RESIDENTIAL BUILDING PERMIT APPLICATION 1 5 2821 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS ICENSES & PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION FAVISION www.howardcountymd.gov

| Street Address: 13080 W | /illiamsfield Drive | | | | | Unit: | | |
|----------------------------|--|---------------------------|---------------------------|-------------|-----------------|--------------|-----------------|----------|
| City: Ellicott City | 1110110101010 | State: MD | | | Zip Code: 21042 | | | |
| Subdivision/Village/Comple | ex Name: | | 1 | SDP/WP/BA # | | | | |
| Lot: | Tax Map: | Parcel: Grading Permit #: | | | | | | |
| DESCRIPTION OF W | | | | | | | | |
| Existing Use: residentia | | ed Use: resident | tial | | | Estimated C | Cost: \$60,000. | .00 |
| Trade Work to Be Complet | ted (Separate Permits Required): | Mechanical (H | VACR) DE | lectrical | ■ Plumbing | ☐ None | | |
| | g Garage to Living space, | | | , Front | porch expar | sion | | |
| | | उ ए र ए | | | 3U X | 3, | | |
| | 7. | 7 | | | 7 7 | | | |
| PROPERTY OWNER | INFORMATION REQUIR | ED | | | | | | |
| Owner(s) Name(s) (As It a | appears on tax records):Harsha F | P. Dissanayak | е | | | Primary Res | sidence: Ves | s 🗆 No |
| Owner's Street Address: 1 | 3080 Williamfield Drive | | | | | | | |
| City: Ellicott City | | | State: MD | | | Zip Code: 2 | 1042 | |
| Phone: | | Email: | | | | | | |
| APPLICANT NAME | REQUIRED - INDIVIDUAL | WHO SIGNS T | HIS APPLICA | ATION | | | | |
| Business Name: JDK De | signs | | Contact Nam | e:Johnk | Cowalski | | | |
| Street Address: 19801 M | uncaster Rd | | , | | | | | |
| City: Derwood | | | State: MD | | | Zip Code: 2 | 0855 | |
| Phone:(301) 977-3652 | | Email:jdk0 | 07@comca | st.net | | | | |
| CONTRACTOR INFO | RMATION REQUIRED | | | | | | | |
| Business Name: Suber C | onstruction | | | | | | | |
| Licensee's Name: | | | License #:1 | 125785 | | | | |
| | 29 Locust Grove Rd | | | | | | | |
| City:Rohersville | | | State: MD | | | Zip Code: 2 | 1779 | |
| Phone:(301) 788-5091 | | Email: | | | | | | |
| | EER INFORMATION INDI | VIDUAL WHO S | | VS. IF AF | PPLICABLE | | | |
| Business Name: | | | Name: | | | | | |
| Street Address: | | | I at 1 | | | I | | |
| City: | | | State: | | | Zip Code: | | |
| Phone: | TEDICTICS | Email: | | | | | | |
| BUILDING CHARAC | TERISTICS REQUIRED Welling SF Townhouse SF | Dupley Cl Mobile | Home FI Mu | W-Eamily I | hwolling (ME4) | Cor | ndo:□ Yes 🖬 | . No |
| | Gas Water Supply: D Pu | | | | Disposal: D Pu | | vate (Septic) | 1 10 |
| | ic Natural Gas Propane | | (1141) | | Tree Project: 1 | | | |
| Sprinkler System: NFPA | | | Fire Ala | | : ☐ Yes ■ | | ce Evac | |
| | DENTIAL INFORMATION | | | | | | | , |
| Model Name & Options: | PENTINE IN OFFICE | (TELASE SELEC | CT/COM LLT | L ALL II | /A/ A/ - E/ / | | | |
| # of Bedrooms (SF); 4 | # of efficiency units (MF*): | # of 1 BR (| MF*): | # of 2 BR | (MF*): | # 0 | of 3 BR (MF*): | |
| # Rooms: | # Full Baths:3 | | # Half Baths | | | # Fireplac | | |
| Garage/Carport Info: | Attached Garage | arage Integ | ral Garage I | ☐ Carport | ☐ None | <u> </u> | | |
| Basement/Foundation Info | : D Slab on Grade D Post & I | | | ■ Finis | hed Basement: | ☐ Full or ■ | Partial | |
| 1st Fl Width:109 | 1* Fl Depth:44 2nd Fl V | Width: 109 | 2 nd Fi Depth: | 26 | Bsmt Width | :109 | Bsmt Depth: | 44 |
| Energy Method: Prescri | iptive D Performance D UA Alte | emative D ERI | Gross Area: 4 | 4,716 | sq ft | Occupiable | Area: 3,988 | sq ft |
| AGREEMENT/ DISC | ALIMER REQUIRED | | | | | | | |
| | IFIES AND AGREES AS FOLLOWS: (1) THAT HE WARD COUNTY WHICH ARE APPLICABLE THE | | | | | | | |
| | HE/SHE GRANTS COUNTY OFFICIALS THE RIG | | | | | | | |
| 1 / 3.7 / 1 | | , | | .1.1 | | | | |
| 4/1/20 | - Harsha Uss | anay ake | | 1 5 | 2/ | | | |
| APPLICAN ON GINAL SIGNA | ITURE | | DA | TE SI SNED | / | • | | |
| FOR OFFICE USE OF | NLY | | CHECKS PAYA | BLE TO DIF | ECTOR OF FINAN | ICE OF HOWAR | (D COUNTY | |
| AGENCIES REQUIRED/APP | | | | | C :- | 7 | | |
| | | | | | TV | | | |
| IZ PR | ET OPZ | ET DED | | Healt | ullu | with | SHA [| CID [|
| E | C 6.0 | | # | 2 4 | 2~ | ******* | D) (| |
| CURMITTAL FFEC | 25 T. T. I DAVME | Mr. CK | # 123 |) J | 22 | ACCEPTED ON | Up BUX | <i>r</i> |
| | | | | | | U | -r · -/ | |



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

DATE: February 9, 2021

TO: JDK Designs (Applicant)

Via E-mail: jdk007@comcast.net

RE: Building Permit # B21000164 13080 Williamsfield Drive Ellicott City, Maryland 21042

Mr. Kowalski,

Further review is contingent upon submission of a revised building plan showing the following:

- Septic system and all its components must be shown on plan and fall within the required setbacks.
- The addition must be 20 feet away from the septic system.
- Revised plot plan must be to scale.
- Floor plans for the existing house and proposed addition

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 address or by telephone at (410) 313-2775.

Respectfully

Dana Bernard, REHS/RS
Environmental Specialist II
Well and Septic Program
Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

| Date: | 02/1 | 6/2021 | | | | | | | | |
|--|--|--|-----------------------------|-----------------|--------------------|--|--|--|--|--|
| То: | Dan | a Berna | ard | Well & | Well & Septic | | | | | |
| | (Revie | wer/Reques | tor's Name) | (Division) | | | | | | |
| From: | John | Kowalsk | d | | (301) 977-3652 | | | | | |
| 110111. | (Your | (Your Name, Company Name) | | | (Phone Number) | | | | | |
| Subject | : Projec | t name | Dissanayake Reside | ence | | | | | | |
| | Projec | t site addre | ess 13080 Willia | mfield Drive | | | | | | |
| | Permi | it# | B21000164 | SDP # | | | | | | |
| | Other | informatio | on pertinent to this projec | t | | | | | | |
| ✓ Pleas | Letter of responses Revised plans Letter Summa Energy conser | the attachments below that you are submitting with this transmittal: of response to address plan review comment letter ed plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted. Summarizing Changes y conservation calculations s of Site Plan with Septic loacation (be specific). | | | | | | | | |
| Copies of Site Plan With Septic loadation (be specific). Health Department Request DPZ/ DED Request Applicant's Ref | | | | | | | | | | |
| | Two sets of size | ets of single-family model plans to be placed on permanent file: Model Name/# | | | | | | | | |
| | Other | her | | | | | | | | |
| | Contact Per | son Infor | mation: (Required) | | | | | | | |
| | John kowa | alski | | Telephone No: | (301) 977-3652 | | | | | |
| | Please Print Name | | | E-Mail Address: | jdk007@comcast.net | | | | | |

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD, INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by DROPBOX

RECEIVED

FEB 1 6 2021

LICENSES & PERMITS
DIVISION

White-Plan Review / Yellow-Applicant / Pink-Permit Division T:\Operations\Updated forms\HoCoTransmittalForm04.2020

Bernard, Dana

From:

Bernard, Dana

Sent:

Friday, February 26, 2021 3:55 PM

To:

'idk007@comcast.net'

Howard County
Health Department

Williamsfield DriveOffice of the Health Officer IliamfieldDrive_13080_SepticPermit_1987.pdf

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

DATE: February 26, 2021

TO: JDK Designs (Applicant)

Via E-mail: jdk007@comcast.net

RE: Building Permit # B21000164 13080 Williamsfield Drive Ellicott City, Maryland 21042

Mr. Kowalski,

I have received and reviewed your revisions and the as built in our office is showing different setback from what you submitted. I am attaching a copy of our plans so you can revised your plot plan and resubmit with the following requirements:

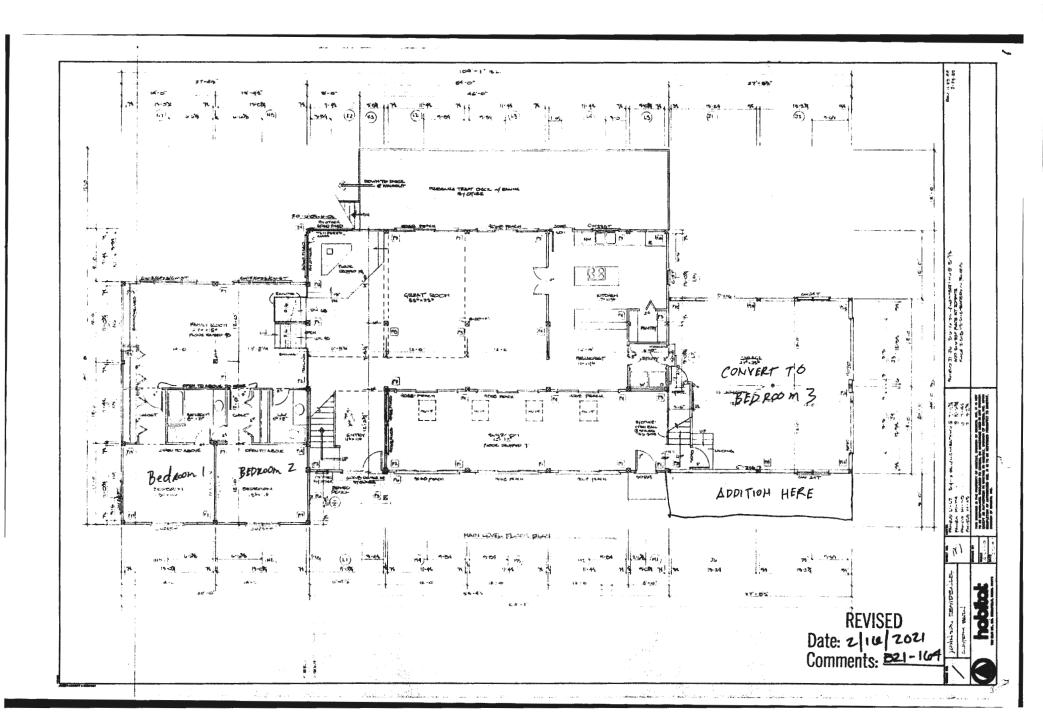
- Septic system and all its components must be shown on plan and fall within the required setbacks.
- The addition must be 20 feet away from the septic system.
- Revised plot plan must be to scale.
- Floor plans for the existing house and proposed addition

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 address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS Environmental Specialist II Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov



COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

| Date: | | 02/16/2021 | | | | | | | |
|---------|--|--------------------|----------------------|------------------|---------------------|--------------------|-----------------------------|-----|--|
| То: | | Dana Berna | ard | | Well & | Septic | | | |
| | | (Reviewer/Reques | , | | (Division) | | (004) 077 0070 | | |
| From: | | John Kowalsk | (i | | | | (301) 977-3652 | | |
| | | (Your Name, Con | npany Name) | | | | (Phone Number) | | |
| Subject | : | Project name | Dissanayake | Residence | | | | | |
| | | Project site addr | ess 13080 | Williamfield | d Drive | | | | |
| | | Permit # | B21000164 | | SDP # | | | | |
| | | Other information | on pertinent to this | s project | | | | | |
| ✓ Pleas | e check | the attachments l | below that you are | e submitting wit | h this transmittal: | | | | |
| | Letter o | of response to add | lress plan review of | comment letter | | | | | |
| | | • | • | | a complete re-re | view, dupli | cate sets shall be submitte | ed. | |
| | Letter S | Summarizing Cha | nges | | - | _ | | | |
| | Energy | conservation cale | culations | | | | | | |
| | Copies of Site Plan with Septic loacation (be specific). | | | | | | | | |
| | Copies | | rtment Request | | PZ/ DED Reques | t 🔲 | Applicant's Request | | |
| | Two sets of single-family model plans to be placed on permanent file: Model Name/# | | | | | | | | |
| | Other | | | - | | | | | |
| | Conta | ct Person Infor | mation: (Requi | ired) | | | | | |
| | John | kowalski | | • | Геlephone No: | (301) 97 | 7-3652 | | |
| Please | | Print Name | | | E-Mail Address: | jdk007@comcast.net | | | |
| | | | | | | | | | |

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGNED AND SEALED</u>, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

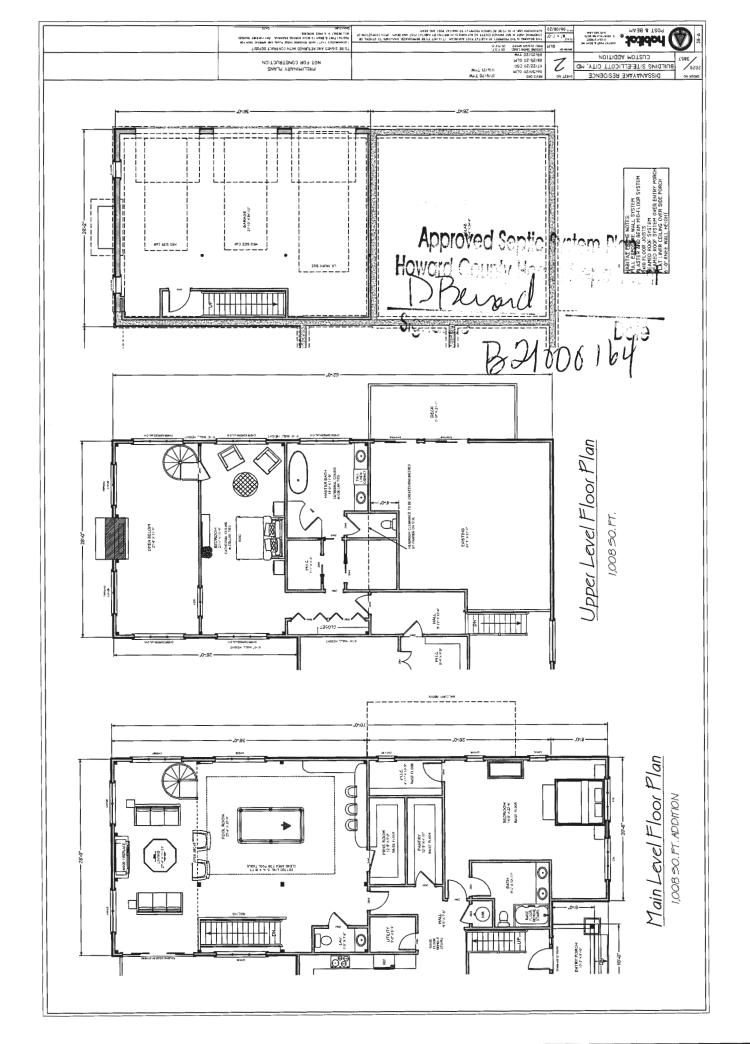
Received by DROPBOX

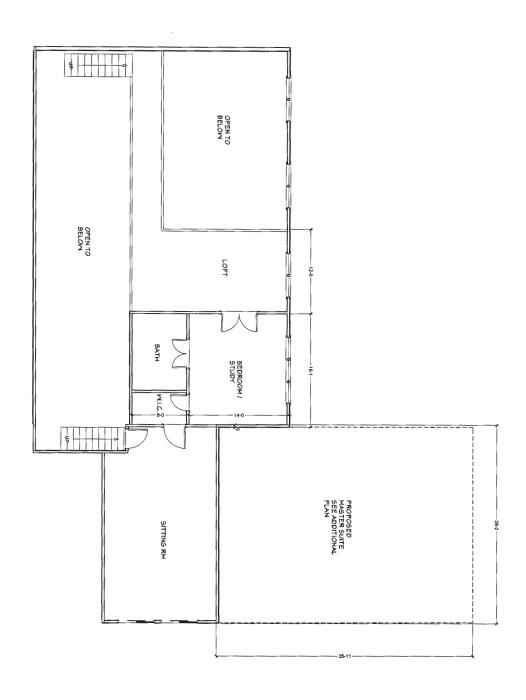
RECEIVED

FEB 1 6 2021

White-Plan Review / Yellow-Applicant / Pink-Permit Division T:\Operations\Updated forms\HoCoTransmittalForm04.2020

LICENSES & PERMITS
DIVISION





A-4

SECOND FLOOR PLAN

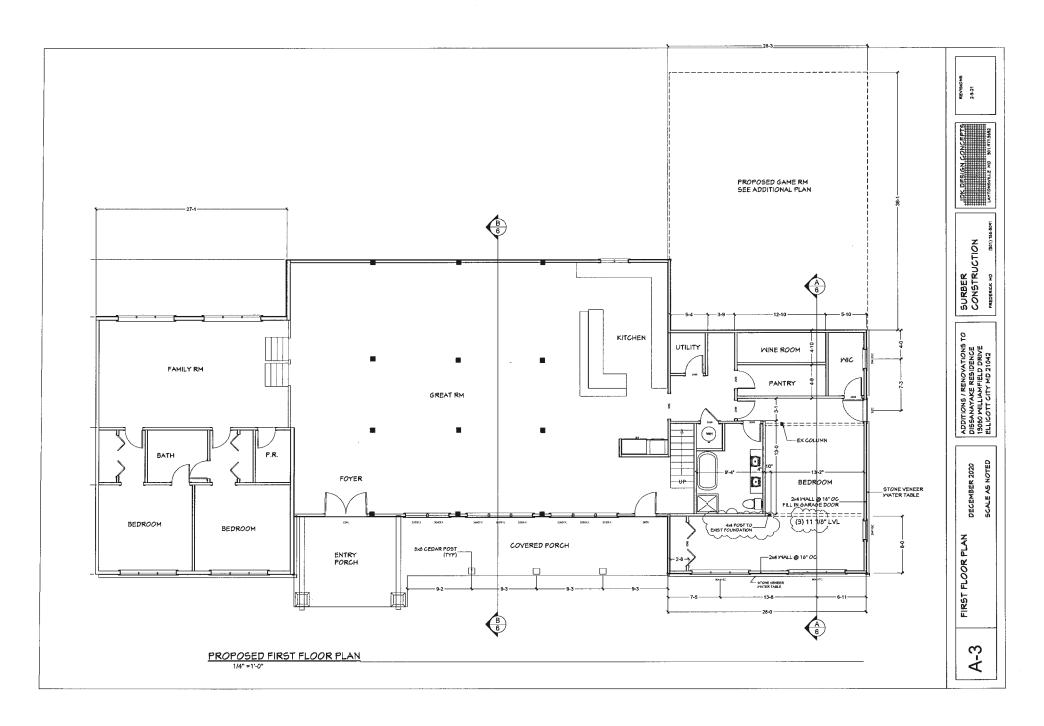
DECEMBER 2020

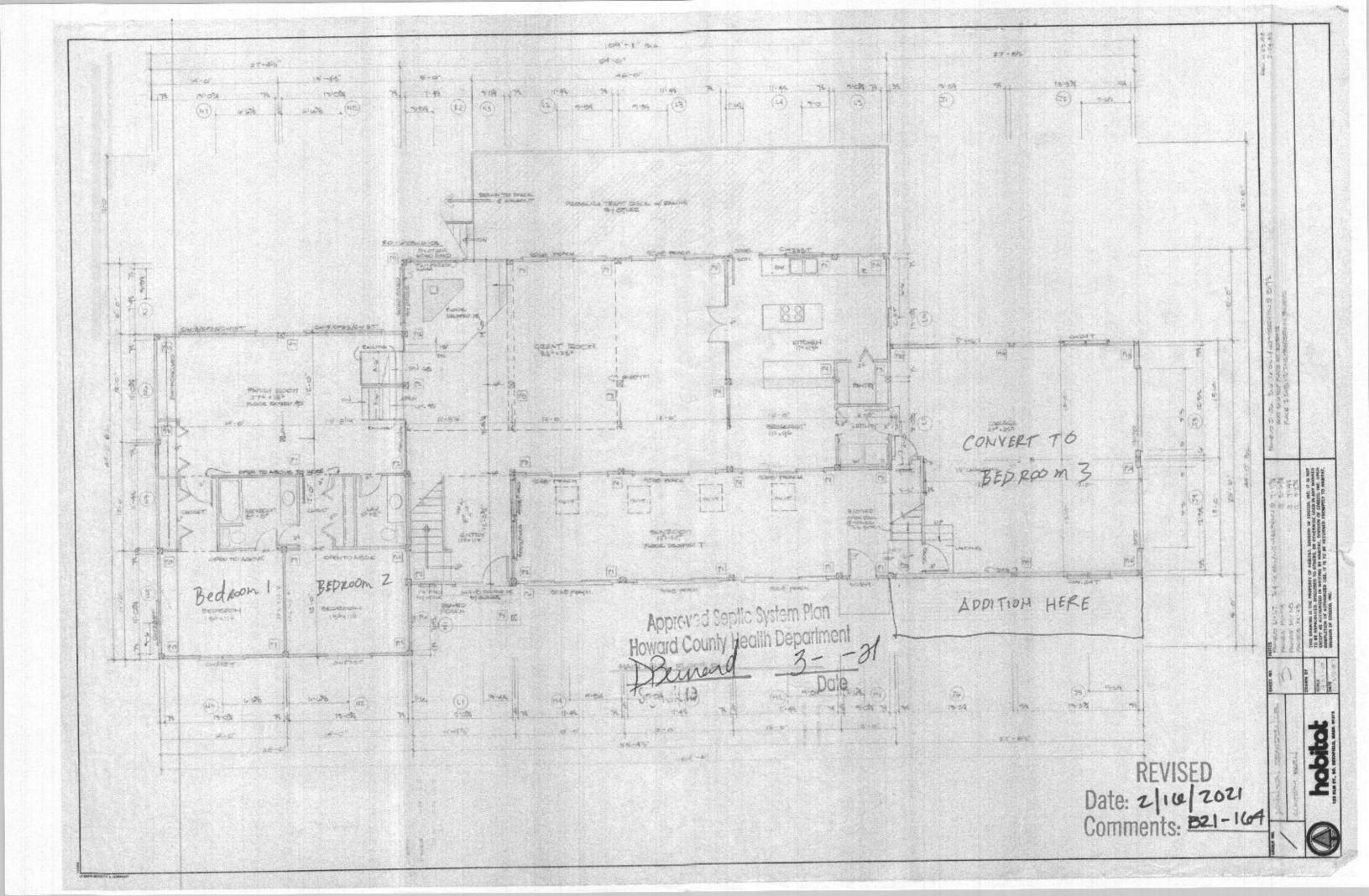
ADDITIONS / RENOVATIONS TO DISSANAYAKE RESIDENCE 13080 WILLIAMFIELD DRIVE ELLICOTT CITY MD 21042

SURBER CONSTRUCTION



2-9-21





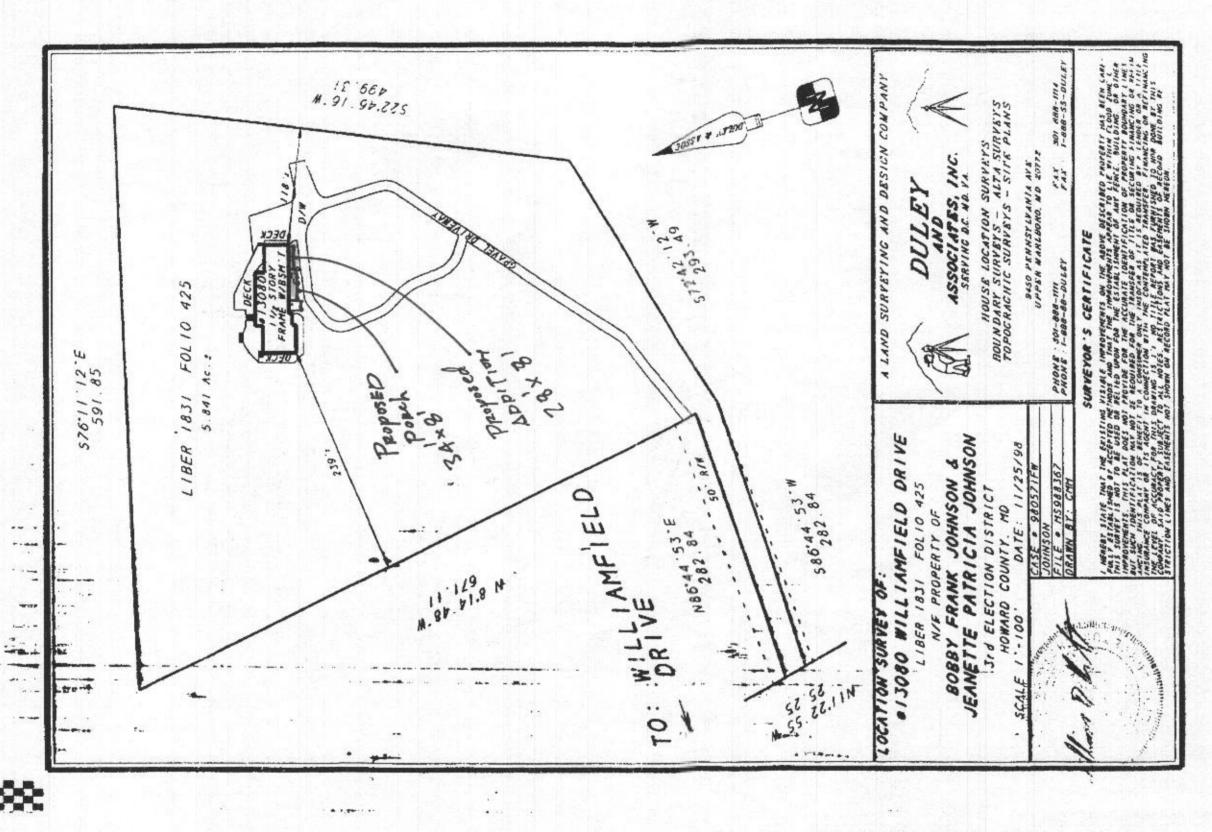
ABOVE DESCRIBED PROFEST INS BEEN CARE.

MAS APPEAR OF LIE WITHIN TOOD TOW.

SETTLES TO BEEN CASE BOLLONG. DO THE SAME TO BE SAME TO BE SAME TO BOLLONG. BY THIS TO BE SAME TO BE 301 888 1114 1-088-55-DULE M. 91 95.225 A LAND SURVEYING AND DESIGN COMPAN. FAR 572'AZ 1293 PHONE: 301-888-1111 PHONE: 1-888-88-DU FOL 10 425 ank LIBER 1831 FOL 5.841 Ac. 2 W GEPTIC 576.11.12. PATRICIA JOHNSON & I FOLIO 425 TO: WILLIAMFIELD 586'44'53'W N86'44' 53'E ---

-- -----

164 Date: 2/re/2021 Comments: 821-REVISED



pAp .

