

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B22003782 Opened Date 10/05/2022
 Description of Work SFD/ INSTALL (1) 1000 GALLON UNDERGROUND PROPANE TANK

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 15683 Street Name OLD FREDERICK Street Type RD
 Unit Type Unit # X Coordinate Y Coordinate
 --Select-- --Select-- -77.06017 39.34352
 City WOODBINE State MD Zip Code 21797 Primary Yes

10/7/22 - site inspection required - no archive w/s data, sent email to applicant (permit runner's propane company) request - owner info so I can get a site inspection - scheduled - RR

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
831259	2	58	203500	0	0	RURAL

Legal Description
 58.000 ACRES[]15685 OLD FREDERICK RD[]WOODBINE

10/21 - site insp. - New development must find file

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #
		604001	5			
Plan Area		State Tax Id	Subdivision Name			
		1404315383				
Section		Area	Tax Map			
			8			
Grid		Zoning District	ADC Map			
8-1		RC-DEO	4692-A6			
SDP No.		Final Plan No.	WP File No.			
SDP-16-029		SP-08-013				
Record Plat No.		WS Contract No.	FDP No.	Primary		
				Yes	v	
Owner Occupied		Year Built	Historic District			
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area	Flood Plain			
		4-02	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No						

DAP Zone Approved 10/24/22 PA

Owner * (This section is required.)

Search Reset Clear

Name * WYNNE FAMILY LLC
 Address Line 1 2065 HIGHWAY A1A # 1201
 Address Line 2
 Address Line 3

Mail City INDIAN HARBOR BEACH Mail State FL Mail Zip Code 32937
 Phone 484-401-4658 Primary Yes
 E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 20100085886 Business Name GREAT VALLEY PROPANE INC.

License Type * Propane Gs First Name SCOTT Middle Name ERIC Last Name ANTKOWIAK

Primary Yes Address Line 1 57 LANCASTER AVENUE Address Line 2

City MALVERN State PA ZIP Code 19355-0000

Phone 1 4104584767 Phone 2 Fax 4103742425

E-mail SANTKOWIAK@TEVISPROPANE.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant First Name MICHELLE MI Last Name CLANCY

Relationship Applicant Full Name MICHELLE CLANCY

Primary Yes Organization Name APPLIED & APPROVED PERMITS LLC

Street Address P.O. BOX 310 Address Line 2

City PERRY HALL State MD Zip Code 21128

Phone 443-340-1229 Cell Fax

E-mail * MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost * 1000 Housing Units * 0 Number of Buildings * 0 Public Owned No

Construction Type --Select--

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit * Yes No Roadside Tree Permit #

Existing Use * SFD Number of Tanks Installed * 1 Number of Tanks Removed * 0

Water Supply Private Sewage Disposal Private Expiration Date 4/5/2023 Relocate Existing Tank * 0

PAYMENT INFORMATION

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

Submit Cancel



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

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

MEMORANDUM

TO: Wynne Family, c/o Brian Wynne

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

RE: **15683 Old Frederick Road**, Potential Basement Bedroom

DATE: February 3, 2022

I have reviewed the floor plans in support of Building Permit **B22000058** for a new home at **15683 Old Frederick Road** 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 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 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.

PERMIT NUMBER: B

2200058

DATE ACCEPTED:

DILP 2022 JAN 5 AM 8:17



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: 15683 OLD FREDERICK ROAD (TENANT HOUSE)		Unit:
City: WOODBINE	State: MD	Zip Code: 21797
Subdivision/Village/Complex Name: NONE (SDAT ACC'T# 315383)		SDP/WP/BA #: GP-22-061
Lot:	Tax Map: 0008	Parcel: 0002
Grading Permit #: G21000262		

DESCRIPTION OF WORK *REQUIRED*

Existing Use: VACANT LOT	Proposed Use: NEW SINGLE FAMILY DWELLING	Estimated Cost: \$581,200.00
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

LOW VOLTAGE
NEW SFD

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (<i>As it appears on tax records</i>): WYNNE FAMILY LLC		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 170 COOLEY RIDGE DRIVE		
City: SYKESVILLE	State: MD	Zip Code: 21784
Phone: (410) 991-0665	Email: wynnebrian65@gmail.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name:	Contact Name:
Street Address: 170 COOLEY RIDGE DRIVE	
City: SYKESVILLE	State: MD
Phone: (410) 991-0665	Email: wynnebrian65@gmail.com

CONTRACTOR INFORMATION *REQUIRED*

Business Name: CLASSIC HOMES OF MD	
Licensee's Name: DINESH JAIN	License #: MHBR# 1739
Street Address: 6116 EXECUTIVE BLVD SUITE 750	
City: ROCKVILLE	State: MD
Phone: (443) 285-3569	Email: mark@classicmd.net
Zip Code: 20852	

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

Business Name: STRUCTURAL ENGINEERING UNLIMITED LLC	Name: JUAN UTRERA
Street Address: 9322 HILLSBOROUGH DRIIVE	
City: FREDERICK	State: MD
Phone: (301) 748-2769	Email: jutrera@se-u.com
Zip Code: 21701	

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 checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	Heating System: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Model Name & Options: THE CLIFTON / 2 STORY SFD					
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 9	# Full Baths: 3	# 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					
1 st Fl Width: 56	1 st Fl Depth: 34	2 nd Fl Width: 56	2 nd Fl Depth: 34	Bsmt Width: 56	Bsmt Depth: 34
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 5,884 sq ft		Occupiable Area: 5,145 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 APPLICABLE REGULATIONS AND ORDINANCES.

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

Date: 01/25/2022

To: Health Department
(Reviewer/Requestor's Name) (Division)

From: Kristy Pierce, GLW (410) 880-1820
(Your Name, Company Name) (Phone Number)

Subject: Project name Wynne Property
Project site address 15683 Old Frederick Road
Permit # B22000058 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 amended building permit plot plan (be specific). 4 copies
- 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)

Kristy Pierce Telephone No: (410) 880-1820
Please Print Name E-Mail Address: kpierce@glwpa.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 

RECEIVED

JAN 27 2022



3909 National Dr., Suite 250 | Burtonsville, MD 20866
PH: 301-421-4024 | PH (Baltimore): 410-880-1820
PH (Northern VA): 301-989-2524 | FAX: 301-421-4186

Check out our new website: WWW.GLWPA.COM

The information transmitted is intended only for the addressee shown above.
Any design information (calculations, drawings, etc.) included in this transmission is intended for the sole purpose agreed upon with Gutschick, Little & Weber, P.A. (GLW). If this information is to be used for any other purpose or transmitted to any other persons, prior consent must be received from GLW.

----- Forwarded message -----

From: **Silvast, Zackary** <zsilvast@howardcountymd.gov>
Date: Tue, May 24, 2022 at 5:21 PM
Subject: Regarding changes to building permit - #B22000058
To: eaeisenbeiser@gmail.com <eaeisenbeiser@gmail.com>, wynnebrian65@gmail.com <wynnebrian65@gmail.com>
Cc: glw@glwpa.com <glw@glwpa.com>, Williams, Jeffrey <jewilliams@howardcountymd.gov>, Bricker, Robert <RBricker@howardcountymd.gov>

To Whom It May Concern,

Unfortunately the new revisions to the building permit do not cater to a "quick fix approval." The house shifting to a different location is significant to our field staff who conduct inspections and pull measurements based on the foundation of the house on these OSDS plans.

With that being said, we are requiring that 3 new OSDS plans come from your hired engineer for 15683 Old Frederick Road. They should be submitted to the Health Department for immediate review and should reflect the changes made to the house foundation. We will turn these plans around as quickly as possible. Thank you.

- ZS

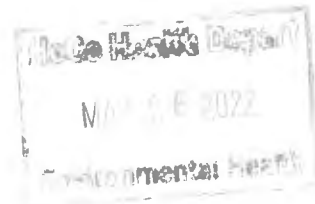
Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division

410-313-1777

Environmental Health Bureau

Howard County Health Department



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

Date: 5/19/22

To: DILP
(Person's Name and Division)

From: Elisabeth Wynne (443) 844-7251
(Your Name, Company Name and Telephone Number)

Subject: Project name Wynne Tenant Home

Project site address 15683 Old Frederick Rd.

Permit # B22000058 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). New OSIS plan approved. g/s 6/1/22
- 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)

Elisabeth Wynne
Please Print Name

Telephone No: 443-844-7251

E-Mail Address: eaeisenbeiser@gmw.com

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Received by [Signature]

CC: Health Dept

DILP 2022 MAY 19 PM 2:52

Sent e-mail.

Need new

OSDS plans.

- ZS 5/24/22