



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

OILP 2020 (IPA 29) 04/10

Date Received: _____

Permit No.: B20000357

Building Address: 14542 AMBREEN WAY
 City: COOKSVILLE State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: PAR B
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: SANDRA CICHETTE
 Address: 2665 THOMPSON DRIVE
 City: MARRIOTSVILLE State: MD Zip Code: 21104
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: APPLIED & APPROVED
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: AIR GAS
 Contact Person: DENNIS FEAGA
 Address: 6750 MACLEAN WAY STE B
 City: GLEN BURNIE State: MD Zip Code: 21060
 License No.: 81215
 Phone: 410-984-5681 Fax: _____
 Email: _____

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

Existing Use: SFD
 Proposed Use: SFD W/TANK
 Estimated Construction Cost: \$ 4,000
 Description of Work:
INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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	
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	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>619000221</u>	
Building Shell Permit Number: <u>819002711</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.

MICHELLE CLANCY
 Applicant's Signature
MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
PERMITS
 Title/Company

MICHELLE CLANCY
 Print Name
RECEIVED
 Date
JAN 29 2020

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY-

LICENSES & PERMITS DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/6/20</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	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>7472</u>

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

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

AK.H

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

Date: 1/30/2020
To: Syd.
From: Kate Clancy (443) 610 7514
Subject: Project name Cecelie Tank
Project site address 141542 Ambreen Way
Permit # B20000357 SDP #
Other information pertinent to this project

RECEIVED FEB 03 2020 PLAN REVIEW DIVISION

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 change size to 500gal & new specs

Contact Person Information: (Required)

Kate Clancy
Please Print Name

Telephone No: 443 610 7514

E-Mail Address: michelle@appliedanc approved.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 [Signature]



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2019 AUG 14 PM 2:46

Date Received: _____

Permit No.: B19002711

Building Address: 14512 Ambruen Way
 City: Cockeville State: MD Zip Code: 21723
 Suite/Apt. #: _____ SDP/WP/BA #: F-17-07C
 Subdivision: Ambruen Woods
 Lot: 5 Tax Map: 08 Parcel: 237

Existing Use: Vacant
 Proposed Use: New SFD
 Estimated Construction Cost: \$ 300,000
 Description of Work: Construct Home (Thomas plan revised) 4 bed / 3.5 bath

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

Property Owner's Name: Burkard Homes
 Address: 5050 Watchdog Rd # 110
 City: Columbia State: MD Zip Code: 21045
 Phone: 410.395.1052 Fax: _____
 Email: tim@burkardhomes.com

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

Contractor Company: Same as owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: MHBR-6300
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: Mikenberg, Inc
 Responsible Design Prof.: _____
 Address: 7350-B Grace Drive
 City: Columbia State: MD Zip Code: 21044
 Phone: 410.997.0296 Fax: 410.997.0298
 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: <u>401</u>	
Area of construction (sq. ft.):	2nd floor: <u>48</u>	
Use group:	Basement: <u>46</u>	
Construction type:	<input 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: <u>4</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____	
Roadside Tree Project Permit #	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
	Footings: _____	
	Roof: _____	
	<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 checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" 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	
<input checked="" type="checkbox"/> Grading Permit Number: <u>108820</u>	
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: tim@burkardhomes.com
 Email Address: Member, Burkard Homes
 Title/Company: _____

Print Name: Tim Burkard
 Date: 8/1/19

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>J-B-Burke</u>

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

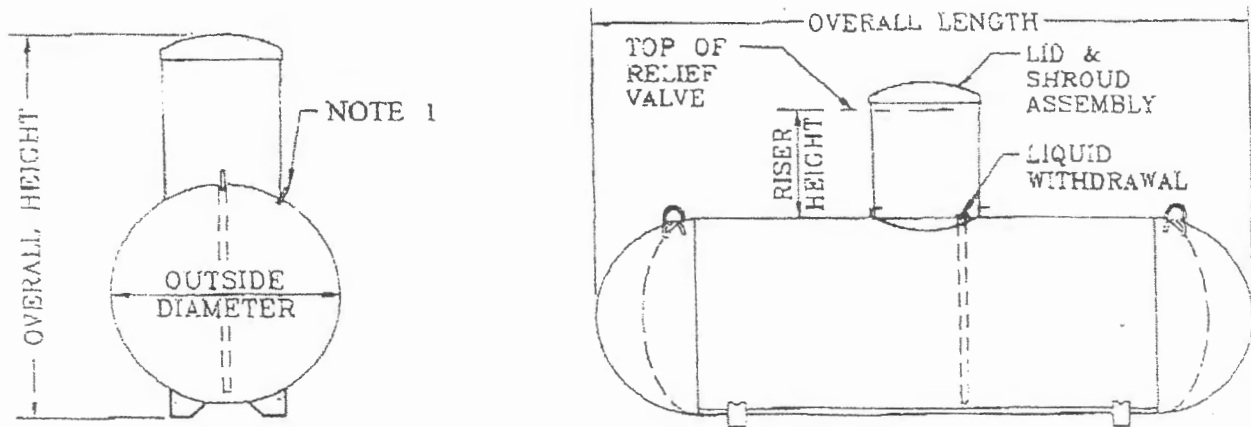
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>150.00</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>108820</u>

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

TRINITY INDUSTRIES, INC.

Underground Vessel



General Specifications

Conforms to the latest edition and addenda of the ASME, Section VIII, div.1 code for Pressure Vessels. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				14" Riser Height	28" Riser Height		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.8 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
250 wg 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	472 lbs. 214.1 kg	42
320 wg 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	588 lbs. 266.7 kg	35
500 wg 1892.5 L	37.42" 950.9 mm	Hemi	9' - 10" 2997.2 mm	4' - 11 3/8" 1506.6 mm	5' - 9 7/8" 1773.2 mm	921 lbs. 417.8 kg	25
1000 wg 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4846.6 mm	5' - 2 7/8" 1597.0 mm	6' - 1 3/8" 1863.7 mm	1731 lbs. 785.2 kg	15
2000 wg 3785.6 L	46.614" 1183.9 mm	Ellip	23' - 9 3/8" 7248.5 mm	5' - 8 13/16" 1747.8 mm	6' - 7 5/16" 2014.5 mm	3685 lbs. 1671.4 kg	8

Note 1- Additional set of lifting lugs on 500 wg & 1000 wg vessels with a 28" riser height only.

Bernard, Dana

From: Bernard, Dana
Sent: Friday, August 23, 2019 11:00 AM
To: 'Jamie Sweadner'
Subject: RE: Ambreen

Good Afternoon Jamie,

I have approved the OSDS plan and building permit with conditions. I asked for a revision to include 2% fall and the response was 1.4 %. This may or may not work and we will discover during the layout inspection. I just want you to know if your proposal does not work in the field you will have to submit a new OSDS plan for this project.

Thanks
Dana Bernard

From: Jamie Sweadner <Jsweadner@mba-eng.com>
Sent: Monday, August 19, 2019 9:42 AM
To: Bernard, Dana <dbernard@howardcountymd.gov>
Subject: Ambreen

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

Good morning!

Is the plot plan ready for me to pick up?

Thanks!

Jamie

Jamie Hill Sweadner
Office Manager
Mildenberg, Boender & Assoc., Inc.
7350 Grace Drive, Suite B
Columbia, MD 21044
410-997-0296

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, August 06, 2019 9:55 AM
To: maya@mba-eng.com
Subject: Ambreen Woods

Good Morning Maya,

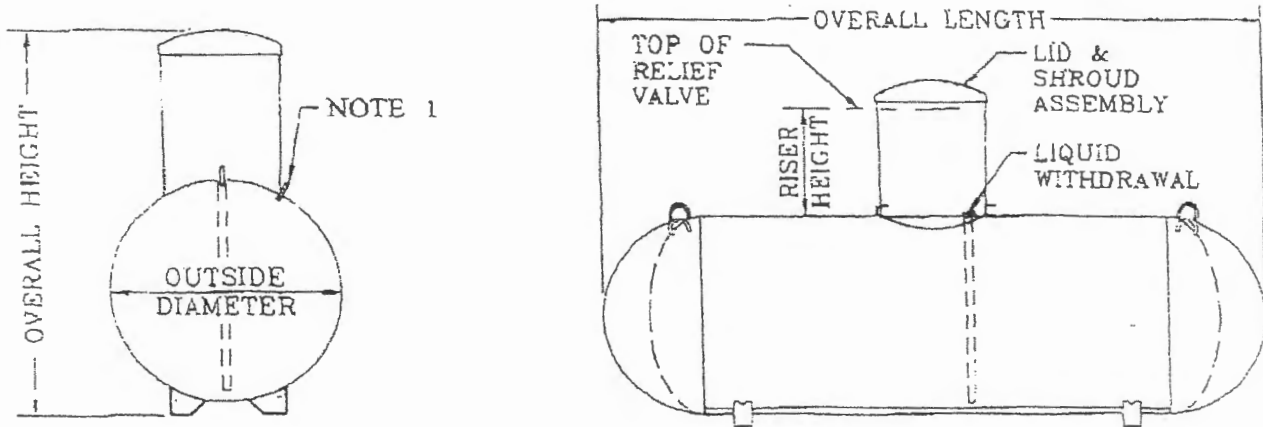
I need the floor plans for 14542 Ambreen Woods to confirm the number of bedrooms for the OSDS proposed. I have also reviewed the OSDS and I just want to let you know that changes may have to occur if your plan does not work in the field. Many times our proposals look good on paper and when the system is actually installed in the field it does not work. If you have any questions don't hesitate to send me an e-mail.

Dana Bernard

Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail:

TRINITY INDUSTRIES, INC.

Underground Vessel



General Specifications

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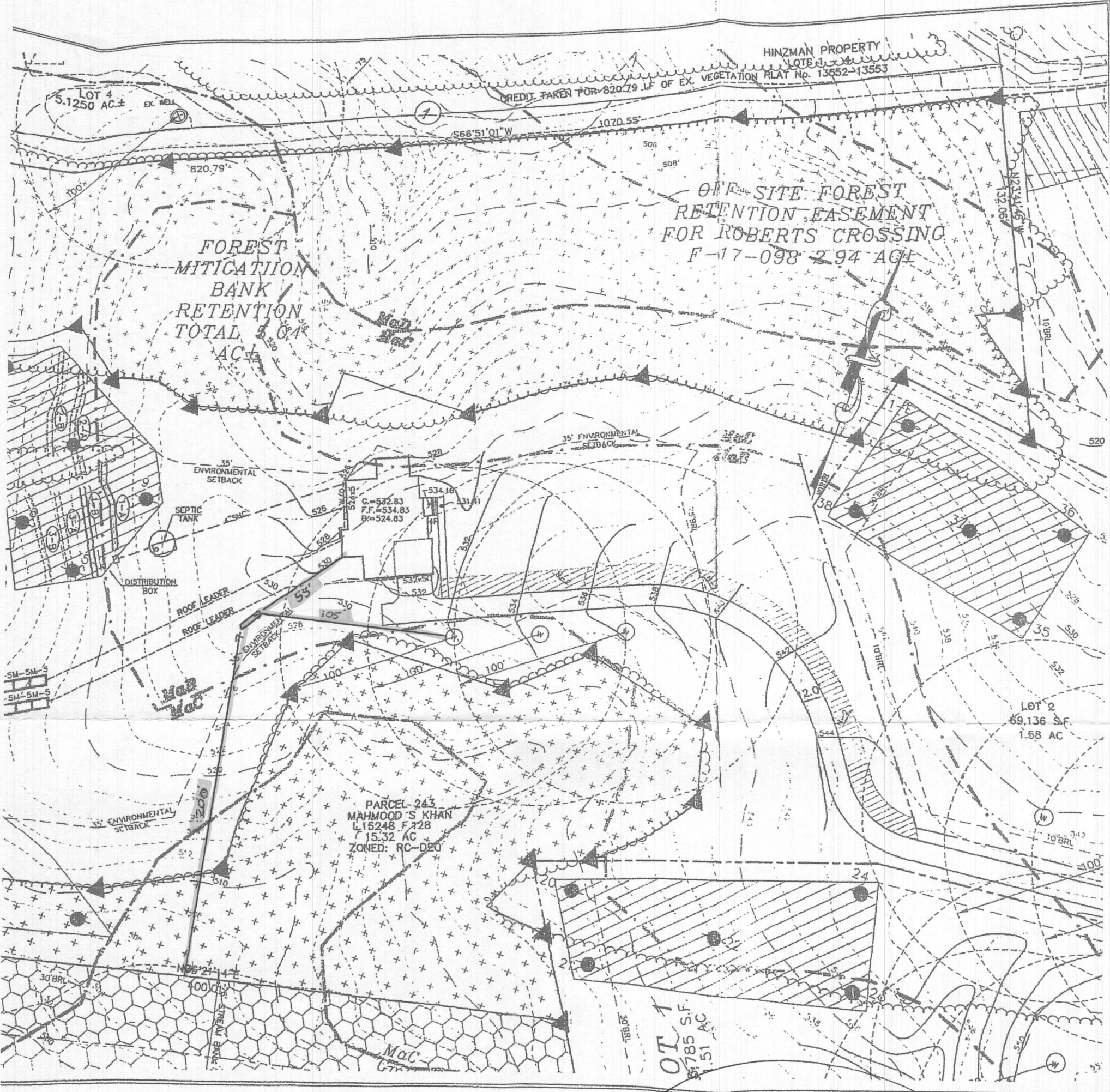
Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

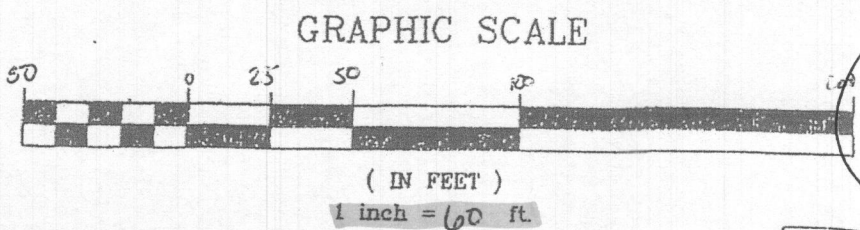
Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				Riser Height 14"	28"		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.6 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
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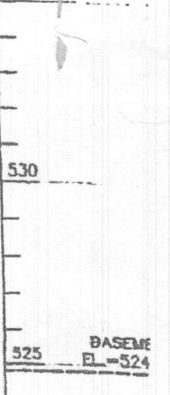
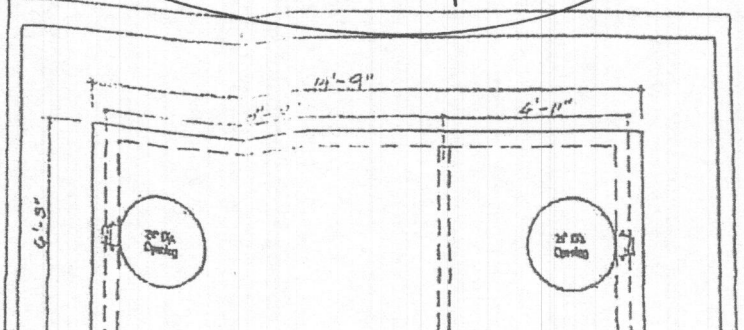
See ground



Approved for UPT
B20000357
~~At~~ 2/6/20

SEPTIC TRENCH SIZING

LENGTH OF TRENCH



DESIGN CRITERIA

ROOF SNOW LOAD (pounds per square foot)	30	
WIND PRESSURE (pounds per square foot)	17 +/- (90 m.p.h.)	
SEISMIC CONDITION BY ZONE	B	
SUBJECT TO DAMAGE	WEATHERING	SEVERE
	FROST LINE DEPTH	30
	TERMITE	MODERATE
	DECAY	MODERATE
WINTER DESIGN TEMP. FOR HEAT. FACILITIES	13'	
RADON RESISTANT CONSTRUCTION REQ.		
FLOOD ZONE		
ALL WORK SHALL COMPLY WITH 2012 INTERNATIONAL RESIDENTIAL CODE W/ AMENDMENTS		



PROFESSIONAL CERTIFICATION
I 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 #14678
Expiration Date: 6/30/2020

Jonathan Rivera
License Number #14678

14542 AMBREEN WAY - THE POTOMAC MODIFIED

IECC CODE COMPLIANCE

Climate Zone 4
Compliance Method
- Mandatory and Prescriptive Provisions

Exterior Frame Wall Construction
- 2x6 Studs @ 16" o.c.
- R-21 Kraft faced batt insulation
- 1/16" O.S.B. (continuous)
- Housewrap
Attic Insulation
- R-49
Basement Wall Insulation
- R-19/R-10 Foil Faced Continuous Batt Full Height extending from floor above to finish grade level and then vertically or horizontally an additional 2'-0"

Floor Insulation over Unconditioned Space
- R-38 batt insulation
Window U-Value/SHGC
- U-Value = .34
- SHGC = .31
Slab on Grade Floors less than 12" below grade
- R-10 Rigid Foam Board under slab extending 2'-0" vertically or 2'-0" horizontally

Attic Access
- 22x54 Access Scuttle will be weatherstripped and insulated R-49
Building Thermal Envelope (air leakage)
- Exterior walls and penetrations will be sealed per this section of the 2012 IECC with caulk, gaskets, weatherstripping or an air barrier of suitable material
Building Envelope Tightness Test
- Building envelope tightness and insulation must meet the inspection criteria listed in table 402.4.2. A "Blower Door Air Infiltration Test" shall be performed. See also Section 4303.4 of the 2012 IRC.

Fireplace
- All wood burning masonry fireplaces will have gasketed doors and outdoor combustion air. Gasketed doors are not required for prefabricated units.

Recessed Lighting
- Recessed luminaires installed in the building thermal envelope shall be sealed to limit air leakage.

Thermostat
- All dwelling units will have at least 1 programmable thermostat for each separate heating and cooling system per 2012 IECC section 403.1
- Where a heat pump system having supplementary electric resistance heat is used the thermostat shall prevent the supplementary heat from coming on when the heat pump can meet heating load.

Mechanical Duct Insulation
- Supply ducts in attic R-8 minimum
- Supply ducts outside of conditioned spaces R-6 minimum
- All other ducts except those located completely inside the building thermal envelope R-6 minimum. Ducts located under concrete slabs R-6 minimum

Duct Sealing
- All ducts, air handlers, filter boxes will be sealed. Joints and seams will comply with section M1601.4.1 of the IRC.
- A duct tightness test ("Duct Blaster" duct total leakage test) will be performed on all homes and shall be verified by either a post construction test or a rough-in test. Duct tightness test is not required if the air handler and all ducts are located within the conditioned space.

Mechanical Ventilation
- Outdoor (make-up) air will be brought into the home thru a duct with an automatic OR gravity damper.

Equipment Sizing
- All furnaces will be 80% efficient furnaces minimum

Lighting Equipment
- A minimum of 75% of all lamps (lights) must be High-Efficacy Lamps

Water Heater
- Minimum efficiency established by NAECA

Contractor will be responsible for generating Certificate of Compliance and affixing to electrical panel.

DRAWING LIST

0.00	TITLE SHEET
0.01	GENERAL NOTES
0.02	GENERAL NOTES
1.01	FRONT ELEVATION
1.21	RIGHT ELEVATION
1.31	LEFT ELEVATION
1.41	REAR ELEVATION
2.01	FOUNDATION PLAN
2.02	FOUNDATION DETAILS
3.01	FIRST FLOOR PLAN
4.01	SECOND FLOOR PLAN
4.51	FIRST FLOOR PLAN BRACING
4.52	SECOND FLOOR PLAN BRACING
4.53	ELEVATION BRACING
4.54	BRACING DETAILS
5.01	SECTION A-A
5.02	SECTION B-B
5.03	SECTION C-C
5.10	TYPICAL WALL SECTIONS

AREA INFO

LEVEL	SQUARE FEET
BASEMENT	2,222 s.f.
GROUND FLOOR	2,393 s.f.
SECOND FLOOR	1,717 s.f.
SUB TOTAL	6,332 s.f.
GARAGE	418 s.f.

REVISIONS

DATE	COMMENT
07-31-12	Preliminary Base Set
09-10-13	PERMIT SET - CUSTOM
12-12-2013	Revision

14542 Ambreen Way
SCALE: 1/4" = 1'-0"
06-15-09 PRELIMINARY BASE SET
10-02-12 2012 Code Revisions
09-10-13 Permit Review Set
12-12-13 Revision

PRINT: Thursday, August 08, 2013

BURKARD HOMES, LLC
5300 DORSEY HALL DRIVE - SUITE 102
ELLCOTT CITY, MARYLAND 21042
240-375-1052

GENERAL CONSTRUCTION NOTES:

- WRITTEN DIMENSIONS ON THESE DRAWINGS SHALL HAVE PRECEDENCE OVER SCALED DIMENSIONS. CONTRACTORS SHALL VERIFY AND BE RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS ON THE JOB AND SHALL NOTIFY THIS OFFICE OF ANY VARIATIONS FROM THE DIMENSIONS AND CONDITIONS SHOWN ON THESE DRAWINGS. SHOP DRAWINGS MUST BE SUBMITTED TO THE OWNER BEFORE PROCEEDING WITH FABRICATION OF STAIRS, ROOF AND/OR FLOOR TRUSSES.
- WHERE DRAWINGS ARE IN CONFLICT WITH OTHER DRAWINGS, SPECS OR DETAILS, THE CONTRACTOR SHALL CONTACT THE ARCHITECT FOR CLARIFICATION.
- PROVIDE TRANSITION STRIPS AT ALL CHANGES IN FLOOR FINISHES.
- ALL CLOSETS ARE TO HAVE THE SAME FINISH AS THE ADJOINING ROOM UNLESS OTHERWISE NOTED.
- PROVIDE 22 1/2" X 54" ATTIC ACCESS WITH SWITCHED LIGHT, UNLESS OTHERWISE NOTED.
- PROVIDE PLUMBING FIXTURE ACCESS PANEL AT EACH TUB AND SHOWER ENCLOSURE AS REQUIRED BY LOCAL JURISDICTION.
- PROVIDE HANDRAILS 30" - 38" ABOVE NOSINGS ON ALL STAIRS W/ THREE OR MORE RISERS. RETURN RAILS TO WALL OR NEWEL. REQUIRED HANDRAILS SHALL BE CONTINUOUS THE FULL LENGTH OF STAIR. PROVIDE GUARDRAILS AT RAISED FLOORS, BALCONIES, ETC...30" OR MORE ABOVE GRADE OR FLOOR BELOW. GUARDS SHALL BE MIN. 36" HIGH AND HAVE CLOSURES SPACED TO PREVENT PASSAGE OF A 4" SPHERE.
- PROVIDE NOMINAL 2x FIRE BLOCKING AT EVERY FLOOR INTERVAL, BULKHEAD AND CHASE. IF OPEN WEB FLOOR TRUSSES ARE UTILIZED, PROVIDE 1/2" G.L.B. DRAFTSTOPPING, NOT TO EXCEED 500 S.F.
- PROVIDE A MINIMUM OF TWO 2x4 DIAGONAL BRACES AT APPROX. 45 DEGREE ANGLE AT MID-POINT OF SPAN FROM BOTTOM CHORD TO RIDGE OF ROOF TRUSSES. INSTALL OTHER BRACES AS REQUIRED BY THE TRUSS MANUFACTURER'S SHOP DRAWINGS AND IN COMPLIANCE WITH HIB 91 SUPPLIED BY MANUFACTURER.
- PROVIDE A MINIMUM OF 6'-9" HEAD CLEARANCE FOR ALL STAIRS. STAIR RISERS SHALL NOT EXCEED 8-1/4" AND TREADS SHALL BE AT LEAST 9" WITH 1" NOSING.
- PROVIDE SOFFIT VENTS, RIDGE VENTS, OR GABLE END VENTS AS SHOWN ON THE DRAWINGS. MAINTAIN MINIMUM 1/300 FREE VENTILATION FOR HORIZONTALLY PROJECTED ROOF AREA. INSTALL PLASTIC OR CARDBOARD BAFFLES IN EACH TRUSS/RAFTER BAY TO MAINTAIN FREE AIR FLOW.
- MECHANICAL, PLUMBING, AND ELECTRICAL CONTRACTORS SHALL BE REQUIRED TO SEAL ALL PENETRATIONS IN FLOORS AND EXTERIOR WALLS CAUSED BY THEIR TRADES.
- ROUGH CARPENTRY CONTRACTORS SHALL SEAL ALL PANEL BUTT JOINTS AND FLATES AT FLOORS, CEILING, WINDOWS, DOOR FLANGES, AND JAMBS.
- SHEATHING PENETRATION SHALL BE PATCHED AND REPAIRED TO MANUFACTURER'S SPECIFICATIONS.
- SLOPE ALL STOOPS, PORCHES, WALKS AND GARAGE SLABS 1/8" IN 12" TO DRAIN, OR AS NOTED ON PLANS.
- ALL DESIGNS FOR MANUFACTURED FLOOR JOISTS, RAFTERS, AND TRUSSES SHALL BE CERTIFIED BY THE MANUFACTURER. INSTALLATION OF SUCH ITEMS SHALL BE IN STRICT ACCORDANCE WITH MANUFACTURER'S SHOP DRAWINGS AND RECOMMENDATIONS.
- CHIMNEYS SHALL EXTEND A MINIMUM OF 2' ABOVE ANY ROOF STRUCTURE WITHIN 10 FEET, BUT NOT LESS THAN 3' AT POINT OF ROOF PENETRATION.

- FLOOR JOISTS/TRUSSES AND ROOF TRUSSES SHALL ALIGN WITH BEARING STUDS +/- 1".
- PRIVATE GARAGES SHALL BE SEPARATED FROM DWELLING AND ATTIC WITH 1/2" GYPSUM BOARD ON GARAGE SIDE. IF PERMIT IS ISSUED UNDER THE BOCA CODE, PROVIDE ONE HOUR RATED SEPARATION BETWEEN GARAGE AND LIVING SPACES OVER OR IN ACCORDANCE WITH SPECIFIC REQUIREMENTS OF THE LOCAL JURISDICTION.
- PROVIDE MINIMUM 4" STEP DOWN INTO GARAGE FROM DWELLING.

SPECIFICATIONS:

- GENERAL CONDITIONS
 - CONSTRUCTION SHALL COMPLY WITH THE LATEST ADDITION OF CABO OR BOCA BASIC BUILDING CODES AND ALL APPLICABLE LOCAL CODES AND AMENDMENTS.
 - ALL CONSTRUCTION SHALL BE CLASSIFIED AS "USE GROUP R-3, TYPE 5-B CONSTRUCTION" WHEN REVIEWED UNDER BOCA AND "USE GROUP R-4" UNDER CABO.
 - DIMENSIONS GIVEN ON SCHEDULES ARE NOMINAL. GENERAL CONTRACTORS AND MANUFACTURERS ARE TO COORDINATE ALL DIMENSIONS CONCERNING DOORS, PANELS, WINDOWS AND THEIR OPENINGS PRIOR TO FABRICATION AND CONSTRUCTION.
 - THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS, GRADES, BOUNDARIES, AND CONSTRUCTION BEFORE PROCEEDING WITH THE WORK AND REPORT IMMEDIATELY ANY DISCREPANCIES TO THE ARCHITECT AND/OR OWNER.
- DESIGN LIVE LOADS

ROOF:	30 PSF	SNOW LOADS:	
SLEEPING FLOORS:	30 PSF	ROOF:	12.6 PSF
LIVING FLOORS:	40 PSF	GROUND:	20.0 PSF
EXTERIOR DECKS:	60 PSF	FLAT ROOF:	14.0 PSF
STAIRS:	40 PSF	EXP. FACTOR:	0.07
GARAGE SLABS:	50 PSF	IMPORT FACTOR:	1.0
- ATTIC AREAS

UNACCESSIBLE:	10PSF
ACCESSIBLE:	20 PSF
- WIND LOAD: 16 PSF (EXPOSURE C)
- FLUID PRESSURE: 30 PCF MAXIMUM
- LOADS GREATER THAN 30 PCF REQUIRE FOUNDATION WALLS TO BE ENGINEERED.
- SOIL BEARING: 2000 PSF (ASSUMED)
- GUARD RAILS: 200# AT ANY POINT IN ANY DIRECTION.

SITE WORK

- EXCAVATION SHALL BE SUFFICIENT TO PROVIDE FULL DESIGN OR TO ALLOW FOR FORMING AS REQUIRED. NO FOOTINGS SHALL BE PLACED ON SOFT OR FROZEN MATERIAL.
- MINIMUM SOIL BEARING CAPACITY IS ASSUMED TO BE 2000PSF AT ALL WALL AND PIER FOOTINGS. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THE ABOVE BEARING CAPACITY IS OBTAINABLE, OR TO NOTIFY THE ARCHITECT IF SPECIAL DESIGN IS REQUIRED.
- BACKFILL AND COMPACTION: USE ONLY CLEAN EARTH CONTAINING NO ORGANIC MATTER, GRADED WITH POSITIVE SLOPE. FILL BENEATH STRUCTURE SHALL BE COMPACTED TO 90% DENSITY AS PER ASTM D1557 METHOD D.
- PROVIDE 4" MINIMUM CONTINUOUS DRAIN TILE AROUND PERIMETER OF BASEMENT FOUNDATION. LOCATION TO BE DETERMINED BY LOCAL CODES FOR INSIDE OR OUTSIDE OF FOUNDATION. PROVIDE UNDER SLAB VENTING AS REQUIRED BY LOCAL JURISDICTION.

CONCRETE

- CONCRETE WORK SHALL CONFORM TO AMERICAN CONCRETE INSTITUTE STANDARD 318-83.
- CONCRETE FOOTINGS SHALL HAVE MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 2500 PSI (UNLESS OTHERWISE NOTED.)
- ALL INTERIOR CONCRETE SLABS SHALL HAVE MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 2500 PSI.
- REINFORCING RODS: ASTM A-615 AND A-305 MESH: 6X6 14/14 WUF ASTM A-185. REINFORCING IN FOOTINGS IS REQUIRED WHERE VARIATIONS IN SOIL CONDITIONS MAY EXIST.
- ALL INTERIOR CONCRETE SLABS 30 FEET OR MORE IN ANY DIMENSION SHALL HAVE WUF, CONTROL JOINTS, OR FIBER REINFORCEMENT.
- VAPOR BARRIER UNDER ALL SLABS EXCEPT GARAGES: 6 MIL POLYETHYLENE, LAP ALL EDGES 6", LAY OVER 4" GRAVEL BED.
- EXTERIOR CONCRETE SLABS: 5% TO 7% AIR ENTRAINED AND SHALL HAVE A MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 3000 PSI.
- FOUNDATION WALLS: POURED IN PLACE WALLS SHALL HAVE MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 3000 PSI. (SEE 4.01)
- THE BOTTOM OF ANY FOOTING SHALL BE A MINIMUM OF 2'-8" BELOW FINISHED GRADE; DEEPER IF LOCAL FROST CONDITIONS WARRANT.

MASONRY

- THE MAXIMUM VERTICAL DISTANCE OF UNBALANCED FILL MEASURED FROM THE TOP OF THE LOWER LEVEL FLOOR SLAB TO THE OUTSIDE FINISHED GRADE SHALL NOT EXCEED THE FOLLOWING: HEIGHTS ARE FOR UNREINFORCED WALLS WHERE UNSTABLE SOIL OR GROUND WATER CONDITIONS DO NOT EXIST.

TYPE OF WALL	HEIGHT OF FILL
8" C.M.U. (HOLLOW)	4'-0"
12" C.M.U. (HOLLOW)	6'-0"
8" FOURED CONCRETE	7'-0"

 HEIGHTS MAY BE INCREASED WITH THE APPROVAL OF THE LOCAL JURISDICTION, OR REINFORCING.
- WALLS OVER 7'-0" OR ON UNSTABLE SOIL SHALL BE ENGINEERED AND CERTIFIED BY A REGISTERED PROFESSIONAL ENGINEER.
- CONCRETE MASONRY UNITS SHALL BE MANUFACTURED TO MEET ASTM C-90 GRADE A SOLID BLOCK OR ASTM C-145 GRADE B STANDARDS AND BE 28 DAYS OLD BEFORE INSTALLATION. MINIMUM NET COMPRESSION STRENGTH OF BLOCK TO BE 2000 PSI.
- PARGING OVER CMU WALLS TO BE NOT LESS THAN 3/8" PORTLAND CEMENT PARGING FROM FOOTING TO FINISHED GRADE. PARGING AND POURED CONCRETE WALLS SHALL BE COVERED WITH A COAT OF APPROVED BITUMINOUS MATERIAL APPLIED AT THE RECOMMENDED RATE BELOW GRADE (SEE 7.0)
- EXTREME CARE AND PROPER MEASURES SHALL BE USED AS NOT TO DAMAGE, BULGE, OR TIP WALL. SHORING, BRACING, ETC. SHALL BE EMPLOYED UNTIL THE FULL DEAD LOAD OF THE BUILDING IS ON THE WALLS.
- MASONRY LINTELS: PROVIDE LIGHT WEIGHT PRE-CAST LINTELS FOR ALL OPENINGS AND RECESSES IN CMU WALLS. PROVIDE (1) 4X8 LINTEL FOR EACH 4' OF WALL THICKNESS.

- REINFORCE EACH LINTEL WITH TWO #4 BARS AT TOP AND BOTTOM AND WITH #2 TIES SPACED 9" O.C., UNLESS OTHERWISE NOTED. PRECAST LINTEL TO HAVE MINIMUM 8" BEARING AT EACH END. SUCH LINTELS SHALL NOT SUPPORT ANY SUPERIMPOSED LOADS.
- USE TYPE "M" MORTAR FOR MASONRY BELOW GRADE IN CONTACT WITH EARTH.
- USE TYPE "N" MORTAR FOR EXTERIOR ABOVE-GRADE LOAD BEARING AND NON-LOAD BEARING WALLS, AND FOR OTHER APPLICATIONS WHERE ANOTHER TYPE IS NOT INDICATED.
- MASONRY VENEER SHALL BE INSTALLED OVER 15# FELT OR APPROVED WATER REPELLENT SHEATHING. THROUGH-WALL FLASHING AND WEEPS SHALL BE PROVIDED AT ANY LOCATION WHERE INTERIOR SPACE PROJECTS BEYOND FACE OF THE VENEER, IE. BAY WINDOWS, OFF-SET CHIMNEYS, ETC.
- IF APPLICABLE AND SHOWN IN THE DRAWINGS FOR ATTACHED DWELLINGS, MASONRY PARTY WALLS SHALL BE CONSTRUCTED OF CLASSIFICATION D-2, 8" CMU IN ACCORDANCE WITH UL-1805 TO PROVIDE 2-HOUR SEPARATION FROM FOUNDATION TO UNDERSIDE OF ROOF SHEATHING. SEE 6.08.4.
- BEAMS OR HEADERS BEARING ON MASONRY PARTY WALLS SHALL HAVE MIN. 4" MASONRY SEPARATION FROM ADJACENT DWELLING, AND SHALL BE FIRE CUT.

METALS

- STRAP ANCHOR BOLTS TO BE IBC CODE AND BUILDING INSPECTOR APPROVED. MINIMUM (2) 1/2" DIA. BOLTS PER SECTION OR PLATING 12" FROM EACH END WITH INTERMEDIATE BOLTS AT 6'-0" O.C. MAXIMUM, STRAP SPACING BY MANUFACTURER.
- METAL JOIST HANGERS (STANDARD WOOD LEDGER) SHALL BE USED WHERE REQUIRED AT JOISTS WITHOUT DIRECT BEARING AND BE 16 GA. GALVANIZED STEEL. USE ALL NAILS SPECIFIED BY THE MANUFACTURER.
- NAILS: USE NUMBER AND TYPE FOR EACH APPLICATION AS CALLED FOR IN THE BOCA CODE, APPENDIX C, OR MANUFACTURER'S RECOMMENDED STANDARDS.
- VENEER TIES SHALL BE 1" WIDE, 22 GA., GALVANIZED STEEL INSTALLED 24" O.C. HORIZONTALLY AND 16" O.C. VERTICALLY.
- STEEL LINTELS FOR ALL OPENINGS AND RECESSES IN BRICK OR BRICK FACED MASONRY WALL NOT SPECIFICALLY DETAILED: PROVIDE (1) STEEL ANGLE FOR EACH 4' OF WALL THICKNESS. STEEL ANGLES TO HAVE MINIMUM 6" BEARING AT EACH END. HORIZONTAL LEG SHALL BE 3 1/2", UNLESS OTHERWISE SHOWN.
- LINTEL SCHEDULE (UNLESS NOTED OTHERWISE ON PLANS):

L-1	3 1/2"x3-1/2"x5/16"	STEEL ANGLE	UP TO 3' OPG.
L-2	4"x 3-1/2"x5/16"	STEEL ANGLE	3' TO 5' OPG.
L-3	5"x 3-1/2"x3/8"	STEEL ANGLE	5' TO 6'-6" OPG.
L-4	6"x3-1/2"x1/2"	STEEL ANGLE	UP TO 9' OPG.
L-5	6"x 4"x5/8"	STEEL ANGLE	UP TO 10'-0"
L-6	8" OR 9"x4"x9/16"	STEEL ANGLE	16' GARAGE DOOR OPG.
- LINTELS SHOWN SHALL NOT SUPPORT ANY SUPERIMPOSED LOADS.
- ALL STEEL ANGLES IN MASONRY WALLS ARE TO BE FLASHED AND PAINTED.
- PAINT ALL EXTERIOR FERROUS OR GALVANIZED METALS EXCEPT COMPLETELY PRE-FINISHED FACTORY ITEMS.
- ADJUSTABLE STEEL COLUMNS SHOWN ON THE DRAWINGS SHALL BE MANUFACTURED BY TAPCO (BOCA NO. 89-99), AFCO (BOCA NO. 91-42), OR CARDINAL (BOCA NO. 88-40) IN O.D. SIZES SPECIFIED.

PROFESSIONAL CERTIFICATION
I 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 #14678
Expiration Date: 6/30/2020

Jonathan Rivera
License Number #14678

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240-375-1052

14542 Ambreen Way
SCALE: 1/4" = 1'-0"
06-15-09 PRELIMINARY BASE SET
10-02-12 2012 Code Revisions
09-10-13 Permit Review Set
12-12-13 Revision

GENERAL
NOTES

0.01