

Previously approved. *js*

PERMIT NUMBER: B **22002732**

DATE ACCEPTED:

OILP 2022

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: **3026 Hickorymede Dr** Unit: _____
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Subdivision/Village/Complex Name: **Valleymede** SDP/WP/BA #: _____
 Lot: **8** Tax Map: **17** Parcel: **0564** Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: **Bedroom** Proposed Use: **New Master Bathroom/Walk-in Closet** Estimated Cost: **\$45,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
Existing spare bedroom will be converted into a new master bathroom and walk-in closet. The old master bathroom will be combined with the adjacent spare bathroom to make one bigger spare bathroom. Floor 1 approx 203 sq ft

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Erik Hasselbarth; Angela Hasselbarth** Primary Residence: Yes No
 Owner's Street Address: **3026 Hickorymede Dr**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(443) 388-1695** Email: **erikhasselbarth@yahoo.com**

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: **N/A** Contact Name: **Erik Hasselbarth**
 Street Address: **3026 Hickorymede Dr**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(443) 388-1695** Email: **erikhasselbarth@yahoo.com**

CONTRACTOR INFORMATION REQUIRED

Business Name: **Seyer's Properties Solutions LLC**
 Licensee's Name: **Marlon Reyes** License #: **111322**
 Street Address: **9805 Cottrell Ter**
 City: **Silver Spring** State: **MD** Zip Code: **20903**
 Phone: **(301) 613-4727** Email: **seyerpropertlessolutuions@gmail.com**

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS IF APPLICABLE

Business Name: **ArchDESIGN, LLC** Name: **David Dalo**
 Street Address: **PO Box 39**
 City: **Chruchton** State: **MD** Zip Code: **20733**
 Phone: **(301) 538-2190** Email: **autocadd.design@gmail.com**

BUILDING CHARACTERISTICS REQUIRED

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

ADDITIONAL RESIDENTIAL INFORMATION PLEASE CHECK COMPLETE ALL THAT APPLY

Model Name & Options:
 # of Bedrooms (SF): **2** # of efficiency units (MF*): **0** # of 1 BR (MF*): **0** # of 2 BR (MF*): **0** # of 3 BR (MF*): **0**
 # Rooms: **2** # Full Baths: **2** # Half Baths: **0** # Fireplaces: **0**
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: **54** 1st Fl Depth: **34** 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: **54** Bsmt Depth: **34**
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: **2,960** sq ft Occupable Area: **2,480** 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.

Erik Hasselbarth **7/18/22**
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY FOR OFFICIAL USE ONLY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health SHA CID

SUBMITTAL FEES: **\$135.00** PAYMENT: **CK# 0356** ACCEPTED BY: **AKH**

PLANS RECEIVED

PLANS TOO LARGE TO SCAN

Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 02 Account Number - 221861

Owner Information

Owner Name: HASSELBARTH ERIK A Use: RESIDENTIAL
 HASSELBARTH ANGELA Principal Residence: YES
 Mailing Address: 3026 HICKORYMEDE DR Deed Reference: /21085/ 00099
 ELLICOTT CITY MD 21042-2341

Location & Structure Information

Premises Address: 3026 HICKORYMEDE DR Legal Description: LOT 8 BL J
 ELLICOTT CITY 21042-0000 3026 HICKORYMEDE DR
 VALLEY MEDE E C

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 18 15
 0017 0021 0564 2080802.14 8214 8 2022 Plat Ref:
 Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1971 1,638 SF 1228 SF 21,344 SF

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements
 1 YES STANDARD UNIT SIDING/ 4 2 full 1 Attached

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2022	07/01/2021	07/01/2022
Land:	247,100	260,100		
Improvements	230,700	285,400		
Total:	477,800	545,500	477,800	500,367
Preferential Land:	0	0		

Transfer Information

Seller: BROHAWN GARY W	Date: 11/05/2021	Price: \$634,000
Type: ARMS LENGTH IMPROVED	Deed1: /21085/ 00099	Deed2:
Seller: KONDNER DAVID W	Date: 05/14/2002	Price: \$320,000
Type: ARMS LENGTH IMPROVED	Deed1: /06171/ 00080	Deed2:
Seller: MACGEORGE MICHAEL J	Date: 12/09/1992	Price: \$194,900
Type: ARMS LENGTH IMPROVED	Deed1: /02717/ 00090	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2021	07/01/2022
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

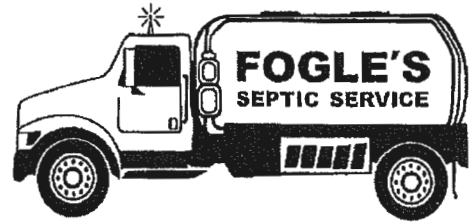
Homestead Application Status: Application received

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

zsilvast@howardcountymd.gov

FOGLE'S SEPTIC CLEAN, INC.
 580 Obrecht Road • Sykesville • Maryland 21784
 (410) 795-5670



SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: 9/7/21	Time: 9:30a	Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Client: Joseph Brandli / Pillar to post	Ordered By:	If vacant, how long?	
Property Address: 3026 Hickory Meade Dr	Phone: 443-685-4504	Last pumped: ?	
Ellicott City, MD 21042	email: thebrandli.team@pillar.to	Property age: 1971	# Bedrooms: 4
	Weather: Post.com	County Records: <input checked="" type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Received	
Ground Conditions:	Confirmed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Left Message		

Liquid level: <input type="checkbox"/> Above Normal / <input checked="" type="checkbox"/> Normal / <input type="checkbox"/> Below normal	Depth of tank: 2'
Maintenance Appears: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: 6" x 10"
Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank)	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown	<input type="checkbox"/> Drainfield
<input type="checkbox"/> Cesspool	Tank Size: 1000g	<input checked="" type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (conc)	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

Inspected System Appears:	Inspector's Comments	Sketch of System
<input checked="" type="checkbox"/> Functional <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory	<p>Septic tank is due for cleaning. Approx cost \$275. System has good flow throughout. Drywell has approx 18" of liquid depth remaining. Due to the age of this system, homeowner should budget for connection to public sewer in the near future. Approx cost \$4000-\$10,000.</p>	
Inspector:		
Signature: K. Cassell		
Inspection Fee: 300		
Locate/Hand Digging Fee:		
Water Test: <input type="checkbox"/> U&O <input type="checkbox"/> Lead <input type="checkbox"/> Nitrite		
Water Test Other:		
Amount Due:		
Check #		

IMPORTANT:

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- The condition of the Sewage Disposal system is reported as of the above date.
- This report does not WARRANT nor GUARANTEE continued functional Sewage Disposal System operations.
- If house has been unoccupied, this report may not be accurate. Little or no use of the septic system could have allowed the problems to temporarily clear themselves.
- If a larger family is moving in than is presently occupying the house, the septic system may be subject to failure.
- If the general ground condition is wet, this report may not be accurate, as ground moisture may cover or hide actual septic effluent on the surface.
- In the above cases, it is strongly suggested that the septic system be re-certified in 3 to 6 months.
- If the system is rated below as marginal or unsatisfactory, it is suggested that the local health department be contacted to inspect and confirm the findings.
- This report addresses the functionality of the system. It does not warrant or guarantee sizing for permitting code or regulation now or in the future.

Payment for this inspection signifies understanding and acceptance of above clauses.

Fogle's Septic Clean, Inc.
 580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670

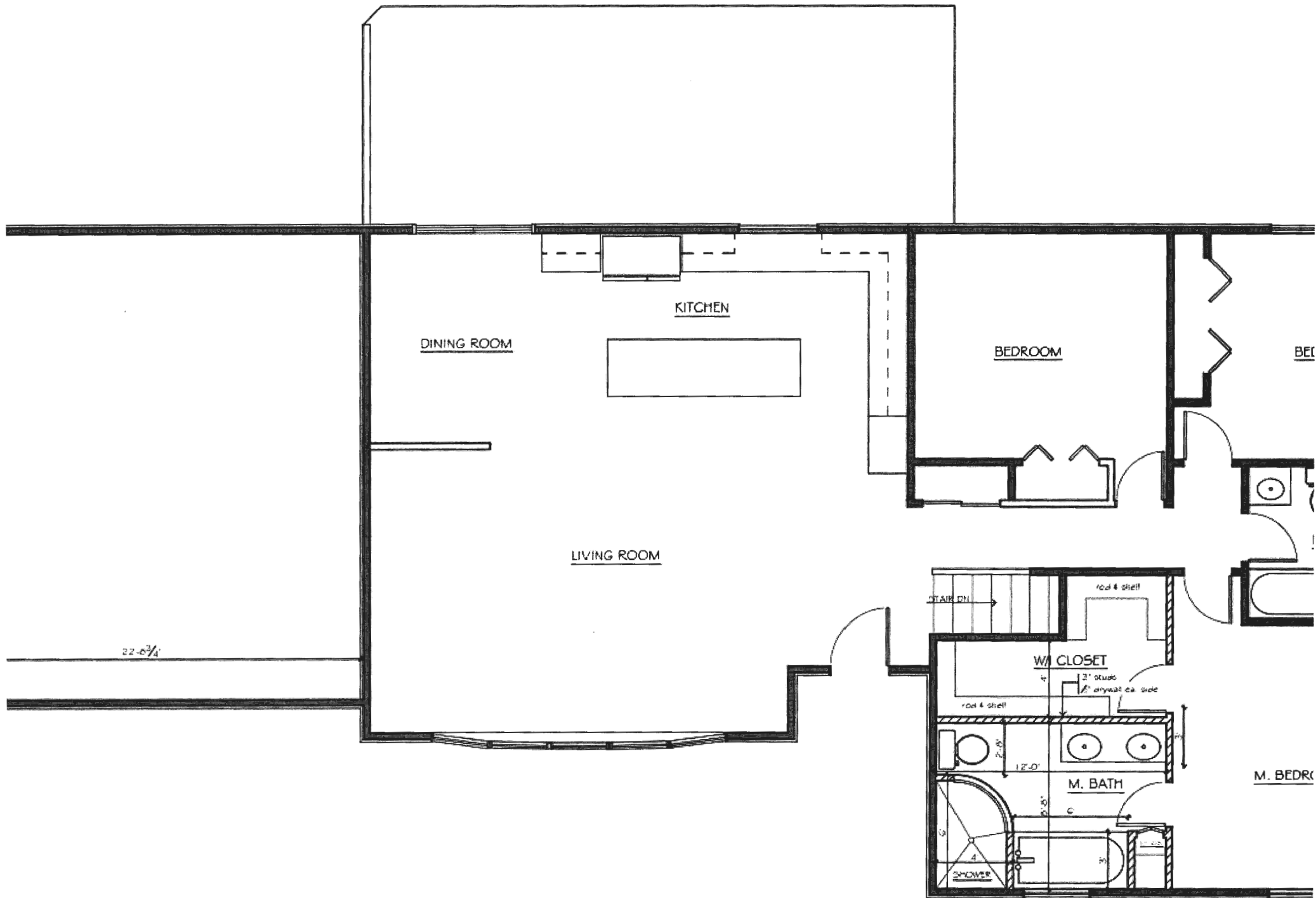


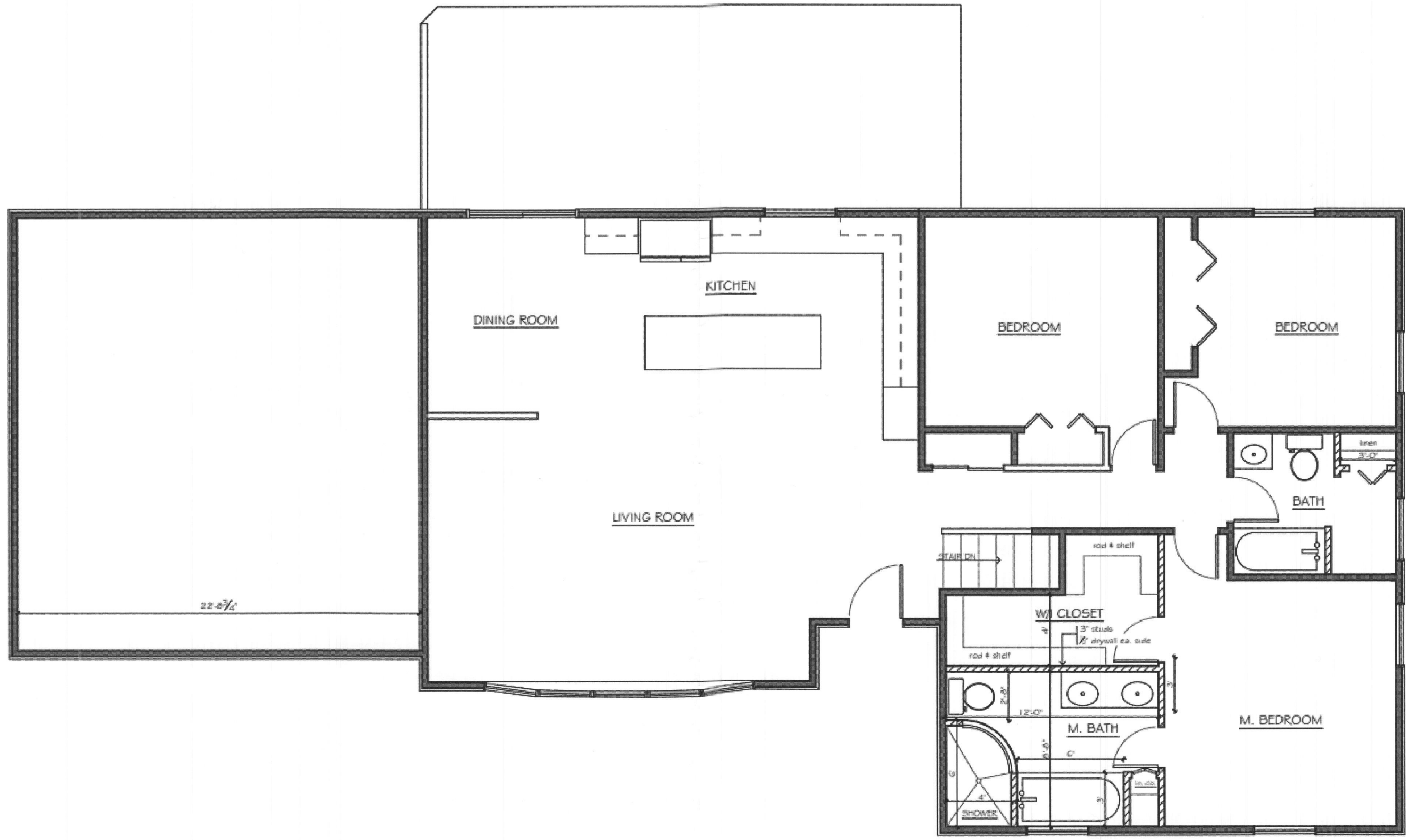
WORK ORDER

Date	12/1/2021
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JOB LOCATION		BILLING INFORMATION		
3026 HICKORY MEDE DR ELLICOTT CITY, MD 21042		ERIK HASSELBARTH 3026 HICKORY MEDE DR ELLICOTT CITY, MD 21042		
Customer Phone	443-388-1695			
Customer Alt. Phone				
A finance charge of 1.5% will be charged monthly on unpaid balances. And any actual and reasonable collection fees may be added if delinquent. There is a \$30 fee for a returned check.		We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.		
Description	Qty	Cost	Total	
PLEASE CALL AHEAD PUMP SEPTIC		270.00	270.00	
TANK - FRONT RIGHT				
<i>Needs Manhole Riser</i>				
TANK ACCESS Manhole: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Cleanout: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Tank Depth <i>2 FT</i>		TANK LEVEL <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overfull <input type="checkbox"/> Low TANK CONDITION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Heavy Solids <input type="checkbox"/> Roots <input type="checkbox"/> Wipes <input type="checkbox"/> Other:		
TO ENSURE PROPER CLEANING, FOGLE'S SEPTIC RECOMMENDS PUMPING FROM THE MANHOLE AND NOT THE 6" CLEANOUT				
CALL OFFICE TO SCHEDULE: <input type="checkbox"/> Snake inlet line <input type="checkbox"/> Other: <input type="checkbox"/> Snake outlet line				
		Total		\$270.00

Customer Signature: _____







Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Erik Hasselbarth

FROM: Zack Silvast
Well & Septic Plan Review Supervisor

RE: 3026 Hickorymede, Ellicott City

DATE: 6/26/23

The Health Department has conducted a site visit and did not witness ground surface failure of the septic system. There was no way to access the septic tank, so we highly recommend installing a manhole or risers to gain that access into the septic tank. Fogle's documentation from 2021 stated that this property should plan on connecting to public sewer in the immediate future as the company forecasted a short lifespan in regards to the remaining years of the septic system's functionality. This property has only ever constructed an internal downgrade in bedrooms and is only seeking to re-add the previously removed bedroom via internal renovations only once again. We are going to approve building permit #B23001701, but this in no way means that the Howard County Health Department is certifying this septic system that we hardly know anything about.

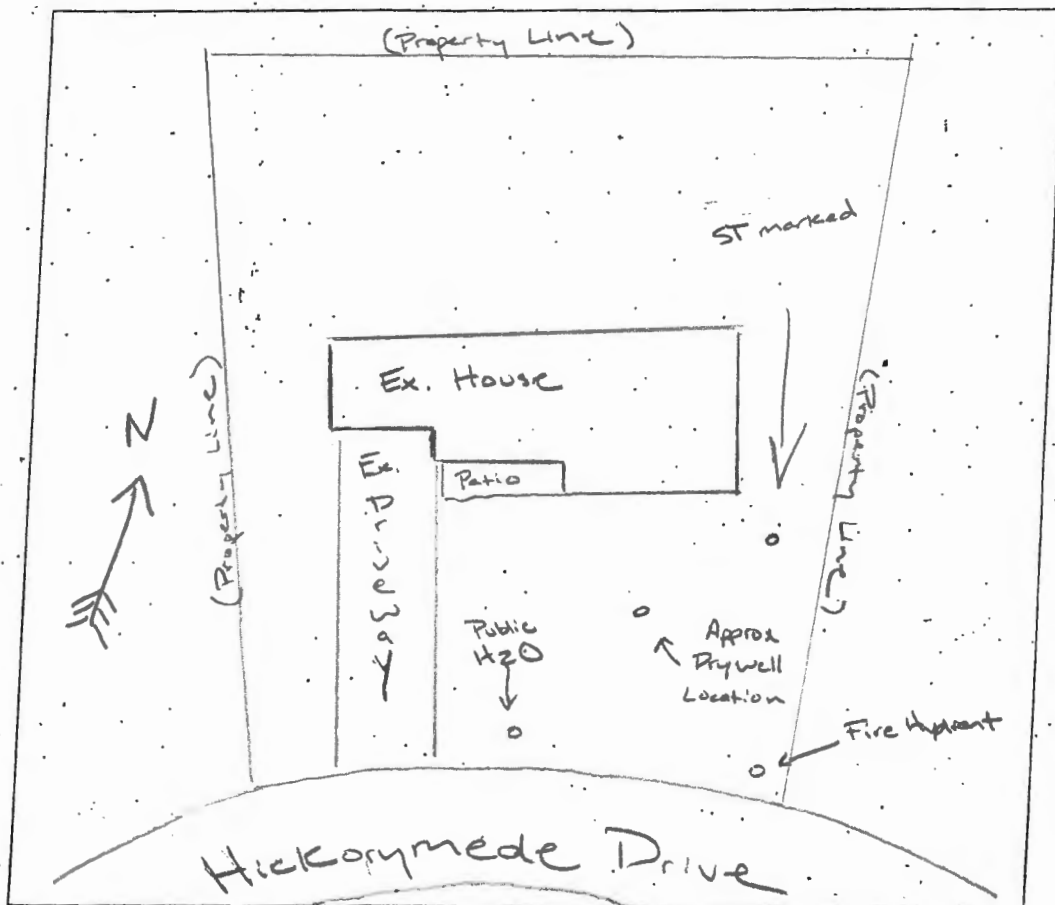
As aforementioned, the Health Department records of the existing OSDS do not exist and there is no sewage disposal area (SDA) established on the property for future septic repairs as required under HC code section 3.804(d). However, this property is in the metropolitan district and the septic system appears to still be functioning for now. We are unable to determine the adequacy of the existing system to serve the total number of bedrooms. Furthermore, the property is not eligible to upgrade or replace the sewage disposal system because it is located within the planned service area within the metropolitan district where public sewer is available. NO FUTURE building permit(s) for this property, henceforth, will be approved by the Health Department until public sewer connection is completed and documentation of proper septic abandonment is provided.

The building permit will be removed from its on hold status, and it is recommended that the existing septic be pumped and evaluated as soon as possible.

SITE INSPECTION SHEET

OWNER: Joseph Brandi PHONE #: _____
ADDRESS: 3026 Hickorymede CONTRACTOR: _____
Ellicott City, MD 21042 WELL TAG #: On Public Water
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: B22002732; Interior renovations.

LOCATION DIAGRAM



COMMENTS: Septic tank and drywell appear to be
in functioning condition from surface. No signs of
failure. Areas over septic tank and drywell did have
greener grass but no odor or wet soil was observed.
Cleanout to septic tank was buried not allowing access. (See PICS)

DATE: 6/16/2023 INSPECTOR: RSF

Septic Tank Location

Towards
Hickorymede
Drive



3026 Hickorymede Drive

Site visit 6/16/2023

RJE

Approx Drywell Location

ST
Location



Towards
Hickorymede
Drive

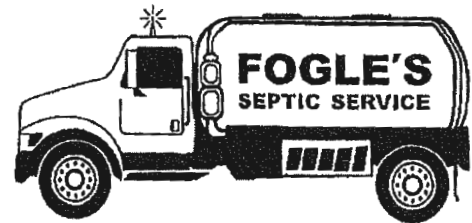
3026 Hickorymede Drive

Site Visit 6/16/2023

RAE

zsilvast@howardcountymd.gov

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 (410) 795-5670



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Property Address: 3026 Hickory Medc Dr Ellicott City, MD 21042	Phone: 443-685-4504 email: thebrandli.team@pillar.to post.com		Last pumped: ?
	Weather:		Property age: 1971 # Bedrooms: 4
	Ground Conditions:		County Records: <input checked="" type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Received
			Confirmed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Left Message

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Effluent Filter present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

Type of Tank	Tank Composition & Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank) <input type="checkbox"/> Cesspool <input type="checkbox"/> Aeration System <input type="checkbox"/> Other:	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown Tank Size: 1000g Baffles intact? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <i>CONC</i>	<input type="checkbox"/> Drainfield <input checked="" type="checkbox"/> Drywell <input type="checkbox"/> Sandmound <input type="checkbox"/> Other:

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PERMIT NUMBER: B23001701

DATE ACCEPTED:

MAY 16 2023



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: 3026 Hickorymede Dr
City: Ellicott City
Subdivision/Village/Complex Name: Valleymede
Lot: 8 Tax Map: 17 Parcel: 0564

DESCRIPTION OF WORK REQUIRED
Existing Use: Recreational Rooms Proposed Use: New Bedroom/Bathroom
Trade Work to Be Completed: Mechanical (HVACR) Electrical Plumbing None
Existing spare room in basement will have a closet and egress window added to it to make it an official bedroom. A full bathroom will also be built in the basement, as one does not currently exist.

PROPERTY OWNER INFORMATION REQUIRED
Owner(s) Name(s): Erik Hasselbarth; Angela Hasselbarth
Owner's Street Address: 3026 Hickorymede Dr
City: Ellicott City
Phone: (443) 388-1695 Email: erikhasselbarth@yahoo.com

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Business Name: N/A Contact Name: Erik Hasselbarth
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City: Ellicott City
Phone: (443) 388-1695 Email: erikhasselbarth@yahoo.com

CONTRACTOR INFORMATION REQUIRED
Business Name: CDCl, Inc.
Licensee's Name: Ziba Parsa License #: 47092
Street Address: 5868 Hubbard Drive
City: Rockville
Phone: (301) 366-4010 Email: vladovel@yahoo.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS IF APPLICABLE
Business Name: ArchDESIGN, LLC Name: David Dalo
Street Address: PO Box 39
City: Chrchuton
Phone: (301) 538-2190 Email: autocadd.design@gmail.com

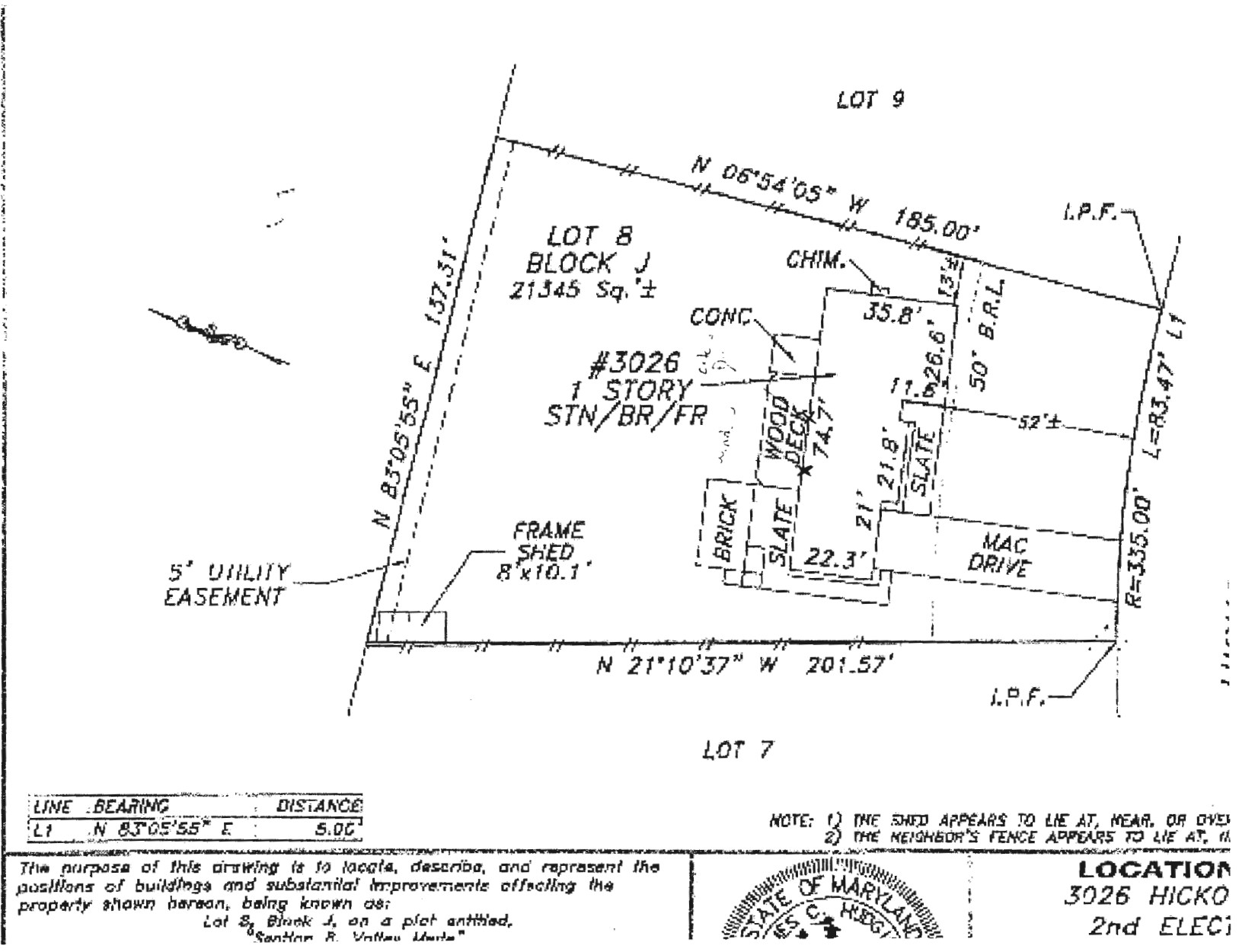
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Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane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

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Rooms: 2 # Full Baths: 1 # Half Baths: 0 # Fireplaces: 0
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Erik Hasselbarth 5/16/23
APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health SHA CID
SUBMITTAL FEES: \$135 PAYMENT: Check # 369 ACCEPTED BY: TR

Hasselbarth
 26 Hickorymeade Dr.
 cott City, MD. 21042



Cover Sheet

BUILDING CODE

INTERNATIONAL RESIDENTIAL CODE 2021 IRC

DESIGN LOADS

DESIGN LIVE LOADS ARE AS FOLLOWS:

ROOF / TRUSS	40 LBS. /SQ. FT.
FIRST FLOOR	40 LBS. /SQ. FT.
SLEEPING ROOMS	40LBS. /SQ. FT.

DESIGN SUPER IMPOSED DEAD LOADS ARE AS FOLLOWS

FLOORS	20 LBS. /SQ. FT.
ROOF TRUSSES	17 LBS. /SQ. FT.
(INCLUDING SELF-WEIGHT OF TRUSSES & SHEETING)	

FLOORS ARE DESIGNED FOR THE UNIFORMLY DISTRIBUTED LIVE LOADS NOTED ABOVE OR ACTUAL CONCENTRATED LOADS, WHERE SUCH LOADING GOVERNS.

SNOW DRIFT ACCUMULATION LOADS ON ROOFS PER IBC CODE REQUIREMENTS.

WIND LOADING ON NEW ROOF STRUCTURE: AS PER IRC 2018 REQUIREMENTS, BASED ON:
 WIND VELOCITY $V=115$ MPH
 EXPOSURE $E=B$
 IMPORTANCE FACTOR $I=1$
 INTERNAL PRESSURE COEFFICIENT
 DESIGN LOAD FOR COMPONENTS OF CLADDING

FOOTINGS

1-A GEOTECHNICAL ENGINEERING REPORT HAS NOT BEEN PREPARED ALLOWABLE SOIL BEARING CAPACITY UTILIZED FOR FOOTINGS IS 1500 PSF, ON NATURAL SOIL.

2-ALL FOUNDATION SUB GRADES SHALL BE INSPECTED AND APPROVED UNDER THE SUPERVISION OF A REGISTERED PROFESSIONAL ENGINEER PRIOR TO BEING CONCRETED. FOOTINGS MAY BE LOWERED TO ACHIEVE BEARING CAPACITY, IF REQUIRED, SUBJECT TO REVIEW AND APPROVAL OF THE STRUCTURAL ENGINEER.

3- BOTTOM OF ALL EXTERIOR FOOTINGS SHALL BE MINIMUM 30" BELOW FINISH GRADE

LUMBER

1-LUMBER SHALL COMPLY WITH THE REQUIREMENTS OF AMERICAN INSTITUTE OF TIMBER CONSTRUCTION AND THE NATIONAL FOREST PRODUCTS ASSOCIATION'S NATIONAL DESIGN SPECIFICATION FOR WOOD CONSTRUCTION.

2-ROOF TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH THE REQUIREMENTS OF THE TRUSS PLATE INSTITUTE'S DESIGN SPECIFICATIONS FOR THE LIGHT METAL PLATE CONNECTED WOOD TRUSSES.

3- LUMBER GRADE AND DESIGN VALUES SHALL BE AS FOLLOWS:

LUMBER GRADE	LUMBER GRADE DESIGN VALUES				
	FB	FC (PERPENDICULAR)	FC (PARALLEL)	FV	E
SPF #2 (STUDS, PLATES, ETC.)	875	425	1150	135	1,400,000
6"X6" POSTS SP #2	850	375	525	-	1,200,000
8"X8" POSTS DFL (N) #2	725	625	700	-	1,300,000
SP P.T. (BALCONY, EXT.)	1100 FOR 2X4	565	-	175	1,400,000
SP (NON PT, ROOF. PLATE)	1000 FOR 2X6 925 FOR 2X8 800 FOR 2X10 750 FOR 2X12	565	-	175	1,400,000
LVL	3000 FOR 12" MULTIPLY BY (12/D) ^{0.136} FOR OTHERS	750	-	285	2,000,000
PSL	2900 FOR 12" MULTIPLY BY (12/D) ^{0.111} FOR OTHERS	750	-	290	2,000,000
PSL PLUS (WOLMANIZED) USE SERVICE LEVEL 2	1827 FOR 12" MULTIPLY BY (12/D) ^{0.111} FOR OTHERS	368	-	197	1,460,000

4-PLYWOOD SHALL BE 3/4" THICK FOR FLOORS AND 5/8" THICK FOR ROOF IDENTIFIED WITH THE DFPA GRADE-TRADEMARK OF THE AMERICAN PLYWOOD ASSOCIATION, AND SHALL BE INSTALLED IN ACCORDANCE WITH THE PROJECT SPECIFICATIONS.

5- ALL STUDS SHALL BE INSTALLED IN ACCORDANCE WITH NFPA (NATIONAL FOREST PRODUCTS ASSOCIATION) REQUIREMENTS. MEMBERS ARE NOT TO BE DRILLED IN EXCESS OF NDS OR LOCAL CODE REQUIREMENTS. ALL POSTS AND STUDS SHALL STACK CONTINUOUSLY TO SOLID BEARING ON FOUNDATION WALLS OR BEAMS; PROVIDE SOLID BLOCKING OR CRIPPLES BETWEEN FLOORS.

6-STUD BEARING WALLS AND EXTERIOR STUD WALLS SHALL BE CONTINUOUSLY BRIDGED WITH WOOD BLOCKING AT MID-HEIGHT BETWEEN FLOOR (AND ROOF) LEVELS. STUDS AND POSTS SHALL BE ONE-PIECE CONTINUOUS BETWEEN FLOOR LEVELS AND BETWEEN FLOOR LEVEL AND ROOF DIAPHRAGMS. ALL DOUBLE STUDS SHALL BE NAILED TO EACH OTHER AT 8 INCH MAXIMUM SPACING FULL-HEIGHT.

7-ALL DOUBLE (OR MORE) RAFTERS, JOISTS, PLYWOOD BEAMS, AND FLOOR TRUSSES MUST BE MECHANICALLY FASTENED OR NAILED TO EACH OTHER TO ACT AS A SINGLE UNIT WHEN LOADED.

8-WOOD COLUMNS AND POSTS SHALL BE FRAMED TO TRUE END BEARINGS, AND SHALL BE POSITIVELY ANCHORED TO FOUNDATION WITH APPROVED POST BASES. FREE STANDING POSTS SHALL BE CONNECTED TO BEAMS, HEADERS OR GIRDER TRUSSES WITH APPROVED POST CAPS. SUPPORT COLUMN AND POST SECURELY IN POSITION AND PROTECT BASE FROM DETERIORATION. COLUMNS AND POSTS OF TREATED WOOD MAY BE PLACED DIRECTLY ON CONCRETE OR MASONRY. USE TREATED WOOD FOR ALL FLOOR JOISTS AND BEAMS WHICH ARE EXPOSED OR WITHIN 18" OF THE GROUND, OR IN PERMANENT CONTACT WITH EARTH.

9-WHEN MULTIPLE 2X (-) MEMBERS USED AS POSTS THEY SHALL BE CONNECTED TO EACH OTHER AS FOLLOWS:

- 2 MEMBERS: 10 D NAILS @ 12" ON CENTER BOTH SIDES
- 3 MEMBERS: 10 D NAILS @ 8" ON CENTER BOTH SIDES
- 4 MEMBERS MIDDLE 2 MEMBERS CONNECTED TO EACH OTHER AS ABOVE OUTER MEMBERS CONNECTED TO MIDDLE MEMBERS WITH 10 D NAILS @ 12" ON CENTER

10-BEAR BEAMS AND GIRDERS AT LEAST 4" ON MASONRY OR CONCRETE. BEAR BEAMS, GIRDERS, JOISTS, RAFTERS AND TRUSSES ON CONTINUOUS WOOD PLATE WITH 5/8" DIAMETER BOLTS @ 48" O.C. X 18" LONG, UNLESS OTHERWISE NOTED. FLOOR JOISTS, CEILING JOISTS AND ROOF RAFTERS SHALL HAVE 4" NOMINAL BEARING ON WOOD OR WOOD PLATES ON METAL OR MASONRY.

11-PROVIDE 2" NOMINAL THICKNESS FULL DEPTH SOLID BLOCKING FOR JOISTS AND RAFTERS AT ENDS AND AT SUPPORTS. OMIT SOLID BLOCKING WHEN JOISTS ARE NAILED TO A CONTINUOUS HEADER. LAP JOISTS FRAMING FROM OPPOSITE SIDES OF A BEAM, GIRDER OR PARTITION AT LEAST 6". SECURE JOISTS FRAMED END TO END WITH METAL STRAPS. USE APPROVED FRAMING ANCHORS TO SUPPORT JOISTS FRAMING INTO THE SIDES OF WOOD OR STEEL BEAMS. FASTEN SOLID WOOD BLOCKING TO STEEL BEAM WEB WITH 2 ROWS OF 1/2" DIAMETER THROUGH-BOLTS @ 16" O.C. PRIOR TO INSTALLING JOIST HANGERS. PROVIDE DOUBLED (OR EQUIVALENT CROSS-SECTION) TRIMMER AND HEADER JOISTS AROUND OPENINGS UNLESS NOTED OTHERWISE. SUPPORT HEADER JOISTS FROM FRAMING ANCHORS OR JOIST HANGERS UNLESS BEARING ON A BEAM, PARTITION OR A WALL. JOISTS CARRYING PARTITIONS PERPENDICULAR TO JOISTS SHALL NOT BE OFFSET FROM SUPPORTING GIRDERS, WALLS OR PARTITIONS MORE THAN THE JOIST DEPTH. JOISTS CARRYING PARTITIONS PARALLEL TO JOISTS SHALL BE DOUBLED.

12-WOOD TRUSSES SHALL BE DESIGNED BY THE TRUSS MANUFACTURER FOR THE SPAN, CONFIGURATION AND LOADING CONDITIONS INDICATED ON THE DRAWINGS. DESIGN AND DETAIL OF ALL TRUSSES SHALL MEET THE REQUIREMENTS OF ALL APPLICABLE BUILDING CODES AND SHALL BE IN ACCORDANCE WITH THE "NATIONAL SPECIFICATION FOR STRESS GRADE LUMBER AND ITS FASTENINGS". COMPLETE SHOP DETAILS, STRESS DIAGRAMS, BEARING DETAILS AND DESIGN CALCULATIONS SHALL BE CERTIFIED BY A REGISTERED PROFESSIONAL ENGINEER AND SUBMITTED FOR APPROVAL BEFORE FABRICATION OF TRUSSES. IN LIEU OF STRESS DIAGRAMS MANUFACTURER'S TEST DATA MAY BE SUBMITTED SHOWING THE ALLOWABLE CAPACITY OF THE MEMBERS. TRUSSES SHALL BE FABRICATED WITH HYDRAULICALLY PRESSED 20 GAGE TOOTHED METAL PLATES OR NAILED STEEL GUSSET PLATES. CONNECTIONS SHALL BE CAPABLE OF TRANSMITTING THE STRESS PLUS ALL ECCENTRICITIES. WHERE MULTIPLE-PLY GIRDER AND HEADER TRUSSES ARE UTILIZED, SHOP DRAWINGS SHALL SHOW THE DETAILS FOR FASTENING THE TRUSSES TO EACH OTHER IN ORDER THAT THEY ACT AS A SINGLE UNIT WHEN SUBJECTED TO DESIGN LOADS.

CONCRETE (CAST-IN-PLACE)

1- CONCRETE DESIGN AND DETAILING SHALL CONFORM TO THE REQUIREMENTS OF LATEST 318.

2- MINIMUM ULTIMATE COMPRESSIVE STRENGTH OF CONCRETE AT 28 DAYS SHALL BE AS FOLLOWS, UNLESS NOTED OTHERWISE.

FOOTINGS 3000 PSI

3-ALL EXTERIOR CONCRETE AND CONCRETE EXPOSED TO WEATHER SHALL BE AIR-ENTRAINED.

SCOPE of WORK

RENOVATION to RESIDENCE:

- Addition of Basement Bathroom
- Install exterior door
- Minor modifications to electric and plumbing

NOTE:

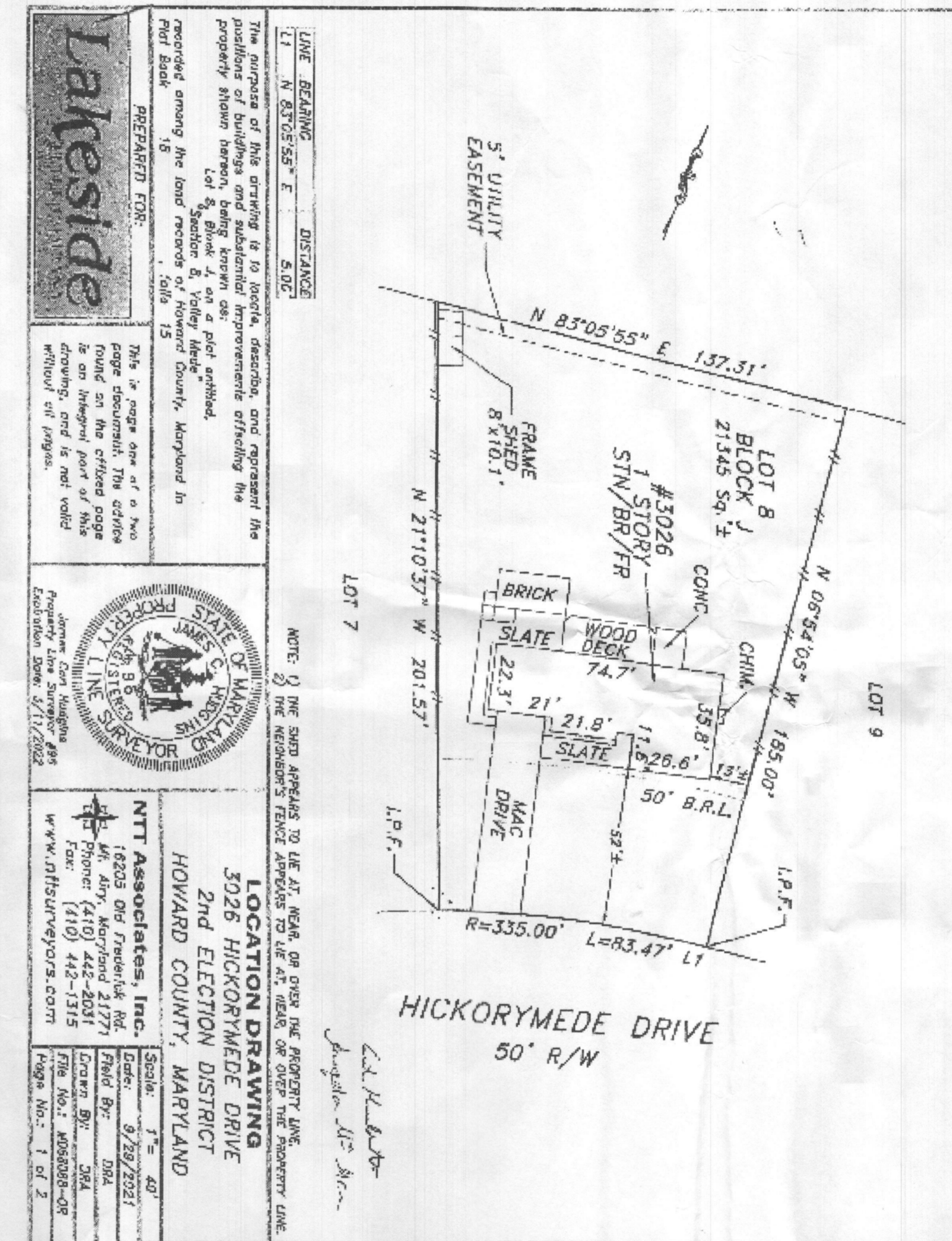
- There is NO structural DEMO work on this project
- Addition of HEADER over door
- All walls affected and/or added are non-load bearing

SITE PLAN:

- All work in this permit is interior in the house, no work outside of the existing footprint of the house

Renovations to the HASSELBARTH Residence:

Erik Hasselbarth
 3026 Hickorymeade Dr.
 Ellicott City, MD. 21042



SITE PLAN

NO CHANGE TO EXISTING SITE - ALL PROPOSED WORK IS INTERIOR

RECEIVED

MAY 16 2023

LICENSES & PERMITS DIVISION

LIST of DRAWINGS:

1. Cover Sheet / Construction Notes
2. Existing 1st Floor Plan
3. Proposed Floor Plan
4. Demolition Plan & Demo Details
5. Electric Plan

General Notes

GENERAL NOTES

No.	Revision/Issue	Date

Firm Name and Address
 ArchDESIGN
 David Dalo
 919 Forrester Rd.
 Churchton, MD. 20733
 archdesignbuildllc@gmail.com
 301.538.2190

Project Name and Address
 Renovation of Residence
 Erik Hasselbarth
 3026 Hickorymeade Dr.
 Ellicott City, MD. 21042

Project Renovation to House	Sheet 1 of 5
Date 5/8/23	
Scale N/A	



EXISTING PLAN
 scale: 1/4" = 1'-0"

General Notes

Existing Floor Plan

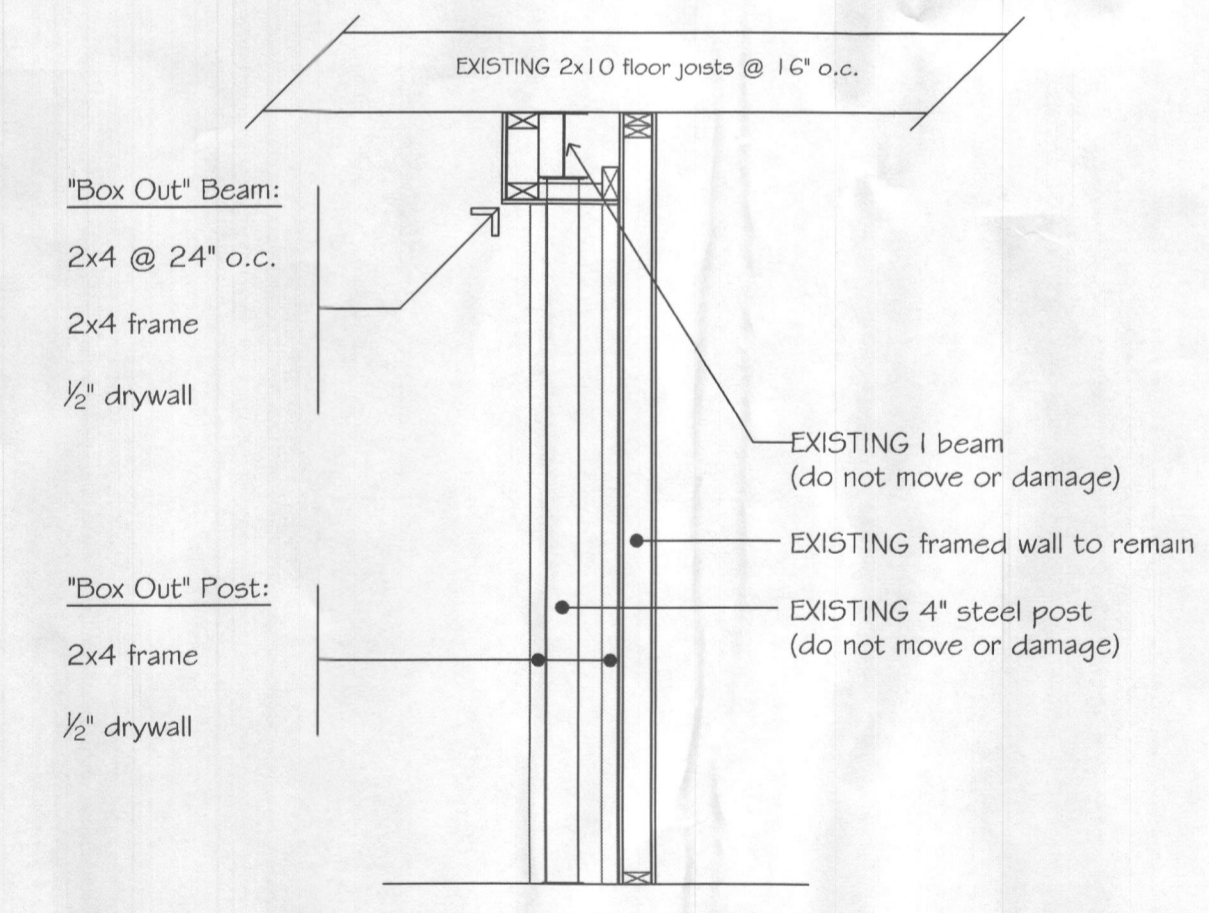
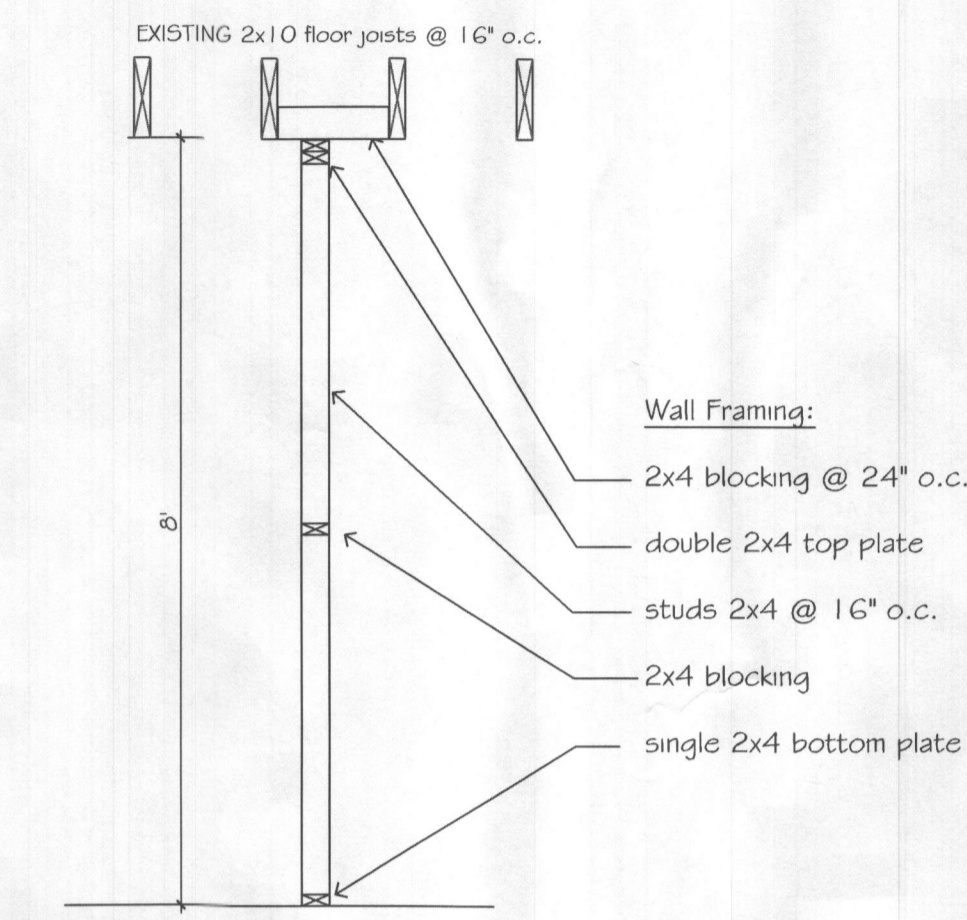
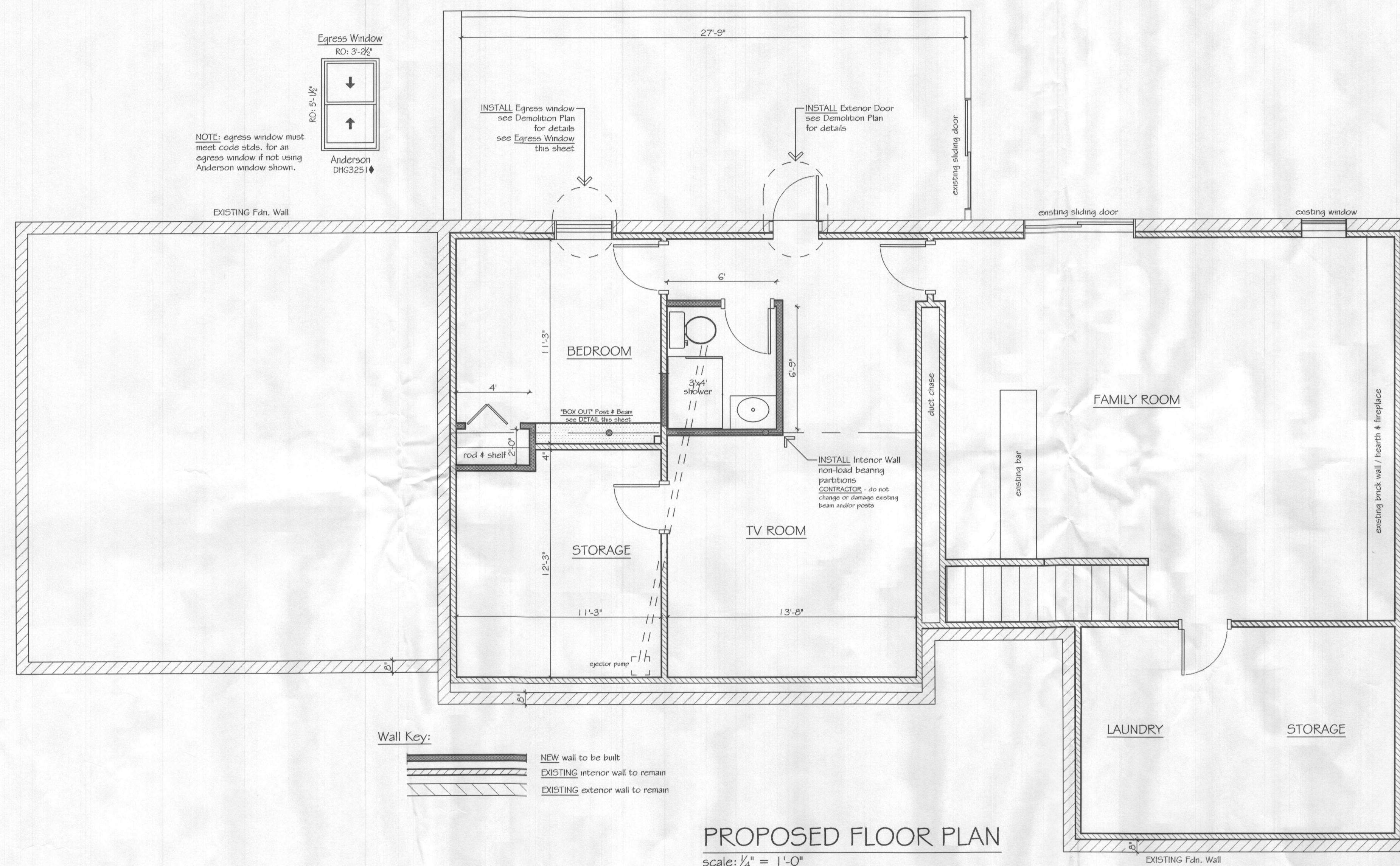
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<small>Project</small> Hasselbarth Residence	<small>Sheet</small> 2
<small>Date</small> 5/8/23	<small>of</small> 5
<small>Scale</small> as shown	

Proposed Floor Plan

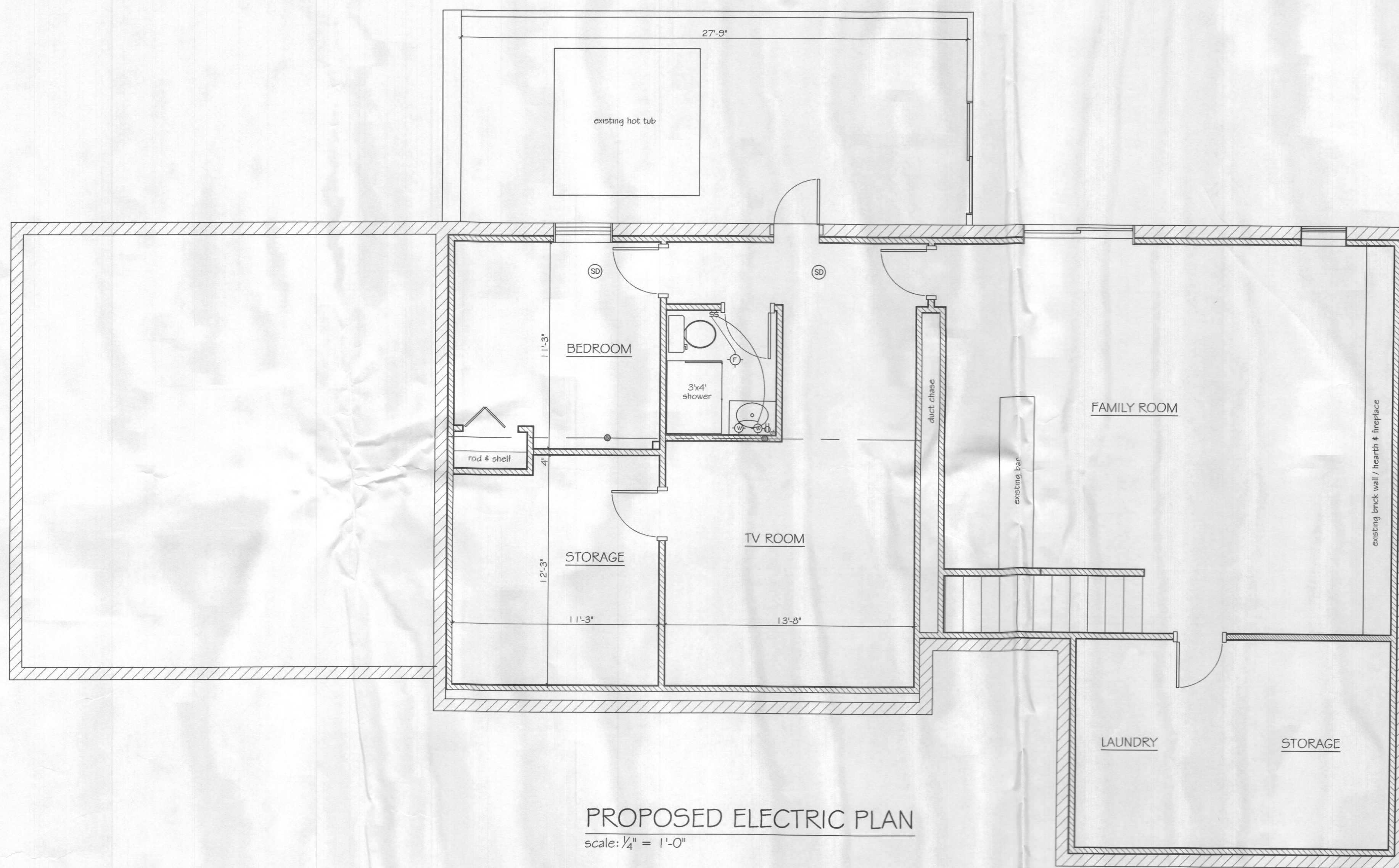


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Project Hasselbarth Residence	Sheet 3 of 5
Date 5/8/23	
Scale as shown	



PROPOSED ELECTRIC PLAN
 scale: 1/4" = 1'-0"

ELECTRICAL SYMBOLS:

- ⊙ wall light fixture
- ⊕ ceiling light fixture
- ⊖ exterior light fixture
- ⊕ ceiling light fixture w/ exhaust fan
- ⊕ smoke detector
- ⊖ duplex outlet
- ⊖ duplex gfi outlet
- ⊖ switch
- ⊖ 3 way switch
- ⊖ motion sensor exterior security / flood light
- ⊖ exterior wall light fixture
- TV data / cable tv jack
- ⊖ undercounter lighting
- ⊕ ceiling fan w/ light

General Notes

Electric Plan

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<small>Project</small> Hasselbarth Residence	<small>Sheet</small> 5
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<small>Scale</small> as shown	