



B.R.  
Cancelled  
- H.O.

# 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.: BF1002540

Building Address: 5090 Wald Lane Court  
City: Fallcot City State: MD Zip Code: 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: 28 Parcel: 56

Existing Use: Single Family  
Proposed Use: Single Family - New Construction  
Estimated Construction Cost: \$ 750,000  
Description of Work: New Single Family + detached garage. Pool + Tennis Court are not being constructed on this permit

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1st floor: <u>45</u>	<u>92</u>
	2nd floor: <u>45</u>	<u>92</u>
Area of construction (sq. ft.):	Basement:	
	<input checked="" 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>3</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 Structures: <u>Detached Garage</u>	
	Dimensions: <u>26 x 24</u>	
> 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: Harinder Chahal, Lipton Lipton  
Address: 1223 Broadmeadow Lane  
City: Beltsville State: MD Zip Code: 21029  
Phone: 301-119-3473 Fax: \_\_\_\_\_  
Email: harinder@small.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: Christopher Baril - Liberty 2nd  
Address: 1766 Potomac Rd  
City: Vienna State: VA Zip Code: 22182  
Phone: 703-488-8413 Fax: \_\_\_\_\_  
Email: guy@liberty.com

Contractor Company: Liberty Inc  
Contact Person: Christopher Baril  
Address: 1766 Potomac Rd  
City: Vienna State: VA Zip Code: 22182  
License No.: 5322  
Phone: 703-488-8413 Fax: \_\_\_\_\_  
Email: guy@liberty.com

Engineer/Architect Company: Michael R. Smith  
Responsible Design Prof.: Michael R. Smith  
Address: 5229 Blossing Blvd  
City: Shawnee State: VA Zip Code: 22182  
Phone: 703-188-2350 Fax: \_\_\_\_\_  
Email: michael@msk.com

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input 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: \_\_\_\_\_  
Email Address: guy@liberty.com  
Title/Company: \_\_\_\_\_

Print Name: Christopher Baril  
Date: 8-3-4-2016

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	9/12/16	R. Buel
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: <u>7</u>
Rear: <u>6</u>
Side: <u>30</u>
Side St.: <u>1</u>
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>100</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\BuildingPermitApplication03.29.2018.doc

Stamp: NOT APPROVED PMT

## Wolf, Kevin

---

**From:** Christopher Barth <guy@ziberty.com>  
**Sent:** Monday, February 11, 2019 4:18 PM  
**To:** Wolf, Kevin  
**Subject:** Wild Olive - Demo Request Form  
**Attachments:** Wild Olive Septic and Well Demo Form.pdf

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

Hello Kevin,

I attached the demo request form for 5000 Wild Olive Court, Ellicott City MD.

I spoke to Robert in the office today, he recommended we disconnect and seal the well and septic, leave both holes open, and request you come out for the inspection. I anticipate the work to be done later this week or next week.

I'll give you a heads up as soon as we have them ready for inspection. Please let me know if you need anything else from me in the meantime.

I'm looking forward to working with you.

Thank you,

Christopher "Guy" Barth  
Ziberty Inc. CEO  
703-488-8423  
[guy@ziberty.com](mailto:guy@ziberty.com)  
[www.ziberty.com](http://www.ziberty.com) - The simplest way to buy and build a new home.

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

Date: 08/24/2020

To: \_\_\_\_\_  
(Reviewer/Requestor's Name) Building Plans / Health Dept  
(Division)

From: Praful Patel, Arencos LLC  
(Your Name, Company Name) (240) 418-1389  
(Phone Number)

Subject: Project name Wild Olive  
Project site address 5000 Wild Olive Ct  
Permit # B20002601 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 Floor Plans and Site Plan (2) (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/ # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

Praful Patel  
Please Print Name

Telephone No: (240) 418-1389

E-Mail Address: prafulp@arencos-llc.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 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**

**AUG 24 2020**

**LICENSES & PERMITS  
DIVISION**

Received by Drop Box

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

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

Date: 08/24/2020

To: \_\_\_\_\_ (Reviewer/Requestor's Name) Building Plans / Health Dept (Division)

From: Praful Patel, Arenco LLC (Your Name, Company Name) (240) 418-1389 (Phone Number)

Subject: Project name Wild Olive

Project site address 5000 Wild Olive Ct

Permit # B20002601 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 Floor Plans and Site Plan (3) (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/ # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

Praful Patel  
Please Print Name

Telephone No: (240) 418-1389  
E-Mail Address: prafulp@arenco-llc.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 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**

Received by Drop Box

AUG 24 2020

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

**LICENSES & PERMITS  
DIVISION**



## Anest, Cathy

---

**From:** Kirti Tandon <kirti.tandon@ourbus.com>  
**Sent:** Thursday, August 13, 2020 10:56 AM  
**To:** Anest, Cathy  
**Cc:** Narinder Singh; prafulp@arenco-llc.com  
**Subject:** Cancellation of earlier three permits (#B19002069, #B19002540, #G19000172) at 5000 Wild Olive Court

**Follow Up Flag:** Flag for follow up  
**Flag Status:** Flagged

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

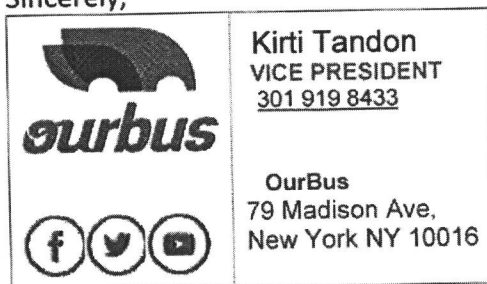
Good morning Ms. Anest,

All the proposed work under the previous permits #B19002069, #B19002540, #G19000172 is not being done anymore due to Covid related change in financial circumstances. Earlier we were demolishing the whole house and building new but our business shut down and we are not able to afford that and are just doing some remodelling instead to the existing house and you are requested to please cancel all earlier three permits (#B19002069, #B19002540, #G19000172) at 5000 Wild Olive Court, Ellicott City, Md 21042 effective immediately.

Our contractor from Arenco LLC has submitted the new interior work application. Any help in expediting the approval for that would be greatly appreciated.

Thank you!

Sincerely,





Howard County  
Health Department

**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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura

J. Rossman, M.D., Health Officer

RECEIPT DATE: \_\_\_\_\_

**ONSITE SEWAGE DISPOSAL SYSTEM**

P \_\_\_\_\_

INSTALLATION  
APPROVAL DATE: \_\_\_\_\_

**PERMIT**  
**TANK REPLACEMENT**

A \_\_\_\_\_

PROPERTY ADDRESS: 5000 Wild Olive Court

SUBDIVISION: Tax Map 28, Parcel 50 LOT: n.a. TAX ID: 05-360668

CONTRACTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY OWNER: Narinder P Chadha EMAIL: \_\_\_\_\_

OWNER ADDRESS: 5000 Wild Olive Court, Ellicott City, MD 21042 PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS: 5 SEPTIC TANK SIZE: 2000 DRAINFIELD SIZE/TYPE: 3[60' x 2'], gravity

LOCATION:	Install new septic tank at marked location uphill of abandoned septic tank location.
NOTES:	Connect Septic Tank effluent pipe to existing effluent pipe which leads to Distribution Box. Inspect existing pipe before connection and inspect Distribution Box for level and for equal distribution among 3 laterals.

ISSUED BY: R Bricker ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**NEITHER THE HOWARD COUNTY COUNCIL NOR 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.**

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

Date: 08/18/2020

To: Amanda Hill DILP: \_\_\_\_\_  
(Reviewer/Requestor's Name) (Division)

From: Praful Patel, Arenco, LLC (240) 418-1389  
(Your Name, Company Name) (Phone Number)

Subject: Project name Wild Olive

Project site address 5000 Wild Olive Ct

Permit # B20002601 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 Floor Plans (2) (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/ # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

Praful Patel  
Please Print Name

Telephone No: (240) 418-1389

E-Mail Address: prafulp@arenco-llc.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 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**

Received by [Signature]

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
T:\Operations\Updated forms\HoCoTransmittalForm04.2020

AUG 18 2020  
LICENSES & PERMITS  
Div 04

# RECEIVED

PERMIT NUMBER: B 20002601

DATE ACCEPTED:

AUG 03 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  
www.howardcountymd.gov

### BUILDING SITE ADDRESS REQUIRED

Street Address: 5000 Wild Olive Ct Unit:  
City: Ellicott City State: MD Zip Code: 21042  
Subdivision/Village/Complex Name: SDP/WP/BA #:  
Lot: Tax Map: 0028 Parcel: Grading Permit #:

### DESCRIPTION OF WORK REQUIRED

Existing Use: SFD Proposed Use: SFD Estimated Cost: \$200,000.00  
Trade Work to Be Completed (Separate Permits Required): ☒ Mechanical (HVACR) ☒ Electrical ☒ Plumbing ☐ None  
Interior renovations to existing one story SFD. First floor will be kitchen, mudroom, 4 bed, 4 bath, 2 1/2 bath. Existing exterior walls will remain as is. New roof (30'-0"x36'-0") over first floor. Existing basement to be finished. New partition walls and windows as per plans.

### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Narinder Chadha Primary Residence: ☒ Yes ☐ No  
Owner's Street Address: 5000 Wild Olive Ct State: MD Zip Code: 21042  
City: Ellicott City Email: narinder.singh@ourbus.com  
Phone: (917) 939-0495

### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name: Narinder Chadha  
Street Address: 5000 Wild Olive Ct State: MD Zip Code: 21042  
City: Ellicott City Email: narinder.singh@ourbus.com  
Phone: (917) 939-0495

### CONTRACTOR INFORMATION REQUIRED

Business Name: SM Concrete Construction License #: 112891  
Licensee's Name: Kevin Salazar  
Street Address: 2620 Berwick Ave State: MD Zip Code: 21234  
City: Baltimore Email: smconcreteconstruction@yahoo.com  
Phone: (443) 449-0766

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

Business Name: Arenco, LLC Name: Praful Patel  
Street Address: 12430 Hill Crest State: MD Zip Code: 20759  
City: Fulton Email: prafulp@arenco-llc.com  
Phone: (240) 418-1389

### 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 SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:  
# of Bedrooms (SF): 4 # of efficiency units (MF\*): # of 1 BR (MF\*): # of 2 BR (MF\*): # of 3 BR (MF\*):  
# Rooms: # Full Baths: 4 # Half Baths: 2 # Fireplaces: 2  
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: 139 1st Fl Depth: 36 2nd Fl Width: 2nd Fl Depth: Bsmt Width: 17 Bsmt Depth: 36  
Energy Method: ☒ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI Gross Area: 4,344 sq ft Occupiable Area: 4,344 sq ft

### AGREEMENT/DISCLAIMER 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

DATE SIGNED

### FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS:

☒ PR ☒ DPZ ☒ DED ☒ Health 9.15.20 ☐ SHA ☐ CID

SUBMITTAL FEES: \$25.00

PAYMENT:

ACCEPTED BY:



Menu Save Reset Cancel Help

**Record Detail** \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Alteration/SFD	B19002601	08/08/2019
<b>Description of Work</b>		
SFD/ INTERIOR ALTERATIONS ONLY TO INCLUDE NEW WINDOW IN BASEMENT, KITCHENETTE IN BASEMENT, REMOVAL OF NON LOAD BEARING WALL, IN BASEMENT - MAIN LEVEL CREATE NEW BEDROOM, FULL BATH REMODEL OF KITCHEN (APPROXIMATELY 300 SQ. FT.) * THIS PERMIT DOES NOT INCLUDE DECK CONSTRUCTION. A SEPARATE BUILDING PERMIT IS REQUIRED FOR THE CONSTRUCTION OF THE DECK *		

[check spelling](#)

**Address** \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>
9358	CORNSHOCK	CT
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>
--Select--		-76.83587
		<b>Y Coordinate</b>
		39.18254
<b>City</b>	<b>State</b>	<b>Zip Code</b>
COLUMBIA	MD	21045
		<b>Primary</b>
		Yes

**Parcel** \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
851546	401	5850	120800	279300	158500	COLUMB
<b>Legal Description</b>						
IMPSLOT 54 5,850 SQ' [ 9358 CORNSHOCK CT [ JVL OWEN BROWN S2 A3						

[check spelling](#)

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
	54	606705	3				
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b>					
	1416115622						
<b>Section</b>	<b>Area</b>	<b>Tax Map</b>					
		42					
<b>Grid</b>	<b>Zoning District</b>	<b>ADC Map</b>					
42-4	NT	5053-G1					
<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>	<b>Primary</b>				
			Yes				
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>					
25 23							
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>					
<input type="radio"/> Yes <input type="radio"/> No	1974	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>					
	6-12B	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

**Owner** (This section is not required.)

Search      Reset      Clear

**Name \*****Address Line 1****Address Line 2****Address Line 3****Mail City****Mail State****Mail Zip Code****Phone****Primary**☒ Yes ☐ No**E-mail****Cell Number****Fax Number****Professionals** (This section is not required.)

Search      Reset      Clear

**License # \*****Business Name****License Type \***☒ MHIC Co ☐ Other**First Name****Middle Name****Last Name****Primary**☒ Yes ☐ No**Address Line 1****Address Line 2****City****State****ZIP Code****Phone 1****Phone 2****Fax****E-mail****Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

**Type \***☒ Applicant ☐ Other**First Name****MI****Last Name****Relationship**☒ Applicant ☐ Other**Full Name****Primary**☐ No ☒ Yes**Organization Name****Street Address****Address Line 2****City****State****Zip Code**

COLUMBIA	MD	21044-0000
Phone	Cell	Fax
2028452601		0000000000
E-mail *		
K1HOURI@YAHOO.COM		

**Contact** (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	KAYVAN		NOURI
Relationship	Full Name		
Licensed Professiona	KAYVAN NOURI		
Primary	Organization Name		
Yes	HOME CONSTRUCTION TX LLC		
Street Address			
5671 THICKET LANE			
Address Line 2			
City		State	Zip Code
COLUMBIA		MD	21044-0000
Phone	Cell	Fax	
2028452601		0000000000	
E-mail			
K1HOURI@YAHOO.COM			

**Addtl Info**

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
5000	0	0	No
Construction Type			
101 - Single Family Houses Detached			

**RESIDENTIAL ALTERATION INFO****RESIDENTIAL ALTERATION INFORMATION**

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
300 SQFT	1	1	0	Public	Public	Gas & Electric
Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *		
Natural Gas	None	--Select--	6/21/2020	Yes No		

**PAYMENT INFORMATION**

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

**Related Records**





10/15/03 - 10 AM 10/24/03 - 11:30

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 10/9/03

APPROVAL DATE: 10/25/03

PERMIT INDEXED

P 517611

A REPAIR

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

05-360668

Jack Fyock Septic Service, Inc

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg, MD 21737

PHONE NUMBER: 410-988-9270

SUBDIVISION: \_\_\_\_\_

LOT NUMBER: \_\_\_\_\_

ADDRESS: 5000 Sheppard Lane

PROPERTY OWNER: Dorothy Mobley

SEPTIC TANK CAPACITY (GALLONS): 1500

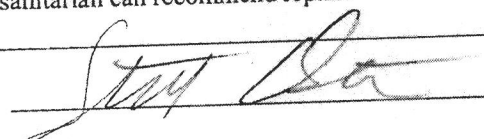
PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 175

TRENCHES:	Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4.5 feet of stone below distribution pipe.
LOCATION:	Install (3) 60 trenches on contour Pump / collapse / fill in old ST / DW
PURPOSE:	Septic system is failing. Call for inspection when the ground has been opened so sanitarian can recommend repair.

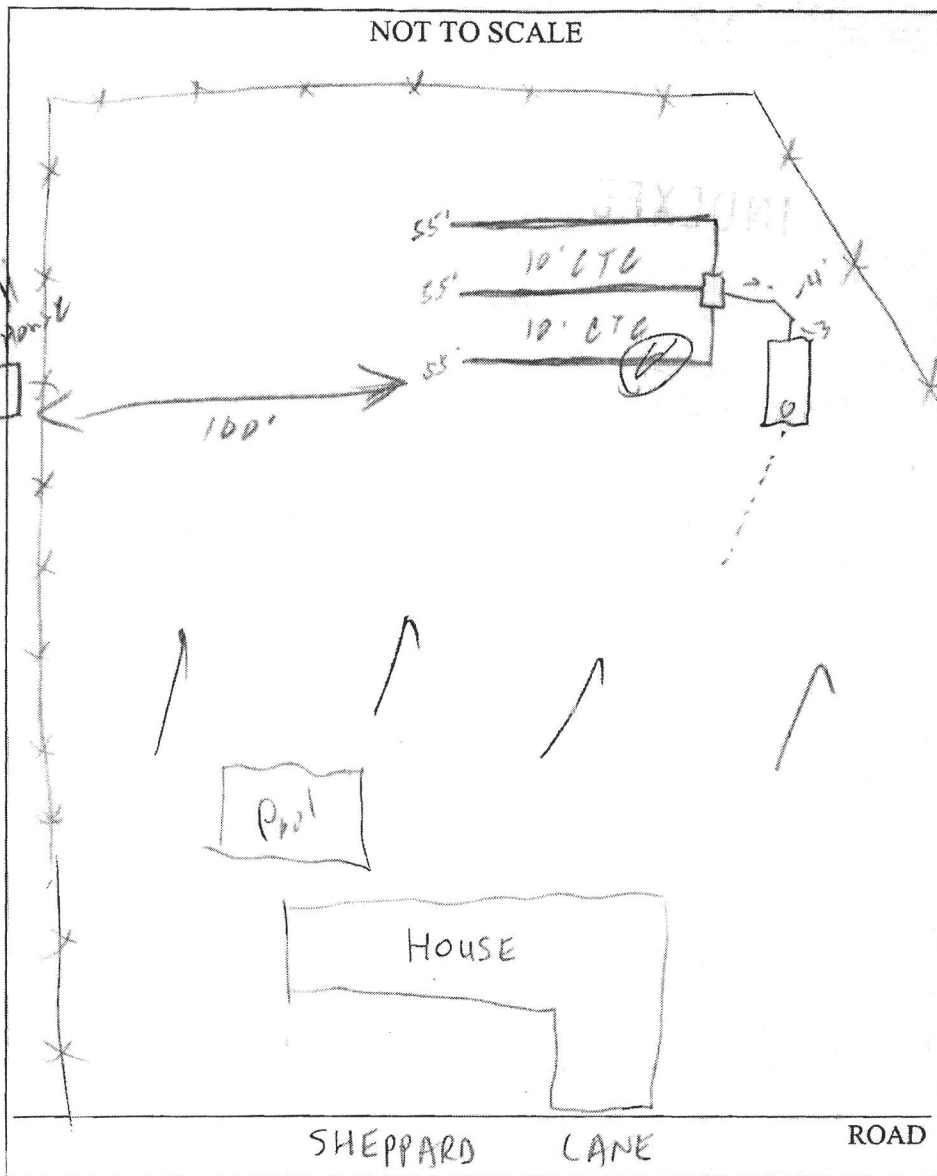
PLANS APPROVED: 

DATE: 10/15/03

- 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 NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

750  
- 8 (2)  
-----  
(.33) = 154.68 ft



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	4.5-5.5	10.5-11
NUMBER OF TRENCHES	3	
TOTAL LENGTH	165'	
ABSORPTION AREA	902.57	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	✓	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	4.5'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	—
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION

INSTALLATION 10/23/03 - Phone call from contractor. Line from house is 5' below grade. Changed specs to 5' inlet, 10.5' bottom, 165' of trench SO/KB

10/24/03 - OK to curv all work. Top trench ∴ 6" too deep SO

FINAL INSPECTOR

DATE OF APPROVAL

10/24/03

**Oswald, Hank**

---

**From:** Praful Patel <prafulp@arenco-llc.com>  
**Sent:** Wednesday, September 2, 2020 8:12 AM  
**To:** Oswald, Hank  
**Cc:** sagar patel  
**Subject:** RE: B20002601\_Wild Olive Court  
**Attachments:** SITE PLAN ADDITION-C.pdf; 5000 WILD OLIVE CT R2 PLANS signed\_opt.pdf

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

Good Morning Mr. Hank

Thanks for your email.

I have attached site plan and building plans in this email and I will drop off site plan and floor plans copy today to your office drop box.

As I said there is no change in existing septic system and any sewer line or anything outside the house.

I confirm that Sewer House Connection (SHC) has not been severed before the septic tank.

All renovation will be interior only and from 5 BR to 4 BR house,

Please call me if you have any questions

Thanks for your quick response.

Praful Patel, P.E., M.ASCE

Principal

ARENCO, LLC

Architectural Engineering Consultants

[www.arenco-llc.com](http://www.arenco-llc.com)

Office: 240-394-9348

Cell: 240-418-1389

12430 Hill Crest

Fulton MD 20759

----- Original Message -----

Subject: B20002601\_Wild Olive Court

From: "Oswald, Hank" <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>

Date: Tue, September 01, 2020 4:41 pm

To: "[PRAFULP@ARENCO-LLC.COM](mailto:PRAFULP@ARENCO-LLC.COM)" <[PRAFULP@ARENCO-LLC.COM](mailto:PRAFULP@ARENCO-LLC.COM)>

#wmQuoteWrapper P {margin-top:0;margin-bottom:0;}

Hello Mr. Patel:

Please forward a copy of the existing floor plan to the Health Department. We have a drop box located next to our entrance or you may mail them in. Also, you mentioned that the new floor plan will be revised and submitted to the permit office. Please make sure you label one copy for Health Department.

Please confirm that the Sewer House Connection (SHC) has not been severed before the septic tank.

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

Respectfully,

. Hank

Hank Oswald  
Howard County Health Department  
Well and Septic Program  
410.313.1786