

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B26000288 Opened Date 01/29/2026

Description of Work

SFD/ALTERATIONS TO FIRST FLOOR TO INCLUDE: REMODEL EXISTING KITCHEN TO INCLUDE REMOVING PANTRY, APPROXIMATELY 250 SQ.FT. **SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Online BP.

g8 2/12/26

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 2650 Street Name PFEFFERKORN Street Type RD
Unit Type Unit # X Coordinate Y Coordinate
-Select- -76.9895 39.29959
City WEST FRIENDSHIP State MD Zip Code 21794 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
904331 279 5.03 386400 1194800 808400 RURAL

Legal Description

IMPSLOT 7 5.037 [2650 PFEFFERKORN RD] WEST FRIENDSHIP

[check spelling](#)

Block 9999 Lot 7 Census Tract 603000 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1403339165 Subdivision Name
Section Area Tax Map 15
Grid 15-13 Zoning District RR-DEO ADC Map 4813-B3
SDP No. Final Plan No. WP File No.
Record Plat No. WS Contract No. FDP No. Primary Yes
Owner Occupied Year Built 2002 Historic District
☐ Yes ☐ No ☐ Yes ☒ No
Historic District Registry No. Stat Area 3-04 Flood Plain
☒ Yes ☐ No
Building No

Owner (This section is not required.)

Search Reset Clear

Name *
MCCAI
Address Line 1
2650 PFEFFERKORN RD
Address Line 2

Address Line 3

Mail City
WEST FRIENDSHIP

Mail State
MD

Mail Zip Code
21794

Phone
410-340-1551

Primary
Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # *
08050037105
License Type *
MHIC Co
Primary
Yes
Business Name
AES BUILDER & HOME IMPROVEMENT INC
First Name
STEPHEN
Middle Name
Last Name
LONGDO
Address Line 1
6915 GOLDEN RING ROAD
Address Line 2
City
BALTIMORE
State
MD
ZIP Code
21237-0000
Phone 1
4105744400
Phone 2
Fax
4105744007
E-mail
SLONGDO@AESHOMES.US

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact
Type *
Applicant
Relationship
Applicant
Primary
No
First Name
STEPHEN
MI
Last Name
LONGDO
Full Name
Organization Name
AES BUILDER & HOME IMPROVEMENT INC
Street Address
6915 GOLDEN RING ROAD
Address Line 2
City
BALTIMORE
State
MD
Zip Code
21237-0000
Phone
4105744400
Cell
Fax
4105744007
E-mail *
SLONGDO@AESHOMES.US

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact
Type
Contact
Relationship
Applicant
Primary
Yes
First Name
Jennifer
MI
Last Name
Columbe
Full Name
Jennifer M Columbe
Organization Name
AES Builder & Home Improvements, Inc.
Street Address
6915 Golden Ring Road
Address Line 2
City
Baltimore
State
MD
Zip Code
21237
Phone
410-574-4400
Cell
Fax
E-mail
jcolumbe@aeshome.us

Addtl Info

Est Construction Cost *
87542
Housing Units *
0
Number of Buildings *
0
Public Owned
No
Construction Type
--Select--

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *
250
No of Stories *
2
Basement
(Number) --Select--
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
8/11/2026

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>
B26000288	Residential Interior Alteration Single Family Dwelling Permit	Review In Process	2650	PFEFFERKORN	01/29/2026	SFD/ALTERATIONS TO FIRST FLOOR
P26000506	Residential Plumbing Addition Alteration Permit	Incomplete	2650	PFEFFERKORN	02/09/2026	SFD/ FIXTURES: 1 Kitchen Sink, 1 Lau

Page 1 of 1

Submit Cancel

LAYOUT 4/26/02 11:00 INSP 4 _____
INSP 2 4/29/02 2 PM INSP 5 _____
INSP 3 7/9/02 12:00 INSP 6 _____

ISSUE DATE: 4/17/2002

APPROVAL DATE: 7/9/02

P 516935

A 56539-A

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Kasemeyer Property LOT NUMBER: 7

ADDRESS: 2650 Pfefferkorn Road PROPERTY OWNER: DAVID MC CARL Catonsville Builders, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): ~~N/A~~ 1250 COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 100 feet from the lot line parallel to Pfefferkorn Road and 20 feet from the existing paved access road. Run two 50 feet and two 90 foot trenches to the edge of the existing paved access.
NOTES:	<u>Check well to house distance.</u>

PLANS APPROVED: Brian Baker OK SRU 1/11/01 DATE: 1/10/2002

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

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
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED

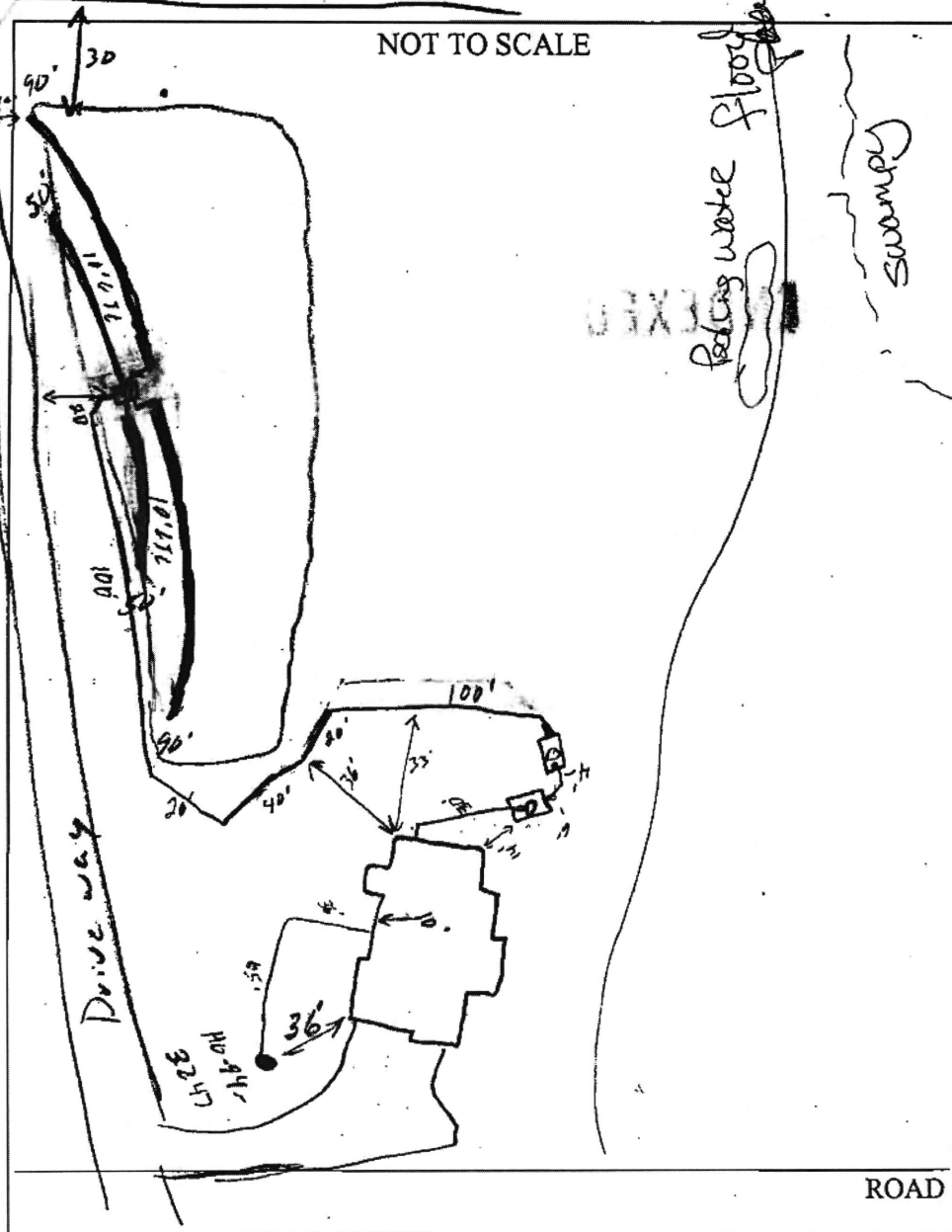
AND RETURNED

2/6/2003 B00140244 OPEN PORCH
3/19/04 B00140806-ENTRY FEATURE + LANDSCAPING

70000174

W. H. H. K. Rd

NOT TO SCALE



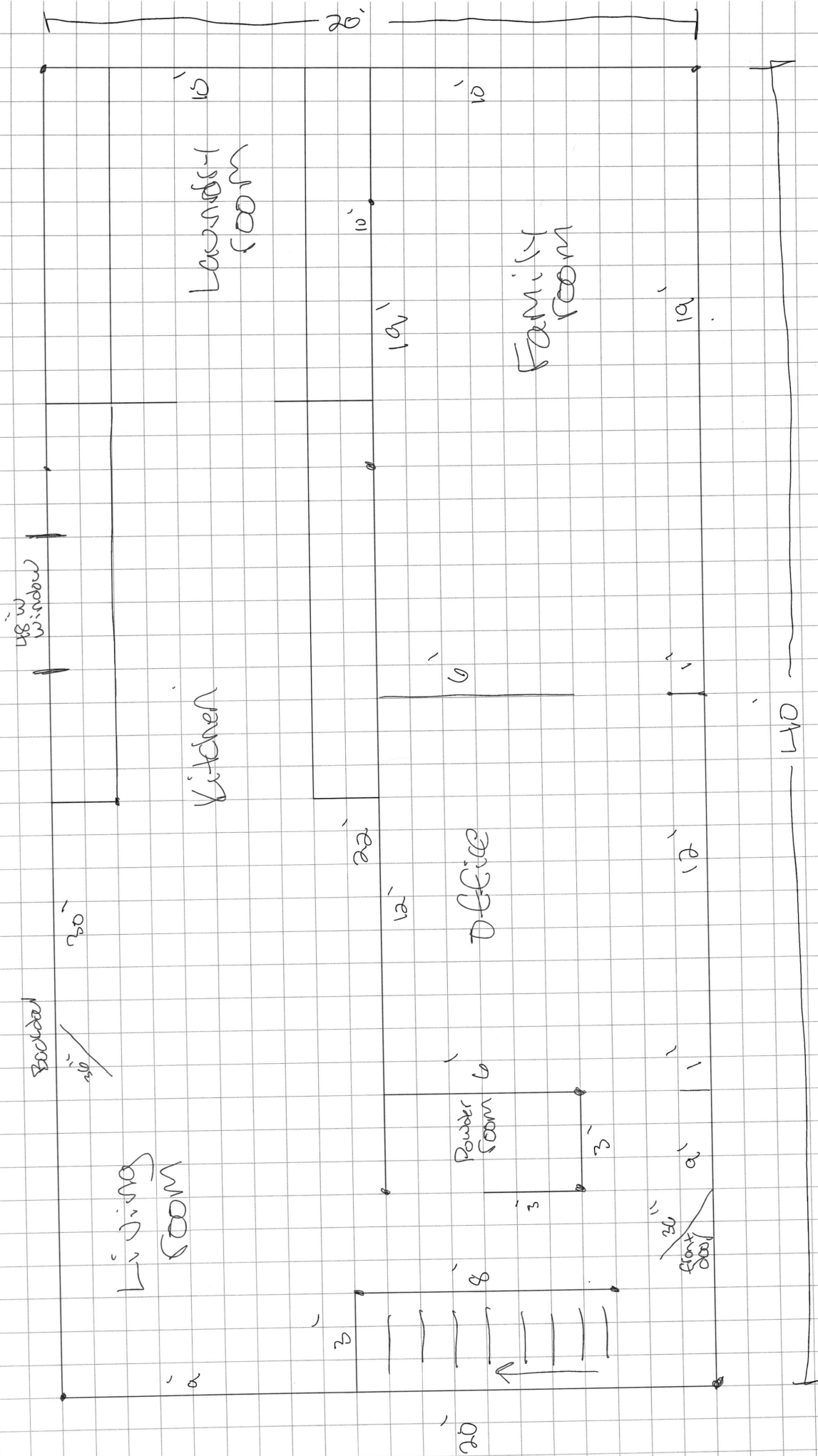
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3</u>	<u>3-4</u>	<u>5-6</u>
NUMBER OF TRENCHES <u>4</u>		
TOTAL LENGTH <u>240</u>		
ABSORPTION AREA <u>720</u>		
DISTRIBUTION BOX LEVEL <u>✓</u>		
DISTRIBUTION BOX BAFFLE <u>✓</u>		
DISTRIBUTION BOX PORT <u>✓</u>		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL <u>✓</u>		
CAPACITY	<u>1250</u>	GAL
SEAM LOC	<u>Top</u>	
TANK LID DEPTH	<u>2.5'</u>	
BAFFLES	<u>yes</u>	
BAFFLE FILTER	<u>NO</u>	
MANHOLE LOC	<u>Center</u>	
6" PORT LOC	<u>Front</u>	
WATERTIGHT TEST <u>✓</u>		
SEPTIC TANK 2 LEVEL <u>✓</u>		
CAPACITY	<u>1250</u>	GAL
SEAM LOC	<u>Top</u>	
TANK LID DEPTH	<u>2.5'</u>	
BAFFLES	<u>yes</u>	
BAFFLE FILTER	<u>NO</u>	
MANHOLE LOC	<u>Center</u>	
6" PORT LOC	<u>Front</u>	
WATERTIGHT TEST <u>✓</u>		

PRE-CONSTRUCTION 4/26/02 Layout per B.P. (SO)

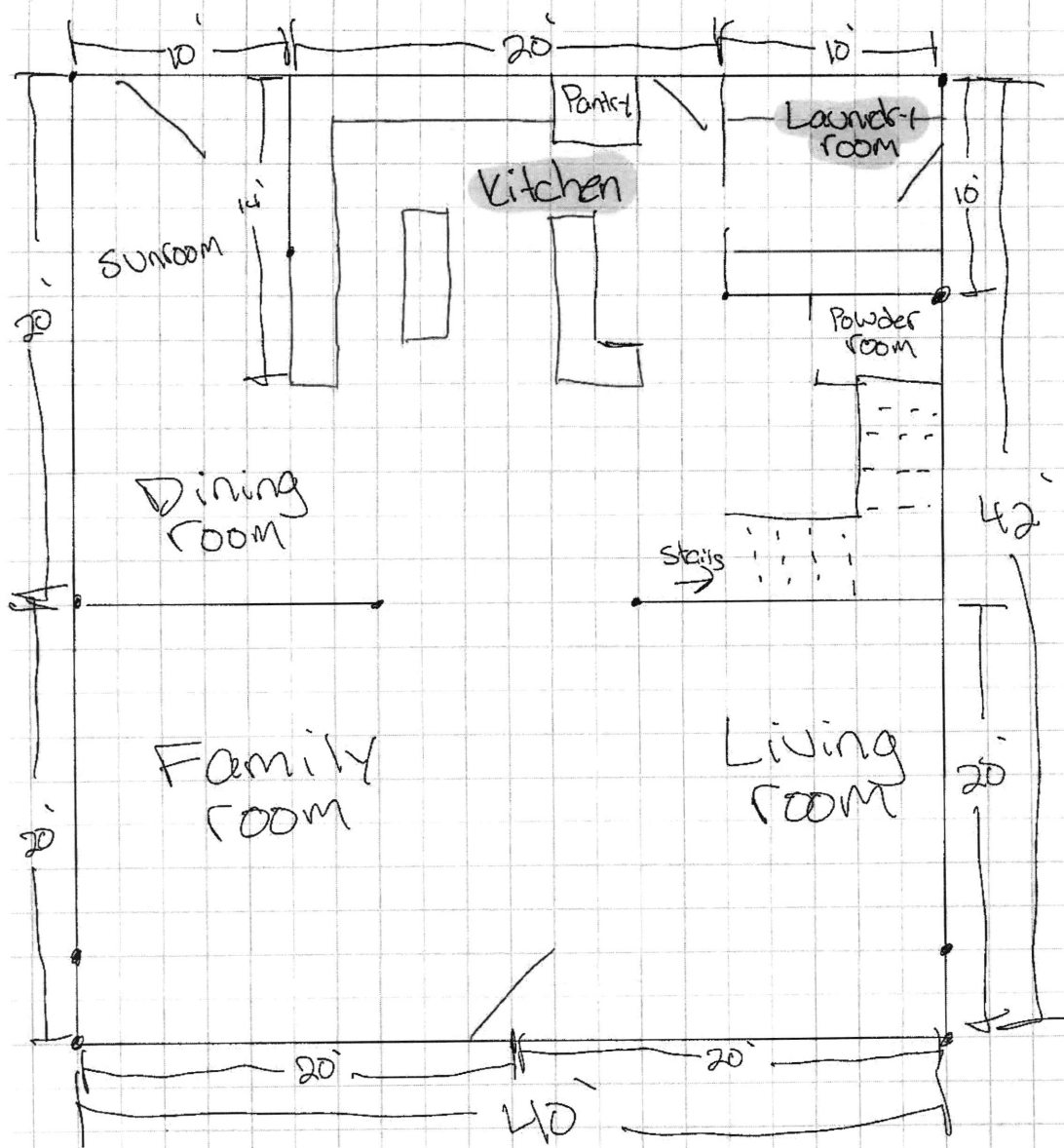
INSTALLATION 4/29/02 90' trench furthest from house is 1' shallow at end. OK to cover 1st 3 trenches 4/30/02 OK to cover 91' work Pump & Alarm tests needed (SO) 7/9/02 Pump & Alarm Tests OK (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 7/9/02



McCarl
existing
floor
plan

McCarl
Proposed
(kitchen
staying
in same
location)
(laundry
staying
in same
location)



McCarr 1 Existing 1st Floor

1 box = 2 Feet
Scale

Area's
being
renovated

Existing
exterior
door

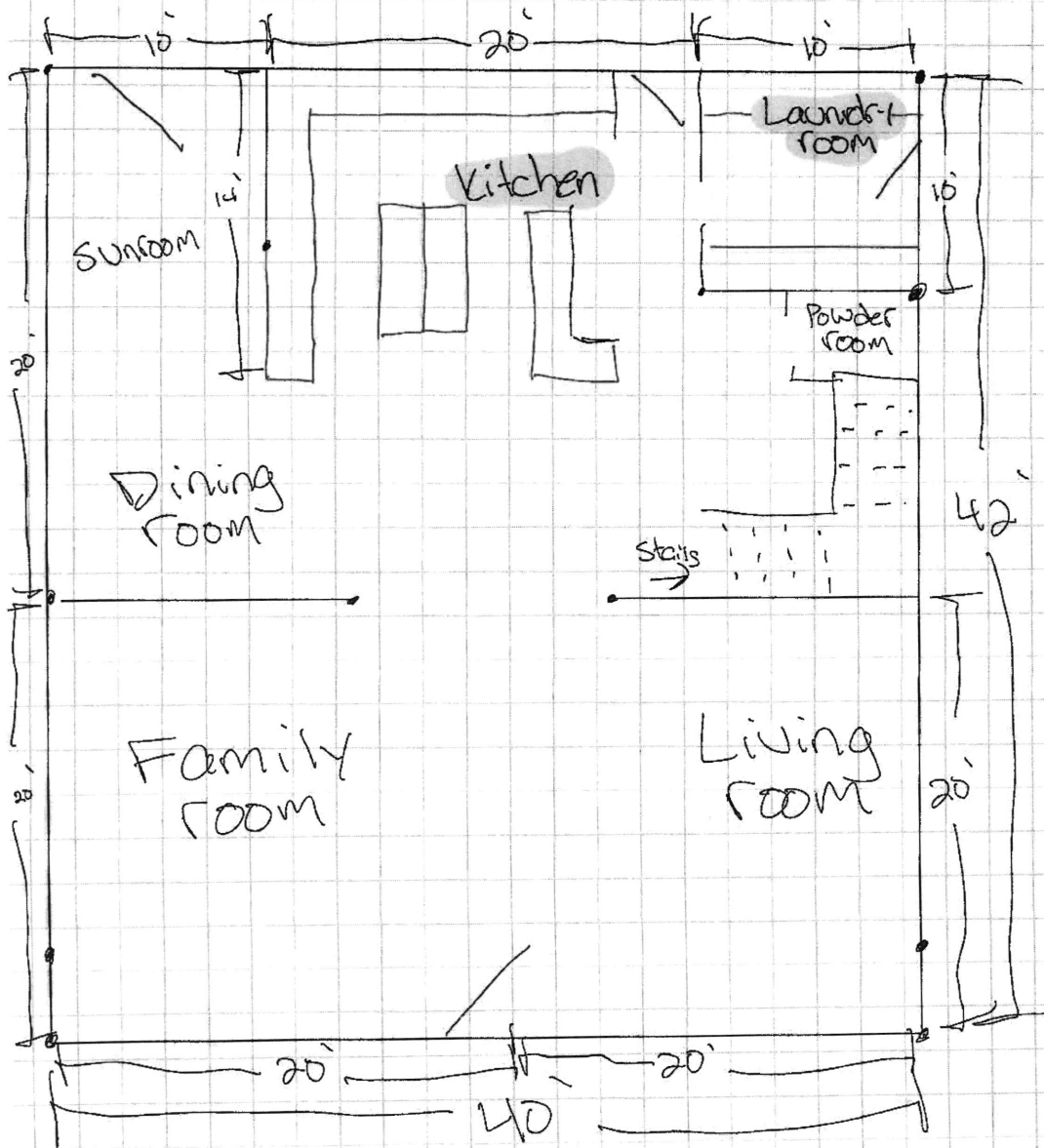
Kitchen
cabinets

* Existing
Kitchen
pantry to
be removed

* NO "new"
Walls being
built

* NO exterior
doors/windows
being added or
replaced

* NO exterior
work



McCarl Proposed 1st Floor

1 box = 2 feet
Scale

Area's
being
renovated

Existing
exterior
door

Kitchen
cabinets