

PERMIT NUMBER: B 23002494

DATE ACCEPTED:

DLLP 2023 JUN 20 10:24



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: 12791 Lime Kiln Rd		Unit:
City: Hagerstown	State: MD	Zip Code: 20797
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Unfinished Basement	Proposed Use: Finished Basement	Estimated Cost: \$ 5,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): W/ife Frederick C. Collier F		Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12791 Lime Kiln Rd		
City: Hagerstown	State: MD	Zip Code: 20797
Phone: 301-499-4971	Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name:
Street Address: SAME	
City:	State:
Phone:	Email:

CONTRACTOR INFORMATION REQUIRED

Business Name:	License #:
Licensee's Name: SAME	
Street Address:	
City:	State:
Phone:	Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input 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)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input 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 type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:	sq ft	Occupiable 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 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 ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: 30 Jun 2023

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	Hank Oswald	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
			<input checked="" type="checkbox"/> Health 7/24/23		

SUBMITTAL FEES: \$110 PAYMENT: \$110 ACCEPTED BY: *[Signature]*

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, July 19, 2023 11:01 AM
To: FREDWIRE@VERIZON.NET
Subject: B23002484_12791 Lime Kiln Road_Finished Basement
Attachments: bedroom defintion.pdf; WS_LimeKiln_12791_SepticPermit-2010.pdf

Dear Mr. Wire,

Good morning. This office is in receipt of building permit for a finished basement including a bedroom. To confirm the # of bedrooms, please forward a copy of the existing floor plans directly to this office. The floor plans may be hand drawn. You may send them electronically.

Currently, the existing septic system is sized for 4 bedrooms (see attached septic record). Should the # of bedrooms exceed the capacity of the existing system, upgrades to the septic system including a septic plan by an engineer will be required prior to building permit approval by this office. Alternatively, if the basement bedroom or some other bedroom were to be modified so that it didn't meet the definition of a bedroom under local code (see attachment), and the bedroom count is 4 or less, no upgrades to the septic system will be required.

One of the easiest ways to modify a bedroom is to show a cased 4 foot wide opening into the room without a door. If you opt to change the # of bedrooms by revising the floor plan, a revision to permits office will be required.

At this time, the building permit will remain on hold until the above mentioned requirements have been satisfied. Should you have any questions or concerns, please don't hesitate to ask.

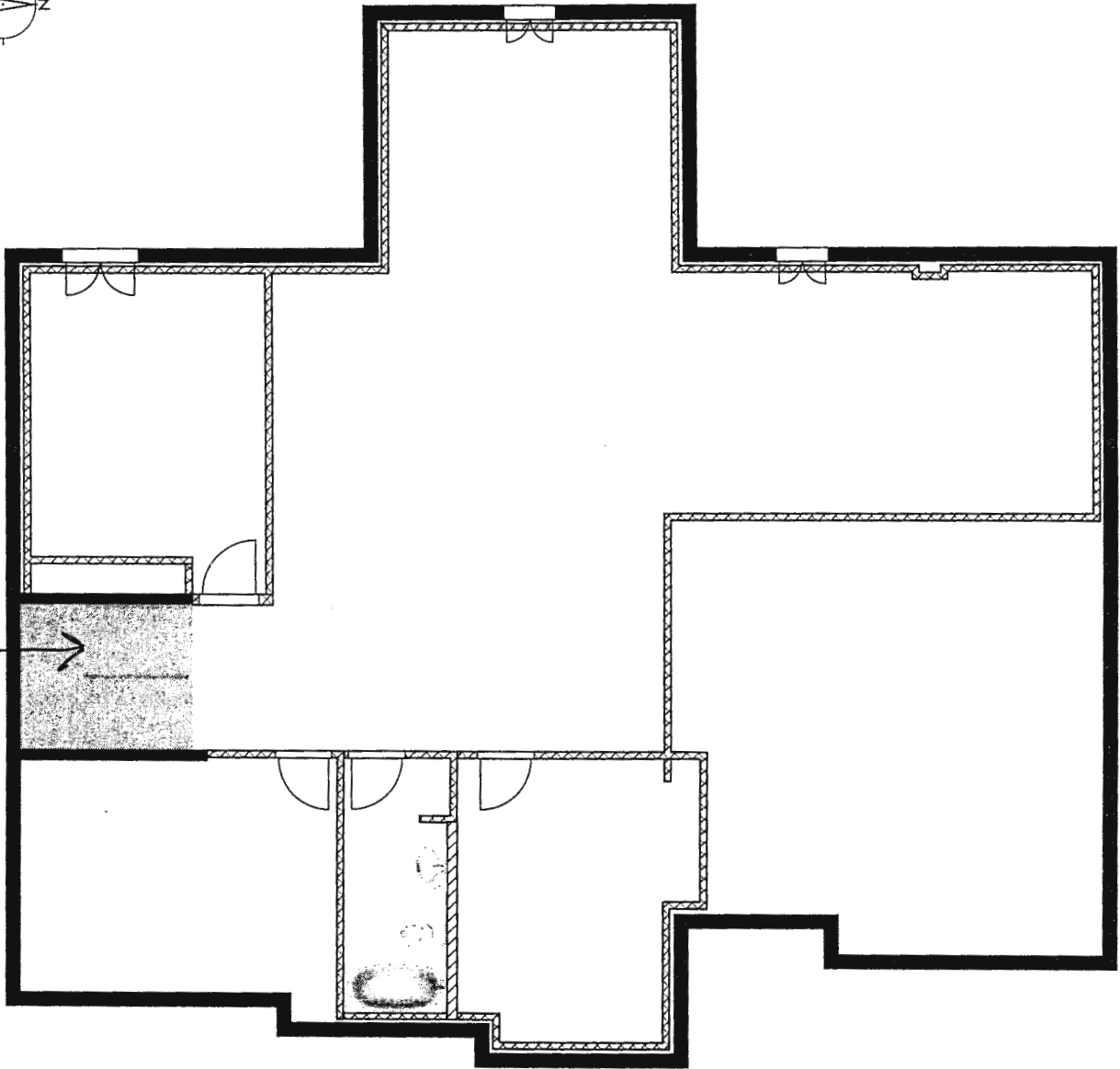
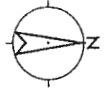
Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

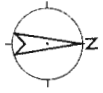
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Existing Floor Plan



Stairs
exist →

Proposed Floor Plan



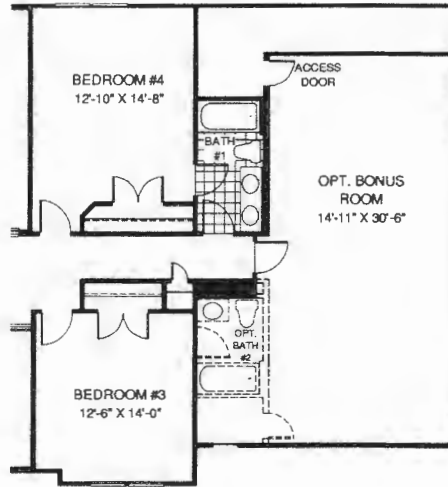


NV Homes
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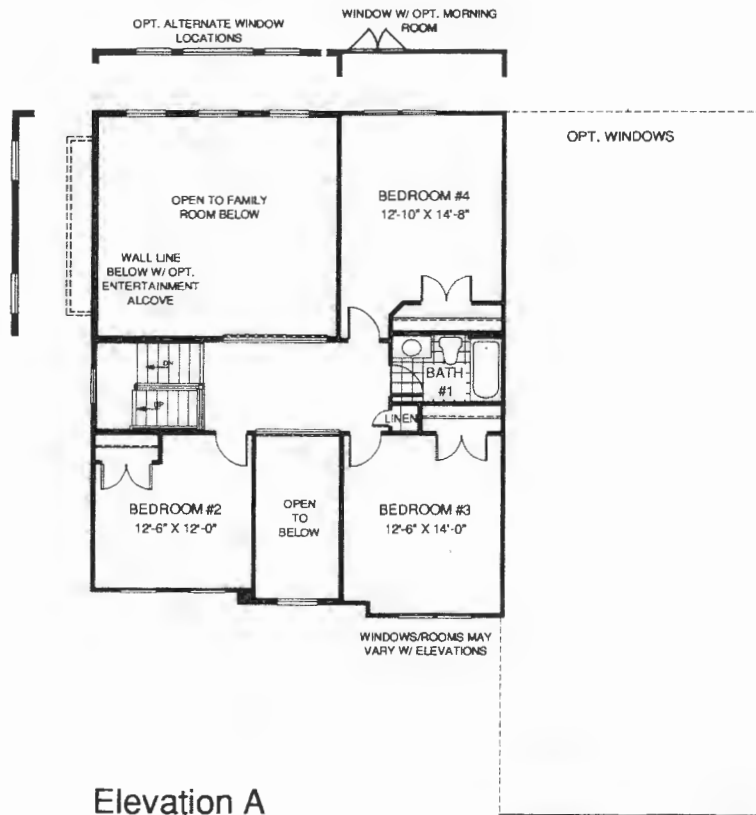
The Falconcrest



Upper Level Floorplan

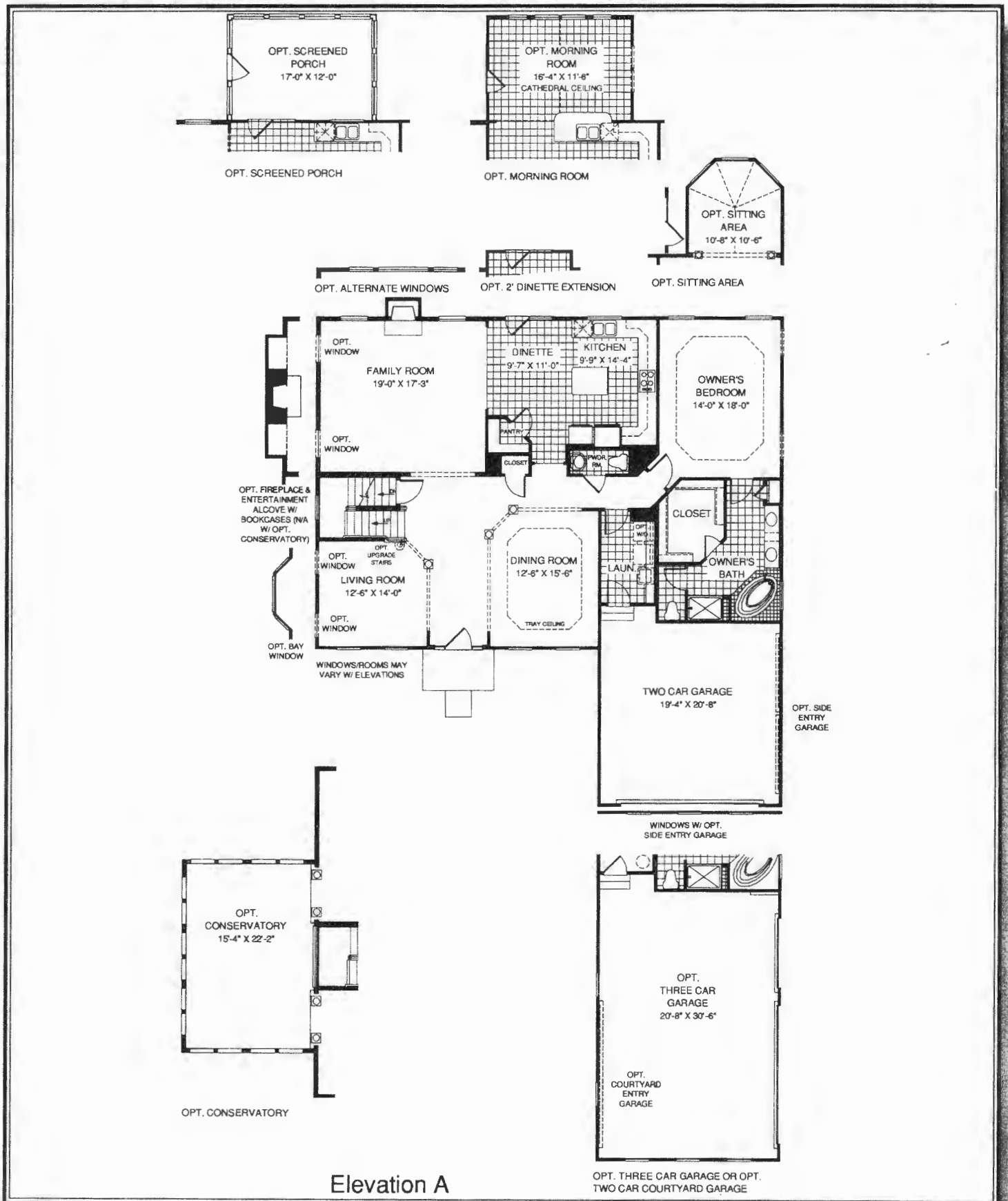


OPT. BONUS ROOM W/ OPT. BATH #2



Elevation A

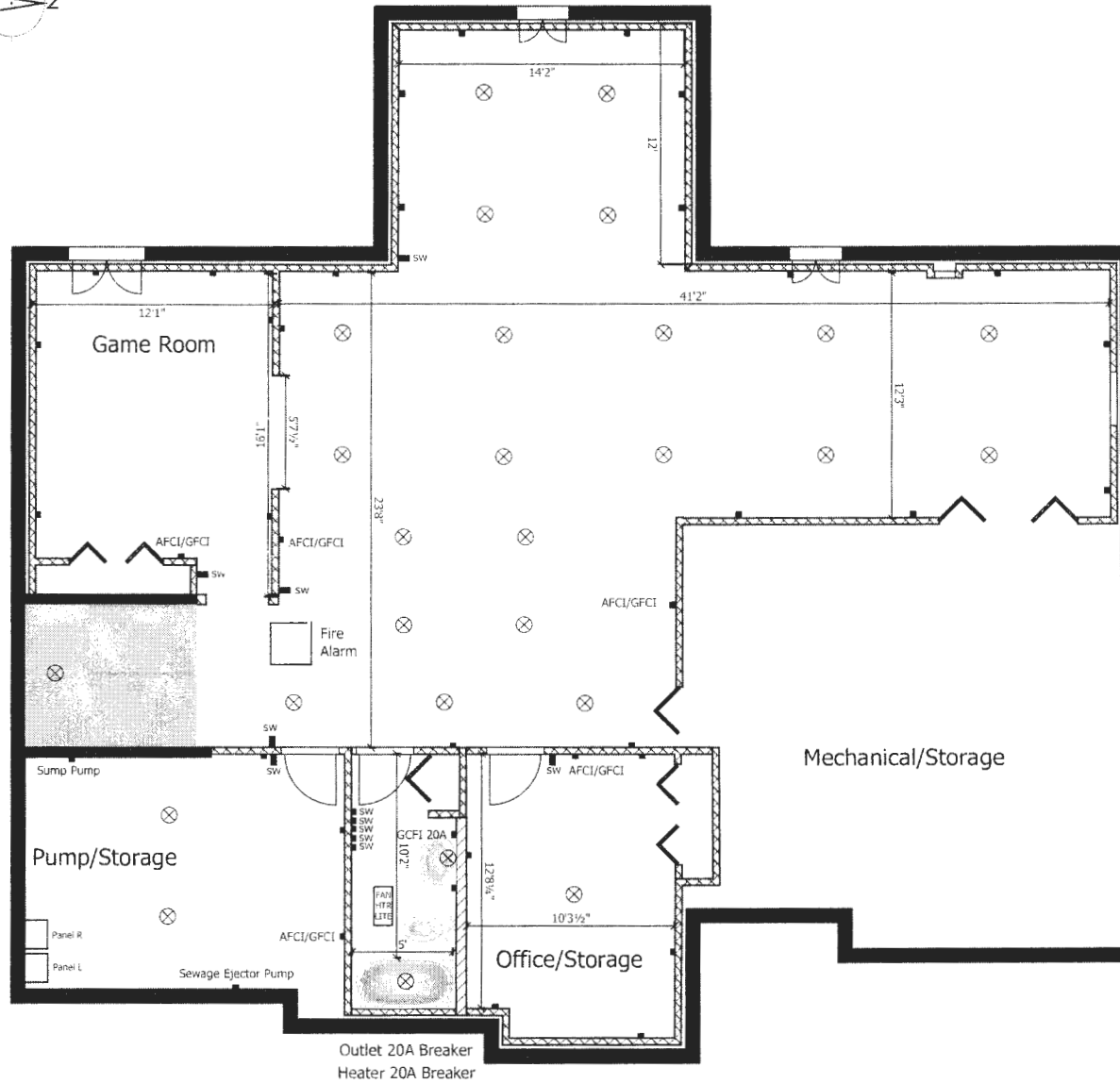
Main Level Floorplan



Elevation A

Although all illustrations and specifications are believed correct at the time of publication, accuracy cannot be guaranteed. The right is reserved to make changes, without notice or obligation. Windows, doors, ceilings and room sizes may vary depending on the options and elevations selected. Optional items are available at additional cost. This brochure is for illustrative purposes only and not part of a legal contract.

Wire Basement

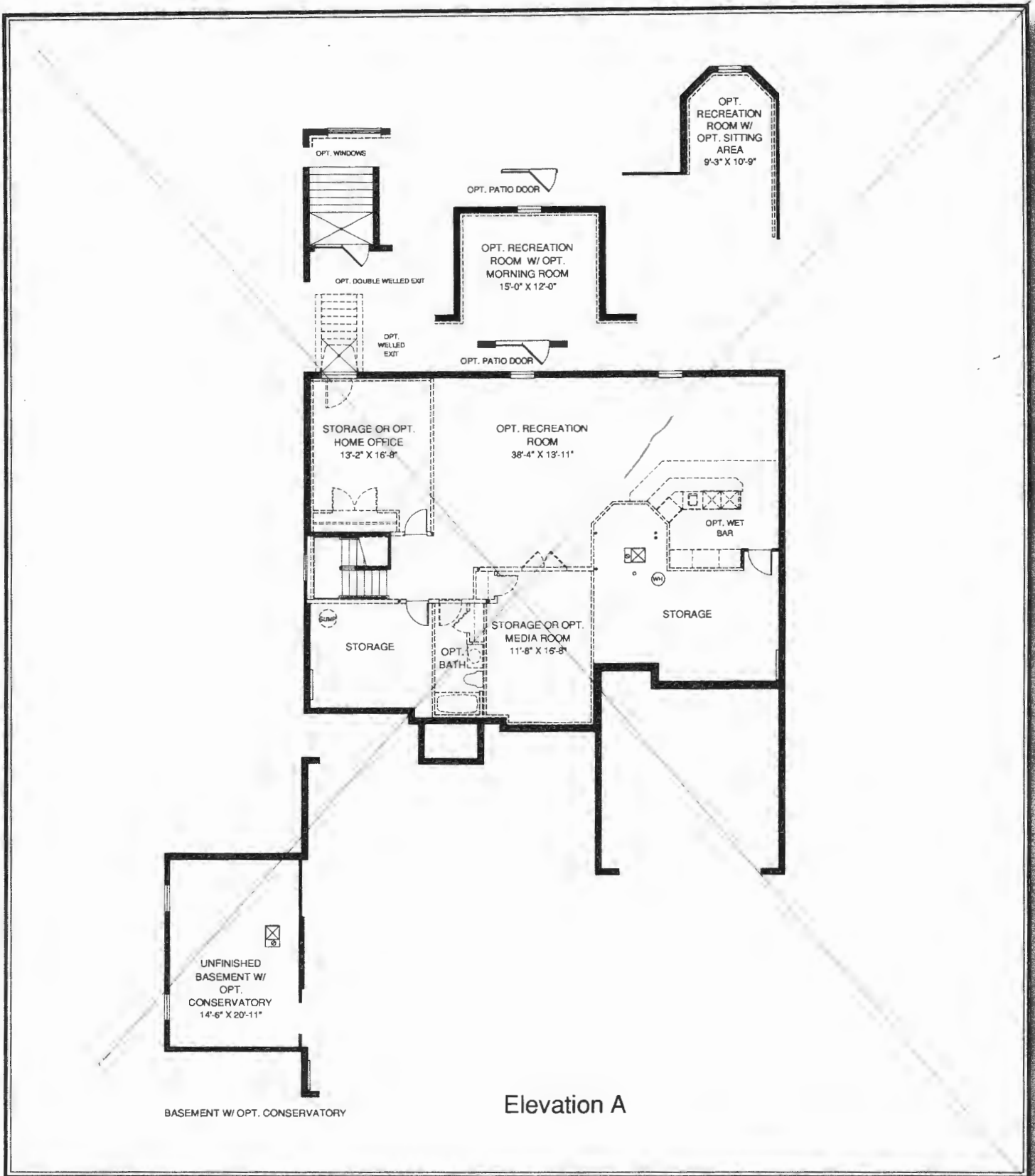


- Preexisting
- 2x4
- 2x6
- Outlet
- 6" Can light; 17W LED BR40 bulb

NOTES:
 All outlet wiring 12 AWG Cu
 AFCI/GFCI as first outlet on all 15 amp
 All dimensions approximate

Outlet 20A Breaker
 Heater 20A Breaker

Lower Level Floorplan



Oswald, Hank

From: Fred Wire <fredwire@verizon.net>
Sent: Thursday, July 20, 2023 7:29 PM
To: Oswald, Hank
Subject: Re: B23002484_12791 Lime Kiln Road_Finished Basement
Attachments: Wire_Basement.pdf

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

Hank

Thanks for meeting with me today! Attached is the drawing I gave you. I went to the Ellicott City office and gave them a copy, in addition to submitting the revised plans form.

Thanks again

Fred Wire

On Wednesday, July 19, 2023 at 11:01:14 AM EDT, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

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Hank Oswald

Licensed Environmental Health Specialist

Bureau of Environmental Health

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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: 20 July 2023 ONLINE SUBMITTAL PAPER SUBMITTAL

To: Health Dept (Reviewer/Requestor's Name) (Division)

From: Fred Wire (Your Name, Company Name) (Phone Number)

Subject: Project name Finish Basement

Project site address 12791 Lime Kiln Rd, Highland MD 20777

Permit # 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 model plans to be placed on permanent file: Model name and/or #
Other

Contact Person Information: (Required)

Fred Wire Please Print Name

Telephone No: 240-497-4871

E-Mail Address: fredwire@verizon.net

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 RR White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\HoCoTransmittalForm05.2022

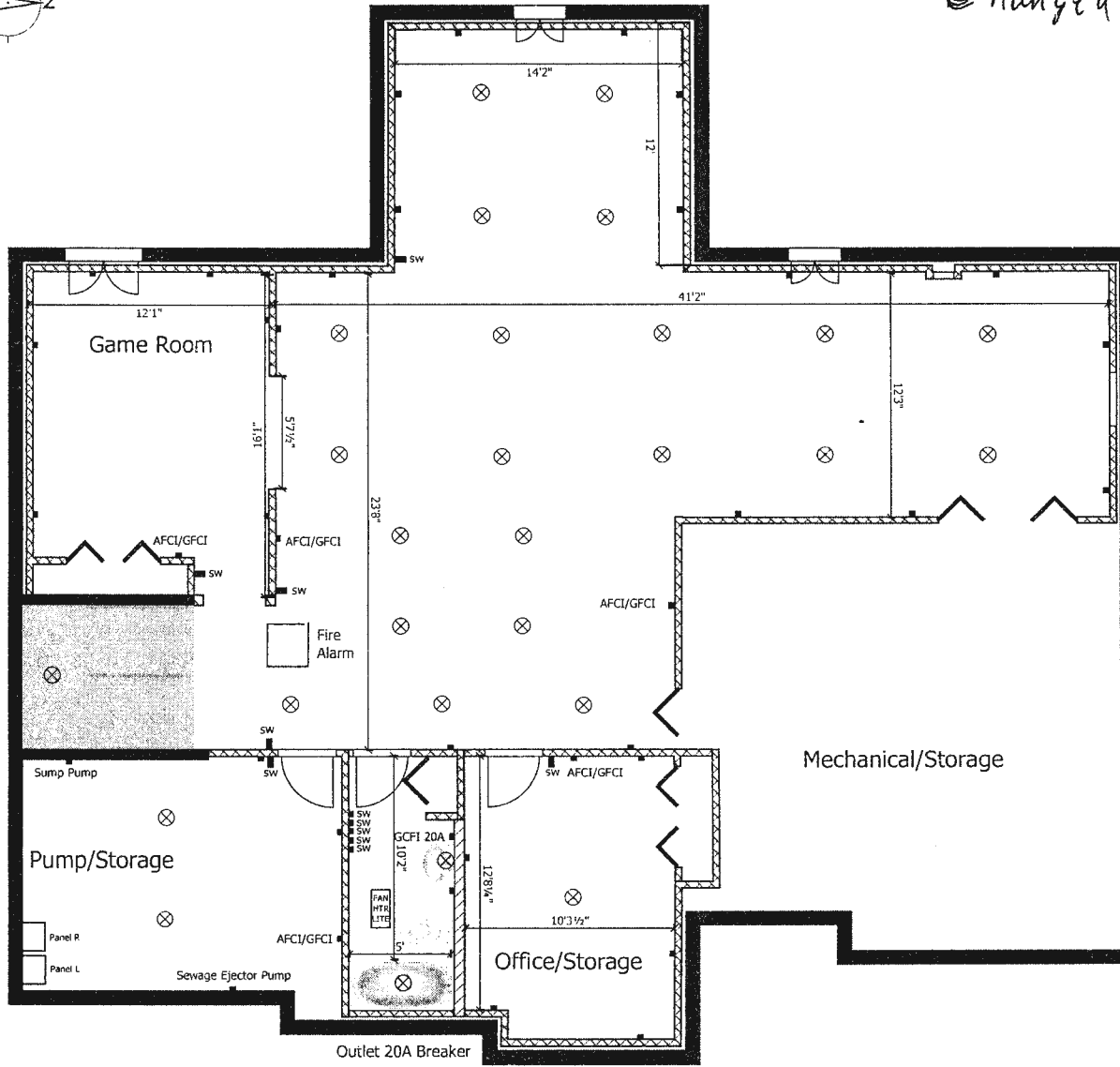
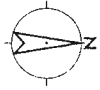
Rev

Submission #B23002484

Wire Basement

UPDATED FOR PLUMBING

Changed Game Room from Bedroom

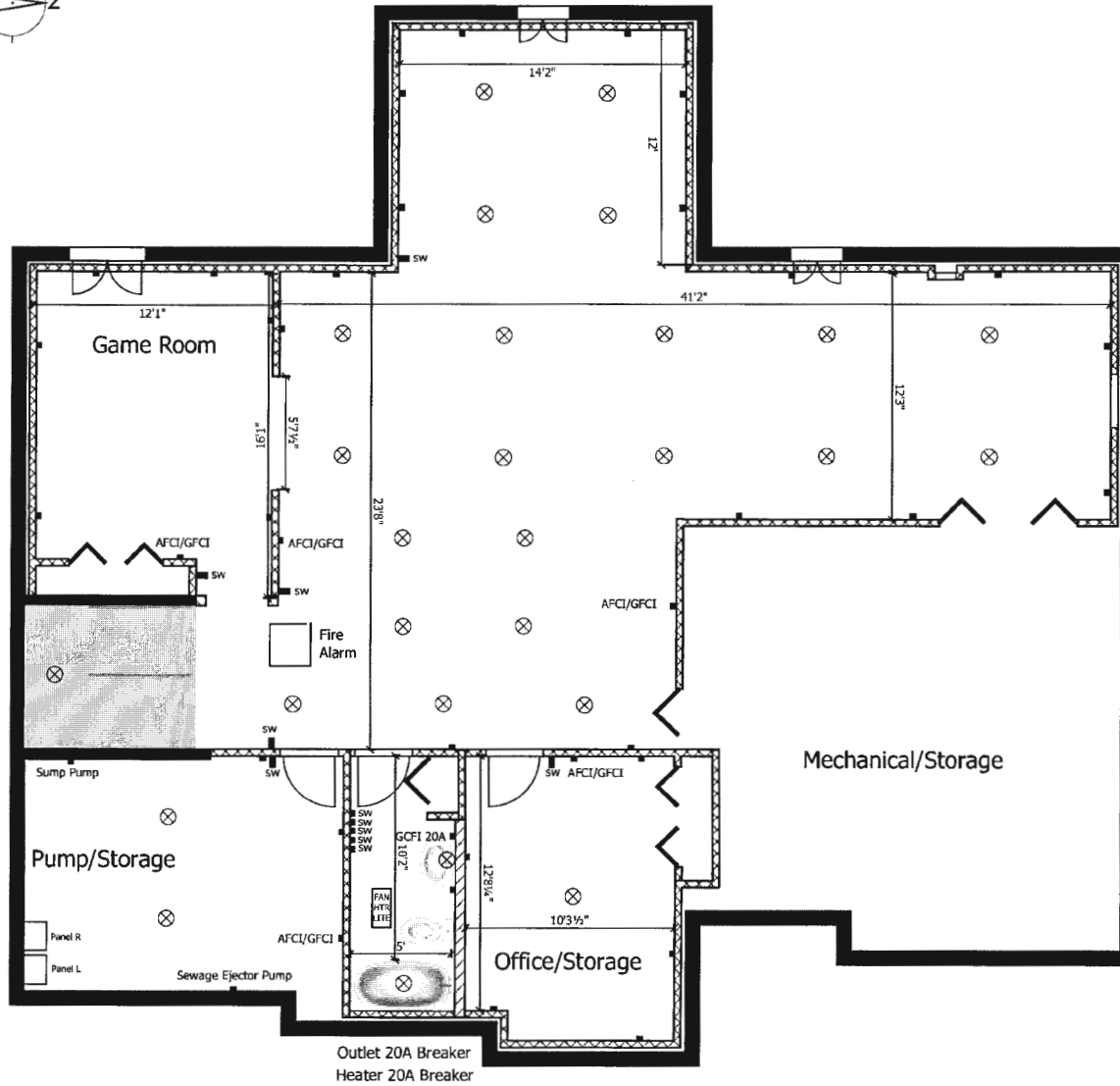


- █ Preexisting
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NOTES:
All outlet wiring 12 AWG Cu
AFCI/GFCI as first outlet on all 15 amp
All dimensions approximate

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Wire Basement



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LAYOUT 1/20/11 INSP 4 2/16/11
 INSP 2 2/10/11 INSP 5 _____
 INSP 3 2/14/11 INSP 6 _____

ISSUE DATE: 1-11-11

PERMIT

P 53456

APPROVAL DATE: 2/10/11 

A _____

Tax ID # 05-450551

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd Westminster MD 21157 PHONE NUMBER: 410-875-4197

SUBDIVISION: Lime Kiln Valley LOT NUMBER: 6

ADDRESS: 12791 Lime Kiln Road PROPERTY OWNER: NVR Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 APPLICATION RATE: 1.2

SQUARE FOOTAGE OF HOUSE: ~3000

LINEAR FEET OF TRENCH REQUIRED: 142'

TRENCHES:	Trenches to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade with 3.0 feet of stone below distribution pipe.
LOCATION:	Run 3 x 47' trenches on contour. Place d box per plan.
NOTES:	Basement will not sewer by gravity. Do not order the septic tank until after layout inspection and Sanitarian approval. Stake easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

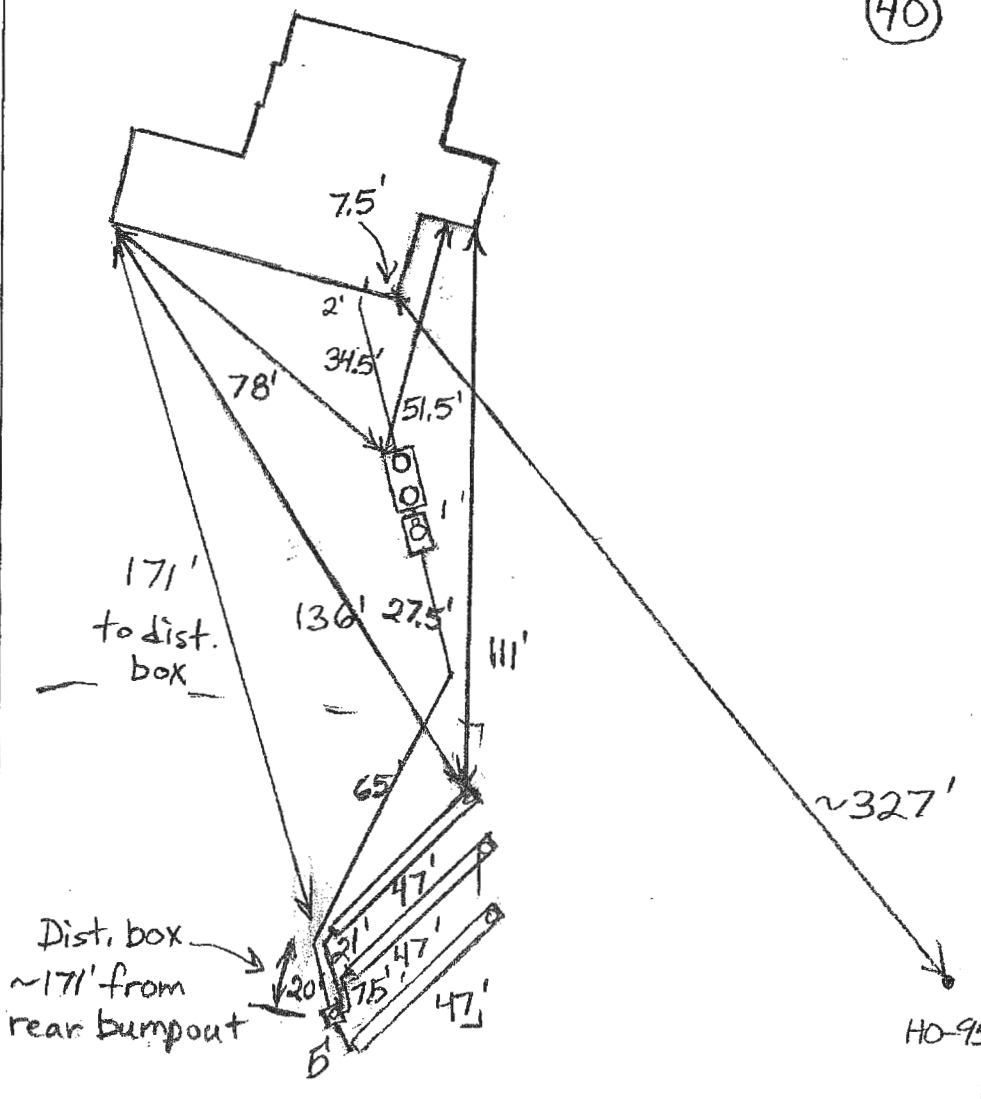
PLANS APPROVED: Heidi Scott DATE: 10/14/10

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR
 THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

(40)



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	7'
NUMBER OF TRENCHES		3
TOTAL LENGTH		141'
ABSORPTION AREA		423
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2'
BAFFLES	Need Front
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	Dry
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'-3'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	Dry

PRE-CONSTRUCTION:

1/20/2011 Need house connection. Tanks set (PB) 2/10/2011
 Trenches partially finished (PB) 2/14/2011 System finished except for front tank baffle and pump and alarm test. O.K. to backfill (PB) 2/16/2011 Pump and alarm not wired up. (PB)

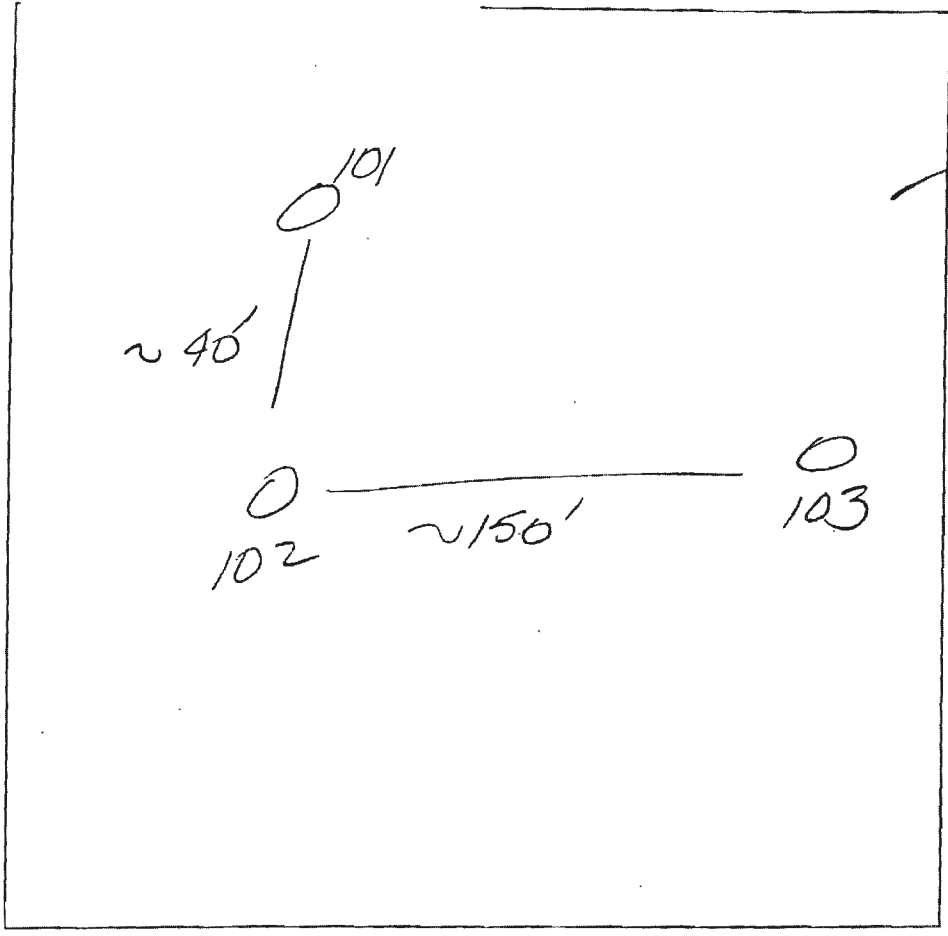
INSTALLATION:

2/18/11 P/A test OK. Pump not set on 4" block due to curvature of block and wrapper of F.P. down the road.

FINAL INSPECTOR J. Wolf

DATE OF APPROVAL 2/18/11

AP
 101
 Brown loam
 1'
 Red clay loam
 3'
 Brown silt loam
 15%
 Rock
 13'



103
 Brown loam
 6'
 Brown silt loam
 15%
 Rock
 10 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
4/15/64	101	5 1/2' / 13'	1:12	2:51	2:53	2 min	F
	103	5 1/2' / 10 1/2'	3:02	3:05	3:07	2 min	F
	102	6' / 13'	3:15	3:18	3:24	6 min	P

Brown loam
 8"
 Yellow Brown silt loam
 3'
 Red Brown silt loam
 6'
 Yellow Brown silt loam
 15%
 Rock
 13'

REMARKS _____
 SANITARIAN FA BACKHOE Wille Swartz OTHERS Bob Sheesley
Mark Johnson
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

A/P

601

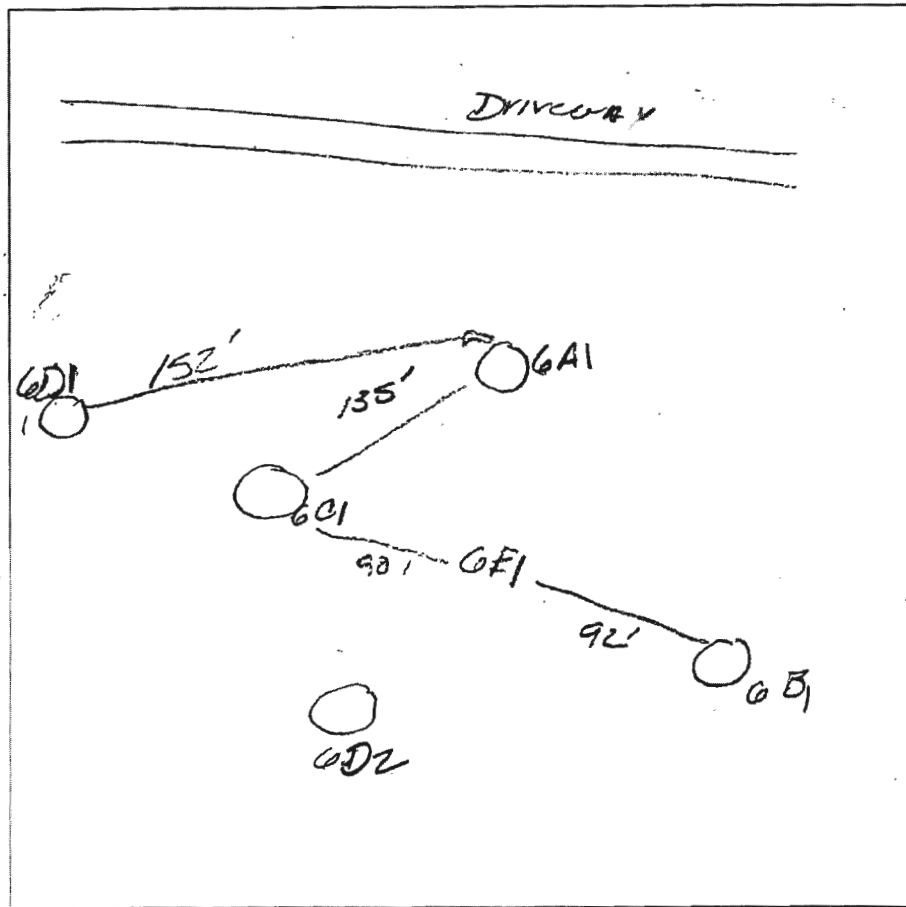
Brown Loam
Yellow Brown Silty Clay Loam
Yellow Brown Silty Loam
5-10% Micz
1290

6A1

Brown Loam
Red Brown Silty Clay Loam
Yellow Brown Silty Loam
1590
Rock

6E1

Brown Loam
Red Brown Silty Clay Loam
Yellow Brown Silty Loam
Silty Loam
1590
Rock



6B1
Brown Loam
Red Brown Silty Clay Loam
Yellow Brown Silty Loam
1590
Rock
WATER

6D2

Brown Loam
Red Silty Clay Loam
Yellow Brown Silty Loam
Large sandy pebbles
quartz gravel

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/9/03	601	5' / 11 1/2'	12 45	12 53	12 59	6min	P
	6A1	5' / 11'	12 58	1 07	1 19	12min	P
	6E1	5 1/2' / 11 1/2'	1 20	1 25	1 28	3min	P
	6B1	5 1/2' / 12'	1 28	1 54	1 42	8min	P
	6D2	5 1/2' / 13'	1 43	1 46	1 49	3min	P

REMARKS _____

SANITARIAN FA BACKHOE Miller OTHERS Dolet Johnson, Mark Johnson, Bob Shoenberg

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

