

PERMIT NUMBER: B

20002601

DATE ACCEPTED:

RECEIVED

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 OPTION #4
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): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 5000 Wild Olive Ct			
City: Ellicott City		State: MD	Zip Code: 21042
Phone: (917) 939-0495		Email: narinder.singh@ourbus.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name:		Contact Name: Narinder Chadha	
Street Address: 5000 Wild Olive Ct			
City: Ellicott City		State: MD	Zip Code: 21042
Phone: (917) 939-0495		Email: narinder.singh@ourbus.com	
CONTRACTOR INFORMATION REQUIRED			
Business Name: SM Concrete Construction			
Licensee's Name: Kevin Salazar		License #: 112891	
Street Address: 2620 Berwick Ave			
City: Baltimore		State: MD	Zip Code: 21234
Phone: (443) 449-0766		Email: smconcreteconstruction@yahoo.com	
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE			
Business Name: Arenco, LLC		Name: Praful Patel	
Street Address: 12430 Hill Crest			
City: Fulton		State: MD	Zip Code: 20759
Phone: (240) 418-1389		Email: prafulp@arenco-llc.com	
BUILDING CHARACTERISTICS REQUIRED			
Primary Structure: <input checked="" 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 checked="" type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input 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 checked="" type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input 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): 4	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):
# Rooms:	# Full Baths: 4	# Half Baths: 2	# Fireplaces: 2
Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input checked="" type="checkbox"/> Full or <input type="checkbox"/> Partial			
1 st Fl Width: 139	1 st Fl Depth: 36	2 nd Fl Width:	2 nd Fl Depth:
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 4,344 sq ft	Occupiable Area: 4,344 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		DATE SIGNED: 7/20/2020	
FOR OFFICE USE ONLY			
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: \$25.00		PAYMENT: ACCEPTED BY:	

no payment Dropbox



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

Facebook: www.facebook.com/hocohealth

Maura

J. Rossman, M.D., Health Officer

10/17/202

RECEIPT DATE: 0

ONSITE SEWAGE DISPOSAL SYSTEM

P 572817

INSTALLATION
APPROVAL DATE: _____

A _____

PERMIT
MINOR REPAIR

PROPERTY ADDRESS: 5000 WILD OLIVE COURT, ELLICOTT CITY, MD 21042

SUBDIVISION: _____ LOT: _____ TAX ID: 05-360668

CONTRACTOR: FOGLE'S SEPTIC CLEAN. INC EMAIL: john@foglesinc.com

CONTRACTOR ADDRESS: 5680 OBRECHT ROAD, SYKESVILLE, MD 21784 PHONE: (410)795-5670

PROPERTY OWNER: NARINDER P CHADA EMAIL: Narinder.singh@ourbus.com

OWNER ADDRESS: 5000 WILD OLIVE COURT, ELLICOTT CITY, MD 21042 PHONE: _____

NUMBER OF BEDROOMS: 5 SEPTIC TANK SIZE: 1500 DRAINFIELD SIZE/TYPE: 165' 11" x 2'-ft wide/gravity

LOCATION:	RECONNECT SHC TO SEPTIC TANK INLET.
NOTES:	<p>CALL FOR INSPECTION WHEN REPAIR IS ANTICIPATED. INSPECTION MUST OCCUR PRIOR TO COVERING WORK. CLEANOUTS MUST OCCUR IN SHC AT SPACING OF 70 FEET OR LESS. ADD CLEANOUT(S) AS INDICATED.</p> <p>IN ADDITION TO INSPECTING THE SHC CONNECTION AT SEPTIC TANK, THE INSPECTING ENVIRONMENTAL SANITARIAN SHOULD EVALUATE THE EXISTING SHC FOR COMPLIANCE WITH CURRENT CODE REQUIREMENTS AND REQUIRE REPLACEMENT OF MATERIALS NOT IN COMPLIANCE.</p>

ISSUED BY: R BRICKER ISSUE DATE: 10/17/2020 EXPIRATION DATE: 10/17/2021

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: 9/2/20

To: _____
(Person's Name and Division)

From: Praful Patel _____
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 5000 Wild Olive
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 _____ (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)

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 by Drop Box

RECEIVED
SEP 02 2020
LICENSE
DIV

no check



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2540 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hchealth
Twitter: @HowardCoHealthDep

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☐ Bailing System
- ☐ System relocation for proposed addition
- ☐ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☐ Collapsed septic tank
- ☐ Collapsed drywell
- ☒ Replace inlet line

Existing system design:

- ☐ Drywell
- ☒ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Is discharge surfacing on the ground?

- ☐ Yes
- ☒ No

Has the septic tank been pumped within the last month?

- ☐ Yes Date pumped: _____
- ☒ No

Was a visual inspection of the septic tank and/or drain fields conducted?

- ☐ Yes Explain observations: _____
- ☐ No

Was a visual inspection of the sewage line conducted?

- ☐ Yes Blockage leading to the tank:
 - ☐ Yes Explain: _____
 - ☒ No
- ☐ No Blockage leading to the field:
 - ☐ Yes Explain: _____
 - ☒ No

Additional Comments: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Fogle's Septic Clean Contractor's Phone: 410-795-5670

Contractor's Address: 580 Jbroad Rd Sykesville Md 21158

Property Address: 5000 Wild Olive Ct County file: _____

Subdivision: _____ Lot: _____ Year Built: _____

Owner's Name: Narinder Singh Owner's Phone: 917-939-0495

Name of previous owners: _____ Existing bedrooms: _____

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): Bob Bricker - see attached

Public Sewer available/nearby: NO

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.

Bricker, Robert

From: Bricker, Robert
Sent: Thursday, September 17, 2020 2:39 PM
To: Narinder Singh
Cc: Williams, Jeffrey
Subject: Re: 5000 Wild Olive Court_B20002601

Thank you Narinder.

Please know that any repair or replacement of the water pipe from the well must be inspected by a Health Department Environmental Health Specialist. A permit is not required for the well water pipe, however, be sure that your plumber calls the Health Department, (410)313-1771, for an inspection before the work is covered.

Robert Bricker, REHS/RS, L.E.H.S.

From: Narinder Singh <narinder.singh@ourbus.com>
Sent: Thursday, September 17, 2020 11:57 AM
To: Bricker, Robert <RBricker@howardcountymd.gov>
Cc: Williams, Jeffrey <jewilliams@howardcountymd.gov>
Subject: Re: 5000 Wild Olive Court_B20002601

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

Mr Bricker,

I am in receipt of your email. We will be finalizing the septic system contractor, and he will be applying for the permit as explained by yourself in the coming week or two.

Also, please note that we do not have any water connection into the house as of now. We understand the concern for septic and agree that we will need to get the connection back on before any kind of use. Please feel free to contact me. Your guidance is much appreciated.

Thanks,

On Wed, Sep 16, 2020 at 4:46 PM Bricker, Robert <RBricker@howardcountymd.gov> wrote:

Dear Narinder Chadha,

I am writing to inform you that Building Permit proposal B20002601 for renovations at 5000 Wild Olive Court is 'On Hold' by the Health Department. The issue that must be resolved is the connection of the sewer pipe (the sewer house connection, SHC) at the septic

tank. During the completion of field work on April 10, 2019, I and two other persons observed that the SHC had previously been severed just before the septic tank inlet. At that time, the plan was to abandon and replace the septic tank so I photographed the

severed pipe.

Prior to Health Department approval for the current proposal, the SHC must be reconnected to the septic tank. This work requires a septic system permit which would be issued by the Health Department. The SHC repair must be inspected, documented, and approved

by a Health Department Environmental Health Specialist.

At this time, there are no Health Department records which indicate that the SHC has been repaired. You may direct your septic system contractor to apply for a permit from the Health Department for repair of the SHC. All Health Department requirements must

be fulfilled prior to Health Department approval of proposal B20002601.

Robert Bricker, REHS/RS, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

8930 Stanford Boulevard

Columbia, MD 21045

410.313.2691 (Office)

rbricker@howardcountymd.gov



CONFIDENTIALITY NOTICE

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and destroy the original transmission.



HOWARD COUNTY HEALTH DEPARTMENT

72817

P5

DATE 10/16/20

Received From

Fogles Septic Clear

PHONE #

410 295 5670

For

Mainor Repair
5000 Wild Olive
Arl

☐ CASH

☒ CHECK

NO. 691739

Fifty-Seven Dollars

\$ 55.00

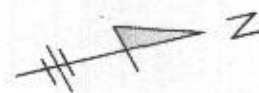
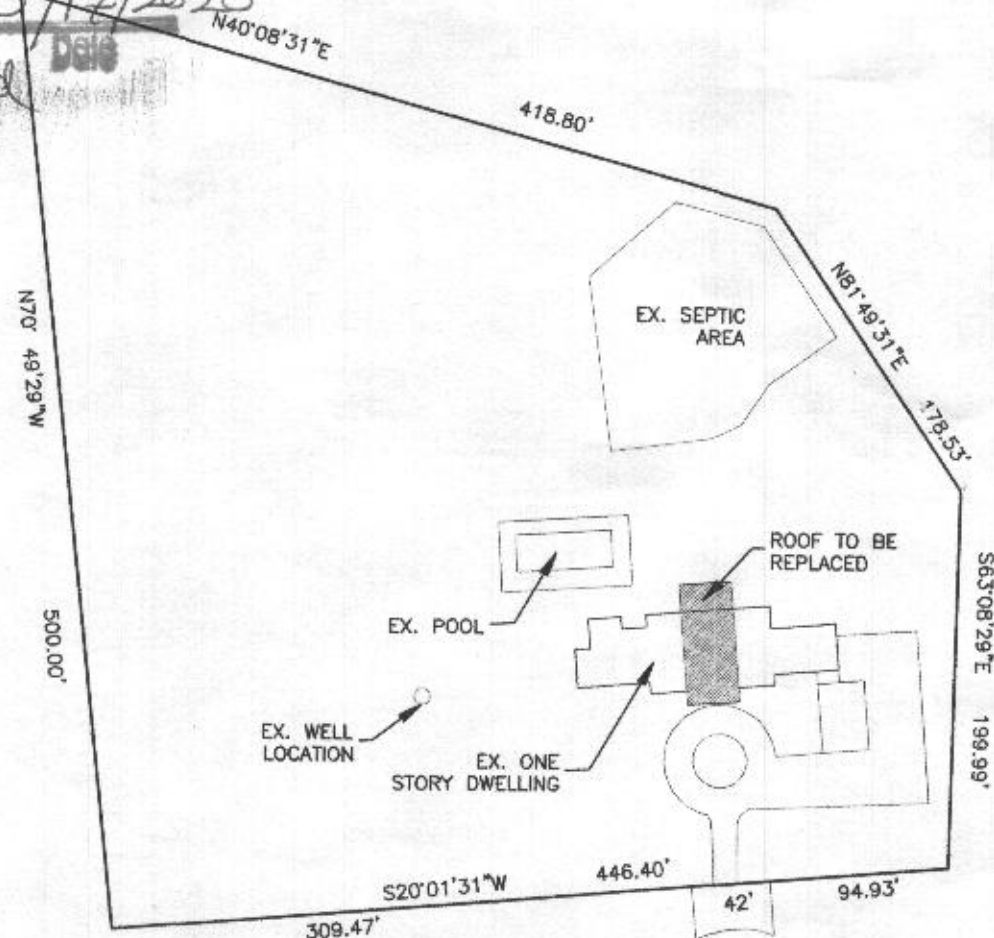
Received By

King

Approved Septic System Plan
Howard County Health Department

ADDRESS: 5000 WILD OLIVE CT
ELLICOTT CITY, MD 20759
MAP: 0028
DEED REFERENCE: /18342/00474
PROPERTY AREA: 4.303 AC

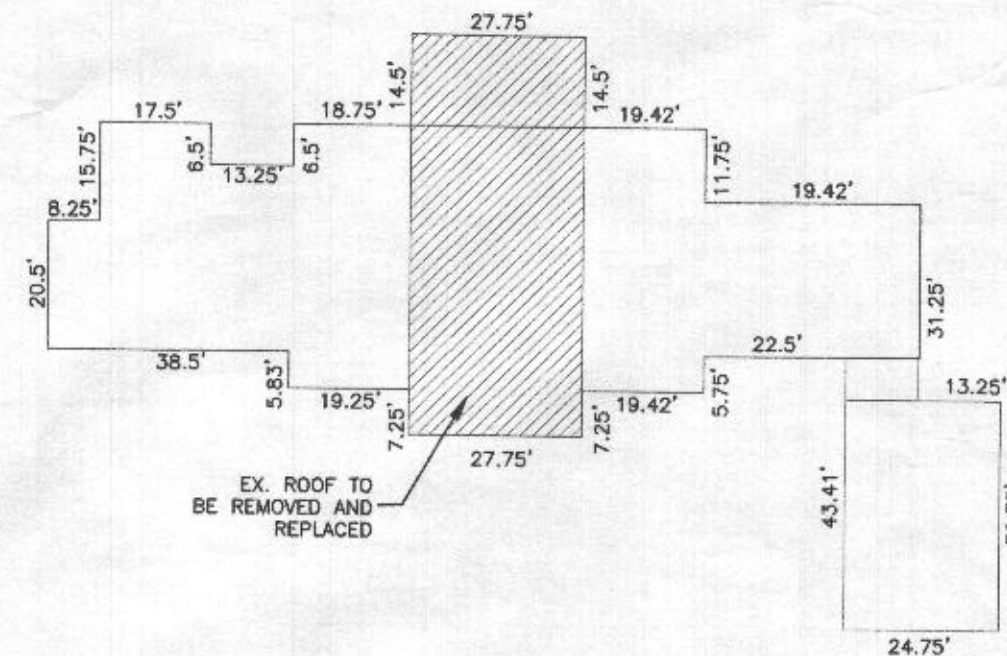
Signature
as described
B20002601
10/17/2020
Date



SITE PLAN

SCALE: 1" = 100'

WILD OLIVE CT



EX. HOUSE

SCALE: 1" = 30'



5000 WILD OLIVE DT
ELLICOTT CITY, MD 21042
RENOVATION

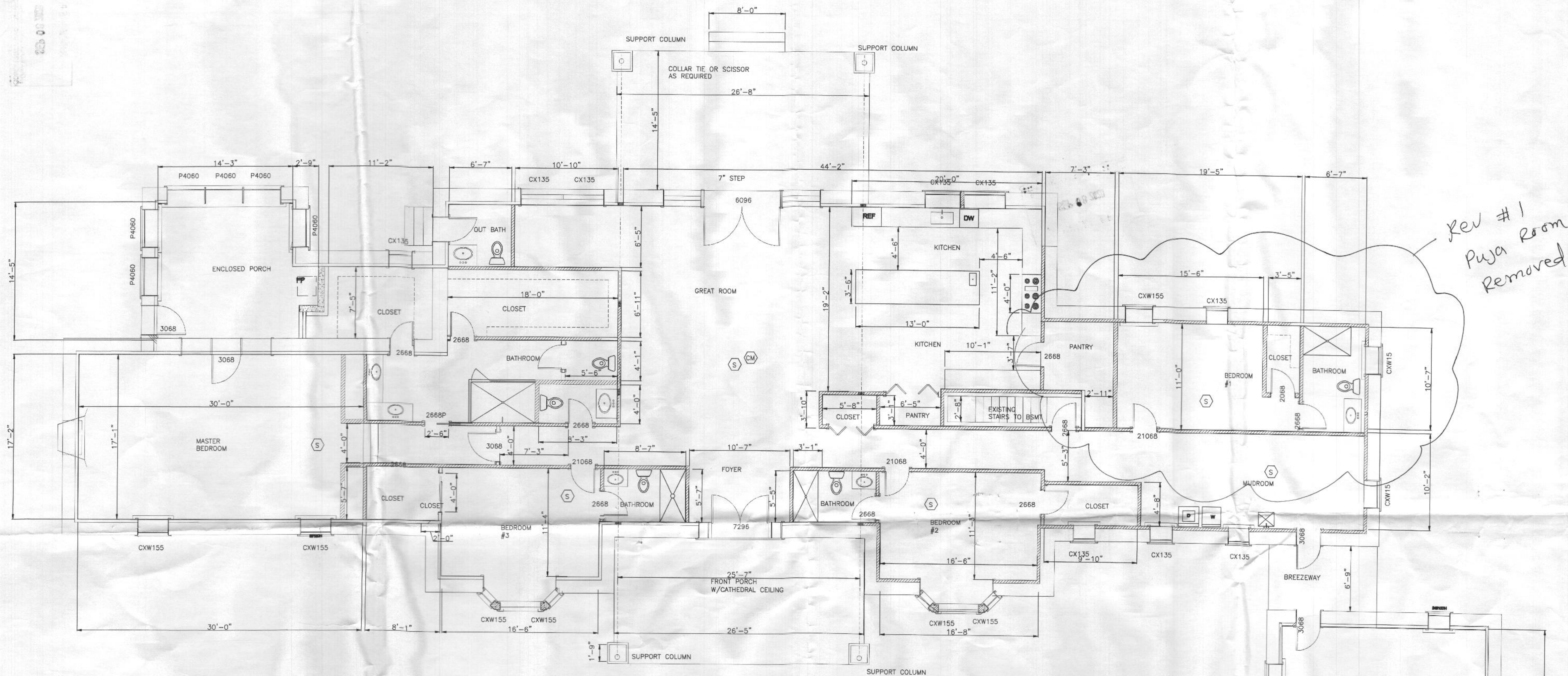
C1

SITE PLAN

ARENCO, LLC

ARCHITECTURAL ENGINEERING CONSULTANTS
12430 HILL CREST
FULTON, MD 20759

SCALE 1" = 100'	WORK REQUEST # 20-233	SHEET 1 OF 1	DRAWING NO. 20-233-01
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WALL SYMBOLS

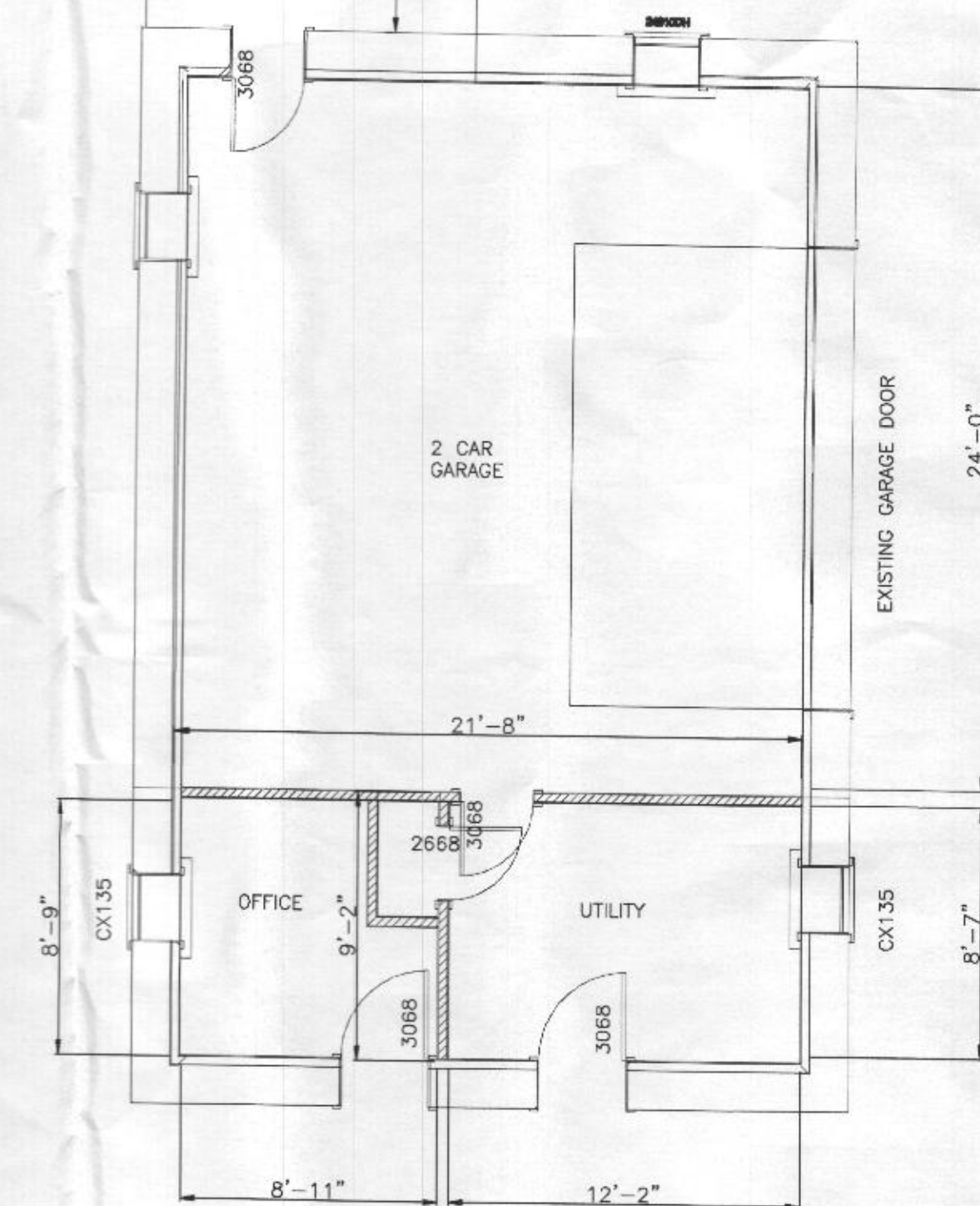
TYPE	DESCRIPTION
	EXISTING STONE WALL
	EXISTING WALLS
	PROPOSED STUD WALL
	NEW CONCRETE WALL
	DEMOLITION WALLS

PROPOSED FIRST FLOOR PLAN
SCALE: 3/16" = 1'-0"

(S) HARDWIRED AND INTERCONNECTED SMOKE ALARM
(CM) HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM - UL 2034

NOTES

- FOR GENERAL NOTES SEE DRAWING A-1.
- ALL NEW INTERIOR NON LOAD BEARING WALLS SHALL BE 2X4 STUDS WITH 1/2" GB ON EACH FACE.
- SEE STRUCTURAL DRAWINGS FOR PARTIAL NEW ROOF FRAMING.



DISCLAIMER
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 2000, EXPIRATION DATE: 12/24/2021

PROJECT NUMBER
2020-233

DRAWN BY
RP

APPROVED BY
PP

DATE
07-12-20

ORIGINAL SHEET SIZE
3600
SHOULD MEASURE 1"

SCALE
AS SHOWN

DRAWING

A3

PROJECT
SINGH RESIDENCE
5000 WILD OLIVE CT
ELLCOTT CITY, MD 21042

ARENCO LLC
ARCHITECTS
ENGINEERS
CONSTRUCTION MANAGERS
12450 HILL CREST
FULTON, MD 20759
TEL: (301) 418-1388 FAX: (301) 374-5418

PROJECT TITLE
RENOVATION
PROJECT ADDRESS
5000 WILD OLIVE CT
ELLCOTT CITY, MD 21042
SHEET TITLE
PROPOSED FIRST FLOOR PLAN

Permit No: B20002601