Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B26002292	07/03/2026

Description of Work

SFD/CONSTRUCT A 14' X 22' OPEN PORCH W/ STEPS ON REAR OF HOUSE**HANDRAILS MAY BE REQUIRED FOR STEPS, SUBJECT TO FIELD INSPECTION**

check spelling

BP Approved.
GS 7/27/26

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1730	BRICKELL	WAY

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

City	State	Zip Code	Primary
MARRIOTTSVILLE	MD	21104	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
11062885	274	1.15	272700	1464600	1191900	RURAL

Legal Description

IMPSLOT 9 1.152 A[ ]1730 BRICKELL WAY[ ]BRICKELL PROPERTY RESUB

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
1	9	603000	5				

Plan Area	State Tax Id	Subdivision Name
	1403605466	Brickell Property

Section	Area	Tax Map
		10

Grid	Zoning District	ADC Map
10-1	RR-DEO	4694-A6

SDP No.	Final Plan No.	WP File No.	Primary
	ECP-19-021		Yes

Record Plat No.	WS Contract No.	FDP No.
26850-2685		

Owner Occupied	Year Built	Historic District
○ Yes ○ No	2026	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	3-01	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
NELLU

Address Line 1
1730 BRICKELL WAY
Address Line 2

Address Line 3

Mail City
MARRIOTTSVILLE
Mail State
MD
Mail Zip Code
21104
Phone
410-718-1460
Primary
Yes
E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # * **Business Name**
162314 NORTH SUN CONTRACTORS
License Type * **First Name** **Middle Name** **Last Name**
MHIC Ind JORDAN IRANI
Primary **Address Line 1**
Yes 7680 WOOD PARK LANE
Address Line 2

City **State** **ZIP Code**
COLUMBIA MD 21046
Phone 1 **Phone 2** **Fax**
4436033085
E-mail
NORTHSUNCONTRACTORS@GMAIL.COM

Applicant *(This section is not required.)*

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

Type * **First Name** **MI** **Last Name**
Applicant MICHELLE CLANCY
Relationship **Full Name**
Applicant MICHELLE CLANCY
Primary **Organization Name**
Yes APPLIED & APPROVED PERMITS LLC
Street Address
P.O. BOX 310
Address Line 2

City **State** **Zip Code**
PERRY HALL MD 21128
Phone **Cell** **Fax**
443-340-1229
E-mail *
MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
33000 0 0 No
Construction Type
434 - Additions, Alterations and Conversions - Residential

PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee * ○ Yes ◉ No

Capital Project Number (Text)

Fee Exempt * ○ Yes ◉ No

Roadside Tree Project Permit * ○ Yes ◉ No

Roadside Tree Project Permit # (Text)

Existing Use * SFD

Type of Porch * Open Porch

Type of Porch Foundation * New Deck

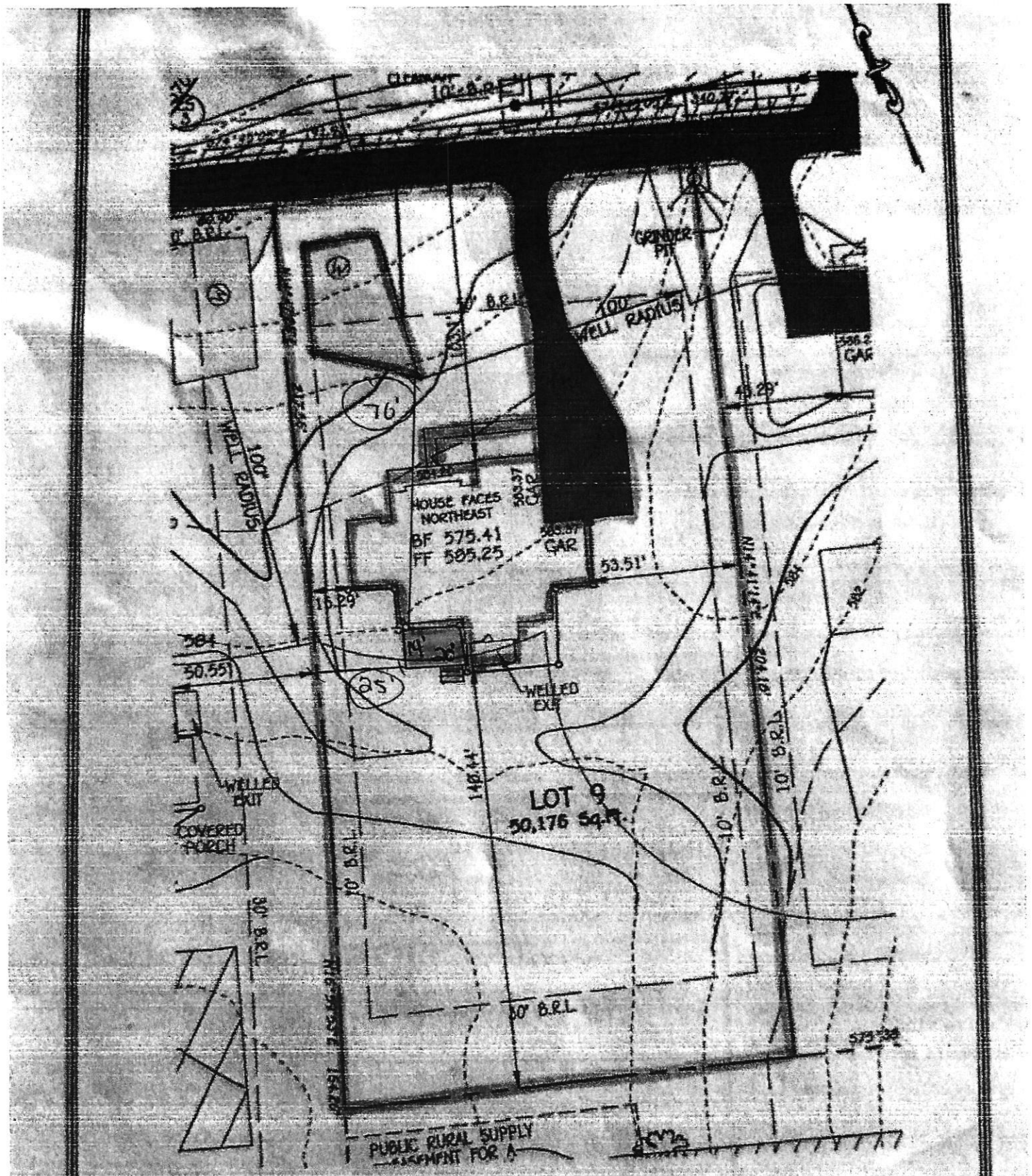
Total Square Footage * 308 SQFT (Number)

Water Supply Private

Sewage Disposal Public

Expiration Date 1/17/2027

Submit Cancel



WELL CERTIFICATION

THE EXISTING WELL TAG NO. HQ-22-0101, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

BRICKELL PROPERTY

PERMIT SITE PLAN LOT 9

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: 9/22/25

ONSITE SEWAGE DISPOSAL SYSTEM

P 590215

INSTALLATION APPROVAL DATE: 1/13/2026 (SP)

PERMIT

A

SEWER HOUSE CONNECTION

PROPERTY ADDRESS: **1730 Brickell Way**

SUBDIVISION: **Brickell Property** LOT: **9** TAX ID:

CONTRACTOR: **South Carroll Backhoe** EMAIL:

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

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

OWNER ADDRESS: **7080 Samuel Morse Drive, Columbia, MD 21046** PHONE: **301-432-6611**

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

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

ISSUED BY: **Robert Freemon** ISSUE DATE: **1/9/26** EXPIRATION DATE: ~~1/9/27~~ 9-22-26

NOTE:
CONTRACTOR REGERSTERED WITH THE STATE OF MD ON-SITE WASTEWATER PROFESSIONALS BOARD: CONFIRMED ☐

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

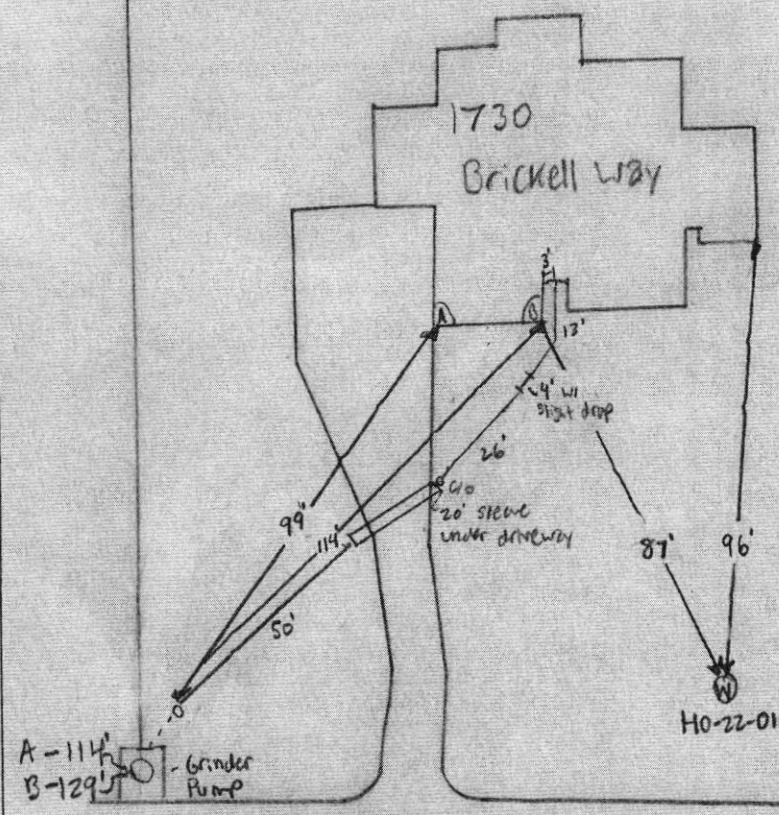
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

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.

~~NOT TO SCALE~~

1" ≈ 40'



ROAD NAME

N/A

TRENCH/DRAINFIELD DATA

	WIDTH	INLET	BOTTOM

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

N/A

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

N/A

CONTROL PANEL DATA

CONTROL PANEL HEIGHT _____ (MIN 30")

INSPECTION DATE _____

INSPECTION: PASS/FAIL (CIRCLE ONE)

SEPTIC CONTRACTOR ONSITE INSTALLING SYTEM: Andrew Schissler

SEPTIC CONTRACTOR ONSITE LICENSED WITH THE STATE OF MD: YES/NO

PRE-CONSTRUCTION NOTES:

1/9/2026 - Plans Approved. RSF

INSTALLATION NOTES:

1/13/2026 - Sewer coming out of house 15' from original loc. elevations the same, 1% fall on majority of line w/ more fall @ drop closer to house. SCH 40 PVC used. 6" sleeve under driveway. OK to Backfill all work. SP

FINAL INSPECTOR S. Page . DATE OF APPROVAL 1/13/2026 .