

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B26001117	04/09/2026
Description of Work		
SFD/ FINISH BASEMENT TO INCLUDE PLAY ROOM, FULL BATH, GYM, SAUNA, WET BAR, AND STORAGE ROOM		

Online BP. 3/2 4/13/26

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1212	CROWS FOOT	RD
Unit Type	Unit #	X Coordinate
-Select-		-76.92581
		Y Coordinate
		39.33994
City	State	Zip Code
MARRIOTTSVILLE	MD	21104
		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
831553	312	3.08	291800	1006600	714800	RURAL
Legal Description						
IMPSLOT 2 3.0841 A[]1212 CROWS FOOT RD[]MEADOWOOD S 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403312178	MEADOWOOD					
Section	Area	Tax Map					
		10					
Grid	Zoning District	ADC Map					
10-7	RR-DEO	4694-B6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
7807			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1990	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
PROTZ

Address Line 1
1212 CROWS FOOT RD

Address Line 2

Address Line 3

Mail City
MARRIOTTSVILLE

Mail State
MD

Mail Zip Code
21104

Phone
484-433-5355

Primary
Yes

E-mail

Approved Specific System Plan
Howard County Health Department
D. Bernard 5-29-26
Signature Date

Approved as Shown
Finish Basement

Laszlo@homeartremodeling.com
Cell Number **Fax Number**
 4844335355

Professionals (This section is not required.)

License # * 08010101084	Business Name HOME ART REMODELING LLC			
License Type * MHIC Ind	First Name LASZLO	Middle Name	Last Name HEGEDUS	
Primary Yes	Address Line 1 412 CALVARY RD			
	Address Line 2			
	City CHURCHVILLE		State MD	ZIP Code 21028-0000
	Phone 1 4844335355	Phone 2	Fax	
	E-mail LASZLO@HOMEARTREMODELING.COM			

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type * Applicant	First Name LASZLO	MI	Last Name HEGEDUS
Relationship Applicant	Full Name		
Primary No	Organization Name HOME ART REMODELING LLC		
	Street Address 412 CALVARY RD		
	Address Line 2		
	City CHURCHVILLE		State MD
	Phone 4844335355	Cell	Zip Code 21028-0000
	E-mail * LASZLO@HOMEARTREMODELING.COM		Fax

Contact (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type Contact	First Name LASZLO	MI	Last Name HEGEDUS
Relationship Applicant	Full Name		
Primary Yes	Organization Name HOME ART REMODELING LLC		
	Street Address 412 CALVARY RD		
	Address Line 2		
	City CHURCHVILLE		State MD
	Phone 4844335355	Cell	Zip Code 21028-0000
	E-mail LASZLO@HOMEARTREMODELING.COM		Fax

Addtl Info

Est Construction Cost * 60000	Housing Units * 0	Number of Buildings * 0	Public Owned No
Construction Type 434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION


Total Square Footage * 1000	No of Stories * SQFT (Number) 2	Basement (Number) Unfinished	Bedrooms 0	Full Baths (Number) 3	Half Baths (Number) 1	Water * (Number) Private	Sewage * Private
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Existing Utilities *
Gas & Electric ▼

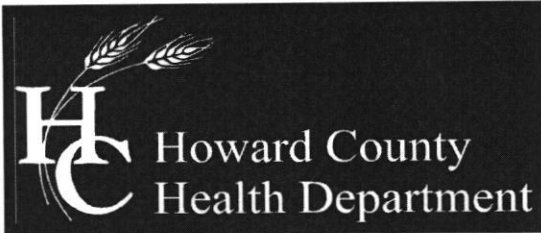
Existing Heating System *
Natural Gas ▼

Existing Sprinkler System *
None ▼

Type of New Fireplace
Masonry ▼

Expiration Date
10/7/2026 

Submit Cancel



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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health

Date: April 22, 2026

TO: Home Art and Remodeling LLC (Applicant)

Laszlo Hegedus (Contact)

Via E-mail: laszlo@homeartremodeling.com

RE: **Building Permit #B26001117**

1212 Crows Foot

Marriottsville, MD 21104

To Whom it May Concern:

Our department has reviewed your building permit **B26001117** and, based on your proposal, your septic system may have to be upgraded. This decision is based on several conditions concerning your property.

- Please submit floor plans for the existing house. Floor plans are required for review and will help us determine the final direction you need to take. Please include all floors.
- Your well will be evaluated also to make sure it is up to code. If the well is not up to code, it must be addressed prior to building permit approval. A site visit must occur to complete a well evaluation.
- We do not have a signed Certified Percolation Certification Plan for this property. Or a designated assigned area for your septic area.
- We do not have a designated septic area or soil profiles which are required for building permit review.

Therefore, the following items are needed for a complete review.

1. **Approved Percolation Certification Plan:** Anytime a new building permit is presented, this is one of the requirements needed prior to approval to bring projects up to current standards.
- **Percolation Testing:** Percolation testing will be required because we do not have a designated septic area for this property. Currently we require 5 holes in a designated area and the designated area must be recorded on an **approved percolation certification plan**. After percolation testing has been completed, we will require a percolation certification

plan to be submitted to our office for approval. This is required because you do not have an approved designated area for your septic system. And by completing testing you will establish a designated area for your septic system.


To get started, percolation testing must occur on the property. Please submit a percolation test application, percolation test plan and fee of \$641 to the Health Department (**Application Attached**). The homeowner will be responsible for hiring an engineer to create a percolation test plan and a septic contractor with a backhoe to dig the percolation test holes. Once the testing is completed a sewage disposal area (SDA) for the proposed addition should be submitted on a percolation certification plan. Since a percolation certification plan does not exist for this property, it will have to be updated prior to building permit approval (Howard County Code Sec 3.805).

Health Requirements Prior to Testing

1. Perc Application (See Attached) completed and submitted to the Howard County Health Department along with \$641 fee. The proposed test locations will need to be staked. If there are other structures/utility lines within the vicinity those will need to be drawn on the plan by your engineer. These will need to be field located by the surveyor and shown on the plan as accurately as possible.
2. Miss Utility must be called to come out to the site and check for utility lines. If there are any they must be marked on the plan and in the field.
3. Any private lines will need to be shown on the plan. Including overhead lines so the contractor digging the holes is aware.
4. Once the above numbered tasks have been completed, we can schedule for perc testing.
5. When the testing has been completed, a Certification Plan and OSDS plan must be submitted by your engineer.

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

Respectfully,



Dana Bernard, REHS/RS

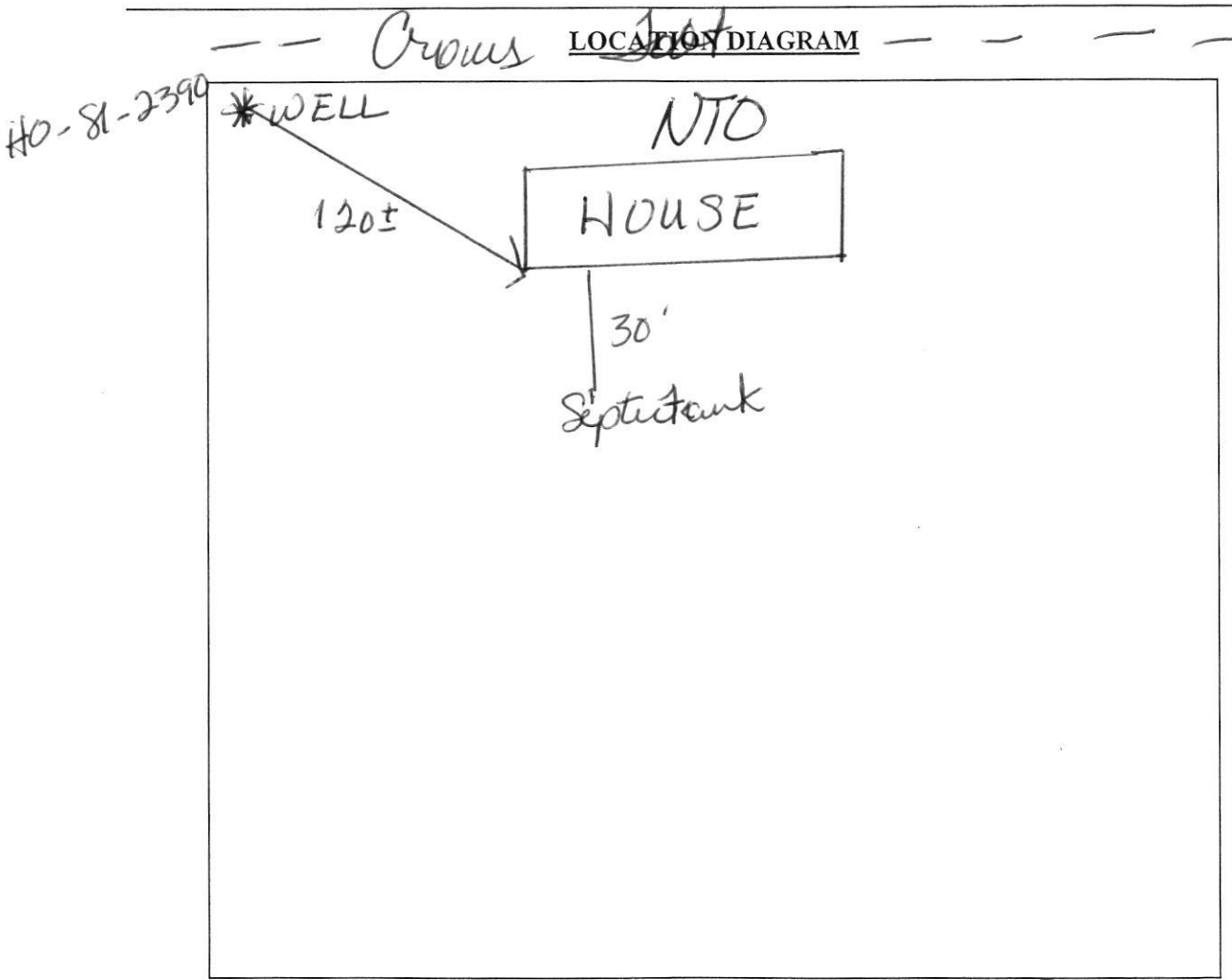
Environmental Specialist II,

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

SITE INSPECTION SHEET

OWNER: Laszlo Hegedus PHONE #: 484-433-5355
ADDRESS: 1212 Crows Foot CONTRACTOR: _____
Marriottsville WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: Howard
PROPOSAL: Basement Remodel



COMMENTS: Well is in compliance. Septic Area does not appear to be in failure.

DATE: 5-~~20~~-26 INSPECTOR: D Bernard
13

From: [REDACTED]
Sent: Wednesday, May 13, 2026 10:02 AM
To: Bernard, Dana
Subject: 1212 Crows Foot

WARNING!!!

This email originated from someone outside of Howard County

*****DO NOT CLICK LINKS OR OPEN ATTACHMENTS*****

unless you recognize the sender and know for sure that the content is safe







Sent from my iPhone

- Intelligent Health Care
- Healthy Life

Infrared Sauna



909MRR Infrared Sauna

Installation & Owner's Manual

Please read this entire manual thoroughly before proceeding with the assembly.

CATALOGS

- 01 ● **PRECAUTIONS
AND INSTRUCTION**
 - 03 ● **INSTALLATION GUIDE**
 - 07 ● **OTHER FUNCTIONS**
 - 08 ● **CONTROL PANEL INSTRUCTION**
 - 09 ● **CONCENTRATE ON
PROFESSIONAL SAUNA**
-

PRECAUTIONS AND INSTRUCTION

ATTENTION

Please read all instructions thoroughly before using.

Serious injury may result if ignore the following warning and instruction.

Basic precautions should always be followed when using this electrical equipment.

DANGER

To avoid the risk of causing burns, fire, electric shock, or other injuries:

- Connect the power cord to a properly grounded outlet.
- Using only for its intended use as described in this manual.
- Don't use accessories not recommended by the manufacturer.
- Please disconnect the power after using.
- Please keep the electrical cord away from heated surfaces.

If the sauna is faulty, the supply cord or plug is damaged, please stop using it immediately.

WARNINGS

- Don't stay longer than one hour.
- Don't put the sauna on a humid environment.
- Don't touch the heater directly with hands or body for a long time.
- Don't use any sharp tools on or near the heaters (severe damage may result).
- Placing the sauna on a flat surface.
- Unauthorized disassembly of the sauna is prohibited.
- People with health problems should consult a physician for prior to using the sauna. (Including acute diseases, malignant tumors, high blood pressure, heart disease, allergic dermatitis, pregnancy, etc.)
- This product is not intended for use by person (including children) with reduced physical, sensory or mental capabilities, or lack of adequate experience knowledge, unless they have been given supervision or instruction concerning use of the appliance by a person responsible for their safety.

-
- Using a sauna after taking alcohol, drugs, or medication can lead to hyperthermia and increase the risk of death.
 - If you are feeling uncomfortable, exit the sauna immediately and consult a doctor.
 - Children should be supervised to ensure that they do not play with the appliance.

HYPERTHERMIA

Prolonged exposure in the sauna may cause hyperthermia. Hyperthermia occurs when body's core temperature rises above 98.6F. Symptoms of hyperthermia include a rise in body temperature, dizziness, lethargy, drowsiness, and fainting. The effects of hyperthermia may include:

- a) Failure to perceive heat / Unawareness of impending heat
- b) Failure to recognize the need to exit the sauna
- c) Fetal damage in pregnant women
- d) Physical inability to exit the sauna
- e) Unconsciousness

INSTALLATION GUIDE

Each panel is heavy, especially the top panel. Be careful to avoid injury when installing. This sauna requires at least 2 adults to complete assembly. The panels should be install in the following order:

Floor Panel → Right Panel → Rear Panel → Front Panel → Bench Support Panel →
Bench Surface Panel → Left Panel → Ceiling Panel

Step 1: Position the Floor Panel



(image1)

Place the floor panel on a flat support. Before assembly, make sure the floor is flat so that you can maintain a comfortable subsequent installation.(image1)

Step 2: Position the Rear Panel



(image2)

Lift the rear panel into position wedging the bottom of the panel into the channel in the floor panel, you can gently rest the rear panel against the wall of your home. (image 2)

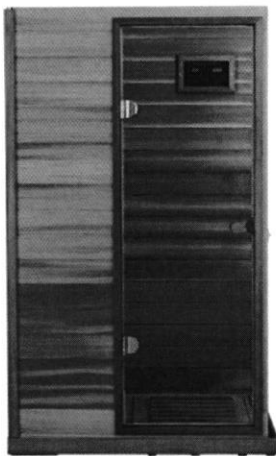
Step 3: Position the Left Side Panel



(image3)

Place the left panel into the slot of the floor panel and push it towards the rear panel. Check whether the hooks of the fasteners are up or down, and the fasteners are connected together as shown. (image 3)

Step 4: Position the Right Side Panel

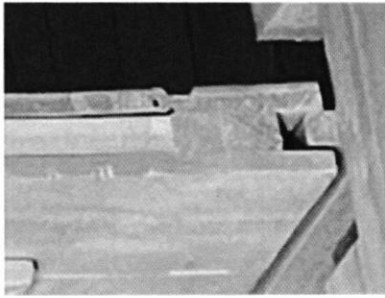


(image4)

Place the right panel into the slot of the floor panel and push it towards the rear panel. Please check if there is almost no visible gap between the outside and the inside of the sauna, then it is already fixed. (image 4)

Step 5: Place the Bench Surface Panel

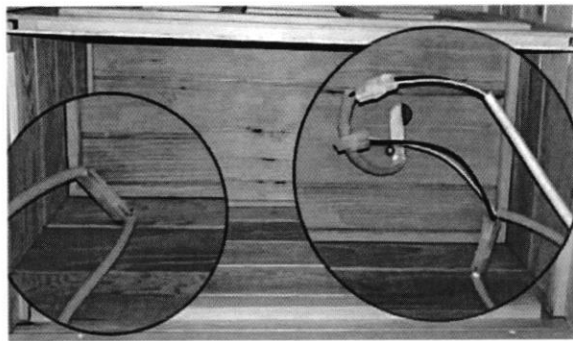
Place the Bench Support panel (image5&6) and connect the wires behind (image7). Each two wires have corresponding unique interface shape, hear a click to indicate that the connection is completed.



(image5)



(image6)



(image7)

Step 6: Place the Bench Surface Panel

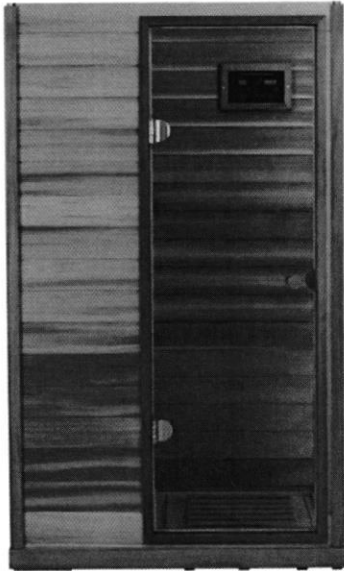


(image8)

Place the bench surface panel (image8), and please make sure to always install the Bench Surface panel before installing the Front Panel, otherwise it will not fit inside due to space limitations.

Step 7: Place the Front Panel

Place the left panel into the slot of the floor panel and push it towards the side panels (image 9). Then lay the Ceiling Panel on top of the sauna. Make sure all panels are in the slot of the ceiling panel (image 10).



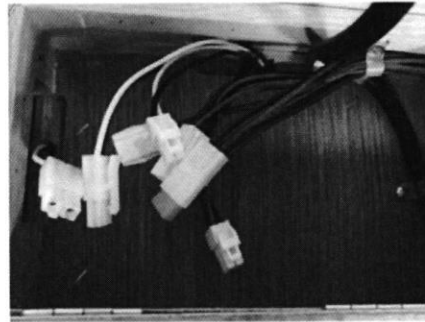
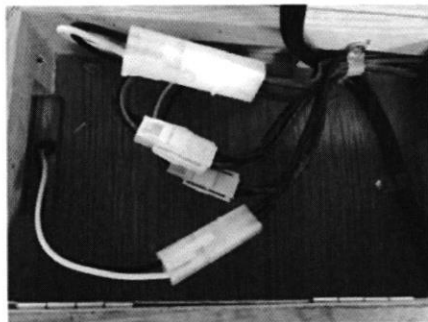
(image 9)



(image 10)

Step 8: Connect the wires

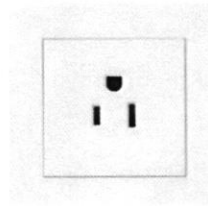
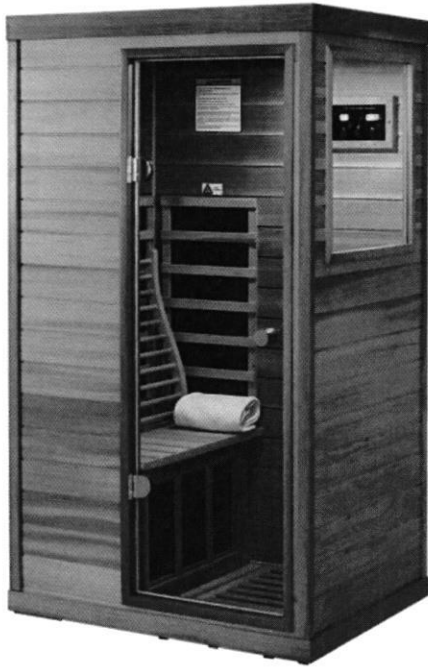
Make sure that all wires on the side panel pass through the holes. Finally, connect all the wires in the ceiling panel.



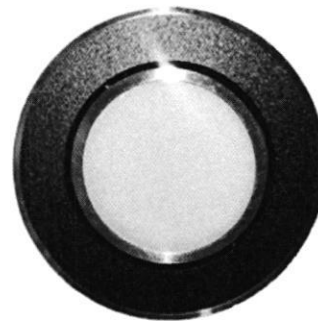
Step 9: Enjoy your Sauna

Congratulations!

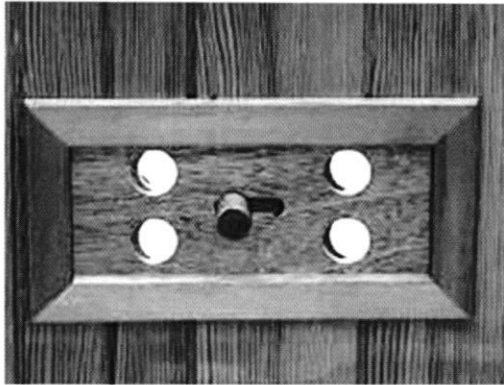
Installation completed! Plug in and power on to enjoy your sauna!



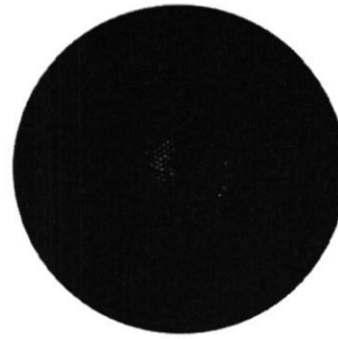
OTHER FUNCTIONS



Reading lamp



Vent



Bluetooth



COMMON PROBLEMS

Note: The rising temperature of the sauna room is affected by the surrounding environment. The most suitable temperature for use is 48 °C/118 °F.

Note: If the following problems occur, please check the looseness between the corresponding connecting line and the connecting port of the host box

1. The reading light or color light flashes
2. Any heating plate is not heated
3. The control panel does not work
4. Bluetooth audio does not work

CONTROL PANEL INSTRUCTION

Pre-set Time
Up to 60Mins

°C/°F switching

Pre-set Temps
Up to 140°F



Reading
Lamps On/Off

Power On/Off

Foot Heating
Panel On/Off

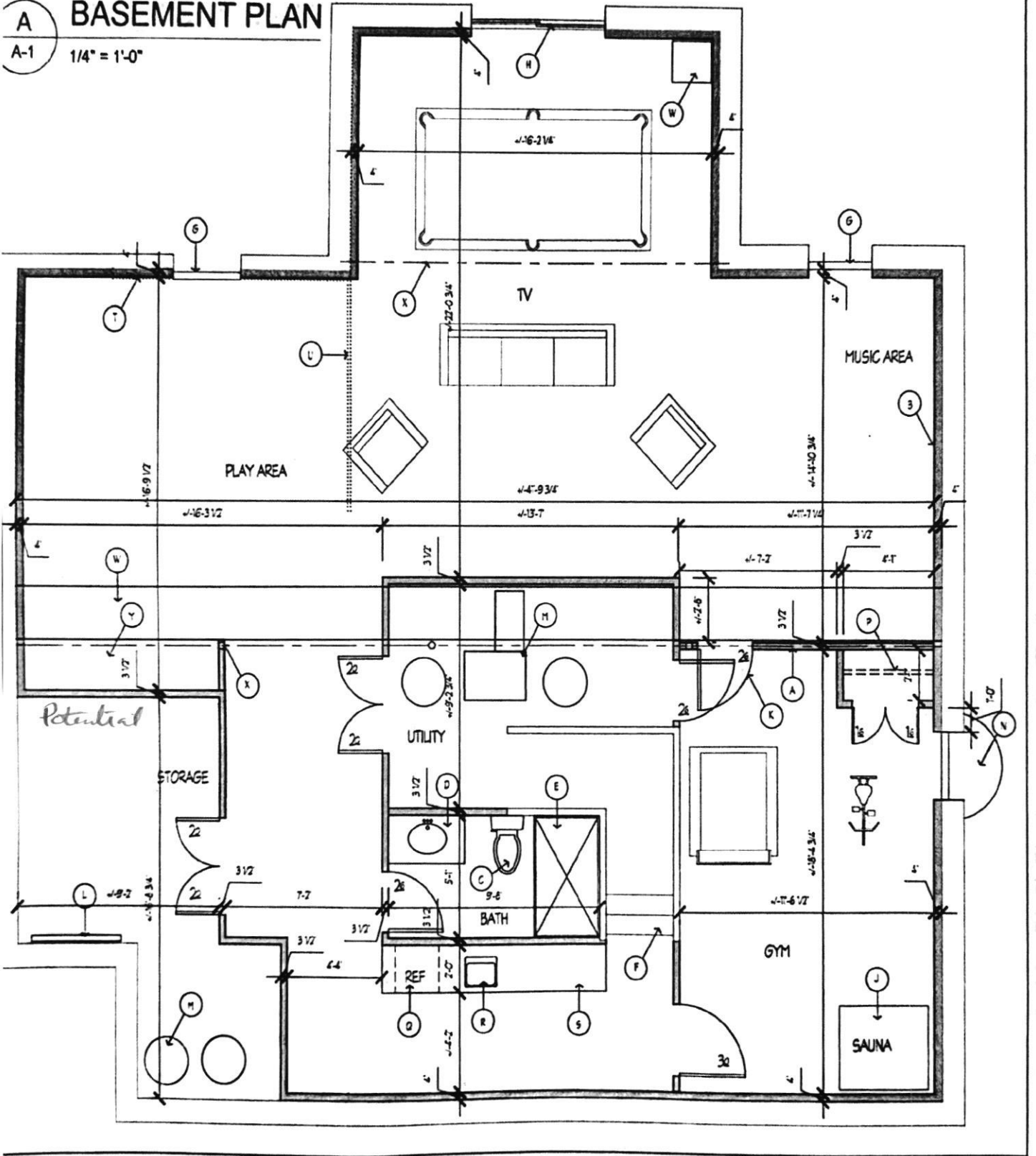
SPECIFICATIONS

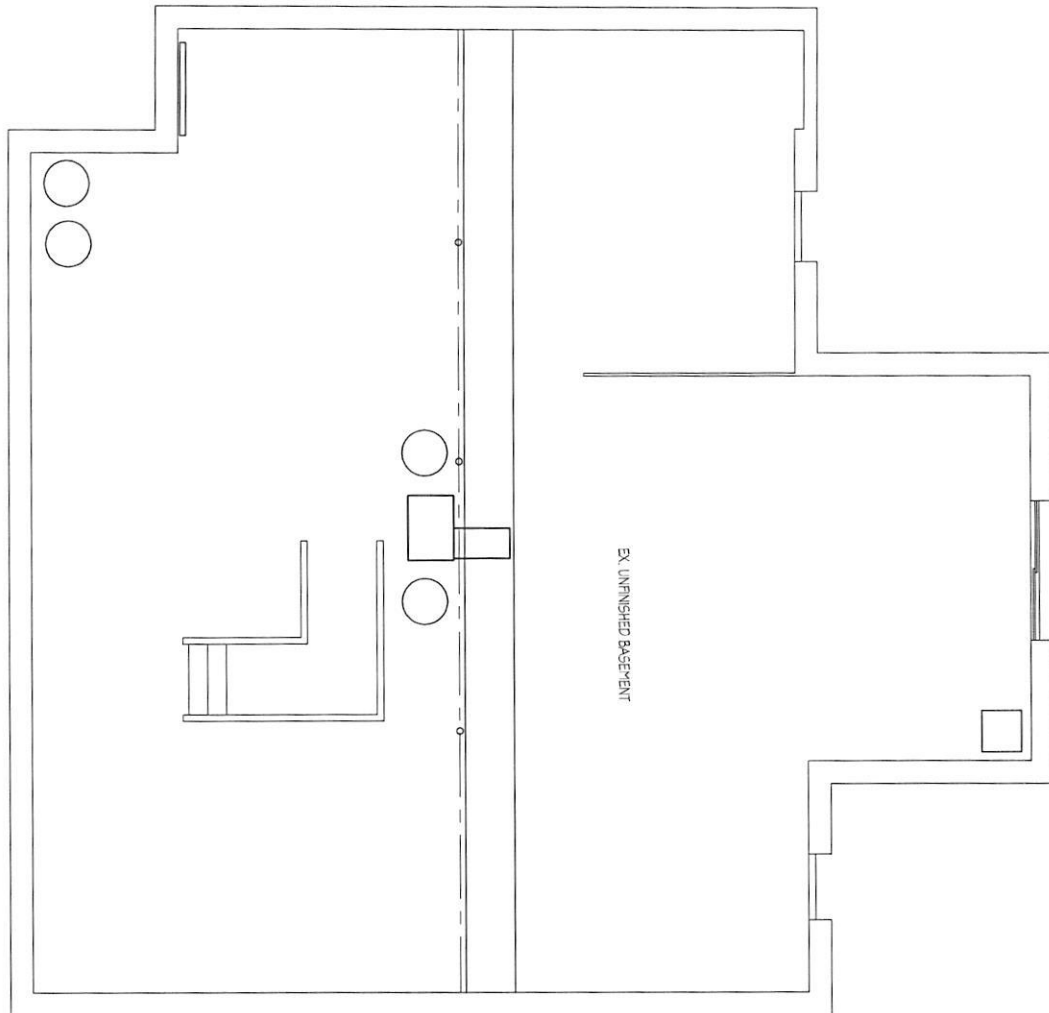
Product Name	Far Infrared Sauna
Model	909MRR
Dimensions	36.6*28.7*63 in
Voltage	110-120VAC
Plug Type	15 Amps
Wattage	1050 W
Number of Heaters	6 pcs
Raw Material	Red cedar
Location	Indoor

CONCENTRATE ON PROFESSIONAL SAUNA

UNIFORM 39-RESERVED (NO WORK SPECIFIED)
DIVISIONS 40-49 (NO WORK SPECIFIED)

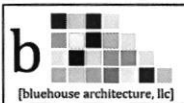
A BASEMENT PLAN
A-1 1/4" = 1'-0"





DRAWING TITLE
EXISTING PLAN

PROJECT NAME
PROTZKO BASEMENT



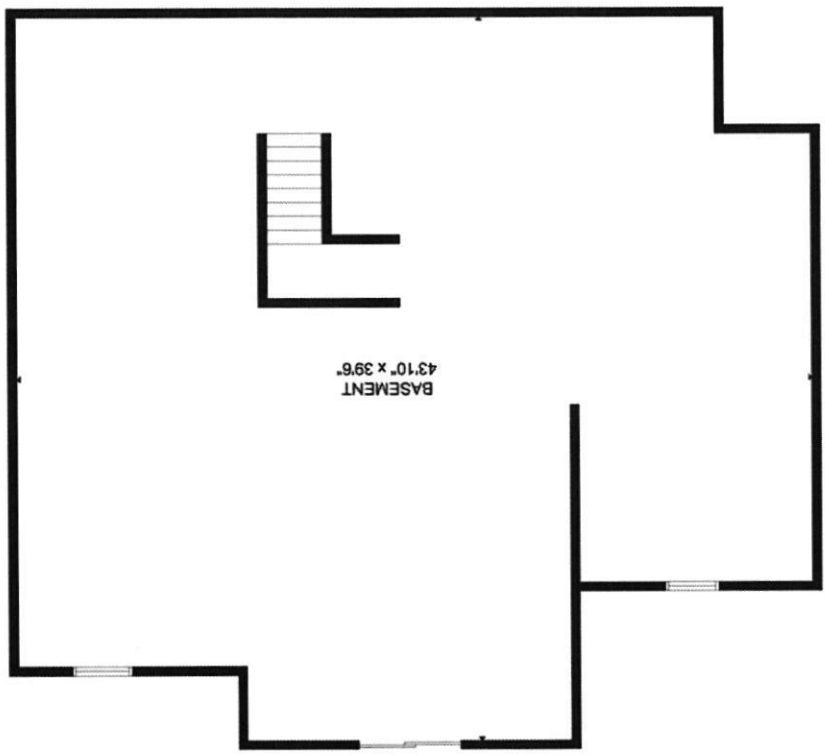
1993 Barley Road
Marriottsville, Maryland 21104
mclark@bluehouseARCH.com
www.bluehouseARCH.com
Phone: 410-549-3377
Fax: 410-549-3377

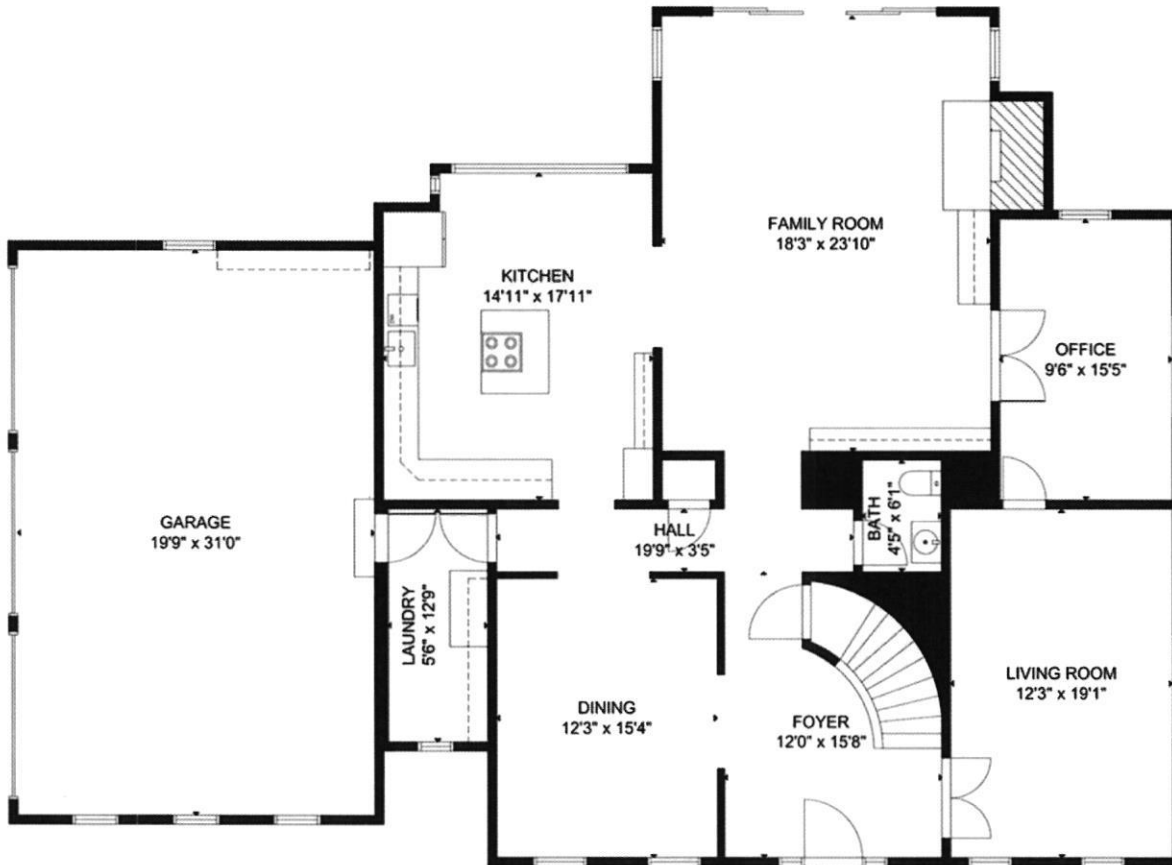
FOR DESIGN REVIEW

SCALE :
3/16"=1'-0"
DATE :
©04/09/2026
FILE No. :
26004-EX1

PROJ. NO.
26004
DRAWING NO.
sk-1
1 of XX

GROSS INTERNAL AREA
TOTAL 5,097 sq ft
LOWER FLOOR 1,570 sq ft MAIN FLOOR 1,739 sq ft
UPPER LEVEL 1,788 sq ft
EXCLUDED AREA GARAGE 613 sq ft
SIZE AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY

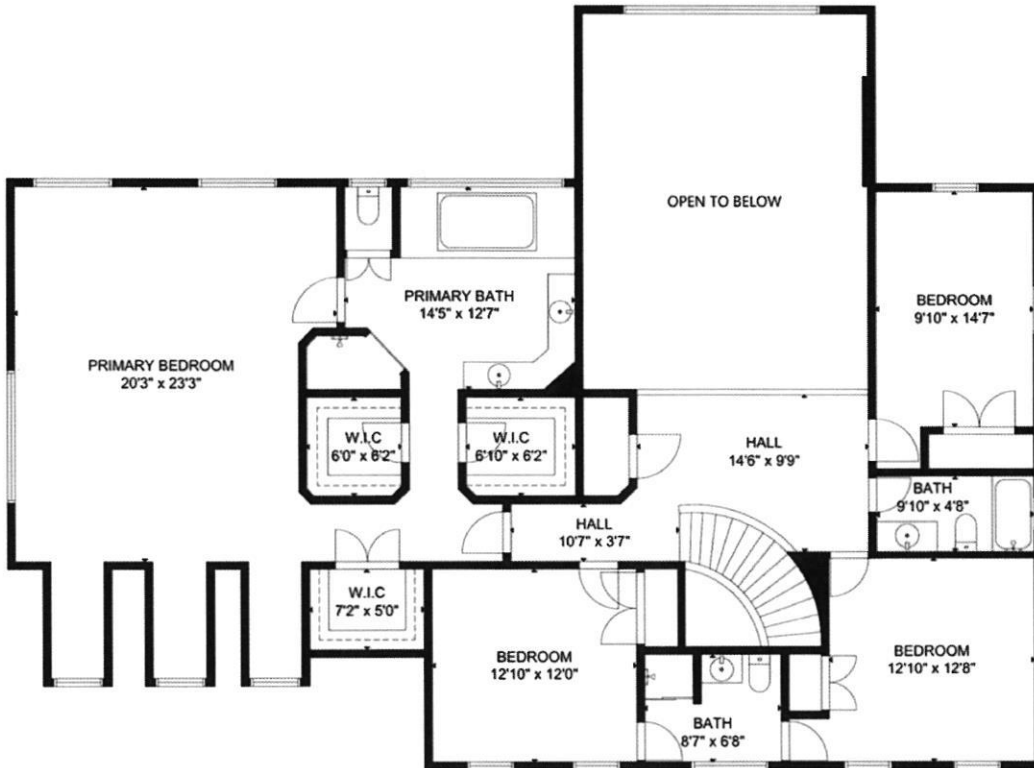




GROSS INTERNAL AREA
 TOTAL: 5,097 sq ft
 LOWER FLOOR: 1,530 sq ft, MAIN FLOOR: 1,739 sq ft
 UPPER LEVEL: 1,828 sq ft
 EXCLUDED AREA: GARAGE: 613 sq ft
 SIZE AND DIMENSIONS ARE APPROXIMATE, ACTUAL MAY VARY.

GROSS INTERNAL AREA
TOTAL 5,097 sq ft
LOWER FLOOR 1,530 sq ft, MAIN FLOOR 1,739 sq ft
UPPER LEVEL 1, 1,828 sq ft
EXCLUDED AREA GARAGE 619 sq ft
SIZE AND DIMENSIONS ARE APPROXIMATE. ACTUAL MAY VARY.





GROSS INTERNAL AREA
 TOTAL 5,097 sq ft
 LOWER FLOOR 1,530 sq ft MAIN FLOOR 1,739 sq ft
 UPPER LEVEL 1,828 sq ft

SIZE AND DIMENSIONS ARE APPROXIMATE. ACTUAL MAY VARY.