



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.: B/19003907

Building Address: 4375 Old Konobury Road
 City: Brooksville State: MD Zip Code: 2053333
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: ELIZABETH HILLEN JOHNSON
 Lot: 2 Tax Map: 21 Parcel: 32

Existing Use: VACANT
 Proposed Use: NEW SFD
 Estimated Construction Cost: \$ 235,739

Description of Work: New 2 story SFD, House type
1100 sq. ft. 2 BR, 2 BA, 1.5 car garage, 2nd floor
with 2nd floor porch, 1st floor porch, 4' tall
with 3.5' high porch, 2nd floor porch

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No 2018 DEC

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MICHAEL MATHIAS
 Address: 1434 9th St NW
 City: Washington State: MD Zip Code: 20004
 Phone: 202-462-1111 Fax: 202-755-3155
 Email: mmathias@comcast.net

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michael Mathias
 Address: 1434 9th St NW
 City: Washington State: MD Zip Code: 20004
 Phone: 202-462-1111 Fax: _____
 Email: mmathias@comcast.net

Contractor Company: CONSTRUCTION MANAGEMENT
 Contact Person: MICHAEL MATHIAS
 Address: 2120 Baldwin Ave
 City: Washington State: MD Zip Code: 21114
 License No.: 3233
 Phone: 301-422-4224 Fax: _____
 Email: mmathias@comcast.net

Engineer/Architect Company: ARCHITECTURE & INTERIORS
 Responsible Design Prof.: MICHAEL K. ALA #170
 Address: 11730 Sunset Hills Rd #2100
 City: Reston State: VA Zip Code: 20190
 Phone: (703) 481-2100 Fax: (703) 481-3100
 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:	1st floor:	
	2nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" 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:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" 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	
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 type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number: <u>619000261</u>	
Building Shell Permit Number: <u>9</u>	

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: _____ Print Name: _____
 Email Address: _____ Date: 11/13/2019
 Title/Company: Permit Coordinator / Permit Serv. Mgr.

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>12/23/19</u>	<u>H. Oswald</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>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>500</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>10017</u>

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

Oswald, Hank

From: Monica Lanigan <mlanigan@carusohomes.com>
Sent: Wednesday, December 18, 2019 11:09 AM
To: Oswald, Hank
Cc: Monica Lanigan
Subject: FW: B19003907_4375 OLD ROXBURY ROAD_BP Status
Attachments: Section 3.801 Bedroom Definition.pdf; CA03_4.2_P0A0-VA.pdf

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Hank! Please see attached for the hobby room revision, we opened the entrance to a 4' wide cased opening. Hope that will suffice the 4 bedroom septic now, I will be submitting the plans back to DLIP today once I get the OK from you . Thanks

Monica Lanigan

Starts Coordinator
Caruso Homes, Inc.
W. 301-261-0277 (etx.4224)
C. 248-705-0406
2120 Baldwin Avenue, Suite 200
Crofton, Maryland 21114
mlanigan@carusohomes.com

From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Friday, December 13, 2019 8:02 AM
To: Monica Lanigan <mlanigan@carusohomes.com>; 'gphillips@mred.us' <gphillips@mred.us>; 'roshannj@aol.com' <roshannj@aol.com>
Cc: Bernard, Dana <dbernard@howardcountymd.gov>
Subject: RE: B19003907_4375 OLD ROXBURY ROAD_BP Status

Hi Monica:

Good morning. It is similar to the other building permit where you have the option of showing a cased 4 foot wide opening w/o doors, half wall, permanent book cases around room, or make it a half bath etc. Please see attached copy of the code Section 3.801-bedroom definition. Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

From: Monica Lanigan <mlanigan@carusohomes.com>
Sent: Thursday, December 12, 2019 3:57 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>; 'gphillips@mred.us' <gphillips@mred.us>; 'roshannj@aol.com' <roshannj@aol.com>
Cc: Bernard, Dana <dbernard@howardcountymd.gov>; Monica Lanigan <mlanigan@carusohomes.com>
Subject: RE: B19003907_4375 OLD ROXBURY ROAD_BP Status

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Afternoon Hank- we will get the revised OSDS plan turned around quickly and submitted early next week. As for the hobby room, I am hoping that the buyers will let us remove the closet in this room to suffice the bedroom/septic limit. As always, thank you Hank!

Monica Lanigan
Starts Coordinator
Caruso Homes, Inc.
W. 301-261-0277 (etx.4224)
C. 248-705-0406
2120 Baldwin Avenue, Suite 200
Crofton, Maryland 21114
mlanigan@carusohomes.com

From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Thursday, December 12, 2019 10:35 AM
To: 'gphillips@mred.us' <gphillips@mred.us>; Monica Lanigan <mlanigan@carusohomes.com>; 'roshannj@aol.com' <roshannj@aol.com>
Cc: Bernard, Dana <dbernard@howardcountymd.gov>
Subject: RE: B19003907_4375 OLD ROXBURY ROAD_BP Status

Hi Greg:

It looks like I did the initial OSDS Plan review, so I am going to reassign this building permit to myself. The OSDS Plan review comments were sent to NJR & Assoc. on September 17, 2019 (see attached). To date, I have not received a revised plan. The building permit floor plan appears to show 5 bedrooms. I'm counting the Hobby room in the basement because it looks like it has a window and direct access to a full bathroom. Perhaps Ms. Lanigan could confirm this.

Once I have an approved OSDS Plan for either a 4 or 5 bedroom depending on the final BR count, I should be able to sign off on the building permit.

Thanks,

Hank

From: Oswald, Hank
Sent: Thursday, December 12, 2019 8:01 AM
To: 'gphillips@mred.us' <gphillips@mred.us>
Cc: Bernard, Dana <dbernard@howardcountymd.gov>
Subject: B19003907_4375 OLD ROXBURY ROAD_BP Status

Hi Greg:

Good morning. I received your v/m regarding status of building permit # B19003907 (SFD). It is assigned to my coworker Dana Bernard. I've cc'd her on this for follow-up.

Thanks,

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

Date: 12/18/19

To: Dan Swartz
(Person's Name and Division)

From: Monica Caruso Hamos (667) 307 4224
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 4375 OLD Roxbury Rd.
Permit # B19003907 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 dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

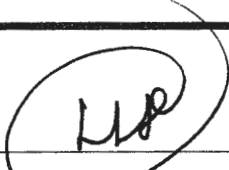
Contact Person Information: (Required)

Monica Lanigan
Please Print Name

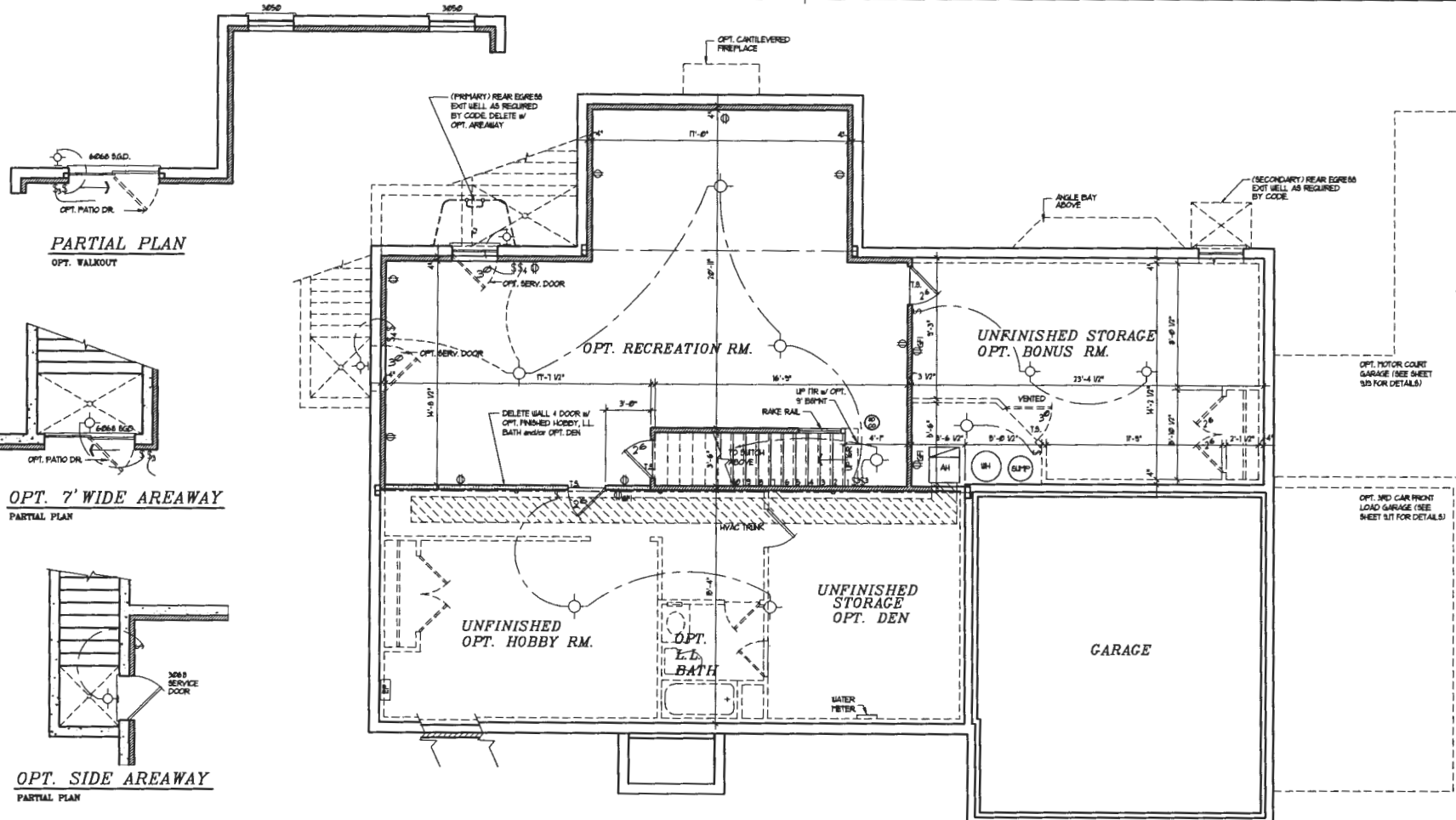
Telephone No: 667 307 4224

E-Mail Address: Mlanigan@CARUSO
NONRES.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. 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 

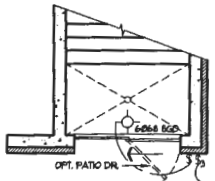
RECEIVED
11/18/19
CC: Hec/HM
1st rev. no fee



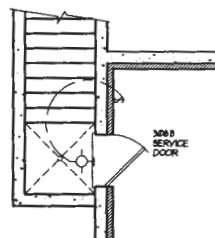
GENERAL NOTES:

- FLOOR AREAS/PIECES LOCATED DIRECTLY OVER A SPACE THAT IS NOT PROTECTED BY AN AUTOMATIC FIRE SPRINKLER SYSTEM SHALL BE:
 - CONSTRUCTED OF NOMINAL 7x12" OR GREATER DIMENSIONAL LUMBER
 - PROVIDED WITH 1/2" GYPSUM WALLBOARD OVER 5/8" WOOD STRUCTURAL PANEL MEMBRANE OR EQUIVALENT ON THE UNDERSIDE OF THE FLOOR FRAMING MEMBERS. (AS AN ALTERNATIVE, 1-JOIST MAY BE PROTECTED WITH AN APPROVED FIRE-PROTECTIVE CONTING.)
- BASEMENTS SHALL HAVE NOT LESS THAN ONE EMERGENCY ESCAPE AND RESCUE OPENING THAT SHALL OPEN DIRECTLY INTO A PUBLIC WAY OR YARD THAT LEADS TO A PUBLIC WAY.
- SLEEPING ROOMS IN BASEMENTS THAT ARE NOT PROTECTED BY AN AUTOMATIC FIRE SPRINKLER SYSTEM SHALL ALSO HAVE AN EMERGENCY ESCAPE AND RESCUE OPENING THAT LEADS TO A PUBLIC WAY.
- SLEEPING ROOMS IN BASEMENTS THAT ARE PROTECTED WITH FIRE SPRINKLER SYSTEM ARE NOT REQUIRED TO HAVE EMERGENCY ESCAPE AND RESCUE OPENING. THE EGRESS WINDOW AND WELL MAY BE OPENED AS "OPTIONAL".

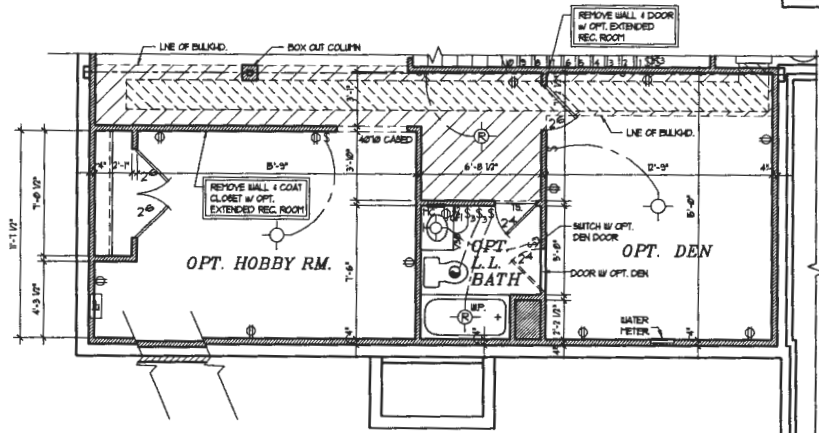
PARTIAL PLAN
OPT. WALKOUT



OPT. 7' WIDE AREAWAY
PARTIAL PLAN



OPT. SIDE AREAWAY
PARTIAL PLAN



OPT. FINISHED LOWER LEVEL PLAN
SCALE: 1/4" = 1'-0"

**PARTIAL PLAN w/
OPT. HOBBY, L.L. BATH & DEN**
SCALE (17x11): 1/8" = 1'-0"
SCALE (34x22): 1/4" = 1'-0"

Professional Certification
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
license number: 0621
expiration date: 04-03-2020

Architecture Collaborative, Inc.
8320 Main Street, Suite 2, Ellicott City, MD 21043
www.archcoll.com
Tel.: (410) 465-7500 Fax: (410) 465-0903

content: OPT. FINISHED LOWER LEVEL PLAN
scale: 1/8" = 1'-0" FILE# CADSP040/dwn. date: 05-16-19
title: CARUSO HOMES KINGSPOINT

REVISIONS	REVISE	FOR/AS
01-22-19	REVISE PORCH SIZE	
02-09-19	ADD WINDOWS AT WALK-OUT - RC	
02-09-19	ELIMINATE DOOR TO OPT. HOBBY RT.	

SHEET #
4.2

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

Date: 12/18/19
To: Don Swartz
(Person's Name and Division)
From: Monica Caruso Humes (607) 307 4224
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 4375 OLD Roxbury Rd.
Permit # B19003907 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 dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Monica Lanigan Telephone No: 607 307 4224
Please Print Name E-Mail Address: MLanigan@CarusoHumes.com

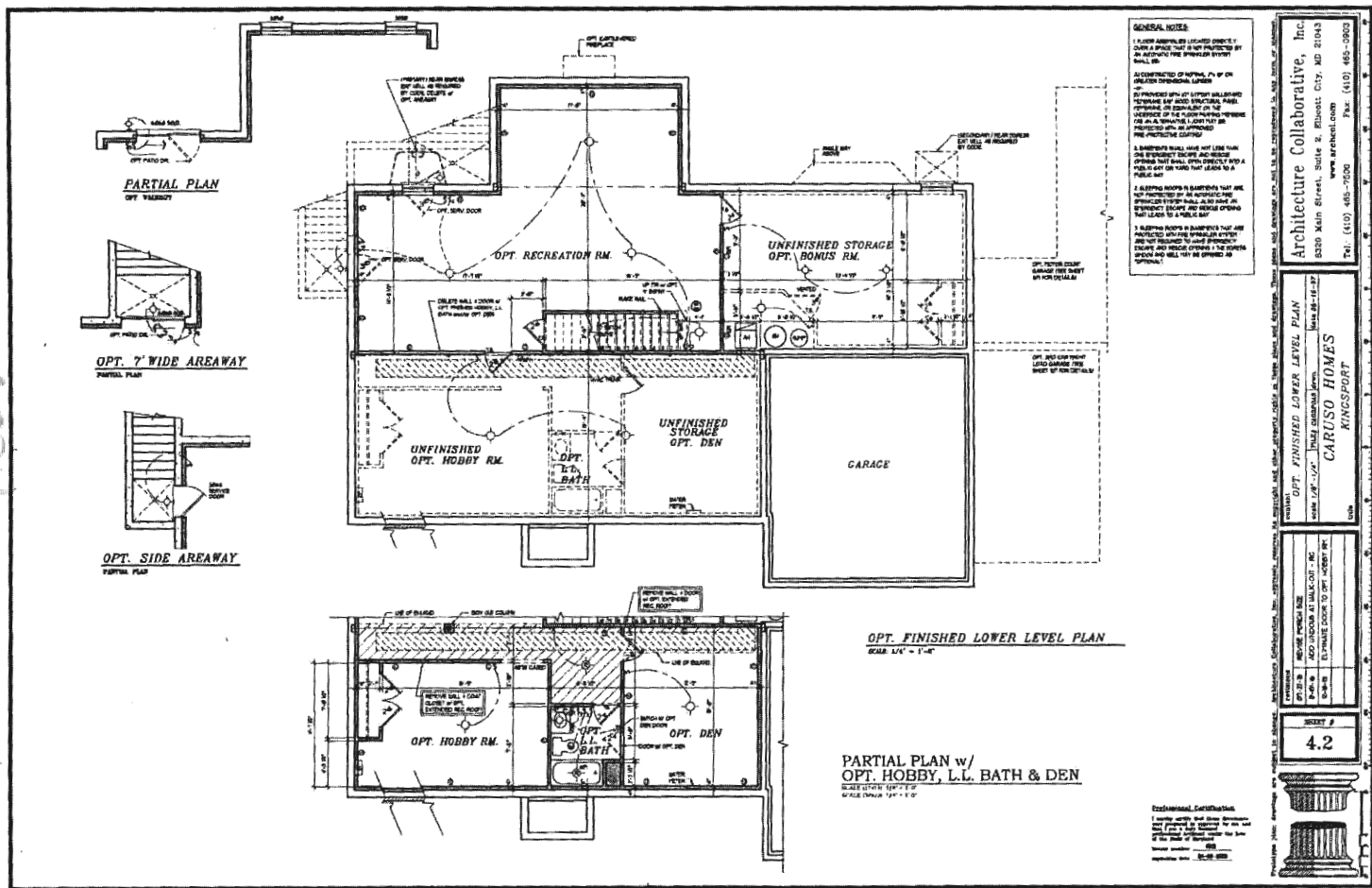
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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. 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.

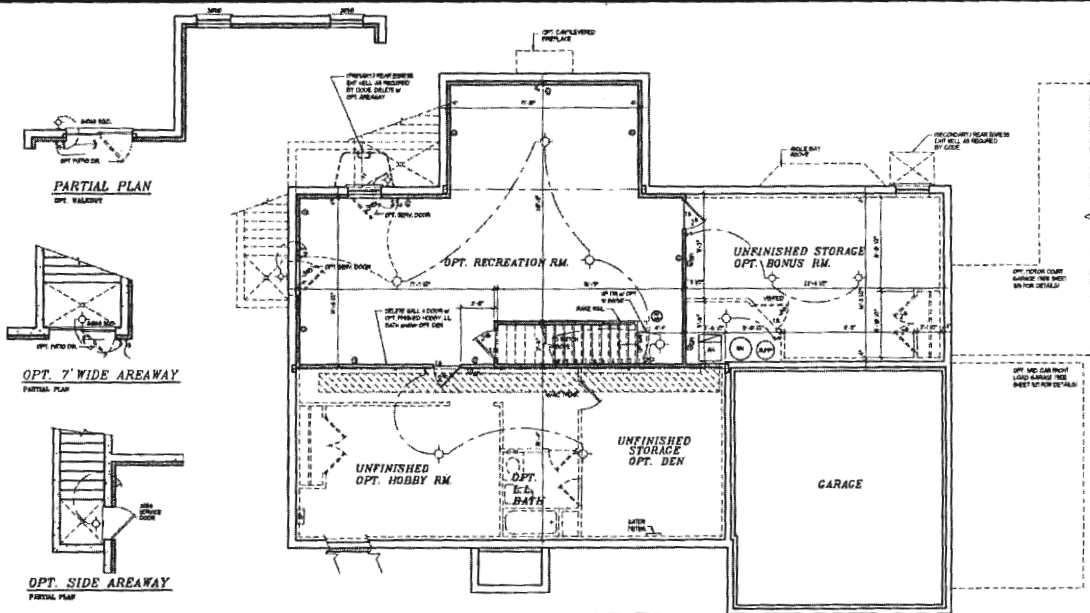
Received by UP

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

RECEIVED
DEC 18 2019
1st rev no fee

Health 199603907

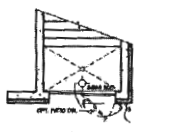




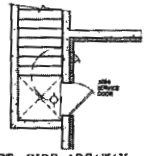
GENERAL NOTES:

1. ALL DIMENSIONS LOCATED EXPLICITLY WITH A DIMENSION LINE ARE PROTECTED BY AN AUTOMATIC FIRE SUPPRESSION SYSTEM SHALL BE.
2. UNLESS OTHERWISE NOTED, ALL WORK SHALL BE IN ACCORDANCE WITH THE 2000 INTERNATIONAL RESIDENTIAL CODE AND ALL APPLICABLE LOCAL ORDINANCES AND REGULATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVED PRELIMINARY DRAWINGS.
3. CONTRACTOR SHALL MAINTAIN ALL EXISTING UTILITIES AND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVED PRELIMINARY DRAWINGS.
4. CONTRACTOR SHALL MAINTAIN ALL EXISTING UTILITIES AND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVED PRELIMINARY DRAWINGS.
5. CONTRACTOR SHALL MAINTAIN ALL EXISTING UTILITIES AND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVED PRELIMINARY DRAWINGS.

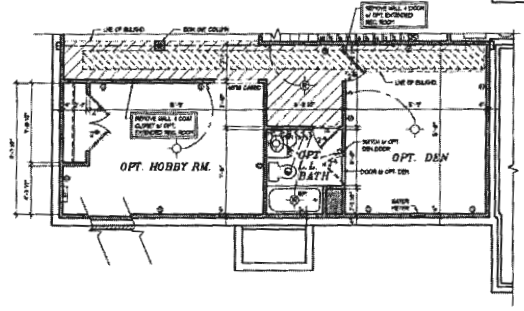
PARTIAL PLAN
OPT. TRASH



OPT. 7' WIDE AREAWAY
PARTIAL PLAN



OPT. SIDE AREAWAY
PARTIAL PLAN



OPT. FINISHED LOWER LEVEL PLAN
SCALE 1/4" = 1'-0"

**PARTIAL PLAN w/
OPT. HOBBY, L.L. BATH & DEN**
SCALE 1/4" = 1'-0"

Professional Certification
I, the undersigned, being a duly Licensed Professional Engineer in the State of Illinois, do hereby certify that I am the author of the above design and that it was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer in the State of Illinois.

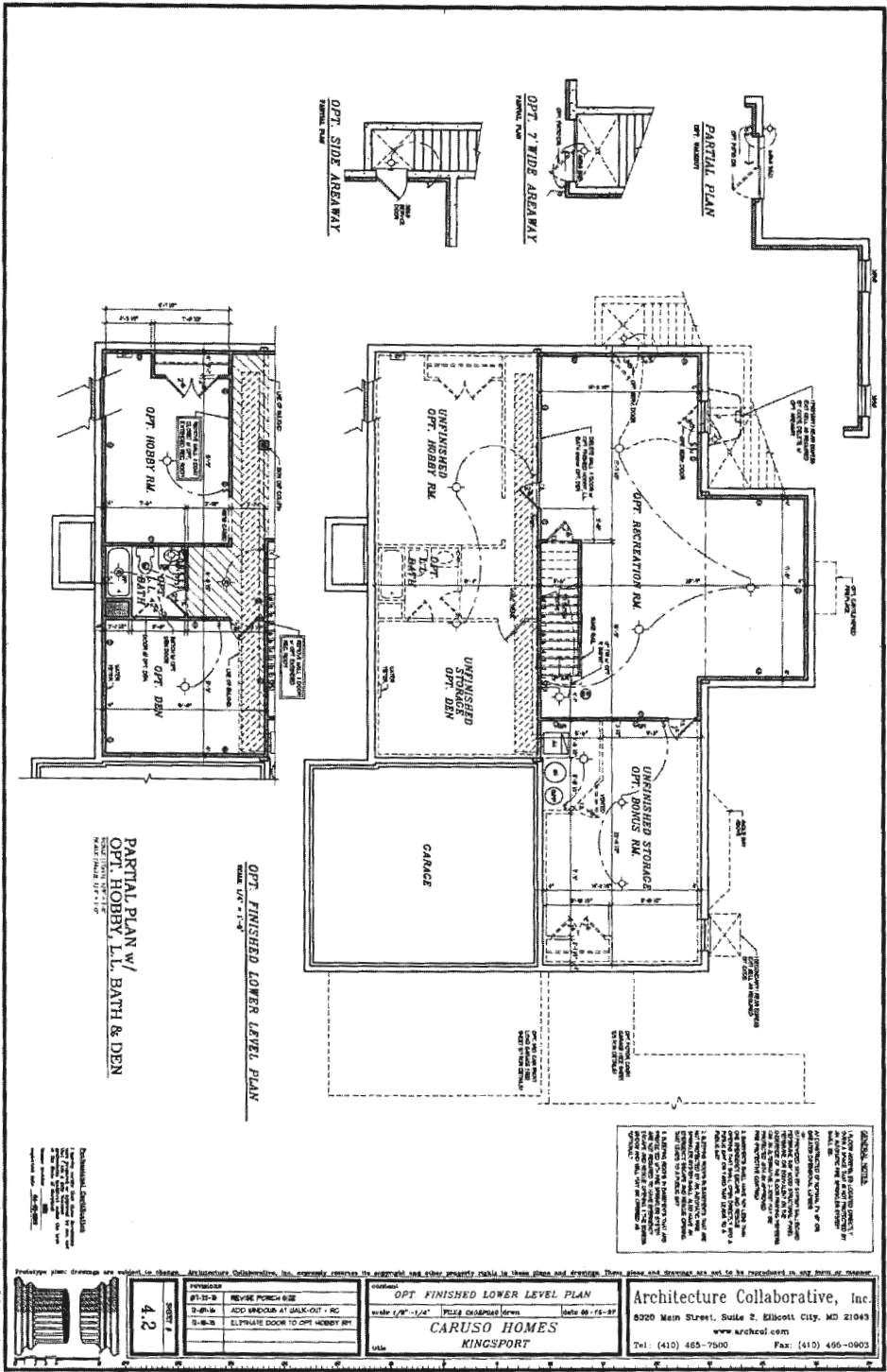
Signature: _____
Date: _____
Professional Seal: _____

Architecture Collaborative, Inc.
1030 Main Street, Suite 2, Dubuque, IA 52003
www.archcollab.com
Tel: (319) 465-7600 Fax: (319) 465-0963

OPT. FINISHED LOWER LEVEL PLAN
SCALE 1/4" = 1'-0"
DATE: 11/11/11
DRAWN BY: J. H. HARRIS
CHECKED BY: J. H. HARRIS
DATE: 11/11/11

CARISO HOMES
KINGSFORD

SHEET #
4.2



PARTIAL PLAN w/
OPT. HOBBY, L.L. BATH & DEN
SCALE: 1/8" = 1'-0"

OPT. FINISHED LOWER LEVEL PLAN
SCALE: 1/8" = 1'-0"

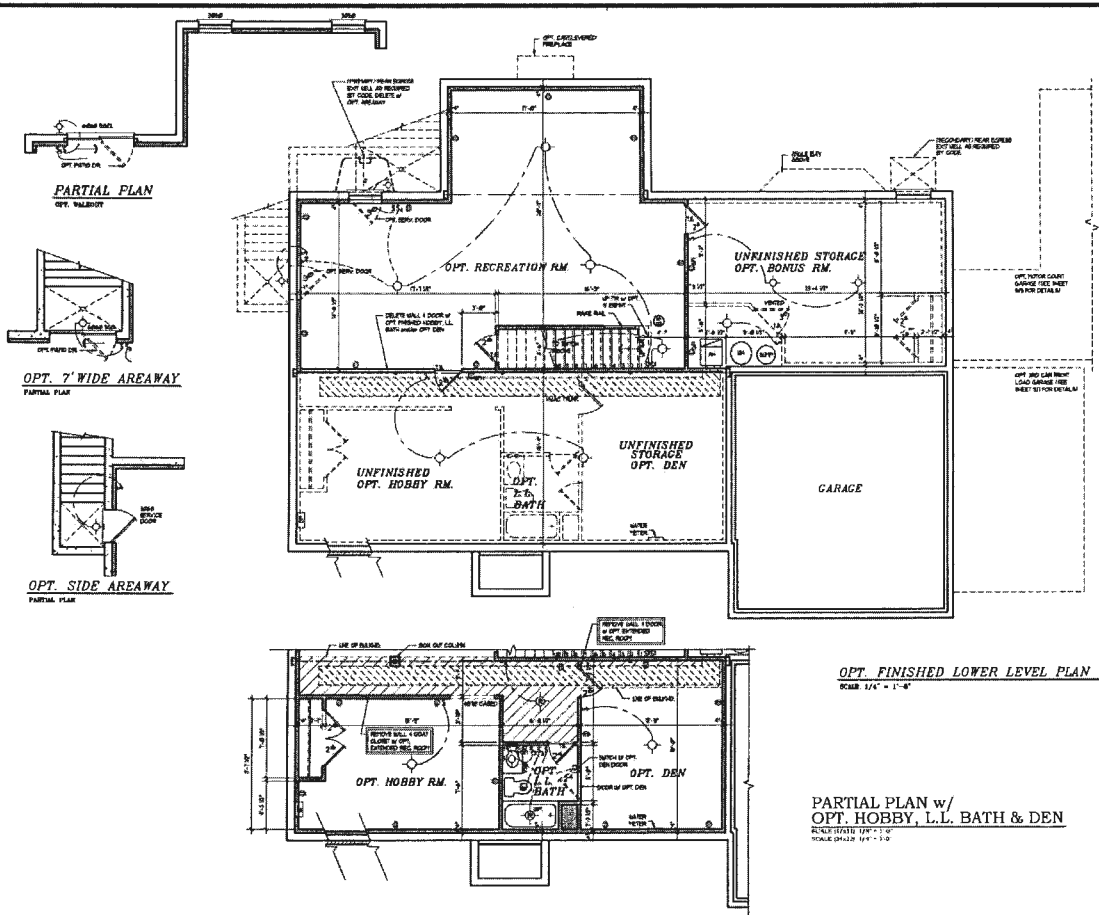
GENERAL NOTES:

1. ALL WORK SHALL BE ACCORDING TO THE NATIONAL BUILDING CODES AND ALL APPLICABLE LOCAL ORDINANCES.
2. ALL WORK SHALL BE ACCORDING TO THE NATIONAL ELECTRICAL CODE AND ALL APPLICABLE LOCAL ORDINANCES.
3. ALL WORK SHALL BE ACCORDING TO THE NATIONAL MECHANICAL CODES AND ALL APPLICABLE LOCAL ORDINANCES.
4. ALL WORK SHALL BE ACCORDING TO THE NATIONAL PLUMBING CODES AND ALL APPLICABLE LOCAL ORDINANCES.
5. ALL WORK SHALL BE ACCORDING TO THE NATIONAL FIRE ALARMS CODES AND ALL APPLICABLE LOCAL ORDINANCES.
6. ALL WORK SHALL BE ACCORDING TO THE NATIONAL SAFETY CODES AND ALL APPLICABLE LOCAL ORDINANCES.
7. ALL WORK SHALL BE ACCORDING TO THE NATIONAL HEALTH CARE CODES AND ALL APPLICABLE LOCAL ORDINANCES.
8. ALL WORK SHALL BE ACCORDING TO THE NATIONAL ENVIRONMENTAL CODES AND ALL APPLICABLE LOCAL ORDINANCES.
9. ALL WORK SHALL BE ACCORDING TO THE NATIONAL TRANSPORTATION CODES AND ALL APPLICABLE LOCAL ORDINANCES.
10. ALL WORK SHALL BE ACCORDING TO THE NATIONAL COMMUNICATIONS CODES AND ALL APPLICABLE LOCAL ORDINANCES.

Professional Seal
 ARCHITECT
 STATE OF MARYLAND
 No. 12345
 DATE: 08/15/07

Professional drawings are subject to change. Architecture Collaborative, Inc. expressly reserves its copyright and other property rights in these plans and drawings. These plans and drawings are not to be reproduced in any form or manner without the written consent of Architecture Collaborative, Inc.

PROJECT: OPT. FINISHED LOWER LEVEL PLAN DRAWN BY: [Name] DATE: 08-15-07	ARCHITECTURE COLLABORATIVE, INC. 8020 Main Street, Suite 2, Ellicott City, MD 21043 www.archcol.com Tel: (410) 465-7500 Fax: (410) 465-0903
---	--



GENERAL NOTES:

1. ALL WORK SHOWN IS LOCATED EXCEPT WHERE SHOWN OTHERWISE. ALL WORK NOT SHOWN IS TO BE PROVIDED BY THE CONTRACTOR.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND PLUMBING CODE (IMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ELECTRICAL CODE (IEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ENERGY EFFICIENCY CODE (IEEC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL SMOKE AND ALARM CODE (ISAC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL SAFETY CODE (ISC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ACCESSIBILITY CODE (IAC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL CONSTRUCTION CODE (ICC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.

**PARTIAL PLAN w/
OPT. HOBBY, L.L. BATH & DEN**
SCALE: 1/4" = 1'-0"

Architectural Collaborative, Inc.
 8020 Main Street, Suite 2, Ellicott City, MD 21043
 www.archcollab.com
 Tel: (410) 485-7500 Fax: (410) 485-0903

PROJECT: OPT. FINISHED LOWER LEVEL PLAN
DATE: 1/18/14
SCALE: 1/4" = 1'-0"

DESIGNER: CARUSO HOMES
LOCATION: MUMFORD

REVISIONS:

NO.	DATE	DESCRIPTION
01	1/18/14	ISSUE FOR PERMITS
02	1/18/14	ADD WINDOW AT BALK-OUT - R2
03	1/18/14	ADD WINDOW AT BALK-OUT - R2
04	1/18/14	ADD WINDOW AT BALK-OUT - R2
05	1/18/14	ADD WINDOW AT BALK-OUT - R2
06	1/18/14	ADD WINDOW AT BALK-OUT - R2
07	1/18/14	ADD WINDOW AT BALK-OUT - R2
08	1/18/14	ADD WINDOW AT BALK-OUT - R2
09	1/18/14	ADD WINDOW AT BALK-OUT - R2
10	1/18/14	ADD WINDOW AT BALK-OUT - R2

SHEET #
4.2

PROFESSIONAL CERTIFICATION:
 I hereby certify that I am a duly Licensed Professional Engineer in the State of Maryland, and I am the author of the design shown on this drawing.
 Signature: [Signature]
 Date: 1/18/14