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

TO: ***Jimmy Anastasia, NVR, Inc.***

FROM: ***Robert Bricker, REHS/RS, L.E.H.S.***
Well & Septic Program

RE: ***1048 Stepping Place***, Potential Basement Bedroom

DATE: September 3, 2020

I have reviewed the floor plans in support of Building Permit **B20002612** for a new home at **1048 Stepping Place** and noted that there is a full bathroom rough-in planned in the partly-finished basement. Please note that this makes it very likely for at least one more room to be considered a bedroom should the basement layout be modified and/or an egress window installed.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **five (5)-** bedroom design to accommodate a future modification of the finished basement. If you choose to only size for the existing design, any future building permit for modification of the finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21000815	03/16/2021
Description of Work		
SFD/ INSTALL (1) 1000 GAL UNDERGROUND PROPANE TANK		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1048	STEPPING	PL	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-78.94213	39.34193
City	State	Zip Code	Primary
SYKESVILLE	MD	21784	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059566	66	0	0	0	0	RURAL
Legal Description						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	17	603000	5				
Plan Area	State Tax Id	Subdivision Name					
		Walker Meadows					
Section	Area	Tax Map					
		9					
Grid	Zoning District	ADC Map					
9-6	RR-DEO	4693-K6					
SDP No.	Final Plan No.	WP File No.					
	ECP-15-078						
Record Plat No.	WS Contract No.	FDP No.	Primary				
24974-2497			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

ESC WALKER MEADOWS LC

Address Line 1

1355 BEVERLY RD # 240

Address Line 2

Address Line 3

Mail City

MCLEAN

Mail State

VA

Mail Zip Code

22101

Phone

443-934-0202

Primary

Yes

E-mail

Cell Number

Fax Number

Approved in DILP
Accela 3/19/21
Hoff

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
2010081215	THOMPSON GAS		
License Type *	First Name	Middle Name	Last Name
Propane Gs	DENNIS		FEAGA
Primary	Address Line 1		
Yes	5260 WESTVIEW DRIVE STE 200		
	Address Line 2		
	1625 HENRYTON RD		
	City	State	ZIP Code
	FREDERICK	MD	21703 000
	Phone 1	Phone 2	Fax
	4104425623		4104425623
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	0	0	No
Construction Type	--Select--		

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	9/15/2021	0	

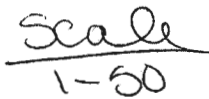
PAYMENT INFORMATION

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

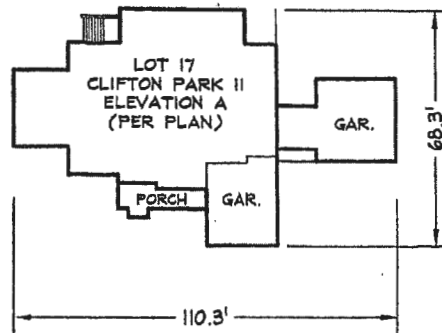
Submit Cancel

Approved for LP tank
B21000815
[Signature] 3/17/21

NO GRADING IN SEWAGE DISPOSAL AREA.
LOD SHOWN IS FOR THE INSTALLATION OF
THE INITIAL SEPTIC SYSTEM ONLY.

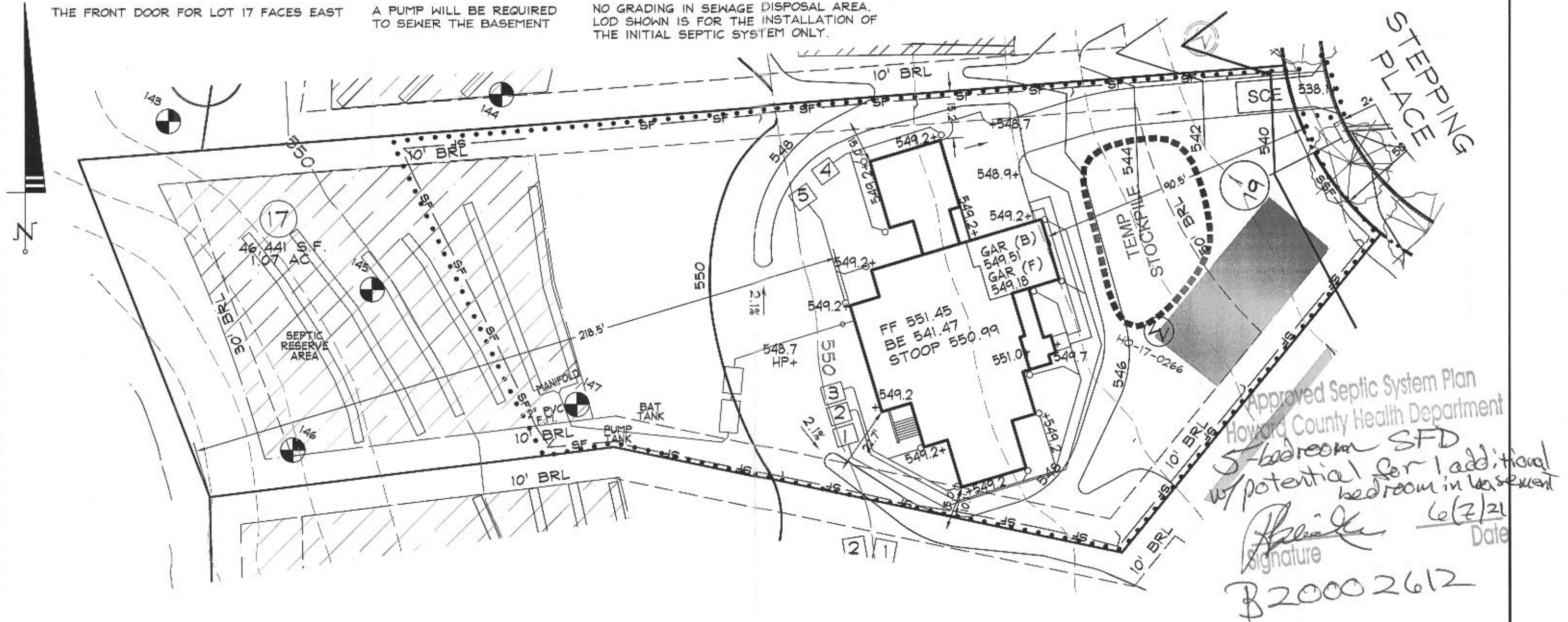


• • • • • LIMIT OF DISTURBANCE
 — SF — SF — PROPOSED SILT FENCE
 — SSF — SSF — PROPOSED SUPER SILT FENCE
 SCE STABILIZED CONSTRUCTION ENTRANCE
 WELL BOX WITH EXISTING WELL
 TEMP STOCKPILE
 WIDE GRASS SHOULDER
 T TRANSFORMER
 SEPTIC RESERVE AREA
 DRY WELL

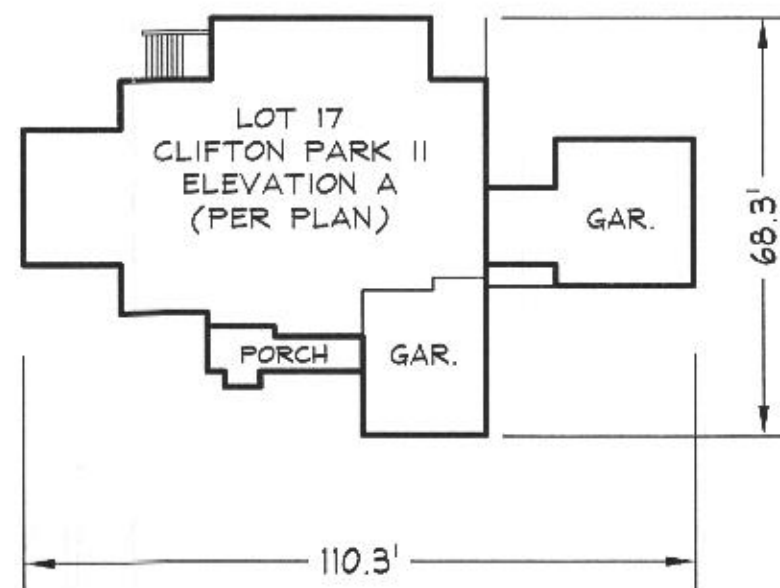


WALKER MEADOWS	
LOT 17	
1048 STEPPING PLACE	
PLAT #24974-24979	
DDC JOB#:	12064.3
DATE:	11/18/2020
SCALE:	1" = 30'
CHK. BY:	WRD
DRN. BY:	LUCIAJS

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• • • • • • LIMIT OF DISTURBANCE
 — SF — SF — PROPOSED SILT FENCE
 — SSF — SSF — PROPOSED SUPER SILT FENCE
 SCE STABILIZED CONSTRUCTION ENTRANCE
 (W) WELL BOX WITH EXISTING WELL
 T TRANSFORMER
 SEPTIC RESERVE AREA
 DRY WELL
 TEMP STOCKPILE
 WIDE GRASS SHOULDER



LOT 17
BUILDING PERMIT PLOT PLAN

WALKER
MEADOWS

LOT 17

1048 STEPPING PLACE

PLAT #24974-24979

DDC JOB#: 12064.3

DATE: 05/16/2021

SCALE: $1^{\circ} = 30'$

CHK. BY: WRD

DRN. BY: LJC/AJS

- Planners
- Surveyors
- Engineers
- Landscape Architects

192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (Fax)
DDC@DDCinc.us
www.DDCinc.us



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

Date: 6/3/2021

RECEIVED

To: DILP
(Person's Name and Division)

JUN 03 2021

From: Jim Kerwin NV Homes (443) 309-7792
(Your Name, Company Name and Telephone Number) LICENSES & PERMITS
DIVISION

Subject: Project name Walker Meadows
Project site address 1048 Stepping Place
Permit # B20002612 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 revised plot plan for your records, relocated septic tank and drywells 1, 2 and 3 (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)

Jim Kerwin
Please Print Name

Telephone No: 443-309-7792
E-Mail Address: Jim@DecaturBuildingServices.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. 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.

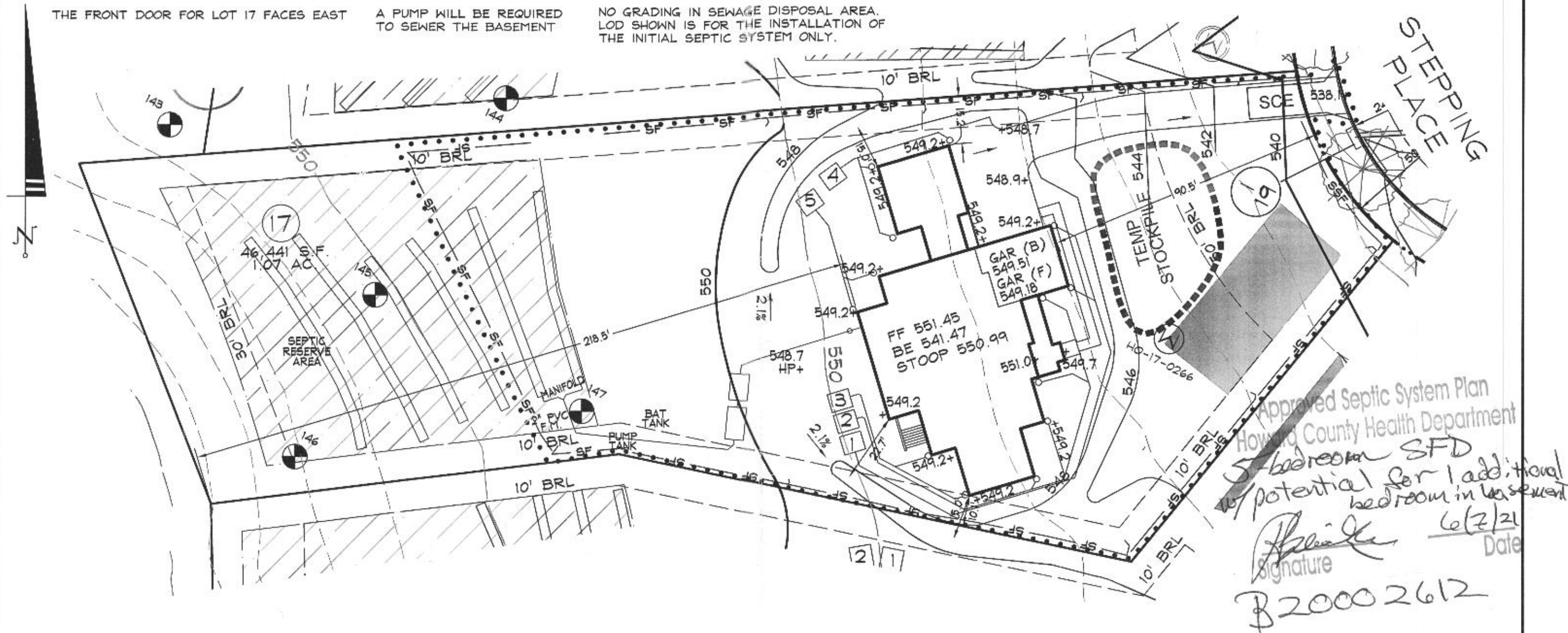
Received by Drop Box

THE FRONT DOOR FOR LOT 17 FACES EAST

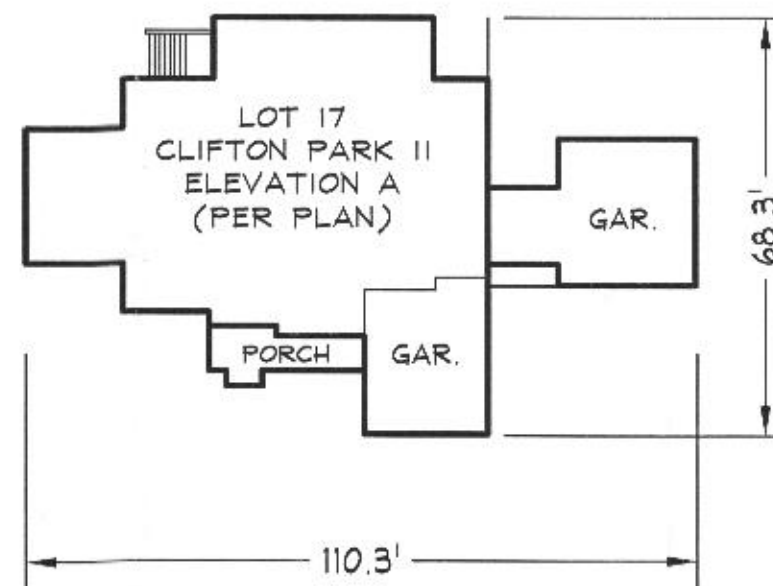
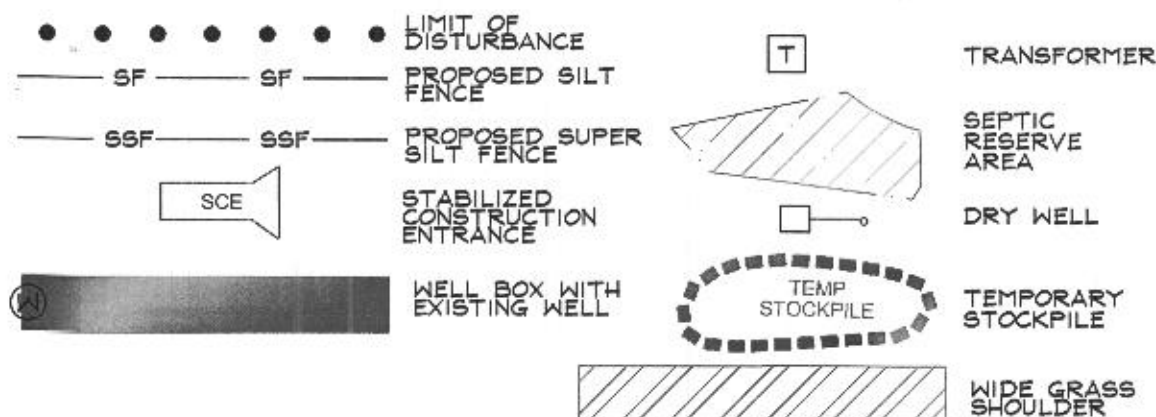
A PUMP WILL BE REQUIRED
TO SEWER THE BASEMENT

NO GRADING IN SEWAGE DISPOSAL AREA.
LOD SHOWN IS FOR THE INSTALLATION OF
THE INITIAL SEPTIC SYSTEM ONLY.

STEPPING
PLACE



DRAWING LEGEND



LOT 17 BUILDING PERMIT PLOT PLAN

WALKER
MEADOWS

LOT 17

1048 STEPPING PLACE

PLAT #24974-24979

DDC JOB#: 12064.3

DATE: 05/16/2021

SCALE: 1" = 30'

CHK. BY: WRD

DRN. BY: LJC/AJS



Planners
Surveyors
Engineers
Landscape Architects

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**COMPLETE THIS FORM WHEN DROPPING OFF ANY
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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6/8/2021 JUN 08 2021
To: Cathy Anest Health LICENSES & PERMITS
DIVISION
(Person's Name and Division)
From: Jim Kerwin (443) 309-7792
(Your Name, Company Name and Telephone Number)
Subject: Project name Walker Meadow
Project site address 1048 Stepping Place
Permit # B20002612 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 revised plot plan (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)

Jim Kerwin
Please Print Name

Telephone No: 443 309 7792
E-Mail Address: Jim@DecaturBuildingServices.com

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Received by _____

Name: Jim Kerwin
Street Address: PO Box 552
City, State, Zip: Woodbine MD 21797
Date: 1/19/2021

Amendment, Permit # B20002612

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Health

Dear Ms. Whalen:

I am requesting to amend Permit # B20002612 at
1048 Stepping Place Sykesville MD 21784 to

- ① remove 3 car garage and add 2 car side load garage, and 2 car side attached garage
- ② remove 1st floor bedroom option and add Suite 1st Floor
- ③ Add Media Room, Exercise Room, Home office with closet and wet bar to existing finished Basement.
- ④ remove Basement Bathroom. Rough in only

New 2 story "Clifton Park II" ELV A 2018 code 5 Bedrooms, 5 Full Baths, 1 1/2 bath, 15 Rooms

Enclosed:

	Front	Depth	Height
1	110	68	10
2	60	52	10
B	110	68	10

GROSS SF = 8287

OGSF = 8287

Fee: _____
☒ Plot Plans
☒ Sets of Construction Drawings
Other: _____

If there is anything we can do to assist you, please let me know.

Sincerely,

Jim Kerwin

RECEIVED
JAN 21
LICENSES & PERMITS
DIVISION

Name: Jim Kerwin
Title: AGENT for NVR Homes
Phone: 443-309-7792
Email: Jim@DecaturBuildingServices.com

Amendment Letter