

Record Detail \* (This section is required.)

*Approved  
LMOZ 5/14/26*

Permit Type Building/Residential/Addition/SFD Permit Number B26001366 Opened Date 04/29/2026  
 Description of Work SFD/ Construct 20 x 12.5 Sunroom addition, 0 STORY, Crawl Space, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A

*Online BP*

*9A 5/13/26  
Made changes  
from B25005567*

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 16440 Street Name OLD FREDERICK Street Type RD  
 Unit Type -Select- Unit # X Coordinate -77.08797 Y Coordinate 39.35667  
 City MOUNT AIRY State MD Zip Code 21771 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
830153	131	5.72	225400	585700	360300	RURAL
Legal Description IMPSLOT 6 5.722 AR [ ]16440 OLD FREDERICK RD [ ]LISBON						

[check spelling](#)

Block 6 Lot 6 Census Tract 604001 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone  
 Plan Area State Tax Id 1404318668 Subdivision Name  
 Section Area Tax Map 2  
 Grid 2-22 Zoning District RC-DEO ADC Map 4691-F3  
 SDP No. Final Plan No. WP File No.  
 Record Plat No. WS Contract No. FDP No. Primary Yes  
 Owner Occupied Year Built 1976 Historic District Yes No  
 Historic District Registry No. Stat Area 4-02 Flood Plain Yes No  
 Building No

Owner (This section is not required.)

Search Reset Clear

Name \* TORO  
 Address Line 1 16440 OLD FREDERICK RD  
 Address Line 2  
 Address Line 3  
 Mail City MT AIRY  
 Mail State MD  
 Mail Zip Code 21771  
 Phone 410-215-4335  
 Primary Yes  
 E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # \* 08050051277  
 License Type \* MHIC Co  
 Primary Yes

Business Name CLASSIC REMODELING CORP INC  
 First Name NATHANIEL Middle Name ALBERT Last Name KACUR  
 Address Line 1 3211 B CORPORATE COURT  
 Address Line 2

City ELLICOTT CITY State MD ZIP Code 21042-2247  
 Phone 1 8883711720 Phone 2 Fax  
 E-mail NATHAN\_KACUR@YAHOO.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant  
 Relationship Applicant  
 Primary No

First Name Nick MI Last Name Trey  
 Full Name Nick Trey  
 Organization Name Classic Remodeling Inc.  
 Street Address 3460 Ellicott Center Drive Suite 105  
 Address Line 2

City Ellicott City State MD Zip Code 21043  
 Phone 443-288-6700 Cell 443-604-2408 Fax  
 E-mail \* info@classicremodelinginc.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact  
 Relationship Applicant  
 Primary Yes

First Name Nick MI Last Name Trey  
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 Organization Name Classic Remodeling Inc.  
 Street Address 3460 Ellicott Center Drive Suite 105  
 Address Line 2

City Ellicott City State MD Zip Code 21043  
 Phone 443-288-6700 Cell 443-604-2408 Fax  
 E-mail info@classicremodelinginc.com

Addtl Info

Est Construction Cost \* 55000  
 Housing Units \* 0  
 Number of Buildings \* 0  
 Public Owned No

Construction Type 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee \*

Yes  No

Capital Project Number

(Text)

Fee Exempt \*

Yes  No

Roadside Tree Project Permit

Yes  No

Roadside Tree Pr

**No of Stories \***  
 0 (Text)

**Foundation \***  
 Crawl Space

**Basement \***  
 N/A

**No of Rooms \***  
 0 (Text)

**Full Baths \***  
 0 (Number)

**Ha**  
 0

**Model \***  
 SFD/ Construct 20 x 12.5 Sunroom addition  
[check spelling](#)

**Other Structure \***  
 None

**Bedrooms \***  
 0 (Number)

**Porch Deck \***  
 N/A

**No of Fireplaces \***  
 0 (Number)

**Type of Fireplace**  
 --Select--

**W & S Fees Paid**  
 Yes  No

**Water \***  
 Private

**Sewage \***  
 Private

**Utilities \***  
 Electric

**Heating System \***  
 Electric

**Sprinkler System \***  
 None

**1st Floor Width** FT (Number)

**1st Floor Depth** FT (Number)

**2nd Floor Width** FT (Number)

**2nd Floor Depth** FT (Number)

**Basement Width** FT (Number)

**Basement Depth** FT (Number)

**Height** FT (Number)

**Total Square Footage \***  
 250 SQFT (Number)

**Occupiable Square Footage \***  
 0 SQFT (Number)

**Affordable Housing Funding \***  
 N/A

**Foundation Measurement** (Text)

**Walls** (Text)

**Roof** (Text)

**Change In Use**  
 Yes  No

**Grading Permit No** (Text)

**Senior Housing**  
 Yes  No

**MIHU Outside Downtown Columbia**  
 Yes  No

**Additional Description Info**

**Expiration Date**  
 11/8/2026

**MIHU Required Units**  
 0 (Num)

[check spelling](#)

**GREEN INFORMATION**

**Goal Level** --Select--

**Actual Level** --Select--

**Leed Registration Number** (Text)

**Date of Leed Certification**

**STORM WATER MANAGEMENT**

**Green Roofs A1**  
 Yes  No

**Permeable Pavements A2**  
 Yes  No

**Reinforced Turf A3**  
 Yes  No

**Disconnection of Rooftop Runoff N1** (Number)

**Sheetflow to Conservation Areas N3**  
 Yes  No

**Rainwater Harvesting M1** (Number)

**Submerged Gravel Wetlands M2** (Number)

**Landscape Infiltration** (Number)

**Dry Wells M5** (Number)

**Micro Bioretention M6** (Number)

**Rain Gardens M7** (Number)

**Swales M8** (Number)

**PSWM Certification Received in CID on**

Submit Cancel

GENERAL & CODE INFORMATION

2021 INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS

AN APPROVED SET OF PLANS ARE REQUIRED TO REMAIN ON-SITE AT ALL TIMES. NO INSPECTION WILL BE MADE UNLESS AN APPROVED SET OF PLANS IS ON JOB SITE.

NO CHANGES TO PLANS ARE PERMITTED WITHOUT WRITTEN AUTHORIZATION FROM OWNER AND BUILDING DESIGNER.

SEPARATE PERMITS ARE REQUIRED TO INSTALL PLUMBING, ELECTRICAL AND MECHANICAL EQUIPMENT IN EACH DWELLING UNIT, EACH STRUCTURE OR EACH AREA OF A STRUCTURE FOR WHICH A SEPARATE BUILDING PERMIT HAS BEEN ISSUED.

CONSTRUCTION DRAWINGS OF ALL RETAINING WALLS ON THIS SITE MUST BE SUBMITTED TO THE BUILDING PLAN REVIEWER FOR APPROVAL PRIOR TO CONSTRUCTION.

SUBMIT (3) COPIES OF TRUSS FABRICATORS SHOP DRAWINGS FOR APPROVAL PRIOR TO ERECTION. SHOP DRAWINGS SHALL BE SIGNED AND SEALED BY A LICENSED STRUCTURAL ENGINEER IN THE PROJECT'S JURISDICTION. SUBMIT SIGNED AND ENGINEERING FRAMING PLANS FOR ALL FLAT CHORD TRUSSES.

SLEEPING ROOMS SHALL HAVE AT LEAST ONE OPERABLE WINDOW OR EXTERIOR DOOR TO PERMIT EMERGENCY EXIT OR RESCUE. WHERE WINDOWS ARE PROVIDED THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR AND SHALL PROVIDE NOT LESS THAN 5.7 SQUARE FEET OF OPERABLE AREA WITH NO DIMENSION LESS THAN 24" HIGH BY 20" WIDE.

A MINIMUM OF 7'-6" CLEAR CEILING HEIGHT SHALL BE PROVIDED FOR ALL HABITABLE ROOMS.

FIRESTOP ALL DUCT CHASSES, BULKHEADS, LAUNDRY CHUTES, METAL FLUTES, AND ALL SHIFTS AT EACH FLOOR

SMOKE DETECTORS SHALL BE INSTALLED OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS AND ON EACH ADDITIONAL STORY OF THE DWELLING, INCLUDING BASEMENTS AND CELLARS.

ALL DETECTORS SHALL BE CONNECTED TO A SOUNDING DEVICE OR OTHER DETECTORS TO PROVIDE, WHEN ACTIVATED, AN ALARM WHICH WILL BE AUDIBLE IN ALL SLEEPING AREAS.

HANDRAILS HAVING MINIMUM AND MAXIMUM HEIGHTS OF 30" AND 34", RESPECTIVELY, SHALL BE PROVIDED ON AT LEAST ONE SIDE OF ALL STAIRS. STAIRS WITH A TOTAL HEIGHT OF MORE THAN 30" ABOVE THE FLOOR OR GRADE SHALL HAVE GUARDRAILS WITH A MINIMUM HEIGHT OF 36". THE HANDGRIP PORTION OF ALL HANDRAILS SHALL BE A MAXIMUM OF 2" IN CROSS SECTIONAL DIMENSION.

PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE CHAIRRAILS NOT LESS THAN 36" IN HEIGHT. REQUIRED CHAIRRAILS SHALL HAVE INTERMEDIATE MEMBERS WHICH WILL MEANS OF 1/4" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE.

OPENINGS FROM A PRIVATE GARAGE DIRECTLY INTO A ROOM USED FOR SLEEPING PURPOSES SHALL NOT BE PERMITTED. OTHER OPENINGS BETWEEN THE GARAGE AND RESIDENCE SHALL BE EQUIPPED WITH SOLID WOOD DOORS NOT LESS THAN 1" THICK OR EQUIVALENT. THE GARAGE SHALL BE COMPLETELY SEPARATED FROM THE RESIDENCE AND ITS ATTIC AREA BY MEANS OF 1/2" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE.

EXTERIOR WALLS LOCATED LESS THAN 3' FROM PROPERTY LINES SHALL HAVE NOT LESS THAN A 1-HOUR FIRE RESISTIVE RATING. THE FIRE RESISTIVE RATING OF THE EXTERIOR WALLS LOCATED LESS THAN 3' FROM A PROPERTY LINE SHALL BE RATED FOR EXPOSURE ON BOTH SIDES. OPENINGS SHALL NOT BE PERMITTED IN EXTERIOR WALLS OF DWELLINGS LOCATED LESS THAN 3' FROM THE PROPERTY LINE.

DECK(S) ARE NOT APPROVED FOR FUTURE HOT TUB INSTALLATION UNLESS SPECIFICALLY NOTED.

ALL PLYWOOD USED STRUCTURALLY SHALL MEET THE PERFORMANCE STANDARDS AND ALL OTHER REQUIREMENTS OF APPLICABLE U.S. COMMERCIAL STANDARDS FOR THE TYPE, GRADE, AND SPECIES OF PLYWOOD, AND SHALL BE SO IDENTIFIED BY AN APPROVED TESTING AGENCY.

COLUMNS SHALL BE ADEQUATELY ANCHORED TO PREVENT LATERAL DISPLACEMENT.

ALL FRAMING SHALL BE A MINIMUM OF 8" ABOVE GRADE AND ALL WOOD SIDING SHALL BE 6" ABOVE GRADE.

ALL FOOTINGS SHALL BE AT LEAST 30" BELOW GRADE.

A STRUCTURAL SLAB SHALL BE USED WHEN NON-COMPACTED FILL EXCEEDS 8".

THE SPACE BETWEEN THE BOTTOM OF THE FLOOR JOISTS AND THE EARTH UNDER ANY BUILDING SHALL BE VENTILATED. FOR EACH 150 SQUARE FEET OF CRANAL SPACE AREA PROVIDE A MINIMUM NET AREA OF VENTILATION OF NOT LESS THAN 1 SQUARE FOOT. ONE SUCH VENTILATING OPENING SHALL BE WITHIN 3' OF EACH CORNER OF THE BUILDING.

ATTICS AND ENCLOSED RAFTER SPACES SHALL HAVE CROSS VENTILATION FOR EACH SEPARATE SPACE BY VENTILATING OPENINGS. THE NET FREE VENTILATING AREA SHALL BE NOT LESS THAN 1 TO 300, PROVIDED AT LEAST 50 PERCENT OF THE REQUIRED VENTILATING AREA IS PROVIDED BY VENTILATORS LOCATED IN THE UPPER PORTION OF THE SPACE TO BE VENTILATED AT LEAST 3' ABOVE THE EAVE OR CORNICE VENTS WITH THE BALANCE OF THE REQUIRED VENTILATION PROVIDED BY EAVE OR CORNICE VENTS. THE NET FREE CROSS-VENTILATION AREA MAY NOT BE LESS THAN 1 TO 300 OF THE AREA OF THE SPACE VENTILATED WHEN THE VAPOR BARRIER HAVING A TRANSMISSION RATE NOT EXCEEDING 1 PERM IS INSTALLED ON THE WARM SIDE OF THE CEILING.

GENERAL REQUIREMENTS  
2021 INTERNATIONAL RESIDENTIAL CODE

- DESIGN LIVE LOADS: 30 PSF
- GROUND SNOW LOAD: 40 PSF
- FIRST FLOOR: 40 PSF
- SLEEPING ROOMS: 30 PSF
- ATTIC W/STORAGE: 30 PSF
- GARAGE FLOOR LOAD: 50 PSF & 2000 LB POINT LOAD

DESIGN WIND LOADS ARE BASED ON A BASIC WIND SPEED OF 115 MPH

PRESUMPTIVE SOIL BEARING VALUE

2000 POUNDS PER SQUARE FOOT FOR COLUMN AND WALL FOOTINGS. THE O.C. SHALL IMMEDIATELY NOTIFY THE PROJECT DESIGNER OF ANY INDICATION IN THE SOILS OF INSUFFICIENT BEARING CAPACITY.

FOUNDATION

ALL SPREAD FOOTINGS SHALL EXTEND MINIMUM 1'-0" INTO UNDISTURBED SOIL OR SHALL BEAR ON UNDISTURBED SOIL. THE BOTTOM OF ALL EXTERIOR FOOTINGS SHALL BE A MINIMUM OF \_\_\_\_ BELOW THE FINISHED EXTERIOR GRADE UNLESS NOTED OTHERWISE.

STRUCTURAL CONCRETE

REINFORCING STEEL SHALL CONFORM TO ASTM A615, GRADE 60. ALL WELDED WIRE FABRIC SHALL CONFORM TO ASTM A185. DETAILING SHALL BE IN ACCORDANCE WITH ACI MANUAL 315 AND STANDARD 318. CONCRETE SHALL BE NORMAL WEIGHT. DESIGN COMPRESSIVE STRENGTH AT 28 DAYS SHALL BE ACCORDING TO CHART BELOW.

TYPE OR LOCATION OF CONCRETE CONSTRUCTION	MINIMUM COMPRESSIVE STRENGTH AT 28 DAYS (PSI)
FOOTINGS, BASEMENT SLABS, AND INTERIOR SLABS ON GRADE (EXCEPT GARAGE FLOOR SLABS)	2,500
BASEMENT WALLS, FOUNDATION WALLS, EXTERIOR WALLS, AND WALLS WITH EXPOSED REINFORCING WORK EXPOSED TO THE WEATHER	3,000
EXTERIOR SLABS, CHASES, STEPS EXPOSED TO WEATHER, AND GARAGE FLOOR SLABS WITH AIR-ENTRAINMENT	3,500

MASONRY CONSTRUCTION SHALL BE IN ACCORDANCE WITH FOLLOWING STANDARDS:  
BUILDING CODE REQUIREMENTS FOR MASONRY STRUCTURES - ACI 530/ASCE 5.  
SPECIFICATIONS FOR DESIGN AND CONSTRUCTION OF LOAD BEARING CONCRETE MASONRY PUBLISHED BY NATIONAL CONCRETE MASONRY ASSOCIATION.

THE MINIMUM NET COMPRESSIVE STRENGTH OF MASONRY (f<sub>m</sub>) SHALL BE 1500 PSI PER ACI 530.

HOLLOW AND SOLID LOAD BEARING CONCRETE MASONRY UNITS SHALL CONFORM TO ASTM C90 AND ASTM C145.

MORTAR AND GROUT SHALL CONFORM TO THE REQUIREMENTS OF THE ASTM TENTATIVE SPECIFICATIONS FOR MORTAR FOR UNIT MASONRY, ASTM C270, TYPE S MORTAR. HOLLOW UNITS SHALL BE LAID WITH FULL MORTAR COVERAGE ON HORIZONTAL AND VERTICAL FACE SHELLS AND WEBS. SOLID UNITS SHALL BE LAID WITH FULL HEAD AND BED JOINTS.

REINFORCING STEEL SHALL CONFORM TO ASTM A615, GRADE 60. ALL VERTICAL MASONRY REINFORCING SHALL BE INSTALLED IN FULLY GROUTED CELLS AS SHOWN ON THE DRAWINGS WITH MINIMUM 48 BAR DIAMETER SPICES. PROVIDE LOOSE STEEL ANGLE LINTELS OR PRECAST CONCRETE LINTELS FOR ALL OPENINGS IN LOAD-BEARING MASONRY WALLS AS SHOWN ON THE STRUCTURAL DRAWINGS.

WOOD FRAMING

ALL LUMBER SHALL COMPLY WITH THE REQUIREMENTS OF AMERICAN INSTITUTE OF WOOD CONSTRUCTION AND THE AMERICAN FOREST & PAPER ASSOCIATIONS (AFPA) NATIONAL DESIGN SPECIFICATIONS FOR WOOD CONSTRUCTION - WOOD FRAME CONSTRUCTION MANUAL.

ALL STRUCTURAL WOOD MEMBERS SHALL BE SPRUCE-PINE-FIR (SPF) #2 OR BETTER, UNLESS NOTED OTHERWISE.

ALL EXPOSED LUMBER SHALL BE PRESSURE TREATED WOOD MEMBERS SOUTHERN PINE (SP) #2 OR BETTER, UNLESS NOTED OTHERWISE.

ALL STRESS GRADE LUMBER MEMBERS (MSF) SHALL BE CLEARLY STAMPED WITH THE LUMBER INSPECTION ASSOCIATION SEAL SHOWING THE STRESS GRADE. ALL FABRICATION, ERECTION AND OTHER PROCEDURES SHALL CONFORM TO THE CURRENT NATIONAL DESIGN SPECIFICATION FOR STRESS GRADE LUMBER AND ITS FASTENINGS.

ALL EXTERIOR WOOD STUD WALLS AND INTERIOR BEARING WOOD STUD WALLS SHALL BE CONTINUOUSLY BROGHE WITH WOOD BLOOMING AT A MAXIMUM SPACING OF 4'-0" ON CENTER BETWEEN THE FLOORS AND THE ROOF. ALL WOOD STUD WALLS SHALL HAVE A MINIMUM OF TWO 2X TOP PLATES. ALL TOP PLATES SPICES SHALL BE STAGGERED AND LOCATED OVER WALL STUDS.

LAMINATED VENEER LUMBER (LVL)  
LVL MEMBERS SHALL BE INSTALLED AND BRACED PER THE MANUFACTURERS SPECIFICATIONS. THE MEMBERS SHALL NOT BE CUT OR DRILLED UNLESS SO AUTHORIZED BY THE MANUFACTURER.

WHERE MULTIPLE MEMBERS ARE INDICATED ON THE DRAWINGS, MECHANICALLY FASTEN THE MEMBERS PER LVA MANUFACTURERS RECOMMENDATIONS IN ORDER THAT THE COMBINED MEMBERS SHARE ALL OF THE SUPERIMPOSED LOADS, INCLUDING LOADS FROM HEADERS AND POSTS.

LVL MEMBERS SHALL CONFORM TO THE FOLLOWING MINIMUM ALLOWABLE STRESSES:  
MODULUS OF ELASTICITY: 2,000,000 PSI  
FLEXURAL (BENDING) STRESS: 2,600 PSI

PLYWOOD  
PLYWOOD SHALL BE IDENTIFIED WITH THE APA TRADEMARK OF THE AMERICAN PLYWOOD ASSOCIATION, AND SHALL BE INSTALLED IN ACCORDANCE WITH THE PRODUCT SPECIFICATIONS.

ROOF STRUCTURAL SHEATHING  
UNLESS NOTED OTHERWISE ON PLANS 84 COMMON NAILS @ 6" O.C. @ PANEL EDGES AND PANEL FIELD.

WALL STRUCTURAL SHEATHING  
UNLESS NOTED OTHERWISE ON PLANS 84 COMMON NAILS @ 6" O.C. PANEL EDGES AND 12" O.C. PANEL FIELD.

TOROPIANO RESIDENCE  
16440 OLD FREDERICK ROAD, WOODBINE, MD 21197

SINGLE STORY ADDITION - DECK - 250# OVER CRANAL

NEW OUTLOOK-HOME DESIGN  
(301) 641-8938 VLS@VLSGROUP.COM@COMCAST.NET

APPROVED BY:

SCALE AS SHOWN

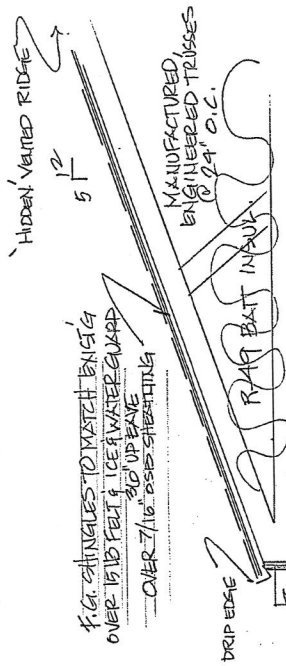
DATE 8.26.2020

DRAWN BY

REVISED

DRAWING NUMBER

G-001

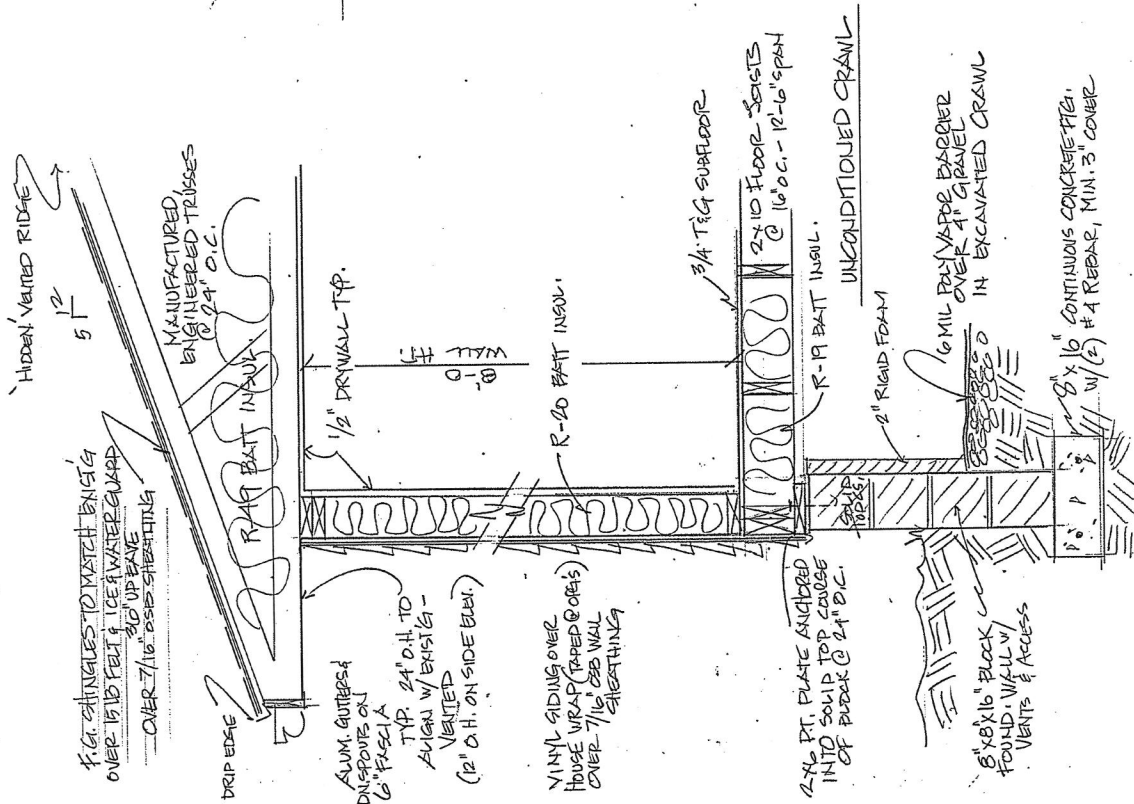


1/2" DRYSUAP TRP.  
 R-20 BATT INSUL.  
 3/4" T&G SUBFLOOR  
 2x10 FLOOR JOISTS @ 16" O.C. - 12'-6" SPAN  
 UNCONDITIONED CRANL

6 MIL POLY/PROP EXPOSER OVER 4" GRAVEL IN EXCAVATED CRANL

8" x 16" CONTINUOUS CONCRETE TIE. W/ (#4) #4 REBAR, MIN. 3" COVER

APPROX. WALL DETAIL 1/4" = 1'-0"



16" x 24" MIN. VENTED ACCESS TRP. TO DEPTH OF EXIST'G 5'-0"

CRANL SPACE 6 MIL POLY/PROP EXPOSER OVER GRAVEL BASE

10" x 24" MIN. VENTED ACCESS TRP. TO DEPTH OF EXIST'G 5'-0"

CRANL SPACE 6 MIL POLY/PROP EXPOSER OVER GRAVEL BASE

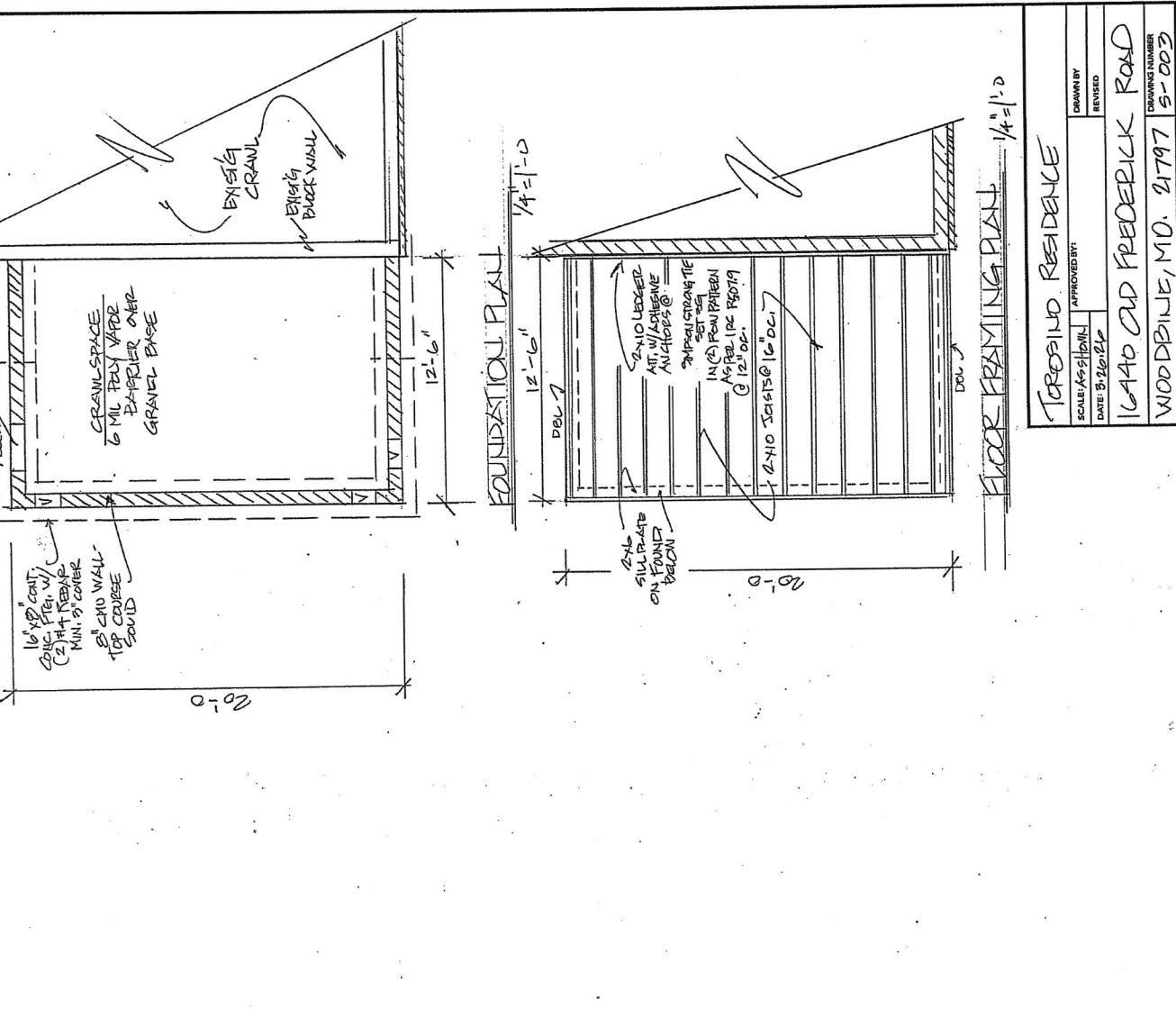
12'-6" FOUNDATION

2x4 SILL PLATE ON FOUNDATION BELOW

12'-6" FOUNDATION

2x4 SILL PLATE ON FOUNDATION BELOW

12'-6" FOUNDATION



FOUNDATION PLAN 1/4" = 1'-0"

FLOOR FRAMING PLAN 1/4" = 1'-0"

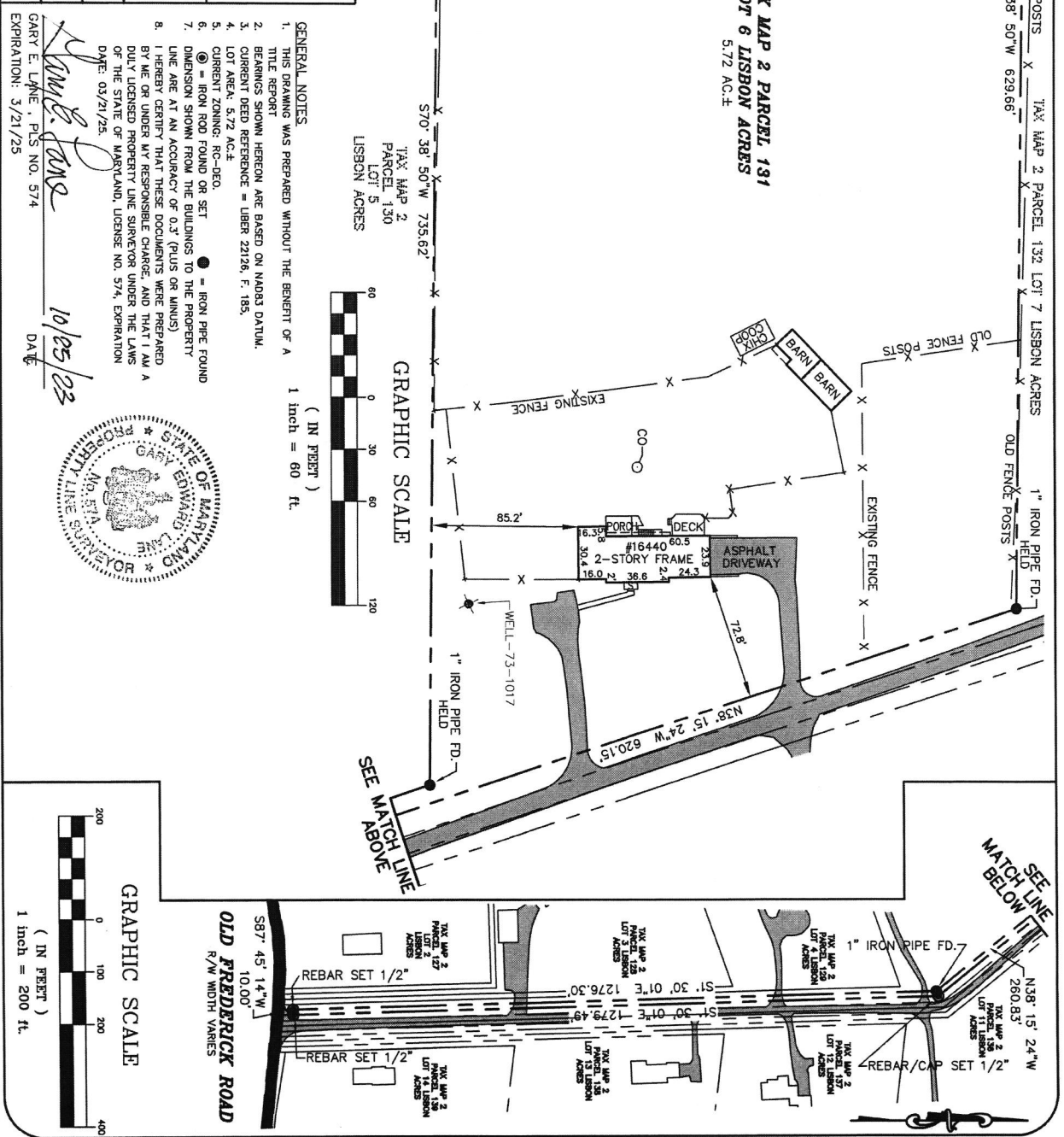
TERRALDO RESIDENCE	
SCALE: AS SHOWN	APPROVED BY:
DATE: 5/20/22	
16440 OLD FREDERICK ROAD	
WOODBRIDGE, MD. 21797	
DRAWING NUMBER	5-003



**"LISBON ACRES"**  
**LOT 6**  
**TOROSINO PROPERTY**  
 TAX MAP 2 PARCEL 131  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**MILDBENBERG**  
**BOENDER, & ASSOC., INC.**  
*Engineers Planners Surveyors*  
 6818 Patent Street, Suite 300, Ellicott City, MD 21043

FOUNDATION	DATE:	FINAL LOCATION	DATE:
	N/A		OCT 2023
DRAWN BY:	CHECKED BY:	SCALE:	AS SHOWN
MES	GEL		
PROJECT NO.:	BOUNDARY SURVEY (DRAWING SIZE = 11" x 17")		
23-017			



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

**APPLICATION FOR WAIVER**

**To Howard Co Code Subtitle 8: Onsite Sewage Disposal Systems and Subtitle 9: Individual Potable Water Supply Systems**

Date Submitted: 5/3/2026

Property Address: 16440 Old Frederick Rd Mt. Airy Md. 21771

Lisbon Acres	<u>6</u>	<u>0002</u>	<u>0022</u>	<u>0131</u>	<u>318668</u>
Subdivision	Lot	Tax Map	Grid	Parcel	Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Original addition request submitted Dec 2025, B2500567,

In the area below, list the specific section of the Howard Co Code to which a waiver is being requested and provide a brief summary of the regulation and an explanation of why the waiver is being requested (Attach a separate sheet if necessary).

Regulation Section	Summary and Explanation
1. <u>HC Sec 3.805</u>	Request waiver revised plan for 250 sqft. which is within the HC Health Dept. of >250 sqft. The property is 5.72 acres. The addition is within the 100 well-are, replacement septic would be outside this area due to 100ft minimum separation between well and septic on the property. The soil mapping is Glenelg Loam (primarily a sand mix) which is usually a suitable soil.
2. _____	_____
_____	_____
_____	_____

*Rosanne L...*  
 Property Owner's Signature

**Health Department Use Only**

Reviewed by \_\_\_\_\_ HCHD Staff \_\_\_\_\_ Date \_\_\_\_\_

Comments/Conditions: approved for no addition in bedrooms and less than or at 250 sq. ft. of living space.

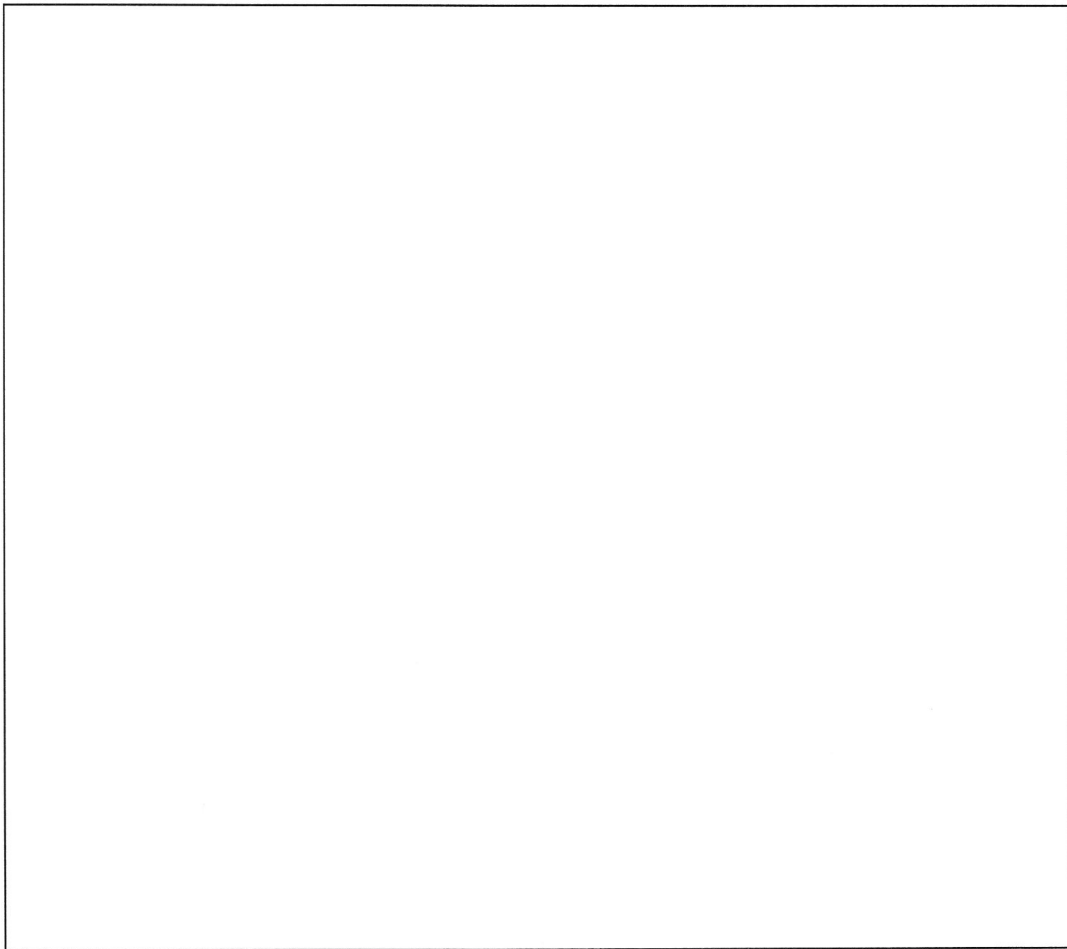
Approved by: *[Signature]* BEH Deputy Director \_\_\_\_\_ Date 5/7/26



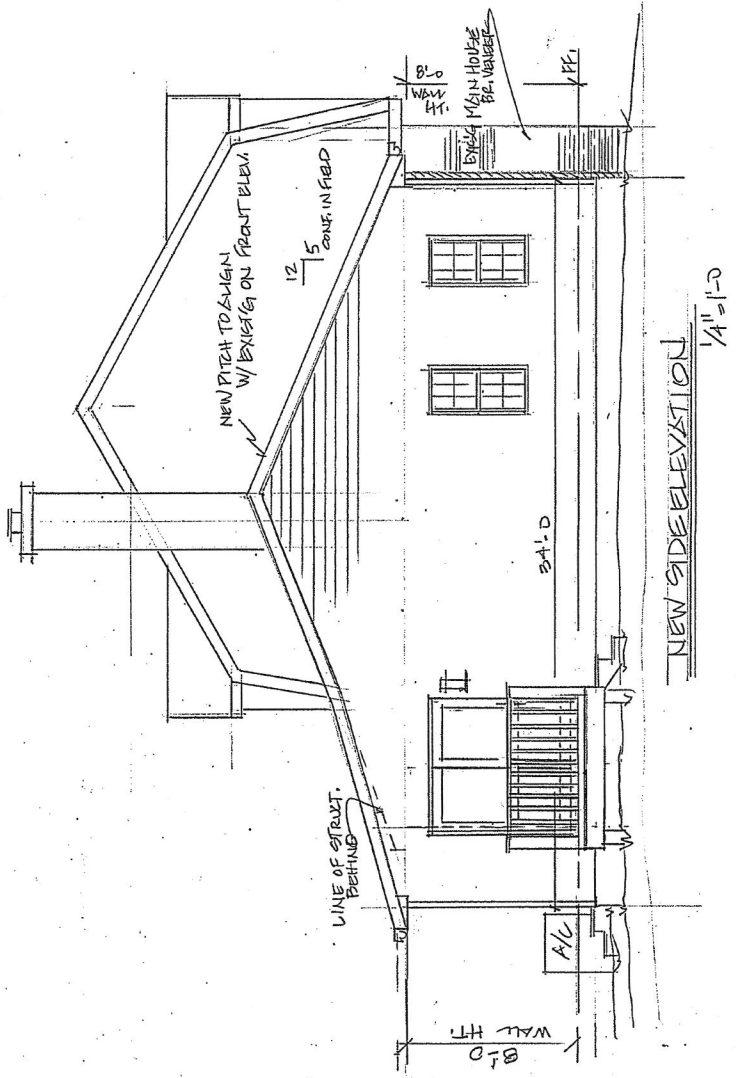
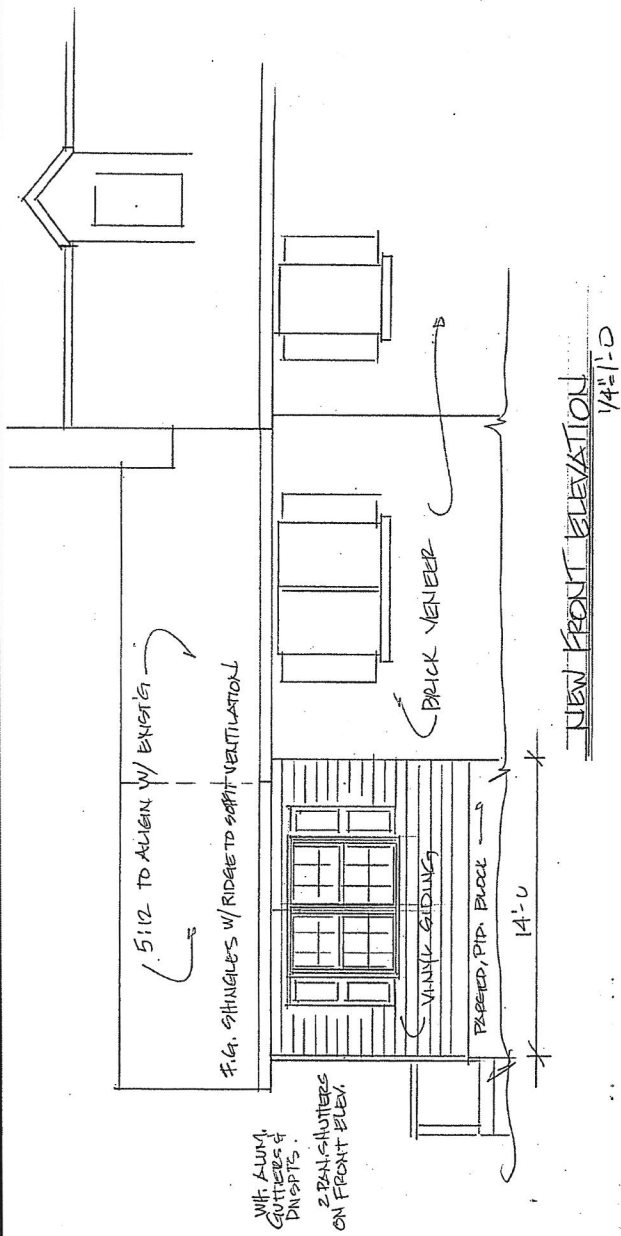
SITE INSPECTION SHEET

OWNER: Rosanne Torosino PHONE #: \_\_\_\_\_  
ADDRESS: 16440 Old CONTRACTOR: \_\_\_\_\_  
Frederick Rd WELL TAG #: H0-73-1017  
SUBDIVISION: \_\_\_\_\_ LOT: 6 COUNTY #: Howard  
PROPOSAL: Revised proposal to Den (250 sq. ft) from  
sunroom/storage/study rooms

LOCATION DIAGRAM



COMMENTS: Well condition, conduit sleeve appears  
watertight missing a bolt on well cap. Septic  
tank cleanout need cleanout cap (currently is just  
covered). Drywells not showing any signs of  
hydraulic failure based on visual inspection.  
DATE: 4/17/26 INSPECTOR: Melvin Eshenbough



WINDOW & DOOR SCHEDULE			NOTES:
ID	ITEM	SIZE	
A	TWIN DOOR, Hgt. 6'-0" x 3'-6"	6'-0" x 3'-6"	ANDERSEN - MWF MEET EGRESS
B	DOOR, Hgt. RE-USE EXIST'G		"
C	EXT. DOOR 3'-0" x 6'-8"	3'-0" x 6'-8"	THERMA-TRU
D	DOOR, Hgt. 3'-0" x 5'-0"	3'-0" x 5'-0"	ANDERSEN
E	EXT. DOOR 4'-8" x 6'-8"	4'-8" x 6'-8"	THERMA-TRU

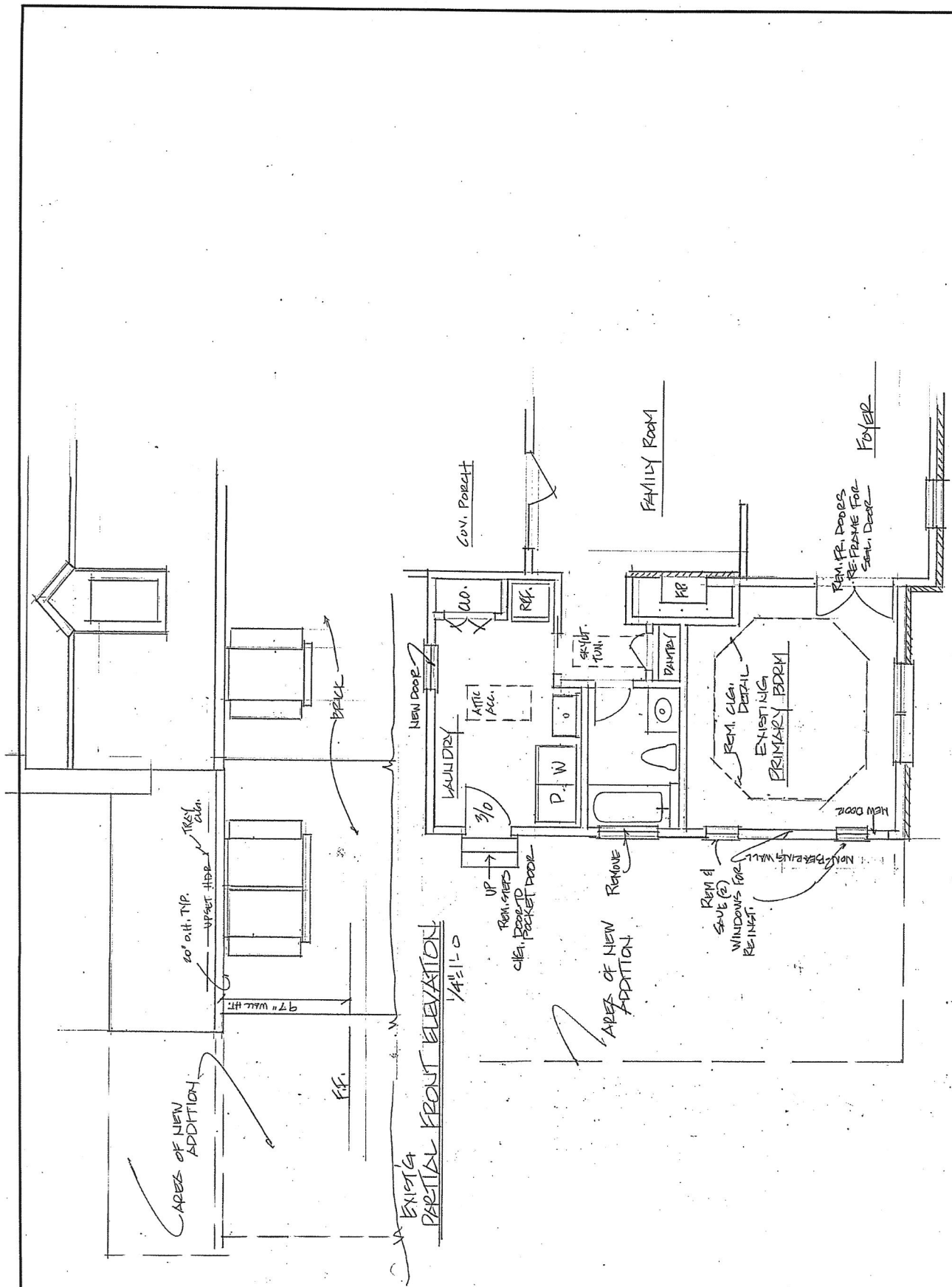
TOROSINO RESIDENCE

SCALE: AS SHOWN APPROVED BY: \_\_\_\_\_

DATE: 12.16.25 DRAWN BY: \_\_\_\_\_

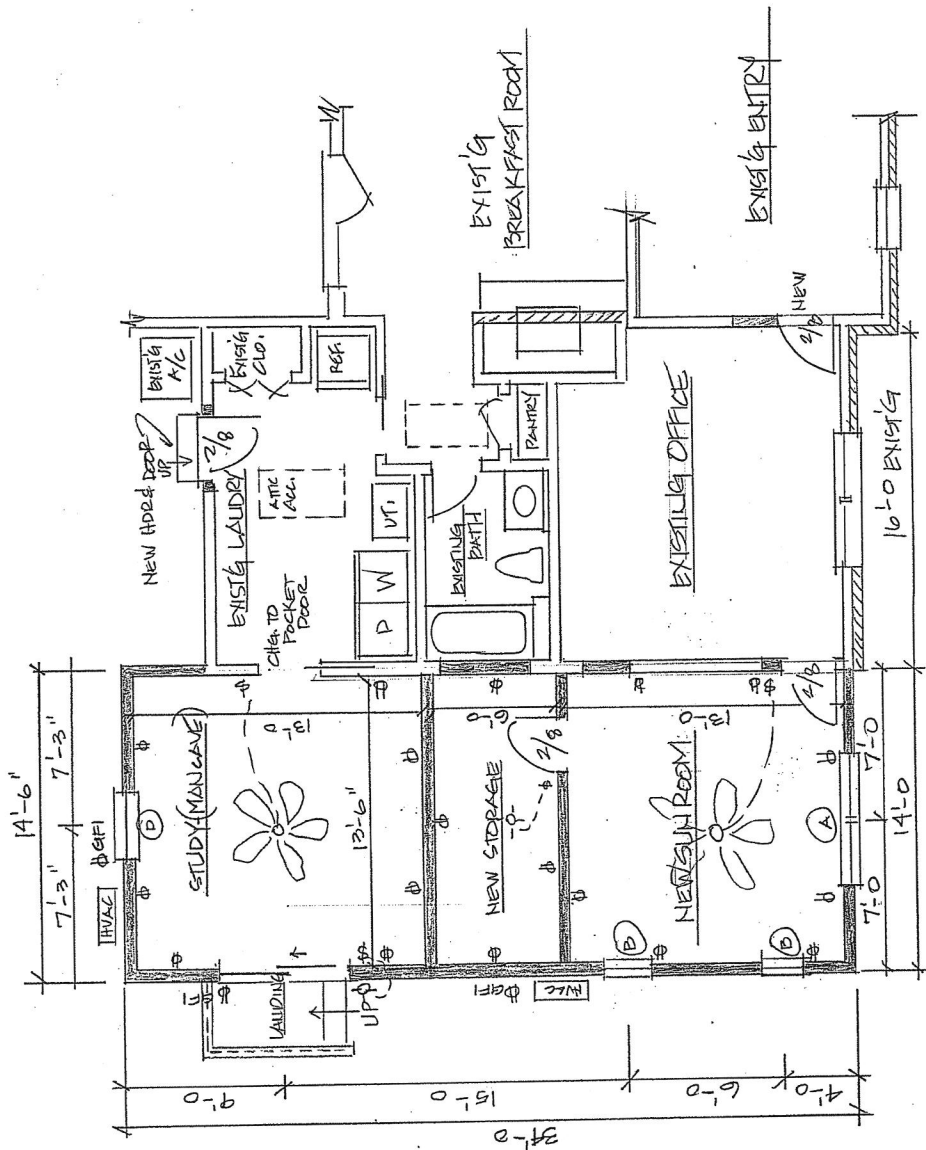
1440 OLD FREDERICK RD REVISED: \_\_\_\_\_

WOODBINE, MD. 21797 DRAWING NUMBER: A-1



TOROSINO RESIDENCE	
SCALE: AS SHOWN	DRAWN BY
DATE: 12/15/25	REVISED
1640 OLD FREDERICK RD	
WOODBINE, MD 21797	
DRAWING NUMBER	
A-2	

EXISTING PARTIAL FLOOR PLAN  
1/4" = 1'-0"



**PROPOSED FIRST FLOOR ADDITION**  
 1/4" = 1'-0"

TOPSHILO RESIDENCE	
SCALE: AS SHOWN	APPROVED BY:
DATE: 10.15.25	REVISION:
16410 OLD FREDERICK ROAD	
WOODBINE, MD 21797	
DRAWING NUMBER: A-3	





# APPLICATION

*Whites*  
A 20535  
P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 465-5000, EXT. 356

*Septic Tank 1-35.2000* DISTRICT 4th  
*4822.0000* DATE 10/18/74

*Property would be having 135 soft effluent  
also tank at same place as per bed room below inlet.  
Depth to bed of bed room is 4 feet and made in  
depth 11 1/2 feet from right of way in toward  
back property line 123' off left property line  
from right of way line as shown on plat here  
file (317) in office of recording*

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 Howard Associates  
ADDRESS 404 Investment Bldg., Towson, Md. 21204 PHONE Jean Olson, 465-7700, Ext. 26

PROPERTY LOCATION:  
SUBDIVISION (Lisbon Farms) LOT NO Parcel 6  
ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5.73 acres TYPE BLDG. 3 or 4 bedrooms  
IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED *10/22/74*

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

SIGNATURE OF APPLICANT /s/ Joan Olson

APPROVED BY [Signature] FOR [Signature] DATE 11/1/75

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/22/74  
1. 44 - D.H. also submitted at 10/22/74  
2. 44 - D.H. submitted at 10/22/74  
3. 44 - D.H. submitted at 10/22/74

# THIS IS NOT A PERMIT





LISBON FARMS, PARCEL C 10440 OLD FREDERICK ROAD

P52047-c

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 4th

DATE 2/13/76

*5/21/76*

**INDEXED**

22825

20835

Gerald Waser IS PERMITTED TO INSTALL  ALTER

ADDRESS 2264 Mysthaven Lane, Gambrills, Md. 21054 PHONE 674-7546

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION (Lisbon Farms) ROAD 10440 Old Frederick Road LOT Parcel C

PROPERTY OWNER Mr. Gerald Waser

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - To have 132 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 ft. below original grade and maximum depth 114 ft. Locate dry well 123 ft. from right-of-way in towards back property line and 115 ft. off left property line when facing lot from right-of-way line as seen when facing lot from ~~back~~ front. Perc hole (3&4). See plat if necessary.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.  
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA.

PLANS APPROVED BY Charles B. Streaker DATE 4/9/75

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.

RECEIVED AND RETURNED 5/10/75  
Sheet # 48203  
click

RECEIVED 5/14/75  
Sheet # 51197  
2 car garage

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

# PERMIT INDEXED

P 520417-C

A RE-INDEX

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

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 16440 Old Frederick Road PROPERTY OWNER: Amy & Richard Burns

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Reindex file 7/30/04

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- 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

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

6/17/04 800 148 980 L.R. BATH + LAUNDRY

P5 20417-C

## Eshenbaugh, Melanie

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**From:** Eshenbaugh, Melanie  
**Sent:** Tuesday, January 20, 2026 4:57 PM  
**To:** info@classicremodelinginc.com  
**Subject:** B25005567

Good afternoon,

After review of the building permit proposal (B25005567) along with the submitted plans, the size of the building permit proposal (>250 square feet) triggers the percolation testing/certification (PC) plan requirement with the Health Dept. prior to building permit approval. First and foremost, the property does not have a sewage disposal area (SDA) established for future septic repair which is common with older properties. Code requires establishment of an SDA per two replacement systems. This process starts with submitting a perc test application and test plan from a licensed engineer (see Well & Septic link down below for application guidance documents).

Additionally, the existing septic system would be required to be evaluated to determine the adequacy for both the existing home & proposed residential improvement. Due to the age of the septic system and the size of the living space addition, there may be a need to upgrade the existing septic system and would be contingent upon successful percolation testing with the establishment of a Sewage Disposal Area (SDA) and the system evaluation. Please see the attached document which is on our website for some information on the building permit process as well as some of the HD requirements. If you should have any questions please feel free to email or contact me at 410-313-1771.

Please utilize the Health Department website for guidance as the content of this email will be reiterated and can go more in-

depth: [https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.howardcountymd.gov%2Fsites%2Fdefault%2Ffiles%2Fmedia%2F2016-](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.howardcountymd.gov%2Fsites%2Fdefault%2Ffiles%2Fmedia%2F2016-01%2FHCHDBuildingPermitApplicationWellSeptic.pdf&data=05%7C01%7CEshenbaugh%40howardcountymd.gov%7C119e2de4c3bd4df628ab08db159f5444%7C0538130803664bb7a95b95304bd11a58%7C1%7C0%7C638127546658030493%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=XhnVhGdODngC9ZhfhC%2Bk%2BkV3rSvwnPov9sUZyDUKvtA%3D&reserved=0)

[01%2FHCHDBuildingPermitApplicationWellSeptic.pdf&data=05%7C01%7CEshenbaugh%40howardcountymd.gov%7C119e2de4c3bd4df628ab08db159f5444%7C0538130803664bb7a95b95304bd11a58%7C1%7C0%7C638127546658030493%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=XhnVhGdODngC9ZhfhC%2Bk%2BkV3rSvwnPov9sUZyDUKvtA%3D&reserved=0](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.howardcountymd.gov%7C119e2de4c3bd4df628ab08db159f5444%7C0538130803664bb7a95b95304bd11a58%7C1%7C0%7C638127546658030493%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=XhnVhGdODngC9ZhfhC%2Bk%2BkV3rSvwnPov9sUZyDUKvtA%3D&reserved=0)

<https://www.howardcountymd.gov/health/well-septic-program>

Melanie Eshenbaugh  
Bureau of Environmental Health  
Howard County Health Dept.  
8930 Stanford Blvd. Columbia, MD 21045  
[www.hchealth.org](http://www.hchealth.org)



### CONFIDENTIALITY NOTICE

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Menu Save Reset Cancel Help

Cancelled on 4/8/26 due to avoiding perc testing/PL

Record Detail \* (This section is required.)

Case # **EH-PLANS-26-0**

Type EnvHealth/Environmental Health/Plan Check/Application

Status In Review

Opened Date 01/05/2026

Single Entry Edit-View Record Form

Application Name B25005567

Description SFD/ CONSTRUCT 34' X 14' FIRST FLOOR ADDITION TO CREATE SUNROOM, STORAGE ROOM, AND STUDY AND LANDING W/ STEPS TO GRADE, 1 STORY, Crawl Space, 2R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method,

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department **Current Department**  
Well and Septic Progr

Assigned to Staff **Current User**  
Zack Silvast

Address \* (This section is required.)

New	Search	Delete	Set Primary							Unit Type	U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		16440		Old Fre...	RD	Mt. ...	MD	21771			

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.														

Owner (This section is not required.)

Search	Delete	Set Primary											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/Re</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			Rosanne Torosino	16440 Old Frederick Rd.			Mt. Airy	MD	21771		US	

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \* Applicant

Primary Yes

First Name \* Nick

Middle Name

Last Name \* Trey

Home Phone (xxx)xxx-xxxx

**Organization Name \***  
 Classic Remodeling Inc.

**Mobile Phone** ((xxx)xxx-xxxx)  
 (443) 288-6700

**E-mail**  
 info@classicremodelinginc.com

**Business Phone** ((xxx)xxx-xxxx)

**Preferred Channel**  
 --Select--

**Applicant Address**

New	Look Up	Deactivate	Remove								
<input type="checkbox"/>				Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary Recipient	Status
0 record(s) found.											

**Custom Fields**

**DATE TRACKING**

**Received Date**  
12/29/2025

**Due Date**  
1/14/2026

**Dates to Complete**  
14  
(Number)

**Received by Food**

**Food Review Type**  
--Select--

**Equipment Specification Sheets Submitted**

**Received by Community Hygiene**

**Equipment Specification Sheet**

**Received by Well and Septic**  
12/29/2025

**FACILITY INFORMATION**

**Name of Business (dba) \***  
n/a (Text)

**Associated Building Permit Number**  
(Text)

**Owner Switch Date**

**Does this project have a Building Permit?**  
 Yes  No

**Building Permit Issued Date**

**Non-Profit**

**Does the project include Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.**  
 Yes  No

**Does the project include Private Well? If Yes, forward to WS Program.**  
 Yes  No

**Does the project include Private Septic? If Yes, forward to WS Program.**  
 Yes  No

**Does the project include Food Services? If Yes, forward to FP Program.**  
 Yes  No

**Is this a Prototype Food Service Facility? If Yes, refer to State.**  
 Yes  No

**Facility Fax**  
(Text)

**Facility Phone**  
(Text)

**Days of Operation**  
(Text)

**Facility Email**  
(Text)

**PROPERTY INFORMATION**

**Water Source**  
--Select--

**Design Wastewater Flow**  
(Number)

**Sewage Disposal**  
--Select--

**Permit Type**  
--Select--

**DEVELOPMENT PLANS**

**Property Type**  
Residential

**Signature Required**  
 Yes  No

**Number of paper copies**  
0  
(Number)

**Number of buildable lots created**

**Plan Version**  
Initial

**Engineer**  
0  
(Text)

**Number of mylar copies**  
0  
(Number)

**Number of non-buildable lots created**

0  
(Number)

Total Number of Lots

0  
(Number)

0  
(Number)

Associated Plans

[Empty text box]

**WELL AND SEPTIC INTERNAL**

State Review Required

Yes  No

Coordinate State Review

Yes  No

Proposed Septic System Type

--Select--

**FOOD ESTABLISHMENT FACILITY**

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

**FOOD ESTABLISHMENT INFORMATION**

Hours of Operation

(Text)

If Operating Seasonally, What is the start month?

(Text)

Operating Seasonally Only

Are pets allowed in a outdoor seating area?

Yes  No

Full Bar?

Yes  No

**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards

Yes  No

Description of Refrigeration Units

[Empty text box]

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes  No

Space Limitation

[Empty text box]

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

**PLUMBING**

Size and Installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

**REFUSE AND RECYCLABLES**

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

**WAREWASHING DISHWASHING**

Dishwashing Method

--Select--

**HACCP**

Plan Review Response Letter Received

Yes  No

Date HACCP Approved by the State

[Date picker]

Date HACCP Plan Submitted

HACCP Plan Approved



