



Howard County
Health Department

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

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

RECEIPT DATE: 3/10/2022 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570991

APPROVAL DATE: 3/21/22 **PERMIT: UPGRADE** A Upgrade

PROPERTY ADDRESS: 14838 Michele Drive

SUBDIVISION: Warfields II LOT: 29 TAX ID: 05-451981

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: John@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Aaron and Martha Hicks EMAIL: _____

OWNER ADDRESS: Same as above PHONE: _____

SEPTIC TANK SIZE: Existing PUMP TANK CAPACITY: n/a PUMP SIZE: n/a

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 6 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>320 total</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8' ETE</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	To keep system equal length trenches, install 2x60' trenches running SW towards perc test holes 6006/6007. New 7 hole dist. Box may need to be installed.	

ISSUED BY: K. Wolf, LEHS for D. Bernard ISSUE DATE: 3/18/2022 EXPIRATION DATE: 3/18/2023

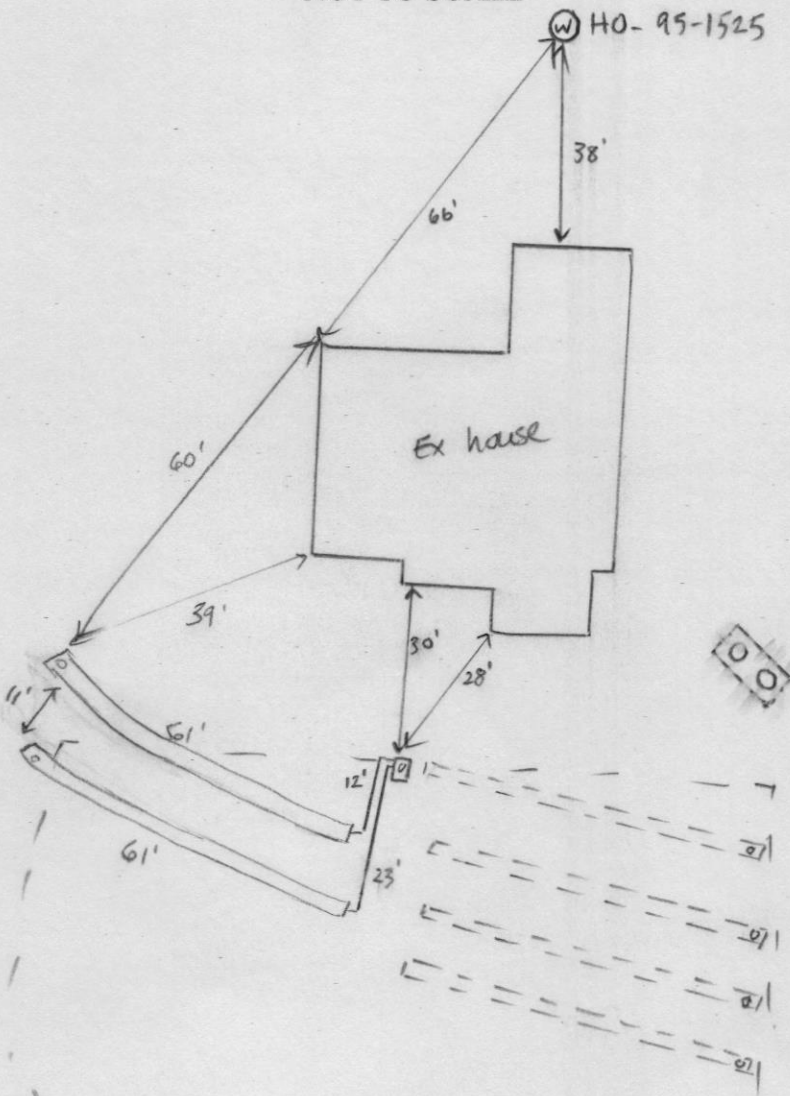
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E N/a
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.**

check # 75058

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES <u>6 total (2 new)</u>		
TOTAL LENGTH <u>366'</u>		
ABSORPTION AREA <u>732 sq ft + sidewalk</u>		
DISTRIBUTION BOX LEVEL <u>steady</u>		
DISTRIBUTION BOX BAFFLE <u>cement</u>		
DISTRIBUTION BOX PORT <u>PVC</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	<u>existing</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____
PUMP/SEPTIC TANK LEVEL	_____
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ROAD NAME

PRE-CONSTRUCTION:

3/18/22 Laid out 2x61' trenches on contour. End of upper trench extends slightly above original SDA for about 10', as recommended by Kevin Wolf. (S)

INSTALLATION:

3/21/22 2x61' trenches installed. New 7-hole d-box set, leveled & connected to trenches. (S)

FINAL INSPECTOR

Susan Thomas

DATE OF APPROVAL

3/21/22

_____ Dollars

\$ 310.00

Received By V. [unclear]



HOWARD COUNTY HEALTH DEPARTMENT

70990
PS

DATE 3/19/22

Received From [unclear] PHONE # 301-580-5911

CASH
 CHECK
NO. 1002

For Septic Permit / 17756
[unclear]
[unclear] Dollars

\$ 310.00

Received By [unclear]



HOWARD COUNTY HEALTH DEPARTMENT

70991
PS

DATE 3/11/22

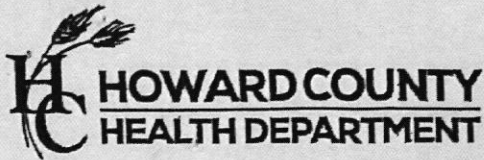
Received From Fyles Sepma Tail PHONE # 410-795-5070

CASH
 CHECK
NO. 1508

For [unclear] - 14838
Michelle Dr.
[unclear] Dollars

\$ 3510.00

Received By [unclear]



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Has the septic tank been pumped within the last month?

Yes Date pumped: _____
 No

Was a visual inspection of the septic tank and/or drain fields conducted?

Yes Explain observation: _____
 No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Fogle's Septic Clean
 Contractor's Address: 580 Obrecht Rd
 Property Address: 14838 Michele Dr
 Subdivision: The Warfields II
 Owner's Name: Aaron Hicks
 Name of previous owners: _____

Contractor's Phone: 410-795-5670
Sykesville 21784
 County File: _____
 Lot: 29 Year Built: 2013
 Existing bedrooms: 4
 Existing bedrooms: _____
 Proposed bedrooms: 6

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

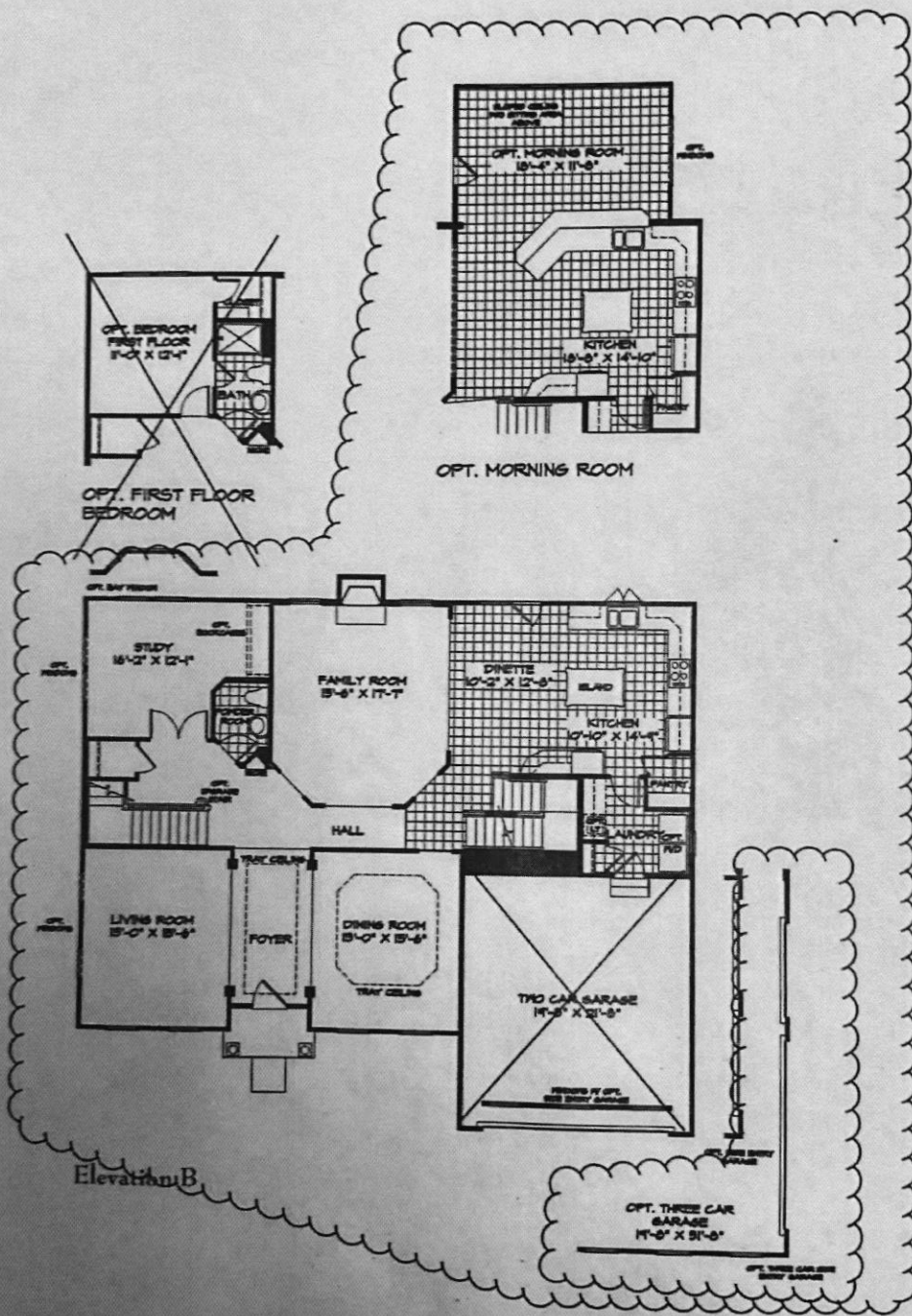
Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details. No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists. The contractor is to notify the office of the emergency as soon as possible.

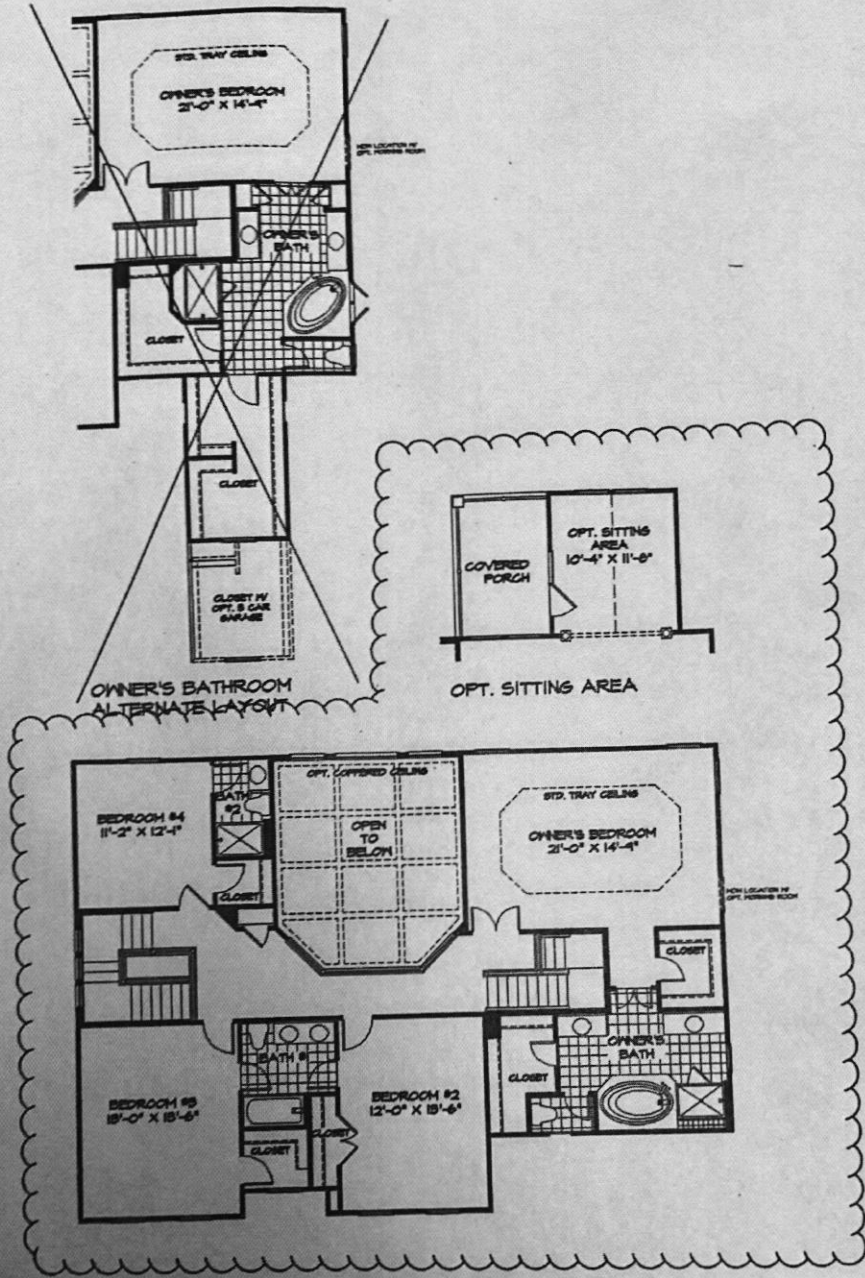
2/2020

Main Level Floor Plan



Due to the extensive features available for you to customize your home, please ask your Sales and Marketing Representative for complete information as not all features are shown. It is recommended that the architectural blueprints be reviewed for further clarification of features.

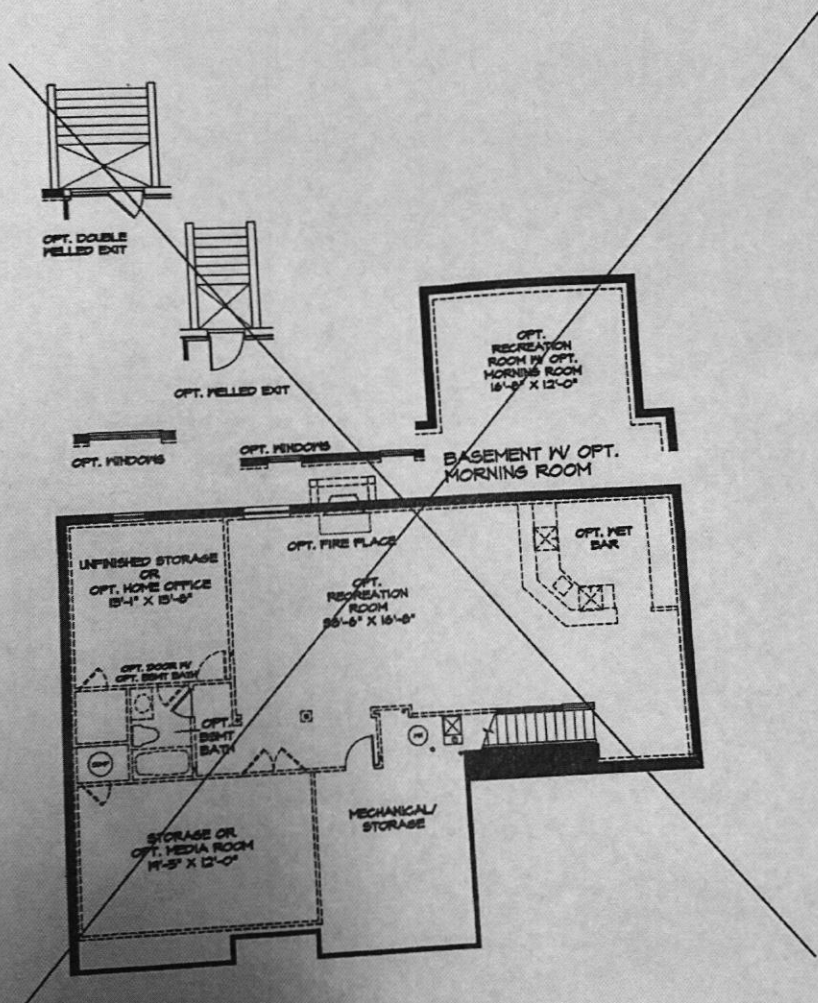
Upper Level Floor Plan



Elevation B

Lower Level Floor Plan

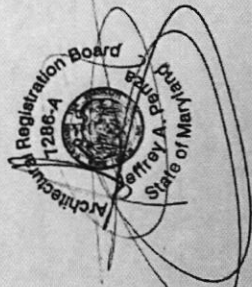
SEE DRAWINGS SUBMITTED
FOR MORE ACCURATE
PROPOSED
REPRESENTATION OF
LOWER LEVEL FLOOR PLAN



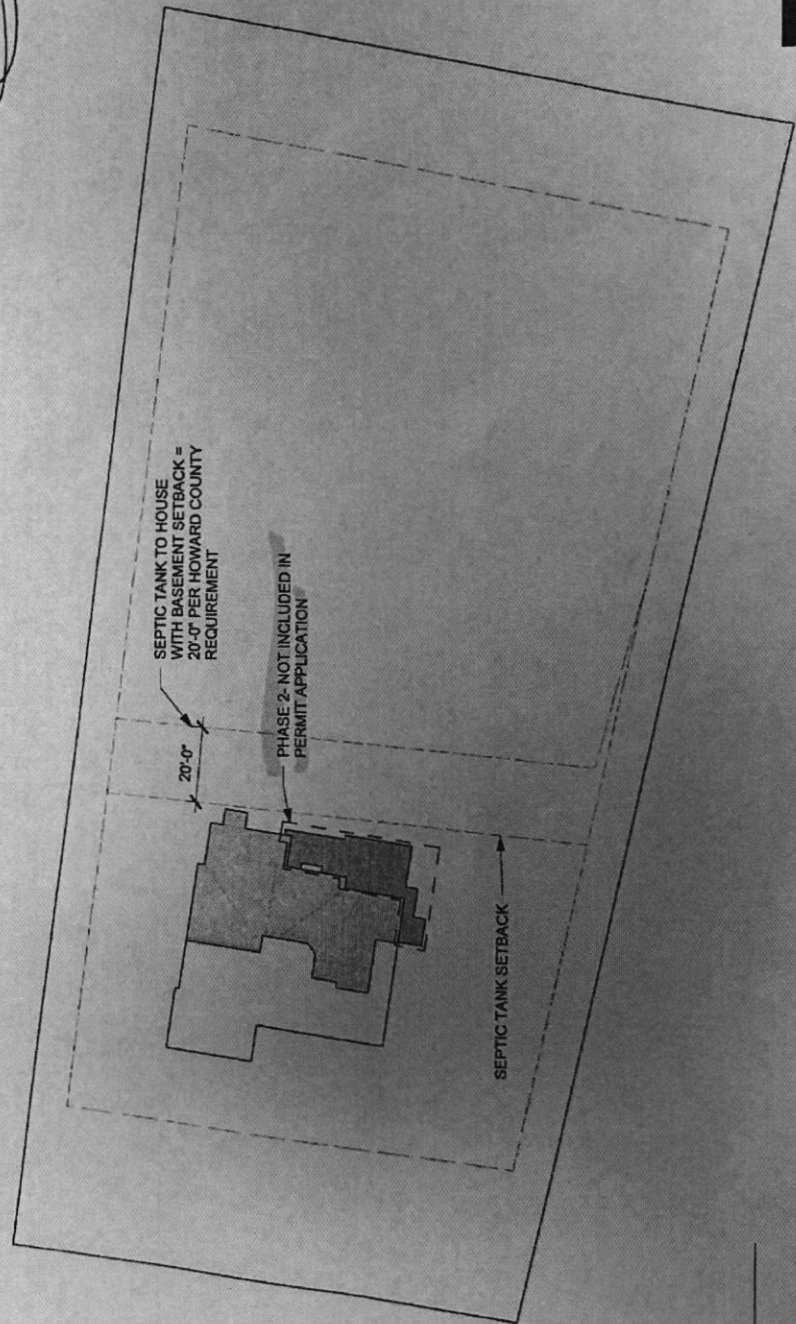
Elevation B

SITE PLAN PROVIDED BY FISHER, COLLINS, AND CARTER, INC.
FEBRUARY 2013

PENZA+BAILEY
ARCHITECTS
481 Woodburn Avenue
Beltsville, Maryland 21113
www.penzabailey.com



- AREA TO BE RENOVATED
- NEW DECK AND STAIR ADDITION



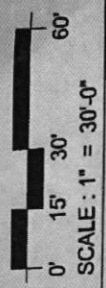
1 SITE PLAN
1" = 30'-0"

RENOVATION TO
HICKS RESIDENCE
14838 Michele Dr.
Gleneg, MD 21737

SITE PLAN

SCALE: 1" = 30'-0"
DATE: 05/06/2021

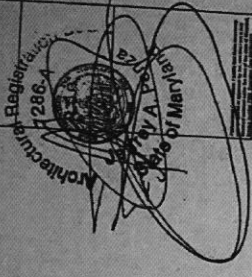
PROJECT #: 21003



SP1.1

BA1001808

PENZANCE ARCHITECTS
401 Westchester
Baltimore, Maryland 21212
www.penzancearchitects.com



ADDITION & RENOVATION

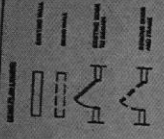
HICKS RESIDENCE

14888 Wickham Dr.
Crofton, MD 21114

REVISION NO.	
<input type="checkbox"/> REVIEW	<input type="checkbox"/> 1st SET
<input type="checkbox"/> EDP	<input type="checkbox"/> 2nd SET
<input type="checkbox"/> PERMIT	<input type="checkbox"/> 3rd SET
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> 4th SET
<input type="checkbox"/> AS-BUILT	<input type="checkbox"/> 5th SET

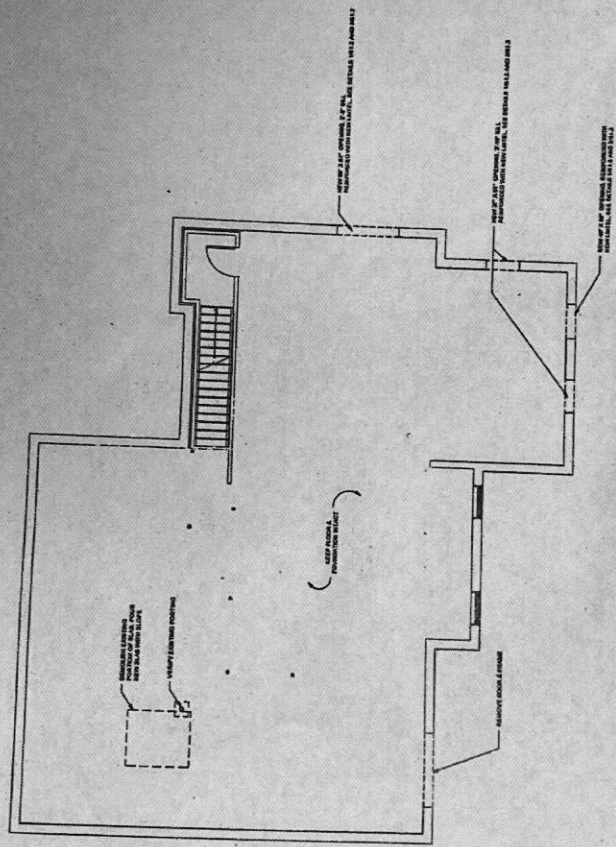
EXISTING FLOOR PLAN - BASEMENT

EX1.0



NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL BUILDING CODES AND ALL APPLICABLE REGULATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE AND ALL APPLICABLE REGULATIONS.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL MECHANICAL CODES AND ALL APPLICABLE REGULATIONS.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL PLUMBING CODES AND ALL APPLICABLE REGULATIONS.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES AND ALL APPLICABLE REGULATIONS.
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL SAFETY CODES AND ALL APPLICABLE REGULATIONS.
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL HEALTH CARE CODES AND ALL APPLICABLE REGULATIONS.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ENVIRONMENTAL CODES AND ALL APPLICABLE REGULATIONS.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL TRANSPORTATION CODES AND ALL APPLICABLE REGULATIONS.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL COMMUNICATIONS CODES AND ALL APPLICABLE REGULATIONS.



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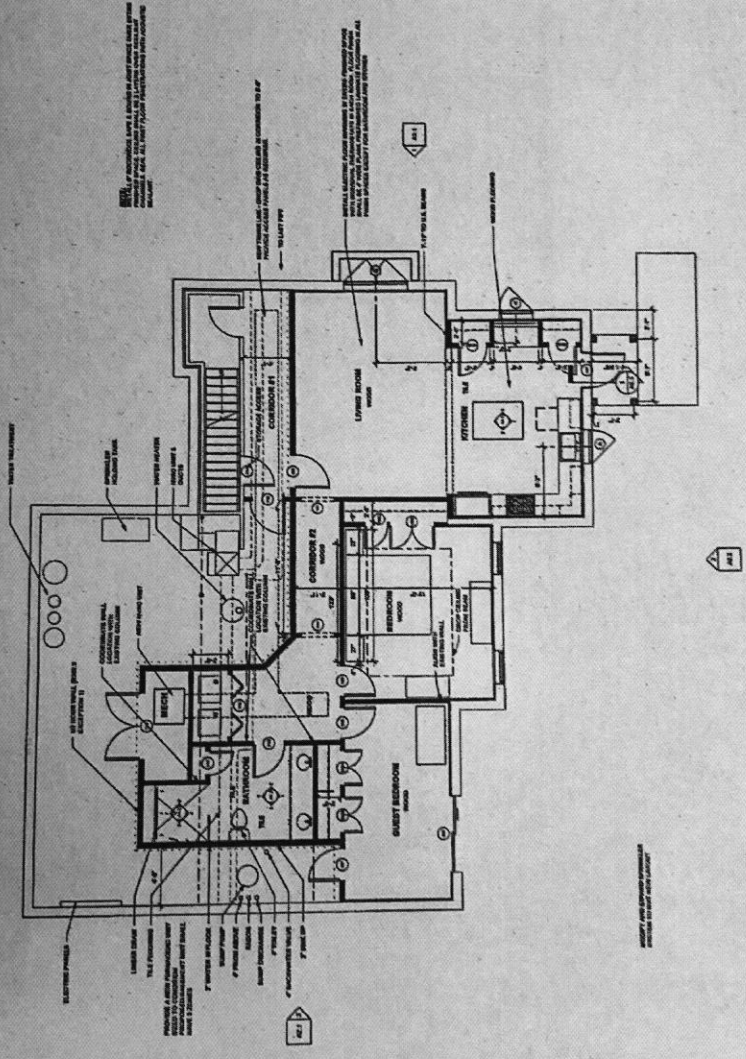
PENZANCE & BAILEY
ARCHITECTS
 481 Westchester Avenue
 New Rochelle, NY 10801
 Phone: (914) 235-2112
 Fax: (914) 235-2113
 www.penzancebailey.com

Architectural Registration Board
 State of Maryland
 No. 12286-A
 PENZANCE & BAILEY

ADDITION & RENOVATION
HICKS RESIDENCE
 14208 Lakeside Dr.
 Chevy Chase, MD 21117

DATE: 08/11/09
 DRAWN BY: J. BAILEY
 CHECKED BY: J. BAILEY
 PROJECT NO.: 09-001
 SHEET NO.: 11

**FLOOR PLAN -
 BASEMENT**
A1.1A



© PENZANCE & BAILEY



Howard County Maryland
Department of Planning and Zoning
3430 Courthouse Drive, Ellicott City, MD 21043 (410) 313-2350

Accessory Apartments

This information is being provided in regard to your interest in installing an accessory apartment in a single-family dwelling. Because rental licenses are now being reviewed for compliance with the Zoning Regulations, additional information is needed before the license issued. New rental license applications must obtain zoning approval from the Department of Planning and Zoning prior to being submitted to the Department of Inspections, Licenses and Permits. Renewals may be submitted directly to the Department of Inspections, Licenses and Permits. Accessory apartments that will not be rented must also comply with this requirement.

Amendments to the Zoning Regulations adopted in 1992, 1993, 2006 and 2013 allow one apartment within detached houses in residential zoning districts, subject to the following requirements:

- *The property owner must live on the property, in either the main dwelling or the apartment*
- *The apartment must be within or attached to the house by a common wall with an overlap of at least 50% and must have an interior door connecting the living space of both units. It may not be in a separate building nor can it be separated from the principle dwelling by an attached garage or a breezeway, open or enclosed.*
- *The apartment shall occupy no more than one-third of the net floor area of the dwelling, up to a maximum of 1,500 square feet. The boundaries of the accessory apartment must encompass at a minimum area devoted to sleeping, food preparation, sanitary facilities and the intervening areas which link these. The floor area of the accessory apartment includes one-third of the area of the shared storage or utility areas.*
- *At least three parking space must be provided on the property*
- *In most zoning districts, the lot must be at least 12,000 square feet in area, and the apartment may have no more than two bedrooms*

An apartment that does not meet these requirements may still be approved in most residential zoning districts after additional review and a public hearing. In the New Town zoning district, a public hearing and approval by the Howard County Planning Board is required; in other districts, a public hearing and approval of a conditional use by the Hearing Authority is required. Both types of hearings require submission of a detailed application and filing fee.

Please contact this Division if you need information on either process. To determine whether the proposed apartment complies with the applicable Zoning Regulations, the following information is required:

1. The completed accessory apartment application
2. A copy of the plot plan clearly showing all existing and proposed buildings and all on-site parking
3. A floor plan drawn to scale showing the layout of both the main dwelling and the apartment, the dimensions of all rooms in the apartment and the connection between the apartment and the main dwelling. All rooms should be labeled by use

Please return the completed application, a \$25.00 fee (*check payable to the Director of Finance*) and all applicable information to the Division of Public Service and Zoning Administration, 3430 Courthouse Drive, Ellicott City, MD 21043. If you have any questions, please call this Division at (41) 313-2350.

Accessory Apartment Permit Application

Applicant's Name (please print): Aaron Hicks
Address of property containing apartment: 14838 MICHELE DRIVE
Phone No. (W) 443-562-1273 (H) 443-562-1273 Email Address: CECASH@AOL.COM

Net floor area of the dwelling: 4500 (Measured from the exterior faces of the walls, net floor area includes the area of accessory apartment but does not include the floor area of garages)

Floor area of accessory apartment: 1225 (including one-third of the floor area of any shared storage or utility area). (The apartment shall occupy no more than one-third of the net floor area of the dwelling, up to a maximum of 1,500 square feet)

Number of parking spaces on-site: 3 (A minimum of two spaces must be provided for the principal dwelling and one space for the accessory apartment. All parking must be provided on-site. Street parking may not be used to meet minimum requirement).

Number of bedrooms in accessory apartment: 2 (may not exceed 2)

Square footage/acreage of lot: 48,910 sq ft

Unit to be occupied by property owner: Main Dwelling Apartment

Number of dwelling structures on the property:

Aaron Hicks
Property owner's name (please print)

[Signature]
Property owner's signature

Please return this application and \$25.00 fee to:

Department of Planning & Zoning | 3430 Courthouse Drive | Ellicott City, MD 21043-4350

Application received: _____ (Date) Zoning District: _____ Reviewed by: _____

Approved Date: _____

Denied Date: _____

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

Date: 1/10/22

To: George Martin (Reviewer/Requestor's Name) DTLP - Building Permit (Division)

From: Aaron Hicks - Home Owner (Your Name, Company Name) 443-562-1273 (Phone Number)

Subject: Project name Hicks Residence

Project site address 14938 Michele Drive Glenelg 21737

Permit # B21001868 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 model plans to be placed on permanent file: Model Name/ # _____
- Other _____

Contact Person Information: (Required)

Aaron Hicks
Please Print Name

Telephone No: 443-562-1273

E-Mail Address: CEOASH@AOL.COM

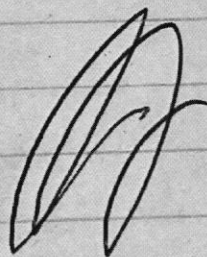
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 ASH CC: Health Dept.

14838 Michele

File Notes

8/23/21 - TC - Spoke to owner Mr Hicks. I looked at floor plans and could see that proposal is for 2 additional bedrooms - making a total of 6 bdrs. Current system is sized for 4 bedrooms. I explained he will need OSDS plan for upgrade for our review, then once approved pull septic permit + install prior to BP approval. See



Bernard, Dana

From: Bernard, Dana
Sent: Friday, August 20, 2021 1:32 PM
To: Aaron Hicks
Subject: RE: B21001868 - Aaron Hicks Permit

Mr. Hicks,

Please label the rooms on the floor plan so your application can be reviewed. Thanks
Dana Bernard

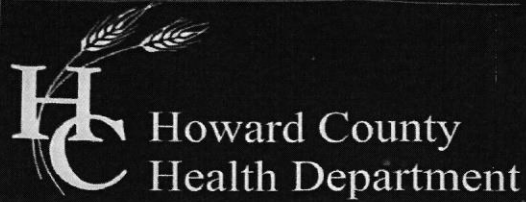
From: Aaron Hicks <ceoash@aol.com>
Sent: Monday, August 9, 2021 11:16 AM
To: Bernard, Dana <dbernard@howardcountymd.gov>
Cc: jpenza@penzabailey.com; jeffrey.penza@primeeng.com
Subject: B21001868 - Aaron Hicks Permit

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi,

As discussed, attached are the complete set of drawings for the accessory apartment (the septic system information is on the 2nd page) along with the floor plans for the whole house from the original builder. As I mentioned, the basement bathroom rough-ins were done by the original builder with the forethought that we would eventually be building an apartment in the basement for my parents. Let us know if you have any questions.

Thanks,
AH



Howard County
Health Department

Office of the Health Officer

8930 Stanford Blvd., Columbia, MD 21045
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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

TO: Penza Bailey Architects
C/O Jeffrey Penza
Via e-mail: jpenza@pnezabailey.com

FROM: Dana Bernard, REHS/RS
Well and Septic Program

RE: 14838 Michele Drive
Building Permit # B21001868

DATE: August 3, 2021

The following comments apply to Building Permit #21001868. The following items are needed to proceed with building permit review.

- Plan not too scale.
- Septic system and well not on plan.
- Floor plans for the entire house.
- Floor plans for proposed addition.

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Sincerely,

Dana Bernard

Dana Bernard, REHS/RS
Bureau of Environmental Health,
Well and Septic Program
Phone (410) 313-2775 E-mail: DBernard@howardcountymd.gov



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Court House Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350
Voice/Relay

Amy Gowan, Director

FAX 410-313-3467

June 28, 2021

RECEIVED

JUN 06 2021

LICENSES & PERMITS
DIVISION

Aaron Hicks
14838 Michele Drive
Glenelg, MD 21737

RE: Accessory Apartment Permit Application
14838 Michele Drive, Glenelg, MD 21737
Tax Map 27, Grid 5, Parcel 114, Lot 29
(the "Property")

To Whom It May Concern:

In response to your Accessory Apartment Application, the following is provided for your information and use. The Property is located in an RC-DEO (Rural Conservation - Density Exchange Option) zoning district. The information you have provided indicates that you *are in compliance* with Section 128.0.A.13 of the Howard County Zoning Regulations which regulates the operation of the subject Accessory Apartment.

This compliance is premised on the application for this Property that shows an Accessory Apartment which is approximately 1,200 square feet, or 23.5% of the 5,109 net floor area of the home. This is below the 33%/1,500 square foot limit.

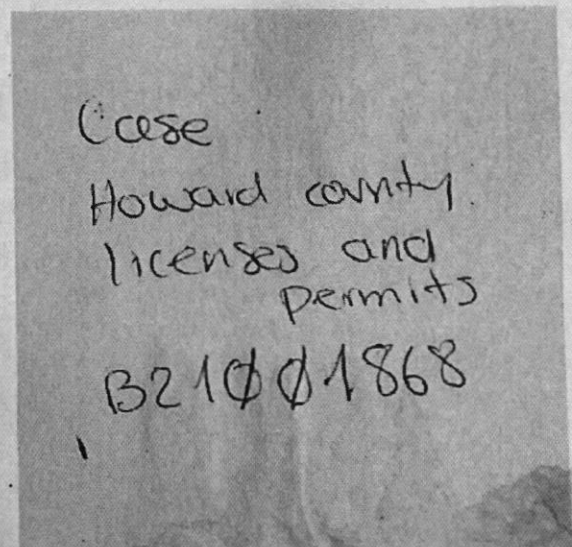
This application is hereby Approved. In order to remain in compliance with this approval, the property owner must live on the property, in either the main dwelling or the apartment.

If you have any questions, please contact me at 410-313-4415 or jtyler@howardcountymd.gov.

Sincerely,

Justin Tyler

Justin Tyler, Planning Support Technician II
Division of Public Service
and Zoning Administration



APT-21-016

Howard County Government, Calvin Ball County Executive

www.howardcountymd.gov

RECEIVED

MAY 13 2021

LICENSES & PERMITS
DIVISION



Howard County Maryland
Department of Planning and Zoning
3430 Courthouse Drive, Ellicott City, MD 21043 (410) 313-2350

- need accessory
apartment
approval
Cent applications
w/ permit for
- Health set
B21001868

Accessory Apartments

This information is being provided in regard to your interest in installing an accessory apartment in a single-family dwelling. Because rental licenses are now being reviewed for compliance with the Zoning Regulations, additional information is needed before the license issued. New rental license applications must obtain zoning approval from the Department of Planning and Zoning prior to being submitted to the Department of Inspections, Licenses and Permits. Renewals may be submitted directly to the Department of Inspections, Licenses and Permits. Accessory apartments that will not be rented must also comply with this requirement.

Amendments to the Zoning Regulations adopted in 1992, 1993, 2006 and 2013 allow one apartment within detached houses in residential zoning districts, subject to the following requirements:

- *The property owner must live on the property, in either the main dwelling or the apartment*
- *The apartment must be within or attached to the house by a common wall with an overlap of at least 50% and must have an interior door connecting the living space of both units. It may not be in a separate building nor can it be separated from the principle dwelling by an attached garage or a breezeway, open or enclosed.*
- *The apartment shall occupy no more than one-third of the net floor area of the dwelling, up to a maximum of 1,500 square feet. The boundaries of the accessory apartment must encompass at a minimum area devoted to sleeping, food preparation, sanitary facilities and the intervening areas which link these. The floor area of the accessory apartment includes one-third of the area of the shared storage or utility areas.*
- *At least three parking space must be provided on the property*
- *In most zoning districts, the lot must be at least 12,000 square feet in area, and the apartment may have no more than two bedrooms*

An apartment that does not meet these requirements may still be approved in most residential zoning districts after additional review and a public hearing. In the New Town zoning district, a public hearing and approval by the Howard County Planning Board is required; in other districts, a public hearing and approval of a conditional use by the Hearing Authority is required. Both types of hearings require submission of a detailed application and filing fee.

Please contact this Division if you need information on either process. To determine whether the proposed apartment complies with the applicable Zoning Regulations, the following information is required:

1. The completed accessory apartment application
2. A copy of the plot plan clearly showing all existing and proposed buildings and all on-site parking
3. A floor plan drawn to scale showing the layout of both the main dwelling and the apartment, the dimensions of all rooms in the apartment and the connection between the apartment and the main dwelling. All rooms should be labeled by use

Please return the completed application, a \$25.00 fee (check payable to the Director of Finance) and all applicable information to the Division of Public Service and Zoning Administration, 3430 Courthouse Drive, Ellicott City, MD 21043. If you have any questions, please call this Division at (41) 313-2350.

PERMIT NUMBER: B21001868

DATE ACCEPTED: RECEIVED



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED
Street Address: 14838 Michele Drive
City: Glenelg
State: MD
Zip Code: 21737
Subdivision/Village/Complex Name: The Warfields II
Lot: 29 Tax Map: 0027 Parcel: 0114 Grading Permit #:

DESCRIPTION OF WORK REQUIRED
Existing Use: Residential Proposed Use: Residential Estimated Cost: \$100,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
Renovation of basement into in-law apartment. Overall area being renovated is 1,225 SF, and includes a new bathroom, kitchen, entry porch and separate mechanical system. Note that deck addition is a future phase and is not included in this permit application.

PROPERTY OWNER INFORMATION REQUIRED
Owner(s) Name(s) (As it appears on tax records): Aaron Hicks, Martha Hicks Primary Residence: Yes No
Owner's Street Address: 14838 Michele Drive
City: Glenelg State: MD Zip Code: 21737
Phone: 443-562-1273 Email: ceoash@aol.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION
Business Name: Penza Bailey Architects Contact Name: Jeffrey Penza
Street Address: 401 Woodbourne Avenue
City: Baltimore State: MD Zip Code: 21212
Phone: 410-435-6677, Ext 103 Email: jpenza@penzabailey.com

CONTRACTOR INFORMATION REQUIRED
Business Name: Owner to act as general contractor
Licensee's Name: License #: NA
Street Address:
City: State: Zip Code:
Phone: Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE
Business Name: Penza Bailey Architects Name: Jeffrey Penza
Street Address: 401 Woodbourne Avenue
City: Baltimore State: MD Zip Code: 21212
Phone: 410-435-6677, Ext 103 Email: jpenza@penzabailey.com

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: PER F13000810
of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: # Full Baths: # Half Baths: # Fireplaces:
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: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

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 DATE SIGNED 5/12/21

FOR OFFICE USE ONLY
AGENCIES REQUIRED/APPROVALS: PR DPZ J DED Health SHA CID
SUBMITTAL FEES: 75 PAYMENT: 601 ACCEPTED BY: [Signature]

* NEED BRD SET FOR HEALTH
* NEED ACCESSORY AIT APPROVAL