



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: **BILP 2016 JUL 7 PM 3:16**

Permit No.: **B16003084**

Building Address: 3226 Boones Ln
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0024 Parcel: 0609 Grid: 0001
 Zoning: R20 Map Coordinates: _____ Lot Size: 1.6666

Existing Use: Single Family Residential
 Proposed Use: Single Family Residential
 Estimated Construction Cost: \$ 50,000
 Description of Work: Add 1 new bathroom, relocate existing Master Bedroom, Laundry, & bathroom. Convert existing bedroom to office.
 Occupant or Tenant: n/a 22' x 25'
 Was tenant space previously occupied? Yes No
 Contact Name: ADDITION
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: LT Ventures LLC
 Address: 16382 Baltimore Nat'l Pike
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 410-465-4103 Fax: _____
 Email: SPorta@Verizon.net

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Melissa Porta
 Address: 6372-A Beechfield Ave
 City: Ellicott City State: MD Zip Code: 21075
 Phone: 410-206-1607 Fax: _____
 Email: Melissalynnht@gmail.com

Contractor Company: Troy B Porta & Son
 Contact Person: Stephanie Porta
 Address: 10382 Baltimore Nat'l Pike
 City: Ellicott City State: MD Zip Code: 21042
 License No.: 126323
 Phone: 410-465-4103 Fax: _____
 Email: SPorta@Verizon.net

Engineer/Architect Company: Ronald Johnston & Assoc.
 Responsible Design Prof.: Ron Johnston
 Address: 11407 Barley Field Way
 City: Nanotonsville State: MD Zip Code: 21104
 Phone: 410-442-3167 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>25'</u>	<u>22'</u>
	2 nd floor: <u>n/a</u>	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" 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>1</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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 checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
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 PAYING FEES.

Melissa Porta
 Applicant's Signature
Melissalynnht@gmail.com
 Email Address

 Title/Company

Melissa Porta
 Print Name
7/6/16
 Date
JUL 07 2016
 RECEIVED
 LICENSES & PERMITS
 DIVISION

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>7/6/16</u>	<u>[Signature]</u>
Is Sediment Control approval required for this project? <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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>220</u>

Friday 2/24

721 727 water trench

PLUMBING & GAS

HOWARD COUNTY
PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043

P 17000 785

DATE ISSUED

(410) 313-2455 PERMITS
(410) 313-1840 INSPECTIONS

(PLEASE PRINT)

BUILDING PERMIT NO. _____ SEWER CONTRACT NO. _____ WATER CONTRACT NO. 44-3732

BUILDING ADDRESS (HOUSE NO., STREET, TOWN, ZIP CODE)
10380 Baltimore National Pike
elliecot-city 21042

APPLICATION IS HEREBY MADE TO PERFORM THE WORK HEREIN DESCRIBED: connect to Public Water

LOT NO. _____ SUITE NO. _____ PROPERTY I.D. _____ CENSUS TRACT _____

PLUMBER / GAS FITTER / UTILITY CONTRACTOR NAME & ADDRESS: K+T Plumbing 3427 Old Taneytown RD
Taneytown, MD 21787
PHONE NO. 443-844-9073

MAP COORDINATES _____ IMPROVEMENT TYPE / USE TYPE _____ NEW _____ EXISTING _____

OWNER'S NAME AND ADDRESS: Stephanzi Porta
10380 Baltimore National Pike
elliecot city MD 21042

PHONE NO. _____

OCCUPANT Healthy Presbyterian

INSTALL	RI	TYPE OF FIXTURE	FLOOR							INSTALL	RI	TYPE OF FIXTURE	FLOOR						
			B	1	2	3	4	5	6				7	B	1	2	3	4	5
		BATHTUBS										HOT WATER HEATERS							
		SHOWERS										BOILERS							
		URINALS										SUMP PUMPS							
		LAVATORIES										FLOOR DRAINS							
		WATER CLOSETS										CONDENSATE DRAINS							
		KITCHEN SINKS										ROOF DRAINS							
		2 OR 3 COMPARTMENT SINKS										SILL COCKS							
		DISPOSALS										DRINKING FOUNTAINS							
		DISHWASHERS										SEWER EJECTOR							
		WASHING MACHINE CONN.																	
		LAUNDRY TRAYS																	
FIXTURE SUBTOTAL										FIXTURE SUBTOTAL									

GRAND TOTAL OF FIXTURES \$ _____

SANITARY SEWER - PIPE SIZE(S)	MATERIAL(S)	LENGTH	\$
STORM SEWER (OR CLEAR WATER WASTE) PIPE SIZE(S):	MATERIAL(S)	LENGTH	\$
WATER SUPPLY - PIPE SIZE(S)	MATERIAL(S) <u>Polly</u>	LENGTH <u>317'</u>	\$ <u>200.00</u>
BACKFLOW PREVENTER (MAKE & MODEL)			\$
			\$ <u>50.00</u>
			\$ <u>20.00</u>

GAS (NATURAL / 2PSI NATURAL / PROPANE / 2PSI PROPANE / OIL)

PIPE SIZE(S): RANGES _____ WATER HEATER _____ FURNACES _____ BOILERS _____ FIREPLACES _____ NEW METER REQ.

UNIT HEATERS _____ ROOF TOP UNITS _____ GAS LOGS _____ OUTSIDE GRILL _____ METER UPGRADE REQ.

STANDARD LOW PRESSURE _____ OTHER _____ TOTAL BTU'S _____ NEITHER

*NOTE: MUST CHECK ONE! OR NO PERMIT WILL BE ISSUED.

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT, AND THAT IN DOING THIS WORK, ALL PROVISIONS OF HOWARD COUNTY ORDINANCES AND THE STATE LAWS OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT AND WILL NOTIFY THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS TWENTY-FOUR (24) HOURS IN ADVANCE WHEN I AM READY FOR THE INSPECTION CALLED FOR ELSEWHERE IN THIS APPLICATION AND THAT NO WORK WILL BE COVERED UP UNTIL SUCH INSPECTIONS HAVE BEEN COMPLIED WITH.

Thomas DiMaggio Jr
PLUMBER/GAS FITTER/UTILITY CONTRACTOR SIGNATURE

APPROVED (BUILDING OFFICIAL) DATE _____

tdi1974@gmail.com
EMAIL ADDRESS

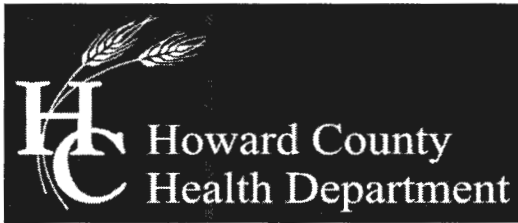
Tom DiMaggio State 21451
PRINT NAME / LICENSE NUMBER

APPROVED (LICENSES & PERMITS DIVISION) DATE _____

TOTAL \$ 270.00

CASH RECEIPT NO. _____

CHECK NO. _____ DATE _____



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

August 5, 2016

TROY B PORTA & SONS, INC.
10382 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MD 21042

Sent via email to: SPORTA@VERIZON.NET; RON@RJARCHITECT.COM;
MELISSALYNNH@GMAIL.COM

RE: B16003084
3226 Boones Lane
Ellicott City MD

Stephanie Porta:

This letter is in response to building permit **B16003084**. The application describes a 22ft X 25ft addition. This property is currently served by a private well and private sewage disposal system.

This office does not have a record of the well or septic system for this property built in the 1950s. Furthermore, this property is within the metro district and public water is available to the property. Public sewer is not currently available in front of the property, but a small extension in the street would be possible to make a connection. With that, the Health Department cannot approve this building permit until the following has been completed.

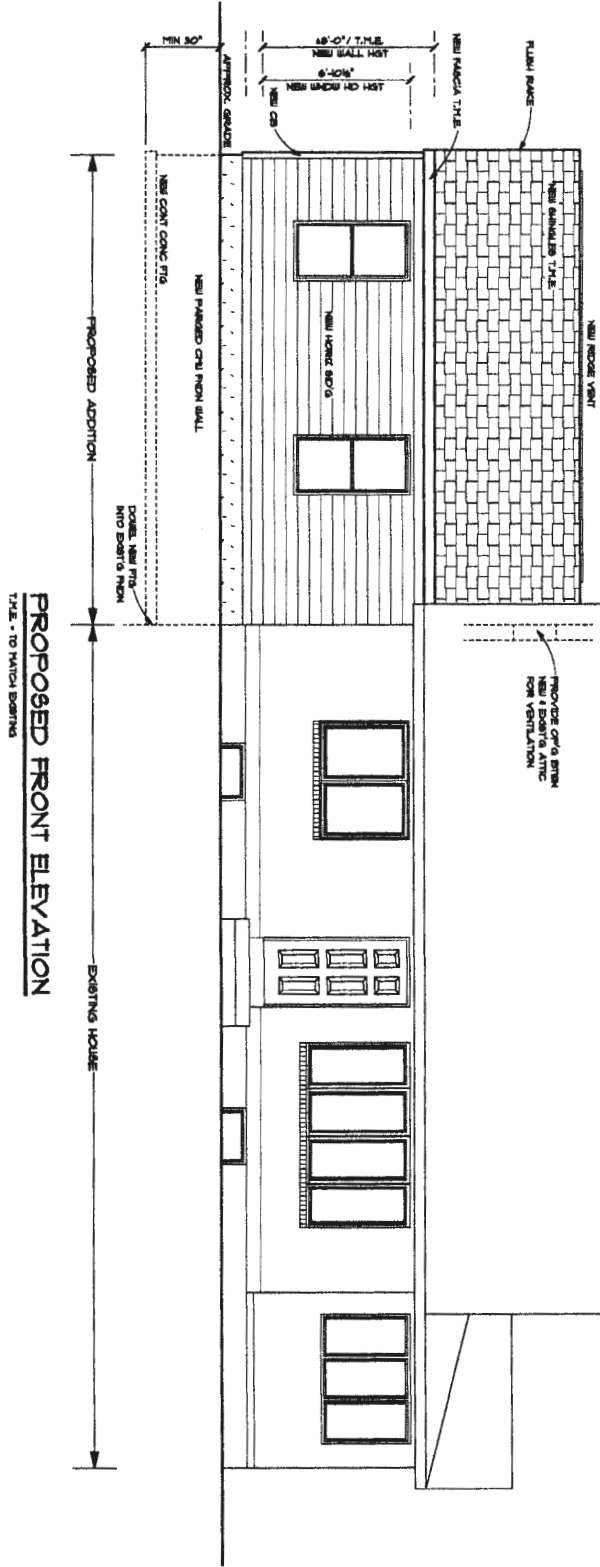
- 1.) The Health Department cannot approve the well of unknown construction to serve the proposed use. A connection to public water must be made and the existing well must be properly abandoned by a licensed well driller with documentation submitted to the Health Department.
- 2.) The Health Department cannot approve the existing sewage disposal system of unknown construction, location, or size to serve the proposed use. Percolation testing to establish a sewage disposal area and installation of a new system including a BAT treatment unit must be performed. Alternatively, a connection to public sewer can be made with the extension to the existing line along with proper abandonment of the existing disposal system.

Please note that the well is shared by a neighbor therefore you should consult with that person and/or legal counsel about an alternate water source prior abandoning that well.

Building permit has been placed on hold until aforementioned has been done. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank Oswald
Hank Oswald, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program



A-1

SHEET NO.

DATE
07-01-2018

SCALE
1/8" = 1'-0"
OR AS NOTED

REVISIONS

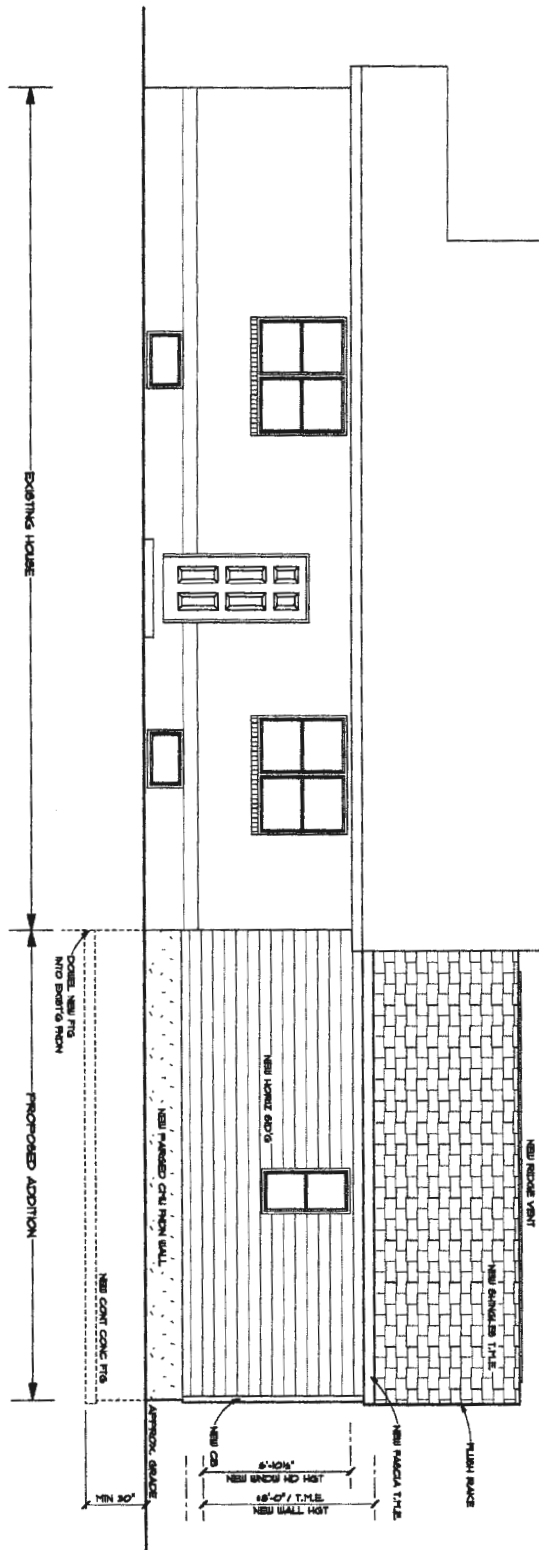
PROPOSED ADDITIONS AND ALTERATIONS TO THE

PORTA RESIDENCE

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS

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

PROPOSED REAR ELEVATION
 THIS TO MATCH EXISTING



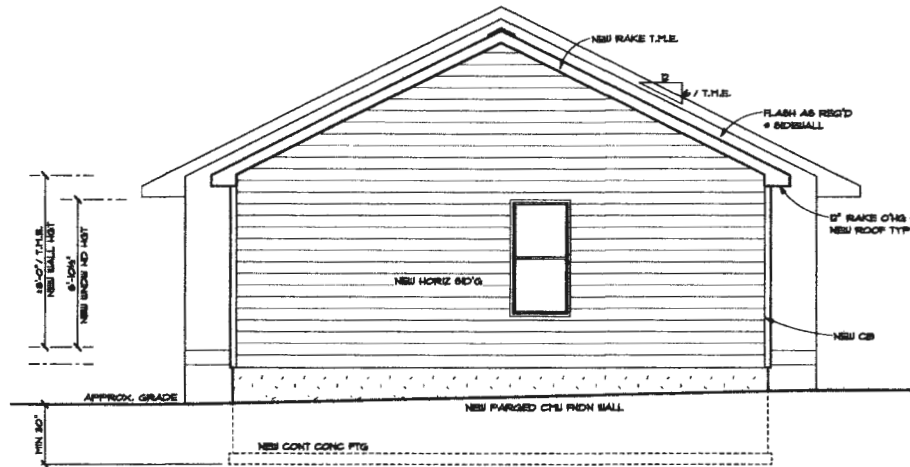
SCALE:
 1/8" = 1'-0"
 1/4" = 1'-0"
 1/2" = 1'-0"
 3/4" = 1'-0"
 1" = 1'-0"

DATE: 07-01-2018

SHEET NO. A-2

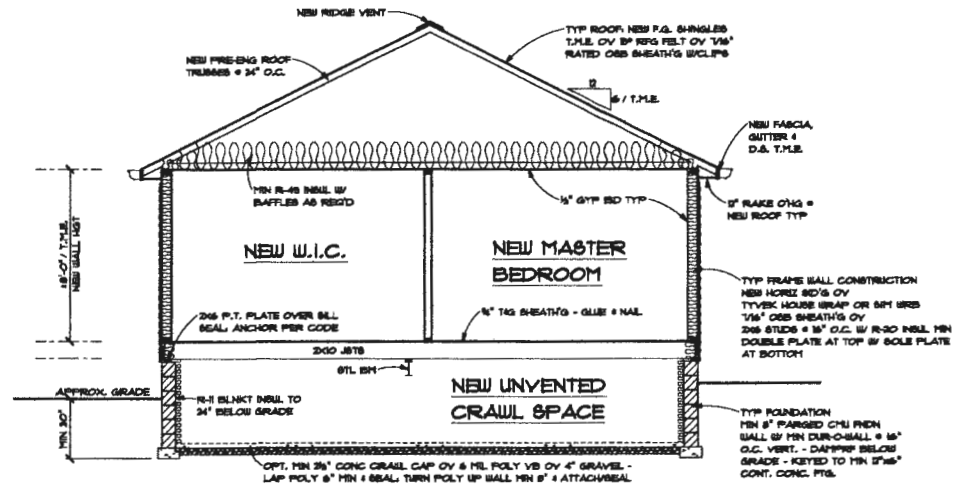
PROPOSED ADDITIONS AND ALTERATIONS TO THE
PORTA RESIDENCE

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
 11407 BARLEY FIELD WAY
 MARRIOTTSVILLE, MD 21104 • 410-442-3667



PROPOSED LEFT ELEVATION

T.M.E. = TO MATCH EXISTING



SECTION A

T.M.E. = TO MATCH EXISTING

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
11407 BARLEY FIELD WAY
HARRIOTTSVILLE, MD 21104 • 410-443-3667

PORTA RESIDENCE

PROPOSED ADDITIONS AND ALTERATIONS TO THE

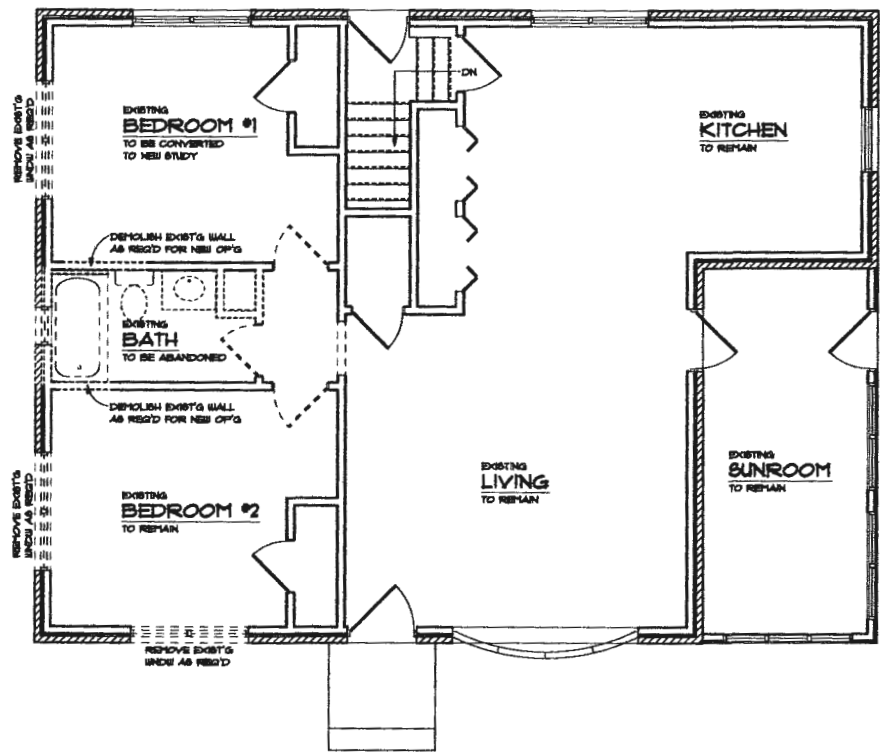
SCALE:
3/16" = 1'-0"
OR AS NOTED

REVISIONS

DATE
07-01-2016

SHEET NO.

A-3



WALL KEY

	EXISTING FRAME/BRICK VENEER WALL TO REMAIN
	EXISTING FRAME/BRICK VENEER WALL TO BE DEMOLISHED
	EXISTING FRAME WALL TO REMAIN
	EXISTING FRAME WALL TO BE DEMOLISHED

EXISTING/DEMOLITION FIRST FLOOR PLAN

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
 11407 BARLEY FIELD WAY
 MARRIOTTSVILLE, MD 21104 • 410-442-3667

PROPOSED ADDITIONS AND ALTERATIONS TO THE

PORTA RESIDENCE

SCALE:
 3/16" = 1'-0"
 OR AS NOTED

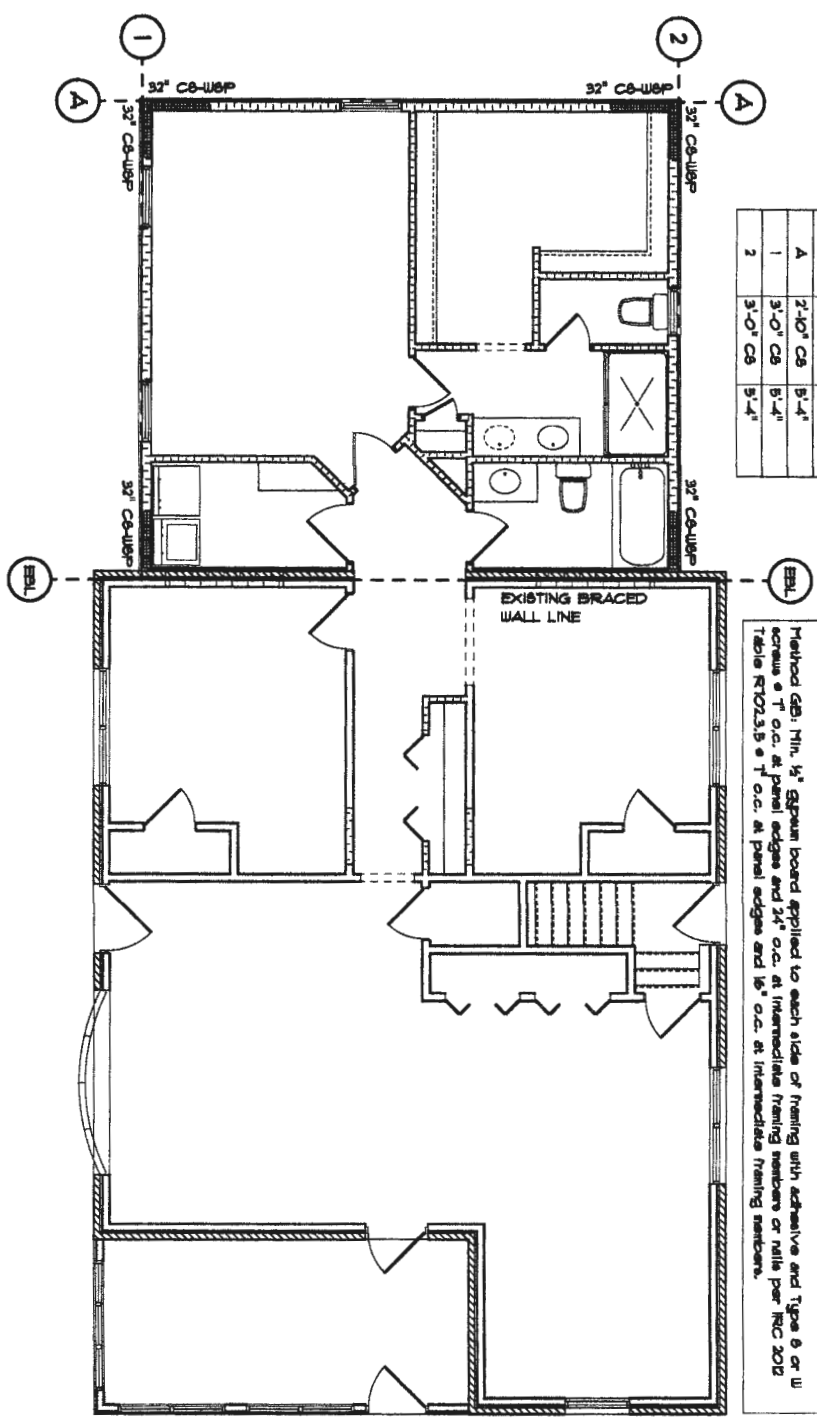
REVISIONS

DATE

07-01-2016

SHEET NO.

A-5



BRACED WALL LINE	BRACING REQUIRED	BRACING PROVIDED
A	2'-0" C6	B-1"
1	3'-0" C6	B-1"
2	3'-0" C6	B-1"

NOTES

Methods W6P & C6-W6P, Min. 1/8" OSB Wood Structural Panel sheathing attached to framing with 6d at 6" o.c. at panel edges and 12" o.c. at intermediate framing members.

Notes: At Braced Wall Lines Incorporating Continuously Sheathed Bracing Methods (C6-W6P & C6-PW), all exterior walls along the Braced Wall Lines must be fully sheathed with min 1/8" OSB Wood Structural Panel sheathing fastened per IRC 2012 Tables R602.3(1), R602.3(2), and R602.3(3).

Method C6B: Min. 1/2" Gypsum board applied to each side of framing with adhesive and Type S or U screws @ 1" o.c. at panel edges and 24" o.c. at intermediate framing members or nails per IRC 2012 Table R702.3.5 @ 1" o.c. at panel edges and 16" o.c. at intermediate framing members.

PROPOSED FIRST FLOOR BRACING PLAN

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS.
2. 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.
3. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.
4. 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.
5. 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.
6. 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: NO EXHAUSTIVE OR INVASIVE 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.

IECC 2015 ENERGY CODE COMPLIANCE REQUIREMENTS

THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2015 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 R403.1 (IRC N103.1).
MAXIMUM PENETRATION U-FACTOR AND SHGC	THE MAXIMUM U-FACTOR ALLOWED USING EITHER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.1.4 (IRC N103.1.4) OR THE SPILLATED PERFORMANCE ALTERNATIVE PER IECC R402.8 (IRC N103.8) SHALL BE 0.49 FOR VERTICAL PENETRATION AND 0.75 FOR SKYLIGHTS PER IECC R402.8 (IRC N103.8).
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 R403.1.3 (IRC N103.1.3).
DUCT SEALING	WHEN NEW FORCED AIR SYSTEMS ARE PROVIDED, ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IECC R403.1.4. DUCT TIGHTNESS SHALL BE VERIFIED BY EITHER A TIGHTNESS OR POSTCONSTRUCTION TEST PER IECC R403.1.3 (IRC N103.1.3) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED ENTIRELY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR PLUMBING	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR PLUMBING PER IECC R403.2.3 (IRC N103.2.3).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 100°F OR BELOW 50°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 R102 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 SETTINGS PER IECC R403.9.1 (IRC N103.9.1). GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE THE 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 75% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS OR A MINIMUM OF 75% 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:

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-19 (COMPRESSED OVER WALL TOP PLATE AT BAYES) OR R-30 (UNCOMPRESSED OVER WALL TOP PLATE AT BAYES)
WALLS	R-20 CAVITY OR R-5 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-5 CAVITY
SLAB	R-10, 2" DEPTH
CREAK SPACE WALL or FLOOR	R-10 CONTINUOUS OR R-5 CAVITY
DUCTS OUTSIDE CONDITIONED SPACE	R-6 FOR SUPPLY DUCTS IN ATTICS R-4 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.4.3 (IRC N103.4.3)
PENETRATION	U-FACTOR = 0.35 MAX; SHGC = 0.40 MAX
SKYLIGHTS	U-FACTOR = 0.35 MAX; SHGC = 0.40 MAX

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
11407 BARLEY FIELD WAY
HARRISBURG, MD 21754 • 410-465-3667

PROPOSED ADDITIONS AND ALTERATIONS TO THE

PORTA RESIDENCE

SCALE:
3/4" = 1'-0"
OR AS NOTED

REVISIONS

DATE: 07-01-2018

SHEET NO.

CS