Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

CANCELLED

Permit No.: B1800242

Building Address: 11520 Town & Hopkins Rd
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 41 Parcel: 137 Grid: 9
Zoning: R Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Dwelling
Proposed Use: Assisted Living Facility
Estimated Construction Cost: $ 30,000
Description of Work: Change of use
5 rooms sleeping, 5 units

Occupant/Tenant Name: La Casa De Rosa
Was tenant space previously occupied? ☑ Yes ☐ No
Contact Name: Kathy Churchville
Address: 11520 Town & Hopkins Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 301 806 8328 Fax: _____
Email: Cakemaker1215@gmail.com

Property Owner's Name: Rolling Hills Baptist Church
Address: 11510 Town & Hopkins Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 301 490 4777 Fax: _____
Email: rjrsjakes@verizon.net

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: N/A
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: N/A
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth / Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☑ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: 5
☐ Structural Steel	**Multi-family Dwelling**
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Roadside Tree Project Permit	Footings:
☐ Yes ☐ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric: ☑ Yes ☐ No	
Gas: ☐ Yes ☑ No	
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☑ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☑ No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____ Print Name: Russell F Spikes

Email Address: rjrsjakes@verizon.net Date: 6-18-18

Title/Company: Pastor - Rolling Hills Baptist Church

Checks Payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY & LEGIBLY****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	8/6/18	

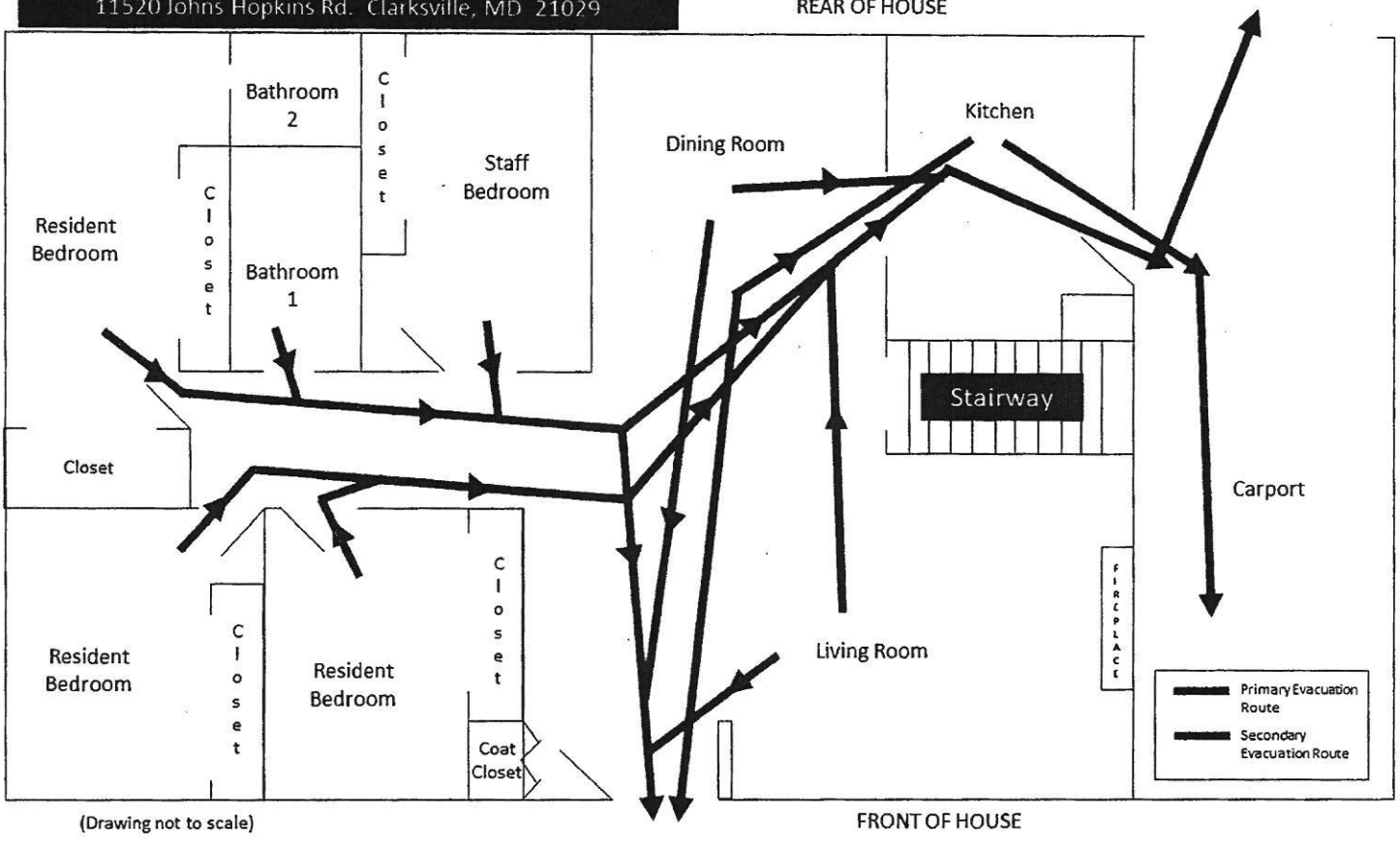
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	☐ Yes ☐ No
Is Entrance Permit Required?	☐ Yes ☐ No
Historic District?	☐ Yes ☐ No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	$
Permit Fee	$ 55
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	# 55

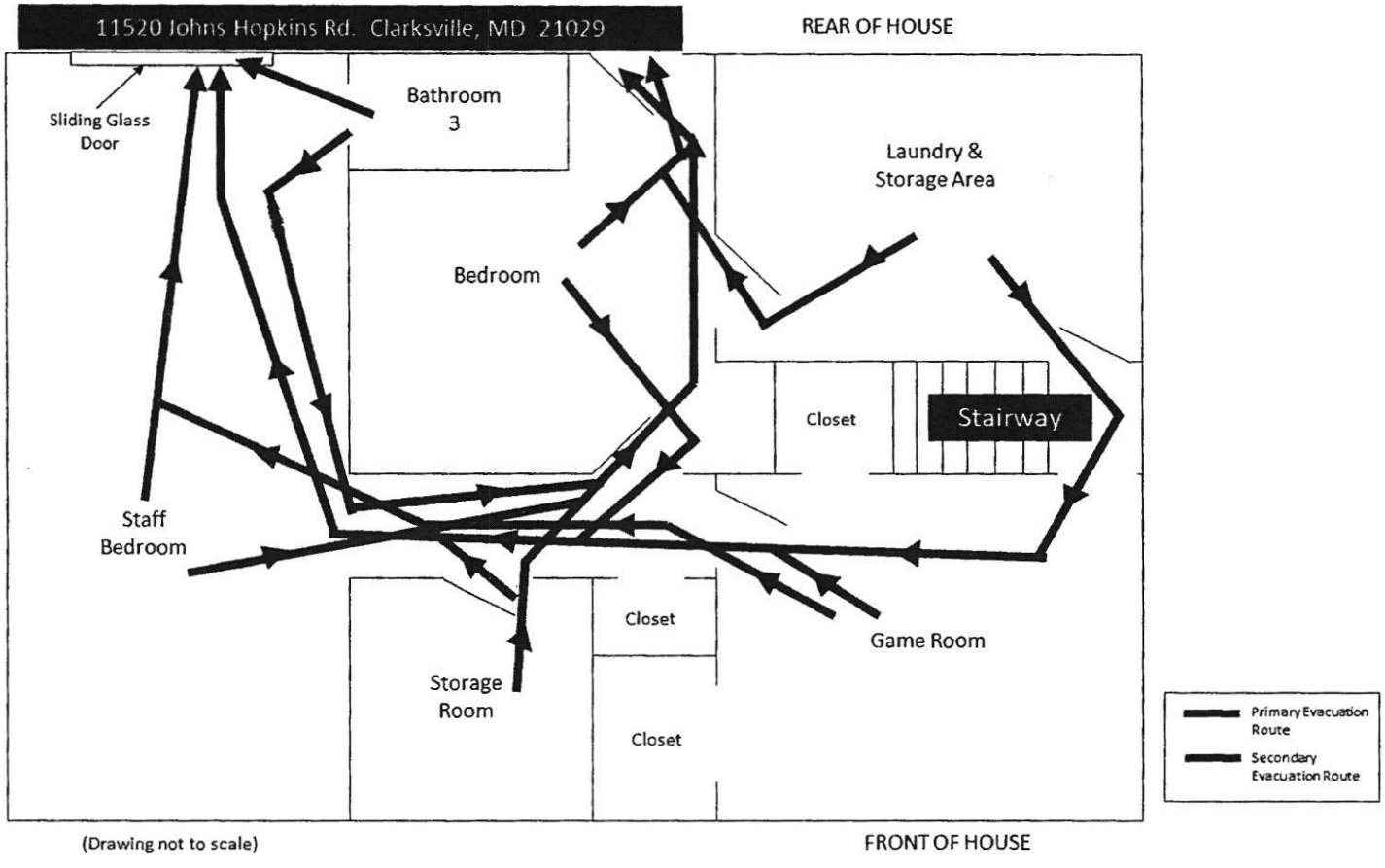
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

11520 Johns Hopkins Rd. Clarksville, MD 21029



Katherine S. Churchwell

Reference # B18002420



Katherine S. Churchwell

Reference # B18002420

HOWARD COUNTY
HEALTH DEPARTMENT

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

August 8, 2018

Russ Spikes
Rolling Hills Baptist Church
11510 Johns Hopkins Road
Clarksville, MD 21029

Sent via email to: RUSSSPIKES@VERIZON.NET;
CAKEMAKER1215@GMAIL.COM

RE: B18002420
11520 Johns Hopkins Road
Clarksville, MD 21029

Dear Mr. Spikes:

This letter is in response to building permit **B18002420**. The application describes a change in use from a *single family dwelling* to an *assisted living facility with 5 rooms and 5 clients*. Upon review of the septic record for this property, the record did not contain an approved percolation certification plan establishing a septic disposal area for future septic system repairs.

According to ***Howard County Code Sec 3.805***, there must be an approved percolation certification plan establishing a septic disposal area for the property prior to health department approval of a building permit. If one doesn't exist, then it must be established. The process starts by completing an application with fee and providing a perc test plan by an engineer. Once the test plan has been approved, a septic contractor is hired by the home owner to dig the perc test holes using a full size backhoe. Please see attached document for more information about perc test and plan requirements for developed lots.

In addition to an approved percolation certification plan, this office does not have record of the existing septic system for the residence therefore; the system could not be certified. In order to evaluate the system for adequacy, please have a septic contractor pump the septic tank plus drywell and document the size and condition of both components (i.e. gallons, structural integrity plus drywell water depth & dimensions) and provide a written report to the Health Department. Please note, if the septic system is deemed inadequate or if the information is inconclusive, the system will have to be replaced prior to building permit approval.

At this time, building permit approval has been placed on hold until this office has an approved percolation cert plan and septic system meeting current requirements. Should you have any questions, please don't hesitate to contact me.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well and Septic Program

Williams, Jeffrey

From: Nixon, Bert F
Sent: Monday, October 22, 2018 4:11 PM
To: Wilson, B Diane; Rossman, Maura
Cc: Werner, Therese
Subject: RE: Casa de Rosa

Hi Diane:

Playing catch up a bit – did have a good time away – thanks for asking.
I know that Jeff spoke with Therese and covered some of her questions.

I think what we will do next is to reach out directly to MDH (I think Office of Health Care Quality) to see what details they can provide on the extent of their current operation and glean any details about length of time, number of residents etc.
This may give us some means of evaluating waste water generation and perhaps limiting some of what we currently believe we need to properly assess the current design. The age of this system and lack of information further complicate this change of use request.
One of the bigger issues beyond this case will be trying to improve communication with MDH prior to them issuing licenses of this nature without first consulting with us regarding wastewater capacities and capabilities. Otherwise, this issue is bound to repeat itself here, and has already been a concern in other counties.

So let's see what this produces, and then we will reassess what is next.

Thanks

Bert

From: Wilson, B Diane
Sent: Friday, October 19, 2018 3:57 PM
To: Nixon, Bert F; Rossman, Maura
Cc: Werner, Therese
Subject: FW: Casa de Rosa
Importance: High

Hi Bert,
Hope you had a good time away. These folks have a license from the State which I understand the State inspects internally and HC inspections are environmental; she does not have the funds to pay for the perc test, engineer, contractors, etc. Is there anything we can do for them? Is there a grant that they can apply for to cover these costs? Just let me know what we do in these circumstances to work the businesses that provide this service. Is there any "waiver of usage" that she is requesting?

Thanks,
Diane

From: Werner, Therese
Sent: Friday, October 19, 2018 3:31 PM

To: Wilson, B Diane <BDWilson@howardcountymd.gov>
Subject: Casa de Rosa

Diane,

I spoke with Rose to get more information and let her know we are working on an answer for her. I also spoke with Jeff Williams and the items they need to approve for an Assisted Living Rental license – or a change in Use are still the ones in his previous email. This is what I have gathered...

La Casa de Rosa

- They have an assisted living facility at 11520 John Hopkins Rd in Clarksville.
- They have 5 residents living in the home who are low income or on Medicare.
- They are on the same parcel at the Church next door
- The Church rents them the house, so they have the rental license.
- Casa de Rosa DOES have a license from the State HD for an assisted living. The state did not know HC had a separate rental license for assisted living.
- The worked with Don Mock to get up to standards for a rental home but not an assisted living rental. Upgraded the smoke alarms and have 24hr. staff.
- DILP did not make them get the sprinkler system.
- When the Rental license came up for renewal, HoCo is saying they need an Assisted Living license therefore need to be approved for a Change in Use.
- The HoCo Health Dept will not give the approval until many items are investigated dealing with the septic such as a perc test for sewage disposal and evaluate the existing disposal system.
- For the HD to do these test, Casa de Rosa needs to hire an engineer or survey company to develop a test plan. This involves hiring a contractor to dig holes in the property.
- Then if the HD finds they are not to code on assorted items, they will need to have things upgraded.
- They have the septic tank drained every 6mos. And will do it more often if necessary.
- If they can continue to rent the house as a residential rental and not an Assisted living rental, this should all be fine.
- If it was a residential rental they could have up to 8 people living in the home.
- Casa de Rosa is asking for a waiver on the usage.
- They are willing to work with the County to stay in business for these people.

Therese Werner
Special Assistant to the Chief of Staff
Howard County Executive Office
3430 Courthouse Drive
Ellicott City, MD 21043
410-313-3938

PERMIT NUMBER: B 21003694 **DATE ACCEPTED:** DILP 2021 SEP 27 AM 9:23

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
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: **11520 Johns Hopkins Rd** | Unit:
City: **Clarksville** | State: **MD** | Zip Code: **21029**
Subdivision/Village/Complex Name: **N/A** | SDP/WP/BA #:
Lot: | Tax Map: **41** | Parcel: **337** | Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **Residential Rental** | Proposed Use: **Assisted-Living Rental** | Estimated Cost: **$100.00**
Trade Work to Be Completed *(Separate Permits Required)*: ☐ Mechanical (HVACR) ☐ Electrical ☐ Plumbing ☐ None
CHANGE OF USE - EXISTING DWELLING TO BE USED FOR ASSISTED LIVING CARE. 4 BEDROOMS TO BE LICENSED FOR 5 CLIENTS

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*: **Rolling Hills Baptist Church** | Primary Residence: ☑ Yes ■ No
Owner's Street Address: **11510 Johns Hopkins Rd**
City: **Clarksville** | State: **MD** | Zip Code: **21029**
Phone: **(301) 490-4777** | Email: **russspikes@verizon.net**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Rolling Hills Baptist Church** | Contact Name: **Pastor Russ Spikes**
Street Address: **11510 Johns Hopkins Rd**
City: **Clarksville** | State: **MD** | Zip Code: **21029**
Phone: **(301) 938-5878** | Email: **russspikes@verizon.net**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: **N/A** OWNER TO ACT AS CONTRACTOR
Licensee's Name: | License #: N/A
Street Address:
City: | State: | Zip Code:
Phone: | Email:

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: **N/A** | Name:
Street Address:
City: | State: | Zip Code:
Phone: | Email:

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: ■ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) | Condo: ☐ Yes ■ No
Utilities: ■ Electric ☐ Gas | Water Supply: ☐ Public ■ Private (Well) | Sewage Disposal: ☐ Public ■ Private (Septic)
Heating System: ■ Electric ☐ Natural Gas ☐ Propane ☐ Other: | Roadside Tree Project: ☐ No ☐ Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ■ None | Fire Alarm System: ☐ Yes ■ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Model Name & Options: **Rancher**

# of Bedrooms (SF): **4**	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: **3**	# Half Baths:	# Fireplaces: **1**	

Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ■ Carport ☐ None
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ■ Finished Basement: ■ Full or ☐ Partial

1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:

Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI | Gross Area: sq ft | Occupiable Area: sq ft

AGREEMENT/ DISCLAIMER *REQUIRED*

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

APPLICANT'S ORIGINAL SIGNATURE — DATE SIGNED: 9-27-2021

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☑ PR	☑ DPZ	☐ DED	☑ Health	☐ SHA	☐ CID

SUBMITTAL FEES: $55.00 | PAYMENT: #9523 | ACCEPTED BY:

Okay For Owner to act as own contractor per Don Mock

PERMIT NUMBER: B 21003694 DATE ACCEPTED: DILP 2021 SEP 27 AM 9:23

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
www.howardcountymd.gov

BUILDING SITE ADDRESS

Street Address: **11520 Johns Hopkins Rd** | State: **MD** | Unit: | Zip Code: **21029**
City: **Clarksville** | SDP/WP/BA #:
Subdivision/Village/Complex Name: **N/A**
Lot: | Tax Map: **41** | Parcel: **337** | Grading Permit #:

DESCRIPTION OF WORK

Existing Use: **Residential Rental** | Proposed Use: **Assisted-Living Rental** | Estimated Cost: **$100.00**
Trade Work to Be Completed *(Separate Permits Required)*: ☐ Mechanical (HVACR) ☐ Electrical ☐ Plumbing ☐ None
CHANGE OF USE - EXISTING DWELLING TO BE USED FOR ASSISTED LIVING CARE. 4 BEDROOMS TO BE LICENSED FOR 5 CLIENTS

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Owner's Street Address: **11510 Johns Hopkins Rd** | State: **MD** | Zip Code: **21029**
City: **Clarksville** | Email: **russspikes@verizon.net**
Phone: **(301) 490-4777**

APPLICANT NAME

Business Name: **Rolling Hills Baptist Church** | Contact Name: **Pastor Russ Spikes**
Street Address: **11510 Johns Hopkins Rd** | State: **MD** | Zip Code: **21029**
City: **Clarksville** | Email: **russspikes@verizon.net**
Phone: **(301) 938-5878**

CONTRACTOR INFORMATION

Business Name: **N/A** OWNER TO ACT AS CONTRACTOR | License #: N/A
Licensee's Name:
Street Address: | State: | Zip Code:
City: | Email:
Phone:

ARCHITECT/ENGINEER INFORMATION

Business Name: **N/A** | Name:
Street Address: | State: | Zip Code:
City: | Email:
Phone:

BUILDING CHARACTERISTICS

Primary Structure: ■ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) | Condo: ☐ Yes ■ No
Utilities: ■ Electric ☐ Gas | Water Supply: ☐ Public ■ Private (Well) | Sewage Disposal: ☐ Public ■ Private (Septic)
Heating System: ■ Electric ☐ Natural Gas ☐ Propane ☐ Other: | Roadside Tree Project: ☐ No ☐ Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ■ None | Fire Alarm System: ☐ Yes ■ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION

Model Name & Options: **Rancher**
# of Bedrooms (SF): **4** | # of efficiency units (MF*): | # of 1 BR (MF*): | # of 2 BR (MF*): | # of 3 BR (MF*):
Rooms: | # Full Baths: **3** | # Half Baths: | # Fireplaces: **1**
Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ■ Carport ☐ None
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ■ Finished Basement: ■ Full or ☐ Partial
1st Fl Width: | 1st Fl Depth: | 2nd Fl Width: | 2nd Fl Depth: | Bsmt Width: | Bsmt Depth:
Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI | Gross Area: sq ft | Occupiable Area: sq ft

AGREEMENT/ DISCLAIMER

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APPLICANT'S ORIGINAL SIGNATURE — DATE SIGNED: 9-27-2021

FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS:

☑ PR _____ | ☑ DPZ _____ | ☐ DED _____ | ☑ Health _____ | ☐ SHA | ☐ CID

SUBMITTAL FEES: $50.00 | PAYMENT: 11/5/03 | ACCEPTED BY: AH

Okay for owner to act as own contractor per Don Mock cha

Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Other	B21003694	09/27/2021

Description of Work

SFD/ CHANGE-IN-USE FOR ASSISTED LIVING CARE (4 BEDROOMS & 5 CLIENTS)/ * 10.4.21 REVISION REQUEST TO CHANGE DESCRIPTION OF WORK TO CHANGE-IN-USE FOR CONGREGATE CARE FACILITY (4 BEDROOMS & 5 CLIENTS)

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
11520	JOHNS HOPKINS	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.91425	39.1694

City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	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
842011	337	6.21	1014400	1326200	311800	RURAL

Legal Description

IMPS6.214 A[ ]11510 JOHNS HOPKINS RD[ ]CLARKSVILLE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		605102	4				

Plan Area	State Tax Id	Subdivision Name
	1405376122	

Section	Area	Tax Map
		41

Grid	Zoning District	ADC Map
41-9	RR-DEO	5052-D3

SDP No.	Final Plan No.	WP File No.

Record Plat No.	WS Contract No.	FDP No.	Primary
			Yes

Owner Occupied	Year Built	Historic District
○ Yes ◉ No	1976	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	5-16C	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
ROLLING HILLS BAPTIST CHURCH
Address Line 1
11510 JOHNS HOPKINS ROAD
Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
CLARKSVILLE	MD	21029

Phone	Primary
301-490-4777	Yes

E-mail
RUSSSPIKES@VERIZON.NET

Cell Number	Fax Number

Professionals *(This section is not required.)*

License # *
0

Business Name
HOME OWNER

License Type *
Home Owner

First Name
RUSS

Middle Name

Last Name
SPIKES

Primary
Yes

Address Line 1
11510 JOHNS HOPKINS ROAD

Address Line 2

City
CLARKSVILLE

State
MD

ZIP Code
21029

Phone 1
301-490-4777

Phone 2

Fax

E-mail
RUSSSPIKES@VERIZON.NET

Applicant *(This section is not required.)*

Search | As Owner | As Lic. Prof | As Contact

Type *
Applicant

First Name
RUSS

MI

Last Name
SPIKES

Relationship
Applicant

Full Name
RUSS SPIKES

Primary
Yes

Organization Name
HOME OWNER

Street Address
11510 JOHNS HOPKINS ROAD

Address Line 2

City
CLARKSVILLE

State
MD

Zip Code
21029

Phone
301-490-4777

Cell

Fax

E-mail *
RUSSSPIKES@VERIZON.NET

Addtl Info

Est Construction Cost *
100

Housing Units *
0

Number of Buildings *
0

Public Owned
No

Construction Type
--Select--

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFO

Capital Project-No Fee *
○ Yes ◉ No

Capital Project Number

Fee Exempt *
○ Yes ◉ No

Roadside Tree Project Permit *
○ Yes ◉ No

Roadside Tree Project Permit #

Existing Use
SFD

Type of Structure
Change of Use to Assisted Li

Water Supply
Private

Sewage Disposal
Private

Expiration Date
6/1/2022

PAYMENT INFORMATION

Check 1

Payee 1

Check 2

Payee 2

SAP Doc No

SAP Entered

Submit | Cancel

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 10-4-2021

To: DLP
(Person's Name and Division)

From: Rolling Hills Baptist Church (301) 938-5878
(Your Name, Company Name and Telephone Number)

Subject: Project name _____

Project site address 11520 Johns Hopkins Rd Clarksville MD 21029

Permit # B21003694 **SDP #** _____

Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

___ Letter of response to address plan review comment letter

✓ Revised plans and/or revised details: When submitting for a complete **re**-review, **duplicate sets shall be submitted.**

___ Letter Summarizing Changes

___ Energy conservation calculations

✓ Copies of Change of Use application (be specific).

___ Health Department Request ___ DPZ/ DED Request ___ Applicant's Request

___ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #_____

___ Other _____

Contact Person Information: (Required)

Pastor Russ Spikes
Please Print Name

Telephone No: 301-938-5878

E-Mail Address: russpikes@verizon.net

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by MP

Revision to change description of work from assisted living to home care (see attached letter)
* No plans taken *

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

10-4-2021

To: Planning & Zoning (Annette Morson)

I, Pastor Russ Spikes, on behalf of Rolling Hills Baptist Church, wish to amend our previous Change of Use application from Assisted-Living Care to Home Care usage.

All other information remains the same from our previous application.

Pastor Russ Spikes
Rolling Hills Baptist Church
301 938 5878

RECEIVED
OCT 04 2021
LICENSES & PERMITS DIVISION

5 Resident Beds
2 Staff Bedrooms
1 Bedroom

#B21003694

11520 Johns Hopkins Rd. Clarksville, MD 21029

REAR OF HOUSE

MAIN LEVEL

W1
10'11½"X11'6"
Resident Bedroom 2Beds
Closet

D4
W3
4'11"X7'4"
Bathroom

Closet
7'5"X6'4"
Bathroom 1

W2 W2
10'X12'
Staff Bedroom
Closet

W1
10'1"X24'6"
Dining Room

W2
Kitchen

D1
13'4"X9'6"

D3
Stairway

Hallway 3'X18'

Carport

D3
W1
11'X15'
Resident Bedroom 2Beds
Closet
1M 1M

D1
14'10"X10'10"
Resident Bedroom 1bed
Closet
Coat Closet
1M 1M

D2

13'3"X26'
Living Room

FIREPLACE

BW

Primary Evacuation Route
Secondary Evacuation Route

(Drawing not to scale)

FRONT OF HOUSE

BW-BayWindow 99"X52½"
W1-window 39½"X36½"
W2-window 2'11"X2'11"
W3-window 36½"X28"
SGD-sliding glass door 72"X84

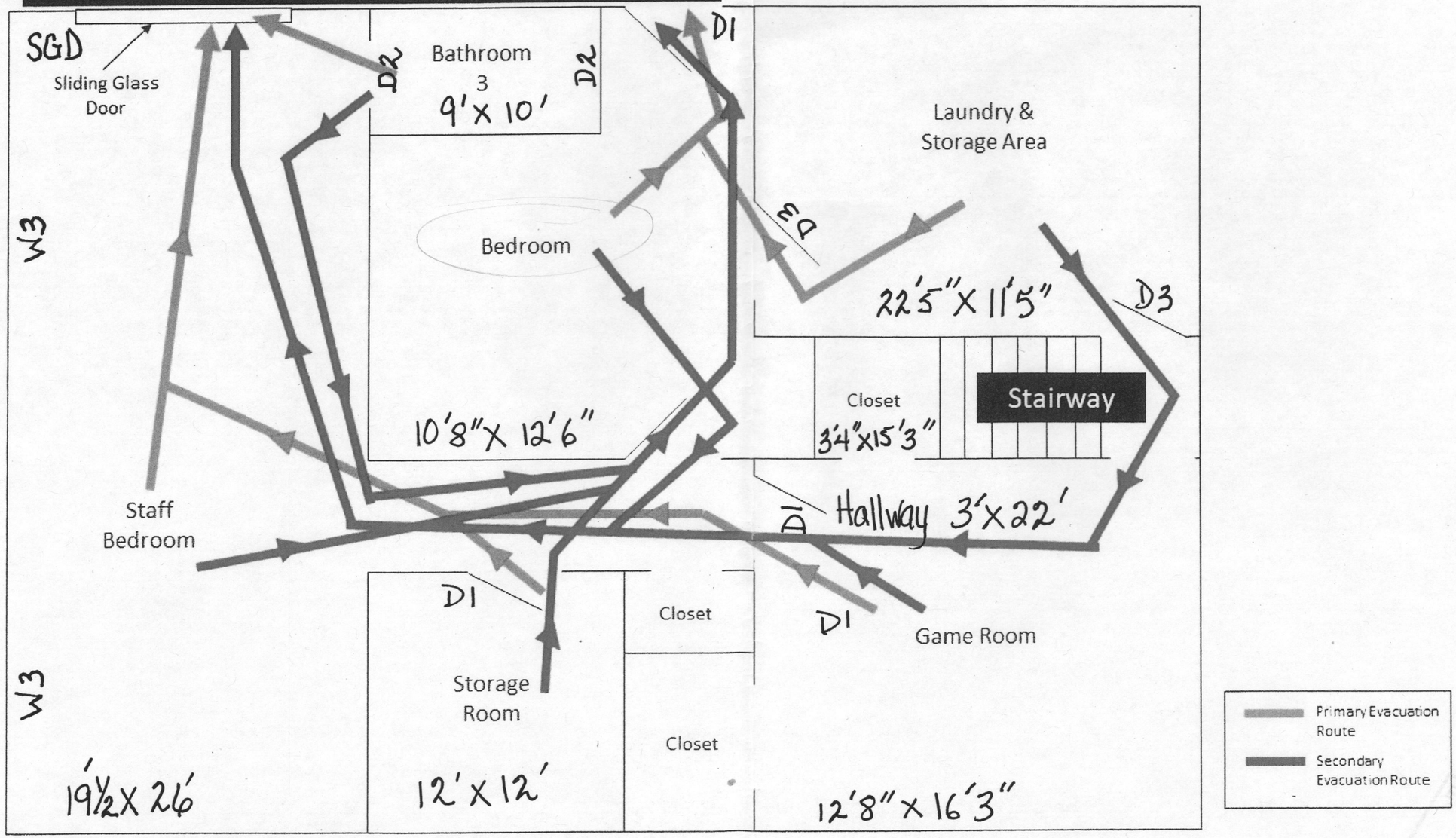
Door 1-D1 32"X80"
Door 2-D2 36"X80"
Door 3-D3 30"X80"
Door 4-D4 24"X80"

Heatth

11520 Johns Hopkins Rd. Clarksville, MD 21029

REAR OF HOUSE

LOWER LEVEL



Primary Evacuation Route

Secondary Evacuation Route

(Drawing not to scale)

FRONT OF HOUSE

Health