

Approved 6/12/25
-HO

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B25002012 Opened Date 05/21/2025
Description of Work SFD/ ALTERATIONS TO FIRST FLOOR TO INCLUDE DEMO NON-LOAD BEARING WALLS IN THE KITCHEN, ADD NEW WINDOW AND ADD POWDER ROOM **SUBJECT TO FIELD INSPECTION**

Online BP.

gjl 5/24/25

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 13545 Street Name PATERNAL GIFT Street Type DR
Unit Type --Select-- Unit # X Coordinate -76.95611 Y Coordinate 39.17441
City HIGHLAND State MD Zip Code 20777 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID * 914319 Parcel 90 Parcel Area 40552 Land Value 274700 Improved Value 1060800 Exemption Value 786100 Plan Area RURAL
Legal Description IMPSLOT 5 40552 SQFT[]13545 PATERNAL GIFT DR[]PATERNAL GIFT FARM

check spelling

Block 5 Census Tract 605102 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1405421705 Subdivision Name
Section Area Tax Map 40
Grid Zoning District RR-DEO ADC Map 5051-G3
SDP No. Final Plan No. F-95-079 WP File No.
Record Plat No. 11969 WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 2001 Historic District Yes No
Historic District Registry No. Stat Area 5-15A Flood Plain Yes No
Building No

Owner (This section is not required.)

Search Reset Clear
Name * COALE
Address Line 1 13545 PATERNAL GIFT DR
Address Line 2
Address Line 3
Mail City HIGHLAND
Mail State MD
Mail Zip Code 20777
Phone 301-467-2278
Primary Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # *
08050142915

Business Name
DESIGN KITCHEN AND BATH LLC

License Type *
MHIC Co

Primary
Yes

First Name
ANGELA

Middle Name
NICOLE

Last Name
DOGANCI

Address Line 1
8450 BALTIMORE NATIONAL PIKE 150

Address Line 2

City
ELLCOTT CITY

State
MD

ZIP Code
21043-0000

Phone 1
4436788103

Phone 2

Fax

E-mail
ANGDOGANCI87@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
Applicant

Relationship
Applicant

Primary
No

First Name
Angela

MI

Last Name
Doganci

Full Name
Angela Doganci

Organization Name
Design Kitchen and Bath

Street Address
8450 Baltimore National Pike suite 150

Address Line 2

City
Ellicott City

State
MD

Zip Code
21043

Phone
443-824-6755

Cell

Fax

E-mail *
angela@designkitchenandbath.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Contact

Relationship
Licensed Professional

Primary
Yes

First Name
Angela

MI

Last Name
Doganci

Full Name
Angela Doganci

Organization Name
Design Kitchen and Bath

Street Address
8450 Baltimore National Pike suite 150

Address Line 2

City
Ellicott City

State
MD

Zip Code
21043

Phone
443-824-6755

Cell

Fax

E-mail
angela@designkitchenandbath.com

Addtl Info

Est Construction Cost *
45000

Housing Units *
0

Number of Buildings *
0

Public Owned
No

Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *
400

No of Stories *
SQFT (Number) 2

Basement
(Number) Full Finished

Bedrooms
(Number)

Full Baths
(Number)

Half Baths
(Number)

Water *
(Number) Private

Sewage *
(Number) Private

Existing Utilities *
Unknown ▼

Existing Heating System *
Unknown ▼

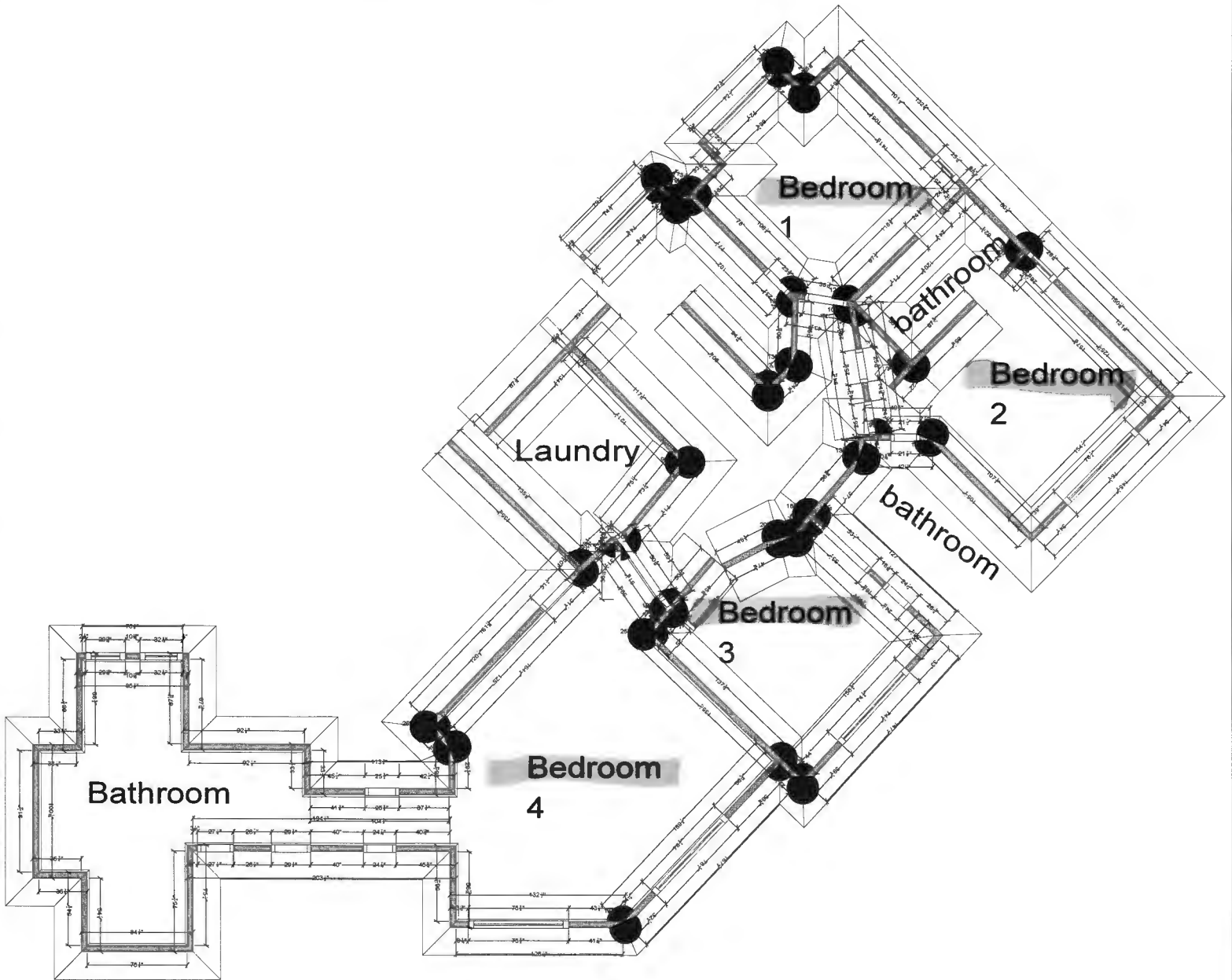
Existing Sprinkler System *
None ▼

Type of New Fireplace
--Select-- ▼

Expiration Date
11/19/2025 

Submit Cancel

2nd Floor Plan



All dimensions _size designations given are subject to verification on job site and adjustment to fit job conditions.



This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 6/2/2025
Printed: 6/2/2025

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Wednesday, May 28, 2025 11:38 AM
To: angela@designkitchenandbath.com
Subject: B25002012_13545 Paternal Gift Dr
Attachments: Section 3.801 Bedroom Definition.pdf

Hi Ms. Doganci:

This email is in regard to BP# B25002012 (13545 Paternal Gift Dr.). Please revise the site plan to show the well and septic system components and upload the revision to DILP system. I've attached the septic record for reference. On page # 2 of the record, you will find the as-built drawing which shows the location of the well and septic system components. In addition, please forward a copy of the existing 2nd floor plan directly to me, so I may get a total bedroom count.

Please note, the septic record indicates the septic system was sized for 5 bedrooms. Should the existing floor plan exceed 5 bedrooms, then you may address this in a couple of ways. You may either modify the existing FP to reduce the bedroom (BR) count or make upgrades to the septic system prior to BP approval. There are a couple of ways to alter a BR, so that it doesn't meet the BR definition. You may either show a cased 4 foot wide opening into the room without a door, or add permanent book case units around the perimeter of the room.

Should you have any questions, please don't hesitate to ask.

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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6/2 - FP's rec'd

still need

revised site

plan - 110