



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.: B16000 303

Building Address: 16924 South Avenue
City: Lisbon State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 7 Parcel: 304 Grid: 12
Zoning: B-2 Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Lot
Proposed Use: Commercial Storage building
Estimated Construction Cost: \$ 34,000
Description of Work: construction of storage building and grading (just a shell, nothing inside)
Occupant or Tenant: n/a
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>28 ft.</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): <u>2,400 sq. ft.</u>	2 nd floor: _____
Use group: <u>Storage</u>	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" 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: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	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

Property Owner's Name: Bryan Sisk
Address: 14049 Triadelphia Road
City: Glenn State: MD Zip Code: 21737
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Amber Haass
Address: 11130 Dovedale Court Suite 200
City: Marriottsville State: MD Zip Code: 21104
Phone: 443-325-5076 Fax: _____
Email: Amber@sillengineering.com

Contractor Company: Bryan Sisk
Contact Person: Bryan Sisk
Address: 14049 Triadelphia Road
City: Glenn State: MD Zip Code: 21737
License No.: 13952629
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: Sill Engineering Group
Responsible Design Prof.: Paul M. Sill
Address: 11130 Dovedale Ct. Suite 200
City: Marriottsville State: MD Zip Code: 21104
Phone: (443) 325-5076 Fax: _____
Email: Amber@sillengineering.com

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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: Amber Haass Print Name: Amber Haass
Email Address: amber@sillengineering.com Date: 11/12/15
Title/Company: Operations manager

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	11/16	<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	\$ <u>200.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# _____

Distribution of Copies: White: Building Officials Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING
DEVELOPMENT ENGINEERING DIVISION
3430 Court House Drive
Ellicott City, MD 21043
(410) 313-4392 / (410) 313-3372

REQUIRED SUPPLEMENTAL INFORMATION SHEET
FOR COMMERCIAL BUILDING PERMIT APPLICATIONS

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION FOR REVIEW
BY THE DEVELOPMENT ENGINEERING DIVISION
DEPARTMENT OF PLANNING AND ZONING
(To Be Completed By The Applicant)

The following information is required so that your application can be processed. Complete all applicable fields.

1. Address of property (project address):

Street Address 15924 South Avenue

City Lisbon State MD Zip Code 21797

2. Owner's Name Bryan Sisk Phone #: _____

Owner's Address 14049 Tradelphia Road

City Greenleaf State MD Zip Code 21737

3. Subdivision Name _____ Parcel/Lot No. 304

4. Tax Map No. 7 Block/Grid 12 Parcel No. 304

5. Plan:

a. Attach copy of SDP if available. SDP # -15-072

b. Attach plan or sketch showing the water and sewer and appurtenances requested (if applicable) if no site development plan exists or if not required.

6. ZONING DISTRICT: B-2

ANY STRUCTURE BEING RENOVATED, (IF THE OCCUPANT(S) CHANGED OR ANY INTERIOR ALTERATIONS OF ANY KIND) THE FOLLOWING INFORMATION IS MANDATORY:

1. Current, Existing or Previous tenant's name: N/A

2. Previous tenant's suite, bay or space number: N/A

3. Current, Existing, or Previous Use (i.e. type of business): N/A Vacant

4. New occupant's name: BRS Electrical
5. New occupant's suite, bay or space number: _____
6. New occupant's number of employees: 0
7. New occupant's intended use (i.e. type of business): Storage
8. Type of work to be completed with this permit: Construction of Storage building of work equipment.

ADDITIONAL INFORMATION REQUIRED FOR COMMERCIAL AND INDUSTRIAL BUILDINGS:

1. WAREHOUSE: 2,400 Total sq. ft.
2. INDUSTRIAL (Type): ~~Manufacturing~~ Total sq. ft. _____
3. COMMERCIAL: _____ Total sq. ft.

FOR NEW CONSTRUCTION OR UPGRADES TO EXISTING SERVICE THE FOLLOWING MUST BE PROVIDED:

- a. Sewer house connection size: _____ Contract Number _____
- b. Water house connection size: _____ Contract Number _____
- c. Domestic water meter size: _____
- d. Unmetered fire protection size: _____

SIGNATURE: _____

Amber Haass
(Owner/Developer/Applicant)

PRINT NAME: _____

Amber Haass

FIRM: _____

Sill Engineering Group

DATE: _____

11-17-15

PHONE NO. _____

443-325-5076

FOR OFFICE USE ONLY APPROVAL / CHECK OFF:

DED's Approval: _____

Date: 12-18-15

Zoning's Approval: _____

Date: 12-18-15

FOR OFFICE USE ONLY

Occupant: _____ Date: _____

Address: _____ Permit Number(s) _____

Unit Number: _____

Employees: _____ Number of sewer in-aids paid for existing structure: _____

$x 25 \text{ G.P.D. } x 365 = \underline{\hspace{2cm}}$
90,000

Number of water in-aids paid for existing structure: _____

G.P.D.: $x 365 = \underline{\hspace{2cm}}$
90,000

Number of supplemental in-aids paid for existing structure: _____

Meter Readings:

Number of Middle Patuxent in-aids paid for existing structure: _____

Present consumption for the existing structure: _____

Number of in-aids charged for this permit: _____

Sewer _____

Water _____

Total: $x 748 = \underline{\hspace{2cm}}$
90,000

Supplemental _____

Middle Patuxent _____

Water Account: _____

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

Date: 4/29/16

To: James Hobson
(Person's Name and Division)

From: Sill Engineering (443) 325-5076
(Your Name, Company Name and Telephone Number)

Subject: Project name BRS Warehouse
Project site address 15924 South Ave
Permit # B16000303 SDP # _____
Other information pertinent to this project _____

APR 29 2016

✓ 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 _____

Contact Person Information: (Required)

Amber Haass
Please Print Name

Telephone No: 443-325-5076

E-Mail Address: amber@sillengineering.com

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 THIS BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED COMMERCIAL REVISIONS #1 ARE READY FOR ISSUANCE, THE PERMIT DIVISION OR PERMIT PICK UP. ALL PERMIT STATUS INquiries AT 410-313-2455. CODE RELATED QUESTIONS TO THE PLAN REVIEW DIVISION AT 410-313-2436. FOR ANY PLAN SUBMITTALS TO BE REVIEWED.

COMMERCIAL REVISIONS #1

Project Name: Sisk Warehouse
Permit # B16-303 Date: 4/29/16

Please date, initial, and advise project coordinator when last review is complete.

ASA/SLG _____ DEC _____

APH _____

JDH _____

REV #1

CODE INFORMATION:

MUNICIPALITY: HOWARD CO., MD
COMPLY w/ 2015 VERSIONS OF IBC, IFG, COMAR ACCESS, NFPA LIFE SAFETY

GENERAL PARAMETERS:	REQUIREMENT	REFERENCE
OCCUPANCY TYPE(S):	S-1	311
CONSTRUCTION TYPE(S):	5B	602
ALLOW. NO. OF FLOORS:	1	TABLE 503
ALLOW. BUILDING AREA	9,000 PER FLOOR	TABLE 503
ALLOW. MAX. FIRE AREA	12,000	SECT 903.2
W/ID SPRINKLER SYSTEM	3 STORY / MAX 24,000 SF.	SECT 903.2
OTHER SPRINKLER REQTS.	500+ PEOPLE	9012

ACTUAL DATA:

1-STORY BUILDING IS 2375 SF / VOLUME IS 46,500 CUBIC FT

CLASSIFIED AS UNHEATED, RESTROOM IN ADJ. BUILDING.

NO SPRINKLER & NO FIRE ALARM

NO FIRE-RATED CONSTRUCTION REQD.
EXCEPT 2 HR ON EAST EAVE WALL DUE TO 6' DIMENSION TO PROPERTY LINE PER IBC T.602

AREA OF UNPROTECTED OPENING THIS WALL = 56 SF.
TOTAL WALL 951 SF / PERCENTAGE = 95% < 10% ALLOWED FOR 6' FIRE SEP. DISTANCE PER IBC T.105.8

SITE PLAN BY OTHERS, INCL. HANDICAP PROVISIONS

SUBMITTALS & INSPECTIONS:

- DEFERRED SUBMITTALS: CONTRACTOR TO PROVIDE CODE OFFICIAL & ARCH. w/ SHOP DUGS, SIGNED & SEALED BY REG. ENGR. IN STATE OF CONSTRUCTION PRIOR TO INSTALLATION OF FOLLOWING: W.D. ROOF TRUSSES.
- CONTRACTOR TO PROVIDE CODE OFFICIAL w/ SHOP DUGS, IF REQUESTED, w/ COPY TO ARCHITECT. SUBMIT ON DEFERRED BASIS.
- G.C. TO PROVIDE SOILS TESTING REPORTS TO CODE OFFICIAL, w/ COPY TO ARCH. PRIOR TO TIE POUR. AT FOLLOWING LOCATIONS:
(1) CORNERS, ALL FILL AREAS.
- CONTRACTORS TO PROVIDE TESTING w/ REPORTS AS LISTED BY CODE OR REQUESTED BY OFFICIALS, INCL. SPECIAL TESTING PER SECTION 1704, REFER TO PERMIT APPLICATIONS & CODE REVIEWS FOR DETAILS.
- CONTRACTORS TO ARRANGE INSPECTIONS FOR ALL CODES, INCL. ALL ELEC. SYSTEMS & CONSTRUCTION OF FOUNDATIONS, MASONRY, FRAMING.
- OWNER/TENANT TO PROVIDE CODE OFFICIAL w/ FULL INFO. ON ANY HAZARDOUS MATERIALS, INCL. QUANTITIES, STORAGE, & MSDS INFO.

GENERAL STRUCTURAL NOTES:

- FOUNDATIONS DESIGNED FOR ASSUMED 3000 PSF ALLOW. NET SOIL BEARING. CONTRACTOR TO VERIFY. OWNER TO PAY FOR SOIL TESTS AND FOR REDESIGN & INCREASED CONSTRUCTION COSTS IF SOIL INADEQUATE. STEP PDMS. AT UTIL. -- NO UTIL. BELOW FTG. w/ NO ARCH. APPROVAL.

- DESIGN LIVE LOADINGS AS FOLLOWS:
- G.S.L.: 25 PSF
- WIND: 90 MPH (EXPOSURE B)
- LITIMATE: 90 MPH 3-SEC GUST
- LEATHERING: SEVERE
- SEISMIC RESIST.: W.D. FRAME
- ENGINEERED DESIGN BY ALTERNATIVE METHOD

- DEAD LOADS AS FOLLOWS:
- TOP CHORD OF TRUSS: 5 PSF
- BOT. CHORD OF TRUSS: 5 PSF

- PLACE FILL & BACKFILL IN MAX. 8" LIFTS. COMPACT EA. LAYER UNDER SLABS & FOOTINGS TO DRY DENSITY MIN. 95%. DO NOT BUILD ON UNDERSTRENGTH SOIL.

- CONC. WORK TO MEET TO ALL PROVISIONS OF LATEST EDC. OF ACI 318 & 318, INCL. FREEZING & HOT WEATHER PROVISIONS. TYPE 1 CEMENT PER ASTM C600. MAX. 1 IN. STONE PER ASTM C33. SLUMP 4 IN. w/ 1 IN. NO CALC. CHLORIDE. CONCRETE TO HAVE 28-DAY MIN. COMPRESSIVE STRENGTH OF 3000 PSI. EXCEPT 4000 PSI AT EXPOSED EXT. WORK GARAGES, WAREHOUSES, INDUST. FLOORS & COLUMN FDS. AIR ENTRAIN CONCRETE AT EXT. HORIZ. SURFACES: 6% w/ 15% CONC. TO BE MOIST CURED OR PROTECTED w/ MEMBRANE.

- DESIGN CONC. REIN. & ACCESSORIES TO MEET ACI 318. REIN. TO MEET ASTM A615, GRADE 60. W/ COVERING PER IBC TABLE 1907.11. LAP REIN. PER ACI 308 BUT MIN. 24" w/ MATCHING CORNER BARS. WIRE TO MEET ASTM A615, GRADE 45, LAPPED MIN. 8". FIBER REIN. TO BE FIBERMESH 300 (650 IF HVY) BY PROPEX. INSTALL PER MFR'S RECOM.

- SLABS ON GRADE TO HAVE CONTROL JTS. SO AREA IS LESS THAN 625 SF, WITH RATIO OF LENGTH-WIDTH OF AREA LESS THAN 15.

- HURRICANE STRAP MODEL TO BE VERIFIED FOR UPLIFT PER TRUSS SHOPS. TRUSS UPLIFT CONNECTIONS TO BE CONTIN. TO FDN.

- ENGRD. W.D. PRODUCTS TO HAVE FOLLOWING STRENGTHS:
LVL: FB: 2600 PSI (1 3/4" WIDE) HVR: 1800 PSI
LVL: FB: 2375 PSI HVR: 1800 PSI
GLULAMS: E-RATED SYP, FB: 2400 PSI, FC: 2500 PSI
TRUSSES: SEE TRUSS NOTES

- CONTRACTOR IS RESPONSIBLE FOR ALL MEANS OF CONSTRUCTION, INCL. PROVIDING GUYS, BRACING, & SHORING AS REQUIRED FOR ALL LOADING CONDITIONS THROUGHOUT CONSTRUCTION AND FOR JOB SITE SAFETY. CONTRACTOR IS NOT TO STORE MATERIALS IN EXCESS OF DESIGN LIVE LOADS WITHOUT APPROVAL OF ARCH.

WOOD ROOF TRUSS NOTES:

- TRUSSES SHALL BE DESIGNED, FABRICATED AND ERECTED TO MEET FITCH & DIMS SHOWN ON THE DUGS. AND TO MEET DESIGN LOADING REQTS FOR THIS LOCATION. TRUSSES SHALL CONFORM TO THE NATIONAL DESIGN SPECIFICATIONS FOR WOOD CONSTRUCTION AND THE NATIONAL DESIGN STANDARD FOR METAL PLATE CONNECTED WOOD TRUSSES, AND SHALL INCORPORATE ALL APPLICABLE LOADING COMBINATIONS, INCL. MIN. REQUIRED BOTTOM CHORD LOADING AS SET FORTH IN APPLICABLE IBC CODE. MAX. TRUSS DEFLECTION UNDER ROOF LIVE LOAD TO BE LESS THAN L/260. CONTRACTOR SHALL SUBMIT FOR REVIEW TO ARCHITECT THE TRUSS DESIGN CALCULATIONS AND DRAWINGS SIGNED AND SEALED BY LICENSED ENGINEER REGISTERED IN THE STATE IN WHICH THE PROJECT IS LOCATED.

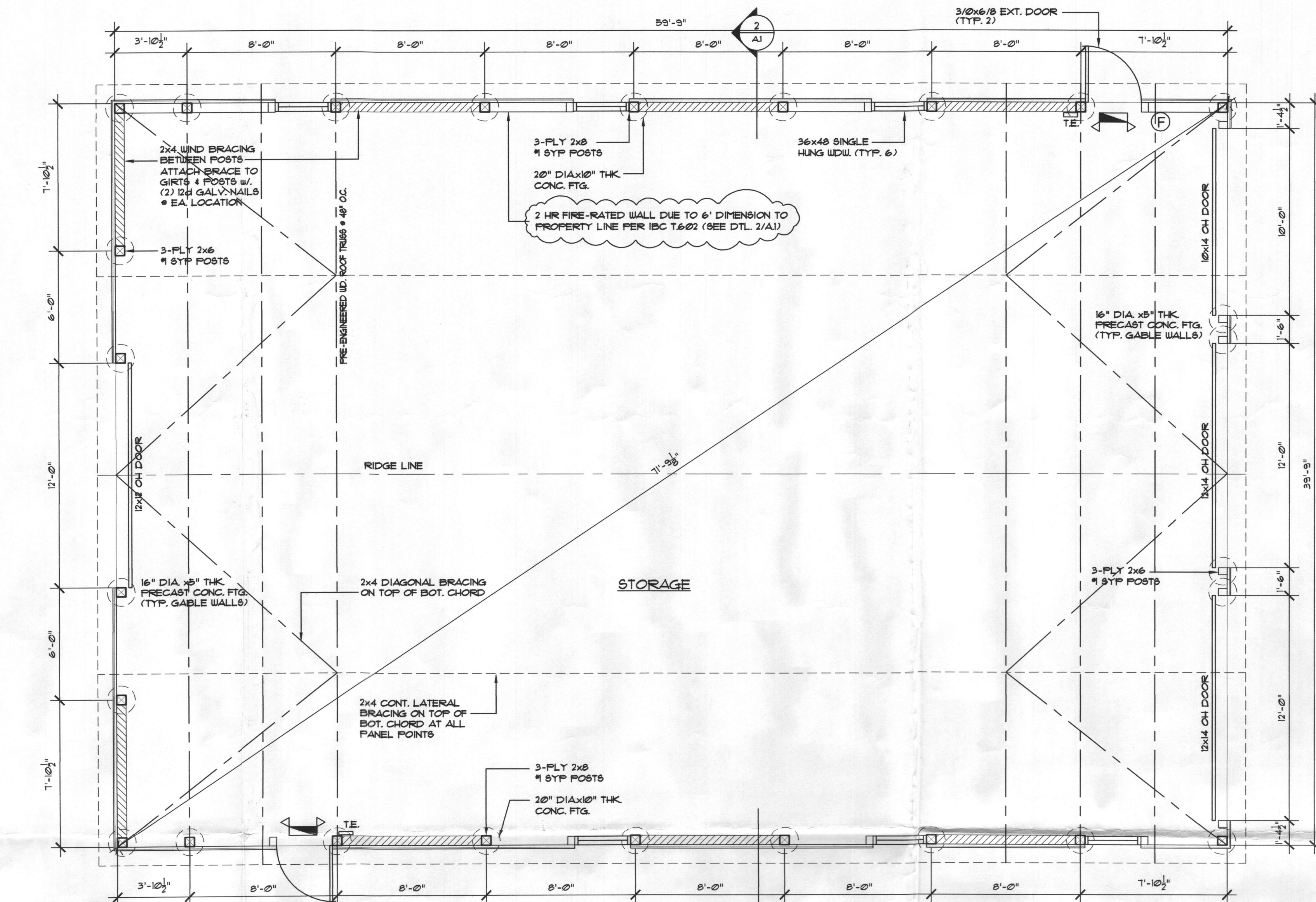
- TRUSSES SHALL BE DESIGNED TO ACCOMMODATE DRIFT LOADS & EQUIP. WEIGHTS IN ADDITION TO UNIFORM ROOF DEAD AND LIVE LOADS.

- LUMBER USED FOR CHORDS AND WEBS SHALL BE A MINIMUM 2 IN. NOM. WIDTH SURFACED FOUR SIDES w/ MOISTURE CONTENT NOT EXCEEDING 19%. LUMBER SHALL BE GRADE STAMPED WITH THE APPROPRIATE WUPA OR SPIB STAMP INDICATING COMPLIANCE WITH PG-20 LUMBER DEFECTS OCCURRING IN THE CONNECTOR PLATE AREA.

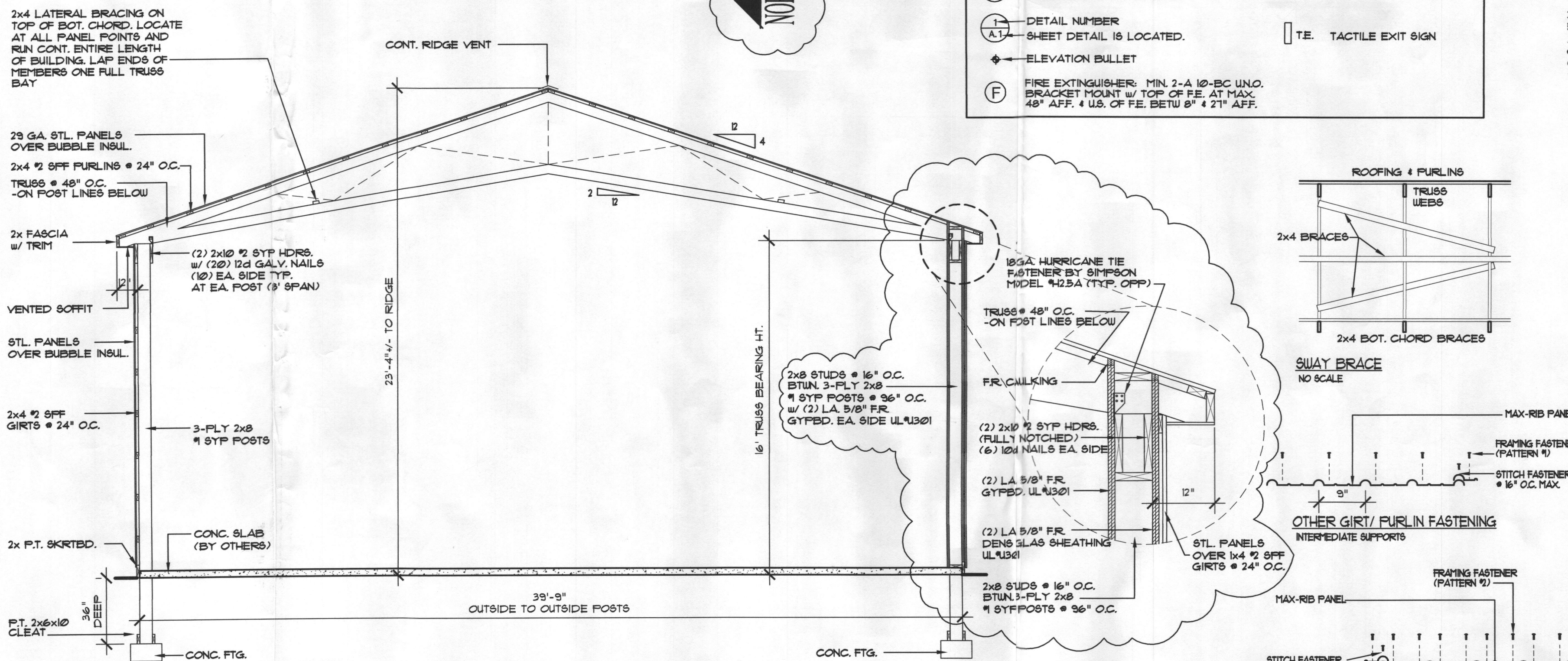
- GALVANIZED STEEL CONNECTOR PLATES SHALL BE FABRICATED FROM MIN. 0.036 INCH THICK STEEL SHEET CONFORMING TO ASTM A446, GRADE A & ASTM A505, C60. PLATES SHALL SECURELY FASTEN EA. JOINT ON BOTH FACES OF TRUSS IN ACCORDANCE WITH ACCEPTED TI STANDARDS & PROCEDURES AND BE CAPABLE OF TRANSFERRING THE FULL MEMBER CAPACITIES.

- SECURELY BRACE TRUSSES DURING ERECTION IN ACCORDANCE WITH THE REQUIREMENTS OF THE TRUSS PLATE INSTITUTE. ERECTION BRACING SHALL HOLD TRUSSES STRAIGHT AND PLUMB UNTIL DECKING & PERMANENT BRACING ARE INSTALLED. INSTALL PERMANENT BRACING AS REQD. BY DESIGN PRIOR TO APPLICATION OF LOAD. PERMANENT BRACING SHOWN ON ARCH. DUGS. IS MIN. REQD. -- PROVIDE ADDITIONAL PER TRUSS MFR. DESIGN.

- SECURE TRUSSES TO THE SUPPORTING STRUCTURE WITH GALVANIZED FRAMING ANCHORS. ANCHORS IN CONTACT WITH P.T. LUMBER SHALL HAVE G30 GALVANIZATION. CONNECTIONS MUST RESIST ALL DESIGN LOADS.

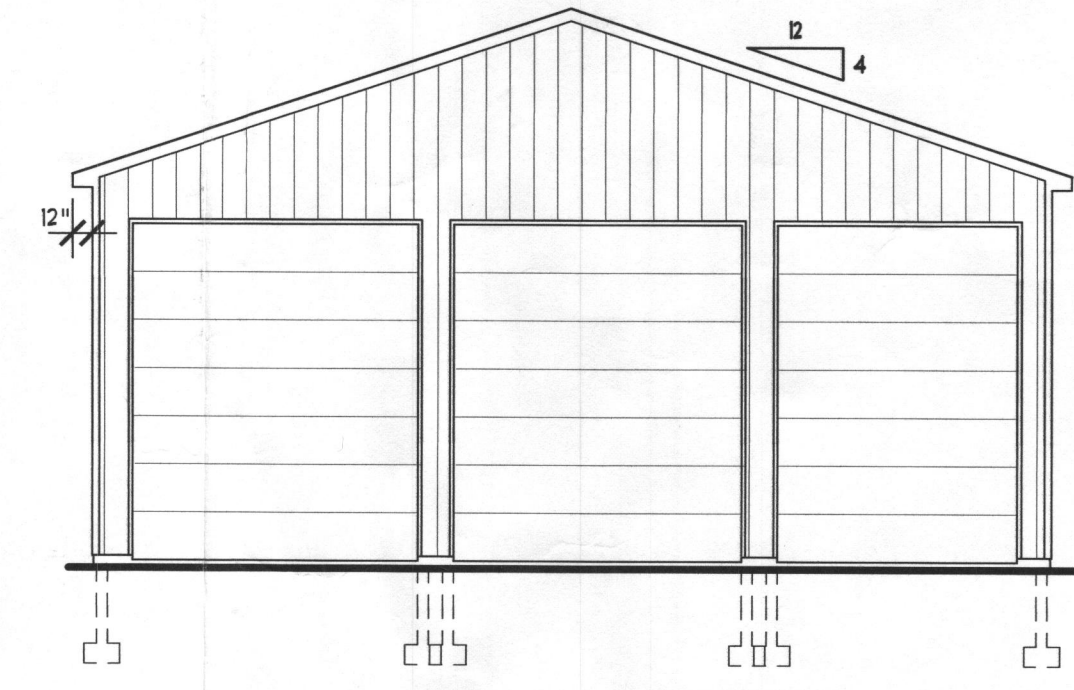
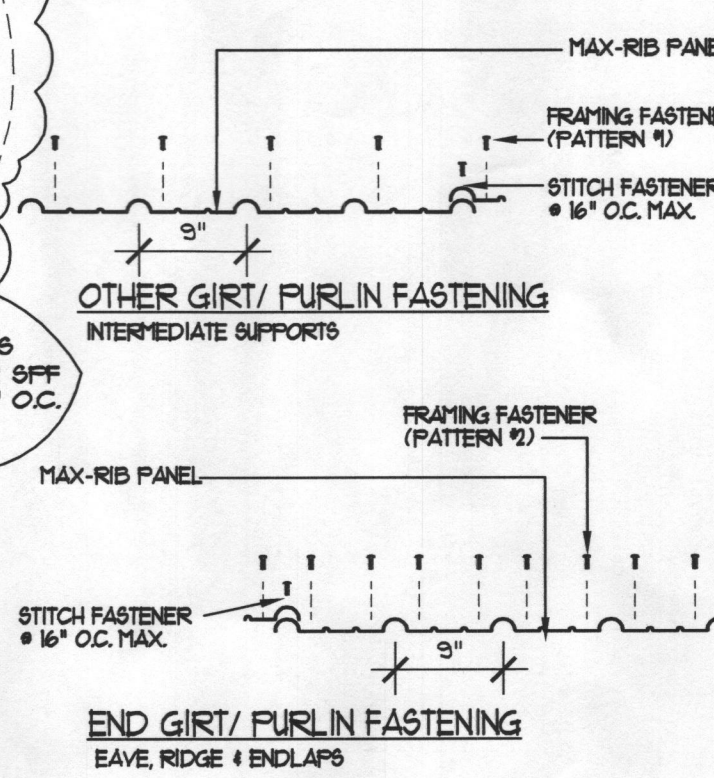
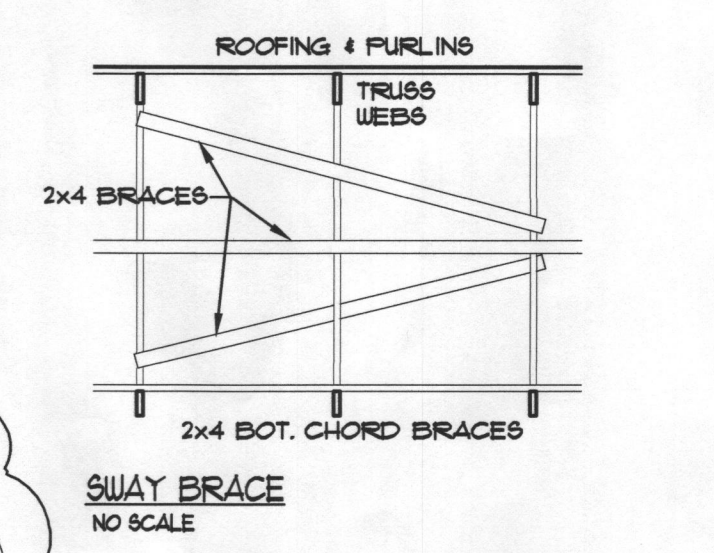


1 FLOOR PLAN
SCALE: 1/4" = 1'-0"

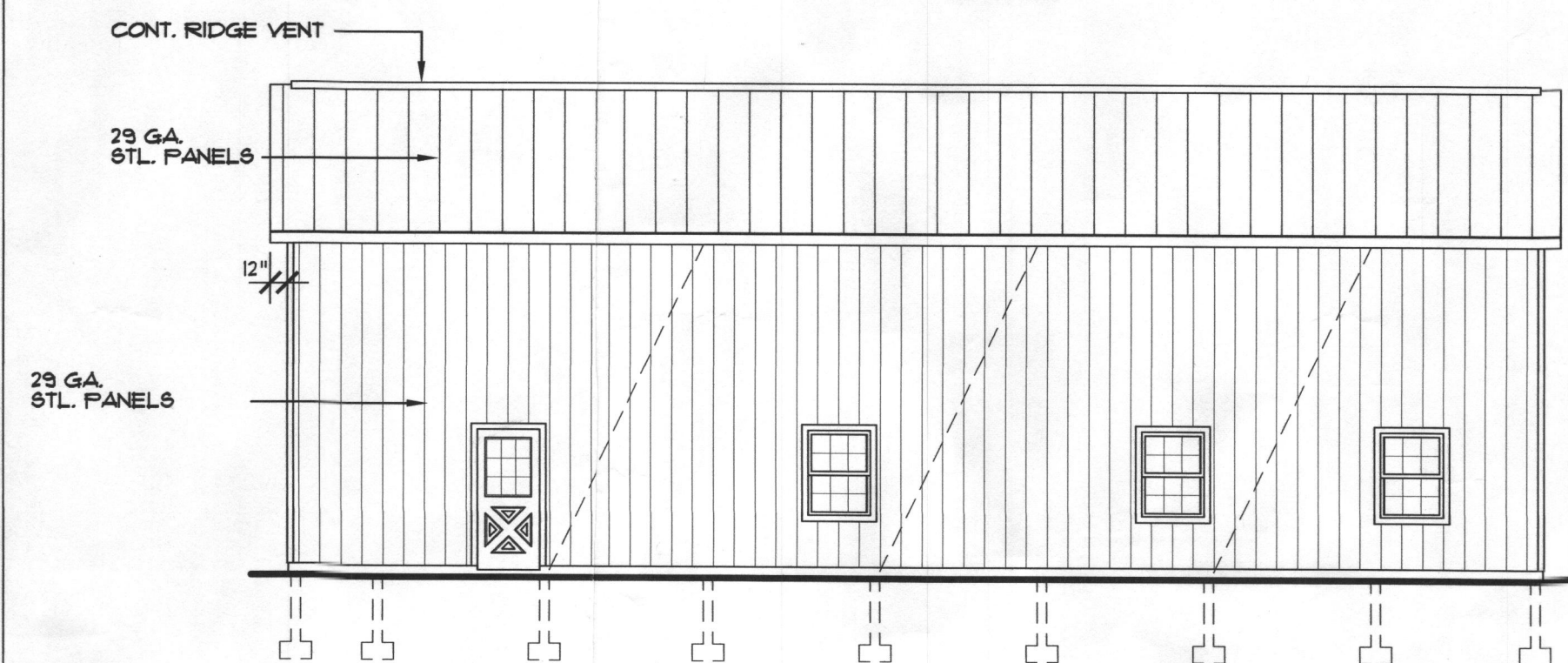


2 BUILDING SECTION
SCALE: 1/4" = 1'-0"

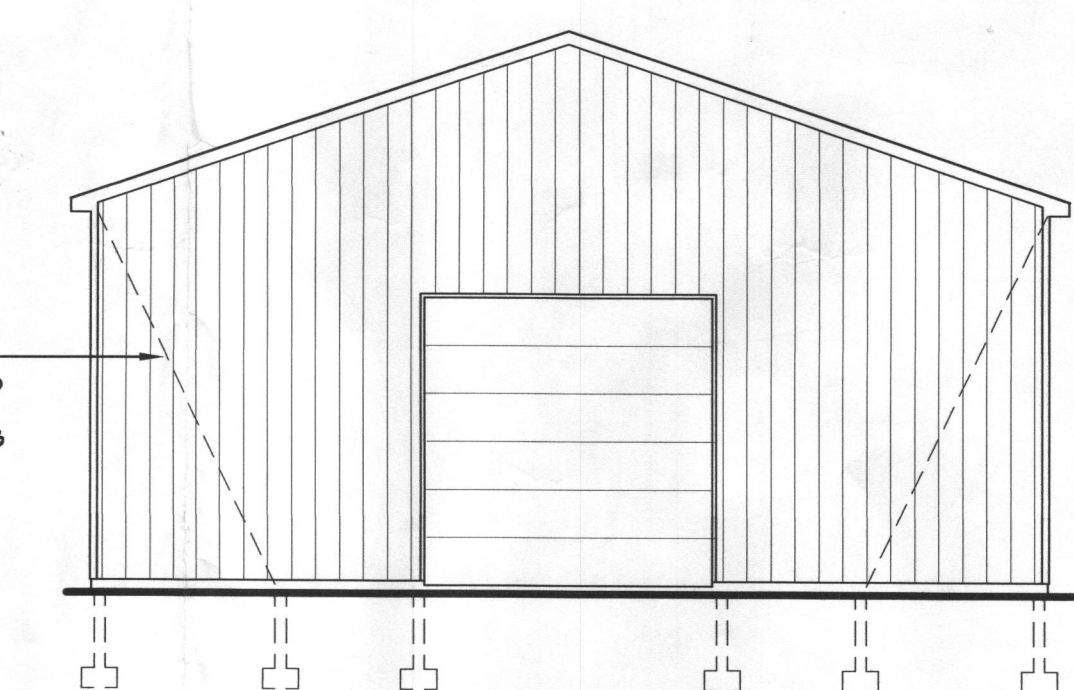
SYMBOL LEGEND	
1/A1	SECTION NUMBER SHEET SECTION IS LOCATED.
1	DETAIL NUMBER SHEET DETAIL IS LOCATED.
◆	ELEVATION BULLET
F	FIRE EXTINGUISHER: MIN. 2-A 10-BC UNO. BRACKET MOUNT w/ TOP OF FE. AT MAX. 48" AFF. & 1/2" OF FE. BETW 8" & 21" AFF.
⬆	LIGHTED EXIT SIGN w/ EMERG. LTS.
T.E.	TACTILE EXIT SIGN



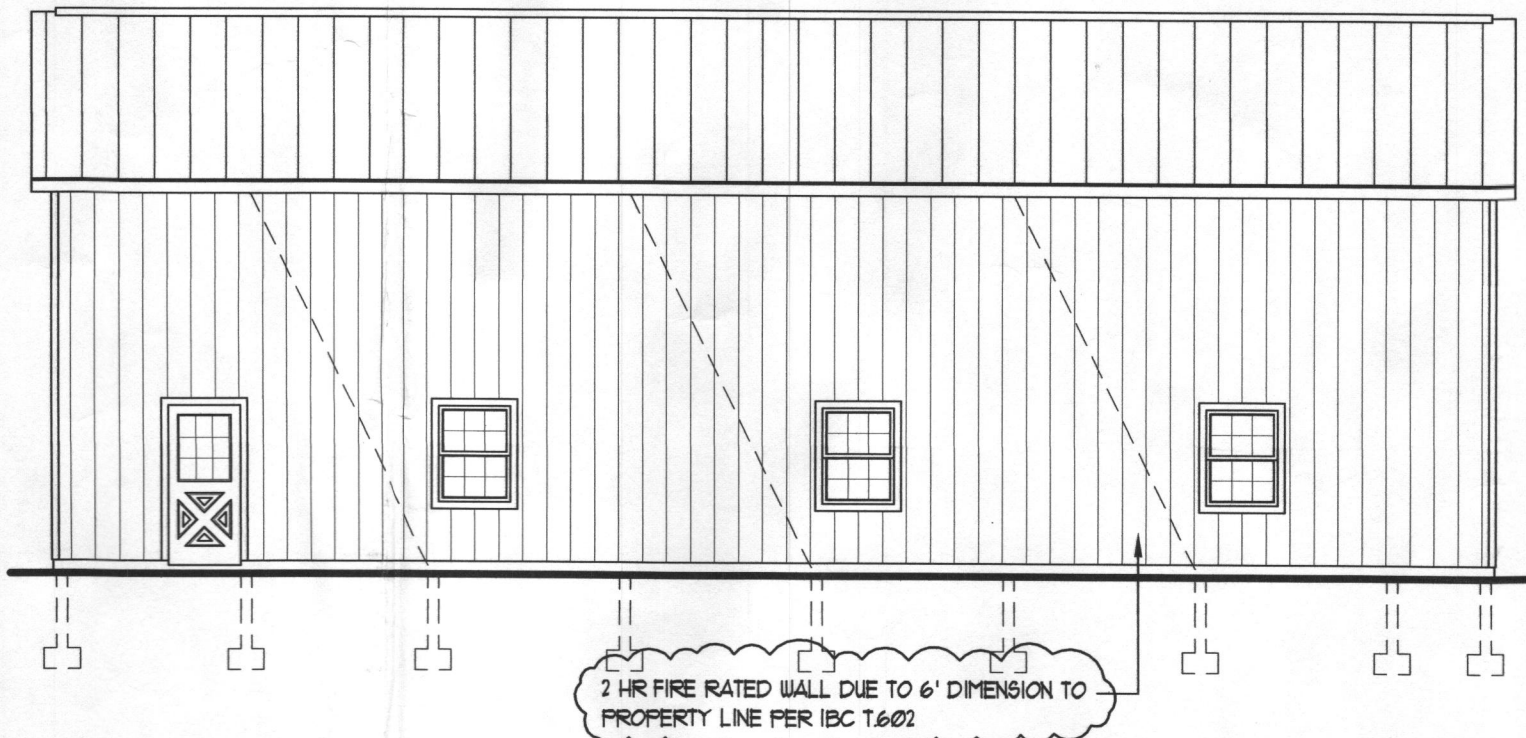
3 SOUTH ELEVATION
SCALE: 1/8" = 1'-0"



4 WEST ELEVATION
SCALE: 1/8" = 1'-0"



5 NORTH ELEVATION
SCALE: 1/8" = 1'-0"



6 EAST ELEVATION
SCALE: 1/8" = 1'-0"

RECEIVED

APR 29 2016

LICENSES & PERMITS
DIVISION

GRABER BUILDINGS
491 Gap Newport Pike
Agtlen, PA 19310
PH. (610) 593-3500

Engel Architects
1854 Lincoln Highway East
Lancaster, PA 17602
(717) 392-8021, fax 392-7140

ELECTRICAL CONTRACTOR
WAREHOUSE FOR
BRYAN SISK
15924 South Avenue
Libson, MD 21765

MD. PROFESSIONAL CERTIFICATION:
I HEREBY CERTIFY THAT THESE
DOCUMENTS WERE PREPARED OR
APPROVED BY ME AND THAT I AM
A DULY LICENSED PROFESSIONAL
ARCHITECT UNDER THE LAWS OF
THE STATE OF MARYLAND, LICENSE
#2741, EXP. DATE 11/17/2017

SEAL
BOARD OF ARCHITECTS
REG No 9741
LEVIN ROY ENGEL
STATE MARYLAND
DATE 04/28/2016

THIS DRAWING IS THE PROPERTY
OF ENGEL ARCHITECTS. IT MAY NOT
BE REPRODUCED IN ANY FORM
WITHOUT THEIR PERMISSION. DO
NOT SCALE DRAWING. CONTRACTOR
SHALL VERIFY ALL CONDITIONS
& DIMENSIONS ON SITE PRIOR
TO PROCEEDING WITH THE WORK.

PROJECT NO.
15289

MANAGED BY
D. KULINA

DRAWN BY
R. ENEDY

REVISIONS
MARCH 10, 2016
CLOUDED PER CODE
COMMENTS

DATE
DECEMBER 11, 2015

DRAWING TITLE
FLOOR PLAN
EXTER. ELEVATIONS
SECTION

SHEET NO.

A.1



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

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

MEMORANDUM

TO: Bryan Sisk

CC: Sill Engineering Group

FROM: Jeff Williams
Program Supervisor, Well & Septic Program

RE: B16000303, 15924 South Avenue, Lisbon

DATE: May 16, 2016

I have reviewed the above referenced building permit and have the following comment for revision:

- A scaled plot plan must be submitted as an attachment to the permit showing the location of the building as well as the location of all wells, onsite sewage disposal system components, sewage disposal areas, as well as all other buildings and structures on the lot.

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Monday, May 16, 2016 9:06 AM
To: [REDACTED]
Subject: B16000303, 15924 South Ave
Attachments: B16000303 15924 South Ave memo.pdf

I've attached Health comments for the building permit B16000303, 15924 South Ave. I don't have a record of us receiving this permit when it was first submitted. I just recently received a copy of the revision and reviewed it at that time.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
[REDACTED]

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.

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, July 08, 2016 11:04 AM
To: 'Paul Sill'
Subject: RE: 15924 South Avenue, B16000303

Got it. I missed the SDP connection on this lot. I'll give Health approval to the BP today.

From: Paul Sill [mailto:psill@williamsengineering.com]
Sent: Thursday, July 07, 2016 9:08 AM
To: Williams, Jeffrey
Subject: RE: 15924 South Avenue, B16000303

Ah, I did see that. I thought there was a more recent one.

So, this project is an SDP. See attached. When we did the survey, there were no septic components visible, so we could only label the approximate area of the field. Do you need anything else?

From: Williams, Jeffrey [mailto:jwilliams@williamsengineering.com]
Sent: Wednesday, July 06, 2016 3:41 PM
To: Paul Sill <psill@williamsengineering.com>
Subject: RE: 15924 South Avenue, B16000303

I emailed out a comment memo on 5/16. Attached is the email and the memo

From: Paul Sill [mailto:psill@williamsengineering.com]
Sent: Wednesday, July 06, 2016 12:21 PM
To: Williams, Jeffrey
Subject: 15924 South Avenue, B16000303

Hey Jeff,

I heard from the client, Bryan Sisk, that Health has a comment on the permit. Can you let me know what that is?

Thanks,

Paul M. Sill, PE, LEED AP
Sill Engineering Group, LLC
11130 Dovedale Court, Suite 200
Marriottsville, MD 21104
Office: 443-325-5076 ext. 102
Fax: 410-696-2022
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