

Approved MOK
12/19/25

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B25005454	12/12/2025

Description of Work
 SFD/ BARN ALTERATIONS TO INCLUDE: Removal and replacement of roof trusses, plywood sheathing, and metal roof material on a detached barn from tree fall

Online BP.
g 12/16/25

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
820	RT 97	--Select--
Unit Type	Unit #	X Coordinate
--Select--		-77.02294
		39.34848
City	State	Zip Code
COOKSVILLE	MD	21723
	Primary	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
830322	204	4.87	294300	933200	638900	RURAL

Legal Description
 IMPSLOT 2 4.8797 A.[]820 HOODS MILL RD[]HINZMAN PROPERTY

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	604001	5				
Plan Area		State Tax Id		Subdivision Name			
		1404318102		HINZMAN PROPERTY			
Section		Area		Tax Map			
				8			
Grid		Zoning District		ADC Map			
8-4		RC-DEO		4692-G5			
SDP No.		Final Plan No.		WP File No.			
					Primary		
					Yes		
Record Plat No.		WS Contract No.		FDP No.			
13553							
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		2002		<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							

Owner (This section is not required.)

Search Reset Clear

Name *
 LIU YA.
 Address Line 1
 820 Hoods Mill Rd
 Address Line 2
 Address Line 3

Mail City
 Cooksville
 Mail State
 MD
 Mail Zip Code
 21723
 Phone
 240-686-9295
 Primary
 Yes
 E-mail

liuyxzl@gmail.com
Cell Number

Fax Number

Professionals (This section is not required.)

License # * 08010117133
License Type * MHIC Ind
Primary Yes

Business Name SERVPRO OF HOWARD COUNTY

First Name CHARLES Middle Name Last Name HOLLAND

Address Line 1 6671 SANTA BARBARA COURT STE R
Address Line 2

City ELKRIDGE State MD ZIP Code 21075

Phone 1 4104657333 Phone 2 Fax 4432001220

E-mail JHOLLAND@SPHOWARD.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant

Relationship Applicant

Primary No

First Name Mason MI Last Name Grossnickle

Full Name Mason Grossnickle

Organization Name Servpro of Howard County

Street Address 6671 Santa Barbara Rd, Suite R
Address Line 2

City Elkridge State MD Zip Code 21075

Phone 443-841-8754 Cell Fax

E-mail * mgrossnickle@sphoward.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact

Relationship Applicant

Primary Yes

First Name Matthew MI Last Name Harmon

Full Name Mason Grossnickle

Organization Name Servpro of Howard County

Street Address 6671 Santa Barbara Rd, Suite R
Address Line 2

City Elkridge State MD Zip Code 21075

Phone 667-274-4625 Cell Fax

E-mail mharmon@sphoward.com

Addtl Info

Est Construction Cost * 65000

Housing Units * 0

Number of Buildings * 0

Public Owned No

Construction Type 649 - All Other Buildings and Structures

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage * 1786.20

No of Stories * 1

Basement (Number) --Select--

Bedrooms 0

Full Baths (Number) 0

Half Baths (Number) 0

Water * Private


Sewage * Private

Existing Utilities *
Electric ▼

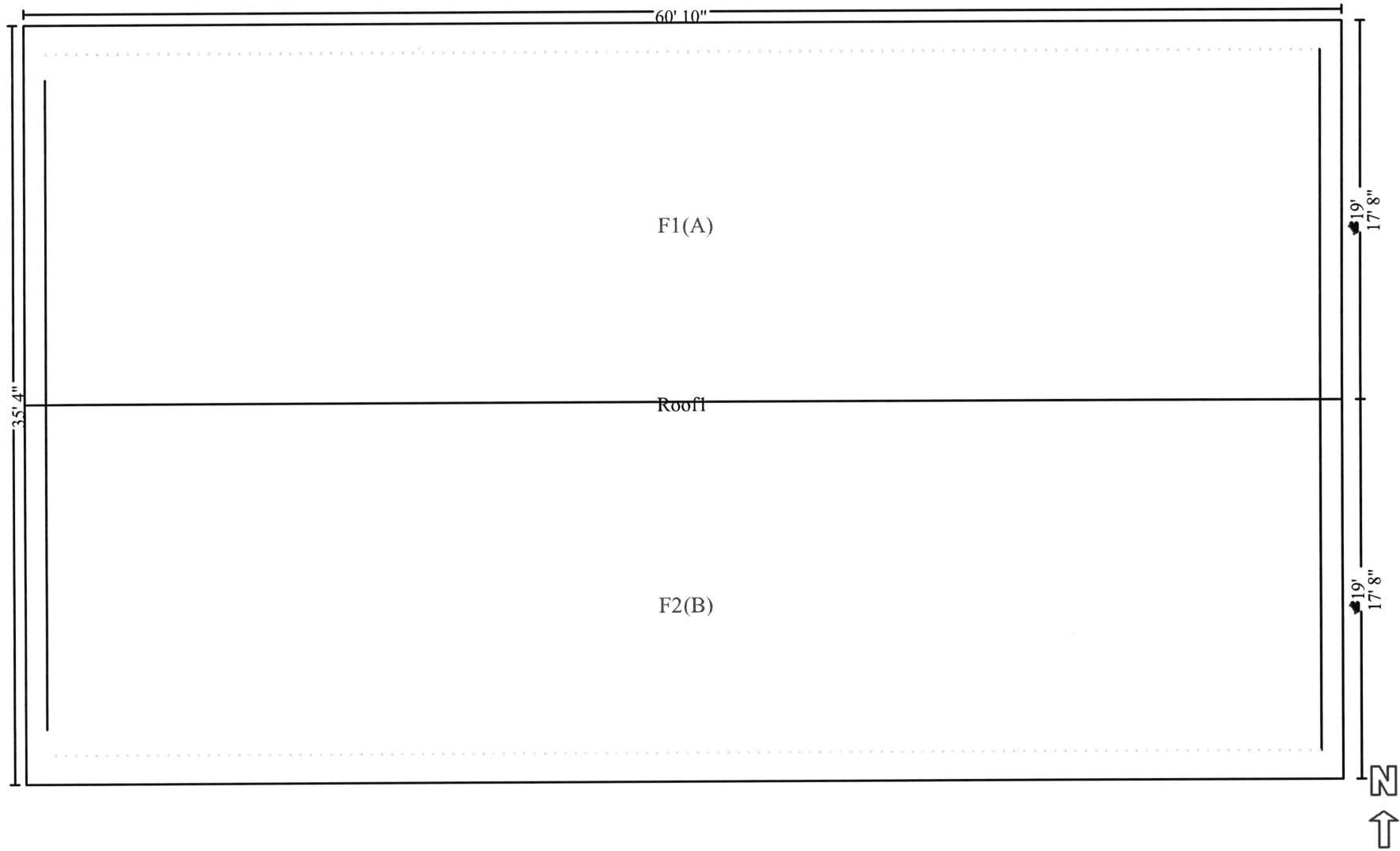
Existing Heating System *
Unknown ▼

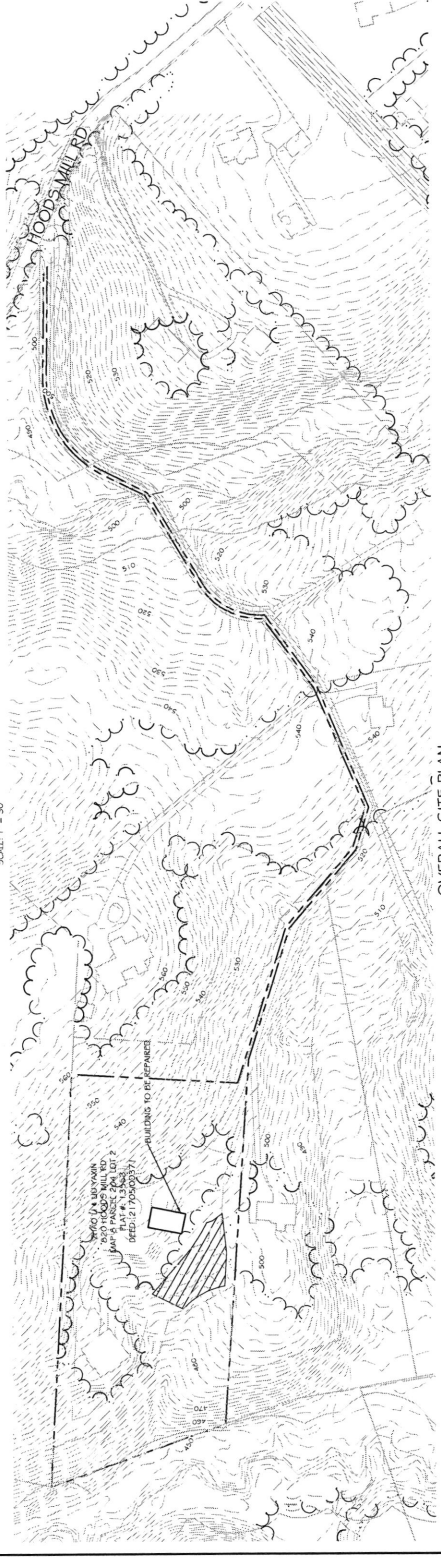
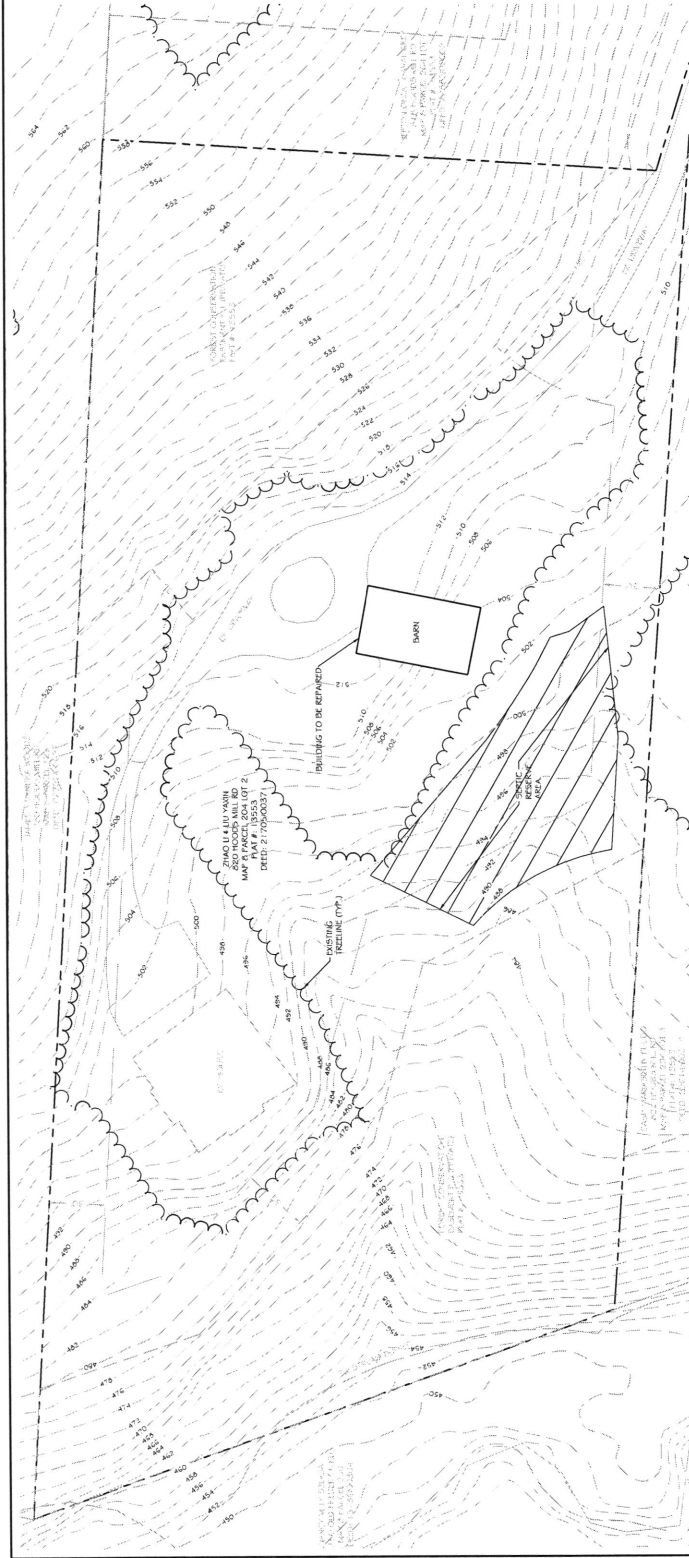
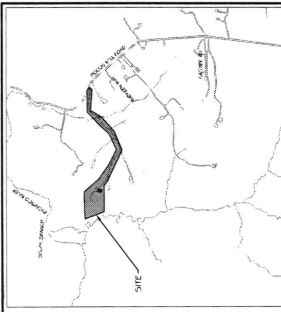
Existing Sprinkler System *
None ▼

Type of New Fireplace
--Select-- ▼

Expiration Date
6/13/2026 

Submit Cancel





PROJEC
HINZMAN PROPERTY, LOT 2
820 HOODS MILL RD
COOKSVILLE, MD 21723

DATE 12/5/2005
SCALE 1"=30'
DESIGNED BY M.C.
DRAWN BY M.C.
CHECKED BY M.C.

PROJEC
HINZMAN PROPERTY, LOT 2
820 HOODS MILL RD
COOKSVILLE, MD 21723

DATE 12/5/2005
SCALE 1"=30'
DESIGNED BY M.C.
DRAWN BY M.C.
CHECKED BY M.C.

KCI
TECHNOLOGIES

PROFESSIONAL ENGINEERS
 800 BROADWAY, SUITE 200
 HARRISBURG, PA 17101
 TEL: 717-633-1000
 FAX: 717-633-1001

LAYOUT - 8/9/02 10:30am & later

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

8/2/2002
4/05/2002

P 517392

APPROVAL DATE:

1/14/03

A Repair

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

South Carroll Backhoe 01-318102

IS PERMITTED TO INSTALL ALTER

ADDRESS:

4410 SALEM BOTTOM RD, WESTMINSTER, MD 21157
South Carroll back

PHONE NUMBER:

410-875-0326

SUBDIVISION:

Hinzman Property

LOT NUMBER:

2

ADDRESS:

820 Route 97 (Hoods Mill Road)

PROPERTY OWNER:

Jensen

SEPTIC TANK CAPACITY (GALLONS):

1000

PUMP CHAMBER CAPACITY (GALLONS):

1000

NUMBER OF BEDROOMS:

3

SQUARE FEET PER BEDROOM:

LINEAR FEET OF TRENCH REQUIRED:

purpose: to place a new septic and pump chamber near New House and pump to existing septic tank (optional) and distribution system. 8/8/02

TRENCHES: <i>see permit P515224 4/5/18/01 for trench layout</i>	Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 3 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.
LOCATION:	Pumped system to be installed for proposed new single family dwelling. Trenches and distribution box are already in place from existing system. Existing house to be turned into storage and workshop but one bathroom to remain.
PURPOSE:	Well line to be 10' from any part of septic system. Well or septic lines are to be sleeved if installed under any part of driveway.

PLANS APPROVED:

Brian Baker

OK 4/24/02 (50)

DATE:

4/05/2002

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

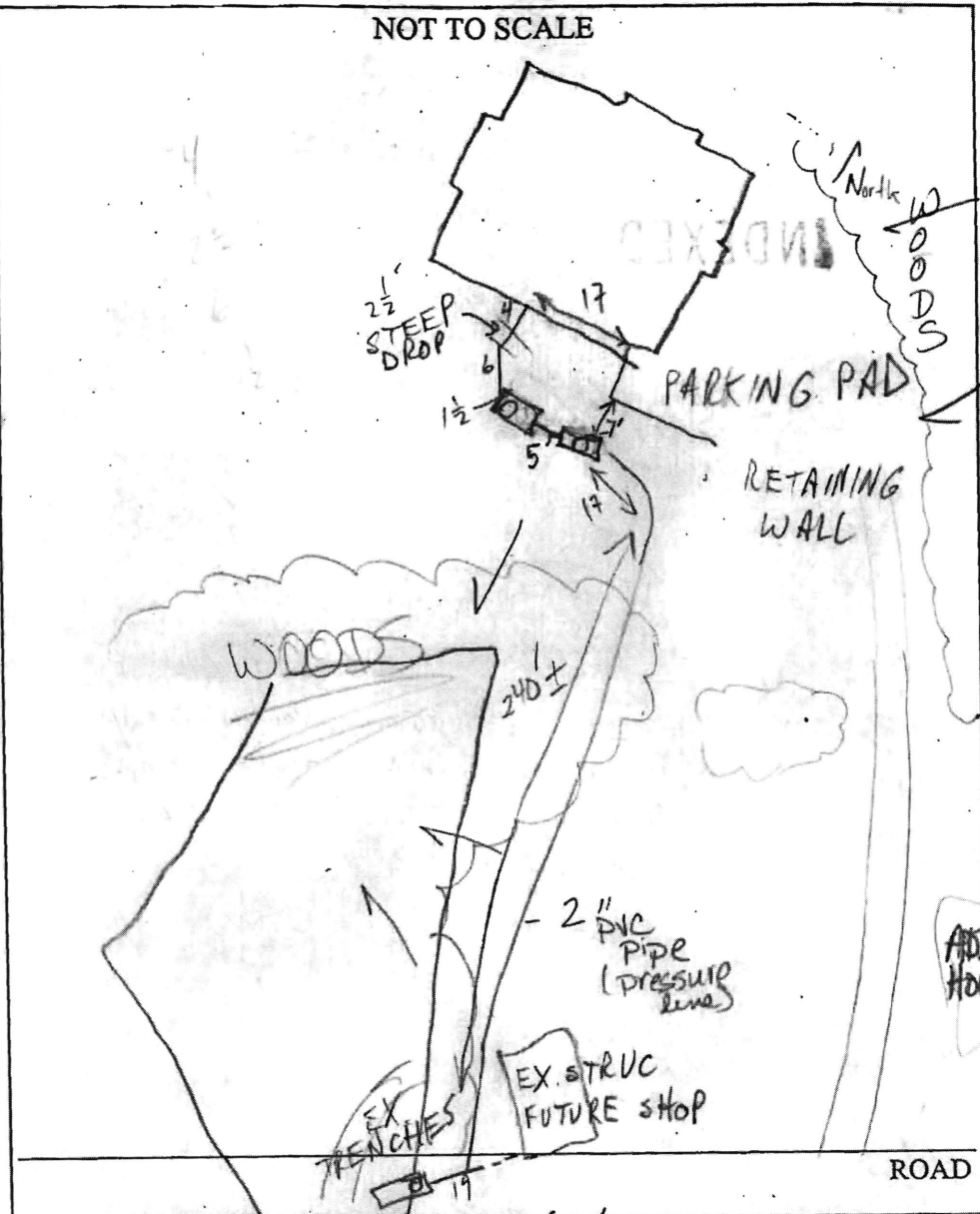
BUILDING PERMIT SIGNED

AND RETURNED

79-02 800138796 - PROPANE TANK

P517392

NOT TO SCALE



Notes (trench depth) per install

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	9'
NUMBER OF TRENCHES		2
TOTAL LENGTH		174
ABSORPTION AREA		870ft ²
DISTRIBUTION BOX LEVEL		ex
DISTRIBUTION BOX BAFFLE		ex
DISTRIBUTION BOX PORT		ex

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1,000 GAL
SEAM LOC	Topseam
TANK LID DEPTH	18"
BAFFLES	yes
BAFFLE FILTER	N/A
MANHOLE LOC	front
6" PORT LOC	none
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	
SEPTIC TANK 2 LEVEL	yes
CAPACITY	1,000 GAL
SEAM LOC	topseam
TANK LID DEPTH	18"
BAFFLES	yes
BAFFLE FILTER	N/A
MANHOLE LOC	front
6" PORT LOC	none
WATERTIGHT TEST	No

PRE-CONSTRUCTION 8/9/02 OK to start, OK to hook into

DB instead of ST (SO) well

INSTALLATION 8/12/02 Tanks and pressure lines okay to cover

Need pump test (KN/MR)

1/14/03 Pump & Alarm test OK (SO)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 1/14/03