

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

|                                     |               |             |
|-------------------------------------|---------------|-------------|
| Permit Type                         | Permit Number | Opened Date |
| Building/Residential/Alteration/SFD | B25001880     | 05/13/2025  |

Description of Work

SFD/ Finish BASEMENT TO INCLUDE playroom with egress, full bathroom, bar, laundry, PLAY RM & LIVING RM  
 \*\*NOT APPROVED AS AN ACCESSORY APT OR FOR SLEEPING ROOMS, SUBJECT TO FIELD  
 INSPECTION\*\*/6.16.25 REVISION REQUEST TO CHANGE ROOMS TO LIVING AREA, BAR AREA S/ WET  
 BAR, PLAYROOM, MECHANICAL ROOM, LAUNDRY, FULL BATH, HOME THEATRE -NO LONGER A  
 BEDROOM IN THE BASEMENT\*/07.14.2025 REVISION TO REMOVE CLOSET, MOVE LAUNDRY ROOM,  
 AND CHANGE BASEMENT ROOM TO PLAYROOM\*

[check spelling](#)

Approved, floor plan  
revisions OK.

gls 7/15/25

## Address \* (This section is required.)

|            |             |              |                    |
|------------|-------------|--------------|--------------------|
| Search     | Reset       | Clear        | Get Parcel & Owner |
| Street #   | Street Name | Street Type  |                    |
| 14565      | WINDRIDGE   | CT           |                    |
| Unit Type  | Unit #      | X Coordinate | Y Coordinate       |
| --Select-- |             | -77.02138    | 39.26568           |
| City       | State       | Zip Code     | Primary            |
| GLENWOOD   | MD          | 21738        | 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 |
| 894364                                                              | 31     | 1.11        | 297300              | 775700         | 478400          | RURAL     |
| Legal Description                                                   |        |             |                     |                |                 |           |
| IMPSLOT 15 1.110 A.[ ]14565 WINDRIDGE CT[ ]WINDRIDGE FARMS S2 A2 RS |        |             |                     |                |                 |           |

[check spelling](#)

|                                                    |                 |                                                               |              |                 |                 |       |          |
|----------------------------------------------------|-----------------|---------------------------------------------------------------|--------------|-----------------|-----------------|-------|----------|
| Block                                              | Lot             | Census Tract                                                  | Council Dist | Inspection Dist | Supervisor Dist | Map # | DAP Zone |
|                                                    | 15              | 605601                                                        | 5            |                 |                 |       |          |
| Plan Area                                          | State Tax Id    | Subdivision Name                                              |              |                 |                 |       |          |
|                                                    | 1404365402      | WINDRIDGE FARMS SEC 2 A                                       |              |                 |                 |       |          |
| Section                                            | Area            | Tax Map                                                       |              |                 |                 |       |          |
|                                                    |                 | 21                                                            |              |                 |                 |       |          |
| Grid                                               | Zoning District | ADC Map                                                       |              |                 |                 |       |          |
| 21-16                                              | RR-DEO          | 4812-G8                                                       |              |                 |                 |       |          |
| SDP No.                                            | Final Plan No.  | WP File No.                                                   |              |                 |                 |       |          |
|                                                    | F-00-110        |                                                               |              |                 |                 |       |          |
| Record Plat No.                                    | WS Contract No. | FDP No.                                                       | Primary      |                 |                 |       |          |
| 14684                                              |                 |                                                               | Yes          |                 |                 |       |          |
| Owner Occupied                                     | Year Built      | Historic District                                             |              |                 |                 |       |          |
| <input type="radio"/> Yes <input type="radio"/> No | 2002            | <input type="radio"/> Yes <input checked="" type="radio"/> No |              |                 |                 |       |          |
| Historic District Registry No.                     | Stat Area       | Flood Plain                                                   |              |                 |                 |       |          |
|                                                    | 4-09            | <input type="radio"/> Yes <input checked="" type="radio"/> No |              |                 |                 |       |          |
| Building No                                        |                 |                                                               |              |                 |                 |       |          |

## Owner (This section is not required.)

|                    |       |       |
|--------------------|-------|-------|
| Search             | Reset | Clear |
| Name *             |       |       |
| ARSH/              |       |       |
| Address Line 1     |       |       |
| 14565 WINDRIDGE CT |       |       |
| Address Line 2     |       |       |
| Address Line 3     |       |       |
| Mail City          |       |       |
| GLENWOOD           |       |       |
| Mail State         |       |       |
| MD                 |       |       |
| Mail Zip Code      |       |       |
| 21738              |       |       |
| Phone              |       |       |
| 909-485-7856       |       |       |
| Primary            |       |       |
| Yes                |       |       |
| E-mail             |       |       |

Organization Name \*  
HOMEOWNER  
Mobile Phone ((XXX)XXX-XXXX)

E-mail

Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

☐ Contact Address ID Address Type Address Line 1 City State Zip Primary Recipient Status

0 record(s) found.

Custom Fields

#### DATE TRACKING

Received Date

7/10/2025

Due Date

7/24/2025

Dates to Complete

14

(Number)

Food Review Type

--Select--

Received by Food

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

05/14/2025

#### FACILITY INFORMATION

Name of Business (dba)

NA (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

☐ Yes ☐ No

Does the project include Private Septic? If Yes, forward to WS Program.

☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.

☐ Yes ☐ No

Facility Fax

(Text)

Days of Operation

(Text)

Does this project have a Building Permit?

☐ Yes ☐ No

Building Permit Issued Date

☐ Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

☐ Yes ☐ No

Does the project include Food Services? If Yes, forward to FP Program.

☐ Yes ☐ No

Facility Phone

(Text)

Facility Email

(Text)

#### PROPERTY INFORMATION

Water Source

--Select--

Design Wastewater Flow

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

#### DEVELOPMENT PLANS

Property Type

Residential

Signature Required

☐ Yes ☐ No

Number of paper copies

0

(Number)

Number of buildable lots created

Plan Version

Revision

Engineer

(Text)

Number of mylar copies

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Associated Plans

0

(Number)

WELL AND SEPTIC INTERNAL

State Review Required

☐ Yes

☐ No

Proposed Septic System Type

--Select--

Coordinate State Review

☐ Yes

☐ No

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

If Operating Seasonally. What is the start month?

(Text)

Full Bar?

☐ Yes

☐ No

☐ Operating Seasonally Only

Are pets allowed in a outdoor seating area?

☐ Yes

☐ No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Bar Seating Capacity

(Number)

Interior Restaurant Seating Capacity

(Number)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

☐ Yes

☐ No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

☐ Yes

☐ No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Is there a bulk ice machine available

☐ Yes

☐ No

Description of Walk-In Freezer Units

(Text)

Space Limitation

Number of Hand Sinks Available

(Number)

Ventless Equipment

(Text)

Hood System

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

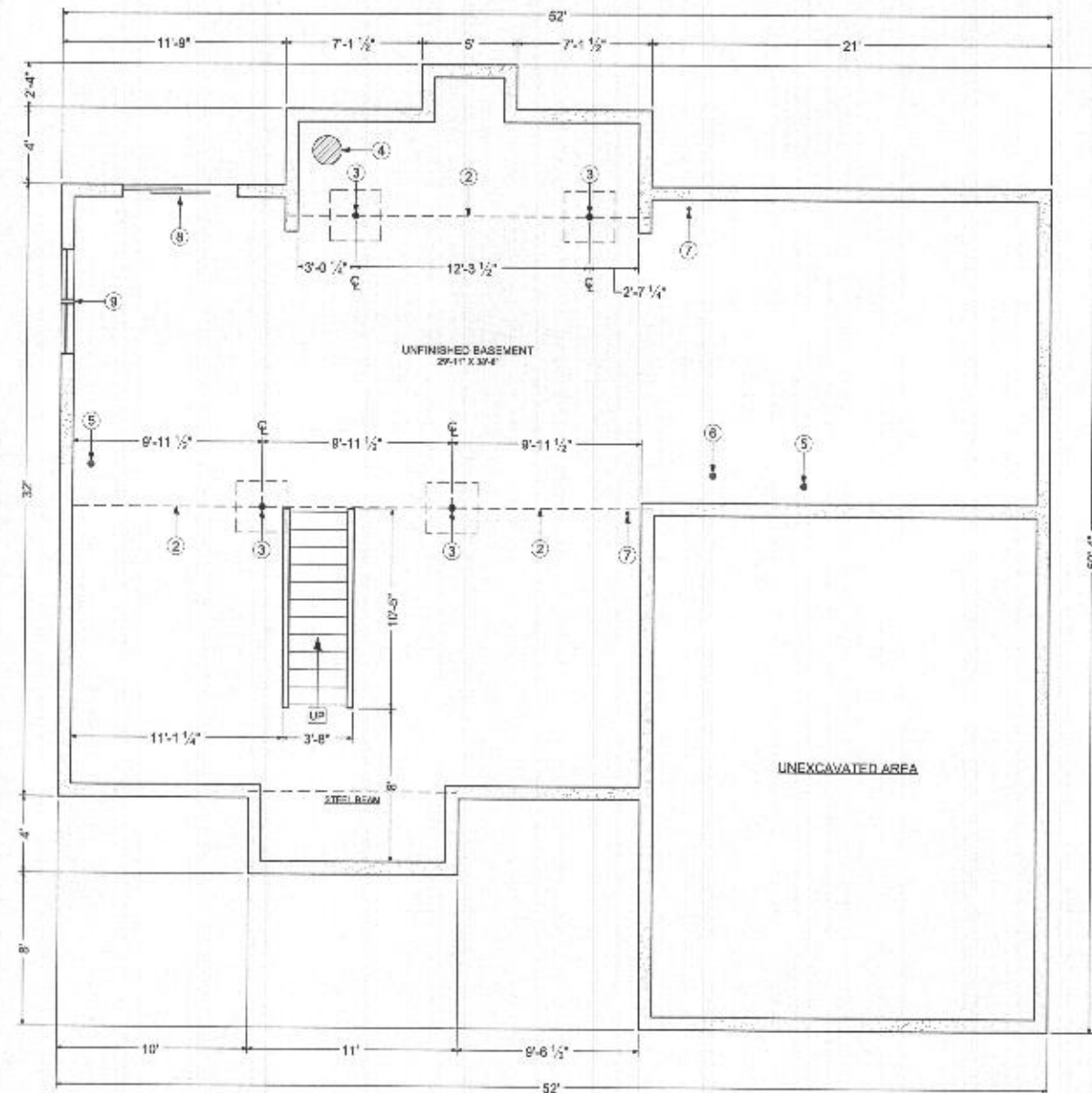
☐ Yes

☐ No

Date HACCP Approved by the State

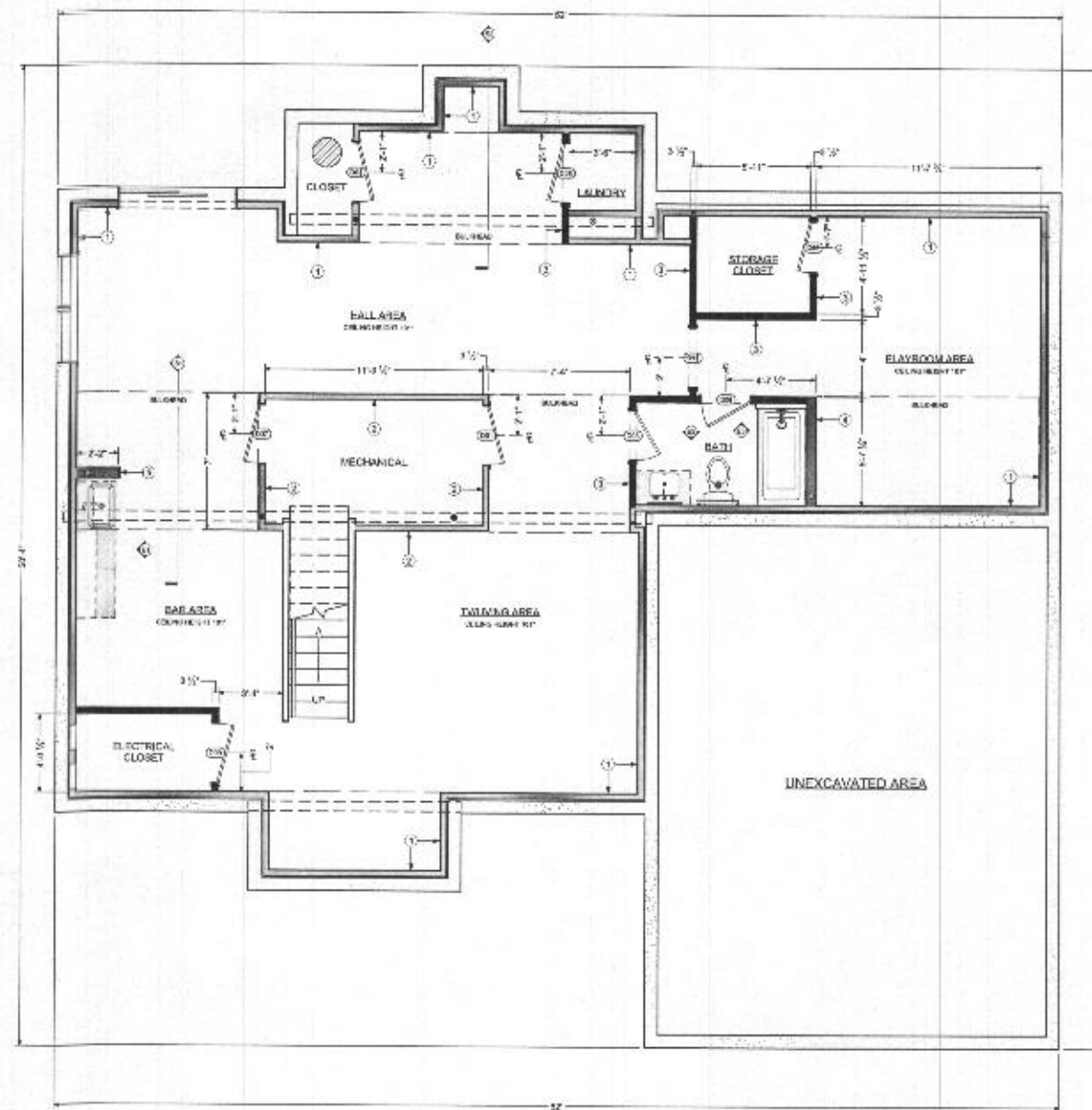
Date HACCP Plan Submitted

HACCP Plan Approved



1 EXISTING BASEMENT PLAN WITH DEMO  
1/4" = 1' - 0"

| DEMOLITION NOTES |                                           |
|------------------|-------------------------------------------|
| (2)              | EXISTING I BEAM 11-1/2" DOWN FROM CEILING |
| (3)              | EXISTING LALLY COLUMN & FOOTING           |
| (4)              | EXISTING SUMP-PUMP                        |
| (5)              | EXISTING 4" STACK                         |
| (6)              | EXISTING TOILET ROUGH-IN                  |
| (7)              | EXISTING 2" STACK                         |
| (8)              | EXISTING BASEMENT WALKOUT                 |
| (9)              | EXISTING BASEMENT WINDOWS                 |



2 PROPOSED BASEMENT PLAN  
1/4" = 1' - 0"

| WALL SCHEDULE |                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------|
| 1             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN THE FINISH SIDE ONLY. ALLOW 1" AIR GAP TO FND. WALL                  |
| 2             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN THE FINISH SIDE ONLY.                                                |
| 3             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES                                                           |
| 4             | NEW 2X6 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES. ALIGN WALL WITH THE EXISTING PLUMBING STACK              |
| 5             | NEW 2X6 INTERIOR KNEE WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES. ALIGN WITH PLUMBING STACK. WALL HEIGHT 34'-12"      |
| 6             | NEW 8" CONCRETE WALL WITH A 24"X12" FOOTING AROUND THE NEW WINDOW WELL. FOOTING DOWN TO MEET THE EXISTING HOUSE FND. |

SEE PAGE A.02 FOR THE INTERIOR DOOR WINDOW SCHEDULE

Floorplan revision OK.  
JG 7/15/25

DRAWINGS PROVIDED BY

**WORKxSTUDIO**  
WORKSTUDIO.COM  
301.219.8843

CONTRACTOR INFORMATION

**ARCHSTONE CONSTRUCTION**  
9804 WALKER HOUSE ROAD  
MONTGOMERY VILLAGE, MD 20886  
240.390.8223  
MHC 146404

CLIENT INFORMATION

**BASEMENT RENOVATION**  
LEENA MOIZ  
HAMMAD ARSHAD  
14565 WINDRIDGE COURT  
GLENWOOD, MD 21738

DATE

7/12/2025

REVISIONS

NOTES

1. ALL EXISTING AND PROPOSED WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
2. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
3. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
4. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
5. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
6. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
7. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
8. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).  
9. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE INTERNATIONAL BUILDING CODE (IBC).

SCALE AS NOTED

EXISTING WITH PROPOSED BASEMENT PLAN

DM.01

**BASEMENT INTERIOR RENOVATION ONLY**

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

Permit Type Building/Residential/Alteration/SFD Permit Number B25001880 Opened Date 05/13/2025 

Description of Work SFD/ Finish the existing basement. Includes a new bedroom with egress, full bathroom, bar, laundry and an open area,

[check spelling](#)

## Address \* (This section is required.)

Search Reset Clear Get Parcel &amp; Owner

Street # 14565 Street Name WINDRIDGE Street Type CT

Unit Type -Select- Unit # X Coordinate -77.02138 Y Coordinate 39.26568

City GLENWOOD State MD Zip Code 21738 Primary Yes

ON HOLD, need septic tank  
upgrade going from 4 BDR to 5 BDR.

Existing system adequate for 5 BDR.  
Existing Tank @ 1250 GAL is not.  
gxd 5/24/25

## Parcel \* (This section is required.)

Search Reset Clear Get Address &amp; Owner

| GIS ID * | Parcel | Parcel Area | Land Value | Improved Value | Exemption Value | Plan Area |
|----------|--------|-------------|------------|----------------|-----------------|-----------|
| 894364   | 31     | 1.11        | 297300     | 775700         | 478400          | RURAL     |

Legal Description  
IMPSLOT 15 1.110 A.[ ]14565 WINDRIDGE CT[ ]WINDRIDGE FARMS S2 A2 RS

[check spelling](#)

| Block                                                                | Lot | Census Tract               | Council Dist | Inspection Dist                                                                    | Supervisor Dist | Map # | DAP Zone |
|----------------------------------------------------------------------|-----|----------------------------|--------------|------------------------------------------------------------------------------------|-----------------|-------|----------|
|                                                                      | 15  | 605601                     | 5            |                                                                                    |                 |       |          |
| Plan Area                                                            |     | State Tax Id<br>1404365402 |              | Subdivision Name<br>WINDRIDGE FARMS SEC 2 A                                        |                 |       |          |
| Section                                                              |     | Area                       |              | Tax Map<br>21                                                                      |                 |       |          |
| Grid<br>21-16                                                        |     | Zoning District<br>RR-DEO  |              | ADC Map<br>4812-G8                                                                 |                 |       |          |
| SDP No.                                                              |     | Final Plan No.<br>F-00-110 |              | WP File No.                                                                        |                 |       |          |
| Record Plat No.<br>14684                                             |     | WS Contract No.            |              | FDP No.                                                                            | Primary<br>Yes  |       |          |
| Owner Occupied<br><input type="radio"/> Yes <input type="radio"/> No |     | Year Built<br>2002         |              | Historic District<br><input type="radio"/> Yes <input checked="" type="radio"/> No |                 |       |          |
| Historic District Registry No.                                       |     | Stat Area<br>4-09          |              | Flood Plain<br><input type="radio"/> Yes <input checked="" type="radio"/> No       |                 |       |          |
| Building No                                                          |     |                            |              |                                                                                    |                 |       |          |

## Owner (This section is not required.)

Search Reset Clear

Name \*  
ARSH#

Address Line 1  
14565 WINDRIDGE CT

Address Line 2

Address Line 3

Mail City  
GLENWOOD

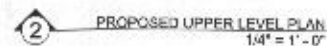
Mail State  
MD

Mail Zip Code  
21738

Phone  
909-485-7856

Primary  
Yes

E-mail



DRAWINGS PROVIDED  
BY



#### CONTRACTOR

ARCHSTONE CONSTRUCTION

9804 WALKER HOUSE ROAD  
MONTGOMERY VILLAGE, MD 20886  
240.380.8223  
MHIC 146484

#### CLIENT INFORMATION

## BASEMENT RENOVATION

LEENA MOIZ  
HAMMAD ARSHAD  
14565 WINDRIDGE COURT  
GLENWOOD, MD 21738

DATE. \_\_\_\_\_

5/14/2025

REVISIONS:

NOTES.

I AM CONCERNED THAT THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED. I AM REQUESTING THAT YOU REVIEW THE WORK UNIT FILED HEREIN FOR ALL PERTINENT INFORMATION, RECLASSIFY AND DECLASSIFY.

SCALE AS NOTED  
EXISTING UPPER  
LEVEL PLANS

A.04

12/6/01

Layout 10-11

12/7/01 - AM  
Final

ISSUE DATE: 12/4/01

APPROVAL DATE: 12/7/01

PERMIT

INDEXED

P 516431B

A 58947-P

ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
04-365402

Union Paving Co, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐  
ADDRESS: 5977 Sandy Ridge Rd, Elbridge, MD PHONE NUMBER: 410-379-6463

SUBDIVISION: Windridge Farm LOT NUMBER: 15

ADDRESS: 14565 Windridge Court PROPERTY OWNER: Hamilton Reed

SEPTIC TANK CAPACITY (GALLONS): 1250  
PUMP CHAMBER CAPACITY (GALLONS): N/A  
NUMBER OF BEDROOMS: 4  
SQUARE FEET PER BEDROOM: 180  
LINEAR FEET OF TRENCH REQUIRED: 240

|           |                                                                                                                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe. |
| LOCATION: | Beginning from the intersection of the 192.30' and 95.96' lot line, begin trenches 75 feet down the 95.96' lot line and 60 feet off that same lot line. Run trenches on contour in both directions.                     |
| NOTES:    |                                                                                                                                                                                                                         |

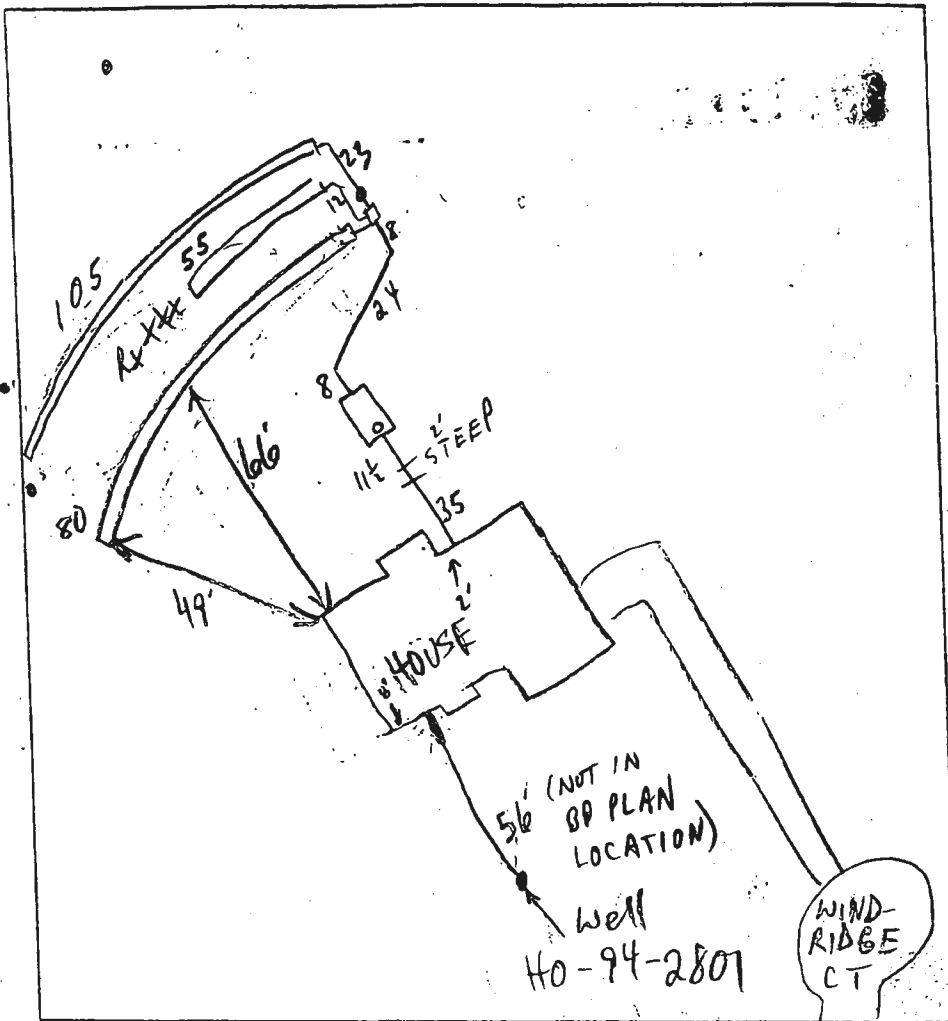
PLANS APPROVED: Amy Mc Millen 6/21/01 OK (BE) DATE: 6-18-01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

458947-P

NOT TO SCALE



### TRENCH DATA

TRENCH WIDTH 3'  
TRENCH INLET DEPTH 2'  
TRENCH BOTTOM DEPTH 4-4.5'  
DEPTH OF STONE 2'  
NUMBER OF TRENCHES 3  
TOTAL TRENCH LENGTH 240'  
ABSORBENT AREA 720 ft<sup>2</sup>  
DISTRIBUTION BOX LEVEL \_\_\_\_\_  
BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

### SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS  
MANHOLE RISER \_\_\_\_\_  
6 INCH INSPECTION PORT FRONT

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS \_\_\_\_\_  
MANHOLE RISER \_\_\_\_\_  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: 12/6/01 10:30 OK TO START W/3 80' TRENCHES AND D.B.

@ RT. FRONT COR OF SRA (MR)

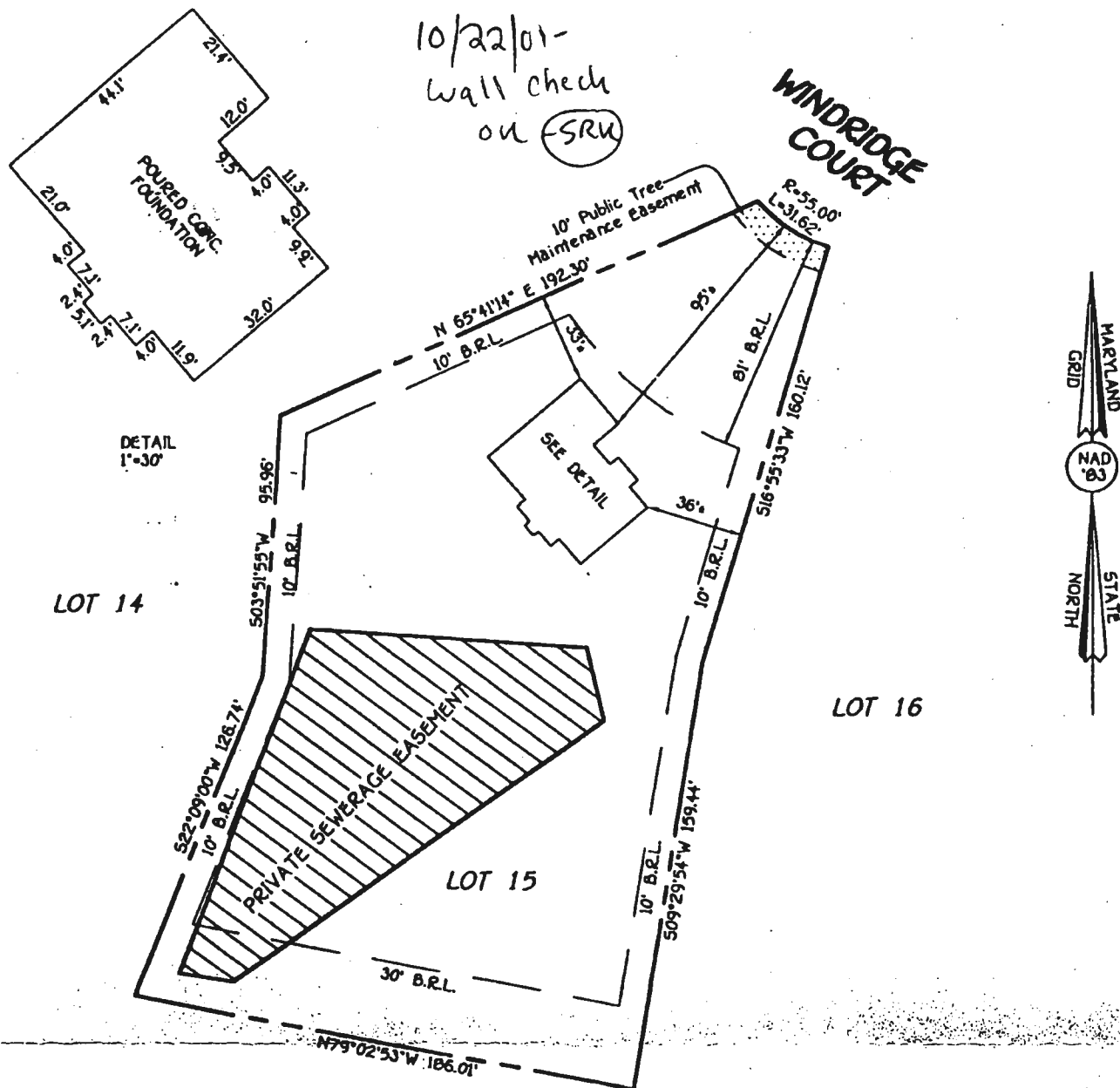
INSPECTION COMMENTS: 12/6/01 3:00 RX @ MIDDLE TRENCH LIKELY ISOLATED,  
OK TO CONTINUE - COVER TANK TRENCHES; HOLD FOR INSP OF CONN FROM  
TANK TO BOX (MR) 12/7/01 OK TO COVER ALL (MR)

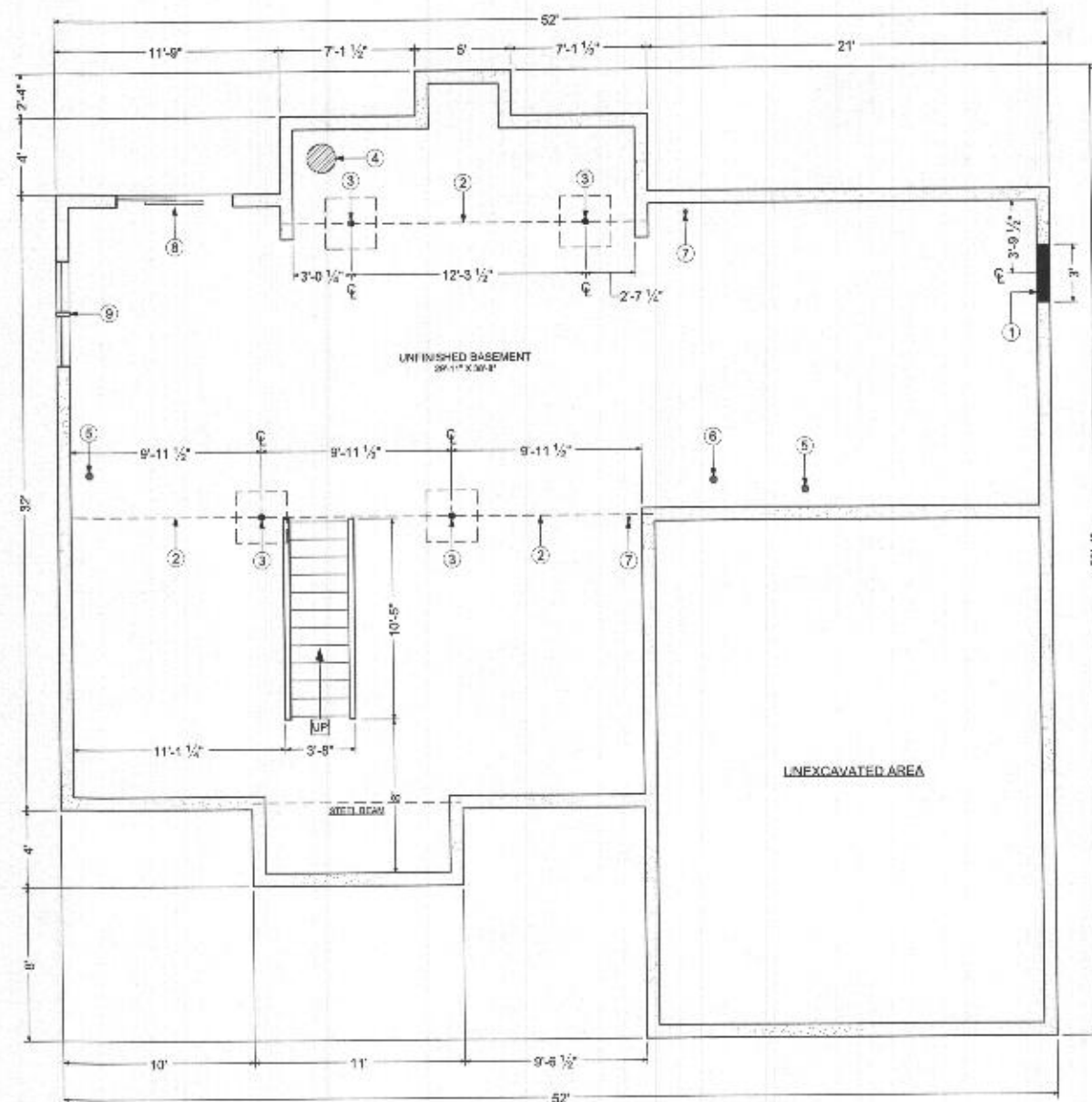
INSPECTOR M. Rifkin

DATE SYSTEM APPROVED 12/7/01

# GENERAL NOTES:

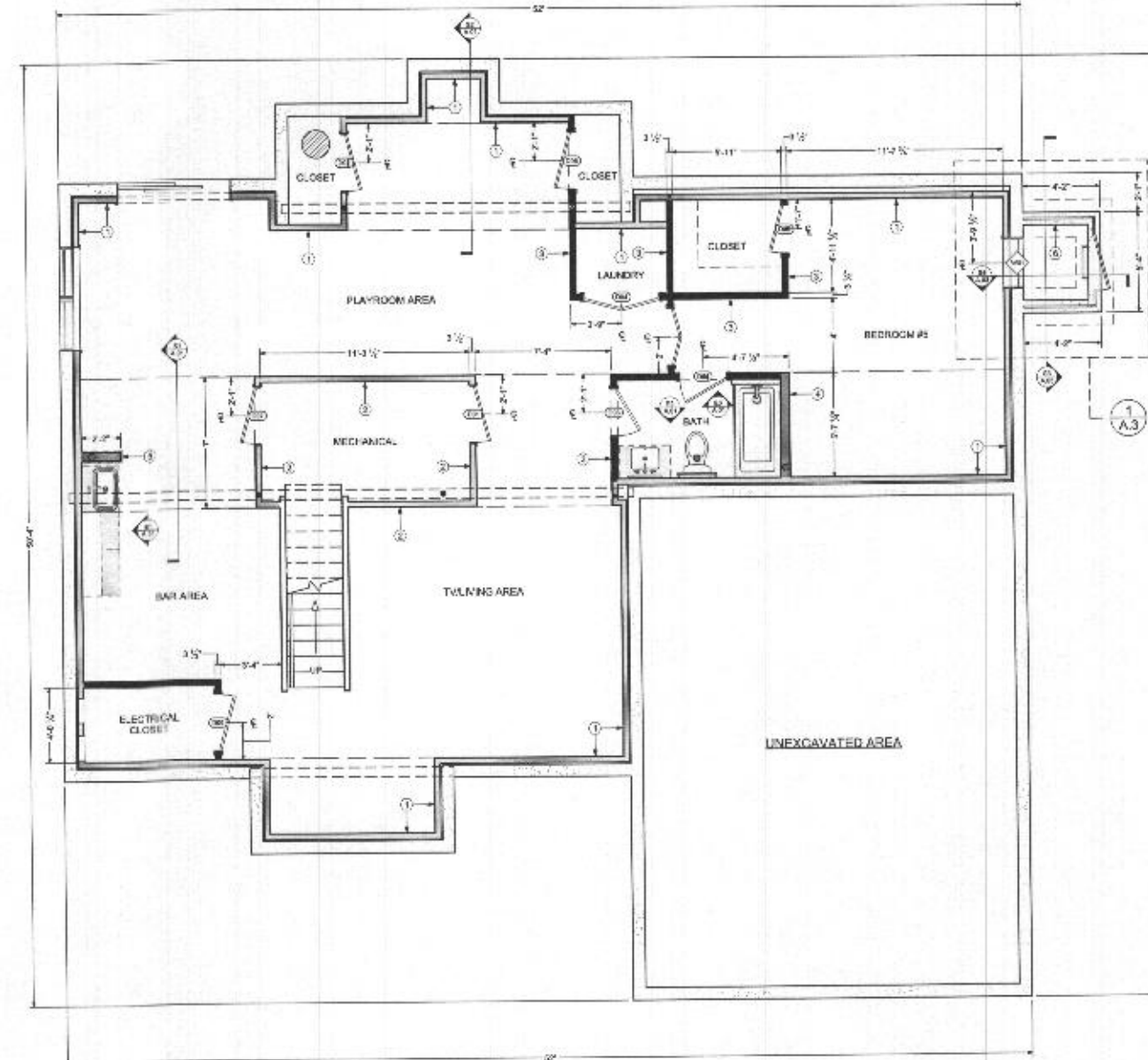
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0020 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 0.5' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.





1 EXISTING BASEMENT PLAN WITH DEMO.  
1/4" = 1' - 0"

| DEMOLITION NOTES |                                                                 |
|------------------|-----------------------------------------------------------------|
| 1                | NEW OPENING ON EXISTING FOUNDATION WALL FOR A NEW EGRESS WINDOW |
| 2                | EXISTING I BEAM 11-1/2" DOWN FROM CEILING                       |
| 3                | EXISTING LALLY COLUMN & FOOTING                                 |
| 4                | EXISTING SUMP-PUMP                                              |
| 5                | EXISTING 4" STACK                                               |
| 6                | EXISTING TOILET ROUGH-IN                                        |
| 7                | EXISTING 2" STACK                                               |
| 8                | EXISTING BASEMENT WALKOUT                                       |
| 9                | EXISTING BASEMENT WINDOWS                                       |



2 PROPOSED BASEMENT PLAN  
1/4" = 1' - 0"

| WALL SCHEDULE |                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------|
| 1             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN THE FINISH SIDE ONLY. ALLOW 1" AIR GAP TO FND. WALL.                 |
| 2             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN THE FINISH SIDE ONLY.                                                |
| 3             | NEW 2X4 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES                                                           |
| 4             | NEW 2X6 INTERIOR WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES. ALIGN WALL WITH THE EXISTING PLUMBING STACK              |
| 5             | NEW 2X6 INTERIOR KNEE WALL WITH 1/2" GYPSUM BOARD IN BOTH SIDES. ALIGN WITH PLUMBING STACK. WALL HEIGHT 34-1/2"      |
| 6             | NEW 8" CONCRETE WALL WITH A 24"X12" FOOTING AROUND THE NEW WINDOW WELL. FOOTING DOWN TO MEET THE EXISTING HOUSE FND. |

SEE PAGE A.02 FOR DOOR AND WINDOW SCHEDULES

**BASEMENT RENOVATION ONLY WITH THE ADDITION OF A BEDROOM AND CORRESPONDING EGRESS PER R301.1 IRC 2021.**

DRAWINGS PROVIDED BY

**WORKxSTUDIO**  
WORKXSTUDIO.COM  
301.210.6643

CONTRACTOR INFORMATION

**ARCHSTONE CONSTRUCTION**  
9804 WALKER HOUSE ROAD  
MONTGOMERY VILLAGE, MD 20886  
240.380.8223  
MHIC 146484

CLIENT INFORMATION

**BASEMENT RENOVATION**  
LEENA MOIZ  
HAMMAD ARSHAD  
14565 WINDRIDGE COURT  
GLENWOOD, MD 21738

DATE

5/14/2025

REVISIONS

NOTES

1. ALL DIMENSIONS AND NOTATIONS CONTAINED HEREIN ARE APPROXIMATE. A 1/4" = 1' - 0" SCALE SHOULD BE USED FOR ALL DIMENSIONS. ALL DIMENSIONS SHALL BE TO THE CENTERLINE UNLESS OTHERWISE NOTED.

SCALE: AS NOTED

EXISTING WITH PROPOSED BASEMENT PLAN

**DM.01**



Menu Save Reset Cancel Help

Record Detail (This section is required.)

Case #

EH-PLANS-25-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

07/11/2025

Single Entry Edit-View Record Form

Application Name

B25002588

Description

SFD/ CONSTRUCT 32 X 24 OPEN DECK W/ STEPS\*\*SUBJECT TO FIELD INSPECTION\*\*

BP approved. Public sewer, Private well.  
88 7/16/25

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progre

Assigned to Staff Current User

Zack Silvast

Address (This section is required.)

| New                              | Search           | Delete    | Set Primary |             |          |       |          |                |                           |           |  |  |
|----------------------------------|------------------|-----------|-------------|-------------|----------|-------|----------|----------------|---------------------------|-----------|--|--|
| <input type="checkbox"/> Primary | Street # (start) | Direction | Street Name | Street Type | City     | State | Zip Code | Address Status | Street Suffix (Direction) | Unit Type |  |  |
| <input type="checkbox"/> ●       | 14565            |           | WINDRIDGE   | CT          | Glen...  |       | 21738    | Enabled        |                           |           |  |  |
| <input type="checkbox"/> ○       | 11233            |           | Whithorn    | WAY         | Ellis... | MD    | 21042    |                |                           |           |  |  |

Parcel (This section is not required.)

| Search                           | Delete     | Get Address & Owner | Set Primary |        |             |            |                |                 |                   |       |  |  |
|----------------------------------|------------|---------------------|-------------|--------|-------------|------------|----------------|-----------------|-------------------|-------|--|--|
| <input type="checkbox"/> Primary | Parcel #   | Book                | Page        | Parcel | Parcel Area | Land Value | Improved Value | Exemption Value | Legal Description | Tract |  |  |
| <input type="checkbox"/> ●       | 1404365402 |                     |             | 0031   |             | 226100     | 353400         |                 |                   |       |  |  |

Owner (This section is not required.)

| Search                           | Delete          | Set Primary        |                    |                    |               |            |               |       |            |  |  |  |
|----------------------------------|-----------------|--------------------|--------------------|--------------------|---------------|------------|---------------|-------|------------|--|--|--|
| <input type="checkbox"/> Primary | Name            | Mail Address Line1 | Mail Address Line2 | Mail Address Line3 | Mail City     | Mail State | Mail Zip Code | Phone | Country/Re |  |  |  |
| <input type="checkbox"/> ○       | Karki Sambav    | 11233 Whithorn Way |                    |                    | Ellicott City | MD         | 21042         |       | US         |  |  |  |
| <input type="checkbox"/> ●       | TIBALDI SCOTT A | 14565 WINDRIDGE CT |                    |                    | GLENWOOD      | MD         | 21738         |       |            |  |  |  |

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type

Applicant

Primary

Yes

First Name

Jonathan

Middle Name

Last Name \*  
Rodas  
Home Phone ((XXX)XXX XXXX

Organization Name \*  
Deck & Paton MD  
Mobile Phone ((XXX)XXX-XXXX  
(443) 414-6359  
E-mail  
questions@deckandpatonmaryland.com  
Business Phone ((XXX)XXX-XXXX

Preferred Channel  
--Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID Address Type Address Line 1 City State Zip Primary Recipient Status  
0 record(s) found.

Custom Fields

DATE TRACKING

Received Date Due Date  
7/3/2025 7/17/2025  
Dates to Complete Received by Food  
14  
(Number)  
Food Review Type Equipment Specification Sheets Submitted  
--Select--  
Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic  
7/3/2025

FACILITY INFORMATION

Name of Business (dba) \*  
n/a (Text)  
Associated Building Permit Number  
(Text)  
Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.  
☐ Yes ☐ No  
Does the project include Private Septic? If Yes, forward to WS Program.  
☐ Yes ☐ No  
Is this a Prototype Food Service Facility? If Yes, refer to State.  
☐ Yes ☐ No  
Facility Fax  
0 (Text)  
Days of Operation  
0 (Text)

Does this project have a Building Permit?  
☐ Yes ☐ No  
Building Permit Issued Date

☐ Non-Profit  
Does the project include Private Well? If Yes, forward to WS Program.  
☐ Yes ☐ No  
Does the project include Food Services? If Yes, forward to FP Program.  
☐ Yes ☐ No  
Facility Phone  
0 (Text)  
Facility Email  
0 (Text)

PROPERTY INFORMATION

Water Source Sewage Disposal  
Private Private  
Design Wastewater Flow Permit Type  
(Number) --Select--

DEVELOPMENT PLANS

Property Type Plan Version  
Residential Initial  
Signature Required Engineer  
☐ Yes ☐ No 0  
(Text)

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Number of paper copies           | Number of mylar copies               |
| 0                                | 0                                    |
| (Number)                         | (Number)                             |
| Number of buildable lots created | Number of non-buildable lots created |
| 0                                | 0                                    |
| (Number)                         | (Number)                             |
| Total Number of Lots             | Associated Plans                     |
| 0                                |                                      |
| (Number)                         |                                      |

---

**WELL AND SEPTIC INTERNAL**

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| State Review Required                              | Coordinate State Review                            |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Proposed Septic System Type                        |                                                    |
| --Select--                                         | ▼                                                  |

---

**FOOD ESTABLISHMENT FACILITY**

|                     |               |
|---------------------|---------------|
| Priority Assessment | Licensed Type |
| --Select--          | --Select--    |
| License Category    |               |
| --Select--          | ▼             |

---

**FOOD ESTABLISHMENT INFORMATION**

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| Hours of Operation                                 |                                                    |
| (Text)                                             | <input type="checkbox"/> Operating Seasonally Only |
| If Operating Seasonally, What is the start month?  | Are pets allowed in a outdoor seating area?        |
| (Text)                                             | <input type="radio"/> Yes <input type="radio"/> No |
| Full Bar?                                          |                                                    |
| <input type="radio"/> Yes <input type="radio"/> No |                                                    |

---

**RESTAURANT AND FOOD SERVICE**

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| Food Service Facility Secondary Category           | Total Seating Capacity               |
| --Select--                                         | (Number)                             |
| Number of Restrooms                                | Interior Restaurant Seating Capacity |
| (Number)                                           | (Number)                             |
| Bar Seating Capacity                               | Outdoor Seating Capacity             |
| (Text)                                             | (Text)                               |
| Does the restaurant have outdoor seating           |                                      |
| <input type="radio"/> Yes <input type="radio"/> No |                                      |

---

**EQUIPMENT**

|                                                    |                                    |
|----------------------------------------------------|------------------------------------|
| Evaluated non NSF, ANSI, CF or other standards     | Description of Refrigeration Units |
| <input type="radio"/> Yes <input type="radio"/> No |                                    |

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| Number of Walk-In Refrigerator Units               | Description of Walk-In Freezer Units |
| (Number)                                           | (Text)                               |
| Is there a bulk ice machine available              | Space Limitation                     |
| <input type="radio"/> Yes <input type="radio"/> No |                                      |

|                                |             |
|--------------------------------|-------------|
| Number of Hand Sinks Available | Hood System |
| (Number)                       | (Text)      |
| Ventless Equipment             |             |
| (Text)                         |             |

---

**PLUMBING**

|                                            |                                               |
|--------------------------------------------|-----------------------------------------------|
| Size and installation of the water heater? | Is there a grease interceptor or grease trap? |
| (Text)                                     | --Select--                                    |

---

**REFUSE AND RECYCLABLES**

|                                            |                                    |
|--------------------------------------------|------------------------------------|
| Dumpsters Located on a impervious surface? | Will there be a grease receptacle? |
| --Select--                                 | --Select--                         |

---

**WAREWASHING DISHWASHING**

|                    |   |
|--------------------|---|
| Dishwashing Method |   |
| --Select--         | ▼ |

---

Menu Save Reset Cancel Help

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

## Case #

EH-PLANS-25-0

## Type

EnvHealth/Environmental Health/Plan Check/Application

## Status

In Review

## Opened Date

07/07/2025

Single Entry Edit-View Record Form

## Application Name

B25002266

## Description

SFD/ REMOVING WINDOW TO CONVERT TO DOOR TO LEAD OUT TO NEW 12' X 10' DECK WITH STEPS\*\*SUBJECT TO FIELD INSPECTION\*\*

## Total Invoiced

0.00

## Total Paid

0.00

## Balance

0.00

## Assigned to Department Current Department

Well and Septic Progre

## Assigned to Staff Current User

Dana Bernard

## Address \* (This section is required.)

New Search Delete Set Primary

| <input type="checkbox"/> Primary                          | <u>Street # (start)</u> | <u>Direction</u> | <u>Street Name</u> | <u>Street Type</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> | <u>Address Status</u> | <u>Street Suffix (Direction)</u> | <u>Unit Type</u> | <u>U</u> |
|-----------------------------------------------------------|-------------------------|------------------|--------------------|--------------------|-------------|--------------|-----------------|-----------------------|----------------------------------|------------------|----------|
| <input type="checkbox"/> <input checked="" type="radio"/> | 16419                   |                  | CAMALO             | DR                 | Moun...     |              | 21771           | Enabled               |                                  |                  |          |

## Parcel (This section is not required.)

Search Delete Get Address &amp; Owner Set Primary

| <input type="checkbox"/> Primary                          | <u>Parcel #</u> | <u>Book</u> | <u>Page</u> | <u>Parcel</u> | <u>Parcel Area</u> | <u>Land Value</u> | <u>Improved Value</u> | <u>Exemption Value</u> | <u>Legal Description</u> | <u>Tract</u> |
|-----------------------------------------------------------|-----------------|-------------|-------------|---------------|--------------------|-------------------|-----------------------|------------------------|--------------------------|--------------|
| <input type="checkbox"/> <input checked="" type="radio"/> | 1404318137      |             |             | 0029          |                    | 343100            | 336500                |                        |                          |              |

## Owner (This section is not required.)

Search Delete Set Primary

| <input type="checkbox"/> Primary                          | <u>Name</u>         | <u>Mail Address Line1</u> | <u>Mail Address Line2</u> | <u>Mail Address Line3</u> | <u>Mail City</u> | <u>Mail State</u> | <u>Mail Zip Code</u> | <u>Phone</u> | <u>Co</u> |
|-----------------------------------------------------------|---------------------|---------------------------|---------------------------|---------------------------|------------------|-------------------|----------------------|--------------|-----------|
| <input type="checkbox"/> <input checked="" type="radio"/> | CONLEY SHAWN ROBERT | 16415 CAMALO DRIVE        |                           |                           | MOUNT AIRY       | MD                | 21771                |              |           |

## Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

## Type \*

Applicant

## Primary

Yes

## First Name \*

ASHLEIGH

## Middle Name

## Last Name \*

KONCZAL

## Home Phone ((xxx)xxx-xxxx)

Approved Septic System Plan  
Howard County Health Department  
*D Bernard*  
Signature 7-16-25  
Date

Organization Name \*

MAST CONSTRUCTION LLC

Mobile Phone ((xxx)xxx-xxxx)

E-mail

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

| New                      | Look Up            | Deactivate   | Remove         |      |       |     |         |           |        |  |
|--------------------------|--------------------|--------------|----------------|------|-------|-----|---------|-----------|--------|--|
| <input type="checkbox"/> | Contact Address ID | Address Type | Address Line 1 | City | State | Zip | Primary | Recipient | Status |  |
| 0 record(s) found.       |                    |              |                |      |       |     |         |           |        |  |

Custom Fields

DATE TRACKING

Received Date

7/15/2025

Due Date

7/29/2025

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

07/07/2025

FACILITY INFORMATION

Name of Business (dba) \*

NA

(Text)

Associated Building Permit Number

(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

☐ Yes ☐ No

Does the project include Private Septic? If Yes, foward to WS Program.

☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.

☐ Yes ☐ No

Facility Fax

(Text)

Days of Operation

(Text)

Does this project have a Building Permit?

☐ Yes ☐ No

Building Permit Issued Date

☐ Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

☐ Yes ☐ No

Does the project include Food Services? If Yes, forward to FP Program.

☐ Yes ☐ No

Facility Phone

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Design Wastewater Flow

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

☐ Yes ☐ No

Number of paper copies

0

(Number)

Number of buildable lots created

Plan Version

Revision

Engineer

(Text)

Number of mylar copes

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

☐ Yes

☐ No

Coordinate State Review

☐ Yes

☐ No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

☐ Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

☐ Yes

☐ No

Full Bar?

☐ Yes

☐ No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Number)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

☐ Yes

☐ No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Description of Refrigeration Units

☐ Yes

☐ No

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Space Limitation

☐ Yes

☐ No

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and Installation of the water heater?

(Text)

Is there a grease Interceptor or grease trap?

--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

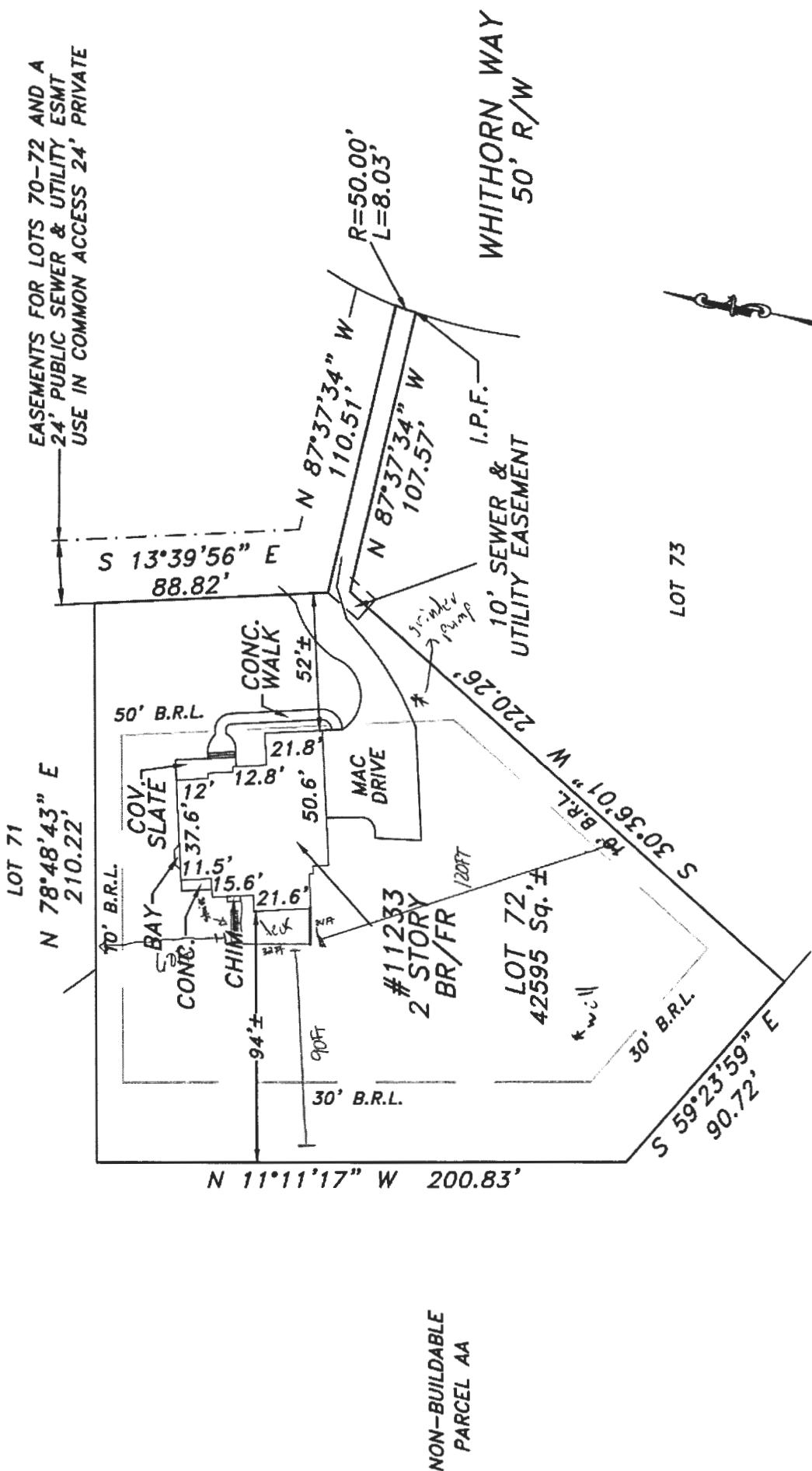
Date HACCP Approved by the State

☐ Yes

☐ No

Date HACCP Plan Submitted

HACCP Plan Approved

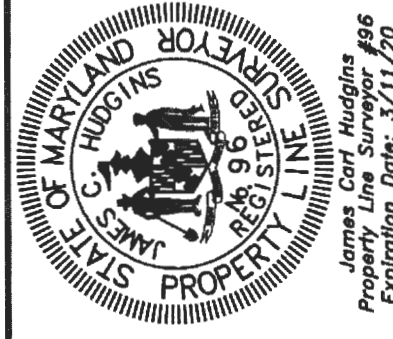


The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:

Lot 72, on a plat entitled, "Riverwood, Phase 2" recorded among the land records of Howard County, Maryland in at Number 19724

**PREPARED FOR:**

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



**LOCATION DRAWING**  
 11233 WHITHORN WAY  
 3rd ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**NTT Associates, Inc.**  
 16205 Old Frederick Rd.  
 Mt. Airy, Maryland 21771  
 Phone: (410) 442-2031  
 Fax: (410) 442-1315  
 www.nittsurveyors.com

Scale: 1"= 60'  
 Date: 5/1/2018  
 Field By: DRA  
 Drawn By: DRA  
 File No.: LMD38786  
 Page No.: 1 of 2