Menu Save Reset Cancel Help

Approved 12/14/23
- H.O.

Record Detail * *(This section is required.)*

Case #
EH-PLANS-23-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
12/11/2023

_Single Entry Edit-View Record Form

Application Name
B23004630

Description
scription of Work:
SFD/ Interior Alterations to Finish existing unfinished basement. Proposed rooms include exercise area, theater, bathroom, wet bar area, tv area, office, unfinished utility and storage.**SLEEPING ROOMS MUST MEET EGRESS REQUIREMENTS, SMOKE DETECTORS REQUIRED*

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Progr

Assigned to Staff Current User
Zack Silvast

Address * *(This section is required.)*

New Search Delete Set Primary

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	12411		All Dau...	LN	High...	MD	20777				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract

0 record(s) found.

Owner *(This section is not required.)*

Search Delete Set Primary

Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/R
◉	Harold Johson, Jr.	12411 All Daughters Lane			Highland	MD	20777	301-251-6032	US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Nicholas

Middle Name

Last Name *
Rosano

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Rosewood Construction, LLC.

Mobile Phone ((XXX)XXX-XXXX)

(240) 398-8920
E-mail
INFO@ROSEWOODCONSTRUCTIONLLC.COM
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New **Look Up** **Deactivate** **Remove**

Custom Fields

DATE TRACKING

Received Date
12/11/2023

Due Date
12/14/2023

Dates to Complete
14
(Number)

Received by Food

Food Review Type
--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic
12/11/2023

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Does this project have a Building Permit?
○ Yes ○ No

Associated Building Permit Number
(Text)

Building Permit Issued Date

Owner Switch Date

☐ **Non-Profit**

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
○ Yes ○ No

Does the project include Private Well? If Yes, forward to WS Program.
○ Yes ○ No

Does the project include Private Septic? If Yes, foward to WS Program.
○ Yes ○ No

Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No

Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No

Facility Phone
0 (Text)

Facility Fax
0 (Text)

Facility Email
0 (Text)

Days of Operation
0 (Text)

PROPERTY INFORMATION

Water Source
Private

Sewage Disposal
Private

Design Wastewater Flow
(Number)

Permit Type
--Select--

PLAT STATS

Total Number of buildable lots to be recorded
0 (Number)

Total number of open space lots to be recorded
0 (Number)

Total number of bulk parcels to be recorded
0 (Number)

Total number of lots / parcels to be recorded
0 (Number)

New buildable lots created
0
(Number)

Date PLAT signed by Health Officer

PLAT Type
--Select--

DEVELOPMENT PLANS

Property Type
Residential

Plan Version
Initial

Signature Required
○ Yes ◉ No

Engineer
0
(Text)

Number of paper copies
0
(Number)

Number of mylar copes
0
(Number)

Number of buildable lots created

Number of non-buildable lots created

0
(Number)
Total Number of Lots

0
(Number)
Associated Plans

0
(Number)

WELL AND SEPTIC INTERNAL

State Review Required
○ Yes ○ No

Coordinate State Review
○ Yes ○ No

Proposed Septic System Type
--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment
--Select--

Licensed Type
--Select--

License Category
--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation
(Text)

☐ **Operating Seasonally Only**

If Operating Seasonally. What is the start month?
(Text)

Are pets allowed in a outdoor seating area?
○ Yes ○ No

Fulll Bar?
○ Yes ○ No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category
--Select--

Total Seating Capacity
(Number)

Number of Restrooms
(Number)

Interior Restaurant Seating Capacity
(Number)

Bar Seating Capacity
(Text)

Outdoor Seating Capacity
(Text)

Does the restaurant have outdoor seating
○ Yes ○ No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards
○ Yes ○ No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units
(Number)

Description of Walk-In Freezer Units
(Text)

Is there a bulk ice machine available
○ Yes ○ No

Space Limitation

Number of Hand Sinks Available
(Number)

Hood System
(Text)

Ventless Equipment
(Text)

PLUMBING

Size and installation of the water heater?
(Text)

Is there a grease interceptor or grease trap?
--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?
--Select--

Will there be a grease receptacle?
--Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received
○ Yes ○ No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring
--Select--

Kitchen Cove Base
--Select--

Storage - Food Storage Flooring
--Select--

Storage - Food Storage Cove
--Select--

Utensil Washing Area Flooring
--Select--

Utensil Washing Area Cove
--Select--

Dressing / Locker Room Flooring
--Select--

Dressing / Locker Room Cove
--Select--

Toilet Area Flooring
--Select--

Toilet Area Cove
--Select--

Walk-in Refrigerator Flooring
--Select--

Walk-in Refrigerator Cove
--Select--

Kitchen Walls
--Select--

Utensil Washing Area Walls
--Select--

Restroom Walls
--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?
○ Yes ○ No

Are ceiling rafters exposed ?
○ Yes ○ No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
○ Yes ○ No

SPECIAL PROCESSING

Does the facility conduct any special processing?
○ Yes ○ No

If yes, Please describe.
(Text)

AF OWNERS STATEMENT

Owner's Statement Provided
--Select--

Comments - Owner

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect
--Select--

B. Contour plan included
--Select--

C. Top and sectional views provided
--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility
--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches
--Select--

C. Fence pickets or barrier openings do not exceed 4 inches
--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have:
--Select--

1. vertical openings > 1-3/4 inches in width
--Select--

2. horizontal members on the outside of the fence
--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool
--Select--

2. has a latch release at least 54 inches from grade level and is lockable
--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa
--Select--

4. complies with all disability regs (see COMAR 05.02.02)
--Select--

F. Minimum 5' high barrier for semipublic pool or spa
--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.
--Select--

Comments

AF INFORMATION

Plan Review Type
--Select--

Aquatic Facility Project Description
(Text)

County Building Permit Number
(Text)

Expected Completion of Construction

Total Aquatic Facilities at Venue

(Number)

Sewer Service

--Select--

Water Service

--Select--

County Plumbing Permit Number

(Text)

County Electrical Permit Number

(Text)

AF DECKS

A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'.
--Select--

B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17)
--Select--

C. The slope of the deck is away from the pool or spa, towards points of disposal
--Select--

D. The deck has deck drains or other disposal points.
--Select--

E. An expansion joint between the coping and the deck is sealed with a water tight sealant.
--Select--

F. The deck's surface is slip resistant, nonskid & cleanable
--Select--

G. Accessible hose bibs on the deck at 150 foot intervals
--Select--

H. Note: Additional requirements if deck surface is not concrete
--Select--

Comments

AF EQUIPMENT ROOM

A. The facility has an equipment room that houses the pool and/or spa circulation
--Select--

B. Weather tight construction and adequate area for safe access to equipment
--Select--

C. A minimum ceiling height of 7'6"
--Select--

D. A waterproof floor that drains to a floor drain
--Select--

E. A lockable entrance that allows complete access to the room
--Select--

F. A minimum of 20 foot candles of artificial illumination
--Select--

G. Ventilation sized at 2 cubic feet per minute per square foot of floor area
--Select--

H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment
--Select--

I. A water resistant data sheet (COMAR 10.17.01.23)
--Select--

Comments

AF CIRCULATION SYS & COMP

A. Presence and proper placement of both the influent and effluent pressure gauges
--Select--

B. A vacuum or compound gauge on the influent side of the pump
--Select--

C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate
--Select--

D. A thermometer on the return line to pool or spa when heated
--Select--

E. Presence of sight glass and manually operated air release valve
--Select--

F. Turnover rates (COMAR 10.17.01.25)
--Select--

a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow
--Select--

b. Flow through a circulation system is between the minimum turnover rate and the design
--Select--

G. Head Loss Calculations
--Select--

1. Calculation of piping head loss using the Hazen- Williams formula
--Select--

2. Determination of a clean and dirty total dynamic head
--Select--

H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom
--Select--

I. Filter Capacity
--Select--

1. Filter operates within the filter design rate
--Select--

2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate
--Select--

3. Pump curves for pool pumps are provided
--Select--

J. Ensure the pool is not interconnected with a spa or wading pool
--Select--

K. Verify that circulation systems components are NSF approved by ANSI
--Select--

L. Verify that the manufacturer and model number information are provided for items listed in "K"
--Select--

M. Verify that the chemical feeder can provide the minimum disinfectant residual
--Select--

N. Vacuum Systems
--Select--

1. System is available for cleaning the pool or spa floor
--Select--

2. For circulation systems with greater than 4 skimmers the vacuum system is separate
--Select--

3. Verify the vacuum line connection is prior to pump hair and lint strainer
--Select--

4. Verify the vacuum line connection is prior to pump hair and lint strainer
--Select--

O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded
--Select--

P. Note: see regs for Carbon Dioxide feeders & Ozone Systems
--Select--

Comments

AF DIVING AREA AND EQUIPMENT

A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 & ANSI/NSPI-1 2003
--Select--

Comments

AF SUCTION ENTRAPMENT

A. Main drain line for pool is connected to a minimum two main drain outlets
--Select--

B. A vacuum fitting is capped and a line valve is in the closed position when not in use
--Select--

C. Drain will be covered with a securely attached drain cover
--Select--

D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer
--Select--

E. Virginia Graeme Baker (VGB) Compliant
--Select--

F. Equalizer covers are VGB Compliant
--Select--

Comments

AF ILLUMINATION

A. Even illumination of water, deck and walkways
--Select--

B A combination of underwater lighting and deck lighting so that
--Select--

1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck
--Select--

2. Overhead lighting yields 2 watts per sqft of required deck area
--Select--

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light
--Select--

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:
--Select--

1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or
--Select--

2. Dehumidifying the recirculated air from the enclosed area
--Select--

Comments

AF PLUMBINGWATER SPLY&DISPOSAL

C. Riser diagram for potable water and source of water supply
--Select--

D. Has at least one drinking fountain for every 5,000 square feet of water surface area
--Select--

E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand
--Select--

F. Backflow Protection
--Select--

1. Backflow protection is provided for a potable water supply and for wastewater
--Select--

A. Permitted with DILP for all applicable State (COMAR) & local plumbing requirements
--Select--

2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level
--Select--

B. Riser diagram for sewerage and method of disposal
--Select--

3. Backflow protection where the water enters the facility or nearby fill connections to the pool
--Select--

G. Backwash discharge
--Select--

1. Verify whether discharge is to sanitary or storm sewer
--Select--

2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed
--Select--

Comments

AF BATHHOUSE FACILITY

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility
--Select--

1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a p
--Select--

2. One water closet, lavatory and urinal shall be provided for the first 100 male users.
--Select--

3. Two water closets and lavatories shall be provided for the first 100 female users
--Select--

4. A minimum of two shower heads is provided for each sex for the first 100 users
--Select--

5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device
--Select--

6. Soap dispensers for liquid or dry powdered soap provided for each lavoratory
--Select--

7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-1
--Select--

8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users
--Select--

9. Baby changing table provided (ANSI/NSPI-1 19.6.12)
--Select--

10. Adequate lighting and ventilation provided for each restroom facility
--Select--

11. Floors have a slip resistant surface with adequate floor drains
--Select--

12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning
--Select--

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.
--Select--

B. Pool or Spa Gates, Doors Entrances and Exits
--Select--

C. Available ADA self operating handicap lifts , ramps and or transfer walls
--Select--

Comments

AF BATHER LOAD

A. Number of people in 5ft or less for every 12 sq ft
(Text)

B. Number of people in 5ft or more for every 15 sq ft
(Text)

C. Number of people in diving area for every 300sq ft
(Text)

AF MISCELLANEOUS

Adequate Pool Chemistry Test Kit
--Select--

Adequate First Aid Equip and Signs
--Select--

Comments

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

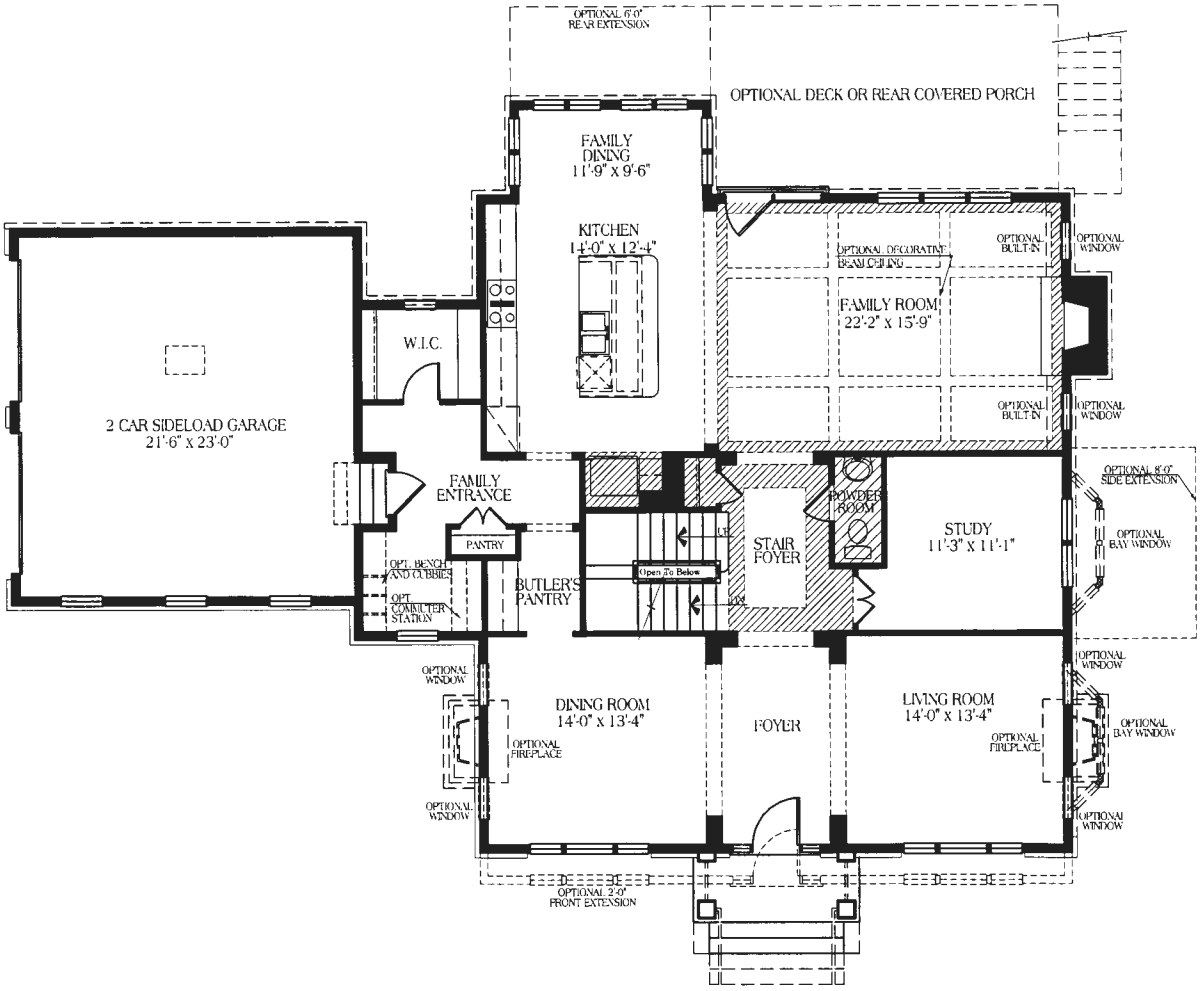
Associated GIS Features *(This section is not required.)*

GIS Delete

Submit Cancel

THE

Hawthorne

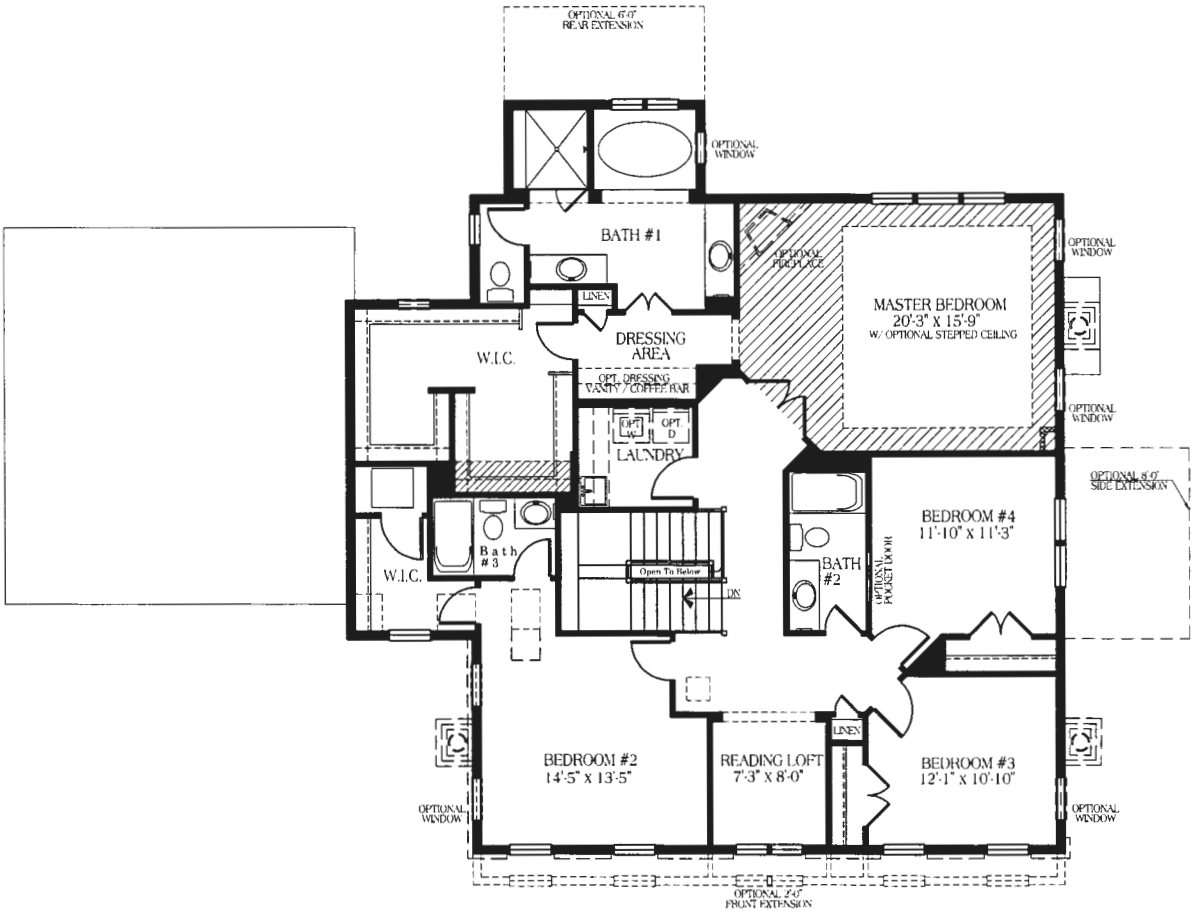


LOWER LEVEL PLAN

M&B

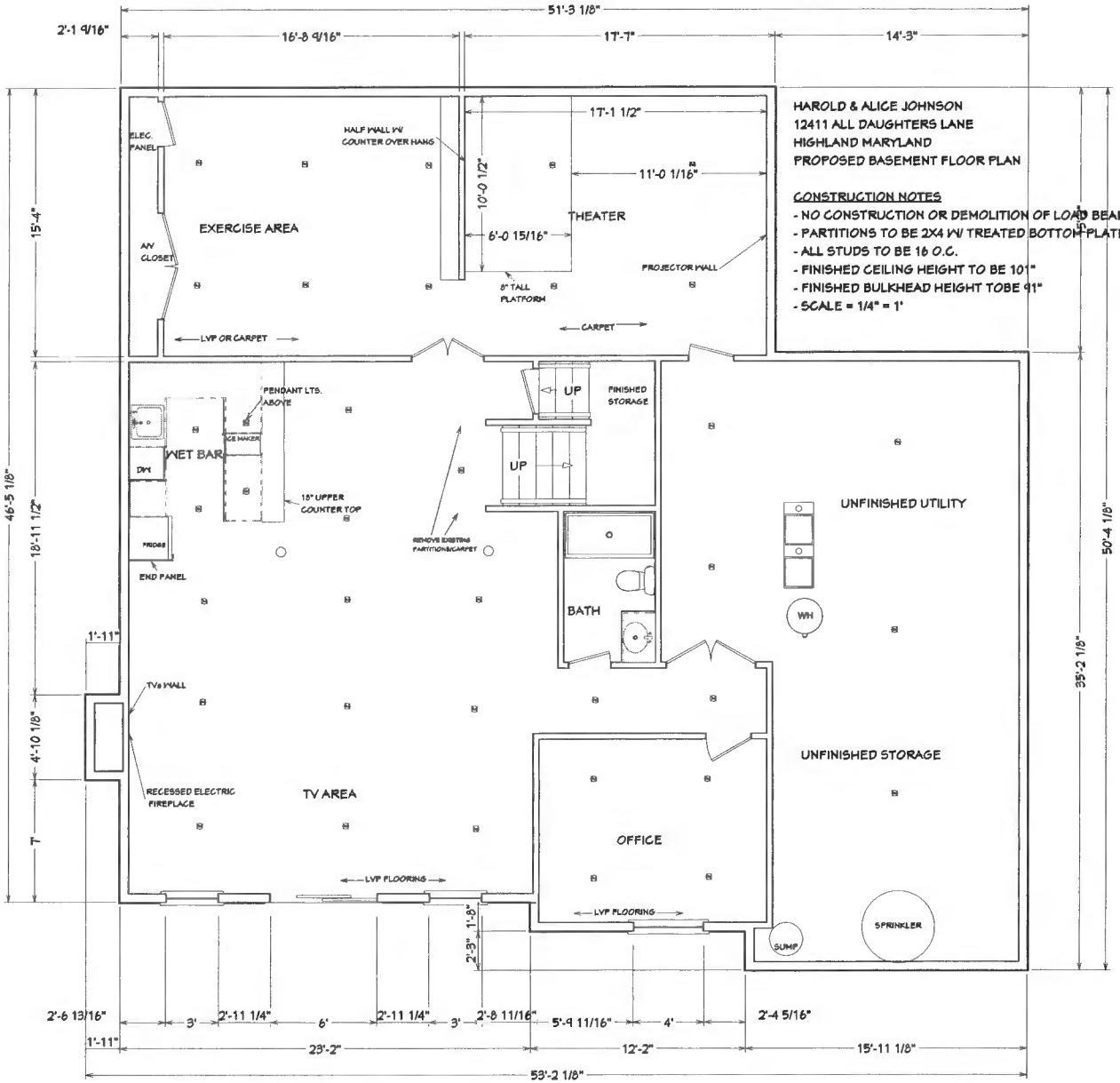
THE

Hawthorne



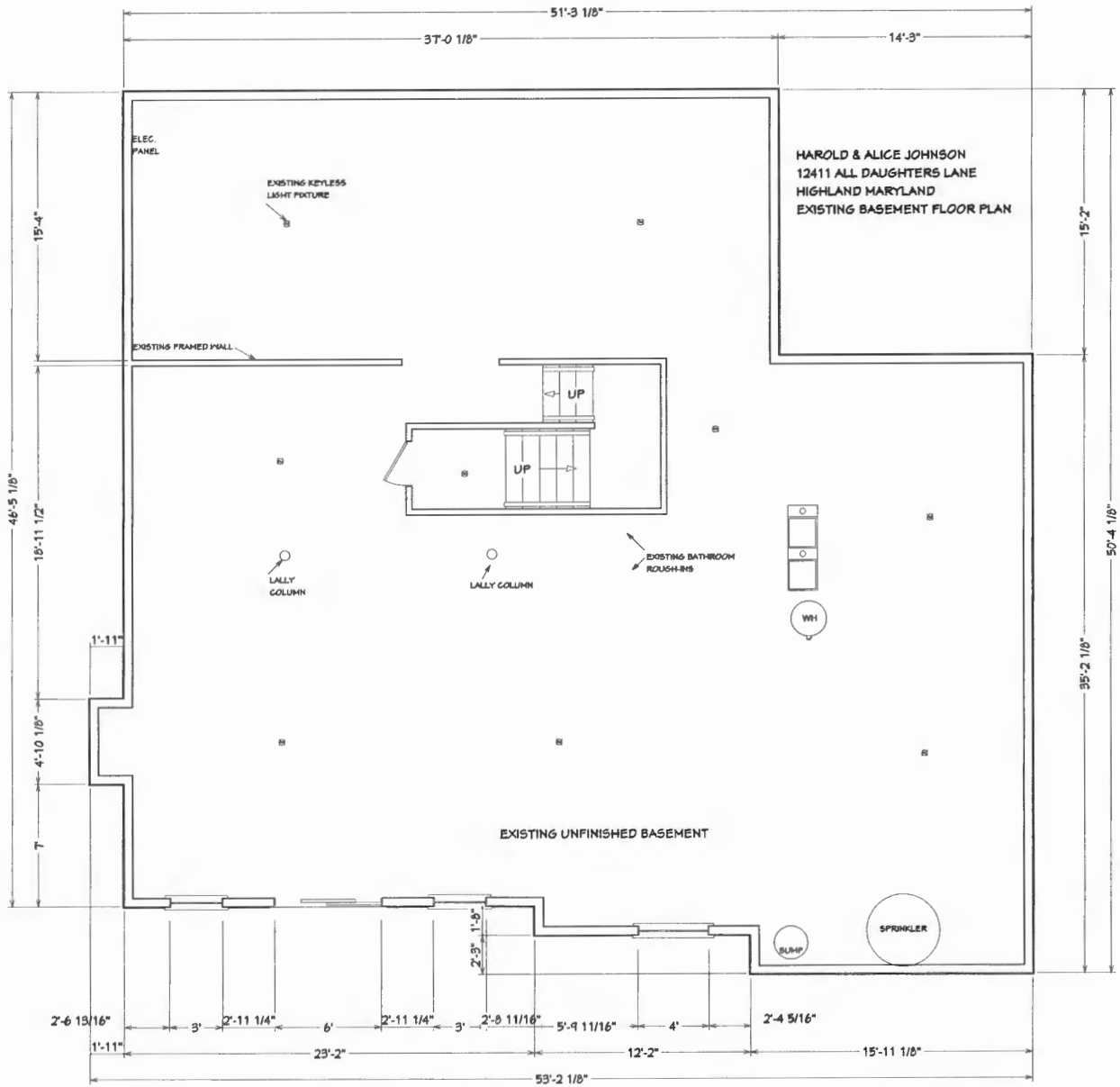
UPPER LEVEL PLAN

M&B



LIVING AREA
2251 SQ FT

Proposed



LIVING AREA
2256 SQ FT

Existing

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Thursday, December 14, 2023 7:09 AM
To: 'Rosewood Construction LLC'
Subject: RE: B23004630_12411 All Daughters Lane

Hi Mr. Rasano,

Good morning. Thanks for the copy of the existing floor plans. The building permit has been approved.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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From: Rosewood Construction LLC <info@rosewoodconstructionllc.com>
Sent: Thursday, December 14, 2023 6:27 AM
To: Oswald Jr, Woodin <hoswald@howardcountymd.gov>
Subject: Re: B232004630_12411 All Daughters Lane

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

Good morning Mr. Oswald,

Attached is the floor plan for the 12411 All Daughters Lane Highland Maryland 20777. The building permit is #23004630 for the proposed basement finishing project.

To answer your question, the proposed basement exercise/theater room does not have any windows of any kind.

Please let me know if the proposed basement design can be approved.

Thank you in advance,

Nicholas

Nicholas Rosano
Rosewood Construction LLC
16501 Shady Grove Road #10545
Gaithersburg Maryland 20898
240-398-8920 Phone
240-686-6919 Fax
www.RosewoodConstructionLLC.com

Find Us on Facebook

On 2023-12-13 10:57 am, Oswald Jr, Woodin wrote:

Hi Mr. Rasano,

The existing septic system was sized for 5 bedrooms. The proposed basement floor plan shows a room labeled "office" that meets the definition of a bedroom. Assuming the proposed exercise/theater rooms don't have any kind of windows, then I think the proposed floor plan would be approvable.

Let me know if you have any questions.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
http://www.hchealth.org/

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-----Original Message-----
From: Rosewood Construction LLC <info@rosewoodconstructionllc.com>
Sent: Wednesday, December 13, 2023 10:22 AM
To: Oswald Jr, Woodin <hoswald@howardcountymd.gov>
Subject: Re: B232004630_12411 All Daughters Lane

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

Good morning Mr. Oswald,

The owners have informed me they have four bedrooms in the home. They are working on providing the simplified floor plan to me, which I'll forward to you once received.

With four existing bedrooms, will we be able to proceed as proposed with the basement finishing as proposed?

Thanks,

__
Nicholas Rosano
Rosewood Construction LLC
16501 Shady Grove Road #10545
Gaithersburg Maryland 20898
240-398-8920 Phone
240-686-6919 Fax
http://www.rosewoodconstructionllc.com/

Find Us on Facebook

On 2023-12-13 9:42 am, Oswald Jr, Woodin wrote:

Hello Mr. Rosano,

Good morning. I am reviewing building permit #B23004630 for a finished basement. The address is 12411 All Daughters Lane. I need to confirm the existing # of bedrooms. Please forward a copy of the existing (simplified) floor plans to me at your earliest convenience.

Thanks,

Hank

Hank Oswald

Licensed Environmental Health Specialist

Bureau of Environmental Health

Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045

(410) 313 - 1786

http://www.h/
chealth.org%2F&data=05%7C02%7Choswald%40howardcountymd.gov%7C8c774fb14
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Links:
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[1]

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