

PERMIT NUMBER: B

21003508

DATE ACCEPTED:

SEP 16 2021



RESIDENTIAL BUILDING PERMIT APPLICATION LICENSES & PERMITS DIVISION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: **4709 Ashby Ct** Unit: _____
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Subdivision/Village/Complex Name: **3105** SDP/WP/BA #: **443415**
 Lot: **76** Tax Map: **0028** Parcel: **0028** Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **unfinished** Proposed Use: **adding living space** Estimated Cost: **\$ 34000**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Finish 2700 sq ft of unfinished basement to include a bedroom (existing egress window), home gym with sauna, home theater, two utility rooms (unfinished), closet, rec room with wet bar, full bathroom.

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Anshu and Sunil Sinha** Primary Residence: Yes No
 Owner's Street Address: **4709 Ashby Ct**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **443-878-4310** Email: **dranshupsinha@yahoo.com**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **GLOREM, LLC** Contact Name: **Evgeny Chernousov**
 Street Address: **9244 Harvest Rush Rd**
 City: **Owings Mills** State: **MD** Zip Code: **21117**
 Phone: **443-224-3124** Email: **contact_us@gloremllc.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: **GLOREM, LLC**
 Licensee's Name: **Evgeny Chernousov** License #: **103610**
 Street Address: **9244 Harvest Rush Rd**
 City: **Owings Mills** State: **MD** Zip Code: **21117**
 Phone: **443-224-3124** Email: **contact_us@gloremllc.com**

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

Business Name: _____ Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BUILDING CHARACTERISTICS *REQUIRED*

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

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

Model Name & Options:
 # of Bedrooms (SF): **5** # of efficiency units (MF*): **1** # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: **9** # Full Baths: **4** # Half Baths: **1** # Fireplaces: **1**
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: **80' 9"** Bsmt Depth: **55'**
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupiable Area: _____ sq ft

AGREEMENT/DISCLAIMER *REQUIRED*

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

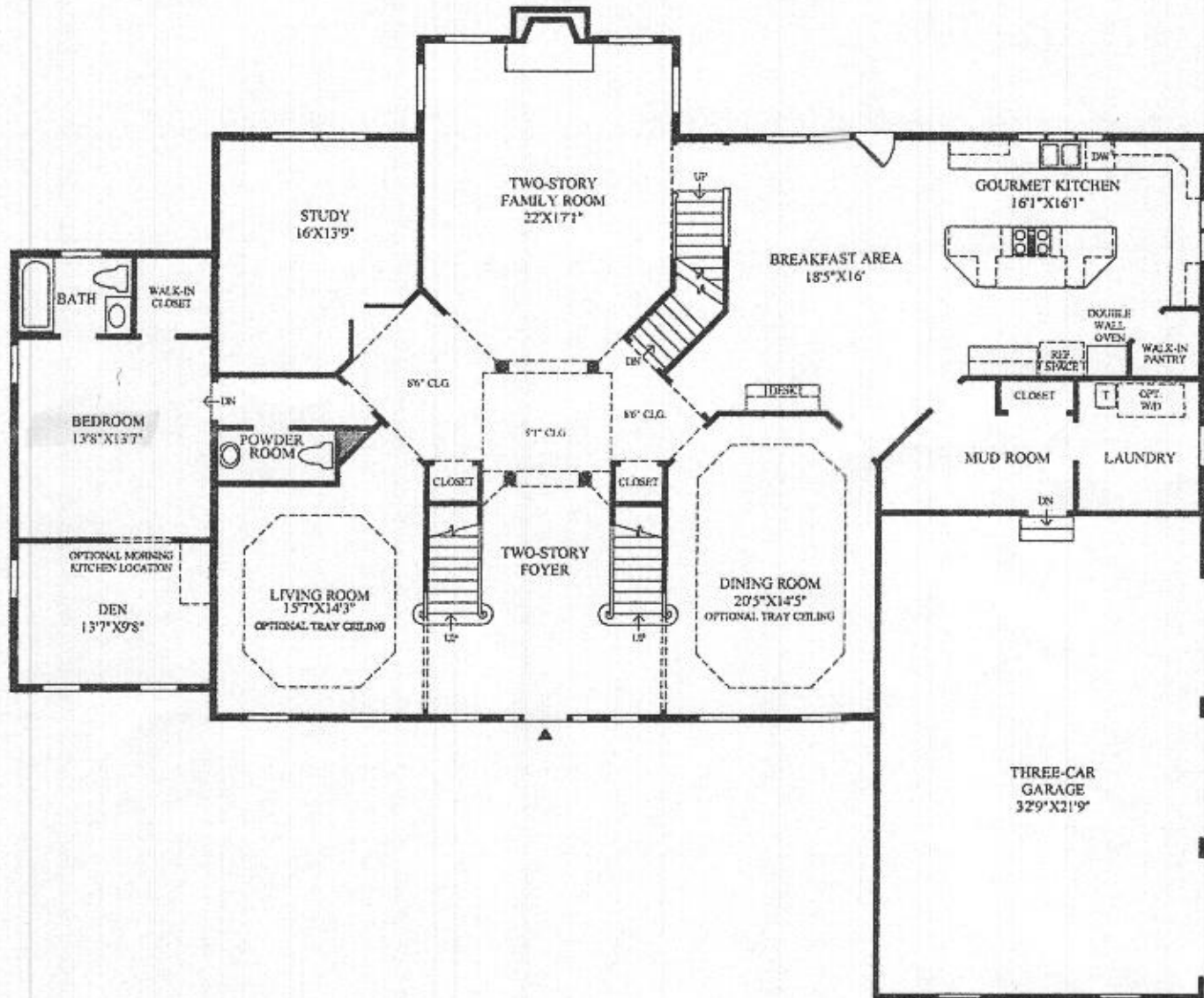
APPLICANT'S ORIGINAL SIGNATURE: *Chal* DATE SIGNED: **9-16-21**

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health **10/10/21** SHA CID

SUBMITTAL FEES: **135** PAYMENT: **3326** ACCEPTED BY: *UA*

FIRST FLOOR



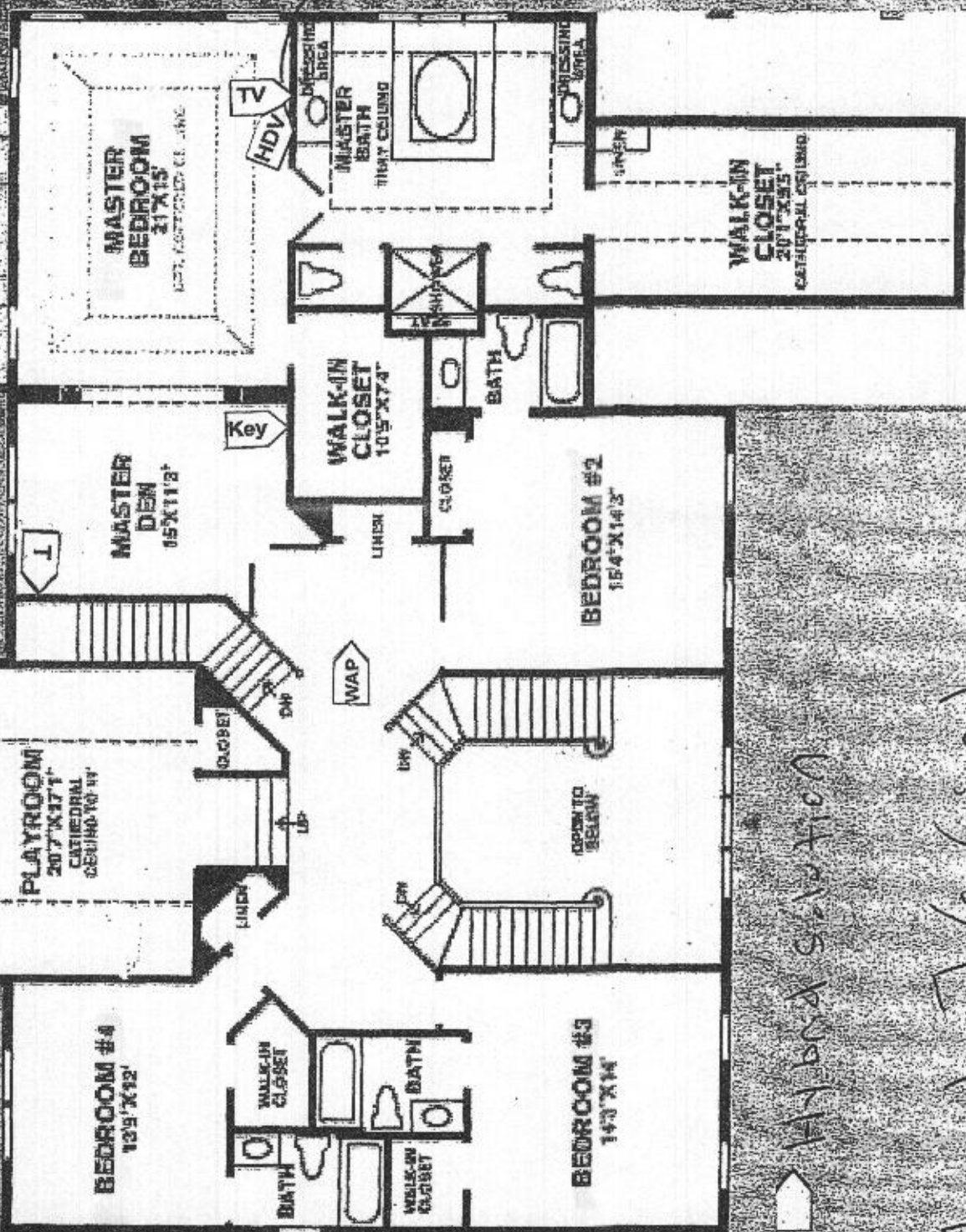
The rendering/floor plan may not reflect the exact features or dimensions of your home. All dimensions are subject to field variations. Certain exterior design features may vary from community to community. All options to be included in your home must be specified in an Exhibit B to the Agreement of Sale. Please consult our sales representative for details.

HAMPTON



DATE	OPTION DESCRIPTION	OPT. #
REV 6/7/11	ALTERNATE ELITE ENTRY WITH GUEST ELITE SUITE	263020 W/ 035

2nd Floor



9/18

old floor

Hybrid solution

Lot 76 S. 10th

AT&T
977
551-4060

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

Date: 10/12/21
To: Health Dept - Oswald
(Person's Name and Division)
From: _____
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 4709 Ashby Ct, Ellicott City, MD 21042
Permit # B21003508 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 plans (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)

Eugene Chernousov Telephone No: 443-224-3124
Please Print Name
E-Mail Address: contact.us@glowemllc.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 [Signature]
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 01/2014

DILP 2021 OCT 12 PM 3:05

Existing Window Schedule (Unit in Inches)

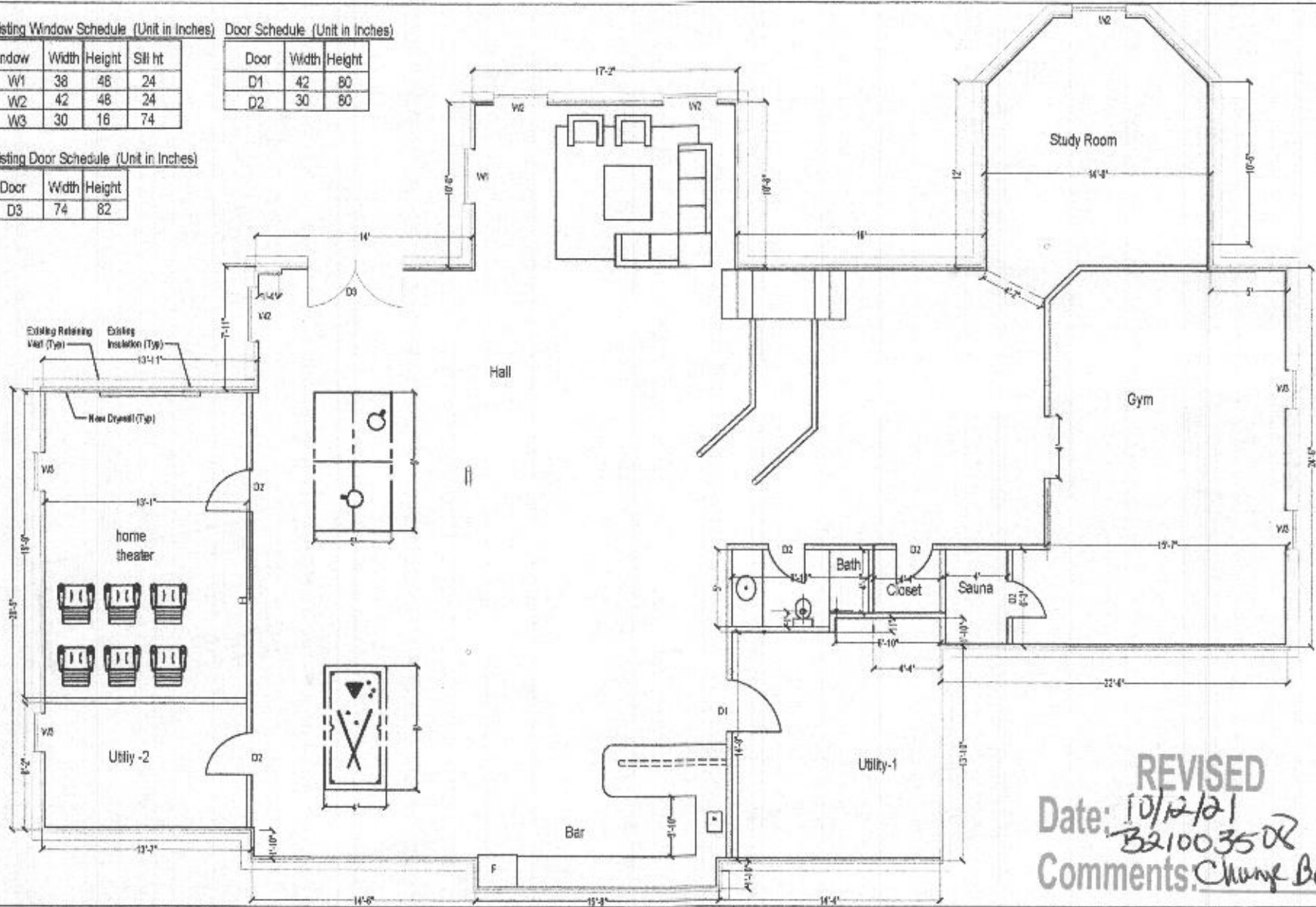
Window	Width	Height	Sill ht
W1	38	48	24
W2	42	48	24
W3	30	16	74

Door Schedule (Unit in Inches)

Door	Width	Height
D1	42	80
D2	30	80

Existing Door Schedule (Unit in Inches)

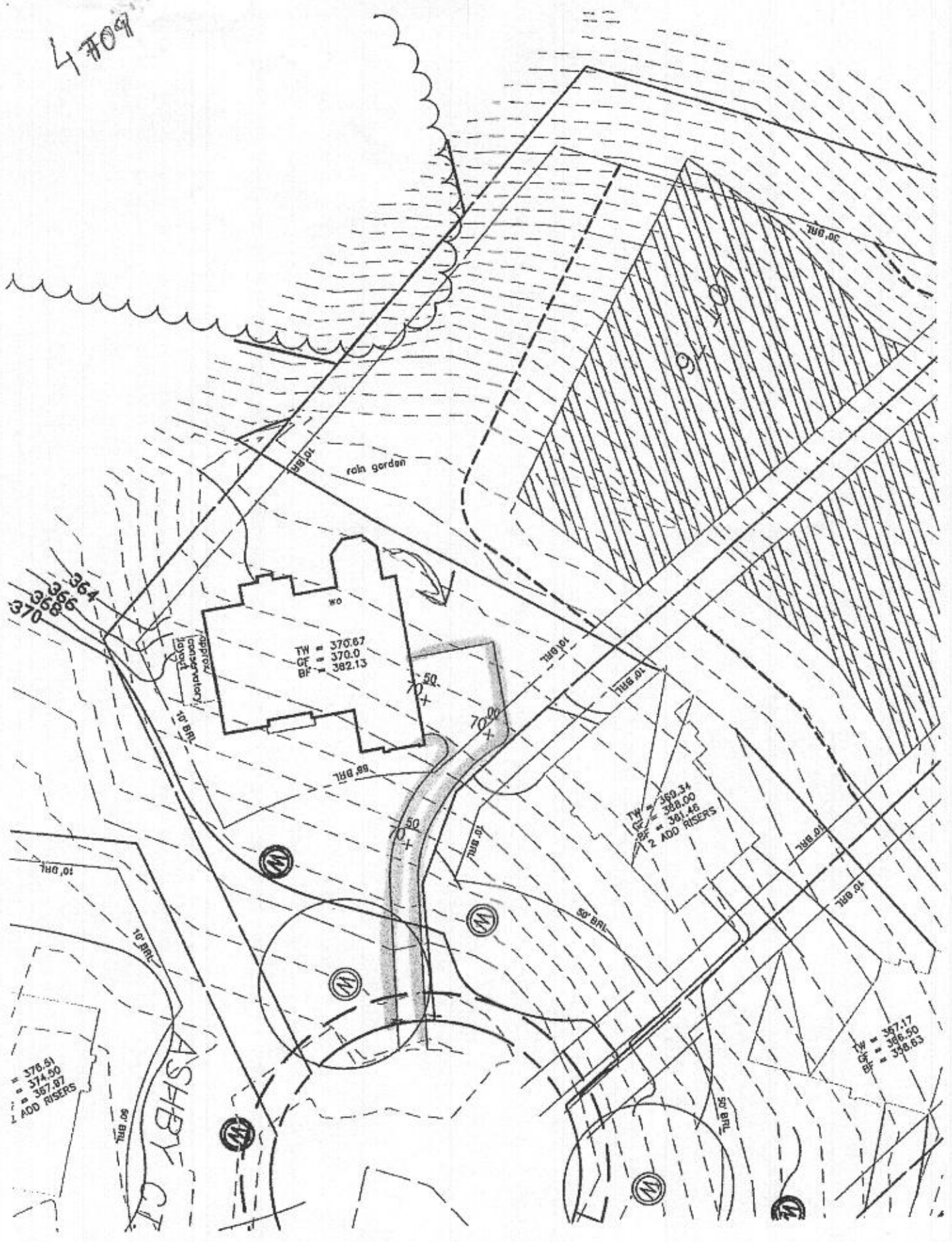
Door	Width	Height
D3	74	82



Address
4709 Ashby Court Ellicott City MD 21042

Dr. Anshu Sinha Basement Interior Fit out

4709



Plot Plan

Oswald, Hank

From: Oswald, Hank
Sent: Friday, September 24, 2021 9:42 AM
To: contact_us@gloremllc.com
Subject: B21003508_4709 Ashby Court
Attachments: Section 3.801 Bedroom Definition.pdf

Evgeny Chernousov:

The building permit (B21003508) for a finished basement located at 4709 Ashby Court has been reviewed with the following comments:

- 1.) The existing floor plan shows 5 bedrooms. The new floor plan in the basement adds 2 more bedrooms (one of which includes the gym). Please see definition of a bedroom attached.
- 2.) Existing system is sized for just 4 bedrooms. Please see calculation below.

Calculation for existing septic trench: Given a sidewall credit of 5.5 ft, 83 ft. x 2 ft. = $166/0.29 = 572.4 \times 1.2 = 686$ gallons per day/150 = 4.5

- 3.) To receive building permit approval from the Health Department, a septic system design plan from engineer showing an additional trench for the existing system plus two replacement systems is required. In addition, septic system upgrades will also be required prior to BP approval.

Alternatively, the floor plan can be changed to make some bedrooms into non-bedrooms to bring the bedroom count back down. One of the easiest ways to show a 4 foot wide cased opening without a door into a room.

I've attached a list of engineers to assist you with the septic plan. Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well and Septic Program
410.313.1786
hoswald@howardcountymd.gov