

SEP 29 2020

PERMIT NUMBER: B 20003389

DATE ACCEPTED:

LICENSES & PERMITS DIVISION



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: <u>12455 BARNARD WAY</u>		Unit:
City: <u>WEST FRIENDSHIP</u>	State: <u>MD</u>	Zip Code: <u>21794</u>
Subdivision/Village/Complex Name: <u>MATHIS PROPERTY</u>		SDP/WP/BA #:
Lot: <u>19</u>	Tax Map: <u>15</u>	Parcel: <u>15</u>
Grading Permit #:		

DESCRIPTION OF WORK *REQUIRED*

Existing Use: <u>VACANT LOT</u>	Proposed Use: <u>NEW SINGLE FAMILY HOMES</u>	Estimated Cost: \$
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

2-STORY SFD

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (<i>As it appears on tax records</i>): <u>DORSEY FAMILY HOMES, INC.</u>		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <u>10717B BIRMINGHAM WAY</u>		
City: <u>WOODSTOCK</u>	State: <u>MD</u>	Zip Code: <u>21163</u>
Phone: <u>410-465-5739</u>	Email: <u>beverlylittle@dorseyfamilyhomes.com</u>	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: <u>DORSEY FAMILY HOMES, INC.</u>		Contact Name: <u>ROBERT DORSEY JR.</u>
Street Address: <u>10717B BIRMINGHAM WAY</u>		
City: <u>WOODSTOCK</u>	State: <u>MD</u>	Zip Code: <u>21163</u>
Phone: <u>410-465-5739</u>	Email: <u>robdorseyjr@dorseyfamilyhomes.com</u>	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: <u>DORSEY FAMILY HOMES, INC.</u>		License # <u>101</u>
Licensee's Name: <u>DORSEY FAMILY HOMES, INC.</u>		
Street Address: <u>10717B BIRMINGHAM WAY</u>		
City: <u>WOODSTOCK</u>	State: <u>MD</u>	Zip Code: <u>21163</u>
Phone: <u>410-465-5739</u>	Email: <u>robdorseyjr@dorseyfamilyhomes.com</u>	

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: <u>ARCHITECTURE COLLABORATIVE</u>		Name: <u>DAVE ROBINS</u>
Street Address: <u>8334 MAIN STREET</u>		
City: <u>ELLICOTT CITY</u>	State: <u>MD</u>	Zip Code: <u>21043</u>
Phone: <u>410-465-7500</u>	Email: <u>davidrobbins@archcol.com</u>	

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION - (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: <u>JOHN EAGER ELEV# 3, SUNROOM, 5 BEDROOMS 4 FT REAR EXT, FINISHED BASEMENT</u>				
# of Bedrooms (SF): <u>5</u>	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: <u>13</u>	# Full Baths: <u>5</u>	# Half Baths: <u>1</u>	# Fireplaces: <u>1</u>	
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input checked="" type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width: <u>52'</u>	1 st Fl Depth: <u>58'</u>	2 nd Fl Width: <u>52'</u>	2 nd Fl Depth: <u>52'</u>	Bsmt Width: <u>52'</u>
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: <u>7052</u> sq ft	Occupiable Area: <u>6752</u> sq ft	

AGREEMENT/ DISCALIMER *REQUIRED*

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.

Beverly Little

9/28/20

APPLICANT'S ORIGINAL SIGNATURE

DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID
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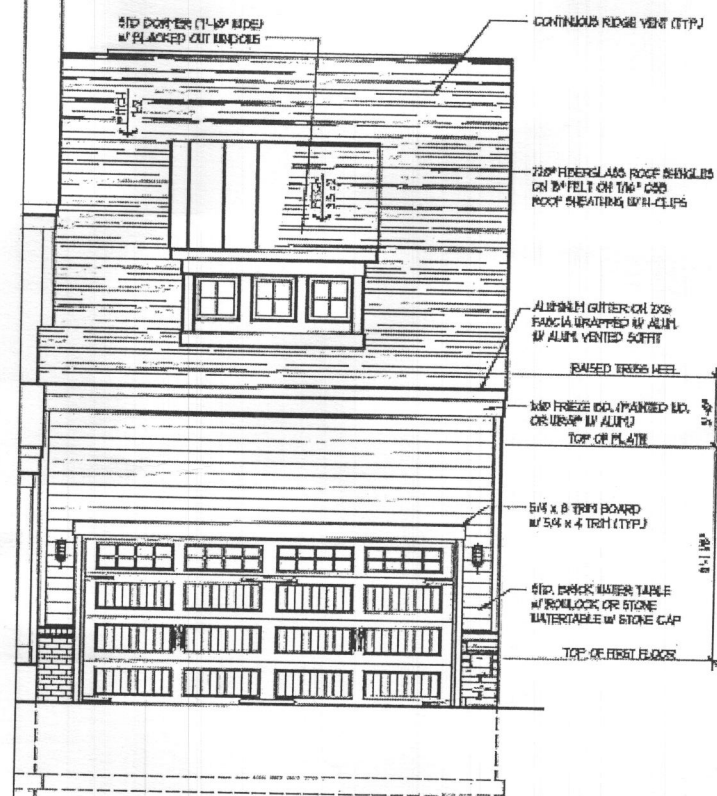
SUBMITTAL FEES: <u>\$150.00</u>	PAYMENT: <u>*NONE SUBMITTED</u>	ACCEPTED BY: <u>DROPBOX</u>
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OK
 6-Bedrooms
 4 on Upper Level
 1 on Main Level
 1 on Lower Level

HEALTH
 DEPT



FRONT ELEVATION #3
 SCALE (17x11): 1/8" = 1'-0"
 SCALE (24x36): 1/4" = 1'-0"



**FRONT ELEVATION #1
 w/ OPT. OWNER'S SUITE #2**
 SCALE (17x11): 1/8" = 1'-0"
 SCALE (24x36): 1/4" = 1'-0"

LOT 19 MATHIS PROPERTY
 12455 BARNARD WAY
 WEST FRIENDSHIP, MD 21794

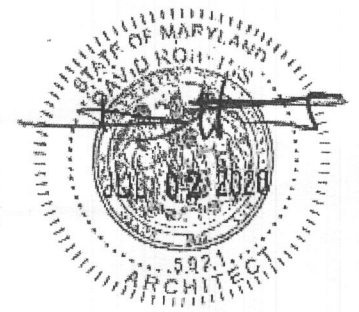
Architecture Collaborative, Inc.
 8804 Main Street
 Ellicott City, MD 21043
 www.archcoll.com
 Tel.: (410) 465-7500 Fax: (410) 465-0903

PROJECT ELEVATION 3
 DATE: 08/05/19
 DRAWN: JAH
 CHECKED: JAH
 U.S.O. 1-20 (1/21/1) (2.0)
DORSEY FAMILY HOMES
 "JOHN RAGER"

revision	date	by

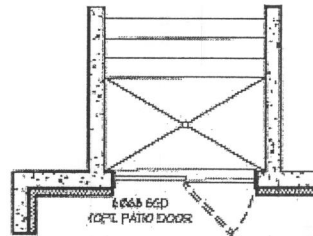
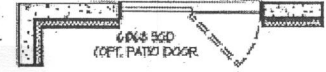
SHEET #
3.3

Professional Certification
 I, David R. Robb, do hereby certify that I am a duly licensed professional architect under the laws of the State of Maryland.
 License number: 5921
 expiration date: 06-30-2020



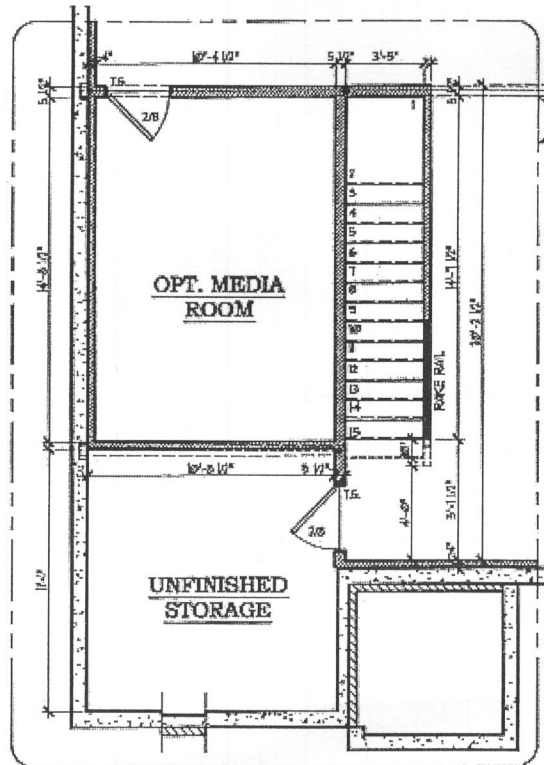
OPT. WALKOUT

SCALE (17x11): 1/8" = 1'-0"
SCALE (36x24): 1/4" = 1'-0"



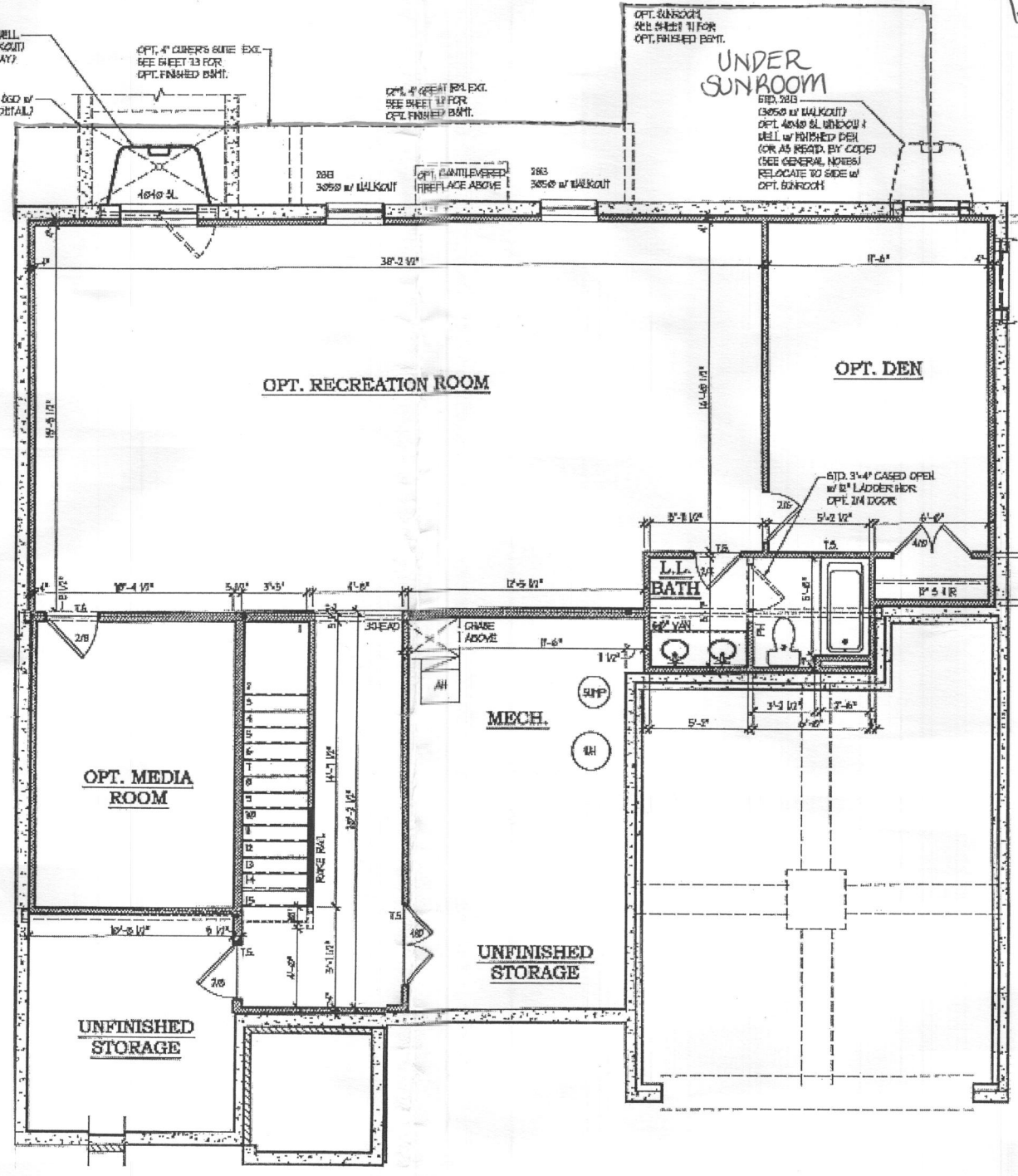
OPT. AREAWAY

SCALE (17x11): 1/8" = 1'-0"
SCALE (36x24): 1/4" = 1'-0"



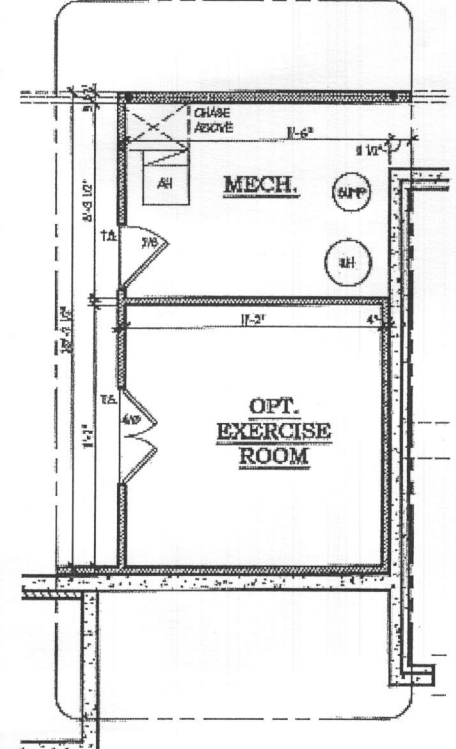
OPT. MEDIA ROOM

SCALE (17x11): 1/8" = 1'-0"
SCALE (36x24): 1/4" = 1'-0"



OPT. FINISHED LOWER LEVEL PLAN

SCALE (17x11): 1/8" = 1'-0"
SCALE (36x24): 1/4" = 1'-0"



OPT. EXERCISE ROOM

SCALE (17x11): 1/8" = 1'-0"
SCALE (36x24): 1/4" = 1'-0"

*1 bedroom
Den*

2018 IRC GENERAL NOTES:

- SECTION R-302**
- 1. LEANINGS SHALL HAVE A MINIMUM OF ONE EMERGENCY ESCAPE AND RESCUE OPENING THAT SHALL OPEN DIRECTLY INTO A PUBLIC WAY.
 - 2. SLEEPING ROOMS IN BASEMENTS THAT ARE PROTECTED BY AN AUTOMATIC FIRE SPRINKLER SYSTEM ARE NOT REQUIRED TO HAVE AN EMERGENCY ESCAPE AND RESCUE OPENING (AS PER CODE).
- SECTION R-302.1**
- FLOOR ASSEMBLIES LOCATED DIRECTLY OVER A SPACE THAT IS NOT PROTECTED BY AN AUTOMATIC FIRE SPRINKLER SYSTEM SHALL BE:
 - (A) CONSTRUCTED OF NOMINAL 2x10 OR GREATER DIMENSIONAL LUMBER -OR-
 - (B) PROVIDED WITH 1/2" GYPSUM WALLBOARD NEARBY OR AN APPROVED FIRE-PROTECTIVE COVERING (AS PER CODE)

RELOCATE 283 OF OPT. SUNROOM (3050 W/ WALKOUT) OPT. 40x60 BL WINDOW + WELL W/ FINISHED DEN (OR AS REQ'D BY CODE) (SEE GENERAL NOTES)

Architecture Collaborative, Inc.
Ellicott City, MD 21048
8334 Main Street
www.archcol.com
Tel.: (410) 465-7600 Fax: (410) 465-0909

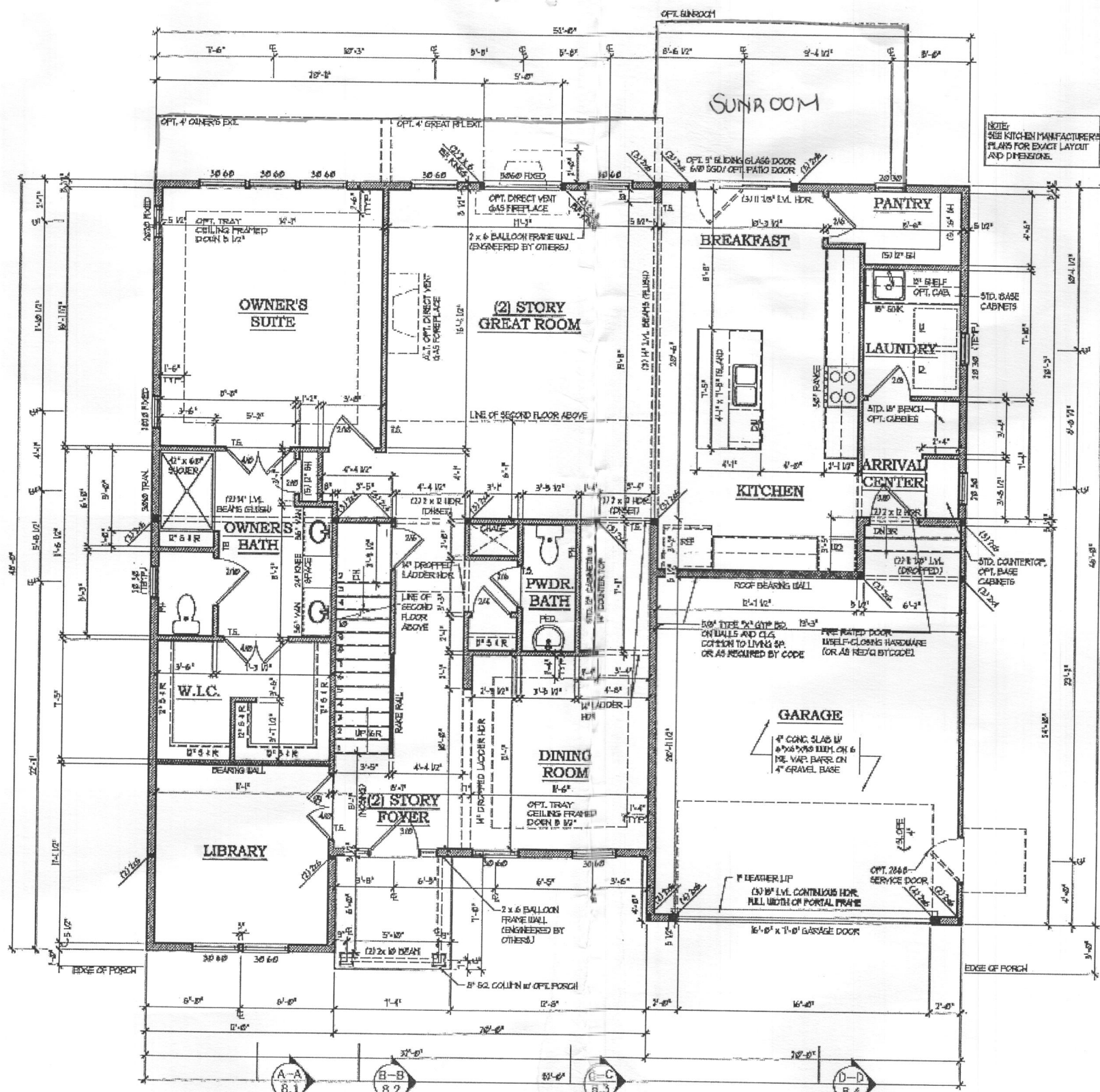
content: **OPT. FINISHED LOWER LEVEL PLAN**
DATE: 09/05/18
DRAWN: AJH
CHECKED: JHR
PROJECT: DORSEY FAMILY HOMES
DESIGNED BY: JOHN EAGER

DATE	REVISION	BY

SHEET #
4.2

Professional Registration
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed architect in the State of Maryland.
License number: 8918
Expiration date: 06-30-2022

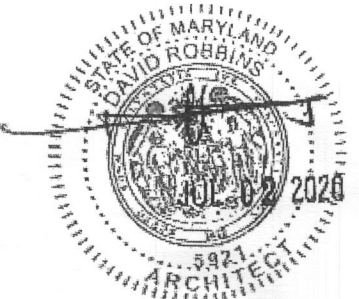




- FRAMING NOTES:**
1. ALL EXTERIOR WALLS ARE TO BE 2x6 STUDS FRAMED # 1x4 O.C., UNLESS NOTED OTHERWISE.
 2. ALL INTERIOR WALLS ARE TO BE 2x4 STUDS FRAMED # 1x4 O.C., UNLESS NOTED OTHERWISE.
 3. SOLID BLOCK ALL BEAMS & HEADERS (GREATER THAN 4") W/ (1) 2x JACK STUD & (2) 2x KING STUD. THE NUMBER OF STUDS SPECIFIED AT A SUPPORT INDICATES THE NUMBER OF JACK STUDS REQUIRED (TYP) UNLESS NOTED OTHERWISE.
 4. (2) 2 x 10 HEADERS (TYP) AT OPENINGS LESS THAN 10' UNLESS NOTED OTHERWISE.
 5. 3 1/2" x 5 1/2" LVL HEADERS AT OPENINGS 10' or GREATER UNLESS NOTED OTHERWISE.
 6. FLOOR JOISTS BROWN IS ONLY FOR GUIDANCE. SHOP DRAWINGS SHALL BE SUBMITTED FOR REVIEW.
 7. SUB-FLOOR SHALL BE 3/4" THICK G1U TONGUE & GROOVE TO MEET APA STANDARD.

NOTE: SEE KITCHEN MANUFACTURER'S PLANS FOR EXACT LAYOUT AND DIMENSIONS.

1 bedroom suite



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 Tel.: (410) 465-7500 Fax: (410) 465-0903

FIRST FLOOR PLAN
 Date: 03/05/19
 Drawn: AJH
 Scale: 1/8" = 1'-0"

DORSEY FAMILY HOMES
 JOHN EAGER

Date	Revision	By

SHEET #
5.1

Professional Certification
 I certify that I have personally prepared this plan and that I am a duly licensed architect under the laws of the State of Maryland.
 License number: 5921
 Expiration date: 12-31-2022

FIRST FLOOR PLAN
 SCALE: (1/8"=1'-0")
 SCALE: (1/4"=1'-0")