



# Building Permit Application

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

DILP 2016 NOV 29 PM 3:57

Date Received: \_\_\_\_\_

Permit No.: B16005094

Building Address: 8593 Reservoir Rd.  
 City: Fulton State: MD Zip Code: 20750  
 Suite/Apt. # N/A SDP/WP/BA #: N/A F-14-102  
 Census Tract: 605102 Subdivision: Manro  
 Section: N/A Area: 3.47 Ac. Lot: 3  
 Tax Map: 45 Parcel: 9 Grid: 12  
 Zoning: RR-DEO Map Coordinates: 18-D 7 Lot Size: 3.47 Ac.

Property Owner's Name: David & Irina Schuman  
 Address: 11 Ridge Rd. Unit Q  
 City: Greenbelt State: MD Zip Code: 20770  
 Phone: 301-513-9322 Fax: \_\_\_\_\_  
 Email: dschuman1@gmail.com

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

Existing Use: N/A  
 Proposed Use: Primary Residence  
 Estimated Construction Cost: \$ 550,000  
 Description of Work: Erect & finish new modular single-family dwelling & porch.

Contractor Company: Finish Werks Custom Builders  
 Contact Person: Ted Smith  
 Address: 8600 Foundry St. Box 2053  
 City: Savage State: MD Zip Code: 20763  
 License No.: MHBR 7815  
 Phone: 410-514-6222 Fax: 443-319-8700  
 Email: ted@finishwerks.com

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Ritz-Craft Custom Homes  
 Responsible Design Prof.: Finish Werks Custom Builders  
 Address: 8600 Foundry St. Box 2053  
 City: Savage State: MD Zip Code: 20763  
 Phone: 410-514-6222 Fax: 443-319-8700  
 Email: ted@finishwerks.com

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: 31' 4"	40'
	2 <sup>nd</sup> floor: 31' 4"	40'
Area of construction (sq. ft.):	Basement: 31' 4" 40'	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #:	<input checked="" type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>Geothermal</u>	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G16000314</u>	
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.

Ted Smith  
 Applicant's Signature  
ted@finishwerks.com  
 Email Address  
Operations/Finish Werks Custom Builders  
 Title/Company

Ted Smith  
 Print Name  
11/29/2016  
 Date  
**RECEIVED**  
NOV 29 2016  
 LICENSES & PERMITS  
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA ( Zoning )		
<input checked="" type="checkbox"/> PSZA ( Engineering )		
<input checked="" type="checkbox"/> Health	<u>12/30/16</u>	<u>[Signature]</u>

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

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

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>0134</u>

## Bricker, Robert

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**From:** Harris Woodward <[harris@finishwerks.com](mailto:harris@finishwerks.com)>  
**Sent:** Friday, December 09, 2016 11:32 AM  
**To:** Ted Smith; Bricker, Robert  
**Cc:** Irina Schuman; David Schuman  
**Subject:** RE: B16005094\_memo  
**Attachments:** 8593 Reservoir Road\_Basement bedroom memo.pdf

Thanks, Ted.

Mr. Bricker, I've attached your Memo with a comment on the bottom and my digital signature.

Essentially, as long as David & Irina Schuman (both CC'd here) reside in this dwelling, the basement will only ever be used for dancing (as well as storage/pantry). They understand that it may affect any future resale value knowing that adding a bedroom in the basement will be more onerous for a future owner.

Please let me know if you have questions, and thanks for your attention on this project.

Regards,



W. Harris Woodward, Master CGP

Finish Werks Custom Builders | 8600 Foundry St #2053 | Savage, MD 20763 | 410-514-6222 ofc | 443-319-8700 fax



**From:** Ted Smith [<mailto:ted@finishwerks.com>]  
**Sent:** Friday, December 09, 2016 11:08 AM  
**To:** Harris Woodward <[harris@finishwerks.com](mailto:harris@finishwerks.com)>  
**Subject:** FW: B16005094\_memo

Ted Smith  
Operations  
Finish Werks Custom Builders  
410-514-6222  
[FinishWerks.com](http://FinishWerks.com)

**From:** Bricker, Robert [<mailto:RBricker@howardcountymd.gov>]  
**Sent:** Friday, December 9, 2016 11:04 AM  
**To:** Ted Smith ([ted@finishwerks.com](mailto:ted@finishwerks.com)) <[ted@finishwerks.com](mailto:ted@finishwerks.com)>  
**Subject:** B16005094\_memo

Mr. Smith,

See attached PDF regarding "Site Built Bath" in basement of proposed residence at 8593 Reservoir Road.

ROBERT BRICKER, REHS/R.S., L.E.H.S.  
ENVIRONMENTAL SANITARIAN II  
BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774  
Fax: 410-313-2648

E-mail: [rbricker@howardcountymd.gov](mailto:rbricker@howardcountymd.gov)

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

Date: 12/15/2016

To: ROBERT BRICKER, HEALTH DEPT.  
(Person's Name and Division)

From: MIKE O'BRIEN, SILL ENGINEERING GROUP (443) 325 5076  
(Your Name, Company Name and Telephone Number)

Subject: Project name MUNRO LOT 3  
Project site address 8593 RESERVOIR ROAD  
Permit # B16005094 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 \_\_\_\_\_ (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)**

MIKE O'BRIEN  
Please Print Name

Telephone No: 443 325 5076 EXT 103

E-Mail Address: MIKE@SILLENGINEERING.COM

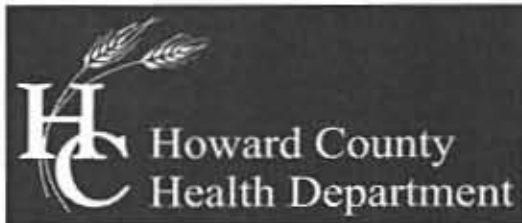
***PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 LAm

**RECEIVED**

DEC 15 2016

LICENSES & PERMITS  
DIVISION



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

Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: *Ted Smith, Finish Werks Custom Builders*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*  
Well & Septic Program

RE: *8593 Reservoir Road, Potential Basement Bedroom*

DATE: December 9, 2016

I have reviewed the floor plans in support of Building Permit **B16005094** for a new home at **8593 Reservoir Road** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

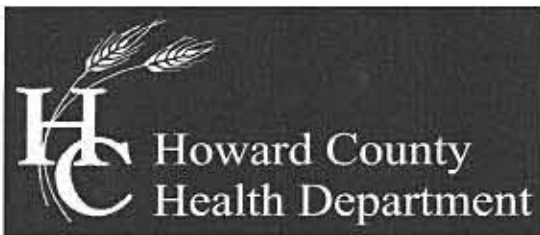
- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
  - (i) Is 90 square feet or greater in size;
  - (ii) May be used as a private sleeping area; and
  - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
  - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
  - (ii) A minimum 4 foot-wide opening, without doors, into another room;
  - (iii) A half wall (4 foot maximum height) between the room and another room; or
  - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **three**-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

NOTE: the Schumans (property owners) were very specific about using the basement for Ballroom Dancing only. This is evidenced by the design of 10'H basement walls, and large steel beam that spans the full 40' with no interior lally columns.  
- Harris Woodward, President, Finish Werks Custom Builders



Digitally signed by W. Harris Woodward  
DN: CN = W. Harris Woodward, C = US, O = Finish Werks Corp  
Reason: I attest to the accuracy and integrity of this document  
Location: 8800 Foundry St #2053, Savage, MD 20763  
Date: 2016.12.09 11:21:51 -0500'



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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### MEMORANDUM

TO: *Ted Smith, Finish Werks Custom Builders*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*  
Well & Septic Program

RE: *8593 Reservoir Road*, Potential Basement Bedroom

DATE: December 9, 2016

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DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY          RESIDENTIAL          HEATING-VENTILATION-AIR          CONDITIONING AND          REFRIGERATION PERMIT          APPLICATION</b>	HVACR PERMIT # <u>M18000422</u> BUILDING PERMIT # <u>B16005094</u>
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BUILDING ADDRESS: <u>8593 Reservoir Rd.</u> <u>Fulton MD 20759</u> SUBDIVISION: CENSUS TRACT:      SECTION: LOT:                      TAX MAP: BLOCK:                  ZONE: PROPERTY ID:              MAP COORDINATES: TYPE OF IMPROVEMENTS:      USE:	OWNERS NAME: <u>David and Irina Schuman</u> ADDRESS: <u>11 Ridge Rd. Unit Q</u> CITY: <u>Greenbelt</u> STATE: <u>MD</u> ZIP CODE: <u>20710</u> HOME PHONE: <u>3015139322</u> WORK PHONE:
--	--

<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>2</u> ZONES	COMPANY NAME: <u>MDJ Heating and Air</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	LICENSEE NAME: <u>Matt Higgins</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	ADDRESS: <u>299 Ridge Rd.</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	CITY: <u>Westminster</u> STATE: <u>MD</u> ZIP CODE: <u>21157</u> PHONE:                              HVACR LICENSE NO: <u>8679</u>

**New**

Heating and Air Conditioning       Heating System Only       Other Work (Describe):  
 Geo Thermal System                       Ductless Mini Splits                       Thru The Wall Systems

**Replacement**

Heating                                      *for final Insp. only*  
 Air Conditioning  
 Heating and Air Conditioning

**Additions and Alterations**

Heating  
 Air Conditioning  
 Heating and Air Conditioning

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

<b>Zones</b> Permit Fee = # of Zones x \$40 = <u>80</u> Technology Fee (10% of Permit Fee) = <u>8</u> Plus Application Fee <u>50.00</u> Total Fees Due = <u>138</u>	<b>Rooms</b> Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>50.00</u> Total Fees Due = _____
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I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE John Higgins      DATE \_\_\_\_\_

PRINT NAME OF LICENSEE John Higgins

Email Address matthiggins34@gmail.com

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application  
 Rev:10.2009

<b>Validation</b>
Check Number: <u>M/0</u>
Cash: _____
Receipt Number: <u>533905</u>

RECEIVED

Signature: \_\_\_\_\_  
 Date: 5/22/18  
 18 2018  
 HVACR PERMITS DIVISION  
 Approved System Plan  
 Howard County Health Department