

PERMIT NUMBER: B 22020451

DATE ACCEPTED:

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: 12212 Bayless Way		Unit:
City: Ellicott City	State: MD	Zip Code: 21043
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: 111	Tax Map:	Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Geerish Bhabha	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12212 Bayless Way	
City: Ellicott City	State: MD Zip Code: 21043
Phone: 410-737-7043	Email: geerishb1@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name:
Street Address:	
City:	State: MD Zip Code: 21043
Phone:	Email:

CONTRACTOR INFORMATION REQUIRED

Business Name:	
Licensee's Name:	License #:
Street Address:	
City:	State: MD Zip Code:
Phone:	Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input 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 type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options:				
# 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: <input 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width: Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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: 8/11/22
--------------------------------	----------------------

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health <i>Approved 9/8 8/15/22</i>	<input type="checkbox"/> SHA <input checked="" type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT: 379	ACCEPTED BY:		

PREPARED BY

DK

APPLICANT

DARA KHADER
E: DARAKHADER@HOTMAIL.COM
ADDRESS: 14732 MATTAWOMAN
DR BRANDYWINE MD 20613
M : 1 (917) 971 7088

OWNER

BEENISH BHAITA
E: BEENISHB@GMAIL.COM
ADDRESS: 12213 BASSELMERS
WAY CLARKSVILLE MD
T: 410 926 9042

ADDRESS

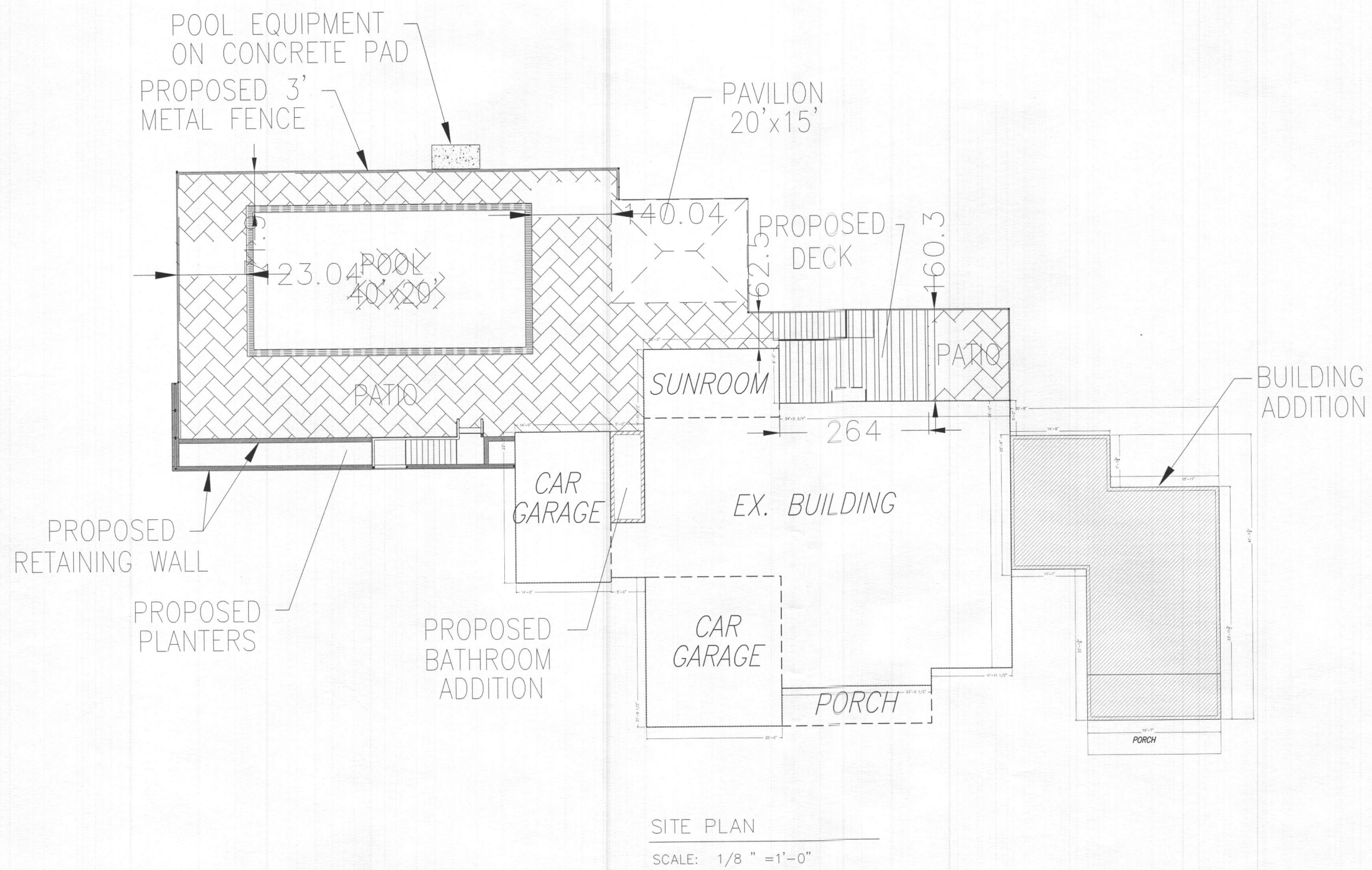
**12213 BASSELMERS
WAY,
CLARKSVILLE, MD
21029**

NOTES

SHEET INFO

SHEET NO. A1

SITE PLAN



SITE PLAN
SCALE: 1/8" = 1'-0"

- ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING, TAPE FLOAT AND SAND (3 COATS) USE 5/8" GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
- ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.
- ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
- MAIN FLOOR CEILINGS TO BE 10' UNLESS NOTED.
- BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
- PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION Q241.6.
- ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING.

- RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
- ALL WALLS AND CEILINGS IN GARAGE AND GARAGE STORAGE AREAS TO HAVE 5/8" TYPE-X GYP. BOARD W/ 1-HOUR FIRE RATING. ALL EXT. DOORS IN GARAGE TO BE METAL OR SOLID CORE DOORS INCLUDING DOORS ENTERING HEAT/COOLED PORTION OF RESIDENCE.
- ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 6" (R-18) INSULATION BETWEEN 2X4 JOISTS.
- ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING, TAPE FLOAT AND SAND (3 COATS) USE 5/8" GYPSUM BOARD ON CEILINGS WHEN SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
- ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.

- WINDOW SCHEDULE**
- W1 - 20" x 39" window under the ceiling fixed windows
 - W2 - 72" x 48" fixed window
 - W3 - 72" x 84" patio sliding door
 - W4 - 72" x 48" fixed window

- DOOR SCHEDULE**
- D1 - 30-inch x 80-inch Primed 6 Panel Hollow Core Textured Interior Door
 - D2 - 36-inch x 80-inch Primed 2 Panel Hollow Core Smooth Interior Bi-fold Door
 - D3 - Indoor Studio Bostonic 48 in. x 80.5 in. White Masonite Sliding Door

- BRACE ALL EXTERIOR WALLS AND CROSS STUD PARTITIONS AT EACH END OF GARAGE AND AT LEAST EVERY 20' OF LENGTH BY EITHER SIMPSON MB 028 WALL BRACING WITH 3-16D NAILS AT EACH END AND 1-8D NAIL AT EACH STUD OR PLYWOOD SHEATHING OF A MINIMUM THICKNESS 1/2".
- FASCIA TO BE 2" X 10" X DOUGLAS FIR.
- USE SIMPSON H-1 HURRICANE ANCHORS AT EACH TRUSS OR RAFTER TO WALL CONNECTION.
- SOLID BLOCKING REQUIRED BETWEEN TRUSS, JOISTS OR RAFTERS AT BEARING WALL. SUCH BLOCKING SHALL BE MINIMUM 1 1/2" MINIMUM THICKNESS AND FULL DEPTH OF JOIST, RAFTER OR TRUSSES.
- PLYWOOD ROOF DECKING TO BE MINIMUM 1/2" THICK.

PREPARED BY

DK

APPLICANT

DARA KHADER
 E: DARAKHADER@HOTMAIL.COM
 ADDRESS: 14732 MATTAWOMAN DR BRANDYWINE MD 20613
 M : 1 (917) 971 7088

OWNER

BEENISH BHAITA
 E: BEENISHB@GMAIL.COM
 ADDRESS: 12213 BASSELSERS WAY CLARKSVILLE MD
 T: 410 926 9042

ADDRESS

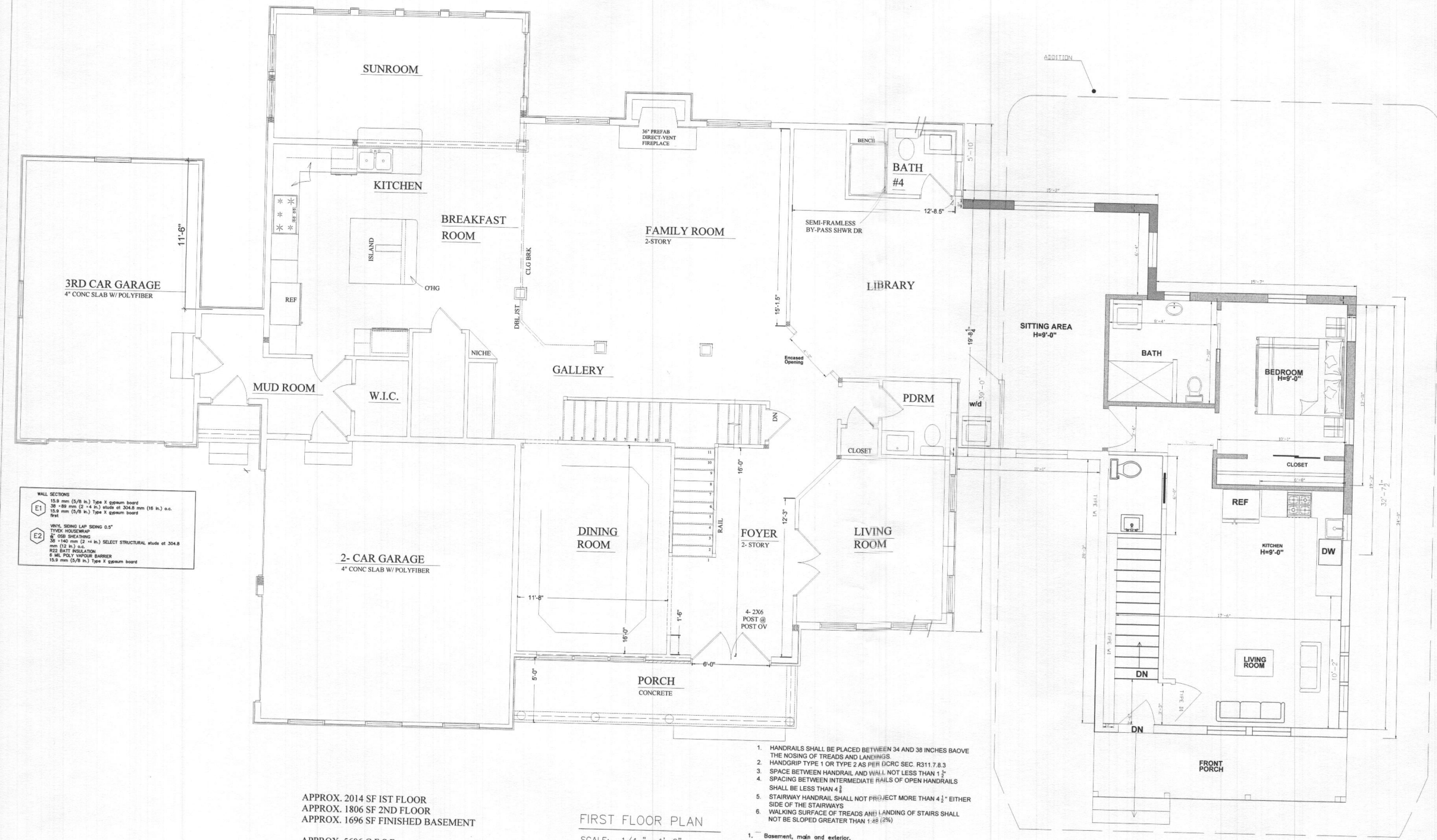
12213 BASSELSERS WAY, CLARKSVILLE, MD 21029

NOTES

SHEET INFO

SHEET NO. A3

PROPOSED FIRST FLOOR PLANS

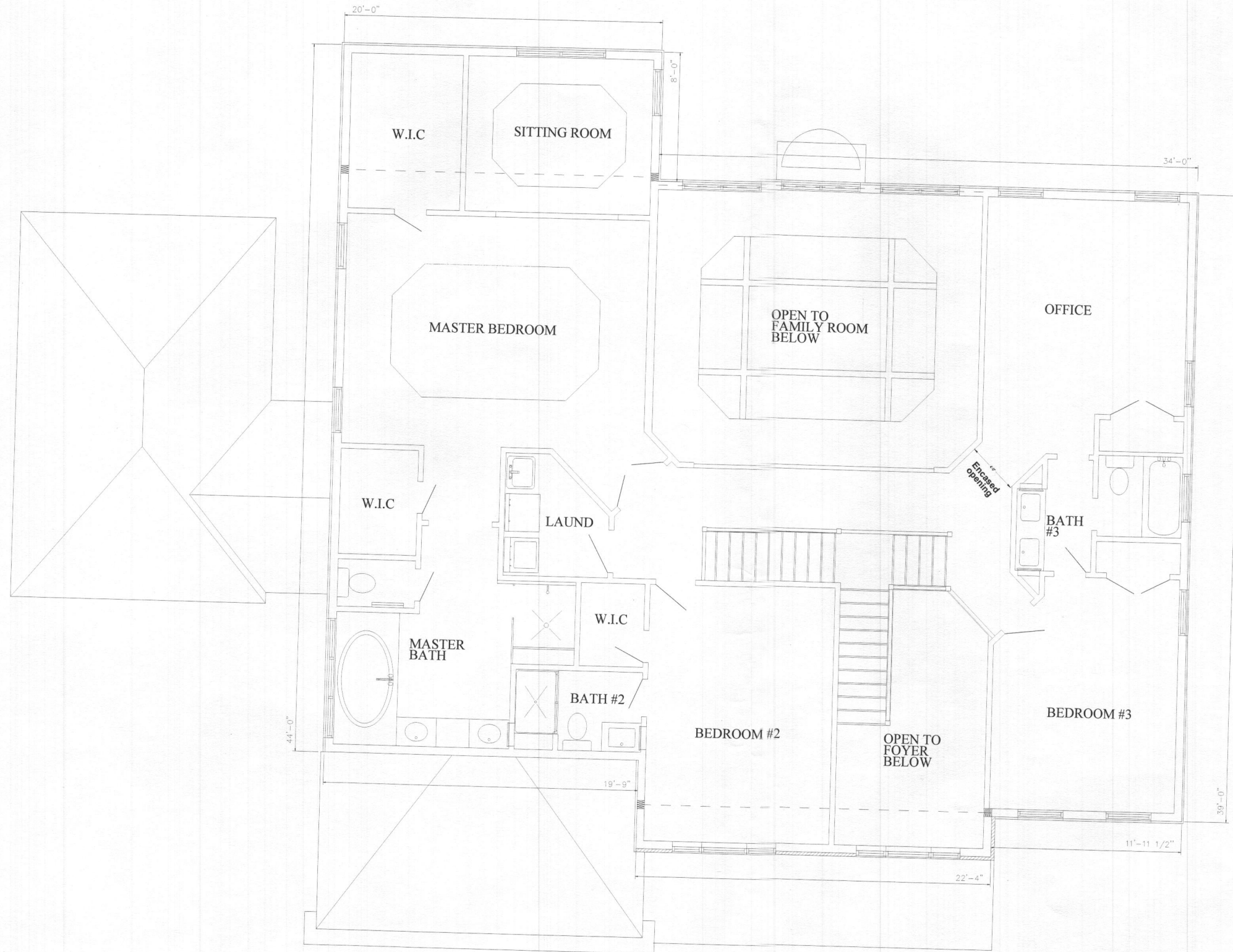


- WALL SECTIONS**
- E1 1/2" min (5/8 in.) Type X gypsum board 3/8" - 89 mm (2" x 4 in.) studs at 304.8 mm (16 in.) o.c. 1/2" min (5/8 in.) Type X gypsum board 1/2"
 - E2 VINYL SIDING LAP SIDING 0.5" TYPE X INSULATION 1/2" OSB SHEATHING 3/8" x 1 1/2" min (2" x 4 in.) SELECT STRUCTURAL studs at 304.8 mm (16 in.) o.c. R22 BATT INSULATION 6 MIL POLY VAPOR BARRIER 1/2" min (5/8 in.) Type X gypsum board

APPROX. 2014 SF 1ST FLOOR
 APPROX. 1806 SF 2ND FLOOR
 APPROX. 1696 SF FINISHED BASEMENT
 APPROX. 5606 G.F.S.F.

FIRST FLOOR PLAN
 SCALE: 1/4" = 1'-0"

- HANDRAILS SHALL BE PLACED BETWEEN 34 AND 38 INCHES ABOVE THE NOSING OF TREADS AND LANDINGS.
 - HANDGRIP TYPE 1 OR TYPE 2 AS PER DCR SEC. R311.7.8.3
 - SPACE BETWEEN HANDRAIL AND WALL NOT LESS THAN 1 1/2"
 - SPACING BETWEEN INTERMEDIATE RAILS OF OPEN HANDRAILS SHALL BE LESS THAN 4 1/2"
 - STAIRWAY HANDRAIL SHALL NOT PROJECT MORE THAN 4 1/2" EITHER SIDE OF THE STAIRWAYS
 - WALKING SURFACE OF TREADS AND LANDING OF STAIRS SHALL NOT BE SLOPED GREATER THAN 1:48 (2%)
1. Basement, main and exterior.
 Max. rise
 Min. run
 Min. tread
 Min. nosing
 Min. headroom
 Guard at stair run
 Guard at landing
 Guard at balcony
 Handrail
 min 31" & max 38"



EXISTING SECOND FLOOR

SCALE: 1/4" = 1'-0"

PREPARED BY

DK

APPLICANT

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OWNER

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ADDRESS

**12213 BASSELS
 WAY,
 CLARKSVILLE, MD
 21029**

NOTES

SHEET INFO

SHEET NO. A3.2

**Existing Second
 Floor**

PREPARED BY

DK

DOOR SCHEDULE
 D1 - 30-inch x 80-inch
 Primed 6 Panel
 Hollow Core Textured
 Interior Door
 D2 - 36-inch x 80-inch
 Primed 2 Panel
 Hollow Core Smooth
 Interior Bi-fold Door
 D3 - Indoor Studio
 Sashless 48 in. x
 80.5 in. White
 Masonite Sliding Door

WINDOW SCHEDULE
 W1 - 20" x 39" window under the
 ceiling fixed windows
 W2 - 72" x 48" fixed window
 W3 - 72" x 84" patio sliding door
 W4 - 72" x 48" fixed window
 W5 - EXTERIOR WEATHER SEALED
 DOOR

1. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING, TAPE FLOAT AND SAND. (3 COATS) USE 5/8" GYPSUM BOARD ON CEILINGS WHEN SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
2. ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.
3. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
4. MAIN FLOOR CEILINGS TO BE 10' UNLESS NOTED.
5. BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
6. HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
7. PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION G2419
8. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
9. APPLIANCE.

10. ALL WALLS AND CEILINGS IN GARAGE AND GARAGE STORAGE AREAS TO HAVE 5/8" TYPE-X GYP. BOARD W/ 1-HOUR FIRE RATING. ALL EXT. DOORS IN GARAGE TO
11. BE METAL OR SOLID CORE DOORS INCLUDING DOORS ENTERING HEAT/COOLED PORTION OF RESIDENCE.
12. ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE. PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 6" (R-19)
13. INSULATION BETWEEN 2X4 JOISTS.
14. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING, TAPE FLOAT AND SAND. (3 COATS) USE 5/8" GYPSUM
15. BOARD ON CEILINGS WHEN SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
16. ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.

APPLICANT

DARA KHADER
 E: DARAKHADER@HOTMAIL.COM
 ADDRESS: 14732 MATTAWOMAN
 DR BRANDYWINE MD 20613
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OWNER

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ADDRESS

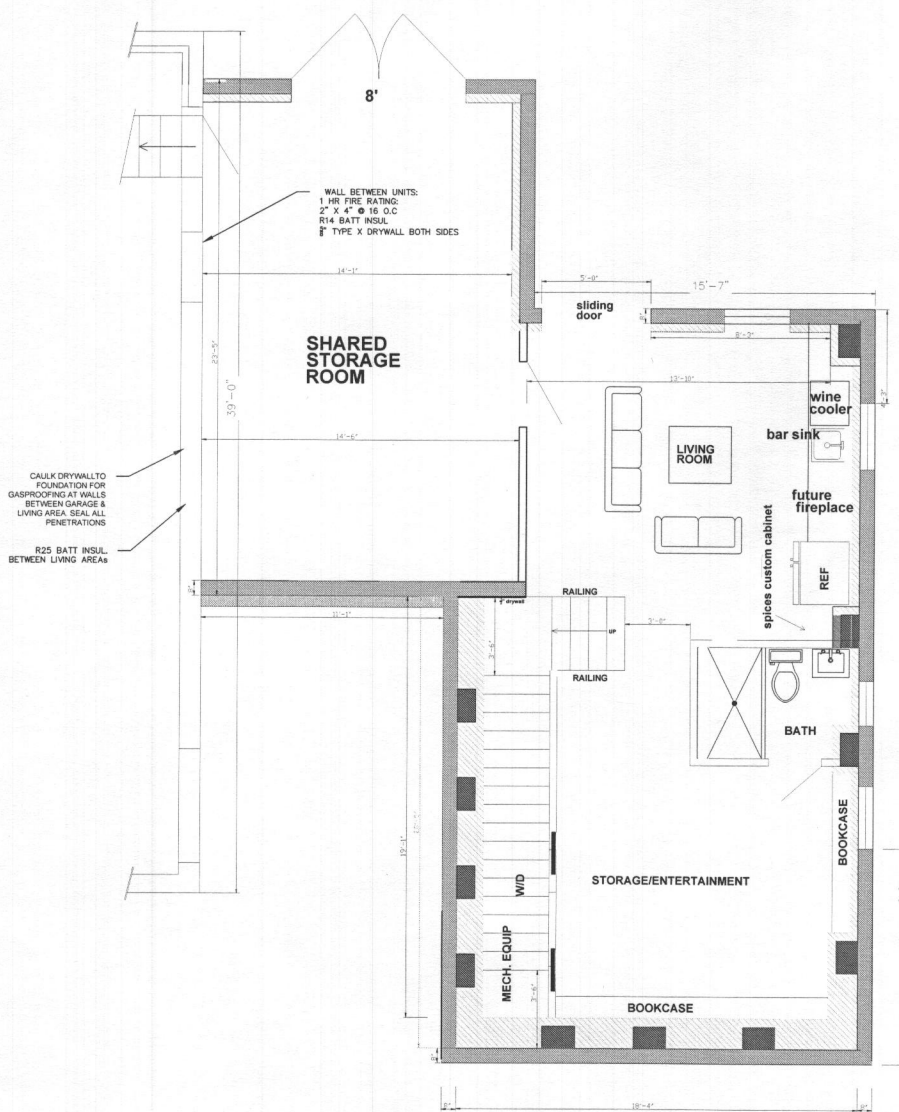
**12213 BASSELS
 WAY,
 CLARKSVILLE, MD
 21029**

NOTES

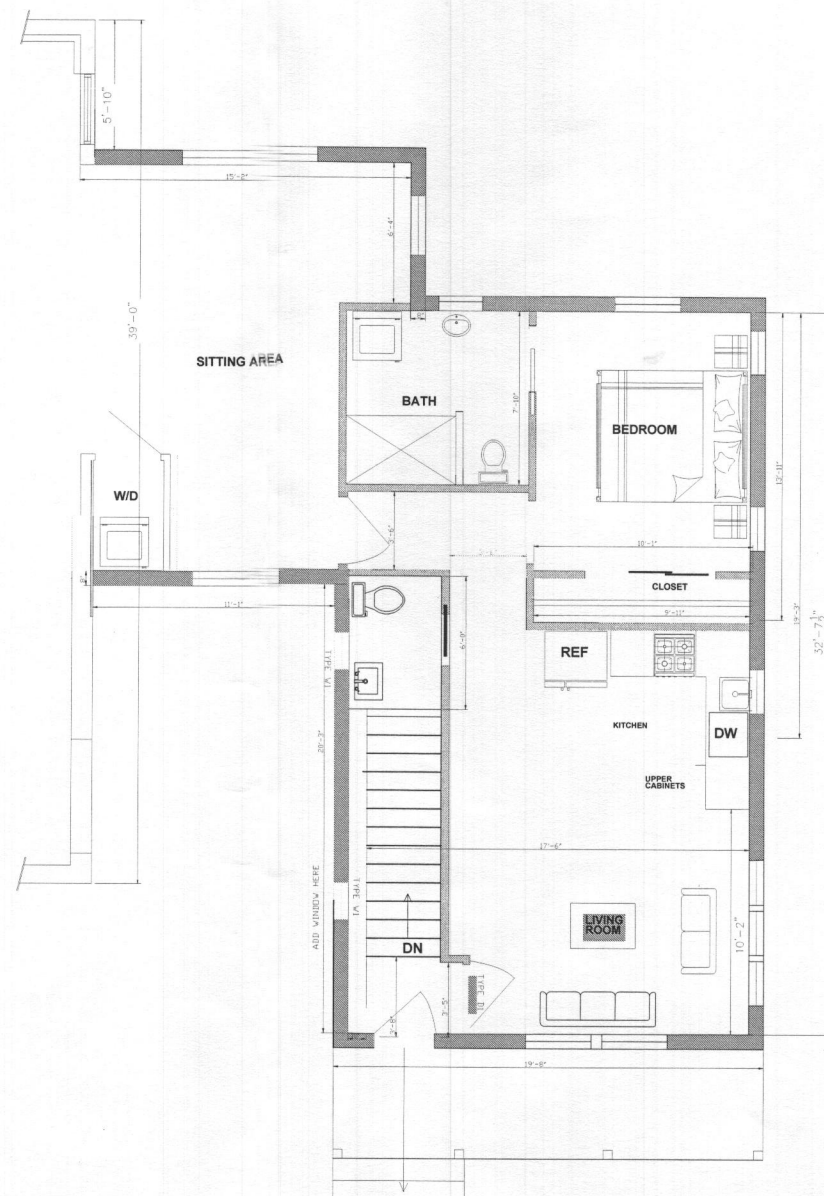
SHEET INFO

SHEET NO. | A4

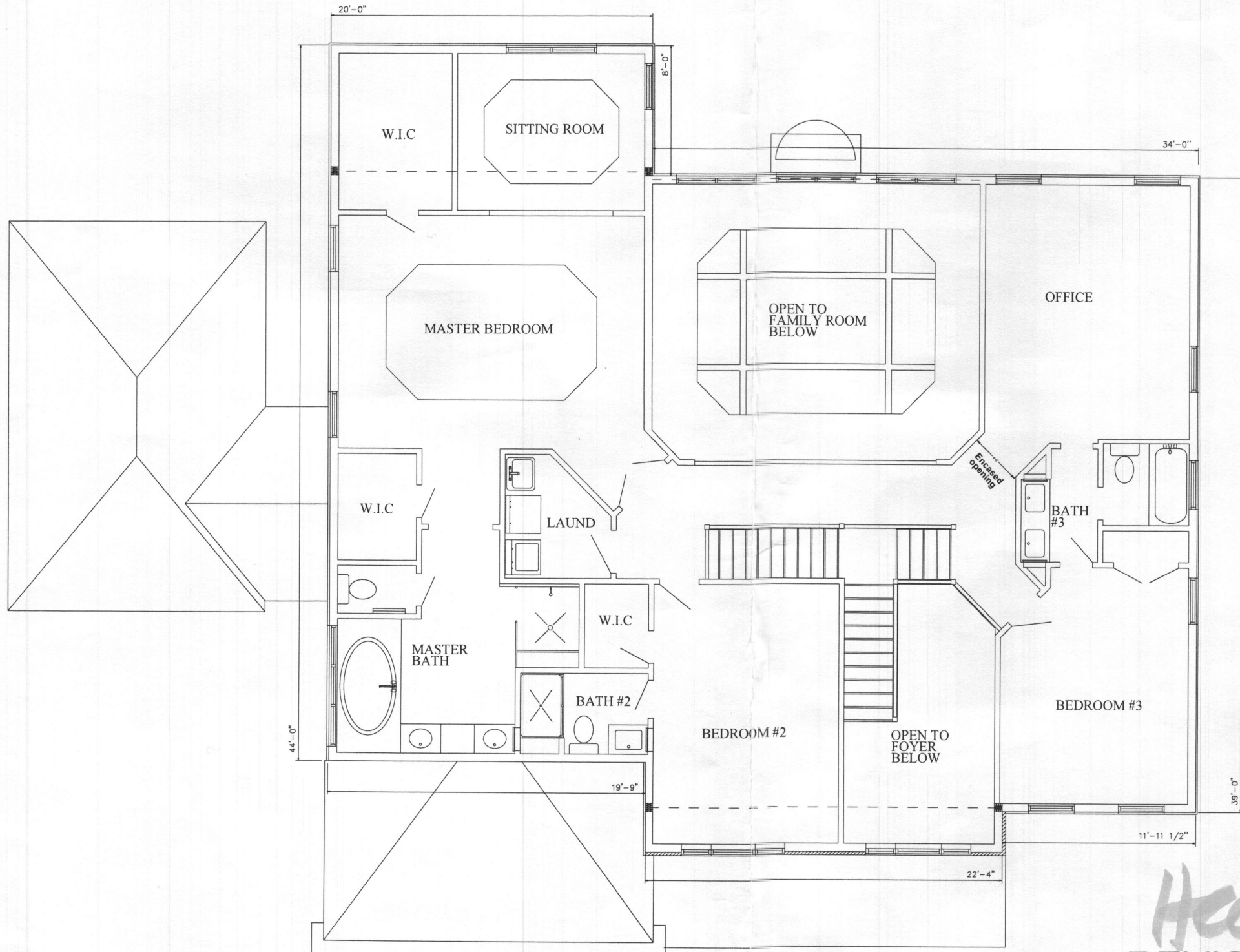
**PROPOSED FLOOR
 PLANS**



PROPOSED BASEMENT LAYOUT (779 SF)
 SCALE: 1/4" = 1'-0"



FIRST FLOOR PLAN
 SCALE: 1/4" = 1'-0"



EXISTING SECOND FLOOR
SCALE: 1/4" = 1'-0"

Heath
REVISED
Date: 5/26/23
Comments: B22002445
Set 3 of 3

PREPARED BY

DK

APPLICANT

DARA KHADER
E: DARAKHADER@HOTMAIL.COM
ADDRESS: 14732 MATTAWOMAN
DR BRANDYWINE MD 20613
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WAY CLARKSVILLE MD
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ADDRESS

12213 BASSELS
WAY,
CLARKSVILLE, MD
21029

NOTES

SHEET INFO

SHEET NO. A3.2

Existing Second
Floor

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

Date: May 4th 2020

To: (Health Department)
(Person's Name and Division)

From: Dara Khader DK (Telephone #) 917-971-7088
(Your Name, Company Name and Telephone Number)

Subject: Project name 12213 Bowers Way, Clarksville, MD, 21029
Project site address _____
Permit # 1322002445 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 → Total Bedrooms are 5, not 6 Bedrooms in the Base Plans.
- 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 Remove the Door from Library/Office Room.

Contact Person Information: (Required)

Dara Janaga (Khader)
Please Print Name

Telephone No: 917-971-7088

E-Mail Address: darakhader@hotmail

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 mf

Revision to amendment

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

Date: Aug. 9. 2022 ONLINE SUBMITTAL PAPER SUBMITTAL

To: Aca Hk Zachy Silva
(Reviewer/Requestor's Name) (Division)

From: Dara Janagra, Tri Fusion Inc 917-971-7088
(Your Name, Company Name) (Phone Number)

Subject: Project name In-law Suit

Project site address 12213 Basslers way, Clarksville MD 21029

Permit # B21004947 B2200 SDP # _____

Other information pertinent to this project 2445

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.
(Labeling in two rooms to show the use of them)
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific). *Change the labeling to make a library + Playroom*
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model name and/or # _____
- Other Updated/ New floor plans APPROVED. 8/15/22

Contact Person Information: (Required)

Dara Janagra
Please Print Name

Telephone No: 917-971-7088

E-Mail Address: darakhader@hotmail.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 [Signature]
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

RECEIVED
AUG 09 2022
LICENSES & PERMITS
DIVISION

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

RECEIVED

Date: April 12, 2023 APR 12 2023
To: Mike Belving LICENSES & PERMITS DIVISION
(Person's Name and Division)
From: Dara Khader (917 971-7088)
(Your Name, Company Name and Telephone Number)
Subject: Project name 12213 Basslers Way Clarksville MD 21029
Project site address _____
Permit # B22002445 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 dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____


Contact Person Information: (Required)

Dara Jarajra (Khader)
Please Print Name

Telephone No: 917-971-7088

E-Mail Address: darakhader@hotmail.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 

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

Date: 3/21/2023

To: Mike BLEVINS
(Person's Name and Division)

RECEIVED

From: Dara Khader (Janagra), (917) 971 7088 MAR 21 2023
(Your Name, Company Name and Telephone Number)

Subject: Project name In law suit addition LICENSES & PERMITS
DIVISION
Project site address 12213 Basslers Way, Clarksville MD 21029
Permit # B22002445 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 Structural Changes & Some architectural Change in the layout.
- Energy conservation calculations - Basement height (12'-0") - Interior Bathroom layout
- Copies of _____ (be specific). - Stairs from Existing Basement - window sizes - wall opening at first floor - Roof Design
- _____ 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)

Dara Janagra Khader
Please Print Name

Telephone No: 917-971 7088

E-Mail Address: darakhader@hotmail.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 TMP

*Amendment
Invoice # 741455 Paid
741455
4/5/23*

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

Date: 05/19/23

To: Plan Review
(Person's Name and Division)

From: Beerish Bhatia / Dara Khader
(Your Name, Company Name and Telephone Number) Tri Fusion Inc (917) 971-7088 / 410-926-9042

Subject: Project name Residential
Project site address 12213 Basslers Way, Clarksville MD 21029
Permit # B22002445 SDP # _____
Other information pertinent to this project Sheet A3, A3.2

- 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 Remove a closet in library room, Bedroom 4 is an office


Contact Person Information: (Required)

Dara Khader
Please Print Name

Telephone No: 917-971-7088

E-Mail Address: darakhader@hotmail.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 

Approved MRR
5/25/23

Rev # 9
MAY 22 2023

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

Silvast, Zackary

From: Beenish Bhatia <beenishb@gmail.com>
Sent: Thursday, August 11, 2022 10:42 AM
To: Silvast, Zackary
Cc: Rob Vogel; Williams, Jeffrey
Subject: Re: regarding 12213 Bassler's way (permit #'s: B22002445 & B21004947)

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

Hi Zack,

The building department has approved the permit "B22002445". Can you please review it?

Thanks
Beenish

On Wed, Aug 10, 2022 at 10:08 AM Beenish Bhatia <beenishb@gmail.com> wrote:
Good morning Zack,

We resubmitted a new drawing with a building permit titled "B22002445" to DILP yesterday. We brought down the number of bedrooms to 5. You should receive the updated drawings today. We expect the building department to approve this minor revision today.

Beenish
410-926-9042

On Mon, Aug 8, 2022 at 3:14 PM Silvast, Zackary <zsilvast@howardcountymd.gov> wrote:

Hello everyone,

I just wanted to give a quick update regarding the two ongoing permits.

First, the most recently approved perc certification plan has allowed the Health Department to approve the initial permit titled "B21004947." All the requirements for an approvable pool permit have been met.

Secondly, the building permit titled "B22002445" cannot be approved as currently proposed. The property is on a shard septic system, so the house is locked in at 5 bedrooms. The current proposed plans show a 7 bedroom house upon completion of construction. This is not allowed

In conclusion, the addition could someday reach an approvable outcome if you work with your engineer and architect to keep the house at a 5 bedroom capacity. This is one of those non-negotiable rules involving this particular property. And it is stated clearly in the bylaws of the subdivision.

Hope you all have a great day.

- ZS

Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division

410-313-1777

Environmental Health Bureau

Howard County Health Department



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

May 25, 2022

Beenish Bhaita
12213 Basslers Way
Clarksville, Maryland 21029

RE: **Accessory Apartment**
12213 Basslers Way
TM 28, Parcel 49, Grid 11, Lot 14

To Whom It May Concern:

In response to your Accessory Apartment Application, the following is provided for your information and use. The subject property is located in an RC (Rural Conservation) 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.

Based on the plan you submitted with your application, the Accessory Apartment measures approximately 1496 square feet, which complies with the maximum one third of the net floor area of the dwelling, up to a maximum of 1500 square feet.

This application is hereby **APPROVED**. If you have any questions, please contact me at 410-313-4313 or amerson@howardcountymd.gov.

Sincerely,

Annette Merson-Sacks

Department of Planning & Zoning
Planning Support Tech II
Division of Public Service & Zoning Administration

3 22002445

APT-22-004

Silvast, Zackary

12012 2022 07 25 11:25 AM

From: Silvast, Zackary
Sent: Monday, July 25, 2022 11:25 AM
To: Rob Vogel; Beenish Bhatia
Cc: Freemon, Robert; Kathleen Makusky; Williams, Jeffrey
Subject: RE: Building permit # B21004947

Good Morning Rob,

I reviewed what was submitted last week. We received it on the 19th and processed it on the 20th. I had a conference Thurs/Fri. The submitted floor plans are incomplete, I need to see the existing floor plans not just the proposed. Is there a 2nd story to this house? Some of the bedrooms have a number label and others don't. I also counted three living rooms? Also the layering of the floor plans are a bit odd and disjointed; there should be existing conditions and then proposed next to it. Ideally a full layout of each floor then how that floor is changing. And the plot plan is very basic and not to scale. I need to see everything on a scaled plot plan including all parts of the septic system & the updated well box with existing well location. Let me know if you have any other questions or concerns.

- ZS

From: Rob Vogel <Rob.Vogel@timmons.com>
Sent: Monday, July 18, 2022 3:57 PM
To: Silvast, Zackary <zsilvast@howardcountymd.gov>; Beenish Bhatia <beenishb@gmail.com>
Cc: Freemon, Robert <rffreemon@howardcountymd.gov>; Kathleen Makusky <Kathleen.Makusky@timmons.com>; Williams, Jeffrey <jewilliams@howardcountymd.gov>
Subject: RE: Building permit # B21004947

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

Thanks Zack

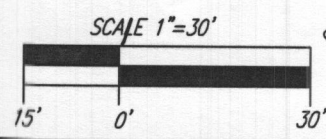
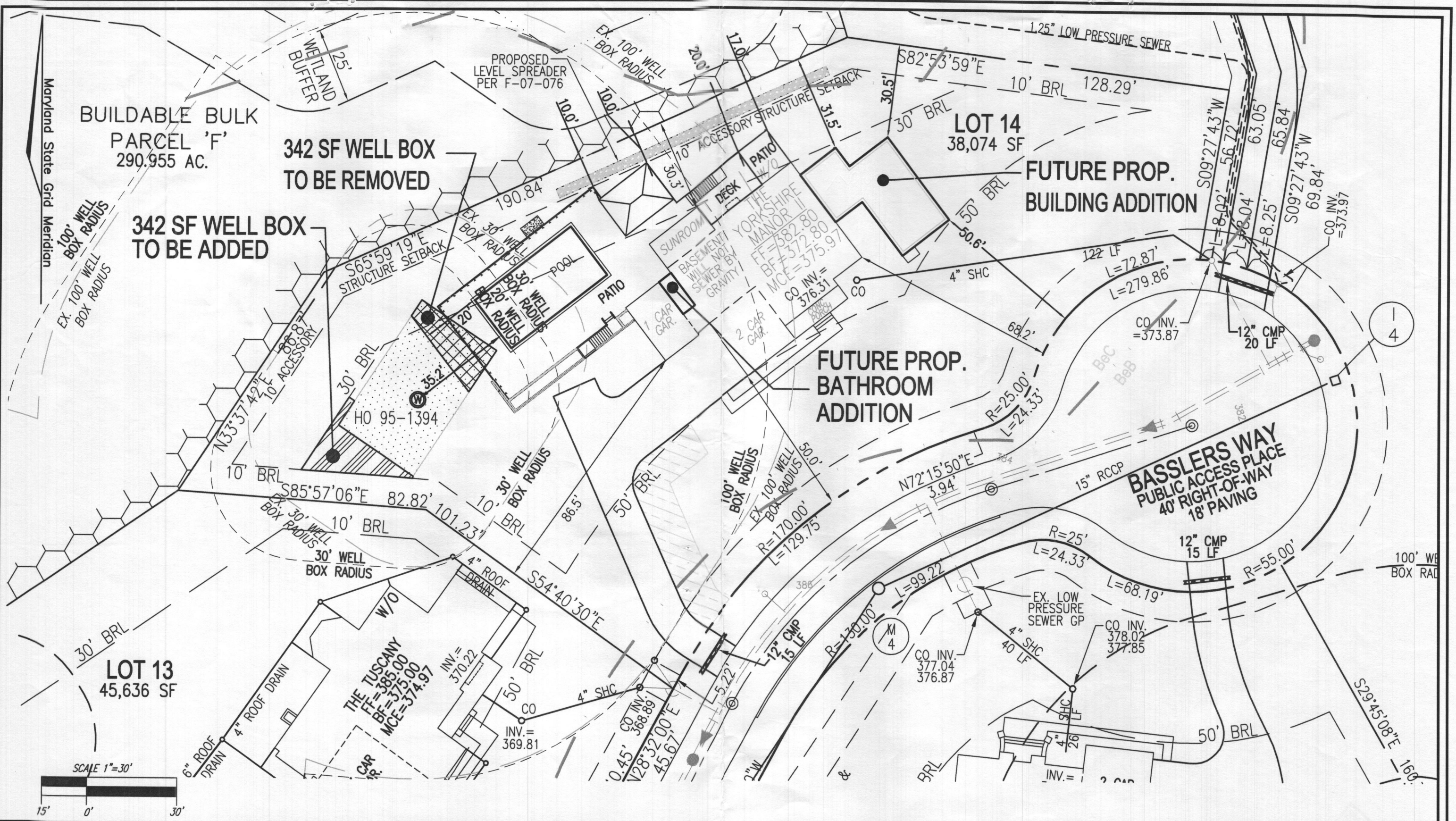
Robert H. Vogel P.E., M.ASCE


Principal

VOGEL ENGINEERING + TIMMONS GROUP | www.timmons.com
3300 N. Ridge Road, Suite 110 | Ellicott City, MD 21043
Office: 410.461.7666 | Fax: 410.461.8961
<https://www.linkedin.com/company/timmons-group>
Your Vision Achieved Through Ours





To send me files greater than 20MB [click here](#)

From: Silvast, Zackary <zsilvast@howardcountymd.gov>
Sent: Monday, July 18, 2022 3:37 PM
To: Rob Vogel <Rob.Vogel@timmons.com>; Beenish Bhatia <beenishb@gmail.com>
Cc: Freemon, Robert <rffreemon@howardcountymd.gov>; Kathleen Makusky <Kathleen.Makusky@timmons.com>;



VOGEL ENGINEERING

TIMMONS GROUP
 3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY, MD 21043
 P: 410.461.7666 F: 410.461.8961 www.timmons.com

OWNER
 BHATIA BEENISH
 GURRALA SRUTHI REDDY
 12213 BASSLERS WAY
 CLARKSVILLE, MD 21029

WELL PLAT LEGEND
 EX. WELL AREA TO BE REMOVED
 EX. WELL AREA TO REMAIN
 PROPOSED WELL AREA
 EXISTING WELL

WELL EXHIBIT
WALNUT CREEK
 LOT 14
 12213 BASSLERS WAY
 ELLICOTT CITY, MD 21029
 TAX MAP 28 BLOCK 11
 5TH ELECTION DISTRICT

ZONE RC-DEO
 PARCEL 49
 HOWARD COUNTY, MARYLAND

DRAWN BY: _____ KG
 DESIGN BY: _____ RHV
 CHECK BY: _____ RHV
 DATE: _____ JUNE 2022
 SCALE: _____ 1"=30'
 W.O. NO.: _____ 13-21

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110, Ellicott City, MD 21040
P 410.461.7666 F 410.461.8961 www.timmons.com

Date: June 16, 2022
To: Howard County Health Department
Attn: Mr. Robert Bricker/Hank Oswald
cc:
Subject: Walnut Creek Phase I
Project Number: 13-21.00

ATTACHED:

# Copies	Description
3	Revised Percolation Certification Plan
3	Well Exhibit
3	Point by point responses

Remarks:

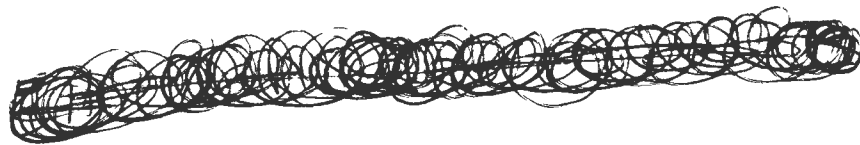
Please call 410-461-7666 with any questions.

Thank you

Kathleen Makusky

Transmitted by:

Received by:



WS-PT-22-02034

June 14, 2022

Mr. Robert Bricker
Bureau of Environmental Health,
Well and Septic Program
8930 Stanford Blvd.
Columbia, Maryland 21045

re: **WALNUT CREEK - PHASE ONE**
LOT 14
Revised Percolation Certification Plan

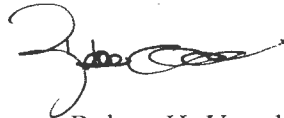
Dear Mr. Bricker

In accordance with the Email dated June 13, 2022, Vogel Engineering + Timmons Group offers the following point by point responses to the comments.

1. Well hatch symbols on plan view have been revised.
2. Legend has been revised to match plan view.
3. The word “Revised” in the title block has been corrected.

Sincerely,

VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel P.E.
Principal

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-22-02034
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 12213 Basslers WAY,

Receipt No. 4262

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Cash		\$11.00	06/17/2022	JUKING		Basslers Way / Walnut Creek Phase 1

Work Description: Walnut Creek Phase 1 Lot 14

June 14, 2022

Mr. Robert Bricker
Bureau of Environmental Health,
Well and Septic Program
8930 Stanford Blvd.
Columbia, Maryland 21045

re: **WALNUT CREEK - PHASE ONE**
LOT 14
Revised Percolation Certification Plan

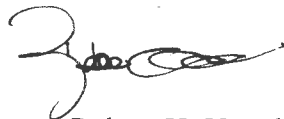
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VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel P.E.
Principal

June 14, 2022

Mr. Robert Bricker
Bureau of Environmental Health,
Well and Septic Program
8930 Stanford Blvd.
Columbia, Maryland 21045

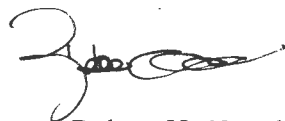
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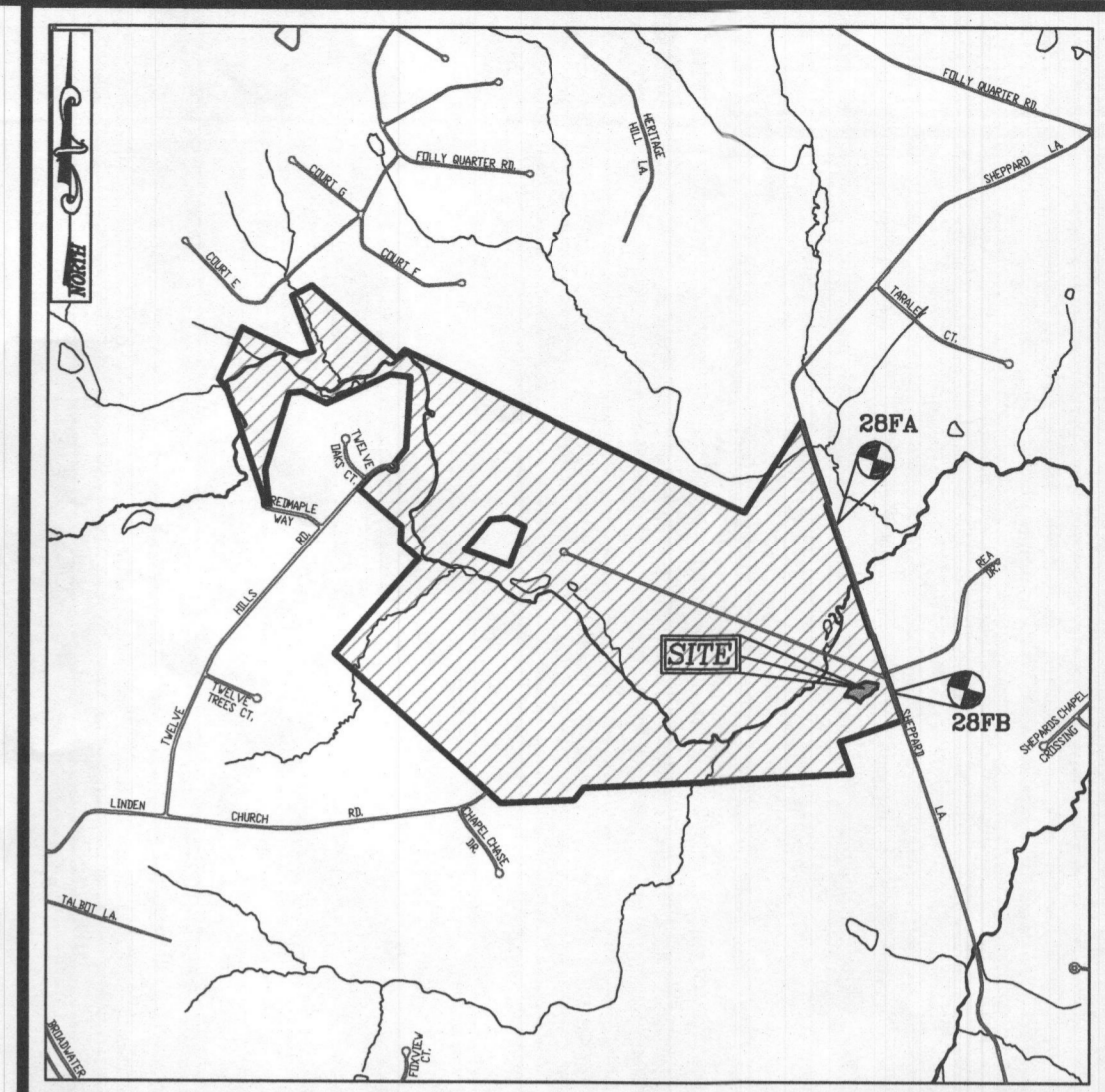
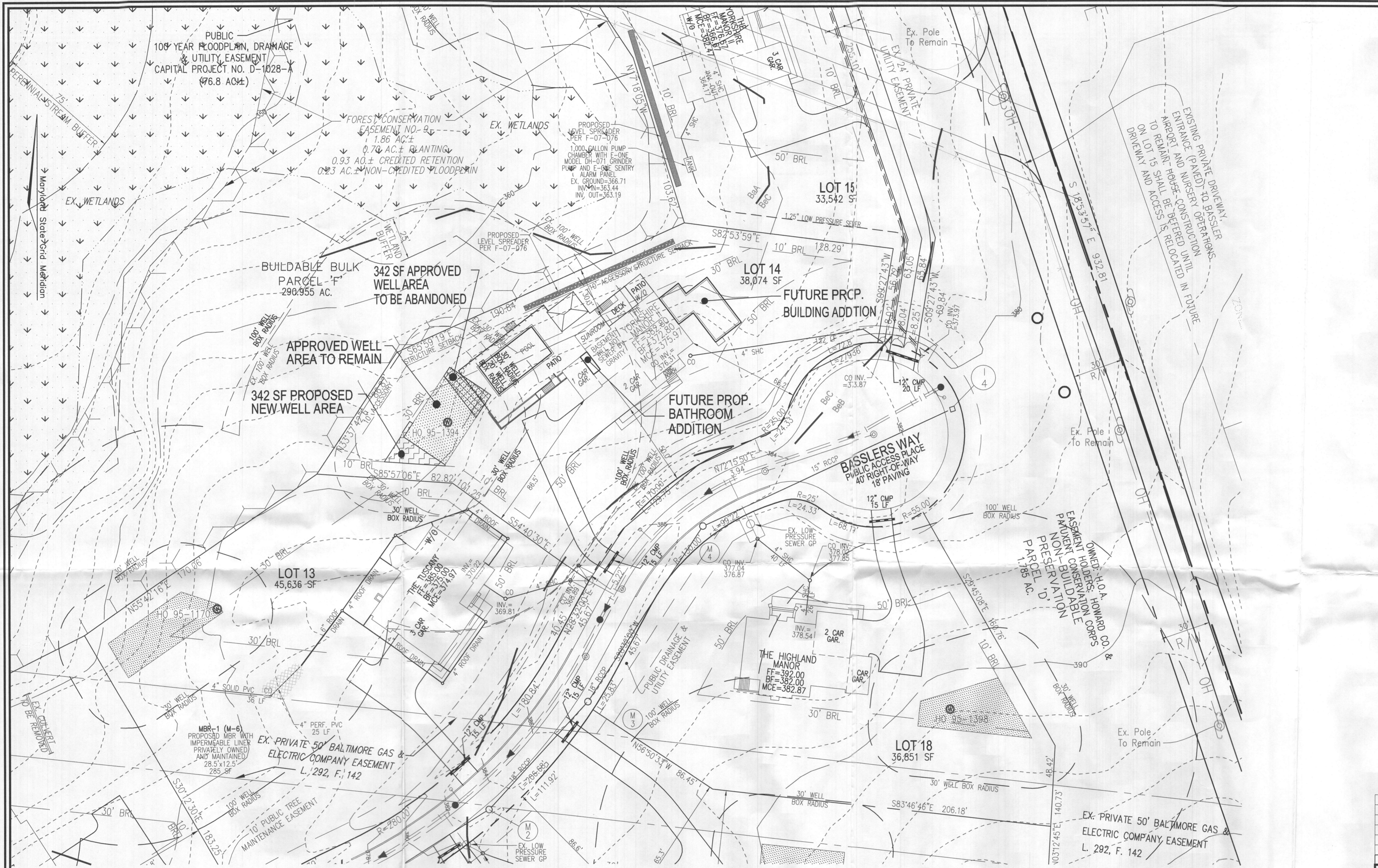
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VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel P.E.
Principal



VICINITY MAP
SCALE: 1"=2000'
ADC MAP: 14, E2

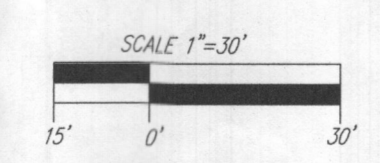
LEGEND

EXISTING CONTOURS	---
LOT LINE	---
RIGHT OF WAY LINE	---
STREAM BUFFER	---
EXISTING STREAM	---
SOIL BOUNDARY	---
EXISTING WELL FIELD LOCATED	⊙
APPROVED WELL AREA (TO REMAIN)	▨
APPROVED WELL AREA (TO BE ABANDONED)	▩
PROPOSED NEW WELL AREA	▧
EXISTING WETLAND	▤
WETLAND BUFFER	▥
EXISTING FOREST CONSERVATION EASEMENT	▦
EXISTING 100-YEAR FLOOD PLAN	▧

OWNER
BHATIA BEENISH
GURRALA SRUTHI REDDY
12213 BASSLERS WAY
CLARKSVILLE, MD 21029

DEVELOPER
TRINITY HOMES
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 480-0023

PLAN VIEW
SCALE: 1"=30'



GENERAL NOTES:

1. THE PROPERTY OUTLINE IS BASED ON A FIELD RUN SURVEY PERFORMED BY FISHER, COLLINS, & CARTER, INC., DATED AUGUST 2004.
2. THE TOPOGRAPHY SHOWN HEREON IS BASED ON AERIAL TOPOGRAPHIC SURVEY PREPARED BY HARRFORD AERIAL SURVEYS, INC. DATED FEBRUARY, 2004.
3. ALL EXISTING WELLS SHOWN HEREON HAVE BEEN FIELD LOCATED.
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
5. ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY AND THOSE WELLS WITHIN 200' DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN USING ALL REASONABLE EFFORTS.
6. ANY CHANGE TO A PRIVATE SEWAGE AREA AND/OR PRIVATE WELL AREA SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	SOIL GROUP
BaA	BENEVOLO SILT LOAM, 0 TO 3 PERCENT SLOPES	B
BeB	BENEVOLO SILT LOAM, 3 TO 8 PERCENT SLOPES	B
BeC	BENEVOLO SILT LOAM, 8 TO 15 PERCENT SLOPES	B
Co	CODORUS AND HATBORO SILT LOAMS, 0 TO 3 PERCENT SLOPES	C
Hs	HATBORO-CODORUS SILT LOAMS, 0 TO 3 PERCENT SLOPES	D
MaC	MANOR LOAM, 8 TO 15 PERCENT SLOPES	B
WnA	WILTSHIRE SILT LOAM, 0 TO 3 PERCENT SLOPES	C
WnB	WILTSHIRE SILT LOAM, 3 TO 8 PERCENT SLOPES	C

NOTE: USDA WEB SOIL SURVEY

APPROVED FOR PRIVATE WATER AND SHARED SEWAGE SYSTEM.

COUNTY HEALTH OFFICER DATE 4/30/22

PERCOLATION CERTIFICATION:
I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

LAND SURVEYOR DATE 5/16/22

NOTE:
THE PURPOSE OF THIS REVISED PERCOLATION CERTIFICATION PLAN IS TO UPDATE THE WELL BOX AREA ON LOT 14 AND ESTABLISH A NEW WELL ENVELOPE AROUND THE EXISTING WELL LOCATED ON LOT 14. THE REVISED WELL ENVELOPE IS INTENDED TO ACCOMMODATE THE PROPOSED POOL.

NO.	REVISION	DATE

REVISED PERCOLATION CERTIFICATION PLAN

WALNUT CREEK - PHASE ONE
LOT 14
12213 BASSLERS WAY
ELLCOTT CITY, MD 21029

TAX MAP: 28 CRD: 11 ZONED RC-020 PARCEL: 49
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

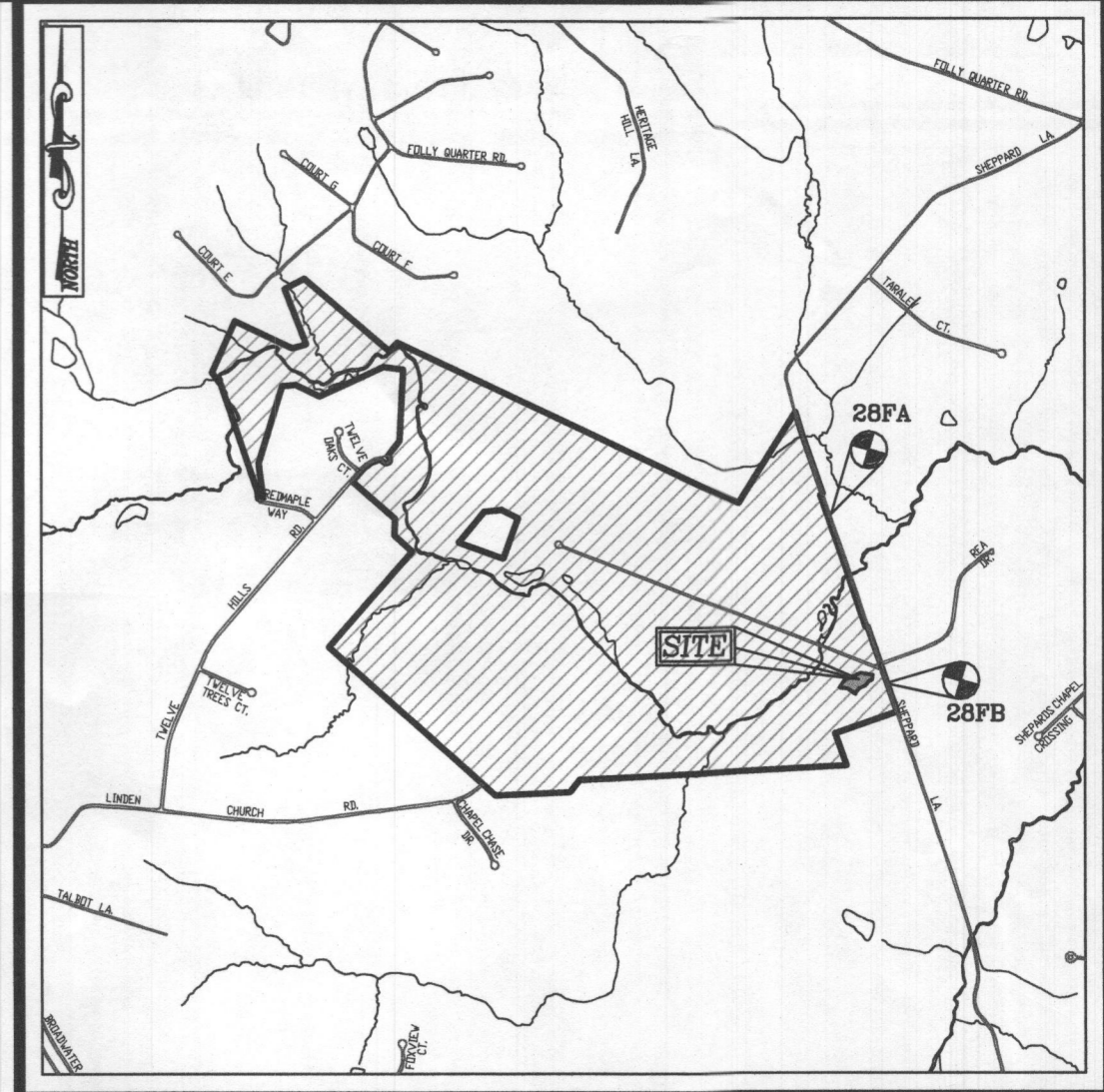
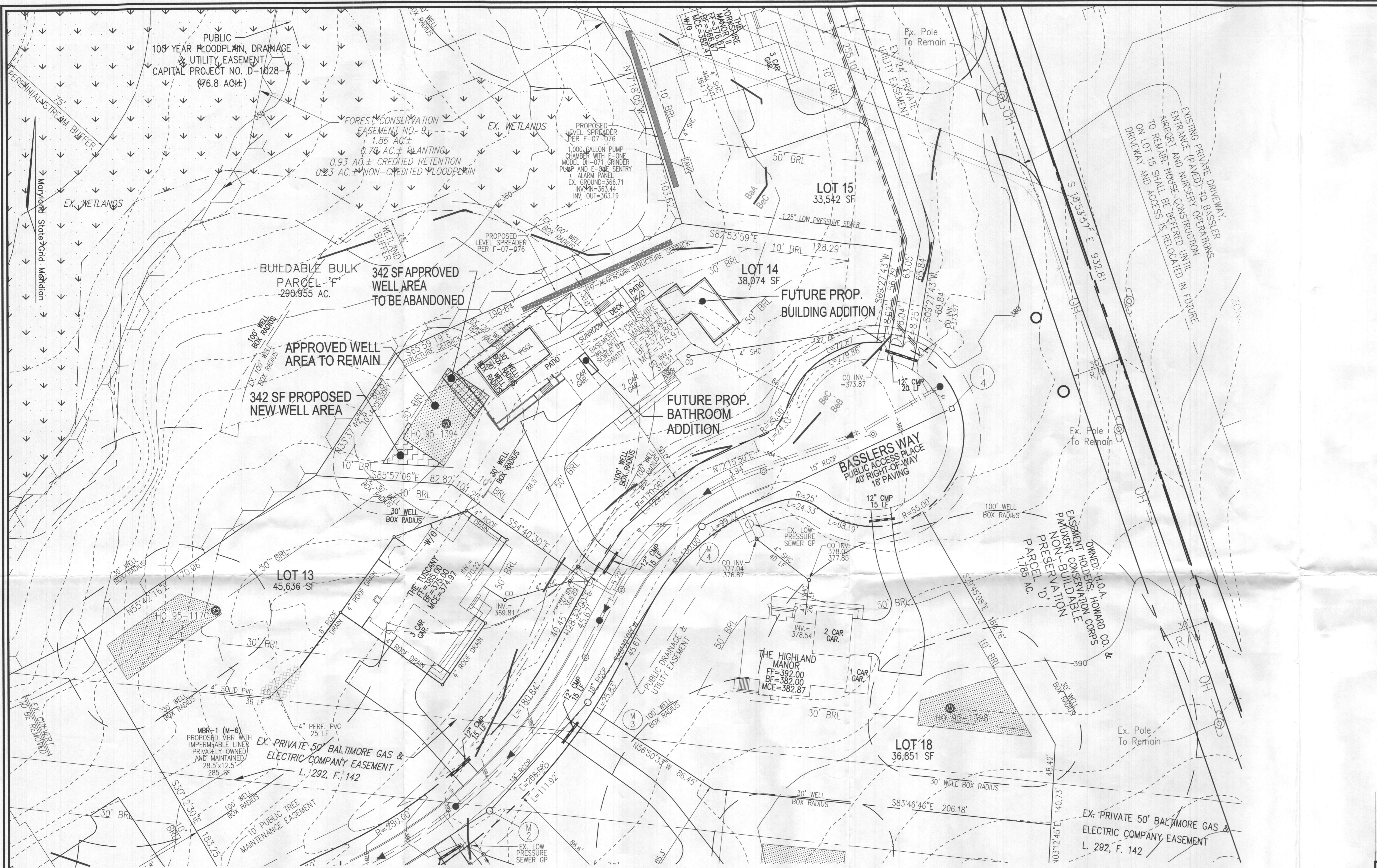
VOGEL ENGINEERING
⊕
TIMMONS GROUP
3300 NORTH RIDGE ROAD, SUITE 110, ELLCOTT CITY, MD 21043
P: 410.461.7666 F: 410.461.8961 www.timmons.com



PROFESSIONAL CERTIFICATE
DESIGN BY: RHV
DRAWN BY: KG
CHECKED BY: RHV
DATE: JUNE 2022
SCALE: AS SHOWN
W.O. NO.: 13-21

1 SHEET OF 1

ROBERT H. VOGEL, PE No.16193



VICINITY MAP
SCALE: 1"=2000'
ADC MAP: 14, E2

LEGEND

EXISTING CONTOURS	---
LOT LINE	---
RIGHT OF WAY LINE	---
STREAM BUFFER	---
EXISTING STREAM	---
SOIL BOUNDARY	---
EXISTING WELL FIELD LOCATED	⊙
APPROVED WELL AREA (TO REMAIN)	[Pattern]
APPROVED WELL AREA (TO BE ABANDONED)	[Pattern]
PROPOSED NEW WELL AREA	[Pattern]
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WETLAND BUFFER	[Pattern]
EXISTING FOREST CONSERVATION EASEMENT	[Pattern]
EXISTING 100-YEAR FLOOD PLAN	[Pattern]

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SCALE: 1"=30'

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BeC	BENEVOLO SILT LOAM, 8 TO 15 PERCENT SLOPES	B
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MaC	MANOR LOAM, 8 TO 15 PERCENT SLOPES	B
WaA	WILTSHIRE SILT LOAM, 0 TO 3 PERCENT SLOPES	C
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NOTE: USDA WEB SOIL SURVEY

APPROVED FOR PRIVATE WATER AND SHARED SEWAGE SYSTEM.

COUNTY HEALTH OFFICER
DATE: 6/20/22

PERCOLATION CERTIFICATION:
I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

LAND SURVEYOR
DATE: 5/16/22

NOTE:
THE PURPOSE OF THIS REVISED PERCOLATION CERTIFICATION PLAN IS TO UPDATE THE WELL BOX AREA ON LOT 14 AND ESTABLISH A NEW WELL ENVELOPE AROUND THE EXISTING WELL LOCATED ON LOT 14.
THE REVISED WELL ENVELOPE IS INTENDED TO ACCOMMODATE THE PROPOSED POOL.

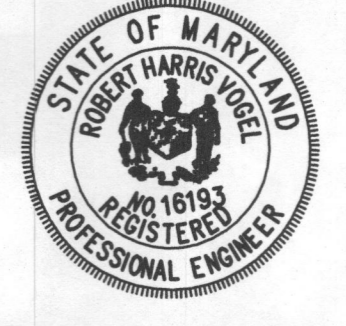
NO.	REVISION	DATE

REVISED PERCOLATION CERTIFICATION PLAN
WALNUT CREEK - PHASE ONE
LOT 14
12213 BASSLERS WAY
ELLICOTT CITY, MD 21029

TAX MAP: 28 GRID: 11
5TH ELECTION DISTRICT

PARCEL: 49
ZONED RC-DEO
HOWARD COUNTY, MARYLAND

VOGEL ENGINEERING
⊕
TIMMONS GROUP
3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY, MD 21043
P: 410.461.7666 F: 410.461.8961 www.timmons.com



DESIGN BY: RHV
DRAWN BY: KG
CHECKED BY: RHV
DATE: JUNE 2022
SCALE: AS SHOWN
W.O. NO.: 13-21

PROFESSIONAL CERTIFICATE
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 16193 EXPIRATION DATE: 08-27-2022

Freemon, Robert

From: Freemon, Robert
Sent: Tuesday, April 26, 2022 4:22 PM
To: Beenish Bhatia; Rob Vogel; rvogel@vogeleng.com
Cc: Bricker, Robert
Subject: RE: Building permit # B21004947

Hi,

I believe this email was intended for Robert Bricker who is off today. I have taken a look at the file and here are my comments regarding the Percolation Certification Plan for the pool proposal.

Perc Cert Comments

1. The 200' portion of note 5 is missing.
2. Change note 6 to say, "Any change to a private sewage area and/or private well area shall require a revised percolation certification plan."
3. Remove passing perc test from the legend.
4. The purpose statement should also include the proposed building permit.
5. The plan needs to be signed by the engineer/surveyor.
6. Remove the 10,000 sqft note above the health signature block. No sewage disposal area is being shown so this does not need to be included.
7. Change the signature block statement to say, "...and shared sewage system".
8. Include the address of the property in the title block.
9. I do not see any current or recent building permits proposing the building addition and/or bathroom addition shown on the PC. If this is for a future building permit proposal it should either be removed from the plan or stated as "Future Prop. Building Addition" and "Future Prop. Bathroom Addition". Everything that is currently being proposed under a building permit should be labeled as "Prop. (Pool, Pavilion, Deck, Retaining Wall)"

If you have any questions let Robert or I know. Thanks.

✓ Sent additional
Email explaining
BP Site plan
should be
revised per this
comment



Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Bureau of Environmental Health

Well and Septic Program
Robert "Spencer" Freeman
Phone: 410-313-6357
Email: rfreemon@howardcountymd.gov
Website: <https://www.howardcountymd.gov/health/well-septic-program>

From: Beenish Bhatia <beenishb@gmail.com>
Sent: Thursday, April 21, 2022 10:55 AM
To: Freeman, Robert <rfreemon@howardcountymd.gov>
Subject: Building permit # B21004947

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

Good Morning Mr. Robert,

My building permit is B21004947. Rob Vogel from the Vogel & Timmons group has submitted a well box change request with the plat to you about 3 weeks ago. The building department is telling me they can't issue the permit for the pool till the health department approves it. Can you please let me know the status of it. The address for the property is 12213 Basslers Way, Clarksville, MD 21029. I left you a voice message regarding the same. Your response is greatly appreciated.

Thanks
Beenish Bhatia
Home Owner
410-926-9042

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road – Suite 110, Elicott City, MD 21043
P 410.461.7666 F 410.461.8961 www.timmons.com

May 19, 2022

Mr. Robert Freemon
Howard County Health Department
8930 Stanford Blvd.
Columbia, Maryland 21045

re: **WALNUT CREEK - PHASE ONE**
LOT 14
Revised Percolation Certification Plan

Dear Mr. Freemon:

In accordance with the Email dated April 26, 2022, Vogel Engineering + Timmons Group offers the following point by point responses to the comments.

1. Note 5 has been updated.
2. Note 6 has been updated.
3. Legend has been updated.
4. Purpose statement has been updated to include the proposed building permit.
5. Comment noted.
6. The note above health signature block has been removed.
7. The Signature block statement has been changed.
8. The address of the property has been included.
9. Comment noted. Labels have been updated.

Sincerely,
VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel P.E.
Principal

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road - Suite 110, Ellicott City, MD 21043
P 410.451.7666 F 410.461.8951 www.timmons.com

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Columbia, Maryland 21045

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Principal

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Sincerely,
VOGEL ENGINEERING + TIMMONS GROUP



Robert H. Vogel P.E.
Principal

Bricker, Robert

From: Bricker, Robert
Sent: Monday, June 13, 2022 4:12 PM
To: Rob Vogel (Rob.Vogel@timmons.com)
Cc: Silvast, Zackary
Subject: 12213 Bassler's Way_revised perc cert_comment

Good afternoon Rob,

The submitted Percolation Certification Plan will not be approved as submitted. The symbol used for Removed Well Area is very nearly the same as the symbol for Proposed Well Area, and there is not a representation of the symbol for Removed Well Area in the Legend.

Also, correct the spelling for Revised in the title block.

Robert Bricker, REHS/RS, L.E.H.S.
Environmental Sanitarian II
Bureau of Environmental Health, Well and Septic Program
8930 Stanford Blvd., Columbia, MD 21045

Phone: (410)313-2691

Email: rbricker@howardcountymd.gov



CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-22-01753
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 12213 basslers WAY,

Receipt No. 4153

Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Cash		\$11.00	06/03/2022	JUKING		Walnut Creek Phase1 Lot 14 / 12213 Basslers Way

Work Description: Walnut V=Creek Phase 1 Lot 14

VOGEL ENGINEERING + TIMMONS GROUP

3300 North Ridge Road, Suite 110, Ellicott City, MD 21043
P 410.461.7665 F 410.461.8961 www.timmons.com

Date: May 20, 2022
To: Howard County Health Department
Attn: Mr. Robert Bricker
Subject: Walnut Creek Phase I-Lot 14
Project Number: 13-21.00

ATTACHED:

# Copies	Description
4	Revised Percolation Certification plan
4	Point by point response

Remarks:

Please call 410-461-7666 with any questions.

Thank you

Kathleen Makusky

Transmitted by:

Received by:

1/2 need
floor plans

PERMIT NUMBER: B 21004947

DATE ACCEPTED: 12/21/2021



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: 12213 Hazlewood Hwy, Ellicott City, MD 21043		Unit:
City: Ellicott City	State: MD	Zip Code: 21029
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: 14	Tax Map:	Parcel: 70582
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: Addition of a 3rd bedroom	Estimated Cost: \$ 5,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None Addition of a 3rd bedroom, including electrical, plumbing, and HVAC work.		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Beovich Khaba	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12213 Hazlewood Hwy	
City: Ellicott City	State: MD
Phone: 410-926-7042	Email: beovichk@gmail.com
Zip Code: 21029	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: T & J Inc	Contact Name: Dora Jang
Street Address: 14732 Holliston Dr, Bethesda, MD	
City: Bethesda	State: MD
Phone: 301-971-7083	Email: dora.jang@tandj.com
Zip Code: 20813	

CONTRACTOR INFORMATION REQUIRED

Business Name: T & J Inc	License #:
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State: VA
Phone: 571-938-2257	Email:
Zip Code: 20110	

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 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)
Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input 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:				
# of Bedrooms (SF): 3	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: 5	# Half Baths: 1	# Fireplaces:	
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 type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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: *[Signature]* DATE SIGNED: Dec 21, 2021

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DEB	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA
<input type="checkbox"/> CID	SUBMITTAL FEES: 1275.00		PAYMENT: \$140	ACCEPTED BY: <i>[Signature]</i>

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, January 12, 2022 10:13 AM
To: darakhader@hotmail.com
Subject: 12213 Basslers Way_B21004947
Attachments: Perc Cert Plan revision_content required.pdf

Dear Dora Janajia, Applicant,

The proposal for installation of an inground pool at 12213 Basslers Way (B21004947) is On Hold by the Howard County Health Department. The proposed reconfiguration of the existing well zone is not adequate to meet regulated setbacks from the pool basin and the retaining wall. Also, the well zone reconfiguration cannot be approved by submittal of the Plot Plan alone; a Percolation Certification Plan revision must be approved by the Bureau of Environmental Health Director prior to approval of the building permit application.

The minimum setback distance from the well zone to the pool basin is 20 feet, while the minimum setback from the well zone to the retaining wall is 10 feet. It is likely that by observing the setback distance for pool to well zone the setback from well zone to retaining wall will be adequate. Other minimum well/well zone setback distances are 10 feet to property line, 30 feet to structural foundation, 100 feet to grinder pit, and 50 feet to LP tank if well/well zone is uphill or level with LP tank.

I am attaching a list of content requirements for the Percolation Certification Plan revision. Reply to this email if you have questions about these requirements.

Robert Bricker, REHS/RS, L.E.H.S.

Environmental Sanitarian II

Bureau of Environmental Health, Well and Septic Program

8930 Stanford Blvd., Columbia, MD 21045

Phone: (410)313-2691

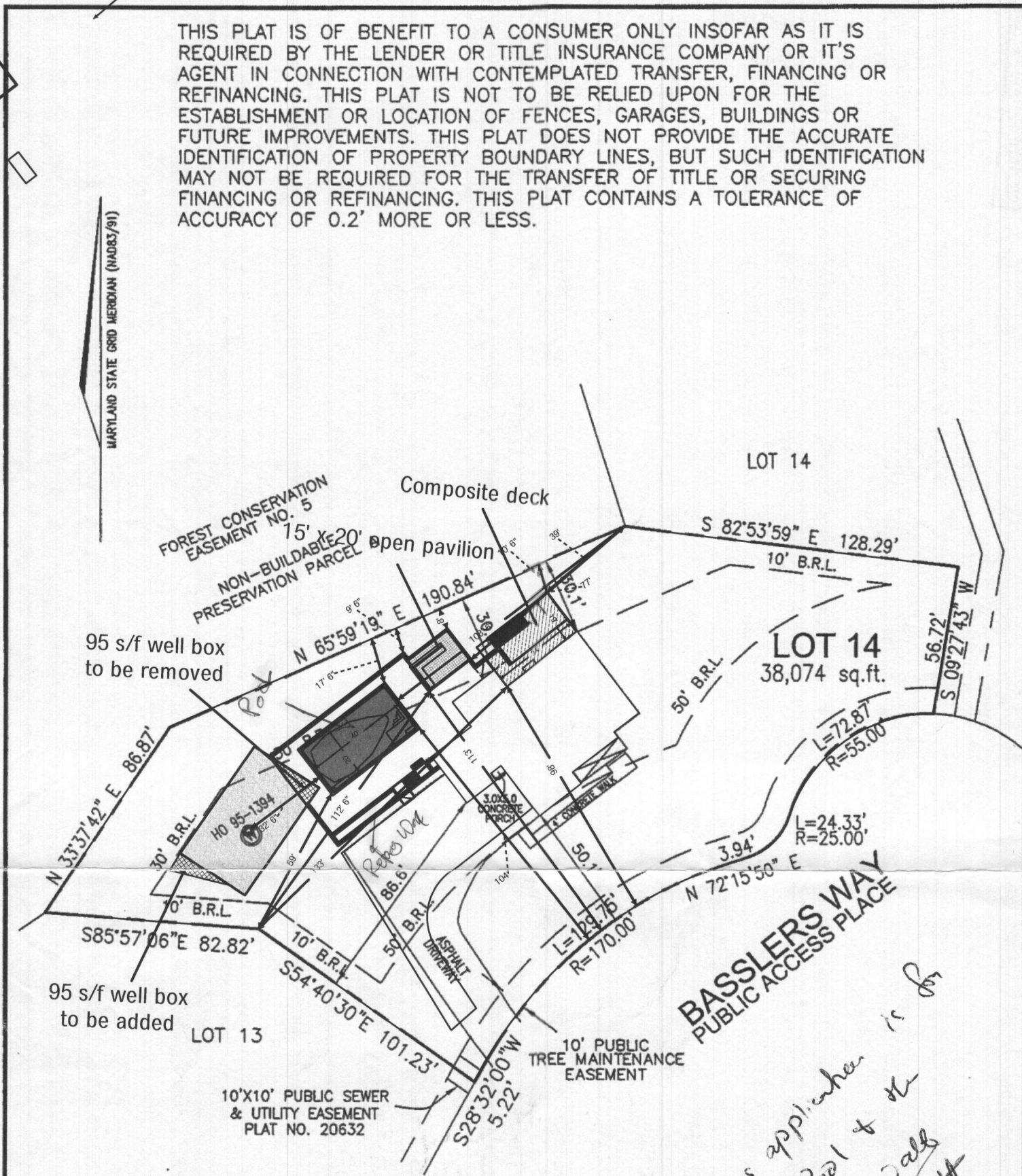
Email: rbricker@howardcountymd.gov



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THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Thomas M. Hoffman Jr.
THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE

5.06.16

PROFESSIONAL CERTIFICATION; I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 267, EXPIRATION DATE JULY 28, 2016.

BUILDING PERMIT #14004293

SCALE 1" = 50'	DATE 05/03/2016	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL: 410-461-7666 FAX: 410-461-8961	FINAL LOCATION DRAWING 12213 BASSLERS WAY LOT 14 WALNUT CREEK PLAT NO. 20632 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.D.A.	CHECKED BY T.M.H.		
PLAT NUMBER 20631-20647	JOB NUMBER 13-21.00		

*This application is for
the pool & the
patio walls*