

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25003337	08/19/2025

Description of Work
 SFD/ REVISE FINISHED BASEMENT TO RELOCATE OFFICE TO CREATE A GYM WITH NEW CLOSET, FULL BATH LAUNDRY, KITCHENETTE LIVING RM AND OFFICE**NOT APPROVED AS AN ACCESSORY APT. NO STOVE, SLEEPING ROOMS MUST MEET EGRESS REQUIREMENTS, SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
659	RIVER	RD
Unit Type	Unit #	X Coordinate
-Select-		-76.94785
		Y Coordinate
		39.35417
City	State	Zip Code
SYKESVILLE	MD	21784
	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
831321	64	3	291200	573600	282400	RURAL

Legal Description
 IMPS3 A[]659 RIVER RD[]SYKESVILLE

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		603000	5				
Plan Area		State Tax Id	Subdivision Name				
		1403279448					
Section		Area	Tax Map				
			4				
Grid		Zoning District	ADC Map				
4-23		RR-DEO	4693-J4				
SDP No.		Final Plan No.	WP File No.				
Record Plat No.		WS Contract No.	FDP No.	Primary			
				Yes			
Owner Occupied		Year Built	Historic District				
<input type="radio"/> Yes <input type="radio"/> No		1974	<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 not required.)

Search Reset Clear

Name *
 PENA /
 Address Line 1
 659 RIVER RD
 Address Line 2
 Address Line 3
 Mail City
 SYKESVILLE
 Mail State
 MD
 Mail Zip Code
 21784
 Phone
 512-699-9153
 Primary
 Yes
 E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * 0	Business Name OWNER TO ACT AS CONTRACTOR		
License Type * Property Owner	First Name	Middle Name	Last Name
Primary Yes	ADAM		PENA
	Address Line 1 659 RIVER RD		
	Address Line 2		
	City SYKESVILLE	State MD	ZIP Code 21784
	Phone 1 512-699-9153	Phone 2	Fax
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant	First Name	MI	Last Name
Relationship Applicant	Adam	Luis	Pena
Primary No	Full Name Adam Luis Pena		
	Organization Name		
	Street Address 659 River Rd		
	Address Line 2		
	City Sykesville	State MD	Zip Code 21784
	Phone 512-699-9153	Cell 832-385-7703	Fax
	E-mail * charisarianna@gmail.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact	First Name	MI	Last Name
Relationship Applicant	Adam	Luis	Pena
Primary Yes	Full Name Adam Luis Pena		
	Organization Name		
	Street Address 659 River Rd		
	Address Line 2		
	City Sykesville	State MD	Zip Code 21784
	Phone 512-699-9153	Cell 832-385-7703	Fax
	E-mail charisarianna@gmail.com		

Addtl Info

Est Construction Cost * 55500	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 *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
1000	SQFT (Number) 1	(Number) Full Finished	0	(Number) 1	(Number) 0	(Number) Private	Private

Existing Utilities *
Electric

Existing Heating System *
Electric & Propane Gas

Existing Sprinkler System *
None

Type of New Fireplace
--Select--

Expiration Date
9/5/2026

Related Records

Showing 1-2 of 2

<u>Permit Number</u>	<u>Record Type Alias</u>	<u>Status</u>	<u>Number</u>	<u>Street Name</u>	<u>Opened Date</u>	<u>Description</u>
B25003337	Residential Interior Alteration Single Family Dwelling Permit	Review In Process	659	RIVER	08/19/2025	SFD/ REVISE FINISHED BASEMENT
E25005904	Residential Electrical Addition Alteration Permit	Issued	659	RIVER	10/08/2025	Demo & Refinish Basement - new wirin

Page 1 of 1

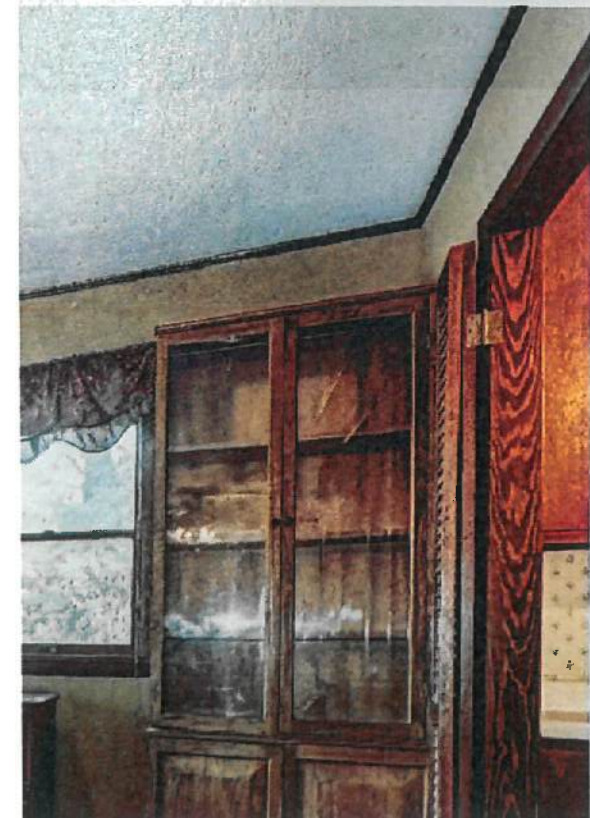
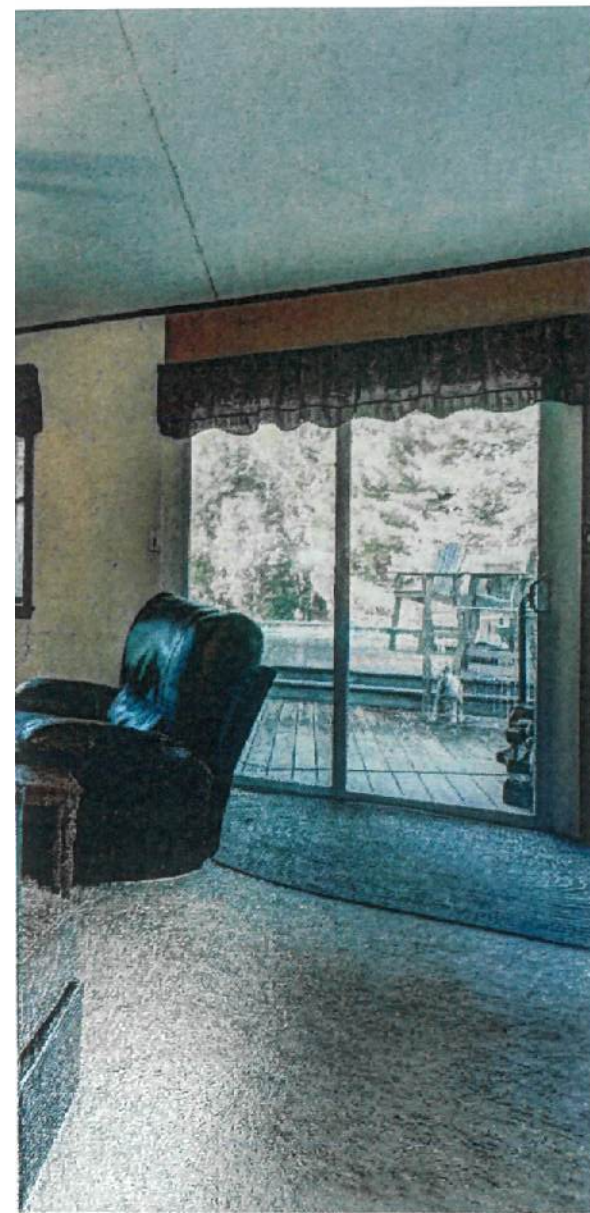
Submit Cancel



PRESENTED BY THE
CREIG NORTHROP TEAM
OF LONG & FOSTER REAL ESTATE

- Spacious Rancher on 3.00 Acres in Sykesville!
- Prepare your favorite meals in eat-in kitchen with ample cabinetry.
- Set of the kitchen for easy entertaining is the dining room.
- The living room features a wood burning fireplace with an insert.
- Four Bedrooms and a full bath complete the main level sleeping quarters.
- The lower level offers a family room with a stone profile fireplace, a second kitchen, a full bath, a casual dining area, a sitting room, laundry room, and storage.

View this home on-line at
www.659RiverRoad.com





View this home online at www.639liveroad.com

- The living room features a wood burning fireplace, built-in dining nook and a built-in breakfast bar.
- The living room offers a view of the lake through large windows.
- The kitchen features a granite countertop, stainless steel appliances and a built-in oven.
- The master bedroom features a walk-in closet and a private bathroom.
- The second floor features a laundry room, a bedroom and a full bathroom.

PRESENTED BY THE
CREIG NORSTROP TEAM
OF LONG & POSTER REAL ESTATE



639 LIVEROAD, LIVEROAD, ONTARIO
 2017-01-11
 1,100 sq. ft. / 3,200 sq. ft. lot
 2017-01-11
 1,100 sq. ft. / 3,200 sq. ft. lot

Property Description:
 This is a beautiful home with a wood burning fireplace, built-in dining nook and a built-in breakfast bar. The living room offers a view of the lake through large windows. The kitchen features a granite countertop, stainless steel appliances and a built-in oven. The master bedroom features a walk-in closet and a private bathroom. The second floor features a laundry room, a bedroom and a full bathroom.

Call us today to view this property or to schedule a viewing.
 905-881-1111

CREIG NORSTROP
 REALTOR

LONG & POSTER REAL ESTATE



639 LIVEROAD, LIVEROAD, ONTARIO

639 LIVEROAD, LIVEROAD, ONTARIO

639 LIVEROAD, LIVEROAD, ONTARIO

639 LIVEROAD, LIVEROAD, ONTARIO

Williams, Jeffrey

From: Charis <charisarianna@gmail.com>
Sent: Wednesday, March 4, 2026 12:46 PM
To: Williams, Jeffrey
Subject: Re: 659 River Rd

WARNING!!!

This email originated from someone outside of Howard County

*****DO NOT CLICK LINKS OR OPEN ATTACHMENTS*****

unless you recognize the sender and know for sure that the content is safe

Mr. Williams,

Thank you for calling me. I wanted to send you these photos right away. I apologize for not having access to older photos at the moment. The Real Estate listing and the page of the Realtor brochure describing the finished basement are attached, plus a photo of the main living area in our basement.

11/27/2017

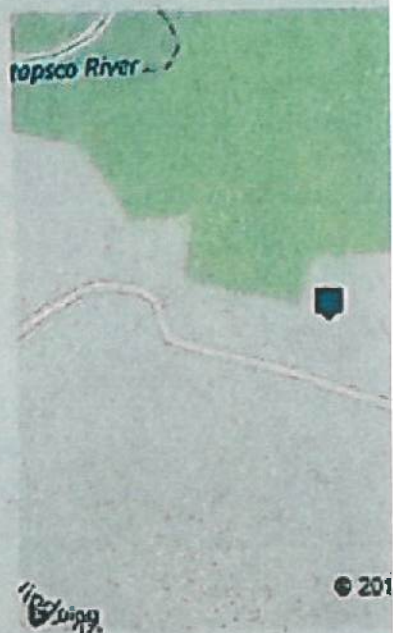


Renee Durakis
 Realtor - Northrop Team of Long & Foster Real Estate, Inc

Residential Synopsis - Cust

Metropolitan Regional Information System

HW10083230 - HOWARD
 659 RIVER RD, SYKESVILLE, MD 21784-



Ownership: Fee Simple, Sale

Status: ACTIVE
Auction: No

List P
Trans
Group
#Lvis

Adv Subdivision: Sykesville

Leg Subdivision:

Condo/Coop Proj Name:

Year Built: 1974

Model:

ADC C
Other
HOA I
C/C F

Total Taxes: \$5,208

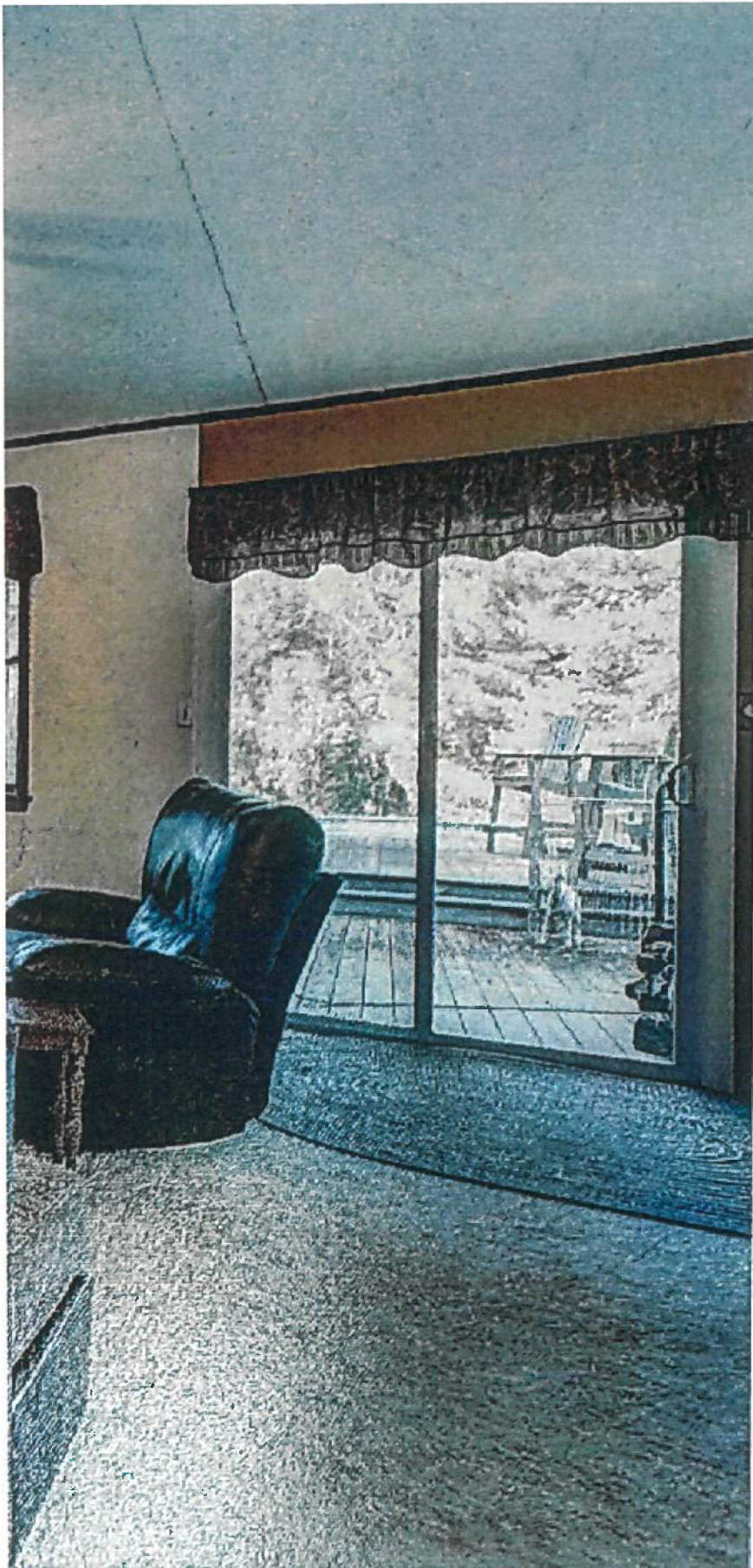
Style: Rancher

Tax Year: 2016
Type: Detached

	Total	Main	Upper 1	Upper 2	Lower 1	Lower 2	Schools*
BR:	4	4			0		ES: West Friendship
FB:	2	1			1		MS: Mount View
HB:	0	0			0		HS: Marriotts Ridge

*School Information is provided by independent third party source

Room	Level	Dimensions	Room	Level
Living Room	Main	18 x 14	Dining Room	Main
Kitchen	Main	17 x 14	Family Rm	Lower 1
Bedroom-Master	Main	18 x 15	Bedroom-Second	Main



PREPARED CREIG OF LONG &

- Spacious Rancher
- Prepare your favorite meals in the kitchen with ample cabinetry.
- Set of the kitchen and dining room.
- The living room features a fireplace with an insert.
- Four Bedrooms are located on the upper level sleeping quarters.
- The lower level offers a fireplace, a second living area, a sitting room

View the listing at
www.604.com



Ownership: Fee Simple, Sale

Status: ACTIVE
Auction: No

List Price: \$450,000
Transaction Type: Standard
Ground Rent:
#Lvs/Fpls: 2/ 2

Adv Subdivision: Sykesville
Leg Subdivision:
Condo/Coop Proj Name:
Year Built: 1974

Model:
Tax Year: 2016
Type: Detached

ADC Coord: 0000
Other Fee: \$.00/
HOA Fee: /
C/C Fee: /

Total Taxes: \$5,208
Style: Rancher

	Total	Main	Upper 1	Upper 2	Lower 1	Lower 2	Schools*
BR:	4	4			0		ES: West Friendship
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HB:	0	0			0		HS: Marriotts Ridge

*School Information is provided by independent third party sources and should not be relied upon without verification.

Room	Level	Dimensions	Room	Level	Dimensions
Living Room	Main	18 x 14	Dining Room	Main	14 x 13
Kitchen	Main	17 x 14	Family Rm	Lower 1	28 x 14
Bedroom-Master	Main	18 x 15	Bedroom-Second	Main	16 x 11
Bedroom-Third	Main	16 x 11	Bedroom-Fourth	Main	12 x 12
Lndry-Sep Rm	Lower 1	10 x 10	Sitting Room	Lower 1	10 x 9
Other Room 1	Lower 1	14 x 11	Other Room 2	Lower 1	13 x 10
Other Room 3	Lower 1	18 x 13			

PROPERTY INFORMATION:

Lot AC/SF: 3.000 / 130680
Exterior: Deck, Fenced - Fully, Fenced - Rear, Horses Allowed, Patio, Pool (Abv Ground), Secure Storage, Fence
Exterior Const: Brick and Siding

Tax Living Area: 1,785

Total Fin Sq/Ft: 2,715

Exposure: Trees

Other Structures: Above Grade, Barn/Stable, Below Grade, Shed, B
Roofing: Shingle - Architectural

Lot Desc: Bcks-PrkInd, Backs to Trees, Landscaping, Lot Premium, No thru street, Trees/Wooded, Private, Pond
Basement: Yes, Partially Finished, Walkout Level, Full, Heated, Daylight, Full, Connecting Stairway, Rear Entrance, Outside Entrance, Walkout

Stairs:
Parking: Drvwy/Off Str

#Gar/Crpt/Assgd: //

HEATING/COOLING/WATER:

Heat System: Forced Air
Water: Well
Cool System: Central Air Conditioning, Ceiling Fan(s)
Sewer/Septic: Septic

Heat Fuel: Oil
Hot Water: Electric
Cool Fuel: Electric
Soil:

Appliances: Cooktop, Dishwasher, Dryer, Icemaker, Exhaust Fan, Microwave, Oven - Double, Oven - Self Cleaning, Oven - Wall, Oven / Range - Electric, Refrigerator, Washer
Amenities: Attic - Stairs Pull Down, Bedroom - Entry Level, Built-in Bookcases, Crown Molding, Fireplace Mantel(s), Fireplace Screen, Drapery Rods, Drapes / Curtains, Fireplace Glass Doors, Shades / Blinds, Wall to Wall Carpeting, Washer / Dryer Hookup

Community Fee Includes:
Community Amenities:

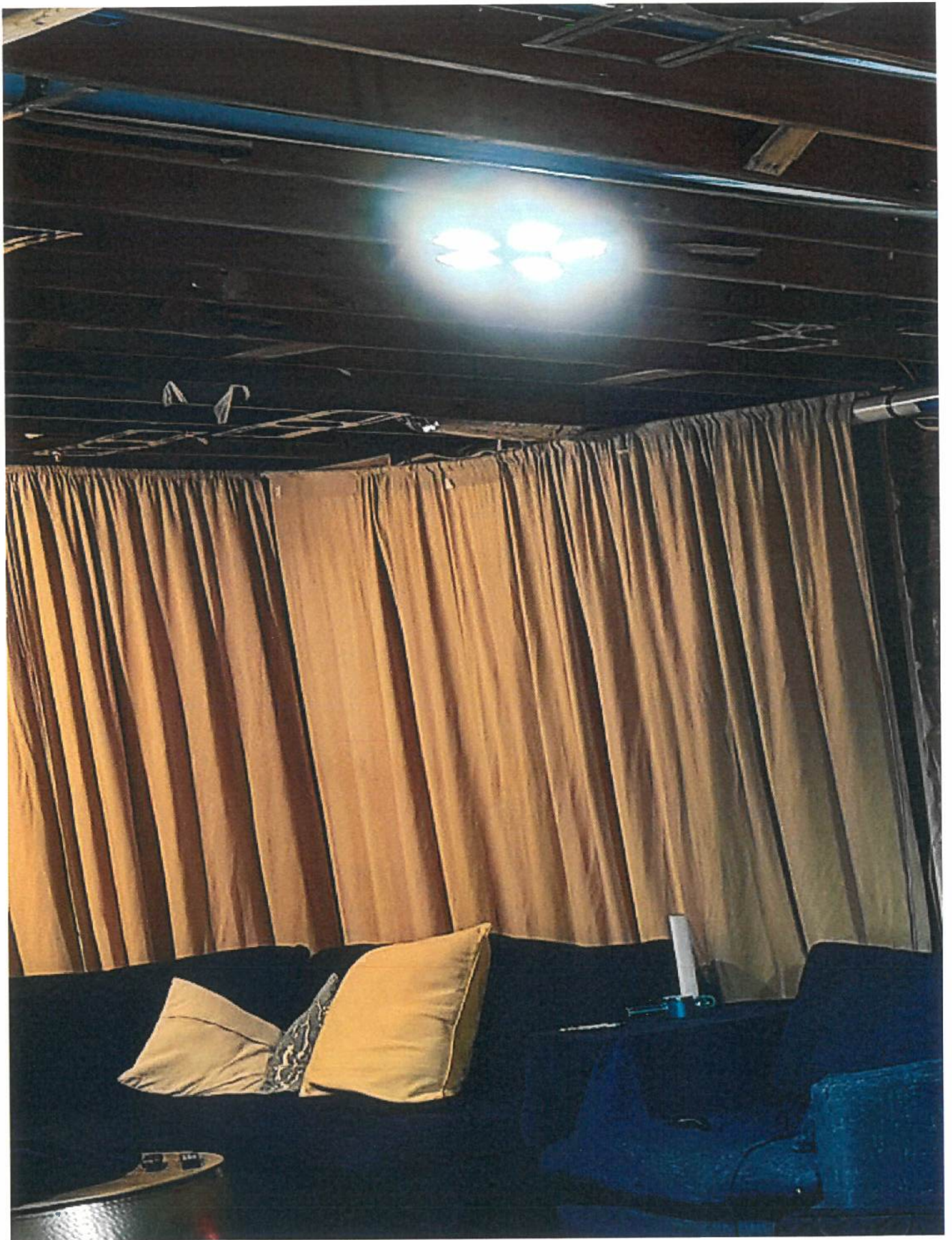
FARM:
Acres Tillable:
Acres Wooded:

Acres Fenced:
Silos:
Farm Use:

Acres Pasture:
Tenant Dwellings:

Internet Remarks: Spacious Rancher on 3.00 Acres! Eat-In Kitchen, Living Rm w/ Fire Place & Separate Dining Rm, LL w/Second Kitchen, Family Rm & Stone Profile Fire Place. Deck, Pool, 7 Stall Barn w/Office, Feed Room, Tool Room & Tack Room, 66x196 Riding Ring on Stone Dust, Arena w/Center & French Drain, Pond, Fully Fenced, Secure Storage & More. Backs to State Park! Great Investment Opportunity! Updated Roof & A/C!

Directions: 82 to River Road



Thank you,
Charis
512-699-9153



M. J. ARGENTI
ARCHITECTS, P.C.
117.599.5599

ADDITION for the PENNA FAMILY 659 RIVER ROAD, SYKESVILLE, MD 21784

PERMIT SET
DATE ISSUED:
7/19/23

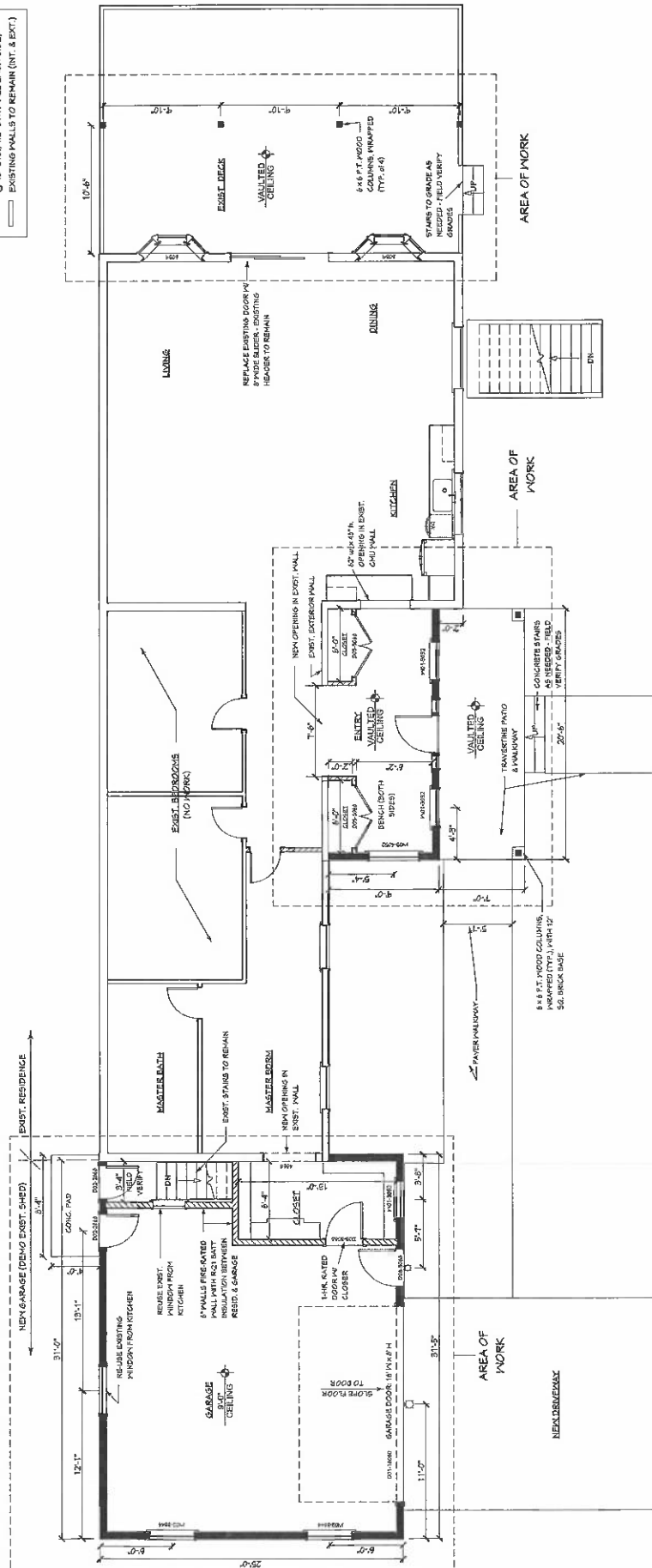
SHEET
A1



SCHEDULES
not to scale

- WALL TYPES KEY:**
- NEW EXTERIOR WALLS @ 16" O.C. STUDS @ 16" O.C. 2x4 "1/2" EXTERIOR SHEATHING. NOTE: 1/2" DRYWALL ON INTERIOR & BATT INSULATION @ NEW ENTRY AND @ GARAGE WALLS BETWEEN GARAGE AND CLOSET STAIRS ONLY.
 - NEW INTERIOR WALLS @ 16" O.C. STUDS @ 16" O.C. 1/2" DRYWALL EACH SIDE
 - ▨ EXISTING WALLS TO REMAIN (INT. & EXT.)

- GENERAL NOTES:**
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2021 MARYLAND BUILDING DEPARTMENT REGULATIONS AND THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2021 MARYLAND BUILDING DEPARTMENT REGULATIONS AND THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK.
 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2021 MARYLAND BUILDING DEPARTMENT REGULATIONS AND THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK.
 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2021 MARYLAND BUILDING DEPARTMENT REGULATIONS AND THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK.
 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2021 MARYLAND BUILDING DEPARTMENT REGULATIONS AND THE 2021 INTERNATIONAL RESIDENTIAL CODE BOOK.



MAIN FLOOR PLAN
scale 1/4" = 1'-0"

NUMBER	QTY	DESCRIPTION	COMMENTS
001	1	16'x8' GARAGE DOOR	
002	2	EXT. HINGED DOOR	
003	2	DOUBLE HINGED PANEL	
004	2	EXT. HINGED DOOR	

NUMBER	QTY	DESCRIPTION	COMMENTS
001	1	8'x8' WOOD COLUMN	AS NEEDED - FIELD VERIFY
002	1	8'x8' WOOD COLUMN	AS NEEDED - FIELD VERIFY
003	1	8'x8' WOOD COLUMN	AS NEEDED - FIELD VERIFY
004	1	8'x8' WOOD COLUMN	AS NEEDED - FIELD VERIFY
005	1	8'x8' WOOD COLUMN	AS NEEDED - FIELD VERIFY



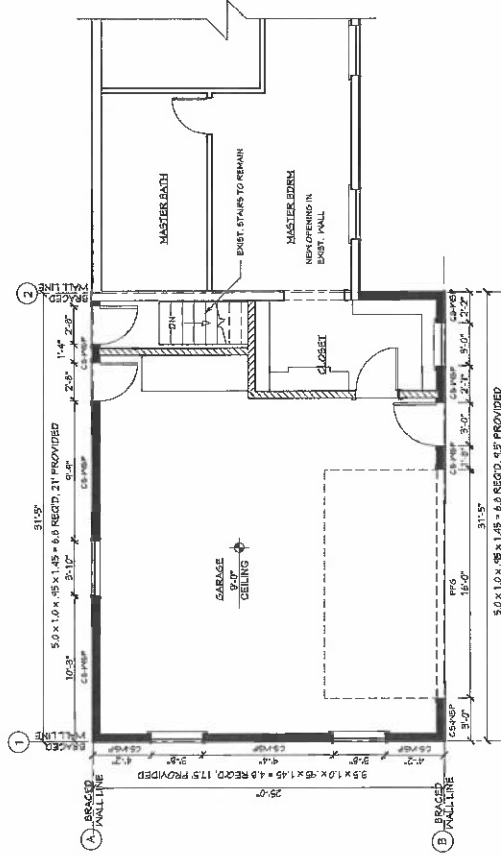
MAUREEN
COPPELAND
ARCHITECTS
717.599.9190

ADDITION for the PENNA FAMILY 659 RIVER ROAD, SYKESVILLE, MD 21784

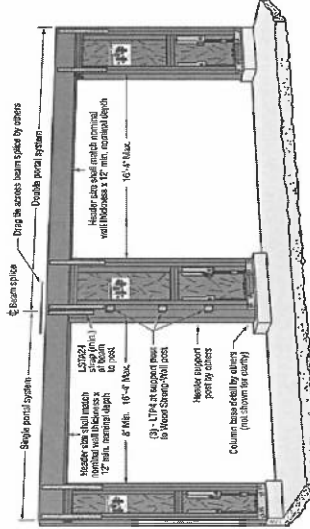
PERMIT SET
DATE ISSUED:
7/19/23

SHEET

A5



WALL BRACING PLAN
scale 1/8" = 1'-0"



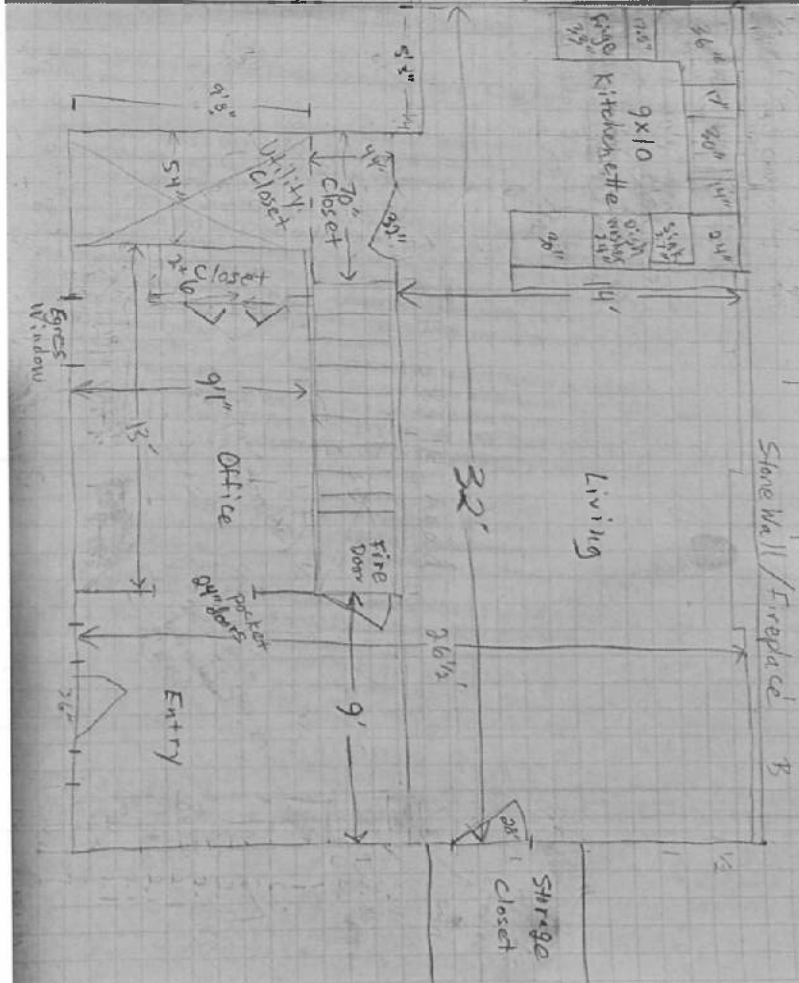
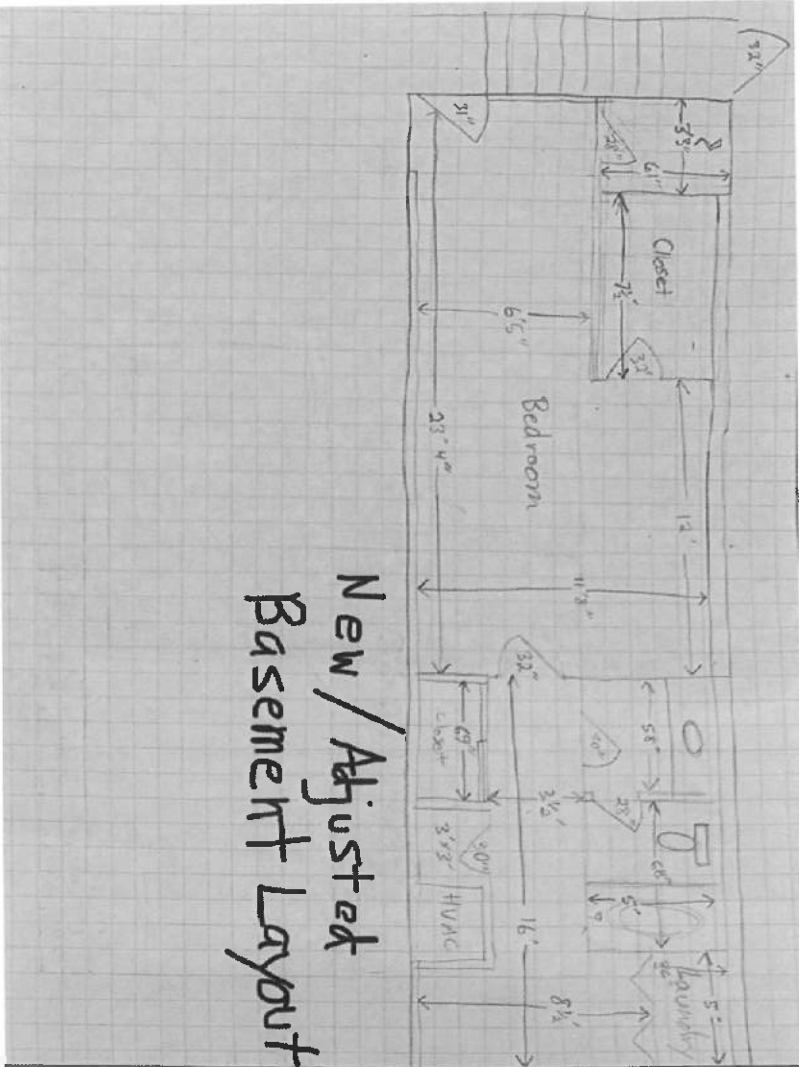
PORTAL DETAIL
not to scale

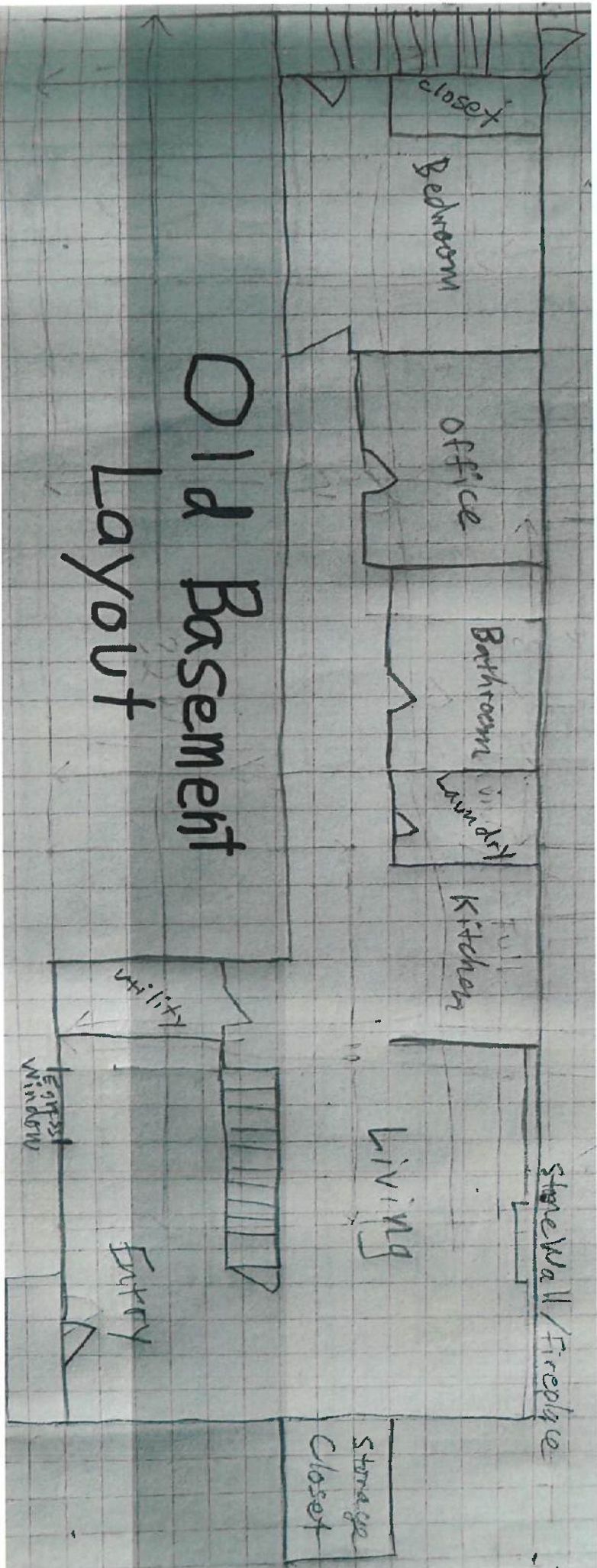
- LOCATION: HOWARD COUNTY, MD
PROJECT: 659 RIVER ROAD, SYKESVILLE, MD 21784
- METHOD 3 (WOOD JOISTING) CONTINUOUS SHAPING
- MADE BRACKETS AND LAGERS OF RC WALL
REZ TO A CONTINUOUS SHAPING. BRACED WALL
LINES WITH CONTINUOUS SHAPING SHALL BE
CONSTRUCTED WITH 2\"/>

Code	Description	Notes
R402.2	Fireplaces: New wood burning fireplaces will have tight-fitting fire dampers or doors, and outdoor combustion air. Fireplaces shall be listed and labeled in accordance with UL 127 (masonry) and UL 907 (masonry fireplace).	
R403.4.4	Rooms containing fire-burning appliances where open combustion air ducts provide combustion air or open combustion air heating appliances, the appliances and combustion air ducts shall be installed in accordance with the International Residential Code, Section R403.4.4. Exception: 1. Direct vent appliances with both intake and exhaust pipes installed in accordance with the International Residential Code, Section R403.4.4. and Section R403.4.5. 2. Fireplaces and stoves complying with Section R403.4.2 and Section R403.4.5 of the IRC.	
R403.4.5	Recycled Lighting Lighting luminaires installed in the building thermal envelope shall be sealed to limit air leakage.	
R403.1.1	Thermostats All dwelling units will have at least (1) programmable thermostat for each separate heating and cooling system per 2015 IECC Section 403.1.1.	
R403.1.2	Where a heat pump system having supplementary electric resistance heat is used, the thermostat shall prevent the supplementary heat from coming on when heat pump can meet heating load.	
R403.3.1	Mechanical Duct Insulation Supply and Return Ducts in Attic: R-8 minimum. R-6 when less than 2 inches. Supply and Return ducts outside of conditioned space shall be insulated to minimum R-6. All ducts shall be sealed under current code. All ducts shall be sealed to minimum R-6. Ducts located under concrete slabs shall meet R-6 minimum.	
R403.3.2	Duct Sealing All ducts, air handlers, filter boxes will be sealed. Joints and seams will comply with section M601.4.1 of the IRC. A duct tightness test ("Duct Blower") that each leakage test will be performed on all homes and shall be verified by either a post construction test or a rough-in test. That tightness test is not required if the air handler and all ducts are located within the conditioned space.	
R403.6	Mechanical Ventilations Mechanical ventilations (i.e. fans) to be installed with automatic or gravity damper that close when the ventilations system is not operating.	
R403.6.1	Whole-house mechanical ventilation system the efficiency to comply with TABLE R403.6.1.	
R403.7	Equipment Sizing shall comply with TABLE R403.7.	
R404.1	Lighting Equipment A minimum of 70% of all lamps (lights) must be high-efficacy lamps.	
R404.2	The contractor shall be responsible for providing Certificate of Compliance and affixing to exterior panel or within 4 feet of the exterior panel and be readily visible.	

CODE COMPLIANCE
not to scale

New / Adjusted Basement Layout







Thank you,
Gavin
11-189513

9/11/73

PERMIT

P 18958
A 18889

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 9/10/73

Patrick J. Lendrim IS PERMITTED TO INSTALL ALTER

ADDRESS Forsyth Road, Sykesville, Md. PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD River Road LOT

PROPERTY OWNER Edward Andrews

ADDRESS Dundalk, Maryland 21222

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER DRY WELL - Is to have 375 sq. ft. effective absorbent sidewall area below the first 4 1/2 ft. of ground at original grade. Bring inlet in at 3ft. Maximum depth of dry well to be 12 ft. Locate dry well 60 ft. to the left of north rear corner of existing building and 90 ft. to the rear of north rear corner of building as seen when facing lot from River Road.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY William W. Zepp DATE 8/29/73

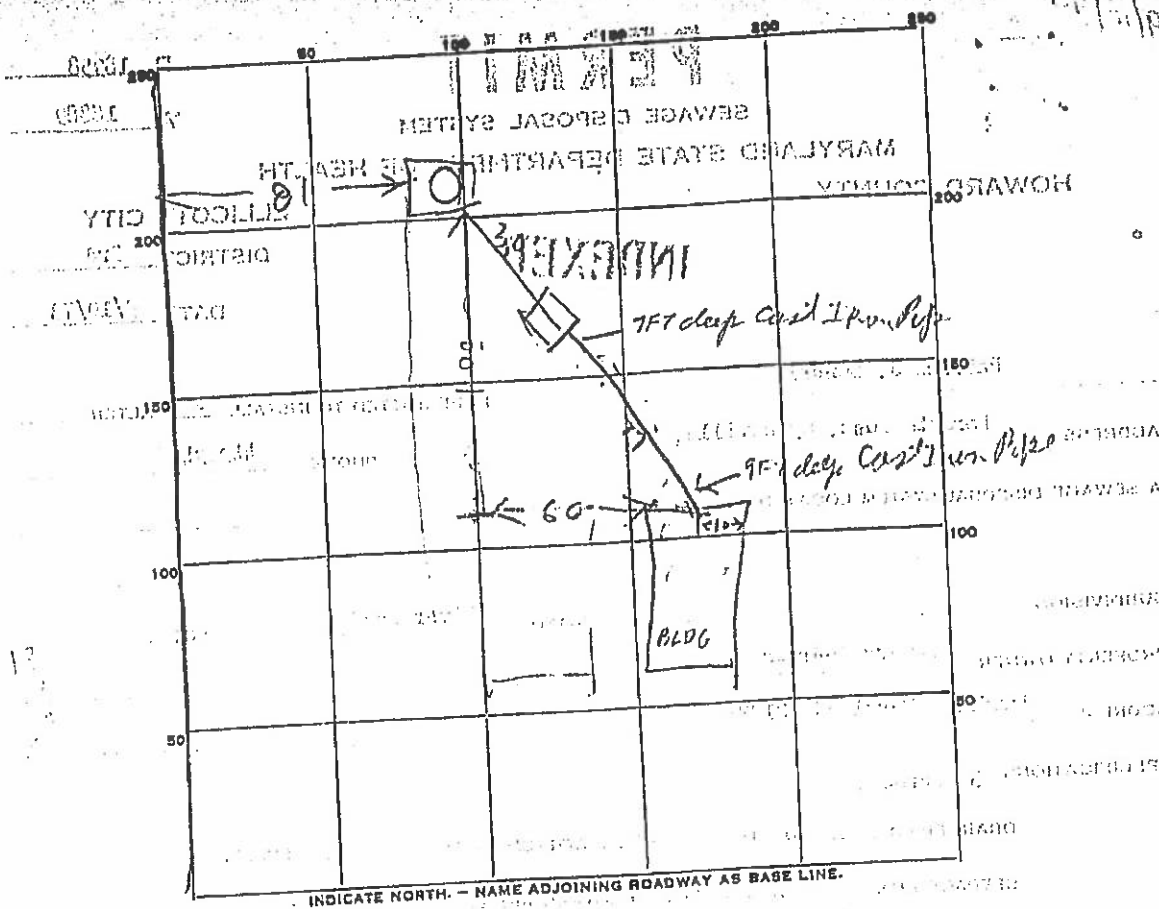
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

Copy permit signed 2/14/74
WWR

A 18889

INSPECTOR DATE SYSTEM APPROVED



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL OK for installation CLEANOUTS OK

DISTRIBUTION BOX, LEVEL Top 4 1/2' - 5 1/2' below grade

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 364 SQ. FT. counting stone

REMARKS: 9/11/73 - Digging well location OK - OK to cover House Sewer

9/11/73 - 2:15 PM - Dig Well 1 inlet at 5 FT below grade

Perimeter of Well is 52 FT

Water Well not yet installed

DATE SYSTEM APPROVED 9/11/73 INSPECTOR Roger and Angela

See - Jash
8/28/73
2:30
Bitter
2004
Loes
must have
10,000 gal

APPLICATION

A 18889

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3

DATE 8/21/73

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 468-8000, EXT. 388

1000 gal ST

Dry well is to have 375 sq. ft. effective abutment sidewall area below the first 4 1/2' of ground at original grade. Bring inlet in at 3 ft. Maximum depth of DW to be 12 ft. Locate dry well 60 ft. to the left of north rear corner of existing building and 90 ft. to the rear of north rear corner of building as seen when facing lot from River Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward Andrews

ADDRESS Dundalk, Md. PHONE Any questions call:
Pat Lendrim
442-2416

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION River Rd. off Rt. 32 (Indian Hill Dr.) approx. 1 mile in on
River Rd., past Catherine Holmes dwelling - next lot is Petrides now Andrews

SIZE OF LOT 3.0 acres TYPE BLDG. 3
(Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Pat Lendrim

APPROVED BY W.W. Figg FOR DW DATE 8/29/73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

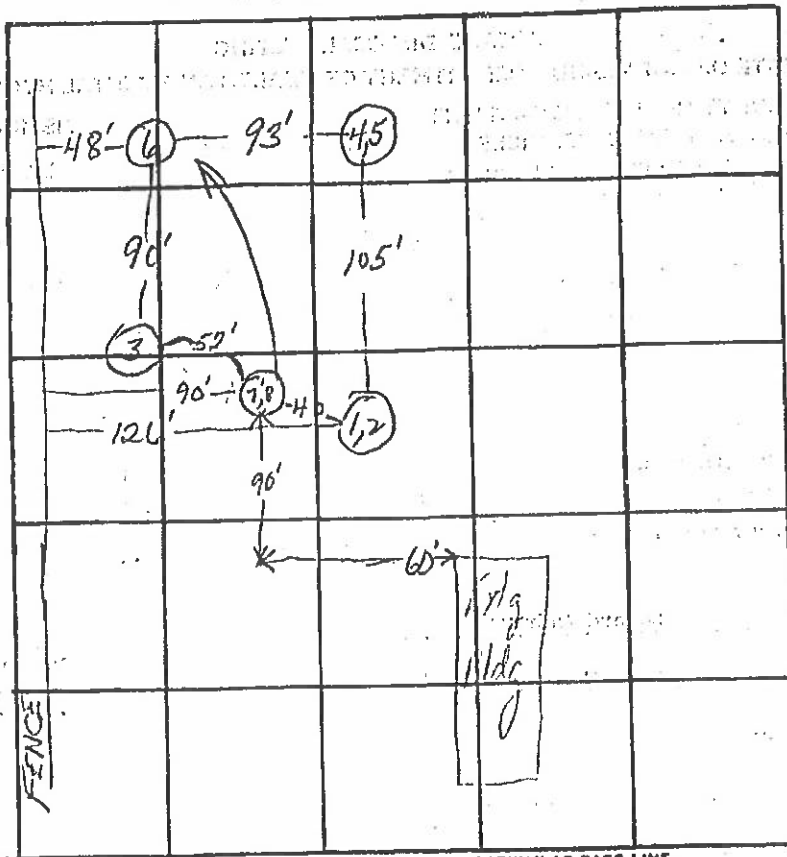
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

FORM 1

Holes 7, 8
 Inlet @ 3'
 Eff Area starts @ 4 1/2'



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/26/33	1	6'	Solid rock; broken rock				
	2		to this				
	3	10 1/2'	Visual; run to H+5; dry				
	4	4 1/2'	2:43	3:02	3:02	3:33	31
	5	12'	2:43	2:45	2:45	2:49	4
	6	11 1/2'	Visual; run to H+5; dry				
	7	5'	3:55	3:59	3:59	4:06	7
	8	11 1/2'	3:41	3:43	3:43	3:47	4

T=12 min
 125 #/cu
 Inlet 3'
 Eff Area @ 4 1/2'

REMARKS: #6 lowest hole; #2 highest but rocky
 TYPE OF SOIL: Sandy w. shale rock

Recorded 4-1/2' Lined
on corner
of edges of
10, 0 1/2'

7/11/72
9:30

APPLICATION

Holmes
A 16894
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 3 bedrooms - 1000 gal. - 1250 gal.*

ELLICOTT CITY
DISTRICT 3rd
DATE 4/3/72

Dry Well - 100 sq. ft. absorbent sidewall area per bedroom to begin below the inlet. Maximum depth permitted for dry well is 10 1/2 ft. below original grade. Locate dry well 154 ft. from front property and 35 ft. from left side line as seen from River Rd. inlet no deeper than 3 ft.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER (Mr. & Mrs. Ernest Petrides) - O. Howard Holmes - Present

ADDRESS 126 Oakdale Ave. Catonsville, Md. PHONE 744-0604

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION River Rd. off Rt. 32 (Indian Hill Dr.) Approx. 1 mile in on River Rd. past Catherine Holmes dwelling - next lot is Petrides

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3.0 Acres TYPE BLDG. 3 or 4 Bedrooms (Single Fam. Dwelling)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Mrs. Ernest Petrides

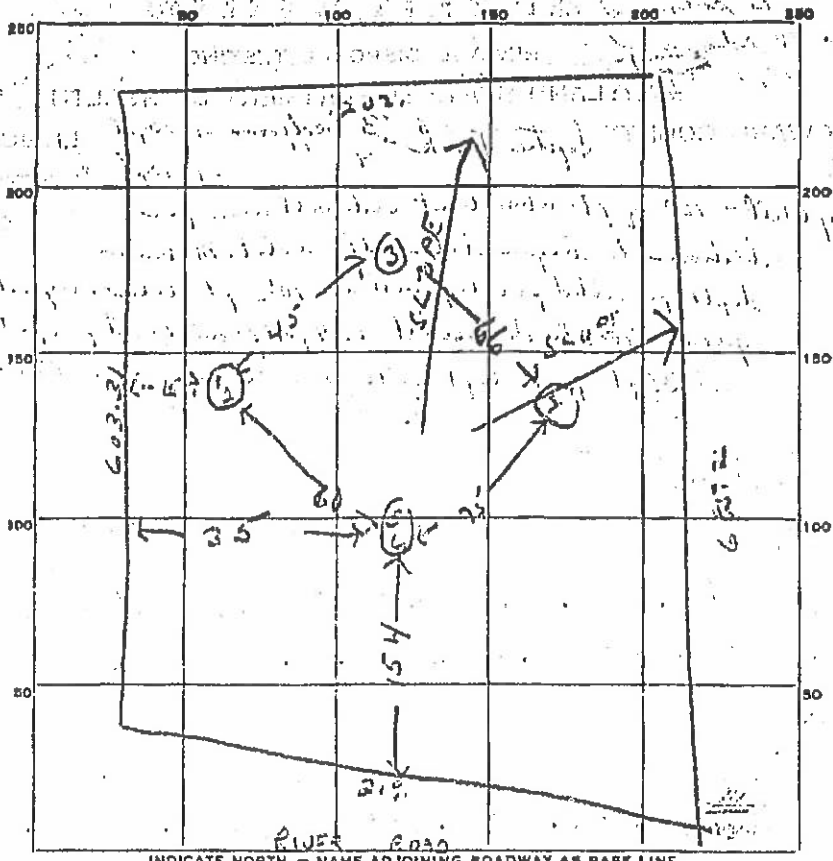
APPROVED BY Robert V. Tone FOR Dry Well DATE 7/11/72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
Edward Anderson
Bluesdale, Md.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/11/72	1	4 ft	10 ¹⁷	10 ¹⁸	10 ¹⁹	10 ²¹	2 min	
	2	10 ft	10 ²⁰	—	—	10 ²³	3 min	
	3	10 1/2 ft	heavy soil - not tested					
	4	10 1/2 ft	Excellent soil - very sandy					
	5	4 ft	10 ²⁶	10 ²⁸	10 ²⁸	10 ³⁰	2 min	
	6	10 1/2 ft	10 ²⁸	10 ²⁸	10 ²⁸	10 ³²	4 min	
			Excellent sandy soil					
			ALL HOLES					
			EVERY SANDY					

SOIL AUGER FINDING: INLET CAN START AT ANY DEPTH

TESTED BY: R. Jones

REMARKS:

Boundary plat must be submitted
4-7-72 Reled - at
least 50 ft apart.

APPLICATION

A 16894
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY Septic Tank - 3 bedrooms - 1000 gal

ELLICOTT CITY
DISTRICT 3rd
DATE 4/3/72

Fill out in triplicate. Dry Well - 100 sq ft. absorbent sandwell area per
Make \$15.00 check payable: bedroom to begin below the inlet. Maximum
Howard County Health Dept. - Sanitation depth permitted for dry well is 10 1/2 ft below original
grade. locate drywell 154 ft from front property
and 35 ft from left side line in area from corner post

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mr. & Mrs. Ernest Petrides

ADDRESS 126 Oakdale Ave, Catonsville, Md. PHONE 744-0604

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION River Rd. off Rt. 32 (Indian Hill Dr.) Approx. 1 mile in on
River Rd. past Catherine Holmes dwelling - next lot is Petrides

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3.0 Acres TYPE BLDG. 3 or 4 Bedrooms
(Single Fam. 1538 sq. ft.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Mrs. Ernest Petrides

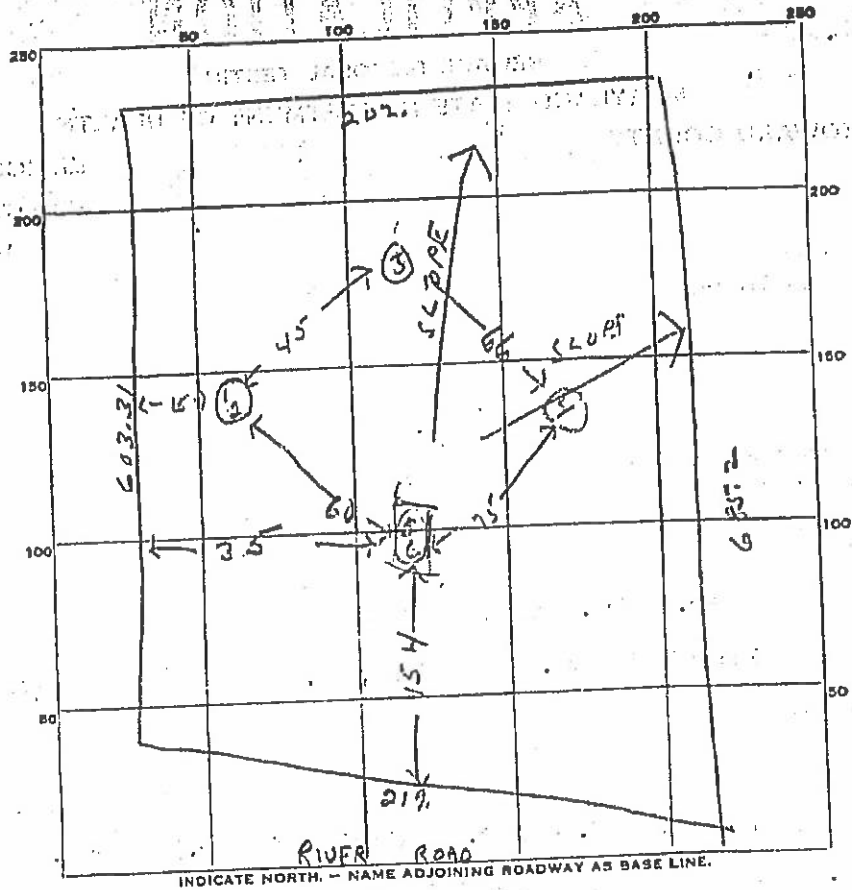
APPROVED BY Robert V. Toner FOR Dry Well DATE 7/1/72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/62	1	4 ft.	10 ¹⁷	10 ¹⁹	10 ¹⁹	10 ²¹	2 min
	2	10 ft.	10 ²⁰			10 ²³	3 min
	3	10 1/2 ft.	Sandy soil - not started				
	4	10 1/2	Excellent sand - very sandy.				
	5	4 ft.	10 ²⁶	10 ²⁸	10 ²⁸	10 ³⁰	2 min
	6	10 1/2 ft.	10 ²⁸	Remainder of hole water poured		10 ³²	4 min completely dry
		Excellent sandy soil.					
		ALL HOLES VERY SANDY					

SOIL AUGER FINDING INLET CAN START AT ANY DEPTH

TESTED BY R. Tume

REMARKS _____

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD., 21401
WELL COMPLETION REPORT

SEQUENCE NO. (DWR USE ONLY)
4326

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY)
DATE WELL COMPLETED
1980 11 19 73

DEPTH OF WELL
145
22 (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HD-73-04414
28 29 30 31 32 33 34 35 36 37

OWNER: Andrew Edward
STREET OR RFD: ... POST OFFICE: ...

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
15 to 20 ft. sand	0	21	
gray granite	21	145	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
CEMENT M BENTONITE CLAY B

NO. OF BAGS: 5 NO. OF POUNDS: 170

GALLONS OF WATER: 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 19 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW):
STEEL S1 CONCRETE C0
PLASTIC PL OTHER OT

MAIN CASING TYPE: S1
NOMINAL DIAMETER TOP (MAIN CASING) (NEAREST INCH): 4
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 23

OTHER CASING (IF USED)
DIAMETER (INCH) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW):
STEEL ST BRASS OR BRONZE BR OPEN HOLE HO
PLASTIC PL OTHER OT

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 55 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (I.R.O.S.)

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 17 (NEAREST FOOT)
WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (IF ON PUMPING TEST):
AIR A PISTON P TURBINE T
CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O
JET J SUBMERSIBLE S

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T) OF

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE LAND SURFACE
- BELOW (NEAREST FOOT) 49 50 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

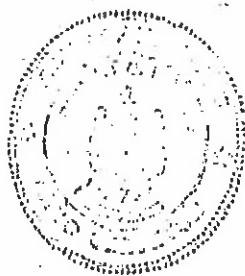
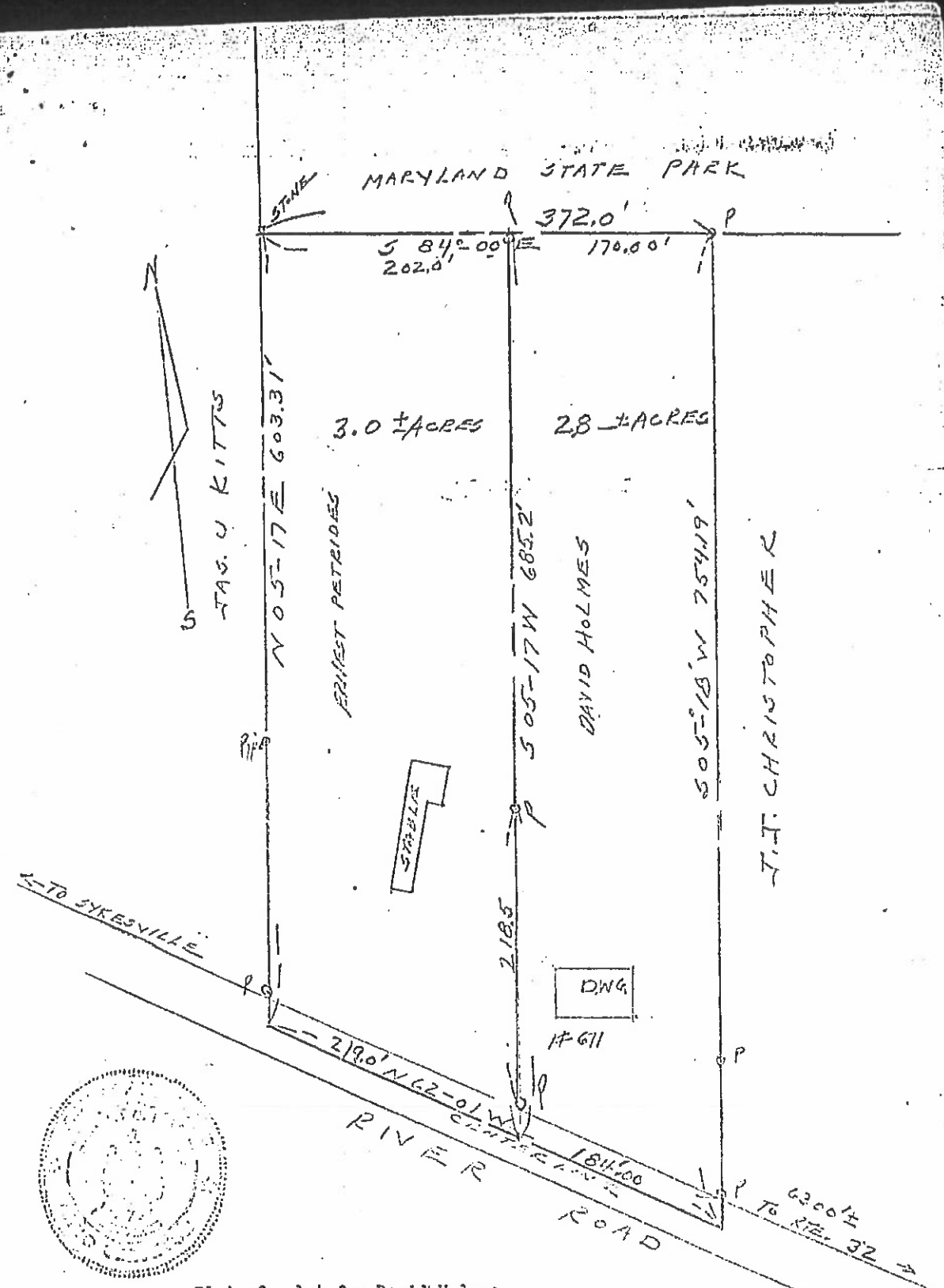
E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: Joseph Mayne

SIGNATURE: Joseph Mayne



Plat of a lot for David Holmes,
 Third District, Howard Co., Md.
 Revised Mar. 11, 1972

Scale 1 in. to 100 ft. May 1968
 Robert C. Morris, Reg. Surveyor, 759
 Old Court Road, Balto. 21207

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 1430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2435 INSPECTIONS (410) 313-1818 AUTOMATED INFORMATION (410) 313-2800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B10002167</u>
Building Address <u>639 RIVER RD.</u> <u>SYKESVILLE, MD 21158</u>		Property Owner's Name <u>GRABBE W. STAFFORD</u> Address <u>639 RIVER RD.</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21158</u> Home Phone <u>410-982-9802</u> Work Phone <u>410-591-0916</u> Applicant's Name & Mailing Address, (if other than stated herein):	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company <u>VAN BORN PAUL & SONS</u> Contact Person _____ Address <u>107 MAIN ST.</u> <u>KEISERSTOWN</u> State <u>MD</u> Zip Code <u>21136</u> License No. _____ Phone <u>410-526-9304</u> Fax _____	
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>ADD GARAGE</u> <u>POLE 21' X 41'</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Building Description - COMMERCIAL	

BUILDING CHARACTERISTICS		UTILITIES	
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

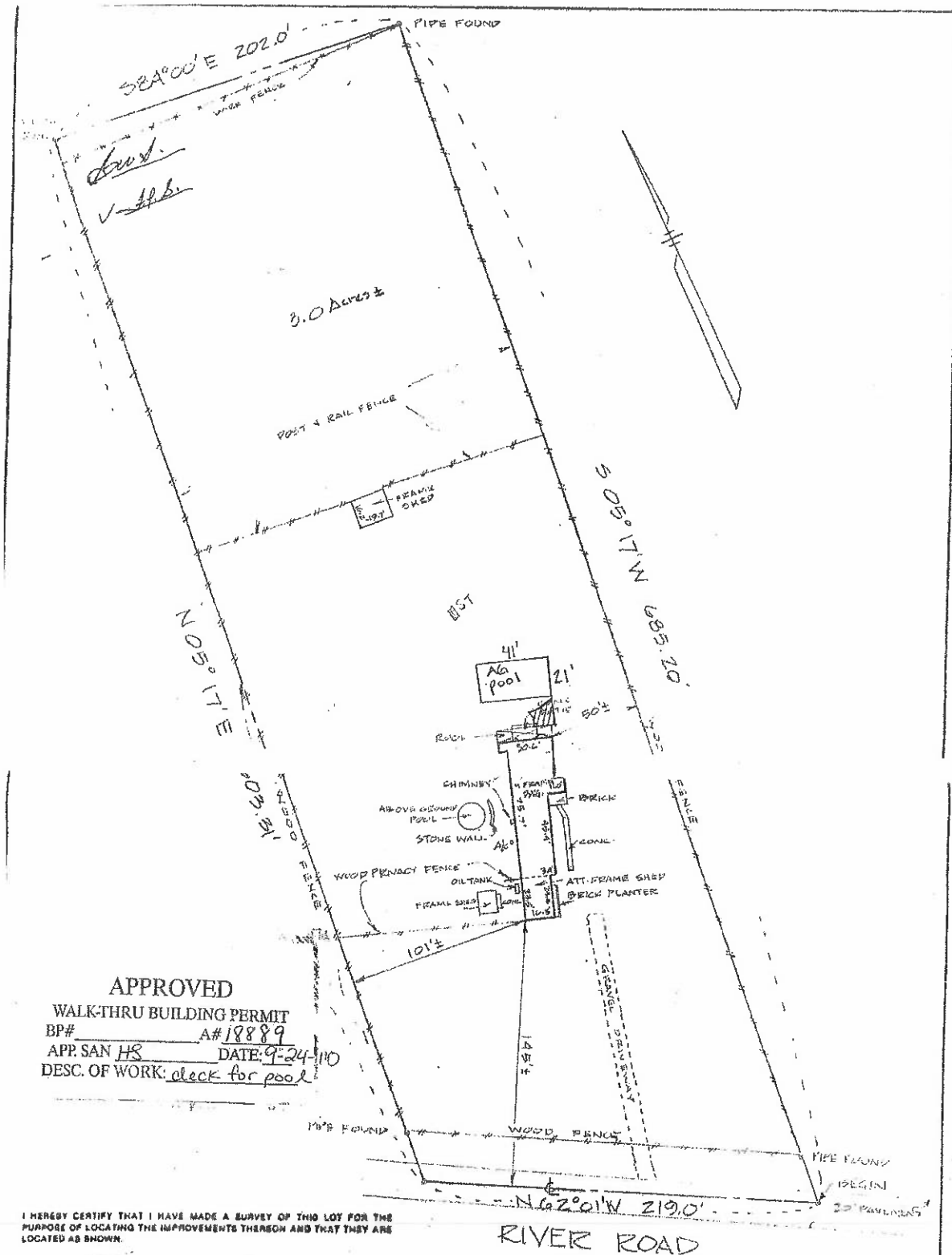
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

George Stafford Applicant's Signature
GRABBE W. STAFFORD Print Name
7-15-10 Date
 Title/Company _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health <u>7-15-10</u> <u>Kevin Smith</u>				All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				Lot Coverage for New Town Zone SDP/Red-line approval date _____	Validation # _____
				Accepted by _____	

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A#18889
 APP. SAN HS DATE: 9-24-10
 DESC. OF WORK: check for pool

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

REG. NO. 7730
W. T. SADLER
 Surveyors
 507 MAIN STREET
 REISTERSTOWN, MD.
 21136



LOCATION SURVEY		
#659 RIVER ROAD 3 RD ELEC. DIST. HOWARD CO., MD.		
SCALE 1" = 50'	DATE 1-6-87	APP. NO. 5-16639

NOTE: This Plat cannot be used to establish property lines or corners.

Building Address 699 RIVER RD
SYKESVILLE MD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____
 Existing Use SFD
 Proposed Use SFD w/ deck
 Estimated Construction Cost \$ _____
 Description of Work pool deck
 Occupant or Tenant _____
 Contact Name GEORGE W STAFFORD
 Address 699 RIVER RD
 City SYKESVILLE MD State MD Zip Code 21784
 Phone (410) 489-9802 Fax _____

Property Owner's Name GEORGE W STAFFORD
 Address 699 RIVER RD
 City SYKESVILLE MD State MD Zip Code 21784
 Home Phone 489-9802 Work Phone 410-591-0414
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____
 Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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.

George W Stafford
 Applicant's Signature
dis924@hotmail.com
 Email Address

GEORGE W STAFFORD
 Print Name
9/24/10
 Date

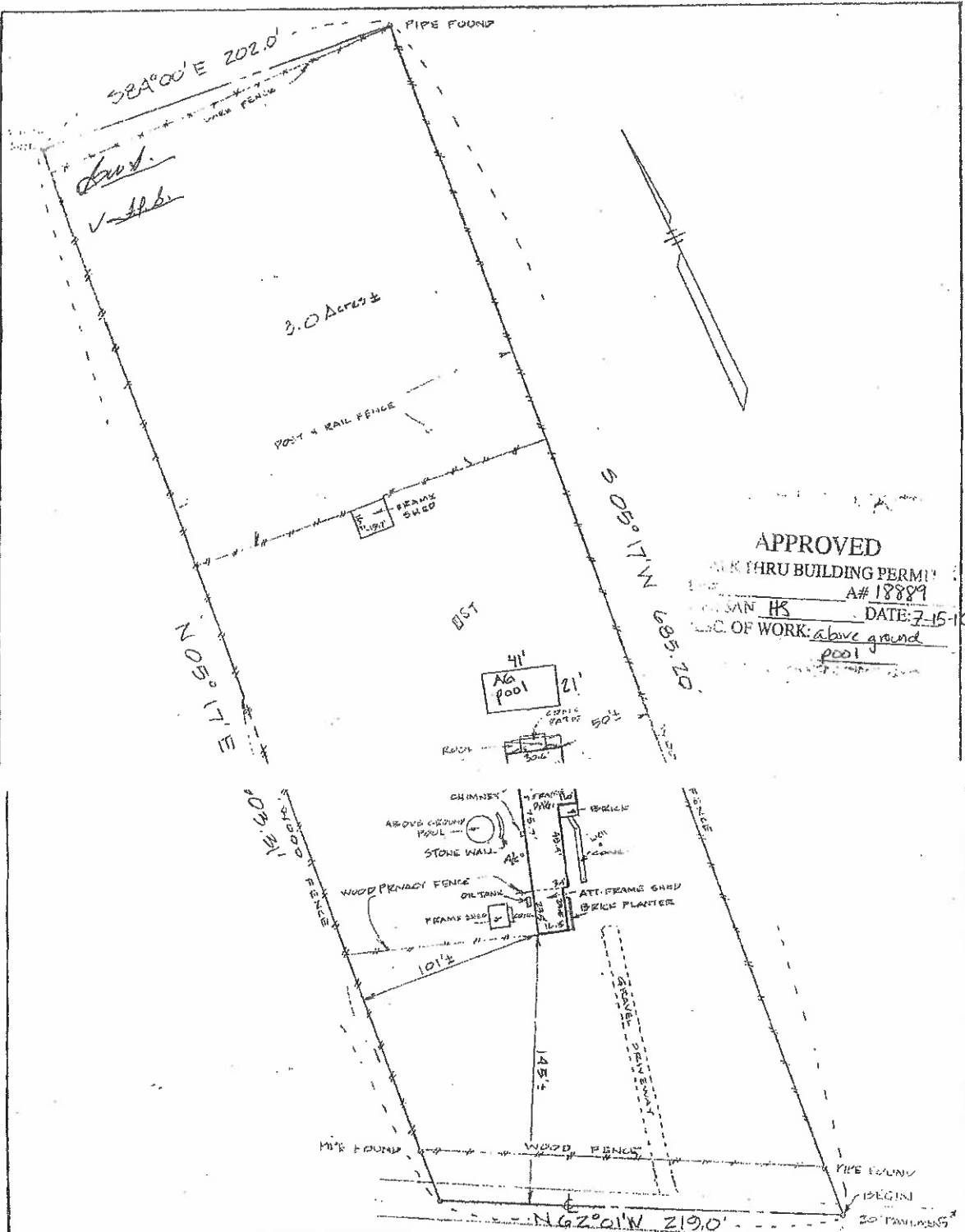
Title/Company _____ Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	5
State Highways			Rear: _____	Permit fee	\$ _____
Building Officials			Side: _____	Excise tax	\$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee	\$ _____
Health	<u>9-24-10</u>	<u>Wesley Smith</u>	All minimum setbacks met?	TOTAL FEES	\$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
			Is Entrance Permit Required?	Check	# _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation	# _____
			Historic District?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone		
			SDP/Red-line approval date	Accepted by	

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP:

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



APPROVED
 WALK THRU BUILDING PERMIT
 A# 18889
 HOWARD HS DATE: 7-15-10
 N.O.C. OF WORK: above ground pool

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

RIVER ROAD

REG. NO. 7730

W. T. SADLER
 Surveyors

507 MAIN STREET
 REISTERSTOWN, MD.
 21136

LOCATION SURVEY

#659 RIVER ROAD
 3RD ELEC. DIST. HOWARD CO., MD.

SCALE 1"=50'	DATE 1-6-87	APP. NO. 3-11-689
------------------------	-----------------------	-----------------------------

NOTE This Plat cannot be used to establish property lines or corners

DATE: September 29,2025

TO: Charis and Adam Pena (Applicant)
Via E-mail: charisarianna@gmail.com

RE: **Building Permit #B25003337**
659 River Road
Sykesville, MD 21784

Mr. and Mrs. Pena,

During the initial review of this project, Health was under the assumption that the number of bedrooms within the house was not increasing. After searching our database for more historic record files, a previously approved building permit from 2018 was discovered where the number of bedrooms decreased from four to three & the basement was labeled as unfinished. Based on the current building permit (B25003337), Health has determined the bedroom count is now five based on the submitted floor plans. This proposed increase in septic flow has triggered a few requirements.

This property does not have any historical septic or well installation records with no record of percolation testing ever occurring to establish a sewage disposal area (SDA). Howard County Code 3.805 specifies that the Health Department must sign a Perc Certification (PC) Plan establishing an SDA for future on-site sewage disposal systems (OSDS) prior to approving a building permit for a living space increase. A perc test application and an accompanying test plan are the starting points to establish an SDA. Additionally, the state regulation (COMAR 26.04.02) requires the Health Department to verify the condition of the existing OSDS to determine whether its current state is adequate or if an upgrade would be required for any building permit that proposes an increase to its number of bedrooms. Please submit a percolation test application, percolation test plan and a fee of \$597 to the Health Department (Application Attached). The homeowner will be responsible for hiring an engineer to create a percolation test plan. Once the plan has been approved for testing by the Health Department, a septic contractor will need to be provided by the property owner on the scheduled test date. After successful testing has been completed, a 10,000 sq.ft sewage disposal area will be established on the PC plan.

The existing septic system must be evaluated during perc testing to see if it can

support a 5-bedroom house. If it cannot support a 5-bedroom house, a new septic system will be required. This can be achieved by having a licensed designer with MDE submit an on-site sewage disposal system (OSDS) plan to our office after the perc certification plan has been approved. If required, the newly designed septic system must be installed before final building permit approval.

I have attached a list of septic contractors and engineers to help you move forward with the process. We also discussed the possibility of utilizing the "Bay Restoration Fund." This grant is used with priority given to failing septic systems in need of repair, any upgrades or new house construction proposals will receive lower priority in accordance with the grant rules (see attached grant application).

Your building permit has been placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above email address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II,
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25003337	10/19/2025

Description of Work
 SFD/ REVISE FINISHED BASEMENT TO RELOCATE OFFICE TO CREATE BIGGER BEDROOM, AND CREATE NEW CLOSET**NOT APPROVED AS AN ACCESSORY APT, NO STOVE, SLEEPING ROOMS MUST MEET EGRESS REQUIREMENTS, SUBJECT TO FIELD INSPECTION**

[check spelling](#)

ON HOLD.

gls 10/6/25

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
659	RIVER	RD
Unit Type	Unit #	X Coordinate
-Select-		-76.94785
		Y Coordinate
		39.35417
City	State	Zip Code
SYKESVILLE	MD	21784
	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
831321	64	3	291200	573600	282400	RURAL

Legal Description
 IMPS3 A[]659 RIVER RD[]SYKESVILLE

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403279448						
Section	Area	Tax Map					
		4					
Grid	Zoning District	ADC Map					
4-23	RR-DEO	4693-J4					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1974	<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 not required.)

Search Reset Clear

Name *

PENA/

Address Line 1

659 RIVER RD

Address Line 2

Address Line 3

Mail City

SYKESVILLE

Mail State

MD

Mail Zip Code

21784

Phone

512-699-9153

Primary

Yes

E-mail

Cell Number _____ Fax Number _____

Professionals (This section is not required.)

License # * 0 Business Name OWNER TO ACT AS CONTRACTOR

License Type * Property Owner ✓ First Name ADAM Middle Name Last Name PENA

Primary Yes ✓ Address Line 1 659 RIVER RD Address Line 2

City SYKESVILLE State MD ZIP Code 21784

Phone 1 512-699-9153 Phone 2 Fax

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant ✓ First Name Adam MI Luis Last Name Pena

Relationship Applicant ✓ Full Name Adam Luis Pena

Primary No ✓ Organization Name

Street Address 659 River Rd Address Line 2

City Sykesville State MD Zip Code 21784

Phone 512-699-9153 Cell 832-385-7703 Fax

E-mail * charisarianna@gmail.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact ✓ First Name Adam MI Luis Last Name Pena

Relationship Applicant ✓ Full Name Adam Luis Pena

Primary Yes ✓ Organization Name

Street Address 659 River Rd Address Line 2

City Sykesville State MD Zip Code 21784

Phone 512-699-9153 Cell 832-385-7703 Fax

E-mail charisarianna@gmail.com

Addtl Info

Est Construction Cost * 55500 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 *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
1000 SQFT (Number)	1 (Number)	Full Finished	✓ 0 (Number)	0 (Number)	0 (Number)	Private (Number)	✓ Private (Number)

Existing Utilities *

Electric



Existing Heating System *

Electric & Propane Gas



Existing Sprinkler System *

None



Type of New Fireplace

--Select--



Expiration Date

2/16/2026



Submit

Cancel

Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#) [No Ground Rent Redemption on File](#) [No Ground Rent Registration on File](#)

Special Tax Recapture: None

Account Number: District - 03 Account Identifier - 279448

Owner Information

Owner Name: PENA ADAM L **Use:** RESIDENTIAL
 PENA CHARIS R **Principal Residence:** YES
Mailing Address: 659 RIVER RD **Deed Reference:** /18029/ 00374
 SYKESVILLE MD 21784-5504

Location & Structure Information

Premises Address: 659 RIVER RD **Legal Description:** 3 A
 SYKESVILLE 21784-0000 659 RIVER RD
 SYKESVILLE

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0004 0023 0064 3010103.14 0002 2025 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1974 2,105 SF 3,0000 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 1 YES STANDARD UNITSIDING/4 - 2 full 1 Attached

Value Information

	Base Value	Value	Phase-in Assessments	
			As of 01/01/2025	As of 07/01/2025
Land:	241,200	291,200		
Improvements	227,600	282,400		
Total:	468,800	573,600	503,733	538,667
Preferential Land:	0	0		

Transfer Information

Seller: STAFFORD GEORGE WILLIAM **Date:** 01/30/2018 **Price:** \$425,000
Type: ARMS LENGTH IMPROVED **Deed1:** /18029/ 00374 **Deed2:**
Seller: ANDREWS EDWARD J **Date:** 01/22/1987 **Price:** \$140,000
Type: ARMS LENGTH IMPROVED **Deed1:** /01593/ 00704 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2025	07/01/2026
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 12/26/2018

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

SITE INSPECTION SHEET

OWNER: Adam & Charis Peina PHONE #: 512 699 9153

ADDRESS: 659 River Rd. CONTRACTOR: _____

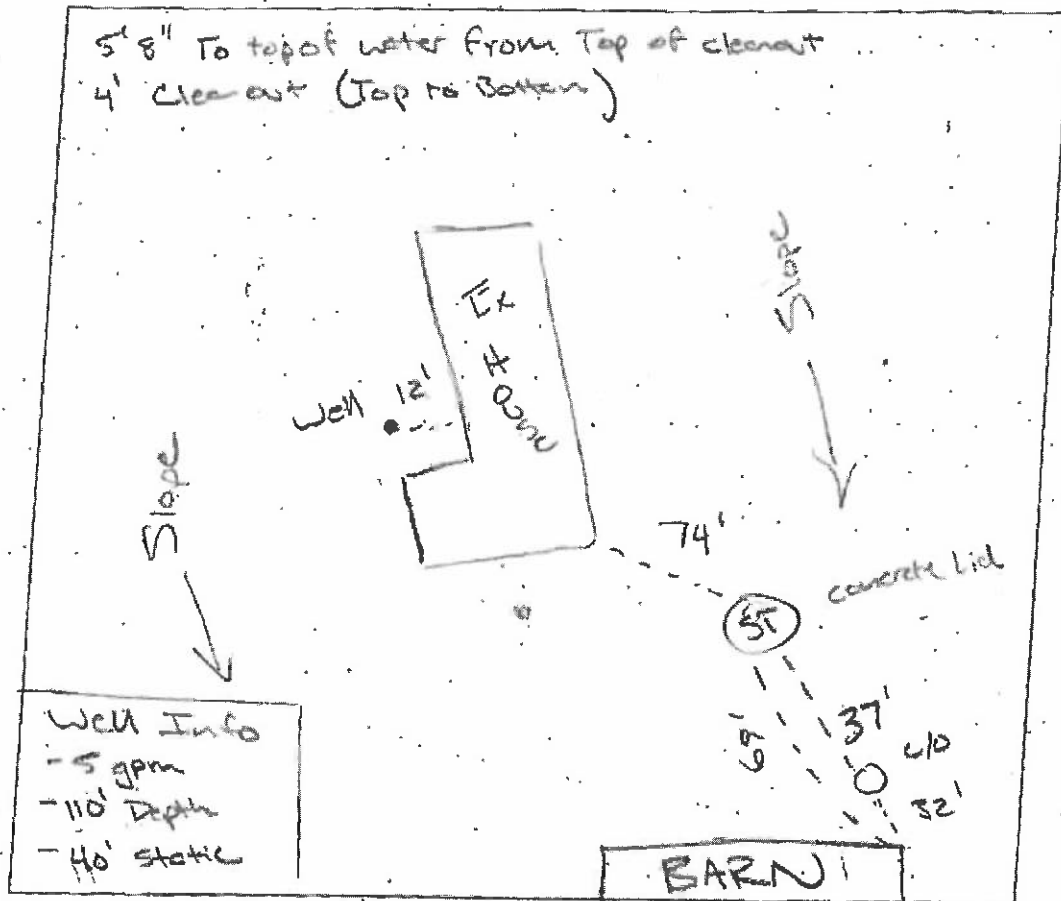
Sykesville, MD 21784 WELL TAG #: No Tag

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Walk thru interior alterations (Reducing # BRs).

No records found. Visited site to confirm the septic location

LOCATION DIAGRAM and condition.

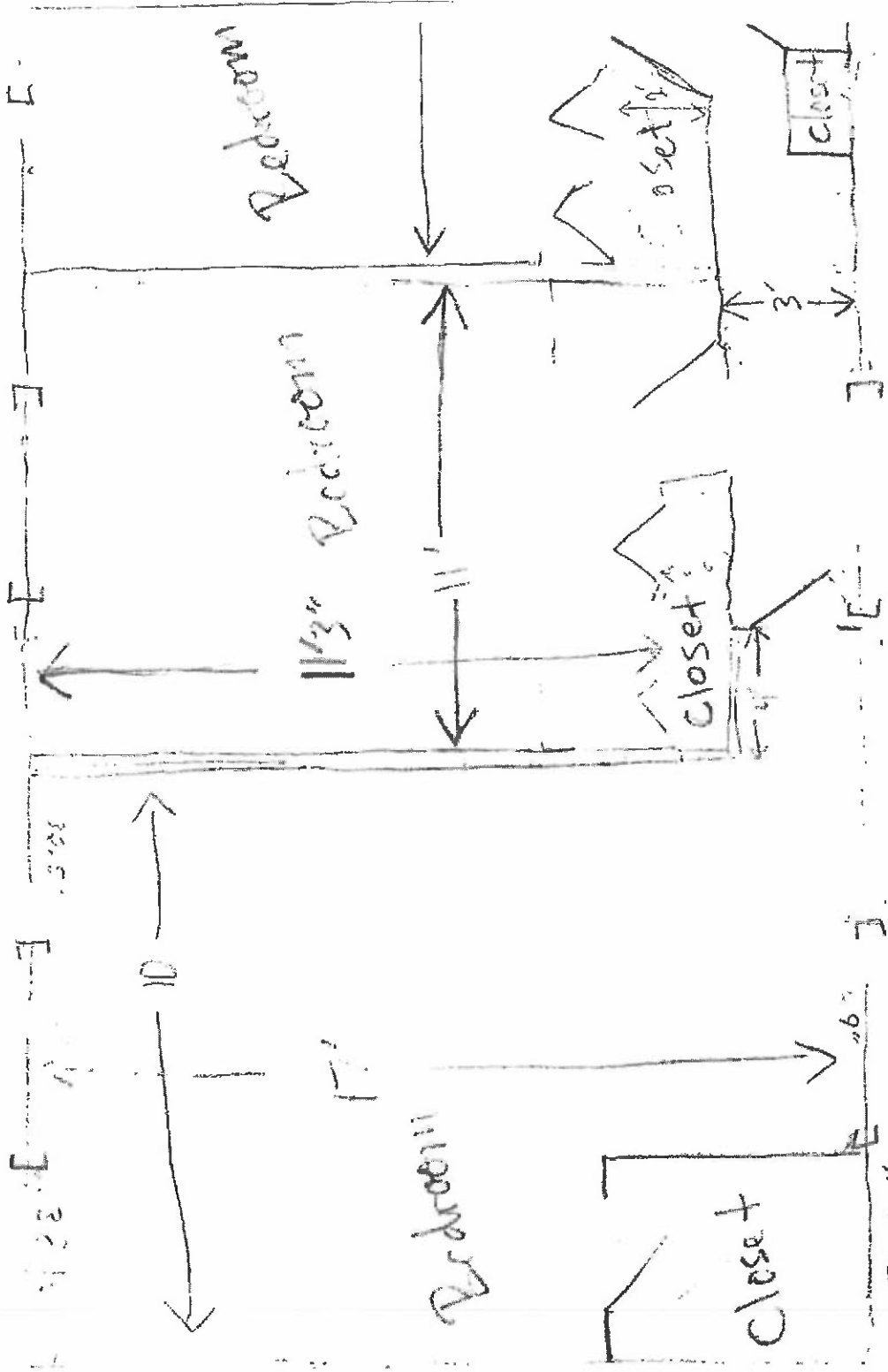


COMMENTS: charisarianna@gmail.com

Adam showed us where septic was located. Does not appear to be failing. Took measurements and told owners to consider replacing system in the future. Well cap and casing recently replaced.

DATE: 8/24/2018

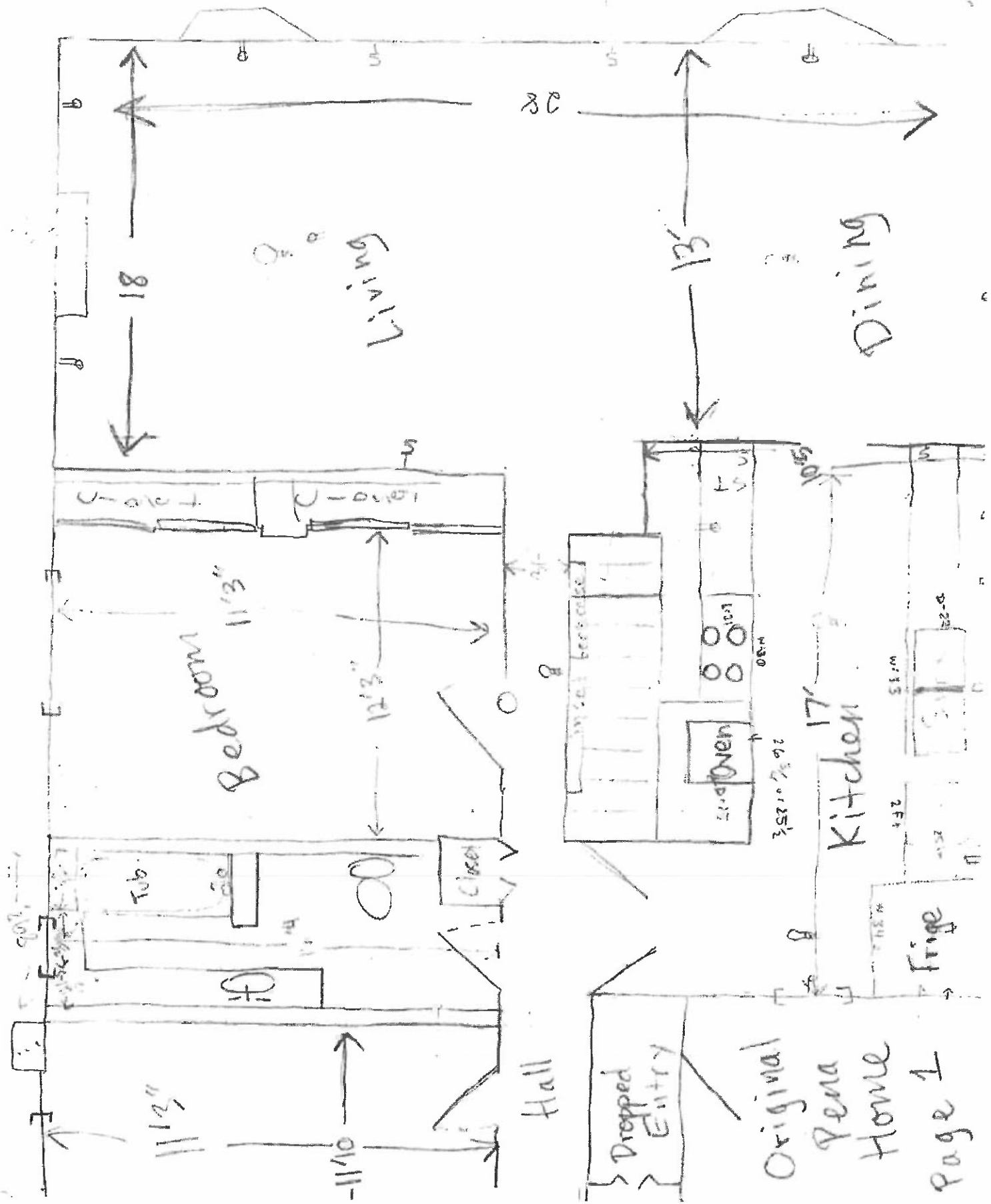
INSPECTOR: KSF



Original
 Penia. Heria, Page 2

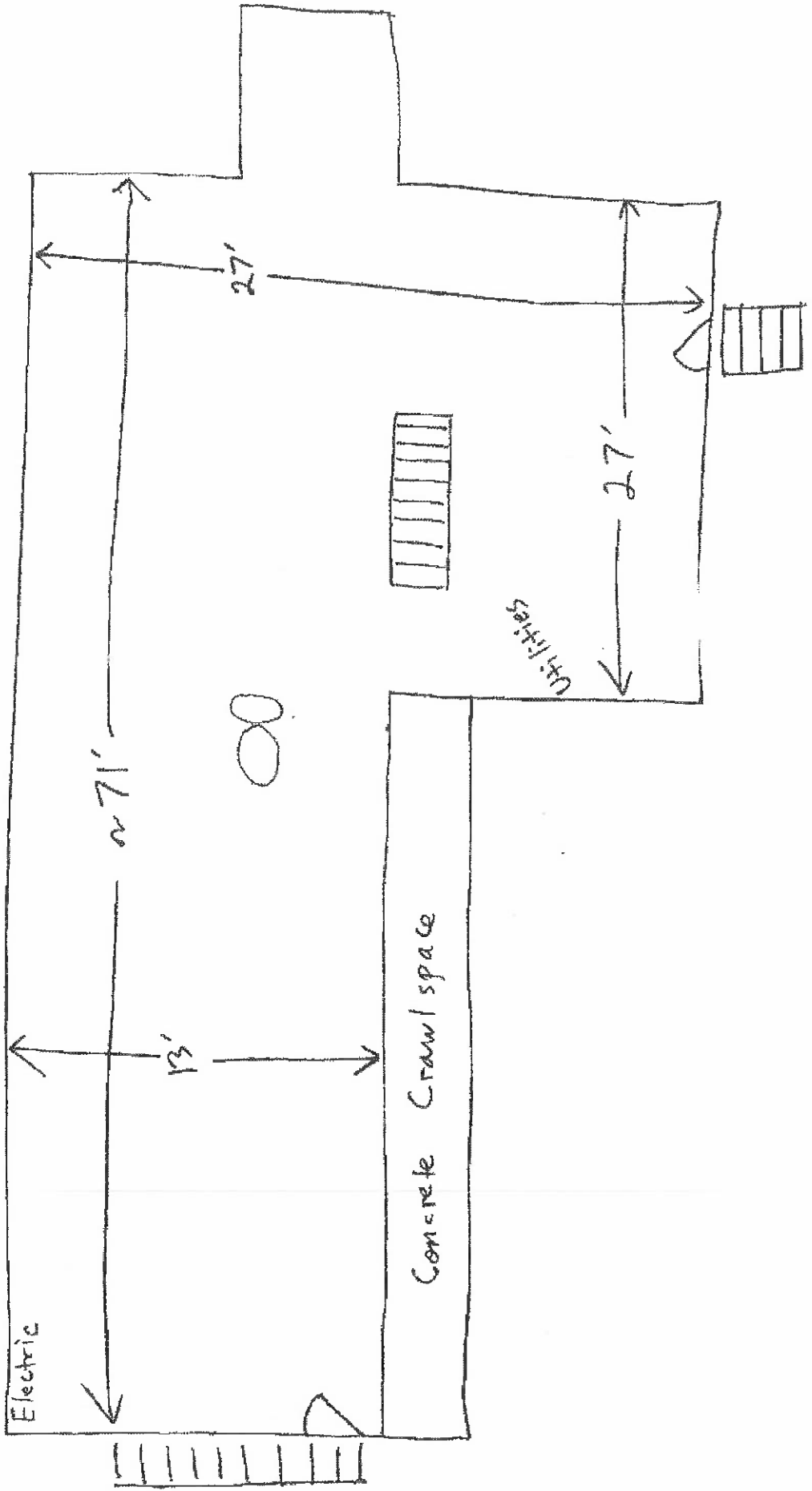
5/10/2011

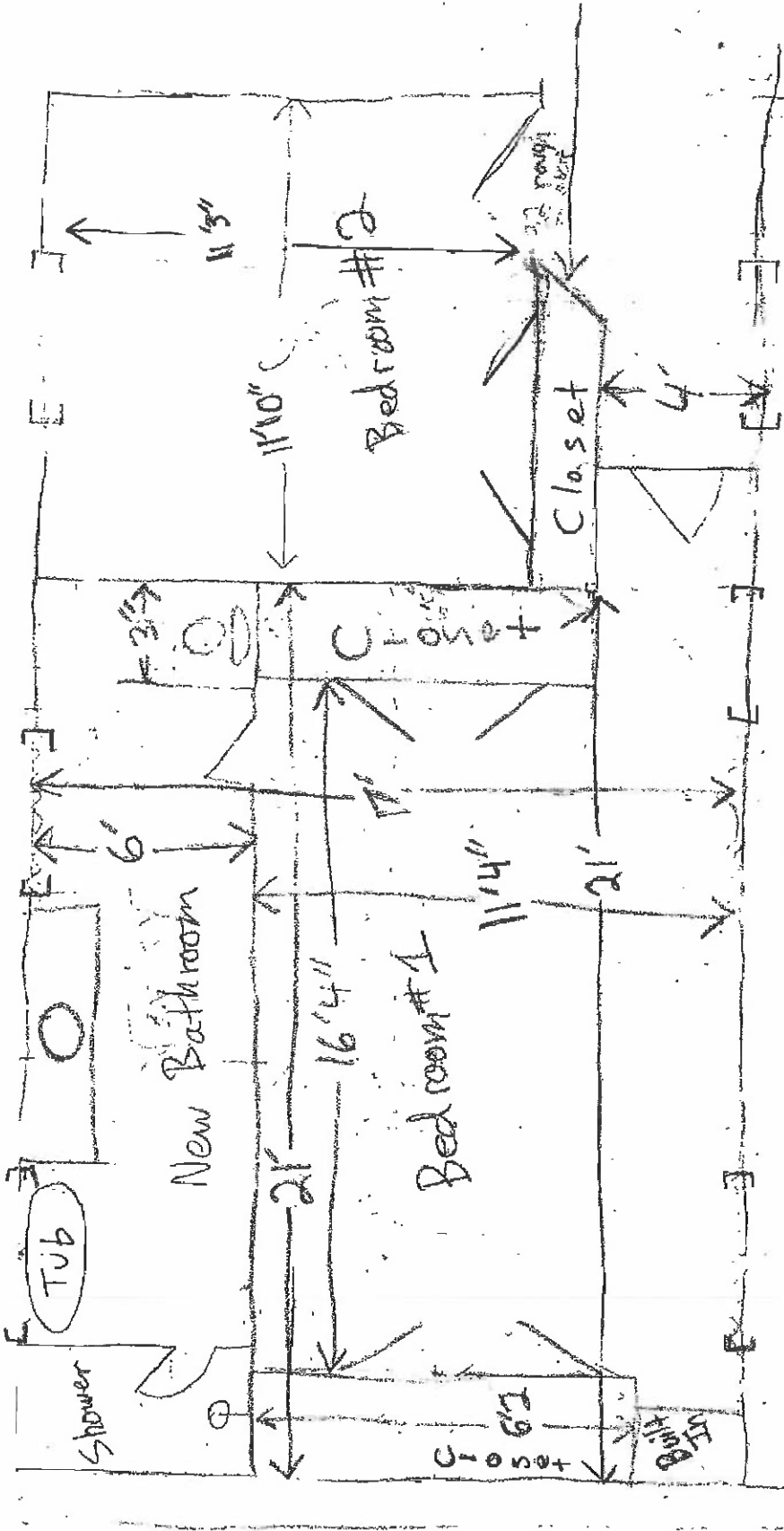
11/30/11
3500
3500
3500
3500



Original
Pena
Home
Page 1

Pena Basement





Remodeled
Pena Home, page 2

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN Robert Freeman, DATE: 8/24/2018

DESC. OF WORK: Eliminate bedroom

add full bathroom, widen hall;

add hall closet, remodel existing

full bathroom, open wall around stair

14 11
4-2

DATE: September 29,2025

TO: Charis and Adam Pena (Applicant)
Via E-mail: charisarianna@gmail.com

RE: **Building Permit #B25003337**
659 River Road
Sykesville, MD 21784


Mrs. Pena,

Per our phone conversation, we discussed your building permit on the phone initially and I was told by Mrs. Pena the number of bedrooms was not going to be increased and based on that information I told her the building permit could possibly be approved. After further research with my supervisor, we discovered different information on the property. Our department has reviewed your building permit B25003337 and, based on your proposal, your septic system will have to be upgraded. This decision is based on several conditions concerning your property.

Our records indicate that **your file is not complete**. Our requirements for building permits are a full complete file for application approval. Your file does not contain any records of a septic evaluation, percolation testing, and soil evaluation. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed, we will require the percolation certification plan to be submitted to our office for approval. This plan, along with testing results and a percolation certification plan will complete your file and allow us to review your building application. A new septic system must be installed prior to building permit approval if needed.

To get started, percolation testing must occur on the property. Please submit a percolation test application, percolation test plan and fee of \$641 to the Health Department (Application Attached). The homeowner will be responsible for hiring an engineer to create a percolation test plan and a septic contractor with a backhoe to dig the percolation test holes. Once the testing is completed a sewage disposal area (SDA) for the proposed addition and future repairs must be established on a percolation certification plan. Since a percolation certification plan does not exist for this property, it will have to be updated prior to building permit approval (Howard County Code Sec 3.805).

Health Requirements Prior to Testing

- 
1. Perc Application (See Attached) completed and submitted to the Howard County Health Department along with \$641 fee. The proposed test locations will need to be staked. If there are other structures/utility lines within the vicinity those will need be drawn on the plan by your engineer. These will need to be field located by the surveyor and shown on the plan as accurately as possible. A
 2. Miss Utility must be called to come out to the site and check for utility lines. If there are any they must be marked on the plan and in the field.
 3. Any private lines will need to be shown on the plan. Including overhead lines so the contractor digging the holes is aware.
 4. Once all this has been completed, we can schedule for perc testing.
 5. Once the testing has been completed OSDS plan must be submitted by your engineer. After approval of your Onsite Sewage Disposal System plan, your septic system must be upgraded before the release of the building permit.
 6. Your well will be evaluated also to make sure it is up to code. If the well is not up to code it must be addressed prior to building permit approval.

I have attached a list of septic contractors and engineers to help you move forward with the process. We also discussed the possibility of getting help with the cost of a repair to develop your property and we do have a program called "The Bay Restoration Fund Grant." This grant is to fund public sewer connections or to fund a BAT unit for a repair system that needs one. Any upgrades or new house construction is lower priority in accordance with the grant rules. For repairs looking for the grant for BAT unit you can start with the septic contractor you choose.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above email address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II,
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov