DATE ACCEPTED:





RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

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BUILDING SITE AD	DRESS REGULATION	STATE OF STA			W. S.		
Street Address: 6/0			anguer		Unit:		
City: 600006			State: MD			21777	
	ex Name(SOS)	STREET CO		SDP/WP/BA	t:	× 5 6 5 5	
Lot: A	Tax Map:	Parcel:	The Real Property and the Second	Grading Permit #:		W	
DESCRIPTION OF V	VORK KINTER						
Existing Use:	· · · · · · · · · · · · · · · · · · ·	Proposed Use:			Estimated (Cost: \$ 100, 5	130, 655
Trade Work to Be Comple	ked (Separate Permits Req	uired): Mechanical (H	NACR) 屋 I	Electrical W Plumbing	D None	77 00 07	
CONVERT U	ASSINGLED A	BAC SAFERIA	70 1	BERROOM	1300	1. 3344	
EXENDINE A	DOME TWO F	2006 8076 R	1900 5 70	UO BREAS 70	Diane	or United	11.34 15 13
ROLLEGE LA	195 CONIALFA	ED BY BULL	282 FO	R CONS SING	Reserve	***************************************	200
10.00	INFORMATION						
Owner(s) Name(s) (As it	appears on tax records): /	MARK SPR	MERRA	nin	Primary Res	idence: Ø Yes	⊒ No
Owner's Street Address:	SMITTE					***************************************	
City:			State:		Zip Code:		
Phone: 410 - 21	8-7150	Email:					
APPLICANT NAME							
Business Name: Scc	HC LOOMIS	G.C.	Contact Nan	ne: 5604 Lo	0,005		
	78 UNION	CHAPEL A					
City: WOODBII	UE		State:	490	Zip Code:	21797	
Phone: 30/ 50	12 5733	Email:	OHCKOC	101 12 6 6 NOTA	144. GO	904	
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	of C. Loom						
	1+ G. Lograt		Ucense #:	18613			
Street Address: /53 9	8 Union Ch	1986 KD			·		
City: WOOD			State:			21777	
Phone: 30/. 502				DOMES RGM	10%, C	300	TOO IN THE T
	EER INFORMATION	CARRIVATION WHO:		Service Street, State	3 4 (0)		
	<i>14</i>		Name:				
Street Address:			T = .		T=		
Oty:		I For the	State:		Zip Code:		
Phone:		Email:		A Property States	Comment of the season		
	TERISTICS		Home C Ma	hi-Samily Dumbins (MEX)	Con	des 🗇 Vec de A	
	Owelling SF Townhouse	: D Public Private				ido: ☐ Yes @ N	10
Utilities: Electric D	ric D Natural Gas D Pro			Sewage Disposal: D Project:			
	A 13 D NFPA 13R D			rm System: S.Yes			
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Model Name & Options:	PEN LAL INFORMAN	TOW CALLSON	***	C HE CONTRACTOR			
# of Bedrooms (SF):	# of efficiency units (Mi	F*): (*) # of 1 BR (MF*):	# of 2 BR (MF*):	# 0	f 3 BR (MF*):	
# Rooms:	# Full Baths:		# Half Baths		# Fireplec		
	Attached Garage D De			☐ Carport ☐ None			
Basement/Foundation Info			hed Basement	D Finished Besement:	☐ Full or □) Partial	
1st Fl Width: 90	1 st Fl Depth: 60	2 nd Fl Width:	2 rd Fl Depth			Bsmt Depth: G	30
	iptive D Performance D	UA Alternative D ERI	Gross Area:	sq ft	Occupiable		sq ft
AGREEMENT DISE	Committee and the committee of the commi		1000000				43 3
THE UNDERSIGNED HEREBY CERT	TIPLES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED					
	WARD COUNTY WHICH ARE APPLI THE/SHE GRANTS COUNTY OFFICE						
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APPLICANT'S ORIGINAL SIGN	ATUR	3500	DA	TE SIGNED	3		
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FOR OFFICE USE GNLY AGENCIES REQUIRED/APPROVALS:							
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SUBMITTAL FEES:		PAYMENT:			ACCEPTED	BY:	

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HOWARD COUNTY DEPARTM	ENT OF INSPECTION	S, LICENSES, AND PE	ICATION B 2 3 2021
3430 COOK! HOUSE DRIVE, ELLICO!!	city, MD 21043 -	PHONE: (410) 313	-2455 OPTIONDAVISION
BUILDING SITE ADDRESS REQUIRED			
Street Address: 610 SOBRING FAR			Unit:
City: WOODEINE	State: MD		Zip Code: 2/777
Subdivision/Village/Complex Name O R Pa			:
DESCRIPTION OF WORK NECT INC.	rtel: Parti i estimat i estado	Grading Permit #:	
Existing Use: Proposed Us	a:		Estimated Cost: \$ /00, 000.
Trade Work to Be Completed (Separate Permits Required): M		Electrical F Plumbing	
CONVERT UNENSUED BASSON			REC ROCKE
EXERCISE ROOM, TWO FULL &			
ROCKY IN WAS CONFRETED BY	BULLOGI FE	NO ONE BATH	ROOM
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records): MARK	SPRINGMA	nin	Primary Residence: 🕰 Yes 🗆 No
Owner's Street Address: SAME			
City:	State:		Zip Code:
Phone: 410 - 218 - 7150	Email:		
APPLICANT NAME REQUIRED INDIVIDUALISM			
Business Name: Scott Cloomis G.C		ne: 5004 LO	0111/5
Street Address: 15598 UNION CHAP		H	7.04. 7.4 7.7 7
City: (UOODSINE	State:	301156 G 1014	Zip Code: 21797
Phone: 30/ 502 5/33	Email Con CX 0	3M773 (15 / 1974	16. 3. 3. 3. 3. 4.
CONTRACTOR INFORMATION REQUIRED Business Name: Sco# C. Looms G.C			
Licensee's Name: Scar C. Loopers	License #	18613	
Street Address: 15598 UNION CHIDEL K		1000	
City: WOOD BINE	State:	70	Zip Code: 2/277
Phone: 301. 502 - 5133		comes & Gr	
ARCHITECT ENGINEER INFORMATION TNOTHING	ALBERT AND THE STORES OF A SECURIOR WHEN	CAPTERIO ES DATES AND	
Business Name: N/4	Name:		
Street Address:			
City:	State:		Zip Code:
Phone:	Email:		
BUILDING CHARACTERISTICS CALCUTED			
Primary Structure: SF Dwelling SF Townhouse SF Duple			Condo: 🗆 Yes 🙉 No
Utilities: DE Electric DE Gas Water Supply: DE Public			iblic DS-Private (Septic)
Heating System: Electric D Natural Gas D Propane D Oth		Roadside Tree Project:	
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D	CANADA CONTRACTOR OF CANADA CA	arm System: 🎉 Yes 🛚	No CI Voice Evac
"ADDITIONAL RESIDENTIAL INFORMATION" IPIT	ASE SUCCESSED OF COMPLETE	TE ALL THAT APPLYE	
Model Name & Options: # of Bedrooms (SF): \$ # of efficiency units (MF*): (*)	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms: # Full Beths:	# Half Beth		# Fireplaces:
Garage/Carport Info: Attached Garage Detached Garage		□ Carport □ None	w racpusces.
	Unfinished Basement		□ Full or □ Partial
1* FI Width: GO 1* FI Depth: GO 2* FI Width:	<i>P</i> ~		
Energy Method: D Prescriptive D Performance D UA Alternation			Occupiable Ares: sq ft
AGREEMENT/ DISCALIMER SEQUENCE			
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS			
WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO			
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Statt Chamo		2.19.	(OZ/
APPLICANT'S ORIGINAL SIGNATURE	0	ATE SIGNED	
FOR OFFICE USE ONLY			
AGENCIES REQUIRED/APPROVALS:	/		
		H.OS	breen
DER TOPZ TO		Pr Health 130	21 SHA CID
SUBMITTAL FEES: 135 PAYMENT:	none		ACCEPTED BY:

Oswald, Hank

From:

Oswald, Hank

Sent:

Thursday, March 18, 2021 10:00 AM

To:

SCOTTCLOOMIS@GMAIL.COM

Subject:

B21000690_610 Sobrina Farms Court

Attachments:

Section 3.801 Bedroom Definition.pdf

Hi Mr. Loomis:

This morning, I received the existing floor plan for 610 Sobrina Farms Court. Per the existing floor plan, the dwelling has 3 bedrooms, and the new basement floor plan shows a 4th bedroom. The septic record indicates that a 1000 gallon tank was installed which is only good for 3 bedrooms. When I ran the calculations on the existing trenches, I found there was enough trench to support a fourth bedroom in the residence. However, as I previously mentioned, the tank is undersized for a 4 bedroom residence per code. With that said, to receive BP approval from the Health Department, one of the following items must be addressed:

1.) Replace the existing 1000 gallon septic tank with a 1250 gallon or larger tank to accommodate the 4th bedroom. This would require a <u>scaled</u> site plan showing the old tank and new tank location, elevations from house to new tank meeting fall etc. along with all the other requirements that go into a site plan. We also need a septic upgrade application and fee by a septic contractor.

<u>OR</u>

2.) You can modify the existing floor plan to show 2 bedrooms or modify the new basement to show no bedroom. One of the easiest ways to modify a bedroom by code (see attachment), is to remove the door and show a 4 foot wide cased opening on the new floor plan.

Please let me know how you wish to proceed. Should you have any questions, please contact me.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
(410) 313 - 1786
hoswald@howardcountymd.gov

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Phone: 4/12 - 2	AND DESCRIPTION OF THE PERSON		Email:					
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Business Name: S	CON-C LOS-	1103 GC		Contact Nan	ne: Scott 1	(0000		1
Street Address:		my CARA	22 1	20				
av: Woods	The second secon		***************************************	State:	170 100 - 60 GA	Zip Code:	2/777	
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Business Name.		9.2 - G.C		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A Delta Comment			
Licensee's Name		2		License #:	18613			
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V. Need ex. FI plans.

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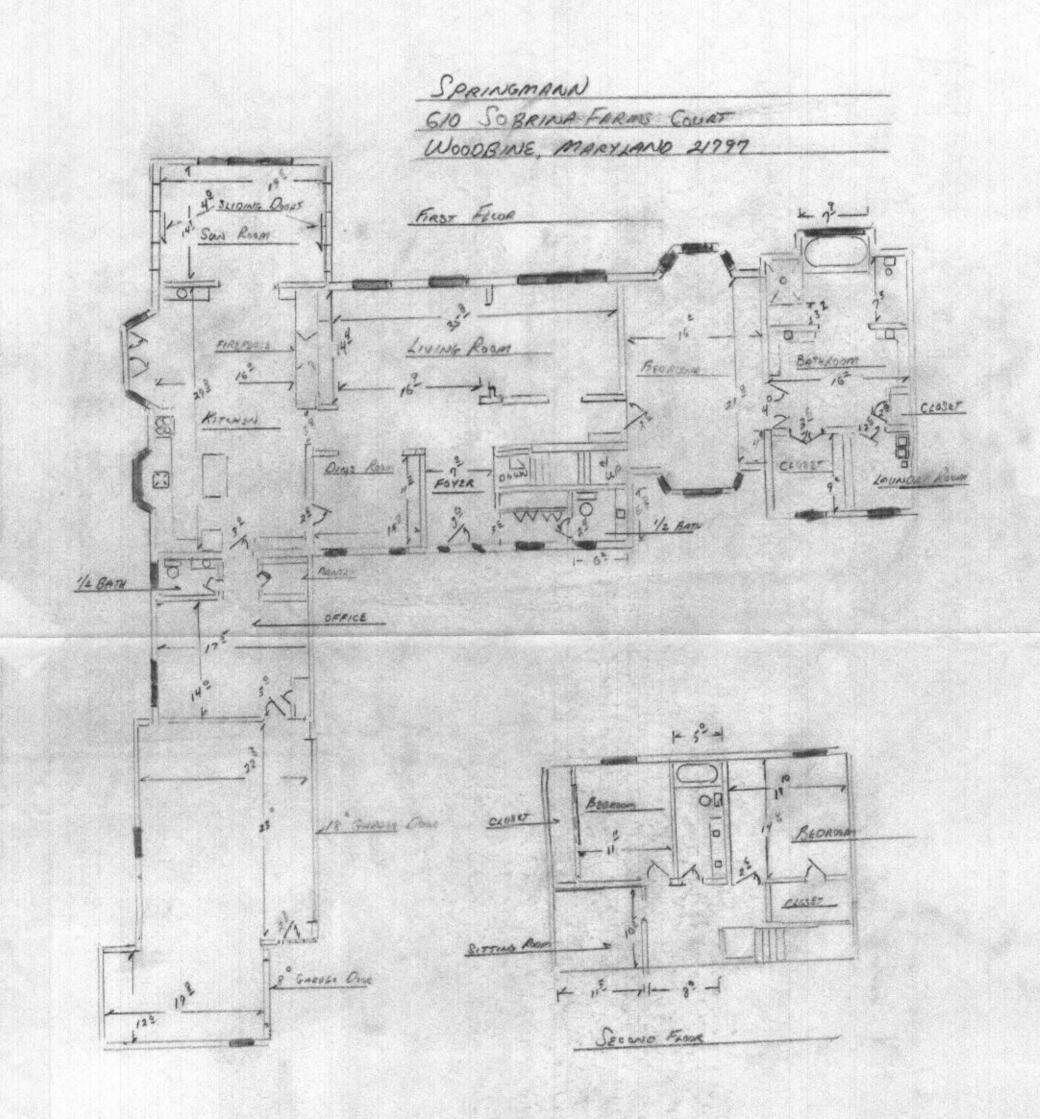
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DATE ACCEPTED:

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S.C. Loomis General Contractor