



# 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.: B160063304

Building Address: 12942 BRIGHTON DAM RD  
 City: CLACKVILLE State: MD Zip Code: 20707  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SINGLE FAMILY DWELLING  
 Proposed Use: SAME  
 Estimated Construction Cost: \$ 50000  
 Description of Work: SFD - Custom

Occupant or Tenant: \_\_\_\_\_  
 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: RAJEEV KURICHAN  
 Address: 26 BLACKBURN CT  
 City: CLACKVILLE State: MD Zip Code: 20707  
 Phone: 301 534 4148 Fax: 301 474 8388  
 Email: rkurichh@gmail.com  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: ANIR  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No. : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: SIL ENGINEERING GROUP INC  
 Responsible Design Prof.: PAUL SIL  
 Address: 11130 DUNDALK CT SUITE 200  
 City: MARBLEHEAD State: MD Zip Code: 21104  
 Phone: 410-325-4276 Fax: 410-696-2022  
 Email: PAUL@SILENGINEERING.COM

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b> <u>616000203</u>	
<b>Building Shell Permit Number:</b>	

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: RAJEEV KURICHAN Print Name: RAJEEV KURICHAN  
 Email Address: rkurichh@gmail.com Date: 7-21-2016  
 Title/Company: OWNER

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>4/17/17</u>	<u>R. Busler</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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4105</u>



Scale: 1" = 80'

12942 Brighton Dam Road  
 (from Grading Plan; in Aeella as Plot Plan)  
 B16003304

Approved Septic System  
 Howard County Health Department  
 5 Bedroom Custom Home  
 Signature R. Beckler  
 Date 4/17/2017



# 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.: **B160063304**

Building Address: 12942 BRIGHTON DAM RD  
 City: CLARKSVILLE State: MD Zip Code: 2021029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SINGLE FAMILY DWELLING  
 Proposed Use: SAME  
 Estimated Construction Cost: \$ 500,000  
 Description of Work: SFD = Custom

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

Property Owner's Name: RAJEEV KURICHH  
 Address: 26 BLACKBURN CT  
 City: BURTONSVILLE State: MD Zip Code: 20866  
 Phone: 301-524-4148 Fax: 301-474-6358  
 Email: RKURICHH.MD.LLC@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: OWNER  
 Contact Person: SAME AS ABOVE  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: SILL ENGINEERING GROUP, INC  
 Responsible Design Prof.: PAUL SILL  
 Address: 11130 DOVEDALE CT, SUITE 200  
 City: MARRIOTTVILLE State: MD Zip Code: 21104  
 Phone: 443-325-5076 Fax: 410-696-2022  
 Email: PAUL@SILLENGINEERING

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>60</u>	<u>65</u>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <u>60</u>	<u>65</u>
Use group:	Basement: <u>60</u>	<u>65</u>
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" 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>5</u>	<b>Multi-family Dwelling</b>
<input type="checkbox"/> State Certified Modular	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>616006203</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: [Signature] Print Name: RAJEEV KURICHH  
 Email Address: RKURICHH.MD.LLC@GMAIL.COM Date: 7-21-2016  
 Title/Company: OWNER

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>4/17/17</u>	<u>[Signature]</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	\$100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4105</u>



HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

3430 Courthouse Drive

Ellicott City, Maryland 21043

410-313-2433

Robert J. Frances, P.E., Director  
bfrances@howardcountymd.gov

FAX 410-313-3298  
TDD 410-313-2323

AFFIRMATION OF LANDOWNER

NAME OF LANDOWNER: RAJEEV KURICHH

MAILING ADDRESS: 26 BLACKBURN CT  
(STREET)

CITY BURTONSVILLE STATE MD ZIP 20866

BUILDING PERMIT NO: B16003304

BUILDING ADDRESS OF PROPERTY  
COVERED BY PERMIT: 12942 BRIGHTON DAM RD  
(STREET)

CITY CLARKSVILLE STATE MD ZIP 21029

The Maryland Home Builder Registration Act took effect January 1, 2001. The purpose of this Act is to protect consumers when they are purchasing new homes. Under that law, building permits cannot be issued unless the home builder is registered with the State and the builder's registration number is included on the building permit. A builder can lose its registration if it violates the Act by, among other things, causing problems for consumers while constructing homes for them.

The Act does permit a landowner to obtain a building permit for construction to be performed directly by the landowner solely for the landowner's own use. In order to obtain a permit that does not contain the registration number of a builder, the landowner has to affirm as follows:

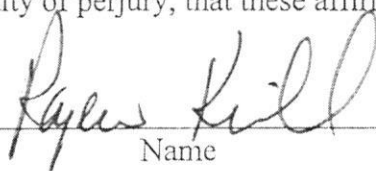
1. I understand that the Maryland Home Builder Registration Act was passed to provide landowners like me with certain protections and that I could lose the benefits of those protections if I ever entered into a contract with an unregistered builder.
2. I understand that builders of new homes in the State of Maryland must be registered with the Home Builder Registration Unit of the Consumer Protection Division of the Office of the Attorney General.

3. I have title to property located in the State of Maryland and am seeking a building permit for that land.
4. I am requesting this building permit for construction to be performed directly by me on my own land, solely for my own use.
5. I have not entered into a contract with any person or company to erect or otherwise construct the new home covered by this permit, including a contract for somebody to manage, oversee, or supervise in anyway the construction of the home. I will not enter into such a contract without first notifying the building permit office of the name of the person or company so that its builder registration status can be determined and, if registered, the builder's name and registration number can be added to the building permit. I understand that a builder cannot perform any work on the new home until this information has been added to the permit.
6. I understand that I may be deemed to have violated the Home Builder Registration Act if I enter into any contract for the sale of the new home covered by this permit under circumstances indicating that it was never my intention to use the completed home as my own.
7. To the extent known, the name of the primary subcontractors who will be working on my home and the areas in which they will be providing improvement, i.e. plumbing, electrical, roofing, etc. are as follows:

<u>Company</u>	<u>Improvement</u>
<del>TRI-COUNTY BUILDERS</del>	OWNERS REP
WALTER SNYDER	PLUMBING, HVAC
ALLIED DRILLING	WELL DRILLING
MCR ELECTRIC	ELECTRIC

I, RAJEEV KURICHI, of 26 BLACKBURN CT, BURTONSVILLE, MD  
 (Landowner's name - print) (Address) 20866

hereby certify under personal knowledge and under penalty of perjury, that these affirmations are complete, accurate, and true.

  
 Name

7-21-2016  
 Date

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/New/SFD	B16003304	07/21/2016
Description of Work		
SFD/ CUSTOM/		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12942	BRIGHTON DAM	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96306	39.20532
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value
49963	269	7.08	263100	263100	0
Legal Description					
7.0815 A[ ]12942 BRIGHTON DAM RD[ ]CLARKSVILLE					

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
		605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405363438						
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-10	RR-DE0	4933-F8					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*

RAJEEV KURICHH

Address Line 1

26 BLACKBURN COURT

Address Line 2

Address Line 3

Mail City

BURTONSVILLE

Mail State

MD

Mail Zip Code

20866

Phone

301-476-9373

Primary

Yes

E-mail

RKURICHH.MDLLC@GMAIL.COM

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
0	OWNER		
License Type *	First Name	Middle Name	Last Name
Home Owner <input type="checkbox"/>	RAJEEV		KURICHH
Primary <input type="checkbox"/>	Address Line 1		
Yes <input type="checkbox"/>	26 BLACKBURN COURT		
	Address Line 2		
	City	State	ZIP Code
	BURTONSVILLE	MD	20866
	Phone 1	Phone 2	Fax
	301-476-9373		301-474-5358
	E-mail		
	RKURICHH.MDLLC@GMAIL.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof

Type *	First Name	MI	Last Name
Applicant <input type="checkbox"/>	RAJEEV		KURICHH
Relationship	Full Name		
Applicant <input type="checkbox"/>	RAJEEV KURICHH		
Primary <input type="checkbox"/>	Organization Name		
No <input type="checkbox"/>	OWNER		
	Street Address		
	26 BLACKBURN COURT		
	Address Line 2		
	City	State	Zip Code
	BURTONSVILLE	MD	20866
	Phone	Cell	Fax
	301-476-9373		301-474-5358
	E-mail *		
	RKURICHH.MDLLC@GMAIL.COM		

Contact (This section is not required.)

Search As Owner As Lic. Prof

Type	First Name	MI	Last Name
Contact <input type="checkbox"/>	RAJEEV		KURICHH
Relationship	Full Name		
Licensed Professional <input type="checkbox"/>	RAJEEV KURICHH		
Primary <input type="checkbox"/>	Organization Name		
Yes <input type="checkbox"/>	OWNER		
	Street Address		
	26 BLACKBURN COURT		
	Address Line 2		
	City	State	Zip Code
	BURTONSVILLE	MD	20866
	Phone	Cell	Fax
	301-476-9373		301-474-5358
	E-mail		
	RKURICHH.MDLLC@GMAIL.COM		

Addl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
500000	1	1	No <input type="checkbox"/>
Construction Type			
101 - Single Family Houses Detached			

BLDGRNC

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Guaranty Fund Required *	Roadside Tree Project Permit
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Roadside Tree Project Permit #	Condominium	Existing Use	1st Floor Width	1st Floor Depth
	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vacant Lot	FT	FT
2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
FT	FT	FT	FT	FT
Total Square Footage *	Occupiable Square Footage *	Bedrooms *		
SQFT	SQFT			
0	0	0		
Full Baths	Half Baths	Foundation	Basement	Other Structure
		Full Basement	Unfinished	--Select--
				Building Construction Type
				--Select--
W&S Fees Paid *	Water Supply *	Sewage Disposal *	Utilities *	Heating System *
				Sprinkler System *

Yes  No   
    
    
    
    

**No of Fireplaces**    
**Type of Fireplace**    
**Entrance Permit Required**  Yes  No   
**Road Frontage**    
**Location Survey Approval Date**    
**Expiration Date**

**U&O Issued On**    
**U & O Comments**

[check spelling](#)

**GRADING INFORMATION**

**Grading Permit No**    
**Grading Certification Required**  Yes  No   
**Grading Certification Received in DILP On**    
**Grading Certification Received in CID On**

**Grading Certification Comments**    
**Seasonal Surety Comments**

[check spelling](#)    [check spelling](#)

**Seasonal Grading Surety Depositor**    
**Driveway Apron Surety Depositor**    
**Stormwater Surety Depositor**

**GREEN NEIGHBORHOOD INFORMATION**

**Check List Points Goal**    
**Check List Points Achieved**    
**Date of Certification**

**PAYMENT INFORMATION**

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

**PRIVATE ON LOT SWM FACILITIES**

**Green Roofs A1**  Yes  No   
**Permeable Pavements A2**  Yes  No   
**Reinforced Turf A3**  Yes  No

**Disconnection of Rooftop Runoff N1**    
**Disconnection of Non Rooftop Runoff N2**  Yes  No   
**Sheetflow to Conservation Areas N3**  Yes  No

**Rainwater Harvesting M1**    
**Submerged Gravel Wetlands M2**    
**Landscape Infiltration M3**    
**Infiltration Berms M4**

**Dry Wells M5**    
**Micro Bioretention M6**    
**Rain Gardens M7**    
**Swales M8**    
**Enhanced Filters M9**

**Related Records**

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G16000203	Residential Grading Permit	Application Accepted	12942	BRIGHTON DAM	07/21/2016	KURICHH PROPERTY/ GRADING & SEDIMEN
B16003304	Residential New Single Family Dwelling Permit	Review In Process	12942	BRIGHTON DAM	07/21/2016	SFD/ CUSTOM/

customer copy

AMENDMENT

RESIDENTIAL BUILDING PERMIT PERMIT FEE AND EXCISE TAX WORKSHEET

PERMIT NUMBER: B16003304

OWNER: KURICHK ADDRESS: 12942 BIGHTON DAM RD

CONSTRUCTION PHASE: X New Addition Alteration Temporary

IRC USE GROUP: R-3 DESCRIPTION OF WORK: 2 STOY FULL FINISH BSMT 14R, 6FB, 1HB, 5FP 4 CAR GARAGE ( 5BR )

PRESCRIPTIVE METHOD X UA ALTERNATIVE PERFORMANCE METHOD

Table with columns: BUILDING, FRONT, DEPTH, HEIGHT, AREA, AREA. Rows 1, 2, B. Summary: GSF = 13,649 OGSF = 13,649

Table with columns: FOOTINGS, FOUNDATION, WALLS, ROOF, OTHER. Values: 12 X 24, 12" CMU, WOOD FRAME B/V, HIP ASP, N/A

RESIDENTIAL FEE CALCULATIONS:

Residential - a building which contains one or more dwelling unit, including boarding houses but not including transient accommodations such as hotels, country inns or bed and breakfast inns. Residential includes uses accessory to building units such as attached garages or home occupations, but does not include non-residential uses in mixed use structures.

Handwritten calculations: ET 624 = \$730.08 PSFS 624 = \$786.24

BDF = 13,649 GSF x \$.18 = \$2,456.82 Permit Fee x 10% (Tech Fee) = \$245.68 Tech Fee

ET = 13,649 OGSF x \$1.17 = \$15,969.33 Excise Tax PSFS = 13,649 OGSF x \$1.26 = \$17,197.74 School Tax

Handwritten calculation: 624 x .18 = 112.32 x .10 = 11.23 Tech fee

BPF = Building Permit Fee OGSF = Occupiable Gross Square Feet GSF = Gross Square Feet ET = Excise Tax PSFS = Public School Facilities Surcharge Note: OGSF calculations may differ from GSF calculations when computing excise tax.

Table with columns: 1, Area, 2, Area, B, Area. Includes handwritten notes like 'Reduce' and '13x20 = 260'.

PERMIT FEE, TECHNOLOGY FEE, SCHOOL SURCHARGE AND EXCISE TAX TOTAL= \$35,869.57

References: Chapter 285, Acts of the Maryland General Assembly of 1992, Howard County Code Sections 20.503; County Council Resolution 58-2008, 2004 Legislation House Bill 1445; 2006 International Residential Code for One and Two Family Dwellings

By: DS Date: 11/8/2016

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

Date: 10-31-2017  
 To: Plan Review + Health Dept.  
 (Person's Name and Division)  
 From: RAJEEV KURICHH (301) 524-4148  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name \_\_\_\_\_  
 Project site address 12942 BRIGHTON DAM CT, CLARKSVILLE, MD 21029  
 Permit # B10003304 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 FLOOR PLAN + PLOT PLAN (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 \_\_\_\_\_

APPROVED BY

DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

*[Signature]*

DATE: 11/14/17

BY: *[Signature]*

SUBJECT TO COMMENTS OF REVIEW

SUBJECT TO FULL INSPECTION

Telephone No: 301-524-4148

E-Mail Address: RKURICHH@MDLLC@GMAIL.COM

**Contact Person Information: (Required)**

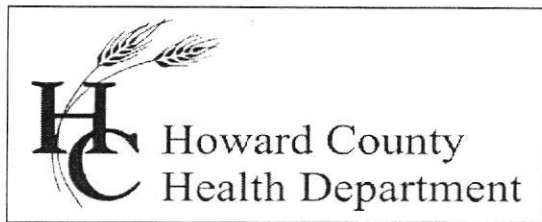
RAJEEV KURICHH  
 Please Print Name

**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]* CC: DED Health  
 DPZ

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

**PLANS RECEIVED** - "B" CK# 4006 ✓  
 \$50.00



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | 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 15, 20164

To: Rajeev Kurichh, Monarch Development, LLC, Applicant  
[rkurichh.mdllc@gmail.com](mailto:rkurichh.mdllc@gmail.com)

RE: B16003304; construction proposal for 12942 Brighton Dam Road

Dear Mr. Kurichh,

The proposed construction of a single-family dwelling at 12942 Brighton Dam Road (Tax Map 34, Parcel 269) is 'On Hold' by the Health Department. Several requirements must be fulfilled for the Health Department's approval of the proposal.

1. A potable water well must be established on the parcel (Tax Map 34, Parcel 269), and the Well Completion Report submitted to the Health Department and approved by a Licensed Environmental Health Specialist employed by the Health Department.
2. The floor plans associated with proposal B16003304 must be submitted to the Health Department for review. The floor plans may be sent to me by email as a PDF, or hard copies may be submitted at the Bureau of Environmental Health desk, to my attention.
3. A septic system installation plan must be submitted and approved. This installation plan must illustrate the best available technology (BAT) unit to be installed and the design of a low-pressure distribution (LPD) system. This BAT-LPD Plan should be prepared by your engineering consultant and at least three copies submitted to the Health Department, to my attention.

If you have any questions regarding these requirements, please contact me by email or by calling (410) 313-2691.

Respectfully,

Robert Bricker, CPSS, REHS/RS, L.E.H.S.  
Environmental Sanitarian II  
Well and Septic Program

Copy: file

**Department of Inspections  
Licenses and Permits**

3430 Court House Drive  
Ellicott City, MD 21043

Permits (410) 313-2455 Opt. #4  
Inspections (410) 313-1840

**HOWARD COUNTY  
RESIDENTIAL  
HEATING-VENTILATION-AIR  
CONDITIONING AND  
REFRIGERATION PERMIT  
APPLICATION**

**NOV 06 2020**

HVACR PERMIT # **M20000822**

BUILDING PERMIT #

**B16003304**

SITE BUILDING ADDRESS: **12942 BRIGHTON DAM RD  
CLARKSVILLE, MD 21029**  
SUBDIVISION: **1001**  
TYPE OF IMPROVEMENTS: **NEW SINGLE FAMILY**  
USE: **RESIDENTIAL**

SUITE/APARTMENT LICENSES & PERMITS DIVISION

OWNERS NAME: **RAJEEN & ANUJA KURICHH**  
ADDRESS: **12975 HIGHLAND RD, # 275**  
CITY: **HIGHLAND, MD 20777**  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: **301-524-4148**  
CELL PHONE: **SAME**

<u>CHECK ONE</u>	<u>HOW MANY</u>
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>4</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	____ ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	____ ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	____ ROOMS

COMPANY NAME: **KAYWELL CONS. CO RP.**  
LICENSEE NAME: **KEWAL KHATTA**  
ADDRESS: **9204 BERGER ROAD**  
CITY: **COLUMBIA**  
STATE: **MD** ZIP CODE: **21046**  
PHONE: **4102909594** HVACR LICENSE NO: **40141**

New Construction

- Heating and Air Conditioning
- Air Conditioning
- Heating

Additions and Alterations:

- Heating
- Air Conditioning
- Heating and Air Conditioning

Geo Thermal System

- Gas Conversion (Make and Model of Equipment)
- Ductless Mini Splits
- Thru The Wall Systems
- Other Work (Describe):

Replacement

- Heating
- Air Conditioning
- Heating and Air Conditioning

**\*\*Make and Model of Equipment is required\*\***

**\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\***

Zones  
Permit Fee = # of Zones x \$40 = **160.00**  
Technology Fee (10% of Permit Fee) = **16.00**  
Plus Application Fee **\$50.00**  
Total Fees Due = **226.00**  
**+100 = 326.00**

Rooms  
Permit Fee = # of Rooms x \$80 = **12**  
Technology Fee (10% of Permit Fee) = **96.00**  
Plus Application Fee \$50  
Total Fees Due = **146.00**  
**960.00**  
**96.00**  
**80.00**  
**1132.00**

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVAC LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

*[Signature]*  
SIGNATURE OF LICENSEE

**11/5/2020**  
DATE

**Approved Septic System Plan  
Howard County Health Department  
Validation**

**KEWAL KHATTA**  
PRINT NAME OF LICENSEE

**KAYWELDESIGN@HOTMAIL.COM**  
Email Address

Check Number: **12/08/2020**  
Date

Money Order#: \_\_\_\_\_

Invoice Number: **639120**  
**639129**

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

M20000822

*Residence  
HVAC Load Calculations*

for

Residence  
12942 Brightondam Road  
Clarksville, MD

**Elite Software**

**RHVAC RESIDENTIAL  
HVAC LOADS**

Prepared By:

Kewal Khatta  
Kaywell  
9204 Berger Rd Suite B  
Columbia, MD 21046  
410 290 9594  
Thursday, November 05, 2020



# Project Report

## General Project Information

Project Title: Residence  
 Designed By: Kewal Khatta  
 Project Date: Nov 05, 2020  
 Client Name: Residence  
 Client Address: 12942 Brightondam Road  
 Client City: Clarksville, MD  
 Company Name: Kaywell  
 Company Representative: Kewal Khatta  
 Company Address: 9204 Berger Rd Suite B  
 Company City: Columbia, MD 21046  
 Company Phone: 410 290 9594  
 Company Fax: 410 290 9593  
 Company E-Mail Address: kaywelldesign@Hotmail.com

## Design Data

Reference City: Baltimore, Maryland  
 Daily Temperature Range: Medium  
 Latitude: 39 Degrees  
 Elevation: 148 ft.  
 Altitude Factor: 0.995  
 Elevation Sensible Adj. Factor: 1.000  
 Elevation Total Adj. Factor: 1.000  
 Elevation Heating Adj. Factor: 1.000  
 Elevation Heating Adj. Factor: 1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel.Hum	Indoor Dry Bulb	Grains Difference
Winter:	13	0	30	70	24
Summer:	91	75	50	75	41

## Check Figures

Total Building Supply CFM:	3,445	CFM Per Square ft.:	0.335
Square ft. of Room Area:	10,278	Square ft. Per Ton:	877
Volume (ft³) of Cond. Space:	92,039	Air Turnover Rate (per hour):	2.2

## Building Loads

Total Heating Required With Outside Air:	93,274 Btuh	93.274 MBH
Total Sensible Gain:	75,384 Btuh	68 %
Total Latent Gain:	35,171 Btuh	32 %
Total Cooling Required With Outside Air:	110,554 Btuh	9.21 Tons (Based On Sensible + Latent)
		11.72 Tons (Based On 75% Sensible Capacity)

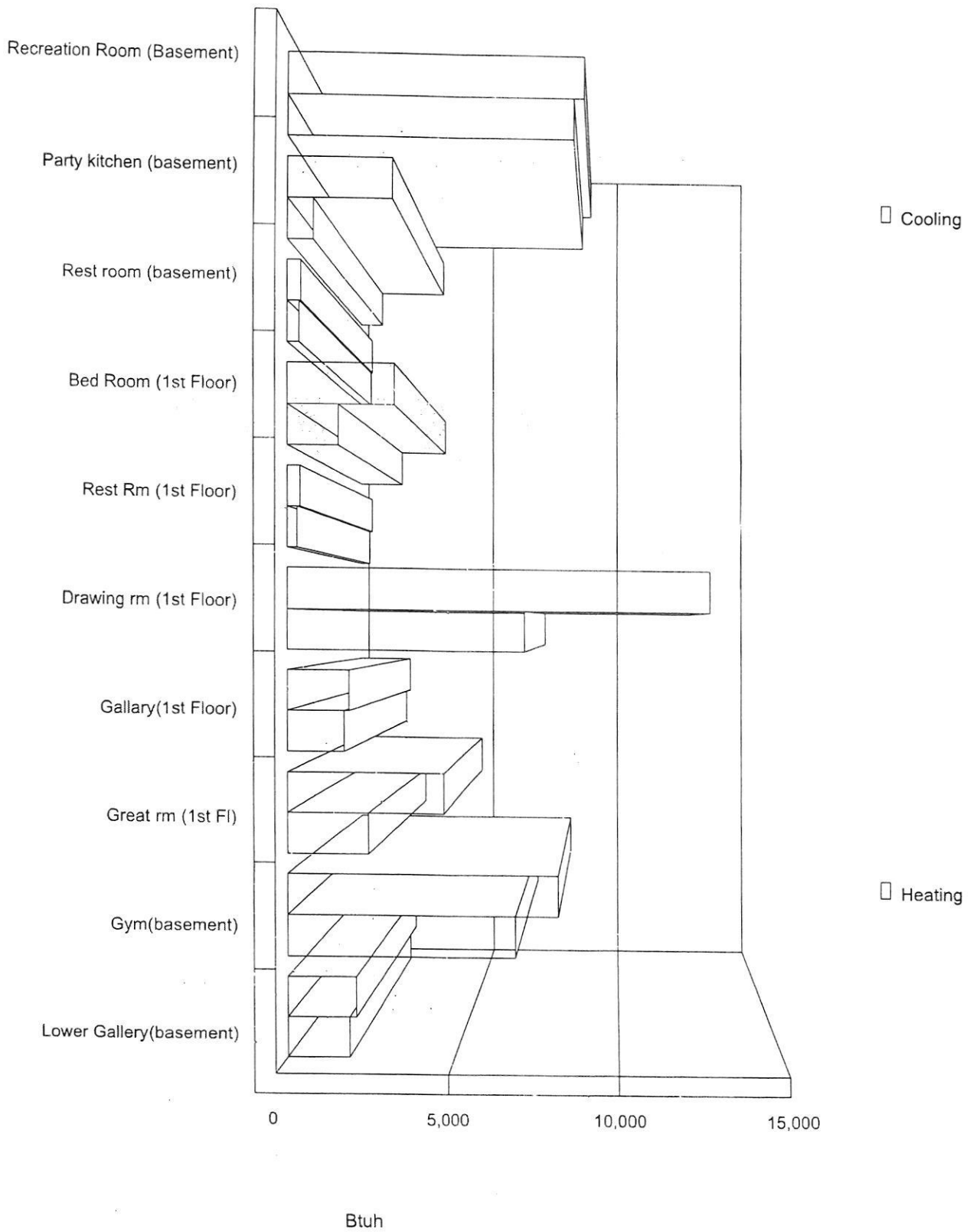
## Notes

Calculations are based on 8th edition of ACCA Manual J.  
 All computed results are estimates as building use and weather may vary.  
 Be sure to select a unit that meets both sensible and latent loads.

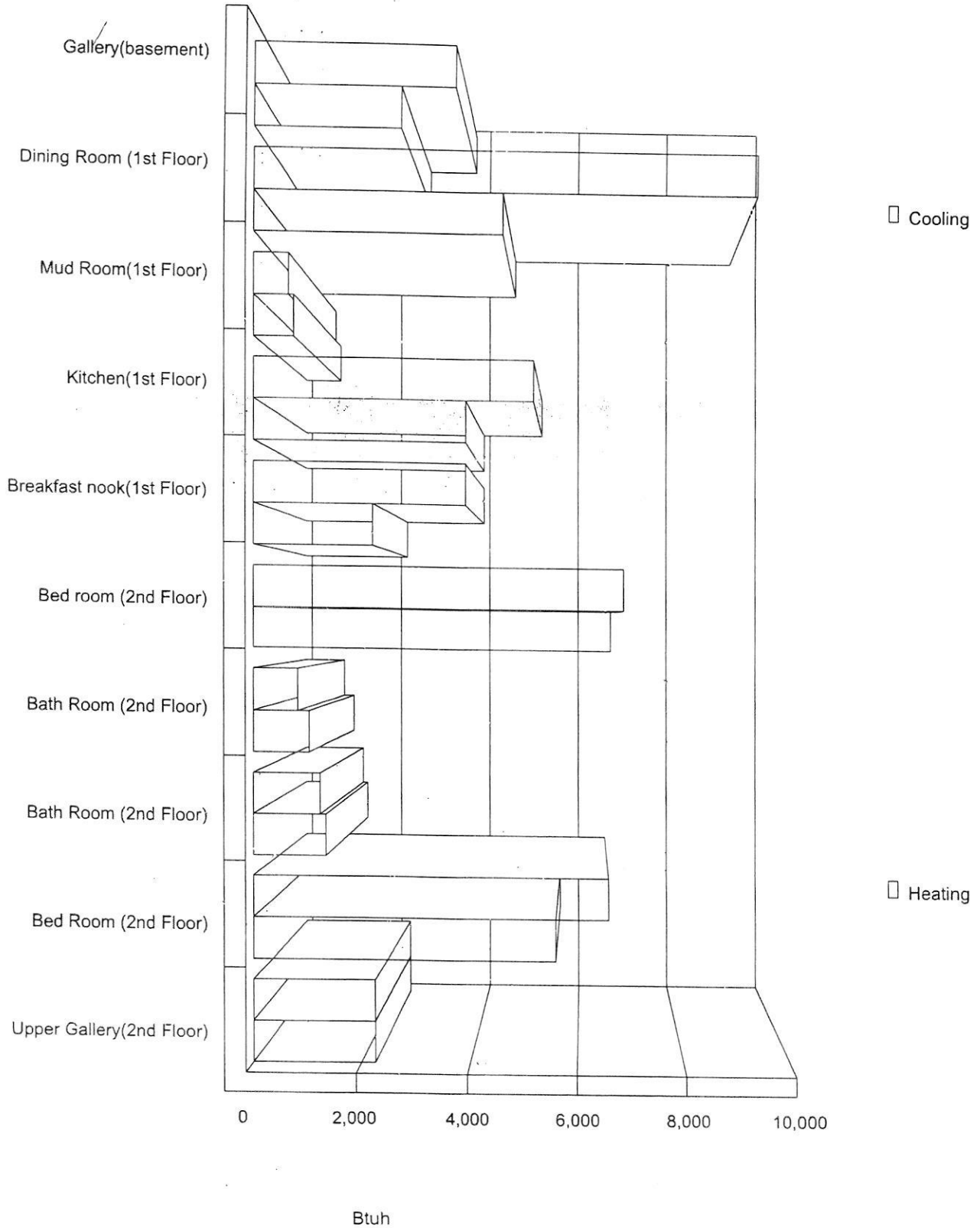
# Load Preview Report

Scope	Area	Sens Gain	Lat Gain	Net Gain	Sens Loss	Win CFM	Sum CFM	Sys CFM	Duct Size
<b>Building: 9.21 Net Tons, 11.72 Recommended Tons, 877 ft.<sup>2</sup>/Ton, 93.27 MBH Heating</b>									
Building	10,278	75,384	35,171	110,554	93,274	1,218	3,445	3,445	
<b>System 1: 2.57 Net Tons, 3.56 Recommended Tons, 1,081 ft.<sup>2</sup>/Ton, 22.99 MBH Heating</b>									
System 1	3,850	20,130	10,681	30,811	22,994	300	920	920	13x13
AED Excursion		1,145		1,145					
Zone 1	1,485	8,174	4,342	12,516	9,795	128	391	391	
1-Recreation Room (Basement)	1,265	6,199	2,758	8,958	8,641	113	296	296	3-6
2-Party kitchen (basement)	170	1,756	1,396	3,152	792	10	84	84	1-5
3-Rest room (basement)	50	219	188	406	362	5	10	10	1-2
Zone 2	2,365	16,611	6,339	22,949	13,200	172	794	794	
4-Bed Room (1st Floor)	608	1,708	1,509	3,217	1,559	20	82	82	3-3
5-Rest Rm (1st Floor)	78	205	188	392	312	4	10	10	1-2
6-Drawing rm (1st Floor)	660	10,892	1,909	12,801	7,164	94	521	521	3-8
7-Gallery(1st Floor)	459	1,197	664	1,860	1,723	23	57	57	1-4
8-Great rm (1st Fl)	560	2,609	2,069	4,678	2,441	32	125	125	2-5
Note: Since the system is multizone, the Peak Fenestration Gain Procedure was used to determine glass sensible gains at the room and zone levels, so the sums of the zone sensible gains and airflows for cooling shown above are not intended to equal the totals at the system level. Room and zone sensible gains and cooling CFM values are for the hour in which the glass sensible gain for the zone is at its peak. Sensible gains at the system level are based on the "Average Load Procedure + Excursion" method.									
<b>System 2: 2.81 Net Tons, 3.54 Recommended Tons, 780 ft.<sup>2</sup>/Ton, 22.92 MBH Heating</b>									
System 2	2,759	23,148	10,611	33,759	22,915	299	1,058	1,058	14x14
AED Excursion		737		737					
Zone 1	2,759	22,411	10,611	33,022	22,915	299	1,058	1,058	
9-Gym(basement)	594	5,558	2,598	8,156	6,863	90	262	262	1-9
10-Lower Gallery(basement)	298	1,066	989	2,055	1,854	24	50	50	1-4
11-Gallery(basement)	500	2,098	1,609	3,707	2,717	35	99	99	2-4
12-Dining Room (1st Floor)	324	7,732	1,634	9,365	4,609	60	365	365	2-8
13-Mud Room(1st Floor)	160	406	238	643	753	10	19	19	1-3
14-Kitchen(1st Floor)	675	3,286	1,909	5,195	3,903	51	155	155	2-5
15-Breakfast nook(1st Floor)	208	2,266	1,634	3,899	2,215	29	107	107	2-4
<b>System 3: 2.24 Net Tons, 2.91 Recommended Tons, 724 ft.<sup>2</sup>/Ton, 25.53 MBH Heating</b>									
System 3	2,107	18,108	8,729	26,837	25,535	333	827	827	13x13
AED Excursion		578		578					
Zone 1	2,107	17,529	8,729	26,258	25,535	333	827	827	
16-Bed room (2nd Floor)	480	4,675	2,198	6,873	6,626	87	221	221	2-6
17-Bath Room (2nd Floor)	96	479	351	830	1,037	14	23	23	1-3
18-Bath Room (2nd Floor)	96	684	564	1,247	1,348	18	32	32	1-3
19-Bed Room (2nd Floor)	500	4,447	2,138	6,585	5,598	73	210	210	3-5
20-Upper Gallery(2nd Floor)	459	1,268	989	2,257	2,265	30	60	60	2-3
21-Bed Room (2nd Floor)	396	4,573	2,138	6,711	7,147	93	216	216	2-6
22-Bath Room (2nd Floor)	80	1,404	351	1,755	1,513	20	66	66	1-5
<b>System 4: 1.60 Net Tons, 1.72 Recommended Tons, 910 ft.<sup>2</sup>/Ton, 21.83 MBH Heating</b>									
System 4	1,562	13,997	5,150	19,148	21,829	285	640	640	11x11
Zone 1	1,562	13,997	5,150	19,148	21,829	285	640	640	
23-Master Bedroom (2nd Floor)	594	5,799	2,298	8,098	6,465	84	265	265	3-5
24-Master Bath (2nd Floor)	484	2,403	714	3,116	4,863	64	110	110	3-3
25-Master den(2nd Floor)	484	5,795	2,138	7,934	10,500	137	265	265	2-7

# Room Cooling and Heating Loads Bar Graphs

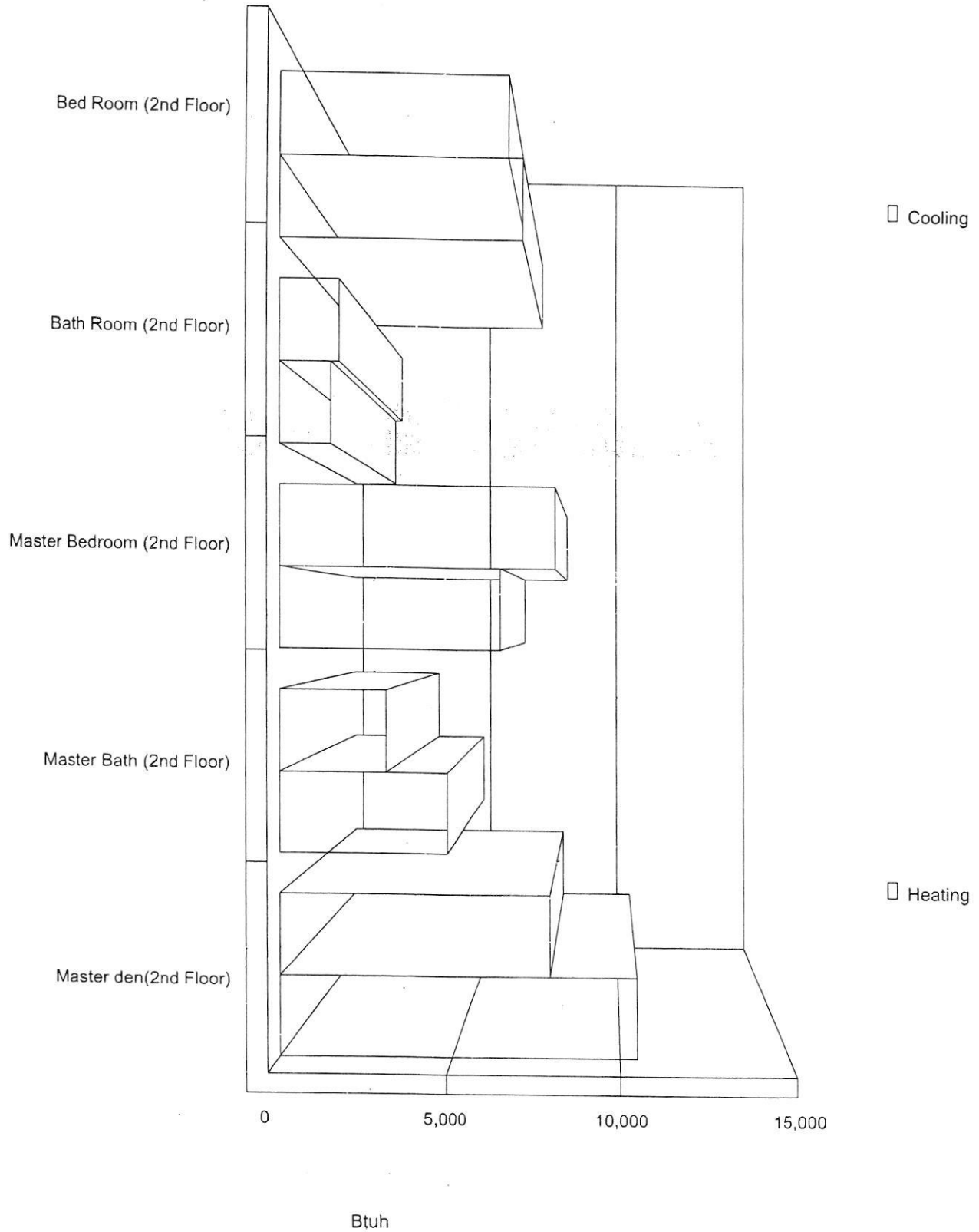


# Room Cooling and Heating Loads Bar Graphs

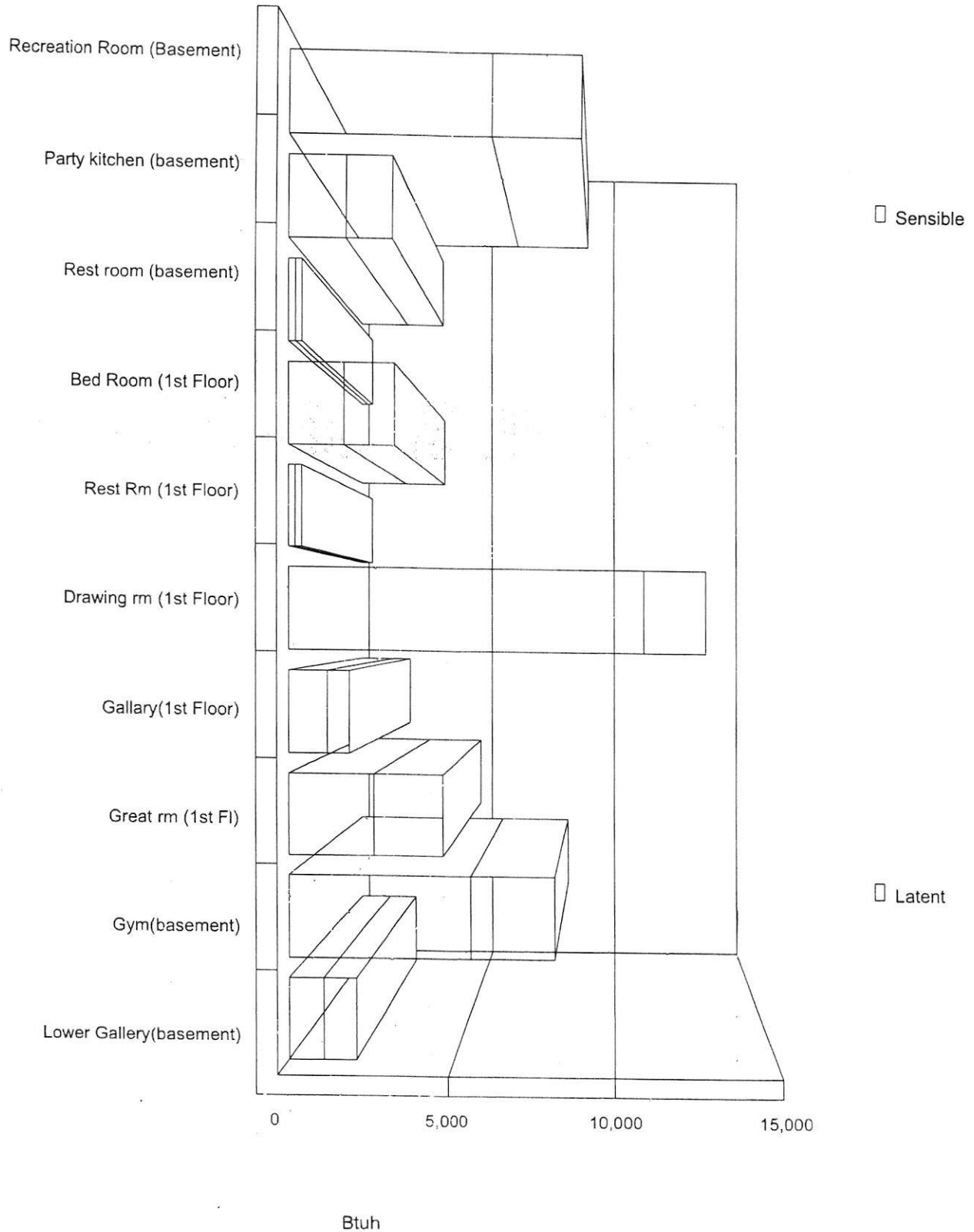




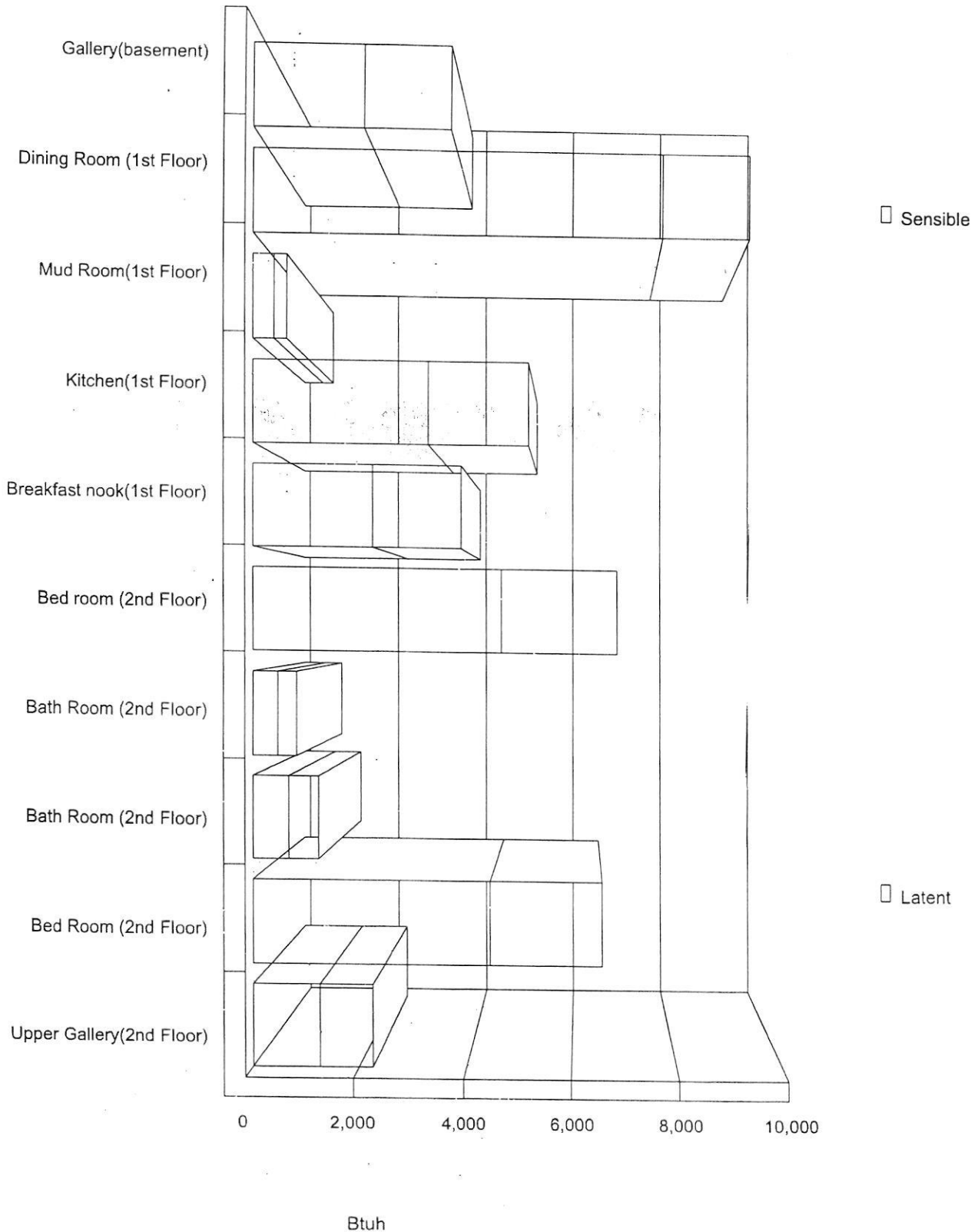
# Room Cooling and Heating Loads Bar Graphs



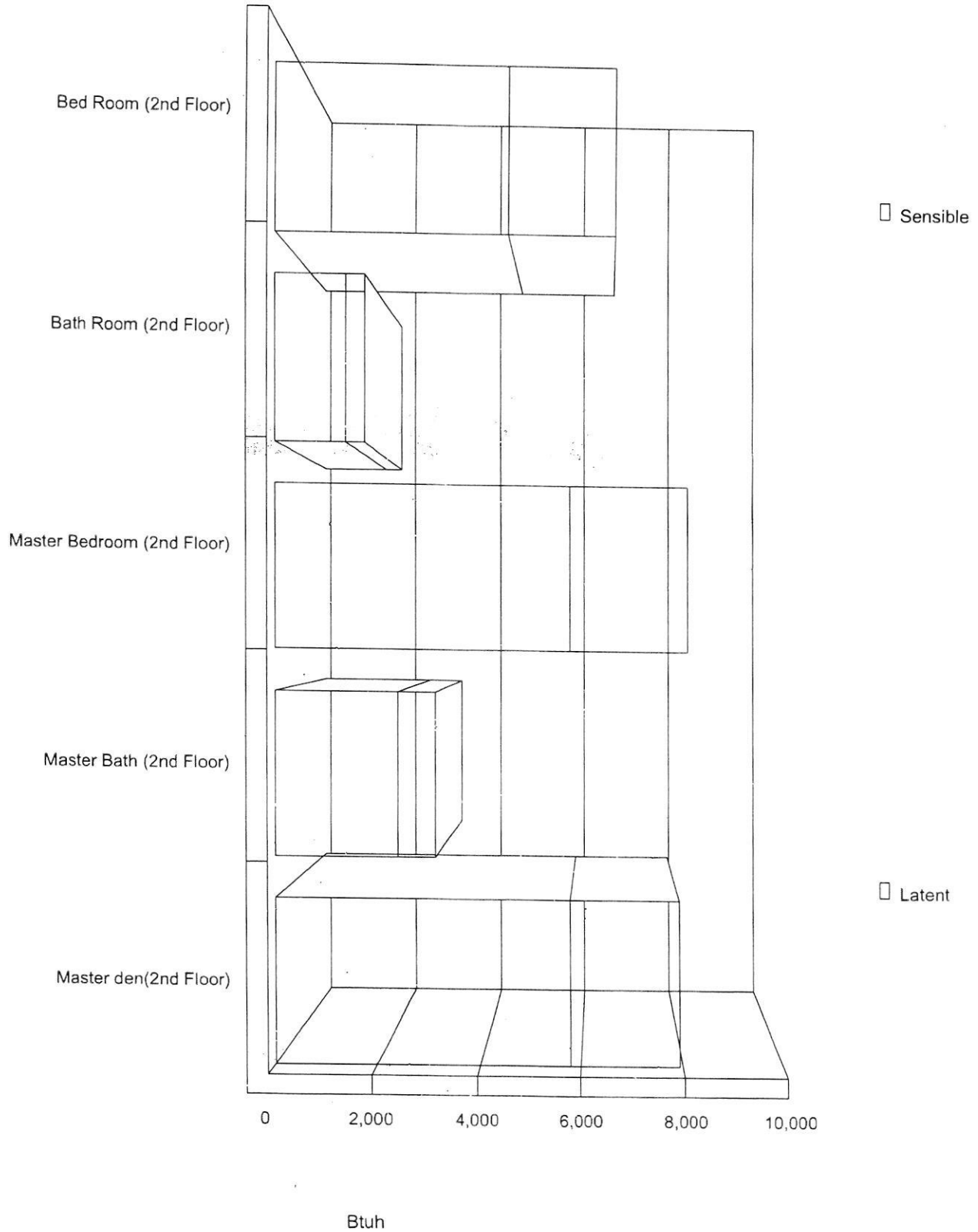
# Room Cooling Loads Bar Graphs



# Room Cooling Loads Bar Graphs



# Room Cooling Loads Bar Graphs



### System 1 Room Load Summary

Room No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM
---Zone 1---										
1	Recreation Room (Basement)	1,265	8,641	113	3-6	503	6,199	2,758	296	296
2	Party kitchen (basement)	170	792	10	1-5	616	1,756	1,396	84	84
3	Rest room (basement)	50	362	5	1-2	479	219	188	10	10
Zone 1 subtotal		1,485	9,795	128			8,174	4,342	391	391
---Zone 2---										
4	Bed Room (1st Floor)	608	1,559	20	3-3	555	1,708	1,509	82	82
5	Rest Rm (1st Floor)	78	312	4	1-2	448	205	188	10	10
6	Drawing rm (1st Floor)	660	7,164	94	3-8	497	10,892	1,909	521	521
7	Gallary(1st Floor)	459	1,723	23	1-4	656	1,197	664	57	57
8	Great rm (1st Fl)	560	2,441	32	2-5	457	2,609	2,069	125	125
Zone 2 subtotal		2,365	13,200	172			16,611	6,339	794	794
AED Excursion							1,145			
System 1 total		3,850	22,994	300			20,130	10,681	920	920

System 1 Main Trunk Size: 13x13 in.  
 Velocity: 861 ft./min  
 Loss per 100 ft.: 0.107 in.wg

Note: Since the system is multizone, the Peak Fenestration Gain Procedure was used to determine glass sensible gains at the room and zone levels, so the sums of the zone sensible gains and airflows for cooling shown above are not intended to equal the totals at the system level. Room and zone sensible gains and cooling CFM values are for the hour in which the glass sensible gain for the zone is at its peak. Sensible gains at the system level are based on the "Average Load Procedure + Excursion" method.

#### Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	2.57	65% / 35%	20,130	10,681	30,811
Recommended:	3.56	75% / 25%	32,042	10,681	42,723
Actual:	1.98	77% / 23%	18,326	5,474	23,800

### System 2 Room Load Summary

Room No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM	
---Zone 1---											
9	Gym(basement)	594	6,863	90	1-9	594	5,558	2,598	262	262	
10	Lower Gallery(basement)	298	1,854	24	1-4	577	1,066	989	50	50	
11	Gallery(basement)	500	2,717	35	2-4	567	2,098	1,609	99	99	
12	Dining Room (1st Floor)	324	4,609	60	2-8	523	7,732	1,634	365	365	
13	Mud Room(1st Floor)	160	753	10	1-3	390	406	238	19	19	
14	Kitchen(1st Floor)	675	3,903	51	2-5	569	3,286	1,909	155	155	
15	Breakfast nook(1st Floor)	208	2,215	29	2-4	613	2,266	1,634	107	107	
AED Excursion							737				
System 2 total		2,759	22,915	299			23,148	10,611	1,058	1,058	

System 2 Main Trunk Size: 14x14 in.  
 Velocity: 862 ft./min  
 Loss per 100 ft.: 0.098 in.wg

### Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	2.81	69% / 31%	23,148	10,611	33,759
Recommended:	3.54	75% / 25%	31,832	10,611	42,443
Actual:	1.98	77% / 23%	18,326	5,474	23,800



### System 3 Room Load Summary

Room No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM
---Zone 1---										
16	Bed room (2nd Floor)	480	6,626	87	2-6	562	4,675	2,198	221	221
17	Bath Room (2nd Floor)	96	1,037	14	1-3	461	479	351	23	23
18	Bath Room (2nd Floor)	96	1,348	18	1-3	658	684	564	32	32
19	Bed Room (2nd Floor)	500	5,598	73	3-5	513	4,447	2,138	210	210
20	Upper Gallery(2nd Floor)	459	2,265	30	2-3	610	1,268	989	60	60
21	Bed Room (2nd Floor)	396	7,147	93	2-6	550	4,573	2,138	216	216
22	Bath Room (2nd Floor)	80	1,513	20	1-5	486	1,404	351	66	66
AED Excursion							578			
System 3 total		2,107	25,535	333			18,108	8,729	827	827

System 3 Main Trunk Size: 13x13 in.  
 Velocity: 774 ft./min  
 Loss per 100 ft.: 0.087 in.wg

### Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	2.24	67% / 33%	18,108	8,729	26,837
Recommended:	2.91	75% / 25%	26,187	8,729	34,916
Actual:	1.98	77% / 23%	18,326	5,474	23,800



### System 4 Room Load Summary

Room No	Room Name	Area SF	Htg Sens Btuh	Htg Nom CFM	Run Duct Size	Run Duct Vel	Clg Sens Btuh	Clg Lat Btuh	Clg Nom CFM	Air Sys CFM
---Zone 1---										
23	Master Bedroom (2nd Floor)	594	6,465	84	3-5	648	5,799	2,298	265	265
24	Master Bath (2nd Floor)	484	4,863	64	3-3	746	2,403	714	110	110
25	Master den(2nd Floor)	484	10,500	137	2-7	495	5,795	2,138	265	265
System 4 total		1,562	21,829	285			13,997	5,150	640	640

System 4 Main Trunk Size: 11x11 in.  
 Velocity: 814 ft./min  
 Loss per 100 ft.: 0.117 in.wg

### Cooling System Summary

	Cooling Tons	Sensible/Latent Split	Sensible Btuh	Latent Btuh	Total Btuh
Net Required:	1.60	73% / 27%	13,997	5,150	19,148
Recommended:	1.72	75% / 25%	15,451	5,150	20,601
Actual:	1.98	77% / 23%	18,326	5,474	23,800



SEAL:



PROFESSIONAL CERTIFICATION:  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE  
PREPARED OR APPROVED BY ME, AND THAT  
I AM A DULY LICENSED PROFESSIONAL ENGINEER  
UNDER THE LAWS OF THE STATE OF MARYLAND,  
LICENSE NO. 19552, EXPIRATION DATE 02-23-2022.

OWNER:  
SINGLE FAMILY HOME  
12942 BRIGHTONDOME ROAD  
CLARKSVILLE, MD 21029

THESE CONTRACT DOCUMENTS APPEARING  
HEREIN ARE INSTRUMENTS OF SERVICE AND  
CONSTITUTE THE ORIGINAL AND  
UNPUBLISHED WORK OF KAYWELL  
CORPORATION, AND THE SAME MAY NOT BE  
DUPLICATED, USED PHOTOGRAPHED OR  
DISCLOSED WITHOUT THE WRITTEN CONSENT  
OF KAYWELL CORPORATION

REVISIONS:

COMMENTS:

PROJECT MGR: KK

DRAWING BY: PK

DATE: 11-05-2020

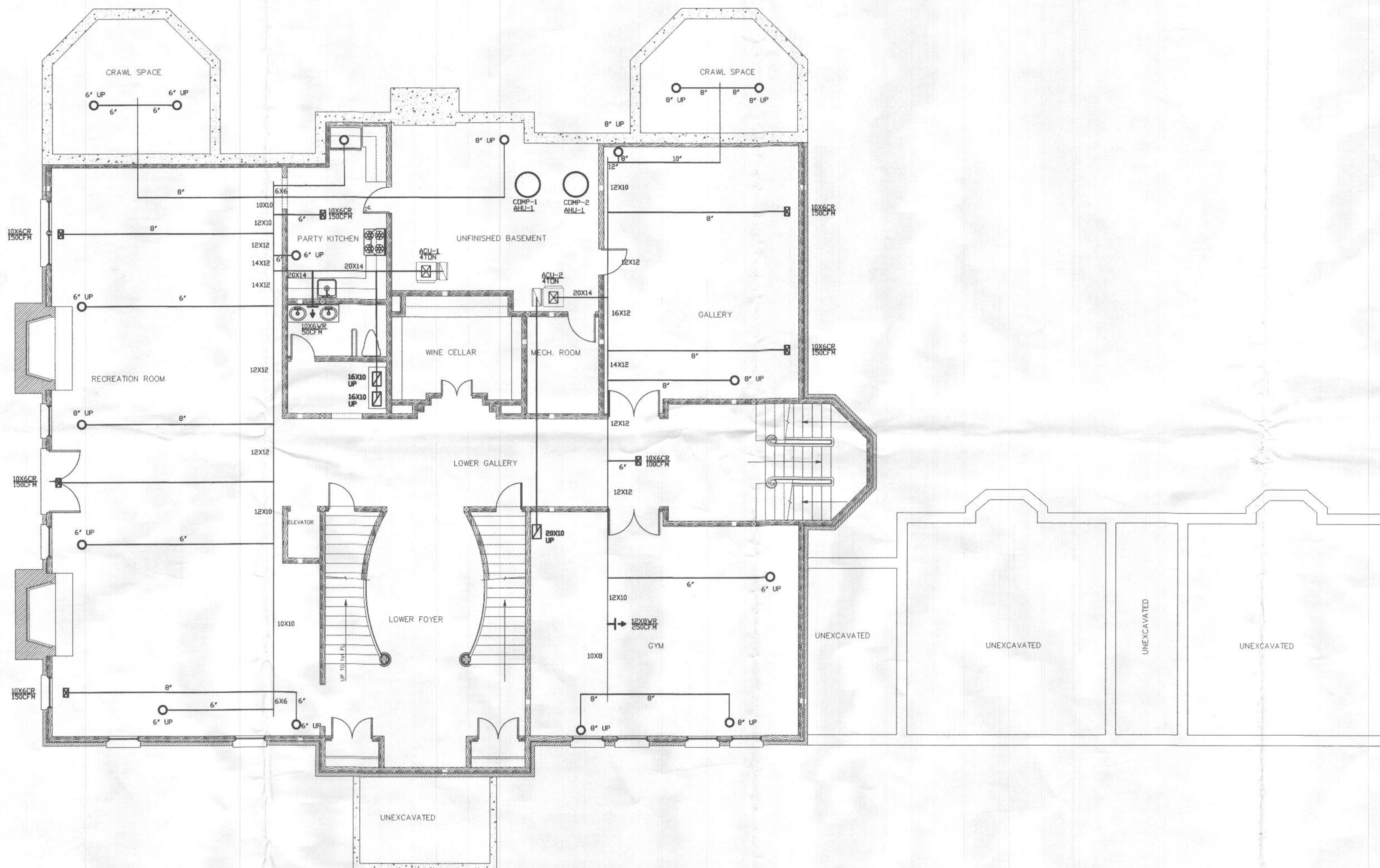
JOB NUMBER: 556011052020

SHEET NUMBER

**M-1**

SHEET TITLE

MECHANICAL - FLOOR PLAN



BASEMENT PLAN-MECHANICAL  
SCALE: 3/16"=1'-0"

M2000822



SEAL:



PROFESSIONAL CERTIFICATION:  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE  
PREPARED OR APPROVED BY ME, AND THAT  
I AM A DULY LICENSED PROFESSIONAL ENGINEER  
UNDER THE LAWS OF THE STATE OF MARYLAND,  
LICENSE NO. 19552, EXPIRATION DATE 02-23-2022.

OWNER:  
SINGLE FAMILY HOME  
12942 BRIGHTONDOM ROAD  
CLARKSVILLE, MD 21029

THESE CONTRACT DOCUMENTS APPEARING  
HEREIN ARE INSTRUMENTS OF SERVICE AND  
CONSTITUTE THE ORIGINAL AND  
UNPUBLISHED WORK OF KAYWELL  
CORPORATION, AND THE SAME MAY NOT BE  
DUPLICATED, USED PHOTOGRAPHED OR  
DISCLOSED WITHOUT THE WRITTEN CONSENT  
OF KAYWELL CORPORATION

REVISIONS:

COMMENTS:

PROJECT MGR: KK

DRAWING BY: PK

DATE: 11-05-2019

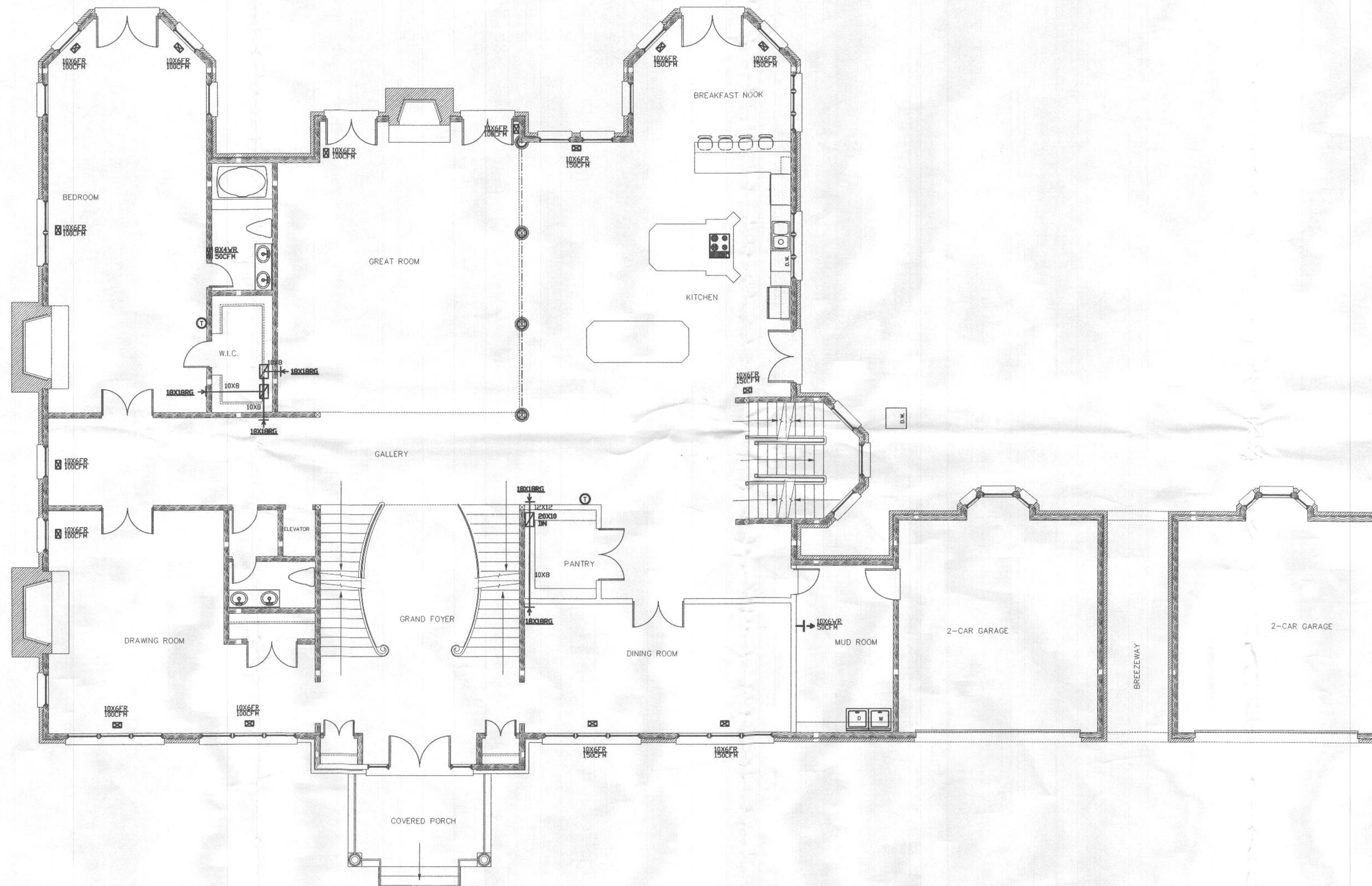
JOB NUMBER: 55601052019

SHEET NUMBER

**M-2**

SHEET TITLE

MECHANICAL - FLOOR PLAN



FIRST FLOOR PLAN-MECHANICAL  
SCALE: 3/16"=1'-0"



SEAL:



PROFESSIONAL CERTIFICATION:  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE  
PREPARED OR APPROVED BY ME, AND THAT  
I AM A DULY LICENSED PROFESSIONAL ENGINEER  
UNDER THE LAWS OF THE STATE OF MARYLAND,  
LICENSE NO. 19552, EXPIRATION DATE 02-23-2022.

OWNER:  
SINGLE FAMILY HOME  
12942 BRIGHTONDOM ROAD  
CLARKSVILLE, MD 21029

THESE CONTRACT DOCUMENTS APPEARING  
HEREIN ARE INSTRUMENTS OF SERVICE AND  
CONSTITUTE THE ORIGINAL AND  
UNPUBLISHED WORK OF KAYWELL  
CORPORATION, AND THE SAME MAY NOT BE  
DUPLICATED, USED PHOTOGRAPHED OR  
DISCLOSED WITHOUT THE WRITTEN CONSENT  
OF KAYWELL CORPORATION

REVISIONS:

COMMENTS:

PROJECT MGR: KK

DRAWING BY: PK

DATE: 11-05-2020

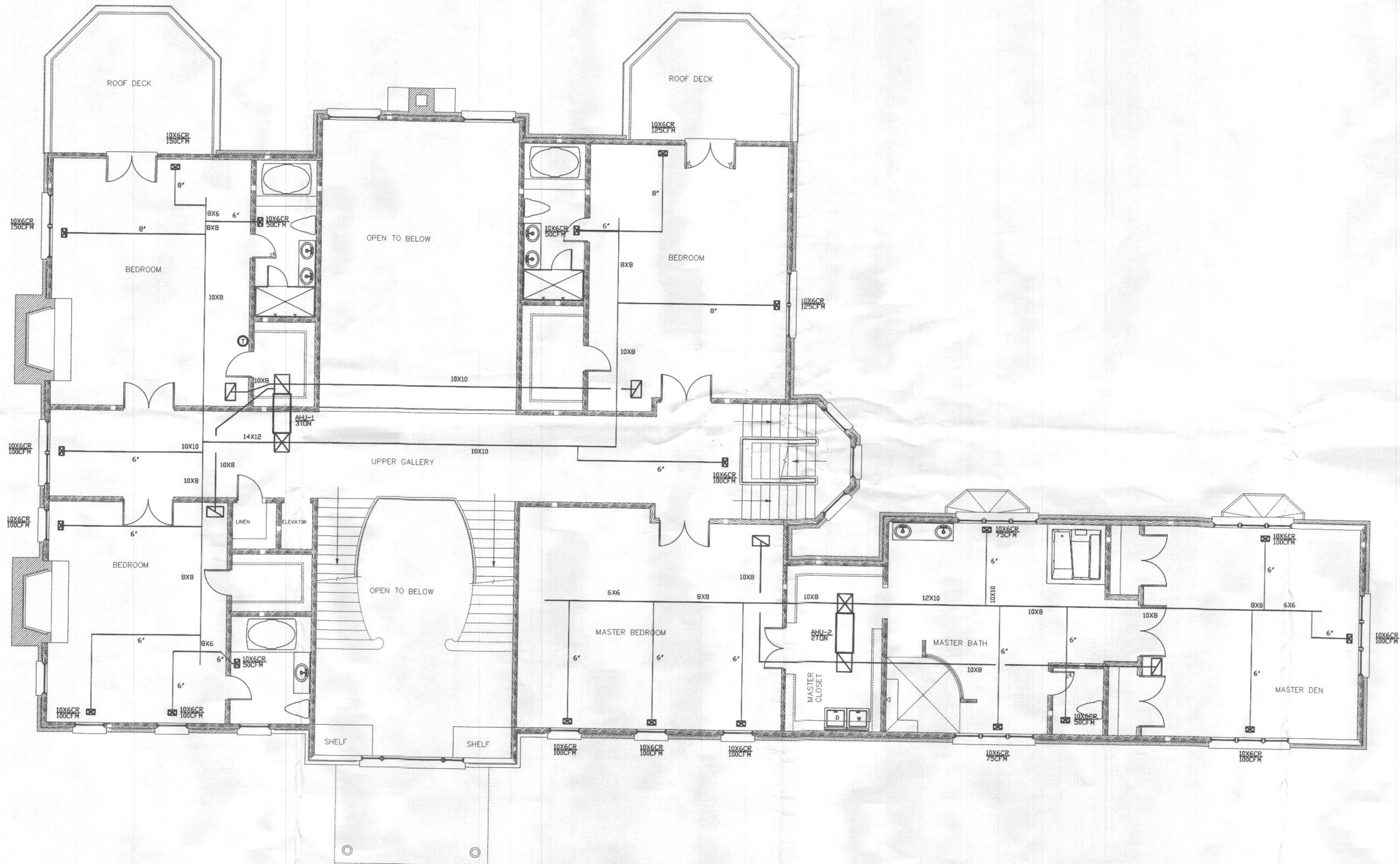
JOB NUMBER: 556011052020

SHEET NUMBER

**M-3**

SHEET TITLE

MECHANICAL - FLOOR PLAN



SECOND FLOOR PLAN-MECHANICAL  
SCALE: 3/16"=1'-0"