

Record Detail (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Alteration/SFD	B23004861	12/15/2023
<b>Description of Work</b>		
SFD/ Interior alterations to build out new proposed theater room with platform (12") and include wall framing, bulkhead framing, floor deck framing, electrical, drywall and trim.**SMOKE DETECTORS REQUIRED		
<a href="#">check spelling</a>		

*Approved MRE  
12/20/23  
Online BP assigned to MRE  
for review. g& 12/20/23*

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
2507	GOOSE CHASE	WAY	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
--Select--		-76.99221	39.30644
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
WEST FRIENDSHIP	MD	21794	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>
927381	119	1.14	211400	887500	676100	RURAL
<b>Legal Description</b>						
IMPSLOT 3 49,424 SQ'[ ]2507 GOOSE CHASE WAY[ ]CLOVERFIELD SEC II						

[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>
	3	603000	5				
<b>Plan Area</b>	<b>State Tax Id</b>		<b>Subdivision Name</b>		<b>Primary</b>		
	1403353400		Cloverfield		Yes		
<b>Section</b>	<b>Area</b>		<b>Tax Map</b>				
			15				
<b>Grid</b>	<b>Zoning District</b>		<b>ADC Map</b>				
15-7	RC-DEO		4813-B1				

<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>
	F-07-091	
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>
20256-2025		
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>
<input type="radio"/> Yes <input type="radio"/> No	2015	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>
	3-04	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Building No</b>		

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

**Search**      **Reset**      **Clear**

**Name**

MCNICHOLS BENJAMIN J

**Address Line 1**

2507 GOOSE CHASE WAY

**Address Line 2**

**Address Line 3**

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
WEST FIENDSHIP	MD	21794
<b>Phone</b>	<b>Primary</b>	
443-956-5247	Yes	
<b>E-mail</b>		
mcnichols@gmail.com		
<b>Cell Number</b>	<b>Fax Number</b>	

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

<b>License #</b>	<b>Business Name</b>		
08010049488	HILLMAN CONTRACTORS INC		
<b>License Type</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
MHIC Ind	WILLIAM		HILLMAN
<b>Primary</b>	<b>Address Line 1</b>		
Yes	2214 RIDGEMONT DRIVE		
	<b>Address Line 2</b>		
	2214 RIDGEMONT DRIVE		
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
	FINKSBURG	MD	21048-0000
	<b>Phone 1</b>	<b>Phone 2</b>	<b>Fax</b>
	3013703595		
	<b>E-mail</b>		
	BHILLMAN@GRAMOPHONE.COM		

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

Search As Owner As Lic. Prof As Contact

<b>Type</b> Applicant	<b>First Name</b> William	<b>MI</b>	<b>Last Name</b> Hillman
<b>Relationship</b> Applicant	<b>Full Name</b> William Hillman		
<b>Primary</b> No	<b>Organization Name</b> Gramophone LTD		
	<b>Street Address</b> 4 W. Aylesbury Rd		
	<b>Address Line 2</b>		
	<b>City</b> Timonium	<b>State</b> MD	<b>Zip Code</b> 21093
	<b>Phone</b> 301-370-3595	<b>Cell</b>	<b>Fax</b>
	<b>E-mail</b> bhillman@gramophone.com		

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

Search As Owner As Lic. Prof As Contact

<b>Type</b> Contact	<b>First Name</b> William	<b>MI</b>	<b>Last Name</b> Hillman
<b>Relationship</b> Licensed Professional	<b>Full Name</b> William Hillman		
<b>Primary</b> Yes	<b>Organization Name</b> Gramophone LTD		
	<b>Street Address</b> 4 W. Aylesbury Rd		
	<b>Address Line 2</b>		
	<b>City</b> Timonium	<b>State</b> MD	<b>Zip Code</b> 21093
	<b>Phone</b> 301-370-3595	<b>Cell</b>	<b>Fax</b>
	<b>E-mail</b> bhillman@gramophone.com		

**Addtl Info**

<b>Est Construction Cost</b> 90000	<b>Housing Units</b> 0	<b>Number of Buildings</b> 0	<b>Public Owned</b> No
<b>Construction Type</b>			

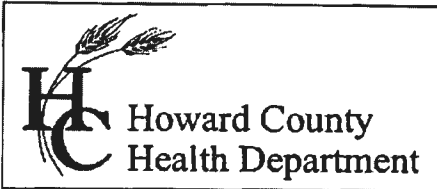


**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

<b>Total Square Footage</b>	<b>No of Stories</b>	<b>Basement</b>	<b>Bedrooms</b>	<b>Full Baths</b>	<b>Half Baths</b>	<b>Water</b>	<b>Sewage</b>
336	2	Partially Finished				Private	Private
<b>Existing Utilities</b>	<b>Existing Heating System</b>	<b>Existing Sprinkler System</b>	<b>Type of New Fireplace</b>	<b>Expiration Date</b>	<b>Fee Exempt</b>		
Gas & Electric	Natural Gas	NFPA #13D	--Select--	6/17/2024	<input type="checkbox"/> Yes <input checked="" type="radio"/> No		

Submit    Cancel



**Bureau of Environmental Health**  
 7178 Gateway Drive Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

RECEIPT DATE: 10/22/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 655283

INSTALLATION APPROVAL DATE: 6/22/15 (KMD) **PERMIT** A \_\_\_\_\_  
**CONSTRUCTION**

PROPERTY ADDRESS: 2507 Goose Chase Way

SUBDIVISION: Cloverfield II LOT: 3 TAX ID: \_\_\_\_\_

CONTRACTOR: WTC Contractors EMAIL: wtccoon@aol.com

CONTRACTOR ADDRESS: 3033 Salem Bottom Road PHONE: 410-458-7024

PROPERTY OWNER: Spring Mill LLC. EMAIL: \_\_\_\_\_

OWNER ADDRESS: P.O. Box 417 8460 Baltimore National Pike, Ellicott City, MD 21041 PHONE: 410-465-4244

BAT UNIT MODEL: Ecopod BAT UNIT SIZE: \_\_\_\_\_

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

NUMBER OF BEDROOMS: \_\_\_\_\_ HOUSE SQ. FT. \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>110</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>2</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit per plan. Set distribution box at east boundary, near high corner of SDA. Install 2 equal length trenches on contour.	

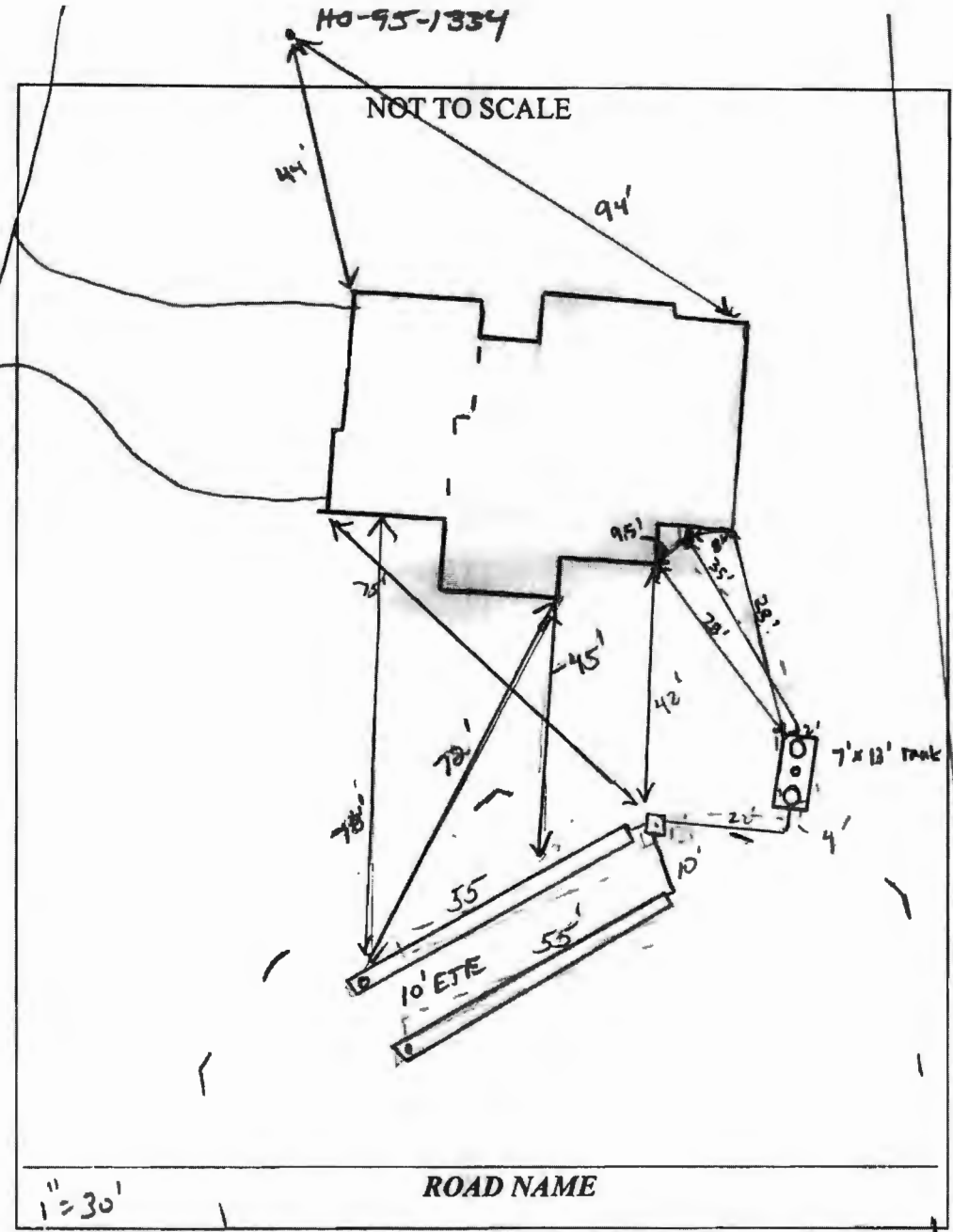
ISSUED BY: Robert Bricker ISSUE DATE: 10/22/14 EXPIRATION DATE: 10/22/15

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**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 TO SCHEDULE INSPECTIONS.**

HO-95-1334

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	8
NUMBER OF TRENCHES		2
TOTAL LENGTH		110'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Leveler's</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>YES</u>
MANUFACTURER	<u>ECOPOD EGO</u>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>YES</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	<u>REAR + FRONT</u>
6" PORT LOC	<u>MIDDLE Yes</u>
WATERTIGHT TEST	<u>---</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>10/20/14</u>
PUMP/SEPTIC TANK LEVEL _____	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:  
 11/10/14 BAT tank staked. SRA area staked on 12. Set BAT tank per stake-out. Install Dbox @ start of highest trench. Run 2x 55' trenches across SRA area as shown in field. Dbox to be located slightly higher on SRA as shown on approved BAT plan. (Kus)

INSTALLATION: 12/5/14 BAT tank installed and house connection made. Tank level and pipes have fail. (SC) (Kus) 12/8/14 system completed. D box trench. Need start-up report from manufacturer (Kus) 6/22/15 Start-up record. (Kus)

FINAL INSPECTOR K Kus DATE OF APPROVAL 6/22/15

WET BAR

MICRO.

BEV.

EXISTING BATHROOM - NOT IN SCOPE

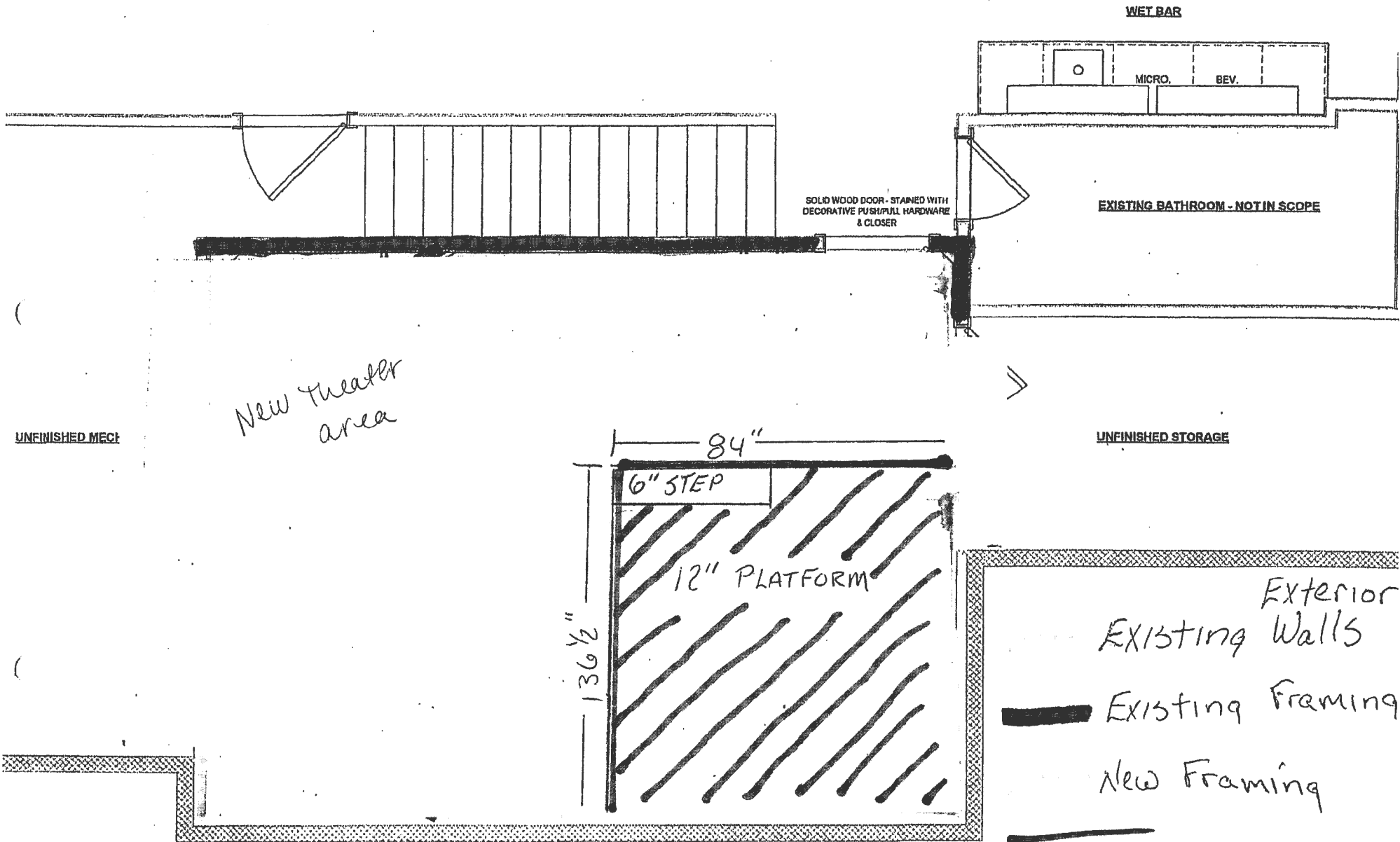
UNFINISHED STORAGE

SOLID WOOD DOOR - STAINED WITH  
DECORATIVE PUSH/PULL HARDWARE  
& CLOSER

*existing space*

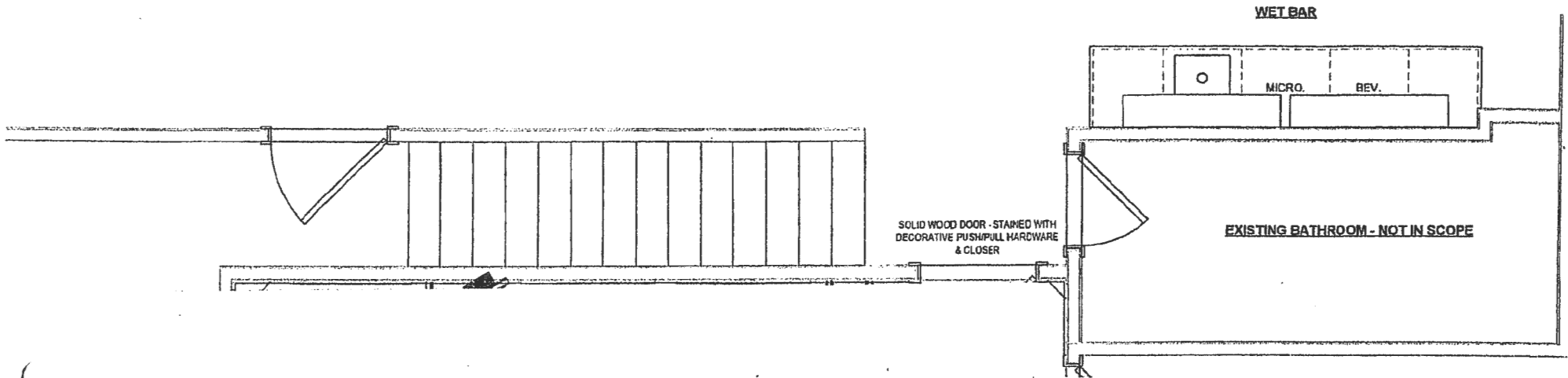
UNFINISHED MECH

1 PROPOSED FLOORPLAN  
Scale: 1/2" = 1'-0"



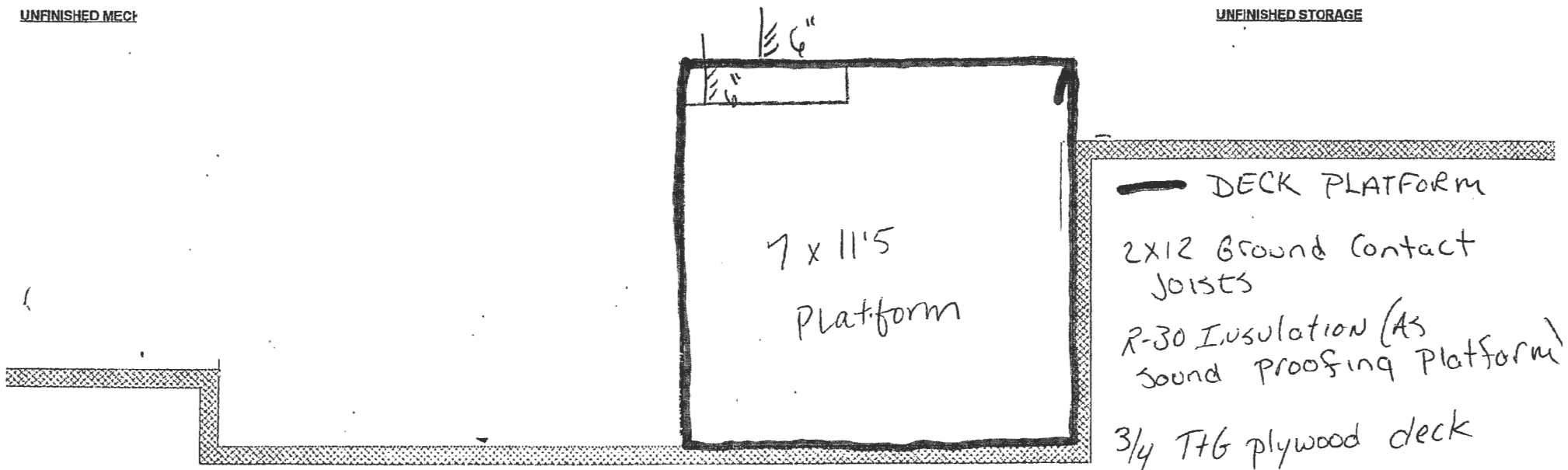
1 PROPOSED FLOORPLAN  
 Scale: 1/2" = 1'-0"



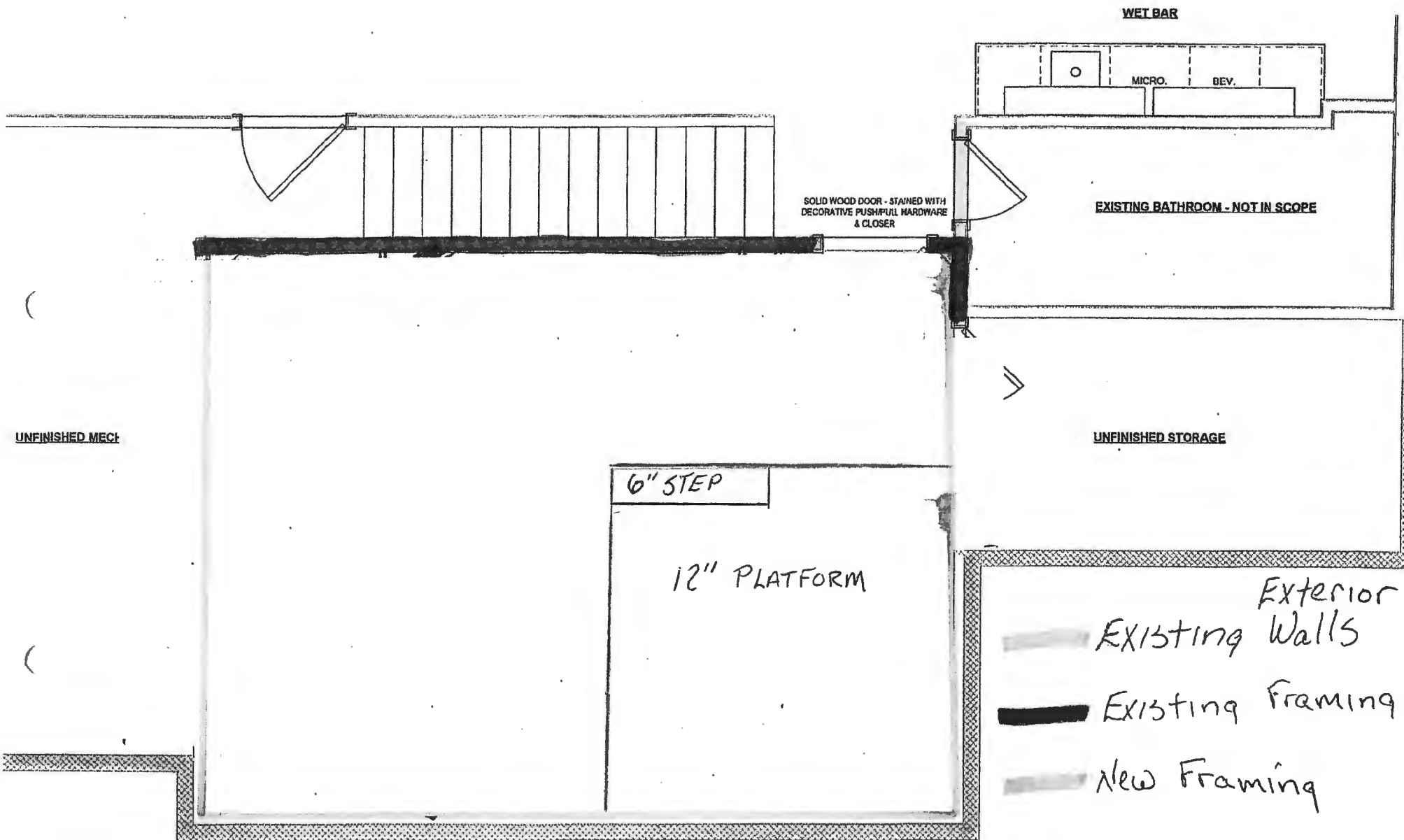


UNFINISHED MECH

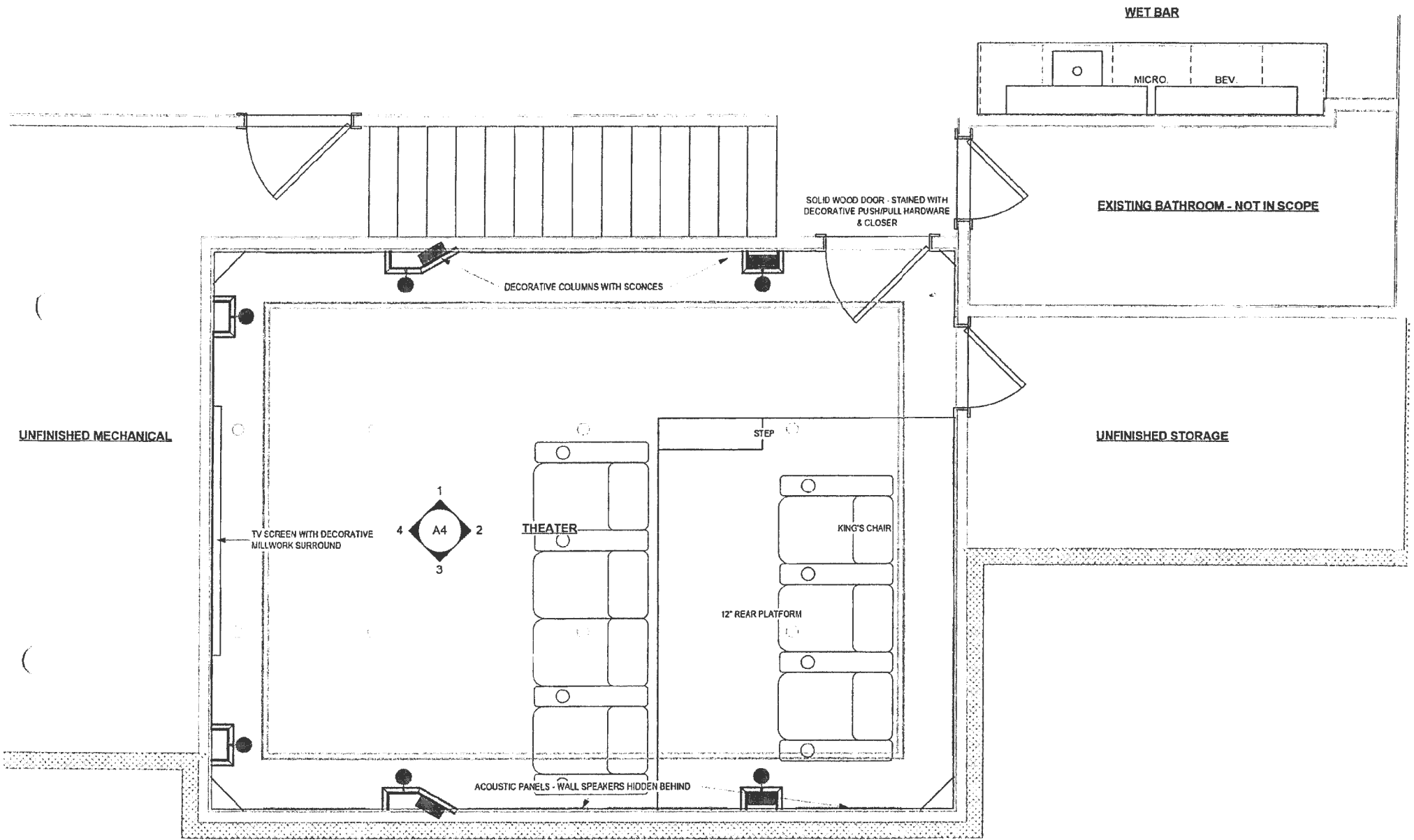
UNFINISHED STORAGE



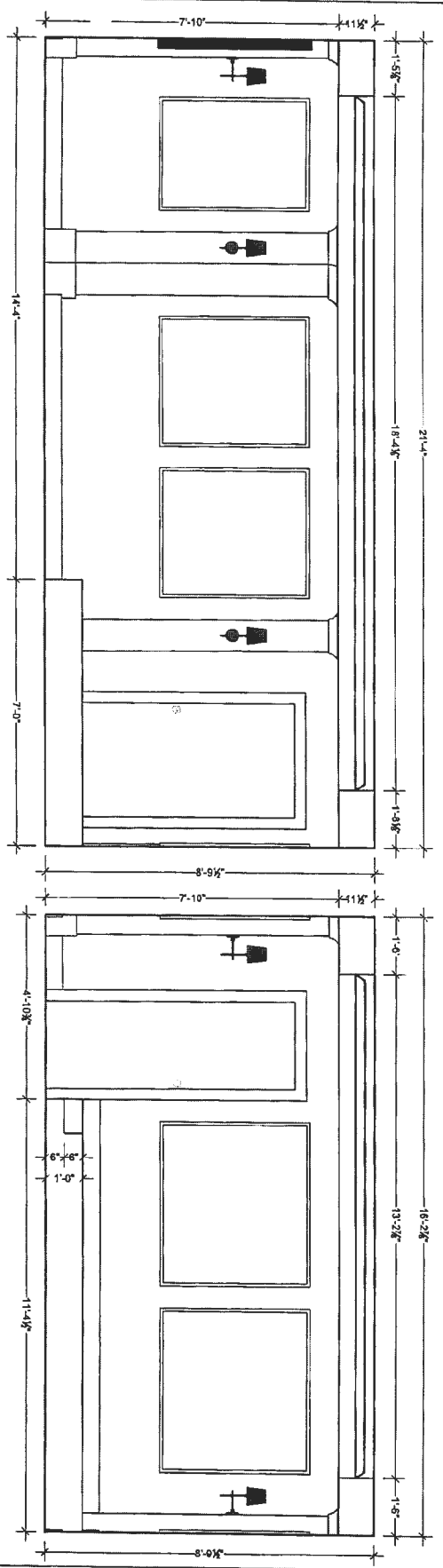
1 PROPOSED FLOORPLAN  
Scale: 1/2" = 1'-0"



1 PROPOSED FLOORPLAN  
 Scale: 1/2" = 1'-0"

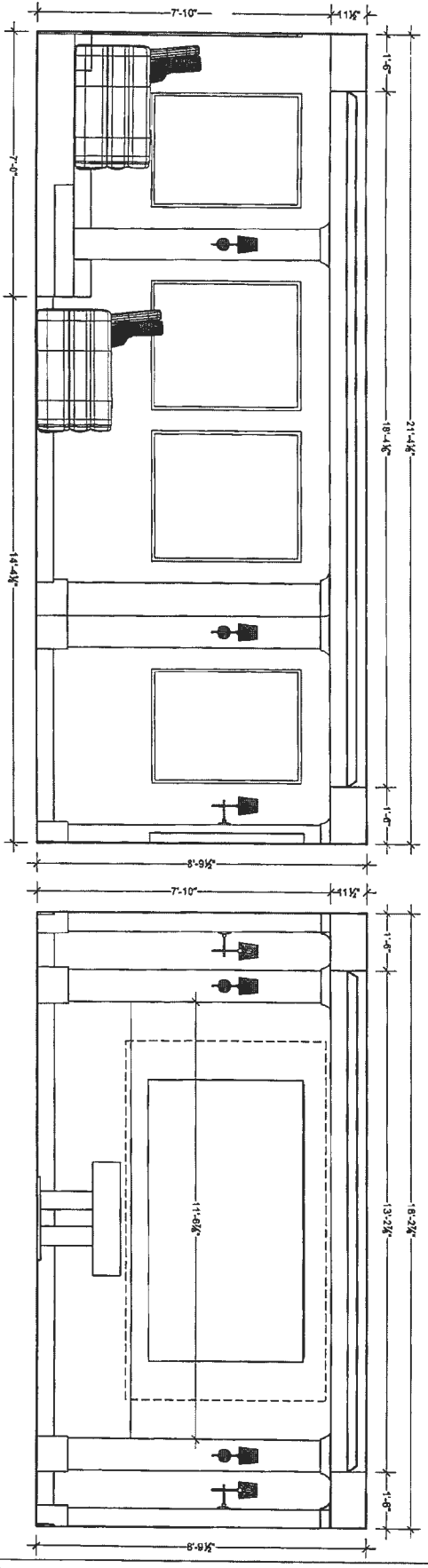


1 **PROPOSED FLOORPLAN**  
 Scale: 1/2" = 1'-0"



1 ENTRY WALL ELEVATION  
Scale: 1/2" = 1'-0"

2 REAR WALL ELEVATION  
Scale: 1/2" = 1'-0"



3 SIDE WALL ELEVATION  
Scale: 1/2" = 1'-0"

4 SCREEN WALL ELEVATION  
Scale: 1/2" = 1'-0"

PROPOSED ELEVATION

NO.	DATE	REVISION

**GRAMPHONE**  
 10000  
 11/20/2023  
 11/20/2023  
 S.T.

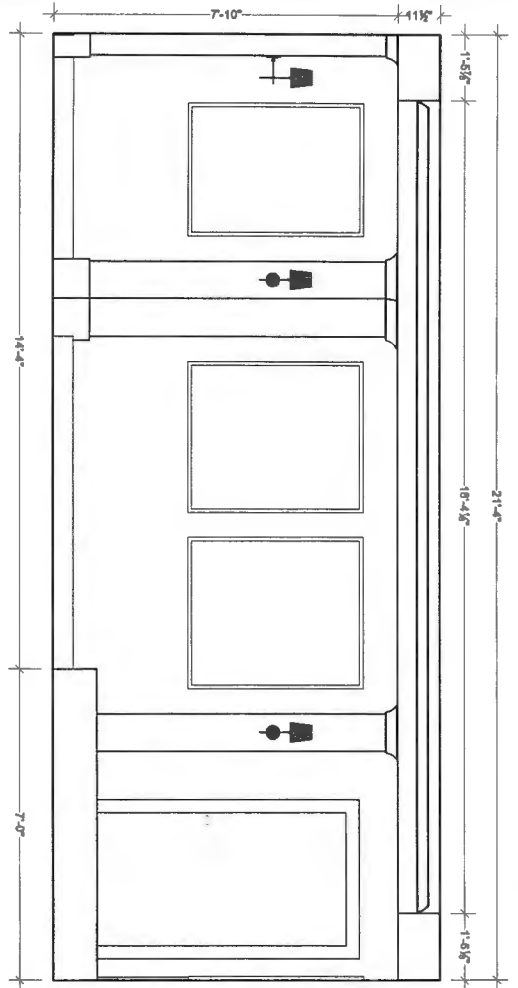
PROPOSED INTERIOR BUILD-OUT FOR  
**MCNICHOLS RESIDENCE**  
 2507 GOOSE CHASE WAY  
 WEST FRIENDSHIP, MD 21794

Client's Approval	Date
Client's Approval	Date
Client's Approval	Date

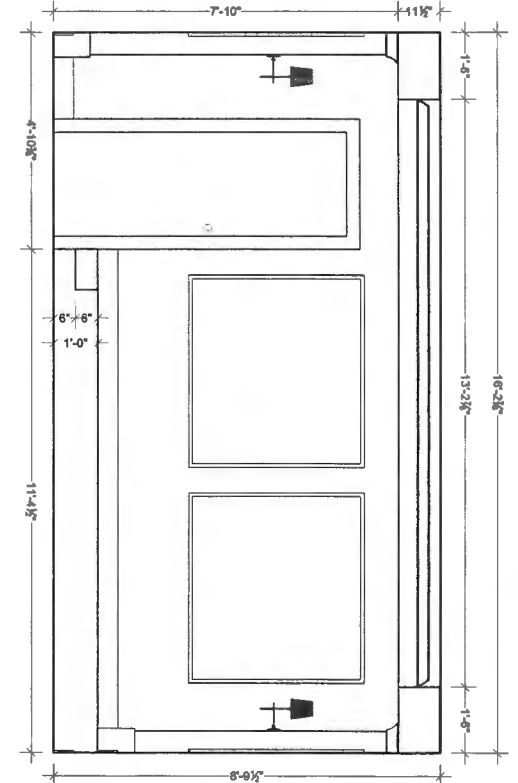
**MEDIA ROOM ELEVATIONS**

SCALE	DATE
AS SHOWN	11/20/2023
DESIGNED BY	S.T.

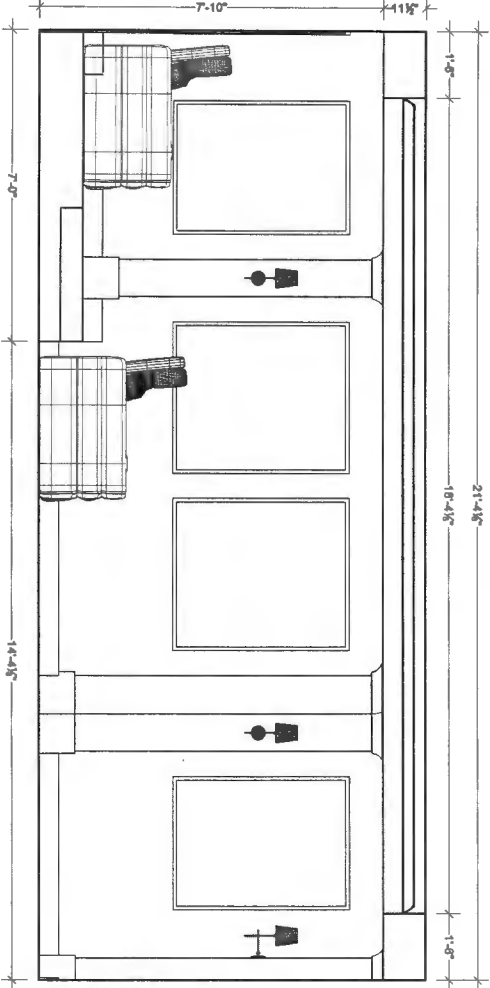
**A4**



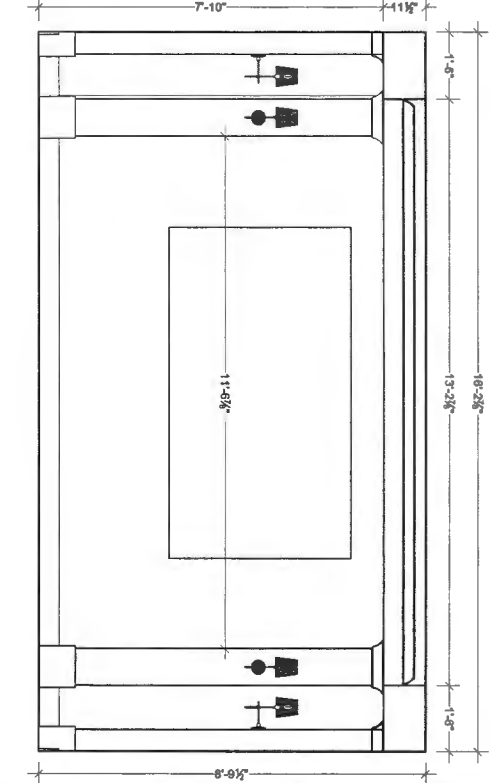
1 ENTRY WALL ELEVATION  
Scale: 1/2" = 1'-0"



2 REAR WALL ELEVATION  
Scale: 1/2" = 1'-0"



3 SIDE WALL ELEVATION  
Scale: 1/2" = 1'-0"



4 SCREEN WALL ELEVATION  
Scale: 1/2" = 1'-0"

PROPOSED INTERIOR BUILD-OUT FOR  
**MCNICHOLS RESIDENCE**  
 2507 GOOSE CHASE WAY  
 WEST FRIENDSHIP, MD 21794

NO.	DATE	REVISIONS

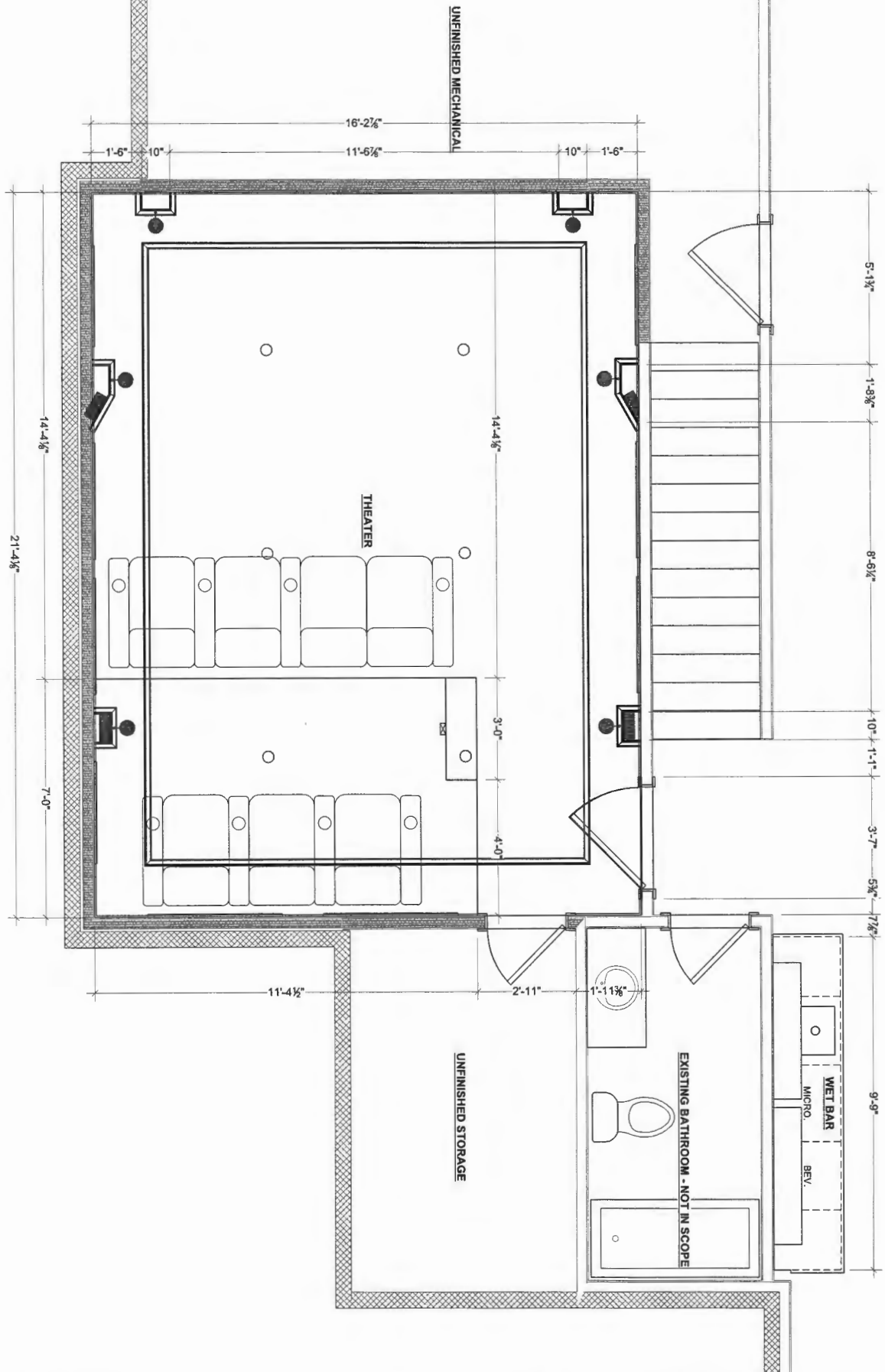
Client's Approval	Date
Client's Approval	Date
Client's Approval	Date

SCALE AS SHOWN 11/20/2023  
 DATE  
 DRAWN BY S.T.

**A4**

**MEDIA ROOM ELEVATIONS**





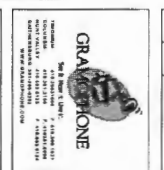
1 PROPOSED FLOORPLAN  
Scale: 1/2" = 1'-0"

**A3**

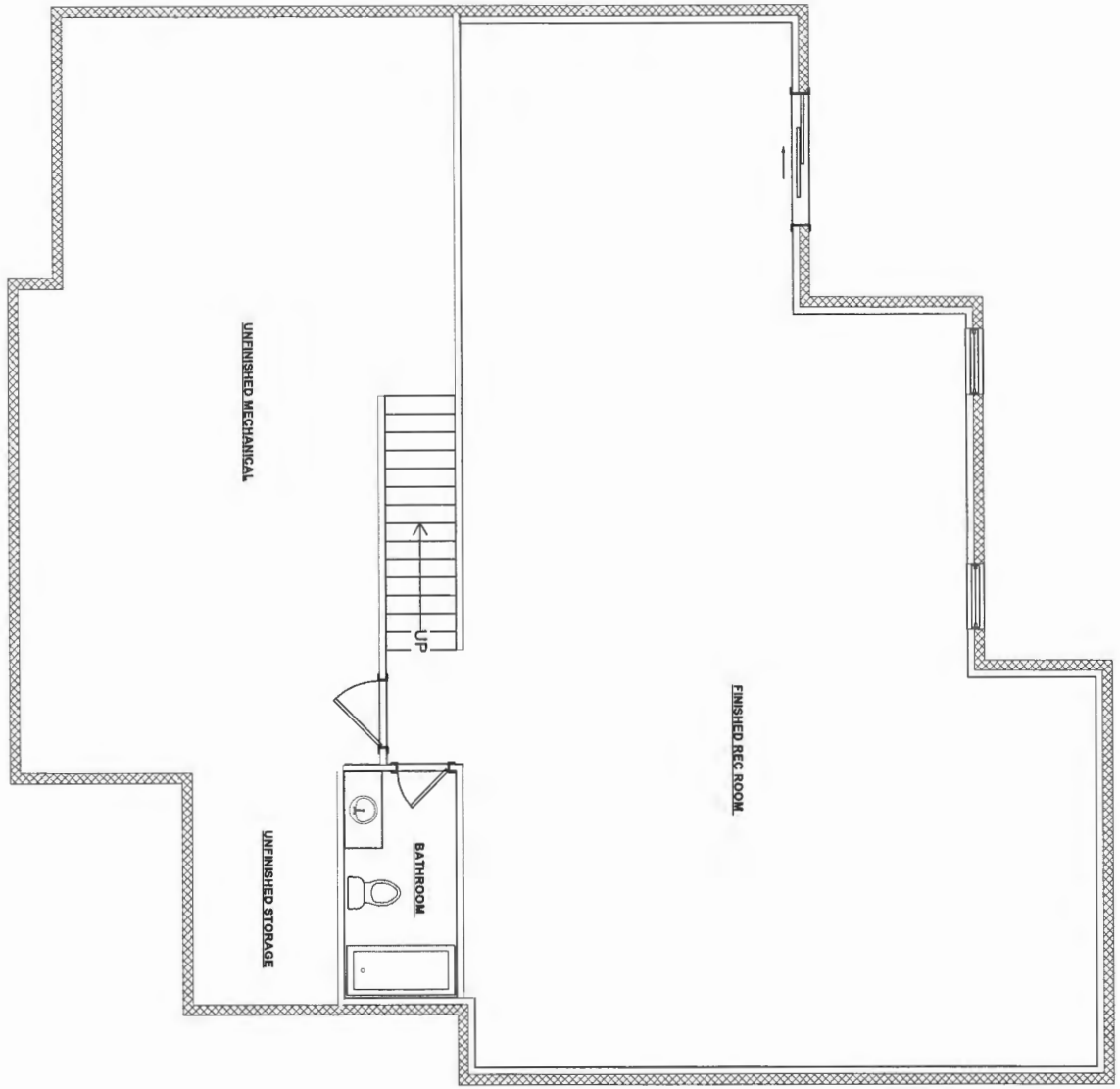
DATE: 11/09/2023	SCALE: AS SHOWN
DRAWN BY: S.T.	PROJECT NO.:

Client's Approval	Date
Client's Approval	Date
Client's Approval	Date

PROPOSED INTERIOR BUILD-OUT FOR  
**MCNICHOLS RESIDENCE**  
 2507 GOOSE CHASE WAY  
 WEST FRIENDSHIP, MD 21794



NO.	DATE	REVISIONS



1 AS BUILT  
Scale: 1/4" = 1'-0"

REVISIONS	
NO.	DATE / REVISIONS

**GRAFFIONE**  
 300 N. York Street, Suite 200  
 Annapolis, MD 21403  
 Phone: 410-293-1111  
 Fax: 410-293-1112  
 Email: info@graffione.com  
 www.graffione.com

PROPOSED INTERIOR BUILD-OUT FOR  
**MCNICHOLS RESIDENCE**  
 2507 GOOSE CHASE WAY  
 WEST FRIENDSHIP, MD 21794

Client's Approval	Date
Client's Approval	Date
Client's Approval	Date

PROJECT TITLE  
**AS-BUILT**

SCALE	DATE
AS SHOWN	11/20/2023
DATE	S.T.

**A2**