

Menu Save Reset Cancel Help

Approved
MPS 4/2/25

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Porch	Permit Number B25001151	Opened Date 03/26/2025
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Description of Work
SFD/ Construct 28x20 deck with 18x20 open roof AND Construct 10x10 deck with additional raised 10x10 deck above with open roof

Online BP. Files in public database.
gs 4/1/25

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12213	Street Name MAYAPPLE	Street Type DR
Unit Type --Select--	Unit #	X Coordinate -76.93627
		Y Coordinate 39.34147
City MARRIOTTSVILLE	State MD	Zip Code 21104
		Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 11059565	Parcel 66	Parcel Area 1.16	Land Value 222800	Improved Value 1366800	Exemption Value 1144000	Plan Area RURAL
Legal Description LOT 25 1.161 A. []12213 MAYAPPLE DR []WALKER MEADOWS						

[check spelling](#)

Block	Lot 25	Census Tract 603000	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1403601583		Subdivision Name Walker Meadows				
Section	Area		Tax Map 10				
Grid 10-1	Zoning District RR-DEO		ADC Map 4694-A6				
SDP No.	Final Plan No. ECP-15-078		WP File No.				
Record Plat No. 24974-2497	WS Contract No.		FDP No.		Primary Yes		
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 2021		Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area 3-01		Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
GURR/

Address Line 1
12213 MAYAPPLE DRIVE
Address Line 2

Address Line 3

Mail City
SYKESVILLE

Mail State
MD

Mail Zip Code
21104

Phone
765-702-4695

Primary
Yes

E-mail
rvgurram@gmail.com

Cell Number
765-702-4695

Fax Number

Professionals (This section is not required.)

License # * 08050128987
License Type * MHIC Co
Primary Yes

Business Name
AMAZING HOME REMODELING INC

First Name REGINALD Middle Name Last Name LEWIS

Address Line 1
Address Line 2
9609 MENDOZA ROAD

City RANDALLSTOWN State MD ZIP Code 21133-0000

Phone 1 4106552500 Phone 2 Fax 0000000000

E-mail LEWISRND@AOL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
Relationship Applicant
Primary Yes

First Name REGINALD MI Last Name LEWIS

Full Name REGINALD LEWIS

Organization Name
AMAZING HOME REMODELING INC

Street Address
9609 MENDOZA ROAD

Address Line 2

City RANDALLSTOWN State MD Zip Code 21133 000

Phone 4106552500 Cell 4109084072 Fax 0000000000

E-mail * reggie@ahrcontractors.com

Addtl Info

Est Construction Cost * 90000
Housing Units * 0
Number of Buildings * 0
Public Owned No

Construction Type
434 - Additions, Alterations and Conversions - Residential

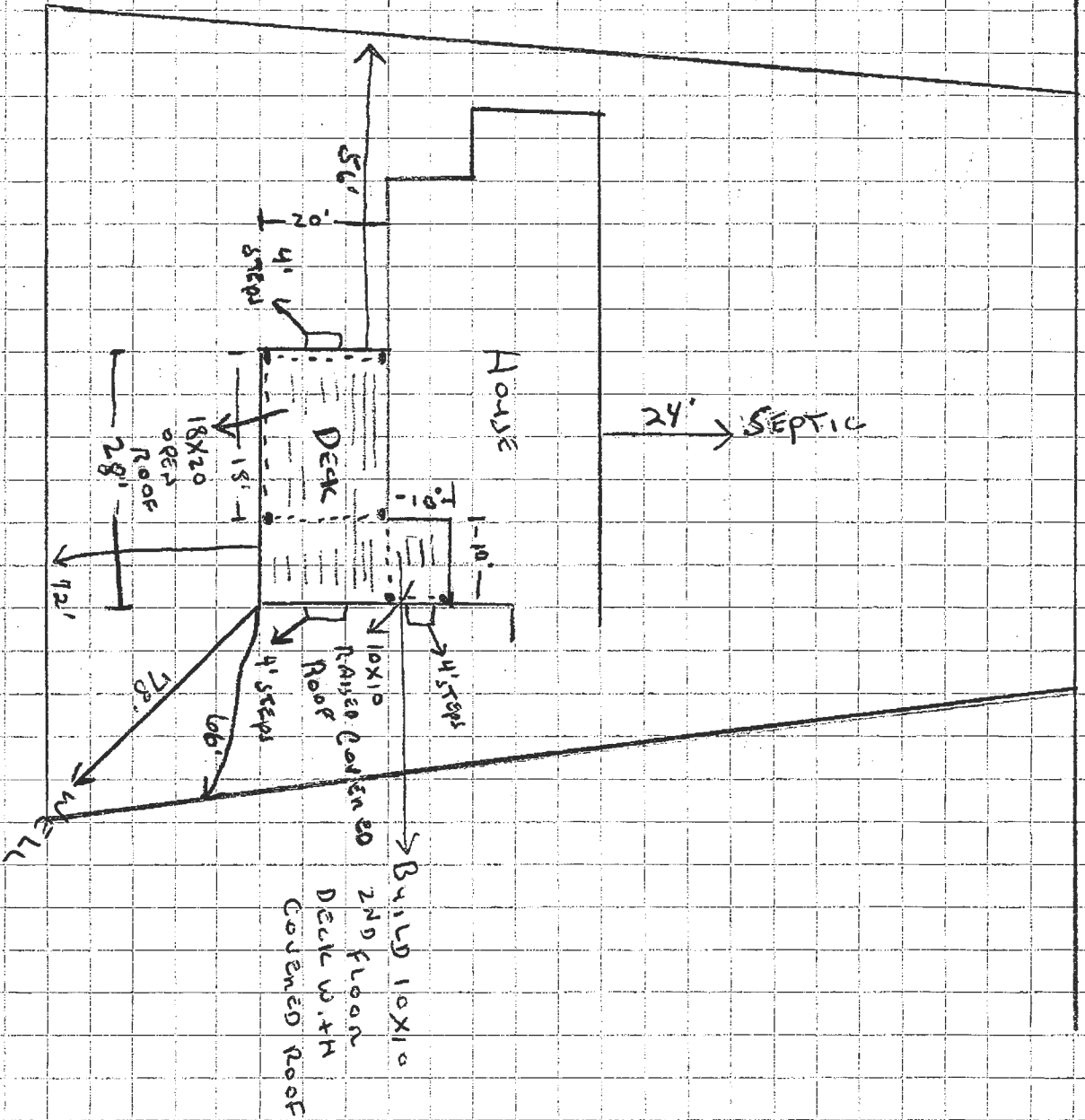
PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee	Capital Project Number	Fee Exempt	Roadside Tree Project Permit	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No	(Text)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	(Text)
Existing Use	Type of Porch	Type of Porch Foundation	Total Square Footage	
SFD	Open Porch	New Deck	460	SQFT (Number)
Water Supply	Sewage Disposal	Expiration Date		
Private	Private	9/28/2025		

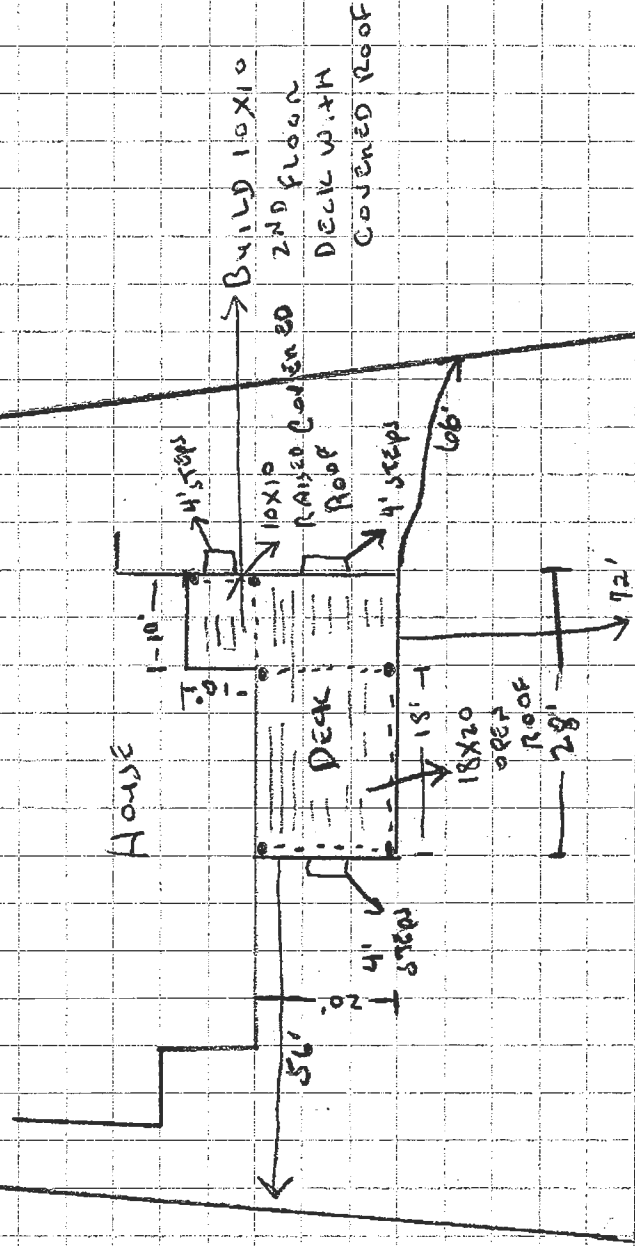
Submit **Cancel**

12213 MAYAPPLE



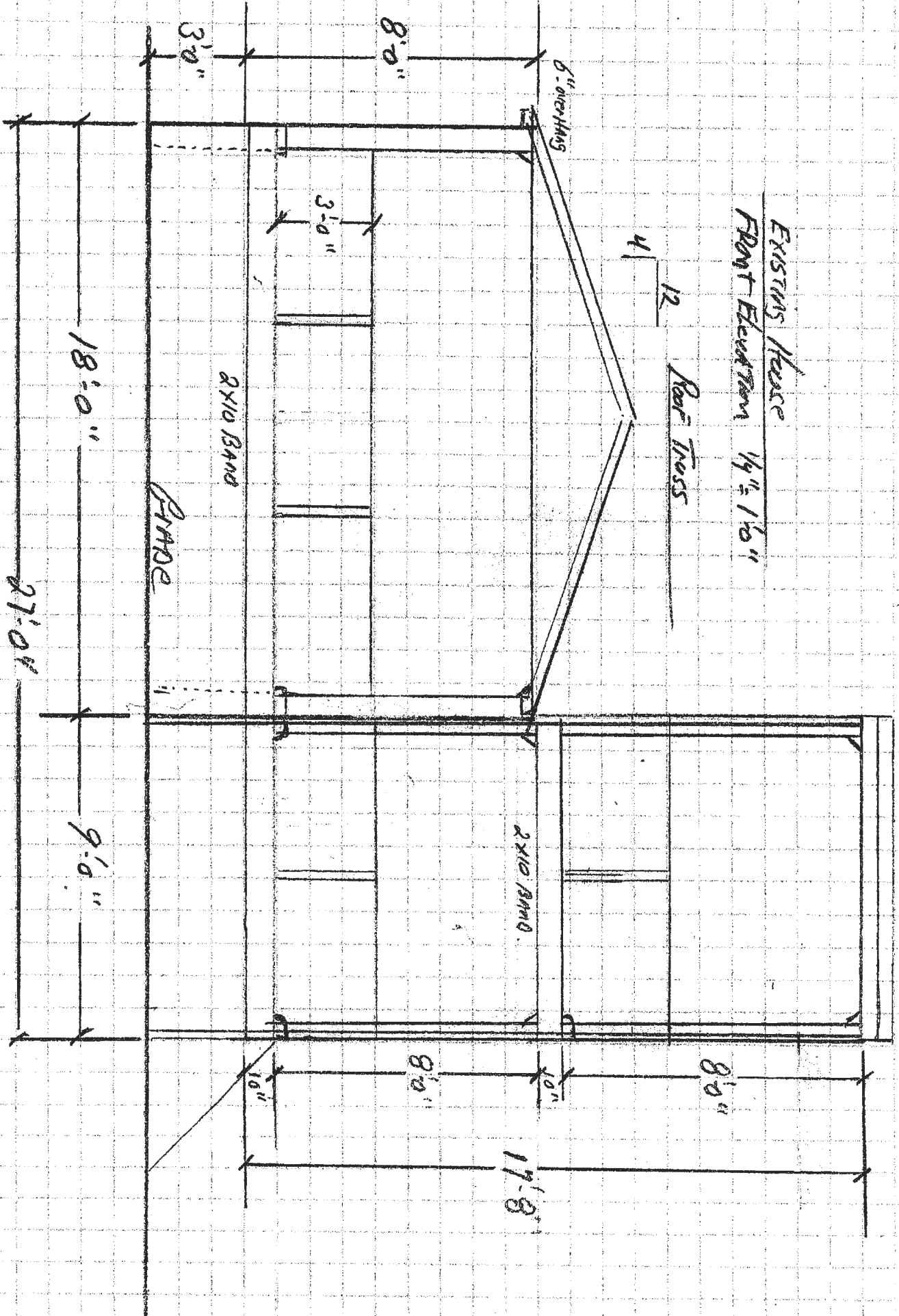
12213

MAPLE



12213 MAP APPLE DR.
MANHATTVILLE MO 21104

12
1/2
FLAT ROOF



12213 MAY APPLE DR.
MARRIOTTVILLE MO 64104

EXISTING HOUSE

ROOF ELEVATION 1/4" = 1'-0"

2X8 CEILING RATTENS
16" O/C

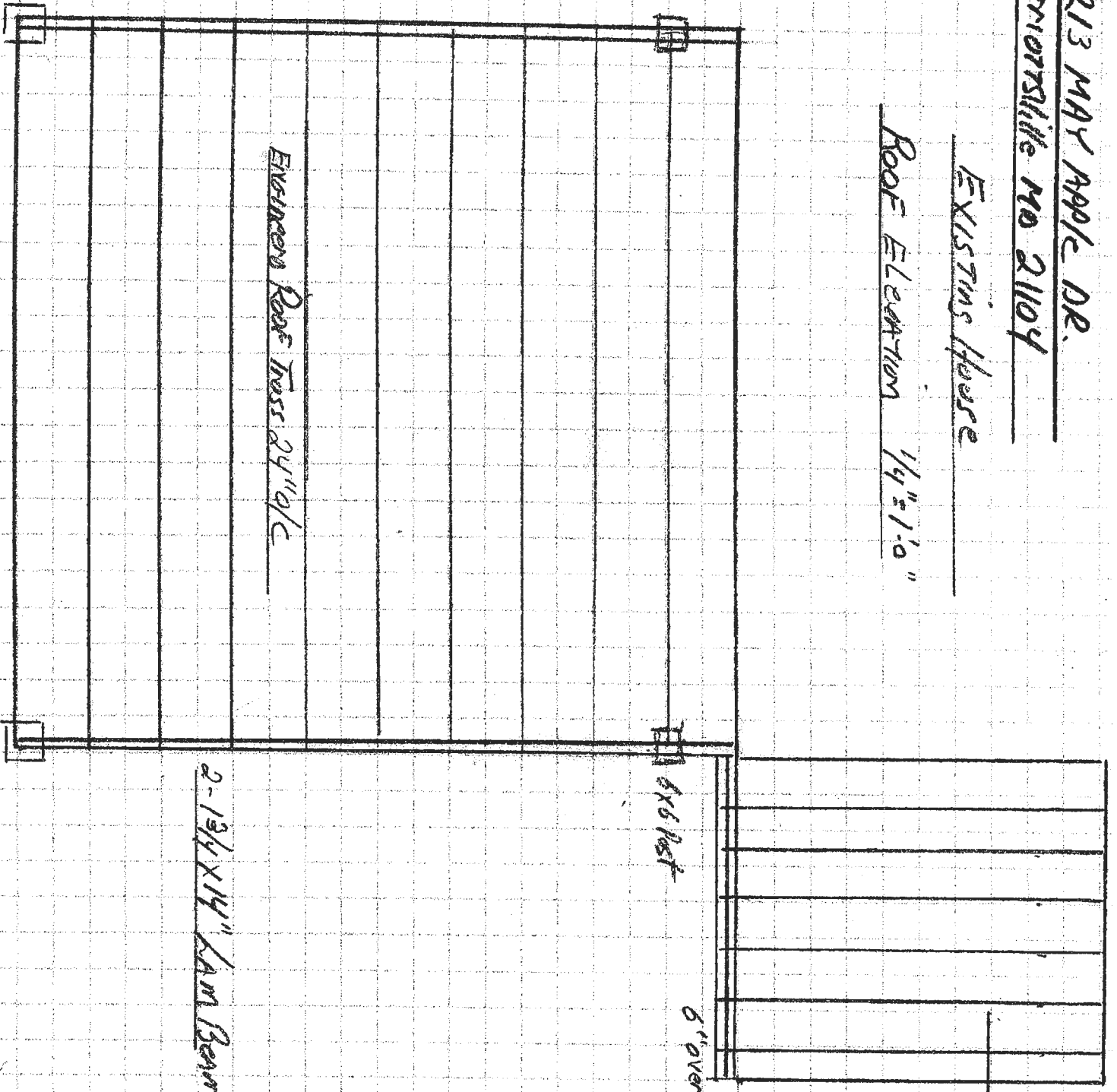
5" OVERHANG

6X6 POST

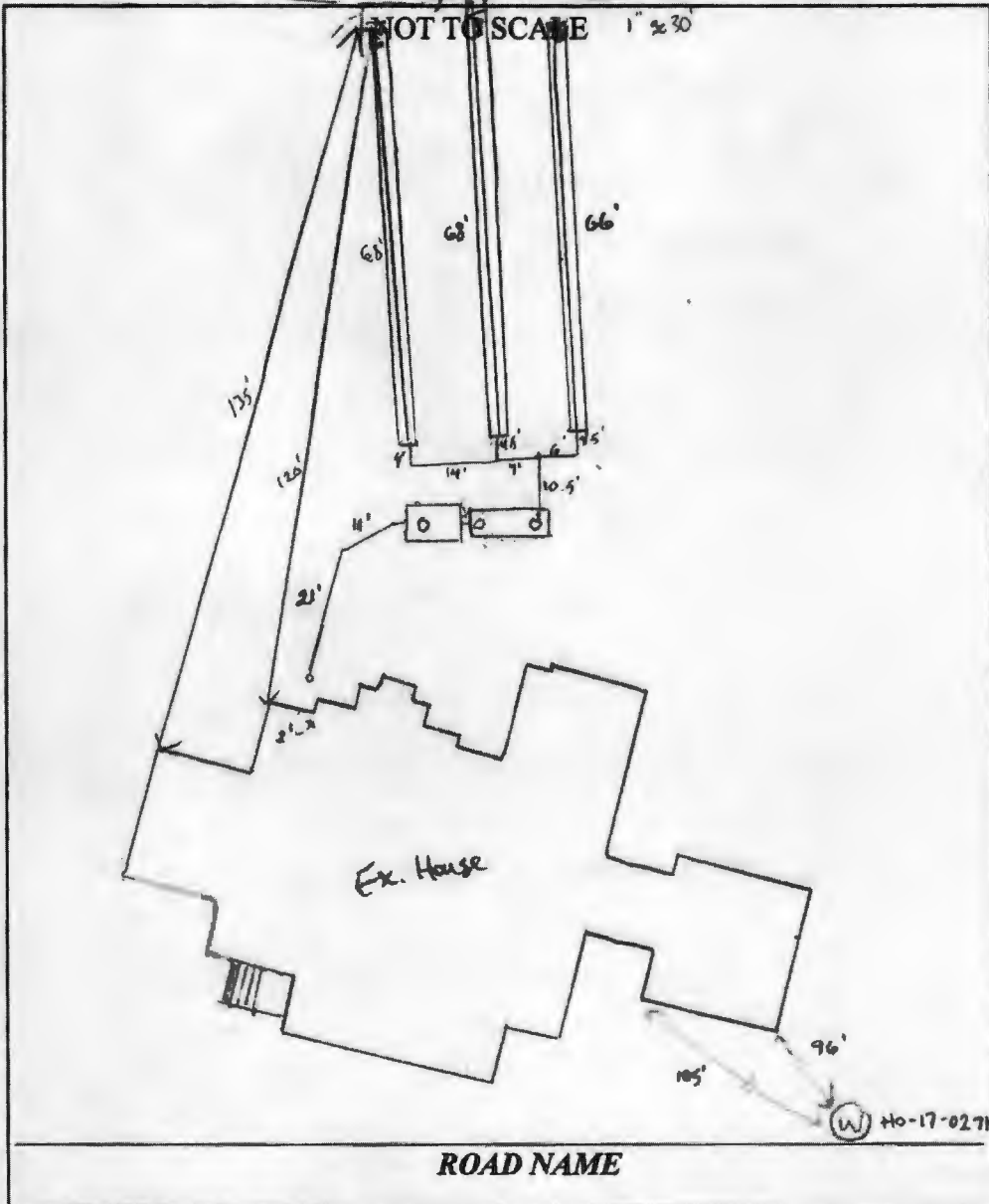
2-13/4" X 14" LAM BEAM

ENGINEERED ROOF TRUSS 24" O/C

6X6 POST



12213 Mayapple Drive



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		202'
ABSORPTION AREA		606 sq ft + sidewalk
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		N/A
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	
MANUFACTURER	Back River
CAPACITY	1250 GAL
SEAM LOC	top
TANK LID DEPTH	1.5'
BAFFLES	inlet
BAFFLE FILTER	-
MANHOLE LOC	inlet
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	-
DATE ON LID	1-21-21
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	Back River
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	2.5'
BAFFLES	inlets
BAFFLE FILTER	-
MANHOLE LOC	inlet + outlet
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	-
DATE ON LID	2-05-21

PRE-CONSTRUCTION:

05/01/2021 SDA STATED CONTOUR CHECKED. STAKE/LE NEEDED OVER SDA PLAN RAINFALL. USE LASER LEVEL (4)

INSTALLATION:

3/9/21 SL and tanks set. Two trenches constructed - lateral pits still need to be drilled. Reinspect for SHC. (SD) 3/10/21 Trenches and laterals constructed w/ perforations drilled according to plan. Reinspect for PAT startup and SHC. (SD) 05/1/2021 SHC INSPECTED OK TO BACKFILL (4) 4/6/21 P/A + pressure test OK.

FINAL INSPECTOR

[Handwritten Signature]

DATE OF APPROVAL

~~3/1/21~~ 4/6/21



Howard County Health Department

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

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth

RECEIPT DATE: 1-26-21 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 572934

APPROVAL DATE: 4/6/21 **PERMIT: CONSTRUCTION**

A

PROPERTY ADDRESS: 12213 MAYAPPLE DRIVE, SYKESVILLE, MD 21784

SUBDIVISION: WALKER MEADOWS LOT: 25 TAX ID: 03-601583

CONTRACTOR: South Carroll Backhoe EMAIL: Schockhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Rd Westminster, MD 21157 PHONE: 410-596-3618

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: NVR, INC. EMAIL: janastas@nvrinc.com

OWNER ADDRESS: 9720 PATUXENT WOODS DRIVE, COLUMBIA, MD 21046 PHONE: (410)379-5956

BAT UNIT MODEL: HOOT 600 BNR PUMP SIZE: 0.5 Hp PUMP TANK CAPACITY: 1500

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: DATE RECORDED:

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>194</u>	INLET DEPTH: <u>2.5</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>5.0</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3.0</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	INSTALL AT LEAST 1 CLEANOUT IN SHC. USE 1/4" PERFORATIONS IN LATERALS. RECOMMENDED EFFLUENT PUMP (FOR LPD SYSTEM) IS WE-05H, OR EQUIVALENT. SYSTEM MUST PASS A PUMP AND ALARM TEST PRIOR TO ISSUE OF ICOP.	

ISSUED BY: R BRICKER ISSUE DATE: 1-26-21 EXPIRATION DATE: 1-26-22

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E 21000571
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.