



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: _____

Permit No.: B14004338

Building Address: _____
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 4055

Description of Work: _____
Adding a Pump to an Existing
Assessing Pump to be 1:12
12/1001 Landing at Top
of Hill - 35' x 100'

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

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: _____
	2 nd floor: _____
Area of construction (sq. ft.):	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
 Email Address: _____ Date: _____
 Title/Company: _____

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	1/6/20	[Signature]
PSZA (Zoning)		
PSZA (Engineering)		
Health	1/3/20	H. Oswald

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	\$ 50
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ 55
Balance Due	\$
Check MO #	777649



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](https://twitter.com/HowardCoHealthDep)

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

MEMORANDUM

TO: Ms. Mizan
3404 Sharp Rd.
Glenwood, MD 21738

FROM: Robert Freemon *RIF*
Well & Septic Program

RE: 3404 Sharp Rd.
Glenwood, MD 21738
"Before BP Approval"

DATE: 8/23/2018

After review of 3404 Sharp Rd. in conjunction with building permit B18002463 here are my comments. Due to the change in conditional use of this property you are required to have a Percolation Certification Plan (Perc Cert Plan) approved by the Health Dept. designating a sewage disposal area and a septic system adequate enough to handle the proposed Assisted Living Facility. Based on our records this property does not have a Perc Cert Plan nor data from previous perc tests. Without this data we cannot confirm the existing septic system is adequate for the proposed use. Although you are not adding additional living space and/or bedrooms you are changing the use of the property from a residential single family dwelling to an Assisted Living Facility. With this an approved percolation certification plan and a septic system adequate for the proposed use are required prior to building permit approval.

Before a Perc Cert Plan can be approved perc testing will need to occur. Prior to perc testing the Health Dept. must have a filled out perc application, the fee of \$506 (payable to Director of Finance) and a test plan. The Health Dept. recommends hiring a civil engineer to create the test/perc plan due to the type of information required on them. A septic contractor or a friend with a back hoe will need to be hired to dig test holes 14-16ft deep. Once the Health Dept. receives all three (application, fee & test plan) and the test plan meets our requirements we will schedule a date for testing. Based on the test results and proposed building permit the engineer will finalize the Perc Cert by showing a passing sewage disposal area able to fit three systems (existing or initial and two replacements). This Perc Cert Plan will then be submitted to the Health Dept. for signature.

During perc testing we will evaluate the existing system to confirm a 4ft buffer and its condition. Under current regulation a 4ft buffer is required between the bottom of the system and any ground water or bedrock. The Health Dept. currently does not have any records indicating a 4ft buffer exists. After confirming a 4ft buffer we will use the perc data collected along with our records and its condition determine if the existing septic system is adequate to handle the proposed Assisted Living Facility.



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: 7/10/10

Permit No.: B18002463

Building Address: 3404 SHANK ROAD
 City: GLENMILK State: MD Zip Code: 21738
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: RESIDENCE
 Proposed Use: ASSISTED LIVING HOME
 Estimated Construction Cost: \$ 2,750,000
 Description of Work: CHANGE OF USE TO ASSISTED LIVING 6 BEDROOMS 3 SUITES

Occupant/Tenant Name: MIZAN GEBREMICHAEL
 Was tenant space previously occupied? Yes No
 Contact Name: MIZAN GEBREMICHAEL
 Address: 34
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

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

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1st floor: _____ 2nd floor: _____
Area of construction (sq. ft.): _____	Basement: _____ <input checked="" type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>6</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input checked="" type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: MIZAN GEBREMICHAEL
 Email Address: _____ Date: 7/10/10
 Title/Company: _____

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front: _____	Permit Fee \$ <u>55</u>
Building Officials			Rear: _____	Tech Fee \$ <u>5</u>
PSZA (Zoning)			Side: _____	Excise Tax \$
PSZA (Engineering)			Side St: _____	PSFS \$
Health	<u>4/8/19</u>	<u>Robert [Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund \$
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee \$
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees \$ <u>55.00</u>
			Lot Coverage for New Town Zone: _____	Sub- Total Paid \$
			SDP/Red-line approval date: _____	Balance Due \$
				Check # <u>411</u> # <u>041532174</u>

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



Howard County
Health Department

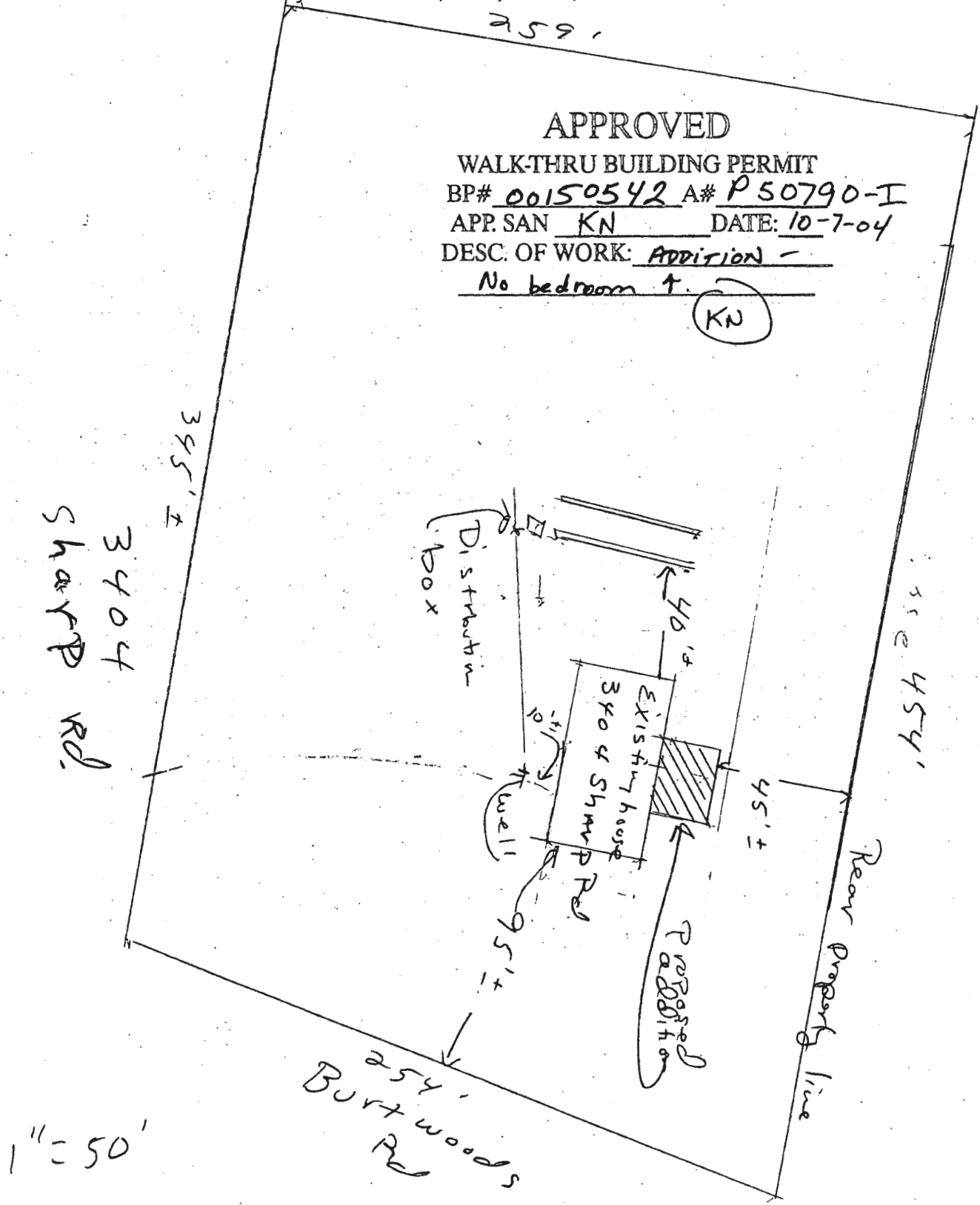
3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer



APPROVED

WALK-THRU BUILDING PERMIT

BP# 00150542 A# P50790-I

APP. SAN KN DATE: 10-7-04

DESC. OF WORK: ADDITION

No bedroom ↑

KN



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: 7/6/18
 Permit No.: B18002463

Building Address: 3404 SHARP ROAD
 City: GLENWOOD State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: RESIDENCE
 Proposed Use: ASSISTED LIVING HOME
 Estimated Construction Cost: \$ 2,750.-
 Description of Work: INSTALL A FIRE ALARM SYSTEM. CHANGE OF USE TO CONVERT SFD TO ASSISTED LIVING. 6 BEDROOMS 3 CLIENTS.

Occupant/Tenant Name: MIZAN GEBREMICHAEL
 Was tenant space previously occupied? Yes No
 Contact Name: MIZAN GEBREMICHAEL
 Address: 3404 Sharp RD
 City: Glenwood State: MD Zip Code: 21738
 Phone: 410-707-5260 Fax: _____
 Email: mizan-g@gmail.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 st floor: <u>980 SF</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>N/A</u>
Use group: _____	Basement: <u>850 SF</u>
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>6</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: MIZAN Gebremichael
 Address: 3404 Sharp Rd
 City: Glenwood State: MD Zip Code: 21738
 Phone: 410-707-5260 Fax: _____
 Email: Mizan.g@gmail.com

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

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

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

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	JUL 06 2018
<input checked="" type="checkbox"/> Private	LICENSES & PERMITS DIVISION
Heating System	
<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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: Mizan Gebremichael
 Print Name: Mizan Gebremichael
 Email Address: mizan.g@gmail.com
 Date: 7/6/18
 Title/Company: _____

PLANS TOO LARGE TO SCAN

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	<u>4/8/18</u>	<u>[Signature]</u>

Is Sediment Control approval required for insurance? 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>55.00</u>
Permit Fee	\$ <u>55</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>4704153347</u>

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

Ramp to be
 1:12 w/level
 Landings at
 Turn total
 Height = 35
 inches

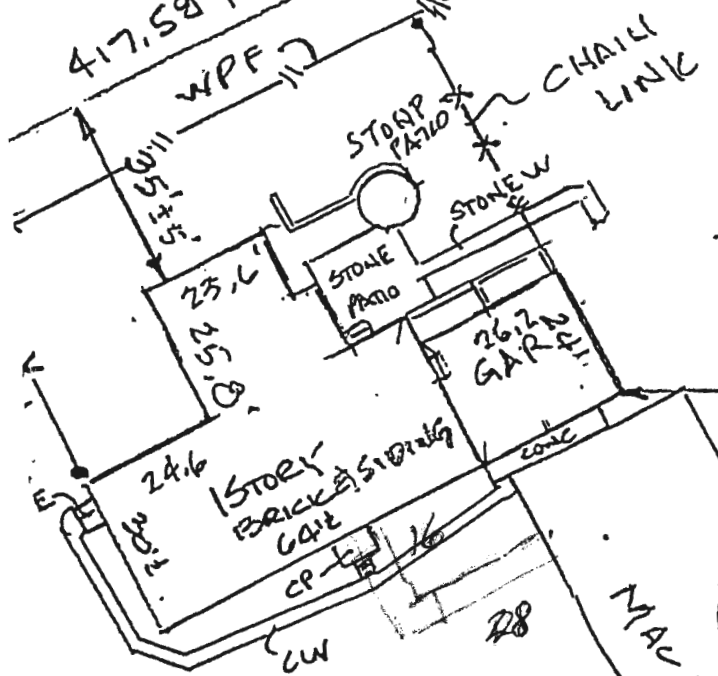
$N46^{\circ}51'20''E$
 5.74'

$R=416.58$
 $L=38.98$

P.O.B PART 1
 FEE SAMPLE ACQUIS
 8274-130

$S16^{\circ}52'45''E$
 41.15'

417.58 TO Φ RD
 WPF

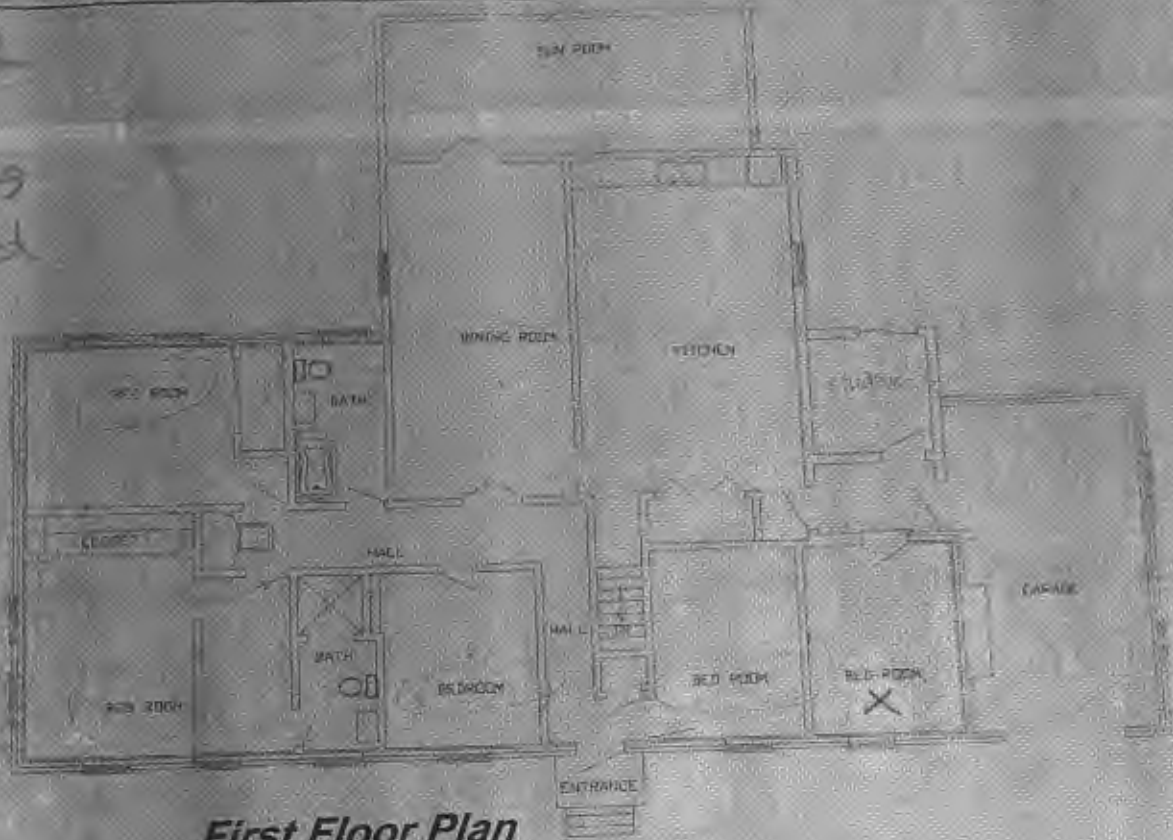


894.5'

57'03"E 254.1'
 - PRESCRIPTIVE R/W PLAT 8274-135
 BURNT WOODS ROAD

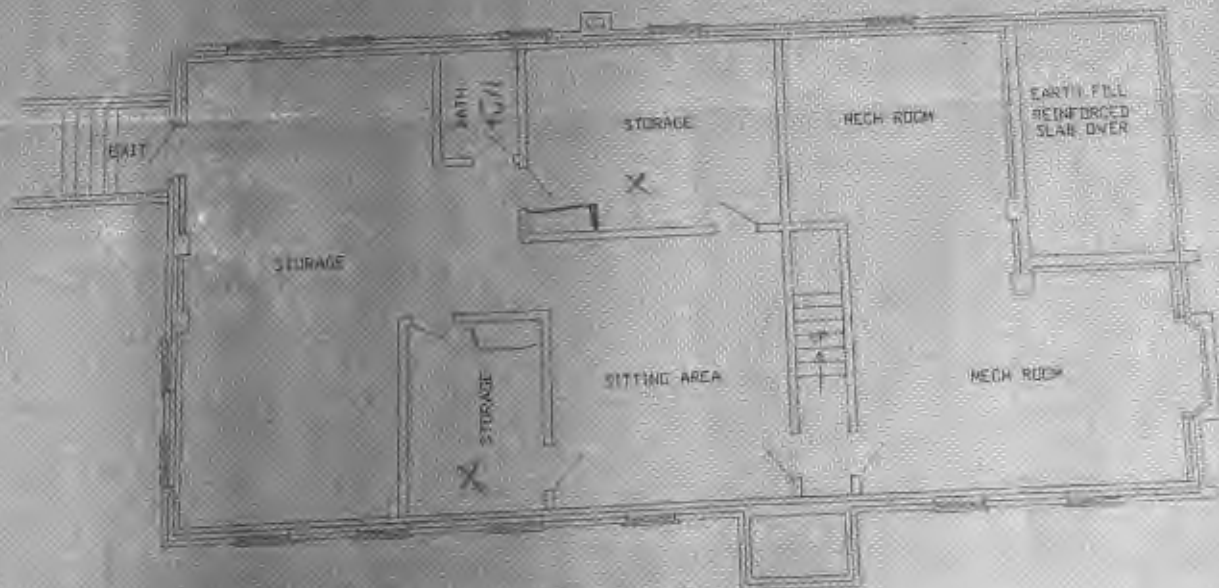
24.08'
 $S23^{\circ}52'17''W$
 29.01'

*Existing
Proposed*



First Floor Plan

Scale: 3/16" = 1'-0"



*Residential - Beds in Basement
with Bath with Assisted Living Facility*
Basement Plan

Scale: 3/16" = 1'-0"

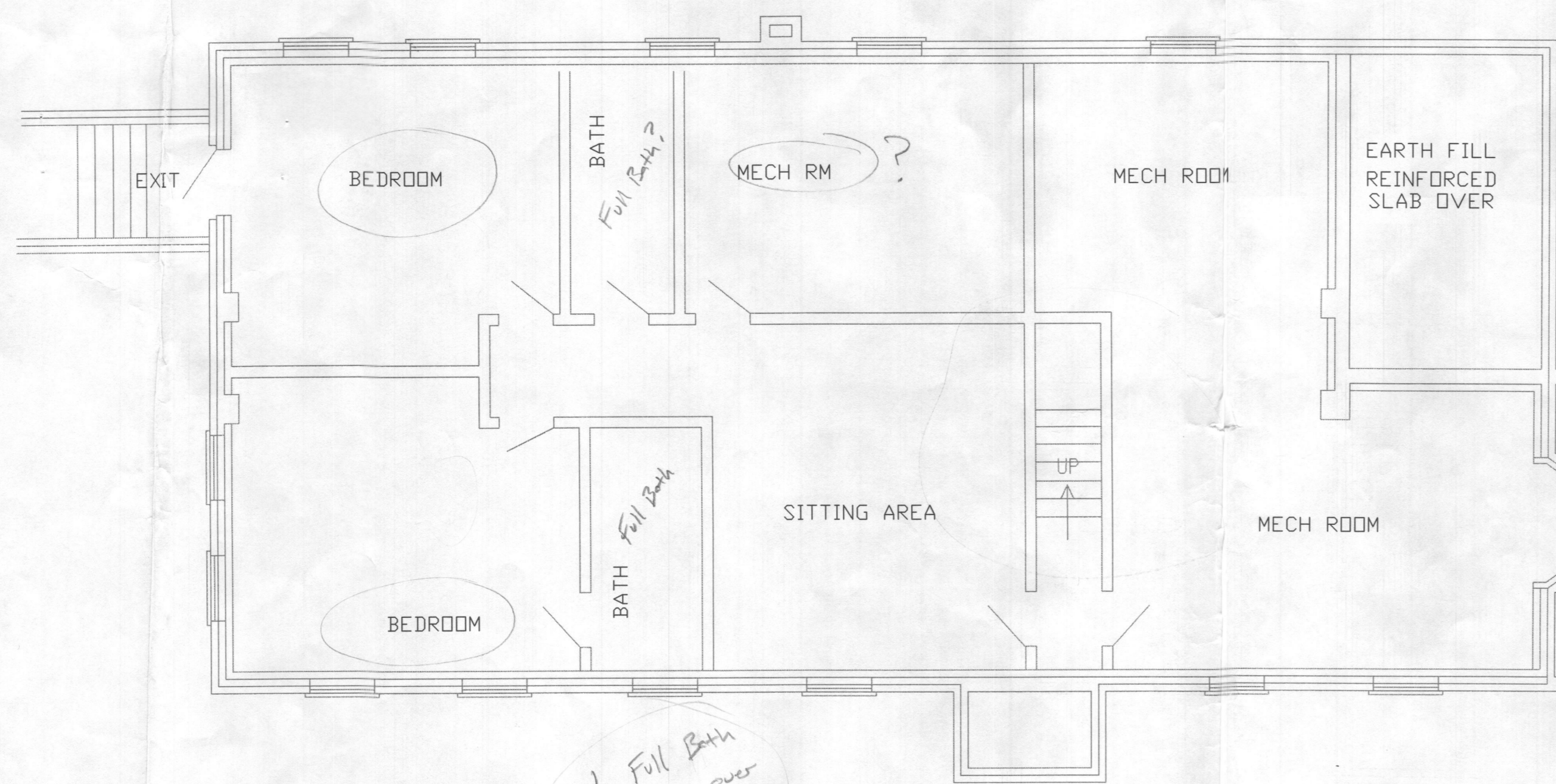
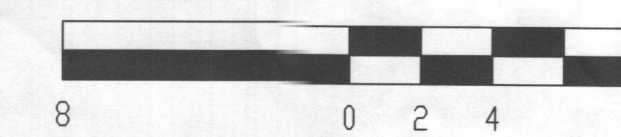




Proposed

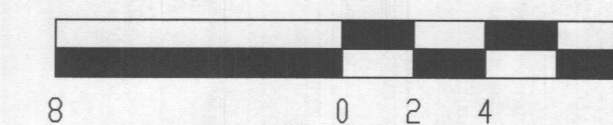
First Floor Plan

Scale: 3/16" = 1'-0"



Basement Plan

Scale: 3/16" = 1'-0"



*1 Full Bath
Mention over
plan*

B18002463

ASSISTED LIVING HOUSE
3404 SHARP RD
GLENWOOD, MD 21738

ARCHITECTURAL PLAN	
PERMIT NO.	
CONTRACT NO.	
APPROVAL	HOWARD COUNTY
DRAWN BY	
SCALE	
DATE	7/0 /2018
REVISED	
PLOTTED	