

Record Detail \* (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Misc/Tanks	B23002107	06/13/2023

**Description of Work**  
 SFD/ INSTALL (1) UNDERGROUND 500 GALLON PROPANE TANK, RUN 40' LINE TO HOUSE

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>
6526	HAVILAND MILL	RD
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>
-Select-		-76.99093
		<b>Y Coordinate</b>
		39.19329
<b>City</b>	<b>State</b>	<b>Zip Code</b>
CLARKSVILLE	MD	21029
	<b>Primary</b>	
	Yes	

Approved 7/5/23  
 KCA

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

<b>GIS ID *</b>	<b>Parcel</b>	<b>Parcel Area</b>	<b>Land Value</b>	<b>Improved Value</b>	<b>Exemption Value</b>	<b>Plan Area</b>
856014	371	42340	225600	0	0	RURAL

**Legal Description**  
 LOT 3 .972 AR[ ]HAVILAND MILL RD[ ]HAYWARD PICKENS

check spelling

<b>Block</b>	<b>Lot</b>	<b>Census Tract</b>	<b>Council Dist</b>	<b>Inspection Dist</b>	<b>Supervisor Dist</b>	<b>Map #</b>	<b>DAP Zone</b>
	3	605101	5				
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b>					
	1405385474						
<b>Section</b>	<b>Area</b>	<b>Tax Map</b>					
		34					
<b>Grid</b>	<b>Zoning District</b>	<b>ADC Map</b>					
34-13	RR-DEO	4933-B10					
<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>					
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>	<b>Primary</b>				
			Yes				
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner \* (This section is required.)

Search Reset Clear

**Name \***  
 FOMENGIA JULIUS

**Address Line 1**  
 281 E Main Street

Address Line 2

Address Line 3

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
Rising Sun	MD	21911
<b>Phone</b>	<b>Primary</b>	
888-517-3680	Yes	
<b>E-mail</b>		
JBANKS@DIXIELANDENERGY.COM		
<b>Cell Number</b>	<b>Fax Number</b>	

**Professionals** (This section is not required.)

<b>License # *</b>	<b>Business Name</b>		
20100100429	DIXIE LAND ENERGY LLC		
<b>License Type *</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
Propane Gs	BASIL	STEPHEN	PERRY
<b>Primary</b>	<b>Address Line 1</b>		
Yes	281 EAST MAIN STREET		
	<b>Address Line 2</b>		
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
	RISING SUN	MD	21911-0000
	<b>Phone 1</b>	<b>Phone 2</b>	<b>Fax</b>
	4434144940		
	<b>E-mail</b>		

**Applicant** (This section is not required.)

<b>Search</b>	<b>As Owner</b>	<b>As Lic. Prof</b>	<b>As Contact</b>
<b>Type *</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Applicant	BASIL	STEPH	PERRY
<b>Relationship</b>	<b>Full Name</b>		
Applicant			
<b>Primary</b>	<b>Organization Name</b>		
Yes	DIXIE LAND ENERGY LLC		
	<b>Street Address</b>		
	281 EAST MAIN STREET		
	<b>Address Line 2</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	RISING SUN	MD	21911 000
	<b>Phone</b>	<b>Cell</b>	<b>Fax</b>
	4434144940		
	<b>E-mail *</b>		
	jbanks@dixielandenergy.com		

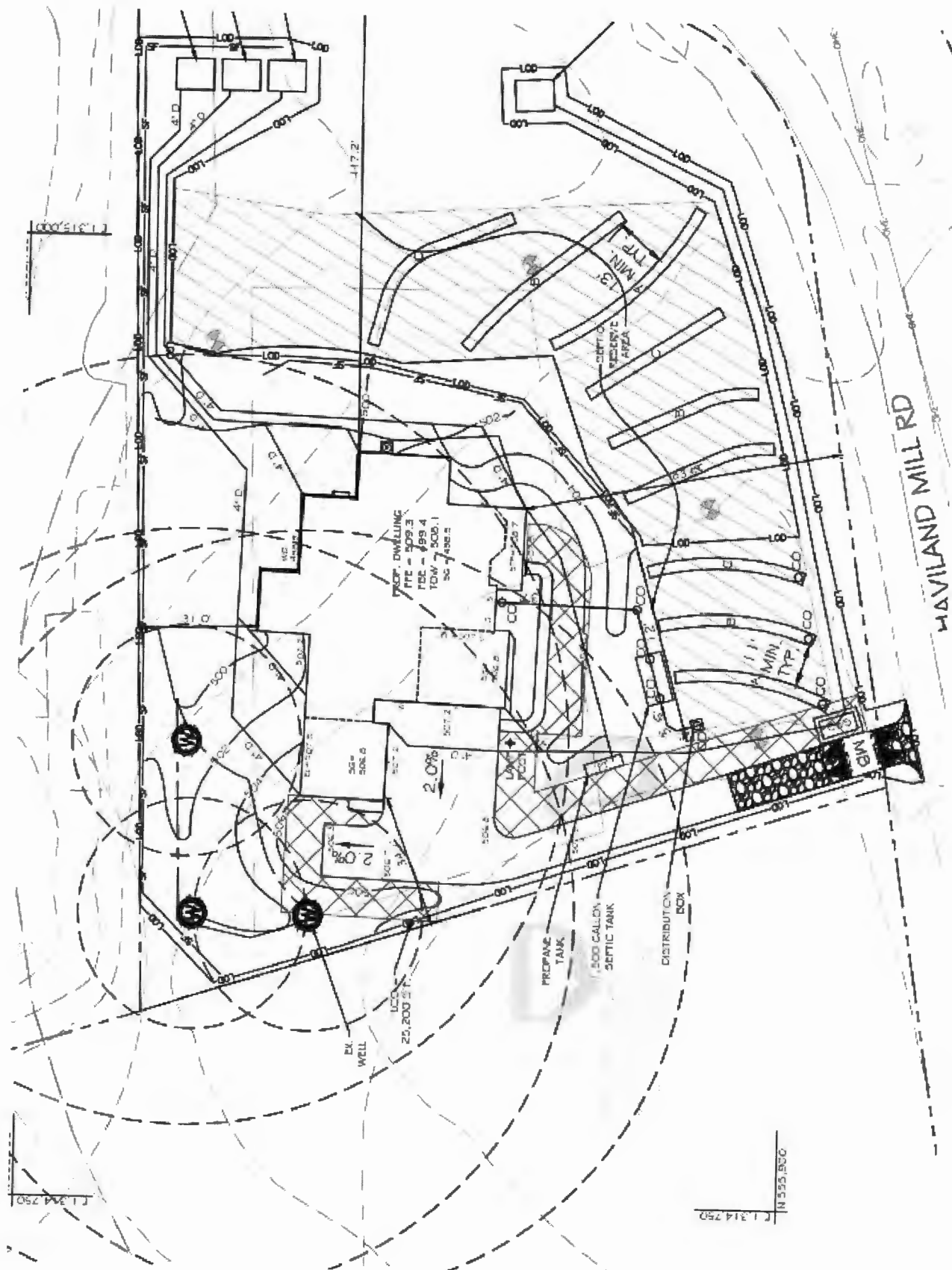
**Addtl Info**

<b>Est Construction Cost *</b>	<b>Housing Units *</b>	<b>Number of Buildings *</b>	<b>Public Owned</b>
5000	0	0	No
<b>Construction Type</b>			
434 - Additions, Alterations and Conversions - Residential			

**TANK INFORMATION**

**RESIDENTIAL TANK INFORMATION**

<b>Capital Project-No Fee *</b>	<b>Capital Project Number</b>	<b>Fee Exempt *</b>	<b>Roadside Tree Project Permit *</b>	<b>Roadside Tree Permit #</b>
<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	
<b>Existing Use *</b>	<b>Number of Tanks Installed *</b>	<b>Number of Tanks Removed *</b>		
SFD	1	0		
<b>Water Supply</b>	<b>Sewage Disposal</b>	<b>Expiration Date</b>	<b>Relocate Existing Tank *</b>	



T 1314 750

N 555,830  
T 1314 750



REVISED

PERMIT NUMBER: B 21003A9

DATE ACCEPTED: 2/22/2022



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: 6526 Haviland Mill Road
City: Clarksville
State: MD
Zip Code: 21029
Subdivision/Village/Complex Name: 1002
SDP/WP/BA #:
Lot: 3
Tax Map: 34, Grid 13
Parcel: 371
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant unimproved lot
Proposed Use: SFD
Estimated Cost: \$667,792.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None

RECEIVED

FEB 22 2022

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Yvonne and Julius Fomengia
Owner's Street Address: 12801 Gessford Court
City: Beltsville
State: MD
Zip Code: 20705
Phone: (240) 475-6115
Email: yecc@hotmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: KCI Technologies, Inc.
Contact Name: Frank White
Street Address: 936 Ridgebrook Road
City: Sparks
State: MD
Zip Code: 21152
Phone: (410) 316-0803
Email: frank.white@kci.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes
Licensee's Name:
License #: MHBR# 2937 (exp 12/01/2021)
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (717) 719-1362
Email: greinsmith@keystonecustomhome.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: James F. Collins, P.E.
Name: James F. Collins
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster
State: PA
Zip Code: 17601
Phone: (352) 250-3146
Email: jcollins@keystonecustomhome.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: Devonshire Heritage
# of Bedrooms (SF): 6 # of efficiency units (MF\*): # of 1 BR (MF\*): # of 2 BR (MF\*): # of 3 BR (MF\*):
# Rooms: 24 # Full Baths: 6 # 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: 90 1st Fl Depth: 66 2nd Fl Width: 64 2nd Fl Depth: 62 Bsmt Width: 90 Bsmt Depth: 69
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 9,544 sq ft Occupiable Area: 8,656 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 DATE SIGNED 2/21/2022

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID
SUBMITTAL FEES: PAYMENT: ACCEPTED BY:



ISO 9001:2015 CERTIFIED  
 ENGINEERS • PLANNERS • SCIENTISTS • CONSTRUCTION MANAGERS  
 936 Ridgebrook Road • Sparks, MD 21152 • Phone 410-316-7800 • Fax 410-316-7817

Date: February 21, 2022

To: Howard County Maryland  
 Department of Inspections,  
 Licenses and Permits  
 3430 Court House Drive  
 Ellicott City, Maryland 21043

Re: 6562 Haviland Mill Rd  
 Building Permit  
 KCI J.O. No.: 271803754.74

Attention: Permit Department

- We are submitting
- We are forwarding
- Herewith
- We are returning
- Under separate cover
- We request

Hand Delivered

No.	Description
1	Building Permit Application
4	11x17 Plot Plan
1	11x17 Simplified Plan Set for Health Department
2	Building Plans and Details
2	Full Size Site plans

Remarks:

- In accordance with your request
- For your review
- For processing
- Plans reviewed and accepted
- Plans reviewed and accepted as noted
- For revision by you
- For your use
- Please call when ready
- Please return to this office
- Approval requested
- Confer. requested at your convenience

For further information, please contact the writer at this office.

Very truly yours,  
 KCI TECHNOLOGIES, INC.

Frank F. White, Jr  
 Senior Designer  
 Land Development Practice

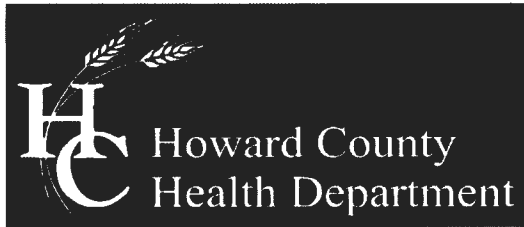
**RECEIVED**

FEB 22 2022

LICENSES & PERMITS  
 DIVISION

cc: Enclosures  
 Files

Employee-Owned Since 1988



## 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](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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### MEMORANDUM

TO: Hayward Pickens, Lot 3  
6526 Haviland Mill Road  
Clarksville, MD 21029

FROM: Robert Freemon *RF*  
Well & Septic Program

RE: ***Future Basement Bedroom***  
6526 Haviland Mill Road  
Clarksville, MD 21029

DATE: 10/1/2021

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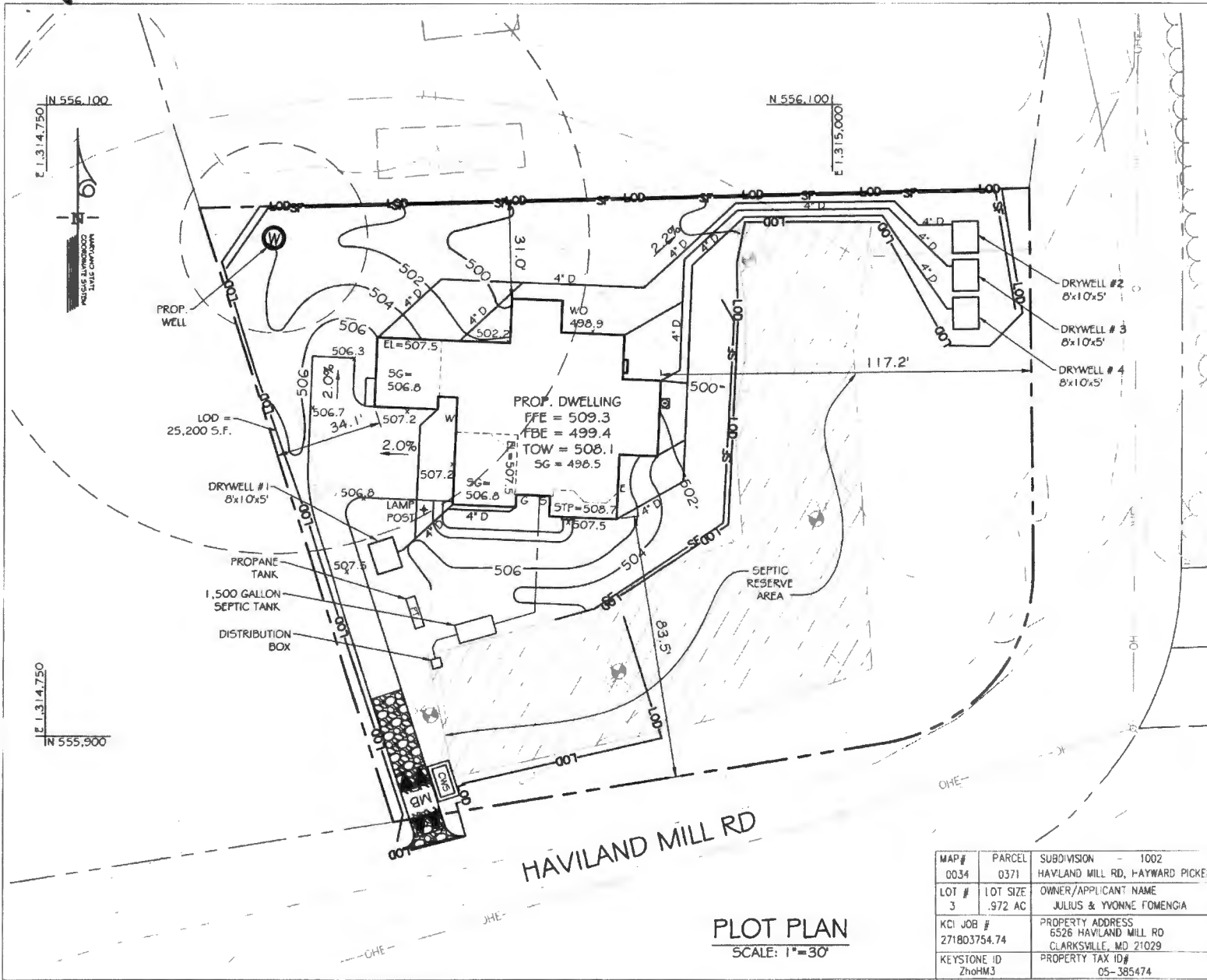
I have reviewed the floor plans in support of Building Permit B21003349 for a new home at 6526 Haviland Mill Rd. and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion 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 are 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 6 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.

**REVISED**  
 Date: 2/22/2022  
 Comments: B21-3349



**DRAWING LEGEND**

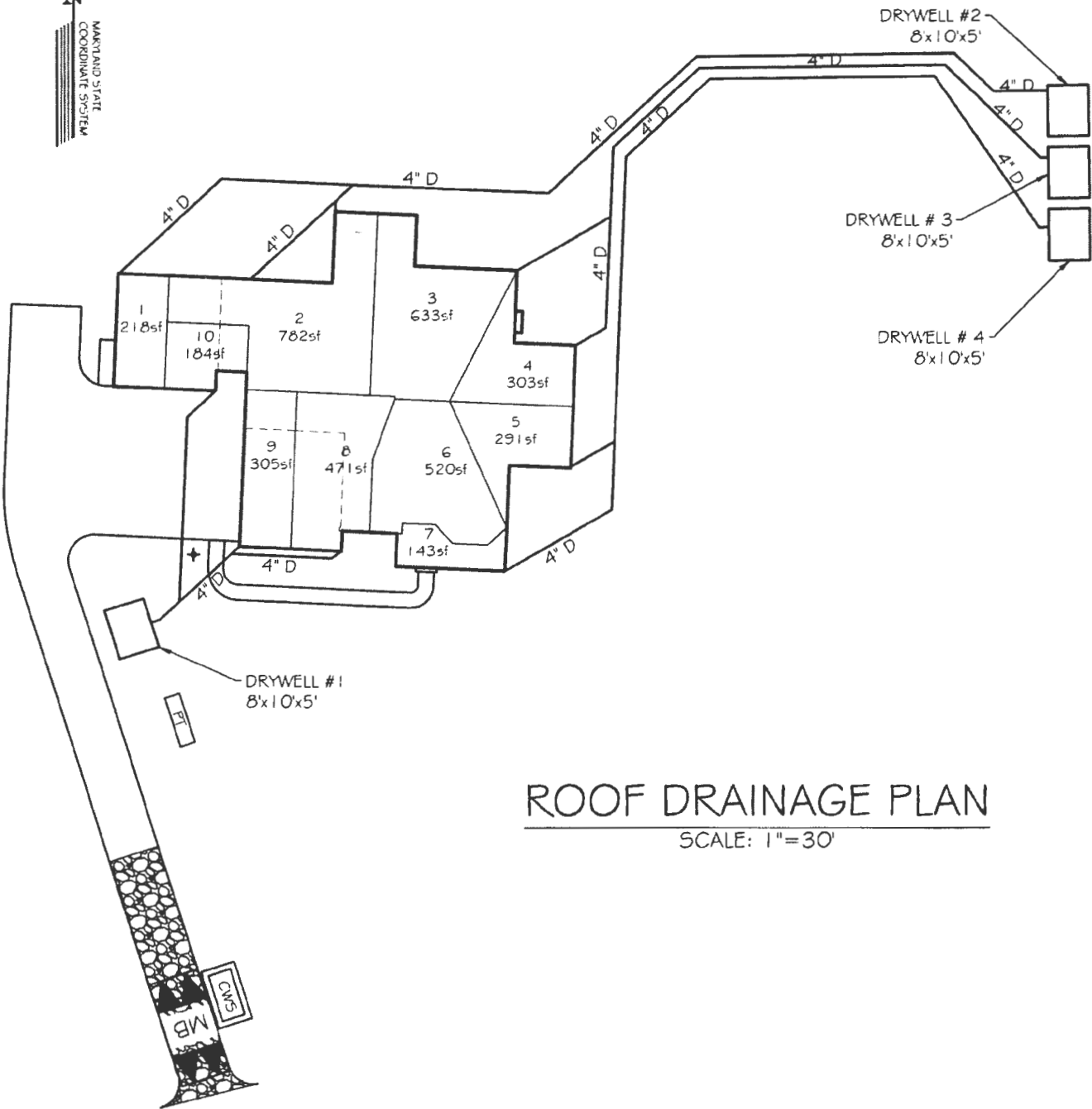
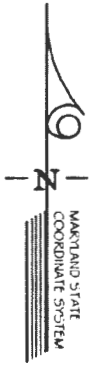
	EXISTING MINOR CONTOUR
	EXISTING MAJOR CONTOUR
	ADJACENT PROPERTY LINE
	EXISTING PROPERTY BOUNDARY
	EXISTING ROAD / EDGE OF PAVING
	EXISTING ROAD CENTERLINE
	PROPOSED MINOR CONTOUR
	PROPOSED MAJOR CONTOUR
	EXISTING BUILDING
	PROPOSED BUILDING
	PROPOSED SPOT ELEVATION
	LIMIT OF DISTURBANCE
	PROPOSED SILT FENCE
	SOIL DELINEATION LINE
	PERCOLATION TEST HOLE
	EXISTING WELL / BUFFER
	EXISTING 5RA (10,000 S.F. MIN.)
	CONCRETE WASHOUT
	STABILIZED CONSTRUCTION ENTRANCE

**PLOT PLAN**  
 SCALE: 1"=30'

MAP# 0034	PARCEL 0371	SUBDIVISION - 1002 HAVILAND MILL RD, HAYWARD PICKENS
LOT # 3	LOT SIZE .972 AC	OWNER/APPLICANT NAME JULIUS & YVONNE FOMENGA
KCI JOB # 271803754.74	PROPERTY ADDRESS 6526 HAVILAND MILL RD CLARKSVILLE, MD 21029	PROPERTY TAX ID# 05-385474
KEYSTONE ID ZhoHM3		

**KCI TECHNOLOGIES**  
 ENGINEERS  
 PLANNERS  
 SCIENTISTS  
 CONSTRUCTION MANAGERS  
 936 ROCKHAWK ROAD  
 SUITE 200, CLARKSVILLE, MD 21029  
 TELEPHONE: (410) 316-7800  
 FAX: (410) 316-7818

DATE	2/21/2022
SCALE	1"=30'
DESIGNED BY	FW
DRAWN BY	JDL



## ROOF DRAINAGE PLAN

SCALE: 1"=30'

MAP# G034	PARCEL 0371	SUBDIVISION - 1002 HAVILAND MILL RD, HAYWARD PICKENS
LOT # 3	LOT SIZE .972 AC	OWNER/APPLICANT NAME JULIUS & YVONNE FOMENGA
KCI JOB # 271803754.74	PROPERTY ADDRESS 6526 HAVILAND MILL RD CLARKSVILLE, MD 21029	
KEYSTONE ID ZhoHM3	PROPERTY TAX ID# 05-385474	



**ENGINEERS**  
**PLANNERS**  
**SCIENTISTS**  
**CONSTRUCTION MANAGERS**

936 RIDGEBROOK ROAD  
 SPARKS, MARYLAND 21152  
 TELEPHONE: (410) 316-7800  
 FAX: (410) 316-7818

DATE 2/21/2022
SCALE 1"=30'
DESIGNED BY FW
DRAWN BY JDL

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

Date: 2/2/2022  
To: DAN SWINDER, PLAN REVIEW  
(Person's Name and Division)  
From: Frank White KCI Technologies (410) 316-0803  
(Your Name, Company Name and Telephone Number)  
Subject: Project name 6526 Haviland Mill Rd Lot 3  
Project site address 6526 Haviland Mill Rd  
Permit # B 21003349 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 Arch/itecture & Plot Plans (be specific).  
*Larger changes  
Partially finished to unfinished basement  
Dry wells*
- 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)**

Frank White  
Please Print Name

Telephone No: 410-316-0803

E-Mail Address: Frank.white@kci.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.**

**PER D. SWINDER + DPZ/DED**

Received by AKH

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 2/2/2022  
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Partially finished to unfinished basement  
Dry wells*
- 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)**

Frank  
Please Print Name

**PER DAN**

Telephone No: 410-316-0803

E-Mail Address: Frank.white@kci.com

**PLEASE ASSURE ALL NECESSARY, BY A LI INFORMATION MAY I OF INSPECTIONS, LIC ONCE THE BUILDING SIGNATORY AGENCY WILL NOTIFY THE A INQUIRIES SHALL BE AND PLAN REVIEW IT PLEASE ALLOW A MIN THANK YOU.**

**SEND BACK  
AROUND TO  
EVERYONE.**

**THANKS!**

**APPROPRIATELY SIGNED AND SEALED, IF PLEASE BE ADVISED THAT INSUFFICIENT THE PLANS EXAMINER. THE DEPARTMENT U IF THERE IS A PROBLEM. IN ADDITION, TEW DIVISION AND ALL OTHER REQUIRED BY FOR ISSUANCE, THE PERMIT DIVISION PERMIT PICK UP. ALL PERMIT STATUS 410-313-2455. CODE RELATED QUESTIONS PLAN REVIEW DIVISION AT 410-313-2436. ANY PLAN SUBMITTALS TO BE REVIEWED.**

**PER D. SWINDER + DPZ/DED**

Received by AKH