Menu Save Reset Cancel Help

Approved 3/24/25

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25000978	03/18/2025

Description of Work
SFD/ ALTERATIONS TO FINISHED BASEMENT TO INCLUDE CONVERT STORAGE ROOM TO GYM

Online BP.
gb 3/24/25

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
5024	LINDERA	CT

Unit Type	Unit #	X Coordinate	Y Coordinate
–Select–		-76.94342	39.23625

City	State	Zip Code	Primary
ELLICOTT CITY	MD	21042	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
1105372	49	39978	340500	1238700	747000	RURAL

Legal Description
LOT 134, 39,978 SQ'[ ]5024 LINDERA CT. [ ]WALNUT CREEK PHASE 4

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	134	605101	5				

Plan Area	State Tax Id	Subdivision Name
	1405598887	Walnut Creek

Section	Area	Tax Map
		28

Grid	Zoning District	ADC Map
28-12	RC-DEO	4933-K3

SDP No.	Final Plan No.	WP File No.
	F-07-076	

Record Plat No.	WS Contract No.	FDP No.	Primary
23611-2362			Yes

Owner Occupied	Year Built	Historic District
○ Yes ○ No	2017	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	5-02A	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search Reset Clear

Name *
MCCOI
Address Line 1
5024 LINDERA CT
Address Line 2

Address Line 3

Mail City
ELLICOTT CITY
Mail State
MD
Mail Zip Code
21042
Phone
443-994-5234
Primary
Yes
E-mail

scmcconnell@gmail.com
Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # * 08010016414
License Type * MHIC Ind
Primary Yes
Business Name COSSENTINO & SONS REMODELING &
First Name WAYNE **Middle Name** **Last Name** COSSENTINO
Address Line 1 DESIGN INC 01 16414
Address Line 2 9068 FURROW AVE
City ELLICOTT CITY **State** MD **ZIP Code** 21042-0000
Phone 1 4104420000 **Phone 2** **Fax** 4104425765
E-mail WAYNECOSSENTINO@YAHOO.COM

Applicant *(This section is not required.)*

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

Type * Applicant
Relationship Applicant
Primary No
First Name WAYNE **MI** **Last Name** COSSENTINO
Full Name
Organization Name COSSENTINO & SONS REMODELING &
Street Address DESIGN INC 01 16414
Address Line 2 9068 FURROW AVE
City ELLICOTT CITY **State** MD **Zip Code** 21042-0000
Phone 4104420000 **Cell** **Fax** 4104425765
E-mail * WAYNECOSSENTINO@YAHOO.COM

Contact *(This section is not required.)*

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

Type Contact
Relationship Licensed Professional
Primary Yes
First Name WAYNE **MI** **Last Name** COSSENTINO
Full Name
Organization Name COSSENTINO & SONS REMODELING &
Street Address DESIGN INC 01 16414
Address Line 2 9068 FURROW AVE
City ELLICOTT CITY **State** MD **Zip Code** 21042-0000
Phone 4104420000 **Cell** **Fax** 4104425765
E-mail WAYNECOSSENTINO@YAHOO.COM

Addtl Info

Est Construction Cost * 12000
Housing Units * 0
Number of Buildings * 0
Public Owned No
Construction Type 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

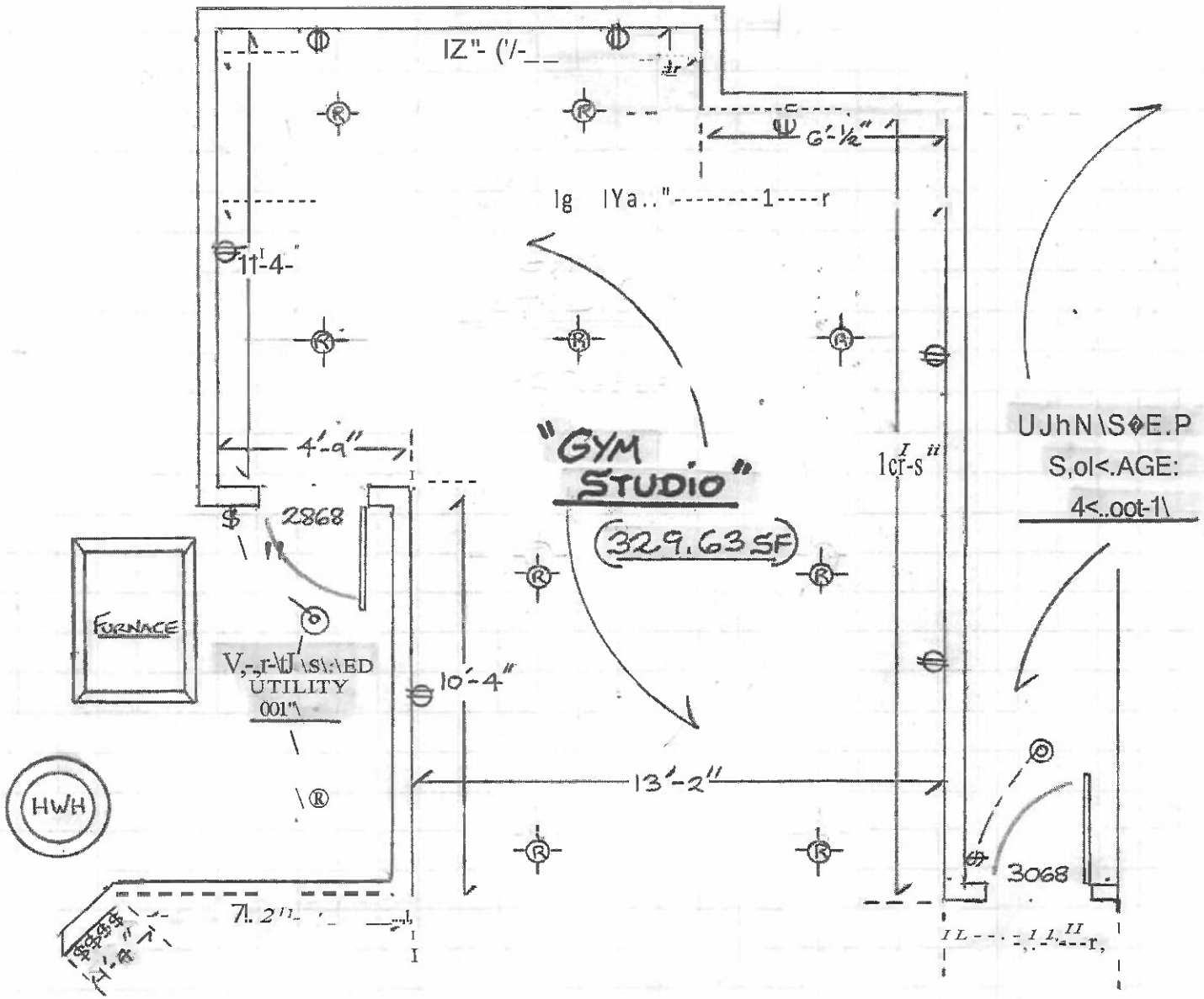
RESIDENTIAL ALTERATION INFORMATION

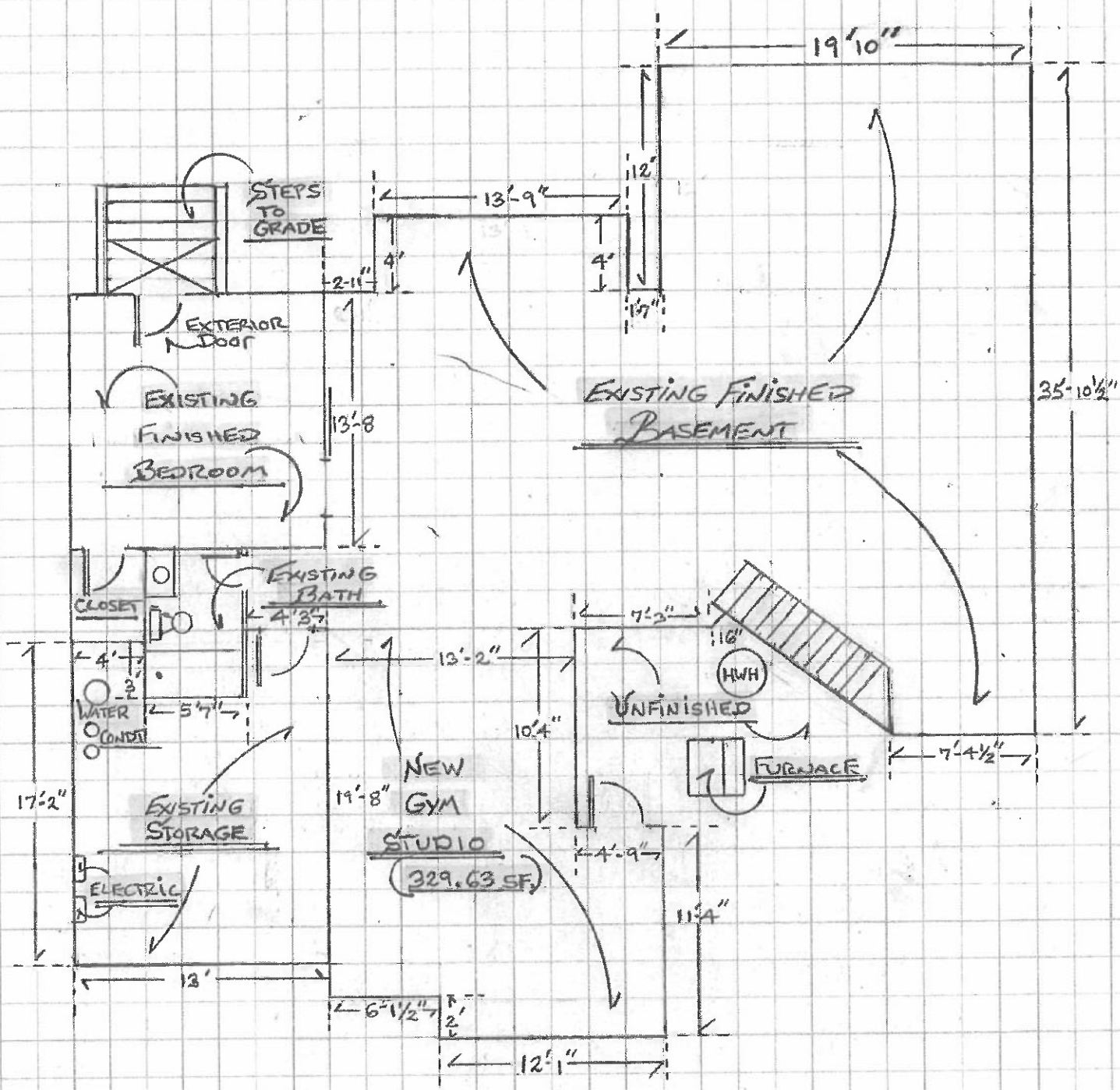
Total Square Footage *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
329.63 SQFT (Number)	2 (Number)	Full Finished	0 (Number)	0 (Number)	0 (Number)	Private	Private

Existing Utilities *	Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date
Gas & Electric	Natural Gas	NFPA #13D	--Select--	9/17/2025

Submit Cancel

- JOB: MCCONNELL, PAT & SARAH
- SHEET NO.: 01 OF 01
- CALCULATED BY: W. COSSENTINO
- SCALE: 1/4" = 1'





COSSENTINO & SONS REMODELING & DESIGN, INC.
12107 Mayapple Trail
MARRIOTTSVILLE, MD 21104
MHIC #16414
(410) 442-0000

JOB McCONNELL, PAT & SARAH

SHEET NO. 01 OF 02

CALCULATED BY W. COSSENTINO DATE 3-20-2025

CHECKED BY SAME DATE 3-20-2025

SCALE 1/8" = 1'-0"

Howard County Health Department

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

RECEIPT DATE: 3.28.17 **ONSITE SEWAGE DISPOSAL SYSTEM** P 560583

INSTALLATION APPROVAL DATE: 6/26/17

PERMIT

SEWER HOUSE CONNECTION

A _____

PROPERTY ADDRESS: **5024 Lindera Court**

SUBDIVISION: **Walnut Creek** LOT: **134** TAX ID: 05-598887

CONTRACTOR: **South Carroll Backhoe** EMAIL: **scbackhoe@comcast.net**

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

PROPERTY OWNER: **NVR Inc.** EMAIL:

OWNER ADDRESS: **9720 Patuxent Woods Road, Columbia, MD 21046** PHONE: **410-379-5956**

NUMBER OF BEDROOMS: **5** CONNECTED TO PUBLIC WATER: ☐ YES ☒ NO

LOCATION:	**INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.**
NOTES:	

ISSUED BY: **Hank Oswald** ISSUE DATE: 3.28.17 EXPIRATION DATE: 3.28.18

NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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 FOR INSPECTION OF SEPTIC SYSTEM.

JW 1/2013