BALTIMORE 876-1226 Approved Septic System Plan
Howard County Health Department

R. B. ...
Signature 8/14/2020
Date



This is to certify that I have surveyed the property shown hereon, known as Lot No.2 on Lots 1 thru 18 and Parcel A "Westcliffe Manor", located at 13709 Barberry Way, in the 4-th Election district of Howard County, Maryland for the purpose of locating improvements only and that the improvements are located as shown.

Westminster, this 14-th day of November, 1980.



Leon A. Podolak

SCALE : 1" = 100'

LEON A. PODOLAK

REG. No. 4799

GENERAL NOTES

- A. WOOD:**
 1. ALL LUMBER ON OR BELOW GRADE OR IN CONTACT W/ CONCRETE OR MASONRY SHALL BE ACQ PRESURE TREATED (P.T.) SOUTHERN YELLOW PINE #2 GRADE (FB = 1000 PSI MIN.)
 2. ALL LUMBER ABOVE GRADE (NON-DECKING) SHALL BE SOUTHERN YELLOW PINE #2 GRADE
 3. ALL FRAMING LUMBER TO BE HEM-FIR #2 GRADE OR EQUIVALENT
 4. WOOD STRUCTURAL PANELS TO BE 1/2" MIN. THICKNESS, EXPOSURE 1 STRUCTURAL SHEATHING
 5. IN ALL INSTANCES WHERE ALUMINUM COMES INTO CONTACT WITH P.T. WOOD, PROVIDE DIELECTRIC SEPARATION

- DECKING:**
 1. ALL EXTERIOR DECKING TO BE ACQ PRESURE TREATED SOUTHERN YELLOW PINE #2 GRADE
 2. ALL INTERIOR DECKING TO BE ACQ PRESURE TREATED SOUTHERN YELLOW PINE #2 GRADE OR HEM-FIR #2 GRADE OR EQUAL
 3. FLOOR LOAD: 1- PSF DEAD LOAD... 40 PSF LIVE LOAD... DEFLECTION: 1/360
 4. FLOOR SHEATHING: MINIMUM OF 1 LAYER OF 3/4" CDX EXTERIOR PLYWOOD - SHEATHING TO BE NAILLED W/ 8D GALV. NAILS @ 6" O.C. ON EDGE 4 12" O.C. ALONG INTERMEDIATE FRAMING

- B. CONCRETE:**
 1. ALL CONCRETE GRADE BEAMS & FOOTINGS TO BE 3000 PSI MIN. 12" X 24" DIMENSIONS - (U.N.O.)
 2. ALL CONCRETE FILLED SUPPORTED SLABS TO BE 3000 PSI MIN., 4" MIN. THICKNESS
 3. ALL SLABS ON GRADE TO BE 4" THICK WITH WELDED WIRE MESH ON 6 MIL POLYETHYLENE OVER TERMITRE-TREATED FILL/BOIL
 4. ALL 6 X 6 WELDED WIRE MESH W/ 4" TO BE 2" BELOW GRADE
 5. ALL REINFORCING TO BE GRADE 50 (50 KSI MIN.) DEFORMED BARS... #3 BARS MAY BE GRADE 40
 6. ALL OVERPOUR CONCRETE FILLED SUPPORTED SLABS TO BE 3000 PSI MIN., 2" MIN THICKNESS
 7. SOIL BEARING PRESSURE TO BE A MINIMUM OF 2000 PSF (U.N.O.)
 8. PROVIDE 4" OF CONT. FOUNDATION DRAIN TILE AROUND PERIMETER OF FOUNDATION AS PER SEC R405.1

- C. ALUMINUM:**
 1. ALL STRUCTURAL ALUMINUM CONFORMS TO THE MINIMUM REQUIREMENTS OF 6005 - T5 FOR ALLOY AND TEMPER EXCEPT AS NOTED BELOW.
 2. ALL STRUCTURAL ALUMINUM WORK CONFORMS TO "PART 1A - SPECIFICATIONS FOR ALUMINUM STRUCTURES ALLOWABLE STRESS DESIGN" OR "PART 1B - SPECIFICATIONS FOR ALUMINUM STRUCTURES - BUILDING LOAD AND RESISTANCE FACTOR DESIGN" OF THE ALUMINUM ASSOCIATION, INC. 11TH EDITION, EFFECTIVE JANUARY 2000
 3. IN ALL INSTANCES WHERE ALUMINUM COMES INTO CONTACT WITH STEEL, OR PRESSURE TREATED LUMBER PROVIDE DIELECTRIC SEPARATION
 4. ALL ALUM. MUST NOT BE IN DIRECT CONTACT WITH CONCRETE
 5. ALL FLASHING TO BE CORROSIVE RESISTANT IN ALL AREAS

- D. GLASS:**
 1. GLASS UNITS CONSIST OF TWO PANELES OF 1/2" THICK TEMPERED GLASS W/ AN ARGON FILL W/ A 5/8" STAINLESS STEEL SPACER BETWEEN PANES
 2. GLASS CONFORMS TO ASTM E300
 3. ALL CLEAR ARGON ROOF GLASS HAS THE FOLLOWING MIN. PROPERTIES: ASHRAE WINTER U VALUE = .25 ASHRAE WINTER R VALUE = 4.0 PER FOUR SEASONS SUNROOM GLASS SPECIFICATIONS

- ROOF & SOLID WALL PANELS:**
 1. ALUMINUM PANEL 9KIN IS ALLOY 3105 - H14/H25 AND IS 0.024" THICK MIN.
 2. PANEL CORE FOAM IS PREFORMED EXPANDED POLYSTYRENE BOARD (EPB) W/ A NOMINAL DENSITY OF 1.5 LBS. PER CUBIC FT. U.N.O.

4. THE PANELS MEET THE CONDITIONS OF ACCEPTANCE - COMPLYING W/ UL115

- E. GASKETS:** 1. ALL GASKETS ARE CO-EXTRUDED AND ARE NON-MIGRATORY.

- F. SEALANT:** 1. ALL SEALANT CONFORMS TO TT-8-001543-A, TT-8-002306, ASTM C-820 TYPE 5, GRADE NS, CLASS 25.

- G. FASTENERS**
 1. ALL LAG BOLTS OR EQUAL SHALL CONFORM TO STAINLESS STEEL TYPE 300 18 - 8, W/ STANDARD FLAT WASHER UNLESS MANUFACTURER GALVANIZED BOLTS FOR USE W/ ACQ PRESURE TREATED WOOD
 2. HEX BOLTS TO BE ASTM A325, FLATED WITH STANDARD FLAT WASHERS & NUTS
 3. ALL CONC. SCREWS TO BE 1/2" X 2 1/2" MIN., SIMPSON, HILTI, RAUL, TAPCON, REDHEAD, DYNABOLT, OR APPROVED EQUAL
 4. ALL METAL TIES & ASSOCIATED ACCESSORIES SHALL BE HOT DIPPED GALV.
 5. ALL LAG BOLTS OR EQUAL TO HAVE A MINIMUM EMBEDMENT OF 8X BOLT DIAMETER INTO STRUCTURAL FRAMING (G = 42 MIN.)
 6. LAG BOLTS OR EQUAL & SCREWS INTO WOOD FRAMING SHALL BE PROVIDED WITH PILOT HOLES HAVING A DIAMETER NOT GREATER THAN TO PERCENT OF THE THREAD DIA. OF THE BOLT OR SCREW. ALL LAG BOLTS OR EQUAL & SCREWS TO BE INSERTED IN PILOT HOLES BY TURNING & UNDER NO CIRCUMSTANCES BY DRIVING WITH A HAMMER.
 7. ALL EXPANSION ANCHORS SHALL BE DESIGNED IN ACCORDANCE WITH THE SPECIFIC MANUFACTURERS REQUIREMENTS AND ALLOWABLE LOADS AND SHALL ONLY BE APPLIED IN CONDITIONS ACCEPTABLE TO MANUFACTURER
 8. ALL FASTENERS CONNECTING ALUMINUM COMPONENTS OR PRESSURE TREATED LUMBER ARE STAINLESS STEEL TYPE 300 18 - 8 UNLESS MANUFACTURER GALVANIZED BOLTS SPECIFICS FOR USE WITH ACQ PRESURE TREATED WOOD, OR OTHERWISE NOTED ON PLANS
 9. ALL FASTENERS SHALL COMPLY WITH ASTM A193
 10. ALL CONNECTORS SHALL COMPLY WITH ASTM A653 CLASS G - 18

- H. SITE PREPARATION**
 1. FOUNDATION SYSTEMS MUST BE PLACED ON CLEAN, COMPACTED, TERMITRE-TREATED FILL/BOIL WITH VAPOR BARRIER.
 2. EXISTING FOUNDATION, FOOTING AND SLAB IF NOTED ON THE FLOOR PLAN HAVE BEEN EVALUATED & FOUND ACCEPTABLE FOR THIS APPLICATION.
 3. EXISTING FOUNDATION, FOOTING & SLAB TO BE DRILLED (12" O.C.) & TRENCH W/O UNDERCUTTING FOOTING TO PROVIDE TERMITRE-TREATMENT AS REQUIRED. EPOXY ALL OPENINGS

1. REFERENCE STANDARDS: ASTM E 118... ASTM E 1300... ASCE 1...

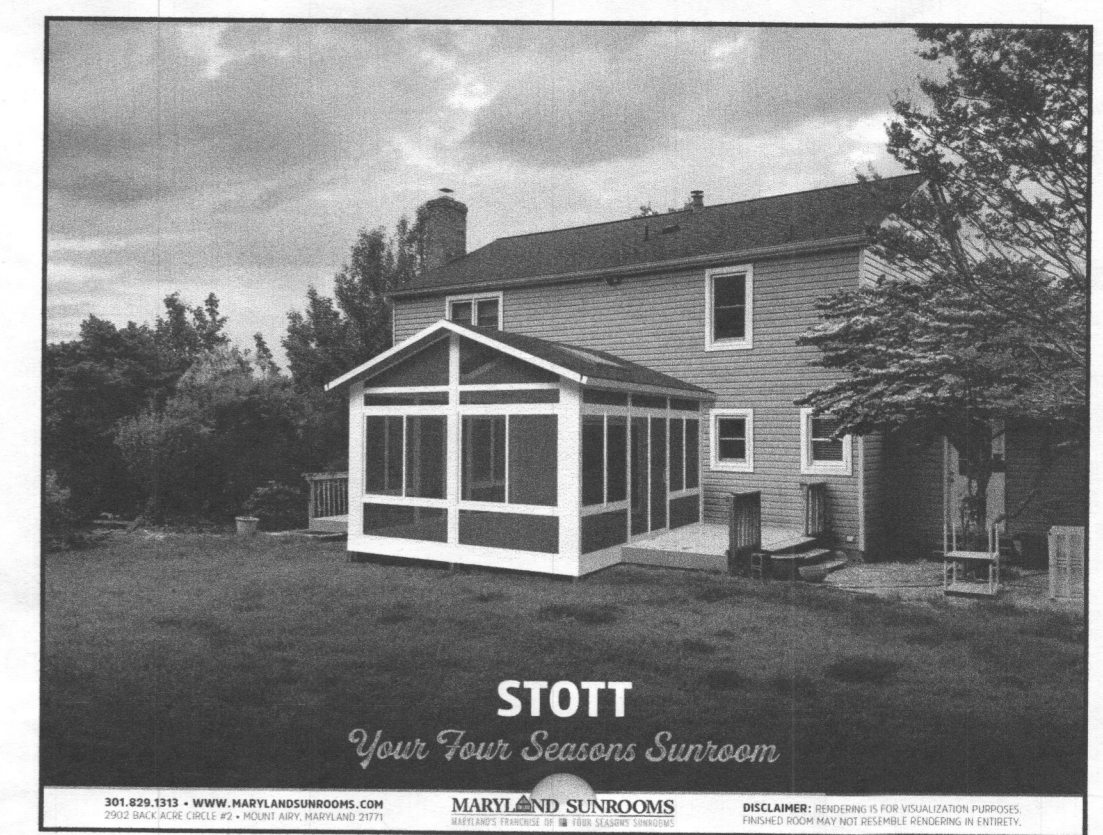
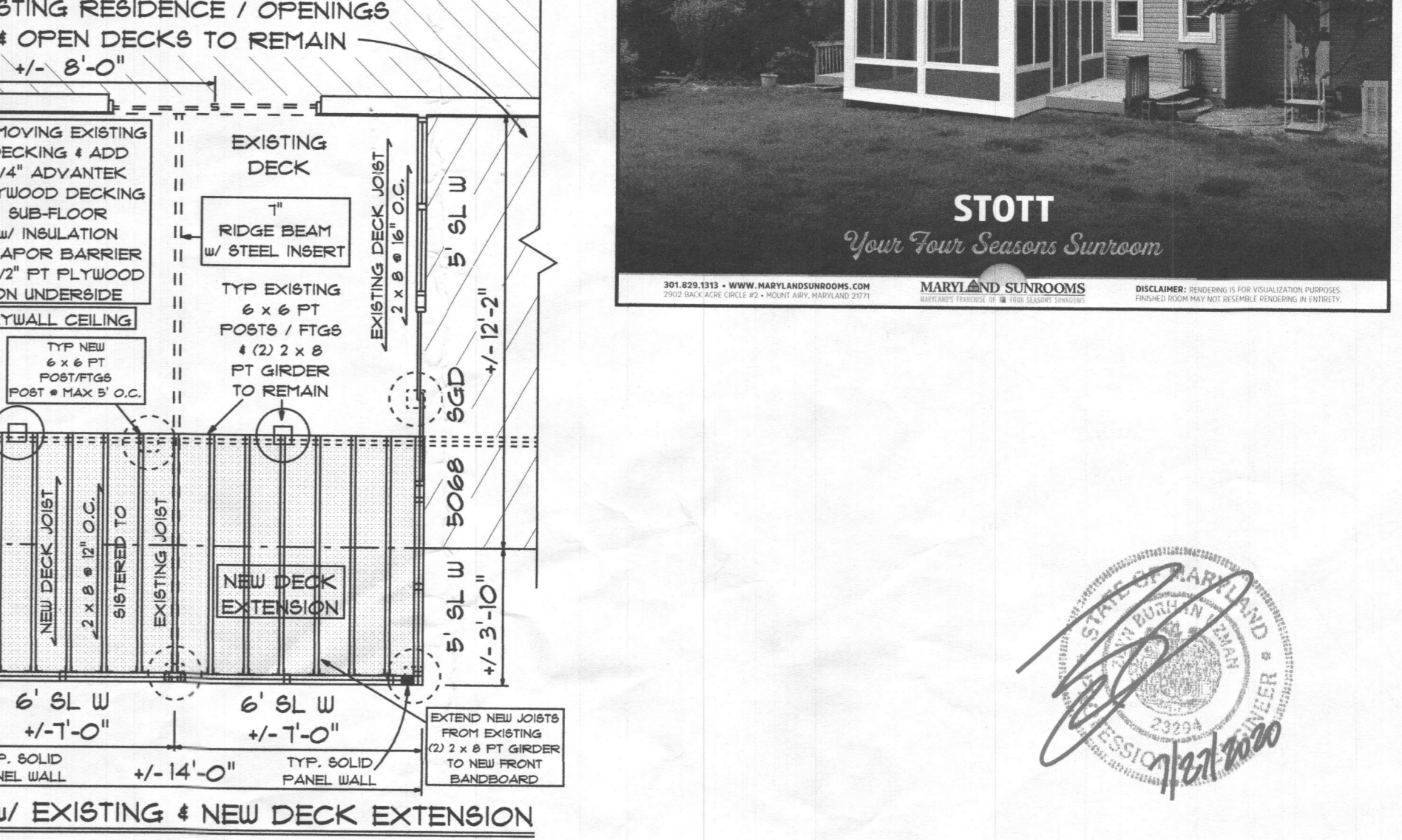
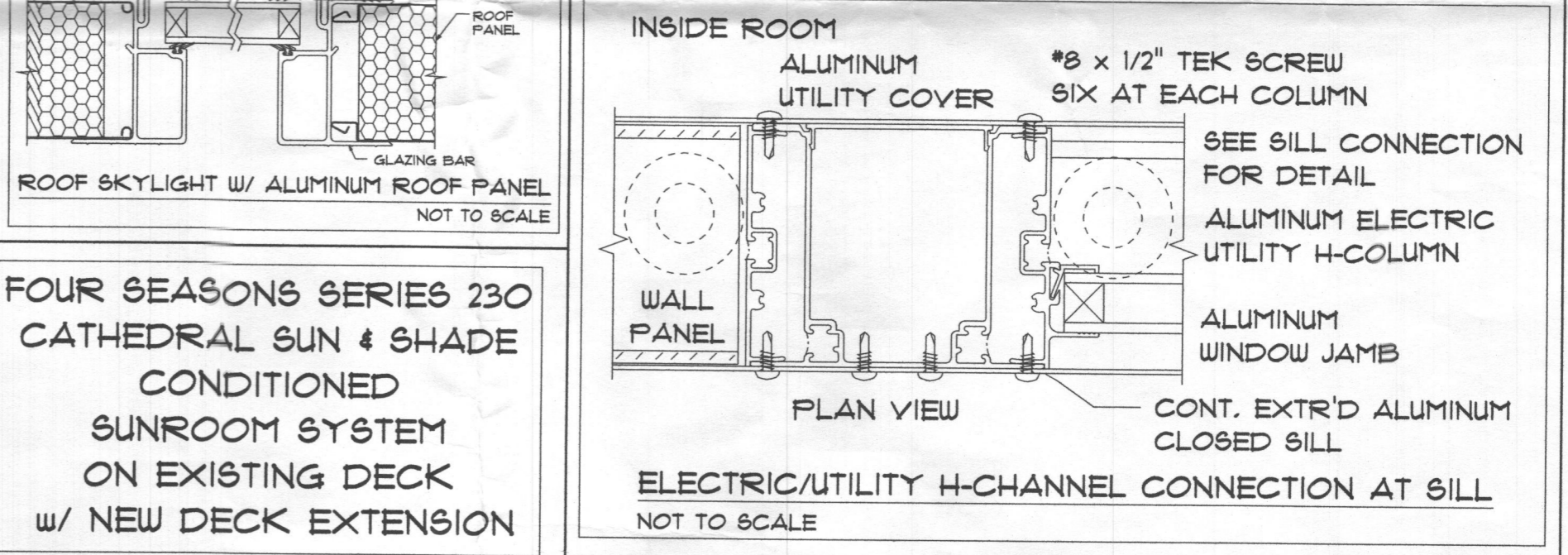
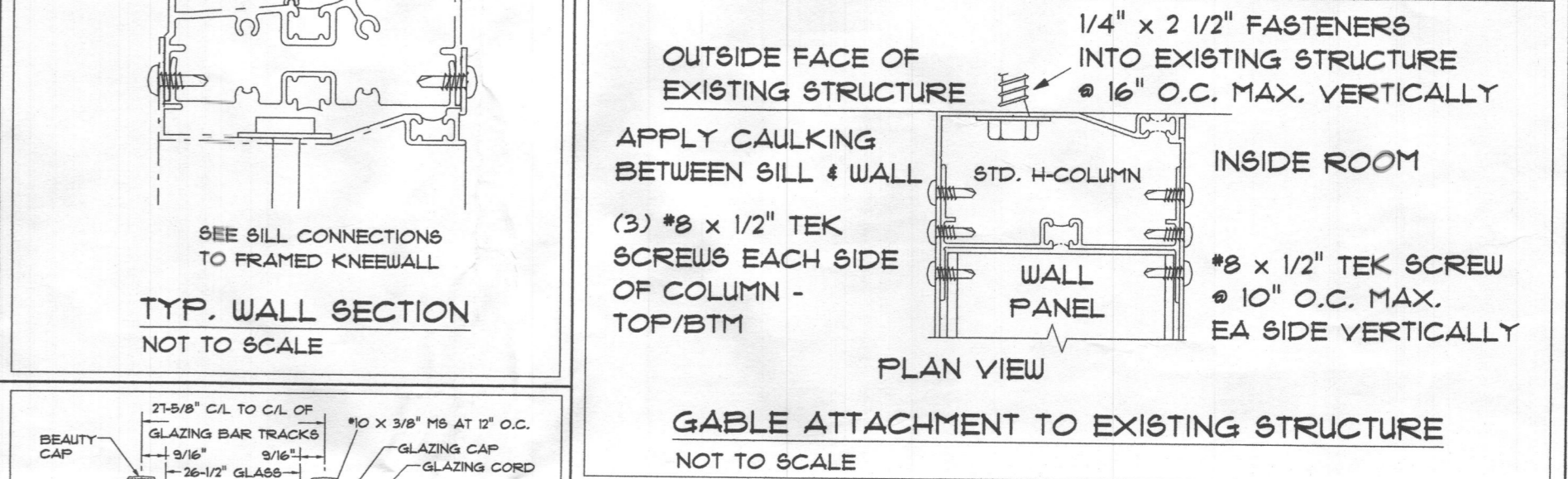
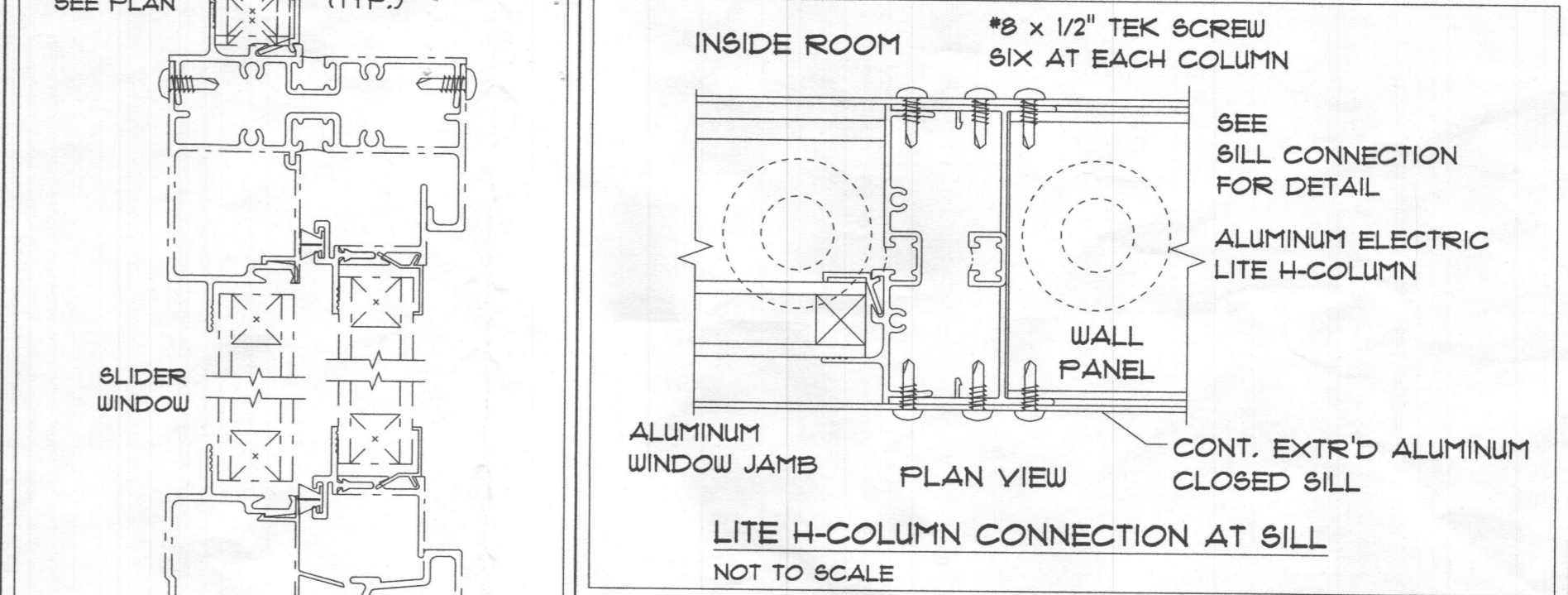
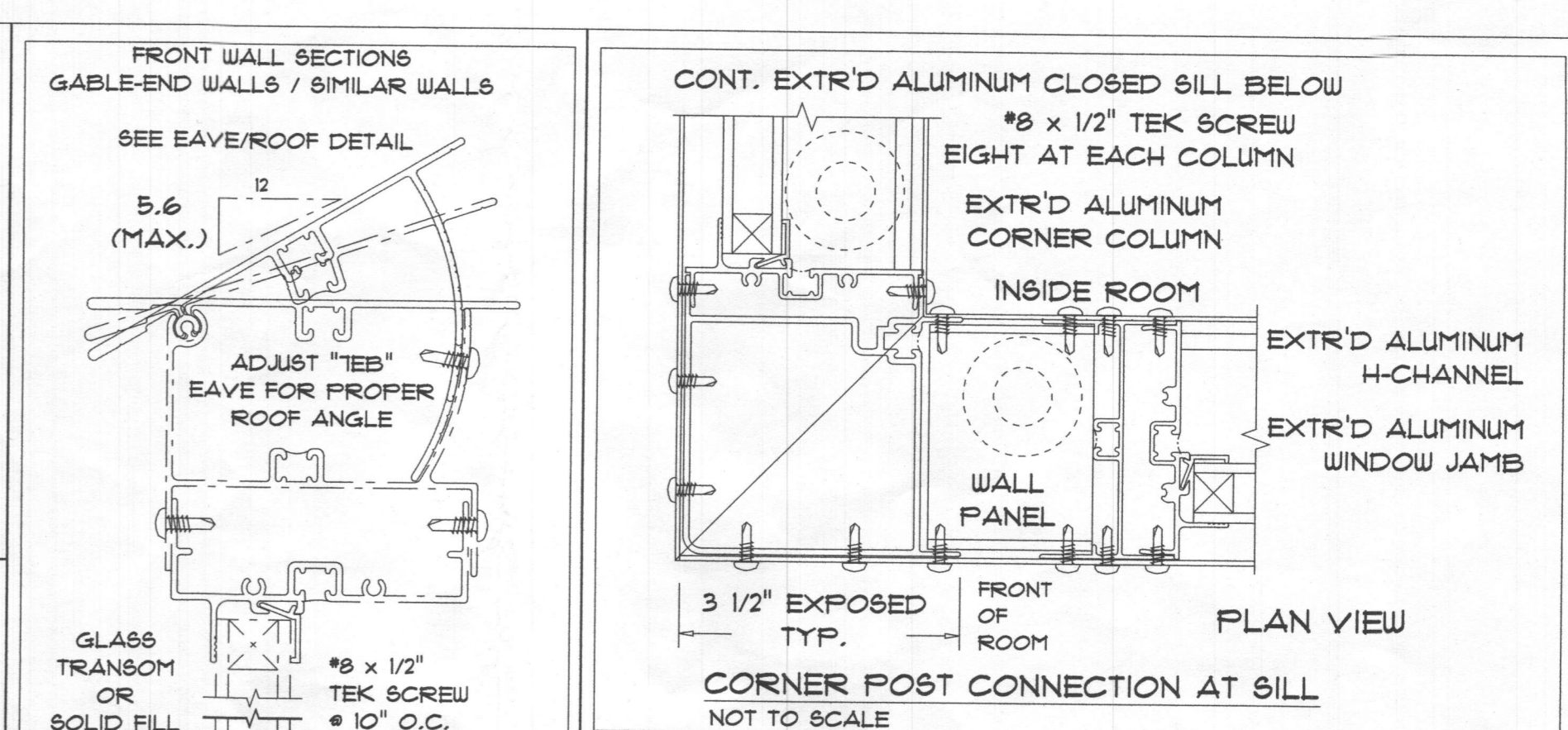
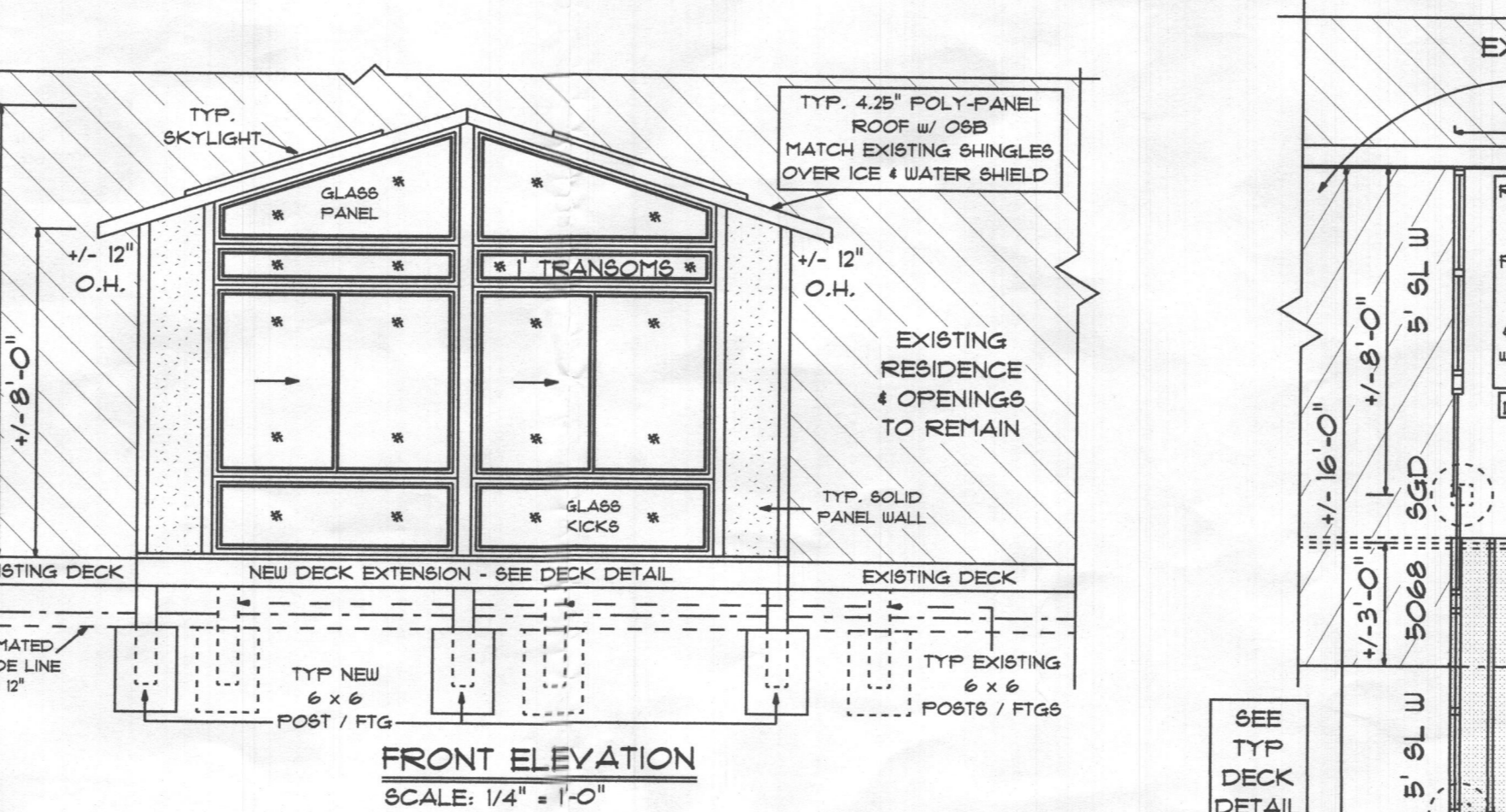
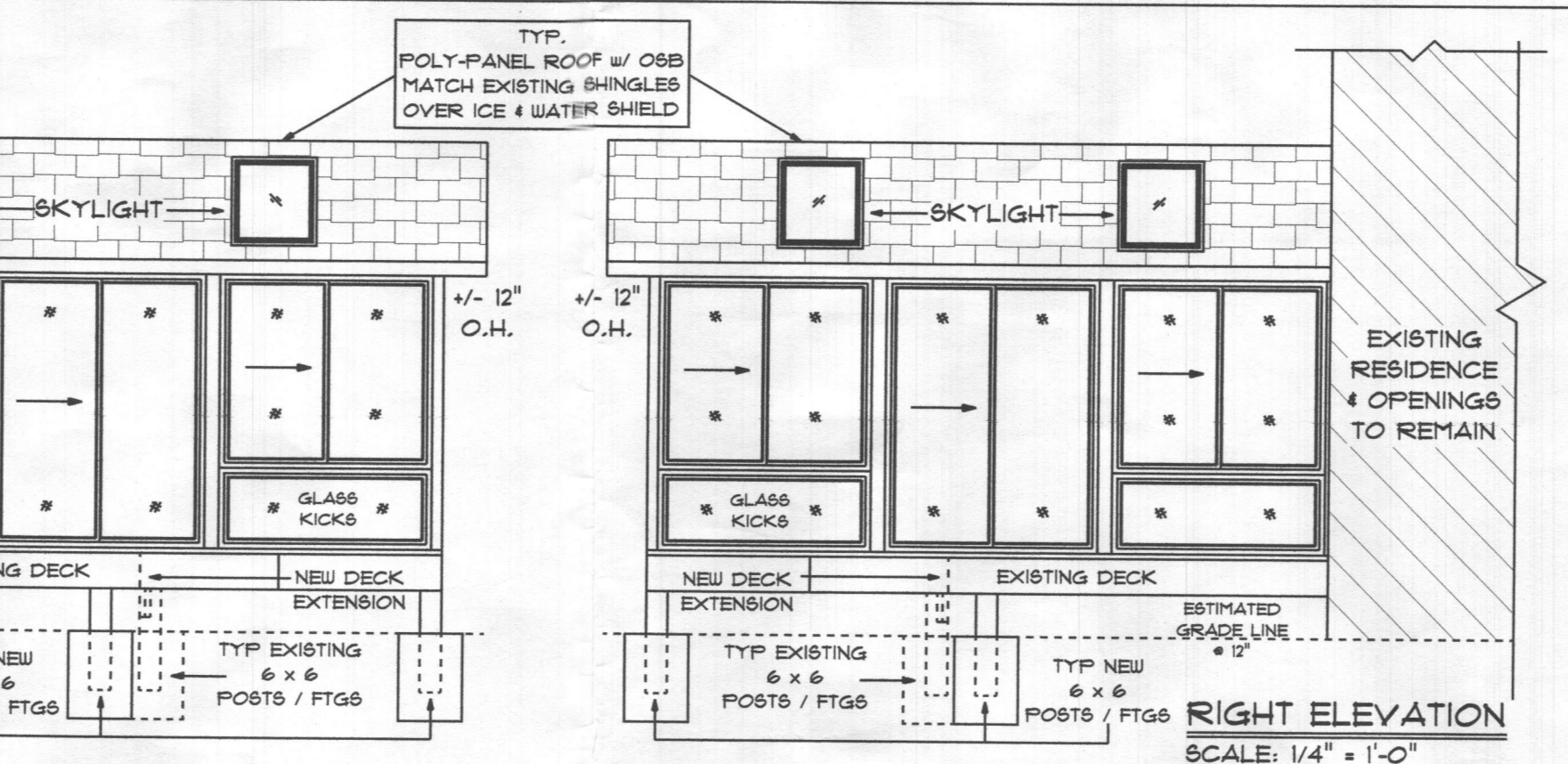
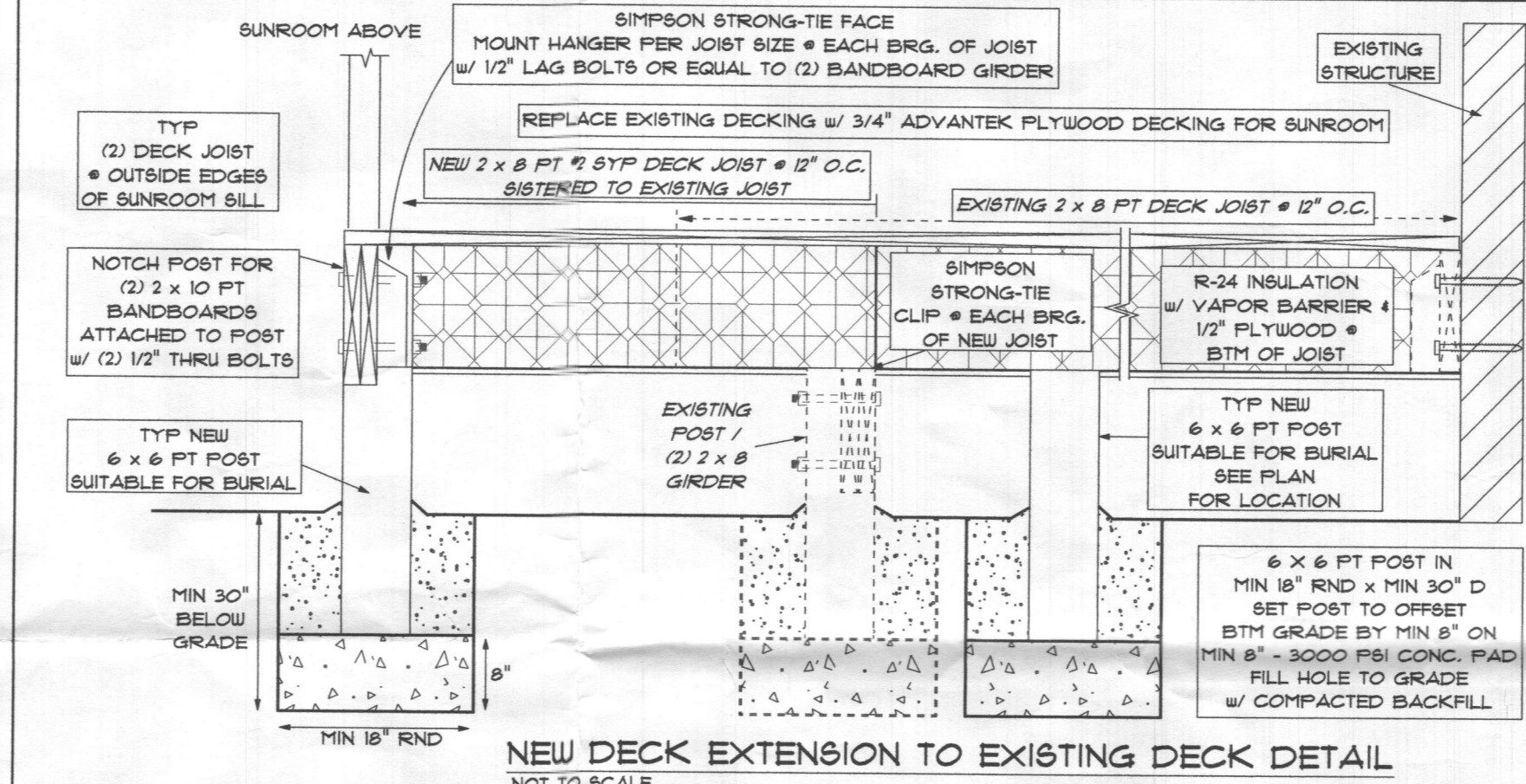
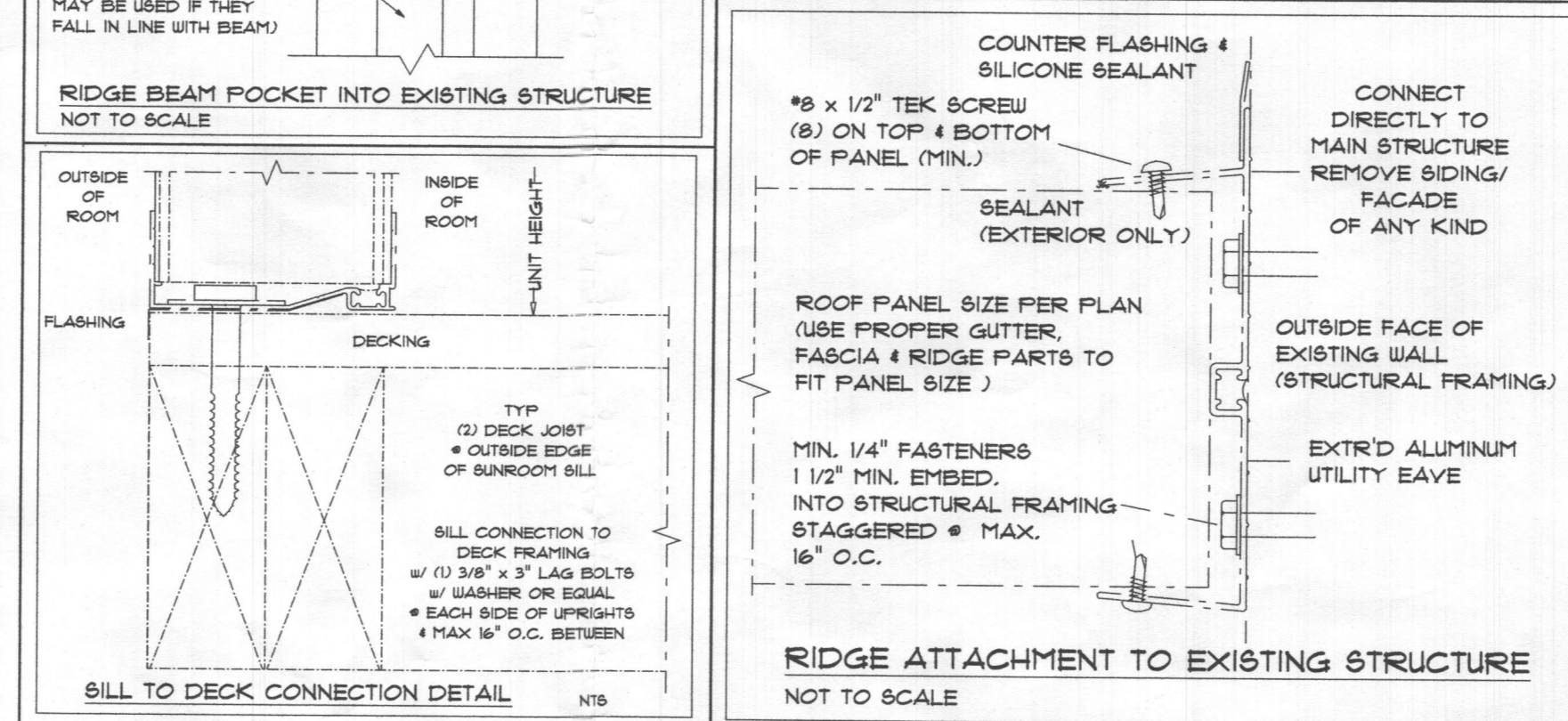
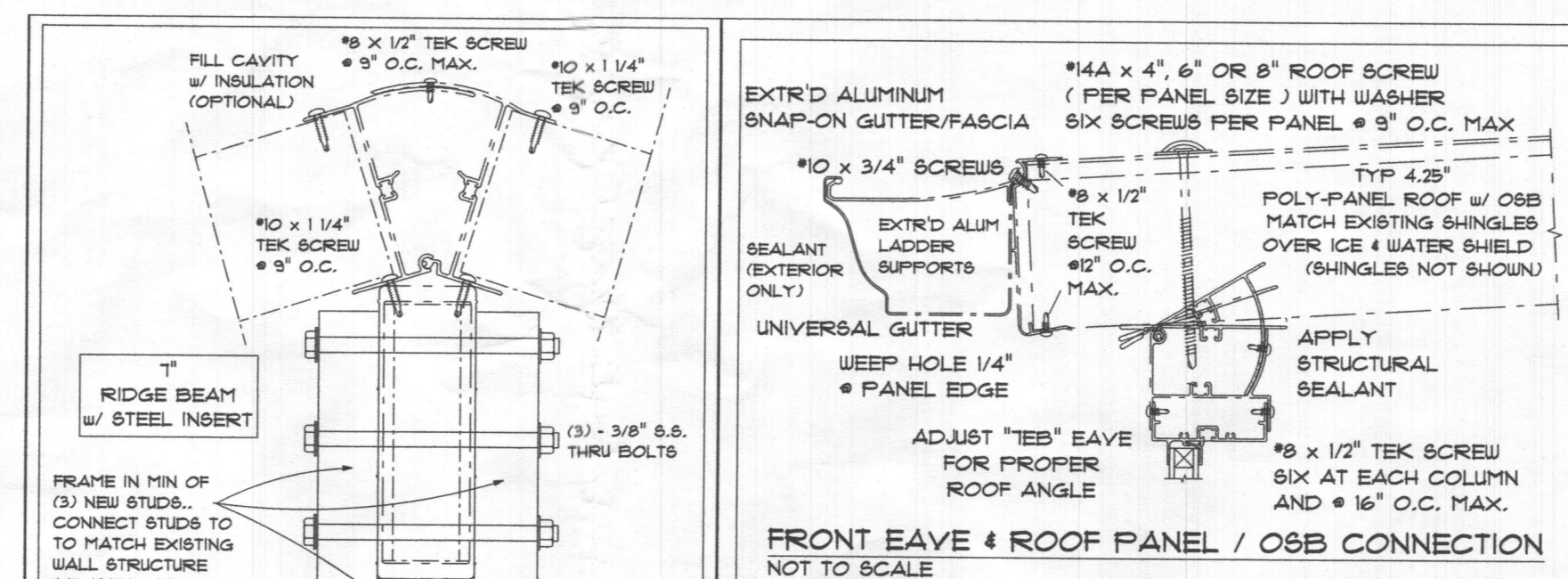
- J. DESIGN LOADS**
 THIS STRUCTURE HAS BEEN DESIGNED IN ACCORDANCE WITH 4 MEETS THE REQUIREMENTS OF THE INTERNATIONAL BUILDING / RESIDENTIAL CODE 2018 & ASCE 1-10.

DESIGN CATEGORY II - UNDER UNDER THE 2015 USBC SECTION R301.2.1.1

DESIGN CRITERIA: BASIC WIND SPEED: 115 ULT EXPOSURE: B
 IMPORTANCE FACTOR: 1.0
 ENCLOSURE TYPE: ENCLOSED (WORST CASE)...
 INTERNAL PRESSURE COEFFICIENT: +/-0.18 (WORST CASE)
 DEAD LOAD (ADDITION): 5 PSF... VELOCITY PRESSURE: 0.1 PSF
 GUST EFFECT FACTOR: 0.85... DIRECTIONALITY FACTOR: 0.85
 DESIGN WIND PRESSURES: WALL: 13.0 PSF ROOF: 13.04 PSF
 DESIGN ROOF LOAD: 21 PSF MIN... GROUND SNOW LOAD: 40 PSF MIN.
 EXPOSURE FACTOR: 1.0... THERMAL FACTOR: 1.2...
 SLOPE FACTOR: 1.0 (WORST CASE)
 STANDARD REDUCTION: 0.1... DRIFT LOAD: 35 PSF TRIANGULAR LOAD OVER 8'-0" PROJECTION

- K. ABBREVIATIONS**
 THE FOLLOWING LIST OF ABBREVIATIONS IS NOT INTENDED TO REPRESENT ALL THOSE USED ON THESE DRAWINGS, BUT TO SUPPLEMENT THE MORE COMMON ABBREVIATIONS
 USED: TYP. - TYPICAL SIM. - SIMILAR UNO. - UNLESS NOTED OTHERWISE CONT. - CONTINUOUS V.I.F. - VERIFY IN FIELD PT. - PRESSURE TREATED

- L. RESPONSIBILITY**
 1. ALL SITE WORK SHALL BE PERFORMED BY A LICENSED CONTRACTOR IN ACCORDANCE WITH APPLICABLE BUILDING CODES, LOCAL ORDINANCES, ETC.
 2. CONTRACTOR TO VERIFY ALL DIMENSIONS AND DETAILS, NOTIFYING ENGINEER OF ANY DISCREPANCIES BETWEEN DRAWINGS, FABRICATED ITEMS, OR ACTUAL FIELD CONDITIONS
 3. THESE DRAWINGS REPRESENT THE ACCEPTABILITY OF THE "SUNROOM/SCREENROOM" ADDITION ELEMENTS AS PROVIDED BY THE CONTRACTOR
 4. ALL DETAILS ON THESE DRAWINGS ARE ENGINEERED BASED ON INFORMATION PROVIDED BY THE CONTRACTOR
 5. REFER TO THE MANUFACTURERS SHOP DRAWING FOR FURTHER DETAILS
 6. ANY 4 ALL ELECTRICAL WORK / PLACEMENT TO BE DONE PER THE 2014 NEC BY A LICENSED ELECTRICAL CONTRACTOR OR ENGINEER AFTER OBTAINING AN ELECTRICAL PERMIT.
 7. ANY DETAILS NOT SHOWN ARE TO BE ENGINEERED IN ACCORDANCE WITH STANDARD ENGINEERING PRACTICES



ZEYAN UZMAN
 PROFESSIONAL ENGINEER
 STATE OF MARYLAND, PE - 23294
 110 EAST KING ST.
 MALVERN PA 19355
 PH (217) 652-6737

STOTT RESIDENCE
 13709 BARBERRY WAY
 SYKESVILLE, MD 21784

MARYLAND SUNROOMS
 FOUR SEASONS SUNROOMS
 MHC #48177 - PH (301) 804-2290

© Copyright 2020
 All rights reserved.
 REVISION DATE
 1/22/20
 JOB # 2024 M8R
 DATE : 6/30/20
 SHEET
 1 of 1

RECEIVED
 AUG 12 2020
 HOWARD COUNTY HEALTH DEPT
 COMMUNITY HYGIENE PROGRAM

