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

Date: 6/26/2020
To: PLAN REVIEW / DPZ / HEALTH
(Person's Name and Division)
From: JANICE MIN ()
(Your Name, Company Name and Telephone Number)
Subject: Project name JOY ASSISTED LIVING INC
Project site address 12501 INDIAN HILL DR
Permit # B18004086 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- _____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other REVISED APPLICATION

Contact Person Information: (Required)

Please Print Name Telephone No: _____
E-Mail Address: _____

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

Received by MAIL

JUN 26 2020

LICENSES & PERMITS DIVISION

REVISION TO B18004086?

JUN 25 2020



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

LICENSES & PERMITS DIVISION

BUILDING SITE ADDRESS - REQUIRED

Street Address: 12561 Indian Hill Dr. Unit: _____
 City: Sykesville State: MD Zip Code: 21784
 Subdivision/Village/Complex Name: _____ SDAW/P/BA #: _____
 Lot: _____ Tax Map: _____ Parcel: _____ Grading Permit #: _____

DESCRIPTION OF WORK - REQUIRED

Existing Use: Single family Proposed Use: change in use to Assisted living Estimated Cost: \$ 10,000.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None

TO BE LICENSED FOR CLIENTS, WITH BEDROOMS

PROPERTY OWNER INFORMATION - REQUIRED

Owner(s) Name(s) (As it appears on tax records): Janice Min Primary Residence: Yes No
 Owner's Street Address: 12561 Indian Hill Dr.
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-854-8412 Email: Jannie2012@hotmail.com

APPLICANT NAME - REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Joy Assisted Living Inc Contact Name: Janice Min
 Street Address: 12561 Indian Hill Dr.
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-854-8412 Email: Jannie2012@hotmail.com

CONTRACTOR INFORMATION - REQUIRED

Business Name: Owner to act as Contractor
 License's Name: _____ License #: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

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

Business Name: _____ Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BUILDING CHARACTERISTICS - REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Conduc: 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 SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
 # of Bedrooms (SF): 3 # of efficiency units (MF*): _____ # of 1 BR (MF*): 2 # of 2 BR (MF*): 2 # of 3 BR (MF*): _____
 # Accra: 3 # Full Baths: 2 # Half Baths: 1 # Fireplaces: 1
 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 No Basement
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Base Width: _____ Base Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERJ Gross Area: _____ sq ft Occupable Area: _____ 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE APPLICANT'S; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSITIVE RESULTS

APPLICANT'S ORIGINAL SIGNATURE: J Min DATE SIGNED: 6/22/2020

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health 514 CD

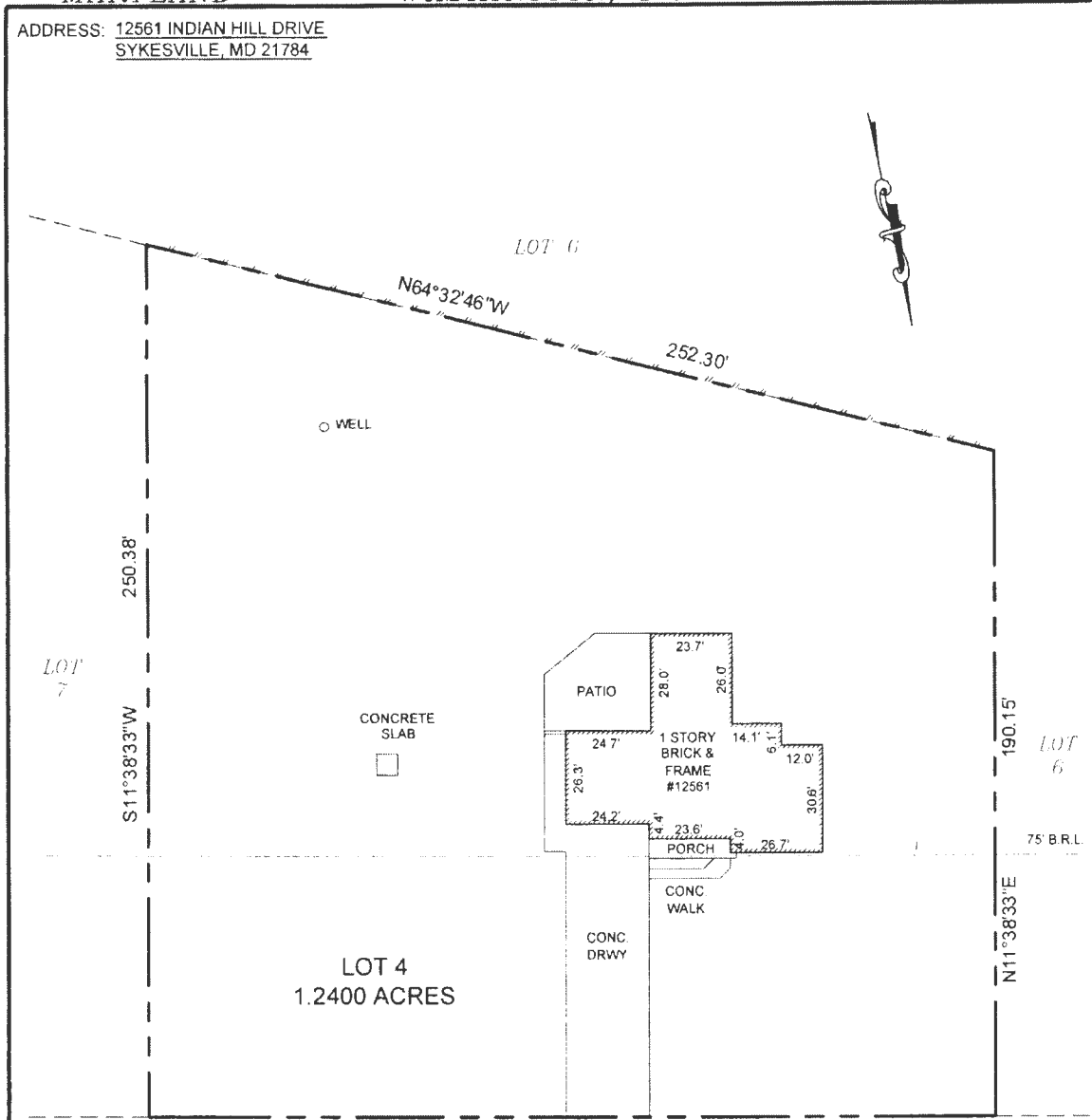
SUBMITTAL FEES: _____ PAYMENT: _____ ACCEPTED BY: _____

MARYLAND

WASHINGTON, D.C.

VIRGINIA

ADDRESS: 12561 INDIAN HILL DRIVE
SYKESVILLE, MD 21784



INDIAN HILL DRIVE
(60' R.R.F.)

REVISED
Date: 6/26/2020
Comments: B18004086

NOTES:

- THIS IMPROVEMENT LOCATION DRAWING:
 - IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 - IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
- THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
- THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.
- SUBJECT TO ALL EASEMENTS ON RECORD.
- A BOUNDARY SURVEY IS RECOMMENDED TO ACCURATELY LOCATE BOUNDARY LINES, HOUSE AND IMPROVEMENTS ON PROPERTY.

DRAWN BY: DS
FILE: #12561HLOC_2018

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS



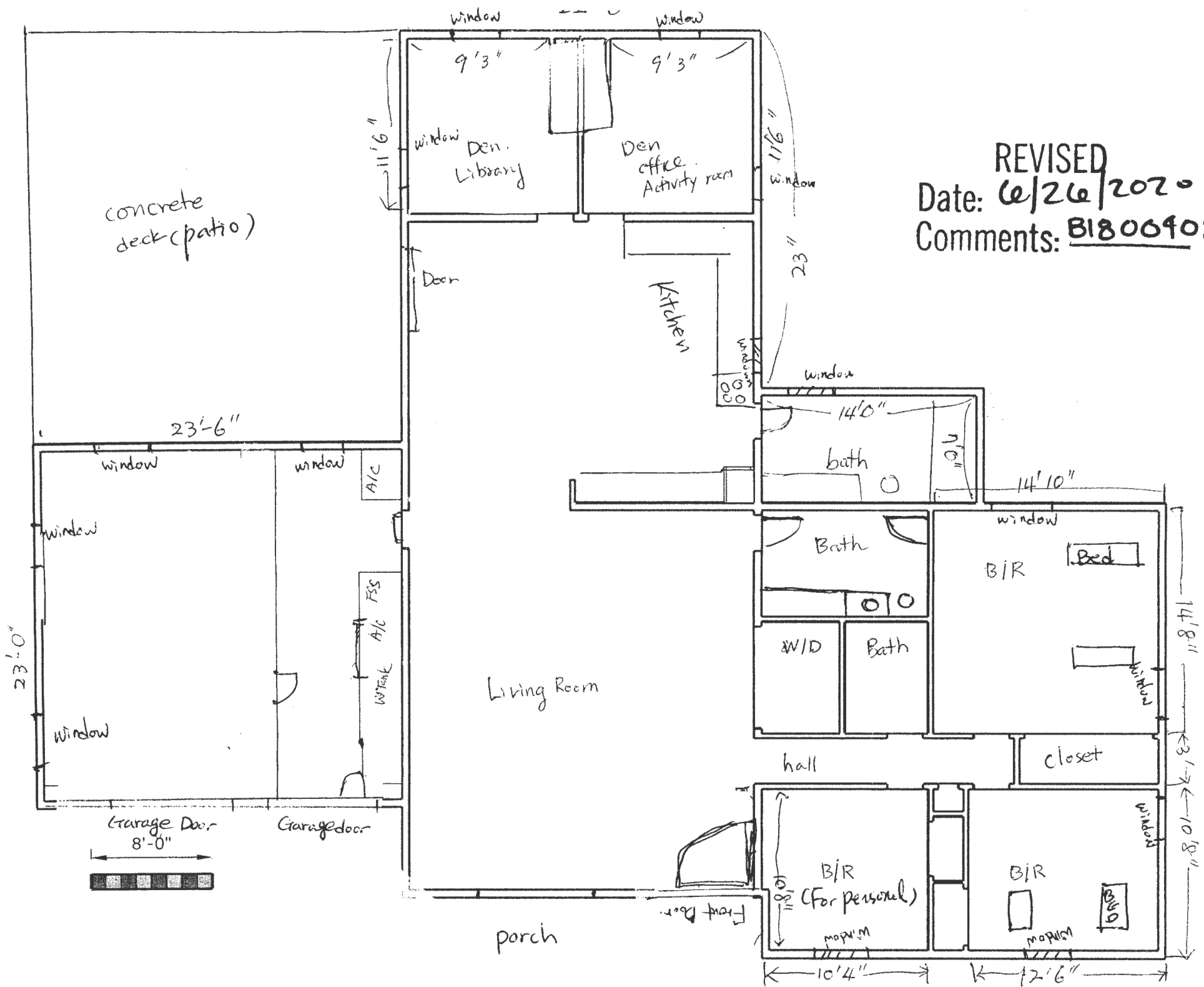
FITZROY J. BERTRAND
SURVEYOR
DATE

LOCATION DRAWING
LOT 4

INDIAN HILL
PLAT: #13 @ 90
HOWARD COUNTY, MARYLAND
SCALE: 1" = 40' DATE: 5/3/18

REAL ESTATE SURVEYORS & DEVELOPERS, LLC

Residential, Commercial, Industrial and Land
WWW.RESOLLC.COM
LAUREL LAKES EXECUTIVE PARK
8325 CHERRY LANE
LAUREL, MARYLAND 20707
TEL: (301)604-3105 FAX: (301)604-3108



REVISED
 Date: 6/26/2020
 Comments: B18009086



Building Permit Application

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

DILP 2018 DEC 5 AM 10:03

Date Received: _____

Permit No.: B16004086

Building Address: 12561 Indian Hill Dr.
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Janice Min
 Address: 12561 Indian Hill Dr.
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-854-2416 Fax: _____
 Email: jannie2012@hotmail.com

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

Existing Use: Single family
 Proposed Use: Assisted Living Facility
 Estimated Construction Cost: \$ 10,000,000
 Description of Work: Constructing 6 assisted living units

Contractor Company: Owner to act as Contractor
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant/Tenant Name: Har-Sun Assisted Living
 Was tenant space previously occupied? Yes No
 Contact Name: Janice Min
 Address: 12561 Indian Hill Dr.
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-854-2416 Fax: _____
 Email: jannie2012@hotmail.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 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:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement: <u>No Basement</u>
	<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: <u>5 Bedrooms</u>
<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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>FIRE 13D</u>	
Grading Permit Number:	
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: _____
 Email Address: jannie2012@hotmail.com
 Title/Company: _____

Print Name: Janice Min
 Date: 12/5/2018

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		

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	\$
Permit Fee	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>2967</u>

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

WILL PICK UP AKH

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, December 19, 2018 12:38 PM
To: 'JANNIE2012@HOTMAIL.COM'
Subject: B18004086_12561 Indian Hill Road_Assisted Living Facility
Attachments: BP Response_Assisted Living Facility_8.2018.pdf; Percolation Test Application.pdf; Building Permit Application Process.pdf; Percolation & Plan Requirements For Developed Lots.pdf; OSDS Design Plan Requirements_Updated 5.31.17.pdf

Hello Ms. Min:

Attached, please find the building permit response letter along with supporting documentation about Health Department Requirements.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

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

December 19, 2018

Janice Min
12561 Indian Hill Road
Sykesville, MD 21784

Sent via email to: JANNIE2012@HOTMAIL.COM

RE: B18004086
12561 Indian Hill Road
Sykesville, MD 21784

Dear Ms. Min:

This letter is in response to building permit **B18004086**. The application describes a change in use from a *single family dwelling* to an *assisted living facility with 6 rooms (6 residents)*. Upon review of the septic record for this property, the record did not have an approved percolation certification plan establishing a septic disposal area for future septic system repairs.

According to *Howard County Code Sec 3.805*, there must be an approved percolation certification plan establishing a septic disposal area for the property prior to health department approval of a building permit. If one doesn't exist, then it must be established. The process starts by submitting a perc test application, fee and perc test plan by an engineer. Once the test plan has been approved, a septic contractor is hired by the home owner to dig the perc test holes using a full size backhoe. Please see attached document for more information about perc test and plan requirements for developed lots.

In addition to an approved percolation certification plan, this office must certify the existing system. According to the record, the existing septic tank and trenches are undersized for the proposed use. Therefore, an OSDS plan will also be required along with any septic system upgrades prior to building permit approval.

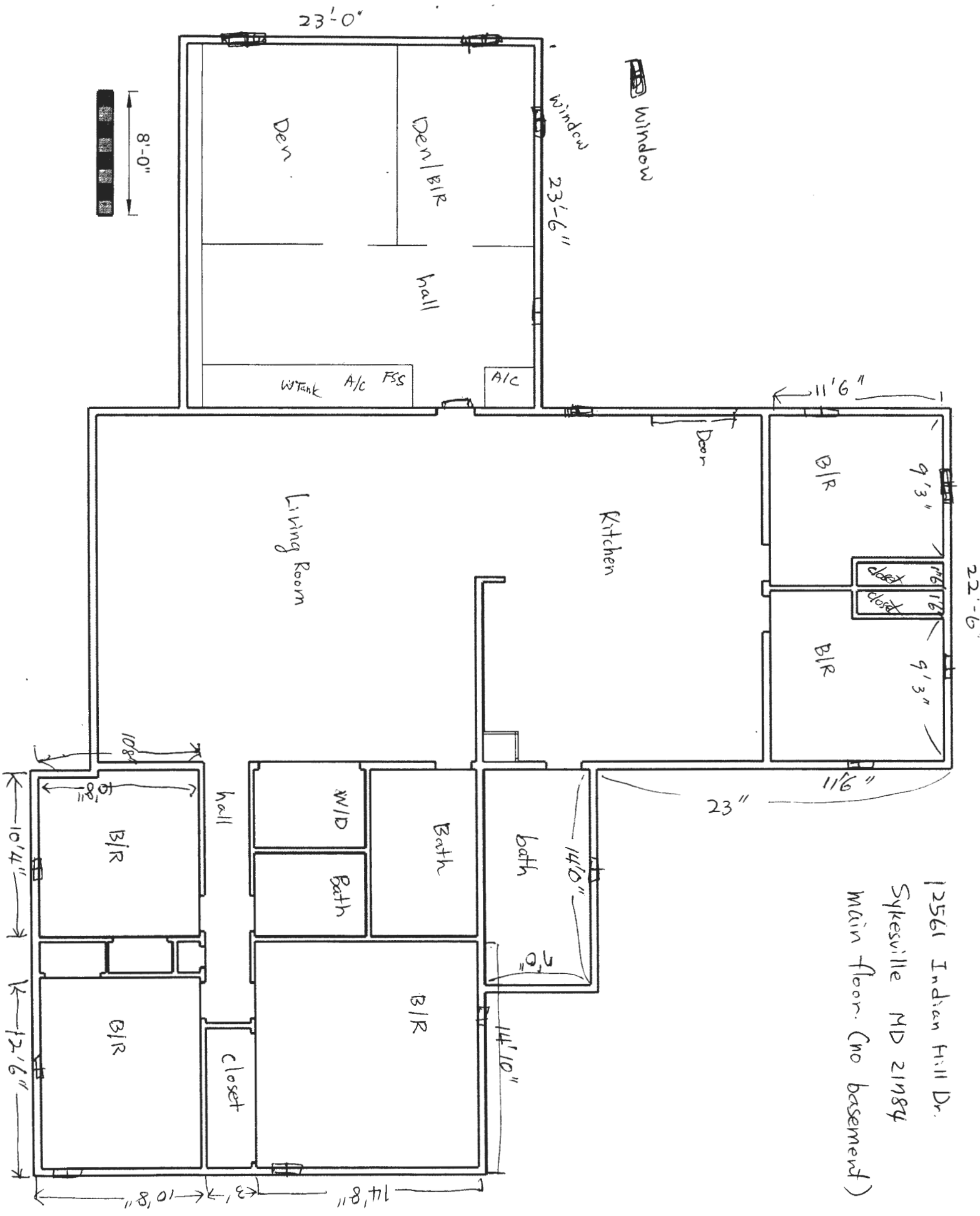
At this time, building permit approval has been placed on hold until this office has an approved percolation cert plan and septic system meeting current requirements. Should you have any questions, please don't hesitate to contact me.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well and Septic Program

Attachments – Building Permit Review Process
Perc Test & Plan Requirements for Developed Lots.
OSDS Plan Requirements



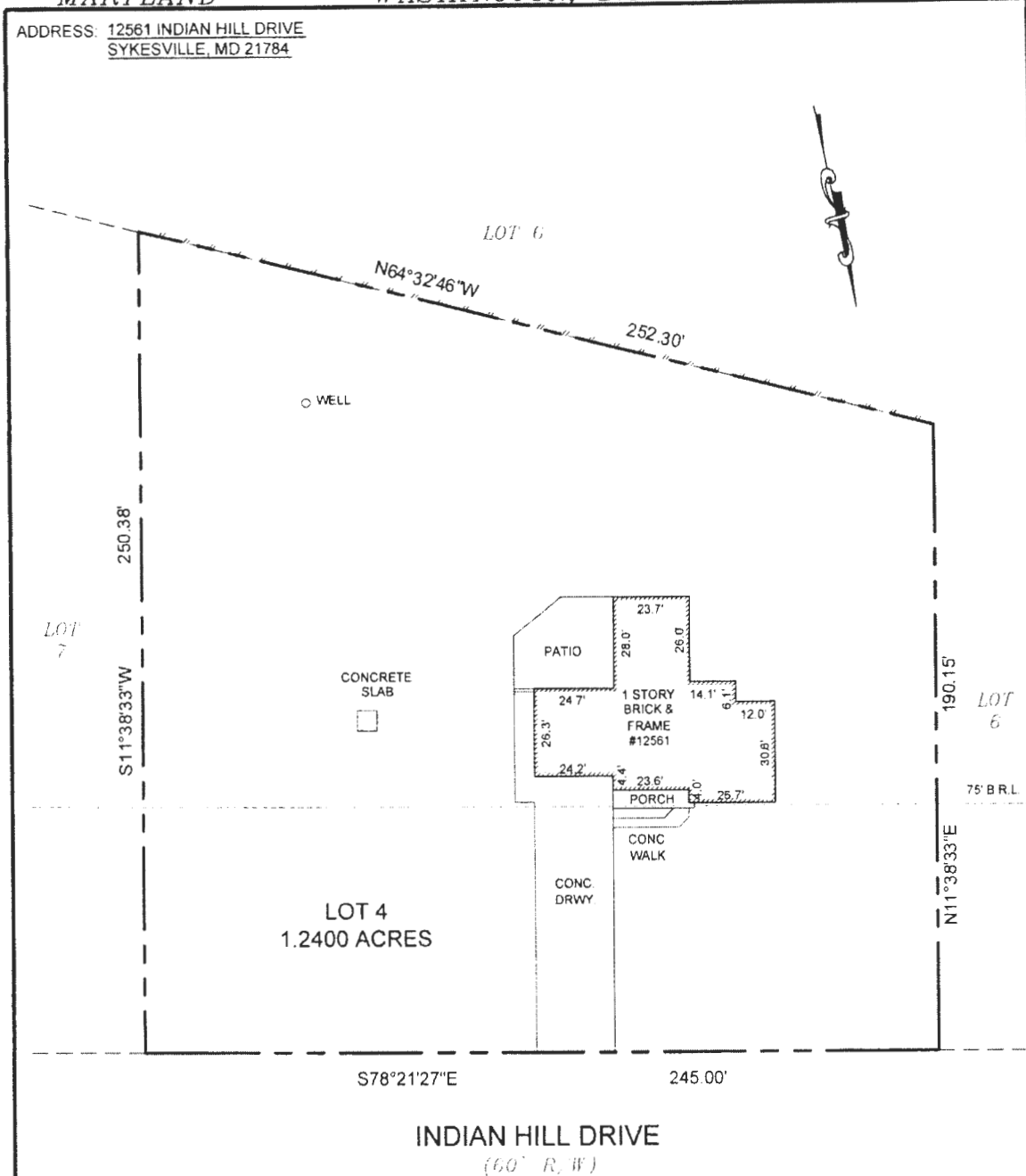
12561 Indian Hill Dr.
 Sykesville MD 21784
 Main floor. (no basement)

MARYLAND

WASHINGTON, D.C.

VIRGINIA

ADDRESS: 12561 INDIAN HILL DRIVE
SYKESVILLE, MD 21784



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- SUBJECT TO ALL EASEMENTS ON RECORD.
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DRAWN BY: DS
FILE: #12561HLOC_2018

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS



FITZROY J. BERTRAND
SURVEYOR

DATE

LOCATION DRAWING

LOT 4

INDIAN HILL

PLAT: #13 @ 90

HOWARD COUNTY, MARYLAND

SCALE: 1" = 40'

DATE: 5/3/18

REAL ESTATE SURVEYORS & DEVELOPERS, LLC

Residential, Commercial, Industrial and Land

WWW.RESOLLC.COM

LAUREL LAKES EXECUTIVE PARK

8325 CHERRY LANE

LAUREL, MARYLAND 20707

TEL: (301)604-3105 FAX: (301)604-3108

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, July 22, 2020 11:49 AM
To: JANNIE2012@gmail.com
Subject: Fwd: B18004086_12561 Indian Hill Road_Assisted Living Facility
Attachments: BP Response_Assisted Living Facility_8.2018.pdf; Percolation Test Application.pdf; Building Permit Application Process.pdf; Percolation & Plan Requirements For Developed Lots.pdf; OSDS Design Plan Requirements_Updated 5.31.17.pdf; ENGINEERS_2.4.2020.pdf; SEPTIC CONTRACTORS 2.4.2020.pdf

Hi Ms. Min:

I am forwarding the email plus attachments from 12.19.2018. The same requirements still apply for a change in use to an Assisted Living Facility prior to Health Department approval of the building permit. They are as follow:

1. A percolation certification plan.
2. Perc testing to establish a sewage disposal area.
3. Septic evaluation plus any upgrades. (Onsite Sewage Disposal Site Plan for upgrades)
4. Well evaluation plus any upgrades.
5. Scaled site plan (1:30 and 1:100) showing the existing well & septic locations, house location, addition location, and property boundaries.
6. Existing floor plans for the dwelling.
7. Clarification on the # of beds on the revised floor plan.

Please read through the attachments carefully. I've included lists of engineers and septic contractors to assist you in this process. The first step in this process is to send in a perc test application, a perc test plan by a licensed engineer, and perc test fee (\$506). Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald
Howard County Health Department
Well & Septic Program

Sent from my Verizon, Samsung Galaxy smartphone
[Get Outlook for Android](#)

From: Oswald, Hank
Sent: Wednesday, December 19, 2018 12:38:00 PM
To: JANNIE2012@HOTMAIL.COM <JANNIE2012@HOTMAIL.COM>
Subject: B18004086_12561 Indian Hill Road_Assisted Living Facility

Hello Ms. Min: