

PERMIT NUMBER: B

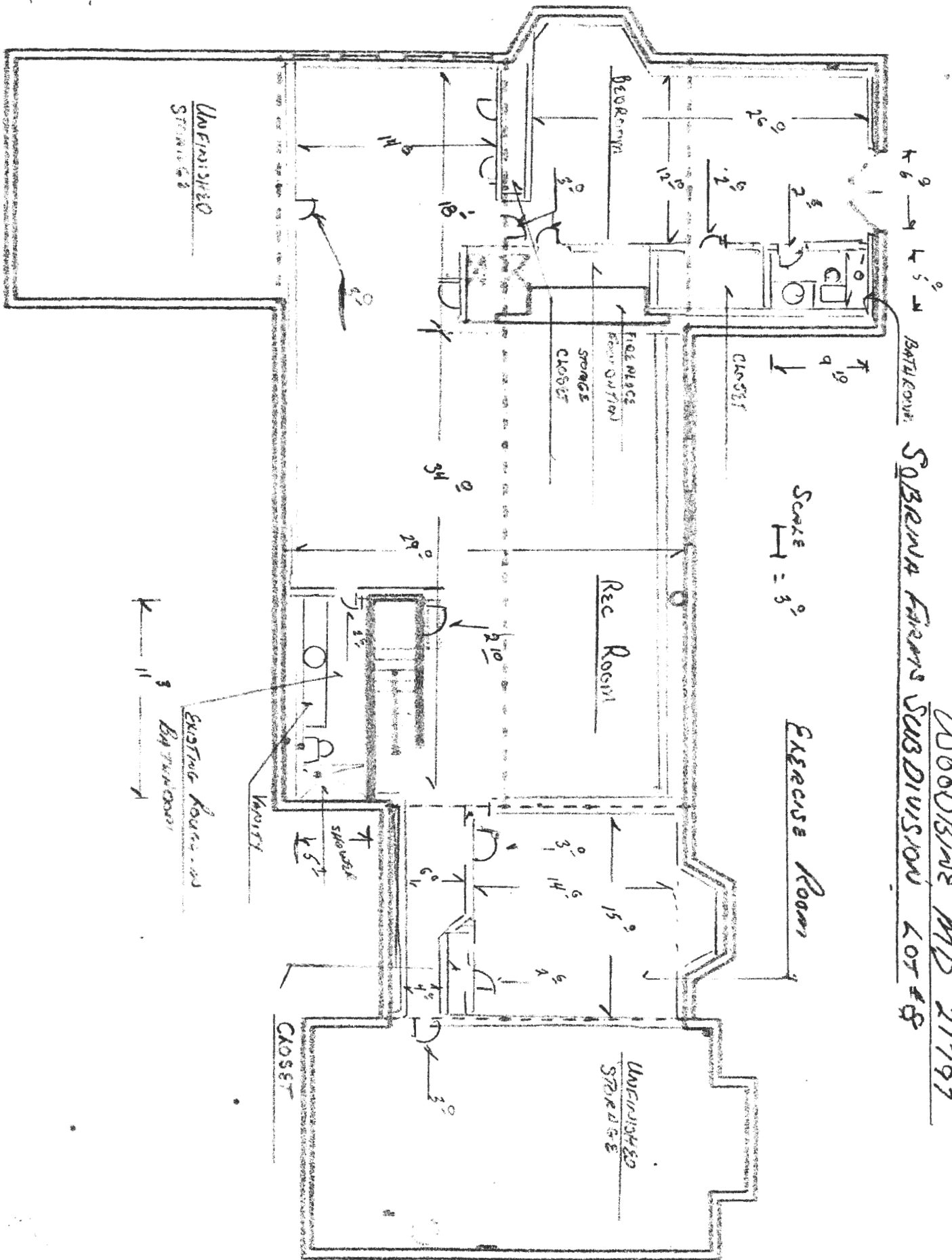
DATE ACCEPTED: *OK*

<b>RESIDENTIAL BUILDING PERMIT APPLICATION</b>					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcounty.md.gov">www.howardcounty.md.gov</a>					
<b>BUILDING SITE ADDRESS</b> <small>REQUIRED</small>					
Street Address: <i>610 SOBRIAN FARMS CT</i>					Unit:
City: <i>WOODBINE</i>			State: MD	Zip Code: <i>21797</i>	
Subdivision/Village/Complex Name: <i>SOBRIAN FARMS SUBDIVISION</i>					SDP/WP/BA #:
Lot: <i>8</i>	Tax Map:	Parcel:	Grading Permit #:		
<b>DESCRIPTION OF WORK</b> <small>REQUIRED</small>					
Existing Use:		Proposed Use:		Estimated Cost: \$ <i>100,000</i>	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None					
<i>CONVERT UNFINISHED BASEMENT TO A RESIDENTIAL RS-1 UNIT. EXPOSE ROOF, TWO FULL BATHROOMS TWO APARTS TO REMAIN UNFINISHED. ROUGH IN WAS COMPLETED BY BULLOY FOR ONE BATHROOM.</i>					
<b>PROPERTY OWNER INFORMATION</b> <small>REQUIRED</small>					
Owner(s) Name(s) (As it appears on tax records): <i>MARK SPRINSMANN</i>					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <i>SAME</i>					
City:			State:	Zip Code:	
Phone: <i>410-218-7150</i>			Email:		
<b>APPLICANT NAME</b> <small>REQUIRED - INDICATE WHO SIGNS THIS APPLICATION</small>					
Business Name: <i>SCOTT LOOMIS G.C.</i>			Contact Name: <i>SCOTT LOOMIS</i>		
Street Address: <i>15578 UNION CHAPEL RD</i>					
City: <i>WOODBINE</i>			State: <i>MD</i>	Zip Code: <i>21797</i>	
Phone: <i>301 502 5133</i>			Email: <i>SCOTTLOOMIS@GMAIL.COM</i>		
<b>CONTRACTOR INFORMATION</b> <small>REQUIRED</small>					
Business Name: <i>SCOTT C. LOOMIS G.C.</i>					
Licensee's Name: <i>SCOTT C. LOOMIS</i>			License #: <i>18613</i>		
Street Address: <i>15578 UNION CHAPEL RD</i>					
City: <i>WOODBINE</i>			State: <i>MD</i>	Zip Code: <i>21797</i>	
Phone: <i>301 502 5133</i>			Email: <i>SCOTTLOOMIS@GMAIL.COM</i>		
<b>ARCHITECT/ENGINEER INFORMATION</b> <small>INDICATE WHO IS RESPONSIBLE - APPLICABLE</small>					
Business Name: <i>N/A</i>			Name:		
Street Address:					
City:			State:	Zip Code:	
Phone:			Email:		
<b>BUILDING CHARACTERISTICS</b> <small>REQUIRED</small>					
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 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:				Roadside Tree Project: <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
<b>ADDITIONAL RESIDENTIAL INFORMATION</b> <small>PLEASE SELECT ALL THAT APPLY</small>					
Model Name & Options:					
# of Bedrooms (SF): <i>3</i>	# of efficiency units (MF*): <i>0</i>	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms:	# Full Baths: <i>2</i>	# Half Baths: <i>2</i>	# Fireplaces: <i>1</i>		
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 type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width: <i>90</i>	1 <sup>st</sup> Fl Depth: <i>60</i>	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width: <i>90</i>	Bsmt Depth: <i>60</i>
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERU		Gross Area: sq ft Occupiable Area: sq ft			
<b>AGREEMENT DISCLAIMER</b> <small>REQUIRED</small>					
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.					
<i>Scott Loomis</i> APPLICANT'S ORIGINAL SIGNATURE			<i>02-19-2021</i> DATE SIGNED		
<b>FOR OFFICE USE ONLY</b>					
AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

SPRINGMAN JOB - 610 SOBENA FARMS Ct

WOODBRINE RD 21797

BATHROOM SOBENA FARMS SUBDIVISION LOT #8



PERMIT NUMBER: B21000690

DATE ACCEPTED:

RECEIVED

**RESIDENTIAL BUILDING PERMIT APPLICATION** FEB 23 2021  
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
 2430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455  
 www.howardcountymd.gov

**BUILDING SITE ADDRESS** REQUIRED

Street Address: 610 SOBRINA FARMS CT Unit: \_\_\_\_\_  
 City: WOODBINE State: MD Zip Code: 21797  
 Subdivision/Village/Complex Name: SOBRINA FARMS SUBDIVISION SDP/WP/BA #: \_\_\_\_\_  
 Lot: 8 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK** REQUIRED

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Estimated Cost: \$ 100,000.00

Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVAC)  Electrical  Plumbing  None

CONVERT UNFINISHED BASEMENT TO A BEDROOM REC ROOM EXERCISE ROOM, TWO FULL BATHROOMS, TWO AREAS TO REMAIN UNFINISHED ROUGH-IN WAS COMPLETED BY BUILDER FOR ONE BATHROOM

**PROPERTY OWNER INFORMATION** REQUIRED

Owner(s) Name(s) (As it appears on tax records): MARK SPRINGMANN Primary Residence:  Yes  No  
 Owner's Street Address: SAME  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-218-7150 Email: \_\_\_\_\_

**APPLICANT NAME** REQUIRED. INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: SCOTT LOOMIS G.C. Contact Name: SCOT LOOMIS  
 Street Address: 15578 UNION CHAPEL RD  
 City: WOODBINE State: MD Zip Code: 21797  
 Phone: 301 502 5133 Email: SCOTCLOOMIS@GMAIL.COM

**CONTRACTOR INFORMATION** REQUIRED

Business Name: SCOTT C. LOOMIS G.C.  
 Licensee's Name: SCOT C. LOOMIS License #: 18613  
 Street Address: 15578 UNION CHAPEL RD  
 City: WOODBINE State: MD Zip Code: 21797  
 Phone: 301 502 5133 Email: SCOTCLOOMIS@GMAIL.COM

**ARCHITECT/ENGINEER INFORMATION** INDIVIDUAL WHO SIGNED PLANS IF APPLICABLE

Business Name: N/A 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\*) 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): 3 # of efficiency units (MF\*): 0 # of 1 BR (MF\*): \_\_\_\_\_ # of 2 BR (MF\*): \_\_\_\_\_ # of 3 BR (MF\*): \_\_\_\_\_  
 # Rooms: \_\_\_\_\_ # Full Baths: 2 # Half Baths: 2 # 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  
 1<sup>st</sup> Fl Width: 90 1<sup>st</sup> Fl Depth: 60 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: 90 Bsmt Depth: 60  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERJ Gross Area: \_\_\_\_\_ sq ft Occupiable Area: \_\_\_\_\_ 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 THERE TO; (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.

Scott C Loomis APPLICANT'S ORIGINAL SIGNATURE 02-19-2021 DATE SIGNED

**FOR OFFICE USE ONLY**

**AGENCIES REQUIRED/APPROVALS:**

PR  DPZ  DED  H. Oswald  Health 4/30/21  SHA  CID

SUBMITTAL FEES: 135 PAYMENT: NONE ACCEPTED BY: [Signature]

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Thursday, March 18, 2021 10:00 AM  
**To:** SCOTTCLOOMIS@GMAIL.COM  
**Subject:** B21000690\_610 Sobrina Farms Court  
**Attachments:** Section 3.801 Bedroom Definition.pdf

Hi Mr. Loomis:

This morning, I received the existing floor plan for 610 Sobrina Farms Court. Per the existing floor plan, the dwelling has 3 bedrooms, and the new basement floor plan shows a 4<sup>th</sup> bedroom. The septic record indicates that a 1000 gallon tank was installed which is only good for 3 bedrooms. When I ran the calculations on the existing trenches, I found there was enough trench to support a fourth bedroom in the residence. However, as I previously mentioned, the tank is undersized for a 4 bedroom residence per code. With that said, to receive BP approval from the Health Department, one of the following items must be addressed:

- 1.) Replace the existing 1000 gallon septic tank with a 1250 gallon or larger tank to accommodate the 4<sup>th</sup> bedroom. This would require a scaled site plan showing the old tank and new tank location, elevations from house to new tank meeting fall etc. along with all the other requirements that go into a site plan. We also need a septic upgrade application and fee by a septic contractor.

**OR**

- 2.) You can modify the existing floor plan to show 2 bedrooms or modify the new basement to show no bedroom. One of the easiest ways to modify a bedroom by code (see attachment), is to remove the door and show a 4 foot wide cased opening on the new floor plan.

Please let me know how you wish to proceed. Should you have any questions, please contact me.

Thanks,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
(410) 313 - 1786  
hoswald@howardcountymd.gov

Kevin:

4/14/21

A tank repl. applic.  
come in w/... you should  
have it this the file  
I will need it back for  
BP approval eff. tank  
installation. - Vlad

PERMIT NUMBER: B

DATE ACCEPTED:

RECEIVED

FEB 23 2021

**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 DIVISION

**BUILDING SITE ADDRESS** *REQUIRED*

Street Address: 610 SCORPION DRIVE Unit: \_\_\_\_\_  
 City: WOODRIDGE State: MD Zip Code: 21797  
 Subdivision/Village/Complex Name: SORPION DRIVE PARCEL 8B SDP/WP/BA #: \_\_\_\_\_  
 Lot: 8 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK** *REQUIRED*

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Estimated Cost: \$ 100,000.00  
 Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVAC)  Electrical  Plumbing  None  
 CONVERT UNFINISHED BASEMENT TO A RESIDENTIAL FINISHED BASEMENT. TWO FULL BATHS, TWO HALF BATHS, TWO KITCHENS TO INCLUDE UNIT AND RANGE. ALSO CONVERTED BY BUILDING PERMIT OFFICE.

**PROPERTY OWNER INFORMATION** *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): MARK SPRIN-MANIN Primary Residence:  Yes  No  
 Owner's Street Address: SAME  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-212-7180 Email: \_\_\_\_\_

**APPLICANT NAME** *REQUIRED INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: SCOTT LOONIS G.C. Contact Name: SCOTT LOONIS  
 Street Address: 557 UNION CHURCH RD  
 City: WOODRIDGE State: MD Zip Code: 21797  
 Phone: 707 502 5133 Email: SCOTT@SCOTTLOONISGC.COM

**CONTRACTOR INFORMATION** *REQUIRED*

Business Name: SCOTT LOONIS G.C.  
 Licensee's Name: SCOTT LOONIS License #: 18613  
 Street Address: 1579 UNION CHURCH RD  
 City: WOODRIDGE State: MD Zip Code: 21797  
 Phone: 301 502 5133 Email: SCOTT@SCOTTLOONISGC.COM

**ARCHITECT ENGINEER INFORMATION** *INDIVIDUAL WHO SIGNED PLANS - APPLICABLE*

Business Name: N/A 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\*) 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): 3 # of efficiency units (MF\*): 0 # of 1 BR (MF\*): 0 # of 2 BR (MF\*): 0 # of 3 BR (MF\*): 0  
 # Rooms: \_\_\_\_\_ # Full Baths: 2 # Half Baths: 2 # 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  
 1<sup>st</sup> Fl Width: 90 1<sup>st</sup> Fl Depth: 68 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: 90 Bsmt Depth: 60  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERJ Gross Area: \_\_\_\_\_ sq ft Occupiable Area: \_\_\_\_\_ 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: *Scott Loonis* DATE SIGNED: 02.19.2021

**FOR OFFICE USE ONLY**

AGENCIES REQUIRE D/APPROVALS:

PR \_\_\_\_\_  DPZ \_\_\_\_\_  DED \_\_\_\_\_  Health \_\_\_\_\_  SHA \_\_\_\_\_  CID \_\_\_\_\_

SUBMITTAL FEES: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

Print Email  
3/10

— Look for sub  
file / PC.

✓ Need ex. fl plans.  
Ex 3 BRs  
Add 1 in basement

Scott Lumis  
610 Sabrina  
Farm Ct  
301 502 5133

duplicate  
file



Health

RECEIVED

PERMIT NUMBER: B 265

DATE ACCEPTED:

FEB 23 2021



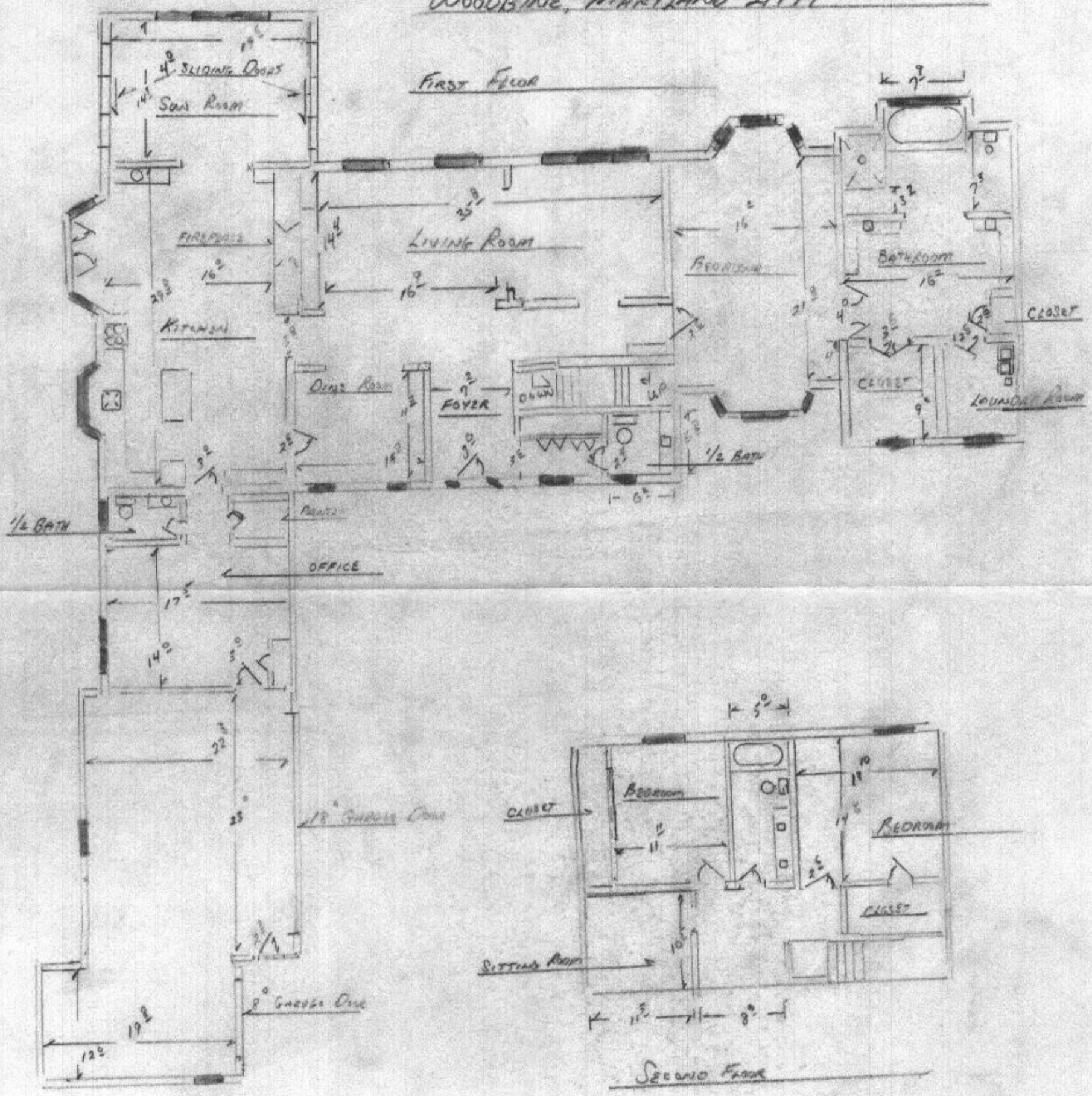
RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION DIVISION

Form with sections: BUILDING SITE ADDRESS, DESCRIPTION OF WORK, PROPERTY OWNER INFORMATION, APPLICANT NAME, CONTRACTOR INFORMATION, ARCHITECT/ENGINEER INFORMATION, BUILDING CHARACTERISTICS, ADDITIONAL RESIDENTIAL INFORMATION, AGREEMENT/DISCLAIMER, FOR OFFICE USE ONLY.



SPRINGMANN  
610 SOBRINA FARMS COURT  
WOODBINE, MARYLAND 21797



S. C. Loomis  
 General Contractor