

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21004653	12/03/2021
Description of Work		
SFD/ INSTALL (1) 1000 GAL UNDERGROUND PROPANE TANK		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
5840	DOSA	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-78.95323	39.21979
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	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
11059759	0015	0	0	0	0	RURAL
Legal Description						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
23	6	505101	5				
Plan Area	State Tax Id	Subdivision Name					
		THE WOODLANDS					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-23	RC-DEO	4933-H5					
SDP No.	Final Plan No.	WP File No.					
	ECP-15-032						
Record Plat No.	WS Contract No.	FDP No.	Primary				
25051-2505			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name *		
MILAP NOWRANGI		
Address Line 1		
8513 BARRON ST		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
TAKOMA PARK	MD	20912
Phone	Primary	
800-768-6612	Yes	
E-mail		
Cell Number	Fax Number	

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# B21004653 A# \_\_\_\_\_  
 APP. SAN ADAM C. ... DATE: 12/03/2021  
 DESC. OF WORK: INSTALL  
1x 1000g UFT

GENERAL  
 WAIVER  
 100'-0' WELL  
 ON PROP  
 APPLIED

Professionals (This section is not required.)

Search    Reset    Clear

License # *	Business Name		
81215	THOMPSON GAS		
License Type *	First Name	Middle Name	Last Name
Propane Gs	DENNIS		FEAGA
Primary	Address Line 1		
Yes	5260 WESTVIEW DR #200		
	Address Line 2		
	City	State	ZIP Code
	FREDERICK	MD	21703
	Phone 1	Phone 2	Fax
	E-mail		

Applicant (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

Type *	First Name	MI	Last Name
Applicant	MICHELLE		CLANCY
Relationship	Full Name		
Applicant	MICHELLE CLANCY		
Primary	Organization Name		
Yes	APPLIED & APPROVED PERMITS LLC		
	Street Address		
	P.O. BOX 310		
	Address Line 2		
	City	State	Zip Code
	PERRY HALL	MD	21128
	Phone	Cell	Fax
	443-340-1229		
	E-mail *		
	MICHELLE@APPLIEDANDAPPROVED.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	0	0	No
Construction Type	--Select--		

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

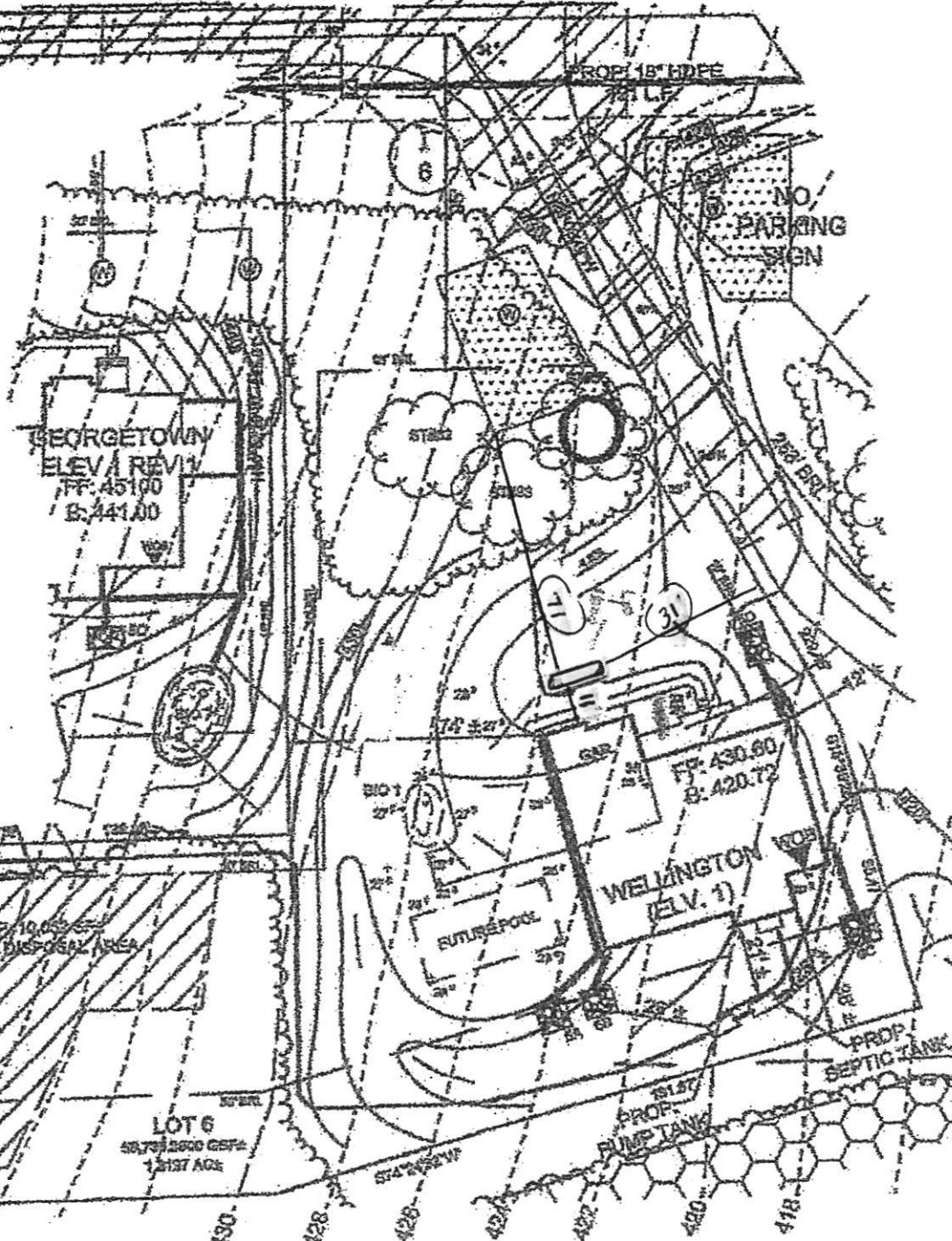
Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	6/1/2022	0	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit    Cancel

DOSA COURT  
PUBLIC ACCESS PLACE



16005 Frederick Rd, 2nd Floor  
Woodbine, Maryland 21797  
Phone: 443.325.5076  
Fax: 410.896.2622  
Email: info@sillengineering.com  
Civil Engineering for Land Development



**SILL  
ENGINEERING  
GROUP, LLC**

**HOUSE RESITE  
THE WOODLANDS  
LOT 6  
5640 DOSA CT**

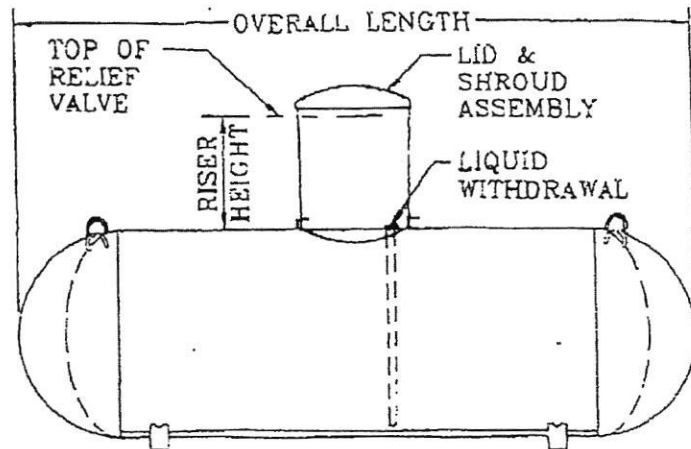
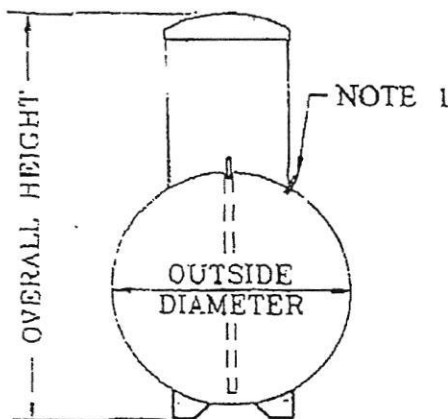
DESIGN BY: FS  
DRAWN BY: SZS  
CHECKED BY: FS  
SCALE: 1"=50'  
DATE: FEBRUARY 16, 2021  
PROJECT #: 20-003  
SHEET #: 1 OF 1

TAX MAP 28 GRID 23  
5TH ELECTION DISTRICT

PARCEL 15  
HOWARD COUNTY, MARYLAND

# TRINITY INDUSTRIES, INC.

## Underground Vessel



### General Specifications

Conforms to the latest edition and addenda of the ASME, Section VIII, div.1 code for Pressure Vessels. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				Riser Height 14"	Riser Height 28"		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.6 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
250 wg 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	472 lbs. 214.1 kg	42
320 wg 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	588 lbs. 266.7 kg	35
500 wg 1892.5 L	37.42" 950.5 mm	Hemi	9' - 10" 2997.2 mm	4' - 11 3/8" 1506.6 mm	5' - 9 7/8" 1773.2 mm	921 lbs. 417.8 kg	25
1000 wg 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4846.6 mm	5' - 2 7/8" 1597.0 mm	6' - 1 3/8" 1863.7 mm	1731 lbs. 785.2 kg	15
2000 wg 3785.6 L	46.614" 1183.9 mm	Ellip	23' - 9 3/8" 7248.5 mm	5' - 8 13/16" 1747.8 mm	6' - 7 5/16" 2014.5 mm	3685 lbs. 1671.4 kg	8

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Porch	B22001655	04/29/2022
Description of Work		
SFD/ CONSTRUCT 16' X 20' SCREENED PORCH NO STEPS		

Approved RMC  
5/3/2022  
HV Av

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
5640	DOSA	CT
Unit Type	Unit #	X Coordinate
--Select--		-76.95323
		Y Coordinate
		39.21979
City	State	Zip Code
CLARKSVILLE	MD	21029
	Primary	
	Yes	

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Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
23	6	605101	5				
Plan Area		State Tax Id		Subdivision Name			
				THE WOODLANDS			
Section		Area		Tax Map			
				28			
Grid		Zoning District		ADC Map			
28-23		RC-DEO		4933-H5			
SDP No.		Final Plan No.		WP File No.			
		ECP-15-032					
Record Plat No.		WS Contract No.		FDP No.	Primary		
25051-2505					Yes		
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		5-02A		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

MILAP NOWRANGI

Address Line 1

5640 DOSA COURT

Address Line 2

Address Line 3

Mail City

CLARKSVILLE

Phone

312-351-5680

E-mail

Mail State

MD

Mail Zip Code

21029

Primary

Yes





PERMIT NUMBER: B 21002657

DATE ACCEPTED: 7/19/2021



### RESIDENTIAL BUILDING PERMIT APPLICATION

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: 5640 Dosa Court		Unit:	
City: Clarksville	State: MD		Zip Code: 21029
Subdivision/Village/Complex Name: The Woodlands		SDP/WP/BA #:	
Lot: 6	Tax Map: 28	Parcel: 15	Grading Permit #: 68-21-129

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant Lot	Proposed Use: SF Home	Estimated Cost: \$ 706,117
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Williamsburg Group LLC	Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 5485 Harpers Farm Ln, #206	
City: Columbia	State: MD
Phone: 410-997-8800	Email: marinamaris@williamsburcellc.com
	Zip Code: 21044

#### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: same as above	Contact Name:
Street Address:	
City:	State:
Phone:	Email:
	Zip Code:

#### CONTRACTOR INFORMATION REQUIRED

Business Name: same as above	
Licensee's Name:	License #: 155
Street Address:	
City:	State:
Phone:	Email:
	Zip Code:

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

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

#### BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options: Williamsburg					
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 12	# Full Baths: 5	# Half Baths: 1	# Fireplaces: 1		
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 68	1st Fl Depth: 63	2nd Fl Width: 63	2nd Fl Depth: 63	Bsmt Width: 68	Bsmt Depth: 63
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 9557	sq ft	Occupiable Area: 9485	

#### AGREEMENT/ DISCALIMER 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: *Marina Maris*      DATE SIGNED: 7/19/21

#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	8/23/21 <input checked="" type="checkbox"/> Health <i>Abil</i>	<input type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT: 111,001		ACCEPTED BY:	

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

**MEMORANDUM**

**TO:** *Marina Morris, Williamsburg Group LLC*

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

**RE:** *5640 Dosa Court*, Potential Basement Bedroom

**DATE:** August 4, 2021

I have reviewed the floor plans in support of Building Permit **B21002657** for a new home at **5640 Dosa Court** 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 entire 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 **five (5\*)** 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.

\*'Library' on First Floor fits Code description of bedroom. (See bedroom definition.)

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

Date: 8/4/21

To: Front Counter, George Martin, Robert Bricker - Incomplete  
(Person's Name and Division)

From: Marina Morris/Williamsburg Gray (410) 997-8800  
(Your Name, Company Name and Telephone Number)

Subject: Project name The Woodlands Lot 6

Project site address 5640 Dosa Court

Permit # B21002657 SDP # \_\_\_\_\_

Other information pertinent to this project \_\_\_\_\_

**RECEIVED**  
**AUG 05 2021**  
PLAN REVIEW DIVISION

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 Basement floor plan

**Contact Person Information: (Required)**

Marina Morris  
Please Print Name

Telephone No: 410-997-8800

E-Mail Address: marinamorris@williamsburgllc.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]