

Approved
MRE 11/5/25

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B25004695	10/21/2025

Description of Work
SFD/ EXTEND EXISTING DECK BY 20' X 8' AND CONVERT ENTIRE 16' X 26' DECK TO OPEN PORCH WITH GAS FIREPLACE AND STEPS**SUBJECT TO FIELD INSPECTION**

Online BP w/ Accela processing error, assigned to MRE to expedite.

g 11/5/25

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
724	WOODBINE CROSSING	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.07096
		Y Coordinate
		39.35093
City	State	Zip Code
MOUNT AIRY	MD	21771
	Primary	
	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
926679	32	1.14	186400	754000	567600	RURAL

Legal Description
IMPSLOT 12 1.1451 A[]724 WOODBINE CROSSING RD[]WOODBINE CROSSING

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	12	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404374517	Woodbine Crossing					
Section	Area	Tax Map					
		2					
Grid	Zoning District	ADC Map					
2-24	RC-DEO	4691-J4					
SDP No.	Final Plan No.	WP File No.					
	F-07-103						
Record Plat No.	WS Contract No.	FDP No.					
2,7							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2016	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-02	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
ZUMBF

Address Line 1

724 WOODBINE CROSSING RD

Address Line 2**Address Line 3****Mail City**

MT AIRY

Mail State

MD

Mail Zip Code

21771

Phone

410-984-5811

Primary

Yes

E-mail**Cell Number****Fax Number****Professionals** (This section is not required.)**License # ***

08010091659

Business Name

MCWHORTER CONSTRUCTION LLC

License Type *

MHIC Ind

First Name

RYAN

Middle Name**Last Name**

MCWHORTER

Primary

Yes

Address Line 1

2900 DAISY RD

Address Line 2**City**

WOODBINE

State

MD

ZIP Code

21797

Phone 1

4109845813

Phone 2**Fax**

3018543449

E-mail

MCWHORTEROUTDOOR@GMAIL.COM

Applicant (This section is not required.)**Search****As Owner****As Lic. Prof****As Contact****Type ***

Applicant

First Name

RYAN

MI**Last Name**

MCWHORTER

Relationship

Applicant

Full Name**Primary**

Yes

Organization Name

MCWHORTER CONSTRUCTION LLC

Street Address

2900 DAISY RD

Address Line 2**City**

WOODBINE

State

MD

Zip Code

21797

Phone

4109845813

Cell**Fax**

3018543449

E-mail *

MCWHORTEROUTDOOR@GMAIL.COM

Addtl Info**Est Construction Cost ***

50000

Housing Units *

0

Number of Buildings * Public Owned

0

No

Construction Type

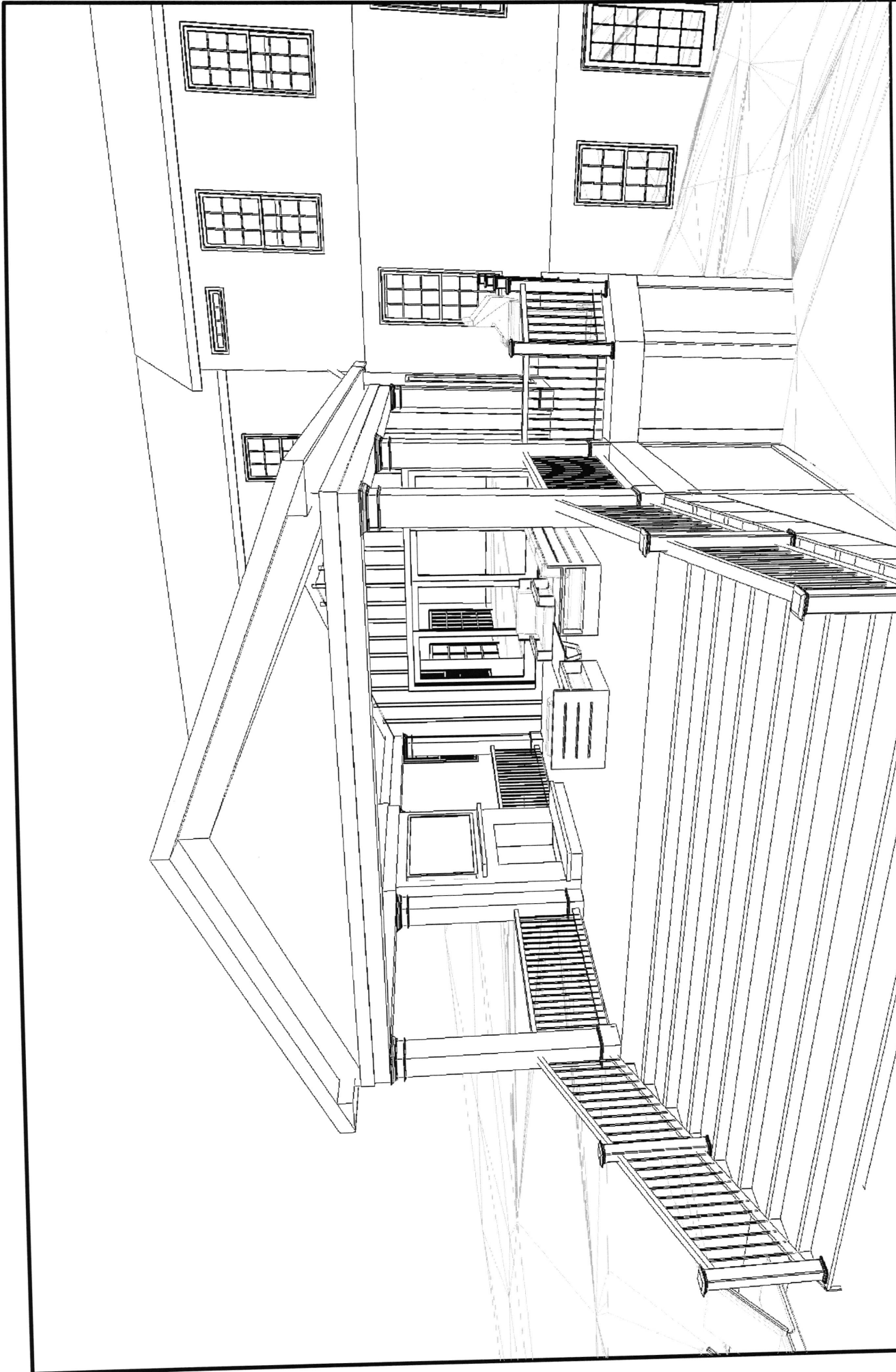
434 - Additions, Alterations and Conversions - Residential

PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee * <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number <input type="text"/>	Fee Exempt * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit # <input type="text"/>
Existing Use * SFD	Type of Porch * Open Porch	Type of Porch Foundation * Post & Pier	Total Square Footage * 416 SQFT (Number)	
Water Supply Private	Sewage Disposal Private	Expiration Date 4/21/2026		

Submit **Cancel**




DRAWINGS, RENDERINGS, PHOTOS OR ANY OTHER VISUAL DOCUMENTS PROVIDED BY MCWHORTER OUTDOOR TO THE HOMEOWNER ARE NOT INTENDED TO REPRESENT THE DETAILS OF THE ACTUAL FINISHED PRODUCT. DRAWINGS ARE FOR CONCEPTUAL USE ONLY. ROOF PITCHES, GRADES (BOTH EXISTING AND PROPOSED), COLORS AND ALL OTHER FINISHES AND DETAILS ARE NOT TO BE CONSIDERED EXACT IN THE RENDERINGS AND ARE SUBJECT TO CHANGE.

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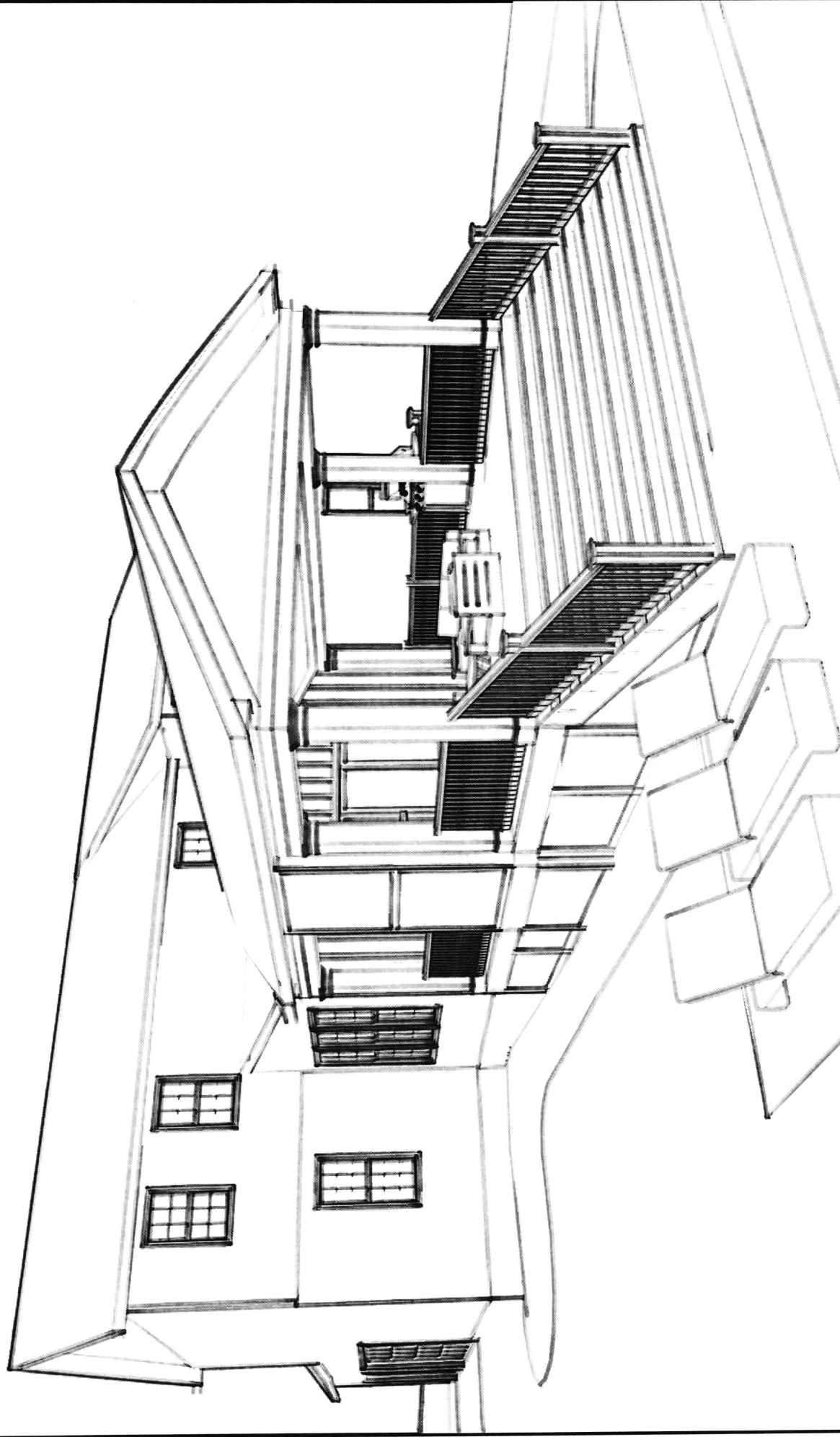
Title		
View:	Drawn By	Date
Scale:		

A DESIGN BY



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CONSTRUCTION**
design • build • remodel

SALES@MCWHORTERCONSTRUCTION.NET
(410) 384-5813



Title

View:

Drawn By

Date

Scale:

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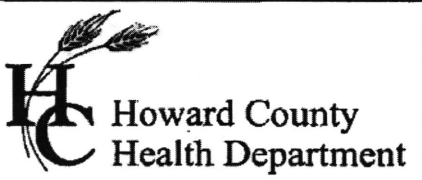
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Bureau of Environmental Health

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

RECEIPT DATE: 6/2/14

ONSITE SEWAGE DISPOSAL SYSTEM

P

558740-A

APPROVAL DATE: 6/16/2016

PERMIT: CONSTRUCTION

A

PROPERTY ADDRESS: 724 Woodbine Crossing

SUBDIVISION: Woodbine Crossing

LOT: 12

TAX ID: _____

CONTRACTOR: WTC Contractors

EMAIL: _____

CONTRACTOR ADDRESS: 3033 Salem Bottom Road, Westminster, MD 21157

PHONE: 443-458-7024

CONTRACTOR CERTIFIED FOR BAT INSTALLATION:



MDE



MANUFACTURER:

PROPERTY OWNER: Catonsville Homes

EMAIL: _____

OWNER ADDRESS: 11175 Stratfield Court, Marriottsville, MD 21104

PHONE: _____

BAT UNIT MODEL: Norweco TNT-500

PUMP SIZE: _____

PUMP TANK CAPACITY: 1250 gal

OPERATION & MAINTENANCE AGREEMENT

DATE SIGNED: 6/18/14

DATE RECORDED: 6/18/14

DISTRIBUTION SYSTEM:



GRAVITY



PRESSURE DOSED

BEDROOMS: 4

APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>125 135</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>3 2'</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3 4'</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:	<u>Initial system good @ 4' eff. area.</u> <u>2x60'</u>	

ISSUED BY: Hank Oswald

-kmw

ISSUE DATE: 6/2/16

EXPIRATION DATE: 6/2/17

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

ELECTRICAL PERMIT ISSUED E 16000470

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

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 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See As-Built Drawing On
Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3.5'	8'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>~138'</u>		
ABSORPTION AREA <u>552</u>		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	<u>Yes</u>
MANUFACTURER	<u>Norweco</u>
CAPACITY	<u>1300</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'-25"</u>
BAFFLES	<u>No</u>
BAFFLE FILTER	<u>N/A</u>
MANHOLE LOC	<u>Front, Middle & Rear</u>
6" PORT LOC	<u>No</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>N/A</u>
DATE ON LID	<u>Dry</u>
PUMP/SEPTIC TANK LEVEL	<u>N/A</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

6/8/16 Met WTC on site for layout. All SDA stakes + tank stake present. Laid out 2 x 86' trenches on contour. WTC will check fall from house to tank when they dig at house during install. Must notify Health Dept. if pipe won't have fall to tank with 3' max cover over tank. (SC)

INSTALLATION:

6/10/2016 Arrived at site and almost everything covered. Had contractor dig up tank. Need approval from Norweco representative. (BB)

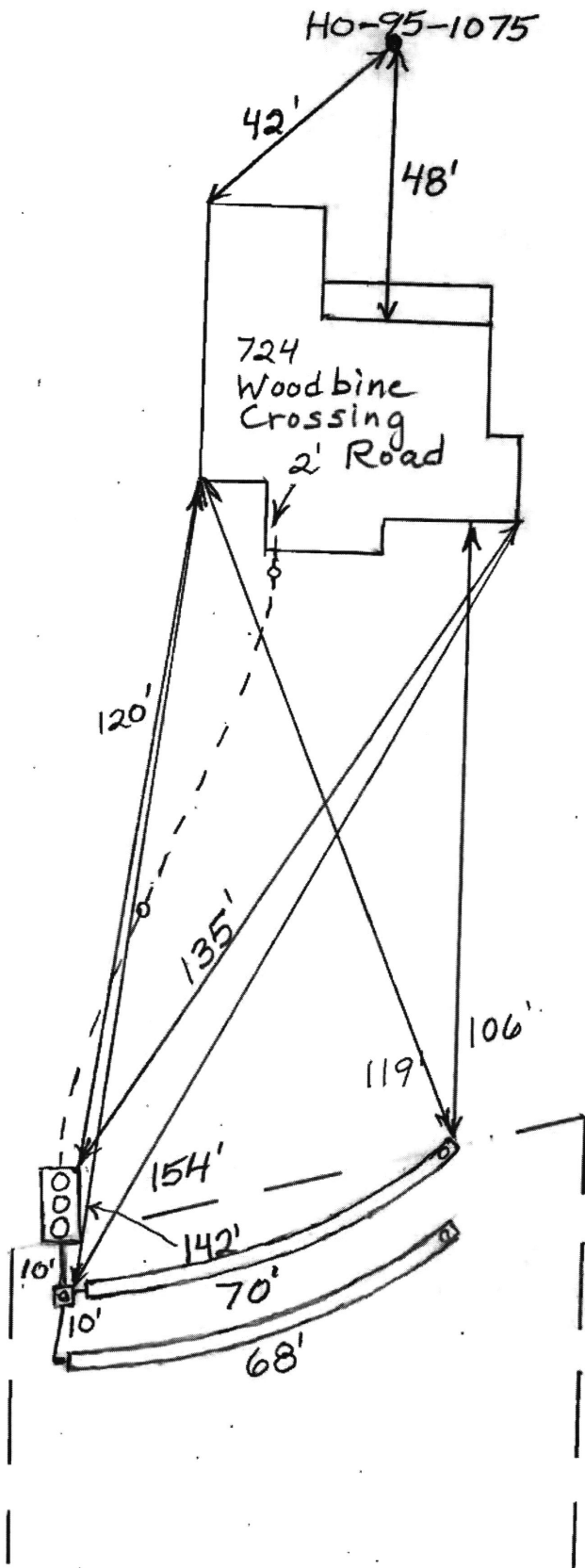
6/16/2016 Approval received from Norweco. (BB)

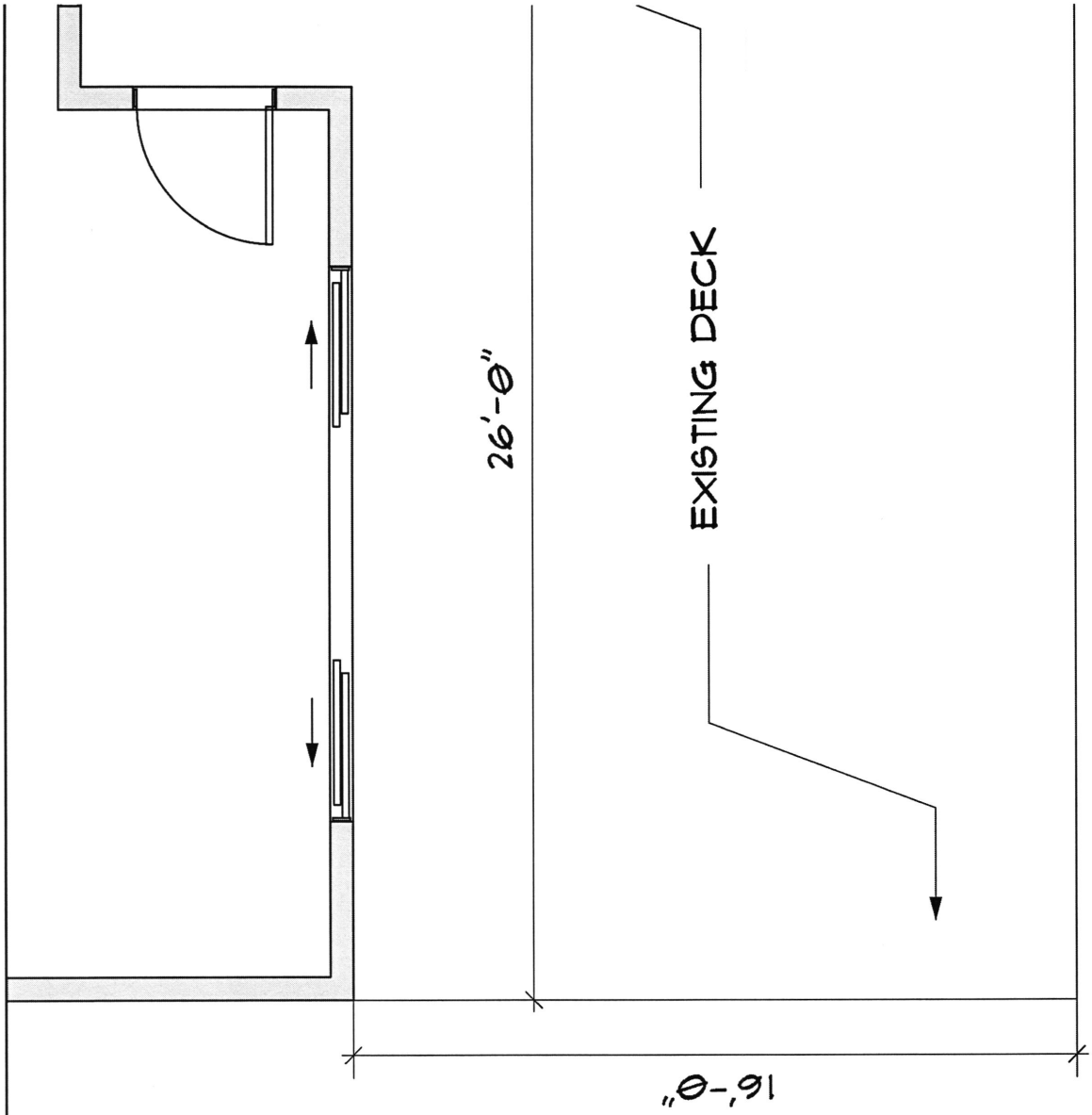
FINAL INSPECTOR

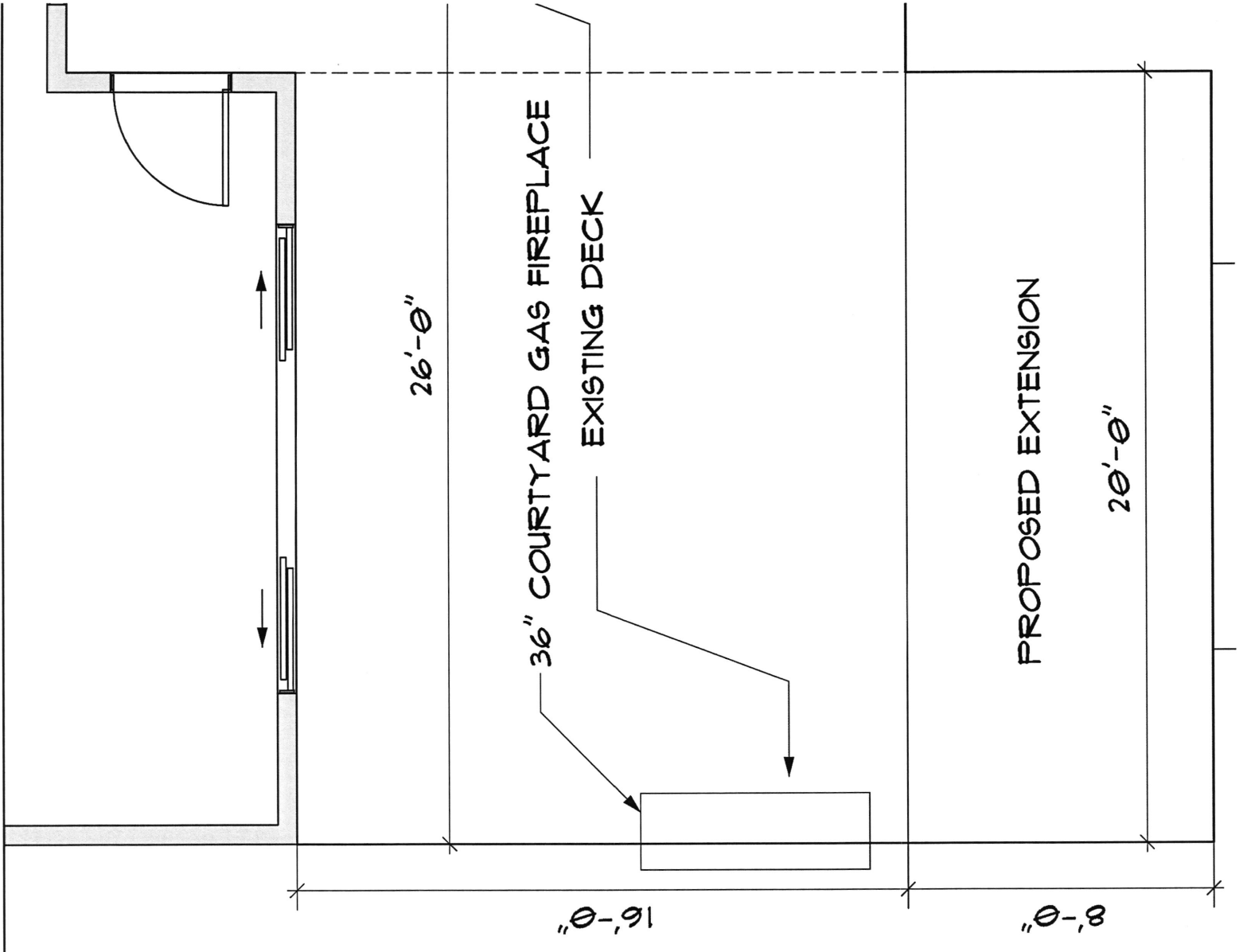
B. Baker

DATE OF APPROVAL

6/16/2016







36" COURTYARD GAS FIREPLACE

EXISTING DECK

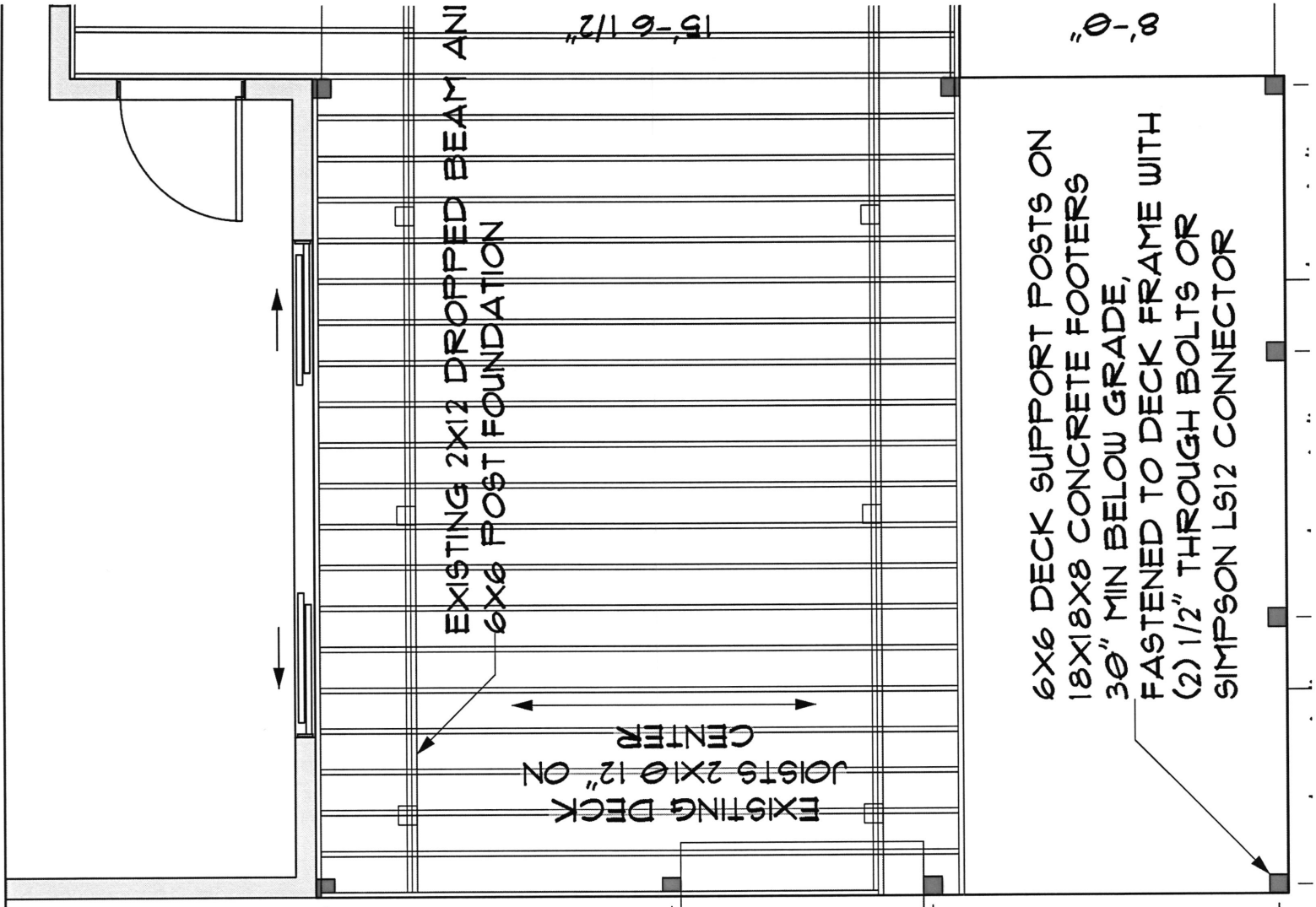
PROPOSED EXTENSION

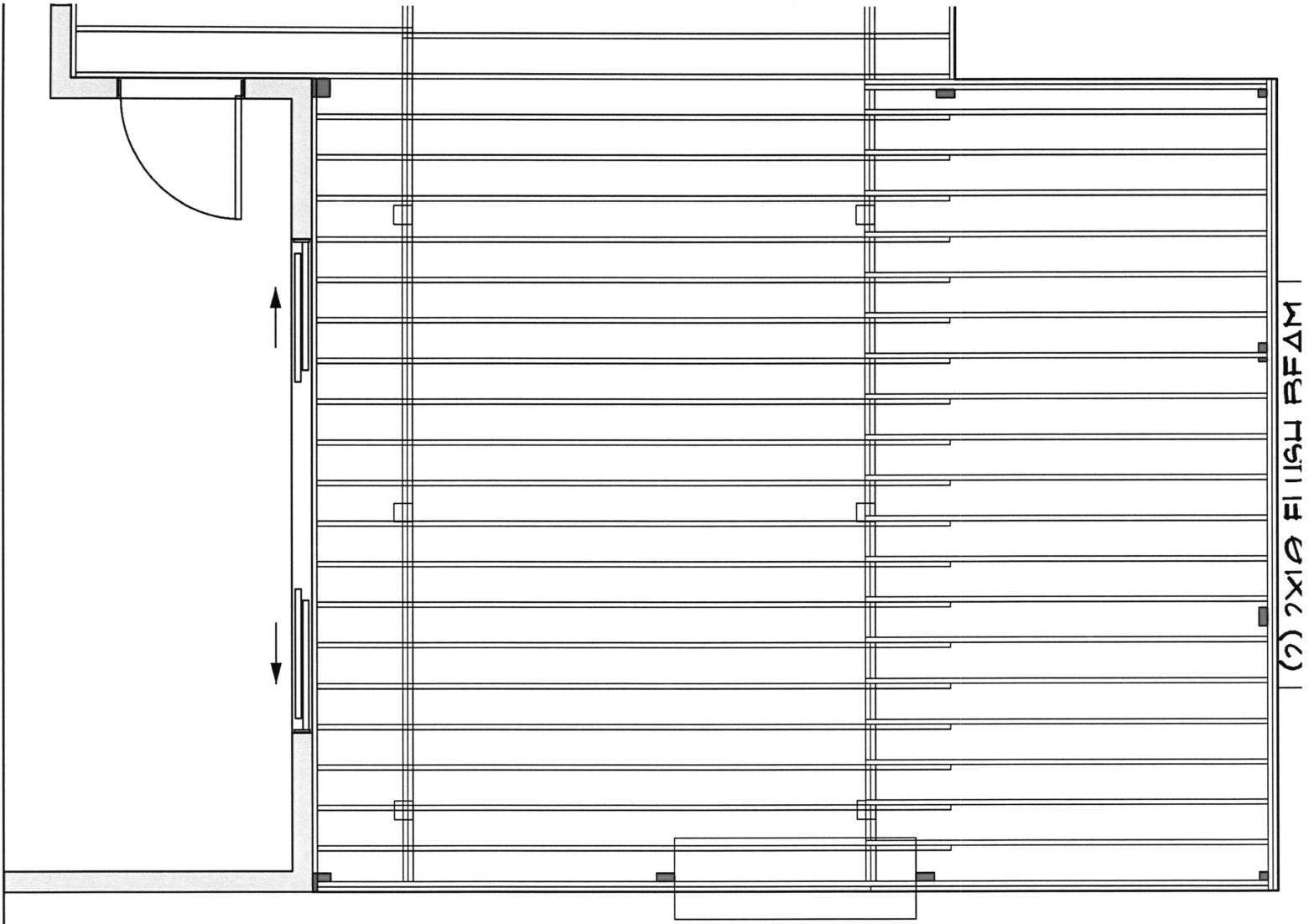
26'-0"

16'-0"

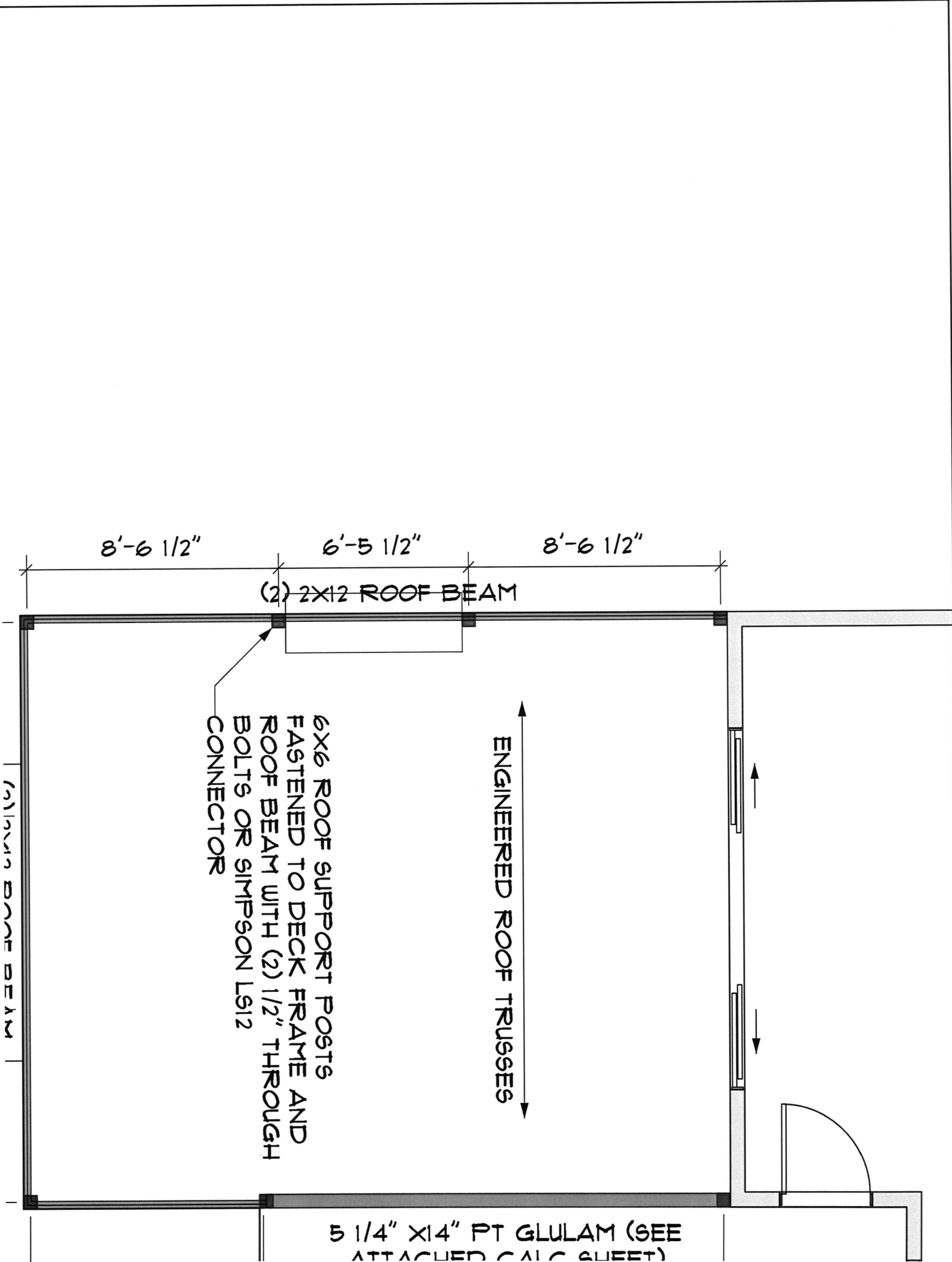
8'-0"

20'-0"





(2) 2X10 FINISH BEAM



(2) 2X12 ROOF BEAM

ENG ROOF TRUSSES

6X6 ROOF SUPPORT POSTS FASTENED TO DECK FRAME AND ROOF BEAM WITH SIMPSON LS12 STRAP OR (2) 1/2" THROUGH BOLTS

2X10 JOISTS 12" OC

DECORATIVE HARDIE PANEL SKIRT FROM DECK TO GRADE

6X6 DECK SUPPORT POSTS FASTENED TO DECK FRAME WITH SIMPSON LS12 STRAP OR (2) 1/2" THROUGH BOLTS

